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# HOSPICE-SNF PARTNERSHIPS

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Bringing Value to Nursing Facilities through Outcomes Selling



**CMC** HEALTH PARTNERS  
Facility growth through delivery of healthcare.

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## Objectives

- Understand the national healthcare trends impacting the hospice and skilled nursing industries
- Understand the needs of your facility partners
- Identify steps to position your hospice as a preferred partner

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## National Quality Strategy

- Established by the Affordable Care Act
- Designed by public and private stakeholders
- Serves as a nationwide effort to improve health and healthcare across America

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### Triple Aim

- Better care for patients (*patient experience* and outcomes)
- Better health for our communities (behavioral, social and environmental determinants of health)
- Lower costs through improvement for our healthcare system (for individuals, families, employers and government)



<http://www.ahrq.gov/workingforquality/nqs/overview.htm>

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### Key Healthcare Trends

- Value Based Reimbursement
- Integrated Networks
- Outcomes Reporting
- Engaged Consumers

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### Value Based Reimbursement

- Key principle of the ACA
- Payment for outcomes (SNFVBP)
  - Patient Experience
  - Quality Measures
  - Unplanned Re-hospitalization
- Risk-based reimbursement
  - Bundled Payments for Care Improvement
  - ACOs
- Financial penalties

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### Value Based Reimbursement

*"It is obvious as we go into a value-based reimbursement system, if you are going to be a viable provider you must pay attention to outcomes. It's all part of Triple Aim- provide quality outcomes, a good patient experience and a reduction in costs."*

Gary Blank  
Senior Vice President, Chief Patient Services Officer and Chief Nursing Officer  
St. Elizabeth Healthcare  
Northern Kentucky

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### Outcomes Reporting

- Nursing Home Compare
  - Quality Measures
    - Mobility and locomotion
    - Help with ADLs
    - Use of antipsychotic medications
  - **Discharge to the community**
    - **Unplanned hospital re-admission**
    - **Death**
  - Patient satisfaction
  - Star rating

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### Outcomes Reporting

- Hospice Compare
  - On the way...2017
  - Process Outcomes (HIS)
  - Caregiver Satisfaction (CAHPS)
    - SIA
- Star Ratings

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## Outcomes Matter

From a panel discussion at the LMHPCO conference:

***“We have aligned everything around quality and economics. We have created our own scorecard that we are going to use to help patients with their decisions. We are at risk if the patient chooses poorly.”***

Bill Davis  
CEO Slidell Memorial Hospital

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## Engaged Consumers

- Star ratings, Nursing Home Compare and Hospice Compare are designed to help consumers make educated healthcare decisions
- Advance Care Planning efforts
  - National Healthcare Decision Day, April 16
  - New CPT codes for Advance Directives discussions
    - 99497 first 30 minutes
    - 99498 each additional 30 minutes
- Patient choice

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## Opportunity

- 15,000 Medicare-Medicaid certified facilities\*
- 1.4 million patients\*
- 85% are 65 or older\*
- 14% report moderate or severe and frequent pain\*
- 20% of all deaths occur in nursing home setting\*\*
- 53% died within six months of admission\*\*\*
- Re-hospitalization rate is 21.1%\*\*\*\*

\*Nursing Home Data Compendium 2016  
\*\*Stanford School of Medicine Palliative Care Training 2016  
\*\*\*JAGS, 2010 Kelly, et al  
\*\*\*\*Nursing Home Compare

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### SNF Needs

- Regulatory compliance
- Patient and family satisfaction
- Census
- Staffing
- Financial success
- Outcomes/Quality

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### Regulatory Compliance

- Second most regulated industry
- Surveys
- Litigation
  
- Ensure consents, orders, documentation are complete and in their proper place
- Attend facility care plans
- Be available, if needed during survey
- Collaborate with facility staff to resolve patient/family issues
- Review and update contracts as needed

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### Patient and Family Satisfaction

- Scores are posted on Nursing Home Compare
  
- Timeliness to care
- After hours response
- Pain and symptom management
- Communicate with patient/family and facility staff
- Attendance at death

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### Census

- Skilled care has become preferred
- Skilled care vs hospice
- Get a contract
- Refer
- Prevent unnecessary re-hospitalizations

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### Staffing

- Nursing homes must provide enough staff to meet the needs of patients
- Currently no federal standard for staffing levels
- High turnover in the industry
- Hospice provides specialized staff to attend to the unique needs of eligible patients
- Frees facility staff up to focus on other patients
- Strong partnership can enhance the satisfaction of facility staff
- Hospice staff focuses on family needs

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### Financial Success

- Margins are slim
- Cash flow can be challenging
- Ensure that you are paying on time
- Contract for GIP and respite
- Successful collaboration/outcomes can lead to incentive payments

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### Outcomes/Quality

- Measured and reported to CMS through MDS
- Nursing Home Compare (Quality Measures)
- Five Star Rating
- Surveys (Quality Indicators)
  
- Understand the MDS 3.0
- Quality Measure risk adjustments
  - Short term-Successful Discharge to Community with improved mobility
  - Long term-Mobility and locomotion, help with ADLs, use of anti-anxiety and hypnotic medications

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### Positioning for Success

- Hospice is the professional manager of the patient's care
- The facility is still responsible for providing all services required under their regulations, including room and board and patient care
- Their success is your success!
- **Outcomes** and **communication** are the most important elements of a successful partnership

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### Hospice Outcomes

- Hospice Item Set (HIS)
- Consumer Assessment of Healthcare Programs and Systems (CAHPS)
  
- Hospital re-admissions
  - Not yet collected or reported
  - Industry is at 2-5%\*
  - You can start collecting data

\* Hospice Enrollment, Local Hospice Utilization Patterns and Re-hospitalizations in Medicare Patients. Holden Timothy R, Smith Maureen A, Bartels Christie M, Campbell Toby C, Yu Menggang and Kind Amy JH. Journal of Palliative Medicine, June 2015

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## Hospice Compare

- Expect the hospice industry to follow hospitals, home health and nursing homes
- Quality Measures
  - CAHPS
  - HIS
- Five-Star Quality Ratings
- Public reporting could start as early as 2017

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## Hospice Item Set

- 7 Quality Measures
  - Treatment Preferences
  - Beliefs/Values Assessed
  - Pain Screening and Pain Assessment
  - Dyspnea Screening and Dyspnea Treatment
  - Patients Treated with Opioids Who Are Given a Bowel Regimen
- Required Completion Since July 2014 for All Patients
  - At Admission
  - At Discharge
  - For All Patients Regardless of Payer Source

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## Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- 47 Questions in 11 Categories
  - *Hospice Team Communication*
  - *Getting Timely Care*
  - *Treating Family Members with Respect*
  - Providing Emotional Support
  - *Getting Help for Symptoms*
  - *Getting Hospice Care Training*
  - Support for Religious and Spiritual Beliefs
  - Information Continuity
  - Understanding Side Effects of Pain Medications
  - *Overall Rating of Hospice*
  - *Recommend Hospice*

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## Nursing Home Outcomes

- Nursing Home Compare
- MDS

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## Nursing Home Compare

- Health and safety
- Staffing
- Quality Measures
- Star Rating

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## Nursing Home Compare

The screenshot shows a web browser window displaying the Nursing Home Compare website. The page title is "HEALTH CENTER AT STANDER PLACE, THE". Below the title, there is a "General information" section with details: "2008 WALKER RD", "CONANTOWN, MD 21027", and "4102 460-1000". A "Distance" of "1.8 miles" is also shown. The "Overall rating" is displayed as "3.0" with a star icon, and it is noted as "Below Average". The "Quality measures" section shows a "3.0" rating with a star icon, noted as "Average". There are tabs for "General information", "Health & Safety", "Staffing", "Quality measures", and "Facilities". A "Nursing home information" section includes "Add certified beds" and "Participates in Medicare and Medicaid".

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### Minimum Data Set (MDS)

- Completed on every patient at admission, every 90 days and significant change in condition
- Skilled patients, completed at set intervals, including those above
- Comprehensive assessment
- Used to compile outcomes
  - Quality Indicators used by surveyors
  - Quality Measures reported on Nursing Home Compare

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### MDS Review

- Use to help support eligibility
- Educate
  - Six months or less
  - Is this a hospice patient

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### Quality Measures

- Reported on Nursing Home Compare
- ADLs, medications, mobility, infection control, pressure ulcers
- Two new measures
  - Successful Discharge to Community
  - Unplanned Hospital Re-admissions
- Risk adjusted for patients on hospice
  - Short term-discharged patients who didn't improve with transfers, walking and mobility
  - Long term-1. need more help with ADLs, 2. patients whose locomotion ability is declining 3. patients using anti-anxiety and hypnotic meds.

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### Communication

- Attendance at care plan
- "Share, Care, Ask"\*
- Know your peers
  - Have marketing staff make introductions
- Regular meetings
  - Communication
  - Billing issues
  - Education needs

\*Lynda Geddis, Mobile Administrator, Heartland Homecare and Hospice

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### Key Decision Makers and Influencers

- Administrator
- Director of Nursing
- Social Services
- Medical Director
- Activities
- Marketing/Admissions

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### Administrator

- Outcomes
- Regulatory compliance
- Payment process and history
- Staffing availability and consistency
- Facility protocols
- Levels of care

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### Director of Nursing

- Outcomes
- Regulatory compliance
- Staffing availability and consistency
- Levels of care
- Speed to care
- After hours response
- SIA/No one dies alone
- Staffing and protocols
- In-services on all shifts

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### Social Services

- Advance Directives
- Family support
- Community and financial resources
- Discharge planning
- Conflict resolution

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### Medical Director

- Outcomes
- Coordination of care
  - RN case manager
  - Medical Director
- Speed to care
- After hours response

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### Activities

- Volunteers
- Coordination for events
  - Veterans Day
  - Holidays

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### Marketing/Admissions

- Referrals
- Education
- Value added
- Outcomes

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### Customer Service/QAPI

- Consider complaints an opportunity
- Watch for trends and work through QAPI to resolve

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### Common Barriers

- We already contract with another hospice
- We have our own hospice
- All of our hospice patients come from the hospital
- We don't have many hospice patients
- We don't want hospice to compete with our skilled program

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### Marketing Your Outcomes

- Develop fliers and other collateral to highlight your successes within your state and nationally
- Make sure that key referral sources understand that good outcomes reflect back on them
- Use plain language to help the consumer choose you
- Post good outcomes with benchmarks on website, other social media venues
- Use your best outcomes to secure contracts

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- ### Resources
- <http://www.hospiceahpsurvey.org/Content/WhatsNew.aspx>
  - <http://www.ahrq.gov/workingforquality/nqs/overview.htm>
  - <https://www.medicare.gov/nursinghomecompare/search.html>
  - <http://www.nhpco.org/performance-measures/family-evaluation-hospice-care-fehc>
  - <http://www.liebertpub.com/overview/journal-of-palliative-medicine/41/>
  - <http://www.jointcommission.org/>
  - <http://www.nursinghomedatacompendium.com>
  - <http://www.Stanford.edu>

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### For Further Questions or Comments:

Colleen McGreevy  
 CMC Health Partners, LLC  
 (423) 774-4032  
[colleen@cmchealthpartners.com](mailto:colleen@cmchealthpartners.com)  
[www.cmchealthpartners.com](http://www.cmchealthpartners.com)

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**Section G****Functional Status****G0110. Activities of Daily Living (ADL) Assistance**

Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

**Instructions for Rule of 3**

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
  - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

**If none of the above are met, code supervision.****1. ADL Self-Performance**Code for **resident's performance** over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time**Coding:****Activity Occurred 3 or More Times**

0. **Independent** - no help or staff oversight at any time
1. **Supervision** - oversight, encouragement or cueing
2. **Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3. **Extensive assistance** - resident involved in activity, staff provide weight-bearing support
4. **Total dependence** - full staff performance every time during entire 7-day period

**Activity Occurred 2 or Fewer Times**

7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **Activity did not occur** - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

**2. ADL Support Provided**Code for **most support provided** over all shifts; code regardless of resident's self-performance classification**Coding:**

0. **No** setup or physical help from staff
1. **Setup** help only
2. **One** person physical assist
3. **Two+** persons physical assist
8. ADL activity itself **did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

**A. Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture**B. Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)**C. Walk in room** - how resident walks between locations in his/her room**D. Walk in corridor** - how resident walks in corridor on unit**E. Locomotion on unit** - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair**F. Locomotion off unit** - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). **If facility has only one floor**, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair**G. Dressing** - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses**H. Eating** - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)**I. Toilet use** - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag**J. Personal hygiene** - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** baths and showers)

1. Self-Performance	2. Support
↓ Enter Codes in Boxes ↓	
<input type="checkbox"/>	

**Section G****Functional Status****G0120. Bathing**

How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (**excludes** washing of back and hair). Code for **most dependent** in self-performance and support

Enter Code

**A. Self-performance**

0. **Independent** - no help provided
1. **Supervision** - oversight help only
2. **Physical help limited to transfer only**
3. **Physical help in part of bathing activity**
4. **Total dependence**
8. **Activity itself did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

**Section H****Bladder and Bowel****H0100. Appliances**

↓ Check all that apply

**A. Indwelling catheter** (including suprapubic catheter and nephrostomy tube)**B. External catheter****C. Ostomy** (including urostomy, ileostomy, and colostomy)**D. Intermittent catheterization****Z. None of the above****H0300. Urinary Continence**

Enter Code

**Urinary continence** - Select the one category that best describes the resident

0. **Always continent**
1. **Occasionally incontinent** (less than 7 episodes of incontinence)
2. **Frequently incontinent** (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
3. **Always incontinent** (no episodes of continent voiding)
9. **Not rated**, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days

**H0400. Bowel Continence**

Enter Code

**Bowel continence** - Select the one category that best describes the resident

0. **Always continent**
1. **Occasionally incontinent** (one episode of bowel incontinence)
2. **Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
3. **Always incontinent** (no episodes of continent bowel movements)
9. **Not rated**, resident had an ostomy or did not have a bowel movement for the entire 7 days