

Home Health Keys For Success
Learning Session

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Mary Fermazin, MD, MPA
Vice President, Health Policy & Quality Measurement
Health Services Advisory Group

Information for Health Care Improvement

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Welcome

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CMS Transparency Initiative

Four cornerstones:

- Increase transparency in pricing
- Increase transparency in quality
- Encourage adoption of health information technology
- Provide options that promote quality and efficiency in health care

Deficit Reduction Act of 2005

- Authorized CMS to implement Hospital VBP program by the year 2009
- Must consider:
 - Measures
 - Data infrastructure and validation
 - Incentive structure
 - Public reporting
- Must consult with relevant stakeholders

CMS VBP Initiatives

- Hospital VBP by 2009
- Home Health P4P Demonstration (2007)
- Physicians
 - PVRP → PQRI → Physician P4P

Physician P4P— A Potential Timeline

- 2006: Voluntary reporting and performance feedback
- 2007: Pay-for-reporting
- 2008: P4P for quality
- 2009: P4P for efficiency
- Timetable not fixed
 - Congressional actions would modify

CMS Hospital VBP Program Goals

- Improve clinical quality
- Reduce adverse events and improve patient safety
- Encourage more patient-centered care

CMS Hospital VBP Program Goals

(continued)

- Avoid unnecessary costs in the delivery of care
- Stimulate investments in effective structural components or systems
- Make performance results transparent and comprehensible

CMS Home Health P4P Demonstration

- Test if a performance-based system can improve quality of care
- Two year program
 - October 2007 – September 2009
- Budget neutral
- Use existing OASIS quality measures

Demonstration Locations

- Agencies' participation is voluntary
- Options:
 - Several states
 - National home health chains and state associations
 - Nationwide enrollment

Proposed Performance Measures

- Incidence of acute care hospitalization
- Incidence of any emergent care
- Improvement in bathing
- Improvement in ambulation/locomotion
- Improvement in transferring
- Improvement in urinary incontinence
- Improvement in management of oral medications
- Improvement in status of surgical wounds

Allocating Payments

Performance pool will be allocated based on:

- Achievement of high quality levels and sustaining them (60 percent)
- Substantial improvement (40 percent)

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Scoring Rules

- Incentive payments are calculated for each measure
- Eligible for incentive payments:
 - Agencies in the top 20 percent of performance level
 - Agencies qualifying for improvement incentive must be at or above a minimum threshold
 - Rewards for attainment of high levels will be larger than rewards for improvement

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Example: Determining Which Agencies Qualify for a Performance Payment

Agency	Number Of Visits	Acute Care			Incentive Payment	
		Baseline	Year 1	Change	Level	Improvement
1	6,000	18	16	-2	Yes	No
2	12,000	15	18	3	Yes	No
3	24,000	21	18	-3	Yes	No
4	13,000	19	19	0	Yes	No
5	10,000	20	20	0	No	No
6	8,000	25	21	-4	No	No
7	12,000	29	22	-7	No	Yes
8	18,000	24	23	-1	No	No
9	11,500	30	24	-6	No	No
10	18,000	28	25	-3	No	No
11	6,000	31	27	-4	No	No
12	18,000	43	29	-14	No	Yes
13	11,000	27	30	3	No	No
14	9,000	37	31	-6	No	No
15	15,000	34	32	-2	No	No
16	25,000	32	35	3	No	No
17	12,000	40	36	-4	No	No
18	8,000	41	42	1	No	No
19	11,000	50	42	-8	No	No
20	4,500	46	43	-3	No	No

Performance Level:

The four agencies with the lowest hospitalization rate in year 1 qualify (best 20 percent)

Improvement:

There are 10 agencies eligible for an incentive payment for improvement. The two with the largest improvement receive an incentive payment based on improvement.

Note: In this example, agencies in the lowest 30 percent in terms of year 1 performance are not eligible for an incentive payment for improvement. This is for illustration purposes only as we are testing several minimum performance threshold options.

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CMS Home Health P4P Demonstration

- Final design to be completed—early 2007
- Recruitment for participation—Spring and Summer 2007
- <http://www.HHP4P@cms.hhs.gov>

Contact Information

Mary Fermazin, MD, MPA
Vice President
Health Policy & Quality Measurement
Health Services Advisory Group, Inc.

Phone: 602-745-6207

E-mail: mfermazin@hsag.com

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All Medicare beneficiaries have the right to appeal their discharge from a hospital, skilled nursing facility, home health agency, or comprehensive outpatient rehabilitation facility.

For more information, go to <http://www.hsag.com/azmedicare> or call **1.800.359.9909**.

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