

HOME HEALTH QUALITY INITIATIVE

Relationship of Quality Improvement Organizations (QIOs) and State Survey Agencies (SSAs)

This document is for the use of the Centers for Medicare & Medicaid Services, Quality Improvement Organizations, and State Survey Agencies and can be shared with stakeholders, home health agencies and the public.

FUNDAMENTAL ROLES

- For purposes of this initiative, QIOs have been given the responsibility to promote awareness and use of publicly reported home health quality measures, and to provide assistance to home health agencies in their State which seek to improve performance.
- QIOs will seek to accomplish this by conveying the message that some home health agencies do better than others in regards to quality measures that are important to beneficiaries and their caregivers, and by making available information and assistance to home health providers about how they can achieve better performance.
- From CMS' perspective, SSAs and QIOs have distinct missions. QIOs seek to promote improvement and excellence in care. The QIO mission does not include inspection and enforcement around regulatory standards. SSAs conduct quality monitoring surveys to ensure that home health agencies meet regulatory standards. Under State laws and directives, some SSAs have also undertaken activities to promote improvement.

STAKEHOLDERS INVOLVEMENT

- QIOs will undertake activities which seek to involve stakeholders in the initiative.
- Stakeholders may include representatives of home health agencies, trade associations, ombudsmen, State survey agencies, other licensed professionals, academicians and consumers.
- SSAs will share information with QIOs about key individuals and organizations in the state working on quality related home health efforts.

QUALITY IMPROVEMENT ACTIVITIES

- Practitioner-, agency-, or patient- identifiable information which is reported by home health agencies to the QIO is confidential except under very limited circumstances provided for under federal statute and regulations. It cannot be released through the Freedom of Information Act. A QIO must disclose such information to an SSA which requires the information in order to carry out a function mandated by State law. If so, the SSA is required to visit the QIO to view the information, and is prohibited from re-disclosing it except in a formal legal proceeding resulting from an investigation conducted by the SSA.
- QIOs will offer assistance to home health agencies working to improve on the OASIS-based quality measures reported in the Outcome Based Quality Improvement reports.
- SSAs are encouraged to share information with QIOs about current quality related activities related to these measures that are being conducted in the state. SSAs and QIOs are encouraged to explore the potential for working together through sharing of best practices, sharing of information on how to facilitate improvement, letters of support for each other's activities, co-sponsorship, etc. QIOs may collaborate with the SSAs or other organizations on activities which are already underway. In such collaborations, practitioner-, agency-, or patient- identifiable information which is reported by a home health agency to the QIO is confidential as described above.
- SSAs are encouraged to provide information to QIOs that may help them in identifying and providing assistance to home health agencies.
- QIOs will serve as non-regulatory partners with home health agencies to facilitate quality improvement. Home health providers work with QIOs on a voluntary basis, and are of course free to use other agents (private consultants, etc) in their improvement efforts.

QUALITY IMPROVEMENT MATERIALS

- The QIO will serve as a clearinghouse of resource materials developed and collected both nationally and statewide.
- QIO materials are not mandated for use by the QIO or home health agency. Home health agencies working with QIOs may choose their own materials, systems or clinical protocols for use.
- QIOs and SSAs are encouraged to share materials relevant to improvement activities with each other.
- Materials developed by QIOs are free to home health agencies and SSAs.

REGULATORY ENFORCEMENT

- QIOs are not part of the regulatory process. The QIO's purpose is not to identify situations in which enforcement is necessary but rather to assist home health agencies to improve quality using quality improvement principles and techniques.
- The QIO is not expected to do surveillance during the course of a QIO's interaction with a home health agency. However, the QIO is required in 42 CFR 480.140(a) to report to State agencies as required by State law and to appropriate Federal and State agencies in situations where there is a need to protect against a substantial risk to the public health. Such situations might involve occurrences which any individual citizen would find unacceptable. Others might be understood as unacceptable by someone with clinical experience.
- The QIO will use its judgment in determining whether situations that it encounters suggest a need for protection against a substantial risk to the public health. The QIO's determination is not reviewable by CMS or an SSA. When the QIO makes such a determination, it must notify the home health agency that the situation exists and ask the home health agency to immediately report it to the SSA. If the home health agency is unwilling to do so, the QIO will immediately report it to the SSA. The SSA will handle these reports as complaints, using its regular complaint investigation process.
- A working relationship including exchange of information between a home health agency and a QIO does not alter the home health agency's requirement to provide information to the SSA in accordance with existing laws and regulations. A home health agency may not use its participation in QIO activities to shield information from the SSA.
- The fact that a home health agency is working with a QIO will not impact the survey process or survey findings. An intervention supported by the QIO and used by a home health agency does not alleviate a home health agency's responsibility if the SSA determines a related deficiency. QIOs are not permitted to represent home health agency or provide information on behalf of a home health agency in a home health provider's interaction with the SSA or regional office at hearings or other discussions relating to regulatory matters.
- SSAs will continue to perform all of their current survey and certification activities irrespective of an individual home health agency's results on the quality measures and irrespective of whether the home health agency is working with a QIO.

COMMUNICATION AND SUPPORT

- QIOs and SSAs are encouraged to communicate regularly on all initiative-related activities. QIOs and SSAs are encouraged to provide overviews to each other about their organizations and responsibilities.
- QIOs are encouraged to share information with the SSAs on the publicly reported quality measures (QMs).
- SSAs are not expected to train QIOs on home health care, the regulations, the survey process, the OASIS, the data system, etc. However, the SSA will be available to respond to specific questions from QIOs on these and related topics.

EVALUATION

- Both QIOs and SSAs will provide input to assist in evaluation of the effectiveness of various processes and policies.