

Delivering Care in the Home in 2022 and Beyond - Part 2

Cindy Krafft
Sherry Teague
K&K Health Care Solutions



1

Objectives

Assess

- Assess the impact of Home Health Value Based Purchasing on therapy utilization.

Examine

- Examine how cross setting outcome measures create opportunities for therapy.

Discuss

- Discuss the role of therapy in facilitating effective care transitions between post-acute providers.



2

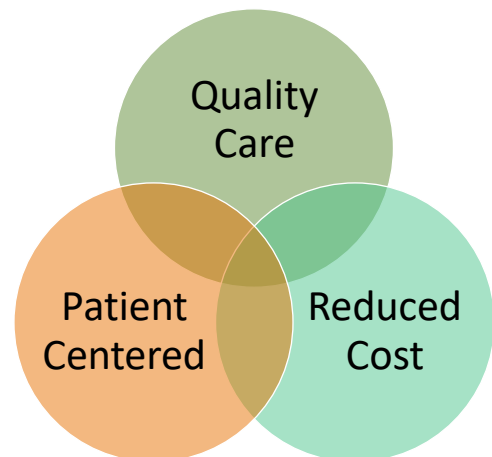
Thinking Beyond the Visit Count / CPT Codes



3

Demonstrating the Value of Therapy

- Impact on Publicly Reported Outcomes
 - Self-Care, ADLs
 - Mobility/Locomotion
- Reduction in the Use of Higher Cost Centers of Care
 - Urgent, Emergent Care Centers
 - Unplanned Physician Office Visits
 - ED, (re-) Hospitalizations
- Positive Patient Experience



4

HHVBP Expansion

Home Health Value Based Purchasing

5



6

**Home Health
Value-Based Purchasing
Model Evaluation of the
First Four Performance
Years (2016-2019)**

May 2021



CMS Summary Report

For more information and to download the fourth annual evaluation report, visit: <https://innovation.cms.gov/initiatives/home-health-value-based-purchasing-model>

7

Impact on Medicare Spending



- Overall, there was a decline in total Medicare spending in HHVBP states **during and 30 days after** home health episodes of care as measured by the average spending per day among fee-for-service (FFS) beneficiaries receiving home health services.
 - \$604.8 million (1.3%) reduction in cumulative Medicare spending, 2016-2019 **relative to the 41 non-HHVBP states**
- Driven by:
 - \$381.4 million (2.4%) reduction in inpatient hospitalization stay spending
 - \$164.9 million (4.2%) reduction in skilled nursing facility services spending
- Offset by:
 - \$65.3 million (6.1%) increase in outpatient ED & observation stay spending
- No effect on Medicare spending for home health care

8



Impact on Quality and Utilization

- Results through the fourth year of the model and second year of HHVBP payment adjustments suggest **modest gains** in quality of care and **declines in utilization** for some types of services due to HHVBP:
 - Total Performance Scores were **8% higher** among HHAs in HHVBP states than HHAs in non-HHVBP states in 2019
 - Decrease in unplanned hospitalizations, ED visits **leading to inpatient admission**, and skilled nursing facility use by FFS beneficiaries using home health
 - Continued trend toward **improvement in functional status**, including two new composite measures
- Offset by modest unintended changes due to HHVBP:
 - 2.6% increase in outpatient ED visits
 - 0.3% decrease in two of five measures of patient experience: communication and discussion of care with patients

9



Impact on Home Health Agency Operations

- Agencies continue to view the model as complementary to other CMS quality initiatives and report leveraging data analytics in coordination with staff training to improve performance and care delivery.
- No effect on overall agency entries or closures, use of home health services, or access to home health care.

10

VBP Quality Measures

Domain	Quality measures	Source of data
OASIS-based (weighted 35%)	Improvement in Dyspnea	M1400
	Discharged to Community	M2420
	Improvement in Management of Oral Meds	M2020
	Total Normalized Composite (TNC) Change in Mobility	M1840, M1850, M1860
	Total Normalized Composite (TNC) Change in Self-Care	M1800, M1810, M1820, M1830, M1845, M1870
Claim-based (weighted 35%)	Acute Care Hospitalization During the First 60 Days of Home Health Use	NQF 0171
	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	NQF 0173
HHCAHPS Survey-based (weighted 30%)	Professional Care, Communication, Team Discussion, Overall Rating, Willingness to Recommend	NQF 0517

11

TNC = 75% of OASIS Items Impacting HHVBP

TNC Mobility (3)

- M1840 - Toilet Transferring
- M1850 - Bed Transferring
- M1860 - Ambulation/Locomotion

TNC Self-Care (6)

- M1800 - Grooming
- M1810 - Ability to Dress Upper Body
- M1820 - Ability to Dress Lower Body
- M1830 - Bathing
- M1845 - Toileting Hygiene
- M1870 - Eating

12

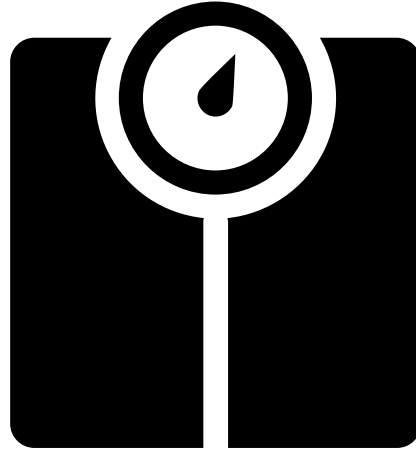
OASIS Data Collection

OASIS Is:

- Discipline Neutral
- Data Collection

OASIS Is Not:

- Thorough Assessment
- Creating Care Plans



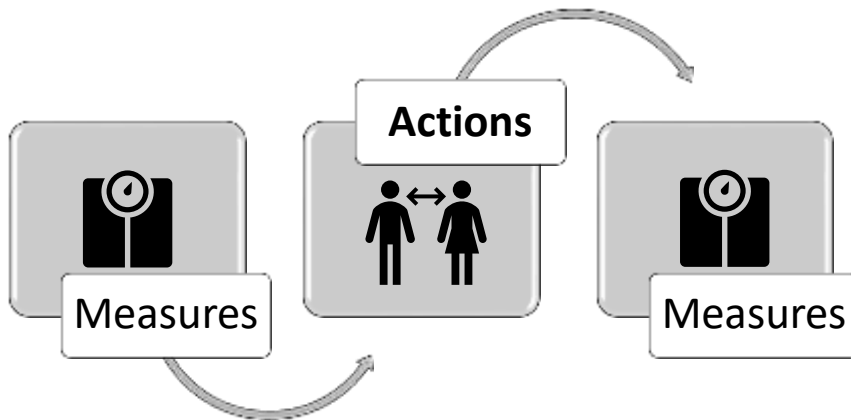
13

Who is Driving Outcomes?



14

How Outcomes are Created



15



M1860 - Ambulation



(M1860)	Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.
Enter Code	<input type="checkbox"/> 0 Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically; needs no human assistance or assistive device). 1 With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 2 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 3 Able to walk only with the supervision or assistance of another person at all times. 4 Chairfast, unable to ambulate but is able to wheel self independently. 5 Chairfast, unable to ambulate and is unable to wheel self. 6 Bedfast, unable to ambulate or be up in a chair.

- *Variety of surfaces refers to typical surfaces that the patient would routinely encounter in his/her environment.*
- *Regardless of the need for an assistive device, if the patient requires human assistance (hands on, supervision and/or verbal cueing) to safely ambulate, select Response 2 or Response 3, depending on whether the assistance required is intermittent ("2") or continuous ("3").*
- *If the patient is safely able to ambulate without a device on a level surface, but requires minimal assistance on stairs, steps and uneven surfaces, then Response 2 is the best response (requires human supervision or assistance to negotiate stairs or steps or uneven surfaces).*

16

Making Improvement Happen

Determine “why” the impairment is present

- Weakness, balance, environment, cognition, pain, medications

Continuous vs Intermittent Assistance

- Consistent level of understanding across disciplines (LPN/PTA/OTA)

Translate into goal setting and care planning

- Focus on intentional strategies to improve / stabilize OASIS response

17



M1830 - Bathing



(M1830) Bathing: Current ability to wash entire body safely. <u>Excludes grooming (washing face, washing hands, and shampooing hair).</u>	
Enter Code	0 Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
<input type="checkbox"/>	1 With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
	2 Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, <u>OR</u> (b) to get in and out of the shower or tub, <u>OR</u> (c) for washing difficult to reach areas.
	3 Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
	4 Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
	5 Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person.
	6 Unable to participate effectively in bathing and is bathed totally by another person.

- *If the patient requires standby assistance to bathe safely in the tub or shower or requires verbal cueing/reminders, then enter Response 2 or Response 3, depending on whether the assistance needed is intermittent (“2”) or continuous (“3”).*
- *If the patient’s ability to transfer into/out of the tub or shower is the only bathing task requiring human assistance, enter Response 2. If a patient requires one, two, or all three of the types of assistance listed in Response 2 of M1830 but not the continuous presence of another person as noted in Response 3, then Response 2 is the best response.*

18



Making Improvement Happen

- Determine “why” the impairment is present
 - Weakness, balance, environment, cognition, pain, medications
- Continuous vs Intermittent Assistance
 - Consistent level of understanding across disciplines (LPN/PTA/OTA)
- Translate into goal setting and care planning
 - Focus on intentional strategies to improve / stabilize OASIS response

19



M2020 – Management of Oral Medication

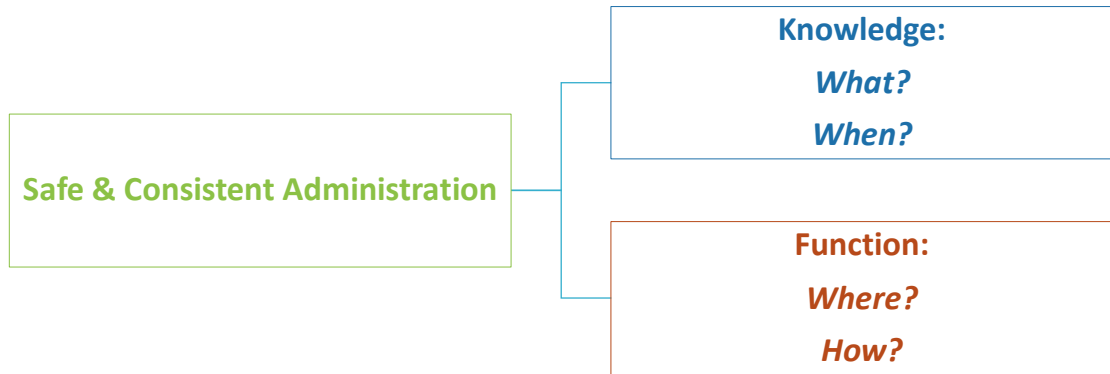


(M2020)	Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)
Enter Code	<p>0 <input type="checkbox"/> Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.</p> <p>1 <input type="checkbox"/> Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart.</p> <p>2 <input type="checkbox"/> Able to take medication(s) at the correct times if given reminders by another person at the appropriate times</p> <p>3 <input type="checkbox"/> Unable to take medication unless administered by another person.</p> <p>NA <input type="checkbox"/> No oral medications prescribed.</p>

• Enter Response 3 if the patient does not have the physical or cognitive ability on the day of assessment to take all medications correctly (right medication, right dose, right time) as ordered and every time ordered, and it has not been established (and therefore the clinician cannot assume) that set up, diary, or reminders have already been successful. The clinician would need to return to assess if the interventions, such as reminders or a med planner, were adequate assistance for the patient to take all medications safely.

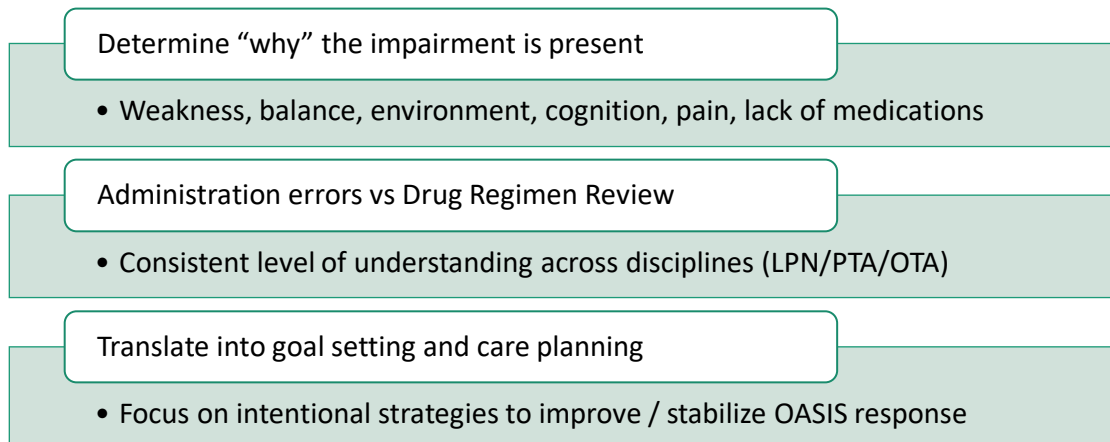
20

Assessing Ability



21

Making Improvement Happen



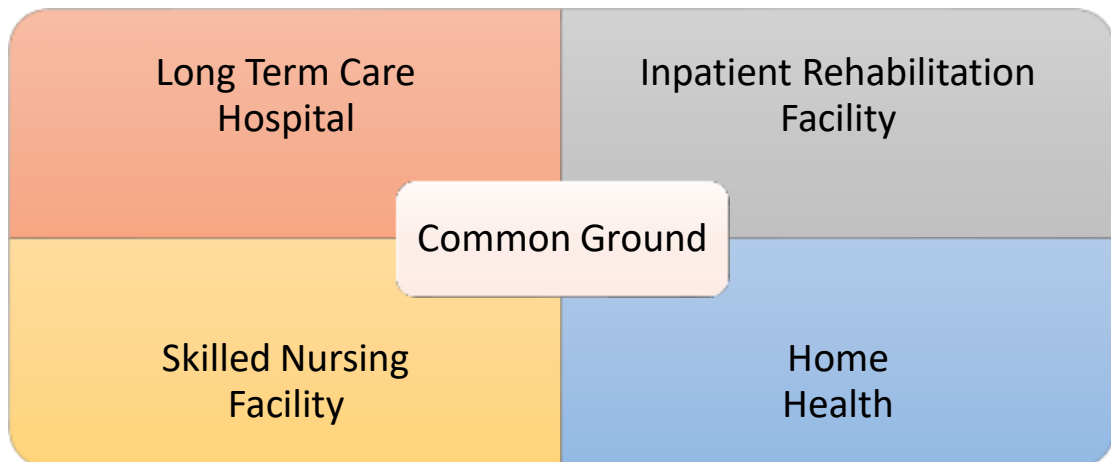
22

Cross Setting Measures

LTAC, IRF, SNF, HH

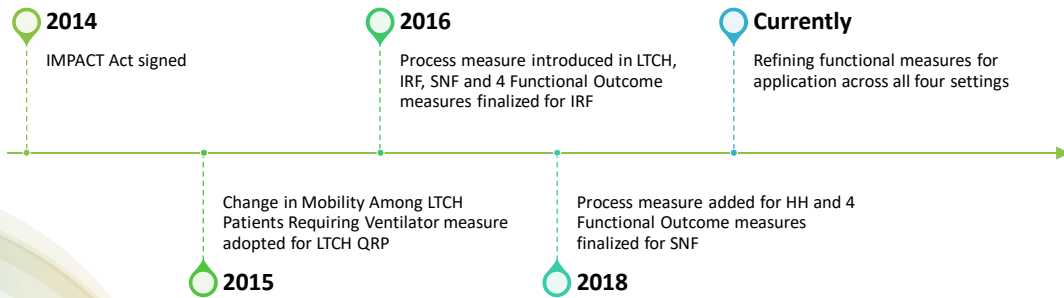
23

Addressing Quality



24

Measure Development Timeline



25

Current Measurement Items

Item	Description
GG0170A	Roll Left and Right
GG0170B	Sit to Lying
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170K	Walk 150 Feet
GG0170R	Wheel 50 Feet with 2 Turns
GG0170S	Wheel 150 Feet

26

Resources

IMPACT Act webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/IMPACT-Act-of-2014/IMPACT-Act-of-2014-Data-Standardization-and-Cross-Setting-Measures>

Setting-specific QRP Websites

- HH: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits>
- IRF: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting>
- LTCH: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting>
- SNF: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview>

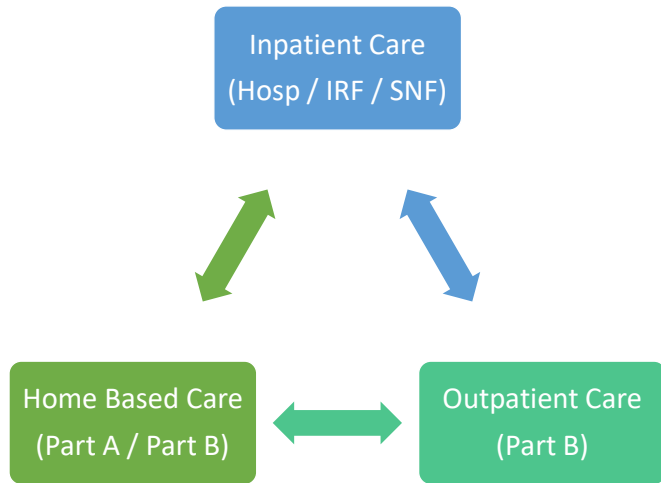
27

Care Transitions

More than Making a Referral

28

Refocusing the "Hand Off"



29

Looking Ahead



30

Housekeeping: Asking Your Questions

- Please use the **Q&A box** to type in any questions you have regarding today's programming.
- Those listening to a recorded version may ask questions by using the email address provided in this handout.

31



Sherry Teague Owner/Founder
teague@valuebeyondthevisit.com

Our Mission:

Empower home health agencies with revenue protection strategies.

Our Core Values:

Innovation /
Trust / Integrity



Cindy Krafft Owner/Founder
krafft@valuebeyondthevisit.com

32