Partnering is at the Heart of What We All Do!
QHN Hot Topics Monthly Meeting – January 18, 2023

Michael Boyson, MHA, Program Specialist, Chronic Disease Management Coordinator & Community Point of Contact for NW Colorado. mboyson@telligen.com

• Born & raised in a rural California agricultural town of 3,000 people in the San Joaquin Valley
• 40+ years working in hospitals, practices, nursing homes, healthcare membership associations, health policy and the QIN-QIO
• Trained as a HHA BPSM Trainer, Kidney Health Coach, NDPP Master Trainer, DSMP Leader, and MOUD Trainer
• Spare time spent in the Colorado outdoors hiking, snowshoeing, climbing, skiing, and backpacking
Agenda

a. Introduction to Telligen and current QIN-QIO activities
b. Overview of the QIN-QIO community health goals, initiatives, and team members
c. Share examples of what we do and offer – our collaborative process
d. Provide examples of the data we use
e. Learn more about QI Toolkits and Change Packages
f. Share upcoming events
g. Share upcoming funding opportunities
What Do QIN-QIOs Do?

QIO Program Purpose

• To improve the efficiency, effectiveness, economy and quality of services delivered to Medicare beneficiaries

QIN-QIOs

• Bring Medicare beneficiaries, providers and communities together in data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care and improve clinical quality
• Provide technical assistance and convene learning and action networks at no-cost to support healthcare QI at the community level
What We Offer - At No Cost!

• Quality improvement expertise to include comprehensive COVID-19 support
• Customized technical assistance – Telligen has expertise in Human-Centered Design, Community Organizing, Motivational Interviewing, Patient and Family Engagement and TeamSTEPPS®
• Timely, relevant and useful tools
• Actionable data, analytics support and national benchmarking

• A network to share and spread your best practices and outcomes
• Extension for Community Healthcare Outcomes (ECHO) series with case-based learning - Telligen is a trained ECHO hub
• Learning collaboratives using the Institute for Healthcare Improvement’s (IHI) Breakthrough Series Collaborative model
Focus Areas

COVID-19 Response
Public Health Emergency Preparedness
Hospital Leader Engagement
Behavioral Health and Opioid Misuse
Immunizations
Patient Safety
Antibiotic Stewardship
Nursing Home Quality
Chronic Disease Management
Care Coordination

Meet our subject matter experts here: https://www.telligenqiconnect.com/about-us/our-team/
### Smoking Cessation
- Increase tobacco cessation counseling to active tobacco users

### Opioid Utilization & Misuse
- Decrease opioid adverse drug events and deaths by 7%
- Ensure at least 20% of communities are implementing all 4 best practices:
  - Naloxone distribution
  - Prescription monitoring programs (PMP)
  - Medication-assisted treatment (MAT/MOUD)
  - Local solutions

### Chronic Disease Management
- Increase percent of adequately controlled hypertension by 15%
- Increase first time participation in cardiac rehab (CR) programs by 15%
- Decrease percent of beneficiaries with uncontrolled diabetes by 9%
- Increase screening and management of chronic kidney disease (CKD) to slow progression/prevent end-stage renal disease (ESRD) by 10%

### Care Coordination
- Decrease emergency department (ED) visits by super utilizers by 12%
- Decrease hospital utilization by 4%
- Decrease 30-day hospital readmissions by 5%

### COVID-19 Infection Control
- Increase number of care settings with public health emergency preparedness plans to 100%

### Immunizations
- Increase influenza vaccination rates by 10%
- Increase pneumococcal vaccination rates by 10%
- Increase COVID-19 vaccination rates in the community to 95%
What Can We DO Together?

You choose. No obligation. No cost.

Not participating in Telligen QI Connect™? Join us!

Receive e-mail notifications of resources, tools, and funding opportunities

Participate in trainings and events

Tailored TA partnership based on your needs & challenges

Coalition strengthening or building

Technical assistance on Telligen’s Focus Areas

Community-level and provider Medicare data mining

Listening ears in meetings to connect to resources we might have to assist you

See more of what we do/provide here: https://www.telligenqiconnect.com/join-us/
Vision for Collaborating (Telligen + hospital + community) & Increasing CR Referral example

Foundation: QIN seeks to: Increase percentage of outpatient Medicare beneficiaries who experience a Medicare coverable cardiac event/diagnosis and have not already participated in early outpatient cardiac rehabilitation/secondary prevention (CR program for the qualifying event/diagnosis who are newly enrolled in a CR program (target 15% - 11/7/2023)

1. Mine and review data to better understand the CR “story” locally and at the hospital level.

   QIN-QIO Medicare Fee-For-Service CR referral data by provider and/or by community:
   - Qualifying cardiac events
   - Referrals
   - Patient demographics

2. CDPHE, Telligen, hospital & community form community CR leadership team using Community Organizing principles
   - You have the local relationships
   - We bring the LEAD/LOA tools to help “organize” and facilitate the community conversation to design a motivating vision & strategic community-wide plan for impacting CR within your community

3. Perform root cause analysis on priority barriers and challenges

4. Identify and use evidence-based tools, guidelines, best practices that already exist using RCA and PDSA that each involved partner can implement
Secure Portal

The Telligen QI Connect™ Secure Portal provides users exclusive access to events, tools, resources and data reports to support your healthcare quality improvement work with Telligen.

The online network offers an opportunity to share and learn about innovative practices, all at no cost.
Example of the Data We Use – Available on QI Connect Portal

All-Cause Readmissions Within 30 Days Following Heart Failure (HF) Index Discharge From Hospitals in This State
Based on July 2021 - June 2022 Index Discharges and Subsequent Readmissions

(Each data point represents one month of data)
(Missing data points indicate months without discharges)

Data Source: Medicare Fee-for-Service Claims (Quarterly CSAT file),
containing claims Based on July 2021 - June 2022 Index Discharges and Subsequent Readmissions
## Example of the Data We Use – Available on QI Connect Portal

<table>
<thead>
<tr>
<th>Age</th>
<th># Admissions</th>
<th># Index Discharges</th>
<th>Readmissions to the Same Hospital</th>
<th>Readmissions to a Different Hospital</th>
<th>Readmissions to the Same or a Different Hospital</th>
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<tr>
<td>Less than 65</td>
<td>10560</td>
<td>10147</td>
<td>1348</td>
<td>756</td>
<td>2103</td>
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<tr>
<td>65-70</td>
<td>16395</td>
<td>15845</td>
<td>1500</td>
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<td>14179</td>
<td>13517</td>
<td>1243</td>
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<td>76-80</td>
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<td>10813</td>
<td>1026</td>
<td>489</td>
<td>1515</td>
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<td>9280</td>
<td>8744</td>
<td>908</td>
<td>353</td>
<td>1261</td>
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<td>85 and up</td>
<td>11262</td>
<td>10531</td>
<td>1012</td>
<td>409</td>
<td>1421</td>
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<td>69397</td>
<td>7037</td>
<td>3307</td>
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- **Legend:**
  - # Admissions: Total number of admissions.
  - # Index Discharges: Total number of index discharges.
  - Readmissions to the Same Hospital: Number of readmissions to the same hospital.
  - Readmissions to a Different Hospital: Number of readmissions to a different hospital.
  - Readmissions to the Same or a Different Hospital: Total number of readmissions (same or different hospital).

*Note: Data provided for illustration purposes.*
Addressing Health Inequity in Vulnerable Health Communities

**Area Deprivation Index:** Socioeconomic status

**Social Vulnerability Index:** Risk of human suffering and economic loss from disasters and disease outbreaks

**U.S. Department of Agriculture:** Food access
## Publicly Available Data by Geographic Community and County

<table>
<thead>
<tr>
<th>Community</th>
<th>County</th>
<th>COVID Deaths per 1k as of 11/30/22</th>
<th>COVID Known Cases per 100k as of 11/30/22</th>
<th>2018-2020 Drug Overdose Deaths per 100k</th>
<th>2020 Opioid Prescribing Rate per 100</th>
<th># Buprenorphine D as of 9/12/22</th>
<th># MH Facilities as of 9/12/22</th>
<th># SU Facilities as of 9/12/22</th>
<th>2021 ED Visit Rate</th>
<th>2021 Hospitalizations (all cause)</th>
<th>2021 Readmission (all cause)</th>
<th>2021 AMI</th>
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<th>2021 COPD</th>
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<td>4.14</td>
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<td>6</td>
<td>1</td>
<td>4</td>
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<td>17</td>
<td>1</td>
<td>9</td>
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<td>Rio Blanco</td>
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<td>11</td>
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<td>327</td>
<td>100</td>
<td>15</td>
<td>0</td>
<td>6</td>
<td>6</td>
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</tbody>
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We’re Here for You – Colorado Team

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Care Coordination Coordinator

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Sr. Quality Improvement Facilitator
“All roads lead to care transitions.”

- Kate LaFollette
Goals

Nursing Home Goals
• Reduce preventable ED visits for long-term care residents
• Decrease 30-day readmissions for long-term care residents

Community Goals
• Decrease emergency department visits (targeting super utilizers)
• Decrease hospital utilization for super utilizers
• Decrease 30-day hospital readmissions
How Can Telligen Support You?

• Community Coalitions

• Enhanced 1:1 Technical Assistance

• Evidence-based Tools and Resources
Pitkin County Readmissions

Readmission Rates by Hospital Discharge Status

https://portal.telligenconnect.com/rdc/
PROFESSIONAL LICENSES/CERTIFICATIONS:
- Disaster Management Emergency Preparedness Coordinator
- Trauma Nursing Core Course Director and Instructor
- Advance Trauma Life Support Coordinator
- Rural Trauma Team Development Course Coordinator and Instructor
- FEMA ICS 100,200,700 certifications
- Stop the Bleed Instructor
- Basic Life Support provider and Instructor
- Advanced Cardiac Life Support Provider

PROFESSIONAL ORGANIZATIONS and COMMITTEE MEMBERSHIP:
- Emergency Nurses Association
- 100 Greatest Nurses of Iowa, 2020
- Iowa Trauma Coordinators: District E Representative
- FOCUS Spotlight Award Winner, 2020
- Society Trauma Nurses
- Iowa Falls Prevention Coalition
“Preparation through education is less costly than learning through tragedy.”

Max Mayfield
Disaster Management Cycle
Who to involve?

• Hospital
  • Acute care physicians
  • Acute care nurses
  • Respiratory therapy
  • Lab & blood bank
  • Morgue
  • Radiology
  • CEO
  • Public relations
  • Security & safety
  • Patient representative
  • Pastoral care

• Community
  • EMS
  • Public health dept
  • Government/EOC
  • Other facilities
  • Medical examiner
  • Police
  • Fire/rescue
  • Transportation
  • Media
    • PATIENTS
“Plans are nothing; planning is everything.”

Dwight David Eisenhower
Today’s Speaker(s)

Denton Chancey, PharmD MBA
Medication Utilization & Safety Lead, Telligen
Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
Focus Area: Decrease Opioid Adverse Drug Events in High-Risk Patients including Deaths (Target Decrease by 7% by 11/07/2024)

### Y2 Q4 reported in Nov 2022
**Aug 2022 - Oct 2022 (contract months)**

**ANNUAL EVALUATION**

<table>
<thead>
<tr>
<th>Region</th>
<th>CMS Target*</th>
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<tbody>
<tr>
<td>CO</td>
<td>40.51%</td>
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<tr>
<td>IA</td>
<td>39.12%</td>
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<tr>
<td>IL</td>
<td>43.01%</td>
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<tr>
<td>OK</td>
<td>45.49%</td>
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<tr>
<td>Region</td>
<td>42.73%</td>
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<td>3.00%</td>
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Medication Safety

• Work to reduce Adverse Drug Events (ADEs) due primarily to opioids, but anticoagulants and antidiabetic agents
  • Reduce opioid ADEs in Medicare population, including LTC, by 7%
  • Reduce ADEs across three medication classes by 13%

• ADEs are a major drain on the healthcare system, some studies estimate that 1% of all healthcare expenditures are spent on aftermath
What We Provide

• Partner with a variety of organizations across the care continuum, including hospital, primary care providers, pharmacies, and long-term care facilities

• Educational series such the upcoming ADE ECHO and 2022’s Opioid Action Collaborative

• Special events such as this spring’s CDC Opioid Guidelines updates

• Individualized technical assistance in areas such as providing MOUD, stigma reduction, and much more
Let us know how we can support your work!

• No-cost, individualized assistance

• We would love to know how we can work with you to make your medication safety work more effective!
Upcoming Events

Don’t miss out on these upcoming events:

- **Plan-Do-Study-Act (PDSA) Training**
  - February 1
  - 10:30 to 11:15 am Central Standard Time
  - Registration link

- **Root Cause Analysis (RCA) Training**
  - February 14
  - 10:30 to 11:15 am Central Standard Time
  - Registration link

- **CKD Project ECHO: Population Health Strategies to Reduce Cardiovascular Risk**
  - March TBD
  - Time: TBD
  - Registration link Coming

For all other events, visit our website: https://www.telligenqiconnect.com/calendar
Grant Funding Opportunities

**USDA Distance Learning and Telemedicine Program Grants** – January 30

**HRSA New Funding Opportunity: Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome** - March 8

**Rural Economic Development Loan and Grant Program (REDL and REDG)** – March 31

**HRSA Payment Program for RHC Buprenorphine-Trained Providers** – Ongoing

**FCC Rural Health Care Telecommunications Program** – April 1

**CDPHE/Prime Health Chronic Disease Management Telehealth No-Cost Technical Assistance** – Ongoing

**CDPHE/Prime Project Broadband and Telehealth Accessibility for Telehealth Behavioral Health Programs** Not Cost TA - Ongoing
Telligen Community Initiatives Grant Funding Opportunities

2022 Grantees
• Arapahoe Community College Foundation - $50,000
• Brain Injury Alliance CO - $49,400
• CO Center for the Advancement of Patient Safety – $49,917
• CO Coalition for the Homeless - $45,000
• CO Community College System Foundation - $50,000
• CO Institute for Family Medicine - $48,000
• Eastern Plains Healthcare Consortium - $49,435
• OMNI Institute (The Gyedi Project)- $50,000
• Project Angel Heart - $50,000
• Rocky Mountain Children’s Law Center - $50,000
• Southwestern Colorado Area Health Education Center - $49,352
• Streets’ Hope/Voluntad - $50,000

2023 – Funding Timeline
• Healthcare Workforce Development RFP – due by March 3, 2023 (maximum grant: $75,000)
• Social Determinants of Health - Strengthening Families and Communities RFP - due June 16, 2023 (maximum grant: $75,000)

Questions?
Discussion Questions

What are your current challenges and barriers related to facilities?

What are your current challenges and barriers related to patients?

What are your current challenges and barriers related to personnel?

What are your current challenges and barriers related to payment?