

Four Pillars of Success for PDGM



Over the course of the last several months we have pushed out education across multiple platforms on how HealthPRO® Heritage at Home can help you Prepare, Execute, and Succeed in PDGM. We are now into a time for final preparations with only 11 weeks left until the January 1st 2020 implementation date. This blog highlights the four pillars of success under PDGM.

1. Improved Coding Practices

The best Coding practices begin with intake and obtaining the necessary documentation from referral sources and physician offices. Support and education to the entire team on the 12 Clinical Grouping categories as well as being able to identify Questionable Encounters trends will be vital for your agency. Teach your teams the value of detail and specificity as well as how to code for the underlying cause, not the symptoms. Capturing all underlying diagnosis will also become more critical in order to capture any co-morbidity adjustment and ensure the documentation supports the clinical complexity of the patient population you are serving.

2. Appropriate Functional Scoring

The accuracy of OASIS assessments and data becomes more critical under PDGM. Development of an OASIS competency program is necessary under PDGM. Functional impairment levels, which are also tied to clinical groupings, will directly impact reimbursement under PDGM. The entire team must be assessing the patient at initiation of care to identify an accurate baseline status. By incorporating our Functional Status Collaboration Tool into your processes, you should see a more accurate representation of the patient at the initiation of services and ultimately improved functional outcomes.

3. Initiation of Services and Timely Documentation

Timely initiation of services (within 48 hours) by all disciplines providing care supports collaboration with the OASIS assessment within the 5-day window allowed by CMS. In addition to OASIS collaboration, this will also provide valuable insight into the utilization requests of each discipline and foster IDT discussions to monitor patient needs and mitigate the risk of re-hospitalization. Timely completion and submission of documentation (within 24 hours) is critical in order to support both the billing and revenue cycle under the new 30-day payment periods. Ensuring tools exist to manage this and holding clinicians accountable to these expectations will be paramount.

4. Interdisciplinary Communication

The time is now for communication! While interdisciplinary communication has always been a Condition of Participation, it has never been more important than under PDGM. A collaborative team approach assists in laying a solid foundation for care planning, not only with functional impairment scoring but also to improve the level of patient care being provided. The key to communication is to ensure it is patient driven, clinically sound, and clearly documented.

[The NAHC survey results from earlier this year](#) had a resounding message; Agencies wanted clinical pathways but did not know where to start. At HealthPRO® Heritage at Home, we feel strongly that our Care Pathways to Success support the needs of the home health while providing the clinical structure and outcome-based analysis of best practices for any agency.