
REDUCING HOSPITAL READMISSIONS: HOW RESPIRATORY THERAPY CAN HAVE A POSITIVE IMPACT

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OBJECTIVES

- What is Pay for Performance
- Admitting Diagnoses
- Readmission Timeline
- Penalties
- Respiratory Therapy
- Value-Based Care

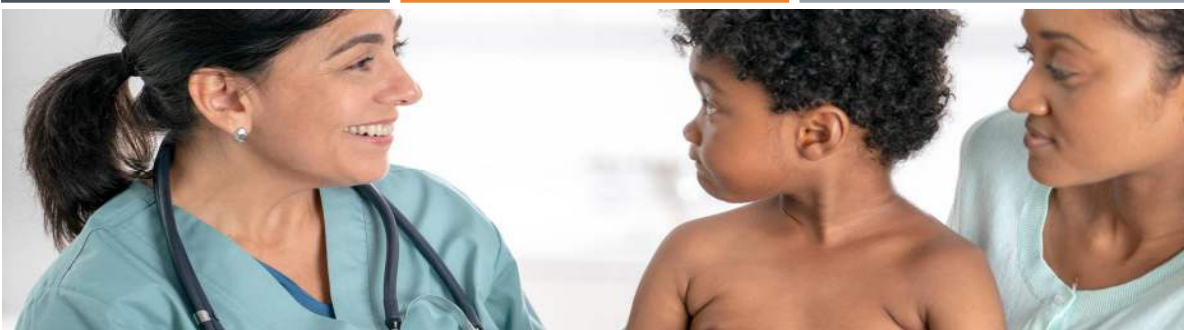


WHAT IS PAY FOR PERFORMANCE

Pay for Performance comprises payment models that attach financial incentives/penalties to provider performance



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DIAGNOSES UNDER PAY FOR PERFORMANCE

Heart Attack

Heart Failure

Coronary Bypass Surgery

Hip/Knee Replacement

Pneumonia

COPD

READMISSION TIMELINE

30 days from the date of original discharge

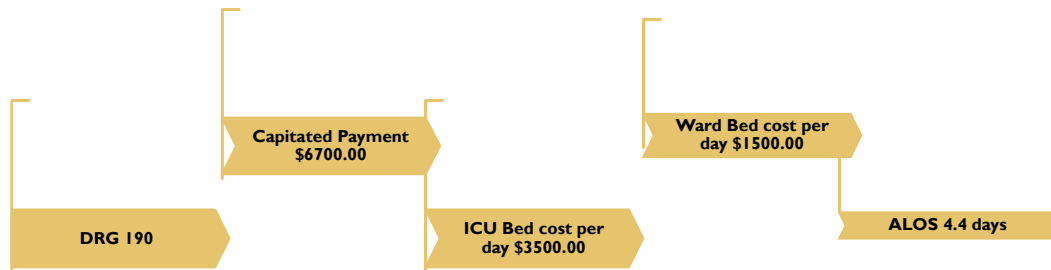


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PENALTIES

UP TO 3% OF REVENUE FROM CMS

ADDITION COST FOR THE HOSPITAL TO PROVIDE CARE



DRG- DIAGNOSTIC RELATED GROUP
CMS.GOV PAYMENT

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COST OF READMISSION



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Pay for Performance in healthcare (P4P),

also known as value-based payment, comprises payment models that attach financial incentives/disincentives to provider performance.

P4P is part of the overall national strategy to transition healthcare to value-based medicine.

While it still utilizes the fee-for-service system, it nudges providers toward value-based care because it ties reimbursement to metric-driven outcomes, proven best practices, and patient satisfaction, thus aligning payment with value and quality.

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How Does Pay for Performance Affect Hospital Reimbursement?

Although traditional Fee For Service reimbursement is still a large percentage of income for hospitals, the shift towards payment for value-based healthcare programs is accelerating rapidly.

In P4P programs, hospitals are required to pay attention to a broad array of factors they aren't incentivized to address in traditional FFS systems.

There are two basic types of Pay for Performance designs being deployed for hospitals.

With the first, payers lower global FFS payments and use the funds to reward hospitals based on how well they perform across process, quality, and efficiency measures.

In the second, hospitals are penalized financially for sub-par performance, and the penalties are either translated into direct cost savings for payers or are used to generate an incentive pool.

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Pay for Performance in Healthcare Programs

While private payers are also experimenting with and deploying pay for performance programs, the Centers for Medicare and Medicaid Services (CMS), spurred by the Affordable Care Act, is leading the way in value-based care with a variety of payment models including several **Pay for Performance systems**.

As the largest funder of healthcare at almost 40% of overall spending, CMS has developed various Pay for Performance models including three programs that impact hospital reimbursement through Medicare:

Hospital Value-Based Purchasing Program (VBP),

Hospital Readmissions Reduction Program (HRRP),

Hospital-Acquired Condition (HAC) Reduction Program.

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READMISSION WITHIN 30 DAYS OF ORIGINAL DISCHARGE

Whether the patient returns to original hospital,

Or is admitted to hospital across town,

The original hospital of discharge receives the payment penalty.

Up to 3% of the total revenue received from CMS

National Average for COPD readmission is 22%

RESPIRATORY THERAPY

What can Respiratory Therapy do to limit the number of COPD patients being readmitted.

Educate the patient.

AT HOME:

Airway Clearance

 Pulmonary Hygiene

Pharmacology

 Nebulizer Treatments

 MDI


 Communication with all care providers

 Discharge Planning

 Smoking Cessation


 Outpatient Pulmonary Rehabilitation Program

 ER Transfer to Rehabilitation Hospital/Unit



SOAR MOVES FORWARD!

Supplemental Oxygen Access Reform (SOAR) Act Has Been Introduced in The House of Representatives

AARC  13

More than 1.5 million people across the U.S. face unparalleled challenges in accessing oxygen that their lives depend on.

These roadblocks are largely caused by an inadequate Medicare reimbursement system,

and lack of **access to the Skills Respiratory Therapists can Provide to oxygen dependent patients.**

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Continuing to recognize Respiratory Therapists and their crucial work in improving healthy patient outcomes is another key component of this legislation.

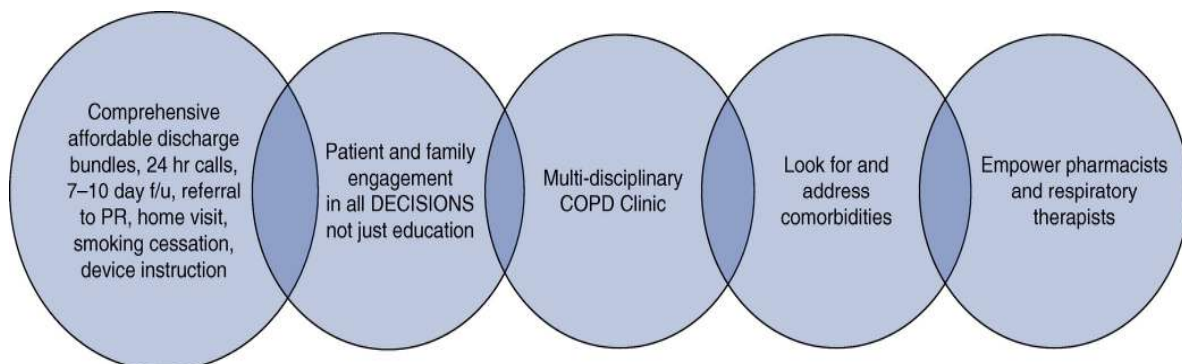
“Advocating for improved **patient access to respiratory care outside the acute care** setting would allow supplemental oxygen patients to lead fuller and more robust lives without financial hardship worries,” said AARC President Carl Hinkson MS, RRT-ACCS, NPS, FAARC.

“We look forward to continuing to work with our coalition partners, the House, and the Senate to turn these **necessary policy changes into law.**”

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CONTINUUM OF CARE AT DISCHARGE



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VALUE-BASED CARE

Accountable Care:

A person-centered care team takes responsibility for improving quality of care.

Care

Coordination: The organization of an individual's care across multiple health care providers.

Integrated Care: An approach to coordinate health care services to better address an individual's physical, mental, behavioral and social needs.

VALUE-BASED CARE: DESIGNING CARE SO THAT IT FOCUSES ON QUALITY, PROVIDER PERFORMANCE AND THE PATIENT

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What is value-based care?

Value-based care is a term that Medicare, doctors and other health care professionals sometimes use to describe health care that is designed to focus on quality of care, provider performance and the patient experience.

The "value" in value-based care refers to what an individual values most.

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What is value-based care?

In value-based care, doctors and other health care providers work together to manage a person's overall health, while considering an individual's personal health goals.

For example, doctors might coordinate an individual's blood work so that they only need to go into the clinic once.

This approach to care also can help people avoid the emergency department and keep them out of the hospital.

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How Does Value-Based Care Help Treat The Patient As A Whole Person?

Value Based Care puts greater Emphasis on Integrated Care: Physical, Mental, Behavior, and Social needs.

Providers treat an individual as a whole person, rather than focusing on a specific Health Issue or Disease.

Meeting the Biophysical and Psychosocial needs

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How Does Value-Based Care Help Treat The Patient As A Whole Person?

Health Care Teams spend time with individuals receiving Values Based Care to fully understand:

Potential Obstacles or Barriers to their care.

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How Does Value-Based Care Help Treat The Patient As A Whole Person?

Nonmedical factors could have a direct impact on the Patients well being:

Transportation, Healthy Food, Relationships with Family, General Living Conditions, their Personal Health Goals.

Health Care Teams then can develop a treatment plan that matches up with what the Patient hopes to achieve from their Health Care.

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DOES VALUE-BASED CARE ADDRESS HEALTH EQUITY?

Putting focus — and having a measurable impact — on the health outcomes of every person, including those from underserved populations.

Encouraging health care providers to screen for social needs and work with individuals to develop personalized treatment plans that can address each person's unique needs.

Requiring health care providers to monitor and track outcomes across populations to assess for disparities and intervene as necessary to help close gaps in access or care.

RESPIRATORY THERAPISTS:

To Be Valued,
You Must First Bring Value.

Theresa Griego, MSRC, RRT





Respiratory Therapists are the Batman and Batgirl of healthcare.

We get the signal, show up with our gadgets, save the day,
disappear, and no one knows our names.

HEY RESPIRATORY!!!!

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THANK YOU

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