Hospital AT Home USERS GROUP

On Time, Every Time:
Delivering Hospital at Home Ancillary Services

Peter Read, DO | UnityPoint Health

AAHCM AMERICAN ACADEMY OF HOME CARE MEDICINE
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Webinar
February 16, 2021

We appreciate the generous support of

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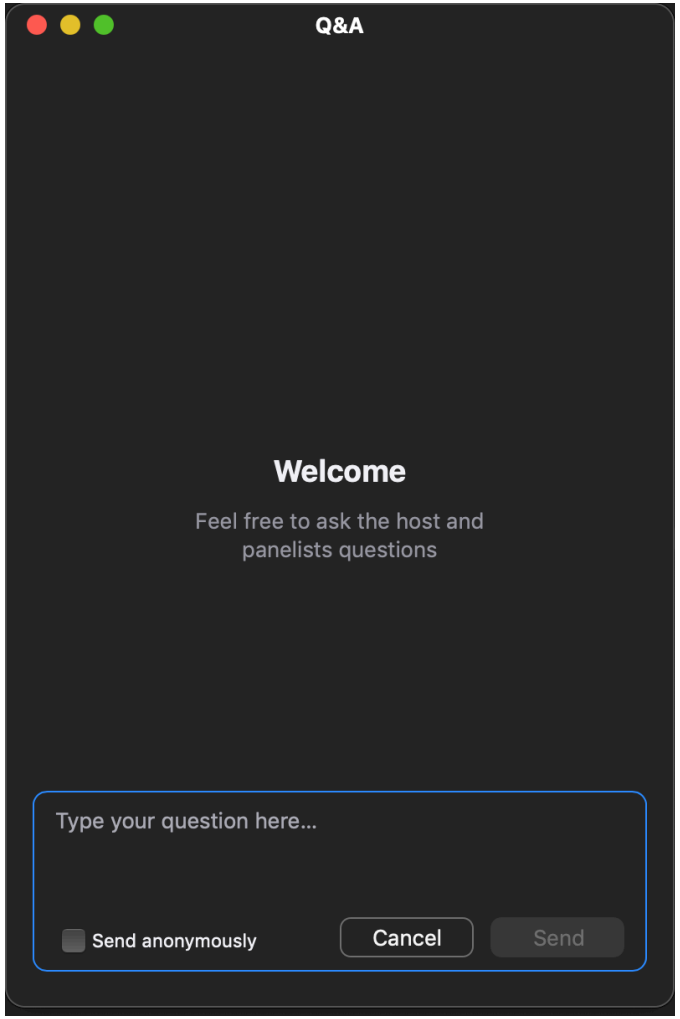
Hospital at Home USERS GROUP

Zoom Webinar Housekeeping

- Please submit your questions via the Q&A option.
- Due to the large audience for today's webinar, everyone has been placed on mute.
- If you have any issues, please contact Noah Levine (nlevine@aboutscp.com) or send him a message via the Zoom chat feature.
- Slides and a recording of the webinar will be available through HaHUsersGroup.org and in our TA Center.



Bruce Leff, MD
Professor of Medicine
The Johns Hopkins School of Medicine

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Web: hahusersgroup.org

Tw: @hahusersgroup

TA Center (beta): www.capc.org/strategies/acute-hospital-home

The HaH Users Group Webinar Series

- The Hospital At Home Model and the CMS Acute Hospital Care At Home Waiver
- Building Support for Your Hospital at Home Program: Issues in Strategic Engagement
- Who's In, Who's Out? Deciding Which Patients Are Right for Your Hospital at Home Program
- Tech Matters: Building the Right Digital Platform for Your Hospital at Home Program
- Efficient, Effective, Excellent: Issues in Hospital at Home Logistics and Operations
- **On Time, Every Time: Delivering Hospital at Home Ancillary Services (Today)**
- How Are We Doing? Evaluating Hospital at Home Quality and Safety (2/23)

See Events at HaHUsersGroup.org or the Users Group TA Center for more information…

Today's Webinar

On Time, Every Time: Delivering Hospital at Home Ancillary Services (Operations Session 2)

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Peter Read, DO
Medical Director
UnityPoint Hospital at Home

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LEARNING OBJECTIVES

- Learn to approach development of Acute Hospital Care at Home with a flexible perspective
- Explore some of the key decisions that may be encountered when developing your ancillary service contracts
- Share lessons learned from UnityPoint's journey

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UnityPoint Hospital at Home

UnityPoint Health Care at Home

Ambulatory model of care began late 2018

- Population Health clinic
  - NextGen ACO
  - At risk contracts
- Develop proactive ambulatory based care alternatives reduce our patients' need for ED/Hospital utilization
- Spectrum of services
  - Hospital to Home and 30-day bundle
  - Primary Care at Home and 30-day bundle
  - Annual Wellness visits
  - Advanced Care Planning
  - Post Discharge Home Visits (NGACO waiver enhancement)
  - Care Management Home Visits (NGACO waiver enhancement)

UnityPoint Health

What Services Are Needed

- Pharmacy
- Infusion Services
- Respiratory Care (inc. O2 delivery)
- DME
- Diagnostics: Lab, Radiology, EKG, US, Echo, other
- Transportation
- Food Services
- Therapies (Physical, Occupational)
- Social Work

How Ready Are You?

Evaluating Readiness

Strategic endorsement

- Local hospital leadership
  - Predict barriers
  - The meeting before the meeting
  - “Political navigation”
  - Keep it collaborative -> shared goal
- Wide audience
  - “C-suite”
  - Close to the work:
    - Representatives from each service area
    - Include EMR, Rev cycle, accounting, UM, Clinical quality, chief of nursing, etc.
  - Tell stories for the heart
  - Explain financials for the head
- Legal

Evaluating Readiness

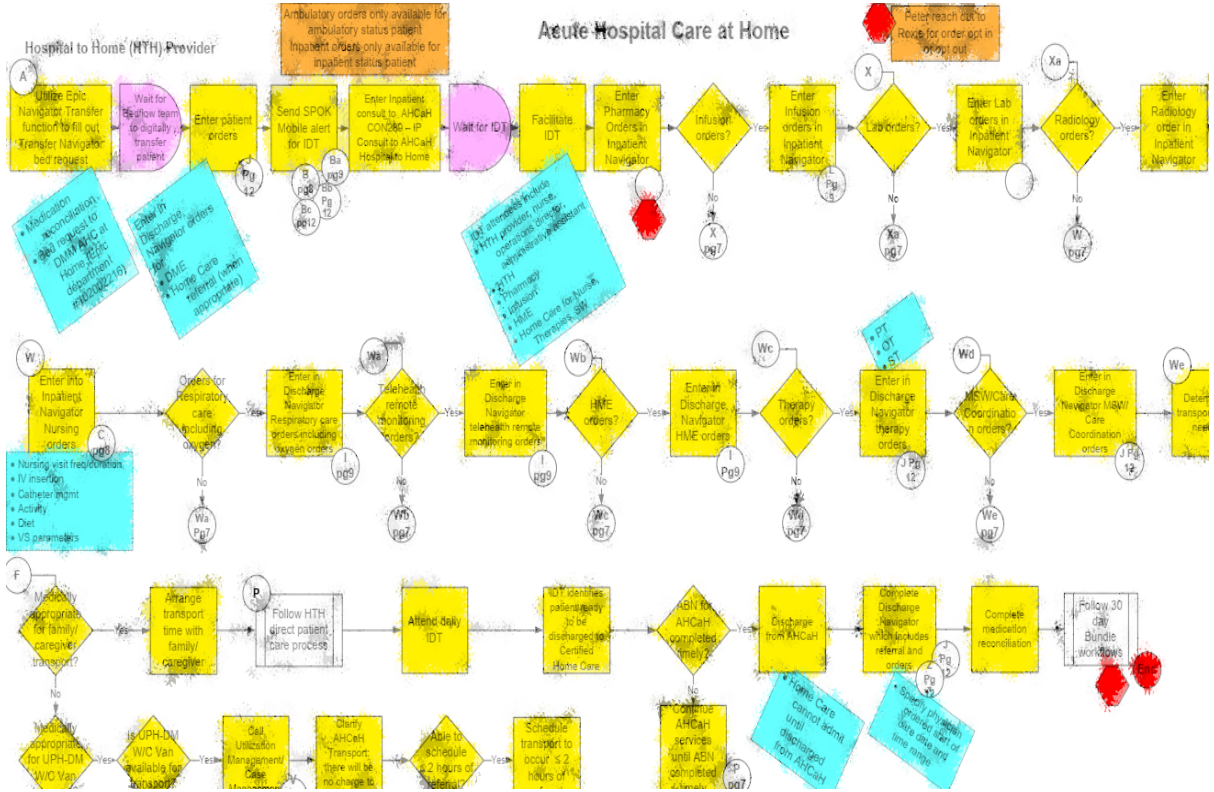
Seek guidance from regulatory bodies

- Hospital accreditors
- State/local regulators

List which services are available internally and which ones can be sourced externally

- Look for local partners
- Current partners with your other service lines-> Hospice
- Define expectations

Evaluating Readiness



Helpful tools

- Project management
- Process mapping
- Scheduled debrief sessions
  - PDSA cycles
- System analytics
- Marketing
  - Create clear messaging tools

Evaluating Readiness

New contracts between hospital and ancillary service providers

- Focus on:
  - Who is the main contact?
  - Service expectations: response time
  - How will report/results/images be incorporated to the EMR?
  - Charges: who/how do charges drop, internal vs external charges?
  - Hospital staff understanding of process

Adapt vs Adopt: Ancillary Services

Conditions of Participation

COP vs. hospital policy

- Vague and are interpreted by institution
- Institutional policies are often more specific
  - Violate your own policy
    - Solution: Amend the policy
    - Difficult-> see readiness

Pharmacy

- Examine the COP
  - How is your policy different?
  - Can you modify your policy?
- Observational med rec

§482.25 Condition of Participation: Pharmaceutical Services. The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.

Pharmacy

- Infusion services
  - IV ABX, diuretics, etc.
    - Hint: partner with an ambulatory partner (home infusion services)
      - ❖Delivery
      - ❖Pump/pole vs elastomeric device
      - ❖Supplies (flushes, IV start kits, sharps container, alcohol swabs)
      - ❖Monitoring (vancomycin)
- Oral and inhaled
  - From your inpatient pharmacy
  - Question: packaging and delivery?
- Controlled substances?

Pharmacy

- Documentation in the EMR
- Patient supplied (home meds)
  - Policy change
- “Charging” for those medications that are supplied + delivered
  - Hint: revenue cycle and EMR leadership involvement

Respiratory Care, Oxygen and DME

Lump together as often will come from same supplier

- Oxygen
  - How to capture cost?-> is this triggered by the order in the EMR, or by documentation b RT?
  - What is the cost of short-term oxygen?
- Respiratory therapy + supplies
  - Nebulizer: pump and tubing
  - Other equipment -> IS, flutter valves, PAP supplies
  - Teaching -> can this be done by RNs?
  - Patient supplied medication
- Medical equipment
  - How will cost be captured?

Diagnostics: Lab, Radiology, CV Services

Lab

- Most will choose to run samples in hospital lab
- Hospital lab leadership involvement
- Contracting agreement
- Education for workflow
  - Who draws, drop off/handling, expected turn around
  - Supplies
  - Labs difficult to obtain in home due to time/handling (lactic acid, abg, etc.)

Diagnostics: Lab, Radiology, CV Services

Radiology

- Most will need a mobile partner
  - Who in area provides imaging to NH or hospice?
- Relationship between internal and external services: Radiology ops
  - E.g., Mobile partner will perform the image->read by internal radiology, read by external/mobile partner
  - How will the images/result be captured in EMR?
  - Charge capture
- Our approach:
  - Partner with BioTech Mobile x-ray for image->image sent to PACS and read by our internal radiology (already read images for BioTech)

Diagnostics: Lab, Radiology, CV Services

Cardiovascular Services: EKG, venous US, Echo

- Possibly provided by your mobile partner
- Involvement of your CV service lead (depends on structure of org) with mobile partner
- Who reads what?
  - Mindful of established relationships-> Cards vs Vasc. Surg
- How will it be uploaded into the EMR?
- Charge capture

Transportation

Prepare for a conversation

- Review hospital policy prior
- Consider having legal present to weigh in
  - Help to weigh level of aversion
- Evaluate the acuity of patients you are serving
- Lessons learned at UnityPoint

Food Service

- Internal vs external source
  - Internal: boxed meals
  - External: “Meals on Wheels”
  - How/who will contact/deliver
  - Diet restrictions?
  - Charges?
- Observational discussion
  - Food insecurities
  - Reading labels

Social Work and Therapy: Physical, Occupational, Speech

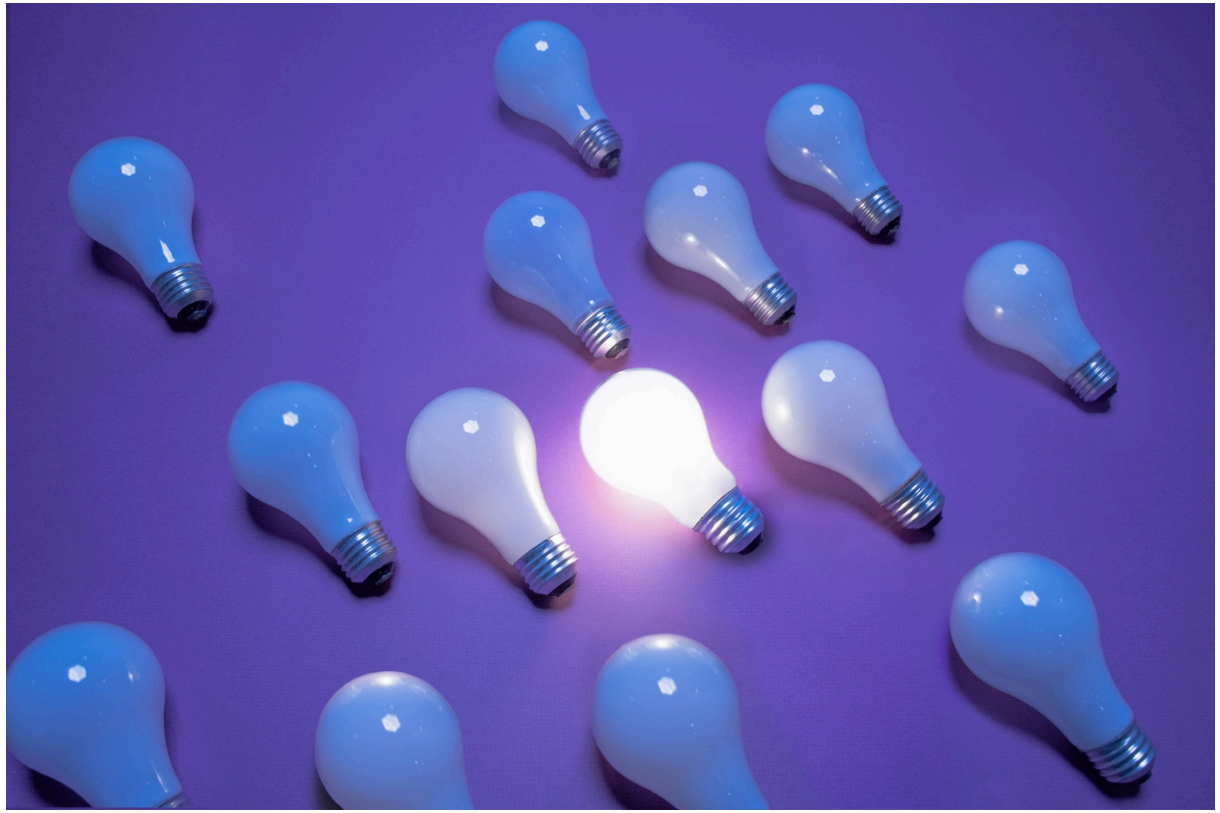
Lump together

- Likely find all services at a home care partner
  - Cost shift time if internal
  - Contract if external
- EMR charges and documentation
  - Careful about how much time spent training using the inpatient EMR
    - May not need services very often
  - Consider downtime procedures as an interim
- UnityPoint approach
  - In-sourced agreement with UP@H
  - UP@H will eventually be transitioning to EPIC Dorothy (home care EMR)-> therapists will receive more training
  - Interim plan is to use downtime forms and scan into EMR
- If ongoing therapy is needed at discharge-> certified home care episode vs outpatient referral?

Lessons Learned

Lessons Learned

- Adapt vs Adopt
- Cast a wide net early
- Don’t be afraid to fail
- Look for insourced solutions
- Reflect on the wins



Thank you…Questions?

Questions

Key Contacts

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Learn More

- Hospital at Home Users Group
  https://hahusersgroup.org/

- Hospital at Home Users Group Tools and TA
  (Beta version, powered by CAPC)
  https://www.capc.org/strategies/acute-hospital-home/

  - New Resource – Annotated CMS Waiver https://www.capc.org/strategies/hospital-at-home-meeting-2020-cms-waiver-requirements/

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THANK YOU

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Please make sure to join our next webinar:

How Are We Doing?

Evaluating Hospital at Home Quality and Safety

February 23, 2021 - 4pm – 5pm ET

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