Strategies Today, for Higher Quality Tomorrow

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Overview of Today's Presentation

- Strategies available to CMS to improve quality
- Focus on public reporting and consumer information
- Current Quality Initiatives

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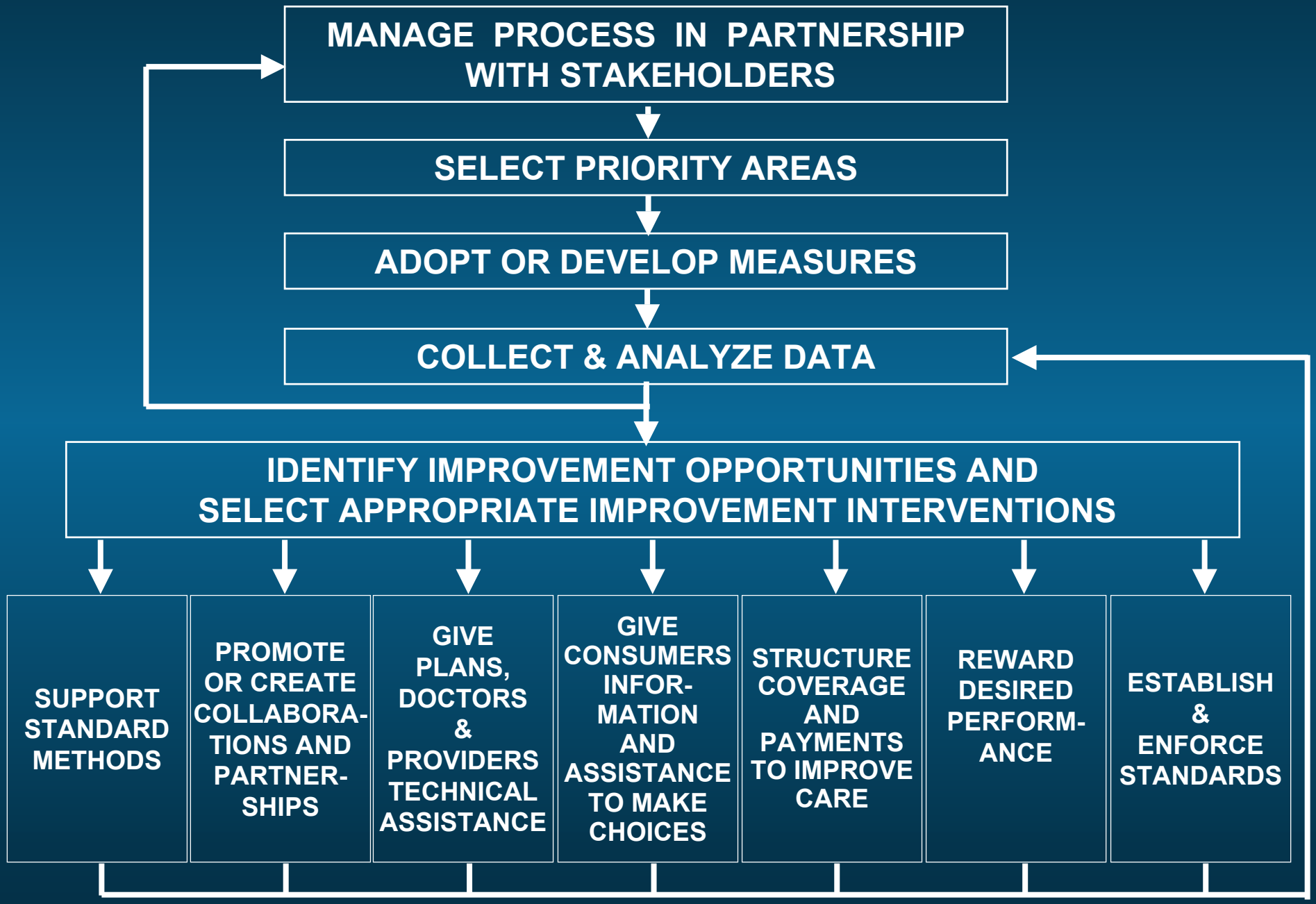
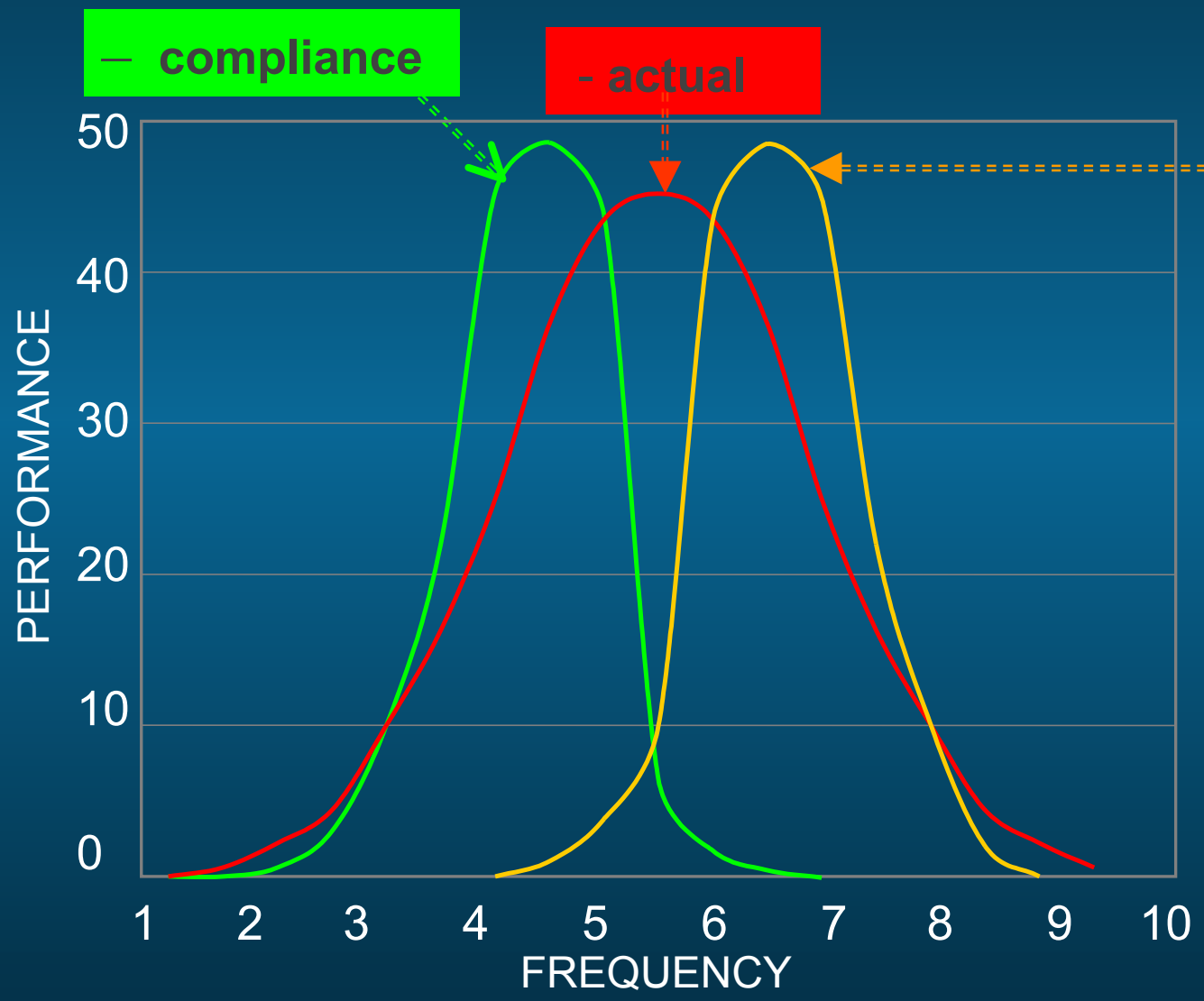
WHAT WE CAN DO TO IMPROVE QUALITY



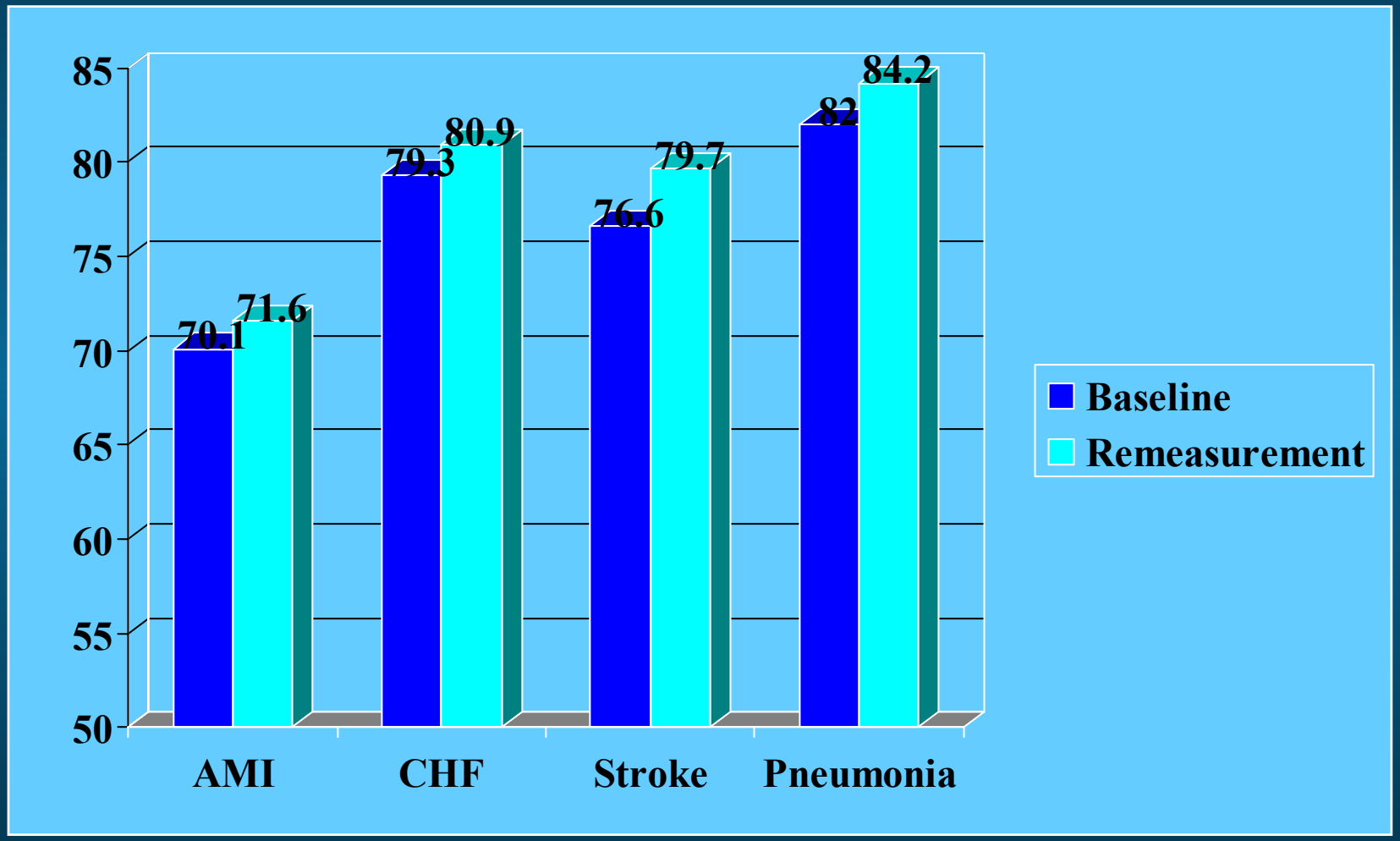
Improving the Distribution



- system change & technical assistance
- consumer information
- non-economic incentives
- economic incentives

6th SOW Percent Consistent With Guidelines: Hospitals

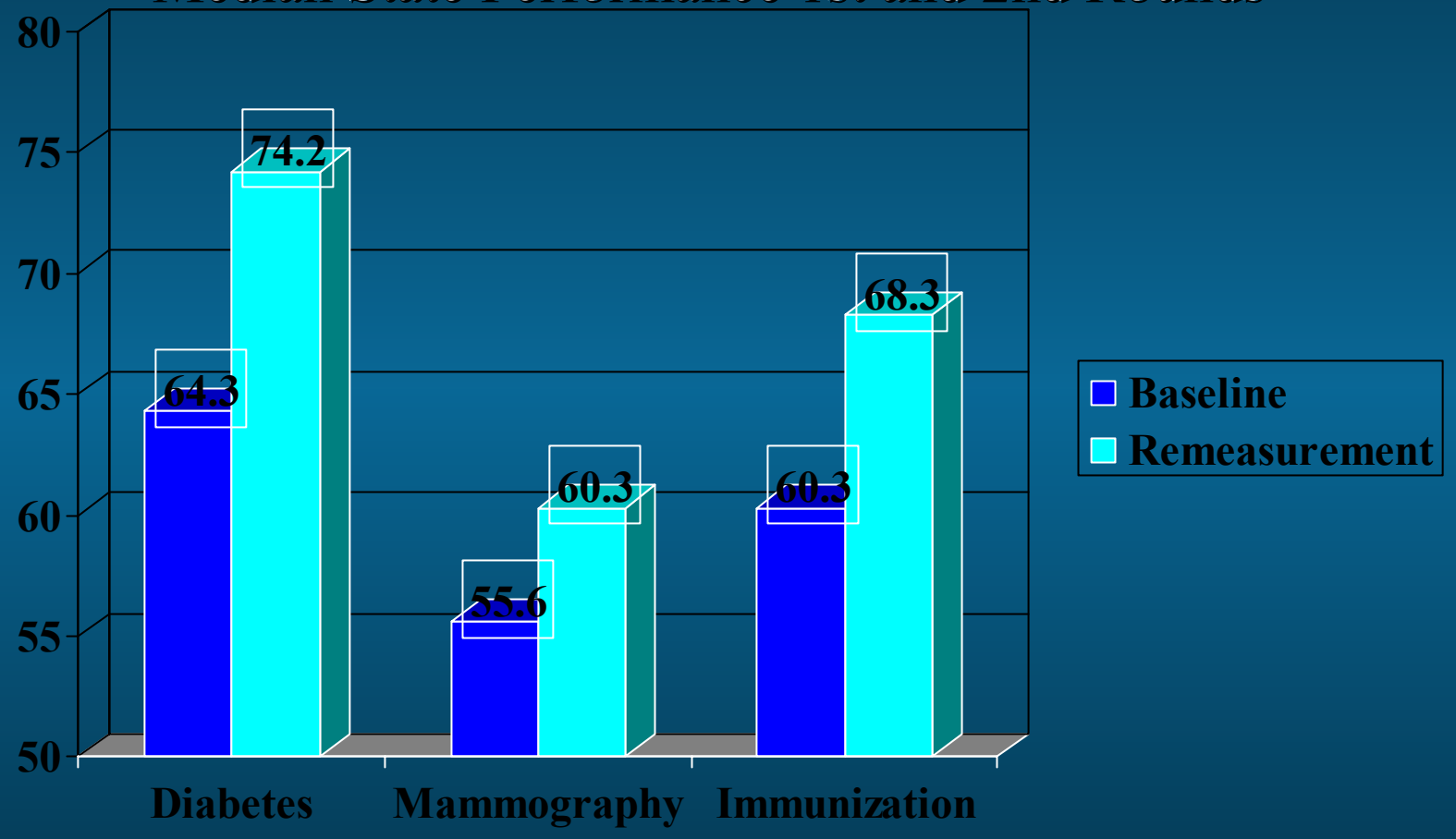
Median State Performance 1st and 2nd Rounds



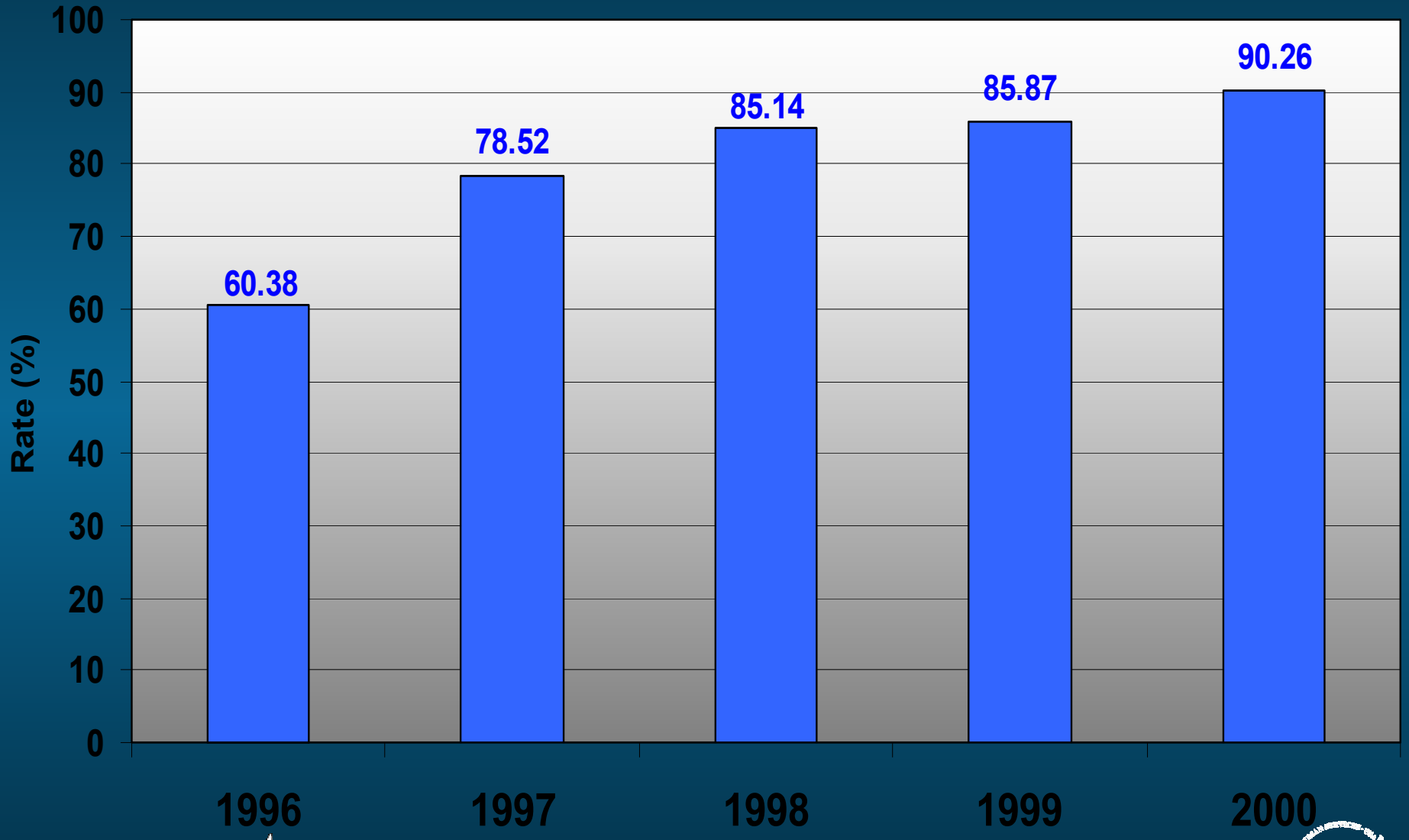
6th SOW Percent Consistent With Guidelines:

Physician Offices

Median State Performance 1st and 2nd Rounds



HEDIS Measure



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Beta Blocker Administration After Heart Attack

Conclusions

- **Performance can be *measured***
- **Performance can be *improved***
- **The systems put in place to improve quality typically are *both sustainable and blind to socio-economic status***

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CMS Approach to Quality

- Announced November 2001 by Secretary Thompson to
  - Empower consumers to make more informed decisions regarding their healthcare
  - Stimulate / support providers & clinicians to improve the quality of health care

- More info www.cms.hhs.gov/quality

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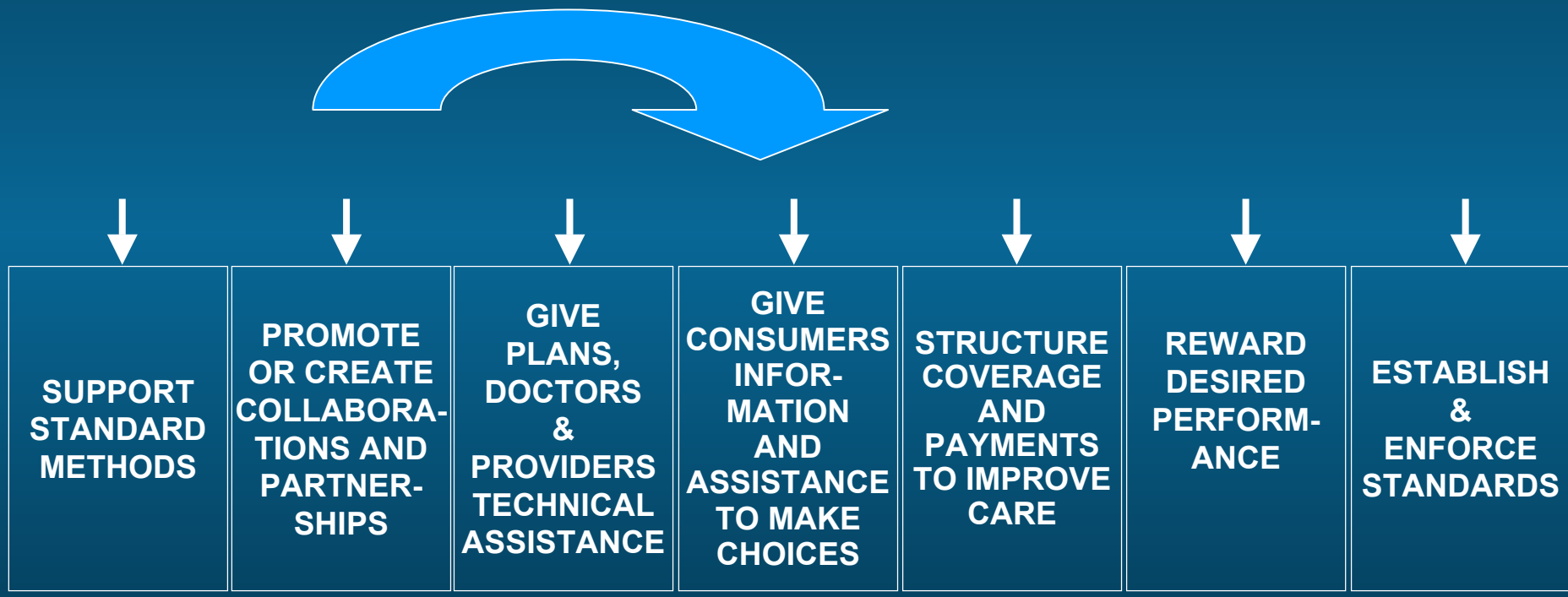
A focus on consumer information



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SUPPORT STANDARD METHODS	PROMOTE OR CREATE COLLABORA-TIONS AND PARTNER-SHIPS	GIVE PLANS, DOCTORS & PROVIDERS TECHNICAL ASSISTANCE	GIVE CONSUMERS INFOR-MATION AND ASSISTANCE TO MAKE CHOICES	STRUCTURE COVERAGE AND PAYMENTS TO IMPROVE CARE	REWARD DESIRED PERFORM-ANCE	ESTABLISH & ENFORCE STANDARDS

Managed Care Plan Compare: Jan, 1999
Dialysis Facility Compare: Jan, 2001
Nursing Home Compare: 2002
Home Health Compare: 2003
Hospital Quality Initiatives: 2003/2004

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Home Health Quality Initiative

- Same 4 – prong effort:
  - Regulation and enforcement initiatives by State Survey Agencies & CMS
  - Improved consumer information on quality of care by home health agencies
  - Continual community based quality improvement programs for HHA
  - Collaboration / partnership to leverage knowledge & resources
- More info www.cms.hhs.gov/quality/hhqi

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HHQI Implementation

- April 2003 Phase I roll-out
  - New Home Health Compare website on www.medicare.gov
  - FL, MA, MO, SC, OR, WI, WV, NM
  - 11 quality measures
- National Rollout Fall 2003

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HHQI Quality Measures

- Derived from OASIS
- Subset of the Outcomes Based Quality Improvement (OBQI) measures currently being used by the industry and states
  - Recommended by the Agency for Healthcare Research and Quality
  - Future work planned with the National Quality Forum
- More info www.cms.hhs.gov/quality/hhqi

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HHQI Quality Measures

Patients who get better:

- Dressing
- Bathing
- Getting to and from toilet
- Walking or moving around
- Getting in and out of bed
- Taking oral medications correctly

Patients who had to be admitted to the hospital

Patients who had urgent, unplanned medical care

Patients whose ability to bathe doesn't get worse

Patients who are confused less often

Patients who have less pain when moving around

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OBQI Reports

- Report observed agency rates (not risk adjusted)
- Report pain measure on the descriptive outcome report (not risk adjusted)
- National average (reference) is individually risk adjusted to each outcome and each HHA based on case-mix and does not allow comparison between HHAs
- Previous year rate for the agency is risk adjusted for any change in case mix from one year to the next (available on OBQI report 4/2003)

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HHQI QMs

- Will be used on Home Health Compare & in ads
- Report risk adjusted rates (observed-predicted compared to national average)
- Static State and 8 state Phase I average (reference) to allow consumer comparison

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HHQI: Scope

GIVE CONSUMERS INFOR-MATION AND ASSISTANCE TO MAKE CHOICES

Agency-specific measures

- On www.medicare.gov
- In one-time newspaper ads
- Via 1-800-MEDICARE

www.medicare.gov

- All Medicare-certified HHA
  - » Demographic information
- Phase I States
  - » Quality measure data

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Home Health Compare

- Ability to search for facilities by
  - State
  - County
  - Zip code

- Data will indicate that at least one patient in that zip code received services within a given timeframe by the providers listed

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HHQI: Scope

GIVE PLANS, DOCTORS & PROVIDERS TECHNICAL ASSISTANCE

QIOs:

- Disseminate quality information to consumers
- Serve as non-regulatory partners to nursing homes in facilitating quality improvement
- Confidential, privileged communication
- Help build changes into the systems in a facility
- Outcome-based Quality Improvement System (www.obqi.org)

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HHQI: Scope

ESTABLISH & ENFORCE STANDARDS

State Survey Agencies

continue their work

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HHQI: Scope

PROMOTE OR CREATE COLLABORA -TIONS AND PARTNER-SHIPS

Our stakeholders and partners include:

- American Association for Home Care, AHA, VNA, National Association for Home Care, American Association of Homes & Services to the Aging, AARP, AFL-CIO, State agencies, home health agencies, QIOs, and others

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Thank you

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