

Hospitalization for Potentially Preventable Complications

For Medical Groups



What It Measures: Risk-adjusted ratio of observed to expected discharges for ambulatory care sensitive conditions (ACSC) by certain chronic and acute conditions. For these conditions, appropriate and timely outpatient care tends to prevent the progression or development of complications requiring hospitalization. These admissions are not always avoidable.

CHRONIC ACSC	ACUTE ACSC
<ul style="list-style-type: none"> • Diabetes short-term complications • Diabetes long-term complications • Uncontrolled diabetes • Lower extremity amputation among patients with diabetes • COPD • Asthma • Hypertension • Heart failure 	<ul style="list-style-type: none"> • Bacterial pneumonia • Urinary tract infection • Cellulitis • Pressure ulcer

How It Is Measured: Below is a simplified description:

- > Eligible population: Patients 67 years and older
- > Exclusions: Patients in hospice during the measurement year, patients enrolled in a special needs plan (SNP) during the measurement year
- > **Numerator/metric = Observed Rate**
The number of discharges for ACSC per one thousand patients per year
- > **Denominator = Expected Rate**
The expected number of ACSC discharges based on the acuity of patients
- > **National Observed Rate**

$$\text{HPC} = \frac{\text{Observed Rate}}{\text{Expected Rate}} \times \text{National observed rate}$$

This calculation creates a ratio that describes how close the measure population's actual performance compares to how the population was expected to perform. This ratio is then multiplied by a national observed rate so CMS can compare individual plan performance.

What the Medical Group Can Do: Providing preventive care and ready access to outpatient care for patients with these conditions is vital to preventing admissions:

- > Develop partnership between local hospitals and PMG to facilitate outpatient management of members seen in the emergency department and/or in observation level of care.
- > Assure accurate determinations of inpatient versus observation level of care according to third-party evidence based criteria.
- > Make same-day appointments available for patients in need of immediate care for these conditions.
- > Make a patient portal available and educate patients on how to use it.
- > Ensure submission of complete diagnosis data to capture the complexity of patients.

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5-Star Best Practices



Provide patients with ACSC and chronic health conditions with appropriate access to after hour care, adequate care coordination and a focus on chronic disease self-management. These conditions should be managed in an outpatient setting when appropriate.

The Provider-Patient Connection

What to review with your patients and their caregivers:

- > Lab values and testing results
- > The shared treatment plan, including contingency planning among patients, caregivers and physicians to improve adherence
- > Adherence to chronic condition medication

What to ask your patients and their caregivers:

- > What is your existing social support system?
- > Do you need assistance with:
 - Activities of daily living (ADL)
 - Medication management, wound treatments, injections or physical therapy?

What your office can do to assist your patients:

- > Schedule regular visits for patients with chronic conditions, such as diabetes, COPD and heart failure.
- > Educate patients on accessing after hour care via resources (nurse lines, urgent care centers), especially for acute conditions, such as UTI, pneumonia, cellulitis, etc.
- > For patients with these acute conditions, follow up with regular telephone calls to monitor signs, symptoms and treatment adherence.
- > Provide 24-hour accessible telephone number(s) – including weekends – for care information (nurse lines, urgent care centers).
- > Assist with appointments for transportation, pharmacy deliveries, tests or lab procedures.
- > Accurate documentation is key to capturing the complexity of your patients and impacts their predicted rate.
- > Confirm all chronic condition diagnoses have been well documented for diagnostic accuracy.
- > Provide written materials in the patients' language, if other than English.
- > Provide referrals to home care agencies and/or appropriate support organizations in the community.
- > Make a patient portal available and educate patients on how to use it.
- > Assess the patients and caregivers' health literacy by having them repeat the information regarding treatment, convalescence, medications and follow-up visits.
- > Make same-day appointments available for patients in need of immediate care for these conditions.