Transition of Care

November 2024

Marnita Hartline RN, AMB-BC
Clinical Nurse Manager Primary Care

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Tower Health Medical Group
TOWER HEALTH
Advancing Health. Transforming Lives.

Objectives

- THMG TOC Process steps and plan
- Differing Roles of the Process
- TOC Documentation Strategies
- Data from Our Process
- Challenges, next steps

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Initiating the TOC Process

- Education for all involved on the reason for the process
  - Readmission Reduction Programs
  - Reduce avoidable readmissions
  - Cost/Utilization measures for payers
  - Denied hospital payments for readmissions
  - Patient Safety
- Effectiveness of TOC Completion (Reading Hospital Data)
  - Timely TOC visit completion significantly reduced the likelihood of a 30-day all-cause readmission (odds ratio = 0.77, $p<.000$)
  - TOC intervention effect is slightly larger for high-risk moderate risk inpatients

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Initiating the TOC Process

- Establishing the when
  - Completed TOC includes
    - Call to the patient (successful “spoke with” or two attempts) within two business days of discharge AND,
    - Completed visit per time frames based on complexity
      - High complexity within 7 days
      - Moderate complexity within 14 days
    - TOC codes can be billed following inpatient admissions and observation but not for ED visits
    - TOC codes cannot be billed outside the 14 days of discharge
    - TOC appointments can be in-person or televideo, but not telephone calls

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Understanding the LACE Score

A model for predicting readmissions: LACE (the Epic standard)

L Length of stay of the index admission.

A Acuity of the admission
(admitted through E.D. vs. an elective admission)

C Co-morbidities (Charlson Co-morbidity Index)

E Count of E.D. visits within the last 6 months.

LACE score ranges from 1-19

0 – 4	=	Low risk;
5 – 9	=	Moderate risk;
≥ 10	=	High risk of readmission.

The LACE Score is currently used by Tower Health to stratify patients' risk of readmission

Note:
Other methods of identifying patients may be used in the future (Epic's Readmission Risk Score)

High Risk LACE Score modified to ≥9

Please note: Original content is kept on file and should not be altered without permission from presenting author.

TOC Process Plan

- Three potential processes across THMG
  - Central Access team schedules the patient for a TOC/post hospital visit
    - Central Access team sends a Patient Call message to the appropriate pool to initiate the call to the patient
  - Patient has PCP within Hospital Based Practice
    - These discharge summaries go to a pool within the EPIC EMR or are sent to this pool if the discharge is outside of Tower Health
    - Care Navigators work this pool and contact the patients within the two-day window
  - Patient has PCP within THMG, non-Hospital Based Practice
    - These discharge summaries go to a pool within EPIC or are sent to this pool if the discharge is outside of Tower Health
    - Central Nurse Triage team works this pool and contacts the patients within the two-day window

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Role of the Access Center

- Sometimes patients or Care Managers contact our Access Center to schedule a “post hospital” visit
- Training has been given to our AAC to schedule the appropriate visit type according to when the patient is being discharged
- AAC then forwards a message to our Triage team to contact the patient for the TOC call required

Please note: Original content is kept on file and should not be altered without permission from presenting author.

TOC Calls

- Calls are prioritized based on the LACE score
- Calls must be made within two business days of discharge
- TOC calls are completed 6 days per week; Monday through Saturday
- The TOC nurse reaches the patient, completes an assessment and sets up the appointment
  - Assessment is sent to the PCP as an FYI with any specific call-outs highlighted in the documentation, appt date/time is noted
  - If unable to schedule the appointment for any reason, the nurse sends a message with the completed assessment to the PCP practice
  - If unable to reach the patient after two attempts on two different days, nurse documents and sends message to PCP
  - If the TOC visit occurs within two days of discharge, the calls are not necessary for billing, but attempts will be made.

Please note: Original content is kept on file and should not be altered without permission from presenting author.

TOC Calls

- The TOC nurse reaches the patient, completes an assessment and sets up the appointment
  - If unable to schedule the appointment for any reason, the nurse sends a message with the completed assessment to the PCP practice
  - If unable to reach the patient after two attempts on two different days, nurse documents and sends message to PCP
  - If the TOC visit occurs within two days of discharge, the calls are not necessary for billing, but attempts will be made.

Please note: Original content is kept on file and should not be altered without permission from presenting author.

TOC Call Template

Transition of Care Post Hospital Note

Lace Readmission Risk Score: ***

Low 0 - 4
Medium 5 - 8
High > 9

TOC Call Completed
TOC Result 2

Patient Class:	TOC Patient Class
Hospital:	TOC Facility
Reason for Hospitalization:	***
Admission/Discharge Dates:	***
PMH includes:	***
Discharge/AVS Plan:	***
Why in Hospital?	***
How Feeling:	IMPROVED/WORSENED
Breathing:	TOC Breathing
Energy level:	TOC Energy Level
Appetite:	TOC Appetite
Diet:	TOC Diet
Elimination:	TOC Elimination
Sleep:	TOC Sleep
Pain:	TOC Pain

- We have templates for each note type
  - 1st call
  - 2nd call
  - Complete TOC call
- Each note documents the needed aspects for that step

t permission from presenting author.

TOC Call Template

Symptoms: TOC Symptoms
Wound Care HAS/DOES NOT HAVE wound
BG, BP, Weight, Other: ***
Mobility, Assistive Device: Assistive Devices DME
Emotional status: EMOTIONAL ISSUES
Live with/support: lives with
SS, DME or other needs: YES / NO

Advancing Wellness
TOC Advancing Wellness

Taking medications as directed on AVS: YES / NO
Reviewed discharge instructions, patient verbalized understanding: YES / NO
Reviewed AVS signs/symptoms to report to PCP/Specialist: YES / NO
Issues or concerns: YES / NO
Plan of Care: Follow discharge instructions until PCP or Specialist appointment.

Per LACE Score, post-hospital visit recommended: TOC PCP Appt

Future Appointments

Date	Time	Provider	Department	Center
1/16/2025	12:20 PM	Sinitsa, Michael L, MD	SBFM	THMG

Eligible for TOC Codes if seen by ***

- Appt is documented within the TOC call note
- Last detail on the TOC note is that the patient is eligible for TOC billing if seen by a specific date

ting author.

TOC Call Template

TOC Result 2

Patient Class: TOC Patient Class
Hospital: TOC Facility
Reason for Hospitalization: ***
Admission/Discharge Dates: ***
PMH includes: ***
Discharge/AVS Plan: ***

Why in Hospital? ***
How Feeling: IMPROVED/WORSENED
Breathing: TOC Breathing
Energy level: TOC Energy Level
Appetite: TOC Appetite
Diet: TOC Diet
Elimination: TOC Elimination
Sleep: TOC Sleep
Pain: TOC Pain
Symptoms: TOC Symptoms
Wound Care HAS/DOES NOT H
BG, BP, Weight, Other: ***
Mobility, Assistive Device: Assistive Devices D
Emotional status: EMOTIONAL ISSU
Live with/support: lives with
SS, DME or other needs: YES / NO

Advancing Wellness
TOC Advancing Wellness

Taking medications as directed on AVS: YES / NO
Reviewed discharge instructions, patient verbalized unde
Reviewed AVS signs/symptoms to report to PCP/Speciali

- Normal/baseline BM
- Normal/baseline urination
- Occasional constipation
- Occasional loose stools
- Diarrhea
- Multiple lose stools
- Constipation
- Foley
- Suprapubic catheter
- Intermittent catheterization
- Abnormal bowel incontinence
- Abnormal urinary incontinence
- Denies any problems
- Ileostomy
- Colostomy
- ***

SmartLinks
Exit WS

- Topics have drop down boxes to specify situation to improve documentation ease and completeness.
- Once note is complete it is emailed to the PCP for their review

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Data on TOC Process – All Payors

- THMG Call Completion rates –average around 92% for moderate/high LACE scores
- Visit Completion with call rates
  - FY25 - High LACE 33.3%, Moderate LACE 54%, Combo H/M 38.5% - trending downward currently
  - FY24 – High LACE 35.5%, Moderate LACE 57.3%, Combo H/M 40.8%

Please note: Original content is kept on file and should not be altered without permission from presenting author.

THMG All Cause Readmission Rates

	Mod: TOC Not Timely FY25: 9.9	Mod: TOC Timely FY25: 6.1	High: TOC Not Timely FY25: 23.8	High: TOC Timely FY25: 15.6	High & Mod: TOC Not Timely FY25: 21.8	High & Mod: TOC Timely FY25: 12.4	Target Overall FY25: 11.8	Target High Risk FY25: 15.96
2023-07	25.000	10.345	18.944	15.084	19.730	13.534	11.80	15.96
2023-08	12.281	1.563	20.783	14.721	19.537	11.494	11.80	15.96
2023-09	15.556	3.409	24.063	16.092	23.014	11.832	11.80	15.96
2023-10	12.195	10.127	25.503	12.500	23.894	11.828	11.80	15.96
2023-11	4.082	2.500	20.710	12.155	18.605	9.195	11.80	15.96
2023-12	6.250	4.819	22.705	15.897	20.502	12.590	11.80	15.96
2024-01	8.929	1.471	21.613	15.075	19.672	11.610	11.80	15.96
2024-02	12.500	2.353	18.060	17.526	17.291	12.903	11.80	15.96
2024-03	14.815	3.297	23.077	13.274	21.900	10.410	11.80	15.96
2024-04	11.538	3.883	21.317	16.827	19.946	12.540	11.80	15.96
2024-05	19.643	6.024	21.386	16.239	21.134	13.565	11.80	15.96
2024-06	3.333	7.955	21.944	16.667	18.997	13.740	11.80	15.96
2024-07	7.547	3.061	23.631	16.667	21.500	11.765	11.80	15.96
2024-08	11.765	9.877	24.054	14.545	22.146	13.008	11.80	15.96
FY25	9.917	6.145	23.849	15.634	21.838	12.355	11.80	15.96

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Challenges

- Finding adequate access within all providers schedules
  - We did template TOC visits; however, at times they are used for other visits i.e. follow up, same day sick
  - They auto transfer to same day sick if TOC visits unused 24 hours prior to day/time
- Helping patients understand the reason for the TOC visit – "just got out of the hospital, don't need to see my doctor now"
- Identifying behavioral health discharges and obtaining records for the admission

Please note: Original content is kept on file and should not be altered without permission from presenting author.

Contact Information

Marnita.Hartline@towerhealth.org

Cell: 717-587-3354

Please note: Original content is kept on file and should not be altered without permission from presenting author.