Clinical Readiness, Capacity and Competency in the New Value Based Payment Models

Not an Option but an Expectation!

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Disclosure of Commercial Interests

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We consult for the following organization:

Pathway Health

Lisa Thomson, Chief Strategy and Marketing Officer
Sue LaGrange, Director or Education

Pathway Health is a professional management and consulting organization serving clients in the long-term and post-acute care industry.

Objectives

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Upon completion of this presentation, participants should be able to:

- Understand the new payment models affecting post-acute care operations
- Review the current clinical "value" expectations surrounding the VBP payment and health system collaborative models – including clinical readiness, capacity and competency
- Identify 5 key leadership strategies redesigning clinical processes and service delivery in alignment with new quality outcome performance

Post-Acute Care

Change

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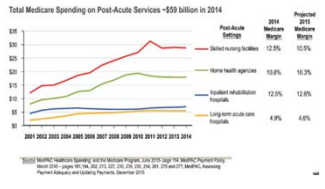
Driving Change

- Escalating Costs
- Lack of Data
- Improved Coordination of Care
- Payment Methodology – Individual vs. Setting
- Increased regulations and expectations
- Link – Quality, Reimbursement, Regulatory



Drivers of Change

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Continuum of Care

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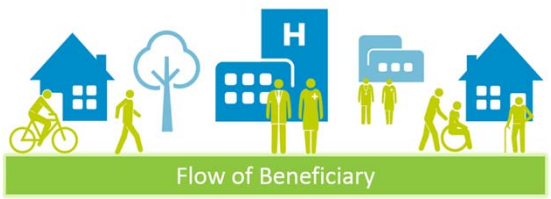

Continuum of Care

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- Acuity
- Clinical Capacity
  - "Quicker, Sicker, Faster"
  - ALOS
- Clinical Competency
- Clinical Integration
- Partnership, Networks, Payers

Flow of Beneficiary

Legislative and Regulatory

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Legislative and Regulations

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- Affordable Care Act
- IMPACT Act
- Protecting Access to Medicare Act (PAMA)
- Value-Based Purchasing (VBP)
- Quality Reporting Program (QRP)
- Requirements of Participation
- National Quality Strategy
- Medicaid Reform

ROP/COP Changes

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- Skilled Nursing
- Home Care
- Inpatient Rehabilitation Facilities
- Acute Care (IPPS)

Quality Expectations

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Quality Thread

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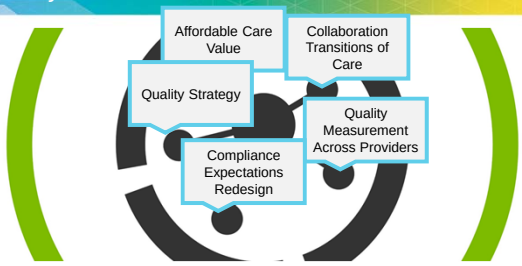

Quality Measurement

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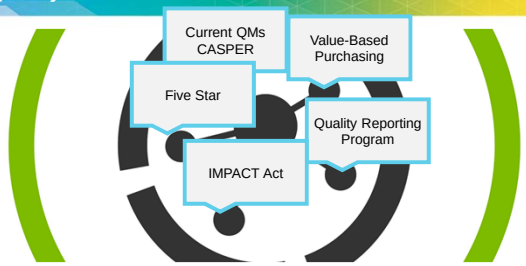

Quality Measure

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Numerous Readmission Measures

SNFRM
SNFPPR
SNFQRP(RM)
SNFQM (Short Stay Readmission and ED) Five Star

Common Threads from CMS

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Link payment, referrals and quality
Providers accountable for outcomes & costs
- Episodes of Care
- Discharges

Partnerships, Networks, Systems
Transitions of care
Clinical Paths/Systems
Medication Reconciliation
Adverse events and HAC/HAI
Person centered care
- Resources with patient needs
- Disease State Management
- Chronic Diseases

Hospitalizations The Link

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Organization Data

The Link

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- ALOS
- Readmission
- Disease State
- Quality Measures
- DC to Community
- Alignment with Partners
- Data = Quality!

Quality Measures

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QUALITY MEASURE KNOW HOW

Measure	CASPER	Public	5 Star	Survey	VBP	QRP
LONG STAY						
% Residents with one or more falls with major injury	●	●	●			
% Residents who had a Fall	●			●		
% Residents who self-report mod to severe pain	●	●	●	●		
% High risk residents with pressure ulcers	●	●	●	●		
% Residents with UTI	●	●	●	●		
% Residents with indwelling catheter	●	●	●	●		
% Residents physically restrained	●	●	●	●		
% Residents whose need for help with ADLs increased	●	●	●	●		
% Residents who lost weight	●	●		●		
% Residents recieveing an antipsychotic med	●	●		●		
% Low risk residents with Bowel/Bladder incontinence	●	●		●		
% Residents receiveing antianxiety or hypnotic medication		●				
% Residents with decline in locomotion		●	●			
% Residents who had a fall with major injury		●	●	●		
% Long stay residents with behaviors toward others	●			●		
% Residents with depression symptoms	●	●		●		
Prevalence of anitianxiety or hypnotic use	●			●		
% Resident appropriately received seasonal influenza vaccine		●				
% Resident appropriately received pneumococcal vaccine		●				

Quality Measures

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SHORT STAY	CASPER	PUBLIC	5 STAR	SURVEY	VBP	QRP
% Residents who self report mod to severe pain	●	●	●	●		
% Residents with new or worsened pressure ulcers	●	●	●	●		
% Medicare stays with new or worsening pressure ulcers						●
% Residents who newly received antipsychotic meds	●	●	●	●		
% Residents physical function improves from admit to disch		●	●			
% Medicare stays one or more falls with major injuries						●
% Medicare stays admission & discharge functional assessment						●
% Medicare stays all cause rehospitalized in 30 days (claims)					●	
% Residents re-hospitalized after a NH admission (claims)		●	●			
Potentially preventable 30 day Rehospitalized (claims)						●
Medicare spending per beneficiary (claims)						●
% Residents appropriately given seasonal flu vaccine		●				
% Residents successfully discharged to community (claims)		●	●			●
% Residents with an outpt. ED visit (claims)		●	●			
2018 QUALITY MEASURES	**CASPER**	**PUBLIC**	**5 STAR**	**SURVEY**	**VBP**	**QRP**
Medicare stays Drug Regimen review with follow-up (claims & MDS)						2018

QM and Financial Impact

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Confidential feedback report

CMS

CCN: 123457
Facility Name: My SNF
City/State: Waltham, MA

Table 1A. Medicare Spending Per Beneficiary, Reporting Period: Ja

Source: Medicare Fee-For-Service Claims and Eligibility Files

Measure Name	Comparison Group	CMS Measure ID	Number of Eligible Episodes	Average Spend: Spending During Treatment Period[2]	Spend Ass Service
Medicare Spending Per Beneficiary (MSPB) – Post-Acute Care Skilled Nursing Facility Quality Reporting Program	*Your Facility*	SCM6.01	21	$11,206	$
	National	SCM6.01	6,000,000	$13,005	$

Quarterly Confidential Feedback Reports

Quarterly reports contain information on your SNF's performance on the readmission measure specified for the SNF VBP Program.

The Skilled Nursing Facility Value-Based Purchasing Program
Quarterly Confidential Feedback Report

March 2017 (Quarter 2, FY 2017)

Facility: YOUR SNF
CCN: 123456
City, State: WALTHAM, MASSACHUSETTS

Your SNF's Performance on the Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM) in 2014

Measure	Your SNF's Number of Eligible Stays	Your SNF's Number of Readmissions*	Your SNF's Risk-Standardized Readmission Rate**	National Average Readmission Rate***
SNFRM	23	4	18.76 %	19.09 %

Source: Medicare claims and eligibility data from CY 2014.

MLN Connects 21

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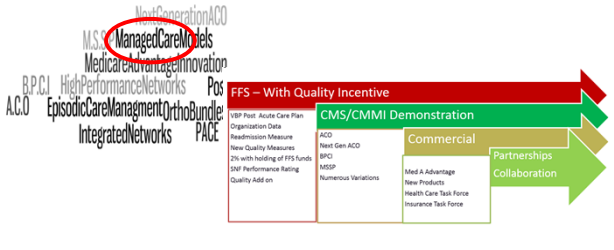
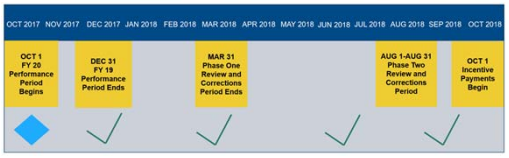
VBP and Payment Models



FY 2018 SNF PPS Final Rule Overview

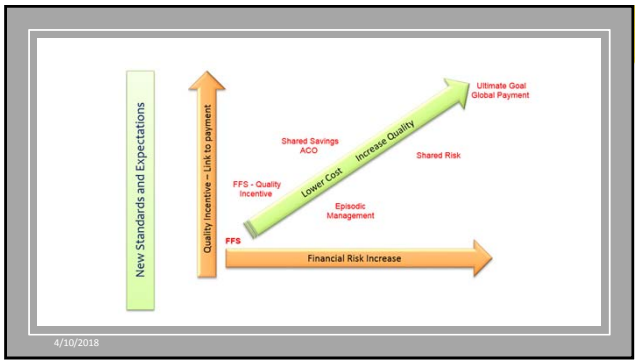
- **Beginning October 1, 2018**, eligible SNFs will be awarded value-based incentive payments for the quality of care they give to people with Medicare
- Finalized SNF VBP policies include:
  - Performance and baseline periods for the FY 2020 Program year
  - A revised rounding policy for SNF performance scores
  - A logistic exchange function for use in translating SNF performance scores to incentive multipliers
  - 60% of the total amount withheld from SNFs' Medicare payments for that FY will be paid as incentive payments to SNFs based on their performance in the program
  - Phase two of the Review and Correction process
  - Public reporting and performance ranking of SNFs' performance



Key for Confidential Quarterly Reporting and Public Reporting

✓ Confidential Quarterly Reporting

◆ Public Reporting



Payment Model Expectations

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- Performance based pay
- Data, Data, Data
  - Quality metrics
  - New-Performance Measures
  - Standardization of data
- Risk Arrangements
- Publicly Reported Data

External Monitoring

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External Monitoring

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Summary

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- Legislative Initiatives and Change
- Quality Platform
- Quality Expectations
- Quality Measurement – Standardization
- Readmission Measure – First of many to come
- Quality Outcomes link to payment
- Quality Outcomes link to compliance

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Clinical Expectations

Clinical Expectations

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- Alignment with Organization Data
- Disease State Management
- Preventable Readmissions
- Seamless transition of care process
- Communication across the continuum
- Clinical integration

4/10/2018

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The Target – Clinical and Organizational Readiness

4/10/2018

Leadership Strategies

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- Clinical Competence
- Clinical Capacity
- Clinical Capabilities
- Clinical Integration
- Clinical Collaboration – partners
- Care Transition
- Technology

Clinical Readiness

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Assess Clinical Readiness

- Your Role
- Industry initiatives
- Market initiatives and expectations
- Quality Outcomes

Payer and External Expectations

Right People and Right Roles

Clinical Readiness

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Engage vendors

- Lab
- Radiology
- Tele-health
- Diagnostic
- Pharmacy

Assess clinical competencies

- Disease state competencies
- Technology competencies

Clinical Competence

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Expectations

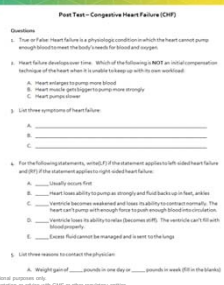
- Regulatory
- Marketplace
- Partners

Strategies for Competency:

- Education
- Post-Test

Example - Competency Skills Checklist:

- Heart Sounds
- Lung Sounds
- Vital Signs
  - Temperature
  - Pulse
  - Respirations
  - Blood Pressure
  - Oxygen Saturation



Post Test – Congestive Heart Failure (CHF)

Questions

1. True or False: Heart failure is a physiologic condition in which the heart cannot pump enough blood to meet the body's needs for blood and oxygen.
2. Heart failure develops over time. Which of the following is **NOT** an initial compensation technique of the heart when it is unable to keep up with its own workload:
   A. Heart enlarges to pump more blood
   B. Heart muscle gets bigger to pump more strongly
   C. Heart pumps slower
3. List three symptoms of heart failure:
   A. _____
   B. _____
   C. _____
4. For the following statements, write(L/F) if the statement applies to left-sided heart failure and (R/F) if the statement applies to right-sided heart failure:
   A. _____Usually occurs first
   B. _____Heart loses ability to pump as strongly and fluid backs up in feet, ankles
   C. _____Ventricle becomes weakened and loses its ability to contract normally. The heart can't pump with enough force to push enough blood into circulation.
   D. _____Ventricle loses its ability to relax (becomes stiff). The ventricle can't fill with blood properly.
   E. _____Excess fluid cannot be managed and is sent to the lungs
5. List three reasons to contact the physician:
   A. Weight gain of _____pounds in one day or _____ pounds in week (fill in the blanks)

LICENSED NURSE COMPETENCY ASSESSMENT

Name: _____ Job Title: _____ Date of Hire: _____

Assessment of competency for the following policy and procedure:

Competency Statement:
Licensed nurses will display consistent competency proficiency when providing care and services to residents and managing the residents' care processes.

Instructions:
Self-Assessor: Complete the self-assessment portion of this document using the key for each step of the procedure.
Evaluator: Complete the Evaluator's Assessment portion of this document using the key for each step of the procedure. Collaborate with the nurse to describe an improvement or knowledge plan, as needed, based on the assessment.

Assessment Key:
1 - Needs skills improvement
2 - Can perform with knowledge
3 - Can perform competently
3 - Can perform independently and evaluate others

Method of Evaluation:
SA – Self-assessment
S- Simulation
DO- Direct Observation
RD- Return demonstration
KT– Knowledge Test

Learning Resources
☐ Observed peer mentor
☐ Computer-based learning and test
☐ Formal class
☐ Other

Performance Criteria *Document the steps of the facility procedure here*	Self-Assessment Use Assessment Key (See legend) Add comments as needed			Evaluator's Assessment Use Assessment Key (See legend) Add comments as needed		
Procedure steps	Method Date	Assessment Key	Comment	Method Date	Assessment Key	Comment
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Skill Area		Evaluation (Check One)		Method of Evaluation (Check One) D = Skills Demonstration O = Performance Observation W = Written Test V = Verbal Test				Verification (Initials/Date)
		Competency Demonstrated/ Meets Standards	Needs Additional Training	D	O	W	V	
Change of Condition (cont.)	Neurological Assessment • LOC • Pupillary Assessment • Speech • Motor Function • Extremity Strength • Pain							
	Respiratory Assessment • Breath Sounds • Cough, Sputum • SOB • Skin/nailbeds or lips color • Oxygen use							
	Cardiovascular Assessment • Heart rate, rhythm • Apical Pulse • Edema • Heart Sounds • Neck vein • Capillary Refill • Chest, jaw or arm pain							

Clinical Capabilities

- Assess current status
  - Facility Assessment is foundation
- Determine targeted population
- Develop capabilities list
- Utilize best practice standard tools for listing, communication strategy
- Medical Director, physicians, and extenders – input and agreement
- Internal and External Communication
- Monitor via QAPI

Clinical Capacity

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- Ability to take individuals "quicker, sicker, faster"
- Assess clinical capacity
  - Safely manage acute conditions
  - Disease state programs
  - Episodic Management
  - Rapid turnaround for admissions
  - All hours
- Engage Medical Director and Physicians
  - Specialists
  - Extenders

Partner Expectations

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- Partnership and Collaboration
  - Acute, Health System, Payer Partners
  - Clinical strategies
  - Clinical integration of processes
  - Clinical Maps/Paths
- Diagnostic Ability
  - Point of Care testing
  - Telemedicine
- Performance Reviews
  - Determine benchmarks
  - Quality measurement and targets
  - Risk arrangements

Clinical Integration and Partners

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Clinical integration readiness assessment

- Are you ready to plug into acute care/physician networks and payer payment models?
- Have you met with partner leaders to review clinical paths, expectations, performance metrics and monitoring processes?
- Are you the provider of choice in marketplace?
- Do you have development, training, tracking of clinical standards and benchmarks in place?
- Do you have a data management strategy and operational processes for monitoring performance?
- Is entire organization prepped and versed on QAPI?

Care Transition Process

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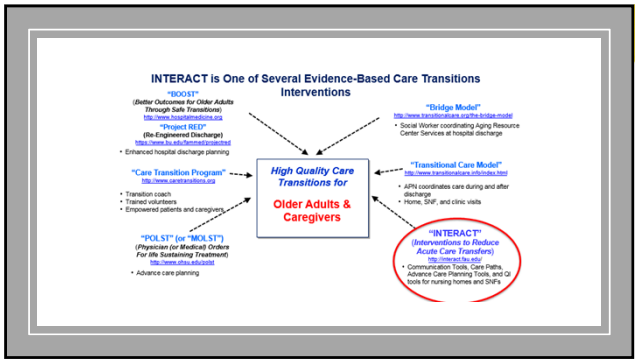
- Transition/Discharge Planning and Admission Process
- Comprehensive Communication
- Coordination of Care
- Resident/Family Teaching with evidence of understanding
- Medication Education and Reconciliation
- Shared Accountability

Resource-AMDA Clinical Practice Guideline: Transitions of Care in the Long-Term Care Continuum
https://www.amda.com/members/flashpapers/papers/TOC/



Final Thoughts

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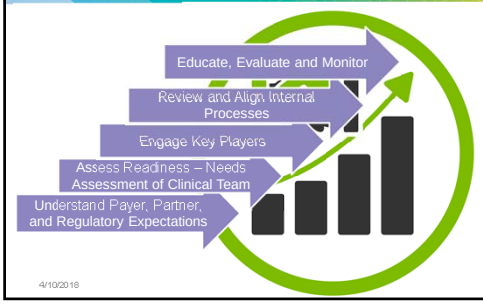

Disrupt the Norm

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- Figure out a better way of doing things
- Uproot existing systems
- Efficiencies
- Reach new markets
- Collaboration
- Performance Improvement Culture

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"My profession has probably been transformed again just since we started this session."

"Remember That The Airplane Takes Off Against The Wind, Not With It."

Henry Ford

Questions

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