A Systems Approach to Shared Risk Through a Clinical Decision Unit

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Introductions

Thomas M. Kelly
Central Ohio Primary Care (COPC)
Director, Inpatient Services

Adam K. Middleton
Healthcare Advisory Network, LLC
President/CEO/Consultant
Learning Objectives:

• Discuss the best ways to provide consensus between multiple care givers from different care environments.
• Discuss the key elements of transitions of care from hospital, SNF and discharge to the community during the clinical episode
• How to set up a systems approach to monitor the delivery of care.
• Discuss key measures of success for the patient, providers and institutions.
• How to position the concept of alternate care delivery systems with payors.
What is a CDU?

• Video
Building Consensus
Background and Problem

- COPC has a large patient base in the Central Ohio market with shared savings plans with numerous Medicare Advantage Plans
- Shared Risk contracting demands creative thinking
- Patients being treated in a higher than needed level of care increasing cost to the overall healthcare system and individual patient
- Patients unhappy with long observation stays that are expensive and often uncomfortable
- Needed to provide better transitional care strategies
How did we address the problem?

• Creative thinking to develop a “Clinical Decision Unit”
• Build out of facility and process
• Engaged multiple parties to provide:
  • Sense of Urgency
  • Best Practices
  • Inventive Strategies for Transitions of Care
Who was at the table (and who wasn’t) = multiple competing agendas

2 Competing Skilled Nursing Facilities
1 Large Physician Group
How we built consensus between multiple parties?

• Joint Leadership with project leadership delegated to key personnel
• Regularly scheduled project meetings with all stakeholders built a shared responsibility for the project
• Active engagement of clinical, operations and business leaders in the process
• Delegation of duties with latitude to make decisions and implement with out micro-management by leaders
Elements of Transitions of Care
Build of Clinical Protocols

• Consensus of patient type that would be candidate for CDU
• Establish accepted protocols for care deliver to provide caregivers with consistent medical delivery
Patient Flow and Transitions

• Build out of care transitions protocols
  • COPC
    • Hospital Observation Unit
    • Direct from Physician Office
  • Skilled Nursing Facility---Clinical Decision Unit
    • Clinical work-flow
      • Break down the complex to step-by-step work flow

• Next level of Care
  • AL
  • LTC
  • IL
  • Home
Communication between Caregivers

• Issue: How to quickly contact on-call physician
  • Delays increase readmissions
  • Reduce unnecessary calls

• Answer:
  • COPC call center integration to the CDU protocol
Communication between Caregivers

• Issue: Ability to easily know the bed status for the SNFs.
  • Need to move patients quickly
  • Didn’t want duplicate calls

• Answer:
  • Website developed for easy reservations and monitoring of census
Monitoring the CDU outcomes
Key Measures of Success

• Reduced observation days/hours
• Patient Satisfaction
• Physician Satisfaction
• Decreased overall cost patient per episode
Metrics and Reporting

• Team agreed to several metrics to evaluate the ongoing success of the CDUs
  • Time from call to admission
  • LOS overall for CDU Patients
  • LOS by Payor
  • Patient Satisfaction
  • Provider Satisfaction
  • “Recommend” percentage
  • Readmission Rates and cost associated
  • Root Cause % of completion with determinate cause
  • Medication related adverse effects
  • Avoidable transitions
  • Duplication of services
Patient Satisfaction:

- Comfortable Surroundings
- Unlike a “Nursing Home”
- Hotel type amenities
  - Wi-Fi
  - Tablets
  - Restaurant Quality Meals
  - Dedicated Staff
  - Privacy
How to Position a CDU with MCOs and ACOs
Advantages to Payors and Patients

• CDU aids in reducing costs of care
  • Reduces days in observation
  • Reduces unnecessary ED visits
  • Reduces readmits
  • Public Relations

• What are potential cost savings?
  • Per patient day—observation average $2500.00*
  • ED visit - $1696.00*
  • Average CDU cost is $700 – $750 per diem

*2009 Medical Expenditures Survey
Case Study: Payor Source “MCO”

• Pt admitted to MOU on 4/21
• Discharged home with f/u appts on 4/22
• 80 yo male presents with cough and dyspnea for 10 days. Driving back from out of town, stopped here at ER per PCP b/c it was late and PCP didn’t think he could get x-ray done, and read before office closed. Found to have Influenza B.
Cost Comparison

• MOU 1 night stay = $750
• Came thru ER = $2000
• Chest x-ray = $374
  Total = $3124

VS.

• 1 night CDU stay = $750
• Outpatient Chest x-ray = $65
  Total = $815
Advantages to Systems, Providers, SNFs

• Shared Risk/Savings Contracts
  • Hospitals, Physicians Groups and SNFs can take advantage of new contracting strategies
  • New opportunities require new ideas
    • Contracts are written from MCO direct to SNF
    • Convince MCO, Providers and Patients that care isn’t compromised but increased at a lower cost
What organizations could benefit?

• Horizontally integrated systems that either have or desire risk contracting
• Systems with ACO or other risk sharing strategies
• Large Physician Groups with/or desire risk contracts
Questions/Comments