Prepare for the Value Era in Home Health
Clinical Targets for Improved Outcomes

Arnie Cisneros
HHSM

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SESSION EVALUATIONS
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STEPS TO COMPLETE YOUR EVALUATION WILL BE SHOWN AT THE CLOSE OF THIS SESSION

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Arnie Cisneros

- 30 year Home Health rehab clinician
- 30 year Home Health contract Provider
- Health Strategic Management (2004)
- Hospital-2-Home Strategic Management (2014)
- Pioneer ACO (x3) – Post – Acute Strategist
- Model 2 BPCI Award – DMC – DRG 469/470
- JUMP = Joint Utilization Management Program

The Affordable Care Act arrives in terms of Alternative Payment Models (APM)
Alternative Payment Models (APMs)

Alternative Payment Models (APMs) are the basis of the ACA – Mandated shift from fee-for-service programming of the PPS era. By tying programs and payment to quality and value, ACA goals are achieved and the shift from volume to value begins, and will refine over time. APMs represent a new set of incentives that build on the progress of healthcare over recent years.

CMS APM projection – 90% by 2018.

Alternative Payment Models (APMs)

APMs are slated to improve both the efficiency and personalization of care programming by emphasizing care coordination and outcomes by controlling costs. Early returns from APM trials or pilot programs demo improved quality/cost results. Post - Acute HH Providers should seek to build system – level skills for APM team – based care.
FUNCTIONAL EFFECTS OF APMs ON HOME HEALTH

Effects of ACA APMs on Home Health

- Volume to Value shift challenges silo elements
- HH Value ID - compared to CMS Part A Providers
- Care Production, Delivery, Outcomes – for value
- Concerns re lack of Utilization Review management
- Front-line management often fails value identity
- Care Redesign in terms of efficient programs
- Outcomes vs. Value review reveals HH opportunities
- Value comparison makes HH Post-Acute care choice
- Further changes ahead – rehab, payment model
Effects of ACA APMs on Home Health

- PAC vs. Population Health – changes HH recert role
- Acuity-based programs required for value identity
- In-Episode Clinical Management - crucial for value
- Patient-Focused Model - alter HH clinician-led care
- Best-Practices: Compliance, CGVR, MV, Re-Admits
- HH Care - managed from office vs. cars/homes
- Emergence of APMs over 5 years prompts redesign
- 4+ Star Ratings required for success in ACA era
- Manage care today for Star Ratings of tomorrow
- Outlines a new care landscape for care delivery

ALTERNATIVE PAYMENT MODELS COMING TO HOME HEALTH
# ACA APMs coming to Home Health

- CMS Innovation Center BPCI Pilot Trials – 2013 on
- Comprehensive Care - Joint Replacements (CCJR)
- Value–Based Purchasing (VBP) – 2016 - 9 States
- Global Episodic Bundling – all acute DCs – 2018
- Other ACA – Related Care items – APM like effect
- HH Prior Authorization Pilots – 2016 - 5 States
- Medicare Probable Fraud Measurement Pilot – 2016
- ACO Direct Payment to HH – 2021 CCJR intro
- Population Health – BIG chronic care changes
- Evolution of ACA programming over 5-10 years

# ACCOUNTABLE CARE ORGANIZATION PHILOSOPHY
Accountable Care Organizations

An ACO is a healthcare system or organization characterized by a payment and care delivery model that seeks to tie Provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients.

HOME HEALTH: POST-ACUTE PROVIDER OF CHOICE FOR ACA & APM PROGRAMMING
HH – APM Post-Acute Provider of Choice

- Home Health – hx flexible care delivery models
- History of pioneering new care delivery models
- Legacy - care delivery despite changing acute model
- Un-matched affordability across the care continuum
- HH preference increases w MD/patient education
- HH offers value for future – beyond re-adm redn
- ER, SNF LOS reduction, Chronic dx, Telehealth
- Potential ACA leader - pre-acute/post-acute care
- HH redesign mandate for elite-level APM programs

WHAT HOME HEALTH METRICS ARE RELEVANT FOR APM SUCCESS?
HH METRICS RELEVANT FOR APM SUCCESS

- Re-admission rate – by Diagnosis
- Clinical Visit totals – by Discipline
- SOC response time – 24 hrs(?) / Rehab 2-5 days(?)
- Rate of Falls, Med errors, ED visits, Missed Visits
- Supervisory/Clinical Staff – education and Interview
- Staff Education Schedule
- Not Relevant – recert rate – CMI – HHRG - retention
- Publicly Traded Data – OUTCOME - benchmarks(?)
- Schedule/Productivity Management

WHAT HOME HEALTH AREAS SHOULD BE TARGETED FOR APM SUCCESS?
Home Health APM Value Concerns

- Inadequate SOC Response times – 24 hours?
- Concerns re Intake Accuracy and Integrity
- SOC/OASIS Accuracy – Incomplete Programming
- 60 Day Certification (versus Post-Acute)
- Efficiency/Productivity/Lacks In-Episode Control
- Lack of Safety-Based Frequencies?
- Concerns re disconnected Rehab Services
- Concerns re value elements, lack of UR mgmnt
- Value specifics – Compliance, Skill, MV, CGVR

HOME HEALTH CLINICAL & CARE PRODUCTION TARGETS FOR APM SUCCESS

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## HH Targets for APM Success

- Intake Management – assurance of referral integrity
- OASIS Accuracy / Utilization Review Control - CMI
- OASIS QA Real/Time Control – Global PPS care
- Proportional Care Plan Production
- Management of Nursing/Rehab Volumes
- Safety – Based Clinical Frequencies
- Provider – Managed Scheduling/Productivity
- Frequency/Duration Control – ALL Disciplines

## HH Targets for APM Success

- In – Episode Clinical Management - individual
- Real-time Documentation of APM reporting
- Discharge for Outcomes
- Coding Accuracy & Timeliness
- Efficient Billing Performance & Management
- IT management for Clinical Control
- Optimization of PPS model programming
- Changing legacy of clinician – centered care
APM VALUE MANDATES CALL FOR A Refined LEVEL OF CARE DELIVERY COMPARED TO CURRENT HOME HEALTH PROGRAMMING

CARE PRODUCTION & DELIVERY MUST BE REMOVED FROM FRONT - LINE STAFF & BROUGHT IN-AGENCY TO ASSURE VALUE
Utilization Review in Home Health

The development and delivery of value-based Home Health services created from a Utilization Review, PPS – compliant perspective. Patient centered, case managed care, modified in an ongoing manner for patient response to treatment. By controlling your care plans, content and care delivery staff, you replicate protocols employed by other CMS Providers. UR-Managed Home Health produces levels of clinical and fiscal outcomes not regularly seen in Home Health as it creates the episodic programs of today.
Utilization Review for Clinical Management of Home Health (How it Works)

Clinical Targets for UR Home Health

- Pain – OASIS guidance manual (M1242)
- Shortness of Breath – OASIS guidance manual (M1400)
- Upper/Lower Dressing – OASIS manual (M1810/20)
- Bathing – employ OASIS guidance manual (M1830)
- Toilet Transfer - OASIS guidance manual (M1840)
- Toilet Hygiene - OASIS guidance manual (M1845)
- Transfers - employ OASIS guidance manual (M1850)
- Ambulation - employ OASIS guidance manual (M1860)
- Emergency Room Use – assertive patient management
- Post-Acute SOC Orders – 30 day focus
ADVANTAGES OF HOME HEALTH UTILIZATION REVIEW PROTOCOL INSTALLATION

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CONCERNS RE HOME HEALTH UTILIZATION REVIEW PROTOCOL INSTALLATION

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RESULTS OF HOME HEALTH UTILIZATION REVIEW MANAGEMENT

Results of UR Home Health Management

- Home Health Star Rating – 4.5 to 5 Stars
- Case Mix Index – increases to 1.2 or greater
- Home Health Resource Group - >$3100
- CMS Chapter 7 compliant, audit-proof HH program
- CMS – compliant, audit proof episodes
- APM management through refined clinical management
- Value-Based Purchasing – clinical outcomes, Star rating
- Episodic Bundling – value-based POC & care program
- CCJR – Total Joint Bundling – Mandatory 90-day APM
- CMS HH reforms – Prior Authorization, Copays, Chronic
INTERACTIVE DISCUSSION REGARDING HOME HEALTH UTILIZATION REVIEW
(HHSM – Arnie Cisneros, President)
(HHSM – Kimberly McCormick, Executive Nursing Director)

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SESSION EVALUATIONS

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Speaker Information

Arnie Cisneros, PT
CEO/President
HHSM
866-449-4476

www.homehealthstrategicmanagement.com