

90 Day Quality Plans Focusing on the Use of Supportive Care

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Self Regional Healthcare's Physician Led Projects to improve Quality Care

- ▶ Individual physicians receive a stipend to lead a 90 day project on some aspect of patient care with a focus on improving outcomes
- ▶ Logistical support provided as needed
- ▶ Apply to the Medical Executive Committee for project approval
- ▶ Initial and follow up reporting to verify what impact the project had on patient care

Supportive Care Project Goals

- ▶ Increase awareness of the supportive care team – not just Hospice
- ▶ Decrease time from admission to initial consult for appropriate cases
- ▶ Decrease length of stay and charges related to care
- ▶ Provide more appropriate care for the patient

The Data

- ▶ The median charge for the PC sample was \$41,409.89 while the NPC sample was \$64,164.65
 - The PC sample has patients who have overall lower variation of charges than the NPC sample.
- ▶ 78.3% of the consults done between days 0–6 of the patient's stay.
- ▶ 74.6% of the PC patients had a length of stay between 0–15 days. The NPC patients had 81.8% between 0–20 days.
- ▶ Average charges for the NPC sample are \$87,132.77 and the average charges for the PC sample are \$70,217.32. The variance is \$16,915.45.

More Data

- ▶ Average day of consult decreased from 5.70 to 4.11 days from admission
- ▶ % consults done in the 0–6 day range increased from 71.0% to 78.3%
- ▶ Average length of stay in the consult group was 10.9 days versus 16.2 in the non–consult group (cases felt to be appropriate for intervention)
- ▶ Readmissions rates 6.9% for consulted group versus 17.8% for the non–consults

What Now

- ▶ Continue attempts to educate medical staff on the value of supportive care
- ▶ Trying to get some measures on patient and family satisfaction which we feel is where the real benefit lies
- ▶ Work toward the consult on day 0 or 1 of the stay for most chronic disease patients
- ▶ Clone Dr. Slavatore



Questions?

