

Measuring the Impact of Care Delivered at Home



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Michael P. Johnson, PT, PhD

Chief Researcher, Home Care Innovation

BAYADA Home Health Care

Thank you!

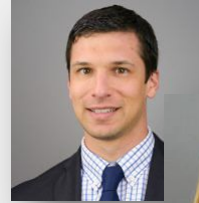


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Cinical leaders and partners

- Anthony D'Alonzo, PT, DPT, MBA
- Michele Berman, PT, DPT, MHA

- Rachel Prusynski, DPT, PhD, NCS
- Tracy Mroz, PhD, OTR/L, FAOTA
- Natalie E. Leland, PhD, OTR/L



Our Roots



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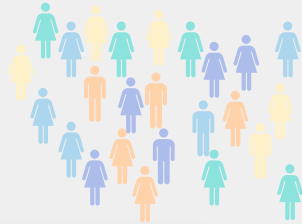
**Founded in 1975 by
Mark Baiada in Philadelphia**

**A private, family-owned home health
provider that transitioned to nonprofit**

Headquartered in
Moorestown,
New Jersey



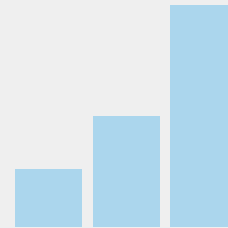
24,000 field clinicians
32,000 clients/week



3,900 full time
office employees



\$2.0 billion in
annual revenue



1,000 hospital/SNF
collaborations and
5,000 physician
partners nationwide



23 States



7 Countries we serve outside the US



Our work is rooted in our core values...

Compassion, Excellence, and Reliability: *The BAYADA Way*



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BAYADA is the **only large national home health company that offers 8 in-house service lines** to provide a comprehensive care continuum at scale



Home Health:

A highly regulated, value-based payment setting



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INPUT



Required measure set

Outcome and Assessment Information Set
OASIS-E1 Manual



Effective January 1, 2025

Centers for Medicare and Medicaid Services

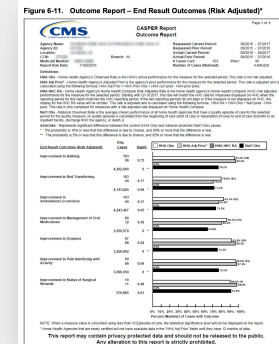


OUTPUT

Payment - HHVBP

Category	Quality Measure
OASIS-based	Improvement in Dyspnea
	Improvement in Management of Oral Medications
	Discharge Function Score (DC Function)
Claims-based	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)
	Discharge to Community – Post Acute Care (DTC-PAC)
HHCAHPS Survey-based	Care of Patients
	Communication Between Providers and Patients
	Specific Care Issues
	Overall Rating of Home Health Care
	Willingness to Recommend the Agency

Global outcomes (CASPER)



Clinicians gather real-time data:

- Clinical
- Social
- Functional / environmental status

Informs:

- Risk-stratification
- Care planning / outcomes
- Payment

Measurement environment



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- Home health assessments have specific mandated measures
 - **Start of Care (SOC)**
 - **Resumption of Care (ROC)**
 - **Discharge (D/C)**

- Measures vary in structure
 - **Self-report** – Pain scale
 - **Provider-report** – Function (M1800, GG codes)
 - **Quantitative** – MAHC-10, BIMS [*added - 2MWT, RPE, SPPB, etc*]
 - **Global** – timely initiation of care; recertification; re-admission

Provider reported measures – M1800 scores



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Section G	Functional Status
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M1800. Grooming	
Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"> 0. Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1. Grooming utensils must be placed within reach before able to complete grooming activities. 2. Someone must assist the patient to groom self. 3. Patient depends entirely upon someone else for grooming needs.

M1850. Transferring	
Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"> 0. Able to independently transfer. 1. Able to transfer with minimal human assistance or with use of an assistive device. 2. Able to bear weight and pivot during the transfer process but unable to transfer self. 3. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4. Bedfast, unable to transfer but is able to turn and position self in bed. 5. Bedfast, unable to transfer and is unable to turn and position self.

M1860. Ambulation/Locomotion	
Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"> 0. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 2. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 3. Able to walk only with the supervision or assistance of another person at all times. 4. Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. 5. Chairfast, <u>unable</u> to ambulate and is unable to wheel self. 6. Bedfast, unable to ambulate or be up in a chair.

****Currently help drive STAR ratings**

Concerns:
Consistency
Subjectivity
(inter; intra)

Provider reported measures – GG scores



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Section GG	1. SOC/ROC Performance	
GG0100. Prior Function	Enter Codes in Boxes ↓	SOC/ROC Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.
Coding: 3. Independent 2. Needed Sc 1. Dependent 8. Unknown 9. Not Applic	<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	<input type="text"/>	B. Sit to lying: The ability to sit on the floor or bed with no back support.
	<input type="text"/>	C. Lying to sitting on side: The ability to sit on the floor or bed with no back support.
	<input type="text"/>	D. Sit to stand: The ability to stand from a sitting position.
	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer from a chair to a bed or vice versa.
	<input type="text"/>	F. Toilet transfer: The ability to transfer from a chair to a toilet or vice versa.
	<input type="text"/>	G. Car transfer: The ability to open/close doors of a car.
	<input type="text"/>	I. Walk 10 feet: Once started, the ability to walk 10 feet on a flat, hard surface. <i>If SOC/ROC performance is 1-3, code the reason.</i>
	<input type="text"/>	J. Walk 50 feet with two-point gait: Once started, the ability to walk 50 feet on a flat, hard surface using a two-point gait.
	<input type="text"/>	K. Walk 150 feet: Once started, the ability to walk 150 feet on a flat, hard surface.
	<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

****In 2025, will drive 20% of TPS scores (HHVBP)**

Coding:
Safety and Quality of Performance – If helper assistance is required because patient's performance score according to amount of assistance provided.
Activities may be completed with or without assistive devices.

- 06. **Independent** – Patient completes the activity by themselves with no assistance from a helper.
- 05. **Setup or clean-up assistance** – Helper sets up or cleans up; patient completes activity following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/supervision as patient completes activity. Assistance may be provided throughout the activity.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

- 07. **Patient refused**
- 09. **Not applicable** – Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. **Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)**
- 88. **Not attempted due to medical conditions or safety concerns**

Concerns:
 Consistency
 Subjectivity
 (inter; intra)

Concerns with provider reported measures



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MEDPAC

Medicare Payment
Advisory Commission

Patient function is a key HHA outcome, but the Commission has questioned the accuracy of function information reported by post-acute care providers

Maintaining and improving patients' functional status is a key outcome of PAC. HHAs assess and record information on each beneficiary's level of function at admission and discharge from home health care using the Outcome and Assessment Information Set (OASIS). Provider-reported function data are used to assign patients to case-mix groups to adjust payments, and these data affect whether an HHA receives a penalty or a bonus under value-based purchasing (VBP). For these reasons, HHA-reported function data from OASIS

Report to the Congress

Medicare Payment Policy

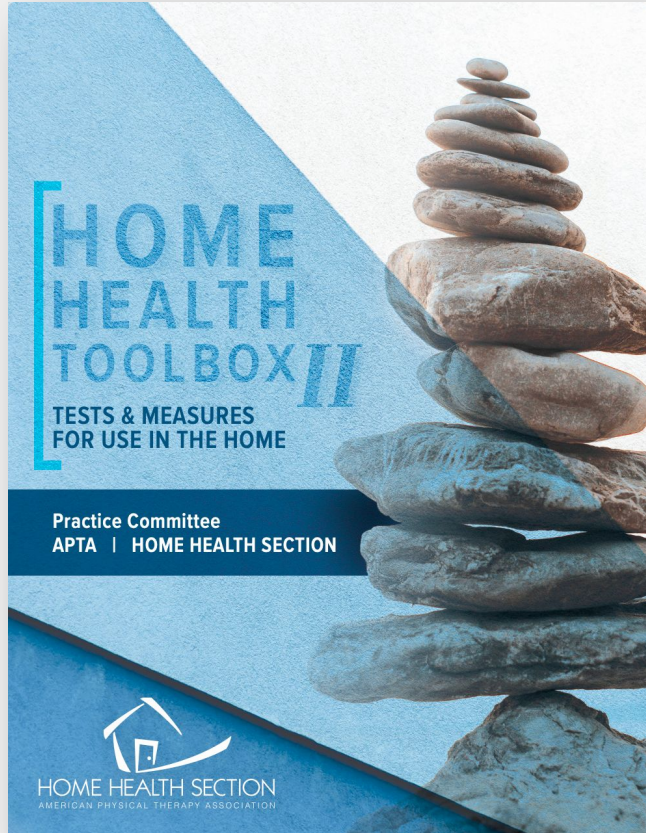
MEDPAC



Beyond OASIS...how do we select and collect data?



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Clinical Application/Usefulness of Outcome Measures

Prior to examining the psychometric properties of an outcome measure, some important questions to ask are:

- *How feasible is the measure? (time/cost)*
- *What equipment is needed? How much space is needed? Is it portable?*
- *Is performance better than self-report?*
- *Has the measure been evaluated in my "population" or setting?*
- *Can I get more accurate information using a set of measures or a different measure?*

Exclusion criteria for a measure / test

- insufficient scientific evidence to support test efficacy
- inefficient use of time for the home health therapist
- lack of established normative data for the older adult
- lack of open access to the test.

****Michele Berman, PT, DPT, MHA**

Director, Rehabilitative Practice, Leadership and Support

Beyond OASIS...how do we select and collect data?



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HOME HEALTH TOOLBOX II
TESTS & MEASURES FOR USE IN THE HOME

Practice Committee
APTA | HOME HEALTH SECTION

HOME HEALTH SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

A Guide to HCHB Tests and Measures		
Primary Impairment Category	Test or Measure	Singular and Multidimensional Purposes
Aerobic Capacity	2-minute step test(2 MST)	Measures cardiovascular endurance
	Rate of perceived exertion (RPE)	Used to prescribe/ monitor activity during exercise or functional activity
	ACSM Dyspnea Scale	
	2 minute and/ or 6-minute walk test (6MWT)	Measures cardiovascular endurance; functional mobility; gait; predictor of mortality
Cognition	Montreal Cognitive Scale (MOCA)	Screening for mild cognitive dysfunction
	Saint Louis University Mental Status (SLUMS)	Tests orientation , attention, memory, and executive function
	Mimi-Cog	Screen for cognitive impairment and identify referral for further assessment
Balance	Activities of Specific Balance Confidence Scale (ABC)	Measures and older adults confidence in his/her ability to perform daily activities without falling
	Berg Balance Test (BBT)	Assess static and dynamic sitting and standing balance and fall risk in adults
	Functional Reach Test (FRT)	Measures stability during forward weight shift (can be modified for sitting)
	Falls Efficacy Scale (FES or mFES)	Assesses patients activity related fear of falling or lack of confidence performing ADLs
	Modified Clinical Test of Sensory Interaction (CTSIB)	Assess the contribution of the visual , somatosensory, and vestibular systems to postural controls in standing
	Tinetti Performance- Oriented Mobility Assessment (POMA)	Assesses gait and balance in older adults ; screening tool for fall risk
Gait	Short Physical Performance Battery (SPPB)	Assesses lower extremity physical performance; hospitalization and falls risk ; identifies frailty
	Dynamic Gait Index(DGI)	Assess balance, functional mobility, gait, stair climbing ability to identify those at risk of falls while ambulating
	Functional Gait Assessment (FGA)	Assess postural stability under dynamic conditions in persons at risk for falling
	Modified Dynamic Gait Index (MDGI)	Assess balance, functional mobility, gait, ability to identify those at risk of falls while ambulating
	Gait Speed	Identify those at risk of adverse outcomes or in need of intervention
	Timed up and Go (TUG)	Impaired functional mobility, balance and gait impairments, fall risk, risk for fractures
ADL/IADL	Modified Gait abnormality rating Scale (GARSm)	Screening tool to identify patients at risk for falls
	Barthel (Disability Arm, Shoulder, Hand) DASH and Quick DASH	Assess the ability of an individual with a neuromuscular or musculoskeletal disorder to care for self
	Katz ADL	Self report questionnaire assesses difficulties with ADLs/IADLs with upper extremity disability
	TUG Dual Task	A functional measure of ADLs A dual task dynamic measure to identify risk for falls
Function /Posture	Lower Extremity Functional Scale (LEFS)	Measures initial function ,ongoing progress and outcomes (low to high functioning) , set functional goals
	Oswestry Disability Scale	Assess impact and severity of low back/leg pain on functional activities
	McGill Pain	A self reported measure of quality and intensity of subjective pain
	Occiput to Wall Distance (OWD)	Assesses cervical spine mobility and presence of thoracic kyphosis and
Strength	Arm Curl Test	Objective assessment of upper body strength
	30 second Chair Stand (30 SCS)	Objective assessment of lower body strength
	5 times sit to stand (5TSTS)	Assesses functional lower extremity strength, transitional movements, balance, and falls risk
	Manual Muscle Testing	Acceptable approach for strength testing . Scores greater than 3/5 lack sufficient objectivity

****Michele Berman, PT, DPT, MHA**

Director, Rehabilitative Practice, Leadership and Support

Home Health Value Based Purchasing



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Measure changes coming in 2025

****new - DC Function Score**

$$\begin{array}{l} \text{DC Function} = 20\% \\ \text{PPH} \quad \quad = 26\% \\ \hline \mathbf{46\%} \end{array}$$

Measure Category	CY 2025 Performance Year Applicable Measures	Measure Weights	
		Larger-Volume Cohort	Smaller-Volume Cohort
OASIS-based Measures	Improvement in Dyspnea	6.00%	8.57%
	Improvement in Management of Oral Medications	9.00%	12.86%
	Discharge Function Score (DC Function)	20.00%	28.57%
	Sum of OASIS-based Measures	35.00%	50.00%
Claims-based Measures	Home Health within-stay Potentially Preventable Hospitalization (PPH)	26.00%	37.14%
	Discharge to Community – Post Acute Care (DTC-PAC)	9.00%	12.86%
	Sum of Claims-based measures	35.00%	50.00%
HHCAHPS Survey-based Measures	Care of Patients	6.00%	0.00%
	Communication Between Providers and Patients	6.00%	0.00%
	Specific Care Issues	6.00%	0.00%
	Overall Rating of Home Health Care	6.00%	0.00%
	Willingness to Recommend the Agency	6.00%	0.00%
	Sum of HHCAHPS Survey-based measures	30.00 %	0.00%
All	Sum of All Measures	100.00 %	100.00 %

Home Health Value Based Purchasing



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**new composite measure
(self care = 3; mobility = 8)

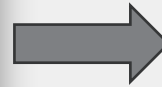
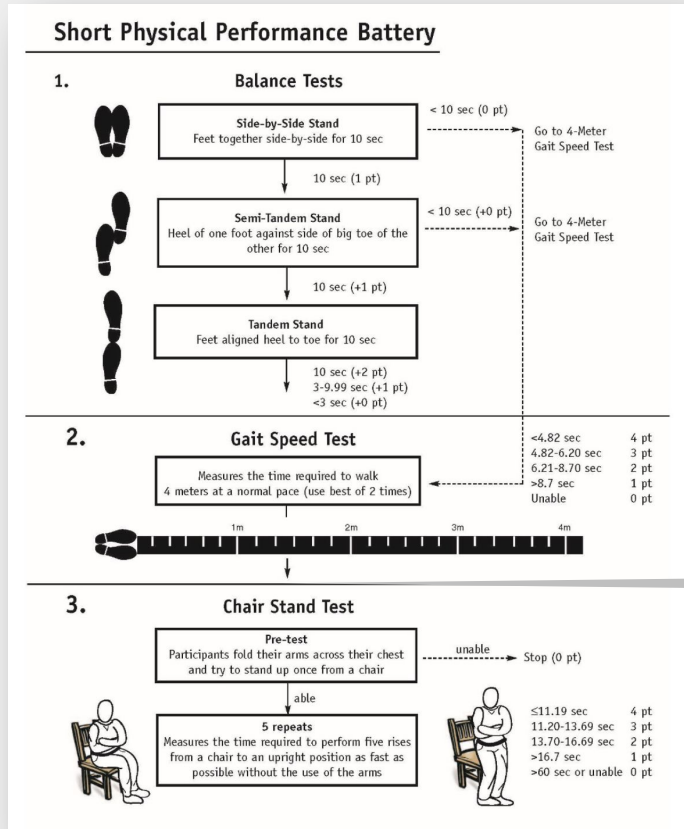
Discharge (DC) Function Score

*Achieve or exceed an expected**
(predicted) level of functional ability*

⁵⁹ **based on SOC/ROC function, age, clinical conditions,
etc.

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

Standardize “lead” measures - example



Impairments

- Balance
- Strength
- Endurance

Tests

- Berg test ?
- 5xSTS, 30sec CS ?
- 2MST, 2MWT, RPE ?

Intervention

- ? ? ?



Outcome – DC Function Score

Item	Item Description
GG0130A	Eating
GG0130B	Oral Hygiene
GG0130C	Toileting Hygiene
GG0170A	Roll Left and Right
GG0170C	Lying to Sitting on Side
GG0170D	Sit to Stand
GG0170E	Chair/Bed-to-Chair Transfer
GG0170F	Toilet Transfer
GG0170I	Walk 10 Feet
GG0170J	Walk 50 Feet with 2 Turns
GG0170R	Wheel 50 Feet with 2 Turns

Clinician level considerations:



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Importance of data collection

- Fundamentally aligned and understand purpose
- Training to ensure inter-rater reliability

Workflow barriers and burdens

- EMR limitations – makes data entry and tracking difficult
 - Insights / retrieval to trending data

Understand interpretation and limitations of the data

- Resources available / accessible within EMR
 - (i.e. validity, change MDC, applicable dx, etc)

Understanding clinician point of view and measure needs

- Engaging clinicians in measure selection and integration into clinical decision-making

System / clinic level considerations:



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Organization and staffing

- Starts of Care (SOC) – RN, PT, OT, SLP
 - Who completes the functional assessment (M1800, GG codes)?

This is KEY!

Inputs set the expected level
of DC function

Institutional priorities

- IT resource – integration, changes

Regulatory requirements

- Use and submission of OASIS
- Required measures built into OASIS (i.e. MACH 10)
- OASIS measures and derived composites used to assess outcomes related to HHVBP

EHR and other electronic infrastructure

- Alignment with Institutional priorities
- System limitations / costs



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Thank you