

Quality Counts

Arizona Home Health Quality Initiative

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What's New

CMS Open Door Forum

The next CMS Home Health, Hospice, and DME Open Door Forum is scheduled for Wednesday, July 18.

For more information and to register to receive updates, please visit http://www.cms.hhs.gov/OpenDoorForums/17_ODF_HHHDME.asp.

Changes in OASIS Transmission Are Almost Here

The old modem-to-modem method of transmitting OASIS data is soon to be a thing of the past. The Centers for Medicare & Medicaid Services (CMS) has begun switching from AT&T's dial-up service to broadband, which many agencies already use for Internet access. Arizona is scheduled to switch to broadband starting August 7.

In order to begin using broadband transmission, each agency will need to update its AT&T Global Dialer to version 7.0 (version date 5/24/07). Agencies can check which version of Dialer they have by opening Dialer, left-clicking on Help located on the top menu bar, and selecting About.

Note: if you have Windows Vista on your computer, you must have the 7.0 version of the dialer. Version 6.9 will work on all Microsoft operating systems other than Vista.

Agencies can obtain a copy of the 7.0 version and installation instructions by visiting <https://qtso.com> and clicking the MDCN Information link on the homepage. This new version may take some time to download because it is a large file. Agencies can request a CD version of Dialer by e-mailing mdcn.mco@palmettogba.com.

If your agency is on a corporate-wide area network or local area network, your IT support staff will probably have to configure your network to allow access to the broadband connection through the new

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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.

Dialer client. The network install instructions are also provided on the <https://www.qtso.com> Web site in the same area as the Dialer download.

If your agency is able to install the new Dialer client without the assistance of AT&T, start using the broadband method of transmitting immediately. Agencies needing assistance from AT&T will need to wait until August 7 to call. AT&T's Help Desk number is 1.800.905.2069.

If broadband access is available in your area, you will not be allowed to continue using the current modem-to-modem, dial-up transmission method.

CMS requires agencies in areas where no broadband is available to submit a waiver request to continue using the current transmission method. The waiver is also available on the <https://www.qtso.com> Web site. For questions, contact Sandy Enkey at 602.364.3062.

Source: Sandy Enkey, OASIS Automation Coordinator, ADHS.

P4P Scores Could be Calculated by Diagnosis

MedPAC proposes strategies to improve care

Your pay-for-performance (P4P) bonuses could depend on your agency's ability to stabilize or improve patients with specific diagnoses, such as acute CVD, CHF, COPD, diabetes, pneumonia, skin infection, and skin ulcers. The Medicare Payment Advisory Commission (MedPAC) proposed this new disease-based outcome scoring on June 15 in its final report to Congress on home health P4P, which will go into effect in 2009 at the earliest.

The NPI Is Here. The NPI Is Now. Are You Using It?

A transcript of the National Provider Identifier (NPI) Data Dissemination Roundtable is now posted on the NPI Web site.

More information and education on the NPI can be found by visiting the CMS NPI page at <http://www.cms.hhs.gov/NationalProvIdentStand>.

Providers can apply for an NPI online at <https://nppes.cms.hhs.gov>, or they can call the NPI enumerator to request a paper application at 1.800.465.3203.

MedPAC found that "CMS' risk adjustment model does not sufficiently account for differences in patients' outcomes based on their primary diagnosis," the group states. In an attempt to correct this problem, MedPAC says it "chose to stratify patients into groups based on their primary diagnosis." This would allow CMS "to compare outcomes for similar patients at different agencies," MedPAC states.

Source: <http://www.homehealthinteractive.com/HomeHealthInteractive/ArticleChallenge1.aspx> accessed on July 2, 2007.

The Physician's Role in Improving Home Health Care

The role of the ordering physician in the home care process is crucial. And in many cases, there is opportunity for improvement. Some physicians with patients who receive home health services have a limited understanding of what home care offers and do not always effectively communicate with home health staff members. Communication is essential, especially during the "handoff" or transfer of the patient from one setting to another where information may be incomplete, insufficient, inaccurate, or absent. Too often, this can result in home health patients suffering avoidable and sometimes serious complications.

HSAG encourages agencies to share the following "things physicians can do to optimize the care of their home health patients" with their referring physicians.

- Confer with the discharge planner, the home health nurse accepting the patient, and the hospitalist (if any) to ensure that information is complete and that all considerations are given due attention prior to the patient being discharged from the hospital. (Including caregivers in the discussion can be important, too.)
- Provide PRN orders for symptom management so agencies can respond quickly to changes in a patient's condition. For example, a physician might order furosemide 20 mg PRN for a heart failure patient with pitting edema or a weight gain of two pounds over the previous two days.

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- Order an urgent home health visit instead of referring the patient to the emergency room in nonacute situations.
- Order reportable parameters for a patient's condition to ensure appropriate and necessary communication with home health staff members.
- Provide the agency with your preferred method of communication (e.g., telephone, e-mail, fax, etc.).
- Respond promptly to communications from home health agencies, so that they can provide the most timely care.

Source: <http://www.wisconsinmedicalsociety.org/uploads/wmij/ACF9F23.pdf>. Accessed on July 3, 2007.

AGS Summer 2007 Nursing Conference

The Arizona Geriatrics Society (AGS) is hosting a Summer 2007 Nursing Conference, titled "Practical Nursing Solutions for Challenging Geriatric Patient Care," on August 21.

The conference goal is to disseminate best practices in order to enhance nursing care for older adults with various geriatric disorders. Topics are designed to educate nurses across the health care continuum, including advanced practice nurses and case managers. Conference speakers are recognized both locally and nationally for their expertise in geriatric nursing.

Learning objectives include:

- Describing successful strategies to manage the acute care dementia patient.
- Utilizing assessment methodology to identify and manage delirium.
- Explaining best practices in pain management of frail and demented elders.
- Outlining trends for caring for older cancer patients.
- Describing nonpharmacological and pharmacological interventions for management of dyspnea.

For more information and to register for the event, visit <http://www.arizonageriatrics.org> or call 602.265.0211.

HHQI National Campaign Update

As of June 29, over 5,200 agencies have registered for the Home Health Quality Improvement (HHQI) National Campaign. This represents about 60 percent of all Medicare-certified home health agencies in the country. In Arizona, over 67 percent of agencies have registered for the campaign. Thanks for all of your hard work and dedication to reduce avoidable hospitalizations!

Second BPIP in "Simply Summer Series" now available

The next Home Health Quality Improvement (HHQI) National Campaign Best Practice Intervention Package (BPIP)—and the second BPIP of the campaign's Home Telehealth "Simply Summer Series" on teletriage—is now available for download by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/teletriage.aspx>. The Teletriage BPIP will help agency leaders assess and evaluate their teletriage processes.

Two leadership tracks are offered: the Leadership Path for agencies that have limited understanding of the teletriage process and the Leadership Highway for those agencies that have formal teletriage processes already in place.

Tools included in this BPIP are teletriage references and documentation tools for breathing difficulty, falls/other injury, and wound drainage/infection. A Routing of Phone Calls document is also included to assist agencies with examining potential within their organization for answering and routing of patient phone calls.

Care provider tracks for nurses, therapists, medical social workers, and home health aides are also included in this BPIP.

National Campaign Teleconference recording available

The HHQI National Campaign Teleconference, titled "Strategies for Success," was conducted on June 20. Speakers included representatives from the Centers for Medicare & Medicaid Services, the National

Association for Home Care, home health agencies, and physician partners. The 70-minute audio recording of this teleconference is now available at <http://www.homehealthquality.org>.

Three polling questions were posed during the national teleconference to identify campaign effectiveness. Here are the results:

“Is your agency actively using campaign materials such as the BPIPs to reduce avoidable hospitalizations?”

- Yes: 75%
- No: 25%

“Does your agency distribute the BPIP to your staff members?”

- Yes: 32%
- No: 68%

“Would you like to have additional national teleconferences to help support your efforts in the HHQI National Campaign?”

- Yes: 84%
- No: 16%

To learn more about success strategies that agencies are using to reduce hospitalizations, visit the campaign Web site at <http://www.homehealthquality.org>.

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

How Agencies Use the HHQI Campaign Reports

The HHQI agency-specific Campaign Benchmark Reports contain information about your agency’s performance on the ACH measure—including actual and risk-adjusted rates, reasons for hospitalizations, and hospitalizations by day of the week. Here’s how agencies are using this information.

Reason for hospitalization

- Helps identify specific patient population at high risk for hospitalizations.
- Helps implement best practices that address high percentages of the reason for hospitalization.
- Identifies problems with accuracy of information collected if there is a high percentage of “other” category marked. (Take the opportunity to trend what “other” includes. Is there an unidentified high-risk patient population?)

Hospitalization by day of the week

- Helps evaluate for trends relative to comparisons between heavy admission times, number of weekend admissions, and staffing patterns.
- Helps identify trends relative to physician and clinic offices and hospitals.
- Helps determine if staffing on a particular day, or even seasonally, has an impact on hospitalization rates. (This report may demonstrate the influence of staffing over time.)

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.