Benchmarking for Success in a Value Based Environment
Objectives of the Session

• Understand the importance of measuring and monitoring quality indicators.

• Evaluate how quality is impacting payment.

• Learn from a case study on how an organization has adopted quality monitoring and change.
Payment Models are Changing

Are you changing?
Should you change?
The Triple Aim Goals

• Better Care
  – Improve/maintain quality and patient outcomes
  – Eliminate avoidable re/admissions
  – Eliminate potentially preventable conditions (e.g., never events)

• Better Health
  – Primary care driven
  – Focus on prevention & wellness

• Reduce Cost
  – Reduce/eliminate duplication
  – Improved coordination
MN Medicaid Nursing Facility Payments

- Quality add-on payments
  - Effective September 1, 2013 – based on MN DHS scorecard
  - Effective October 1, 2015 – application process

- Performance Incentive Payment Program (PIPP)
  - Up to 5% add-on
Other Payment Changes

- Hospital – reduction in payments for readmissions

- Medical home – encouraged to combine capitation, fee for service and pay for performance

- Accountable Care Organizations

- Reduction in Medicare home health fee for service payments
# Quality Measure Overview

<table>
<thead>
<tr>
<th></th>
<th>Medicare SNF VBP Demo</th>
<th>Medicare ACOs</th>
<th>MN Medicaid Quality Payment</th>
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<tr>
<td>Nursing Home Compare</td>
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<tr>
<td>• Influenza immunization</td>
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<td>• Pneumococcal vaccination</td>
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<td>• Depression Screening</td>
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<td>• High Blood Pressure Screening</td>
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<td>Readmissions</td>
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<tr>
<td>MN Quality Indicators</td>
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<td>MN Quality of Life</td>
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<td>Staffing</td>
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<td>POLST</td>
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<td>Palliative Care</td>
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<tr>
<td>Resident /Patient Satisfaction</td>
<td>?</td>
<td>X</td>
<td>X</td>
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</table>
Today’s paradigm – we generate more revenue when we do more

From Volume to Value

Tomorrow’s paradigm – we get rewarded when we deliver greater value
Reimbursement in a Reforming Environment

- **Pay for value = high quality + cost efficient care**
  - Incentive or bonuses for achieving performance metrics
  - Shared Savings maximized by quality performance
  - Partial or Full capitation (rewards right care, right place, right time)

- **Still impacted by referrals or volume**
  - Medicare (CMS, ACOs, Bundled Payments)
  - Medicaid (Value Based, ACOs)
  - Medicare Advantage/Managed Care plans
  - Private Pay

- **Payers and referral sources will be have a growing interest in Post Acute Care provider performance and consumer perceptions of care**
Value-Based Payment

Providers receive a financial reward for achieving or exceeding an established outcome for pre-defined measures.

Types of Performance Measures
- Cost of care
- Process of care
- Outcomes of care
- Structural
- Consumer satisfaction/perception of care

Types of Value Payments
- Incentive payment
- Shared savings
- Capitation
Array of Payment Options

Spectrum of Payment Models for Health Plans and Providers

**Increasing Level of Risk**

<table>
<thead>
<tr>
<th>Fee-for-service</th>
<th>Performance-based, fee-for-service</th>
<th>Shared savings</th>
<th>Risk sharing</th>
<th>Full capitation</th>
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</thead>
<tbody>
<tr>
<td>Negotiated payment based on volume of service</td>
<td>Negotiated payment for volume plus additional incentives for managing costs, quality, and patient experience</td>
<td>Shared savings if interim costs are less than target</td>
<td>Shared savings and shared losses</td>
<td>All savings/losses are assumed by provider</td>
</tr>
</tbody>
</table>
Benchmarking

• **Against Who?**
  – Peers
  – Yourself

• **How Often?**
  – Monthly
  – Quarterly
  – Annually

• **What Should Be Benchmarked?**
  – Quality Information consistent with Strategic Direction
  – Information Necessary to Demonstrate Value
  – Key Financial Information
Benchmarking (cont.)

- Measure what matters
- Take Action on what is Measured
- One Item in isolation doesn’t demonstrate success or failure
- Available Quality Benchmarks
  - MN Scorecard
  - Nursing Home Compare
Keys to Success

These key success factors have not changed

1. Volume
2. Marketshare
3. Strong, diverse referral network
4. Low cost, high quality provider
5. High customer satisfaction
6. Strong, positive reputation

New changes

1. New performance metrics
2. Specialty services
3. Physician engagement and leadership
4. Incorporating health preservation and recovery into senior living
5. Relationship cultivation
6. Negotiation skills
7. Payment models
Provider Know Thyself

- How much risk are you willing/able to take?
- What is your payer mix?
- What are your key referral sources and physician doing? Which providers see your residents?
  - Possible partnerships → lower cost of care
  - Network? Where might they see “Value”?
Define Your Organization’s Value Proposition

- What is your quality?
  - Performance
  - Dashboards
- What are your cost?
- What is your model of care?
- Who have you collaborated with?
- What other services willing to provide if reimbursed?
  - Adult Day Care, Memory Care, Therapy

“Tell them your story”
Defining Your Organization’s Value Proposition

Element I: Tell Your Story and Care Delivery

• Tell your story: Explain what services you provide, the type of resident and geography you serve currently
  • Discuss the non-profit difference and demonstrate through metrics how your outcomes prove your non-profit value
• Care Delivery
  • What is your model of care? Discuss your staffing model
  • What best practice protocols or evidence-based medicine do you employ in your organization?
  • Describe any innovative care or payment delivery models you have used in the past
  • Describe your approach to providing person-centered care
  • Describe any care coordination or care transition programs/services you provide today
Defining Your Organization’s Value Proposition

Element II: Quality/Performance

- Continuous quality improvement: Describe your quality improvement processes
  - Do you conduct root cause analyses when you identify a problem?
  - How do you identify and resolve issues?

- Share your performance on key quality and performance metrics?
  May include:
  - Resident satisfaction scores
  - Readmission rate for residents to the hospital
  - Falls rate
  - Medical errors resulting in hospitalization
  - Occurrences of pressure ulcers, weight loss and infections
Defining Your Organization’s Value Proposition

Element III: Costs and Reimbursements

• Describe how your organization and the services it provides are cost effective alternative to a higher cost setting (e.g., if you’re a SNF, how are you a better value than a hospital; if an assisted living how can you attain the same patient outcomes in your setting less expensively than a nursing home, etc.)
  • Explain what your current Medicaid rate is and typical services provided for that rate
  • Describe steps you’ve taken to provide cost effective care
• Describe services that you could provide that produce better outcomes for patients at a lower cost
  • Example: caregiver support following patient discharge from SNF to reduce re-hospitalizations, or need for institutional level services
  • Example: Serving clinically complex patients. Would you be willing to add service/staff appropriately so these individuals could be maintained in your setting if paid a higher rate by the MCO?
• Discuss additional services willing to provide to maintain the resident and negotiate different rate for that package of service
Defining Your Organization’s Value Proposition

Element IV: Communication and Partnerships

• Does your organization have an electronic health record?
  • Share dashboards on the quality outcomes to tell your story
  • If no EHR currently: talk to the plan to see if they have any resources that could help you invest in this important technology, which could help you improve care transitions and better manage patient populations

• Discuss any current care transition processes to/from hospital or home that you have in place today. Inquire about their preferred approach and how they could help you establish these processes if there are no current protocols

• Describe any current or past provider partnerships that you have participated in to improve care or outcomes for the people you serve

• See if there are grants available through the MCO foundations or companies that support testing new approaches to care delivery in general or for targeted populations
Case Study
The Sholom Process

• March 2013
  – Board approved the strategic planning process
• Summer 2013
  – CLA interviewed board members and staff, distributed questionnaires, provided board education
  – From this information a strategic framework emerged
• Fall 2013
  – Strategic imperatives were defined
  – Board Advance planned
  – Imperatives are approved and in practice
• Winter 2014
  – The 4 imperatives are refined into operational realities
Sholom’s process was driven by Triple Aim Goals:

- **Better Care**
  - Improve/maintain quality and patient outcomes
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  - Eliminate potentially preventable conditions (e.g., never events)

- **Better Health**
  - Primary Care Driven
  - Focus on Prevention & Wellness

- **Reduce Cost**
  - Reduce/eliminate duplication
  - Improved coordination
**Value**
Commit to providing the highest levels of service quality and customer service in a Jewish environment

**Objectives:**
- Excelling in customer satisfaction
- Exceeding payer expectation
- Leading in clinical outcomes

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**People**
Deliver an employment experience that attracts, preserves, and inspires excellence

**Objectives:**
- Enhancing the Employee Experience
- Acquiring Top Talent
- Employee growth and development

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**Financial**
Commit to sound fiscal stewardship

**Objectives:**
- Facilitating a culture of strong financial discipline with sustainable margins
- Limiting financial risk.
- Accumulating cash reserves and build balance sheet strength

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**Mission**
Respond to the ever changing needs of older adults

**Objectives:**
- Leveraging current programs and services
- Expand and engage donor base
- Diversify revenue sources away from Gov. support while ensuring sustainable products
- Create organizational depth
The Imperative’s Business and Policy Framework

Otherwise known as the IOI model:

• The 4 **IMPERATIVES** will drive Sholom’s board work. (V,P, F,M)
• The **OBJECTIVES** will drive Sholom’s committee work.
• The detailed **INITIATIVES** will drive staff’s work.
• **The Imperatives and objectives don’t change unless the board changes them!**
• The initiatives **do change**
The Imperatives hierarchy
Application and Communication
IOI model at work...

Practical application
- Imperatives
  - Board of trustees
  - Applies to all decisions
- Objectives
  - Committees
  - Guides all decisions
- Initiatives
  - Staff
  - Drives staff work

Communication tools
- Imperatives
  - Pulse Report at every board meeting
- Objectives
  - Various external/internal measurement tools
    - State surveys
- Initiatives
  - Various internal measurement tools
    - Consumer surveys
Shirley Chapman Sholom Home East

740 Kay Avenue  Saint Paul, MN  55102  (651)646-6311

Report Card History

<table>
<thead>
<tr>
<th>Report Card Date</th>
<th>Resident Quality of Life</th>
<th>MN Clinical Quality Indicators</th>
<th>Hours of Direct Care</th>
<th>Staff Retention</th>
<th>Temp Staff Agency Use</th>
<th>Proportion of Beds in Single Rooms</th>
<th>State Inspection Results</th>
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Measure is Updated: Yearly Quarterly Yearly Yearly Yearly Quarterly Quarterly

Click to see details of Resident Quality of Life
Click to see details of MN Quality Indicators
The next level

• Occupancy
• Staffing

Unique in-house CNA/HHA certification course: three graduating classes from June 2013 - May 2014, resulting in new hires
The Staffing paradigm

• CNA/HHA training program development
  – Grassroots
  – Don’t wait for others to lead…. Step up!
  – Community Interest
    • Donor opportunities
  – Grow “our” own
  – Training focused on clinical skills plus 55 hours of customer service and Jewish values
Objectives

• Train, hire and develop employees who “lead with their head AND heart” in all the work they do.

• Bring to life customer service values in a personal and meaningful way so that it becomes a way of being with others, even under stress, while delivering superior quality care.

• Foster this customer care culture throughout Sholom, which should increase engagement, satisfaction, and retention of employees and customers alike. Research clearly demonstrates this leads to higher revenue and lower costs.
Customer Service Goal

Every person you interact with feels important, respected, and positive about the experience, as though they are the most important person in the world to you for that moment.

"People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

- Maya Angelou
Philosophy

In order for anyone to be able to provide excellent customer service over the long run, 3 things need to be in place:

✓ Deep awareness about why it matters to you – what gives you meaning, purpose and passion around creating a fabulous customer experience. Equally important is knowing your strengths, and what you need to do to maintain your optimal performance long term. Only then will you be motivated to work hard every day at giving your absolute best no matter what the circumstances.

  Working on this is an individual commitment and experience we create for you in the company of a small group, creating deep bonds with people who serve as each other’s support and real time peer advisory team. This makes the curriculum unique.

✓ Learning essential clinical skills along with proven components of customer service and the associated best practices.

✓ Providing continued support to graduates, ensuring the learning sticks.
Training Overview

- 105 hours clinical skills
- 55 hours customer service - created for and tailored to Sholom
- Rigorous course – 3rd one starts February 24th
- 200 applicants - 16 spots
- Frequent interaction and feedback from residents, instructors and staff
- All graduates of inaugural class offered Sholom jobs. 100% graduation rate for the 2nd class.
- Customized content, able to be rolled out across Sholom in small portions
Results

✓ High level of Engagement with Fellow Staff and all Customers
✓ Increased Confidence
✓ Top Quality Clinical Skills
✓ Leading Edge Customer Service Skills
✓ Compassion Fatigue Prevention
✓ Practical Feedback from Interacting with Residents

Measured and tracked over time, these results contribute to greater customer satisfaction ratings, continued high engagement, optimal performance, higher revenue and lower costs.
Measuring Long Term Impact

• Sholom CNA/HHA graduate hires are assigned a mentor to onboard them who has had the same customer service training.

• Graduates tracked over time through surveys provided to them individually, to their supervisor, to a co-worker, and people they provide care to.

• A control group of new CNAs who have not yet received the customer service training will be tracked as a comparison to measure impact.

• A customer service educator will shadow them and the control group as an additional means to measure effectiveness of the training and provide insights for continually strengthening the curriculum and providing support to new hires.
Resident Reaction

“In my 100 years I’ve never met someone like this trainee. She considers work an honor, not a burden. She goes well beyond the call of duty without thinking about limits. If anyone says ‘would you...?’, she is there no matter whether the request is for a little or big something to make that person’s life better. Everyone has different requests, but she is patient and remembers their preferences. She is a real credit to our organization, has endless energy, and shows all that’s required for taking on the responsibility of her position at Sholom. That is why I asked if I could tell you about her.”
Family Reaction

“I just moved my mother to Sholom after 7 weeks in a different organization’s facility that was a bad experience. I live in a different state and flew here to make sure this is a good place for my mother to be. I was watching one of your CNA trainees interact with my mother during music activity.

I wanted to tell you how pleased I was with the attention and care she gave my mother. I could tell her heart was in it. I am so impressed that this organization is taking the time to train all of its employees in customer service. That means so much to me and gives me the confidence and trust I need to go home and leave my mother in your capable hands.”
Student Reaction

“I thought I was coming into a regular CNA class and discovered it was way more. My life suddenly became an adventure. I learned I am not alone. We are a team. I learned to not be afraid to ask questions. I developed leadership skills and challenged myself to go above and beyond.

I gained pride, confidence, knowledge, and respect for the people within Sholom. The strength I gained will not only benefit me, but will also allow me to be a rock for the people I care for when they can no longer be strong themselves.”
Thank You!
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