



Value-Based Purchasing: First Year Perspectives

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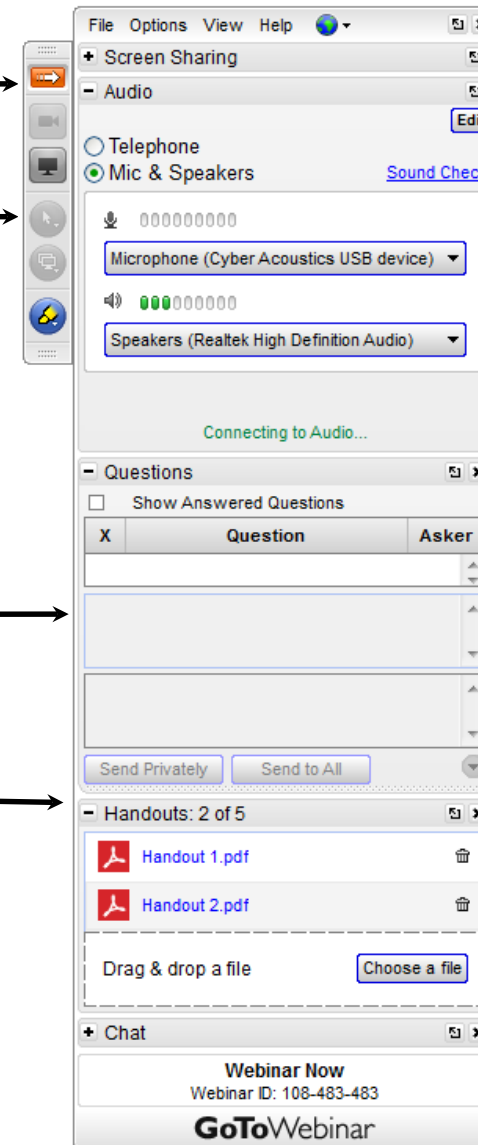
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Objectives

- ▶ Describe the latest updates and insights from CMS regarding the HHVBP initiative and changes made over the last year
- ▶ Share the HHVBP measure scoring changes over CY 2016 and the impact on the TPS scores across the 9 demonstration states
- ▶ Review the best practices and lessons learned from agency HHVBP initiatives that worked and didn't work

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HHVBP Components – 2016 Final Rule

- ▶ 5 year pilot starting with Performance Year in 2016
- ▶ Bonus or penalty up to 3% first year then - 5%, 6%, 7%, 8%
- ▶ Baseline Year of 2015 used for calculating the median (achievement threshold) and mean of top decile (benchmark)
- ▶ Baseline scores are state specific and separated out by small and large agencies (Cohorts)
- ▶ 21 OASIS/Claims/HHCAHPS measures along with 3 New Measures
- ▶ Up to 10 Points for Achievement and Improvement for each measure – get the higher of the two
- ▶ Total Performance Score (TPS) for each CCN will be used to calculate the Linear Exchange Function (LEF)

Nov 3rd 2016: Home Health 2017 Final Rule

- ▶ Drops 4 measures not previously defined in the 2016 Final Rule
- ▶ Changes the performance benchmarks and thresholds calculation without regard to size for each state
- ▶ Size of Small Cohort limited to 8 CCNs in a state with LEF calculation
- ▶ Review Requests time period reduced from 30 to 15 days
- ▶ New Measures to be entered within 15 days after the end of the quarter
- ▶ Employee Flu measure to be reported annually starting in April 2017
- ▶ Sets up an appeals process that includes a recalculation and reconsideration process

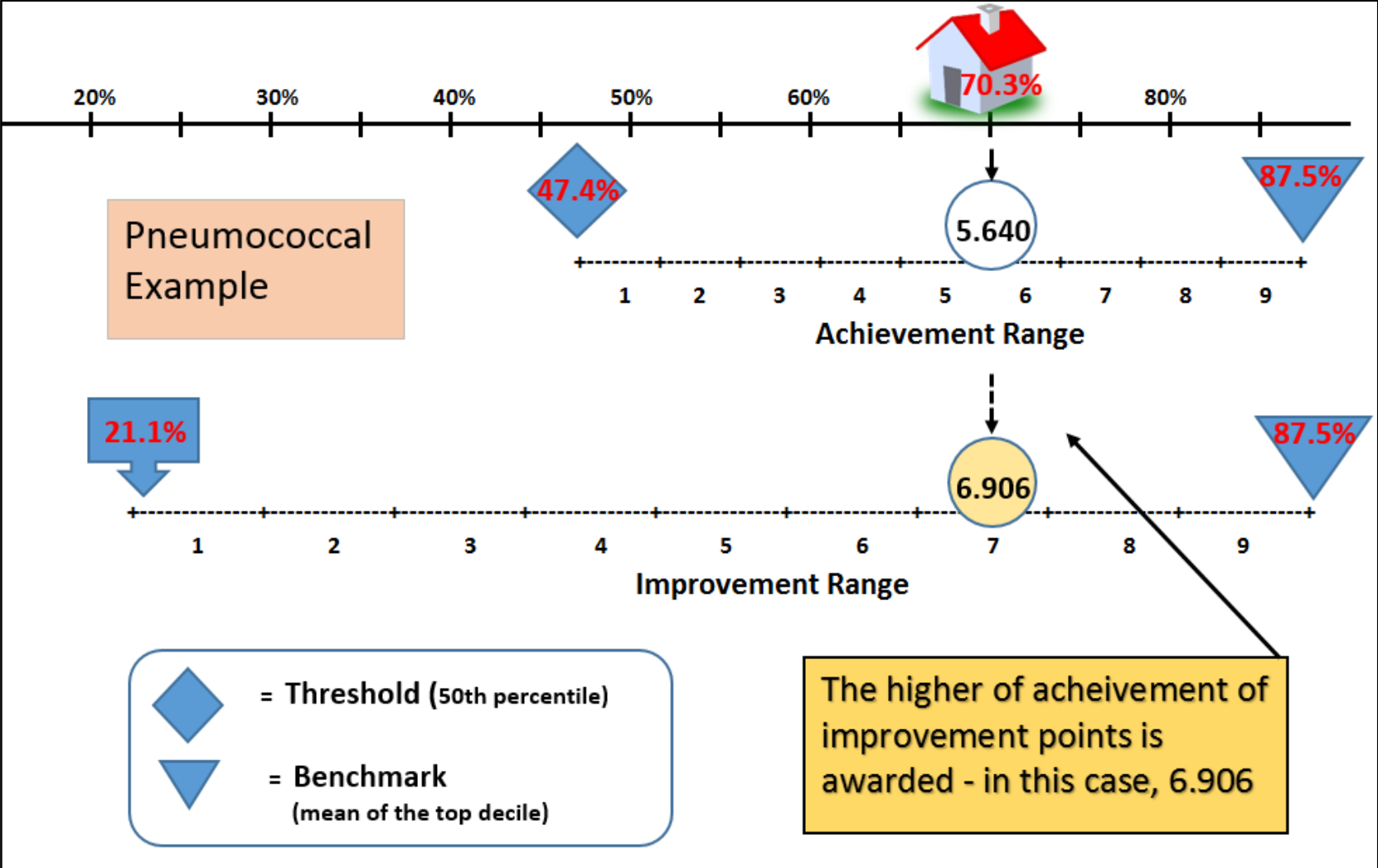
Measures by NQF Domain

Domain	Measure	Measure Type	Source
1	Communications between Providers and Patients	Outcome	CAHPS
1	Specific Care Issues	Outcome	CAHPS
1	Overall rating of home health care	Outcome	CAHPS
1	Willingness to recommend the agency	Outcome	CAHPS
2	Improvement in Ambulation-Locomotion	Outcome	OASIS (M1860)
2	Improvement in Bed Transferring	Outcome	OASIS (M1850)
2	Improvement in Bathing	Outcome	OASIS (M1830)
2	Improvement in Dyspnea	Outcome	OASIS (M1400)
2	Drug Education on All Medications Provided to Patient/Caregiver	Process	OASIS (M2015)
3	Discharged to Community	Outcome	OASIS (M2420)
4	Influenza Immunization Received for Current Flu Season	Process	OASIS (M1046)
4	Pneumococcal Polysaccharide Vaccine Ever Received	Process	OASIS (M1051)
5	Acute Care Hospitalization:	Outcome	CCW (Claims)
5	Emergency Department Use without Hospitalization	Outcome	CCW (Claims)
6	Improvement in Pain Interfering with Activity	Outcome	OASIS (M1242)
6	Improvement in Management of Oral Medications	Outcome	OASIS (M2020)
6	Care of Patients	Outcome	CAHPS
			Total

DOMAINS

- | | |
|--|-----------------------------|
| 1) Patient and Caregiver centered experience | 2) Clinical Quality of Care |
| 3) Communication & Care Coordination | 4) Population Health |
| 5) Efficiency and cost reduction | 6) Safety |

Measure Points Scoring - Example



Achievement Thresholds/Benchmarks

► Changed in the October 2016 Interim Reports

Measure	MA Achievement Threshold July 2016	MA Achievement Threshold Oct 2016	Change	MA Benchmark July 2016	MA Benchmark Oct 2016	Change
Ambulation	64.03%	63.95%	-0.08%	76.29%	77.13%	0.84%
Bed Transferring	61.94%	61.82%	-0.11%	80.15%	80.68%	0.54%
Bathing Improved	64.28%	63.96%	-0.32%	80.31%	80.29%	-0.02%
Dyspnea	65.78%	65.90%	0.12%	81.66%	82.06%	0.40%
Oral Meds	52.50%	51.95%	-0.55%	72.05%	72.06%	0.01%
Pain	68.93%	68.87%	-0.06%	88.39%	88.91%	0.53%
Discharge to Community	66.07%	66.05%	-0.02%	81.95%	82.60%	0.66%
Flu	66.60%	65.94%	-0.66%	90.12%	90.45%	0.33%
Drug Education	97.41%	97.39%	-0.02%	100.00%	100.00%	0.00%
PPV	70.23%	70.18%	-0.05%	94.21%	94.24%	0.02%
Hospitalizations (+ Improved)	16.57%	16.55%	-0.02%	9.06%	9.18%	0.12%
ED Use Without Hospitalization	12.34%	12.38%	0.04%	6.71%	6.66%	-0.05%
Composite 1 (Care of Patients)	89.06%	89.06%	0.00%	94.46%	94.46%	0.00%
Composite 2 (Communications)	86.35%	86.35%	0.00%	91.27%	91.27%	0.00%
Composite 3 (Specific Care)	84.98%	84.98%	0.00%	91.95%	91.95%	0.00%
Universal 1 (Overall Rating)	85.74%	85.74%	0.00%	91.68%	91.68%	0.00%
Universal 2 (Recommend)	83.07%	83.07%	0.00%	90.33%	90.33%	0.00%

New Measures

- ▶ Data for Q1 2017 has already been submitted for each of these new measures by HHAs through the CMS Web Portal.

Measure	Measure Type	Notes
Influenza Vaccination Coverage for Home Health Care Personnel	Process	% HHA personnel received or documented not received, medical condition, received elsewhere, declined, unknown. Need to have worked 1 day Oct 1st to March 31st
Herpes zoster (Shingles) vaccination: Has the patient ever received the shingles vaccination?	Process	# of Medicare beneficiaries over 60 that ever received shingles vaccine
Advanced Care Plan	Process	Patients over 18 with plan or discussed with patient (no surrogate or plan made)

Performance Reporting

- ▶ On a quarterly basis, CMS will provide each agency with their interim performance reports (IPR)
 - The first report was posted in July 2016 for the 2016 Q1 data
 - Contains “preliminary data” prior to recalculation requests and recalculations
 - 2 IPRs per Reporting Quarter per CCN
 - Final IPR will be posted on the HHVBP secure portal after the recalculations
 - Preliminary IPR will be replaced with the Final IPR

Performance Reporting (cont.)

- ▶ Agencies will also have a chance to review their Annual TPS and Payment Adjustment Report
 - August 1st first notification
 - 15 days to request recalculation; 15 days for reconsideration
 - Final report no later than 30 calendar days in advance of the payment adjustment taking effect
- ▶ Annual quality performance reports will be made publicly available but no earlier than CY 2019

Total Performance Scoring (TPS)

- ▶ CMS proposing that TPS and payment adjustments would be calculated based on an HHA's CCN and therefore, based only on services provided in the selected states
- ▶ 17 OASIS/HHCAHPS/Claims based measures will be used in the TPS unless an agency does not have **20 or more episodes per measure - Accounts for 90% of the score**
- ▶ Three New Measures will account for the **10% of the score**
- ▶ If an HHA does not meet this threshold to generate scores on five or more of the Clinical Quality of Care, Outcome and Efficiency, and Person and Caregiver-Centered Experience measures, no payment adjustment will be made

Total Performance Scoring (Cont.)

Domain	Measure	Measure Type	Source	Scores
1	Communications between Providers and Patients	Outcome	CAHPS	5
1	Specific Care Issues	Outcome	CAHPS	5
1	Overall rating of home health care	Outcome	CAHPS	8
1	Willingness to recommend the agency	Outcome	CAHPS	5
2	Improvement in Ambulation-Locomotion	Outcome	OASIS (M1860)	10
2	Improvement in Bed Transferring	Outcome	OASIS (M1850)	7
2	Improvement in Bathing	Outcome	OASIS (M1830)	7
2	Improvement in Dyspnea	Outcome	OASIS (M1400)	8
2	Drug Education on All Medications Provided to Patient/Caregiver	Process	OASIS (M2015)	10
3	Discharged to Community	Outcome	OASIS (M2420)	7
4	Influenza Immunization Received for Current Flu Season	Process	OASIS (M1046)	2
4	Pneumococcal Polysaccharide Vaccine Ever Received	Process	OASIS (M1051)	5
5	Acute Care Hospitalization:	Outcome	CCW (Claims)	9
5	Emergency Department Use without Hospitalization	Outcome	CCW (Claims)	0
6	Improvement in Pain Interfering with Activity	Outcome	OASIS (M1242)	0
6	Improvement in Management of Oral Medications	Outcome	OASIS (M2020)	0
6	Care of Patients	Outcome	CAHPS	5
			Total	93

Total Performance Scoring (Cont.)

Calculation of Applicable Measures					
Classifications	Applicable Measures (AM)	Raw Total Points (RTP)	Total Applicable Measure Points (RTP/AM)*10	Weight	Applicable Measures Final Weighted Score (AMFWS)
Points	17	93	54.706	90%	49.235
Cumulative Applicable Measures Score					49.235
Calculation of New Measures					
Classifications	Available Points (AP)	Raw New Measure Points (RNMP)	Total New Measure Points (RNMP/AP)*100	Weight	New Measures Final Weighted Score (NMFWS)
Points	30	30	100	10%	10.000
Cumulative New Measure Score					10.000
Total Performance Score Summary					
Classifications					Final Weighted Score (FWS)
Applicable Measure Final Weighted Score (AMFWS)					49.235
New Measure Final Weighted Score (NMFWS)					10.000
Total Performance Score (TPS)					59.235

CMS Q&A's and Webinars (Cont.)

- ▶ Ranking of TPS on the Interim Performance Reports (IRP) *

Ranking	HHA's TPS
90	≥ 90 th Percentile
75	≥ 75 th Percentile AND < 90 th Percentile
50	≥ 50 ^h Percentile AND < 75 th Percentile
25	≥ 25 th Percentile AND < 50 th Percentile
10	≥ 10 th Percentile AND < 25 th Percentile
0	< 10 th Percentile

* By Cohort

Net Reimbursement Impacts

- ▶ Each agency's value-based incentive payment amount for a fiscal year will depend on:
 - Range and distribution of agency total performance scores
 - Agency's base operating HHRG payment amount
- ▶ The value-based incentive payment amount for each agency will be applied as an adjustment to the base operating HHRG payment amount for each episode

Linear Exchange Function (LEF)

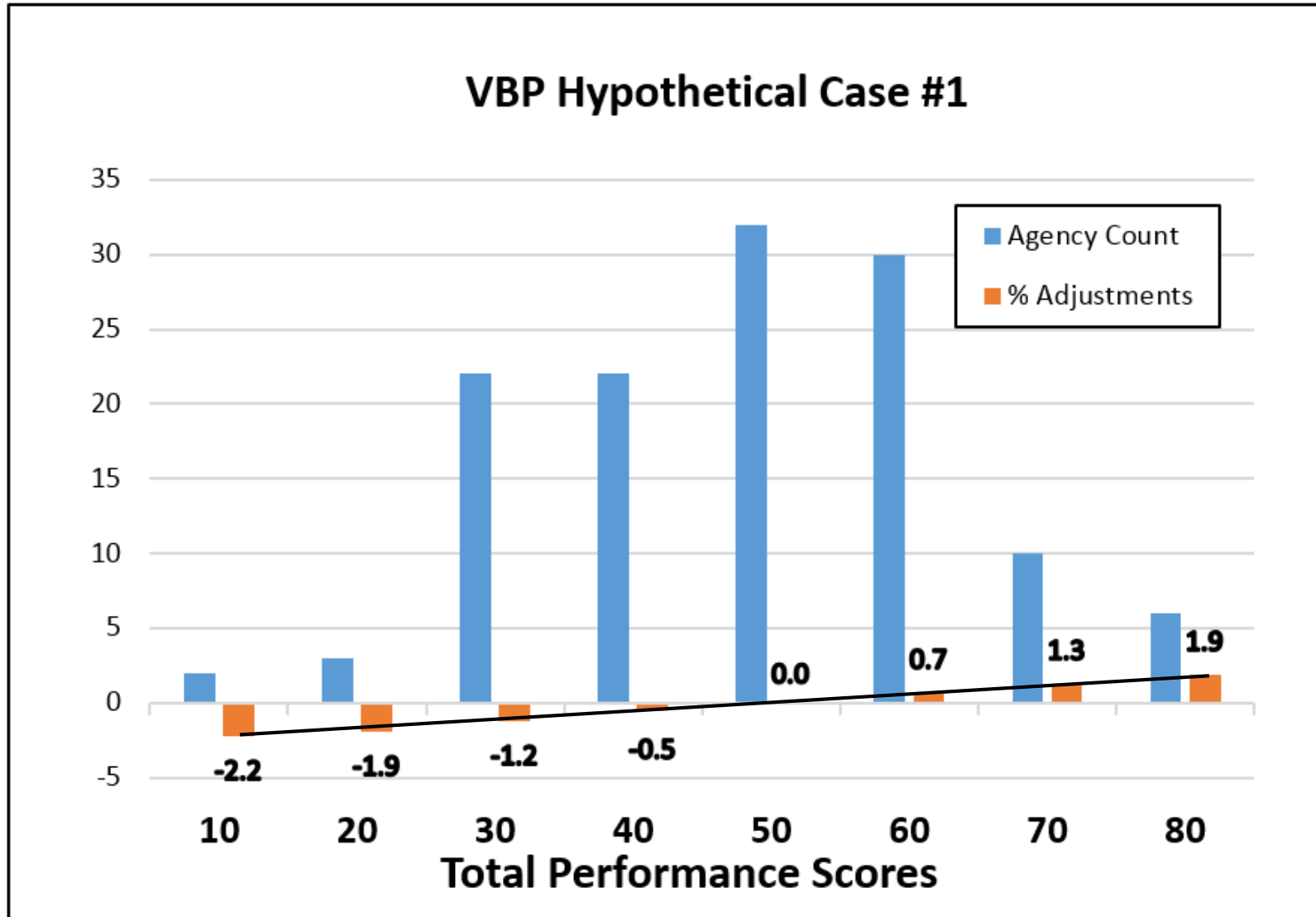
- ▶ CMS will use a **linear exchange function** to distribute the available amount of value-based incentive payments to agencies, based on agency's total performance scores on the HHVBP measures

Figure 9: 8-percent Reduction Sample

HHA	TPS	Step 1 Prior Year Aggregate HHA Payment*	Step 2 8-Percent Payment Reduction Amount (C2*8%)	Step 3 TPS Adjusted Reduction Amount (C1/100)*C3	Step 4 Linear Exchange Function (LEF) (Sum of C3/ Sum of C4)	Step 5 Final TPS Adjusted Payment Amount (C4*C5)	Step 6 Quality Adjusted Payment Rate (C6/C2) *100	Step 7 Final Percent Payment Adjustment +/- (C7-8%)
	(C1)	(C2)	(C3)	(C4)	(C5)	(C6)	(C7)	(C8)
HHA1	38	\$ 100,000	\$ 8,000	\$ 3,040	1.93	\$ 5,867	5.9%	-2.1%
HHA2	55	\$ 145,000	\$ 11,600	\$ 6,380	1.93	\$ 12,313	8.5%	0.5%
HHA3	22	\$ 800,000	\$ 64,000	\$ 14,080	1.93	\$ 27,174	3.4%	-4.6%
HHA4	85	\$ 653,222	\$ 52,258	\$ 44,419	1.93	\$ 85,729	13.1%	5.1%
HHA5	50	\$ 190,000	\$ 15,200	\$ 7,600	1.93	\$ 14,668	7.7%	-0.3%
HHA6	63	\$ 340,000	\$ 27,200	\$ 17,136	1.93	\$ 33,072	9.7%	1.7%
HHA7	74	\$ 660,000	\$ 52,800	\$ 39,072	1.93	\$ 75,409	11.4%	3.4%
HHA8	25	\$ 564,000	\$ 45,120	\$ 11,280	1.93	\$ 21,770	3.9%	-4.1%
Sum			\$ 276,178	\$ 143,007		\$ 276,002		

*Example cases.

Insights on the Linear Exchange Function



PAC VBP Program

- ▶ Version 3 being considered by House Ways and Means
 - ▷ Budget Neutral in the aggregate
 - ▷ Apply to payments for services beginning on or after Oct 1, 2019
 - ▷ 3 Measures:
 - 1) Medicare Spending Per Beneficiary,
 - 2) Discharge to Community,
 - 3) All-Condition Risk-Adjusted Potentially Preventable Hospital Readmission
 - ▷ Two Tracked Risk Model
 - 1) High Risk: 2 - 5 % at risk (2020 – 2023 and beyond)
 - 2) Low Risk: 1 – 2% at risk (2020 – 2025 and beyond)

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Assumptions

- ▶ Data is from the Strategic Healthcare Programs (SHP) National Database
- ▶ Based on CCN level information
- ▶ CCNs need at least 11 of the measures with at least 20 or more episodes to be included
- ▶ Comparisons are made against the 9 HHVBP states and in some cases to the Non-VBP states (41 other states)
- ▶ EC without Hospitalization is “best fit” using the HHC data

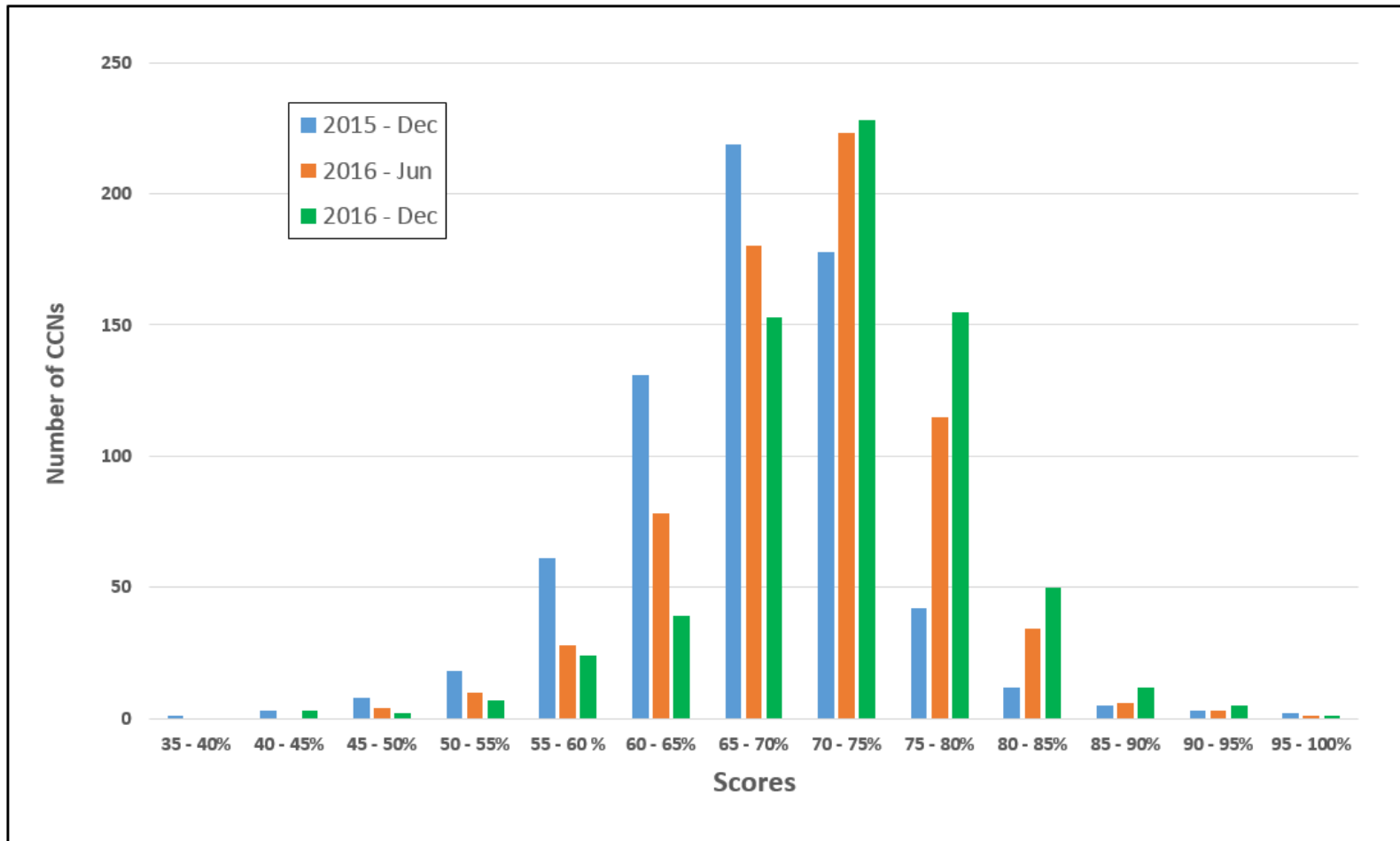
Measure Trends by State Group

Percent Change 12 months Dec 2015 to Dec 2016

Measure	VBP States	Non-VBP States
Ambulation	7.1%	6.1%
Bed Transferring	9.4%	8.1%
Bathing Improved	6.8%	6.3%
Dyspnea	5.5%	5.5%
Oral Meds	8.2%	7.8%
Pain	7.9%	7.3%
Discharge to Community	1.3%	0.7%
Flu	8.5%	8.9%
Drug Education	2.2%	1.7%
PPV	7.4%	8.0%
Hospitalizations (+ Improved)	8.2%	4.2%
Composite 1 (Care of Patients)	0.3%	-0.1%
Composite 2 (Communications)	0.2%	-0.1%
Composite 3 (Specific Care)	-0.7%	-0.1%
Universal 1 (Overall Rating)	0.1%	-0.3%
Universal 2 (Recommend)	-0.1%	-0.7%

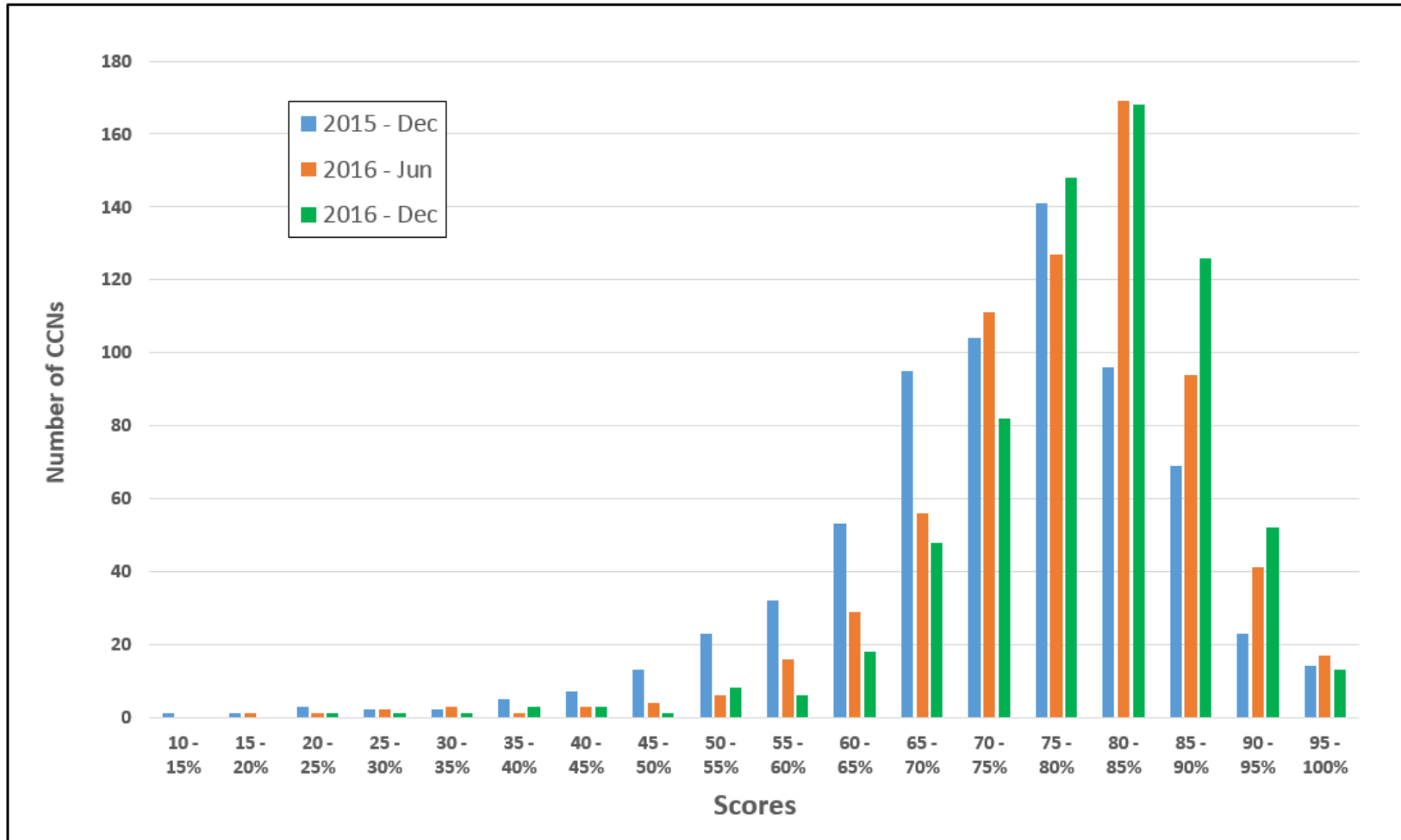
Measure Trends – VBP States

Ambulation (12 months ending)



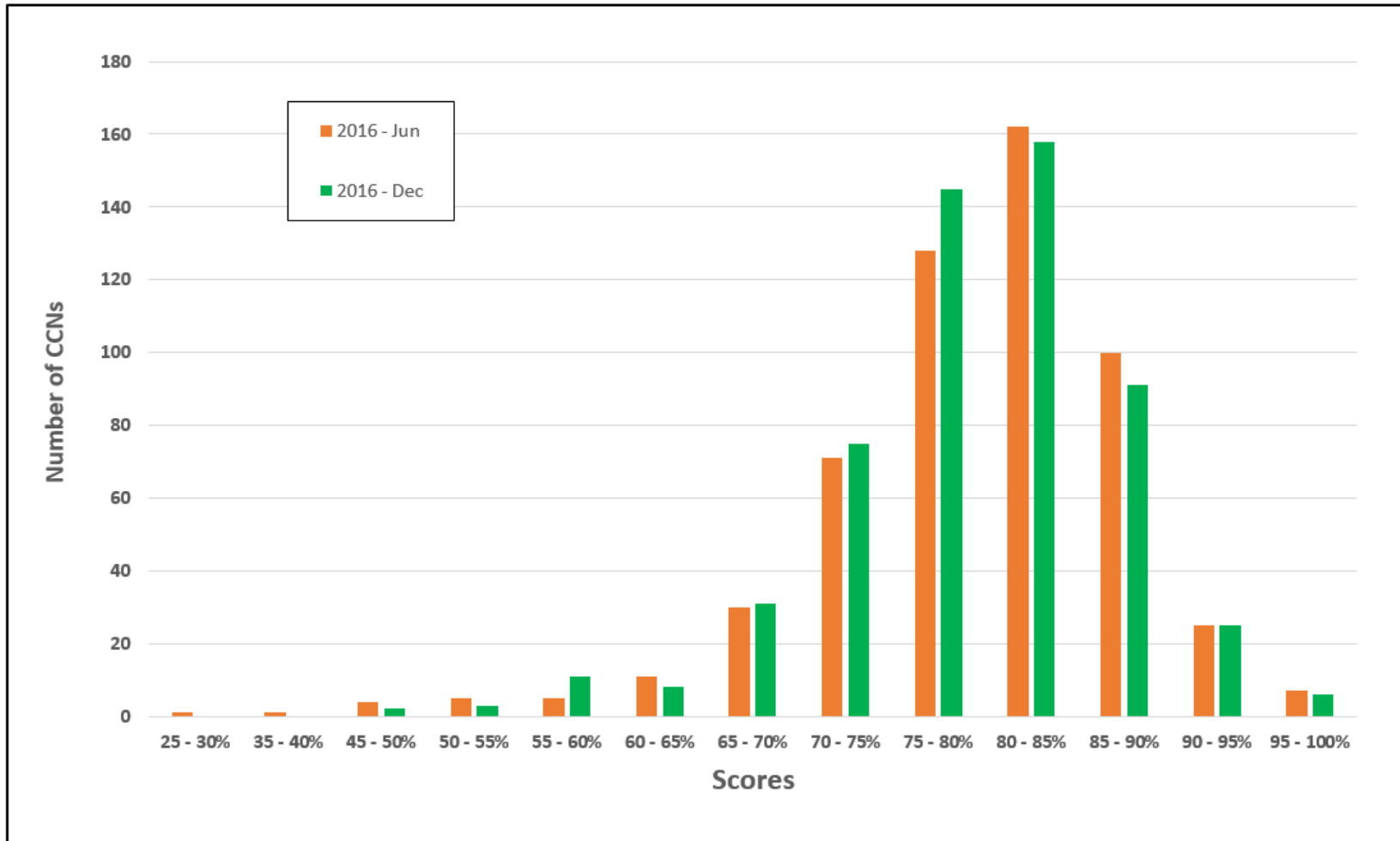
Measure Trends – VBP States

Flu Vaccine (12 months ending)



Measure Trends – VBP States

HHCAHPS – Likely to Recommend (12 months ending)



Measure Trends – VBP States

TPS Scores (12 months ending)



Achievement vs. Improvement Points

Average Scores per CCN -12 Months ending Dec 2016

Measure	9 VBP States	9 VBP States	9 VBP States	9 VBP States	9 VBP States
	Achievement	Improvement	% Improvement Higher	% Same	% Achieve Higher
Ambulation	4.724	3.637	23.7%	18.0%	58.3%
Bed Transferring	4.671	3.596	25.3%	14.1%	60.5%
Bathing Improved	4.869	3.679	19.9%	23.1%	57.0%
Dyspnea	4.334	3.028	20.6%	19.3%	60.1%
Oral Meds	4.661	3.251	20.3%	15.9%	63.8%
Pain	4.220	3.466	30.6%	23.6%	45.8%
Discharge to Community	2.771	1.639	24.3%	27.7%	48.0%
Flu	5.181	3.500	24.4%	11.6%	63.9%
Drug Education	5.650	4.740	31.8%	14.4%	53.8%
PVV	4.767	3.172	24.9%	10.0%	65.1%
Hospitalizations (+ Improved)	2.892	2.625	29.9%	33.3%	36.8%
Composite 1 (Care of Patients)	2.206	1.738	26.1%	35.0%	38.8%
Composite 2 (Communications)	2.594	1.993	26.1%	34.8%	39.0%
Composite 3 (Specific Care)	2.245	1.555	23.3%	41.1%	35.6%
Universal 1 (Overall Rating)	2.035	1.707	30.9%	35.6%	33.5%
Universal 2 (Recommend)	2.187	1.585	26.7%	35.8%	37.5%

Measure Trends – TPS Scores

Changes 12 months June 2016 to Dec 2016 by CCN

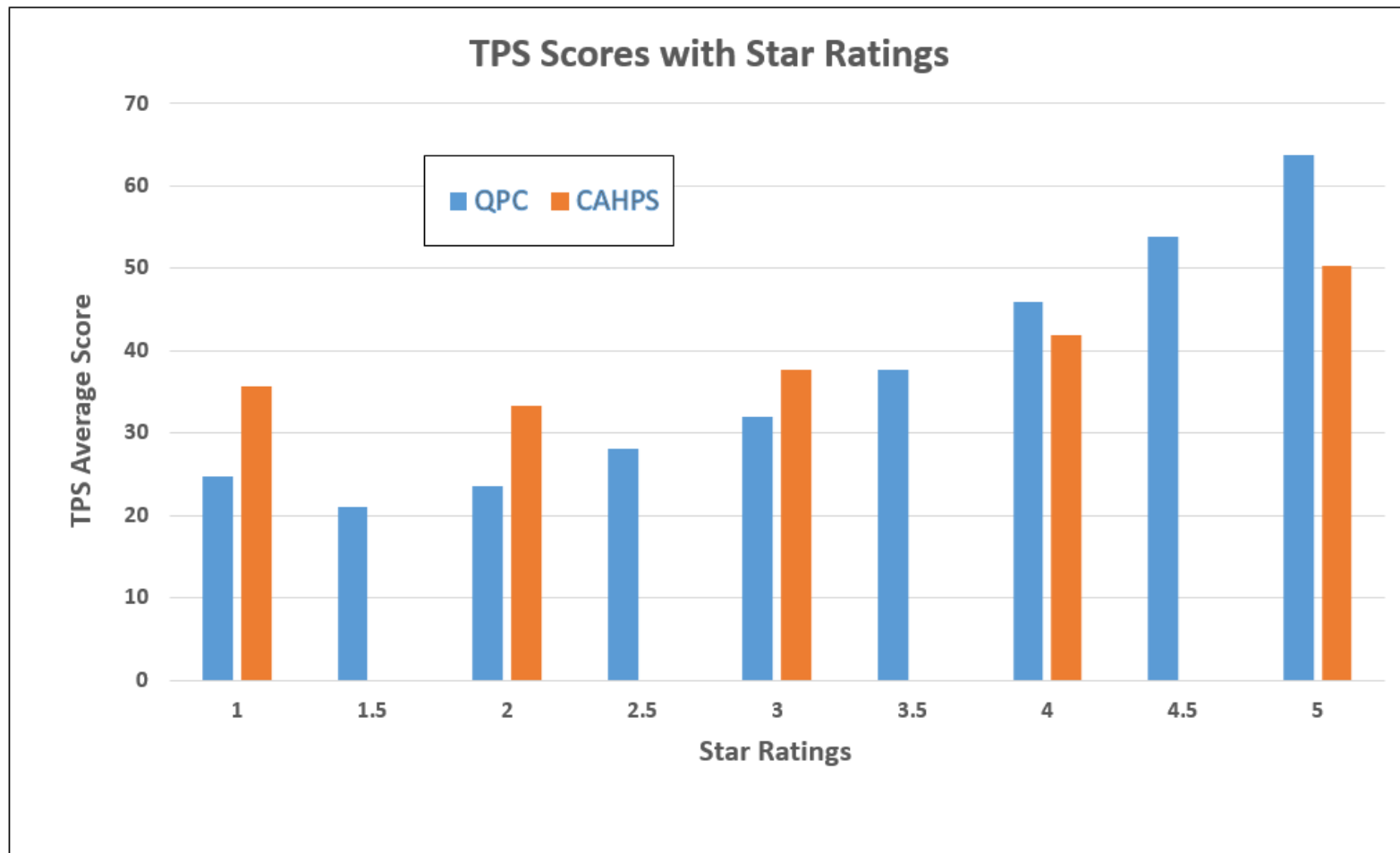
States	Avg June	Avg Dec	% Chg
9 VBP	42.29	47.05	11.3%
VBP CCN #	682	679	
Non-VBP	40.74	44.04	8.1%
Non-VBP CCN #	2112	2114	

Measure Trends – TPS Scores (Cont.)

Changes 12 months June 2016 to Dec 2016

States	TPS Decreased	TPS Increased	Total	% Decrease	% Increase	Increase in both TPS and Ranking	% Increase TPS & Ranking
9 VBP	179	488	667	26.8%	73.2%	310	46.5%
Non-VBP	601	1482	2083	28.9%	71.1%	1071	51.4%

TPS vs Star Rating Comparison



* Includes both VBP and Non-VBP States

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Identifying the 'best of best' practices to address HHVBP 2016



- Interviewed 7 organizations with multiple provider numbers

- Interviewed Quality/Operational Leadership

- All nine pilot states included

- 125 Provider Numbers

- Provider Number ADC Ranged from 50-1500

- Rural and Urban Locations



Provider Profiles

Advanced Home Care, Robin Kipple, Director Clinical Practice

North Carolina and Tennessee

ADC 5,800

14 provider numbers

Star Ratings: 3.5-4

Banner Home Health, Dr. Edwards, CMO, Brenda Centner, Clinical
Performance Improvement, Mary Clisham, Clinical Performance Improvement

AZ

ADC 1,600

2 provider numbers

Star Ratings: 3.5 & 4.5

Provider Profiles



Vidant Home Health, Sandra Bullock, Quality Coordinator for Health Access
North Carolina
ADC 478
4 provider numbers
Star Ratings: 2.5-4

Providence Home Health, Rachel Manchester, Director of Quality HH
Washington state
ADC 3,150
5 provider number
Star Ratings: 2.5-3.5



Provider Profiles

Kindred at Home, Judy Fenton, VP Clinical Services
MA, MD, NC, FL, WA, AZ, IA, NE, TN
89 provider numbers
Star Ratings: 2-5

Adventist Health Care, Lynette Goddard, Director Clinical Operations
Maryland
ADC 900
3 branches with one provider number
Star Ratings: 5

Provider Profiles



Healthy at Home, Andrea McCall, AVP Performance Improvement-Continuing
Care and Lisa Whisnant, Director Accreditation/Quality
North Carolina
ADC 1,800
8 provider numbers
Star Ratings: 4-4.5



HHVBP 2016 Observations

In general, initial approach for 2016 was continued focus on Star Ratings and Re-hospitalization

New Measures Reporting was a “distraction”

Re-hospitalization rates are harder to move

*note: 60 day re-hospitalization rates-VBP

Improvements in HH CAHPS are much harder to make



HHVBP 2016 Observations

OASIS Improvements in 2016 were still more focused on accuracy of answering question versus actual change in clinical practice

Star ratings have some relationship to Total Performance Score (TPS)

All providers must have 'real time' data to monitor whether actions are working



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HHVBP Best Practices Focus: Clinical/Operational



Clinical/Operational HHVBP Best Practices

Right Place, Right Time---Guidelines for Appropriate Setting of Care

Palliative Care/Hospice Partnership

Clinician Education--"appropriate care bundle" to help staff get familiar with TPS

Fully utilize Social Workers—SW Navigator

Get your risk adjustment OASIS items right

Rescue Kits (COPD, HF)



Rubber hits the road in volume vs value: RIGHT Setting of Care



Must happen at time of referral so right care setting can be chosen

Taking 'all comers' meets admission goal but may not meet reimbursement goals under value based approach

Is the best place Home Health? SNF? Palliative Care/Hospice? IRF?

Watch Outs:

- Patients needing hospice/palliative care

- Non-adherence to physician orders

- No primary care physician

- No willing/capable caregiver

- Complex medical needs but only therapy ordered

- Psychiatric Diagnoses

- Frequent Re-hospitalizations

Hospice/Palliative Care Partnership

Patients need hospice or palliative care services yet patients or physician not in agreement which may result in patient being re-hospitalized

Advanced Home Care Pilot-November 2016

Initiated partnership with hospice provider with goal of reducing re-hospitalization rates

Utilized a mid-level clinician to respond within an hour when hospice patient at risk

14 patients in pilot with major decrease in re-hospitalization



Expanding your thinking about Social Work

- ▶ High Touch Social Work at SOC-contact within 24 hours of referral

- ▶ Social Work at Your Service—

SW Navigators--shift the resource to address barriers from RN/Therapist to SW



- ▶ SW Visits vs Telephonic SW Visits

- ▶ Consider requesting SW orders when patients:
 - ▷ *Have cognitive issues*
 - ▷ *Need prescriptions filled*
 - ▷ *Do not have care giver*
 - ▷ *Link to community resources*
 - ▷ *Need access to healthy food and appropriate housing*

Clinician Rescue Kits

(instead of ED visit if criteria met)



▶ COPD

- ▶ Proactive Care Plan
- ▶ Request Standing orders re: mobile x-ray, labs, pulse oximetry, rescue kit
- ▶ Rescue Kit: prednisone, oral antibiotic
- ▶ Use of exercise videos to improve patient functional status

▶ HEART FAILURE

- ▶ Proactive Care Plan
- ▶ Request Standing orders re: mobile x-ray, labs, pulse oximetry, rescue kit
- ▶ Rescue Kit: Lasix (oral and IV), oral potassium
- ▶ Use of exercise videos to improve patient functional status



Risk Items Matter

Some providers interviewed are really noting the impact of risk adjustment on their scores

Considerations:

Are you doing some random checks on accuracy of OASIS risk adjustment items?

Are you spending enough time on MCD and MCR Advantage OASIS quality review as they impact your risk adjustment items and thus your TPS?

“Social Determinants” are being considered by CMS for future risk adjustment



OASIS Risk Adjustment/Accuracy Example

Cognitive functioning questions (M1700, M1710, 1720) impact risk adjusted measures such as transferring, ambulation/locomotion, management of oral meds

M1700-answered as '4' confused all the time

M1710-answered as 'na' if non-responsive patient

M1720-answered as 'na' if non-responsive patient

Not included in the denominator for some functional items

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“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”



OASIS Risk Items Matter

- ▶ Age
- ▶ Payor Source
- ▶ Inpatient Facilities
- ▶ Inpatient Diagnosis
- ▶ Active Diagnosis
- ▶ Therapies
- ▶ Overall status
- ▶ Risk Factors
- ▶ Patient Living Situation
- ▶ Vision/Hearing
- ▶ Wound Questions
- ▶ Cognitive Questions
- ▶ Functional Items
- ▶ Management of Oral Meds/Injectable Meds
- ▶ Types and Sources of Assistance

**HHVBP Best
Practices Focus:**

Strategic/Operational



Strategic/Operational Best Practices

Executive Level Leadership Steering Committee

Take a look at middle management structure

Monthly “real time” data

Monthly scorecard review with branches

Local Branch Owns where to focus with support

“What If” Road Show



Who is leading change management in the branch?

“Because management deals mostly with the status quo and leadership deals mostly with change, in the next century we are going to have to try to become much more skilled at creating leaders.”

John Kotter

Supporting your ‘middle managers’ to have followers

- ▶ John Maxwell’s The 21 Irrefutable Laws of Leadership

- ▷ Law of Buy-In
- ▷ Law of Influence
- ▷ Informal Leaders



- ▷ “He who thinks he leads, but has no followers, is only taking a walk.”

John Maxwell



What Clinical Quality Functions should happen at each branch?

Data provided monthly to each location and allow local management staff to choose 1-3 areas of focus

Local Management staff develops their own action plans

PT “Leads” in branches who ‘own’ patient functional improvements—”remove the goggles”

QAPI model with feedback loop and data to see if actions working

Heat Map Monthly Scorecard

Ministry	5 Star Rating	Timely initiation of Care	Drug Education on all Medications	Received Flu Shot for current season	Improved Walking or Moving Around	Improved Getting in and out of Bed	Improved Bathing	Had Less Pain Moving Around	Breathing Improved	Admitted to Hospital
OASIS Assessment dates 12/1/2016-12/31/2016 and Claims 10/1/2016-10/31/2016										
PHCC - Scarborough	★★★★	94.50	98.70	90.00	66.10	61.50	62.70	74.10	75.00	12.40
PHCC - King County	★★★★1/2	88.00	99.30	84.40	73.70	70.10	76.00	75.80	74.40	12.50
PHCC - Yorkville, Weston, Etobicoke	★★★	72.10	99.60	88.40	71.00	68.70	67.40	67.60	65.40	14.30
PHCC - Spadina	★★★★	98.40	100.00	79.90	80.20	70.80	72.40	70.20	73.90	10.60
PHCC - Yorkville	★★★★1/2	100.00	100.00	81.60	60.40	55.10	68.50	62.50	68.60	18.00
PHCC - Bayview	★★★★1/2	96.60	98.20	88.60	68.50	75.40	72.70	67.50	73.70	10.00
PHCC - Toronto	★★★★	99.40	100.00	80.20	82.40	84.70	84.00	82.20	82.90	9.30
PHCC - Scarborough (Mount Royal)	★★★	94.90	98.70	81.60	46.80	40.00	53.30	56.80	54.10	5.30
PHCC - Midland	★★★	95.30	100.00	83.50	42.70	47.40	44.90	58.20	48.80	4.00
PHCC - Toronto	★★★	88.70	96.90	82.50	54.40	48.80	55.10	67.30	64.10	11.30
PHCC - Scarborough	★★1/2	85.10	93.50	58.70	55.30	60.00	55.30	65.60	74.10	23.10
National Average	N/A	94.40	98.20	73.70	68.30	64.50	71.60	71.50	70.20	16.10

Please Note: This data is not a rolling 12 months like what is reported on Home Health Compare. This is just a one month snapshot of how each ministry is currently performing. Please do not compare with the results on Home Health Compare. Thank You.

VBP Calculator Example

Value Based Purchasing (VBP) Measures	16-Jul	16-Oct	2015 CMS State (NC)		Your 2015 CMS Baseline	Points			New Points			Difference	
			Threshold (Median)	Benchmark (90th% Avg)		Achievement	Improvement	Current Care Points	Achievement	Improvement	Improved Care Points		
Improvement in Pain (Risk Adj)	75.00	73.55	67.64	81.48	67.00	5.28	5.02	5.28	4.34	4.02	4.34	-0.94	
Improvement in Bed Transferring (Risk Adj)	71.01	73.58	61.48	74.54	67.33	7.07	4.60	7.07	8.84	8.17	8.84	1.77	
Discharge to Community (Risk Adj)	72.86	72.11	70.65	78.21	72.28	3.13	0.49	3.13	2.23	0.00	2.23	-0.90	
Improvement in Ambulation (Risk Adj)	69.62	70.89	64.90	75.23	68.64	4.61	0.99	4.61	5.71	2.91	5.71	1.10	
Flu Vaccine Received	82.38	83.51	74.67	88.00	77.37	5.71	4.21	5.71	6.47	5.28	6.47	0.76	
Improvement in Mgmt of Oral Meds (Risk Adj)	57.23	58.61	51.62	63.89	54.65	4.62	2.30	4.62	5.62	3.78	5.62	1.01	
Improvement in Dyspnea (Risk Adj)	80.81	81.29	70.74	85.48	80.55	6.65	0.02	6.65	6.94	1.00	6.94	0.29	
Drug Education All Meds	98.72	98.65	96.16	99.73	98.48	6.94	1.38	6.94	6.78	0.86	6.78	-0.16	
PPV Received	84.04	87.11	79.34	93.39	79.68	3.51	2.68	3.51	5.48	4.92	5.48	1.97	
Improvement in Bathing (Risk Adj)	71.44	72.19	65.67	78.90	70.40	4.43	0.72	4.43	4.94	1.61	4.94	0.51	
60-Day EC without Hospitalizations		11.86	14.40	9.27	12.12	0.00	0.00	0.00	4.95	0.40	4.95	4.95	
60-Day Hospitalizations		17.57	16.00	11.45	17.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Care of Patients		91.32	90.41	94.00	90.76	0.00	0.00	0.00	2.78	1.21	2.78	2.78	
Communications		87.12	88.03	92.39	88.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Specific Care Issues		86.49	84.67	90.84	85.87	0.00	0.00	0.00	3.16	0.76	3.16	3.16	
% who Rated Agency 9,10		85.17	87.15	93.43	85.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
% who would Recommend		84.16	82.70	90.24	84.79	0.00	0.00	0.00	2.24	0.00	2.24	2.24	
Raw Total Points								51.95				70.49	
Total Applicable Measure Points (RTP/AM) x 10:								51.95				41.47	
Applicable Measure Final Weighted Score (AMFWS):								46.75				37.32	
								10.00				10.00	
								56.75				47.32	-9.43



What Clinical Quality Functions should be centralized?

Leadership Steering Committee who can make VBP a priority, remove barriers and communicate importance to executive leadership/BOD

Centralized pull of data into organization scorecard drilled down by provider number

Data must be 'real time' vs waiting for CMS data from portal

“What If” reviews conducted at provider locations

Summary Best Practice Points

- ▶ Real Time Data monitored monthly
- ▶ Data Shared with Board, Leadership, Management and Branch Staff
- ▶ Strategic approach to determine where to focus
- ▶ OASIS questions answered accurately
- ▶ Implemented clinical improvements



Questions?

Thank You for Attending!

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Winning Wednesday Webinar Series

Value-Based Purchasing - First Year Perspectives

You can find more information on Value-Based Purchasing and the SHP VBP report in our previous presentation: “Value-Based Purchasing Trends and Reporting”

[Value-Based Purchasing Trends and Reporting \(PDF\)](#)

[Value-Based Purchasing Trends and Reporting \(Recording\)](#)