Building Successful Home Health Specialty Programs

Speaker(s): Dan Kevorkian, PT, MSPT

Session Type: Educational Sessions
Session Level: Basic

This information is the property of the author(s) and should not be copied or otherwise used without the express written permission of the author(s).

www.homehealthsection.org

Home Health Section
of the American Physical Therapy Association
Building Successful Home Health Programs

Disclosure Statement
• There are no conflicts of interests to disclose.

Learning Objectives
• At the end of the presentation, attendees should be able to:
  – Describe key steps in building a home health program
  – Identify key components of a home health program
  – Identify barriers to training programs and techniques to overcome them
  – Identify how to measure success of a program

Introduction
• Home health specialty programs
• Why are home health programs beneficial?
• Who can benefit from home health programs?
• What your agency can gain from home health programs?
• How to develop successful home health programs?
Why Build Home Health Programs?

• Multiple reasons for companies to develop HH specialty programs
  – Quality outcomes
  – Consistent Care Delivery
  – Business Development and Growth
  – Name Brand Recognition

Where Do I Start?

• Identify a Need
  – Internal Needs
  – External Needs
    • Community Needs
    • Hospital / Physician Group Practice
  – Partnership Opportunity

Internal Need?

• Internal need examples may include:
  – Improving your agency’s quality metrics
    • Reducing readmissions
    • Improving home health compare outcomes
    • Improving HHCAPS
  – Increasing referrals

Community Needs?

• Additionally, you may identify a need in the community that you may be able to address:
  – Is there a partner (hospital/physician group) that needs assistance caring for a certain patient population?
  – Reducing costly inpatient admissions such as SNF/IRF
Establish Goals for your Program

• How will you measure the success of your program?
  – Clinical
    • Improved Patient Outcomes?
    • Improved Patient Satisfaction?
    • Others
  – Financial
    • Increased Referrals
    • Census
    • Episodes of Care
• Internal vs. External (customer/community) Goals

Internal Clinical Goals

• Internal Clinical Goals
  – Re-hospitalization
  – Home Health Compare
  – HHCAHP

Internal Financial Goals

• Is your program geared towards increasing home health referrals?
  – New innovation not currently available in the market
  – Specific program to address a customer’s needs

External Clinical Goals

• Will you be working with an external partner/customer?
• What issues does your new program hope to address with the customer
• Identify those key metrics that would indicate program success
**Measuring Success**

- Next Step: How will you measure the success of the program?
- Must ensure that you have a way to track metrics for all goals
- “Inspect what you Expect”
- We will discuss tracking metrics later in the presentation

**Set Realistic Expectations**

![Set Realistic Expectations Diagram](http://www.bjheinley.com/good-fast-cheap-pick-two/)

**Deciding to Go Forward**

- In any organization, it is important for the key players (executives, department leaders, and key team members) to make a final “Go/No Go” decision
- Recommend a formal process so that should the need arise, there is documentation of the decision process
- Multiple tools available – one simple one to implement is called RAPID

**RAPID Tool**

- Recommend
- Agree
- Perform
- Input
- Decision
Ensure Approval from all Departments

- Without support and accountability in all departments, your program will fail

- Departments may include:
  - Clinical
  - Operational
  - Compliance
  - Legal
  - Marketing

Ensure Approval from all Departments

- This means that you must allow for input and assign responsibility to all departments

- Clinical – Must be the driving force in developing best practices and care for the patients

- Operational – Vital to have operational support and oversight of day-to-day activities
  - Must be fiscally responsible
  - Must not over-burden employees

Ensure Approval from all Departments

- Legal and Compliance – Must review and approve all documentation and processes to ensure compliance with all regulations and laws

- As healthcare providers, there are many regulations that prohibit certain practices. Examples may include:
  - Stark Law – Cannot provide free goods or services/pay for referrals
  - Medicare Regulations – Cannot prescribe certain numbers of visits (especially therapy) as this drives HHRG rates
Ensure Approval from all Departments

• Information Technology – if you have an EMR or plan to do analysis on your outcomes, you will need to have a scope of work for your IT department
  – Building assessments/templates in EMR
  – Extracting data from the EMR to assess program effectiveness

Ensure Approval from all Departments

• Marketing – No program can be successful without good partners in the community
• Your marketing team must be able to sell our services to prospective partners/referral sources
• Must have the tools to be able to talk to the benefits of your programs

Begin Building your Program

• Once you have identified your goals and/or target customer, it is imperative to begin researching existing documentation
  – Best Practices for addressing issues
  – Market investigation
    • Does anything already exist in the current market or other markets

Research existing best practices

• Dependent on the issue to be addressed, a “best practices” may already exist
• Research professional organizations:
  – APTA
  – AOS, CDC, ACC etc
• Speak with industry professionals
  – CSM offers the perfect opportunity to discuss innovation
Adapt for Use in the Home

• Home Care is a unique environment
• Many best practices do not take into account the unique challenges in the home
• Take the time to ensure you are meeting professional guidelines in the home environment
• Ex. Special Tests, Monitoring etc

Interdisciplinary Approach

• Patients don’t exist in a bubble
• As home health practitioners and providers we must address patients holistically
  – Impossible to simply address physical issues without taking into account medical/psychological issues
  – Unlike other venues (such as outpatient therapy) programs cannot be specific to 1 discipline
• The law requires the 60-day episode to include all covered home health services…. The six home health disciplines included in the 60-day episode rate are:
  – 1. Skilled nursing services
  – 2. Home health aide services
  – 3. Physical therapy
  – 4. Speech-language pathology services
  – 5. Occupational therapy services
  – 6. Medical social services

Assemble Interdisciplinary team

• Identify which disciplines will be involved with the care according to this program:
  – Nursing
  – Social Work
  – Therapies (Physical, Occupational, Speech)
• Representation from each discipline on the program team is crucial

Interdisciplinary Team

• Begin to discuss the topic amongst members of your team
• Establish a division of responsibilities based on professional expertise
• Start building excitement within the core team
Develop Project Plan

• Establish Project Plan to ensure that all steps will be completed
• Ensure that you have established expected timelines for materials and deliverables
• Set a target date for “Go-Live” and spread the work out over a reasonable time frame

Compile Research and Supporting Documentation

• Begin compiling research materials on subject matter
• Review varied sources and ensure you have a good background to address the issue
• Brainstorm with your interdisciplinary team to identify keys for each discipline

Assign Work to Individuals

• Assign each step of the project plan to individuals
  – Develop strategy for the program
  – Each discipline should begin to compile their portion of the program

Discipline Specific Materials

• Each discipline should take into account what aspect of the program they will be addressing
• Each should contain:
  – Interventions – utilizing research and professional organization recommendations
  – Clinician Education
  – Patient Education
  – Measurement tools
Developing Program Materials

• A finalized program must have clear documentation of instructions, policies and procedures in order to ensure consistency
• Program materials can be elaborate or can simply be created as a Word document
• Let’s discuss my recommendations for program material

Materials Recommended

• Policy and Procedure
• Standard Operating Procedure (SOP)
• Process Flows
• Care Pathways/Interventions
• Communication Tools
• Patient Education Materials
• Training Materials
• Training Methodology
• Outcome Measurement tools
• Marketing Collateral

Policy and Procedures

• It is imperative that you include the policy and procedures surrounding the program in your agency’s policy and procedure manual
• State Auditors and other accrediting agencies may review these policies to ensure that they exist
• These should be stored in each office along with the rest of the policies and procedures

Standard Operating Procedure

• Definition: Established or prescribed methods to be followed routinely for the performance of designated operations or in designated situations
• Key part of successful programs are the ability to provide a consistent service and care delivery
Standard Operating Procedure

- Think about successful companies such as McDonald’s, Coca-Cola, Southwest Airlines
  - The commonality amongst are a consistent product and delivery mechanism
  - No matter where you go, you can expect the same service and outcomes
- While we do not “sell” products, we do deliver a service
- Consistency in delivery of established best practices is what creates successful

Standard Operating Procedure

- Creating a Standard Operating Procedure allows you to set the expectation for all employees
- Provides a benchmark and baseline for all personnel involved in the program

Process Flows

- As part of the SOP, it is recommended to have clear process flows that outline the program step-by-step
- Take into account:
  - Decision Points
  - Employee/Position specific tasks
  - Required External Partners
    - DME, Physicians etc

Process Flows

- Well written process flows should depict the program from beginning to end, with key decision points along the timeline
- Additionally, process flows can divide responsibility amongst multiple people/disciplines so that everyone knows what part they play
Process Flows

- A well developed process flow will allow any employee a decision guide for any issue that may arise

Care Pathways/Interventions

- We are in the business of providing a service for our patients/clients
- The key to ensuring that we have provided that service fully is the development of Care Pathways for our clinicians to follow
- Care Pathways should act as a checklist for the clinicians
  – Ever try to go grocery shopping without a checklist?
- Ensure that your pathways are patient-centered and able to be customized for unique patient preferences and goals

Care Pathways

- Treating a complex disease state, is a lot like trying to eat an elephant with one bite
- Care Pathways allow us to breakdown that overwhelming task into multiple smaller portions to ensure we have not missed any of the key components

Care Pathways

- Care Pathways should contain best practices of care with each step including:
  – Problems
  – Goals
  – Interventions
- As a patient moves through treatment, the clinician is able to track progress through the established program
Care Pathways example

• Have you ever taught a child to ride a bike?
• Does it work if you just throw the child on the bike and tell him/her to start pedaling?
• We innately breakdown larger tasks into smaller manageable pieces
• Let’s look at teaching a child to bike

Teaching a Child to Bike – Problems

• Identify the Problems you are solving for:
  – How to properly put on a helmet
  – How to safely get on a bike
  – How to ride with training wheels
  – How to stop the bicycle
  – How to safely avoid obstacles
  – Decision: Is the child ready to remove training wheels
  – How to pedal without training wheels

Teaching a Child to Bike – Interventions

• Let’s take one of the problems from above and look at the interventions you might complete
• Putting on a helmet
  – Instruct on proper fitting of helmet
  – Instruct on proper placement of helmet
  – Instruct on safe buckling
  – Instruct on not pinching skin with buckle
  – Instruct on how to take off the helmet
• Must ensure that the child understands each of these steps in the process

Teaching a Child to Bike – Goals

• In order to move to the next step, we must ensure that the problem has been fully addressed
• Utilize Goals for each problem to mark as complete
• Goal
  – Child is able to put on and take off the helmet
• Once this goal is met, we are able to move on to address the next problem statement
Teaching a Child to Bike – Problems
• What would happen if you skipped a step of instruction?
• Child wasn’t taught to wear a helmet, or wasn’t taught how to stop… what are the consequences?
• Pathways ensure that this does not happen with patients

Teaching a Child to Bike - Decision
• Some problems can be addressed concurrently, while others are dependent on completion of previous steps
• Decision points are those time points when you must decide if your trainee is ready to move on to the next step
• In home health programs, this may be a second phase or advancement of treatment
• Must establish minimum requirements to move to the next step

Teaching a Child to Bike - Decision
• For our example, the decision point is when you are able to remove the training wheels
• Need data to be able to make an educated decision
• Establish minimal requirements in order to move to the next step:
  – Progress within the program
  – Observation
  – Special Test

Teaching a Child to Bike - Decision
• In order to make the decision to remove training wheels you may want to ask the following:
  – Has the child met all previous goals (helmet, stopping, avoiding obstacles etc)
  – May set up a small obstacle course to ensure competence (similar to our tests and measures)
• If the child has met the requirements, we are ready to move on
How Does this Relate to HH Programs?

- Let’s take a couple of minutes to discuss how this relates to home health care
- Get in a small group with the folks around you (good excuse to introduce yourself to new people)
- Let’s say that we are coming up with a fall prevention program for home health
- Come up with one problem you want to address, interventions to address the problem and goal to mark problem as complete
  - Example of Problem: Is the home safely set-up

Take a few examples

- Who would like to volunteer to give their example?

Back to Care Pathways

- Healthcare focus is now on quality and ensuring that our interventions are skilled
- A programmatic approach, when documented effectively, allows for written evidence of progress made and how much treatment still remains
- Also allows for field clinicians, clinical supervisors and executive directors (administrators) to identify where individual patients are in the program

Utilizing Care Pathways in Decisions

- How do you currently decide if a patient should continue with care or is ready for discharge?
- Pathways give documented evidence as to progress with treatment (problems fully addressed), and remaining teaching that must be completed
- Can be very helpful in decisions such as whether to recertify a patient or not
Care Pathways

- What does an actual Care Pathway look like?
- Care Pathways can take many forms
  - Electronic Medical Record (EMR) – Good EMRs will give you the ability to mark problems as completed, but will also continue to show a problem until marked as complete
  - Paper – Just because your agency may be on paper, does not preclude you from introducing specific care pathways
    - May have visit-specific care plans along with a master checklist to track progress on each visit

Communication Process and Tools

- Whether you have an external partner or just a referral source, keeping them in the loop is vitally important
- Share patient specific information
  - Issues that arise during treatment that need immediate attention
    - Should have a clear outlined communication process
  - Individual patient outcomes
- Share program outcomes

Communication Process and Tools

- In order to continue to ensure program success with partners, recommend establishing cadence of follow-up meetings
- Address clinical issues that may have arisen
- Update best practices
- Share overall program outcomes
- Make enhancements to program offerings through lessons learned

Patient Education Materials

- Home health is an intermittent treatment venue, which means patients are not always supervised
- Must establish best practices and leave-behinds in order for patient to remain compliant with prescribed treatment plan
Patient Education Materials

- Patient educational materials should:
  - Be easy to understand
  - Provide short, concise instruction
  - Be written on a level for all patients to understand
  - Allow patients to feel empowered to take ownership of their health condition

Patient Education Materials

- Develop your own materials, or purchase materials
- Developing your own materials may be time consuming, but it also gives you a one-of-a-kind resource that is not utilized by other agencies
- Purchasing materials is much less time consuming, however other agencies may be using the same material
- No “right or wrong”

Training Materials

- Important to be able to train all vital employees in their specific aspects of the program
- Depending on how you plan to train your employees, material may be varied

Training Material (recommended)

- Presentation Material
  - Powerpoint
- Standard Operating Procedure
- Process Flows
- Reference sheets (cheat sheets)
  - Utilize these to highlight important steps in the program (measurements, highlights, processes etc)
- Special Tests and Tools
Training Methodology

- Training must focus on providing the necessary information without bombarding the participants with too much information.
- Must also decide what medium you will utilize in training.
- When trainees are presented with too much information, sometimes important points are missed.
- "The Forgetting Curve"

The Forgetting Curve

- Research on the forgetting curve shows that within one hour, people will have forgotten an average of 50 percent of the information you presented.
- Within 24 hours, they have forgotten an average of 70 percent of new information.
- Within a week, forgetting claims an average of 90 percent of new information.

Why do we Forget?

- Common thought is that when we forget information it is due to a failure on our part, however neuroscience views this as a "natural, adaptive, and even desirable activity."
- Think about the amount of stimuli you are presented with right now:
  - The feeling of your collar itching your neck
  - Proprioceptive feedback from your ankle
  - Background noise
  - The person next to you picking their nose
- Were you aware of all of these before I mentioned something?
- Your brain is constantly flooded with sensory input and your neurological system is able to suppress those inputs that are not necessary at the moment and focus on something one or two important items.

Let’s Take a Look at an Example

How to Combat the Forgetting Curve

• Get your learners involved
  – Group Activities
  – Role Playing

• Show Value and Relevance
  – Any time in training is taken from the field
    • Per Visit / PRN therapists
    • Productivity
  – Demonstrate why the information is important or beneficial
    • Financial
    • Professional Development
    • CEU?

http://www.proedit.com/five-adult-learning-techniques-to-improve-your-training-programs/

How to Combat the Forgetting Curve

• Share their experience
  – Ask for specific real-life scenarios
  – Open discussion for additional insight
    • Must keep the discussion focused

• Be positive and supportive
  – A wrong answer might be a great learning opportunity – take advantage of that

http://www.proedit.com/five-adult-learning-techniques-to-improve-your-training-programs/

Getting Back to Training Methodology

• To pilot or not to pilot
  – Will your company benefit from a small controlled roll-out to assess the impact

• Need to decide how training for the program will occur

• Options include:
  – In Person Live Training
  – Train the Trainer
  – Webinar
  – Recorded Presentation
  – Self Directed Study

Pros and Cons

• In-Person Live Training

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to cover larger areas with in-person trainings</td>
<td>Expensive (cost of field clinicians, trainer and travel)</td>
</tr>
<tr>
<td>Allow for interaction</td>
<td>Time Consuming</td>
</tr>
<tr>
<td>Personal connection with learners</td>
<td>Take clinicians from field during work hours</td>
</tr>
<tr>
<td>Allow for interactive learning</td>
<td>Difficult to get everyone to be in same place – nature of HH</td>
</tr>
<tr>
<td>Live Q&amp;A</td>
<td>Coordinate travel if multiple locations</td>
</tr>
</tbody>
</table>
Maximal Learner Retention through in-person training
### Pros and Cons

#### Train the Trainer

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to cover larger areas with in-person trainings</td>
<td>Expensive (cost of field clinicians, trainer and travel)</td>
</tr>
<tr>
<td>Multiple experts to divide the work</td>
<td>Take clinicians from field during work hours</td>
</tr>
<tr>
<td>Personal connection with learners</td>
<td>Difficult to get everyone to be in same place – nature of HH</td>
</tr>
<tr>
<td>Allow for interactive learning</td>
<td>Potential for inconsistent message from different trainers</td>
</tr>
<tr>
<td>Live Q&amp;A</td>
<td>Time consuming</td>
</tr>
<tr>
<td>Maximal Learner Retention through in-person training</td>
<td></td>
</tr>
</tbody>
</table>

#### Live Webinar

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less expensive option</td>
<td>Inability to assess for learner attentiveness</td>
</tr>
<tr>
<td>Ability to train multiple locations at the same time</td>
<td>Inability to gauge reaction by your audience</td>
</tr>
<tr>
<td>Consistent message delivery</td>
<td>Fair/Poor learner retention</td>
</tr>
<tr>
<td>Ability to conduct live Q&amp;A</td>
<td>Requires field staff to be available at the same time</td>
</tr>
<tr>
<td></td>
<td>Potential for technical problems</td>
</tr>
</tbody>
</table>

#### Recorded Webinar

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available on-demand (convenient for home health therapists)</td>
<td>Inability to assess for learner attentiveness</td>
</tr>
<tr>
<td>Ability to train multiple locations at the same time</td>
<td>Inability to gauge reaction by your audience</td>
</tr>
<tr>
<td>Consistent message delivery</td>
<td>Fair/Poor learner retention</td>
</tr>
<tr>
<td>Less expensive option</td>
<td>Potential for technical problems</td>
</tr>
<tr>
<td>Ability to train new hires during orientation</td>
<td>Unable to answer questions should they arise</td>
</tr>
</tbody>
</table>

#### Self-directed study

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available on-demand (convenient for home health therapists)</td>
<td>Inability to assess for learner attentiveness</td>
</tr>
<tr>
<td>Less expensive option</td>
<td>Inability to gauge reaction by your audience</td>
</tr>
<tr>
<td>Ability to train new hires during orientation</td>
<td>Fair/Poor learner retention</td>
</tr>
<tr>
<td>Learners can re-visit training whenever necessary</td>
<td>Difficult to ensure audience will fully read and complete training</td>
</tr>
<tr>
<td></td>
<td>Unable to answer questions should they arise</td>
</tr>
</tbody>
</table>
Training Material Approval

• Prior to initiating the training, must ensure that all departments have approved:
  – Legal and Compliance – Approval of all material
  – Operations – Approve the time commitment from the field and office staff and methodology
    • Must have support of Operations if program has any hope of being successful
  – Clinical – Ensure all material contains best practices and is clinically appropriate

Training Recommendations

• If it is feasible, in-person trainings will give the most desired outcome
• Recommend also recording a presentation so that new hires can be trained
  – Employee turn-over has led to significant failures in the past
• Providing quick reference guides is a powerful way to ensure the important parts of the program are adhered to

Training All Personnel

• Must remember to train all employees who may touch the program:
  – Clinicians
  – Office Staff (Intake, scheduling, billing, auditors etc.)
  – Supervisors
  – Operational Leaders
  – Marketing

Ensure Training Retention

• Recommend some form of post-test (whether that is demonstration or written test) to assess for understanding by all trainees
• Identify the key takeaways from the training and test to that
  – Don’t expect trainees to remember everything
Outcome Measurements

• If you hope to prove that your program is successful, you must identify how you plan to measure success
  – Clinical outcomes
  – Financial outcomes
  – Patient satisfaction outcomes
• Must establish the metrics to be assessed and the frequency of assessment

Identifying Patients

• Decide at what point a patient is enrolled in the program:
  – Upon initial referral
  – Upon start of care or evaluation
• Must be able to identify unique sub-set of patients treated under program
  – EMR: Labels, Flags etc
  – Paper: Manual tracking

Identifying Key Metrics

• Identify specific quality metrics to be tracked
  – Validated measures and special tests
  – Hospitalization
  – OASIS
  – HHCAHPS
• Identify key business performance metrics:
  – Financial Outcomes
  – Numbers of Referrals

Establish Cadence for Outcome Assessment

• Key leaders will be interested in the performance of the program
• Prepare to report clinical outcomes with the Clinical leadership team on a routine basis (monthly, quarterly, etc.)
• Prepare to discuss financial and operational outcomes with operational and finance leadership
• Work with key leaders to establish best practices for sharing this information
Utilize Outcome Measures

• Outcome Measurements are useless if you don’t plan to utilize the knowledge you gain from them
• Programs are only successful if they achieve the desired outcome
• If outcome measurements are not what you expect, don’t consider it a failure, but rather a learning experience
• Be nimble and thoughtful in making changes
• Identify the broken pieces and make adjustments
• Remember that you must update all material when making programmatic changes

Marketing Plan & Collateral

• If people don’t know the great work you are doing, how do you expect to grow your program?
• Work with sales team to identify key and unique components of the program
• Develop a marketing plan that includes:
  – Targets
  – Material/Collateral

Marketing Plan & Collateral

• If you have not built your program with a specific partner, you must identify key targets to produce necessary outcomes:
  – Physician practices
  – Hospitals / Case Managers
  – Payers / Managed Care organizations
  – Community education

Marketing Plan & Collateral

• You will want to have collateral that outlines the benefits of the program to your specific target
• Think about how this program might help:
  – physician groups (decreased patient phone calls, decrease emergency department visits)
  – Hospitals (decreased readmissions, improved continuity of care, etc)
  – Payers (decreased cost of care, improved outcomes)
  – Community (additional resources to care for loved ones/residents, etc)
Program Kick-Off

• When you established your project plan, you should have a target roll-out date
• Start planning for securing the resources necessary to achieve your training plan
  – Will you pilot in select locations or start with a global roll-out?
• Make this an exciting event for the company
  – Depending on the scale you may want to host “town-halls” to build excitement for the program
  – Show how this program will benefit your patients, company, clinicians, community and others

Successful Programs

• Innovation is the name of the game
• Don’t be afraid to hit stumbling blocks and “fail”
  – “Failure is not falling down, but refusing to get up”
• Have a plan, stick with the plan, reassess the plan and be prepared change the plan when unexpected events, challenges or outcomes arise

Program Kick-Off

• Many projects require close oversight and management when first established
• Plan to be present or have a designated person available to any questions
• If employees get frustrated, they will most likely abandon the program before it has a chance to become successful

Questions
References

• Medicare Benefit Policy Manual Chapter 7 - Home Health Services (Rev. 179, 01-14-14)
• http://www.bain.com/publications/articles/rapid-tool-to-clarify-decision-accountability.aspx last accessed 12/19/15
• http://www.proedit.com/five-adult-learning-techniques-to-improve-your-training-programs last accessed 12/17/2015
• www.theinvisiblegorilla.com last accessed 12/18/2015