



LifeSpan Post-Acute Executive IT Summit

Making the Strategic Technology Connection

A Conference Summary

June 5, 2014



Executive Summary



Overall Themes

- ❖ Leverage Technology to Achieve Business Objectives
 - ✓ Referral Sources are looking for partners that can help them adapt to dramatic changes in reimbursement models
 - ✓ Integrating your systems with your partners' systems is a key step in improving your strategic relationships
 - ✓ Turning your operational data into actionable information will help you prepare for the changes coming to the LTPAC community
- ❖ Technology is a Strategic Resource, not just an operational tool
 - ✓ The E.H.R. is the first step in obtaining significant value out of your technology investments
 - ✓ I.T. leadership must have a seat at the table, and must understand and speak the language of business (not tech-talk)

Taking Action

- ❖ Develop Strategic Partnerships with your referral sources
 - ✓ Pursue opportunities to integrate your systems with your hospital partners
 - ✓ Explore ways to take advantage of CRISP
 - ✓ Leverage clinical information about your patient population to prove your value
- ❖ Get the full value of your technology investments
 - ✓ Bring efficiency to your business processes through system integration
 - ✓ Define the key metrics that will drive increased revenue and profitability, and make your business future-ready

Keynote Address

Implications of the New Maryland All-Payer Model for Senior Care Programs

Dr. Stephen F. Jencks, M.D., M.P.H., Consultant, spoke about the impact of the new Maryland Waiver and its impacts across healthcare including Long-term Post-acute care

- ❖ Background
 - On 1/1/2014, Maryland moved to a new all-payer model for hospital revenue
 - About 90% of hospital revenues will be under global caps by 7/1/2014
- ❖ Paradigm Shift
 - Hospitals have limited incentives to increase admissions
 - Hospitals have incentives to minimize inpatient services and lower costs
 - Hospitals have incentives to partner closely with other providers
- ❖ Clinical Strategies
 - Quality-based reimbursement – 30-day readmissions – nursing home admissions/readmissions
 - Emergency room triage – targeted efforts with high-risk patients
- ❖ Senior Care Impact
 - Successful programs will speak the language of hospitals
 - Rates of admission, discharge, LOS, rehospitalization, outcomes of care
 - Hospitals will be increasingly interested in how the senior care program works with them to care for a population
 - Integration will win out over silos

Panel Discussion

The Impact of ACO's on the Healthcare Industry

Bonnie Phipps
CEO & President, St. Agnes Hospital

Rick Grindrod
CEO, National Post-Acute Healthcare

Michael Bronfein
Board Chair, Remedi SeniorCare

Tressa Springmann
VP & CIO, LifeBridge Health

The Impact of ACO's on the Healthcare Industry

CMS has been testing new programs with the dual goals of improving care and reducing costs.

Which initiatives have the greatest potential to impact LTPAC providers and how?

- ❖ Bonnie
 - 90% of hospitals will be capitated for "regulated revenues"
 - Hospitals are already minimizing admissions under certain diagnoses that have effective out-patient alternatives (such as COPD & CHF)
 - Hospitals will need partners to care for the patient Before and After admission
- ❖ Michael
 - Readmissions are under Intense pressure
 - There is a growing risk of taking on treatment requires that you may not know about before-hand
 - Facilities will need triggers that alert caregivers when a risk becomes evident, such as when a Physical Therapy patient unexpectedly requires Oncology care.
- ❖ Rick
 - LTPAC Facilities need to step up their clinical capabilities and do a better job coordinating care so that their residents don't have to return to the hospital
 - A major part of this is the integration of information
- ❖ Tressa
 - All facilities, including hospitals, need to think "outside" the walls of the organization
 - Care is becoming more and more personalized, and patients' expectations of engagement (their own and their families) are increasing rapidly

The Impact of ACO's on the Healthcare Industry

How should the LTPAC community view hospitals that want their partners to use "their" system?

- ❖ Tressa
 - One system would be great, but it is not realistic.
 - Therefore, we must encourage the development and usage of standards – which has been an effort for 20+ years
 - LTPAC's must get better educated about CRISP – there are now more than 10,000 prescription drug-monitoring queries every month
- ❖ Michael
 - Standardization is the largest gap
 - Pharmacies nationwide abide by a consolidated standard for claims, and this needs to be brought to the clinical systems
 - But there is no incentive for cooperation, especially since adopting standards does mean a loss of some autonomy
- ❖ Bonnie
 - CRISP is helping some cross-facility standardization
 - There is far more internal standardization than external

Panel Discussion

The Impact of ACO's on the Healthcare Industry

ACO's are in their infancy.

Will every hospital have its own ACO? If so, what should the LTPAC community do?

- ❖ Bonnie
 - The jury is still out on ACO's, with only 30-40% being successful.
 - Most hospitals have PCO's (check this), not ACO's, which will need to be loaded with Primary Care Physicians
 - Hospitals tend to be moving towards Medicare Shared Savings Programs
- ❖ Rick
 - The LTPAC community needs to know their readmission and re-hospitalization rates
- ❖ Tressa
 - Communication of readmission and re-hospitalization rates from the LTPAC's is critical
 - Those are that behind will be at a serious disadvantage

What is the impact of Tele-health programs

- ❖ Tressa
 - These are taking many forms, but are becoming more common for certain disease states
 - The hospitals need to overcome socioeconomic barriers
 - They are focused on making physicians more available, especially to home health settings.
- ❖ Bonnie
 - Washington state is pioneering this because specialists simply cannot cover the large geography.

Panel Discussion

The Impact of ACO's on the Healthcare Industry

Any final thoughts that you'd like to share ...

- ❖ Rick
 - The discussion about Tele-health is a reminder that, in order to be a Strategic Partner, facilities must step up their clinical capability:
 - ✓ The nursing staff must be able to EXECUTE what the doctors tell them to do
 - ✓ "Send them to the ER" is not an acceptable answer!
- ❖ Bonnie
 - The availability of data is critical!
 - ✓ Readmission Rates
 - ✓ Hours spent on care
- ❖ Michael
 - Have a systematic approach to what you can and cannot do
 - Meet with the referral sources frequently to understand their needs
 - Find ways to run controlled experiments in partnership with hospitals
- ❖ Tressa
 - Get out and get engaged – LTPAC has been "shy" for too long
 - Learn what is important to providers across care settings
- ❖ Bonnie & Tressa
 - This is a C-Level conversation, with the CMO, CFO and CEO
 - Population Health is the topic that the hospitals are focused upon

HIE Integration

*A conversation with: Dusanka Delovska-Trajkova, CIO,
Westminster Ingleside Retirement Communities*

What was the motivation for integrating with the Maryland HIE?

- Not enough information about Independent Living residents, especially since when they return from the hospital, they need Skilled Nursing care
- Wanted a holistic view of their health
- The hospitals are pushing data into CRISP (lab & radiology are planned for the future)

What was the most important contributor to the success of this integration?

- C-Level Support motivated everyone to collaborate: Clinical team & technical teams
- No in-house expertise, so they utilized trusted partners

What were some of the challenges that you encountered?

- The lab partner backed out mid-project, so CRISP had to change their interface to exclude lab & radiology

What are some the unanticipated benefits that you are enjoying?

- Significantly improved communication with families, based on objective information
- Data from CRISP is now integrated into their Key Performance Indicators, such Re-hospitalization Diagnosis
- Data from CRISP is almost real-time (the Discharge Summary still lags due to the MD signature)
- Lab and Radiology data is now far more reliable and timely
- Access to the HIE data was a factor in freeing up to 8 hours per week for patient care

How has your integration with CRISP changed your relationship with hospitals

- It is now much more of a partnership - Conversations are now data driven
- Advanced initiatives, such as Tele-Health, are much easier now with shared data

What is planned for the future?

- CRISP is looking to add Advanced Directives and Medications
- Care Plans will probably take longer, since this is less of a priority for hospitals (which are more influential within CRISP)

What advice do you have for leaders who are considering getting involved with CRISP

- Bring all the stakeholders together: Medical Director, Clinical Team, Administration, Residents

Morning Roundtable Discussion

Partner Integration

- **What Business Goals are driving you toward integration with vendors & referral sources, what is the expected impact?**
 - Operational Efficiencies & Cost Savings
 - All things must lead to improved Quality of Care & Clinical Outcomes
 - Improve information transfer at transition of care
 - Pharmacy, Clinical, Lab, Imaging
 - It has to be 2-way
- **What challenges have you faced, or do you anticipate, around integration**
 - Funding, Funding, Funding
 - Standards for data ... the lack thereof across technology solutions
 - Silos of information, with data in disparate systems
 - Low initial levels of adoption
 - We know we want to be part of it, but we don't know what to do about it

Afternoon Roundtable Discussion

Partner Integration

- **How do you create the Business Case around prioritizing various integration opportunities?**
 - Improve resident outcomes
 - Enhance partnership relationships with referring hospitals
 - The potential for increased referrals and Better evaluation of potential residents
 - Improve the efficiency of clinical staff
 - Identify the pain points
 - Assess the value and impact of those pain points
- **As a business leader, how do you move the conversation from Cost to a discussion about Value?**
 - The business case is all about value, not cost
 - What solution meets the business needs best
 - Is the integration going to impact other areas, such as improved census, etc.
 - Cost is always going to be a major factor, but ...
 - Leadership needs to be a visible proponent of the value
 - Have IT be part of the conversation up front
 - Cost is overcome by a strong business case
 - Have a strong IT governance process
 - IT decisions need to be based on the business
 - Integration is an ongoing process
 - Value & Cost are not mutually exclusive
- **How big a concern is Vendor Lock-in to you?**
 - How does this decision influence other choices you make
 - Will an EHR choice change who you use for pharmacy?
 - Can I easily move the integration to another EHR solution?
 - Best of breed solutions can push the organization into over-paying for more functionality than is actually needed

Morning Roundtable Discussions

Business Intelligence & KPI's

- **What are the most critical KPI's that you want to track and manage?**
 - Census:
 - Length of Stay across Care Settings
 - Census by Payor, Level of Care & Case Mix
 - Financial:
 - Medicaid Pending
 - Labor Cost PPD
 - Clinical Outcomes
 - Readmission rates & Root Cause Analyses
 - Re-hospitalization
 - Ongoing care and outcomes
 - Referral Sources
 - Niche care and complications
- **What Roadblocks have you faced in getting that information?**
 - Data Integration
 - Executives need bandwidth to develop and interpret the information
 - Silo'd information
 - Information needs to travel with the patient
 - The source & accuracy of the information
- **How would you use this kind of information in your facility?**
 - Marketing to Hospitals
 - Community awareness and education

Business Intelligence & KPI's

- **How do (or would) you get around the roadblocks that you encounter in order to bring critical KPI's to your leadership team?**
 - **Education**, especially at the C-Level
 - Partnerships and External Resources
 - Colleagues
 - ACO partners
 - Break down silos of where information is being gathered

- **How do you, as a business leader, justify the value of this investment (labor, time, focus) in strategic data analysis like BI?**
 - Improved Efficiency
 - Improve Compliance and Survey performance
 - Many goals are data-driven: Clinical outcomes, financial performance
 - See how the data can save on costs, like overtime

For more information...

Or to continue the discussion, please contact
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