



PDPM Playbook

Stage 3: Analyze

Data analysis is the process of turning raw data into useful information. Providing answers to the questions behind the data collection. Are we admitting enough clinically complex residents? Does our case mix support revenue and profit targets? Basically – are you achieving the objectives you set out to measure? If your data shows that your objectives are met then the next question is how do you replicate those results so they are consistent?

Data that isn't properly analyzed can lead to increased risk and missed opportunities for improvement.

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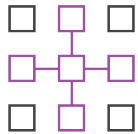


In the Analyze stage of your journey, it's time to examine the changes you've started making to see what's working and what needs more attention.

Now that your processes and care content have been standardized and staff have had time to adjust to the new tools and workflows, content and approaches – look for further gaps, understand the impact standardization has on outcomes and review how these changes have impacted potential revenue from PDPM. If shifts have been designed to optimize revenue under PDPM, how has this impacted targets and outcomes?

Review Your New Protocols and Workflows

Using the metrics established in the Standardize phase, compare the data collected to expected outcomes. Look for areas of improvement, outcomes that did not change or indications that problems continue to exist. This is also the time to review processes with staff and get their feedback. Staff buy-in affects adoption, so be sure to measure satisfaction with the changes, including support needed and provided. Refine any metrics as necessary as you learn insights from your data.



Compare data that you collected from the Standardize phase to expected outcomes.

Refine any metrics as necessary as you learn insights from your data.

Review data collected.

- Is the data complete?
- Are there gaps in the data?
- Does it measure what was expected?

Compare data to expected outcomes.

- What does the data tell you?
- What has improved, what hasn't?

Identify further areas for improvement.

- When things haven't improved, why?
- Process, tools or people?

- What events may have impacted results? (outbreaks, absence)
- Is data measuring what was expected?
 - If not, what needs to be adjusted?

Update QAPI plans and progress.

- Each process change should have a QAPI plan attached. (ROP)
- Any area identified for further improvement is an opportunity for another QAPI plan.
- Focus on improvements for PDPM with QAPI approach in 2019/2020 – don't make extra work.

Assess staff acceptance and satisfaction and seek feedback.

- People make or break changes – evaluate their feedback and engagement to gain buy in.

Review and adjust metrics as necessary.

- Make sure you are measuring what you think you are.
- Validate that you are using the right data.
- Validate that you are measuring everything you need to be measuring.

Re-examine Your MDS Accuracy

MDS accuracy – getting the comprehensive picture of the residents on that single payment five-day assessment is the only way to optimize reimbursement and capture the clinical characteristics of the resident needed to create the best care plan for the resident. Ensure gaps have been closed between the five-day and 14-day RUGs assessments. Look at case mix groups to ensure that presumption of care will be met or what documentation strategies need to be in place. Continue to develop and implement processes to gather the needed information as soon as possible.

Compare to baseline data from Conceptualize stage.

- Were the gaps in documentation closed?

Audit five-day MDS again to ensure process changes have improved MDS accuracy and completeness.

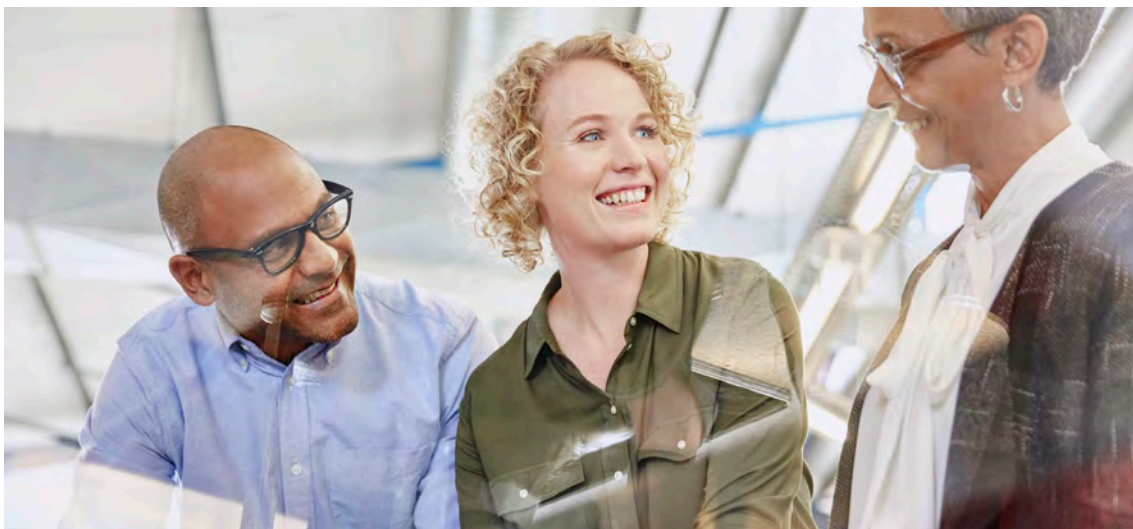
- Compare to chart.
- Look for missed diagnoses and payment items not captured in the assessment.

Re-audit 14-day MDS looking for continued gaps.

- Look for information not captured on the 5-day added to 14-day – can that gap be closed?
- Why wasn't the data collected earlier?

Continue to refine processes to close gaps.

- Get feedback from MDS coordinators.



Look at case mix groups to ensure that presumption of care will be met or what documentation strategies need to be in place.

Evaluate Your Revenue and Quality Mix



Look at case mix groups to ensure that presumption of care will be met or what documentation strategies need to be in place.

The changes you are making need to be moving you in the right direction which means that you need to look at the present and the future at the same time. There is a lot to consider when trying to project success in the coming years – do we have the right quality mix to generate revenue that will support the level of resources needed to meet resident needs? Your quality mix is constantly changing and PDPM only affects a portion of your revenue this year. You will need a clear understanding of how this change impacts the bigger picture so that the best decisions can be made to achieve financial success now and in coming years as other payers move from fee for services to value based purchasing models.

Complete RUGS to PDPM comparison.

- Does case mix meet presumption of care criteria?
- Are resources aligned with projections and case mix results?
- What is the impact on facility case mix?
- Do you have a clear understanding of what your optimal case mix looks like in PDPM?

Review the baseline data collected in Stage One – Conceptualize – and compare to metrics collected and generated in Stage Two – Standardize.

- Is the new process supporting revenue targets?
- Has it impacted revenue and targets with other payors incidentally?

Determine if process change has impacted your quality mix and potential revenue mix.

- Is the redefined process moving PDPM case mix in the right direction?
- How does this affect the broader facility population revenue targets?
- What should staffing look like with PDPM case mix?
- How will labor costs be affected?

Validate Your Revenue Projections

PDPM training wheels are on this year because they are retiring RUG III and IV next year and that may have a larger impact on your overall profitability. Understanding the impact this will have in 2020 will help you be successful in fiscal 2021 and beyond. This picture needs to be looked at holistically – taking into account all payers and shifts in the industry towards advantage plans. Even though there is still some uncertainty on the actual impact that PDPM will have, determining what the future may look like and having a plan to remain financially healthy in the years to come is crucial.

- Review shifts in process designed to optimize revenue under PDPM.
- How have they impacted targets and outcomes?
- What needs to be done to improve financial health moving forward?
- When will these processes be reviewed again for future changes?
- Does the data support financial health in 2020 and beyond?
- What does the quality mix look like beyond fiscal 2020?
- What does overall profitability look like?
- How will patient populations change over the next few years?
- How will the payer mix change and what will the affect be on revenue?



Conclusion

Now that you've had time to experiment and adapt to your new standardized processes and workflows, identifying what's working and what's not is critical. Especially with a looming deadline. Fortunately, with an intelligent system that provides actionable insights and proactive alerts, finding and fixing those processes doesn't have to be a challenge.



Compliance Analytics

Having visibility into your organization's performance metrics, and support for quality process improvement efforts, can help you optimize your care delivery model to prosper with PDPM.



COMS Interactive

Leveraging extensive best practice knowledge and standardized data can help bring consistency to your care delivery and identify areas of reimbursement you might have otherwise missed.

LET'S ANALYZE THIS TOGETHER

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