Healthcare Quality Reporting Program

HOME HEALTH SUBCOMMITTEE

8-9am, July 9, 2012
Healthcentric Advisors (formerly Quality Partners)

Goals/Objectives
• To advise the Department on home health reporting and implement agreed-upon policies

Attendees		
✓ Rosa Baier (Chair)	✓ John Folan	✓ Ann Messier
✓ Cathy Cranston	✓ Karen Mercer/Joanne Smith	✓ Samara Viner-Brown

Time	Topic/Notes
8:00am	**Welcome & Administrative Updates** *Rosa Baier, MPH, Chair* *Samara Viner-Brown, MS*

- Rosa welcomed the group, noting that it has been a long time since the Subcommittee last met. Between July 2011 and March 2012, there was no program management for the program. Once contracting was completed and Healthcentric Advisors (formerly Quality Partners of Rhode Island) resumed project management responsibilities, meeting with this Subcommittee was a high priority.
- The purpose of today's meeting is two-fold: (1) to review Steering Committee direction about the clinical quality measure (diamond) reports and (2) to debrief from the Fall 2010 satisfaction survey process and plan for Fall 2012.
- To refresh everyone's memories, Rosa provided some background about the public reporting program. This Subcommittee is one of five Subcommittee that reports to the public reporting program's Steering Committee. The remaining four are:
  - Hospital
  - Hospital healthcare-acquired infections (HAIs)
  - Nursing homes
  - Physicians

  The first three focus on clinical quality measures and patient satisfaction, similar to the Home Health Subcommittee. That includes primary data collection for patient satisfaction in the hospital and nursing home settings, too, although the nursing homes do not have a federal requirement (as hospitals and home health agencies both now do).

The fourth focuses on physicians' use of health information technology, including electronic medical records and e-prescribing. These data are collected via a survey that is administered annually in January. This is because there is no existing data source to report clinical quality or patient satisfaction for the state's nearly 4,000 licensed physicians.

Information Technology Adoption – This annual survey is to determine which physicians use EMR's and which e-prescribe. There is a financial incentive from health insurers to adopt the EMR's, but there is no penalty at this time. In the near future, the penalty will be in the form of reduced reimbursements from both Medicare and Medicaid.

All of the public reporting meetings are open to the public, and anyone interested in attending should contact Ann Messier to be added to an email distribution list.

8:10am **Home Health Reporting**
Rosa Baier, MPH

- Rosa continued by discussing this Subcommittee, specifically:
  - Ad hoc meeting schedule – The Subcommittee meetings on an as-needed basis, depending on the reporting topics and input needed to advise the Steering Committee. Meeting dates are communicated via email.
  - Public meetings – As with the program as a whole, all Home Health Subcommittee meetings are open to the public, and anyone interested in attending should contact Ann Messier to be added to an email distribution list.
- There are two types of health reports:

Report	Frequency	Last Collected	Last Updated
Clinical quality measures from Medicare	Quarterly	Ongoing via OASIS	Jul 2009*
Patient satisfaction	2 years	Fall 2010	Jun 2011

*Previously on hold for the transition to OASIS-C measures.

8:20am **Clinical Measure Reports**
Rosa Baier, MPH

- In May 2012, the Steering Committee advised that the Subcommittees consider the following guidance:
  - "Where Medicare reports exist, we recommend that the program cease generating local reports and instead link to Medicare's reports."
- Rosa asked that the Subcommittee consider this advice and determine whether or not to recommend that the program stop creating the home health clinical quality measure (diamond) and link to Home Health Compare. She discussed the pros and cons, which include the static PDF format of the local reports vs. the interactive format of Home Health Compare, but the locally-generated format (diamonds) that allows consumers to see all agencies vs. a few agencies on Home Health Compare.
- **Recommendation**: After discussion, the group agreed with the Steering Committee's advice and recommended that the program link to Medicare instead of generating the diamond reports.

- Rosa mentioned that Healthcentric Advisors, in partnership with HEALTH and the Partnership for Home Care, submitted a grant to the Agency for Healthcare Quality and Research (AHRQ) that would enable us to meet with consumers to identify their needs for a home health report and then test the impact of a new report on consumer choice and outcomes. If that grant is awarded (anticipated in October 2012), the program may revisit this recommendation, given new resources and a desire to generate information that informs our understanding of home health and consumer use of public reports.

8:35am **Patient Satisfaction Reports**
Rosa Baier, MPH, Chair

- We last collected home health patient satisfaction data in Fall 2010 and reported it in June 2011; the lag-time was a result of the need to wait for the HH-CAHPS data submission period to the vendors. Our next scheduled data collection period is Fall 2012, but we need to discuss the Subcommittee's recommended processes.
- Rosa reminded the group of the previous requirements:

Patient Population	Agency Certification	
	Medicare	**Non-Medicare**
Non-skilled	Press Ganey	Press Ganey
Skilled, commercial payor	No requirement	No requirement
Skilled, Medicare	HH-CAHPS, with any Medicare-certified vendor	n/a

- The group debriefed from the previous data collection period, with Rosa acknowledging that it was a painful process for agencies and the state: people reported numerous difficulties working with Press Ganey, ranging from customer service to signing contracts and uploading lists. No one wants to repeat that process.
- Since Fall 2010, Medicare has begun publicly reporting HH-CAHPS data on Home Health Compare, which means that there are now publicly-available satisfaction data. Rosa asked the group whether this fact should changes the Subcommittee's recommendation about how to proceed for Fall 2012, and proposed that the group might recommend linking to Home Health Compare and eliminating the non-skilled agency requirement, which is burdensome (financially and in terms of person-time). Does the value outweigh the burden?
- Cathy and others commented that all agencies, including non-skilled, collect satisfaction data for their payor contracts, so there are some "checks and balances" in place, although these data are variable (differ from agency to agency) and could not be collated and publicly reported.
- Cathy also reported that agencies collect data for their skilled, commercial payor patients. Decision Health provides a dashboard of the agencies' performance and Cathy shares this with the stakeholders in her group– quarterly. She would be willing to share with the group and possible allow the publication of these data, after discussion with her stakeholders.
- **Recommendation**: After discussion, the group recommended linking to Home Health Compare for skilled, Medicare patient satisfaction and eliminating the non-skilled patient requirement.

8:55am **Open Forum & Next Steps**
Rosa Baier, MPH, Chair

- The group discussed several topics in the open forum:

  - Employee influenza vaccination reporting

    Rosa reminded the group that all licensed providers, including home health agencies, are required to submit information on their employees' annual influenza vaccination to John Fulton at HEALTH each year. The 2011-2012 flu season deadline was July 1. These data are publicly reported for hospitals and will be publicly reported for nursing homes. Rosa suggested beginning to examine the home health data by creating reports for each agency to show them their own performance (or indicate if they failed to submit data) and the state benchmark.

  - *Rules and Regulations Pertaining to Immunization*

    Looking at employee influenza vaccination rates is particularly important and timely given the likely requirement to mandate vaccination beginning this fall. There is an upcoming public hearing re: the *Rules and Regulations Pertaining to Immunization* on July 17th at 1pm in the basement auditorium at HEALTH. Cathy is representing her members, but additional representation from providers is welcome and encouraged. The first community meeting was largely hospital infection preventionists.

  - Discharge planning website

    Cathy said that Rite Resources provides a website with specific information related to providers that is useful to both consumers and discharge planners. The contact person for this agency is Kelly Leighton.

- **Action items**:

  - Share Subcommittee recommendations with the Steering Committee (Rosa/Sam)
  - Share the Decision Health dashboard with the program (Cathy)
  - Ask stakeholders about publishing the Decision Health dashboard (Cathy)
  - Share the Rite Resources website for consumers and discharge planners (Cathy)
  - Provide agencies with 2011-2012 employee flu vaccination data (Margaret/Blake)
  - Share the date for the public hearing re: the *Rules and Regulations Pertaining to Immunization* (Rosa)
  - Identify webstatistics for the home health data on HEALTH's website (Maureen)

- **Future meetings**: None scheduled, but there was a request to return to meeting on Wednesday at 8am, rather than Monday.