HOMECARE & HOSPICE
National Association for Home Care & Hospice

CLINICAL MANAGEMENT OF PDGM PART I

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SWIFT SKIN AND WOUND

Webinar content was developed by the Home Care & Hospice Financial Managers Association (HHFMA), a NAHC affiliate.

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- Monthly industry update calls (including benchmarking of key metrics)
- Educational programs
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- And more…

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Objectives

- Identify clinical risk areas under PDGM and strategies for managing the risks
- Assess your agency's readiness for PDGM
- Describe the skills necessary for a clinical manager to be an effective 'PDGM Gatekeeper'
- Explain how interdisciplinary care management can mitigate the risks
- Outline steps to more appropriately use therapy services

PDGM Risk Areas for Clinical Practice

- Inaccurate clinical/comorbidity grouping & functional scoring
- Increased LUPA rates
- Appropriate visit utilization over two 30 day payment periods
- Appropriate use of therapy services

Strategies for Managing Risks

- Clinical manager as 'PDGM Gatekeeper' (Part 1)
  - Leadership & critical thinking skills
  - Management of expenses
    - Visit utilization
    - Wound management/supplies
  - Clinician performance metrics for accountability

Strategies for Managing Risks

- Interdisciplinary collaboration & coordination (Part 1)
  - Data accuracy
  - Appropriate skill mix & visit utilization
- Right care management model to manage risks (Part 2)
  - Primary clinician/case management model
  - Managing the *patient* rather than just making *visits*
- Appropriate therapy utilization (Part 2)

How Do These Key Performance Indicators Look in Your Agency?

ASSESSING PDGM READINESS

Clinical Key Financial Indicators

Assess current status by these measures for a baseline of your financial health

Item	Average
Initiation of Care Within 48 hours*	94.3%
Days to RAP	7 days
Days to Final	10-14 days
LUPA Rate**	8.63%
Average Supply Cost per Episode**	$18 median to $42 75th quartile

*Source: Medicare Home Health Compare **2017 Cost report database

Average Visits Per Episode (PPS)

Total Discipline Visits/yr ÷ Total Agency Episodes/yr (not reflecting average visits on a POC)	**Benchmark**
Average SN visits per episode	8.6
Average PT visit per episode	5.3
Average OT visits per episode	1.0
Average ST visits per episode	0.1
Average HHA visits per episode	1.3
Average Agency Total visits per episode	17.6

Medicare Cost Report Database, CY 2017

CLINICAL MANAGER AS 'PDGM GATEKEEPER'

Role of Clinical Manager

- Provide oversight of all patient care services & personnel which must include the following:
  - Making patient and personnel assignments
  - Coordinating patient care
  - Coordinating referrals
  - Assuring that patients are assessed
  - Oversight of the development, implementation and updates to the plan of care
- Understanding budget – revenue vs. expenses

Clinical Manager Skill Set

- Good knowledge of regulations and reimbursement, and resources
- Critical thinking
  - Analyze, assess and evaluate information
  - Recognize and interpret data trends
  - Effectively communicate
  - Problem solve
- Priority setting/multi-tasking
- Leadership & coaching skills
- Understand the role of the interdisciplinary team
- Understanding budget – revenue vs expenses

Role of Clinical Manager in PDGM

- Facilitate interdisciplinary case conferences
  - Primary clinician(s) and team lead the conversation
- Caseload review weekly to biweekly with case managers
  - Focus on visit frequency, progress to goals, plan for discharge and/or recertification
  - Prior to 30th day, discussion on plan of care and plans for next 30 days

Role of Clinical Manager in PDGM

- Making patient and personnel assignments
  - Appropriate assigned clinician based on skill sets
  - Caseload consideration
  - Ensure continuity of care of team
- Coordinating Patient Care
  - Missed Visit Management
    - Monitor trends by clinician
      - Educate clinicians in strategies to manage identified trends
    - Ensure clinicians reschedule missed visits during Medicare week

Clinical Management of LUPAs

- Monitor delays in SOC & in other discipline evaluations
- Review potential inappropriate SOC
  - Homebound status/questionable skilled need
  - Not safe or needs higher level of care
- Manage appropriate visit frequency and tapering of visits
- Review recertifications for ongoing skill, homebound status and appropriate visit frequency
- Prevent inappropriate discharges due to refusal of care or goals not met

Front Loading & Hospitalizations

- Goal is patient contact, not only visits
- Coordinate with care team ensuring visits are scheduled on alternate days
- Utilize telemonitoring if available
- Utilize phone contact as alternative
- Taper visits throughout episode

Understanding of Revenue Metrics

- PDGM reimbursement
- Accuracy of coding
- Accuracy of OASIS
- Medicare case-mix weight to reimbursement
- LUPA reimbursement impact

Understanding Expense Metrics

- Productivity performance per clinical discipline
- Appropriate utilization of PRN staff
- FTE position control & vacancy status
- Average visits per Medicare episode vs budgeted
- Cost per visit by discipline
- Managing visit utilization based on client needs/reimbursement
- Non-billable visit impact
- Non-visit cost – mileage, meetings, other overhead
- Supplies and cost of wound management

Wound Clinical Grouping Overview

- Highest average reimbursement in clinical grouping = $1972.00
- 10.5% of episodes in 2017 grouped into this category
- Co-morbidity with skin (4 subsets) includes 355 ICD-10 diagnosis codes

Wound Management Goals

- Primary Goal: Improved wound healing time
- Other goals:
  - Reduce number of unnecessary dressing changes
  - Improve patient comfort with dressing changes
  - Educate family on wound care
  - Reduce number of skilled nursing visits
  - Reduce cost **(REMEMBER QUALITY FIRST, COST SECOND)**

Wound Management Protocols

- Assess wounds each visit with minimum weekly
- Measure wounds weekly
  - Notify MD immediately for signs of decline/infection
  - Notify MD if no decrease in measurements within 2 weeks
- Assess for comorbidity impacting healing
- Assess for environmental items impacting healing

Wound Management Protocols

- Wound Photography
  - Must have policy/procedure/patient consent
  - Must maintain HIPAA compliance for transmission
- Wound/Ostomy consults
  - Daily dressing changes
  - Complicated wounds
  - Wounds not healing
  - Multiple comorbidities impacting healing

Product Selection

- Choose the right product based on:
  - Etiology
  - Location
  - Tissue Type
  - Depth
  - Pain
  - Infection
  - Exudate
  - Potential for infection
- As wound moves through healing process reassess for best product

Supply Management: Formulary

- A formulary reduces inventory by limiting selection based on quality & cost
- Develop formulary & reassess annually
  - Evaluate current product usage
  - Identify other dressing options in each category
  - Evaluate other products
    - Assess product performance
    - Listen to feedback from staff and patients
  - Choose one or two products in each category
- Develop approval process for over-riding formulary
  - Should be manager level with nursing experience
- Educate staff on formulary

INTERDISCIPLINARY CARE

Interdisciplinary Collaboration

- Prepare for each certification & payment period
  - Collaborate on key OASIS items by all who saw the patient, including Aides (provide training as needed)
  - Consider observation vs patient report, time of day, other variables, etc.
  - Identify most appropriate diagnoses are listed
  - Identify if there is a new primary diagnosis for the next payment period, is there documentation to support it?

Interdisciplinary Care Coordination

- Coordinate visits for daily coverage, as needed, in first weeks to reduce hospitalization risk, rather than frontload added nursing visits
- Identify hospitalization & fall risks & discuss the role each person who walks in the house has to reduce risks
- Share & discuss what patient identifies as goals
- Coordinate with Remote Patient Monitoring for possibility of reducing visits

Interdisciplinary Care Planning

- Use generalized skill sets to be reinforced each visit by all disciplines (vitals, medication adherence, etc.)
- Identify unique skill sets of each discipline, capitalize on each discipline to optimize outcomes
- Engage patient as member of team, optimizing patient engagement & managing condition
- Taper frequencies to allow patient to better self-manage

Interdisciplinary Care Planning

- Identify focus of care for each discipline, preventing duplication
- Collaborate on goals of care
  - Patient goals
  - Agency goals
- Communicate known barriers to care, risk areas & patient needs
  - Best skill mix/disciplines for optimum outcomes
  - Community service needs
  - Telehealth or Remote Patient Monitoring
  - Palliative or hospice
  - Specialty services (WOCN, Nutritionist, Diabetic Educator, etc.)
- Coordinate visit frequency orders and visit management

Discharge Planning

- Assure that the patient is ready for discharge.
  - Are there any outcomes stabilized or declined that you expected would have improved?
  - Are outcomes achieved sustainable?
- Where are other disciplines in their plan of care?
  - Will they continue after your discipline discharge?
  - Any monitoring that could be continued?
  - Any discharge planning that can be followed up?

Interdisciplinary Case Conference

- Beginning of episode protocol:
  - Ensure patient's most accurate OASIS data
  - Ensure most effective & efficient POC
- 30 Day Review protocol (at days 21-25)
  - Progress toward outcomes
  - Barriers to outcome progress?
  - Any additional disciplines required?
  - Is a change in primary diagnosis needed for subsequent 30 days?
- End of Episode protocol
  - Challenge clinical reasoning behind recerts or discharges
  - Reconsider discharge plan if an outcome score that was expected to improve, instead either stabilized or declined

Impact of Clinical Management and Interdisciplinary Care on PDGM

- Accurate payment through data collaboration
- Effective use of payment through coordinated discipline skill mix & efficient use of visits
- Management of all expenses, including wound expenses
- Tapered frequency of all disciplines
  - Reduced visits with increased patient engagement
  - Reduced LUPA risk & hospitalization risk with visits drawn out over the 60 day episode

Summary

- PDGM is complex with changes heavily focused on clinical characteristics
- Keys to success include:
  - Strong clinical leaders
  - Proactive, coordinated and collaborative interdisciplinary care teams
  - Well-developed, holistic and individualized POC ensuring
    - Efficient discipline utilization
    - Focus on patient engagement and goals of care

Upcoming Events

Financial Management Conference and Expo

July 14-16, 2019 | Chicago, IL

fmc2019.NAHC.org

Home Care and Hospice Conference and Expo

October 13-15, 2019 | Seattle, WA

seattle2019.NAHC.org

Upcoming Webinars

PDGM: Clinical Management of PDGM Part II

Tuesday, August 6, 2019 | 2:00-3:30 PM EDT

PDGM: Electronic Medical Record Readiness

Thursday, August 15, 2019 | 2:00-3:00 PM EDT

PDGM: Coding In Depth

Thursday, September 12, 2019 | 2:00-4:00 PM EDT

PDGM: Billing In Depth

Thursday, September 26, 2019 | 2:00-4:00 PM EDT

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