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# Utilizing QAPI Programs to Drive Change

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# Disclosures

- **Financial**
  - None
- **Nonfinancial**
  - None

# Learning Goals

- Participants will identify three outcomes that impact HHVBP scores
- Participants will be able to report two methods of tracking and reviewing their data
- Participants will be able to identify two steps to improving outcomes within their agency
- Participants will be able to indicate two tools to assist in keeping their staff engaged in outcome improvement

# Overview

- **Outcome management**
  - Outcomes in HHVBP
  - Tracking and reviewing data
- **Improving outcomes**
  - Education
  - Collaboration
  - Communication
- **Staff engagement**
  - Field staff
  - Case studies

# Outcome Management

# Outcome Management

- **Outcomes in HHVBP**

- Dyspnea
- Management of oral medications
- Total Normalized Composite (TNC) change in self-care
  - Grooming
  - Upper and lower body dressing
  - Bathing
  - Toileting hygiene
  - Eating
- Total Normalized Composite (TNC) change in mobility
  - Toilet transferring
  - Bed transferring
  - Ambulation



# Outcome Management (cont.)

- **Outcomes in HHVBP**

- TNC Scores are obtained in the following manner:
  - Calculate the change in the applicable OASIS items for each episode
  - Calculate and sum the normalized change in the applicable OASIS items for each episode
  - Average the agency's episode-level Total Normalized Composite values
  - Calculate the agency's risk-adjusted value
- Patients who are fully independent (scored a 0) at SOC or ROC will be included in the TNC scores
  - If the patient declines, they will earn a negative score

# Outcome Management (cont.)

- **Outcomes in HHVBP**
  - An effective QAPI program works to improve all elements of care delivery
  - This includes an understanding of processes utilized in various departments to allow for safe transition or delivery of care
    - When is therapy included if it is not on the initial referral or plan of care
    - What other resources are available to assist the patient at home

# Outcome Management (cont.)

- **Tracking and reviewing data**
  - Data can be obtained from various sources

Internal	External
<ul style="list-style-type: none"><li>• EMR reports</li><li>• Chart reviews</li><li>• Adverse event reports</li><li>• Complaint logs</li><li>• Satisfaction surveys</li></ul>	<ul style="list-style-type: none"><li>• Medicare claims data</li><li>• Third-party reporting software</li><li>• Home Health Compare</li></ul>

# Outcome Management (cont.)

- **Tracking and reviewing data**
  - Benchmarks need to be utilized to measure improvement and can be either internal or external
    - Specific percentage improvement from the previous year/quarter (internal)
    - State or national benchmarks (external)
  - Dashboards allow for a quick review of data as well as ongoing monitoring of trends so interventions can quickly be developed and implemented
  - As HHVBP is expected to roll out nationwide in 2022, it will be worth identifying weaknesses now

# Outcome Management (cont.)

- **Tracking and reviewing data**
  - When reviewing your data consider the following:
    - What are your agency's lowest-performing outcome measures?
    - Which clinicians have outcomes lower than the agency average?
    - What is the OASIS review process?
    - How are clinicians educated on completing a comprehensive assessment and the OASIS?

# Outcome Management (cont.)

- **Tracking and reviewing data**
  - Track outcomes monthly
    - Once education is provided, improvement may not be seen immediately
    - Identify any downward trends in outcomes for which education was provided greater than two months prior; reeducation may be necessary
  - Look for trends in how the OASIS is answered. HHVBP calculates the Total Normalized Composite scores based on how much the patient improved, not simply if they improved.

# Outcome Management (cont.)

- Tracking and reviewing data

- Comparison of two cases in the TNC change in mobility measure

TNC Change in Mobility				
	Ambulation	Toilet transferring	Bed transferring	
	Maximum change	6	4	5
Patient A	SOC score	3	1	2
	Discharge score	0	1	0
	Raw change	3	0	2
	Normalized change	0.5	0.0	0.4
	<b>Sum of normalized change</b>	<b>0.9</b>		
Patient B	SOC score	2	0	2
	Discharge score	1	1	1
	Raw change	1	-1	1
	Normalized change	0.17	-0.25	0.2
	<b>Sum of normalized change</b>	<b>0.12</b>		

# Outcome Management (cont.)

- Tracking and reviewing data

- Comparison of two cases in the TNC change in mobility measure

TNC Change in Mobility				
	Ambulation	Toilet transferring	Bed transferring	
	Maximum change	6	4	5
Patient A	SOC score	3	1	2
	Discharge score	0	1	0
	Raw change	3	0	2
	Normalized change	0.5	0.0	0.4
	<b>Sum of normalized change</b>	<b>0.9</b>		
Patient B	SOC score	3	1	2
	Discharge score	1	1	1
	Raw change	2	0	1
	Normalized change	0.33	0.00	0.2
	<b>Sum of normalized change</b>	<b>0.53</b>		



# Outcome Management (cont.)

- **Tracking and reviewing data**
  - Correctly answering two responses, Ambulation and Toilet Transferring, at SOC led to a 0.41-point change
  - Extrapolating that out over an agency can have significant consequences and contribute to missed opportunities

# Outcome Management (cont.)

- **Summary**

- Outcomes that impact the HHVBP model include Dyspnea, Medication Management, and those related to self-care and mobility
- Data can be obtained from internal or external sources; utilizing both can provide the full picture of the agency. Once obtained, data should be tracked on a dashboard to allow for trending over time.
- Identifying outcomes lower than national and state averages and clinicians contributing to low outcomes is the first step. Developing a strategy with this data allows an agency to focus its limited resources on improving patient outcomes.

# Improving Outcomes

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- **Education**

- Staff need ongoing education and training in OASIS, especially as changes are made by CMS
- Provide initial, annual, and ongoing education to all staff who perform OASIS assessments
- Identify staff in need of further education, and develop individualized education to ensure accurate assessment and OASIS scoring
  - If some staff continue to incorrectly score the OASIS, determine if they can be used to conduct revisits only, and float to cover any overflow patients

# Improving Outcomes (cont.)

- **Collaboration**

- Develop formal methods for collaboration on OASIS assessments

- Therapy indicates in a note within the EMR how they would score specific OASIS items, and the clinician who performed the comprehensive assessment or the OASIS reviewer reads this note and adjusts the OASIS accordingly
    - SOC calls between the clinician who performed the SOC OASIS and the clinical manager
    - Interdisciplinary calls within five days of the SOC to review specific OASIS items

# Improving Outcomes (cont.)

- **Communication**

- Ongoing communication

- What is the patient's status?
- Is the patient progressing toward their goals? If not, why not?
- Would the patient benefit from another discipline?

# Improving Outcomes (cont.)

- **Communication**

- Whenever possible, discharges should be discussed in advance
  - Has the patient met their goals?
  - Have all disciplines discharged the patient?
  - Review specific OASIS items
- Review the Discharge OASIS for accuracy
  - Contact clinicians promptly if changes are needed or there are questions about the OASIS assessment

# Improving Outcomes (cont.)

- **Summary**

- Education should be an ongoing process to ensure staff adapt to changes to the OASIS
- Establish standard processes whereby staff can collaborate
- Communication should occur throughout the case and prior to discharge



# Staff Engagement

# Staff Engagement

- **Field staff**
  - Education should be provided by more than just the clinical manager or clinical educator
  - Staff spotlight
    - Identify all staff each month or quarter whose outcome scores are higher than agency averages

# Staff Engagement (cont.)

- **Field staff**

- Leverage field staff to provide peer-to-peer education
  - Education sessions can be taught by field nurses with the assistance of a clinical manager or educator
  - This allows the field clinician to provide real-world and recent examples that others can incorporate into their practice
- Coordinate joint visits between nurses and therapists
  - Nurses can better understand how therapy assesses the patient's functional ability
  - Therapists can get a sense of what is included in the nursing assessment, including medication reconciliation

# Staff Engagement (cont.)

- **Case studies**
  - Monthly presentation by field staff in which they review an example of a challenging patient who had a successful outcome
  - Pushes staff to consider each case as a potential case for presentation
  - Helps to develop staff who wish to move into leadership roles or positions out of the field

# Staff Engagement (cont.)

- **Summary**
  - Utilize high-performing staff to provide peer-to-peer education, conduct joint visits with other staff, or present case studies; all this can help keep those high performers engaged and using their knowledge in the best way

# Course Summary

- **Summary**

- Outcomes can be tracked through internal and external methods
- Under HHVBP, outcomes are measured by how much patients improve, not simply if they improve
- Begin to review outcomes that lag national and state averages now
- Education and communication are key elements of outcome management and should be ongoing
- Identify your field staff with good knowledge of OASIS and patient management, and leverage their expertise to assist in the improvement process

# Question and Answer Session

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