



Rehab Provider Leaders Conference - October 5-7, 2022



THE ERA OF AGILITY

STRATEGIES FOR YOUR BUSINESS

Bally's Las Vegas




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HH Value Based Purchasing

Leverage Your Therapy Team for Success



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Relevant Financial Relationship

Dawn Greaves and Shannon Liem have no Relevant Financial Relationships to disclose

Relevant Non-Financial Relationships

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Overview

- Review major elements of HH VBP
- Review elements of the established measures that can be impacted by your therapy team
- Review the role your therapists should take to improve patient outcomes for your agency's first performance year




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What is HH VBP?

- Support greater quality and efficiency of care
- Build a health care system to deliver better care
- Spend health care dollars more wisely
- Results in healthier people and communities




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Expansion of the VBP Model

- Original model 2016 – 2021; 9 states
- CMS believes HHVBP saved \$950m across the 5 years and saw a 7% improvement in scores*
- Chief Actuary for CMS: Nationwide expansion of the HHVBP Model would reduce net Medicare spending
- HHVBP to improve quality of care to Medicare beneficiaries through payment incentives
- Payment adjustment (+/-5%) determined based on HHA quality performance measures relative to peers in their national cohort size




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Expansion of the VBP Model

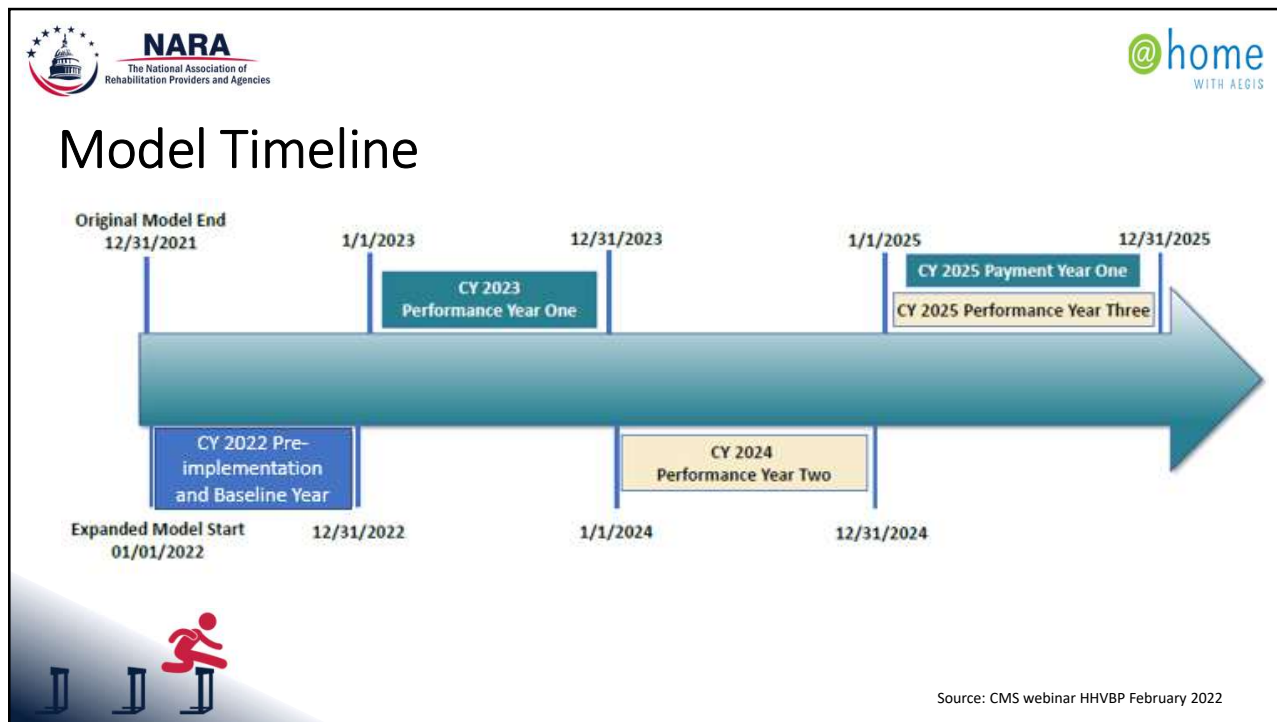
- 2022 Agency Baseline year/pre-implementation year
- 2023 Performance year 1
- 2025 Payment year 1 (+/-5% adjustment)

Performance Year (CY)	Payment Year (CY)
2023	2025
2024	2026
2025	2027
2026	2028

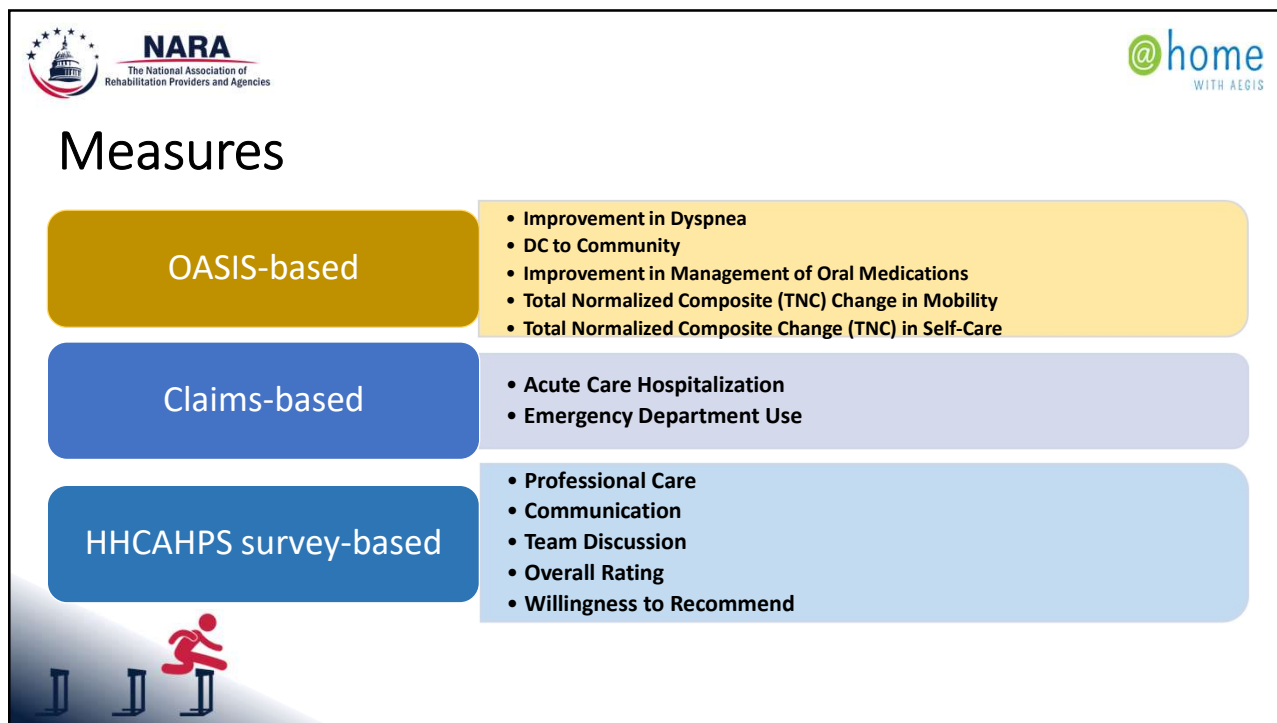


Source: CMS webinar HHVBP February 2022



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OASIS-based

- Improvement in Dyspnea
- DC to Community
- Improvement in Management of Oral Medications
- **Total Normalized Composite (TNC) Change in Mobility**
- **Total Normalized Composite Change (TNC) in Self-Care**

- TNC Mobility
 - M1840: Toilet Transfers
 - M1850: Transferring
 - M1860: Ambulation/Locomotion
- TNC Self-Care
 - M1800: Grooming
 - M1810: Upper Body Dressing
 - M1820: Lower Body Dressing
 - M1830: Bathing
 - M1845: Toileting Hygiene
 - M1870: Feeding or Eating




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Claims-based

- **Acute Care Hospitalization**
- **Emergency Department Use**

- Prevention of hospitalization/rehospitalization
- Durability of response
- Analysis of physiological response to activity/vital sign monitoring
- Condition management, health literacy




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HHCAHPS survey-based

- **Professional Care**
- **Communication**
- **Team Discussion**
- **Overall Rating**
- **Willingness to Recommend**

- How often HH team gave care in a professional way
- How well did home health team communicate with patients
- Did home health team discuss medicines, pain and home safety
- How do patients rate overall care from home health agency
- Would patients recommend agency to friends and family




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Diagnosis Specific Assessment

- Discipline assessments reflect the primary dx for homecare
 - Respiratory: dyspnea scales, breath support, physiological response to activity
 - Cardiac: vital sign before/during/after activity, physiological response to activity, functional endurance comparisons
 - Orthopedic: Lower Extremity Functional Scale (LEFS), functional reach,
 - Parkinson's: gait speed, 30s chair rise, TUG, gait analysis
 - Diabetes: sensory assessment, skin assessment, condition management
 - Cognition: ACL/BCAT, new learning ability, awareness of deficits, support



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Durability of Response

- Response that endures over time
- Gains made while involved with skilled disciplines remain after skilled services have been reduced or eliminated
- Slow titration of care to test durability of response
- Possible reduction in hospitalization



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Exercise and Functional Activity

- Are the strengthening exercises really making the patient stronger?
- Basic principle of gaining strength involves overloading
 - Muscle exposed to stress not normally exposed in order to improve function
 - Intensity must be enough to overload the musculoskeletal system without overstraining it.
 - Once muscle has adapted, greater stress is required to continue to make strength gains



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Lack of Physical Activity

Research on community dwelling adults over 75 showed:



- 23% could not stand for 2 hours
- 16% could not lift 10 pounds
- 21% could not walk up 10 stairs
- 29% could not walk ¼ mile

→

Lower Extremity Strength and a slow gait speed are the number one predictors for nursing home placement




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Current Practice vs Best Practice

Current Practice	Best Practice
<ul style="list-style-type: none"> • General conditioning • Low-intensity exercise • Lack of durability of response or lasting outcomes 	<ul style="list-style-type: none"> • High-intensity training • 1RM foundation • Principles of overload • Improved, lasting response




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HIT – progression for functional tasks ordered below from harder → easier
Progress to higher intensity task when 2 sets at 8-12 reps are successfully achieved

Transfers	Reaching/Bending/Diagonal trunk movements	Strength training supporting ADLs	LE strengthening QUADS
<ul style="list-style-type: none"> Stepping on resistive bands/tubing and holding in your hands as you transition from sit to stand Adjust task: change sitting bench transfer to standing step-in transfer for shower or bath Resistive bands/tubing around LE's as you increase BOS Add core weight via weight vest Changing the seat height When using UEs for transfer assist, consider reducing or eliminating one UE, then both 	<ul style="list-style-type: none"> Simulate wet laundry or bulky pots that need to be handled and placed in different cupboards. Consider use of dishwasher or laundry equipment for reaching and resistive tasks as well as trunk rotation and stability tasks Perform activities on compliant and non-complaint surfaces Consider moving bilateral UEs simultaneously, crossing midline activities And changing the height of the squat (partial squat, lower squat etc.) Using similar changes to movement as noted below, adding weights or resistance during movement Change height of terminal surface (high self, low cupboard etc.) 	<p>For Triceps:</p> <ul style="list-style-type: none"> Lower chair height Increase eccentric control by slowing speed in return to sit; or add weighted vest to increase resistance Use a sturdy chair for chair push-ups to address triceps weakness <p>For Biceps:</p> <ul style="list-style-type: none"> Increase weighted resistance and/or lengthen return to resting time (eccentric control) Perform in sitting progressing to standing <p>Wall push-ups:</p> <ul style="list-style-type: none"> With emphasis on controlled movement and good posture, add challenge by increasing eccentric time OR having the patient move further from the wall to start (greater displacement of muscle mass) 	<p>Bed level activities: progressively harder:</p> <ul style="list-style-type: none"> SLR with increasing in ankle weight SLR with increase in eccentric return to resting (descent) SAQ with addition of ankle weight SAQ with increase in eccentric return to resting (descent) Quad sets with passive 'hold'; increasing isometric contraction time <p>Standing activities:</p> <ul style="list-style-type: none"> Introduce single leg squat Changing to unstable surface Increasing weight with vest or belt decreasing UE support Changing height of squat Double leg mini- squat with

Progression of Exercise



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Durability of response

- Titration of visits
 - 2w4

OR

 - 3w1, 2w1, 1w3
- Care extenders
 - Patient, caregivers, HH aides



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Role of Physical Therapy

- Improved ambulation and functional mobility
- Help address reason for homebound to reduce recertifications and improve outcomes
- Fall risk assessments and treatment interventions
- Pressure ulcers come from a lack of mobility – PT to address causality and improve independence with movement to reduce pressure ulcer and other skin risks
- Pain management focus – task modification to reduce pain
- Breathing intervention during activity to reduce dyspnea which interferes with ADLs
- Durability of response
- Address many of the patient satisfaction survey elements



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Role of Occupational Therapy

- ADL and IADL treatment approaches to improve outcomes
- Community reintegration facilitation
- Medication management treatment approaches for improved outcomes
- Pressure ulcers as a result of lack of mobility require positioning treatment, cushions.
- Energy conservation
- Task modification and environmental modifications
- Address many of the patient satisfaction survey elements
- Collaboration on OASIS elements




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Role of Speech Language Pathology

- Cognitive linguistic approaches for patients and family members to reduce incidences of limiting community integration due to cognitive or communication deficits
- Swallow restoration and safety for reduced aspiration, hospitalization
- Medication management and establishment of a medication routine or strategies for improved adherence
- Address many of the patient satisfaction survey elements
- Collaboration on OASIS elements




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In the Document

In the Home





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Evidence in the Documentation

- Documentation reflects the skilled intervention and outlines medical necessity
 - Follow up for continued consistency
 - Documentation audit standards for outliers in all environments
- Visit frequency supported by OASIS and dx specific assessment
- Evidence of testing the patient's durability of response



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Boiling It Down

- Knowledge of HH VBP improve awareness
- Knowledge of OASIS elements improves accuracy/thoroughness with ties outcomes
- Starting with dx spec assessment creates foundation for an individualized plan of care
- Use of evidence based interventions improves outcomes
- Mentoring clinicians develops bench strength




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Session Resources

CMS website for HH VBP resources:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Other-VBPs/HHVBP>

APTA HH Section Quarterly Report: Summer 2019; Vol. 55. No. 3

APTA Choosing Wisely. choosingwisely.org.
<https://www.choosingwisely.org/societies/american-physical-therapy-association/>



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