

**Oklahoma Healthcare Quality Improvement
Advisory Committee**

**Hospital/Home Health Subcommittee
Report**

September 16, 2008

Subcommittee members:

Craig Jones, Chairman, Oklahoma Hospital Association
LaWanna Halstead, Oklahoma Hospital Association
Kent Towsley, Oklahoma Foundation for Medical Quality
Lisa Wynn, Oklahoma Foundation for Medical Quality
Tom Welin, Oklahoma State Department of Health
Vonnie Meritt, Oklahoma State Department of Health
Annette Bisel, Oklahoma Association for Home Care

The Hospital/Home Health Subcommittee reviewed the original AHRQ and Commonwealth data as well as updated data for the same measures. It was noted that 9 of the 10 home health measures have improved, although they all remain below the national average. However, the acute care hospitalization measure remains much worse than the national average. Because it is also a Commonwealth measure and can be related to hospitals readmissions, the subcommittee decided to focus on the acute care hospitalization measure.

The subcommittee also reviewed the original and updated hospital measures. The overall status of these measures remains basically unchanged, however some have improved and some have worsened.

See details about each community of practice below.

Hospitals:

The subcommittee reviewed updated data comparing measures from CY 2005, which are currently listed in the AHRQ report, with the most recent Hospital Compare data for 4 Qtr. 2006 through 3 Qtr. 2007: (see attached)

Summary: Of the 17 AHRQ measures Oklahoma performs:

- better than the national average on 7 measures
- worse than the national average on 8 measure
- average on 2 measures

This is basically the same as the latest AHRQ report.

There is concern because the QIO is not actively working on most of the indicators, however pay for performance will motivate the hospitals to improve.

Interventions:

- 1) Share Value Based Purchasing model with CEO's, CFO's, and QI staff. This model indicates the impact that VBP will have on a hospital. Call on September 26.
- 2) Reports of current quality data with comparison data sent to CEO's and QI staff.
- 3) Developing Oklahoma Quality Website that will be announced and promoted in the public.
- 4) Share data with the OHA Board of Trustees in October. Develop a plan of action with them.
- 5) Specifically focus on the AMI Beta Blocker indicators.

Home Health:

The subcommittee reviewed updated data comparing CY 2006, which are currently listed in the AHRQ report, with the most recent Home Health Compare data for CY 2007: (see attached)

Summary: All 10 measures have improved from the latest AHRQ report.

Of the 10 AHRQ measures Oklahoma performs:

- Worse than average on 7 measures
- Better than average on 3 measures

The poorest performing indicator is the Acute Care Admission measure. (National rate= 27% Oklahoma rate= 38%). This indicator also impacts Oklahoma negatively on the Commonwealth report.

The subcommittee discussed this extensively and has identified what it believes are several complicating factors:

- a. No incentive or disincentive at this time for neither the home health agencies to keep patients from going to the hospital, nor for the hospital to improve unnecessary admissions.
- b. No CON so there are a lot of agencies creating competition.
- c. A home health agency wants to keep the patient (and not discharge them) so they will not risk losing them to another agency.
- d. The Fiscal Intermediary (FI), Palmetto, approves recertifications based only on a doctor's order, thus having the longest LOS of any other FI.
- e. Considering the above, if a patient stays in home health for 120 days, they are likely to have an admission during that time, driving up the ACH percentage.
- f. OFMQ worked diligently on this topic for 3 years with little impact.
- g. There are state projects and funding to keep people at home and out of nursing homes. These patients use a high volume of home health services.

Actions taken and/or planned:

- 1) Invite Home Health Association Executive Director, Annette Bisel, to Subcommittee meetings.
- 2) Home Health Association to discuss the national reports and rankings at their September Board meeting.
- 3) Dr. Crutcher to raise awareness at Home Health Association Annual Conference on September 25.

- 4) Identify OHA Board members who also own a home health agency and meet with them to identify interventions. A conference call was held with the CEO and/or the director and staff of the hospital's Home Health agency. This meeting was held to introduce the topic and gather barriers and ideas. This group confirmed the above factors and added that they have been working on this measure for 2 years with very little success. They attribute much of their lack of success on physicians not being willing to work on this issue. The path of least resistance for the physician is to have the patient go to the hospital. Other reasons stated for the physician to admit the patient rather than treat in the community included logistics for the patient, liability for the physician, lack of communication between hospitalists and metro physicians and the community primary care doctor and an unwillingness of the on call doctor to interfere with the attending physician's plan.
- 5) Hospital staff did admit that they don't give feedback to doctors about their readmissions. This will be further investigated.
- 6) It was suggested that we stratify the data by for profit and not-for-profit agencies to see if there is a difference and if this is an area where we could focus.
- 7) OHA staff will sort the data as suggested above as well as by urban/rural and will consider a "survey" of the highest performers in both rural and urban. The subcommittee will be reconvened to discuss the content of this call and determine a further plan of action.