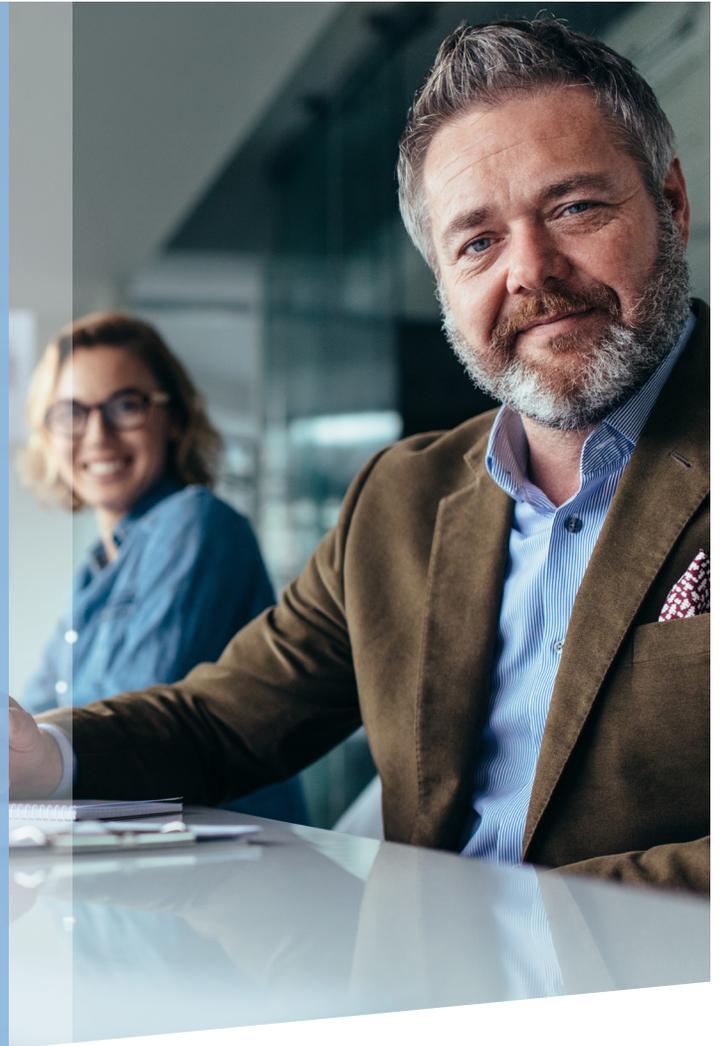


Beyond Implementation

Enhancing Efficiencies



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Get ready for the October implementation date of the Patient Driven Payment Model (PDPM) with our informative series of articles authored by Leah Klusch, RN, BSN, FACHCA, founder and director of The Alliance Training Center. We'll prepare you for the new reimbursement model

with detailed insights in a step-by-step guide to PDPM success. You'll learn about everything from building staff competencies and improving your coding practices to the value of partners and how to enhance efficiencies. The series will conclude with a checklist to help you gauge your readiness.

Getting Ready for PDPM Success | by PharMerica

The October 1 implementation of the Patient Driven Payment Model (PDPM) marks a sharp turning point in reimbursement and how facilities will conduct business. But the changes don't end on October 2. The MDS codes will have more and more influence as time goes on. So even if you have processes in place to make sure your data is accurate and complete, it's important to periodically reassess your efforts and identify opportunities for improvement. Here are five concrete steps facilities can take to refine their systems.

1 TEST YOUR PROCESSES. Validate the quality of your processes before you start submitting data on October 1. You should be able to go back through each section of the MDS and look at the process used to capture information from the resident and enter it into the record. Work through the steps to make sure services are appropriately coded and documented. By auditing your actions, you can identify what you may have missed and where breakdowns may occur so you can take the necessary action to be successful when the transition to the PDPM occurs.

2 MAKE SURE DOCUMENTATION IS SUPPORTED. With the PDPM, data formulation is critical. That means looking at the raw documentation about the resident's experience and bringing it into the data set, which should be able to confirm the care your facility is providing, compliance with physician orders and standards of practice, and outcomes. For example, as your facility looks at its documentation process, a helpful thing for a consultant pharmacist to review is why a patient on antibiotics needed the medication and where in the record signs and symptoms of infection appear.

3 INCLUDE MDS TRAINING IN ORIENTATIONS. Since MDS is at the heart of the new reimbursement system, be sure to put the actual MDS manual and database into the hands of all employees who will be involved in entering data, including new hires, to make sure the assessments capture the right information. A good way to do this is to make MDS data collection and documentation part of your building's orientation programs, with detailed training on each element of the PDPM process. Don't forget to document employee participation in training and competency evaluations.

4 HOLD REGULAR IDT MEETINGS. Interdisciplinary communication is key to ensuring a resident's clinical classification is representative of their medical complexity for proper reimbursement. Data formulation should be very organized and systematic, and the IDT should have clear assignments for who is responsible for getting the information from the record and putting it into the MDS. Continue conversations with your team to ensure collaboration by holding regular meetings about workflow and better ways to collaborate to increase reimbursement under the new payment system.

5 TAKE ADVANTAGE OF RESOURCES. In advance of the PDPM implementation, many educational opportunities are available to facilities to help review MDS coding and communication processes so they can be successful under the new model. Invest in learning programs where there are knowledge gaps. It's also critical to have tools available for staff to consult, such as the latest version of the RAI manual. By testing your readiness now, you can make any last-minute adjustments to your processes to ensure optimum facility performance.

*We've all been focused on **10/1/2019**, but ongoing review and refinement will be needed for long-term success.*