2e. Coming Full Circle: Strategies and Tools to Prepare for VBP

Presented by:

Naomi Goldapple, VP of AlayaLabs
Coming Full Circle: Strategies and Tools to Prepare for VBP

Naomi Goldapple
VP
AlayaLabs

You’ve spent the day learning about each piece of the pie

OASIS Based Measures

Claims Based and HHCAHPS Based Measures

Performance Feedback Reports

The Role of Chronic Disease Management in VBP

The Reimbursement Impact
HHA Quotes from Evaluation of the HHVBP Model: 4th annual report 63 interviews

HHA participant in 2017: “To be perfectly honest with you, I don’t really see where [HHVBP] has enhanced our care or improved the life of my patients.”

Same HHA participant in 2020: “I think we’ve become a better agency...it’s forced us to focus on the things that are important.”

Strategies to prepare for HHVP

- Staff training and education
- Staff recruitment and retention
- Technology
- Data and analytics
- QAPI processes
Technology

How to leverage it?

HHA Quotes from Evaluation of the HHVBP Model:
4th annual report 63 interviews

“We just recently switched to EMRs, a lot of that was driven around making our clinicians stronger with technology. It’s not just rooted in VBP.”
Internally generated reports (home health analytics vendors and linked to electronic health records (EHRs), were more useful in evaluating whether an improvement activity had a positive impact.

Claims-based performance measures (i.e. hospitalizations) are weighted most heavily, meaning that any measure taken to reduce these costly events will significantly improve your agency’s performance.
Wounds are the single greatest risk factor for home health hospitalizations, increasing the risk of hospitalization by 52%

*Swift Medical*

Agencies that are searching for high-impact strategies to improve their HHVBP performance can leverage digital wound care solutions

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**Better experience at point of Care, better assessment of progress and risk**

With greater insight into your wound patient’s needs, you can make informed decisions about where to allocate staff and proactively intervene for patients at-risk of hospitalization.
Use Technology to Improve Reporting

- Streamlining patient observations
- Prompts at the time of clock-out with pre-defined questions
- Track changes such as a malfunctioning medical device.
- Negative changes will notify your agency immediately

Electronic Health Record System

- How does your current HER support point of care mobile technology to aid communication and decision-making between clinicians and staff while in the field?
- Increase efficiency of electronic charting at the point of care
- User friendly and commonly adopted EHR and data analytics systems may recruitment and onboarding
Data and Analytics

Becoming a data-driven organization

Have a data-driven mentality

- Utilize internal quality reports/audit data, OASIS reports, HHCAHPS reports, care compare reports, etc.
- Use your EMR reporting and tools (analyzers, scrubbers, etc.)
- Use national vendors for benchmarking and data analytics (this may expedite the process of reviewing the outcomes of the indicators related to HHVBPS)
- Consider designing clinicians’ score charts
- Drill down the reports/data and support timely, data-driven decision-making
### Value Based Purchasing (VBP) Measures

**Your SHP Score** (06/01/21 - 05/31/22)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Weighted Care Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>TNC: Change in Self-Care (Risk Adj)</td>
<td>2.21</td>
</tr>
<tr>
<td>Grooming</td>
<td>0.339</td>
</tr>
<tr>
<td>Ability to Dress Upper Body</td>
<td>0.354</td>
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<td>Ability to Dress Lower Body</td>
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</tr>
<tr>
<td>Bathing</td>
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<td>Feeding or Eating</td>
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<tr>
<td>TNC: Change in Mobility (Risk Adj)</td>
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<tr>
<td>Toilet Transferring</td>
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<tr>
<td>Improvement in Mgmt of Oral Mds (Risk Adj)</td>
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<td>Discharged to Community (Risk Adj)</td>
<td>74.61%</td>
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<td>OASIS-Based Total</td>
<td>21.39</td>
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**60-Day Hospitalizations**

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<td>% who were Recommended</td>
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<td>HHCAHPS-Based Total</td>
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**Total Performance Score (TPS)**

- Baseline scores outperformed

### June 2022

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**OASIS-Based Total**

- Baseline scores outperformed

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**OASIS-Based Total**

- Baseline scores outperformed
How do we use all structured and unstructured data to mitigate risks and improve scores on specific measures?

Data collection and Analysis

- Look at your organizations’ performance for the year 2019 (baseline year) with a specific focus on HHVBP quality measures
- Compare your 2021-2022 scores for the same quality measures to the baseline year of 2019 to get an indication on your improvement scores
- Compare your 2021-2022 scores to the national scores for 2019 (benchmark) to get an indication on your achievement scores
- Locate May 2022 HHVBP achievement thresholds and benchmarks file in iQIES
- Identify which measures may need the most attention and develop a performance improvement plan to address them
Changing mentality with VBP

“We literally talk with the patient [about] how often you go [to the hospital], why you go, and the symptoms you have when you normally have to go. We write those symptoms down, so they are identifiable to that patient. We get into a lot more detail in how we are going to manage the patient, not only with the staff, but with the patient themselves and the caregiver... We are talking about patient care with a specific focus on outcomes achievement.”

Evaluation of the HHVBP Model Fourth Annual Report

OASIS is coded with M1400 as a 02, 03, 04. Dyspnea is associated with the presence of the following related conditions:

- Respiratory - Asthma, COPD, Pneumonia, Pulmonary Embolus, Lung Malignancy, Pneumothorax or Aspiration
- Cardiovascular - CHF, Pulmonary edema, acute coronary syndrome, pericardial tamponade, valvular heart defect, pulmonary hypertension, cardiac arrhythmia, intracardiac shunting
- Other systemic conditions - anemia, acute renal failure, metabolic acidosis, thyrotoxicosis, cirrhosis of the liver, anaphylaxis, sepsis, angioedema, and epiglottitis
- Risk factors such as smoking, obesity or deconditioning
By identifying the population that has both dyspnea and risk factors that can be acted on to improve dyspnea MAY result in an improvement in dyspnea between admission and discharge.

Risk factors that require additional investigation in the OASIS and medical record -

- Presence of obesity - M1060a (Height) and M1060b (Weight) and calculate the BMI to identify clinically obese clients. Actions could include referral to community resources, education on nutrition.

- Presence of smoking - Smoking status is not tracked in the OASIS but may be present in the medical record. Actions could include smoking cessation education, referral to community programs.

- Presence of Deconditioning - this is not a specific measure in the OASIS but questions that could be reviewed to understand the risk for deconditioning include - Decreased activity or increased need for support - M1860 coded as 2, 3, 4, 5, 6 and Incontinence - M1610 = 1, M1620 = 1, 2, 3, 4, 5.

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**Improvement in Change in Mobility**

Calculated from: M1840 (Toilet Transfer), M1850 (Transferring), M1860 (Ambulation) and from GG 0170 (Mobility) as it indicates current capability for many of the components of transfer and ambulation and indicates current status, goals for discharge and ultimately performance at discharge. It may be useful to break down their population into three categories:

- Population where improvement is not expected - e.g. palliative clients where death is anticipated (not tracked in OASIS but may be reflected in medical record); clients with significant cognitive impairment (M1700 = 4).

- Population where the change in mobility is recent or temporary and improvement would be anticipated. (examples - acute health conditions that are resolving (so recent hospitalizations (M1033=3 or 4), diagnosis showing aftercare recent fall (M1033 = 1) or where the anticipated discharge goal in GG0170 is less than the current assessed level (client becomes more independent).

- Populations where the change in mobility is not considered temporary and the goal would be to maintain mobility status or avoid further decline (GG0170 would be useful in where the anticipated discharge level would be the same as current status).
If we take a temporal view of all the data points and changes in condition can we mitigate certain risks?

Lungs decreased...pt stated he is urinating a lot and lost 16 pounds over last week...

pt tested positive for covid in home 1/18/22

DOE at times, clear cough, lungs decreased...Pt doesn't think he will be going to chemo this Thursday and believes he has bronchitis...

1500446 (tablet) 9124 (b/p monitor) 7879 (O2 oximeter) 2841 (scale) Patient will need help from family

Pt daughter took to hosp for uti and on observation status then transferred to SNF

Daughter also concerned over possible UTI ... Pt urine is very dark ... Pt had a fall yesterday per daughter report

Fall with fractured R hip
Consider an automated decision support tool to leverage the massive amount of data collected and help predict adverse events at any point in time during an episode of care.

Profile data
i.e. gender, age, medical history
OASIS assessment

Temporal data
i.e.
- visit data
- Visit cancellations
- Progress notes
- Vital signs
- Activity of daily living completion
- Medications

Stratification of risk at start and during episode

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>A</td>
<td>75%</td>
</tr>
<tr>
<td>B</td>
<td>12%</td>
</tr>
<tr>
<td>C</td>
<td>95%</td>
</tr>
</tbody>
</table>

How may this may be reflected in a workflow with alerts and timely mitigations

Mental status decline detected in notes
Possible mitigations:
- Communicate with CSM and HHA
- Update ADLs
- Add safety devices

HHA is taking care of multiple clients at the same time
Possible mitigations:
- Customize ADLs to fit guidance
- Evaluate appropriateness of 1:2 care ratio
- Add 2nd aide if needed

Positive Event
Safety device (camera) installed at client the previous week
By looking at our historical data we can see what led to hospitalizations in our population at home

<table>
<thead>
<tr>
<th>Symptoms for Risk Of Hospitalizations</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Of falls (Last 12 Months)</td>
<td>46.6</td>
</tr>
<tr>
<td>Multiple Hospitalizations (Last 6 Months)</td>
<td>32.6</td>
</tr>
<tr>
<td>Multiple emergency department visits (Last 6 Months)</td>
<td>30.4</td>
</tr>
<tr>
<td>Decline Mental Status (Last 3 Months)</td>
<td>78.3</td>
</tr>
<tr>
<td>Weight Loss (Last 12 Months)</td>
<td>20.0</td>
</tr>
<tr>
<td>Poor Compliance for Medical Instructions (Last 3 Months)</td>
<td>75.7</td>
</tr>
<tr>
<td>Using 5 medications or more</td>
<td>95.6</td>
</tr>
<tr>
<td>Exhaustion</td>
<td>84.6</td>
</tr>
</tbody>
</table>

Patients with a higher number of diagnoses were hospitalized more frequently
Patients who take a higher number of medications are hospitalized more often

Unstructured notes data can contain rich information about a patient's changing condition

There can be a large amount of unstructured notes data available in that is rarely revisited or read by clinical decision makers.

This represents a huge value available to be unlocked filled with rich clinical predictors.

Being able to extract & analyze automated insights from this unstructured data means there is likely to be more risk-mitigation opportunities to help patients and improve outcomes.
There are techniques to ingest and transform unstructured data into usable changes in condition over time.

- Patient id: 1aed137c-0f3d-537e-864a-35f6404db363
  - '2022-03-04 22:41:13', "Pain"
  - '2022-02-07 22:46:12', "Visual impairment"
  - '2022-02-07 22:46:12', "Cardiovascular system problem"
  - '2022-02-07 22:46:12', "Poor historian"
  - '2022-02-07 22:46:12', "Urinary Symptoms"

- Patient id: 9946eea3-7c17-515d-b7a1-aeb41069b321
  - '2022-02-07 18:36:26', "Visual impairment"
  - '2022-02-07 18:36:26', "Cardiovascular system problem"
  - '2022-02-07 18:36:26', "Poor historian"
  - '2022-02-07 18:36:26', "Urinary Symptoms"

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**Structuring the unstructured, extracting entities example**

**Input Note**
01/07/2022 SN- surgical site cleaned with NS and covered with Mepilex AG dressing. Pt tolerated well. No s/s of infection. 1/5/2022: PT: KH ; Noted no drainage on dressing, noted no s/s of infection

**Structured Entities Extracted**

**PHI_DATE:** 01/07/2022

**MEDICATION:** NS

**MEDICAL_CONDITION:** tolerated well

**MEDICAL_CONDITION(x2):** infection (NEGATED)

**PHI_DATE:** 1/5/2022

**TIME_EXPRESSION:** s/s - related to 'infection'
Structuring the unstructured, extracting entities example

Input Note
Pt sitting at kitchen table, pleasant and cooperative, denies any pain currently and no pain in past 24 hours. V5S, surgical wound cleaned with NS and covered with Mepilex AG drsg. Pt tolerated well without complaints.

Structured Entities Extracted
MEDICAL_CONDITION: pleasant
MEDICAL_CONDITION: cooperative
MEDICAL_CONDITION(x2): pain (NE5ATED)
TIME_EXPRESSION: past 24 hours - related to 'pain'
TEST_TREATMENT_PROCEDURE: surgical wound cleaned
MEDICAL_CONDITION: tolerated well
Quality Assurance and Performance Improvement

- Evaluate current QI process and QAPI program
- Prioritize Quality Improvement activities
- Align Agency’s data (OASIS reports, HHCAHPS, etc.) with performance improvement projects
- Consider standard core indicators for each branch/location
- Align agency clinical strategies and improvement efforts with HHVBP Model goals
- Review specific claims-based measures and implement changes for improvement. Hospitalization rate-strategies for improvement: frontload visits; early caregiver education, use of protocol etc.
- Include HHCAHPS measures and develop strategies to improve response rate/patient engagement (ex: train staff to use language similar to language used in surveys during patient education/visit)

HHA Quotes from Evaluation of the HHVBP Model 4th annual report

“... QAPI has transitioned from a ‘check-box’ item in our organization. [From] ‘I have to get it done, because that’s what I’m supposed to do’ to, ‘Let’s put all of these pieces together and actually understand that QAPI is not just a meeting that you have every quarter’... that’s kind of the mindset that has transitioned especially over the last year.”
HHVBP staff training and education

- Take advantage of training offered by CMS
- Provide OASIS training for SOC-ROC emphasis on assessment and completion completeness
- Educate on question meanings and significance in HHCAHPS
- Explain how HHVPB affects at the organization, team and individual level
Incorporate early warning methods and tools

STOP and WATCH by INTERACT®
Interventions to Reduce Acute Care Transfers

Acronym of conditions that assist in early identification of patient changes, reducing the risk of potentially avoidable hospitalizations.

Once a caregiver observes a change in patient condition, they simply fill out the STOP and WATCH form and promptly submit it to a licensed nurse or supervisor, who then evaluates the patient and determines the necessary course of action.

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**Stop and Watch Early Warning Tool**

If you have identified a change while caring for or observing a resident, please circle the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

- Seems different than usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participated less in activities
- Ate less
- No bowel movement in 3 days; or diarrhea
- Drank less
- Weigh: change
- Agitated or nervous more than usual
- Tired, weak, confused, or drowsy
- Change in skin color or condition
- Help with walking, transferring, toileting more than usual

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**Name of Resident**

**Your Name**

**Reported to**

**Date and Time (am/pm)**

**Nurse Response**

**Date and Time (am/pm)**

**Nurse’s Name**
Staff training and education

Ensuring that clinicians have the skill set to take care of increasingly complex patients being cared for at home:

• The higher the competencies in healthcare professionals, the smaller the risk of harm to the patients and deficiency in patient safety
• Competency assessment allows to identify baseline level of competency, areas of strength and growth, and as result, promotes efficient and effective patient assignments
• Competency training promotes standardization and consistency of care according to the industry standards of practice and decreases variance, risk of harm and adverse events

Staff Recruitment and retention

• Possible change in staff roles
• Hiring experienced staff/OASIS- certified nurses
• Hiring or outsourcing to OASIS-certified quality review specialists to conduct clinical record reviews
• Increase compensation for nurses with OASIS certification
• Increase the number of nurse case managers and initiate case management at the referral stage
• Provide opportunities for ongoing professional development, training and education
Keep in mind non HHVB specific employee retention metrics for example, how far do they travel each day?