

Shifting Therapy Practice from Volume to Value

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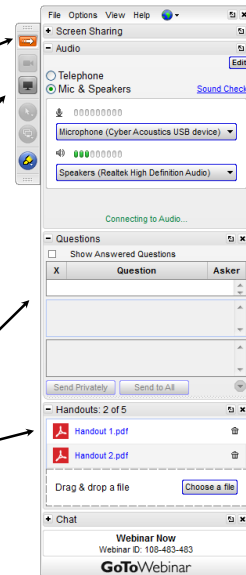
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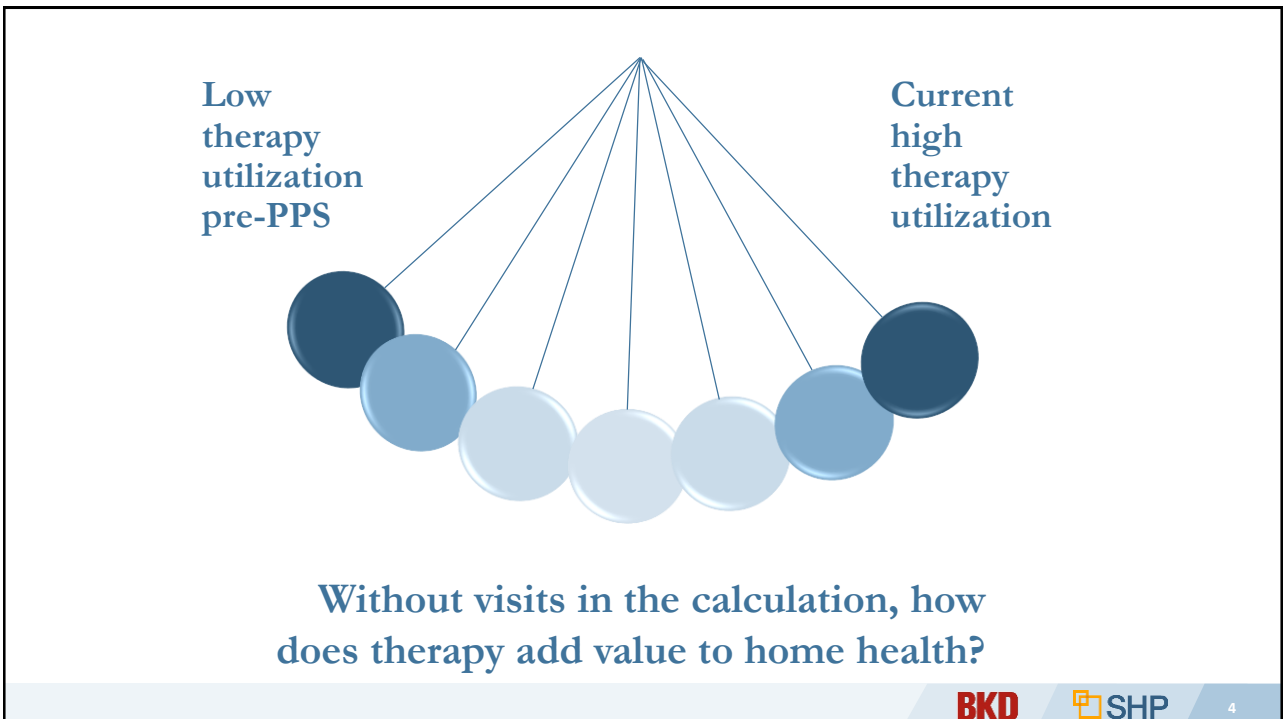
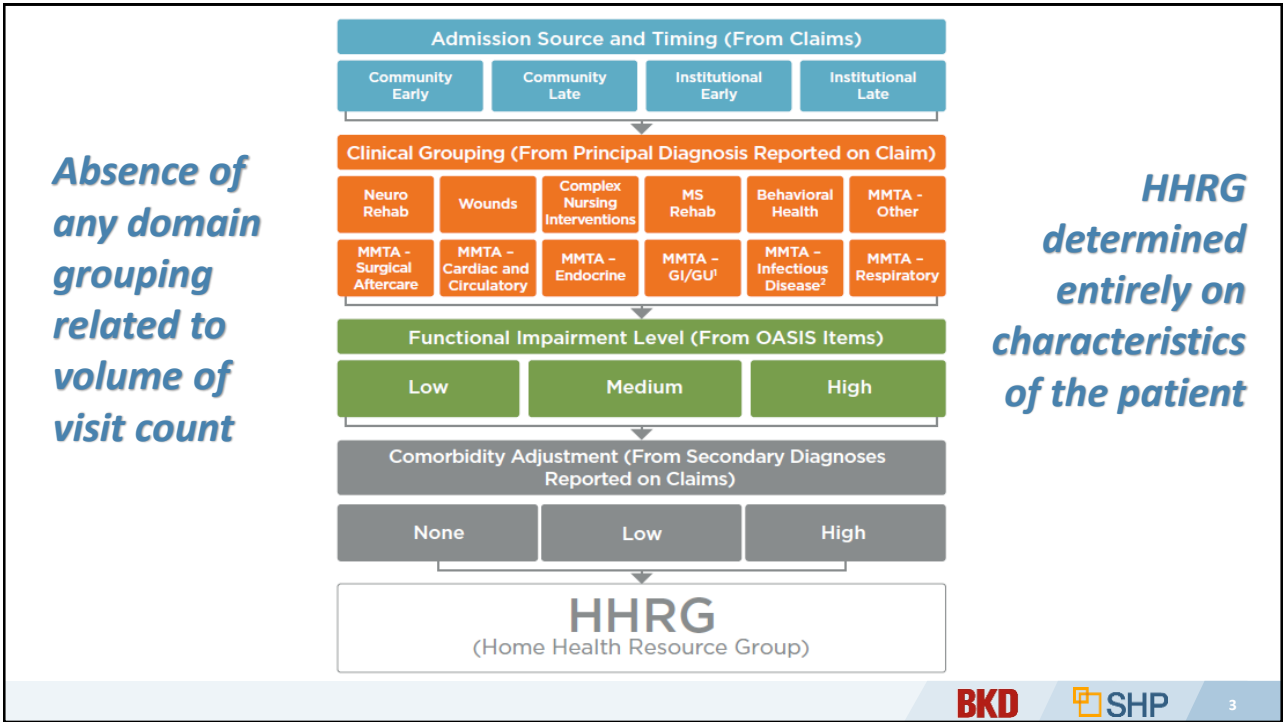
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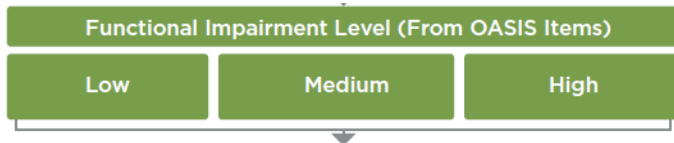
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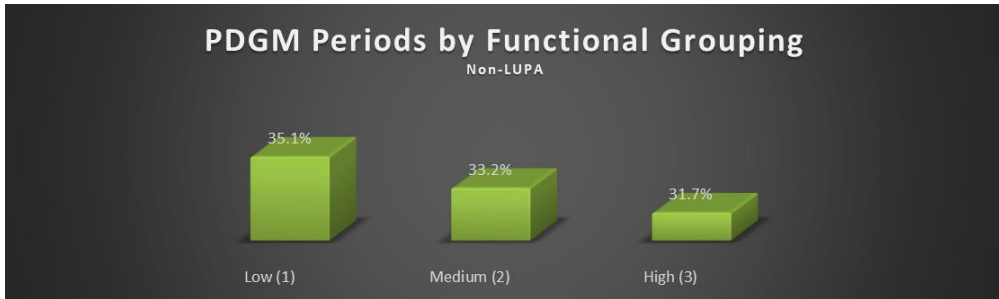


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Note: Per CMS LDS 2018 data



First, assist with accurate functional item OASIS scoring



Variable	Category	OASIS Items	Points
M1800: Grooming	1	2, 3	4
M1810: Dress upper body	1	2, 3	6
M1820: Dress lower body	1	2	5
	2	3	11
M1830: Bathing	1	2	3
	2	3, 4	13
	3	5, 6	21
M1840: Toilet Transferring	1	2, 3, 4	4
M1850: Transferring	1	1	4
	2	2, 3, 4, 5	8
M1860: Ambulation/ Locomotion	1	2	10
	2	3	12
	3	4, 5, 6	24
M1033: Hospitalization Risk	4 or more items	From 1-7	11



Collaborate on Accuracy of Functional Scores

Before data are locked and transmitted

Input from all who saw patient

Discuss
discrepancies

Observation or
interview?

Conditions
present?

Reach
consensus

Functional status is core to therapy evaluations

Typically by therapist's observation, not interview

Safety considerations key to performance

Objective levels of assistance, cueing, supervision

Function assessed in context of time and place

Function assessed in context of habits and routines

Episode EinsteinSM as a Collaboration Tool

The screenshot displays the SHP Episode Einstein interface. On the left, there are patient details and a list of medical conditions (ICD-10 codes). The main area is a table titled 'Case-Mix OASIS Ms' comparing three dates: (01) SOC 11/23/2018, (03) ROC 12/30/2018, and (04) Recert 01/17/2019. The table lists various conditions and their corresponding scores in points (pts). On the right side of the table, there are vertical bars representing 'Clinical Dimension Mds' and 'Functional Dimension Mds' scores, with a total score of 12 (C3) for Clinical and 12 (F3) for Functional. The 'Service Ut Total' is 0 (S1).

Case-Mix OASIS Ms	(01) SOC 11/23/2018 pts	(03) ROC 12/30/2018 pts	(04) Recert 01/17/2019 pts	HHC
Primary or Other DXs	see DX chart	see DX chart	see DX chart	8
M1030 Ther at Home	4: none of the above	4: none of the above	4: none of the above	-
M1200 Vision	1: partially impaired	1: partially impaired	1: partially impaired	NA
M1242 Freq of Pain	3: daily, not constant	2: less than daily	1: does not interfere	-
M1311 Cur Unheal PUs 3-4	stg 3 - stg 4	stg 3 - stg 4	stg 3 - stg 4	-
M1324 Stg of Prob PU	NA: no observe PU	NA: no observe PU	NA: no observe PU	-
M1334 Stat Prob Obs SU				-
M1342 Stat Prob Obs SW	3: not healing	3: not healing	3: not healing	4
M1400 Dyspnea	2: w/ mod exertion	2: w/ mod exertion	1: +20 feet/stairs	-
M1620 Bowel Incont Freq	0: rarely/never	0: rarely/never	0: rarely/never	-
M1630 Ostomy	0: no ostomy	0: no ostomy	0: no ostomy	-
M1810 Dressing Upper	3: dependent	1: able if placed	2: needs assist	1
M1820 Dressing Lower	3: dependent	3: dependent	3: dependent	5
M1830 Bathing	4: able at bed/chair	3: needs assist	3: needs assist	5
M1840 Toilet Transfer	1: able w/ assist	1: able w/ assist	1: able w/ assist	-
M1850 Transferring	3: unable to bear wt	2: can bear weight	2: can bear weight	2
M1860 Ambulation	4: chairfast can wheel	2: w/ two hand device	2: w/ two hand device	4
M2030 Mgt of Injct Meds	3: unable to manage	3: unable to manage	3: unable to manage	NA
M2200 Therapy Need	017	010	000	-
Clinical Total:	30 (C3)			12 (C3)
Functional Total:	7 (F2)			12 (F3)
Service Ut Total:	17 (S2)			0 (S1)

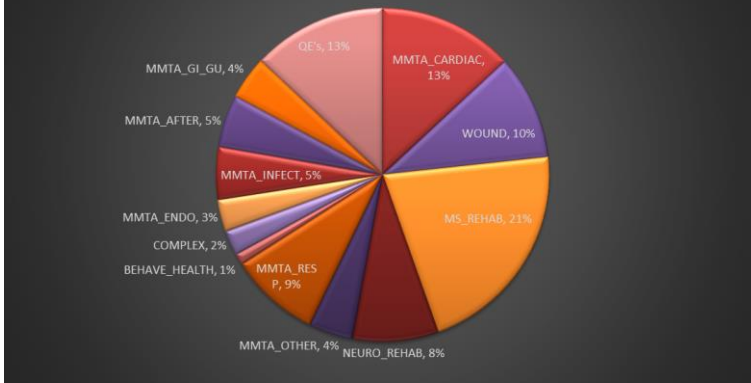
Clinical Grouping	Functional:	Low	Medium	High
MMTA – Surgical Aftercare		0-24	25-37	38+
MMTA – Cardiac & Circulatory		0-36	37-52	53+
MMTA – Endocrine		0-51	52-67	68+
MMTA – Gastrointestinal & Genitourinary system		0-27	28-44	45+
MMTA - Neoplasms, Infectious & Blood-Forming Diseases		0-32	33-49	50+
MMTA – Respiratory		0-29	30-43	44+
MMTA – Other		0-32	33-48	49+
Behavioral Health		0-36	37-52	53+
Complex Nursing Interventions		0-38	39-58	59+
Musculoskeletal Rehabilitation		0-38	39-52	53+
Neuro Rehabilitation		0-44	45-60	61+
Wound		0-41	43-61	62+

Clinical Grouping (From Principal Diagnosis Reported on Claim)



Note: Per CMS LDS 2018 data

PDGM Periods by Clinical Grouping



Next, assist with painting the most accurate picture of the patient's clinical grouping...

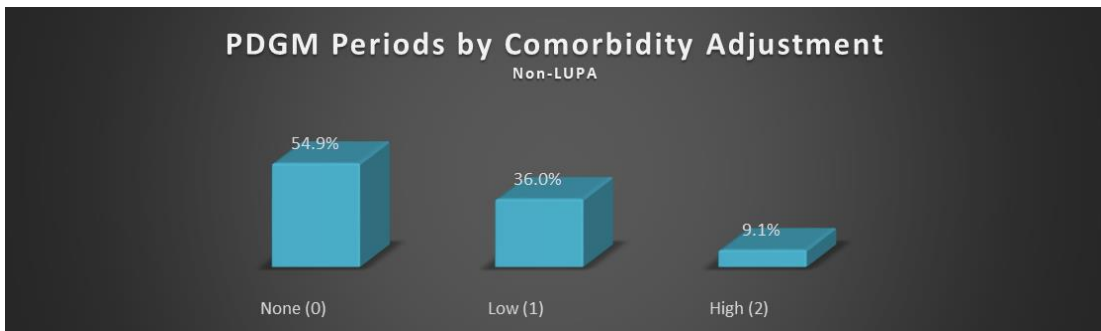
Comorbidity Adjustment (From Secondary Diagnoses Reported on Claims)



Note: Per CMS LDS 2018 data

PDGM Periods by Comorbidity Adjustment

Non-LUPA

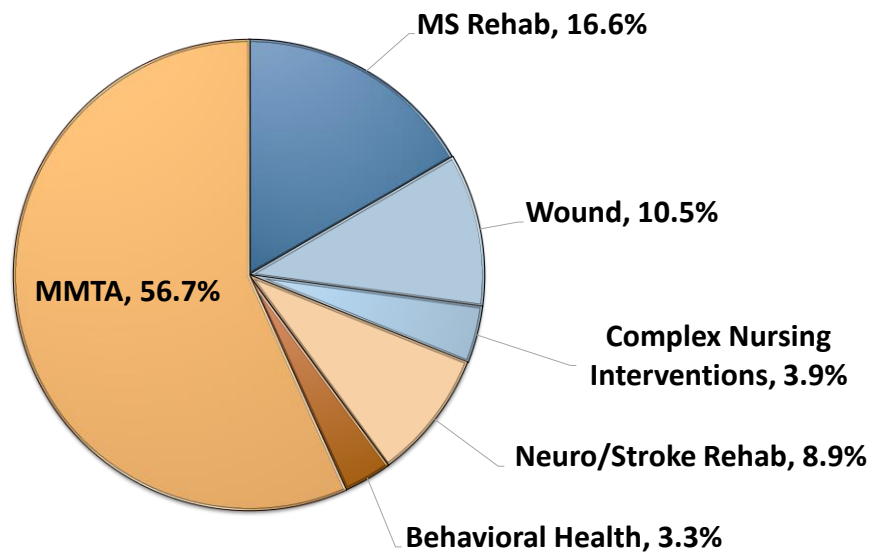


....and assist with capturing, confirming comorbidities

Collaborate on Primary Diagnosis & Comorbidities

- Consider the 'most intensive frequency' between on POC
- Reach consensus on primary reason for episode of care
- Share details for accurate coding
- Collaborate on change to primary diagnosis for 2nd 30 day payment period

Historical Breakdown by Clinical Grouping

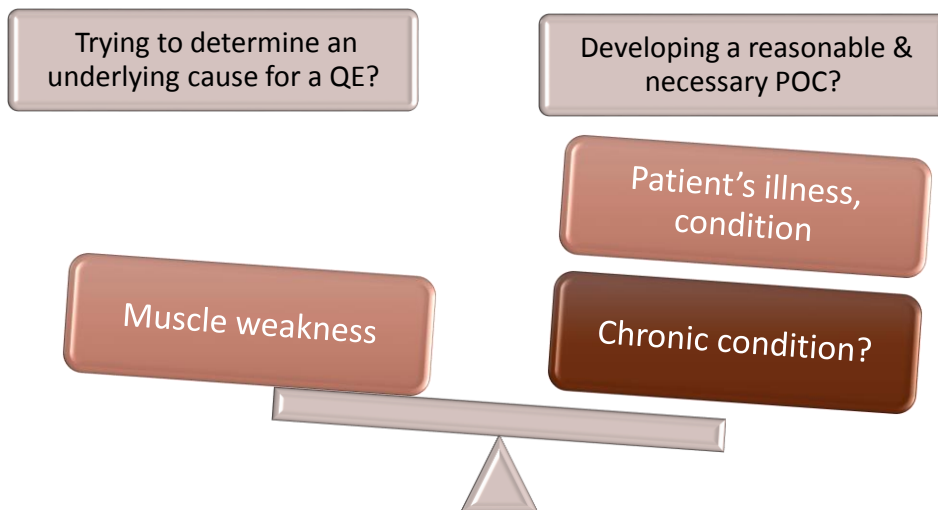


9 of the top 50 primary diagnoses used 2015 – 2017 are not on the acceptable list

Assist with avoiding questionable encounters. Contribute to the 'underlying cause'

M54.5	Low back pain
M62.81	Muscle weakness (generalized)
R26.2	Difficulty in walking, not elsewhere classified
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
R29.6	Repeated falls
R53.1	Weakness
Z48.89	Encounter for other specified surgical aftercare

Weigh the Difference Between....



All of these strategies have focused on the value therapists can bring to the revenue side of the PDGM equation

However, there is great value therapy can bring to home health on the expense side, not to mention the quality side

Home health has to be re-programmed to quit thinking about therapy as 'ATM machines' based on volume of visits

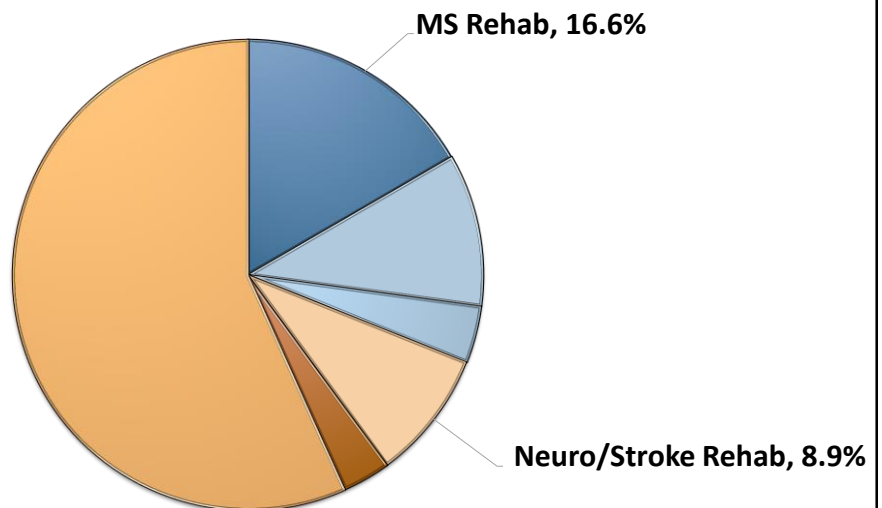


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Therapists must re-program to not restrict themselves to stereotypical clinical groupings

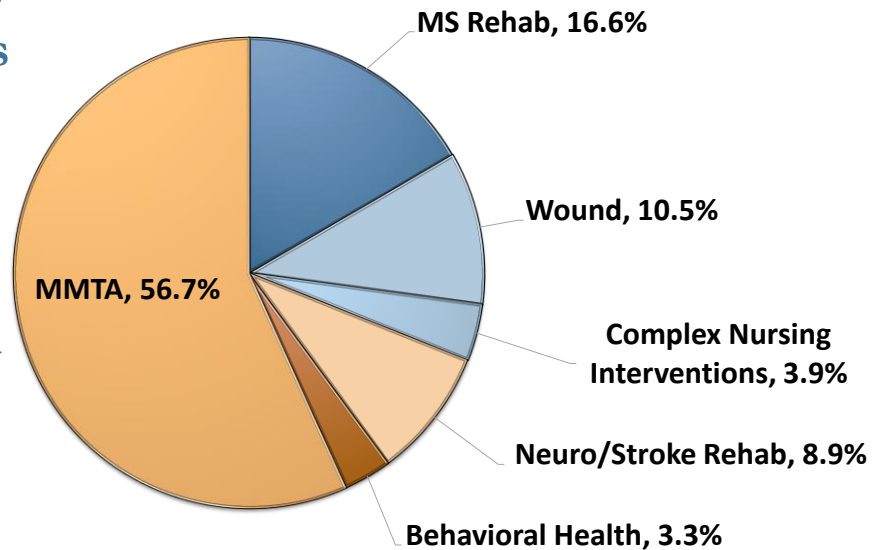


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What therapy has to offer is 'reasonable & necessary' for many chronic conditions in the MMTA group



Chronic Condition Management

Medications

Identify routines to assist in taking as directed

Self-monitoring

Reinforce with tools for monitoring BP, glucose, skin, weight

Treatments

Routines to help with O2, nebulizer, insulin, pursed lip breathing

Diet

Practice meal prep watching glycemic index, sodium, potassium, fat

Physical Activity

Rather than an HEP? Familiar activity, use energy conservation

Health care encounters

Problem solving to attend & participate in encounters

The value therapy adds can be quantified by the outcomes achieved

- How often patients got better at walking or moving around.
- How often patients got better at getting in and out of bed.
- How often patients got better at bathing.
- How often patients had less pain when moving around
- How often patients breathing improved.
- How often HH began patients' care in a timely manner.
- How often patients got better at taking their drugs by mouth.
- How often the HH team checked patients' risk of falling.
- How often the HH team checked patients for depression.
- How often HH patients had to be admitted to the hospital.
- Would patients recommend the agency to friends and family.

Measure the Value to the Agency's Outcomes

SOC/ROC Clinician Scorecard
Superior Outcomes Home Health

Stand: 06/18-05/19, 30/60 Day: 03/18-02/19, HHCAHPS: 03/18-02/19
Report Date: 6/8/2019

80% Overall HHC Score

Category	Score
SOCs (01)	8.790
ROCs (03)	2.007
Recerts (03s - Day 55-60), (04)	9.505
Transfers (06), (07)	3.160
Discharges (07), (08), (09)	7.049

SOC/ROC Clinician: Nancy, Nurse

SOC/ROC Clinician	Year Org	S/ROC Cases	% of Total
	2017	8,793	100
	2018	7,63	100
	2019	2,007	100

Hospitalizations

Category	High/Low Better(+/-)
30-Day Rehospitalization	C
60-Day Hospitalization	C + V
All Acute Care Hospitalization	-

Provider

Year Org	Score
2017	13.8%
2018	15.5%
2019	15.8%
2020	18.1%
2021	24.0%

SHP Multistate			SHP National		
RN	PT	Agency	RN	PT	Agency
13.5%	6.0%	12.5%	13.2%	6.1%	12.2%
17.6%	9.0%	16.0%	17.0%	8.9%	15.5%
25.7%	11.0%	23.2%	25.5%	11.2%	23.0%

Top Primary Diagnosis Categories

SOC/ROC Clinician	Your Org	SHP Multistate	Agency
Mental/Behavioral/Neurodev	32.43%	32.43%	32.43%
Factors Influencing Status/Sup Class	6.40%	6.40%	6.40%
Therapy/Rehab	6.35%	6.35%	6.35%
Aftercare	5.41%	5.41%	5.41%
Injury/Poisoning	4.98%	4.98%	4.98%

SHP Alert Management

SOC/ROC Clinician	Your Org	SHP Multistate	Agency
Critical Alerts Closed	87.79%	87.79%	87.79%
Potential Alerts Closed	78.74%	78.74%	78.74%
Informational Alerts Closed	70.54%	70.54%	70.54%

Financial Performance/RAC Metrics

SOC/ROC Clinician	Your Org	SHP Multistate	Agency
Avg Case Wt (9,253 Pymt Eps Completed)	1.17	1.17	1.17
Avg Therapy Visit Δ	3.06	3.06	3.06
LUPAs	6.44%	6.44%	6.44%
Downcodes	23.35%	23.35%	23.35%
Outliers	2.47%	2.47%	2.47%
Recert Rate (SOCs + Recerts) / SOC(s)	2.08	2.08	2.08
Avg Length of Stay (Days / Episode of Care)	68.86	68.86	68.86

Outcome Measures

Measure	High/Low Better(+/-)	Provider	Your Org
Ambulation	Improve - Risk Adj	83.4%	77.6%
	Decline - Actual	91.9%	80.4%
Bed Transfer	Improve - Risk Adj	85.0%	76.2%
	Decline - Actual	92.2%	79.3%
Bathing	Improve - Risk Adj	90.7%	81.2%
	Decline - Actual	93.9%	81.3%
Pain Interfering with Activity	Improve - Risk Adj	94.9%	81.2%
	Decline - Actual	95.9%	81.1%
Dyspnea	Improve - Risk Adj	89.1%	79.3%
	Decline - Actual	94.8%	81.1%
Status of Surgical Wounds	Improve - Risk Adj	95.3%	93.9%
	Decline - Actual	93.8%	92.0%
Mgmt of Oral Meds	Improve - Risk Adj	85.9%	69.0%
	Decline - Actual	87.8%	70.4%
Actual Improvement Rollup	Improve - Risk Adj	92.8%	79.3%

SHP Multistate			SHP National		
RN	PT	Agency	RN	PT	Agency
80.7%	83.4%	81.1%	80.0%	83.8%	80.7%
1.4%	0.6%	1.2%	1.5%	0.6%	1.3%
81.9%	85.1%	82.5%	81.6%	85.3%	82.3%
1.2%	0.5%	1.1%	1.3%	0.5%	1.1%
82.2%	82.0%	82.1%	82.1%	83.4%	82.2%
1.8%	0.8%	1.6%	1.7%	0.8%	1.5%
80.5%	82.3%	80.9%	81.7%	83.6%	82.1%
4.3%	3.3%	4.1%	3.7%	2.9%	3.6%
80.8%	81.9%	80.9%	82.2%	84.2%	82.5%
2.5%	1.5%	2.3%	2.3%	1.4%	2.1%
91.1%	89.2%	90.9%	91.9%	92.1%	92.0%
0.8%	0.3%	0.7%	0.7%	0.3%	0.6%
74.6%	69.8%	73.5%	73.5%	70.5%	72.8%
3.2%	2.5%	3.2%	3.3%	2.6%	3.2%
80.5%	80.9%	80.5%	80.5%	81.9%	80.7%

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Med Management – Most Important ADL

- Does **not** require that the therapist
 - Learn pharmaceuticals
 - Learn drug interaction
 - Provide medication instruction
- **Does** require that therapists recognize relationship between medication administration, medication effects and safe, predictable performance of routine activities
- Ineffective medication management is the **biggest** contributor to hospitalizations

Medication Management in Therapy POC

- Gather information about the whole routine of a day (a good day & a bad day), inquire about the difference
- Determine where medications are kept in relation to when they are taken
- Identify which medications are more often being missed and help identify reasons
- Assess barriers or interruptions to the usual routine based on recent events

Dietary Adherence into Daily Routines

- Assess willingness for compromise versus the 'deal breakers' about diet restrictions and problem solve
- Problem solve adherence barriers , i.e obtaining food
- Analyze the component skills required for the task of preparation (cognition, fine/gross motor coordination, strength, balance, etc.), address/remove barriers
- Identify and implement compensatory strategies
- Practice alternative menu items

Physical Activity into Daily Routines

- Analysis of amount and type of physical activity
- Incorporate physical activity into daily routines
- Analysis of avocational or leisure **preferences**
- Identify long term options to sustain physical activity and capacities
- Increasing daily activity **rather than** a home exercise program (HEP) for specific extremity muscle strengthening

Conserving Energy as a Lifestyle

- Analyze existing routines and habits in relation to energy demands and capacities
- Pacing and planning to balance demands to capacities
- Self-monitoring energy and energy expenditure
- Adapting routines
- Specific techniques (controlled breathing, relaxation)
- Use of pulse oximetry as a measure of effectiveness of interventions

Energy Conservation

- Not a technique, but a principle that must be incorporated into every activity every day
- Learning how to budget time & energy to accomplish high priority needs embedded in daily routine
- Recognition that endurance (activity tolerance) is the limiting factor, not strength (or weakness)

Self Monitoring as a Lifestyle

- Analyze skills and capacities relative to demands of the task the patient is expected to perform
 - Blood pressure
 - Blood glucose
 - Skin integrity
- Integrate condition-specific self-monitoring tasks into daily routines, problem solve strategies to barriers
- Identify compensatory strategies or needs for caregiving/supervision to support self-monitoring

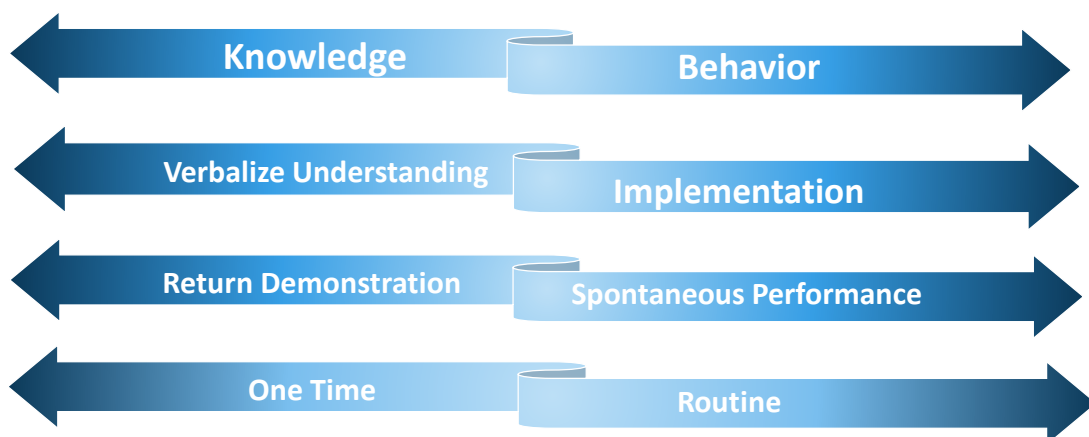
Problem Solving

- Analysis of performance in context to identify and problem solve to reduce risk and promote consistent performance
- Promote patient and caregiver problem recognition and problem solving
- Focus on “what to do” to identify an emerging need, problem, risk at earliest possible stage

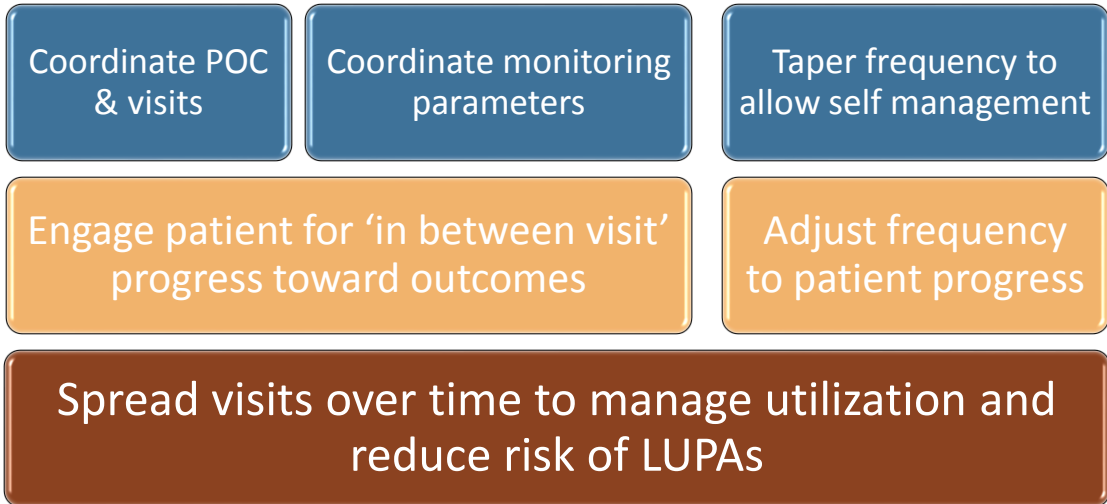
Return Demonstration not Enough

- Actual performance in context (location/time of day) shifts teach-back from words to actions
 - Simply observing a patient giving a return demonstration of any activity
 - While being cued/supervised
 - In a place where it won't typically be done
 - At a time when it won't typically be done
- provides little or no information about the patient's ability to perform the activity routinely, consistently and effectively

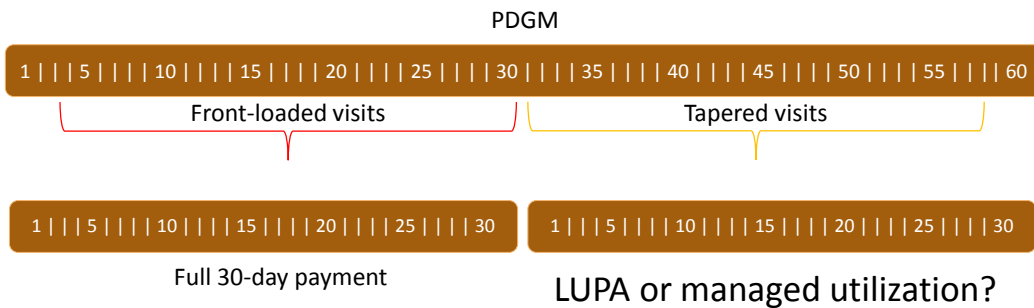
Don't Confuse...



Effective & Efficient Visit Frequency



Managing LUPAs, Utilization with Tapered Frequency



Visit Utilization Benchmarks



Provider Scorecard
Superior Outcomes Ventura

Stand: 02/18-01/19, 30/60 Day: 11/17-10/18, HHCAHPS: 11/17-10/18

Report Date: 2/28/2019

Page 2 **Provider: (9999) Superior Outcomes Ventura**

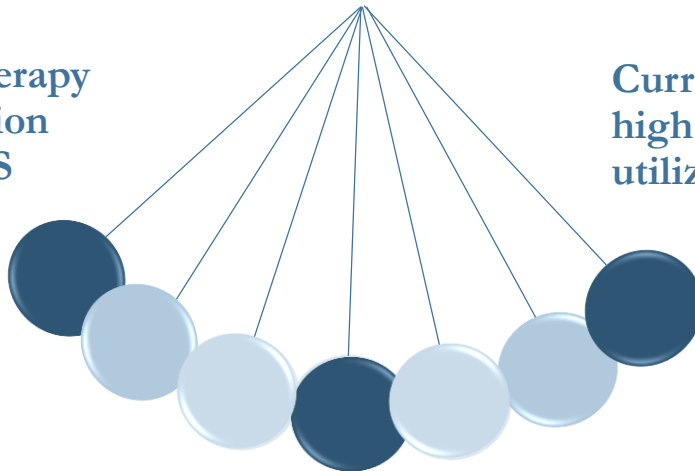
Medicare Traditional Average Visits per Episode by Type	Therapy Visits				Non-Therapy Visits			All Visits
	PT	OT	ST	All Therapy	SN	MSW	HHA	
Provider	2.94	0.63	0.02	3.58	7.20	0.23	0.00	11.01
Your Org	4.56	1.50	0.16	6.23	6.26	0.18	0.50	13.16
SHP Multistate	5.43	2.06	0.44	7.92	7.18	0.14	1.06	16.30
SHP National	5.64	1.91	0.41	7.96	7.18	0.16	1.07	16.36

- Currently shows visits per payment episode – New PDGM reporting will look at 30-day Periods and Episodes of Care “Stays”



Low therapy utilization pre-PPS

Current high therapy utilization



Appropriate therapy utilization





Shifting Therapy Practice from Volume to Value

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