

BUILDING A SUCCESSFUL OUTCOMES COLLECTION PROGRAM

June 27, 2019



INTRO AND HOUSEKEEPING

COVERED TODAY

- ROMS System
- Mobile Patient Engagement
- Why QCDR?
- Is MIPS Going Away?
- Fearless Predictions
- Keet-Clinicient-ROMS Collaboration – Some Exciting News
- Q and A

SOME HOUSEKEEPING

Using GoToWebinar®

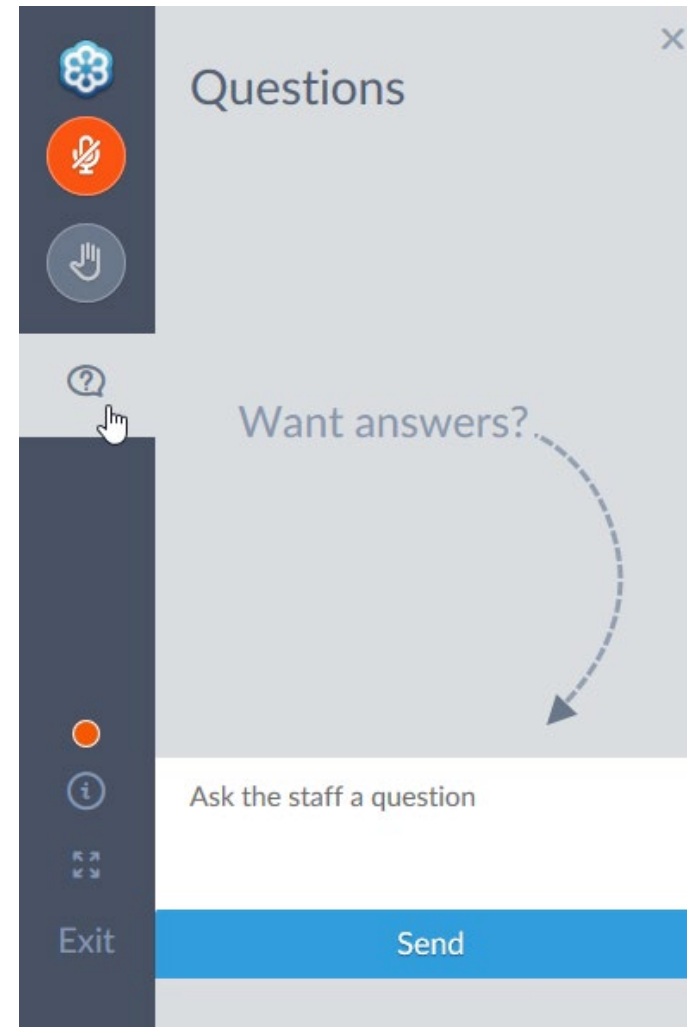
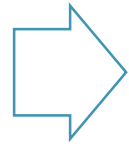
Click on orange arrow to show or hide panel

This Session will be recorded

- Link to the recording and resources will be emailed to all registrants

Please use the “Questions” Panel

- Please do not use the “raise hand”
- Questions will be answered at the end of the webinar as time allows
- Additional questions will be answered in emailed resources



SOME FINE PRINT

The information provided herein is intended to be general in nature. It is not offered as legal or insurance related advice, and is not a complete description, or meant, or intended, to replace or be interpreted as specific, of Medicare requirements. Although every effort has been made to ensure the content herein is correct, we assume no responsibility for its accuracy. Contact Department of Health & Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS) for more information.

YOUR HOST




Jerry Henderson, PT

Founder and Vice President of Clinical Strategy
Clinicient, Inc.

Jerry Henderson brings more than 25 years' experience as a physical therapist to Clinicient, and serves as "the voice of the therapist" in all company undertakings. A serial entrepreneur, Jerry has started four rehab-oriented companies, one of which evolved into Clinicient. He has deep roots in physical therapy, and brings an immense amount of industry thought leadership to the company's therapist-facing activities.

Jerry co-founded the Independent Private Practice Physical Therapy Association, a non-profit corporation to organize independent physical therapists for local legislative action. He also speaks regularly at industry conferences, and is published frequently in professional journals.

 jhenderson@clinicient.com

 [@HendersonPDX](https://twitter.com/HendersonPDX)

PRESENTER



Stephen Hunter, PT, DPT, OCS

Rehab Services Director
Intermountain ROMS

Physical Therapist of the Year for Utah 2007, George G. Olsen Award for excellent leadership 2013, Richard Erhard/Richard Bowling Clinical Practice Award 2018 presented by the Academy of Orthopedic Physical Therapy, APTA

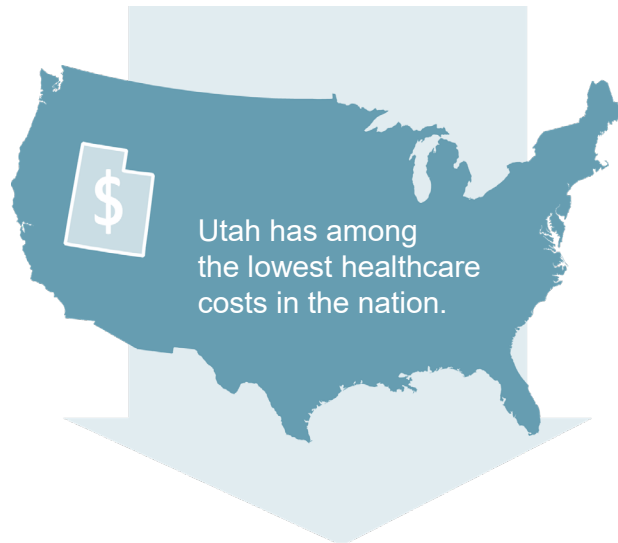


Disclosure

Intermountain
Healthcare has made
ROMS commercially
available

INTERMOUNTAIN HEALTHCARE

Not-for-Profit Integrated System Based in Salt Lake City, Utah



PREVENTION & WELLNESS

- 88,000** Healthy Plates sold in hospital cafes
- 12,000** Utah students participating in LiVe Well assemblies
- 58** Schools in Step Express program
- 57,000** Healthy Living participants



HOSPITALS & CLINICS

- 22** Hospitals
- 2,700** Beds
- 185** Intermountain Clinics



selecthealth.

INSURANCE

750,000 Members



OUR TEAM

- 5000** Affiliated Physicians
- 1,400** Medical Group doctors & advanced practice clinicians
- 35,000** Employees
- 3,000** Volunteers
- 470** Volunteer Trustees

THE STORY

The genesis of ROMS, standardization and measurement in out-patient orthopedic therapy



REHABILITATION OUTCOME MANAGEMENT SYSTEM



A Web-Based Quality Improvement Platform built around Intermountain Healthcare's approach to continuous improvement.

TWO REQUIREMENTS

1. Patient Classification
2. Validated Patient Reported Outcome or Assessment (PROM)
 - Failure to Progress Metric (% of patients who failed to meet a minimal clinical important difference, MCID)
 - Severity adjusting, IE Chronicity...



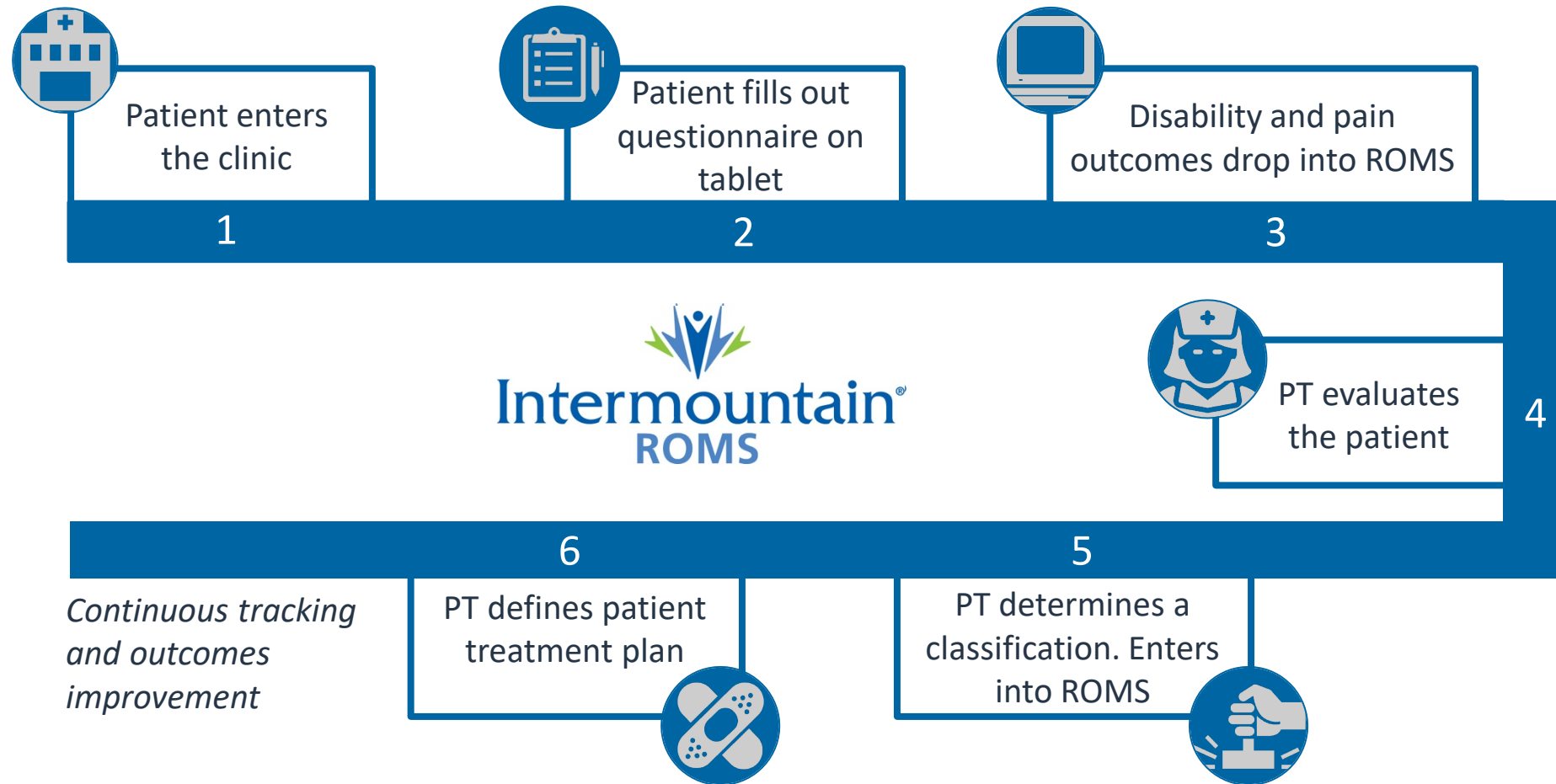
18+ years
of refinement and experience

160 physical therapy sites
have successfully implemented ROMS


2.5 million patient visits
are managed using ROMS

20+ published peer-reviewed articles
documenting the value of ROMS

A STANDARDIZED SYSTEM FOR COLLECTING DATA THAT IS PART OF THE REHAB WORKFLOW



THE PATIENT VIEW OF THE TABLET

 **Intermountain[™] Healthcare** | Rehabilitation Outcomes Management System

Welcome Stephen Hunter

Please complete the below survey questionnaire.

Quick Disability of Arm, Shoulder, Hand (DASH) Questionnaire

Please rate your ability to do the following activities, in the last week, by selecting the appropriate response.

1. Open a tight or new jar.

☐ No Difficulty

☐ Mild Difficulty

☐ Moderate Difficulty

☐ Severe Difficulty

☐ Unable

2. Do heavy household chores (e.g. wash walls, floors).

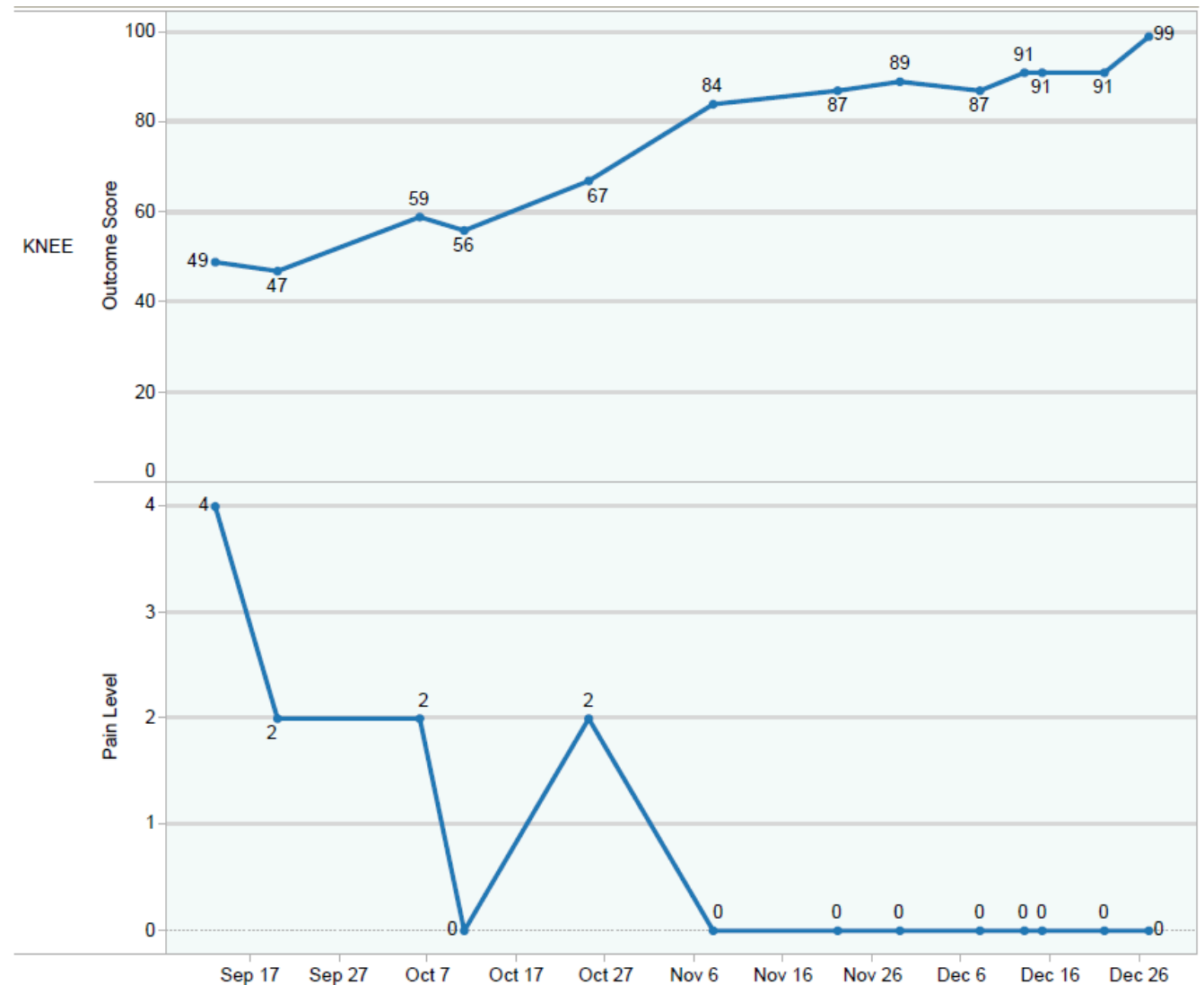
☐ No Difficulty

☐ Mild Difficulty

☐ Moderate Difficulty

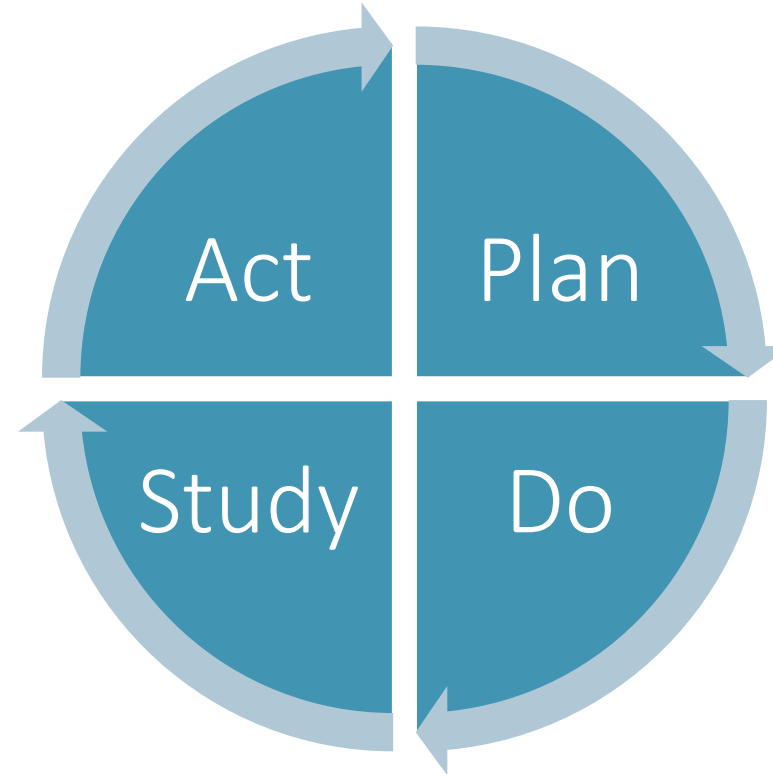
☐ Severe Difficulty

☐ Unable



HOW TO IMPLEMENT BEST EVIDENCE IN THERAPY?

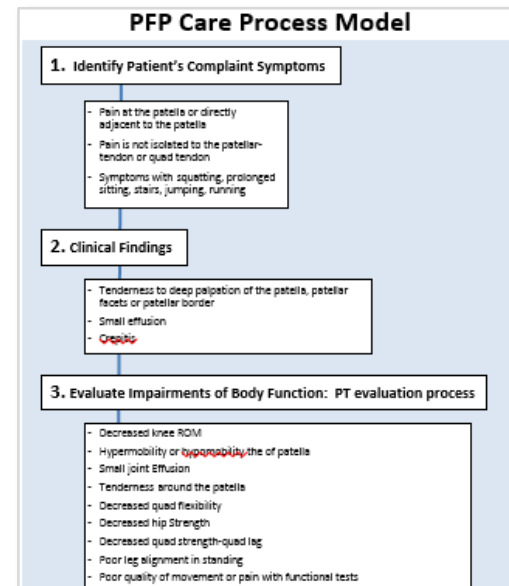
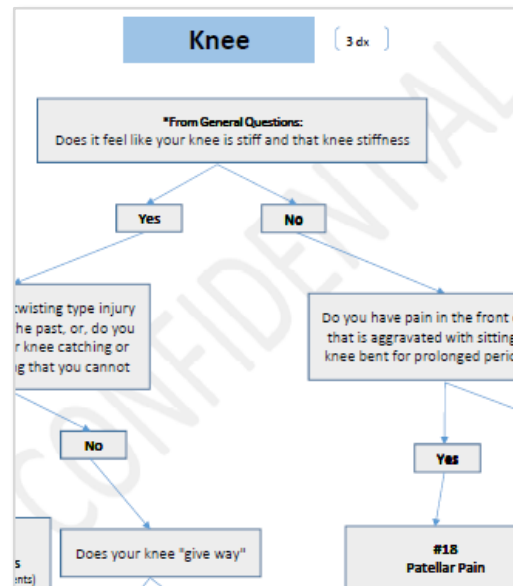
- Determine a common clinical condition
- Measure the current outcome
- Standardize the process (Evaluation, classification, treatment, audit)
- Re-measure the outcome
- Make changes based on the outcome
- Repeat

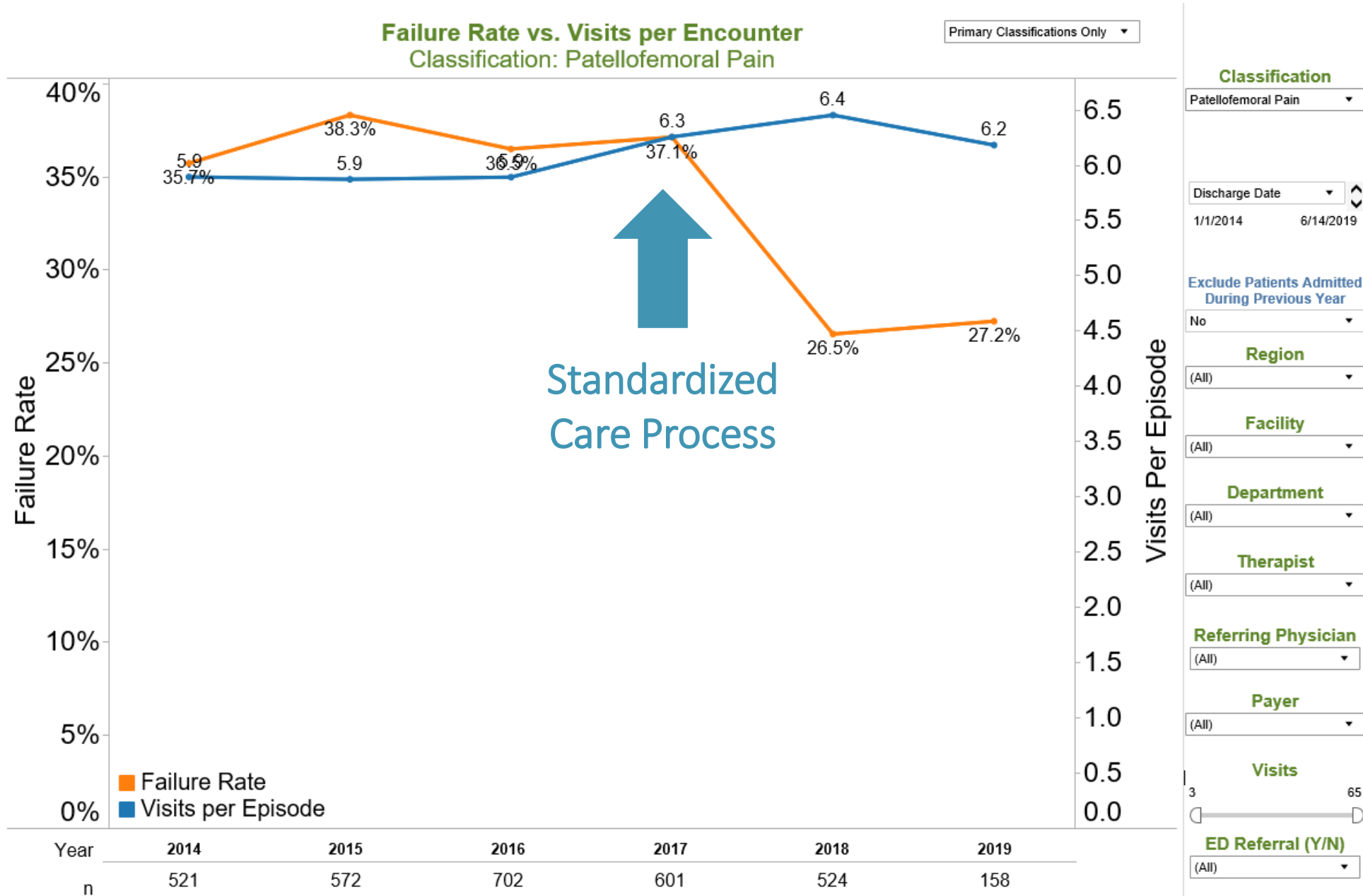


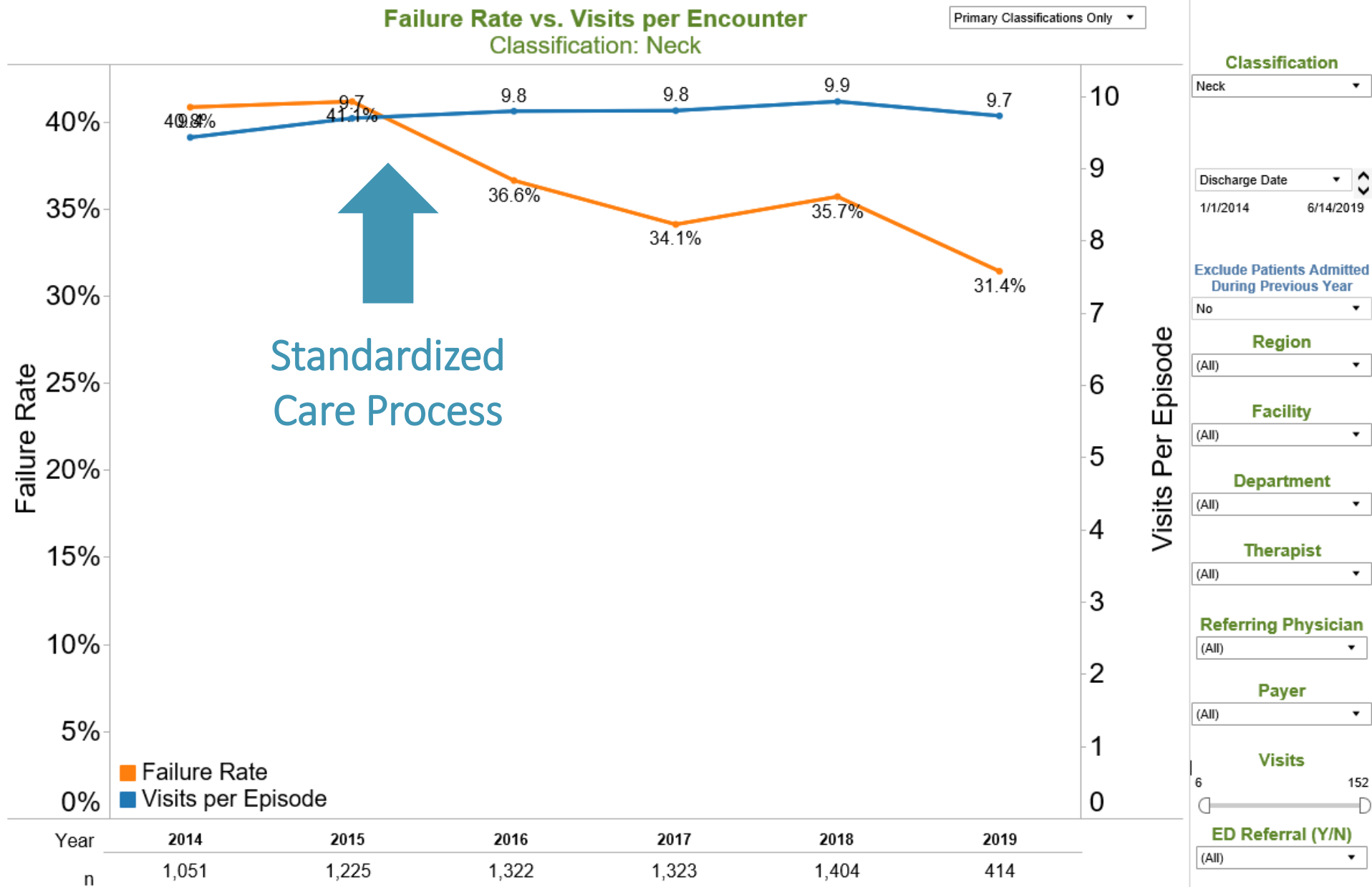


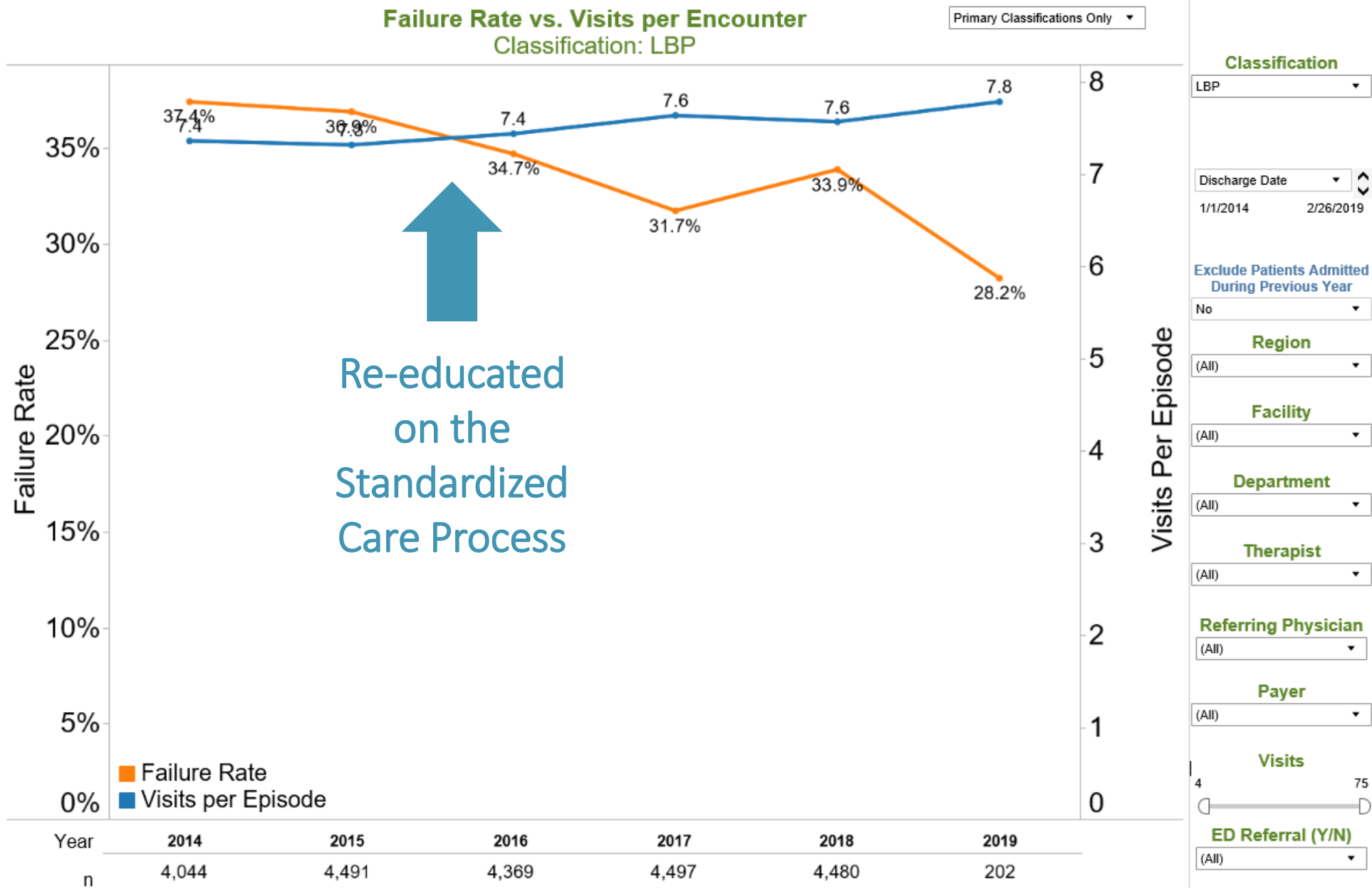
COMPLIANCE AUDIT

Left Knee Special Tests			Right Knee
	Positive	Negative	Comment
Lachmans			Lachmans
Anterior Drawer			Anterior Dra
Posterior Drawer			Posterior Dra
Apprehension Test			Apprehension
McMurray Test			McMurray T
Valgus Stress			Valgus Stress
Varus Stress			Varus Stress
Hip Scour			Hip Scour
Hip FAI Test			Hip FAI Test
Wells Criteria			Wells Criteri
Functional Tests (ref)			
	Left	Right	
Bilateral Squat			
Single Leg Squat			
Step Ups			
Stairs			
Single Leg Stance Eyes Open			
5 Rep Sit to Stand			
Forward Step-Down/Single Leg Squat Test			
Side Plank			
Rehab "Y" Star Excursion			
Double Leg Drop Jumps			
Single Leg Drop Jumps			

[illegible]



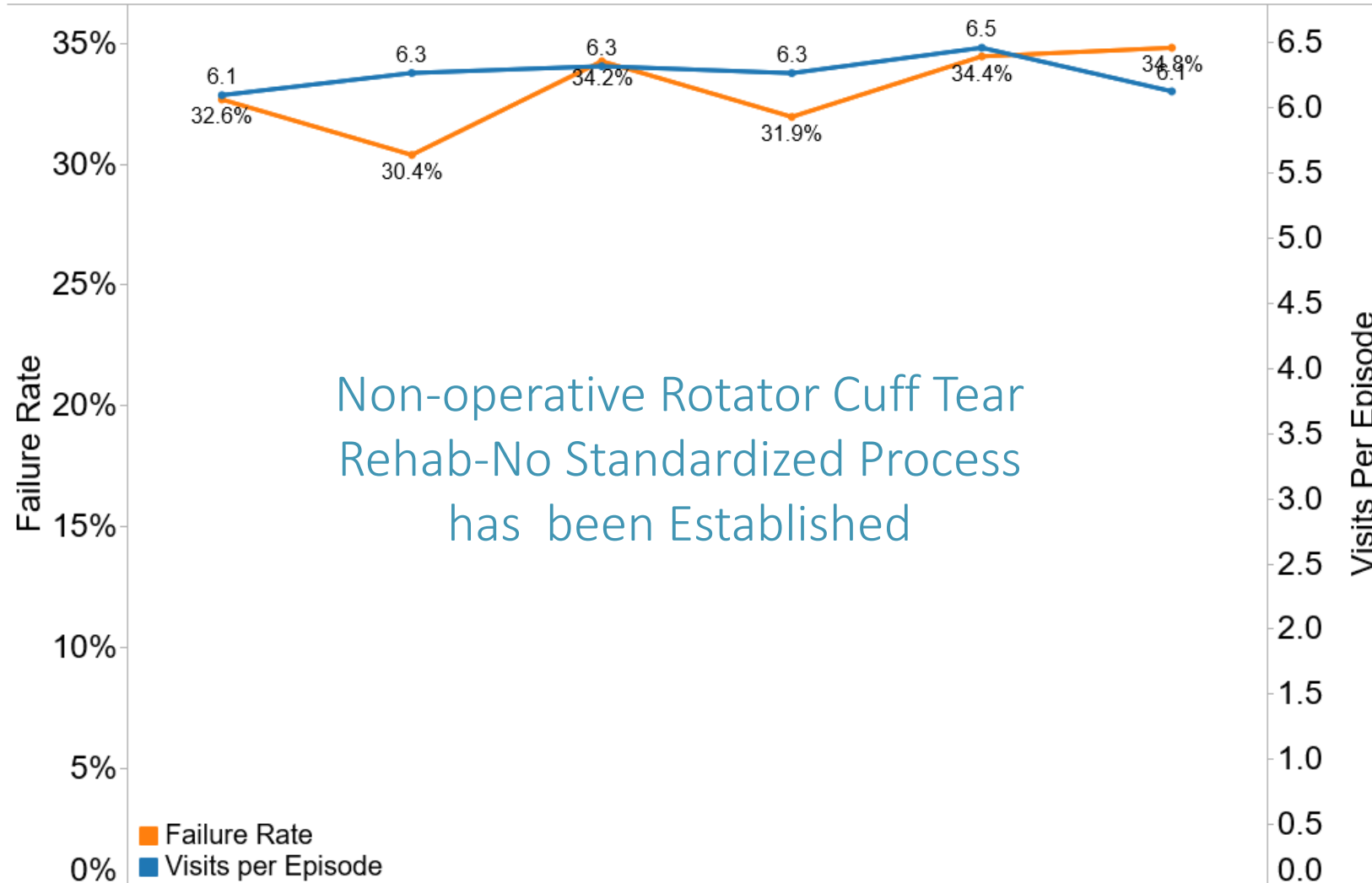




Failure Rate vs. Visits per Encounter

Classification: Conservative RTC

Primary Classifications Only



Year	2014	2015	2016	2017	2018	2019
n	1,268	1,512	1,671	1,688	1,789	641

Classification

Conservative RTC

Discharge Date

1/1/2014 6/14/2019

Exclude Patients Admitted During Previous Year

No

Region

(All)

Facility

(All)

Department

(All)

Therapist

(All)

Referring Physician

(All)

Payer

(All)

Visits

3 65

ED Referral (Y/N)

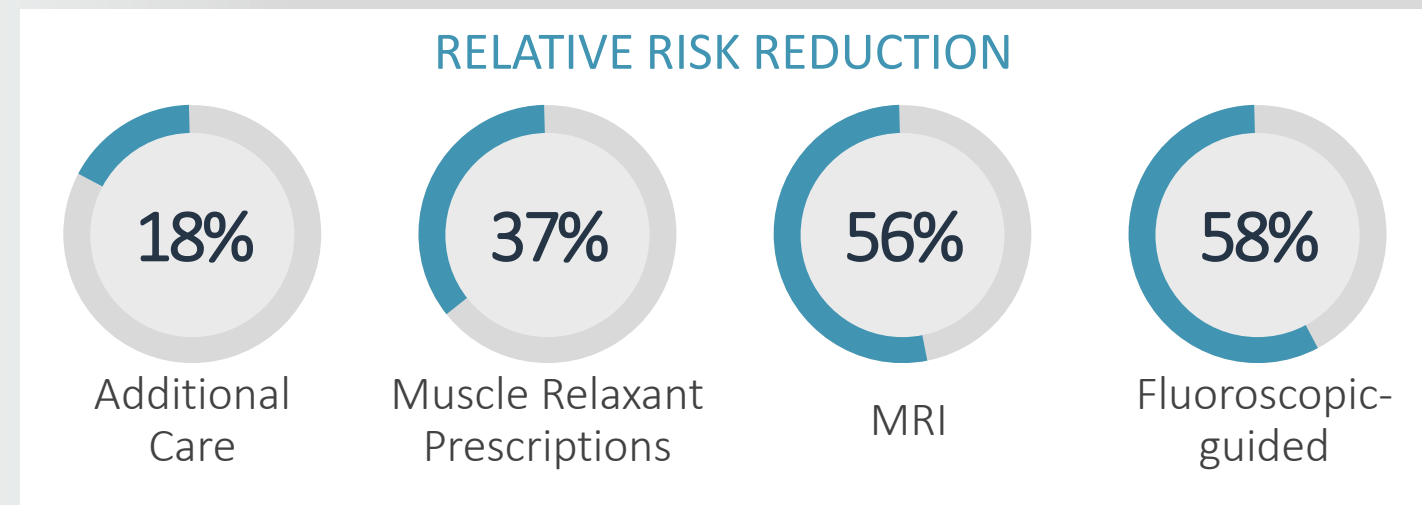
(All)

PHYSICAL THERAPY FOR ACUTE LOW BACK PAIN ASSOCIATIONS WITH SUBSEQUENT HEALTHCARE COSTS

FRITZ JM ET AL. *SPINE*. 2008.



493 patients included in the analysis of outcomes and subsequent claims data over the following year



A mean reduction in overall cost of care of
~\$1400

DASHBOARD DEMO

LESSONS LEARNED

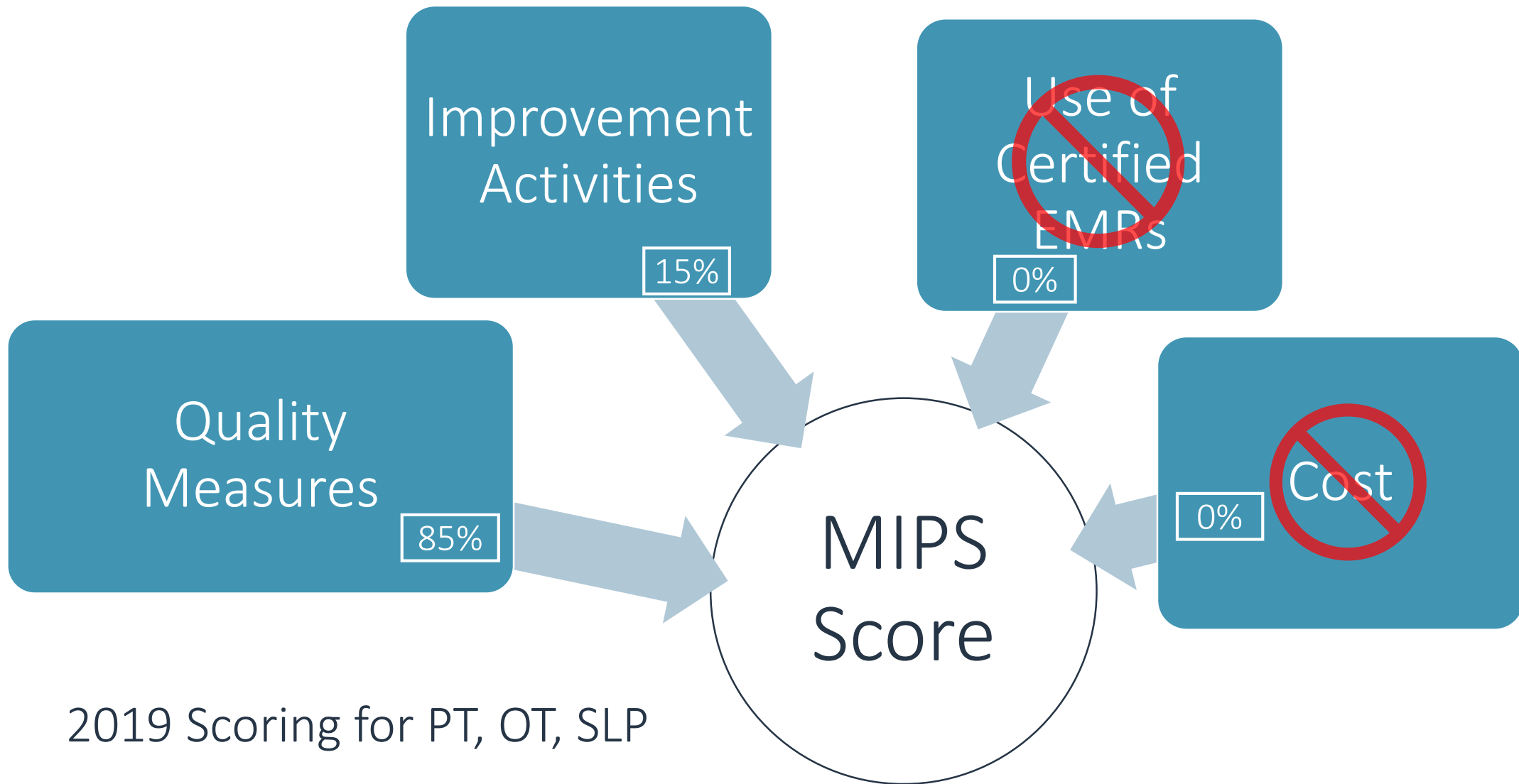
- Minimize the required time of the therapist
- Get the classification correct
- Collect the outcome every visit
- Use the outcome data to engage the patient
- Provide outcome data to payers
- Report outcomes to the referring physician

QUALITY MEASURE REPORTING MECHANISMS

REPORTING MECHANISMS

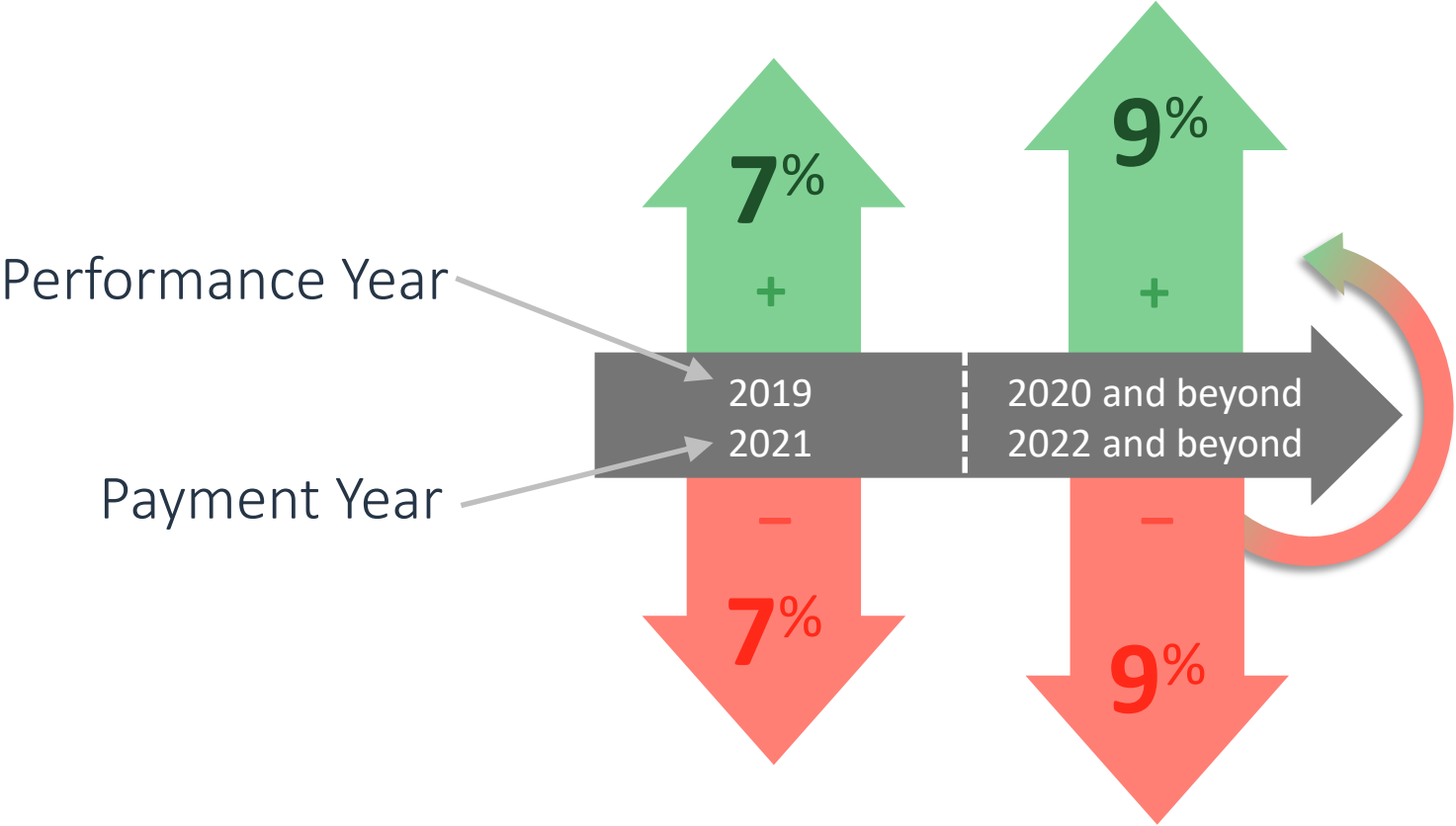
	Claims Based	Qualified Registry	Qualified Clinical Data Registry (QCDR)
Measures Utilized	Only measures approved by the National Quality Forum (NQF).	NQF measures, or measures already utilized in an approved QCDR.	May utilize NQF measures, or nominate new measures not already included in the NQF.
Score Value	Low	Varies	High
Group Limits	15 or fewer providers	None	None
Clinical Utility	Low	Varies	High
Submission Method	Special procedure codes on claims forms	Registry organization	QCDR organization
Primary Measure Type	Process	Process Patient experience Outcomes	Process Patient experience Outcomes
Monitor Participation	Difficult – claims data	Reported by Registry	Reported by Registry
Measure Complexity	High	Varies	Varies
Acceptable Exclusions	Very specific and complex	Broad, includes clinical judgment	Broad, includes clinical judgment

IS MIPS GOING AWAY?

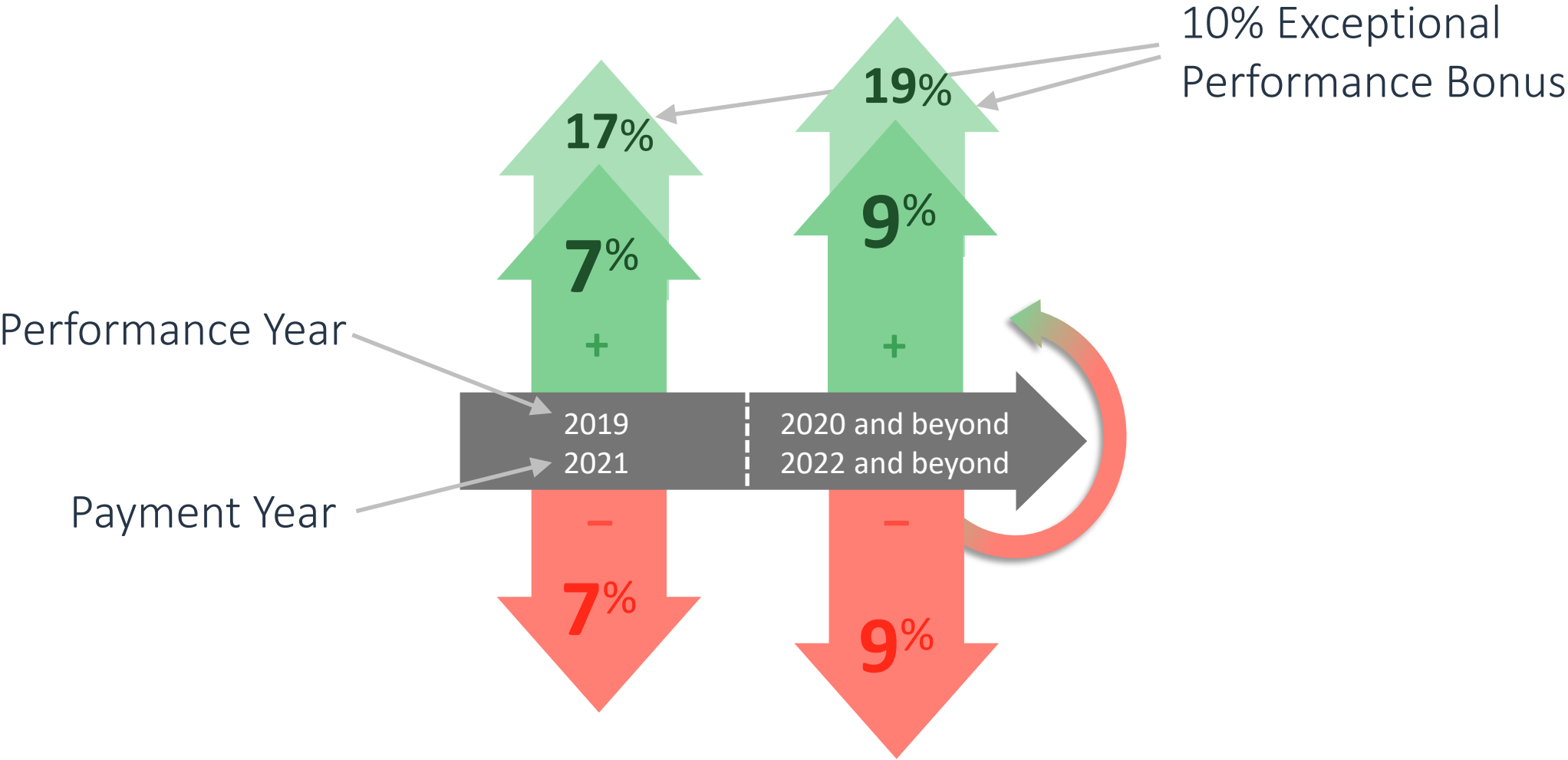


LOSERS PAY WINNERS

There is no increase in the Medicare Physician Fee Schedule



EXCEPTIONAL PERFORMANCE BONUS



QUALITY MEASURES

- Use High Value Measures
- Use Measures with High Utility
- Automate Data Collection and Submission
- Streamline Processes
- Monitor Feedback on Data Completion
- Don't "Top Out"

STEPHEN'S PREDICTIONS



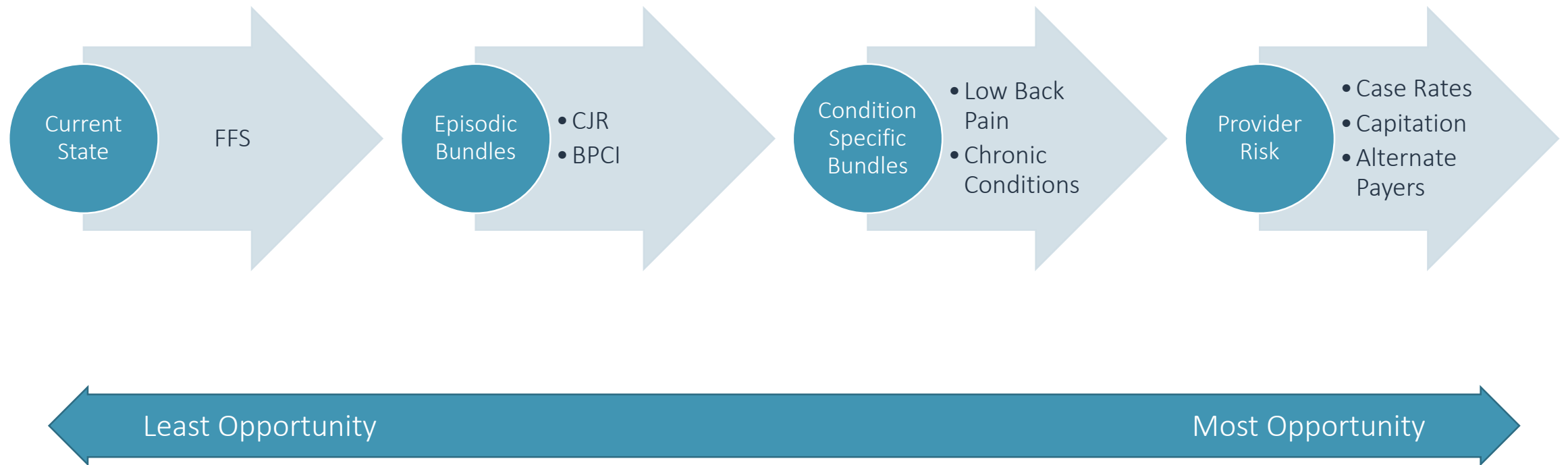
PAY FOR PERFORMANCE WITH COMMERCIAL PAYERS



“...LBP Target Level Goal achievement will be determined based on Provider clinic performance. Each Provider clinic must achieve a 50th percentile rank, or greater, for achieving a reduced proportion of Members that “fail to progress” when compared to the percentile ranking of all other Provider clinics. **The 50th percentile Goal is 32.4% failure to improve.** If a Provider clinic achieves or exceeds a lower percentile threshold, each eligible Therapist associated or grouped with the Provider clinic will be deemed to have met the LBP Target Level Goal”

JERRY'S PREDICTIONS

JERRY'S PREDICTIONS

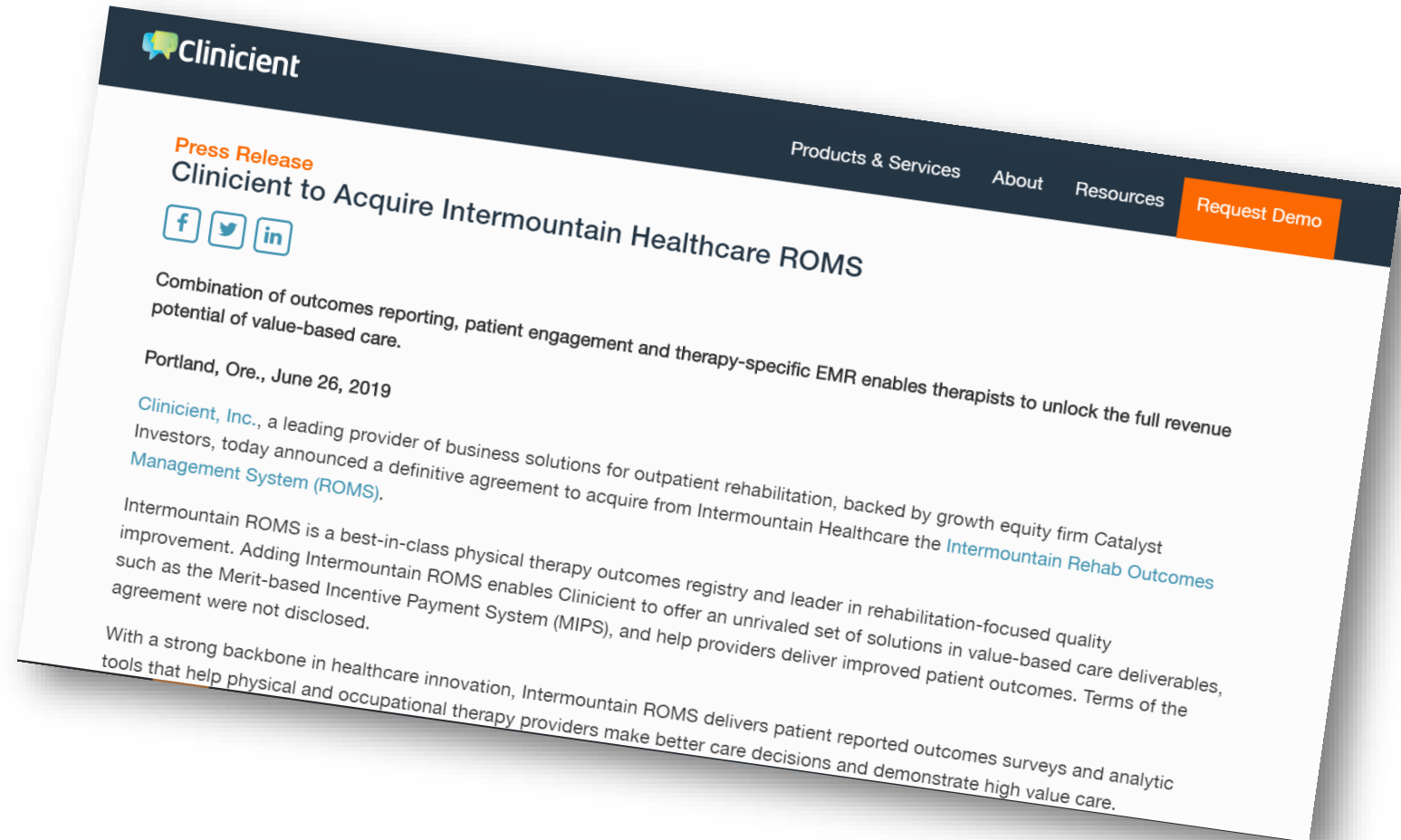


NEXT STEPS

CLINICIENT ACQUIRES INTERMOUNTAIN ROMS



Adding Intermountain ROMS enables Clinicient to offer an unrivaled set of solutions in value-based care deliverables, such as the Merit-based Incentive Payment System (MIPS), and help providers deliver improved patient outcomes.



MORE THAN JUST A GOOD MIPS SCORE

Keet Health is the key to success in MIPS.

Keet allows you to collect data in a way that is **easy** for your patients, **efficient** for your clinic, **meaningful** to your clinical staff, and **actionable** for your management team.



POLL QUESTION

- Want to learn more about how to easily collect patient reported and prepare for value-based contracts?

Q & A

THANK YOU



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