

Exemplary Collaboration and Partnership Pemi-Baker Hospice & Home Health

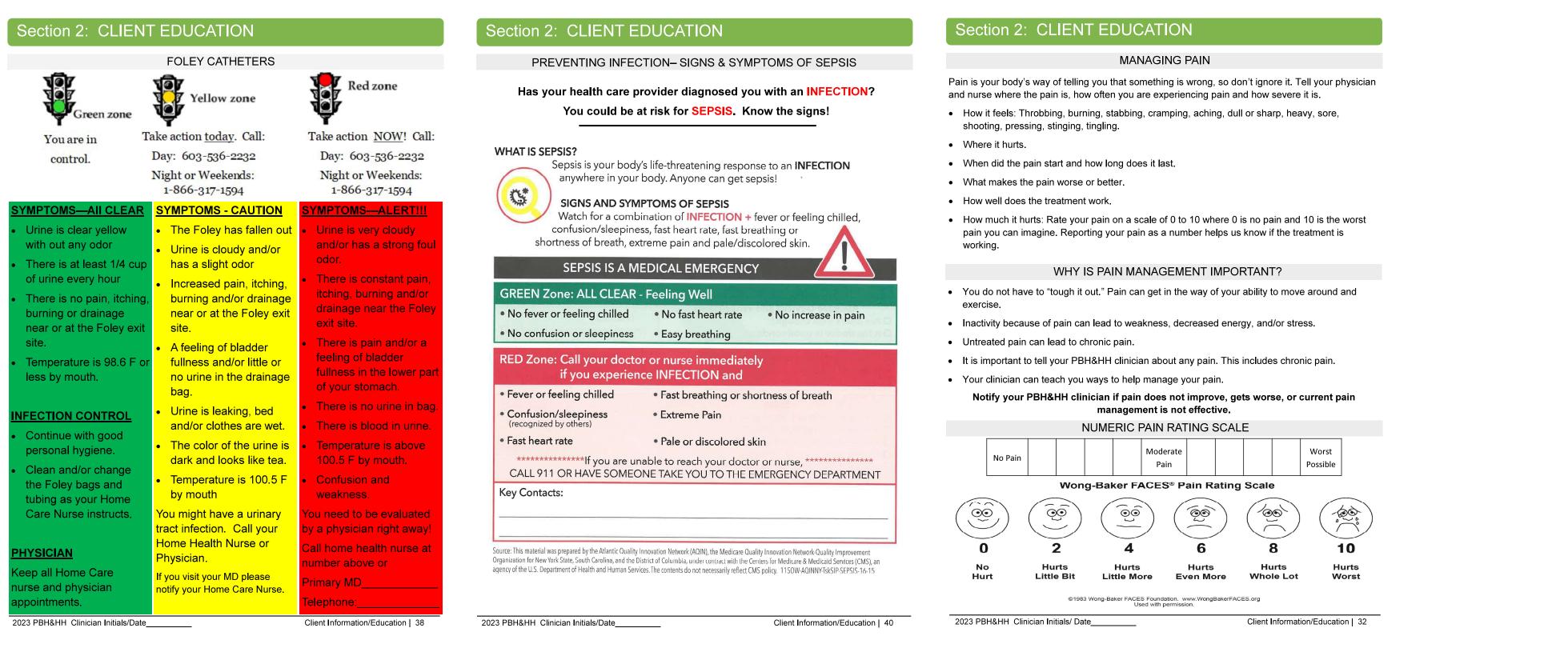
In recognition of their ongoing commitment to improving transitions of care for the patients and caregivers in their communities.

BACKGROUND

Established in 1967, Pemi-Baker Hospice & Home Health is leader in physical therapy, palliative care, hospice care, and home health. It is a local, independent, nonprofit organization providing programs and services to meet the diverse needs of 32 communities in central and northern New Hampshire. The agency has more than 70 employees and volunteers. Pemi-Baker is Medicare-certified and works with multiple insurance companies. No one is ever denied care due to an inability to pay.

APPROACH

Staff education was provided via weekly interdisciplinary Training included breaking complex health management conversations into small "chunks" of information. group meetings. The emphasis was on encouraging patients and caregivers to call the agency early to report Evidence supports the efficacy of this approach changes in status. Staff were also taught to use stoplight (termed "microlearning") for both patients and medical professionals. (3,4) The agency also implemented a system tools, which employ simple graphics to explain symptoms/ trends to watch for and when to notify the agency. These of calls to patients shortly after admission to home health. tools have proven particularly helpful for patients with These additional touch point opportunities help bridge the lower health literacy. (1,2) (See below illustrations of gap between field clinician visits. stoplight tools.)

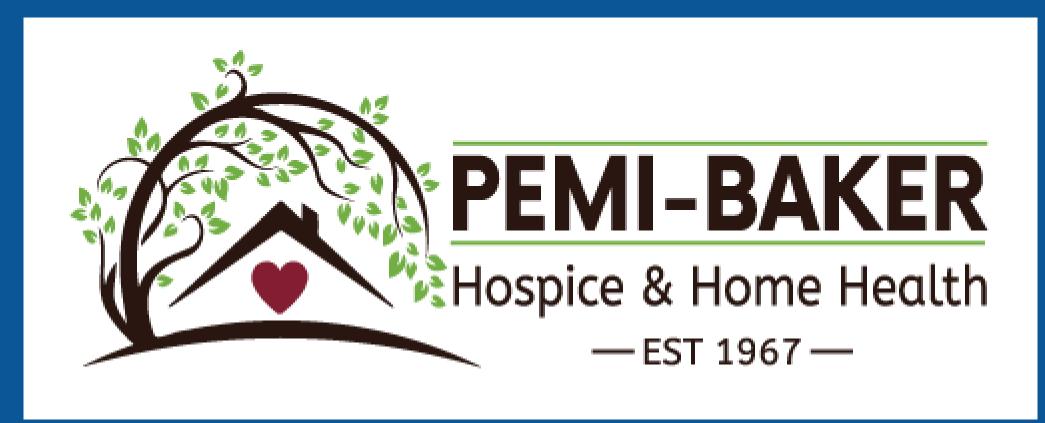


In 2023, IPRO QIN-QIO met with hospitals and nursing Pemi-Baker also participated in subsequent sessions, homes to understand barriers to safe care transitions. sharing challenges, best practices, and suggestions for Recognizing the important role of home health, the solutions. Quality Director from Pemi-Baker was asked to participate by providing education to hospitals and long-term care Pemi-Baker has a strong focus on data-driven providers on admission criteria for Medicare-certified improvement and provided input to help refine the IPRO home health agencies, transitions from the hospital to QIN-QIO Home Health Care Transitions Reports. hospice, and the role of hospice in long-term care.

Emergency Department (ED) Visit Reductions and Hospital Observation Stays

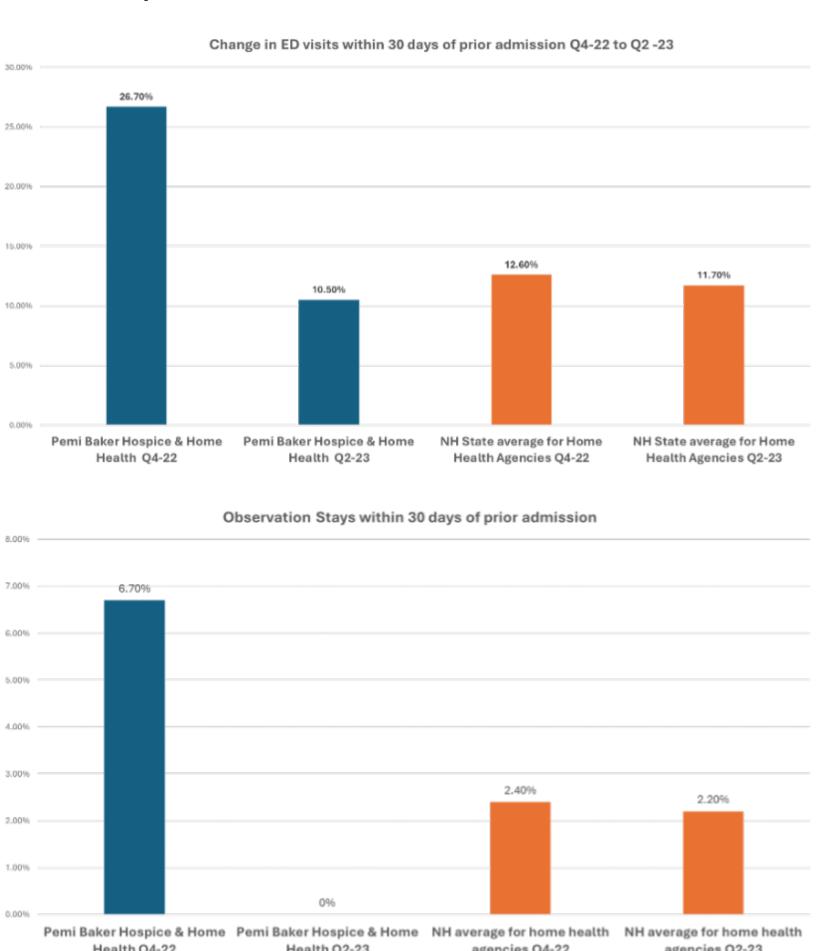
One of the key areas of focus for home health agencies is helping prevent hospital readmissions. This benefits both patients and hospitals who are subject to financial penalties from CMS if certain patient types are readmitted too soon after discharge. Since the advent of home health value-based purchasing in 2023, home health agencies are being evaluated and either rewarded or penalized based on how often their patients use an ED or are rehospitalized. The goal of this project was to reduce hospital readmissions and observation unit stays.

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RESULTS

Pemi-Baker Hospice & Home Health's focused initiative resulted in a reduction of the rate of patients with an ED visit within 30 days of an inpatient stay from 46.7% in the fourth quarter of 2022 to 10.5% in the second quarter of 2023. For the same period, they also reduced the rate of patients with an observation stay within 30 days from 6.7% in the fourth quarter of 2022 to 0.00% in the second quarter of 2023.



CONCLUSIONS

The implications of these positive outcomes are layered. The most obvious is better progressions toward recovery for patients. There is also a benefit to the agency in terms of outcome scores, some of which may impact reimbursement actions by CMS. The overall healthcare delivery system benefits from reduced costs.

Future goals include sustaining these changes over time as the patient mix is constantly evolving, and identifying new, evidencedbased strategies to engage patients and caregivers as fully as possible in their own recovery.

ACKNOWLEDGEMENTS

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