Use of 6-Clicks to Provide Decision Support in the Hospital Setting

Combined Sections Meeting 2017

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Healthcare reform has reinforced the need to transform service models to focus on value by emphasizing efficiency and efficacy. This need for system re-design, culture change and the call for innovation presents an opportunity to overcome the long-standing challenges we have faced.

In this educational session, we will examine opportunities, strategies and tactics to leverage systematic standardized data collection to demonstrate the value of physical therapy in the acute care hospital as well as drive acute care throughput.
Objectives

• Examine specific strategies to leverage systematic standardized outcome data collection to drive acute care throughput

• Discuss strategies to initiate, conduct, and evaluate Physical Therapy outcome data to drive meaningful change, efficiency and value

• Detail practical tools and strategies to promote analysis and communication of data trends to maximize culture change

• Discuss practical strategies to measure implementation success
Outline

• Detail value opportunities to systematically collect, analyze and articulate standardized outcome data in acute care physical therapy

• Discuss challenges of determining discharge disposition and throughput to post-acute setting

• Demonstrate analysis of specific outcome data and demonstrate value of data sharing with post-acute provider and payers to drive efficiency and value

• Share results, recent findings and future work to continue to collaborate in practical use of acute care outcome data
Cleveland Clinic Rehab & Sports Therapy

Therapy Locations
- Cleveland Clinic Main Campus and 8 regional hospitals
- 100 IRF beds
- 35 SNF beds
- 3,277 Acute care beds
- 47 Outpatient locations

Rehab Team
- 350 Physical Therapists
- 100 PTA’s
- 135 OT’s
- 25 COTA’s
- 35 SLP
- 5 Audiologists
- 50 ATC’s
• Unified Organizational and Leadership Structure
• Standard Operational and Clinical Procedures
• Increased Productivity, Efficiency, and Cost Structure
“Count Something.”

Atul Gawande
Focused on Value

\[ V = \frac{Q + S}{\$} \]
Journey at the Cleveland Clinic

Uniform outcome data collection in all settings

Use information from large uniform data sets to make decisions.
Goal: Collect meaningful discrete functional data with every patient encounter

Utilize discrete patient data to
- Drive clinical decisions
- Guide resource utilization
- Increase objectivity in determining discharge recommendations from acute care
What Were We Looking for in a Tool

- Minimal burden on staff
- Minimal burden on patients
- Incorporate functional items that therapists currently evaluated
- No more than 6 questions
What is Cleveland Clinic’s 6 Clicks?

• Short form of the AM-PAC
  (Activity Measure for Post Acute Care)
  - Patient Reported Outcome Tool
  - 25 years in development
  - Validated across all levels of care
  - 269 items – 3 domains
  - Can be shortened, and answered by surrogates

• Used in Acute Hospital

• PT/OT complete 6 Clicks for every patient at every visit
6 Clicks - On evaluation and every follow up visit each discipline completes a functional measure assessment.

**PT evaluates the patient’s abilities in:**
1. Turning over in bed
2. Supine to sit
3. Bed to chair
4. Sit to stand
5. Walk in room
6. 3-5 steps with a rail

**OT evaluates the patient’s abilities in:**
1. Feeding
2. O/F hygiene
3. Dressing Uppers
4. Dressing Lowers
5. Toilet (toilet, urinal, bedpan)
6. Bathing (wash/rinse/dry)

**Scale:**
1= Unable (Total Assist)
2= A Lot (Mod/Max Assist)
3= A Little (Min Assist/Supervision)
4= None (Independent)
**6 Clicks**

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty Turning Over In Bed</td>
<td>2-A lot</td>
</tr>
<tr>
<td>Difficulty Lying On Back To Sitting</td>
<td>2-A lot</td>
</tr>
<tr>
<td>Help From Another Person Moving To And From Bed To Chair</td>
<td>3-A little</td>
</tr>
<tr>
<td>Difficulty Sitting Down And Standing Up From Chair With Arms</td>
<td>3-A little</td>
</tr>
<tr>
<td>Help From Another Person To Walk In Hospital Room</td>
<td>3-A little</td>
</tr>
<tr>
<td>Help From Another Person Climbing 3-5 Steps With A Railing</td>
<td>2-A lot</td>
</tr>
</tbody>
</table>

**PT 6 Clicks Score**

15

**Select Single Option: (F5)**

- 1-Unable
- 2-A lot
- 3-A little
- 4-None
# Occupational Therapy 6 Clicks Documentation in EPIC

<table>
<thead>
<tr>
<th>6 Clicks</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help From Another Person Eating Meals</td>
<td>4</td>
</tr>
<tr>
<td>Help From Another Person Taking Care Of Personal Grooming</td>
<td>3</td>
</tr>
<tr>
<td>Help From Another Person To Put On/Take Off Upper Body Clothing</td>
<td>3</td>
</tr>
<tr>
<td>Help From Another Person To Put On/Take Off Lower Body Clothing</td>
<td>2</td>
</tr>
<tr>
<td>Help From Another Person Toileting</td>
<td>2</td>
</tr>
<tr>
<td>Help From Another Person Bathing</td>
<td>2</td>
</tr>
<tr>
<td>OT 6 Clicks Score</td>
<td>16</td>
</tr>
</tbody>
</table>

**Select Single Option: (F5)**

- 1-Unable
- 2-A lot
- 3-A little
- 4-None
The Power of Data

Collect

Aggregate

Display
Data Collection

• Recording, storing and accessing data
  – What do you want to measure and report
  – What do you want to track over time
  – What do you want to see somewhere else

• Active participation of clinicians, data managers, researchers and administrators in set up of EHR and reporting
Initial 6 Clicks Distribution
"If you do not know how to ask the right question, you discover nothing."

W. Edward Deming
What Questions Could We Answer?

- Are we seeing the “right” patient for therapy in the hospital?
- Are nurses holding off on mobility because they are waiting for therapy to give them the “green light”?
- Is the therapist making the correct recommendation for post acute placement? Is there a more objective way to determine where a patient should go?
Use of 6 Clicks Data

Guide discharge recommendations

- Improve patient mobility
- Guide therapist resource utilization
Patient Mobility
Do Hospitals Foster Immobility?

• “83% of the measured hospital stay was spent lying in bed.

• The average amount of time that any one individual spent standing or walking ranged from a low of 0.2% to a high of 21%, with a median of 3%, or 43 minutes per day.”

• 80% were independent with all basic ADL’s before hospitalization, and only 4 of the 45 patients had bedrest orders.

How are We Using Data to Create a “Culture of Mobility”?

• To change nursing perception that patients were too acutely ill to mobilize
• Debunk the myth that patients were not able to move without a physical therapist
• Provide each patient floor with a “functional profile” of the patients that have been evaluated by therapy
• Create awareness that patients with a score of 18 or above need no more that “a little” help with activities (45-55% of patients)
PT 6-Clicks Distribution
Main Campus

Ideal for nursing mobility
Improve Patient Mobility

• Ability to collect, aggregate and display functional data in a way that is meaningful to all members of the medical team has changed behavior and contributed to a “all hands on deck” philosophy around patient mobility

• Members of the medical team can visualize the patients that would benefit from activity and mobility by nursing personnel
Improve Therapist Utilization
Identification of Appropriate Therapy Patients

• Started with patients scoring 24 on initial evaluation

• 2012: 5,419 patients (12.5%) with a score of 24 seen for evaluation only
  – 80% went home with no skilled needs
  – 20% outpatient PT
  – 20% home care
Identification of Appropriate Therapy Patients

- Unnecessary cost to the health system
- Used data to educate physicians and nurses on appropriate PT referrals
- Current results:

<table>
<thead>
<tr>
<th>Score Range</th>
<th>% of Total Count of Patient ID along Table (Down):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
How are we identifying patients appropriate for therapy?

- Allowed us to change order process for therapy

[Consult to Physical Therapy Form]

- Does the patient currently have an order for bed rest?
  - Yes - please change activity order before proceeding
  - No

- Reason for referral to Physical Therapy
  - Unsuccessful mobility by Nursing or Primary Service
  - Post Musculoskeletal Surgery Care
  - New functional deficit not expected to spontaneous...
  - Safety assessment
  - Post acute placement
  - Critical Care Therapy

- Has NURSING or PRIMARY SERVICE attempted to mobilize the patient?
  - Yes
  - No - needs to occur before consult order is placed

- Enter weight bearing status
GUIDE DISCHARGE RECOMMENDATIONS

- Standard Measure
- Assistance Available
- Prior Functional Status
- Rehab Potential
- Rehabilitation
Using 6 Clicks to Guide Discharge Recommendations

Data over the past three years has been consistent

- Home with no services – 19.48
- Home with home care – 17.81
- SNF/IRF – 13.95 – 14.0
- LTAC – 11.25
AM-PAC “6-Clicks” Functional Assessment Scores Predict Acute Care Hospital Discharge Destination

Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra D. Passek, Frederick S. Frost, Alan M. Jette

Background. Physical therapists and occupational therapists practicing in acute care hospitals play a crucial role in discharge planning. A standardized assessment of patients’ function could be useful for discharge recommendations.

Objectives. The study objective was to determine the accuracy of “6-Clicks” basic mobility and daily activity measures for predicting discharge from an acute care hospital to a home or institutional setting.

Design. The study was retrospective and observational.
6 Clicks Predicts D/C Destination

• 83% of patients had recommendation and actual d/c placement match
• ROC analysis allowed us to define the best cutoff score for determining discharge to home on the basis of the highest sensitivity and specificity associated with the various scores.
• Cutoff scores of 42.9 (17) for basic mobility and 39.4 for daily activity at the first visit provided fair to good accuracy for predicting discharge destination.
SNF vs. Home

Odds of discharge home with services were 4.64 (95% CI 4.39, 4.90) times greater than the odds of going to an institutional setting for patients with scores in Basic Mobility greater than the cut-off score.

- 3.82 (95% CI 3.62, 4.02) greater for those with scores above the cut-off score for Daily Activity.
What are Our Challenges?

- Resource Utilization
- Requests for additional information
- Timely Recommendations for next level of care
What are Our Challenges?

- Timely Recommendations for next level of care
- Requests for additional information
- Resource Utilization
- Inappropriate Consults
- Not Working at Top of License
- "Precerts"
- Staffing
What do other departments think of our challenges?

I’ve got 99 problems and that isn't one of them.
What Can Help Build That Bridge?

DATA
Facility: We would like to skill Mr. Jones for SNF. Can you get PT and OT evals?

Case Manager: I need you to see Medicare patient Mr. Smith in 702 for precert.

P.T.: Medicare patients don’t need precert.

Case Manager: The facility is asking for a new note. I don’t want you to delay the d/c.

P.T.: I can do it tomorrow morning.

Case Manager: OK, I will let the doctor know we can’t d/c due to waiting for PT.

Facility: Mr. Jones is Traditional Medicare. He does not need precertification and is ready for discharge. You can assess his skilled needs when you receive him.

Case Manager: Great, we will send him at 2 pm today as planned.
Where Do You Start?

Pick a tool

• Easy to use
• Easy to collect
• Easy to understand
Add Reports

EBI PORTAL

My Favorites

- Rehab Response Time
- Rehab Visit Volume
- Rehab Plan of Care
- Rehab Precertifications
- Rehab Therapy Cancellations-Discipline
- 6-Clicks Detail
- 6-Clicks First - Last
- 6-Clicks 24's
Have you seen my data?

That data is awesome!

What data?
An Example of Transformative Data Use

Physical Therapists independent caseload management being “hijacked” by ASAP and Precert visits requests.

Questions:
Is this practice delaying PT evaluation visits?
Are discharges being delayed?
Are PT’s seeing the patients that need care?
Precertification Challenges

• Therapy staff perception was that the number of precertification requests are increasing.

• **Current State:** Therapy staff is requested to see a patient specifically for purposes or precertification.

• The patient may or may not have a planned visit that day.
Validate the Perception..... Measure It!

<table>
<thead>
<tr>
<th>Inpatient Physical Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient PT Flowsheet</td>
</tr>
<tr>
<td>General Information</td>
</tr>
<tr>
<td>PT Visit Type</td>
</tr>
<tr>
<td>PT Patient Seen This Visit</td>
</tr>
<tr>
<td>PT Reason Patient Not Seen</td>
</tr>
<tr>
<td>Session Start Time</td>
</tr>
<tr>
<td>Session End Time</td>
</tr>
<tr>
<td>Request for PT insurance precertification visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehab Precautions/Activity Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precautions/Activity Restrictions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Environment</th>
</tr>
</thead>
</table>

| 0800 |
Precert visit report

<table>
<thead>
<tr>
<th>Payor</th>
<th>Total</th>
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<tbody>
<tr>
<td>Medicare</td>
<td>529</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>466</td>
</tr>
<tr>
<td></td>
<td>394</td>
</tr>
<tr>
<td></td>
<td>281</td>
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<tr>
<td></td>
<td>134</td>
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<tr>
<td></td>
<td>122</td>
</tr>
<tr>
<td></td>
<td>104</td>
</tr>
</tbody>
</table>

Medicare Replacement Plan

MC Precertification Requests by Payer
10/7/15 - 12/14/15
Analyze the Data

- Which
- When
- Why
- Who
- Where
- How
- What
- ?
Are the PT’s Making the Right Recommendation?

6-Clicks Score for Patients w/ Recommendation for SNF on Initial Eval
All Locations
Do the Patient’s Change after the Eval?

Average 6 Clicks Change

**Average Change in 6 Clicks Score for all Patients**

<table>
<thead>
<tr>
<th>OT</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.94</td>
<td>1.63</td>
</tr>
</tbody>
</table>

**Average Change in 6 Clicks Score – SNF Rec**

<table>
<thead>
<tr>
<th>OT</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.67</td>
<td>0.72</td>
</tr>
</tbody>
</table>
Where do Patient’s Make Functional Progress?

AM-PAC Change based on AM-PAC scale score

**AM-PAC Basic Mobility Average Score**

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Admission</td>
<td>34.37</td>
</tr>
<tr>
<td>Acute Care Discharge</td>
<td>35.98</td>
</tr>
<tr>
<td>Cleveland Clinic Adm</td>
<td>43.68</td>
</tr>
<tr>
<td>Cleveland Clinic Dch</td>
<td>51.29</td>
</tr>
</tbody>
</table>

**AM-PAC Daily Activity Average Score**

<table>
<thead>
<tr>
<th></th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Admission</td>
<td>34.91</td>
</tr>
<tr>
<td>Acute Care Discharge</td>
<td>35.32</td>
</tr>
<tr>
<td>Cleveland Clinic Adm</td>
<td>39.74</td>
</tr>
<tr>
<td>Cleveland Clinic Dch</td>
<td>45.94</td>
</tr>
</tbody>
</table>

n=565

n=454
Level of Change

functional improvement happens in SNF

Physical Therapy

- Acute Care: 48% Significant Improvement, 9% Minimal Improvement, 5% Unchanged, 13% Decline, 3% Significant Decline
- Cleveland Clinic Connected Care: 69% Significant Improvement, 16% Minimal Improvement, 6% Unchanged, 11% Decline, 3% Significant Decline

Occupational Therapy

- Acute Care: 73.13% Significant Improvement, 5.73% Minimal Improvement, 3.08% Unchanged, 5.73% Decline, 3.08% Significant Decline
- Cleveland Clinic Connected Care: 58.81% Significant Improvement, 18.28% Minimal Improvement, 13.68% Unchanged, 13.68% Decline, 3.08% Significant Decline
What did we want?

• Patients to get to the appropriate level of care as soon as medically stable
• Decrease unnecessary “precert” visits when patient status has not changed
• Therapists seeing the right patient at the right time for the right reason
Pilot Initiatives

• Patients with an initial 6 Clicks score 18 or below will not require an updated PT or OT note prior to SNF admission.

• Will measure number of patients that do not meet skilled criteria upon SNF admission.

• Measure impact on requests for PT/OT pre-cert visits.
The Floor to SNF Pilot Program is designed to ensure that members who are admitted to the hospital and meet criteria for SNF admission are discharged to the SNF to receive needed care without delay.

- **Inclusion Criteria**
  - Medical patients admitted to Cleveland Clinic, Fairview and Marymount Hospital
  - Patient scoring 18 or below on 6 Click evaluation AND who PT feels will benefit from skilled nursing rehab.
Notification Process

• Hospital Care Management staff will send a referral to the SNF notifying them of the member qualifying for the pilot admission.
• The admitting SNF will send a Secure Email to payer notifying them of the Pilot admission.
• Payer will reply to the SNF with the authorization number.
Pilot 90 Day Review

- Average 6 Click Hospital Score = 14.2
- Average 6 Click SNF Score = 14.3
- All cases have met CMS Chapter 8 criteria as no cases have been denied on first review.
Specific Payer Precert Trend

Before Pilot

After Pilot
Challenges

• Finding the right partner - External
  – Not all payers are all in
  – Find a partner with some skin in the game
    • Shared savings
    • Matching post-acute partners

• Finding the right champions – Internal
  – Physician(s)
  – Care Manager(s)
  – Hospital Leaders
Future Opportunities

• Greater standardization of tool use
  – Multi-site
  – State
  – Payers

• Discharge Recommendation Tool
  – What are the factors that most greatly impact decision
  – Scan EMR for factors and suggest disposition

• Identify indicators that impact re-hospitalization to add dimension to functional tool
Validity of the AM-PAC “6-Clicks” Inpatient Daily Activity and Basic Mobility Short Forms
Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra Paszek, Frederick S. Frost, Alan M. Jette

Background. Standardized assessment of patients’ activities in care settings can provide valuable information. Existing measures are widely implemented.

Objectives. The aim of this study was to provide evidence on the validity of the AM-PAC “6-Clicks” functional assessment scores for predicting acute care hospital discharge destination.

AM-PAC “6-Clicks” Functional Assessment Scores Predict Acute Care Hospital Discharge Destination
Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra Paszek, Frederick S. Frost, Alan M. Jette

Background. Physical therapists and occupational therapists in acute care hospitals play a crucial role in discharge planning. A patient’s functional status can be useful for discharge reconversion.

Objectives. The study objective was to determine the mobility and daily activity measures for predicting hospital discharge to a home or institutional setting.

Design. The study was retrospective and observational.

Interrater Reliability of AM-PAC “6-Clicks” Basic Mobility and Daily Activity Short Forms
Diane U. Jette, Mary Stilphen, Vinoth K. Ranganathan, Sandra Paszek, Frederick S. Frost, Alan M. Jette

Background. The interrater reliability of new inpatient functional short-form measures, Activity Measure for Post-Acute Care (AM-PAC) “6-Clicks,” has yet to be established.

Objective. The purpose of this study was to examine the interrater reliability of AM-PAC “6-Clicks” measures.

Design. A prospective observational study was conducted.

Methods. Four pairs of physical therapists rated basic mobility and 4 pairs of occupational therapists rated daily activity of patients in 1 of 4 hospital services. Each therapist in a pair was the primary therapist directing the assessment while the other therapist observed. Each therapist was unaware of the other’s AM-PAC “6-Clicks” scores. Reliability was assessed with intraclass correlation coefficients (ICCs), Bland-Altman plots, and weighted kappas.

Results. The ICCs for the overall reliability of basic mobility and daily activity were .829 (95% confidence interval [CI] = .781, .865) and .763 (95% CI = .696, .847), respectively. The ICCs for the reliability of each pair of raters ranged from .581 (95% CI = .203, .789) to .860 (95% CI = .857, .883) for basic mobility and .515 (95% CI = .061, .611) to .907 (95% CI = .801, .958) for daily activity. The weighted kappa