Home Health Value-Based Purchasing

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Home Health Value-Based Purchasing: Essential Strategies for 2023

Charles M. Breznicky Jr., RN, MSN, MBA, HCS-D

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About SimiTree

- We believe the business of healthcare is all about balance. That success relies on equal parts clinical excellence and financial stability, as well as unity across operations, technology, and care teams.

- We've seen firsthand that when all these elements work together, quality improves. Costs and outcomes improve. The overall health of your organization improves.

- At SimiTree, balance is in our name and in everything we do. We align our teams, services, and approach with your challenges, to help raise care levels, realize revenue potential, and ensure a healthy bottom line.

Learning Goals

1. Identify the specific measures included in the HHVBP model

2. Examine the calculations for achievement and improvement scores

3. Explain how the Total Performance Score is calculated

4. Outline how to develop an outcome improvement plan

5. Explore strategies to improve each of the HHVBP measures

Chapter 1

Overview of HHVBP

Basics

- **Who:** all Medicare-certified agencies in all 50 states, DC, and territories

- **What:** agencies will receive payment adjustments of +/− 5% based on their outcomes

- **When:** 2023 is the first performance year; 2025 is the first payment adjustment year

- **How:** agencies receive points based on 12 metrics, which contribute to a Total Performance Score that is compared against other agencies in their cohort

Measures

Measure Type	Measure Name	Category	Measure	TPS
Claims Based	Acute Care Hospitalization	35%	75.00%	26.25%
	ED Use		25.00%	8.75%
OASIS Based	Dyspnea	35%	16.67%	5.83%
	Discharge to Community		16.67%	5.83%
	Management of Oral Medications		16.67%	5.83%
	TNC Self-Care		25.00%	8.75%
	TNC Mobility		25.00%	8.75%
HHCAHPS	Professional Care	30%	20.00%	6.00%
	Communication		20.00%	6.00%
	Team Discussion		20.00%	6.00%
	Overall Rating		20.00%	6.00%
	Willingness to Recommend		20.00%	6.00%

Measures (cont.)

The two Total Normalized Composite (TNC) Scores are below:

1. **Self-Care**
   - Grooming
   - Upper and lower body dressing
   - Bathing
   - Toilet hygiene
   - Eating

2. **Mobility**
   - Toilet transferring
   - Bed transferring
   - Ambulation

   – Patients who are fully independent (scored a zero) at SOC or ROC will be included in the TNC scores
     - If the patient declines, the patient earns a negative score

Measures (cont.)

TNC Change in Mobility			
	Ambulation	**Toilet Transferring**	**Bed Transferring**
Maximum Change	6	4	5
Patient A SOC score	3	1	2
Discharge score	0	1	0
Raw change	3	0	2
Normalized change	0.5	0.0	0.4
Sum of normalized change	**0.9**		
Patient B SOC score	3	0	2
Discharge score	1	1	1
Raw change	2	−1	1
Normalized change	0.33	−0.25	0.2
Sum of normalized change	**0.28**		

Summary

- All Medicare-certified agencies will receive a payment adjustment of +/− 5% in 2025 based on their performance in 12 measures in 2023

- **The 12 measures fall into three categories:**
    - Claims based
    - OASIS based
   - HHCAHPS survey based

Chapter 2

Scoring in HHVBP

Scoring

Achievement Threshold

The median or 50th percentile of HHAs' performance on each quality measure during baseline year. Calculated separately for large and small volume cohorts.
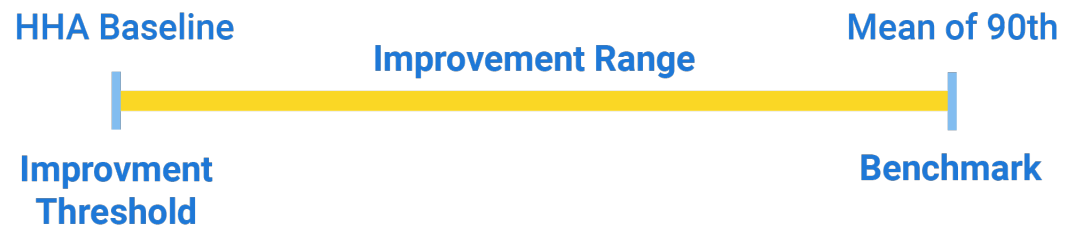
Improvement Threshold

An individual HHA's performance on a quality measure during the designated baseline year.

50th Percentile   **Achievement Range**   **Mean of 90th**

Achievement Threshold   **Benchmark**
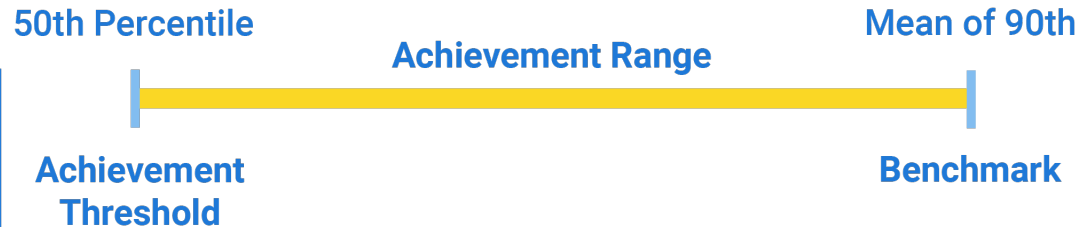
Benchmark

The mean of the top decile or 90th percentile of all HHAs performance scores on a quality measure during a baseline year. Calculated separately for large and small cohorts. Benchmark is used to calculate both the achievement and improvment scores.

HHA Baseline   **Improvement Range**   **Mean of 90th**

Improvment Threshold   **Benchmark**

https://innovation.cms.gov/media/document/hhvbp-exp-101webinar-slides

Scoring (cont.)

- Agencies receive a Total Performance Score (TPS) ranging from 1 to 100

- Performance scores are calculated using the higher of achievement or improvement scores for each measure

- Each agency gets a TPS score based on the weighted sum of the performance scores for each quality measure

Scoring (cont.)

$$Achievement\ Score = 10\ x \left(\frac{HHA\ Performance\ Score\ - Achievement\ Threshold}{Benchmark\ - Achievement\ Threshold} \right)$$

$$Improvement\ Score = 9\ x \left(\frac{HHA\ Performance\ Score\ - Improvement\ Threshold}{Benchmark\ - Improvement\ Threshold} \right)$$

Scoring (cont.)

Measure		Agency Score	Thresholds		Benchmark	Scores	
			Achievement	Improvement		Achievement	Improvement
OASIS-Based Measures	Management of Oral Meds	84.78%	73.580%	68.50%	93.361%	5.66	5.89
	Dyspnea	86.89%	82.042%	75.30%	96.651%	3.32	4.89
	Change in Self-Care	2.162	1.827	1.659	2.349	6.42	6.56
	Change in Mobility	0.754	0.656	0.655	0.862	4.76	4.30
	Discharged to Community	74.16%	71.992%	73.09%	83.429%	1.90	0.93
Claims-Based Measures	ED Use Without Hospitalization	8.54%	12.854%	9.02%	6.099%	6.39	1.48
	Acute Care Hospitalization	13.78%	15.058%	14.25%	8.976%	2.10	0.80
HHCAHPS Measures	Care of Patients	92.06%	88.948%	92.39%	94.372%	5.74	0.00
	Communication	88.80%	86.465%	90.51%	92.832%	3.67	0.00
	Specific Care Issues	91.18%	83.651%	90.41%	92.214%	8.79	3.84
	Overall Rating	88.23%	85.306%	89.50%	93.946%	3.38	0.00
	Willingness to Recommend	85.21%	79.876%	83.18%	90.890%	4.84	2.37

Scoring (cont.)

Measure		Agency Score	Scores		Agency Points	Measure Weights	Measure Points
			Achievement	Improvement			
OASIS-Based Measures	Management of Oral Meds	84.78%	5.89	5.66	5.89	5.83	3.44
	Dyspnea	86.89%	4.89	3.32	4.89	5.83	2.85
	Change in Self-care	2.162	6.56	6.42	6.56	8.75	5.74
	Change in Mobility	0.754	4.30	4.76	4.76	8.75	4.16
	Discharged to Community	74.16%	0.93	1.90	1.90	5.83	1.11
	Total						**17**
Claims-Based Measures	ED Use Without Hospitalization	8.54%	1.48	6.39	6.39	8.75	5.59
	Acute Care Hospitalization	13.78%	0.80	2.10	2.10	26.25	5.52
	Total						**11**
HHCAHPS Measures	Care of Patients	92.06%	0.00	5.74	5.74	6	3.44
	Communication	88.80%	0.00	3.67	3.67	6	2.20
	Specific Care Issues	91.18%	3.84	8.79	8.79	6	5.28
	Overall Rating	88.23%	0.00	3.38	3.38	6	2.03
	Willingness to Recommend	85.21%	2.37	4.84	4.84	6	2.91
	Total						**16**
Total Performance Score							**44**

Summary

- Achievement scores compare agencies against the national average in the baseline year

- Improvement scores compare agencies against their own scores in the baseline year

- Agencies will receive the higher of the achievement score or the improvement score, which is weighted and counts toward the Total Performance Score

Chapter 3

Developing the Plan

Gather and Benchmark Data

- Pull reports at least monthly, and trend VBP metrics using a dashboard

- Review scores over the past 12 months, especially focused on any negative trends over the past 3 to 6 months

- Identify the lowest-performing measures compared against national averages

Gather and Benchmark Data (cont.)

- Identify trends in how the OASIS is answered and the most common OASIS responses

- Determine which clinicians contribute to lower and higher outcomes scores

- Review survey data, especially the comments

Develop a Plan

- Create written plans for each outcome being addressed

- Specify who will be involved in the plan and their role

- Set dates and targets for completing steps of the project

- Share results and celebrate milestones

Evaluate Processes

- **OASIS review**
  - Ensure strong knowledge of OASIS guidance (certification is preferred)
  - Employ protocols that allow for collaboration

- **Hospitalization prevention**
  - High-risk patients should be identified, and all team members involved in the patient's care should be aware of their status
  - Communicate with referral sources to ensure accurate information is obtained at time of referral
  - What instruction is provided to patients on when to call the agency

Evaluate Processes (cont.)

- **Scheduling**
  - Missed visits should be rescheduled for the following day
  - Stagger visits so the patient is seen more often during the week

- **Customer Service**
  - How are phone calls handled?
  - What does patient follow-up look like?

Summary

- Review data at least monthly, looking for negative trends

- Compare data over the past 12 months to national averages

- Evaluate processes related to OASIS, patient care, and customer service

Chapter 4

Improving in HHVBP

Improving Hospitalizations and ED Use

- **Identify high-risk patients at SOC**

- **Patient characteristics may include**

  – Male

  – Black

  – History of hospitalization

  – Polypharmacy

  – Elevated depressive symptoms

  – Greater functional disability

  – Primary diagnoses of heart disease, COPD, skin wounds, or UTI

Improving Hospitalizations and ED Use (cont.)

- **Audit the records of hospitalized patients, looking for the following:**

  – Were abnormal symptoms present?

  – Was follow-up appropriate?

  – Is hospitalization risk accurate at SOC?

  – Summarize the data monthly, and develop plans to address poor findings

Improving Hospitalizations and ED Use (cont.)

- Establish scripts for clinicians to follow when calling physicians to ask them to evaluate patients in their offices

- Front-loading of nursing and therapy visits has been shown to reduce the chance of unplanned hospitalizations

- Use telehealth or remote patient monitoring

Improving OASIS Measures

- Provide initial, annual, and ongoing education to all staff who perform OASIS assessments

- Identify staff in need of further education, and develop individualized education to ensure accurate assessment and OASIS scoring

- Educate staff on the tasks included in and excluded from each item and OASIS guidance

Improving OASIS Measures (cont.)

- Encourage collaboration with other agency staff who have assessed the patient within five days of the SOC to determine the most accurate response to each item

- Ensure ongoing communication among field staff and with supervisors

- Review patient status prior to discharge

Improving HHCAHPS Scores

- Provide customer service training at least annually to all staff, especially those with frequent patient/caregiver contacts, such as scheduling, intake, and field staff
  - Develop education based on comments from previous surveys
  - Include key phrases from the HHCAHPS survey
  - Give all staff a copy of the HHCAHPS survey

Improving HHCAHPS Scores (cont.)

- Review common scenarios during education

  – Scheduling

  – Medication instruction

  – Pain management

  – Patient calls to the agency

Improving HHCAHPS Scores (cont.)

- Provide examples for staff to incorporate into their practice

- Summarize at the end of the visit what was reviewed or taught

- Use the teach-back approach

- Ask the patient/caregiver what they see as important goals and areas of focus

Improving HHCAHPS Scores (cont.)

- Keep patients/caregivers updated

- Get a callback number before transferring the patient/caregiver, and provide "warm" hand-offs

- Each hand-off is an opportunity to manage each other up

Improving HHCAHPS Scores (cont.)

Agencies are permitted to

- Inform all patients/family members about the survey

- Conduct quality improvement activities, including asking patients/family members questions to promote well-being

Agencies are NOT permitted to

- Ask any HHCAHPS survey-like questions or use HHCAHPS survey-like response categories

- Attempt to influence caregivers to answer questions in a particular way

- Offer incentives of any kind

Summary

- Identify your high-risk patients, and develop plans to reduce their risk of hospitalization

- To craft strategies to reduce hospitalizations, determine why patients are going to the hospital

- Educate staff on OASIS, collaboration, and customer service

- Review common scenarios faced by staff