



SNFs should be open to new levels of collaboration with therapy under PDPM.

ing these pieces together.”

Much of the burden for new documentation requirements will fall on nursing, she notes. This may present a very real challenge for many SNFs that already struggle with nursing staffing shortages.

### Reducing burden on nurses

Therapy companies can play a major role in helping SNFs by not letting the PDPM transition burden rest solely on the shoulders of a facility’s nursing staff.

“We forget that we can do things in a different way,” Forman says. “SNFs should challenge their therapy providers to bring solutions that will help them succeed. Now is the time for true partners to rise to the occasion.”

Nurses, dietitians, psychologists and social workers alike must all play a role, and there is an opportunity for physical/occupational/speech therapists to contribute in different, yet meaningful, ways as well.

For example, therapy is capable of playing a more active role in case management and care coordination.

Also, therapists can provide care in specialty areas — such as pain manage-

# PDPM has possibility

Under the new Patient-Driven Payment Model, skilled nursing facilities can achieve financial success through collaborative care and creative solutions.

**A**mid several industry-wide challenges, including an almost crippling nursing shortage, skilled nursing facilities are preparing for the replacement of the RUG-IV system with the Patient-Driven Payment Model on October 1, 2019.

“The concept of the new system is beautiful in its attempt to shift from volume to value,” says Hilary Forman, PT, RAC-CT, Chief Clinical Officer for HealthPRO Heritage. “But execution will be difficult for many SNFs.”

In order to build a stronger patient-care platform and reimbursement outlook, Forman says SNFs should be open to what each member of the interdisciplinary team

can contribute under the new system.

“Under PDPM, success will require a truly collaborative effort to accurately document a clinical picture, provide appropriate care, and evaluate the efficacy of the care based on specific outcome measures,” she says. “Success has never been so dependent on link-

ment and wound care — that are typically covered by nurses, Forman says. Therapists can free up nursing by working with patients on incontinence issues, medication management training, discharge planning and home assessments.

Caring for complex wounds, in particular, is time-and-labor-intensive for nursing staff, and evidence supports that many wounds heal faster — and result in better patient outcomes and reduced costs — when a physical therapist provides treatment.

In addition to dressing changes and manually cleaning the wound as nurses do, physical therapists also utilize advanced modalities such as electrical stimulation, low-energy laser, compression therapy, and pulse lavage to speed healing.

“SNFs really need to step back and evaluate the time-consuming responsibilities currently shouldered by nursing, and consider how therapy can take on a portion of the skilled tasks traditionally performed by nurses,” Forman says.

### Providing tools for success

Understanding the projected impact — and areas of risk and opportunity under PDPM — can help SNFs

develop a strategic plan for a successful transition to PDPM, says Ian Tucker, OTR, Vice President, Clinical Informatics and Product Management at HealthPRO Heritage.

“The model gives our facilities some visibility as to where we currently stand.”

He plans to access the data throughout the upcoming year as his teams implement their readiness plan to reas-

Care electronic medical records platform, and with help from HealthPRO Heritage, the facilities utilize a therapy tab that allows staff to view up-to-date details related to a patient’s progress in therapy.

“Real-time data integration has been so helpful in facilitating better communication and ensuring our teams are moving in the same direction,” Wagner says.

HealthPRO Heritage has been serving on Point-ClickCare’s PDPM Advisory Committee, helping to guide crucial changes for the system in preparation for the new payment model.

HealthPRO Heritage is a privately owned, non-affiliated national therapy and consulting firm known for leading the charge on PDPM readiness strategies. SNFs can ask HealthPRO Heritage for more information about strategic solutions and innovative tools to help drive and protect revenue under PDPM.

Concludes Wagner: “They really are the industry leaders, in terms of providing education and tools to help facilities understand how they’re going to be impacted by these changes.” ■

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*—John Wagner, Stonerise Healthcare*

The HealthPRO Heritage “PDPM Crosswalk Analysis” uses a facility’s current MDS data to identify how its patient mix translates into the new system and identifies the associated revenue impact.

“The model provides our clients with objective snapshots of how well their facility will perform under PDPM. With our strategic support, it helps them figure out what they need to do today to prepare for the PDPM transition,” he says.

John Wagner, COO of Stonerise Healthcare, which operates 17 SNFs throughout West Virginia, has examined his facilities’ Crosswalk Analysis, and says the information has been instrumental in Stonerise’s PDPM prepa-

ration: “The model gives our facilities some visibility as to where we currently stand.”

### Seamless data integration

In today’s data-driven world, it’s also important for therapy companies to take part in optimizing PDPM-related processes around documentation and coding, Tucker says.

For example, he notes, SNFs should expect their therapy company’s system will easily connect and communicate in real-time with the facility’s electronic medical record system, and not just push information overnight. The ability to access data in real-time can help break down silos between therapy and nursing, adds Wagner.

Stonerise uses PointClick-

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