The Value of Clinicians Under PDPM

PORT
PHYSICAL OCCUPATIONAL REHABILITATION THERAPY

The implementation of the Patient-Driven Payment Model (PDPM) has marked a monumental change for skilled nursing facilities (SNFs), and many questions remain about the impact on therapy and patient care. One of the biggest is around the value of licensed practitioners as highly trained clinicians under the new payment model.

Nurses, therapists, social workers, dietitians and other clinicians have long played an important role in patient care at SNFs. But providers now are asking if highly trained clinicians are still necessary. Contrary to many misconceptions, the value of the licensed practitioner is more important than ever under the new payment model.

Here, we take a look at what's changed and what has not with the new payment model — and why highly trained clinicians are more vital than ever before.

What Hasn't Changed Under PDPM

Medicare's definition of skilled care hasn't changed. While some providers may think the introduction of PDPM opens up an opportunity to change how therapy services are provided, that is not the case. Medicare's skilled care criteria remains unchanged, as has the value-based purchasing program. That's because therapy has shown to have a huge impact on reducing lengths of stay and readmission rates, and improving functional outcomes and quality of life.

In a study published in the *Archives of Internal Medicine*, researchers found **older adults who increased their steps by 600 or more through therapy within 48 hours of admission for acute illness had lengths of stay two days shorter** than older adults who did not significantly increase their steps in the first two days[1].

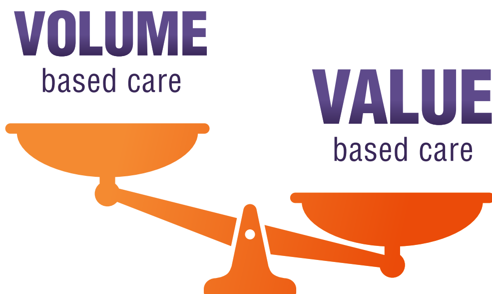
Another study, published in the *Archives of Physical Medicine and Rehabilitation*, **found a positive correlation between physical therapy and length of stay, functional outcomes, and quality of life in people with acute and subacute conditions.** A systematic review revealed patients fared better with longer and more frequent therapy sessions[2].

What Hasn't Changed Under PDPM

This is particularly important, considering research shows **functional status is a better predictor of hospital readmission rates than comorbidities**. In fact, a study published in the *Journal of General Internal Medicine* found gender plus functional status to more accurately predict readmissions at three, seven and 30 days post-discharge than any comorbidity data[3].

Lastly, **the need to discharge patients to an appropriate setting also hasn't changed.** It takes a highly trained clinician to determine the best next step for a patient to keep rehospitalization rates low and costs down, no matter the payment system.

What Has Changed Under PDPM



PDPM encourages **value-based care over volume-based care.** Under RUGS-IV, SNFs often received the same payment for each patient, even when patients had significantly different nursing needs. That's because the reimbursement was based on the number of minutes of therapy provided. These minute thresholds were paired with an ADL score to determine a daily payment rate. The actual medical condition of the patient very rarely contributed to the payment for the care.

Now, there is an **increased monetary value being placed on nursing services,** and variable reimbursements take into account each patient's:

1. **Individual diagnosis**
2. **Co-morbidities**
3. **Level of functional impairment**

The value-based system makes it necessary for interdisciplinary teams (IDTs) to work closely together. Strong care collaboration will ensure the best outcomes for patients and is needed to satisfy the documentation requirements of PDPM. Based on the new reimbursement system, documentation for each component will be vital to support services billed, not solely based on therapy services.

What **has changed**	What **has not changed**
Value-based rather than volume-based	Medicare's definition of skilled care
Variable reimbursements	Value-based purchasing system
Documentation is needed to support every component of PDPM	The need to discharge patients to an appropriate setting

The Value of the Clinician

Skilled clinicians have always been at the core of patient care and will remain so under PDPM. Nurses need to have a solid understanding of why each patient is being admitted to the SNF and must complete a thorough initial assessment to determine co-morbidities, level of functional impairment and more. Working closely with the rest of the IDT, the nurse will need to establish a patient-centered care plan and their documentation will need to support that — and it should reflect not only the patient assessment, but also conditions and services that are reimbursed for the nursing and non-therapy ancillary components.

PDPM payment reinforces that every clinician on an IDT needs to be aware of — and understand — the patient's care plan. Highly trained clinicians have the expertise, critical judgment and thinking skills necessary to not only carry out a therapy plan but also recognize when changes or adjustments need to be made, as well as the ability to properly document for the purpose of PDPM reimbursement. This is particularly important, considering research shows functional status is a better predictor of hospital readmission rates than comorbidities.

In addition, qualified therapists may assist in conducting a cognitive assessment through the BIMS tools, with each patient, which is a PDPM requirement whether speech therapy is indicated or not. Therapists also provide education and training to the IDT on how to match the right care with the patient's cognitive level.

Trust in Your Clinicians and Practitioners

PDPM was a major change, and SNFs are still acclimating, but skilled clinicians and practitioners are experienced at putting their patients at the center of everything they do. By ensuring highly trained clinicians remain a critical component of your facility's care team, patients will be more likely to reach their unique recovery goals, key quality indicators will be met and ultimately the reimbursements will follow.

PORT: The Expert PDPM Partner

SNFs need therapy partners who understand the ins and outs of PDPM. In PORT's 20-plus year history, it has always focused on outcome-driven data versus volume of services, putting patients at the center.

PORT also understands and respects the role of SNF nurses and clinicians. PORT has nurses certified in rehabilitation, MDS and case management. This vast institutional knowledge gives them a unique perspective and allows them to support the SNF nurse and fully engage in their IDTs.

Also, PORT's Right Path programs reflect a rehabilitative approach to patient-centered care and utilizes the skills of the entire team to achieve the best possible outcomes for patients.

To learn how PORT can help your facility adapt to PDPM and produce the best possible outcomes for your patients, call 833-898-2851.

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References

1. Steve R. Fisher, PT, PhD, Yong-fang Kuo, PhD, et al. *Early Ambulation and Length of Stay in Older Adults Hospitalized for Acute Illness.* Archives of Internal Medicine. Nov. 22, 2010. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3136816/
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