2025 NPA Virtual Winter Conference

FEBRUARY 10-14, 2025

Advancing Excellence in PACE through the CMS Final Rule 2024:

Strengthening IDT Collaboration and Enhancing Participant-Centered Care

Disclosures

- No disclosures

Learning Objectives

1 **Understand** the CMS Final Rule 2024 updates and their implications for interdisciplinary team (IDT) workflows and compliance with quality measures.

2 **Apply IDT strategies** to enhance participant and family engagement, addressing health literacy barriers and improving care documentation accuracy within the PACE Quality KPI Framework.

3 **Implement participant-focused strategies** for fall prevention, re-hospitalization reduction, and engagement, incorporating each discipline's unique perspectives to improve overall care outcomes and compliance within the PACE Quality KPI Framework.

Session Overview

- Review **CMS Final Rule 2024 updates** with an emphasis on interdisciplinary teams (IDTs) and aligning with **PACE Quality KPI Framework and QIP**
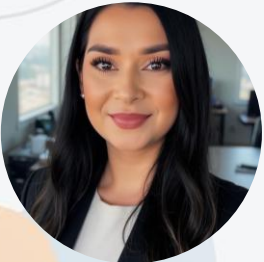
- Discussion today focusing on several **key IDT Quality KPIs**
  - Timely Completion and Documentation of Participant Assessments
  - Care Planning and Review Compliance
  - Reduction in Preventable Re-Hospitalizations
  - Fall Risk and Incident Reduction
  - Participant and Family Satisfaction Scores
  - Grievance Reporting and Resolution Response Time
 - Technology Utilization with Impact on Outcomes

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Session Agenda

Topic	Time	Speaker
• Welcome and Session Objectives	5 min	Jason West
• CMS Final Rule 2024 and IDT KPIs	10 min	Cherie Jelinek
• Improving Communication and Health Literacy within the IDT	10 min	Sandra Smith
• Enhancing IDT Decision-Making and Fall Prevention	10 min	Sandra Smith
• Engaging Participants with Dementia & Managing IDT Burnout	10 min	Barbara Morgan
• Grievance Response Best Practices	10 min	Barbara Morgan
• Leveraging Technology without Sacrificing Connection	5 min	Janellie Villa
• Closing Remarks and Key Takeaways	5 min	Jason West

Session Facilitator: Jan Belt

Quality as a PACE Framework for Success

- **Problems** that all PACE organizations face
  - **Quality** drives need for continuous improvement
  - Evolving **regulatory** environment
  - Daily pressure to **work collaboratively** across IDT teams quickly and efficiently

- **Solutions** must provide actionable insights
  - Quality dashboards that **manage KPIs and QIPs**
  - Continuous **monitoring** of change effectiveness
 - Foster **communication** and collaboration across IDT teams
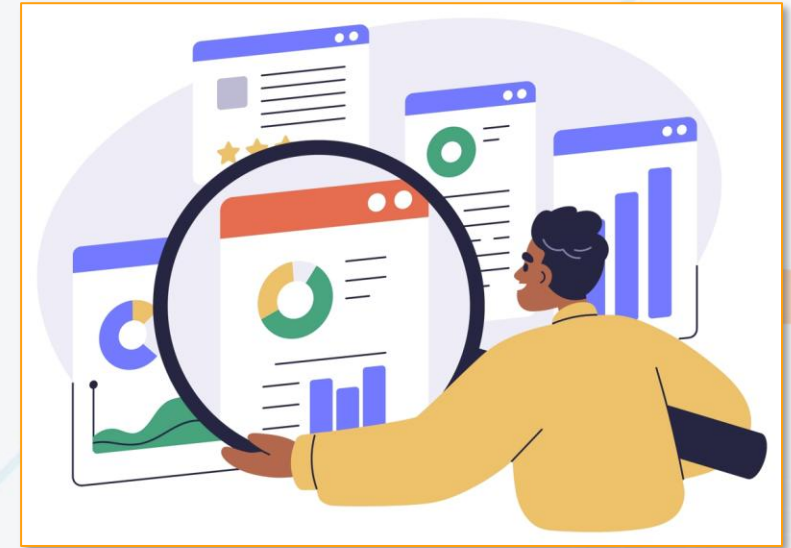
IDT Key KPIs: Participant Assessments

Strategies for ensuring timely completion and documentation of Participant Assessments

- Automated scheduling, alerts, notifications of participant **mini-assessments and annual assessments integrated into IDT dashboards** and daily huddles
- Monthly Compliance reviews facilitated by Quality team
- Proactively assess care plans in Month 5 to stay ahead of deadlines, rather than waiting until Month 6
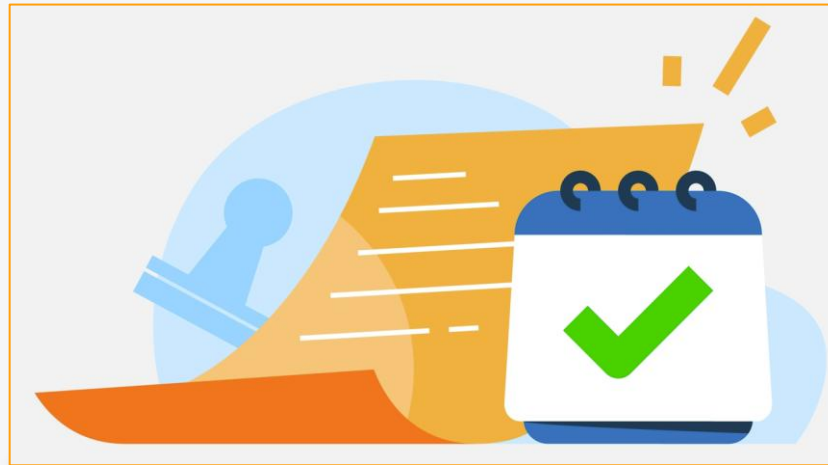
Supporting KPIs for participant assessment and documentation

- YTD Average Percentage of On-time Assessments
- List of Participants with delinquent assessments and Care Plans for each IDT discipline
- YTD Average of positive mini-assessment outcomes
- Number of improved assessment scores by domain
- % of improved assessment scores by domain
- % of initial assessment by category completed in the last 12 months
- Reviewed **monthly**

IDT Key KPIs: Care Plan Compliance

Strategies for Care Planning and Review compliance

- Automated scheduling, alerts, notifications of participant **care plans integrated into IDT dashboards** and daily huddles
- Monthly Compliance reviews by Quality team
- Using Care Coach to help with Care Plan agreements and support with the care plan goals

Supporting KPIs for Care Plan compliance

- YTD Average Percentage of on-time care plans
- YTD Average Percentage of Positive Care Plan Goals
- Number of current Care Plan Goals
- Percent with outcome goal document by IDT discipline
- Number of outcome goal showing some sort of satisfaction
- Percent of outcome goal showing some sort of satisfaction by discipline
- Reviewed **monthly**

IDT Key KPIs: Re-Hospitalizations

Strategies for reduction in preventable re-hospitalizations include personalized Care Plans for chronic disease management

- Providers prioritize addressing Care Plan issues that contribute to hospitalizations

- Care coordinators are assigned to Case Team with assigned Participants

- Utilization **RN and LVN collaborate with the IDT weekly to review high utilizers** (participants with two or more ER visits in the last six months) and identify unmet needs

- Weekly follow-up calls from the RN or Utilization team ensure consistent check-ins with high utilizers

Supporting KPIs for re-hospitalizations

- YTD Average ED event ratio, #ED events during period, %/list with/without admit, % with >2 ED events in last 6 months, YTD average unplanned hospital inpatient days, ratio, events

- YTD Average % of Same Cause Inpatient Readmits <30 days, PRT list, YTD Average of all cause inpatient readmits <30 days, %/# for period

- Preventative screenings, Medication Adherence, Fall Prevention, and Immunization tracking

- Reviewed **monthly**

Improving Communication and Health Literacy within the IDT

Strategies for effective **communication** to improve participant and family understanding

- Simplify communication, translate into preferred language, break down Care Plan into smaller parts
- Offer interpreter services during care planning, appointments or family meetings
- Engage family members and caregivers
- Addressing health literacy barriers within care planning
- Relate medical information to participant's daily life and routing
- Focus on the positive and how adherence can improve their quality of life
- Utilize Age-Friendly Best Practices and document **"What Matters Most"** discussions

Supporting KPIs for health literacy, satisfaction, and documentation accuracy

- iSAT
- YTD % with Health Wishes documented
- Transportation Ride Times and Wait Times
- Voluntary Disenrollment with Reason Codes
- Reviewed **monthly**

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Enhancing IDT Decision-Making and Fall Prevention

Strategies for comprehensive initial and ongoing fall risk assessments

- All participants are assessed initially and screened at least every six months utilizing the **CDC-recommended STEADI algorithm**
- Fall protocol shall create a combined and systematic process to reduce the risk of recurrent falls among participants
- To recognize and assess falls and reduce the risks of further falls in our participants through evaluation and treatment of injury, referrals for follow-up interventions, identification of risks and causes, prevention, control, training and monitoring

Supporting KPIs for IDT decisions and fall prevention

- Fall prevalence with/without injury, # falls, % falls with serious injury, frequent fallers/% of total falls, fall list by IDT/center, falls follow up
- Reviewed **monthly**

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Engaging Participants with Dementia & Managing IDT Burnout

Strategies for Engaging Participants with Dementia

- **Person-Centered Care**: Focus on individualized plans that address the unique needs, preferences, and abilities of participants
- **Therapeutic Activities**: Incorporate interventions like music therapy, memory-enhancing exercises, and structured daily routines to promote cognitive and emotional well-being. (PACE Activities)
- **Specialized Engagement**: Use tools such as reminiscence therapy or sensory-friendly environments to improve comfort and interaction (Sensory Room)

Strategies for Managing IDT Burnout

- **Supportive Practices**: Implement regular team debriefings, flexible scheduling, and access to mental health resources
- **Role Flexibility**: Encourage cross-training among team members to distribute responsibilities effectively
- **Stress Management Resources**: Provide opportunities like peer support groups and stress management workshops to build resilience and reduce stress - PACE GSS counseling and Home Care are great resources
- **Professional Development**: Offer training and educational opportunities to enhance skills and job satisfaction

Supporting KPIs for Dementia and IDT Collaboration

- **Staff Turnover Rates** internally measured by HR
- **Participant and Family Satisfaction Scores** measured through Annual Surveys
- Reviewed **monthly**

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IDT Key KPIs: Grievances

Strategies for grievance reporting and reducing resolution response times

- Conduct annual training for all staff on CMS grievance regulations, proper documentation, and timely resolution procedures

- Ensure Quality Staff are trained in de-escalation techniques and are prepared to actively listen to participants' concerns and negotiate with them so that the issue will be resolved

- Address every grievance **within 24 hours of receipt** to initiate communication with the participant, take timely action, and aim to **resolve the issue within 15 days after grievance is filed**

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IDT Key KPIs: Grievances

Supporting KPIs for grievance reporting and resolution response

- YTD average % of resolution within 30 days

- Number of grievances

- Percentage of unflagged and addressed

- Percentage of acknowledged oral/writing receipt within 5 days of receipt five resolved within 30 days

- Participant list of delinquent grievances

- Quality has a critical role in reaching out to begin the grievance process and engaging with the participant to provide a listening ear

- Reviewed **monthly**

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Leveraging Technology without Sacrificing Connection

PACE Quality, Clinical, Safety, and Compliance Leadership Dashboards and Analytics to monitor and drive QIP

- **Clinical (60 KPIs)**
  - Falls, Pressure Ulcers, Infections, Follow Up: Imaging, Lab Orders, OMA, Notes

- **Health Plan Network (8 KPIs)**
  - Days to Retrieval, Imaging, Hospital Record, SNF Record, Aging by Lifecycle Phase, Occurrence

- **Operations (10 KPIs)**
  - Service Cancellation, No Show, Overdue, Missing CPT, Missing Dx, Aging PO, Service Order (SO), Aging PN

- **Outcome (14 KPIs)**
  - Care Plan Goals, Mini-Assessments, Vitals

- **Outreach and Enrollment (8 KPIs)**
  - Census Trend, Net Enrollments, Voluntary Disenrollments, Deaths, Reasons, Zip Codes

- **Preventative (10 KPIs)**
  - Immunizations, TB, Preventative Screenings

- **Quality (14 KPIs)**
  - Distribution of Quality Reporting, HPMS, BoD, CMS, DHCS, QIP, iSAT, Health Outcomes, Survey, CalPACE

- **Regulatory (34 KPIs)**
  - Grievance, SDR, Appeals, On-Time Assessments, IDT Meeting Attendance, Transportation Ride Times, Level 2 Incidents

- **Utilization (32 KPIs)**
  - ER Visits, Unplanned Hospital Inpatient Days, Readmissions, Average, Long Term Care, Post Acute Care
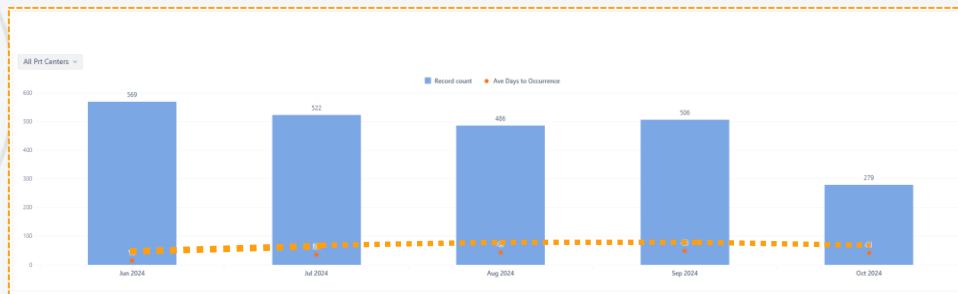
Automation and Integration of Critical Data

Comprehensive Quality, Clinical, Safety, and Compliance Dashboards and Analytics are automated and integrated with EMR and multiple synchronized data sources

High Quality Data

- Participant Profile
- Vendor Profile
- EMR
- CRM
- Health Plan
- Transportation

Aging Referrals

Infections

Aging Record Retrieval

Med Adherence

HU Admissions

Closing Remarks and Key Takeaways

Key Takeaways

- **CMS Final Rule 2024:** Aligning with updated regulations is pivotal to enhancing interdisciplinary workflows and improving care outcomes

- **Participant-Centered Excellence:** Strategies such as health literacy, fall prevention, and dementia engagement are essential for delivering integrated care

- **Collaboration Drives Results:** Leveraging diverse IDT perspectives improves care planning, reduces hospitalizations, and boosts satisfaction scores

- **Data-Driven Innovation:** Utilizing integrated dashboards and analytics ensures continuous monitoring and actionable insights

- **Sustained Impact:** Empowering teams and participants through technology fosters resilience and better outcomes
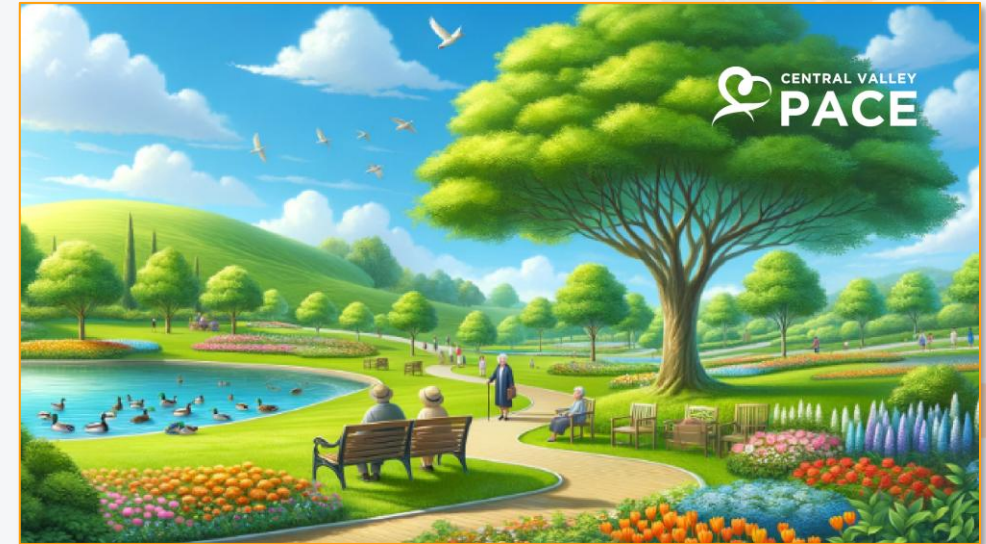
Thank You for Advancing Excellence Together

Contact Us
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References and Attributions

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