CRISP User Learning Collaborative: Care Transformation Initiative

April 30, 2021

11:00am – 12:30pm

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Agenda

1. Administrative Updates
    a. Performance Year 1
    b. Ad-Hoc Reporting
2. Revisions to Palliative Care Intake Template
3. Intake Template Submission
    a. Look back / Look Forward
    b. Hierarchy Selection
4. MADE Roster
5. DRG Selection
6. Discussion and Questions

CRISP and hMetrix Resources

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4. *Megan Priolo, Senior Director of Population Health at CRISP*
5. *Nathan Hedberg, Director of Product Strategy at hMetrix*

Contact care.redesign@crisphealth.org or hscrc.care-transformation@maryland.gov for questions on CTIs

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Administrative Updates

CTI PY 1 Submission Timeline

- Performance Year 1: July 1, 2021 – June 30, 2022

Next Steps:

- **Revise** Existing CTIs - Submissions must be received by HSCRC by Friday, May 14
- **Add** New CTIs - Submissions must be received by HSCRC by Friday, May 14
- **Drop** Existing CTIs - Submissions must be received by HSCRC by Friday, May 14
- **Unchanged** CTIs – Hospitals do not need to resubmit their CTIs and current submission will be considered final

CTI PY 1 Submission Process

- Hospitals may submit new CTI by emailing the appropriate intake template to the HSCRC.
  - Hospitals should use the Intake Templates that are *on the HSCRC website*, as there have been minor changes to the original templates.
  - Hospitals may also revise their existing CTI submissions by emailing the appropriate intake template and indicating which CTI is being modified.
    - Hospitals should identify an existing CTI using the CTI's full name as it appears in the CTP. E.g. "01-001 – Care Transitions-Readmission CTI".
- Submissions are due by Friday, May 14
- Submissions should be sent to hscrc.care-transformation@maryland.gov

Request for Ad Hoc Analysis

- Hospitals that wish to estimate the CTI population for a new submission may submit a request to CRISP.
  - The results will be provided in excel. Ad hoc submissions will not be available in the CTP.
- To submit an ad hoc analytics request, hospitals should:
  - Email care.redesign@crisphealth.org and include the appropriate excel intake template with the desired specification.
- Analytics requests will take approximately 2 weeks, but the turnaround may be longer if the numerous requests are received simultaneously.
- Hospitals are therefore encouraged to submit analytics requests as soon as possible.

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Revisions to the Palliative Care Intake Template

Current State of Palliative Care CTI

- Numerous hospitals have indicated difficulties with the Palliative Care CTI.
  - The HSCRC allowed hospitals the option of including a NPI List of their palliative care providers.
  - However, the turnover in NPI – particularly relative to an early baseline – discouraged some hospitals from submitting NPI lists.
- Without the NPI lists, the Palliative Care CTI and Care Transitions CTI criteria differ only slightly.
  - If the hospital submits an NPI list, then the Palliative Care CTI includes patients that meet the hospitalization criteria (e.g. 3+ chronic conditions) AND has a touch with the listed NPI.
  - If the hospital does not submit an NPI list, the Palliative Care CTI includes patients that meet the hospitalization criteria (e.g. 3+ chronic conditions).
- In the later case, the Palliative Care population is functionally the same as a Care Transitions CTI. This cause both confusion and substantial overlaps between these CTI.

Future State of Palliative Care CTIs

In order to reduce confusion, the Palliative Care CTI will now require a list of triggering NPIs.

- Physician still must appear in the baseline period and the performance period.
- The hospital may still submit general criteria as a workaround, but it will be treated as a Care Transition CTI in order to reduce confusion.

Requiring an NPI list of the Palliative Care CTI does not eliminate the overlaps problem, but it does simplify it

- The overlap is anyone meeting the Care Transitions Criteria and seen by the NPI.
- Hospitals may decide which CTI those patients are attributed to.

Example: 02-002

180 day post acute total cost of care for high-risk medical population

- Trigger: IP Discharge
- Medical DRG
- NPI List: none

- Under the updated Palliative Care CTI definition, this CTI would be categorized as a Care Transitions since there is no NPI List

- How the hospital operationalizes this CTI and the intention of CTI remains unchanged

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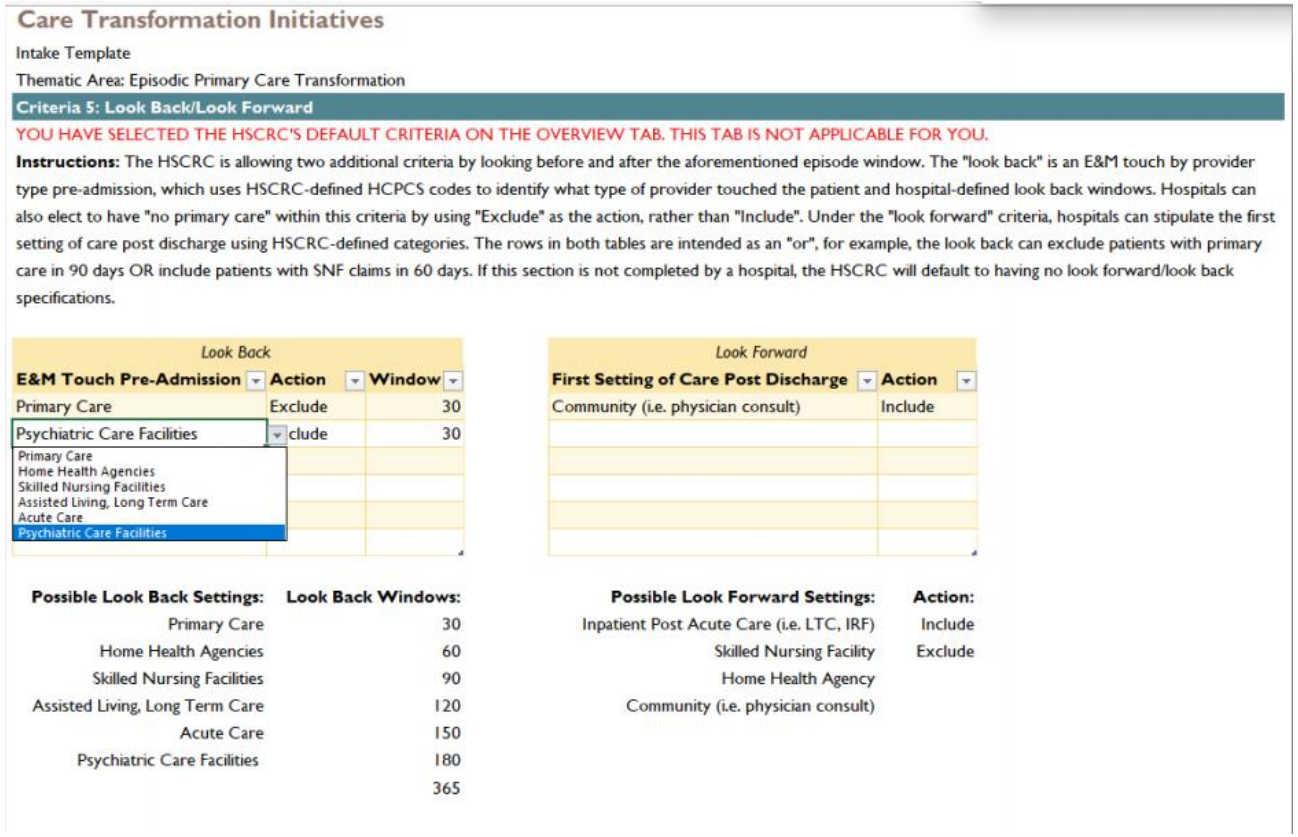
Intake Criteria Review: Lookback/Forward

Look Back and Look Forward Criteria

Hospitals can include and exclude beneficiaries based on touches with a provider or setting of care in the period before and/or after the triggering event.

Six settings are available in the look back criteria and four are available in the look forward criteria.

- For the look back setting, hospitals indicate the time window for their selections
- For the look forward setting, the time window is the duration of the episode



Care Transformation Initiatives

Intake Template

Thematic Area: Episodic Primary Care Transformation

Criteria 5: Look Back/Look Forward

YOU HAVE SELECTED THE HSCRC'S DEFAULT CRITERIA ON THE OVERVIEW TAB. THIS TAB IS NOT APPLICABLE FOR YOU.

Instructions: The HSCRC is allowing two additional criteria by looking before and after the aforementioned episode window. The "look back" is an E&M touch by provider type pre-admission, which uses HSCRC-defined HCPCS codes to identify what type of provider touched the patient and hospital-defined look back windows. Hospitals can also elect to have "no primary care" within this criteria by using "Exclude" as the action, rather than "Include". Under the "look forward" criteria, hospitals can stipulate the first setting of care post discharge using HSCRC-defined categories. The rows in both tables are intended as an "or", for example, the look back can exclude patients with primary care in 90 days OR include patients with SNF claims in 60 days. If this section is not completed by a hospital, the HSCRC will default to having no look forward/look back specifications.

Look Back

E&M Touch Pre-Admission	Action	Window
Primary Care	Exclude	30
Psychiatric Care Facilities	clude	30

Primary Care
Home Health Agencies
Skilled Nursing Facilities
Assisted Living, Long Term Care
Acute Care
Psychiatric Care Facilities

Look Forward

First Setting of Care Post Discharge	Action
Community (i.e. physician consult)	Include

Possible Look Back Settings:	Look Back Windows:
Primary Care	30
Home Health Agencies	60
Skilled Nursing Facilities	90
Assisted Living, Long Term Care	120
Acute Care	150
Psychiatric Care Facilities	180
	365

Possible Look Forward Settings:	Action:
Inpatient Post Acute Care (i.e. LTC, IRF)	Include
Skilled Nursing Facility	Exclude
Home Health Agency	
Community (i.e. physician consult)	

Recommendations

Example:

CTI Target Population: Beneficiaries discharged to community after admission

Look Forward: Include 'Community'

Actual Population: Excludes those with home health care (not intention of CTI) and reduces total episodes

Recommendation:

Utilization of the look back or look forward criteria can really limit or change the output of the episodes. It is recommended to utilize these for very specific and targeted criteria

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Intake Criteria Review: Hierarchy

CTI Hierarchy

- Overlap Methodology:

1. The overlaps that occur based on the same event will be removed by using a hierarchical assignment

   i. The default hierarchy will prioritize CTI with the least number of episodes in the baseline period
      i. In general, thematic areas will be prioritize by: Palliative Care, ED care, Care Transitions, PAC Touch, Geographic, Primary Care.
      ii. Within a thematic area, CTI that use more selection criteria will be prioritized over those with fewer criteria

   i. Each hospital/participant can select a custom hierarchical assignment or choose to go with the default

Example 1: Minimal Overlap

Hierarchy 1: Care Transition (01-002)

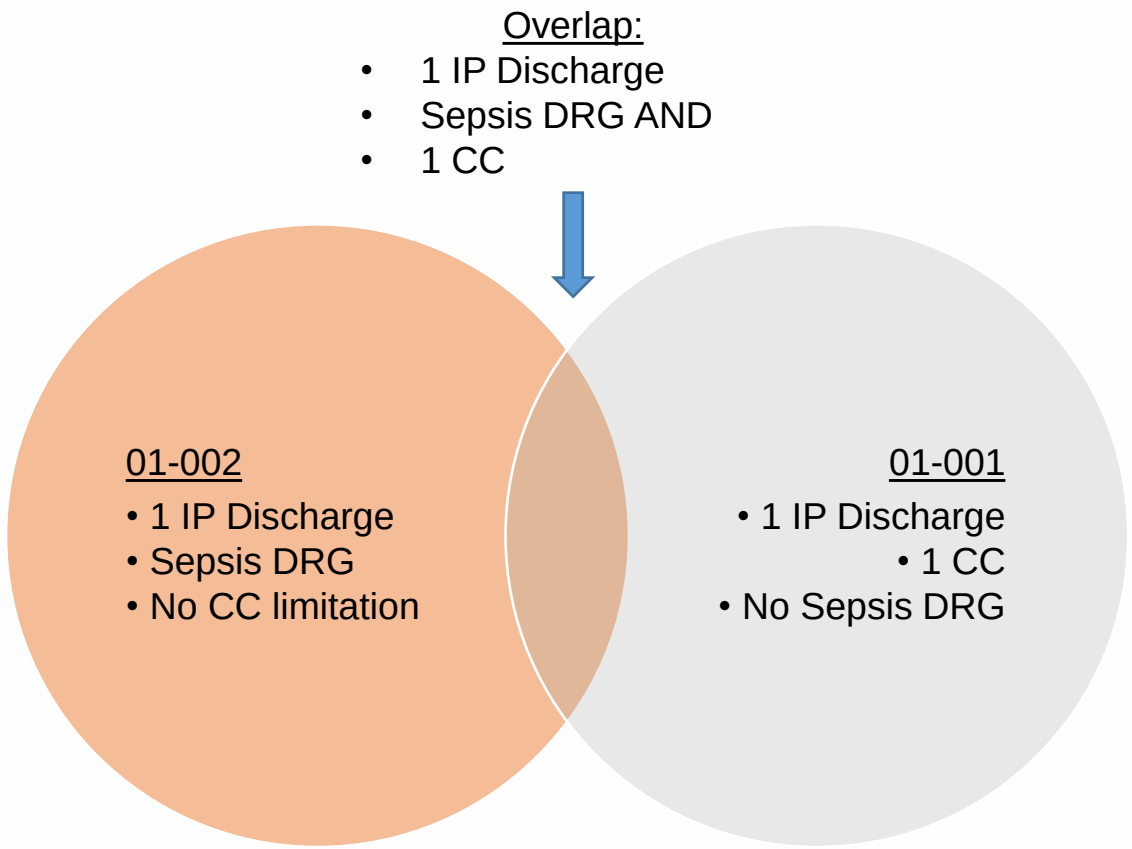
Trigger of IP Discharge with APR DRG 720

- Total Episodes before Overlap: 366
- Total Episodes after Overlap: 366

Hierarchy 2: Care Transition (01-001)

Trigger of IP Discharge with Chronic Condition of either COPD & HF

- Total Episodes before Overlap: 1,112
- Total Episodes after Overlap: 1,005



Example 1: Significant Overlap

Hierarchy 1: Emergency Care (05-001)

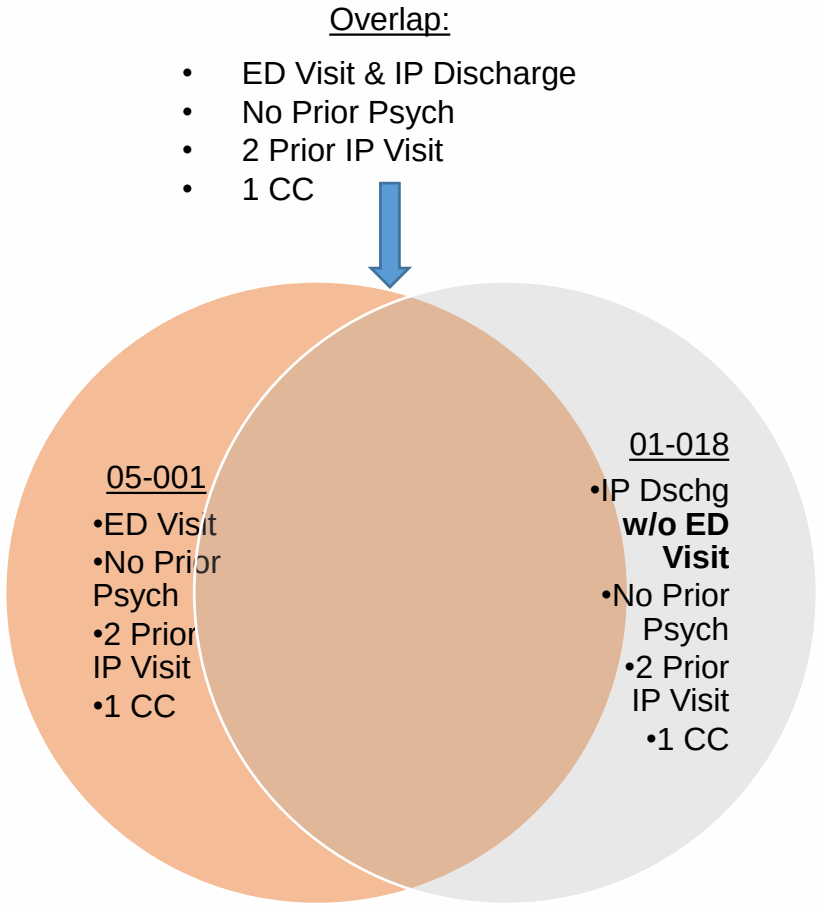
Trigger of ED Visit, lookback excluding Psych and including 2 prior IP Visits, and at least 1 chronic condition

- Total Episodes before Overlap: 4,927
- Total Episodes after Overlap: 4,927

Hierarchy 2: Care Transition (01-018)

Trigger of IP Discharge, lookback excluding Psych and including 2 prior IP Visits, and at least 1 chronic condition

- Total Episodes before Overlap: 2,562
- Total Episodes after Overlap: 919



Hierarchy Issues for Users:

- For CTIs with similar criteria, the hierarchy definition can cause number of episodes to plummet
  - Total episodes in CTI has implications for MSR, etc.

- After hierarchy is applied, the remaining population can be very different than the CTI criteria intended

- Recommendations:
  - Carefully review similarities in CTIs
  - Make sure criteria are separable
  - Analyze large swings in number of episodes

Please reach out to care.redesign@crisphealth.org, if needed, for additional assistance with your selected hierarchy

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MADE Roster

MADE Roster Considerations

MADE Rosters are attributed at the hospital level. CTIs that are at a system level will not link directly from the CTP, but can access their rosters through MADE directly by selecting a specific hospital

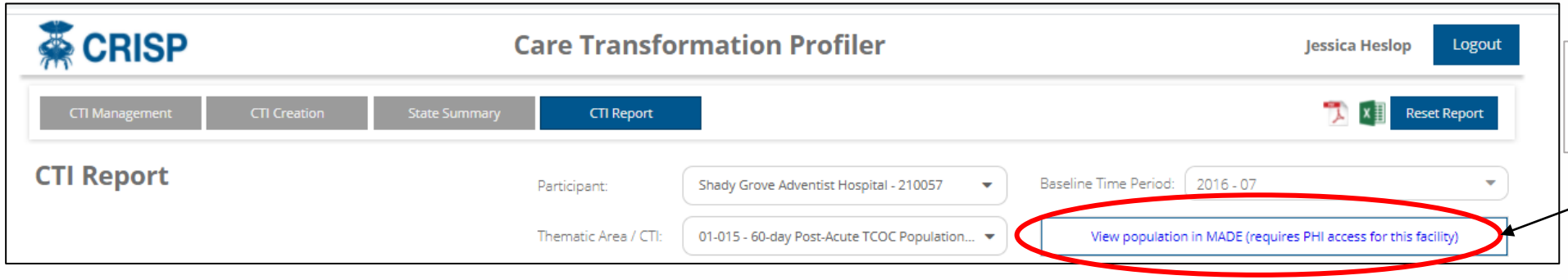
Beneficiaries are attributed to a hospital if they have a treatment relationship (i.e, IP or ER Visit or MPA Attribution)

- Overall, any beneficiary that is attributed either purely through geography or through referral is not going to be available in MADE

MADE will only show the most recent rolling 36 months of beneficiary detail

- Currently March 2018 through February 2021
- Hospitals may not be able to see all beneficiaries in the baseline, particularly as it relates to baseline periods of FY17 & FY18

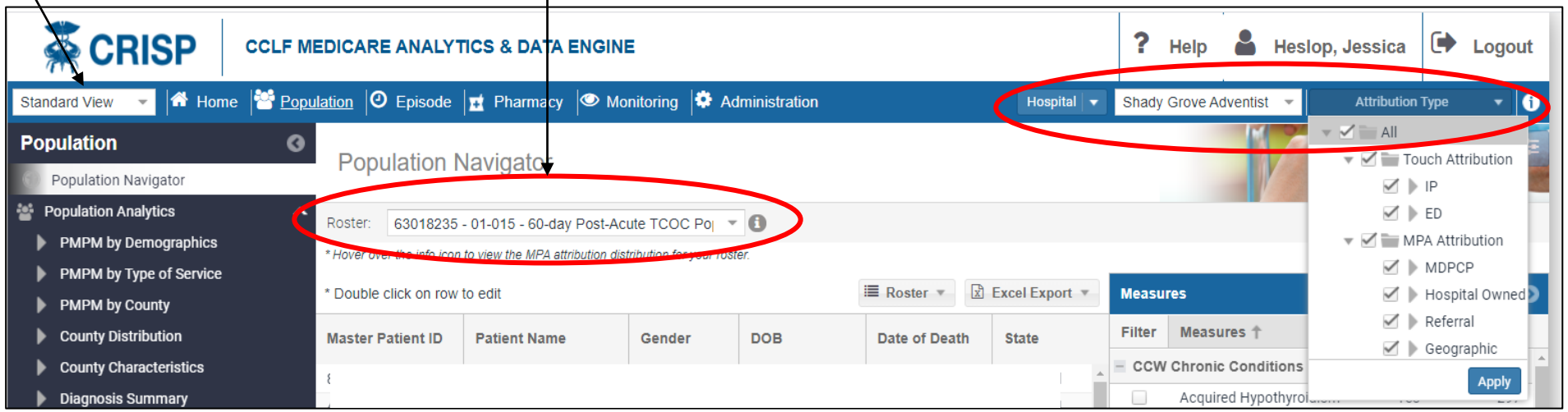
MADE: Accessing Beneficiary - Level Details



Link to launch Population Navigator in MADE

Use ‘Standard View’

Roster is pre-selected, use dropdowns to change selection



DRG Update

DRG Criteria and Maintenance

- Hospitals may submit a list of DRGs as a criteria for their CTI

- New APR-DRG versions are issued each year, to coincide with the release of the new ICD diagnosis and procedure codes upon which the DRG logic relies.

- The most recent DRG version at the start of each Performance Year will be used
  - The most recently released grouper version for July 2021 is APR-DRG Version 37

- Hospitals will be required to update DRGs to reflect most recent grouper version prior to the start of each performance year

- PY1: APR-DRG Grouper Version 37
- PY2: APR-DRG Grouper Version 38
  - Prior to PY2 Hospitals will be required to update DRG submissions to reflect these changes

Questions?

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Thank you!

Next Meeting will be May 28, 2021 (will reschedule as needed)