

Quality Counts

Arizona Home Health Quality Initiative

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What's New

Arizona Geriatrics Society 19th Annual Fall Symposium and Exhibition

November 2-3, 2007

Black Canyon Conference Center
9224 N. 25th Avenue, Phoenix AZ

For more information and to register,
please visit

<http://www.arizonageriatrics.org>.

UMC Home Health Services

Telehealth initiatives in home care

University Medical Center (UMC) in Tucson, Arizona—UMC Home Health Services' (HHS's) parent hospital—has been widely recognized for its innovative use of telehealth technologies. UMC has an active telemedicine program in both trauma and emergency services, with links to a number of hospitals and EMS providers throughout southern Arizona. As a department of the hospital, UMC HHS has been in discussion with medical staff and College of Medicine representatives to evaluate how these advanced telehealth technologies might be brought to the homes of selected home care patients, such as those suffering from diabetes, congestive heart failure (CHF), and traumatic injuries.

Although intermittent staff telephone contact with patients has long been a staple in home care, in 2005 UMC HHS initiated an organized and ongoing telephone contact program with newly admitted patients geared primarily toward assessing the patient's experience during the admission process and the degree of the staff's compliance with important national safety goals related to infection control, handwashing, and the use of two patient identifiers.

UMC HHS is currently implementing elements of the Home Health Quality Improvement Best Practice Toolkit for its phone-monitoring

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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.

and frontloading visits protocols. This valuable collection of resource materials was distributed in June to provide guidance and rationale for home health agencies to implement this form of “low-tech” telehealth.

Having gained valuable information from patients as a result of UMC HHS’s limited phone-contact program—and bolstered by the additional information presented in the Toolkit—staff will be initiating a more comprehensive phone-monitoring program in the fourth quarter of this year. This program will include a more systematic approach to frontloading visits, which has been shown to reduce overall costs of care while improving patient outcomes. Key populations for initial efforts will be patients in the following programs: CHF, complex wound care, and diabetes management.

While UMC HHS is continuing the evaluation and planning for more advanced telehealth interventions in conjunction with UMC’s programs, it anticipates that implementation of the Toolkit interventions will provide more immediate benefit to patients, with little or no additional costs to the agency—indeed a win-win situation!

Source: Robert Burroughs, RN, MA, UMC HHS Director, and incoming president of the AAHC.

CMS Announces Payment Changes for Medicare Home Health Services

The Centers for Medicare & Medicaid Services (CMS) issued an August 23 final rule to refine and update the Home Health Prospective Payment System (HH PPS) for calendar year (CY) 2008. This final rule reflects the ongoing efforts of CMS to support beneficiary access to home health services and improve the quality and efficiency of care provided to Medicare beneficiaries through more accurate payments for services rendered. Refinements to the Medicare HH PPS, as well as the annual update to the Medicare payment rates for home health services, will disburse an estimated additional \$20 million in payments to agencies in CY 2008. To view the entire press release, visit http://www.cms.hhs.gov/apps/media/press_releases.asp.

Home Health Link Helps Avoid Costly Hospitalizations

It was a simple case of the hiccups that made general internist Dennis Manning, FACP, appreciate well-coordinated home health care.

One of his patients, who had a history of heart failure and frequent hospital admissions, had been coming down with the hiccups a few days before the classic symptoms and signs of heart failure. The patient’s home health care nurse recognized a pattern and alerted Dr. Manning during one of their biweekly meetings in his office. The next time the hiccups began, Dr. Manning and the nurse were able to initiate treatment early and the patient was kept out of the hospital.

“Because of this astute observation and communication, we got to adjust his diuretics when he was going into this sequence of events that would have led to hospitalization,” said Dr. Manning, director of quality and patient safety at the Mayo Clinic Department of Medicine in Rochester, Minnesota.

Encouraging such effective teamwork between physicians and home health providers is a goal of the 2007 Home Health Quality Improvement National Campaign. Sponsored by the Centers for Medicare & Medicaid Services (CMS) and conducted by state quality improvement organizations (QIOs), the campaign aims to improve the quality of home care and reduce avoidable hospitalizations.

Currently, more than a quarter of Medicare’s 2.9 million home health patients are admitted to the hospital every year, according to CMS. “We know that with better communication, better interactions, there are opportunities for reducing that rate,” said David Wenner, DO, medical director at the Home Health QIO Support Center.

To read this article in its entirety, please visit <http://www.acponline.org/journals/news/may07/homehealth.htm>.

Source: <http://www.acponline.org/journals/news/may07/homehealth.htm>, accessed on August 27, 2007. From the May ACP Observer, by Stacey Butterfield.

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Vaccines Aren't Just for Kids!

Too many adults become ill, disabled, and die each year from diseases that could have been prevented by vaccines. While many consider this a time to ensure that children are immunized for school, now is the perfect time to remind patients, health care employees, family members, friends, coworkers, and others to take advantage of opportunities to get up-to-date on their vaccinations.

Medicare covers both the cost of pneumococcal and influenza vaccines and their administration by recognized providers. No beneficiary coinsurance or copayment applies, and a beneficiary does not have to meet his or her deductible to receive an influenza or pneumococcal vaccination. Medicare also covers hepatitis B vaccinations for persons at high or intermediate risk. The coinsurance or copayment applies for hepatitis B vaccinations after the yearly deductible has been met.

How can you help?

As a health care professional, you can help your Medicare patients and others understand the importance of disease prevention through immunizations.

AAHC BrainPower Roundtable & Networking Breakfast Series

Meet your peers, experts, and home health advocates. Come together and share your knowledge. We are in this journey together!

Tuesday, September 25, from 7:00 a.m.–8:30 a.m. at Health Services Advisory Group
1600 E. Northern Avenue, Suite 100
Phoenix, AZ 85020

Register online at <http://www.azhomecare.org> or join us via phone—RSVP to receive the dial-in information.

For more information, contact AAHC at 480.491.0540.

Special presentation: A representative from the Arizona Department of Health Services will be on hand to discuss the top deficiencies in Arizona, as well as answer questions submitted during registration.

Your recommendation is the most important factor in increasing immunization rates among adults. Help your Medicare patients take full advantage of the Medicare benefits that are right for them.

For more information

For more information on Medicare's coverage of adult immunizations, including coding, billing, and reimbursement, please visit http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage and http://www.cms.hhs.gov/AdultImmunizations/01_Overview.asp#TopOfPage.

For information to share with your Medicare patients, please visit <http://www.medicare.gov>.

HHQI National Campaign Update

As of August 24, almost 5,400 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 68 percent of agencies have registered for the campaign. Thanks for all of your hard work and dedication to reduce avoidable hospitalizations!

Immunization BPIP now available

A new HHQI National Campaign Immunization Best Practice Intervention Package (BPIP) is now available for download by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/immunization.aspx>. The Immunization BPIP will help agency leaders assess and evaluate their immunization processes.

This BPIP focuses on both influenza and pneumococcal immunizations as they relate to the home care setting. This package also correlates with the Immunization Toolkit 2007–2008, available on <http://www.medqic.org>. Three action items necessary for an effective immunization program are addressed in this current BPIP:

1. ASSESS all of your patients for influenza and pneumonia immunizations.

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2. Ensure ACCESS for influenza and pneumonia immunizations. (*Who will be providing the immunizations? Is the home health agency providing them, or is the agency arranging for a physician office or a clinic to provide the immunizations?*)
3. Follow up. Has the patient actually had the influenza and pneumonia immunizations ADMINISTERed?

The BPIP also contains a leadership track that allows leaders to define components of a home health immunization assessment, describe how immunization will assist in the reduction of avoidable acute care hospitalizations, and identify resources to support the agency in implementing an effective, structured program.

Agency staff members can also listen to posted immunization audio recordings to find out more about this latest BPIP. These recordings can be downloaded to a CD and used for future educational purposes.

An educational WebEx is also posted on the campaign's Web site to provide a quick overview of the BPIP. Both the audio recordings and the WebEx can be found by visiting <http://www.homehealthquality.org/hh/hha/interventionpackages/immunization.aspx>.

Source: <http://www.homehealthquality.org>, accessed on September 5, 2007.

CMS Announces Start of Participant Recruitment for Post-Acute-Care Payment Reform Demonstration

CMS has announced the start of participant recruitment for the Post-Acute-Care Payment Reform Demonstration (PAC-PRD). Participating providers include acute care hospitals and four PAC settings—long-term care hospitals (LTCHs), inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and home health agencies (HHAs).

A key goal of this project is to generate recommendations for improving CMS payment methods based on data collected in the demonstration. The goals of the payment reform include aligning incentives among the four PAC settings with a particular focus on patient populations seen in more than one PAC setting. Other analyses to be explored include the examination of discharge patterns and the comparison of outcomes between settings.

Providers may express interest in participating in the demonstration. In addition, providers may also be targeted for recruitment from analysis of Medicare administrative files and will be contacted. Final selection of the provider participants will occur this fall. Providers interested in potentially participating in the 2008 demonstration should contact Barbara Gage, PhD, Principal Investigator at RTI by e-mailing, PAT-COMMENTS@RTI.org.

HSAG Home Health Team Contact Information

Mary Fermazin, MD, MPA Vice President, Health Policy & Quality Measurement mfermazin@hsag.com 602.745.6207	Joe Bestic, NHA, BA Director, Home Health & Nursing Homes jbestic@azqio.sdps.org 602.745.6205	Caralyn E. Williams, MAOM Quality Improvement Specialist cwilliams@azqio.sdps.org 602.745.6284
Pam Sensky, RN Clinical Quality Specialist psensky@azqio.sdps.org 602.745.6330	Dawn Williams, BS Communications Project Manager dwilliams@hsag.com 602.745.6316	HSAG's Web Site http://www.hsag.com

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.