Challenges in Developing a Post Acute Network

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I have no financial disclosure or conflict of interest with the present material in this presentation
Agenda

- Overview of the Mount Sinai Health System
- Creating a Seamless Continuum
- What is a High Value Network?
- Creating a High Value Network
- What We Have Learned
Creating a Seamless Continuum

**HOSPITALS**
- Patient Centric
- Patient Complexity
- Quality
- Discharge Imperatives
- Psychosocial Factors
- Behavioral Health

**PAC**
- Access
- Availability
- Alignment of Incentives
- Financial Viability
- Infrastructure
- Regulatory

**SYSTEM**
- P4P
- Bundles
- ACO
- VBP
- Regulatory Reform

Interoperability Technology Engagement

Mandate for Choice

Quality Capabilities MOS

Geography #/Type Bed Needs
Challenges Facing Hospitals

- Financial
- Patient Safety and Quality
- Governmental Mandates
- Personnel Shortages
- Market Share
- Patient Experience
- Capacity Management
  - LOS
  - Discharge delays
  - Robust PAC network
- Population Health Management
Challenges Facing Patients and Families

- **Person Centered Care**
  - Understanding what is most important to me and my family
  - Providers and discharge planning staff communicate and coordinate my care based on a shared understanding of goals
    - Share the plan of care and incorporate my preferences
      - Directly impacts the outcomes and experience of being discharged

- **Access to care**
  - Understanding what my insurance covers
  - Moving me through the care continuum safely and efficiently
  - My transition to post acute feels seamless
  - Everything I need is waiting for me when I leave the hospital

- **Doing all of the above consistently**
Delivering Patient Centered Care

- Leadership
- Patient and family engagement
- Staff engagement
- Alignment of staff roles and priorities
- Organizational structures and processes
- Environment of care
Patient Centered DC Planning

- It can be a challenge to meet patient and family expectations
  - Narrow insurance PAC networks
  - Want 5 star
  - Clinical need and specialty beds

- Mandating and doing it are two different things
  - Alignment of staff roles and priorities
  - Doing this well takes time
  - Providing a conceptual framework for staff
  - Staff training and education
  - Understanding the value of the Preferred Provider Network

- Leverage technology
  - Care Port Guide
  - Technology is a double edged sword

- Equip Staff for Success
How PAC Networks Can Inform Patient Choice

Moving from Patient Choice to Informed Patient Choice
- “Allow patients and their families' access to information that will help them to make informed decisions about their post-acute care, while addressing their goals of care and treatment preferences.”

Tiered Preferred Provider Network
- Integrated Data Platform to understand populations and key drivers associated with access and quality
  - Care Port
  - Advisory Board
  - Claims
  - Administrative Data
- Robust Quality Improvement Process
  - Weekly, Monthly, Quarterly
- Patients and their families that are well informed of their choices of high-quality PAC providers
  - Improve patient experience
  - Improved outcomes and reduced chances of being re-hospitalized
**Care Port Guide**

- Includes all Medicare certified PACs within desired geographic area
- Preferred providers are highlighted and identifies PACs where hospital has financial interest
- Quality scores are shared
High Value Network

Goals

- Decrease variation
- Increase quality
- Drive down cost
- Improve patient experience

Clinical Integration  Engaged  Transparent  Aligned  Measurable
Partner RFI

- 400 Questions
- Broad and Inclusive
- Medical, Nursing, Medical Models
- Staffing levels
- Admissions and Discharge process
- Quality
  - Accreditations
  - P &P
- Capabilities

Ongoing Discussion:
1. How do we keep information up to date?
2. When do we re-issue and why?
3. How do we incorporate lessons learned?

Incorporating Objective and Self Reported Data

<table>
<thead>
<tr>
<th>Category of Weighted Scorecard</th>
<th>%</th>
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<tbody>
<tr>
<td>CMS Compare</td>
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<tr>
<td>Participation or willingness to participate in risk</td>
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<tr>
<td>Capabilities</td>
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<tr>
<td>Claims-based re-admission rate</td>
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<tr>
<td>Claims-based LOS/Re-cert</td>
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<tr>
<td>RFI questions</td>
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<tr>
<td>Payer Mix</td>
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Challenges of Pulling It Together

Discharge Volume Distribution
(simulated)

RFI Score Distribution
(simulated)
MSHS Post Acute Tiered Network

Top Tier

17 SNFs

4 CHHA
Terms of Engagement

- Maintain CMS star rating of three (3) stars or more
- Actively utilize MSHS electronic referral management system
- Actively utilize MSHS EHR portal to review the most up-to-date clinical information
- Participate in Care Port and minimally share HIPAA-compliant A/D/T data to better coordinate care throughout the continuum
- Provide quality and outcome information monthly
- Accept patients 7 Days Week and respond to new requests within 2 hours
- Maintain an up to date facility profile
- Participate in MSHS Joint Operating Committees and PAC Network meetings
- Accept a proportional number of patients across different insurance types consistent with MSHS discharge patterns
Partnering for Success

- Governance Structure
- Stakeholder engagement
- Alignment
- Consistent commitment to improvement initiatives by leadership and staff members
- Encourage multidisciplinary and front-line participation in quality collaboratives to gain acceptance and hardwire success
- Facilitate timely communication and issue resolution between hospitals, SNFs and CHHAs
Example of scorecard

Data sources:
- CarePort ADT and MDS
- AllScripts Care in Motion
- Claims data
Comparing in and out-of-network SNF readmission rates for all Mount Sinai hospitals, Q4 2015 - Q1 2019

[Graph showing 30-day readmission rate, in-network vs. out-of-network over time]

Benchmark: 30-day readm. rate

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Readm. 30</th>
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<tbody>
<tr>
<td>Your Network</td>
<td>18.9%</td>
</tr>
<tr>
<td>National</td>
<td>20.7%</td>
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<tr>
<td>NY</td>
<td>20.2%</td>
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Comparing in and out-of-network SNF LOS for all Mount Sinai hospitals, Q4 2015-Q4 2018

Average post-acute LOS, in-network vs. out-of-network

Benchmark: post-acute ALOS

<table>
<thead>
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<th>Cohort</th>
<th>PAC ALOS</th>
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<tbody>
<tr>
<td>Your Network</td>
<td>25.4</td>
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<tr>
<td>National</td>
<td>23.1</td>
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<tr>
<td>NY</td>
<td>27.6</td>
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Comparing in and out-of-network average Medicare SNF spend for all Mount Sinai hospitals, Q4 2015-Q4 2018
Lower Joint Replacement - Discharge to Home vs. Time to Ambulation – by discharge year
Learnings

- Ongoing evaluation of PAC Network Needs
  - Number of Beds
  - Geography
- If you build it they don’t always come
- Have to understand challenges facing SNF and CHHA and find common ground
- Must be collaborative and not punitive environment
- Better alignment of plan of care – Hospital to SNF, SNF to Community
- There are still opportunities for better data integration
- We are competing with other health systems for the same beds at these high quality partners
- Need to better define the role of PCP post discharge from SNF