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ONLINE CONTINUING EDUCATION FOR THE LIFE OF YOUR CAREER

Role of the Speech-Language Pathologist in the Healthcare Triple Aim

Katie Holterman, MS, CCC-SLP, BCS-S

Moderated by:
Amy Natho, MS, CCC-SLP, CEU Administrator, SpeechPathology.com

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How to earn CEUs

- Must be logged in for full time requirement
- Log in to your account and go to Pending Courses
- Must pass 10-question multiple-choice exam with a score of **80%** or higher
  - Within **7 days** for live webinar; within **30 days** of registration for recorded/text/podcast formats
- Two opportunities to pass the exam

CONTINUED

The Role of the Speech-Language Pathologist in the Triple Aim

Katie Holterman, M.S. CCC-SLP, BCS-S

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Learning Outcomes

After this course, participants will be able to:

- Define the 3 components of the "triple aim" for healthcare.
- Describe how the use of patient self-report, the ASHA NOMS, and other outcome measurements can contribute to the triple aim.
- List at least 2 areas of focus which enable speech-language pathologists to participate in improving the health of the overall population.
- Describe the connection between patient satisfaction and quality of care to reimbursement.

Disclosures

- Financial Disclosure: Employed by EnduraCare Acute Care Services and receives salary as employee. Paid an honorarium fee by Continued for presenting this course.
- Non-Financial Disclosure: Member of American Speech-Language Hearing Association Healthcare Economics Committee (however not presenting on the committee's behalf)

The Changing Shift from Volume to Value…

Is the shift over yet??
Landscape of Healthcare

Shifting from Volume to Value

- Fee for service (provide, bill, collect) →pay for performance.

Need to move out of the Silo…..

Quality Outcomes
Contribution to Setting
Care Models

CONTINUED

Triple Aim

- The IHI Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihi.org).
- Framework initially Introduced in 2007
- Referred to as “Triple Aim”, “IHI Triple Aim Framework” or “IHI Triple Aim initiative”
- Incorrect Modifications of Triple Aim Terminology
  - Patient experience does not simply mean patient satisfaction. Patient experience includes safe, effective, patient centered, timely, efficient and equitable care.
  - Not simply “reducing costs” or “reducing growth in health care costs.” Triple aim intended to reduced costs on a per capita basis.
- Not aimed at any specific population, age group etc. Applies to patients of all ages in all healthcare settings

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Triple Aim

Improving Population Health

Improving Patient Experience (Quality of Care/Satisfaction)

Reducing Cost on a Per Capita Basis

The Triple Aim

- The Triple Aim, an initiative by the Institute for Healthcare Improvement, focuses on
- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations
- Reducing the per capita cost of health care.

Summary: Reduce healthcare costs, while simultaneously improving quality of care and, thus, overall population health.

Improving Population Health

- **Population Health: T**he health outcomes of a group of individuals, including the distribution of such outcomes within the group (David Kindig, MD, and Greg Stoddart, MD)
- **Public Health:** Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious disease (CDC Foundation)
- **Population Health:**
  - Prevention ("public health") DOES have a role
  - Intervention/functional outcome

Population Health

- Public Health- what we as a society do collectively to assure the conditions in which people can be healthy (Institute of Medicine, 1988)
- Population health- concerned with the definition of measurement of health outcomes and the pattern of determinants

Improving Population Health- Quality/Outcomes

- Electronic Health Records
- Clinical pathways for management
- Care models
- Outcomes
- Quality Measures – VPB, QRP, etc
  - Setting
  - Population
  - Practitioners
  - Region

Improving Patient Experience

- Electronic Health Records
- Care models
- Patient Centered Care
- Patient Satisfaction
  - Outcomes
  - Patient reported outcomes
  - Patient reported satisfaction

Where does SPEECH PATHOLOGY fit into this?

Do we have a role?

CONTINUED

Improving Population Health

- "Prevention"
- Speech pathology interventions viewed as more reactive vs. proactive
  - Screenings may help to prevent or catch potential impairments
    - Focus for screens is to enable earlier intervention
    - For potential risks of communication disorders (i.e. early development of vocal nodules)
    - Child language screens
    - Dysphagia screens
  - Promotion and advocacy of profession

CONTINUED

Prehabilitation

- Defined as any physical or lifestyle preparation that happens before surgery and is designed to help patients regain function in less time.
- Prepared body to endure a major stressor despite normal recovery patterns which may otherwise slow progress or decondition
  - Medical optimization of pre-existing conditions
  - Physical fitness
  - Nutritional status
  - Psychological support –
    - also comprises patients cognitive and mental health prior to surgery
    - Motivation
    - Family support- disposition, socioeconomic needs

Improving Population Health

- Clinical Pathways
- Stroke
- Head and neck cancer
- Childhood diseases/disorders
- COPD
- Critical Care Management teams
- Dementia Management

Clinical Pathways

- Why develop and implement clinical pathways?
- Who benefits?
- What are they comprised of?
- Which settings can develop and implement pathways? Are there barriers per setting?
- How can clinical pathways have an effect on cost?
- Do we measure the use?
- Do we know our practice guidelines? Do we use EBP?

Clinical Pathways- Examples

- Stroke
  - Order sets
  - Care team
  - EBP/practice guidelines
- Critical Care Management
  - Communication
  - Swallowing
  - Respiratory team
  - Voice

Outcomes/Quality

- Patient Centered Outcomes
  - Examples include quality of life surveys
    - Voice Handicap Index (VHI)
    - Dysphagia QOL surveys
    - ASHA Quality of Communication Life Scale

CONTINUED

Outcomes/Quality

- Clinician based outcome measurement tools
  - ASHA'S National Outcome Measurement System (NOMS)
  - Use of standardized tests and other measurements for assessment

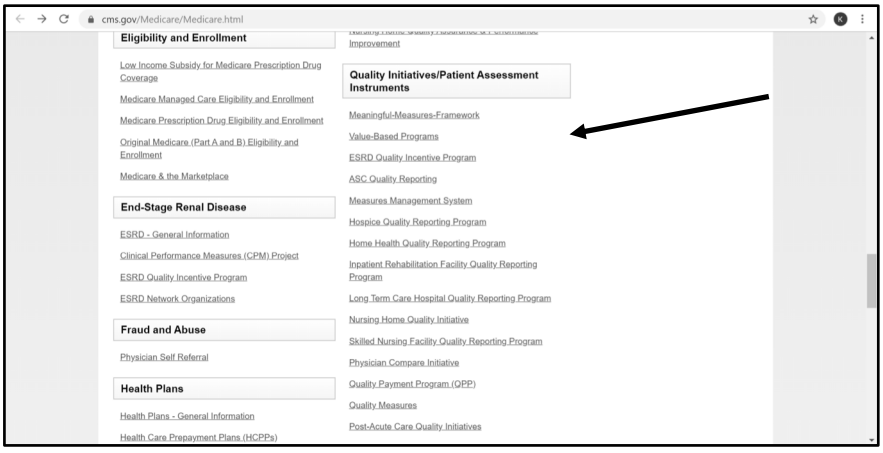
CONTINUED

Outcomes/Quality

- ASHA's National Outcome Measurement System (NOMS)
- Made up from the use of Functional Communication Measures (FCMs)
  - FCMs are a series of disorder-specific, seven-point rating scales
  - Ability to view change in an individual's functional communication and/or swallowing ability over time
- Clinician Reported system
  - Reported at admission and discharge
- Member benefit - free to ASHA members
- Must be a registered user - training completed online (CEUs)
- https://www.asha.org/NOMS/NOMS-Frequently-Asked-Questions/

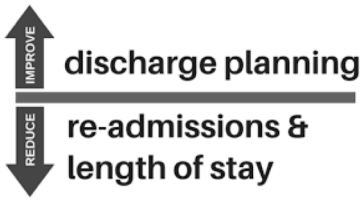
Outcomes/Quality- Moving Out of the Silo and Finding Our Fit

- Hospital Performance Metrics, Quality Measures,
- Examples:
  - Rehospitalization Rates
  - Length of Stay
  - Mortality Rates
  - CMS Program Performance ***



Quality/Outcomes- Re-hospitalization

- Discharge planning
  - Transitions/care coordination between settings - not just social work/care coordinators
  - Coaching, education, support for patient self-management, family education
  - Health Literacy
  - Dysphagia Preparedness/Modified Diets
  - Education plan for continued care

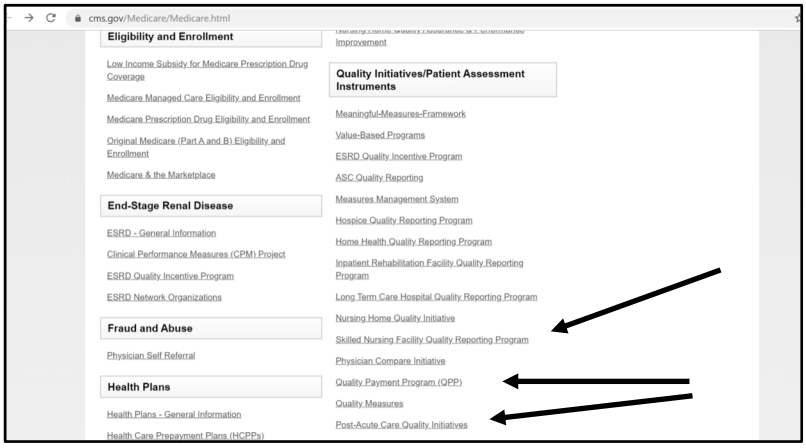


Length of stay

Variable Per-diem Adjustment Factors and Schedule – PT and OT Components

Medicare Payment Days	Adjustment Factor	Medicare Payment Days	Adjustment Factor
1-20	1.00	63-69	0.86
21-27	0.98	70-76	0.84
28-34	0.96	77-83	0.82
35-41	0.94	84-90	0.80
42-48	0.92	91-97	0.78
49-55	0.90	98-100	0.76
56-62	0.88		

- Acute Care Setting
  - Goal is reduced length of stay
  - Early intervention
  - Delays along pathway- radiology etc.
  - Using tools and resources
- Subacute- times are changing….
  - Impact then vs. Impact now (PDPM)
  - Variable per-diem adjustment
    - Speech stays steady!!!!!!!
- Outpatient-
  - What do we know?



Post Acute Care Quality Initiatives- IMPACT ACT

- Improving Medicare Post-Acute Care Transformation Act 2014
  -requires SNFs, LTAC(H)s, IRFs, and HHAs to submit standardized patient assessment data
  - to have shared language/flow of information
  - decreased need for multiple evaluations as patients transition from environments of care
- Intends for cross-setting quality comparison
- Important component is patient-centered aim in its references and requirements related to capturing patient preferences and goals

Triple Aim and the IMPACT Act

- The Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) standardizes assessments across all post-acute care
- Section GG measures
  - Implemented across all post-acute settings
  - Results in smoother patient transition between healthcare settings, including home health (HHA), inpatient rehab (IRF), and long-term acute hospital (LTAH)
- Using same assessments/same coding system:
  - Patient characteristics uniform
  - All speak the same language
  - Improving patient experience/outcomes

IMPACT Act Domain	IMPACT Act Measure	PAC Setting Adopted
Functional Status, Cognitive Function, and Changes in Function and Cognitive Function	• Application of Percent of LTCH Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function • Percent of LTCH Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function • Change in Self-Care Score for Medical Rehabilitation Patients • Change in Mobility Score for Medical Rehabilitation Patients • Change in Discharge Self-Care Score for Medical Rehabilitation Patients • Change in Discharge Mobility Score for Medical Rehabilitation Patients	• IRF, LTCH, SNF, HH • LTCH • IRF, SNF • IRF, SNF • IRF, SNF • IRF, SNF
Medication Reconciliation	Drug Regimen Review	IRF, LTCH, SNF, HH
Incidence of Major Falls	Application of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	IRF, LTCH, SNF, HH
Transfer of Health Information and Care Preferences when an Individual Transitions	Under Development	IRF, LTCH, SNF, HH
Resource Use Measures, including Total Estimated Medicare Spending Per Beneficiary	Medicare Spending Per Beneficiary	IRF, LTCH, SNF, HH
Discharge to Community	Discharge to Community	IRF, LTCH, SNF, HH
All-Condition Risk-Adjusted Potentially Preventable Hospital Readmissions Rates	Potentially Preventable 30-Day Post-Discharge Readmission	IRF, LTCH, SNF, HH

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Patient Experience

- Level of Satisfaction that the patient felt with the care that they received
  - Customer service
  - Cost of service
  - Education
  - Clinical outcomes

CONTINUED

Patient Experience

- Quality
  - Outcomes
  - Accessibility
- Patient Centered Care- Patient Engagement drives toward a complete patient experience
  - Knowing Expectations
  - Goal setting
  - Patient experience
- Education of patients, families, caregivers

CONTINUED

Patient Experience

- Encompasses range of interactions that patients have with the health care system.
- Includes:
  - Ease of appointments
  - Access to information
  - Communication across healthcare continuum
  - Outcomes
  - Goal related care

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Patient Experience vs. Satisfaction

- Patient Experience-
  - In order to assess experience, find out whether something that should happened in a healthcare setting (communication, pain management, outcomes of care) actually happened or how often it happened
- Patient Satisfaction
  - In order to assess satisfaction, must determine if a patient's *expectations* about a health situation were met.

Welcome to The story of Bert and Ernie

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Patient Experience

- Patient Satisfaction – not directly observable. Need a measure…
- Satisfaction Surveys
  - HCAHPS (The Hospital Consumer Assessment of Healthcare Providers and Systems) -survey measures 64 markers of patient satisfaction.
    - Looks at how often it happened.
- Surveys attempt to translate subjective results into data that is:
  - Meaningful
  - Quantifiable
  - Actionable

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Reducing Cost

Financial Awareness

- The P word
- Examine Service Delivery Models for most efficient and effective ways to deliver care
- What do you cost
- The scary word (BUSINESS)

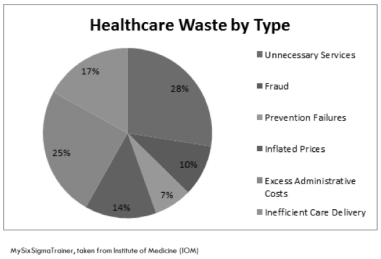
Working at the top of our license

Reducing "Non-Purposeful Care" and increasing Evidenced-Based Care

- Where is our evidence?
- Dysphagia screens
- Choosing Wisely campaign

Reducing Cost - Reduce Unnecessary Spending

- Performance improvement projects
  - "Lean Waste"
    - Transport*
    - Inventory*
    - Movement *
    - Waiting**
    - Overproduction
    - Over processing
    - Defects



MySixSigmaTrainer, taken from Institute of Medicine (IOM)

Reducing Cost - Early Interventions

- Early Intervention
  - 2017 Journal of the American Academy of Child & Adolescent Psychiatry study found that the costs associated with the Early Start Denver Model (ESDM) (one evidence-based treatment for young children with autism) were fully offset after only two years following intervention due to reductions in children's use of other services
  - Data from 2015 suggested that early interventions for dysphagia in stroke have an important role in recovery from dysphagia and prevention of complications like aspiration pneumonia.
    - Bakhtiyari J, Sarraf P, Nakhostin-Ansari N, Tafakhori A, Logemann J. Effects of early intervention of swallowing therapy on recovery from dysphagia following stroke. Iran J Neurol. 2015;14(3):119–124.

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Reducing Cost - Advocacy of Professions

- Higher visibility of services for professionals - referrals
- Higher visibility of services for consumer - Consumer Driven Healthcare
- Possible reduced time to seek out treatment
- Physician education of services not well known
  - Disease management: Cardiac, Pulmonary, Neuro, Orthopedic*

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