CCTP Experience at Scripps Health Care System

Susan Erickson RN, MPH
Senior Director Patient Navigation
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CCTP is part of a broader initiative at Scripps

- **Navigators**: ED → Inpatient → Outpatient … → Ambulatory
- **Interdisciplinary Team**: MD + MTM Pharmacist + Navigator
- **Bedside Rounds**
  - **Goal boards** in room – patient friendly language
  - **Milliman Guidelines™** utilized for goal LOS, D/C barriers
- **Follow patient for 30 days post acute care discharge** (CTI = ON)
- **Evaluation of outcomes**: LOS, Readmissions, Patient Satisfaction
GOAL: Decrease 30 Day Readmissions for Medicare FFS Patients

FOCUS at Scripps:
- Increase Footprint + Documentation
- Understand Causes of Readmissions (Readmission RCA)
- Enhance Screening Capability
## Increasing Footprint

<table>
<thead>
<tr>
<th>MONTH 2013</th>
<th>ENCOUNTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>256</td>
</tr>
<tr>
<td>May</td>
<td>249</td>
</tr>
<tr>
<td>June</td>
<td>292</td>
</tr>
<tr>
<td>July</td>
<td>393</td>
</tr>
<tr>
<td>August</td>
<td>740</td>
</tr>
<tr>
<td>September</td>
<td>664</td>
</tr>
<tr>
<td>October</td>
<td>670</td>
</tr>
<tr>
<td>November</td>
<td>628</td>
</tr>
</tbody>
</table>

**Target ~ 820 (+ 125) encounters/month**

**Staffing Changes**
<table>
<thead>
<tr>
<th></th>
<th>Encinitas</th>
<th>Green</th>
<th>La Jolla</th>
<th>Chula Vista</th>
<th>Mercy SD</th>
<th>System Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov. 1 - 11</td>
<td>89.7%</td>
<td>80.6%</td>
<td>50.4%</td>
<td>75.3%</td>
<td>16.5%</td>
<td>62.5%</td>
</tr>
<tr>
<td>Nov. 12 - 15</td>
<td>86.2%</td>
<td>81.1%</td>
<td>44.2%</td>
<td>64.9%</td>
<td>28.6%</td>
<td>61.0%</td>
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<tr>
<td>Nov. 16-22</td>
<td>77.8%</td>
<td>82.1%</td>
<td>45.8%</td>
<td>84.5%</td>
<td>34.2%</td>
<td>64.9%</td>
</tr>
<tr>
<td>Nov. 23-30</td>
<td>93.8%</td>
<td>82.4%</td>
<td>56.2%</td>
<td>83.3%</td>
<td>55.3%</td>
<td>74.2%</td>
</tr>
<tr>
<td>Dec. 1-6</td>
<td>97.2%</td>
<td>84.1%</td>
<td>55.0%</td>
<td>91.7%</td>
<td>54.9%</td>
<td>76.6%</td>
</tr>
</tbody>
</table>
Readmission Root Cause Analysis (RCA) Process

Readmissions List Generated

CM / Navigator Interviews Patient in Real Time, Reviews Chart and discusses with MD/Pharmacist

Findings Entered into Common Midas Database

Meeting at System Level 2-3x/yr to Review Trends and Identify Opportunities/Strategies

Quarterly Hospital Specific Data Review & Presentation to Site UR/UM Committee

Decreased Readmissions!
Stats

Initial Study Period: 1/14/13-8/14/13
Total # of readmissions: 4,035
% of surveys completed: 60.5% (2,441)
Key Findings:

- Days 0-5 post-discharge most vulnerable: 33% of readmissions system-wide
- 55% of readmissions within 10 days of discharge (steady decline thereafter)
  - 80-89 year olds at greatest risk during 10 day window
  - Medicare A/B beneficiaries disproportionally affected during days 6-10
- Goal is for every high-risk patient to be discharged with 1 appointment in hand for follow up within 7 days of discharge
  - Pilot post-discharge ‘transition clinic’ at Scripps Encinitas
Key Findings:

- 20+% of patients had not seen an outpatient physician prior to being readmitted
- 42.6% readmitted on days 6-30 post-discharge had not seen an outpatient physician
  - Medicare A/B patients disproportionately affected
- New survey to examine effectiveness of patients leaving the hospital with at least 1 follow up appointment in hand
Key Findings:

- 21.5% of patients readmitted had 2 or more readmissions during the first four months of study
- Future analysis of ‘poly-readmitters’ (e.g. 3+ readmissions) by diagnosis, age and payer-type
- Higher level of care management for high-utilizers
Worsening illness: 35%
New Illness: 24%
Other: 19.1%
Medication related: 8.3%
Misc. (combined): 7.3%
Non-compliance: 6.3%

N= 971 surveys
Successes

- Clear picture of:
  - who’s coming back
    - age
    - primary coded diagnosis
    - primary payer
  - when they’re coming back
  - how often they’re coming back
  - follow up with an outpatient MD before readmission
  - readmission rates of top 5+ SNFs for each hospital
  - degree of readmission preventability

Challenges

- Initial survey:
  - root cause question not specific enough (e.g. ‘worsening illness’)
  - allowed use of ‘other’ as response
- Subjectivity of preventability designation
- Time constraints of Inpatient Navigators
  - some questions left blank
- Not digging deep enough