



The Key to Value Based Purchasing Success



Quality is the Key – Unlock the Agency QAPI Program!

Strategies to Optimize VBP
Performance in Home Health



HEALTHCARE^{LLC}
CONSULTANTS

AGENDA

- Introduction – Setting the Groundwork
- Design of a Home Health Quality Program
- Benefits of QAPI to a Home Health Agency
- Value-Based Purchasing Overview
- Strategies for Success
- Wrap Up

QAPI Program Benefits to Home Health Care



Quality Assurance

Measuring performance can indicate strengths of the program, so you can share your successes. It can also reveal areas where adjustments are needed (PI actions).

Transparency to Stakeholders

Patients, Families and Payers all desire to know the quality of service(s) the agency is providing.



Accreditation and Recognition

To support accreditation or certification - demonstrating certain performance standards.

Value-Based Purchasing and other Financial Rewards

Pay for performance is here! VBP Puts the Emphasis on Quality.



Introduction – Setting the Groundwork



- QAPI is the Key to Home Health Success
- The QAPI program is a requirement for home health agencies and is designed to:
 - ✓ Improve outcomes, care quality, and safety.
 - ✓ Reduce errors in clinical and operational practice.
 - ✓ Improve Infection Control processes.
 - ✓ Ensure compliance with OSHA safety standards.
 - ✓ Reduce costs.
 - ✓ Improve Star ratings.
 - ✓ Enhance performance-related pay adjustments in the Value-Based Purchasing model.

Introduction – Setting the Groundwork



• A Word About Home Health Compare Star Ratings

- ✓ Provides a Visual Representation
 - Consumer research has shown that summary quality measures and the use of symbols, such as stars, to represent performance are valuable to consumers.
- ✓ Transparency
 - Star ratings can help consumers more quickly identify differences in quality and make use of the information when selecting a health care provider.
- ✓ Identifying PI Opportunities
 - In addition to summarizing performance, star ratings can assist home health agencies (HHAs) identify areas for improvement.

Introduction – Setting the Groundwork



- The Foundation for VBP is Quality

- ✓ Agencies focused on providing excellent, high-quality care, are on the right track for success.
- ✓ Capturing accurate documentation that reflects the care provided is critical in VBP.
- ✓ QAPI programs focused on specific and relevant quality measures are key to agency financial success in the VBP model.





QAPI Program Design



Design of a Home Health Quality Program

• 5 Essential Elements of the Quality Program

- ✓ Scope of the Quality Program
- ✓ Program Data
- ✓ Program Activities
- ✓ Performance Improvement Projects
- ✓ Executive/Leadership Responsibilities



Scope of Quality Program – Setting Goals

- Measure, analyze, and track selected quality indicators

- ✓ Define aspects of performance that enable the agency to assess processes of service delivery and operations.
- ✓ Methodically select metrics that will make the greatest impact on your agency performance.

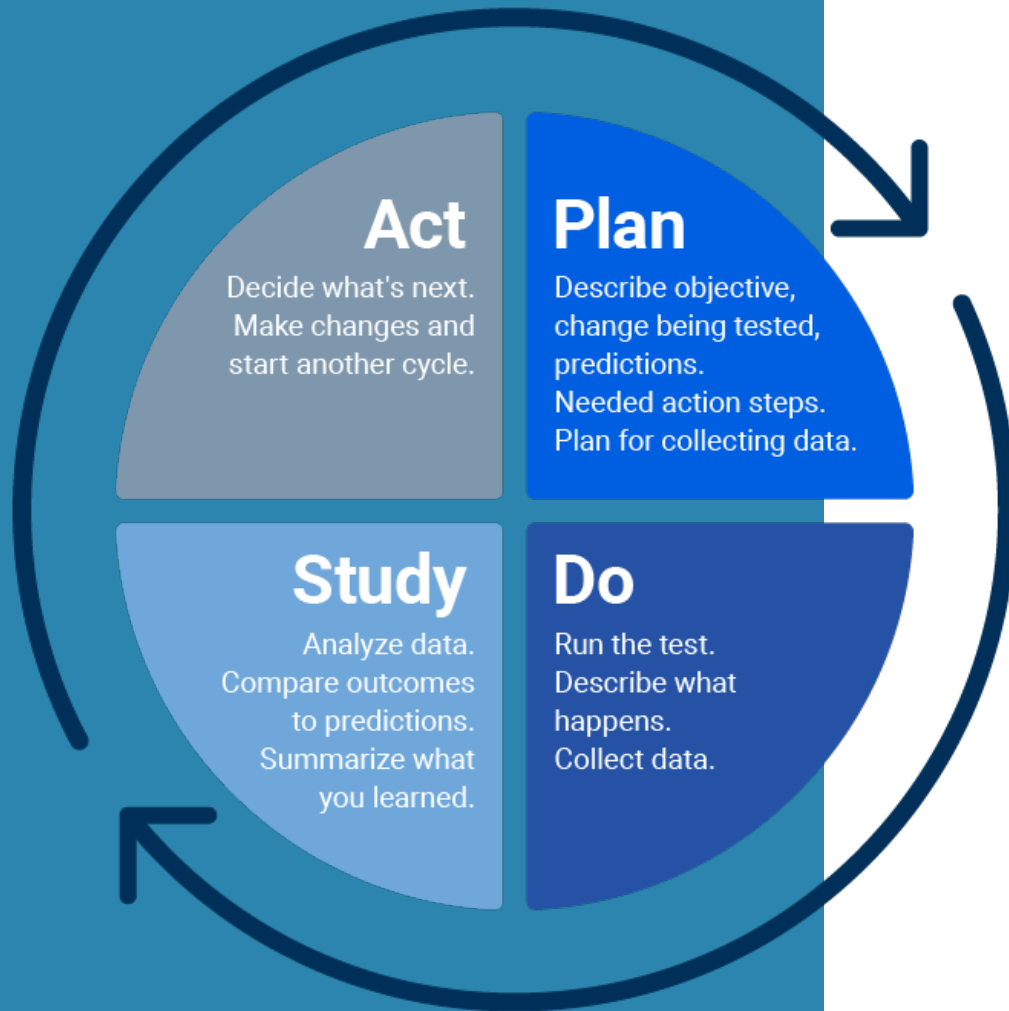


Scope of Program

The QAPI program must be **on-going and comprehensive**, addressing the full range of services offered by the agency.

- When fully implemented, the QAPI program will address **all systems of care and management practices**.
- Agency must design a program that can demonstrate improvement in the selected indicators to:
 - ✓ Improve health outcomes;
 - ✓ Ensure patient safety; and
 - ✓ Improve quality of life.





Scope of Program

- Select indicators that can be measured, analyzed and acted upon to demonstrate improvement.
- Agency should use the **Plan-Do-Study-Act (PDSA)** Cycle to determine best indicators to include in the program.
- **Common Home Health Indicators include:**
 - ✓ Patient Safety Measures
 - ✓ Effectiveness Measures
 - ✓ Efficiency Measures
 - ✓ Patient-Centered Measures

Defining Home Health Indicators



MEASURE	EXAMPLES
PATIENT SAFETY MEASURES	<ul style="list-style-type: none">✓ Percentage of patients who have experienced falls.✓ Percentage of patients needing emergent care for wound infections or deteriorating wound status.✓ Percentage of patients who require emergent care from a hospital, doctor, or outpatient department/clinic for any type of emergency.✓ Percentage of patients who experience an adverse event.
EFFECTIVENESS MEASURES	<p>Percentage of patients showing improvement in, for example:</p> <ul style="list-style-type: none">✓ Ambulation/locomotion.✓ Bathing.✓ Management of oral medications✓ Status of surgical wounds✓ Urinary incontinence
EFFICIENCY MEASURES	<ul style="list-style-type: none">✓ Percentage of patients admitted or readmitted to an acute care hospital.
PATIENT CENTERED MEASURES	<ul style="list-style-type: none">✓ Percentage of patients reporting that home health providers treated them as gently as possible.✓ Percentage of patients reporting that home health providers talked with them about their medications and pain.



Program Data

- Prioritize data collection according to the program goals.
- The program must utilize quality indicator data, including service-related data – driven by OASIS documentation, where applicable.
- Must be relevant to the design of the program.
 - ✓ The agency should utilize data gathered and analyzed as part of the program scope.
 - ✓ Focus on quality and safety issues related to the services provided.
 - ✓ Measure and record quality indicator data and identify opportunities to drive PI activities.
 - ✓ Attempt to align with state and payer requirements.



Program Data

- The agency must use collected data to:
 - ✓ Monitor the effectiveness and safety of services provided;
 - ✓ Monitor quality of care;
 - ✓ Identify opportunities for improvement.
- The frequency and detail of the data collection must be outlined in agency policy and approved by the governing body.
 - ✓ In most cases, this data is collected to provide information covered in **quarterly QAPI meetings**.

Scope of Quality Program – Program Activities



- Focus on high-risk, high-volume issues, or problem-prone issues for the agency.
 - ✓ Consider incidence, prevalence and severity of problems identified; and
 - ✓ If the agency identifies an issue that does or may threaten the well-being or safety of a patient – *correct the issue immediately.*
- PI activities must track **Adverse Patient Events**, analyze the cause(s), and implement preventative actions.
- Monitor “**Potentially Avoidable Events**” report in Casper.
 - ✓ Provides incident rates for 12 untoward events.
 - ✓ Investigate each Potentially Avoidable Event and take actions to reduce the incidence.
 - ✓ Compare agency data with national data to determine the need for a Performance Improvement Plan.
 - ✓ A comprehensive QAPI program will include audit tools that are designed to address each type of PAE.
- The agency must take actions through a **Performance Improvement (PI)** process.
 - ✓ The agency must measure and track the activities and results of the PI plan.
 - ✓ Must ensure that the improvements are sustained over time.

Scope of Quality Program – Program Activities



Implement a performance improvement plan focusing on the causative factors identified.

①

High risk: significant risk to the health or safety of patients

②

High volume: frequently provided to a large patient population

③

Problem-prone: potential for negative outcomes that are associated with a diagnosis or condition

④

Adverse patient events: negative and unexpected impacting the plan of care and potential decline of the patient

Performance Improvement Projects



- The Agency documents area(s) for monitoring and improving performance and identifies:
 - ✓ An expected threshold of performance;
 - ✓ How performance is assessed including the data source and frequency of measurement; and,
 - ✓ How action to improve is developed, approved, executed, and re-assessed if performance is below the expected threshold.
- A well-designed QAPI plan should include at least one (1) Performance Improvement Project.

Performance Improvement Project



Identification of Project

- Agency should select a project based on the QAPI Program activities and data.
 - ✓ Projects should be implemented based on issues identified to be problematic or those that can lead to poor outcomes.
 - ✓ Consider high-risk or high-volume activities.



Implementation of Project

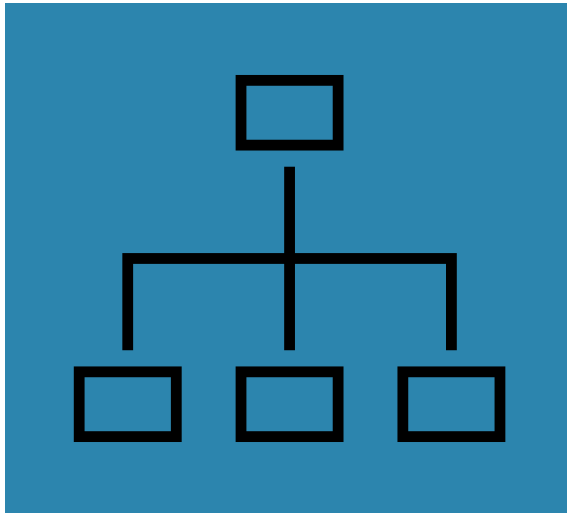
- Develop Project Plan to include:
 - ✓ Problem to be solved
 - ✓ Background of problem
 - ✓ Goals of the Project
 - ✓ Scope of the project
 - ✓ Timing and Milestones
 - ✓ Team members and responsibilities of each member

Performance Improvement Project Milestones



PHASE OF PROJECT	EXPLANATION OF MILESTONE
INITIATION PHASE	✓ The project is developed and approved by the agency.
PLANNING PHASE	✓ Specific tasks and processes to achieve goals identified in this phase.
IMPLEMENTATION PHASE	✓ Carry out the project plan. ✓ Take actions as developed in the plan.
MONITORING OF PROJECT ACTIVITIES	✓ Observe and document progress. ✓ Utilize a tracking tool for monitoring activities.
PROJECT CLOSURE	✓ Wrap up the project, develop results and written reports (summary of the project)

Leadership Roles



Responsibility for the Project

The leadership of the agency must assume responsibility for the QAPI process, including Performance Improvement activities



Education

Leadership must ensure that all staff are educated to the QAPI plan and Performance Improvement Projects



Documentation

The agency must maintain documented evidence of the QAPI Program and any Performance Improvement project



Annual Review of QAPI Plan

The QAPI Program and any associated Performance Improvement Projects must be included in the annual agency evaluation

Governing Body Responsibilities



- Governing Body must ensure an active and effective QAPI program.
 - ✓ Must ensure there is an ongoing program for quality assurance and performance improvement.
 - ✓ Must be agency-wide.
 - ✓ Must set clear expectations of patient safety, ensuring actions are implemented and monitored.
 - ✓ Delegate a QAPI Coordinator to “operate” the program.
 - ✓ Approving plan, scope and goals, and frequency and detail of data collection.
 - ✓ Reviewing and approving QAPI reports and recommendations.

Policy Outline for QAPI Programs



1. General QAPI Policy

- ✓ Covers general QAPI program requirements and process overview

2. Audit Tools

- ✓ Provides tools used for audits conducted on records and assessment of operations

3. Evaluation Documents

- ✓ Satisfaction surveys and documents (patient, employee, medical practitioner, referral source or facilities)

4. Performance Improvement Plan Documents

- ✓ Includes tool to document all aspects of a PI plan activities

5. Annual Agency Evaluation

- ✓ Policies and guidance for Annual Agency Evaluation development and reporting

6. QAPI Coordinator Job Description and Expectations

7. Potentially Avoidable Events

- ✓ Audit tools to address each PAE outlined by CMS guidance

Value Based Purchasing



Value-Based Payment for Skilled Home Health Care

“The model was designed to support greater **quality and efficiency of care** among Medicare-certified Home Health Agencies (HHA) across the nation.”

- CMS Model Summary Document



VBP Objectives

HHVBP Model was to improve the quality and delivery of home health care services to Medicare beneficiaries with specific goals to:

1. Provide incentives for better quality care with greater efficiency;
2. Study new potential quality and efficiency measures for appropriateness in the home health setting; and,
3. Enhance the public reporting process.

Value-Based Purchasing – Pilot Results



- Value-Based Purchasing Pilot – Results and Impacts

- ✓ Pilot was conducted in 9 states.
- ✓ Pilot project lasted six years.
- ✓ Demonstrated a 4.6% improvement in quality scores when compared to the 41 states not participating in the pilot.
- ✓ \$1.38 billion dollar reduction in Medicare spending for FFS patients.
 - Substantial savings were noted due to reducing hospitalization and use of Skilled Nursing Facilities.

- Direct relationship between **quality measure improvements and reimbursement for services provided.**

- ✓ The QAPI program is critical to success in this new model of reimbursement.

Value-Based Purchasing – Agency Impacts



- Focus on **Quality of Care** and Outcomes, not **Quantity of Services** Provided.
- CMS monitoring a set of quality measures, which drive a complex home health value-based purchasing performance score.
- “**Internal Competition**”
 - ✓ Agencies compete against their own internal performance measures (baseline) to improve performance on key metrics.
- “**External Competition**”
 - ✓ Compete with agencies of similar size across the county using reported metrics and outcomes.

Value-Based Purchasing – Scoring Measures



- VBP scoring measures fall into **three main categories**, where scoring for each individual component is calculated then combined to generate a final score.

CATEGORY	QUALITY MEASURES
OASIS DATA (35%)	<ul style="list-style-type: none">✓ Improvement in Dyspnea✓ Discharged to Community✓ Improvement in Management of Oral Medications✓ Total Normalized Composite: Change in Self-Care✓ Total Normalized Composite: Change in Mobility
CLAIMS DATA (35%)	<ul style="list-style-type: none">✓ Acute Care Hospitalization During the First 60 Days of Home Health Use✓ Emergency Department Use, Without Hospitalization, During the First 60 Days of Home Health Use
HHCAHPS SURVEY DATA (30%)	<ul style="list-style-type: none">✓ Care of Patients/Professional Care✓ Communication✓ Team Discussion/Specific Care Issues✓ Overall Rating✓ Willingness to Recommend the Agency

Value-Based Purchasing – Rate Adjustments



- Payment Adjustments.

- ✓ Based on a set of quality measures relative to other agencies considered a similar size.
- ✓ 5% plus or minus rate adjustment based on the measured quality of care provided.
 - Above average performance = Share in the cost savings up to 5% maximum.
 - Below average performance = Lose reimbursement up to 5%.

- Lagging Financial Impact.

- ✓ 2023 scores will impact 2025 payment rates.

Value-Based Purchasing – Strategies for Success



- There will be winners and losers in this new system – which road will you take?



Value-Based Purchasing – Strategies for Success



• Strategy 1: Prepare, Prepare, Prepare

- ✓ As with any big change, VBP should be part of the agency operational fabric.
- ✓ All staff should be educated on VBP – “Leadership to Field Staff”.
 - Must go beyond a 50 minute “in-service” approach.
- ✓ Ensure an understanding of the ramifications of agency quality performance and the impact of quality outcomes on agency reimbursement.
- ✓ Review and update the agency QAPI program.
 - Ensure that the QAPI plan is prepared for the quality focus and demands of VBP.
 - Update the QAPI program to include all requirements for success in VBP.

Value-Based Purchasing – Strategies for Success



• Strategy 2: Educate and Assess

✓ OASIS Documentation – A critical element to success.

- Refresh OASIS education, to focus on accuracy and completeness.
- Focus on the following critical time points:
 - Patient assessment and start of care;
 - Resumption of care; and
 - Discharge from the agency.

✓ Ensure OASIS and skills competency.

- Assessment and documentation skill sets for all skilled staff should be assessed.
- Go beyond “an interview” style assessment.
 - ❖ Assess while walking (assess ambulation and transfers where they happen – like the kitchen, bedroom, and **bathroom**).
- Competency of OASIS documentation, particularly related to complex patients, is critical.

• Strategy 2: Educate and Assess (Continued)

✓ OASIS GG codes competency.

- Focus on the OASIS **GG codes** is critical.
- Section GG Functional Abilities and Goals includes admission and discharge self-care and mobility
- Performance (GG0130 and GG0170) elements.
 - **Example: Self Care Items (GG0130)** - Toilet hygiene
 - ❖ Observes and documents the ability to maintain perineal hygiene, adjust clothes before and after using toilet, commode, bedpan, or urinal.
 - ❖ If managing ostomy, include wiping opening but not managing equipment.
 - **Example: Mobility Items (GG0170)** - Toilet transfer
 - ❖ Observes and documents the ability to safely get on and off a toilet or commode.

Value-Based Purchasing – Strategies for Success



• Strategy 3: Laser Focus on Patient Experience (HHCAHPS)

- ✓ HHCAHPS is designed to measure the experiences of people receiving home health care from Medicare-certified home health agencies.
 - The HHCAHPS is conducted for home health agencies by approved HHCAHPS Survey vendors.
 - The patient (or their proxy) answer the questionnaire which contains 34 items.
- ✓ Conduct staff education to ensure understanding of the survey.
 - Raise awareness to the importance of the survey and how it will impact reimbursement in VBP scoring.
 - Adequately prepare clinicians to address specific patient needs that are covered in the survey.
 - Prepare staff with key phrases to use when interacting with the patient.
- ✓ Inform patients at admission that they may receive a survey.
- ✓ Grievance Policy - manage and resolve all complaints and incidents.
 - Be sure to handle all patient calls to the agency, track and follow until resolved.

Value-Based Purchasing – Strategies for Success



More About Patient Experience – HHCAHPS

- Home Health Care Consumer Assessment of Healthcare Providers and Systems.
- **Questions cover topics such as:**
 - ✓ Communication about care;
 - ✓ Pain, and prescription medication use;
 - ✓ Care received from the home health agency;
 - ✓ Staying informed about scheduling, and global ratings.
- **Examples of HHCAHPS survey questions:**
 - ✓ In the last two months of care, how often did home health providers from this agency explain things in a way that was easy to understand?
 - ✓ In the last two months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?
 - ✓ In the last two months of care, how often did home health providers from this agency listen carefully to you?

Value-Based Purchasing – Strategies for Success



• Strategy 4 – Staffing Consistency

✓ The key to patient satisfaction and overall outcomes is staffing consistency.

➤ This is especially challenging during this period of staffing shortages and the “great resignation” (COVID-19 pandemic).

▪ Patient **care** and **satisfaction** hangs in the balance of staffing challenges.

➤ “Patients and caregivers prefer to establish long-term relationships that engender trust. It increases both patient and caregiver satisfaction”. – *2021 Home Care Technology Trends Report*

✓ Evidence that consistency in staffing improves patient outcomes.

➤ “Greater consistency in nursing personnel decreases the probability of hospitalization and emergent care and increases the likelihood of improved functioning in activities of daily living between admission and discharge from home health care.” – *National Association of Health Care Quality, 2011.*

- **Strategy 5 – Preventing Hospitalizations**

Hospitalizations represent 26% of the agency total VBP score.

- ✓ **Common reasons for hospitalization:**

- Patient falls and injuries.
- Medication compliance and safety issues.

- ✓ **Patient-specific interventions and goals:**

- Excellent admission assessment leads to high quality plan of care – which is patient specific.
- Each patient situation is unique and requires interventions and goals that address that uniqueness.

- ✓ **Other considerations to prevent hospitalizations:**

- Interdisciplinary team meetings and coordination.
- “Front-loading” visits and enhanced coordination between specialties.
- Telehealth use to augment in-person visits.

PREVENTING REHOSPITALIZATIONS



BEST PRACTICE (RECOMMENDATION)	DISCUSSION
<p>Ensure consistent and effective clinical oversight of patient care and services.</p>	<ul style="list-style-type: none"> ✓ Knowledgeable and engaged clinical managers are key to providing oversight of skilled services to more complex patients. ✓ Enhances care coordination between disciplines and medical practitioners who are involved in the patient care. ✓ Strengthens communication with the patient and family (caregivers).
<p>Early identification of “high risk” patients.</p>	<ul style="list-style-type: none"> ✓ Begins with a great intake process. ✓ Partner with discharge facilities to ensure open and effective lines of communication. ✓ Use of technology (HIPAA compliant exchange of patient information). ✓ Internal communication process that prompts clinical review of the information received.
<p>Ensure an effective transition to the home setting.</p>	<ul style="list-style-type: none"> ✓ Ensure patients are in the right place in terms of their physical and emotional state. ✓ Ensure that the patient and family have the capacity to cognitively understand teaching by the home health agency. ✓ Rapid actions to “stabilize” the client after discharge from a facility. <ul style="list-style-type: none"> ○ Must be sure that the patient’s immediate needs are met before they are prepared for an “aggressive implementation” of the planned services (more disciplines, etc.). ○ Must be in the “right place” to receive varied services - and the education provided by these services.
<p>Conduct case conferences to ensure all needs are effectively addressed and met.</p>	<ul style="list-style-type: none"> ✓ Communication and care coordination are the keys to addressing issues that may lead to rehospitalization. ✓ Must include clinical management, clinicians assigned to the case, associated disciplines, medical practitioners. ✓ Discuss patient care, goals of the care, what services have been planned or provided and any changes in the patient’s condition. ✓ Recommend a case conference with each certification period (or every 30/60 days). <ul style="list-style-type: none"> ○ More often if the patient condition requires (changes in condition).
<p>Unlock the power of the agency QAPI activities.</p>	<ul style="list-style-type: none"> ✓ Assess rehospitalizations by implementing an RCA (Root Cause Analysis). <ul style="list-style-type: none"> ○ What could have been done to prevent this hospitalization? ○ What should we do in the future to reduce these events from occurring? ✓ Guidance for Performing Root Cause Analysis (RCA) with PIPs (cms.gov)

Value-Based Purchasing – Strategies for Success



• Strategy 6 – Collect and Analyze Data

- ✓ Data used in comparison scoring is most important.
 - Track and review VBP quality measures.
 - Identify trends for improvement and what requires more work.
 - Performance Improvement Plans may be initiated as part of a robust QAPI program to address negative performance issues.

- ✓ Suggested data collection tools:
 - OASIS reports
 - HHCAHPS reports
 - Home Health Compare reports
 - QAPI program data and reports
 - Reports from the agency EMR/EHR

Value-Based Purchasing – Strategies for Success



• Strategy 7 – Consider Outsourcing Quality Activities

- ✓ Agency operations staff often wear multiple “hats”.
 - The agency quality program should be a high priority when considering staffing and assignments.
 - Outsourcing brings a deep experience in the work, at a lower overall cost to the agency.
- ✓ A robust QAPI program is the foundation to VBP success.
 - Look for consultants who are partners dedicated to quality.
 - Seek out programs “certified or verified” by a home health accrediting organization (AO) to ensure the highest quality standards.





The Key to Value Based Purchasing Success



Quality is the Key – Unlock the Agency QAPI Program!

1. Start with VBP scoring measures discussed in this presentation.
2. “Unlock” the agency QAPI Program.
3. Identify areas of weakness and focus on improvement activities.
4. Develop **performance improvement project(s)** that result in **consistent and repeatable** actions to ensure and maintain excellent patient care and outcomes.
5. Consider outsourcing QAPI activities to a certified and recognized consultant for support.

Our Team



Michael Brown, MS, RN

Founder and President
CHAP Certified
ACHC Certified



**Sandra L. Levengood,
MBA, RN**

Home Health Consultant
CHAP Certified



**Ann M. Martin, MSN,
RN**

Home Health Consultant
CHAP Certified



Debra Kent

Home Health Consultant
CHAP Certified

www.mbhealthcareconsultants.com



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