

How to Improve ED Use Ahead of HHVBP

A WEBINAR PRESENTED ON MARCH 21, 2023

Presented By



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Learning Objectives

- At the completion of this educational activity, the learner will be able to:
 - Identify the stakeholders that Emergency Department (ED) utilization impacts
 - Identify your agencies HHVBP Preview Percentile Ranking
 - Implement best practices to improve ED use and Acute Care Hospitalization (ACH) scores
 - Position your agency for HHVBP success
 - Keep patients safe at home where they want to be

Emergency Use Without Hospitalization Stakeholders

Homecare Agencies

- Claims-based measure for first 60 days of home health care
- HHVBP impacts

Accountable Care Organizations (ACO)

- Home health care use affects their cost-shared savings
- Dependent on the ACO risk level as to impact

Discharging Hospitals

- Affects their rating for 30-day rehospitalizations

Home Health Care Compare

- Patients may choose agencies based on Home Health Compare ratings

Home Care Agencies

- Currently the 60-day ED without hospitalization is used to report on Home Health Care Compare
- HHVBP preview data currently helps agencies view their data and prepare.
- ACH & ED data is claims based
- Access the preview reports in iQIES
- Preview reports currently available for HHVBP were reported on 11/7/22 & 1/25/23
- Includes Measure Performance & Total Normalized Composite (TNC) Change
- Claims-based measures data dates 7/1/2021 to 6/30/2022

Accessing HHVBP Preview

- iQIES go to reports
- Choose preview reports
- Latest was 1/25/23 and titled HHVBP PIPR
- Look at your Measure Performance tab
- Claims-Based Measures will detail performance end date, agencies performance value and the percentile ranking within your cohort
- Compare your results to the Cohort results

Measure	End Date	Measure Value	Ranking	25 th Percentile	50 th Percentile	75 th Percentile	Mean of Top Decile
Ed Use Without Hospitalization	06-30-22	8.198	> 75	14.136	11.649	9.101	4.631

Methods to Decrease ED Use

- Remote Patient Monitoring
- Telephonic outreach in between visits
- Frontloading at Start of Care
- Primary Care Nurse model
- Utilization of QA and Route Cause Analysis



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Methods to Decrease ED Use

- Patient engagement
- Patients reshape their behaviors to fit their needs
- Developing a plan of care that is patient centric



Methods to Decrease ED Use

- Disease State Programs:

- CHF
- COPD
- Diabetes
- Fall Prevention
- Urinary



Self-Check Plan

for HF Management 

✓

Excellent – Keep Up the Good Work!



No new or worsening shortness of breath



Physical activity level is normal for you



No new swelling, feet, ankles and legs look normal for you



Weight check stable
Weight: ____



No chest pain

GREAT! CONTINUE:

 Daily Weight Check
  Meds as Directed
  Low-Sodium Eating
  Follow-up Visits

⚠


Pay Attention – Use Caution!



Dry, hacking cough



Worsening shortness of breath with activity



Increased swelling of legs, ankles and feet



Sudden weight gain of more than 2-3 lbs in a 24-hour period (or 5 lbs in a week)



Discomfort or swelling in the abdomen



Trouble sleeping

CHECK IN!

Your symptoms may indicate:

 A need to contact your doctor or health care team
  A need for a change in medications

⚠

Medical Alert - Warning!



Frequent dry, hacking cough



Shortness of breath at rest



Increased discomfort or swelling in the lower body



Sudden weight gain of more than 2-3 lbs in a 24-hour period (or 5 lbs in a week)



New or worsening dizziness, confusion, sadness or depression



Loss of appetite



Increased trouble sleeping; cannot lie flat

WARNING!

You need to be evaluated right away.

 Call your physician or call **911**

Patient Education

01

Utilize patient education packets

02

Assess for readability at 5th grade level or below

03

Understand health care literacy

Methods to Decrease ED Use

Call Me First/My Emergency Plan

- Place agency contact numbers in prominent place
- Program to educate pt/cg on when to call the agency vs. the MD or ED
- Promotes action steps
- Engages patient in self care




Zone Tool Guides

- Engages patient in participation in the plan of care
- Promotes action steps



Heart Disease Self-Management Plan

Name _____ Date _____

Every day: Weigh yourself in the morning Take your medications Eat low salt foods Balance activity with rest periods

<p>Green Zone: All Clear</p> <p>If you have:</p> <ul style="list-style-type: none"> ✓ No shortness of breath ✓ No chest pain or chest tightness ✓ No weakness ✓ Blood pressure less 140/90 (or as directed by your physician) ✓ HbA1c <7% if you are diabetic ✓ LDL <100 mg/dl ✓ Ability to do usual activities 		<p>What this could mean:</p> <ul style="list-style-type: none"> ✓ Your symptoms are under control ✓ Continue to take your medications as ordered ✓ Follow healthy eating habits ✓ Keep all physician appointments
<p>Yellow Zone: Caution</p> <p>If you have any of the following:</p> <ul style="list-style-type: none"> ✓ Shortness of breath ✓ Swelling of your feet, ankles, legs, or stomach ✓ Fatigue or lack of energy ✓ Dizziness ✓ An uneasy feeling—you know something is not right ✓ Difficulty breathing when lying down or you sleep sitting up with extra pillows <p><i>If you notice a Yellow Zone Caution, work closely with your healthcare team.</i></p>		<p>What this could mean:</p> <ul style="list-style-type: none"> ✓ Your symptoms may indicate that you need an adjustment of your medications <p><i>Call your home care nurse or primary care doctor and your cardiologist</i></p> <p>Doctor: _____</p> <p>Phone: _____</p> <p>Instructions: _____</p> <p>Cardiologist: _____</p> <p>Phone: _____</p> <p>Instructions: _____</p>
<p>Red Zone: Medical Alert! Stop and Think</p> <p>If you:</p> <ul style="list-style-type: none"> ✓ Are struggling to breathe or have unrelieved shortness of breath while sitting still ✓ Have chest pain or heaviness ✓ Have confusion or can't think clearly 		<p>What this could mean:</p> <ul style="list-style-type: none"> ✓ You need to be evaluated by a healthcare professional immediately ✓ Call 9-1-1 ✓ Notify your healthcare provider's office

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Ex: Disease State Management UTI



- Start of Care with urinary tract infections receive a urine testing kit with instructions for future use.
- Allows for timely lab testing with S/S
- Bladder Diaries to assess for education points
- Allows for understanding if toileting is an issue or increase fluids.
- OT to promote hygiene and incontinence care
- Zone tool guides for timely notification of care team

Bladder Diary

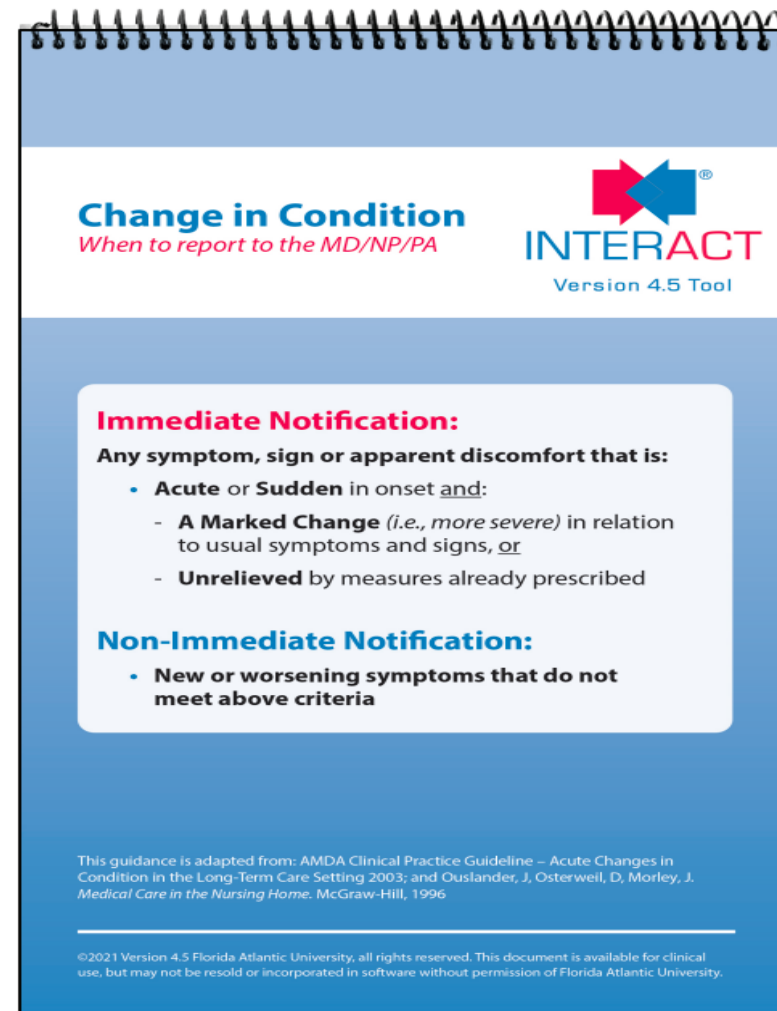
This diary will help you and your health care team figure out the causes of your bladder control trouble. The “sample” line shows you how to use the diary.

Time	Drinks		Trips to the Bathroom		Accidental Leaks			Did you feel a strong urge to go?		What were you doing at the time? Sneezing, lifting, arriving home, sleeping, etc.
	What kind?	How much? oz, mL, cups	How many times?	How much urine?	How much urine?			Yes	No	
Sample	Juice	8 ounces	✓✓	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input checked="" type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No	Running		
6–7 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No			
7–8 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No			
8–9 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No			
9–10 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No			
10–11 a.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No			
11–12 noon				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No			
1–2 p.m.				<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	<input type="radio"/> sm <input type="radio"/> med <input type="radio"/> lg	Yes	No			

Clinician Education

Education

- Clinicians use Interact Change in Condition Pocket Guides
- Allows for clinicians to follow the pathway guide to take the appropriate action for the presenting S/S
- Clinical managers also utilize to coach staff



Wound Resources



1

Utilize evidenced-based practice guidelines for wound care



2

Ensure clinicians have Emergency Wound packets for skin traumas for ease of use



3

Conduct regular wound care oversight by Clinical Manager team to ensure evidenced based wound care is utilized

Methods to Decrease ED Use/Collaboration

ACO Collaboration

- ACO Coordinators utilized for facility Transitional Care
- Include ensuring PMD appointments in first 5-7 days
- House call visits/change in condition

Community Resources

- Urgent care for change in condition
- Utilize emergent home visiting partners
- Ex: Dispatch Health & Regional Mobile Companies

Dispatch Health

- Locations across the U.S.
- Use this link to see if there is one near you
<https://www.dispatchhealth.com/locations/>
- Services provided most issues that are not immediately life threatening
<https://www.dispatchhealth.com/what-we-treat/>
- Do Not call them for Chest pain, suicidal ideation, severe SOC, S/S of CVA, hallucinations, vomiting blood. These are all considered life threatening and require a call to 911.

Mobile Urgent Care Regional

- ER To YOU -Locations only in Florida
- Mobile Med- Location in Florida and Maryland
- Mobile Medical Primary Care at Home-FI

NPs and EMTs who perform Mobile Home Urgent visits

Xrays and labs performed

COVID/Influenza Testing

Home infusions of antibiotics/diuretics

Methods to Decrease ED Use/Collaboration

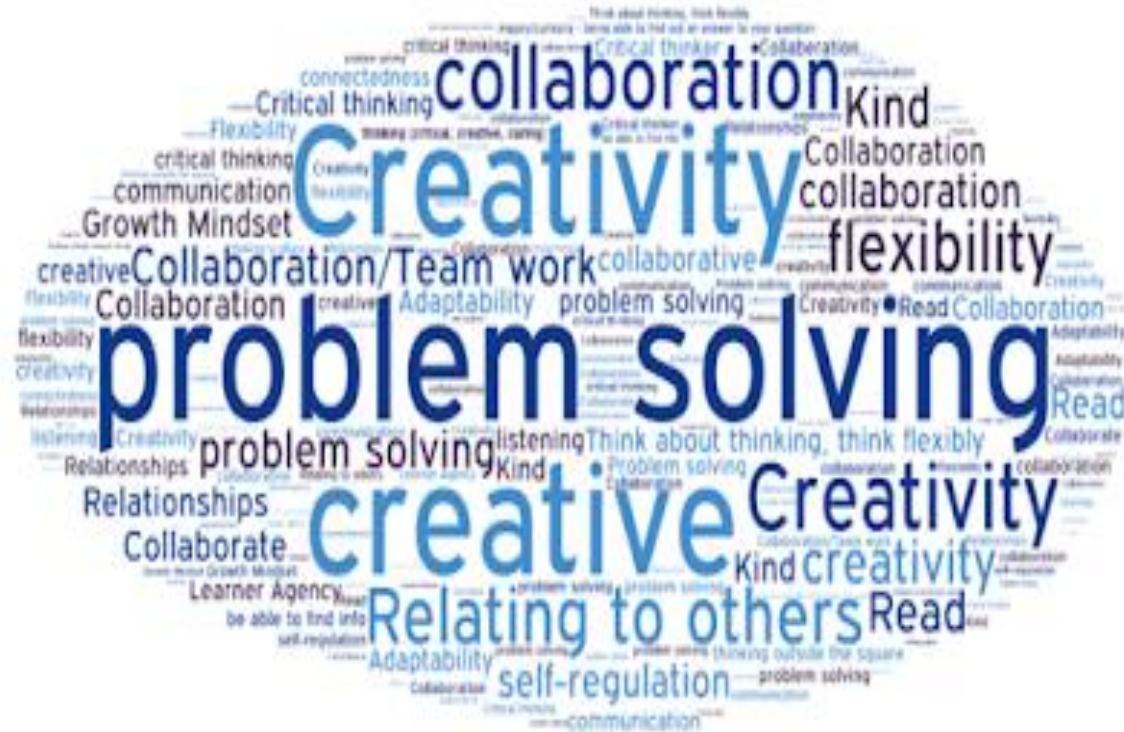


- Why collaborate?
- Collaboration is meant to serve the community with the optimal patient outcomes.
- Collaboration in the Post Acute setting allows for SNFs and agencies to practice like evidence-based practices.
- Promotes problem solving, peer learning shared purpose and innovation.

Quality Collaboratives

- Hospitals may form a Quality Collaborative in the post-acute setting to improve their post-acute patient care.
- Partners can assist each other for optimal care and referrals to programs.
- Initiatives like Dispatch Health came from the hospital collaborative.
- Data resources to understand and focus improvement through technology.
- Post-acute program to allow for hospitals to track outcomes for post-acute setting.
- Collaborating in the care of patients in the post-acute setting across the hospital to SNF to home care settings.
- Develop solutions to improve care.

Quality Collaboratives



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Referral programs :

Heart Failure Clinics- utilize if cardiology appt not in first 5-7 days

Cardiac Rehab Programs

Outpatient IV Clinics

Diuresis Clinics

Quality Collaboratives

- Speak with your local hospital to determine if they have a Quality Collaborative.
- Promote your outcomes and request to be a provider in the collaborative.
- Agencies are all part of the community we serve and outcomes that are poor do not serve our communities well.
- Be open to learning and problem solving.

Decreasing ED Use to prepare for HHVBP

- Agency goals should be to first redirect care when possible.
- Utilization of a multi-pronged approach allows for less ED use.
- The outcome to decrease ED use also can affect ACH.
- Approaching the problem from solutions that fit the individual patient promotes patient satisfaction.
- Monitor your preview for HHVBP.
- Next Preview is due out in April 2023.
- Celebrate the improvements however small.
- Aim for the 90th percentile and our patients will be the winners.

Preventable Hospitalizations-New Measure

Care Compare release for this fall

Risk adjusted rate of preventable hospitalizations of observation stay for each agency

The current measures are set to retire

Stay focused HHVBP

Methods to decrease ED use and ACH will be important in this new measure

Prepare

- Review your agencies infection hospitalizations
- Review your top reasons for hospitalization
- Set goals now to improve these measures
- Education
<https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>

Expanded Home Health Value-Based Purchasing Model

- ◆ **HHA Survey Open Now.** Provide feedback on your home health agency's experience with the expanded HHVBP Model resources and request topics for future resources by completing this [brief survey](#). Responses are anonymous unless you choose to share your name and email.
- ◆ **Upcoming Event:** On March 30th from 2:30 – 3:00 pm ET, the HHVBP Technical Assistance (TA) Team will introduce a new quality improvement resource that home health agencies can use to identify recommended best practices in home health care and prioritize performance improvement actions. [Click here to register!](#)

Building upon experience from the original Home Health Value-Based Purchasing Model (HHVBP Model), this page provides information, **resources**, and technical assistance to support implementation of the expanded HHVBP Model nationwide.

Have questions about the expanded HHVBP Model? Please send questions to HHVBPquestions@lewin.com. Be sure to include your name and the home health agency's name and CCN.

Resources

- American Heart Association

<https://www.heart.org/en/health-topics/heart-failure/heart-failure-tools-resources>

- Health Service Advisory Group (HSAG)

<https://www.hsag.com/zone-tools/>

- Med pass –Interact Guides

<https://www.med-pass.com/>

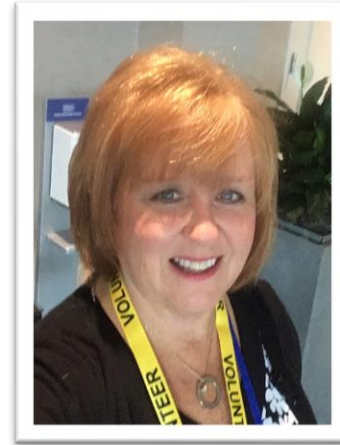
- CMS HHVBP

<https://innovation.cms.gov/innovation-models/expanded-home-health-value-based-purchasing-model>

References

- Albertson M. Decreasing Urinary Incontinence in Home Healthcare. *Home Healthcare Now*. 2018 Jul/Aug;36(4):232-237. doi: 10.1097/NHH.0000000000000670. PMID: 29979304.
- Clavel, N, Paquette, J, Dumez, V, et al. Patient engagement in care: a scoping review of recently validated tools assessing patients' and healthcare professionals' preferences and experience. *Health Expect*. 2021; 24: 1924-1935. <https://doi.org/10.1111/hex.13344>
- Howard, R, Leyden, T, & Englesbe, M. How Collaboration Can Drastically Improve U.S. Health Care. *Harvard Business Review*. 2022 <https://hbr.org/2022/03/how-collaboration-can-drastically-improve-u-s-health-care>

Questions & Answers



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To Submit a Question: Go to the Q&A box located in the lower left area of your screen. Type your question in the lower text box, then press your “Enter” key.

Thank you for attending!

We would appreciate your feedback.

Please complete and submit the program evaluation within 14 days of the live program date at the link below, which has also been sent to the person who registered for this event at your facility.

We kindly request that they forward it to everyone in your group:

<https://app.keysurvey.com/f/41659216/8741/>

Note that you must complete the evaluation within 14 days of the live program date in order to receive a general certificate of attendance.

This concludes today's program.

Be sure to join us for our upcoming event:

2023 Home Health Administrator's Summit Las Vegas from May 8-10, 2023

For more information on event, please visit:

www.decisionhealth.com/hhaweb

Coupon Code: [HHAWEB50](#) for \$50 off registration

A promotional graphic for the Home Health Administrator's Summit. It features a dark background with a woman in a light-colored blazer smiling on the right side. The text is white and purple. The logo 'homehealth' is in blue and white, with 'ADMINISTRATOR'S SUMMIT' in purple below it. The event details 'May 8-10, 2023' and 'Caesars Palace, Las Vegas' are in large white font. The tagline 'Innovate. Strategize. Diversify. Grow.' is in a smaller white font. There is an orange bar at the bottom left of the graphic.

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