



Clinical Strategies for Success Under PDPM

The Patient Driven Payment Model (PDPM) will offer the biggest change in Medicare reimbursement for skilled nursing facilities in over 20 years. As iterations of this model were proposed and finalized, many people began to question the relevance and value of rehabilitation services in a model that dissociates reimbursement dollars from minutes of therapy delivered. Rehabilitation services have always been and will always be an essential component of care delivered to older adults in the skilled nursing facility setting.

Why Are High Quality Rehabilitation Services Still Relevant?

- Quality rehabilitation services are what individuals and their families are seeking when looking at post-acute care options for recovery after hospitalization.
- The Medicare Benefit Policy Manual delineates skilled rehabilitation services or skilled nursing services as one of four factors that must be met to qualify for Medicare coverage in SNF.
- Rehabilitation services yield quality and outcomes that are relevant to other regulatory mandates in SNF:
 - Quality Measures
 - QRP
 - VBP
 - State Survey
 - The CMS 5-Star Rating
- PDPM will impact only a narrow segment of the SNF population. Patients receiving long-term care in SNF and those covered by Managed Care will still require high-quality rehabilitation services to meet their care needs.
- The potential penalties for perceived under-delivery of care are significant:
 - *CMS has stated, “If we discover that the amount of therapy provided to SNF residents does change significantly under the proposed PDPM, if implemented, then we will assess the need for additional policies to ensure that SNF residents continue to receive sufficient and appropriate therapy services consistent with their unique needs and goals.”*
 - Potential for civil litigation if rehabilitative services are deemed insufficient to meet patient care needs.

Success in PDPM Will Depend on Delivering Optimal Clinical Outcomes in an Efficient Manner and ACP can Help You Get There

ACP partners with SNF Operators and Rehabilitation Providers to achieve success in PDPM by:

- *Delivering clinical programs, pathways and technologies that optimize patient outcomes*
- *Delivering efficient treatment delivery models that guide clinicians to implement efficacious clinical programs, pathways and technologies in group and concurrent formats*
- *Leveraging labor efficiencies to re-focus therapist time on the care needs of the long-term care population*
- *Providing education and pathways to interdisciplinary care collaborators to optimize clinical outcomes for older adults receiving long-term care in the SNF*
- *Optimizing performance with other regulatory CMS mandates that will be in place alongside PDPM – 5-star QM, VBP, and QRP*

Delivering Clinical Programs, Pathways and Technologies that Optimize Patient Outcomes

- In 2016, The Moran Company conducted an independent analysis of rehabilitation treatment delivered without the use of ACP biophysical agents and programming and compared the functional gains achieved to those achieved with rehabilitation treatment augmented by ACP.
- The results of the analysis revealed that in the **self-care domain**, the use of one or more of the study modalities yielded an improved outcome of 38%. In contrast, treatment delivered without the use of modality yielded an improvement of 27%, demonstrating an **11 percentage point difference** between treatment powered by ACP vs. treatment provided without ACP programming.
- In the **mobility domain**, the use of one or more of the study modalities yielded an improved outcome of 66% compared to a 43% improvement for treatment delivered without a modality, a **23 percentage point difference** between treatment powered by ACP vs. treatment provided without ACP programming.
- Significantly, individuals treated with modalities began at an overall lower level of function in self-care and mobility when compared to those that did not receive modality intervention; yet the end scores for those individuals who received treatment with modalities exceeded those that did not.
- Additionally, the Moran Company grouped patients into four level of assistance categories based on how dependent the patients were on the CARE Item Set functional measures upon admission. The results of this comparison revealed that the **average improvement in overall self-care and mobility functional assessment scores was greater** for those treated with ACP programming than for those that were not, **across all levels of assistance**.

The overall conclusion of the study is that **the use of ACP programming enhanced with biophysical agents, when clinically indicated, can yield efficient, effective treatment outcomes across levels of independence that are superior to therapy services rendered without biophysical agents**. ACP biophysical agents and programming offer non-pharmaceutical options to address common underlying impairments, such as pain, edema, tissue injury, and sarcopenia, all of which can negatively impact function.

Delivering Efficient Treatment Delivery Models That Guide Clinicians to Implement Efficacious Clinical Programs, Pathways and Technologies in Group and Concurrent Formats

Optimizing therapy efficiency will be a key success strategy with PDPM. However, efficiency without clinical efficacy has no value. ACP programming produces the optimized outcomes noted above in an efficient manner. ACP biophysical agents and rehabilitation technologies are therapist “extenders”, offering effective treatment interventions that can significantly enhance a therapist’s reach to multiple patients at a time, whether in a group or concurrent format. ACP has developed Group and Concurrent treatment delivery models that are based upon core clinical pathways, designed to maximize treatment efficiency while not sacrificing clinical efficacy.

ACP has also worked to enhance labor efficiency by offering our services in a remote, on-demand fashion to clinicians and facility partners. This includes a tele-mentoring service that is staffed by licensed and expert clinicians available to provide clinical support and consultation via phone, email, or text from 8am-8pm ET. This also includes the newly launched ACP University, powered by CEU360, which offers full-service lease customers access to expanded online offerings:

- 44 courses organized in nine clinical program curriculum bundles
- Access to over 500 CE courses targeted to
 - PT/PTA – 361 CE Courses
 - OT/OTA – 311 CE courses
 - SLP – 75 CE courses
 - NHA – 76 CE courses
 - RN – 147 CE courses

Shifting some of ACP’s service delivery to a remote model enables on-site visits to focus on interdisciplinary team consultation and patient interaction to successfully implement quality assessment and performance improvement of clinical program offerings.

Leveraging Labor Efficiencies to Re-Focus Therapist Time on the Care Needs of the Long-Term Care Population

As treatment becomes more efficient post-PDPM, ACP programming can help SNF operators and rehab providers leverage their labor force to address the care needs of individuals residing in SNF long-term, optimizing outcomes for the Med B population and driving success with state survey (Quality of Care items) and 5-star QM outcomes. This enables operators to attract and retain residents in the Med B residential population, off-setting census declines in the short-stay population.

Optimizing Performance with Other Regulatory CMS Mandates That Will be in Place Alongside PDPM – 5-star QM, VBP, and QRP

In an independent analysis of publicly-available FY2016 5-Star Quality Measure data for SNF, The Moran Company found that **ACP established customers** [current ACP partners that **have implemented ACP clinical service programs for three or more years**] **have, on average, 6% higher ratings in the quality measure domain of the 5-star rating system, than non-ACP customers.** Specifically:

- **short stay pain management (12.3% lower)**
- **long stay depression (30.4% lower)**; correlated with less incidence of pain and improved functional mobility
- **long stay falls (9.8% lower)**
- **long stay physical restraints (19.5% lower)**; correlated with reduced fall risk as a result of improved functional mobility, strength, and stability
- **long stay pain management (7% lower)**

ACP's clinical programming, education, and consultation are aligned with the care needs that are prevalent for older adults receiving care in SNF. An interdisciplinary approach to Pain Management, Continence Improvement, Fall Prevention, Wound Healing, and Orthopedic Rehabilitation improves care quality for patients and improves facility performance on the 5-Star Quality Measure domain.

To learn more about how ACP can be a partner for PDPM success, please reach out to us at 800-350-1100 or visit our website at acplus.com. In addition please follow us on [Facebook](#) and [LinkedIn](#) to learn more about our educational webinars on PDPM and a variety of other topics.



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