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EXPANDED HOME HEALTH VALUE-BASED PURCHASING (HHVBP) MODEL

Quality Measure Category-Focused Performance Improvement



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Introduction

The expanded Home Health Value-Based Purchasing (HHVBP) Model incentivizes Medicare-certified home health agencies (HHAs) to improve performance and maintain high performance on 12 quality measures. For reporting purposes, these measures are grouped into three (3) categories, based on their data source and the population of patients included.

- **OASIS-based Measures:** calculated using data collected in the Outcome and Assessment Information Set (OASIS) submitted by HHAs for Medicare and Medicaid patients (including Medicare Advantage and Medicaid managed care).
- **Claims-based Measures:** outcome measures calculated using Medicare fee-for-service claims data. The claims-based measures evaluate the rate of utilization of specific services that may indicate quality of care concerns within the HHA.
- **HHCAHPS Survey-based Measures:** data from the Home Health Consumer Assessment of Healthcare Providers and System® (HHCAHPS) survey; includes the payers of Medicare and Medicaid (including Medicare Advantage and Medicaid managed care).

The expanded HHVBP Model Technical Assistance team conducted a correlation analysis of performance, improvement, and achievement on these quality measures across HHAs nationally. The results of this analysis suggest that performance on measures within categories may share common “drivers” and that the drivers that influence performance may be different for the different measure categories (see [Appendix](#) for more details). That is, for many HHAs, improving performance, or maintaining exceptional performance, may be more a matter of identifying and addressing drivers that are specific to a measure category rather than targeting individual measure performance.

What are drivers of quality performance?

“Drivers” are key activities that help an organization achieve its core objectives related to patient care and quality outcomes. Examples include:

- Staff training
- Patient assessment
- Care plan development
- Monitoring patient progress and clinical status
- Patient engagement
- Care plan execution
- Caregiver engagement and support, and
- Discharge planning

This resource outlines a simple procedure HHAs can use to 1) profile their own performance by measure category using the expanded HHVBP Model performance reports, 2) assess opportunities for improvement, and 3) identify potential drivers of quality performance. Results from this self-assessment can inform planning and targeting improvement initiatives.

Quick Start Guide

- This is an easy-to-use self-assessment and performance improvement planning tool that can supplement HHA quality improvement planning efforts.
- Completing this self-assessment should take no more than 20 minutes.
- The self-assessment involves a two-step process:
 1. **Performance Profile:** Record results from expanded HHVBP Model performance reports (e.g., Interim Performance Report (IPR), Annual Performance Report (APR)) using the form provided in the Performance Profile Table (Exhibit 1). This step can occur in advance of a quality improvement team meeting.
 2. **Assessment:** Using the form completed in Step 1, assess performance by measure category.

Measure Category Self-Assessment Worksheet

This worksheet provides details on each step in the two-step assessment process. An example of how to complete the self-assessment process using this worksheet is available in the section, [Measure Category Self-Assessment – Example \(p. 6\)](#).

Step 1. Performance Profile

To summarize your agency's current performance, follow the instructions below:

1. Open your most recent IPR or APR and refer to the column labeled "Your HHA's Percentile Ranking Within Your HHA's Cohort" in the Care Points tab.
2. For each measure, record the result shown in the "Your HHA's Percentile Ranking Within Your HHA's Cohort" column by marking an "X" in the **Performance Profile Table (Exhibit 1)**. For example, if your IPR says you are ≥ 75 for Discharged to Community, place an "X" in the corresponding column of the Performance Profile Table for that measure.
3. For the OASIS-based and HHCAHPS Survey-based categories, indicate the average or typical performance with an "X" in the grey row (this does not need to be exact).
4. Note that, unlike the measures in other categories, analysis of HHA performance and improvement in national samples suggests that the two (2) claims-based measures may have different drivers. These measures are analyzed separately; no average or typical performance is recorded for this category.
5. Leave blank if the measure or category is not reported.

Exhibit 1. Performance Profile Table

Categories and Measures	Your HHA's Percentile Ranking Within Your HHA's Cohort (Located in Care Points Tab on IPR or APR)			
	<25	25-49	50-74	≥ 75
OASIS-based Measures				
Discharged to Community				
Improvement in Dyspnea				
Improvement in Management of Oral Medications				
Total Normalized Composite (TNC) Change in Mobility				
Total Normalized Composite (TNC) Change in Self-Care				
Claims-based Measures (analyzed separately)				
Acute Care Hospitalizations				
Emergency Department Use Without Hospitalization				
HHCAHPS Survey-based Measure Components				
Care of Patients				
Communications Between Providers and Patients				
Specific Care Issues				
Overall Rating of Home Health Care				
Willingness to Recommend the Agency				

Step 2. Performance Assessment

To assess your agency's measure category performance, follow the instructions below:

1. Complete the **Performance Assessment Table (Exhibit 2)** based on the completed Performance Profile Table (Exhibit 1). Record an assessment of your HHA's performance based on the following categories:
 - **Category-focused opportunity for improvement** – Place an “X” here if your HHA's average or typical performance for the category fall within either the “<25” or the “25-49” columns. This indicates an assessment that your HHA's performance for the category is generally below that of other HHAs in your cohort. If the assessment identifies a category-focused opportunity for improvement, refer to the [Appendix](#) for potential performance drivers.
 - *Note that the category-focused opportunity for improvement assessment does not apply to the claims-based measures.*
 - **Measure-focused opportunity for improvement** –
 - **For the OASIS or HHCAHPS categories:** if your HHA's performance for a *specific measure* within the category is two (2) quartiles lower than the average or typical performance for the category, record the measure name in this column. For example, if a measure's performance falls within the “<25” column and the average or typical performance for the category falls within either the “50-74” or “≥75” columns, the measure name would be recorded in the measure-focused opportunity for improvement column. This indicates an assessment that your HHA's performance for a specific measure is distinctly lower than typical performance for that category. If your assessment identifies a measure-focused opportunity for improvement, teams may consider measure-focused improvement efforts.¹
 - **For the claims-based measures** (Acute Care Hospitalizations and Emergency Department Use Without Hospitalization): Record the measure name in this column if your HHA's performance for the measure falls within either the “<25” or the “25-49” columns. This indicates an assessment that your HHA's performance for these measures is below other HHAs in your cohort. If your assessment identifies a measure-focused opportunity for improvement for either claims-based measure, refer to the [Appendix](#) for potential performance drivers.
 - **Performance at or above targets, monitor** – Place an “X” here if your HHA's performance for the *measure category* (for the OASIS and HHCAHPS categories) or *measure* (for the claims-based measures) falls within the “50-74” or “≥75” columns. This indicates an assessment that your HHA has consistent high performance across measures within the category compared to other HHAs in your cohort.

¹ See, for example: [How to use Existing Quality Assurance and Performance Improvement \(QAPI\) Processes to Support Improvement in the Expanded HHVBP Model](#).

Exhibit 2. Performance Assessment Table

Categories, Measures	Category-focused opportunity for improvement	Measure-focused opportunity for improvement	Performance at or above targets, monitor
OASIS-based Measures			
Acute Care Hospitalizations			
Emergency Department Use Without Hospitalization			
HHCAHPS Survey-based Measure Components			

Measure Category Self-Assessment - Example

This section provides an illustrative example of how an HHA might complete the Measure Category Self-Assessment Worksheet based on data from the sample Annual Performance Report.²

Step 1. Performance Profile

Exhibit 4 presents information from the sample APR Care Points tab. The results from the “Your HHA’s Percentile Ranking Within Your HHA’s Cohort [b]” column are recorded in the Performance Profile Table (**Exhibit 5**). Self-assessment for the OASIS and HHCAHPS categories is based on average or typical results for measures within the category. For example, because three (3) out of the five (5) OASIS-based measures fell in the ≥75th percentile, this HHA marked an “X” in the ≥75th column for the measure category overall. Note that there is no “X” for the claims-based measure category because Acute Care Hospitalizations and Emergency Department Use Without Hospitalization may have different drivers and are analyzed separately.

Exhibit 4. APR Care Points Tab

Measure	Sufficient Data for Measure Inclusion?	Your HHA's Achievement Points	Your HHA's Improvement Points	Your HHA's Care Points [a]	Your HHA's Percentile Ranking Within Your HHA's Cohort [b]
OASIS-based Measures					
Discharged to Community	Yes	6.561	5.588	6.561	≥75
Improvement in Dyspnea	Yes	4.373	3.937	4.373	50-74
Improvement in Management of Oral Medications	Yes	3.242	4.037	4.037	50-74
Total Normalized Composite (TNC) Change in Mobility	Yes	6.214	4.585	6.214	≥75
Total Normalized Composite (TNC) Change in Self-Care	Yes	5.977	4.468	5.977	≥75
Claims-based Measures					
Acute Care Hospitalizations	Yes	1.251	0.715	1.251	25-49
Emergency Department Use Without Hospitalization	Yes	0.000	0.000	0.000	<25
HHCAHPS Survey-based Measure Components					
Care of Patients	Yes	0.000	0.000	0.000	<25
Communications Between Providers and Patients	Yes	0.000	1.192	1.192	25-49
Specific Care Issues	Yes	0.000	0.000	0.000	<25
Overall Rating of Home Health Care	Yes	0.000	0.000	0.000	<25
Willingness to Recommend the Agency	Yes	0.000	0.020	0.020	25-49

² HHAs can access the sample Interim Performance Report (IPR) and sample Annual Performance Report (APR) on iQIES. Instructions to access these reports are available [here](#).

Exhibit 5. Completed Performance Profile Table (Sample APR Example)

Categories and Measures	Your HHA's Percentile Ranking Within Your HHA's Cohort (Located in Care Points Tab on IPR or APR)			
	<25	25-49	50-74	≥75
OASIS-based Measures				<i>X</i>
Discharged to Community				<i>X</i>
Improvement in Dyspnea			<i>X</i>	
Improvement in Management of Oral Medications			<i>X</i>	
Total Normalized Composite (TNC) Change in Mobility				<i>X</i>
Total Normalized Composite (TNC) Change in Self-Care				<i>X</i>
Claims-based Measures (analyzed separately)				
Acute Care Hospitalizations		<i>X</i>		
Emergency Department Use Without Hospitalization	<i>X</i>			
HHCAHPS Survey-based Measure Components	<i>X</i>			
Care of Patients	<i>X</i>			
Communications Between Providers and Patients		<i>X</i>		
Specific Care Issues	<i>X</i>			
Overall Rating of Home Health Care	<i>X</i>			
Willingness to Recommend the Agency		<i>X</i>		

Step 2. Performance Assessment

Using the results from the completed Performance Profile Table (**Exhibit 5**), summarize your performance in the Performance Assessment Table below (**Exhibit 6**).

Exhibit 6. Completed Performance Assessment Table (Sample APR Example)

Categories, Measures	Category-focused opportunity for improvement	Measure-focused opportunity for improvement	Performance at or above targets, monitor
OASIS-based Measures			X
Acute Care Hospitalizations		<i>Acute Care Hospitalizations</i>	
Emergency Department Use Without Hospitalization		<i>Emergency Department Use Without Hospitalization</i>	
HHCAHPS Survey-based Measure Components	X		

- OASIS-based Measures:** because the HHA's performance in this category is generally top quartile performance (≥ 75) in the Performance Profile Table, they placed an "X" under "Performance at or above targets, monitor" column in the Performance Assessment Table. The HHA should monitor performance to ensure sustained gains.
- Acute Care Hospitalizations (ACH):** because the HHA's performance is in the "25-49" column in the Performance Profile Table, they recorded the measure name under "Measure-focused opportunity for improvement" in the Performance Assessment Table.
- Emergency Department Use:** because the HHA's performance is in the "<25" column in the Performance Profile Table, they recorded the measure name under "Measure-focused opportunity for improvement" in the Performance Assessment Table.
- HHCAHPS Survey-based Measure Components:** because the HHA's performance is in the "<25" column in the Performance Profile table, they placed an "X" under "Category-focused opportunity for improvement" in the Performance Assessment Table.

For each measure an HHA prioritizes for improvement efforts, they can identify potential measure drivers in the [Appendix](#).

Potential Performance Drivers for Categories and Measures

The following table describes potential performance drivers for each category and for the claims-based specific measures (since these are analyzed separately and not by category). The notes on potential drivers can provide your HHA insight on areas to focus your quality improvement efforts, based on the results of your performance assessment.

Category	Notes and Potential Performance Drivers
OASIS-based measures	Performance on the OASIS-based measure category broadly reflects fundamental home health processes for the treatment of illness or injury, care that helps patients get better and regain independence, and helps patients maintain or slow the decline in function. Analysis of HHA-level performance and improvement in large national samples shows that OASIS-based measures are correlated with each other – but not with measures in other categories. If the performance profile shows an OASIS-based measure category-focused opportunity for improvement, HHAs may consider review of their care practices, staff competencies, and quality assessment and performance improvement requirements outlined in the home health Conditions of Participation. Review can also consider potential high-leverage drivers, specific to this category. Assessment – OASIS-based measures are particularly sensitive to the completeness and accuracy of the patient assessment. Beyond its use in establishing a plan of care, assessment impacts quality measurement itself. For OASIS-based measures, assessment is used for risk-adjustment, to establish the patient’s start-of-care/resumption-of-care status, and as the end-of-care outcome. A potential performance driver in this measure category is: • <i>Assessment based on direct observation, rather than relying only on patient self-report.</i> Care Plan – Even with the consistent and diligent application of patient-centered care planning practices, it can be difficult to anticipate how an individual patient will respond to home health services provided. A potential performance driver in this measure category is: • <i>The care team monitors patient progress toward goals and ensures a prompt response to indications of lack of progress.</i> Discharge Planning – A potential performance driver in the OASIS-based measure category is: • <i>Ensure appropriate discharge – especially that the measurable outcomes and goals set forth in the plan of care have been achieved and that the patient no longer needs home health services.</i>

Category	Notes and Potential Performance Drivers
Claims-based measure – Acute Care Hospitalization (ACH)	Performance on the ACH measure reflects the effectiveness of an HHA’s practices related to preventing decline in the patient’s clinical status, monitoring clinical status to detect changes, and intervening in a timely manner – before the patient reaches a state where hospitalization is necessary. Analysis of HHA-level performance and improvement in large national samples shows that ACH performance is uncorrelated with the OASIS-based measure category. That is, it is not unusual for HHAs to perform well on the OASIS-based measure category, but struggle with ACH performance. This suggests that ACH performance may be sensitive to different drivers than those that influence performance for the OASIS-based measure category. If the performance profile shows good or acceptable performance in the OASIS-based measure category and a measure-specific opportunity for improvement with ACH, HHAs may consider review of potential high-leverage drivers, specific to this measure. Assessment – Note that risk-adjustment and outcome status for ACH measure is based on Medicare fee-for-service claims. ACH measurement itself is therefore less sensitive to assessment than measures in the OASIS-based category. The ACH outcome and HHA performance on this measure, however, may be sensitive to assessment-related performance drivers: • <i>Establish effective policy to guide clinical staff in the event there is a concern identified with a patient’s medication that should be reported to the physician. Monitor and support clinical staff in the application of the policy.</i> • <i>Monitor and support clinical staff review, assessment, and documentation of possible medication side effects and interactions.</i> • <i>Ensure comprehensive assessment. Make provisions to involve all appropriate disciplines, specific to patients’ needs, in assessment and care planning (this may require additional coordination with the physician on the scope and goals of the care plan).</i> Care Plan – Potential performance drivers for the ACH measure are: • <i>Establish a plan for monitoring the patient’s clinical status, appropriate for their risk. Note that, for many patients, early in the episode is a time of high risk – frontloading visits or other monitoring activities may be indicated.</i> • <i>Ensure a timely and appropriate response to signals of changes in clinical status. (Note that in some cases, decreased ACH has been associated with a slight increase in emergency department visit rates – which may be acceptable.)</i>

Category	Notes and Potential Performance Drivers
Claims-based measure – Emergency Department Use without Hospitalization (ED use)	Performance on the ED use measure reflects the effectiveness of an HHA’s practices related to preventing decline in the patient’s clinical status, monitoring clinical status to detect changes, and intervening in a timely manner – before the patient reaches a state where emergency department transfer is necessary. Analysis of HHA-level performance and improvement in large national samples shows that ED use performance is uncorrelated with ACH, the OASIS-based measure category, or the HHCAHPS survey-based measure components category. That is, it is not unusual for HHAs to perform well in other areas, including ACH, but struggle with ED use performance. There is even some indication that efforts to reduce ACH can sometimes increase ED use (although, because of the impact and cost of ACH, this may be an acceptable trade-off). Even though HHA-level ACH and ED use performance results are uncorrelated, as clinical outcomes, they are considered to share common drivers which are under HHA control or influence. These claims-based measures may also be sensitive to different external drivers. Because of the relatively low weight given to this measure (compared to ACH measure or the other measure categories) HHAs may want to prioritize performance improvement efforts in other areas before targeting ED use. If, however, the HHA’s performance profile shows good or acceptable performance in ACH and the other measure categories, and a measure-specific opportunity for improvement with ED use, HHAs may consider review of potential high-leverage drivers, specific to this measure. Assessment – Note that risk-adjustment and outcome status for ED use is based on Medicare fee-for-service claims. ED use measurement itself is therefore less sensitive to assessment than measures in the OASIS-based category. The ED use outcome and HHA performance on this measure, however, may be sensitive to assessment-related performance drivers: • <i>Establish effective policy to guide clinical staff in the event there is a concern identified with a patient’s medication that should be reported to the physician. Monitor and support clinical staff in the application of the policy.</i> • <i>Monitor and support clinical staff review, assessment, and documentation of possible medication side effects and interactions.</i> • <i>Ensure comprehensive assessment. Make provisions to involve all appropriate disciplines, specific to patients’ needs, in assessment and care planning (this may require additional coordination with the physician on the scope and goals of the care plan).</i> Care Plan – Potential performance drivers for ED use are: • <i>Establish a plan for monitoring the patient’s clinical status, appropriate for their risk. Note that, for many patients, early in the episode is a time of high risk – frontloading visits or other monitoring activities may be indicated.</i> • <i>Ensure a timely and appropriate response to signals of changes in clinical status.</i> ○ <i>If working on this driver, it is important not to delay needed emergency department transfers such that hospitalizations are increased.</i> ○ <i>This may involve improving communication and coordination with ordering physicians and other providers.</i> ○ <i>Develop plans and engage patients to promote appropriate and timely response to signals of changes in clinical status.</i>

Category	Notes and Potential Performance Drivers
HHCAHPS Survey-based measures	Performance on the HHCAHPS Survey-based category measures experience among survey respondents. Category results reflect the effectiveness of an HHA's practices in creating positive care experiences, as perceived by patients (or their proxies), enhancing recall of those experiences, and promoting survey participation. Analysis of HHA-level performance and improvement in large national samples shows that category measure components are highly intercorrelated, but uncorrelated with the OASIS-based measure category, ACH, or ED use. That is, it is not unusual for HHAs to perform well in other areas but struggle with the HHCAHPS measure category. This can be particularly frustrating to HHAs because patients may not consent to share their survey responses – so the HHA can never know who reported positive or negative experiences – or a patient can have a negative perceived experience associated with an otherwise apparently successful episode of care. If the performance profile shows good or acceptable performance in the OASIS-based or claims-based measure categories or if an HHA is planning changes in these other categories and wants to ensure that good performance is sustained in the HHCAHPS Survey-based measure category, an HHA may consider review of their care practices, staff competencies, and quality assessment and performance improvement requirements outlined in the Home Health Conditions of Participation – especially those standards related to: • Respect for persons and property, and • Communication between the HHA, patients, and other providers. Review can also consider potential high-leverage drivers, specific to this category. Assessment – Note that risk-adjustment and outcome status for the HHCAHPS survey-based measure category use is based only on HHCAHPS survey responses; OASIS assessment does not figure into HHCAHPS category measurement. The performance on this measure category, which is – the perceived experience of patients, however, may be sensitive to assessment-related performance drivers: • <i>Ensure that assessment identifies patient strengths in a manner that promotes patient engagement, demonstrates respect, is itself a positive care experience, and enhances the patient's sense of wellbeing.</i> Care Plan – Potential performance drivers for this measure category are: • <i>Establish practices to leverage and reinforce patient strengths throughout the episode of care.</i> • <i>Reinforce communications and enhance recall with brief written material.</i>

Additional resources about the expanded HHVBP Model are available on the are available on the [Expanded HHVBP Model webpage](#). Questions can be sent to the HHVBP Help Desk at HHVBPquestions@lewin.com.