

The Homecare Competition: Working Together to Decrease Hospitalizations

Collaboration Among Stakeholders

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Present Landscape

- The landscape presents rising prices and inconsistent quality.
- Many have called for more competition to solve these concerns.
- The proponents argue that competition would force home health agencies to deliver better care at a lower cost.
- Quality of care continues to vary dramatically between agencies.
- There are studies that suggest competition might actually reduce quality and exacerbate inequities for patient populations deemed “unprofitable.”

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Alternate Solution - Collaboration

Why collaborate?

- Collaboration leads to better problem solving, peer learning, shared purpose, and innovative ideas.
- Even between Home Health Agencies, collaboration plays a critical role.

The key features of a successful collaboration between agencies are:

- Open doors to unforeseen opportunities.
- Create new value rather than simply being a zero-sum exchange
- Not controlled by a single entity
- Flourish because of equal contributions from all stakeholders.

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Case Studies in Collaboration

- 1997, Blue Cross Blue Shield of Michigan helped launch a fledgling program called the BMC2 Cardiovascular Consortium.
- The mission was to bring hospitals together to improve the care of patients with cardiovascular disease.
- Originally consisting of five hospitals, it grew to include over 50 hospitals across Michigan.
- The hospitals shared deep clinical details
 - How each hospital was treating the same disease
 - How many patients at each hospital had a complication
 - What technology was the hospitals using.

Reference: Harvard Business Review – Operations and Supply Chain Management: How Collaboration Can Drastically Improve U.S. Health Care by Ryan Howard, Thomas Leyden, and Michael Englesbe – March 16, 2022

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Transparency

- From this transparency the hospitals were able to
 - Identify invisible performance gaps
 - Develop new solutions
 - Change practices
- What one hospital did well was a source of guiding the other members of the collaboration.
- If there was a successful program (i.e. smoking-cessation program) that was adopted throughout the state.

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The Results of the Collaboration

Improved the quality of care

Reduction in cardiovascular complications

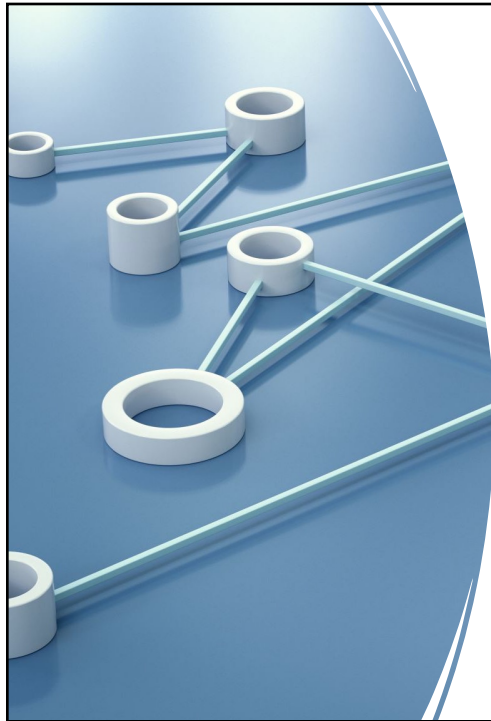
Reduction in hospital readmissions

Decrease in cost of care

Decrease in deaths across the state.

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How does a collaboration work?

- Simply a process for multiple stakeholders coming together to share information, identify gaps in performance, and develop solutions to improve care.
- This is different from the traditional notion of keeping operations proprietary to carve out a competitive advantage.
- This process fundamentally relies on transparency.
- Outcomes and process are shared throughout the group.

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What happens with this transparency?

- Two remarkable things will happen when collaborating.
 - First, by sharing performance with each other, individual Home Health agencies can now see where they stand relative to their peers.
 - Clearly, the sensitive nature of this data requires the utmost care and confidentiality.
 - However, once performance is mapped out, it becomes easy to identify high performers, low performers, and all in between.
 - Also, this allows Home Health agencies to track performance over time to see what is working and what is not.
 - Collaboration puts performance into context. Without this context, you don't know if you are a leader or a laggard.
 - The second benefit of collaboration is that the improvement agenda is set by the Home Health agencies in the collaboration but collectively and individually.

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Scarcity and Abundance



The push for competition in Home Health agencies is rooted in a scarcity mindset.

This sees resources as fixed and views the business of Home Health as a zero-sum game that depends on securing a competitive advantage.



In the Abundance mindset – which views opportunities as additive rather than exclusive – it is possible for every home health agency to improve.



The scarcity mindset requires a loser for every winner, an abundance mindset sees “win-win” opportunities.

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Pathway to Stakeholder Collaboration

Develop Quality Metrics

1. QAPI Program Utilization
2. Acute Care Hospitalization Reporting- Internal
3. Root Cause Analysis
4. Infection Control
5. Adverse Events

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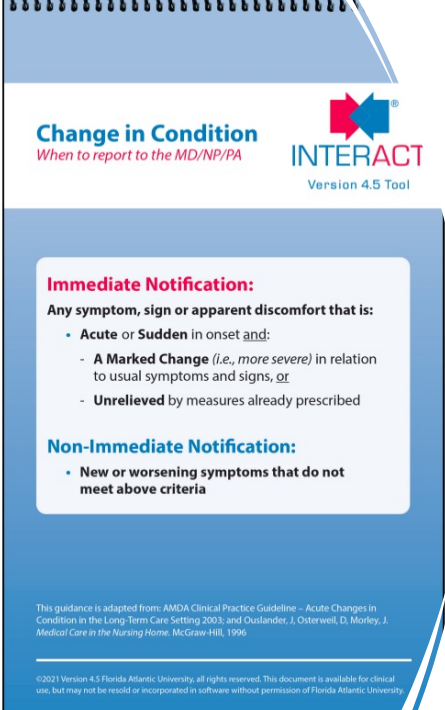
Pathway to Stakeholder Collaboration

- Develop Outcome Metrics

Flow from Quality Measures:

1. Home Health Compare Star Rating
2. Patient Satisfaction Star Rating
3. Acute Care Hospitalization 1st 60 days (ACH)
4. ER use without Hospitalization 1st 60 days
5. Recertification rates (ACO Models)

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Practical Resources

- Interact Care Pathway Guide
- Dispatch Health or ER to YOU resources
- ACO home visit programs
- Advance Practitioner home visit programs
- Utilize Promotional Items for patient safety
- Staff Education

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Starting the Conversation with Stakeholders

Do's:

Have outcome measure metrics prepared

Have Patient Satisfaction metrics and success story

ACH metrics

ER use Metrics

Do Not:

Use it as a Marketing Opportunity

Use it as opportunity to compare to another Stakeholder



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Lee County Collaboration



Competitors presenting jointly



Five Home Health Agencies in the Collaboration



Discussions include Readmissions Rates, Staffing Challenges, QAPI, and sharing of best practices.

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Collaboration Exercise

- In your group:
 1. Share your successes (Can be Quality, Outcomes, Programs)
 2. Share how your organization has been successful in developing a Collaborative in your community

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In summary

- Collaboration is an effective way to realize opportunities of improvement.
- Collaboration can lead to reduce costs.
- Collaboration can lead to improved quality.
- Collaboration can lead to higher patient satisfaction.
- Collaboration recognizes that health care flourishes when our greatest talents work with each other, not against each other.

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