

THE Remington Report

INDUSTRY INSIGHT REPORT

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Home Health Innovations In Motion

▶ Smart Solutions ... For Better Outcomes



Welcome From the President

This year has brought many interesting conversations and changes to the healthcare discussions I've had with customers like you. New challenges have presented themselves, and hospital partners are seeking competency in quality outcomes as CMS reimbursement moves rapidly from fee-for-service to payment for quality. This is evident by the new initiatives facing us all: CJR bundled payments, The IMPACT ACT of 2014, the growing Medicare Advantage population, ACO formations, and Value Based Purchasing to name a few. Results of these initiatives have positioned home health for continued growth and the need to evolve into different care models for successful viability. This opens up the opportunity to develop new relationships that are smart and offer solutions that produce results.

In reflecting on Medline's role in helping our customers navigate their challenges and reach their goals, our approach of looking at your business holistically has never been more important. We are committed to looking through the lens as a colleague to help meet set goals, not just as a medical supplier. This view means we must help manage spending, streamline operational efficiency, and provide paths to maintain quality outcomes and excellent patient care. Surviving in this very regulated environment, while doing the best you can for patients, is a common goal that has never been more evident for agencies and vendors alike.

On behalf of all of us at Medline, thank you for the opportunity to be more than just a medical supplier, but also a partner of choice to over 8,000 home health and hospice agencies nationwide. We look forward to hearing from you to discuss how we can work together to improve your business.

Sincerely,

Michael Lee
President, Home Care Division
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Despite its success and impressive growth, Team Select Home Care has never had efficient ordering systems to track and bill supplies. Its four divisions took supplies from each other with no accountability. The agency's managed care and private pay billing methods were inefficient at best, all of which resulted in



lost revenue, wasted budgets and staff dissatisfaction. Team Select worked with Medline's sales, clinical team and information management teams to set up cost centers, integrate an automated ordering system into the agency's EMR system and establish a more streamlined product formulary.

Attention Home Health Leaders: Work Smarter, Not Harder!

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Read about a new perspective on working smarter and not harder with our new program, SMARTAUDIT, a web-based platform that audits and analyzes Medicare (CoP) compliance with automation features that increase efficiency, save time and reduces costs. This article explores ways to tackle more than one focus area while improving the everyday workflow of your staff.

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Growing Agency Revenue in a Complicated Marketplace

HOW OPERATIONAL CONTROLS IMPACT PRODUCTIVITY AND DRIVE GROWTH

Contributor: William Gammie, President of Allegheny Health Network's Healthcare@Home Home Health Services

Who We Are

Healthcare@Home is a leading home care provider servicing patients in western Pennsylvania. We're part of the Allegheny Health Network (AHN), one of the largest integrated delivery networks in the region. AHN is a member of Highmark Health, a national health and wellness organization serving more than 50 million people in all 50 states.

With a primary focus on post-acute and home health services, we employ more than 300 nurses caring for about 3,500 patients a month. Our full range of home health services are designed to meet each patient's needs, including:

- Skilled and specialty nursing for patients with mental health, wound, ostomy and continence, oncology, cardiopulmonary and diabetes
- Physical therapy for safety, mobility, independence and fall prevention
- Occupational therapy to improve independence and modify the home for safety
- Coordination, if needed, for medical equipment, including walkers, hospital beds and oxygen
- Help with accessing community resources

Our Challenges

As a fast-growing agency with a patient population that is 80% covered by non-traditional payers, we were challenged by working with 5-10 medical supply companies that fulfilled more than 1000 orders per month. Due to the complexity of different payer rules and reimbursements, our operational model needed process standardization with a continued focus on patient quality and satisfaction. It was clear we needed to consider system integration to provide clinical guidelines on ordering and

standardization of care. The major operational challenges we had to address included:

Different processes for each vendor. Our clinical and back office staff had different processes for every medical supplier we had, including ordering, invoicing, customer relations and returns. Navigating the requirements of each one was an extremely ineffective, time consuming and error-prone process.

Lack of supply cohesion and continuity. Ordering from multiple suppliers meant nurses weren't getting the exact same product each time, which created different protocols and treatment from patient to patient.

Lack of oversight. Our staff could order virtually anything they wanted at any cost without raising red flags. As a result, we were spending significantly more than we should by not standardizing general supplies or advanced wound care products.

Inefficient billing processes. Depending on the type of insurance a patient had – Medicaid, Medicare, Managed Medicare or commercial payers – not one of our suppliers had the expertise or resources to bill them all. Consequently, every time we had a new patient, extra time was spent searching for a supplier that could accurately bill that patient's payer, which also meant the patient might have to switch to a different product.

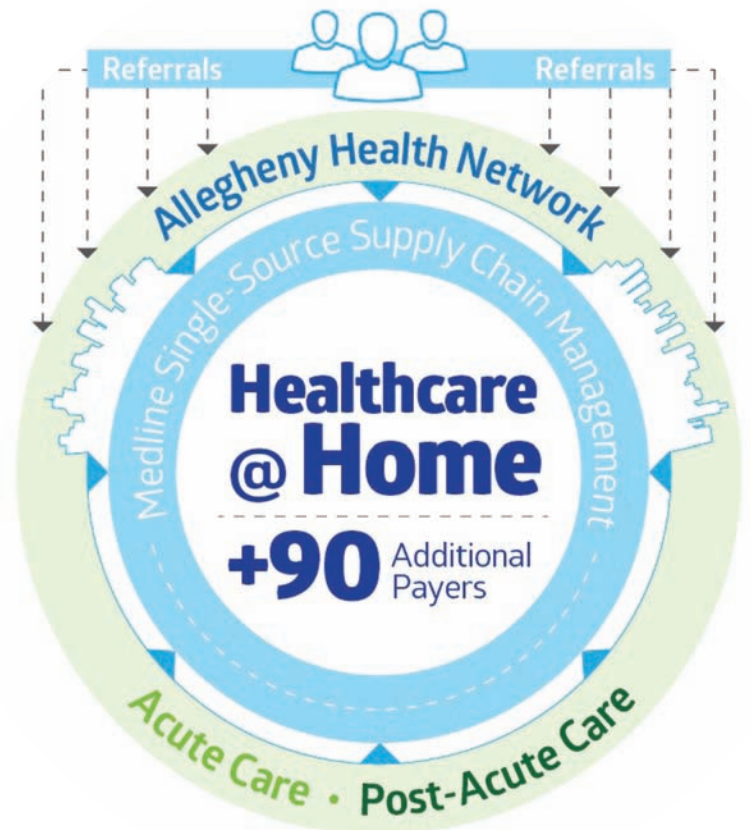
Custom Integrated Ordering

In July 2015, we consolidated all our medical suppliers and related services down to one company, Medline. Medline offered solutions to eliminate the complexity of multiple companies and payers, and offered extensive distribution capabilities, ease of ordering, breadth of products, reporting capabilities and billing expertise.

The most impactful change was in our ordering process. The Medline team developed customized programs to seamlessly integrate their ordering platform and our existing EMR program, allowing a patient's information and supplies to automatically be loaded simultaneously. In addition to the integration, a rule system was established based on protocols across all payers, making supply ordering a "one-stop shop."

The result was that nurses and therapists could order product in the field right from their computers instead of a cellphone, which took longer and was more prone to human error. Medline guarantees that orders are shipped within two days directly to the patient's home in lowest unit of measure with many orders arriving the same day.

"Overall, this integrated ordering process has saved our nursing and back office staff between **20%-30%** in administrative time, leaving more time for nurses to visit more patients. And, as an added benefit, Medline offers a monthly class as part of our onboarding to educate new nurses and back office personnel on the integrated ordering process."

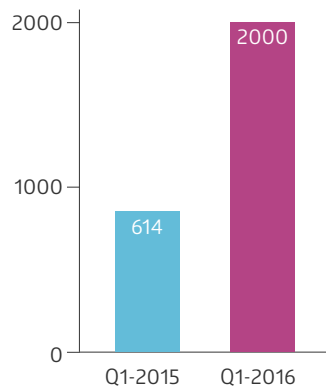


Tracking and Oversight Controls

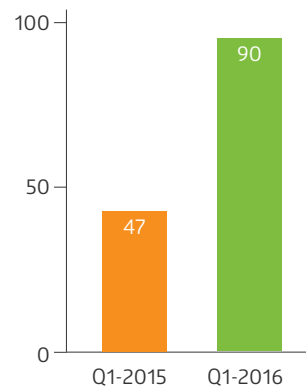
As a result of the ACA, more insurers are developing more rules creating complex challenges both operationally and clinically. With Medline, we developed a custom formulary of standardized products from which our clinical staff could place their orders, allowing streamline processing, clinical guidance and standardization.

If supplies ordered are not on the formulary or if the order exceeds a certain dollar limit, a supervisor is flagged to review the transaction, approve and, if needed, revise or cancel. This trigger to block orders trains clinical staff on protocols and helps educate them on proactive standards of care.

Shipped in 48 Hours



Number of Payers



Medline's system also provides specific payer rules to inform our staff and the patient on what is covered and what is not.

In the first five months, 61% of all orders were blocked. In many cases, those orders were changed to include more appropriate products or a reduction in products to eliminate excess waste. This process has saved us significant time and money by avoiding reorders and delayed deliveries.

By evaluating the usage reports generated from this program we can drill down to the nurse and patient level to analyze orders and costs, giving us the opportunity to control our spend. If utilization is deemed too high, we can ask the nurse to provide more information on what's happening with that specific patient and provide additional training and education to the nurse to improve efficiency and product usage.

Simplified Billing Solution

Medline's supply management program organizes each order, no matter the payer— Medicaid, Medicare, Managed Medicare or commercial payers. Their system simplifies the process for the caregiver and provides real-time information on each payer's rules, which can be complex. By signing up for Medline's "Care Solutions Program," we are guaranteed two-day service, no matter which payer we select. Before using Medline's program, we waited up to 5-7 days to receive supplies due to billing delays.

This program allows us to work together to obtain documentation while still following the patient's plan of care without delays. As a result, our processes have been streamlined immensely, eliminating the time-consuming task of searching for other vendors who can bill the patient's payer.

Consistency of Care

As an added benefit, Medline is the medical products supplier to Allegheny Health Network's hospitals – our referral sources. This means our network of hospitals and our homecare agency helps drive consistency of care in terms of using the same products and protocols as patients move from the hospital to their homes.

When we receive an order for a specific product from a doctor, Medline often carries the exact product or a clinically equivalent one (or superior alternative) to allow us to deliver quality care at a lower cost. The formulary contains many Medline manufactured products that cost less than the national brands to help drive revenue, clinical competency, integrity and accuracy.

The bottom line is that in the new realm of multiple payers with differing rules and complex patients being sent home sooner, the process and logistics behind a streamlined, efficient ordering model helps optimize nursing time, standardize protocols and enhance patient care. Having a well-established partner like Medline has made us a better partner in the Allegheny Network of care.

About the Author: William Gammie currently serves as president of Allegheny Health Network's Healthcare@Home Home Health, Palliative and Hospice Care companies. He has served in various leadership roles within his 17 year career at Celtic Healthcare – now part of Allegheny Health Network. Gammie has proven abilities in strategic planning, process improvement and organizational performance, with a strong use of information technology and service innovation.

Interviews conducted by John Marks, Senior Copywriter, Medline Industries, Inc.; authored by John Marks

A Patient-Focused 'Personal Concierge' Helps Enhance Care, Reduce Readmissions

Contributor: Patti Brown RN, BSN, Community Liaison for Home Health, Valley Health

Our Organization

Valley Health Home Health Services is a leading healthcare agency serving patients in the northern Shenandoah area of Virginia and Panhandle area of West Virginia. We have two agencies providing patients a wide range of services delivered by highly qualified experienced staff, including: nurses (available 24/7), physical therapists, occupational therapists, speech pathologists, social workers and patient care techs who offer personal care and assistance with daily activities.

We have approximately 450 admissions per month, many with complex needs, including physical and emotional illnesses. More than a third of our patients are between 75-96 years old.

Our Challenges

Like most healthcare providers concerned with improving care, we're most sensitive to the challenges of our hospital partners to reduce readmissions and raise patient satisfaction scores. With a majority of U.S hospitals being penalized by Medicare for excessive

readmission rates, we are evaluating our role in helping them manage these challenges.

All of our evaluations led back to one question: How could we help referral partners achieve their goals while continuing to meet the needs of our patients? Despite offering comprehensive services, the challenge of delivering patient-centered care to complex populations like ours meant providing the right care for the right person at the right time.

To do this we developed a plan that:

- Ensures patients' schedule and attend physician follow-up appointments.
- Provides smooth transitional care by communicating with providers, patients and their caregivers.
- Communicates clearly post-discharge instructions.
- Delivers 24/7 on call services.

Creating a Two-Way Conversation Improves Nursing Time

When the Readmission Reduction Program began in 2012, and hospitals were asked to measure their readmissions, we knew we had to step up our efforts to help referral partners reduce readmissions, and improve patient care to separate ourselves from the competition.

Around this time, we were introduced to a program called SmartCare, a patient-focused concierge care model allowing us to offer individualized care to keep patients safe in their home and reduce return trips to the hospital.

SmartCare connects patients to live trained professionals in a care center 24/7 by pressing a button on a device they wear or place on a table. The device allows two-way conversations just like a phone – so the patient can communicate exactly what they need. Conversely, the care center staff can proactively contact the patient for general needs such as medication and doctor appointment reminders or for help making transportation arrangements.

Although the technology and care center professionals are provided by Medline's partner Critical Signal Technologies (CST), the calls are answered under the name Valley Health Connect, providing continuity and avoiding confusion for patients and families. In effect, SmartCare acts as an extension of our agency staff.

A typical example of SmartCare's value is illustrated in this recent example. One of our patients pressed her SmartCare button and requested assistance finding transportation for an upcoming follow-up doctor's appointment. The Community & Patient Support Liaison at the SmartCare care center explored the database and found a company that provided free



transportation. SmartCare scheduled the pick-up and even made a reminder call the day of the appointment to ensure it was coordinated properly.

Before we used SmartCare, our nursing staff made these calls and coordinated appointment logistics, taking up valuable time that could have been devoted to clinically-related tasks.

Help with Psych-Social Problems

SmartCare, like other alert systems, can also contact emergency services or our agency nurses if the patient has fallen, is experiencing severe pain or is having a major complication. But the key differentiator for us is that on the other side of the button is a live person dedicated to helping the patient solve any issue.

Through the years we've learned that many calls are related to social issues such as loneliness. In fact, roughly half the calls to SmartCare are for non-clinical matters. Since SmartCare features a social work model, it serves as an ideal complement to the traditional post-acute services provided by nurses and physicians. In addition, the psych-social challenges of complex patient populations are addressed with round-the-clock trained professionals. This support helps provide efficiencies to our agency by delivering professional social work care to those patients that require it and, at the same time, freeing up our nursing staff to focus on the clinical care of patients.

Case in point, we had a new patient that regularly went to the ER where he received cardiac tests at each visit. Each time, the results came back negative. After several visits, we provided SmartCare to the patient and quickly learned that he wasn't sick, he was just lonely. His wife had recently passed away and he needed someone to talk to. With the push of a button, SmartCare was able to provide that companionship and eliminate his trips to the ER.

Easy Implementation

It was easy to fit this program into our care plans. The device is set up by our agency or sent directly to the patient's home. It connects automatically through a landline device or local wireless cellular service and still works if the patient doesn't have a cell phone or a paid plan. Because independence is important to our patients, we were impressed that the pendant is extremely voice sensitive enabling the patient to be heard while they're in the bathroom or outside.

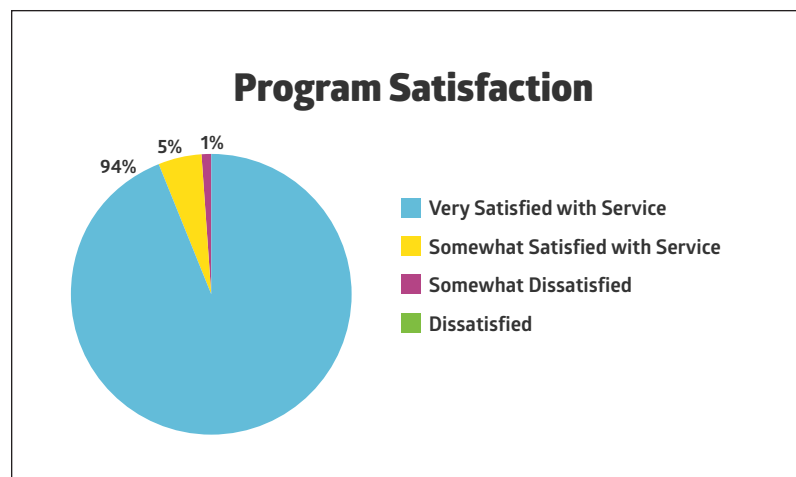
SmartCare allows us to create individualized care, not just a "one-size fits all" approach. Because monitoring is customized, we determine the level of interaction each patient receives from the care center, such as medication tracking, physician appointments and key contacts. We even have dementia

patients receiving calls from SmartCare to remind them to feed their pets and lock the door at night.

94% "Very Satisfied"

As a concierge-based program, SmartCare professionals place calls to patients and family members to see how they're doing and gather useful feedback about us and the care we're providing.

This feedback helps us gauge their satisfaction level and learn where improvements and adjustments should be made to their care plans. Reports from the CST patient surveys have revealed that 94 percent of patients and families are "very satisfied" with the program (see accompanying chart).



This information is not only important for improving our care, it can help impact our performance for the CMS Home Health Star Ratings system.

Currently, our overall Star rating is 3.5 and we've already seen the positive impact SmartCare has made on our patient experience ratings. The feedback gathered by CST has led us to make some practical improvements to our service.

Results: Avoided Re-Hospitalizations, More Clinical Care

To date, SmartCare has helped us avoid 48 readmissions for a total savings of more than \$451,000 in healthcare costs, including average EMS transport costs and one-day of emergent care per readmission.

The most frequent calls from our patients are related to falls, general illness, respiratory issues and weakness/dizziness (see accompanying chart, pg. 9). In about 90 percent of the calls, the SmartCare representative resolved the issue directly with the patient, physician and/or by alerting a family member. Only

two percent of the calls resulted in an ambulance being dispatched. The end result is that a hospital readmission is usually avoided as is intervention by our agency.

To illustrate this point, last year a patient contacted SmartCare and said she wasn't feeling well, explaining that her blood sugar was going up and down. The SmartCare representative immediately conferenced in one of our nurses. The nurse informed the patient that the steroid medication she was taking was probably affecting her blood sugar level and adjusted the patient's visit schedule so she could see her more often. The conversation reduced the patient's anxiety and eventually she started feeling better, resulting in no other assistance or re-hospitalization.

So far, only eight percent of the 12,600 patient calls we have received since 2013 have required intervention by our agency (see accompanying chart). This has saved us considerable nursing time and improved agency efficiencies and quality goals.

Useful Reports

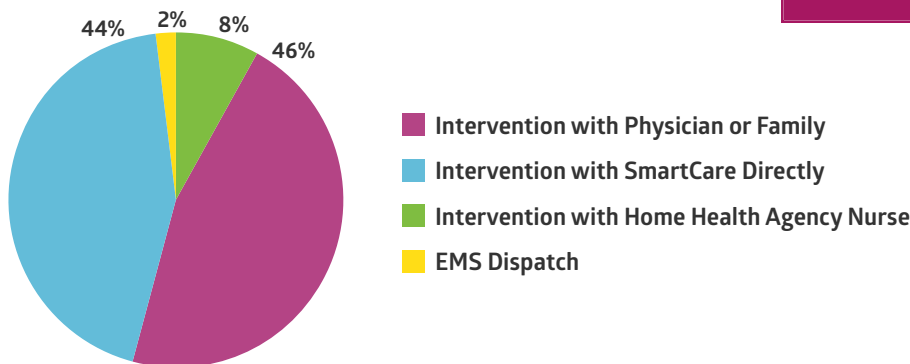
SmartCare's robust reporting capabilities identifies patient trends, changes in condition and other valuable information that helps us improve care. When we provide these reports to hospital referral sources and discuss how the program has improved care and reduced readmissions, they have confidence that we can help their patients transition more smoothly back to their home and reduce their risk of a readmission.

About the Author: Patti Brown RN, BSN, is the Community Liaison for Home Health for Valley Health systems. In her position she educates physician office staff, case managers, social workers, discharge planners in SNFs and the community on the benefits and services home health has to offer. Valley Health Home Health Services provides patients a wide range of services in the comfort of their own home, including general nursing needs, physical therapy, occupational therapy, speech pathology, social services and personal care assistance.

Interviews conducted by John Marks, Senior Copywriter, Medline Industries; authored by John Marks

- Reason for Call**
(listed in order from most calls to least)
- _____ Fall
 - _____ Not Given (Non Clinical)
 - _____ General Illness
 - _____ Respiratory Issue
 - _____ Weak/Dizzy
 - _____ Accidental
 - _____ Home Visit Question
 - _____ Diabetic Concern
 - _____ Home Safety Request
 - _____ Catheter CareChest Pains
 - _____ DME Problems
 - _____ Injury
 - _____ Medications Concern
 - _____ Medications Question
 - _____ Transportation Request

Call Activity



Year	Total Patient Calls	Intervention with Patient Network (e.g., family or physician)	Intervention with SmartCare Directly	Intervention with Agency Nurse	EMS Dispatched
2016	1431	610 (46%)	660 (44%)	133 (8%)	30 (2%)

Growth Fuels Operational Transformation and Increased Revenue

GREATER CONTROL OVER SUPPLIES INCREASES REIMBURSEMENTS AND STAFF EFFICIENCY

Contributors: Jean Chicken, Managing Partner; Nancy Gillette, Vice President of Sales and Business Development, Team Select Home Care

Who We Are

Team Select Home Care was established in 2008 with the goal of bringing together the most experienced and ethical home health professionals in the industry. In 2012, we expanded our patient care offerings to include Medicaid, as well as many other private insurance contracts.

Our focus on exceptional patient care, continuous employee development and active community involvement has fueled our exceptional growth – exceeding 50-75% year-over-year growth for seven years straight. This proactive approach to providing comprehensive full service healthcare has earned Team Select a ranking in the top 1.6% of all agencies nationwide, as ranked by CMS's 5 star rating system.

Despite our success in attaining our goals, we faced the challenges of an antiquated ordering system that made integrating supply purchases, controlling product costs and ensuring accurate reimbursement from various payers inefficient and difficult. The process in place led to a multitude of errors with few quality controls.

Team Select Home Health: Snapshot

Services provided:

- » Skilled nursing
- » Physical therapy
- » Occupational therapy
- » Speech therapy
- » Home health aides
- » Medical social workers

Locations: 8 locations, including Arizona, Colorado & Oklahoma

Size: 800 employees, including 200 therapists and 75 nurses

Patient census: 950 patients

Revenues: \$45 million in 2015

Five Star rated agency

Challenges Require Change

Since we began operating in 2008, we've faced several major supply challenges, including:

1. Inability to track and capture product costs

With four main – but separate – divisions all managed under one building, an integrated system to track and bill supplies for each area was necessary. We struggled with knowing what each division was ordering, the quantities being ordered, which patient was receiving the supplies or if we were even getting reimbursed. Reporting to track each division's spend was impossible because often one business would draw from the supply stock of another, negating any control over costs or inventory.

2. No product controls

Our nursing staff didn't always look for the best and most cost effective product to do the job, frequently picking a product they are familiar with and not considering cost or efficiency. In addition, without oversight controls in place to block orders when necessary, the quantity of supplies being ordered became excessive and problematic.

3. Readmissions tied to bundled payments

As a Colorado agency in the bundled payment initiative for orthopedics and comprehensive joint replacement, we're responsible for keeping patients out of the hospital for 60-90 days even though they aren't on our service for that long. This new challenge made it clear that new initiatives needed to be developed to remain relevant to our referral partners while still providing exemplary care.

Solutions Become the Catalyst for Change

In the spring of 2015, while attending a seminar hosted by *The Remington Report*, we met the president of Medline's home care division and discussed solutions that leveraged their consulting expertise for better supply management.

Medline's extensive offerings and clinical expertise became the impetus needed to improve revenue through transformational operational improvements. This plan included implementing the following elements:

- **Establishing individual cost centers for each division** – This enhancement kept record of the exact supplies ordered for each specific patient helping with the tracking of supply costs, billing accuracy and capturing maximum reimbursements.

Now, supplies are ordered by our nurses for an individual patient through Medline's Patient-Home Direct program (PHD) with delivery direct to the patient's house within two days. The PHD program has also enabled us to reduce our bulk orders significantly and eliminated the problem of supply grabbing between the different divisions, increasing accounting accuracy and tracking.

This patient-level data allows us to better understand product usage, spending habits and preferences, and even what other products or services a person might need in the future.

- **Developing product formulary for efficient selection and superior clinical outcomes** – Our clinical staff worked with Medline's sales and wound care specialists to develop a specific product formulary from which our entire nursing and rehab staff orders. These product specialists introduced products that were less expensive than what we were currently using yet lasted longer so our nurses didn't have to make as many dressing changes. They also educated us on the latest wound care products and protocols to help us provide consistency in care and improve our outcomes. A huge benefit we were not expecting.

The formulary system enables us to set up oversight controls on nursing orders and prevents overage. Our clinical supervisors review all orders and, if there is an issue, gets the nurse on the phone to clarify the patient's needs and revise the order so it can be shipped to the patient.

- **Creating automated, integrated ordering leveraging EMR capabilities** – Medline's tech team worked with us to integrate a supply ordering system directly into our EMR system, Homecare Homebase. Field staff can document patient information and order from a tablet right from the patient's home. Now, all the nurse has to do is hit a button and get immediate access to the ordering site. Once the order is placed, it immediately gets uploaded where the clinical supervisors reviews it.

This new system brings with it very fast and useful data to help track supply expenses, such as how much product does the patient use, how many supplies should they have on-hand and what was the cost for these supplies. It is crucial we understand our costs per patient as accuracy is important for maximizing Medicare reimbursements through accurate billing data.

Equally important, Medline now directly bills our managed care and private payers, saving our agency thousands of dollars over the past year.

• **Reduced readmissions through a concierge care approach** – From inception, our Medicare focus has allowed us to develop specialized programs and ‘Patient Kits’ which serve to ensure reduced rates of re-hospitalization and increased recovery and overall health. Medline also introduced us to the SmartCare in-home care program. At a push of a button our patients are connected to a highly trained care center representative qualified to help with a myriad of issues ranging from a medical problem to medication reminders, assistance with a doctor’s appointment or just needing someone to talk to.

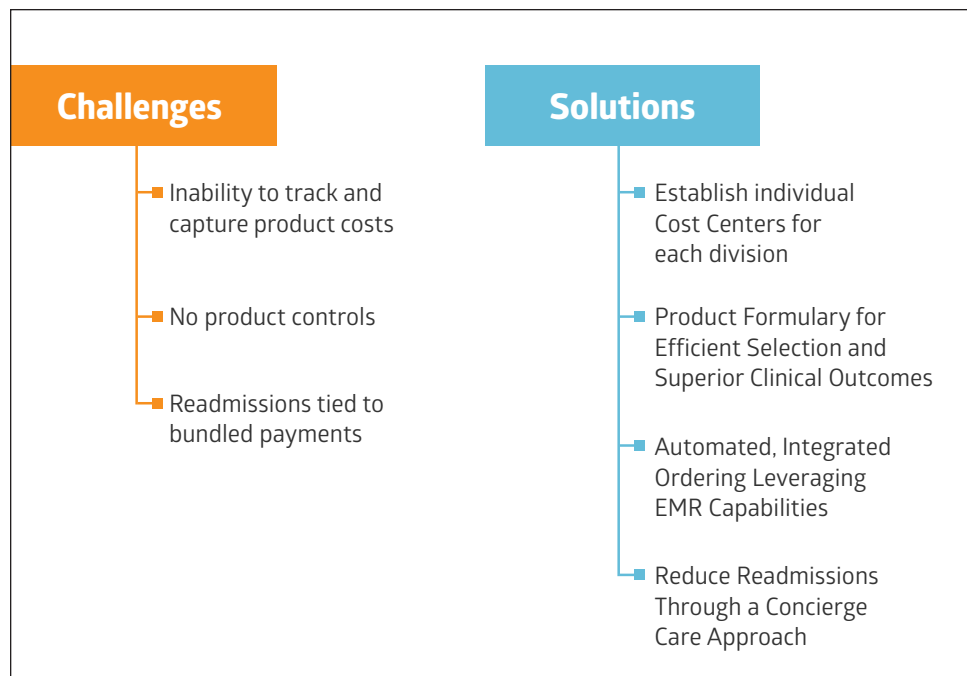
This personalized care has been a game changer. In the evolving world of bundled payments, SmartCare helps us monitor patients and keep them safe and out of the hospital without being on a home health episode. As a result, we’ve also experienced increased referrals from community physicians and rehab facilities. SmartCare frees up time for our clinical staff by handling all the non-medical requests and patient follow-up to care plan compliance.

Medline’s holistic approach to our business has been nothing short of revolutionary for the health of our agency. Our billings are up which means our financials are better than ever, our staff is significantly more efficient and happy, and our level of care has improved as evidenced by our 5 star CMS ranking. All of this combines to make us a better partner to referring providers.

About the Authors: Jean Chicken, RN is Managing Partner and Chief Corporate Compliance and Clinical Officer for Team Select Home Care. As a senior executive for over 20 years, she has successfully led multiple home health agencies across the country through the maze of healthcare regulations in the home care arena.

Nancy Gillette has been Vice President of Sales and Business Development for the agency since 2010. She sits on the executive leadership team and is involved in all aspects of corporate strategy & business development and is responsible for accountable care and bundled payment partnership development for the company.

Interviews conducted by John Marks, Senior Copywriter, Medline Industries; authored by John Marks



Attention Home Health Leaders: Work Smarter, Not Harder!

Author: Ann Olson, RN, BSN, Principal and Vice President, Qualidigm

With healthcare reform, regulatory changes and home health innovations in motion, it can be challenging for leaders to understand and align multiple initiatives, and then decide which areas to focus on. Outcomes, patient experience, five stars, value based purchasing, quality, compliance, performance, cash flow – the list goes on and on. Where do you start? What if there was a way to impact more than one focus area at a time so you can work smarter and not harder?

While reviewing your overwhelming “to do” list, organizing priorities into two project categories which have overlapping goals can be very helpful. By doing this, you are creating an opportunity for a consolidated work plan, with an organized tool box, helping you to achieve efficiencies and save time. The first project category is *Outward Focus*, which includes outcomes, patient experience, five stars, and value based purchasing. The second project category is *Internal Focus*, which includes quality, compliance, performance and cash flow. With a simultaneous balance in both areas, your agency is on its way to being strong, valued and sustainable.

The *Outward Focus* category requires internal strategies to achieve goals. Amidst your many challenges, you are no doubt concerned about your Five Star rating made visible by the Centers for Medicare and Medicaid Services (CMS) last July. On the tail of this change, CMS launched the Home Health Value Based (HHVBP) Model, which is being piloted in nine states since January. All indications are that HHVBP will be strategically rolled out to all states. Were you aware that all but one of the star rating measures (timely initiation of care) are included in the HHVBP measures? By strategically working toward improving your star ratings, you will be preparing for HHVBP.

When CMS expands this program nationally to achieve the Triple Aim of high quality care, improved patient experience, and lower cost – you can be ready. By organizing your efforts you are simultaneously impacting your outward scorecard and improving your position for being paid for value at the same time. Through dashboard data from CASPER, Home Health

Compare, HHCAHPS and your OASIS scrubber, you can work smarter and not harder. Evaluation of this data can help you focus your energies in areas that will strategically make the most difference. Once you determine your focus areas, you can identify and direct short, effective improvement cycles using a PDSA quality improvement process.

In addition to *Outward Focus*, your tool box for *Internal Focus* must also be as efficient and directed as possible. Monitoring and improving quality, compliance, performance and cash flow are often cumbersome and seemingly uncoordinated. Consistently, agency leaders describe these efforts as including a paper auditing process, completed within agency departmental silos. Duplicate efforts with disconnected data contribute to inefficiency, increased cost, lost time and lost opportunities for improvement.

There is a way to reduce redundancy, automate the paper process and connect/act on data. Improved efficiency starts by using, analyzing and re-purposing the data gathered when completing your mandated clinical record review. According to the Medicare Condition of Participation (CoP) 484.52, clinical record review is required quarterly (at a minimum) to determine compliance with the CoPs and agency policies. Imagine how efficient it would be to use this data to measure quality and compliance, assess case manager performance, and track cash flow through effective billing. Streamlining could offer a tremendous opportunity for increased productivity and improved performance.

Efficiency, improvement and standardization in staff documentation are common themes throughout this process, making web-based automation appealing and preferable. A new tool called SMARTAUDIT™ is the first web-based platform that audits and analyzes Medicare (CoP) compliance. By transitioning paper auditing to web-based automation, SMARTAUDIT increases efficiency, saves time and reduces cost. SMARTAUDIT identifies areas of non-compliance in real time enabling home health and hospice agencies to identify deficiencies immediately and develop focused and timely corrective action plans to avoid costly penalties. This automated

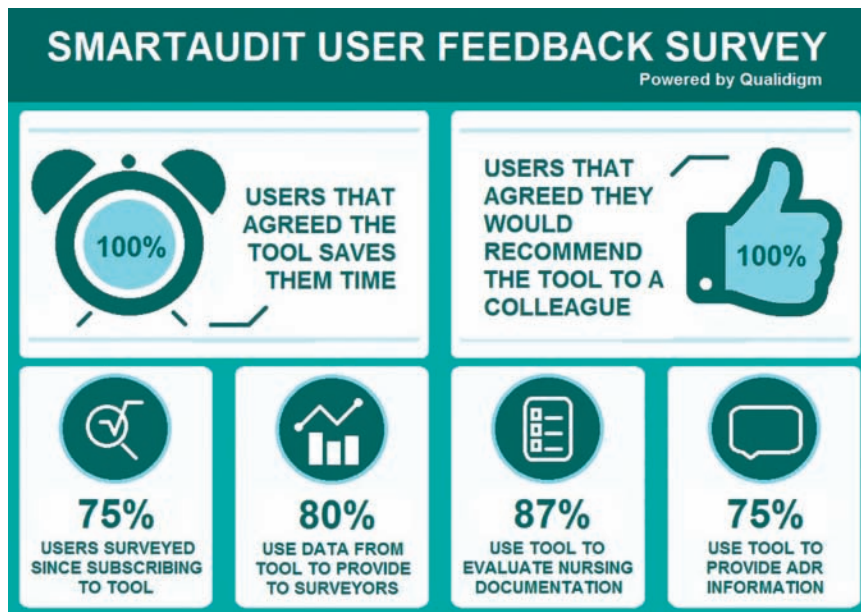


clinical record review process can glean efficient data collection and identify focus areas across multiple departments.

A recent survey of Home Health leaders using SMARTAUDIT revealed their satisfaction with survey readiness, time savings and improved clinical and billing documentation performance.

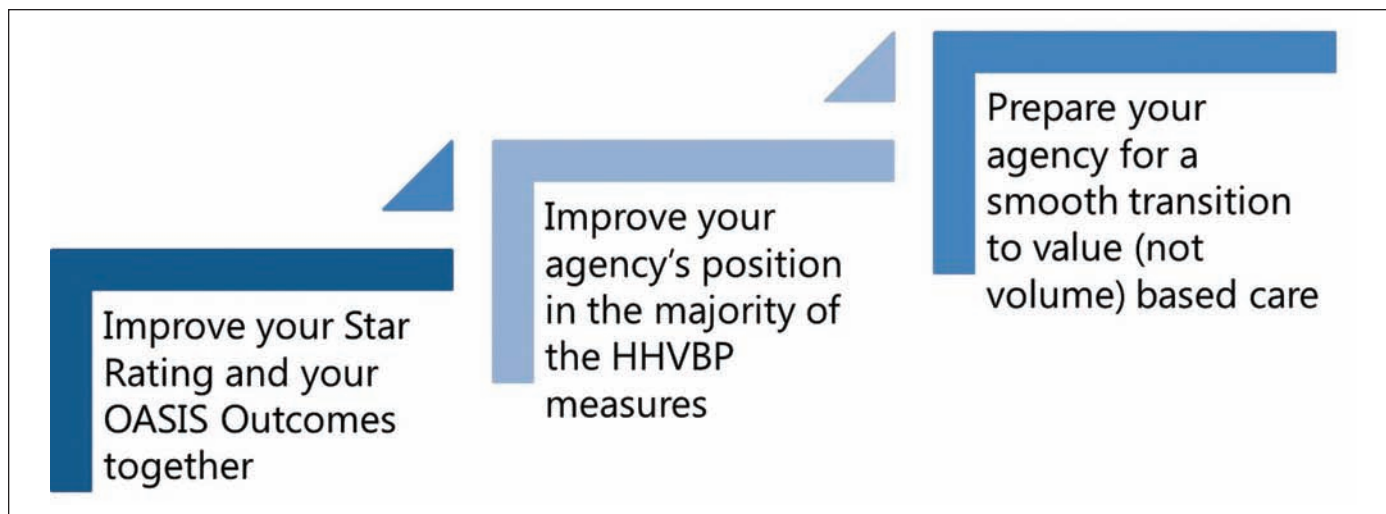
In addition, the tool offers standardization and educational opportunities through an efficient hyperlink to the Federal Register for each question as it relates to a corresponding CoP. Having this information at your fingertips can save time and frustration and becomes the basis for your plan of correction. The tool offers a focused audit capability and free text option allowing you to customize and drill down data to monitor real-time progress with performance improvement plans. Whether you're focusing on case manager performance or billing/cash flow efficiencies by addressing ADRs and RAC audits, SMARTAUDIT provides the platform to accomplish your goals. Adding SMARTAUDIT to an immediate plan of correction for deficient findings is like having a consultant with you on site to help you navigate these challenging waters.

Given the challenges that have been thrust upon home health in recent years, agency leaders must be focused and efficient to address multiple priorities. Thankfully, there are tools available to help. The first step is to organize your efforts and then use available resources and efficiency tools to accomplish your goals. SMARTAUDIT can help your *Internal Focus* to achieve desired outcomes efficiency across all departments. The tool can also function as a complement to your *Outward Focus*, adding value to your star rating / HHVBP efforts and other



outcomes based software, to facilitate regulatory compliance and quality outcomes. Through your leadership, each department and role within the agency can use the audit data retrieved once, to positively impact performance within the scope of their role and responsibilities. This saves time – working smarter, rather than harder, to efficiently drive success.

As an agency leader, you are charged with countless priorities. With more changes on the horizon, with HHVBP expanding, revised CoP's and OASIS C2, the time to act is now. You can coordinate and achieve your goals through automation, integration and data analysis. Your focus will result in improved outcomes, patient experience, star rating, value based purchasing, quality, compliance, performance and cash flow. Being time challenged, your agency can achieve sustainable growth with lower risk with a simultaneous and efficient balance in both your *Outward and Internal Focus* areas.



The Extraordinary View

Transforming the View of Palliative Care by Focusing the Zoom Lens

Author: Martie L. Moore, RN, MAOM, CPHQ, CNO for Medline Industries, Inc.

In the early 1990s, I found myself engaged in a lively discussion about end of life care versus palliative care for the pediatric population. Because of the ages of those we cared for, some of my colleagues felt that palliative care was in essence end of life care. Having started my career working with children with developmental disabilities, I knew that there was a difference. The decision making and the conversations were so much more in focus. There was a clarity that you felt and knew as you worked together with the child's loved ones and care and support teams. You understood what you were going to do in care and treatment and what you were not going to do because of the clear and agreed upon decisions. Palliative care was not defined by time, but action and care.



I found myself thinking about this clarity as I took this picture. As an amateur photographer, I love to zoom in on my subjects. It is rare for me to take a large scale wide angle picture because I prefer the finite definition of a zoom lens. By zooming in, you experience much more than just the setting. This photo was taken in a small restaurant. The flower sat on my table, small, insignificant

and very much ignored by others who had similar blossoms sitting on their tables. If I had taken the picture of the table, you would see it as an ordinary table with nothing spectacular except perhaps the basket of perfectly baked bread wrapped in bright linen and sitting in a silver basket. The flower would be lost amongst the many items vying for the viewer's attention.

It struck me that even today – just as we see the table with all of the items in the image – we see palliative care from a wide angle viewpoint. We see diseases, treatments, medications, and interventions with shortened conversations and quick reviews for an advanced directive.

What would happen if we took a zoom lens to palliative care?

In her article "Building A Quality of Life National Movement: Igniting Advocacy To Integrate Palliative Care In Our US Health System," Rebecca Kirch wrote, "Most of the current public

policies and discourse about quality of life in health care focuses on the end of life. That tradition may actually impede delivery of person-centered and goal-directed quality of care from the onset of illness."

If we stop to ask ourselves what we want from life, we would answer that we want to live as healthy, disease-free and pain-free as possible. When disease and pain arrive, we want both to be managed, allowing us to pursue the most optimal levels of health. This is the change in the viewing lens we must make in our healthcare system: The lens through which we view optimal levels of health in today's system cannot be the same lens we use for the future.

Let me give you an example. My loved one has diabetes, has had open heart surgery, a temporal lobe aneurism and stroke, suffers from neuropathy and was diagnosed with aortic stenosis. Before we defined optimal health for her, she was scheduled to see a cardiovascular surgeon. As we discussed what she really wanted for her life and health, we made the decision to support palliative care and not surgery. Optimal for her was to be comfortable, as active as possible and not undergo aggressive treatment. Her quality of life was self-defined by the ability to live in an assisted living setting with her beloved cat by her side and friends all around her.

That was 10 years ago and we maintain that plan of care with her physicians to this day, albeit with adjustments through the years as her kidneys became less functional and she experienced more complications from her diabetes. She can still put together a puzzle faster than most and keeps track of the local hometown news for those of us who do not live there anymore. Occasionally, we have had to step in when a new physician wants to be more aggressive in care, explaining the palliative plan of care and reaching agreement as a team on the best approaches for each new symptom or issue.

The lens of palliative care cannot be focused on just end of life. We as caregivers must welcome the opportunity to take the time to help those we serve understand their chronic diseases and discover the right approach in care and management. Refocusing the conversation on palliative care from end of life care to instead, ensuring support through transitions of chronic disease management, can and will start to reshape and refocus our health system.



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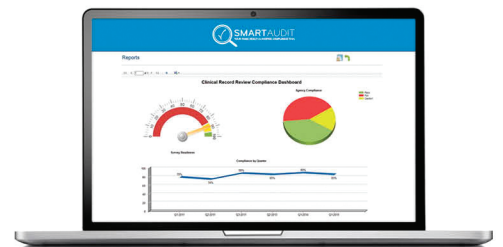
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