

# HHVBP: QAPI Strategies to Help You Thrive in the New Payment Era

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MedBridge, and Andy Guarnera, Director of Product Management,  
Data Analytics Homecare Homebase*



**MEDBRIDGE**

# Today's Presenters



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*Head of Clinical Strategy*  
MedBridge



Andy Guarnera

*Dir. of Product Mgmt, Data Analytics*  
Homecare Homebase

# Learning Objectives

1. Outline the impact that accurate documentation has on HHVBP
2. Understand how to assess your agency's current performance
3. Map out steps to improve outcomes within your agency
4. Explore digital tools that will keep staff engaged in outcomes improvement initiatives
5. Review the latest from CMS on the HHVBP model

# VBP Basics

# What Is VBP?

- Original **Value-Based Purchasing** model was piloted in nine states starting in 2016
- CMS is expanding VBP nationwide to **all Medicare-certified HH providers starting in 2023**
- VBP rewards better outcomes and patient satisfaction by applying a **revenue adjustment** of up to **±5%**

# Why VBP?

- “Focus on **patient outcome** and **functional status, utilization, and patient experience.**”<sup>1</sup>
- Medicare observed<sup>2</sup>
  - **Total Performance Scores were 8% higher in HHVBP pilot states**
  - **Reduction in unplanned hospitalizations and ED visits**
  - **\$605M (1.3%) reduction in cumulative Medicare spending** between 2016 and 2019, driven primarily by reduction in inpatient hospital stays and SNF spending

1. CMS CY2022 proposed rule, page 103

2. Findings From Fourth Annual Report Published May 2021

# VBP Years

## Baseline Year

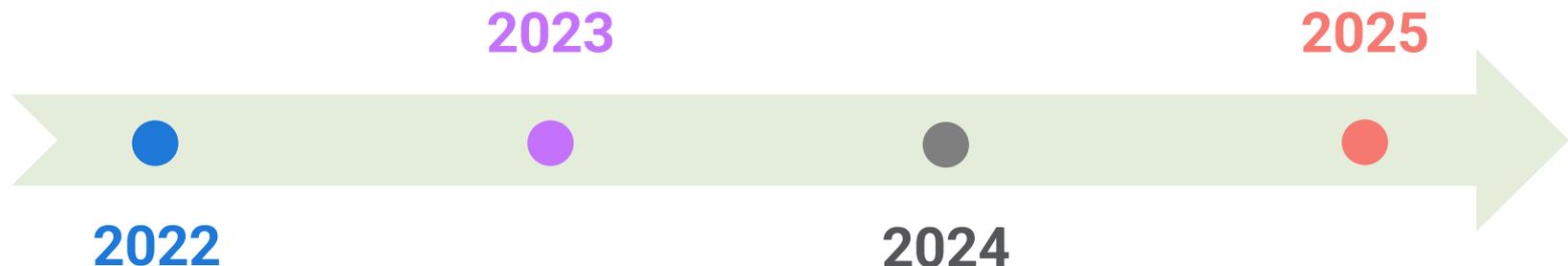
Basis from which each provider's performance will be measured for purposes of calculating achievement and improvement scores

## Performance Year

Calendar year during which data are collected for the purpose of calculating peer performance on the VBP measures

## Payment Year

Calendar year in which the applicable percent adjustment to revenue applies



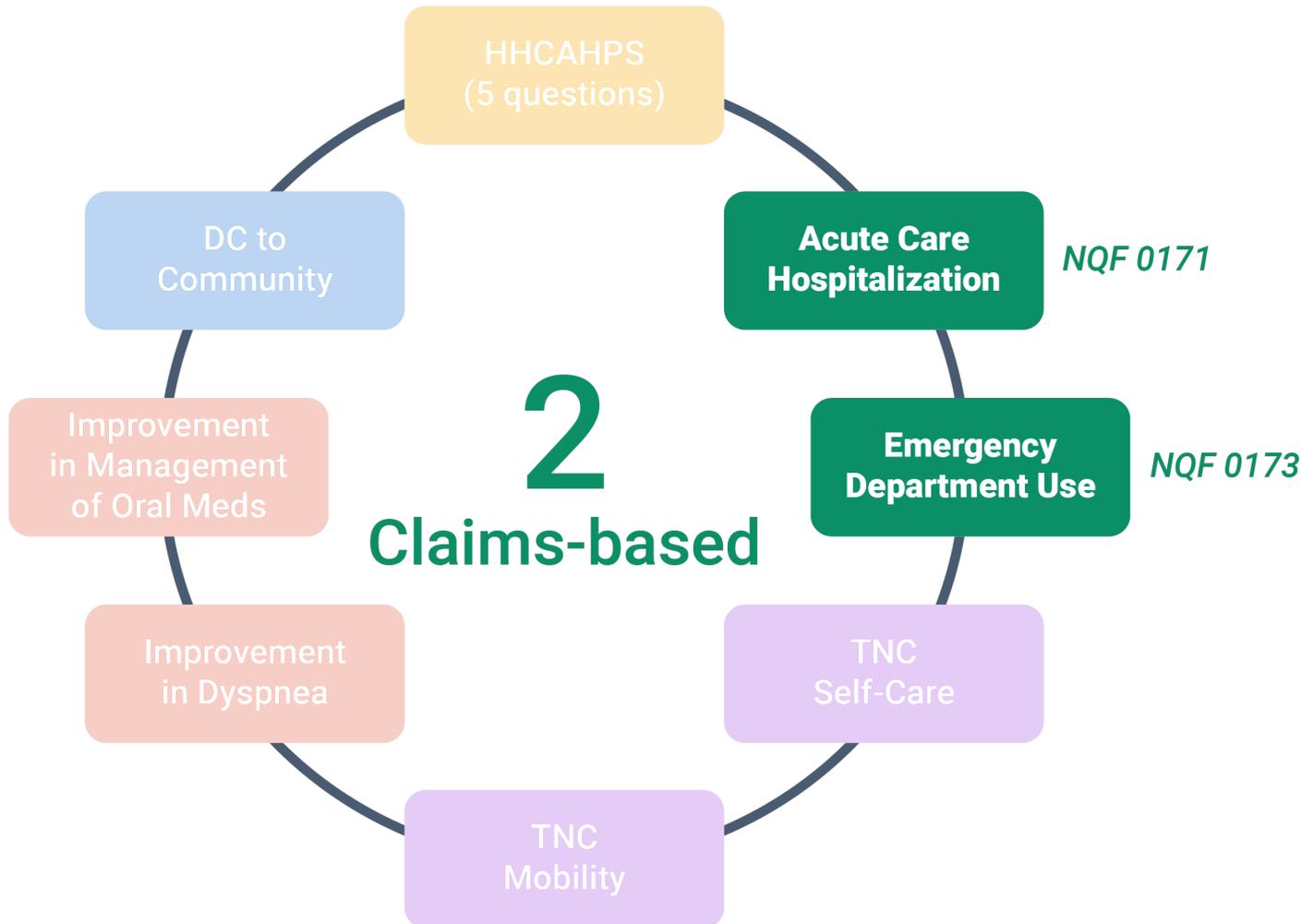
# VBP Quality Measures



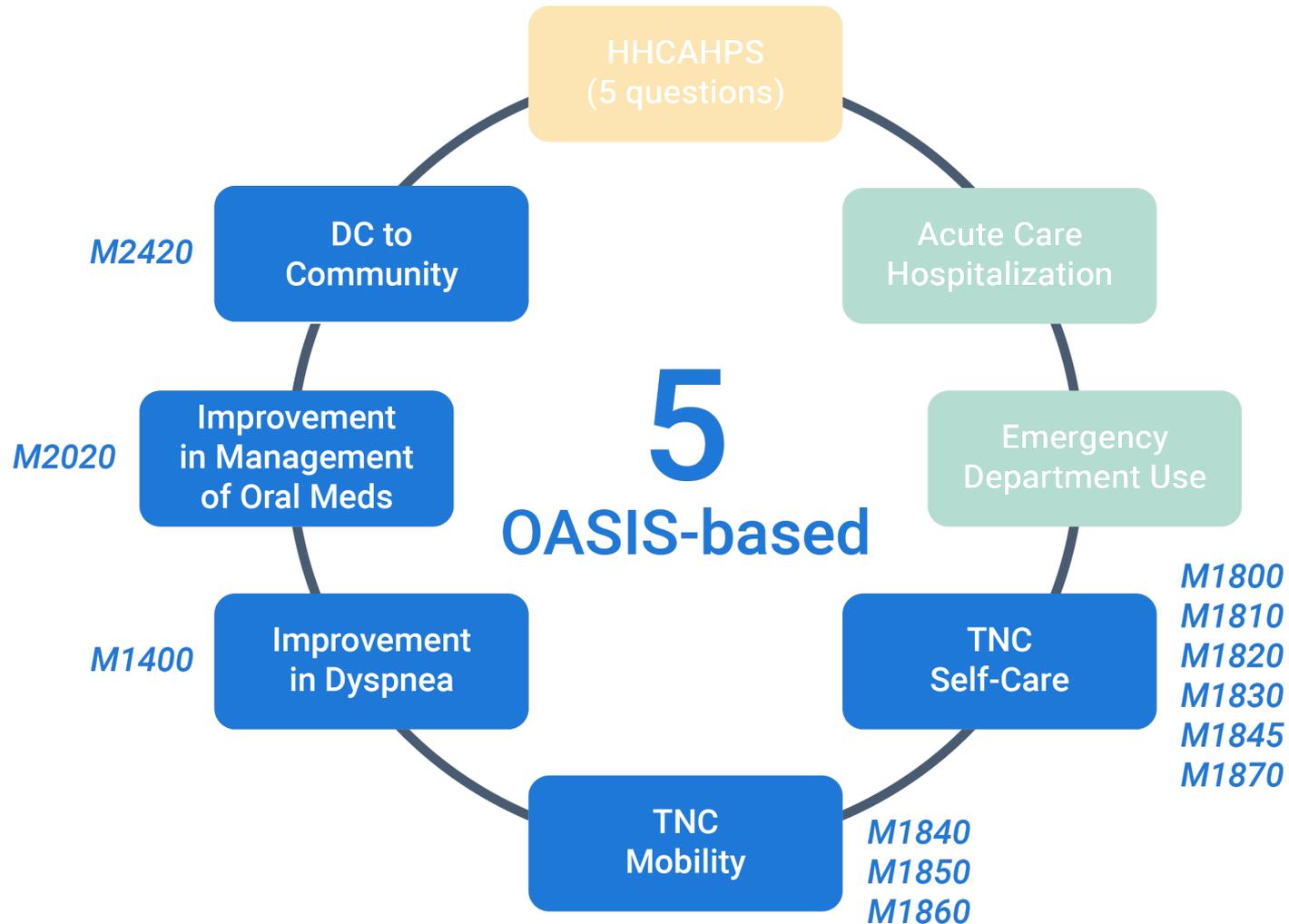
# VBP Quality Measures (cont.)



# VBP Quality Measures (cont.)



# VBP Quality Measures (cont.)



# TNC Overview

- TNC stands for Total Normalized Composite
- Two new measures
  - **TNC: Change in Mobility**
  - **TNC: Change in Self-Care**
- These measures “**capture the magnitude of change** (not just improvement) in multiple OASIS items. Therefore, they **reward efforts to improve patients** who are less independent at start or resumption of care, as these patients have a greater opportunity for higher TNC measure scores. Normalization accounts for the variation in the number of response options on the applicable OASIS items for each TNC Measure.”<sup>1</sup>

1. <https://www.maxwellhca.com/resources/wound-management-and-home-health-value-based-purchasing-strategies-for-success>

# TNC Overview (cont.)

## TNC Mobility (3 OASIS questions)

- M1840 - Toilet Transferring
- M1850 - Bed Transferring
- M1860 - Ambulation/Locomotion

## TNC Self-Care (6 OASIS questions)

- M1800 - Grooming
- M1810 - Ability to Dress Upper Body
- M1820 - Ability to Dress Lower Body
- M1830 - Bathing
- M1845 - Toileting Hygiene
- M1870 - Eating

# Two Cohorts Nationwide

**Large**

≥60 annual  
patients

93% of providers\*  
>99.5% of patients\*

**Small**

<60 annual  
patients  
No HHCAHPS

\* Stats are based on providers using Homecare Homebase (~36% of all HH Medicare claims annually).

# VBP Scoring

# Scoring: Performance and Targets



# Scoring: Performance and Targets (cont.)

## Improvement Score

Comparing **Performance** to **Improvement Threshold** and **Benchmark**

## Achievement Score

Comparing **Performance** to **Achievement Threshold** and **Benchmark**

Each measure score is based on the *highest* of **Improvement Score** and **Achievement Score**.

# Scoring: Performance and Targets (cont.)

## Improvement Score

$$9 \times \left( \frac{\text{Performance} - \text{Improvement Threshold}}{\text{Benchmark} - \text{Improvement Threshold}} \right)$$

## Achievement Score

$$10 \times \left( \frac{\text{Performance} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right)$$

# Scoring: Performance and Targets (cont.)

## Improvement Score

$$9 \times \left( \frac{\text{Performance} - \text{Improvement Threshold}}{\text{Benchmark} - \text{Improvement Threshold}} \right)$$

## Achievement Score

$$10 \times \left( \frac{\text{Performance} - \text{Achievement Threshold}}{\text{Benchmark} - \text{Achievement Threshold}} \right)$$

Performance	72.345
Improvement Threshold	67.583
Achievement Threshold	62.792
Benchmark	95.378

# Scoring: Performance and Targets (cont.)

## Improvement Score

$$9 \times \frac{(\text{Performance} - \text{Improvement Threshold})}{(\text{Benchmark} - \text{Improvement Threshold})}$$

$$= 9 \times \frac{(72.345 - 67.583)}{(95.378 - 67.583)}$$

$$= 9 \times \frac{(4.762)}{(27.795)}$$

$$= 9 \times 0.171 = 1.542$$

## Achievement Score

$$10 \times \frac{(\text{Performance} - \text{Achievement Threshold})}{(\text{Benchmark} - \text{Achievement Threshold})}$$

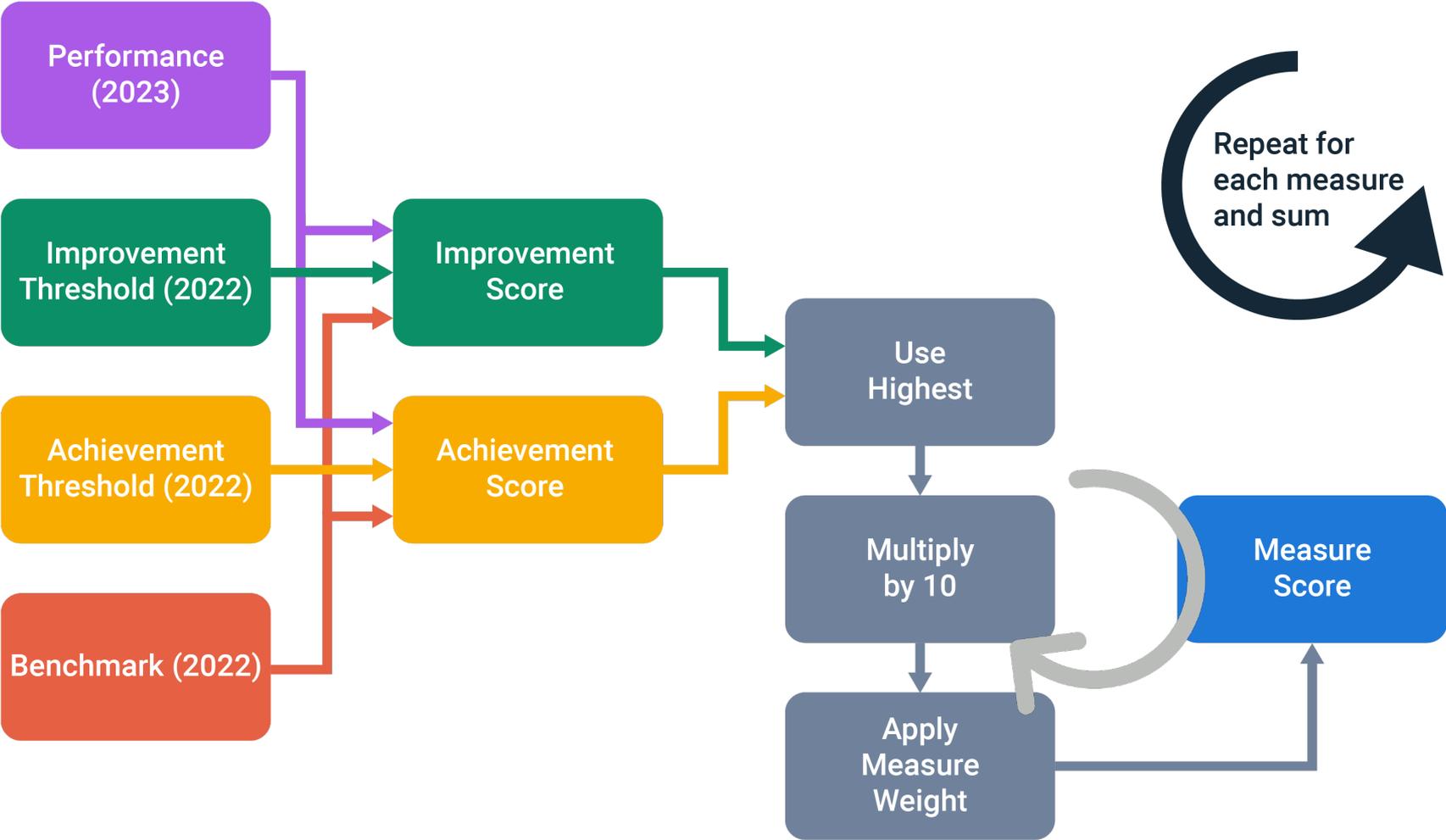
$$= 10 \times \frac{(72.345 - 62.792)}{(95.378 - 62.792)}$$

$$= 10 \times \frac{(9.553)}{(32.586)}$$

$$= 10 \times 0.293 = 2.932$$

**2.932** is used for measure since **2.932** > **1.542**

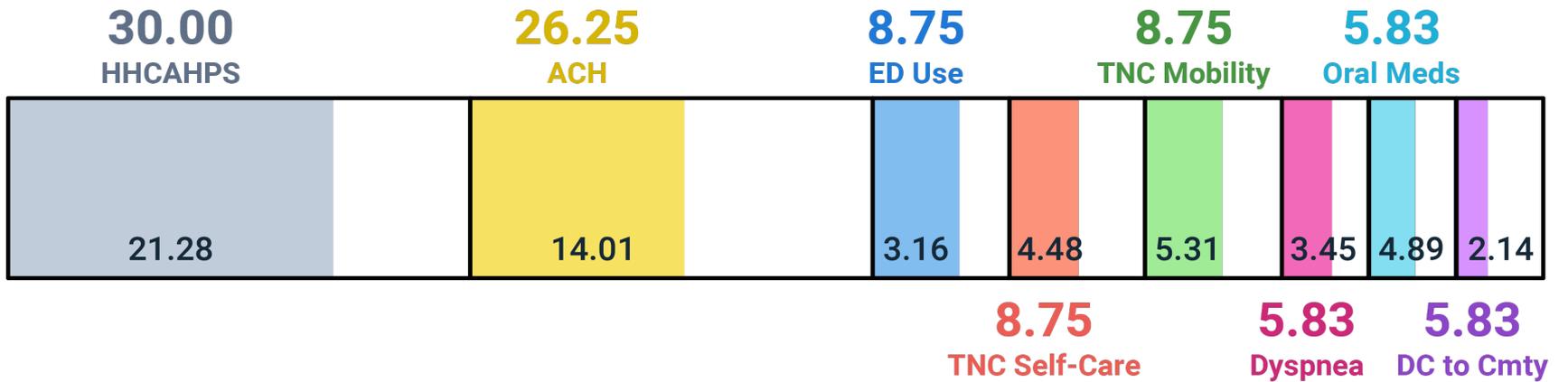
# Scoring: Calculation Flow



# Scoring: Final Steps



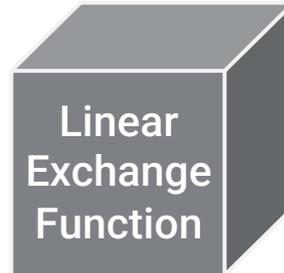
# Scoring: Final Steps (cont.)



58.72

# Scoring: Revenue Adjustment

**58.72**  
Final Score



**±5%**  
Revenue Adjustment

# Understanding Your Performance and Opportunities

# Understand Your VBP Performance

- Leverage data from your EHR
- Know how your agencies are **performing** against
  - **Improvement Threshold** (your past performance)
  - **Achievement Thresholds** (your peers)
  - **Benchmarks** (best agencies)
- **Focus** on opportunities for greatest improvement
- **Analyze** by provider (CCN)
- **Identify** most impactful clinicians

# Operational Visibility With HCHB Analytics

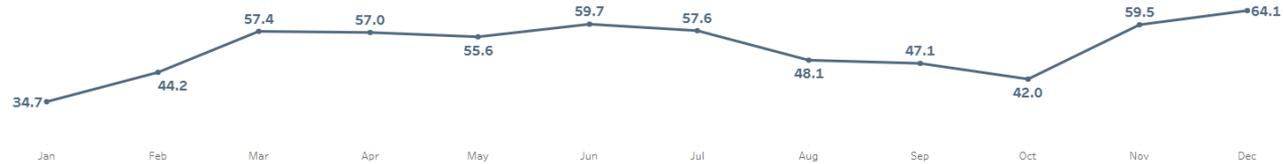
- Business intelligence platform, part of the HCHB solution
- Provides insights into operational, clinical, financial metrics and more
- Includes more than 200 role-based dashboards out of the box
- Agencies can build customized dashboards for their organizations



# Focus on Opportunities for Improvement

Summary | ACH | ED Use | TNC Self-Care | TNC Mobility | Dyspnea | Oral Meds | DC to Cmty | Branch Compare | Provider Size Reference

## Home Health Value Based Purchasing



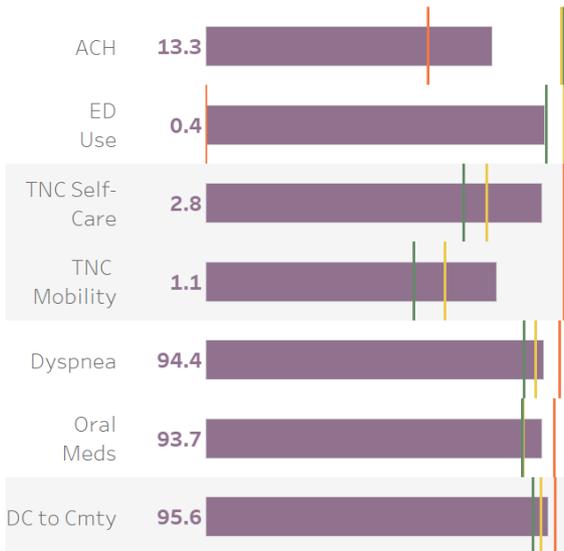
Branch Group  
(All)

Date Range  
 Current Year  
 Recent 12 Months

Jan 2022 - Dec 2022

### Performance vs. Targets

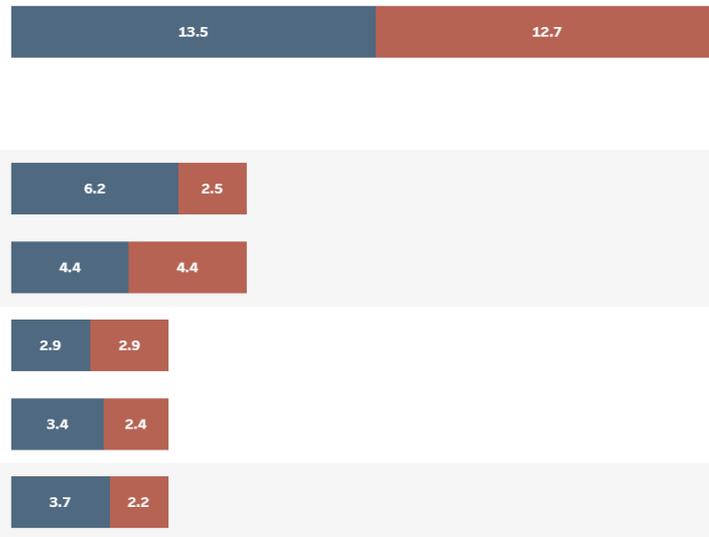
Improvement Achievement Benchmark



### Target Used



### Score vs. Opportunity



Use Calculated ED Use  
No

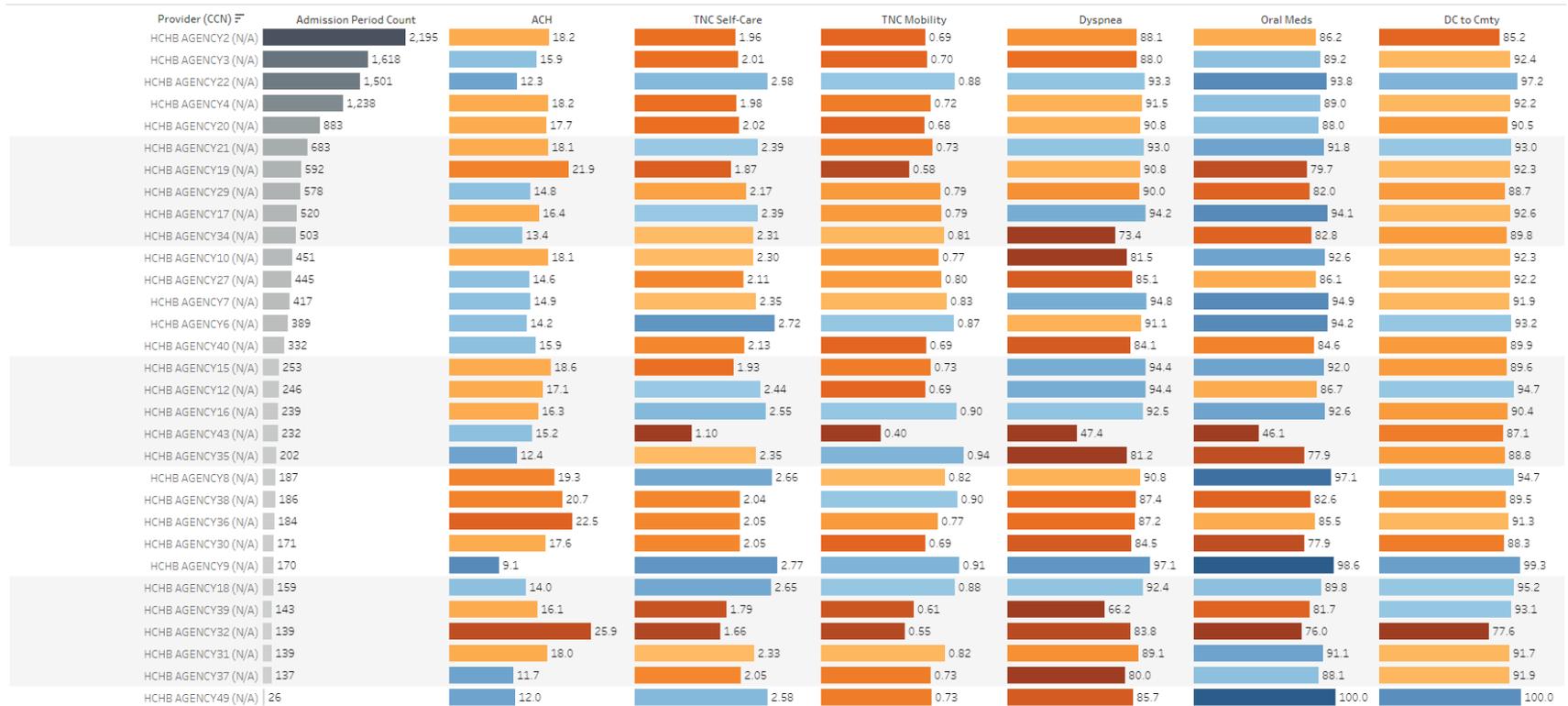
Est. ED Use Score  
4

Est. HHCAPHS Score  
15

Color Legend  
 Performance  
 Improvement Thre...  
 Achievement Thre...  
 Benchmark  
 Score  
 Score Opportunity

# Analyze VBP Opportunity by Provider

## Home Health Quality - Provider Compare



# Identify Most Impactful Clinicians

Home Health Quality - Clinician Compare (Dyspnea, December 2022)

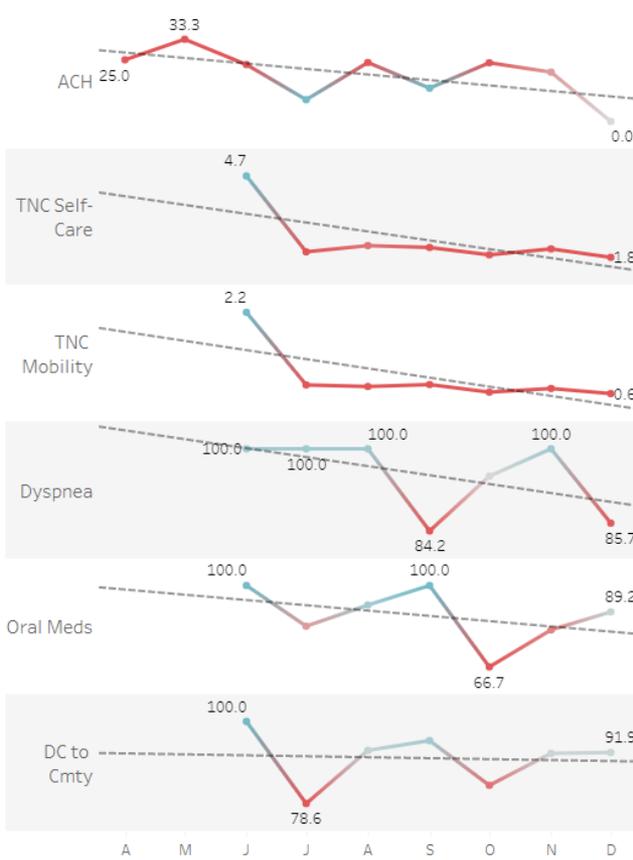
Clinician (Job Code)	Distinct Patients Served	Avg Relationship Strength	Overall Patient Impact Score	Observed Performance	Weighted Performance
TEEEZZTER, LUCILLE (OT)	35	59.1%	21	85.71	50.6
KINZZZGERY, EDNA (PT)	29	52.0%	15	75.86	39.5
KASZZZTEN, ALICE (RN)	37	34.9%	13	78.38	27.4
COTTZZZRELL, CLEMMIE A (PT)	23	51.6%	12	100.00	51.6
BRAZZZNSON, CORRINNE (PT)	18	64.8%	12	88.89	57.6
HUNGEZZZRFORD, ADRIAN (RN)	31	36.7%	11	87.10	32.0
GUENZZZTHER, DEBRA N (RN)	29	38.8%	11	79.31	30.8
DAZZZVIS, REBECA (RN)	25	44.4%	11	68.00	30.2
BOZZZND, ANGELINA (PT)	24	45.8%	11	75.00	34.3
PARZZZKER, ROSALEE (PT)	15	68.5%	10	86.67	59.4
ELLZZZIOTT, FLOYD (PT)	17	56.0%	10	100.00	56.0
DUZZZNN, MARIO (RN)	22	40.6%	9	90.91	36.9
MCCLZZZEERY, EDNA (RN)	21	42.3%	9	90.48	38.3
ANDEZZZRSO, ALMA D (RN)	21	42.1%	9	90.48	38.1
RIGZZZGINS, DOROTHY (RN)	14	62.7%	9	92.86	58.3
JANKZZZOWSKI, MARIE (RN)	17	51.6%	9	88.24	45.5
CROZZZMER, MARY JANE (PT)	14	62.3%	9	71.43	44.5
MOZZZORE, MARIAN (RN)	15	57.7%	9	93.33	53.9
CAZZZSEY, JULIET (RN)	21	40.8%	9	90.48	36.9
HIZZZNES, DANIEL (PT)	16	53.1%	8	93.75	49.8
SWEZZZNSON, MARI (RN)	16	52.0%	8	100.00	52.0
JOZZZNES, AUTIE (RN)	24	33.7%	8	83.33	28.1
CARZZZROLL, DAN (OT)	12	65.1%	8	75.00	48.8
NIZZZGH, LEONETTE (RN)	20	38.2%	8	85.00	32.4
KENZZZNEDY, MARY FERN (PT)	13	58.3%	8	76.92	44.8
BRZZZYAN, LOUIS (OT)	12	62.8%	8	75.00	47.1
PIERPONZZZT MURPHY, ANGELINE (OT)	15	50.2%	8	86.67	43.5
YOZZZES, MARIAM (RN)	16	46.6%	7	93.75	43.7

# Take Action to Improve VBP Opportunity



## Home Health Quality - Clinician Scorecard for TEEZZZTER, LUCILLE (OT)

### Observed Rate Trends



### Patient Relationships

December 2022

Patient (SOC)	Relationship Strength	ACH	TNC Self-Care	TNC Mobility	Dyspnea	Oral Meds	DC to Cmty
YOZZZES, MARVIN W (11/23/..)	78%	0	1.50	0.37	1	1	1
DOBZZZSON, MARIA (11/9/2..)	74%	0	1.87	0.87	1	1	1
OCOZZZNNOR, NORA A (10/2..)	73%	0	1.83	0.62	1	1	1
FIAZZZBEMA, MARCIA (12/5..)	73%	1	0.00	0.00	0	0	0
PHERZZZRIBO, MARVIN B (1..)	73%	0	0.00	0.50	-1	-1	1
FOWZZZLER, MARGARITA W ..	73%	1	0.00	0.00	0	0	0
CIUZZZLLO, ROSINA (10/28/..)	73%	0	1.20	0.37	1	1	1
LEHNBZZZERGER, MARINA E..	72%	0	2.00	0.78	1	1	1
ARMSZZZTRONG, MARIA F (...)	72%	0	3.20	0.98	1	1	1
MOZZZDIN, EULA MAE D (8/2..)	72%	0	2.87	0.98	1	1	1
TRAZZZINEE, GEORGIE E (9/..)	71%	0	1.83	0.37	1	1	1
BURZZZROUS, MARTHA J (8/..)	71%	0	-2.23	-1.60	-1	-1	-1
SMZZZITH, RICARDO L (10/2..)	66%	0	1.37	0.20	1	-1	1
HEIZZZMANN, MARIO A (10/..)	65%	0	3.00	0.98	1	1	1
CAZZZRR, DON'T KNOW (8/1..)	64%	0	2.23	0.53	1	1	1
JAKZZZUBOW, DORVAL S (11..)	62%	0	1.87	0.98	1	1	1
DUAZZZRTZ, CARROLL (7/4/..)	61%	0	1.50	0.62	1	1	1
NIEZZZHUSS, MARY (10/27/..)	60%	0	0.53	1.07	0	1	1
HITCZZZHCOCK, CARMELYN ..	54%	0	3.00	0.82	1	1	1
WISZZZEMAN, JACINTA (12/..)	54%	1	0.00	0.00	1	1	-1
QUIZZZGLE, MARGARITO (...)	54%	1	2.37	1.15	0	1	1
RICHZZZMOND, WILFRED E (...)	53%	0	0.87	-0.92	1	1	-1
LYZZZLE, MARIAN (10/15/22)	52%	0	2.20	0.53	1	1	1
WYZZZLY, WARD (12/1/22)	52%	0	3.03	1.57	1	1	1
PIMZZZBER, CARMELITA (11..)	52%	0	2.20	0.98	1	1	1
WEZZZNTZ, DONIVAL (11/17..)	52%	0	2.50	1.15	1	1	1
COZZZOK, MARSHA	51%	0	1.17	0.37	1	1	1
ÁGÖSZZTONI, ANGELINE A	51%	0	1.07	0.37	1	1	1
MASKUSZZZ-DRIVER, MARIL..	51%	0	3.03	0.82	1	1	1
MOZZZORE, MARC	51%	0	1.70	0.62	1	1	1

Provider (CCN)

(All)

Clinician (Job Code)

TEEZZZTER, LUCILLE ...

# Take Action to Improve VBP Opportunity (cont.)

Home Health Quality - Patient Scorecard for **RICHZZZMOND, WILFRED E (10/23/22)**



1 ACH	0.87 TNC Self-Care	-0.92 TNC Mobility	1 Dyspnea	1 Oral Meds	-1 DC to Cmty	Provider (CCN) <input type="text" value="(All)"/>
						Patient (SOC) <input type="text" value="RICHZZZMOND, WIL..."/>

### Clinicians by Relationship Strength

TEZZZTER, LUCILLE (OT)	52.8%
KENZZZNEY, EDWARD (P..)	50.8%
KREZZZMKAU, CARMELLA ..	32.2%
SIPZZZPLE, GILBERTE (RN)	24.6%

### TNC OASIS Breakdown

TNC Self-Care Component	M1800 - Grooming	0.33
	M1810 - Dress Upper	0.33
	M1820 - Dress Lower	0.00
	M1830 - Bathing	0.00
	M1845 - Toileting Hygiene	0.00
	M1870 - Eating	0.20
	<b>Total</b>	<b>0.87</b>
TNC Mobility Component	M1840 - Toilet Transferring	-0.75
	M1850 - Bed Transferring	0.00
	M1860 - Ambulation/Locomotion	-0.17
	<b>Total</b>	<b>-0.92</b>

# Implementing Performance IMPROVEMENT Strategies for VBP

# Best Practice for Performance Improvement

## Questions to Ask Before Implementing a Plan

- **Who/What** has any direct and indirect influence on the performance metrics?
  - **Hint:** it's not just your clinicians
- **What** is the most impactful way to remediate or improve performance of each of the influencers?
  - One-size-fits-all isn't always the best strategy
  - Blend enhancements of **people, process,** and **technology**
- ***Do you have the right tools to implement a successful plan?***

# Implementing Performance Improvement Strategies for VBP

## Step 1: OASIS Accuracy for All Staff

**OASIS-E Onboarding Course Series**  
Our recommended package of onboarding OASIS courses provides an overview of OASIS data collection and its impact on patient care and agency performance.

**All Courses in Series**

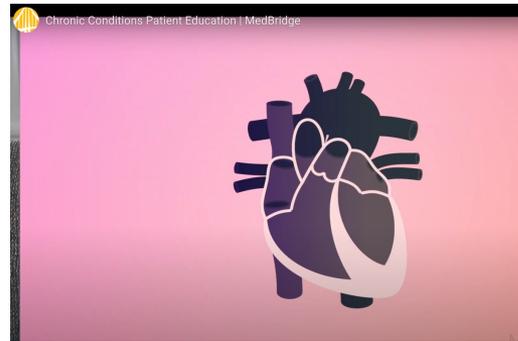
- OASIS-E: Introduction to Key Concepts (34 min)
- OASIS-E: Section A (26 min)
- OASIS-E: Sections B and C (34 min)
- OASIS-E: Section D, E, and F (24 min)
- OASIS-E: Section G (62 min)
- OASIS-E: Section GG (49 min)
- OASIS-E: Sections H, L, J, and K (38 min)
- OASIS-E: Section M (39 min)
- OASIS-E: Sections N and O (37 min)
- OASIS-E: Transfer- and Discharge-Specific Items (48 min)
- ★ OASIS-E: Putting Knowledge into Practice (2 hrs 12 min)

**Instructors**

Cindy Krafft  
PT, MS, HCS-O



## Step 2: Better (Chronic) Condition Management



## Step 3: HHCAHPS and Customer-First Approaches

Patient	Response	Patient	Response
1	7	1	Definitely yes
2	8	2	Probably no
3	5	3	Definitely yes
4	9	4	Definitely no
5	10	5	Probably yes
6	9	6	Definitely yes
7	6	7	Definitely yes
8	5	8	Definitely no
9	10	9	Definitely yes
10	10	10	Probably yes
(5/10=50%)		(5/10=50%)	

# Step 1A: OASIS Accuracy for New Hires



## Full OASIS Course Series

Prepare your team with our refreshed full course series for OASIS-E, featuring new patient demonstrations.

*6 hours*



## Case Scenarios

Help clinicians apply their knowledge and practice scoring OASIS items with demonstrations and quizzes.

*10 minutes each*

### OASIS-E: Section A

presented by Cindy Krafft, PT, MS, HCS-O



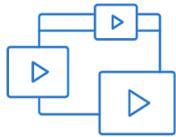
### OASIS-E: Section GG

presented by Cindy Krafft, PT, MS, HCS-O



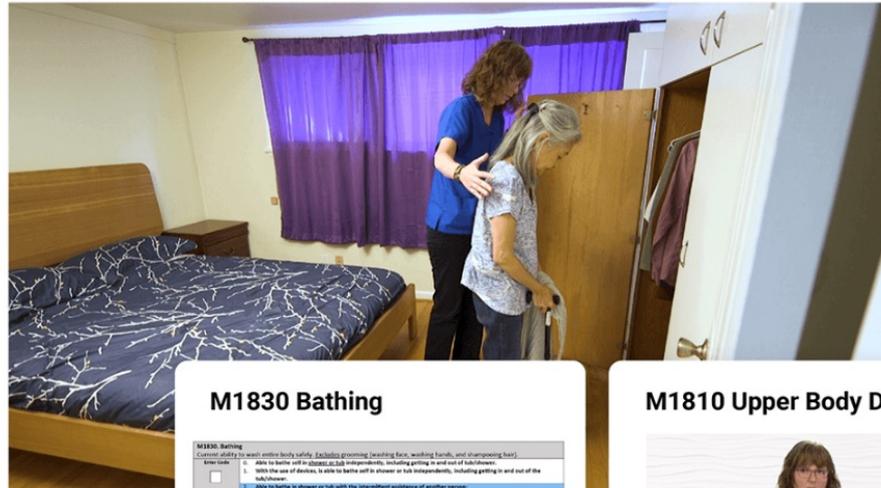
# 1A. Case Scenario Example

# Step 1B: OASIS Accuracy for Tenured Staff



**Boosters Updates**  
Keep skills sharp with  
targeted microlearning  
focused on items impacting  
HHVBP and reimbursement.  
*5 - 8 minutes each*

## OASIS-E: Section GG - Self-Care



### M1830 Bathing

**M1830: Bathing**  
Current ability to wash entire body safely, including grooming (washing face, washing hands, and shampooing hair)

**Item code:**  01 - Able to bathe self in tub/shower or tub independently, including getting in and out of tub/shower

**1.** With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower

**2.** Able to bathe in shower or tub with the intermittent assistance of another person

**3.** For intermittent assistance or encouragement or supervision, **02**

**4.** Is able to get in and out of the shower or tub, **03**

**5.** Is unable to get in and out of the shower or tub

**6.** Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision

**7.** Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in a chair, or on a commode

**8.** Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in a bedside chair, or on a commode, with the assistance or supervision of another person

**9.** Unable to participate effectively in bathing and is bathed totally by another person

MEDBRIDGE

### M1810 Upper Body Dressing



# 1B. Booster Example

# Step 1: OASIS Accuracy Case Study

- **MedBridge Solution:** Everest partnered with MedBridge to develop an improvement program for their staff responsible for OASIS completion. The program focused on areas identified by HCA as the most commonly corrected at their agency and provided content in a method compatible with the needs of home health staff, both online and mobile.
- **Results:** Everest Home Health & Hospice deployed their OASIS improvement program and saw results right away. Recommended OASIS corrections decreased by as much as 28 percent for each of the targeted M-items.

## The program included

- MedBridge microlearning content targeted to areas of correction and OASIS concepts
- Staff satisfaction and confidence surveys
- MedBridge Learning Management System and Clinician App providing assignment, reminders, and tracking support for a mobile workforce
- OASIS data pre and post implementation, provided by Home Care Answers

M-ITEM	Percent Reduction in Recommended Corrections
M1810-Dress Upper	26.54%
M1820-Dress Lower	26.54%
M1830-Bathing	14.7%
M1840-Toileting	28%
M1850-Transferring	21.89%
M1860-Ambulation	12.88%

# Step 2: Better (Chronic) Condition Management

- **People**
  - How can we enhance knowledge about best practice for condition management to all people involved?
    - Clinicians, managers/schedulers, patients, caregivers, etc.
- **Process**
  - What types of process updates can we make to have an impact on avoidable ED and ACH?
  - Example: 5 in 10 scheduling strategy
- **Technology**
  - What are the best technologies we can deploy to work on improving patients' physical functioning, condition management, remote monitoring, etc.?

# Step 2: Better (Chronic) Condition Management (cont.)

- 2a. Implement a multi-tier strategy to enhance **knowledge** of your **people**

## Home Health Value-Based Purchasing Overview Series

Prepare frontline clinicians and leaders for VBP

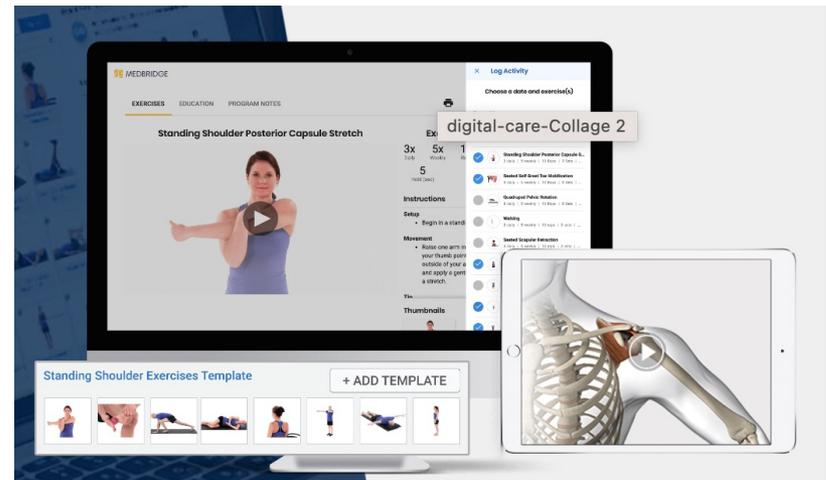
## Change Management Leadership Training

Drive successful quality improvement initiatives with leadership tips and strategies

## Readmission Reduction Podcasts

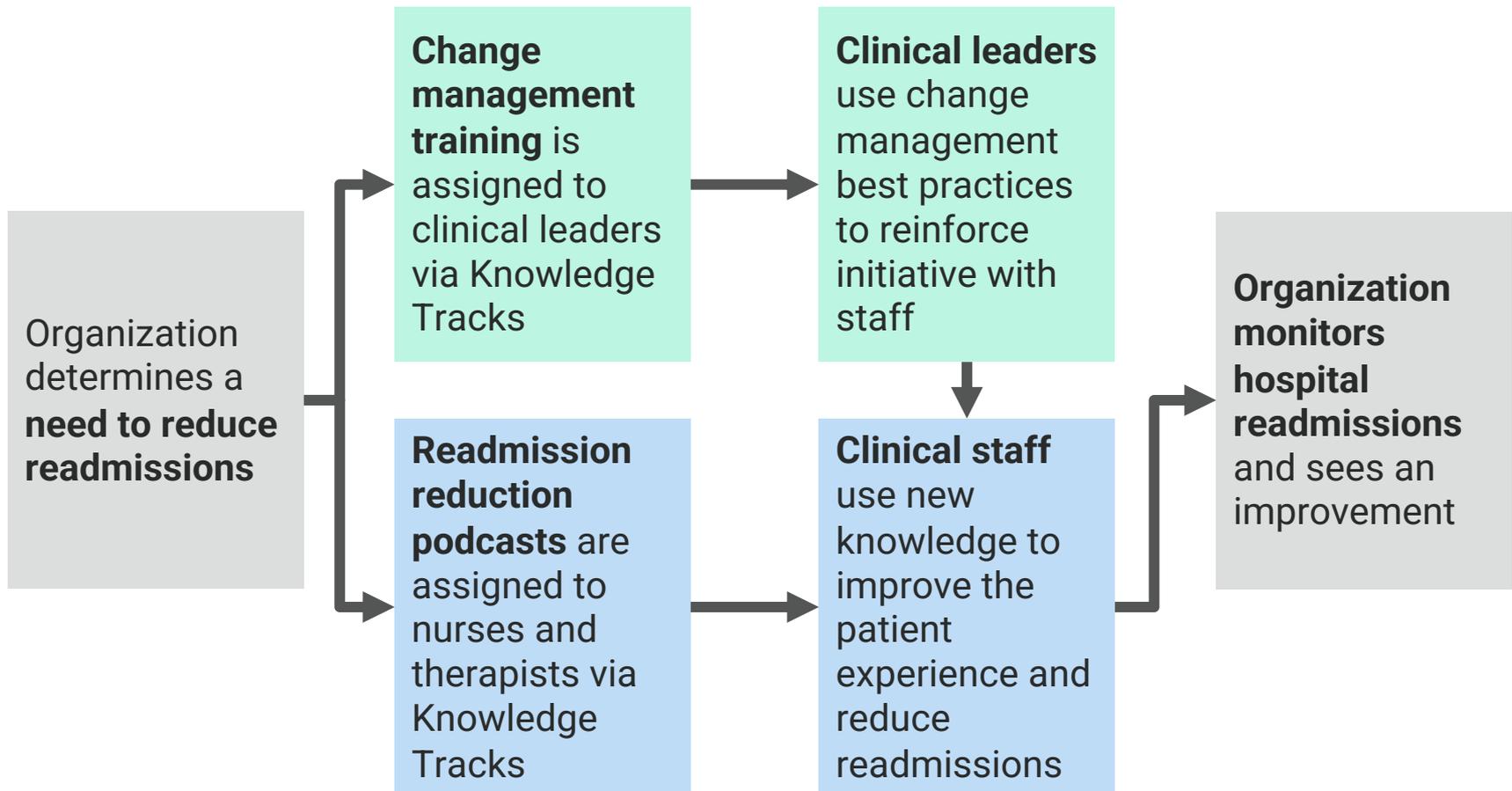
Reduce hospital and ER visits with motivational interviewing techniques

- 2b. Implement **process and technology** to open your patient's **digital front door**



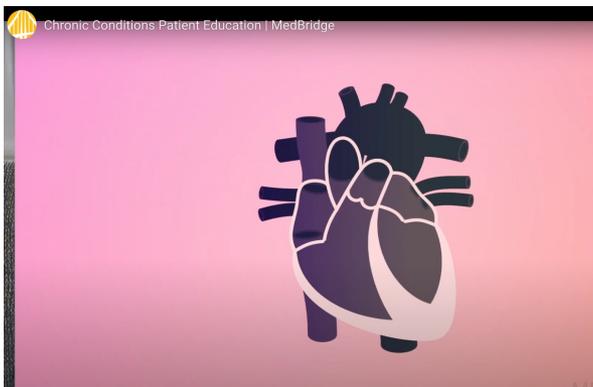
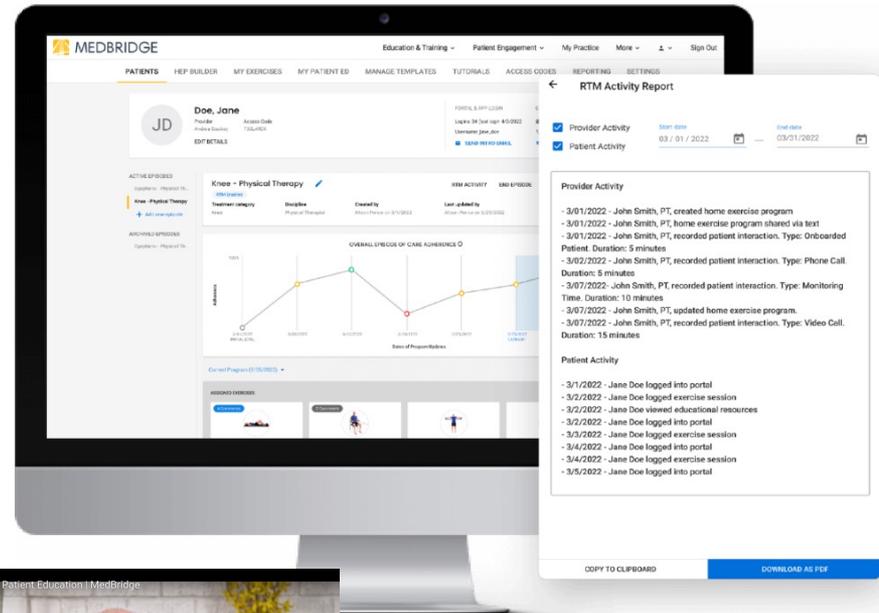
# Step 2A: Better (Chronic) Condition Management

- Implement a multi-tier strategy to enhance **knowledge** of your **people**



# Step 2B: Better (Chronic) Condition Management

- Open the digital front door by implementing the right **process** and **technology**



# Step 3: HHCAHPS and Customer-First Approaches

## Foundational Education

HHVBP: HHCAHPS Measures  
presented by Charles M. Breznicky Jr., RN, MSN, MBA, HCS-D

**Scheduling Process**

Review the chart notes in case someone else must be called to schedule the visit or allow the clinician into the home

## Digital Patient Care Technology

**MEDBRIDGE** Education & Training Patient Engagement My Practice More Sign Out

PATIENTS HEP BUILDER MY EXERCISES MY PATIENT ED. MANAGE TEMPLATES ACCESS CODES RTM RE Jane Doe Can you help remind me how to do the... Today 05:32 PM TUTORIALS

**Patients** ENTER ACCESS CODE SKIP TO BUILDER CREATE PATIENT

PATIENT NAME	DATE OF BIRTH	CLINIC LOCATION	PRIMARY CLINICIAN	STATUS	SIGN IN
Jane Doe	2/18/1991	KRS1-Demo	Matt Radick	Active	2
Bryan Daniel	2/18/1991	KRS1-Demo	Matt Radick	Active	1
Penelope Franklin	9/05/1968	KRS1-Demo	Matt Radick	Active	0

Showing 3 patients of 3

## Customer-First Training

From clear communication to creating an environment of accountability, quickly equip employees with critical management skills.

What do you think led to this situation?

What have you tried so far?

What will you have to do to get the job done?

Soft Skills: Setting a Strong Foundation

Conflict Management and Resolution: Words, Tone, and Body Language

Reinforcing how helpful the behavior is will drive that employee to do it more often.

Coaching for Development: Giving Effective Positive Feedback

Are they achievable?

Managing for Accountability: Setting Expectations

# Question and Answer Session