Objectives

- Describe the purpose of HHQI’s cardiovascular health initiative
- Develop a cardiovascular QAPI plan using key tools from the Cardiovascular Health Best Practice Intervention Packages (BPIPs)
- Evaluate the cardiovascular QAPI plan using the Home Health Cardiovascular Data Registry
What is HHQI?

Goal: Improve the quality of care home health patients receive

Special Project funded by Centers for Medicare & Medicaid Services

Free evidence-based tools and resource

Many networking opportunities with about 14,000 participants

More About HHQI

Focused on quality of home health care measured by:

- Reduction of avoidable hospitalizations
- Improvement in oral medication management
  - Improvement of immunization rates
  - Improvement of cardiovascular health

HH focus, but all care settings and patients participate

Underserved Populations Network (UP)
On the Horizon & Connection to Quality

So What is QAPI?

Quality Assurance
- Measure quality compliance standards
- Assure care reaches acceptable levels
- Focus on provider
- Required and reactive

Performance Improvement
- Improve processes to meet standards continuously
- Decrease problems by identifying opportunity for improvement
- Focus on patient
- Chosen and proactive
5 Standards of Home Health QAPI

1. Executive Responsibility
   - Require the HHA’s governing body to assume responsibility for your agency’s QAPI program
   - Define, implement, and maintain an ongoing agency-wide program for quality improvement and patient safety developed from evidence-based practices
   - Ensure that performance improvement efforts are prioritized and evaluated for effectiveness to promote your agency’s integrity and quality
QAPI Standards

2. Program Scope
– Show measurable improvement in indicators for which there is evidence for improvement of health outcomes
  • Examples: Reduction of hospitalizations and readmissions, safety, and quality of care for patients
– Measure, analyze, and track quality indicators, including adverse patient events and other performance indicators

QAPI Standards

3. Program Data
– Use quality indicator data, including measures derived from OASIS or other relevant data
  • See the worksheet for more specifics
– Utilize data to:
  • Assess quality of patient care
  • Identify and prioritize opportunities for improvement
– Focus quality assessment efforts, including data collection on high priority safety, and health conditions and other goals identified by your agency
– Monitor the effectiveness and safety of your agency’s services and quality of care
QAPI Standards

4. Program Activities
   - Focus on high-risk, high-volume, or problem-prone areas of service, and consider the incidence, prevalence, and severity of problems in those areas
   - Correct any immediate problems that directly or potentially threaten the health and safety of patients
   - Continue to monitor the area(s) to assure that improvements are sustained over time

QAPI Standards

5. Performance Improvement Projects (PIPs)
   Conduct PIPs at least annually, reflecting the scope, complexity, and past performance of your agency’s services and operations
   - Utilize data collection and analysis to select focus areas:
     - Previous problematic performance issues
     - Clear evidence of poor patient outcomes
     - High-risk and high-volume
   - Document QAPI project and progress
QAPI

Performance Improvement Project (PIP)

HHA’s QAPI Plan

PIP (e.g., CWI)

Infection Control PIP

Other PIPs

HHCDR Overview
Home Health Cardiovascular Improvement Initiative

- Aligns with national Million Hearts® initiative
- Focuses on the ABCS of preventive cardiovascular care:
  - Aspirin when appropriate
  - Blood pressure control
  - Cholesterol management
  - Smoking cessation

ABCS Data

**ASPIRIN**
Was the patient taking ASA or other antithrombotic?

**CHOLESTEROL**
Did the patient have a lipid screening in the past year? LDL-C?

**BLOOD PRESSURE**
What was the patient’s final BP & was HTN addressed?

**SMOKING**
Was the patient screened for tobacco use? If a user, was an intervention implemented?
Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)

- QIN-QIO program
  - One of the largest federal programs dedicated to improving healthcare quality at the local level
  - Quality Improvement
  - Medical Case Review
  - Beneficiary and Family Centered Care (BFCC)
  - 14 QIN-QIOs are regional and cover 2-6 states each
  - [http://QIOprogram.org](http://QIOprogram.org)

11 SOW QIN-QIO Map
Cardiovascular Health Performance Improvement Plan (PIP) Resources

Blood Pressure Control

Aspirin as Appropriate
HTN: Controlling High Blood Pressure

Percentage of patients aged 18-85 years who had a diagnosis of hypertension (HTN) documented within the most recent 12 months while under the care of the agency and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) while under the care of the home health agency.

<table>
<thead>
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<td>78.50</td>
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</table>
Controlling Blood Pressure: Follow-Up Documented

Percentage of patients aged 18-85 years who had a diagnosis of hypertension (HTN) documented within the most recent 12 months while under the care of the home health agency and a recommended follow-up plan is documented while under the care of the home health agency.

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Area for Improvement: Blood Pressure Control

• Home Health Continuous Data Registry (HCHR)
  • Identify the Blood Pressure questions:
  • Last blood pressure recorded during this episode of care.
  • Use a follow-up plan to obtain better blood pressure control included in record
  • www.housecalls.org

Corrected Outcome Examples:  
• Increase compliance of patients with a diagnosis of hypertension being discharged with a blood pressure that was adequately controlled to __________% or __________% as evidenced by HCHR data.
• Increase the number of patients who receive documented blood pressure follow-up plan by __________% as evidenced by HCHR data.

Suggested interventions/Resources for PIP Development:

**ACTIONS**

- Measure staff on current guidelines and evidence-based strategies
- Urine measurement
- Blood pressure
- Dietary adherence
- Blood pressure
- Physical activity
- Medication adherence
- Diabetes medication management
- PIP Tool: Blood Pressure

**RESOURCES**

- Evidence-based guidelines (www.nhlbi.nih.gov)
- American Heart Association (www.heart.org)
- American College of Cardiology (www.acc.org)
- American Society of Hypertension (www.asahyp.org)
- National Institutes of Health (www.nih.gov)
- CDC (www.cdc.gov)
- American Society of Hypertension (www.asahyp.org)
- American College of Cardiology (www.acc.org)
- American Heart Association (www.heart.org)
- National Institutes of Health (www.nih.gov)
- CDC (www.cdc.gov)
Blood Pressure Staff Education

- **Cardiovascular Health Part 1 BPIP**
  - Blood Pressure Accuracy & Accurately Assessing Orthostatic Hypotension

Blood Pressure Staff Education

- **HHQI University Courses**
  - Master the Maze of Blood Pressure Medications
  - Blood Pressure Control & Smoking Cessation
Blood Pressure Patient Education

- Cardiovascular Blood Pressure Control Video BPIP
  - How to Check My Own Blood Pressure (7 min)
  - AHA Blood Pressure Tracker tool
  - Blood Pressure Medication Management (7 min)

My Healthy Heart Workbook

Available in:
- English
- Spanish
- Chinese
- Russian
- Vietnamese
Smoking Cessation

Area for Improvement: Smoking Cessation

VCUs Home Health Conference Data Reporting (HEEDS)

Advisory for Tobacco Questions:
- During this episode of care, was the patient screened for tobacco use by the team health agent?
- If the patient was identified as a current tobacco user, did the patient receive tobacco cessation counseling/intervention by the team health agent (e.g., brief counseling, 13 minutes or 30 minutes or less) or pharmacotherapy?

Expected Outcome Examples:
Increase compliance with smoking patients receiving pharmacotherapy and/or quit-based 13 minutes of cessation behavioral counseling to % as of % (date) as evidenced by EHR data.

Suggested Interventions/Resources for PIP Development:

**Action or Interventions**

- Complete a comprehensive tobacco assessment:
  - Identifying patient's smoking history
  - Assessing for co-morbidities
- Include all tobacco exposure (nicotine use, chewing, and secondhand smoke exposure, etc.), triggers (personal, and family history of tobacco use, etc.)
- Provide quit counseling and resources
- Communicate with primary care provider about smoking cessation

**Resources**

- Centers for Disease Control and Prevention (CDC) Toolkit
  - Smoking Cessation: Treatment (Eng & Spans)
  - Tobacco Use: Health Communication Tool (Eng)
- Consumer Tobacco Use Information (Eng & Spans)
- Smoking Cessation: Quick Reference Guide (Eng & Spans)
- Quit Time: The Tobacco Use and Dependence Handbook (Eng & Spans)
- QuitLine: Phone Information Sheet (Eng & Spans)
- Pharmacotherapy
  - (3) AORN Guideline for Smoking Cessation
  - (3) AORN Guideline for Smoking Cessation

- Quit Time: The Tobacco Use and Dependence Handbook (Eng & Spans)
- QuitLine: Phone Information Sheet (Eng & Spans)
- Pharmacotherapy
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- Quit Time: The Tobacco Use and Dependence Handbook (Eng & Spans)
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- Quit Time: The Tobacco Use and Dependence Handbook (Eng & Spans)
- QuitLine: Phone Information Sheet (Eng & Spans)
- Pharmacotherapy
  - (3) AORN Guideline for Smoking Cessation
Tobacco Use: Screening and Cessation

Percentage of patients aged 18 years and older who were screened for tobacco use by the home health agency AND received cessation counseling/ intervention by the home health agency

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<td>2</td>
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<td>33.33</td>
<td>0.00</td>
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<td>100.00</td>
<td>47.83</td>
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</table>

Area for Improvement: Smoking Cessation

**HAP: Home Health Quality Data Registry (HHQR)**

**Abstract the Tobacco Screening Action:**

- During this episode of care, was the patient screened for tobacco use by the home health agency?
- If the patient was identified as a current tobacco user, did the patient receive tobacco cessation counseling/ intervention by the home health agency (i.e., brief counseling, pharmacist, or pharmacy?)

**Expected Outcome Example:**

Increase compliance of eligible smoking patients receiving pharmacotherapy and/or at least 16 weeks of continuous behavioral counseling to ______% from ______%

**Measure Compliance %**

**Marketplace’s Health Care Plan Data Registry (MHCPR)**

**Measure Compliance %**

**State’s Health Care Plan Data Registry (SCHCR)**

**Measure Compliance %**

**Actions or Intervention**

- Complete a comprehensive tobacco assessment beyond CMS Form CMS-1500.
- Include all tobacco exposure (cigarettes, cigar, chewing tobacco, snuff, etc.) to tobacco use.
- Include all tobacco exposure (cigarettes, cigar, chewing tobacco, snuff, etc.) to tobacco use.
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**Resources**

- American Lung Association (http://www.lungusa.org)
- American Cancer Society (http://www.cancer.org)
- Centers for Disease Control and Prevention (http://www.cdc.gov)
- World Health Organization (http://www.who.int)
- U.S. Department of Health and Human Services (http://www.hhs.gov)
- Substance Abuse and Mental Health Services Administration (SAMHSA) (http://www.samhsa.gov)

**Note:**

**Action:**

- Complete a comprehensive tobacco assessment beyond CMS Form CMS-1500.
- Include all tobacco exposure (cigarettes, cigar, chewing tobacco, snuff, etc.) to tobacco use.
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**Resource:**

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- Centers for Disease Control and Prevention (http://www.cdc.gov)
- World Health Organization (http://www.who.int)
- U.S. Department of Health and Human Services (http://www.hhs.gov)
- Substance Abuse and Mental Health Services Administration (SAMHSA) (http://www.samhsa.gov)
Smoking Cessation Staff Education

- **HHQI University Courses**
  - Blood Pressure Control and Smoking Cessation (1.5 hrs Nursing CEs)
  - Tobacco Effects and Smoking Cessation Medications (1.0 hrs Nursing CEs)
  - It’s HHQuitting Time: Help Your Patients Quit Smoking (1.0 hrs Nursing CEs)
Smoking Cessation **Staff** Education

- **Cardiovascular Smoking Effects & Cessation Video BPIPs**
  - Smoking Cessation with Your Patients

Smoking Cessation **Patient** Education

CVH Part 2 Website
Smoking Cessation Patient Education

- Cardiovascular Smoking Effects & Cessation Video BPIPs
  - Smoking & Your Heart
  - How to Quit Smoking

Additional QAPI Tools & Resources
HHQI University
Pave Your Path Series

- Pave Your Path: Designing a Systematic Approach to Quality Improvement
  - 4-course series in HHQI University
    - Focuses on IHI’s Model for Improvement
    - Includes PDSA (Rapid Cycle Improvement)
    - Collaboration with Institute of Healthcare Improvement
    - Includes free nursing CEs

HHQI University QAPI Series

- Home Health QAPI Foundation course
- Subsequent specialized individual courses
  - Hospitalizations
  - Medication Management
  - Cardiovascular Health
HHQI’s CVH QAPI Resources

- Electronic versions of the resources from today’s presentation are available
- Additional QAPI resources *QAPI at a Glance: A step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home*
  – CMS, University of Minnesota, and Stratis Health

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**Sharing of cardiovascular knowledge & application of resources**

**Networking**

**Identifying opportunities for improvement**

**Direct access to the HHQI Team**
Next Steps

Download and review the QAPI materials from HHQI.

<table>
<thead>
<tr>
<th>How does your current quality improvement align with QAPI?</th>
<th>What do you need to work on to strengthen your overall QAPI Plan?</th>
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Decide on an area for a Performance Improvement Plan (PIP).

<table>
<thead>
<tr>
<th>What does your data say?</th>
<th>What area is high risk, high volume, or will impact your populations?</th>
<th>What key tools and resources will you consider implementing?</th>
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</table>

Download and read the CVH BPIPs Parts 1 and 2, if you select CVH as a PIP.

<table>
<thead>
<tr>
<th>Have you joined HHCDR already? If not join now!</th>
<th>Are you working with your QIN/QIO? If not contact them!</th>
<th>Which of the ABCS will you abstract and develop a PIP?</th>
</tr>
</thead>
</table>

Questions?
Networking & Assistance

Connect with HHQI

Facebook  www.facebook.com/myHHQI
Twitter  www.twitter.com/HHQI
Pinterest  www.pinterest.com/myHHQI
LinkedIn  www.linkedin.com/company/hhqi-national-campaign

MyHHQI Blog  http://hhqi.wordpress.com
LiveChats  under Network tab on HHQI website
Thank You!

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Crystal Welch – cwhelch@wvmi.org

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