



Beyond the CMS star rating:

Bridging the gap between acute
and post-acute providers

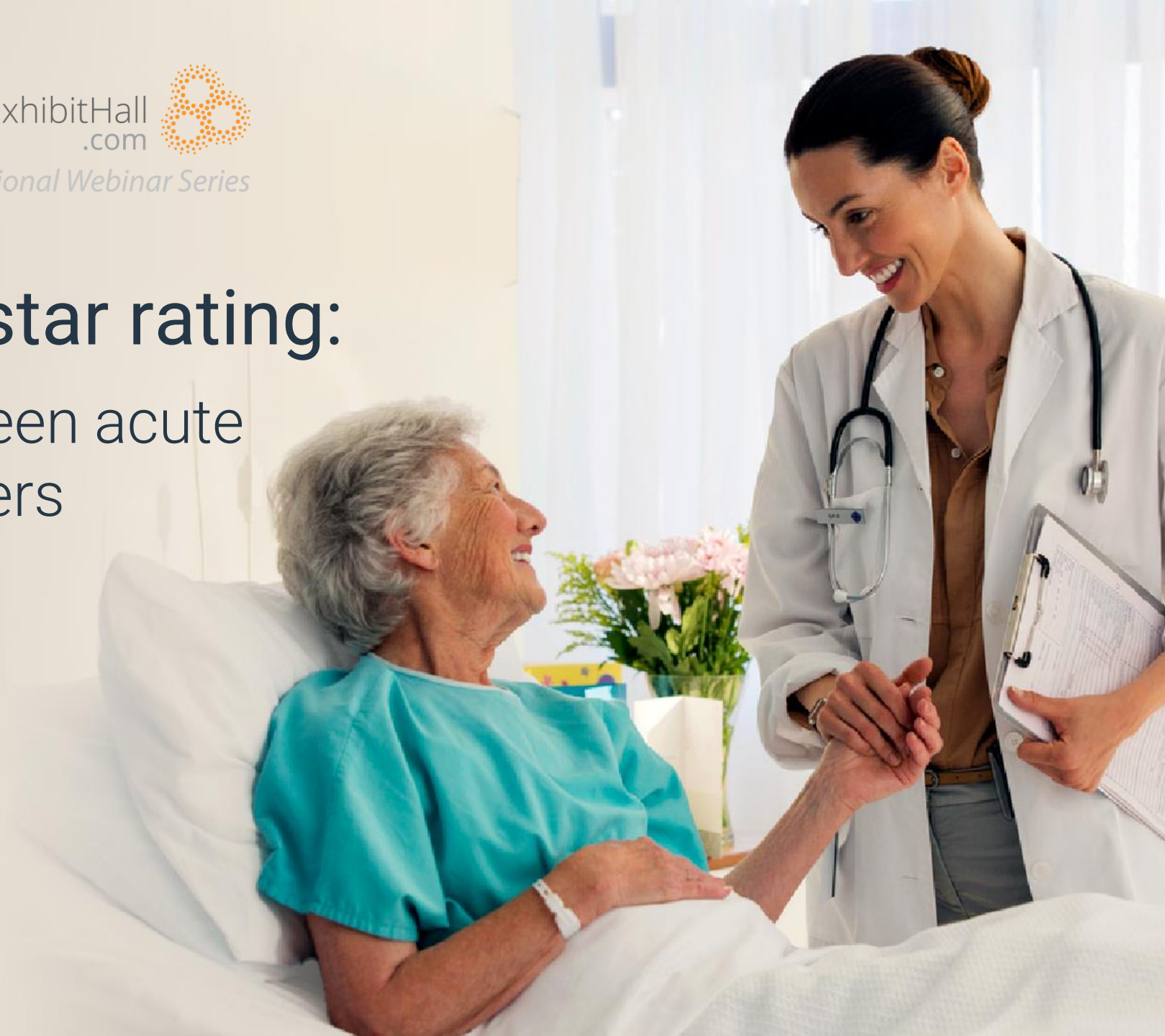
Presented by:

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Mount Sinai Health System

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Agenda



01

About Mount Sinai Health System

02

Comparing CMS Short-Stay Quality Measures: SNF A, B, or C?

03

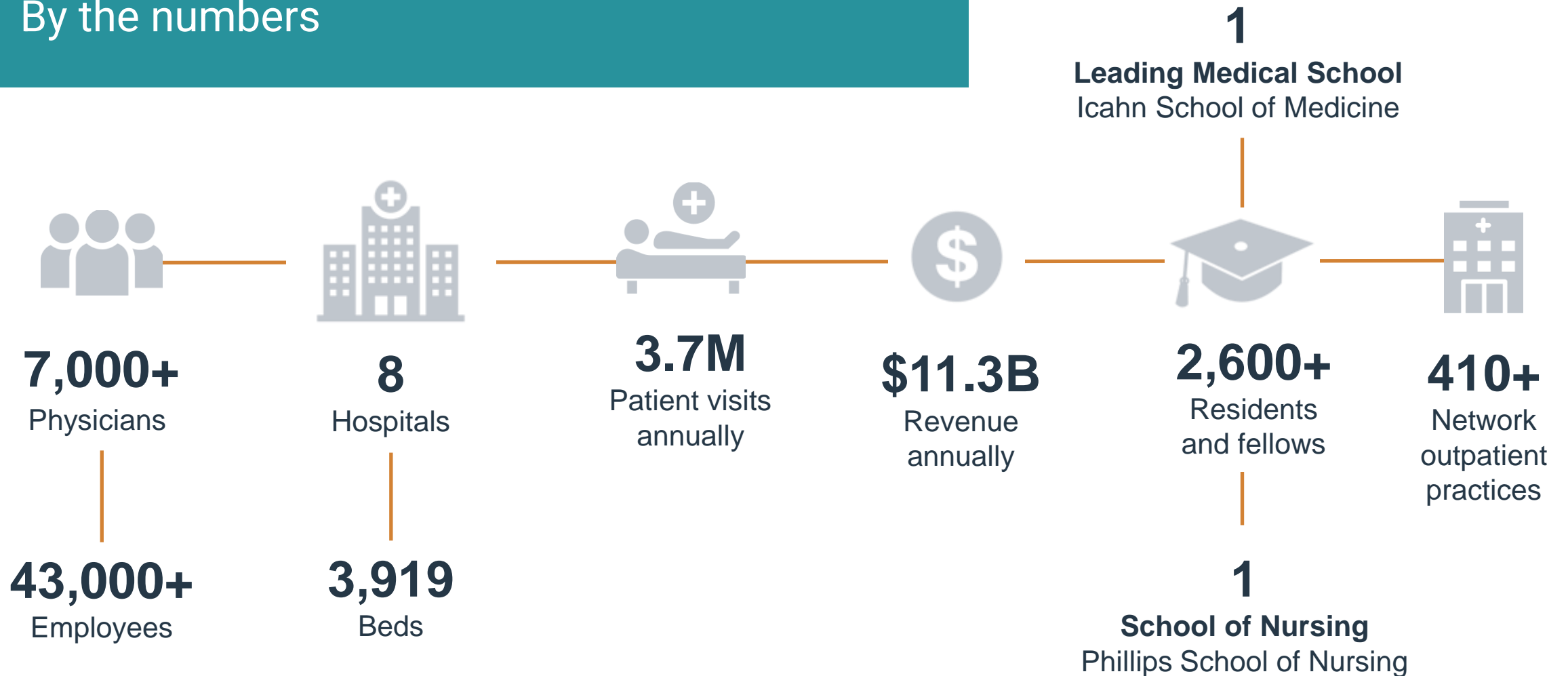
Beyond the Star Rating: Collaboration is Key

04

Realizing Results with a High-Performing Network

Mount Sinai Health System

By the numbers



In-home services

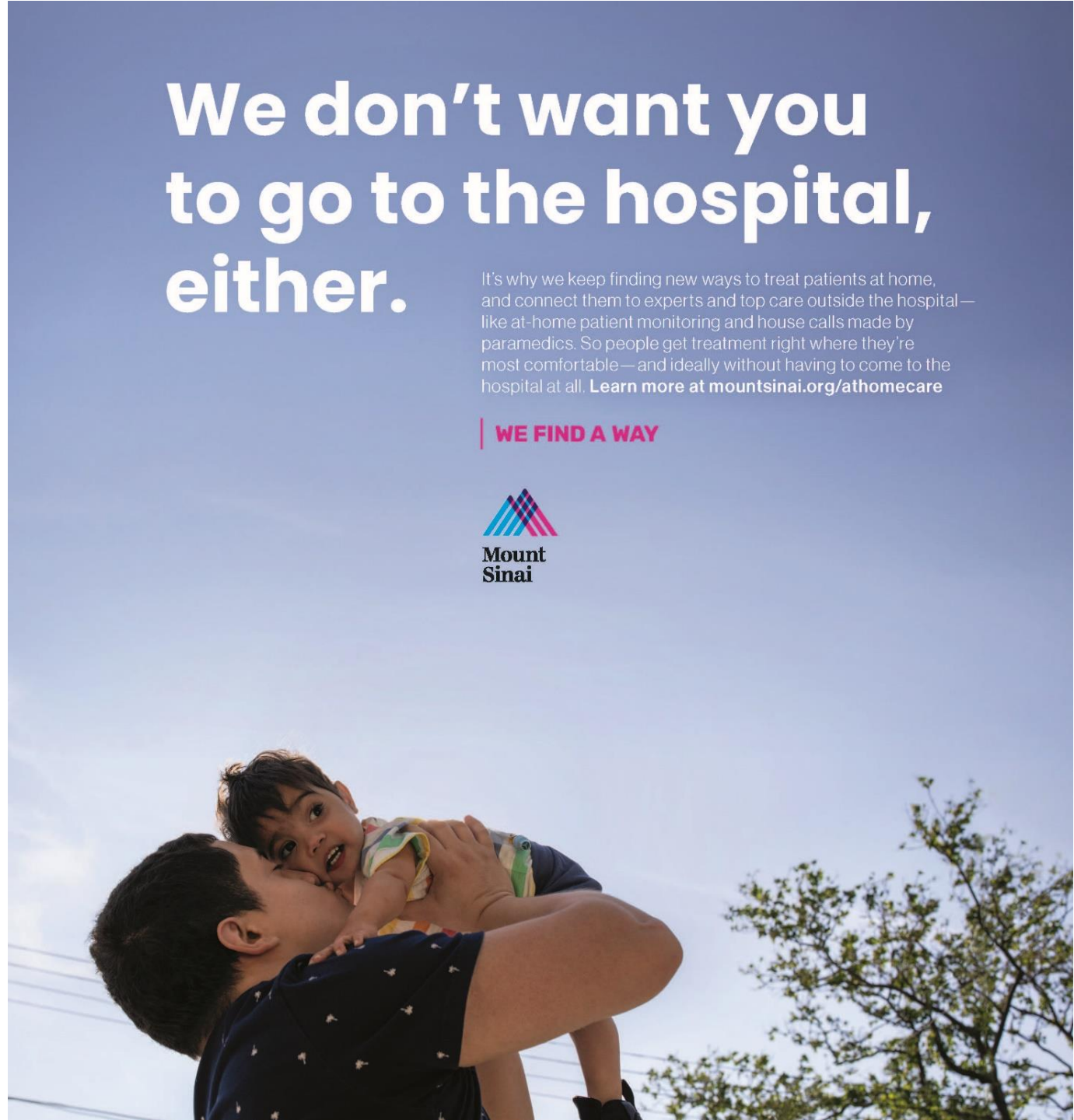
Mount Sinai's in-home offerings

- Hospitalization at home
- Palliative care at home
- Rehabilitation at home
- Home healthcare
- Home infusion
- Home dialysis
- Community paramedicine
- Remote patient monitoring
- Visiting doctors – Adult and pediatric

We don't want you to go to the hospital, either.

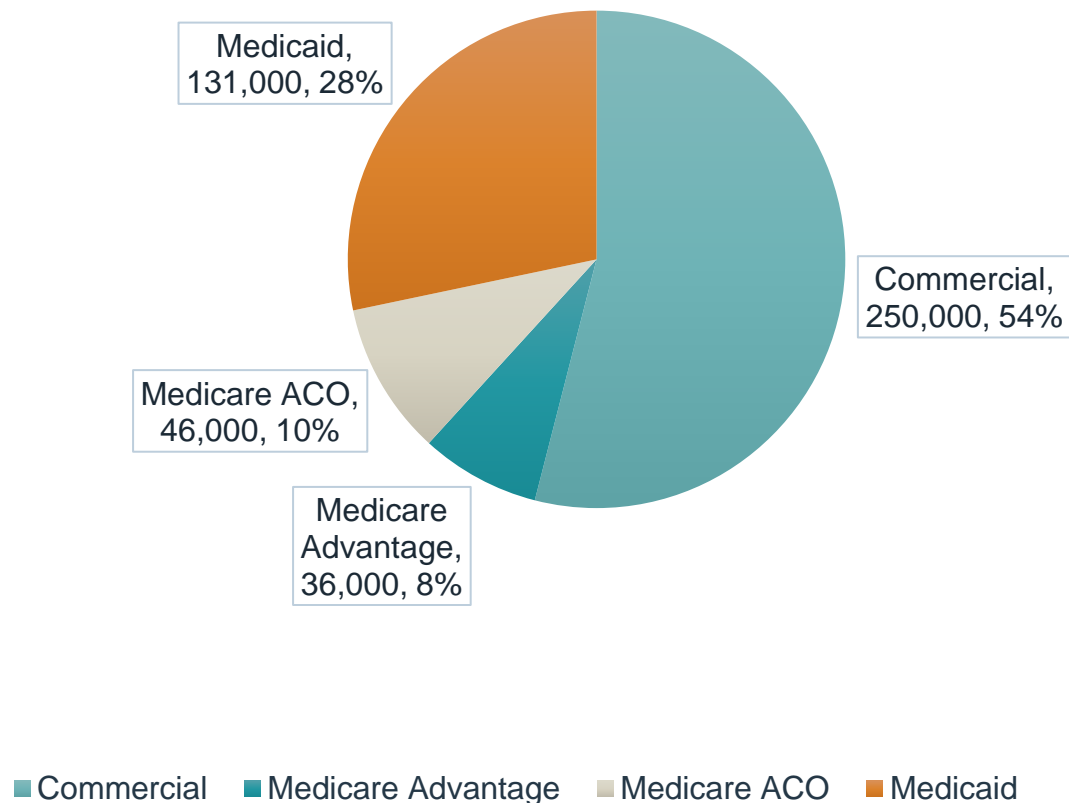
It's why we keep finding new ways to treat patients at home, and connect them to experts and top care outside the hospital—like at-home patient monitoring and house calls made by paramedics. So people get treatment right where they're most comfortable—and ideally without having to come to the hospital at all. [Learn more at mountsinai.org/athomecare](https://mountsinai.org/athomecare)

WE FIND A WAY

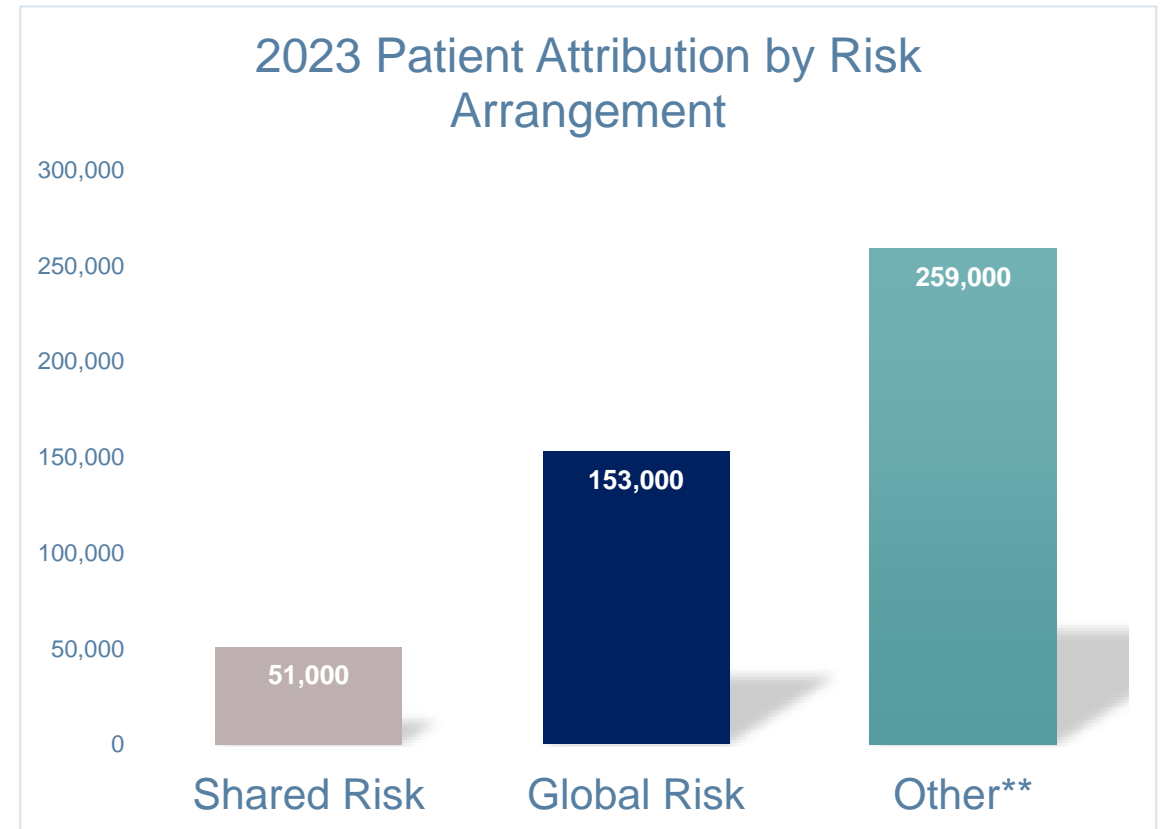


Over 460,000 lives in value-based contracts

2023 patient attribution by line of business



Risk distribution of lives in value-based contracts**



Why do we need to do this work?

Mount Sinai does **NOT** own SNFs

>8,000

discharges to
SNFs each year

>\$100M

in annual ACO
spend

130 SNFs

in 10-mile radius of
10029 (ZIP code of main
hospital facility)

CMS issues “final rule”

On September 26, 2019, CMS issued “final rule” revising requirements for discharge planning for hospitals

Though not *that* different from 2015 “proposed” rule, includes ***significant*** changes from prior rule – most notably:

- **Requires** that hospitals “assist” patients in discharge planning process by using/sharing data on quality, resource use, outcomes, etc.
- No more “hands off” approach – hospitals must now assist patients in PAC selecting process
- However, patient choice still preserved – “steering” still prohibited, final choice ultimately belongs to the patient/patient’s family

Discharge planning CoPs & what is required

Hospital now **must assist patients in selecting PAC provider**

- The hospital “**must assist** patients, their families, or the patient’s representatives in selecting a post-acute care provider”
- Hospital “must assist” by “using and sharing data that includes . . . data on quality measures and data on resource use measures.”
- Hospital “must ensure” that “the post-acute care data on quality measures and data on resources use measures **is relevant and applicable to the patient’s goals of care and treatment preferences.**”

Hospital **must ensure that all necessary medical information is provided to PAC provider to whom patient is being discharged**

- CMS will issue “sub-guidance,” including regarding whether discharge/transfer summary is expected at time of discharge versus when it would not be appropriate to delay emergency transfer pending availability of summary

How CMS defines quality

Overview

Health inspections

Staffing

Quality measures

COVID-19 vaccination rates

Fire safety inspections & emergency preparedness

Penalties

INDICATOR

Percent of Residents Who Self-Report Moderate to Severe Pain (Short Stay)

Percent of Residents with Pressure Ulcers That are New or Worsened (Short Stay)

Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)

Percent of Residents Assessed for and Given Pneumococcal Vaccine (short stay)

Percent of Residents who Newly Received an Antipsychotic Medication (Short Stay)

Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

Percent of Residents Who Self-Report Moderate to Severe Pain (Long Stay)

Percent of High-Risk Residents with Pressure Ulcers (Long Stay)

Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (Long Stay)

Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Long Stay)

Percent of Residents With a Urinary Tract Infection (Long Stay)

Percent of Low Risk Residents Who Lose Control of their Bowel or Bladder (Long Stay)

Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long Stay)

Percent of Residents Who Were Physically Restrained (Long Stay)

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long Stay)

Percent of Residents Who Lose Too Much Weight (Long Stay)

Percent of Residents Who Have Depressive Symptoms (Long Stay)

Percent of Residents Who Received Antipsychotic Medication (Long Stay)

CMS 5-Star Quality Overall Rating

CMS 5-Star Quality Rating for Health Inspections

CMS 5-Star Quality Rating for Overall Staffing

CMS 5-Star Quality Rating for Quality Measures

SNF A

SNF B

SNF C

NURSING HOMES

Overall rating



Above average



Below average



Below average

Health inspections rating



Above average



Below average



Much below average

Staffing rating



Much below average



Average



Average

Quality measures rating



Not available ²⁰



Poll Question

Short-stay quality measures rating

SNF A



Much above average

SNF B



Above average

SNF C



Much above average

Measures used to calculate the star rating – Short-stay residents

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

↓ Lower percentages are better

National average: 22.3%
NY average: 19.2%

22.1%

18.9%

20.2%

Percentage of short-stay residents who have had an outpatient emergency department visit

↓ Lower percentages are better

National average: 12%
NY average: 9.5%

10.6%

10.4%

9.7%

SNF A

SNF B

SNF C

Rate of potentially preventable hospital readmissions 30 days after discharge from a SNF

↓ Lower rates are better

National average: 7.8%

No different than the national rate

8.2%

No different than the national rate

7.4%

No different than the national rate

6.4%

Percentage of infections patients got during their SNF stay that resulted in hospitalization

↓ Lower rates are better

National average: 7.5%

Worse than the national rate

9.6%

No different than the national rate

8.6%

No different than the national rate

6.3%

Medicare Spending Per Beneficiary (MSPB) for residents in SNFs

• Displayed as a ratio

National average: 1.03

1.48

1.18

1.18

Poll Question

SNF A

SNF B

SNF C

<p>Percentage of residents whose medications were reviewed and who received follow-up care when medication issues were identified</p>	99.1%	100%	99.8%
<p>↑ Higher percentages are better</p> <p>National average: 91.4%</p>			
<p>Percentage of SNF residents who experience one or more falls with major injury during their SNF stay</p>	0.1%	0.3%	1.8%
<p>↓ Lower percentages are better</p> <p>National average: 1%</p>			
<p><u>Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan</u></p>	99.8%	98.9%	100%

SNF A

SNF B

SNF C

Flu & pneumonia prevention measures – Short-stay residents

Percentage of short-stay residents who needed and got a flu shot for the current flu season

↑ *Higher percentages are better*

National average: 75.1%
NY average: 73%

82.1%

26.6%

19.1%

Percentage of short-stay residents who needed and got a vaccine to prevent pneumonia

↑ *Higher percentages are better*

National average: 78.8%
NY average: 70.5%

77.8%

16%

8.1%



SNF A

- No specialty service



SNF B

- On-site stretcher dialysis
- Peritoneal dialysis
- Methadone
- Huntington's
- Respiratory unit
- Transgender care
- HIV/AIDS specialty service



SNF C

- Heart failure program
 - LVAD
 - Inotrope drips
- Respiratory care
 - Lung transplant

Defining Quality for Mount Sinai



Length of stay



Acceptance of referral



Servicing Medicaid Population



Re-admissions for hospital discharges



Re-admissions for ACO patients



Timeliness of referral processing

2022 SNF performance metrics

WellSky CarePort Insight












Readmissions						
<i>Patients discharged from Mount Sinai to facility</i>				<i>ACO Patients</i>		
	# of patients	Observed	Risk Adj	# of patients	Observed	Risk Adj
SNF A	265	19.3%	21.6%	167	18.0%	21.1%
SNF B	814	23.3%	20.2%	175	23.4%	20.9%
SNF C	692	13.2%	13.2%	201	13.9%	14.1%

Acceptance Rates		
	Overall	Medicaid Population
SNF A	21%	0%
SNF B	54%	20%
SNF C	52%	20%

Length of Stay		
# of patients	Observed	Risk Adj
96	40.9	32.4%
77	26.9	25.4%
106	31.8	26.0%

Poll Question

These are our collaborative partners

NURSING HOMES	SNF A	SNF B	SNF C
<u>Overall rating</u>	 Above average	 Below average	 Below average
Health inspections rating	 Above average	 Below average	 Much below average
Staffing rating	 Much below average	 Average	 Average
Quality measures rating	 5 stars	Not available ²⁰	 5 stars

Communication is key to strengthening partnership

SNF B: ArchCare at Terence Cardinal Cooke Health Care Center

SNF B: ArchCare at Terence Cardinal Cooke

Faith-based holistic care

Built in 1923 as the Flower 5th Avenue Hospital

- *Fun fact* - One care member was born here and delivered all three of her children at Flower 5th

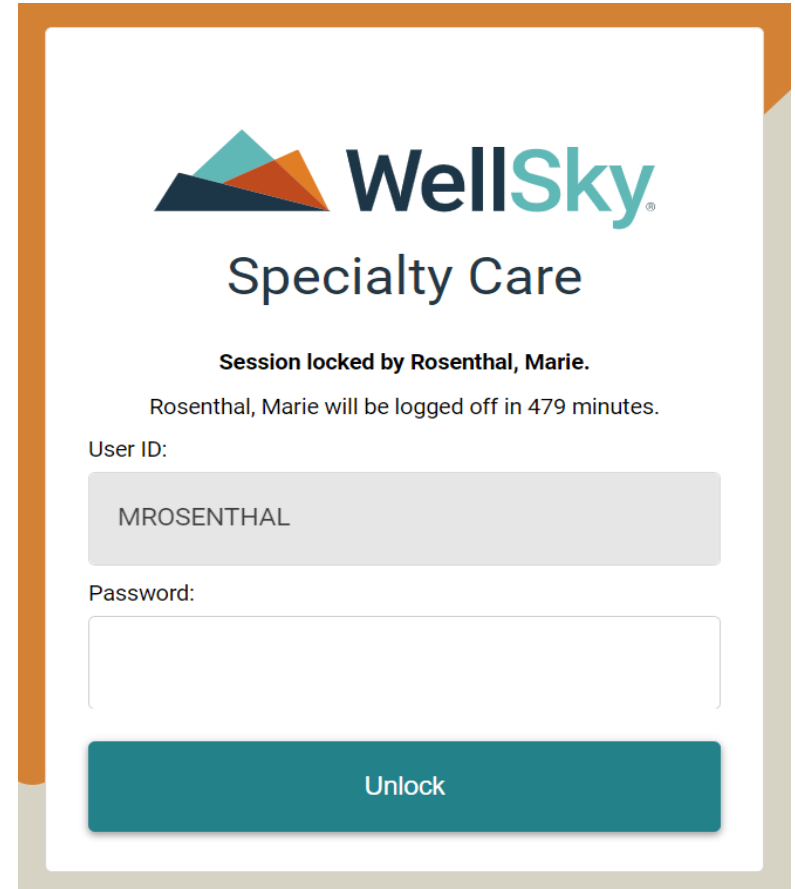
Campus is an entire city block with 615 Beds


Named to *Newsweek's* Best Nursing Homes three years in a row: 2020, 2021 and 2022

Earned the **Great Place To Work®** Designation

Quality measures remain at 5 stars

April 2022 achieved 3 stars overall, dropped to 2 stars overall in April 2023 related to schizophrenia audits



 **WellSky**
Specialty Care

Session locked by Rosenthal, Marie.
Rosenthal, Marie will be logged off in 479 minutes.

User ID:

Password:

It's more than just stars



The 5-star rating is flawed...

- Heavy reliance on Health Inspection Survey
 - Health Inspection Survey regulation is for Annual Survey between 9 and 15 months
 - Pandemic suspended all surveys
 - Many facilities have not been surveyed in 30 to 36 months
- Surveyor bias
- Focus on safety vs. quality
- Does not address the residents or families' experiences
- Pilot Move Forward Initiative that would change survey process for high performing SNF's – Goal 2024

TCC Highlights 2022 - 2023

Continue to manage a very complex resident population

- Medically Complex
- HIV +
- Only SNF in NYC with a Methadone Maintenance Program
- 85 residents with schizophrenia diagnosis
- Smoking
- Many residents with multiple social determinants of health challenges

Hospitalizations

- Strong partnership with Mount Sinai Health System with recognition by team of the clinical complexities of the patients
 - Weekly joint care coordination meeting
 - Monthly partnership meeting
- Developed robust protocols for management of high-risk patients with ongoing data tracking

COVID-19

- One of 7 facilities chosen by DOH to run a dedicated Covid building in 2021 achieving a 2% hospitalization rate
- Managed a significant Omicron Outbreak with 326 residents and only a 3% hospitalization rate

Potential pressure points

Payer mix

- Over 90% of the resident population is Medicaid/Managed Medicaid
- Daily Medicaid rate is does not cover the daily expenses

Unionized environment

- NYSNA and 1199 contract recently negotiated with significant increases in salary and ongoing increases

Workforce challenges

- Recruitment/Retention & continued use of agency nursing staff
- Regulatory requirements for care hours

Rebasing of Medicaid rates

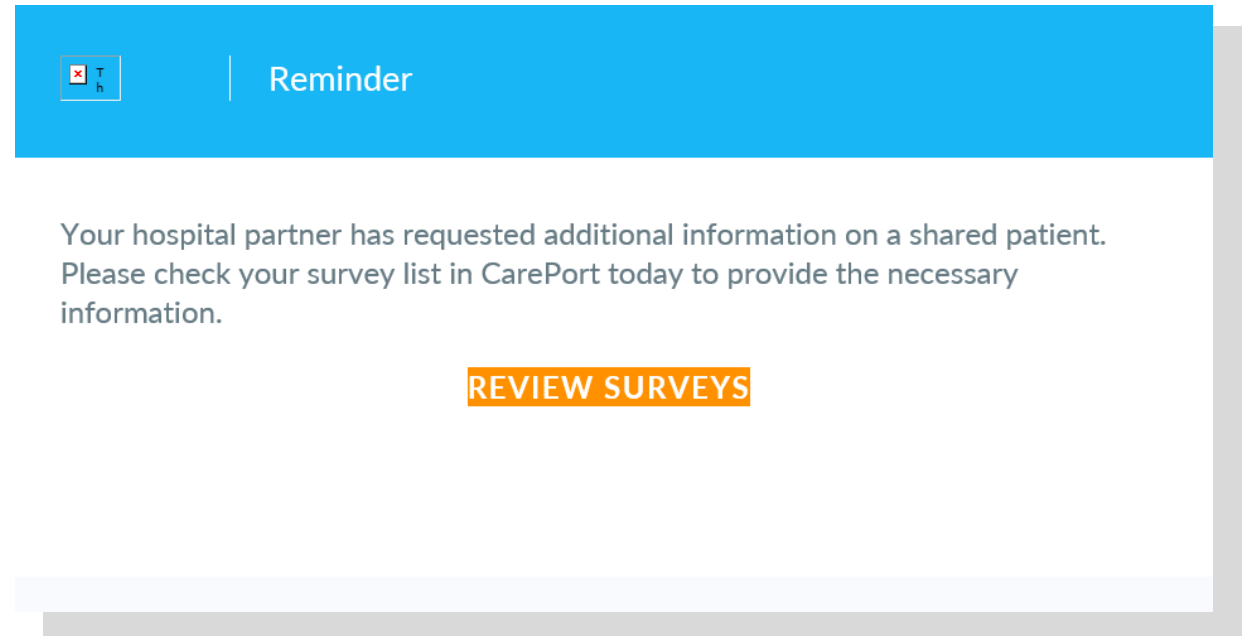
- Financial impact with meeting operational obligations

Current SNF population

- Younger, more socially challenged
- Tech-savvy - access to IT

Collaborative programming with Mount Sinai

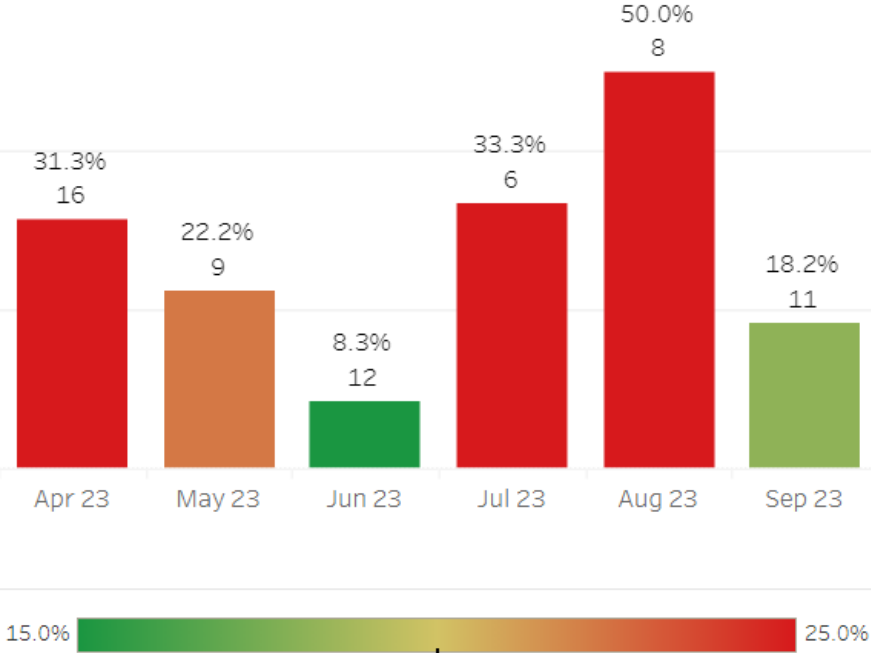
- Key MSH partner during COVID pandemic
- Direct communication with ER via AMAC for all hospital transfers
- Frequent rehospitalizations engage the palliative care team at MSH for advance care planning
- Monthly joint meetings to review metrics and coordinate care



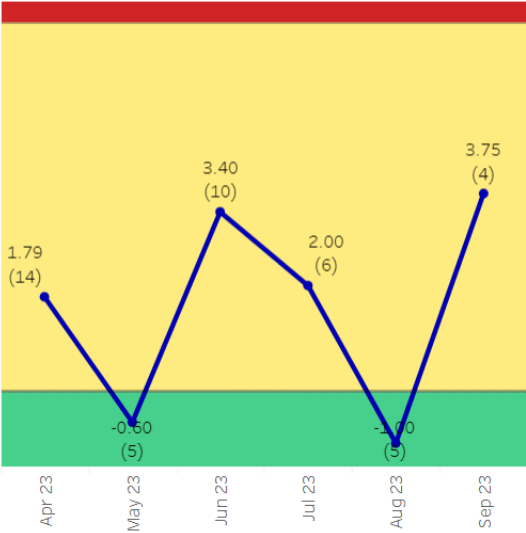
The image shows a screenshot of a reminder notification. At the top, there is a blue header bar with a small icon on the left and the word "Reminder" on the right. Below the header, the main text reads: "Your hospital partner has requested additional information on a shared patient. Please check your survey list in CarePort today to provide the necessary information." In the center of the notification, there is a prominent orange button with the text "REVIEW SURVEYS" in white, uppercase letters. The notification is set against a white background with a light gray border on the right and bottom.

Short-stay rehospitalization & ALOS, attributed lives - TCC

Direct SNF to Hospital, during short-stay
(short-stay defined via CarePort)



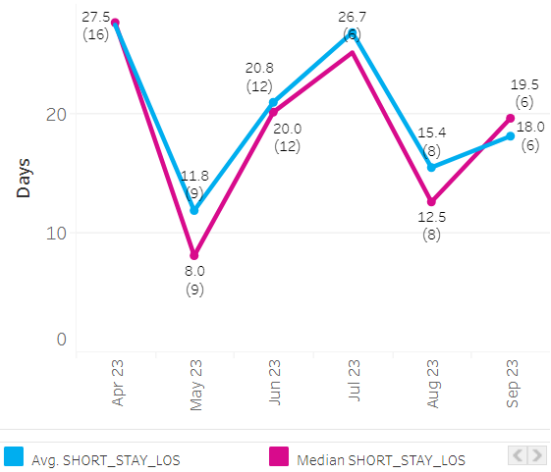
ALOS Target Discharge Variance



Mount Sinai Benchmark:
Rehospitalization ≤ 20 %
ALOS 26 days

Lookback Period	Risk-Adjusted Performance
12-Months (08/01/2022 - 07/31/2023)	Better than expected
6-Months (02/01/2023 - 07/31/2023)	Better than expected
3-Months (05/01/2023 - 07/31/2023)	Better than expected
1-Month (07/01/2023 - 07/31/2023)	Better than expected

Average Length of Stay



Additional health system measures – TCC

Monthly

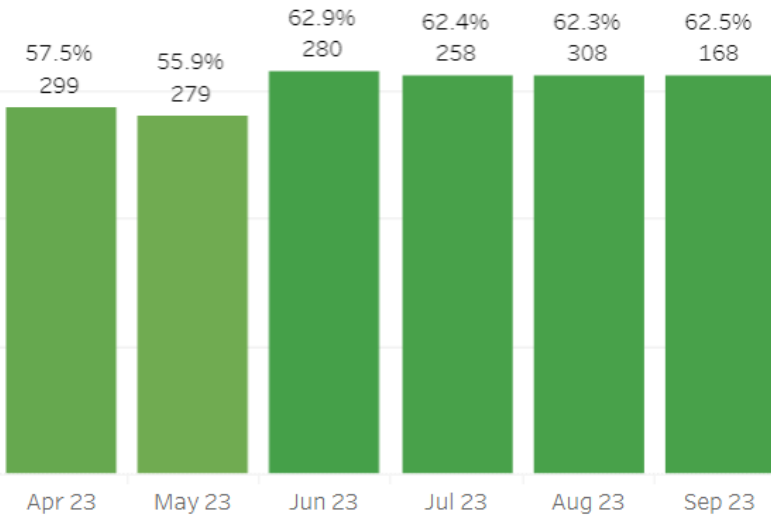
CMS Star Rating



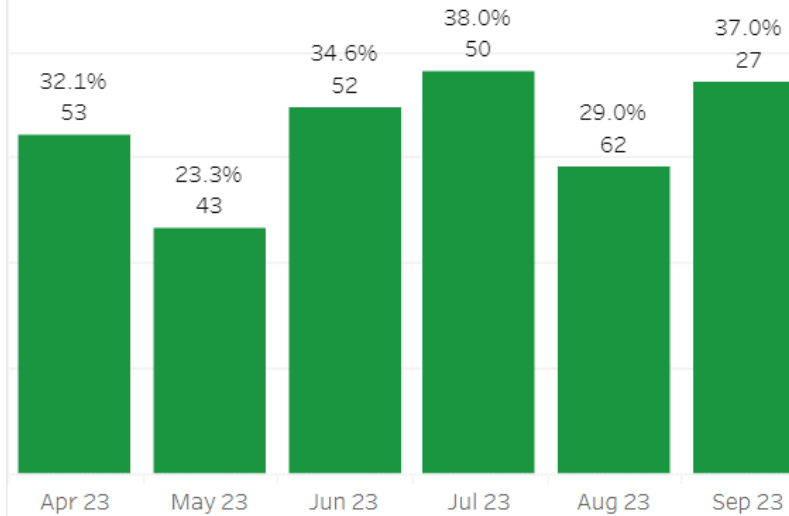
CMS Star Rating Scale



Acceptance Rate of Subacute Medicine and Rehab Referrals



Acceptance Rate of Medicaid Subacute Medicine and Rehab Referrals



Acceptance Rate of Subacute Medicine and Rehab Referrals

	Jul 23	Aug 23	Sep 23
Mount Sinai Beth Israel	2.1	2.5	2.3
Mount Sinai Brooklyn	5.8		1.3
Mount Sinai Hospital	2.9	1.7	1.5
Mount Sinai Queens	1.2	1.2	4.8
Mount Sinai Morningside	12.5	1.3	2.0
Mount Sinai South Nassau	0.8	2.4	0.8
Mount Sinai West	2.0	2.6	1.7



The combination of leveraging Mount Sinai metrics with WellSky CarePort solutions

Mount Sinai's MSSP patients have seen...



8 days

Decrease in SNF LOS



>2%

Reduction in SNF readmissions



\$2.8M

Reduction in SNF spend

Q&A



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REQUEST INFO

CarePort, powered by WellSky, is an end-to-end platform bridging acute and post-acute EHR data, providing visibility into the entire patient journey for providers, physicians, payers and ACOs.

Allegheny Health Network
Driving success in transitional care management
DOWNLOAD

RESOURCES



Kayla Allen
Sr. Marketing Strategist
CarePort, powered by WellSky
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CarePort
Providing care beyond the four walls and into the home
An industry shift to home-based post-acute care and adapting to our new normal
DOWNLOAD

5 Levers of Value-Based Care
DOWNLOAD

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Thank you

Contact us



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