
Avoiding Hospitalizations Tops CMS' Home Health Quality Improvement Initiatives

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On January 11, 2007 the Centers for Medicare and Medicaid Services (CMS), in conjunction with the Home Health Quality Improvement Organization Support Center (HHQIOSC), launched the Home Health Quality Improvement National Campaign 2007.¹ The campaign is an effort to reduce avoidable hospitalizations and improve patients' lives by small changes in clinical behaviors and agency operations. Home health agencies (HHAs) are being recruited locally through state and national home health associations and quality improvement organizations (QIOs). To assist with this effort, the campaign is providing all HHAs with monthly intervention packets that include educational tools and resources, information sharing, and best-practice education. In addition, HHAs that have registered to participate in the campaign will receive monthly individual agency reports with their acute-care hospitalization rates.¹ As of April 4, 2007 more than 4700 HHAs have registered to participate.²

HHAs serve a vital role in the country's healthcare system by enabling persons who cannot leave home to receive services within their own homes, thereby avoiding long-term institutional care. There are more than 8000 Medicare-certified HHAs in the US, and in 2005 Medicare covered more than 95.5 million home health visits for nearly 3 million Medicare beneficiaries at a cost of about \$13 billion.³ Currently, more than 25% of home care patient episodes result in hospitalization.^{1,4}

CMS has made the reduction of

avoidable acute-care hospitalizations the principal quality improvement priority in the home health setting.⁵ In addition to launching the Home Health Quality Improvement National Campaign in 2007, CMS is funding QIOs in all states to work directly with HHAs and other providers to improve care for Medicare beneficiaries. QIOs operate under contracts or scopes of work with CMS. The scopes of work outline the quality improvement work to be performed during a 3-year period. Currently, the QIOs are working on CMS' Eighth

Scope of Work (8SOW).

The 8SOW focuses on 10 publicly reported quality measures for HHAs (Table 1), including the priority measure of reducing avoidable acute-care hospitalizations.⁵

The 10 outcome measures were derived from data collected using the Outcome and Assessment Information Set (OASIS). These data items include patient sociodemographic, health, and functional status variables and several utilization measures such as hospitalization. Medicare-certified HHAs are required to collect OASIS data on almost all adult home care patients at several points during the patient care process, which are used to develop quality improvement activities.

Opportunities for Reducing Hospitalizations

The rate of acute-care hospitalizations from home care episodes has been steadily increasing since 2000, according to an analysis of OASIS data.⁴ From March 2004 to February 2005, approximately 28% of all home care episodes ended with an acute-care hospitalization. The optimal rate of hospitalization following home health care is not known. However, evidence that improve-

Table 1.**HHA Outcome Measures**

OASIS-derived Outcome Measure	Description of Measure	Clinical Significance
Acute-care hospitalization	Percentage of patients admitted to the hospital	Hospitalization may indicate a decline in the home care patient's health status. The goal is to prevent the deterioration in health status.
Improvement in bathing	Percentage of patients who improve self-bathing	Being able to bathe is important for staying clean and healthy and remaining independent at home.
Improvement in transferring	Percentage of patients who improve getting in and out of bed	Being able to get in and out of bed is necessary for self-care and remaining independent at home.
Improvement in ambulation/locomotion	Percentage of patients who improve walking or moving safely in a wheelchair	Many patients who get home health care are recovering from an injury or illness. Walking or moving safely in a wheelchair may be a sign of improvement.
Improvement in management of oral medications	Percentage of patients who improve ability to self-administer oral medications	Incorrect medication administration may cause confusion, illness, or death.
Improvement in pain interfering with activity	Percentage of patients who have less pain when moving around	If pain is not treated, a person may not be able to perform daily routines, become depressed, or have an overall poor quality of life. Pain also may be a sign of a new or worsening health problem.
Improvement in status of surgical wounds	The percentage of patients with wounds that are healing	A wound that is healing normally improves the patient's ability to resume activities after surgery and indicates good care.
Improvement in dyspnea	The percentage of patients whose dyspnea has improved	Dyspnea affects quality of life and the patient's ability to engage in a variety of activities.
Improvement in urinary incontinence	The percentage of patients whose bladder control improves	Urinary incontinence affects patient comfort, skin integrity, ability to engage in normal daily activities, and ability to continue or resume independent living.
Discharge to community	The percentage of patients discharged from home care services	Living independently is a goal of many home care patients, and discharge from home care indicates improvements in the patient's condition.

ment is possible includes the wide range in the risk-adjusted rate of hospitalization, from an average of 17% among agencies with the lowest rates to an average of 49% among agencies with the highest rates.⁵

Researchers have found that significant contributors to hospital admissions include delivery system problems such as poor assessment of a patient's readiness for hospital discharge, fragmented or incomplete hospital discharge planning,

poor communication and provision of insufficient information during transfer from hospital to community providers, insufficient monitoring of home care patients, or some combination of these factors.⁶⁻⁹ Research also has shown that significant reductions in hospitalization can be achieved by improving discharge planning and transfer communications.^{6,11,12} Promoting teamwork, enabling productive physician-nurse interaction, providing ready access to

nurse case managers and advanced practice nurses, and improving scheduling and organization of visits are other effective changes.¹²

Demonstration Project Successes

Demonstration projects conducted by the Center for Health Services Research (CHSR) and the University of Colorado between 1995 and 2000, using a standardized approach to quality improvement called Outcome-based Quality Im-

PROVIDER ACTION

Impact to You

CMS is focusing on reducing avoidable hospitalizations from the home health setting. Physicians have opportunities to actively participate in this process.

What You Need to Know

The rate of acute-care hospitalizations has been steadily increasing since 2000. Almost one third of all home care episodes end in hospitalizations. Improving discharge planning and transfer communications can greatly reduce hospitalizations.

What You Need to Do

Investigate opportunities to participate in quality improvement programs through quality improvement organizations (QIO) and home health agencies (HHAs). Also refer your patients to those HHAs that have documented superior outcomes.

provement (OBQI), showed a substantial impact on home health patient outcomes. For example, in the national demonstration, the relative rate of decline in hospitalization of home care patients was 22%.

The OBQI approach to quality improvement is to select an outcome, investigate the care systems and processes that led to the outcome results, and then identify areas to improve. The CMS-funded QIOs in partnership with state and national home health associations are assisting HHAs in adopting this standardized approach to quality improvement. The quality improvement activities are entirely under the control of the HHAs, whose staff conduct the activities and implement necessary changes.

Each QIO is collaborating with HHAs to reduce acute-care hospitalizations and improve at least one other quality improvement measure from the list of publicly reported measures. In addition to these activities, QIOs are also working intensively with a limited number of HHAs on the use of technologies such as telemedicine or telemonitoring.

Many HHAs have demonstrated the ability to improve patient outcomes through the OBQI approach. Between 2002 and 2005, with the assistance of the QIOs, approximately 4400 HHAs implemented OBQI activities. For each of the top 10 target outcomes selected by HHAs, there was statistically significant improvement in rates among agencies working directly with their state QIOs as compared to agencies that worked independently.⁴ Recent success stories include reduced hospital and emergency department visits that

can be linked to improved wound care, better management of oral medications, and use of telemonitoring for high-risk patients.

Campaign Information

All HHAs are encouraged to participate in the Home Health Quality Improvement National Campaign 2007. Participation is free and there are no prerequisites. HHAs may formally register online at the campaign Web site at: www.homehealthquality.org. The Web site www.medqic.org has additional information about the national campaign Center for Health Services Research (CHSR). *MPM*

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This material was prepared by Healthcare Quality Strategies, Inc. (HQSI), the Medicare Quality Improvement Organization for New Jersey, under contract with CMS. 8SOW-NJ-HH-07-111MPM. Andrew Miller, MD, MPH, is the director of physician services at Healthcare Quality Strategies, Inc. Lisa M. Roche, MPH, PhD, is a consultant for HQSI, the federally designated quality improvement organization (QIO) for New Jersey. HQSI is an independent, nonprofit company committed to accelerating improvement in healthcare quality through a collaborative and interactive process with the healthcare community.