



Quality of Patient Care Star Ratings
Technical Expert Panel Meeting Notes
Hilton Garden Inn BWI Airport, 1516 Aero Drive, Linthicum, MD 21090
May 2-3, 2016

Technical Expert Panel Members

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OASIS QMs Team: Betty Fout, Sara Galantowicz, Patricia Rowan, Anisha Illa, Terry Moore, Linda Krulish, Marian Essey, David Hittle, Eugene Nuccio

Federal observers: Alan Levitt, Michelle Brazil, Mary Pratt, Israel Cross

TEP Objectives and Goals

- Make recommendations for revising the Home Health Quality of Patient Care (QoPC) Star Rating, including changes to the way ratings are calculated as well as the data sources included in the rating methodology.
- Make recommendations for additional analyses to support ongoing maintenance and improvement of the Home Health QoPC Star Ratings, including longer term improvements to the rating methodology.

Home Health Star Rating Landscape

Summary of TEP Member Comments

TEP members discussed how patients who are not expected to improve are treated in the QoPC star rating methodology. TEP members raised a concern that the current methodology may not be adequately accounting for the diversity of home health patients, including those for whom improvement is not the goal, those who are transitioning to palliative care, and those with chronic disabilities.

Additionally, the TEP discussed the value of the star ratings for consumer choice. TEP members agreed that star ratings are important to help consumers and their family members choose a home health agency. However, some TEP members raised concerns about the nature of the current QoPC star rating including:

- There are not four- or five-star rated agencies in every market;
- Consumers may not fully understand the relative nature of the rating, and that a three-star rating indicates care in line with the majority of providers;
- Confusion between the QoPC star rating and the Patient Survey star rating, given the differences in methodologies;



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- Many patients select a home health provider based on a doctor's recommendation or a list provided by a hospital discharge planner, and may not get instruction on how to interpret the star ratings;
- Data lags may be challenging for consumers to comprehend since the time ranges of the different measures are different.

TEP Recommendations

- Explore adding data sources or quality measures that are not based on self-reported OASIS data, or consider weighting measures differently based on their data source
- Explore ways of capturing provider improvement or change in ratings on the website so that consumers have a better historical view of a provider's rating
- Explore new ways of presenting the information on Home Health Compare to make the information more accessible to consumers.
- Explore whether the risk adjustment algorithm is behaving appropriately given the transition to ICD-10 in October 2015
- Explore the addition of resource-use measures in the QoPC star rating methodology when these measures are available
- Apply the HHCAHPs clustering algorithm used in the Patient Survey star rating methodology to the QoPC methodology and examine correlation between the two ratings

Methodology for Calculating Quality of Patient Care Star Ratings

Summary of TEP Member Comments

TEP members raised concerns about the inclusion of the flu vaccine measure in the QoPC star rating methodology, citing cultural elements and varying state regulations as barriers for home health providers to provide the flu vaccine.

TEP members agreed that the use of half stars is meaningful for consumers when selecting a home health agency. The addition of half stars was incorporated during the development of the rating methodology based on stakeholder feedback.

The TEP discussed the QoPC Provider Preview reports, and discussed ways to make the reports clearer and more useful to providers. There was widespread agreement that the reports could be leveraged as quality improvement tools to help providers prioritize their QI efforts based on their agency's data.

TEP Recommendations

- Examine the impact of changing the p-value used to determine if a rating is adjusted for assessing statistical significance



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- Consider the option of a rotating quality measure included in the rating methodology to guard against data manipulation
- Explore adding more 'plain-language' explanations of the information on the Provider Preview reports to make information clearer to providers
- Continue to monitor the number of suppression requests, tracking how many requests are granted. Given the low incidence of granted suppression requests, in the future the need for this option could be eliminated in order to decrease the data lag
- Use the Provider Preview reports as an educational/quality improvement tool.
- Evaluate the face validity of the QoPC star ratings by comparing other sources of home health quality against the star ratings, or conducting independent site visits to evaluate quality.
- Explore ways of improving the search capability of Home Health Compare so that consumers can search for providers based on their specific needs (i.e. post-surgical, chronic conditions, orthopedic)
- Consider normalizing measures or ratings by relevant subgroups, instead of nationally. This might include defining or examining Medicare fee-for-service episodes apart from Medicaid or Medicare Advantage episodes

Performance Patterns and Trends after 1 year

Summary of TEP Member Comments

In responding to analyses of the performance of the QoPC Star Ratings over the first year, TEP members had the following comments:

- A home health agency's payer mix seems to be driving their performance on the star ratings. Patients who are the easiest to manage are reimbursed at the highest Medicare FFS rates.
- The analyses reveal that providers who care for patient populations that are harder to treat generally have lower ratings. The TEP was concerned that this may create a disincentive for providers to care for these populations.
- The TEP agreed that it is important to avoid increasing the burden of data collection on data providers when exploring ways of improving the QoPC star rating methodology.

TEP Recommendations

- The TEP suggested looking at the relationship between number of agencies and where patient populations are, and reexamining these relationships using patient location instead of agency location.
- It would be interesting to look at how these relationships would change if you calculated the rating without the hospitalization measure to determine how the most volatile measure is affecting relationships.
- Explore ways of identifying patient populations, such as those receiving palliative care or those with chronic disabilities, within the QoPC star rating methodology. One way to identify palliative care



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patients by looking for patients who have a hospice claim immediately preceded by a home health payment episode.

- Conduct analyses of the performance of the star rating methodology based on ownership, by market using patient instead of provider zip code and episode admission source (i.e. post-acute versus community entrant).

Improvements under Consideration

Summary of TEP Member Comments

- The TEP discussed the best ways of identifying patients for whom maintenance is an appropriate goal, versus improvement. There was agreement that for some patients, maintenance is an appropriate goal and something that may be useful for consumers when selecting a provider
- General TEP agreement that home health agencies are not the right stakeholder to be held accountable for vaccination. Shared responsibility that all players in health care should work toward, and difficult state regulations that restrict home health agencies to provide the vaccination.
- The TEP discussed the measures reported on Home Health Compare and discussed potential measures that could be added to the QoPC rating methodology. There was consensus that there were few good candidates for other measures currently reported on HHC that could be incorporated into the rating methodology.
- The TEP discussed the IMPACT Act and other payment and care delivery reform initiatives underway that affect the home health setting, such as Value-Based Purchasing and the Quality Reporting Program. There was agreement that new measures coming out of the IMPACT Act would be beneficial for inclusion in the QoPC star rating methodology.
- The TEP discussed the importance of data validation, and the challenge presented using self-reported OASIS data collected by such a large number of individual data collections in the home health setting. The “one clinician” rule was also discussed as a barrier in this setting.
- The TEP also discussed the functionality of the Home Health Compare site, and had recommendations for modifications.

TEP Recommendations

- The TEP was in favor of exploring the development and addition of maintenance measures, but cautioned against assuming that for some group of patients improvement is, a priori, not possible. Without an a priori standard for how to identify patients that are candidates for improvement vs. maintenance, Abt will do more analysis and reconvene the TEP for a teleconference to discuss this further. The TEP recommended that episode length of greater than 90 days be used as a proxy for patients with chronic conditions for whom maintenance might be an appropriate goal.
- Remove the flu vaccine measure from the QoPC rating methodology
- Consider adding the ED Use without Hospitalization measure or the Improvement in Oral Medication Management measure in the QoPC rating methodology



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- To the extent possible, any new measures that are incorporated into the QoPC rating methodology should be aligned across other initiatives such as Home Health Value-Based Purchasing or the Quality Reporting Program
- To improve the functionality of the Home Health Compare website, consider:
 - Allowing for comparison of more than three agencies at a time
 - Allowing consumers to search/sort based on star ratings
 - Clarify the meaning of the QoPC star rating
 - Allow consumers to search/sort based on categories of interest (i.e. post-surgical, dementia, caregiving issues)

The Future of Home Health Quality of Care Star Ratings

Summary of TEP Member Comments

The TEP discussion focused on the two separate star ratings that currently appear on Home Health Compare. TEP members asked questions about the Patient Survey star rating methodology, and the variation in the distribution of the Patient Survey star ratings in the first two quarters of public reporting. TEP members raised concerns that the differences in methodology between QoPC and Patient Survey star ratings were not sufficiently clear to users of the Home Health Compare site.

TEP Recommendations

- Utilize best practices from the Medicare Plan Finder star ratings to improve the user experience on Home Health Compare
- TEP members recommended against combining the QoPC and Patient Survey star ratings, but rather focus effort to clarify the differences to consumers
- Explore adding some dimension of historical performance of an agency on the star ratings to Home Health Compare so consumers can see how a provider has trended over the past year
- Add a short video or other resources to guide consumer use of the different star ratings
- TEP members recommended that quality measures and other incentives be aligned across various home health quality and payment initiatives, and that information across initiatives all be shared in one place