Foundation of a Heart Failure Program

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Thoratec Cardiovascular Division Mission

Deliver superior therapies to a broad population of Advanced Stage Heart Failure patients and lead in **making Mechanical Circulatory Support a standard of care** for cardiovascular disease

Objectives

- Identify pillars needed to create a strong heart failure program foundation
- Define needed benchmarks
- Understand the impact of establishing cross functional teams
- Outline report card needed to measure program success and areas for improvement

Motivation

The Dallas Morning News

Texas' Leading Newspaper | 50 cents | Dallas, Texas, Saturday, June 23, 2007 | dallasnews.com

This sport's a kick

Mixed martial arts — that's punching and kicking — have become the next big thing.

SPORTSDAY, 1C

Polyphonic Spree rocks out

The 24-member Dallas group changes gears with a new look, a new edge and a new CD, *The Fragile Army*.

GUIDELIVE, 1E

Scattered storms

High: 88 Low: 69

Metro, Back Page

METRO

Man arrested in brother's slaying

An e-mail found next to the body of a Denton peace activist leads police to his brother. 1B

TEXAS

2 FW hospitals on list for heart patient deaths

Baylor All Saints, Huguley say they respect study but numbers may mislead

By JASON ROBERSON

Staff Writer

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Fort Worth is home to two of the nation's deadliest hospitals for patients being treated for heart failure: Baylor's All Saints Medical Center and Huguley Health System, according to a report from the U.S. Department of Health and Human Services.

After reviewing data on 4,500 hospitals across the country, the department's Centers for Medicare & Medicaid Services [illegible] hospitals it said are performing either better or worse than the nation's average mortality rate for patients treated for heart attacks or for heart failure.

The report did not list the national averages, nor did it reveal how far off a hospital was from those averages.

All Texas hospitals performed at the national average for heart attacks while five Texas hospitals made the Health and Human Services list for heart failure.

See TWO Page 15A

COMING SUNDAY

Looking at the new TXU

Will a buyout of TXU Corp. offer any benefits to consumers? Our three-part series, which starts Sunday, assesses the risks of the proposed deal.

D.C. wish lists aired

Process of Care Improvement

Designate A Champion and Build Your Team

Assess Adherence Rates
Define Benchmarks

Refine Process/Protocols
Team reviews PMT reports and hypothesize the "fix"

Measure Protocol/Process
Team tests and measures the adherence rates for the refined Process/Protocols

Implement Refined Protocol/Process
GWTG team Implements "fixed" Protocols/Process to all applicable areas

Results

USA TODAY | Home | News | Travel | Money | Sports | Life | Tech | W

News » Health & Behavior ▪Medical Resources ▪Health Information ▪Your Health: Kim Painte

Baylor hospital leads way to lower heart failure readmission rates

Updated 7/9/2009 7:18 PM | Comments 3 | Recommend 17 E-mail | Save | Print | Reprints & Permissions | RSS

Enlarge By Jessica Rinaldi, for USA TODAY

Doctor Rainer Khetan shakes hands with patient Moleta McDonald, 40, of Dallas, Texas, as his twin

By Steve Sternberg and Jack Gillum, USA TODAY

It's not that Clyde Yancy and the other heart specialists at Baylor University Medical Center in Dallas have anything against hospitalizing heart failure patients. It's that once they leave, Yancy and his team would rather patients not come back.

So they have visited every heart failure unit in the hospital and talked with every doctor and nurse. They have scrutinized the care provided to patients at every step of the way, from the moment they arrive until the moment they leave.

Mixx it
Other ways to share:
Yahoo! Buzz
Digg
Newsvine
Reddit
Facebook
What's this?

"They're not only the best in the country, they're the best by 2 percentage points," says Yale cardiologist Harlan Krumholz. "Two points in this analysis, where we were so conservative, is huge. It's like winning the Kentucky Derby by a quarter of a lap."

Foundations of Success:
Best practices for successful centers

- Provides a mechanism to create specific bench marks with a report card capturing metrics to monitor quality, operations and economic health of a facilities' heart failure program resulting in clear action cycle for improvement.

Foundations of Success

1 Quality

Benchmark	Center Results
1-year survival to transplant, recovery or ongoing support: >70%	Survival
Joint Commission certification obtained	
Achieving 3-out-of-4 JC performance measure goals	Patient management
Re-hospitalization rate at 1 year: <80%	
Device-related infection rate: <20% at 1 year	Certification requirement
Actively partner with transplant center. Participate in selection committee >80% of the time	
Application of risk assessment for patient selection: >80% of the time	Re-admission rates
Data is reported to INTERMACS with a <2 month delay	
Establish and adhere to VAD patient selection criteria (including risk assessment) >90% of the time	Collect, report and analysis data
Timely evaluation of patient referrals into the program	

Foundations of Success

2 Financial Viability

Benchmark	Center Results
Contribution margin = average of $60,000 per case	
Process to flag inpatient bill for review prior to billing payer > 100%	***Positive Contribution margin***
Coding accuracy > 100%	
Charge capture > 100%	***Reimbursement Best Practices***
Average length of stay <26 days for internally placed VADs	
Managed care contracts: Payments exceed cost by >10% (or a higher % of charges) for VAD and accessories	***Reduced LOS days***
Revenue loss for outsourcing outpatient accessories and supplies < cost of staff position	
Establishing a hospital network to meet quarterly to review financial objectives	***Managed Care Contracts 10%> Cost***
Reduce > 30 medical readmissions on post-implant VAD patients	

Foundations of Success

3 Resources

Benchmark	Center Results
VAD coordinator supports <15 outpatients	***Appropriate coordinator to patient ratio***
>50% of VAD coordinator is spent in clinical activity (not equipment tracking, marketing / outreach, etc.)	***Define outpatient Management***
Equipment management and tracking done by someone other than the VAD coordinator	***Program meeting >1x per quarter***
Program development / operations meetings > 1x per quarter	

Foundations of Success

4 Service & Growth

Benchmark	Center Results
Create a communication plan so the referring physician receives feedback within 1 week after: • the initial evaluation • implantation >90% of the time	***Communication Plan***
Patient satisfaction >4.5 or 75% = very satisfied	***Patient Satisfaction***
Timeframe between referral and decision to implant <14 days	
Referrals >10% year-over-year	***Increase Referrals***
Implants >5 year-over-year	

What did we find?

- Most centers are doing some sort of this, but not on an ongoing basis and not as a whole
- This type of metric review facilitates the development of short and long-term goal
- Program certification such as Joint Commission has truly been a catalyst for benchmarking and process improvement

What did we find?

- Not enough to only measure one pillar

Quality ➡ Financial ➡ Resources ➡ Growth

Patient Management ➡ Financial Viability ➡ Available Resources ➡ Overall Potential

What did we learn?

- Essential to have the entire team in the room from the start (Cultural Change)
  - Administrator, Physician leadership, Clinical Coordinators, Data Coordinator, Finance
  - Everyone must be part of the construction crew!!

What did we find?

- Created true transparency of program
  - CMS reporting and Joint Commission accreditation/certification have been a catalyst for transparency
  - Programs using standard benchmarks and reporting can further assist in driving transparency
  - Credibility with your leadership team

Foundations of Success:
Construction Crew- Cross Functional Teams

Quality

Core Clinical Team
Administrator
Data Coordinator
Hospital Regulatory

Financial Viability

Administrator
Financial Analyst
Contracting
Coding
HIMS
Financial Coord
Clinical Coord.

Resources

Core Clinical Team
Administrator

Service & Growth

Core Clinical Team
Administrator
Outreach Coord
Marketing

Sample

Center Specific REPORT CARD

Joint Commission Performance Measures:

1 _____
2 _____
3 _____
4 _____

JC Certification Date: _____

Total Referrals/ Implants: 2008 _____ / _____
2009 _____ / _____
2010 _____ / _____

Quality		Q2	Q4
Q1	1 year survival to transplant, recovery or ongoing support > 70%		
Q2	Joint Commission certification obtained		
Q3	Achieving 3 out of 4 JC Performance Measure goals		
Q4	Re-hospitalization rate at 1 year < 80%		
Q5	Device-related infection rate < 20% at 1 year		
Q6	**For OHCs**: Actively partner with transplant center: participate in selection committee > 80% of the time		
Q7	Application of risk assessment for patient selection > 80% of the time		
Q8	Data is reported to INTERMACS with a < 2 month delay		
Q9	Establish and adhere to VAD patient selection criteria **(including risk assessment)** > 90% of the time		
Q10	Timely evaluation of patients [illegible]		

Financial Viability		Q2	Q4
F1	Contribution Margin = **average of** $60,000 per case		
F2	Process to FLAG inpatient bill for REVIEW prior to billing payer = 100%		
F3	Coding accuracy = 100%		
F4	Charge capture = 100%		
F5	Average length of stay < 26 days for internally placed VADs		
F6	Managed care contracts; on average payments exceed cost by > 10% **(or a higher % of charges)** for VAD and accessories		
F7	Revenue loss for outsourcing outpatient accessories and supplies < cost of staff position		
F8	Established hospital network and or finance team meets quarterly to review financial objectives		
F9	Reduce > 30 medical readmission on post-implant VAD patients		

Service and Growth		Q2	Q4
S1	Communication plan created so referring physician gets feedback within 1 week after initial evaluation and within 1 week after implantation > 90% of the time		
S2	Patient Satisfaction > 4.5 or 75% = very satisfied		
S3	Timeframe between referral and decision to implant < **14** days		
G1	VAD referrals > 10% year over year		
G2	VAD implants > 10% year over year		
G3	One outreach event held offsite per Quarter		

Department Resources		Q2	Q4
R1	VAD Coordinator with solely clinical position supports < 15 patients		
R2	> 50% of VAD Coordinator is spent in clinical activity (not equipment tracking, marketing/outreach, etc)		
R3	Equipment management and tracking done by "someone other than the VAD coordinator"		
R4	Program development/operations meetings occurring quarterly		

Targeted Metrics for Improvement: (3-5)

1. _____
2. _____
3. _____
4. _____
5. _____

Action Plan:

1a.	1b.	1c.
2a.	2b.	2c.
3a.	3b.	3c.
4a.	4b.	4c.
5a.	5b.	5c.

GOALS

Center Specific Case Presentation

Profile Health System

- Hospital-based health system with
  - 6 hospitals
  - – 900 beds in downtown Urban area
    - Flagship Hospital
  - 27 satellite medical centers
  - Health Alliance Plan - 500,000+ HMO members
  - Medical Group – 1100+ Physicians
- Program specific Administrator had been promoted so large gap in program

Transparency and Change

Foundations of Success

Quality

Quality		1st Meeting	Q2	Q4
Q1	**1 year survival to transplant, recovery or ongoing support >70%:**	they have this	75%	
Q2	**Joint Commission certification obtained:**	they have this	YES	
Q3	**Achieving 3 out of 4 JC Performance Measure goals:** 1. Infections w/in 30 days: 2. Avg. LOS < 41.1 days 3. KCCQ improved >5 Points 4. 6 minute walk	Linda knows; yes	???	
Q4	**Re-hospitalization rate at 1 year <80%:** - 7/1/2008 - 6/30/2009: 90.5%	they have this data:	???	
Q5	**Device-related infection rate <20% at 1 year:** - 7/1/2008 - 6/30/2009: 9%???; 14%??? - 30 day or 1 year??? - Drive line, blood stream, any device-related - Need cumulative incidence @ 1 Year	they have this data:	???	

Foundations of Success

Quality

Quality		1st Meeting	Q2	Q4
Q6	**For OHCs**: **Actively partner with transplant center: participate in selection committee >80% of the time:** - Need to remove this from our dashboard	**n/a**		
Q7	**Application of risk assessment for patient selection >80% of the time:** - Weekly Meeting, use Clinical Practice Guidelines	they risk assess every patient: Of course we do!	???	
Q8	**Data is reported to INTERMACS with a < 2 month delay:** - Not routinely...maybe 50% of data submissions	they report, but unsure as to whether <2 months	???	
Q9	**Establish and adhere to VAD patient selection criteria (including risk assessment) >90% of the time:** - See Q7 – use of other Criteria???	they have this; Of course we do!	???	
Q10	**Timely evaluation of patient referrals into the program:** - For VADs: Registration & Financial Clearance: ~20 days	they have this: Of course we do!	???	

Foundations of Success

Financial Viability

Quality		1st Meeting	Q2	Q4
F1	**Contribution Margin = average of $60,000 per case** - Exceeds, but I can't tell you what it is	figure out what is coming in and coming out - (Tina to send the example calculation)		
F2	**Process to FLAG inpatient bill for REVIEW prior to billing payer =100%** - Do not really have a process for this	they have this	???	
F3	**Coding accuracy =100%** - 97%: not VAD specific	they have this	???	
F4	**Charge capture =100%** - 86% from Thoratec Audit - Peripherals, inpatient vs outpatient - device interrogation	they have this	???	
F5	**Average length of stay <26 days for internally placed VADs** - 66% of admissions less than 26 days	tracking admit to d/c and post-op LOS	???	

Among the things we learned…

LOS	23	20	15
Date of Implant	12/8/2009	8/25/2009	10/7/2009
Days pre-implant	1	1	1
Days post-implant	21	18	13
Primary Payer	MCA	C52	MCA
Primary Payer Desc	MEDICARE PART A	MOLINA HEALTHCARE OF MICHIGAN (Medicaid)	MEDICARE PART A
Secondary Payer			
Secondary Payer Desc			
Device(s) Used	LVAD Heartmate II	LVAD Heartmate II	LVAD Heartmate II
Diag_Admitting	425.4	428.22	425.4
Diag_1	425.4	428.23	425.4
Diag_2	486	584.9	428.23
Diag_3	428.22	785.51	423.1
Diag_4	867.0	425.4	560.1
Diag_5	998.11	428.0	285.1
Diag_6	511.89	403.90	427.1
DRG Code	001	001	001
DRG_IND	M	M	M
Total Charges - Technical	538,854	457,620	144,630
Average Charge per Day	23,428	22,881	9,642

188,599

why no payment - too soon?

e Description	040	050	056
TMATE XVE EQUIP PER	32,384	28,160	21,120
EQUIPMENT PER DIEM			
MPLANT KIT	262,500		

Foundations of Success

Financial Viability

Financial Viability		1st Meeting	Q2	Q4
F6	**Managed care contracts; on average payments exceed cost by >10% (or a higher % of charges) for VAD and accessories:** - Who are our MC contracts - After D/C compare reimbursement to contract	Someone Knows…	???	
F7	**Revenue loss for outsourcing outpatient accessories and supplies < cost of staff position:** -Through Supply Chain Management -Do we actually capture this revenue???	Not outsourcing - all handled internally.	???	
F8	**Established hospital network and or finance team meets quarterly to review financial objectives:** - VAD payments and payment status reviewed at Transplant Finance Team meetings - Institute VAD specific quarterly Finance Meeting	NO - they will identify someone within finance and encourage a meeting		

Foundations of Success

Financial Viability

Financial Viability		1st Meeting	Q2	Q4
F9	**Reduce <30 day medical readmission on post-implant VAD patients:** - 2009: 30% Q1-Q2 2010: 43% - What is mean and median LOS?? - How many are avoidable short stays??	they will review what their data is	???	
F10	**Review outpatient collections on replacement VAD accessories and supplies:** - Need to review billing vs. collection - Need to review institutional allocations of cost vs. revenues	We don't know…	???	

Foundations of Success

Service

Service and Growth			Q2	Q4
S1	**Communication plan created so referring physician gets feedback within 1 week after initial evaluation and within 1 week after implantation >90% of the time:** - No formal tracking of contact process	they have a good process for this: we believe that HF Clinic Secretary, outreach coordinator and cardiologist all contact referring within 72 hrs.		
S2	**Patient Satisfaction > 4.5 or 75% = very satisfied:**	they have the data…	95%	
S3	**Timeframe between referral and decision to implant <14 days:** - <14 days between evaluation and implant decision - Not clear what time frame represents	they tend to be more deliberative and so they tend to take longer than 14 days. They are tracking...		

Foundations of Success

Growth

Service and Growth			Q2	Q4
G1	**VAD referrals >10% year over year:** -Yes... - We think so...pretty sure....almost certain	they are tracking		
G2	**VAD implants > 10% year over year:** - 2008: 25 VADs - 2009: 29 VADs - 2010: 19 VADs through 9/30 - Wouldn't we all love to be at 70-80/year	they are tracking and would like to be at 70 or 80 VADs per year		
G3	**One outreach event held offsite per Quarter:** - 2 outreach clinics - At lease several events per quarter	they have an excellent program and it's a focus Dr. L's presentation at the User's meeting		

Foundations of Success

Resources

Department Resources			Q2	Q4
R1	**VAD Coordinator with solely clinical position supports <15 patients**: - VAD coordinators not only clinical	they are initiating a request for a 4th VAD coordinator; 3 currently follow 37 VADs and all transplants		
R2	**> 50% of VAD Coordinator is spent in clinical activity (not equipment tracking, marketing/outreach, etc):** - Still not sure – hard to determine	they will check with the VAD coordinators to see what % of time they spend clinically (they guess 50%)		
R3	**Equipment management and tracking done by "someone other than the VAD coordinator":** - HFH Health Products charges for outpatient equipment management - Not clear where the revenue for equipment goes	the VAD coordinator assists with some of the equipment management and tracking		
R4	**Program development/operations meetings occurring quarterly:** - Need a more VAD Program specific focus in general	informal meetings come up, but no formal quarterly meetings		

Case Presentation
What Center learned???

- We have good clinical data
  - STS, INTERMACS, research databases
  - Need more specific data definitions
  - Need better data tracking and review
  - Overall, a quality program… but can do better
- Almost NO Financial transparency
  - Billing
  - Collections
  - Resource Management

Case Presentation
Next steps…

- Standardize data analysis & reporting
- Greater involvement with Finances
  - Attend finance meetings
  - Regular and VAD specific finance reports, to include inpatient and outpatient billings and collections, oversight of equipment management
- Ultimately, administrative oversight of program at the divisional level…

…and just maybe

Foundations of Success

How can we use the Foundations of Success Report Card as a guide?

Foundations of Success

Established Program

– Complete the report card and see how your program measures up

– Target your future goals based on where on the report card you fall out

– Share report card with program and facility leadership team to show strengths and areas for improvement

Foundations of Success

Start Up Program

- Pick 2-3 metrics that align with your facility's dashboard
- Length of Stay should be 1 of the metrics that is focused on at start up as this drives financials
- Use the report card to lay out short-term and long-term goals
- Share report card with program and facility leadership team to show strengths and areas for improvement

The Leap

What We Know

- Quality and Outcomes are the emerging trends
- Data is more transparent to the public
- Hospitals are accountable for all aspects of your business
- More data is not always more helpful

What you need to Do

- Identify cross functional team
- Develop goals both short and long term
- Review your public data
- Identify what other key metrics drive that public data

Must Haves

1. *Administrative/Leadership Support*
2. *Physician Champions*
3. *Short-Term (1st year) and Long-Term Goals (2 - 5 year)*
4. *Team Cohesiveness with common goals and objectives*
5. *Measurable Goals with Benchmarks*
6. *Integrated teams that have the ability and knowledge to cross-cover*

What you should walk away with?

- Clear understanding that you need a strategic plan for ongoing growth and improvement
- Identification of your cross functional team members that should be participating in the program
- Identification of benchmarks to help you with this process
- Timeline for the completion of your first report card – and don't forget about the 2nd and the 3rd!

No one person is capable of seeing everything -- of seeing every problem, every challenge, and every opportunity. Leaders today must draw on the experience, smarts, capabilities, initiative, and energy of all employees -- and keep it all focused on achieving the mission, vision, and strategy.

Source: Price Pritchett, The Employee Handbook of New Work Habits for a Radically Changing World: 13 Ground Rules for Job Success in the Information Age (Dallas: Pritchett & Associates, 1-800-992-5922).

Thank you