Vantage Care Positioning System®

Post-Acute Care Scorecard: Using Standardized, Robust Information to Build Successful Partnerships
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Using Standardized, Robust Information to Build Successful Partnerships

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With growing financial pressure to manage patients effectively across care settings, hospitals, health systems, and payers must be able to assess which post-acute care (PAC) providers, among dozens in a given market, will be able to help reduce costs and improve quality. Avalere Health (Avalere) has streamlined evaluation efforts to provide upstream providers, payers, and PAC providers with a set of robust metrics to identify high performers. The Vantage Care Positioning System (CPS)® Post-Acute Care Scorecard (PAC Scorecard) empowers all stakeholders with the metrics necessary to both evaluate and demonstrate value to potential partners.

Providers need to be looked at on an ongoing basis…acuity changes, market changes, etc. We want our partners to be proactive and co-manage the patients with us. – Nancy Grant, Director of National Contracting, Humana

Upstream providers and payers can evaluate partnership potential by assessing PAC providers’ clinical programs, performance on quality metrics, and additional efforts (e.g., electronic health record systems, care transition programs, specialty medical units). The PAC Scorecard compliments Vantage CPS® by providing users with an accessible tool to evaluate PAC providers on such clinical and quality abilities. The PAC Scorecard also allows for flexibility around the evaluator’s priorities as users can adjust weights and change the relative value of each metric.

Use of the PAC Scorecard can inform data-driven decision making to enhance partnership opportunities and ongoing communication between partners.
The Problem: The Collection and Use of Varied Data Hinders Meaningful Comparisons of PAC Providers

Hospitals, health systems, and payers face increasing demands to deliver quality care and reduce costs in today’s evolving payment and delivery systems. Value-based purchasing programs hold hospitals accountable for care provided outside their four walls in order to encourage better communication and coordination between providers and improve patient outcomes. Similarly, payers are seeing their payments increasingly tied to quality measures that are influenced by care provided across the continuum.
In order to manage the risk presented by new payment and delivery systems, upstream providers and payers are striving to understand and assess the PAC providers that have been largely ignored in the past. In this effort, there are two key challenges:

1. Vastly divergent operating and clinical environments among hospitals / health systems and post-acute care. Providers have operated under different payment incentives that fostered little cross-setting communication. The result has been that upstream providers, payers, and PAC providers now speak different languages about patient populations, clinical protocols, and quality measurement data.

2. Quality measure development in post-acute care lags significantly behind the Medicare quality measurement infrastructures applied to hospitals, physicians, and payers.

In the face of these challenges, upstream providers and payers are employing a “make it up as you go along” approach that results in a wide variety of methods to produce and collect meaningful data related to the PAC providers in their markets. Growing pains in establishing new communications channels between evaluators and PAC providers have also contributed to the variability in the ways in which PAC providers are being assessed. Further complicating this process is that some proactive PAC providers are disseminating their own data. These differing efforts create a cacophony that ultimately slows down the formation of beneficial partnerships between providers and payers.

Given the significant financial implications of upstream provider, payer, and PAC partnerships, both in terms of value-based purchasing and volume for PAC providers, forming the right partnerships is critical. However, the lack of comprehensive, standardized data as well as the variety of ongoing assessment efforts makes it difficult to meaningfully compare PAC providers.

PUBLIC VALUE-BASED PROGRAMS

Hospital Value Based Purchasing (VBP) Program: Links performance to payments. Hospitals are at risk for 1.25 percent of base operating DRG amounts for the FY 2014 Program. That percentage will incrementally increase to 2.0 percent by FY 2017. Hospitals receive incentive payments based on their performance scores.

Hospital Readmissions Reduction Program (HRRP): Penalizes hospitals for unnecessary excess readmissions on high-cost conditions. Readmission penalty is based on the excess readmissions ratio, which compares the hospital to the national average.
The Opportunity: Better Use of Data Will Maximize Partnership Opportunities and Value

Strong relationships with high performing partners will lead to improved clinical performance and higher quality. As payment incentives continue to push providers to reduce variability in spending – particularly in post-acute care – these relationships will form the basis for working together to identify and reduce inefficiencies. Access to the best information to assess PAC providers is key to establishing relationships that truly boost quality and benefit patients and providers.

“
It is important that patients receive the right type of clinical care in their PAC. Can we make a difference in that selection? Sometimes. Are we doing better? Absolutely.”

– Nancy Grant, Director of National Contracting, Humana
Partnering with PAC providers that can deliver higher quality care, communicate effectively, and manage high acuity patients benefits a range of stakeholders:

- **Patient**
  - Clinically appropriate care
  - Improved care transitions and quality of care

- **Hospital**
  - Reduced penalties under HRRP and Hospital VBP
  - Reduced costs in bundling episodes

- **Medicare Advantage Plan**
  - Improved Medicare Advantage Star Ratings
  - Cost savings

- **Skilled Nursing Facility**
  - Guaranteed volume of patients
  - Shared clinical and other resources with partners

- **Accountable Care Organization**
  - Risk management programs
  - Opportunities for shared savings

Developing strong relationships with the right partner requires information that allows potential partners to compare performance across metrics that are relevant to success. With access to the best available data, stakeholders can efficiently prepare for conversations about PAC providers’ competencies, resources, and protocols.

PAC providers must be proactive in understanding and excelling on the metrics that inform partnerships with hospitals, health systems, and payers. By attaining preferred provider status, PAC providers will not only secure patient volume but may also have opportunities for increased communication between partners about shared patients and resources. Lehigh Valley Health Network, a leader in efforts to assess and limit its PAC network, increased physician resources, granted remote access to electronic medical records, and provided access to LVHN-sponsored programs for its Tier 1 facilities.
The Solution:
Vantage CPS® PAC Scorecard Provides Meaningful PAC Evaluation Data in a Standardized Format

The most powerful information about PAC providers will convey two things: 1) their performance and 2) their ability to help achieve shared strategic goals. These are key elements of a successful partnership. For example, a PAC provider may be weak on some metrics but may be committed to continuous improvement and mutually beneficial partnerships. Avalere has standardized comparisons of PAC providers with data that is relevant to both of these elements.

The Vantage CPS® PAC Scorecard combines traditional nursing home quality measures with Medicare financial, or “claims” data, and compliments Vantage CPS® by providing users with an accessible tool to assess PAC providers’ clinical capabilities and quality improvement initiatives. Successful providers will use both clinical and financial data to determine and manage relationships.

The PAC Scorecard supports data-driven decision making around referral practices and the formation of broader partnerships.
Vantage CPS® PAC Scorecard

Within the Vantage CPS® system, users can select a hospital and a SNF or Home Health Agency (HHA) provider to evaluate. Once these inputs are selected, the PAC Scorecard scores and ranks the selected SNF or HHA provider against other providers receiving at least 11 discharges from the selected hospital. For instance, if there are 20 SNFs receiving at least 11 discharges from the selected hospital, users can see how the selected SNF is performing relative to the other 19 SNFs on each measure and overall.

The final metrics selected for inclusion in the PAC Scorecard were informed by a literature review to identify existing scorecard initiatives and models, expert interviews, accessibility of data, and feedback from beta testers. These metrics include patient volume, readmission rates, length of stay (LOS), Nursing Home Compare Measures, and Home Health Compare Measures.

Vantage CPS® PAC Scorecard Metrics

Patient Volume

• Shows the volume of discharges that the selected hospital sends to the selected SNF or HHA.

• This metric was included because some hospitals and health systems showed a preference toward working with PAC providers with which they had an existing discharge relationship.

Readmission Rates

• Provides seven different 30-day readmission rates (All-cause, Congestive Heart Failure [CHF], Acute Myocardial Infarction [AMI], Pneumonia, Chronic Obstructive Pulmonary Disease [COPD], Total Hip Arthroplasty [THA]/Total Knee Arthroplasty [TKA], and returning to selected hospital) for the selected SNF or HHA based on 2012 data and compares each rate to the market average for all SNFs or HHAs in the market area.

• These readmission rates are included to give a broad understanding of a SNF or HHA’s readmission rate (All-cause), the readmission rates that directly affect the HRRP penalties (CHF, AMI, and Pneumonia, COPD, and THA/TKA), and the existing relationship between the selected hospital and SNF or HHA when that SNF or HHA readmits patients. Hospitals and health systems express interest in overall and condition-specific PAC readmission rates and prefer to have SNF or HHA partners send readmitted patients back to them so that they can continue to monitor the patients’ care and receive reimbursement for the stay.

• The PAC Scorecard also includes a Change in All-cause Readmission Rate, 2010-2012, which shows the average yearly percentage point change in the SNF provider’s All-cause readmission rate from 2010 to 2012.

Length of Stay

• Displays average Medicare-covered days in an episode of care (in days for SNFs and visits for HHAs) for all patients treated by the selected SNF or HHA in 2012 and compares the LOS to the market average across all SNFs or HHAs in the market area.

• Because SNFs are paid on a per diem basis, LOS data are important to hospitals and payers in assessing the cost of episodes of care that include post-acute care services.
Nursing Home Compare Measures

- Provides scores on five star ratings: overall, health inspections, nurse staffing, RN only staffing, and quality measures. The SNF’s score on each measure is compared to market and state averages for each measure.
- Many providers and payers turn to these measures as the only source of standardized quality data for SNFs, despite the limitations of this measure set.

Home Health Compare Measures

- Provides scores on four measure domains and two patient satisfaction measures: managing daily activities, managing pain and symptoms, treating wounds and preventing bed sores, preventing harm, percent of patients ranking the HHA 9 or 10 out of 10, and percent of patients who would recommend the HHA.
- Many providers and payers turn to these measures as the only source of standardized quality data for HHAs, despite the limitations of this measure set. Evaluators also show increasing interest in patient satisfaction scores.

While Vantage CPS® populates the quantitative, objective measures for the selected facility, the PAC Scorecard also provides the option to include qualitative measures that can be important when selecting partners. To capture these considerations, the PAC Scorecard includes an open-ended response section with a selection of measures that the user may choose to answer when applicable.

Other Considerations

Do the hospital's physicians interact with patients under the care of the HHA / SNF?
- Existing physician relationships can strengthen transitions of care and overall continuity of care; these relationships are often attractive to evaluators.

Does the HHA / SNF exhibit a willingness to participate in initial and ongoing meetings or communications related to a partnership?
- In many cases, upstream providers and payers are looking to establish long-term partnerships that require ongoing collaborations, rather than conducting one-time assessments.

Does the HHA / SNF have a care transitions program in place or relationships with the hospital's discharge coordinators?
- Upstream providers may appreciate PAC providers that have undergone efforts to improve discharge handoffs and reduce readmissions to the hospital.

Does the HHA / SNF have affiliations with other post-acute care providers, such as SNFs / HHAs or inpatient rehab facilities? How does this fit with the hospital's PAC relationships?
- PAC providers’ affiliations with other providers along the PAC continuum can positively or negatively impact
their standing with evaluators. Some upstream providers and payers may value PAC providers that can place patients in the appropriate level of care along the PAC continuum, but other upstream providers may need to navigate potential competition between PAC providers’ assets and their own. For example, a SNF company that also owns HHAs may inadvertently be competing for the patients a hospital sends to its own HHA.

**Does the HHA / SNF use an electronic health records system that is compatible with yours or available to you?**

- The ability to easily communicate electronically becomes increasingly important as partners look to improve transitions of care and ongoing clinical needs of patients.

**Does the SNF operate specialty medical units that treat conditions commonly seen in the patients you discharge?**

- Upstream providers increasingly show interest in quickly placing patients into PAC settings that are specifically equipped to handle certain conditions or treatments, such as vent patients.

**Other Relevant Data**

This section allows evaluators and PAC providers to include additional data, if available. Examples of data that can contribute to partnership conversations include:

- Infection rates?
- Employee satisfaction data?
- Patient / family satisfaction data? (particularly relevant to SNFs as these data are not publically reported)
- Accepts admissions 24/7/365?
- Provides therapy 7 days/week?
- Within how many days is the patient seen by a physician (in SNFs)?

The PAC Scorecard allows for flexibility around the evaluator’s priorities. Users can adjust weights and change the relative value of each metric. A weight of 1 indicates that the metric contributes the least to the final scoring and ranking while a weight of 5 corresponds to the highest contribution, or importance. For example, if a hospital is very concerned with a provider’s readmission rates, it may choose to rate those metrics at 4; and, if it is less concerned with Nursing Home Compare measures, it may choose to weight the measures at 1. If a user is indifferent to or lacks information on a particular metric, a weight of 0 is applied and the metric is not applied to the final score.

The PAC Scorecard displays how well a PAC provider performed on each metric. A higher score indicates a higher performance.
The overall score is calculated by summing the final weighted scores of all metrics. The provider’s final score is displayed as a percentage of the total maximum points; a higher percentage corresponds to a higher performance.

Finally, users are able to aggregate, or “roll-up”, the report to show data for all SNFs or HHAs in the market area. This allows users to easily compare all SNFs or HHAs receiving discharges from the selected hospital and to get a broader view of how these providers compare.

Using the PAC Scorecard in Practice

Suggested Instructions for Using Vantage® CPS PAC Scorecard

For Evaluators

1. Select a hospital and a PAC provider to be evaluated
2. Consider issuing a Request for Information / Request for Proposal to identify preferred providers
3. Collect supplemental data from PAC providers (e.g., care transition program, employee satisfaction data)
4. Compare metrics for PAC providers in market area and assess supplemental information
5. Identify potential preferred providers for partnerships
6. Meet with potential partners to discuss strategic goals, resources, etc.
7. Assess and monitor PAC partners on a regular basis to refine goals as needed

For PAC Providers

1. Select a hospital and your facility to be evaluated
2. Understand how your facility’s metrics compare to others in the market area
3. Prepare supplemental data (e.g., care transition program, employee satisfaction data) for evaluators
4. Determine clinical or quality areas for improvement and reallocate resources as needed
5. Assess and develop facility’s strategic goals around quality
6. Prepare handouts with scorecard results for nearby high volume health systems and payers and respond to any RFPs for preferred providers
7. Arrange meetings with potential partners to discuss performance on PAC Scorecard
In the near term, the PAC Scorecard can serve as an educational resource for PAC providers to become more familiar with the metrics that increasingly influence referral decisions. By understanding the metrics proposed in the PAC Scorecard, PAC providers can assess their own performance relative to competitors in the market, redirect resources to improve on important metrics, and respond to stakeholders seeking to identify preferred providers. Hackensack University Medical Center, for example, issued a Request for Proposal (RFP) to identify preferred post-acute care providers that were able to assure performance on quality metrics and were willing to work collaboratively in an ACO.

The PAC Scorecard can also guide hospitals, health systems and payers as they determine how to identify preferred providers. These stakeholders can use the PAC Scorecard to narrow down the list of PAC providers they discharge to in order to identify the providers with which they intend to follow-up for additional data and initial conversations around potential partnerships.

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**Humana’s SNF Scorecard: Clinical Initiative To Assess Capabilities of SNFs**

To better understand clinical capabilities of facilities in network, Humana developed a SNF Scorecard to assess clinical initiatives and programmatic aspects involved at each SNF. In developing the data elements and the corresponding weights in its scorecard, Humana considered feedback from many of its provider partners.

“We wanted to better partner with our facilities’ patients and co-manage our subscribers for the best outcomes possible. We want to place those patients in the best environment for the subscribers’ needs.” - Nancy Grant, Director of National Contracting, Humana

Humana employs nurses to visit facilities and validate the scorecard information. Initially administrators were surprised to receive such visits, yet Humana reports that data collection efforts have been generally successful.

“We sat down and said how can we be better partners? What do you need from us? How can we reach consensus on patients? What are the types of services do you offer? More importantly, what patients can you not take?” - Nancy Grant, Director of National Contracting, Humana

What began as a clinical initiative ultimately influenced Humana’s contracting; however, distance remains a factor in the decision. Grant noted that while Humana’s intention is to deliver a sound product to its Medicare subscribers, Humana would continue to balance the needs of its community and membership.
In the long term, the PAC Scorecard can inform regular conversations between partners about providers’ performance on certain measures, areas for improvement, and resource needs. One of the most powerful applications of the PAC Scorecard is in its ability to facilitate communications between stakeholders about shared patients, both in initial and ongoing partnership efforts.

While hospitals and plans can identify and highlight high-performing PAC partners, they must still respect patient choice. Under Section 1861 of the Social Security Act, Medicare hospitals are prohibited from limiting or steering patients to choosing particular PAC providers. Hospitals’ interpretation of this language varies. For instance, some hospitals list their preferred providers first with language around the criteria used to select the high-performing providers. Others may create separate lists for their preferred and non-preferred providers.

In the long term, the PAC Scorecard can inform regular conversations between partners about providers’ performance on certain measures, areas for improvement, and resource needs. One of the most powerful applications of the PAC Scorecard is in its ability to facilitate communications between stakeholders about shared patients, both in initial and ongoing partnership efforts.

Many organizations have SNFs self-report on a monthly or quarterly basis.

Finally, as provider and payer partnerships evolve to address the changing incentives of the Medicare payment and delivery systems, Avalere will update the PAC Scorecard to reflect changing demands and learnings from expanded use.
"Our scorecard is evolving as we speak. I don’t think it’s a one-time evaluation. We are adding additional components to the scorecard for the second year to address concepts like readmissions back to the hospital. Providers need to be looked at on an ongoing basis… acuity changes, market changes, etc. We want our partners to be proactive and co-manage the patients with us."

– Nancy Grant, Director of National Contracting, Humana
In November 2013, Avalere conducted a literature review using PubMed to identify scorecard initiatives and models that could inform the Vantage CPS® PAC Scorecard. Avalere reviewed literature from publically available scientific publications, research studies, conference proceedings, and news articles. Resources included BMJ Quality & Safety, Journal of Health Economics, Hospital Case Management, the Journal of the American Medical Directors Association, etc. The literature review focused on initiatives that sought to facilitate partnerships and collaboration between providers to improve care transitions and quality of care for patients. The literature review covered articles from 2000 to the present. Search terms included skilled nursing facility, post-acute care, collaboration, preferred provider, patient choice, partnership, readmission, care coordination, and quality improvement.

In addition, Avalere identified and interviewed experts with experience creating and evaluating scorecard initiatives.

Populated with Medicare Fee for Service 100% Provider Part A and Home Health Part B Structured Analytic File, Nursing Home Compare, and Home Health Compare data, the PAC Scorecard was designed to inform conversations between providers, health plans, and health systems. With a combination of objective, quantifiable metrics (e.g., readmission rates) and metrics qualitative in nature (e.g., clinical offerings), the PAC Scorecard is an interactive, customizable resource to prepare Vantage users for evaluations and resource planning.

To inform the selection of metrics for inclusion in the PAC Scorecard, Avalere examined research that specifically focused on scorecards or initiatives that facilitate partnerships between providers and payers to improve care transitions and quality of care for patients (Table 1) and drew from its vast experience as a thought partner to innovative providers.
With the intention of developing a preferred provider network, CHI developed a credentialing process to assess quality, cost, and patient satisfaction. Initial indicators include length of stay (LOS), readmissions, functional measures, patient and family satisfaction, emergency department (ED) visit rates, and infection rates. In the implementation phase, local PAC teams will identify financial, quality, and outcome measures.

On a quarterly basis, Burke submits scorecard data to a partner hospital and has regular meetings to discuss outcomes. Metrics include volume, LOS, falls, infection rate, pressure ulcers acquired, and complications. Burke has outlined its intention to create outcome sheets for payers and add more specific outcome indicators.

Seeking to improve its network of PAC providers and member experience, Humana developed a skilled nursing facility (SNF) Scorecard to identify services provided by network SNFs and redirect patients to the most appropriate facilities. Humana employees are deployed to SNFs to work with facility personnel to complete the evaluation. Metrics include availability of sub-acute and routine care services, nurse practitioner program, admissions 7 days/week, facility communication, patient satisfaction, Star Ratings, and readmissions.

Kindred tracks hospitalization rates in short and long stay populations (within 30 days of admission and total; weekday vs. weekend; and relationship to case mix and nurse staffing). Kindred also developed a Balanced Scorecard to evaluate its Nursing Center Division on a range of metrics including overall Star Rating score, employee satisfaction and retention, re-hospitalization rate, implementation of Interact, etc.

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<td>Catholic Health Initiatives (CHI) Post Acute Care Framework</td>
<td>With the intention of developing a preferred provider network, CHI developed a credentialing process to assess quality, cost, and patient satisfaction. Initial indicators include length of stay (LOS), readmissions, functional measures, patient and family satisfaction, emergency department (ED) visit rates, and infection rates. In the implementation phase, local PAC teams will identify financial, quality, and outcome measures.</td>
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<td>Burke Rehabilitation Hospital Use of Scorecard</td>
<td>On a quarterly basis, Burke submits scorecard data to a partner hospital and has regular meetings to discuss outcomes. Metrics include volume, LOS, falls, infection rate, pressure ulcers acquired, and complications. Burke has outlined its intention to create outcome sheets for payers and add more specific outcome indicators.</td>
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<td>Humana SNF Scorecard</td>
<td>Seeking to improve its network of PAC providers and member experience, Humana developed a skilled nursing facility (SNF) Scorecard to identify services provided by network SNFs and redirect patients to the most appropriate facilities. Humana employees are deployed to SNFs to work with facility personnel to complete the evaluation. Metrics include availability of sub-acute and routine care services, nurse practitioner program, admissions 7 days/week, facility communication, patient satisfaction, Star Ratings, and readmissions.</td>
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<tr>
<td>Kindred Healthcare Performance Data and Balanced Scorecard</td>
<td>Kindred tracks hospitalization rates in short and long stay populations (within 30 days of admission and total; weekday vs. weekend; and relationship to case mix and nurse staffing). Kindred also developed a Balanced Scorecard to evaluate its Nursing Center Division on a range of metrics including overall Star Rating score, employee satisfaction and retention, re-hospitalization rate, implementation of Interact, etc.</td>
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<td>Lehigh Valley Health Network’s Collaborative Partner Prioritization Tool&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Seeking to collaborate with SNFs with mutual interests in improving quality and reducing costs, LVHN created its Collaborative Partner Prioritization Tool to determine the best partners. Metrics include patient discharge destination volume by SNF, 30-day all cause readmission rate to LVHN hospital, Nursing Home Compare 5 Star Overall rating, health network affiliation of SNF’s medical director, level of LVHN-employed or -affiliated physician presence at SNF, and SNF participation in LVHN-sponsored programs.</td>
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<td>Oregon State’s Use of Scorecard&lt;sup&gt;2&lt;/sup&gt;</td>
<td>No Place Like Home and Acumentra Health send Oregon nursing homes individual readmission scorecard reports ranking the nursing home against other SNFs in the region and the state average.</td>
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These initiatives and discussions with experts in the field revealed recurrent themes and metrics consistent with the goals of this effort including patient volume, readmission rates, length of stay (LOS), Star Ratings, presence of specialty medical units, use of compatible electronic health records, and other considerations.
References


