

FHCA 2019 Annual Conference & Trade Show

CE Session #45 – PDPM: A World Where Nursing and Therapy are Unlikely Heroes

Wednesday, August 7 – 2:15 to 4:15 p.m.

Celebration 5-6 – Finance/Development

Upon completion of this presentation, the learner will be able to:

- Define success under PDPM and the importance of embracing change to prepare now; what specific innovative tools, resources and strategies are required to succeed
- Discuss leveraging opportunity and the importance of studying predictive financial models as well as understanding how coding and other key care management processes will impact your centers fiscal gain/loss
- Understand the unique opportunity that exists to leverage therapy services

Seminar Description:

What if the silver lining for PDPM is a more collaborative partnership between nursing and therapy? Two clinical experts from nursing and therapy will lock elbows to focus on how very unique interdisciplinary initiatives can ultimately drive PDPM success. Focus will be on “Complimentary Clinical Programming” that can be implemented today to optimize care coordination, documentation and coding practices that will serve to best prepare your team for PDPM. Amidst an almost crippling nursing shortage, PDPM will put exponential pressure on nursing. While Therapy has traditionally relied on nursing documentation to support rehab-driven reimbursement, this trend will reverse under PDPM. This discussion promises to redefine what it means to succeed under PDPM and shine a new spotlight on what you should expect from your therapy team in 2019 and beyond. Join the speakers for an interactive, provocative and energetic dialogue on the many changes and challenges on the horizon. Be inspired by a solutions-oriented approach to reducing stress on nursing; driving performance outcomes for ongoing initiatives (e.g.: VBP, QAPI, QRP); optimizing PDPM-related processes (e.g.: coding, documentation); and to ultimately impact your facility’s bottom line.

Presenter Bio(s):

Coleen Jeter is the Senior Vice President of Operations with HealthPro Heritage, whose professional tenure spans 25 years. Coleen has a passion for serving seniors in the post-acute setting, and provides leadership support to client partners and teams across the continuum. Coleen possesses expertise in fostering successful clinical operations, coupled with strong compliance integrity, while utilizing real-time professional knowledge of health care reform and market place trends and initiatives.

Kristi Smith's expertise includes operational oversight and support, clinical programming, and regulatory compliance. Her experiences span the care continuum and has provided her with insight, knowledge and skills to put innovative ideas into motion.

PDPM:

A World Where Nursing & Therapy Are the Unlikely Heroes

PREPARE. EXECUTE. SUCCEED.



Today's Presenters



Kristi Smith, PT, RAC-CT
VP of Clinical Strategies for HealthPRO® Heritage



Coleen Jeter, PT, RAC-CT
Senior VP of Operations for HealthPRO® Heritage



Agenda

Participants will understand...

PDPM
WEEKS TO
PREPARE
7

How to define success under PDPM, and the importance of embracing change to prepare NOW. What specific innovative tools, resources and strategies are required to succeed. Discussion will focus on the seven "Key PDPM Core Competencies".

We'll discuss leveraging opportunity, the importance of studying predictive financial models, and understanding how coding and other key care management processes will impact your facility's fiscal gain/loss.

The unique opportunity that exists to leverage therapy services in a way that reduces the burden on nursing and how this "role reversal" opens the door for enhanced clinical and operational collaboration between therapy and nursing to assure fiscal success.



Final Rule for SNFs FY 2020

**Effective
Oct 1, 2019**

Evolution of Medicare

- Multiple programs intersecting

Expect changes in

- Clinical model
- Reimbursement model
- Financial model
- Outcomes driven

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Final Rule Overview FY 2020

Updates the payment rates used under the prospective payment system (PPS) for skilled nursing facilities (SNFs) for fiscal year (FY) 2020. (2.4%)	Revise the definition of group therapy under the SNF PPS <ul style="list-style-type: none"> • From 4 residents to 2-6 residents in the group 	Process for updating ICD-10 code lists <ul style="list-style-type: none"> • Formal communication for those updated codes that impact PDPM
Modified language for the following: <ul style="list-style-type: none"> • Primary Diagnosis is now Principal Diagnosis • 5 day assessment is now the initial Medicare Assessment 	Modified the language surrounding ARD window <ul style="list-style-type: none"> • (Days 1-8) 	SNF Quality Reporting Program (ORP) updates <ul style="list-style-type: none"> • Transfer of Health Information quality measures • Standardized patient assessment data elements begin collection: 10/1/20 • Public display of QM: Drug Regimen Review Conducted With Follow-Up for Identified Issues

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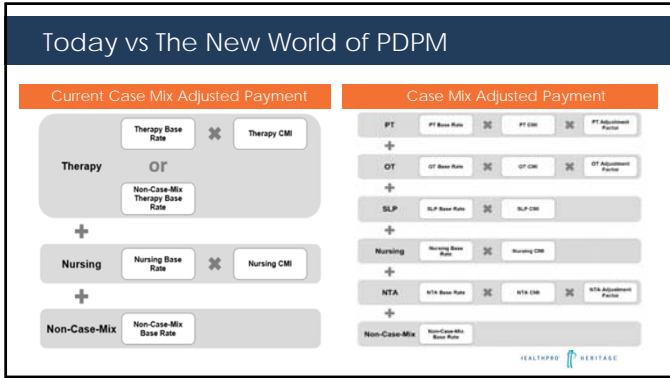
VBP and PDPM

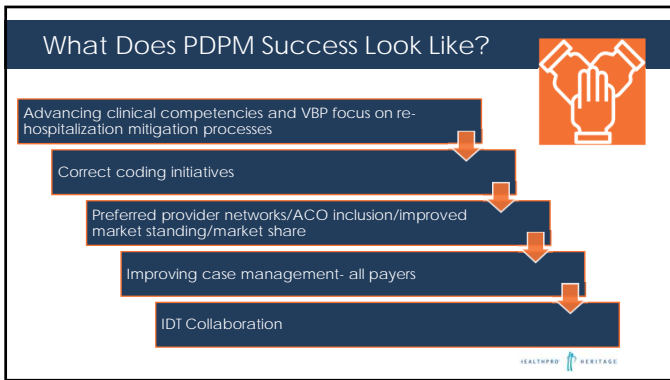
Aligns with CMS Triple Aim

PDPM & PDGM promote quicker transition of patient along the continuum to the next level of care

Greater focus on the ability to treat higher acuity residents without negatively impacting QM's and readmission rates

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What Is **NOT** Changing Under PDPM

Resident population's need for therapy & nursing services	Focus on outcomes	Readmission mitigation focus	Functional rehab treatments
Safe Transitions: Transitioning to the next level of care	Evidence-based practice	Continued collaboration as an IDT	Timeliness of documentation
	Documentation guidelines & the definition of a skilled service	Need for accurate & specific diagnosis coding	

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Medicare Part A Skilled Level of Care Requirements

Reasonable and Necessary	<ul style="list-style-type: none"> The hospital stay must have been medically necessary and the SNF services must be needed for a condition in which the person was treated during the qualifying hospital stay or a condition <u>which arises</u> while in the SNF for treatment of that condition The treatment type, expected duration and frequency, and expected outcome must be reasonable
Coverage Criteria	<ul style="list-style-type: none"> Defined skilled services- skilled nursing 7 days/week, PT/OT/ST at least 5 days/week Skilled Care Maintain the patients current condition or prevent or slow further deterioration Daily skilled documentation is necessary to describe the skilled required Nursing services are considered skilled when they are so inherently complex that they can be safely and effectively performed only by, or under the supervision of, a registered nurse or, when provided by regulation, a licensed practical (vocational) nurse. (See 42CFR §409.32) Practical matter- Based on economy and efficiency care, services can only be provided in a SNF

PDPM Administrative Presumption

PDPM classifiers designated under the presumption:

- Nursing: Extensive Services, Special Care High, Special Care Low, and Clinically Complex nursing categories
- PT & OT groups TA, TB, TC, TD, TE, TF, TG, TJ, TK, TN, TO
 - (TH, TI, TL, TM, TP not included - which contain GG scores of 0-5 and 24)
- SLP groups SC, SE, SF, SH, SI, SJ, SK, SL
 - (SA, SB, SD, SG not included - do not have MAD or Swallow disorder)
- NTA component's uppermost (12+) comorbidity group

Nursing Components **NOT** included in Presumption of Coverage

Nursing: Reduced Physical Function & Behavioral and Cognitive nursing categories

All NTA case mix groups except NA

Freaky Friday! Role Reversal...

Today Under RUG-IV

- 90%+ skilled days covered under rehab
- Nursing supports therapy treatment in documentation
- Very little focus on the nursing skilled services 7 days/week

Tomorrow Under PDPM

- Nursing skilled services take a front seat
- Therapy will need to begin supporting nursing documentation
- How can rehab take some of the added pressure from nursing ?

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One Provider's Recipe...



Evaluate PDPM Financial Impact, Quality Measures and Clinical Capabilities



Analyze Components

- PT/OT • Nursing • ST • NTA



Develop a Work Plan and Assemble a Team

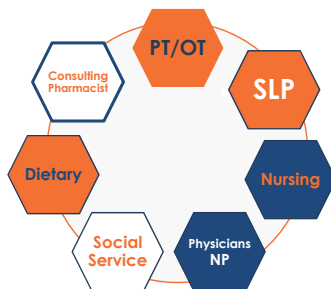
- Re-evaluate Roles



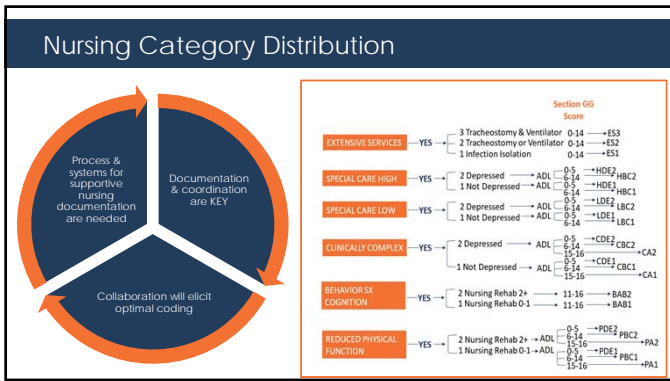
Evaluate Effectiveness and Make Adjustments

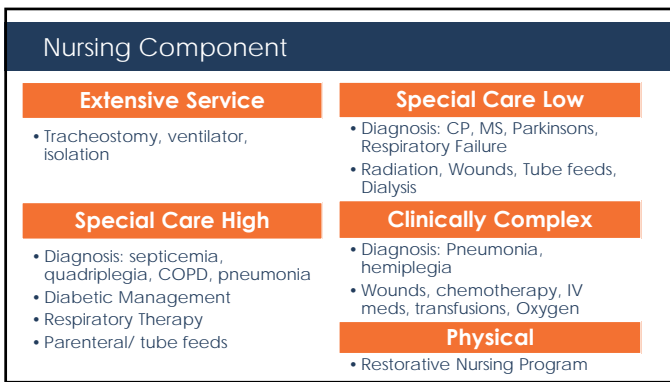
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Holistic Diagnosis Coding



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Nursing Supportive Documentation

Department	MDS Section / Condition or Service	MDS Response
OT/PT/SLP	J1100; Shortness of Breath (dyspnea)	<p>Check all that apply:</p> <p>A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)</p> <p>B. Shortness of breath or trouble breathing when sitting at rest</p> <p>C. Shortness of breath or trouble breathing when lying flat</p>
	<p>J1550. Problem Conditions</p> <p>A. Fever</p> <p>B. Vomiting</p>	Check if applicable
PT/OT	M1200 Skin and Ulcer/Injury Treatments.	<p>A. Pressure reducing device for chair</p> <p>B. Pressure reducing device for bed</p> <p>C. Turning/repositioning program</p> <p>D. Nutrition or hydration intervention to manage skin problems</p> <p>E. Pressure ulcer/injury care</p> <p>F. Surgical wound care</p>

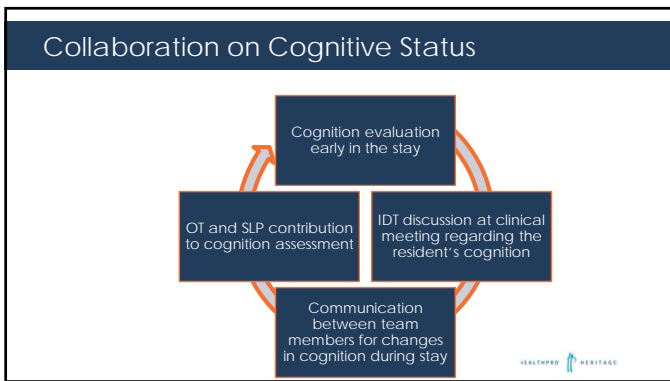
SLP Supporting Nursing Documentation & the MDS

Section K/SLP Supportive Documentation

- Signs/symptoms of a swallowing disorder
- Loss of liquid/solids from mouth when eating and drinking
- Holding food in mouth/cheeks or residual food in mouth after meals
- Coughing or choking during meals or when swallowing medications
- Complaints of difficulty or pain with swallowing
- Mechanically altered diet (clinical rationale)

Complementary Nursing Skilled Services

- Respiratory Therapy
- Isolation Infection
- Trach &/or Vent
- ANY of the SLP related comorbid conditions
- Wounds
- BMI and nutrition
- Standardized cognitive assessment



Provider View of Medicare Notes

Minimize Audit Risk

- Assess current Medicare Notes
 - Does nursing support with currently 90% falling into Rehab RUG?
- Interdisciplinary teams documentation needs to be cohesive
- Review RAI Manual Steps and Examples
 - BIMs: Cue cards
 - Guiding questions
 - Focus on skilled interventions
 - i.e. Radiation: Signs and symptoms of side effects

Focus on Quality Measures

Areas where CMS focus?

Impact future audits under PDPM

- Quality measures on Nursing Home Compare:
 - Percentage of short-stay residents who improved in their ability to move around on their own*
 - Percentage of short-stay residents who were re-hospitalized after a nursing home admission*
 - Percentage of short-stay residents who have had an outpatient emergency department visit.*
 - Rate of successful return to home and community from a SNF (Comparison to National Average on NH Compare)
 - Medicare Spending per Beneficiary

*denotes OM impacts 5 Star rating

QRP Quality Measures FY 2021

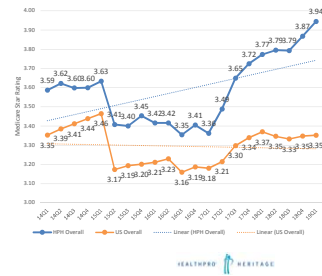
Short Name	Measure Name & Data Source
Resident Assessment Instrument Minimum Data Set	
Previous User Injury	Changes in Skill Integrity Post-Acute-Care: Previous User Injury
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
Application of Functional Assessment Care Plan	Application of Percent of Long-Term Care Hospital (LTC) Patients with an Admission and Discharge Functional Assessment of a Care Plan That Addresses Function (NQF #2631)
Change in Mobility Score	Application of BRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)
Discharge Mobility Score	Application of BRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2634)
Change in Self-Care Score	Application of the BRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
Discharge Self-Care Score	Application of BRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)
DRG	Drug Regimen Review Conducted With Follow-Up for Identified Issues-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
Claims Based	
MSPB SNF	Medicare Spending Per Beneficiary (MSPB)-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
DTIC	Discharge to Community (DTC)-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

Therapy Impact on QMs

Therapy impacts 9/13 ST measures, 12/17 LT measures

Focused programs produce defined results

Requires IDT collaboration documentation and coding accuracy



Critical Care Pathways

Clinical Pathways
Evidenced/risk based care interventions

Utilization Pathways
Time, visits, LOS recommendations based on clinical complexity & patient profile

Care Pathways
Clinical + Utilization Pathways



PDPM Process Workflow, Collaboration & Impact

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Let's Collaborate!

Section	Item	Admitted	Discharge	Comments
PT & OT	Physical Therapy (PT)			
	Occupational Therapy (OT)			
	Speech Therapy (ST)			
	Swallow Therapy (ST)			
	Rehabilitation (REH)			
	Wound Care (WC)			
	Wound Care (WC)			
	Wound Care (WC)			
	Wound Care (WC)			
	Wound Care (WC)			
Nursing	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
	Nursing (N)			
Social Services	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			
	Social Services (SS)			

Interim Payment Assessment Workflow

- How will we collaborate RE: changes in condition? How well do we do this today?
- Daily "Clinical Meeting" prep
- Therapist & Nursing education RE: change in condition
- Create the P&P

Section GG Strategies

- MDS, DON, Rehab, Nurse Managers review processes, expand approach for communication/collaboration for reporting
- Assign & review at daily meeting
 - Areas for Rehab to report: Nursing observations & documentation for Admit & discharges
- Elicit info RE: baseline from caretakers
 - CNA/LNA - Activities - Social Services
- Prepare these departments to report on areas for observation
- Most usual performance BEFORE the resident has benefited from treatment
- Decide how data will be used to leverage partnerships with referring networks

Discharge Readiness

The conversation is changing

Weekly meeting to discuss NLOC

Quality Measure and outcomes focused meeting

*Example DC Readiness to the SNF

Pre-Transmission Review

Capture the entire clinical picture

Ensure all information is accurate

Get more than one set of eyes

Reduce errors

One assessment & it is crucial!

Look For One Tool


Collaborative Activities Programming

- Rehab support or management of Activities department
- Meaningful, functional activity programming
- Multiple levels of collaboration to consider
- Meaningful activities will
 - Carry over rehab programs
 - Improve or maintain function
 - Promote wellness in ST and LT population
 - Prevent boredom/perceived behaviors



Restorative Nursing Programs

Benefits	Process
Quality of Care	Set up RNP in adjunct to therapy by day 2 for day 8 ARD?
Adjunct to therapy to help improve outcomes	Set up RNP for continuation of therapy goals after therapy hours: <ul style="list-style-type: none"> • Walk to dine • Exercise • ROM
Possible increase in CMI for Reduced Physical Functional and Behavioral and Cognitive	



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Case Studies & Fiscal Impact

PREPARE. EXECUTE. SUCCEED.



Base Patient Profile

Base Patient		
Component	PDFM Group	Avg. Per Diem
PT/OT	TG	\$177
SLP	SE	\$48
Nursing	LBC1	\$138
NIA	NC	\$174
NCM	NCM	\$87
Orange County, Florida		0.87
Length of Stay		20
Average Per Diem		\$625



Changes in SLP Coding

Base Patient		
Component	PDFM Group	Avg. Per Diem
PT/OT	TG	\$177
SLP	SE	\$48
Nursing	LBC1	\$138
NIA	NC	\$174
NCM	NCM	\$87
Orange County, Florida		0.87
Length of Stay		20
Average Per Diem		\$625

Number of Components or Cpt Imp.	Avg. Per Diem		
	Mechanically Altered Diet or Swallowing		
	Neither	Either	Both
None	\$590	\$614	\$631
Any One	\$606	\$625	\$638
Any Two	\$618	\$635	\$649
All Three	\$638	\$653	\$663

Number of Components or Cpt Imp.	Change from Base Patient		
	Mechanically Altered Diet or Swallowing		
	Neither	Either	Both
None	(\$34)	(\$11)	\$7
Any One	(\$18)	\$0	\$13
Any Two	(\$6)	\$11	\$25
All Three	\$13	\$28	\$39



Changes in Nursing Coding

Base Patient		
Component	PDFM Group	Avg. Per Diem
PT/OT	TG	\$177
SLP	SE	\$48
Nursing	LBC1	\$138
NIA	NC	\$174
NCM	NCM	\$87
Orange County, Florida		0.87
Length of Stay		20
Average Per Diem		\$625

Nursing Category	CMG	Section GG Nursing Therapy	AVG Per Diem	Change from Base
Clinically Complex	CDE1	0-5 0-5	\$617	(\$17)
Clinically Complex	CBC1	4-14 10-23	\$616	(\$19)
Special Care Low	LDE1	0-5 0-5	\$628	\$3
Special Care Low	LBC1	4-14 10-23	\$625	\$0
Extensive Services	ES1	0-14 0-5	\$752	\$127
Extensive Services	ES2	0-14 10-23	\$783	\$158



Changes in NTA Coding

Base Patient		
Component	PDPM Group	Avg. Per Diem
PT/OT	TG	\$177
SLP	SE	\$48
Nursing	LBC1	\$138
NTA	NC	\$174
NCM	NCM	\$87
Orange County, Florida		0.87
Length of Stay		.20
Average Per Diem		\$625

Comorbid. Score & CMG		AVG Per Diem	Change from Base
0	NF	\$519	(\$106)
1-2	NE	\$541	(\$83)
3-5	ND	\$576	(\$48)
6-8	NC	\$625	-
9-11	NB	\$690	\$65
12+	NA	\$757	\$133

PDPM Fiscal Factors

What CHANGES must be made to assure... ?

- Sufficient training for CRITICAL success drivers?**
Data capture, collection
ICD-10 coding (5 of 6 components of the rate are at risk!)
- Optimal timing for EMR updates?**
Clinical & financial packages
- Primary DX/ICD-10 codes transcribed from the MDS to the claim?**
- Design of Financial Dashboards?**
To assure: at/above per diem by September
- Admissions process changes?**
Costs associated with pharmacy services high revenue, new patient types
Need for robust Preadmission Financial Analysis

PDPM Fiscal Factors

What DECISIONS must be made to mitigate RISK?

Therapy Analytics: Risk of Over/Undershooting Targets

CONTRACTED SERVICES	IN-HOUSE SERVICES
Initial Discussions	Staffing analysis Realistic, facility-specific targets
Re-contracting (~Summer)	Group/concurrent Staffing Utilization Risk assessment
Assess plan, progress, risk share opportunities	Quality/performance outcomes, Star Ratings Over/under staffing Audit target Patient satisfaction

PDPM Fiscal Factors

PREPARE NOW!

Decide who in your organization will tackle changes/decisions

Meet with EMR vendor
Updates for billing and coding in advance
Delivery dates

Meet with pharmacy vendor
Formulary revisions
Admissions Process changes

Assure Triple Check process in place NOW
for Med A, Med B, HMO

Utilize a PDPM Dashboard
to monitor progress of implementation plan toward the goal

Begin to Consider the Transition

Transitional
IPAs for all
Medicare A
residents
straddling
September &
October

ALL ARD's
must be
between
10.1.19 and
10.07.19

VPDA begins
October 1st
on day 1!
• 300% NTA and
100% PT & OT

Optional
State
Assessment
begins for
Medicaid
(DELAYED)

Strategies to Leverage Success TODAY and in the FUTURE

Early Education/ Identify Opportunities <small>PDPM overview education CMS Provider Impact File review & discussions Process review – deep dive Roadmap/work plan for success</small>	IT Systems/ Data Capability <small>EMR vendor meetings Compliance & data collection</small>
Rehabilitation <small>Evidence based practice Group & concurrent Effective & efficient functional treatment Contracting</small>	Nursing/Social Work/NP/MD <small>Skilled services/documentation Communication & collaboration Safe & effective discharge planning</small>

Stay Informed & Keep Connected !



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Thank You Florida Health Care Association!
