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#### **EVOLUTION OF CASE MANAGEMENT/DISCHARGE PLANNING**



Wentworth-Douglass Hospital (WDH), Dover, New Hampshire (NH) is one of the largest acute care hospitals in the Seacoast region of NH and Southern Maine, specializing in Trauma and Emergency Services, Surgery, Cancer Care, Birthing, Orthopedic Services, Cardiovascular Services, plus extensive diagnostic services. WDH is one of the NH Accountable Care Partners, which is an ACO.

In order to better manage the patient experience, WDH has decided to take the existing Case Management (CM) function and split it into Discharge Planning (DP) and Utilization Management (UM). This is in conjunction with optimizing performance on a new shared risk contract. WDH requested Applied Management Systems, Inc. (AMS) to assist in reorganizing the CM function and reviewing the use of labor resources in each of the areas. One of the questions for AMS is how many FTEs are needed for each function.

The function of CM includes DP that assures a safe transition from the acute care setting to a post discharge setting. The function of UM includes Utilization Review (UR) functions, which ensures the appropriate Level of Care is provided to the patient, as well as admission and concurrent authorizations from third party payers are obtained. The UM/UR function also provides staff resources for Denials and Appeals, and conducts real time follow-up on concurrent denials and monitors trends in denials.

The AMS methodology highlights the work activities and services provided by the department while listing issues that impact the staff levels and services for the department. Position descriptions and performance standards were documented by the AMS consultant and were used to develop a scope of services that will be provided in the new staff model. AMS needed to identify a unit of service for the scope of services provided and to perform the labor benchmark analysis for each of the areas. AMS also came up with staffing patterns and other input for new functions.

"This study allowed WDH to move into the new environment with confidence", said Diane Alburn, MHA, Director of Revenue Cycle Operations, "We reached out to AMS because they had helped hospitals/health systems in other states with risk contracts, we had worked with them before and were confident if it was an area affecting hospital operations, they could help." For more information please contact Michael Foley, Principal, at <u>mfoley@aboutams.com</u>.

#### HOSPITALS APPROACH ICD-10 WITH 12 MONTHS TO GO



AMS has been engaged by two different academic teaching hospital systems to assist in implementing ICD-10. At one system, Donna Shaw, senior vice president, leads this effort, which has been a multi-year process. "We were well positioned to make the October 1, 2014 deadline for ICD-10 and this client has been an Epic shop for many years. The formal ICD-10 implementation structure includes a steering committee that has been meeting since 2011. When the delay was announced, our decision was to keep moving, keep the momentum. There were some internal budget cuts and interest is difficult to maintain, but the assumption is it will happen on October 1, 2015."

For the past year, an academic major teaching hospital system has worked with Jeanne Beando, vice president, to establish a "coding college" to train coders to be certified in ICD-10. This effort began with curriculum development, planning, recruiting, and six months ago, the training of students. Right after that began, the delay was announced so the coding college curriculum shifted to ICD-9. "The students have made a tremendous commitment to this and the delay was not good for their morale and motivation", said Jeanne. "I know that is how real life works, but I am the one who deals with them daily and it is definitely a factor". Jeanne credits the health system with making the commitment to open their own coding program, which is truly a best practice.

#### **PIONEER ACO RESULTS ANNOUNCED**

Accountable Care Organizations Before presenting ACO results for 2013 it may be helpful to review some background on the Pioneer ACO program. As the CMS website defines, the Pioneer ACO Model was designed for health care organizations and providers that are already experienced in coordinating care for patients across care settings. It allows these provider groups to move more rapidly from a shared savings payment model to a population-based payment model on a track consistent with, but separate from, the Medicare Shared Services Program. The Shared Savings Program rewards ACOs that lower their rate of growth in health care costs while meeting quality performance standards.

When the Medicare Pioneer ACO program began there were 32 health care organizations participating in 2012. By 2013 there were 23 left and in 2014 there will only be 19. With respect to financial results 6 Pioneer ACOs in 2013 generated losses, and the rest either broke even or were financially successful. 7 of the 19 remaining Pioneer ACOs are in New England and 5 in Massachusetts. The Massachusetts ACOs are **Steward Health Care, Beth Israel Deaconess Care Organization, Mount Auburn Hospital, Partners Healthcare** and **Atrius Health**. They are listed in descending order according to the highest level of savings of the group. Steward Health Care was the second highest in the country. The Massachusetts health care market is a very competitive one and the health care organizations have built the capabilities to data mine, review and act on the information to better manage and coordinate care. *All the Massachusetts organizations on the list, or some of the hospitals in their system, are AMS clients.* 



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