

Are EMRs Ready for PDPM?

Waiting on the World to Change

HEALTHPRO®  HERITAGE

Are you concerned about whether your EMR is equipped to handle the transition? You're not alone!

Nowadays, one of the most common questions among SNF operators is whether their EMR will be **ready, willing, and able to transition to PDPM**.

While it seems most EMRs are arriving late to the party, HealthPRO® Heritage offers a solution. We advocate for a cooperative approach by advising our clients to proactively spur on necessary changes by asking EMR vendors prescriptive questions to encourage/define important and specific system upgrades.

When meeting with your EMR vendor, ask the following:

- Are there any modules that are currently not activated but could be useful for PDPM?
- What other MDS interfaces will be added to support a successful PDPM transition?
- What solutions are planned for CMI state reporting after September 30, 2020?
- How will the skilled nursing assessment be standardized so as to guide best practices? How will ongoing supportive skilled nursing documentation be standardized?
- To better understand potential needs/cost associated with each new admission, can we use a pre-admission calculator for admissions/clinical/marketing? If so, can this pre-admission score be reported prior to MDS transmission to ensure nothing was missed – like during a pre-transmission review?
- Can reports be available that capture “pre-admission versus submission” and shine a light on areas of opportunity to hone our teams’ approach/skills?
- Can an IPA calculator be available to compute the impact that clinical changes might have on overall rate?
- How will the system handle “return to provider” codes as the primary reason for the SNF stay under section I0020B?

- What patient-level reporting will exist in 2019 prior to October 1, 2019 to determine RUG-IV versus PDPM rates?
- Will there be facility and corporate level reporting to determine potential opportunity: GG, NTA, Nursing, and Diagnosis?
- Will orders (e.g.: changes in DM medication, new IV antibiotics, daily oxygen) trigger alerts on the dashboard for IPAs, clinical meetings and capture on Day 5?
- What measures and/or warning will be in place to support QAPI reporting (e.g. underutilization of therapy minutes compared to previous year; trend changes in mechanically altered diets; nonfatal warnings for group and concurrent)?
- Will the system notify the facility when items trigger for a QM short stay (THINK: changes in skin integrity, weight loss, self-care, mobility, discharge outcomes) and for survey (as with wandering)?

It's a Two-Way Street

PDPM is a mystery that is unfolding. Let's work collaboratively with our EMR system developers to steer the transition planning efforts underway.

Need More Support?

Prepare. Execute. Succeed. HealthPRO® Heritage is a trusted, consultative partner leading the industry in PDPM readiness. Our deliverables: strategy, education, and execution on key clinical competencies that are crucial to PDPM success.