



Home Health Value-Based Purchasing (HHVBP)



Acute Care Hospitalization and Emergency Department Use:

The Impact of Social Determinants of Health on ACH & ED Use

July 19, 2018

Prepared for CMS by the HHVBP Technical Assistance, contract number HHSM-500-2014-0033I. If you have suggestions for additional topics, please email the helpdesk at HHVBPquestions@cms.hhs.gov.

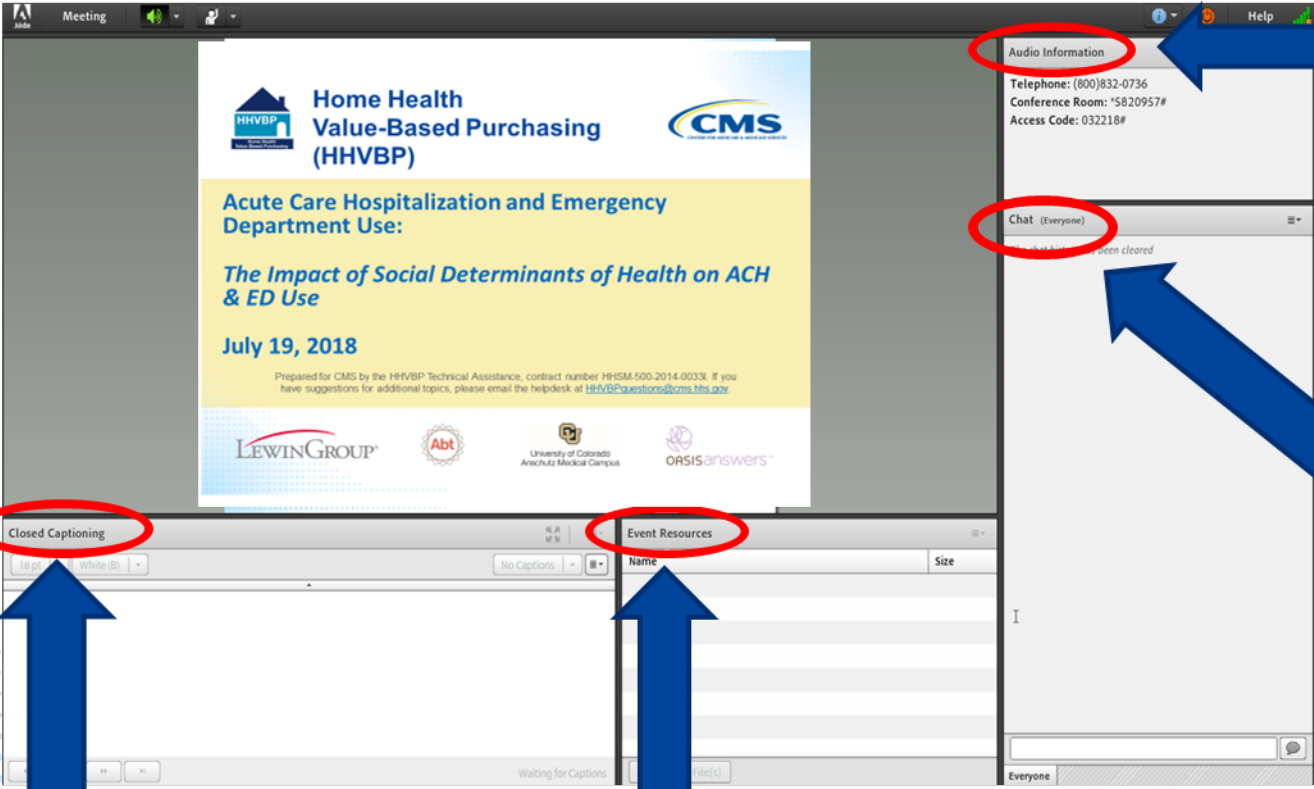


Agenda

- Successful strategies to mitigate risk of acute care hospitalization (ACH) & emergency department (ED) use as caused by social determinants of health (SDOH)
- Guest Speakers:
 - » Patricia Seagle-Santander
 - » Stephanie M. Gerdes
 - » Gretchen McNab
- Live Q&A Session



Adobe Connect



To Dial In Via Telephone

To Ask Questions or Send Messages

Closed Captioning

Download Available Resources

Learning Objectives

- Identify social determinants of health (SDOH) risk factors for ACH and ED Use.
- Recognize the potential impact of social determinants of health on specific patient populations and multiple measures in the HHVBP Model.
- Describe assessment strategies and interventions to mitigate identified risks.
- Discuss with your peers the assessment process and strategies that may improve success in reducing ACH and ED Use.



Questions to Consider

- How do you identify patients who are at risk for hospitalization and ED use?
- What factors influence whether your patients are hospitalized?
- How do those factors link to the social determinants of health?

Highlights from ACH ED Use #1

- ✓ Organizational Readiness
- ✓ Clinical and Organizational Strategies
- ✓ Elements of Care Redesign
- ✓ Using Data to Drive Improvement

Social Determinants of Health (SDOH)

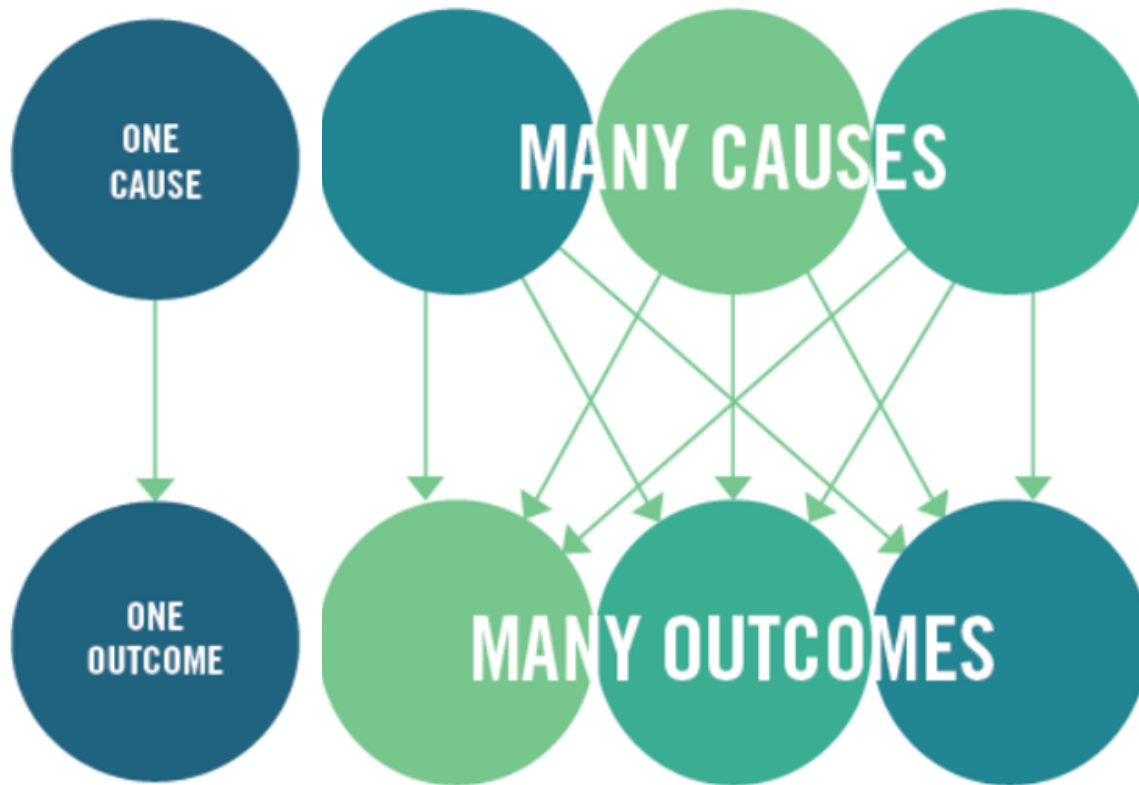
| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|--------------------|---------------------------------------|---------------------------|---------------------------|------------------------------|---|
| Employment | Housing | Literacy | Hunger | Social integration | Health coverage |
| Income | Transportation | Language | Access to healthy options | Support systems | Provider availability |
| Expenses | Safety | Early childhood education | | Community engagement | Provider linguistic and cultural competency |
| Debt | Parks | Vocational training | | Discrimination | Quality of care |
| Medical bills | Playgrounds | Higher education | | | |
| Support | Walkability | | | | |

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

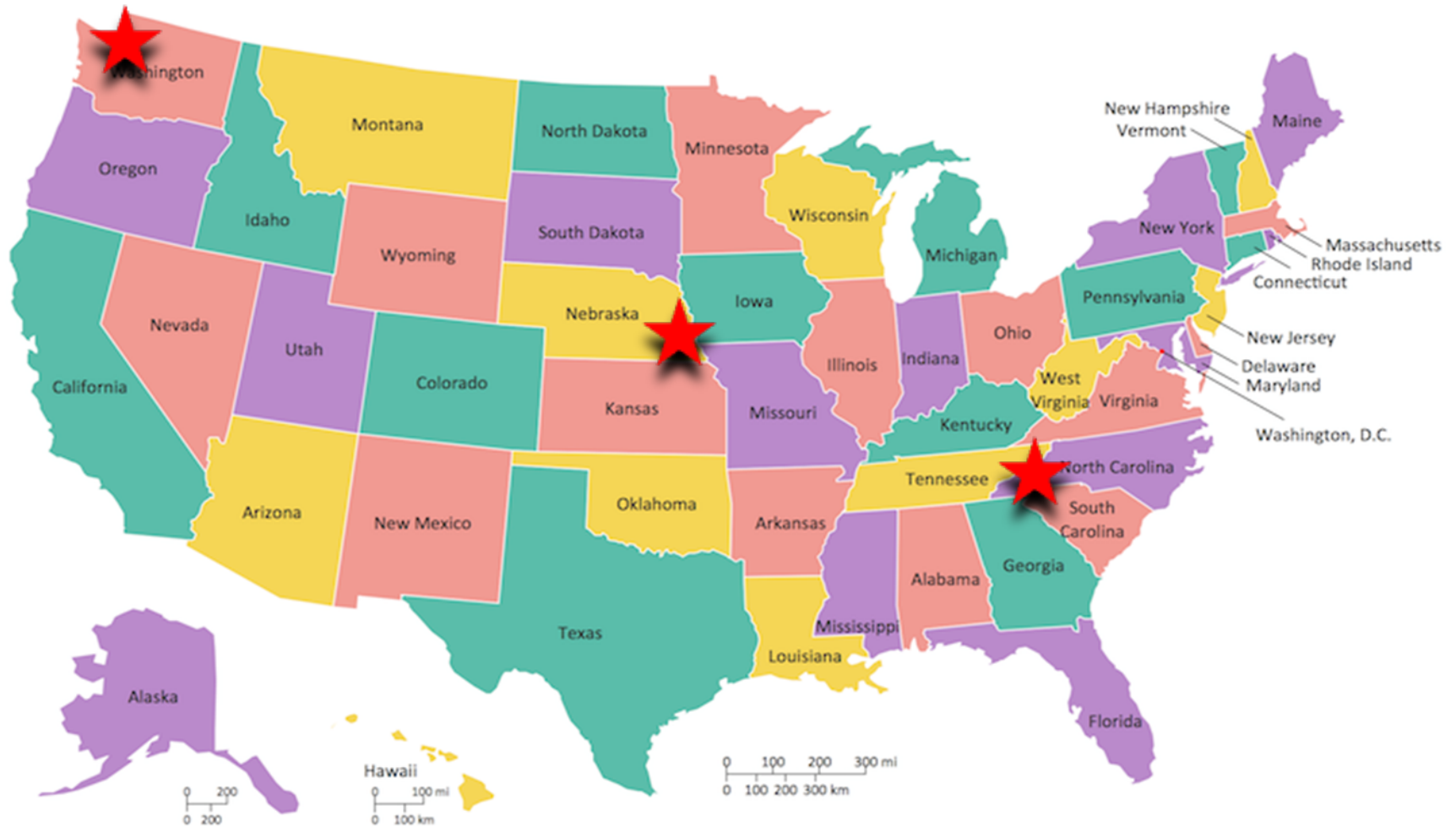
Poll #1

Assessment & Risk Mitigation of SDOH



- Neighborhoods with moderate and high density of African-Americans, African-Americans had 21% and 24% higher risk of 30-day preventable readmissions than Whites.
- Beneficiaries with paid supplementary caregivers had 68% higher hazards of readmission due to UTIs, than those with unpaid supplementary caregivers.

Guest HHA Presenters



Puget Sound Home Health



Patricia Seagle-Santander,
RN BSN
Executive Director



QoPC Star Rating: 4 HHCAHPS: 4

Deficiency-free state & federal surveys

Managing an Urban Territory

- Overview of all counties served with percentage of urban areas as defined by Core Based Statistical Area (CBSA)
 - » Pierce County, Washington
 - » 100% urban as defined by CBSA, but....
- Social determinants of health issues specific to the counties served
 - » Mental health/Substance abuse
 - » Poverty and homelessness
 - » Education attainment
 - » Social isolation

Managing an Urban Territory (Cont.)

- Knowing Our Underserved populations
 - » Non-white: African American (6.59%), Asian(5.9%)
 - » Languages spoken: Predominant Korean, Vietnamese, Spanish, Tagalog
- Creating condensed Interdisciplinary teams
 - » Smaller teams for improved communication and decrease 'windshield time'
 - » Best effort to have team members serve in community they live
- Access to healthcare
 - » Community education on insurance coverage
 - » Transportation
 - » Home Visiting Physicians

ACH-ED Use Mitigation Strategies

- Care Coordination/Communication strategies that enable staff to intervene quickly
 - » Utilization of EMRs for large hospital groups that allow for effective communication
 - » Access to Health Information Exchange - HIE
 - » Staff communicate via email/secure text messaging to coordinate care

ACH-ED Use Mitigation Strategies (Cont.)

- ACH Reduction Performance Improvement Plan
 - » Risk Stratification Tool with auto-generated email alert
 - Phone Call Follow-ups from third party vendor
 - Telehealth
 - Palliative Care Referral
 - My Emergency Plan
 - Pharmacy Consultation
 - 'Call Me First' program
- Promoting Health Literacy
 - » Patient engagement through simple education tools
 - ZONES

ACH-ED Use Mitigation Strategies (Cont.)

- Community-based resources utilized
 - » Members of Rainier Health Network ACO
 - Allows for improved transitional care across post acute care continuum
 - Decreased 30 day re-hospitalization
 - Partnership with community based case managers
 - » Effective use of immediate clinics/urgent cares
- Utilizing primary and secondary data in QAPI to improve quality
 - » Utilizing QIO to help inform agency QAPI
 - » Investing in clinician training and OASIS QA/Coding to obtain best/most accurate data for risk stratification

Questions or Comments?



NEMAHA County Home Care



Stephanie M. Gerdes BSN, RN, CWOCN
Nemaha County Home Health



NEMAHA COUNTY
H O M E C A R E

Medicare Certified in 2000

QoPC Star Rating: 4.5

HHCAHPS: 5.0

Managing in a Rural Territory

- Organization overview
 - » Hospital based home health agency
 - » Small, rural critical access hospital (CAH)
 - » NEMAHA County area, rural SE Nebraska
- SDOH
 - » Access to services due to distance
 - » Older adults living alone
 - » Education
- Mitigation Strategies
 - » Early recognition
 - » Thorough assessment and care planning
 - » Hospital rounding, “call us first”, accompany patient on MD visits, “Neighbor to Neighbor” program, use of Telemonitors



Cherokee Home Health Agency



Gretchen McNab, MSN, RN

Tribal In-Home Care

Quality Improvement Coordinator



Medicare Certified in 1980

QoPC Star Rating: 3.5

HHCALPS: 5.0

Accreditation Commission for Health Care

Deficiency free surveys since 2012

Managing in a Rural Territory

- Overview of the organization:
 - » Non-profit program
 - » Part of the Public Health & Human Services Division of the Eastern Band of Cherokee Indians
 - » Federally recognized tribe
- Area served:
 - » Qualla Boundary
 - » Rural NC
 - » Swain and Jackson County



Managing in a Rural Territory (Cont.)

- Demographics
 - » Over 90% of patients are enrolled members of the EBCI
 - » Other US and International residents
 - » Languages: English, Cherokee
 - » Impact of the tribal casino on the Boundary
- Social determinants of health issues
 - » Historically impoverished population
 - » High level of acuity and morbidity
 - » Extreme health disparities
 - » Nutrition, transportation, housing, safety
 - » Behavioral health issues



ACH-ED Use Mitigation Strategies

- Understanding the population
 - » Historical trauma
 - » Cultural awareness and sensitivity
 - » Concept of wellness
 - » Education of clinicians
- Community-based resources:
 - » Tribal Food Distribution Program
 - » Housing Improvement Program (HIP) Homes
 - » Family Safety
 - » Life Line
 - » Respite/CAP
 - » Tribal Transit Program

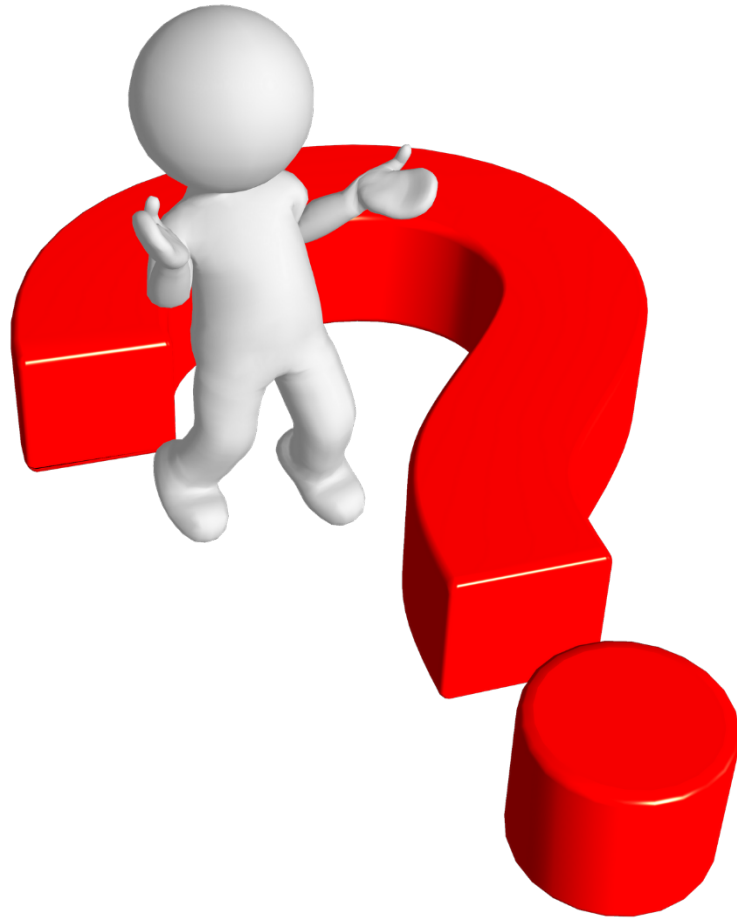


ACH-ED Use Mitigation Strategies (Cont.)

- Care Coordination/Communication strategies:
- RN coordination of referrals
- Primary care nursing model
- 15 minute huddle every morning for review; case conference
- Tuck-ins



Questions and Comments?



Poll #2

Leaving in Action

What is one **action** you will take based on what you heard today?

Announcements & Reminders

Questions

- For program and registration questions, contact the HHVBP Help Desk at HHVBPquestions@cms.hhs.gov.
- For technical issues with gaining access to the [HHVBP Secure Portal](#), contact the Innovation Sites Business Operations Support Center (IBOSC) at 1-844-280-5628.
 - » IBOSC is available to answer your call Monday through Friday, 8:30 AM to 6 PM ET, except federal holidays.
- For [HHVBP Connect](#) questions, contact the **HHVBP Connect Help Desk** at CMMIConnectHelpDesk@cms.hhs.gov or 1-888-734-6433.

HHVBP Connect Chatter

- Join the discussion!
 - » Engage with your peers on *HHVBP Connect* by liking and commenting on their posts
- If you would like to ask a question of your peers:
 - » Log into the *HHVBP Connect* site at <https://app.innovation.cms.gov/HHVBPConnect/CommunityLogin>
 - » On the Chatter page, select “Post” at the top and type in your question and post to the “HHVBP All” group
- To request access to HHVBP Connect, visit the HHVBP Connect site and select the new user registration link
 - » Follow the on-screen instructions
 - » The CMMI Help Desk will contact you to complete the registration process

Mark Your Calendars

| Model Activity | Date |
|---|---|
| Annual Total Performance Score & Payment Adjustment Report | Thursday, August 30 th 2PM Eastern |
| ACH and ED Use – Session 3 | Thursday, September 13 th 2PM Eastern |

We value your input! Please take a few minutes to complete the post-event survey!



Thank You!

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