

Quality Counts

Arizona Home Health Quality Initiative

In This Issue

Don't Forget About OASIS Brown Bag Trainings!	2
HHQI National Campaign Update	2
Components of Disease Management	3
Life After the HHQI Campaign	4
HSAG Home Health Team Contact Information	4

What's New

ADHS/HSAG Two-Day OASIS Training

April 22–23 at HSAG
1600 E. Northern Avenue, Suite 100
Phoenix, AZ 85020

More information coming soon!

HSAG Accomplishments

Successful Medicare contract, high marks from stakeholders

HSAG has passed its final federal evaluation under its current three-year contract to help providers improve Medicare beneficiaries' quality of care, and it has earned some of the highest satisfaction scores in the nation from the stakeholders and providers it works with in Arizona.

The final evaluation under HSAG's 8th Scope of Work (8SoW) contract showed that for eight tasks—or settings of care—the company received five excellent-pass scores, two full-pass scores, and one conditional-pass score, all of which amounted to a successful completion of the contract.

Part of the 8SoW included a survey of providers and stakeholders who worked with the quality improvement organization (QIO) to improve care among Medicare beneficiaries. The three survey categories included knowledge, value, and overall satisfaction with the QIO. HSAG scored first in the nation in knowledge, fifth in value, and fifth in satisfaction, with an overall score that placed the company second in the nation among all QIOs. By settings of care, HSAG scored first under the nursing home task, sixth under the hospital task, and eighth under the physician practice task.

(Continued on page 2)

Free Quality Basics Series Now Available on MedQIC

A free Quality Basics Series is now available on MedQIC. This archived WebEx series includes topics such as:

- The history and evolution of quality.
- Dimensions of quality.
- Quality improvement models.
- Quality measurement: a data-driven approach.
- Structure, process, outcome: systems thinking.

Visit <http://www.medqic.org> and click on Quality Basics under the Latest News section.

QIOs such as HSAG work to help improve Medicare beneficiary health under federal “Scope of Work” contracts that typically last for three years. The current contract, Medicare’s eighth, began in November 2005. The focus is quality improvement work that results in care that is safe, effective, patient-centered, timely, efficient, and equitable—summed up by the Centers for Medicare & Medicaid Services as “the right care for every person every time.”

Under this latest contract, HSAG received excellent scores for its work under settings of care designated as hospital, physician practice, underserved populations, beneficiary protection, and hospital payment monitoring. The nursing home and critical access

hospital/rural hospital settings received full-pass scores, and the home health setting received a conditional pass. Home health was among the most challenging settings for many QIOs across all states. Seven states received conditional passes for home health—the most of any task—and four failed the task altogether.

States that passed the final evaluation (as Arizona did) received automatic renewal of core contract work for the 9SoW period beginning in August. Core contracts in states that failed any one of the tasks are now open for rebidding. Nine states had one or more task failures.

“The successful completion of the 8th Scope of Work contract and the high satisfaction scores we received from our providers and stakeholders all show that HSAG is performing well and is communicating effectively to maintain the contract that provides quality oversight for Medicare beneficiaries in Arizona,” said Mary Ellen Dalton, Chief Executive Officer of HSAG. “The QIO program in general serves as a highly valuable component of the health care system in this country.”

Moving forward under the 9SoW, QIOs will continue to improve beneficiary health by focusing on beneficiary protection, patient safety, and prevention, all of which will be part of the new core contract. QIOs can compete for additional contract work for special projects such as patient pathways (care transitions) and chronic kidney disease.

For more information about HSAG and the services it provides, please visit <http://www.hsag.com>.

HHQI National Campaign Update

Resources still available as campaign comes to a close

Believe it or not a year has passed, and the Home Health Quality Improvement (HHQI) National Campaign is coming to a close. The campaign has been an immense success with over 5,500 participating home health agencies. National stakeholders have supported and promoted the

Don't Forget About OASIS Brown Bag Trainings!

HSAG has partnered with the Arizona Department of Health Services (ADHS) to present a series of 2008 OASIS Brown Bag trainings throughout Arizona. These trainings will focus on what the Centers for Medicare & Medicaid Services has planned for OASIS, common errors, clarifications, and reports from HSAG on current topics.

The next Brown Bag training will take place on **March 25 from 11 a.m. to 1 p.m. in Tucson** (exact location TBD).

Agendas will be created based on input from you! What issues do you want to discuss and know more about? These trainings are informal, so bring your lunch and come find out what's new regarding OASIS.

Dates for future Brown Bag trainings are as follows:

- **May 20 from noon to 2 p.m. in Kingman** at the Kingman Regional Medical Center
- **July 22 from 11 a.m. to 1 p.m. in Flagstaff** (exact location TBD)

To submit questions/topics and to register for the Brown Bag trainings, please contact Caralyn Williams at 602.745.6284 or at cewilliams@azqio.sdps.org.

campaign, while Local Area Networks for Excellence (LANES) have coordinated the campaign work in each state. The campaign will end February 29.

Participating agencies will receive one final CD. Please remember that the information on the CD is not unique—it comes from the podcasts that were posted with each Best Practice Intervention Package (BPIP). The final CD includes the remaining clinician and home health aide podcasts for the yearlong campaign.

All of the podcasts from the 12 BPIPs can also be downloaded from the HHQI Campaign Web site, <http://www.homehealthquality.org>.

Components of Disease Management

Did you know that a disease-management program has six design components?

The best disease-management strategies consist of multiple components—some you may already have in place, and others may need to be added—based on appropriateness.

According to the Disease Management Association of America, a full-service, disease-management program must include these six components:

1. Population identification process
2. Evidence-based practice guidelines implementation
3. Collaborative practice models that include physician and support services provided
4. Patient self-management education
5. Process and outcomes measurement, evaluation, and management
6. Routine reporting/feedback loop

To read more about the six disease-management components, see page 10 of the Disease Management Best Practice Intervention Package at <http://www.homehealthquality.org/hh/hha/interventionpackages/dm.aspx>.

Note: All continuing education for the BPIPs will end on February 29. Visit the BPIP section of the campaign's Web site at <http://www.homehealthquality.org/hh/hha/interventionpackages/default.aspx> to download and use any part of the packages, tools, and resources. Many of the tools are posted in a modifiable format so that they can be personalized and/or changed by agencies.

Transitional Care Coordination BPIP now available

The Transitional Care Coordination BPIP—the final BPIP for the campaign—is now available for download by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/tcc.aspx>. This package is also the final package in the “Building Upon the Basics” series, which guides agencies in building upon basic interventions that have already been implemented to reduce acute care hospitalizations. The primary goal for improved care transitions is to provide patients with tools and support that promote knowledge and self-management as they transition from one care setting to another.

As you review the package, note the importance of previous best practices in designing an effective care transitions program. The interventions that are of greatest significance to transitional care include:

- Hospital risk assessments.
- Emergency care planning.
- Medication management.
- Phone monitoring and frontloading visits.
- Physician relationships.
- Patient self-management.
- Disease management.

The Leadership Track of this BPIP will help agencies:

- Understand the concept of transitional care coordination and its potential role as a best practice in decreasing avoidable hospitalizations.
- Recognize the need for home health agencies to assert their role in the evolution of transitional care coordination.

- Implement transitional care-coordination strategies to promote collaboration with other providers to improve care coordination.

What happens to the resources once the campaign ends?

The campaign has been a success with over 5,500 agencies participating in this yearlong campaign. The 12 BPIPs and their associated resources will continue to be available on <http://www.homehealthquality.org> and will soon be available on <http://www.medqic.org>.

Previous BPIPs:

- January—Disease Management
- December—Patient Self-Management
- November—Fall Prevention
- October—Physician Relationships
- September—Immunizations
- August—Telemonitoring
- July—Telerriage
- June—Phone Monitoring and Frontloading Visits
- May—Medication Management
- April—Emergency Care Planning
- March—Hospitalization Risk Assessment

Life After the HHQI Campaign

Twelve BPIPs were provided to agencies during the HHQI National Campaign to assist agency leadership with implementing and optimizing best practices for reducing hospitalizations.

Even though this year-long campaign is concluding, the resources will remain available on <http://www.homehealthquality.org> through July 31 and will also be available in early February on <http://www.medqic.org> (under Home Health tab). There is a significant amount of information in each BPIP that agencies can continue to use for ongoing quality improvement activities.

Some suggestions for evaluating future activities include:

- Taking time to reflect on the interventions and changes that your agency has already implemented to reduce hospitalizations.
- Evaluating compliance and consistency with interventions and changes that have been initiated.
- Reviewing the complete series of BPIPs if only the fast-track portion was previously used.
- Incorporating BPIP action items into your annual improvement plan (using the care tracks for orientation and staff training, developing a competency fair using resources from the packages, and collecting the packages together in a binder).

HSAG Home Health Team Contact Information

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Visit HSAG's Home Health Quality Initiative (HHQI) Web site at <http://hhqi.hsag.com>.

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.