We’ve come a long way, but..
2003-2004
Translation
Respect
Hospital Discharge
2006-2007

- Workflow complexity
- Information ambiguity
- Access to/capability for basic infrastructure
The CARE tool

- Mandated by the Deficit Reduction Act 2005
- Standardized assessment instrument for PAC
  - To measure patient-specific costs by patient complexity
  - By use of specific types of certified providers
  - Measure outcomes associated with these treatments
- Handover management screens
SNF Collective action

Comparison of the Semi-annual 30-day Readmission Rate between Baseline and 28-month Evaluation by Skilled Nursing Facilities in Harlingen
2008 – 2011
CMS – no legal authority for sharing info
Power management through relationships
• Hospitals – self-interest to extend power
• SNFs – power through collaborating
• 1. In order to have a meaningful exchange of information, there has to be willing senders AND receivers.

• 2. No EHR will solve poor transitions.

• 3. EHR vendors are at significantly varying degrees of having the ability to create Continuity of Care Documents.

• 4. Many NHs purchase cost-effective EHRs vs. those that are responding favorably to future capacity and function.

• 5. If relationships and trust aren't in place, HIPAA is used as an excuse for not allowing access to hospital information.

• 6. There is limited capacity for EHR's to feed in to a bi-directional electronic HIE but progress is slowly being made.
Welcome

Resources to guide you, no matter where you start.

This project is specifically geared towards Nursing Homes moving along the Health Information Technology continuum, with the ultimate Gold Medal being achievement of an interoperable Health Information Exchange.

You are just getting started in gaining an understanding in this area.

You have an understanding in this area, but are further developing.

You have mastered many smaller steps in the Early and Mid stages and are close to implementing interoperable HIE.
A FISTFUL OF DOLLARS
Bundled Payments for Care Improvement (BPCI) Initiative

http://innovation.cms.gov/initiatives/bundled-payments/

Source: Centers for Medicare & Medicaid Services
CARE Case Mix Classification Schema

**Medical Complexity**

Primary reason for treatment:
- Surgical Indicator from Prior Acute
- Medical Condition
- Days Since Prior Acute Discharge

Prior Acute Discharge Diagnosis grouped by related MS-DRGs/MDCs

PAC Primary Diagnosis Grouped by related MS-DRGs/MDCs

**Active Comorbidities** — grouped by related Hierarchical Condition Categories (HCCs)
- Shock, Ischemic Heart and Vascular Disease (HCC 4-67, 10-6-108)
- Liver and Other GI Disease (HCC 17-35)
- Head and Spine Injury (HCC 105, 107,70-72)
- Renal Failure, Kidney Disease (HCC 133-138)

**Medical Complexity Factors from CARE Assessments**
- Skin Integrity
- Physiologic Factors
- Major Treatments
- Frailty

**Functional Status**
- Motor

**Cognitive Impairment**
- Depression
- Self-Care
- Mobility
- IADL
- Prior Functioning
- Short Term Recall

**Other Impairments**
- Bowel
- Bladder
- Respiratory Status
- Endurance

Revised: 3/19/12
Initiative to Reduce Avoidable Hospitalization among Nursing Facility

http://innovation.cms.gov/initiatives/rahnfr/

Source: Centers for Medicare & Medicaid Services
Respect
Common language/data
Workflow management
Access to tech infrastructure
Capability to use technology
Relationship management
Hospitals
With each other