

# Achieving Five Star Quality In Home Care & MLTC



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# Session Overview & Goals

Part I - CMS Star Ratings for Home Care  
(Sara Butterfield)

Part II - DOH Ratings for MLTC Quality and Performance  
(Amy Bowerman & Dianna D'Amico)

Part III - Home Care and MLTC Alignment  
(Sara Butterfield)

Part IV - Best Practices and Recommendations, including Policy  
(Amy Bowerman & Dianna D'Amico, with input invited  
from all attendees )

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# Session Overview & Goals

This session focuses on the *imperative* of quality focus and alignment in care, coverage, value

Critical to:

- Patient
- Agency
- Managed Care Plan
- All of the reform Models and Goals (outcomes, efficiency ...)
- Market

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# Session Overview & Goals

Quality is a core element of all federal and state reforms, industry directions, consumer expectations

Critical within:

- Managed care, DSRIP/PPS, VBP, ACO, PCMH, CAHPS, integrated systems, et al

Quality ***alignment*** of providers and plans is vital generally, and especially in these integrated models

Collaboration is key!

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# Session Overview & Goals

After the parts I - III background discussion, a major goal of this session will be to focus on best practices for Five Star Quality.

The session will both identify, and actively engage **YOUR** input in compiling, best practices and recommendations for Five Star.

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# I - CMS Star Ratings for Home Care

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# I - CMS Star Ratings for Home Care

Home Care	MLTC	
Timely Initiation of Care		
Drug Education on all Medications Provided to Patient/Caregiver		
Influenza Immunization Received for Current Flu Season		
Improvement in Ambulation		
Improvement in Bed Transferring		
Improvement in Bathing		
Improvement in Pain Interfering With Activity		
Improvement in Shortness of Breath		
Acute Care Hospitalization		

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# CMS Star Ratings for Home Care

Ratings first published on Home Health Compare in July 2015 (Quality) and January 2016 (Patient Survey).

Two types

- ***Quality of Patient Care Star Rating***  
Based on OASIS assessments and Medicare claims data
- ***Patient Survey Star Rating***  
Based on the patient experience of care measures.

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# I - CMS Star Ratings for Home Care

## Star Rating Measures

- Methodology includes 9 of 24 current process and outcome quality measures; chosen based on:
  - The measure should apply to a substantial proportion of home health patients and have sufficient data to report for a majority of home health agencies.
  - The measure should show a reasonable amount of variation among home health agencies and it should be possible for a home health agency to show improvement in performance.
  - The measure should have high face validity and clinical relevance.
  - The measure should be stable and not show substantial random variation over time.

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# I - CMS Star Ratings for Home Care

The nine measures are:

## Process Measures:

1. Timely Initiation of Care
2. Drug Education on all Medications Provided to Patient/Caregiver
3. Influenza Immunization Received for Current Flu Season

## Outcome Measures:

4. Improvement in Ambulation
5. Improvement in Bed Transferring
6. Improvement in Bathing
7. Improvement in Pain Interfering With Activity
8. Improvement in Shortness of Breath
9. Acute Care Hospitalization

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# I - CMS Star Ratings for Home Care



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# I - CMS Star Ratings for Home Care

## Star Rating Provider Preview Reports

- Quality of Patient Care Star Ratings and rating calculations for each agency are previewed to each agency approximately 3.5 months before published on Home Health Compare.
- Agencies have several weeks to review and, submit evidence of inaccurate or incomplete data affecting their star rating.

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## II - DOH Ratings for MLTC Quality

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# II - DOH Ratings for MLTC Quality

Home Care	MLTC
	Aide timeliness
	Assist patients/families with illness management:
	Influenza Immunization
	Nursing Facility Level of Care Score - Stable or improved
	Pain control and Pain Intensity (stability or improvement)
	Shortness of Breath (stability or improvement)
	Avoidable hospitalizations
	Urinary Incontinence is stable or improved
	Falls
	Loneliness/Distress
	Aide quality rated good or excellent
	Health plan rated good or excellent
	Care manager/case manager rated good or excellent
	Patient involved in Decision Making
	Discussed advanced directives
	Compliance metrics - Five (see next slide for description)



# II - DOH Ratings for MLTC Quality

## 2017 DOH MLTC Quality Incentive Methodology

Four components

Component	# Measures	Points	Point Assignment Method
Quality	10	50	percentile rank
Satisfaction	6	30	significance test
Compliance	5	10	yes/no
Efficiency	1	10	significance test

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# II - DOH Ratings for MLTC Quality

Calculated using 1) Uniform Assessment System (UAS) Community Health Assessments (CHA) Jan-June 2017; 2) Biennial Member Satisfaction Survey 2017

1. **ER** - Risk-adjusted percentage (RAP) of members who did not have an emergency visit in the last 90 days
2. **Falls** - RAP of members who did not have falls that required medical intervention in the last 90 days
3. **Pain Control** - RAP of members who did not experience uncontrolled pain
4. **Loneliness/Distress** - Risk-adjusted percentage of members who were not lonely or not distressed
5. **Immunization** - Percentage of members who received an influenza vaccination in the last year

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## II - DOH Ratings for MLTC Quality

- 6. Advance Directives** - Percentage of members who responded that a health plan representative talked to them about appointing someone to make decisions about their health if they are unable to do so
- 7. Pain Intensity** - Risk-adjusted percentage of members who remained stable or demonstrated improvement in pain intensity
- 8. Nursing Facility Level** - Risk-adjusted percentage of members who remained stable or demonstrated improvement in Nursing Facility Level of Care (NFLOC) score
- 9. Urinary Continence** - Risk-adjusted percentage of members who remained stable or demonstrated improvement in urinary continence
- 10. Dyspnea** - Risk-adjusted percentage of members who remained stable or demonstrated improvement in shortness of breath

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# II - DOH Ratings for MLTC Quality

## 2017 DOH Patient Satisfaction measures

1. **Plan Excellence** Risk-adjusted percentage of members who rated their managed long-term care plan as good or excellent
2. **Involved in Decision Making** - Risk-adjusted percentage of members who responded that they are usually or always involved in making decisions about their plan of care
3. **Aide Timeliness** - Risk-adjusted percentage of members who reported that within the last six months the home health aide/personal care aide/personal assistant services were usually or always on time

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## II - DOH Ratings for MLTC Quality

- 4. Help w/illness Management** Risk-adjusted percentage of members who rated the helpfulness of the plan in assisting them and their family to manage their illnesses as good or excellent
- 5. Care Management** - Risk-adjusted percentage of members who rated the quality of care manager/case manager services within the last six months as good or excellent
- 6. Aide Quality** Risk-adjusted percentage of members who rated the quality of home health aide/personal care aide/personal assistant services within the last six months as good or excellent

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# II - DOH Ratings for MLTC Quality

## 2017 DOH MLTC Compliance Measures

- Compliance on 5 measures of deficiency-free and timely report of data to DOH and complete and patient timely assessments (within a DOH-determined acceptable range)

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# II - DOH Ratings for MLTC Quality

## 2017 DOH MLTC Efficiency Measures - Potentially Avoidable Hospitalizations (PAH)

1. Hospitalization considered potentially avoidable if any one of the following conditions was the admitting diagnosis:
  - Heart failure
  - Respiratory infection
  - Electrolyte imbalance
  - Sepsis
  - Anemia
  - Urinary tract infection
2. Rate is the total number of PAH events divided by the total number of days members are enrolled in the MLTC plan.

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# III - Home Care and MLTC Alignment

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# III - Home Care and MLTC Alignment

Home Care	MLTC
Timely Initiation of Care →	Timeliness of Aide Care
Drug Education on all Medications Provided to Patient/Caregiver →	Assist patients/families with illness management:
Influenza Immunization Received for Current Flu Season →	Influenza Immunization
Improvement in Ambulation →	Nursing Facility Level of Care Score - Stable or improved
Improvement in Bed Transferring →	
Improvement in Bathing →	
Improvement in Pain Interfering With Activity →	Pain control and Pain Intensity (stability or improvement)
Improvement in Shortness of Breath →	Shortness of Breath (stability or improvement)
Acute Care Hospitalization →	Avoidable hospitalizations
	Urinary Incontinence is stable or improved
	Falls
	Loneliness/Distress
	Aide quality rated good or excellent
	Health plan rated good or excellent
	Care manager/case manager rated good or excellent
	Patient involved in Decision Making
	Discussed advanced directives
	Compliance metrics - Five metrics



# IV - Best Practices & Recommendations White Board

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# IV - Best Practices White Board

- Collaboration
- Communication
- Real time resolution strategies
- Use of technology
- Monitoring data
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# IV - Best Practices White Board

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# IV - Recommendations White Board

- Case coordination between stakeholders
- Cross training between stakeholders
- Intra- organizational participation
- Explore technology options for optimal member/patient outcomes
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# IV - Recommendations White Board

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# Questions?

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