

PHASE II: FEE-FOR-SERVICE HOSPITALS READMISSIONS REPORT

Report for
County of San Diego, HHSA



Date:
02/28/2013

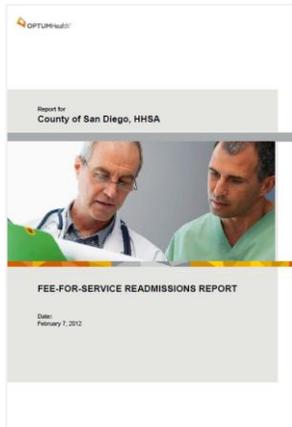
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SECTION 1. INTRODUCTION

In 2012, OptumHealth San Diego Public Sector ran a report to understand the readmission rates of adults in San Diego County Psychiatric Fee for Service (FFS) Hospitals. At that time it was found that the readmission rate was 23%, and there were some notable characteristics of that population. It was found that one out of four persons discharged return within 30 days. Another discovery was that 71% of that population had a Schizophrenic spectrum disorder diagnosis. Due to the high cost per person of that population, the County of San Diego Health and Human Services Agency requested a follow up report to understand the FFS clients who readmit to the hospitals frequently.



SECTION 2. BACKGROUND

According to the SAMHSA's report "Mental Health, United States, 2010", the largest amount of expenditures from 1986 to 2005 came from people seeking services in a hospital. The cost was approximately the same as retail prescription medication spending.¹

The FFS Hospital 30-day readmission rate remained a steady 23% in San Diego for fiscal year 2011/2012. There was no change from the previous year. The 23% rate is high in comparison to the national rate, which is 14%, but two percentage points below California's readmission rate to any psychiatric hospital which stands at 25% for 2010.²

With this analysis we hope to gain new insight into these groups of patients who are admitted and readmitted to the hospitals to be able to understand who they are, individual group characteristics as well as to build patient profiles.



Report Highlights

- The 23% readmission rate for Psychiatric Fee for Service (FFS) Hospitals for fiscal year 2011/2012 remains the same as it was the prior fiscal year
- 1 out of 4 people who are admitted to a FFS hospital return within 30 days
- 23% of patients who are rehospitalized account for 49% of total admissions and 53% of total cost
- 3% of people who are rehospitalized four or more times represent 14% of total admissions and 12% of total cost
- The cost per person who readmits is on average 4 times higher than a person who doesn't have any readmissions
- The cost per person who readmits 4+ times is on average 7 times higher than a person who doesn't have any readmissions
- Adults on conservatorship are more likely to be rehospitalized than those whose legal consent status is categorized as "self"
- Adults who are unemployed are more likely to be rehospitalized than those who are employed or seeking work
- Adults with a Schizophrenic spectrum disorder diagnosis are at a very high risk of being rehospitalized
- People with a mental health diagnosis and a diagnosis of substance abuse have an increased risk of being readmitted to a FFS hospital
- Clients who are rehospitalized 4+ times seem to have longer hospital stays

¹ Substance Abuse and Mental Health Services Administration. (2012). *Mental Health, United States, 2010*. HHS Publication No. (SMA) 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration.

² Source: California 2010 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System (<http://www.samhsa.gov/dataoutcomes/urs/2010/California.pdf>)

SECTION 3. METHODOLOGY

For the purposes of this report we used the Client-Based method which focused on unique (unduplicated) clients who were hospitalized during fiscal year 2011/2012. The benefit of using a Client-Based method is to be able to narrow the data to a particular set of unique individuals in the system.

In FY11-12 there were a total 2,167 unique clients that were admitted to a hospital, out of those, there were 508 unique clients who readmitted to the hospital within 30 days.

The Client-Based calculates readmissions as follows:

- It's the division of unique clients with readmissions by the total number of clients with admissions.

Unique Clients with Readmissions Divided by *Total Clients with Admissions* = *Readmission Rate (%)*

$$\underbrace{508} \div \underbrace{2,167} = \underbrace{23.44\%}$$

Note: As of this report, there is no national benchmark to calculate readmissions, or an agreed upon definition of readmissions.

SECTION 4. DEFINITIONS

Readmissions: Readmission rate is defined as the percentage of patients who had at least one readmission within a 30 day period. These are clients were rehospitalized to the same or another psychiatric hospital within 30 days of their last discharge.

Groups: For the purposes of this report we will look at two groups and a subgroup:

- **Group A** is composed of clients with no readmissions or readmissions that fell outside of the 30 day readmissions range.
- **Group B** is composed of clients with 30 day readmissions.
- **Group C** is a subgroup of group B which is composed of clients with 4 or more readmissions within 30 days after their last discharge.

SECTION 5. ADMISSIONS

In fiscal year 2011/2012 there were 2,167 clients admitted to a fee for service hospital. They had 3,950 admissions and there was a subgroup of those readmitted who were hospitalized four or more times.

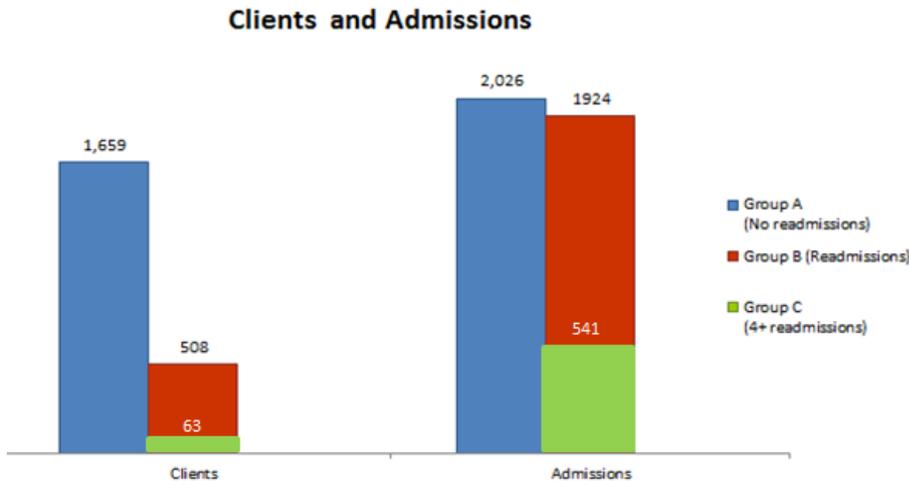
Table 1: Number of Clients and Percentage of Admissions by Group

GROUPS	# Clients	%	# Admissions	%
Group A (No readmissions)	1,659	77%	2,026	51%
Group B (Readmissions)	508	23%	1,924	49%
TOTALS	2,167	100%	3,950	100%
Group C (4+ Readmissions)	63	3%	541	14%

SOURCE: San Diego County Anasazi System

Figure 1: Clients and Admissions

Unique clients and admissions broken down by people who have no readmissions or have readmissions that fall outside of the 30 day range, and people who have multiple admissions within 30 days after they have been discharged from the hospital, including people who have 4+ readmissions.



SOURCE: San Diego County Anasazi System

SECTION 5 FINDINGS:

- Group A (n=1,659): 77% of clients represent 51% of total admissions
- Group B (n=508): 23% of clients represent 49% of total admissions
- Group C (n=63): 3% of clients represent 14% of total admissions

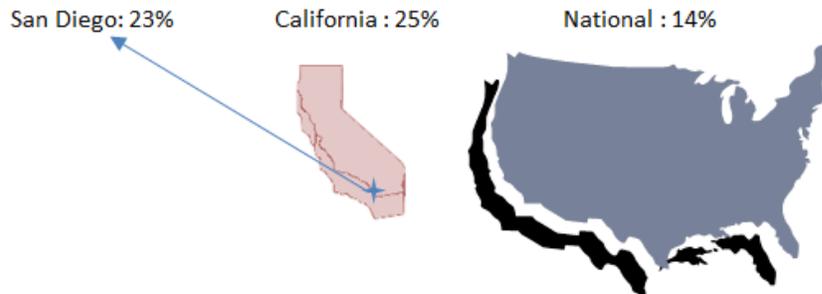
SECTION 6. READMISSION RATES

Table 2: San Diego Client Based Readmission Rate

	# Clients with Readmission	# Clients with Admission	Readmission Rate
Client-Based	508	2,167	23%

SOURCE: San Diego County Anasazi System

Figure 2: Comparison of San Diego 30 day Fee-for-Service Readmissions Rate for FY2011/2012 and California and National 30 Day Readmission Rates for 2010.



NOTES: San Diego's readmission rate was based on fee-for-service hospital data. California's rate includes data for any psychiatric hospitals for 2011. National rates are based on 31 states reporting readmission rates to any psychiatric hospital in 2010.

SOURCE: Fee-for-service readmission rates were based on data extracted from San Diego County Anasazi system. California and National rates were extracted from the California 2010 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System.³

SECTION 6 FINDINGS:

- San Diego is two points below the State readmission rate, and nine points above the national rates found. However, it is important to mention that at the time of this report we couldn't find national FFS hospital readmission rates to make an equal comparison of like data.

SECTION 7. GROUP B: READMISSION GROUP DETAILS

Table 3: Adult Clients who had More Than One Readmission to FFS Hospitals in Fiscal Year 2011/2012

Count of readmissions	Client Count	Client Count Percent	Acute Days	Acute Days Percent	Acute Cost	Acute Cost Percent	Admin Days	Admin Days Percent	Admin Cost	Admin Days Percent	Total Days	Total Days Percent	Total Cost	Total Cost Percent
1	303	60%	4,972	43%	\$2,993,144	43%	1,724	54%	\$880,964	54%	6,696	46%	\$3,874,108	46%
2	97	19%	2,304	20%	\$1,387,008	20%	568	18%	\$290,248	18%	2,872	20%	\$1,677,256	20%
3	45	9%	1,419	12%	\$854,238	12%	408	13%	\$208,488	13%	1,827	12%	\$1,062,726	12%
4+	63	12%	2,785	24%	\$1,676,570	24%	511	16%	\$261,121	16%	3,296	22%	\$1,937,691	22%
Total	508	100%	11,480	100%	\$6,910,960	100%	3,211	100%	\$1,640,821	100%	14,691	100%	\$8,551,781	100%

SOURCE: San Diego County Anasazi System

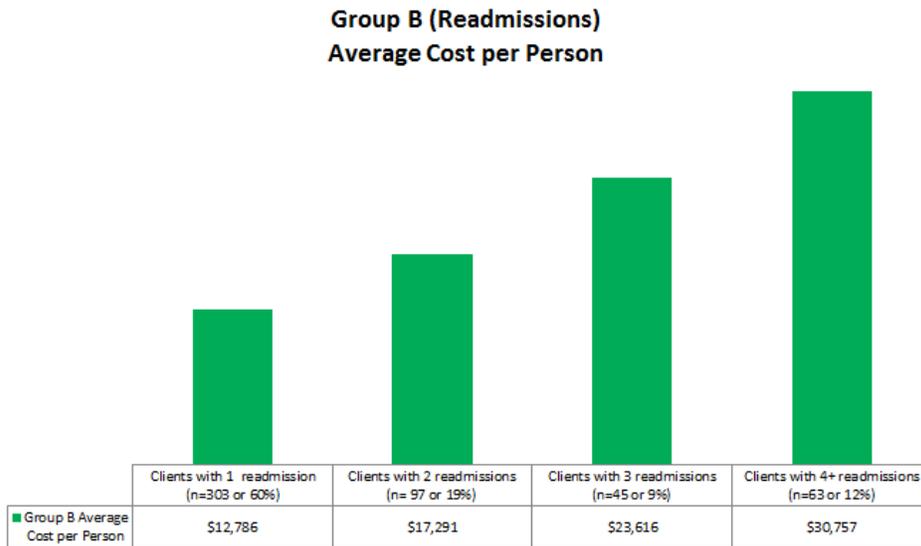
³ Source: California 2010 Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System

Figure 3: Breakdown of Acute, Admin and Total Cost for Clients who had More Than One Readmission to FFS hospitals



SOURCE: San Diego County Anasazi System

Figure 4: Average Cost per Person for Clients who had More than one Readmission to FFS Hospitals



SOURCE: San Diego County Anasazi System

SECTION 7 FINDINGS:

- Clients with one readmission (n=303) represent 60% of all clients with readmissions, they are 46% of the total cost, and the cost per person averages \$12,786
- Clients with two readmissions (n=97) represent 19% of all clients with readmissions, they are 20% of the total cost, and the cost per person averages \$17,291
- Clients with three readmissions (n=45) represent 9% of all clients with readmissions, they are 12% of the total cost, and the cost per person averages \$23,616
- Clients with four or more readmissions (n=63) represent 12% of all clients with readmissions, they are 22% of the total cost, and the cost per person averages \$30,757

SECTION 8. COMPARISON OF YEARLY COST, TOTAL COST AND AVERAGE COST PER PERSON BY GROUP

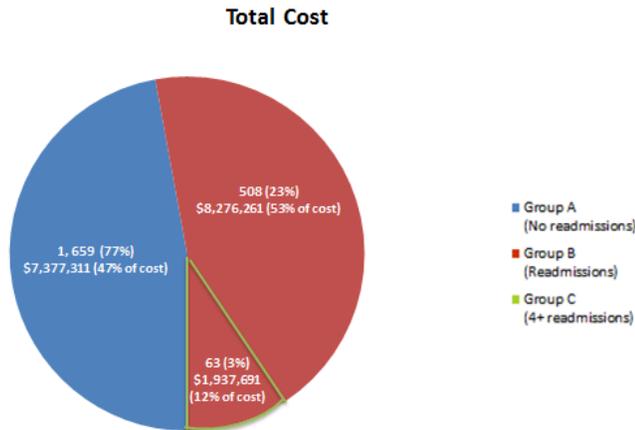
Table 4: Client Admissions, Acute Cost, Admin Cost and Average Cost per Person

GROUPS	# Client	# Admissions	Acute Cost	Admin Cost	Total Cost	Average cost per person
Group A (No readmissions)	1,659 (77%)	2,026	\$6,061,486	\$1,315,825	\$ 7,377,311 (47%)	\$4,447
Group B (Readmissions)	508 (23%)	1,924	\$ 6, 635,440	\$1,640,821	\$ 8,276,261 (53%)	\$16,292
TOTALS	2,167	3,950	\$12,696,926	\$2,956,646	\$15,659,689	
Group C (4+ Readmissions)	63 (3%)	541	\$ 1, 676,570	\$261,121	\$ 1,937,691 (12%)	\$30,757

SOURCE: San Diego County Anasazi System

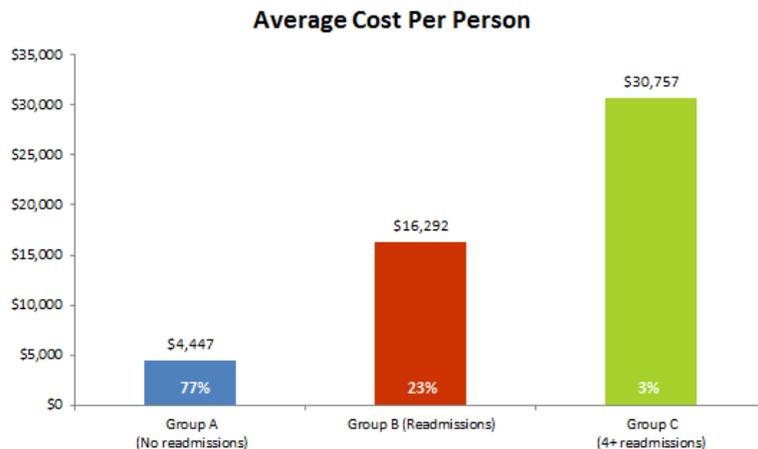
Figure 5: Comparison of Total Cost by Groups

Unique clients and admissions broken down by people who have no readmissions or have readmissions that fall outside of the 30 day range, and people who have multiple admissions within 30 days after they have been discharged from the hospital, including people who have 4+ readmissions.



SOURCE: San Diego County Anasazi System

Figure 6: Comparison of Average Cost per Person for Clients who had No Readmissions, Clients who had readmissions and Clients who had 4+ Readmissions to FFS hospitals



SOURCE: San Diego County Anasazi System

SECTION 8 FINDINGS:

- Group A: Clients with no readmission (n=1,659) represent 77% of all clients with admissions, they are 47% of the total cost, and the cost per person averages \$4,447. Group A's total cost is 7.3 million dollars a year
- Group B: Clients with multiple readmissions (n=508) represent 23% of all clients with admissions, they are 53% of the total cost, and the cost per person averages \$16,292. Group B's total cost is 8.2 million dollars a year
- Group C: Clients with four or more readmissions (n=63) represent 3% of all clients with admissions, they are 12% of the total cost, and the cost per person averages \$30,757. Group C's total cost is 1.9 million dollars a year

SECTION 9. COMPARISON CHARACTERISTICS BY GROUP

Table 5: Number and Percentage of Persons by Selected Characteristics: Gender, Age, Race and Language

Characteristics	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
Gender						
Male	779	47%	253	50%	35	56%
Female	880	53%	255	50%	28	44%
Total	1,659	100%	508	100%	63	100%
Age Group						
TAY (Age 19-25)	285	17%	73	14%	8	13%
Adults (Age 26 - 64)	1298	78%	412	81%	53	84%
Older Adult (65 and Older)	76	5%	23	5%	2	3%
Total	1,659	100%	508	100%	63	100%
Race						
AFRICAN AMERICAN	272	16%	85	17%	10	16%
WHITE	740	45%	252	50%	32	51%
ASIAN	86	5%	30	6%	3	5%
HISPANIC	417	25%	109	21%	15	24%
NATIVE AMERICAN	19	1%	2	0%	0	0%
OTHER	54	3%	18	4%	3	5%
UNKNOWN	71	4%	12	2%	0	0%
Total	1,659	100%	508	100%	63	100%
Language						
American Sign Lang	4	0%	0	0%	0	0%
Arabic	14	1%	2	0%	0	0%
Armenian	1	0%	0	0%	0	0%
Cambodian	2	0%	1	0%	0	0%
Cantonese	1	0%	0	0%	0	0%
English	1,406	85%	476	94%	62	98%
Farsi	6	0%	0	0%	0	0%
French	1	0%	0	0%	0	0%
German	1	0%	0	0%	0	0%
Korean	2	0%	0	0%	0	0%
Japanese	0	0%	1	0%	0	0%
Laotian	3	0%	0	0%	0	0%
Mandarin	1	0%	0	0%	0	0%
Other Chinese Langs & Diale	3	0%	1	0%	1	2%
Other Filipino Dialect	2	0%	0	0%	0	0%
Other Non-English	9	1%	1	0%	0	0%
Other Sign Lang	0	0%	0	0%	0	0%
Portuguese	1	0%	0	0%	0	0%
Russian	5	0%	0	0%	0	0%
Samoan	0	0%	0	0%	0	0%
Spanish	118	7%	14	3%	0	0%
Tagalog	5	0%	0	0%	0	0%
Unknown / Not Reported	64	4%	9	2%	0	0%
Vietnamese	10	1%	3	1%	0	0%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

Table 6: Number and Percentage of Persons by Selected Characteristics: Legal Consent, Employment and Admissions to Jail

Characteristics	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
Legal Consent						
Minor-Juv Crt Ward Juv Off	0	0%	0	0%	0	0%
Unknown-Not Reported	61	4%	2	0%	0	0%
Temp LPS Conservator of Person	28	2%	24	5%	4	6%
Perm LPS Conservator of Person	86	5%	62	12%	11	17%
Probate Conservator of Person	1	0%	1	0%	0	0%
Minor-Parental Consent	6	0%	1	0%	0	0%
Minor-Self Consent	3	0%	0	0%	0	0%
Minor-Legal Guardian/Caregiver	3	0%	0	0%	0	0%
Other-ASO	1	0%	0	0%	48	0%
Self/Not Applicable	1470	89%	418	82%	0	76%
Murphy LPS Conservator of Pers	0	0%	0	0%	0	0%
Minor-Juv Crt Dependent	0	0%	0	0%	0	0%
Total	1,659	100%	508	100%	63	100%
Employment	Total	Percent	Total	Percent	Total	Percent
Comp Job <20 hrs per week	15	1%	1	0%	0	0%
Comp Job 20-34 hrs per week	18	1%	2	0%	0	0%
Comp Job 35+ hrs per week	19	1%	4	1%	1	2%
FT Job Training	0	0%	1	0%	0	0%
FT Student	52	3%	5	1%	0	0%
Homemaker	23	1%	4	1%	2	3%
Not in the labor force	653	39%	201	40%	23	37%
PT Job Training	9	1%	0	0%	0	0%
PT Student	9	1%	2	0%	0	0%
Rehab <20 hrs per week	1	0%	0	0%	0	0%
Rehab 20-34 hrs per week	4	0%	0	0%	0	0%
Rehab 35+ hrs per week	5	0%	0	0%	0	0%
Resident/Inmate	8	0%	0	0%	0	0%
Retired	17	1%	1	0%	1	2%
Unemployed, not seeking work	504	30%	225	44%	29	46%
Unemployed, seeking work	200	12%	50	10%	6	10%
Unknown	115	7%	11	2%	0	0%
Volunteer	4	0%	1	0%	1	2%
N/A	3	0%	0	0%	0	0%
Total	1,659	100%	508	100%	63	100%
Admission to Jail	Total	Percent	Total	Percent	Total	Percent
Yes	214	13%	127	25%	25	40%
No	1445	87%	381	75%	38	60%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

Table 7: Number and Percentage of Persons by Selected Characteristics: Living Situation, Case Management/Full Service Partnership, Regional Center Referrals, and Compliance with Psychiatric Medication

Characteristics	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
Living Situation						
Board & Care Adult	96	6%	61	12%	8	13%
Correctional Facility	6	0%	2	0%	1	2%
Group Home (Child Lvl 1-12)	0	0%	2	0%	1	2%
Homeless/In Shelter	188	11%	68	13%	13	21%
House or Apartment	762	46%	145	29%	13	21%
House or Apt w/ Support	256	15%	77	15%	8	13%
House/Apt w/Supv Daily/ILI	97	6%	57	11%	5	8%
Inpatient Psych Hospital	3	0%	3	1%	1	2%
MH Rehab Ctr (Adult Locked)	3	0%	3	1%	0	0%
N/A	2	0%	0	0%	1	0%
Other	52	3%	20	4%	0	2%
Other Supported Housing P	18	1%	6	1%	0	0%
Resid Tx Ctr-Child (Lvl 13-14)	0	0%	1	0%	0	0%
Resid Tx/Crisis Ctr - Adult	61	4%	20	4%	2	3%
SNF/ICF/IMD	70	4%	33	6%	6	10%
State Hospital	2	0%	3	1%	2	3%
Sub Abuse Resid Rehab Ctr	19	1%	5	1%	2	3%
Unknown	24	1%	2	0%	0	0%
Total	1,659	100%	508	100%	63	100%
Case Management/Full Service Partnerships						
Yes	273	16%	170	33%	30	48%
No	1,142	69%	316	62%	30	48%
Unknown	48	3%	17	3%	3	5%
N/A	196	12%	5	1%	0	0%
Total	1,659	100%	508	100%	63	100%
Stepdown to START						
Yes	153	9%	58	11%	60	95%
No	1,359	82%	446	88%	3	5%
N/A	147	9%	4	1%	0	0%
Total	1,659	100%	508	100%	63	100%
Regional Center Referrals						
Yes	39	2%	16	3%	4	6%
No	1,409	85%	472	93%	58	92%
Unknown	15	1%	15	3%	1	2%
N/A	196	12%	5	1%	0	0%
Total	1,659	100%	508	100%	63	100%
Compliant with Psychiatric Medication						
Yes	1,314	79%	467	92%	57	90%
No	27	2%	9	2%	1	2%
Intermiten	25	2%	8	2%	2	3%
N/A	293	18%	24	5%	3	5%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

SECTION 9 FINDINGS:

- When comparing group A, B and C, there are no notable differences in gender, age, race and language among the three groups
- Adults on conservatorship are more likely to be rehospitalized than those whose legal consent status is categorized as “self”
- Adults who are unemployed are more likely to be rehospitalized than those who are employed or seeking work

- 40% of adults who have 4+ readmissions have been admitted to jail in the past year
- Adults who are institutionalized or homeless are more likely to be readmitted to a FFS hospital
- Referring a client to a START program did not decrease the readmission risk for these clients. 95% of clients who readmit 4+ times were referred to a START program compared to 9% of those with no rehospitalizations

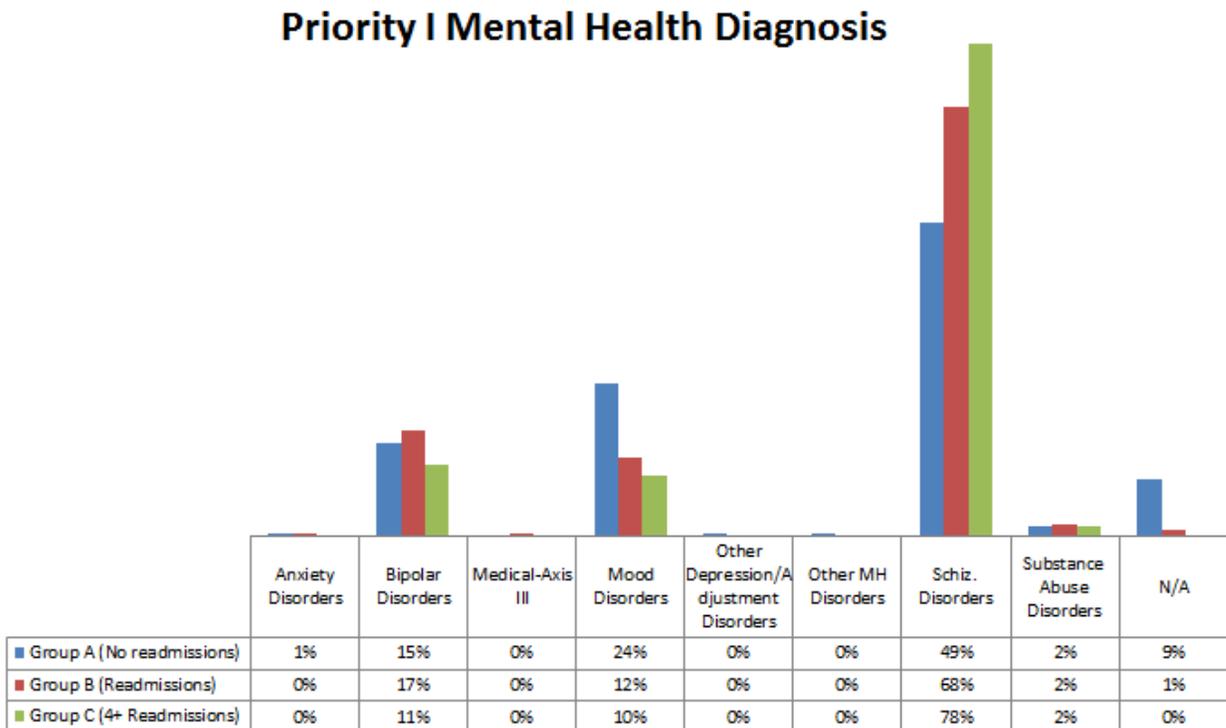
SECTION 10. COMPARISON OF MENTAL HEALTH DIAGNOSIS, SUBSTANCE ABUSE DIAGNOSIS AND AXIS III DIAGNOSIS BY GROUP

Table 8: Mental Health Diagnosis- Axis I, Priority I

Mental Health Diagnosis Axis I - Priority I	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
Anxiety Disorders	9	1%	1	0%	0	0%
Bipolar Disorders	244	15%	85	17%	7	11%
Medical-Axis III	0	0%	1	0%	0	0%
Mood Disorders	398	24%	63	12%	6	10%
Other Depression/Adjustment Disorders	7	0%	0	0%	0	0%
Other MH Disorders	4	0%	0	0%	0	0%
Schiz. Disorders	821	49%	344	68%	49	78%
Substance Abuse Disorders	28	2%	9	2%	1	2%
N/A	148	9%	5	1%	0	0%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

Figure 7: Priority I Mental Health Diagnosis



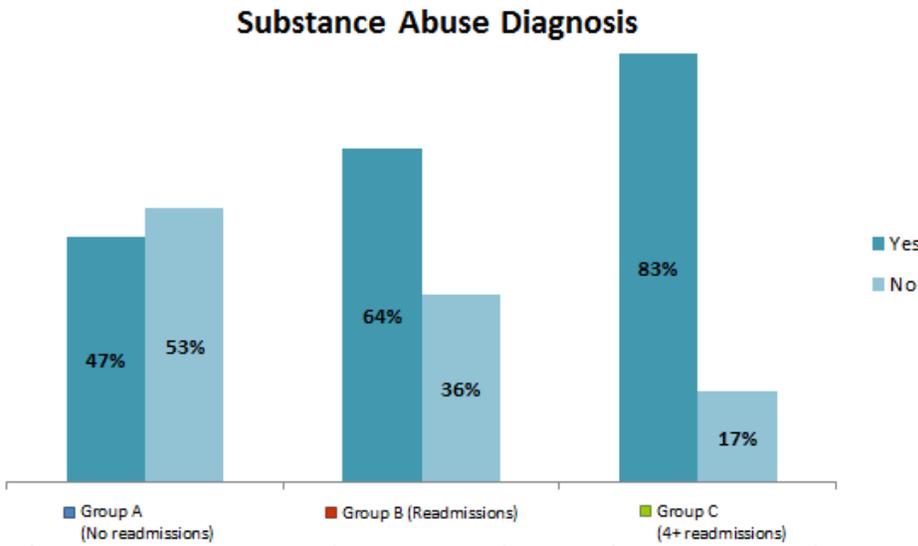
SOURCE: San Diego County Anasazi System

Table 9: Substance Abuse Diagnosis in any Priority or Axis

Substance Abuse Diagnosis	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
Yes	783	47%	325	64%	52	83%
No	876	53%	183	36%	11	17%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

Figure 8: Substance Abuse Diagnosis in any Priority or Axis



SOURCE: San Diego County Anasazi System

Table 10: Axis III Category, Priority I

Axis III Category	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
Allergy & Immunology	50	3%	29	6%	5	8%
Cardiology/Vascular	144	9%	64	13%	9	14%
Dermatology	3	0%	3	1%	0	0%
Endocrinology	113	7%	40	8%	9	14%
Gastroenterology	20	1%	16	3%	2	3%
General Surgery	0	0%	0	0%	0	0%
Hematology	7	0%	3	1%	0	0%
Infectious Disease	54	3%	28	6%	3	5%
N/A	1,181	71%	290	57%	30	48%
Nephrology	1	0%	1	0%	0	0%
Neurology	18	1%	2	0%	0	0%
Neurosurgery	0	0%	1	0%	0	0%
Nutrition	41	2%	24	5%	3	5%
Ophthalmology	2	0%	1	0%	1	2%
Orthopedics	6	0%	4	1%	1	2%
Pulmonary	3	0%	0	0%	0	0%
Rheumatology	16	1%	2	0%	0	0%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

SECTION 10 FINDINGS:

- Adults with a Schizophrenic spectrum disorder diagnosis are at a very high risk of being rehospitalized
- People with a mental health diagnosis and a diagnosis of substance abuse have an increased risk of being readmitted to a FFS hospital
- People with a cardiovascular or endocrinology disorder showed a higher readmission rate

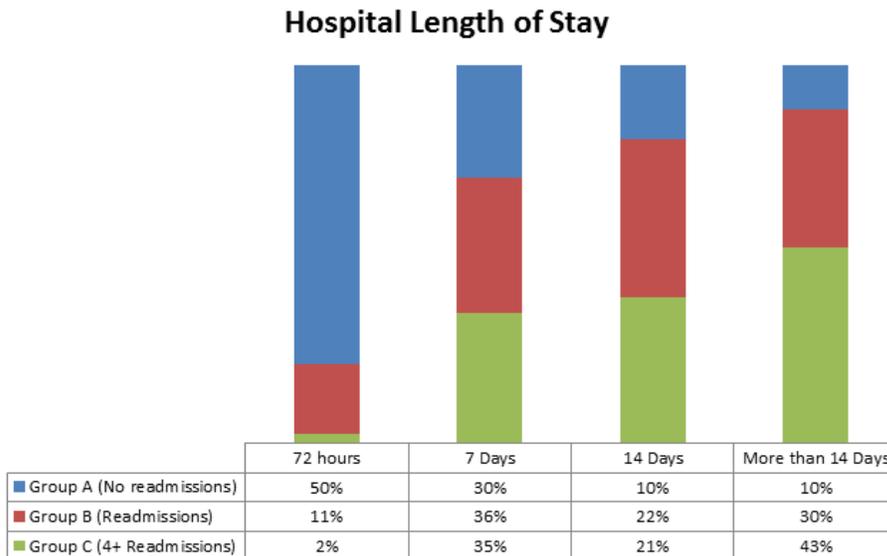
SECTION 11. COMPARISON OF HOSPITAL LENGTH OF STAY AND FOLLOW UP SERVICES AFTER DISCHARGE BY GROUP

Table 11: Hospital Length of Stay

Hospital Length of Stay	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
72 hours	825	50%	58	11%	1	2%
7 Days	500	30%	183	36%	22	35%
14 Days	173	10%	113	22%	13	21%
More than 14 Days	161	10%	154	30%	27	43%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

Figure 9: Hospital Length of Stay



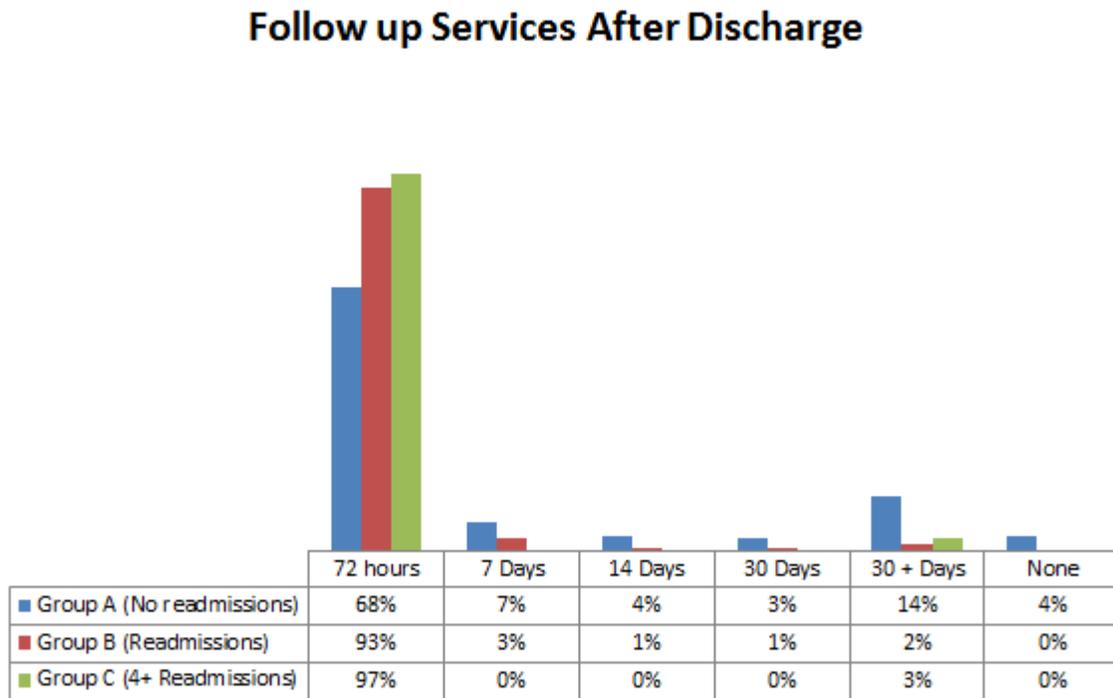
SOURCE: San Diego County Anasazi System

Table 12: Follow up Services after Discharge

Follow-up Service after Discharge	Group A (No readmissions)		Group B (Readmissions)		Group C (4+ Readmissions)	
	Total	Percent	Total	Percent	Total	Percent
72 hours	1,124	68%	473	93%	61	97%
7 Days	123	7%	16	3%	0	0%
14 Days	61	4%	5	1%	0	0%
30 Days	53	3%	4	1%	0	0%
30 + Days	237	14%	8	2%	2	3%
None	61	4%	2	0%	0	0%
Total	1,659	100%	508	100%	63	100%

SOURCE: San Diego County Anasazi System

Figure 10: Follow up Services after Discharge



SOURCE: San Diego County Anasazi System

SECTION 11 FINDINGS:

- Clients who are rehospitalized 4+ times seem to have longer hospital stays
- Receiving services after 72 hours after a hospitalization doesn't seem to prevent a rehospitalization

SECTION 12. POPULATION PROFILES BY GROUP AND SIDE BY SIDE COMPARISON OF GROUP A, B and C

Figure 11: Profile of People with no Readmissions

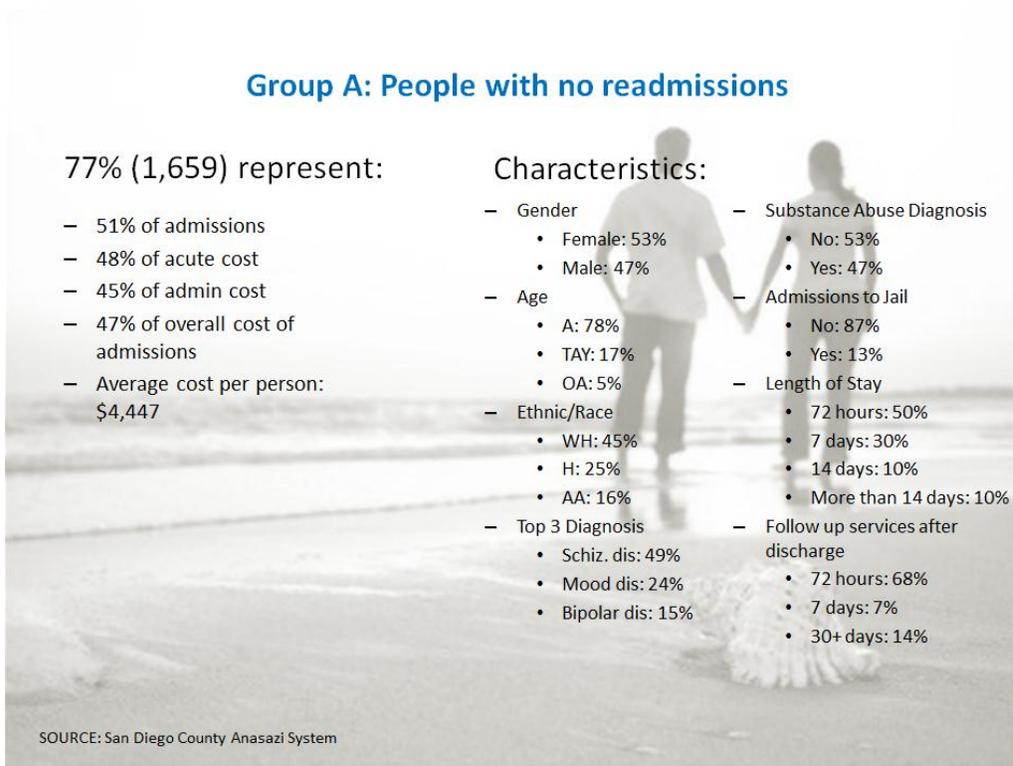


Figure 12: Profile of People with Readmissions

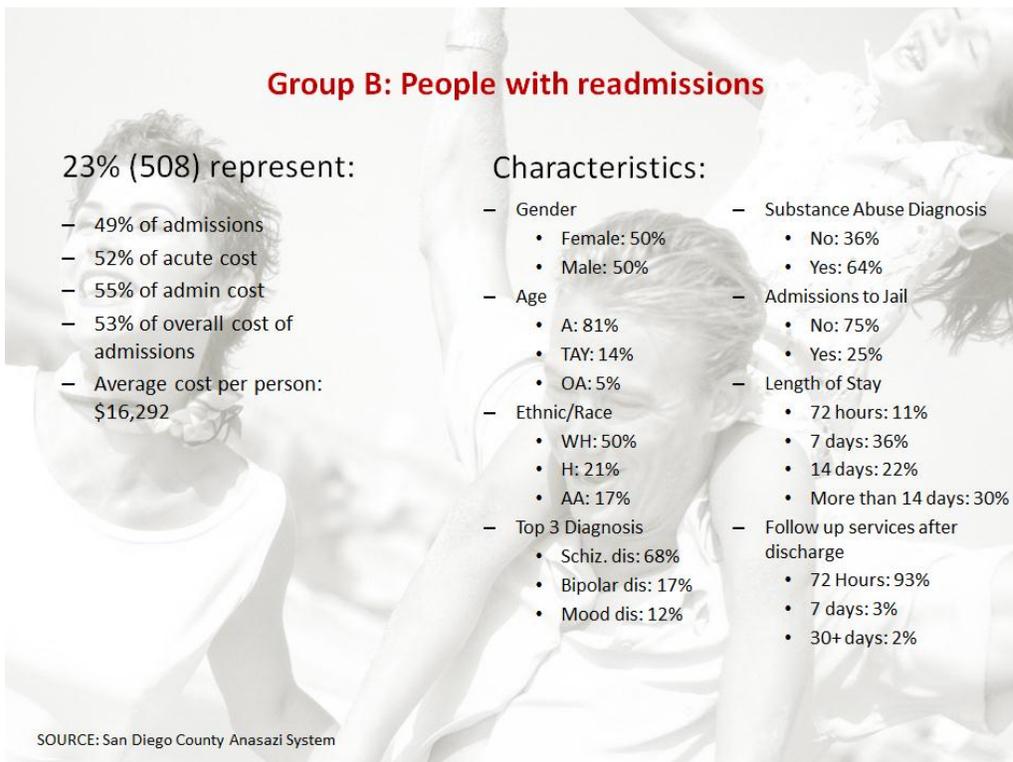


Figure 13: Profile of People with 4+ Readmissions

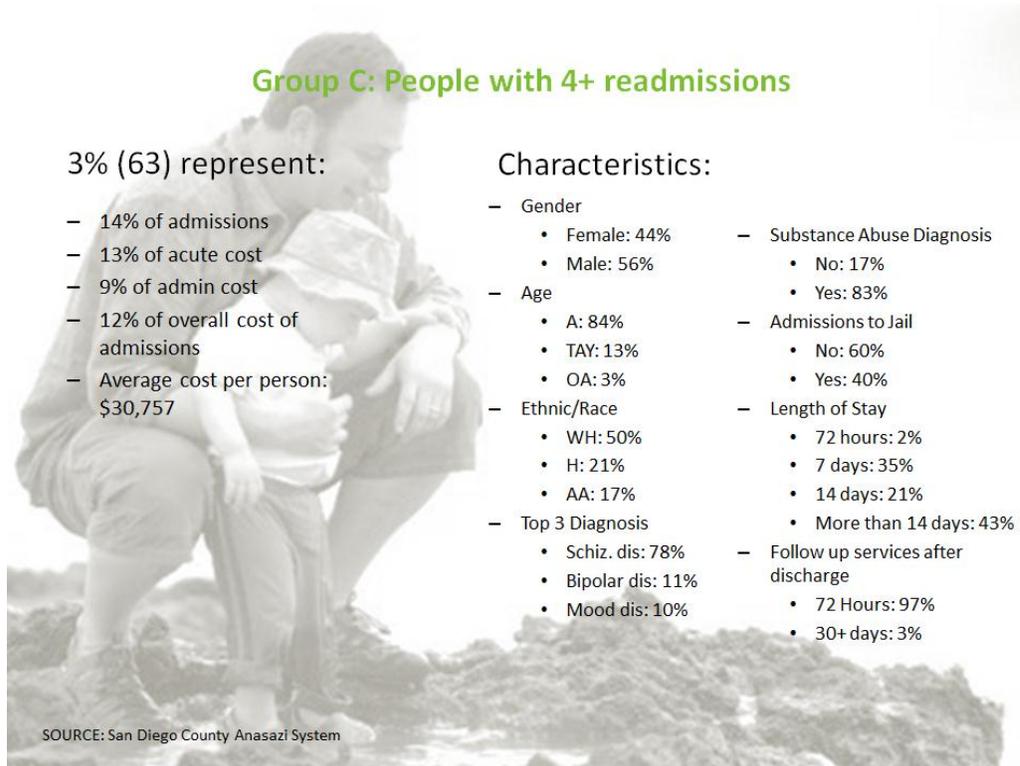
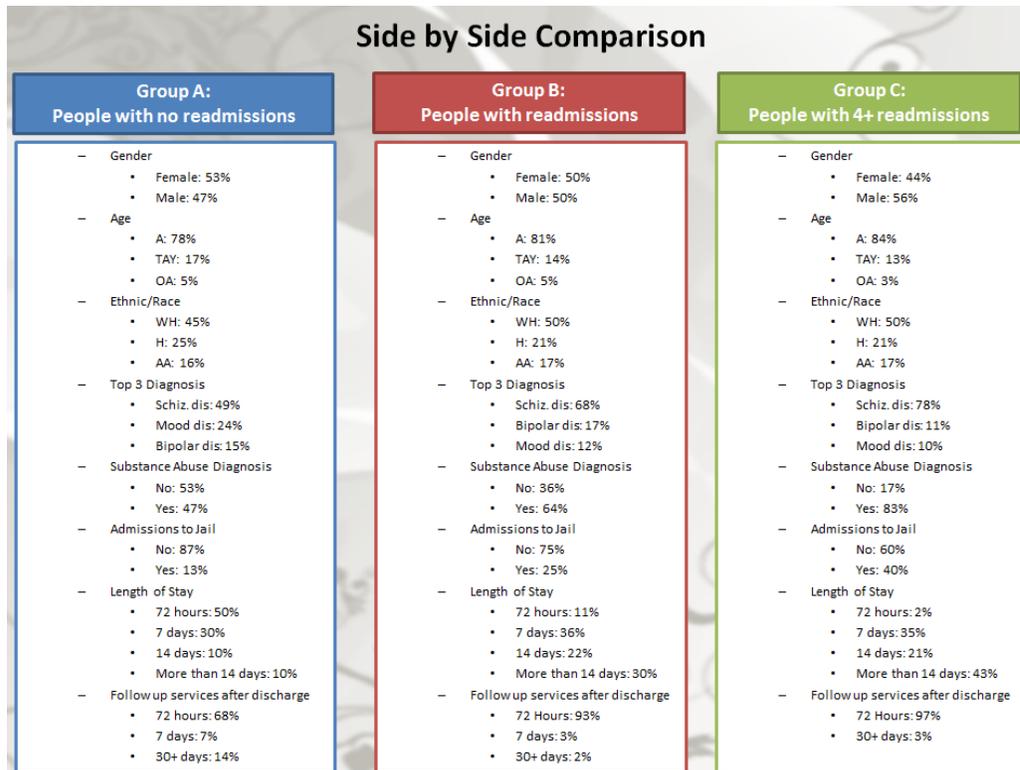


Figure 14: Group A, Group B and Group C Side by Side Comparison



SECTION 13. CONCLUSION

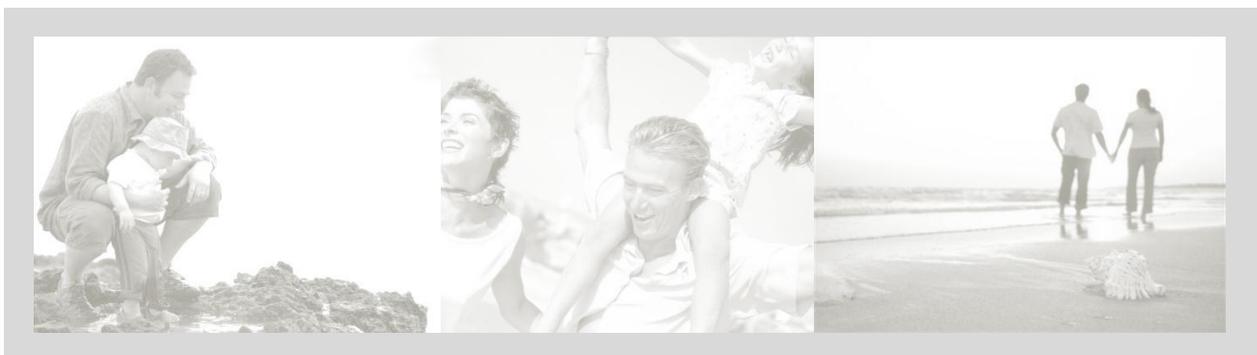
The FY 2011/2012 readmission rates for San Diego County FFS hospitals remain the same as they were the last fiscal year. 1 out of 4 people who are admitted to a hospital return within 30 days of discharge. Using the Client-Based 30 day readmission method identified a group that utilizes extensive inpatient services and is very costly to the mental health system. The readmissions group (B) also appears to be a very ill population that is not getting better once they leave the hospital. These patients show long lengths of acute stays, increased administrative days, and utilization of the Lanterman Petris Short (LPS) Conservatorships & Institute for Mental Diseases (IMD). Furthermore, there is a sub group of people who readmit four or more times that is almost seven times more expensive than the people who have no readmissions. This group of 63 people, although small, costs close to 2 million dollars in acute and admin utilization.

SECTION 14. RECOMENDATIONS

To understand the needs of the people patients who readmit to the hospital we propose the following:

- TO CONDUCT CHART BIOPSIES OF GROUP C BY A HOSPITAL READMISSIONS COMMITTEE.
 - Background: “An AHRQ-funded study examines the practice of “chart biopsies,” a process that allows receiving clinicians to understand patients’ clinical course prior to handoff. According to the article, “Chart Biopsy: An Emerging Medical Practice Enabled by Electronic Health Records and Its Impacts on Emergency Department-Inpatient Admission Handoffs,” the term “chart biopsy” refers to the activity of examining portions of a patient’s electronic health record (EHR) to gather specific information about that patient or to develop a broader understanding of the patient’s care. With many hospitals moving to EHRs, practitioners are now able to view patient records prior to the physical transfer of the patient. Chart biopsies enable receiving clinicians to gain a stronger understanding of the patient’s condition, allow receiving practitioners to better prepare for handoff and subsequent care, and guard against possible bias in verbal reports. Chart biopsy is an emerging practice that is not yet available as a tool in all hospitals. However, proponents point out that chart biopsy provides a tool to enrich coordination and collaboration, which may enable safety, efficiency, and effectiveness of medical care. To access the article, this appeared in the September 2012 issue of the Journal of the American Medical Informatics Association”.
 - Source: <http://1.usa.gov/PT9qJH>
- TO REVIEW STUDIES THAT ADDRESS READMISSIONS SUCH AS “INNOVATIONS IN REDUCING PREVENTABLE HOSPITAL ADMISSIONS, READMISSIONS, AND EMERGENCY ROOM USE” AND LOOK FOR BEST PRACTICES THAT CAN BE ADOPTED IN THE SYSTEM OF CARE IN SAN DIEGO.
 - Background: “To revitalize the practice of primary care, health plans are providing for additional staff in physician offices to help ensure that patients receive all of the preventive, acute, chronic, and behavioral health services they need. Health plans are re-engineering work flows to ensure that the members of patients’ care teams coordinate their efforts and provide care in a consistent way, according to the medical evidence on what works. They are revamping physician payments to build in incentives for care coordination and improved health outcomes. To help prevent needless trips to the emergency room, health plans are expanding patient access to urgent care centers, after-hours care, and on-call nurses so that patients can access safe alternatives to emergency rooms for non-emergency care.”
 - Source: www.ahip.org/Innovations-2010-Report/

- TO REVIEW STUDIES THAT ADDRESS DATA SHARING CAPABILITIES TO UNDERSTAND POPULATIONS THAT ARE COSTLY TO THE SYSTEM OF CARE SUCH AS “HARNESSING THE POWER OF ENHANCED DATA FOR HEALTHCARE QUALITY IMPROVEMENT: LESSONS FROM A MINNESOTA HOSPITAL ASSOCIATION PILOT PROJECT”.
 - Background: “The imperative to achieve quality improvement and cost-containment goals is driving healthcare organizations to make better use of existing health information. One strategy, the construction of hybrid data sets combining clinical and administrative data, has strong potential to improve the cost-effectiveness of hospital quality reporting processes, improve the accuracy of quality measures and rankings, and strengthen data systems. Through a two-year contract with the Agency for Healthcare Research and Quality, the Minnesota Hospital Association launched a pilot project in 2007 to link hospital clinical information to administrative data. Despite some initial challenges, this project was successful. Results showed that the use of hybrid data allowed for more accurate comparisons of risk-adjusted mortality and risk-adjusted complications across Minnesota hospitals. These increases in accuracy represent an important step toward targeting quality improvement efforts in Minnesota and provide important lessons that are being leveraged through ongoing projects to construct additional enhanced data sets. We explore the implementation challenges experienced during the Minnesota Pilot Project and their implications for hospitals pursuing similar data-enhancement projects. We also highlight the key lessons learned from the pilot project’s success.”
 - Source: <http://www.ncbi.nlm.nih.gov/pubmed/23297607>



APPENDIX A: DATA SOURCES

DATA POINT	SOURCE/FORM
Admissions, Acute and Admin Information	
Admissions	MCO Authorization form
Acute days	MCO Authorization form
Admin days	MCO Authorization form
Demographic Information	
Gender (Male/Female)	Facesheet
# of TAY (Ages 19-25)	Facesheet
# of Adults (Ages 26-64)	Facesheet
# of Older Adults (65 and Older)	Facesheet
Ethnicity	Demographics form
Primary language	Demographics form
Legal consent	Demographics form
Employment status	Demographics form
Admissions to jail	Assignments form
Living situation	Demographic form
FSP or intensive case management	FFS Concurrent Review Form
Step-down to START	FFS Discharge Summary Form
Regional center referrals	FFS Concurrent Review Form
Compliant with psychiatric medications	FFS Concurrent Review Form
Diagnosis Information	
Mental Health Diagnosis	Facesheet
Axis III Diagnosis	Facesheet
Substance Abuse Diagnosis	Facesheet
Hospital Length of Stay Information	
* 72 hours	MCO Authorization form- Admission vs. Discharge
* 7 days	MCO Authorization form- Admission vs. Discharge
* 14 days	MCO Authorization form- Admission vs. Discharge
Follow up After Discharge Information	
* 72 hours	Next open assignment
* 7 days	Next open assignment
* 14 days	Next open assignment
* 30 days	Next open assignment

NOTES: All referenced forms above are part of the San Diego County Anasazi System

