Changes in Long Term Care and the Effects on Providers

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Boise State University

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- Consists of Survey, Staffing, and Quality Measures
- Still set up so only the top 10% of facilities with best surveys are 5 Star
- Middle 70 percent are equally split between 4, 3, and 2 star
- Bottom 20 percent are 1 star
- Cut points are recalibrated each month
  - In Idaho for March 2016, it was
    - 34.000 or less: 5 star
    - 34.001 to 55.333: 4 star
    - 55.334 to 83.000: 3 star
    - 83.001 to 112.667: 2 star
    - Over 112.667: 1 star
Survey Component

- Points are based on Scope and Severity for Annual and Complaint Surveys
  - A, B, C level deficiencies: 0 points
  - D = 4 points
  - E = 8 points
  - F = 16 points (20 points for SQC)
  - G = 20 points
  - H = 35 points (40 points for SQC)
  - I = 45 points (50 points for SQC)
  - J = 50 points (75 points for SQC)
  - K = 100 points (125 for SQC)
  - L = 150 points (175 for SQC)

Survey Component (con’t)

- Add up the points for a total score
- Example: 8 deficiencies
  - 4 Level D 4 x 4 points = 16 points
  - 3 Level E 3 x 8 points = 24 points
  - 1 Level G 1 x 20 points = 20 points
- Total Score: 60 points

- Points are used for the last three annual surveys
  - Most recent survey is weighted at 50%
  - Prior survey is weighted at 33.3%
  - Second prior survey is weighted at 16.7%

Staffing

- Depends on total nursing hours per patient day and RN hours PPD

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- Critical to have staffing hours in the right “buckets” with PBJ having come into effect 01 July 2016.
Quality Measures

- 3 most recent quarters
- All except physical restraints, short stay pressure ulcers, and antipsychotic use are placed into quintiles depending on your MDSs, and scores range from 20-100 depending on which quintile you fall into
- Physical restraints: zero score is 100 points, remaining facilities are divided into two equal groups with lower group receiving 20 points and higher group receiving 60 points
- Short stay pressure ulcers: zero score is 100 points, remaining groups are divided into 3 equal groups, with scores of 25, 50, or 75 points depending on group
- Slightly different ways to calculate long stay and short stay antipsychotic use
- Scores are then totaled and the facility is given a star rating based on how many points it achieved.

Quality Measures—Long-Stay Prevalence Measures

- Help with ADL's has increased (New)
- Ability to move around has decreased (New)
- High Risk Patients with Pressure Ulcers
- Catheter inserted and left in their bladder
- Physical Restraints
- UTIs
- Moderate to severe pain
- Falls with Major Injury
- Antipsychotic Medications

*Source: Centers for Medicare & Medicaid Services

Quality Measures—Short-Stay Prevalence Measures

- Moderate to Severe Pain
- New or Worsening Pain
- Antipsychotic Medications
- Improvement in Function (NEW)
- Successful Discharge (NEW)
- Readmission to Hospital (NEW)
- ER Visits (NEW)

*Source: Centers for Medicare & Medicaid Services
SNFs to Face Readmission Penalties Similar to Hospitals...

- **Affordable Care Act** – Mandated payment reductions for hospitals with high rates of readmission.
- **SNFs** – U.S. Department HHS proposes payment reductions to SNFs for preventable readmissions.
- **Medicare Patients** – Analysis states that nearly 14% of patients discharged from a hospital to a SNF are readmitted with conditions that could potentially have been avoided.
- **Payment Reduction** – Proposal recommends reducing payments up to 3% for SNFs with high rates of preventable RTH.
- **Proposed Penalties** – Effective in 2017, with an estimated $2.2B savings in 10 years.

*Source: Centers for Medicare & Medicaid Services*

CMS Announces new Metrics Affecting a SNF’s 5 Star Rating

- Percentage of short-stay (stays of less than or equal to 100 days) residents who have had an outpatient emergency room visit.*
- Percentage of short-stay residents who were successfully discharged to the community, and did not die or were readmitted to a hospital or skilled nursing facility within 30 days of discharge.*
- Percentage of short-stay residents who were re-hospitalized after SNF admission, including observation stays.*
- Percentage of short-stay residents who made improvement in physical function and locomotion.**
- Percentage of long-stay (stays of greater than or equal to 101 days) residents whose ability to move independently worsened.
- Percentage of long-stay residents who received an anti-anxiety or hypnotic medication.**

*Source: Centers for Medicare & Medicaid Services

Innovation Models Across the United States
Bundled Payments for Care Improvements (BPCI)

**Model 1-4 Quick Overview**

- **Model 1** includes only acute hospital stays and applies to most DRGs. Physicians are paid separately via fee-for-service, but the hospital and physicians can agree to share savings.

- **Model 2** includes the acute hospital stay plus 30, 60 or 90 days following discharge, depending on the condition, and includes all related services during that care episode.

- **Model 3** is triggered by an acute hospital stay (within 30 days of the stay) but includes only post-acute services with a participating skilled nursing facility, inpatient rehabilitation facility, long-term care hospital or home health agency.

- **Model 4** calls for a single bundled payment to the hospital that includes all services furnished during an acute stay, including physician services. Physicians are paid by the hospital out of the bundled payment.

*For More information, visit CMS.GOV*

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### BPCI versus CJR – the Key Differences:

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<th>CMS Bundled Payments</th>
<th>BPCI</th>
<th>CJR</th>
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<tbody>
<tr>
<td>DRGs</td>
<td>48 DRG families (180 + DRGs)</td>
<td>1 DRG family (469 and 470)</td>
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<td>Geography</td>
<td>Nationwide</td>
<td>67 MSAs</td>
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<td>Providers at Risk</td>
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<td>IPPS Hospitals</td>
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<td>Voluntary</td>
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<td>Episode Lengths</td>
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<td>30, 60 or 90 days</td>
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<td>Yearly</td>
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### Therapy Protocols

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1. **Pain Management**
   - Use of non-pharmacological interventions in conjunction with pharmacological treatments.
   - Use of physical therapy, occupational therapy, and other forms of rehabilitation.

2. ** Aviation**
   - Proper handling and transportation of patients with unstable conditions.
   - Use of specialized equipment and personnel to ensure patient safety.

3. **Respiratory Therapy**
   - Use of nebulizers and oxygen therapy.
   - Referral to respiratory therapy services for patients with chronic obstructive pulmonary disease.

4. **Cardiac Care**
   - Use of cardiac monitoring and medication management.
   - Referral to cardiac rehabilitation services.

5. **Neurological Care**
   - Use of neurorehabilitation and physical therapy.
   - Referral to neurological rehabilitation services.

6. **Wound Care**
   - Use of wound care protocols and dressings.
   - Referral to wound care specialists.

7. **Pharmacological Management**
   - Use of evidence-based medications.
   - Referral to pharmacists for medication management.

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