



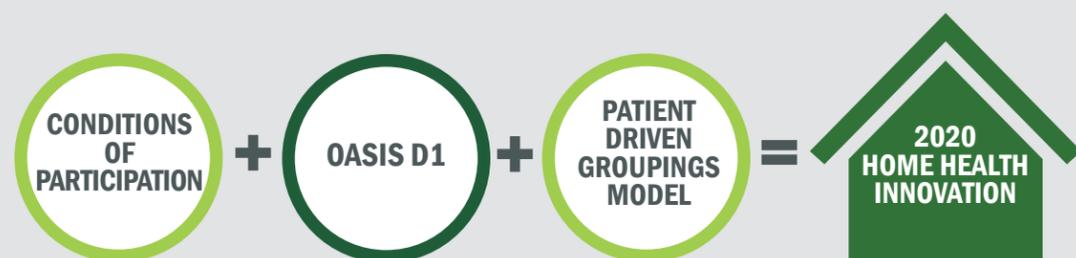
HOME HEALTH

What's Happening in the Market Today?

With evolving healthcare reform, regulatory changes and home health innovations in motion, it is challenging for home health leaders to understand which initiatives require the most attention, while maintaining business viability. Within the last few years, the home health and hospice industry has encountered numerous changes, including new Conditions of Participation (CoP) requirements, followed by the adoption of several new Outcome and Assessment Information Set (OASIS) items, and most recently the introduction of a new payment model, The Patient Driven Groupings Model (PDGM), effective January 1, 2020.



The revised Federal Conditions of Participation (CoPs) placed increased emphasis on patient-centered care, encouraging patients to be active participants in their care planning and a key member of the team. Generic care plans and interventions do not fulfill the new requirements nor are they consistent with the principles of patient-centered care. Instead, individualized plans of care with patient-specific goals and measurable outcomes are essential. Consistently demonstrating patient participation requires home health agencies to make changes in practice, documentation, and collaboration to effectively comply with the new CoPs.



OASIS D1, effective January 1, 2020, introduced additional revisions to the dataset in alignment with PDGM, including the addition of two existing items to the follow-up assessment and optional data collection at certain time points for 23 items. The OASIS assessment remains of utmost importance since Federal Regulations continue to require all patients receive a comprehensive assessment. In addition, specific OASIS items are included in the new PDGM and continue to be factored into the Quality of Patient Care Star Rating and Value-Based Purchasing Model. This accurately completed assessment should serve as the foundation for the development of a patient-centered plan of care.

Most recently, the new PDGM payment model has shifted from volume-based to value-driven care relying more heavily on clinical characteristics. In this patient-centric model, patients are assigned to a clinical grouping based upon their principal diagnosis, or chief reason for home care. Patient-specific characteristics related to comorbidities and functional impairment are also considered. Agencies are challenged to develop the most effective plan of care, with the right balance of services, to support the patient in achieving their goals.

Keeping Up With the Changing Requirements and Models of Care

WHAT CAN YOU DO ABOUT IT?

With over 30 years of experience working in the home health industry, Qualidigm consultants understand the unique challenges that agencies face on a daily basis. Some of these challenges include:

CHALLENGES

- Compliance with rigorous regulations and standards with consequences for noncompliance
- Operational demands leading to competing priorities, with limited resources to address the demands
- Competitive, publicly reported quality performance metrics impacting partnerships and payment
- New patient-centered payment models that necessitate the implementation of improved processes and practices



 **Reduces Costs**

 **Increases Efficiency**

 **Minimizes Agency Risk**

 **Improves Care Delivery**

In an effort to overcome these challenges and maintain adherence with regulatory and accreditation requirements, **Qualidigm created the first-of-its-kind, web-based auditing tool, SmartAudit®**. Users of SmartAudit have come to rely on it as the single source of truth that includes regulatory changes and industry updates in one place and simplifies the compliance process.

By transitioning from paper or spreadsheet auditing to web-based automation, SmartAudit increases efficiency, saves time, reduces cost, helps your agency avoid risks, and helps you focus on improving care delivery. SmartAudit identifies areas below the compliance threshold in real time enabling home health and hospice agencies to address deficiencies by implementing focused corrective action plans to improve care delivery and avoid costly penalties.

A recent survey of Home Health leaders using SmartAudit revealed their satisfaction with survey readiness, time savings, and improved clinical and billing documentation performance. SmartAudit has succeeded in these areas due to the wealth of resources embedded in the tool including:

Questions developed by home health experts, which are regularly updated to align with the most current requirements	Hyperlinks to corresponding federal regulations to increase regulatory knowledge
Embedded data dictionary supporting each question, which provides explanations needed to evaluate and assess achievement of the selected measure	Automated home health expert recommended Plans of Correction for each item below the targeted compliance threshold to facilitate immediate action

In addition to evaluating compliance, SmartAudit includes a variety of features to customize auditing. Whether it is a performance improvement project to improve quality outcomes or preparation for PDGM, SmartAudit offers a focused audit capability. Additionally, we have added a free text option to integrate your unique questions in alignment with your agency-specific activities. SmartAudit provides the platform to assess progress towards accomplishment of your goals.

Improving Patient-Centered Care with SmartAudit®

Supporting efforts to ensure patient-centered care is being provided, we completed a rigorous evaluation of the SmartAudit tool to determine if improvement was statistically significant. Our home health consultant team carefully reviewed SmartAudit datasets for questions that specifically addressed patient engagement. Utilizing qualitative methods to analyze these questions, our team selected the following 13 questions from the tool to be analyzed across all agency sites that are currently using SmartAudit:

1	A skilled procedure, treatment, patient education with teach back or demonstration, or assessment is documented every visit
2	Clinician Hospitalization Risk Assessment and Patient self-Risk assessment of Hospitalization have been completed and risk level has been identified
3	Discharge planning with patient, and patient/family notified
4	Discharge summary includes all required elements (pre/post objective assessment, treatment provided, clinical summary of DC status, reason for discharge)
5	Documentation of teaching done during assessment visits include what was taught, to whom it was taught, and the level of return demonstration
6	Education Plan has been discussed with and agreed to by Patient and/or Primary caregiver
7	Goals are appropriate, and measurable based on assessment, updated certification period to certification period and include both short-and long-term goals
8	Measurable response to care noted and progress toward goal are clearly documented
9	Medication list given to patient on discharge reflects current medication profile and instructions at the time of discharge
10	Patient education on self-management skills and behaviors are included in each visit
11	Patient education plan included in the treatment plan; education plan is clear, specific, and related to identified diagnoses
12	Patient has participated in the plan of care development, agreed to the plan of care and signed consent and willingness to actively participate
13	Physician orders include a specific patient education plan with goals

The Qualidigm team synthesized data from 32 Home Health and Hospice sites that have been using SmartAudit for a minimum of one year. Each site provided data corresponding to their initial first quarter using SmartAudit. Additionally, each site provided data from their most recent quarter using SmartAudit. The duration of SmartAudit use between the first and the most recent use was not included in this analysis.

Using STATA version 15 statistical software, we performed a Chi Square statistical test on the 13 questions with a confidence interval at 95%. Statistical significance was set at a p-value of <.05. Chi Square testing was chosen as the statistical test because it measures categorical responses. For example, were we able to determine if a response from 'YES' to 'NO', or vice versa, was statistically significant for our sample. As each site is independent and is responsible for its own staff using SmartAudit, we assumed that both the pre- and post-data are unequal in variance – meaning, the responses are not homogenous since different individuals responded using SmartAudit for the pre- and post-data.

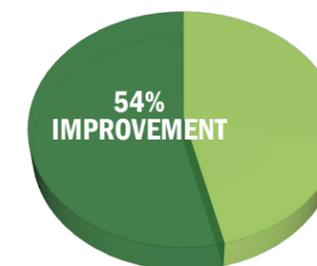
Sites Improved on Thirteen Patient Engagement-Centered Questions

Site Number	Pearson Chi-Square	P Value
1	23.7226	0.0000
2	12.0722	0.0010
3	26.3548	0.0000
4	10.8218	0.0010
5	5.7276	0.0170
6	3.5945	0.0500
7	9.6162	0.0020
8	11.6723	0.0010
9	55.2767	0.0000

This table shows the sites that improved for ALL of the 13 patient engagement-centered questions from the time they started using SmartAudit their most recent assessment.

SmartAudit® Improved Patient-Centered Outcomes Across All Agency Sites

The data showed that using SmartAudit demonstrated statistically significant improvement in seven of the thirteen (54%) questions we tested across all 32 sites.



SmartAudit demonstrated improvement in more than half of the questions tested across all sites.

Out of the 13 patient engagement-centered questions, seven of the questions across all sites were statically significantly improved. The table below denotes those seven questions:

SIGNIFICANT IMPROVEMENT

- Patient has participated in the plan of care development, agreed to the plan of care and signed consent and willingness to actively participate
- Education Plan has been discussed with and agreed to by Patient and/or Primary caregiver
- Patient education on self-management skills and behaviors are included in each visit
- Documentation of teaching done during assessment visits include what was taught, to whom it was taught, and the level of return demonstration
- Measurable response to care noted and progress toward goal are clearly documented
- Discharge planning with patient, and patient/family notified
- Discharge summary includes all required elements (pre/post objective assessment, treatment provided, clinical summary of DC status, reason for discharge)

Who Can You Trust?

The use of the SmartAudit tool demonstrates statistically improved outcomes in home health agencies. As we have demonstrated, by using SmartAudit, agencies will increase the probability of improving agency performance relative to conformance related to patient-oriented questions. SmartAudit provides agencies with the reliability and trust they need to handle the changing landscape of the complex home health care industry.

If you have questions about the information in this paper or would like to learn more about how SmartAudit can help you and your home health agency succeed, please contact us at 860.632.2008 or info@qualidigm.org.