

INCREASING APPROPRIATE HOME HEALTH UTILIZATION IN A NEXT-GENERATION ACCOUNTABLE CARE ORGANIZATION

Background

- Southwestern Health Resources (SWHR) is a Medicare Next-Generation Accountable Care Organization (NGACO).
- Home Health (HH) care is a Medicare benefit for homebound patients who require a specific skilled service to be delivered to them at home.
- In the SWHR network, HH is utilized by **12,321 unique patients**, and **\$75.5 million total** was spent on HH from March 2017 to February 2018.
- SWHR NGACO patients have shown a historical increase in home health certifications, causing increasing costs.
- Current quality measures for Home Health Agencies (HHA) vary greatly.

Local Problem

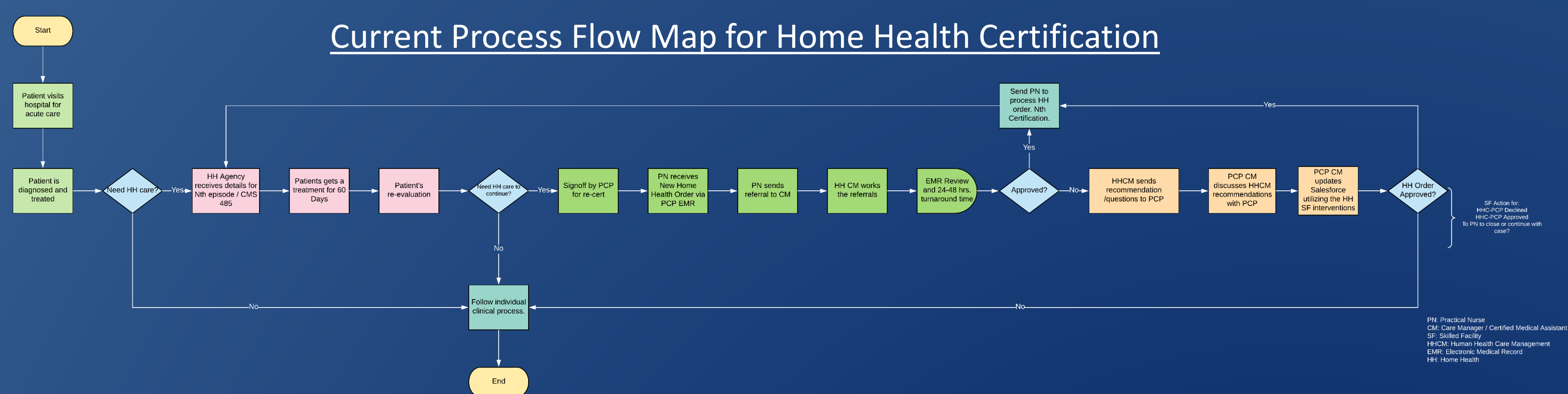
- The cost of SWHR NGACO HH services is **46%** higher than the average for all other NGACO's in the nation.
- If SWHR were to utilize HH resources at the average rate, there may be potential projected savings of **\$19 million** for the SWHR NGACO.

Aim

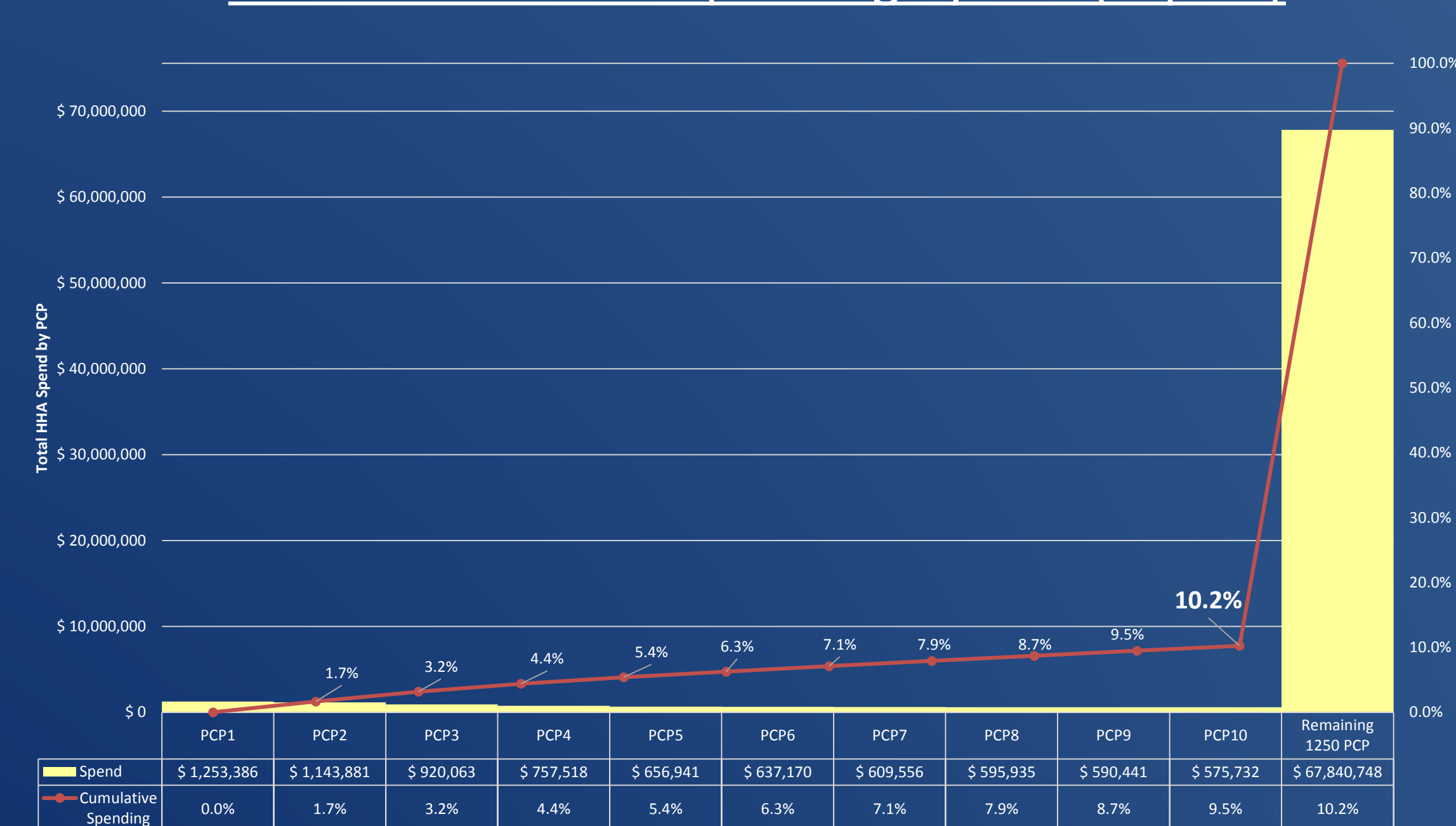
Our aim is to better understand the causes of the heightened HH expenditures across the SWHR NGACO, and seek opportunities for savings of up to 10% of total HH spending by May 2019.

Quality Tools

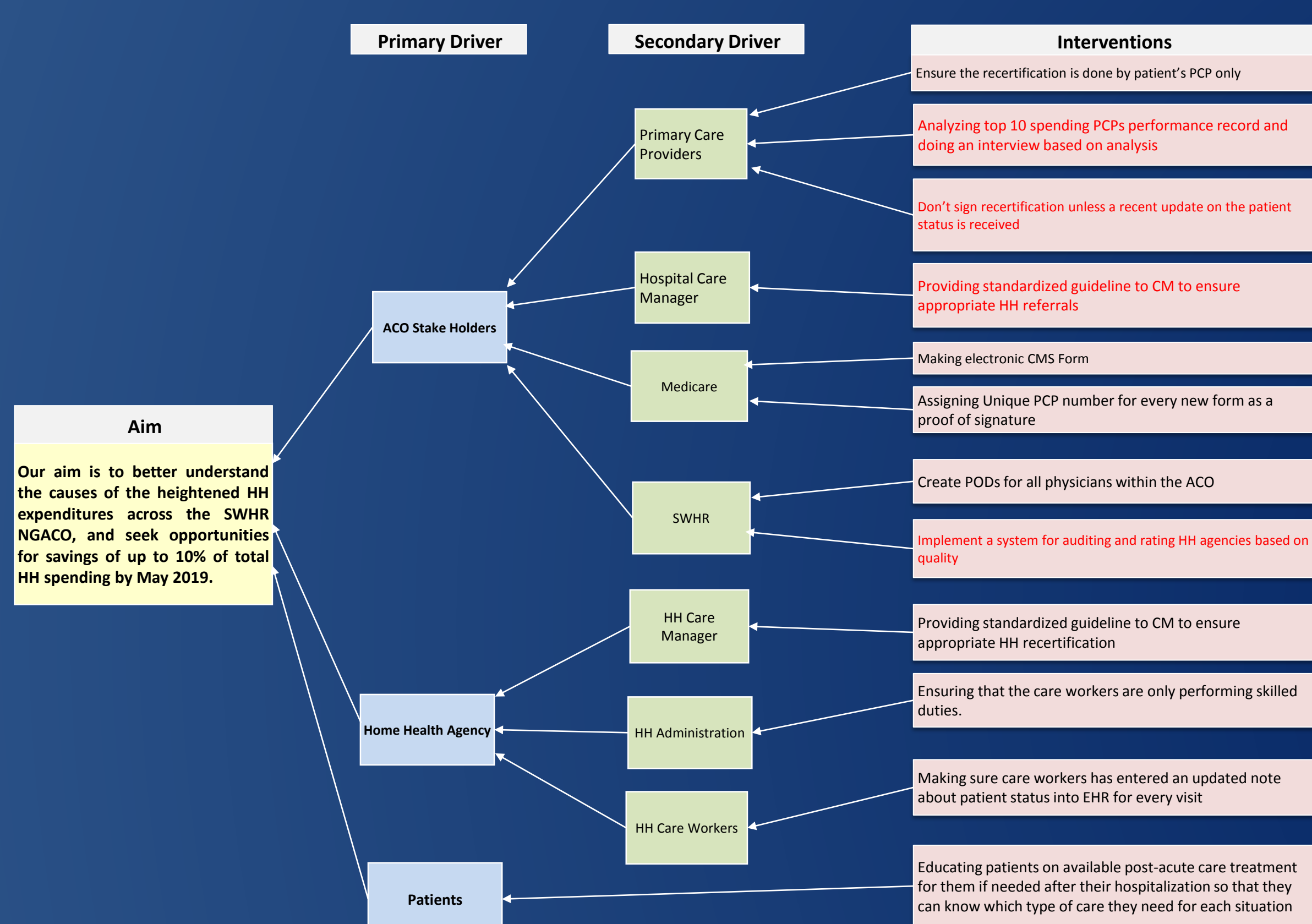
Current Process Flow Map for Home Health Certification



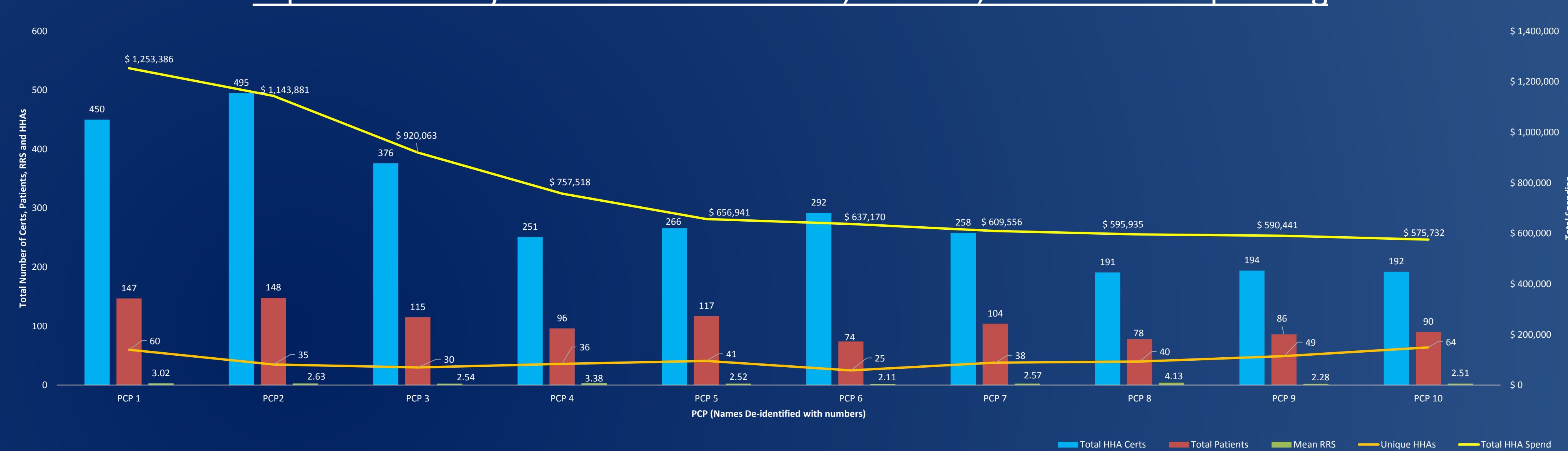
Pareto of Total HH Spending by PCP (Top 10)



Driver Diagram



Top 10 PCP Analysis Based on Total Certs, Patients, RRS and HHA Spending



Failure Mode And Effects Analysis

Interventions	Potential Failure Mode	Potential effects of the failure	Potential causes of the failure	Occ (1-10)	Det (1-10)	Sev (1-10)	RPN	Recommended actions
Ensure the recertification is done by patient's PCP only	PCP does not get informed	Patient is recertified by a doctor who is not familiar with the case	Poor communication to PCP	5	1	7	35	Send a notification to PCP when HH is initially ordered
Analyzing top 10 spending PCP's performance records and doing an interview based on analysis	Lack of transparency by PCP, time to spend on interview and/or importance of issue	Hindrance of understanding of why patients receive multiple certifications	Inadequate engagement by PCP	5	8	6	240	Get approval of SWHR leadership prior to setting up interviews
Don't sign recertification unless a recent update on the patient status is received	Patients who need HH would not be recertified	Patient who benefits from HH no longer receives it	Records are not updated by care workers	3	7	9	189	Keep statistics on HH care worker performance when keeping records and require an EMR update each time they see a patient
Providing standardized information to CM to ensure appropriate HH referrals	CM does not understand new information and continues to send inappropriate referrals to PCPs for signature	Patient continues to receive inappropriate HH care	Inadequate training of new guidelines	3	3	8	72	Quarterly training for CM, have an expert on site during implementation
Making electronic CMS Form	Initial setup in electronic form does not exist	Manual records are time consuming and error prone	Medicare does not want to accept electronic signature from physicians and setup is costly	9	9	3	243	
Assigning Unique PCP number for every new form as a proof of signature	Complexity to decide on a pod system	Data analysis and future PDSA cycles would be hindered	Communications with physicians is disorganized	2	8	3	48	Have physicians on the team that determines the new pods
Create pods for all physicians within the ACO	HHA are not willing to receive periodic audits	Less data available on recertifications and services provided	HHA are afraid of consequences of bad audit	4	7	7	196	Give an audit score and inform the HHA that more patients will be sent to those agencies with higher scores
Implement a system for auditing and rating HH agencies based on quality	Lack of patient interest/understanding of terms	Patient stays on HH inappropriately	Education about HH and post-acute care options is difficult and confusing	3	5	4	60	Provide information before patient's discharge meeting so that they have a chance to ask questions

Legend
 CM: Care Manager
 CMS: Center for Medicare Services
 EMR: Electronic Medical Record
 HHA: Home Health Agency
 NGACO: Next-Generation Accountable Care Organization
 PCP: Primary Care Provider
 RRS: Relative Risk Score
 SWHR: Southwestern Health Resources

Measures and Methods

Data was collected from SWHR NGACO Medicare claims incurred dates 03/01/2017 - 02/28/2018. The following are baseline statistics that any implemented interventions will attempt to lower.

- Total number of HH certifications: 28,826 certs
- Total spending on HH services: \$75,581,370
- Total service days: 1,213,871 days

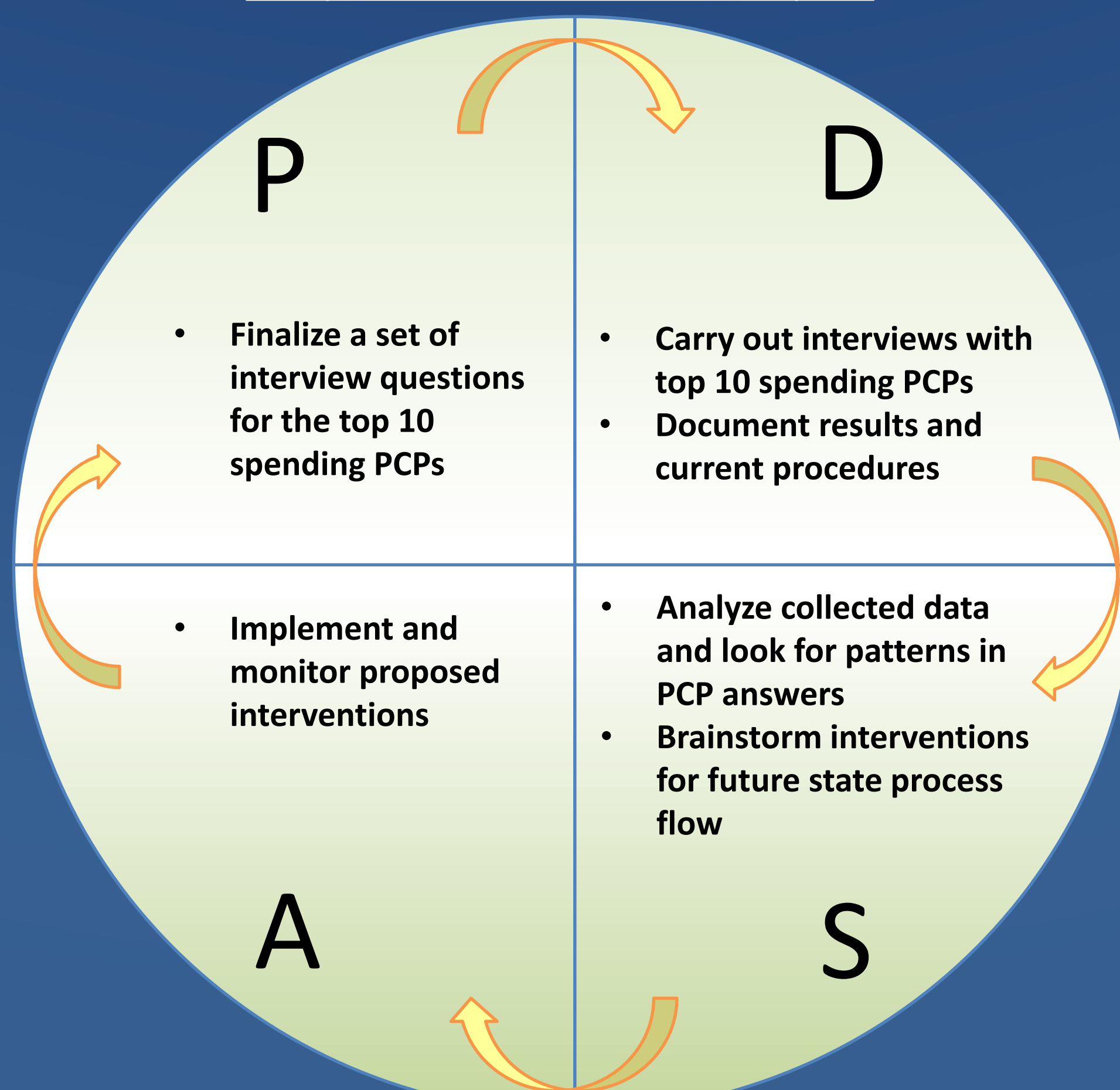
Results/Conclusions

- Out of 1260 PCPs, 10 PCPs account for 10% of total HH spending, which is demonstrated by the Pareto diagram. These 10 PCPs did not have significantly higher average Relative Risk Scores (RRS) for their patients.
- Since a small number of physicians account for a large number of the HH certifications across the SWHR NGACO, further analysis is required to better understand the processes of those highest spending physicians.

Next Steps

- From the FMEA table, interviewing the 10 highest spending physicians was chosen as the next step to seek opportunities for savings.
- Establishing a reliable process of review and referral to home health by providing standardized decision criteria for HH referral is another proposed step.
- Further analysis is required to determine the appropriateness of HH certifications by implementing an auditing and rating system for HH Agencies.
- Additional analysis is needed to better determine what level unskilled care is necessary for patients that do not require skilled home care.

Proposed Future PDSA Cycle



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- We would like to thank the staff at Southwestern Health Resources.

References:

- <https://www.medicare.gov/what-medicare-covers/home-health-care/home-health-care-what-is-it-what-to-expect.html>
- http://www.medpac.gov/docs/default-source/reports/mar18_medpac_ch9_sec.pdf?sfvrsn=0