



Underserved Populations

Home Health Scope of Practice for Therapists

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Today's Guest Speakers



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Description

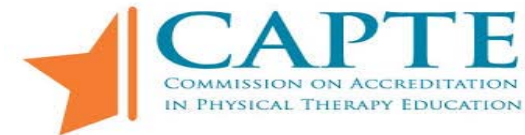
- This session is about the roles of PTs, OTs, and SLPs in home health
- Topics will include **Scope of Practice** and **Professional Expectations**
- Presenters will provide insight on how to reset expectations and engage therapists in moving toward a more comprehensive practice

Common Points of Conflict

- **Scope of Practice**
 - Vital Signs
 - Medication Management
 - Auscultation
 - OASIS Completion
- **Professional Expectations**
 - Case Conference
 - Leadership Roles
 - Agency roles and QAPI
 - Expectations of Contractors

Scope of Practice

- Largely determined by state practice act
 - May be restrictive, permissive or silent
 - Restrictive or Permissive is easy...follow the rules
 - Silence is tricky so **do your due diligence**
 - Research curricula, professional associations, and state boards
 - Be careful for what you ask for...you just might get it...or not!
 - Get responses in writing
 - Engage therapists and create policies and competencies
 - Engage therapists in training



Common Myths in Home Health

- If patients walk more than 150 feet they are not homebound
- 10 visit “rule”, 6-14-20 visit “rules”, therapy “LUPAs”
- PTs can not do wound care
- Therapists can’t or won’t do OASIS
- Therapists don’t auscultate, med management, or vitals
- HHAs can’t take vital signs
- OTs can’t stand alone in an episode
- Dementia patients can’t be helped
- Maintenance therapy is not appropriate



Example: Can OTs do Wound Care?

- Not restricted by CMS
- Assume state practice act is silent
- AOTA curriculum includes integumentary system education
- Could competency be established?
- Should competency be established?
- How would a competency be established?
- How would the message be communicated to OTs?

Vital Signs

Can Therapists Assess Vital Signs?

- YES
- OTs, PTs, and SLPs can and should assess vital signs
- Most agencies use vital sign parameters on the plan of care. If this is so, surveyors will expect vital signs outside parameters to be reported to the physician. How can we know if we need to report a problem if no vital signs are taken?
- The HHA must educate and validate competency

“Cross-training of basic patient care skills: includes routine, frequently provided, easily trainable, low risk procedures such as suctioning patients, monitoring vital signs, and transferring and positioning patients.”

American Speech Language and Hearing Association 1996.

Multiskilled Personnel Position Statement

Medication Management

Medication Management

- Federal regulations do not restrict PT, OT, SLP from performing drug regimen review
 - 42 CFR 484.55 - Condition of participation: Comprehensive assessment of patients.
 - Drug Regimen Review
 - May be a collaborative task
- Therapists may need additional support
- APTA, AOTA, ASHA
- State Practice Acts

What Are We Really Asking For?

During the initial assessment HHAs must review all client medications for any potential adverse effects and drug reactions including:

1. Ineffective drug therapy
2. Significant side effects
3. Significant drug interactions
4. Duplicate drug therapy
5. Noncompliance with drug therapy

Source:

Medicare's Home Health Conditions of Participation: Comprehensive Assessment of Patients (Section 484.55)

Role of Therapists in Med Mgmt

APTA has a position statement adopted by its House of Delegates which states: *“Physical therapist patient/client management integrated an understanding of a patient’s/client’s prescription and nonprescription medication regimen with consideration of its impact upon health, impairments, functional limitations, and disabilities. The administration and storage of medications used for physical therapy interventions is also a component of patient/client management and thus within the scope of physical therapist practice.”*

The Role of Physical Therapist in Home Health; APTA Official Statement

You are also concerned about your patients’ ability to *manage their condition*.

Management of chronic conditions is in large part management of daily activities.

Occupational therapy brings expertise to help patients translate “doctor’s orders” to manageable daily habits and routines (Bondoc & Siebert, 2010).

Occupational therapy can strengthen outcomes related to:

- **Medication management:** Occupational therapy addresses strategies to enhance medication adherence and integrate medication management into patients’ daily routines (Sanders & Van Oss, 2013, Touchard & Berthelot, 1999).

Occupational Therapist Role in Home Health; AOTA Fact Sheet 2013

Speech Language Pathologists

- No specific position statements, policies or guidelines related to medication management are available.

Position Statement

This position statement is an official policy of the American Speech-Language-Hearing Association (ASHA). It was approved by ASHA's Legislative Council on November 1996.

It is the position of the American Speech-Language-Hearing Association that multiskilling is not a unidimensional concept and that it cannot be evenly applied across the diverse clinical workforce. Specifically, cross-training of clinical skills is not appropriate at the professional level of practice (i.e., audiologists or speech-language pathologists). Cross-training of **basic patient care skills**, professional nonclinical skills, and/or administrative skills is a reasonable option that clinical practitioners at all levels of practice may need to consider depending on the service delivery setting, geographic location, patient/client population, and clinical workforce resources. (See glossary for definition of terms used in this position statement. (For further clarification, please refer to American-Speech-Language-Hearing Association. [1996, Spring]. Technical report of the ad hoc committee on multiskilling. Asha, 38, Suppl. 16, pp. 53-61.)

Speech Language Pathologists (cont.)

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Glossary of Terms

Cross-training of clinical skills: involves training practitioners in one discipline to perform services traditionally regarded as within the purview or scope of practice of another discipline in an attempt to more efficiently deploy the clinical workforce to meet the needs of the patient caseload as it fluctuates at any particular point in time. Examples include training respiratory therapists to perform EEGs (electroencephalograms), or medical technologists to perform certain radiological procedures.

Cross-training of basic patient care skills: includes routine, frequently provided, easily trainable, low-risk procedures such as suctioning patients, monitoring vital signs, and transferring and positioning patients. Identifying a facility/agency/program-specific set of patient-care skills that can be performed by various practitioners in that particular setting may lead to less fragmented and less costly patient care (e.g., bedside treatment sessions do not have to be delayed waiting for another practitioner to suction the patient; **home care patients' compliance with prescribed medications can be verified by clinicians already coming to the home on a regular basis**; diabetic preschoolers' blood sugar levels can be monitored by on-site clinicians).

Auscultation

Can Therapists Auscultate?

- Yes, the question is **are they competent?**
- You will need to train and competency them
- Remind them it is part of a comprehensive assessment
- Don't expect the same level of expertise as a nurse
- Keep it simple: **Normal or Abnormal**
 - Report abnormal findings and symptoms

OASIS

OASIS

- What disciplines complete a SOC OASIS Assessment?
 - CMS regulations 484.55
 - If nursing orders exist an RN must perform the SOC
 - In therapy only cases a PT or SLP may perform SOC
 - In Medicare cases OT alone does not establish eligibility
 - OT may establish eligibility under other programs
- Discharge Assessments
 - May be performed by an RN, PT, OT, or SLP

2015 OASIS C1/ICD9 Guidance Manual Ch 1 - 3

Case Conference and QAPI

Case Conference and QAPI

- Make attendance mandatory...period
- Use this time to educate and engage staff
- QAPI requires interdisciplinary attendance
- Use PIPs to engage therapy staff
- 484.14 (g) *Standard: Coordination of patient services.* All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. **The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur.** A written summary report for each patient is sent to the attending physician at least every 60 days.



Resetting Expectations & Engaging Therapists

Discuss the Value of Therapists

- Be bold and be honest
- Discuss MedPAC recommendations regard unlinking therapy visits and payment
- Discuss Balance Budget Act of 1998 and its impact on therapy
- Discuss Value Based Purchasing
- Discuss HHA Star Metrics
- Ask this question ***“if reimbursement changed tomorrow...what value would you bring to this agency and our patients?”***

Ideas

- Have therapists in leadership and preceptor roles
- Standardize competencies and self-assessments
- Have regular therapy meetings and ensure HHA leadership leads the meetings
- Cite industry speakers and publications (non-therapy leaders must become knowledgeable in these fields)
- Consult experts in the field
- Clearly explain expectations during the interview process
- Include expectations in the offer of employment
- Engage therapy staff in QAPI
- Engage therapy staff in Medical Review practices
- Engage therapy staff in the solution to these problems

Resources for HH leaders:

- Professional Associations: Position statements, white papers,
- Home Health Section of the APTA
 - Providing Physical Therapy in the Home Hand Book [www.apta.org]
 - Navigating the Sea of Home Health Regulators
www.homehealthsection.org
 - AOTA, ASHA, APTA
- State Departments
 - Department of Education/Professions
 - State Practice Acts
 - Department of Health
- Federal Agencies
 - Centers for Medicare and Medicaid Services (CMS)
 - Department of Health and Human Services (HHS)

Questions

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