

# Quality Counts

Arizona Home Health Quality Initiative

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## What's New

### Visit HSAG's HHQI Web Site

HSAG's Home Health Quality Initiative (HHQI) Web site contains up-to-date information and resources to help you improve the quality of care you provide to your patients.

Find out what's new by visiting <http://hhqi.hsag.com> today!

## Dust Off Your POA

### How long has it been since you looked at your agency's POA?

Some agencies have Plans of Action (POAs) to reduce acute care hospitalizations and improve the management of oral medications. Other agencies have established POAs for publicly reported measures specific to their patient populations or for organizational culture improvement.

Regardless of the POAs your agency has in place, now is the time to take a look at how your agency is implementing the interventions on those plans. Make sure that your POAs address the following:

- A problem statement
- Best practices
- Intervention actions
- Intervention progress monitoring
- Evaluation of POA effectiveness

Take a critical look at your agency's POAs and ask yourself these questions:

- Is the POA still pertinent?
- Are the interventions selected capable of affecting your patients' outcomes?
- Do the timelines on your POA reflect reality?

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## Medicare Appeals: Provider Information

To view HSAG's new Medicare provider Web page that contains information about Fee-for-Service and Medicare Advantage benefits, visit <http://www.hsag.com/providers>. The page contains information on:

- The beneficiary notices initiative (BNI).
- Managed care appeals and grievances.
- Sample notice forms (downloadable).
- The Federal Register (BIPA) Regulation.

- Are staff members fully implementing the plan's interventions?

If one intervention is fully implemented, you may want to stop monitoring it and think about what else your agency can do to affect outcomes. Consider adding a new intervention. This will assure the relevance of your POA.

Remember, your POA needs to be a useful tool. Share your agency's POAs with staff members on a regular basis to help them understand the focus of your efforts and what is expected of them. Staff members will appreciate this sharing and will most likely have some valuable input.

## Emergency Care Planning

### ***New best practice intervention package now available***

The more patients and caregivers understand health events and the signs/symptoms they may experience, the less anxious they become. When they are less anxious, they are more likely to make clear, appropriate decisions about what steps to take when events occur.

Home health agency clinicians have the unique opportunity to teach patients and caregivers how to respond to health events, while patients and caregivers have the benefit of one-on-one interaction with clinicians—perhaps more than in any other health care setting. That's why it's important for home health

### ***Register for the HHQI National Campaign***

Don't forget to register for the 2007 Home Health Quality Improvement (HHQI) National Campaign.

Thousands of agencies around the country have already registered for this grassroots quality-improvement collaborative in their commitment to reducing acute care hospitalizations.

For more information or to register for the campaign, visit <http://www.homehealthquality.org>.

clinicians to educate patients on planning for specific health events.

To help with this effort, the Home Health Quality Improvement (HHQI) Campaign has created an Emergency Care Planning Best Practice Intervention Package (BPIP).

Campaign registrants can simply go to <http://www.homehealthquality.org/hh/hha/interventionpackages/ecp.aspx> to download the entire BPIP, individual tracks, or the Fast Track—don't worry about printing out the entire package, just use what is applicable for your agency. For agencies that have not yet registered for the campaign, please visit <http://www.homehealthquality.org/hh/involved/default.aspx>.

HSAG encourages agencies to incorporate an emergency care plan into your POAs, as well as in your SOC/ROC packet. But that's just the beginning. Positive changes occur when agency staff members educate patients and caregivers about the emergency care plan.

## Actual vs. Risk-Adjusted Rates

### ***What does it all mean?***

Let's take a look at the acute care hospitalization (ACH) publicly reported measure to help explain the difference between your agency's actual and risk-adjusted rates.

### ***What is my agency's "actual ACH rate?"***

This is the ACH rate from your OBQI Outcome Report. More specifically, it is the percentage of all eligible home health episodes that ended in hospitalization out of all completed home health episodes within each given 12-month period.

### ***What is my agency's "risk-adjusted ACH rate?"***

This is your agency's ACH rate plus a risk-adjustment factor, which is how your agency's rate is posted on *Home Health Compare*. The risk-adjustment factor takes into account differences between your agency's patient population and the national patient population.

## **What does it mean if my ACH risk-adjusted rate is HIGHER (worse) than my actual rate?**

If your risk-adjusted rate is higher than the actual ACH rate for your agency, it means that your agency's patients are expected to be hospitalized less frequently than the average national patient. In other words, because your agency is expected to perform better than the national average (according to the risk model), your risk-adjusted score looks worse than your actual score.

## **What does it mean if my ACH risk-adjusted rate is LOWER (better) than my actual rate?**

If your agency's risk-adjusted rate is lower than the actual ACH rate for your agency, it means that your agency's patients are expected to be hospitalized

more frequently than the average national patient. In other words, because your agency is expected to perform worse than the national average (according to the risk model), your risk-adjusted score looks better than your actual score.

## **How do I learn more about the "risk model?"**

More details on the risk models for all the publicly reported outcomes can be found at: <http://www.cms.hhs.gov/HomeHealthQualityInits/downloads/HHQIOASISOBQIOverviewRADocumentation.pdf>.

Source: *Monthly HHQI National Campaign Benchmarking Report FAQs, March 2007.*

## **The ACH Connection: Medication Management**

Medication management is a strategy that uses specific interventions to assess and monitor the patient's/caregiver's ability and willingness to accurately and safely maintain physician-ordered medication regimens as a means of reducing hospitalizations.

## **How can medication management reduce hospitalizations?**

- Up to 30 percent of all hospitalizations and perhaps 45 percent of readmissions among the elderly can be attributed to medication mismanagement (*American Association of Health Plans, 20002*). Improving medication management can minimize issues with adherence.
- Medication compliance decreases with increased numbers of medications. Simplifying medication regimens can improve adherence.

## **What can my agency do?**

Educate all skilled clinicians in a standardized, comprehensive approach to:

- Evaluate a patient's ability to administer medications.
- Identify the presence and underlying causes of medication nonadherence.
- Ask if the interventions selected are capable of affecting your patient's outcomes?
- Promote patient self assessment and self-care management.

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## **Diabetes and Flu/Pneumococcal Campaign**

Even though people with diabetes are more likely to die with the flu, about 50 percent do not get an annual flu shot.

Pneumococcal disease kills more people in the U.S. each year than all other vaccine-preventable diseases combined, and people with diabetes are at greater risk.

The CDC's Diabetes and Flu/Pneumococcal Campaign, part of the ongoing public service campaign, *Diabetes. One Disease. Many Risks.*, encourages people with diabetes to get flu and pneumonia shots.

Are all of your agency's patients with diabetes being assessed for flu/pneumococcal immunization status?

For those eligible patients who have not received these immunizations, consider how your agency will follow up and document these findings.

Help your patients protect themselves. This can ensure your patients with diabetes improve their health management.

For more information, call 1.800.232.6348 or visit <http://www.cdc.gov/diabetes/projects/cdc-flu.htm>.

Source: <http://www.cdc.gov/diabetes/projects/cdc-flu.htm>; accessed on April 2, 2007.

- Simplify complex medication regimens.
- Provide medication compliance aids based on patient skills and/or deficits.

Other strategies to consider include educating physicians on your agency's goals for improving medication management and reducing avoidable hospitalizations, as well as reviewing all medications for appropriateness and ensuring that there are no potential adverse reactions.

### Best Practices

- At every skilled visit, have the clinician evaluate the patient's medication compliance. When adherence issues are identified, explore underlying causes and make appropriate referrals.
- For patients who score > 0 on MO780 and who take more than eight medications, look to see if there is an opportunity to simplify the patient's drug regimen.
- At SOC/ROC, have the admitting clinician provide the patient/caregiver with information on medication management strategies.

For more information on best-practice tools, visit [http://hhqi.hsag.com/QMAP\\_BP\\_Tools.pdf](http://hhqi.hsag.com/QMAP_BP_Tools.pdf).

Source: 2006 Briggs National Quality Improvement/Hospitalization Reduction Study.

### Pain Interfering with Activity Strategies

- Have all staff, including home health aides, screen for pain at SOC/ROC, recertification, and at each visit using standard screening tools.
- Have the RN/therapist complete a comprehensive assessment using the agency's standard assessment tool.
- Have the RN/therapist implement an interdisciplinary plan based on the standard of care you are using.
- Have the RN/therapist notify the referring physician of the need for revisions to the pain management plan during a visit where the report of pain is four or greater.
- Have the clinician reassess the patient's response to changes in the plan within a set period of time (via phone or visit) and notify the physician if the plan is ineffective.
- Have the RN/therapist refer to other disciplines as necessary to assist with implementation of the pain management plan.
- Have the RN/therapist provide education to the patient/caregiver on prescribed and OTC medications and nonpharmacologic therapies using the agency's teaching tools at the first report of pain.
- Have licensed staff accurately record OASIS MO420 based on pain that interferes with activity or movement only, and intervene to manage all pain that is unacceptable to the patient.

Source: Carol P. Curtiss, MSN, RN, C; prepared by Masspro.

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This material was prepared by Health Services Advisory Group, Inc. (HSAG), the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.