Infection Prevention in Home Health Care: Results from a National Study of Home Health Care Agencies
Infection Prevention in Home Health Care: Results from a National Study of Home Health Care Agencies

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Columbia University School of Nursing
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(multi-PI: Jingjing Shang & Patricia Stone)
No conflicts of interest

Overview

Recent Policy Changes for IPC and QI in HHC
Presented by Jingjing Shang

National Study to Explore IPC and QI in HHC
Presented by Jingjing Shang

Recent Trends in Home Health QoPC Star Ratings
Presented by Jingjing Shang

Successes and Challenges in IPC and QI in HHC
Presented by Ashley Chastain

Preliminary Findings from National Survey of HHC Agencies
Presented by Ashley Chastain
Recent Policy Changes for IPC and QI in HHC

Home Health Care (HHC)
- Defined as healthcare provided to a person in his/her own home*
- Rapidly expanding health care sector
- Plays a significant role in providing patient care following hospital discharge
  - In 2017, about 3.4 million Medicare beneficiaries received HHC at a cost of $17.7 billion**

*Thome, 2003, **Medicare Payment Advisory Commission, 2019

Department of Health and Human Services (HHS) Strategic Goals*

2018-2022
1. Reform, strengthen and modernize the nation’s healthcare system
2. Protect the health of Americans
3. Strengthen the economic and social well-being of Americans
4. Foster sound, sustained advances in science
5. Promote effective and efficient management and stewardship

*DHHS, 2018
3 Dimensions of Health Care Delivery Reform*

Population Health

Experience of Care

Per Capita Cost

*Institute for Healthcare Improvement

The Landscape is Changing
Recent Policy Changes for IPC and QI in HHC

Home Health Conditions of Participation (CoPs)

Significant Changes for CY2019*

- Changes to rural-add on payments for CYs 2019 through 2022
- Changes to the home health value-based purchasing (HHVBP) model
  - Reduced quality measures to a total of 16
    - Removed Influenza Immunization Received and Pneumococcal Polysaccharide Vaccine Ever Received
    - Replaced Improvement in Ambulation-Locomotion, Improvement in Bed Transferring, and Improvement in Bathing with two composite measures
- Changes to HHQRP requirements

*Florida Hospital Association, 2018
Home Health Conditions of Participation (CoPs)

Significant Changes for CY2020*

- Implementation of the Patient-Driven Groupings Model (PDGM)
  - Reducing the home health unit of payment from 60 days to 30 days
- Implementation of payment and regulations for home infusion therapy services
- Changes to the HHVBP model
- Changes to HHQRP requirements

*Florida Hospital Association, 2019

Patient-Driven Groupings Model (PDGM)

- Begins on January 1, 2020
- Changes the unit of payment from a 60-day episode of care to a 30-day period of care
  - Home health care costs are higher earlier in an episode, so splitting into two 30-day periods distributes payments based on resource use
- Includes case mix methodology refinements
  - Based solely on patient characteristics, such as clinical characteristics and other patient information
  - Places patients into 432 payment categories
Value Based Purchasing (VBP)

- Pilot program began in 2016
- Model incentivizes agencies to provide higher quality and more efficient care
- Medicare payment adjustments are made based on agency performance score relative to the baseline year (CY2015)
  - Total Performance Score (TPS) is calculated from 16 quality measures* from OASIS and HHCAHPS
  - In CY2019, the second payment adjustments (5%) will be made based on CY2017 performance

*In CY2019

Value Based Purchasing (VBP) Q&A

Question:
How many US states are involved in the VBP pilot program?

Options:
1) 11
2) 35
3) 9
4) 23
Value Based Purchasing (VBP) Q&A

- Answer: 9 states
- (MA, IA, NE, NC, MD, TN, FL, WA, AZ)
Infection Prevention & Control (IPC) in the Home Environment*

- Nursing bag technique
- Handwashing criteria
- PPE
- Sterile field
- Disinfection of devices

*Rhinehart, 2001; Bakunas-Kenneley & Madigan 2009

Infection Prevention in Home Health Care (InHome) Study
Infection Prevention in Home Health Care (InHome) Study

**Aim 2:** Describe the current infection prevention and control practices in HHC
- **Data:** Qualitative interviews, InHome survey, OASIS, Medicare claims, other public files
- **Qualitative analyses:** Content analysis
- **Quantitative analyses:** Multivariable models

**Sub-Aim 1:** Explore how HHA have responded to various quality and VBP initiatives

**Sub-Aim 2:** Conduct a survey to describe HHA QAPI programs and identify the types of HHA that respond to VBP incentives

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CMS Quality of Patient Care (QoPC) star ratings

Methodology

• QoPC star ratings calculations began in July 2015
• Include process and outcome quality measures
• Agencies must have at least 20 complete patient episodes for a measure to be reported
• Changes were implemented in April 2018*
• Agencies must have reported data for 5 of the 8 measures used in the ratings calculations

Current Measures

- Timely initiation of care
- Drug education
- Ambulation
- Bed Transfers
- Bathing
- Pain interfering with activity
- Shortness of breath
- Acute Care Hospitalization

*Influenza Immunization measure no longer included

Recent Trends in HHC QoPC Star Ratings

Aims

1. Use an overall composite quality metric (with Home Health Compare data) to evaluate trends in quality over time
2. Compare trends over time among HHAs in VBP participating states and those not participating, as well as for-profit & non-profit HHAs

Data

Provider of Services (POS)
Home Health Compare

Measures

1. Overall composite quality index
2. % of patients for which influenza vaccination status was determined
3. % of patients that had no hospitalizations during the home health care episode
4. Agency characteristics

Eligibility

Included: Medicare-approved HHAs in 50 states from 2012-2017
Excluded: government-run agencies; any agency with incomplete data

Analyses

Summary statistics
3 OLS regression models for each quality indicator
Recent Trends in HHC QoPC Star Ratings

Summary Statistics, Overall and by Ownership (2017)

<table>
<thead>
<tr>
<th>Agency Characteristics</th>
<th>All Agencies</th>
<th>VBP Agencies</th>
<th>For-profit Agencies</th>
<th>Nonprofit Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>N of Agencies</td>
<td>7,458 (100.0)</td>
<td>1,381 (18.5)</td>
<td>6,047 (81.1)</td>
<td>1,411 (18.9)</td>
</tr>
</tbody>
</table>

**Agency Characteristics**

<table>
<thead>
<tr>
<th>Staffing Skill Mix</th>
<th>Mean (SD)</th>
<th>% RN</th>
<th>66.5 (21.8)</th>
<th>70.8 (20.4)</th>
<th>64.2 (22.0)</th>
<th>76.0 (17.9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% LPN &amp; LVN</td>
<td>21.8 (19.6)</td>
<td>18.1 (14.2)</td>
<td>24.5 (19.9)</td>
<td>10.2 (13.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% CNA</td>
<td>11.7 (14.0)</td>
<td>11.0 (13.9)</td>
<td>11.3 (14.0)</td>
<td>13.7 (13.9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**In-house Staffing**

<table>
<thead>
<tr>
<th>Service Type</th>
<th>VBP</th>
<th>NFP</th>
<th>% of column total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health aide services</td>
<td>87.9</td>
<td>80.4</td>
<td>88.2</td>
</tr>
<tr>
<td>Nursing services</td>
<td>91.6</td>
<td>95.3</td>
<td>91.8</td>
</tr>
<tr>
<td>Provided &lt;5 service types</td>
<td>12.5</td>
<td>15.4</td>
<td>12.2</td>
</tr>
<tr>
<td>Compliant with CMS regulations</td>
<td>94.3</td>
<td>96.7</td>
<td>94.4</td>
</tr>
<tr>
<td>Medicare only</td>
<td>23.0</td>
<td>33.7</td>
<td>26.1</td>
</tr>
<tr>
<td>Operates Medicare hospice</td>
<td>7.2</td>
<td>6.9</td>
<td>3.4</td>
</tr>
<tr>
<td>Rural</td>
<td>15.8</td>
<td>11.4</td>
<td>12.1</td>
</tr>
<tr>
<td>Hospital-based</td>
<td>7.6</td>
<td>7.4</td>
<td>1.0</td>
</tr>
</tbody>
</table>

*Non-contracted services

**Recent Trends in HHC QoPC Star Ratings**

Agency characteristics positively associated with higher quality

- Not-for-profit (NFP) agencies
- RN staffing
- Nurse and aide services with in-house staff
- CMS compliance
- Rural location
- VBP program participation

**Improvement in Quality (2012-2017) using Composite Quality Metric**

- FP
- NFP
- VBP
- non-VBP
Recent Trends in HHC QoPC Star Ratings

Agency characteristics positively associated with influenza vaccination verification

- Not-for-profit (NFP) agencies
- RN staffing
- Nurse and aide services with in-house staff
- CMS compliance

![Graph showing improvement in vaccination verification (2012-2017)]

Recent Trends in HHC QoPC Star Ratings

Agency characteristics positively associated with avoidance of patient hospitalization

- For profit agencies
- Home care aide staffing
- Contracting nursing and aide services
- Serving Medicare patients only
- Urban location

![Graph showing avoidance of patient hospitalization (2012-2017)]
### Recent Trends in HHC QoPC Star Ratings

- Development of a normalized quality metric that includes each of the QoPC measures equally
- Quality of home health services does vary by agency characteristics, particularly by ownership status and VBP program participation
- Overall quality has improved substantially from 2012 to 2017
  - Improved rates of influenza vaccination verification
    - Largest increase occurred in 2016, particularly among VBP agencies
  - Little improvement in avoidance of hospitalization rates

### Overview

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<td>Preliminary Findings from National Survey of HHC Agencies</td>
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Successes and Challenges in IPC and QI in HHC

Qualitative Study Goals

1. Describe the current infection prevention and control infrastructure and policies in HHC agencies
2. Explore how HHA have responded to various quality and VBP initiatives

Qualitative Study Period

• March to November 2018

provider of Services (POS); Home Health Compare data

purposive sample of HHAs

At least 20 episodes of care
Geographic area
Urban/Rural
QoPC Star Rating
VBP Program Participation

In-depth, over-the-phone
Confidential
30-90 minutes
At least 3 staff members at each agency

Successes and Challenges in IPC and QI in HHC

Study Participants

• 41 staff members from 13 agencies in 4 geographic regions (Northeast, Midwest, South, West)
• Interviewed participants with a variety of roles, including: administrators, clinical managers, field RNs, quality improvement coordinators, nurse educators, and home health aides

Example Interview Topics

<table>
<thead>
<tr>
<th>Infection prevention and control policies at agency</th>
<th>Patient and family/caregiver education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and staff training</td>
<td>Quality/performance improvement processes/initiatives at agency</td>
</tr>
<tr>
<td>Availability of infection prevention and control resources</td>
<td>Successes and challenges in infection control in home care</td>
</tr>
</tbody>
</table>

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28
Successes and Challenges in IPC and QI in HHC

- Interviews were recorded and professionally transcribed
- Core transcripts were openly coded and preliminary themes were developed

<table>
<thead>
<tr>
<th>Preliminary Themes</th>
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<tbody>
<tr>
<td>Uniqueness of Home Health Care</td>
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<tr>
<td>Care Coordination Challenges</td>
</tr>
<tr>
<td>Infection Prevention and Control as a Priority</td>
</tr>
<tr>
<td>Keys to Success - Innovation</td>
</tr>
</tbody>
</table>

Uniqueness of Home Health Care

- Unpredictability/Home Environment

Challenges related to Workload and Travel

Staffing Challenges

“The nurses I can say, they are just so stressed up, and they just want their work to end early, so they are just shortcutting... Shortcutting every intervention, shortcutting every technique they’re supposed to do... because they are time constrained. They have too many patients to see, and they wanna make sure that they covered everything.”
- Field RN

“Well, it’s not the hospital where it’s a controlled environment. You’re going into patient’s homes that sometimes aren’t the cleanest. They may have paths through it, and you just gotta do the best you can and try to be as clean and prevent infections as you can in the home...”
- Intake Coordinator/Supervisor

“I see anywhere from three to five patients a day. It depends on their schedule and their needs when I see them and where they’re located. I think my furthest patient’s about 60 miles away. I have quite a bit of miles usually. Some days up to 300 miles.”
- Field RN/Case Manager
Successes and Challenges in IPC and QI in HHC

Care Coordination Challenges

- Communication with Other Local Providers

  "Basically, we follow up with a physician, make sure they saw the fax, that it has the details of what is suspected, and then making sure that there’s a conversation with them if that conversation is possible – sometimes the physicians aren’t as available to us as we would like- and just keeping track of any kind of conversation that we do have...”
  - Administrator

- Working Hours

  "Our work day is 9:00 to 5:00. If there’s something that happens after hours, there’s no doctor to call. It’s very difficult on that end, because we’ll find ourselves in situations where our hands are tied. We can’t do anything. We can’t get a hold of a doctor. We can’t get any new orders. What do we have to do? We have to send the patient to the hospital.”
  - an RN/Case Manager

Infection Prevention and Control as a Priority

- Focus on Hand Hygiene, Bag Technique

  "So for us, infection control is the main thing because, at the end of the day, our main objective is to prevent our patients from deteriorating or being rehospitalized.”
  - an RN Case Manager

- Protection of Patients/Self

  "The most important aspects of infection control are education and handwashing. It’s the single most proven way to keep infections down and it’s important to teach people to correctly wash their hands.”
  - a Field RN

- Role in Preventing Hospitalizations

  "For me, personally, it’s very important. Not just for patients but also for what I’m bringing home. I’ve got a nine-month-old, so for me, I’ve got a young child, and I just don’t wanna bring anything home.”
  - a Hospice RN/Case Manager
Successes and Challenges in IPC and QI in HHC

Keys to Success and Innovation

• Agency focus on/culture of overall quality and patient satisfaction

• Reputation as a Key Driver of Quality

• Direct, multi-modal communication

“We always have a monthly meeting... When there is an update or a change in anything, that's something that we address during that meeting. It's not just the nurses. It's the PTs and the OTs too. Whoever is able to come, we have them all in one place. That way they can ask questions, bounce ideas off of each other. Those people that are not able to come for whatever reason, there's always handouts as well as Tigertext that we use to cover all the points that we discussed.”
- a Field RN

“We don't have a reinfection admission rate. I mean it's a big stressor here... [Our leadership] makes sure you have what you need. Other companies could take a look at how supportive they are... It would help their rates a lot, as well.”
- a Field RN

Successes and Challenges in IPC and QI in HHC

What we learned...

• Uniqueness of the home environment presents challenges (i.e. staffing, workload) for IPC

• HHC staff experience a number of challenges with care coordination (i.e. communication with local providers, working hours, etc.)

• Prioritizing IPC plays an important role in preventing hospitalizations

• Agency focus on quality and IPC can set staff up for success
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Preliminary Findings from National Survey of HHC Agencies
*Presented by Ashley Chastain*

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**Preliminary Findings from National Survey of HHC Agencies**

**Survey Goals**

1. Describe the current infection prevention and control infrastructure and policies in HHC agencies
2. Describe HHA QAPI programs and identify the types of HHA that respond to VBP incentives

**Survey Implementation Period**

- October 2018 to October 2019

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**Survey Design**

**Agencies**

- Provider of Services (POS)
- Conference Attendees

**Design**

- Cross-sectional survey
- Convenience sample at conference
- National random sample of 1,502 HHAs by:
  - Census region
  - Ownership
  - Urban/Rural

**Eligibility**

- Located in 50 states, DC and PR
- Medicare or Medicaid eligible
- Active provider status

**Survey**

- Paper-based and electronic
- 63 items
- Open and closed-ended questions
- Administrator or Clinical Manager
**Preliminary Findings from National Survey of HHC Agencies**

**Primary Role of Survey Respondents**

- DON or Clinical Manager: 94.1%
- Administrator: 3.8%
- Other: 13.0%
- Quality Coordinator/Quality Management: 5%
- Care Coordinator: 2.8%
- Infection Control Specialist: 0.8%
- Staff Education/Staff Development: 0.5%

**Ownership Status of Responding Agencies**

- For-profit: 29.6%
- Non-profit: 61.2%
- Government: 9.3%

**Geographic Characteristics of Responding Agencies**

- Rural: 37.0%
- VBP Pilot Program Participation: 17.0%
- Non-rural: 39.1%

*n=399*
Preliminary Findings from National Survey of HHC Agencies

Technology Adoption at Responding Agencies*

- Electronic Medical Record System: 94.9%
- Telemedicine/Telehealth Service: 88.1%

* n=399

Biggest Challenge with Staffing**

- Hiring and retaining qualified staff: 66.4%
- Retaining staff due to declining census: 18.9%
- Retaining staff due to recruitment by other agencies: 6.2%
- Aging workforce: 4.2%
- Other: 16.2%
- Don’t know: 0%

**More than one answer selected on some surveys
Preliminary Findings from National Survey of HHC Agencies

For staff member in charge of IPC...

Other Responsibilities in addition to IPC*

- Supervision of Clinical Services/Patient Coordination
- Quality Improvement
- Clinical Administration/Management
- Education/Training
- Other
- None/Time exclusively devoted to IPC
- Don’t know
- No one currently in charge of IPC

*Respondents selected all answers that applied

Specific IPC Training/Certification*

- Certified in Infection Control (CIC)
- Training provided by external consultant
- Training provided by professional society or DOH
- Other
- No specific IPC training
- Don’t know

*Respondents selected all answers that applied
Preliminary Findings from National Survey of HHC Agencies

IPC at Participating Agencies...

Greatest Infection Control Challenge at this Time*

- UTIs: 73.9%
- CAUTIs: 16.2%
- C. difficile: 15.3%
- Other: 10.0%
- Don’t know: 7.0%

Most Challenging Aspect of Infection Control*

- Adherence to and monitoring hand hygiene/standard precautions: 54.1%
- Adherence to and monitoring bag technique: 34.7%
- Collecting and reporting infection data: 23.8%
- Managing patients with MDROs and C. difficile: 14.4%
- Adequate field staffing coverage: 9.8%
- Other: 2.7%
- Don’t know: 1.4%

* n=396

Preliminary Findings from National Survey of HHC Agencies

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- UTIs: 73.9%
- CAUTIs: 16.2%
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- Adequate field staffing coverage: 9.8%
- Other: 2.7%
- Don’t know: 1.4%

* n=399
Preliminary Findings from National Survey of HHC Agencies

IPC at Participating Agencies...

Collect and Review Infection Data to Identify Trends*

- Yes: 91.5%
- No: 7.8%
- Don't know: 2.7%

Frequency of Infection Data Review*

- Monthly or more frequently: 59.6%
- Quarterly: 36.0%
- Annually: 34.7%
- Don't know: 59.7%

* n=396

Preliminary Findings from National Survey of HHC Agencies

IPC at Participating Agencies...

Frequency of Infection Data Review*

- Monthly or more frequently: 59.6%
- Quarterly: 36.0%
- Annually: 34.7%
- Don't know: 59.7%

* n=350
Preliminary Findings from National Survey of HHC Agencies

IPC at Participating Agencies...

Criteria: n=396

Committee at Agency to Review Infection Data*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>FP</th>
<th>NP</th>
<th>Gov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, but there are plans for development in the next year</td>
<td>61.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, and no current plans to develop</td>
<td>16.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>15.8</td>
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</tr>
<tr>
<td>Don’t know</td>
<td>22.2</td>
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</table>

* n=396

Quality Improvement at Participating Agencies...

Presence of QAPI*

<table>
<thead>
<tr>
<th>Presence of QAPI</th>
<th>FP</th>
<th>NP</th>
<th>Gov</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2.5</td>
<td></td>
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</tr>
<tr>
<td>Don’t know</td>
<td>2.7</td>
<td></td>
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</tbody>
</table>

Focus of QAPI**

- Hospital admissions/readmissions
- Infection prevention and control
- Medication management
- Use of emergency services
- Influenza vaccination and education
- Cardiovascular health
- Other

<table>
<thead>
<tr>
<th>Focus of QAPI</th>
<th>Gov</th>
<th>NP</th>
<th>FP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital admissions/readmissions</td>
<td>62.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection prevention and control</td>
<td>72.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication management</td>
<td>18.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of emergency services</td>
<td>28.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza vaccination and education</td>
<td>18.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular health</td>
<td>28.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td>0.0</td>
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</tr>
</tbody>
</table>

* n=398; **Respondents selected all answers that applied
Preliminary Findings from National Survey of HHC Agencies

At Participating Agencies...

- Over 16% of government-owned agencies do not currently have a staff member in charge of IPC, compared to almost 6% of FP/NP agencies
- Staff members in charge of IPC have multiple responsibilities in addition to IPC
- Approximately 30% of staff in charge of IPC have no specific training in IPC; however 12% of those at NP agencies have completed CIC training
- Collecting and reporting infection data is cited as the most challenging aspect of IPC
- Over 20% of government-owned agencies do not collect infection data to identify trends
- Approximately 2/3 of NP agencies review their infection data monthly or more frequently compared to 1/3 of FP agencies
- QAPIs are in place at almost all agencies and have a range of topics that they focus on

Question:

What are your thoughts on the differences between for-profit, non-profit and government-owned agencies?
Next Steps

Ongoing Research
• Complete nationwide survey of home health agencies in late October 2019
• Quantitative Analyses (merging OASIS, Medicare claims, InHome Survey and other public files)

Acknowledgments

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Discussion and Questions