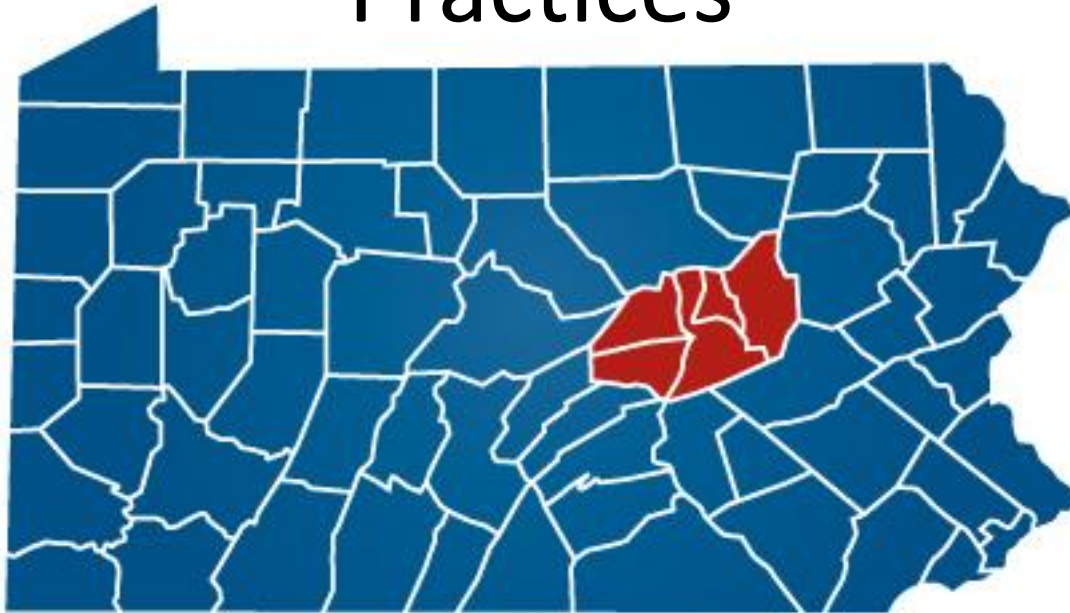


Beacon Initiatives: Best Practices



Janet Tomcavage, RN, MSN
Chief Administrative Officer,
Geisinger Insurance Operations

Learning Objectives

1. Describe the Keystone Beacon care management model.
2. Highlight the most common care gaps identified.
3. Discuss the analytical challenges faced in a multi-payor, multi-provider initiative.

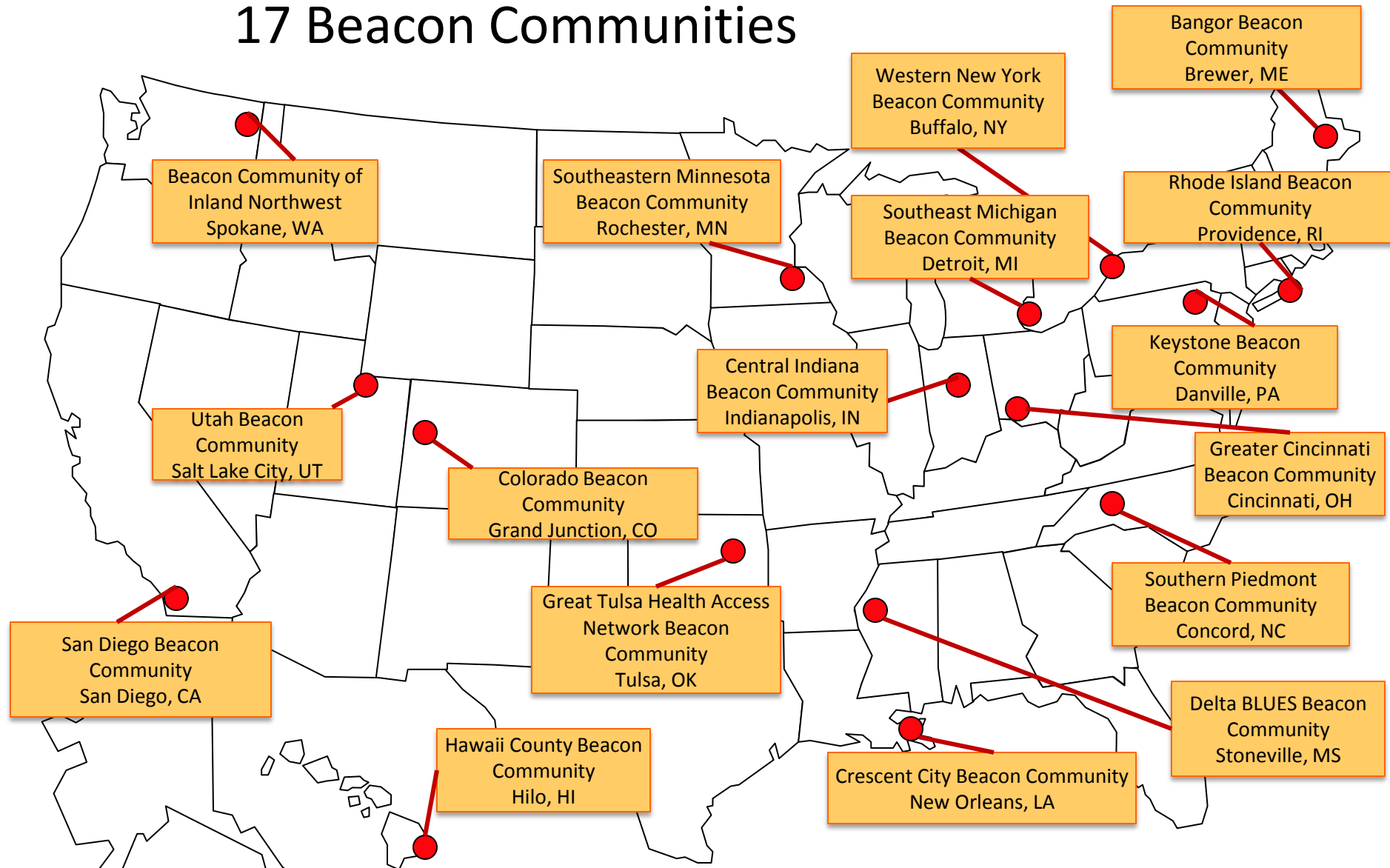


What is the Beacon Award?

- \$16 million 3-year award from ONC
- Leveraging care innovation and information technology to improve care coordination and reduce costs
- 17 awards across the nation
- Started in April 2010 and runs thru March 2013

Keystone Beacon Community

17 Beacon Communities



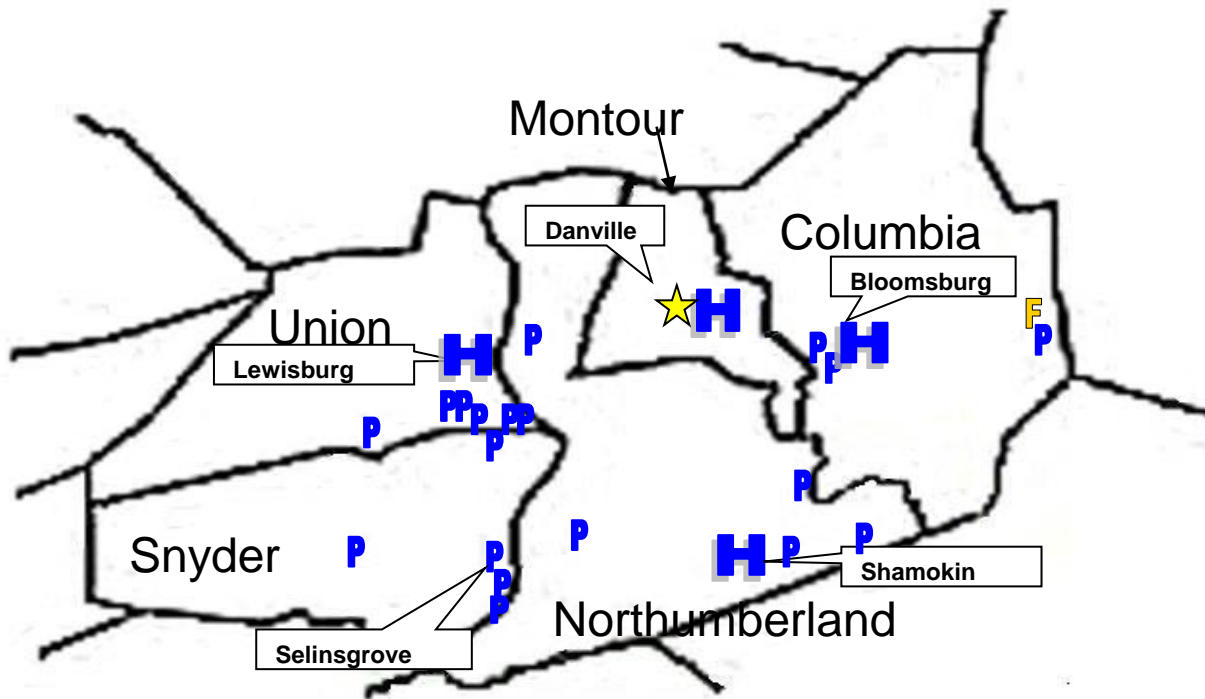
Care Management Model

Coordination Across the Care
Continuum

Keystone Beacon Community

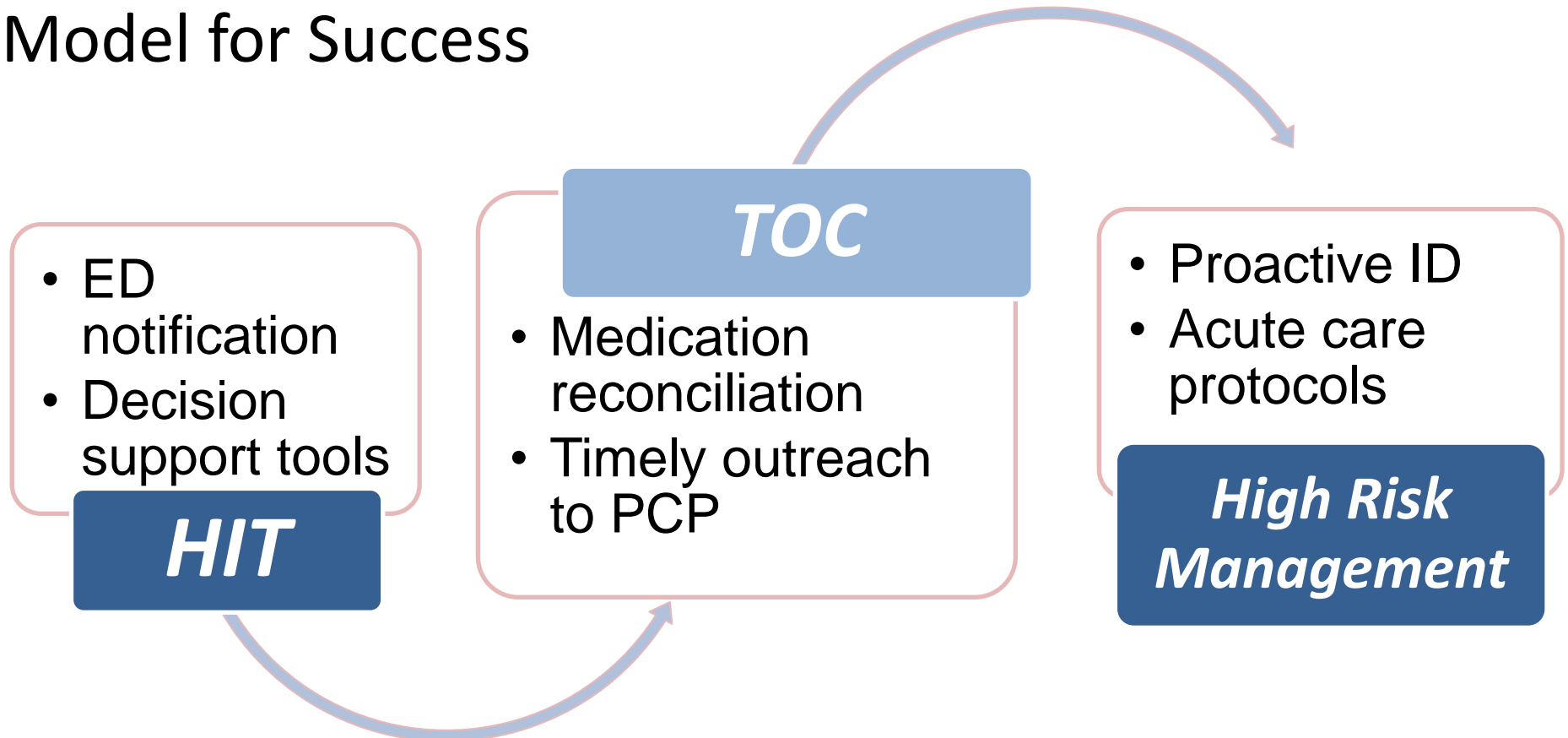
Patient-focused, evidence-based, community-wide care coordination supported by Health IT

**HF and COPD in 5 counties in rural Pennsylvania
24 organizations over 60 locations across the care continuum**



Keystone Beacon Community

Developing a Care Coordination Model for Success



Aligning the Community to one standard of care

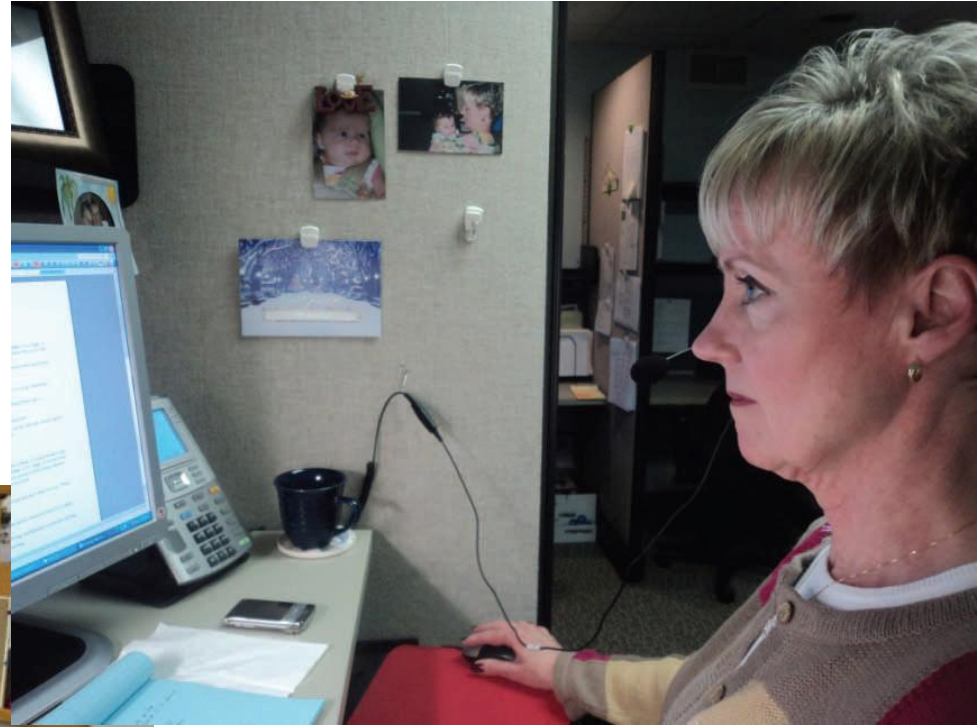
Expanding Nursing's Role

- Inpatient Discharge Liaison
 - Medications & condition management
 - “Teach back”
 - Hand off to outpatient teams
- Transitions of Care Call Center
 - 30 day follow-up
 - Medications, safety and “action plans”
- Outpatient medical homes
 - Proactive identification of HF & COPD
 - Medication management, SMAPs for acute exacerbation management

Developing new case management functions

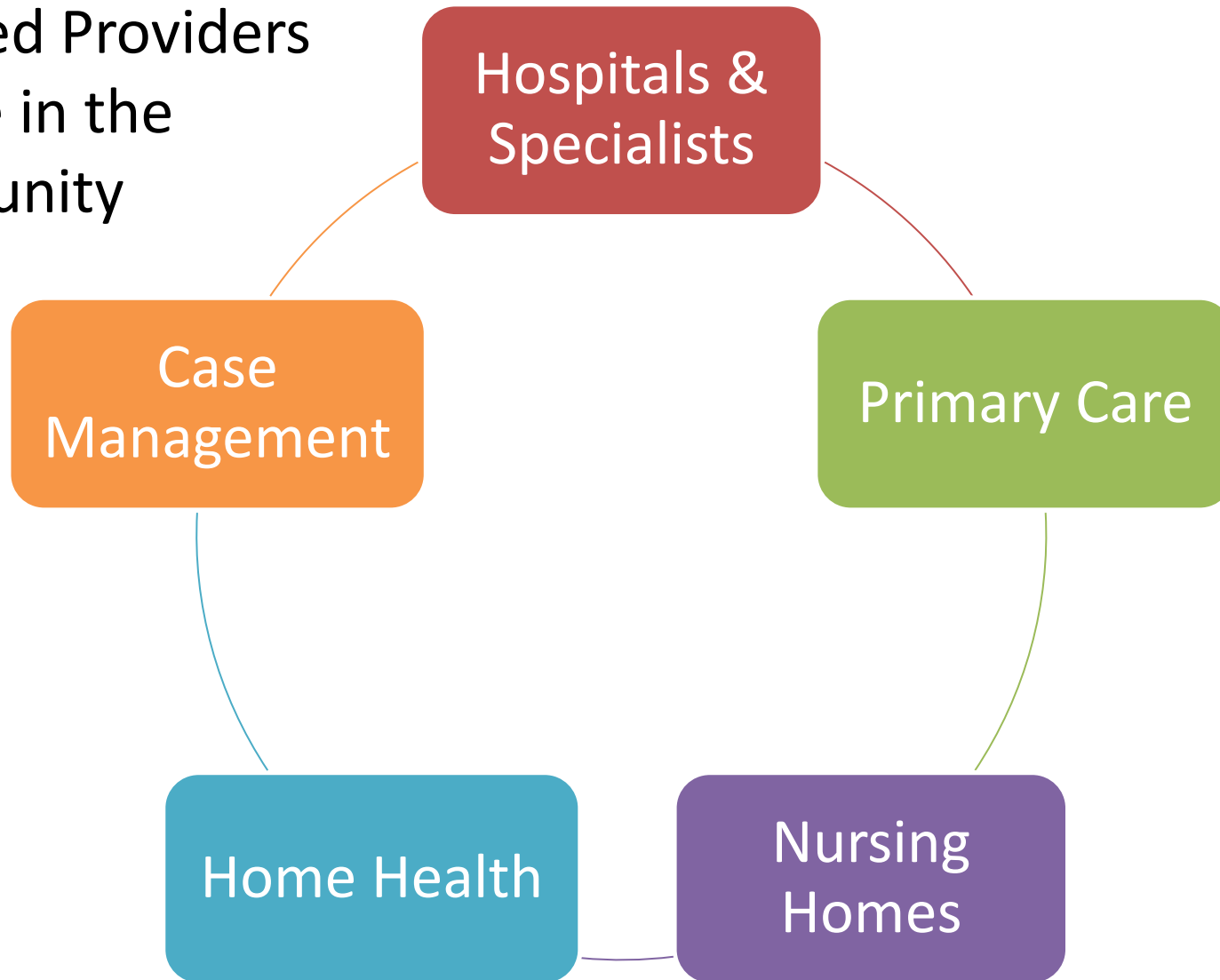
Keystone Beacon Community

Case Managers at work



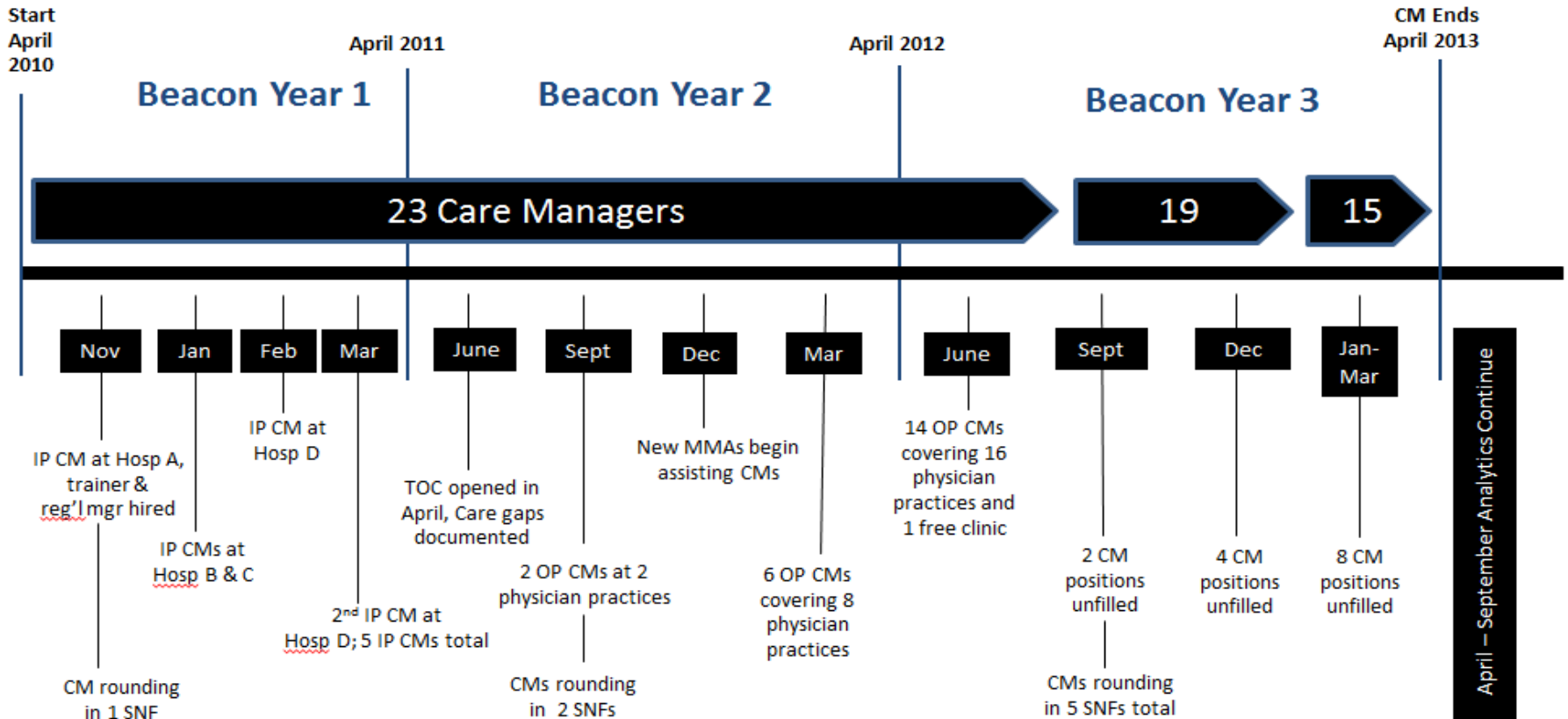
Keystone Beacon Community

Targeted Providers
of Care in the
Community



Keystone Beacon Community

Keystone Beacon Care Management Timeline



CM = Care Manager
 MMA = Medical Management Associate
 TOCC = Transitions of Care Center

* Between the time periods of May 2012 and January 2013 several care managers left the project and others shifted assignments to cover as many of the participating facilities and ambulatory practices as possible, albeit at smaller volumes in some settings.

Keystone Beacon Community

Profile
Auths
Case
Care

Episodes Interventions Care Plan Diagnosis Procedure **Assessments** Savings Options

ID	Assessment	Entry By
160793	Beacon OP CM	WARG

Pneumococcal Vaccine?
 Yes No, but recommended Contraindicated

CARE GAPS:
Potential Gaps in Care Identified (Please check all that apply):
 None

If Medication errors identified above, please explain in more detail (Please check all that apply):

If Discharge Disposition errors identified above, please explain in more detail (Please check all that apply):

If Discharge Instructions Errors identified above, please explain in more detail (Please check all that apply):

Assessments

New
Save
Cancel
Delete
Help

Notes
Letters
Quality
Review
History

Keystone Beacon Community

Profile
Auths
Case
Care

Episodes Interventions Care Plan Diagnosis Procedure **Assessments** Savings Options

ID	Assessment	Entry By
160793	Beacon OP CM	WARG 3

CARE GAPS:

- ? Potential Gaps in Care Identified
 None
- ? If Medication errors identified ab
- ? If Discharge Disposition errors ic
apply):
- ? If Discharge Instructions Errors i
apply):
- ? Strategies pursued by CM to clo

Multiple Responses: Potential Gaps in Care Identified (Please check all that apply):

- None Identified
- Medication Errors
- Discharge Disposition
- Treatment Plan Revision (Excl. Med Order changes)
- Follow-up appointment not scheduled
- Discharge Instructions
- Advanced Illness Planning
- Other (Please describe below):

Other Responses:

Cancel Close

Keystone Beacon Community



Profile | Auths | Case | Care

Episodes | Interventions | Care Plan | Diagnosis | Procedure | **Assessments** | Savings | Options

ID	Assessment	Entry By
160793	Beacon OP CM	WARG

CARE GAPS:

- ? Potential Gaps in Care Identified (Please check all that apply):
- ? If Medication errors identified above, please explain in more detail:
- ? If Discharge Disposition errors identified above, please explain in more detail (if applicable):
- ? If Discharge Instructions Errors identified above, please explain in more detail (if applicable):
- ? Strategies pursued by CM to close Care Gaps (Please check all that apply):

Multiple Responses: If Medication errors identified above, please explain in more detail

- Dosage Error
- Missing or Omitted Information
- Incorrect Medication
- Drug Allergy
- Duplicate Order
- Medication order not discontinued
- Failure to renew medication
- Drug - Drug Interaction
- Any other medication order Issue

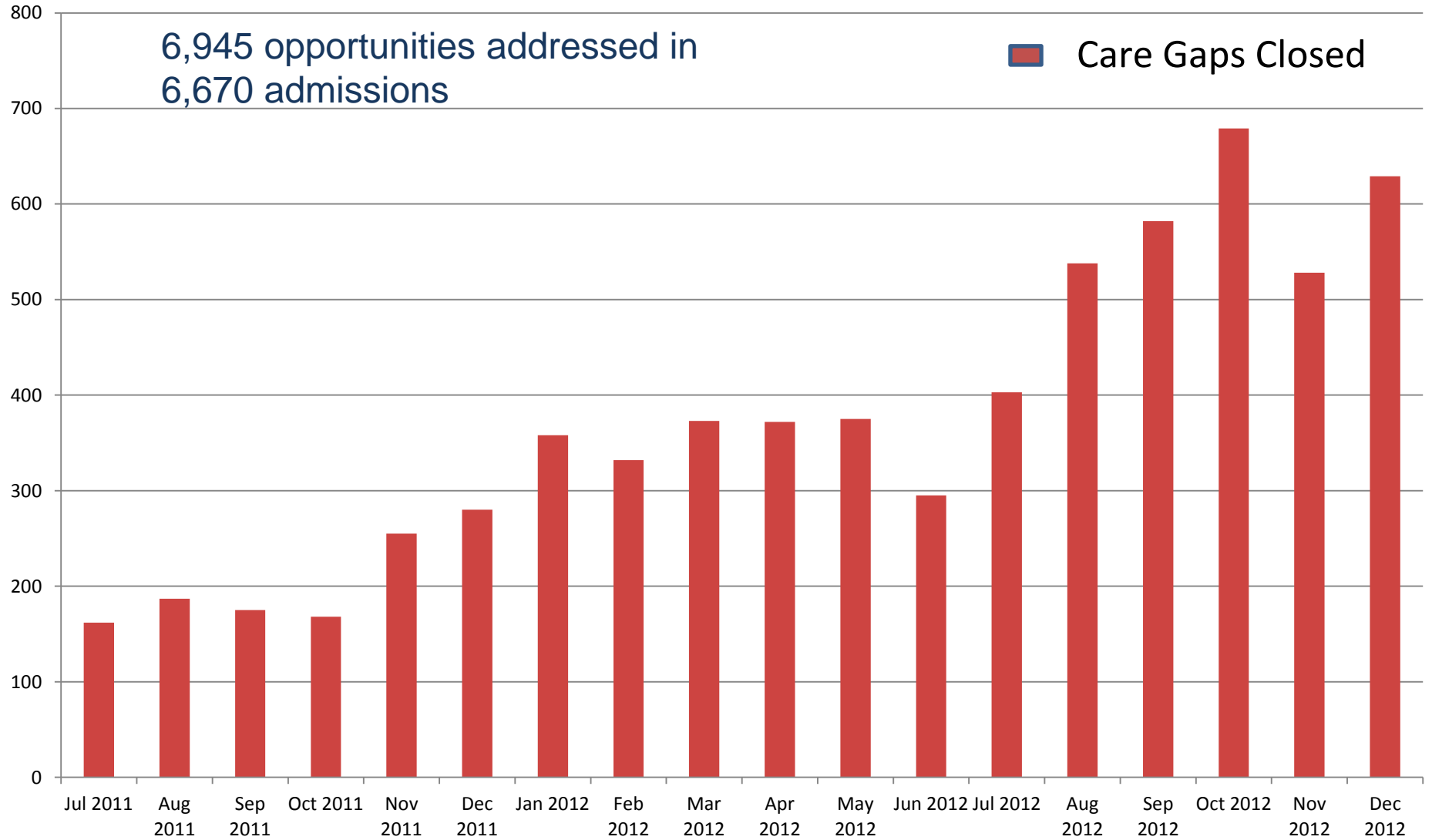
Cancel Close

Quality
Review
History

Keystone Beacon Community

	Medication Errors	Treatment Plan Revision (Excluding Medications)	Follow-Up Appointments Not Scheduled	Unsafe Discharge Disposition	Inadequate Discharge Instructions	Incomplete Advanced Illness Planning	Other	Total Care Opportunities Addressed
Jul-11	3	37	105	17	0	0	0	162
Aug-11	7	45	129	6	0	0	0	187
Sep-11	4	51	108	12	0	0	0	175
Oct-11	10	24	117	15	1	1	0	168
Nov-11	42	7	135	21	24	11	15	255
Dec-11	61	5	135	12	36	3	28	280
Jan-12	64	9	194	14	38	6	33	358
Feb-12	44	11	177	20	39	10	31	332
Mar-12	58	12	193	29	35	5	41	373
Apr-12	54	22	199	28	17	20	32	372
May-12	64	15	194	15	28	18	41	375
Jun-12	62	12	108	19	37	28	29	295
Jul-12	63	24	155	25	69	27	40	403
Aug-12	74	28	191	39	107	38	61	538
Sep-12	97	26	155	36	120	61	87	582
Oct-12	120	29	194	27	116	77	116	679
Nov-12	71	53	125	29	77	41	132	528
Grand Total	898	410	2614	364	744	346	686	6062

Keystone Beacon Community



Health Information Technology

Enhancing Connectivity



New features for Clinician Viewer:

- Alerts/Notification
- Secure Messaging (DIRECT)
- View Continuity Care Documents “CCD”
- Upload paper documents

ZZGHS, NNNA
08-25-1960 - 52yr old Male

[VIEW MORE](#)

FILTER BY DATE RANGE PERFORMED AT

Documents

VIEW BY:

- Patient Upload
- Communication
- History and Physical
- Radiology Report
- Continuity of Care Document
 - 10/22/2012 15:02 - Continuity of Care
- Lab

Showing 6 DocumentTypes / 24 Total Docs

Not Showing 828 Restricted Docs

Nnna Zzgghs

Gender: **Male** Date of Birth: **August 25, 1960**

[Patient Information](#)

Continuity of Care Document

Allergies and Adverse Reactions

Allergen	Noted Date	Severity	Reactions	Comment
Bee Venom	10/30/2001			
Codeine	10/17/2011			
Iodinated Diagnostic Agents	05/27/2003			
Morphine	10/17/2011			
Penicillins	03/11/2010	Medium	Nausea/vomiting	

Medications

Prescription	Sig.	Disp.	Refills	Start Date	End Date
COZAAR 25 MG PO TABS	1 pill daily	100 Tab	0	06/18/2012	
PERCOCET 5-325 MG PO TABS	1 or 2 pills by mouth every 4 hours as needed for pain	40 Tab	0	09/02/2011	
TYLENOL WITH CODEINE #3 300-30 MG PO TABS	This is a test- not real patient	6 Tab	0	07/09/2010	
PERCOCET 5-325 MG PO TABS	this is a test not real patient	6 Tab	0	07/09/2010	
PERCOCET 5-325 MG PO TABS	THIS is a test - not a real patient	6 Tab	0	07/09/2010	
PERCOCET 5-325 MG PO TABS	TEST - DO NOT FILL	6 Tab	0	07/09/2010	
PLAVIX 75 MG PO TABS	One pill by mouth once a day	30 Tab	5	06/08/2010	
PLAVIX 75 MG PO TABS	One pill by mouth once a day	30 Tab	5	06/08/2010	
METOPROLOL TARTRATE 50 MG PO TABS	1 tab 2xday by mouth				
ALEVE 220 MG PO TABS	One-Two pill by mouth every 12 hours as needed	1	0	11/10/2009	
TYLENOL/CODEINE #3 300-30 MG PO TABS	Two pills by mouth every 6 hours as needed. Warning: Could make you drowsy	30	0	11/10/2009	
TYLENOL CHILDRENS 80 MG PO CHEW	Test, Tommy	20	0	06/18/2008	
TYLENOL/CODEINE #4 300-60 MG PO TABS	One pill by mouth every 4 hours as needed for pain	40	1	06/05/2008	

- Web-based personal health record (PHR)
- View personal records in KeyHIE®
- Automatic flu-shot reminder
- Exchange secure e-mail with care team
- Upload paper records (“3-ring binder”)
- Validated health information (Medline Plus)

** One health system and two colleges participating*

MyKeyCare

Patient:
 DOB:
 Gender: M Phone:

[Home](#) | [Records](#) | [Messages](#) | [Health Information](#)

My Records

Need Immediate Service? Please call your healthcare provider directly.

 [Upload Documents](#)

Date	Type	Source Institution
09/20/2012	CHEMISTRY STUDIES~Lipid panel	Geisinger Health System
09/20/2012	CHEMISTRY STUDIES~Glucose	Geisinger Health System
09/20/2012	CHEMISTRY STUDIES~TSH	Geisinger Health System
09/20/2012	HEMATOLOGY STUDIES~CBC w/ Differential Panel	Geisinger Health System

Long-term Care and Home Health

- 15,000+ Nursing Homes are Medicare certified
- 12,000+ Home health agencies are Medicare certified
- Few of these with EHRs can produce a CCD



The "Gobbler"



MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
ALL ITEM LISTING

Section A Identification Information

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI):

B. CMS Certification Number (CCN):

C. State Provider Number:

B000. Type of Provider

1. Nursing Home (SNF/NF)

2. Skilled Bed

Type of Admission

A. Federal OIRA Reason for Assessment

01. Admission assessment (required by day 14)

02. Quarterly review assessment

Annual assessment

03. Significant change in status assessment

04. Significant correction to prior comprehensive assessment

05. Significant correction to prior quarterly assessment

06. OIRA required assessment

Inpatient

Included Assessments for a Medicare Part A Stay

01. 30-day scheduled assessment

02. 60-day scheduled assessment

03. 90-day scheduled assessment

04. Recombination/return assessment

PPS (Unscheduled) Assessments for a Medicare Part A Stay

01. Discharge assessment used for PPS (start, significant or clinical change, or significant correction assessment)

Not PPS Assessment

02. Not PPS assessment

C. PPS Other Medicare Required Assessment - OIRA

0. No

1. Start of therapy assessment

2. End of therapy assessment

3. Both Start and End of therapy assessment

D. Is this a **Setting Bed** clinical change assessment? Complete only if A0200 = 2

0. No

1. Yes

E. Is this assessment the **first** assessment (CPRS, PPS, or Discharge) since the most recent admission?

0. No

1. Yes

F. Entry/Discharge reporting

01. Entry record

10. Discharge assessment return not anticipated

11. Discharge assessment return anticipated

12. Death in facility record

99. Not entry/discharge record

MDS 3.0 Item Listing-Version 1.002 10/01/2010 Page 1 of 38

MDS 3.0 or OASIS

Long-term care & home health
"get in the game"

Russell Robinson
MRN: MR-87-0987 Gender: Male Date of Birth: March 6, 1914
Personal Health Record Powered by

Patent Info

Contact: Russell Robinson
22345 Harvard St.
Bloomsburg, PA 17815 USA
HP: (847) 629-9765
Admitting HId: [redacted]
Created On: January 19, 2009

Continuity of Care Document (CCD) for Russell Robinson

Conditions (Active)

Problem	Date
HYPERTENSION, ICD-401.1	09/17/2008
HYPERLIPIDEMIA, ICD-272.2	09/17/2008
DIABETES NON-INSULIN DEPENDENT, ICD-250.00	09/17/2008

Conditions (Resolved)

Problem	Date
BLOCK, HEART, ICD-426.9	09/17/2008
DIPHTHERIA, ANTERIOR NASAL, ICD-032.2	09/17/2008
MENINGITIS (ASEPTIC), LEPTOSPIRAL, ICD-110.01	09/17/2008

Medication

Medication	Resend
GLUCOPHAGE (METFORMIN HCL)	09/17/2008
MEDROL (METHYLPREDNISOLONE)	09/17/2008
ALBUTEROL	09/17/2008
AVAPRO	09/17/2008
COUMADIN	09/17/2008
COUMADIN	09/17/2008

Allergen	Reaction	Severity	Comments	Onset	Stop Date
Neomycin	Severe	allergic to neomycin		200411	
Albomet	Severe	allergic to albomet		200010	
Ativan	Severe	allergic to ativan		200201	200406
lactose	Severe	allergic to lactose		199805	200409

Reason for Referral

Reason	Comments
Diabetes	Not in control

Advance Directives

Directive	Comment	Start Date
No artificial life support	No artificial life support	200102

Medical
Summary



Health
Information
Exchange

Remote Patient Tele-monitoring

- Current vendor Advanced Monitored Caregiving
- Benefits of telemonitoring:
 - Extends care manager reach
 - Helps prioritize the patients to focus on
 - Provides that daily “touch” with the nurse for the patient
 - Provides early warning signs

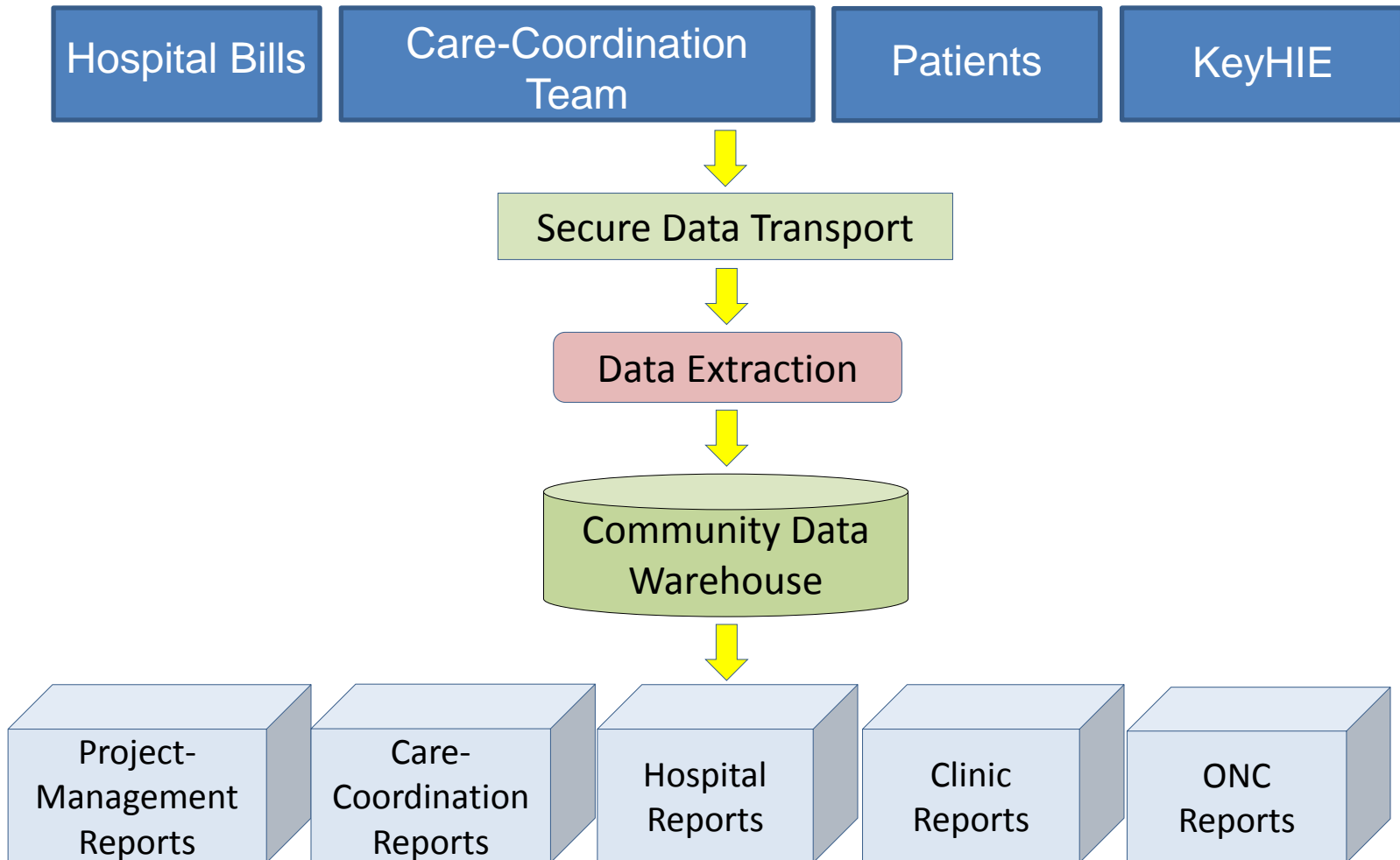
- Current Case Management Telemonitoring Programs:
 - Bluetooth scales and/or IVR for Heart Failure
 - Post D/C – IVR post discharge
 - HTN: Bluetooth BP cuffs with nephrology
- Future (in development):
 - Diabetes
 - COPD
 - Kiosks
 - In-home video monitoring



Developing Meaningful Analytics



Data Warehouse & Analytics



Analytic Challenges

- Staffing
 - Understanding need & execution of data agreements
 - Lack of trust regarding appropriate use of data
 - Clear communication of data needs
 - Technical abilities of source data resources
 - Depth of data available
 - Lack of financial incentives for hospitals
 - Providing meaningful data back to hospitals
-

- **Community Data Warehouse**
 - Secure IT infrastructure with appropriate security levels
 - Secure data transmission (FTP)
 - Searchable Care-Coordination information
- **Custom Reports (dashboards)**
 - Care Coordination
 - Provides both high level and patient detail information. The majority of the information provided within here is updated weekly and used to identify patients that can be targeted for KBC Care Management.
 - Hospitals
 - Monthly reports to all KBC participants with new readmission and care management information.
 - (Clinics) – In Development
- **Automated data feeds**
 - Hospitals, Care-management software, KeyHIE
- **Data Access Policy (aggregated data)**
 - Task-appropriate access

CM Dashboard

Filters

Available Metrics

Hospital Reports

The dashboard interface includes a top navigation bar with 'KBC Leadership', 'ONC', and 'Care Management' tabs. A sidebar on the left contains 'Facility', 'KBC Eligible', and 'KBC Care Managed' filters. The main content area features three metric buttons: 'All Cause Encounters', '30 Day Readmits', and 'ED Visits 30 Days Post Discharge'. Below these is a 'Monthly Hospital Reports' section with a 'DRAFT' status. The dashboard is divided into two main sections: a data table and two charts.

Year	Inpatient Stays	ED Visits
2009		
Quarter I, 2009		
Quarter II, 2009		
Quarter III, 2009		
Quarter IV, 2009		
2010		
Quarter I, 2010		
Quarter II, 2010		
Quarter III, 2010		
Quarter IV, 2010		
2011		
Quarter I, 2011		
Quarter II, 2011		
Quarter III, 2011		
Quarter IV, 2011		
2012		
Quarter I, 2012		
Quarter II, 2012		
Quarter III, 2012		

Encounters by Type & Year

Year	Inpatient Stays	ED Visits
2009	~15	~35
2010	~15	~35
2011	~15	~35
2012	~10	~25

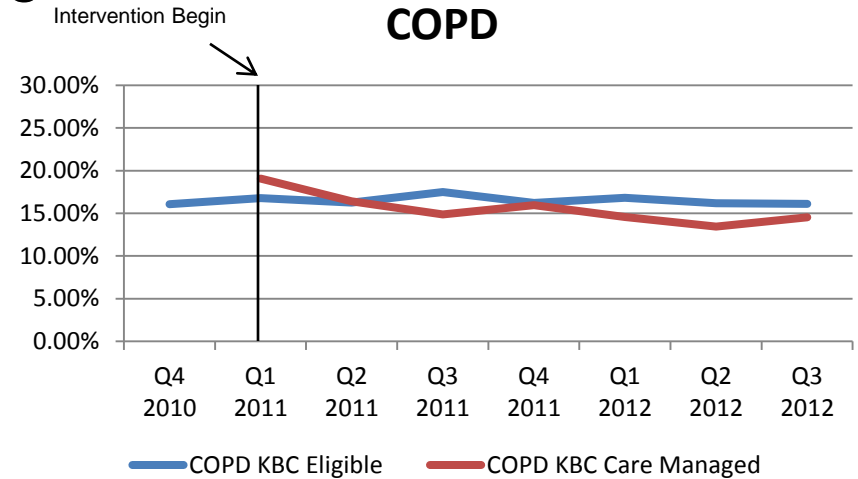
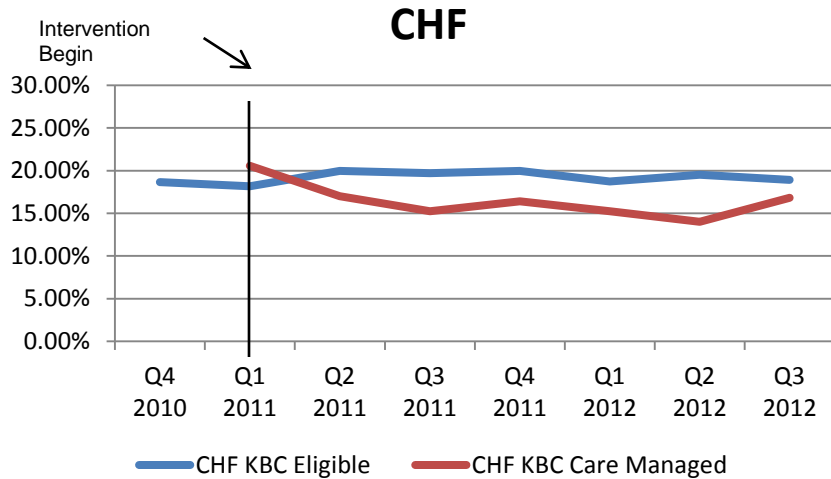
Encounters by Eligibility Status & Year

Year	Eligible Encounters	Non-Eligible Encounters
2009	~5	~30
2010	~5	~30
2011	~5	~30
2012	~5	~20

Data Section

Graph / Chart Section

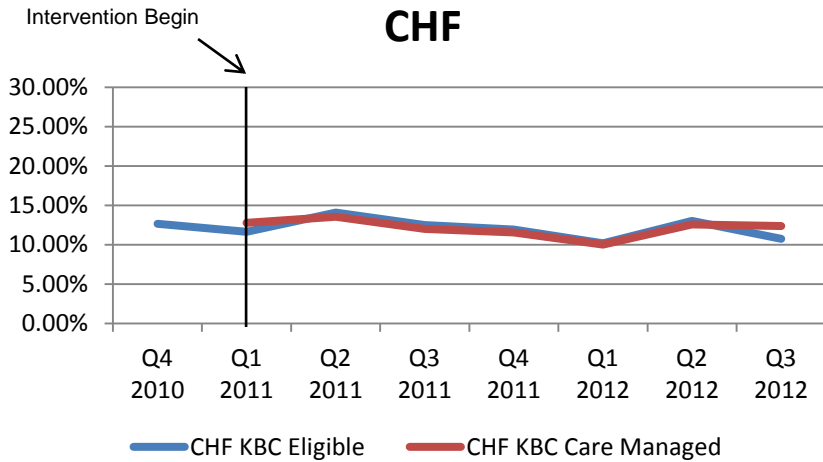
30 Day Readmission Rates : KBC Eligible VS KBC Care Managed



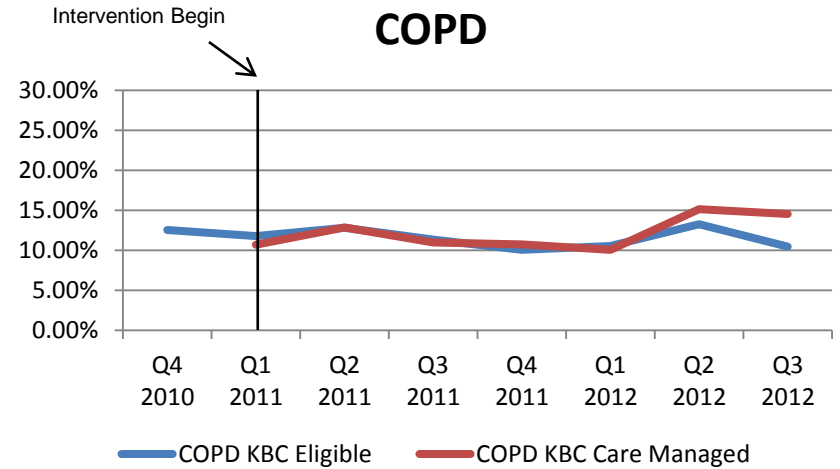
Calendar Quarter	CHF KBC Eligible	CHF KBC Care Managed
Q4 2010	18.64%	
Q1 2011	18.15%	20.57%
Q2 2011	19.95%	17.01%
Q3 2011	19.70%	15.26%
Q4 2011	19.95%	16.40%
Q1 2012	18.74%	15.24%
Q2 2012	19.50%	14.01%
Q3 2012	18.91%	16.83%

Calendar Quarter	COPD KBC Eligible	COPD KBC Care Managed
Q4 2010	16.08%	
Q1 2011	16.79%	19.07%
Q2 2011	16.27%	16.40%
Q3 2011	17.47%	14.89%
Q4 2011	16.21%	15.95%
Q1 2012	16.80%	14.57%
Q2 2012	16.16%	13.43%
Q3 2012	16.10%	14.53%

ED Visits 30 Days Post Discharge : KBC Eligible VS KBC Care Managed



Calendar Quarter	CHF KBC Eligible	CHF KBC Care Managed
Q4 2010	12.66%	
Q1 2011	11.64%	12.77%
Q2 2011	14.08%	13.54%
Q3 2011	12.50%	12.01%
Q4 2011	11.90%	11.56%
Q1 2012	10.17%	10.00%
Q2 2012	13.04%	12.59%
Q3 2012	10.76%	12.38%



Calendar Quarter	COPD KBC Eligible	COPD KBC Care Managed
Q4 2010	12.54%	
Q1 2011	11.80%	10.70%
Q2 2011	12.83%	12.86%
Q3 2011	11.33%	11.00%
Q4 2011	10.05%	10.74%
Q1 2012	10.54%	10.05%
Q2 2012	13.27%	15.14%
Q3 2012	10.47%	14.53%

Keystone Beacon Community

Healthcare challenge: Post-surgical patient was having significant side effects that she thought were related to her surgery.

Resolution: Careful assessment led the Keystone Beacon CM to suspect the side effect was related to a medication dose and timing. The CM contacted the patient's physician who recommended changes in the medication dosage and timing, eliminating the side effect as well as a potential emergency room visit.

