Managing Your Data for P4P

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Preparing for P4P

- Why bother…now?
  - Will it really happen? Any time soon?
  - What format will be used?
  - What measures will it track?
    - Will 40% of incentives be tied to hospitalization and emergent care use?
  - But will staff only see another “hurry up and wait”?

Preparing for P4P

- Management should be tracking key clinical and financial measures already
  - Improve quality
    - CMS mandate on hospitalization rates is independent of P4P
  - Reduce costs (or hold down increases)
  - Increase efficiency

Preparing for P4P

- Will clinical staff respond to P4P incentives at the Macro (agency) level?
- Will clinicians accept P4P at the Micro (individual and team) level?
  - Are tools, measures meaningful for patient care as well as agency objectives?
  - Are frontline supervisors on board?
  - Are individuals' incentives consistent with caring values?

Reducing Hospitalization Rate

- CMS' Home Health QI Priorities, 2005 - 2008
  - Achieve specified reduction in failure rates for acute care hospitalization
  - Implement and utilize telehealth
  - Achieve specified reduction in failure rates for the publicly reported OASIS measures
  - Achieve a specified improvement rate for immunization assessment

Reducing Hospitalization Rate

- ReACH demonstration project
  - Focus: Patients who had CHF as primary diagnosis identified at Start or Resumption of Care.
  - Intervention: Self-teaching tool + referral for telehealth (daily remote monitoring) + adjusted visit guidelines + continuing service for up to 3 weeks of stabilization
  - Outcome: No patients enrolled in the pilot had hospitalizations during the program!

Reducing Hospitalization Rate

- Ongoing ReACH initiative
- Pilot team receives tools, instruction
  - SOC/ROC risk assessment
    - To be incorporated into EMR
  - Frequent contact in first two weeks
  - Evidence-based protocols for high risk patients

Reducing Hospitalization Rate

- Track/assess results monthly
  - Risk adjusted hospitalization rate
    - Source: OBQI Report
  - Pilot team hospitalization rate
    - Source: agency data
  - Chart audits of pilot team's hospitalized patients
    - Was telehealth used? Were guidelines followed? Were risk assessment tools applied?

Managing by Macro Level Indicators

- Select and measure…
  - Indicators that can be reported at agency level;
  - Indicators that provide early warning of operational problems;
  - Indicators that can be trended internally and against the industry; and
  - Indicators that you can produce at Micro (team, individual) levels, too.

Managing by Macro Level Indicators

- Agreement needed on…
  - what they are, what they mean, when you measure them, what your targets are
- The journey is also the destination
  - E.g., we define utilization as visits/episode (total and by discipline); this determines our efficiency; we measure it for completed episodes; we set targets to achieve positive overall margin
  - Include Home Health Compare measures, too

Managing by Macro Level Indicators

- Track variances weekly, monthly, quarterly
  - Revenue, Expense, Profitability, Quality

II. Expense Management		Budget	MM Actual	MM Var	YTD Actual	YTD Var
Utilization (per episode):						
A. Medicare	SN visits	6.30				
Productivity (Chha):						
A. SN		4.90				
Expenses:						
A. Admin & Gen		20.92%				
Employee turnover:						
A. Professional Home Visitor		20%				

Managing by Micro Indicators

- Challenge #1:
  - Are you able to drill measures down to the team level and the individual clinician level?
    - Involve clinicians in defining indicators for buy-in
- Challenge #2:
  - Are you able to act on data that monitors team and individual performance?
    - Meaningful Micro reports
    - Clinical resources to support best practices

Drilling down to the Team level

	# cases	# episode	visits/ep	LUPA %	Hosp %	Margin	Case Mix	Final CM
Cardiac								
Chronic care								
Geneseo								
Newark E								
Newark EC								
Newark Rehab								
Newark W								
Roch E								
Roch EC								
Roch Rehab								
Roch W								
Roch S								

Drilling down to the Clinician Level

	# cases	# episode	visits/ep	LUPA %	Hosp %	Margin	Case Mix	Final CM	OASIS acc	485 acc	Timely doc
Clinician A											
Clinician B											
Clinician C											
Clinician D											
Clinician E											
Clinician F											

Drilling down to the Clinician Level

- Don’t forget about
  - Productivity
  - Quality
    - Measured according to Outcomes
    - Measured according to Processes
  - Discharge OASIS accuracy

Measurement ≠ Accountability

- Just as CMS offers agencies Macro P4P incentives, agencies can offer Micro P4P incentives to individual clinicians
  - Indicators vary by discipline/department
    - Selected based on input from managers, supervisors…and from home visit staff
    - Incorporated into performance appraisals, by discipline/department
    - Examples: OASIS accuracy, hospitalization rate, LUPA rate

Accountability is the goal

- With Micro level data, clinicians become accountable to each other <u>and</u> to supervisors
  - Everyone has to trust the system
    - Data entry, collection, reporting and analysis
- Micro level success drives positive results to Macro (agency) level
- Offer rewards for Micro level success
    - Performance review: up to 3% added to base
    - Up to additional 3% bonus paid if targets are hit.

Accountability is the goal

- If you are unable to measure it reliably, you will have a hard time improving it.
- If you can’t measure, you can’t manage.

- Make sure staff (at all levels)
  understand and are on board.