

Innovative Leadership in The Age of AI

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Learning objectives

1. Describe functional leadership theory and its application across care at home
2. Discuss application of functional leadership theory to evolving use of AI within care at home
3. Discuss current and evolving artificial intelligence integration into home health, personal care, and hospice practice



Meeting these lofty objectives

Describe functional leadership theory and its application across care at home

What is the impact of a consistent leadership approach within continuously changing environment? Why is it useful?

Discuss application of functional leadership theory to evolving use of AI within care at home

What are some examples of AI saving time for teams working to enhance quality performance?

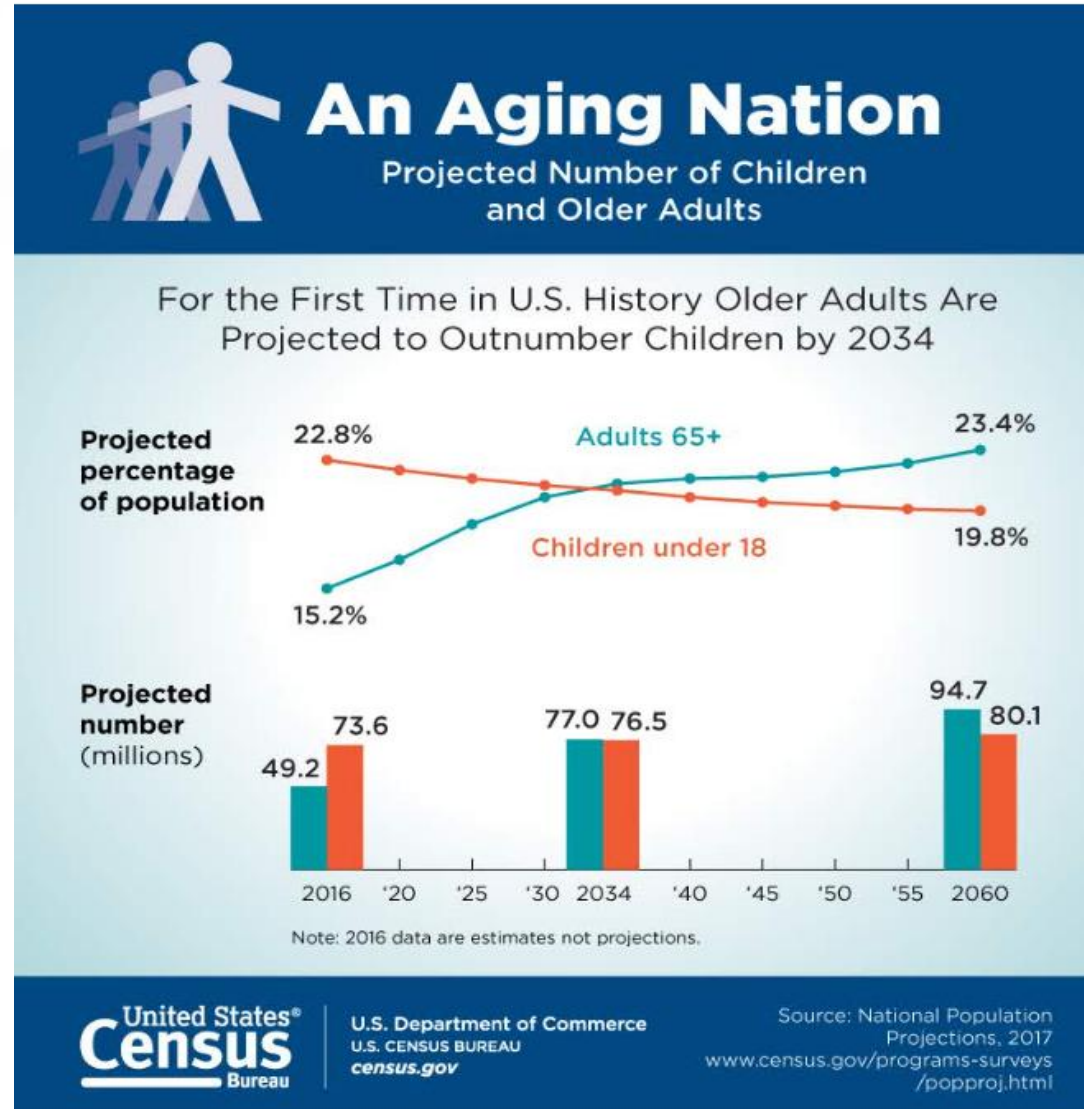
Discuss current and evolving artificial intelligence integration into home health, personal care, and hospice practice

Why should we shift what we watch? What might we expect? Early learning....



**Innovation – paving
our future road**

The gap between supply and demand compels innovation



Learn from the past to effectively plan for an expansive future

Home Health workforce challenge - fueled by:

Demography

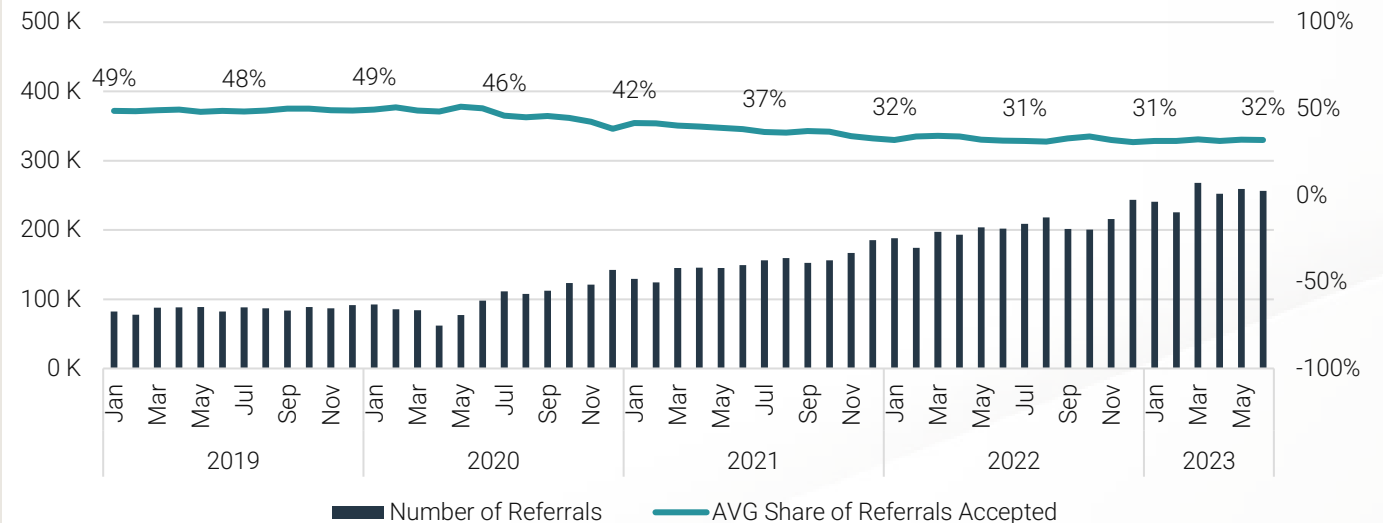
Rational desire for low cost, effective care at home

Legacy Medicare payment & aligned practice patterns, ritualized prior to integration of advances in technology

Care plans supporting some visits which are not necessary, inhibiting capacity for where more visits may be needed

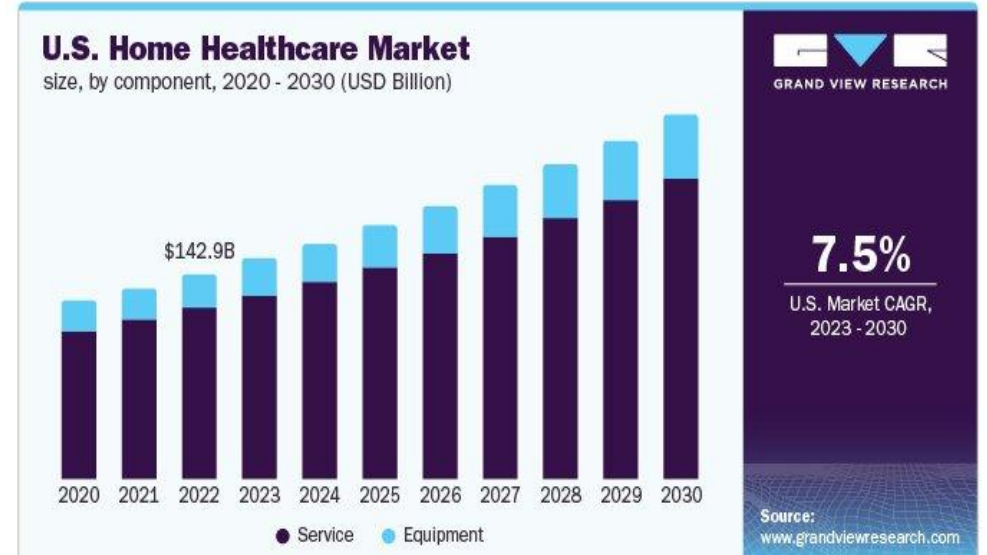
The speed of innovation now enables better rationalization and delegation of care – how are YOUR TEAMS shifting gears?

Home Health Agencies: Monthly Referrals & AVG Acceptance Rate, 2019-2023



The continuum of need in the U.S., changing expectations and compelling innovation

- Shine a bright light on growth projections for the home health industry – are you ready?
- The U.S. healthcare market is projected to experience a compound annual growth rate (CAGR) of ~7.48 to 7.96% between 2023 and 2030, driven by an aging population and increasing demand for in home care
- Envision how you have achieved year on year growth in the past: what it entailed, what it cost and how you overcame aligned challenges...
- Consider the impact on teammates when you have had to work through change
- How many times may you have thought to yourself...
"...if ONLY we didn't have to do x, y, or z...."



<https://www.grandviewresearch.com/industry-analysis/us-home-healthcare-market-report>



Areas of innovation affecting healthcare at home

1. Workforce analytics

- Breaking down key performance areas – focusing leadership attention
- Increasing leadership's ability to engage, retain and build volume
- Gamification in personal care – moving top and bottom line growth

2. Advanced Digital Care Coordination

- Integrated electronic health records (EHR) streamline communication
- Allows seamless information sharing between providers
- Enhances patient care continuity and reduces medical errors

3. Personalized Care Management Technologies

- AI-powered predictive analytics identify high-risk patients
- Customized caregiver matching reducing churn of personnel
- Care plans based on individual health data
- Improves patient outcomes and reduces unnecessary interventions

<https://www.perplexity.ai/>



Innovation moving fast with Artificial Intelligence

1. Artificial Intelligence and Predictive Healthcare

- Ambient listening/GenAI – changing the documentation environment
- Machine learning algorithms for early disease detection
- Personalized treatment recommendations
- Proactive health management strategies

2. Internet of Medical Things (IoMT)

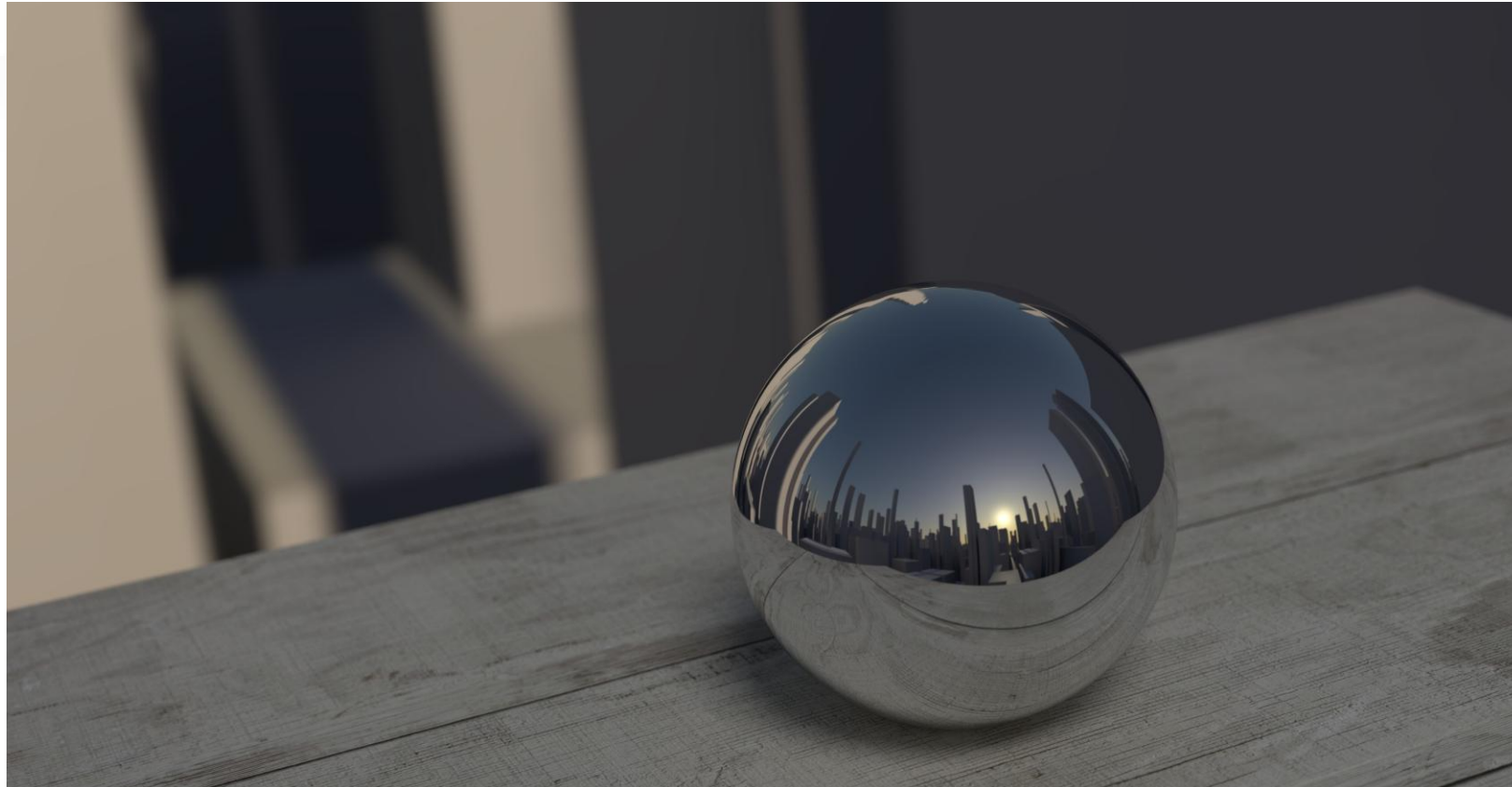
- Wearable devices with advanced health monitoring for the patient
- Wearable devices for the clinicians in the field (e.g. Google glasses tied to your EMR)
- Real-time data collection and analysis
- Continuous health tracking and emergency alerts

3. Robotic and Assistive Technologies – watch this evolve

- Smart home devices supporting independent living
- Robotic assistance for mobility and daily tasks
- Enhanced safety and independence for elderly patients

Example - bright shiny object

GenAI - ambient listening and complex dataset capture



Ambient Listening – MAJOR Change in How We Work



Automated pre-visit calls to confirm patient's availability



Learn the patient's history in the morning or on the go



Let Scribe do the work so the clinician can focus on the patient



Talk through any additional patient issues while in patient's driveway



Review the pre-populated OASIS and submit!



The promise of GenAI

The promise of Generative AI shines bright when it comes to datasets! We know why!

- "Our staff HATE to document"
- "The top reason they leave us - they cannot stand the paperwork"
- "Pajama time should be pajama time – not work"
- "QAPI teams are the nit-picky 'correctors' - staff hate to see them coming...."
- "I lost three new clinicians last year because they just couldn't handle the admission paperwork"

Now keep your eyes wide open to the potential of an unanticipated consequence of genAI and OASIS capture....as an example:

- Some clinicians **may not** have been taking "The OASIS-walk", and now find the prompts of genAI moving them out of past ritual
- Never assume competent process, onto which you now layer innovative technology – lead purposefully to competence

If you want something
different
do something different

The leader's challenge and innovative opportunity

Leverage foundational leadership theory:

- Clear expectations of performance
- *Provide tools/stack skills to meet the expectations*
- Have methodology to review adherence to desired process/behaviors/tool-use
- Hold folks accountable

Embrace the reality of change when evaluating and implementing the innovative tools you want/need/have available, to get the job done

Build your team's ability to learn from and refine their actions as they gain data-fueled insight into cause and effect



Remember change theory...

- Anticipate initial bit of excitement
- Then hold on and lead through the normal push back, loss and resistance to change
- Celebrate cultural/process/outcome gains as the desired impact of the change occurs
- Active, data-infused feedback loops, help move an organization through change – accelerating stability within a culture more open to innovation



Leaders sell ideas



Build a culture which embraces innovation

Acknowledge where you are now:

- Share current status and aligned performance metrics with team/key stakeholders
- Provide measured context for the needed/desired innovation – what is happening? What is the innovation?

Collaborate – define where you want to go:

- What is the goal of the innovation? What do we hope it will help us achieve?
- What is the top change we can begin trying linked to this innovation?
- When can we stop/start doing x,y,z...(tied to the innovation)?
- What are the challenges/barriers we may anticipate when implementing this innovation?



Lead through innovative change

- **Define the steps you need to take to move forward:**

- How will impact be measured?
- How will data/feedback be provided key stakeholders?
- How will key stakeholder inputs continue to lend forward movement to building an innovative culture of excellence

- **Take the first step:**

- Check foundational competence in underlying process

Acknowledging where we are now... Home health leaders-does this sound familiar?

"We will still have to check the OASIS discharge... we know folks don't always get the SOC right and they may not show the improvement we gained"

- Ambient listening and prepopulating the OASIS dataset based on the articulation of my assessment findings assumes some level of clinician command of an assessment process
- Anticipate a call and response kind of scenario as potential assessment behavioral prompts cascade
- Don't be surprised by what you already know....we have often missed core competence elements which would benefit us even without the remarkable gains of innovation
- Embrace innovation's lessons with eyes wide open to its impact for patients, providers, payers and regulators

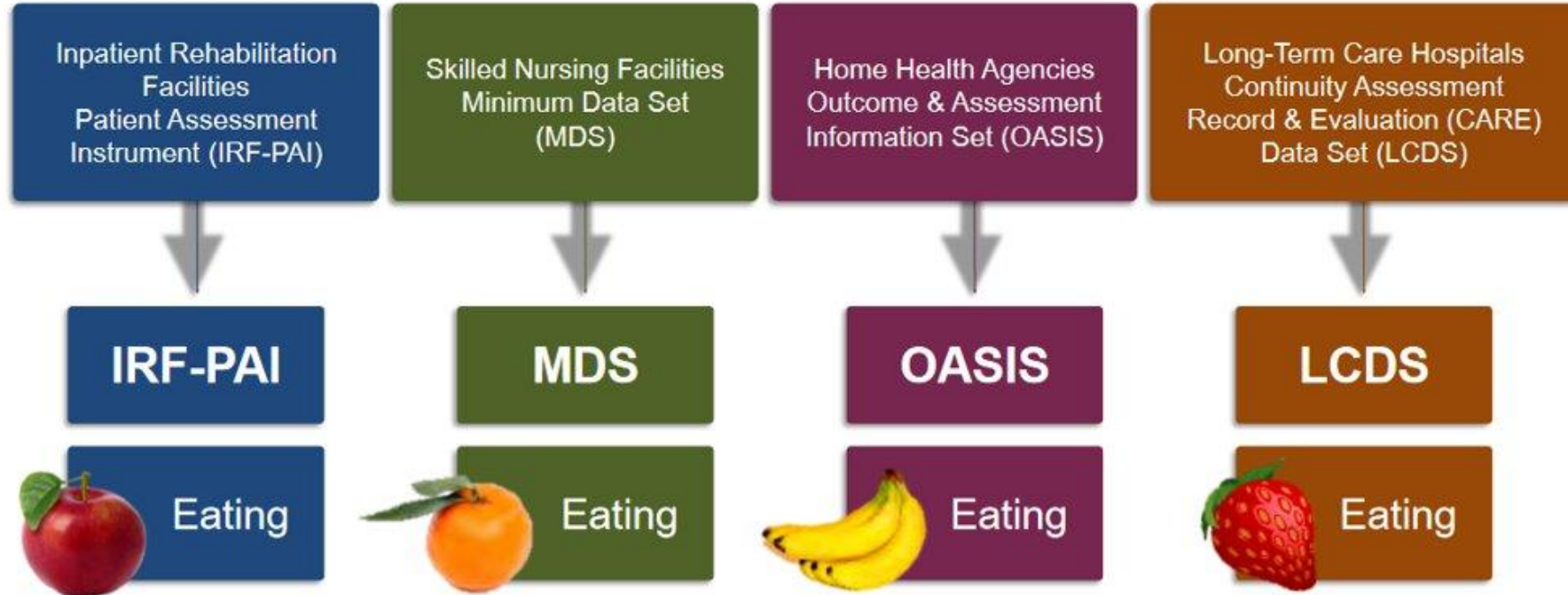
Innovation & critical data capture - telling the story of our industry - impacting future decisions

- The U.S. is facing an expanding demographic of need – undeniable demography
- Government agencies and payers are leveraging data to better understand how to best meet population healthcare needs at the lowest cost
- We are telling a story with our data of who we are as industry,:
 - How sick are the people we serve?
 - What do we do to try to help them?
 - What are the outcomes of our care?
- Patterns of our data are emerging – painting the picture of our impact and our industry's adoption of innovation

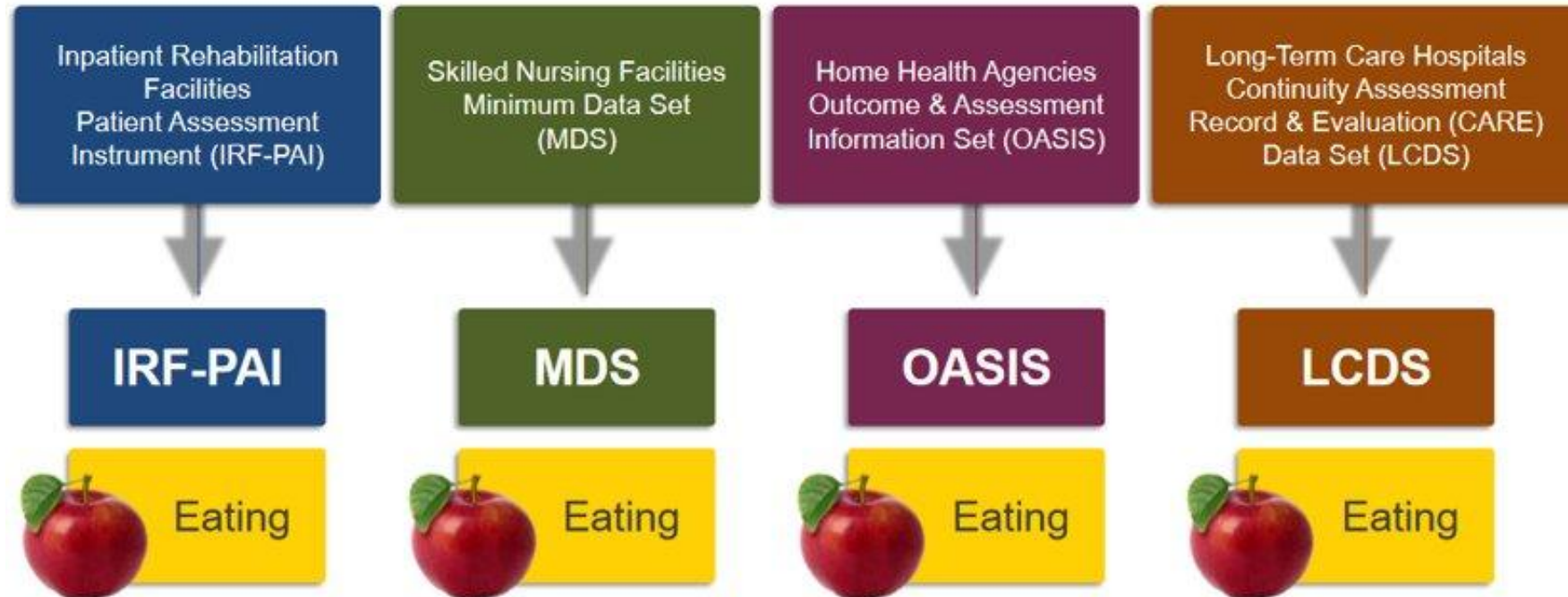
Show your team the value of their innovative work at aggregate level – IMPACT!

Standardized Function at the Item Level – telling a story of industry

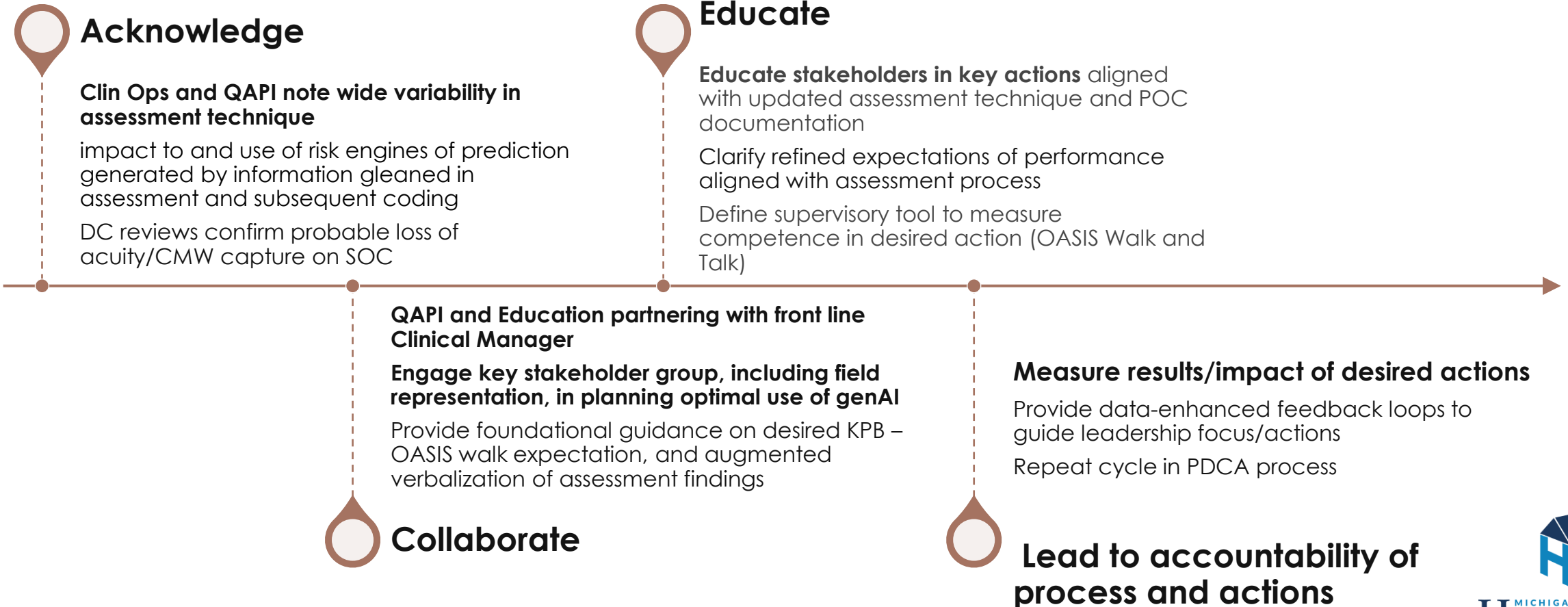
Data acceleration helps to paint the picture of aging services



Standardized Function at the Item Level – allowing comparison



Innovation leans on leadership, helping us leverage its gift:





GenAI will shine light on previously
unsolved challenges

AI can also help us see into how
we developed continuous loops
of review and correct...

Innovative genAI OASIS capture – prompting refresh on foundational assessment competence



Train, Measure Competency, Iterate – **for any dataset** – here using OASIS as example

- ✓ Clarify expectations from the start
- ✓ Position ownership and competence as advocacy for the patient
- ✓ Organize the team around a consistent framework for accurate data collection (OASIS Walk)
- ✓ Bring Clarity and Simplicity when able (OASIS items- guidance)
- ✓ Use objective competency tools– remove emotions through removing subjectivity
- ✓ Iterate on targeted needs of individuals and of the organization
- ✓ Work to minimize the QA>clinician feedback loops that cause frustration
- ✓ **Revisit the consistent framework to include available technologies**



Many innovative tools rest on foundational competence

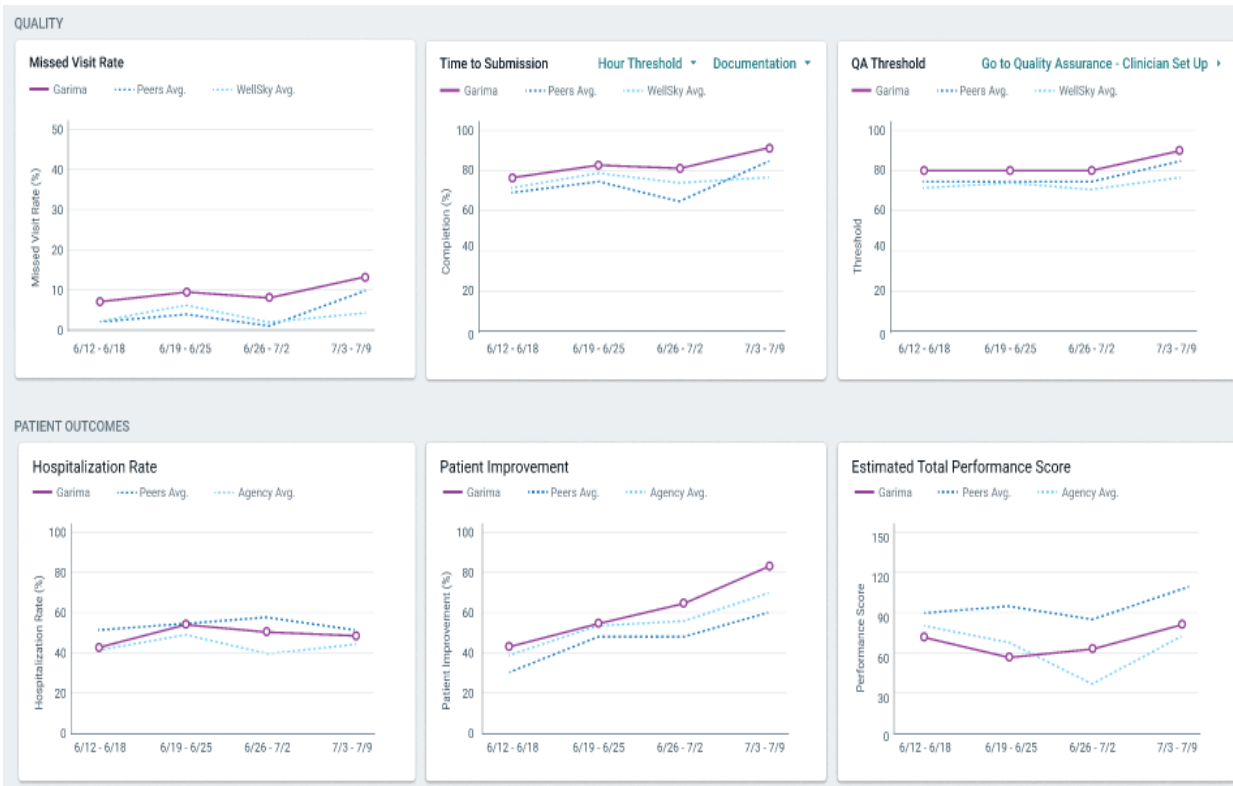
The (OASIS/ HOPE/ Client) assessment process has varied widely between practitioners

- Impacting variances (not limited to!):
 - Initial training with limited adult learning principles
 - Schedule/time pressure
 - Software platform(s) elements
 - Habit:
 - e.g. OASIS Functional assessment vs. interview for functional status
 - Time point: e.g. Recert OASIS too often falling prey to **ritual (e.g. recert LUPA foley catheter)**
 - Documentation capture timing – too often relegated to ‘later’
- Clinician confidence and competence have too often been eroded by constant critiques and current feedback loops
- Disruptive and sustaining innovation allows leaders a refreshed way to tackle consistent challenges – we can leverage a view of clinicians' work

Refine your insight: leverage innovation to see into cause and effect

Address what is underneath the patterns of our team's work, while recognizing improvements in quality.

e.g. did we keep turning to this team-member to take that extra admit because she always said yes?



- Adopt data-aligned, supportive, healthy functional leadership approach:
- Provide teams the tools/skills to meet the expectations
- Measure (data round) regularly, providing feedback/work-specific support
- Fuel data aligned controls/reward/incentives/recognition
- Create accountability – generating more engaged, competent and confident team



Innovation: learning how we learn

Understand the Forgetting Curve and Learning Theory

- Micro-trainings; repetition of actions; association and consistency in feedback yield a higher level of competence, confidence and engagement

Front-end preparation must be SOLID, in order to build confidence

Competence is deepened through repeated reinforcement of applied learning

Ongoing use of integrated performance data on iterative basis helps achieve best practice, risk-management

Targeted Iterations and feedback loops

One time training at orientation “data dump” won’t cut it

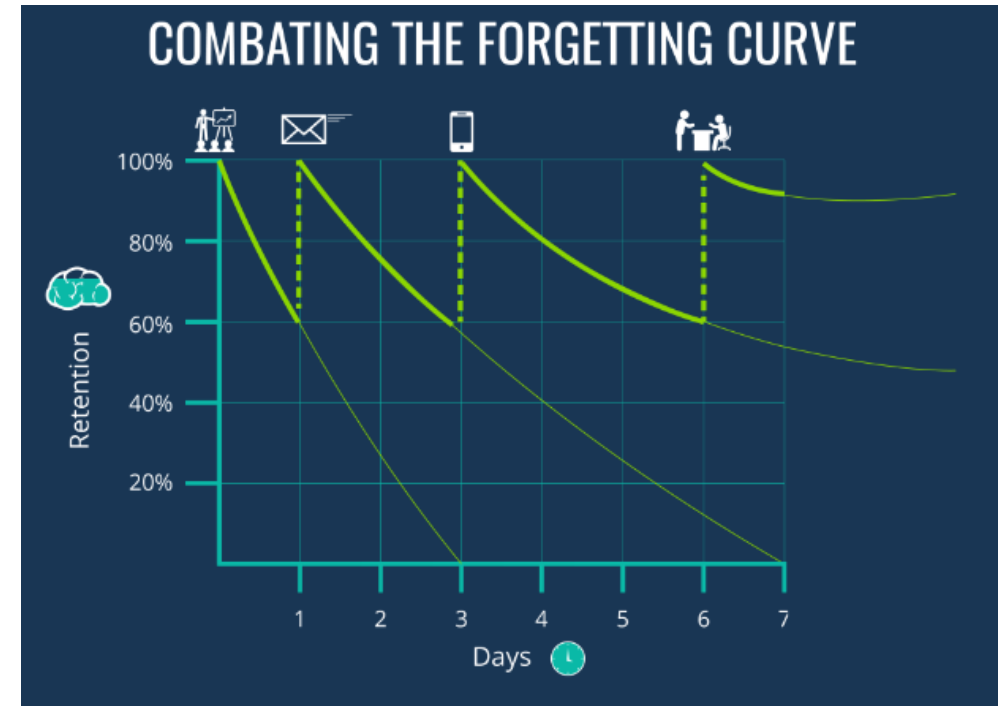
- Reinforce training targeted to the individual
- Utilize varied training methodologies

Use micro-learning with spaced intervals

Emphasize learning where and how the work is done

Encourage peer collaboration on case studies

Individual and agency-wide trainings should mirror quality initiatives



Watch for rapidly evolving tools in EMR innovation works to meet expanding need



(GG0130) Self Care GG responses guide

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding:
Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.
Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by themselves with no assistance from a helper...

05. **Setup or clean-up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:
07. **Patient refused**
09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
88. **Not attempted due to medical conditions or safety concerns**
- **Not Assessed/No Information**



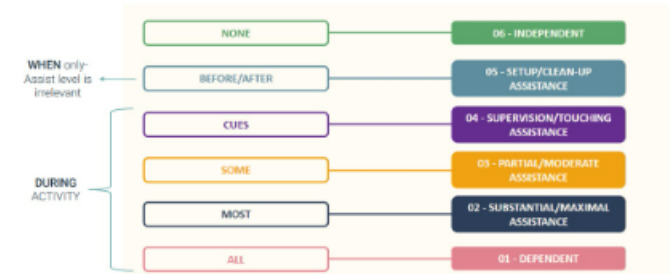
GG Responses Guide

This guide is intended to provide a simplified decision guide for GG0130 and GG0170 responses.

INTENT - identify the patient's ability to perform the self-care and mobility activities, and the discharge goals as established.

GG - Simplify the Decision Tree for staff

For **SAFE** completion of **ENTIRE activity** how much does the helper need to assist?



Accelerate performance - Focus QAPI/Ed

Remove Subjectivity: Build Performance-based Competency

Build links between didactic/video-based learning and the reality of patient assessments

Remove emotion from OASIS and HOPE quality and performance discussions

Align preceptors/trainers on a standard for competency

Identify gaps in understanding both individually at the clinician and preceptor's levels and agency-wide

Keeps the patient at the center of assessment training

Embrace a culture of continuous learning and upkeep within a rapidly changing industry

OASIS items addressed on the tool are included as a reference

WellSky

Assessment of Patient Performance OASIS WALK®

The universal purpose of home care is to promote the patient's optimal level of well-being and function. The OASIS WALK® is designed to objectively evaluate the patient's ability to safely interact with his/her environment given his/her physical and mental health status on the day of assessment.

The information collected at the beginning of a quality episode (SOC/ROC) and at recertification provides the basis for care planning and the development of interventions to stabilize or improve the patient's health status including functional ability to stay safely in their home and reduce his/her risk for emergent care and hospitalization.

Sample Flow	OASIS Items (In order of suggested walk)	Patient Demonstration	Instructions	Ability Demonstrated & Comments
Assessment instructions for each area evaluated	M2020/M2030 - Management of Oral and Injectable Medications	For oral medications, ask the patient to retrieve medications from the storage area, demonstrate how to open the bottle, pour the medication and explain when and how they remember to take their medication and/or... ... for medications that will be injected, have them demonstrate how to draw up the medication, select site, explain how and when to take the medication and dispose of needles.	Observe balance, strength, ability to come to a standing position and ambulate as patient retrieves medications. Note such things as vision to read labels, cognition for remembering to take them and manual strength/dexterity to open containers, pour medicines, reach mouth and/or manipulate injection supplies and reach site of injection. Determine how much assistance (in person, cueing or physical contact) is required to set up or remember to take any or all medication doses safely. If ability varies among the medications, select a response for the medication requiring the most assistance.	Optional area for feedback documentation

1/29/2024

Innovate to serve QAPI and Education planning

Leverage data insights to focus team learning

AGENCY										
Value-Based Purchasing Quality Measure	Agency Performance (Improvement Threshold 2023)	All Agency Median (Achievement Threshold 2023)	All Agency Mean of the Top Decile (Benchmark 2023)	Current Value	Achievement Score (Compared to All Agencies, 0-10)	Improvement Score (Compared to Self, 0-9)	Performance Score (Unweighted, 0-10)	Performance Score National Percentile	Weight	Weighted Care Points
OASIS-based Measures										
Improvement in Ability to Dress Upper Body (Risk-adjusted)	86.5%	89.0%	98.6%	100.0%	10.000	9.000	10.000	0th	1.8%	1.750
Improvement in Ability to Dress Lower Body (Risk-adjusted)	84.4%	87.4%	98.2%	100.0%	10.000	9.000	10.000	0th	1.8%	1.750
Improvement in Bathing (Risk-adjusted)	89.2%	89.6%	99.3%	100.0%	10.000	9.000	10.000	0th	3.5%	3.500
Improvement in Oral Medications (Risk-adjusted)	85.2%	85.2%	98.7%	100.0%	10.000	9.000	10.000	89th	11.0%	11.000
Improvement in Dyspnea (Risk-adjusted)	86.6%	89.7%	99.4%	99.3%	9.915	8.942	9.915	78th	7.0%	6.941
Discharge Function Score (Risk-adjusted)	60.7%	62.4%	83.2%	80.0%	8.474	7.730	8.474	81st	15.0%	12.711
Sum of OASIS-based Measures	-	-	-	-	-	-	58.389	-	40.0%	37.652
Claims-based Measures										
Discharged to Community - PAC (Claims-based)	86.6%	85.2%	95.1%	74.5%	0.000	0.000	0.000	0th	20.0%	0.000
Home Health Within-Stay Potentially Hospitalization (PPH) (Claims-based)	8.0%	10.0%	6.3%	3.1%	10.000	9.000	10.000	85th	20.0%	20.000
Sum of Claims-based Measures	-	-	-	-	-	-	10.000	-	40.0%	20.000
HHCAHPS Survey-based Measures										
HHCAHPS Willingness to Recommend	64.3%	80.2%	91.4%	73.0%	0.000	2.900	2.900	60th	10.0%	2.900
HHCAHPS Overall Rating	79.0%	86.3%	94.7%	100.0%	10.000	9.000	10.000	87th	10.0%	10.000
Sum of HHCAHPS Measures	-	-	-	-	-	-	12.900	-	20.0%	12.900

Example: Total Performance Score HHVBP QAPI Dashboard



Innovate to serve HOSPICE QAPI and Education

Leverage data insights to focus IDT learning

Measures	Results			Benchmarks				
	Current Value	Index Provider Points	Trend vs Target	Target	Index Point Threshold	Real-time National Average	Care Compare National Average	
Hospice and Palliative Comprehensive Assessment at Admission	Hospice and Palliative Comprehensive Assessment	91.0%	-		Not Set	-	92.3% (-1.3) ●	98.7% (-7.7) ●
	Hospice and Palliative Care Treatment Preferences	96.5%	-		94.4% (-0.9) ●	-	91.3% (+5.2)	98.5% (-2.0) ●
	Beliefs & Values Addressed (if desired by the patient)	98.3%	-		Not Set	-	96.6% (+1.7)	98.9% (-0.6) ●
	Hospice and Palliative Care Pain Screening	94.9%	-		Not Set	-	95.9% (-1.0) ●	93.9% (+1.0)
	Hospice and Palliative Care Pain Assessment	98.3%	-		Not Set	-	98.3% (0.0)	97.8% (+0.5)
	Hospice and Palliative Care Dyspnea Screening	98.3%	-		Not Set	-	98.8% (-0.5) ●	97.3% (+1.0)
	Hospice and Palliative Care Dyspnea Treatment	97.3%	-		Not Set	-	93.3% (+4.0)	96.5% (+0.8)
	Patient Treated with an Opioid Who Are Given a Bowel Regimen	97.6%	-		Not Set	-	94.6% (+3.0)	95.8% (+1.8)
Hospice Care Index	Hospice Care Index	8	-		Not Set	-	6.7 (+1.3)	N/A
	Continuous Home Care (CHC) or General Inpatient (GIP) Provided	1.2%	+1		Not Set	0.0%	0.9% (+0.03)	N/A
	Gaps in Skilled Nursing Visits	11.5%	0		Not Set	10.1% (+1.4) ●	5.9% (+5.6) ●	N/A
	Early Live Discharges (within 7 days hospice admission)	11.1%	+1		Not Set	14.3% (-3.2)	7.7% (+3.4)	N/A
	Late Live Discharges (after 180 days)	45.6%	+1		Not Set	55.3%(-9.7)	37.3% (+8.3)	N/A
	Burdensome Transitions (Type 1) – Live Discharges from Hospice Followed by Hospitalization and Subsequent Hospice Readmission	14.8%	+1		Not Set	16.4% (-1.6)	8.7% (+6.1)	N/A
	Burdensome Transitions (Type 2) – Live Discharges from Hospice Followed by Hospitalization with the Patient Dying in the Hospital	0.0%	+1		Not Set	4.8% (-4.8)	2.7% (-2.7)	N/A
	Per-beneficiary Medicare Spending	\$9,073	+1		Not Set	\$20,565 (-\$11,492)	\$12,959 (-\$3,886)	N/A
	Skilled Nursing Care Minutes per Routine Home Care (RHC) Day	8.4	+1		Not Set	8.2 (+0.2)	16.0 (-9.7)	N/A
	Skilled Nursing Minutes on Weekends	2.3%	0		Not Set	3.4% (-1.1) ●	9.4% (-3.6)	N/A
	Visits Near Death - (R)	97.4%	+1		Not Set	48.3% (+49.1)	94.5% (+2.9)	N/A
	HVLDL	Hospice Visits When Death Is Imminent	92.1%	-		Not Set	-	84.6% (+7.5)





**Integrate innovative
tools into a solid,
functional
leadership
approach**

The data and behavior relationship



Under the metrics you will track are individual, team and agency behaviors



Knowing how to 'move the metric' in your favor means understanding how to shift underlying behaviors toward best practice



Behaviors are often engrained and strengthened by ritual, now potentially challenged by innovative change

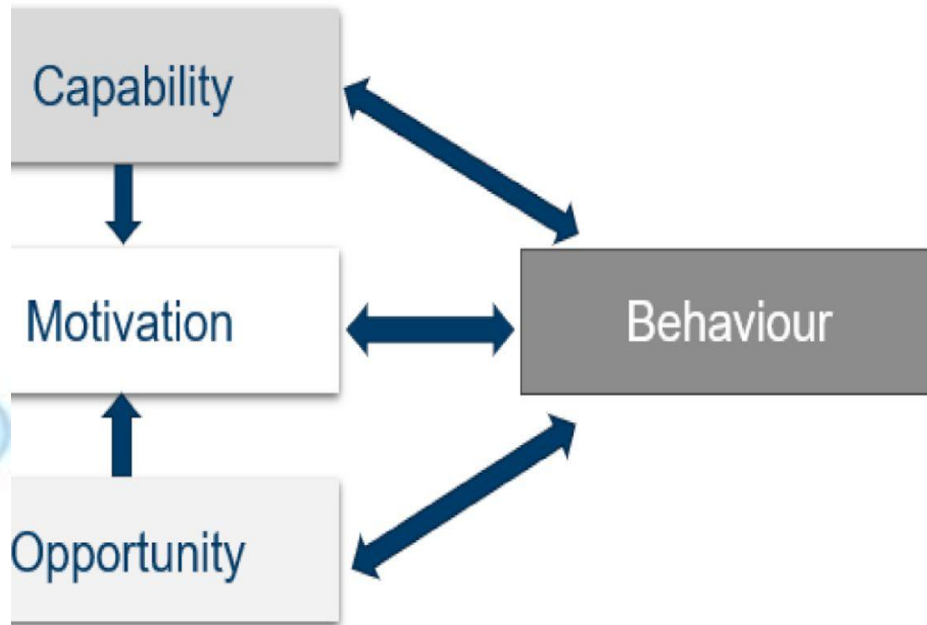


Some rituals (such as clinicians waiting to document at the end of the visit day) will erode your performance potential



Anticipate the need to lead through change to achieve top performance

Big impact: Engagement of the team



If teams and individuals are not engaged, they will not be very motivated to change their behavior

Lean into leadership of innovative **key performance behaviors** – building motivation!



As we innovate, the industry generates data which tells a story

Metric driven management within effective leadership technique:

- Master understanding of the relationship between key performance indicators (KPIs) and underlying key performance behaviors (KPBs)
- Leverage innovative approaches to specific aspects of the work within KPBs
- Lead to accountability within a culture which celebrates mission-aligned practice success



Leadership will differentiate your approach to innovation...and will matter a lot to your teams and performance

SupervisionPlus™ (WellSky Learning Center)- functional leadership training based on solid research

Focus: One million workers and eighty thousand managers in four hundred agencies.

•**Length of Study:** Twenty-five years.

•**One Goal:** What leads to retention of staff?

•**Finding:** While there are many reasons why an employee initially takes a job, how long an employee stays with the company and how productive he or she is while there is determined primarily “by his relationship with his immediate supervisor.”

Source: [Break All the Rules: What the World's Greatest Managers Do Differently.](#) Buckingham & Cuffman



Leadership approach is key when managing through an era of constant change

- Saying you can lead to accountability is one thing....doing it is another
- Standardizing your agency's supervisory approach to leading through change builds greater stability
- Adoption of foundational functional leadership theory provides consistency and fairness in approach to learning need
- Build confidence and competence and COMPETE, based on quality and heightened awareness of innovation amongst the ranks



The functional management model

Lead into your future!

- There is not one, but a number of supervisory approaches good managers can use when supervising and motivating employees.
- All employees are not the same. Different employees function at different levels of skill and motivation.
- Optimal supervision can be most effectively achieved by adjusting the supervisory approach to the functional level of each employee.



The Two Major Components of Employee Functioning

- An employee's level of functioning is determined by how well they are functioning on the job.
- There are two key factors to measure:
 - Ability: Does the employee have the skills and knowledge to consistently do the job in a timely and quality manner?
 - Motivation: Does the employee have the confidence and willingness to consistently do the job in a quality and timely manner?



Realities of the Functional Management Model

- Employees have a predominate functional level.
- An employee's functional level is in relationship to a specific job.
- Within a specific job, employees can lose their motivation, not their skills.
- Employees are not static; they tend to grow and evolve on the job.
- When an employee and supervisor disagree on the employee's functional level, the final decision is that of the supervisor.
- When in doubt, be conservative.

Consider the adoption of disruptive and sustaining innovation and look through the functional management model lens at your organization.

Engage concepts to both individuals and to teams when focusing leadership approach on adoption of new concepts...

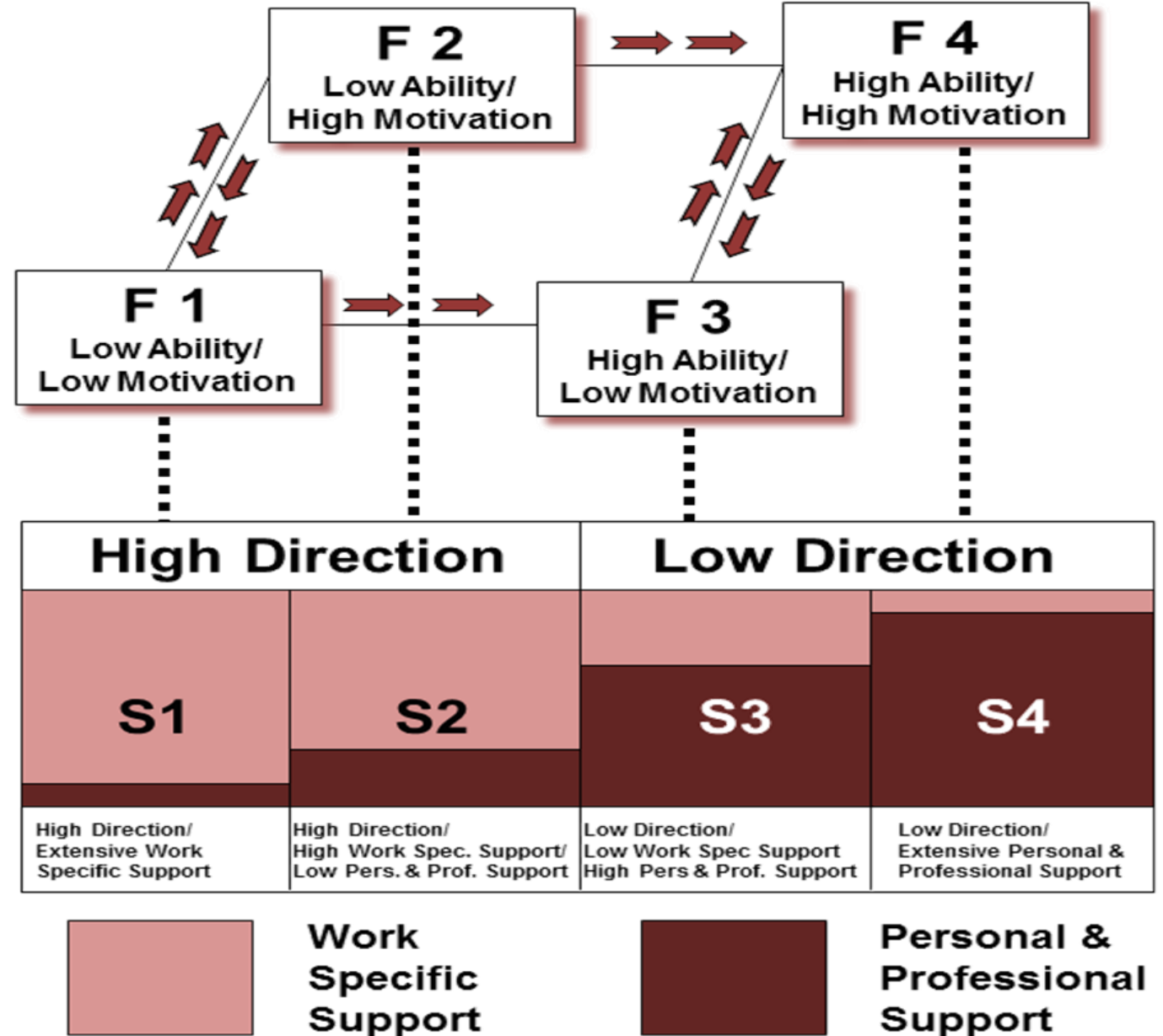
FUNCTIONAL MANAGEMENT MODEL

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Leadership!

Apply this view to your organization:

In relation to specific, anticipated use of desired innovation – what are the needs of your agency with respect to support and how can you best meet them?



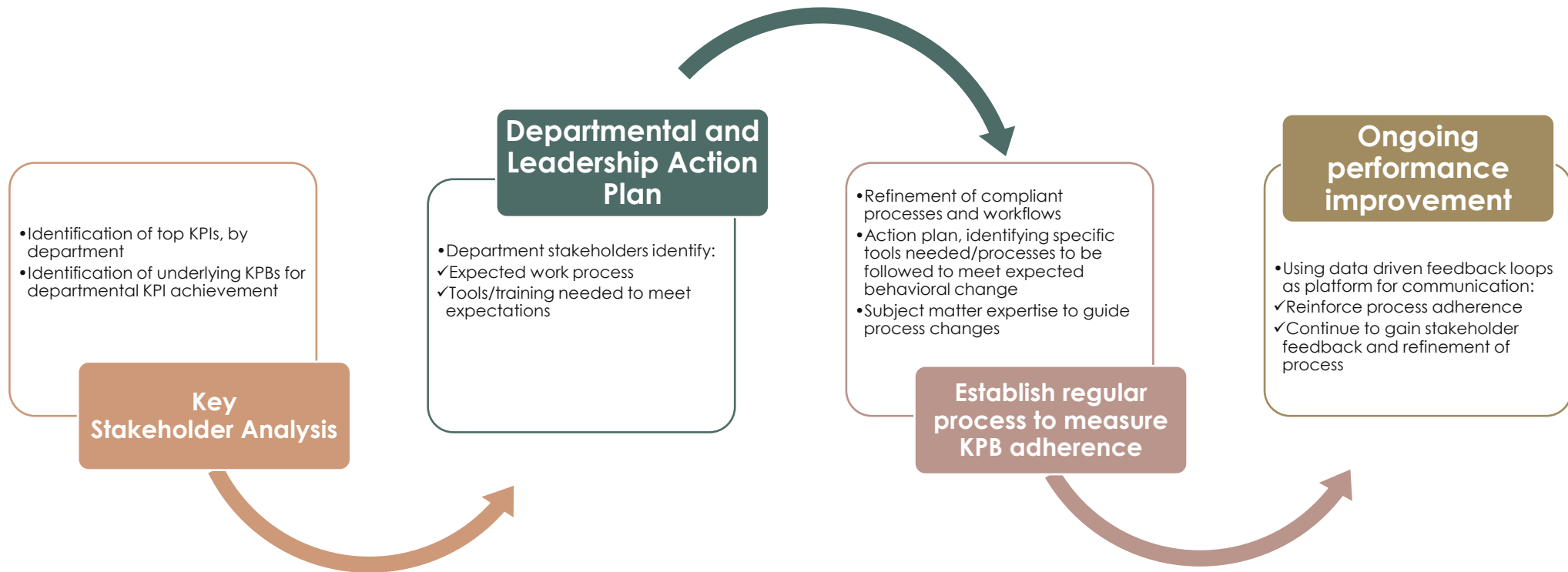
Functional Levels
Supervisory Approaches



Apply concepts of functional leadership models to an industry

- Our ability is in relationship to the industry work at hand
 - broadening our reach
 - extending our capacity
 - managing the risk associated with a continuum of need, while helping folks stay home
- Innovation within our industry is moving us through normal phases of functionality maturation
- Eyes wide open approach to innovation will seek and will create the ongoing high direction needed to move into our top performance ability
- By nature of the beast - innovation cycles us through associated learning

Follow the Path to Value: The KPI/KPB Journey aligned with adoption of innovative tech & aligned processes



Dynamic integration of innovative tools across care at home

The Innovative Assessment - Healthcare at Home

Engagement, ownership, competence, confidence
that keeps up with technology

1

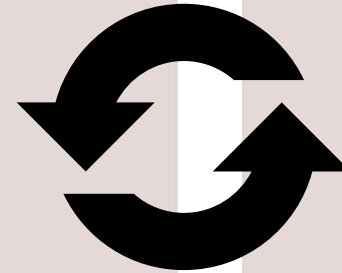
Assessment Technique-level set: what is happening today?

- Do you have a strong foundation?

2

Reveal gaps between how it was performed, and how we should pivot as technology advances

- How is best practice changing because of technology advances



3

Redefine and Align across teams

Train staff on AI for best outcomes

Foundational AI literacy

- Basic AI concepts
- Healthcare Applications
- Augment not replace
- Ethical and Legal considerations
- Policies and Procedures

Practical Application and Workflow Integration

- Hands on training with tools
- Workflow integration
- Interpretation and clinician responsibility
- Document standard operating procedures

Continuous Learning and Adaptation

- Ongoing training and updates
- Feedback mechanisms for tools and workflow
- Critical appraisal of the information provided

Medicare Certified Home Health

The home health visit is changing dramatically

A look at how AI is transforming the visit experience – for both clinician and patient



Industry evolution: Embedded AI to streamline care delivery

Medication Extraction

Document Viewer

Discharge 04/19/24 Face to Face 04/05/24

Medication Profile - Betty Addison

Medications indicated were extracted from the uploaded documents. You can edit or remove them before adding them to the patient record. Select a medication to see the evidence in the document.

Source	Name/Dose/Route	Start Date	End Date	Actions
04/19/24 (N)	Actos, 15mg tablet, Take tablet once by mouth once a day QM2	04/16/24	-	
02/22/24 (N)	Alprazolam, 25mg tablet, Take 1 tablet in morning and evening	02/03/24	-	
04/19/24 (N)	Aspirin, 81mg tablet, Delayed release, 1 tablet by mouth once a day	12/04/18	-	
04/05/24 (N)	Atorvastatin, 20 mg tablet	11/02/22	11/12/22	
04/19/24 (N)	Fourous Sulfate, 60mg tablet, Take tablet by mouth once a day	12/04/18	-	
04/19/24 (N)	Hydrocodone 325mg tablet, Take tablet every 4 hours as needed for pain	12/13/24	01/05/23	
04/19/24 (N)	Januvia, 50mg tablet, By mouth as directed	01/10/23	-	
04/05/24 (N)	Kerenida, 10mg tablet, 1 tablet by mouth once a day	01/03/23	-	
02/22/24 (N)	Lisinopril, 10mg tablet,	02/03/24	-	

Complete & Update Chart

Wellsky ACME Care Corporation Welcome, Allison Flores

SkySense

OASIS-E Start of Care: Betty Addison
Cognitive, Mood, and Behavior

Cognitive, Mood, and Behavior

Mental Status

Orientation: Oriented, Disoriented

Person: Oriented, Disoriented

Time: Oriented, Disoriented

Place: Oriented, Disoriented

Situation: Oriented, Disoriented

Memory: No problems, Forgetful, Misses objects

Mood: Appropriate (WNL), Inappropriate, Indifferent, Agitated, Depressed, Anxious, Hostile

Behavioral: Appropriate (WNL), Inappropriate, Impulsive, Evasive, Poor coping skills, Poor decision making

Neurological: No problems, Seizures, Aphasic, Tremors, Headaches

Psychosocial: Document any psychosocial factors related to the patient's relationships, living environment, impacts on the delivery of the services or ability to participate in their own care.

Summarized by Generative AI: The patient appears to have a strong support system from family members and caregivers, which positively influences their emotional well-being. They reside in a clean, safe, and comfortable home setting, which contributes to a sense of security and stability. There are no significant psychosocial factors impacting the delivery of services. The patient actively participates in their own care and treatment plan. They express understanding of their health condition and demonstrate willingness to adhere to prescribed medications and therapies. However, orientation, memory and mood are noted, which may require further assessment and intervention.

Psychiatric Worksheet

Wellsky ACME Care Corporation

Document Summarize

H&P Document Summary Betty Addison

Episode Manager : View: Miscellaneous
Addison, Betty (12345)

PCOR Tracking is required and is missing for this patient. Enter in the number under Edit Episode.

March 2024

	4	5	6	7	8
10	11	12	13	14	15
17	18	19	20	21	22
24	25	26	27	28	29
31					

April 2024

	7	8	9	10	11
14	15	16	17	18	19
21	22	23	24	25	26
28	29	30			

Nursing All Therapy PT OT ST HHA MSW

Task	Assigned	Target Date	Visit Date	Status
1. H&P - Document	Nancy Johnson	07/22/2024	07/22/2024	Not Started

Task Assign to: AA-Unscheduled, Nursing

Most Recent Vitals: Blood Pressure: 130/80 mmHg, Heart Rate: 72 bpm, Respiratory Rate: 16 breaths per minute, Temperature: 98.6°F (37°C), Blood Glucose Level: 150 mg/dL, Weight: 150 lbs

Signed by: Dr. John Smith Date: June 5, 2024

Extracting data

AI extraction of key medical information from referral documents directly into the EMR

Scribing

AI-driven transcription to complete clinical documentation reducing overall time to document and improving clinician satisfaction

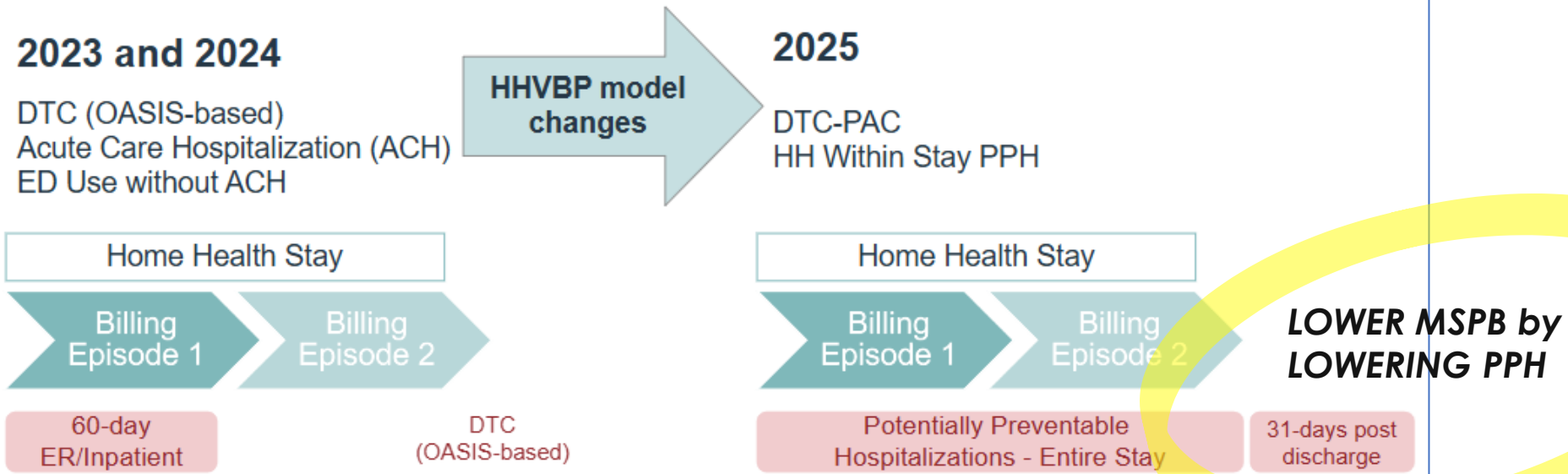
Summarizing

AI Text Analysis to summarize key parts of the medical record for review, QA, or creation of new documentation for transitions of care



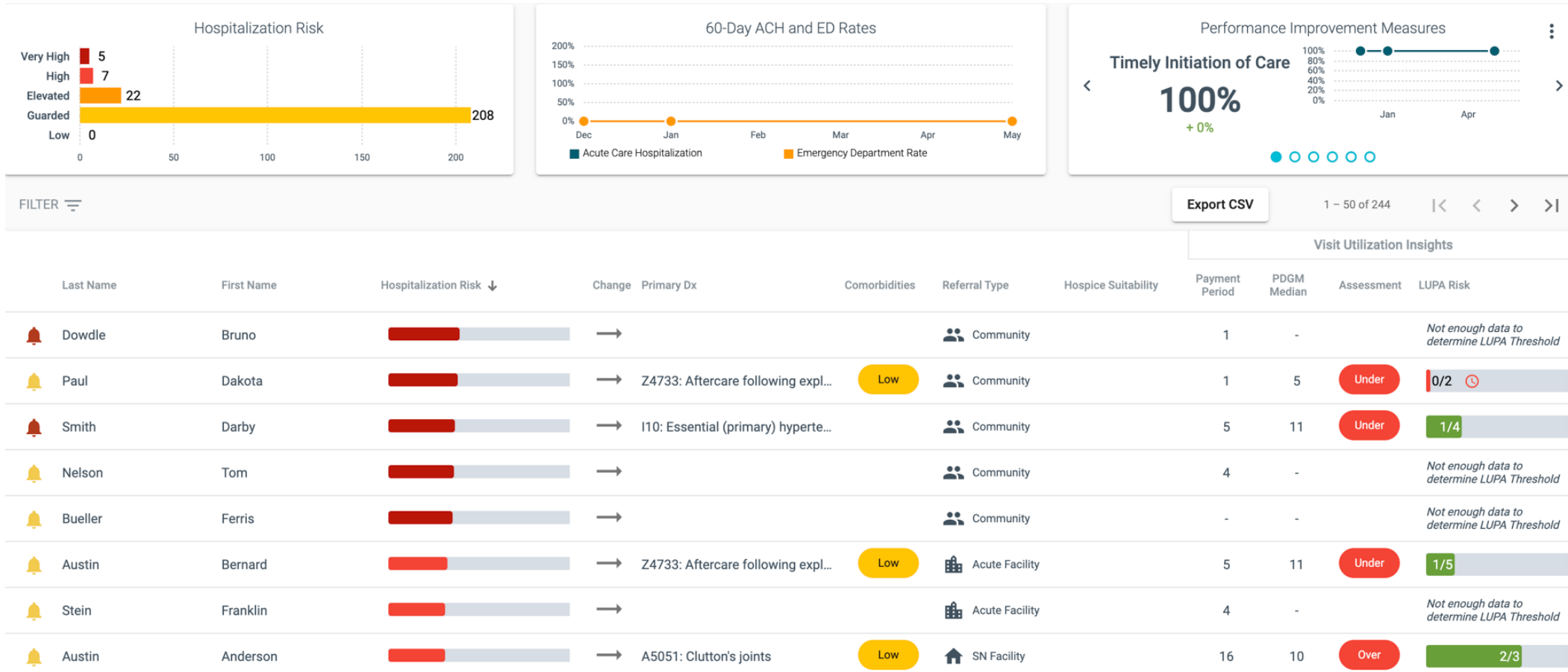
HHVBP: Innovation can help you keep your eye on the prize of DTC-PAC, MSPB and HH Within Stay PPH

Hospitalization accountability time shift



Leverage dynamic predictive analytics

Gain insight into population risks – virtual stand up



Leverage dynamic measures, using innovative insights to teach and manage care planning

Population View > Tom Nelson No Nutrition Information No Social Support Information No Housing Information

Patient Overview

Name Tom Nelson	Primary Clinician Mark Nowlen
Primary Diagnosis N/A	Referring Physician John Nowlen
Secondary Diagnosis N/A	Referral Source AUSTIN OAKS HOSPITAL
Episode Day 72	Insurance Aetna Life Insurance - H5521

Utilization Insights

○ 1st Payment Period
● 2nd Payment Period

Visit Type	Total	Completed	25th Percentile	PDGM Median	75th Percentile	LUPA Assessment
SN	0	0	-	-	-	Not enough data to determine LUPA Threshold Assessment
PT	0	0	-	-	-	
OT	0	0	-	-	-	
ST	0	0	-	-	-	
MSW	0	0	-	-	-	
HHA	0	0	-	-	-	
OVERALL	0	0	-	-	-	

Hospitalization Risk

Top Risk Factors

- M1033 Hospitalization Risk Factors
- M1610 Urinary Incontinence
- M1400 Dyspnea
- M1810 UE Dressing
- ACH within 1 year

Hospitalization Risk Likelihood Trend

Very High

Care Plan for Jun 02, 2024 - Jul 06, 2024

Upcoming Visits: No upcoming visits scheduled

Five-Week Care Overview

	Su	Mo	Tu	We	Th	Fr	Sa
02	03	04	05	06	07	08	
09	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	01	02	03	04	05	06	

Hospice Suitability

Top Risk Factors

- M1620 Bowel Incontinence
- M1034 Patient Status
- M0100 Assess Reason
- M1030 In Home Therapies: None
- Radial Pulse: Min Value

Hospice Suitability Likelihood Trend

Not Suitable

Primary Diagnosis and Comorbidities

Primary Diagnosis: N/A

Secondary Diagnosis: N/A

PDGM Comorbidities: No Adjustment



Innovation that serves!

Build a culture which resonates with purpose

ENGAGE YOUR TEAMS WITH INSIGHT!

- We know that leveraging innovative tools is already helping us see into risk and help keep people home
- Measure the results of your innovative updates to process/technique/software and share it with key stakeholders
- Message to motivate – sharing meaningful reasons WHY adoption of innovative tools makes a difference in the work we do

Improvement: Average Results, 12-Months Before vs. 12-Months After CareInsights Activation

Client Segment	60-Day ACH Rate	Visits/Admission
All agencies using CareInsights	▼ 12%	▼ 8%

Differentiation: Average Results, CareInsights Users vs. Non-Users, 2019-2021

Client Segment	60-Day ACH Rate	Visits/Admission
Agencies with 1,000+ Medicare admissions per year	▼ 12% than non-users	▼ 32% than non-users
Top 100 agencies using WellSky Insights*	▼ 26% than non-users	▼ 45% than non-users

- The HOPE and the OASIS assessments and aligned data capture establish a foundation from which care is planned
- Comprehensive capture of a patient's condition at admission — driving revenue (HH), risk prediction, acuity/condition capture, and care need
- Incomplete or imprecise assessments do not just affect documentation-
 - They affect people's lives...

Risk prediction

Precise acuity is the input.
Managed spend is the output.

Care planning

The right picture of a patient drives the right level of intervention.

Reimbursement

HH Payment reflects what the assessment captures — and outcomes achieved.

**Precise
assessment**

**Precise risk
prediction**

**True acuity
capture**

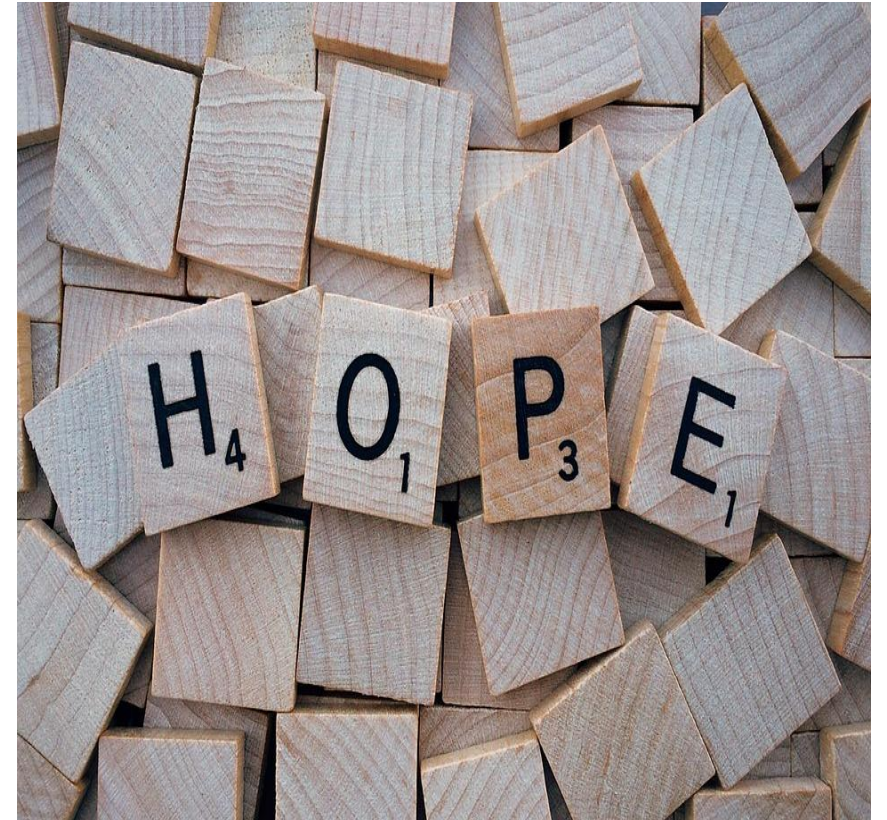
**Managed
spend**



Medicare Certified Hospice

The HOPE dataset

- The hospice journey into large data capture
- Data changes are added to heightened focus on clinical decision support
- The HOPE isn't just an EMR tool!
- Hospice at a key inflection point with respect to defining itself to MedPAC and CMS
- Concurrently, major fraud investigations into healthcare at home are occurring, including into HOSPICE bad actors –
- Our point? Your data is important in telling the story of hospice. Innovative tools can help us to get the story right!



Hospice data expanding rapidly

Hospice expanding data insights with HOPE at same time as fraud is in the spotlight!

Key inflection point for the industry

What will your actions, represented by your data, tell CMS?

How can innovation better serve your patients and family, and your agency?



HOPE AI-powered Symptom Impact Screening

HOPE AI-powered Symptom Impact Screening

Live October 1, 2025

Part of the HOPE regulatory deadline

Evaluates clinical information and provides potential symptom impact rankings with appropriate reasoning for approval

The screenshot displays the WellSky Hospice interface for a patient named Adams, Scarlett. The main section is titled 'NEW SYMPTOM IMPACT SCREENING'. A 'GENERATE AI SUMMARY' button is prominently displayed. Below this, the 'Symptom Impact' section lists several symptoms: Pain, Shortness of breath, Anxiety, Nausea, Vomiting, Diarrhea, Constipation, and Agitation. A callout box is overlaid on the 'Shortness of breath' symptom, showing a 'Use Suggestion' button and a 'Potential Impact' of 'Moderate'. The justification text in the callout reads: 'Moderate Impact - Justification: The patient exhibits visible respiratory distress (ESAS score 9), using accessory muscles and speaking only in short phrases. (1) Their oxygen saturation of 89% on continuous oxygen indicates significant respiratory compromise. (2) Any activity, even turning in bed, triggers severe breathlessness, rendering them unable to participate in any meaningful exertion. (3)'. The interface also includes a sidebar with navigation options like 'General Details', 'Chief Complaint', and 'History of Present Illness (HPI)'. At the bottom, there are status indicators for 'Chart Drafts', 'Sync', 'Errors', and a 'REVIEW CHART' button.

HOPE AI-powered Symptom Impact Screening

Evaluates clinical information and provides potential symptom impact rankings with appropriate reasoning for approval

What is the HOPE AI-powered Symptom Impact Screening (SIS)?

- Part of the HOPE assessment tool is designed to evaluate how symptoms impact a patient's daily activities, sleep, concentration and overall well-being.
- It's not about the severity, intensity or frequency of the symptoms, but rather the effect they have on the patient.

How does HOPE AI-powered SIS work?

- The RN completes this screening based on patient/caregiver interviews, observations, clinical assessments and clinical judgment.
- The data is collected on eight (8) symptoms at ADMISSION and HOPE Update Visits (HUVs).
- The tool assesses the 'symptom impact' of pain and non-pain symptoms.
- If a symptom is rated as moderate or severe, a 'Symptom Follow-up Visit' (SFV) must occur within two days.

What eight (8) symptoms are required to be assessed?

<i>Agitation</i>	<i>Constipation</i>	<i>Nausea</i>	<i>Shortness of Breath</i>
<i>Anxiety</i>	<i>Diarrhea</i>	<i>Pain</i>	<i>Vomiting</i>

Each symptom has the same possible HOPE mandated selections:

0 – Not at all
1 – Slight
2 – Moderate

3 - Severe
9 – Not applicable

HOPE AI-powered Symptom Impact Screening

Live October 1, 2025
Part of the HOPE regulatory deadline

Evaluates clinical information and provides potential symptom impact rankings with appropriate reasoning for approval

WellSky | Hospice

Main Patients Claims Services Admin Agency Help

Adams, Scarlett

CLINICAL CHARTS > NEW SYMPTOM IMPACT SCREENING

Unsaved FOCUS

GENERATE AI SUMMARY

Symptom Impact Screening

Symptom Impact

Pain	Shortness of breath	Anxiety
Nausea	Vomiting	Diarrhea
Constipation	Agitation	

Comments

Section Finder

Chart Drafts Sync Errors

Cache: Expires: 07/17 20:13 Session: Notifications: lauren.reichert@wellsky.com

REVIEW CHART

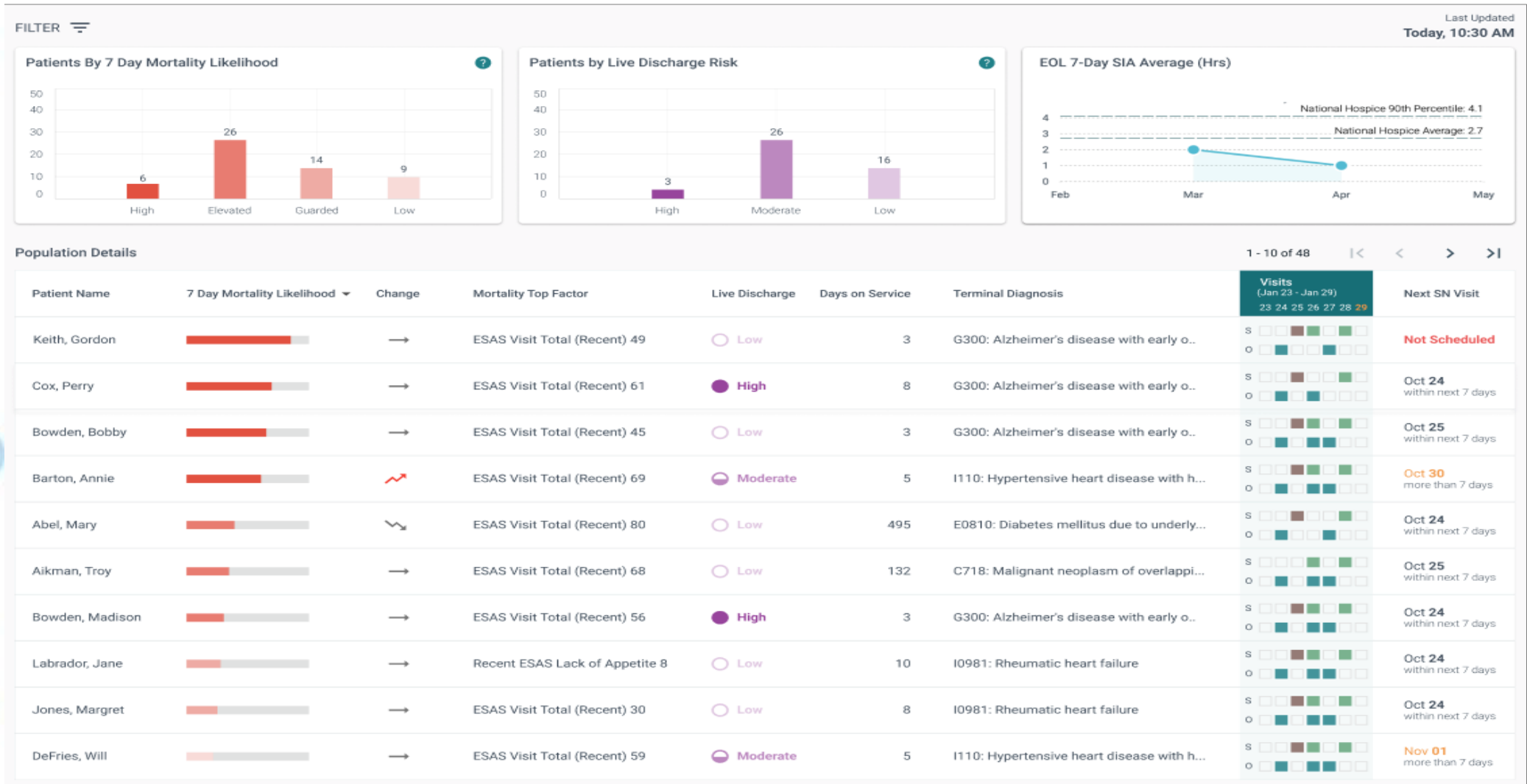
Shortness of breath Use Suggestion

Moderate Impact - Justification: The patient exhibits visible respiratory distress (ESAS score 9), using accessory muscles and speaking only in short phrases. [1] Their oxygen saturation of 89% on continuous oxygen indicates significant respiratory compromise. [2] Any activity, even turning in bed, triggers severe breathlessness, rendering them unable to participate in any meaningful exertion. [3]

Potential Impact
Moderate

👍 👎

Analytics supporting dynamic IDT clinical decision support



Personal Care Services

Care – Leveraging Data to See into ‘High Needs’

High needs: People who have 3+ chronic diseases and a Health-Related Social Need (HRSN) or functional limitation that limits their ability to self-care

Health Related Social Needs:

- Living alone
- Food insecurity
- Lack of transportation
- Physical and geographical living conditions
- Economic status
- Access to healthcare

Health Related Social Needs
Functional Limitations



Functional Limitations:

- Inability to independently:
 - Bathe
 - Dress
 - Eat / drink
 - Prepare meals
 - Toilet
 - Shop
- Often due to dementia or Alzheimer's

Social determinants and functional limitations imply limited ability to self-care



**Personal Care data driving insight into risk –
both client clinical risk
and risk of caregiver “churn”**



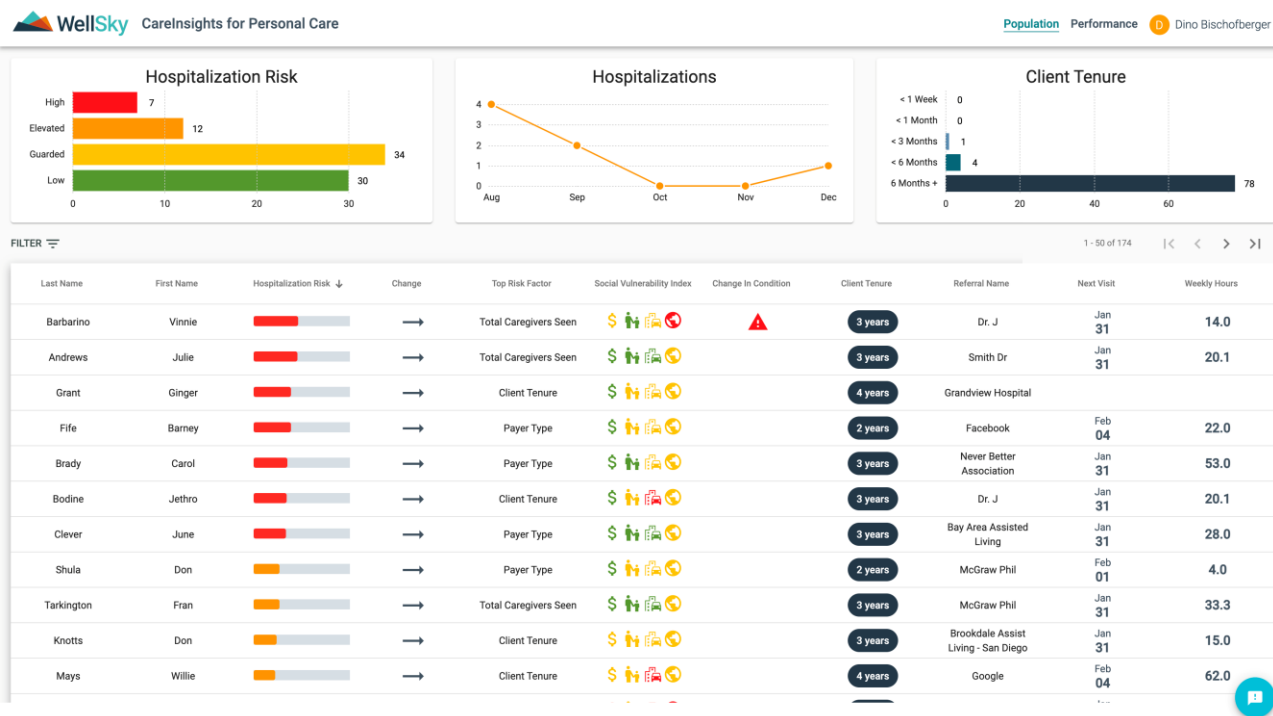


High needs people are our business... Digging into data lets us leverage aligned opportunity

- Change will be a constant backdrop
- Collaboration is key – cannot wall off your agency from what is happening today
- Build awareness in your teams of high value generated within population health initiatives
 - Build clear expectations of the expected work
 - Managing patients with higher acuity (e.g., 2 or more comorbidities) – with goal of keeping them home
 - Evolve what has been known as simple 'sitter-services' to key partners in a continuum of need and care
- Change within payer constructs evolving with growth of Medicare Advantage, as well as HHVBP on the Medicare certified side of care at home.
- Providers need to leverage data which drives value – to internal and external customers

Analytics benchmarking & usage report

Where is the risk, and how do we perform?



Historically we could use analytics to provide snapshots:

- How your business is doing (average growth of revenue, payroll, gross profit)
- How well your business is managing staffing, scheduling, and client resources
- How well your business is leveraging the data available

Now - Predictive personal care analytics:

- Bringing dynamic risk into the equation (diagnostics/demographics)
- Integrating HRSN (SDoH)
- Empowering leaders
- Refining the business

None of that will make a difference if you don't have the staff...

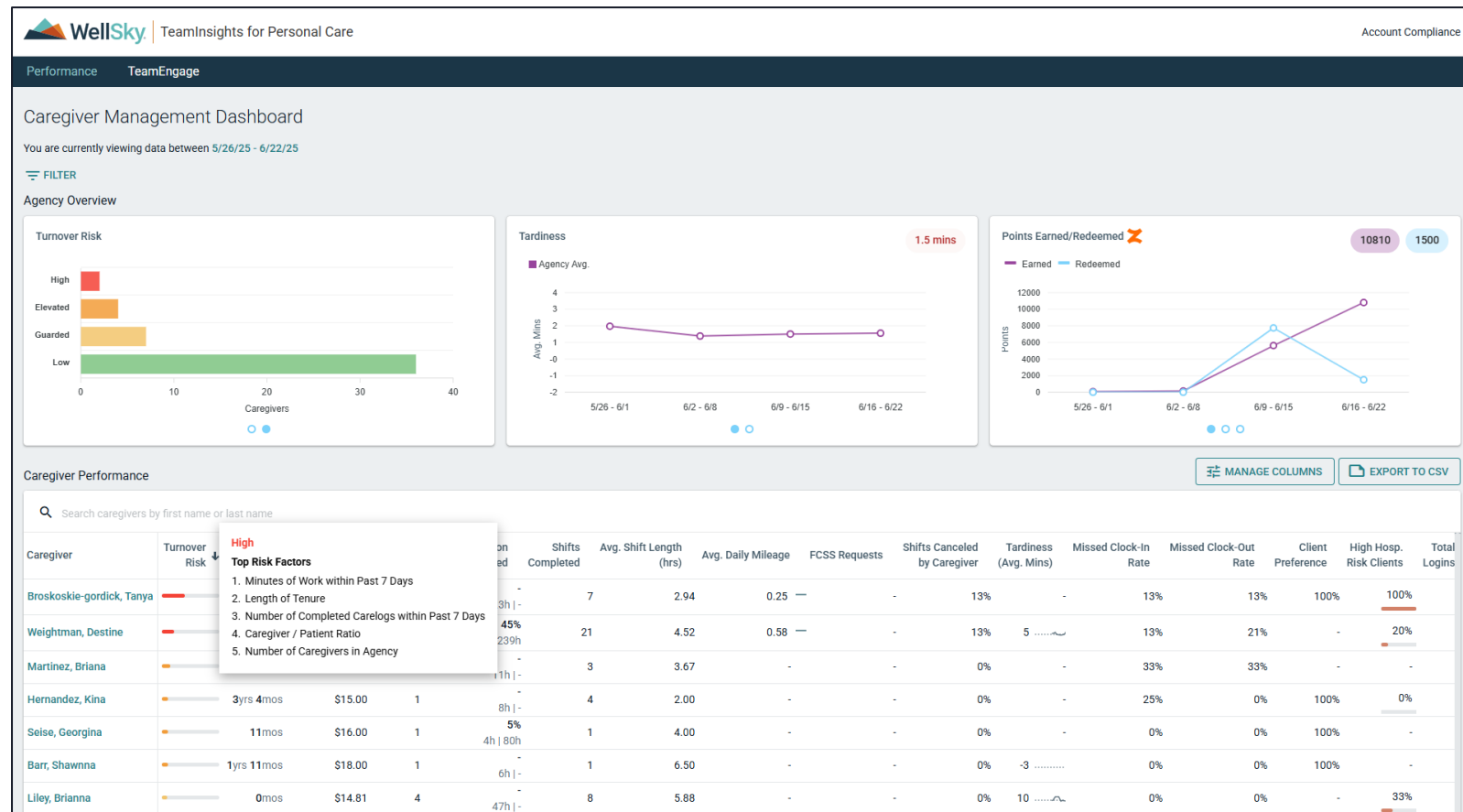
AI Fueled personal care matching

Innovation capturing key factors used in building effective caregiver-client matches – reducing churn



Key data access – measuring what matters!

Analytic engines are gaining steam! The competitive nature of the business and dynamic picture of our workforce compel us to leverage the data loop



Approach – positioning innovation






Risks associated with introducing AI tools

- Integration challenges
 - Integrating tools into existing workflows may be disruptive
 - Significant training and adaptation may be required
- Deskilling/ over-reliance and sub-par scrutiny of information
 - Combating over-reliance on AI
 - Emphasis on augmenting tasks and workflows
 - Transparency and Explainability understanding
- Lack of standards may cause confusion
 - Federal and state regulatory landscape is evolving
 - Agency level standardization variable
 - AI moves quickly, ongoing efforts to ensure of accuracy and reliability of the tooling provided and communication patterns associated with innovation becomes increasingly important



Position evolving clinician/caregiver competence as advocacy: for the patient and the teammate

- Competence in key performance behaviors, within our industry, touches lives
- We will be learning new skills, using new tools, in which we need to be able to demonstrate competence
- Adult learners need to know how the information is relevant
- Adult learners need to be able to apply their experiences and core values to what they are learning
- Connecting the clinician's desire to improve patient care to the vehicle of innovation connects action to purpose
- Showing the clinician the relevance of how innovation serves is a conduit for advocating for their patients/clients
- Revealing the desired impact under the innovation builds on WHY the innovation was desired/important



Context matters: innovate to see
into risk and build reward!

Industry Competition heating up! How innovative has your approach been?

Large Volume Cohort

	Oct 2023	Jan 2024	Apr 2024	July 2024	Oct 2024
Number of HHAs in Large Volume Cohort	6,792	6,723	6,668	6,780	6,729
25 th Percentile	14.648	18.190	20.274	20.810	22.046
50 th Percentile	23.362	27.236	29.300	30.268	31.282
75 th Percentile	34.061	37.792	39.954	41.217	42.115
99 th Percentile	68.395	70.533	74.808	76.072	74.613

Source: CMS iQIES HHVBP Interim Performance Reports (IPR) — Large Volume Cohort TPS Statistics. Data reflects 12 months of rolling performance year data per quarterly report.

What signal has the home health already sent to MedPAC about its intent to innovate?

According to MedPAC's March 2025 report to Congress:

“Telehealth visits and remote patient monitoring are covered under the home healthcare benefit but were not used by many beneficiaries in 2023.”



Key points from the report include:

1. HHAs began voluntary reporting of these services for 30-day periods starting January 1, 2023, with mandatory reporting for services initiated on or after July 1, 2023.
 2. In 2023, only 1.2% of 30-day home health periods included a telehealth visit or remote patient monitoring.
 3. About 14% of Home Health Agencies (HHAs) provided at least one telehealth or remote patient-monitoring service to a fee-for-service Medicare beneficiary in 2023.
- The report suggests that despite “coverage”, the utilization of these digital services in Medicare-certified home health remains relatively low. MedPAC notes that the recent availability of this data will help assess changes in the number of in-person visits received by home health beneficiaries.

https://www.medpac.gov/wp-content/uploads/2025/03/Mar25_Ch7_MedPAC_Report_To_Congress_SEC.pdf

INDUSTRY WAKE UP CALL:

Heart Failure: RPM driving real cost/care savings

Most Common Diagnosis Groups	% HH Readmitted 30 Days ¹	% of Medicare HH Patients ¹
Kidney & Urinary Tract Diagnoses	14.9%	1.2%
Renal Failure	19.6%	1.1%
Heart Failure	21.0%	4.6%
COPD	19.5%	0.9%
Respiratory Infection	15.3%	5.9%

1. Home Health Chartbook. KNG Health. (2022).
2. Can telemonitoring reduce hospitalization and cost of care? A health plan's experience in managing patients with heart failure. Pop Health Management. (2014)
3. [https://www.jacc.org/doi/10.1016/j.jchf.2023.02.018#:~:text=Heart%20failure%20\(HF\)%20affects%20an,the%20course%20of%20their%20disease.](https://www.jacc.org/doi/10.1016/j.jchf.2023.02.018#:~:text=Heart%20failure%20(HF)%20affects%20an,the%20course%20of%20their%20disease.)

Example: Heart Failure Readmissions with RPM

Providers proven to drop **CHF readmission < 50%**²

Estimated HH TAM:

- \$13,500 savings per heart failure admission (source: AHA), multiplied by
- **per year = 6,850 admissions prevented**
- **\$92+ million annual savings** opportunity for CHF in HH (Medicare FFS only)

Heart Failure ED Visits reduced 25% with RPM

- \$2,500 savings per heart failure ED Visit
- ED usage rate: 13% reduced to 9.75%
- **per year = 2,200 ED visits prevented**
- **\$5.5M annual savings** for CHF in HH (Medicare FFS only)

Total savings ~ \$100M/yr for CHF HH Cohort



Up the signal sent with innovative approaches which prove our worth



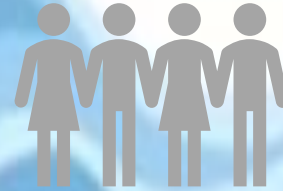
A rising innovation tide floats all boats – engage the team!



G.L.U.E. (Grasp, Link, Understand, Explore)

Have different departments learn other roles to encourage team building

Explore and invite multi-department view of innovative technology impact and integration



Engaging staff meetings

Providing KPI's for each department and a goal to work towards

Avoid negative, repeating continuous issues

Gain insightful feedback into use of innovation in the patient's home

Goal to have staff leaving feeling involved and **remembering their "why"**

A mantra for repetitive self-check: Lift and standardize your leadership approach!

Clarify expectations of performance

Provide the tools & skills to meet the expectations

Have a method to monitor and provide feedback

Hold teams accountable

How will success be measured?

- Break down KPIs into their parts
- Benchmark to desired goals

What actions must they take to meet expectations?

- Key Performance Behaviors/KPBs
- Identify training and data-tool needs and impact of procuring/developing
- Plan aligned actions

Are they meeting expectations?

- Data and people rounding - measure of KPB performance
- Align data-rich/focused feedback loops to guide/support best practice

Leadership aligned approach?

- Data round/response
- Build confidence and competence in core KPBs
- Educate, progressively discipline failure
- Celebrate, recognize, reward success

Innovate to serve!

Questions?
THANK YOU!

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Katherine Morrison – Director Advisory Services
Katherine.Morrison@wellsky.com





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