



The use and benefits of a Pill Swallowing Gel under the Medicare Patient Driven Payment Model (PDPM)

2022 Update

Background

In October 2019, CMS moved to a new payment model titled PDPM where daily Medicare reimbursement is based predominantly on the conditions of the resident. Of the six distinct rate components, the speech and language pathology (SLP) case mix group depends upon diagnosis and conditions surrounding neurologic conditions, cognition and other swallowing disorders. Patients and residents in the post-acute care space who have certain diagnoses, along with observed coughing or choking while swallowing medication, would be classified into one of 12 payment groups. Residents who do not have acute neurological conditions, speech related comorbidities or cognitive impairment may still need a mechanically altered diet or have the presence of other swallowing disorders resulting in the need for assistance in safely swallowing medications.¹

For those residents who have difficulty swallowing medications, the current day practice typically includes mixing medications in applesauce, yogurts, or ice cream, either whole or crushed. Using food-based mediums to aid in the swallowing process has an impact on the medication breakdown and absorption by the gut.^{2,3,4,5}

Until now ...

Can you make a case for a swallowing disorder?

Between 15 and 33 percent of long-term care residents have swallowing difficulties.⁶ From the first day of admission into the post-acute care setting, each resident should be carefully observed and assessed for evidence of a swallowing problem, which includes coughing or choking during meals and swallowing medications, as well as more complex situations such as the loss of liquids or solids while eating and holding food in their mouth after completing a meal. A licensed speech language pathologist

can assist in further assessing symptoms observed by nursing during routine mealtimes or medication passes. Additionally, pain or complaints of difficulty while swallowing should be assessed and referred for additional assessment, intervention and care plan development. Therefore, starting on day one, nurses and CNAs should be trained to observe and assess for these observable conditions important to the SLP case mix and related patient driven payment items.

What is the best practice?

In PDPM, the speech language pathology case mix is just one of six groups contributing to the overall daily rate for each resident. The primary diagnosis along with functional scores and additional nursing considerations are all combined into a final daily rate expressed as a HIPPS code, which sets the payment rates for the entire stay.

It is essential to perform this focused assessment upon admission and with each meal and medication pass prior to the completion of the initial 5-day MDS assessment to set the six components of the daily rate. Three of the six components of the rate vary over the length of the resident stay. Speech is not a variable component; therefore, the daily reimbursement rate coming from the SLP case mix group will not change over the entire course of the stay unless clinical situations arise requiring an intermittent

payment assessment (IPA) which can change all six pieces of the daily rate.

From a best practice perspective, you want to minimize the risk of coughing and choking on food or medication as this could increase the risk of aspiration pneumonia. For residents who have no other speech and language pathology related concerns other than coughing or choking, a pill swallowing gel would be an intervention which ultimately could reduce episodes of coughing and choking on medications. Additionally, residents who are on a mechanically altered diet or thickened liquids for other speech related disorders may benefit from a pill swallowing gel to increase safety and efficiency of medication administration.

Administer medications with confidence.

In addition, a resident may not want or is unable to finish eating the food into which whole or combined crushed medications are added. In such cases, staff would not know which medications the resident received because they were crushed and combined but not fully administered, putting the facility at potential risk of transgressing CMS medication-error guidance.¹ With a pill swallowing gel, you can administer one medication in each dose of gel and know if the ordered med was taken or not, without guessing.

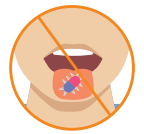
Improve efficiencies by lessening staff time in these areas:



Administering medication with a food source



Crushing or splitting medication



Coaching residents who have spit out medication due to taste or texture

What is the impact to your facility?

The value for a best practice assessment includes improved clinical outcomes for the resident and increased daily Medicare rates for the facility's bottom line. The range in daily reimbursement dollars from the SLP case mix group for facilities in an urban location is \$15.94 to \$98.72, and for rural facilities, is \$20.09 to \$124.41. You can see there is significant financial impact if this area is not completely or accurately assessed prior to completion of the first MDS assessment.

The FY 2022 range in daily revenue dollars from the SLP case mix group for facilities in an urban location is \$15.94 to \$98.72, and for rural facilities, is \$20.09 to \$124.41.

Conclusion

Again, the importance of careful observation and assessment beginning on the day of admission for evidence of swallowing difficulties, which may be indicative of underlying swallowing disorders, is best practice and results in the most accurate reimbursement case mix grouping for the speech component and can have a positive impact on the daily reimbursement. And for those who have difficulties swallowing medications, a pill swallowing gel may help.

References

1. Department of Health & Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS). (2017). Medication Errors of the CMS Manual System, Pub. 100-07 State Operations Manual.
2. Forough A. A spoonful of sugar helps the medicine go down? A review of strategies for making pills easier to swallow. *Patient Preference and Adherence*. 2018;12: 1337-1346.
3. Bushra R, Aslam N, Yar Khan A. Food-Drug Interactions. *Oman Medical Journal*. Jan 2011; 26(2): 77-83.
4. Moses G. Don't Take Your Medicine With Fruit Juice! *MIMS Matters*. www.gloup.eu/files/geraldine-moses-dont-take-your-medicine-with-fruit-juice.pdf
5. McCabe-Sellers B, Frankel EH, Wolfe J. *Handbook of Food-Drug Interactions*. Boca Raton, FL: CRC Press. 2003; 12: 262-266.
6. Morris H. Administering drugs to patients with swallowing difficulties. *Nurs Times*. 2005;101(39):28-30.

Visit Phazix.com