Care Redesign: Opportunity, Risk and Reward

Presented by:

Hilary Forman, PT, RAC-CT
Senior VP, Clinical Strategies

Chris Zito PT, DPT, RAC-CT
Regional Manager, Operations

Learning Objectives

• Attendees will recognize opportunities to deliver quality care through development of innovative partnerships along the care continuum, and understand the benefits of such collaborations for patients they serve.

• Innovators will be challenged to “think outside the box,” consider the changes in reimbursement, and appreciate how active participation in care re-design will support key performance metrics to build/sustain market share.
  
  John Heller, CEO
  Crista Stark, Chief Strategy & Development Officer

• Participants will identify the principle risks associated with operational/regulatory compliance concerns, as well as the key areas of recent OIG/DOJ anticipated actions.

• Participants will complete their own (i.) care redesign work plans & (ii.) compliance/documentation checklists during the two featured Break-Out Sessions.
Change is Inevitable

Promises:
New reimbursement structure will be introduced;
Will align with Triple Aim focus of CMS;
Created from Data-driven processes and value-based reimbursement

Requires:
More strategic thoughts
Care ReDesign initiatives
Refocus on documentation accuracy and compliance

Rapid, Large Scale Change

Final Rule 2017 - Mega Rule & beyond
Proposed Final Rule 2018,
Proposed Pre-Rule for FY 2019
Mandatory bundle expansions
(? October 2017)
Hip / Femur fractures (SHFFT) added to
current CJR
Mandatory CV Bundles

New/Expanding Quality Measures
SNF & Home Health VBP
Advancing managed care markets
MACRA and MIPS
Advancements in Impact Act requirements
Expanding risk arrangements
Narrowing networks
Proposed 2018 and Pre-Rule 2019

Released April 27

Due to extenuating circumstances, the reporting deadline for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Fiscal Year 2018 payment determination has been extended from May 15, 2017 to June 1, 2017.

- Net market basket increase for SNFs of 1% beginning October 2017
- SNFs that do not satisfy the reporting requirements for the FY 2018 SNF Quality Reporting Program (QRP) will have a penalty of a 2% reduction to SNF market basket percentage change for that fiscal year, after any applicable adjustments
- SNF VBP extensions & clarifications
- Survey Team Composition
- Possible Burden Reduction in the Long-Term Care Requirements
- Innovation in Medicare

Advance Notice of Proposed Rulemaking

Proposed new rate structure RUG-IV to RCS-1
Clinical profile including co morbidities & delivery of extensive services
NO THERAPY MINUTES
Split PT&OT from ST services
Cognitive status consideration
Functional level and improvements
PT/OT and NTA rate components per diem adjust over LOS

Changes to MDS assessment requirements for PPS
(NOTE: no changes to OBRA requirements)

Changes to Medicare “Interrupted stay policy” for SNFs aligns with other initiatives
SNF QRP, SNF VBP, SNFPRM with intent to drive behavior toward Triple Aim

Source: CMS proposed ANPRM
Current vs. Proposed Case-Mix Adjusted Payment

Timing is Everything:
“The more things change...the more they stay the same.”

Incremental pressure begs the question: When to implement Care ReDesign? NOW

Innovators in Post-Acute Care must embrace a strategic plan and timeline Starting NOW
Financial Risk: Critical Areas Defined

Demands of networks, hospitals and payers
- Earning your seat at the table
- Cost of meeting the “preferred network” demands

Balance of occupancy and lower LOS demands
- Clinical support of LOS and variations
- Impact of outliers

Re-hospitalization mitigation
- Realistic, competitive but stretch goals
- Engage / align incentives with physicians
- Internal accountability and non-biased root cause analysis

Payer mix
- Balance of variations and churn
- Cost containment strategies and process efficiencies
- Shared savings or steerage - might not be able to have both

Vendor relationships impacts and expectations

Understanding the Impact Across the Care Continuum

<table>
<thead>
<tr>
<th>Hospital</th>
<th>SNF</th>
<th>Senior Living</th>
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</thead>
<tbody>
<tr>
<td>Increasing hospital readmission penalties</td>
<td>In collection period for SNF readmission penalties</td>
<td>Looking to increase clinical capabilities to support aging in place models</td>
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<tr>
<td>Expansion of quality metrics/HAC penalties</td>
<td>Looking to develop preferred providers</td>
<td>Increasing on-campus health service offerings</td>
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<td>Timely collection &amp; better understanding of PAC metrics</td>
<td>Focus on re-hospitalization mitigation strategies (e.g.: ER diversion programs)</td>
<td>At the center of resident care coordination</td>
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<td>Additional payer &amp; convener expectations</td>
<td>Limited access to timely data for evaluation of partners</td>
<td>Looking to collect &amp; improve quality metrics</td>
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<tr>
<td>Usually share performance metrics with partner providers</td>
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Understanding the Impact Across the Care Continuum
Focus on Re-Hospitalization Mitigation

Nursing availability 24/7
ER diversion program
Frequent communication
  Root cause analysis meetings
  Post discharge follow up calls
Risk stratified programs
  30 day all cause re-hospitalizations from both hospital & SNF
Additional support services
  House calls
  Telehealth programs
  Transitional therapy programs

Rules of Participation Timeline

Three-stage implementation phase-in for new regulations
- Phase 1 November 28, 2016 – Completed
- Phase 2 November 28, 2017 – 7 Months and Counting
- Phase 3 November 28, 2019

Areas of Focus:
- Person-Centered Care
- Quality
- Alignment with HHS priorities
- Implementation of Legislation
- Comprehensive Review & Modernization
- Facility Assessment Competency-Based Approach

All DOH surveys that occur after 11/28/16 are eligible for reviews in these areas irrespective of surveyors’ guides or completed or released (expected June 2017)

New proposed rule for 2018 for skilled nursing asked for input on changes to reduces burden from this rule
Rules of Participation: Key Take-Aways

**Comprehensive discharge planning**
Advancing timelines; interdisciplinary care planning & documentation

**Full facility assessment**
Staffing patterns and competencies; patient profiles & clinical capabilities

**Dementia education**
Behavioral management training for all staff

**QAPI**
Interdisciplinary & measurable focus areas; expected changes in process

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New York 5 Star Trends

**Protect or Build Your Stars**
Implementation timelines for the final rule = Survey Stars
PBJ accuracy and staffing patterns with competencies = Staffing Stars
Quality Measures and Niche program = Quality Stars
What Do You Need? Outcomes!

**Outcome measures**
- Re-hospitalization rates by diagnosis;
- Percent of patients discharged home; with home care/OP referrals

**Organizational capability measures**
- Clinical Capabilities profile
- Care coordination measures
- Patient engagement measures

**Efficiency measures**
- Average response time to referrals
- Average LOS by payer/program/diagnosis

**Performance Measures**
- Therapy intensity (minutes/week)
- Functional Status Changes (*CARE Tool)/LOS
- Cost/episode by diagnostic group

**Internal Scorecards**
- Quality Measures- sepsis/UTI, falls, cognition, etc.
- 5-Star Ratings- listed by criteria
- Control group/peer benchmarking/ hospital & national standards

Internal Care ReDesign: The Key to PAC Success

**Let go of the status quo**
Accept need for change
Plan for future
Be nimble & grow

Cross-continuum communication is the cornerstone for effective internal care redesign
- Regular meetings, care pathways with primary partners including primary care MDs
- Re-evaluate opportunities with existing liaisons
- Risk-based care plans & service delivery
- Joint QA plans & meetings (share metrics, scorecards & plans for improvement)
- Patient/caregiver health literacy programs
- Use evidence-based programs; align with hospital/SNF
- Early & ongoing palliative & hospice services
Case Study:
Care ReDesign: Boost Clinical, Financial Outcomes

Customer Profile:
CCRC in suburb of large metro region
40 SNF beds, 60 Personal Care & 300 IL units

Engaged HealthPRO® Heritage to:
(i.) boost referrals from regional ACO &
(ii.) to drive revenue

Case Study: Our Approach

May 2016
Onset of HealthPRO Heritage services
SNF commits to Comprehensive Care reDesign project!

1.) Implementation of several multidisciplinary strategies
Admissions process overhaul
Care Transitions Planning Process improvements
72 hour meetings; weekly utilization reviews introduced

2.) Tactics to address health care-reform related goals
Innovate readmission mitigation plans
Patient risk assessments
Grow resident advocacy
Post-discharge focus to manage outcomes along the continuum
Home health partnerships

3.) Clinical Development
Refit Rehab Department
Niche programming (cardiac)
MD/NP/PA 5days/week
Robust out-patient services
Case Study: Impressive Results!

Skilled Admissions

30 Day Readmissions

ALOS

Medicare Revenue

Care ReDesign: Work Plan Checklists
Break-Out Session I
Compliance Strategies: Navigating the New World Order

Compliance Guidance

**PPN:**
- Maintaining compliance with Quality Improvement Programs
- Adhering to extensive Eligibility Criteria for quality patient care
- CMS standard for Patient Choice Program Waivers
- Selected based on quality performance, willingness to collaborate, reputation

**OIG Compliance Guidance:**
- Written policy & procedures
- Designated staff allocated for day-to-day responsibility
- Training & education
- Communication lines
- Auditing
- Consist disciplinary mechanisms
- Response to compliance matters
  - e.g.: corrective action plans & reporting to government agencies
Compliance Program

Executives must certify accuracy, completeness & truthfulness of information as supported via the program’s application, agreement & quality data

Avoid “One Size Fits All” application

Compliance coordination with suppliers

Permissible to integrate into a current compliance plan

Conduct an early compliance gap analysis/assessment

Providers own responsibility

Compliance: Recommended Documentation Checklists
Break-Out Session II
Recommended Documentation Check List

- Documentation of waiver compliance
- Organizational charts
- Background checks
- Compliance training
- Minutes & agendas for committee/leadership meetings
- Provider/supplier lists including removals
- Updated policies & procedures
- Conflict of interest reviews & disclosure statements

Strategically Consider Risk < Reward

Network changes will continue; where will you fit in?

Cross-continuum strategies are required; what is your plan?

Benchmarks will become more competitive, and only organizations with experience / systems in place will make the cut. Other PAC communities will be challenged/may not endure the evolution. Will you?

Risk relationships will challenge you in many ways but you can get ready now.
For Additional Questions

Contact HealthPRO®/Heritage with questions, feedback, or to learn about the consultative services or strategic planning.

**Hilary Forman, PT, RAC-CT**  
hforman@healthpro-rehab.com • (845) 313-9477

**Chris Zito PT, DPT, RAC-CT**  
czito@healthpro-rehab.com • (631) 764-0530