UNITE Natives 2024 Part 2 – Rezilient: Preserving Our Culture Through Z Codes

July 24, 2024

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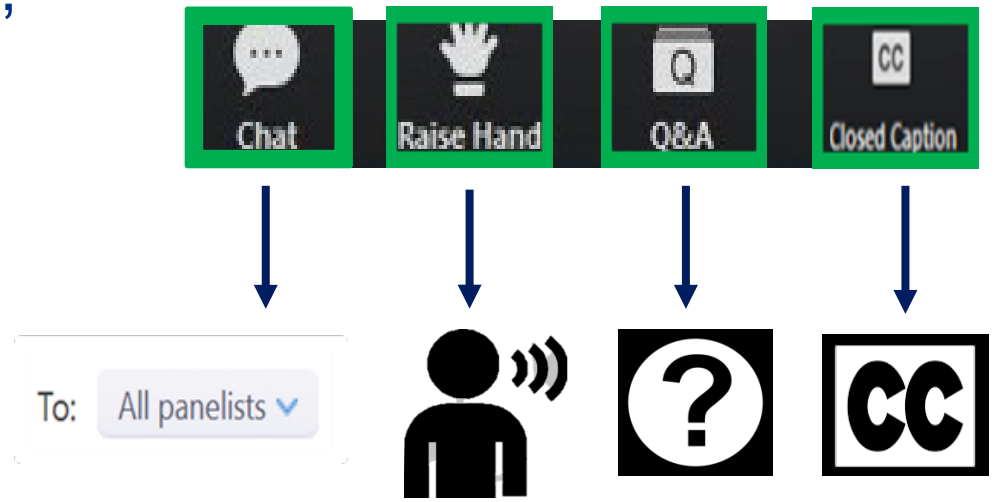

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Uniting Nursing Homes In Tribal Excellence

UNITE Natives 2024 Part 2 – Rezilient: Preserving Our Culture Through Z Codes

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Acknowledgement

We would like to begin by acknowledging that the land on which we gather today is the traditional and ancestral homeland of the Native American tribes we serve.

We pay our respects to their elders, past and present, and recognize their enduring connection to this land.

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Objectives

- Define current skilled nursing facility Quality Reporting Program measures related to discharge from post-acute care and 30-day post-discharge readmissions
- Explain how telemedicine and remote therapeutic/physiologic monitoring can increase the likelihood of successful care transitions for Native elders
- Suggest common-sense approaches to engagement with acute care partners, including collaborative use of clinical pathways and outcomes sharing
- Discuss the role of social determinants of health-related Z codes in quality improvement initiatives

Presenters

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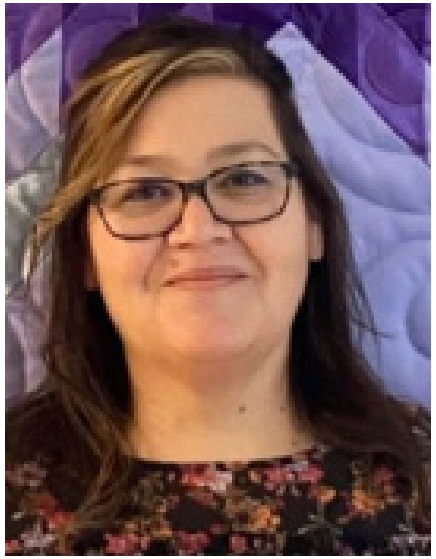

Brandi Hodges
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White River Health Care Center

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Introduction: What We Covered in Part 1

- The evolution of post-acute care, which has challenged providers to reach beyond their individual care settings to better support relationships across the health care spectrum
- Current CMS Quality Reporting Program (QRP) measures related to supporting effective care transitions and the recently allowed flexibility to provide care via telehealth and remote therapeutic and physiologic monitoring
- Practical ways to engage with acute care, skilled nursing facilities (SNFs), and other care settings within the Native community

Section GG's Role in Resident Assessment

Residents may be at risk of further functional decline

- The amount of assistance needed, and the risk of decline, vary from resident to resident
- A wide range of physical, neurological, and psychological conditions and cognitive factors can adversely affect physical function
- Dependence on others can lead to feelings of helplessness, isolation, diminished self-worth, and loss of control over one's destiny
- As inactivity increases, complications such as pressure ulcers, falls, contractures, depression, and muscle wasting may occur

Adapted from RAI User's Manual, GG-14

Section GG: Z Codes – SDOH

Social determinants of health (SDOH) describe the range of social, environmental, and economic factors that can influence health status—conditions that can often have a greater impact on health outcomes than the actual delivery of health services.

https://www.cms.gov/newsroom/press-releases/cms-issues-new-roadmap-states-address-social-determinants-health-improve-outcomes-lower-costs

Section GG: Z Codes – Why Address SDOH?

- Although the United States spends more on health care than almost any other country, it often underperforms on key health indicators, including life expectancy, chronic heart disease, and maternal and infant mortality
- According to the CMS Office of the Actuary, national health spending is projected to grow rapidly and reach $6.2 trillion by 2028

Section GG: Definitions of Z Codes

USING Z CODES:

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes

What are Z codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, and age.

Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.[1]

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.[2]

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- **Identify individuals'** social risk factors and unmet needs.
- **Inform health care** and services, follow-up, and discharge planning.
- **Trigger referrals** to social services that meet individuals' needs.
- **Track referrals** between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A Disparities Impact Statement can be used to identify opportunities for advancing health equity.

Section GG: Z Codes – Step 1

Collect SDOH data

- **Data can be collected during facility's intake assessment, home visitation intake process, or family interviews**
  - **Any team member (e.g., tribal care providers, social workers, community health workers, case managers, and patient navigators) can collect the data**
  - **During intake, data can be collected through health risk assessments, screening tools, one-on-one interviews, or individual self-reporting**

Section GG: Z Codes – Step 2

Document SDOH data

- SDOH data may be documented in the problem or diagnosis list; patient or resident history; or provider notes section
- Care teams may collect more detailed SDOH information than the current details allow in Z codes (e.g., mining operations in Tar Creek, Oklahoma)
- Efforts are ongoing to close Z code gaps in standards of SDOH data

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Section GG: Z Codes – Step 3

Map SDOH data to Z codes (ICD-10 codes)

- Coding, billing, and electronic health record systems help coders assign standardized codes (Z codes)
- Coders can select SDOH Z codes based on self-reported data and or information documented in an individual's health record by any member of the tribal care team

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Section GG: Z Codes – Step 4

Use Z code data to improve care

- Identify an individual's social, environmental, and physical risk factors and unmet needs
- Inform health care and services follow-up and discharge planning
- Trigger referrals to social services that can meet the individual's needs
- Track referrals between providers and social services organizations

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Section GG: Z Codes – Step 5

Report Z code data to help direct care – cultural impact and guidance

- Provide tribal leadership and boards with valuable information to shape value-based care opportunities and improve tribal health
- Share findings across the continuum of care networks, social service organizations, family and child welfare, education and training programs, and health planning boards
- Consider creating a “social disparities impact statement” for the tribal community

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Community Connection

- **Role of elders:** Valued community members, repositories of wisdom, cultural leaders, and educators of the younger generations
- **Importance of community involvement:** Promotes socialization, provides emotional support, and reduces feelings of isolation
- **Nursing home's role:** Facilitates community engagement through events, volunteering opportunities, and mentorship programs

Access to Tribal Community Connections

One UNITE board member's journey

- Advocate
- Tribal elder
- Resident
- Person who dreams of re-engagement

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Access to Tribal Activities

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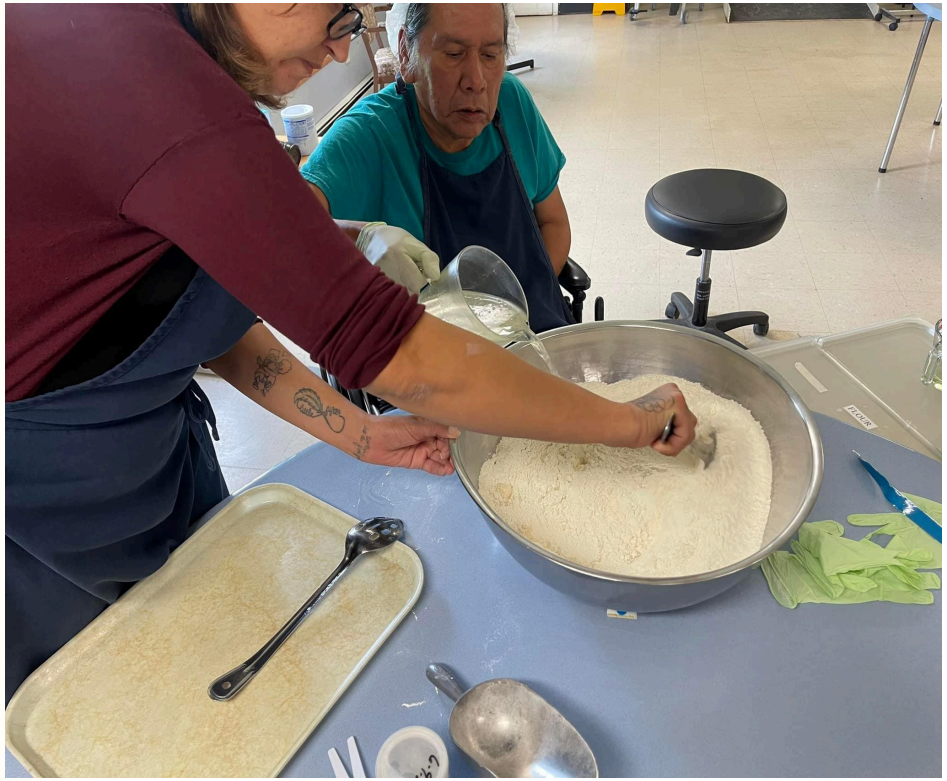
Photos from Each Community



Person-centered activities in Indian Country

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Improved Quality of Life

Tailored Health Care Programs

- **Prevalent health issues:** Discuss specific health problems common in the tribe that the nursing home is equipped to address
- **Specialized care:** Availability of specific programs to manage chronic diseases, mental health issues, and rehabilitation services
- **Collaboration potential:** Partnerships with other health institutions for specialized services, research, and training

Questions?

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