CareForum 2022

The WellSky® Conference

Using analytics to drive top performance value

Robert Parker, DNP, RN, CENP, CHPN, CHP

Chief Clinical Officer

Intrepid USA Healthcare Services

Cindy Campbell MHA Healthcare Informatics, BSN, RN

Director of Operational Consulting

9/8/2022

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Today's speakers

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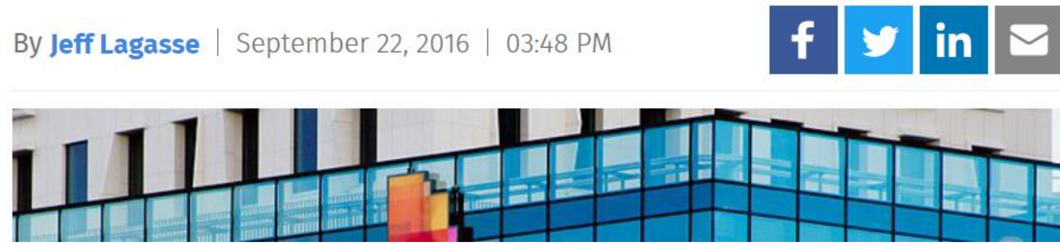
WellSky

Learner objectives

- After attending this session, the learner will be able to:
  - Describe how the use of predictive and performance analytics can improve high-value outcomes in care at home
  - Discuss how to leverage the payer perspective on contracting and value-based outcome performance
  - Explain how strategic use of predictive and performance analytics can enhance workforce engagement and retention

Explore a changing landscape of care

2016 predictions manifesting now


Top 5 forces shaping the future of healthcare

PwC ranked healthcare's most pressing trends, some of which will grow the system, while others are more likely to limit growth.

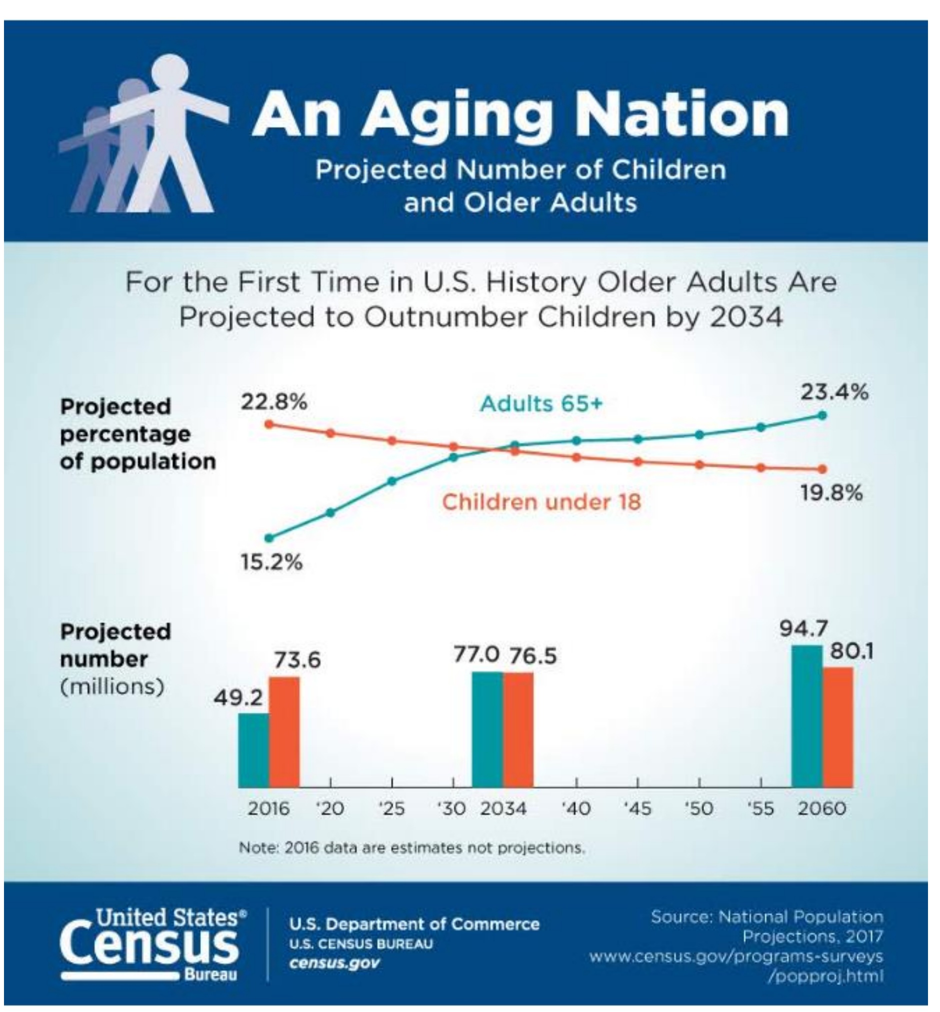
By Jeff Lagasse | September 22, 2016 | 03:48 PM

1. Rise of consumerism
2. Technology advances and digitization
3. Decentralization
4. Surge in interest in wellness
5. Shift from volume to value

https://www.healthcareitnews.com/news/top-5-forces-shaping-future-healthcare

Look forward, anticipate need

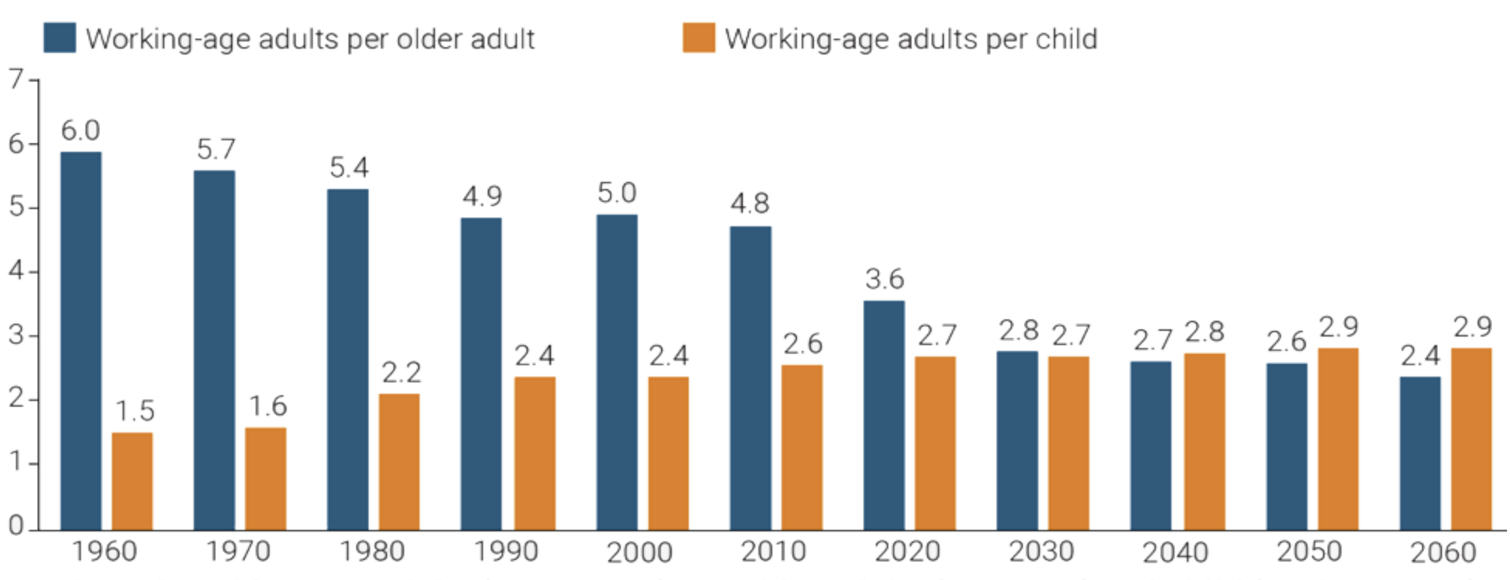
Demography driving demand



- Next 10 years - 36 million new seniors
- Growth 65+ population, adding ~36 M, straining care resources
- 65% have at least two chronic conditions
- Chronic conditions increase medical complexity, 2-3x costs

Supply-side shrink

Figure 4. The Number of Working-Age Adults per Older Adult Has Fallen Dramatically



Number of Working-Age Adults (Ages 18-64) per Older Adults (Ages 65+) and Child (Under Age 18), 1960 to 2020

Note: The old-age support ratio is the number of adults ages 18 to 24 per adult age 65 or older. The support ratio for children is the number of adults ages 18 to 64 per child under age 18.

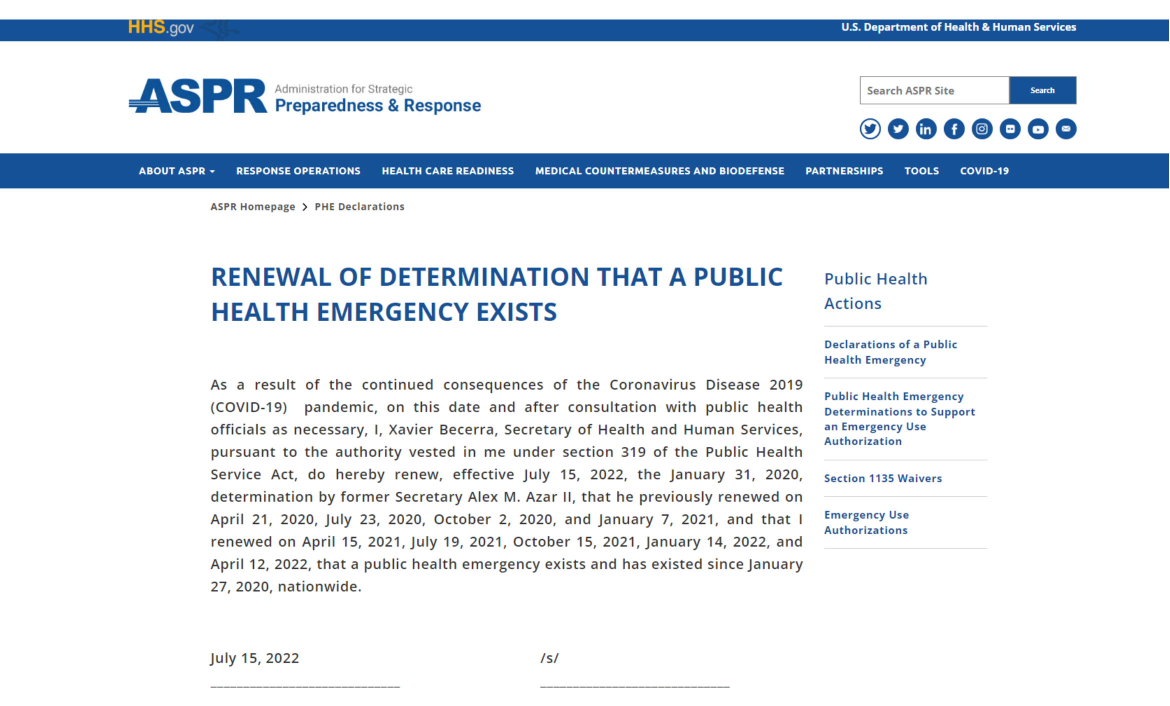
In 2022, the U.S. was projected to be one million+ nurses short

https://www.pgpf.org/the-fiscal-and-economic-challenge

Covid-19 impact

- Public Health Emergency **accelerated shift** to care at home
- Clinical operations problem solving, innovating within rising demand and constricting supply
- Machine learning and virtual care rising:
  - Virtual visits
  - Telehealth/telecommunications platforms
  - Remote patient monitoring
- Disparity of healthcare access notable — driving need to measure and respond to **Health-Related Social Needs**

  (also referred to as Social Determinants of Health (SDoH)


HHS.gov U.S. Department of Health & Human Services

ASPR Administration for Strategic Preparedness & Response

ABOUT ASPR · RESPONSE OPERATIONS · HEALTH CARE READINESS · MEDICAL COUNTERMEASURES AND BIODEFENSE · PARTNERSHIPS · TOOLS · COVID-19

ASPR Homepage > PHE Declarations

RENEWAL OF DETERMINATION THAT A PUBLIC HEALTH EMERGENCY EXISTS

As a result of the continued consequences of the Coronavirus Disease 2019 (COVID-19) pandemic, on this date and after consultation with public health officials as necessary, I, Xavier Becerra, Secretary of Health and Human Services, pursuant to the authority vested in me under section 319 of the Public Health Service Act, do hereby renew, effective July 15, 2022, the January 31, 2020, determination by former Secretary Alex M. Azar II, that he previously renewed on April 21, 2020, July 23, 2020, October 2, 2020, and January 7, 2021, and that I renewed on April 15, 2021, July 19, 2021, October 15, 2021, January 14, 2022, and April 12, 2022, that a public health emergency exists and has existed since January 27, 2020, nationwide.

July 15, 2022 /s/

Public Health Actions
- Declarations of a Public Health Emergency
- Public Health Emergency Determinations to Support an Emergency Use Authorization
- Section 1135 Waivers
- Emergency Use Authorizations

https://aspr.hhs.gov/legal/PHE/Pages/covid19-15jul2022.aspx

Health-Related Social Needs

Social Determinants of Health (SDoH)

The Accountable Health Communities Health-Related Social Needs Screening Tool

What's the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool?

We at the Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) made the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool to use in the AHC Model.[1] We're testing to see if systematically finding and dealing with the health-related social needs of Medicare and Medicaid beneficiaries has any effect on their total health care costs and makes their health outcomes better.

Why is the AHC HRSN Screening Tool important?

Growing evidence shows that if we deal with unmet HRSNs like homelessness, hunger, and exposure to violence, we can help undo their harm to health. Just like with clinical assessment tools, providers can use the results from the HRSN Screening Tool to inform patients' treatment plans and make referrals to community services.

What does the AHC HRSN Screening Tool mean for me?

Screening for HRSNs isn't standard clinical practice yet. We're making the AHC HRSN Screening Tool a standard screening across all the communities in the AHC Model. We're sharing the AHC HRSN Screening Tool for awareness.

What's in the AHC HRSN Screening Tool?

In a National Academy of Medicine discussion paper,[2] we shared the 10-item HRSN Screening Tool. The Tool can help providers find out patients' needs in these 5 core domains that community services can help with:

- Housing instability
- Food insecurity
- Transportation problems
- Utility help needs

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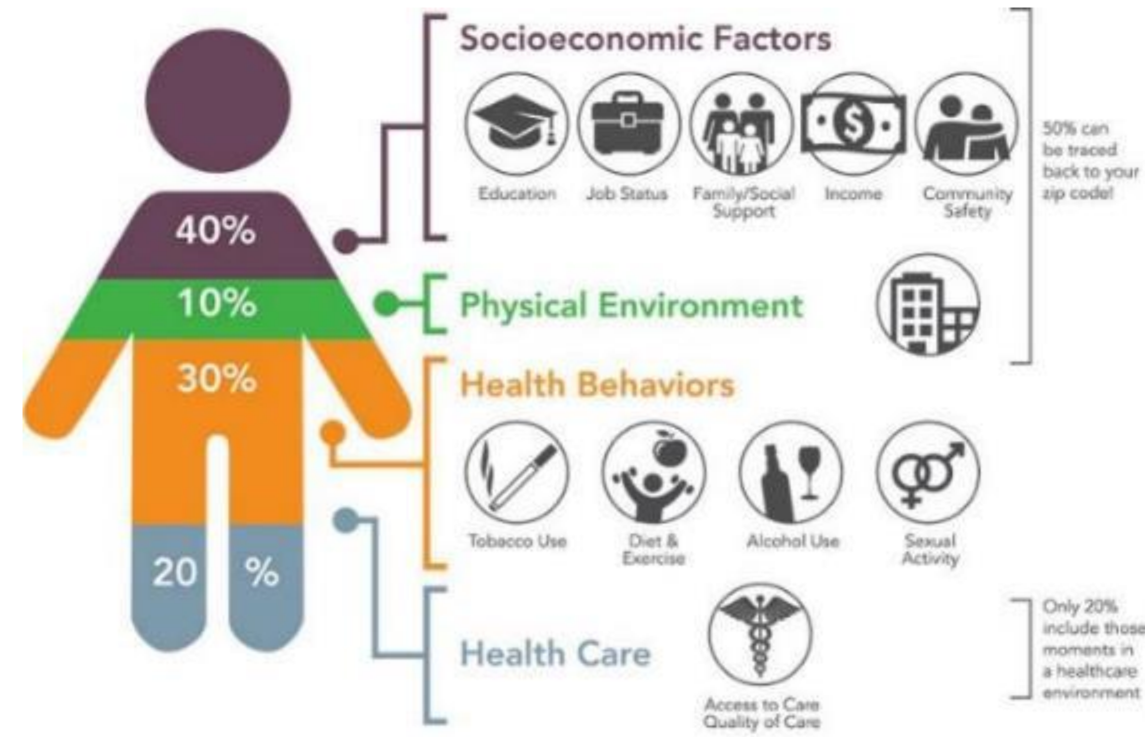
[1] United States, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2017, September 05). Accountable Health Communities Model. https://innovation.cms.gov/initiatives/ahcm.

[2] Billioux, A., MD, DPhil, Verlander, K., MPH, Anthony, S., DrPH, & Alley, D., PhD. (2017). Standardized Screening for Health-Related Social Needs in



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Acuity impact to home health and hospice

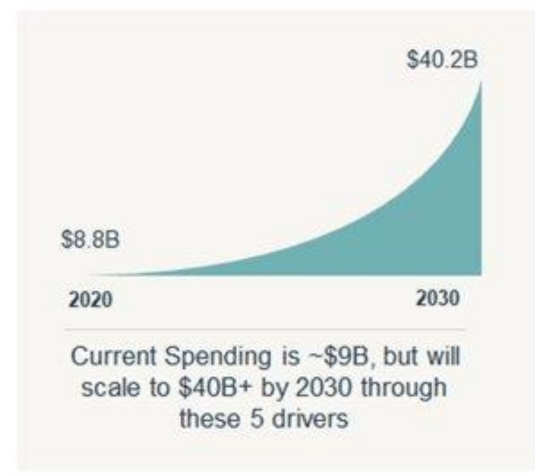
Patient acuity: 2020, compared to 2019

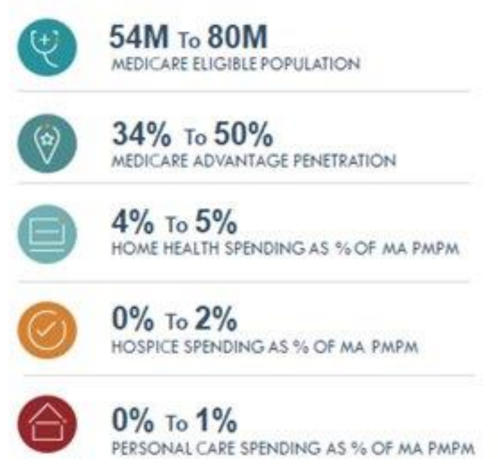
- **7% increase in Van Walraven Comorbidity score**
  - 2019 average = 9.8 vs. 2020 average = 10.6
  - This translates to significant increase in mortality risk
    - ✓ Average mortality of patient w/score of 9 = 1.7%
    - ✓ Average mortality of patient w/score of 10 = 2.2%
- 8% increase in dementia
- 9% increase in hospital ALOS prior to discharge
- 21% increase in respiratory failure
- 17% increase in kidney failure
- 4% increase in stroke

Source: CarePort

Payer market shift to value

- Value-Based Purchasing: home health national expansion
  - Industry proved principal for CMS to incentivize better outcomes
- Medicare Advantage expanding in market penetration of care at home
  - Value-Based Insurance Design: Medicare Advantage expanding into hospice
  - Exploring boundaries, early testing of limitations/opportunities
  - Medicare 'Part C': Medicare Advantage expanding coverage of personal care services
    - Health-related social needs a focus





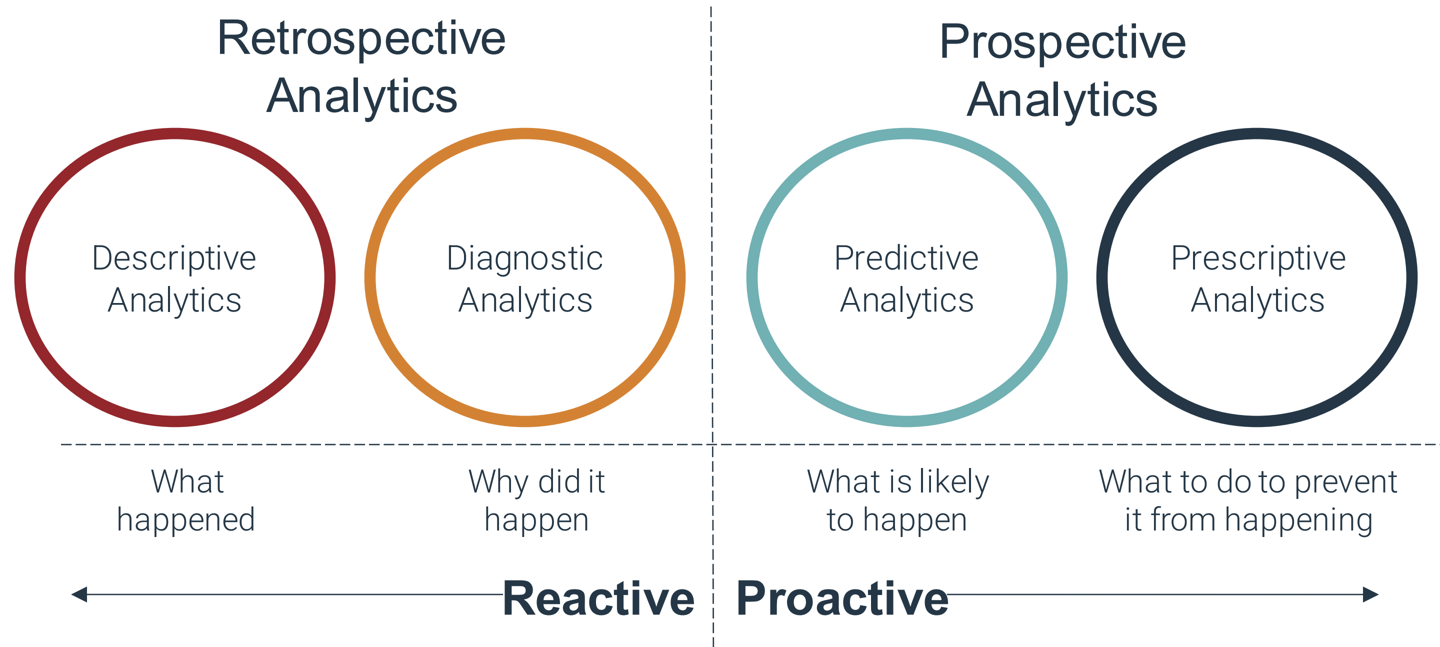
The potential of our value drives innovation

Stakeholder impact motivating greater data insight

- Patients and families – help them stay home
- Field-based clinicians and team members – gain insight to care risk and opportunity
- Front line leaders – better focus and support workforce, enhancing retention
- QAPI, clinical educators and care managers — fuel data-informed performance improvement projects
- Enhanced capacity and utilization management
- Executive leadership and agency ownership – driving to top financial and clinical outcomes within value-based payment initiatives

Traditional view of analytics capabilities

Each typically served by different vendors with disconnected solutions



Key contrast: Your analytics should cover the full spectrum of clinical care optimization, relationship management, & caregiver engagement analytics

Your time is more valuable than ever

Why is meaningful data important?

The industry **continues to change** payment models

- 35% of Medicare recipients and 65% of Medicaid recipients are now being managed by private insurers in capitated risk models
- 90% of all FFS Medicare payments are tied to outcomes through programs like value-based purchasing and bundled payments

There isn't enough **time** in the day

- With added requirements and paperwork, we know you and your team members will never have enough time in the day for all your priorities.

Focus on your **highest risk** patients

- In value-based care, your outcomes will be your biggest competitive advantage. Focusing on your highest risk patients will allow you to improve your clinical results across the board!

Utilize performance data **to grow your census**

- "Data is the new donuts". Your entire sales and marketing team can now leverage your great clinical outcomes to create personalized, powerful, data-driven marketing materials with one click in Performance View

Care at home continuum, by sector:

Context

Aligned analytics

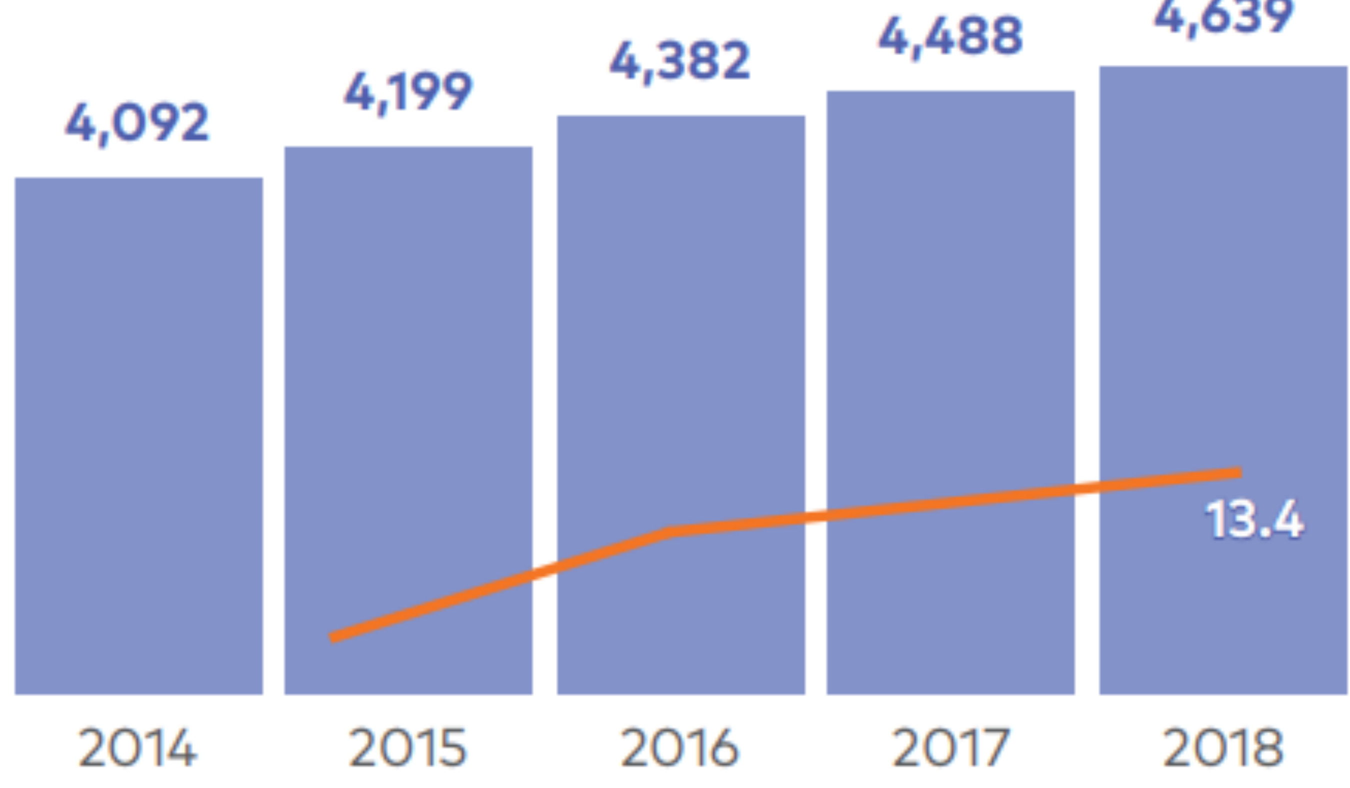
Strategic application

Hospice

Hospice

Context, aligned analytics, strategy

Industry meets demography and opportunity



Retrieved from nhpco.org

9/8/2022

Hospice — Medicare spending

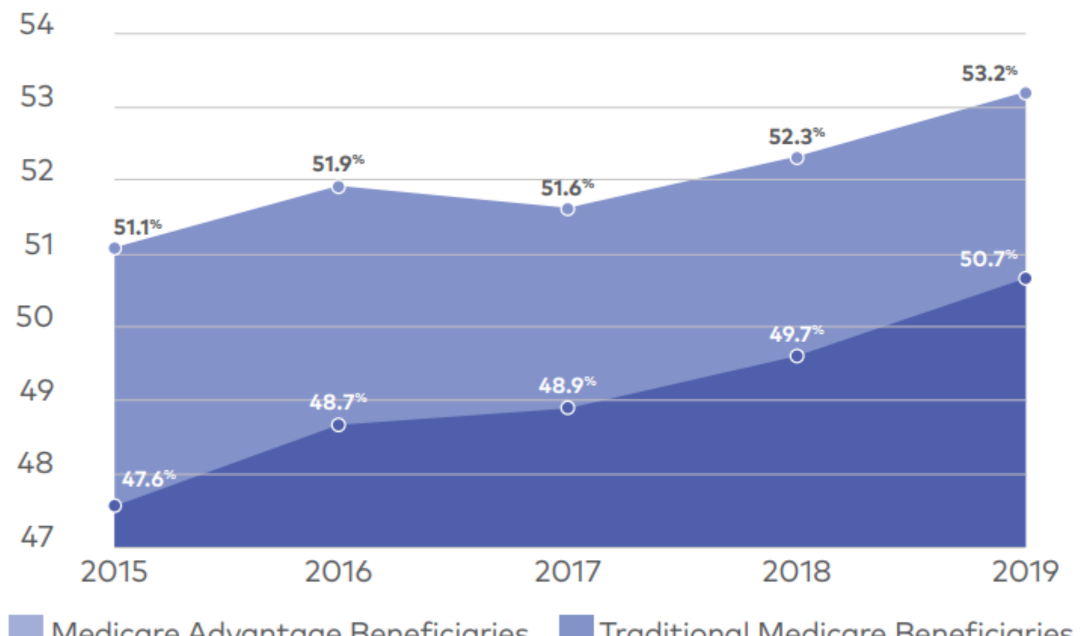
Retrieved from nhpco.org

Zoom out and look at the big picture of spending...(2017)

- Med D RX = 154.7B
- Oncology RX = 12.8B
- Healthcare spend 3.5T
- $10,739.00 per U.S. citizen

- Hospice 4% increase (YOY)
- $12,013.42 per hospice patient

Medicare Advantage



Retrieved from nhpco.org

1. Anticipate:

- Change

2. Push for advocacy

3. Innovate:

- Drive efficiencies

Positioning of hospice growth to OIG/MedPAC

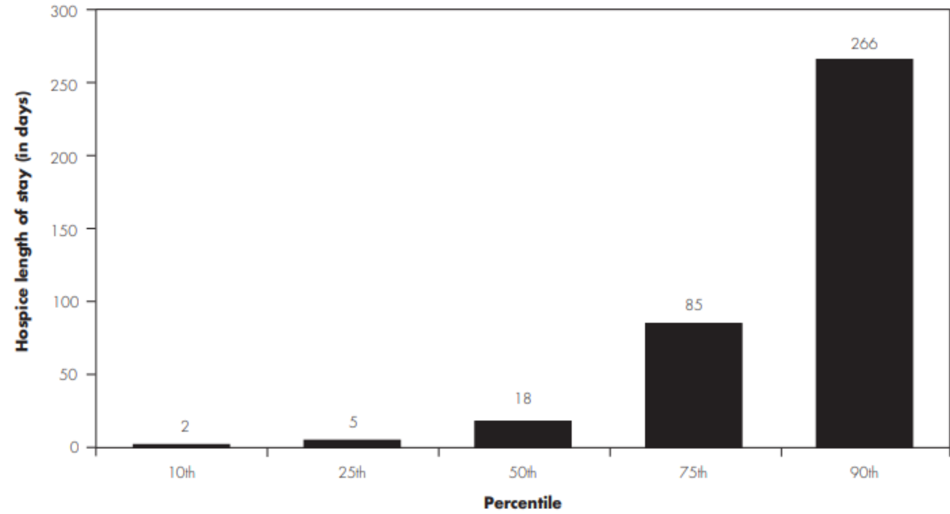
MedPAC to Congress
Note the focus

TABLE 11–1 Increase in total number of hospices driven by growth in for-profit providers

Category	2010	2016	2017	2018	2019	Average annual percent change 2010–2018	Percent change 2018–2019
All hospices	3,498	4,382	4,488	4,639	4,840	3.6%	4.3%
For profit	1,958	2,943	3,101	3,233	3,437	6.5	6.3
Nonprofit	1,316	1,272	1,226	1,246	1,248	–0.7	0.2
Government	224	167	161	159	150	–4.2	–5.7
Freestanding	2,401	3,376	3,525	3,699	3,932	5.6	6.3
Hospital based	609	499	470	454	433	–3.6	–4.6
Home health based	465	482	471	464	456	0.0	–1.7
SNF based	23	25	22	22	19	–0.6	–13.6
Urban	2,485	3,474	3,603	3,760	3,952	5.3	5.1
Rural	950	901	879	872	859	–1.0	–1.5

Note: SNF (skilled nursing facility). Some categories do not sum to total because of missing data for some providers. The rural and urban definitions used in this chart are based on updated definitions of the core-based statistical areas (which rely on data from the 2010 census).

Source: MedPAC analysis of Medicare cost reports, Medicare Provider of Services file, and the 100 percent hospice claims standard analytical file from CMS.



Note: Lifetime length of stay is calculated for decedents who were using hospice at the time of death or before death and reflects the total number of days the decedent was enrolled in the Medicare hospice benefit during his or her lifetime.

Source: MedPAC analysis of the Common Medicare Enrollment file and the Medicare beneficiary database from CMS.

Industry press – rising hospice scrutiny

Increased hospice scrutiny in several areas – press tells a story compelling attention:

Compliance posing risks for M&A: "Despite soaring valuations, hospice providers will have to tread lightly as they enter deals, particularly when it comes to regulatory issues and compliance, and as value-based care makes its way into hospice this year".

– Hospice News, August 5, 2021

Retrieved from: https://hospicenews.com/2021/08/05/quality-compliance-pose-risks-for-hospices-in-ma/

"The U.S. Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health & Human Services (HHS) Office of the Inspector General (OIG) continue to look hard at hospice providers to address concerns ranging from billing and claims to patient eligibility for the hospice benefit".

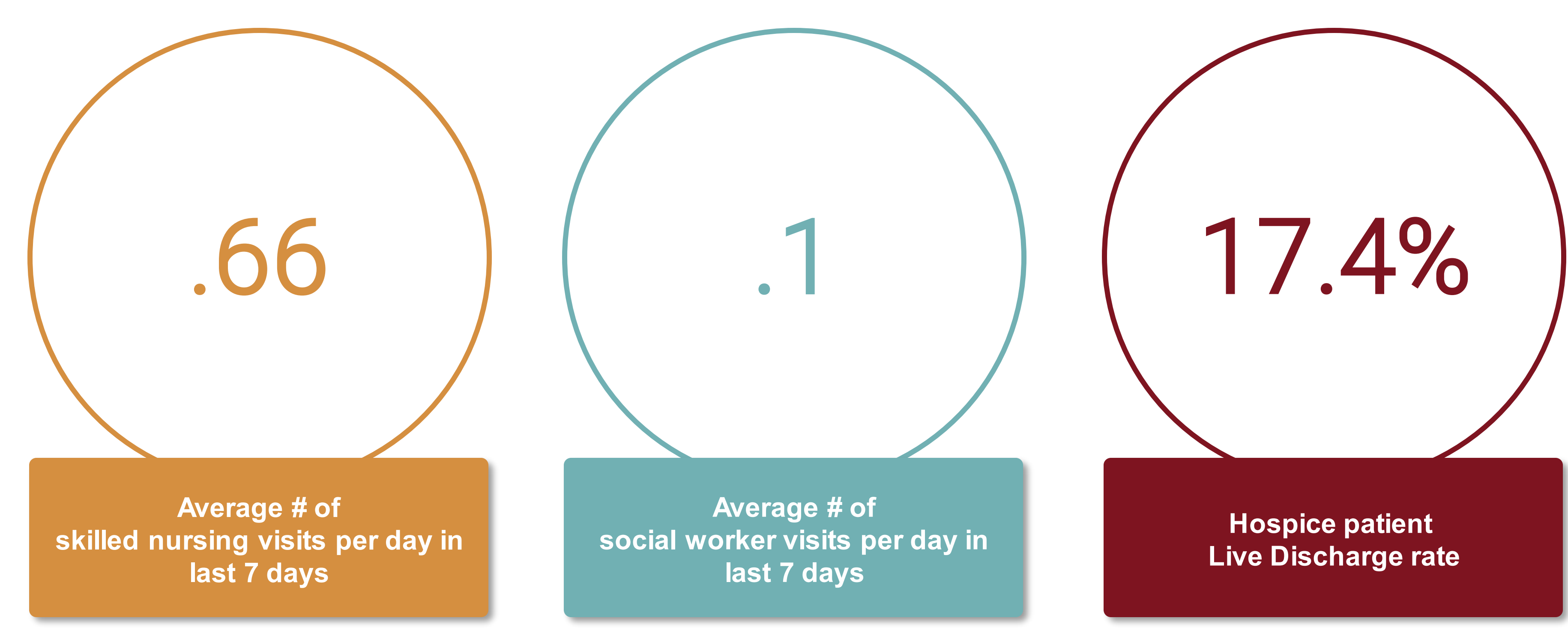
-Interview with Bill Dombi, Hospice News May 14, 2021

Retrieved from: https://hospicenews.com/2021/05/14/civil-rights-disability-laws-of-rising-importance-in-hospice-compliance/

Key take-away: zero tolerance for bad actors

Guidance for the good guys? Know the regs and *know your data*

Hospices underperform on key metrics



MedPAC, NHPCO Facts & Figures 2021

Shifting market use of data

CMS HIS discharge measures	Introduction of SIA payments	Revocation & readmit tracking	CAHPS survey
Tracking Patient care quality at end-of-life	**CMS incentive** For care in last 7 days	**Used by referrers** to choose partners	**Documenting** patient experience

Opportunity – improve outcomes in public reporting

CMS Hospice Care Index
Tracking quality patient of care at end-of-life

Hospice News

REGULATION

Quality Data, Transparency Becoming More Critical to Hospice Compliance Under New Rules

By Holly Vossel | November 12, 2021

Share

Quality is a paramount concern as hospice regulation and payment continue to evolve. Quality and transparency will be critical not only to curbing regulatory scrutiny, but also to a hospice's bottom line.

New quality measures were among the major provisions included in the final rule for hospice payments in Fiscal Year 2022. The rule implemented the Hospice Care Index (HCI), a new collection of measures in the Hospice Quality Reporting Program (HQRP). The index contains 10 quality indicators that are calculated using claims data. The data represent different aspects of hospice care designed to illustrate care processes that occur between the patient's admission and discharge.

Opportunity – provide and get paid for better care

Under – performance of SIA

CMS incentive for care in last 7 days

Hospice News

Fina

OPERATIONS

Medicare Service Intensity Add-On Underused by Hospices

By Jim Parker | May 20, 2019

Nickolay Frolochkin

Share

Hospice providers are not taking advantage of the Medicare Service Intensity Add-On (SIA) program, despite the program's potential to drive quality improvement and increase revenues.

The U.S. Centers for Medicare & Medicaid Services (CMS) introduced SIA in 2016 to allow hospices to bill an additional payment on an hourly basis for registered nurse and social worker visits during the last seven days of a patient's life in addition to their standard per diem reimbursement.

Opportunity – better HCI and SIA capture

7-day mortality algorithm helps agencies provide optimal care at end of life

Reflected in publicly-reported outcome

Focus prediction of 7-day mortality and plan for RN, SW visits

Tools based on platform database (millions of visits)

The mortality risk algorithm captures clinical & symptomatic data points

Examples of data sources:

- FAST
- Karnofsky
- Vital signs

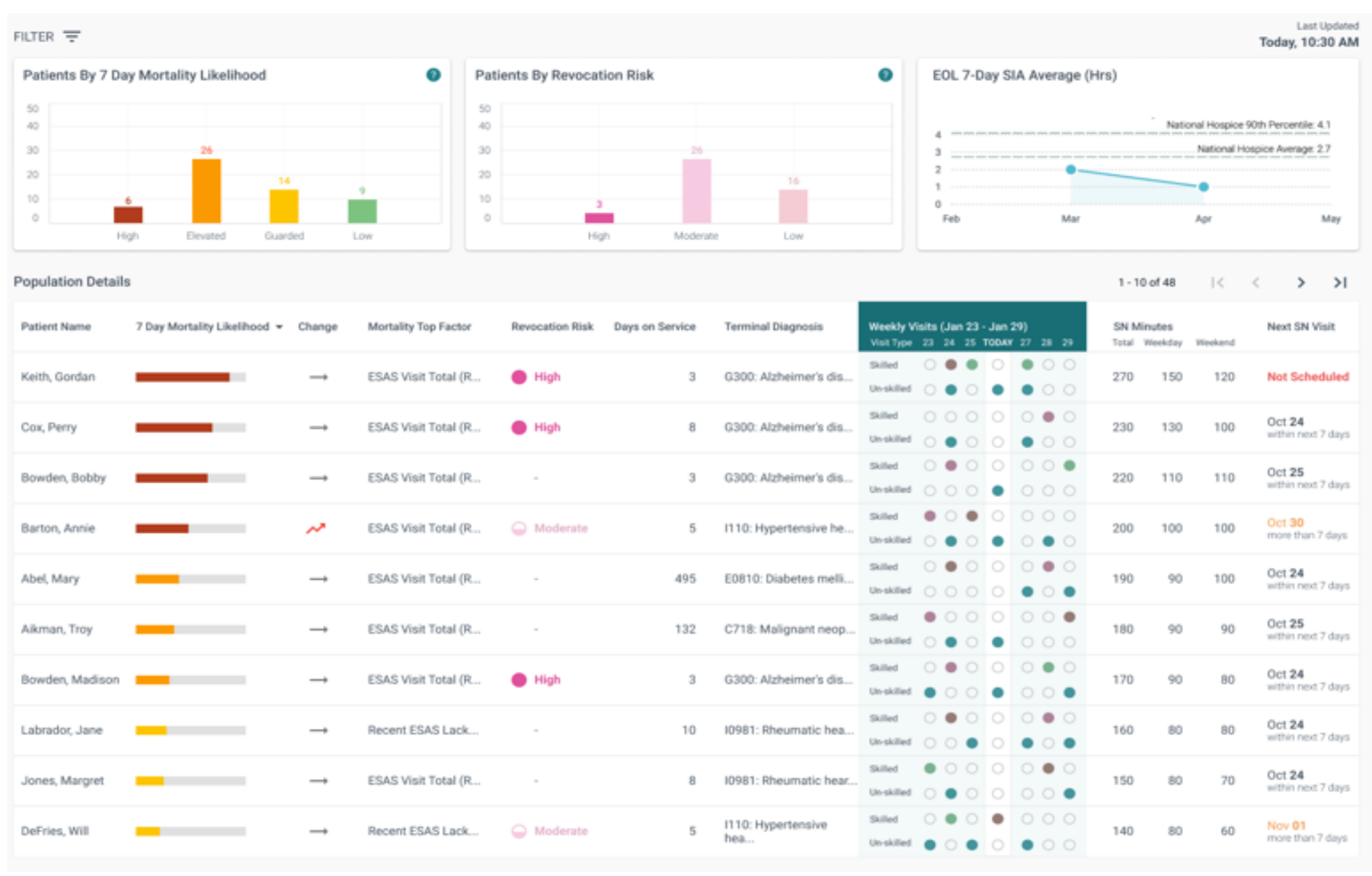
Stakeholders integrating predictive analytics

Application of concepts – QAPI direction

	Measures	Current Value	Index-Provider Points	Target	WS National Average	Ttrend
Hospice and Palliative Comprehensive Assessment at Admission	**Hospice and Palliative Care Treatment Preferences**	91.0%	–	Not Set	92.3% (-1.3)	
	Hospice and Palliative Care Treatment Preferences	96.5%	–	97.2% (-0.7)	91.3% (+5.2)	
	Beliefs & Values Addressed (if desired by the patient)	98.3%	–	Not Set	96.6% (+1.7)	
	Hospice and Palliative Care Pain Screening	94.9%	–	Not Set	95.9% (-1.0)	
	Hospice and Palliative Care Pain Assessment	98.3%	–	Not Set	98.3% (0.0)	
	Hospice and Palliative Care Dyspnea Screening	98.3%	–	Not Set	98.8% (-0.5)	
	Hospice and Palliative Care Dyspnea Treatment	97.3%	–	Not Set	93.3% (+4.0)	
	Patient Treated with an Opioid Who Are Given a Bowel Regimen	97.6%	–	Not Set	94.6% (+3.0)	
Hospice Care Index	**Hospice Care Index**	8	–	Not Set	6.7 (+1.3)	
	Continuous Home Care (CHC) or General Inpatient (GIP) Provided	1.2%	+1	Not Set	0.9% (+03)	
	Gaps in Skilled Nursing Visits	11.5%	0	Not Set	5.9% (+5.6)	
	Early Live Discharges (within 7 days hospice admission)	11.1%	+1	5.5% (+5.6)	7.7% (+3.4)	
	Late Live Discharges (after 180 days)	45.6%	+1	Not Set	37.3% (+8.3)	
	Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission	14.8%	+1	Not Set	8.7% (+6.1)	
	Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital	0.0%	+1	Not Set	2.7% (-2.7)	
	Per-beneficiary Medicare Spending	$9.073	+1	Not Set	$12,959 (-$3,886)	
	Skilled Nursing Care Minutes per Routine Home Care (RHC) Day	6.3	0	Not Set	16.0 (-9.7)	
	Skilled Nursing Minutes on Weekends	5.8	+1	Not Set	9.4% (-3.6)	
	Visits Near Death - (R)	97.4%	+1	Not Set	94.5% (+2.9)	

Application of concepts

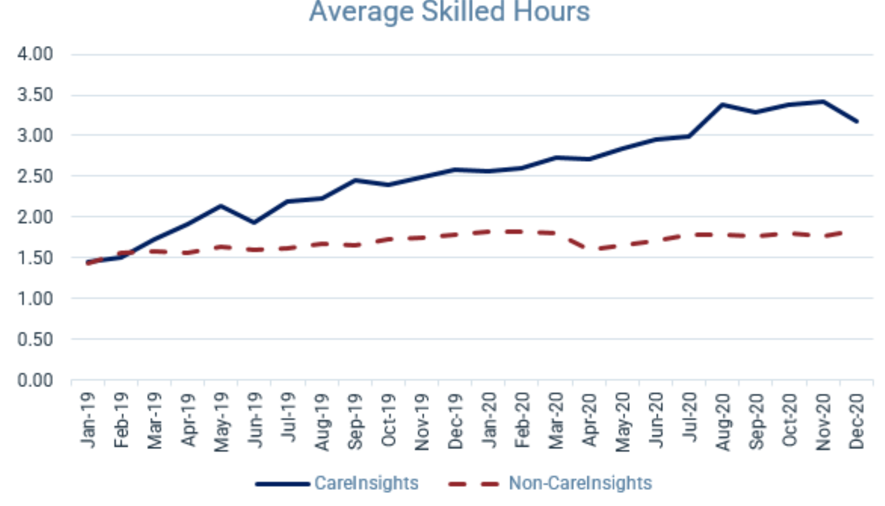
Triage actions to need



Application of concepts

Quality metrics impacting operational and market performance

- Use **7-day mortality likelihood** to increase skilled hours/focused visits in last seven days
- RN, MSW for SIA capture and IDT to meet need and improve outcomes
- Use **risk of live discharge** to focus IDT discussion on factors supporting terminal prognosis and aligned care plan support
- Track your Hospice Care Index
- Plan PIPs using real-time data to guide specificity



*Example of improvement retrieved from WellSky database

Application of real-time insights

INTELLIGENT CARE MANAGEMENT

Transform hospice data into an intelligent care optimization and decision-making support, improving care for patients and their families.

MORTALITY RISK FACTORS

Powered by algorithms, analyze your entire population to present a comprehensive view of key factors that inform patient mortality risk: patient assessment scores, vital signs, and care level.

SUPPORT CARE AT SENSITIVE TIME

Visibility into your agency's entire census from Population View allows administrative staff to deploy the right resources so you can provide the right care at the most sensitive time.

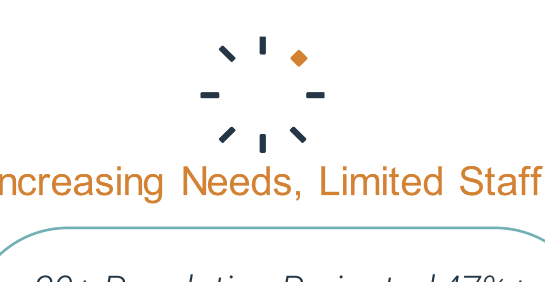
Real-time data impact? Real performance improvement

- Publicly reported outcomes and high regulatory scrutiny require clear view
- Real-time performance analytics help teams see cause and effect
- Learn as a team, in office and field, using data to paint a performance picture
- Real-time analytics reinforce learning
  - ✓ Impacting care decisions in real-time
  - ✓ Impacting public reporting in time to proactively drive better future outcomes

Home health

Context, aligned analytics, strategy

Our industry faces a historic inflection point

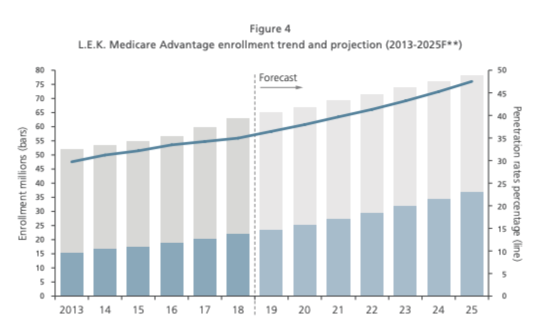


Increasing Needs, Limited Staff

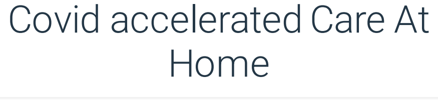
80+ Population Projected 47%+ Growth in in The Next 10 Years

Shift In Payer Mix

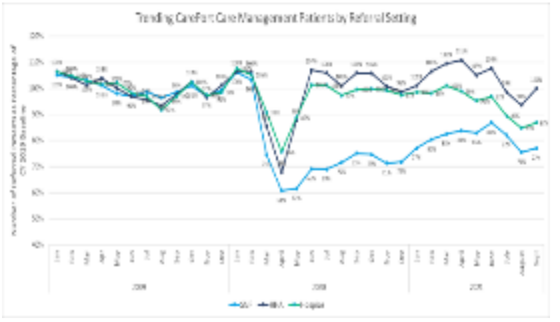
"Medicare Advantage Heading Towards 70% Penetration" -LEK



Rise of Home-Based Care



Covid accelerated Care At Home



Home Health Value-Based Purchasing

Competition!

Bonus v. penalty

Market position impact

Performance compels you to know which metrics comprise your Total Performance Score (TPS)…and then, learn how to move your metrics

- Nationwide HHVBP, small and large cohorts
- Proposed baseline year is 2022
- 1st performance year is 2023
- 1st payment year is 2025
- Payment increase or decrease up to 5%

Supply-side impact – how do we help new staff make clinical decisions?

Reality-check

- Come from different levels of experience
- Orientation shortfalls

Objectives

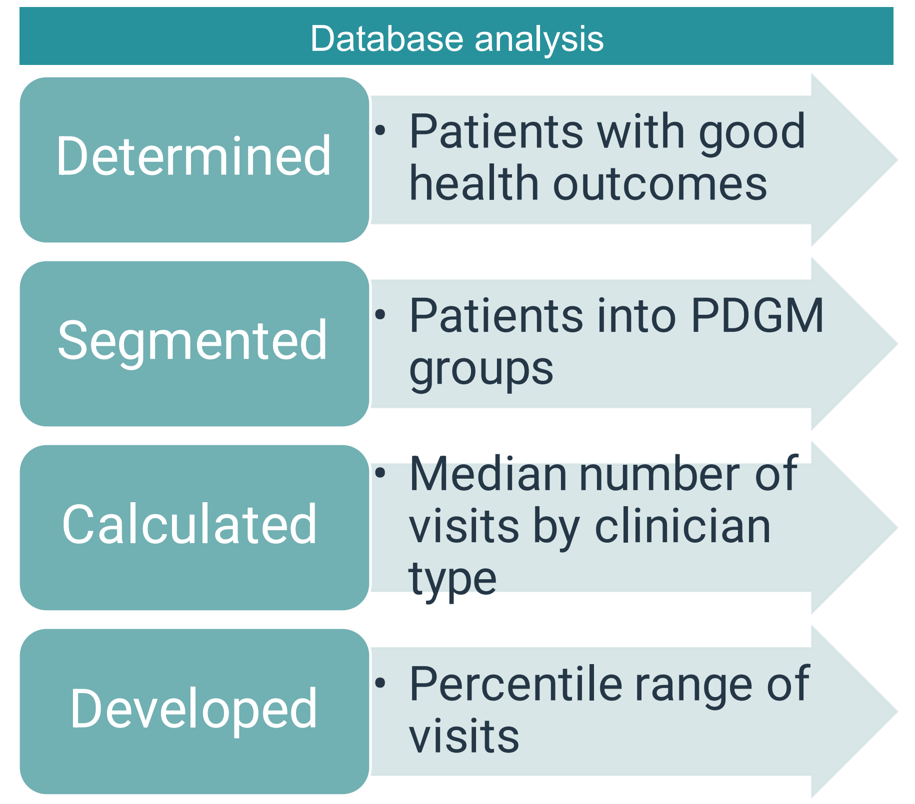
- We cannot afford to waste a visit
- Each visit must contribute towards person-centered care
  - Lower rehospitalization, increase high satisfaction
- Capacity management through data and risk-informed, intelligent care management

Ask yourself, how does your team plan care?

The new productivity

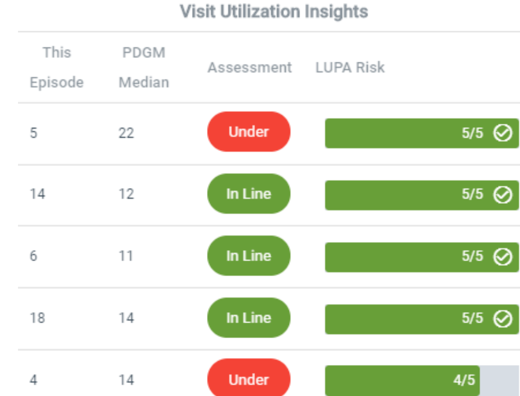
Achieve the optimal, realistic outcome within the most efficient use of resources

PDGM – Leaders using data to focus resources



Patient-specific utilization analysis

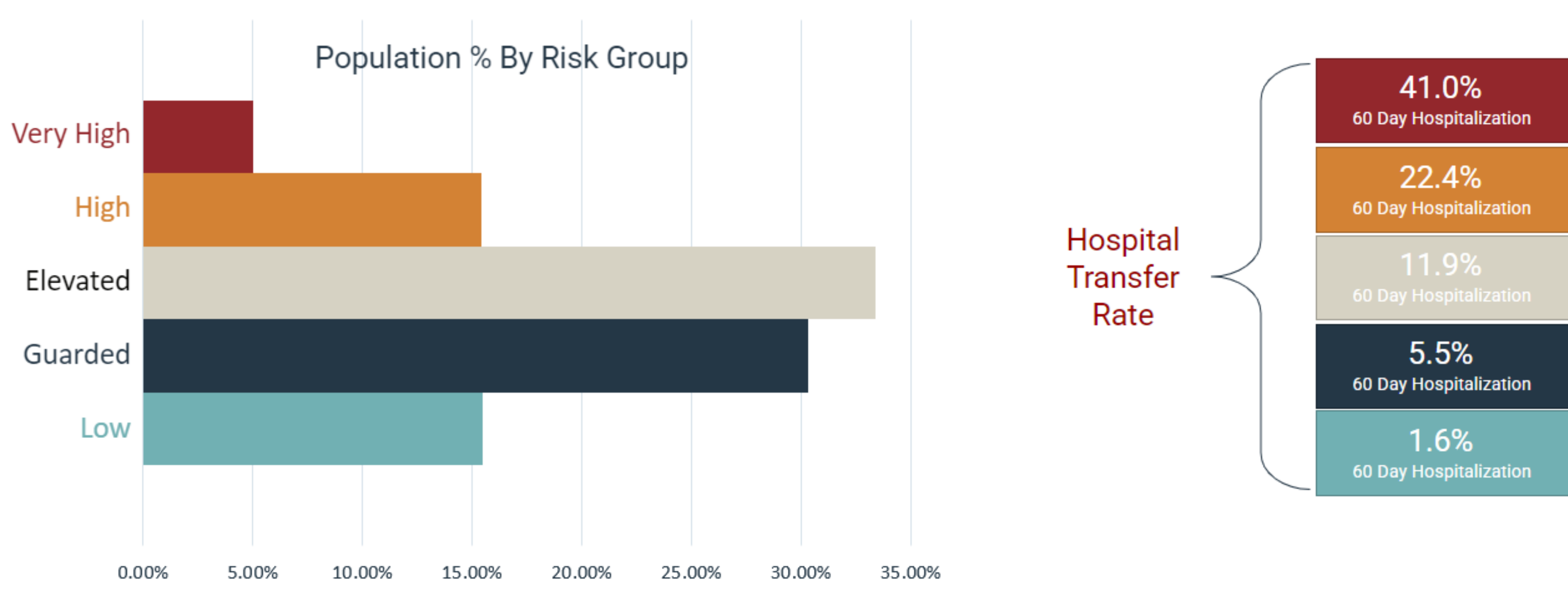
Under
25th
In Line
75th
Over



Visit Utilization Insights

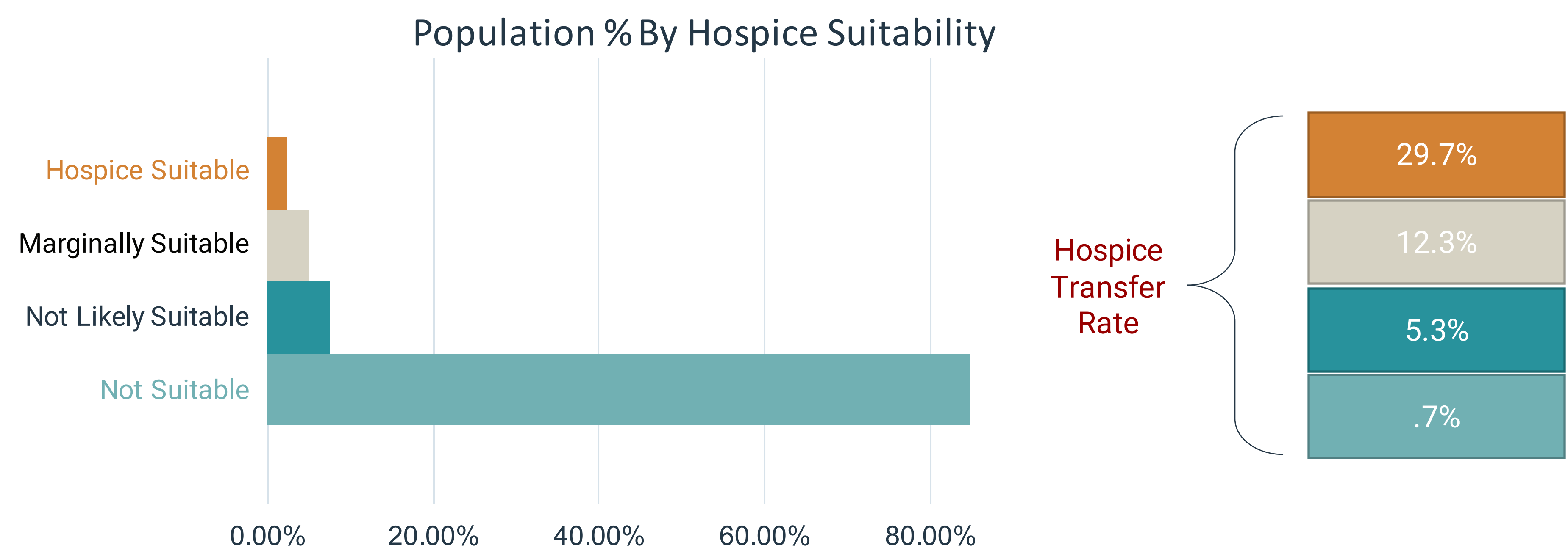
This Episode	PDGM Median	Assessment	LUPA Risk
5	22	Under	5/5
14	12	In Line	5/5
6	11	In Line	5/5
18	14	In Line	5/5
4	14	Under	4/5

Risk of hospitalization



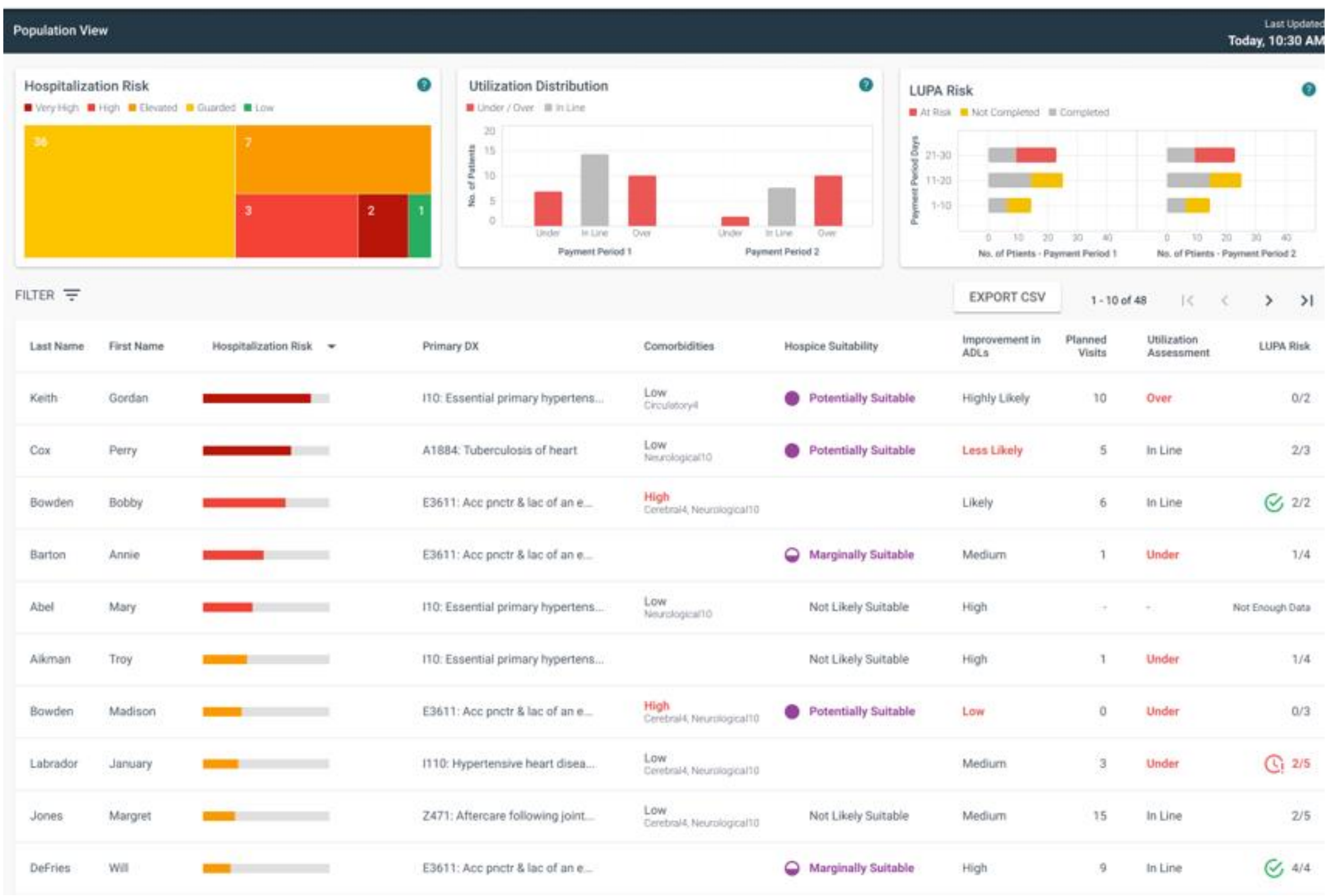
Machine learning can predict likelihood of hospitalization based on a predictive algorithm.

Predict likelihood of hospice suitability

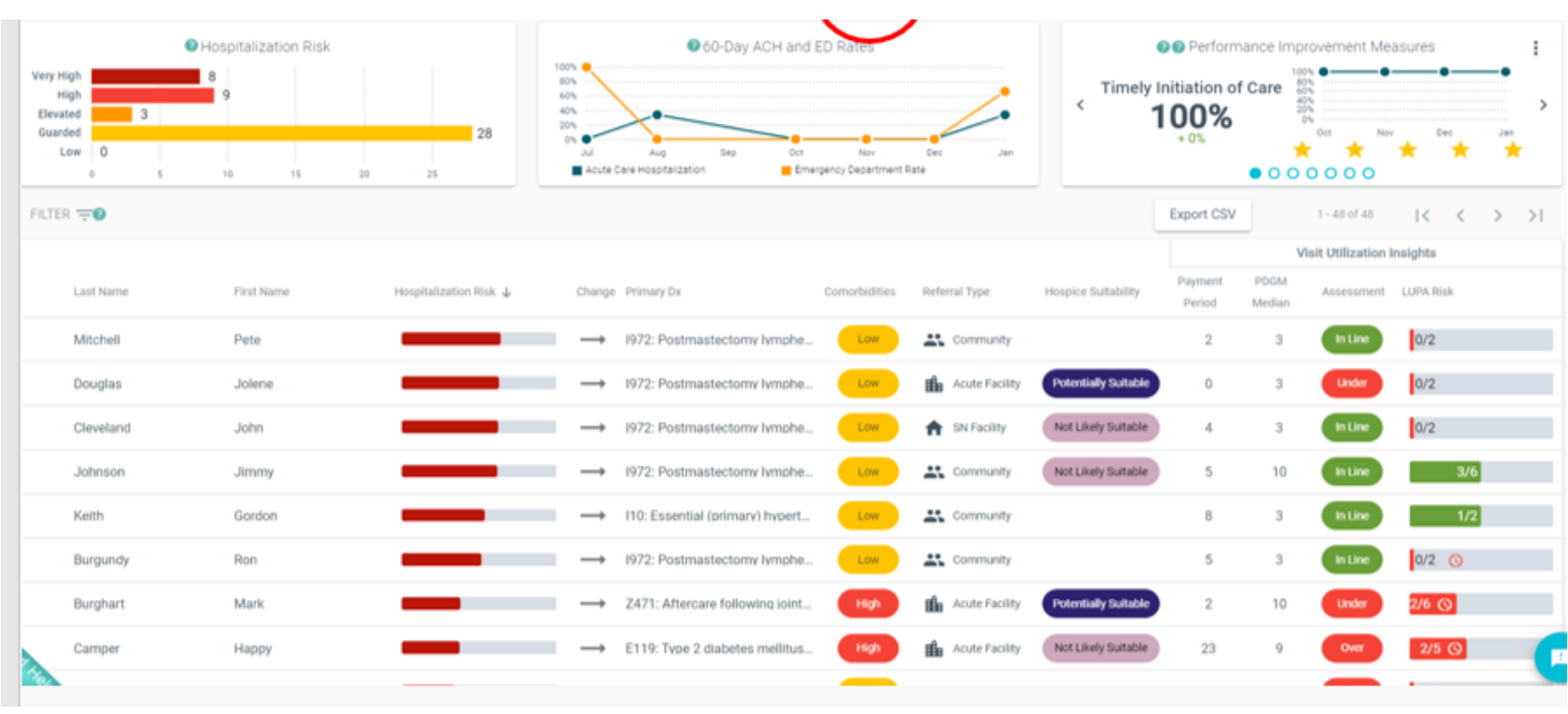


Algorithm identifies patients who may be suitable for hospice care based on a predictive algorithm. Patients are segmented into categories based on the estimated likelihood for hospice transfer rate.

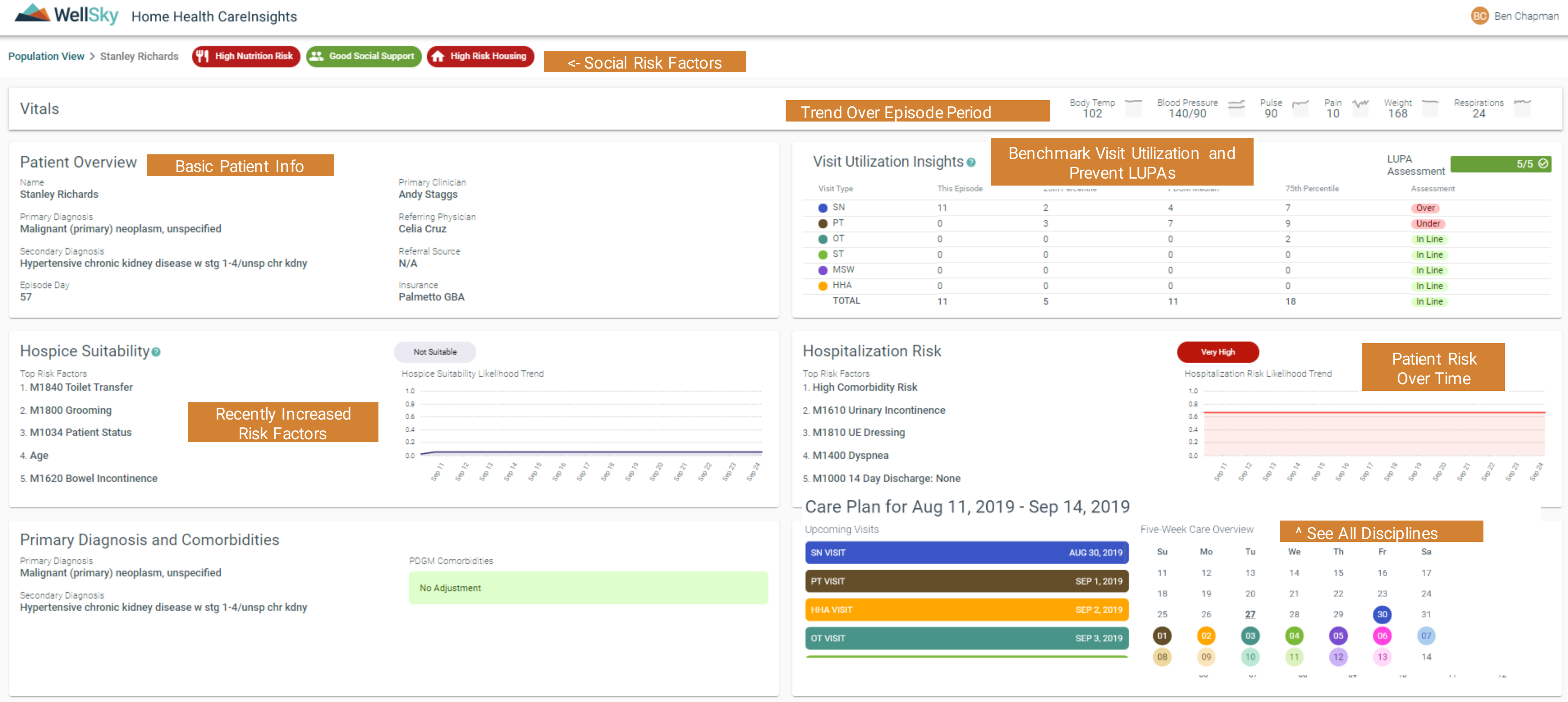
View team/census risk



Lots of options to slice and dice data

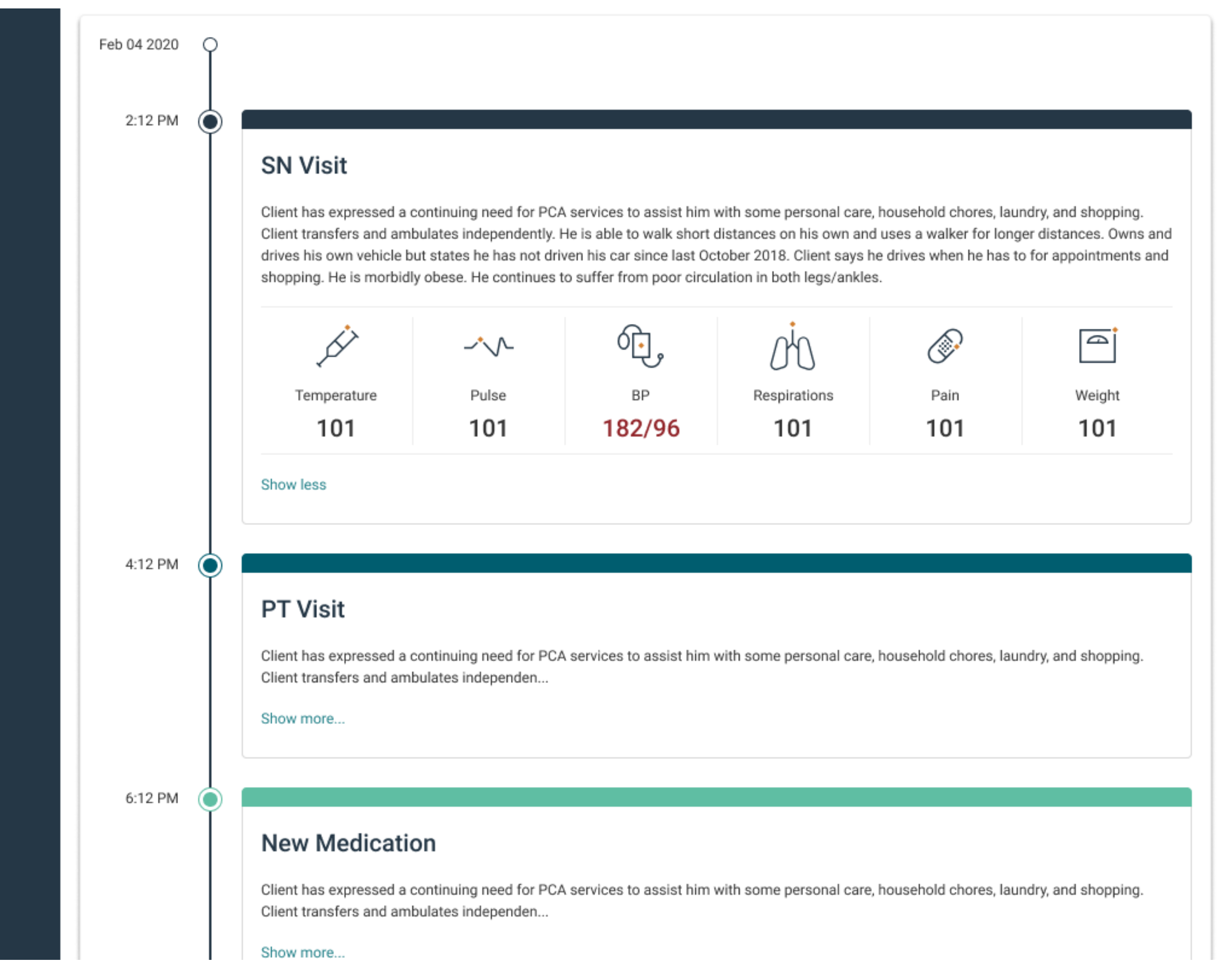


Gain much deeper insight into patient's risk and plan impact

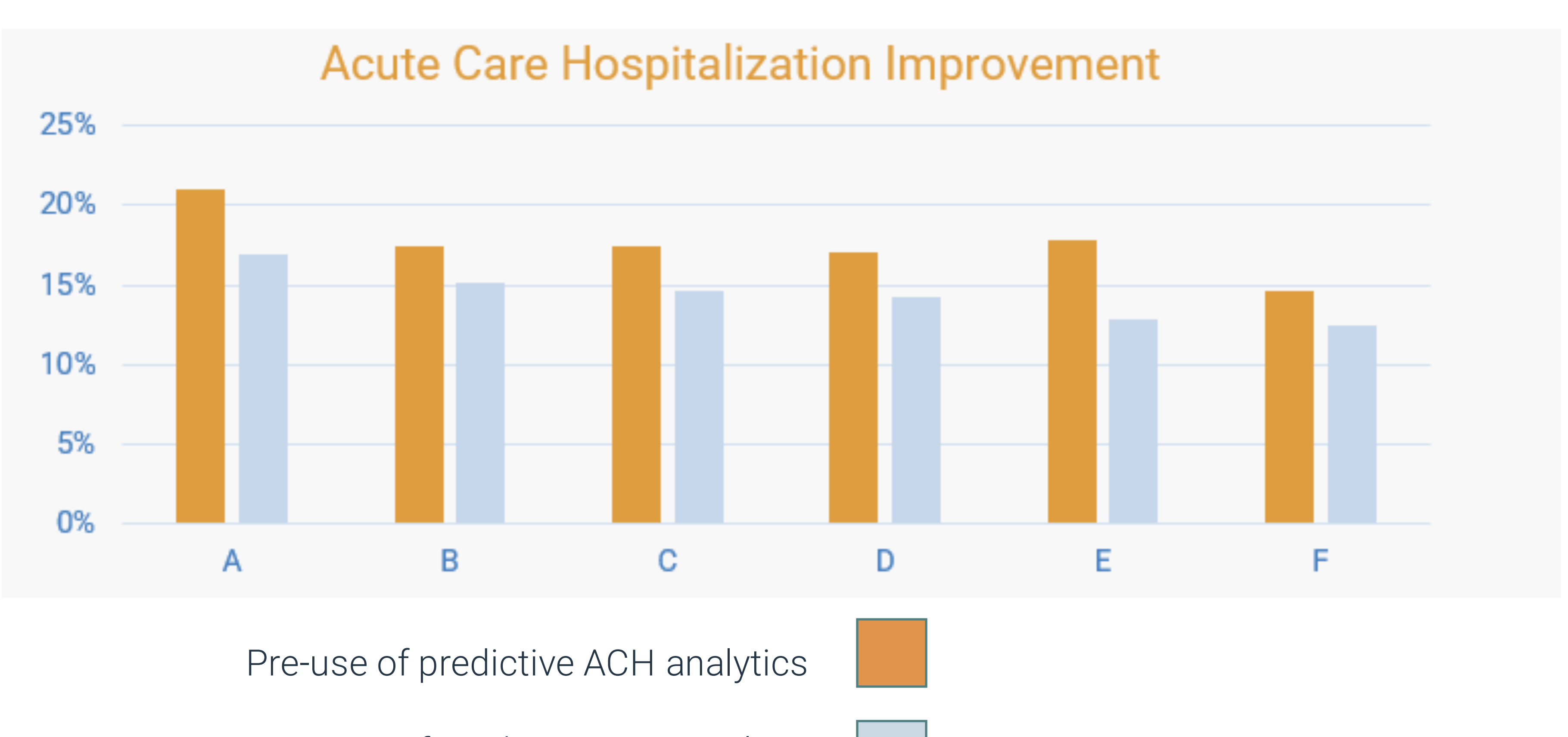


Understand the patient's episode

The chart tells the story: risk, need, care



ACH goes down when awareness of risk goes up



Pre-use of predictive ACH analytics

Post-use of predictive ACH analytics

QAPI fueled by real-time data

	Measures	Current Value	Change Score	Target	Improvement Threshold (% Point)	Achievement Threshold (% Point)	Benchmark (% Point)	National Average
Efficiency	Timely Initiation of Care	99.1%	N/A	Not Set	N/A	N/A	N/A	97.2% (+ 1.9)
Efficiency	Median Number of Visits	13	N/A	Not Set	N/A	N/A	N/A	13
Patient Improvement	Total Normalized Composite Change in Self-Care (Risk-adjusted)	2.102	N/A	Not Set	1.851 (+ 0.3)	1.683 (+ 0.4)	2.344 (-0.2) ●	1.827 (+ 0.3)
Patient Improvement	Improvement in Bathing (Risk-adjusted)	88.7%	0.268	Not Set	N/A	N/A	N/A	73.8% (+ 15.0)
Patient Improvement	Improvement in Upper Body Dressing (Risk-adjusted)	87.1%	0.411	Not Set	N/A	N/A	N/A	76.5% (+ 10.6)
Patient Improvement	Improvement in Lower Body Dressing (Risk-adjusted)	87.3%	0.413	Not Set	N/A	N/A	N/A	73.1% (+ 14.2)
Preventing Hospitalizations	Acute Care Hospitalization During the First 60 Days of Home Health (Risk-adjusted)	13.4%	N/A	Not Set	15.1% (-1.7)	15.0% (-1.6)	8.3% (+ 5.1) ●	16.3% (-2.9)
Preventing Hospitalizations	Emergency Department Use Without Hospitalization During the First 60 Days of Home Health	2.1%	N/A	Not Set	15.9% (-13.8)	12.8% (-10.7)	5.6% (-3.5)	1.7% (+ 0.4) ●
Preventing Hospitalizations	Rehospitalization During the First 30 Days of Home Health	15.4%	N/A	Not Set	N/A	N/A	N/A	15.0% (+ 0.3)
Preventing Hospitalizations	Discharged to Community (Risk-adjusted)	76.6%	N/A	Not Set	87.9% (-11.3) ●	82.7% (-6.1) ●	94.0% (-17.4) ●	71.0% (+ 5.6)

Key takeaways:

- Overall, I am better than the national average for hospitalizations
- I have a lot of work to do to educate patients and their families about using the Emergency Room

VBP performance enabled by smart, real-time data

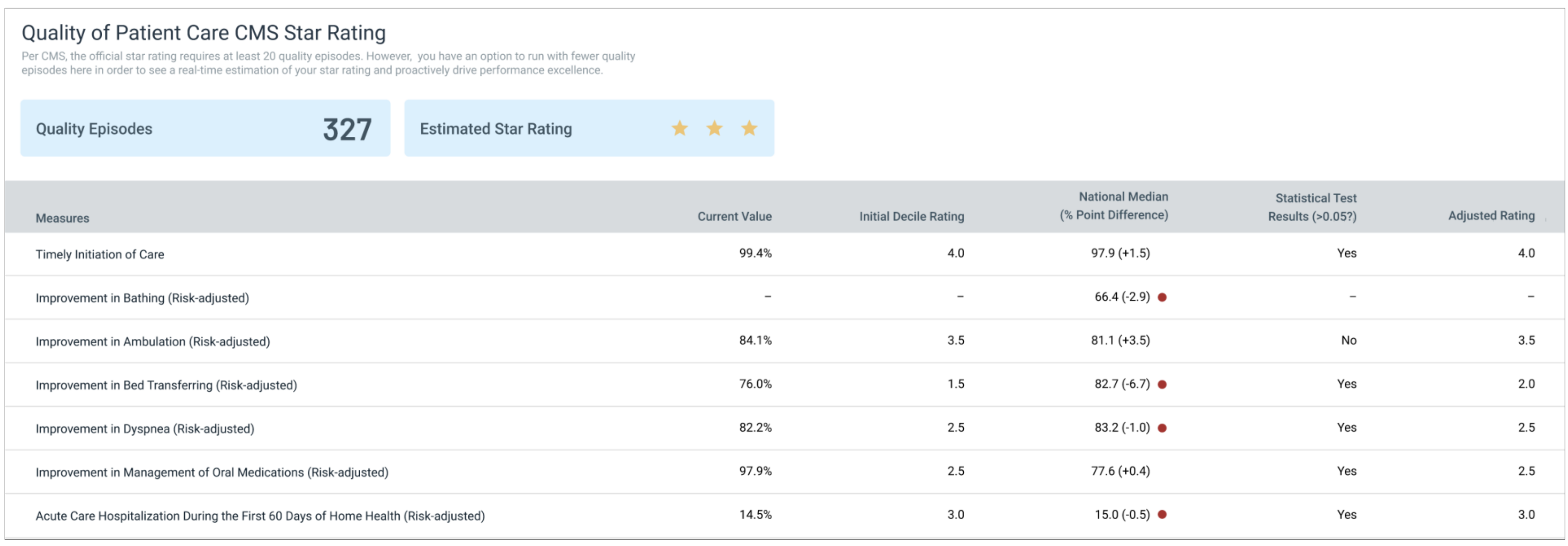
HHVBP Total Performance Score
Fueling your QAPI with data

TN - Memphis

Medicare Certification:	Cohort Size:	Quality Episodes:	Est. Total Perf. Score:	National:	Est. Final % Payment Adjustment:
05/23/2015	Large	327	66.783	59th	+3%

Value-Based Purchasing Quality Measure	Agency Performance (Improvement Threshold 2019)	All Agency Median (Achievement Threshold 2019)	All Agency 95th Percentile (Benchmark 2019)	Current Value	Achievement Score (Compared to All Agencies, 0-10)	Improvement Score (Compared to Self, 0-9)	Performance Score (Highest, 0-10)	National Percentile	Weight
TNC Self-Care	2.122	1.683	2.344	2.218	8.104	3.903	8.104	85th	8.8%
TNC Mobility	0.690	0.582	0.829	0.721	5.638	2.008	5.638	76th	8.8%
Improvement in Management of Oral Medications	89.3%	72.1%	92.8%	83.9%	5.694	0.000	5.694	75th	5.8%
Improvement in Dyspnea	88.3%	80.9%	95.9%	87.2%	4.212	0.000	4.212	60th	5.8%
Discharged to Community	89.2%	82.7%	94.0%	76.6%	0.000	0.000	0.000	0th	5.8%
60-Day Hospitalization	18.1%	15.0%	8.3%	16.2%	0.000	1.782	1.782	48th	26.3%
60-Day Emergency Department Use	12.7%	12.8%	5.6%	1.6%	0.328	3.146	3.146	36th	8.8%
HHCAHPS Professional Care	89.0%	85.0%	93.9%	89.0%	3.786	0.000	3.786	47th	6.0%
HHCAHPS Communication	89.0%	86.0%	93.9%	89.0%	3.786	0.000	3.786	63rd	6.0%
HHCAHPS Team Discussion	82.0%	84.0%	93.5%	82.0%	0.000	0.000	0.000	0th	6.0%
HHCAHPS Willingness to Recommend	85.0%	80.0%	92.4%	85.0%	4.028	0.000	4.028	71st	6.0%
HHCAHPS Overall Rating	90.0%	85.0%	96.7%	90.0%	4.672	0.000	4.672	69th	6.0%

Quality of Patient Care Star Ratings Fueling your QAPI with data



Quality of Patient Care CMS Star Rating

Per CMS, the official star rating requires at least 20 quality episodes. However, you have an option to run with fewer quality episodes here in order to see a real-time estimation of your star rating and proactively drive performance excellence.

Quality Episodes 327

Estimated Star Rating ★ ★ ★

Measures	Current Value	Initial Decile Rating	National Median (% Point Difference)	Statistical Test Results (>0.05?)	Adjusted Rating
Timely Initiation of Care	99.4%	4.0	97.9 (+1.5)	Yes	4.0
Improvement in Bathing (Risk-adjusted)	–	–	66.4 (-2.9) ●	–	–
Improvement in Ambulation (Risk-adjusted)	84.1%	3.5	81.1 (+3.5)	No	3.5
Improvement in Bed Transferring (Risk-adjusted)	76.0%	1.5	82.7 (-6.7) ●	Yes	2.0
Improvement in Dyspnea (Risk-adjusted)	82.2%	2.5	83.2 (-1.0) ●	Yes	2.5
Improvement in Management of Oral Medications (Risk-adjusted)	97.9%	2.5	77.6 (+0.4)	Yes	2.5
Acute Care Hospitalization During the First 60 Days of Home Health (Risk-adjusted)	14.5%	3.0	15.0 (-0.5) ●	Yes	3.0

Who should use predictive analytics?

Clinical Manager

- Monitors the patients of multiple field clinicians
- Reviews the visit utilization frequency
- Analytics fuel case conference 2.0
- Updated data - analyzes information entered in the field
- Visualizes which patients have the greatness need

QAPI and education

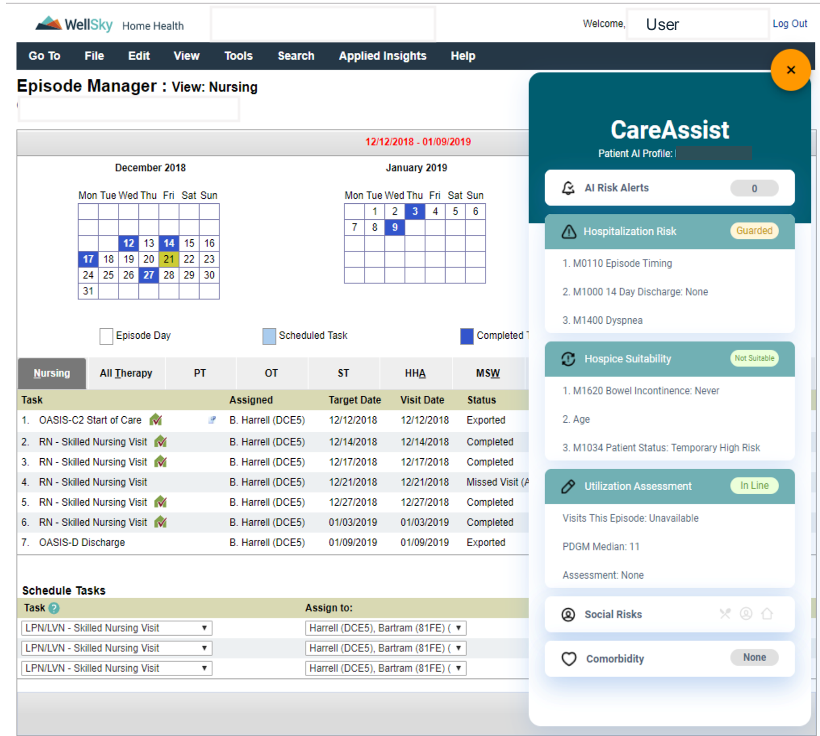
- Fueling data informed PIPs
- Monitoring best practice utilization patterns
- Informing case conference 2.0, focused education stacking skills and supporting clinician learning, with integrated tools/data to **serve**

Who else should use predictive analytics?

The interdisciplinary team:

- Provides ongoing care to patients
- Inputs key clinical information into EMR
- Analytic engine provides an updated snapshot of a patient’s risk factors
- Then teach staff – what to do with the data
- Remember – you can lead the horse to water.....how do we re-learn how to drink?

Take five in the drive!



Case conference 2.0 supports workforce, scheduling, and QAPI

Support QAPI and Performance Improvement Projects (PIPs) :

- Reduce hospitalization
- Improve satisfaction
- Integrate data-driven guidance into new platform for dynamic education
- Improve utilization and capacity management – focusing care to need

Start with assessment approach/technique and data competence in OASIS capture

- Tie micro-education to real-time pattern of learning need
- Clinicians gain competence/confidence in assessment and point of care data capture
- Cycle of data informing risk-aligned and best practice thinking becomes a HABIT
- New habit serves patients more effectively

Patient acuity capture and data accuracy at SOC, end of care matter

- VBP is measures of magnitude of improvement, "dirty-data" can cloud outcome performance
- Data-gathering sets stage for analytic engines to inform risk and utilization profiles

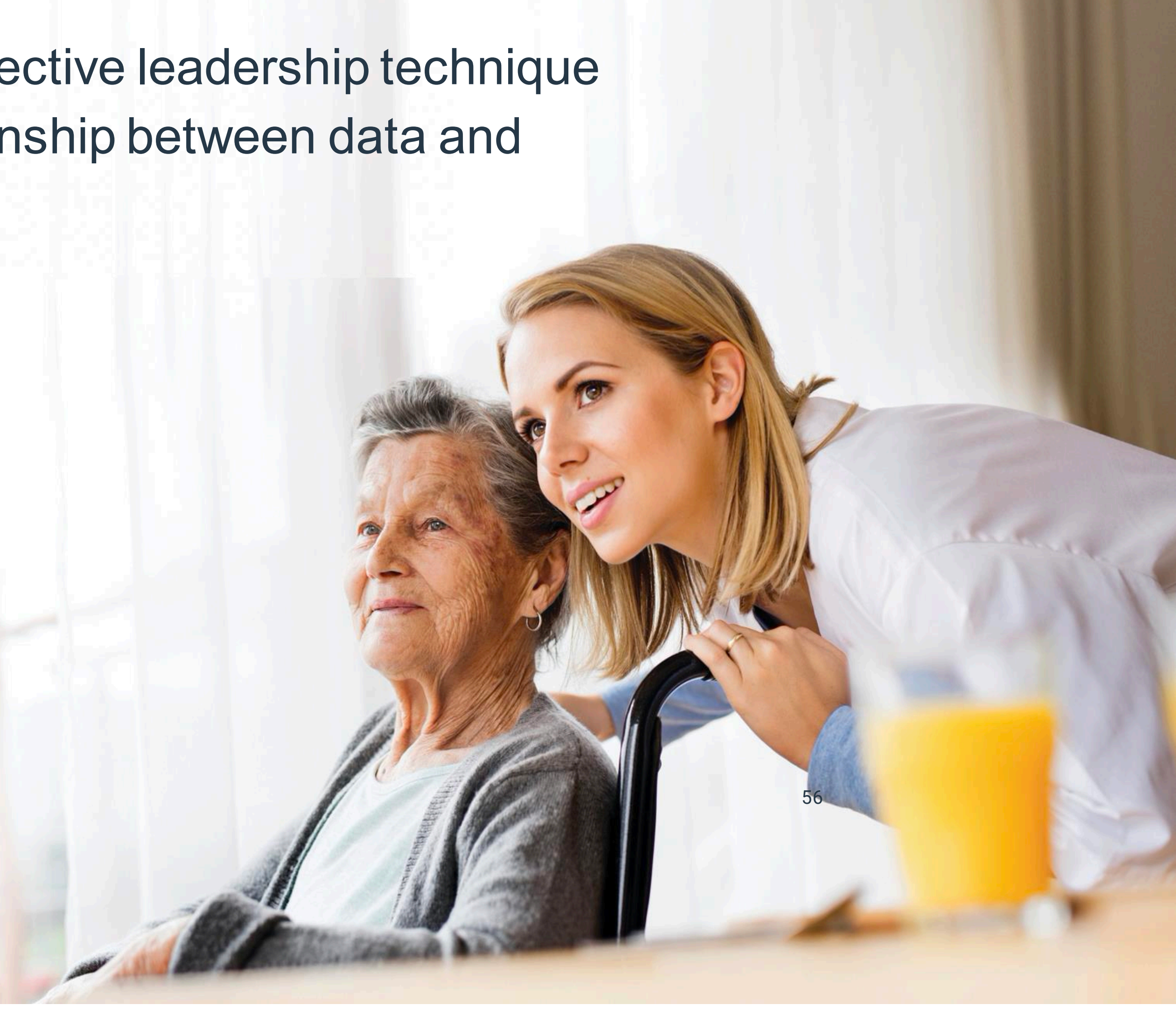
Give teams the tools to meet expectations

- ***Train in expected use of available predictive analytics*** – providing context for *why* and teaching of *how*
  - *Like using a stethoscope, analytics are a new tool equipping our teams with actionable insight*
- ***Integrate updated IDT process* - Case conference 2.0** :
  - Daily virtual team triage and revised educational format for intelligent care management
  - Every visit clinician view of data-informed risk snapshot
  - Skill-stacking educational format , grand rounds approach, integrating best practice EMR and analytic use into clinician tools for care

Focus in on value…for the business and the people we serve

- Data-fueled management within effective leadership technique
- Master understanding of the relationship between data and behaviors (analytics/KPIs/KPBs)
- Clarify specific expectations
- Provide with **tools** to fuel success and measure impact of their use
- Lead to accountability within a culture which celebrates mission-aligned practice success
- Build confidence and competence in today's practice of healthcare at home

Everyone wins



Questions?

Thank you.

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