



IRMC, others partner on effort

by The Indiana Gazette on May 04, 2013 11:00 AM

Indiana Regional Medical Center is among six independent hospitals in medium-to-small markets that will participate in a new project aimed at reducing the number of “avoidable” patient readmissions.

The hospitals were recruited by the Pittsburgh Regional Health Initiative (PRHI) to participate in the Primary Care Resource Center (PCRC) Project, funded by a Health Care Innovation Award from the Center for Medicare and Medicaid Innovation.

In addition to IRMC, the other five hospital partners in the PCRC Project are Butler Memorial Hospital, Butler; Conemaugh Memorial Medical Center, Johnstown; Sharon Regional Health System Main Hospital, Sharon; Uniontown Hospital, Uniontown; and Wheeling Hospital, Wheeling, W.Va.

“IRMC is excited to be part of this Center for Medicare and Medicaid Innovation grant,” said Cindy Virgil, IRMC’s senior vice president of patient services. “Our partnership with PRHI and other community hospitals will assist us in our core value of patient centered care by improving the care and health of our patients with chronic health problems.”

Under the Patient Protection and Affordable Care Act of October 2012 (also known as “Obamacare”), Medicare payments that would otherwise be made to hospitals will be reduced by specified percentages to account for excess preventable hospital admissions. In other words, Virgil said, Medicare is penalizing hospitals financially for readmission rates that the Medicare system considers to be higher than acceptable.

Receiving less than full Medicare reimbursements is of particular concern to the regional community hospitals in western Pennsylvania and West Virginia, which serve an unusually high density of Medicare recipients. Additionally, most community hospitals are the principal health care facility for their county, as well as the leading employer in their communities, making their economic vitality of paramount importance.

According to IRMC, for community hospitals to remain viable, they now have to play a key role in reducing demand for acute care services, which requires a tremendous shift in thinking and behavior. The PCRC Project will help the six community hospitals experiment with a new model of care and will bring to the hospitals state-of-the-art primary care support for reducing preventable admissions and readmissions.

The overarching goal of the PCRC Project is to slow, stop, or reverse chronic disease progression for patients with chronic obstructive pulmonary disease, congestive heart failure or coronary artery disease, shifting the locus of care from inpatient to outpatient and home settings.

Virgil said the steps to improve care and help patients take better care of themselves will include improved education, instruction in taking medications correctly and nutritional counseling.

Better care will result in both better health and in lower costs — an estimated \$40 million-plus to the Medicare program alone — over the term of the grant.

The prototype of the PCRC model was established at Monongahela Valley Hospital during 2011-12. All protocols, pathways, electronic health record configurations, job functions, training strategies and data collection methods to be used in the PCRC Project were piloted within the prototype.

The Monongahela Valley Hospital PCRC opened to clinical activity on July 1, 2012, with an initial focus on chronic obstructive pulmonary disease admissions. Initial outcomes were dramatic: By the second quarter of operations (the fourth quarter of 2012), Monongahela Valley Hospital had 47 percent fewer all-cause readmissions within 30 days than in the comparable quarter in 2011.

Through collaboration of host hospital communities and PRHI experts, pathways and protocols piloted within Monongahela Valley Hospital will be customized for each hospital partner and best practices will be shared between hospitals in the partnership through a hospital-wide educational plan.