

If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.

This handout is for reference only. It may not include content identical to the powerpoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.

## JUSTIFYING SPEECH-LANGUAGE PATHOLOGY SERVICES IN A TURBULENT HEALTH CARE ENVIRONMENT

ROBYN EARLEY MA, CCC-SLP

### LEARNING OBJECTIVES

1. PARTICIPANTS WILL BE ABLE TO DESCRIBE AT LEAST THREE CHANGES IN THE HEALTHCARE ENVIRONMENT THAT ARE INFLUENCING THEIR UTILIZATION.
2. PARTICIPANTS WILL BE ABLE TO NAME 3 WAYS THAT MARKETPLACE CHANGES DIRECTLY IMPACT THEIR SERVICE PROVISION TO PATIENTS.
3. PARTICIPANTS WILL BE ABLE TO DESCRIBE HOW TO DEVELOP PARTNERSHIPS, STANDARDIZED MEASURES, AND COMMUNICATE OUTCOMES TO OBTAIN GREATER SUPPORT FOR THEIR SERVICES FROM PROVIDERS, ADMINISTRATORS AND INSURERS.

8

## CHANGE...OUR ONE CONSTANT

9

## AGENDA

1. CHANGES TO THE HEALTHCARE ENVIRONMENT
2. IMPACT OF THESE CHANGES ON REHABILITATION, SPECIFICALLY SPEECH-LANGUAGE PATHOLOGY
3. WAYS SPEECH LANGUAGE PATHOLOGISTS CAN MODIFY THEIR PRACTICE TO READILY ADAPT TO THESE CHANGES

10

## CHANGES WITHIN THE HEALTHCARE ENVIRONMENT

- MERGERS AND CONSOLIDATIONS
- VALUE VERSUS VOLUME BASED REIMBURSEMENT
- QUALITY REQUIREMENTS

11


## CAVEAT...

- GENERAL OVERVIEW OF HEALTH CARE CHANGES.
- THESE ARE COMPLEX TOPICS THAT COULD BE STUDIED AND DISCUSSED IN MUCH GREATER DEPTH.
- REFERENCE PAGE OFFERS MULTIPLE RESOURCES FOR INDIVIDUALS WHO WOULD LIKE TO DELVE INTO A GREATER LEVEL OF DETAIL

GOAL IS TO TOUCH ON SOME OF THE REGULATORY CHANGES THAT SUPPORT INTEGRATION OF DATA COLLECTION AND QUALITY MEASUREMENT INTO REGULAR PRACTICE.

12

## MERGERS

CURRENT MARKET PRESSURES  AN INCREASE IN THE NUMBER OF HEALTH CARE ORGANIZATIONS THAT ARE CONSOLIDATING SERVICES IN ORDER TO BETTER MEET THE REQUIREMENTS FOR DATA REPORTING, REIMBURSEMENT AND INTEGRATED NETWORKS OF CARE.

- FOR SPEECH-LANGUAGE PATHOLOGISTS (SLPS) THIS CREATES AN ENVIRONMENT OF CHANGING ADMINISTRATORS, PROVIDERS AND CULTURE.
- WITHIN THE THREE THERAPEUTIC DISCIPLINES, THE ROLE OF THE SLP IS NOT ALWAYS UNIVERSALLY UNDERSTOOD.

13

## VALUE BASED REIMBURSEMENT

- ATTENTION TO MEASURING OUTCOMES AND PAYING FOR QUALITY CARE RATHER THAN PAYING FOR SERVICES REGARDLESS OF OUTCOMES.
- SHIFT FROM **VOLUME BASED** TO **VALUE BASED** CARE
- THAT MEANS RESOURCES ARE SHIFTED TO THE AREA WHERE THE MOST IMPACT CAN BE DEMONSTRATED.
- INSTITUTIONS FOCUSING ON:
  - POPULATION MANAGEMENT
  - AFFORDABILITY
  - PATIENT EXPERIENCE
- SLPS MUST BE ABLE TO DEMONSTRATE HIGH QUALITY CARE WITH MEASURABLE OUTCOMES.

14

## QUALITY CHANGES

- QUALITY IS A MEASUREMENT OF RESOURCES INVESTED IN PATIENT SERVICES THAT RESULT IN POSITIVE OUTCOMES
- ONE OF THESE MEASURES IS HOSPITAL READMISSIONS.
  - 20% OF ALL HOSPITALIZED MEDICARE BENEFICIARIES WENT TO SNFS FOLLOWING THEIR HOSPITAL STAY.
  - OF THESE, 25% WERE READMITTED TO THE HOSPITAL COSTING MEDICARE \$14.3 BILLION.
  - STARTING IN FISCAL YEAR 2018(OCT 2017) SNFS WILL BE PENALIZED FOR PATIENTS WHO ARE READMITTED TO THE HOSPITAL WITHIN 30 DAYS OF THEIR DISCHARGE FROM THE HOSPITAL TO THE SNF.
- IMPACT ACT (IMPROVING MEDICARE POST-ACUTE CARE TRANSFORMATION) ACT, WHICH ESTABLISHES A UNIFORM SYSTEM OF MEASURING AND REPORTING OUTCOMES ACROSS ALL POST-ACUTE CARE SETTINGS:
- QUALITY MEASURES ARE NOW SHIFTING FROM PQRS TO MIPS. THERAPISTS ARE EXCLUDED THE FIRST TWO YEARS BUT IN 2019 ARE ELIGIBLE FOR REPORTING. <sup>15</sup>

## PHYSICIAN QUALITY REPORTING SYSTEM(PQRS) SHIFTING TO MERIT-BASED INCENTIVE PAYMENT SYSTEM(MIPS)

- IF WE USE PQRS AS A REFERENCE FOR SOME POTENTIAL MEASUREMENT CATEGORIES IN MIPS THERE ARE SEVERAL THAT RELATE DIRECTLY TO SLP
- THESE INCLUDE:
  - SCREENING FOR DYSPHAGIA AND REHABILITATION TREATMENT OPTIONS
  - REHABILITATION SERVICES ORDERED FOLLOWING STROKE
  - STAGING OF DEMENTIA
  - DEMENTIA COUNSELING
  - MEASURE OF COGNITIVE FUNCTION IN DEMENTIA
  - PARKINSON'S DISEASE COGNITIVE IMPAIRMENT MEASURE AND DYSFUNCTION ASSESSMENT
  - PARKINSON'S DISEASE REHAB TREATMENT OPTIONS

16

## COMMON READMISSION REASONS RELATED TO SLP PRACTICE

OUT OF THE 15 MOST COMMON READMISSION DIAGNOSES 4 ARE  
CONNECTED TO SLP PRACTICE

2. PNEUMONIA-7%

5. ASPIRATION PNEUMONITIS, FOOD/VOMITUS-4%

8. RESPIRATORY FAILURE-2.7%

12. DELIRIUM, DEMENTIA, AND AMNESIC AND OTHER COGNITIVE  
DISORDERS-2.2%

17

## WHAT IS THE IMPACT OF THESE CHANGES ON SPEECH PATHOLOGY?

- INCREASED EMPHASIS ON OUTCOMES AND JUSTIFICATION AS TO WHY A CERTAIN RESOURCE MUST BE USED FOR EACH PATIENT
- THE MOST IMPORTANT THING IS NOT FOR SLPs TO KNOW **ALL** OF THE REGULATORY DETAILS, RATHER UNDERSTAND THE OVERALL TREND TOWARDS USING DATA TO JUSTIFY SERVICES.
- USE THESE TRENDS TO SET PRACTICE PATTERNS AND BE PREPARED TO DEMONSTRATE YOUR OUTCOMES IN A MEASURABLE WAY.
- IDEALLY YOU ARE READY TO ANSWER THE QUESTIONS BEFORE THEY ARE ASKED...

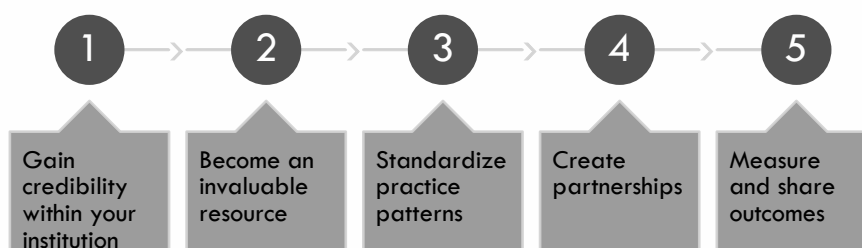
18

## IMPACT ON SPEECH PATHOLOGY, CONTINUED

- IF REHABILITATION PAYMENTS ARE DIRECTLY IMPACTED BY QUALITY AND OUTCOME REPORTING IT WILL BE IMPORTANT FOR CLINICIANS TO HAVE INTEGRATED DATA COLLECTION SYSTEMS AND MEASURES INTO THEIR PRACTICE.
- BE READY:
  - BE PREPARED FOR ALTERNATIVE PAYMENT MODELS-HEALTH AND HUMAN SERVICES HAS A GOAL FOR TRANSITIONING MEDICARE FFS MODELS TO ALTERNATIVE PAYMENT MODELS TO 50% AND LINK 90% OF PAYMENTS TO OUTCOME MEASURES BY YEAR END 2018.
  - DON'T LET SLP BE AN OPTIONAL MEMBER OF THE TEAM, RATHER ENSURE THAT THE SLP IS THOUGHT OF AS CRITICAL FOR DIAGNOSES THAT ARE OBVIOUS SUCH AS STROKE AND DYSPHAGIA, BUT ALSO NEURO-DEGENERATIVE DISEASES AND ORTHOPEDIC CASES WITH PERSISTENT CHANGES IN COGNITION.
- ASHA HAS MODIFIED THEIR STRATEGIC PLAN TO PRIORITIZE MAKING DATA AVAILABLE FOR QUALITY IMPROVEMENT AND DEMONSTRATION OF VALUE

19

## WHAT CAN SPEECH PATHOLOGIST DO TO ADAPT?



20



## GAIN CREDIBILITY

- RELIABILITY, DEPENDABILITY, INTEGRITY
- BE KNOWLEDGEABLE ABOUT AND PREPARED TO DISCUSS EMERGING RESEARCH AND EVIDENCE-BASED PRACTICE.
- PROMOTE YOUR EXPERIENCE, EXPERTISE AND KNOWLEDGE.
- AIM FOR CONSISTENCY WITHIN YOUR DEPARTMENT. ESTABLISH CONSISTENT PRACTICE PATTERNS, STANDARD OPERATING PROCEDURES.
- IF YOU ARE THE SOLE SLP IN YOUR FACILITY, WORK WITH OTHER SLP'S THAT ARE WITHIN YOUR COMPANY OR REFERRING INSTITUTIONS TO SHARE YOUR MEASURES, PRACTICES AND IMPROVE COMMUNICATION.

21

## YOU AS THE "EXPERT"

- AS A SPEECH-LANGUAGE PATHOLOGIST YOU RECEIVED EXTENSIVE TRAINING IN THE AREAS OF COMMUNICATION DISORDERS, COGNITIVE IMPAIRMENTS AND SWALLOWING DISORDERS.
- SEEK OUT SPECIALIZED TRAINING TO BE SEEN AS THE RESOURCE WITHIN YOUR FACILITY FOR SPEECH, LANGUAGE, COGNITIVE-COMMUNICATION AND SWALLOWING DISORDERS.

22

## BECOME THE FACILITY RESOURCE

<b>Make</b>	Make sure that people know your scope of practice
<b>Educate</b>	Educate your providers, nursing staff and administrators on all of the things that you are knowledgeable about, trained in, and have expertise on...
<b>Know and share</b>	Know and share the latest evidence with patient, families and fellow providers

23

## DEVELOP STRATEGIC PARTNERSHIPS

- KNOW YOUR PROVIDER TEAM
- KNOW YOUR TEAM OF CONSULTING NEUROLOGISTS, OTOLARYNGOLOGISTS, NEUROPSYCHOLOGISTS, PSYCHIATRISTS, GASTROENTEROLOGISTS AND/OR PSYCHOLOGISTS.
- DON'T FORGET THE IMPORTANCE OF YOUR FELLOW REHABILITATION TEAM MEMBERS!
- SIT IN ON ASSESSMENTS, CONFER ON CASES, BUILD RELATIONSHIPS.
- COLLABORATION CAN RESULT IN INCREASED REFERRALS FROM THE PRACTICE TO YOUR FACILITY
- INVALUABLE FOR HOLISTIC PATIENT CARE

24

## AND YOUR PATIENT PARTNERS

- DON'T DISCOUNT THE VALUE OF YOUR MOST IMPORTANT CUSTOMER...YOUR PATIENT
- SHIFT TO THE PATIENT TAKING A GREATER RESPONSIBILITY FOR WHERE RESOURCES ARE SPENT AND BECOMING NOT ONLY THE BENEFICIARY BUT ALSO AN ACTIVE CUSTOMER.

25

## USE STANDARDIZED ASSESSMENTS

- USE STANDARDIZED TESTS- EXPLAIN RESULTS AND IMPACT ON PATIENT'S PLAN OF CARE
- PROVIDE TEAM WITH INSIGHT ON HOW YOU ARE INCORPORATING YOUR RESULTS INTO DATA BASED DECISION MAKING FOR TREATMENT
- OBTAIN THE CORRECT MATERIALS TO DO YOUR JOB.
- USE INSTRUMENTAL ASSESSMENTS TO OBTAIN OBJECTIVE INFORMATION WHEN NEEDED.

26

## COLLECT OUTCOMES BUT DON'T LOSE SIGHT OF THE PATIENT

27

## CONSIDER WAYS TO CARRY OVER TREATMENT

- MAXIMIZE VALUE BY CONTINUING TO IMPROVE THE PATIENT'S CONDITION OUTSIDE OF THE THERAPY ROOM.
- CONSIDER THERAPEUTIC REGIMENS OR SYSTEMS THAT ALLOW FOR MORE STRUCTURED CARRYOVER (I.E.. CONSTANT THERAPY-AT HOME MONITORING)
- CHALLENGING GIVEN CURRENT REIMBURSEMENT MODELS AND PATIENT COMPLIANCE
- OPPORTUNITIES FOR THE FUTURE

28

## MEASURE OUTCOMES

- PARTNER WITH YOUR QUALITY TEAM
- USE QUANTITATIVE AS WELL AS QUALITATIVE MEASURES
- DATA AND OUTCOMES SPEAK VOLUMES IN A QUICK AND UNIVERSALLY UNDERSTOOD WAY.
- ADD METRICS TO YOUR PRACTICE AND INCORPORATE AS PART OF YOUR CLINICAL DOCUMENTATION (I.E.: EAT-10, NOMS, PRE/POST MEASURES)

29

## COMMUNICATING OUTCOMES

- QUALITY MEETING AND FACILITY MEASUREMENTS
- SHARE OUTCOMES WITH KEY DECISION MAKERS
- ROUNDS AND TEAM MEETINGS
- UTILIZATION MEETINGS

30

## GOING FORWARD

- THE HEALTHCARE LANDSCAPE IS RAPIDLY CHANGING.
- SPEECH-LANGUAGE PATHOLOGISTS CAN THRIVE IN THIS ENVIRONMENT BY BEING AWARE OF THE CHANGES OCCURRING AND HOW THEY IMPACT THEIR PRACTICE
- BEING PROACTIVE CAN ALLOW YOU TO DEMONSTRATE YOUR VALUE AS PART OF THE CRITICAL TEAM OF PROFESSIONALS CARING FOR PATIENTS IN A HEALTHCARE ENVIRONMENT
- SUCCESSFULLY COMMUNICATING YOUR VALUE TO OTHERS IS A KEY COMPONENT OF ADVOCACY FOR BOTH YOUR PATIENTS AND THE PROFESSION OF SPEECH-LANGUAGE PATHOLOGY

31