

Home Health Quality Initiative Overview

March 21, 2003

Background

Quality health care for people with Medicare is a high priority for President Bush, the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services (CMS). In November 2001, Secretary Thompson announced the *Quality Initiative*, his commitment to assure quality health care for all Americans through accountability and public disclosure. The initiative aims to (a) empower consumers with *quality* of care information to make more informed decisions about their health care, and (b) stimulate and support providers and clinicians to improve the *quality* of health care. The *Quality Initiative* was launched nationally in November 2002 for nursing homes (the Nursing Home Quality Initiative), and will be expanded to the nation's home health care agencies (the Home Health Quality Initiative) and hospitals in 2003.

In 2001, about 3.5 million elderly and disabled Americans received care from nearly 7,000 Medicare certified home health agencies. Home health care is care provided to people who have a medical need for skilled care. A home health agency offers health care and personal care to patients in their own home, and in many cases, teaches them to care for themselves.

Timing

CMS will implement Phase I of the Home Health Quality Initiative in Spring 2003 to eight states including Florida, Massachusetts, Missouri, New Mexico, Oregon, South Carolina, West Virginia and Wisconsin. Using the experience of the Phase I states, CMS will expand the public reporting of home health quality measures to all 50 states, the District of Columbia, and some U.S. Territories in Fall 2003. Consumers will be able to view these measures and additional helpful information on Home Health Compare at www.medicare.gov.

Quality Strategy

The Home Health Quality Initiative aims to further improve the quality of care given to the millions of Americans who use home health care services. The initiative combines new information for consumers about the quality of care provided by home health agencies with important resources available to improve the quality of home health care. It is a four-prong effort that consists of:

- regulation and enforcement activities conducted by state survey agencies and CMS;
- improved consumer information on the quality of care provided by home health agencies;
- continual, community-based quality improvement programs for home health agencies; and
- collaboration and partnership to leverage knowledge and resources.

Regulation and Enforcement

CMS will continue to conduct regulation and enforcement activities to assure that Medicare home health agencies comply with federal standards for patient health and safety, and quality of care. CMS monitors patient care data and generates assessment reports, which are used by home health agencies to develop and monitor their own quality improvement programs. In addition, a standard state survey occurs at least every 36 months to examine the quality and scope of patient services as measured by indicators of medical, nursing, and rehabilitative care. These activities continue without change during this initiative.

Consumer Information on Quality of Care

CMS will adopt and publish a set of home health quality measures on every Medicare-certified home health agency in the United States. The quality measures are an additional resource to help consumers compare the quality of care provided by home health agencies. The quality measures are also intended to motivate home health agencies to improve care and to inform discussions about quality between consumers and clinicians.

CMS will promote consumers' use of the home health quality measures through an integrated communications campaign including the publication of the measures on the CMS website, newspaper advertisements, and grassroots outreach coordinated through Medicare's Quality Improvement Organizations (QIOs) with other stakeholders. Consumers can call 1-800-MEDICARE or visit Home Health Compare at www.medicare.gov to view the home health quality measures. QIOs will promote awareness, understanding and use of this information by working with intermediaries including discharge planners, community organizations, and the media.

Community-based Quality Improvement

QIOs will provide assistance to home health agencies seeking to improve performance on the quality measures. Over the past three years, a pilot group of QIOs successfully implemented a quality improvement program with home health agencies in their state. This program, called the Outcomes Based Quality Improvement (OBQI) System, uses OBQI reports generated from the CMS national repository of data items collected from the Outcomes and Assessment Information Set (OASIS). The quality measures for the new Home Health Quality Initiative are a subset of the 41 OASIS outcome measures reported in the OBQI reports. The OBQI pilot demonstrated that targeted quality improvement initiatives do improve the quality of care. QIOs began phasing in assistance to home health agencies across the nation in August of 2002, and will enhance this assistance in Phase I and the national implementation of the Home Health Quality Initiative in relation to the publicly reported measures.

Collaboration and Partnership

In order to be effective, the Home Health Quality Initiative must truly become a collaborative effort including federal and state agencies, quality improvement organizations, independent health quality organizations, consumer advocates, and home health providers. The initiative is designed to improve communication among all parties in order to positively impact quality of care. By creating partnerships to expand our knowledge and resources, we can achieve greater and more immediate improvements in the quality of home health care.

Home Health Quality Measures

Working with input from measurement experts, the Agency for Healthcare Research and Quality, and a diverse group of home health industry stakeholders, CMS will adopt and publish a set of home health quality measures on every Medicare-certified home health agency in the United States. The 11 quality measures for the Home Health Quality Initiative are a subset of a larger set of OASIS outcome measures that are well known to the home health agencies. They have been extensively tested and studied, and more information on the measures is available at www.cms.hhs.gov/quality/hhqi/. The consumer language below explains the OASIS measures in plain language and will accompany the quality measures found on Home Health Compare at www.medicare.gov.

Consumer Language	OASIS Outcome Measure
Patients who get better at getting dressed	Improvement in upper body dressing
Patients who get better at bathing	Improvement in bathing
Patients who stay the same (don't get worse) at bathing	Stabilization in bathing
Patients who get better getting to and from the toilet	Improvement in toileting
Patients who get better at walking or moving around	Improvement in ambulation/locomotion
Patients who get better at getting in and out of bed	Improvement in transferring
Patients who get better at taking their medicines correctly (by mouth)	Improvement in management of oral medications
Patients who are confused less often	Improvement in confusion frequency
Patients who have less pain when moving around	Improvement in pain interfering with activity
Patients who had to be admitted to the hospital	Acute care hospitalization
Patients who need urgent, unplanned medical care	Any emergent care provided