From Pressure to Potential:

How a Large AMC Turned Around Its Home Health Business



The Client Challenge

An integrated health system and major academic medical center (AMC) found its home health business line struggling to meet staffing demands and ongoing regulatory changes. Compounding challenges led to worse financial performance, significant annual admission referral denials, and exacerbated inpatient capacity challenges that delayed discharge. The C-suite felt pressure to quickly turn around the home health business to help realize its potential within a broader portfolio of care at home offerings.

Navigating to Next: The Solution

The AMC sought to further integrate its home health business line into its broader care at home portfolio to achieve scaling advantages (e.g., staffing and resources), provide seamless care transitions, and ensure consistent patient experiences across care sites. The organization lacked a data-driven approach for examining and prioritizing performance improvement initiatives to achieve its goals. The AMC partnered with Chartis to perform a rapid assessment and develop a prioritized implementation roadmap.

Based on findings from the assessment, Chartis helped design a roadmap for the AMC to implement several performance improvement plans. The care team redesign aimed to better utilize lower-cost resources, such as licensed practical nurses (LPNs), to improve capacity and cost structure. Productivity efforts began with the development of a comprehensive dashboard, followed by tailored improvement plans for each region, along with clear goals and objectives. Finally, clinical documentation accuracy improvement efforts were aimed at optimizing reimbursement and performance in the Centers for Medicare and Medicaid Services (CMS) Home Health Value Based Purchasing and Star Ratings programs.

IMPLICATIONS OF A FAILING HOME HEALTH BUSINESS LINE:

- Delays in inpatient hospital discharged to home with home health
- Home health admission denials due to lack of staff
- High reliance on expensive travel nurse resources
- Documentation quality and compliance issues, resulting in poor financial performance
- Lack of synergies and inconsistent patient experiences across care at home portfolio offerings

NAVIGATING TO NEXT: KEY COMPONENTS



REDESIGN TEAMS

Promote top-of-license practice across care teams with reorganized care models and team structures



DEVELOP STAFF

Create a staffing, recruitment, and retention plan to support the new care team structures



DEPLOY REPORTING

Establish productivity dashboards, targets, reporting structures, and accountability framework



IMPLEMENT ADMISSION DOCUMENTATION

Create a "start of care" team that specializes in efficient and properly documented admission visits



IMPROVE QUALITY

Launch a clinical quality improvement team to uncover the drivers of poor performance and develop a plan to succeed under CMS programs



Client Impact

The roadmap empowered the AMC to make immediate operational improvements. Most notable were changes in the care team structures, which accelerated LPN hiring, introduced dedicated admission teams, led to increased reimbursement and lower costs per visit, reduced reliance on temporary labor, and improved clinical documentation compliance. The effort also introduced cultural change with clinical manager dashboards, providing a welcomed layer of visibility for datadriven decision-making.

The home health business is better positioned to alleviate acute care capacity issues. The AMC can now use hospital beds for patients with the most complex medical needs since patients can more easily transition to the home post-discharge.



How We Are Making Healthcare Better

"As more and more care shifts to home settings, Chartis continues to work with our clients to reimagine care through data-driven decision-making and increase access to care at home models that consistently deliver high patient, caregiver, and clinician satisfaction ratings."

—Tom Kiesau, Chartis Chief Innovation Officer and Head of Chartis Digital

The immediate impact of implementing operational changes led to:.

\$15M

in identified opportunities over the next 3 years

2X

increase in documented functional impairment levels, optimizing reimbursement

\$2.2M

annual NPSR increase from 5% improvement in clinical productivity

NEXT INTELLIGENCE:

The following foundational elements can turn a home health service line into an asset:

Data-driven approach:

Visibility into financial and operational metrics to enable performance management.

Optimized care teams:

Well-rounded teams that match the right clinician to the right patient at the right time.

Accurate clinical documentation:

Thorough and accurate documentation of patient condition throughout the home health continuum.

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