Value Based OT

Implications and Opportunities

During the PDPM Transition
Why the Change in Payment?

*Shift to value-based care*

Payments are based on the provision of high quality care, not volume of care

**Fee-for-service**
(e.g. minutes of therapy)

**Value-based payment**
(e.g. performance)
Occupational Therapy’s Value Add
The Value Proposition

\[ V = \frac{Q + S}{\$} \]

- **V** (Value)
- **Q** (Quality)
- **S** (Service)
- **$** (Cost)

https://uofuhealth.utah.edu/value/
Quality Measures

• Occupational Therapy professionals must be aware of the quality measures CMS uses to score facilities.

• It is important to understand how your facility is scoring on these measures.

• I also must be able to identify how my practice influences the score on the quality measures.
AOTA SNF Evaluation Checklist & Quality Measures

- Front includes checklist of items connected to OT Practice, high-value care, and quality performance measures
- Occupational Profile
- Areas to be addressed or considered during the OT evaluation

www.aota.org/value
The Occupational Profile

- Identifies strengths and opportunities
- Environments & Contexts
- Habits, Routines, & Roles
- Client Goals
- And more...

(Service)
AOTA Occupational Profile Template

- Part of the OT Evaluation
- What is it important?
  - Care and services that are based on the client’s perspectives and goals contributes to the patient experience
  - Occupational Profile is a key component of the OT evaluation CPT codes
- Free for members and nonmembers at www.aota.org/value
Right Services to the Right People

- It is important that OT provide the right services to the right people
- True client centered, occupation based services are valuable
- Services that do not provide optimal, client-specific outcomes (maintenance or rehabilitative) are not as valuable
Choosing Wisely®

- Link to CW on www.aota.org/value
- “5 Things Patients and Providers Should Question”
- New consumer friendly version is now available
- Review a Q&A with an expert in each area
- More resources are being added regularly including practices
  - These services are likely to be low value
Delivering authentic, high quality occupational therapy services demonstrates our services are critical to patients and facilities achieving desired outcomes.
Flip the Script

Occupational Therapy Professionals’ Opportunity to Improve Quality of Care
AOTA Resources for Occupational Therapy Professionals

#MembershipWorks

• All information can be accessed on our Volume to Value at [www.aota.org/value](http://www.aota.org/value)
  • Quality Toolkit for practitioners
  • AOTA Occupational Profile Template
  • Self-Care and Mobility Items from Section GG
  • Choosing Wisely – Consumer list & Clinician Materials

• Click on “Skilled Nursing Facilities” at [www.aota.org/value](http://www.aota.org/value)
  • AOTA SNF Evaluation Checklist
  • PDPM Part 1 Webinar* (30 minutes) – Policy changes & quality measures in PDPM
  • PDPM Part 2 Webinar* (45 minutes) – Applying the value proposition to practice
  • Additional overview & topic specific webinars are also available.
Stay focused on the patient.
Authentic Occupational Therapy

- Distinct value of occupational therapy;
- Utilizing the occupational profile to individualize care and identify the supports and barriers to successful occupational engagement.

Physical, Cognitive, and Psychosocial Components Impacting Occupational Engagement
Functional Assessments and treatments

• Performance-based assessments to measure independence and safety – beyond MIN, MOD, MAX
• Using functional assessments to perform a task analysis, recognize where occupational deficits exist, and then analyze occupational engagement and performance using our distinct language.
  • Occupations
  • Client factors
  • Performance skills
  • Performance patterns
  • Context and environment
Example of Functional Assessment Utilization

- Example – Functional Reach Tool in-conjunction with observation based tasks of reaching into the shower to transfer, obtaining objects like gathering clothes from a closet – how far off the norm is the patient for their age and sex and what is their current fall risk.

<table>
<thead>
<tr>
<th>Age</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 40</td>
<td>16.75 ± 1.94 inches</td>
<td>14.64 ± 2.18 inches</td>
</tr>
<tr>
<td>61 to 68</td>
<td>14.58 ± 2.31 inches</td>
<td>13.81 ± 2.20 inches</td>
</tr>
<tr>
<td>70 to 87</td>
<td>13.16 ± 1.55 inches</td>
<td>10.47 ± 2.53 inches</td>
</tr>
</tbody>
</table>

Normative Data

Adults aged: 20 to 87

Predictive Data

- Predictive Data
  - Fall risk w/ in next 6 months
  - Unable to reach 8 times normal risk
  - Reach <= 6 inches 4 times normal risk
  - Reach >= 6 inches <10 inches 2 times normal risk
  - Reach >=10 inches normal risk

Occupation-based Treatments

- Do you practice along the continuum of occupational therapy?
- What is the difference between the various parts of the continuum?

Preparatory ➔ Purposeful ➔ Occupation-Based
Practice Analysis Exercise

<table>
<thead>
<tr>
<th>Preparatory</th>
<th>Purposeful</th>
<th>Occupation-based</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A Comparison of Performance in Added-Purpose Occupations and Rote Exercise for Dynamic Standing Balance in Persons With Hemiplegia

Ching-Lin Hsieh, David L. Nelson, Doris A. Smith, Cindee Q. Peterson

Key Words: human activities and occupations • motivation

Added-Purpose Versus Rote Exercise in Female Nursing Home Residents

Rita M. Yoder, David L. Nelson, Doris A. Smith

Key Words: activity analysis • aged • purposeful activities • therapeutic exercise

Objectives. Adding purpose to daily occupations to promote performance is a basic premise of occupational therapy. This study investigated the hypothesis that in persons with hemiplegia, two added purpose occupations would elicit more exercise repetitions than a rote exercise.

Method. In a counterbalanced order, 21 subjects with hemiplegia, aged 51 to 78 years, experienced all three conditions of a dynamic standing balance exercise that involved bending down, reaching, standing up, and extending the arm. One condition of added purpose involved the use of materials (small balls and targets); a second added-purpose condition involved the subjects' imagination of the small balls. The third condition was the rote exercise without added purpose.

Results. A one-way analysis of variance for related measures indicated that the subjects performed significantly differently in each of the three conditions: (p < .001). A Tukey multiple comparison that the subjects did significantly better in the added-materials condition than in either condition: (p < .05).

Conclusion. This study demonstrated that adding purpose to daily occupations may enhance performance in persons with hemiplegia.

Occupationally Embedded Exercise Versus Rote Exercise: A Choice Between Occupational Forms by Elderly Nursing Home Residents

Sheri Zimmerer-Branum, David L. Nelson

Key Words: aging • motivation • therapeutic exercise

Objectives. The provision of options to the occupational form that encourages meaningful choices and subsequent purposeful occupational performances is a basic premise of occupational therapy. This study examines the preferences of elderly nursing home residents when presented with an occupationally embedded exercise versus a rote exercise and addresses the methodological problems identified in similar past research.

Method. Fifty-two elderly nursing home residents were presented with a choice between an occupationally embedded exercise that involved unilateral dunking of a small, sponge ball into a basketball hoop and a rote exercise that involved moving the arm above the head in a simulated dunking exercise. Both exercises required flexion of the shoulder joint. Random assignment of the 52 subjects into one of four groups controlled for the order of the presentation of the exercises and the order of the choice statements.

Results. Sixty-seven percent of the subjects chose the occupationally embedded exercise. Analysis with the significance of a proportion statistic revealed a statistically significant difference (z = 2.77, p (two-tailed) = .002).

Conclusion. Results were consistent with the hypothesis that elderly nursing home residents would tend to choose the occupationally embedded exercise. To further confirm the basic premise of occupational therapy, future studies that investigate therapeutic patterns of movement embedded in common occupations are recommended.
Are you.....Choosing Wisely?

1. Don't provide intervention activities that are non-purposeful (e.g., cones, pegs, shoulder arc, arm bike).
2. Don't provide sensory-based interventions to individual children or youth without documented assessment results of difficulties processing or integrating sensory information.
3. Don't use physical agent modalities (PAMs) without providing purposeful and occupation-based intervention activities.
4. Don't use pulleys for individuals with a hemiplegic shoulder.
5. Don't provide cognitive-based interventions (e.g., paper-and-pencil tasks, table-top tasks, cognitive training software) without direct application to occupational performance.
Connect the dots with function and cognition

• Definition of functional cognition – “Cognition in Action”
• Cognition – the ability to learn, retain, and use new information to enable occupational performance across the lifespan (AOTA 2019 Statement: Cognition, Cognitive Rehabilitation and Occupational Performance).
• Are you deferring cognitive interventions to remediate or manage decline to other disciplines? If so, are you demonstrating your distinct value?
• What cognitive screens are you using? What cognitive assessments do you incorporate into your practice?
Incidence of Dementia with Hospitalizations

- Patients with dementia may end up at hospitals more frequently because they have difficulty with managing their medical conditions, managing their medication, and alerting family, caregivers, or physicians to new symptoms.
Empirical Research

Higher Hospital Spending on Occupational Therapy Is Associated With Lower Readmission Rates

Andrew T. Rogers1, Ge Bai2, Robert A. Lavin3, and Gerard F. Anderson1

Abstract
Hospital expenditures are under continual pressure to control spending and improve quality. While prior studies have focused on the relationship between overall hospital spending and quality, the relationship between spending on specific services and quality has received minimal attention. The literature that provides established guidelines regarding how they should allocate scarce resources. Using Medicare claims and cost report data, we examined the association between hospital spending for specific services and 30-day readmission rates for heart failure, pneumonia, and acute myocardial infarction. We found that occupational therapy is the only spending category where additional spending has a statistically significant association with lower readmission rates for all three medical conditions. One possible explanation is that occupational therapy plays a unique and immediate focus on patients’ functional and social needs, which can be important drivers of readmission if left unaddressed.

Keywords
hospital spending, quality, readmissions, hospital management, occupational therapy

The Role of Occupational Therapy in Reducing Hospital Readmissions

Marieke Baudu, MEH, OT/TL, CAPS, EICCM
Occupational Therapists and Founder/Owner, Rebuild Independence LLC, Starmont, OH, and Adjunct Faculty Member, Xavier University, Newport, OH

Susan Lee, MD, OT/TL
Occupational Therapist and Research Scientist, Center for Assistive Technology and Environmental Access, Atlanta, GA

Marti Klopfer, OT/TL, NASCO, OT/TL
Occupational Therapist, Washington University in St. Louis, School of Medicine, Program in Occupational Therapy

Emily Sauterova, MS, OT/TL
Occupational Therapist, Washington University in St. Louis, School of Medicine, Program in Occupational Therapy

This CE Article was developed in collaboration with AOTA’s Home & Community Health Special Interest Section.

ABSTRACT
The implementation of the Affordable Care Act and its Centers for Medicare & Medicaid Services mandate to reduce costly unplanned hospital readmissions. As a result, hospitals are actively seeking solutions to reduce readmissions, which now have financial penalties. This provides occupational therapy practitioners with the opportunity to demonstrate their expertise and know-how in contributing to a reduction in readmissions. The role of occupational therapy in readmission can include care coordination, fall prevention, medication management, assistive device management, and community reintegration.

Reducing hospital readmissions is one such area where occupational therapy can demonstrate the value of its services, improving the health and wellness of clients while reducing health care costs. The AGA was designed to facilitate changes in our health care system by linking quality of care to reimbursement. In doing so, healthcare providers are encouraged to discover and test best practices to create optimal outcomes while reducing costs. The Medicare Payment Advisory Commission (n.d.) in June 2011 identified hospital readmissions as a critical area to be addressed. Hospital readmission is defined as a separate hospitalization within a defined period of time, CMS defines a readmission as a hospitalization occurring within 30 days of discharge. This includes readmissions to any hospital, not just the hospital at which the patient was originally hospitalized (Beers & Castells, 2015).

CMS spends an estimated $28 billion annually on hospital readmissions for Medicare recipients (Givens, 2014). Of those readmission costs, almost $7 billion has been identified as preventable, averaging largely from avoidable reasons. The CMS has made an effort to measure readmission rates and conclude that the number of readmissions are easier to reduce than expected. CMS began assessing and reporting the incidence of hospital readmissions for particular medical conditions in 2007. In an effort to increase transparency, this information is available on the Hospital Compare website (www.medicare.gov/hospital compare). CMS reports each hospital readmission rate compared with hospitals nationally to determine each hospital’s Readmission Rates for specific medical conditions. Hospitals with readmission rates above the national average are issued financial penalties of between 0.5% and 3% of total revenue (CMS, 2014a). Currently, CMS measures readmission rates related to 11 inpatient medical conditions across cardiovascular, surgical, and end-stage renal disease.

Keywords: Transition of care, Hospital discharge, Readmission risk, Post-acute care
Areas at risk for re-hospitalization

- Occupational therapy reduces incidence of re-hospitalization
  - Medication management
  - Person, environment and occupation fit
  - Managing one’s state from a physiological perspective through incorporating behaviors within habits and routines
  - Falls prevention and management
Benefits of Group Therapy

- Benefits of Group Therapy
- Irvin Yalom
  - Persistence of Hope
  - Being One
  - Imparting Information
  - Altruism
  - Corrective Behavioral Commentary
  - Remaining Social while Healing
  - Imitation
  - Interpersonal Learning
  - Catharsis
  - Existential Factors
Group Treatment Sessions

• Do you have a group “class” ideas for short-term patients?
  • Problem-focused training
  • Discharge planning classes
  • Diagnostic specific training classes
  • Patient and family education classes
  • Health management and maintenance
Put your foot in the door:

• Embrace change
• Analyze your practice
• Are you exuding the distinct value of OT?
• Maximize your capacities to support optimal outcomes, successful transitions, and reducing rehospitalizations
Significance of Documentation during Medicare Reform

Best Case Scenario

• Data-driven documentation for Medicare shows value and increases reimbursement for OT, increases OT job and fieldwork opportunities

Worst Case Scenario

• OT documentation does not show value; reimbursement from Medicare decreases
• OT positions are eliminated: decreased availability of FW spots and job opportunities for new graduates
Potential Student Projects:
Data-Driven Documentation for Value

- In-services for staff on outcome measures
- Develop toolkit for documentation
- Journal Club series: Volume to Value Literature
- Critical appraisal reports of articles related to outcome measures
DISCUSSION
Sharing Resources