

Improving Quality Scores and Reducing Readmissions

With Timely Evidence-Based Medication Information

Challenge

Quality Independent Physicians (QIP), a Kentucky-based ACO, aimed to stay on top of evolving Medicare quality measures while excelling in delivering high-quality patient care.

Solution

Prescriber's Letter delivered comprehensive, timely, and concise medication management advice and tools designed to support the ACO's quality-care goals.

Results

QIP realized statistically significant improvements in all Quality Measures data:

- **26% relative decrease** in all-cause hospitalization
- **24% relative decrease** in discharges for high risk states
- **7% relative decrease** in 30-day readmissions

Quality Independent Physicians (QIP) is an accountable care organization (ACO) comprised of approximately 50 primary care physicians who care for more than 12,000 Medicare patients across Kentucky and Indiana. QIP provides Medicare patients seamless and highly coordinated care between their primary care physicians, specialists, and other health care providers.

As participants in the Centers for Medicare & Medicaid Services (CMS) Medicare Shared Savings Program (MSSP), QIP is required to report quality measures to CMS and open themselves up to evaluation on quality measure performance. Traditionally a fee-for-service industry, health care has shifted towards a quality-driven, pay-for-performance model as a result of the Affordable Care Act (ACA). The impact of this shift is being felt across the entire industry, but is especially noticeable among ACOs and other organizations that participate in CMS and MSSP.

Financial Incentive To Improve Quality Scores

In today's market environment, ACOs like QIP are looking for innovative and unique solutions that help achieve care quality goals across the entire continuum. Enhanced Medicare reimbursements are tied to quality measures, creating a financial incentive for organizations to focus on improved outcomes.

"The focus on preventive care and keeping patients out of the hospital has shifted how CMS and MSSP determine and distribute reimbursements," said Quality Independent Physicians' Medical Director, Dr. Gregory A. Hood, MD, MACP. "Creating optimal patient outcomes across the entire continuum is important to ensuring we maximize our reimbursement potential, and ensure our long-term financial sustainability."

CASE STUDY

Medication Management Is Critical To Quality Care

Medication management—or mismanagement—is central to quality of care, health care costs, and meeting quality measures, particularly benchmarks for readmission. Entering into a partnership with *Prescriber's Letter*, QIP sought to receive the latest drug therapy information, best practice guidelines, and educational materials to boost drug-related quality measures.

"We felt a focus on medication management would have the greatest impact on our ability to meet quality-care metrics," said Dr. Hood. "*Prescriber's Letter* was able to deliver the latest drug information to the point of care, aligning medication management practices and related process throughout the ACO."

In partnership with *Prescriber's Letter*, QIP made the decision to focus on high-target disease states because they are specifically reported on MSSP Utilization Reports, or they are related to specific CMS quality measures. They also impact all-cause hospitalizations and 30-day readmission rates. The disease-states include: COPD, heart failure, bacterial pneumonia, hypertension, anticoagulation, diabetes, and acute coronary syndrome.

For a period of seven months, QIP received a monthly "toolbox" that included a *Prescriber's Letter* article highlighting the disease-specific quality measures, *Prescriber's Letter* Charts, and *Prescriber's Letter* Patient Education Handouts. Serving as a knowledge-based framework for best practices in medication use, these educational materials helped facilitate change of prescriber behavior to better support quality measures. *Prescriber's Letter* content was incorporated into QIP standard policies, procedures, and organizational culture. Prescribers also had access to *Prescriber's Letter's* searchable, up-to-the-minute medication management content.

"*Prescriber's Letter* delivered content to us in a variety of formats that we were able to share organization wide," said Dr. Hood. "The direct and concise style of delivery gave us high confidence in the recommendations, which made it easy for our medical directors to make a strong and convincing case for changing standard procedures when the data suggested it was necessary. Organization-wide sharing of the content also enabled us to align procedures and streamline the transition

of care, which helps us to create a better patient experience overall."

To ensure content remained relevant and useful, QIP held practice group and organization-wide meetings each month to review, and if necessary, develop new guidelines. If it was determined an update on clinical guidelines was needed, committee members would make revisions based on the supporting data, and use *Prescriber's Letter* to distribute the revised guidelines to members.

	Relative Risk Reduction	Absolute Risk Reduction
All-cause hospitalization	26%	13%
Discharges for high-risk conditions	24%	1.3%
30-day readmissions	7%	1.1%

Figure 1

Data from QIP Medicare Shared Savings Plan Utilization Reports

In addition to providing assistance to enhance revenues and operational effectiveness, Precision Healthcare Delivery consultants added program oversight and hands-on training and enhanced the impact of content for both physicians and patients.

On The Path To Long-Term Success

Using a baseline period between 2009 and 2013, QIP compared rates of patient hospitalization, hospital readmissions, and other medication-related issues over a 16-month period between January 2014 and March 2015. What they saw was a statistically significant improvement in all quality measure data provided in the MSSP Utilization report.

"We were able to decrease absolute hospitalizations across all disease states by 13% per 1,000 person-years," said Dr. Hood. "In addition our 30-day readmission rates have dropped from almost 170 per 1,000 person-years to just under 160. These are significant improvements that are already having an impact on our bottom line."

Research suggests that that this could amount to a savings of as much as \$130,000 per 1000 patients, based on the average patient readmission cost of approximately \$13,000. Significant cost-savings apply for all other disease states examined (figure 1 study results)— eventually translating into greater fee reimbursements for the Accountable Care Organization.¹

"Our focus on medication management for high-target disease states was the right decision for us," said Dr. Hood. "*Prescriber's Letter* played a pivotal role in fostering an environment where all of our providers are able to see a change in performance, and a change in patient outcomes."

"*Prescriber's Letter* played a pivotal role in fostering an environment where all of our providers are not only seeing a change in performance but a change in outcomes."

– Dr. Hood, MD, MACP, Medical Director, Quality Independent Physicians

¹ Hines AL (Truven Health Analytics), Barrett ML (ML Barrett, Inc), Jiang HJ (AHRQ), and Steiner CA (AHRQ). Conditions With the Largest Number of Adult Hospital Readmissions by Payer, 2011. HCUP Statistical Brief #172. April 2014. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb172-Conditions-Readmissions-Payer.pdf>.