

Multidisciplinary Heart Failure Case Review Results in Increased Accuracy in Mortality Reporting



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BACKGROUND

- Centers for Medicare and Medicaid Services benchmark and penalize hospitalize based on risk adjusted and 30-day readmission for heart failure (HF)¹
- Accurate identification of these at-risk cases can help avoid financial penalties

METHODS

- Utilizing a Plan, Do, Study, Act model, processes for identifying inaccurate index diagnoses were reformatted
- The revised process expanded the multidisciplinary team and the stakeholders involved

INITIAL PROCESS AND RESULTS

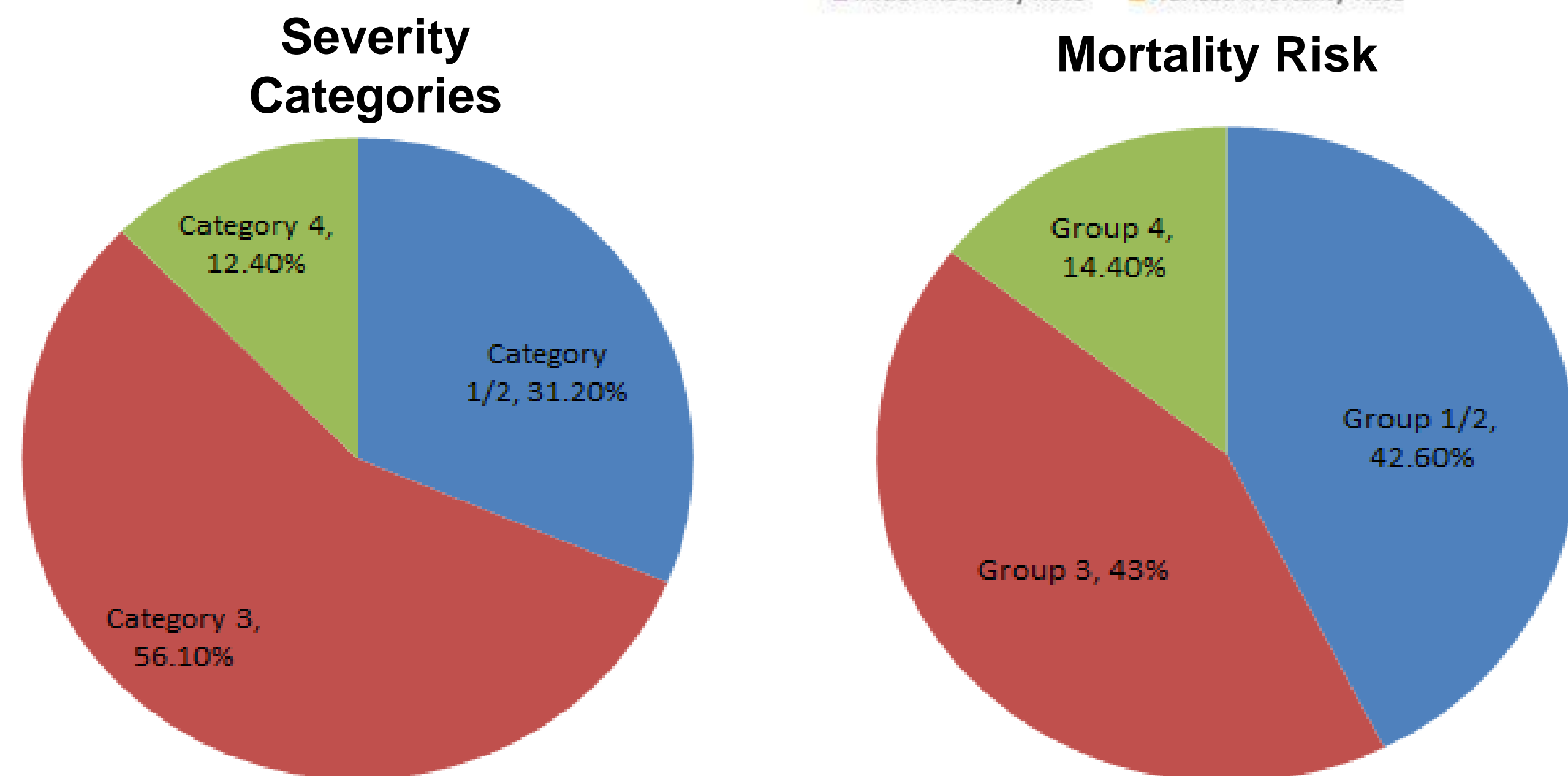
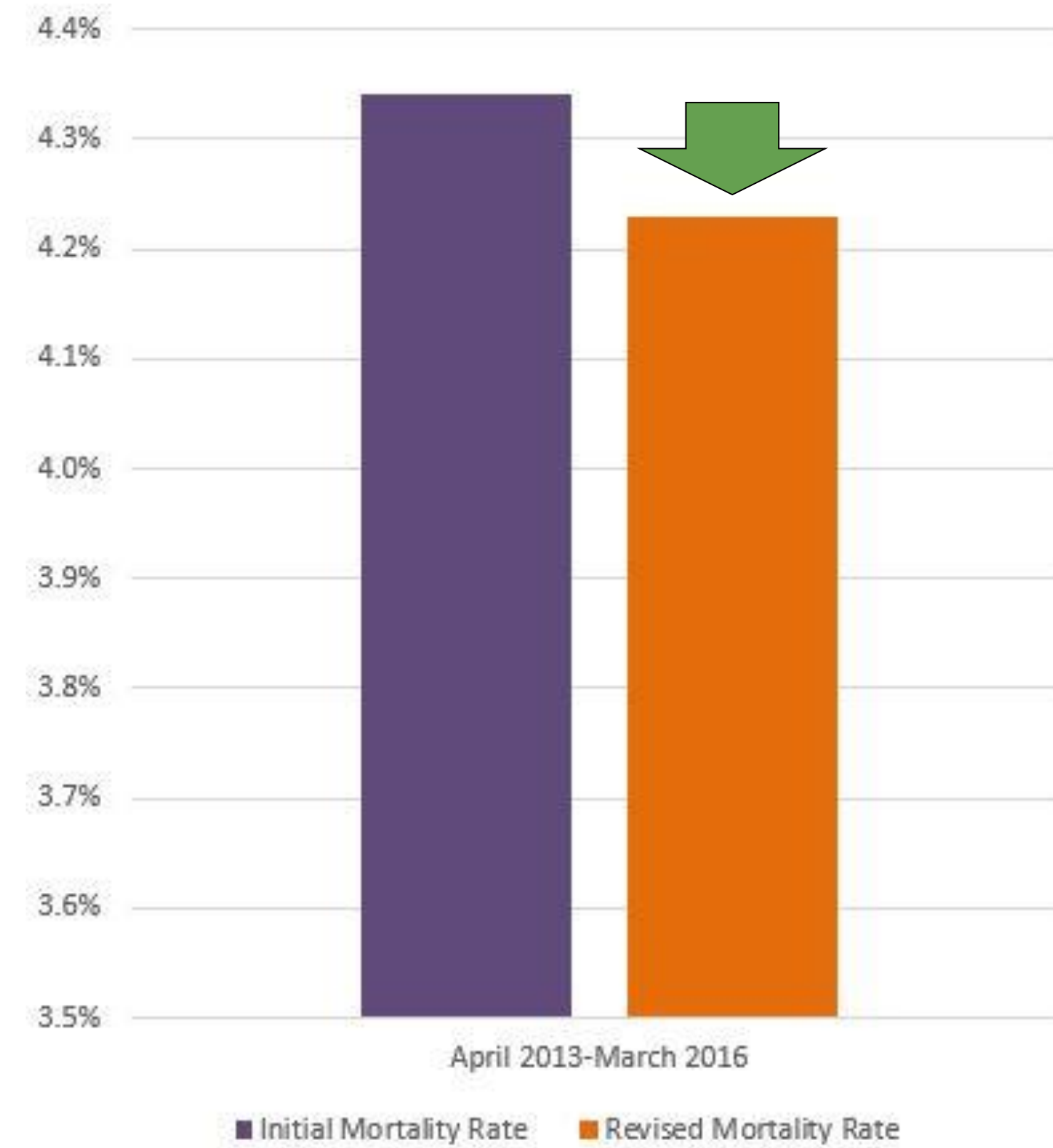


Figure 1. Severity category and mortality risk of HF readmissions from April 2013-March 2016²

REVISED PROCESS AND RESULTS

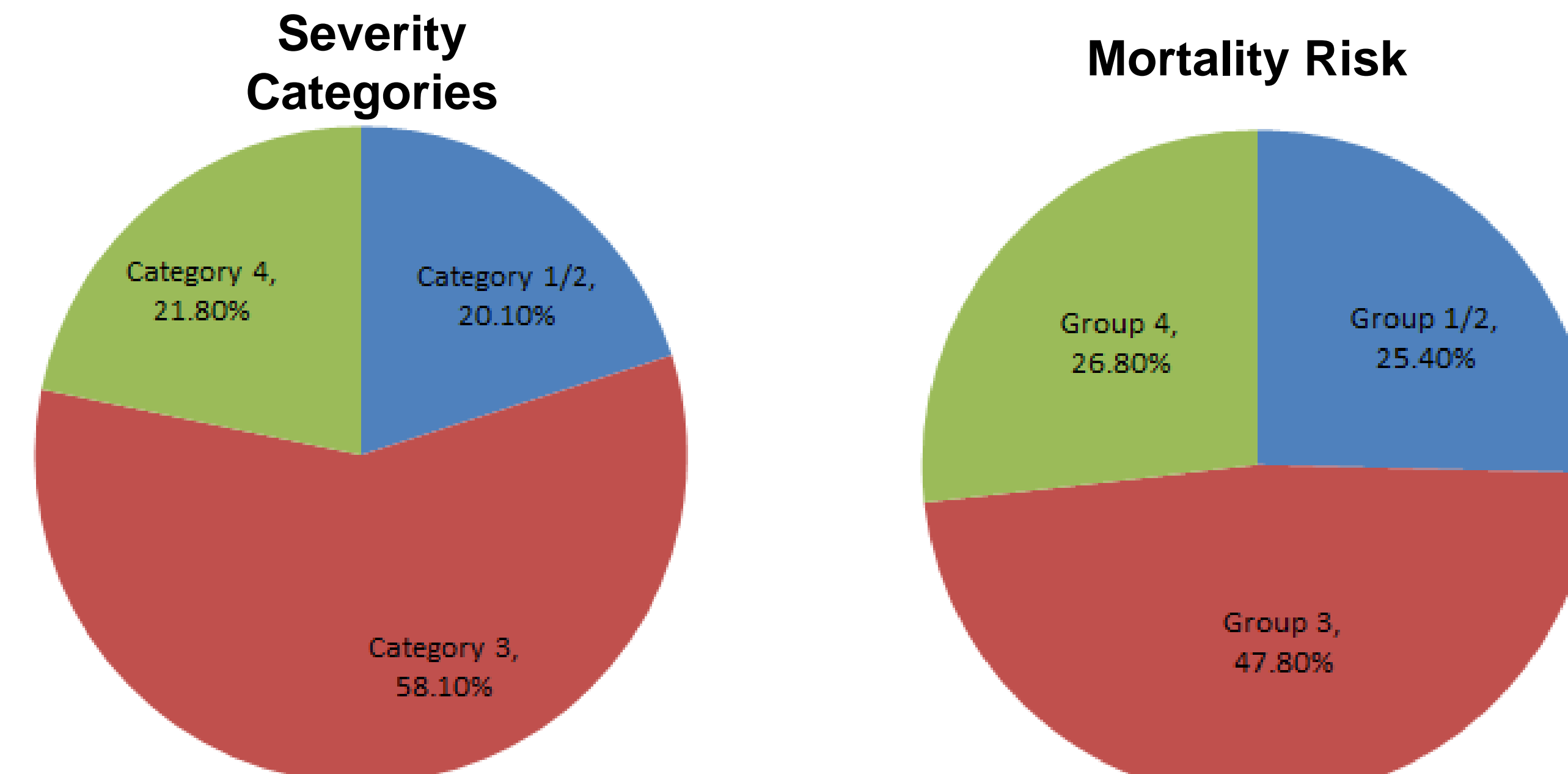
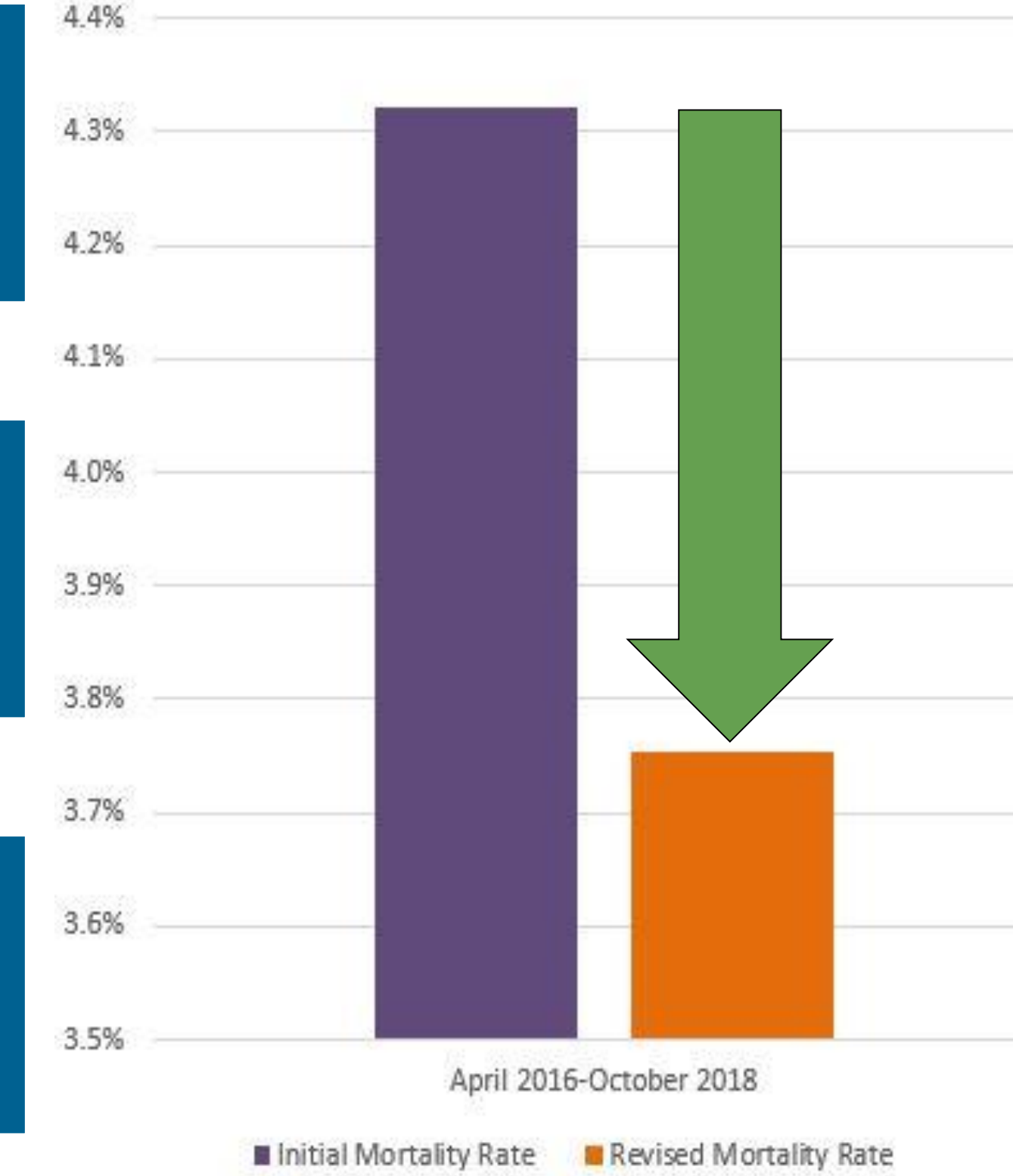
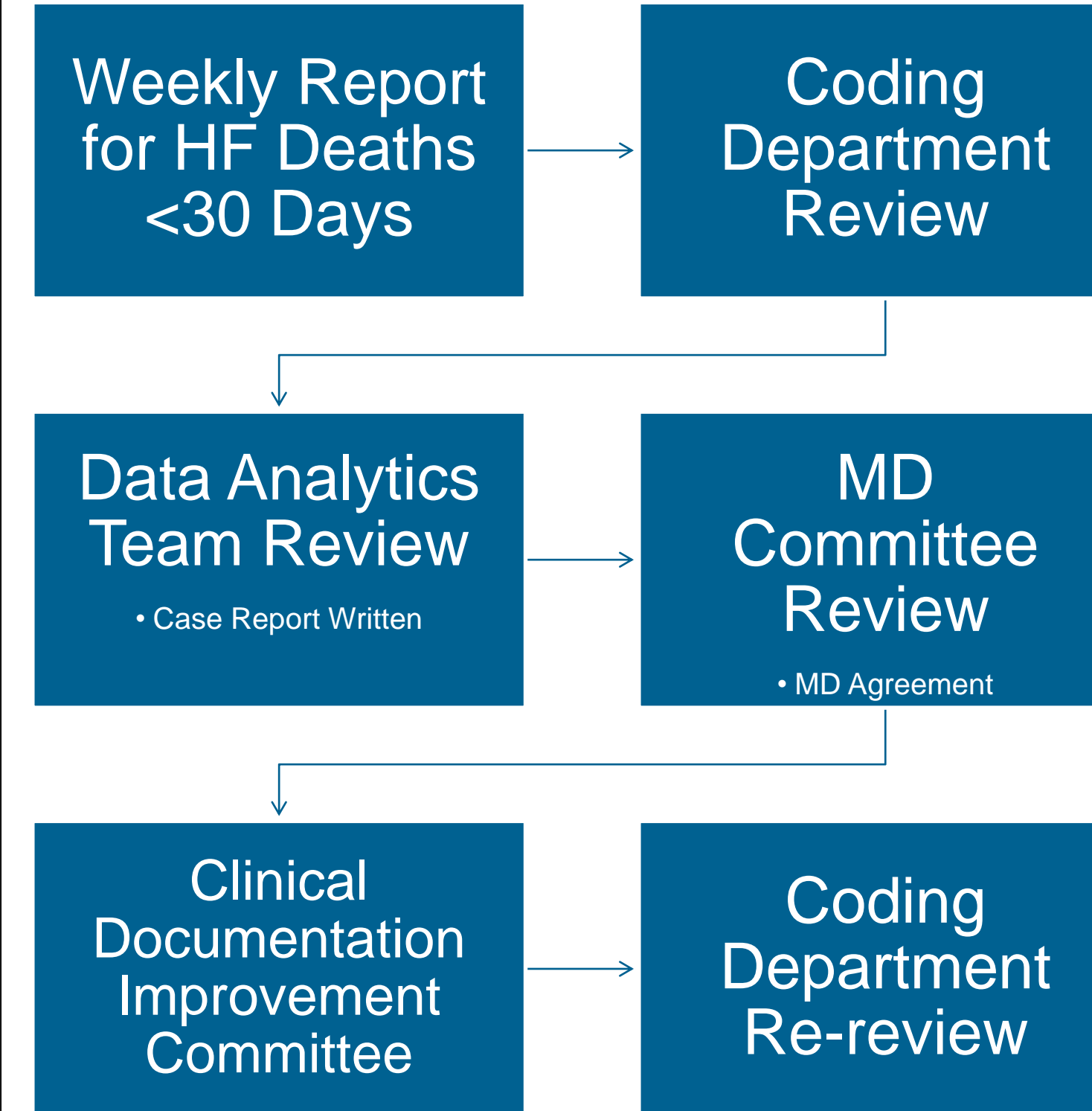


Figure 2. Severity category and mortality risk of HF readmissions from April 2016-October 2018²

RESULTS

- The revised process lead to reclassification of 15 mortality cases
- Process revision was able to reduce our at risk mortality rate from 4.3% to 3.8%, an 11.6% relative reduction
- During the same time period we experienced an increased proportion of HF patients in higher severity categories with increased mortality risk

DISCUSSION

- Shifting payment models necessitate accurate data reporting for maximal payment for value services
- A multidisciplinary approach and increased stakeholder input increases data accuracy for patients in at risk populations

1. McIlvannan C.K., Eapen Z.J., and Allen L.A.: Hospital readmissions reduction program. Circulation 2015; 131: pp. 1796-1803
 2. www.CMS.gov