

QIOs Initiate Home Health Best Practices Projects

Over the next several months, Medicare quality improvement organizations (QIOs) in several states will carry out "best practices" projects designed to help home health agencies improve care to their patients and improve their agency outcomes. The projects, which are being conducted under direction of the Centers for Medicare & Medicaid Services (CMS), are pilots to be undertaken with the goal of "testing evidence-based change packages" in preparation for the QIO "8th Scope of Work" in the area of home health.

The QIO 8th Scope of Work, which is in the final stages of CMS approval and is expected to be released in two to three weeks, contains a focus on quality improvement measures. In its draft Statement of Work, CMS had described QIOs' function in the home health setting as promotion of "transformational change statewide and among a group of identified participants by focusing entirely on improving the publicly reported Outcome and Assessment Information Set (OASIS) quality measures."

In the draft, CMS selected the OASIS acute care hospitalization measure for national focus, making reducing hospitalizations a priority. Statewide measures flagged in the draft for improvement include several functional measures and improvement in pain, dyspnea, incontinence, and management of oral medications.

Pennsylvania-based Quality Insights was chosen as the sole QIO to conduct one pilot program called the "Quality Medication Administration Improvement Project," or Q-MAP. At CMS's request, Quality Insights has embarked on a "collaborative" effort, the first two steps of which (first defining/discussing the topic of improving medication management, and then convening a technical expert panel to develop appropriate tools to help) already have taken place. Now on step three, Quality Insights is developing a package of changes/improvements; the final step will involve identifying 23 geographically dispersed home health agencies across Pennsylvania to engage in best practices educational sessions on March 29, June 22, and November 9 this year.

The first of these sessions for home health agency representatives (to include an administrator, day-to-day leader, and quality improvement facilitator from each agency) will be devoted to introduction of the "change package." That will consist of the tools to be implemented at the agencies with the goal of improving medication monitoring outcomes. During the second and third sessions, the agency representatives will share their successes and failures with implementing the tools and discuss ways to improve the change package.

Although the project will not be completed until after November, Quality Insights says it plans to make the change package tools available to all home health agencies across the country as soon it's complete. In addition, Quality Insights will make updates to the package as the tools are revised and improved in the coming months.

Another pilot project will be conducted by QIOs in Tennessee, New York, Washington, Idaho, Michigan, Utah, Virginia, Maryland, the District of Columbia, Louisiana, and Rhode Island, with DelMarva Foundation taking position as the lead QIO. The focus of this project will be to test a change package aimed at supporting quality improvement activities related to acute care hospitalization.

QIOs in the designated states will recruit between five and eight home health agencies to participate in testing the change package between March 28 and April 1. Those agencies will participate in a one-day training session in Maryland during the week of March 21.

In addition to the training, the agencies will participate in three separate web-based surveys over the course of the project. The QIOs in each state will work with the participating home health agencies to complete plans of activity and implement the change packages. Like Quality Insights, DelMarva also plans to make change package information available to all home health agencies across the nation.