



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Breakout 4.7: Translation of Findings to Other Care Settings

The ReEngineed Discharge (RED) Translation to Other Care Settings

*Annual Health IT Conference
Agency for Health Research and Quality
Washington, DC
June 26, 2010*



Northeastern
University

Brian Jack MD
Associate Professor and Vice Chair
Department of Family Medicine /
Boston University School of Medicine

Tim Bickmore PhD
College of Computer and Information Science
Northeastern University

BOSTON
UNIVERSITY
SCHOOL of
Medicine



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

“Perfect Storm” of Patient Safety

The hospital discharge is non-standardized and frequently marked with poor quality.

Loose Ends

Communication Deficits

Poor Quality Info

Poor Preparation

Fragmentation

Great Variability

20% of Medicare patients readmitted within 30 days



RED Checklist

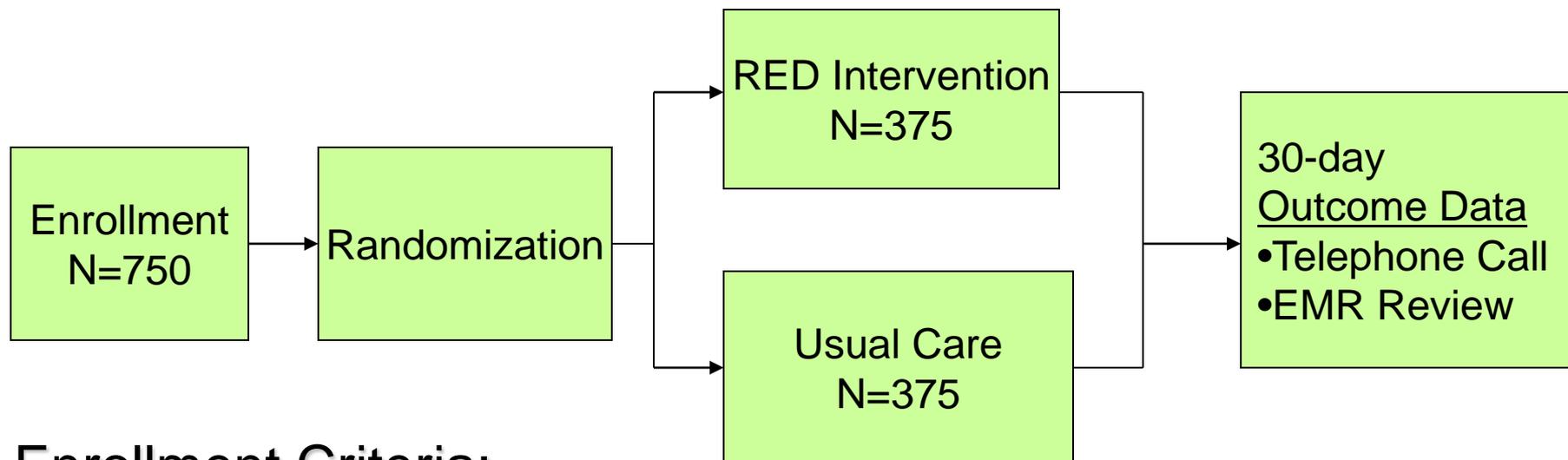
Eleven mutually reinforcing components:

- ① Medication reconciliation
- ② Reconcile dc plan with National Guidelines
- ③ Follow-up appointments
- ④ Outstanding tests
- ⑤ Post-discharge services
- ⑥ Written discharge plan
- ⑦ What to do if problem arises
- ⑧ Patient education
- ⑨ Assess patient understanding
- ⑩ Dc summary to PCP
- > Telephone Reinforcement

**Adopted by
National Quality Forum
as one of 30
"Safe Practices" (SP-11)**

Methods-

Randomized Controlled Trial



Enrollment Criteria:

- English speaking
- Have telephone
- Able to independently consent
- Not admitted from institutionalized setting
- Adult medical patients admitted to Boston Medical Center (urban academic safety-net hospital)



Primary Endpoint

Hospital Utilization within 30d after dc

	Usual Care (n=368)	Intervention (n=370)	P-value
Hospital Utilizations *			
Total # of visits	166	116	0.009
Rate (visits/patient/month)	0.451	0.314	
ED Visits			
Total # of visits	90	61	0.014
Rate (visits/patient/month)	0.245	0.165	
Readmissions			
Total # of visits	76	55	0.090
Rate (visits/patient/month)	0.207	0.149	

* Hospital utilization refers to ED + Readmissions



Outcome Cost Analysis

Cost (dollars)	Usual Care (n=368)	Intervention (n=370)	Difference
Hospital visits	412,544	268,942	+143,602
ED visits	21,389	11,285	+10,104
PCP visits	8,906	12,617	-3,711
Total cost/group	442,839	292,844	+149,995
Total cost/subject	1,203	791	+412

We saved \$412 in outcome costs for each patient given RED



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Implications

The components of the RED should be provided to all patients as recommended by the National Quality Forum, Safe Practice.



But it is More than Patient Safety

- **"Hospitals with high rates of readmission will be paid less if patients are readmitted to the hospital within the same 30-day period saving \$26 billion over 10 years"**

Obama Administration Budget Document

- **MedPAC recommends reducing payments to hospitals with high readmission rates**

MEDPAC Testimony before Congress March '09

- **Hospital Compare: <http://www.hospitalcompare.hhs.gov/>**
- **Healthcare Reform Bill: October 1, 2011 CMS will decrease payments to hospitals with high all cause 30 day rehospitalization rates**



Why Hospitals Should Use RED

Volume

- Opens Beds by decreasing 30 day re-hospitalization/ED use by 30 percent
- Improves PCP follow-up

Satisfaction

- Improves satisfaction of patients and their families
- Improves community image
- Brands the hospital with high quality

Safety

- National Quality Forum Safe Practice
- Safe practice endorsed by IHI, Leapfrog, CMS, TJC
- Exceeds Joint Commission standards
- Improves patient “readiness for discharge”
- Documents the discharge teaching and preparation
- Documents patient understanding of the plan

Cost

- Saves \$412 per subject enrolled
- Allows physicians to bill higher discharge level
- Reduces diversion and creates greater capacity for higher revenue patients
- Improves relationships with ambulatory providers
- Improves market share as “preferred provider”
- * Prepares for change in CMS rules regarding readmission reimbursement



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Dissemination – Direct Contact

- Website diagnostics - Thousands of worldwide contacts
- Consultations
 - Joint Commission
 - AMA
 - VA
 - State Hospital Assns
 - AHA - H2H
 - IHI / Commonwealth Fund - STARS
 - Society Hospital Medicine – BOOST
 - NAPH
 - Many Health Plans



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Dissemination - AHRQ Assistance

- AHRQ webinar - 2,200 hospitals signed up
- Contract for Dissemination
 - Tools Kit Development
 - *An Overview of the RED toolkit*
 - *How to Begin Implementation at Your Hospital*
 - *Manual for the Clinician Responsible for Discharge at your Hospital*
 - *How to Conduct a Post-discharge Follow-up Phone Call*
 - *How To Benchmark Your Hospital Discharge Improvement Process*
 - 6 hospital beta sites across country
 - Studying the process of implementation
 - How to impact the culture of care
- Direct Hospital Detailing of Best Practices
- Contract to JCR to implement at 50 Hospitals



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Quality Improvement Organizations

- CMS
 - National “Safe Transitions” Program – 14 QIOs
 - 8/14 using RED
 - RIQP now using Louise at Rhode Island Hospital
 - Expansion of “Safe Transitions” to all 50 States
 - Plan to partner for implementation



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Business Partnership

- Great Demand for Assistance
- Office of Tech Transfer at BU / NEU / MIT
 - Engineered Care
 - 132 hospitals now engaged
 - UPMC
 - Kaiser Permanente
 - Magnolia Hospital, MS
 - Brownsville Hospital, TX



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

Conclusions: Translation of RED

- Hospital Discharge is low hanging fruit
- RED is NQF Safe Practice
- RED can improve care and decrease costs
- Hospital Policy Changes Make the Business Case

- Dissemination
 - Direct Contact
 - AHRQ – β -sites, tools, detailing, webinar, contracts
 - QIOs
 - Business Partner