Value - Based Purchasing (VBP) Comes to Homecare

How Can You Prepare?

HealthWare

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- 30 years Medicare Care Continuum
- 30 year Home Health clinician/consultant
- Progressive rehab clinical delivery
- ACO Post-Acute Bundling Consultant
- DMC - Pioneer ACO Grant Awardee
- Seton Health Alliance – Pioneer ACO Awardee
- Atrius Health System – Pioneer ACO Awardee
- Model 2 BPCI Awardee – DMC 10/9/12

The Affordable Care Act arrives in terms of Alternative Payment Models

PATIENT PROTECTION & AFFORDABLE CARE ACT

ACCOUNTABLE CARE ORGANIZATIONS

Accountable Care Organizations

An ACO is a healthcare 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.

ACO INTEGRATION FOR POST-ACUTE CARE

ACO Integration for Post- Acute Care

Post-Acute Providers seeking to participate in the ACO era must integrate ACO programming goals to counteract the legacy of silo-based care present in the PPS Care Continuum. Clinical accuracy, staff control, and care insight required for value concerns are paramount.

Making Sense of CMS Alternative Payment Models

(Volume to Value)

Alternative Payment Models (APM)

Alternative Payment Models (APM) are the basis of the ACA – mandated shift from the 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 mature and refine over time. **CMS APM projection – 90% by 2018.**

Alternative Payment Models (APM)

Alternative Payment Models represent a new set of incentives that build on the progress of healthcare over recent years. They are slated to improve 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.

VBP – 2016 Alternative Payment Model

- First ACA Mandatory APM Pilot
- VBP slated for 1/1/16 Kick – Off
- Incentivizes better HH care quality
- Volume to Value Proposition for HH
- Modern-day version of Pay-4-Performance
- 9 Pilot States – Initial VBP Pilot Choices
- Star Ratings Performance for Bonus

Value – Based Purchasing (VBP)

Value–Based Purchasing for Home Health

Value – Based Purchasing (VBP) will test whether incentives for better care can improve outcomes in the delivery of Home Health. The goal of VBP is to assure that ALL homecare services, regardless of the region where care is delivered, are supported by a payment system that rewards Providers who deliver the highest quality outcomes.

Value Based Purchasing in Home Health

- Pilot starts January 2016 – 9 states.
- Mandatory Alternative Payment Model
- Financial bonus funded by payment reductions to the provider groups involved
- Performance and outcome standards are established to determine which providers receive bonus payments
  - **Those that Do NOT meet standards = Reduction of 3-5%**
  - **Those that Do meet standards = Increase of 3-5%**

Value Based Purchasing in Home Health

- States - MA, MD, NC, FL, WA, ACZ, IA, NB, TN
- TN Nebraska, and Tennessee
- CMS projects >10% of all providers will receive payment reductions: 2.5 – 3.5% average
- 10 Process measures
- 15 Outcome measures
- 4 new measures coming from OASIS, Medicare claims data, and HHCAHPS

Value Based Purchasing in Home Health

- Performance and bonus payment deductions would be based on the agencies performance in comparison to others in the state.
  - Separating large volume agencies for small volume agencies
- 300 Million in payment cuts over the 7 year pilot
- Move away from historical, traditional HH model
- Change is NOT led by front line clinicians
- UR installation – Program Reviewers
- UR Reviewers = champions at the agency level

Value Based Purchasing in Home Health

- VBP Goals:
  - Improvement in quality of care
    - Patient centered Care
    - Reliable, Accessible, Safe Care
  - Improved Outcomes
    - Improved health care of the USA
    - Higher levels of quality
  - Increased efficiency
    - Reduce the cost of quality health care
  - Financial Incentives for providers to **CHANGE**
  - Hold providers accountable for the quality of care they provide to Medicare beneficiaries

Value Based Purchasing – Patient Centered Care

Home health control sits in the front seats of your clinicians' cars and the homes of your patients. Initial and deliberate energies must be paid towards shifting the focus to the patient; from care production and delivery to scheduling and productivity. Proactive, progressive approach to efficient home care with focus on patient clinical goals and quality care.

Utilization Review - Home Health VBP Response

The development and delivery of home health services created from a utilization review, PPS complaint perspective. Patient centered, case managed care, modified in an ongoing manner for patient response to treatment. UR – Managed home health provides levels of clinical / fiscal outcomes not regularly seen in homecare as it creates the episode programs of the future, and survival in VBP.

Current State of Utilization Review in Home Health

- Void of OASIS accuracy through UR
- Relies heavily on front line clinicians to “get it done”
- OASIS export daily without full review, or any
- Loss of HHRG value (vs > 30%)
- Decreased outcomes (vs > 20%)
- Increased hospitalizations
- All despite current cuts, and VBP pilot

Commonly Held Home Health Beliefs

- We cannot afford a UR program
  - How can you not?
- We train on OASIS over and over and our clinicians still don't get it right!
  - How is that working?
- The clinicians know better
  - Why have internal leadership?
- Clinician driven: Schedules
  - Missed visits
- We don't have 5 star ratings!
  - You don't have control through a UR program
- Patients belong to the provider number, not the clinician
- My clinicians just don't listen
  - Because HH is the only Continuum that does not control patient centered care through a UR approach.

Benefits of Home Health UR Program in VBP

- Quality Program
  - CMS likes this!
  - Doctors like this!
  - Clinicians like this!
  - Patients love this!
- Staff retention
- Improved quality outcomes > 20 – 30%
- Reduction in re-hospitalizations
- OASIS Accuracy
- Discharge for outcomes

Benefits of Home Health UR Program in VBP

- Accurate CMW/HHRG = Accurate Payments
- Reduction in audit / denial risk
- Frequency / duration control
- Optimization (not maximization) of PPS model
- Changes legacy of clinician centered care to patient centered care
- Increase of 5-8% based on accuracy in discharge outcomes

Benefits of Home Health UR Program in VBP

- 1242: Pain
  - Pain that interferes with activity or movement
  - Usually tied to subjective scale only
  - No functional walk
- 1400: SOB
  - Interview question
  - No functional walk
  - Bedbound patients are asked, not functionally assessed.
  - Delivery of DBE

Benefits of Home Health UR Program in VBP

- 1810: Upper Body dressing
  - 3 part question
  - Ineffective use of response section of guidance manual
  - Interview versus functional assessment
- 1820: Lower Body dressing
  - 3 part question
  - Ineffective use of response section of guidance model
  - Interview versus functional assessment

Benefits of Home Health UR Program in VBP

- 1830: Bathing
  - 3 part question
  - Ineffective use of response section of guidance model
  - Interview versus functional assessment
  - Entire body
  - Medical restrictions

OASIS Accuracy as it Relates to VBP

- 1840: Toilet Transfer
  - 4 part question to/from on/off
  - Ineffective use of response section of guidance model
  - Interview versus functional assessment
  - Can’t asses safety with equipment if equipment is not in the home

OASIS Accuracy as it Relates to VBP

- 1845: Toilet Hygiene
  - If ostomy: Includes cleaning
  - Ineffective use of response section of guidance model
  - Often interview versus functional assessment

OASIS Accuracy as it Relates to VBP

- 1850: Transfers
  - Use of minimal assistance or device to transfer safety
  - 1 = One or the other to perform safely
  - 2 = Requires both
  - Ineffective assessment of transfers from one level surface to another versus guidance:
    - In the bed
    - Supine
    - Up
    - Out of the bed
    - Transfer to another regular surface
  - Ineffective use of response section of guidance manual

OASIS Accuracy as it Relates to VBP

- 1860: Ambulation
  - Regardless of need of device
  - Response section of OASIS
  - 2 = Intermittent supervision
  - 3 = Continuous supervision
  - Functional walk – something for accuracy
  - Not an interview
  - Home bound status needs to present
    - Answer of 1

OASIS Accuracy as it Relates to VBP

- Sought ED Treatment without admission
  - Ineffective scripting of how to utilize agency versus ED
  - Agency call numbers not posted and reviewed every something
  - Protocols for disease process and techniques are required to lower ED visits.

CAN YOU *MANAGE* TO IMPROVE YOUR CARE?

IT'S THE OPPOSITE OF *BUSINESS AS USUAL*

Home Health Strategic Management

1-877-449-HHSM

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