KC METRO PHYSICIAN ASSOCIATION

Congestive Heart Failure (CHF) – Home Health Diuretic Protocol (In Progress)

MaineHealth, a not-for-profit, integrated healthcare delivery network based in Portland, ME, developed a Home Health Diuretic Protocol with the goal of reducing CHF readmissions and emergency department (ED) utilization. This protocol couples home health telemonitoring, with a medication protocol, in order to quickly address the beginning stages of fluid overload for CHF patients. MaineHealth activated this protocol on 51 post-discharge CHF patients and, of the patients utilizing this protocol, only 5 patients had an all-condition hospital readmission. KCMPA-ACO reached out to MaineHealth in order to utilize their protocol on our Kansas City population and they have consented to allow KCMPA to implement this protocol. This protocol was approved by the KCMPA Board of Directors for utilization and roll-out at KCMPA practices on February 6th, 2014.

Focus:

According to AHRQ (2012), the average cost of a 30-day readmission for CHF is $9,923 and increases to $13,463 for a 180-day readmission. If each of the 82 providers were able to prevent one 30-day readmission a year, that is a potential cost savings of $813,686/year.

What we are asking of practice providers & healthcare team:

1. **All Medicare post discharge patients with a primary or secondary discharge diagnosis of CHF:** are provided home health orders for the Home Health Diuretic Protocol
2. **CHF Home Health Referrals go to Telemonitoring Home Health Agencies:** there are only eight home health agencies in Kansas City that currently offer telemonitoring services. There is at least one of the eight telemonitoring home health agencies to represent each of the practices' geographic areas.
    a. The following home health agencies offer telemonitoring in the Kansas City area: Amedisys Home Health of Missouri, Blessed Trinity Home Care, Gentiva Home Health, Integrity Home Care, Interim Healthcare of Kansas City, Saint Luke's Home Care, Village Home Health, and Visiting Nurses Association.
3. **High-risk Medicare beneficiaries with CHF needing home health**: are provided home health orders for the Home Health Diuretic Protocol

Services Available for Assistance:

1. **Care Coordinator:** Can assist faxing over home health orders and coordinating communication with the home health agencies.
2. **Clinical Manager:** Can assist with any direct protocol or facilitation questions or concerns.

Agency for Healthcare Research and Quality (AHRQ). (2012). *Bundled payments for heart failure disease management programs can save money while reducing readmissions*. Retrieved from http://www.ahrq.gov/news/newsletters/research-activities/jan12/0112RA6.html