

Quality Counts

Arizona Home Health Quality Initiative

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What's New

Engaging with Physicians in a Shared Quality Agenda

An Institute for Healthcare Improvement Seminar

February 12-13
Scottsdale, AZ

For more information and to register, please visit

<http://www.ihl.org/IHI/Programs/ConferencesAndSeminars/>

[EngagingwithPhysiciansFebruary2008.htm](http://www.ihl.org/IHI/Programs/ConferencesAndSeminars/EngagingwithPhysiciansFebruary2008.htm).

Care Transitions Intervention Reduces Medical Bills

Patients who require treatment in multiple sites of care may be able to reduce their hospital bills and rates of rehospitalization, according to a study published in the September 25, 2006, issue of the *Archives of Internal Medicine*.

The trial was led by Eric Coleman, MD, an associate professor at the University of Colorado at Denver and Health Sciences Center's School of Medicine, and conducted through its Division of Health Care Policy with the support of the John A. Hartford Foundation of New York.

The Care Transitions Intervention helps patients receive better care by encouraging them to assert a more active role in their health care. Patients receive specific tools and skills that are reinforced by a 'transition coach' who follows patients across settings for the first 30 days after leaving the hospital. Coleman and his colleagues found that patients who participated in the intervention were less likely to require rehospitalization, significantly cutting their health care costs. These findings are particularly pertinent to older individuals with complex care needs.

While the intervention yielded immediate results, the skills required by the patient also had long-term positive effects. "We were excited to see the significant reduction in hospital readmissions during the

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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.

first 30 days while the coach was involved. What was even more exciting, however, was the finding that these patients were significantly more likely to stay out of the hospital up to six months later,” Coleman said.

The universal benefits of this program have led to its rapid spread. Coleman said, “There has been great demand for this model of care. We have successfully implemented the Care Transitions Intervention in more than 12 leading health care organizations nationwide.” A more detailed description of the Care Transitions Intervention, along with a free training video and manual, are available online at <http://www.caretransitions.org>.

Source: <http://www.uchsc.edu/news/newsrelease/2006/sep/25-CareTransitions.htm>. Accessed on January 9, 2008.

Most MRSA Infections in the United States Are Health-Care Associated

Invasive Methicillin-resistant *Staphylococcus aureus* (MRSA) infections are a major public health problem. Recent study results found that although they are primarily health-care associated, they are no longer confined to a particular type of institution.

Researchers from across the country recently participated in a study to describe the incidence and distribution of invasive MRSA. The Active Bacterial Core surveillance system is an ongoing, population-based, active laboratory surveillance system, and it is a part of the Emerging Infectious Program for the Centers

Let CMS Keep You Up-To-Date!

CMS offers a way for fee-for-service providers to receive consistent and accurate information regarding recent news, policy changes, and updates: **CMS Mailing Lists** (or listservs).

To subscribe, visit the CMS Mailing Lists Web page at <http://www.cms.hhs.gov/apps/maillinglists>.

For more specialized information for home health agencies and additional ways to stay informed, visit <http://www.cms.hhs.gov/center/hha.asp>.

for Disease Control and Prevention (CDC). For this study, researchers from several Emerging Infections Program sites conducted surveillance for invasive MRSA infections from July 2004 through December 2005.

During this time, there were 8,987 reported cases of invasive MRSA. Most were health-care associated, with 5,250 (58.4 percent) community-onset, health-care-associated infections; 2,389 (26.6 percent) hospital-onset, health-care-associated infections; 1,234 (13.7 percent) community-associated infections; and 114 (1.3 percent) that could not be classified.

In 2005, the standardized incidence rate of invasive MRSA was 31.8 per 100,000, and the standardized mortality rate was 6.3 per 100,000. People who were age 65 or older had the highest incidence rates (127.7 per 100,000), followed by blacks (66.5 per 100,000), and men (37.5 per 100,000). Children age 5 to 17 years had the lowest incidence rates (1.4 per 100,000).

Of the total number of patients with MRSA infection, 1,598 died while they were inpatients.

“For the first time, we have a measurement of the burden and distribution of invasive MRSA infections. Given that the majority [of cases] were health-care associated, we need to step up our prevention efforts in health care facilities,” said Monica Klevens, DDS, from the CDC, who was a researcher for the study.

To view the complete article, please visit <http://www.infectiousdiseaseneews.com/200711/mrsa.asp>.

Source: <http://www.infectiousdiseaseneews.com/200711/mrsa.asp>. Accessed on January 8, 2008.

HHQI National Campaign Update

New Disease Management BPIP now available

The latest Home Health Quality Improvement (HHQI) National Campaign Best Practice Intervention Package (BPIP) on disease management is now available for download by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/dm.aspx>.

The Leadership Track of this BPIP will help agencies:

- Verbalize that chronic illness knowledge and management understanding is essential to build a successful disease-management program.
- Describe the potential impact a structured disease-management program may have on an agency's acute care hospitalization rate.
- Explain the business case for the development of a disease-management program.
- Initiate the development of and/or enhancement of a disease-management program.
- Ensure that all clinical staff remain disease-specific clinically competent as defined by their scope of practice and associated clinical practice guidelines.
- Verbalize that chronic illness knowledge and management understanding is essential to build a successful disease-management program.

Many Osteoporosis Medications Prevent Fractures, But None Is Proven Best

Many medications reduce the risk of bone fractures in people with osteoporosis, but the most commonly used drugs—bisphosphonates—have not been proven more effective than alternatives, according to a new AHRQ-funded report.

The report compared the effectiveness and risks of six bisphosphonates: alendronate (sold as Fosamax), etidronate (Didronel), ibandronate (Boniva), pamidronate (Aredia), risedronate (Actonel), and zoledronic acid (Zometa). The report also looked at estrogen, calcitonin (a man-made hormone), calcium, vitamin D, testosterone, parathyroid hormone, and selective estrogen receptor modulators.

The report, Comparative Effectiveness of Treatments To Prevent Fractures in Men and Women With Low Bone Density or Osteoporosis, was authored by AHRQ's Southern California Evidence-based Practice Center—RAND Corporation in Santa Monica, CA.

To read the full press release, visit <http://www.ahrq.gov/news/press/pr2007/osteomedpr.htm>.

This is the second of three BPIPs included in the **Building Upon the Basics Series**. You may think that disease management is beyond your business/clinical capabilities, but you may be surprised to learn that you are currently using best practices that serve as a foundation for a full disease-management program. These best practices include:

- Hospital risk assessments.
- Emergency care planning.
- Medication management.
- Telehealth.
- Fall prevention strategies.
- Immunization assessment.
- Patient self-management.

Disease-management processes have been gaining momentum in home care agencies across the country as a mechanism for:

- Improving quality.
- Increasing efficiencies in care delivery.
- Improving patient safety.
- Reducing costs.
- Decreasing avoidable hospitalizations.

A podcast/audio recording and a WebEx presentation on this latest BPIP are also available on the campaign's Web site by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/dm.aspx>.

Source: <http://www.homehealthquality.org>.

From the Editor

PTAs in home health—a tale of two regulations

With input from Gentiva Health Services, HSAG wants to take this opportunity to provide an update on the status of Physical Therapist (PT) general supervision of Physical Therapy Assistants (PTAs) in Arizona-licensed home health agencies.

According to the Arizona State Board of Physical Therapy, effective September 21, 2006, “a Physical Therapist may provide *on-site or general supervision* to a Physical Therapist Assistant pursuant to A.R.S. §32-2043(B). If general supervision is provided, the

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supervising PT must comply with all other requirements of A.R.S. §32-2043.”

Although this is very helpful for many care settings, the regulation has not been updated for home health agencies in the Arizona Administrative Code (AAC), which the Arizona Department of Health Services follows in its oversight regulation of home health agencies. As stated in the AAC under: Health Care Institutions: Licensing, Article 11 Home Health Agencies (R9-10-1102. Administration B.9.d.), “Physical therapy services shall be provided by a Physical Therapist.”

The above is the latest information pertaining to the use of PTAs in the home health setting. In the event new information is received, HSAG will provide an update in a similar notification.

To view the Arizona State Board of Physical Therapy policy statement on this topic, visit <http://www.ptboard.state.az.us/public/ptays/docs/SPSSupervision.pdf>.

To view the Arizona Home Health Agency regulation (R9-10-1102. Administration B.9.d.), visit http://www.azsos.gov/public_Services/Title_09/9-10.htm.

If you have further questions, please contact Joe Bestic, NHA, BA, HSAG Director, Home Health & Nursing Home, at 602.745.6205 or at jbestic@azqio.sdps.org.

Upcoming Events

Arizona Association for Home Care (AAHC) Brain Power Session *(two locations)*

Tuesday, January 22, from 7:30 to 9 a.m.
1843 E. Southern Ave., Suite 1, Tempe, AZ 85282 (at AAHC)
and
655 E. River Rd., Tucson, AZ 85704 (at UMC Home Health)
Visit <http://www.azhomecare.org> for more information.

OASIS Brown Bag Trainings

Tuesday, March 25, from 11 a.m. to 1 p.m.
Tucson, AZ *(exact location TBD)*

Tuesday, May 20, from noon to 2 p.m.
Kingman Regional Medical Center
3269 Stockton Hill Rd., Kingman, AZ 86409

Contact Caralyn Williams at cewilliams@azqio.sdps.org or at 602.745.6284 for more information.

ADHS/HSAG Two-Day OASIS Training

April 22–23 at HSAG
1600 E. Northern Ave., Phoenix, AZ 85020
More information coming soon!

AAHC Annual Education Conference

June 5–6
Hilton El Conquistador Resort, Tucson AZ Visit <http://www.azhomecare.org> for more information.

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

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