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Addressing HH VBP thru Operational Rewire

Traditional HH Operational practices were refined during the Volume-based HH PPS era, where rehab visit totals were the primary payment factor. The Value-Based Purchasing (VBP) reform requires real-time management to achieve the elevated outcome baselines required for bonus qualification.

In addition, VBP prompts outcome levels not normally seen in HH in process, clinical and patient satisfaction areas, so traditional HH Operations will likely fail. Finally, future HH reforms build on VBP-level performance, so success is essential.



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Thoughts on the VBP Reform, how it works, and what it means for Home Health



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Thoughts on VBP Reform, How it works, & what it means


- VBP challenges HH Providers in ways no previous reform has
- VBP success requires producing HH outcomes currently unseen
- VBP Trial results – 4.6% increase in TPS scores over multi-year trial
- VBP Trial results - \$141 Million savings w no increase adverse risks
- Steep incline of VBP demoed by the 90+% benchmarks required
- VBP Benchmarks insightful – full bonus for top 10% of Providers
- Connect VBP percentile to HH Provider quality – 70-80-90th
- VBP Outlines where HH is headed as a Part A Provider
- VBP represents Pay-4-Performance (P4P) for Home Health



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Thoughts on VBP Reform, How it works, & what it means

- > VBP entirely inverts the Volume-based PPS Model
- > PPS Volume – longer LOS equals increased payment
- > PDGM/VBP – longer LOS = decreased margins (V2V change)
- > Truly a capitated payment model (resembles acute care DRGs)
- > Few HH participants are knowledgeable about VBP program
- > Rapid changes required – how good are we at faster goals?
- Basically based on ability to define and deliver best practice
- Currently, this is primarily managed by front line clinicians



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Addressing Home Health Value Programming Concerns for VBP Success



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Addressing HH Value Concerns for VBP Success


- > IMPACT Act changes continue to rewire our model for value
- > We must recognize this is not only about Home Health
- > VBP changes - the value platform for ALL Part A Providers
- > PDGM to OASIS-E to VBP Expansion to PAC PPS Bundles
- > Increasing % of Payment/Outcomes based on OASIS baselines
- > PDGM-VBP changes installed at both SNF/IRF sites
- > This is Care evolution – PPS-PDGM, TJR to LUPAs, OASIS updates
- > VBP based on years of HH OASIS data collection



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Addressing HH Value Concerns for VBP Success

- > VBP Success will be based on care efficiency & improvement
- > ALL elements of HH come into play under VBP
- > Timeliness of admission, SOC OASIS Accuracy
- > SOC POC accuracy dependent on OASIS SOC profile
- > Decreased readmissions, Accurate POC Freq/Dur (no MVs)
- > Compliance, CGVR inclusion, DC mgmnt, Required documentation
- > Agency-based care management, Manager owns patient
- > Manager staffs patient with front-line clinicians
- > Real-time control based on document for coverage



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Extending your VBP Practices for an evolving Home Health Model



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Extending VBP practices for an Evolving HH Model

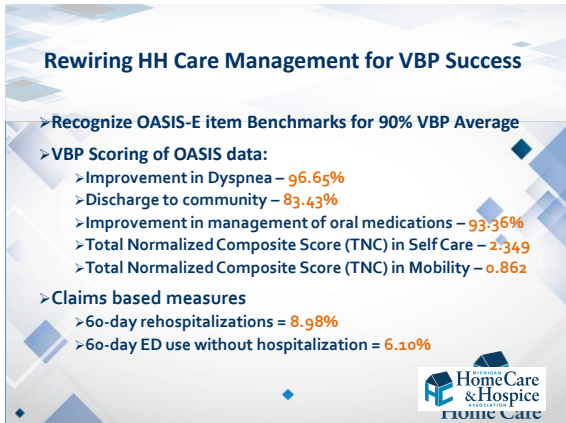
- > Real-time metrics in terms of outcomes required for V2V changes
- > HH personnel default to Volume practices if undirected
- > Weekly review connects operations to VBP outcomes
- > Move closer to stragglers at all levels – reinforce & support success
- > PIP plans often required for completion of V2V transition
- > Addresses traditional HH Operational change (flavor of the month)
- > Connect staff ID to improved outcomes in terms of VBP results
- > Relate VBP to HH success – VBP is the Home Health platform



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Ongoing Management of VBP Metrics for Success

- Process includes timely initiation of care
- Discharges to Community
- 60-day Rehospitalization
- Clinical areas include:
 - Dyspnea
 - Bathing



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KPI				
	Baseline	April	May	June
HHRG 1-30 Days	\$2,040.00	***	\$2,546.36	2601.58
Average HHRG 1-30 Day % Increase				28%
HHRG 31-60 Day	\$1,250.00	***	\$1,751.69	1537.47
Average HHRG 31-60 Day % Increase				23%
Average HHRG Total Increase				25%
Census	130	137	73	92
Nursing Savings/Rolling Total	***	***	\$17,606.12	\$31,673.57
Nursing Visits/Episode	7.3	2.5	2.98	3.13
NTUC	3	0	0	1
LUPA	8	1	0	1
Foley Catheter LUPA per Month				
Admits/Month	81	45-2 wks	85	73
Episodic Admits/Month	***	32	55	55
Non-Episodic Admits/Month	***	13	30	18
Missed Visits	139	38	20	8
Rehospitalization Episode Totals	25	13	10	11
Rehospitalization % Decrease		48%	60%	56%
Star Rating	3	3.5	3	4.5 Star

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Ongoing Management of VBP Metrics for Success


- Transfers
- Ambulation
- Oral Meds
- Discharges to Community
- 60-day Rehospitalization
- TNC Self-care
- TNC Mobility



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Ongoing Management of VBP Metrics for Success

- > HHCAHPS scores included in weekly metric review
- > Care of Patients
- > Communication
- > Specific Care Issues
- > % who would rate 9 of 10
- > % who would recommend
- > Addresses required changes in HHCAHPS outcomes



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Rewiring HH Care Production & Delivery Management for VBP Success



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Rewiring HH Care Management for VBP Success

- > Begin with OASIS items related to VBP Scoring & Outcomes
- > VBP Scoring of OASIS data:
 - > Improvement in Dyspnea
 - > Discharge to community
 - > Improvement in management of oral medications
 - > Total Normalized Composite Score (TNC) in Self Care
 - > Total Normalized Composite Score (TNC) in Mobility
- > Claims based measures
 - > 60-day rehospitalizations
 - > 60-day ED use without hospitalization



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Rewiring HH Care Management for VBP Success


- > 2 TNC measures included in VBP: TNC mobility & TNC self-care
- > TNC mobility measurement - a composite of OASIS questions:
 - > M1840 - Toilet transferring
 - > M1850 - Bed transferring
 - > M1860 - Ambulation/locomotion
- > TNC Self-care measurement - a composite of OASIS questions:
 - > M1800 - Grooming
 - > M1810 - Upper body dressing
 - > M1820 - Lower body dressing
 - > M1830 - Toileting hygiene
 - > M1845 - Eating



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Rewiring HH Care Management for VBP Success


- > HHCAHPS items related to VBP Scoring & Outcomes
- > HHCAHPS results comprise 30% of total of final VBP score
- > VBP HHCAHPS require "Scripting for Success" approach
- > VBP Scoring of HHCAHPS:
 - > Care of Patients
 - > Communication
 - > Specific Care Issues
 - > % who would rate 9/10
 - > % who would recommend



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Rewiring Home Health Care for VBP Success


- > Recognize per item Benchmarks for 90% VBP Average
- > VBP Scoring of OASIS data:
 - > Improvement in Dyspnea - 96.65% ----- (91.8%/87%)
 - > Discharge to community - 83.43%
 - > Improvement in mgmnt of oral medications - 93.36% - (85.7%/82%)
 - > Total Normalized Composite Score (TNC) Self Care - 2.349
 - > Total Normalized Composite Score (TNC) in Mobility - 0.86
- > Claims based measures
 - > 60-day rehospitalizations - 8.98% ----- (14.1%/14.1%)
 - > 60-day ED use without hospitalization - 6.10% ----- (10%/11.9%)



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Rewiring HH Care Management for VBP Success

- OASIS related HHCAHPS items related to VBP Scoring and Outcomes
- HHCAHPS results comprise 30% of total of final VBP score
- VBP Scoring of HHCAHPS:
 - Care of Patients – 94.37%
 - Communication – 92.83%
 - Specific Care Issues – 92.22%
 - % who would rate 9/10 – 93.95%
 - % who would recommend – 90.89%



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Managing your VBP Metrics in Real-time for Success



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KPI	VBP Analysis	90th %
HHRG 1-30 Days	Dyspnea	96.65
Average HHRG 1-30 Day % Increase	Discharge to Comm	83.43
HHRG 31-60 Day	Improvement Oral Med	93.36
Average HHRG 31-60 Day % Increase	TNC Score Self Care	2.69
Average HHRG Total Increase	TNC Score Mobility	0.995
Census	60 Day Rehospitalization	8.98
Nursing Savings/Rolling Total	NTUC	TPS/Limited Data Due to no HHCAHPS on SHP
Nursing Visits/Episode	LUPA	
Nursing Visits/Episode % Decrease	Foley Catheter LUPA per Month	
NTUC	Admits/Month	HHCAHPS 90th %
LUPA	Episodic Admits/Month	Care of Patients 94.37
Foley Catheter LUPA per Month	Episodic Admits %	Communication 92.83
Admits/Month	Non-Episodic Admits/Month	Specific Care Issues 92.21
Episodic Admits/Month	Missed Visits	Overall Rating 93.95
Episodic Admits %	Missed Visits % Decrease	Willingness to Recommend 90.89
Non-Episodic Admits/Month	Rehospitalization Episode Totals	
Missed Visits	Rehospitalization % Decrease	
Missed Visits % Decrease	Star Rating	
Rehospitalization Episode Totals		
Rehospitalization % Decrease		
Star Rating		

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Star Rating	2	2.5	3	4 Stars

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VBP Analysis				
Dyspnea	75.87	77.6	84.6	91.7
Discharge to Comm	75.42	74.5	76	76.9
Improvement Oral Med	69.89	79.2	84.1	96.4
TNC Score Self Care	2.21	2.138	2.205	2.313
TNC Score Mobility	0.71	0.657	0.681	0.701
60 Day Rehospitalization	17.6	17	15	
TPS/Limited Data Due to no HHCAHPS on SHP	4.91	7.21	10.68	14.69
HHCAHPS				
Care of Patients	90	94.1	89.6	
Communication	88.7	93.5	91.7	
Specific Care Issues	85.4	85.7	86.1	
Overall Rating	86.6	94.4	100	
Willingness to Recommend	82.7	94.4	91.7	

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Closing Thoughts on VBP for Home Health

- > HH VBP is a great opportunity for Home Health Providers
- > CMS plans to increase patient care volumes to Home Health
- > Based on most affordable care site, and site-neutral payments
- > Harkens back to initial Home Health philosophy from CMS
- > HH under PPS became an after-thought to inpatient care
- > CMMI Bundle trials reinforced this concept – 62% SNF LOS redn
- > Post-Acute PPS based on VBP care expectations (PAC PPS)
- > Acute care 30-day Bundle success based on VBP-level Home Health



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