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Stoking the Fire

The Process of Implementing Effective Teaching

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Overview

- Teaching and instruction is a high-volume home health skill provided to patients and caregivers. However, agencies provide virtually no guidance or training on HOW to effectively present this information to the recipient. Nursing schools provide minimal or no guidance or training on HOW to be an effective teacher.
- Effective patient and caregiver education is essential to improving outcomes in home health care. This session explores evidence-based strategies for delivering education that patients understand, retain, and apply. Participants will learn practical approaches to assessing learning readiness, tailoring communication, and documenting instruction effectively — helping spark better patient engagement and stronger clinical outcomes.
- Presentation focuses on HOW material is taught—not WHAT is taught

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Objectives

- Define common/key components of teaching and learning
- Identify 8 components of effective teaching
- Compare/contrast the four components of the nursing process with the education process
- State 6 actions to increase effectiveness of teaching
- Demonstrate how effective teaching/learning components integrate into agency the EMR

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Disclaimer

- There are many theories of learning that describe the process. These address concepts and principles such as the behaviorist, cognitive, social learning, psychodynamic, and humanistic models.
- There are many methods and theories of presenting content to person(s) being instructed.
- There are many learner styles for how recipients process teaching.
- This presentation offers one suggestion for providing effective teaching and instruction to the patient, family, and caregivers.
- It is not intended to portray the only method to provide this service.
- Agencies and staff should use their own comfort level and knowledge to apply in their specific situation.

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Education, Teaching, Learning

- Education: the process of teaching and learning
- Teaching: the process of providing information and guidance to effect a desired outcome
- Learning: the receiving of information with a goal of applying the content to achieve an identified goal
- Successful education requires all three components to succeed
 - A good teacher
 - With a ready, able, and willing pupil
 - Using a structured realistic plan

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The Potential of Home Health Education

- Home health provides a unique situation to provide education to patients, family, and caregivers
- It is presented in the most familiar setting of the patient
- It can address the specific living situation of the patient
- It has no specific limitation on frequency and duration of the teaching task
- It provides the opportunity to be the most meaningful and impactful to the patient
- It must be skilled and sufficiently complex to qualify as reimbursable care

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Patient Education

- Education contains the components of teaching and learning
- It is a planned experience using a combination of methods such as teaching, counseling, and behavior modification techniques to influence patients' knowledge and health behavior
- Teaching ("how to") is a learned skill
- Requires knowledge of teaching methods available and ways to use them effectively
- It is a structured process to achieve desired outcomes
- Stimulating and effective learning experiences are designed—not accidental!

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Components of Healthcare Learning

- Patients interact with their environment and incorporate new information or experiences. Environmental factors affect learning. Role models need to be effective, and patients may need reinforcement. Feedback is a key component. The patient ultimately controls the learning process with many variables (e.g., developmental stage, past history, habits, cognitive style, conscious and unconscious motivations, personality, and emotions). Patients have a preferred way of taking in information (e.g., visual, motor/tactile, auditory, symbolic) and most will benefit from expert guidance, social interaction, and cooperative learning.
- A critical influence is the patient's motivational level.

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Rules and Regulations for Teaching

- Internet Only Manual (IOM), Medicare Benefit Policy Manual (MBPM) Publication 100-02, Chapter 7
 - Section 40.1.1 (nursing service)
 - Section 40.1.2.3 (nursing)
 - Section 40.2.1 (therapy service)
- Medicare Administrative Contractor (MAC) Local Coverage Determinations (LCDs):
 - CGS: HH PT only
 - Wellpoint Federal: None
 - PGBA: Many (PT, OT, SLP, Psych, DM, Alzheimer's/behavior)
- 42 CFR 409.33(a)(3) Patient education services —
 - (i) When patient education services constitute skilled services. Patient education services are skilled services if the use of technical or professional personnel is necessary to teach a patient self-maintenance.
 - (ii) Examples. A patient who has had a recent leg amputation needs skilled rehabilitation services provided by technical or professional personnel to provide gait training and to teach prosthesis care. Similarly, a patient newly diagnosed with diabetes requires instruction from technical or professional personnel to learn the self-administration of insulin or foot-care precautions.

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MBPM Nursing Teaching and Training Activities

- Teaching and training activities that require skilled nursing personnel to teach a patient, the patient's family, or caregivers how to manage the treatment regimen would constitute skilled nursing services. Where the teaching or training is reasonable and necessary to the treatment of the illness or injury, skilled nursing visits for teaching would be covered. The test of whether a nursing service is skilled relates to the skill required to teach and not to the nature of what is being taught. Therefore, where skilled nursing services are necessary to teach an unskilled service, the teaching may be covered. Skilled nursing visits for teaching and training activities are reasonable and necessary where the teaching or training is appropriate to the patient's functional loss, illness, or injury. (MBPM 100-02, Chapter 7, Section 40.1.2.3)

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MBPM Nursing Teaching and Training: Duration

- Where it becomes apparent after a reasonable period of time that the patient, family, or caregiver will not or is not able to be trained, then further teaching and training would cease to be reasonable and necessary. (MBPM IOM Pub. 100-02, Chapter 7, Section 40.1.2.3)

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MBPM Nursing Teaching: Initial/Retraining

- In determining the reasonable and necessary number of teaching and training visits, consideration must be given to whether the teaching and training provided constitutes reinforcement of teaching provided previously in an institutional setting or in the home or whether it represents initial instruction. Where the teaching represents initial instruction, the complexity of the activity to be taught and the unique abilities of the patient are to be considered. Where the teaching constitutes reinforcement, an analysis of the patient's retained knowledge and anticipated learning progress is necessary to determine the appropriate number of visits. Skills taught in a controlled institutional setting often need to be reinforced when the patient returns home. Where the patient needs reinforcement of the institutional teaching, additional teaching visits in the home are covered. (MBPM Pub. 100-02, Chapter 7, Section 40.1.2.3)

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MBPM Nursing Teaching: Retraining

- Re-teaching or retraining for an appropriate period may be considered reasonable and necessary where there is a change in the procedure or the patient's condition that requires re-teaching, or where the patient, family, or caregiver is not properly carrying out the task. The medical record should document the reason that the re-teaching or retraining is required and the patient/caregiver response to the education. (MBPM Pub. 100-02, Chapter 7, Section 40.1.2.3)

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MBPM: Non-Covered Teaching

- Where it becomes apparent after a reasonable period of time that the patient, family, or caregiver will not or is not able to be trained, then further teaching and training would cease to be reasonable and necessary. The reason why the training was unsuccessful should be documented in the record. Notwithstanding that the teaching or training was unsuccessful, the services for teaching and training would be considered to be reasonable and necessary prior to the point that it became apparent that the teaching or training was unsuccessful, as long as such services were appropriate to the patient's illness, functional loss, or injury. (MBPM Pub. 100-02, Chapter 7, Section 40.1.2.3)

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Components of Teaching

- Identify the need for teaching. (general)
- Review the ability of the person(s) being taught to receive information. (general)
- Assess the motivation and willingness of the person(s) being taught to receive information. (general)
- Determine the most effective method of delivery for teaching content. (specific)
- Review available resources to provide material in the most-effective format. (specific)
- Provide the teaching. (specific)
- Evaluate and assess the person(s) being instructed response to teaching. (specific)
- Revise/adjust future teaching to maintain viable information delivery. (specific)

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Qualities of a Good Teacher

- Imagination
- Flexibility
- Seeks out best teaching material
- Ability to use a variety of educational methods
- Knows material well
- Good communication skills
- Ability to motivate themselves and others
- Makes learning a positive experience

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Barriers to Teaching

- Lack of time (greatest barrier)
- Lack of instructor confidence or competence to present topic
- Low priority
- Environment not always conducive to providing education
- Type of material used inadequate for situation
- Resources inadequate to provide useful material to teach
- Language barrier with person(s) being instructed
- Questionable effectiveness in achieving health outcomes

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Errors in Teaching

- Providing teaching prior to assessing determinants of learning present
- Teaching all patients with same condition with same materials
- Teaching all patients with same condition with same methods
- Lack of relevant achievable meaningful goals
- Incomplete or inadequate evaluation of effectiveness/progress
- Providing material without understanding its content
- Teaching irrelevant content to the current situation and need
- Teaching too many topics at a superficial level (too much, too fast, too complicated, isolated)

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Taxonomy of Learning (Cognitive Domain)

- Knowledge
 - Choose, circle, define, identify, label, list, match, name, outline, recall, report, select, state
- Comprehension
 - Describe, discuss, distinguish, estimate, explain, generalize, give example, locate, recognize, summarize
- Application
 - Apply, demonstrate, illustrate, implement, interpret, modify, order, revise, solve, use
- Analysis
 - Analyze, arrange, calculate, classify, compare, conclude, contrast, determine, differentiate, discriminate
- Synthesis
 - Categorize, combine, compile, correlate, design, devise, generate, integrate, reorganize, revise, summarize
- Evaluation
 - Appraise, assess, conclude, criticize, debate, defend, justify

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The Goal of Teaching in the Cognitive Domain

- Knowledge
- Comprehension
- Application
- Analysis
- Synthesis
- Evaluation
- Ideally all six levels are achieved
- Achieving Application is the most realistic
- IF the patient can correctly apply the content of instruction this should provide the most cost-effective and effort-reward for teaching
- Should also encourage ongoing compliance after home health service ends
- Need for Analysis, Synthesis, and Evaluation is generally not seen

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Making Learning (Relatively) Permanent

- Well organized presentation of material
- Pace of teaching corresponds to patient's ability to process information
- Practicing (mentally, physically) new knowledge or skills under varied conditions
- Reinforcement
- Addresses patient's current healthcare environment
- Learning cannot be assumed to be lasting or permanent: Must be assessed and evaluated soon after the learning experience
- KEY POINT: Retention and application of material presented after completion of teaching or discharge is an overriding goal of home health instruction

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Nursing Process vs. Education Process

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|---|---|
| <ul style="list-style-type: none">▪ The Nursing Process<ul style="list-style-type: none">• Appraise physical and psychosocial needs• Develop care plan based on mutual goal setting to meet individual needs• Carry out nursing care interventions using standard procedures• Determine physical and psychosocial outcomes | <ul style="list-style-type: none">▪ The Education Process<ul style="list-style-type: none">• Ascertain learning needs, readiness to learn, and learning styles• Develop teaching plan based on mutually predetermined behavioral outcomes to meet individual needs• Perform the act of teaching using specific instructional methods and tools• Determine behavior changes (outcomes) in knowledge, attitudes and skills |
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Methods of Assessing Learning Needs

- Casual conversation
- Structured interviews
- Questionnaires
- Observation
- Patient charts/medical records (medical history)
- Discharge instructions/plan of care orders
- Checklists

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Obstacles to Learning

- Lack of time to learn
- Stress of illness (acute, or chronic exacerbation) and sensory deficits
- Negative influence of the home health environment itself
- Personal characteristics of the learner (readiness to learn, motivation, compliance, developmental stage, learning styles)
- Extent of behavioral changes needed (number and complexity) is overwhelming
- Lack of support/ongoing positive reinforcement
- Denial of learning need
- Inconvenient (related to overall volume of health care services received)

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Addressing Literacy Issues

- Establish a trusting relationship before beginning the teaching-learning process
- Use the smallest amount of information as possible to accomplish the behavioral objectives
- Make points of information as vivid and explicit as possible
- Teach one step at a time
- Use multiple teaching methods and tools requiring few literacy skills
- Allow patients the chance to restate information in their own words and to demonstrate any procedures being taught
- Keep motivation high
- Coordinate procedures to fit into everyday routines (tailoring, cueing)
- Use repetition to reinforce information

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Addressing Cultural Characteristics

- Observe interactions between patient and family members and among family members
- Listen to the patient
- Consider communication abilities and patterns
- Explore customs or taboos
- Determine the notion of time (sense of time, importance of deadlines)
- Be aware of cues for interaction
- Self-education on cultural characteristics

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One to One Teaching

- Assessment of the learner and mutual setting objectives and goals
- Can be tailored to address all domains of learning (cognitive, psychomotor, affective)
- Important to determine where the person is in relation to the topic (motivation)
- Instruction should be specific and followed by immediate response from the learner and feedback from the teacher
- Communicate to learners forthcoming information so learner may connect it
- Questioning is important technique during teaching process and evaluation
- Provides ability to individualize content to patient: take it
- Avoid putting the learner “on the spot” with material

Demonstration/Return Demonstration

- Demonstration is the patient being shown how to perform a skill
- Return demonstration is when the patient attempts to perform the skill with cues from the instructor
- Prior to demonstration provide purpose, sequential steps, equipment used, actions expected
- Teacher performs the task: in case of mistake provides learning opportunity
- Return demonstration is obtained close to the teacher demonstration
- Teacher remains silent during return demonstration except for cues when necessary or briefly answering questions
- Break task into smaller increments
- Time-consuming: allow for this



Compliance and Adherence

- Compliance is achievement of predetermined goals/regimen
 - It may be short-lasting
 - It may be in response to expectation of teacher
 - It may be measured
 - By itself it has no efficacy or longer effect: compliance is NOT the goal for teaching
- Adherence is long-lasting
 - Commitment or attachment to a regimen
 - Overall goal of health teaching

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Increasing Effectiveness of Teaching

- | | |
|--|-----------------------------------|
| ▪ Present information enthusiastically | ▪ Be organized and give direction |
| ▪ Include humor | ▪ Elicit and give feedback |
| ▪ Choose problem-solving activities | ▪ Use questions |
| ▪ Use anecdotes and examples | ▪ Know your audience |
| ▪ Give positive reinforcement | ▪ Use repetition and pacing |
| ▪ Project attitude of acceptance and sensitivity | ▪ Summarize important points |
| ▪ Provide written materials | ▪ Repeat key points |

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Instructional Materials

- Written materials
- EMR suggestions
- AI suggestions
- Printed material advantages
 - Available, reading rate controlled by reader, complex concepts can be explained fully and adequately, procedural steps can be outline, verbal instruction can be reinforced, learner can refer back to it, can include images and pictures as appropriate
- Printed material disadvantages
 - Impersonal, limited feedback, passive tool, complex content may be overwhelming to the learner, literacy skill of learner may limit effectiveness, accessing content by teacher may pose challenges

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AI, EMR and Teaching Resources

- Care pathways, EMR and AI may offer/provide teaching content
- These vary in detail and format
- Too detailed may clutter and hamper focused teaching
- Too generic results in ineffective content
- Material and teaching content from ALL resources (written, AI, EMR, care pathways, other) must be PROPERLY and EFFICIENTLY administered to have value
 - Volume of teaching is NOT value
 - Breadth of teaching is NOT value
- AI/EMR can point you in the correct direction and assist but the burden of EFFECTIVE application is on the instructor to apply it

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Goals and Objectives

- Specific to identified knowledge deficit/need—focus of home health care
- Generic goals applicable to all patients should be limited
- Goals are evaluated over time and amended with condition changes
- Goals are specific to learner status/condition (i.e., why performing teaching etiology of a chronic condition?)
- Specific, measurable, objective: able to be measured
- New conditions, treatments have goals to match
- Goals must be meaningful to patient condition and need
- The CONCEPT of a goal is to provide guidance and intervention to result in the patient's use of the material/information to improve health status/condition

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Effective Teaching

- Must relate to the primary diagnosis
- Does not address every diagnosis and/or every medication
- Relates to specific identified knowledge deficits (not for “disease process” or “medication regimen”)
- Addresses barriers to learning
- Does not continue once inability or unwillingness to learn is identified
- Assesses retention of material by patient
- Addresses behaviors and issues that CAN BE CHANGED
- Has overall goal of positioning the learner with information to act on in future and improve health status and condition
- Has a goal of effecting change in behavior that persists after home health discharge
- Matches method to learning style

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Ineffective Teaching

- Is generic
- Does not use any resource to aid retention
- Does not record response in a meaningful way (another person reading the record cannot determine the status or effectiveness of the teaching)
- Is not cohesive to the plan of care
- Is not delivered over time (i.e., “one and done”)
- “Verbalizes understanding”
- Repeats content prior addressed
- Reinforces content already listed as having met goals
- Does not show the skill level of a medical professional was needed to provide
- Does not specify who(m) is instructed (e.g. “caregiver” or “PCG” only)
- Does not identify any barriers to teaching

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Therapy Teaching

- CMS is silent on teaching requirements for therapy service
 - No comparable IOM MBPM 100-02, Chapter 7, Section 40.1.2.3 or 42 CFR 409.33
- Teaching is inferred in therapy skilled care requirements
- Also required to be skilled and showing sufficient complexity to require therapist
- Teaching performed during therapeutic modalities follows standards of practice
- Home Exercise Plan (HEP) most common example of therapy instruction provided
- Should be tested for appropriateness to the patient and person(s) instructed ability to learn
- The process of effective teaching is the same as for nursing
- Therapy assistant (PTA, COTA) teaching must be created by the therapist (PT, OT)

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Dealing with obstacles or limitations

- Forgetfulness does not support a need for reinforcement
- Forgetfulness does not support a need for teaching
- Non-compliance with teaching requires reevaluation and altered approach
 - To determine cause (acute or chronic)
 - Barrier to effective teaching—or disqualifier?
 - Address root cause to remove issue: or becomes reason to stop teaching topic
- Repetition of failing teaching methods is not appropriate, skilled, or reimbursable
- Evaluation of retention and application is required for effective delivery of content
- The teaching plan must be flexible and fluid to deal with shifting learning ability

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A Process for Effective Teaching: Reminders

- Don't lose focus of what needs to be taught
- Evaluate the person's ability to learn
- Assess the person's readiness to learn
- Decide on the method of instruction
- Gather support material for teaching
- Perform the teaching
- Evaluate the response
- Document the progress/status
- Stay on track for what needs to be instructed (repeat material as needed)

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Retention and Application

- Verbal instruction alone has virtually no efficacy for retention
- Hard-copy or electronic resources provide reminders once teaching is completed
- These provide a foundation for self-performance and continued application of the topic
- In case of readmission to home health these provide information on what was prior included as teaching
 - Provides a basis for reinforcement
 - Allows failure analysis of prior teaching to improve
- Repetition and Return Demonstrations increase efficacy and learning achieved

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A Teaching Process Checklist

- 1) Identify the knowledge deficit/need (topic)
- 2) Identify the ability to learn and obstacles to teaching
- 3) Gather teaching materials on the topic
- 4) Establish a plan of action and goals for teaching
- 5) Perform the instruction
- 6) Evaluate the effectiveness of teaching in relation to goals
- 7) Follow-up and amend instruction provided
- 8) Document findings, actions, and outcomes
- 9) Make referrals to resources and plans for reinforcement of learning after discharge
- 10) Leave materials to foster ongoing compliance after discharge

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Conclusion

- Effective teaching is a process
- Learning to be an effective teacher is a skill
- Home health teaching is a predominate skilled service
- Evaluating the need, learning ability, readiness to learn and developing appropriate content is key to success
- Added to this are developing realistic appropriate goals and consistent evaluation of outcomes obtained
- Understanding how to determine need and develop an effective plan starts good teaching
- Delivering teaching via learner appropriate methods concludes good teaching

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