Silk Purses from Sows' Ears: LTC Quality from Corporate Integrity and Risk Management Programs

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The Compliance Imperative

- Quality has become a compliance issue in Long Term Care.
- LTC is the first health care segment to be so 'honored'.
- The False Claims Act is now being employed against facilities with low quality of care, based on the idea that they do not deliver the service for which CMS has paid.
- Surveyors are tougher, with significant Civil Monetary Penalties for deficiencies involving actual or potential harm to patients.

Quality Requirements of Corporate Integrity Agreements (CIAs)

- Satisfactory CMS Quality Indicator scores
- Immediate identification of and *systematic* response to incidents, accidents and sentinel events
- Prevention of incidents, accidents, and 'sentinel events' such as falls and pressure ulcers acquired in the facility
- Evidence of system-wide quality improvement activity with measurable outcomes
- Adequacy of staffing and staff training
- Appropriateness and completeness of care plans
- Full implementation of care plans

The Minimum Data Set (MDS)

- An oxymoron? (>500 items is a *minimum*?)
- A violation of the Paperwork Reduction Act?
- Flies in the face of every principle of graphic design ever developed
- Seen as a necessary burden, but not as a tool

The Minimum Data Set (MDS)

A reframe:

- **The most comprehensive patient data base in all of health care**
- **The potential to be the most critical management decision-making tool in the industry**
- **A basis for effective, efficient care planning and thorough implementation**

The Minimum Data Set (MDS)

What's wrong?

- Responsibility is delegated down to people with little power.
- Interdisciplinary team members do not fully understand its potential.
- Management does not use it as a decision support vehicle.
- Even its critical financial importance often is unappreciated.

Because ……

- The data are not considered valid!

The Minimum Data Set (MDS)

- Nationally, accuracy of the MDS is relatively poor.
- Approximately 70% of all MDS assessments have at least one error or inconsistency.
- 80% of Medicare assessments have at least one error or inconsistency involving an item involved in the RUGS grouping system.

The Long Term Care Quality Challenge

- The CMS Quality Indicators are rates and proportions calculated from MDS items. Most of them measure the prevalence of worrisome conditions such as pressure ulcers or restraint use.
- Most of the QI's are not risk adjusted and those that are consider few risk factors, effectively penalizing homes that admit and treat sicker patients.
- MDS data frequently are invalid – leading to disbelief of the scores.
- Invalid data over time lead to a weakened and ineffective quality infrastructure.
- The business case ($$$) for quality has not been made for Long Term Care in a way that is convincing to industry decision-makers.

The Long Term Care Quality Challenge

- Long Term Care (and most of health care) is just beginning to emerge from the 'culture of blame'.
- Blame and quality improvement are incompatible cultures.
- The 'culture of quality' concept has not been integrated with the quest for financial stability.
- Too many people believe that quality is more expensive.
- In the absence of quality measures generally recognized as valid, owners, managers and facility administrators are reluctant to take risks / spend dollars for quality.
- Invalid data support the health care profession's inherent reluctance to change.
- There is little information on the ROI for quality.

What Is – The Usual

- External Quality Monitors rely upon manual chart review and bill audits, site visits, unadjusted staff ratios and CMS QIs.
- Incidents, accidents, and sentinel events are approached individually and on a "Who's responsible?" basis.
- Structure (personnel, physical plant and organization), policies and procedures, and a facility 'snapshot' are the basis of a quality assessment.
- Judgments are based on sampling and extrapolation of results to the whole chain or facility population from as few as 5% of the whole.

Lightening the Load with Information Technology-the Dream

- Continuous, 100% auditing of MDS data integrity with real-time feedback on how to correct errors and inconsistencies
- Outcome-based, risk-adjusted facility level quality indicators with comparisons between facilities in a chain, association, or region
- Service delivery in an Application Service Provider (ASP) model that minimizes support needed from already overburdened internal IT departments

Lightening the Load with Information Technology-the Dream

- **Automated generation of MDS-based reports that provide critical data and information but do not require additional data collection or professional report-writing.**
  - **Data integrity ratings**
  - **Risk-adjusted quality performance measures**
  - **Internal and external benchmarking and identification of best practices**
  - **Identification of areas of challenge and immediate focus**
  - **Identification of facility and chain strengths – a basis for legitimate quality-based marketing**

Lightening the Load with Information Technology-the Dream

- Real-time, point of service accident, incident and sentinel event reporting
- On-line tracking of incident investigation and resolution
- System-wide, real time and retrospective views of areas of strength and areas of risk

It's Not a Dream – IT Resources Available Now

- Data integrity auditing with real-time feedback, including billing accuracy, MDS-based assessment of medical necessity, and prompts for necessary clinical record documentation
- Outcome-based, risk adjusted performance measurement with listing of individual residents who have had poor outcomes or who are at high risk for them
- Benchmarking of performance on surveys and QIs, with risk adjustment
- Web-based data collection and automated reporting of incidents, accidents, and 'near misses'

Value Proposition: Additional Uses for Credible Analyses

- Personnel evaluation
- Supply chain management
- Revenue and expense forecasting
- Focusing of education and training
- Quality-based marketing
- Evaluation of negligence claims and statistics-based defense when possible
- Risk management to reduce insurance (or self-insurance) expense

What Soon Will Be – The Future State of the Art

- Real-time quality improvement recommendations at the individual resident level
- Automated auditing of diagnosis and procedure coding
- Online staff education with content dynamically responsive to a facility's needs
- Dissemination of best practices within a chain using a secure, monitored network
- Selection of internal experts by objective measurement of the outcomes attained under different people's leadership

What Will It Take?

- Assessing the quality infrastructure throughout the system
- Increasing the robustness of the quality infrastructure – from the facility to the corporate level
- Learning to disseminate best practices across facilities, regions, divisions and systems
- Involving empowered people (e.g., CEO, CFO) in the quality improvement process; empowering people already involved in the process (e.g., MDS Coordinator, Compliance Officer)

What Will It Take?

- Assuring that quality is embedded in everything we do – not an added responsibility, but THE responsibility
- Moving to system-focused process change and individual accountability
- Rewarding those who embrace and implement the quality culture

Recent Experience

- Statistical strategies in negligence cases
- Improvement in MDS data quality using automated audit. 'Best practice' facilities have reduced their rate of errors and inconsistencies from 70% to 10-15%!
- Fewer and less severe deficiencies in facilities using information services for quality improvement
- Quality monitoring using MDS-based tools with full risk adjustment and testing of data quality – the Rhode Island experience

Conclusion

- Compliance often is perceived as a 'SOW'S EAR'– attached to the hog but basically inedible.
- Compliance in LTC requires accurate billing and consistent quality of care.
- Both depend upon accurate MDS assessment and MDS-based care planning.
- Online information services can facilitate these with a positive ROI.
- New financial resources permit investment in the pre-requisites for higher quality, e.g. recruitment, retention, training, structural improvements.
- The 'SILK PURSE' of compliance, a 'virtuous cycle' in which clinical quality, compliance and financial success are fully integrated into daily operations.