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HOW TECHNOLOGY & ANALYTICS ARE DRIVING SMART BUSINESS DECISIONS IN HOME HEALTH

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How Technology & Analytics Are Driving Smart Business Decisions in Home Health

Until recently, the home health care sector has been largely on the sidelines of healthcare's transition toward value-based reimbursement. However, a new reality looms large as operational and strategic complexities for home health care providers are ushered in, beginning with the Centers for Medicare and Medicaid Services (CMS) Patient-Driven Groupings Model (PDGM).

PDGM is the single biggest change to the way home health providers deliver and are reimbursed for care since the Prospective Payment System (PPS) took effect nearly two decades ago. As traditional home health payment units move from 60 days to 30 days in length, case-mix complexity escalates and managing time, scheduling and costs becomes paramount. It will be critical for home health providers to quickly realize efficiencies in the intake and orders management processes.

"With PDGM coming on fast, home health administrators have to block and tackle. They've got to root out the barriers to efficient care in their existing workflow. As those barriers are identified, they have to ask, 'What technologies are out there to help us address these issues quickly as well as provide information for continuous improvement?'," notes Elliott Wood, President & CEO, Medalogix.

Wood continues, "The new reality is that agencies are going to have to operate differently. They are going to have to adopt technology that helps manage resources and tracks progress toward meeting new federal requirements."

Facing Present and Future Challenges

To meet the challenges of the changing healthcare regulatory landscape, many in post-acute will be playing catch-up to implement value-oriented technologies that quickly identify operational shortfalls, benchmark and track progress, and provide actionable data to every level of their organization. Because just as PDGM gets underway, a unified payment model may be right on its heels.

For home health care providers, current log jams in the revenue cycle reflect profitability loss and operational incapacities that will hamstring their ability to position themselves as a preferred partner in a future value-based care (VBC) system. Other essential reporting and data analytics are driven by the effective management and resolution of physician orders, face-to-face documentation and clinical documentation. Effective systems should be able to send, receive and reconcile physicians' orders to provide timely care, timely billing and generate reporting that reflects best practices. The truth is, these increasingly complex processes can no longer be managed through a spreadsheet.

Improving end-to-end operations requires more than just revenue cycle management – the right operations shift is integral to:

- *Integration with EHRs*
- *Optimizing referring physician relationships, internal processes and cash flow challenges*
- *Focusing on long-term goals*
- *Effective use of administrative hours*
- *Driving high-impact efficiency metrics*
- *Establishing key benchmarks against other organizations of similar size and scale*

The Importance of Technology, Data and Analytics

In addition to being easy to implement, technology solutions should include the interoperability to work with electronic health record (EHR) platforms for a bi-directional data exchange across the care continuum that seamlessly manages clinical documentation in a secure, HIPAA-compliant environment. Data collection and analytics on critical administrative areas such as intake and referral management, order tracking, and allocation of staff, provide impartially sourced data to identify opportunities for improvement and validate success. According to Seema Verma, Administrator, Centers for Medicare and Medicaid Services, "The sharing of data in interoperability underpin this entire move to value in healthcare in innovation." Interoperability will be of even greater import as payors and primary and acute care partners seek further integration through value-based models.

"And, really successful leaders are empowering their teams to act by making sure data becomes the right information, available to the right person at the right time,"

- Gina Mazza, Senior Vice President, Regulations and Compliance, Fazzi Associates

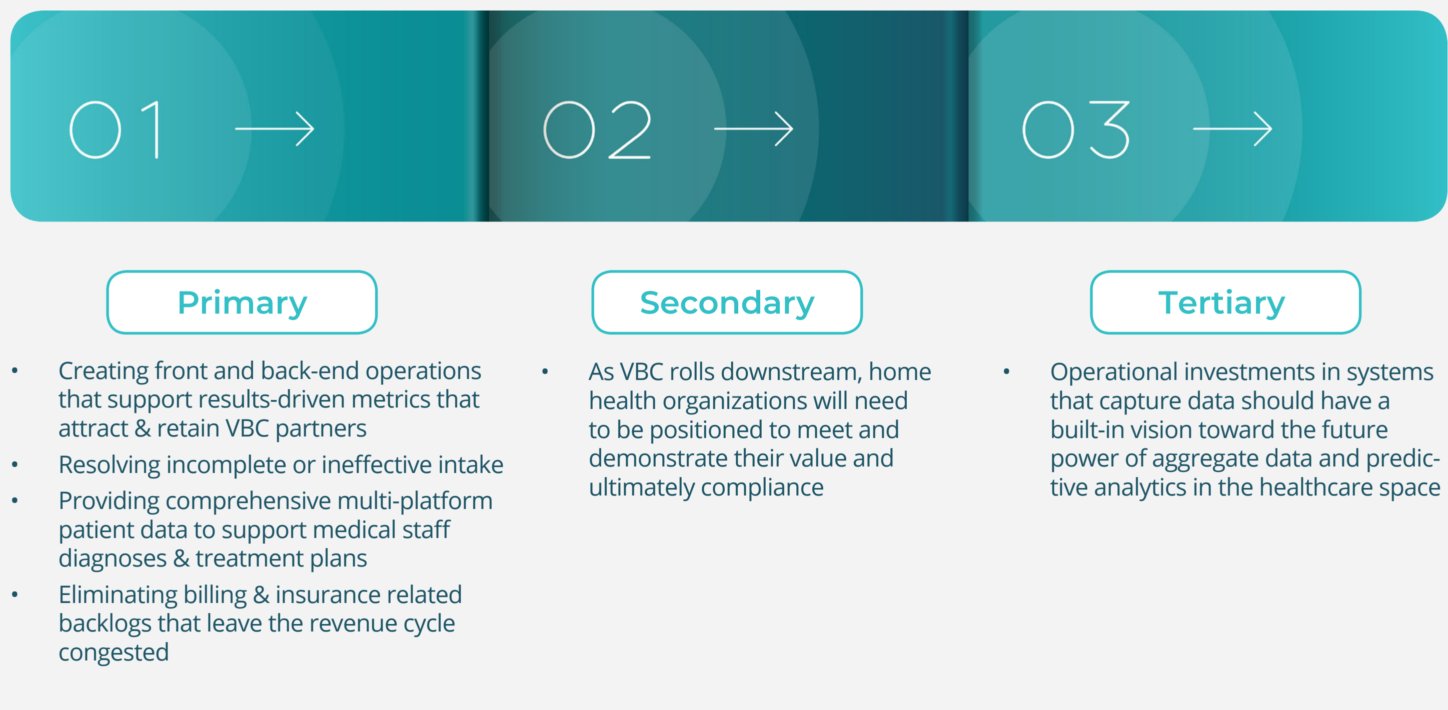
The Intersection of Performance, Outcomes and Value

Savvy home health care organizations will make operational investments that satisfy the prescient issues of PDGM, pave the way for future operational changes such as value-based reimbursement, and anticipate a unified payment system. Value-based care requirements for acute care providers will dictate new expectations for post acute organizations. While creating more accountable and positive outcomes for patients and health providers, quality metrics will be required from post-acute entities to demonstrate value.

Across the continuum — from payor expectations to patient expectations — the value benchmark translates into something broader: a need for leaders to create nimble agencies that leverage data to satisfy and exceed rising internal and external expectations.

"The focus on value is a wonderful opportunity. It is reinforcing the notion that change is constant and it demands leaders who will develop strategies that empower their organizations to adapt to change. The shift to value is helping organizations identify challenges it needs to address in order to remain solvent for the long-term. And, once those strategies are deployed, you need data to be able to measure performance," says Gina Mazza, Senior Vice President, Regulations and Compliance, Fazzi Associates. "And, really successful leaders are empowering their teams to act by making sure data becomes the right information, available to the right person at the right time," adds Mazza.

Data and Analytics: Primary, Secondary and Tertiary Applications



Meeting Patient Expectations

Consumers' expectations will also drive the necessity to have infrastructure that supports quantifiable success. Technologically-adept consumers expect and demand the ability to comparison shop, access information, and retrieve their records digitally — the essential elements that drove the emergence of value-based care.

"Payors want value, of course. But patients want value, too. And I believe, the future of healthcare is in the community. People want to age in place wherever they call home. The segment of the population now receiving home health services is well informed. They know data and they are tech savvy. Healthcare decision-makers are going to look at star ratings, they're going to read the statistics and review publicly reported outcomes," Mazza reminds.

Stronger ROI, Stronger Partnerships

The process to truly move away from the fragmentation associated with episodic, fee-for-service care will take some time. Today it's PDGM, tomorrow it's value-based reimbursement, and in the not-so-distant future, it may be a unified payment model. However, the critical moment is now when post-acute providers must begin to identify areas for alignment and integration further upstream where they can have a positive impact on the cost and quality of a patient's care journey.

Using technology, data and analytics to address value-based reimbursement changes can and should result in something greater than just operational efficiency gains. Changes adopted to remain competitive for PDGM translate to value-based strategies and cultures that produce ROI in other ways. New reporting standards hold the potential to offer insight. Once armed with the ability to provide measurable proof of the quality and value of services, post-acute providers will be well-positioned to attract collaborative partners for future reimbursement models.

As Jason Goldwater, Senior Director at National Quality Forum, observes, "Not only should quality measurement give you information, but it should also show you the pathway for what you need to do to make corrections, if necessary, or to continue to be consistent in delivering quality and efficient care that will continually meet those measures."

The message is clear: it is essential that agencies get their operational, financial and clinical analytics in order and prove their value to acute and payor partners. As data volumes rise, agencies must choose technologies that quickly facilitate solid ROI on each of these fronts.

Organizational Readiness is Paramount

Strong operational leadership ahead of the curve will separate the field. Post-acute organizations that wish to emerge as strategic pillars should focus on procurement of technology platforms that enable their agencies to thrive under shifting operational demands and expanding market expectations. Agencies must learn to leverage analytics that show proof of not just meeting, but surpassing, expectations of potential value-based partners.

"Home health should be a strategic partner for risk-bearing entities. If you haven't invested in these types of capabilities, these technologies, why would a risk-bearing entity want to talk to you? What can you provide other than a visit? That's a commodity. You have to demonstrate you can be more than just a reliable visitor to the home or you're going to lose your seat at the table," advises Wood.

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About Forcura

Forcura, a leading healthcare technology company headquartered in Jacksonville, Florida, facilitates continuity of care via technology, analytics and a deep commitment to enabling better patient care. The Forcura suite of tools is powered by Forcura Connect, a proprietary framework for standardizing interoperability and integration among post-acute health care organizations, physicians, electronic health records (EHRs) and other supporting technology vendors. Through our technology and analytics solutions, we are a step closer every day to elevating the opportunities of post-acute care. The company has received awards for Fastest Growing Company for the fourth consecutive year, Best UI/UX Design in SaaS, and Best Places to Work by Inc. Magazine.

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