

A Clinical Management Model:
Manage Your Product, Not Productivity

Presented for



Missouri Alliance for
HOME CARE

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Presented by

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experience **BKD**
CPAs & Advisors

Clinical Management Challenges

Industry Patterns >>

Cultural Dynamics >>

Personal Characteristics >>

External demands >>

Clinical Management Challenges

Management training?

Dynamics repeated?

Nurturing nature, perfectionist?

Crises du jour?

Policy Imperatives to Home Health

OASIS, OBQI >>

HHQI Campaign >>

OASIS Process Measures >>

Value Based Purchasing >>

Policy Imperatives to Home Health

Outcomes

Reduce hospitalization rates

Evidence based practice

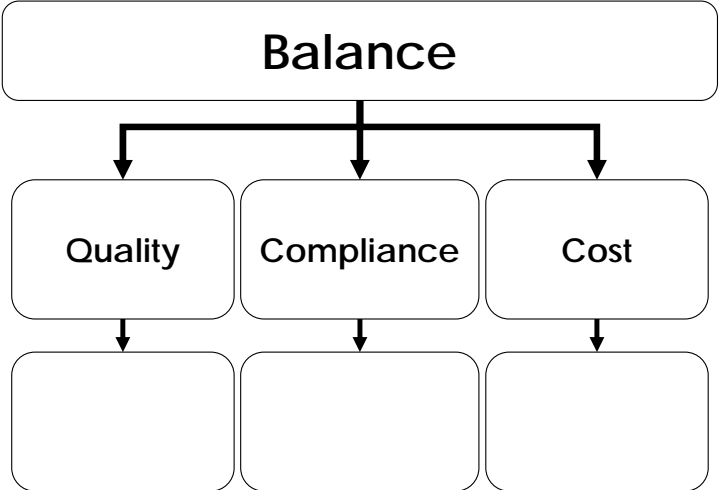
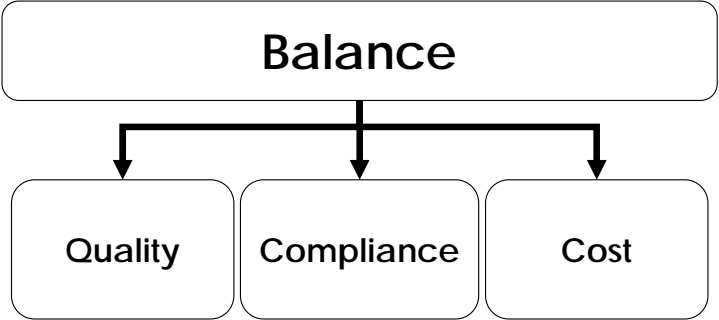
Data driven accountability

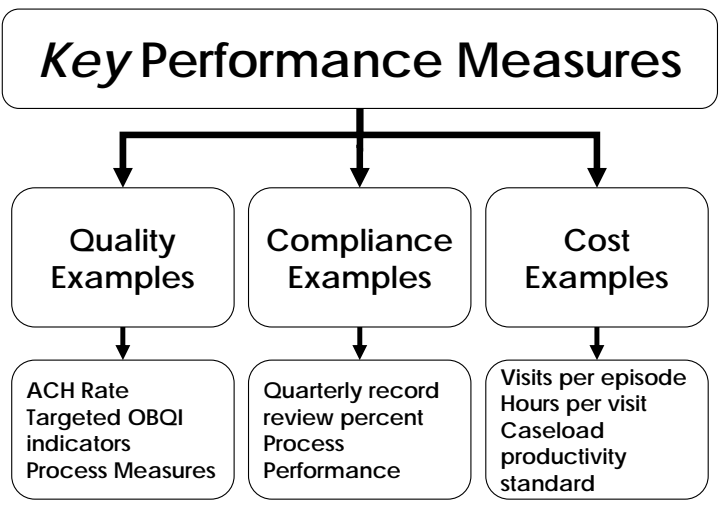
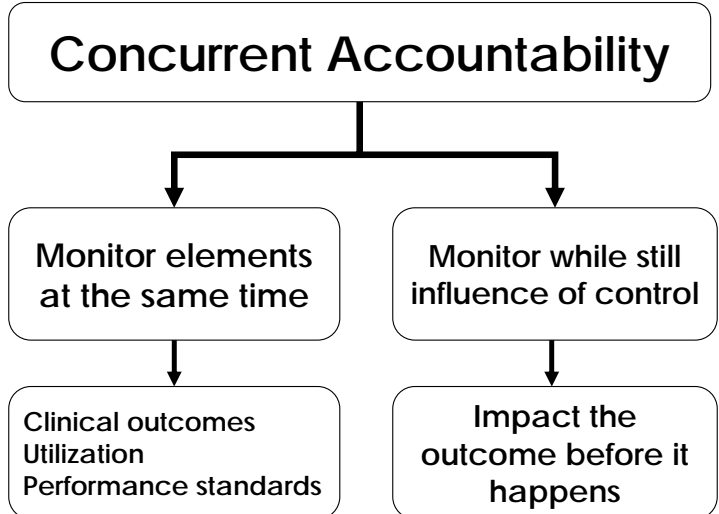
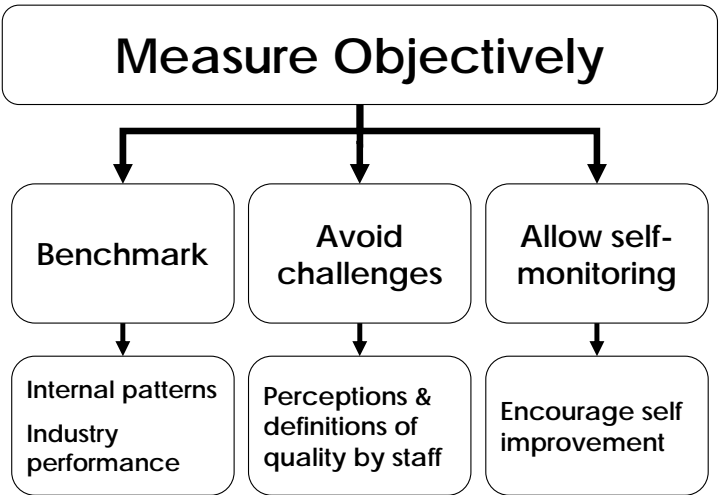
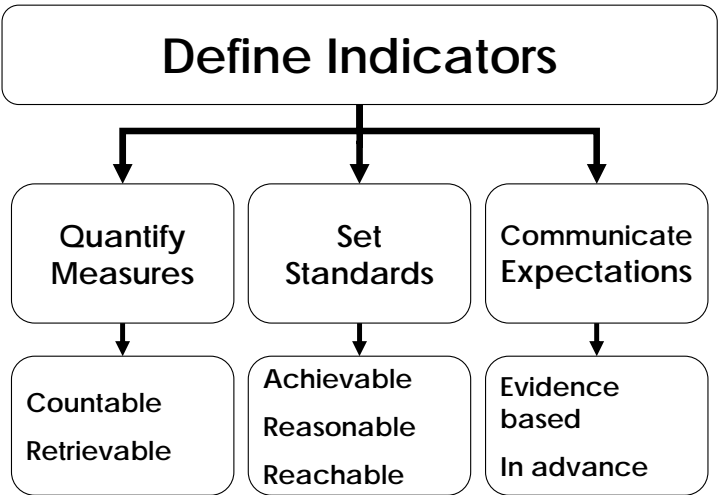
Effective Clinical Management

- Balance >>
- Define & Communicate >>
- Objective >>
- Concurrent >>

Effective Clinical Management

- Quality, Compliance, Cost
- Key Performance Indicators
- Measures of Performance
- Accountability





Quality

- ▶ **Objective Measures, Standards**
- Know who is getting what outcomes
- ▶ **Concurrent Accountability**
- Select charts for Process of Care Investigation based on *episodes* that need managing and *staff* that need managing
- ▶ **Communicate Expectations**
- Develop an OBQI Plan of Action to improve outcomes based on available evidence

ACH %
Targeted
OBQI
Indicator %
Process
Measure %

Compliance

- ▶ **Set Standards** - Communicate an expected *percentage*
- ▶ **Objective Measures** - Quantify *percentage* achieved during Quarterly Record Review
- ▶ **Accountability** - For those pesky process performance measures
- ▶ **Bonus** - Charts chosen for OBQI Process of Care Investigation should have a compliance review *while the chart is open*

Quarterly
Record
Review

Process
Performance
(Timeliness &
Completeness)

Cost

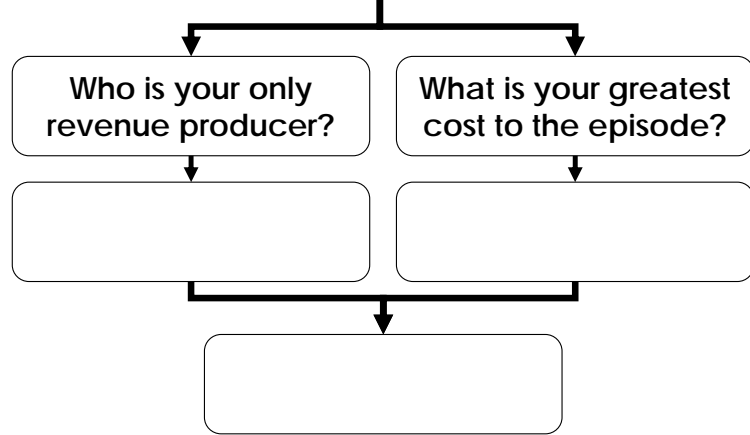
- ▶ **Set Standards** - Using industry benchmarks or internal patterns
- ▶ **Measure Objectively**
- Identify sources for data extraction and format for recording and reporting to staff
- ▶ **Key Indicators** - Direct cost productivity should not be contradictory to episodic payment structure - *make the measure meaningful*

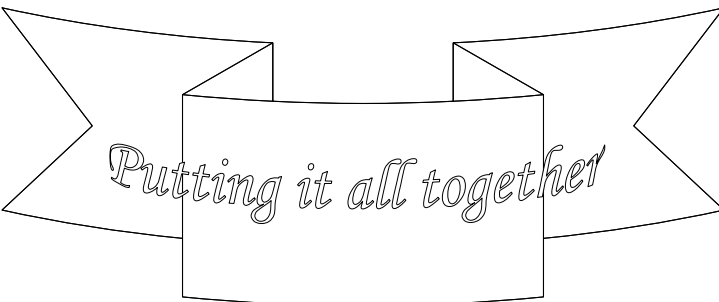
Visits per
episode

Hours per
visit

Caseload
productivity
standard

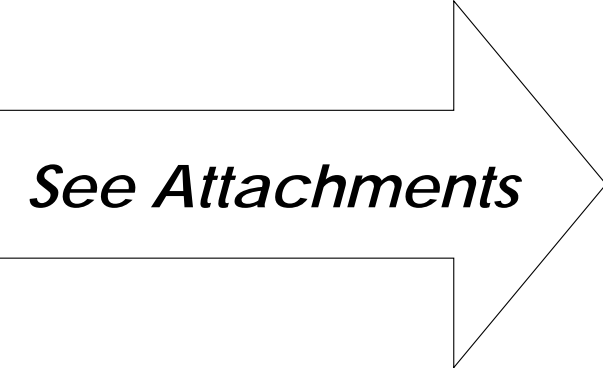
Caseload Productivity Rationale





Effective Clinical Management

- Balance Quality, Compliance, Cost
- Define Key Performance Indicators
- Objective Measures of Performance
- Concurrent Accountability



Attachment A

Quantifiable Compliance Audit



COMPLIANCE AUDIT



PATIENT	PERIOD REVIEWED	REVIEWER/DATE									Comments	
		Circle the services provided:	SN	LVN	PT	PTA	OT	OTA	AI	SW		ST
1	Admission paperwork is completed according to policy.											
2	Patient/representative signature is present and dated effective SOC.											
3	All OASIS assessments completed within required time frames.											
4	Diagnoses and sequencing are supported by the documentation.											
5	Plans of Care are appropriate to diagnoses and reflect skilled need.											
6	Goals are measurable and relate to the plan of care.											
7	Patient goals and involvement in Plan of Care documented.											
8	Medication Profile complete, drug regimen reviewed per time frame.											
9	All referred services were initiated or explanation documented.											
10	Initial/recertification verbal orders are present.											
11	Verbal orders reflect changes in the plan of care.											
12	Documentation is present to explain all missed visits.											
13	Plan of care was followed in each visit.											
14	Each visit note reflects skill and medically necessary intervention.											
15	Progress toward outcomes documented sufficiently through episode.											
16	Care coordination is documented sufficiently through episode.											
17	Appropriate and timely intervention is provided to changed needs.											
18	Description sufficiently documented that patient is homebound.											
19	Discharge planning is evident as appropriate.											
20	HHABN & EDN delivered appropriately and within time frame.											
21	60 Day Summary is present and complete.											
22	Aide care plan is developed/reviewed/revised for patient's needs.											
23	Aide supervisory visit completed every 2 weeks, minimum.											
25	Therapy assistant supervision evident, according to policy.											
Total the # of Ns in each column, divide by 25 to reach percent accuracy:												
Enter the staff initials performing the majority of the visits:												

Enter Y or N for each audit item per discipline, leaving the square blank for NA. Total the # of Ns at bottom of each discipline column.

Include staff initials in line Comments if different than the staff indicated at the bottom of the column; e.g. SN completing admission, or PRN staff documentation being described.

Attachment B

Performance Report





Sample Home Health
 Home Health Outcome Based Performance Incentive Results
 Performance as of December 31, 2009

Employee Identification				
<u>Employee Name</u>	<u>Position</u>	<u>ID No.</u>	<u>Hire Date</u>	<u>Branch Location</u>
Nellie Nurse	Clinical personnel	1000	1/1/2007	
Performance Data				
<u>Performance Measures</u>	<u>Performance Category</u>	<u>Expected Minimum Performance Measures</u>	<u>Optimal Performance Goals</u>	<u>Actual Performance Results</u>
LUPA percentage	Quality	15.0%	10.0%	12.0%
Hospitalization rate	Quality	35.0%	29.0%	30.0%
Improved medication management	Quality	35.0%	43.0%	40.0%
Caseload	Cost	22	26	20
Documentation compliance	Compliance	80.0%	90.0%	83.0%
Performance Summary				
<u>Category</u>	<u>Weight</u>	<u>Your Performance</u>		
		<u>Current</u>	<u>Prior</u>	
Quality	60%	41%	30%	
Cost	20%	-10%	15%	
Compliance	20%	6%	10%	

Attachment C

Performance Incentive





Sample Home Health Agency
 Home Health Outcome Based Performance Incentive Results
 Performance as of December 31, 2009

Employee Identification					Performance Incentive				
Employee Name	Position	ID No.	Hire Date	Branch Location	Maximum incentive compensation \$ <u>2,000</u>				
Nancy Nurse	Clinical personnel	1000	1/1/2007						
Performance Data									
Formula		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
					(A) - (B) = (D)	(A) - (C) = (E)	(E) ÷ (D) = (F)		Incentive x (F) x (G) = (H)
Performance Measures	Incentive Category	Expected Minimum Performance Measures	Optimal Performance Goals	Actual Performance Results	Maximum Success Measures	Actual Success Measure	Percent of Optimal Goals Achieved	Maximum Incentive Weight	Performance Incentive Compensation
Case Conference Participation	Quality	95.0%	97.0%	96.0%	2.0%	1.0%	50.0%	15.0%	\$ 150
Hospitalization rate	Quality	26.0%	20.0%	19.0%	6.0%	7.0%	100.0%	15.0%	\$ 300
Improved medication management	Quality	35.0%	40.0%	33.0%	5.0%	-2.0%	-40.0%	15.0%	\$ (120)
Caseload	Productivity	22	25	23	3	1	33.3%	25.0%	\$ 167
SOC OASIS completed within five days	Compliance	90.0%	95.0%	92.0%	5.0%	2.0%	40.0%	10.0%	\$ 80
Other OASIS completed within two days	Compliance	85.0%	92.0%	100.0%	7.0%	15.0%	100.0%	10.0%	\$ 200
Documentation compliance	Compliance	87.0%	94.0%	99.0%	7.0%	12.0%	100.0%	10.0%	\$ 200
Performance incentive results							48.8%	100.0%	\$ 977 @
Performance Summary									
		Your Performance							
Category	Weight	Current	Prior						
Quality	45%	17%	19%			Base compensation		\$ 65,000	
Productivity	25%	8%	15%			Performance incentive compensatio		\$ 977 @	
Compliance	30%	24%	35%			Total fiscal year compensation		\$ 65,977	

For more information about managing performance incentives contact M. Aaron Little with BKD, LLP at: mlittle@bkd.com