Analytics to Answers
PointRight®

ANALYTICS TO ANSWERS EXECUTIVE SERIES

A Tale of Two Providers:

How RADAR Can Reduce Unplanned Hospitalizations

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This is the second in a series of educational papers that highlight how to make strategic decisions. Specifically, this paper outlines how unplanned hospitalizations can be avoided or curtailed using data analysis.

Re-hospitalizations from SNF: $4.3B

EXECUTIVE SUMMARY

Rapidly increasing healthcare costs and concerns about quality of care have resulted in the implementation of value-based purchasing, the Medicare shared savings program and, bundled payments to further support providers in delivering high-quality, low-cost care and improved patient satisfaction. According to research conducted on re-hospitalizations from SNF, 25 percent of Medicare beneficiaries discharged from the hospital to SNF are readmitted within 30 days, at an annual cost of $4.3 billion.[1] In long-term care, the majority of these hospitalizations occur within two resident populations:

- Post-acute residents within the first 60 days of admission
- Long-stay residents nearing end-of-life

Reducing undesired hospitalizations and re-hospitalizations is a goal for all post-acute care providers. Though the goal is shared, the challenge is unique in each care setting. Careful analysis of each organization's unique data maximizes the effectiveness of improvement efforts.

This paper looks at a comparison of two providers (Corporation A and Corporation B), and focuses on how both were able to use data analysis and PointRight's RADAR service to maximize the effectiveness of their improvement efforts.

[1] Mor, V., Intrator, O., Feng, Z., & Grabowski, D.C. (2010). *Health Affairs,* 29 (1), pp. 57-64.

THE OUTCOME Avoidable hospitalizations and re-hospitalizations are targets for cost reduction. The high-risk nature of ineffective care transitions makes them targets for improvement as well. Providers must be prepared to capitalize on the effectiveness of improvement efforts and demonstrate their effectiveness through data.

THE EXPLANATION In order to reduce undesired hospitalizations, long-term care providers must find ways to improve the care transition process. An experienced data analytics partner uses the MDS and other data sources to help providers understand their resident case mix and identify at-risk residents.

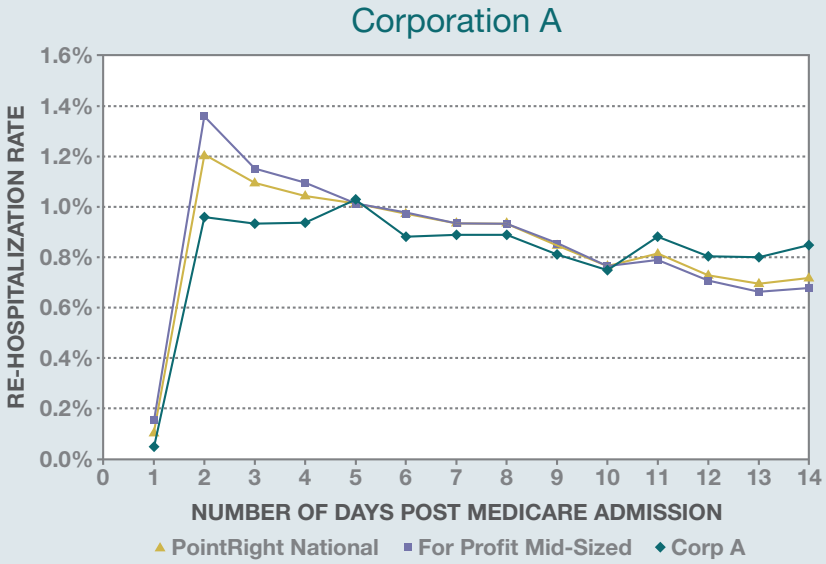
THE CONCLUSION Reducing undesired hospitalizations and re-hospitalizations is a goal for all post-acute care providers. Coupled with enhanced advanced care planning, RADAR can reduce re-hospitalization rates by providing data analytics that identifies patients that need extra attention *prior* to CMS submission.

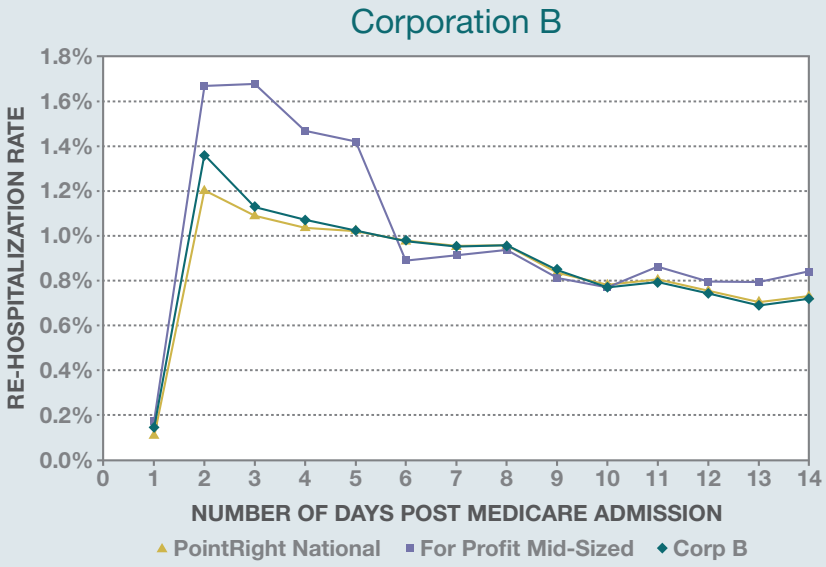
WHAT IS RADAR?

The PointRight RADAR report offers early identification for at-risk residents with clinical considerations. The report includes proprietary hospitalization and frailty risk scales to identify residents most likely to be hospitalized, as well as those nearing end-of-life. RADAR uses the MDS to predict acute changes in condition that care planners can use to proactively identify high-risk or declining residents. This information allows the care team to implement resident-specific clinical protocols to prevent unnecessary hospital transfers, and begin a dialogue with residents and their families about their care preferences, particularly as it relates to end-of-life. But let's take a look at RADAR in action.

USING RADAR TO DEFINE CHALLENGES

PointRight conducted an analysis of two corporations who were looking to reduce their rate of undesired re-hospitalizations. The following charts show the re-hospitalization rates during the first 14-days of residency.

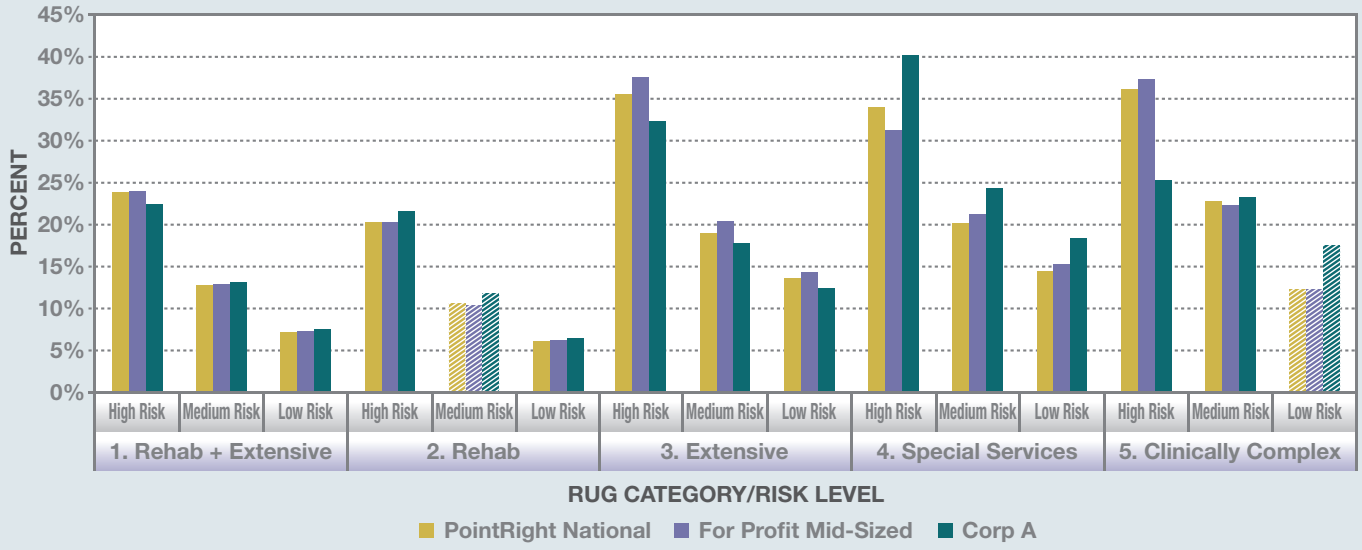




The analysis also categorized re-hospitalized residents into their admitting RUG and re-hospitalization risk level – as calculated by RADAR. This analysis revealed that the intervention to reduce hospitalization should be unique to each corporation. Corporation A manages the Day 1 – 4 Resident Experience well, but should focus on Day 5, specifically those residents in the Medium-Risk Rehab-RUG and Low-Risk residents in Clinical Complex RUG. Corporation B's improvement opportunity is on Days 1 – 6, specifically the Medium Risk Residents in Rehab/Extensive RUG.

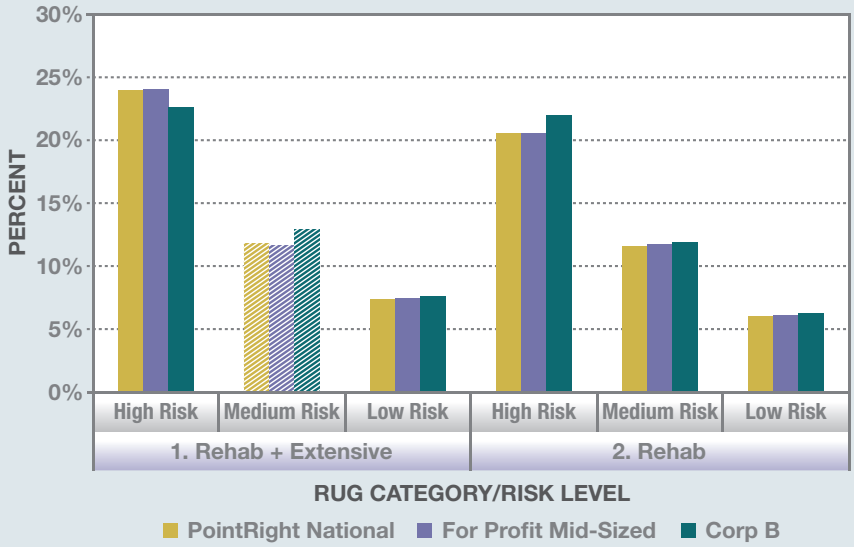
Corporation A

(textured columns indicate a statistical significance between the benchmark group and Corporation)



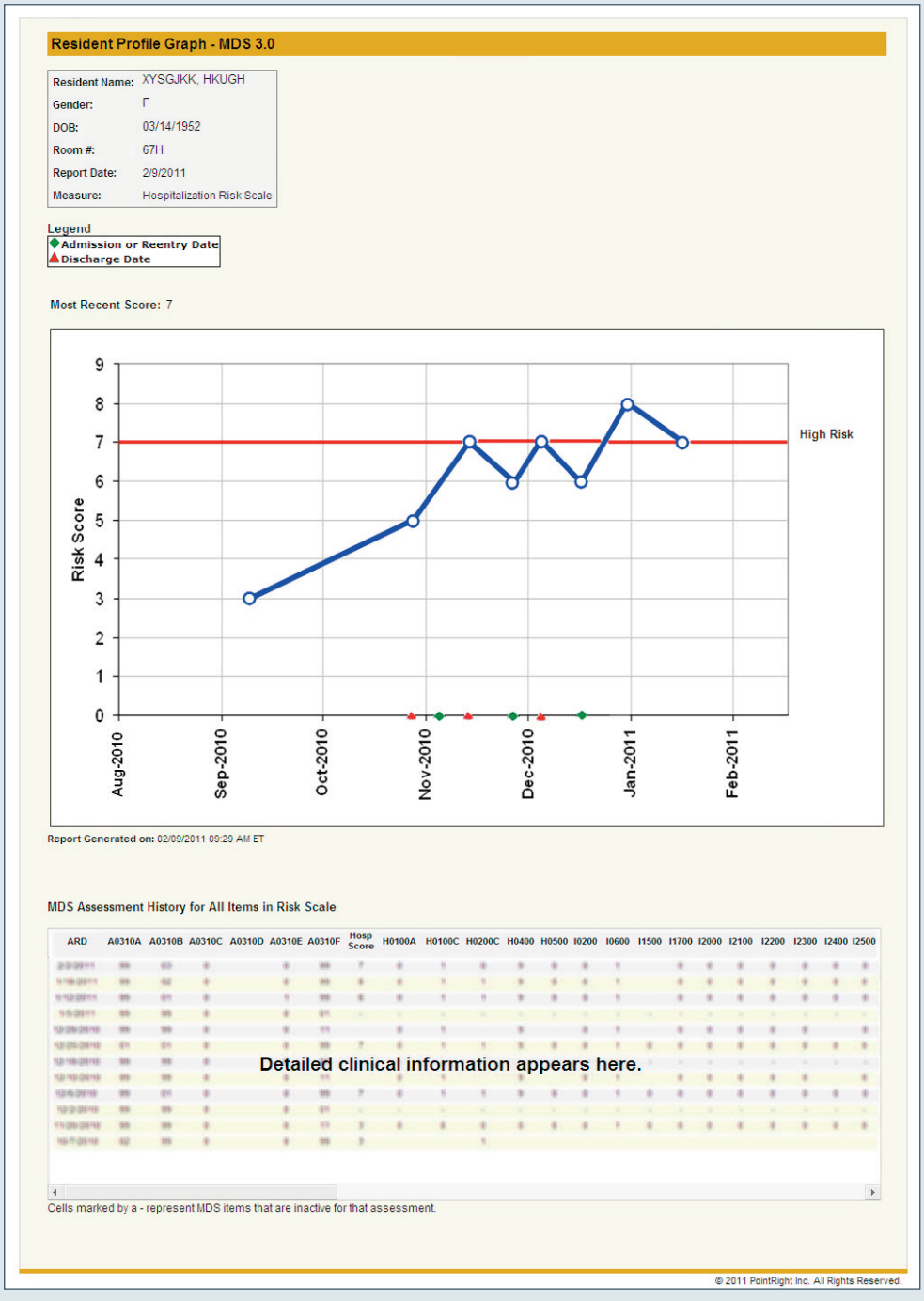
Corporation B

(textured columns indicate a statistical significance between the benchmark group and Corporation)



FLYING UNDER THE RADAR

RADAR provides a high-level overview of all current residents, and identifies clinical and risk concerns while drilling down to details for risk management and care planning. It helps practitioners make confident decisions by providing data analytics that identifies residents that need extra attention to address current or future problems. RADAR can be effortlessly deployed and has immediate return on investment as high cost and problem prone areas are instantaneously identified.



ABOUT PointRight®

Analytics to Answers

PointRight provides data analytics and Web-based tools that measure risk, quality of care, compliance and reimbursement accuracy of the long-term care corporation, division or facility. Using some of the largest and best databases in the industry, our nationally recognized clinical staff, researchers, and technologists expertly translate disparate data into usable information and insight. PointRight provides analytics to answers from the bedside to the boardroom.

We transform data into actionable analytics for post-acute care.

QUESTIONS?

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