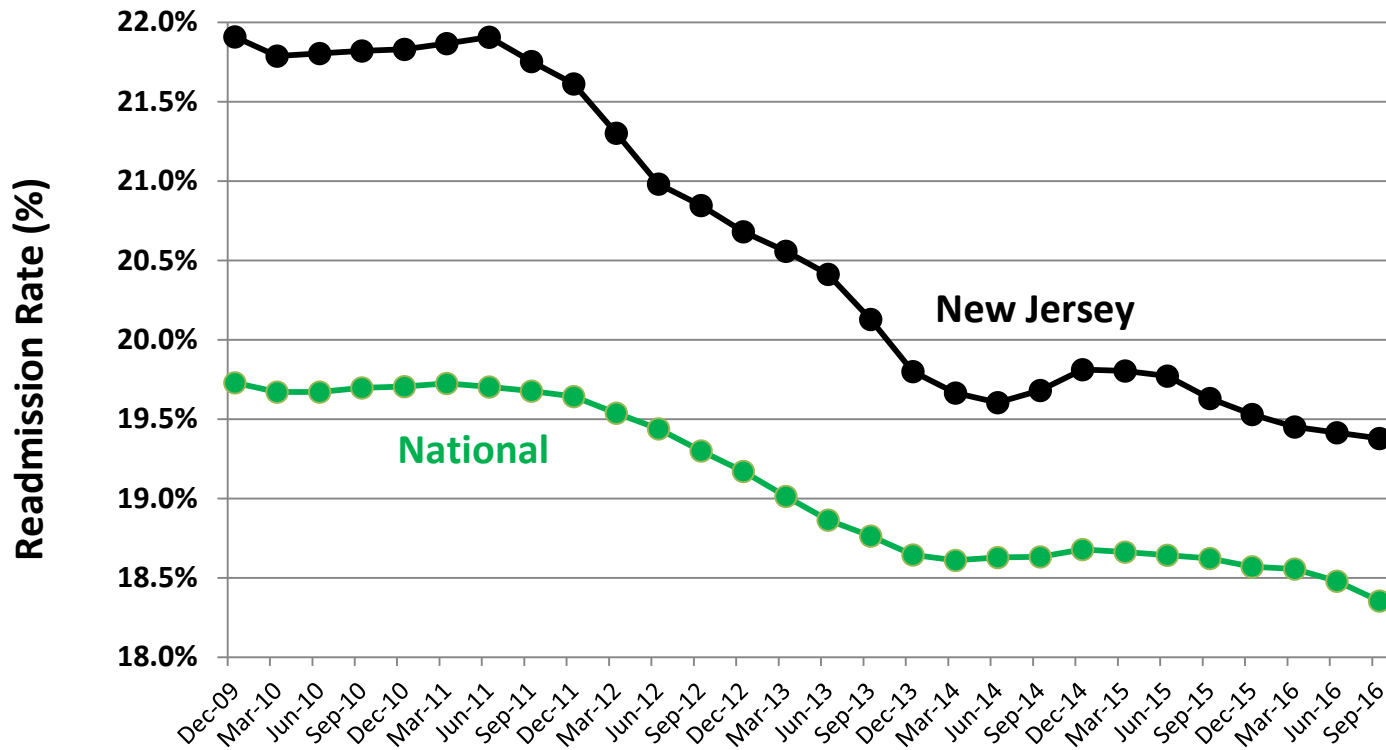




Quality Insights Quality Innovation Network Update

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Healthcare Quality Strategies, Inc.
September 13, 2017

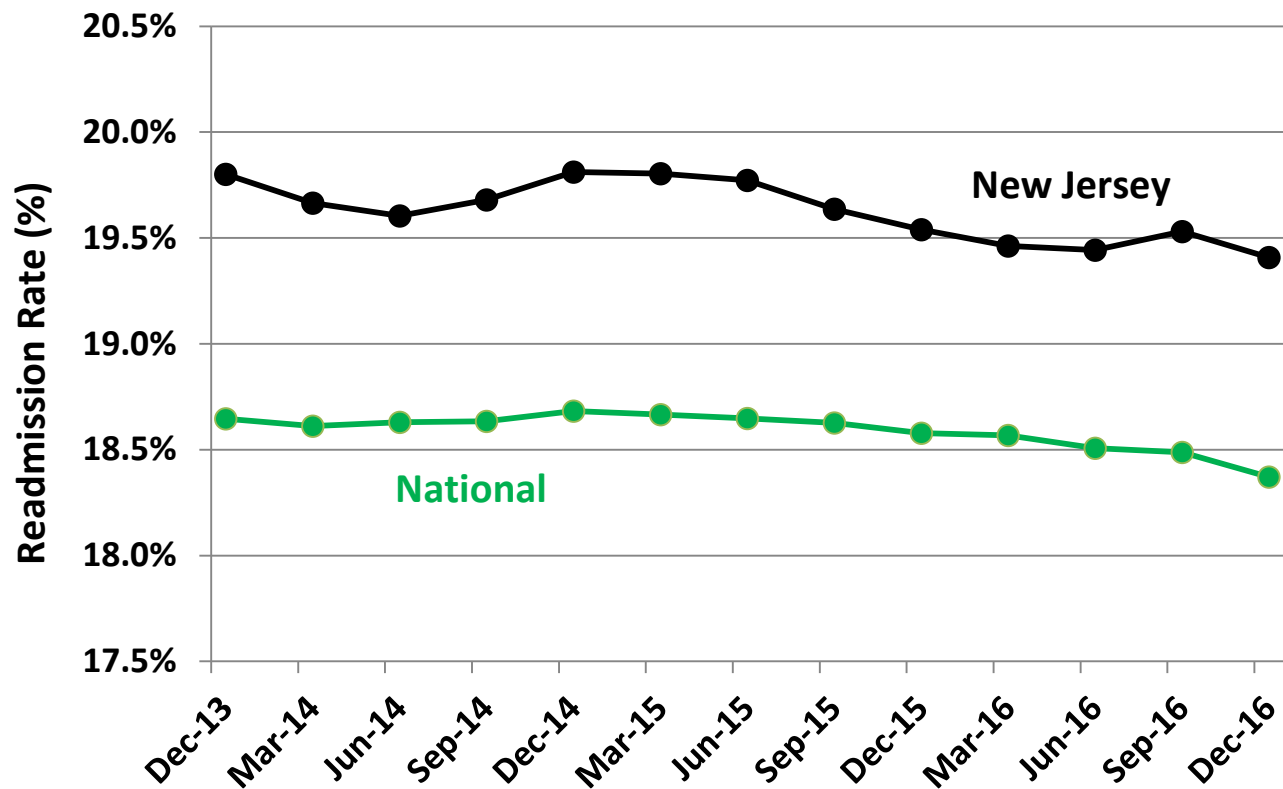
Readmission Rate for Medicare FFS Beneficiaries – US and New Jersey



SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jan-2009 to Sep-2016)

Quarterly Rolling Annual Periods Ending 12/31/2009 through 9/30/2016

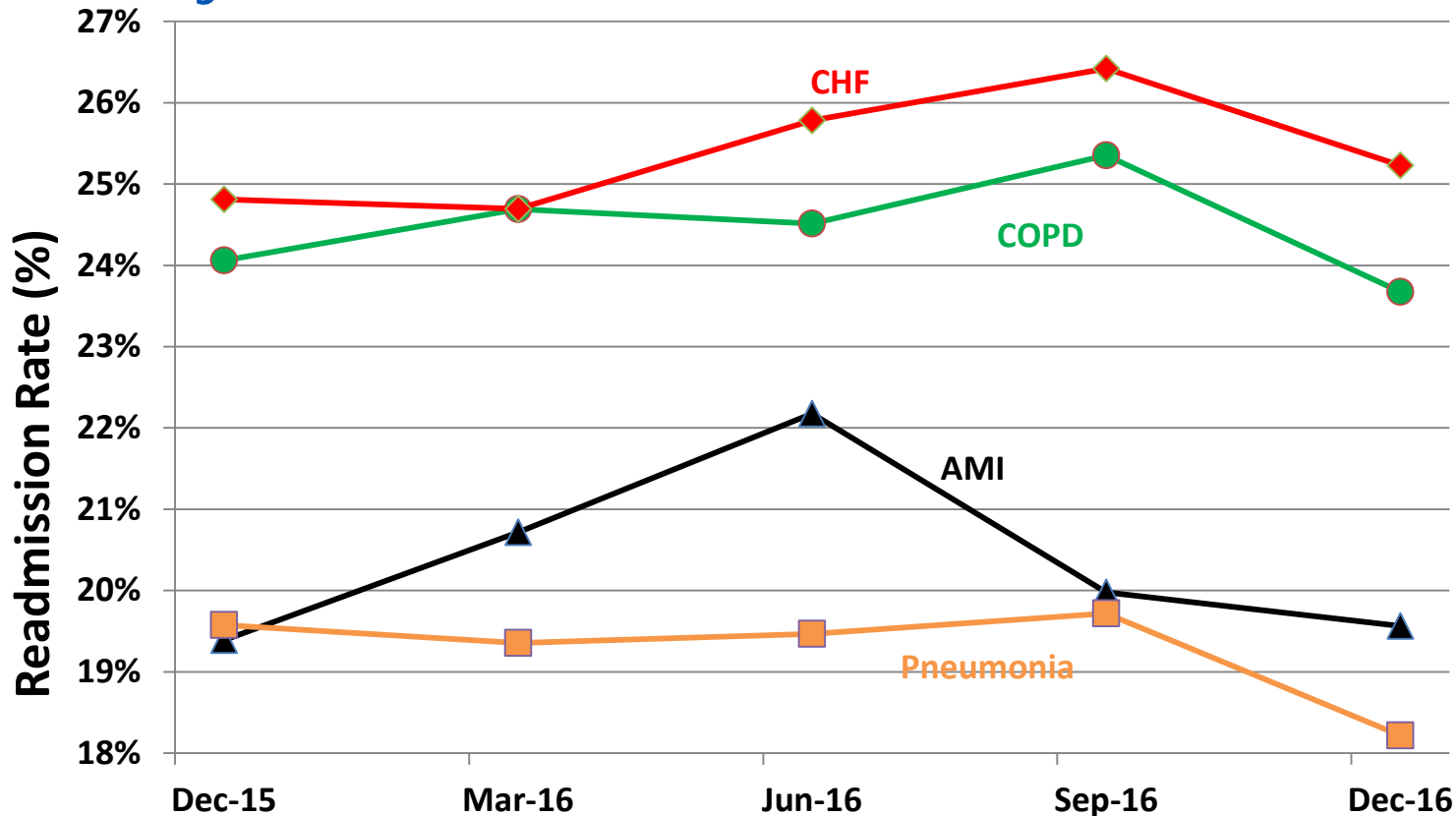
Readmission Rate for Medicare FFS Beneficiaries – US and New Jersey



Quarterly Rolling Annual Periods Ending 12/31/2013 through 12/31/2016

SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jan-2013 to Dec-2016)

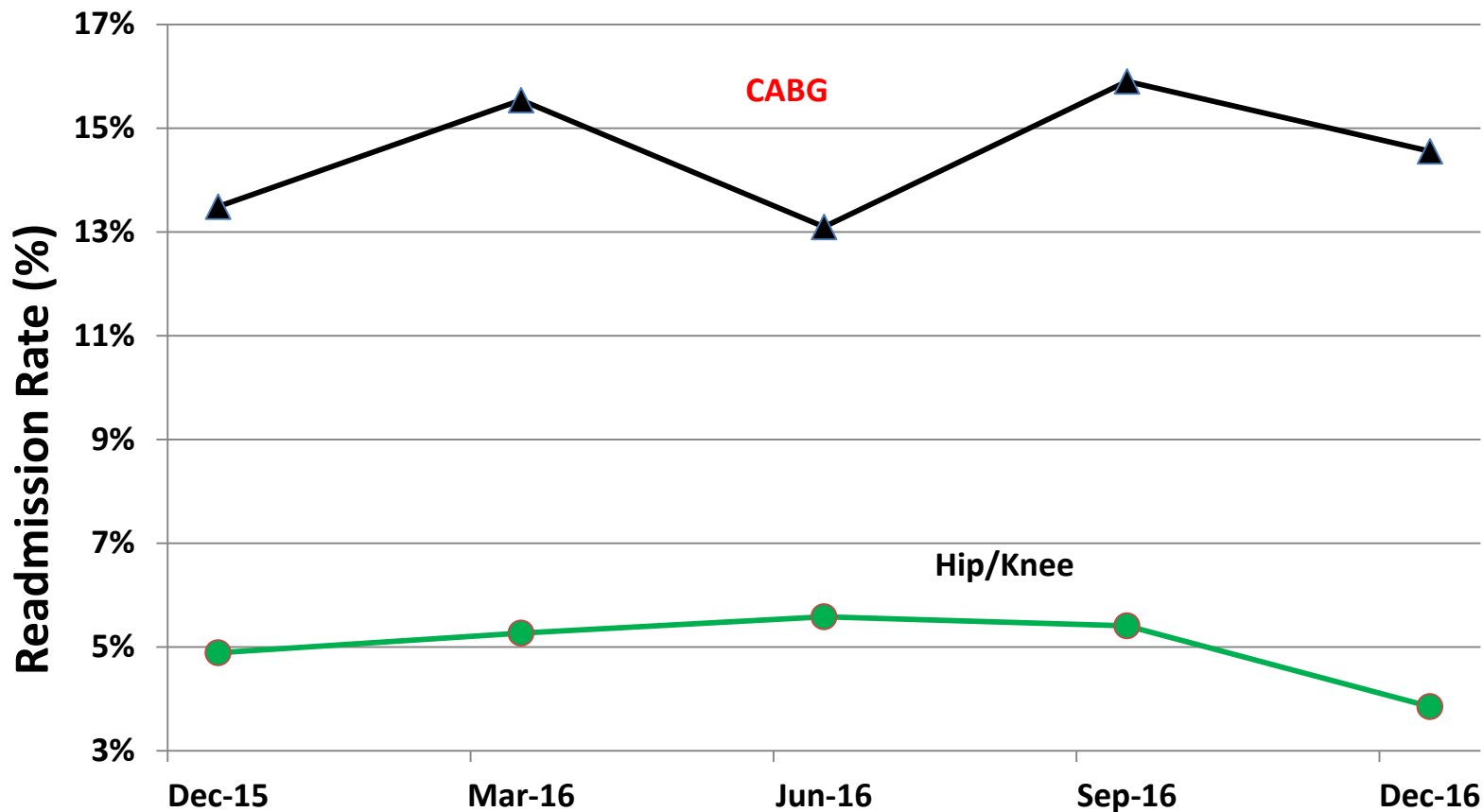
Readmission Rate by Principal Diagnosis - New Jersey



Quarterly Rolling Annual Periods Ending 12/31/2015 through 12/31/2016

SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jan-2015 to Dec-2016)

Readmission Rate by Procedure - New Jersey



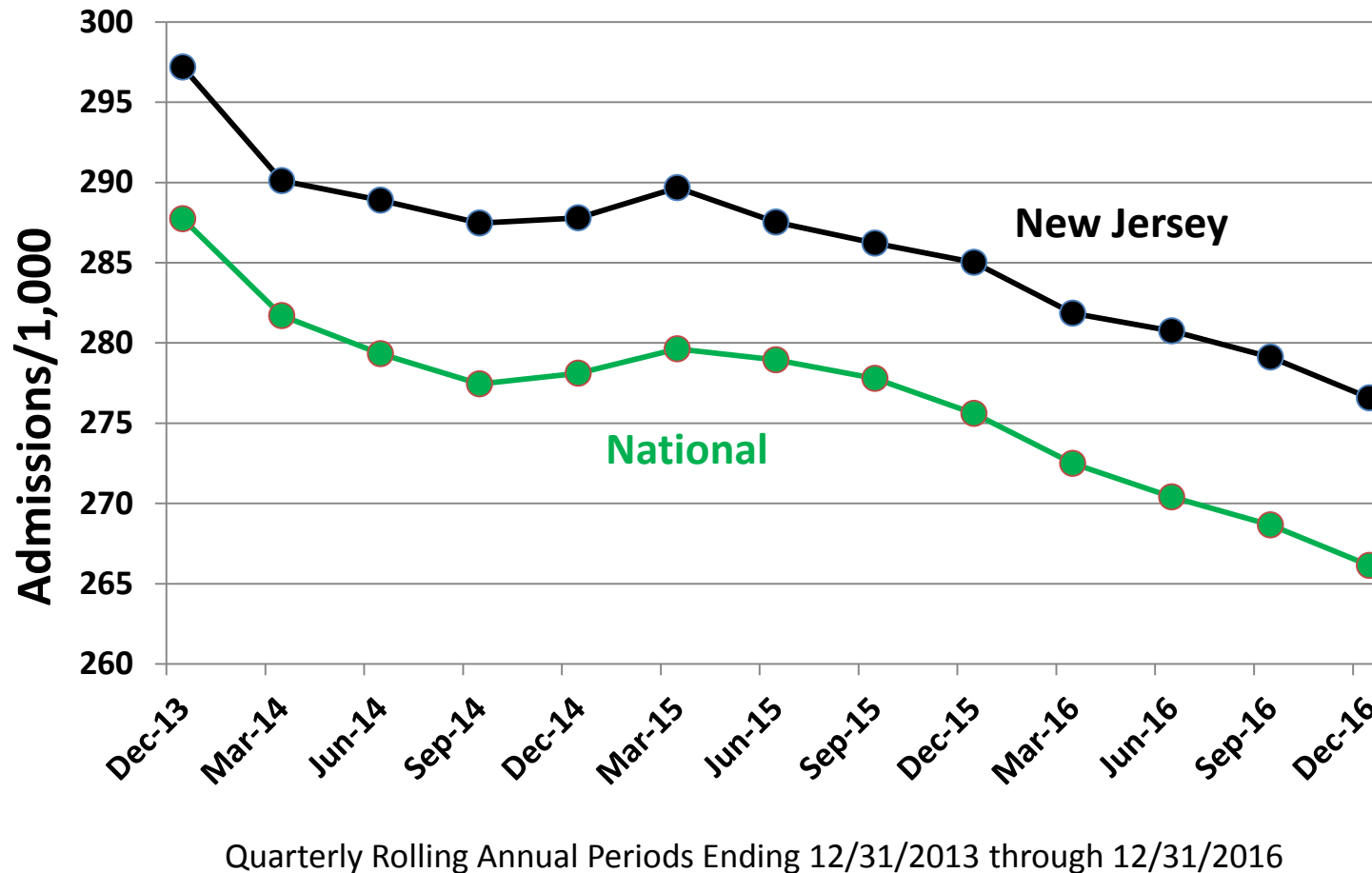
SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jan-2015 to Dec-2016)

Quarterly Rolling Annual Periods Ending 12/31/2015 through 12/31/2016

Hospital Readmissions Reduction Program Penalties for FFY 2018 for New Jersey (beginning 10/1/17)

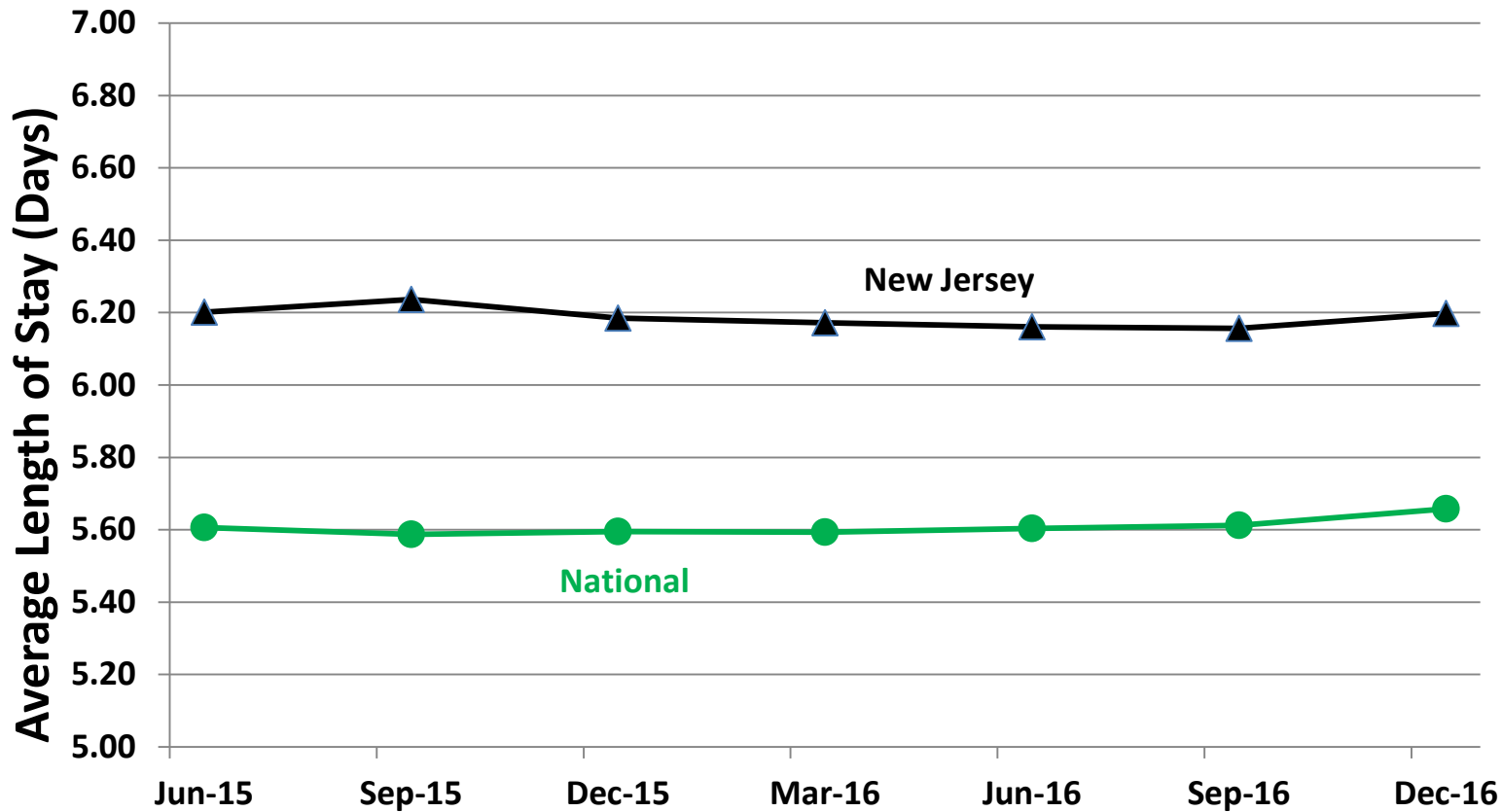
- All but three of 64 (95%) eligible hospitals in New Jersey are being penalized (Hunterdon Medical Center, Overlook Medical Center, and Southern Ocean Medical Center are not)
- 27 (42%) New Jersey hospitals are being penalized more than 1%
 - Five of these hospitals are being penalized more than 2%
 - 34 (53%) hospitals are being penalized more than last year

Admissions/1,000 Medicare FFS Beneficiaries – US and New Jersey



SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jan-2013 to Dec-2016)

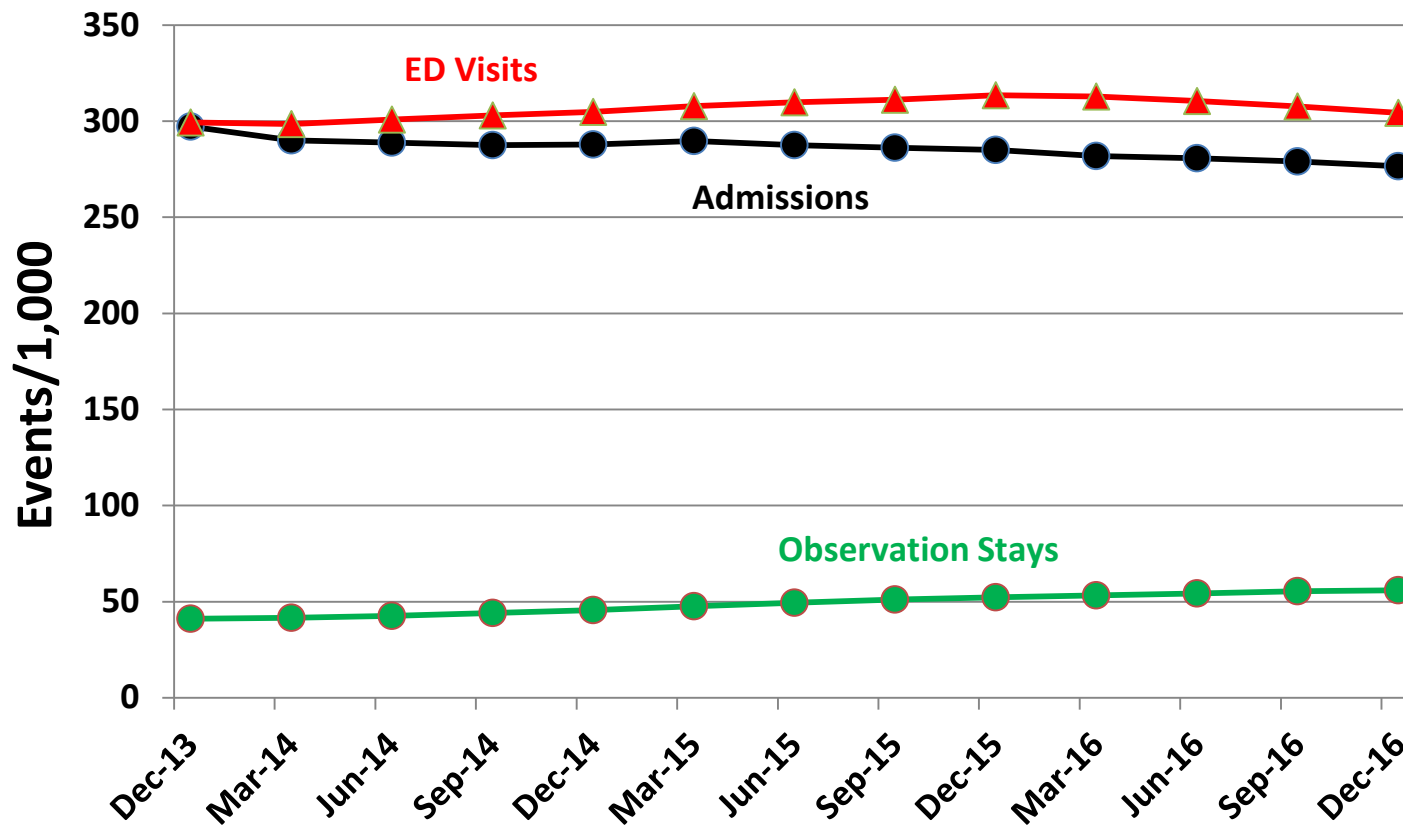
Average Hospital Length of Stay – US and New Jersey



SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jul-2014 to Dec-2016)

Quarterly Rolling Annual Periods Ending 6/30/2015 through 12/31/2016

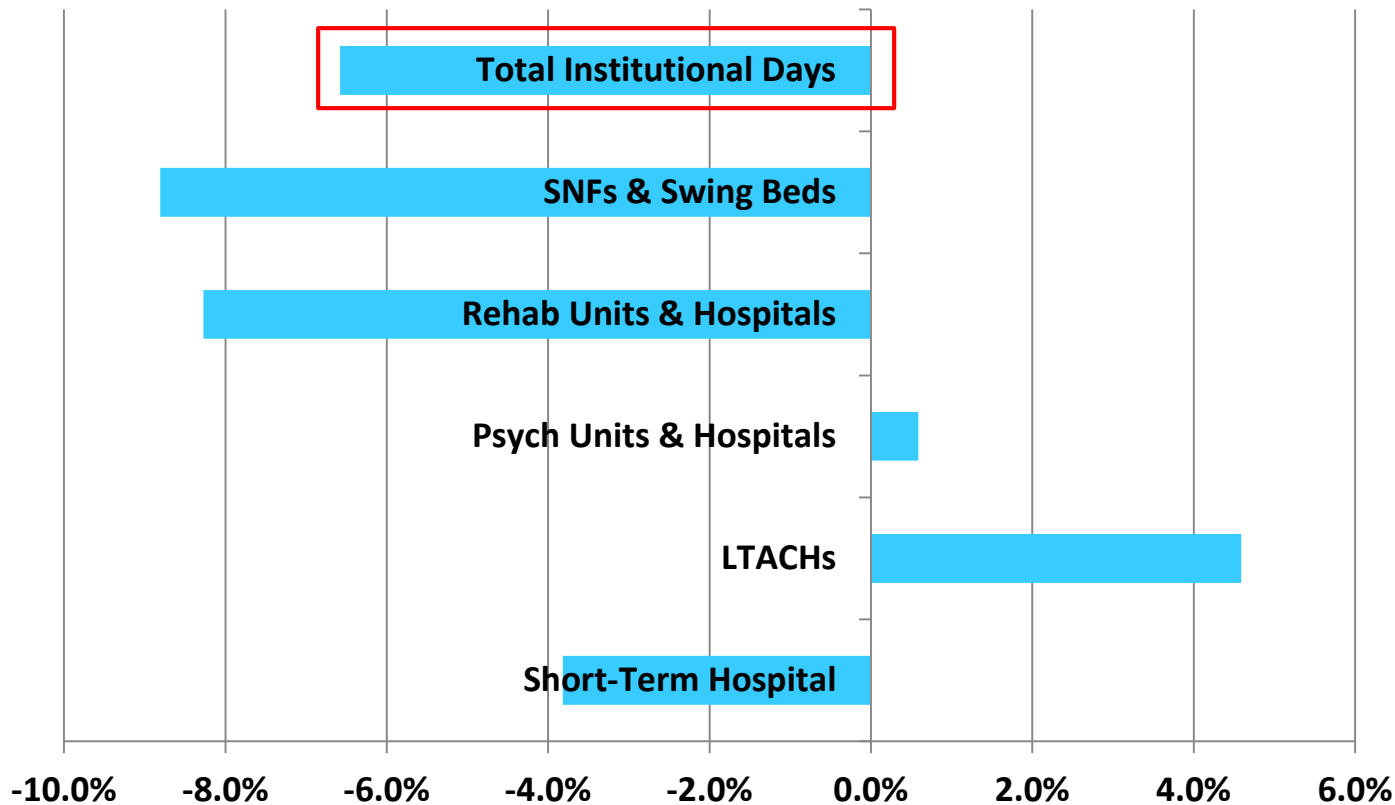
Admissions, Observation Stays, and Emergency Department Visits – New Jersey



Quarterly Rolling Annual Periods Ending 12/31/2013 through 12/31/2016

SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jan-2013 to Dec-2016)

Change in Days Spent in Institutional Settings – New Jersey Medicare FFS Beneficiaries



Change Between Annual Periods Ending 6/30/15 and 12/31/2016

SOURCE: Quality Insights Quality Innovation Network's analysis of the 11SOW Scorecard for New Jersey prepared by Telligen, the Quality Innovation Network National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. (Jul-2014 to Dec-2016)

How many patients need to receive an intervention in order to prevent a readmission?

- If you identify individuals at high risk of readmission (for example, 30 percent risk), only 30 of 100 patients discharged will be readmitted without an intervention
 - You don't know which 30 patients will be readmitted
 - Need to apply the intervention to all 100 patients
- If an intervention prevents 20 percent of readmissions, for those 100 patients, it will prevent 6 (20 percent of 30) readmissions
- If things go as planned, providing an effective intervention to 100 high-risk patients will prevent 6 readmissions

How many patients need to receive an intervention in order to reduce CHF readmissions by 1%?

- The Hospital Readmissions Reduction Program calculations are done for a three-year period – beginning October 1, 2018, the period will be July 1, 2013 - June 30, 2016
- If a hospital has 500 discharges of patients with a principal diagnosis of congestive heart failure (CHF) during the three-year period and 125 of those patients are readmitted within 30 days, the readmission rate is 25 percent (125/500)
- To reduce this readmission rate to 24 percent, would need to prevent five CHF readmissions (120/500)

How many patients need to receive an intervention in order to reduce CHF readmissions by 1%? (cont.)

- If it takes 100 patients to receive an intervention to prevent six readmissions, you would need to provide the intervention to about 83 patients to prevent five readmissions
- This is for a three-year period, so you would have to intervene with about 28 patients to reduce the hospital's readmission rate for CHF patients by one percent for a one-year period

Community Care Coordination Coalitions

- Who is invited/involved:
 - Hospitals
 - Nursing facilities
 - Home health agencies
 - Hospices
 - Dialysis facilities
 - Physician practices
 - Pharmacies
 - Behavioral health providers
 - Social service providers
 - Accountable care organizations
 - Patients and families

Community Care Coordination Coalitions

- Atlantic-Cape
- Burlington-Camden
- Greater Trenton
- Lower Hudson County
- Monmouth-Ocean

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Care Coordination Coalition Committees

- Communication during care transitions
- Medication safety/medication reconciliation
- End-of-life issues
- Mental health/substance abuse
- Patient education and engagement
- Primary care physician engagement
- Social resources

Thank You

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This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-C3-NJ-090617

