

Senior living: 3 voices answer 3 questions

Long-term care leaders share how to tackle the workforce shortage, technology utilization and reimbursement changes

It's no secret what issues dominated discussions in the long-term care industry in 2019: the workforce shortage and the Patient-Driven Payment Model (PDPM). Those two topics along with technology optimization will be top of mind again through 2020.

A shifting competitive landscape, mergers and acquisitions and divestments are driving the need to implement, configure and reconfigure electronic health record (EHR) systems faster—and make sure EHRs run optimally.

Overall, there's a lot to be excited about in the year ahead. But what's most important is that the people who make up the industry—those who provide the care and caregiving—are ready to adapt and evolve.

See what three industry experts have to say about how to tackle the workforce shortage, how to optimize your EHR system and what comes next with PDPM.

Featured experts:



Mark Parkinson

*President and
Chief Executive Officer*
American Health Care
Association (AHCA) and
the National Center for
Assisted Living (NCAL)



Cynthia Morton

Executive Vice President
National Association for
the Support of Long Term
Care (NASL)



Dennis Jakubowicz

Vice President
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What's the #1 thing providers can do to address the workforce shortage facing the industry?

As long as the unemployment rate is less than 5%, workforce issues will be a massive challenge. Providers who are doing better than others on this issue are those who have focused on employee engagement and satisfaction. Doing so has allowed them to reduce their turnover and ease, but not totally solve, this problem.

– **Mark Parkinson**, *President and Chief Executive Officer of the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL)*

Often technology is cited as a cost saver to providers, but the advantages also expand to increasing the reach of the workforce. We are seeing regulatory and legislative vehicles that use technology to increase the reach of the workforce. For example, CMS is incentivizing providers to use electronic exchange of information and data. Also, Congress is introducing and passing legislation that gives providers additional authority to use telehealth in certain settings in order to deal with workforce shortage.

– **Cynthia Morton**, *Executive Vice President of the National Association for the Support of Long-Term Care (NASL)*

Promote your mission in the local community. Explain how the job is more than a paycheck. Losing employees to a slightly higher paying job will always be the case if you recruit the wrong people. The goal should be to find people who share your passion to care for others. Everyone loves their grandmother; paint the picture of helping and learning from grandparents each day.

– **Dennis Jakubowicz**, *Vice President of Senior Living at Netsmart*

How can providers make better use of their technology, especially EHRs, as the industry moves toward value-based care models?

To succeed in this decade, providers must have EHR systems that are integrated with payers and other providers in their markets. This means they must work seamlessly with referring hospitals, accountable care organizations and managed care companies. Doing so allows providers to be a part of a value-based care model and a real solution to patients' needs.

– **Mark Parkinson**, *President and Chief Executive Officer of the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL)*

Value-based models generally involve partnering with other organizations, positioning your setting as a referral, or just having the ability to analyze your own care patterns and how they support or don't support high quality at a low cost.

If providers are not using their EHR, then they are not well-positioned to partner with other organizations. Partners generally want to see various types of data in order to evaluate whether they would refer to, or work closely with, a provider. Without an EHR or ability to gather, analyze and describe your data, it is impossible to prove your ability as a high-value referral source.

Providers can use their EHR as an easy way to aggregate their data and understand how they are faring on the various sets of quality measures required by CMS and used by other payers. EHRs make it easier to understand sophisticated data so you can tell your own value story to potential partners.

– **Cynthia Morton**, *Executive Vice President of the National Association for the Support of Long-Term Care (NASL)*

Technology has gone far beyond calculating and transmitting the Minimum Data Set (MDS) to be paid for services. Today, your EHR should provide the data and interoperability to become part of the larger healthcare ecosystem as well as demonstrate your capabilities at providing better care.

The days of simply sending and receiving information are behind us. Today, you need to be focused on automating admissions from your referral partners, seamlessly downloading the health record, streamlining admissions from hours to minutes, sharing information in real-time, sending alerts to caregivers, conducting virtual visits through telehealth, integrating with remote monitoring devices and much more.

– **Dennis Jakubowicz**, *Vice President of Senior Living at Netsmart*

Now that PDPM has been in play for a few months, what have we learned and what comes next?

PDPM is working. CMS is finally reimbursing us for taking care of all of our patients' needs. Additionally, PDPM has allowed us to take care of individuals we would not have in the past. Next will come further growth in who we take care of, both for the benefit of the patients and to save the entire healthcare system resources.

– **Mark Parkinson**, *President and Chief Executive Officer of the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL)*

Providers are getting used to this change and establishing their care patterns. Providers become better at reporting. This will lead to higher numbers in terms of depression or other facets of how to describe the patient than seen under Resource Utilization Groups (RUGs).

Most likely, we will see higher numbers in assessment areas that link to higher reimbursement. How CMS interprets that could be negative or positive. What the sector is really intent on is how CMS will interpret the sector's response to PDPM, and based on its interpretation, will CMS decide to make some type of correction.

– **Cynthia Morton**, *Executive Vice President of the National Association for the Support of Long-Term Care (NASL)*

At this point, our providers and vendors have achieved remarkable success, and reimbursement is being reported at a higher level. Now with robust analytic tools, such as the Netsmart myUnity™ KPI (key performance indicators) Dashboard, we can manage the new payment model even better.

– **Dennis Jakubowicz**, *Vice President of Senior Living at Netsmart*

About Netsmart

Netsmart designs, builds and delivers electronic health records (EHRs), solutions and services that are powerful, intuitive and easy-to-use. Our platform provides accurate, up-to-date information that is easily accessible to care team members in behavioral health, home care, senior living and social services. We make the complex simple and personalized so our clients can concentrate on what they do best: provide services and treatment that support whole-person care.

By leveraging the powerful Netsmart network, care providers can seamlessly and securely integrate information across communities, collaborate on the most effective treatments and improve outcomes for those in their care. Our streamlined systems and personalized workflows put relevant information at the fingertips of users when and where they need it.

Find out how Netsmart can help you succeed with a more integrated approach focused on value and outcomes. **Visit www.ntst.com.**