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Reducing hospital admissions in a PACE program with a weekly “M&M” review.
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Background: Comprehensive care processes are ill-described, and their effectiveness in reducing utilization is unclear. Formal root cause analysis of ED and hospital utilization has not been studied as a critical component of developing a care plan, or as a way to reduce ED and hospital utilization.

Objective: To evaluate a new process for care plan development with the aim of reducing ED and hospital utilization.

Methods: At a single-center PACE in urban Massachusetts with a rolling panel of approximately 230-280 community-dwelling, nursing home eligible, Medicare/Medicaid patients aged 55 and older, we implemented a weekly interdisciplinary “Morbidity and Mortality” review of all ED visits and hospital admissions using a root cause analysis instrument, and developed care plans based on this review. We measured ED visits and hospital admissions per member per quarter for 1.5 years before and after implementation of “M&M”. We trended mean risk score of the rolling patient panel during this time as a measure of overall population complexity. We later conducted a focus group analysis to assess the mechanisms by which this intervention led to improvement.

Results: The mean hospital admission rate decreased by 30%, from 7.6% prior to the intervention to 5.3% after the intervention was begun. The mean ED visit rate did not change significantly (4.7% to 4.3%). The mean risk score also did not change significantly. Focus group analysis with M&M committee members suggested several mechanisms by which this intervention changed program culture: (1) Identification of areas of improvement that generated larger change ideas (2) Development of relationships with healthcare entities outside of PACE, such as radiology and short-term nursing facilities (3) Strengthening of interdisciplinary relationships within the PACE that created a shared mental model of the capacity of the program.

Conclusion: Using formal root cause analysis to inform care plan development significantly reduced hospital admissions in a complex patient population. Although developed within a PACE site, this method of review and intervention would apply to any primary care practice working to avoid avoidable care for complex patients.