

Reducing Medicare LOS: A Network-wide Commitment

With lower Medicare Length of Stay (LOS) an operational imperative for each Network hospital, the RWJ Health Network's Physician Coordinating Council (PCC) is mobilizing a broad range of expertise and perspective to help hospitals meet the challenges and obstacles head-on. In April, the PCC invited physicians, chief nurse executives, chief executive officers, chief operating officers and case and utilization managers to its monthly meeting to focus on current LOS initiatives: New strategies to maximize efforts, effective reporting of LOS results and successful practices to handle throughput issues, denials management and engaging physicians.

Reducing Medicare LOS has a significant impact on quality of patient care and on a hospital's financial stability and economic vitality. A concerted effort can result in timely and efficient use of resources, reduction in nosocomial events, an increase in inpatient bed availability, a decrease in the number of ED patient holds and increased patient and physician satisfaction.

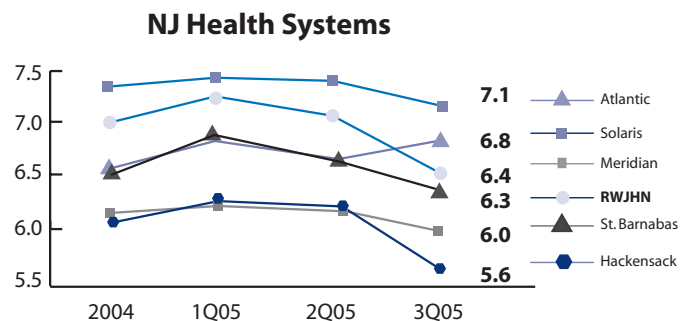
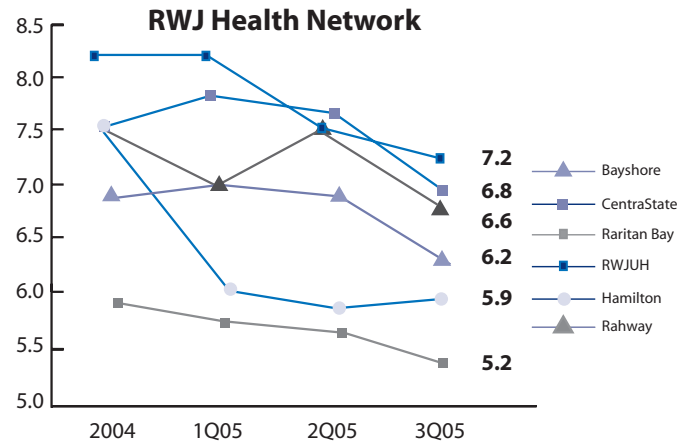
"Patients in hospitals have a high risk of falls and increased risk for infection. Lower LOS can represent the best way to care for patients," said Karen Kowalenko, D.O., co-director of medical management at RWJUH at Rahway.

The Network and LOS: Making Progress

Network hospitals have shown a decrease in Medicare LOS over the past two years, yet accelerated progress is necessary. Data in the top right charge show improvement at every hospital. The PCC set a goal to achieve an overall average of 6.0 days in 2006. The chart, bottom right, indicates the Network, at an average LOS of 6.4 days, is on par with other acute care hospitals and systems in New Jersey.

Still, LOS should be consistently managed with break-even LOS targets to ensure financial stability. Network experts suggest that a focus on LOS must be everyone's job, everyday. To that end, the Network and the PCC are actively discussing ways to accelerate the dissemination of best practices which can include:

- A physician advisor to serve as liaison between the medical staff, the hospital and payers
- Peer-to-peer physician discussions on LOS reduction strategies
- Daily unit-based, interdisciplinary rounds which call together key team members (physicians, nurses, case managers, social workers, physical therapists, etc.) for a 30-minute conference to address patient discharge and throughput issues before they become problems
- A communication strategy to ensure LOS information is current and available to all – nursing units, physicians, administration and the board.



Source: NJ State Department of Health and Senior Services, UB92 Data File.

Getting to Goal: Rahway's 'Score Card'

With a mid-2005 LOS sitting at a stubborn 7.5 days, RWJUH at Rahway created a Department Director's Score Card in June 2005 to keep track of LOS by patient.

"With the Score Cards, we were able to see where the delays were coming from and focus on that area," said Pete Bihuniak, Chief Financial Officer and Vice President, Finance.

Peer-to-peer meetings between physician advisors and hospital physicians helped minimize delays and improve care.

"These one-on-one meetings have made a difference," said Bernardo Tor-Echague, M.D. who co-directs the hospital's medical management department with Dr. Kowalenko.

The effort produced results, said Mr. Bihuniak, dropping LOS from 7.5 to 6.9 days in only two months. The end-of-year rates put RWJUH Rahway at 6.5, and he believes they may have dropped further, to 6.3.

Performance Measurement: Balancing the Business, Science, Art of Medicine

For Stephen Ford, M.D., President of the Medical Staff at RWJUH at Rahway, the momentum behind physician performance measurement is intensifying and physicians have but one choice.

“We can get in front of the train, rather than stay behind it,” he said, characterizing the growing performance measurement movement as an engine at full throttle.

Dr. Ford’s office provides physicians with frequent performance measurement and pay-for-performance updates, including information from the American Medical Association’s (AMA) Physician Consortium for Performance Improvement. This physician-led effort provides physicians with voluntary, evidence-based clinical performance measure sets and outcomes reporting tools for use in all practice settings (www.ama-assn.org). The 16 performance measurement sets can help physicians identify opportunities to improve care (the Consortium will also provide individual feedback). In addition, the Consortium works to ensure that national performance initiatives reflect the specific issues and realities of practicing physicians, including:

- Addressing the impact of factors that individual physicians cannot be expected to influence, i.e. risk adjustment or stratification for differences in patients comorbidities or severity of illness
- Promoting comparisons with like entities, such as physicians in the same specialty
- Permitting meaningful comparisons among institutions that have similar missions or constituencies, i.e. teaching hospitals
- Aligning with an institution’s improvement priorities.

Generally supportive of the AMA’s initiative, Dr. Ford said that it is no substitute for physicians remaining informed and alert to what he sees as an overemphasis on “the business of medicine.” While input from managed care, business and payers may be needed to develop measures that support the prudent use of health care resources, it is physicians who are taking care of patients, he said.

Network Hospitals Make the Health Grade

Recognized for their clinical or specialty excellence, RWJ Health Network hospitals garnered top awards from Health Grades, the national consumer healthcare rating organization. The awards are based on risk-adjusted mortality and complication rates from 5,000 acute care hospitals in the U.S.

2006 Distinguished Hospital Award for Clinical Excellence

- CentraState Medical Center
- RWJUH Hamilton
- RWJUH New Brunswick

These hospitals scored in the top five percent and were among only 277 hospitals nationwide to receive the Distinguished Hospital Award for Clinical Excellence.

2006 Specialty Excellence Awards

- CentraState Medical Center: Pulmonary and stroke care
- Raritan Bay Medical Center, Perth Amboy: Stroke care
- RWJUH Hamilton: Critical care, gastrointestinal, pulmonary, and stroke care
- RWJUH New Brunswick: Cardiac, gastrointestinal, general surgery, pulmonary, stroke, women’s health care
- RWJUH Rahway: Stroke care

These hospitals scored in the top 10 percent hospitals within each specialty area. Individual hospital efforts and network collaboration have resulted in improved performance trends Network-wide. We applaud those who were recognized for excellence in health care.

RWJ Health Network Updates

- *Peter Amenta, M.D., was named interim dean of the RWJ Medical School, replacing Harold Paz, M.D., who will become dean of the College of Medicine and CEO at Penn State’s Milton S. Hershey Medical Center. Dr. Amenta has been residency program director and chief of pathology service since 1994, and senior vice president of medical affairs and chief of staff since 2002.*
- *Karen Kowalenko, DO, Chair, Department of Family Medicine at RWJUH Rahway and Bernardo Tor-Echague, M.D., will share responsibilities as co-directors of medical management following the resignation of Serena Joseph, M.D.*
- *RWJUH Rahway is set to open a state-of-the-art fitness and wellness center in Scotch Plains. The center features fitness classes, an aquatic center, exercise equipment, a cardiac rehab center, and personalized programs; it will be staffed by certified trainers/exercise physiologists, nurses, and a medical advisory board.*
- *RWJUH New Brunswick is one of only eight New Jersey hospitals and the first in Central New Jersey to earn the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification as a Primary Stroke Center. RWJUH met stringent national standards for diagnosis and treatment, including a rapid response stroke treatment team, accessible 24 hours a day.*

The Physician Coordinating Council is comprised of the medical leadership of the Robert Wood Johnson Health Network members which include:

- Bayshore Community Health Services, Inc.
- Carrier Clinic
- CentraState Healthcare System
- Children’s Specialized Hospital
- Raritan Bay Medical Center (Perth Amboy and Old Bridge)
- Robert Wood Johnson University Hospital (New Brunswick, Hamilton, and Rahway)
- UMDNJ-Robert Wood Johnson Medical School (New Brunswick)
- Eric B. Chandler Health Center
- Henry J. Austin Health Center
- Plainfield Health Center
- VNA Community Health Center
- Presbyterian Homes & Services, Inc.

It is the only health care network in New Jersey to include a medical school among its partners.

Please direct questions about any information contained in PCC Pulse to your chief medical officer or the Network’s Director, Clinical Integration lois.dorman@rwjuh.edu.

The Robert Wood Johnson Health Network operates a quality physician billing service at competitive rates. Call 732-418-8055 for more information.

Affiliated Physicians Health Plan offers health benefits to physicians, their staff and families. For information call (888) 670-8135 and access option #5.