J.L. MORGAN & Associates, Inc.

PREVENTATIVE CARE

Post Discharge Follow Up Call Program **November 2015**

The Case for a Preventative Care Program

CMS Announces Proposed Ruling on Post Discharge Call Program

The Center for Medicare and Medicaid Services (CMS) has announced a new proposed ruling that hospitals establish a post-discharge follow-up program. The ruling is based on a number of recent findings from CMS and the AHRQ that focused on transitioning patients from the hospital to their home or home health agency. The study by Anna Sommers and Peter J. Cunningham for the National Institute for Health Care Reform[1], stated that "1 in 12 adults discharged from a hospital is readmitted within 30 days, added $16 billion to the cost of healthcare in the United States, and, according to analysts, it underscores the need for a comprehensive approach to reforms."

In addition to a reduction in unplanned hospital readmissions, other supporting evidence for a post-discharge follow up process included; increased patient compliance and adherence to discharge instructions, as well as improved medication regimens, all which point to an improved care transition. The official proposed ruling can be viewed at http://federalregister.gov/a/2015-27840.

CMS Readmissions Reduction Program

Over 2,600 hospitals in the U.S. will see their Medicare payments docked in fiscal 2015 for having excessive numbers of patients return to the hospital within 30 days of discharge. For fiscal 2015, the fine increases to 3%, and two additional measures were added, including readmissions rates for COPD and total hip and total knee replacements. It is clear that quality, readmissions and patient satisfaction will continue to drive hospital reimbursement for years to come.

Highlights

CMS Ruling

Development of Program

The Cost of Readmissions

Components & Benefits

Preventative Care Post Discharge Follow Up Program

Addressing Reduction of Hospital Readmissions and HCAHPS Results

To help address these concerns, while providing additional benefits, J. L. Morgan introduced the Preventative Care Program. This post discharge follow up call program contacts patients discharged from an inpatient setting within 24 to 48 hours. It was primarily designed to address unplanned hospital readmissions and improve clinical outcomes at the same time.

[1] http://www.nihcr.org/Reducing_Readmissions
[2] http://www.modernhealthcare.com/article/20151029

"The Clinical Discharge Call Back Program has made a significant impact on several areas of patient care including a reduction in readmissions and improvement in the patient experience."

Patty K. Scott, RN, MSNA, BSN, RHIA, CPMSM, CPHQ
VP, Quality/Case/Risk/Regulatory Compliance
IASIS Healthcare Corporation

Better Care Transition

Quality

Patient Satisfaction

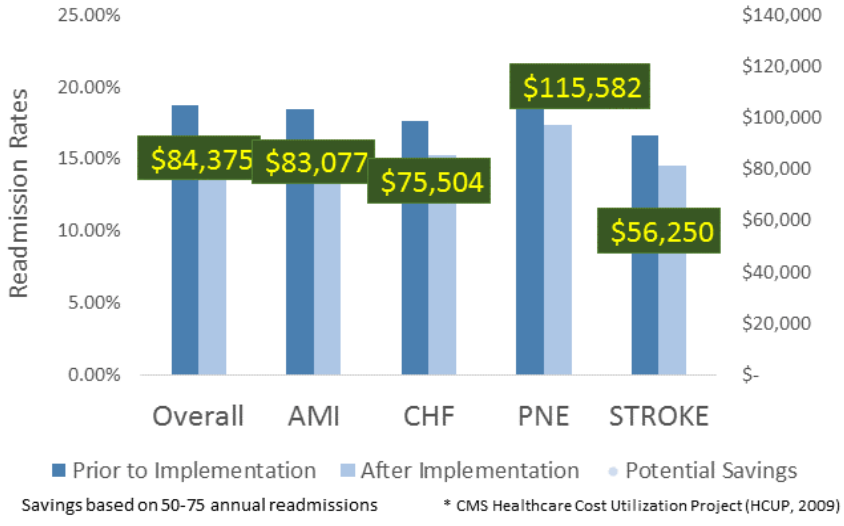
Improved HCAHPS Results

The Cost of Readmissions

Since IASIS implemented the Preventative Care Program, they have experienced reduced readmissions ranging from 0.16% to 3.89%. This has resulted in savings exceeding $250,000 for the ISASIS Health System. The program has not only had an impact on reducing readmissions, but IASIS has also documented a 5% to 8% increase in their HCAHPS Top Box scores, specifically with the domains of understanding medications, discharge instructions, overall rating, and hospital recommendation.

The CMS Healthcare Cost Utilization Project estimates that one unplanned readmission could cost a hospital between $8,000 and $13,000 depending on the patient's diagnosis. The table below displays to the potential impact a comprehensive post-discharge follow up call program could have on your organization.

Table 1: Potential Cost Savings from Reduced Readmissions



Savings based on 50-75 annual readmissions

* CMS Healthcare Cost Utilization Project (HCUP, 2009)

Since the implementation of the J. L. MORGAN and Associate Preventative Care Program, IASIS Healthcare has seen over a 30% positive impact on their medication education and reduction in dissatisfied patients. The system has also realized a 5% to 8% increase in their HCAHPS scores related to understanding medications and discharge instructions, overall rating and hospital recommendations.

J.L. MORGAN & Associates, Inc.

Contact Us

J. L. MORGAN has over 12 years experience in healthcare research. Give us a call for more information about our services and products.

Services Offered:

- **HCAHPS ®**
- **HOME HEALTH CAHPS ®**
- **OAS CAHPS ®**
- **PREVENTATIVE CARE**
- **EMERGENCY**
- **OUTPATIENT**
- **CULTURE OF SAFETY**
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- **CUSTOM SURVEYS**

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Key Components of the Program

There are a number of supporting reasons to consider implementing the Preventative Care Program at your organization.

⇒ Administered by RN's, LPN's and clinically trained staff

⇒ Can be implemented separate from HCAHPS® survey

⇒ Provides real time alerts to hospitals and organizations specific to:

- Patients whose condition has worsened since discharge
- Patients who formally request a return call from the hospital
- Patients expressing dissatisfaction with the hospital experience
- Patients expressing confusion with prescribed medications

⇒ Determines patient's compliance in taking prescribed medications and following discharge instructions

⇒ Addresses key area related to HCAHPS

- Communication with Medications
- Discharge Instructions
- Overall Satisfaction
- Would Recommend Hospital

⇒ Accesses patient's overall experience

⇒ Contains "Notes" functions allowing hospital to document patient follow up

Benefits of Outsourcing Your Post Discharge Calls

With J. L. Morgan experienced in providing a comprehensive Preventative Care Program for over three years, hospitals have the comfort level their process has built in quality standards. They also no longer have to utilize their own staff or operational resources needed to implement a post-discharge program.

Register for our Educational Webinar!

To learn more about the program, and how it can help your organization reduce hospital readmissions and improve HCAHPS scores, please visit us at www.jlmorganandassociates.com to register for our next webinar session.

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