

## OASIS Alert

### Quality Improvement: FEDS CHOOSE YOUR QUALITY IMPROVEMENT FOCUS FOR 2006

**Expect to work on two assigned OASIS-based measures.**

Ready or not, it's time for home health agencies to improve acute care hospitalization rates. The Quality Improvement Organizations' next three-year contract--the 8th Scope of Work--directs HHAs to focus their efforts on this measure nationwide.

After two years in which most Home Health Compare quality measures showed at least some improvement, two items refused to budge: "Patients who had to be admitted to the hospital" remains stuck at 28 percent, and "patients who need urgent unplanned medical care" hasn't moved from 21 percent. So the **Centers for Medicare & Medicaid Services** has decided to reduce hospitalizations with a concerted national effort.

This effort means QIOs will address this measure in every state, with one of their home health quality improvement priorities being to lower the acute care hospitalization rate from 28 percent to 23.9 percent. CMS uses these priorities to judge QIOs' success under their contract, explained **Delmarva Foundation's Barb Bunn**, speaking on Oct. 24 at the **National Association for Home Care & Hospice's** 24th annual meeting in Seattle.

#### **HHA Immunization Rates To Be Scrutinized**

In addition to acute care hospitalization, the new contract has QIOs working with home health agencies to improve one QIO-selected statewide publicly reported OASIS measure. QIOs also will address improving flu and pneumonia immunization rates among home health patients. QIOs are not working specifically on emergent care under this contract because they expect the changes needed will be similar to those for improving acute care hospitalizations, Bunn said.

"QIOs will be working at some level with every home care agency in the nation to improve acute care hospitalization over the next three years," said co-speaker **Marian Essey** with Harrison, PA-based QIO **Quality Insights of Pennsylvania**. In states with large numbers of HHAs, the QIO may work intensively with 20 percent of the agencies and less in-depth with the rest, Bunn explained. But in states with a small number of HHAs, the QIO may work comprehensively with all of them.

**Tip:** QIOs are more likely to work intensively with agencies that want to work with them and have an average or higher-than-average hospitalization rate, Essey explained. But in the 12 states with a hospitalization rate below the national average, QIOs will be working with agencies with low hospitalization rates to try to determine how they do it, Bunn said.

QIOs will work with two groups of agencies: a clinical performance group and a systems improvement group, although individual QIOs may choose to combine or overlap the groups, Essey explained.

**What else to expect:** Agencies are likely to see a survey of their baseline flu and pneumococcal pneumonia practices by September 2006 and a survey to measure improvement in these processes by November 2007, Essey said.

Also, QIOs will work with systems improvement groups to implement telehealth activities that help reduce acute hospitalization. And QIOs will use surveys in May 2006 and March 2007 to address organizational practices, such as care practices, staff satisfaction and agency systems and processes, as they focus on changing and supporting organizational culture.

