



CRISP

hMetrix



ECIP-HCIP Connections

26 September 2018

7160 Columbia Gateway Drive, Suite. 230
Columbia, MD 21046
877.952.7477 | info@crisphealth.org
www.crisphealth.org



Webinar Recordings

All webinars will be recorded and available for download at

<https://hscrc.maryland.gov/Pages/CareRedesign.aspx>

Questions can be directed to

Care.Redesign@crisphealth.org



Implementation Timeline & Upcoming Deadlines

- **October 1st** – CRISP submits compiled care partner lists to CMS
- **October 10th** – ECIP Office Hours C Webinar
- **October 31st** - Hospital submits implementation protocol and supplemental workbook to CRISP for review
- **November 30th** - HSCRC submits implementation protocols to CMS
- **Early December** - Hospital submits signed Participation Agreement for CY2019
- **December 14th** - Hospital submits certified care partners for Q1 2019
- **December 30th** - CMS accepts or rejects implementation protocols
- **January 1st** – ECIP launches



Current Care Redesign Tracks

Complex and Chronic Care Improvement Program (CCIP)

9 Participants

- Designed for hospitals and community-based Care Partners
- Hospitals and Care Partners collaborate on care of complex and chronic patients
- Hospitals provide resources to practices that should improve quality and reduce costs
- Goal: Enhance care management and care coordination

Hospital Care Improvement Program (HCIP)

40 Participants

- Designed for hospitals and Care Partners practicing at hospitals
- Hospitals improve care and save money through more efficient episodes of care
- Physicians may share in those gains
- Goal: Facilitate improvements in hospital care that result in care improvements and efficiency

Episode Care Improvement Program (ECIP) Participants TBD

- Designed for hospitals and continuum of Care Partners
- Hospitals and Care Partners collaborate on care for 23 clinical episodes (90 day episodes)
- Clinical episodes assessed on quality and cost of care
- Hospitals may share incentive payments with care partners
- Goal: Facilitate care improvements for episodes across all care settings, with a focus on post-acute opportunities

Began in July 2017

43 Participants across all programs

Begins January 2019



ECIP – HCIP Connection

Key differences from HCIP:

- Focuses on post-acute care
- Broader range of potential Care Partners, including institutional post-acute care providers

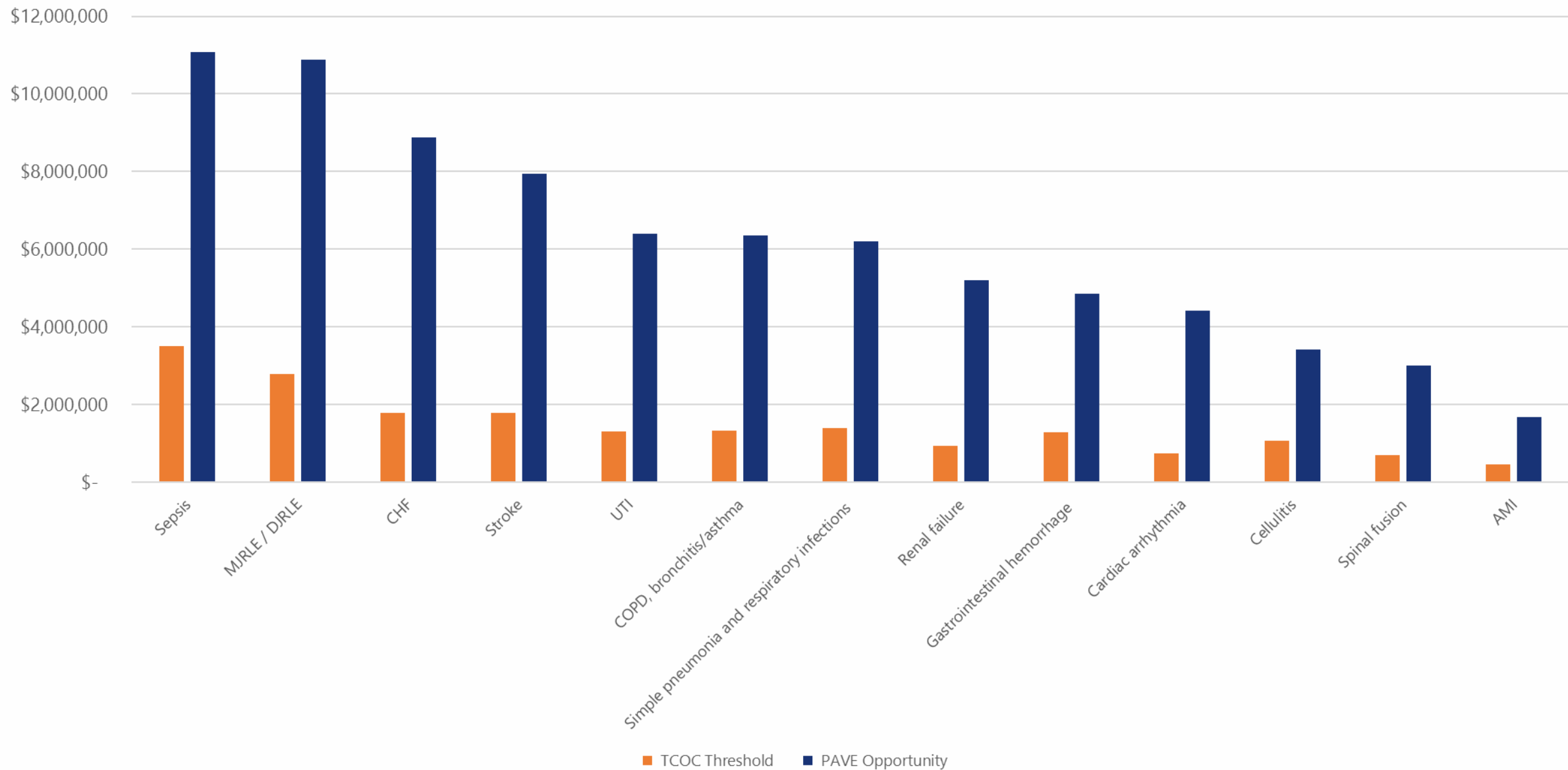
HCIP can be complementary to ECIP:

- Leverage relationships from HCIP to jump-start ECIP
- View episode selection through the lens of data provided for both ECIP and HCIP
- Review episode categories that maximize the opportunities for a range of Care Partners
- Look at new opportunities that support synergistic care redesign interventions and post-acute care management after the patient leaves an acute care setting



Significant Savings Opportunities Above TCOC Threshold

Top Potential ECIP Savings Opportunities by Episode Category (statewide)





Sample Hospital – Top Episode Categories

Clinical Episode Category	Annual Historic Episode Volume	Mean Historic Payment Amount	Target Price (Preliminary)	Threshold TCOC Reduction (per episode)	Annual Total Historic Payments	Annual Threshold TCOC Reduction	Annual PAVE Opportunity
MJRLE / DJRLE	835	\$8,752	\$8,486	\$266	\$7,307,920	\$222,110	\$319,873
Stroke	166	\$17,566	\$17,052	\$514	\$2,915,956	\$85,324	\$317,349
Hip and femur procedures except major joint	73	\$25,105	\$24,352	\$753	\$1,832,665	\$54,969	\$76,171
Simple pneumonia and respiratory infections	200	\$10,133	\$9,869	\$264	\$2,026,600	\$52,800	\$92,879
CHF	198	\$10,875	\$10,641	\$234	\$2,153,250	\$46,332	\$217,753
UTI	149	\$10,333	\$10,115	\$218	\$1,539,617	\$32,482	\$107,141

HCIP Simulation Reports

- Simulation data using 2017 H2 data
- Select reports provided based on ECIP clinical episode category rather than service line
- Help to identify episodes that are complimentary to HCIP and provide additional opportunities

HCIP – Resource Utilization Opportunities by Episode

Report 2

Inpatient Summary by Episode

Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns

Statistics Based On Best Practice DRGs/Physicians; July 20xx through December 20xx; Medicare Claims

Provider: 000000 - HCIP General Hospital

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Episode	Discharges (Eligible)	Average LOS	Average BP LOS	Average LOS Variance	Actual Resource Utilization	Best Practice Resource Utilization	Best Practice Variance	Resource Utilization Reduction Opportunities	Marginal Resource Utilization Reduction Opportunities [50%]
All Inlier Claims	4,582	4.0	2.2	1.7	\$35,783,370	\$20,567,226	\$15,216,144	\$16,244,192	\$8,122,096
All Others	1,812	4.5	2.4	2.1	\$15,675,014	\$8,395,175	\$7,279,839	\$7,721,725	\$3,860,862
Sepsis	160	6.3	3.6	2.7	\$1,754,139	\$790,139	\$964,000	\$979,703	\$489,852
Congestive heart failure (CHF)	280	4.0	2.6	1.4	\$1,841,767	\$989,515	\$852,252	\$878,681	\$439,341
Stroke	176	3.8	2.2	1.5	\$1,558,585	\$769,363	\$789,222	\$795,394	\$397,697
Simple pneumonia and respiratory infections	204	4.0	2.2	1.9	\$1,421,123	\$711,702	\$709,421	\$727,896	\$363,948
Cervical spinal fusion / Combined anterior posterior spinal fusion / Spinal fusion (non-cervical)	107	3.2	1.9	1.4	\$1,372,657	\$733,273	\$639,384	\$655,154	\$327,577
Chronic obstructive pulmonary disease (COPD), bronchitis/asthma	208	3.5	1.7	1.8	\$1,296,534	\$713,200	\$583,333	\$615,596	\$307,798
Renal failure	107	4.9	2.7	2.1	\$854,171	\$377,858	\$476,313	\$484,856	\$242,428
Major bowel procedure	74	8.2	4.9	3.3	\$1,125,732	\$702,198	\$423,534	\$459,687	\$229,844
Gastrointestinal hemorrhage	175	3.0	1.8	1.2	\$984,014	\$579,590	\$404,424	\$429,425	\$214,712
Urinary tract infection (UTI)	187	3.3	2.0	1.3	\$967,375	\$586,499	\$380,876	\$389,626	\$194,813
Cellulitis	112	4.2	2.3	1.9	\$671,313	\$346,754	\$324,559	\$330,718	\$165,359
Cardiac arrhythmia	104	3.1	1.5	1.6	\$556,422	\$292,191	\$264,231	\$270,383	\$135,191
Percutaneous coronary intervention (PCI)	47	3.6	1.9	1.6	\$552,606	\$289,135	\$263,471	\$267,154	\$133,577
Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	546	2.0	1.4	0.6	\$3,057,741	\$2,841,230	\$216,511	\$520,564	\$260,282
Gastrointestinal obstruction	60	4.7	2.4	2.2	\$368,170	\$173,994	\$194,177	\$199,571	\$99,785
Acute myocardial infarction (AMI)	40	3.3	1.9	1.4	\$259,689	\$140,900	\$118,789	\$128,274	\$64,137
Hip and femur procedures except major joint	75	4.6	3.2	1.4	\$653,969	\$548,400	\$105,569	\$138,591	\$69,296
Pacemaker	19	4.2	2.3	1.9	\$222,904	\$125,607	\$97,297	\$98,444	\$49,222
Lower extremity and humerus procedure except hip, foot, femur / Major joint replacement of upper extremity	55	2.8	1.6	1.2	\$404,873	\$327,967	\$76,906	\$92,949	\$46,474
Fractures, femur and hip/pelvis	24	3.5	2.3	1.2	\$129,110	\$83,198	\$45,912	\$50,606	\$25,303
Back and neck except spinal fusion	10	1.9	1.2	0.7	\$55,463	\$49,339	\$6,124	\$9,195	\$4,597

- Identify ECIP episodes of interest
- Look at HCIP opportunity

HCIP – SOI Summary by Episode

Severity of Illness Summary
Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns
July 20xx through December 20xx; Medicare Claims
Provider - 000000 - HCIP General Hospital

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Episode	Grand Total	Medical				Total	Surgical				Total
		1 - Minor	2 - Moderate	3 - Major	4 - Extreme		1 - Minor	2 - Moderate	3 - Major	4 - Extreme	
Acute myocardial infarction (AMI)	40	1	22	16	1	40					
All Others	1,812	101	523	601	62	1,287	101	237	148	39	525
Back and neck except spinal fusion	10						4	5	1		10
Cardiac arrhythmia	104	10	51	40	3	104					
Cellulitis	112	18	47	44	3	112					
Cervical spinal fusion / Combined anterior posterior spinal fusion / Spinal fusion (non-cervical)	107						24	66	15	2	107
Chronic obstructive pulmonary disease (COPD), bronchitis/asthma	208	13	77	104	14	208					
Congestive heart failure (CHF)	280	7	112	154	7	280					
Fractures, femur and hip/pelvis	24	1	14	9		24					
Gastrointestinal hemorrhage	175	22	71	77	5	175					
Gastrointestinal obstruction	60	7	31	21	1	60					
Hip and femur procedures except major joint	75						11	47	16	1	75
Lower extremity and humerus procedure except hip, foot, femur / Major joint replacement of upper extremity	55						8	37	10		55
Major bowel procedure	74						12	27	28	7	74
Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	546						235	279	30	2	546
Pacemaker	19						1	13	4	1	19
Percutaneous coronary intervention (PCI)	47						10	21	12	4	47
Renal failure	107	2	31	66	8	107					
Sepsis	160	3	25	89	43	160					
Simple pneumonia and respiratory infections	204	11	78	106	9	204					
Stroke	176	23	101	49	3	176					
Urinary tract infection (UTI)	187	6	87	91	3	187					
Grand Total	4,582	225	1,270	1,467	162	3,124	406	732	264	56	1,458

- ECIP episodes with greatest opportunity
- Inpatient episode distribution by SOI

HCIP – Physician Summary

Physician Summary by Episode
Provider: 000000 - HCIP General Hospital

Responsible Physician	RP First Name	RP Last Name	PAR Status	Specialty	All Others	Episode	Total
10030752			Non PAR		1		1
10031085			PAR	Urology	3		3
10131858			Non PAR			3	3
10133350			Non PAR		1		1
10139158			PAR	Neurology	9	20	29
10230446			PAR	Anesthesiology	1		1
10230976			PAR	Pulmonary & Critical Care Medicine	2	3	5
10231264			Non PAR		4	2	6
10332534			Non PAR		4	1	5
10333214			Non PAR			1	1
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10634779			PAR	Orthopedics		6	6
10635312			PAR	Hospitalist	14	17	31
10637905			PAR	Hospitalist	27	37	64
10735158			Non PAR		2		2
10735343			PAR	Hospitalist	58	62	120
10737598			Non PAR		1	5	6
10737729			Non PAR		1	1	2
10839782			Non PAR		2	2	4
10937105			Non PAR		6	2	8
10937715			PAR	Orthopedics	1	24	25
11140304			PAR	Orthopedics	5	21	26
11149299			Non PAR		2	1	3
11240184			Non PAR		1		1
11240467			PAR	Hospitalist	102	189	291
11240801			Non PAR		2	2	4
11242874			Non PAR			1	1

- Look at specific episodes and identify physicians
- Are physicians Care Partners?

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HCIP – Physician Discharges by Episode

Physician Discharge Count Summary by Episode
 Provider: 000000 - HCIP General Hospital

Responsible Physician	RP First Name	RP Last Name	PAR Status	Specialty	Episode	Total Discharges
10030752			Non PAR		Total	1
10030752			Non PAR		All Others	1
10031085			PAR	Urology	Total	3
10031085			PAR	Urology	All Others	3
10131858			Non PAR		Total	3
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10937105			Non PAR		Total	8
10937105			Non PAR		All Others	6
10937105			Non PAR		Major bowel procedure	2
10937715			PAR	Orthopedics	Total	25
10937715			PAR	Orthopedics	All Others	1
10937715			PAR	Orthopedics	Lower extremity and humerus procedure except hip, foot, femur / Major joint replacement of upper extremity	1
10937715			PAR	Orthopedics	Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	23
11140304			PAR	Orthopedics	Total	26
11140304			PAR	Orthopedics	All Others	5
11140304			PAR	Orthopedics	Back and neck except spinal fusion	1
11140304			PAR	Orthopedics	Cervical spinal fusion / Combined anterior posterior spinal fusion / Spinal fusion (non-cervical)	17
11140304			PAR	Orthopedics	Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	3
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11240467			PAR	Hospitalist	Total	291
11240467			PAR	Hospitalist	Acute myocardial infarction (AMI)	6
11240467			PAR	Hospitalist	All Others	102
11240467			PAR	Hospitalist	Cardiac arrhythmia	14
11240467			PAR	Hospitalist	Cellulitis	11
11240467			PAR	Hospitalist	Chronic obstructive pulmonary disease (COPD) bronchitis/asthma	15
11240467			PAR	Hospitalist	Congestive heart failure (CHF)	36
11240467			PAR	Hospitalist	Fractures, femur and hip/pelvis	2
11240467			PAR	Hospitalist	Gastrointestinal hemorrhage	11
11240467			PAR	Hospitalist	Gastrointestinal obstruction	8
11240467			PAR	Hospitalist	Major bowel procedure	1
11240467			PAR	Hospitalist	Renal failure	12
11240467			PAR	Hospitalist	Sepsis	1
11240467			PAR	Hospitalist	Simple pneumonia and respiratory infections	26
11240467			PAR	Hospitalist	Stroke	14
11240467			PAR	Hospitalist	Urinary tract infection (UTI)	18
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- Episode discharges by physician
- Care Partner status
- Identify new Care Partners to recruit

HCIP – Episode Detail by Physician and Rate Center (Continued)

Report 11
Inpatient Cost Center Detail (Average Resource Utilization) by Episode by Physician - All Providers
Excludes Psychiatry Service Lines and APR DRGs (540,541,560,626,640) For Normal Deliveries and Newborns
Statistics Based On All Physicians for Best Practice DRGs; July 20xx through December 20xx; Medicare Claims
Provider: 000000 - HCIP General Hospital

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Physician	RP First Name	RP Last Name	Episode	APR DRG: Severity	Line	Discharges	Avg LOS	Avg Resource Utilization	Avg ANS Cost	Avg ASC Cost	Avg A_P Cost	Avg BCU Cost	Avg BLD Cost
11240467			Simple pneumonia and respiratory infections	137 Extreme Major respiratory infections & inflammations	Actual	2	6.5	\$10,646.09	\$0.00	\$0.00	\$5,728.05	\$0.00	\$0.00
11240467			Simple pneumonia and respiratory infections	137 Extreme Major respiratory infections & inflammations	Best Practice	129	5.0	\$6,495.17	\$4.05	\$2.61	\$3,012.36	\$0.00	\$0.00
11240467			Simple pneumonia and respiratory infections	137 Extreme Major respiratory infections & inflammations	Variance		1.5	\$4,150.92	(\$4.05)	(\$2.61)	\$2,715.69	\$0.00	\$0.00

Avg CAT Cost	Avg CCA Cost	Avg CCU Cost	Avg CLN Cost	Avg DEL Cost	Avg DIA Cost	Avg EEG Cost	Avg EKG Cost	Avg EMR Cost	Avg ICC Cost	Avg ICU Cost	Avg LAB Cost	Avg MRT Cost	Avg NCU Cost
\$212.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.14	\$579.41	\$0.00	\$0.00	\$1,358.63	\$0.00	\$0.00
\$90.72	\$62.85	\$65.84	\$13.04	\$0.00	\$37.77	\$11.65	\$53.66	\$336.38	\$0.00	\$762.20	\$762.74	\$15.26	\$0.00
\$121.52	(\$62.85)	(\$65.84)	(\$13.04)	\$0.00	(\$37.77)	(\$11.65)	\$72.48	\$243.03	\$0.00	(\$762.20)	\$595.88	(\$15.26)	\$0.00

Avg NUR Cost	Avg OCC Cost	Avg ONC Cost	Avg ORR Cost	Avg OTH Cost	Avg PHT Cost	Avg PSY Cost	Avg RAD Cost	Avg RAI Cost	Avg RAT Cost	Avg RHB Cost	Avg RSP Cost	Avg SPH Cost	Avg TRM Cost
\$0.00	\$100.69	\$0.00	\$295.01	\$0.00	\$302.48	\$0.00	\$1,107.31	\$0.00	\$0.00	\$0.00	\$122.55	\$713.59	\$0.00
\$0.00	\$41.75	\$0.00	\$64.52	\$1.04	\$103.50	\$0.00	\$236.61	\$23.87	\$9.26	\$0.00	\$672.56	\$110.90	\$0.00
\$0.00	\$58.94	\$0.00	\$230.48	(\$1.04)	\$198.98	\$0.00	\$870.69	(\$23.87)	(\$9.26)	\$0.00	(\$550.01)	\$602.69	\$0.00

HCIP – Physician Incentives by Episode

Physician Incentives by Episode
 Provider: 000000 - HCIP General Hospital

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Responsible Physician	RP First Name	RP Last Name	PAR Status	Specialty	Episode	Total Eligible Discharges	Actual Resource Utilization	BP Resource Utilization	Resource Utilization Reduction Opportunities	Maximum Improvement Incentive	Maximum Performance Incentive	Performance Incentive	Improvement Incentive	Total Physician Incentive	Unearned Incentive
10030752			NON-PAR		All Others	1	\$6,164.01	\$2,978.34	\$3,185.67	\$38.53	\$63.11	\$0.00	\$0.00	\$0.00	\$101.64
10031085			PAR	Urology	All Others	3	\$10,369.74	\$12,376.49	\$543.44	\$0.00	\$336.36	\$298.76	\$0.00	\$298.76	\$37.60
10131858			NON-PAR		Hip and femur procedures except major joint	1	\$7,866.47	\$9,764.46	\$0.00	\$144.91	\$301.25	\$301.25	\$32.17	\$333.42	\$112.74
10131858			NON-PAR		Lower extremity and humerus procedure except hip, foot, femur / Major joint replacement of upper extremity	1	\$6,327.81	\$5,083.15	\$1,244.66	\$144.91	\$99.22	\$28.87	\$32.17	\$61.04	\$183.09
10131858			NON-PAR		Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	1	\$10,387.22	\$5,091.05	\$5,296.17	\$144.91	\$84.29	\$0.00	\$32.17	\$32.17	\$197.02
10937105			NON-PAR		Major bowel procedure	2	\$75,927.87	\$28,700.60	\$47,227.28	\$1,342.46	\$1,091.93	\$4.80	\$382.37	\$387.17	\$2,047.22
10937715			PAR	Orthopedics	All Others	1	\$2,498.38	\$5,141.15	\$0.00	\$48.77	\$144.53	\$144.53	\$38.14	\$182.67	\$10.63
10937715			PAR	Orthopedics	Lower extremity and humerus procedure except hip, foot, femur / Major joint replacement of upper extremity	1	\$11,907.27	\$7,697.88	\$4,209.38	\$48.77	\$201.76	\$18.60	\$38.14	\$56.74	\$193.79
10937715			PAR	Orthopedics	Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	23	\$114,274.14	\$113,898.60	\$8,087.64	\$1,121.68	\$1,515.55	\$1,199.19	\$877.30	\$2,076.49	\$560.73
11140304			PAR	Orthopedics	All Others	5	\$33,183.75	\$29,078.16	\$8,537.17	\$911.40	\$977.21	\$390.92	\$316.96	\$907.88	\$980.73
11140304			PAR	Orthopedics	Back and neck except spinal fusion	1	\$8,456.57	\$4,813.28	\$3,643.29	\$182.28	\$116.14	\$1.32	\$63.39	\$64.71	\$233.70
11140304			PAR	Orthopedics	Cervical spinal fusion / Combined anterior posterior spinal fusion / Spinal fusion (non-cervical)	17	\$168,382.59	\$107,210.97	\$62,212.84	\$3,098.75	\$2,929.23	\$967.86	\$1,077.67	\$2,045.53	\$3,982.46
11140304			PAR	Orthopedics	Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	3	\$31,272.90	\$16,609.36	\$14,663.54	\$546.84	\$308.82	\$6.34	\$190.18	\$196.52	\$659.15
11149299			NON-PAR		All Others	2	\$6,929.79	\$5,925.26	\$1,496.90	\$0.00	\$112.32	\$57.30	\$0.00	\$57.30	\$55.02
11149299			NON-PAR		Chronic obstructive pulmonary disease (COPD), bronchitis/asthma	1	\$3,870.19	\$2,687.69	\$1,182.50	\$0.00	\$55.87	\$7.61	\$0.00	\$7.61	\$48.26
11240184			NON-PAR		All Others	1	\$4,102.46	\$4,514.89	\$0.00	\$0.00	\$119.50	\$119.50	\$0.00	\$119.50	\$0.00
11240467			PAR	Hospitalist	Acute myocardial infarction (AMI)	6	\$39,517.62	\$19,975.12	\$23,339.83	\$1,118.63	\$586.24	\$221.15	\$435.98	\$657.13	\$1,047.74
11240467			PAR	Hospitalist	All Others	102	\$796,431.41	\$380,054.50	\$424,689.03	\$19,016.73	\$12,735.57	\$3,162.16	\$7,411.63	\$10,573.79	\$21,178.51
11240467			PAR	Hospitalist	Cardiac arrhythmia	14	\$67,571.53	\$39,937.07	\$30,129.95	\$2,610.14	\$1,175.84	\$454.54	\$1,017.28	\$1,471.82	\$2,314.16
11240467			PAR	Hospitalist	Cellulitis	11	\$65,257.08	\$33,719.84	\$32,633.25	\$2,050.82	\$932.07	\$257.33	\$799.29	\$1,056.62	\$1,926.27
11240467			PAR	Hospitalist	Chronic obstructive pulmonary disease (COPD), bronchitis/asthma	15	\$82,977.16	\$51,129.44	\$33,068.56	\$2,798.58	\$1,426.10	\$360.73	\$1,089.95	\$1,450.68	\$2,772.00
11240467			PAR	Hospitalist	Congestive heart failure (CHF)	36	\$226,428.90	\$123,348.20	\$109,314.68	\$6,711.79	\$3,656.95	\$1,150.53	\$2,615.87	\$3,766.40	\$6,602.34
11240467			PAR	Hospitalist	Fractures, femur and hip/pelvis	2	\$6,969.10	\$6,611.04	\$1,527.49	\$372.88	\$120.18	\$67.77	\$145.33	\$213.10	\$279.96
11240467			PAR	Hospitalist	Gastrointestinal hemorrhage	11	\$87,862.24	\$38,630.59	\$50,587.63	\$2,050.82	\$1,283.82	\$340.33	\$799.29	\$1,139.62	\$2,195.02
11240467			PAR	Hospitalist	Gastrointestinal obstruction	8	\$40,144.62	\$22,105.60	\$18,387.27	\$1,491.51	\$658.93	\$93.95	\$581.30	\$675.25	\$1,475.19
11240467			PAR	Hospitalist	Major bowel procedure	1	\$14,116.19	\$10,961.62	\$3,154.58	\$186.44	\$315.10	\$113.71	\$72.66	\$186.37	\$315.16
11240467			PAR	Hospitalist	Renal failure	12	\$111,415.91	\$44,068.19	\$67,347.74	\$2,237.26	\$1,705.54	\$392.80	\$871.96	\$1,264.76	\$2,678.04
11240467			PAR	Hospitalist	Sepsis	15	\$146,984.83	\$60,438.10	\$77,994.54	\$2,798.58	\$2,578.06	\$331.01	\$1,089.95	\$1,420.06	\$2,953.68
11240467			PAR	Hospitalist	Simple pneumonia and respiratory infections	26	\$137,404.39	\$94,186.44	\$48,058.87	\$4,847.40	\$2,980.64	\$1,301.97	\$1,889.24	\$3,191.21	\$4,636.83
11240467			PAR	Hospitalist	Stroke	14	\$124,806.32	\$60,210.67	\$61,695.67	\$2,610.14	\$1,406.65	\$230.04	\$1,017.28	\$1,247.20	\$2,769.47
11240467			PAR	Hospitalist	Urinary tract infection (UTI)	18	\$85,663.94	\$55,266.96	\$31,091.29	\$3,355.89	\$1,353.23	\$374.13	\$1,307.94	\$1,682.07	\$3,027.06
11240801			NON-PAR		All Others	2	\$14,039.44	\$6,533.56	\$7,505.89	\$461.10	\$194.21	\$34.74	\$164.61	\$199.35	\$455.95

- Physician resource utilization reduction opportunity
- Potential HCIP incentives

HCIP – Readmissions by Physician/Episode (7 day)

7 Day Readmission Rates by Physician
 Medicare Claims Only
 Provider: 000000 - HCIP General Hospital

PAR Status	Responsible Physician	RP First Name	RP Last Name	Quarter	Episode	2017 Re-admits	2017 Discharges	2017 Re-admits rate
ALL	10030752			Q4	All Others	0	1	0.00%
ALL	10030752			Q4	TOTAL	0	1	0.00%
ALL	10031085			Q3	All Others	0	1	0.00%
ALL	10031085			Q3	TOTAL	0	1	0.00%
ALL	10031085			Q4	All Others	0	2	0.00%
PAR	10937715			Q3	Lower extremity and humerus procedure except hip, foot, femur / Major joint replacement of upper extremity	0	1	0.00%
PAR	10937715			Q3	Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	0	12	0.00%
PAR	10937715			Q3	TOTAL	0	13	0.00%
PAR	10937715			Q4	All Others	0	1	0.00%
PAR	10937715			Q4	Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	0	11	0.00%
PAR	10937715			Q4	TOTAL	0	12	0.00%
PAR	11140304			Q3	Cervical spinal fusion / Combined anterior posterior spinal fusion / Spinal fusion (non-cervical)	0	6	0.00%
PAR	11140304			Q3	TOTAL	0	6	0.00%
PAR	11240467			Q3	Cellulitis	1	8	12.50%
PAR	11240467			Q3	Chronic obstructive pulmonary disease (COPD), bronchitis/asthma	1	7	14.29%
PAR	11240467			Q3	Congestive heart failure (CHF)	0	18	0.00%
PAR	11240467			Q3	Fractures, femur and hip/pelvis	0	1	0.00%
PAR	11240467			Q3	Gastrointestinal hemorrhage	0	8	0.00%
PAR	11240467			Q3	Gastrointestinal obstruction	0	5	0.00%
PAR	11240467			Q3	Renal failure	0	5	0.00%
PAR	11240467			Q3	Sepsis	0	9	0.00%
PAR	11240467			Q3	Simple pneumonia and respiratory infections	1	12	8.33%
PAR	11240467			Q3	Stroke	0	8	0.00%
PAR	11240467			Q3	Urinary tract infection (UTI)	2	10	20.00%
PAR	11240467			Q3	TOTAL	9	162	5.56%
PAR	11240467			Q4	Acute myocardial infarction (AMI)	0	5	0.00%

- Readmissions by physician
- Potential ECIP opportunity

HCIP – Readmissions by Physician/Episode (30 day)

30 Day Readmission Rates by Physician
 Medicare Claims Only
 Provider: 000000 - HCIP General Hospital

PAR Status	Responsible Physician	RP First Name	RP Last Name	Quarter	Episode	2017 Re-admits	2017 Discharges	2017 Re-admits rate
ALL	10030752			Q4	All Others	0	1	0.00%
ALL	10030752			Q4	TOTAL	0	1	0.00%
ALL	10031085			Q3	All Others	0	1	0.00%
ALL	10031085			Q3	TOTAL	0	1	0.00%
ALL	10031085			Q4	All Others	0	2	0.00%
PAR	10735343			Q4	Simple pneumonia and respiratory infections	0	1	0.00%
PAR	10735343			Q4	Urinary tract infection (UTI)	0	2	0.00%
PAR	10735343			Q4	TOTAL	5	45	11.11%
PAR	10937715			Q3	Lower extremity and humerus procedure except hip foot femur / Major joint	0	1	0.00%
PAR	10937715			Q3	Major joint replacement of the lower extremity (MJRLE) / Double joint replacement of the lower extremity	0	12	0.00%
PAR	10937715			Q3	TOTAL	0	13	0.00%
PAR	10937715			Q4	All Others	0	1	0.00%
PAR	10937715			Q4	Major joint replacement of the lower extremity (MJRLE) / Double joint	0	11	0.00%
PAR	10937715			Q4	TOTAL	0	12	0.00%
PAR	11240467			Q3	Cardiac arrhythmia	1	13	7.69%
PAR	11240467			Q3	Cellulitis	1	8	12.50%
PAR	11240467			Q3	Chronic obstructive pulmonary disease (COPD) bronchitis/asthma	1	7	14.29%
PAR	11240467			Q3	Congestive heart failure (CHF)	1	18	5.56%
PAR	11240467			Q3	Fractures, femur and hip/pelvis	0	1	0.00%
PAR	11240467			Q3	Gastrointestinal hemorrhage	1	8	12.50%
PAR	11240467			Q3	Gastrointestinal obstruction	0	5	0.00%
PAR	11240467			Q3	Renal failure	1	5	20.00%
PAR	11240467			Q3	Sepsis	0	9	0.00%
PAR	11240467			Q3	Simple pneumonia and respiratory infections	2	12	16.67%
PAR	11240467			Q3	Stroke	0	8	0.00%
PAR	11240467			Q3	Urinary tract infection (UTI)	2	10	20.00%
PAR	11240467			Q3	TOTAL	14	162	8.64%
PAR	11240467			Q4	Acute myocardial infarction (AMI)	1	5	20.00%

- Readmissions by physician
- Potential ECIP opportunity

Care Redesign Interventions

- Re-evaluate HCIP care redesign interventions and conditions of payment to be consistent with ECIP interventions where possible
- Report on HCIP inpatient activity and ECIP post acute activity when meeting with physicians
- Think about how to maximize CRP Committee involvement

Care Redesign Interventions	
Category of Allowable Activity	Hospital Interventions
Care Coordination	<ul style="list-style-type: none"> Medication reconciliation forms completed per protocol After Hospital Discharge Plans are completed and reviewed with the patient and caregivers before discharge Patients with a high risk of readmission are identified, per protocols, and subsequently connected with transitions of care services Other evidence-based, reliable and valid intervention
Discharge Planning	<ul style="list-style-type: none"> Follow-up appointments for high-risk patients are scheduled before hospital discharge Beside delivery of discharge medications (for new or high risk medications) Other evidence-based, reliable and valid intervention
Clinical Care	<ul style="list-style-type: none"> Core compliance activities are completed, including documenting core measures, using evidence-based order sets, and documenting the rationale behind diversions. Heart failure activities are completed, such as giving heart failure patients ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) and documenting evaluation of LV systolic function. Surgical improvement activities are completed, including compliance with requirements for surgery registry and compliance with pre-surgery safety checklists, including surgical markings. Other evidence-based, reliable and valid intervention
Patient and Caregiver Experience	<ul style="list-style-type: none"> Advanced directives completed per protocol Maryland MOLST compliance documented per protocol Interdisciplinary palliative care consults and interventions completed per protocol Comprehensive, individualized patient/family education (considering health literacy, preferred method of education,) use of Teach Back) Other evidence-based, reliable and valid intervention
Efficiency and Cost Reduction	<ul style="list-style-type: none"> administered to patients. Other evidence-based, reliable and valid intervention Procedures and patient flow activities are completed in a timely manner, including writing discharge orders by the hospital goal time (e.g. noon), and reducing median time from Emergency Department arrival to departure or admission to a bed.



Next Steps

- Review HCIP simulation data and ECIP baseline analysis
- Recruit additional care partners
- Reevaluate care redesign interventions
- Educate CRP Committee



CRISP

Q & A

Next up:

ECIP Office Hours II (October 10)