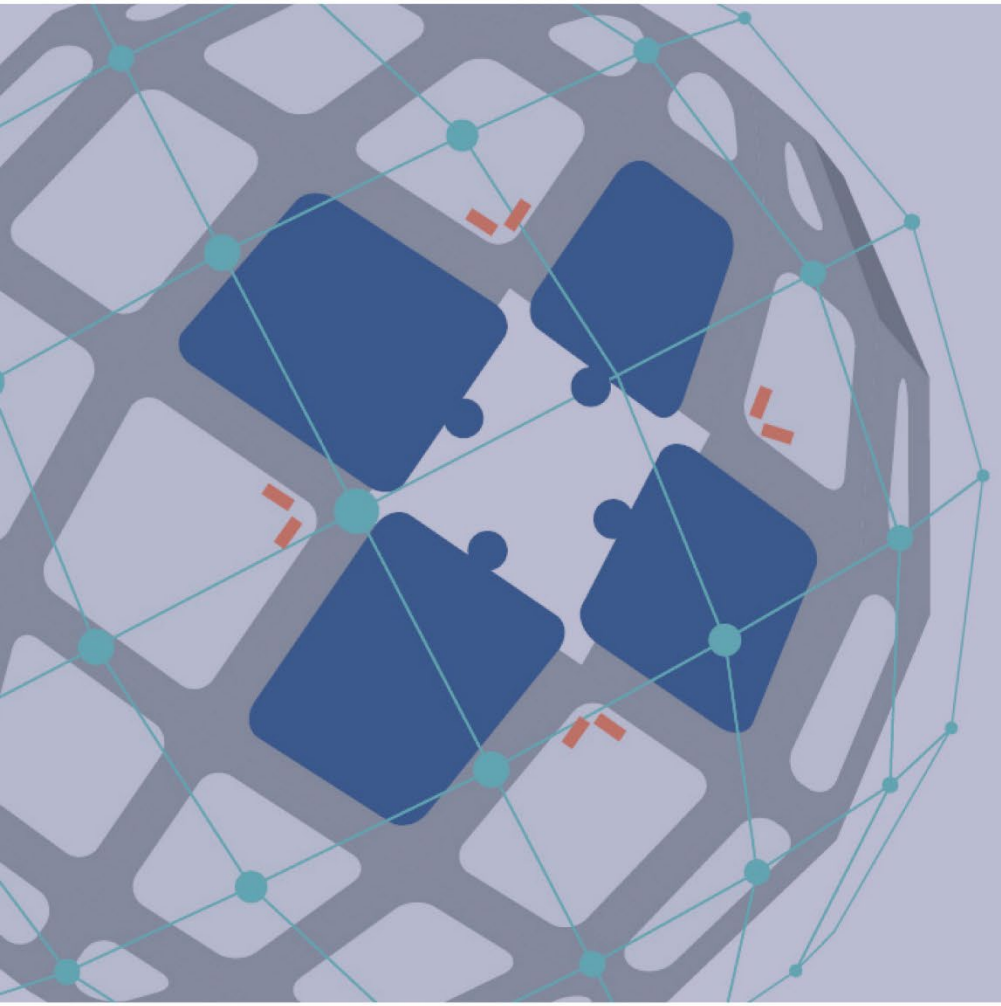


The MDS Roadmap to Critical Components of Improved Clinical & Financial Outcomes

Presented by:

Michele Self, MA, SLP
Customer Success Manager, Real Time Medical Systems

Today's Presenter

Michele Self, MA, SLP

Customer Success Manager
Real Time Medical Systems

With 30+ years of experience in the post-acute care industry, Michele has served as VP of Clinical Reimbursement for 3 large multi-state organizations, as well as Regional Director of Operations, managing over 15 SNFs. Michele specializes in reimbursement, PDPM, Managed Care and State Case mix reimbursement, MDS and RAI processes, and Quality Measures. As a Customer Success Manager for Real Time, Michele provides support to new and existing customers, utilizing her expertise to assist with education and product development regarding reimbursement, MDS, and QM changes.

Learning Objectives

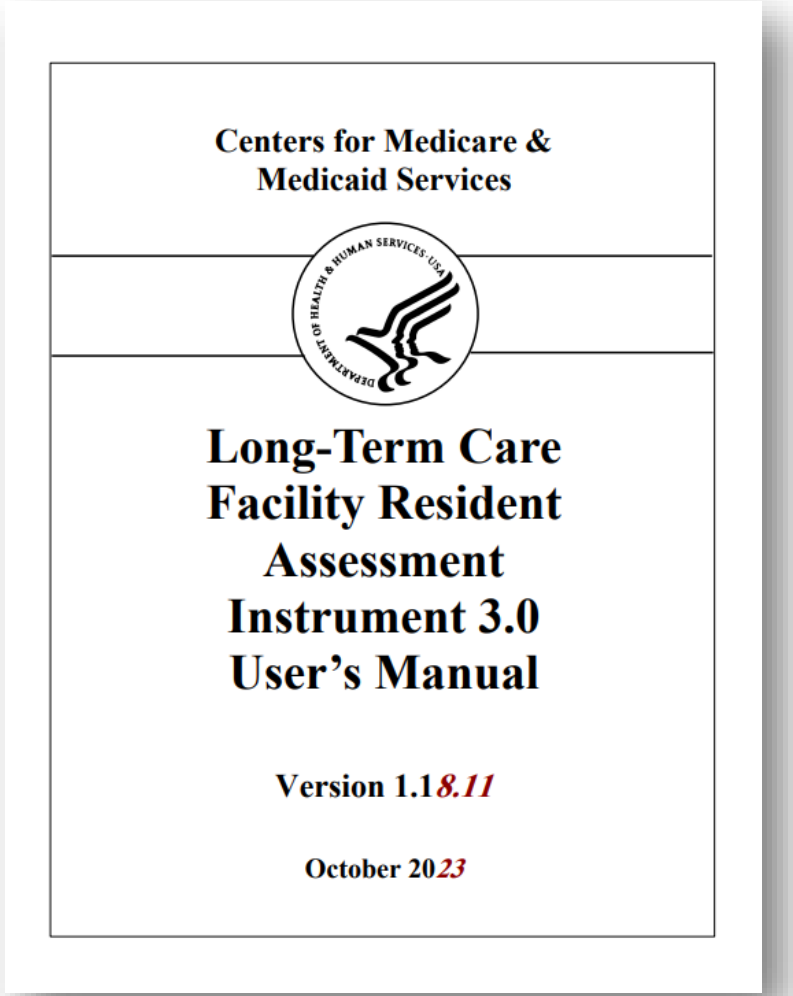
- Understand the key connection between the MDS and each area of the patient assessment and measures
- Learn how live data analytics can help drive quality of care while improving outcomes – at both the patient and facility level – while also ensuring appropriate reimbursement for care provided
- Explain how implementing a data-driven solution into the SNF workflow can help to ensure appropriate reimbursement and payment

Real Time MEDICAL SYSTEMS

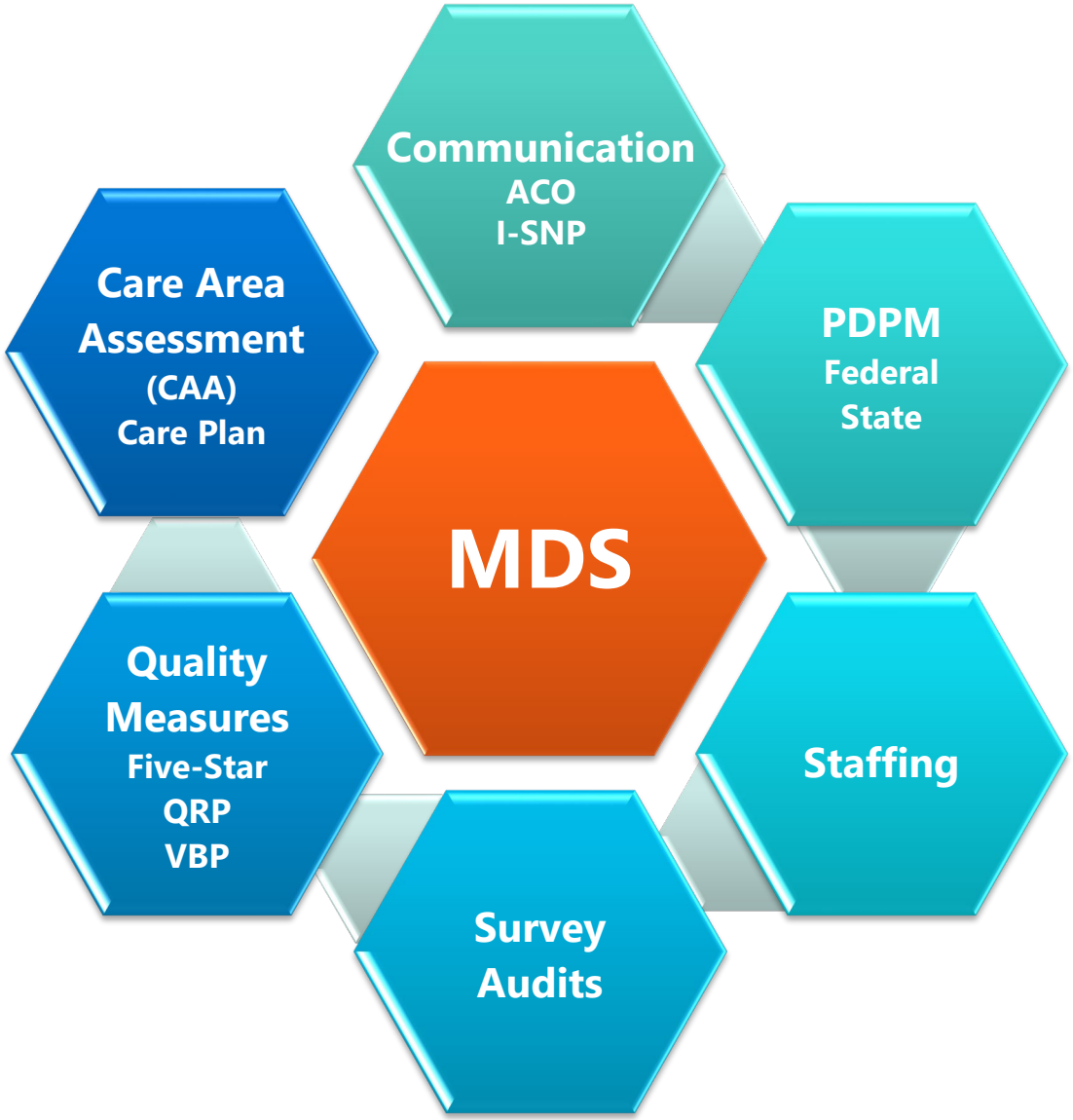
The Journey Starts With a Map!

RAI – Resident Assessment

- It is your Map!
- Offers clear guidance and direction about how to complete the MDS correctly and effectively so that it is accurate
- MDS Items Set utilized for many key purposes



We Are Connected – The Destinations



What Is Important for a Successful Journey

- Accurate RAI process
- Following the manual – Map
- Accurate assessment
- Understanding the connection

Quality Measures

- Started in 1997; first published in 1998
- Nursing Home Compare – database you could use to obtain the information
- 2000: Expanded to include nurse staffing data
- 2002: CMS released new web-based National Healthcare Corporation (NHC) guide for quality care to the consumer
- 2008: Significant change to the system introducing Five-Star Rating (first published on NHC 12/18/2008)
- Changed to Care Compare
- 2014: Added items such as Value-Based Purchasing (VBP) and Quality Reporting Program (QRP)

Quality Measures

- MDS and claim-based
- Impacts Five-Star rating
- Impacts QRP
- Impacts Value-Based Purchasing (VBP)
- State quality incentives
- Reported publicly

Five-Star: History, Definitions, and Resources

- Five-Star Technical User's Guide
  - Nursing Home Compare Technical User's Guide (cms.gov)
- The primary goal of this rating system is to provide residents and their families with an easy way to understand assessment of nursing home quality, making meaningful distinctions between high and low performing nursing homes
- Quality rating system gives each nursing home a rating between 1 and 5 stars
  - 5 stars above average
  - 1 stars below average

Quality Measures

- **Short Stay Quality Measures**
  - **Percentage of short stay residents who improved in their ability to move around on their own - 150**
  - Percentage of skilled nursing residents with new or worsened pressure ulcers/pressure injuries - 100
  - Percentage of short stay residents who got antipsychotic medications for the first time - 100
- **Long Stay Quality Measures**
  - **Percentage of long stay residents whose need for help with daily activities has increased -150**
  - **Percentage of long stay residents whose ability to move independently worsened - 150**
  - **Percentage of long stay high risk residents with pressure ulcers - 100**
  - Percentage of long stay residents who have or had a catheter inserted and left in their bladder - 100
  - Percentage of long stay residents with a urinary tract infection - 100
  - **Percentage of long stay residents experiencing one or more falls with major injury - 100**
  - Percentage of long stay residents who got an antipsychotic medication - 150

Quality Measures

Claims Based Quality Measures

- **Short Stay**
  - **Percentage of short stay residents hospitalized after a nursing home admission - 150**
  - Percentage of short stay residents who have had an outpatient emergency department visit - 150
  - **Rate of successful return to home and community from a SNF - 150**
- **Long Stay**
  - **Number of hospitalizations per 1,000 long stay resident days - 150**
  - Number of outpatient ED visits per 1,000 long stay resident days - 150

Let's Talk QRP and VBP!

- **IMPACT** (Improving Medicare Post-Acute Care Transformation Act) **2014** starts the **QRP**
  - The Centers for Medicare & Medicaid Services (CMS) implements quality initiatives to ensure quality health care for Medicare beneficiaries through accountability and public disclosure
- **PAMA** (Protecting Access to Medicare Act) **2014** mandated the VBP program
- **SNF VBP** is a CMS program that awards incentive payments to encourage SNFs to improve the quality of care they provide to patients

Why Are They Doing This?

- Value-Based Care (VBC)
- Speak to each other – bridge the gap – **SPADES** (Standardized Patient Assessment Data Elements)
- Measure same metrics across post-acute that equates to payment
- Outcome driven

CMS QRP for SNFs – What We Know

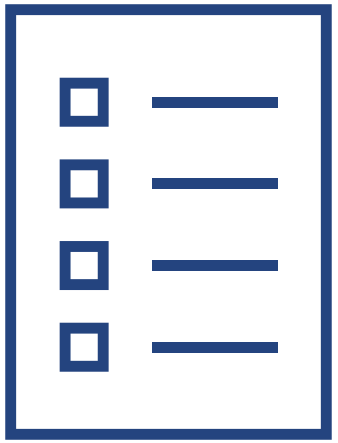
- Increase of over 200 MDS items, threshold change from 20% to 10% = 2% cut rate
- Influenza vaccination coverage among healthcare personnel data collection
  10/1/23 QRP impact ***FY 2025***
- **Discharge function** score data collection **10/1/23** impact ***FY 2025***
- Transfer of health information to the provider – Post-Acute Care data collection
  10/1/23 reported on 10/2024 reported on Care Compare ***10/2025***
- Transfer of health information to the patient – Post-Acute Care data collection
  10/1/23 reported on 10/2024 reported on Care Compare ***10/2025***
- **Final Rule FY 2025** – New item sets 10/1/25; modification 10/1/25 Now removing some from QRP
  - Living situation
  - Food
  - Utilities
  - Modification of transportation item
  - Validation process

CMS VBP For SNFs – What We Know*, continued…*

- Growing in leaps and bounds, using incentive payments based on performance and/or improvement:
  - FY 2024 – Rehospitalization
  - HealthCare Associated Infection (impacts 2026: performance year **2023-2024**)
  - Total nurse staffing/nursing staff turnover (impacts 2026: performance year **2023-2024**)
  - Successful discharge to community (impacts FY 2027: performance year **10/2023**-9/2025)
  - **Falls with major injury** (impacts FY 2027: **performance period 10/2024-9/2025)**
  - **Discharge function score** (impacts FY 2027: **performance 10/1/24-9/30/25)**
  - LS hospitalization (impacts FY 2027: performance **10/2023**-9/30/24)
  - Potentially preventable readmissions (impacts FY 2028: performance year 2024-2026)
  - **Covid Vaccine** – Collection ***10/1/24***; on Care Compare 10/1/25
- **Final Rule 2025!**
  - **Retention/Removal policy and Technical Measure Update policy**

MDS – CAA – Care plan

- **Care Area Triggers:**
  - Specific coding responses using one or more MDS data element
  - Defined logic for each area
  - Identify residents at risk for developing specific problems, needs, or strengths
  - 20 care area assessments
- **Leads to the Care Plan**



PDPM – Federal and State

- Two payments with the same name
  - Are they the same?

Federal – Medicare

- Hospital records
- Includes coverage
- First assessment is key to success
- Diagnosis capture/physician query
- More than one component
- Monitoring IPAs

State – Medicaid

- Understand your state specific rules
  - State incentive programs utilizing quality incentives and staffing
- IL – nursing portion only
- OBRA completion requirements
- Physician query – diagnosis
- Monitor for changes in condition that warrant a new MDS or ARD change

How Are They the Same?

Medicare

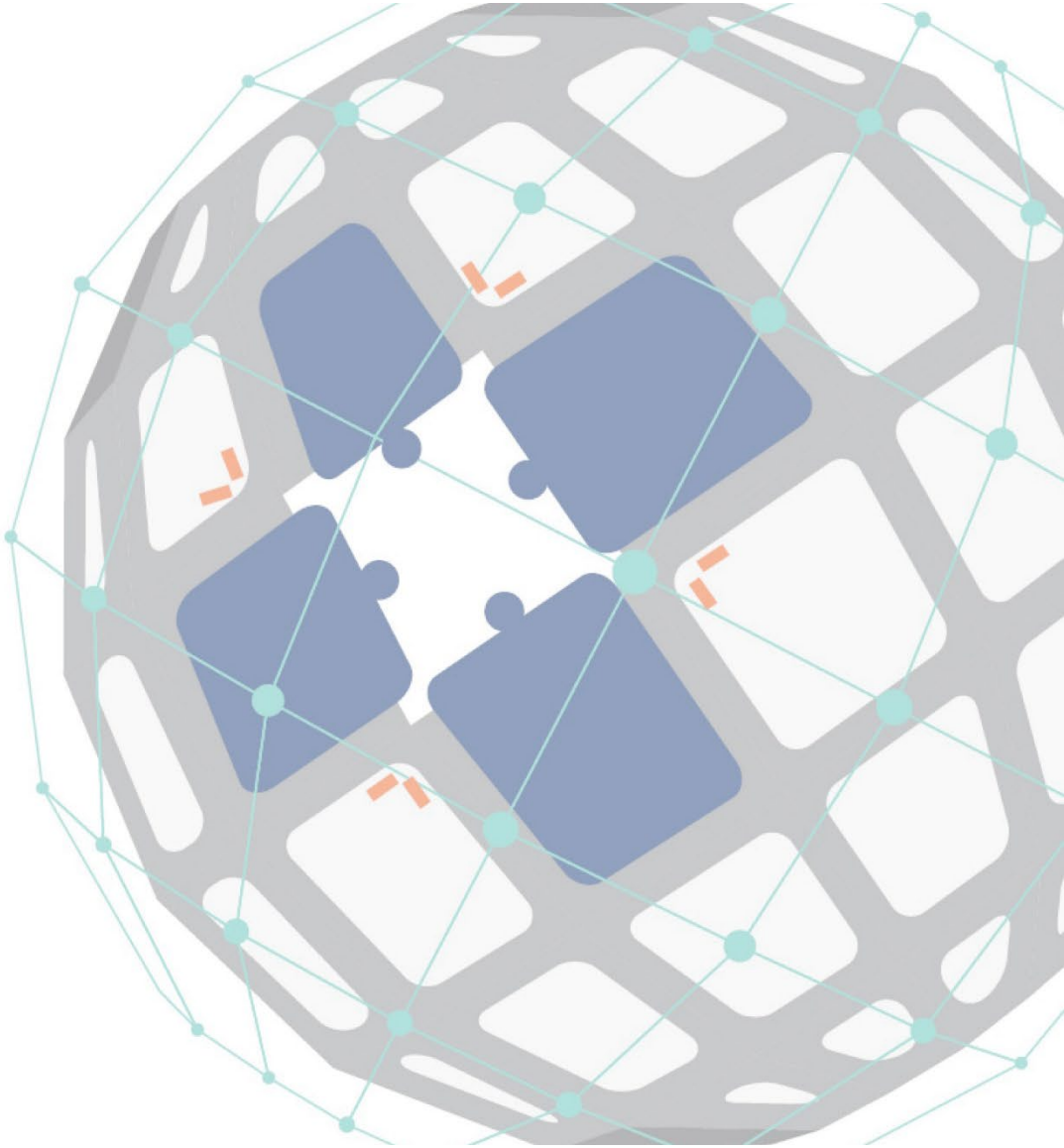
- Clinical capabilities with high acuity interventions (IV Hydration)
- Formalizing respiratory therapy programs/staff accountability
- Identification of conjunctive acuities (Fever+)
- Medical team involvement with diagnosis coding certification
- Section GG assessment and coding
- Skin/wound care assessment and interventions (treatments)
- Identification of conjunctive acuities (respiratory failure + O2)
- Identify patient changes – IPA
- Subject to audits

Medicaid

- Clinical capabilities with high acuity interventions (IV Hydration)
- Formalizing respiratory therapy programs/staff accountability
- Identification of conjunctive acuities (Fever+)
- Medical team involvement with diagnosis coding certification
- Section GG assessment and coding
- Skin/wound care assessment and interventions (treatments)
- Identification of conjunctive acuities (respiratory failure + O2)
- Identify patient changes – New assessment
- Subject to audits
- **State specific documentation requirements and coding guidelines**

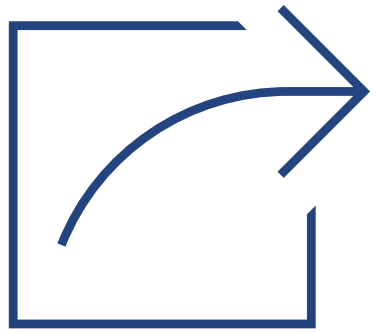
Why Is Live Data and Data Analysis So Important?

Let it help you go the right course!



Live Data Is Where It Is At!

- Typical data management looks back – claims data, MDS data, CMS Stars data
- Use of live data looks ahead – direct from SNF EHR, interventional analytics, facility performance, monitor impact of strategy change
- Improves Quality of Care:
  - No data = uncoordinated care, unknown outcomes, manual processes
  - Live data = ability to monitor patient progress, risk stratification, joint care coordination efforts, opens lines of communication, trend identification



Live Data Is Where It Is At!, *continued…*

- Connecting the continuum for better outcomes
  - Work together to mitigate risk
  - Work together on standards of care
  - Work together on plan of care at individual level
- Ability to share key data with referral partners – strengthening partnerships
- **Accuracy** of Assessment

Trends and Insights – Helping to Avoid a Crash

Call out areas where training and education or systems need improvement

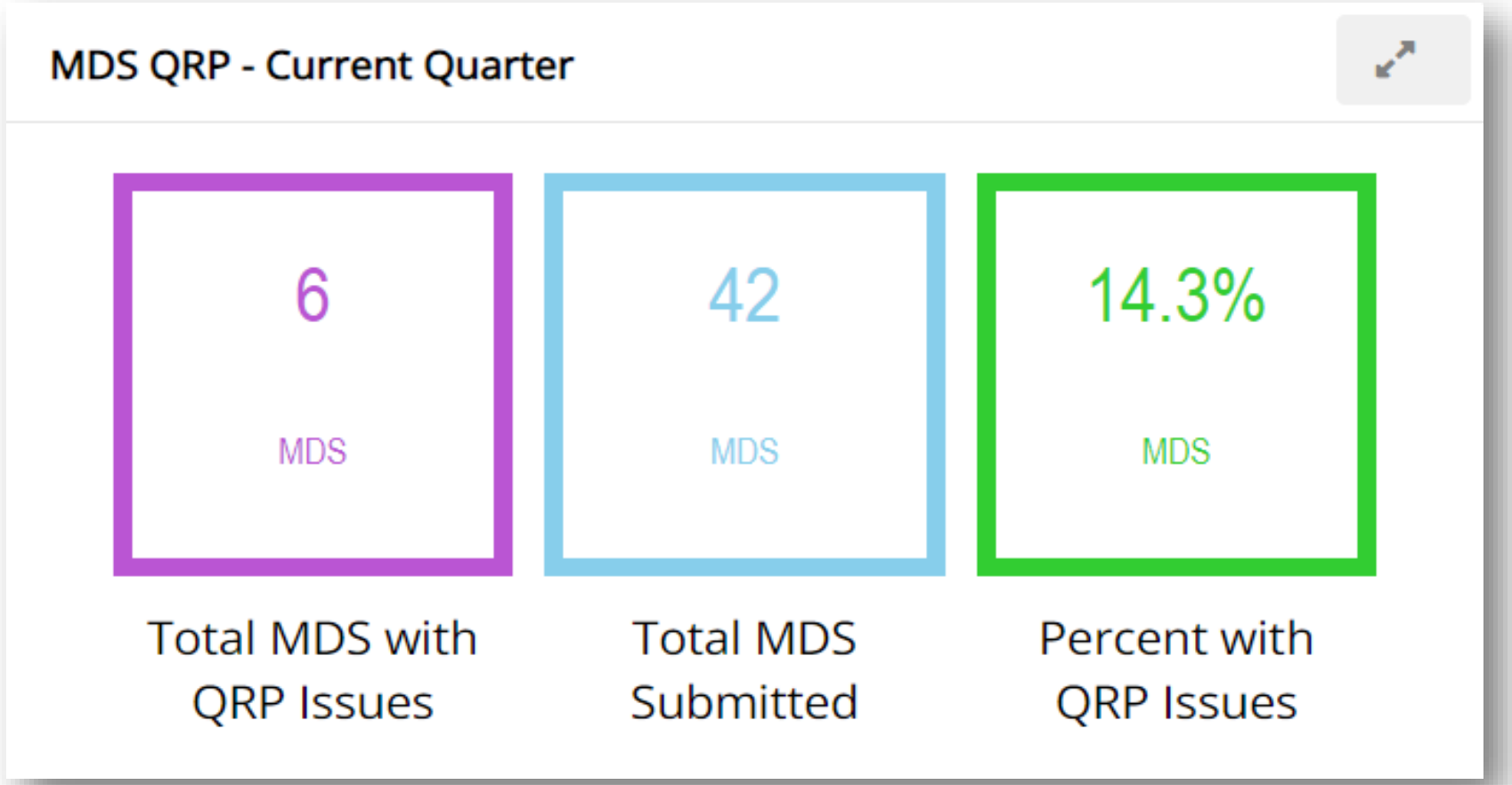
Pattern identification

Benchmarking

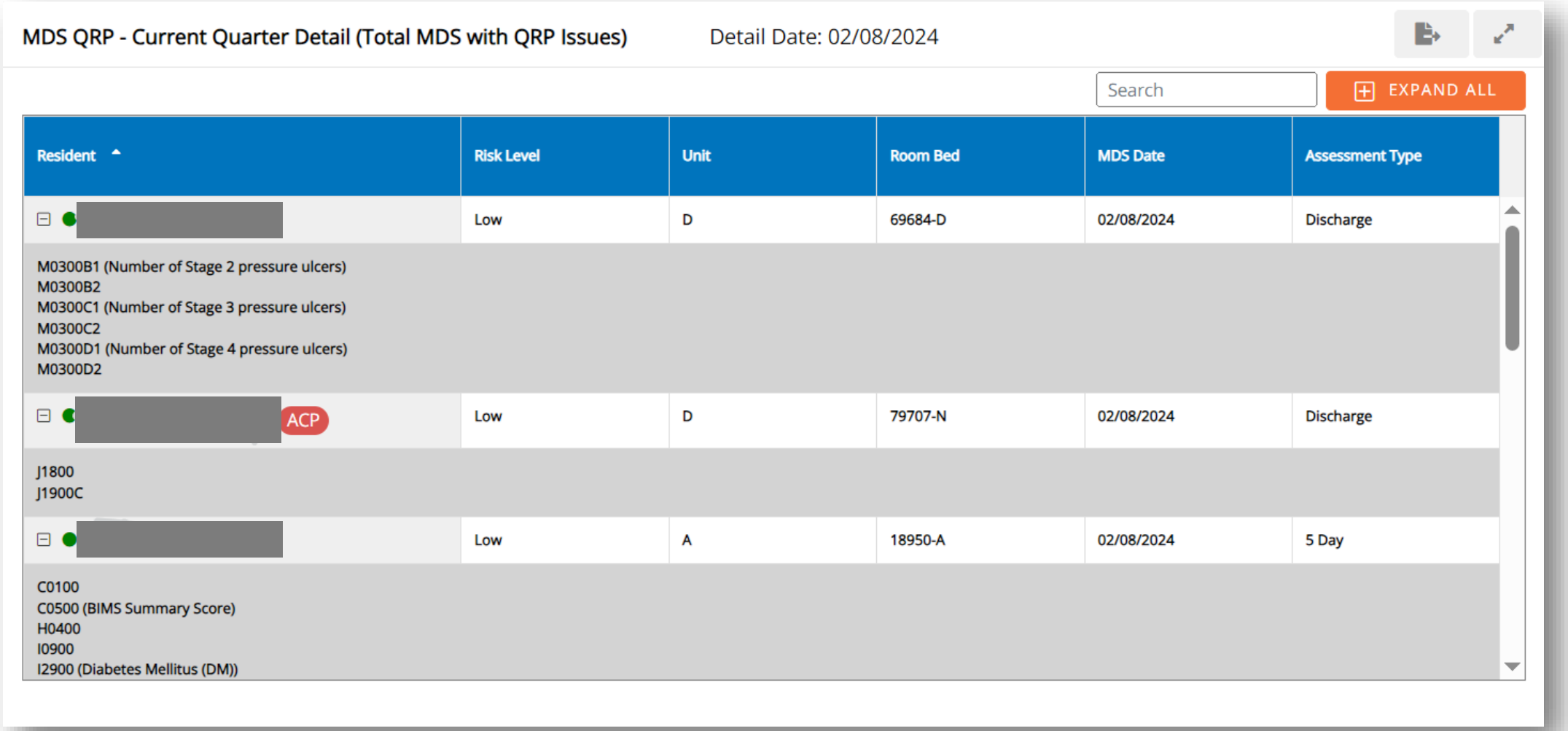
Root cause analysis

Continuous monitoring and feedback

QRP Alert


MDS QRP - Current Quarter
6
MDS
Total MDS with QRP Issues
42
MDS
Total MDS Submitted
14.3%
MDS
Percent with QRP Issues

QRP Trending



Patient Outcomes

- Knowing what is happening to our patients in real time gives us the opportunity to:
  - Reduce rehospitalizations
  - Prevent falls with major injury
  - Identify those subtle and not-so-subtle changes that may impact our d/c function score
  - Identify those subtle and not-so-subtle changes that may impact our HAI

Managing High Risk Residents

- Recognize subtle changes in clinical conditions earlier
- Swiftly change course of treatment based on monitoring of vital signs, diagnoses, and orders
- Utilize discharge reports to connect with patient in the community and to connect back to PCP
- Inform direct care staff of key pertinent diagnoses, clinical status or changes

Elements that go into identifying high-risk patients:

C — **Clinical Alerts**

Number of clinical alerts that occurred in the last 72 hours

A — **Admission Recency**

Based upon number of days since admission, with fewer days increasing score

R — **Readmission History**

Scored if any hospital or ED visits in the last 180 days

D — **Diagnosis Score**

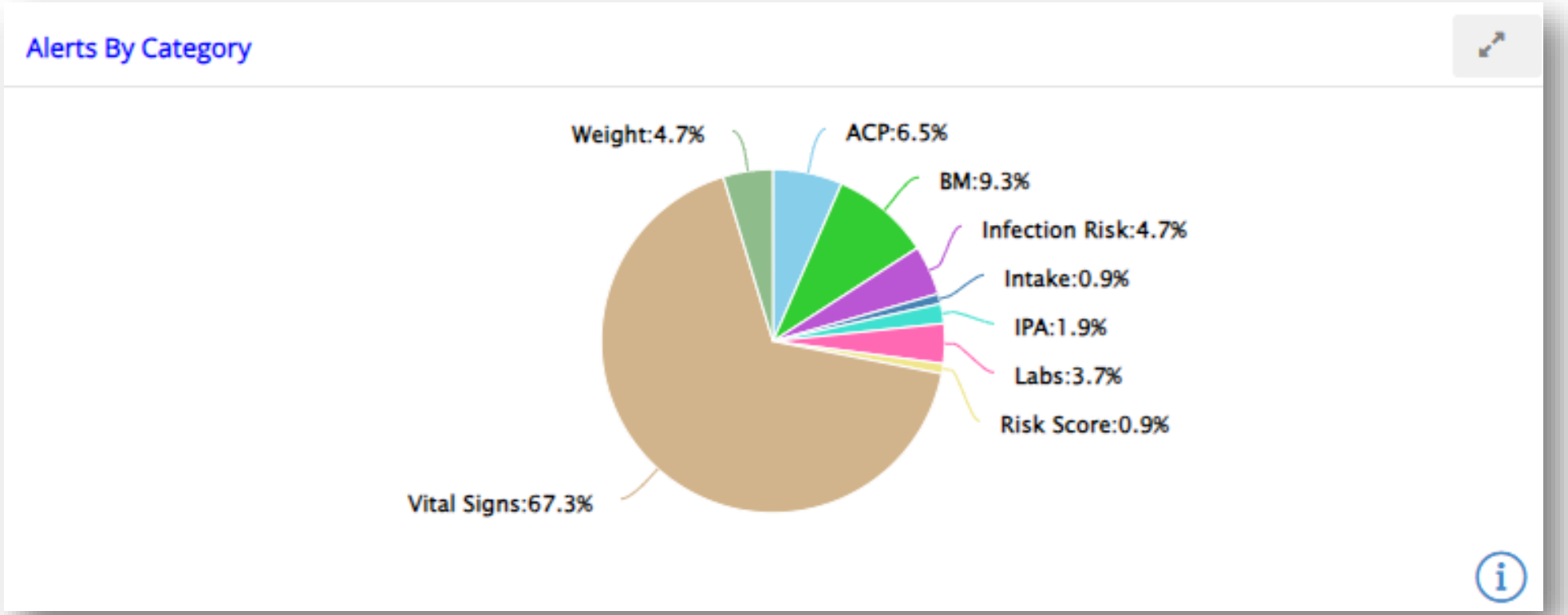
Based upon existence of specific, active diagnoses/comorbidities

Automate these elements with technology that uses live data to know what is going on with your whole resident population, at-a-glance

Utilizing Live Data

- Utilize live data analytics to:
  - Address clinical issues as they occur
  - Improve accuracy of assessment
  - Decrease hospitalizations
  - Monitor at risk patients
  - Monitor functional status (against expected progress)
  - Identify trends and opportunities for system or process changes as well as education

Live Data and Clinical Changes



Clinical Changes

24 Hour Report — Detail Date: 07/29/2024

« ‹ 1 of 8 Pages › »

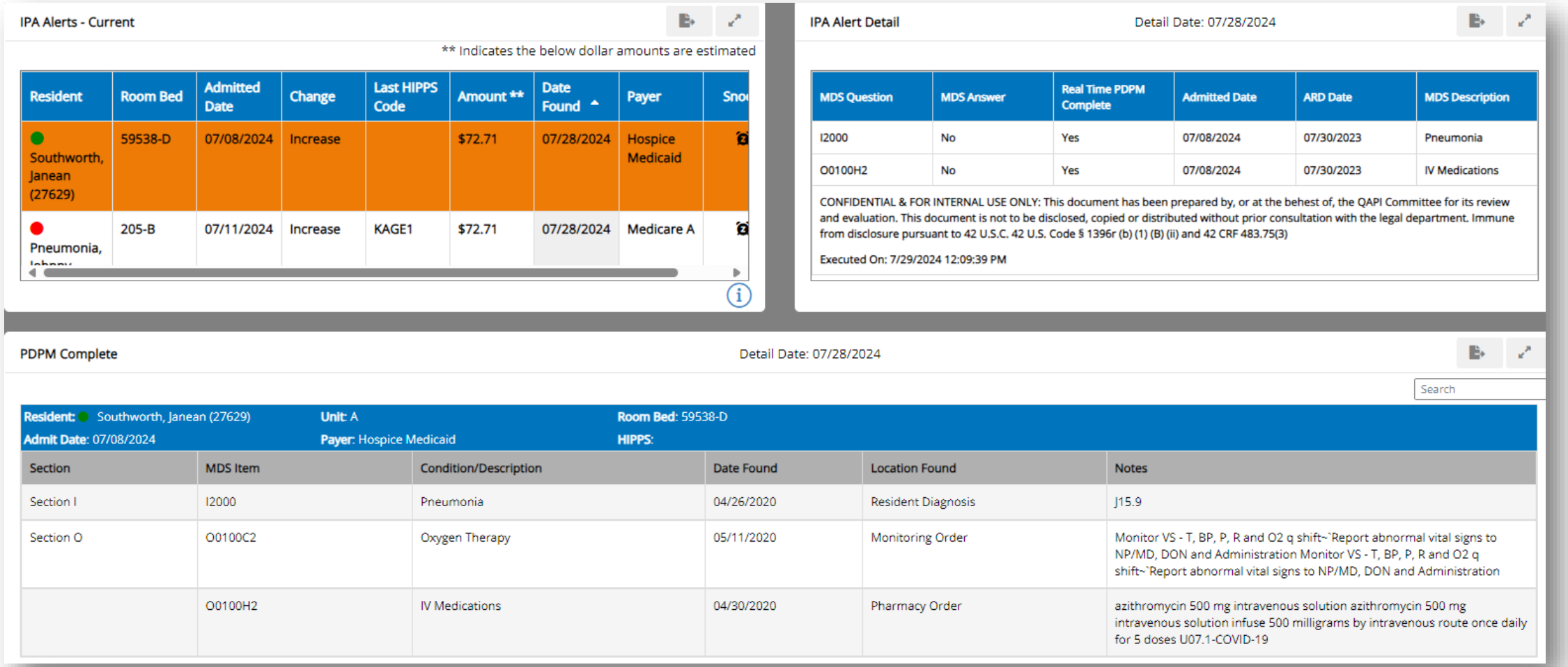
Search

Resident	Risk Level	Unit	Room Bed	Admitted Date	Primary Physician	Alert Message	Alert Period	Suggested Interventions	Facility
								Protocol	
Andrade, Daryl (49514)	Moderate	12th Floor	08598-E	08/05/2023	Dr. Noel Shum	Diastolic blood pressure of 101 mmHG was documented on 12/16/2021 16:18, which is greater than the resident baseline and differs by at least 10 mmHG (82 calculated on 12/12/2021 18:45).	07/28/2024	▫ Recheck B/P in 15 minutes and monitor Vital signs q4 for next 24 hours report changes ▫ Check O2 saturation and CBS, report abnormal values to MD ▫ Consider orders for –CXR, EKG, BNP, CBC and BMP ▫ Consider initiating or increasing diuretic or Cardiovascular medications ▫ Notify MD, PA, NP with results ▫ Update care plan and directives if appropriate	Demo Facility D
Andrade, Daryl (49514)	Moderate	12th Floor	08598-E	08/05/2023	Dr. Noel Shum	Pulse of 58 bpm was documented on 12/16/2021 11:07 , which is less than 20 bpm from the resident baseline (81 calculated on 12/11/2021 16:38).	07/28/2024	▫ Recheck pulse rate in 15 minutes and Monitor Vital signs q4 for next 24 hours report changes ▫ Consider orders for O2, EKG, CBC and thyroid panel ▫ Assess medications for ASE ▫ Assist with standing, walking and transfers ▫ Notify MD, PA, NP with results ▫ Update care plan and directives if appropriate	Demo Facility D
Andrade, Daryl (49514)	Moderate	12th Floor	08598-E	08/05/2023	Dr. Noel Shum	Systolic blood pressure of 178 mmHG was documented on 12/16/2021 12:22, which is	07/28/2024	▫ Recheck B/P in 15 minutes and monitor Vital signs q4 for next 24 hours report changes ▫ Check O2 saturation and CBS, report abnormal values to MD ▫ Consider orders for –CXR, EKG,	Demo Facility D

Example | Key Word

Resident	Risk Level	Unit	Room Bed	Admitted Date	Keyword	Keyword Phrase	Author	Type of Note	Date of Note
						Musculoskeletal: Joint pain, Back pa in, Gait problems, Joint swelling, Myalgias Neurological:			
Pneumonia, Johnny (75301) ACP	High	B	205-B	07/11/2024	Fall	Upon entering room, patient is on the floor, on his hands and knees. Housekeeping stated that they heard him *Fall* out of his wheelchair. He has his head resting on reclining chair. States that he thinks he fell asleep in	Alexis Axel		07/29/2024 12:00 AM
Alicia, Orville (71964) ACP	High	A	11266-A	07/16/2024	Injury	250 UNIT/GM Apply to Left great toe wound topically every day shift for Left toe Wound related to UNSPECIFIED SUPERFICIAL *Injury* OF LEFT GREAT TOE, INITIAL ENCOUNTER (S90.932A) Left great toe wound: Cleanse area with normal saline and ga uze, pat	Tess Ochwat		07/28/2024 1:01 PM
Alicia, Orville (71964) ACP	High	A	11266-A	07/16/2024	Wound	Santyl Ointment 250 UNIT/GM Apply to Left great toe *Wound* topically every day shift for Left toe Wound related to UNSPECIFIED SUPERFICIAL INJURY OF LEFT GREAT TOE, INITIAL ENCOUNTER (S90.932A) Left great toe wound: Cleanse area with normal saline and ga uze, pat dry with gauze. Apply a pea sized amount of Santyl into wound bed. Apply skin prep to surrounding wound. Cover with telfa and snake gauze between toes. Ensure that area is covered. out of this medication	Tess Ochwat		07/28/2024 1:01 PM
Alicia, Orville (71964) ACP	High	A	11266-A	07/16/2024	Decrease	ml via PEG-Tube one time a day for Supplementation Severity: Moderate Interaction: Multivitamin Liquid may impair the gastrointestinal absorption and	Silvana Zalazar		07/28/2024 1:32 PM

Example | IPA and State Alert



IPA Alerts - Current

** Indicates the below dollar amounts are estimated

Resident	Room Bed	Admitted Date	Change	Last HIPPS Code	Amount **	Date Found	Payer	Sno
Southworth, Janean (27629)	59538-D	07/08/2024	Increase		$72.71	07/28/2024	Hospice Medicaid	
Pneumonia,	205-B	07/11/2024	Increase	KAGE1	$72.71	07/28/2024	Medicare A	

IPA Alert Detail

Detail Date: 07/28/2024

MDS Question	MDS Answer	Real Time PDPM Complete	Admitted Date	ARD Date	MDS Description
I2000	No	Yes	07/08/2024	07/30/2023	Pneumonia
O0100H2	No	Yes	07/08/2024	07/30/2023	IV Medications

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Executed On: 7/29/2024 12:09:39 PM

PDPM Complete

Detail Date: 07/28/2024

Search

Resident: Southworth, Janean (27629) **Unit:** A **Room Bed:** 59538-D
Admit Date: 07/08/2024 **Payer:** Hospice Medicaid **HIPPS:**

Section	MDS Item	Condition/Description	Date Found	Location Found	Notes
Section I	I2000	Pneumonia	04/26/2020	Resident Diagnosis	J15.9
Section O	O0100C2	Oxygen Therapy	05/11/2020	Monitoring Order	Monitor VS - T, BP, P, R and O2 q shift~`Report abnormal vital signs to NP/MD, DON and Administration Monitor VS - T, BP, P, R and O2 q shift~`Report abnormal vital signs to NP/MD, DON and Administration
	O0100H2	IV Medications	04/30/2020	Pharmacy Order	azithromycin 500 mg intravenous solution azithromycin 500 mg intravenous solution infuse 500 milligrams by intravenous route once daily for 5 doses U07.1-COVID-19

Live Analytics Provides Supportive Care

- Risk assessments
- Keyword alerts
- Subtle resident-specific baseline changes
- Treatment interventions
- Meet regulatory standards for care
- Recognize infections
- Identify Advance Care Planning potential
- Identify new diagnosis for documentation compliance

Strategies to Stay on Course

Team Approach

- Develop a team approach to process and systems via:
  - A strong DON and MDS relationship
  - Joint training
  - Clear roles and goals
- Maintain strong communication with team through:
  - Weekly/bi-weekly utilization review processes
  - Frequent rehab communication
  - Weekly updates with IDT

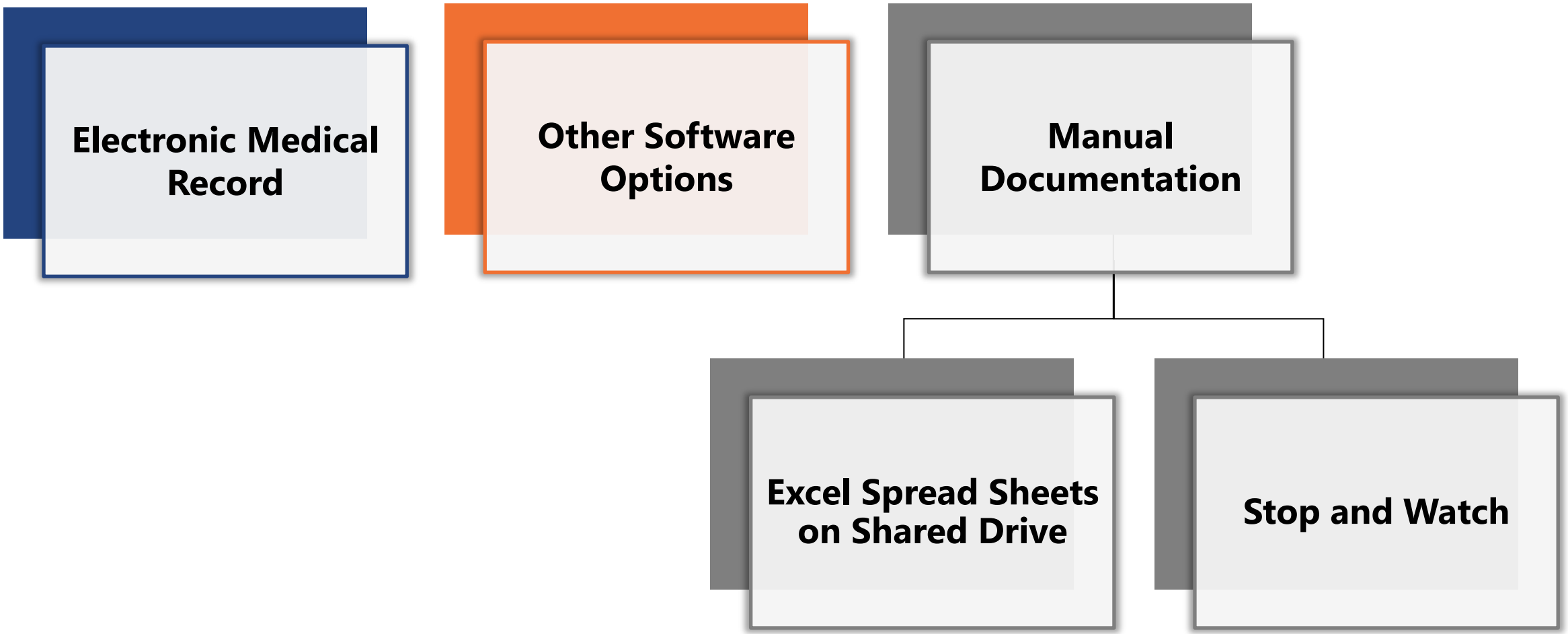
Educate Your Team Now

Does your team know what QRP and VBP are?

Do they know the impact they have on these programs and the MDS?

Do they understand that new or changing processes are to help with these programs?

Identify What Live Data You Will Use



Determine a Starting Point

- Where do you need to strengthen your systems?
  - Are there any trends?
- Look at where your opportunities are in the span of the patient stay
  - Admission
  - During stay
  - Discharge
- Look at MDS opportunities
  - Clinical sections
  - Systems and types of assessments

Analytic Technology – What's Important

- Capture live clinical data from the EHR
- Use interventional vs. predictive analytics
- No duplicate data entry
- Risk stratify residents
- Don't miss key words from nursing/ progress/narrative notes
- Provide suggested evidence-based clinical interventions
- Customizable alerts
- Calculate QMs before CASPER report
- Immediate risk assessment, readmission risk scoring, readmit, and LOS trending by diagnosis
- Infectious disease outbreak monitoring
- Automated, centralized infection control and antibiotic stewardship
- HAI vs. CAI analysis
- Accessible from IOS or Android devices
- Availability of LIVE notifications
- Optimized reimbursement capture of data
- Improves staff burnout/overload

Care Coordination

Team Collaboration

Provider Networks

Patient-Centered Approach

Care Transitions

Continuous Monitoring and Evaluation

Resources

- SNF QRP Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2025 Annual Payment Update Determination
  https://www.cms.gov/files/document/fy-2025-snf-qrp-apu-table-reporting-measures-and-data.pdf
- SNF QRP Frequently Asked Questions
  https://www.cms.gov/files/document/fy2024-snf-qrp-faqs.pdf
- CMS.gov Value-Based Care Spotlight
  https://www.cms.gov/priorities/innovation-center/value-based-care-spotlight
- CMS.gov Skilled Nursing Facility Center
  https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/skilled-nursing-facility-center
- CMS.gov Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual
  https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

Questions? Let's Discuss!

Michele Self, MA, SLP
Customer Success Manager
Real Time Medical Systems
michele.self@realtimemed.com | 317-258-1534

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