



SPECIAL ISSUE

April 2016 Commitment to Care Quality Topic

Your Nursing Facility's Rehospitalization Data Will Soon Affect Your Reimbursement: Pay 4 Performance is On Its Way

THCA has been encouraging members to focus on rehospitalization for several months, but with the six new quality measures that will be added to Nursing Home Compare this month; it's now a Hot Topic for Nursing Homes to systematically work to prevent.

March 3rd CMS released the following list of six new measures

Short -Stay:

1. Discharge to Community*
2. Emergency Room Use*
3. Rehospitalization*
4. Improvement in Function Since Admission*

Long-Stay:

5. Decline in Mobility*
6. Use of Hypnotics/Anxiolytics

* To be added to Five-Star in July 2016. Preview of these measures will be available in the QEIS system during April.

To review CMS Presentation and detailed information on the new measures click [HERE](#).

In addition, in 2015 Congress passed the [Protecting Access to Medicare Act of 2014](#) which implements a Skilled Nursing Facility (SNF) Value Based Purchasing (VBP) program. This program is an effort to link quality to payment. VBP will impose a 2% withhold on all SNF Part A payments, of which between 50% and 70% may be earned back based on a facility's rehospitalization rates (SEC. 215. SKILLED NURSING FACILITY VALUE-BASED PURCHASING).

The American Health Care Association (AHCA) has been highlighting the need for improvement in these areas as well.

“It is critical that AHCA members recognize that CMS will link as much as 2% of a SNFs Part A payment to their rehospitalization rates. SNFs in the bottom 40% nationally are at risk of losing 2%”, said, Dr. David Gifford, Sr. Vice President of Quality and Regulatory, AHCA, “We estimate that this equates to having a risk adjusted rehospitalization rate over 18% on the AHCA PointRight Pro 30 rehospitalization measure, available to all AHCA members in LTC Trend Tracker. The time to change and create the necessary improvements within your organization is NOW!”



The AHCA Quality Initiative lists Hospital Readmissions as one of the areas to focus improvements on; they have set targets and provided resources for providers.



Hospital Readmissions

Safely reduce the number of hospital readmissions within 30 days during a skilled nursing center stay by an additional 15% or achieve and maintain a low rate of 10% by March 2018

How Should a Facility Get Started?

All THCA member facilities also belong to AHCA and have access to the AHCA/NCAL Long Term Care Trend Tracker (LTCTT).



***“I would recommend that facilities run their Hospitalization Rate Report in LTCTT to see if they are above or below the national average. This will give them a sense of how they are doing in preparation for the addition of this measure to Nursing Home Compare in April and to Five-Star in July.” Peggy Connorton, MS, LNFA,
Director of Quality & LTC Trend Tracker***

LTCTT will aid you in finding out what your current Short-Stay Hospital Readmission score is as well as show you how your data has trended over time. In addition you can also benchmark your risk adjusted rates and compare yourself to in your competitive area or against other THCA members.

When you run your Hospitalization Rate Report, you may find that you have an opportunity for a Quality Improvement Performance Improvement (QAPI) Project to work on. If so, your next step would be to assess your current system and process. To do this you will need to review your hospitalization log, looking for trends. If you don't have a hospitalization log and need one, you may want to consider downloading the [INTERACT Acute Care Transfer Log](#). You will want to focus on hospitalization trends such as time of day, day of the week, staff on shift, resident's physician, family generated, etc. This way you can target your efforts on those trends that occur most often. You may find that additional education is needed with staff and or communication with families and physicians.

Dr. David Gifford, Sr. Vice President of Quality and Regulatory, AHCA reminds providers that “the secret’s in the sauce”! “You see, in every great spaghetti sauce there are actually a few key ingredients. Once you have that in place you can get creative. First, get the good base. In the case of rehospitalizations, the secret is not to take a single disease approach but instead, take a systems approach. Create a great base that looks at common care practices for all disease management. Work from a position where all rehospitalizations are avoidable; know what you are tracking: use a root cause analysis approach and build a great end of life and advance directive system. Be sure that staff are great at early identification of changes (INTERACT stop and watch can help), and build your teams skill in communicating across settings.”

These are just a few things that can be done to improve your systems of care... and create a great sauce for any disease management!

Your efforts toward reducing hospitalizations will positively impact your partnerships with MCO's, hospitals, 5 STAR Rating and your bottom line. In addition, as Bundled Payment Programs like [Comprehensive Care for Joint Replacement](#) (CJR) are developed hospitals will be looking at facility 5 STAR Ratings and rehospitalization rates to determine which facilities they want to partner with.

Should you need assistance with getting started or using LTCTT, please don't hesitate to contact me at gwilliams@txhca.org and be sure to review the additional links provided on the C2C page. Written by Gloria Bean-Williams RN, CDP, THCA Director of Clinical & Quality Services