

Why you need to hardwire PDGM Value Operations for Future Success

IHHC 2022 Annual Conference



Home Health Strategic Management

- Home Health Consulting Firm since 2006 (30+)
- Developed from 30+ year PAC Clinical Practice
- Kimberly McCormick RN BSN – Exec Clinical Dir
- Utilization Review Model for Home Health
- SURCH – VNAA Innovative Care Model 2016
- CMS Bundled Payment Pilot for CJR reforms
- Post-Acute PPS Trial for Episodic Models
- Operational Solution for PDGM, VBP Outcomes
- Impact Act V2V Programs for Home Health

**Future Impact Act
Changes HH care
Production & Delivery**

Impact Act affect on Hospitals' use of HH

- ❑ Impact Act focuses on V2V changes for all Providers
- ❑ Value-Based Purchasing (VBP) focuses on content - outcomes
- ❑ VBP connects spending to outcomes in Home Health
- ❑ Post-Acute (PAC) PPS – 2025 Bundle of all acute DCs
- ❑ PAC PPS – 30-day Post-DC Bundle for Medicare patients
- ❑ Links acute care and Post-Acute in single episode
- ❑ Significant decrease in HH volume – managed by hospital
- ❑ Utilization Management, Care Content, Visit volume
- ❑ OASIS accuracy, Provider-managed POC orders, MVs

Rewiring Home Health for PDGM & Impact Act Outcomes

Impact Era Home Health Management

Impact Act reforms, including PDGM, are focused on the value content of Medicare clinical episodes. Impact Act value is determined by connecting spending & care volumes DIRECTLY to clinical outcomes.

PDGM requires POC development & episodic delivery based on OASIS clinical profile acuity and deficits, or clinical targets.

A refined clinical profile assures that PDGM episodes are created & managed in real-time by In-Office agency staff. Ongoing modifications to a live POC, assurance of best-practice visit content, rapid clinical outcome, integrity-based episodes w patient compliance, education, and POC maintenance required for success under PDGM and subsequent Impact Act Reforms.

How Value Programming Rewires HH Operations

Value Programming changes for HH

- ❑ Requires Value approach prompted by PDGM for success
- ❑ OASIS Accuracy, QA-developed POC, Global programs etc.
- ❑ Assure front-line staff gets education, support, management
- ❑ Internalize Value over traditional Volume responses
- ❑ If you can't keep people out of the hospital w/o visits
- ❑ If you let clinical staff write their own orders
- ❑ Late doc, poor skill, missed visits, extensions – Volume
- ❑ Clinical content-based POC/visits assure PDGM outcomes
- ❑ ALL care must be managed in office in real-time
- ❑ Recognize, address, evolve, resolve – PPS Volume BIAS!!!
- ❑ Clinical programs lacking direction – Volume is default setting

Value Programming changes for HH

- ❑ Value-Era success requires value-based care intrinsics
- ❑ ALL agency departments, positions, protocols must change
- ❑ Intake to Back Office, Nursing to Therapy, Admin to Sup
- ❑ REAL-TIME care productional and management required
- ❑ ELIMINATES all RETRO-ACTIVE care management processes
- ❑ You are competing with yourself for value care/solutions
- ❑ PDGM & other Value reforms require “RAPID” care responses
- ❑ SMALL agency - <100 admits – Net Increase 10-20K/Month
- ❑ MEDIUM agency – 100-250 admits – Increase 30-175K/Month
- ❑ Large agency - >250 admits – Increase 175 – 450K/Month

Management of Home Health Operational Areas for Value Results

Home Health Operational Management for Value

- *Intake* – Scripting for complete referral for 24-hour SOC
- *OASIS-Collaborative SOC* – Accurate profile, functional walk
- *POC Development* – Global POC by decline depth (30-60?)
- *Add-on Disciplines* – 48-hour addn disciplines, connect to SOC
- *Scheduling Control* – Safety-Based Frequencies – MV mgmnt
- *POC Management* – No eval only, Order changes, DCs
- *Documentation Review* – Unqualified Evals, visit notes
- *In-Episode Management* – Weekly clinical rounds – Rx to date
- *Discharge for Outcomes* – Rapid outcomes, Post-DC HP
- Script for HHCAPS patient satisfaction scores

Three Home Health Providers Rewired for PDGM Success

Three Home Health Providers rewire for PDGM

- Three Medium Size HH Providers concerned re PDGM
- Moderate results under PPS – 2 Star, Poor margins
- PDGM – Can they survive? Census? Costs? Cash-flow?
- PDGM – Operational changes required, will staff comply?
- PPS concerns led to seeking approach for PDGM
- Sought possible HH Opportunities for survival, improve
- Concerns re OASIS, POC, Therapy, Cash-flow, Inst. Vs. Comm
- 30-Day vs. 60-Day, LUPAs, Costs, Staff Control, etc.
- Financial concerns w PPS – How will they do w PDGM?

Three Home Health Providers rewire for PDGM

- Initial Analysis required for HH Compliance/Efficiency
- Specific Metrics ID quality of Care, Clinical Staff Mgmt
- Data offers insight into HH Episodic quality content
- Metrics – Monthly Referrals/Admits, Percentage PAC
- Case-Mix, PDGM Payments – 30/60-Day, Visit Totals
- LUPAs, NOS, Census, Readmissions, Potential Events
- Star Ratings vs. Readmissions vs. HHCAPS – How & Why
- Search for opportunities in increased efficiency

Clinical & Fiscal Outcomes from Rewiring for PDGM Success

Outcome from Rewiring for PDGM - Michigan

- Smaller-size HH Provider in Michigan – Institutional/Com
- Privately-owned – Primary free-standing Provider in area
- 2 Star Provider – 4 HHCAPS – 30-35 Admits/Month
- 17% Readmissions/Month – Home Care Compare
- 6.5 SN Visits/Episode ----- LUPAs/NTUCS=6/9 Month
- PDGM Payments – 30-Day Avg= \$1493 ----- \$2564
- PDGM Payments – 60-Day Avg= \$2488 ----- \$4355
- SN Visits/Episode – 6.5 decreases to 4.1 SN Visits/Episode
- LUPA/NTUCs reduced to 0/3 from PDGM Rewire
- Star Rating improves to 4 – HHCAPS 4+ - Readmits – 9.5%

Outcome from Rewiring for PDGM – N Carolina

- Medium-size HH Provider in North Carolina – Inst/Com
- Privately-owned – Primary free-standing Provider in area
- 2.5 Star Provider – 75 Admits/Month – Fiscal Concerns w PPS
- 15% Readmissions/Month – Home Care Compare
- 6.1 SN Visits/Episode ----- LUPAs/NTUCS = 9/20 Month
- PDGM Payments – 30-Day Avg= \$1671 ----- \$2342
- PDGM Payments – 60-Day Avg= \$2785 ----- \$3605
- SN Visits/Episode – 6.1 decreases to 3.9 SN Visits/Episode
- LUPA/NTUCs reduced to 0/7 from PDGM Rewire
- Star Rating improves to 4+ - Readmits – 11%

Outcome from Rewiring for PDGM – Florida

- Medium-size HH Provider in Florida – Institutional/Com
- Privately-owned – Free-standing Provider in area
- 3 Star Provider – 20-25 Admits/Month
- 13.7% Readmissions/Month – Home Care Compare
- 14.3 Therapy Visits/Episode under PDGM w/o FIL control
- PDGM Payments – 30-Day Avg= \$1740 ----- \$2385
- PDGM Payments – 60-Day Avg= \$1552 ----- \$4004
- Therapy Visits/Epi – 14.3 decreases to 7.89 Therapy Visits/Epi
- Star Rating improves to 4+ - Readmits – 9%

Home Health Strategic Management



1- 877- 449 - HHSM

www.homehealthstrategicmanagement.com

