

Care Transitions Forum  
July 20, 2011  
Meeting Summary

Participants

Lindy Alves, Harvard Vanguard  
Mary Meade Ambrefe, Independent Consultant  
Zoe Barber, Massachusetts Health Data Consortium  
Kate Bones, Institute for Healthcare Improvement (via phone)  
Emily Brower, Harvard Vanguard/Atrius  
Joan Butler, Minuteman Senior Services  
Tom Champine, Armstrong Ambulance Service, Inc.  
Laura Connors, MA EOEA/MRC- Aging and Disability Resource Consortia  
Mark Craig, BON HealthWatch  
Donna Curran, Masspro  
Mary Tess Crotty, Genesis Health Care  
Jatin Dave, MD, Tufts Health Plan  
Keren Diamond, VNA of Boston  
Cheryl DiPaolo, Emerson Hospital  
Deb Dolaway, Cranberry Hospice/ Jordan Hospital  
Mark Dumoff, DocInsight  
Linda Fitzgerald, AARP (via phone)  
Jane Franke, BCBSMA  
Linda George, Boston Senior Home Care  
Diane Gilworth, Harvard Vanguard  
Paula Griswold, MA Coalition Prevention of Medical Errors  
Jonathan Harding, MD, Tufts Health Plan  
Laurie Herndon, MA Senior Care  
Pat Kelleher, Home Care Alliance of Massachusetts  
Karen Koprowski, Radius Management  
Denise Kress, Tufts Health Plan (via phone)  
Bill Kressemer, Merrimack Valley Senior Services  
Saranya Kurapati, Institute for Healthcare Improvement  
Helen Magliozzi, Masspro  
Donna McCabe, Central Mass. IPA  
Sarah Moravick, BIDMC  
Wendy LaPointe, Southcoast Physicians Network  
Amy MacNulty, Community Care Linkages  
Donna McCabe, Central Mass. IPA  
Christine McCluskey, Commonwealth Medicine  
Darlene Messier, Philips Lifeline  
Joseph Miller, Society of Hospital Medicine

Pat Noga, Massachusetts Hospital Association  
Cheryl Pacella, Caretenders  
Cheryl Pascucci, Park Ave Medical Associates  
Janet Patterson, Adams Geriatrics  
Jane Pike-Benton, MetroWest HomeCare & Hospice  
Janice Romagnolo, Southcoast Physicians Network  
Craig Schneider, Mass. Health Data Consortium  
Denise Scott, Central Mass. IPA  
Eleanor Soeffing, Soeffing Associates  
June Stark, Tufts Medical Center (via phone)  
Jessica Wolfe, Community Care Linkages, NSES  
Alan Woodward, MD, Emerson Hospital  
Julius Yang, MD, BIDMC

## Summary

### **Announcements**

Dr. Madeleine Biondolillo, Director of the Patient Safety and Quality Bureau at the Department of Public Health, is the new co-Chair of the Forum.

The Massachusetts Health Data Consortium's next major event will be HealthMart on October 5<sup>th</sup> at the Beechwood Hotel in Worcester. Like the past two years, the event is designed to bring together clinicians with electronic health record and other vendors, and will feature five rounds of breakout sessions. Exhibitor registration is now open, and attendee registration will open on August 8<sup>th</sup> at <http://www.mahealthdata.org/Events?eventId=362370>. Flyers are attached along with this summary.

The dates of the next STAAR Learning Session have been announced: October 11-12. Further details to come soon.

Dr. Amy Boutwell was not able to attend, but provided this Section 3026 update in writing: Every hospital in Massachusetts has been given information about the 3026 program, and may consult with Amy directly if they have any questions. There are currently 20 applications being developed. The next statewide call [was] July 21<sup>st</sup> at 12:00, and calls will continue through the end of August. You may contact Amy at [amy@innovativehealthcarestrategies.org](mailto:amy@innovativehealthcarestrategies.org) if you would like to be added to the distribution list for the 3026 calls.

Transitions Initiatives at Beth Israel Deaconess Medical Center  
*Julius Yang, MD, Beth Israel Deaconess Medical Center*  
*Sarah Moravick, Beth Israel Deaconess Medical Center*

(please see handout)

Discussion:

Q: Employing a nurse case manager at both the hospital and ambulatory setting is an investment – how are you funding this?

A: We've known for some time what is needed, but it has been a challenge to provide it. With payer pay-for-performance programs, we can now justify these investments. The pilot is being internally funded, but we applied for a Section 3026 grant so that we can expand the project to other practices.

Q: Do your senior executives think that the CMS penalties will remain in place?

A: Our executives do not think that the Medicare penalty is small. In fact, it is enough to justify this substantial investment and generate a return on it – it amounts to several million dollars.

Q: Will the reduced bed volume be a harsher price to pay than the Medicare penalties?

A: Possibly, but we think bed capacity will be filled by new patients.

Dr. Yang asked the group if the readmission rate is linked to length of stay and to case mix index. Health plan data indicates that it is. However, someone else pointed out that, although LOS is correlated with the readmission rate, longer LOS can create its own problems (e.g., pressure ulcers). Risk adjustment can address the case mix index issue.

The data in the presentation indicates that BIDMC is a high performer on mortality and LOS, but less so on readmissions, likely because of the incentives under the current payment system – we need to reset our strategic thinking as to how to care for patients.

Q: Are the differences between hospitals on readmission rates statistically significant?

A: No, they are not, but the dollar amounts certainly are significant.

Q: How are you handling the 80/20, “frequent flyer” population?

A: Our model is designed for a more average patient; for high intensity patients, we need to employ special efforts.

Comment: We are looking for the sweet spot, like your list of 8 or 9 P's. We as a group can begin to quantify aspects of patient populations such as social, health literacy, and other complexities. There are incentives now to make these connections.

## Care Transitions Projects in the QIOs' 10<sup>th</sup> Scope of Work

*Donna Curran, Masspro*

*Helen Magliozzi, Masspro*

(please see handout)

The new contract between CMS and the quality improvement organizations begins on August 1<sup>st</sup>. Patient and family engagement will be addressed through all aspects of the contract – it is intended to be a patient-centric Scope of Work. Care Transitions is one of four major initiatives. There will be more community outreach in the 10<sup>th</sup> contract than in the 9<sup>th</sup>.

Discussion:

Q: Will you be targeting non-STAAR teams?

A: We can work with STAAR providers because it is not a federally funded initiative.

Q: What is the patient and family engagement strategy?

A: The specifics are yet to be determined by the contract.

Q: Will there be diagnoses outside of the 3026 parameters (e.g., psychiatric)?

A: We are doing a lot data analytics, and we will help providers with data, including on readmission rates.

Comment: We appreciate Masspro's support and role in bringing us to action. One of the challenges will be achieving health information exchange with secure communications.

## The MyHomeCarePlan Program

*Mark Dumoff, DocInsight*

We need to zero in on health literacy and communication. There is a linkage between patient experience of care and outcomes, and that linkage is care transitions. The branding in healthcare delivery is the patient experience of care – there can be high quality clinical care and yet a poor patient experience.

(Please see handout. There was also a demonstration of the MyCarePlan booklet.)

Discussion:

Q: How do you update the MyCarePlan book (e.g., when medications change)?

A: In such a case we would receive an automated request from the provider and utilize a rapid-cycle process to update the medication list and send an electronic document to the provider who can then print and furnish it to their patient at the point of care.

Q: How does your book fit into provider workflow?

A: It is automated and so should not affect the provider's workflow. We are agnostic as to the EHR, as long as it conforms to an HL7 extract in CCD format. That clinical information is what generates the book's content. Behind the scenes, we have major printing and operations centers in New Jersey and California, and can print and ship the book within 24 hours.

## Next Meeting

Wednesday, September 21<sup>st</sup>, 9:00 – 11:00