Preparing for Quality-Based Reimbursement: Strategies for Success

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Executive Director,
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Today’s Objectives

- Review the changing landscape: payers, providers and patients & residents
- Identify various initiatives linking nursing home quality to payment
- Articulate 3 strategies for success for nursing home providers
- Provide an overview of The Joint Commission’s accreditation standards and how they position nursing homes for success
The Joint Commission—Who We Are

- The leader in standards development promoting quality and safety in health care organizations for nearly 60 years
- Began accrediting nursing homes, including skilled nursing facilities, in 1966
- Currently the nation’s largest and only full continuum accredditor; with more than 20,000 accredited health care organizations
- Currently accredit over 90% of the nation’s hospitals
- Our experience and expertise has propelled Joint Commission accreditation to become the most widely recognized quality and safety distinction across the continuum, among managed care contractors, liability insurers and other key stakeholders
The Changing Landscape for Nursing Home Providers
Medicaid is the Primary Payer of Long-Term Care

Total Long-Term Care Spending 2013 = $310 billion

- **Medicaid**: 51%
- **Other Public**: 21%
- **Out-of-Pocket**: 19%
- **Private Insurance**: 8%

**Source**: KCMU estimates based on CMS National Health Expenditure Accounts data for 2013.

**NOTE**: Total LTSS expenditures include spending on residential care facilities, nursing homes, home health services, home and community-based waiver services, and ambulance providers; excludes Medicare spending on post-acute care ($74.1 billion in 2013.) All home and community-based waiver services are attributed to Medicaid.
Nursing Facility Residents by Primary Payer Type in 2011

63%

22%

14%

Medicaid
Medicare
Private Pay

Source: OSCAR Data, 2011; Kaiser Family Foundation
Approximately 43% of Medicare hospital discharges are sent to post-acute care.
Skilled Nursing Facility Patients Have Relatively High Levels of Acuity

Medicare patients discharged to nursing facilities have, after long-term care hospitals, on average higher severity of illness.

Source: The Alliance for Quality Nursing Home Care, 2009 Medicare 100 Percent Standard Analytic File (SAF) claims database from the Center of Medicare and Medicaid Services (CMS) for SNFs and Inpatient Hospitals.
The number of Americans aged 65 years and older is growing dramatically. Between 2011 and 2029, 10 thousand Americans will turn 65 every day.¹


Americans Aged 65+ Who Will Require Long Term Care In Their Lives

- **Average of 3 Years**: 70%
- **5 Years or More**: 20%

Linking Quality to Payment—The Time Has Arrived!

- Fee for service mentality is gone

- Trend is to reward quality and value of service, not volume

- It’s coming from every direction, trend spans across all payer types
Linking Quality to Payment--Examples

- Federal/state-based initiatives:
  - CMS Nursing Home Value Based Purchasing Demonstration (2009)
  - Bundled Payments for episodic care
  - IMPACT Act

- Medicare/Medicaid managed care contracting with outcomes accountability

- Increasing alternative payment options with outcomes accountability
  - ACOs
Your Partners are Looking for…

- Sustainable quality
- Cost efficiencies
- Data that proves outcomes
- Reduced hospital readmissions

...a partner in the continuum of care.
Challenges We Face In This New Environment

- Quantitative measures alone don’t tell the whole story and have limitations
- How to integrate quality into the daily mindset while remaining sensitive to staff workloads
- More routinely assessing our care delivery to identify potential issues before they impact outcomes
- Establishing new relationships with new partners and other external entities
Who will succeed in this new environment?

Organizations that can:
- Move beyond fee-for-service to broad-based, partner-oriented approach to care delivery
- Embed quality into their leadership/culture
- Boost the consistency and reliability of care delivery
- Effectively document outcomes

*Who will thrive? Those who can accomplish all*
Strategies for Success

#1) Leverage data for performance improvement

#2) Identify your specialty areas

#3) Build a solid quality foundation
Strategy #1) Leverage Data for Performance Improvement

- Collaborate with hospitals to understand what’s important to them—start with readmission data!
- Share patient and resident satisfaction data
- Gather staff input to help determine priorities for change
- Create a report card around identified quality indicators to share with referral sources, payers and others
- Make data transparent, but non-threatening
Strategy #2) Identify and Develop Your Specialty Areas

- Become the preferred provider in your specialty
- Collaborate with hospitals to implement care paths for specific conditions or services such as UTIs, cardiac, or orthopedic rehabilitation
- Focus on improving care transitions between settings
- Staff for the needs of today’s higher acuity patients and residents
Strategy #3) Build a Solid Quality Foundation

Systematic, Data-Driven Performance Measurement and Accreditation

Regulations, Licensure and Medicare/Medicaid Certification
Accreditation and Certification Options To Meet Your Unique Quality Objectives

Nursing Care Center Accreditation

Provides a solid foundational platform upon which optional specialty distinctions may be built

VISION:
Accreditation requirements relate to high-value quality and safety issues affecting all patients and residents in Nursing Home Settings and include contemporary focus on person-centered care and cultural transformation.*

Optional Specialty Certifications

Accredited organizations may elect optional specialty certifications to highlight areas of additional competence based on their unique service offerings and market needs

- Post-Acute Care Certification
- Memory Care Certification

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The Joint Commission
Accreditation
Nursing Care Centers
Key Pillars of Quality

- Provision of Care, Treatment and Services
- Medication Management
- Infection Prevention and Control
- Human Resources
- Leadership
- Information Management
- Environment of Care
- Emergency Management
- Performance Improvement
Key Pillars of Quality

- Provision of Care, Treatment and Services
  - Assessing patient and resident needs
  - Planning, providing, and coordinating care, treatment and services
  - Multidisciplinary approach to providing care
  - Read-back process for verbal orders
  - Direct care staff communicate with each other between shifts
  - Academic education is provided to children and youths
  - The patient and resident’s comfort and dignity are of highest priority during end of life care
  - Patient and resident education and training about their health conditions is provided
Key Pillars of Quality

- Medication Management
  - Safe management of high-alert and hazardous medications
  - Safe use of look-alike/sound-alike medications
  - Safe storage of medications
  - Process to retrieve recalled and discontinued medications
  - Safe management of returned and investigational medications
Key Pillars of Quality

- Infection Prevention and Control
  - There is an infection control plan based on national guidelines
  - The organization can respond to an increase in the number of potentially infectious patients and residents
  - The risk of infections associated with medical equipment, devices and supplies is reduced
  - Flu vaccinations are offered to licensed independent practitioners and staff
  - The effectiveness of the infection prevention and control plan is evaluated annually
Key Pillars of Quality

- Human Resources
  - The organization has the necessary staff to support the care, treatment and services provided
  - Orientation is provided to staff and licensed independent practitioners
  - Staff participate in education and training and are competent to perform their responsibilities
  - There is a process to credential licensed independent practitioners
Key Pillars of Quality

Leadership

- Governance is accountable for the quality of care, treatment and services provided
- Leaders communicate about issues around safety and quality
- Leaders create a culture of safety and quality in the organization
- Data is used to guide decision-making and to understand variation in processes
- Ethical principles guide the organization’s business practices
Key Pillars of Quality

Information Management

- The organization plans for managing information and continuity of its information management processes
- The organization manages the collection of health information
- Knowledge-based information is available
Key Pillars of Quality

Environment of Care

– The organization prohibits smoking except in specific circumstances
– Risks relating to hazardous materials and waste are managed
– A safe and functional environment is established
– Risks in the environment are managed during construction and renovation projects
– Conditions in the environment are monitored, issues are evaluated, and the environment of care is improved
Key Pillars of Quality

Emergency Management

- The organization has an emergency operations plan
- As part of the emergency operations plan, the organization plans for how it will communicate during an emergency
- The organization plans to manage resources and assets, security and safety, staff, utilities, and patients and residents during an emergency
- Volunteer licensed independent practitioners may provide care, treatment and services during disasters
- The organization evaluates the effectiveness of the emergency operations plan
Key Pillars of Quality

Performance Improvement

- The organization collects data to monitor performance
- Leaders set performance improvement priorities
- The organization selects measures that are meaningful to the organization and that address the needs of the patients and residents it serves
- Data analysis identifies trends, patterns, and performance levels that suggest opportunities for improvement
- Change is monitored to make sure the desired results have been achieved and sustained
How Nursing Homes Leverage Their Accomplishment

**Partners in the Continuum of Care**

- **Payers**
  - Often a requirement for contracting with managed care and other payers

**Within the Facility**

- **Liability Insurers**
  - Often leads to reduced insurance premiums

**Community Recognition**

- **Strengthens community confidence and validates quality care to patients, residents and their families**

- **Provides differentiation of an organization in its market and among referral sources**

- **Provides a framework for high-quality and safe practices to help organize and strengthen an organization’s ongoing quality improvement efforts**

**The Joint Commission Accreditation Nursing Care Centers**
The Evidence

Joint Commission accredited nursing homes have fewer survey deficiency citations on their annual certification surveys than nonaccredited facilities

The Evidence

Joint Commission accredited nursing homes have better resident outcomes which continue to improve over time

SOURCE: Joint Commission Accreditation and Quality Measures in U.S. Nursing Homes, Policy, Politics & Nursing Practice, April 25, 2012.
The Evidence

Senior managers at more than 4,000 nursing homes across the U.S. identify Joint Commission accreditation as a positive influence on patient safety issues such as staffing, teamwork, training, nonpunitive responses to mistakes and communication openness

supports the success of your ongoing quality efforts

- accreditation is a proactive “preparation” strategy
  - QAPI crosswalk
  - DHHS National Dementia Initiative
  - State surveys

- Safeguards your patients, residents, and financial resources
  - Fewer deficiencies = less financial penalties
  - Penalties can also inhibit your ability to take new residents/patients
  - Addressing deficiencies take up valuable staff time that could be spent caring for patients/residents
A Customer’s Perspective

Christine Baldini
Executive Director
Ledgewood Rehabilitation & Skilled Nursing Center, Beverly, Massachusetts

Ledgewood Rehabilitation & Skilled Nursing Center is a 123-bed skilled nursing facility, owned by Kindred Healthcare, Inc, a healthcare services company that through its subsidiaries operates hospitals, nursing centers, home health, hospice and non-medical home care locations and a contract rehabilitation services business across the United States.

Ledgewood recently underwent a survey using the revamped Nursing Care Center accreditation standards and survey process.
A Customer’s Perspective

Ledgewood Rehabilitation & Skilled Nursing Center

Your organization previously had the abbreviated Medicare/Medicaid certification-based survey, what were your impressions of the new survey process? I felt the whole process was driven toward patient care, performance improvement, resident rights and culture change. It’s not the medical model, it’s the resident model. It forces us to consider, “How are we going to make our processes work in their home?” Resident choice must be at the forefront of our decision making. In addition, the surveyor was excellent and brought a lot of value to the survey. She presented her findings in a constructive way, which we all appreciated.

Has your organization made changes as a result of the survey? What we learned during the survey was that we need to focus on pain management and safety. We do a good job of identifying a patient’s pain, but we weren’t documenting the effectiveness of pain medication. We needed to go back 35-45 minutes after a medication was given to see if it was working. In addition, we weren’t medicating patients before physical therapy. The surveyor pointed out that research shows people make more gains during therapy if they’ve received pain medication beforehand. This was very helpful to our patients. We also looked at our high alert medication list, the frequency of glucometer testing competency, and assessing residents on antipsychotic medications. The changes we made have definitely improved resident and patient safety.
A Customer’s Perspective

Ledgewood Rehabilitation & Skilled Nursing Center

What are the specific benefits Ledgewood realized as a result of being Joint Commission accredited? We are a very busy post-acute provider, particularly in orthopedics. We are a preferred provider for a number of accountable care organizations (ACOs). The ACOs expect us to be Joint Commission accredited, as does Blue Cross Blue Shield and other payors. We use it as a selling point and a marketing point. Accreditation helps manage efficiencies by providing a blue print for how to do things in a consistent and thoughtful manner. It also helped us prepare for our state survey, which occurred the same day. It was very hectic, but we were prepared because of The Joint Commission.
A Customer’s Perspective

Michelle Stuercke, DNP, MSN, MPA, RN, LNHA
Chief Learning Officer
Symphony Post Acute Network

The Symphony Post Acute Network is one of the most innovative providers of Post Acute Care in the nation. A proud family-oriented organization, Symphony takes a proactive approach to delivering quality outcomes for the guests in our care. With current locations in Illinois, Wisconsin, Arizona and future sites in Indiana, Symphony is committed to making every one of its locations the Provider of Choice in the community that it serves. Symphony’s ability to meet patients’ needs and offer a consistently high level of quality care is unmatched.

Symphony Post Acute Network Member Facilities provide a variety of Post Acute Services including Skilled Nursing & Rehabilitation, Assisted Living and Supportive Living. The Symphony Post Acute Network Rehabilitation & Skilled Nursing Programming focuses on chronic disease management programs, post hospital short-term rehabilitation, long term care as well as Alzheimer’s and memory care programming. Symphony Post Acute Network Member Facilities work in concert with top area physicians, nurses and therapists. Its healthcare environments are filled with luxurious and comforting amenities that facilitate quick recoveries and optimal results. [www.symphonypan.com](http://www.symphonypan.com).
A Customer’s Perspective

Symphony Post-Acute Network

What has the Post-Acute Care Certification done to foster relationships between you and your referral sources? Since all of the hospitals our Member Facilities' work with have Joint Commission accreditation, this achievement allows them to talk about quality, sentinel events and continuation of care using the same framework. For example, when discussing an issue with medication reconciliation, both levels of care can conduct a root cause analysis and share what was found using the same terms. Instead of focusing on people, the organizations can focus on process to ensure ongoing safety. Certification, in addition to accreditation, has made our medical directors feel more comfortable with the competencies of staff in the buildings. When we can demonstrate the same credentialing process and standards that are at the hospital, physicians are more comfortable discussing quality concerns with their peers because there is a commonality in the framework.

In regard to patient safety, what impact has the achievement had on hospitalization rates? Communication between care providers is the key to preventing errors and leading to an unnecessary return to the hospital. Medication reconciliation and hand off between levels of care have been where we’ve seen the greatest impact. With Post-Acute Certification, Our Member Facilities' feel empowered to insist on a comprehensive hand off from the hospital. The hospitals are seeing that this communication increases satisfaction among the patients and decreases their potential for return to the hospital. Also, the physician is required to see the resident within 48 hours of admission. The previous lack of a physician visit had been one of the main reasons for hospitalization. With the buy-in from our physicians getting in to see the residents they feel much more comfortable in managing changes of condition in house.
A Customer’s Perspective

Symphony Post-Acute Network

How has the achievement helped you meet your overall census goals? By achieving Post-Acute Certification from The Joint Commission our Member Facilities are not only able to tell people we are a quality-focused post-acute provider, but they have proof with their certification. Hospital discharge planners and potential residents know that a facility has gone above the current standards and has verification of the services provided. This certification has also helped facilities acquire managed care contracts which helped them achieve census goals.

In your opinion, what is the primary difference between the state survey process and the Joint Commission process? The Joint Commission process is about just that, process. If something doesn’t go as planned what do you do about it and how are you going to ensure quality going forward? It is about ensuring ongoing quality improvement and root cause analysis when things go wrong. Credit is given for having processes in place, but there is also very collaborative discussion with the surveyors regarding best practice and helping give ideas when a standard is not met.

In contrast, the CMS process exudes more of a "gotcha" mentality. The CMS surveyors are not permitted to consult nor share best practices, which leads to frustration when a facility does not understand how they did not meet the standard.
A Customer’s Perspective

Symphony Post-Acute Network

Share your top one or two tips that helped your Member Facilities prepare for Joint Commission Accreditation. First, get buy-in from everyone from administration to line staff. A successful Joint Commission survey cannot happen with the input of one or two staff; nor can it happen with only administration. Staff at all levels of the organization need to be involved and participate in the process. At the beginning of your journey, hold all staff meetings to talk about the organization’s goals and how they can assist. As the journey develops, continually share with staff what you are working on and how they’re contributing to meet the standards. This is great to do at staff meetings or via story boards in the break room. Once you have accomplished your goal, make sure to celebrate with all your staff.

Second, review the standards and see where you are most vulnerable. As obvious as that sounds, make sure you focus on where you are weakest and put those systems in place. While you may not have perfection in all areas, it is important to get your processes in order so you can show your intent to meet the standards.
Role of Joint Commission in Quality-Based Reimbursement

Accreditation
- Builds the quality foundation
- Improves reliability and consistency
- Proactively mitigates risk
- Objective hands-on review
  - Uses “tracer” to assess compliance, not policy alone
  - Competitive, quality-focused advantage

Specialty Certifications
- Post-Acute Care
- Memory Care
Contact Us!

Nursing Care Center Accreditation Program
For more information about how to get started with accreditation, access our free standards, or to request an application for accreditation:

Phone 630-792-5020
Email ncc@jointcommission.org
Website www.jointcommission.org/NCC

Standards Interpretation
For questions about standards compliance
630-792-5900, option 6
Thank You for joining us today!
Question?
Coming Soon!

July 30, 2015, 12:00-1:00 central
Webinar: Leveraging Specialty Certifications to Grow Census

September 3, 2015, 12:00-1:00 central
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