MVC CASE STUDY

MVC Custom Analytics & Resources Informed Readmissions Strategy at McLaren Port Huron Hospital

AT A GLANCE

Resources Shared

- CHF push reports
- Custom analytics
- Readmission toolkit

Outcomes

- McLaren Port Huron has a more nuanced understanding of its CHF and COPD patient populations and spending
- A Readmissions Reduction Committee is integrating best practice frameworks
- McLaren Port Huron narrowed its scope of focus for quality efforts related to COPD & CHF.

"Being a medium size community hospital, we don't have access to high level data analytics to assist us in really understanding our readmission performance. It was just a matter of reaching out and asking for help - we loved being able to have an initial conference call to go over our struggles and then determine what kind of information we needed... the turnaround time was surprisingly short."

Mary Pool
Director of Quality,
McLaren Port Huron Hospital

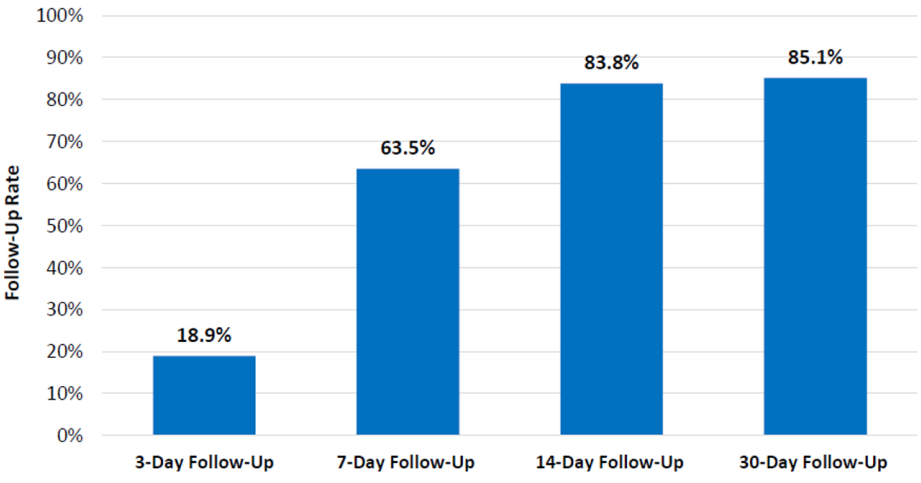
BACKGROUND

In January 2020, McLaren Port Huron Hospital leadership reached out to MVC for support regarding their rates and adherence to follow-up visits in the congestive heart failure (CHF) patient population.

The MVC team held an inception meeting with hospital members to develop a roadmap of support. Following this contact, McLaren Port Huron provided a list of patients that had been referred for follow-up after hospitalization for CHF. This information was then used to match with MVC claims data sources to identify adherence to follow-up.

As a result, MVC performed a patient match (c.70%) that revealed the adherence to follow-up visits at McLaren Port Huron was high, especially at 14 and 30 days post-discharge.

Figure 1. Post-Match Findings Related to Follow-Up and Utilization in Congestive Heart Failure Patients



Utilization Factor	Percent
30-Day Readmission Rate	14.9%
30-Day Home Health Utilization Rate	36.5%

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McLaren PORT HURON

Blue Cross Blue Shield Blue Care Network of Michigan

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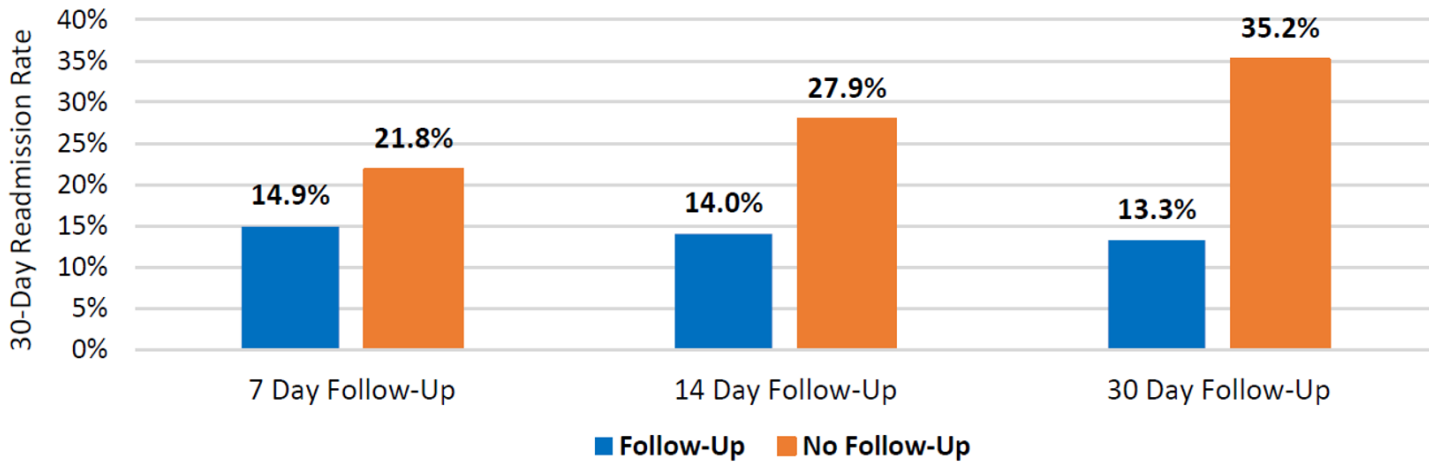
Figure 2. 30-Day Readmission Rate by Follow-up Status in COPD Patients



CONTINUED COLLABORATION

After pausing activity due to COVID-19 and the reallocation of resources, McLaren Port Huron re-engaged with the MVC Coordinating Center following the dissemination of its chronic disease management reports for CHF and chronic obstructive pulmonary disease (COPD) in November 2020.

MVC then met with McLaren Port Huron Hospital leadership to review follow-up rates related to high readmissions for COPD compared to all other MVC members. After further detailed discussion, McLaren Port Huron requested additional custom analytics related to readmissions in their COPD population.

This analysis showed that although 30-day readmission rates for COPD at McLaren Port Huron were high overall (19.6%), patients that had a follow-up had reduced readmission rates. Patients that had a follow-up visit within 30 days post-discharge had a 30-day readmission rate of 13.3% compared to 35.2% in those without a 30-day follow-up visit. A zip code level analysis also revealed that specific areas were subject to higher readmission rates.

To supplement these analytics, the MVC team also provided best practice approaches used by other collaborative members, including information on specific risk readmission tools (e.g., BOOST, LACE, RRAT, AHRQ Readmission Toolkit).

"The follow-up rates compared to others really surprised us. And how much difference there is in our 7-day readmission versus 30-day. We are still pretty perplexed on what is bringing these folks back but now we know what timeframe to focus on."

Mary Pool
Director of Quality,
McLaren Port Huron Hospital

NEXT STEPS

In January 2021, McLaren Port Huron requested that MVC replicate the COPD analysis for its CHF population. In addition, they shared an interest in the development of a chronic kidney disease cohort on the MVC registry.

Similar to COPD, CHF readmission rates were lower in those patients that had a follow-up compared to those with no follow-up at McLaren Port Huron. A zip code level analysis again revealed that certain areas were subject to higher readmission rates.

McLaren Port Huron thereafter held an improvement event that included physicians, senior leadership, nursing, and other ancillary services. This group identified seven additional reduction tactics. McLaren Port Huron also brought the best practice tools shared by MVC to its readmissions reduction meeting, which led to additional discussions about improvement and new questions about how best to improve value for COPD and CHF patients.