LSQIN

MetaStar represents Wisconsin in the Lake Superior Quality Innovation Network (QIN).
As part of a QIN, we work with patients, providers, practitioners, and other partners to spark and spread rapid, large-scale improvement in health care quality by:

• Sharing evidence-based clinical interventions
• Providing objective expertise
• Bringing the stakeholders together to create communities and learn from each other
What Lake Superior QIN Can Do For You…

• Champion local-level, results-oriented change
• Facilitate opportunities for learning and action
• Teach and advise as technical experts
• Communicate effectively

An Overview: QIN Program Priorities

• Improve Cardiac Health and Reduce Cardiac Healthcare Disparities
• Reduce Disparities in Diabetes Care: Everyone with Diabetes Counts (EDC)
• Improve Prevention Coordination through Meaningful Use of Health Information Technology (HIT)
• Reduce Healthcare-Associated Infections (HAI) in Hospitals
• Reduce Healthcare-Acquired Conditions in Nursing Homes
• **Promote Effective Communication and Coordination of Care**
• Quality Improvement through Value-Based Payment, Quality Reporting, and the Physician Feedback Reporting Program
• Improve Identification of Depression and Alcohol use Disorders in Primary Care and Care Transitions for Behavioral Health Conditions
CMS Quality Improvement Program Overview

National Quality Strategy Goals

<table>
<thead>
<tr>
<th>Make care safer</th>
<th>Promote effective prevention and treatment</th>
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<tbody>
<tr>
<td>Patient and family engagement</td>
<td>Promote best practices for healthy living</td>
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<tr>
<td>Promote effective communication and coordination of care</td>
<td>Make care affordable</td>
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QINs Help Providers Align with CMS Priorities

- Improvement in quality of care for individuals
  - Promotion of alternative payment models
  - Management of medical costs
- Advancement of work on health disparities/rural models
- Foster simplicity for consumers and industry
- Improvement in consumer/beneficiary experience
- Data transparency
- New Legislation Implementation (ACA)
The National Picture of Care Transitions

- Large numbers of beneficiaries impacted in communities recruited for care coordination work
- Nearly 7,000,000 beneficiaries impacted through participating communities (18% of fee-for-service [FFS] Medicare beneficiaries in the country)
  - Over 2,000,000 are rural beneficiaries (28%)
National Quarterly Admissions

National Quarterly Admissions per 1,000 Beneficiaries

Observed
Seasonally Adjusted
Start of 1% SDNE

National Readmissions

ZIP Code Level FFS Beneficiary Density for 30-Day Readmissions per 1,000 Beneficiaries

January 1, 2014 - December 31, 2016

Community (2014)
Community (2015)
In Progress
Reducing Adverse Drug Events (ADEs)

- ADEs are a leading cause of readmissions
- MetaStar is working with providers and practitioners in our cohort communities to decrease ADEs
- Eligible patients:
  - Medicare beneficiaries
  - On three or more medications
  - At least one of those medications is:
    (a) an opioid, (b) a diabetic agent, or (c) an anticoagulant
Reducing ADEs

Pharmacies/providers asked to:
• Provide data to identify eligible patients
• Screen for ADEs and potential adverse drug events (pADEs)
• Undertake interventions (medication therapy management) to reduce rate of ADEs

Reducing ADEs

MetaStar provides:
• Data analysis
• Screening tools
• Assistance with root cause analysis (RCA)
• Intervention ideas and support
Leading Community Collaboration

Key: Consistent messaging from all these organizations about the importance of community engagement to improve transitions in care

Intentional Collaboration

- October 2011: Care Continuum Workshop
- January 2012: Statewide TOC Committee
- Fall 2012 & Summer 2013: Regional TOC Workshops
- September 2014: Best Practice Sharing Event
- Today: [Map of Wisconsin showing different counties]
Current County Coalitions

Coalition Reach

- Coalitions are active in approximately 1/3 of our 72 Wisconsin counties
- There are currently 108 cross-setting providers actively participating in various county coalitions
- There are approximately 657,892 Medicare Fee-For-Service beneficiaries in WI and approximately 308,835 reside in the 25 counties or 47% of the total WI FFS Medicare beneficiaries
Beginning a County Coalition

Beginning Coalition

Similarities

- Lead and co-lead
- Hospital and community membership
- Participation agreement
- Charter
- Data sharing agreement
- Agendas/minutes
- Reviewing admissions and readmissions data
- Completing an RCA
MetaStar's Role

- Serve as a consultant
- Provide technical assistance
- Provide and present data reports
- Analyze and display data
- Provide networking, educational, and speaking opportunities

Progression of Coalition

- Discussing barriers and challenges related to transitions of care
- Sharing of current initiatives and resources within the community
- Developing processes to share coalition information inside and outside of the coalition
- Establishing committees, workgroups, taskforce
- Selecting interventions
- Implementing or designing tools
- Data gathering/monitoring
- Data analyzing and displaying
- Data sharing
- Documenting and celebrating successes
Readmissions by Discharge Day of Week

Readmissions by Discharge Diagnosis

Quality Improvement Organizations
Lake Superior Quality Innovation Network

Admits  Readmit  % Coalitions  % State

Diagnoses:
- AMI
- CHF
- Pneumonia
- Dementia
- Renal Failure
- Diabetes
- COPD
Readmissions By Initial Discharge Location

Coalitions Verses State by Age and Location
Coalitions verses State for Time and Location

Coalition Readmissions

Statewide Readmissions

Readmissions by Discharge Location

Readmissions By Initial Discharge Location
Additional Information

- Additional information on C.3 task
  - www.metastar.com
  - LSQIN_coordination-of-care

Questions
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