How To Accelerate Business Growth and Technology Innovation for Home Health, Hospice, Palliative Care and Private Duty Providers

Four strategies to increase your growth and optimize technology.

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STRATEGIES AND ACTION TO NAVIGATE THE FUTURE

Business efficiency, strategic performance improvement, and technology innovation are critical to the success of home health, hospice, palliative care, and private duty organizations.

National leaders discuss how to lean into new approaches to accelerate business growth, improve performance, and address technologies that create faster reimbursement, better work-life balance for clinicians, and optimal patient outcomes. They share how their organizations address these four key questions.

1. How can your organization provide an easier way for clinicians to document, spend more time with their patients, and have better accuracy?

2. How can your organization close the interoperability gap with referral partners, empower business growth, and stay competitive?

3. How can your organization manage burnout, employee satisfaction, and a better work-life balance?

4. Does your organization have the right actionable data and timely feedback to make decisions based on solid information?

TARGETING CLINICAL IMPROVEMENT

1. Improving Clinical Documentation With Voice-Enabled Technology

How can your organization provide an easier way for clinicians to document, spend more time with their patients, and have better accuracy?

Complex documentation requirements for home health, hospice, and palliative care is splitting clinician attention between their patients and devices, and they often still have to catch up on paperwork after each shift. It's frustrating and an everyday challenge.

A recent study found that accuracy goes down significantly for every hour documentation is delayed following a patient visit. At four hours post-visit, documentation is only about 60% accurate. That remaining 40% creates issues to be tracked down and fixed at a later date.

Documentation is more than just health data, it's the patient's story. And when this narrative is told well, care plans are developed accurately and can be easily transitioned from provider to provider – or clinician to clinician. A complete patient story is paramount to quality care.

What's Changing to Make Documentation Easier for Clinicians?

Secure speech-to-text technology. Embedded voice recognition turns speech to text in seconds, improving clinical workflow efficiency by providing clinicians and caregivers with an easier means to document their patient narratives and support an improved care experience.

"New speech-to-text functionality is a game-changer for our clinical staff," said Janell Solomon, director of compliance, Sangre de Cristo Community Care. "We have nurses, therapy staff, nurse practitioners, and physicians all using this technology to efficiently and quickly document with impressive accuracy. The ability to create custom templates, adjust for different dialects or accents, and even create lingo substitutions saves us even more time, and the fact that it's accessible directly in our EHR streamlines our workflows even further."

How Can Speech Recognition Benefit Your Organization?

Speech recognition empowers clinicians to quickly input documentation at the point of care, leading to increased clinician satisfaction and lower turnover. And, with hospice organizations mandated by CMS to provide patient narratives in the clinician's own words, accurate and complete documentation is a necessity for reimbursement.

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Four Benefits of Speech Recognition

- **Improve clinical workflow efficiency:** when documentation happens at the point of care, fewer corrections need to be made later in the process.
- **Increase clinician satisfaction:** quick and easy documentation means less work being done from home and better management of multiple caseloads.
- **Maximize reimbursements:** patient encounters captured accurately leads to billing efficiency downstream.
- **Maintain HIPAA compliance:** risk is avoided when organizations are given control over data with HIPAA-compliant technology.

The accuracy and quality of documentation can determine three goals of every home health, hospice, and palliative care organization.

- faster reimbursements,
- better work-life balance for clinicians, and
- optimal patient outcomes.

Speech recognition technology is the accuracy solution for documentation – allowing clinicians to document patient information instantly at the point of care, ultimately leading to rapid reimbursements and happier staff.

For more details.

DRIVING MORE REFERRALS AND BETTER RELATIONSHIPS WITH STRATEGIC PARTNERS

2. Increase Referral Relationships With Seamless Information Sharing

How can your organization close the interoperability gap with referral partners, empower business growth, and stay competitive?

A staggering 60% of referring physicians say they would switch to a new care at home provider if that organization was able to accept electronic referrals and interoperate with them effectively.

New research reveals a significant gap between what your referral sources want and what home health, hospice, palliative care, and private duty are prepared to deliver when it comes to interoperability.

- 36% of home health and hospice organizations still use fax machines to receive referrals.
- 20% report that phone calls are the primary means of referral receipt.
- 4% use interoperability through technology like an EMR system

How Can Your Organization Close the Interoperability Gap?

70% of home health and hospice organizations report having experienced an increase in the number of referral sources requesting referral data to be sent electronically over the past 1-2 years.

Iredell County Hospice and Palliative Care has seen first-hand the difference interoperability can make for their referral sources and staff. Sarah Kivett, BSN, OCN, CHPN is Iredell's director of palliative care. Making the best use of its electronic health record (EHR) allows Iredell to be a better partner to the referring physicians and hospitals they work with.

"It has really opened up lines of communication. For example, offices that have patient navigators work with patients who need to be seen within five days after discharge from a hospital. Because we can directly communicate with all caregivers, we can see that the patient might not be able to get into their primary care provider within those five days, but we can send our nurse practitioner within four days to meet that requirement."

Interoperability is your best option to care for patients who often have complex care journeys. It makes a big difference when you can receive electronic referrals and then use the patient's identity and cross-reference their records across other domains. For example, palliative care patients often have multiple chronic illnesses and often see many providers across the care continuum. While a patient may be referred for palliative care upon discharge from a hospital, it is likely that healthcare data on that patient resides in other care settings.

Kivett's EHR allows them to receive referrals, share information, and message directly with

providers so all caregivers have accurate comprehensive, and up-to-date information on patients. "This degree of visibility has allowed us to decrease hospital encounters to our palliative care patients by 52% over six months. And when we're able to decrease hospital encounters and see more patients in their homes, that drives down the cost of care."

Staying Competitive

Kivett believes increasing numbers of providers are paying attention to the implications of HIEs and interoperability. "We recently reached out to a large, regional accountable care organization (ACO) that is expanding in our area. I was ready to talk about decreased hospitalizations and other data, but the first thing their CEO asked was 'How do you share information within your EHR and how can we get that information?' So we immediately shifted the discussion to what we're doing with interoperability, and I believe that helped us.

When you couple electronic referrals with the ability to access data on the rest of that patient's care journey, you can flush out their complex medical conditions and better advise care from day one. This alone will make your organization more efficient, lowering those delivery costs, and making sure the patients are not falling through the cracks. The best way to avoid unnecessary readmits is reconciling the patient's entire medication history, not just what a referral source knows about them.

"True interoperability where we can send information back out keeps us from becoming a silo. Being able to have interoperability in a timely manner is huge to showcase how important palliative care is to healthcare across the board," adds Tarrah Lowry, President & CEO, Sangre de Cristo Community Care.

Closing the interoperability gap will strengthen your organization's referral partnerships by receiving referrals, sharing information, messaging directly with providers so all caregivers have accurate, comprehensive, and up-to-date patient information. Technology has become a powerful tool to continue patient care without interruption. It facilitates the most positive outcome for patients, their family members, and your organization.

To learn more.

EMPOWERING STAFF TO GAIN BETTER RETENTION

3. Strategies to Retaining Your Biggest Asset – Your People

How can your organization manage burnout, employee satisfaction, and a better work-life balance?

As the job shortage increases, the role of leadership across the care at home continuum will need to manage burnout and employee satisfaction.

Avoiding Staff Burnout and Turnover

The director of operations for a large home health and hospice organization in the southeast shared, "We had been dealing with many, many complaints from our clinicians about the tedious and repetitiveness of the documentation. We lost some strong clinicians because they were having to go home and chart for another three to four hours at night. The amount and flow of documentation with our previous program was not optimal."

Denise Schrader, MSN, RN, NEA-BC, Vice President, Integrated Services, Mosaic Life Care shared a similar story. "We were having significant turnover in our home care, and our exit interviews made it overwhelmingly clear that it was because of our EHR. They'd say they were leaving because it was too difficult." A high rate of caregiver turnover proved that the existing EHR wasn't suited for their side of the business. Mosaic needed a system that provided the logistical, clinical, and operational support that would work for its people, its business, and its future.

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Mosaic set product demonstrations with five vendors to understand how each would implement its technology and how its solution would benefit Mosaic's processes. "Each one had its strengths, but by far, one was ahead of the others, especially in interoperability," said Schrader.

Mosaic's leadership gave the final decision to those most affected by the choice: the caregivers. "Once we narrowed it down to a few vendors who met operational and executive approval, we let the vendors come and present to our caregivers," said Tiffany Reynolds, MBA, Solutions Administrator, Mosaic Life Care. "In the end, the caregivers made the final decision, which was instrumental with buy-in."

Staff Satisfaction

But perhaps the biggest improvement was seen in caregiver satisfaction. "It makes my job a ton easier," said Kim Venable, CNA, at Mosaic Life Care. It's a lot more user friendly. You sync your computer and have the information that you need. I've really enjoyed it."

Impressive Results at Mosaic

- 24.6% reduction in in-process visits
- 51.1% decrease in unbilled A/R
- 54.4% fewer RAPs on claim hold
- 42% improvement in order processing

"When you're taking work away from a patient's home, it's easy to forget which patient you saw during the day," said Megan Lott, BSN of Mosaic Life Care. "It used to be so easy to get behind on charting that sometimes our clinicians would need to take an entire day just to get caught up."

At Sangre de Cristo, staff satisfaction is on the rise because their system's accessibility, efficiency, and convenience make their lives easier and require less personal time for documentation. Now, aides and clinicians can simply click through their activities list in the patient's care plan and code patient charts more accurately. This not only benefits staff efficiency but also mitigates audits and other risks related to coding quality, like delayed reimbursement due to incomplete or inaccurate information.

"Our clinicians have come to rely on the nimbleness of our EHR, and the ability to integrate charting into patient visits in real-time at the point of care changes everything for the better – for our patients, clinicians, and for the bottom line, says Tarrah Lowry, Sangre de Cristo's CEO.

For additional information.
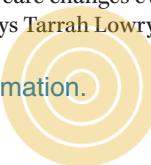
ACCELERATING BETTER BUSINESS DECISIONS

4. Better Revenue Forecasting Empowered by Business and Data Analytics

Does your organization have the right actionable data and timely feedback to make decisions based on solid data?

The lifeblood of any business is the flow of important information. This is especially true for home health, hospice, and palliative care, where knowing how to analyze that information can help your organization make better business decisions.

In home health, hospice & palliative care, the pain points are simple:

- slim margins,
- tight labor markets, and
- time constraints.

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MatrixCare *by ResMed*

MatrixCare provides software solutions in out-of-hospital care settings. As the multiyear winner of the Best in KLAS award for Long-Term Care Software and Home Health and Hospice EMR, MatrixCare is trusted by thousands of facility-based and home-based care organizations to improve provider efficiencies and promote a better quality of life for the people they serve.

As an industry leader in interoperability, MatrixCare helps providers connect and collaborate across the care continuum to optimize outcomes and successfully manage risk in out-of-hospital care delivery. MatrixCare is a wholly owned subsidiary of ResMed (NYSE: RMD, ASX: RMD). To learn more, visit **www.matrixcare.com** and follow **@MatrixCare** on Twitter.

What Are the Three Layers of Information for Better Data Access and Management?

There are three layers to the full information spectrum – the analytics layer, the EHR/RCM layer, and the data access layer. Whether it's raw data or summarized data at a visual level, these layers revolve around analysis, while also providing a variety of purposeful tool sets that handle every angle of the data process.

Data Versus Trends

If the difference between these two concepts needed to be defined, it would be that data access creates, whereas analytics analyzes. Data access focuses on creating corporate databases or reporting systems to serve business needs, with IT expertise being an absolute requirement. Analytics focuses on analyzing important business trends to enable macro decision making. As a highly technical IT project, data access is not meant to be easy. Analytics systems, however, are pre-built with automatic data flow.
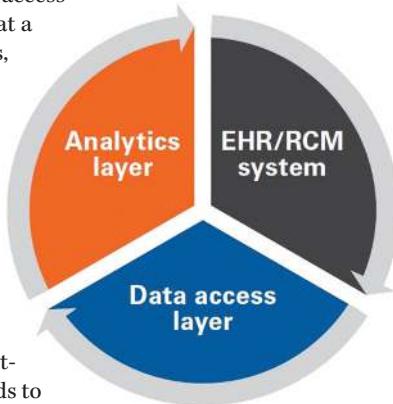
The EHR/Revenue Cycle Management Layer

There is always a source system for an electronic health record or revenue cycle management system where information is captured for billing, clients, caregivers, and clinical data. This layer represents the management of real-time information and tools that generate:

- operational report and dashboards
- point-of-care alerts and decision-making
- workflow reporting (collections, claims, worklists, etc.)
- reporting that helps frontline workers instantaneously
- real-time data

Michael Bell, VP of Data Integration and Project Management at ViaQuest has seen a lot of success with their revenue cycle management. "On the previous system, our typical turnaround time for a clinician going out and doing a visit and actually closing and completing their documentation was upwards of a week on average," reports Bell. "We're now closing all of our visits on average in less than 48 hours, which is a huge improvement and makes a big impact from a revenue cycle perspective."

The phrase "single pane of glass" refers to needing one system for executives and leadership to see the important things that need to be managed each day. This need is becoming more popular among organizations looking for a single solution to manage data from multiple systems.

With data-driven organizations typically able to outpace their competition, data access can truly become a differentiator.

For additional details.

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