

CAMPAIGNING FOR QUALITY

CMS EFFORT PROMOTES HOME CARE BEST PRACTICES



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THE NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE FROM ITS VERY BEGINNINGS IN 1982 HAS PROMOTED QUALITY IN THE PROVISION OF HEALTH CARE AND SUPPORTIVE SERVICES TO NEEDY AGED, INFIRM AND DISABLED AMERICANS. THE PROMOTION OF QUALITY IS ONE OF THESE CORE VALUES, ARTICULATED IN NAHC'S BYLAWS AS WELL AS IN PRACTICE.

Every year NAHC publishes its Legislative and Regulatory Blueprints for Action, which is a list of changes that NAHC is pursuing on behalf its members and the disabled persons who are served by them. Quality of care is an important topic in these documents. It should also be said that studies of home care services over the years, starting from their addition as key services in Medicare and Medicaid, have repeatedly shown that the quality of services delivered by home care agencies is very high, particularly when contrasted with care offered in other settings. The high quality of care and the fact that home care agencies in general treat their clients as if they were family is one of the major reasons for the high satisfaction that clients and their families express for homecare and hospice.

Over the years, NAHC has sponsored many studies relating to how to improve care and devoted a considerable part of each year's *CARING* magazine editorial calendar to the subject of how to maintain the highest quality of care. Quality concerns have always been central, which is why the NAHC Board voted to support the adoption by CMS of the OASIS form. For all of its problems, the NAHC Board felt OASIS does help measure both needed service and the ability of agencies to provide it. Similarly, NAHC supported CMS in their intent to create a website which allows the public to compare scores derived from this OASIS. Similarly, NAHC has supported the basic concept of pay for performance which will reward home care agencies and other providers who provide the highest quality of care.

NAHC has also been in the forefront of identifying best practices which allow home care agencies to keep clients out of the hospital. Home care agencies have traditionally provided services that many are describing as chronic disease management. Rather than looking to invent some new class of provider that does this work, NAHC has appealed to CMS to let and compensate home care agencies for doing what they have done expertly for years.

NAHC and its members have worked with equal passion to limit rehospitalizations. The cost of an emergency room visit nationwide is from \$7-10,000 on average, while the cost of a home care visit is approximately \$100. The substitution of a few home care visits which results in keeping patients out of the hospital will save millions of

dollars from Medicare, Medicaid and private health insurance companies--to say nothing about how much better this is for patients and their families. One of these studies, the National Quality Improvement Hospitalization Reduction study, was done for NAHC by the nationally respected firm of Fazzi Associates. This study released at the NAHC 2005 meeting provides a blueprint of what home care agencies can do to limit rehospitalizations. The study is available on both the NAHC website at www.nahc.org/briggs/ and Fazzi website at <http://www.fazzi.com/whats%20new/BriggsStudy.pdf>.

NAHC is also proud to mention our President's credentials. He served as Counsel to either the House or Senate Committee on Aging for 20 years and was appointed a member of the Presidential Commission on Quality in the Health Care field which developed The Patient's Bill of Rights.

With all this as predicate, it should be no surprise to anyone that NAHC joined with CMS in their efforts to encourage home care agencies to limit rehospitalizations. CMS will announce their initiative on January 11. A few days ago, Mr. Halamandaris had the opportunity to interview Acting CMS Administrator Leslie Norwalk on this subject, the results of which follow below.

Val Halamandaris:

First, let me thank you for giving us a few minutes of your valuable time. Time is a precious commodity for all of us, but particularly for those who lead the federal government's most critical departments and agencies. Let me begin by asking a global question: what have you learned in the role of Acting CMS Administrator that really shapes your thinking about health care delivery in America? And how does that translate into the goals of a home care quality improvement campaign?

Leslie Norwalk:

One of the things we've learned lately is to do things, it really needs to be grassroots. The more that we can do at a grass roots level, the better. And that is across the board. All health care is provided in a community at the local level. Whatever we can do to reach out to providers and teach them and help them...the vision is to really make sure we can help them at the local level and reach out to them at the local level to succeed.

Val:

What is CMS' goal in selecting reduction of acute care hospitalizations as the focus of the Home Health Quality Improvement National Campaign?

Leslie:

Home health care agencies working intensively with their QIOs to reduce avoidable hospitalizations demonstrated a 5.3 percent improvement that represents a potential cost savings to the Medicare Trust Fund of \$121.2 million dollars. We want to accelerate this improvement nationally. Also, acute care hospitalization can be viewed as a proxy measure for overall quality of care for home health. Patients want to remain healthy, living independently at home, and remain out of the hospital if possible.

Val:

Great. Obviously it's the patient first. There are some benefits that come to mind. You save a lot of money. The most expensive part of health care is hospital emergency rooms. If you can keep people out of the emergency room, it's going to be good for patients and good for the Medicare health care program. Home care plays an essential role in all of that...

Leslie:

And sometimes I think a little bit of focus can help a provider of any type...a home health provider or frankly any of us, if we're given a goal. It's something we're striving towards. We can help teach about those best practices or about prevention. If you're at home, what are the things you can do to stop falling? What are the things you can do to assure that the whole care is coordinated? That the physician appreciates what is happening at home and can incorporate that into the medical advice that he or she gives the patient?

Just by refocusing a little bit...little things can make a big difference and just by doing a few things...by putting that focus there, beneficiaries can stay at home longer and it's better for the entire system.

Val:

Secretary Leavitt put the emphasis on home and community-based care. That's certainly not all that needs to be done...

Leslie:

We need to have the whole range of services available to beneficiaries because they are all a bit different in what they need. But the default should not be an institutional-based setting. The default should not be "let's send someone to a nursing home." The default should be, "Can we help them in the community where they are going to live a more productive, happier, better quality of life they are likely to live in a nursing home?" And how can we support that? And can that be our default, first, rather than the other?

Val:

The emphasis on quality, the emphasis on prevention, the

emphasis on community based care...These are very, very significant, but there's another one that I want to compliment you on. You've made CMS and the open door philosophy and the opportunity to say what's on your mind...there have been some previous administrations...I wrote the legislation that created the home care Medicare benefit and known the CMS administrators since the beginning...there's been an open door policy right from the beginning...

Leslie:

When I started working for Tom Scully, that was very much his philosophy and really wanting to insure that we could open the agency...I think Mark (McClellan) took it a step farther and I hope to continue that trend because at the end of the day, this is really about partnership. CMS...we do not provide health care services in a vacuum. We do not provide services at all. What we really do is partner with providers to make sure that beneficiaries get the best care possible.

Val:

Your quality improvement initiative, a concept like pay for performance...unlike some associations, we're on the forefront, out pushing them because we think they are very good ideas.

Leslie:

It really is the wave of the future. The first thing you need to do to get there is—you need to measure. The nursing home industry was the first industry that Tommy Thompson and Tom Scully focused on in 2001 with the nursing home initiative and the Compare website. With that initiative, we saw nursing homes using the QIOs as an educational tool. From a philosophical perspective you don't just get a report card, you get a tutor. And that is a lot of what the home health quality initiative is about.

Val:

How are you measuring success?

Leslie:

I think there are different ways that you might break that down. The first thing to do is, "what can you measure?" We ought to reduce preventable hospitalizations dramatically. I am quite sure with this population there are many that are fragile and things that happen that are not preventable. If we could figure out how to segment out those hospitalizations that were preventable...and frankly reducing those two percent is not sufficient...we need to be reducing those as much as possible. I would want a stretch goal...reduce them all. At least over time and how do we get there? But figuring out how to measure that and which ones are really preventable, particularly by home health? What can we learn about those that were not preventable?

Val:

Does CMS have plans to further promote consumer awareness of available quality information, such as Home Health

Compare? What about awareness of home health quality measures by individuals who refer Medicare beneficiaries to home health agencies?

Leslie:

Yes. CMS plans to continue to provide consumers with home health agency-specific patient assessment information collected in the Outcome and Assessment Information Set (OASIS) on Home Health Compare, as we have since 2003. CMS proposes to continue to use OASIS data and the ten quality measures currently reported and add additional measures. We anticipate using the surgical outcome measures and other measures calculated from existing data. We also anticipate incorporating process measures of care and potentially patient experience of care measures over the next few years.

Val:

Do you see an expanded role for home health agencies in the overall delivery of health care services?

Leslie:

The nature of the long-term care system is changing. Home health is one part of a community-based system of care. It is clear the population that has been traditionally "at risk" of needing long-term care services is growing. Those age 65+ increased 29% between 1985 and 2005 and those age 65+ will represent a significant part of the population by 2040. However, the needs of this population and the way we meet those needs is changing dramatically.

According to a study recently published by Lisa Alexich of the Lewin Group, the percent of older adults (65+) in nursing homes declined from 4.2 percent in 1985 to 3.6 percent in 2004 and other data sources suggest this decline continues. The use rate among the oldest old (85+) experienced the greatest decline falling from 21.2 percent in 1985 to 13.9 percent in 2006.

Val:

Thank you again for spending this time with NAHC. In closing, What words of wisdom do you have for home health agencies embarking on the Home Health Quality Improvement National Campaign?

Leslie:

First, for agencies contemplating participating in this campaign, take the first step and register for the campaign via the website www.homehealthquality.org beginning on January 11, 2007. Second, commit to reviewing and implementing portions of each month's campaign materials. The campaign needs your continued focus and effort to succeed. Third, this campaign represents the opportunity for the home health community to come together in the name of quality.

What is the HHQI National Campaign?

The concept of the Home Health Quality Improvement (HHQI) National Campaign was created by a group of nationally recognized home health leaders, including NAHC, American Association for Homecare, American Physical Therapy Association, American Speech-Language-Hearing Association, Visiting Nurse Service of New York, Hospice and Palliative Nurses Association, American Occupational Therapy Association, American Telemedicine Association, the Care Transitions Program at the University of Colorado, and Visiting Nurse Association of America. This group of leaders, known as the Home Health QIO Executive Steering Committee, meets monthly to assist CMS and the QIO Program in identifying strategies and obstacles related to QIO home health initiatives. After meeting for one year, this group, in conjunction with the Home Health Quality Improvement Organization Support Center (HHQIOSC), Quality Insights of Pennsylvania, agreed to form a quality coalition to support a national quality improvement campaign.

All home health agencies in the nation will be encouraged to participate in the campaign. Agencies will be asked to formally register on-line at the campaign web site, www.homehealthquality.org. Registration is a simple process, and will require the agencies to enter information including an address, primary contact person, and Medicare provider number. Agencies registering on the web site will attest that the organization is committed to improving the quality of care for patients, and is also committed to working to reduce avoidable hospitalizations by implementing best practice strategies.

Best practice strategies to reduce avoidable hospitalizations include implementing risk assessments, emergency care plans, and fall prevention programs. Additional interventions featured in the campaign include front-loading visits, utilizing telehealth and teletriage, and working to improve medication management and physician communication. The campaign will provide registered home health agencies with a free downloadable monthly intervention packet that will include educational tools and resources, information sharing, and best practice education. Participating agencies will also receive free individualized agency reports to assist in reducing avoidable hospitalizations. Although many agencies have implemented some best practices, the campaign intervention packages will focus on the most effective implementation strategies for best practices, utilizing lessons learned from agencies that have had successfully improved in reducing ACH rates.

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