The Role of Performance Measures in Home Health Management
IAHHC 2016 ANNUAL CONFERENCE
MAY 10 &11, 2016

Your Speaker
Bonny Kohr, RN, CHCE, HCS-D
AHIMA approved ICD-10 trainer
Senior Manager
Marcum LLP
111 S. Pfingsten Road, Suite 300
Deerfield, IL 60015
Direct: (847) 282-6511
Bonny.kohr@marcumllp.com

Marcum is a top national accounting and advisory services firm with 1500 professionals and 29 offices in major business markets throughout the U.S., Grand Cayman and China.
Performance Measure reports

- OASIS C Quality Improvement Reports
  - Agency Patient-Related Characteristics
  - HHA Trend Analysis
  - Outcomes
  - Potentially Avoidable Events
  - Process Measures
  - Tally
- HHA Provider Reports
  - Submission Statistics
  - Discharges
  - Duplicate Patient
  - Error Reports
  - Roster Reports
  - Validation Reports
  - OASIS RFA Statistics by Agency
- Utility Reports
  - Deficiency Tag
- Quality Assessments Only (QAO) Performance Report
- HHCAHPS
- Home Health Compare
- HHA STAR Reports
  - The Quality of Patient Care Star Ratings
  - Patient Survey Star Ratings
- PEPPER
- Medicare Provider Utilization and Payment data
Where is this data used?

- Home Health Compare
- Five-Star Quality Rating (5 Star)
- Certification and Accreditation Surveys
- IMPACT – cross setting measures
- Value-Based Purchasing Model
- Comprehensive Care for Joint Replacement Model
- CMS contractors
- Qualified entities

Examples of data currently used outside the agency
Performance Measures

- Only a subset of performance measures are publicly reported
- Factors considered for inclusion (evaluated by National Quality Forum (NQF))
  - Whether it addresses an aspect of care or treatment that improves people’s health or well-being
  - Whether it can be measured accurately and reliably in different home health agencies
  - Whether the information can be used to improve the quality of care or to inform patients’ decisions about where to go for care

Outcome Measures

- Stabilization outcomes are not publicly reported
- The following improvement outcomes are not publicly reported
  - Improvement in grooming, dressing, toilet transferring, toilet hygiene, eating, light meal prep, phone use, speech and language, urinary tract infection, urinary incontinence, confusion frequency, anxiety level, behavior problem frequency
Outcome Measures

- Improvement in Bathing
- Improvement in Bed Transferring
- Improvement in Ambulation
- Improvement in Management of Oral Medications
- Improvement in Dyspnea
- Improvement in Pain Interfering with Activity
- Improvement in Status of Surgical Wound

All measures are used as part of the Pre-survey process for sample selection.

---

Outcome Measures

- Improvement in management of oral medications is not included in the 5 star rating but is included in HHVP demonstration
- HHVP will also include an improvement measure based on prior functioning ADL/IADL (M1900)
- Improvement in surgical wounds is currently used by Home Health Compare only
5 STAR measures
- Quality of Patient Care Star Ratings criteria for inclusion:
  - “The measure applies to a substantial proportion of home health patients so that it can be reported for a majority of home health agencies”
  - “The measure shows a reasonable amount of variation among home health agencies, and it is possible for a home health agency to show improvement in performance (i.e., the measure is not “topped out”).”
  - “The measure has high “face validity” (can be taken at face value) and clinical relevance”
  - “The measure cannot be susceptible to random variation over time”

Utilization Outcome Measures
- Emergency Department Use without Hospitalization (Claims based)
- Acute Care Hospitalization (Claims based)
- Rehospitalization During the First 30 Days of Home Health (Claims based)
- Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health (Claims based)
- Discharged to the Community

Claims based data is only calculated for Medicare fee-for-service patients

Acute Care Hospitalization measure is also used as part of the Pre-survey process
Utilization Outcomes

- Acute Care Hospitalization rates are a healthcare industry universal focus
- 5 STAR ratings use only the acute care hospitalization data
- Home Health Compare uses all of the claims based outcomes
- IMPACT cross setting measures include re-hospitalization (and other associated services) during the first 30 days following the end of the treatment period
- HHVBP focus is on hospitalization within 60 days of home health start of care plus emergency department use without hospitalization and the percent of patients discharged to the community

Process Measures

- Timely Initiation of Care
- Depression Assessment
- Multifactor Fall Risk Assessment
- Pain Assessment Conducted
- Pressure Ulcer Risk Assessment
- Pressure Ulcer Prevention in Plan of Care
- Pressure Ulcer Prevention Implemented
- Diabetic Foot Care and Patient/Caregiver Education Implemented
- Heart Failure Symptoms Addressed
- Pain Interventions Implemented
- Drug Education on All Medications
- Influenza Immunization Received
- Pneumococcal Polysaccharide Vaccine Received

Home Health Compare
5 Star
HHVBP
Process measures

- 5 Star ratings include timely initiation of care, drug education and influenza immunization measures
- HHVBP will use influenza and pneumococcal immunization data

HHA Provider reports

- Activity Report
- Submission Statistics
- Discharges
- Duplicate Patient
- Error Reports
- Roster Report
- Validation Report
- OASIS RFA Statistics by Agency
- Utility Report
  - Deficiency Tag
- Quality Assessments Only (QAO) Performance Report
- Certification and Accreditation Surveys
- CMS contractors
Potentially Avoidable Events

- Emergent Care for
  - Injury caused by fall
  - Wound infections, deteriorating wound status
  - Improper medication administration, medication side effects*
  - Hypo/hyperglycemia
- Development of Urinary Tract Infection
- Increase in number of pressure ulcers
- Substantial decline
  - In 3 or more ADLs
  - In management of oral medications
- Discharged to the community needing
  - Wound care or medication assistance
  - Toileting assistance
- Discharged to the community with
  - Behavioral problems
  - An unhealed stage II pressure ulcer

*PAE measure was considered but not included in final rule for HHVBP

HHCAHPS Survey - Home Health Compare

- Percent of patients who gave top ratings for care of patients in a professional way
- Percent of patients who gave top ratings for communication between providers and patients
- Percent of patients who gave top ratings for specific care issues
- Percent of patients who gave top ratings for overall care from providers
- Percent of patients who reported YES, they would definitely recommend this home health agency to family and friends
HHCAHPS Survey Summary – 5 Star

- Three composite measures
  - Care of patient questions
    - 9 – how often provider seemed informed
    - 16 – how often provider treated you gently
    - 19 – how often provider treated you with courtesy/respect
  - Communication between provider and patient questions
    - 2 – aware of what care/services would be provided
    - 15 – how often provider kept you informed about visit time
    - 17 – how often provider explained things – easy to understand
    - 18 – how often did provider listen carefully
    - 22 – did the provider’s office get the help or advice you needed
    - 23 – how long did it take for you to get the help or advice needed
  - Specific care issues questions
    - 3 – did the agency talk with you about how to set up your home
    - 4 – did the agency talk with you about all your medicines
    - 5 – did the agency ask to see all your prescription medicines
    - 10 – did you and the provider talk about pain
    - 12 – did the provider talk with you about the purpose for taking new/changed medicines
    - 13 – did the provider talk with you about when to take these medicines
    - 14 – did the provider talk with you about the important side effects of these medicines
  - Global Item
    - Q20 - Overall Rating of Care

IMPACT Cross setting measures

- Quality Measure Domains:
  - Skin integrity and changes in skin integrity
  - Functional status, cognitive function, and changes in function and cognitive function
  - Medication reconciliation
  - Incidence of major falls
  - Transfer of health information and care preferences when an individual transitions

- Resource Use and Other Measure Domains:
  - Resource use measures, including total estimated Medicare spending per beneficiary
  - Discharge to community
  - All-condition risk-adjusted potentially preventable hospital readmissions rates

- Standardized Assessment Categories:
  - Functional status
  - Cognitive function and mental status
  - Special services, treatments, and interventions
  - Medical conditions and co-morbidities
  - Impairments
  - Other categories required by the Secretary
OASIS C2 – Preparing for Cross Setting Measures

- Three New Items
  - M1028 Active Diagnoses, comorbidities and co-existing conditions
    - Peripheral Vascular Disease or Peripheral Arterial Disease
    - Diabetes Mellitus
  - M1060 Height and Weight
  - GG0170 Functional abilities and goals at SOC/ROC
    - GG0170C Mobility – Lying to Sitting on Side of Bed
- Replacement of specific items
  - M1311 replace M1308 Pressure ulcers (current plus identifies present at SOC/ROC)
  - M1313 replaces M1309 worsening pressure ulcers
- Change in look-back periods
  - Since the previous OASIS assessment changed to since the most recent SOC/ROC
    - M1501 replaces M1500 (symptoms in heart failure patients)
    - M1511 replaces M1500 (heart failure follow up)
    - M2301 replace M2300 (emergent care)
    - M2401 replaces M2400 (intervention summary)
- Change in format
  - Converts multiple check boxes to a single box for data entry

Home Health Value Based Purchasing

- New Measures to be submitted through Web portal
  - Advance Care Planning
  - Influenza Vaccination Coverage for Home Health Care Personnel
  - Herpes Zoster Vaccination received by HHA patients
Pepper Target Areas and Potential Risks

- **Average Case Mix**
  - Over coding of clinical and functional status
- **Average Number of Episodes**
  - Treatment continuing beyond the need for skilled services
- **Episodes with 5 or 6 visits**
  - Minimum number of visits to obtain an episodic payment considered in the plan of care development
- **Non-LUPA Payments**
  - Minimum number of visits to obtain an episodic payment considered in the plan of care development
- **High Therapy Utilization**
  - Improperly billing for therapy services
- **Outlier Payments**
  - Potential over coding of clinical and functional status
- **Additional Reports**
  - Agency Top Diagnoses Categories [http://tinyurl.com/7yczban](http://tinyurl.com/7yczban)
  - Top Therapy Episodes by Diagnosis Category

CEOS, Administrator, President or compliance officer may access PEPPER.

---

Medicare Provider Utilization and Payment Data: Home Health Agencies

- [http://tinyurl.com/j3h45ot](http://tinyurl.com/j3h45ot)
Management Decisionmaking

- Virtually **NO** management decision should be made in today’s environment without consulting data...
  - Cost data
  - Claims data
  - Process measures
  - Outcome measures
  - PEPPER Reports etc.
- ...and without evaluating it against your strategic plan
  - How are you positioning your agency for the future?
  - How is your local market changing and what aspects of that market do you intend to serve?
  - What are your specialties, where are you most competitive?
What Should Be on Your Management Dashboard?

- As the Agency Director?
- As the Agency Supervisor?
- As a Team Leader?
- As the Nursing or Therapy/Rehab Coordinator?
- As the Chief Financial Officer?
- As the Back-Office Operations Manager?
- As the Chief Technical Officer/IT Director?
- As the Quality Manager?
- As the Patient Relations Manager?

Build Your Value Proposition

- What do you
  - Do well?—process and outcome measures
  - Most cheaply and efficiently?—claims and cost data
  - With the greatest impact on the health of your local population?—utilization data, incidence of disease, success with prevention measures

- Advantage of the IMPACT Act Measures
  - Cross-setting measures will allow home health agencies to more fully demonstrate the value of home care
    - Lower cost care
    - Reduced risk of infection
    - Functional improvement in real-world setting
Marketing/Participation in Health Systems

- Medicaid Managed Care AND Medicare Advantage Plans
  - Seeking low cost providers who deliver good outcomes quickly and efficiently
  - Behavioral health understanding and programs to address
  - Good ties to community organizations to address social determinants of health
  - Measures show low rehospitalization rates, reduced use of emergency/urgent care services, improved medication compliance
  - Some will accept data-based arguments that spending some money now will save money in the future
  - Demonstrate high patient satisfaction scores linked to good outcomes

- Affordable Care Organizations And Affordable Care Communities
  - Analysis of OASIS Case-Mix data can identify the social determinants of particular high-utilization populations
  - Readiness to share data and demonstrating understanding of data enhances your opportunity to be identified as a partner
  - Analyze costs to determine ability to share risk with these systems
  - Use cost-efficiency and effectiveness arguments to support investment in services outside the coverage norm
    - Telehealth
    - Health literacy
    - Medication management strategies
    - Chronic disease management
Marketing/Participation in Health Systems

- Value Based Purchasing and Post-Acute Bundling
  - It won’t be one or the other, it will be both
  - Value Based Purchasing = reducing costs overall and giving high performers a bonus—a variation on sharing risk
    - Incentivizes providers to increase quality and reduce costs
  - Post-Acute Bundling = a larger, more efficient structure for shifting risk and responsibility for outcomes onto the provider industry
    - Incentivizes providers to increase quality, reduce costs and coordinate care

Quality Improvement Initiatives

- Performance Improvement activities have been required for many years
  - Quarterly Clinical Record Reviews
  - Annual Agency Evaluations
  - OBQM—Potentially Avoidable Events
  - OBQI—nominally option, but is it really?
  - Infection Control Surveillance
- Proposed Quality Assessment and Performance Improvement (QAPI) COP Pending
  - Formalizes the QBQI and Infection Control Surveillance activities in Medicare Conditions
  - Folds the Medicare Quarterly Clinical Record Reviews and Annual Agency Evaluation into the QAPI process
Regulatory Compliance

- Generate your own data using the Medicare Survey Tools
  - What is your compliance rate with the Level 1 standards in areas of particular importance to your organization?
  - How does your compliance rate with the COPs correlate with your billing/reimbursement?
- Generate your own data by conducting Medical Review audits
  - Identify claim processing issues
  - Identify coverage compliance issues
  - Improve compliance with LCDs
  - Provide feedback to physicians on face-to-face documentation

Case Studies

- Rehospitalization Outcome
- Comprehensive Care for Joint Replacement
- Medicaid Managed Care
Re-Hospitalization Outcome

- Need to identify why your agency numbers are high
  - What trends exist?
    - Conditions involved
    - Clinicians involved
    - Physicians involved
  - HHA Trend Analysis can identify top reasons reported from the OASIS assessments for hospitalization (not claims data)

Case Mix Tally report can identify patients included in the OASIS outcome data for hospitalization (not claims data)

Use data to identify trends
Re-Hospitalization Outcome

- Develop an agency wide plan based on outcome reports
- Develop a specific evaluation “tool” to address the reasons contributing to the re-admissions
- Develop an intervention plan specific to the patients identified at greater risk
  - If it is a particular physician(s), identify why and what can be done to mitigate the problem
  - If it is a particular clinician(s), identify why and provide additional education based on the reasons
  - If it is a specific condition(s), identify the reason the patients and clinicians believe contributed to the readmissions and develop a plan to address the contributing factors

Comprehensive Care for Joint Replacement

- What is the Hospital looking for in a Home Health partner?
  - Lowest-cost efficient service delivery that prevents readmission (NQF#1550)
    - Good wound care
    - Good pain management
    - Physical therapy that is highly effective in the fewest number of visits
      - Promotes patient safety
      - Good functional outcome
      - No dawdling around
  - Happy patients (NQF#0166)
    - Good functional outcome
    - Pain management
    - Reliable agency
Comprehensive Care for Joint Replacement

- OASIS Measures
  - Timely Initiation of Care
  - Multifactor Fall Risk Assessment; Fall Prevention Steps in Plan of Care; Fall Prevention Steps Implemented
  - Pain Assessment Conducted; Pain Interventions in Plan of Care; Pain Interventions Implemented
  - Improvement in Status of Surgical Wounds
  - Improvement in Pain Interfering with Activity
  - Improvement in Management of Oral Medications
  - Improvement in Ambulation/Locomotion
  - Improvement in Toilet Transferring
  - Improvement in Lower Body Dressing
  - Improvement in Bathing
  - Improvement in Light Meal Preparation

Comprehensive Care For Joint Replacement

- OASIS Measures (cont)
  - Emergency Department use with Hospitalization (OASIS)
  - Emergency Department use without Hospitalization (OASIS)
  - Emergency Department use without Hospital Readmission During the First 30 Days of Home Health (Claims)
  - Acute Care Hospitalization (OASIS and Claims)
  - Rehospitalization During first 30 Days of Home Health (Claims)
  - Emergent Care for Injury Caused by Fall
  - Emergent Care for Wound Infection, Deteriorating Wound Status
  - Discharged to Community
Comprehensive Care for Joint Replacement

- Additional Data
  - Average Length of Stay (age cohorts?)
  - Average numbers of visits per discipline (age cohorts?)
  - HH CAHPS 5 Star Ratings
- Implement Best Practices for joint replacement care
  - Insure staff buy-in
  - Develop team model for high efficiency and effectiveness
  - Insure early identification of patient problems so interventions can be implemented promptly
- Develop description of program with data demonstrating efficiency and effectiveness

Medicaid Managed Care

- Identify Target Medicaid Population
  - MMAI
  - Disabled
  - Behavioral Health
  - Chronic Disease Population
  - Pediatric/Postpartum
- Compare your agency demographics to the demographics of the target population
  - Is there a good match?
  - Can you extrapolate from your OASIS data to the target population?
Medicaid Managed Care

- OASIS Measures
  - Select measures based on target population and relevant demographics
  - Rehospitalization and Emergency Department use always important
- Use Value Proposition to demonstrate post-acute savings for payer
  - Based on utilization data
  - Program features designed to improve outcomes, stabilize health care needs, decrease costs
 Disclaimer

This Presentation has been prepared for informational purposes only from sources believed accurate and reliable as of the date of preparation. It is intended to inform the reader about the subject matter addressed. This is not to be used or interpreted as tax or professional advice.

Those seeking such advice should contact a Marcum professional to establish a client relationship.