Connecting Therapy to Outcome and Process Measures: Moving from Concept to Reality

Presented By:

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Instructions and Handouts for: Connecting Therapy to Outcomes and Process Measures

It is very important that you have these materials printed and ready to use prior to the start of the training.

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1. Dial 1 (877) 615-4339 at least 10 minutes prior to the start of the webinar.

2. When asked, enter Conference ID 8110900#.

3. Give your agency’s name.

4. At this time you will be entered into the call and in “listen mode.”

5. If at any time you need assistance you may press *0 for the operator.

6. There will be a Q & A period toward the end of the session. Questions will be answered in the order in which they are received. To ask a question, press *1.

   You will have the opportunity to ask your question and then be returned to “listen mode.” Do not press *1 prior to this time.

7. To view the presentation online you must click on the link sent to you from GoToWebinar.
Cindy Krafft MS PT is the Director of Rehabilitation Consulting Services for Fazzi Associates, Inc. She has 15 years of home health experience ranging from PRN Clinician to the Director of Rehabilitation for a six agency home care system. She serves as the President of the Home Health Section of the American Physical Therapy Association, Chair of the NAHC Therapy Advisory Committee, and is on the NAHC Regulatory Affairs Committee. She has published a variety of articles in Caring Magazine, The Remington Report, Success in Home Care, Home Healthcare Nurse, and the Home Health Section of APTA newsletter. As well as being an expert on therapy practice in home care she also assists agencies with achieving OASIS competency. She served as the Clinical Co-Director of the Delta National OASIS-C Best Practices Project and currently acts as the Clinical Director of the Delta Excellence in Therapy Project. She is a well received speaker at both the state and national levels on the topics of OASIS, therapy documentation, program development, therapy utilization, and recruitment.
Therapy Visits and Payment

• M2200: “In the plan of care for the Medicare payment episode for which this assessment will define a case-mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-pathology visits combined)?”

Changing the Model

• MedPAC recommends removal of the therapy visit component from Home Health PPS, and the development of a new model built on patient characteristics, and not the delivery of any specific services.

Value Based Purchasing

• Shift from payment for quantity to quality.
• Currently payment reduced if OASIS data is not submitted.
• 10+ years of OASIS data already provided to CMS:
  – Outcome Measures and Process Measures
What is the Difference?

Outcome Measure (O)
- Focus is on the patient.
- Compare changes in response to the same OASIS item at different time points.
- Risk adjusted based on additional patient characteristics.

Process Measure (P)
- Focus is on the agency.
- Collect information at a single OASIS time point.
- All or nothing – the action was taken or it was not.

Making Change Happen
- OASIS collects data based on standardized instructions.
- Clinicians must determine “why” the issues exist.
- Improvements require intervention.

Skilled Interventions
- Intervention = “interference.”
- Disruption of the current process.
- Puts the patient on a different path.
- Driven by the assessment findings.
Managing Daily Activities

- (O) Improvement in Ambulation
  - M1860
- (O) Improvement in Transfer
  - M1850
- (O) Improvement in Bathing
  - M1830

Managing Pain and Treating Symptoms

- (P) Pain Assessment Completed:
  - M1240
- (P) Pain Treated:
  - M2400d
- (O) Improvement in Pain:
  - M1242
- (P) Treatment of Heart Failure Symptoms:
  - M1510
- (O) Improvement in Dyspnea:
  - M1400

M1242 – Frequency of Pain Interfering

<table>
<thead>
<tr>
<th>Frequency of Pain Interfering with patient's activity or movement:</th>
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<tbody>
<tr>
<td>☐ 0   - Patient has no pain</td>
</tr>
<tr>
<td>☐ 1   - Patient has pain that does not interfere with activity or movement</td>
</tr>
<tr>
<td>☐ 2   - Less often than daily</td>
</tr>
<tr>
<td>☐ 3   - Daily, but not constantly</td>
</tr>
<tr>
<td>☐ 4   - Every day</td>
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- Interfering Pain:
  - Causes an activity to take longer to complete
  - Results in the activity being performed less often than desired
  - Requires the patient to have additional assistance (person or device)
  - May prevent an activity
Pain Management

- Connecting pain to functional limitations:
  - Gait
  - Dressing
  - Bathing
  - Meal preparation
  - Household management
  - Family interaction
  - Sleep patterns

M1500 – Symptoms in Heart Failure Patients

(M1500) Symptoms in Heart Failure Patients: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) at any point since the previous OAU0 assessment?

☐ 0 - No (Go to M15M4 at T90; Go to M16M0 at D1)
☐ 1 - Yes
☐ 2 - Not assessed (Go to M15M4 at T90; Go to M16M0 at D1)
☐ NA - Patient does not have diagnosis of heart failure (Go to M15M4 at T90; Go to M16M0 at D1)

M1400 – When Noticeably Short of Breath

(M1400) What is the patient dyspneic or noticeably Short of Breath?

☐ 0 - Patient is not short of breath
☐ 1 - When walking more than 20 feet, climbing stairs
☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
☐ 4 - At rest (usually day or night)

- Level of exertion that resulted in shortness of breath on the day of assessment:
  - Continuous O2: Mark response using O2
  - Intermittent O2: Mark response without O2
Dyspnea Management

• Connect to functional task that is impacted:
  – “Endurance”
• Energy Conservation.
• Breathing Techniques.
• Integration of oxygen.

Treating Wounds and Preventing Pressure Ulcers

• (O) Improvement in Surgical Wounds
  – M1342
• (P) Assess Risk for Pressure Ulcers
  – M1300
• (P) Treatment to Prevent Pressure Ulcers in the Plan of Care
  – M2250f
• (P) MD Ordered Action to Prevent Pressure Ulcers
  – M2400e
• (O) Discharged with More Pressure Ulcers
  – M1308

M1300 – Pressure Ulcer Assessment

(M1300) Pressure Ulcer Assessment: Was the patient assessed for Risk of Developing Pressure Ulcers?

☐ 0 – No assessment conducted (Go to M1306)
☐ 1 – Yes, based on an evaluation of clinical factors, e.g., mobility, incontinence, nutrition, etc., without use of standardized tool
☐ 2 – Yes, using a standardized tool, e.g., Braden, Norton, other

Assessment choices:

- Standardized tool = validated, scientifically tested, standardized responses
- Evaluation of clinical factors; evidence must be documented in record.
Decreasing Risk

• Address contributing factors:
  – Mobility
  – Incontinence
  – Sheer
  – Seating surface
  – Position changes
  – Equipment/devices
  – Complicating issues

Preventing Harm

• (P) Timely Initiation of Care:
  – M0030/M0102/M0104/M1005
• (P) Medication Teaching:
  – M2015
• (O) Improvement in Oral Med Management:
  – M2020
• (P) Fall Risk Assessment Completed:
  – M1910

Preventing Harm - Continued

• (P) Depression Screening Completed:
  – M1730
• (P) Flu Vaccination:
  – M1040
• (P) Pneumonia Vaccination:
  – M1050
• (P) Diabetic Foot Care:
  – M2400a
Drug Education and Therapy

- Education is NOT administration.
- Following instruction provided on bottle and from pharmacy or other skilled source.
- Pain medication is most often connected to therapy services.

M2020 – Management of Oral Meds

(M2020) Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Includes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

- 0 - Able to independently take the correct oral medication(s) and proper dosage(s) at the correct time(s) if individual dosages are prepared in advance by another person; OR
- 1 - Able to take medication(s) at the correct times if individual dosages are prepared in advance by another person; OR
- 2 - Able to take medication(s) at the correct times if given reminders by another person at the appropriate times.
- 3 - Unable to take medication unless administered by another person.
- NA - No oral medications prescribed.

Medication Management

- Focus on why there is an issue:
  - Knowledge
  - Storage location(s)
  - Opening bottles
  - Counting
  - Memory
  - Anxiety
  - Caregiver access
M1910 – Fall Risk Assessment

Key Words:
• Standardized
• Multifactorial
• Validated

Multifactor assessment must include at least one standardized and validated test and scale.

Fall “Prevention”

• The multifactorial tool should direct the care:
  – Balance
  – Strength
  – Environment
  – Cognition
  – Vision
  – Safety awareness
  – Medications
  – Blood pressure

Diabetic Foot Care

• Patient must incorporate into daily routine.
• Incorporate into therapy visits:
  – Ambulation
  – Self care
  – Household management
Preventing Unplanned Hospital Care

- (O) Emergent Care Without Hospitalization:
  - M2300
- (O) Hospital Admission:
  - M2410

Emergent Care

- Key Considerations:
  - Patient Education
  - Risk Management
- All members of the care team need to be consistent:
  - Reinforcement
  - Risk Awareness

Consider the Risk Factors (M1032)

- Recent decline in mental, emotional, or behavioral status.
- Multiple hospitalizations (2 or more) in the past 12 months.
- History of falls (2 or more falls - or any fall with an injury - in the past year).
- Taking five or more medications.
- Frailty indicators, e.g., weight loss, self-reported exhaustion
- Other...
Reducing Hospitalizations

- Monitoring Vital Signs.
- Heart Failure Symptom Awareness.
- Medication Management.
- Blood Sugar Monitoring.
- Diabetic Foot Care.
- Dietary Compliance.
- Fall Risk Reduction.
- Pressure Ulcer Management/Prevention.
- Others...

The Future for Therapy

- Ending the relationship between visits and reimbursement will impact utilization of therapy – potential is both positive and negative.
- Health Care Reform is clearly moving to value based purchasing.
- Therapists must embrace quality initiatives to remain a key component of the interdisciplinary care delivery model.

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