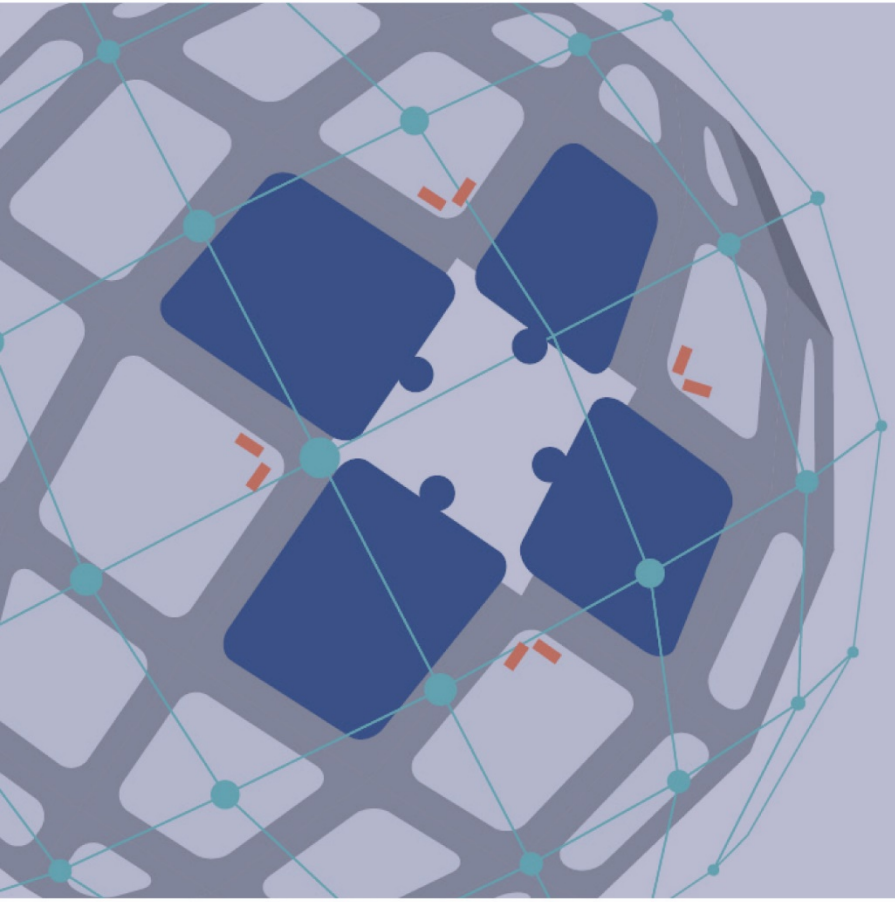
Real Time
MEDICAL SYSTEMS



Improving Clinical & Financial Outcomes with Live Patient Data During Times of Crisis

Presented by:

Real Time Medical Systems &
Complete HealthCare Resources

Today's Presenters

Cheryl Scalzo, RN

Clinical Account Specialist, Real Time Medical Systems

In her role with Real Time, Cheryl uses her knowledge within the industry to guide clients in unlocking the power of EHR data to improve clinical performance. As a former Director of Nursing, Cheryl has dedicated her career to improving resident care. Cheryl has served as a Certified Infection Preventionist as well as Director of Nursing, where she established and implemented best practices to improve quality outcomes.

Tricia Whaley

Senior Director of Provider Relations, Complete HealthCare Resources

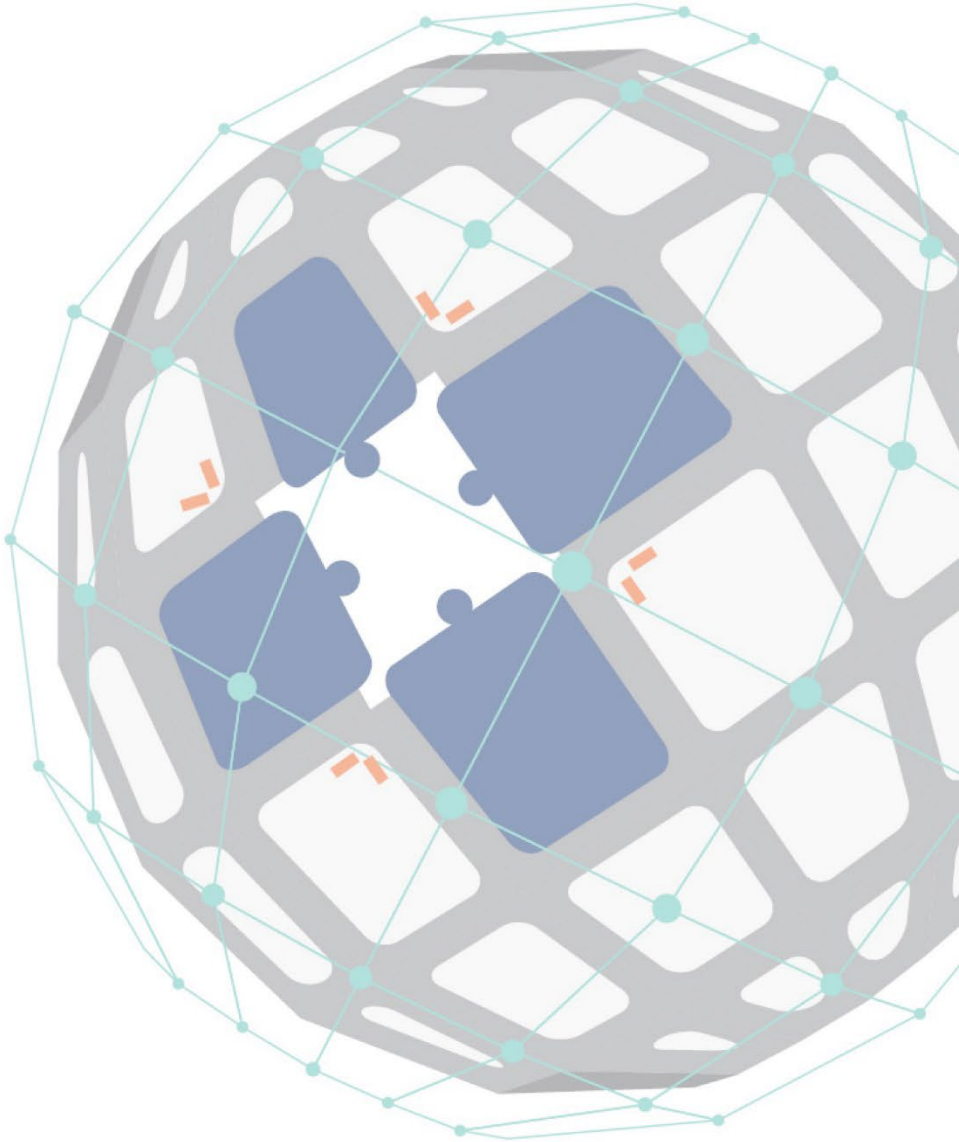
Tricia is a dedicated healthcare leader who, through her work with Complete HealthCare Resources, utilizes her experience to assist the admissions and business development staff in Senior Living Communities to enhance CORE systems, policies and business development strategies. As a former Director of National Partnership, Tricia has dedicated her career to improving the overall resident transition and healthcare experience.

Where do we even begin?

- Improve care coordination with ACO's, hospitals, and community partners
- Expand patient referrals with hospital partners
- Establish a collaborative centralized infection and antibiotic surveillance program
- Achieve accurate reimbursements

The Barriers We Face

Today's Challenges



What do we need to overcome

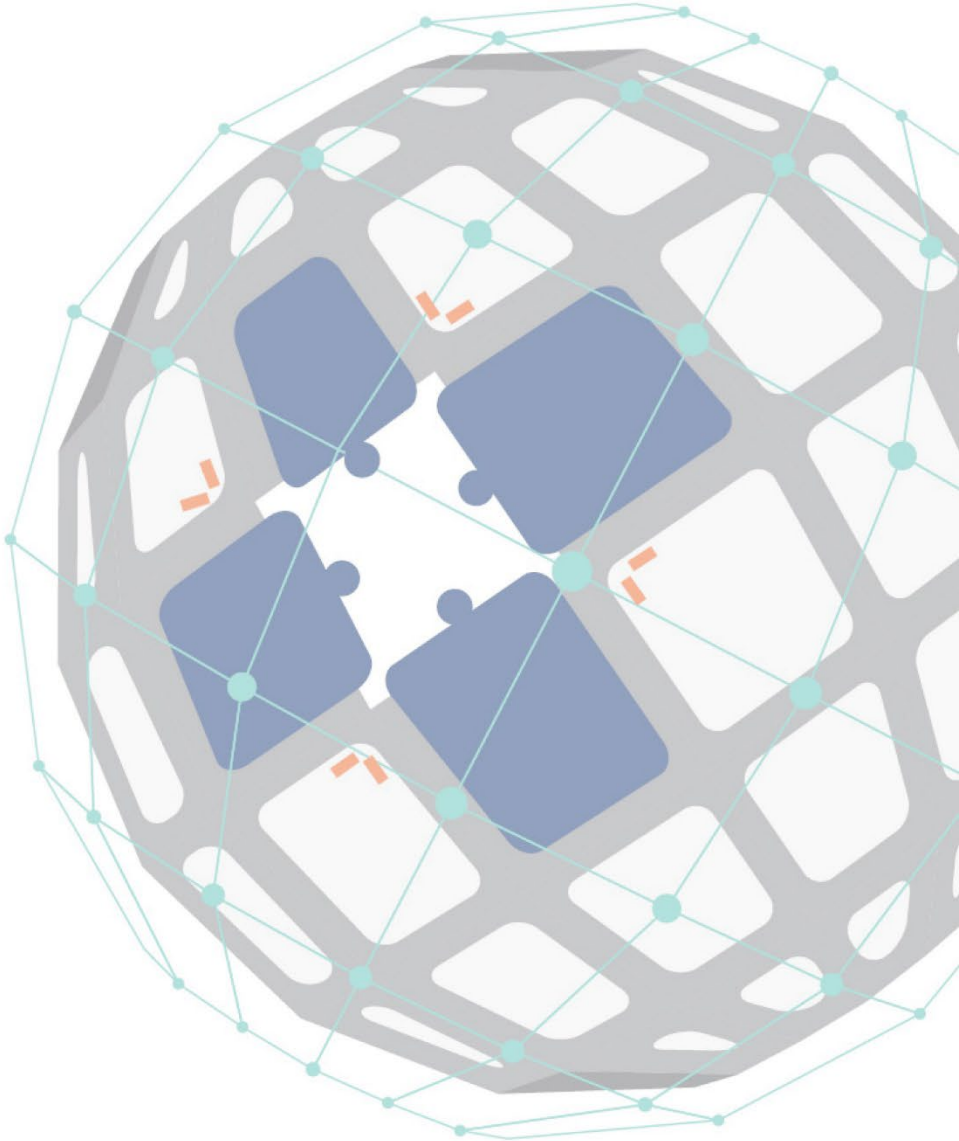
- **Census Challenges**
  - Decrease in hospitalizations
  - Decrease in hospital referrals
  - Fear of COVID -19 positive patients
  - Fear of Long-Term Care Facilities
- **Staffing challenges**
  - Overall shortages
  - Competitive Market
  - Need for staff relief measures
- **Operationalize following a pandemic**
  - Risk management
  - Quality Measures
  - Infection Prevention and Control
  - Reimbursement management

Moving Beyond Predictive Analytics

Predictive Analytics		Interventional Analytics
Restricted Algorithms Mines data only from standard data fields within EHR.	⇔	**Comprehensive Algorithms** Mines data from **any** data field – standard fields, free text (nursing notes), etc. within the EHR.
Static MDS Data Analyzes static/dated data.	⇔	**Live Data** Analyzes live data as it is entered into the EHR – in real-time.
Predicts Trends Calculates trends and forecasts possible future events.	⇔	**Identifies Subtle Change in Condition** Calculates data and pushes live alerts, including diagnoses, when change in care ***is*** occurring.
Standardized Care Provides trend outcomes – assumes "one-size fits all" approach.	⇔	**Interventional Care** Provides suggested interventions based on AMDA and INTERACT 3.0 standards of care, allowing clinical teams to intervene before an adverse situation occurs.

Improving Our Relationships

ACOs, Hospitals, & Community Partners



Health Systems and ACOs

Why Do They Care about Post-Acute?

Health Systems/Hospitals

- Readmissions
- Quality
- Mission (non-profit)

ACO's

- Total Cost of Care
  - Readmissions
  - LOS
  - Quality Measures

Clinical Value Proposition

ACO's and Health Systems *clinically* manage patients for improvement in patient outcomes (across all sites of care)…

- Skill sets in
  - Care Management
  - Geriatrics / Physician practice and clinical oversight of LTC
  - Population Health
    - Utilizing specific strategies to manage population segments that have specific health needs, challenges or unique features
- Mission to Improve the Health and well-being of their community

Clinical Value Proposition

…Therefore, they need line of sight (data) to effectively manage in the SNF setting (black box)

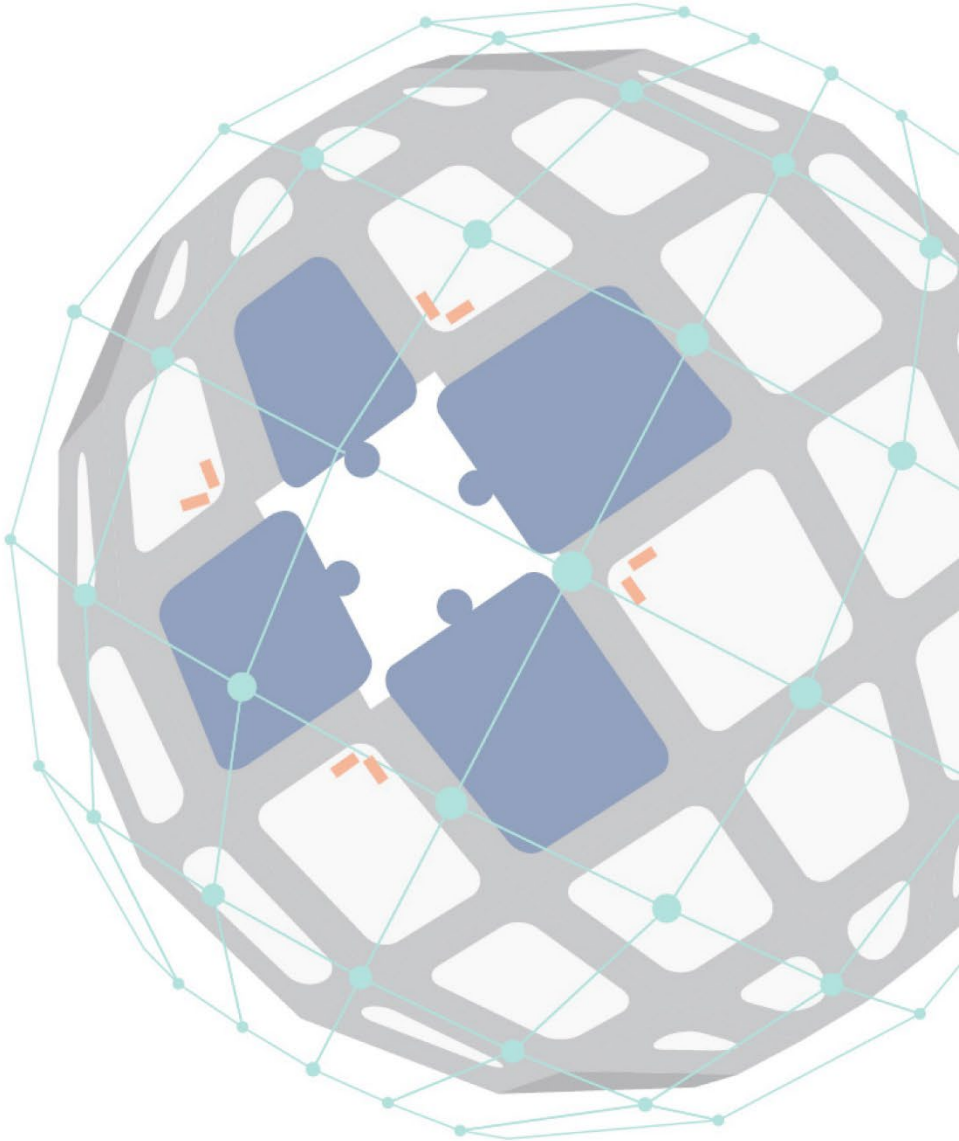
- Knowing there is a clinical change while it is happening or before allows the system to respond and deploy resources or support the SNF and patient clinically
- Health Systems/ACOs develop standardized approaches to care. Having the SNF stick to those or utilize those approaches improves outcomes and prevents readmissions
- Knowing where and when a patient is discharged critical to ACOs

Transitions of Care

1 Discharge Planning	6 Enlisting Help of Social and Community Supports
2 Complete Communication of Information	7 Advance Care Planning
3 Availability, Timeliness, Clarity, and Organization of Information	8 Coordinating Care Among Team Members
4 Medication Safety	9 Monitoring and Managing Symptoms After Discharge
5 Educating Patients to Promote Self-Management	10 Outpatient Follow-Up

Risk Management

Improving Quality of Care



Why Risk Management?

- Quality of Care
- Maintain Census
- Reputation
- Rising Insurance Costs

Examples of Risk Areas

Falls with Major Injury

Pressure Ulcers

Undiagnosed Changes in Condition

Adverse Drug Events

Malnutrition and Dehydration

Elopement

Abuse

Burns

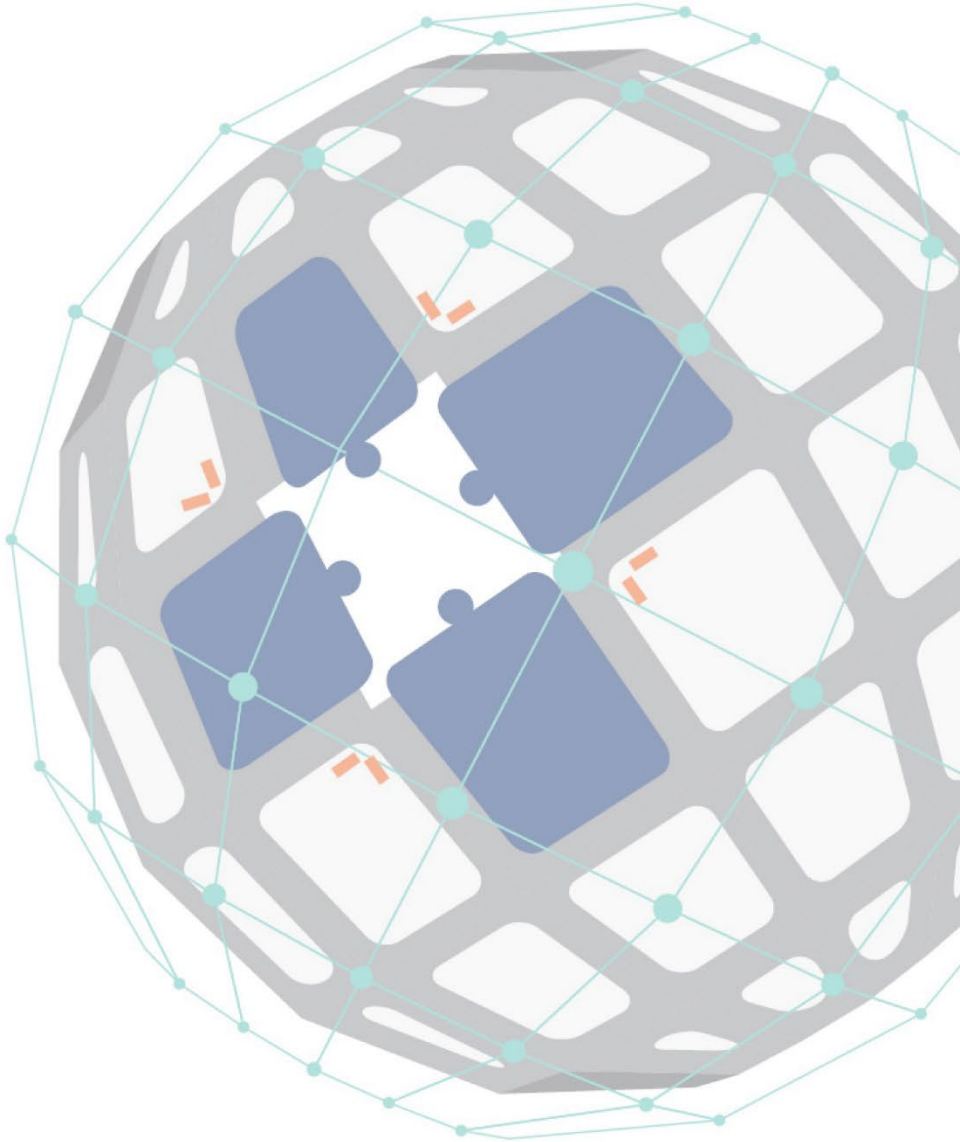
Pain

Key Considerations – What to bring to the table

- Policies and Procedures
- Specialized Programs
- Mindful Hiring Practices
- Well educated and competent staff
- 5 Star Rating
- Reputation matters!!

Quality Measures

Boost your Five Star Rating



Quality Measures Review

Overall rating

Average

The overall rating is based on a nursing home's performance on 3 sources: health inspections, staffing, and quality of resident care measures.

Learn how Medicare calculates this rating

Health inspections

Below average

View Rating Details

Staffing

Average

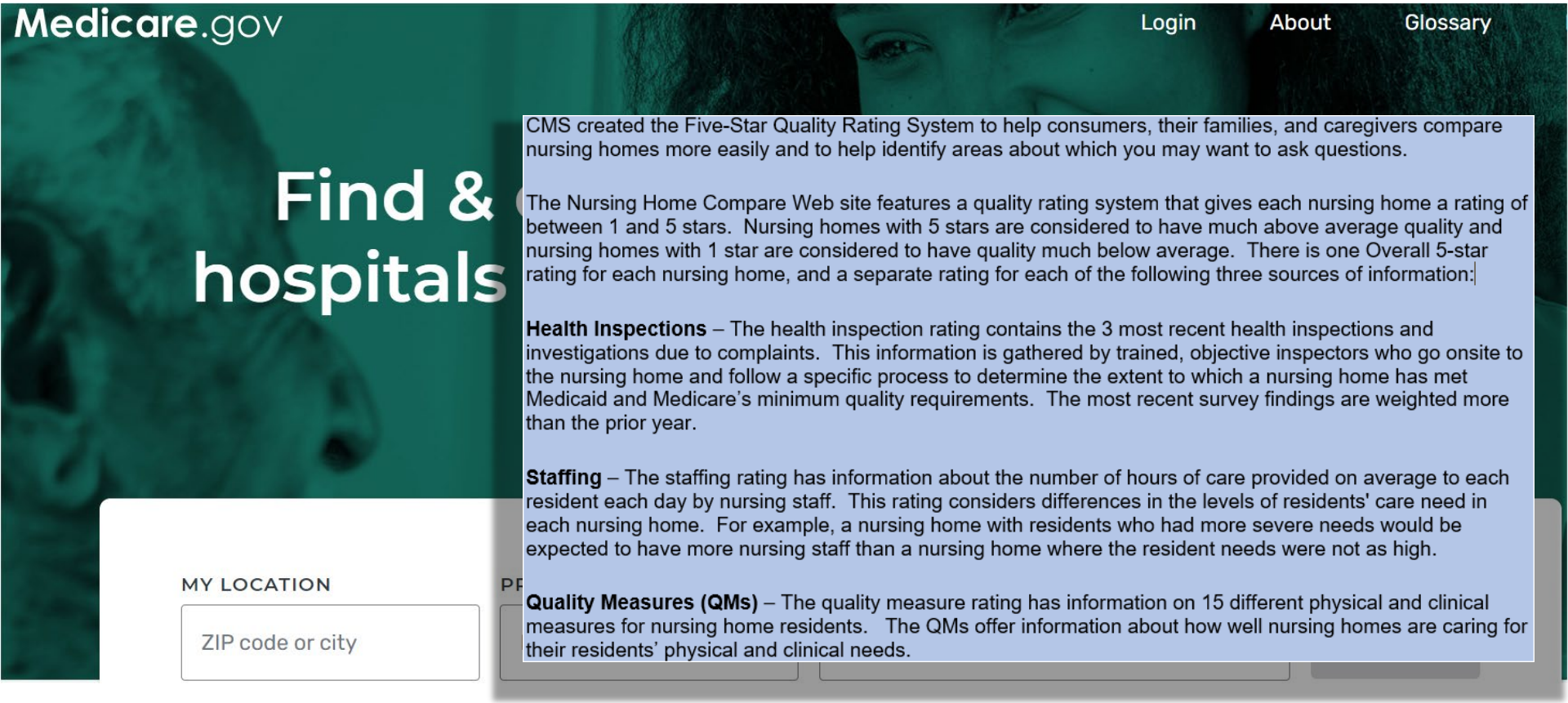
View Rating Details

Quality of resident care

Much above average

View Rating Details

Quality Measures Review



CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.

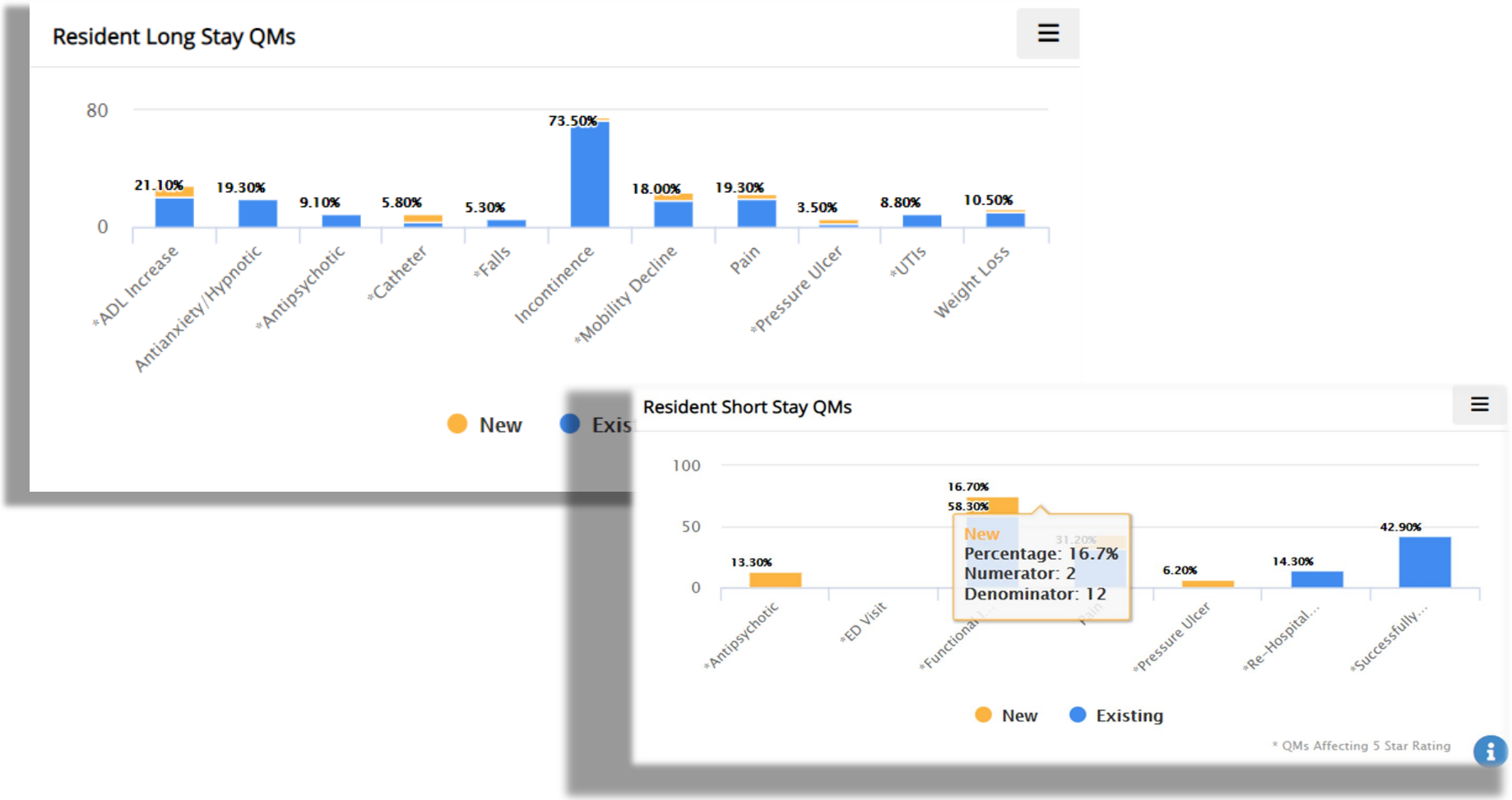
The Nursing Home Compare Web site features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

Health Inspections – The health inspection rating contains the 3 most recent health inspections and investigations due to complaints. This information is gathered by trained, objective inspectors who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicaid and Medicare's minimum quality requirements. The most recent survey findings are weighted more than the prior year.

Staffing – The staffing rating has information about the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents' care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.

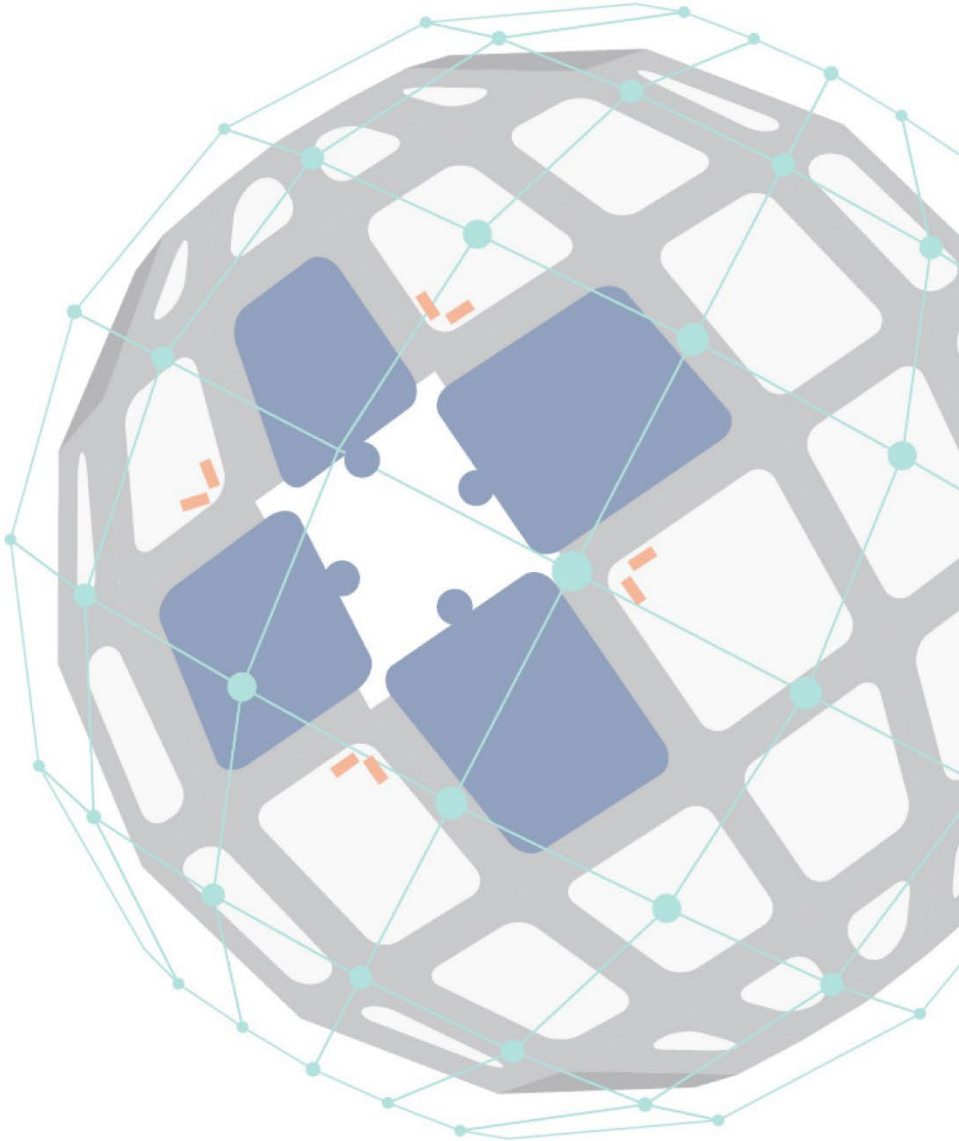
Quality Measures (QMs) – The quality measure rating has information on 15 different physical and clinical measures for nursing home residents. The QMs offer information about how well nursing homes are caring for their residents' physical and clinical needs.

Quality Measures and Technology

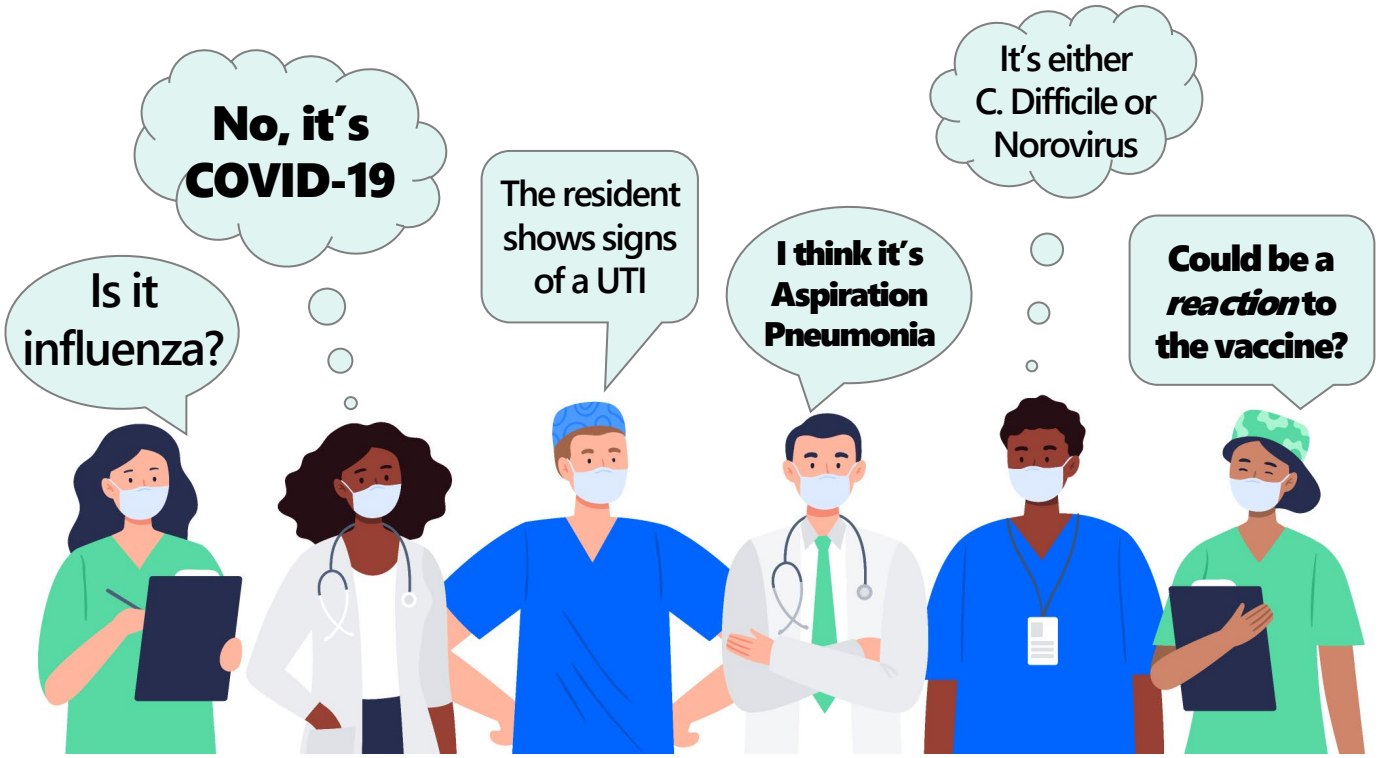


Infection Prevention and Control

What next?



“Just when we thought we had all the answers, they changed the questions”



Strong Infection Prevention & Control Program

Core Practices

- Individual(s) trained in Infection Prevention and Control to Provide on-site management of ICP program
- Educate residents, Healthcare Personnel (HCP), Visitors about COVID-19 & other infectious pathogens
- Implement Source Control Measures
- Visitor restrictions
- Plan for Testing Residents and (HCP) for SARS-CoV-2
- Evaluate and Manage HCP
- Supplies Necessary to Adhere to ICP Practices
- Cohorting
- Managing New Admissions/Readmissions COVID-19 & other infectious pathogens
- Evaluate & Manage Residents w/Symptoms

Mitigate the Spread of Infection with Live Data

Live data that already lives in the EHR is helping facilities:

- Immediately identify emerging infection days in advance of an outbreak
- Proactively monitor for COVID-19 and Influenza within and across all facilities
- Identify, monitor, track, trend, and report toward the Infection Control and Prevention program requirements outlined in the CMS Requirements of Participation (RoPs)

By using the right solution to work with your EHR, this can all happen with no additional work or duplicate data entry needed.

Surveillance Data: Monitor and Analyze

- Abdominal discomfort
- Abdominal pain
- Altered Mental Status
- AMS
- Change in LOC
- Change in Level of Consciousness
- Change in Mental Status
- Chest Discomfort
- Chest Pain
- Chest Pressure
- Chills
- Congestion
- Corona
- Coronavirus
- COVID-19
- Cough
- Coughing
- Crackles
- Cyanosis
- Cyanotic
- Decline in ADLs
- Decline in intake
- Decrease Function
- Decreased Blood Pressure
- Decreased intake
- Decreased meal
- Decreased smell
- Decreased taste
- Diaphoresis
- Lethargic
- Lethargy
- Loose stool(s)
- Loss of smell
- Loss of taste
- Malaise
- Runny nose
- Shake
- Shaking
- Shiver
- Shivering
- Shortness of breath

Temperature >= 99.2			Respirations greater than 20			Pulse greater than 100			O2 93 or less		
Temp >= to 99.2	Delta in Temp from prior day	Delta in Temp from 7 days ago	Respirations greater than 20	Delta in Respirations from prior day	Delta in Respirations from 7 days ago	Pulse greater than 100	Delta in Pulse from prior day	Delta in Pulse from 7 days ago	O2 93 or less	Delta in O2 from prior day	Delta in O2 from 7 days ago
0	0	0	0	0	-1	1	1	-1	0	0	-1
0	0	0	0	0	0	0	0	0	0	-1	-1
0	0	0	0	0	0	0	-1	0	1	1	1
0	0	0	0	0	0	1	0	1	0	0	0
0	0	-2	0	-1	0	4	-1	1	10	-5	-3
0	-4	-3	1	-5	1	5	1	2	15	-5	8
0	-2	0	9	-1	3	4	-3	1	3	-8	-1
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0	-3	-1	10	-1	6	8	4	3	11	4	7
3	0	-3	11	2	-3	4	-1	-4	7	2	1
3	2	1	12	1	5	1	-4	-2	22	0	3
2	1	2	0	0	0	0	0	0	49	20	3
0	0	0	1	-3	-8	9	5	6	38	17	10
0	-3	-1	0	0	0	4	-3	0	4	-6	0
0	-6	-2	4	2	-2	2	-2	0	6	-3	-1
2	1	1	34	18	16	0	0	-4	41	21	12
1	0	0	0	-3	0	2	0	-1	3	1	-1
1	1	-1	1	0	1	1	-5	-1	45	10	5
0	0	0	0	0	0	1	1	0	4	-5	-4
0	0	-1	0	0	-1	0	-2	-1	9	-3	-4

Antibiotic Stewardship

- Optimize antibiotic choice when clinically indicated
- Reduce unnecessarily prescribed antibiotics
- Reduce the rise of Multidrug Resistant Organisms

Automated antibiotic surveillance can help facilities:

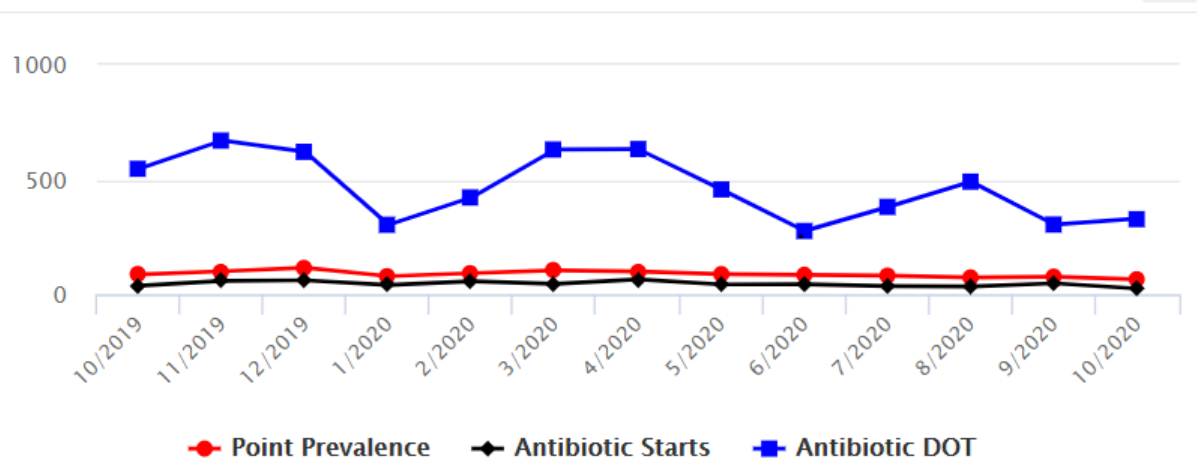
- Track and Trend by Infection Type & Specific Unit Location
- Isolate the Origin of Infections (Community-acquired vs.Healthcare-acquired)
- Review Orders by Prescribers & Class
- Simplify infection reporting

The Proactive Approach

- Review and understand CDC Antibiotic Stewardship requirements
- Learn strategies to improve antibiotic use and reduce antibiotic resistance as well as unnecessary adverse drug interactions
- Leverage technology for fast and efficient surveillance and reporting of antibiotic use among resident populations

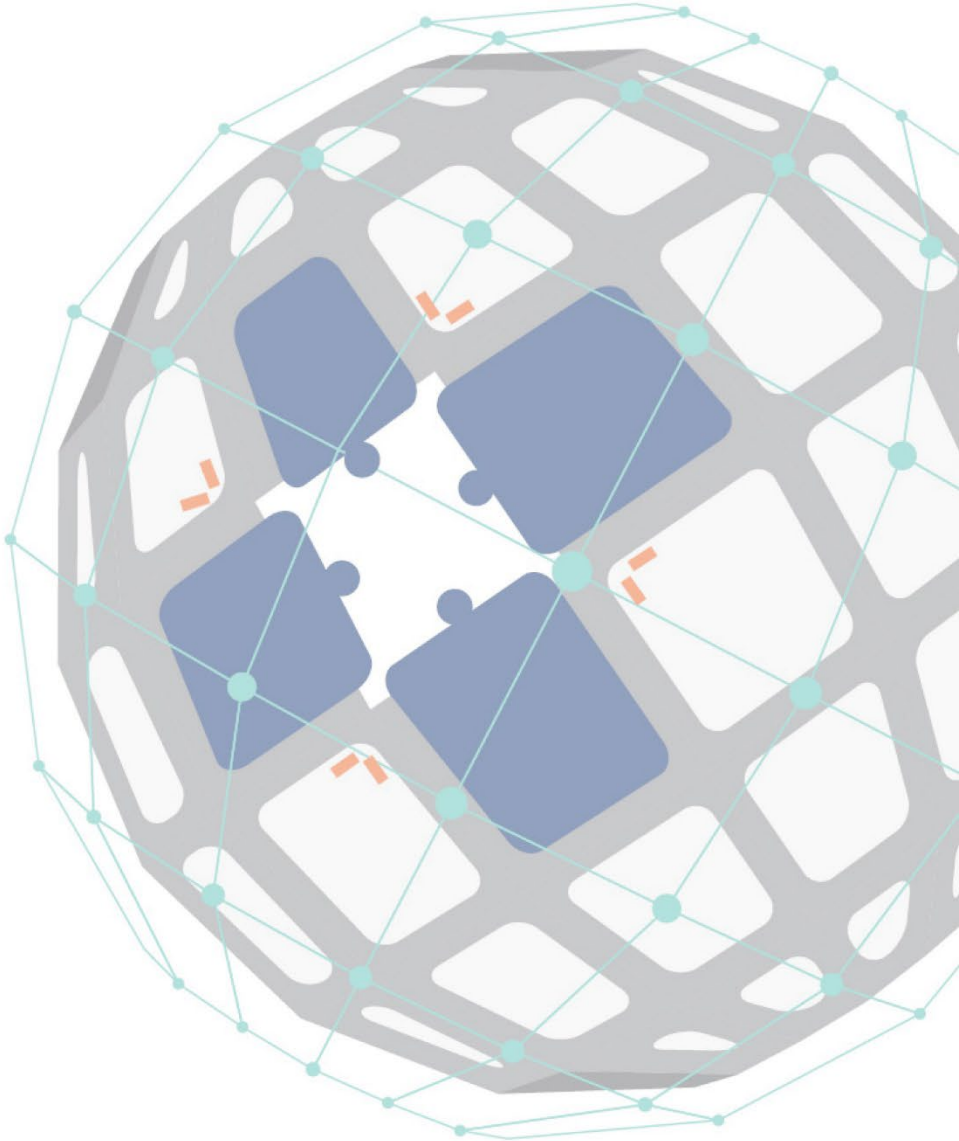
Active Surveillance | Antibiotic Surveillance

Antibiotic Surveillance



- Data Measure Sources
- Data Measure Outcomes
- Methods for Tracking Antibiotic Use

Getting Paid for the Care & Services Being Delivered Today



2+Years Since PDPM Launched | The Current State

- PDPM accounts for care provided by multiple disciplines, not just therapy
- New nutrition-related comorbidities can place a resident into a higher reimbursement bracket
  - Malnutrition
  - Morbid Obesity
  - Tube Feeding
  - Parenteral Nutrition
- According to 2020 Research by Zimmet Healthcare:
  - Facilities have seen a $52PPD increase in reimbursement since PDPM launched
    - Before PDPM: $562.89 Average per diem reimbursement
    - After PDPM: $614.96 Average per diem reimbursement
- ***So, how long before CMS issues an adjustment to payment rates?***

Continued PDPM Challenges in SNFs

- Questionable accuracy and completeness of payment-sensitive items on the MDS
- Vulnerabilities in the coding for NTAs as well as secondary splits in the Speech and Nursing components
- A struggle to identify nursing needs that justify continued Medicare coverage
- Proper documentation of ICD-10 coding
  - Identifying primary diagnosis
  - Properly sequencing secondary diagnosis
  - Synching primary and secondary with the claim
- Many missed opportunities to conduct IPAs
  - Our data shows that 66% of IPAs are missed to ensure accurate reimbursement

Understanding the Role of an IPA

- Interim Payment Assessments (IPAs) are currently used when a resident's clinical or functional status changes that differs from the initial PDPM Classification
- IPAs are currently "optional" with CMS allowing providers to determine the criteria for ***when*** an IPA is submitted
  - The Resident Assessment Instrument (RAI) updated on 10/1/19 by CMS states:
    - *"The IPA **may** be completed in order to report a change in the resident's PDPM classification."*
    - *"When deemed appropriate by the provider, the IPA **may** be completed to capture changes in the resident's status and condition."*
  - The CMS Fact Sheet states:
    - *"The IPA is optional and will be completed **when** providers determine that the patient has undergone a clinical change that would require a new PPS Assessment."*

Understanding the Role of an IPA

Question: So, are IPAs *truly* optional?

- The "timing" of an IPA appears to be optional
- CMS Guidance indicates
  - *"Facilities will determine when IPAs should be completed, and we expect them to pay special attention to clinical and functional changes…*
  - *We defer to the judgement of clinicians and expect that the care they are providing is always evaluative in nature, meaning that therapists are continually assessing the needs of the patient and changing interventions as needed throughout the course of the therapy regime."*
- CMS Final Rule states
  - *"It is necessary for SNFs to continually monitor the clinical status of each and every patient in the facility regularly regardless of payment or assessment requirements…we also believe that providers may be best situated, as in the case of the Significant Change in Status Assessment, to determine when a change has occurred that should be reported through the IPA."*

Answer: No, IPAs are not optional.

Achieve Accurate PDPM Reimbursement

- Providers should strive to follow the little guidance that exists and work to establish clinical criteria for triggering IPAs
- For 2021, every Medicare-certified SNF should have the following on their agenda to improve the positive effects of PDPM:
  - Conduct coding audits
  - Establish a care plan that explicitly recognizes the patient's clinical needs
  - Conduct a daily review to identify possible IPA completion
  - Consider opportunities for increased admissions of more medically complex patients and clinical service line development
  - Invest in a software solution that ensures no reimbursement opportunities are missed

Preparing for Potential CMS Clawbacks

- The positive impact of PDPM on operators has raised questions about how CMS may react
- To avoid any potential monetary recovery by the CMS, focus on patient outcomes.
- Key metrics to evaluate weekly and monthly include, but are not limited to:
  - Readmission rates
  - GG Outcomes
  - Therapy utilization vs. Outcomes
  - Individualized therapy treatment plan based on clinical need
- ***We cannot measure, what we do not monitor!***

Reduce Cost, Increase Referrals

Using live data, SNFs can drive Care Coordination efforts with partner hospitals

- Reduce avoidable hospital readmissions
- Risk stratify and prioritize residents
- Offset lower length-of-stay with increased referrals
- Improve facility-wide performance with standardized care
- Open lines of communication with acute care teams to provide improved patient outcomes

What do we need to overcome

- **Census Challenges**
  - Decrease in hospitalizations
  - Decrease in hospital referrals
  - Fear of COVID -19 positive patients
  - Fear of Long-Term Care Facilities
- **Staffing challenges**
  - Overall shortages
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- **Operationalize following a pandemic**
  - Risk management
  - Quality Measures
  - Infection Prevention and Control
  - Reimbursement management

Helpful Resources

CMS – Your Guide to Choosing a Nursing Home or Other Long-Term Services & Support

Resources and Tools To Improve Discharge and Transitions of Care and Reduce Readmissions

CMS – PDPM

CMS - Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Thank You!

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Real Time Medical Systems is the industry-leading Interventional Analytics platform that turns data into actionable insights. Serving healthcare organizations nationwide, Real Time improves clinical performance by reducing avoidable hospital admissions and readmissions, managing care coordination efforts, and detecting early warning signs of infectious disease. www.realtimemed.com

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