The Sum is Greater Than the Individual Parts

The results of a 1-Year **SNF Clinical Team and an Institutional Special Needs Plan (ISNP) Clinical Team** weekly utilization review meetings

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A Collaboration Between **Catholic Health Services (CHS) South FL & Optum Senior Community Care** – FL Market

FMDA BCP Annual Conference

Rosen Shingle Creek Resort
Orlando, FL
October 21, 2023

Presenters (in the order they will present)

01

Brian Kiedrowski, MD, MBA, CMD

The Chief Medical Officer; Catholic Health Services

02

Maria Clyce, PharmD, CPh

Director of Pharmacy; Catholic Health Services

03

Bertha Carrion, DNP

Clinical Manager of Optum FL APCs in Miami-Dade & Broward Counties

04

Gregory James, DO, MPH, CMD

In Senior Medical Director; Optum FL Market for Senior Community Care

Home & Community Care Division

A Request from the Panel

- Due to having 4 different speakers, we will ask you to hold questions until the end please
  - There will be plenty of time, and we will stay longer if needed.
  - Another speaker may answer your question.

Brian Kiedrowski, MD, MBA, CMD

Chief Medical Officer;
Catholic Health Services

Learning Objectives:

- Understand the multidisciplinary aspect of utilization review
- Share and discuss the Utilization Review Template and Process
- Describe unexpected findings

  a. EX: Enhanced deprescribing and consultation management
- Recognize the findings may result in alleviation of nursing burden
- Understand how to achieve these results in their own facilities

Overview

Description of the 2 entities

Catholic Health Services (CHS)

- 4 Skilled Nursing Facilities in Dade and Broward Counties
- 2 Assisted Living Facilities
- Hospice: Outpatient Service and 3 Inpatient Units
- Home Health Agency

UnitedHealthcare Nursing Home Plan = Optum Model of Care

- Institutional Special Needs Plan (ISNP)
- Operating in 33 of the United States

Interventions occurred at the following SNFs

St Anne's Nursing Center – South Miami, FL

St John's Nursing Center – Ft Lauderdale, FL

Villa Maria Nursing Center – North Miami, FL

Medical Director’s Perspective

Medical Directors:
Why do we exist?

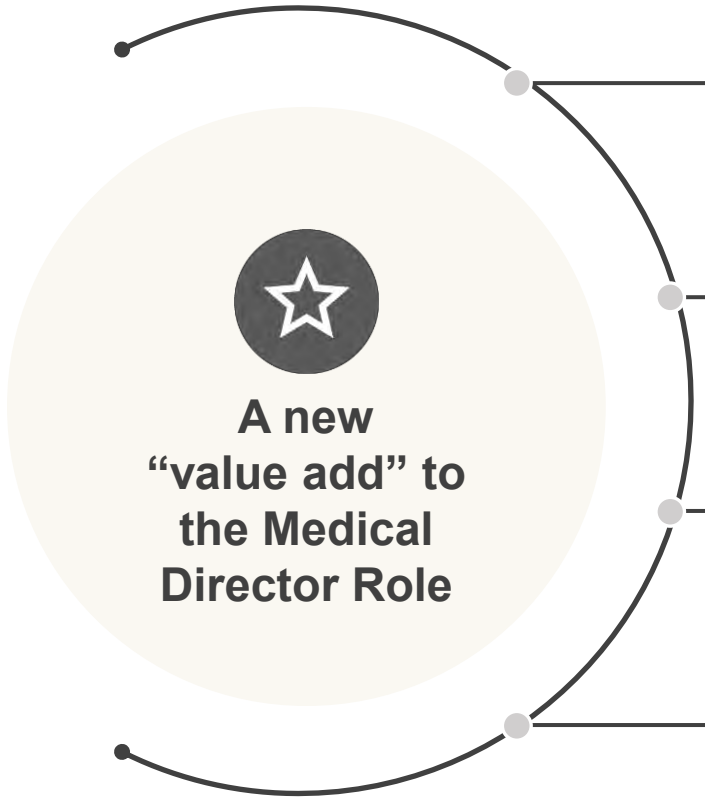
- Are we a referral source?
- Do we fill the beds?
- Are we supposed to sit down, shut up, and sign?
- Are we “there” (who else wants to go to a nursing home?)
- Pt safety
- Drive quality
- The voice of reason

Role of the Medical Director

(Core roles and responsibilities)

- Systems for Quality of Care
- Education/Communication
- Clinical Patient Care
- Physician Leadership and Interaction
- Employee health
- Infection Control
- Source: AMDA, PALTC

Goal



Can you drive quality beyond the routine “QAPI” meeting?

Can you use the ‘Case review” finding to engage providers in your facility?

Can you ask the question: “If you are going to do anything with the results, why get the test”

Can you save nursing time by describing and de-consulting?

Background

South Florida Nursing Home provider needs to upgrade several quality measures

Directed to look at readmissions, consultant use, polypharmacy, and drug-adherence

Decided to have a weekly high level “case review” on “selected cases”

Who was on the team:

- **Routine / Weekly**
- Nursing Home Medical Director
- DON
- Catholic Health Pharmacist
- I-SNP ARNP
- Floor Nurse Manager of review patient started coming
- Health System CMO
- Ad Hoc: Dietary
- Executive Director (initially)
- I-SNP Medical Director (initially)

Case Management Template

(Page 1)

CHS/OPTUM			
Audit and Action Items			
Name:		Date of Review:	
Risk Level - Red ☐	Yellow ☐	Green ☐	
Demographics			
Age:		Social Hx/Support:	
Facility and Unit:		Code Status:	Vaccine Status:
Optum APRN:		Attending:	
Medical Review			
Primary Dx:			
Surgical Hx:			
Wounds:		Functional Status:	Mental Status:
Transfer History			
Date of last Admission or Sent out:		How many in last 12 months:	
☐ Avoidable		☐ Unavoidable	
Reasons:			
Utilization			
Consultants			
1.		3.	
2.		4.	
Actions Items:			

Case Management Template

(Page 2)

Therapy		
Actively receiving	☐ Yes	☐ No
Action Items:		
Medications		
Polypharmacy:		
Drug-Adherence:	☐ Yes	☐ No
Nursing Input		
Action Items		
1.		
2.		
3.		
4.		
5.		
6.		

We were careful not to call this:

Utilization Review (UR):

Process validates appropriateness of care and identifies quality of care issues (think process)

Utilization Management (UM):

Measures outcome of UR activities and reacts to identified issues by implementing policies and developing performance measures. (think a program)

Utilization Management

Utilization Review (UR):

- No single, well-accepted definition
- Can be seen as good or intrusive….
- Let’s be frank….Doctor’s don’t like being told what to do
- UR is the process used by employers or claims administrators to review treatment to determine if it is medically necessary
    - California Department of Industrial Relations

Old fashioned case presentation:

- APRN started…this was a 83 y.o. white female….with the following past medical history.
- Following template
- We asked questions about Functional Status, Transfer History, Consultations, Therapies, Medications
- One additional questions I liked to ask the team is: If this patient ended in the ER, what would you think be the most likely explanation.

Maria Clyce, PharmD, CPh

Director of Pharmacy,
Catholic Health Services

Medication Pass & Nursing Burden

- In a nursing home setting, the process of medication administration is a critical and time-consuming aspect of nursing care.
- This multifaceted task involves various steps nurses must balance the demands of numerous residents with the need for precision in medication administration.
- The time spent on this process can vary depending on the number of residents in the facility,
- Despite the time commitment, medication administration in nursing homes is essential for maintaining residents' health.

Nursing Time Devoted to Medication Administration in Long-Term Care:

OBJECTIVES: To quantify the time required for nurses to complete the medication administration process in long-term care (LTC).

DESIGN: Time-motion methods were used to time all steps in the medication administration process.

SETTING: LTC units that differed according to case mix (physical support, behavioral care, dementia care, and continuing care) in a single facility in Ontario, Canada.

PARTICIPANTS: Regular and temporary nurses who agreed to be observed.

MEASUREMENTS: Seven predefined steps, interruptions, and total time required for the medication administration process were timed using a personal digital assistant.

RESULTS: One hundred forty-one medication rounds were observed. Total time estimates were standardized to 20 beds to facilitate comparisons. For a single medication administration process, the average total time was 62.0 ± 4.9 minutes per 20 residents on physical support units, 84.0 ± 4.5 minutes per 20 residents on behavioral care units, and 70.0 ± 4.9 minutes per 20 residents on dementia care units. Regular nurses took an average of 68.0 ± 4.9 minutes per 20 residents to complete the medication administration process, and temporary nurses took an average of 90.0 ± 5.4 minutes per 20 residents. On continuing care units, which are organized differently because of the greater severity of residents' needs, the medication administration process took 9.6 ± 3.2 minutes per resident. Interruptions occurred in 79% of observations and accounted for 11.5% of the medication administration process.

CONCLUSION: Time requirements for the medication administration process are substantial in LTC and are compounded when nurses are unfamiliar with residents. Interruptions are a major problem, potentially affecting the

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How does decreasing Medications in a Long-term Care Facility decrease nursing time and burden?

- From January to December 2022 discontinue medications totaled 1,058
- Med pass is estimated at 10 min per patient (or about 1 min per med)
  - See the article on previous slide for reference
- 1058 meds given an average of once a day = 17.5 hours/day
  - That is 120 hours per week were saved over 3 facilities and all their units
- Average Costs to employ a full-time Nurse
  - About $75,000 per year
- Based on the manhours saved of three full-time Nurses
  - The savings are equal to about $225,000 per year
  - Or the ability to hire 3 more full-time nurses

How does decreasing Medications in a Long-term Care Facility decrease nursing time and burden?

- Reduced Medication Administration Time
- Lower Medication Management Complexity:
- Decreased Risk of Medication-Related Issues
- Enhanced Resident Quality of Life
- Savings in Medication Costs:

“Pill Satiety”

- Is a feeling of stomach fullness due to the number of pills a resident may take.
- Why deprescribe-side effects and drug interactions
- Medication given 30 mins before meals
- Lose nutrition & upset stomach

Medication adherence and deprescribing

- **Medication Adherence:**
  - Medication adherence refers to a patient's willingness and ability to take medications as prescribed by their healthcare provider.

- **Factors influencing medication adherence include:**
  - Understanding of the medication's purpose and importance.
  - Ability to afford and access medications.
  - Presence of side effects or concerns about adverse effects.
  - Complexity of the medication regimen (e.g., multiple medications at different times).
  - Psychological factors, such as motivation and belief in the treatment's efficacy.

Medication adherence and deprescribing

- **Deprescribing:**
  - Deprescribing is a deliberate and systematic process of reducing or discontinuing medications when they are no longer necessary, when potential harms outweigh benefits, or when simpler or safer alternatives are available.

- **Key principles of deprescribing include:**
  - Regular medication review
  - Shared decision-making
  - Gradual tapering
  - Monitoring

- In summary, medication adherence is essential for effective treatment, while deprescribing focuses on the rational reduction of medications when they are no longer necessary or when the risks outweigh the benefits.

Bertha Carrion, DNP

Optum Clinical Services
Manager, Dade &
Broward Counties

Clinical Services Manager Role in the Utilization Review

Identification of candidates for discussion based on:

- 4 Skilled Nursing Facilities in Dade and Broward Counties
- Trends of Utilization
- Skill days
- Acute change in condition
- Signs of Functional Decline in the presence of chronic conditions

Review and Develop plan of Care with the APC and Interdisciplinary Team that includes:

- Identify member goals of care (comfort, function, longevity) and disease trajectory.
- Utilize Goals of Care and disease trajectory to create the anticipatory plan of care and the Advanced Care Plan.
- Develop Contingency planning for each of the members

Clinical Services Manager Role in the Utilization Review

- Keep Clinical team on task, focusing on specific goals and targets.
- Active engagement with nursing home(s) leadership including facility staff and PCP to ensure everyone is working for the same goals.
- Execute on plans while leveraging internal and external customer and stakeholders feedback to make adjustments as needed.
- Ensure Follow up is completed and documented.

APRN Role in the Utilization Review

- Identification of members that are candidates for discussion based on the following:
- Common signs of decline for all chronic illnesses:
  - Functional Decline
  - Weight Loss
  - Cognitive Decline
  - Exacerbations
  - Sepsis- frequent infections
  - ER Visits and Hospitalizations
  - Increased Complications
  - Psychosocial Symptoms
  - Physical Symptoms
- Evaluate Members with increased risk for complications
- Develop plan of care for members showing signs of decline

What are the best candidates for discussion? Core indicators of a poor prognosis

- Repeated hospitalization 2 or more in 6 months
- ICU admissions in the last year with an extended LOS greater than 7 days or 2 ICU admissions in the past year independent of LOS
- Functional decline and loss of ADLs
- Dependence of 3 or more ADLs
- Multiple comorbidities
- Unintended/unexplained weight loss (5-10% of body weight in past 3-6 months)
- Serum albumin <2.8 (hospice is <2.5)
- Significant progression of illness over past 6 months
- MRA score >15
- PPS score <=60% (hospice eligibility is <40%)
- Increased skill and utilization

Pre-Engagement Activities

- Chart reviews:
  - Labs, Consults reports,
  - Weight trends, Hospital records.
- PCP Discussion
  - Possible complications
  - Treatment Options
  - Risks and Benefits
- Staff Discussion
  - Social Services, Dietary, PTOT
  - Pharmacist Medication reviews
  - Prioritizing Members

Weekly Interdisciplinary Team Discussion Includes:

- Chronic conditions
- Medications member is taking
- Consultants in the case and review of those records
- Hospital review and plan of care post hospital
- Dietary: Weight trends
- Psychosocial Issues
- Family involvement
- Advanced ACP, Code status, MRA, MMSE
- Goals of Care of Member and Family
- High Risk factors that may cause increased utilization

Plan of Care and Follow up

- Deprescribing opportunities
- Specialty Consults referrals
- Anticipatory planning
- Contingency planning
- Advance Care practices
- Arrange for goals of Care Meeting with family and member
- Palliative vs Hospice Consults

Gregory James, DO, MPH, CMD

Optum FL
Market Medical Director

Process Followed

- Set up weekly meetings at each of the 3 facilities
- Reviewed 2-3 members in detail at each meeting
    a) 6-9 members were covered per week in total
- Attendees at each meeting included:
    a) Physicians: CHS Chief Medical Officer and the Facility's Medical Director
        I. The attending physician for each member to be covered were invited
        II. Optum Market Medical Director as schedule allowed
    b) CHS Director of Pharmacy
    c) Facility DON and/or unit manager
    d) Primary nurse for the members covered
    e) Rehabilitation services being used by the members being covered
        I. PT, OT, and/or ST
    f) Behavioral Health
        I. If members were using their services
- Optum APC for each facility
- Optum CSM (covers all 3 facilities)

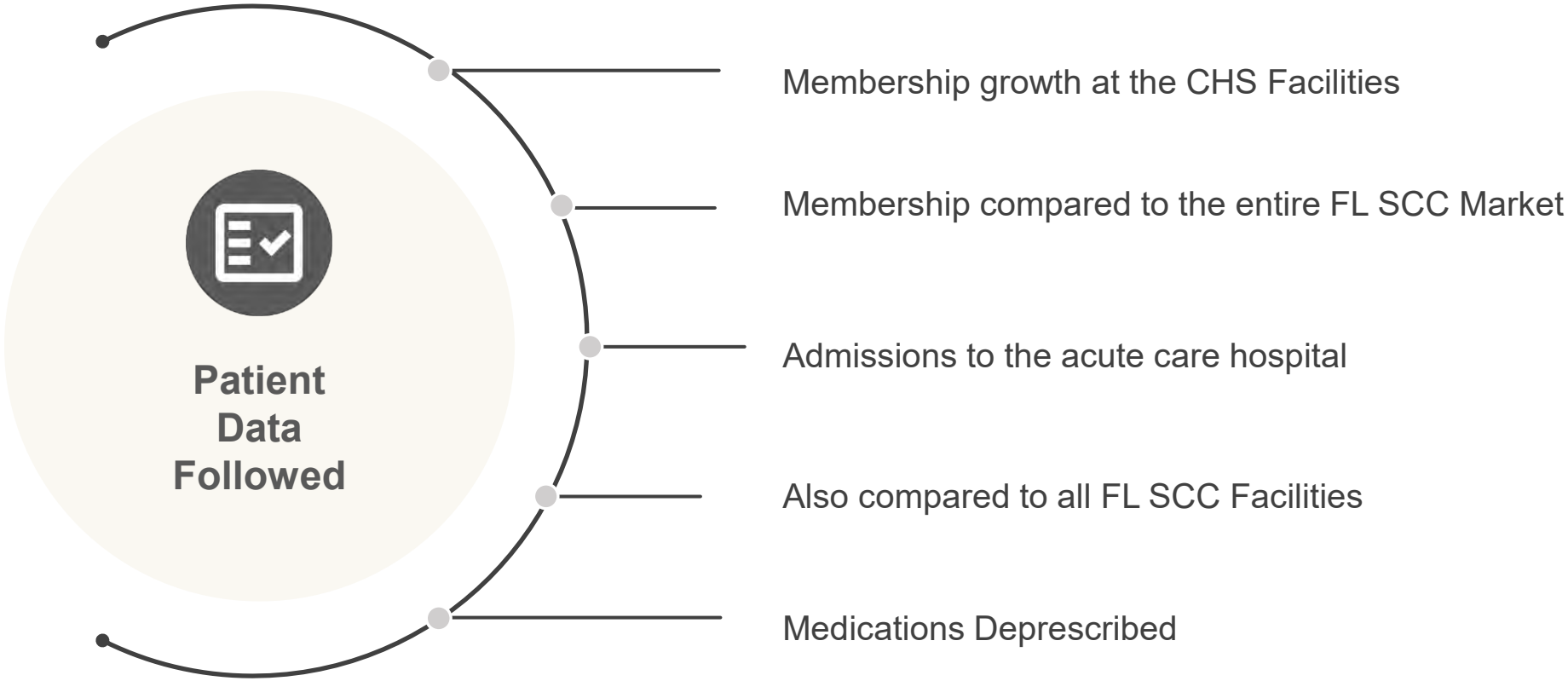
Process (continued - 2)

- Started with the members who had been admitted to the hospital the most times over the past year
- Ranked all members at all the CHS facilities by their total medical spend for Q4 2021.
    a) Quite a discrepancy from #1 at over $11,000 in all 3 facilities to a low of $4 for one member
        I. For just one lab test
    b) Most of Q1 2022 was spent going through the charts of the top 15, depending on the facility
        I. Most of these had >$1000 spend in that quarter
    c) Broke down the components
        I. Focused on the highest bucket(s) for each pf those members.

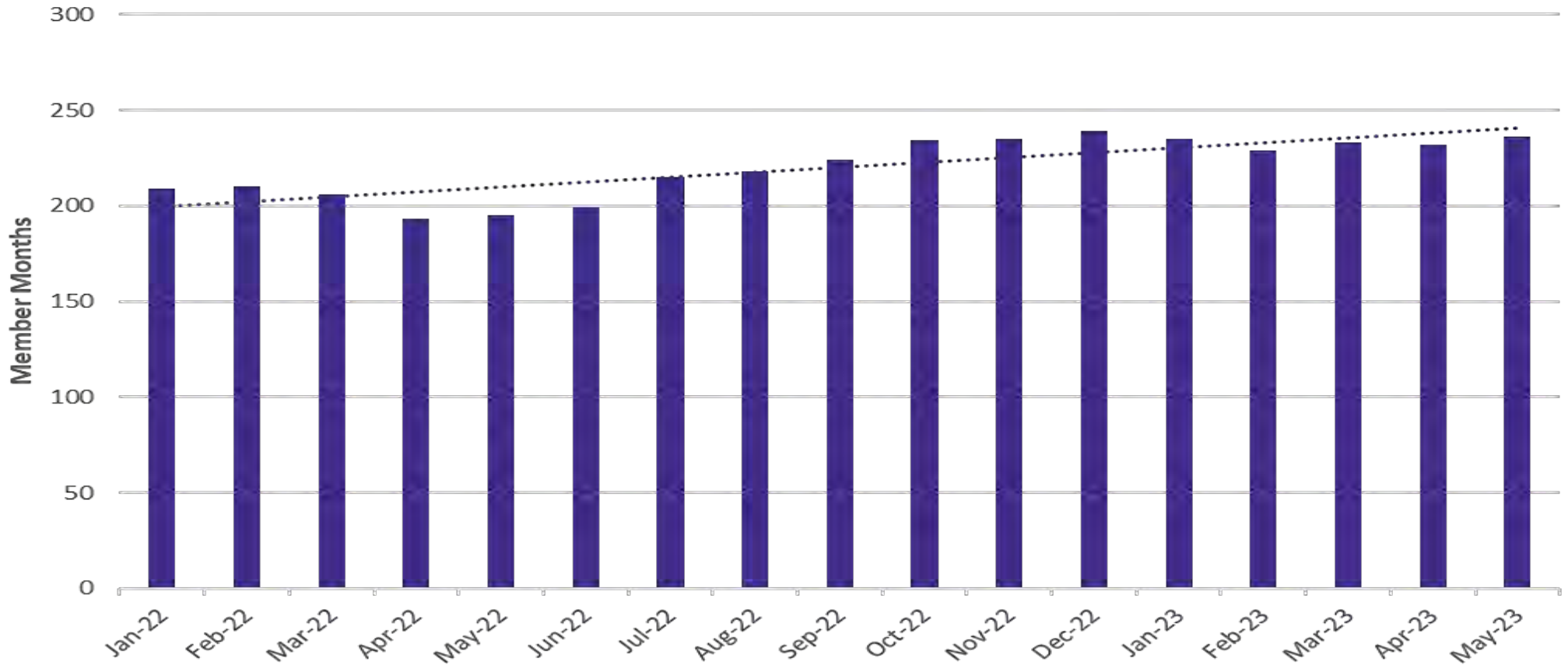
Process (continued - 3)

- Also reviewed the top diagnoses resulting in acute hospital admits
- Took those top 3 diagnoses
    a) Provided additional educational presentations for them:
        I. Respiratory failure and pneumonia
        II. GI issues
        III. Bleeding, Inflammatory Bowel Disease and PEG Malfunctions
        IV. Atrial fibrillation

Patient Data Followed

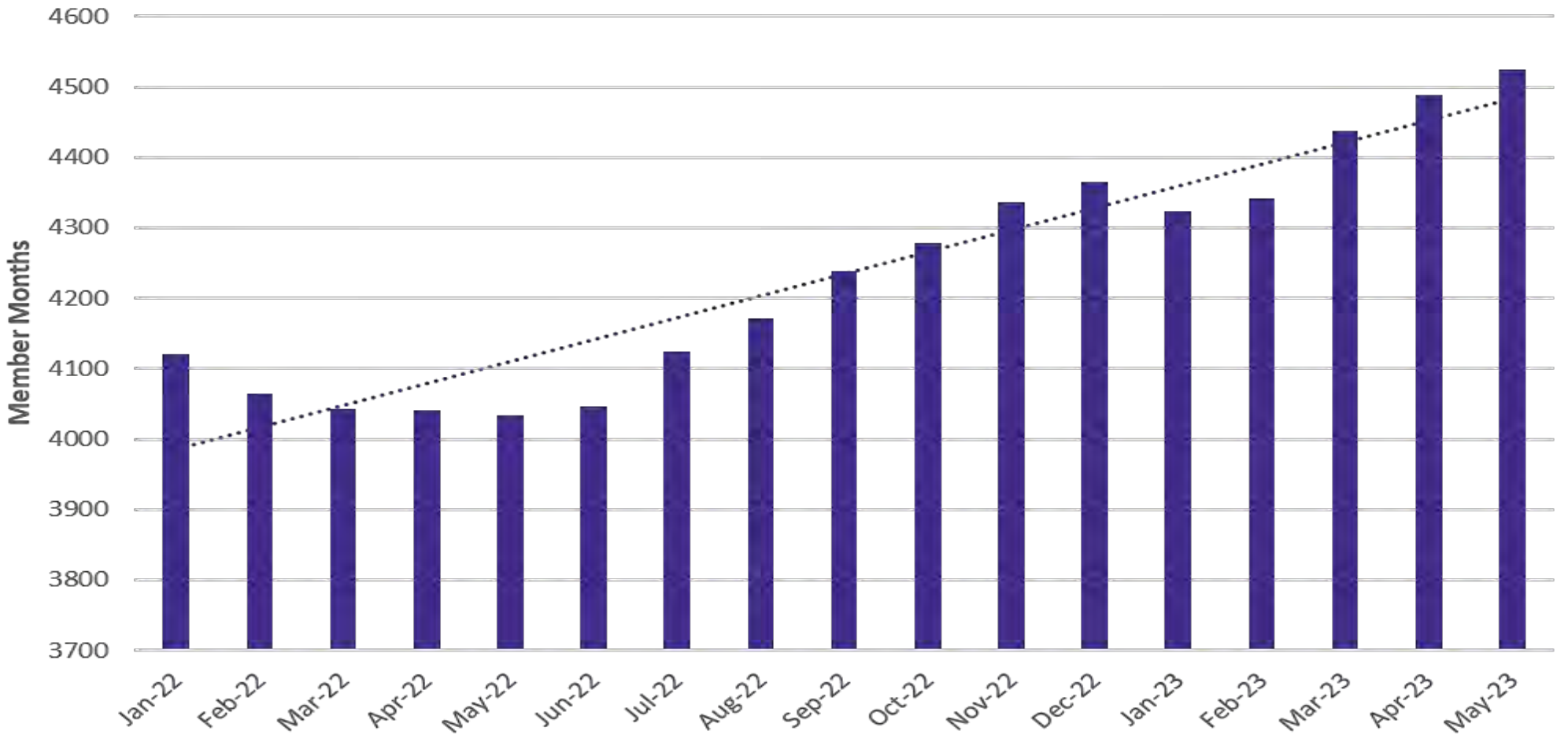


Optum Members – CHS Facilities



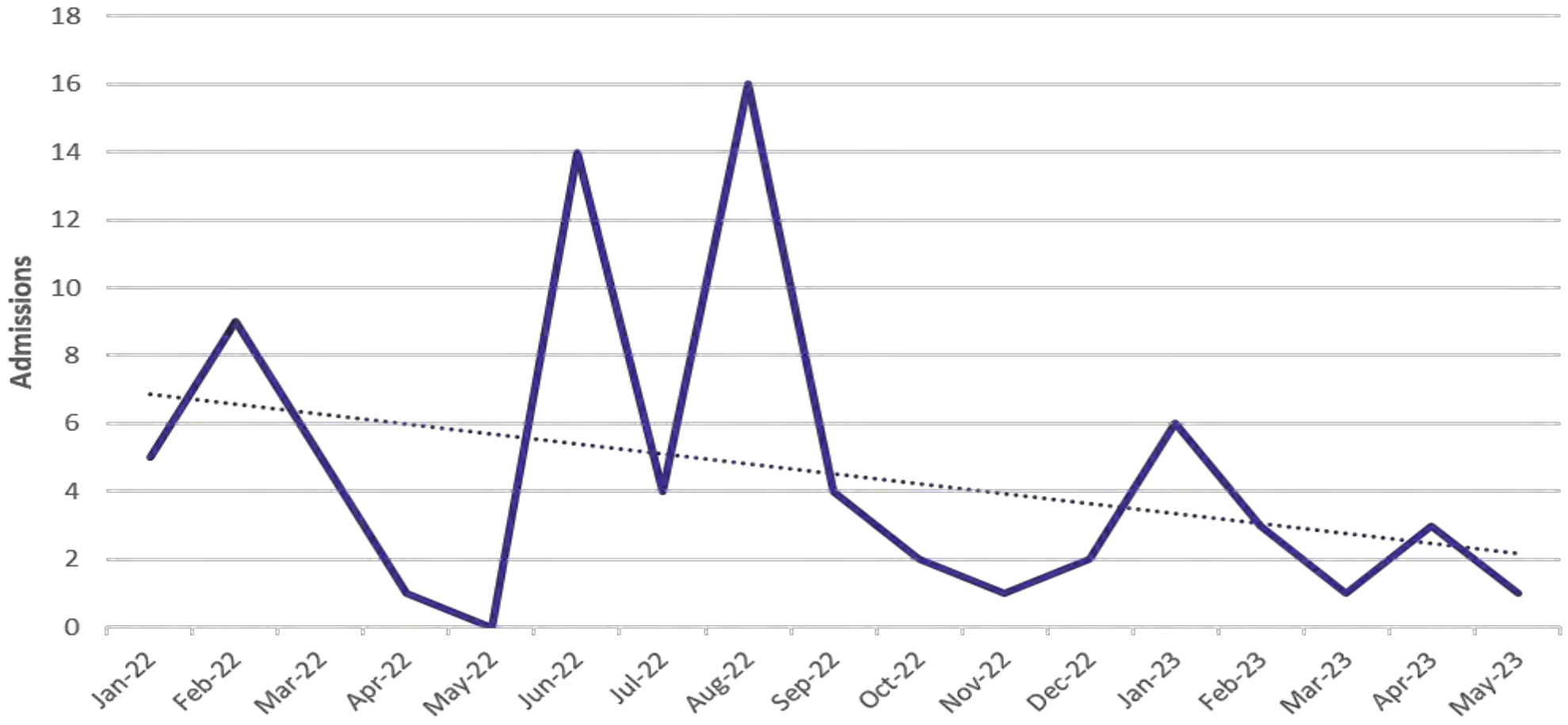
Member Months	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TOTAL
	209	210	206	193	195	199	215	218	224	234	235	239	235	229	233	232	236	3742

Optum Members – Entire Florida Market



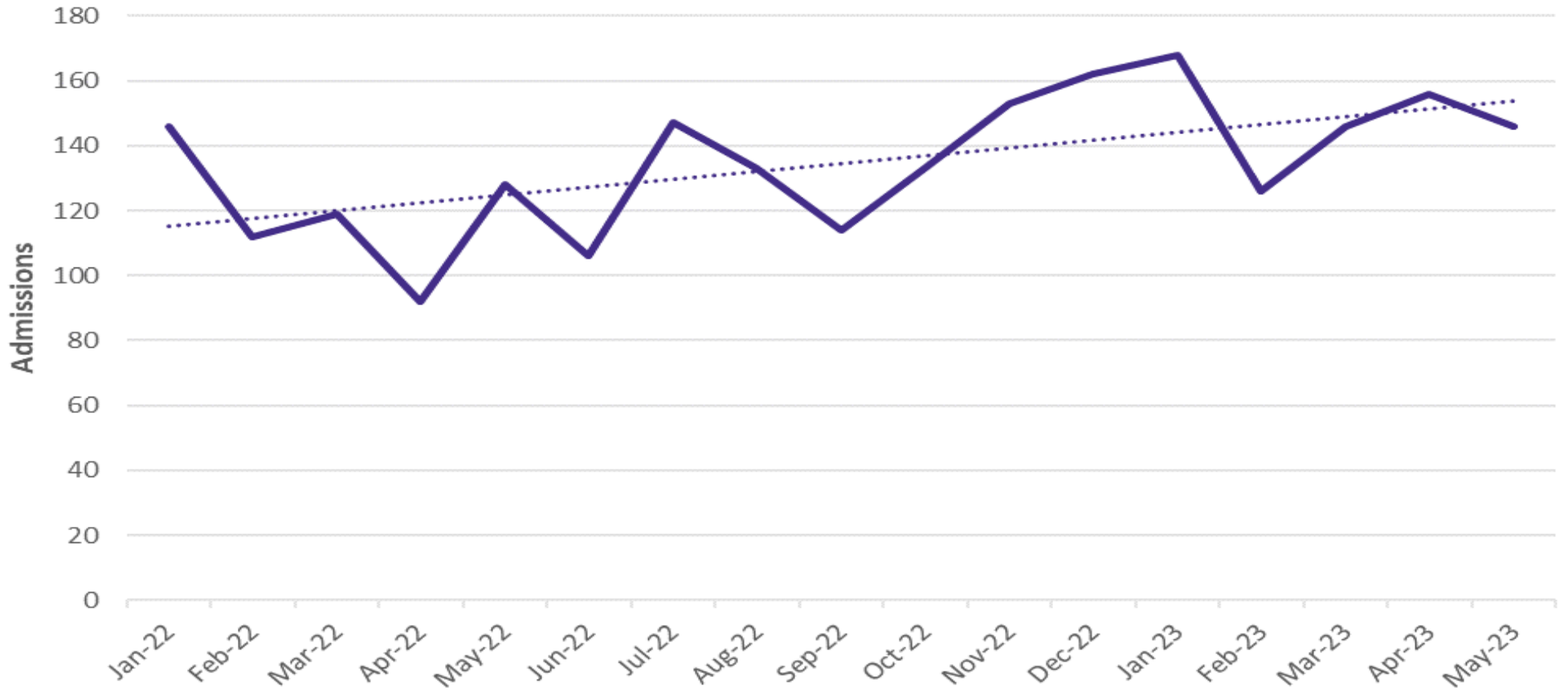
Member Months	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TOTAL
	4120	4065	4042	4041	4033	4047	4124	4171	4238	4278	4337	4365	4323	4342	4437	4489	4525	71977

Number of Admissions per Month – CHS



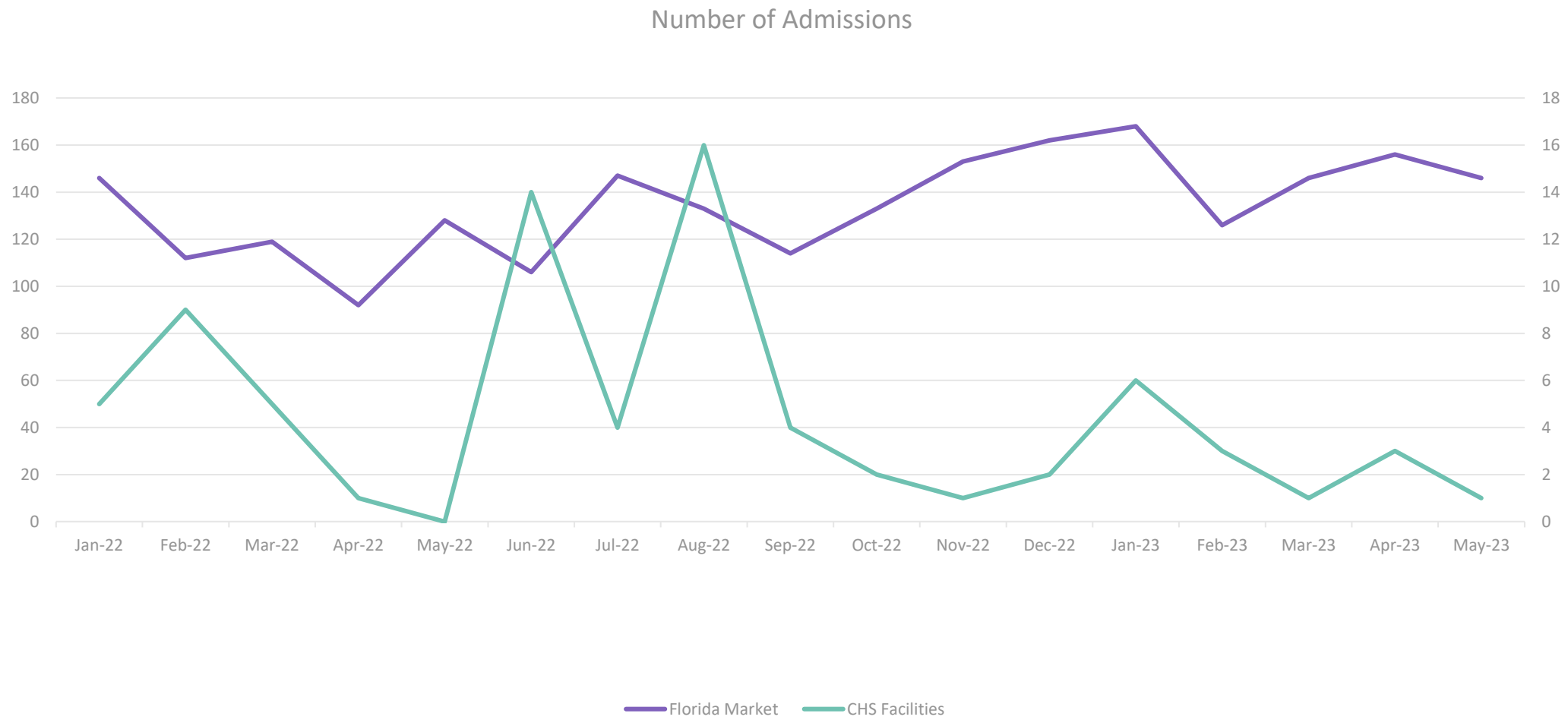
Admits	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TOTAL
	5	9	5	1	0	14	4	16	4	2	1	2	6	3	1	3	1	77

Number of Admissions per Month – Florida



Admits	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	TOTAL
	146	112	119	92	128	106	147	133	114	133	153	162	168	126	146	156	146	2287

Admissions Compared



Summary of the Data

Membership	2020	2021	2022	2023 YTD
ST ANNES NURSING CENTER, ST ANNES RESIDENCE INC	88	1137	1106	469
ST JOHNS NURSING CENTER	14	839	746	355
VILLA MARIA NURSING CENTER	62	774	725	341
Total Membership	**164**	**2750**	**2577**	**1165**

Readmissions	2021	2022	2023
Total Readmissions	0	0	0
Readmission Rate	0%	0%	0%

APKs	2020	2021	2022	2023 YTD
APKs	332	337	293	144

Findings

80%

Average Membership penetration and still growing

20%

20% decrease of total medical spend

1058

Deprescribing of 1058 medications

20%

20% reduction in acute hospital admissions

Pearls / Take Aways

- Medical Directors should consider doing high-level case reviews as your “value-based” contribution to your facility
- Pharmacists remain an integral part of the care delivery team. They contribute in many ways, the most important may be as we demonstrated here in deprescribing. This reduces pill burden for the patient and nursing time for administration of the medications.
- This holistic approach to this model of case reviews facilitates the entire care team to provide the best care for their patients
- The data support the care model described in these facilities by incorporating the entire care team

Summary

- The unprecedented post-pandemic times, lead to a post-acute care system (600 LTC nursing home beds) to actively engage their Institutional Special Needs Plan (ISNP) programs in the effort to maximize improved patient care, quality outcomes and shared savings.
- Part of the solution was a unique partnership. The SNF clinical leadership (Chief Medical Officer, Director of Clinical Pharmacy, Facility DONs and Medical Directors) partnered with the Optum ISNP APRN and Clinical Manager on weekly tabletop clinical sessions to review difficult cases.
- This was done for all 3 facilities every week. In the course of these sessions the host SNF and the ISNP learned more about each other than had been known before.
- These included but were not limited to learning about the resources each of them has available, teamwork potential, and multidisciplinary synergies.

References

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Questions?

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Thank you!!