



Contributor:

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The LeadingAge Center for Aging Services Technologies (CAST) is focused on accelerating the development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 6,000 not-for-profit organizations dedicated to expanding the world of possibilities for aging.

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Simplifying the Quest for Quality Leads to Dramatic Impacts on Quality Measures

Categories

Quality of Care

Functional/Health Outcomes

Staff Efficiencies

Quality of Life/Satisfaction with Care

Hospitalization and Hospital Readmissions

Maximizing Revenues

Organization Name

CommuniCare Health Services

Organization Type

Skilled Nursing Facilities, Assisted Living, Skilled and Independent Rehab Facilities

Organization Description

CommuniCare Health Services, a family-owned company headquartered in Blue Ash, Ohio, is one of the nation's largest providers of post-acute care. Established in 1984, the CommuniCare family of companies has grown to include skilled nursing centers, assisted living communities, skilled and independent rehabilitation centers. With locations throughout Ohio, Pennsylvania, Missouri and Maryland, the mission of every employee is to "reach out with our hearts and touch the lives of others." Always searching for ways to provide improved quality care and accurate reimbursement, Chief Operating Officer (COO) Dick Odenthal and his team were on the lookout for the best software tools and approaches to improve care and maximize their goals.

Project Description

In 2012, CommuniCare was monitoring its quality metrics with software that was complex and cumbersome to navigate. It was difficult for staff to identify potential problems. While walking the aisles at a quality symposium exhibit hall, Odenthal came across a booth that caught his attention. On display were ABILITY | CAREWATCH® and ABILITY | UBWATCH® for MDS management. “I asked what made CAREWATCH different and the representative showed me,” said Odenthal.

ABILITY | CAREWATCH helps an organization gain visibility into what is not and should be happening in its facilities, thus enabling better care planning, coordination, and delivery. This insight and the ensuing quality improvement help improve a company’s negotiation position to acquire more ACO/MCO contracts by demonstrating the data-driven quality facility-wide.

This application not only identifies services not being delivered, but it also helps to uncover revenue that might be left on the table.

Odenthal was also interested in ABILITY | UBWATCH, a software application that produces cleaner and more accurate claims, reducing errors in claims, thereby speeding up reimbursement, and minimizing the risk of accusations of fraudulent claims. “I was impressed by these two particular products and scheduled an on-site demonstration for my clinical staff. After witnessing the data collection, analytics and ease of use, everyone was enthusiastic and wanted to use it.”

System Type

SaaS-based data analytics to improve care planning and coordination.

Business Model

CommuniCare offers long-term care, short-stay rehab, assisted living, hospice, long-term and post-acute care (LTPAC), facilities for the mentally retarded and/or developmentally disabled (MRDD), psychiatric hospitals, specialized skilled care including wound care, ventilator care, and more.

Implementation Approach

Within one year of implementing ABILITY | CAREWATCH, CommuniCare experienced dramatic changes in its quality improvement (QI) results. “The graphical

displays on CAREWATCH made it much easier for staff to recognize problem areas and catch issues with MDS documentation early on, rather than trying to scour the numbers to find them,” said Odenthal.

ABILITY | CAREWATCH drives quality initiatives. “We decided we weren’t going to wait for the 2014 deadline to address Quality Assurance and Performance Improvement (QAPI). We began much earlier developing our program and processes—and started using them. We did a lot of QI training and CAREWATCH gave us a reliable source of data and analytics. Our processes were set up to ensure that the MDS was accurate so the data we gathered was accurate,” explained Odenthal.

By employing root-cause analysis, clinical staff can identify areas of concern and develop improvement plans. Every single building at CommuniCare had to do a QAPI presentation to the corporate management team. ABILITY | CAREWATCH enabled the corporate teams to review and analyze performance at each of their buildings remotely. If a problem is uncovered or a solution isn’t working, it can be addressed and resolved quickly using the data to perform root-cause analysis.

Advantages to the Approach

“One of the great things about this approach is that CAREWATCH can provide custom reports. Staff can drill down from the graph to the individual patient,” said Odenthal. This allows quality improvement to be conducted at the individual patient level, and not just at the building or facility level.

Outcomes

Among the quality improvements experienced during that first year in 2012, CommuniCare realized a reduction in long-term pain (40%), high-risk pressure ulcers (25%), physical restraints (25%), antipsychotics (25%), urinary tract infection (UTIs) (300%), weight loss (25%) and use of catheters (50%).

Since adopting ABILITY | CAREWATCH, CommuniCare has achieved two deficiency-free CMS Special Focus MDS Surveys. CommuniCare has gone from one facility having 5-star QM status to 36 out of 40 buildings achieving this top quality rating — all within one year of implementing the ABILITY | CAREWATCH application.

“Now we can have frank discussions with our facility teams as a result of the powerful graphical display of information acquired over time. Performance has markedly improved.”

Achieving such dramatic quality outcomes has earned CommuniCare centers a seat at the table in markets where narrowing networks have begun to take hold. Says Odenthal, “In markets with managed care, Accountable Care Organizations (ACOs), and other pay-for-performance care models, our centers have a competitive advantage. Outperforming our competitors on quality measures gets our centers into the networks. Other key factors, like affordability and efficiency, keep them there. CAREWATCH is a critical tool we rely on to keep us in the game.”

While ABILITY | CAREWATCH drives quality, ABILITY | UBWATCH protects CommuniCare’s revenue stream and ensures accurate and compliant billing. “Our buildings that use it the most tend to get Medicare Part B bills paid more quickly,” said Odenthal. Because ABILITY | UBWATCH points out potential errors, accurate claims are submitted, risk is minimized, and reimbursements are quicker. “Thus far, we’ve only faced one Medicare review,” Odenthal shared, “and we were paid on all 35 claims.” CommuniCare recently incorporated ABILITY | UBWATCH into its Triple Check process. “The data is not available yet, but I expect we’ll see a reduction in Additional Development Requests (ADRs), which can significantly delay payment, by the end of our next fiscal.”

Meanwhile, CommuniCare continues to see a steady and sustained improvement in the quality of care it provides its residents/patients.

Challenges and Pitfalls to Avoid

Early on, time was wasted crafting new systems to address what were actually random variations. So CommuniCare began training staff to read and interpret data, then crafted effective plans of actions.

Lessons Learned

CommuniCare leadership learned that interpreting data and variation is an acquired skill that must usually be taught. For example, wound occurrences can be caused by multiple factors (issues related to repositioning, toileting, and bathing, for example). “Instead of throwing a whole new system at a problem,” observed Odenthal, “we taught our team to do a root-cause analysis first, and then craft an appropriate intervention.”

Advice to Share with Others

Have a firm understanding of what each metric means. “It’s not unusual for directors of nursing, executive directors, and others to misunderstand what the data is telling them,” said Odenthal. “Senior leadership needs to do a better job putting the data into context for team members and leaders.”