

PALLIATIVE CARE



## Key considerations to adding palliative to your organization: home-based and hospital based programs

Many home health and hospice agencies are expanding into palliative care so they can offer their patients continuous care—from the home until the patient moves to hospice. If your agency is thinking about making this move, here are some points to consider.

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### Choose a care setting

Palliative care can be provided in a hospital, physician clinic, in a patient's home, or, more rarely, as part of a private insurance program. Each setting has different requirements and different access to the patient's health records. For example, palliative care staff who work with hospitals generally see the patient in the hospital before discharge and document the visit in the hospital's EHR.

Agencies setting up a home- or clinic-based palliative care practice will have different needs. A fully functional EHR would allow these practices to send information between their practice and referral partners, such as home health or hospice agencies, to enable sharing of important clinical information.

### Features to evaluate for a palliative care EHR

If your practice is hospital- or clinic-based, you may be documenting in an existing system, which means that although you may not need clinical content, you will need the ability to easily integrate data between the hospital or clinic and your practice's EHR.

Home-based practices need a stand-alone EHR that includes specific clinical content. Users in this setting need to document multiple HCPCS codes for a single encounter, such as evaluation and management of care, as well as advanced care planning. The ability to e-prescribe should also be considered, as well as being able to transition palliative care patients to a hospice setting.



### The big question: Do you need a certified EHR system?

The requirement for using a certified EHR system springs from the Medicare quality payment program, which has two tracks: the merit-based incentive payment system (MIPS), and the alternative payment model (APM). The MIPS track lets practices earn performance-based payment adjustments for services provided to Medicare patients. The APM track provides incentives to practices providing high-quality, high-value care to Medicare Advantage patients. MIPS is required if a practice bills more than \$90,000 for Part B covered services, and has provided more than 200 services to more than 200

Part B patients. (A practice must meet all three of these requirements over two sequential determination periods to qualify for MIPS.)

The MIPS performance measures are based on quality, cost, improvement activities, and promoting interoperability. In addition to submitting information on these measures, providers on the MIPS track must also submit an EHR-certified identification code, which is provided by a certified EHR. Based on the information submitted, CMS assigns points to the palliative care practice to determine whether to award additional performance-based payments. If your palliative care practice is just getting off the ground, you may not need a certified EHR yet. It may take several determination periods to reach the threshold for MIPS. But it is important to track the threshold requirements for your practice as it grows so you have the technology you need if you choose to take advantage of MIPS.

## Conduct a cost analysis

One way to determine whether your organization should purchase a certified EHR is by doing a cost analysis. Here's an example:

A small palliative care practice has five nurse practitioners who see four patients per day. This adds up to 1,500 patients per year. Assuming an average encounter reimbursement of \$150, the practice would bill approximately \$250,000 in Part B claims. This would exceed the low volume threshold for MIPS if it happened two years in a row.

This practice has two options. If they decide against using a certified EHR, they will be penalized 9% of their Part B claims, or about \$22,500.

If this practice considers purchasing a certified EHR, there are some key points to evaluate. First, does the EHR require a minimum number of users? If the practice does not meet that minimum, the



EHR cost could increase significantly. If there is no minimum and the practice pays only for the number of nurses it has, that is a more favorable financial situation.

The next factor to consider is referrals to hospice. Assuming 5% of palliative care patients converted to hospice patients, that would mean 75 patients, with an average length of stay of 17 days, multiplied by the base routine home care rate.

## Identify the features you need

Using this example, it's possible the practice may decide that a certified EHR is not worth the expense, and they may prefer to keep all information in a single software application for ease of use and transitioning patients.

If that is the decision, the practice should then identify the EHR features it will need to be successful. Easy transitions to hospice, mobile point of care with palliative-specific content, or the ability to document multiple codes, will be important. The ability to bill Medicare Part B and other insurances, secure messaging, and interoperability will be vital as the practice works with hospitals or other providers. Interoperability gives the practice a consistent method for sending documentation from other providers into their non-certified EHR.

## Why MatrixCare

MatrixCare is part of the CommonWell Health Alliance. This means that when you take on a new patient using your MatrixCare EHR, you'll be able to search for and pull in documentation from previous care settings that are also part of CommonWell. In addition, direct secure messaging allows users to attach documents including continuity of care and transition of care documents, and have information auto-populate the corresponding EHR fields. These features save time and help ensure complete and accurate patient data is at your fingertips.

MatrixCare was recently awarded Best in KLAS for home health and hospice software for the second year in a row. This annual award is based not only on our product, but also on phone and web customer support, implementation, our relationships with customers and vendors, and other measures.

Contact your MatrixCare account manager for a demo to see how MatrixCare's EHR solution can help get your palliative care practice up and running.



Call 866.469.3766 to learn more, or visit [matrixcare.com](http://matrixcare.com)

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