

Optimizing Collaboration to Conquer PDGM

With Medalogix Care

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PDGM and collaboration

With the current emphasis being placed on interdisciplinary collaboration in the face of PDGM, you could almost believe it's a new concept. And while PDGM has certainly created a heightened sense of urgency around OASIS and coding accuracy, the reality is that CMS and industry leaders have been encouraging us to avail ourselves of that 6-day window at the Start of Care (SOC) as best practice for quite some time. In fact, the word "collaboration" is used no fewer than 17 times in the 2019 OASIS-D Guidance manual.

We know because we counted. And then we counted again because, ya know, we're a data analytics company and that's just how we get down.

Let's be honest here. We're all well aware that interprofessional collaboration from the beginning results in improved outcomes, more cohesive care teams and ultimately, a better patient experience. And it's not that this collaboration never occurs. It absolutely does. We just haven't always done a great job of formalizing and standardizing what that process should look like in order to realize the full benefit.

We asked our resident Medalogix regulatory guru, Maureen Laimann, to break down the CoPs and OASIS-D guidance to give us a better idea of how that SOC collaboration magic should happen:

Who may collaborate?

The assessing clinician is ultimately responsible for completing and signing the comprehensive assessment, but he or she may collaborate with the patient, caregivers, and other health care personnel, including physicians, pharmacists, and/or other agency staff. For items that require patient assessment, the collaborating healthcare providers must have had direct contact with the patient.

How long should collaborate last?

Per OASIS regulations, the collaboration window begins at the Start of Care assessment (day 0) and concludes 5 days later (0+5 = day 6).

Why is collaboration valuable?

Allowing for collaboration between clinicians facilitates a more accurate assessment and correct documentation of the patient's functional status and risk for hospitalization. A multi-discipline team approach ensures full identification of patient needs, accurate responses to OASIS items, and adjustment of treatment plans based on discipline-specific evaluation. Through collaboration, the plan of care can be developed based on patient-specific needs to ensure optimal outcomes and proper reimbursement under PDGM.

What constitutes collaboration?

The assessing clinician visits the patient and performs a comprehensive assessment. Based on the referral or start of care assessment, clinicians from other disciplines visit the patient, perform discipline-specific evaluations, and communicate their assessment findings and care plan details to the assessing clinician to develop a more accurate, patient-specific plan of care. The initial assessing clinician/clinical manager/OASIS reviewer adjusts the OASIS assessment and plan of care based on this collaboration.

Are there other considerations for collaboration?

Collaboration Policy and Practice:

The agency must establish policies and practices related to collaborative efforts including how assessment information from multiple clinicians will be documented within the clinical record, ensuring compliance with applicable requirements, and accepted standards of practice.

M0090 date:

The M0090 (date assessment complete) should reflect the last date the assessing clinician gathered or received any input used to complete the comprehensive assessment, including OASIS items, within the assessment timeframe.

For Start of Care Assessments, collaboration is permitted up to 5 days after SOC (SOC= day 0). The M0090 date-day assessment completed must be updated to reflect the last date that the assessment information was collected (no later than day 5), including any collaboration or other information that would require a change in one or more OASIS responses.

How Medalogix Can Help:

Medalogix Care leverages data science to fully transition home health agencies for PDGM reimbursement changes with objective, evidence-based recommendations. Utilizing over 300 billion calculations to build individualized recommendations by discipline, Care drives better clinical outcomes, optimizes utilization and promotes clinical collaboration to achieve patient-focused care planning.

That's the official pitch- all of which is totally true, by the way. But here's what else we've learned over the course of multiple implementations...

Medalogix Care drives communication within the care team and helps clinicians rally around a cohesive care plan from the start. Because the team is aligned, the patient receives a clear, consistent message and knows exactly what to expect out of their care plan. And then, if all goes according to plan, something REALLY wild happens: those nurses and therapists *keep collaborating throughout the episode* to provide intentional, patient-centered experience.

Patients are happy! The care team is happy!

Turns out collaboration IS magic.