**Title of Outcome Measure (Improvement Target): IT-11.5, IT-3.12**: Other Readmission Rate

**Unique RHP outcome identification number(s): 138951211.3.16, 138951211.3.12, 138951211.3.13, 138951211.3.14**

**Outcome Measure Description:**

IT-3.12:Other Readmission Rate

* Rate 1: Post-surgical patients (138951211.2.8)
* Rate 2: NHC Medical Home Patients (138951211.2.4)
* Rate 3: NHC Chronic Care (138951211.2.5)
* Rate 4: NHC Coumadin Clinic (138951211.2.6)

**Process Milestones:**

* DY2:
  + P-1 – Project planning – engage stakeholders, identify current capacity and needed resources, determine timelines and document implementation plans
* DY3:
  + P-2 – Establish baseline rates for rate 1

**Outcome Improvement Targets for each year:**

* DY4:
  + IT-3.12: Other readmission rate—UMC Post-surgical patients—TBD improvement over DY3
  + IT-3.12: Other readmission rate—Discharges to NHC —TBD improvement over DY3
* DY5:
  + IT-3.12: Other readmission rate—Post-surgical patients—TBD improvement over DY4
  + IT-3.12: Other readmission rate—Discharges to NHC —TBD improvement over DY4

**Rationale:**

UMC believes that the associated Category 2 project (i.e., the creation of a surgery guidebook and corresponding nurse advice line) will result in lower readmission rates for post-surgical patients, because these patients will be better able to obtain the care they need in an outpatient setting. Additional projects focus on discharged to the NHC and will lower readmission rates for these focused populations.

**Outcome Measure Valuation:**

In determining the value of this outcome measure, UMC considered the extent to which an improvement in readmission rates for patients discharged under these new programs established with the projects listed will address the community’s needs, the population which this improvement will serve, the resources and cost necessary to realize the improvement, and the improvement’s conformity to the goals of the Waiver (including supporting the development of a coordinated care delivery system, improving outcomes while containing costs, and improving the healthcare infrastructure). Specifically, the valuation of this outcome measure takes into account the potential of implementing the associated Category 2 project to inform patients of appropriate pre-surgery and post-surgery self-care regimens and of support resources available to them in the community, leading to better outcomes and fewer readmissions. The valuation of this outcome measure also takes into account the challenges that UMC will face in realizing and measuring this improvement.

| *138951211.3.16, 138951211.3.12, 138951211.3.13, 138951211.3.14* | *IT-3.12* | *Other Readmission Rate* | |
| --- | --- | --- | --- |
| *University Medical Center of El Paso* | | | *138951211* |
| **Related Category 1 or 2 Projects::** | *138951211.2.8,138951211.2.8, 138951211.2.4, 138951211.2.5, 138951211.2.6* | | |
| **Starting Point/Baseline:** | *TBD DY3 – New Programs* | | |
| **Year 2**  **(10/1/2012 – 9/30/2013)** | **Year 3**  **(10/1/2013 – 9/30/2014)** | **Year 4**  **(10/1/2014 – 9/30/2015)** | **Year 5**  **, (10/1/2015 – 9/30/2016)** |
| **Process Milestone 1** [P-1]: Project planning—engage stakeholders, identify current capacity and needed resources, determine timelines, and document implementation plans.  Data Source: Documentation of project planning.  Process Milestone 1 Estimated Incentive Payment: --------------- | **Process Milestone 2** [P-2]: Establish baseline rates.  Data Source: EHR; claims.  Process Milestone 2 Estimated Incentive Payment: ------------- | **Outcome Improvement Target 1** [IT-3.12]: Other readmission rate.  Numerator: The number of readmissions (for patients 18 years and older), for any cause, from the index admission. If an index admission has more than 1 readmission, only the first is counted as a readmission.  Denominator: The number of admissions for patients discharged from the hospital in each new program established under these projects  Improvement Target: TBD improvement over DY3.  Data Source: EHR; claims.  Outcome Improvement Target 1 Estimated Incentive Payment*:* --------- | **Outcome Improvement Target 2** [IT-3.12]: Other readmission rate.  Numerator: The number of readmissions (for patients 18 years and older), for any cause, from the index admission. If an index admission has more than 1 readmission, only the first is counted as a readmission.  Denominator: The number of admissions for patients discharged from the hospital in each new program established under these projects  Improvement Target: TBD improvement over DY3.  Data Source: EHR; claims.  Outcome Improvement Target 2 Estimated Incentive Payment*: ---------* |
| Year 2 Estimated Outcome Amount: -------------- | Year 3 Estimated Outcome Amount: -------------- | Year 4 Estimated Outcome Amount: -------------- | Year 5 Estimated Outcome Amount: *-------------* |
| **TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD:** ----------------- | | | |

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