

# Therapists' Impressions of the Implementation of the Patient-Driven Groupings Model (PDGM) in Home Health Care

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In the past decade, the United States has been transitioning their healthcare system from volume-based to value-based care. Value-based care, sometimes referred to as accountable care, uses payments to incentivize other objectives like reducing cost or improving quality. From 2015 to 2017, there was an 11% increase in the use of value-based payment models (Health Care Payment Learning & Action Network, 2018). In January of 2020, a new payment methodology, known as the Patient Driven Grouping Model (PDGM), was enacted by the Center for Medicare and Medicaid Services (CMS) and includes home health services. The shift supports the movement toward value-based care in the United States, replacing the former Prospective Payment System (PPS), a reimbursement methodology which was built on fixed and predetermined payments. The PDGM codes patients into different subgroups based on clinical characteristics, functional needs and status, opposed to utilizing payment-driven, or volume-based care. CMS (2019) stated that the goal of the PDGM was to fix the problems that existed with the current prospective payment system such as the challenges associated with providing high-quality and cost-effective care. A descriptive Qualtrics survey research design was utilized to gather OT practitioners' impressions on the impact that the PDGM has had on healthcare and the provision of homecare OT services. Participants were recruited from six state OT associations and AOTA. Inclusion criteria included: (1) being a licensed OT or COTA and (2) working in home healthcare prior to the implementation of the PDGM in January of 2020. Data was analyzed through descriptive statistics and the internal reliability of various questions were assessed using Cronbach's alpha coefficient. Open-ended questions were analyzed by organizing information into bins, categories, and themes. 93 individuals participated in the study with 31 participants (n = 31) meeting inclusion criteria and completing the survey. Highlighted results include survey responses to the following questions: 37% of participants disagreed or strongly disagreed with the statement, "I feel I have control over the frequency of my visits to the client," 59.2% strongly agreed or agreed with the statement, "My administrator or other service providers recommend the frequency of my visits to the client," and 63% reported that they do not feel they were able to provide equal quality of care after the implementation of PDGM. Thematic analysis of open-ended questions led to the development of the following 6 themes: (1) Decrease in fraud, (2) Reduction in occupational therapy visits, (3) Loss of clinical autonomy, (4) Decrease in quality of care, (5) Efficient and creative treatments, and (6) Impact of the COVID-19 pandemic. The results of this study contribute to a clearer understanding of OT practitioners' impressions on the impact that PDGM has had on home health care since its implementation. Advocacy efforts must occur at practitioner, state, and national levels in order to highlight the unintended negative effects of PDGM on client care and clinician autonomy.

## References

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