

**Value Based Reimbursement Models:
Implications for Fieldwork**

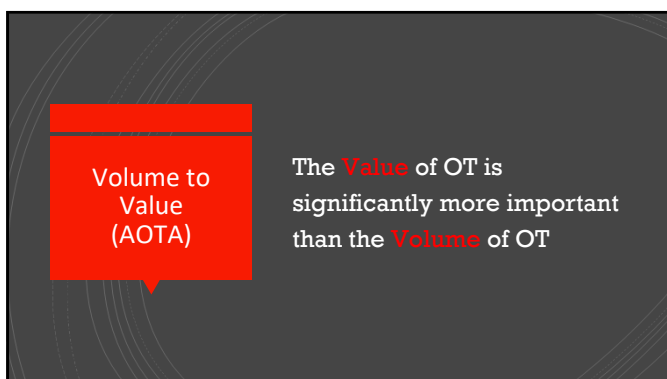
Sheelagh Schlegel, MPH, OTR/L
Sacred Heart University

Amy B. VanCamp, OTD, OTR/L
University of New Hampshire



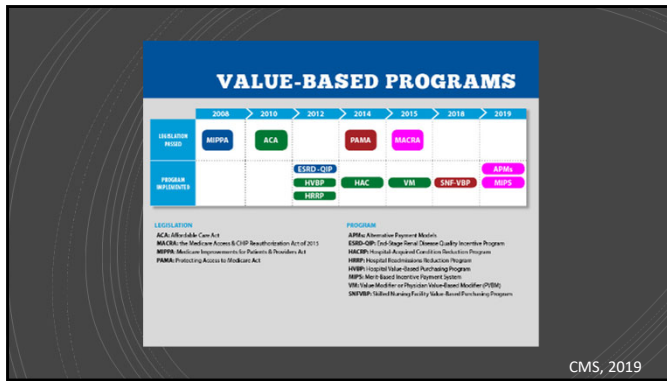
**Value Based
Reimbursement**

- Better care for individuals
- Better health for populations
- Lower cost



**Volume to
Value
(AOTA)**

- The **Value** of OT is significantly more important than the **Volume** of OT





- CMS rewards hospitals based on:
 - The quality of care provided to Medicare patients
 - How closely best clinical practices are followed
 - How well hospitals enhance patients' experiences of care during hospital stays
- Hospitals are no longer paid solely on the quantity of services provided.
- Under the Hospital VBP Program, Medicare makes incentive payments to hospitals based on either:
 - How well they perform on each measure compared to other hospitals' performance during a baseline period
 - How much they improve their performance on each measure compared to their performance during a baseline period

Hospital Value Based Purchasing Program - HVBP

Hospital Readmission Reduction Program: Role of OT

Health Policy Researchers used Medicare claims and cost data to examine the association between hospital spending for specific services and 30-day admission rates for heart failure, pneumonia, and acute myocardial infarction. Looked at 19 distinct spending categories (including occupational therapy) in almost 3,000 hospitals

"Occupational therapy is the only spending category where additional hospital spending has a statistically significant association with lower readmission rates for the three health conditions studied: heart failure, pneumonia, and acute myocardial infarction."

OT and Rehospitalization Study Findings

They cite six particular interventions provided by occupational therapists that could lower readmissions:

1. Provide recommendations and training for caregivers.
2. Determine whether patients can safely live independently, or require further rehabilitation or nursing care.
3. Address existing disabilities with assistive devices so patients can safely perform activities of daily living (e.g., using the bathroom, bathing, getting dressed, making a meal)
4. Perform home safety assessments before discharge to suggest modifications.
5. Assess cognition and the ability to physically manipulate things like medication containers, and provide training when necessary.
6. Work with physical therapists to increase the intensity of inpatient rehabilitation.

Rogers, Bai, Lavin & Anderson, 2016

Skilled Nursing Facilities

Patient Driven Payment Model starts 10/1/19

- Therapy days and minutes are no longer driving payment
- Patient factors and characteristics driving reimbursement
- PPS Assessment schedule changing
- Rules about the amount of concurrent and group therapy changing - 25% of total stay

What is staying the same:

- 3 day hospital stay
- Need for daily skilled, reasonable, and medically necessary services from nursing or rehab
- Need for skilled documentation and interprofessional collaboration

In Volume-Based Payment



Volume of
Occupational Therapy



Net Revenue for
Organization

Incentives for Health Systems

- Hire more OT Practitioners
- Maximize productivity
- Focus on defensive documentation to minimize negative audit findings

PDPM OT Daily Rate



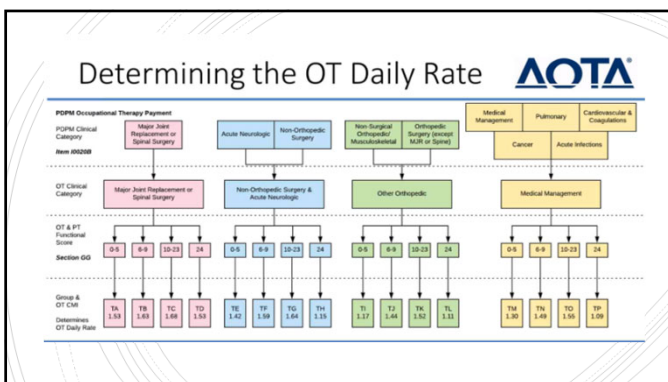
MDS is
Completed at
Admission



Diagnosis is
Selected based
on primary
reason for SNF



Function is
Scored using
Section GG

[illegible][illegible][illegible]

PDGM - Patient Driven Grouping Model for Home Health

- Starts Jan 1, 2020
- Timing of the 30-day period
- Admission type
- Clinical grouping
- Functional impairment level
- Comorbidity adjustment
- Case-mix weights for the PDGM model

Myth vs Reality

Myth

- ❖ CMS is not paying for therapy, so SNFs and HHAs do not have to provide therapy to patients and are going to cut many therapy practitioner jobs.

Reality

- ❖ CMS has clearly stated it will be monitoring the amount of therapy provided under the new system for decreased patient access to therapy.
- ❖ CMS requires SNFs and HHAs to provide the services that each individual patient needs and must keep a record of therapy provided

Quality Reporting


QRP Beginning 10/1/19 **AOTA**

- Admission/ Discharge Functional Assessment and Care Plan
- Change in Mobility Score
- Discharge Mobility Score
- Change in Self-Care Score
- Discharge Self-Care Score
- Drug Regimen Review

ADLs
IADLs
Functional Cognition
Vision
Psychosocial / Behavioral Skills
Fear of Falling
Habits, Routines, Roles
Safety Screen

Quality Reporting Program SNFs

Quality Payment Program Merit-based Incentive Payment System (MIPS)



Occupational therapists who bill outpatient Medicare Part B are now included in the Quality Payment Program (QPP) under the **Merit-based Incentive Payment System (MIPS)**.

Therapists who participate will achieve a score based on **quality measure reporting**, and an attestation that they have performed **quality improvement activities**.

Download Checklist at
<https://www.aota.org/~media/Corporate/Files/Security/Practice/Manage/Documentation/Medicare-Part-B-Eval-Checklist.pdf>

Free Webinars for AOTA Members:

Payment Shift from Volume to Value: Maximizing the Opportunity for OT Member Appreciation Plus Webinar
<https://www.youtube.com/watch?v=CfXZqOed0c&feature=youtu.be>

PDPM - 2 free webinars
<https://www.aota.org/Practice/Manage/value/Skilled-Nursing-Facilities-Patient-Driven-Payment.aspx>

Medicare Quality Payment Program Part 1 and 2 : Merit-Based Incentive Payment System (MIPS) - Free to AOTA members
<https://www.aota.org/Practice/Manage/value/Quality-Payment-Program-Medicare-Part-B.aspx>

Also:
Home Health Quality Reporting Program Provider Training
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Downloads/September-2019-PH-QRP-OASIS-D-Section-GG-without-answers.pdf>

What is Value?

occupation-based

V

(Value)

=

Q

(Quality)

+

S

(Service)

client-centered

evidence-informed


\$

(Cost)


Shift in mindset – We can't take FW students to how can we use fieldwork students to help articulate our value?

Client Centered Care:


What can a FW student do to help?




Develop educational resources to assist in appropriate referrals




Provide educational handouts and resources to clients




Advocate for clients to the interdisciplinary team



Lead client education groups to increase health literacy




Increase collaboration among team members, sites, and other stakeholders




Share other ideas.

Occupation Focused Care:


What can a FW student do to help?




Use of the occupational profile – check out AOTA Occupational Profile Template




Provide clients with additional occupation-based activities (non-billable)




Develop various kits (i.e. self care, fine motor, etc) to assist on various units



Expand and/or develop occupation based interventions



Collaborate with various disciplines to address overlapping areas (i.e. PT and mobility)



Share other ideas.

Evidence Based Care:

What can a FW student do to help?



Share literature on interventions and assessments



Provide training to staff (i.e. share research evidence – articles or other resources)



Use EBP to advocate for the role of OT with specific diagnoses and/or interventions



Expand the use of outcome measures that address value (i.e. Barthel, Lawton, Functional Reach Test, Get up and Go test, clinical observations)



Share and develop staff research literacy skills



Share other ideas.

Opportunities



- Chance to focus on the truly unique and value-driven aspects of occupational therapy
- Decreased external pressure on the volume of therapy to deliver
- Ability to highlight effect of OT on overall quality of care

References


AOTA (2018). Health Policy Researchers Find Occupational Therapy is Only Spending Category That Reduces Hospital Readmissions. Retrieved from <https://www.aota.org/Practitioner/News/OT-News/2018/Occupational-Therapy-Reduces-Hospital-Readmissions.aspx>

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CMS (2017). Hospital Value-Based Payment System. Retrieved from https://www.cms.gov/OutreachandEducation/OSCEmailnetwork/MLNMLNProducts/downloads/Hospital_VBPurchasing_Fact_Sheet_ICN107094.pdf

CMS (2019). What are value-based programs? Retrieved from <https://www.cms.gov/medicare/quality/initiatives-patient-assessment-instruments/value-based-programs/value-based-programs.html>



Choosing Wisely[®]

An initiative of the ABIM Foundation

AOTA published "Five Things Patients and Providers Should Question" through the ABIM foundation (American Board of Internal Medicine) Choosing Wisely Initiative

Information shared by:

Mary Jean Hughes, Associate Professor
/Academic Fieldwork Coordinator, *Regis College MSOT Program*

and

Lisa Fanelli Toussaint, Director of Clinical Education, Assistant Professor,
Quinnipiac University

Important to spread the word about Choosing Wisely

-This Academic Fieldwork Coordinator, Mary Jean Hughes Ed.D. is chairing an AFC sub-committee under fieldwork challenges and one of their initiatives / goals was to spread the word about the Choosing Wisely campaign.

-We accomplished this goal by sharing the information on the following slides in several educational consortium's annual conferences similar to this one across the country

Choosing Wisely Campaign

Choosing Wisely aims to promote meaningful conversations between practitioners and clients to ensure that appropriate and quality care is being provided.

Specifically, the aims of this initiative are to ensure that interventions and assessments are supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary.

OT Practice July 9, 2018

Implementing the Choosing Wisely® Recommendations

(AOTA, 2019)

WE ALL WANT TO SUPPORT THIS CAMPAIGN....

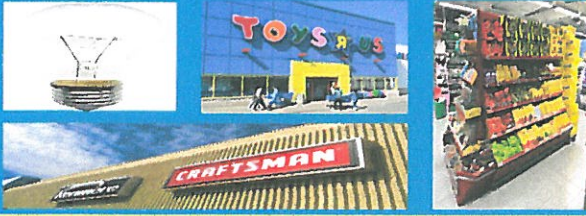
- Reality = high productivity expectations; long-standing treatment options; limited mgmt. Support; limited resources for professional development
- AOTA recommends 2 strategies to make this work:
 - Understand the importance of "de-implementing practices"
 - Make better use of resources available and establish a plan to overcome any barriers

Suggestions to making Campaign a Reality:

(AOTA, 2019)

- ★ KT (Knowledge Translation) = bringing EBP into the clinic
- ★ Collaborate = Water cooler discussions; Sharing the Campaign
- ★ Journal Club vs. Case Study Club = Activity analysis discussions for the most purposeful treatment interventions
- ★ Seek mentorship opportunities = think reverse mentoring as well

Glen Gillen, EdD, OTR, FAOTA,
the program Champion for AOTA's involvement with
Choosing Wisely, recommends:
→ Occupation-based supplies:



Change can be difficult:

- Schedule an in-service
- Encourage discussion
- **USE YOUR STUDENTS**
- Be prepared with suggestions to overcome barriers (especially at the administrative level)
- Embrace the change
- Be positive
- Be the change



Choosing Wisely Campaign

5 Things

Patients and Providers Should Question

1. Don't provide intervention activities that are non-purposeful (examples: cones, pegs, shoulder arc, arm bike)



Anecdotes:

Copies of the full descriptions of each recommendation that was published in *OT Practice* July 9, 2018 issue on each table.

When this Professor asked her Level II FW students to provide some examples of purposeful occupation-based activities these are some of the purposeful interventions they shared:

Occupation-based purposeful interventions

Evidence/occupation based interventions I have done/observed include adaptive yoga, functional task training, we do a lot of ADL training. We try to give our patients as much autonomy as possible so that they feel they are in control of their rehab. All of our sessions focus on functional tasks that are **meaningful to clients** and will keep them motivated during their time in rehab

Purposeful Activities

Some occupation based practice and purposeful activities we have done are scrubbing tables for weight bearing and carrying heavy buckets across the gym to **simulate patient's workload**.

It is important to focus on the **whole patient** in completing occupations to be sure they are successful

Purposeful Activities

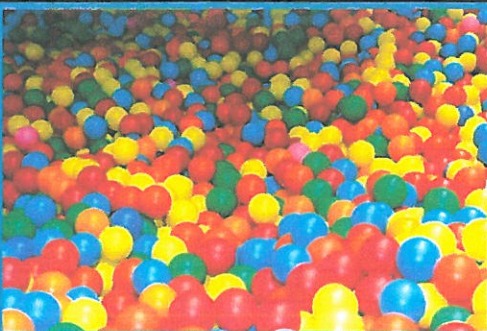
We are constantly taking an **occupation based approach** by working on occupations that are important to the child and their families. For example there is a child who is afraid of going to the bathroom so each week we take "potty trips" with her to the different bathrooms in the building to **make this occupation more fun and game like** while also touching on something that is important to her.

One client I've seen is a 26 year old barista who fell at work and sustained a fracture/radial nerve impairment. We set up a mock coffee bar with various sized cups, water and lotion (for weight and the pump handle) to emulate her assembly line at work. It worked out well and allowed her to get a feel for the **physical demands she needs in order to return to her job as a barista**.

Purposeful Activities

Once a week, I go off campus with a group of students to a home where students **practice occupations related to independent living** (sorting/folding laundry, making beds, preparing a simple meal, and cleaning). We work on many of these skills during sessions in the therapy room, but going to this off-campus home is the perfect setting to solidify the skills needed to complete these occupations.

2. Don't provide sensory-based interventions to individual children or youth without documented assessment results of difficulties processing or integrating sensory information.



Many children and youth are affected by **challenges in processing and integrating sensations** that negatively affect their ability to participate in meaningful and valued occupations. Processing and integrating sensations are complex and result in individualized patterns of dysfunction that must be addressed in personalized ways. **Interventions that do not target the documented patterns of dysfunction can produce ineffective or negative results. Therefore, it is imperative to assess and document specific sensory difficulties before providing sensory-based interventions such as Ayres Sensory Integration®, weighted vests, listening programs, or sensory diets.**

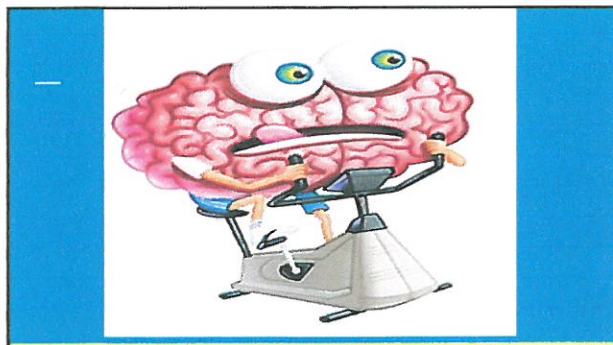
3. Don't use physical agent modalities (PAMs) without providing purposeful and occupation-based intervention activities

The exclusive use of PAMs (e.g., superficial thermal agents, deep thermal agents, electrotherapeutic agents, mechanical devices) **as a therapeutic intervention without direct application to occupational performance is not considered occupational therapy.** PAMs provided with a functional component can lead to more positive health outcomes. PAMs should be integrated into a broader occupational therapy program and intervention plan in preparation for or concurrently with purposeful activities or interventions that ultimately enhance engagement in occupation.

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4. Don't use pulleys for individuals with a hemiplegic shoulder

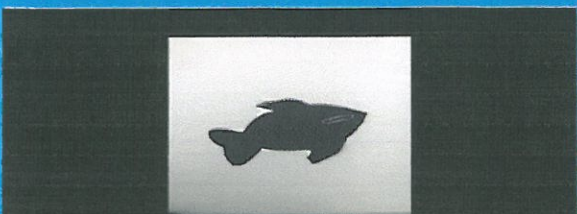
Use of an overhead pulley for individuals with a hemiplegic shoulder resulting from a stroke or other clinical condition is considered **too aggressive and should be avoided**, as it presents the highest risk of the patient developing shoulder pain. Gentler and controlled range of motion exercises and activities are preferred.

-
5. Don't provide cognitive-based interventions (examples Paper-and-pencil tasks, table-top tasks, cognitive training software) without direct application to occupational performance



To improve occupational performance, **cognitive-based interventions should be embedded in an occupation relevant to the patient.** Examples of cognitive-based interventions include awareness approaches, strategy training, task training, environmental modifications, and assistive technology. The use of cognitive-based interventions not based on occupational performance will result in suboptimal patient outcomes.

Student Video



Information Resources



Check your table for handouts



References

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Richardson, H. (2019). Implementing the Choosing Wisely recommendations. American Occupational Therapy Association. <https://www.aota.org/AboutAOTA/Membership/Tools/Periodicals/Implementing-choosing-wisely.aspx>

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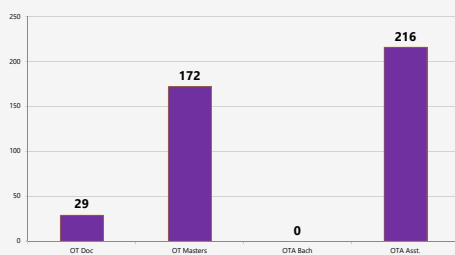
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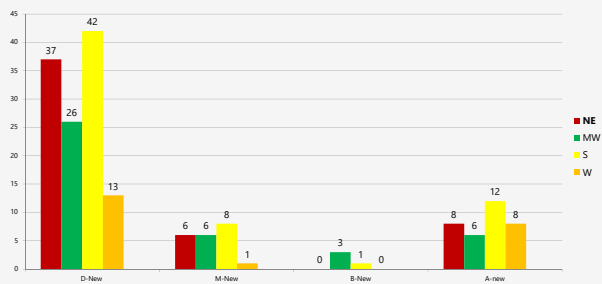
AOTA UPDATE

State of OT Education Program Growth

Accredited schools (March 1, 2019)



New programs – regions (March 1, 2019)



AOTA Fieldwork Performance Evaluation **UPDATE**

Changes in Section Titles

OTA and OT Student FWPE
I. Fundamentals of Practice
II. Foundations of Occupational Therapy <i>(previously "Basic Tenets")</i>
III. Screening and Evaluation <i>(previously "Evaluation and Screening")</i>
IV. Intervention
V. Management of Occupational Therapy Services <i>(on both OT and OTA forms)</i>
VI. Communication
VI. Professional Behaviors

Example of Items Revised

Version	2002 FWPE Item	Revised Item (2019)
OT	OT – Demonstrates through practice or discussion the ability to assign appropriate responsibilities to the occupational therapy assistant and occupational therapy aide.	Demonstrates through practice or discussion the ability to collaborate with and assign appropriate tasks, as indicated, to the occupational therapy assistant, occupational therapy aide, or other professionals to whom responsibilities might be assigned (e.g., nurses' aides, volunteers) and remains responsible for all aspects of treatment.
OT	Produces the volume of work required in the expected time frame.	Meets productivity standards or volume of work set for occupational therapy students. These expectations will vary by site.
OTA	n/a	Meets productivity standards or volume of work set for occupational therapy assistant students. These expectations will vary by site.
OT/OTA	Demonstrates consistent work behaviors.	Demonstrates consistent and acceptable work behaviors.

Changes to Scoring

Rating scale definitions

Current FWPE version (2002)	New FWPE version
Exceeds standards (5%)	Exemplary
Meets standards	Proficient
Needs improvement	Emerging
Unsatisfactory	Unsatisfactory

Item Changes

Current FWPE version (2002)	New FWPE version
1. Adheres consistently to the American Occupational Therapy Association's Code of Ethics (4) and site's policies and procedures.	1. Adheres to the American Occupational Therapy Association's Code of Ethics and all federal, state, and facility regulations. Examples: Medicare, Medicaid, client privacy, social media, human subject research
2. Adheres consistently to safety regulations. Anticipates potentially hazardous situations and takes steps to prevent accidents.	2. Adheres to safety regulations and reports/documents incidents appropriately. Examples: fire safety, OSHA regulations, body substance precautions, emergency procedures
3. Uses sound judgment in regard to safety of self and others during all fieldwork-related activities.	3. Ensures the safety of self and others during all fieldwork related activities by anticipating potentially unsafe situations and taking steps to prevent accidents. examples: body mechanics, medical safety, equipment safety, client-specific precautions, contraindications, community safety

Psychosocial Objectives

Occupational Therapy Student – Screening and Evaluation

9. Selects relevant screening and assessment tools based on various factors.

Examples: **Psychosocial factors**, client priorities, needs, and concerns about occupational performance and participation, theoretical support, evidence, practice context, funding sources, cultural relevance

11. Evaluates and analyzes client factors and contexts that support or hinder occupational performance.

Client factors: Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include values, beliefs, and spirituality; body functions (includes **psychological functions**), and body structures.

Contexts: Variety of interrelated conditions within and surrounding the client that influence performance, including cultural, personal, physical, social, temporal, and virtual contexts.

Includes the consideration of all client centered components including **psychosocial factors**

Psychosocial Objectives

Occupational Therapy Student – Intervention

19. Selects client-centered and occupation-based interventions that motivate and challenge the client to achieve established goals that support targeted outcomes.

Includes the consideration of all client centered components including **psychosocial factors**

20. Implements client-centered and occupation-based intervention plans.

Includes the consideration of all client centered components including **psychosocial factors**

Current Status

- Revision of the FWPE OT and FWPE OTA is complete.
- New versions will be available electronically only.
- AOTA is negotiating with electronic vendor to provide centralized services (like currently used for PT students).
- Hopefully by next year the new format will be in place!!

ACOTE Fieldwork Education Standards

C.1.3 Fieldwork Objectives

Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.

Ensure that fieldwork objectives for all experiences include a psychosocial objective.
