Texas Association for Home Care & Hospice
Leading ★ Advancing ★ Advocating

57th Annual Meeting

Thursday, September 3, 2026

Seguin Room

2:45pm-3:45pm

6d. Future Home Care Success from a Leadership Perspective

Presented by:

Kimberly McCormick RN BSN, Executive Clinical Director
Home Health Strategic Management (HHSM)

Thank you to our Partners:

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Future Home Care Success from a Leadership Perspective

TAHCH 57th Annual Meeting

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Home Health Strategic Management

- HH Post-Acute Consulting Firm –Post-Acute Outcomes
- Arnie Cisneros PT – President, SURCH Developer
- Kimberly McCormick RN BSN – Exec Clinical Director
- UR Mgmnt Model for HH PDGM & VBP Reforms – SURCH
- PAC PPS Trials w PIONEER ACO – Value-Based Models
- VBP HH Outcomes replicating Medicare Part A operations
- Objective, real-time care production & delivery management
- Audit-free programming prepared for future CMS reforms

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History of Leadership In Home Health

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History of Leadership in Home Health

- HH changes since PPS Installation 1999 – 2000
- PPS focus - Census, Volume programs, Recertifications
- PPS Primary payment factor – Rehab visit totals
- Rehab issue led to initial PPS reforms – 10 visits, Levels
- HH audits followed with rehab as the primary focus
- Auditors appeared – MACs, RACs, ZPICs, OIG

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History of Leadership in Home Health

- IMPACT ACT reforms marked significant shift for HH
- Volume-to-Value (V2V) shift, PDGM, VBP (P4P), PCR
- V2V changes basically inverted the HH PPS model
- PDGM split 60-day cert (>70% post-acute <30 days)
- Agencies failed to respond appropriately to V2V
- Nealy all HH Providers continue w PPS-era Operations

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Current & Future Landscape of Home Health Delivery

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Current & Future Landscape of HH Delivery

- PDGM-VBP – defines our current care delivery model
- PDGM CAPITATED IDENTITY – rewards rapid outcomes
- PDGM Success differs from PPS era success
- Requires OASIS Accuracy, Value-Based POC, In-Episode Management, Schedule Control, HHCAHPS, Skill, etc.
- VBP Baselines outline HH landscape w elevated outcomes

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Current & Future Landscape of HH Delivery

- Further changes slated for Home Health's Future
- Increased audit scrutiny – OIG, Moratorium, PAC PPS
- CMMI – working for a decade on Post-Acute Bundles
- PAC PPS - Bundles ALL acute care DCs to Hospital
- Hospital, as Convener, manages ALL care/costs
- HHSM Bundle Hx – PAC Provider loses >25% utilization

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Leadership Role in the Future of Home Health

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Leadership Role in the Future of HH

- A Changing Landscape lies ahead for Home Health
- As w PPS installation, Provider loss is expected (30%)
- HH Culture must be addressed for future success
- Positive – HH changes solved with Part A solutions
- PART A Providers - manage similar issues successfully
- Nearly all HH staff have worked under these models

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Leadership Role in the Future of HH

- Leadership must lead Operational-Philosophical changes
- First step - to transition your agency to REALTIME mgmnt
- Develop an INITIATIVE to transition your Operations
- Include everyone in your agency and make it an EVENT
- Use Objective data and share ALL data with staff
- Connect changes to Improvement of current outcomes

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Getting your Staff on board with Future Changes

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Getting your staff on board with Future Changes

- ALL staff require changes – its' not just clinical staff
- Start with Management – Supervisory personnel
- Connect to daily meeting & reporting relevant data
- Move closer to stragglers or personnel not on board
- Meet & orient Clinical Staff - explain upcoming changes
- Orient clinicians to areas where improvement needed

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Getting your staff on board with Future Changes

- Challenge clinicians w Improvements needed
- VBP scores should be shared - w TPS – DFS specifics
- Connect Nursing clinicians to VBP specifics for nursing
- Rehab to VBP specifics – Amb, Bathing, Transfers, Dysp
- Again, move proactively closer to stragglers
- Some to struggle & others will excel – Guess who?

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Leading the Operational Rewire in your Agency

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Leading the Operational Rewire in your Agency

- It's the Role of Home Health Leadership to succeed
- Medicare changes are HH changes – CMS invented HH
- HH Change leads to better and more effective care
- None of us want outdated hospital or Rehab care
- Our responsibility to assure contemporary care (FICA)
- We don't have to make this change – WE GET TO

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Employing Key Performance Indicators (KPIs) for HH progress

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Employing Key Performance Indicators for HH progress

- KPI Metrics are the focus of Financial-Clinical performance
- Remember, improved finances = quality, best practice care
- KPI objectifies and standardizes care across your agency
- Review with admin, supervisory staff weekly, monthly
- Keeps focus on the drivers (& outcomes) of care processes
- We may compete with in-agency team re stats performance
- Engages everyone on the team in the HH platform of today

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Hardwired Client KPI				
	Baseline	Target	March 2025	April 2025
HHRG 1-30 Day	$1,975.00	$2,700.00	$2,784.60	$2,791.72
HHRG31-60 Day	$1,486.00	$1,800.00	$1,798.27	$1,888.20
Case Mix	1.01	>1.2	1.28	1.34
NTUC	41	29	13	8
LUPA 1-30 Day	16	3	3	1
LUPA 31-60 Day	19	3	4	2
Missed Visits	442	0	73	70
Census	484	NA	472	481
Admits/Month - SOC&REC	312	>238	316	341
Episodic %	45%	>70%	60%	67%
Nursing Savings Total			$416,000.00	$487,300.00
SNV/Month	12	5	4.09	4.07
Falls	43	0	21	16
Rehospitalization Totals	91	<7%	33	29
VBP Analysis of Public Reported Outcomes				
	Baseline	Target = 90th % VBP	March 2025	April 2025
Star Rating	1.5	4.5+	5	5
Timely Initiation of Care	97	100	99.2	100
Oral Meds	77.9	98.75	98.1	98.4
Ambulation	83.7	95.8	91.4	95.9
Bed Transfer	84.7	95.5	93.4	95.7
Bathing	87.8	97.4	98.8	100
Dyspnea	88.7	99.42	96	96.4
PPH	14.12	6.3	8.3	4.3
DFS	80.81	83.18	87.05	90.6
TPS	21.98	82 – 90th %	74.3 - 76%	83.1 - 94%
VBP Bonus	-3.81%	5%	NA	NA

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VBP Outcomes Increase w/ HHSM							
VBP Category	VBP 90th Percentile	Client 1		Client 2		Client 3	
		Baseline	HHSM	Baseline	HHSM	Baseline	HHSM
Discharge Function Score (VBP)	83.18	80.81	96	79.4	94.2	76.8	88.7
Improvement in Dyspnea (VBP)	99.42	88.7	99.3	75.87	100	88.05	98.51
Improvement in Mgmt. of Oral Meds (VBP)	98.75	77.9	98.4	69.89	97.5	79.5	98.89
Potentially Preventable Hospitalization (VBP)	6.3	14.12	4.3	17.6	6.5	19.4	7.1
Discharge to Community (VBP)	95.09	83.07	94.12	83.43	100	70.49	96.13
Bathing (VBP) 2026	99.26	94.8	97.35	86.8	98.76	93.9	99.2
Upper Body Dressing (VBP) 2026	98.57	93.2	97.46	90.41	96.79	94.22	98.1
Lower Body Dressing (VBP) 2026	98.21	92.5	98.1	89.13	95.79	93.24	96.4
*Medicare Spending Per Beneficiary (VBP) 2026	0.78	NA	NA	NA	NA	NA	NA
% who Rated Agency 9,10 (VBP)	94.69	81.8	96.1	86.6	94.4	85.94	94.78
% who would Recommend (VBP)	91.39	82.3	92.8	82.7	95.2	79.98	89.58
Total Performance Score (VBP)	90%	19%	98%	13%	92%	25%	94%

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Preparing your Agency for Value-Based Success

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Preparing your Agency for Value-Based Success

- HHSM effects these changes regularly with clients
- We're familiar w this – No one likes their cheese moved
- 2-3 weeks w new operational model – clinicians prefer
- They are used to working w realtime, objective model
- Lead them to identity happiness w new model
- Make sure you MANAGE your way to future success!

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