

# *VT Care Transition Report*

## VT Care Management Director's Meeting

Gloria Thorington, Program Administrator,  
Healthcentric Advisors-QIN/QIO

September 2021



Behavioral Health



Care Transitions



Chronic Disease



Nursing Home Quality



Patient Safety

## CMS Quality Goals (2019-2024)

- Set prior to pandemic – Emergency Prep, Immunization and Infection Control added

# Special Focus Across All Aims



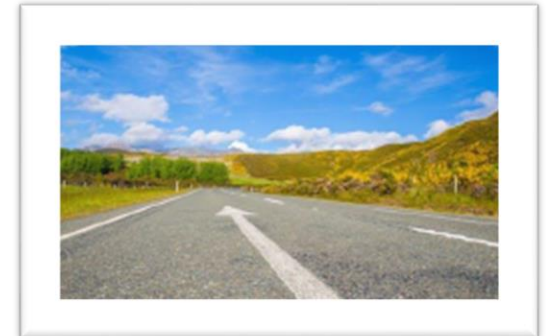
**Health Information  
Technology**



**Health Equity**

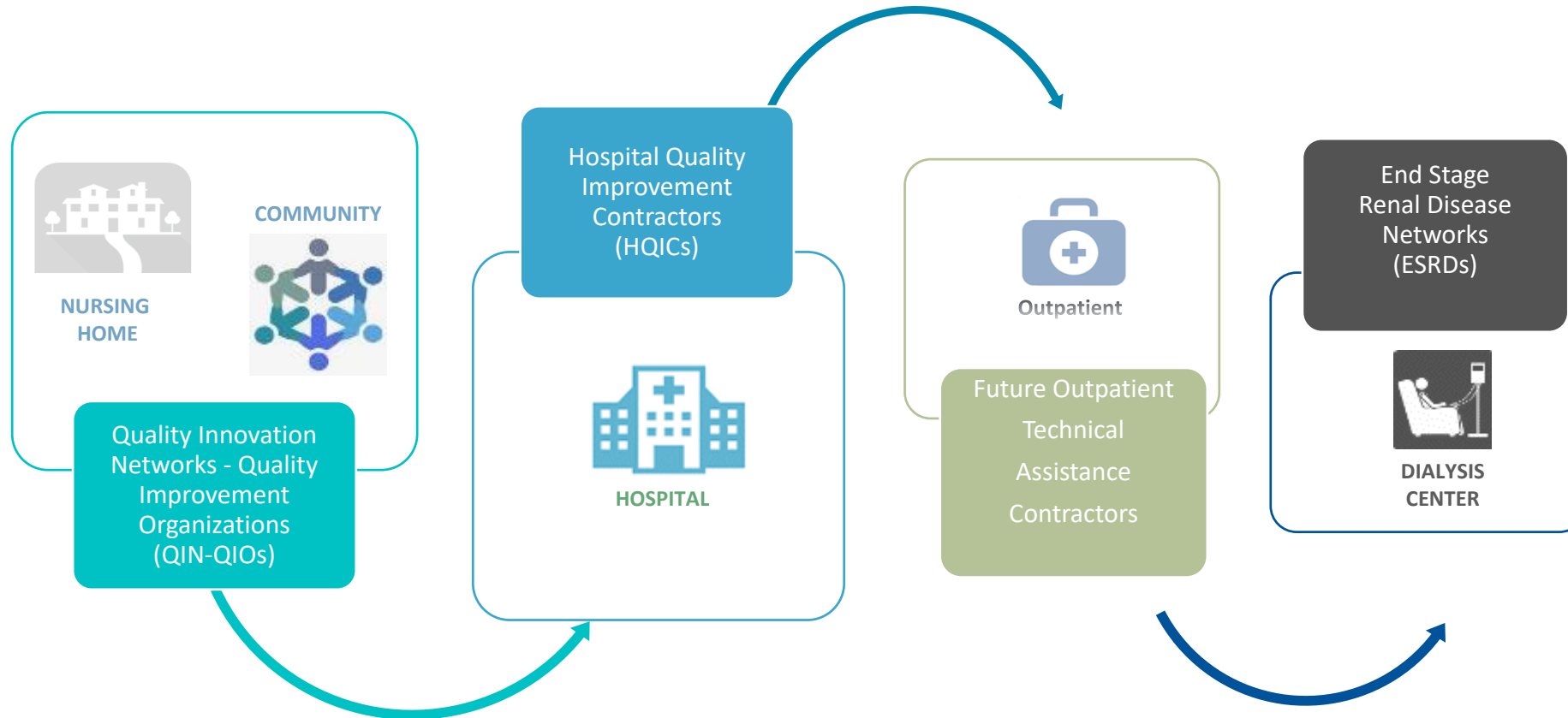


**Patient & Family  
Engagement**



**Rural Health**

# CMS Network of Contractors



# The IPRO QIN-QIO Region

## Healthcentric Advisors

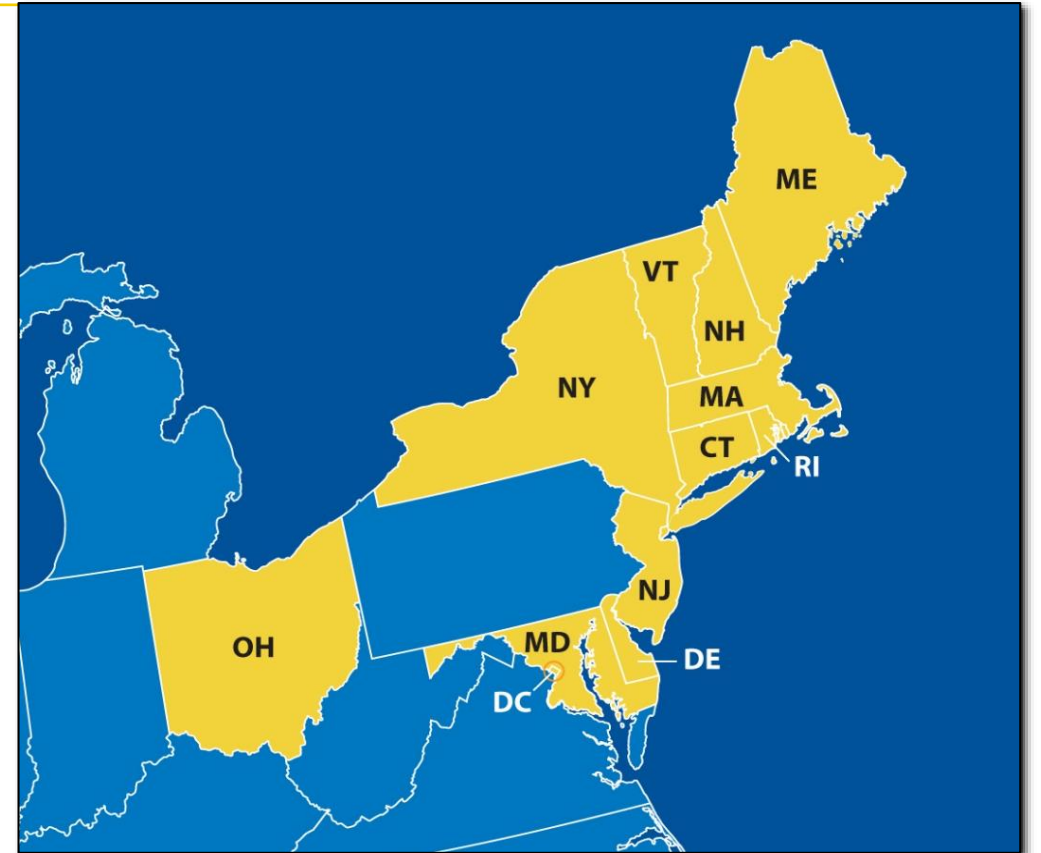
Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island

## IPRO

New York, New Jersey, Ohio

## Qlarant

Maryland, Delaware, District of Columbia



Working to ensure high-quality, safe healthcare for 20% of the nation's Medicare beneficiaries



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# VT State Data: *Quarterly Data Reports*

## Medicare FFS Claims Data reports

- Hospitals
  - Readmissions are defined as a readmission to an acute care, critical access or psychiatric hospital or unit for any reason within the 30 days of an index inpatient admission.
  - Reflects utilization for people who received care (index admission) at that hospital even if they are readmitted elsewhere
  - Not risk adjusted-provided for quality improvement
- Definitions page
  - Describes data, sources/definitions, and alignment with measures other reports (PEPPER)
  - IPRO QIN Region: Communities may fall into CT, DC, DE, MA, MD, ME, NH, NJ, NY, OH, RI, VT but do not necessarily encompass the full state.

# VT State Data: Quarterly Data Reports

## Report Methodology Comparison

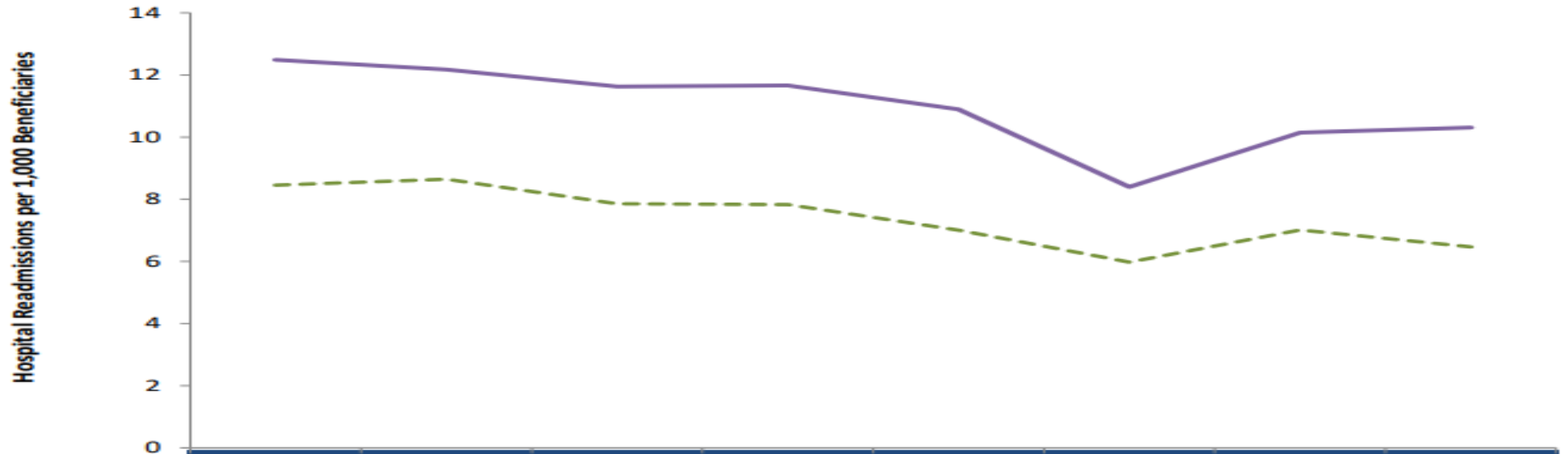
	Safe Transitions IPRO QIN -QIO	PEPPER (Program for Evaluating Payment Patterns Electronic)	Hospital Readmissions Reduction Program (HRRP)
<b>Purpose</b>	Trend data to help inform, guide quality improvement efforts	Measure hospital performance over time for quality improvement project monitoring; support efforts to prevent improper Medicare payments that result from billing errors or quality of care issues	Profile hospital performance for payment
<b>Risk Adjusted</b>	No	No	Yes
<b>Inpatient Psychiatric Hospitals and Units</b>	Included	Excluded	Excluded
<b>Critical Access Hospitals (CAHs)</b>	Included	Excluded	Excluded
<b>Readmission Definition</b>	Every readmission is counted within a 30 day period of a hospital discharge.  Each subsequent readmission is also counted as an index admission.	Same as QIO	The condition-specific readmission measures assign readmission status as a dichotomous "yes/no" value regardless of the number of times the patient was readmitted during the 30-day post-discharge time period. For HWR measure, readmission is also eligible to be counted as a new index admission if it meets all other eligibility criteria.
<b>Planned Readmissions</b>	Excludes certain planned readmissions that are "always planned" as defined by CMS in the hospital-wide 30-day readmission measure: -Bone marrow, kidney and other organ transplants -Maintenance chemotherapy; radiotherapy -Encounter for antineoplastic therapies	Included	Excluded
<b>Data Timeframe</b>	Index admissions are identified as those with a discharge date that falls within the quarter. The timeframe is extended 30 days beyond the end of the quarter to capture readmissions.	Same as QIO	For condition-specific measures, index hospitalizations are identified using 3 years of data; for HWR measure 1 year of data.
<b>Publicly Reported</b>	No	No	<a href="#">Posted on CMS Hospital Readmissions Reduction Program website</a>

# 30 Day All Cause Readmissions

## Vermont

### All Cause 30 Day Hospital Readmissions per 1,000 Medicare Beneficiaries

All Cause 30 Day Hospital Readmissions are defined as any readmission to any hospital for any reason within 30 days of a previous inpatient stay. This measure looks at the rate of hospital readmissions for the entire Medicare Fee-For-Service population in the state. For example, a rate of 12.0 can be interpreted as, for every 1,000 beneficiaries in the state, 12 are readmitted to a hospital within 30 days of their previous inpatient stay. Readmissions per Day are also provided, this number is calculated by dividing the number of readmissions by the number of days in each quarter.



	Q1-19	Q2-19	Q3-19	Q4-19	Q1-20	Q2-20	Q3-20	Q4-20
State	8.5	8.6	7.9	7.8	7.0	6.0	7.0	6.5
IPRO QIN Communities	12.5	12.2	11.6	11.7	10.9	8.4	10.1	10.3
State Readm. per Day	12.0	12.2	11.0	11.1	9.8	8.4	9.8	9.1
State Readmissions	1,079	1,109	1,014	1,017	896	767	904	837
State Medicare FFS Pop.	127,649	128,288	129,151	129,902	127,954	128,346	128,904	129,417



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# Days To Readmission

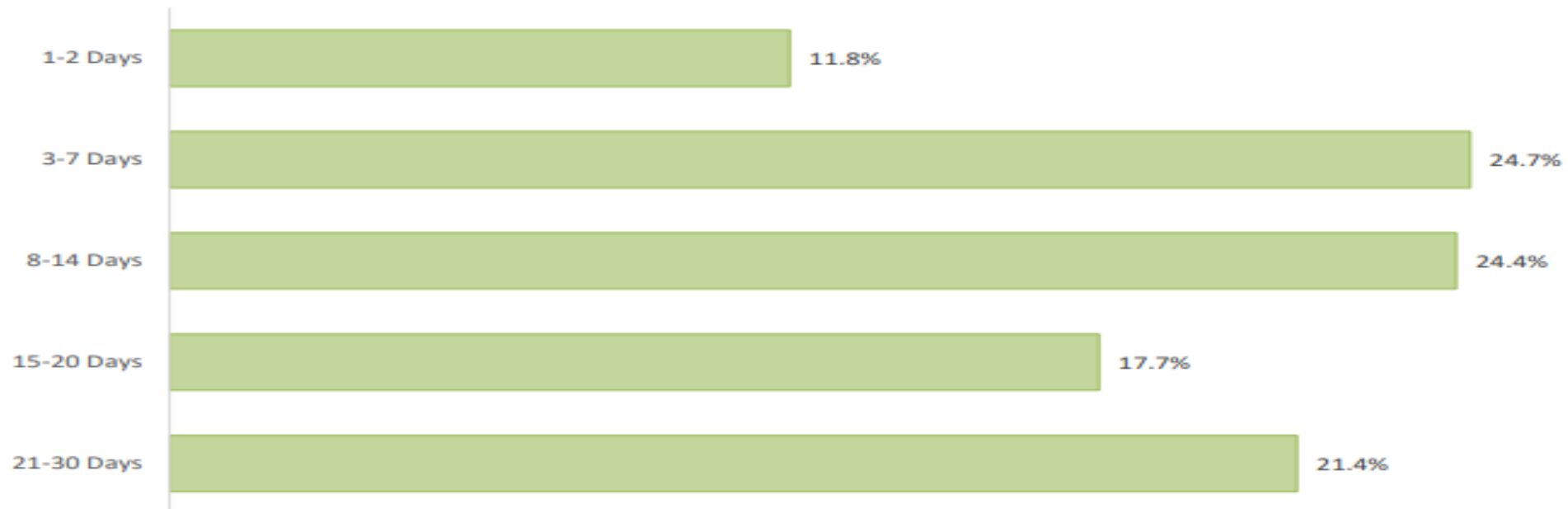
## Vermont

### Readmissions by Discharge Status - Stratified by Days to Readmission

The following shows readmissions based on the discharge status code on the claim that indicates the patient's post acute care destination, stratified by the numbers of days elapsed until a patient was readmitted.

All Discharges, Jan-2020 to Dec-2020

■ State



# Readmissions By Discharge Status

	Setting Discharged To	Readmits Within 30 Days	Days to Readmission									
			1-2 Days		3-7 Days		8-14 Days		15-20 Days		21-30 Days	
			N	%	N	%	N	%	N	%	N	%
Vermont	Home	1,294	168	13.0%	313	24.2%	314	24.3%	229	17.7%	270	20.9%
	SNF	652	60	9.2%	154	23.6%	163	25.0%	118	18.1%	157	24.1%
	HHA	1,194	119	10.0%	327	27.4%	298	25.0%	202	16.9%	248	20.8%
	Hospice	11	-	0.0%	3	27.3%	4	36.4%	-	0.0%	4	36.4%
	Other	253	54	21.3%	44	17.4%	53	20.9%	52	20.6%	50	19.8%
	<b>Total</b>	<b>3,404</b>	<b>401</b>	<b>11.8%</b>	<b>841</b>	<b>24.7%</b>	<b>832</b>	<b>24.4%</b>	<b>601</b>	<b>17.7%</b>	<b>729</b>	<b>21.4%</b>

# Hospital Utilization by Select Demographics

## Vermont

### Hospital Utilization by Select Demographics

The following shows hospital utilization measures based on demographic characteristics of the Medicare Fee-For-Service population in the state. Rate is per 1,000 Medicare Fee-For-Service beneficiaries and are calculated using a one-year time period. Therefore, annual rates will be much higher than quarterly rates.

**Time Period: Jan-2020 to Dec-2020**

### Gender

Category	Readmissions		Admissions		ED Visits		Observation Visits		Total Beneficiaries
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
Male	1,774	29.1	10,787	176.7	20,236	331.5	1,604	26.3	61,047
Female	1,630	24.0	11,336	167.0	25,081	369.5	2,136	31.5	67,876

### Age

Category	Readmissions		Admissions		ED Visits		Observation Visits		Total Beneficiaries
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
< 65	738	36.5	3,824	189.1	12,930	639.5	571	28.2	20,218
65 - 74	1,102	16.9	7,214	110.3	14,630	223.7	1,240	19.0	65,391
75 - 84	951	30.6	6,551	211.0	11,186	360.4	1,132	36.5	31,042
> 84	613	50.0	4,534	369.5	6,571	535.5	797	64.9	12,271



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# Hospital Utilization by Select Demographics

## Race/Ethnicity

Category	Readmissions		Admissions		ED Visits		Observation Visits		Total Beneficiaries
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	
Asian	11	20.5	67	124.7	138	256.8	5	9.3	537
Black	22	34.8	137	216.7	292	461.9	29	45.9	632
Hispanic	6	36.0	17	101.9	85	509.6	3	18.0	167
Native American	2	31.3	11	172.2	33	516.5	4	62.6	64
White	3,280	27.0	21,273	175.4	43,213	356.3	3,602	29.7	121,297
Other/Unknown	83	13.3	618	99.3	1,556	250.1	97	15.6	6,222

# Index & Readmission Diagnosis Categories

## Vermont

### Index & Readmission Diagnosis Categories

The tables below provide the frequencies of the top ten diagnoses for Index Admissions (initial hospitalization) and Readmissions (subsequent hospitalizations following index). These data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Refined Software.

**Time Period: Jan-2020 to Dec-2020**

Index Admission: Principal Diagnosis Category (Top 10)	Number of Readmissions for Specified Diagnosis	Total Readmissions in State	Percent of Total Readmissions
Heart failure	283	3,404	8.3%
Septicemia	244	3,404	7.2%
Cardiac dysrhythmias	140	3,404	4.1%
Pneumonia (except that caused by tuberculosis)	110	3,404	3.2%
Acute myocardial infarction	109	3,404	3.2%
Respiratory failure; insufficiency; arrest	100	3,404	2.9%
Urinary tract infections	88	3,404	2.6%
Acute and unspecified renal failure	86	3,404	2.5%
Chronic obstructive pulmonary disease and bronchiectasis	84	3,404	2.5%
Gastrointestinal hemorrhage	81	3,404	2.4%



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# Index & Readmission Diagnosis Categories

## Vermont

### Index & Readmission Diagnosis Categories

The tables below provide the frequencies of the top ten diagnoses for Index Admissions (initial hospitalization) and Readmissions (subsequent hospitalizations following index). These data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Refined Software.

**Time Period: Jan-2020 to Dec-2020**

Readmission: Principal Diagnosis Category (Top 10)	Number of Readmissions for Specified Diagnosis	Total Readmissions in State	Percent of Total Readmissions
Heart failure	302	3,404	8.9%
Septicemia	259	3,404	7.6%
Cardiac dysrhythmias	126	3,404	3.7%
Complication of other surgical or medical care, injury, initial encounter	112	3,404	3.3%
Respiratory failure; insufficiency; arrest	102	3,404	3.0%
Gastrointestinal hemorrhage	94	3,404	2.8%
Acute and unspecified renal failure	94	3,404	2.8%
Urinary tract infections	89	3,404	2.6%
Pneumonia (except that caused by tuberculosis)	81	3,404	2.4%
Chronic obstructive pulmonary disease and bronchiectasis	75	3,404	2.2%



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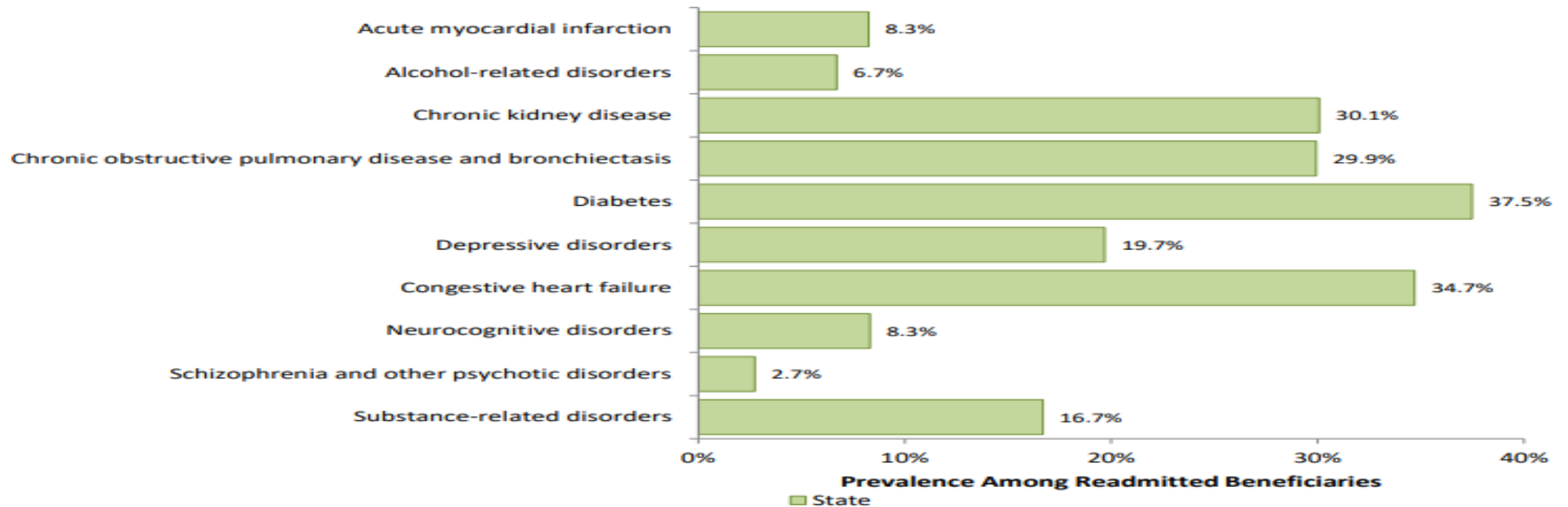
# Chronic Condition Prevalence for Readmitted Patients

Vermont

## Chronic Condition Prevalence for Readmitted Patients

This measure looks at which chronic conditions were most common among all the beneficiaries who were readmitted to the hospital within 30 days. These data do not show readmission rates; instead they look at how prevalent certain diagnoses are among readmitted patients. For example, if the prevalence of diabetes is about 36%, this would mean that a little more than a third of all beneficiaries who were readmitted had a diagnosis of diabetes. Chronic conditions were identified using any diagnosis code (principal or secondary) included on the inpatient hospital claim.

Time Period: Jan-2020 to Dec-2020



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# Chronic Condition Prevalence for Readmitted Patients

Time Period: Jan-2020 to Dec-2020

Chronic Condition Category	Number of Readmissions for Specified Condition in State	Total Readmissions in State	Prevalence Among Readmitted Beneficiaries
Acute myocardial infarction	281	3,404	8.3%
Alcohol-related disorders	228	3,404	6.7%
Chronic kidney disease	1,024	3,404	30.1%
Chronic obstructive pulmonary disease and bronchiectasis	1,019	3,404	29.9%
Diabetes	1,276	3,404	37.5%
Depressive disorders	670	3,404	19.7%
Heart failure	1,181	3,404	34.7%
Neurocognitive disorders	283	3,404	8.3%
Schizophrenia and other psychotic disorders	93	3,404	2.7%
Substance-related disorders	568	3,404	16.7%



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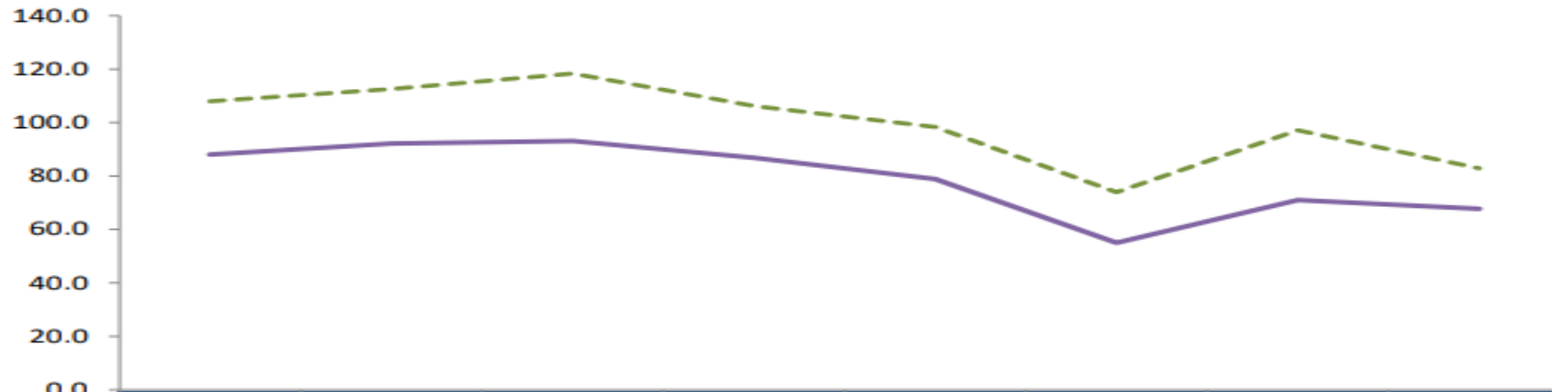
# ED Visits & Top Dx Categories

## Vermont

### Emergency Department (ED) Visits per 1,000 Medicare Beneficiaries

This measure looks at the rate of ED visits for the entire Medicare Fee-For-Service population in the state. For example, a rate of 94.0 can be interpreted as, for every 1,000 beneficiaries in the state, 94 beneficiaries had an ED visit. ED visits are defined as a visit to the emergency department that does not result in a hospital admission or observation stay. ED visits per Day are also provided, this number is calculated by dividing the number of ED visits by the number of days in each quarter.

ED Visits per 1,000 Beneficiaries



	Q1-19	Q2-19	Q3-19	Q4-19	Q1-20	Q2-20	Q3-20	Q4-20
State	107.9	112.6	118.3	106.2	98.3	73.9	97.1	82.9
IPRO QIN Communities	88.0	92.1	93.1	86.8	78.8	55.0	71.0	67.8
State ED Visits per Day	153.1	158.7	166.1	149.9	138.3	104.3	136.1	116.6
State ED Visits	13,777	14,445	15,285	13,791	12,583	9,488	12,523	10,723
State Medicare FFS Pop.	127,649	128,288	129,151	129,902	127,954	128,346	128,904	129,417



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# ED Visits & Top Dx Categories

## Emergency Department Top Principal Diagnosis Categories

The following table lists the top 10 diagnosis categories for emergency department within the state. These data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Refined Software.

**Time Period: Jan-2020 to Dec-2020**

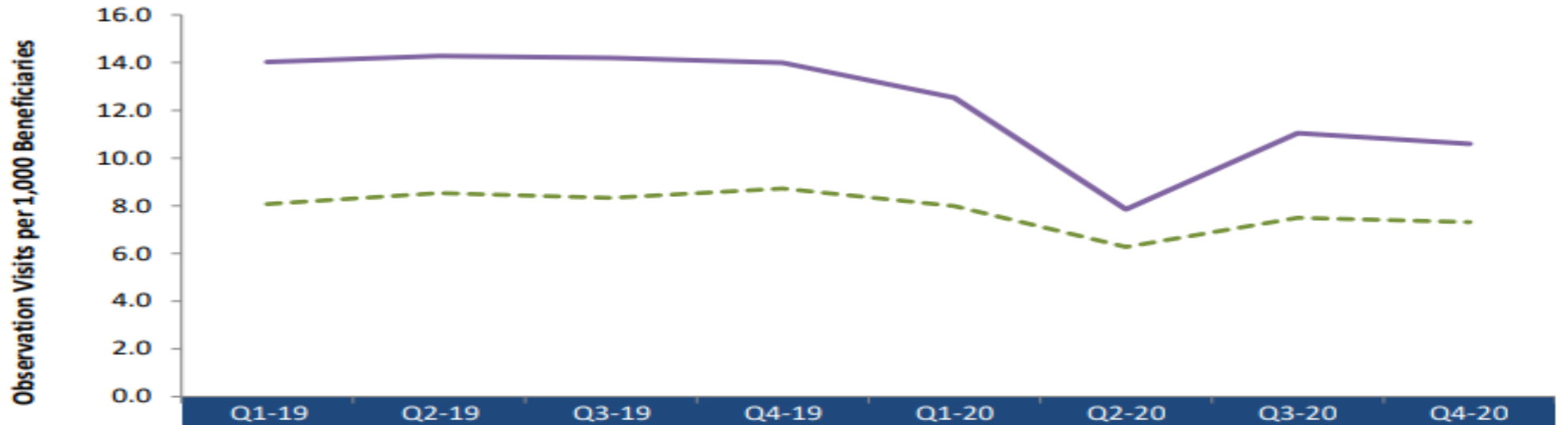
Principal Diagnosis Category (Top 10)	Total ED Visits in State
Nonspecific chest pain	2,408
Abdominal pain and other digestive/abdomen signs and symptoms	2,338
Superficial injury; contusion, initial encounter	2,016
Musculoskeletal pain, not low back pain	1,804
Respiratory signs and symptoms	1,696
Urinary tract infections	1,247
Open wounds to limbs, initial encounter	1,122
Skin and subcutaneous tissue infections	955
Sprains and strains, initial encounter	840
General sensation/perception signs and symptoms	801

# Observation Visits & Principal Dx Categories

## Vermont

### Observation Visits per 1,000 Medicare Beneficiaries

This measure looks at the rate of observation visits for the entire Medicare Fee-For-Service population in the state. For example, a rate of 12.0 can be interpreted as, for every 1,000 beneficiaries in the state, 14 beneficiaries had an observation visit. Observation visits are defined as an observation as a visit that does not result in a hospital admission. Observation visits per Day are also provided, this number is calculated by dividing the number of observation visits by the number of days in each quarter.



	Q1-19	Q2-19	Q3-19	Q4-19	Q1-20	Q2-20	Q3-20	Q4-20
State Obs. per Day	11.4	12.0	11.7	12.3	11.2	8.8	10.5	10.3
State Observations	1,030	1,095	1,076	1,133	1,022	805	966	947
State Medicare FFS Pop.	127,649	128,288	129,151	129,902	127,954	128,346	128,904	129,417



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# Observation Visits & Principal Dx Categories

## Observation Visit Top Principal Diagnosis Categories

The following table lists the top 10 diagnosis categories for observation visits within the state. These data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Refined Software.

**Time Period: Jan-2020 to Dec-2020**

Principal Diagnosis Category (Top 10)	Total Observation Visits in State
Nonspecific chest pain	352
Syncope	197
Cardiac dysrhythmias	158
Osteoarthritis	141
Nervous system signs and symptoms	107
Transient cerebral ischemia	94
Malaise and fatigue	94
Fluid and electrolyte disorders	82
Urinary tract infections	75
Abdominal pain and other digestive/abdomen signs and symptoms	70

# Post-Acute Care Readmission Tables

## Vermont

### Appendix - Post Acute Care Readmission Tables

The following shows readmissions based on the discharge status code on the claim that indicates a patient's post acute care destination. The discharge status code is cross tabulated to provide information on where a patient was readmitted and the number of days that elapsed between discharge and readmission. Diagnosis-specific data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Refined Software (see last page for more info).

### All Discharges, Jan-2020 to Dec-2020

Group	Setting Discharged To	Readmits Within 30 Days	Discharges	30-Day Readmit Rate	30-Day Readmits to Same Hospital		30-Day Readmits to Other Hospital		Days to Readmission									
					N	%	N	%	1-2 Days		3-7 Days		8-14 Days		15-20 Days		21-30 Days	
									N	%	N	%	N	%	N	%	N	%
Vermont	Home	1,294	9,412	13.7%	1,003	77.5%	291	22.5%	168	13.0%	313	24.2%	314	24.3%	229	17.7%	270	20.9%
	SNF	652	3,741	17.4%	476	73.0%	176	27.0%	60	9.2%	154	23.6%	163	25.0%	118	18.1%	157	24.1%
	HHA	1,194	6,225	19.2%	928	77.7%	266	22.3%	119	10.0%	327	27.4%	298	25.0%	202	16.9%	248	20.8%
	Hospice	11	417	2.6%	11	100.0%	-	0.0%	-	0.0%	3	27.3%	4	36.4%	-	0.0%	4	36.4%
	Other	253	1,349	18.8%	167	66.0%	86	34.0%	54	21.3%	44	17.4%	53	20.9%	52	20.6%	50	19.8%
	<b>Total</b>	<b>3,404</b>	<b>21,144</b>	<b>16.1%</b>	<b>2,585</b>	<b>75.9%</b>	<b>819</b>	<b>24.1%</b>	<b>401</b>	<b>11.8%</b>	<b>841</b>	<b>24.7%</b>	<b>832</b>	<b>24.4%</b>	<b>601</b>	<b>17.7%</b>	<b>729</b>	<b>21.4%</b>



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# Post-Acute Care Readmission Table-Sepsis

Vermont

## Appendix - Post Acute Care Readmission Tables

The following shows readmissions based on the discharge status code on the claim that indicates a patient's post acute care destination. The discharge status code is cross tabulated to provide information on where a patient was readmitted and the number of days that elapsed between discharge and readmission. Diagnosis-specific data are based on the principal diagnosis code submitted on the claim and diagnoses are grouped according to the AHRQ Clinical Classifications Refined Software (see last page for more info).

### Septicemia (except in labor), Jan-2020 to Dec-2020

Group	Setting Discharged To	Readmits Within 30 Days	Discharges	30-Day Readmit Rate	30-Day Readmits to Same Hospital		30-Day Readmits to Other Hospital		Days to Readmission									
					N	%	N	%	1-2 Days		3-7 Days		8-14 Days		15-20 Days		21-30 Days	
									N	%	N	%	N	%	N	%	N	%
Vermont	Home	46	444	10.4%	37	80.4%	9	19.6%	11	23.9%	6	13.0%	11	23.9%	9	19.6%	9	19.6%
	SNF	70	360	19.4%	56	80.0%	14	20.0%	9	12.9%	15	21.4%	14	20.0%	15	21.4%	17	24.3%
	HHA	102	470	21.7%	86	84.3%	16	15.7%	14	13.7%	23	22.5%	21	20.6%	21	20.6%	23	22.5%
	Hospice	1	36	2.8%	1	100.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
	Other	25	99	25.3%	18	72.0%	7	28.0%	7	28.0%	4	16.0%	5	20.0%	3	12.0%	6	24.0%
	<b>Total</b>	<b>244</b>	<b>1,409</b>	<b>17.3%</b>	<b>198</b>	<b>81.1%</b>	<b>46</b>	<b>18.9%</b>	<b>41</b>	<b>16.8%</b>	<b>49</b>	<b>20.1%</b>	<b>51</b>	<b>20.9%</b>	<b>48</b>	<b>19.7%</b>	<b>55</b>	<b>22.5%</b>



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# We Are All Ears – State/Hospital Data Report



- What else would you like to see?
- What is most useful?
- What isn't (could be removed)?

# THANK YOU

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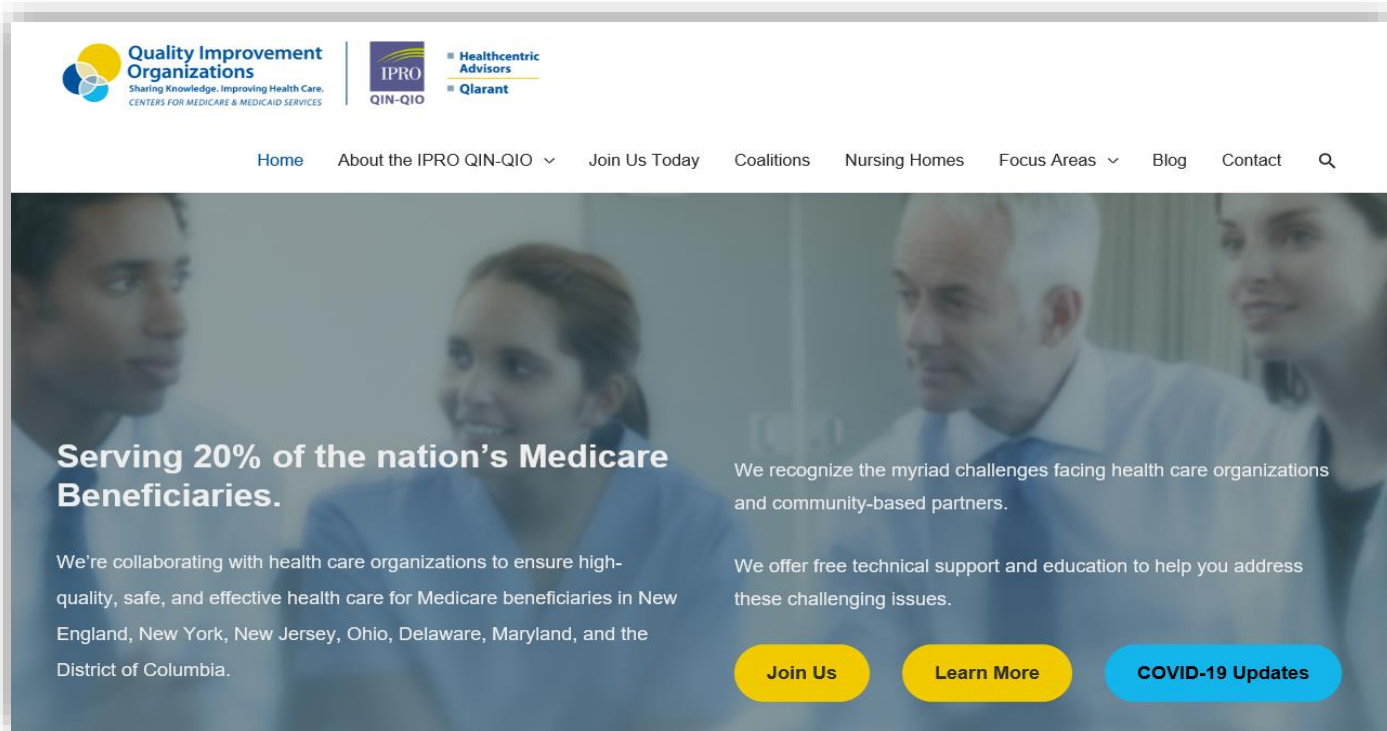
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