CARE COORDINATION
Atlantic Health System • Dr. Mark Calderon
In recognition of ongoing commitment to quality and a cross-setting community partnership approach to improve transitions of care (TOC).

Atlantic Health System

Post-Acute Care Collaboration Strategy Program: Using Clinical and Electronic Integration to Improve Communication and TOC Outcomes

BACKGROUND

Atlantic Health System (AHS)
An integrated healthcare delivery system including world-class hospitals in the New Jersey and the New York metropolitan area.
- Morristown Medical Center
- Overlook Medical Center
- Newton Medical Center
- Chilton Medical Center
- Hackettstown Medical Center
- Goryeb Children's Hospital
- CentraState Healthcare System

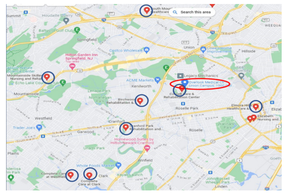
Expanded partnership with
- Atlantic Health System Complete
- Atlantic Rehabilitation
- Atlantic Urgent Care
- Atlantic Medical Group
- Atlantic Home Care & Hospice

Dr. Mark Calderon is a board-certified family physician and the Medical Director for Integrated Care for Atlantic Health System. He provides clinical oversight of Atlantic's Post-Acute Care (PAC) Program that includes relationship management of nursing home partners, improving care transition outcomes, managing skilled nursing facility (SNF) value for the Atlantic Health System Accountable Care Organizations (ACO), improving hospital capacity and throughput, and providing oversight over the Atlantic Medical Group SNF Attending Program.

The AHS Post-Acute Care Collaboration Strategy program is a collaboration among Atlantic Health System hospitals, physicians, ancillary providers, and their partner post-acute care facilities to improve outcomes during patient care transitions. Leveraging both clinical integration and electronic integration, and supported by the IPRO QIN-QIO, the program demonstrated that improving outcomes is essential to improving value. Dr. Calderon shared the AHS model and approach with the leadership of the Centers for Medicare & Medicaid Services (CMS) at an IPRO CMS Leadership Meeting in October 2023, receiving an invitation from CMS to share outcomes at the national level during the April 2024 CMS Community of Practice Program.

APPROACH

Clinical Integration
- Atlantic Medical Group SNF Attendings and Medical Directors
- Atlantic Alliance SNF Attendings and Medical Directors
- Atlantic Emergency Departments & AdvancED Urgent Care
- Atlantic Visiting Nurse
- Atlantic Post-Acute Liaisons
- Atlantic Hospital Case Managers and Discharge Planners



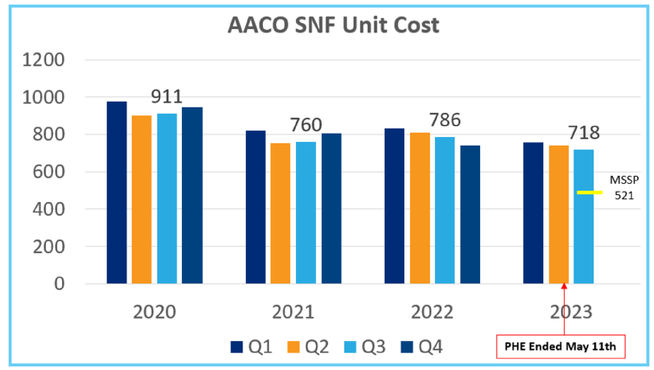
The Atlantic Health System cross-setting collaborative, involving Overlook Medical Center Union Campus Emergency Department, Complete Care at Clark Nursing Home & Rehab Center and Complete Care at Westfield, supported SNF readmission reduction while bolstering treatment in place opportunities.

Electronic Integration
- CarePort Insight & CarePort Connect
  - Leverage real-time metrics to compare post-acute performance based on risk-adjusted measures and drill down by individual facility, program, disease, or payment model cohorts
  - Identify gaps in care and opportunities for improvement
  - Strengthen relationships with referral network and review shared data for ongoing quality improvement
  - Receive clinical updates and alerts to monitor or redirect patients to the appropriate level of care and prevent readmissions
  - View additional clinical context from various settings as well as previous utilization history to help make better care decisions or uncover potential social determinants of health
  - Follow specific patients or cohorts defined by workflow or generate a daily worklist
- EPIC Carelink Integration
  - All PAC facilities have read-only access to EPIC
    - Used to notify SNFs of a need for a bed
    - Allows SNFs to review clinical and payer information to access ability to accept patient for transfer
- PointClickCare (PCC) Access
  - AHS PAC liasons have read-only access with over 80% of partner SNF EMRs

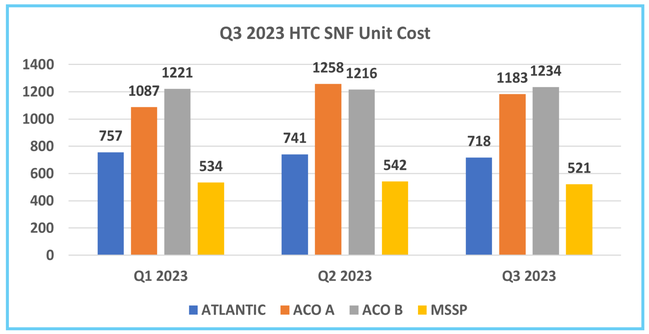
Collaboration with IPRO: Technical Assistance & Support
- Quarterly IPRO Care Transitions Reports for Medicare Fee-for-Service Population
  - Hospital/Nursing Home Specific
  - Community
  - State
- Tool & Resource Allocation
  - Advance Care Planning and Palliative Care
  - Strategies for Nursing Home Avoidable Acute Care Transfers
  - Early Identification of Sepsis at Community Level
  - Health Equity
- Cross-setting Community Coalition Organizing

RESULTS

- Atlantic ACO Q3 SNF unit cost fell 3.1% compared to Q2
- Improvement driven by lower admits/1,000 in Q3
- SNF unit cost dropped 8.7% compared to Q3 2022
- 2023 YTD high performance network cost avoidance totals over $815K



The Healthcare Transformation Consortium Expands Sphere of Influence
- Collaboration involving six other NJ hospitals
- Hospitals with ACOs are engaged in a SNF strategy that includes:
  - Cost/utilization benchmarking
  - SNF network management
  - Individual strategies and best practices



CONCLUSION

Atlantic Health System provides high-quality, personalized health care across the full spectrum of health needs, incorporating a long-standing tradition of exceptional patient outcomes and experiences dedicated to making health care easier. The comprehensive, hard-wired collaboration among the Atlantic Health System hospitals, physicians, ancillary providers, and their partner post-acute care facilities supports improved outcomes during patient care transitions. Atlantic Health System is frequently recognized for the use of innovation and technology in care delivery, leveraging an extensive health network to explore new ideas and cultivate those that will have meaningful impact on patients and health care professionals. Through mentorship, strategic partnerships, and co-development of products and services, Atlantic Health System works to bridge care gaps and improve access, navigation, and clinical quality to build healthier communities.

This material was prepared by the IPRO QIN-QIO, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # 12SOW-IPRO-QIN-TA-AA-24-1521 06/03/24 v1