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# MAKING THE CASE FOR
# POST-ACUTE REGULATIONS

Regulations are like death and taxes – inevitable. However, with the right attitude and a little work, they can help drive organizational excellence.

**Here's How    >**

# Section One:
## Introduction

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# Introduction

There's a saying that the more things change, the more they stay the same. This adage, however, does not apply to the home health and hospice world. With new regulations constantly being proposed, commented on, and implemented, executives, providers, and back office staff may feel like they are in a constant state of flux. Many are simply overwhelmed by constant process changes. After all, they know they must comply with regulations completely, but making that happen can be daunting. However, the providers that navigate these new regulations successfully and think beyond the initial integration phase can achieve big benefits, cost savings, and better patient satisfaction and outcomes.

## THIS SECTION WILL DISCUSS:

Why regulations are constantly changing (Reducing fraud, improving program integrity, etc.)

The kinds of burdens (staffing, documentation, collaboration) they put on an organization

Agency examples that demonstrate the business problems that organizations are constantly having to solve

# Chapter One:
## What's With All the Changes?

Learn More

# What's With All the Changes?

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This past year was eventful for the home health and hospice industry as dozens of regulatory changes were announced that address compliance and reimbursement. Some regulations such as a case-mix system called the Patient-Driven Groupings Model (PDGM) won't be adopted until fiscal year 2020. Others, like the Centers for Medicare and Medicaid Services (CMS's) Conditions of Participation (COPs) are in effect and challenging agencies today. While home health and hospice agencies may view new regulations like a child views broccoli -- unpalatable and boring -- like vegetables, regulations are both healthy and necessary for the evolution of the industry.

Handled correctly, regulations keep patients safe, boost quality of care, and improve collaboration and communication between disparate care providers, explains Andrea Devoti, executive vice president for the National Association for Home Care & Hospice (NAHC).

For example, CMS in August 2018 released the final Advanced Copy of the HHA Interpretive Guidelines associated with the new Conditions of Participation (CoPs) for home health agencies. Those guidelines were adopted in January, and it took another eight months to put the 78-page summary into writing. The CoPs for home healthcare agencies in particular focus on improved patient outcomes, a reduction of hospital readmissions, and fewer medical errors.

"Home health unfortunately does have a lot of fraud, so we're seeing regulations relative to that. Also, we're seeing a lot of improper payments. Yes, you're seeing improper payments with all of the provider types; home health is not alone, but home health does have some specific issues with improper payments. Now we have regulations and policies to try to correct that," explains Devoti. This can only help the industry as a whole.

One executive agrees. "I view new regulations as an opportunity," explains Rachel Manchester, Chief Nurse and Director of Clinical Quality Home Health with Providence Home and Community Care. "As an agency we view every new regulation as a way to improve patient care and use it to get ahead of the competition. Regulations help us improve processes, keep patients safer, and improve our patient satisfaction rate."

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# Chapter Two:
## The Burden of Change

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# The Burden of Change

Taken individually, new regulations can be daunting targets, but as a whole they cause anxiety for most agencies. CoPs are a good example. The revised COPs were designed to reduce fraud, improve program integrity, and – most important – help home health providers improve patient outcome and satisfaction. However, the updated ruling adds a time element that speeds up the entire intake process. It also puts quality indicators into effect, defined as "specific, valid, and reliable measures of access, care outcomes, or satisfaction or a measure of a process of care." In addition, patients and caregivers need to sign off on plans of care and all paperwork must be "legible, clear, complete, and appropriately authenticated, dated, and timed."

"It's very burdensome," says Devoti. "You now have to get people who understand what the changes are. You have to figure out what you need to do for compliance. Do you change operations? New regulations often require changes in operations and processes and they often require additional staff depending on what's happening."

There's also a learning curve for every new regulation, which can be expensive as well as disruptive. Agencies must get employees on board with new processes, creating workflow and putting new policies into place. Education is key, but it requires time, money, and effort – all of which can be in short supply at smaller and mid-sized agencies.

Consider Review Choice Demonstration, a regulation that CMS in May announced it would be revisiting and expanding to Illinois, Ohio, North Carolina, Florida, and Texas. Agencies are understandably nervous about the regulation since they may believe it will require them to jump through multiple hoops before reimbursement. While it's true that the regulation will create a need for better documentation as well as better collaboration and communication internally and externally, these processes have the potential to improve patient care and satisfaction. Agencies may also assume that they will need to hire more staff to deal with the additional paperwork and documentation, purchase software and services to track paperwork and documentation, and implement hours of training for existing staff. Thankfully, this isn't the case -- as long as you've got the right technologies and processes in place.



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Save time, money and deliver better patient care. Forcura's Document Workflow solution allows you to integrate all digital and physical documentation in one place for better informed decision-making. Manage and track all of your outstanding orders, referrals, labs, and other documents in one cloud-based platform.

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**"One concern that has a basis in truth is the fact that regulations often affect how caregivers and administrators deal with patients and their caregivers, too, since they have to explain to them how care is changing and why."**

One concern that has a basis in truth is the fact that regulations often affect how caregivers and administrators deal with patients and their caregivers, too, since they have to explain to them how care is changing and why. Jackie Dukes, vice president of innovation and efficiency at CHI Health at Home says this process isn't necessarily the easiest thing, either.

"We take care of an elderly population. If I am my mom's power of healthcare attorney, it's helpful to me to have somebody say, 'We're not going to see her anymore three times a week, we're only [coming] two times a week and this is what we're doing' and tell them why medically as well as financially." Agencies must explain not just what's happening but why it's happening, she says.

# Chapter Three:
## Turn Regulation into an Advantage

Learn More

# Turn Regulation into an Advantage

At the end of the day, new and evolving regulations will always be a part of the healthcare industry. In order to thrive, home health and hospice providers must consider being proactive rather than reactive. Agencies that look ahead, understand a regulation's intent and choose early adoption of that regulation rather than waiting until the very last minute to comply may find that their early focus and efforts become a competitive differentiator. The reason is clear. Getting ahead of the curve and staying ahead often leads to improvements in patient care and satisfaction and improves the bottom line, say agency executives.

CHI Health at Home, the managing entity for home-based services for Catholic Health Initiatives, for example, improved its patient care once it embraced electronic documentation, which CMS now requires. As a result, the organization has transparency into all operations that relate to document signature. Having signatures and documents in digital form also means employees don't have to wade through papers to find a specific patient record. Everything in the patient's EHR can be quickly searched and accessed.

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**CHI Health**

Consider the fact that patient recordkeeping used to be laborious and had a high potential for loss and theft. However, the advent of meaningful use in 2014 and the move to electronic health records (EHRs) democratized healthcare and made it easier for agencies to analyze, track, annotate, and share patient records. It also reduced the numbers of paperwork errors, improved patient privacy and information security and made it easier to store patient data. Finally, it put medical records directly onto a care provider's device, including tablets, mobile phones, and laptops. This, in turn, improved patient care since doctors and caregivers have all of a patient's records in one place. From an administrative standpoint, EHRs shortened the billing process and made it easier for caregivers and employees to provide necessary documentation.

Electronic documentation has done all this and more for CHI Health at Home. For instance, now the agency has fewer silos, a byproduct of enhanced documentation. With additional digitized documentation, patient caregivers and agencies are always on the same page. There are fewer mistakes due to handwriting errors or transposition. Not to mention that fewer patients fall through the cracks waiting for care due to the new accelerated documentation deadlines. Finally, staffers aren't wasting time running around getting signatures manually, an endeavor that keeps many providers waiting in doctor offices and driving around town.

## "[Regulation] made us a leaner agency," she explains. "It makes our operation much more fluid. We can more easily ferret out mistakes and problems, we're more proactive, and it just makes us a better agency,"

Baton Rouge-based agency Amedisys achieved such improvements once it embraced the additional documentation required by the CoPs. Almost immediately, that need for additional documentation and adherence to regulations increased communication between the agency's nurses and the patients' primary caregivers, says Caroline Conwell, director of Business Transformation at Amedisys. Now, nurses have more conversations with physicians and are able to address issues that come up immediately as well as alert doctors about potential issues. In fact, the agency's re-hospitalization rate went down, and customer complaints are down, too, improving the bottom line. Conwell says it's because hospitals and caregivers – who must keep re-hospitalization rates low  – will always choose an agency with a lower re-hospitalization rate over one with a higher one.

Another financial benefit: Agencies that follow new regulations receive faster reimbursements, have fewer outstanding invoices, and achieve better audit results. Kim Gaffey, CEO and founder of Gaffey Home Nursing & Hospice Inc. says embracing pre-claim review helped her organization's affirmations go from 60 percent to 100 percent. It also shaved 15 days off of the entire intake process, she says, which means account receivables come in faster, too.

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# Chapter Four:
## How Technology Is an Enabler

Learn More

# How Technology Is an Enabler

Agencies looking for some help with new regulations quickly learn that communication, quality of care, and training and education all improve when there is a technical component in place. In fact, many early adopters and industry experts say that there are simply some elements of regulation that must be addressed with technology such as order tracking and referrals.

"[Agencies] definitely need to have an order management and tracking system in place," says CMS expert Diane Link, COO at Curaport and owner and consultant at Link Healthcare Advantage. "Especially if your EHR isn't strong in this area. You need to be able to track when you're sending your documents out to Palmetto for [Review Choice Demonstration] review. The other thing [technology is crucial for is] the ability to have a physician sign orders through a portal, so you have a quicker turnaround."

Simply adding technology doesn't help, though. Agencies implementing new regulations can see benefits with technology only they keep security and privacy regulations such as HIPAA (Health Insurance Portability and Accountability Act) in mind. They must also make a conscious choice to embrace and implement technology. Both of these steps should be preceded with an evaluation. As an agency, business and IT executives should look at which of their processes give them the most trouble -- whether from a personnel, time-management, or documentation perspective -- and consider which solutions can help.

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Dr. Robert Rosati, the chair of the Connected Health Institute and VP of Data Research and Quality at VNA Health Group says his organization went through this exercise, figuring out quickly that they received the most complaints about the speed of patient care -- how long it takes for a nurse to get out to a patient for a first visit, he explains. Time to visit depends on how quickly information is brought into an agency and how fast a referral can be accepted.

Document scanning and management is something that can help, and most agencies find that such an implementation is typically an easy technology win since the software and processes are simple to implement and intuitive to use. So much so that document scanning is becoming a given in the home healthcare and hospice industry. With so many agency employees working out in the field and the continued proliferation of paper, a document scanning application helps eliminate manual faxing and allows agencies to capture data that's required without the need to make a special trip to the main office. This is especially important when the items in question are documents such as healthcare proxies, medication lists, and discharge papers that should never leave the patient's home.

By the same token, secure communication between team members is another table stakes offering that is improving patient care significantly. Nurses, physicians, and others in the field can share messages, images, and documents with each other and the back office. And, since messages can be captured and stored, too, those conversations instantly and seamlessly become part of the patient EHR and shapes future care.

Both of these technologies become the pillars of future offerings. Once data is stored electronically, agencies can add analytics to spot trends, avoid mistakes, and educate hiring and scheduling based on historical and patient data. They can share information with other providers, improving patient care. Finally, they can be ready to take on any new regulations as well.

# Chapter Five:
## How the Right Technology Vendor Can Help

Learn More

# How the Right Technology Vendor Can Help

After an agency has identified the right process to optimize the adherence to new regulations, the right technology vendor can have a tremendous impact on achieving results better, faster, smarter. When agencies decide to move ahead with technology that addresses new regulations, it's imperative that they choose the right vendor. The decision starts with a careful vetting process. Since so much of the data and information that is captured and created contains personally identifiable information, security and HIPAA-compliance is a must. A vendor should be able to demonstrate their commitment to security by adhering to industry standards and building security into whatever hardware, software, or services they provide. For example, in the case of secure communication nothing should live on the actual user's device, and everything should be encrypted before it is transmitted. It's worth asking your vendor about their security and certifications since -- in the past -- there have been several vendors that were fined by the government for falsifying records.

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You'll also want to consider interoperability. Although interoperability standards are still in the works, there are some already in place. However, even those vendors that aren't integrating standards should be doing the groundwork today so they are prepared to interoperate with other technologies and vendors. In addition, stand-alone product vendors should have relationships in place with the major EHR providers and be working to integrate with those suites.

Finally, user interface and user training should be part of the initial RFP discussion. How easy is a particular vendor's offering to install and use? What does the UI look like? Is it intuitive? What kind of technical and user support does a vendor offer? Is education and training built in or offered as a separate service? How about integration and customization? Does the vendor offer either – or both – to make your IT journey easier?

Choosing a the right technology can happen only after an agency understands the new regulations and has evaluated and built a plant that optimizes its internal people and processes. Technology is the supporting leg of a triangle that can turn regulations into a real competitive advantage. It's also a big part of the net that holds up the people agencies are there for -- the patients -- says NAHC's Devoti.

"We're starting to get everyone to realize that the people we're taking care of are the people that need to be the focus. Not what the federal government wants. Not what CMS wants. "And not what our agencies want," she says. "This is our time to really soar. Technology has gotten us to the point where you can do things at home and it all fits in your pocket."

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We like watching our customers help patients because helping customers is a way of life here at Forcura. We spend much of our time assisting our agency customers, figuring out what they need and how they can best achieve their goals. Training and integration is a big part of that. We can be hands-on or hands-off, but either way we love it when we see our customers using regulations as a way to improve their own businesses. Most important, we love seeing patients benefit from the intersection between regulations, customer processes, and our technology.

Our services and offerings are a big part of the customer journey, and can help agencies tackle new and existing regulations. Security is a big part of that work and has been since the beginning. Everything we sell is HIPAA-compliant and uses two-factor authentication as well as end-to-end encryption and Secure File Transfer Protocol so that patient data is protected. Device-side security is also taken into account. Nothing is stored on user devices, which can be additionally protected by fingerprint authentication.

Finally, our applications have built-in integration with a wide variety of EHRs and – in January 2018 – we released the Forcura Connect framework. Connect is a framework for standardizing interoperability and integration between home health and hospice organizations, physicians, electronic health records (EHRs) and other supporting technology vendors. At its core, the Connect framework uses APIs that help unite disparate technologies so they can share data and records bi-directionally. This helps agencies bring patient data directly into the EHR, getting patients into the system in near real-time and improving patient care and satisfaction.