

Medicare QIOs and Home Health

Overview

The QIO Program 9th Statement of Work (SOW) offers a number of opportunities for home health agency quality improvement. This SOW is significantly different from past QIO SOWs. Rather than outlining tasks by provider type, it takes a beneficiary-centered approach and each Theme in the SOW addresses a variety of provider types. QIOs will have the opportunity to support or partner with home health agencies through all four of the Themes.

Opportunity for Quality Improvement

CMS will continue to support the Home Health Quality Improvement (HHQI) National Campaign in the 9th SOW. In addition to focusing on the reduction of unnecessary acute-care hospitalizations (ACHs), the campaign may look at other improvement measures and may work to collaborate with hospitals and physicians' offices. CMS anticipates that support structures such as the HHQI National Campaign Web site and the Setting Targets–Achieving Results (STAR) Web site will continue.

QIO Activities

Under the **Beneficiary Protection Theme**, QIOs will work with home health agencies on quality improvement through beneficiary complaints and appeals of termination of services (BIPA and Grijalva reviews). Medicare law mandates that QIOs review all beneficiary complaints about the quality of services that are billed under Medicare. QIOs review beneficiary-initiated appeals generated in all settings of care, including home health. To the extent that case review activity indicates a need, home health agencies will be eligible for quality improvement activities.

CMS expects that home health patients will be included in QIO activities related to prescription drug safety measures under the **Patient Safety Theme**.

The clinical focus of the **Prevention Theme's** sub-national chronic kidney disease task is to improve the detection of chronic kidney disease and prevention of end-stage renal disease. QIOs that are assigned to work on this Theme may direct efforts toward any provider, including home health agencies, that provides care to these beneficiaries.

The goal under the sub-national **Care Transitions Theme** is to reduce unnecessary re-hospitalizations of patients through sound transitional and care coordination practices in selected communities in each participating state or jurisdiction. Home health agencies could be included in these networks of care with those QIOs that compete successfully for funding to work on this task.

Other CMS Efforts to Improve Home Health Quality

In addition to the QIO work mentioned above, CMS is working on several other projects in other areas of the CMS Quality Program that will help improve home health quality of care, including:

- Implementation of a pressure ulcer risk assessment process measure, scheduled for late 2009 or early 2010.
- Inclusion of best practice process measures in OASIS C to support evidence-based care, with a proposed implementation timeframe of late 2009 or early 2010.
- Development and implementation of influenza and pneumonia measures for home health, with a proposed implementation timeframe of late 2009 or early 2010.
- Development and implementation of emergent care measures for hyper/hypoglycemia and improper medication administration and side effects, with a proposed implementation timeframe of late 2009 or early 2010.
- Development and implementation of a home health patient experience of care survey for a Consumer Assessment of Healthcare Providers and Systems by January 2011.

Resources

Medicare QIO Program: www.cms.hhs.gov/QualityImprovementOrgs/

Home Health Quality Improvement National Campaign: www.homehealthquality.org/hh/

MedQIC: www.medqic.org (click on "Home Health")

The Medicare QIO Program

Under the direction of the Centers for Medicare & Medicaid Services (CMS), the Quality Improvement Organization (QIO) Program consists of a national network of 53 QIOs, responsible for each U.S. state, territory, and the District of Columbia. QIOs work with healthcare providers, consumers and stakeholder groups to refine care delivery systems to make sure patients get the right care at the right time, particularly patients from underserved populations. QIOs operate under three-year contracts with CMS, known as Statements of Work (SOWs), the next of which will begin in August 2008 and continue through July 2011.

For more information:

www.cms.hhs.gov/

QualityImprovementOrgs/