

CONFERENCE AGENDA

TIME	DETAILS	SPEAKER
7:30 AM	Registration & Continental Breakfast	All
9:00 AM	Welcome	Joe Johnson Ed Sanchez
9:20 AM	OPICP Process	Kathy Merrill Annette Zwerner
9:40 AM	Carolina's Healthy@Home: Physician Practice Template Implementation	Kimber Walters Jennifer Piracci Lynne Bailey
10:10 AM	Break	All
10:30 AM	UFL Shands: Hospital Procedures & Measure Improving F2F Documentation	Chris Montrowl
11:00 AM	Encompass – Dallas: Improved MAC Relationship	Bud Langham
11:30 AM	Encompass – Tulsa: Measures installed to Improve Performance	Kelly Shearrer
12:00 PM	Spartanburg: Physician Education to Improve Documentation Integrity	Karla Lamb Dr. G. Snipes
12:30 PM	Break	All
12:45 PM	Lunch & Pilot Projects Exposition	All
2:30 PM	Results	Dr. Feliciano
2:50 PM	Best Practices/Lessons Learned/Needs Panel Discussion	Pilot Representatives
4:00 PM	Questions?	Dr. Feliciano
4:30 PM	Adjourn	Dr. Feliciano





PALMETTO GBA®

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OPICP CONFERENCE

THE AB MAC PERSPECTIVE

- Preventing errors and denials is our goal
- Preparing HHAs and physicians is our objective
- True communication is hard work

RESULTS

- Varied organizations with one message - controlling documentation errors is possible using a structured approach
- The physicians' role in strengthening the home health "information supply chain" needs definition
 - Two physician-centered OPICPs are being conducted to more thoroughly evaluate physicians' process flows

MYTH BUSTING

- Attitudes, beliefs and behaviors
 - “The AB MAC’s job is to deny our claims”
 - “Physicians can’t learn about home health”
 - “We’re all too busy to meet and discuss optimal processes”

COMMUNICATING SHARED CONCEPTS

- How do we truly communicate the meaning of:
 - “Confined to the home”
 - “Skilled need”

MACHINES CAN GET IN THE WAY

- Electronic health records and forms do not necessarily support physicians' HH F2F workflows
 - Incorporating the four Palmetto GBA questions helped HHAs and physicians bridge the gap

GETTING THE MESSAGE OUT

- Palmetto GBA is using social media to disseminate the four questions approach via blog posts & video
 - Going Beyond Diagnosis (GBD) blog
<http://palmgba.com/gbd/2014/11/the-health-information-supply-chain-hisc-and-the-home-health-f2f-physician-encounter/>

TWITTER @BEYONDDX

[Dr. Harry Feliciano @BeyondDx](#)

[#MedicareHISC](#) The Physician Home Health F2F Encounter: There Are No Magic Words, but these are the critical concepts <http://wp.me/p1Bzak-9w>

[Dr. Harry Feliciano @BeyondDx](#)

[#MedicareHISC](#) Rehab following total knee or hip replacements is expected, but how is this need communicated in EHRs? <http://wp.me/p1Bzak-9w>

TWITTER @BEYONDDX

[Dr. Harry Feliciano @BeyondDx](#)

Hospitals and Hospitalists should understand how recent Medicare changes have made Home Health workflow more complex

[http://www.palmettogba.com/event/pgbaevent.nsf/EventDetails.xsp?EventID=9XQPXV7785 ...](http://www.palmettogba.com/event/pgbaevent.nsf/EventDetails.xsp?EventID=9XQPXV7785)

[Dr. Harry Feliciano @BeyondDx](#)

Post-acute care partners must communicate effectively for successful total joint surgeries <http://wp.me/p1Bzak-9w> [https://twitter.com/CMSinnovates/status/619270724298129408 ...](https://twitter.com/CMSinnovates/status/619270724298129408)

TWITTER @CMSGOV “CMS IS ADOPTING LEAN PRACTICES”

[CMSGovVerified account@CMSGov Jul 10](#)

[#CMS](#) is adopting [#LEAN](#) practices from recent training at [@HCValue](#). [@QIOProgram](#)'s July [#QIONews](#) shares takeaways

<http://go.cms.gov/1KOqcXK>

12:45 PM - 10 Jul 2015

SIX (OF EIGHT) CMS TAKEAWAYS GLEANED FROM LEAN

- July 2015 QIO News <http://go.cms.gov/1KOqcXK>
 - *Align to one process improvement methodology and common set of tools*
 - *We are transforming our culture in order to develop a community of problem-solvers and achieve enhanced results*
 - *This is experimentation – the only failure is not to try*
 - *This is a long-term journey*
 - *On coaching: Getting ready to talk is not the same as listening*
 - *LEAN helps us to standardize our work, build stronger relationships, and empower staff to make changes*

HOW DO WE CREATE VALUE?

- Value = Quality divided by cost
- Value increases when:
 - Quality increases
 - Cost decreases
 - Quality increases and cost decreases

HH VALUE-BASED PURCHASING (VBP)

- Rewards “value over volume”
- CMS expectations*:
 - Improve beneficiary experience and outcomes
 - Incentivize quality improvement
 - Encourage efficiency

*Medicare and Medicaid Programs; CY 2016 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; and Home Health Quality Reporting Requirements (CMS-1625-P) Published July 10, 2015 downloaded July 24, 2015

<https://www.federalregister.gov/articles/2015/07/10/2015-16790/medicare-and-medicaid-programs-cy-2016-home-health-prospective-payment-system-rate-update-home>

COMPETITION FOR HIGHER PAYMENTS

- Certain Medicare-certified Home Health Agencies will be required to participate in HH VBP beginning January 1, 2016
- These HHAs will compete for higher payments based on their quality performance relative to their peers and their own past performance

UNDERSTANDING OUR VALUE STREAMS

- Mapping our process flows helped us:
 - Identify barriers
 - Develop good ideas
 - Implement prioritized process improvements
 - Improve operational performance
 - Improve operational efficiency

VOICE OF THE CUSTOMER (VOC)

- *“All alternative payment models and payment reforms that seek to deliver better care at lower cost share a common pathway for success:
 - *Providers must make fundamental changes in their day-to-day operations that improve the quality and reduce the cost of health care.”**

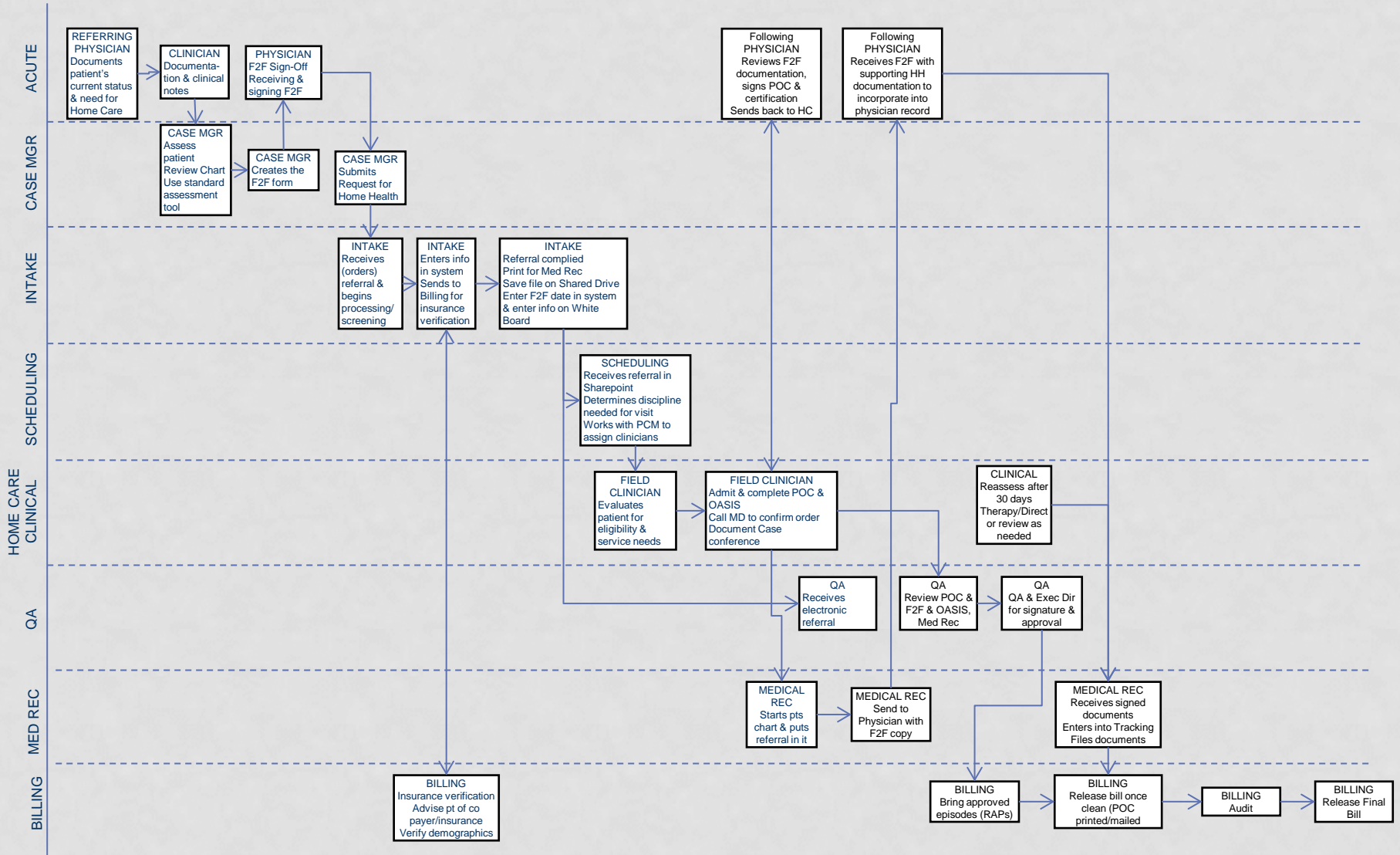
CMS January 26, 2015 press release downloaded July 23, 2015

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-3.html>



Home Health Future State Map

Health Information Supply ChainSM



Q & A

Harry Feliciano, MD, MPH

Senior Medical Director

Palmetto GBA

Harry.Feliciano@PalmettoGBA.com

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PANEL DISCUSSION

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