



Forget Experts: This Works Better!

By Susan Saldibar

As some of you may recall, after the initial announcement by CMS of the Patient Driven Payment Model (PDPM) came a flurry of questions, concerns and overall jockeying for position among skilled nursing care providers. Maybe you were one of them.

Throughout the PDPM input/finalization process, [Aegis Therapies](#) (a Senior Housing Forum partner) has become a solid resource. Maybe it's because they resisted the impulse to position themselves as overnight "experts." They took a different approach, one that they feel has been more productive, with more sustainable benefits. They organized a series of "charrettes," which are intense planning sessions that bring together people from inside and outside an organization. The goal of the Aegis charrettes was to better understand PDPM; more specifically how the industry could leverage that understanding to optimize its impact among providers and those they serve. It also allowed them to save a lot of time by getting direct feedback around the table from individuals who bring their unique knowledge and perspective to PDPM.

I spoke recently to the key individuals behind Aegis' PDPM charrettes. Mark Besch, Aegis Chief Clinical Officer, Hal Price, Aegis SVP of Sales and Marketing joined the conversation and Mat Robie, VP Business Development at Aegis. Mat is also the facilitator of Aegis charrettes.

The charrettes helped everyone cut through the PDPM "noise" and get focused.

"When we understood the magnitude of the [PDPM] changes we read everything and put together a summary of all the knowledge we had," Hal tells me. "Lots of people felt they had to establish themselves as 'experts' right away. Not us. With the charrettes, we could say 'spend a day with us. Let's get your input. Here's ours. What have you found out? What are the best approaches?'"

The charrette format allowed Aegis to learn what peoples' needs were and what gaps they could fill going forward. I asked them who they invited to participate. For the first charrette, they invited about 40 people. "They were mostly internal," Mark explains. "We included different departments, and a few customers," he adds. Subsequently, they've broadened their attendee list to include consultants, representatives from state associations, university faculty, students; the list goes on.

The charrettes have helped everyone cut through all the noise surrounding PDPM and drill down on where to put their focus. “Our approach was, ‘What are some of the best solutions we can come up with here?’ And we found different key areas where we could identify benefits together,” he added.

The charrette helped Aegis and other participants come to terms with PDPM.

Since that first PDPM charrette, the progress has been steady. Mark explains. “We heard people early on who were over-concerned as to what they thought would be an appropriate response to PDPM. As they learned more from us and other sources, and had a chance to process with they learned, they were able to focus on what will be important and different under PDPM,” he says. And it’s made a big difference. “Ultimately, we’ve come to a good place with PDPM,” Mark says. “We feel we have a good understanding. Most of our unanswered questions have been answered. And we are confident in our process moving forward.” But Mark noted that the PDPM process is not over yet. There is still another round of rulemaking left. There will be a new proposed rule at the end of April. That’s the final look.

The charrettes set the stage for the type of behavior that will be key to PDPM success

So far Aegis has conducted more than 30 charrettes. And, with more legislation on the horizon, including PDGM (Patient-Driven Groupings Model) for home health services, there will likely be more to come.

“We learned on many different levels what customers want --- what they want to hear, what they want to see and what they want to do in the future world,” Mat says.

Throughout our conversation, Hal, Mark and Mat have been quick to highlight the need for collaboration both in becoming PDPM experts and in executing a successful strategy moving forward that ensures success at both a patient and provider level. The process by which they have accomplished this was to not call themselves experts by simply diving into the new rules and interpreting them, but by increasing the collective knowledge base with every charrette they hold and every conversation they have.

“We understand that CMS has reasons for these changes,” Hal says. “And we believe those reasons are not inconsistent with why we exist, which is to help people get better. You can’t regulate away our responsibilities as caregivers to care for our constituents.”



This article has been brought to you by [Aegis Therapies](#) in partnership with [Senior Housing Forum](#).

