

# AHCA Offers Members Powerful Online Tool For Performance Comparisons

**A**HCA has introduced a first-of-its-kind Web-based program that allows nursing facilities to compare their own performance in a wide range of clinical, financial, and operational areas to their peers. The program, Long Term Care Trend Tracker™, developed for the association by My InnerView, is available exclusively to AHCA members, free of charge.

LTCTT draws vast amounts of data from public sources—OSCAR survey data and Medicare cost reports—and uses it to custom-build comparative reports on staffing; resident profiles; survey citations; quality measures; and Medicare utilization, cost, and revenue data. Medicare utilization reports are based on information that providers must submit from their own facilities in order to access LTCTT.

LTCTT users define both the type of report they want to produce and the type of peer group to which their data in each report is compared. The peer group is chosen from a menu of options, which can include all providers nationwide or a narrower group of facilities within a state, county, city, zip code, congressional district, or Medicare statistical area.

Alternatively, the peer group can be defined as for-profit or nonprofit facilities; government-owned facilities; providers that are, or are not, part of a chain; or facilities in urban or rural areas.

The multitude of reports that can be generated by LTCTT gives providers “access to pre-analyzed metrics” that will “educate and inform both current and strategic initiatives,” says Doug Burr, vice president of finance, reimbursement, and government relations for Health Care Navigator. This gives independent providers and small regional organizations, in particular, critical information that they would otherwise be unable to access, says Burr, who led the initiative to develop the concept for LTCTT and worked closely with My InnerView on all phases of the project. About 800 providers have used the product in its testing phase, and Burr expects several thousand to quickly get on board.

“Once providers see the value of comparing themselves to their peers,” enthusiasm and participation will rise quickly, he says.

All information submitted by facilities is fully confidential; non-public information that enters the pool will not in any case be identified by facility.

LTCTT features easy-to-read screens and menus that

simplify navigation and report generation. Reporting options include:

■ **Staffing.** This OSCAR-derived report is based on data from the most current survey and two prior surveys. Data include total staff hours per patient day (PPD) and breakdowns of the hours PPD for all categories of nursing staff, as well as therapy, dietary, housekeeping, and administrative staff.



■ **Resident report.** This is also based on OSCAR data and gives comparative details of residents' levels of dependence for activities of daily living, bowel/bladder status, mobility, skin integrity, special care, advance directives, and vaccination status.

■ **OSCAR survey citations.** This report compares providers to their peers in up to 10 selected F-Tags. In addition, it gives aggregate comparative data for the average number of tags; the percentage of deficiency-free providers; and those with immediate jeopardy, substandard quality-of-care citations, deficiencies greater than or equal to level “G,” and the highest scope and severity of deficiencies.

■ **Medicare Utilization Report.** This report gives the number of patient days within Medicare's 53 resource utilization groups (RUGs), based on information submitted electronically by users. The report shows the average aggregate Medicare days and reimbursement per patient day for the user and peer group and the percentage of patient days for each of the eight major RUG classifications. These include rehab plus extensive services, rehab, extensive services, specialty care, clinically complex, impaired cognition, behavioral, and physical function. Utilization of therapy levels and other statistics are also given.

■ **Cost report.** This provides a comparative breakdown of cost categories, including the PPD costs of nursing, dietary, therapy, non-therapy, and pharmacy services; liability insurance (per bed); staffing and compensation; and bad debt.

■ **Quality measures.** This report provides a comparative view of performance based on the Centers for Medicare & Medicaid Services' quality measures.❁

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