



THE SAN DIEGO CARE TRANSITIONS PARTNERSHIP

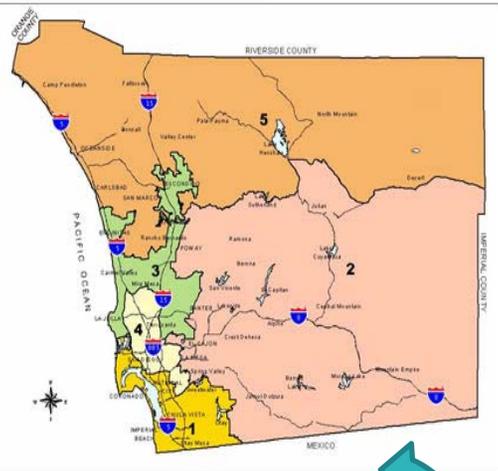
Transforming Care Across the Continuum

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SAN DIEGO COUNTY DEMOGRAPHICS



- 4,261 square miles (larger than 21 U.S. States; same size as Connecticut)
- 5th largest U.S. County, 2nd largest in CA
- 18 municipalities; 36 unincorporated towns
- 18 tribal nations
- 42 school districts
- 2013 Estimates - 3.1 million population
 - 48% White
 - 32% Latino
 - 11% Asian/PI
 - 4.7% African American
 - 0.5% American Indian
- Region is very diverse

•Over 100 languages
•Large military presence
•Largest refugee resettlement site in CA
•Busiest international border crossing in the world (San Ysidro/MX)



SAN DIEGO COUNTY GOVERNMENT

Board of Supervisors – 5 elected by District
5 Major Groups

- **Health and Human Services Agency (HHSA)**
 - Created in 1998, Integrated Delivery System
 - Public-private partnership emphasis
 - Long tradition as a “community convener”
 - No County-owned acute-care hospital
 - ~ \$2 billion annual budget
 - 6,000 FTEs, 185 advisory boards
 - ~ 1 million clients “womb to tomb”
- Public Safety Group
- Land Use and Environment Group
- Community Services Group
- Finance and General Government



Background: SDCTP

A strategic partnership between Palomar Health, Scripps Health, Sharp HealthCare, the UCSD Health System
– 11 hospitals/13 campuses, and AIS/County of San Diego HHS



Scripps



UC San Diego
HEALTH SYSTEM

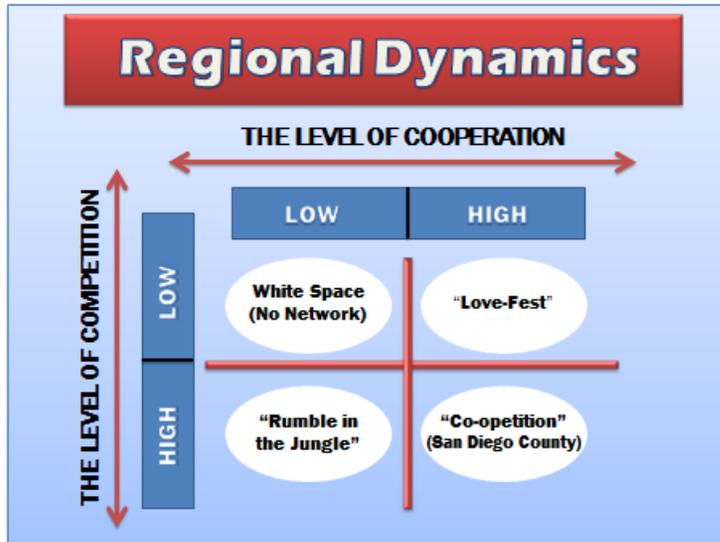


Goals of the federal Community-based Care Transitions Program (CCTP):

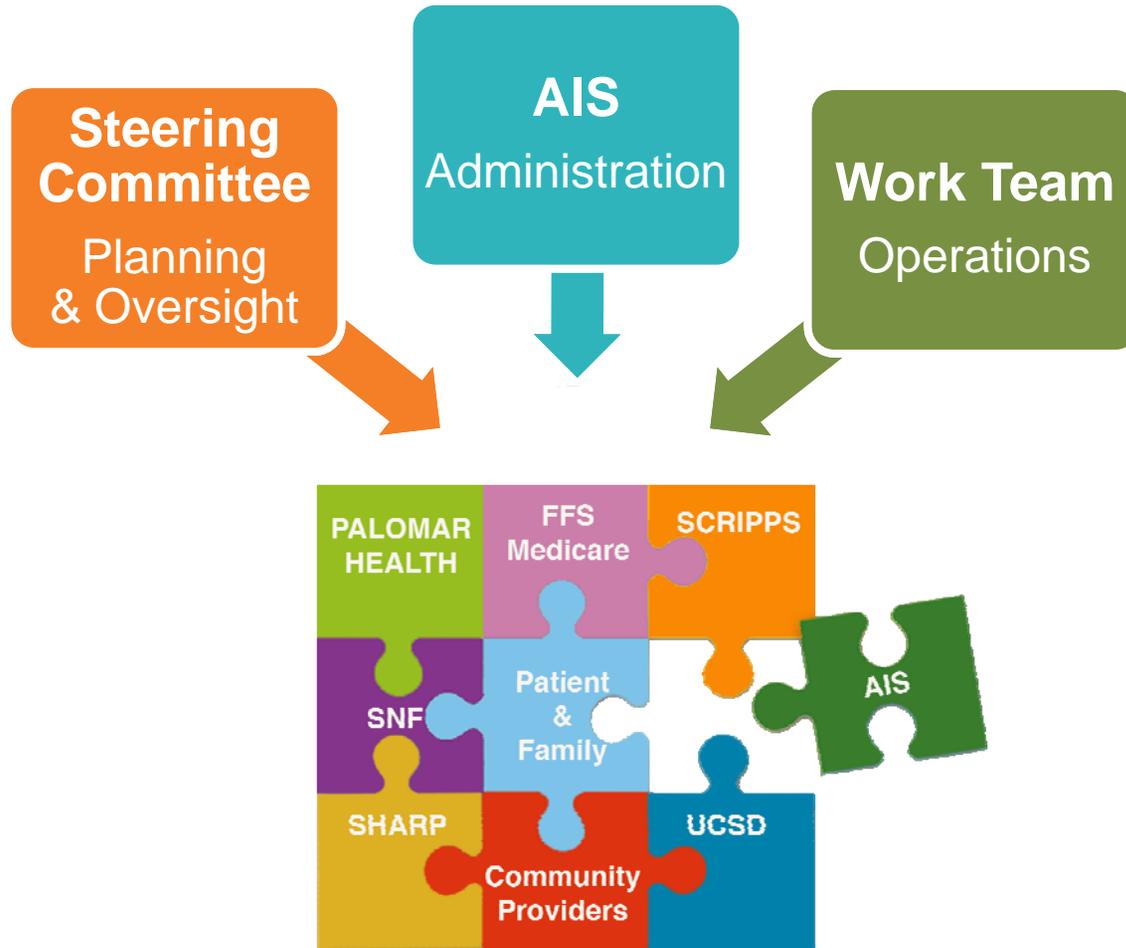
- Improve transitions from the inpatient hospital setting to community
- Improve quality of care
- Reduce readmissions for high risk beneficiaries
- Document measureable savings to the Medicare program



Opportunity



Structure



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AGING & INDEPENDENCE SERVICES (AIS)



Independence

Call Center/ADRC

Dependence

RSVP
Veterans
Health Promotion
Outreach & Education

Senior
Dining &
Home-
Delivery

Care Mgmt
Caregiver Support
Care Transitions

In-Home
Supportive
Services
(IHSS)

APS
Ombudsman
Project Care
PA/PG/PC
Senior Team



Components of the SDCTP CCTP Model – All Systems

- Patients receive specific services (aka interventions) tailored to their individual needs
- Available interventions:
 - Inpatient nursing support to coordinate care, the discharge process, and hand-off to downstream providers (called High-Risk Healthcare Coach, Inpatient Navigator, and Transition Nurse Specialist, depending on the system)
 - Pharmacy: medication reconciliation and education
 - Care Transitions Intervention (CTI): using the 4-pillar Eric Coleman model to support health self-management through teach-back and coaching
 - Care Enhancement (CE): identify and meet a patient's immediate and ongoing social support needs (*provided by AIS to patients in all systems*)



Components of the SDCTP CCTP Model– Selected Systems Only

- Available interventions:
 - Post-Acute Navigation (PAN): telephonic CTI (*Sharp only*)
 - Follow-up Phone Calls: post-discharge phone calls to follow up on important issues and triage new problems (*UCSD only*)



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CCTP in Action...

SDCTP PROGRAM GAME



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ALEX: IT System Supporting SDCTP

 **San Diego Care Transition Partnership** Welcome dmarquet ! [Log Out]

[Home](#) [Patient List](#) [Upload CMS File](#) [User Profile](#)

First Name: Kermit **Last Name:** Frog
Medicare Id: 012345678T **Date Of Birth:** 5/11/1986
Gender: Male **180 Day Set:** Yes
180 Day Start Date: 1/10/2014 **180 Day Expiration Date:** 7/9/2014

Hospitalizations

Hospital	CMS	Admit Number	Hospital Name	Hospital MedicareId	Discharge Date	Service Start Date	Service End Date	
Services	Services	Edit	53215652	Scripps Mercy	050077	1/10/2014	1/7/2014	1/30/2014

[Add Hospitalization](#)

Invoices

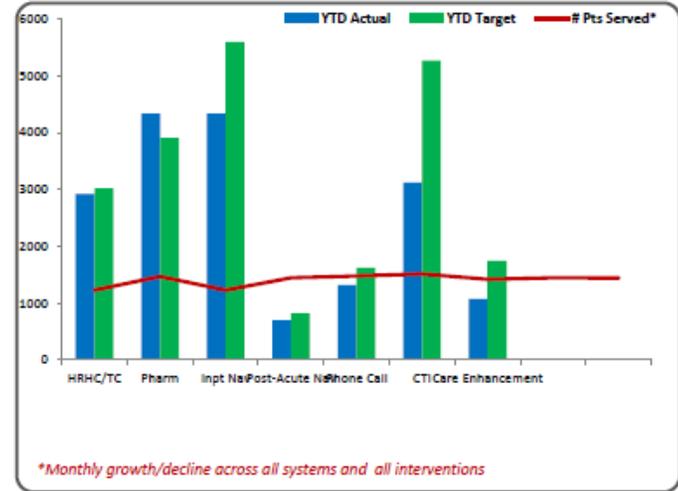
Invoice Number	Billed Amount	List Bill 1 Status	List Bill 1 Export Date	List Bill 2 Status	List Bill 2 Export Date
INV005555-	359.0800	Pending		Pending	

Data in Action: Monthly Dashboard

OVERVIEW (SDCTP Overall)

Report Period: 1/1/2013 - 8/31/2014

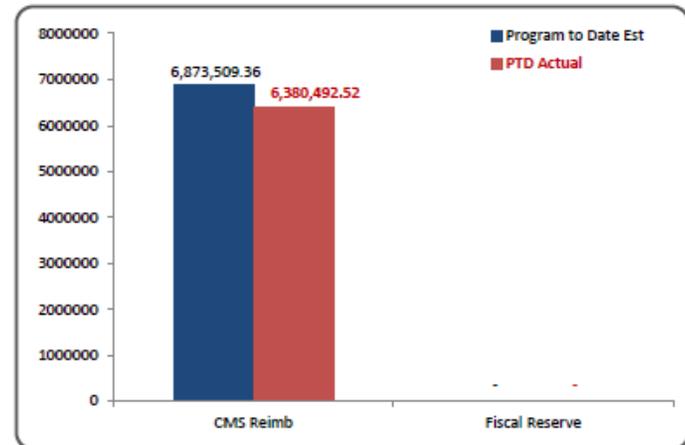
20,047	# Patients Served
19,142	# Patients Successfully Invoiced to CMS
7	# Pending Invoices Pending (re)submittal a/o report date
17,769	# Patients Reimbursed by CMS Based on # Pts paid by CMS



BUDGET SUMMARY (SDCTP Overall)

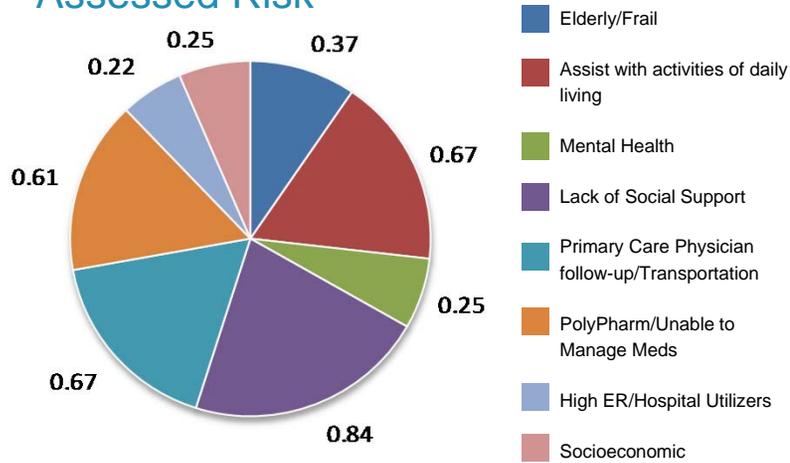
Report Period: 1/1/2013 - 8/31/2014

\$ 15,361,504.00	Beginning Budget*
\$ 8,487,994.64	Est. Remaining Budget Based on # Pts successfully invoiced
\$ 6,380,492.52	CMS Reimbursement Based on # Pts paid by CMS
\$ -	Fiscal Reserve Fiscal Reserve disbursed on 10/16/13



Data in Action: CE Patients

Assessed Risk



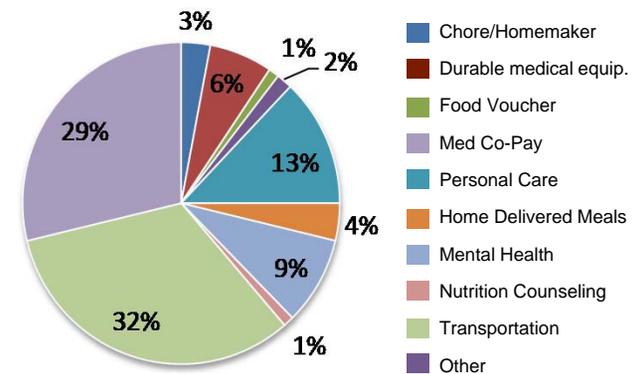
Demographics

- 59% of CE patients are female
- 44% are at or below the Federal Poverty Level
- 31% receive SSI
- 53% are Dual Eligible
- 25% are Hispanic
- 23% speak Spanish only

Top Admitting Diagnosis

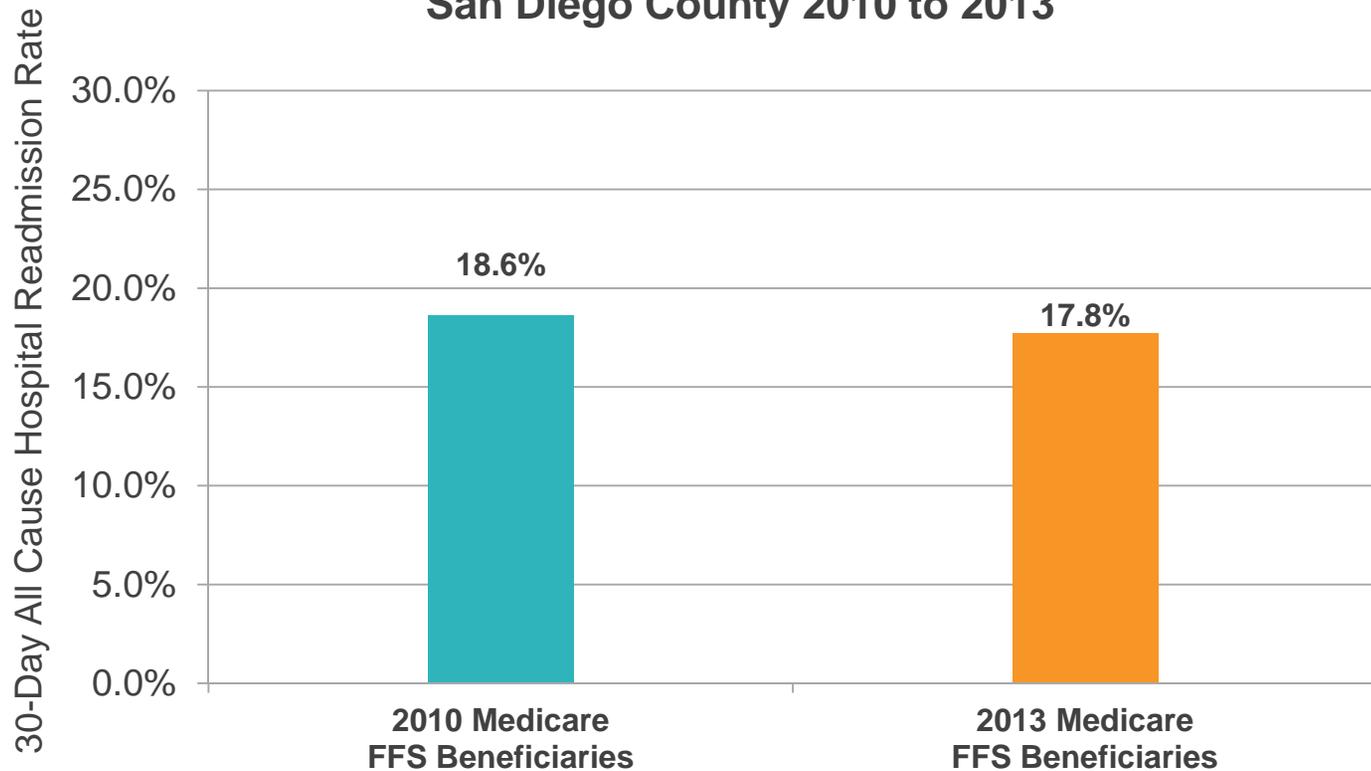
- 38% Chest Pain
- 31% Shortness of Breath
- 11% Abdominal Pain
- 11% Congestive Heart Failure
- 9% Syncope

CE Coordinated Services



CCTP: Impact on Readmission Rate

Medicare Fee-for-Service (FFS) Beneficiaries Reduction in 30-Day All Cause Hospital Readmission Rate San Diego County 2010 to 2013

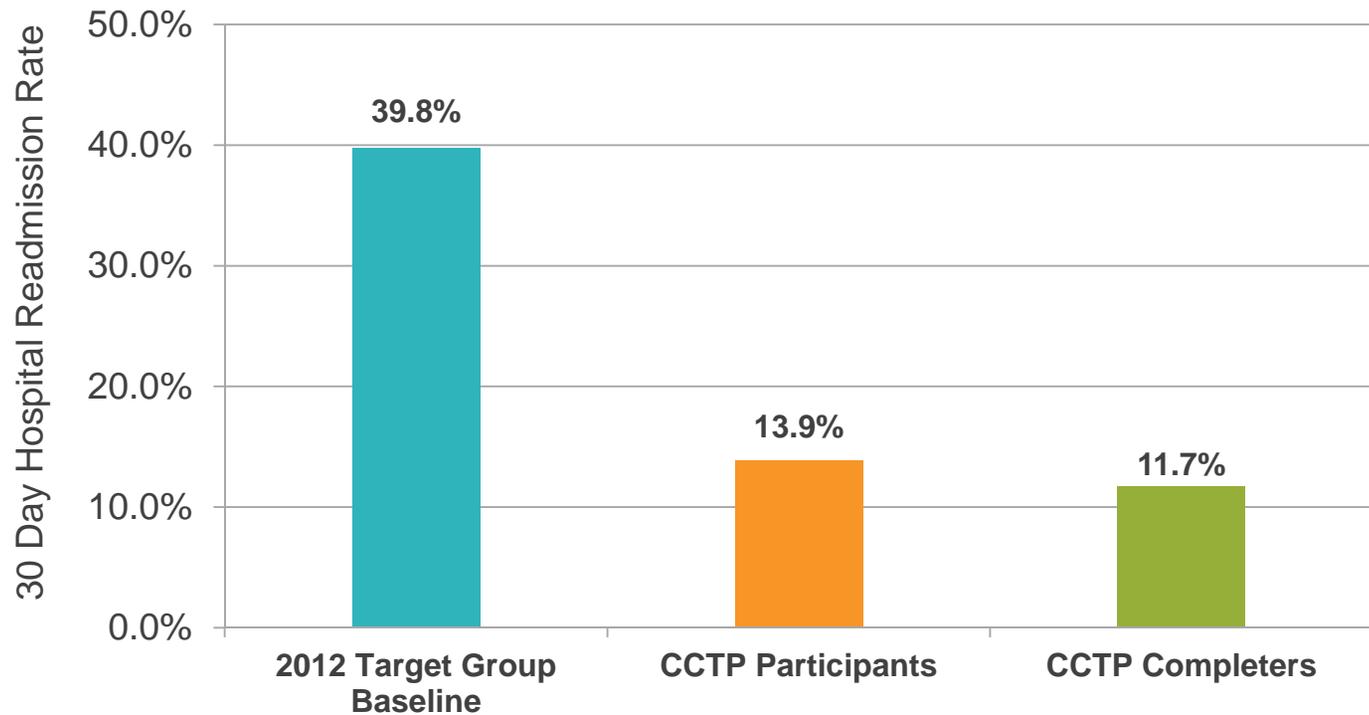


Source: Centers for Medicare and Medicaid Services readmission rates data files.



CCTP: Impact on Readmission Rate cont.

Community-Based Care Transitions Program (CCTP) Reduction in 30 Day Hospital Readmission Rate January 2013 to January 2014



Target Group baseline: CCTP participants 30 day readmission rate from 2012

CCTP Participants: Those who completed services (CCTP Completers) and those who did not complete all aspects of the program

CCTP Completers: CCTP participants who completed all aspects of the program



Trends and Outcomes

- An increase in the San Diego FFS Medicare population by 8.6%
- A decrease in hospital admissions from 2010 to 2013 of 3.4%
- Readmission rate per 1,000 beneficiaries
 - 2010: 11.02/1000 benes/quarter
 - 2013: 8.99/1000 benes/Q4 (seasonally adjusted)
- CCTP contributed to a reduction of 437 hospital readmissions and an overall estimated **\$2.6 million** in Medicare savings



Lessons Learned

- How to work together
- Time needed to ramp up + expand program footprint
- How to identify and target the “right” patients
- Even “simple” interventions take time to complete
- Community relationships are critical for success
- Extending CCTP services to all patients is ideal
- We are training the next generation of health care and social service providers



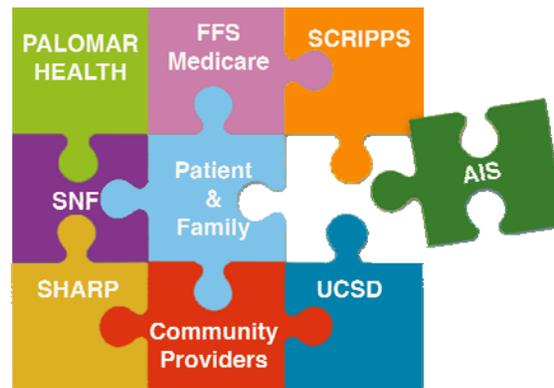
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What's Next?

- Improvements in screening / patient selection process
- Better understanding of why patients readmit and how/if we could have intervened
- Increased collaborations with community health agencies and SNFs
- Training the next generation of health care practitioners
- Expanding CCTP to other patient populations
- Sustaining the partnership and seeking new opportunities for partnership



*Coming together is a beginning
Keeping together is progress
Working together is success*
- Henry Ford



Thank you so much!

