Reigniting Readmissions Reduction: Effective Strategies that Go Beyond the Hospital

Bruce Spurlock, M.D.
President & CEO
Cynosure Health

Cynosure HEALTH

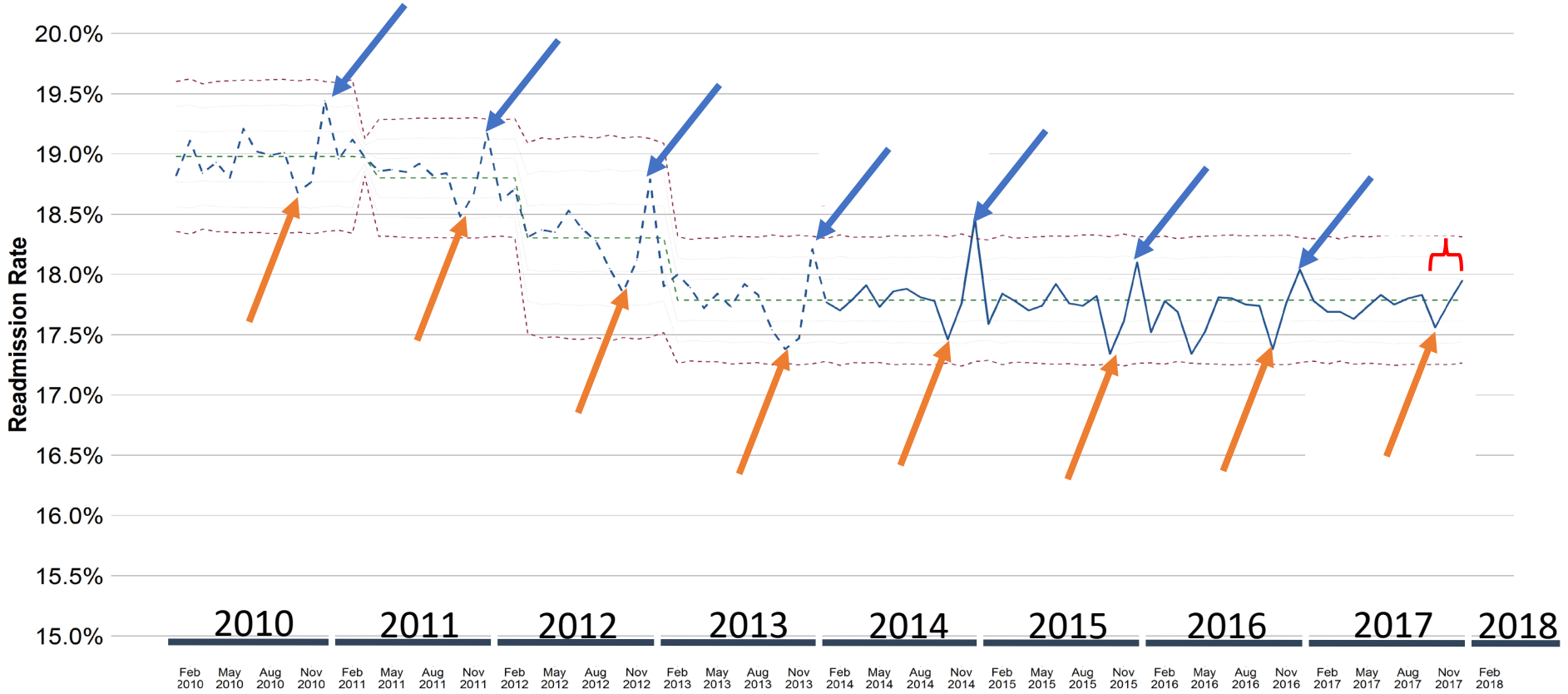
Agenda

Evaluating micro/individual level of successful breakthroughs

Stand back and look at successful macro level breakthroughs

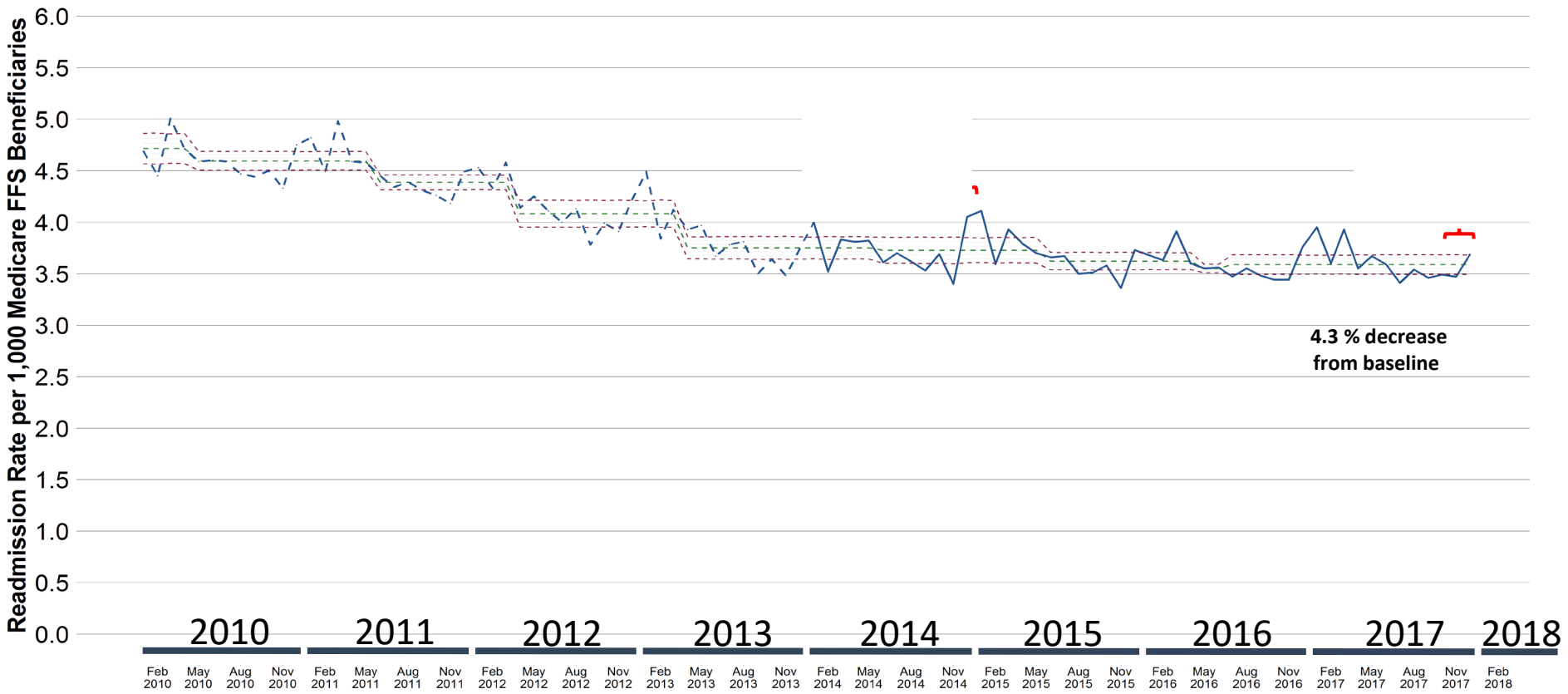
A learning system: the only way to create sustainable improvement

Medicare FFS 30-Day All-Cause Readmission Rate per 100 Admissions, U.S. Short-Term Acute Care Hospitals



Source: Office of Enterprise Data & Analytics at CMS. February 2017 – December 2017 readmission rates were adjusted by a completion factor model to compensate for claims maturity lag.
Note: Phase shifts for the center line (dashed-green) and control limits (upper and lower) dashed lines were determined using guidelines consistent with the consensus of research on calculating U' chart phase shifts.

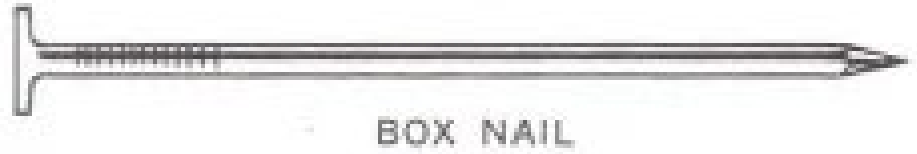
Medicare FFS 30-Day All-Cause Readmission Rate per 1,000 Medicare Beneficiaries



Source: Office of Enterprise Data & Analytics at CMS. February 2017 – December 2017 readmission rates were adjusted by a completion factor model to compensate for claims maturity lag. Includes U.S. short-term acute care hospitals.
Note: Phase shifts for the center line (dashed-green) and control limits (upper and lower) dashed lines were determined using guidelines consistent with the consensus of research on calculating U' chart phase shifts.

Starting with the Individual


It is tempting, if the only tool you have is a hammer, treat everything as if it were a nail.
QUOTEHD.COM
Abraham Maslow
American Philosopher



BOX NAIL

FINISHING NAIL

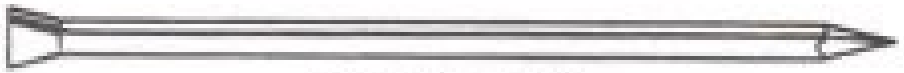
CUT FLOORING NAIL

MASONRY NAIL

SCREW NAIL

DOUBLE-HEADED NAIL

RING-THREADED NAIL



CASING NAIL

What can you "Stop to Start" - Part 1

Stop - Focusing on Risk-Assessment

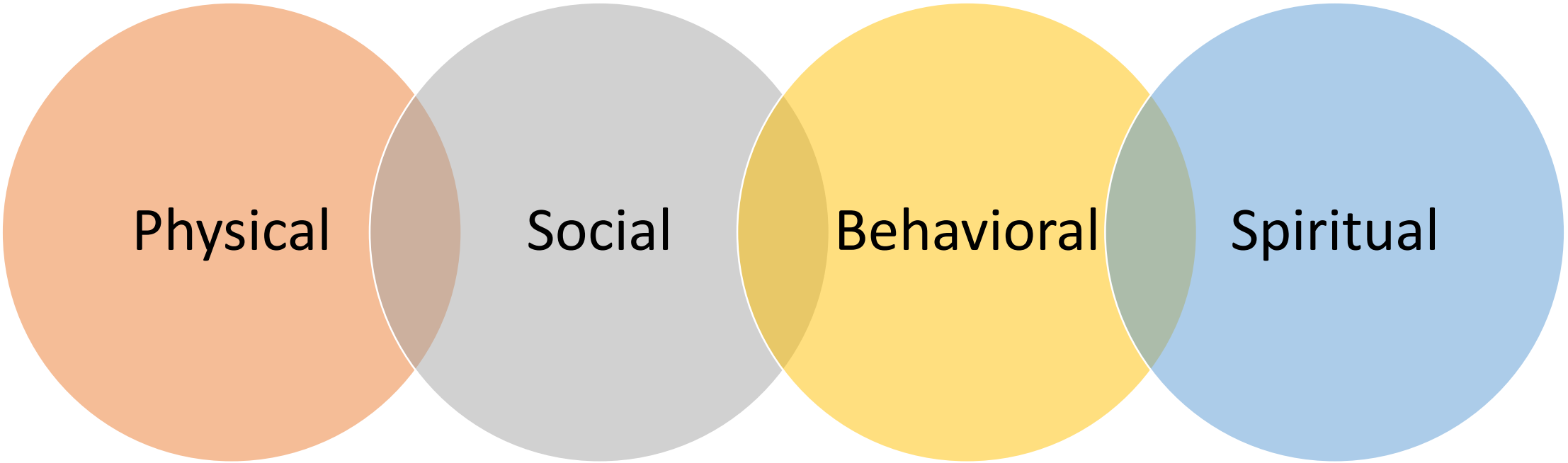
- Regression to the mean – this means admissions often cluster in high-risk individuals

- “Most current readmission risk prediction models, whether designed for comparative or clinical purposes, perform poorly.”
  - Kansagara, et al *JAMA.* 2011;306(15):1688-1698.

- Social/psychological issues profound and usually not included

- Why can two patients with equal risk-scores have different utilization profiles?

What's needed:
A Comprehensive Assessment of High Utilizers

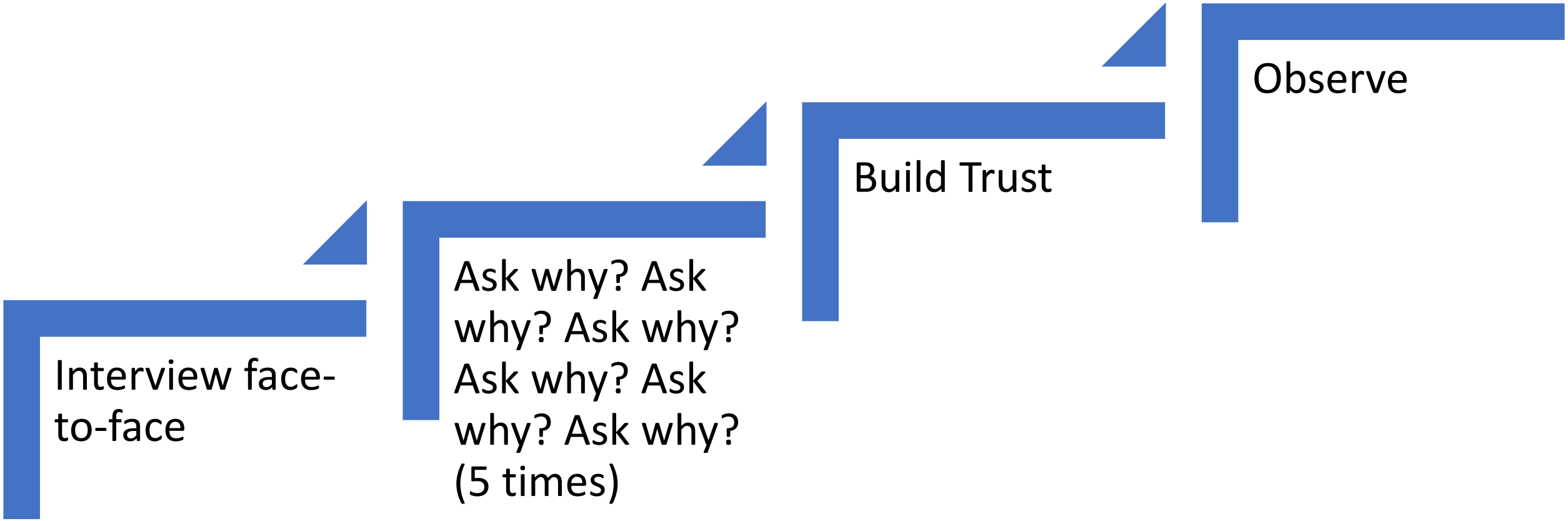


Digging Beneath the Risk Factors: A Story from Chinatown, San Francisco

What are the drivers of high utilization?

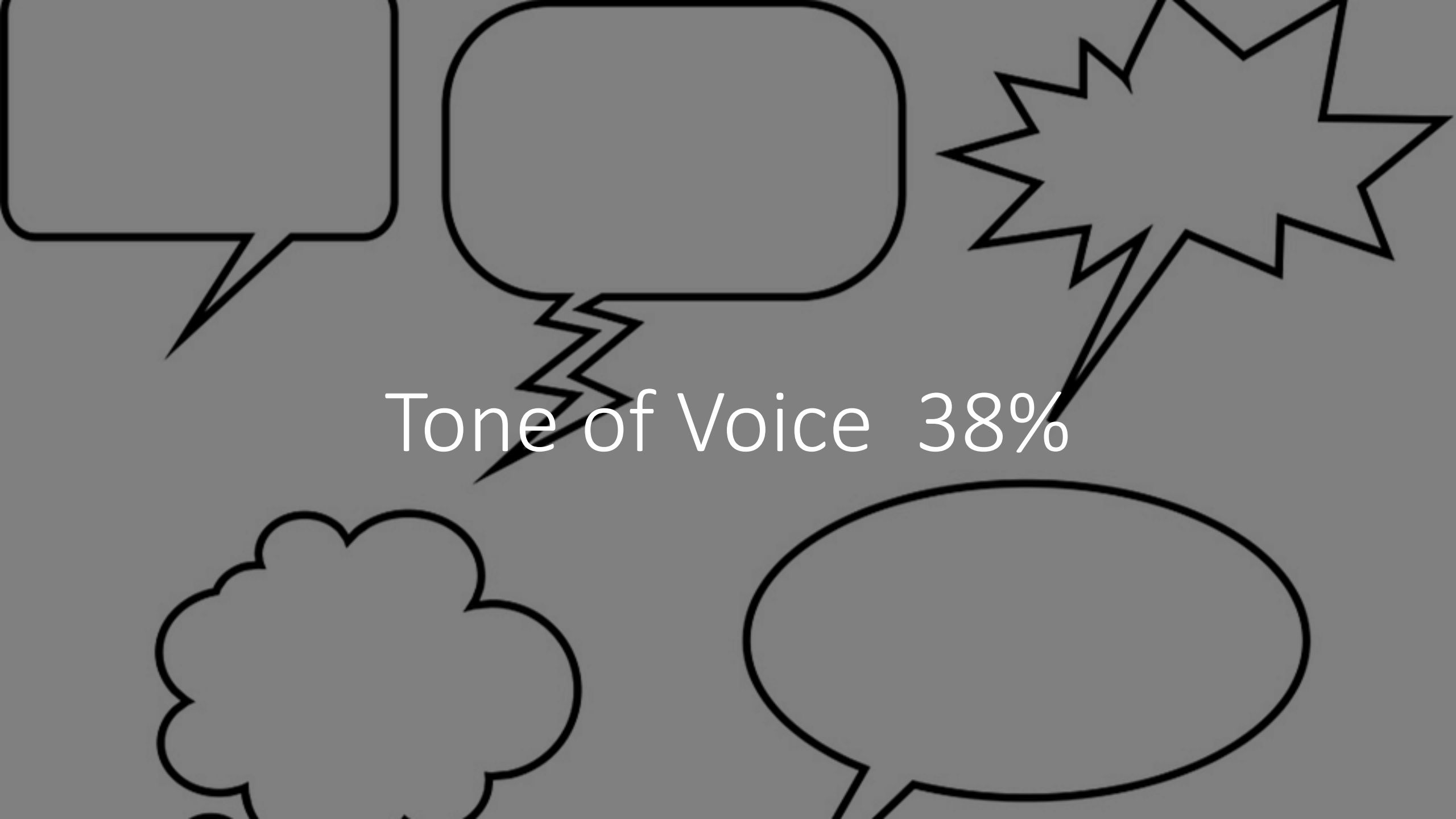
- Transportation
- Depression & Anxiety
- Substance Use Disorder (SUD)
- Housing
- Loneliness & Isolation
- Others?

Uncovering the Drivers



Words 7%

Maxwell, John C. Everyone Communicates, Few Connect: what the most effective people do differently. Thomas Nelson, 2010


Tone of Voice 38%

Body Language 55%

Avoid Euboxia

ZERO IMPACT

If you don’t adequately meet the driver of high utilization, you will not impact the results

Act Differently

New Ideas

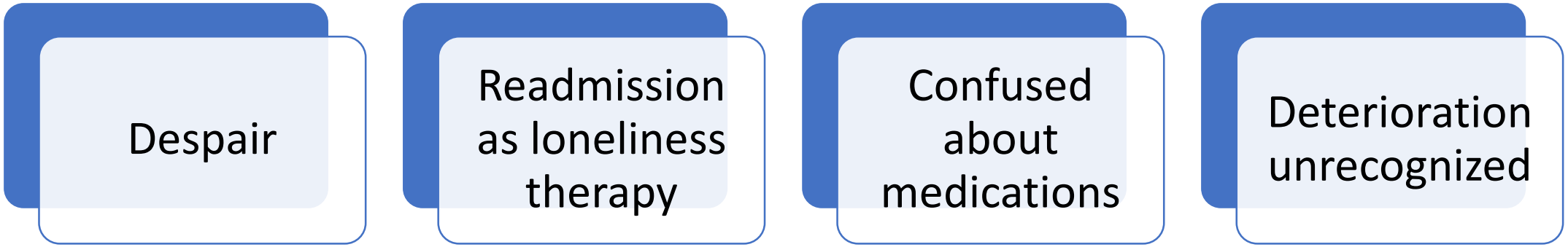
Plan for the return

Behavior Change Takes Time

What can you "Stop to Start" - Part 2


It’s a puzzle not a problem

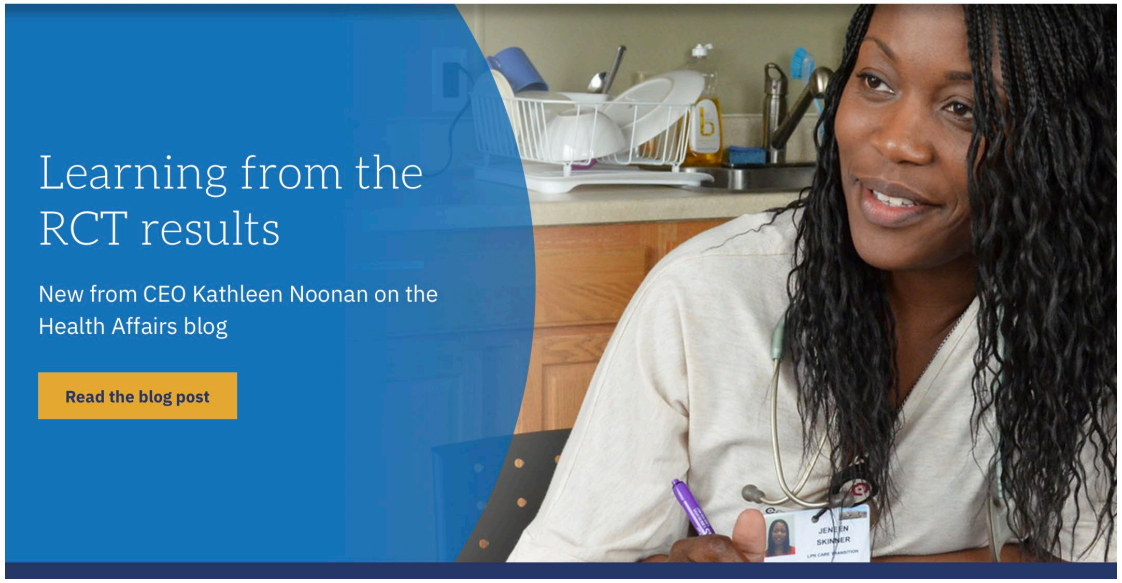
Example - Social Isolation as the Driver



Examining the Bigger Picture

Camden Coalition
of Healthcare Providers

About Care Interventions Connecting Data Coalition Building G



MEDICAL REPORT JANUARY 24, 2011 ISSUE

THE HOT SPOTTERS

Can we lower medical costs by giving the neediest patients better care?

By Atul Gawande
January 17, 2011

If Camden, New Jersey, becomes the first American community to lower its medical costs, it will have a murder to thank. At nine-fifty on a February night in 2001, a twenty-two-year-old black man was shot while driving his Ford Taurus station wagon through a neighborhood on the edge of the Rutgers University campus. The victim lay motionless in the street beside the open door on the driver's side, as if the car had ejected him. A neighborhood couple, a

In Camden, New Jersey, one per cent of patients account for a third of the city's medical costs. Photograph by Phillip Toledano

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Health Care Hotspotting — A Randomized, Controlled Trial

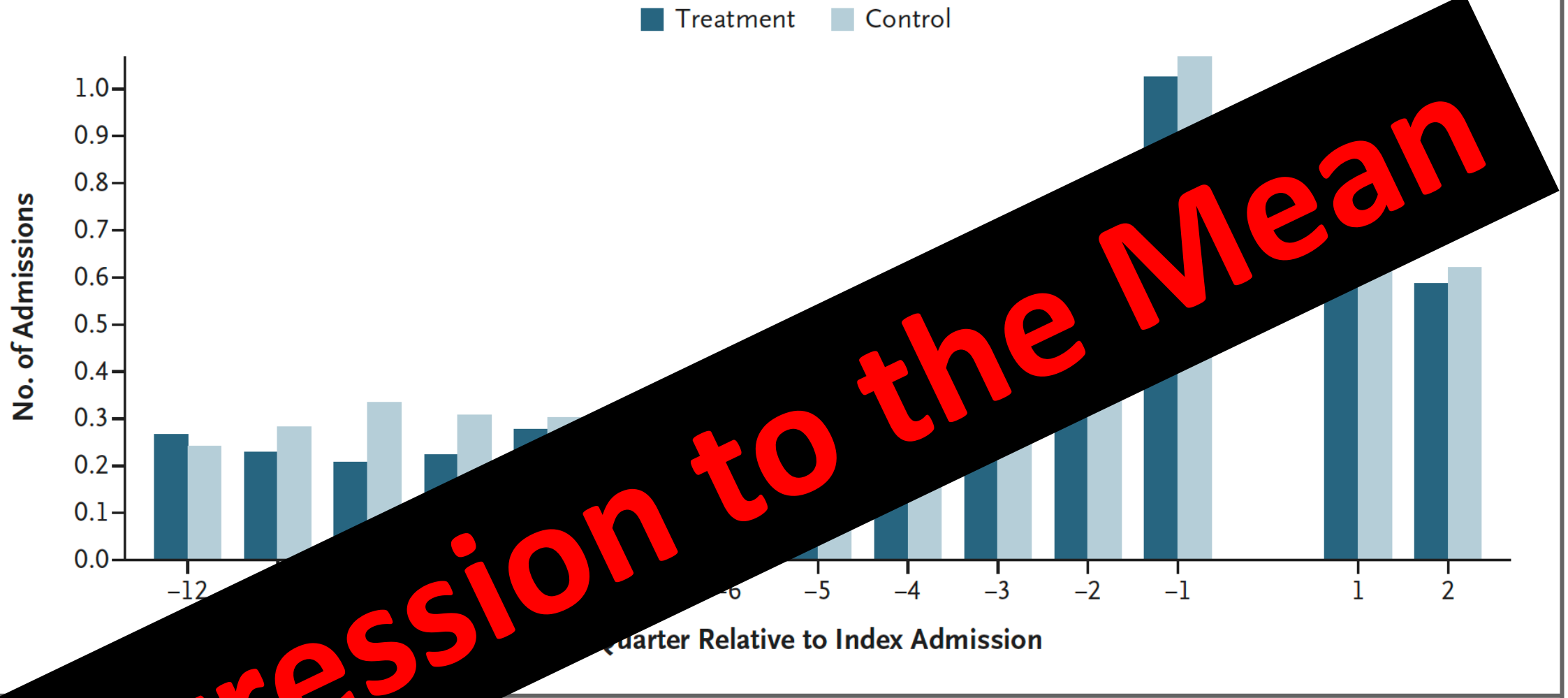
Amy Finkelstein, Ph.D., Annetta Zhou, Ph.D., Sarah Taubman, Sc.D., and Joseph Doyle, Ph.D.

ABSTRACT

BACKGROUND

There is widespread interest in programs aiming to reduce spending and improve health care quality among "superutilizers," patients with very high use of health care services. The "hotspotting" program created by the Camden Coalition of Healthcare Providers (hereafter, the Coalition) has received national attention as a promising superutilizer intervention and has been expanded to cities around the country. In the months after hospital discharge, a team of nurses, social workers, and community health workers visits enrolled patients to coordinate outpatient care and link them with social services.

N Engl J Med 2020;382:152-62.



patient Admissions per Quarter.

discharge data and cover the analysis sample of 782 patients. Treatment data are from ontrol data are from 389 patients. Quarter 1 begins with the discharge date from the index admereas quarter −1 is the quarter ending the day before the index admission. The index admission is exfrom the figure.

“We should not be surprised that the social determinants of health create high-need/high-cost patients who do not experience sudden improvements 6-12 months after a case management intervention. It is wishful thinking to expect that addressing chronic, individual social needs years after the onset of disease could quickly translate into improved health and reduced costs.”

Paula Lantz, Professor of Public Policy, University of Michigan

Common Mistake #1 – Looking at the Wrong Data

Numerators Matter

Common Mistake #2– Disease-only Data

Solution – Focus on Broader Populations AND Get Into the Details

- 30-day, 90-day Enterprise Wide Results
- Avoidable ED visits
- Substance use as primary or secondary
  - Poor surveillance
- Zip codes/communities
- Medicaid/dual eligibles
  - AHRQ Hospital Guide to Reducing Medicaid Readmissions http://www.ahrq.gov/professionals/systems/hospital/medicaidreadmitguide/index.html
- Medicare Spending Per Beneficiary (MSPB)
  - Comprehensive post-acute care, physician linkage

Systems Level Questions

- Which post-acute care partners are the most effective?
- Can we influence same-day access in the clinic?
- How do we support frailty post-discharge?
  - Post-sepsis/Post-ICU syndrome
- What is the appropriate role for community health workers?
  - Substance Use Navigators (SUNs)
- Where can we influence social determinants?
  - How can we better capture the data?
  - Hypertension care at the barbershop/faith organization

Example – Advanced Illness

Advanced Illness Care

"Occurring when
serious en *tioning*
d *e their impact.*

at continues to the end of life."

-Coalition to Transform Advanced Care

INSTITUTE OF MEDICINE

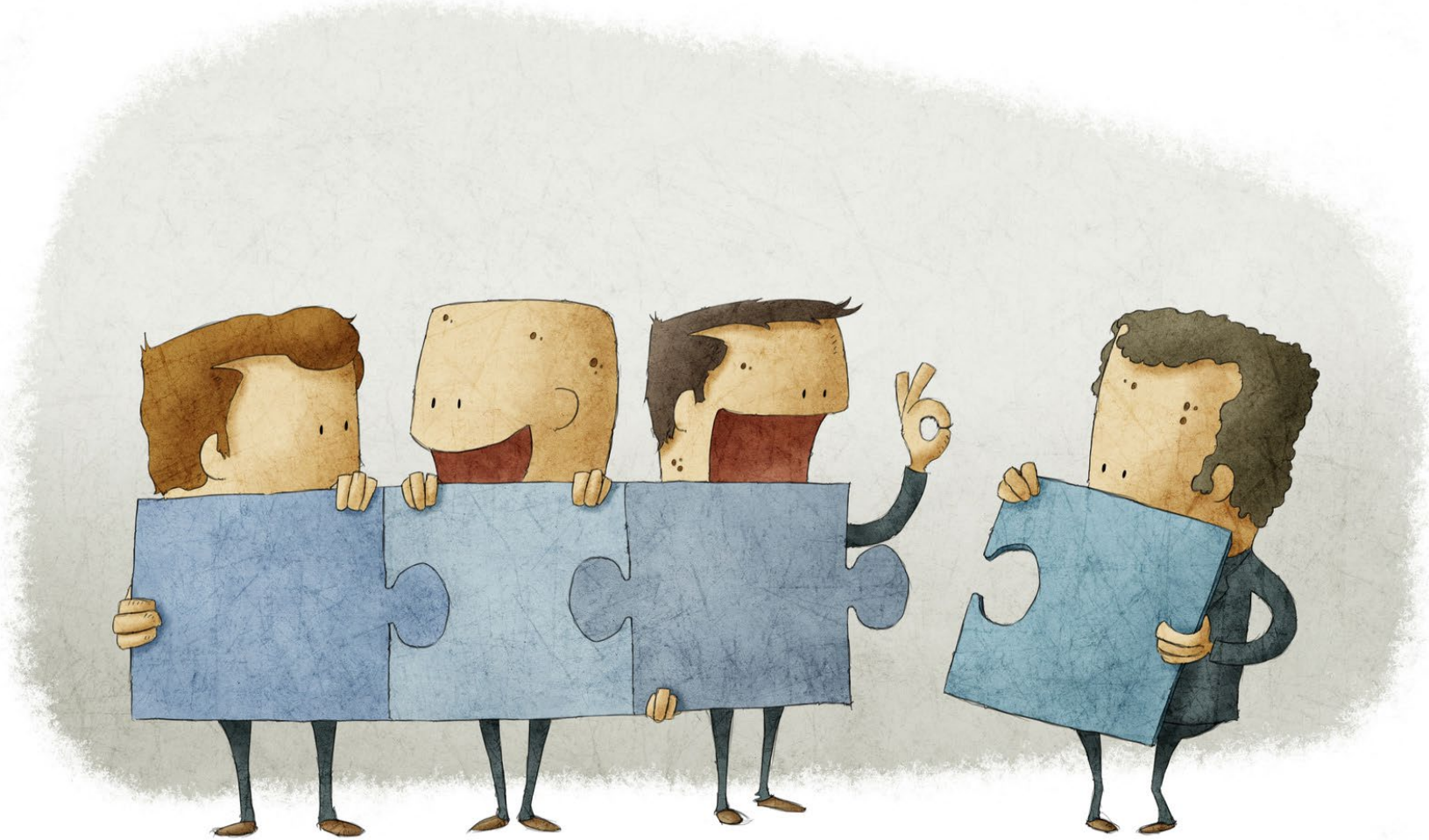
What Matters to Me

Think differently, Act differently

- Avoid Hospice LOS < 1 week
- Goal setting early instead of only when end is in sight
- Comprehensive care team
- Ambulatory family conferences
- Goal clarification at major events

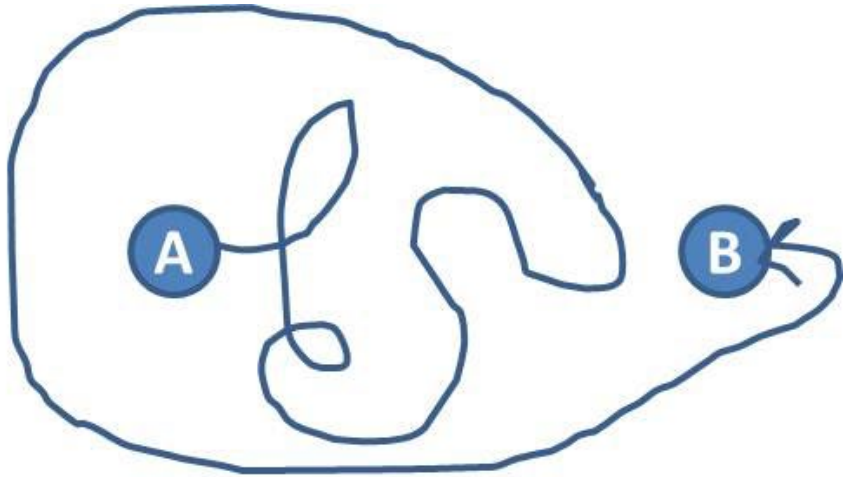

Social Service Agencies
Faith Organizations
Coalitions
EMS
Philanthropies
CBOs
Clinics
partners

Creating a Learning System



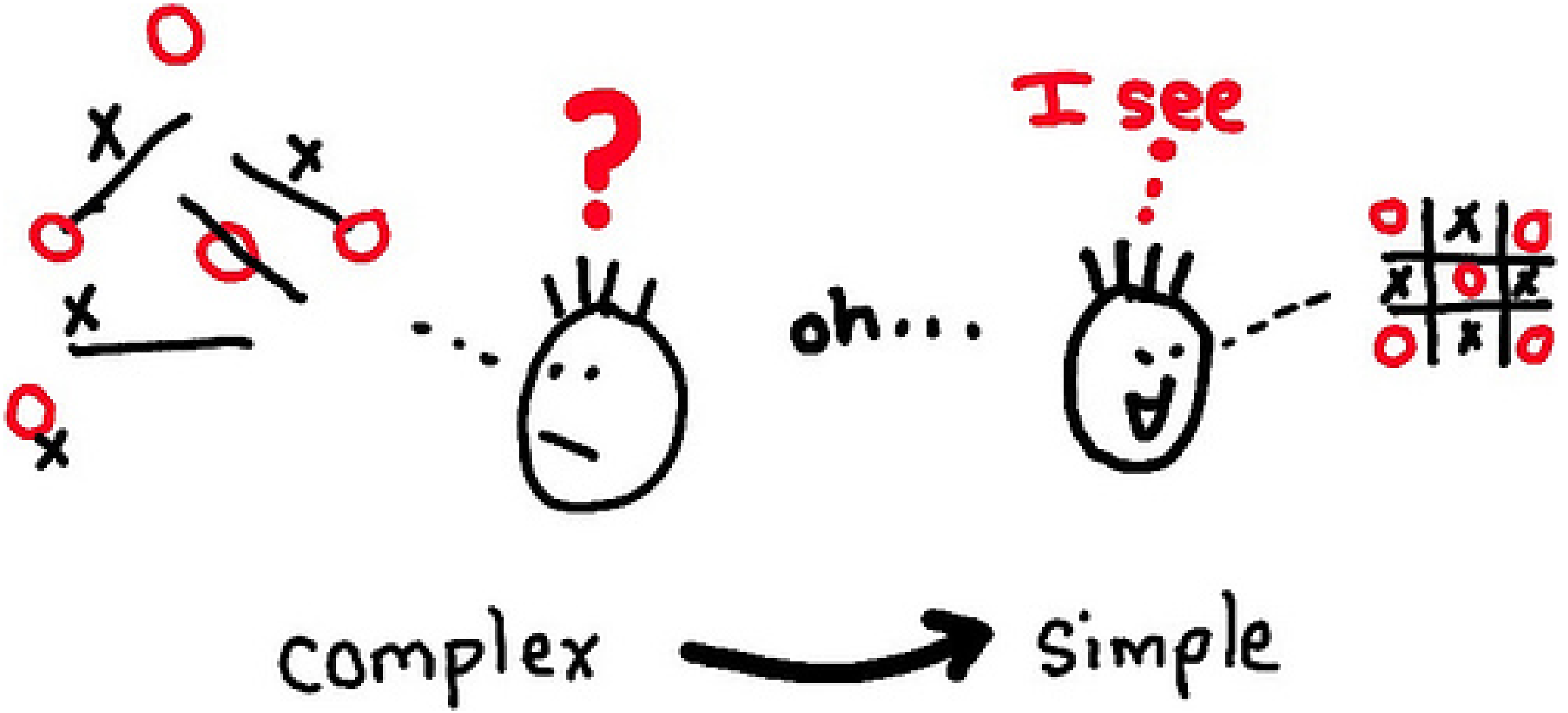
What Improvement Isn't

Engineer



~~Social Scientist~~

Improvement Leader


?
I see
oh...
complex
Simple

Inquisitive nature – always asking “why?”

Mistakes are the best teachers

Drive out fear

Never satisfied

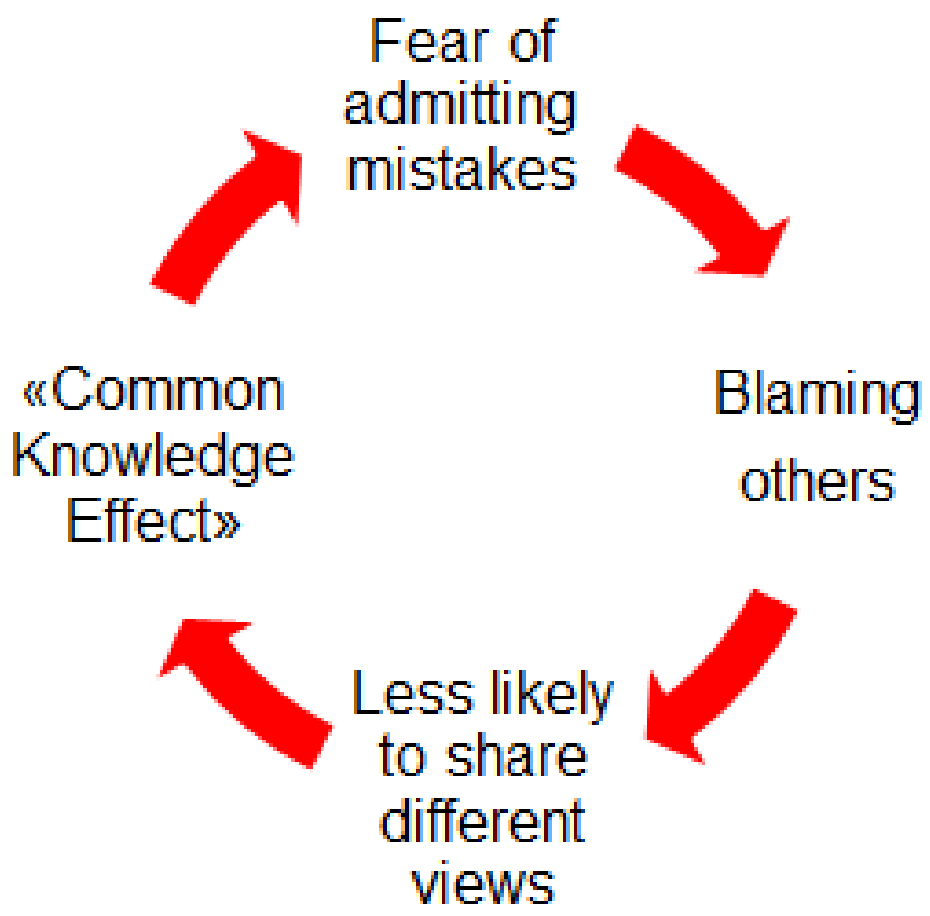
Elements of a Learning Organization

"Psychological safety is a shared belief that the team is safe for interpersonal risk taking."

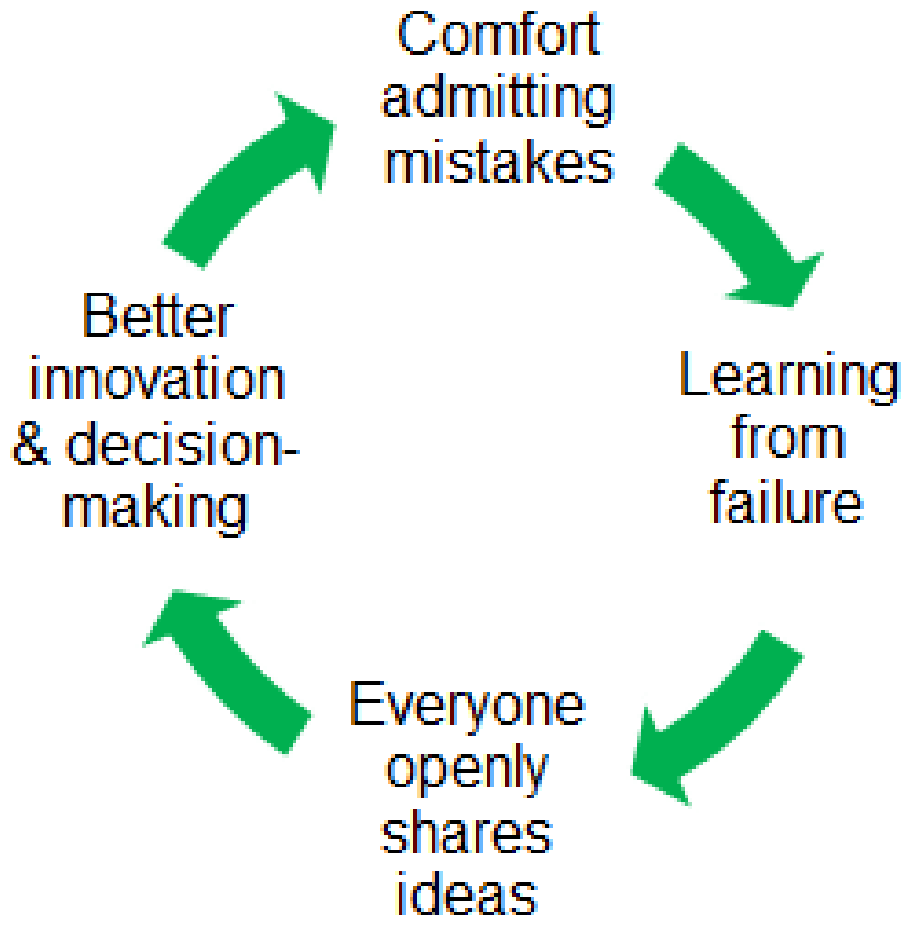
Amy Edmondson

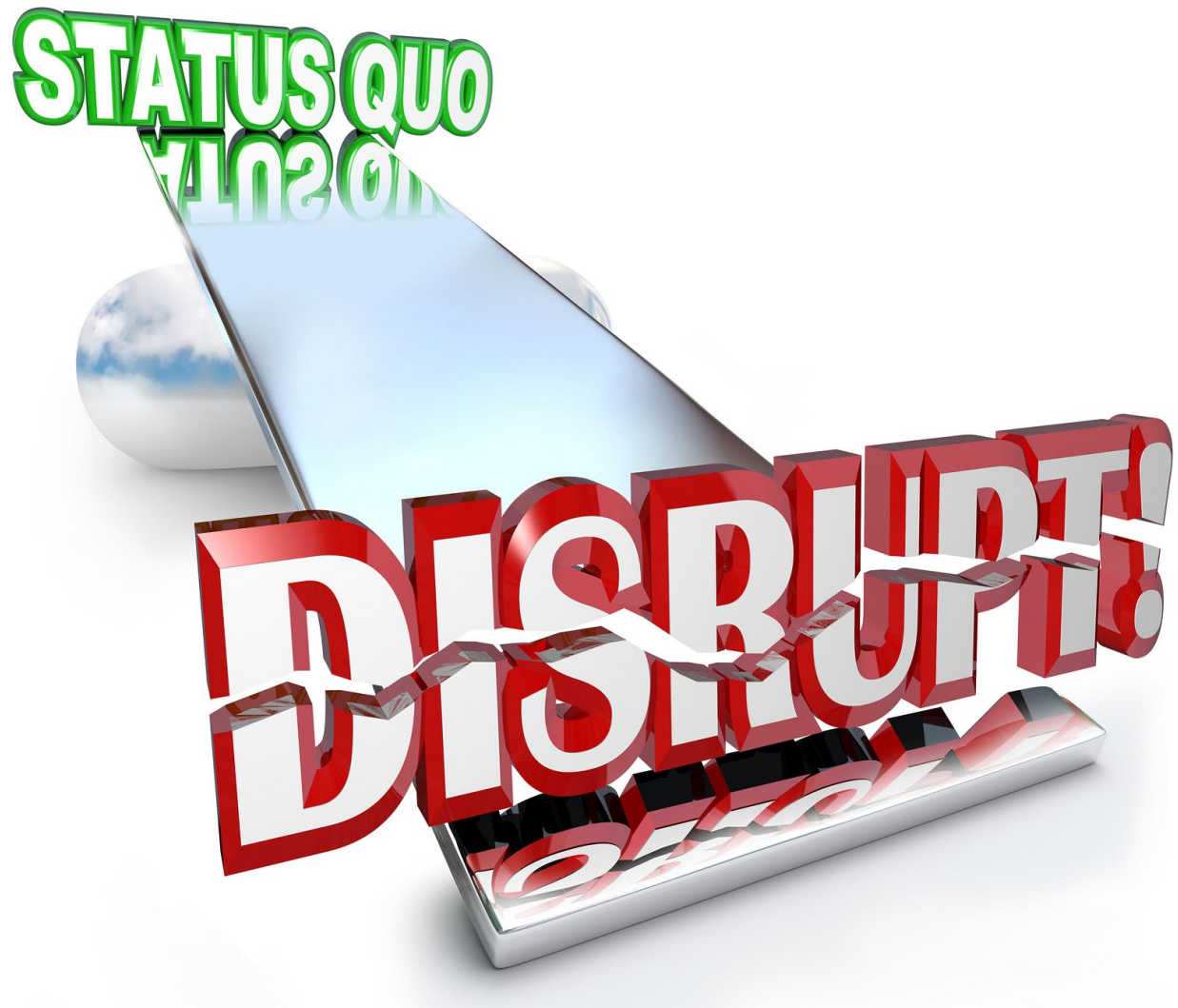
Author of *Teaming*

Psychological Danger

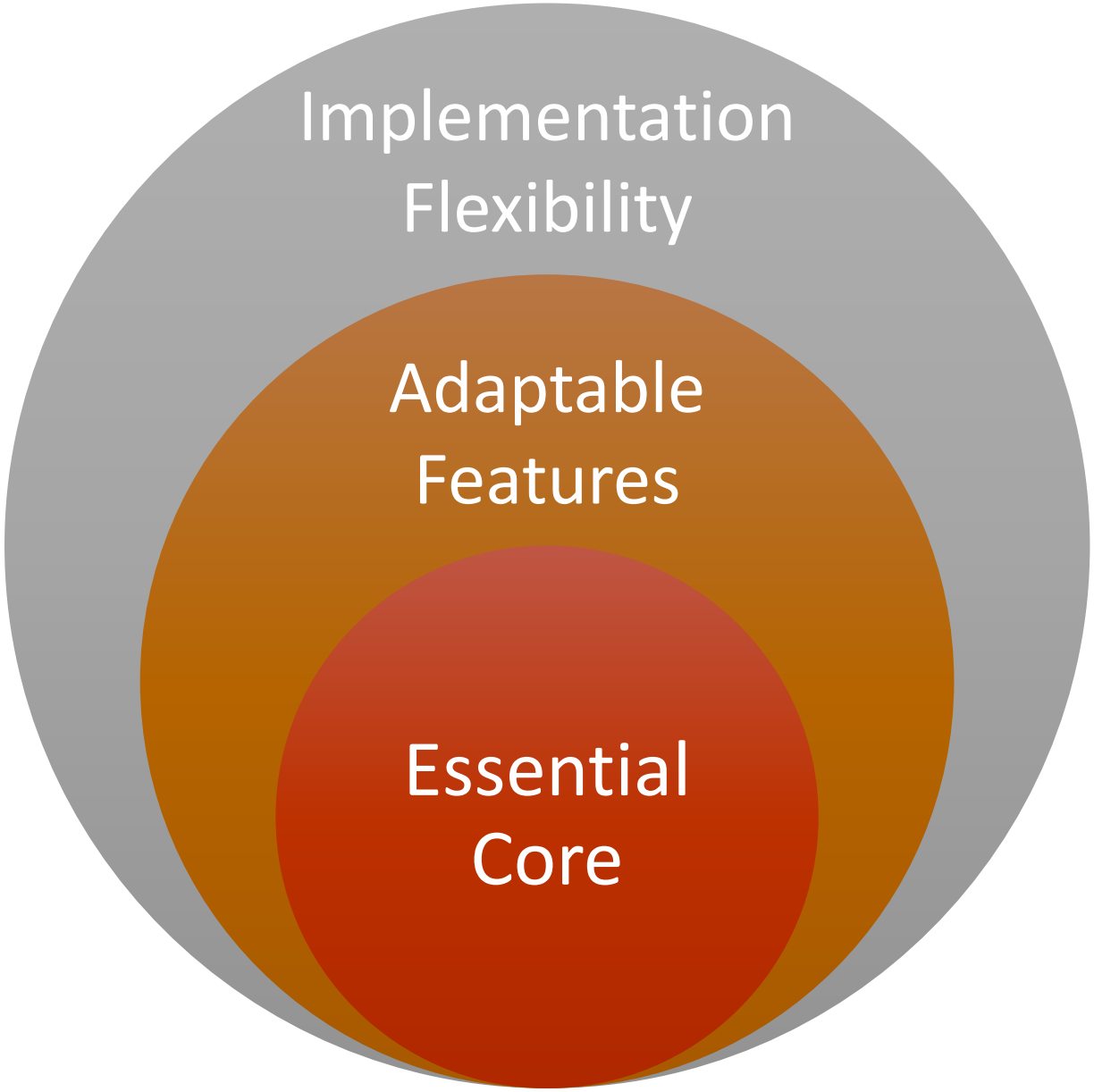


Psychological Safety




STATUS QUO
DISRUPT!

Adapting Effective Practices



“This is the true joy of life: the being used up for a purpose recognized by yourself as a mighty one; being a force of nature instead of a feverish, selfish little clot of ailments and grievances, complaining that the world will not devote itself to making you happy.”

-George Bernard Shaw

Bruce Spurlock, M.D.
bspurlock@cynosurehealth.org