

READY OR NOT?

9

QUESTIONS TO HELP EVALUATE
YOUR ORGANIZATION'S READINESS
FOR VALUE-BASED PAYMENTS.

A VALUE-BASED CARE ASSESSMENT
FOR NURSING HOMES





**THE DEVELOPMENT
OF THIS PROGRAM —
AND OTHERS THAT
HAVE ALREADY BEEN
INTRODUCED ACROSS
THE HEALTHCARE
INDUSTRY — IS PROOF
THAT VALUE-DRIVEN
CARE IS HERE TO STAY.**

The Centers for Medicare and Medicaid Services (CMS) will roll out the Skilled Nursing Facility Value-Based Purchasing Program (SNFVBP) in 2019. CMS has said that the SNFVBP will pay participating nursing homes for services based on the quality of care, not just quantity of the services they provide in a given performance period. The development of this program — and others that have already been introduced across the healthcare industry — is proof that value-driven care is here to stay.

Existing CMS value-based programs offer financial incentives for quality of care, patient experiences and for patient health outcomes. With this in mind, now is the time to begin making adjustments and preparing for payment changes.

Here are nine questions you can use to evaluate your organization's readiness for value-based payments. As you read through the list of questions and corresponding tips, tally your "Yes" and "No" responses. This will help you gain a better understanding of where to direct your focus as you transition from fee-for-service to value-based care.

QUESTION

1

ARE WE INVOLVING RESIDENTS AND THEIR FAMILIES IN CARE PLANNING?

TIP: Engaging residents and their families helps you interpret residents' needs and design effective care plans. Include residents and family members in planning meetings whenever possible. Listen to concerns and provide answers and information in response to questions. Encourage residents to be involved in making decisions about their care whenever possible. Also work to enable them to engage in appropriate self-care. This will create a better overall care experience.

QUESTION

2

ARE WE ASKING RESIDENTS AND FAMILIES FOR FEEDBACK TO MEASURE OVERALL SATISFACTION?

TIP: Satisfaction is a reimbursement factor under value-based payment models. Don't assume you know how people feel about your services – ask them. Use questionnaires and surveys to gather feedback. Then analyze the feedback and determine where changes might be necessary to improve resident and family satisfaction.

QUESTION

3

DO WE HAVE UPDATED PROCESSES AND PROCEDURES IN PLACE TO HELP RESIDENTS ADJUST AS THEY TRANSFER INTO AND OUT OF OUR FACILITY?

TIP: Care transitions can be particularly difficult for elderly residents. During and after transitions, residents are more likely to experience complications and require acute care. Putting precautions in place can help avoid issues. Revise transfer forms, meet with hospitals and other providers in the community to discuss how to strengthen communication, develop ways to identify and more heavily monitor high-risk transfers – these are a few ways you can improve care transitions.

QUESTION

4

DO WE HAVE ACCESS TO TIMELY DATA AND CRITICAL RESIDENT INFORMATION?

TIP: Understanding the immediate health status of residents is necessary for providing the safest and best care. This means you need access to timely data for not only individuals transferring into your facility, but also for those that are already under your care. Be sure that every member of your care team is recording and using data related to changes in a resident's health.

QUESTION

5

ARE WE USING ELECTRONIC MEDICAL RECORD TECHNOLOGY?

TIP: Electronic medical record (EMR) technology can be a game-changer for nursing homes. Updating from paper to electronic records allows for easier sharing of data. EMRs also bring efficiency into facilities. Understandably, cost and other barriers can make it difficult to upgrade to EMRs. But if your organization does not have an EMR system in place, working to remove barriers and gain access to this technology should be a priority.

QUESTION

6

ARE WE USING HOSPITAL TRANSFER DATA TO DETERMINE A BASELINE, SET GOALS AND MEASURE OUR PROGRESS TOWARD REDUCING HOSPITAL READMISSIONS?

TIP: CMS has made it clear that reducing hospital readmissions is a main priority. Expectations are that all healthcare providers need to work together to make improvements and keep patients from being readmitted unnecessarily. Nursing homes need to be measuring and really keeping an eye on readmission rates for their organizations. Look at your hospital transfer data and make comparisons each month, each quarter, etc., to determine whether you are making progress toward reducing readmissions.

QUESTION

7

HAVE WE ADOPTED CLINICAL WORKFLOWS AIMED AT REDUCING HOSPITAL READMISSIONS?

TIP: When you track and analyze your organization's hospital readmissions you can determine whether improvements need to be made. If your hospital transfer data indicates readmissions are a problem for your facility, make adjustments to clinical workflows in order to reduce readmissions.

QUESTION

8

HAVE WE ESTABLISHED GOOD PARTNERSHIPS WITH THE HOSPITALS AND HOME HEALTH PROVIDERS IN OUR COMMUNITY?

TIP: Truly, one of the best ways to be successful under a value-based healthcare model is to work closely with the other care providers in your community. If you form strong working relationships with hospitals, home health providers, pharmacies, and other providers that serve your residents, you can offer more coordinated and safer care to patients. A good way to get the ball rolling is to schedule some face-to-face meetings with outside providers. Sit down with them and trade ideas on how each side can improve care coordination. Then take the ideas and put them into action.

QUESTION

9

DO WE HAVE A DESIGNATED PERSON OR AN EXTERNAL PARTNER IN CHARGE OF DIRECTING QUALITY IMPROVEMENTS?

TIP: Ideally you can designate someone (or multiple people) on your team to manage your quality improvement efforts as your organization works to transition to value-based care. If you do not feel confident assigning this duty to someone on your staff, or your organization does not have the bandwidth to tackle quality improvement while trying to manage everything else that goes along with caring for patients and running a successful facility, bring in an outsider partner to handle quality improvements. A knowledgeable partner can assess your organization, develop improvement strategies and help you execute them.

**EACH ONE OF
THESE QUESTIONS
REPRESENTS AN
ACTION NURSING
HOMES NEED TO TAKE
IN ORDER TO POSITION
THEIR ORGANIZATION
FOR SUCCESS UNDER
VALUE-BASED
REIMBURSEMENT
PROGRAMS.**

HOW MANY “YES” RESPONSES DID YOU HAVE?

Each one of these questions represents an action nursing homes need to take in order to position their organization for success under value-based reimbursement programs. A high number of “yes” responses (seven or more) indicates that you are closer to value-based care readiness, while fewer “yes” responses (six or less) signals that you may have a little more work to do. Either way, it is helpful to know where you stand and to have an idea of which areas you need to make investments in and improve. The questions above that you answered “no” to show you where to start.

**CONTACT PRIMARIS TODAY TO BEGIN
PREPARING NOW FOR THE FINANCIAL
EFFECTS OF FUTURE VALUE-BASED
INCENTIVE PROGRAMS.**



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