

HHVBP 2026 CLINICAL STRATEGY & ACTION PLAN

Value-Based Purchasing in Home Health

OBJECTIVES

- How HHVBP connects to real patient outcomes
- The measures that truly drive performance
- What's new in 2026
- What you can directly control
- How leadership supports your success

SECTION I: WHAT HHVBP IS + WHY IT MATTERS CLINICALLY

WHAT HHVBP IS

- CMS program that ties quality to reimbursement
- Focuses on real patient outcomes and experience
- Every visit and assessment contributes
- Consistency across clinicians matters

2026 HHVBP UPDATES

- National program continues
- Updated 2026 measure set
- Scoring = Achievement + Improvement
- OASIS accuracy sets the foundation
- Hospitalizations + ED visits heavily impact score
- Patient experience carries real weight

UNDERSTANDING HHVBP MEASURES

- Outcome- and improvement-based
- Compared to national benchmarks
- Trends matter more than single visits
- Baseline accuracy determines opportunity

HHVBP: CLINICAL PERSPECTIVE

- CMS program linking quality of care to reimbursement
- Measures reflect real patient outcomes and experiences
- Clinical consistency directly affects agency performance
- Every visit, assessment, and intervention counts

HHVBP = 3 BIG BUCKETS

- OASIS-based outcomes
- Hospital and ED utilization
- Patient experience (HHCAHPS)

SECTION 2: FOUNDATION FIRST OASIS ACCURACY

WHY OASIS ACCURACY IS CRITICAL

- OASIS sets the patient's starting point
- Inaccurate scoring limits improvement opportunity
- Over-scoring creates compliance risk
- Accuracy protects patients and performance



OASIS BEST PRACTICES

- Use consistent assessment techniques
- Validate responses with observation
- Document objective findings
- Aim for scoring consistency across clinicians



SECTION 3: HIGH-IMPACT MEASURES

HIGH-IMPACT CLINICAL MEASURES

- Functional improvement
- Discharge to community
- Avoidable hospitalizations
- Emergency department use
- Patient experience



SECTION 4: SOC — THE MAKE-OR-BREAK MOMENT

START OF CARE: THE MOST CRITICAL VISIT

- Establishes the true baseline
- Identifies risk early
- Sets the tone for education
- Drives improvement opportunity

SOC EXAMPLE: POOR SCORING

- Walker use documented as independent
- Assistance needs understated
- Cognitive issues minimized
- Risks not fully captured
- Limited opportunity to show improvement

SOC EXAMPLE: STRONG SCORING

- Accurate assistance level
- Functional deficits clearly documented
- Risks identified early
- Improvement opportunity preserved

SECTION 5: CARE PLANNING + UTILIZATION (CLAIMS-BASED OUTCOMES)

CARE PLANNING THAT DRIVES OUTCOMES

- Goals aligned with real deficits
- Interventions matched to patient needs
- Timely reassessment
- Strong interdisciplinary collaboration

REDUCING AVOIDABLE HOSPITALIZATIONS

- Recognize decline early
- Reconcile medications carefully
- Escalate concerns promptly
- Communicate clearly with providers

CASE STUDY: FUNCTIONAL IMPROVEMENT

- Baseline: Moderate assist with transfers
- PT/OT coordinated mobility plan
- Progressive strengthening and ADL training
- Discharge: Independent transfers
- Highlight interdisciplinary coordination and documentation accuracy.



SECTION 6: HHCAHPS

DRIVING HHCAHPS

- Communication clarity
- Medication education
- Caregiver involvement
- Responsiveness

CASE STUDY: IMPROVING HHCAHPS

- Patient unsure about medications
- RN provides clear education and teach-back
- Caregiver included
- Improved satisfaction and confidence
- HHCAHPS is driven by clinical communication, not customer service scripts.

WHO IMPACTS WHAT (BY DISCIPLINE)

- RN: SOC accuracy, medication management, condition monitoring
- PT: Mobility, ambulation, fall risk reduction
- OT: ADLs, safety, caregiver training
- SLP: Communication, cognition, swallowing safety
- Aide: Frontline provider of personal care

CLINICAL BEHAVIORS THAT IMPROVE HHCAHPS

- Clear explanations of care and medications
- Respectful, empathetic communication
- Timely response to patient concerns
- Caregiver involvement

SECTION 7: STANDARDIZATION + DOCUMENTATION

DOCUMENTATION =
QUALITY DATA

- If it's not documented, it isn't scored
- Accuracy matters more than speed
- OASIS consistency across clinicians
- Real-time documentation preferred



SECTION 8: CLINICAL OWNERSHIP

CLINICAL OWNERSHIP OF HHVBP MEASURES

- Every discipline contributes
- Assessments + interventions + documentation = score
- One missed opportunity affects agency-wide results
- Consistency across episodes

HHVBP MEASURES CLINICIANS INFLUENCE MOST

- Functional improvement
- Hospitalization and ED utilization
- Discharge to community
- Patient experience (HHCAHPS)

DRIVING FUNCTIONAL IMPROVEMENT

- Consistent use of evidence-based interventions
- Progressive mobility and ADL training
- Skilled therapy-nursing collaboration
- Documenting progress accurately



REDUCING CLINICAL VARIATION

- Standardized best-practice protocols
- Consistent assessment techniques
- Shared expectations across disciplines
- Peer review and feedback

SECTION 9: LEADERSHIP SUPPORT + PERFORMANCE TRANSPARENCY

CLINICAL PERFORMANCE TRANSPARENCY

- Supportive dashboards
- Trend visibility
- Early warnings
- Coaching—not punishment

CLINICIAN EDUCATION & SUPPORT

- HHVBP education tailored to discipline
- Targeted skills refreshers
- Ongoing coaching
- Easy access to resources

WORKFLOW ALIGNMENT

- Visit structure aligned to outcomes
- Efficient handoffs
- Interdisciplinary communication
- Time spent where it matters most



CLINICAL RISK AREAS

- Inaccurate baseline scoring
- Inconsistent reassessments
- Delayed response to decline
- Communication breakdowns

HOW WE REDUCE CLINICAL RISK

- Peer review of SOC and ROC
- Targeted audits with feedback
- Rapid-cycle improvement
- Clinical leadership rounding



2026 CLINICAL ROADMAP

- Q1: Education, baseline review, SOC focus
- Q2: Intervention standardization
- Q3: Performance optimization
- Q4: Sustain and prepare for scoring

SECTION 10: INTERIM QUALITY REVIEW FOCUS

WHY INTERIM PERFORMANCE REVIEWS MATTER

- HHVBP performance is tracked throughout the year
- Early trends predict final scores
- Waiting until year-end is too late
- Interim reviews allow course correction

WHAT INTERIM REVIEWS INCLUDE

- Measure-level performance trends
- SOC and reassessment accuracy checks
- Hospitalization and ED events
- Documentation quality
- Interim Performance Reports (IPR)

SAMPLE INTERIM REVIEW DASHBOARD (AGENCY SUMMARY)

- Sample Interim Review Dashboard (Agency Summary)
 - Total Performance Score (TPS): 68.4 (Target ≥ 75)
 - Claims-Based Utilization: Acute Care Hospitalization & ED Use (Trending Up)
 - OASIS-Based Outcomes: Functional Improvement Measures (Trending Up)
 - HHCAHPS: Communication & Care Coordination (Trending Down)
- Achievement vs Improvement: Improvement points opportunity depends on accurate baseline scoring
- Priority Focus: SOC/ROC accuracy + early intervention to prevent avoidable utilization

SAMPLE CLINICIAN
SCORECARD (INDIVIDUAL
VIEW)

- SOC OASIS Audit Accuracy: 92% (Target $\geq$ 95%)
- Reassessment Timeliness: 88% (Target $\geq$ 95%)
- Hospitalization Events: 2 in last quarter
- Documentation Timeliness: 80% (Target $\geq$ 90%)
- Patient Communication Rating: 4.1/5 (Target $\geq$ 4.5)

SECTION II: FAQs

FAQ: COMMON CLINICIAN QUESTIONS & PUSHBACK

- “Is this just about money?”
- “Why are we being compared nationally?”
- “OASIS feels subjective.”
- “I don’t have time for extra documentation.”
- “Are these scorecards punitive?”

FAQ: RECOMMENDED RESPONSES (LEADER SCRIPT)

- HHVBP ties reimbursement to outcomes because outcomes reflect patient safety and care quality
- Benchmarking ensures fairness and national standards
- OASIS is standardized when clinicians use consistent assessment methods
- Documentation is how our skilled care is counted and protected
- Scorecards are coaching tools to support improvement

FAQ:
“DOCUMENTATION
TAKES TOO LONG”

- Focus on objective measurable statements
- Use templates and smart phrases
- Document at point of care when possible
- If it isn't documented, it isn't scored

INTERIM REVIEW
SUCCESS = HHVBP
SUCCESS

- Review early trends and act quickly
- Audit OASIS accuracy routinely
- Use discipline-specific coaching
- Keep focus on patient outcomes
- Create a culture of learning, not blame

FINAL CLINICAL TAKEAWAYS

- Quality care = better outcomes + better reimbursement
- Clinicians are the drivers of HHVBP success
- Consistency and accuracy matter
- Leadership support is built in

KEY TAKEAWAYS FOR CLINICIANS

- HHVBP reflects real clinical care
- Accuracy at SOC drives improvement opportunity
- Small daily decisions compound
- Clinicians are central to agency success

TARGET STRATEGIC GOALS

- $\text{TPS} \geq 75$
- $\text{SOC accuracy} \geq 95\%$
- Reduced avoidable hospitalizations
- $\text{HHCAHPS communication} \geq 4.5$
- Clinician engagement high



THANK YOU!

WWW.BARTLETTSTRATEGYGROUP.COM



Shelley Eggleton, MBA, BSN, RN

CEO. Owner

845-665-9522

Shelley.Eggleton@bartlettstrategygroup.com

