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KPMG Consulting

Results of Testing OASIS Measures with Doctors and Discharge Planners

Final Report

PROJECT: CONSUMER TESTING REGARDING PUBLIC DISSEMINATION OF HOME HEALTH CARE QUALITY DATA BASED ON OASIS OUTCOME REPORTS

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EXECUTIVE SUMMARY

Background

The Centers for Medicare & Medicaid Services (CMS) plans to make OASIS-based performance measures available to the public so that consumers can make informed choices among home health agencies based on the quality of care they provide. CMS therefore contracted with Ketchum Public Relations and its subcontractor, the Barents Group, a division of KPMG Consulting, to obtain consumer feedback on the proposed measures.

In Phase I of this project, the Barents team tested plain-language versions of 54 selected OASIS measures with Medicare beneficiaries and their caregivers. The results of this research indicated that consumers do not understand the scope and expected outcomes of home health services and are generally unaware of choices among agencies. Instead, they relied on referrals from health care professionals, such as hospital discharge planners and physicians when choosing a home health agency.

In response to findings from Phase I research with consumers and caregivers, CMS asked Barents to focus Phase II research on testing the OASIS measures with physicians and discharge planners. Phase II research therefore probed the reactions, thoughts and opinions of physicians and hospital-based discharge planners about the relative importance of the individual OASIS measures.

Methodology

The Barents research team conducted one focus group with 8-10 discharge planners and in-depth interviews with 8-10 physicians at each of three sites: Denver, CO, Boston, MA, and Baltimore, MD. All focus groups and interviews followed structured protocols and were audio-recorded.

Key Findings

Processes of Referral and Perceptions of Quality:

- Doctors and discharge planners confirm that consumers understand little about home health services and have a limited role in selecting agencies
- Doctors do not perceive much difference in quality among agencies.
- Hospital discharge planners are more actively involved in home health referrals and are more aware of differences in quality among agencies.

- Factors other than quality that affect home health agency selection and referrals include *agency staffing and availability*, *patients' needs for specialized services*, and *established relationships with particular agencies.*

General Reactions to OASIS Measures:

- Many respondents in both groups understood that OASIS measures capture important or desirable outcomes for individual home health patients, but they found it difficult to understand them as measures of agency performance.
- Both doctors and discharge planners selected measures relating to patient health, safety, independence, and self-sufficiency as most important.
- Both doctors and discharge planners expressed serious concerns about the validity and reliability of OASIS measures
- The perceived relevance of particular OASIS measures varies depending on the types of patients involved.
- Respondents regarded some measures as more important because they could affect other outcomes, as well.
- Respondents regarded some measures as too specific or redundant.
- Both physicians and discharge planners expressed interest in other measures of agency performance, including patient satisfaction, staffing ratios, complaints or citations, and response time.

Response to Specific Oasis Measures:

- Most participants regarded the measure, "*can stay at home and take care of self without getting home care,*" as the ultimate goal of home health care.
- Almost all respondents regarded measures relating to Medical Emergencies as important indicators of health, as well as good measures of home health care quality.
- Doctors' response to measures relating to Physical Health depended on the type of medicine they practiced. Surgeons tended to see the measure *"healing well after an operation"* as important. Internists and family practitioners on the other hand, cited measures relating to incontinence as important, because caring for incontinent patients strained family caregivers and often precipitated nursing home placement.
- The measures, "g*etting better at correctly taking medicines (by mouth) without help,"* and "*getting better at feeding themselves without help"* were seen as relating to fundamental skills needed for independent living and were therefore regarded as important.

- The measure "*getting better at walking or moving around using less equipment such as a cane, walker, or wheelchair*" was often chosen as an important measure by both discharge planners and doctors.
- While most respondents agreed that 'negative' measures were important indicators of quality in home health care agencies, many voiced concern or opposition to reporting such measures publicly.
- Mental health measures received mixed reviews.
- Most doctors and discharge planners saw measures relating to housework, shopping, and laundry as among the least important measures overall.

Concerns about publicly reporting OASIS quality measures:

- Respondents expressed concerns about possible negative effects of making OASIS performance measures available to the public, given the practical limitations of choice, concerns about the validity and reliability of the data, and liability issues.

Likeliness to use publicly reported OASIS measures:

- Most doctors reported that they were unlikely to use the measures, because of time constraints and their limited involvement in making agency referrals.
- Discharge planners were more likely to say they would use the measures, although some also thought that practical constraints would prevent them from doing so.
- Both doctors and discharge planners said that they would be more likely to trust their personal experience rather than the OASIS measures, if the two conflicted.

BACKGROUND

The Omnibus Budget Reconciliation Act of 1987 mandated that HCFA (now the Centers for Medicare & Medicaid Services, or CMS) monitor the quality of home health care and services with a standardized assessment instrument for collecting and reporting information on all patients receiving home health services. To fulfill this mandate, HCFA contracted with the Center for Health Services Research at the University of Colorado Health Sciences Center (UCHSC) to create the Home Health Outcome and Assessment Information Set (OASIS) in 1990.[1] Home health agencies use OASIS to collect information about patients' health, functional status, health service use, living conditions, and social support needs. This research eventually produced numerous outcome measures, including outcome measures based on adverse events, end-results, and health care utilization. CMS now plans to make OASIS-based performance measures available to the public so that consumers can make informed choices among home health agencies based on the quality of care they provide. CMS contracted with Ketchum Public Relations and its subcontractor, the Barents Group, a division of KPMG Consulting, to obtain consumer feedback on the proposed measures.

In Phase I of this project, CMS asked the Barents team to work with UCHSC to test plain-language versions of 54 selected OASIS measures with Medicare beneficiaries and their caregivers. The results of this research, reported elsewhere[2], indicated that most consumers do not completely understand the scope and expected outcomes of home health services. In addition, most seemed to be unaware that they had a choice of home health agencies. Instead, they reported relying almost exclusively on referrals from hospital-based providers.

In response to findings from Phase I research with consumers and caregivers, CMS decided to focus Phase II research on testing the OASIS measures with physicians and hospital discharge planners.

Phase II of this project therefore probed the reactions, thoughts and opinions of physicians and hospital-based discharge planners who arrange home heath services for patients about the relative importance of the individual OASIS measures.

[1] Center for Health Services Research, "*Supporting Document 1: Chronology of Major Research and Policy Events Influencing the Outcome-Based Quality Improvement Initiative."* November, 2001.
[2] "Results of Testing Plain Language Versions of OASIS Measures with Consumers," Draft Report, submitted by Ketchum Public Relations and Barents Group of KPMG Consulting, 11 April 2002.

METHODOLOGY

Research Goals and Objectives

The overall goal of this research was to explore doctors' and discharge planners' responses to the OASIS measures, within the context of their referral practices and their perceptions of quality.

Specific research questions to be explored in Phase II included the following:

- How do physicians and discharge planners currently assess the quality of home health agencies?
- What information are they currently providing to consumers about how to select a good home health agency?
- Which OASIS measures do they find most useful and important for informing themselves about the quality of local home health agencies?
- What questions or concerns do they have about the measures?
- What factors would enable or hinder them from providing quality information about home health agencies to consumers?
- How would this information affect referrals?

Approach

The research team used a mixed approach, combining the use of individual in-depth interviews for physicians and focus groups for discharge planners. These research methods were chosen because physicians are known for their independence and critical thinking which makes them good candidates for individual interviews while discharge planners, on the other hand, are known for networking and information sharing, making them ideal candidates for focus groups.

At each site, the research team conducted one focus group with eight to ten discharge planners and in-depth interviews with eight to ten physicians. The research teams for each site included a senior staff researcher and one or two junior staff researchers. The senior researcher at each site conducted the discharge planner focus group, while one or more junior researcher observed and took notes. The senior researcher at each site also conducted the first two physician interviews while junior researchers observed and took notes. All focus groups and interviews were audio-recorded.

Respondent Recruitment

The services provided by Medicare and Medicaid-certified home health agencies are diverse in their intensity, duration and required level of skill, and it is conceivable that these differences may affect the perceived relevance of the OASIS measures. For these reasons, the research team recruited physicians in different specialties and discharge planners from different hospitals and

with different types of patient caseloads. (See Appendix II and III for a copy of the script used to recruit potential respondents.)

Site Selection

Sites were selected to reflect differences in market characteristics for home health agencies, to facilitate the participation of staff from CMS and UCHSC, and to keep travel expenses at a minimum. The research team therefore selected the following three sites for study: Baltimore, Maryland; Denver, Colorado; and Boston, Massachusetts.

Protocol for In-depth Interviews with Physicians

The first two physician interviews at each site were conducted by a senior staff researcher and observed by a junior staff researcher(s). The junior staff researcher(s) then conducted some of the remaining physician interviews alone. It is important to note that all researchers, senior and junior, had prior experience conducting in-depth interviews. Physicians were asked about their practice and their role in referring patients to home health care. Then, the researcher gave a brief explanation of what the OASIS measures are, how they are currently used, and CMS's intention to select some measures for public release.

As in Phase I testing, respondents were asked to review the plain language version of the 54 OASIS measures and give feedback about which measures they viewed as important, which measures they did not view as important, and why. As shown in Appendix I, the 54 measures were organized into nine categories to make them easier to review. These categories are as follows:

- "Meeting Basic Daily Needs"
- "Doing Household Chores"
- "Getting Around"
- "Talking With People"
- "Physical Health"
- "Mental Health"
- "Staying at Home Without Home Care"
- "Having a Medical Emergency While on Home Health Care"
- "Patients Whose Health Got Worse on Home Care"

In Phase II, the measures were organized into nine categories rather than eight as in Phase I. The ninth category, "Talking With People," contained two OASIS measures, "Getting better at speaking more clearly and being understood without help" and "Getting better at using the

telephone without help." These measures were seen as distinct from the more generic daily activities included in the "Meeting Basic Needs" category where they were previously listed.

After the first round of testing conducted in Denver, CO, a few changes were made to the protocol for testing in Baltimore and Boston. (A copy of both protocols are available in Appendix IV and V.) The order in which the categories of measures were presented was shuffled for each interview and for each participant within the focus groups in Baltimore and Boston, to reduce of the possibility of any order effect on perceptions of importance. In addition, some categories were inadvertently omitted from the testing materials in Denver. This error was remedied for subsequent rounds of testing in Baltimore and Boston.

Protocol for Focus Groups with Discharge Planners

A senior researcher facilitated all focus groups, while junior researchers observed and recorded notes. Focus groups used the same protocols as those used for the in-depth interviews. Although focus group facilitators allowed for some discussion and debate among members of the group, each participant was also asked to review all of the measures independently and to select the ones they found most important.

KEY FINDINGS

Processes of Referral and Perceptions of Quality

Physicians and discharge planners provided insights into the processes of referral to home health agencies and factors influencing their perceptions of agency quality, which provided a context for their assessment of the OASIS measures. Key insights included the following:

- **Doctors and discharge planners confirm that consumers understand little about home health services and have a limited role in selecting agencies**
  A major theme that arose during the interviews with both doctors and discharge planners was that the majority of consumers know very little about home health care and even less about the comparative quality of these services. This finding is consistent with the research conducted with consumers and caregivers during Phase I of this project. Doctors and discharge planners at all sites confirmed that patients and their caregivers are often unable to distinguish among home health care, companion care, and skilled nursing. Few of the patients they work with have a specific preference for any given home health agency. When they do state a preference, it is based on prior experience with a particular agency, or on the experience of a friend or a family member. According to the doctors and discharge planners interviewed, Medicare patients and their caregivers have very little time to make decisions regarding home health care, and they often feel overwhelmed by their illness and other concerns at the time these decisions need to be made. For these reasons, and because they feel they lack the needed expertise, patients and family members often want the doctor and/or discharge planner to choose a home health agency for them.

- **Doctors do not perceive much difference in quality among agencies**
  Doctors generally reported that they do not see much of a difference in the quality of care among home health agencies. Some said that differences among nurses were important, but they described this as mostly a "hit or miss" proposition. Unless they had heard a horror story about a particular home health agency, doctors reported spending little or no time considering comparative quality among agencies.

- **Hospital discharge planners are more actively involved in home health referrals and are more aware of differences in quality among agencies.**
  Testing revealed there are two common routes by which patients are referred to home health services: 1) when they are discharged from the hospital, following surgery or an acute illness; and 2) when they are referred directly from the physician's office, often as the result of a request from family members who can no longer cope with the care of an elderly loved one. In both scenarios, discharge planners (in the hospital settings) and social workers, RNs and other office staff (in private practice settings) are more likely to make the arrangements for home health care services than physicians are.

Perhaps due to this direct involvement, discharge planners are more aware of differences in quality among agencies and are more interested in knowing more about comparative measures of quality. They report being frustrated that they are not legally allowed to make specific recommendations of home health agencies, especially when families request this service from them. Given these constraints, discharge planners generally felt that information comparing home health agencies would be useful to provide to patients and families to help them make a more informed choice. However, like physicians, discharge planners reported that other factors affect agency choice (as discussed below).

- **Factors other than quality affect home health agency selection and referrals**

Doctors and discharge planners cited several factors other than quality that were important determinants of home health agency choice:

Staffing and availability: When patients are discharged from the hospital, home health agency choices are often limited by which ones can take on new patients and which can get a home health nurse to the patient's home when needed. Hospital discharge planners described these as very important considerations, especially when discharges take place around weekends or holidays. Some agencies had a reputation for delaying service after accepting referrals. In some markets (e.g., Baltimore and Denver), availability was particularly constrained by reported nursing shortages. Availability of home health services was also especially problematic in some specialty areas, such as psychiatry.

Insurance coverage: Some health plans restrict choice of home health agencies. In these cases, the selection process is constrained by coverage considerations.

Special needs: Several physicians and discharge planners also noted that patients' specific medical needs are an important limiting factor in the selection of home health agencies because many agencies specialized in certain services such as intravenous-infusion therapy or psychiatric care. In some cases language requirements also limited the agency choice.

Familiarity and relationship with referring health care professionals: Doctors who referred patients to home health agencies reported that they most often worked with a small number of agencies (sometimes only one or two) with which they had an established relationship. What mattered to them most was that the agencies were responsive to their needs, and that the nurses affiliated with them kept them informed about the patient's condition without bothering them unnecessarily. Others noted that they were encouraged to make referrals to the home health agency affiliated with the hospital where they had admitting privileges.

General Reactions to OASIS Measures

Several overarching concerns shaped both physicians' and discharge planners' reactions to the OASIS measures:

- **Many respondents in both groups did not understand the OASIS measures as measures of performance.**
  Like patients and caregivers, doctors and discharge planners had a hard time viewing the OASIS measures as measures of agency performance. Many found it difficult to differentiate between indicators of a patient's health and indicators of home health care quality. Some physicians seemed to regard the measures as a "checklist," or a way to monitor if their patients were getting the care they needed, rather than as indicators of quality to use when selecting a home health agency. This confusion persisted in spite of researchers' concerted effort to explain the purpose of the measures and how they would be presented.

- **The measures selected as most important were those thought to be most closely linked to patient independence/self-sufficiency and safety/health.**
  While many of the respondents picked different measures as the most important ones, the reason they gave for choosing those measures was usually that the measures indicated "independence" and "self sufficiency," and, to a slightly lesser extent, patient health and safety. The OASIS measures that were perceived as most directly linked to patient independence and safety -- such as those relating to taking medications correctly, needing emergency care and having to be admitted to the hospital -- were perceived as most important by both participating doctors and discharge planners. Conversely, those measures that did not affect the patient's independence, such as "getting better at combing hair, etc.," were seen as the least important measures.

- **Both doctors and discharge planners expressed serious concerns about the validity and reliability of OASIS measures**
  Many respondents in both groups expressed concern about the fairness of comparing home health agencies, given the large differences in their patient populations and services. Even when they were assured that the measures would be case-mix adjusted (and when case-mix adjustment was explained), fears persisted that the agencies that served the sickest patients would be hurt by the public release of this information. Several discharge planners voiced concerns that it was already hard enough to find agencies that could take on the difficult cases without this additional disincentive.

  A number of respondents also expressed concern that home health agencies would "game the system" by focusing all their efforts on the ten measures chosen for public release. Others questioned the reliability of the measures, given that they are self-reported. If agencies and their employees knew their business could be hurt by how they rate their patients on the

OASIS measures, many respondents thought this would likely have an effect on the way they approach this task.

Doctors were concerned that OASIS measures implied that home health agencies were accountable for some outcomes on which they have little or no impact. Many saw medical care given by doctors as being more responsible for patient outcomes than care received from home health agencies. For example, most of the physicians interviewed in Boston said that urinary tract infections and soiling are beyond the control of a visiting nurse. Similarly, one doctor in Denver argued that most wound infections occurred because of surgical errors, not because of inadequate home health services. Other respondents mentioned that it is the doctor who is responsible for correctly prescribing medications, not the home health agency.

Similarly, respondents pointed out that some poor outcomes would be the result of inappropriate referrals to home care rather than an example of poor quality care. Some measures -- for example the mental health measure, "Having fewer behavior problems" – were often dismissed outright, on the grounds that patients with severe behavior problems should not be receiving home health care in the first place. Another concern was that some of OASIS measures were related to degenerative diseases, such as dementia, Alzheimer's disease, and congestive heart failure, and that a poor outcome in this case would be the natural result of the illness rather than the result of inadequate home health services.

Finally, some physicians and discharge planners questioned the objectivity of certain measures that were not easy to quantify. For example, while hospital readmission rates are easily quantified and measured, it was harder for participants to understand how the "getting better/worse at " measures are calculated.

- **The relevance of particular OASIS measures depends on patients' individual needs**
  Doctors and discharge planners found it difficult to identify a single set of indicators that would be useful for everyone, since different patients have different home health needs. For example, physician respondents who specialized in surgery and infectious diseases were mostly interested in wound care, healing after an operation, and administration of IV medications, while primary care physicians showed more interest in general measures like feeding oneself, pain management, and mobility. Likewise, discharge planners emphasized the importance of taking into consideration each patient's individual circumstances, including their goals, cultural background, and social support network. Respondents generally agreed that patients would not be interested in measures that do not relate to their particular needs and personal circumstances. For example, they thought that a surgical patient who is otherwise healthy would not want to see mental health measures.

- **Respondents regarded some measures as more important because they could affect other outcomes, as well.**
  Like family caregivers, physicians and discharge planners pointed out that some measures could have a direct effect on other measures. For example, several respondents noted that not

taking medications correctly could lead to a plethora of adverse effects, including mobility problems and disorientation. Similarly, an improvement in mobility would also help patients achieve other positive outcomes such as having fewer bedsores. For this reason, respondents found these indicators to be some of the more important and useful OASIS measures.

- **Respondents often regarded some measures as too specific or redundant**
  Other measures were often seen as too specific, offering too narrow an indication of the agency's impact on the patient's status. Measures such as "getting better at dressing their upper and lower body without help," "getting better at combing hair, brushing their teeth, and washing their face and hands without help," "getting better at doing laundry without help" and "getting better at doing light housekeeping" often fell into this category. For a more global sense of patient improvement (or decline), some respondents suggested combining such measures into composites. However, others thought that each measure should be presented individually, because different patients would identify with different measures. Having a range of measures would allow them to tailor their review to meet their needs or interests.

  Some measures were seen as redundant. For example, several respondents pointed out that if patients can get to the bathroom by themselves, they can probably get out of bed by themselves, and vice versa. Several respondents also commented that having both positive and negative measures of the same thing (for example "getting better at bathing themselves"/"getting worse at bathing themselves") would also be redundant. One doctor did point out, though, that it would be useful to "see the whole spectrum of outcomes, both positive and negative.

- **Both physicians and discharge planners expressed interest in other measures of agency performance**
  Many respondents expressed interest in measures other than those included in OASIS. Those most commonly mentioned were patient and caregiver satisfaction rates; physician satisfaction rates; complaints and citations (especially for cases of abuse); staffing ratios or average caseloads; average time it took for the agency to see the patient after hospital discharge; and staff attrition rates.

Response to Specific OASIS Measures

Participants' overall responses to the OASIS measures varied somewhat by category. Feedback for each category is summarized below. Figure 1 lists the individual items that participants most frequently selected as most important and Figure 2 lists individual items that none of the participants selected as important.

- **Staying at Home Without Home Care**
  Most participants regarded the one measure in this category, "*can stay at home and take care of themselves after getting home care,*" as indicating an achievement of self-sufficiency, the ultimate goal of home health care. Thus, this measure was chosen as one of the most important measures overall by both doctors and discharge planners.

- **Medical Emergencies**
  Almost all respondents regarded these measures as important indicators of health as well as good measures of home health care quality. Doctors also felt that these measures were more easily measured, quantified, and verified, and therefore less likely to be biased by self-report. Because of this, doctors felt that these measures were more reliable. The outcomes captured in these measures were also seen as serious health events that could reveal problems with home health care. The measures most commonly selected by both physicians and discharge planners as important were "*Needed emergency medical care*," "*died unexpectedly*," and "*had to be admitted to the hospital.*"

  The measure "*needed to go to a nursing home unexpectedly*" was the only measure in this category not chosen as one of the most important. As one doctor explained, hospital readmissions and a need for emergency care indicate a sudden downturn, whereas admission into a nursing home suggests a gradual deterioration. The former might indicate poor home health care, but the latter would suggest either an advanced disease state or poor medical care rather than inadequate home health care.

- **Physical Health**
  How doctors responded to these measures was closely related to what type of medicine they practiced. For example, surgeons saw the measure *"healing well after an operation"* as very important, but this was not the case with internists or family practitioners.

  Family practice doctors and discharge planners cited incontinence measures as important to patients and family members, explaining that these problems place a great deal of strain on caretakers and are often the precipitating factor for placement in a custodial facility. However, a number of doctors and discharge planners saw incontinence as an intractable medical problem related to advancing age. They questioned how home health could help patients "have less of a problem" with incontinence, beyond helping teach coping strategies. For this reason, some felt that while this was indeed an important issue, it may not be a good measure of home health quality.

  Similar concerns were brought up about the measures "*short of breath less often*" and *"cured of a bladder or urinary tract infection."* These, too, were seen as measures beyond a home health agency's control.

A few doctors thought that *"experiencing a bladder or urinary tract infection"* was a good indication of the home health workers' adherence to standards of hygiene. However, most respondents did not see this as an important measure.

- **Meeting Basic Daily Needs**
  Although some measures within this category were seen as important, others were viewed as relatively unimportant.

  The measures "g*etting better at correctly taking medicines (by mouth) without help,"* and "*getting better at feeding themselves without help"* were seen as relating to fundamental skills needed for independent living and were therefore seen as important.

  On the other end of the spectrum, however, fell "*getting better at combing their hair, brushing their teeth, and washing their face and hands without help,*" which was generally seen as a superfluous measure, and "*getting better at dressing their upper and lower body without help,*" which was seen as too specific and redundant in relation to other measures to be meaningful.

- **Getting Around**
  The measure "*getting better at walking or moving around using less equipment such as a cane, walker, or wheelchair*" was often chosen as an important measure by both discharge planners and doctors. Discharge planners and family practice doctors, however, were more likely than other doctors to see the importance of these mobility measures. Discharge planners also selected "*getting better at getting to and from the toilet without help*" as an important measure.

- **Patients Whose Health Got Worse on Home Care**
  While most of the respondents agreed that these 'negative' measures were important indicators of quality in home health care agencies, most physicians and some discharge planners voiced concern or opposition to reporting such measures publicly. Several commented that such measures would be more appropriate for use by a regulatory body than by consumers. As a group, the doctors did not select any of the measures from this category as important.

  Discharge planners were more likely to see the value in these negative measures. In fact, "*getting worse at doing everyday things, such as getting dressed, washing themselves, and using the toilet," "getting more bedsores,"* and "*getting worse at correctly taking medicines"* were often selected as important by discharge planners.

  A number of participating discharge planners and some doctors thought patients would look at these measures first because "that's how patients understand quality, as something bad happening."

- **Mental Health**
  There was a range of opinion on the utility of the mental health measures. On the one hand, doctors and discharge planners recognized that mental health measures are likely be very important to caregivers and families. This is because mental health problems are likely to precipitate placement in an assisted living or custodial facility, because they are hard for family caregivers to manage.
  In addition, most physicians seemed to think that a competent home health nurse could lessen a patient's anxiety. A significant number thought a good nurse could also help patients with understanding and remembering things, particularly with respect to taking medications.

  However, most respondents thought that home health nurses could not help patients with behavioral health problems such as yelling, hitting, and getting lost. Similarly, a number of respondents questioned to what extent home health care nurses could treat confusion and dementia, which were seen as a degenerative, but normal, characteristic of aging.

  Several respondents expressed interest in a depression measure. One discharge planner pointed out that this would be especially important, because depression affects overall healing as well as nutrition.

- **Meeting Household Needs**
  Most doctors and discharge planners saw measures relating to housework, shopping, and laundry as among the least important measures overall. A number of respondents noted that while it would be a great sign that the patient was feeling well if they could perform these tasks, they do not have a direct effect on health or independence and are therefore not very important. It was also pointed out that it would be fairly easy for family and friends to take over these tasks, and that the burdens of household chores are more the responsibility of family and friends than of a home health agency. There were also some concerns that the public release of these measures could lead some patients and family members to have the unrealistic expectation that Medicare's home health benefit includes routine coverage for household help.

  While not seen as an important measure overall, "*getting better at fixing or reheating light meals or snacks without help*" was seen as the most important measure in this category.

- **Talking With People**
  Respondents generally ignored these measures. The few who did comment on these measures pointed out that the ability to communicate how one is feeling is essential to a patient's ability to stay at home.

FIGURE 1. OASIS MEASURES SELECTED AS IMPORTANT

Measures most often chosen as important by both doctors and discharge planners:

- Getting better at correctly taking medicines (by mouth) without help
- Needed emergency medical care…
- Died unexpectedly
- Had to be admitted to hospital
- Healing well after an operation
- Getting better at walking or moving around using less equipment…
- Can stay at home and take care of themselves after getting home care

Other measures most often chosen as important by doctors:

- Getting better at feeding self without help
- Getting better at understanding and remembering things without help
- Having less of a problem with urinary incontinence or wetting themselves
- Having less of a problem with uncontrollable bowel movements

Other measures most often chosen as important by discharge planners:

- Getting better at moving to and from the toilet without help
- Getting worse at doing everyday things, such as getting dressed, washing themselves, using the toilet
- Getting worse at correctly taking medicines (by mouth)
- Getting more bedsores

FIGURE 2. OASIS MEASURES NOT SELECTED AS IMPORTANT

Measures not selected by any doctor or discharge planner as being important

- Getting better at shopping in the store or by the phone
- Getting worse at doing laundry
- Getting worse at shopping in the store or by phone

Other measures not selected by any doctor as being important.

- Cured of bladder infection or urinary tract infection
- Getting worse at understanding and remembering things
- Getting more anxious

Other measures not selected by any discharge planner as being important

- Getting better at dressing self
- Getting better at bathing self
- Getting better at dressing upper and lower body
- Getting better at doing laundry

Concerns about publicly reporting OASIS quality measures

Respondents, especially the physicians, expressed several concerns about possible negative effects of making this information available to the public:

- Seeing this information might confuse and overwhelm patients at an already difficult time. Furthermore, negative measures might be needlessly alarming.
- Some of the measures might set up false expectations of what home health care can achieve or is supposed to do. For example, measures concerning housekeeping, shopping, and laundry might lead patients and families to expect the home health nurses and aides to assist with these household chores. Also, patients might interpret selected measures as goals that home health services are supposed to help them achieve, even if their medical condition makes it unlikely that they will be able to so.
- When there is little availability or choice, seeing these measures could cause patients or their families to worry that they are not getting the care they should. As one physician explained, patients will think they should have more choice than is actually available, and be more likely to be upset with the care they do receive.
- Some respondents fear liability issues if they arrange services with an agency that scores low on some measures.
- Some respondents were concerned that the public release of comparative quality information might turn into an "ad campaign" for certain home health agencies. One physician, for example, was concerned that such a campaign would put him in the awkward role of "salesperson."
- Despite case-mix adjustment, many feared that some agencies would "cherry-pick" patients by admitting only the healthiest ones in order to improve their OASIS scores. This reporting initiative could put more strain on home health agencies already struggling to meet patients' demands and expectations. Relatively small differences might be blown out of proportion, having an unwarranted impact on consumers' perceptions or decisions.

Likeliness to use publicly reported OASIS measures

Although most doctors thought that the OASIS measures reflected important outcomes for patients, they seemed somewhat ambivalent about using the measures themselves and about encouraging patients and caregivers to consult them. They thought that social workers, nurses, and agencies for the elderly would be more likely to use the measures, because they have a more hands-on role in arranging home health services for patients.

A small but significant proportion of the doctors did not see choosing or reviewing a home health agency as part of their job. As noted above, others did not want to be perceived as a

"salesperson" involved in an "ad campaign" about home health quality. In addition, most physicians do not see much variation among agencies and therefore do not think publicizing this data is necessary. Several noted that home health care is such a small part of what they do and often encompasses such a short period in the patient's life, that neither they nor the patients has much interest in doing background research on the agencies.

Discharge planners' comments on their likelihood to use the OASIS measures varied depending on their location. Those that participated in the Denver focus group expressed a strong desire for comparative information about home health agencies that they could share with their patients and noted they would be likely to use measures if they were publicly available. In Boston, however, respondents indicated they were not very likely to use the measures because their choice of agencies was already limited. In Baltimore, respondents also stated they would probably not use the information due to limited time and agency availability.

Both doctors and discharge planners reported that they were more likely to trust their personal experience than the OASIS measures, when the two conflicted. However, they noted that they would be concerned if the home health agency they usually used performed far below average or if an unfamiliar home health agency far above average. They also thought the information would be useful for identifying home health agencies in new locations.

DISCUSSION AND CONCLUSIONS

Findings from the research with doctors and discharge planners reinforced many of the findings from Phase I research conducted with consumers. Both consumers and the health care professionals perceived OASIS measures related to activities of daily living and adverse outcomes as most important. They also agreed that hospital discharge planners would be an extremely important audience for publicly reported OASIS measures, since they make the overwhelming majority of home health referrals. Furthermore, both consumer and health care professionals expressed interest in additional information about home health agencies, such as official citations or disciplinary actions for patient abuse or neglect, staffing ratios or average caseloads, or patient/family satisfaction.

Our research with consumers and health care professionals also indicates that the perceived usefulness of the OASIS measures will depend on their relevance to individual patients' health status and needs. An ideal design would allow user to tailor the OASIS-based information to the specific needs and concerns of the patient. Finally the research with consumers and health care professionals identified some perceived barriers to using comparative OASIS measures to facilitate informed consumer choice. The most frequently mentioned barriers include lack of choice due to geographic location, insurance coverage, medical needs, agency availability, and time constraints.

In contrast, physicians were more likely to express concerns about validity, reliability and fairness of the measures than consumers and discharge planners. Physicians and discharge planners were also more likely than consumers to think that the public information campaign might have unintended negative consequences. This suggests that the information will need to be framed differently for professional audiences. CMS might consider launching an education campaign aimed toward professionals to explain how the OASIS measures are validated and case mix adjusted before being publicly reported.

APPENDIX I

OASIS Measures in Plain Language

MEETING BASIC DAILY NEEDS

After receiving home health care, the percent of patients who are:

Getting better at feeding themselves without help

Getting better at dressing themselves without help

Getting better at bathing themselves without help

Getting better at combing their hair, brushing their teeth, and washing their face and hands without help

Getting better at correctly take their medicines (by mouth) without help

Getting better at dressing their upper and lower body without help

MEETING HOUSEHOLD NEEDS

After receiving home health care, the percent of patients who are:

Getting better at fixing or reheating light meals or snacks without help

Getting better at doing laundry without help

Getting better at shopping in a store or by phone without help

Getting better at doing light housekeeping such as dusting or wiping the table without help

GETTING AROUND

After receiving home health care, the percent of patients who are:

Getting better at walking or moving around using less equipment such as a cane, walker, or wheelchair

Getting better at getting to and from the toilet without help

Getting in and out of bed without help

Having less pain when moving around

PHYSICAL HEALTH

After receiving home health care, the percent of patients who are:

Short of breath less often

Healing well after an operation

Experiencing a bladder or urinary tract infection

Cured of a bladder or urinary tract infection

Having less of a problem with urinary incontinence or wetting themselves

Having less of a problem with uncontrollable bowel movements

MENTAL HEALTH

After receiving home health care, the percent of patients who are:

Having less behavior problems such as yelling, hitting or getting lost

Getting better at understanding and remembering things without help

Confused less often

Having less anxiety

MEDICAL EMERGENCIES

After receiving home health care, the percent of patients who:

Needed emergency medical care because of

-a fall or accident at home,

-wound infection,

-medication problems or

-problems with diabetes or blood sugar

Died unexpectedly

Had to be admitted to the hospital

Needed to go to a nursing home unexpectedly

STAYING AT HOME WITHOUT HOME CARE

After receiving home health care, the percent of patients who:

Can stay at home and take care of themselves at home after getting home care

TALKING WITH PEOPLE

After receiving home health care, the percent of patients who are:

Getting better at speaking more clearly and being understood without help

Getting better at using the telephone without help

PATIENTS WHOSE HEALTH GOT WORSE ON HOME CARE

After receiving home health care, the percent of patients who are:

Getting worse at doing everyday things, such as getting dressed, washing themselves, and using the toilet

Getting worse at bathing themselves

Getting worse at combing hair, brushing teeth, and washing face and hands

Getting worse at correctly taking medicines (by mouth)

Getting worse at fixing light meals or snacks

Getting worse at doing laundry

Getting worse at shopping in the store or by phone

Getting worse at doing light housekeeping such as dusting or wiping the table

Getting more bedsores

Getting worse at understanding and remembering things

Getting more anxious than they have been

No longer getting home care but still need services such as

-help to take care of wounds,

-help to correctly take medications,

-help to use the toilet, or

-help with behavior problems such as yelling, hitting, or getting lost

APPENDIX II

Screener for Recruiting Hospital Discharge Planners

Project name: Phase II of Consumer Testing Regarding the Public Dissemination of Home Health Care Quality Data Based on OASIS Outcome Reports (CMS Task Order #5, Subtask 1)

# of Focus Groups: 1 in each location for a total of 3

Participants: 8-10 local hospital discharge planners

Date and Location: July 24 or 25 (Denver), July 25 or 26 (Baltimore), Week of August 5 (Boston)

Times: 5:30 -7:30 p.m. and/or 7:30 – 9:30 p.m.

For each focus group. please recruit 10 participants for 8 to show.

Eligibility Criteria:

- Hospital discharge planners
- Have discharged ten (10) or more patients to a home health agency within the last 6 months
- Recruit hospital discharge planners from at least 3 different hospitals in the area

Hello. My name is _____ and I'm calling from _____, a local research facility. We are conducting a study about home health agencies, and we are interested in talking to hospital discharge planners about their views. If you qualify for this study, you would be asked to come to our facility after work hours to give your opinions in a focus group that would last about 2 hours. You would be compensated for your time. [IF NECESSARY: We are not trying to sell you anything and the information that we are gathering will not have any effect on your accreditation or re-certification status, and will not affect your relationship with any other accrediting organization] . May I ask you a few questions to see if you qualify?

1. *Do you discharge patients from a hospital as part of your job?*

   ____ Yes [Go to question 2]

   ____ No [Thank the respondent for their time and end call.]

2. *How many patients do you think you have discharged to a home health agency in the last 6 months? [Do not read answers.]*

   ____ Less than 10

   Do you have any colleagues who discharge patients who might be interested in participating this study?

   _____ *Yes [Record information, thank respondent for their time, and end call.]*

   _____ *No [Thank respondent for their time and end call.]*

   _____ 10 or more patients

3. *What is the name of the hospital where you work? We will keep this information confidential and will not be shared with your employer [Recruit a mix of hospitals, with no more than 40% of participants from a single hospital.]*

   _____

4. **What is your medical specialty?**

   _____ *Orthopedic*

   _____ *Rehab*

   _____ *Cardiology*

   _____ *Surgery*

   _____ *Other. PLEASE DESCRIBE* _____

Invitation

Thank you for answering my questions. You are eligible to participate in the focus group. It will last for about 2 hours and you will be paid $75 for your time. The groups will take place Wednesday, July 24, 2002 from 5:30 -7:30 p.m. and from 7:30 – 9:30 p.m. If you are interested in participating, could I have your address and telephone number so that we can send you a confirmation letter and a map?

Thank you.

APPENDIX III

Screener for Recruiting Physicians for Interviews

Project name: Phase II of Consumer Testing Regarding the Public Dissemination of Home Health Care Quality Data Based on OASIS Outcome Reports (CMS Task Order #5, Subtask 1)

# of interviews: 8

Participants: Physicians

Date and Location: July 24 or 25 (Denver), July 25 or 26 (Baltimore), Week of August 5 (Boston)

Times: Whatever works between 9AM-9PM

Please recruit 8 participants and 2 standbys/alternatives in case some participants are "no-shows."

Eligibility Criteria:

- Physicians
- Have discharged 10 or more patients to home health agencies in the last 6 months
- From 3 or more local hospitals

Hello. My name is _____ and I'm calling from _____, a local research facility. We are conducting a study about home health agencies, and we are interested in talking to physicians who have experience referring their patients to home health agencies. If you qualify for this study, you would be asked to come to our facility to give your opinions in an one-hour long one-on-one interview.. You would be compensated for your time. [IF NECESSARY: We are not trying to sell you anything.]

May I ask you a few questions to see if you qualify?

1. *How many of your patients have been discharged to a home health agency in the last 6 months?* [Do not read answers.]

   ____ More than 10→ proceed to next question

____ Less than 10→ Ask "Do you have any colleagues who discharge patients who might be interested in participating this study?"

_____ Yes [Record information, thank respondent for their time, and end call.]
_____ No [Thank respondent for their time and end call.]

2. *What is your primary specialty?*

_____ Gerontology or Geriatrics
_____ Internal Medicine
_____ General Practice or Family Practice
_____ Surgery
_____ Cardiology
_____ Other (Specify):_____

3. *What is the name of the hospital where you work? We will keep this information confidential and will not be shared with your employer [Recruit a mix of hospitals, with no more than 40% of participants from a single hospital.]*

_____

Invitation

Thank you for answering my questions. You are eligible to participate in the study. Your interview will last about 1 hours and you will be paid $175 for your time. The interviews will take place (DAY AND DATE) from (TIMES). Which day and time would work best for you?

If you are interested in participating, could I have your address and telephone number so that we can send you a confirmation letter and a map?

_____

_____

Thank you.

APPENDIX IV

Research Protocol, Denver

Dates: July 2002
Location: Denver, CO
Project: Consumer Testing Regarding Public Dissemination of Home Health Care Quality Data Based on OASIS Outcome Reports
Audiences: Discharge Planners & Physicians

Introduction
Thank you for coming today. My name is ____, and I work for an independent health care research company that is conducting research for CMS, formerly known as HCFA, the federal agency that runs Medicare. We're interviewing health care professionals -- specifically discharge planner, nurse practitioners and physicians -- to get their thoughts about comparative quality information of home health care services that Medicare plans to make available to the public to help them make informed decisions. You may know that Medicare has already made comparative quality information about nursing homes available to the public. The initiative on home health care quality information is CMS' next step.

We will be recording our discussion today, for research purposes. However, whatever you have to say will be strictly confidential. Please be as open and frank as you feel comfortable being. We expect to be finished in about an hour.

Do you have any questions before we start?

Warm-Up (no more than 15 minutes)

1. In your professional role, how do you describe home health care services to your patients and/or their caregivers?

2. Tell me a little about your role in arranging home health care services for your patients.
Probe types and range of services commonly used --, e.g. physical therapy, speech therapy, occupational therapy, skilled nursing care, general nursing care, homemaking services.

3. How do you decide which agencies to use?
   i. *Probe about Costs, Quality, Proximity, Range of Services, Patient Preferences*

3. In your experience, are there usually several home health agencies to pick from, or are choices limited?

4. Do your patients ever come to you looking for information about home health care agencies? What types of questions do they ask?

6. How much do patients and/or their caregivers understand about home health care services?
   ii. *Probe type and range of services.*

7. How do patients and/or families choose an agency, when there is a choice?
   iii. *Probe – what factors do they take into account: location, reputation, doctor's recommendation, other*

Review of Plain Language Measures and related OASIS Questions (40 minutes)

Now we are going to switch gears and talk about home health care quality measures that have been developed by the Centers for Health Services and Policy Research at the University of Colorado Health Sciences Center (UCHSC). These are known as OASIS, or Outcome and Assessment Information Set. Are you familiar with these measures?

[IF RESPONDENT IS NOT FAMILIAR WITH OASIS]: OASIS is a standardized assessment instrument for collecting and reporting information on all patients receiving home health services. Home health agencies use OASIS to collect information about patients' health and functional status, health service use, living conditions, and social support needs. The agencies use OASIS reports to assess patient needs, to develop individualized care plans, and to continually monitor services. CMS uses OASIS data to compare quality of care among agencies and to identify agencies that need more oversight and assistance in improving quality.

CMS wants to select 10 OASIS measures to report to the public. During the first phase of this project, we developed "plain language" versions of 54 OASIS measures and tested them with consumers, asking them to tell us which measures were most important to them and why. We are now asking health care professionals which measures they think are the most important.

To start, I am going to show you the "plain language" version of the measures that would be shown to consumers. To make these easier to review, we have organized them by category. [Show respondent measures organized by category, one category at a time.] Please look these over and tell me what is going through your mind as you look at them. Think out loud for me. [If necessary, show respondents the original OASIS measures].

1. Which of the measures would be most important to you when referring patients to an agency?

iv. Why are these important?
v. Why are these more important to you than some of the other measures?

2. Which measures, if any, do *not* particularly interest you?

vi. Why are these less important to you?

3. Now, tell me which measures you think would be most important to your patients and/or their families. *[Ask them to pick one or two from each category.]*

vii. Why are these measures important to patients?
viii. Why are some of these measures more important to you than some of the other measures?

4. Do you think these measures would be easy for patients or families to understand? Would they be interested in these measures?

5. If you had information on the quality of different home health agencies based on these measures, how likely would you be to use that information in making referrals? What makes you say that?

6. How likely would you be to show this information to patients or family members? What makes you say that?

7. Do you have any other thoughts in closing?

Thank you for your participation today.

APPENDIX V

Revised Research Protocol, Baltimore & Boston

Dates: August, 2002
Location: Baltimore, MD; Boston, MA
Project: Consumer Testing Regarding Public Dissemination of Home Health Care Quality Data Based on OASIS Outcome Reports
Audiences: Discharge Planners & Physicians

Introduction

Thank you for coming today. My name is ____, and I work for an independent health care research company that is conducting research for CMS, formerly known as HCFA, the federal agency that runs Medicare. We're interviewing health care professionals -- specifically discharge planners, nurse practitioners and physicians -- to get their thoughts about comparative quality information about home health care services that Medicare plans to make available to the public to help them make informed decisions. You may know that Medicare has already made comparative quality information about nursing homes available to the public. The initiative on home health care quality information is CMS' next step.

We will be recording our discussion today, for research purposes. However, whatever you have to say will be strictly confidential.

[HAVE RESPONDENT SIGN CONSENT FORM.]

The purpose of this interview to get your opinions and advice on what can be done to make this information about home health agencies as useful as possible. So, please give us your honest opinions about the materials we will show you today so that that we can learn what to do to improve them.. We expect to be finished in about an hour.

Do you have any questions before we start?

Warm-Up (no more than 15 minutes)

5. Please tell me about your job and how it relates to selecting home health care agencies. How many referrals do you make to home health agencies? For what types of medical services? For what types of patients?

Probe about the types and range of services commonly used --, e.g. physical therapy, speech therapy, occupational therapy, skilled nursing care, general nursing care, personal care services

6. Tell me more about your role in arranging home health care services for your patients.

Probe to determine whether they delegate this to other staff. To whom do they delegate? Do they make specific recommendations or not? Why or why not?

7. .In your professional role, how do you describe home health care services to your patients and/or their caregivers?

8. How do you decide which agencies to use?

Probe about Previous Experience, Convenience, Quality, Proximity, Range of Services, Patient Preferences

9. In your experience, are there usually several home health agencies to pick from, or are choices limited?

10. Do your patients ever come to you looking for information about home health care agencies? What types of questions do they ask?

11. How much do patients and/or their caregivers understand about home health care services?

12. How do patients and/or families choose an agency, when there is a choice?

Probe about what factors do they take into account: location, reputation, doctor's recommendation, other

Review of Plain Language Versions of OASIS Measures (40 minutes)

Now we are going to switch gears and ask you to review some home health care quality measures. These measures are developed from the data set known as OASIS, or Outcome and Assessment Information Set. Are you familiar with these measures?

[IF RESPONDENT IS NOT FAMILIAR WITH OASIS]: OASIS is a standardized assessment instrument for collecting and reporting information on all patients receiving skilled home health care. Home health agencies use OASIS to collect information about patients' health and functional status, health service use, living conditions, and social support needs. The agencies use OASIS data to assess patient needs, to develop individualized care plans, and to continually monitor services. CMS uses OASIS data to reimburse certified agencies for Medicare patients and also to compare quality of care among agencies, identifying agencies that need more oversight and assistance in improving quality.

CMS wants to select 10 OASIS-based measures to report to the public. They will be presented in a format similar to the nursing home quality measures. Keep in mind that the data is case-mix adjusted. That means that they take into account the patient's health status at admission. This allows us to make fair comparisons between home health agencies with different types of patients.

[*Show respondent a printed version of a "Nursing Home Compare" web page. Don't let respondent dwell on the content of these measures; just show print-out as an example of how the OASIS data would be presented to the public.]*

> ***During the first phase of this project, we developed "plain language" versions of 54 OASIS measures. We then tested the measures with consumers and their caregivers, asking them to tell us which measures were most important to them and why. We are now asking health care professionals which measures they think are the most important.***

To start, I am going to show you the "plain language" version of the measures that would be shown to consumers. To make these easier to review, we have organized them by category.

[Show respondent measures organized by category, one category at a time. ***Be sure to present measures in varying order to respondents.]***

1. Please look over all the pages, and then choose 10 most important measures across all categories. Please rank them from 1-10, with **1 being least important** and 10 being most important. If you have any questions about the measures please feel free to ask me. I might not be able to answer them for you, but I want to write them down so that we know which measures people find confusing.

2. Which 3 measures did you rate as most important?
   [Check to make sure they rated them 8, 9, 10 not 1,2,3]
3. Why are these most important to you when referring patients to an agency?

4. Why are these more important to you than some of the other measures?

5. Do you think these measure would also be important to your patients and/or their families? Why is that?

6. Do you think these measures would be easy for patients or families to understand? Would they be interested in these measures?

7. Which measures, if any, are <u>not</u> important to you? Why are these not important to you?

8. If you had information on the quality of different home health agencies based on these measures, how likely would you be to use that information in making referrals? What makes you say that?

9. How likely would you be to show this information to patients or family members? What makes you say that?

10. Are there any other important indicators of quality that are not included among the OASIS measures that I showed you today? *If possible, remind respondent of the factors they mentioned earlier as key to their agency choice.*

11. Would it be more effective to group any of these measures together as a composite measures? Which ones? Why?

12. What concerns, if any, do you have regarding CMS' plan to make these measures available to the public?

13. How might the public release of this information about home health agencies affect your relationship with your patients who need home health care?

14. Do you have any other thoughts in closing?

APPENDIX VI

Physician Demographics

No.	Location	Specialty	Hospital Affiliation(s)
1	Denver	Family Practice	Aurora, Porter, Rose
2	Denver	Family Practice	Medical Center of Aurora
3	Denver	Infectious Disease	Swedish, Porter
4	Denver	Internal Medicine	Swedish, Porter
5	Denver	Surgery	Swedish, Littleton
6	Denver	Family Practice	Porter, Swedish
7	Denver	Internal Medicine	Rose Medical Center
8	Denver	Family Practice	Porter, Swedish
	Denver	Infectious Disease	St. Anthony's, Lutheran
9	Baltimore	Gerontology	Howard County, Harbor
10	Baltimore	Cardiology	GBMC, Sinai, St. Joseph's
11	Baltimore	Primary Care	St. Agnes, Harbor
12	Baltimore	General Surgery	St. Joseph's, GBMC, Northwest, Sinai
13	Baltimore	Cardiology	Good Samaritan, Union Memorial
14	Baltimore	Primary Care	Northwest, Sinai
15	Baltimore	Gerontology	Franklin Square, St, Joseph's, GBMC, Good Samaritan
16	Baltimore	Internal Medicine	Maryland General, Union Memorial
17	Baltimore	Internal Medicine	Franklin Square
18	Boston	Cardiology	Beth Israel/Deaconess
19	Boston	Internal Medicine	Cambridge Hospital
20	Boston	Internal Medicine	Faulkner Hospital
21	Boston	Family Practice	St. Luke's
22	Boston	Family Practice	Lawrence Memorial

23	Boston	Internal Medicine	Mass General Hospital
24	Boston	Family Practice	UMASS Memorial (Worcester)
25	Boston	Internal Medicine	Boston Medical Center
26	Boston	Internal Medicine	Mt. Auburn Hospital
27	Boston	Cardiology	Beth Israel/Deaconess

APPENDIX VII

Discharge Planner Demographics

No.	Location	Specialty	Hospital Affiliation
1	Denver	Surgery	Medical Center of Aurora
2	Denver	Orthopedics, Rehabilitation, Cardiology and Surgery	Swedish Hospital
3	Denver	Orthopedics, Cardiology and half of hospital	University Hospital
4	Denver	Surgery and out patient care	St. Joseph's, University Hospital
5	Denver	Orthopedics, Rehabilitation, Cardiology and Surgery	University Hospital
6	Denver	Oncology	Medical Center of Aurora
7	Denver	Cardiology, plus others	Aurora Central
8	Denver	Cardiology, Oncology, etc.	Porter Hospital
9	Denver	Diabetes, Medical Cancer	Rose Medical Center
10	Denver	Cardiology	Rose Medical Center
11	Baltimore	Medicine, Surgery	Good Samaritan
12	Baltimore	Chronic Care	University Specialty
13	Baltimore	Surgery, Adult Medicine, Geriatrics	Good Samaritan
14	Baltimore		Harbor Hospital
15	Baltimore	Orthopedics, Cardiology	St. Joseph's Hospital
16	Baltimore	Medicine, Surgery	Maryland General
17	Baltimore	Orthopedics	St. Joseph's
18	Baltimore		University Specialty
19	Baltimore	Franklin Square	
20	Baltimore	Geriatrics	Levindale
21	Boston	Surgery, Cardiology	Brigham & Women's
22	Boston	Surgery	Brigham & Women's

23	Boston	Surgery	
24	Boston	Orthopedics	New England Baptist
25	Boston	Surgery	Mass General
26	Boston	Hematology, Oncology	St. Elizabeth's
27	Boston	General Medicine	St. Elizabeth's
28	Boston	Infusion	Brigham & Women's
29	Boston	Cardiology, Surgery	Deaconess-Glover
30	Boston	Orthopedics	Deaconess-Glover
31	Boston	Rehab, Surgery	Mass General
32	Boston	Gastrology	St. Elizabeth's