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**CMS' 8<sup>th</sup> Scope of Work  
Home Health Quality Initiative**

**Achieving Excellence Through  
Transformational Change**

# Objectives of Presentation

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- Provide overview of the priority areas identified in CMS' 8<sup>th</sup> Scope of Work for the home health community of practice
- Review CMS program goals
- Understand transformational change focus
- Identify quality measures selected for focused quality improvement efforts

# Transformational Change

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- Success in the 8<sup>th</sup> Scope of Work is critical to the program in achieving “Transformational Change”

# What is Transformational Change?

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- Change which enables a provider to deliver care meeting the 6 Aims for Care identified by the Institute of Medicine (IOM)
  - Safety
  - Effectiveness
  - Efficiency
  - Timeliness
  - Patient-centeredness
  - Equity

# What is Transformational Change?

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- Results from the implementation of the four CMS key strategies:
  - Measure and report performance
  - Adopt Health Information Technology (HIT) & use if effectively
  - Redesign care process
  - Transform organizational culture

# CMS Key Strategies: Measure and Report Performance

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- To identify opportunities for improvement and to track progress in doing so
- Measures are based on clinical outcomes or evidence-based practices, systems and process implementation, patient experience, staff experience, cost, etc.
- To create comparative data for use in quality improvement, public reporting, pay-for-performance and accreditation with appropriate provider consent

# CMS Key Strategies: Adopt HIT and Use It Effectively

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- Health information technology supports performance measurement, population management and point-of-care decision making, personal health management and provider-patient interaction
- Adoption of HIT must be accompanied by use of its functionalities to transform performance

# CMS Key Strategies: Redesign Care Processes

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- Redesign of process results in fundamental, rather than simply additive changes to a process, and/or changes which are not specific to a clinical condition
- Examples include patient self-management, human factors design, patient-controlled processes

# CMS Key Strategies: Transform Organizational Culture

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- **A transformed organizational culture is one in which:**
  - Senior leadership orients the organization to quality through goals which drive resource allocation and performance assessment, and engages staff on quality
  - Staff are empowered to identify quality issues, fix mistakes as they occur so as to prevent defects, and improve process
  - Management recruits effectively, promotes effective teamwork through role clarity and communication that plans for actions, makes information known during actions, and results in learning after actions

# 8<sup>th</sup> Scope of Work Overview

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## Quality Improvement Organization (QIO) Responsibilities

- Implement effective quality improvement strategies and evaluate the success of quality improvement activities
- Foster collaboration among providers, payers and others to improve care and increase the value of healthcare expenditures

# 8<sup>th</sup> Scope of Work Overview

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## Quality Improvement Organization (QIO) Responsibilities

- Analyze national and state-level quality performance data
- Communicate with professional and provider communities about performance measures and their use in quality improvement projects
- Design and collaborate on quality improvement projects that emphasize improving systems of care

# 7<sup>th</sup> Scope of Work Objectives / Accomplishments

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- National spread of Outcome-Based Quality Improvement (OBQI) methodology
- Attainment of statistically significant improvement regarding at least one outcome measure
- National launch of Home Health Compare publicly reported quality measure data

# 7<sup>th</sup> Scope of Work Results

Measure	Relative Change in un-weighted average, 5/01 – 4/02 to 11/03 – 10/04
Improvement in Pain	w/ POAs: 22.9%; no POAs: 7.7%
Emergent Care	w/ POAs: -11.5% no POAs: -4.4%
Improvement in Dyspnea	w/ POAs: 36.1% no POAs: 10.6%
Improvement in Oral Meds	w/ POAs: 23.4% no POAs: 9.4%
Acute Care Hospitalization	w/ POAs: -.66% no POAs: 3.3%

## 7<sup>th</sup> Scope of Work Results, cont.

Measure	Relative change in un-weighted average, 5/01 – 4/02 to 11/03 – 10/04
Improvement in Transferring	w/ POAs: 22.6% no POAs: 5.2%
Improvement in Status of Surgical Wounds	w/ POAs: 9.9% no POAs: -1.6%
Improvement in Ambulation	w/ POAs: 27.8% no POAs: 13.8%
Improvement in Bathing	w/ POAs: 18.4% no POAs: 10%
Improvement in Urinary Incontinence	w/ POAs: 37.3% no POAs: 5.2%

# Home Health Quality Improvement Priorities For The 8<sup>th</sup> Scope of Work

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- Achieve specified target rate for acute hospitalization
- Achieve specified target rates for the publicly reported OASIS measures
- Achieve a specified improvement rate for influenza & pneumococcal immunization assessment
- Implement and utilize telehealth to address acute care hospitalization
- Improve organizational culture

# Home Health Quality Improvement Priorities For The 8<sup>th</sup> Scope of Work

- **Statewide Improvement Group**
  - All NYS Medicare-certified home health agencies
- **Clinical Performance Identified Participant Group**
  - 20 % of all NYS Medicare-certified home health agencies  
(40 agencies)
- **Systems Improvement & Organizational Culture Change Identified Participant Group**
  - 8% of all NYS Medicare-certified home health agencies  
(16 agencies)
  - May consist of agencies involved in Clinical Performance IPG

# Home Health Quality Improvement Priorities For The 8<sup>th</sup> Scope of Work

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- **Statewide Improvement Group**
  - **Promote transformational change utilizing OBQI**
    - Acute Care Hospitalization
    - 1 additional OASIS publicly reported measure
  - **Incorporate flu/pneumonia immunization assessments into comprehensive assessment, offering vaccines or align with vaccine source & provide follow-up**

# Home Health Quality Improvement Priorities For The 8<sup>th</sup> Scope of Work

- **Clinical Performance Identified Participant Group**
  - **Promote transformational change utilizing OBQI**
    - Acute Care Hospitalization
    - 1 additional OASIS publicly reported measures
  - **Incorporate flu/pneumonia immunization assessments into comprehensive assessment, offering vaccines or align with vaccine source & provide follow-up**

# Home Health Quality Improvement Priorities For The 8<sup>th</sup> Scope of Work

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- **Systems Improvement & Organizational Culture Change  
Identified Participant Group**
  - **Promote transformational change utilizing OBQI & implementation and/or utilization of emerging telehealth technologies to help reduce acute care hospitalization**
  - **Incorporate flu/pneumonia immunization assessments into comprehensive assessment, offering vaccines or align with vaccine source & provide follow-up**
  - **Evaluate and improve organizational culture**

# Identified Participant Group (IPG) Recruitment & Selection

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- CMS will establish a process by which providers notify CMS of their request for QIO assistance and thereby become potential participants in an Identified Participant Group (IPG)
- QIO will then form the Identified Participant Groups according to the requirements CMS specifies
- More details to come.....

# Identified Participant (IP) HHA CMS Size Requirement

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- HHA size based on eligible cases for utilization outcomes from March 2004 – February 2005 OBQI reports
- Small HHAs – less than 90 episodes annually
- Medium HHAs – 91 – 350 episodes annually
- Large HHAs – 351+ episodes annually
- Contract minimum requirements for IPG:
  - 10% Small HHAs
  - 10% Medium HHAs
  - 15% Large HHAs

# Substitution Clause

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- The QIO may select up to 8 additional HHAs to work with on IPG activities (or 8% additional for states with more than 100 HHAs).
- The QIO may substitute 1 or more of their original IPs with this group only if:
  - An IP has gone out of business, or
  - An IP has changed ownership

# Identified Participant Group QM Selection / POA Development

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- CMS has established the deadline of January 13, 2006 for:
  - QIO selection & submission of home health agencies in IPGs
  - IPGs selection of quality measure for POA focus
  - Submission of IPG Plans of Action (POA) for
    - Acute Care Hospitalization POA
    - Agency selected quality measure POA
    - QIO selected quality measure POA

# Statewide QM Selection

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- Statewide measure will be selected by:
  - Review of statewide data trends
  - Input from NYS home health providers
  - Home Health Steering Committee guidance

# 8<sup>th</sup> Scope of Work Publicly Reported Quality Measures

- Improvement in Bathing
- Improvement in Transferring
- Improvement in Ambulation / Locomotion
- Improvement in Management of Oral Medications
- Improvement in Pain Interfering with Activity
- Improvement in Status of Surgical Wounds
- Improvement in Dyspnea
- Improvement in Urinary Incontinence
- Acute Care Hospitalization
- Discharge to Community
- Emergent Care (will not be used for 8<sup>th</sup> Scope of Work measurement)

# Acute Care Hospitalization

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- National focus for improvement
- 11/03 Home Health Compare Launch
  - NYS Average – 31%
  - National Average – 28%
- 03/05 Home Health Compare Update
  - NYS Average – 31%
  - National Average – 28%
- CMS Acute Care Hospitalization Pilot Project
  - Eleven QIOS involved – NY
  - Thirteen NYS home health agencies participating

# Statewide Immunization Work

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- Goal: to incorporate influenza and pneumococcal immunizations into HHAs comprehensive patient assessments, including offering these vaccinations or partnering with vaccine source, as well as providing follow-up
- Two surveys conducted – Baseline Sept 2006; the other measuring improvement, Nov 2007
- CMS immunization workgroup forming, will create policies/procedures regarding HHAs administering immunizations

# Telehealth Specifics

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- Implement and/or utilize telehealth as a tool to help reduce acute hospitalization
- Shall include both types of Home Telehealth :
  - phone monitoring (telephone interventions with patients/caregivers)
  - telemonitoring (use of telemonitoring equipment & technology)
- Shall meet CMS Telehealth Clinical Guidelines to be released August 2005 which will contain patient, provider & technology criteria

# Organizational Culture IP Specifics

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- Survey shall focus on organizational practices including, but not limited to: staff satisfaction, care practices, HHA systems/processes
- QIO shall submit survey results twice, May 1, 2006 and March 1, 2007
- Two months after each survey, the QIO will help each IP to create & implement a Plan of Action to submit to CMS database

# How Do We Prove Effectiveness?

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- We must demonstrate performance difference between IPs and statewide groups
  - Baseline data period for NY – August 2003 – July 2004
  - Re-measurement period – September 2006 – August 2007 to occur approximately November 2007

Direct correlation between QIO efforts and positive improvement in the data

# How Do We Prove Efficiency?

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- Shared resources developed by QIOSC
  - Change Packages
  - Strategies, Protocols, Tools & Resources
- Shared learning = shared success stories
  - Statewide agency collaboration
  - National
- National improvement

# Home Health Compare

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- Home Health Compare CMS Updates
  - 06/03/05** 03/2004 – 02/2005 data collection timeframe
  - 09/01/05** 06/2004 – 05/2005 data collection timeframe
  - 12/01/05** 09/2004 – 08/2005 data collection timeframe
- Home Health Compare Conversion  
Calculator available on [www.MedQIC.org](http://www.MedQIC.org)

# Home Health Compare

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- Revisions for fall 2005 release
  - Improvement in ambulation/locomotion
  - Improvement in bathing
  - Improvement in transferring
  - Improvement in management of oral medications
  - Improvement in pain interfering with activity
  - Improvement in dyspnea
  - Improvement in urinary incontinence
  - Acute care hospitalization
  - Discharge to community
  - Emergent care

# Home Health Compare

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- Improvement in status of surgical wounds will be added in future release
- QMs scheduled to be removed in fall 2005
  - Improvement in upper body dressing
  - Stabilization in bathing
  - Improvement in toileting
  - Improvement in confusion frequency

# Next Steps....

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- Ascertain provider interest in Identified Participant Group membership
- Identify high priority quality measures for focus
- Selection of statewide quality measure
- Analysis of Acute Care Hospitalization Pilot data
- Continued Plan of Action recruitment
- Review / update of current POAs
- Ongoing communication & collaboration on OBQI process

# Website Resources

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- **MedQIC Website** – [www.medqic.org](http://www.medqic.org)
- **Full CMS 8<sup>th</sup> Scope of Work Document** - <http://www.eps.gov/spg/HHS/HCFA/AGG/CMS05QIO1CNAHC/listing.html>
- **I PRO** – [www.ipro.org](http://www.ipro.org)
- **Joint Effort New York (JENY) Website** - <http://jeny.ipro.org>
- **Home Health Compare** - [www.medicare.gov/hhcompare/home.asp](http://www.medicare.gov/hhcompare/home.asp)

# Contact Information

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