



Health Care Quality Performance (HCQP) Program

**HOME HEALTH SUBCOMMITTEE**

8-9am, August 18, 2010

Quality Partners of Rhode Island

**Goals/Objectives**

- To advise the Department on home health reporting and implement agreed-upon policies

**Invitees**

T Rosa Baier (Chair)	G Ann Ganung	T Louis Paolino
G Jeanne Brockway	G Judy Maher	G Amy Roode
T Cathy Cranston	G Stephanie Mello	T Colleen Rose
G Karen D'Antonio	T Karen Mercer	G Raymond Rusin
G Kerry Demers	T Ann Messier	T Kathleen Shatraw
T Meredith Eckel	T Barbara Novak	T Darlene Skorski
T John Folan	T Margaret Nugent	T Sheila Turner
G Michelle Fournier	G Mary Onyejose	T Samara Viner-Brown

**Time Topic/Notes**

8:00am **Welcome & Administrative Updates**  
*Rosa Baier, MPH, Chair*

- Rosa opened the meeting, reviewed the objectives, and then asked participants to introduce themselves to Cathy Cranston.
- Cathy introduced herself as the new Executive Director at the Rhode Island Partnership for Homecare. She has taken over Alan Tavares's role, since Alan recently retired from the Partnership.

8:10am **Data Updates**  
*Rosa Baier, MPH*

- Rosa reviewed the data reports, indicating when each was last updated:

Report	Frequency	Data Period	Updated
1. Clinical quality measures	Quarterly	Apr-Jun 09	July 09
2. Patient satisfaction	Annual	Sept-Nov 2007	May 08

- The public reporting program will update these with new reports as new data are available, but realizes that (because of the introduction of OASIS-C), the home health quarterly measure updates are indefinitely suspended.

**Patient Satisfaction Surveys**

*Rosa Baier, MPH, Chair*

*Samara Viner-Brown, MS*

– The legislation requires that all licensed home health agencies collect patient satisfaction data using a validated instrument. Because the Subcommittee last met in November 2009, Rosa shared a brief history of satisfaction reporting to date:

- 2006 pilot - Because survey instruments are proprietary, the Subcommittee created an RFP and selected Press Ganey from among the RFP respondents. All agencies were then required to contract with Press Ganey for the pilot, which involved benchmarking each agency’s performance against the state, but did not publicly report data at the agency level.
- 2007 public report – The following year, agencies again used Press Ganey’s proprietary instrument (customized for local administration). This was the first year that data were publicly reported, with the report released in early 2008. At the same time, the Subcommittee recommended minimizing the data collection burden by collecting and reporting data every two years, not every year.
- Summer 2009 – The Subcommittee reconvened to prepare for the anticipated Fall 2009 satisfaction survey, but ultimately recommended requiring Medicare-certified agencies to use the forthcoming HH-CAHPS instrument and delaying the state’s timeline to coincide with Medicare’s HH-CAHPS dry run, then scheduled for early 2010.

At the same time, the Subcommittee recommended that all agencies (Medicare and non-Medicare) continue to use Press Ganey for non-skilled patients. This meant that some agencies could have two vendors surveying different segments of their patient population.

- Winter 2009-2010 – As Medicare’s dry run was delayed and the state’s public reporting program underwent a six-month funding hiatus (January-June 2010), the state process was further pushed back, to August-October 2010.
- July 2010 – With the public reporting program reinstated at the beginning of July, the Director of the Department of Health approved reporting October-December 2010 data, which would allow sufficient time to communicate and plan with all agencies. That timeframe coincides with the beginning of Medicare’s public reporting period: Medicare will report 12 months of data, beginning with October 2010, in mid-2012.

– In summary, the current requirements are:

Population	Instrument	Data Collection Timeframe	
		Medicare reporting	State reporting
Skilled patients	HH-CAHPS (any vendor)	<ul style="list-style-type: none"> <li>• <u>Dry run (not reported)</u>: one month between July-Sept 2010</li> <li>• <u>Reporting</u>: Beginning with Oct 2010-Sept 2011 data</li> </ul>	<ul style="list-style-type: none"> <li>• Oct-Dec 2010</li> </ul>
Non-skilled patients	Press Ganey	<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Oct-Dec 2010</li> </ul>

- There are pros and cons to all of these policy decisions, but the Subcommittee members have historically tried to balance the value of having up-to-date information (for agencies and consumers) against the burden of collecting data (staff time, cost).
- Next steps/discussion:
  - All agencies:
    - The Department of Health sent letters and faxes, reminding them of the requirement and notifying them of the October-December 2010 time frame. The information also included the skilled/non-skilled patient population requirements, below.
  - Skilled patients:
    - For Medicare skilled patients, agencies are responsible for ensuring that they have contracts with a Medicare-approved vendor. This is a Federal requirement.
    - For the state program, agencies are in the process of notifying the Department of their vendor selection, with four vendors named to date: Deyta Systems, Fazzi, Press Ganey, SHP, and Strategic Healthcare Programs.
    - The Department of Health will determine a no-cost way to obtain data, for example by requesting that agencies provide response rates and aggregate numerators and denominators for the five HH-CAHPS measures directly to the Department. As a reminder, the measures and corresponding questions are:
 

<u>Measure:</u>	<u>Question(s):</u>
1. Care of patients	9, 16, 19, 24
2. Communications between providers and patients	2, 15, 17, 18, 22, 23
3. Specific care issues	3, 4, 5, 10, 12, 13, 14
4. Care from the agency's home health providers	20
5. Recommend this agency to friends or family	25
  - Non-skilled patients:
    - For non-skilled patients, agencies are responsible for ensuring that they have a contract with Press Ganey. This is a state requirement resulting from Subcommittee recommendations.
    - The Department provided Press Ganey with a list of agencies that serve non-skilled patients. Press Ganey's timeline for signed contracts and patient lists is attached, with contracts due by 9/1/10.
    - The Department of Health will work with Press Ganey to obtain the data at no cost to the agencies.
- The Subcommittee discussed next steps, working together to identify any areas needing clarification from the Department or a vendor. Discussion points included:
  - **Obtaining contact information for Press Ganey.**  
Rosa shared that the new point of contact is Steve McSweeney: [smcsweeney@pressganey.com](mailto:smcsweeney@pressganey.com) or 508-842-8922. Hearing that agencies have had trouble reaching Press Ganey, Rosa and Sam will share this feedback with Press Ganey to see if they can improve customer service.
  - **How to account for skilled patients who are not Medicare fee-for-service patients (i.e., Medicare managed care or non-Medicare skilled patients).**

Can the vendors exceed the Federal mandate for HH-CAHPS by including these patients during the state survey period? The Subcommittee will reconvene next week with research in hand to make recommendations.

**Post-meeting update:** Fazzi indicates that Medicare Advantage and Medicare managed care patients *are* included in the HH-CAHPS requirement and that non-Medicare skilled patients (i.e., commercial skilled patients) are not included, but could be. The vendors' files can easily incorporate them. For agencies without vendors, Fazzi can generate a patient list using an OASIS file and ask agencies to complete some fields manually.

- **The need to for additional information on pricing.**

Rosa will resend the Press Ganey and Fazzi price estimates from August 2009, and will ask both vendors for any updates during the conversations about expanding HH-CAHPS to other skilled patient populations (above).

**Post-meeting update:** Fazzi provided updated pricing information, which is attached to the minutes.

- **The need for additional information on sampling.**

Most vendors request that agencies provide 100% of their patient populations, and perform the sampling (if any) on the back-end. During discussions last year, Fazzi recommended aiming for approximately 75 returns for the 3-month period, which would mimic the Medicare requirement (300 returns annually).

**Post-meeting update:** Fazzi has heard that Medicare plans to report all agencies, regardless of denominator size. Whether that means presenting data or including the agency's name with a note indicating their response was too low to report is not yet clear.

- **The need to discuss the report format and methodology.**

This discussion was deferred until the survey is live, but Rosa reminded the group that these decisions are made "a priori" – in other words, blinded to the data results and where individual agencies fall. There are two statistical protections to ensure that results are meaningful:

1. Low denominator responses are not reported.
2. Conservative statistical methods are applied to ensure that the one- and three-diamond assignments are meaningful. This means that most agencies will have two-diamond ratings, because it is harder to be marked as either below or above average.

8:55am

### **Open Forum & Next Steps**

*Rosa Baier, MPH, Chair*

– Action items:

- Share feedback about customer support with Press Ganey (Rosa, Sam)
- Contact vendors about including other skilled patients in HH-CAHPS (Barbara, Rosa)
- Resend Press Ganey and Fazzi pricing estimates from August 2009 (Rosa)
- Add report format and methodology to upcoming agenda (Rosa)
- Schedule Subcommittee meeting for next week (Rosa)
- Schedule Partnership meeting with Press Ganey (Cathy)

– **Next meeting: 8/25, 8-9am**

# Step 1: Define

Start Date: 9/1/2010

You have already started step 1 by defining which services you would like to measure. The next step is to determine who will play a key role in the setup and implementation process at your organization and what that implementation will look like. These key players will need to be part of the implementation setup call and will be involved in regular meetings in the future to ensure that appropriate communication flows amongst the core team.

**Determine who will play each of these roles in your organization and list their contact information below: (if multiple contracts are different, copy and paste as needed)**

<b>Primary Contact:</b>		Job Title:		Phone:		E-mail:	
<b>IT Lead:</b>		Job Title:		Phone:		E-mail:	
<b>Executive Sponsor:</b>		Job Title:		Phone:		E-mail:	

Below, enter the target date to begin surveying:

**Goal Start Date:** 10/1/2010

*If CAHPS, remember that you must start on the beginning of a calendar quarter to be in compliance with CMS guidelines.*

## Step 2: Design

Key tasks of this step include determining customization to surveys and other forms, determining sampling plan to meet reporting needs, designing the upload file, and sending test file(s).

With your goal start date in mind, one of the first decisions to make is whether to customize your survey.

### Quickstart vs. Customized

<b>QuickStart</b>	For a timely implementation, "Quickstart" is our recommended process. This involves initially using our standard survey and cover letter with your logo and administrator signature in order to expedite the setup process. QuickStart enables you to receive your first report, with complete external benchmarking, in the shortest time possible. QuickStart setups receive priority processing and the first surveys mail, on average, approximately 10-12 business days after the QuickStart process begins. We only need your administrator's electronic signature and facility logo to begin. Once surveying has begun, customization can always be added later at no additional charge.
<b>Custom Setup</b>	If you select not to use the "Quickstart" option, then additional time will need to be built into the setup timeline for your internal discussions regarding appropriate customization and Press Ganey's drafting of your customized survey. Survey customization is necessary when you want to add custom questions and/or background questions to the standard survey. Using a cover letter other than our standard cover letter also involves custom processing. If you opt to customize, you may choose from a list of custom questions already in use that have benchmarking available or obtain approval for your own unique questions. Foreign language surveys have a longer setup timeframe due to the need for translations.

*Please note that any degree of customization lengthens the setup process. For example, experience shows that clients take an average of 45 days to determine the content of their customized survey. This, along with other customized elements of the setup, delays the start of your surveying and receipt of your first report. If you wish to customize, we recommend that you wait until after you have received at least one full, comparative report. The feedback in your first reports will help determine whether your performance improvement efforts would benefit from survey customization.*

<b>Decision:</b>	Custom Setup
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## Survey Development

**Resources** (if applicable): Sample surveys and cover letters, custom question list, Survey Customization Forms, Activity Grid, hard copy signature form

<b>Survey Creation</b>	<b>Must be completed by:</b>	9/16/2010
Provide facility logo(s) for survey, cover letter, and envelope		
Provide administrator signature(s) and appropriate title(s)		
<i>If custom setup, determine customization to survey(s) and cover letter(s). (Note: Any delay in making decisions related to customization may delay the start date.)</i>		
<i>If custom setup, approve Survey Customization Forms to confirm desired content.</i>		
<i>If CAHPS, sign and return Activity Grid. Provide CCN and phone number for cover letter, select PG as vendor for CAHPS</i>		

<b>Survey Approval</b>	<b>Must be completed by:</b>	9/24/2010
Approve survey and cover letter drafts		

**Follow-up:** Once surveys are approved they will be ready to mail within approximately 6 business days. The IT process and sampling must be completed before mailing.

## IT Process

	<b>Must be completed by:</b>	9/21/2010
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**Resources** (list if applicable): ITTI

Receive and review ITTI		
Complete conference call to discuss IT setup process and answer questions		
Determine file layout		
Create test file		
Send test file to Press Ganey		
Determine upload frequency		
Determine who will be on the FTP e-mail confirmations		

**Follow-up:** Test files will be reviewed within approximately 5 days of submission. Once approved, Press Ganey's IT department will issue secure live data submission username and password. Prior to doing so, survey forms must have completed quality testing and sampling must be determined. (If a test file is sent back for correction, the five day process begins again.)

## Sampling

	<b>Must be completed by:</b>	9/29/2010
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**Resources** (list if applicable):

Determine desired reporting schedule		
Discuss desired number of surveys returned in each reporting period (for each reporting breakout or sample group, if applicable)		
Provide monthly volumes for each service and sample group (if applicable)		
Determine appropriate sampling strategy (stratified vs. non-stratified), including monthly maximums based on budget and desired returns		
Determine appropriate duplicate checking, if applicable		

## Step 3: DATA COLLECTION

Due Date:

### Activities:

Contract must be returned and active

First live data submission sent by Technical Lead to Press Ganey

Surveys sent by Press Ganey

Conference call with entire team to discuss next steps

## Step 4: REPORTING

	Activities:	Resource	Responsibility	Due Date	Status
Reporting:	Complete Demographic Profiles	Demographic Profile	Primary Contact & Account Manager	<i>Within 4 weeks of start of surveying</i>	
	Complete Setup of Reporting Breakouts	Breakout Tables	Primary Contact & Account Manager	<i>Within 4 weeks of start of surveying</i>	
	Peer Group Selections	Common Peer Groups	Primary Contact & Account Manager	<i>Within 4 weeks of start of surveying</i>	
	Discuss Need for Report Customization		Primary Contact & Account Manager	<i>Within 4 weeks of start of surveying</i>	
Survey	Evaluate Customization	Custom question lists	Primary Contact & Account Manager	<i>Ongoing</i>	
	Evaluate Use of Precodes		Primary Contact & Account Manager	<i>Ongoing</i>	
	Discuss Need for Foreign Languages		Primary Contact & Account Manager	<i>Ongoing</i>	
	Evaluate sampling		Primary Contact & Account Manager	<i>Ongoing</i>	

## Step 5: Training

Press Ganey Online:	Root User Training	Press Ganey Online	Primary Contact & Improvement Manager	<i>Within 4 weeks of start of surveying</i>	
	Setup user access and permissions	Press Ganey Online	Primary Contact & Executive Sponsor	<i>Within 4 weeks of start of surveying</i>	
	PGO Training for Users		Primary Contact & Improvement Manager	<i>Within 8 weeks of start of surveying</i>	
	Determine additional training needed		Primary Contact & Improvement Manager	<i>Ongoing</i>	
Training	Schedule Kick Off call with the Improvement Manager		Executive Sponsor, Sales Executive, Primary Contact & Improvement Manager	<i>Within 4 weeks of start of surveying</i>	
	Schedule First Report Interpretation Training		Executive Sponsor, Primary Contact & Improvement Manager	<i>After receipt of first formal report</i>	



This proposal has been prepared for the Rhode Island Department of Health based on your request for pricing information regarding patient satisfaction surveys. It contains explanations regarding survey methodology, reporting, service options, and annual charges. Questions can be directed to Dave Daggy, Sales Manager, 888-773-7742 ext. 509; ddaggy@pressganey.com.

Fees for the surveying are comprised of an annual contract fee and the InfoTurn fee based on the number of surveys mailed. The total contract fee investment represents a 67% discount from Press Ganey's current pricing structure. In addition, the price per mailed survey reflects a 15% discount from the standard list price.

**Home Health Patient Satisfaction Survey Proposal**

Single Agency Fee Schedule	Press Ganey Standard List	Rhode Island Department of Health
<b>Contract Fee - Single Agency</b>	<b>\$4,500.00</b>	<b>Variable (\$1478 Avg.)</b>
<b>Number of Contracts</b>	<b>50</b>	<b>50</b>
<b>Total</b>	<b>\$225,000.00</b>	<b>\$ 73,900.00</b>
<b>Survey Fee</b>		
<b>Sample Size</b>	<b>TBD</b>	<b>TBD</b>
<b>Cost per survey</b>	<b>\$2.00</b>	<b>\$1.70</b>
<b>CMS-HH-CAHPS 2nd wave mailing (at 21 days)</b>		
<b>Sample Size (80% of initial mailing)</b>	<b>TBD</b>	<b>TBD</b>
<b>Cost per survey</b>	<b>TBD</b>	<b>TBD</b>
<b>Estimated Survey Fees</b>	<b>TBD</b>	<b>TBD</b>
<b>Total Investment (contract only)</b>	<b>\$225,000.00</b>	<b>\$73,900.00</b>

## Baier, Rosa

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**Subject:** FW: RI agencies

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**From:** Gina Mazza [mailto:gmazza@fazzi.com]  
**Sent:** Wednesday, August 18, 2010 4:56 PM  
**To:** Baier, Rosa  
**Cc:** Samara Viner-Brown; D'Antonio, Karen; Messier, Ann  
**Subject:** RE: RI agencies

Hi Rosa,

Also, since the time we first spoke about partnering on the HHCAHPS initiative, we have made a couple of important changes in order to better serve agencies.

1. It is clear that many agencies, particularly the smaller ones, are struggling financially and that the cost of HHCAHPS is problematic. To help them, we have developed a Basic Service that provides everything they need including training but is far lower in cost - \$875 plus mailing cost. We are finding that a lot of agencies under three million dollars are looking at this service.
2. We have lowered the cost even further for all agencies. Agencies can now get the Premium Service which includes on-demand benchmark reports, agency specific questions, branch reporting, etc. for \$1,500 – instead of \$1800.

Given the importance of HHCAHPS to RI providers, particularly those who have yet to decide, we would appreciate it if you could let them know of the new options.

Thank you,  
Gina