McKnight's Business Solutions On

Sponsored by FLAGSHIP REHABILITATION

Therapy clinical pathways and IDT collaboration a PDPM powerhouse

For two decades, many therapists in skilled nursing settings felt they were being held hostage by minute thresholds, unable to exert their full clinical judgment as a highly skilled clinician and typically playing a limited role in multidisciplinary care.

At Flagship Rehabilitation, the Patient Driven Payment Model became an opportunity to throw off the perceived shackles and practice a higher level of therapy that puts patients first.

It's an approach that is paying off for Flagship and its 50-plus partners in the Mid-Atlantic region.

"With four months of PDPM behind us, it's clear our organization's decision to invest in therapist education and training paid off," said Irene Henrich, PT, Flagship's Director of Quality and Compliance. "The way we see it, under PDPM, the Centers for Medicare and Medicaid Services underlined the value of therapy during a SNF Medicare A stay by including OT, PT and SLP in the case mix. It's almost like an exclamation point."

Instead of laying off therapists, Flagship made them a core part of care planning and delivery, helping to identify diagnoses, stabilizing lengths of stay and quickly spotting trends that pinpoint opportunities for improvement or potential compliance concerns.

Credit: andresr/E+/Getty Images Plus

Instead of laying off therapists, Flagship made them a core part of care planning and delivery, working even more directly with members of interdisciplinary care teams.

At the Goodwin House in Alexandria, VA, Flagship-designed tools are used in daily huddle meetings, utilization review gatherings and interim payment assessment considerations. Therapists may be playing an even larger role in everyday operations than under the RUG system.

"There's just a whole lot more talk about collaboration," said Josh Bagley, administrator and guide of the life care community's Small House Health Care Center. "[Therapists are] involved in all of the quality assurance, they do full rounds with us and they coordinate and train CNAs if there is a hand-off. They're just such an integral part of all the services we provide."

By the numbers

Flagship started its PDPM work a year before implementation and modeled scenarios for clients systemwide. The focus was on clinical knowledge, as well as the bottom line.

"As a company, we have never lost sight of the fact that reimbursement is just one piece of the puzzle," Henrich said. "The bigger question is still: How do therapy services impact functional outcomes, length of stay and return to community?"

Since the transition to PDPM, greater than 90% of patients served by Flagship partners are still receiving therapy. Highly skilled therapists work with MDS coor-

McKnight's Business Solutions On

Sponsored by FLAGSHIP REHABILITATION

dinators to capture and score patient needs, particularly when it comes to ICD-10 codes, Section GG and Section K.

First-quarter trends show that a majority of patients haver fallen into the Medical Management PDPM category for PT and OT CMGs, with Other Orthopedic conditions close behind. Flagship's Length of Stay data also has shown a variability since the start of PDPM, which is good evidence of individualized clinical management.

Only about a quarter of patients have qualified for speech therapy related to cognitive decline. Henrich said the low capture rate reflects the low sensitivity of CMS' BIMS screening standard and the need for ongoing staff education.

A highly trained therapist, she pointed out, will notice symptoms of cognitive decline that may trigger higher-level testing and treatment indicated for the patient, regardless of reimbursment. Ideally, that will lead to better outcomes and long-term success for both the facility and individual.

"We will continue to recommend and provide a full span of clinical services, even where the PDPM model has some weaknesses," Henrich said.

True interdisciplinary approach

Flagship emphasized its therapists' expertise when it rolled out a variety of PDPM contract options in conjunction with Gravity Healthcare Consulting, which offers training, management services, interim services and facilitated Flagship's PDPM negotiations.

A concierge model offers partners shared risk and interdisciplinary collaboration, making therapists a part of nursing, non-therapy ancillary, PT, OT and SLP determinations and care delivery.

Comparing two corporate, multisite partners, Gravity found that the company that opted to share a percentage of total per diem earned $31.73 a day more than one that opted for a percentage of therapy alone.

The provider that opted for the total per diem contract spent about one-fifth of 1% more to get that extra $31.73.

"We adjusted our fees to make it equitable," said Gravity COO Melissa Sabo, OT. She added that providers paying more than 50% of therapy should reconsider their contracts.

Under Flagship's concierge model, rehab leaders ensure strong clinical representation at initial assessments and monitor time spent per patient, as well as upticks in codes that suggest a need for additional expertise.

An up-front investment also may pay off down the line.

"We fight 100% of denials and have a 99% overturn rate," Sabo said. "Because of that strong focus, our goal under PDPM is to front-load on compliance. If outcomes are good — and documentation is good — you'll be less scrutinized." ■

To learn more, visit www.flagshiprehab.com

IN-HOUSE VS. CONTRACTED

Considering PDPM's reduced emphasis on therapy as a reimbursement driver, skilled nursing providers may consider launching their own therapy departments.

But building an in-house therapy team is challenging — and more risky — than it might appear.

"Providers need some sort of oversight that goes beyond what they could ever provide in-house," said Gravity COO Melissa Sabo, who worked as a SNF therapist for 15 years. "The compliance demand in this environment is enormous."

One common mistake Sabo sees with in-house therapists is that they may overdeliver therapy as a way to fill their own schedules rather than meet residents' actual needs.

Full-service therapy providers like Flagship provide management insights and auditing that ensure therapy is provided when and where appropriate, she said.

They review and re-educate on ICD-10 coding and track group therapy trends. They also can assign specially trained therapists who help facilities serve patients with diagnoses ranging from lymphedema to Parkinson's disease — diagnoses that earn providers additional reimbursement points under PDPM.

Gravity also offers options for those who have their own therapists but want outside feedback. In a hybrid model, consultants provide remote weekly oversight, visit facilities quarterly and conduct educational webinars and audits.

Patient and provider success drives both models.

"We keep the residents first," Sabo said. "The revenue always follows, and you'll be more protected because you did what was right and kept the resident front and center throughout."