



EDUCATIONAL RESOURCES

Beyond Compliance: Quality and Excellence in Home Care

Michael Brown, MS, RN
MB Healthcare Consultants, LLC

 HOME CARE  HOME HEALTH



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Welcome

- Introduction – Setting the Groundwork
- Compliance Overview
- Defining Quality
- Design a Home Care Quality Program
- Benefits of a Home Care Quality Program
- Discussion on Value-Based Purchasing
- Wrap-Up and Questions

Compliance Overview



Compliance Overview

- **Both are crucial for maintaining high standards of care** – but serve different purposes.
- **Compliance** focuses on adhering to all applicable legal, regulatory, licensure, and other requirements.
- **QAPI** takes a broader approach by integrating QA and PI to enhance safety, quality, and client well-being.

Compliance Overview

Without proper compliance, agencies may experience:

- ✓ Potential impacts to reimbursement and revenues
- ✓ Potential payment recoupments
- ✓ Impacts on reputation and relationships with payors resulting in lower client referrals
- ✓ Potential fines or other sanctions
 - Think HIPAA and OSHA compliance requirements

Compliance Overview

- Alignment with Rules and Regulations.
 - Agency policies and procedures must be written with the goal of compliance with rules and regulations.
- Alignment with Accreditation Standards.
 - Accreditation Standards should be considered when developing policies, procedures and forms utilized in agency operations.
- Alignment with Contractual Requirements.
 - Agency policies and procedures must include any specific requirements called for in contracts with MCOs and other payors.

Standard HC6-1A



The Agency develops, implements, and maintains an effective, ongoing, organization wide Performance Improvement (PI) program.

The Agency measures, analyzes, and tracks quality indicators, including adverse client/patient events, and other aspects of performance that enable the Agency to assess processes of care, services, and operations.

Organizational-wide performance improvement efforts address priorities for improved quality of care/service and client/patient safety, and that all improvement actions are evaluated for effectiveness.

QAPI – Setting the Groundwork



QAPI – Setting the Groundwork

- The QAPI program is designed to:
 - Improve outcomes, service quality, and safety.
 - Reduce errors in client services and operational practices.
 - Improve Infection Control processes.
 - Ensure compliance with HIPAA requirements.
 - Ensure compliance with OSHA safety standards.
 - Reduce costs.
 - Improve outcomes.
 - Enhance performance-related reimbursement (VBP).

Defining Quality – World Health Organization

“Extent to which the health care services provided to individuals and client populations improve desired health outcomes.”

- The World Health Organization

Quality of Care Defined

- Quality of care is the measure of how well healthcare services work to provide a positive or desired outcome for clients.
- Quality of care is based on utilizing **evidence-based data** and regard for client needs and safety in order to ensure that clients are being given the highest level of treatment.
- While quality of care is not strictly codified by a set of explicit rules, it is based on guidelines and components that can be adjusted to any health delivery system.
 - Crain, P. (2023, November 7). Quality of Care | Definition, Importance & Examples. [Quality of Care | Definition, Importance & Examples | Study.com](#)

Design of a Home Care Quality Program

5 Essential Elements of the Quality Program

1. Scope of the Quality Program
2. Program Data
3. Program Activities
4. Performance Improvement Projects
5. Executive/Leadership Responsibilities

Scope of the Quality Program

- Agency must design a program that can demonstrate improvement in the selected indicators.
 - Select indicators that can be measured, analyzed and acted upon to demonstrate improvement.
 - Select indicators appropriate to the home care agency.
 - Agency may use the **Plan-Do-Study-Act (PDSA)** Cycle to determine best indicators to include in the program.

Scope of the Quality Program



Scope of the Quality Program

- Develop the “**scope statement**”, which is a brief description of what the project or service is and what it is not.
- The quality scope helps to establish “boundaries and expectations” for your quality program.
- The scope statement enables you to plan and implement the program activities.
- It's essential to document the quality scope clearly and communicate it to your team. The agency should also review and update it as needed to reflect any changes or issues that may arise during the project lifecycle.
 - [How do you define the scope of your quality management plan? \(linkedin.com\)](https://www.linkedin.com/search/results/people/?keywords=scope+statement)

Quality Program Data

- Measure, analyze, and track selected quality indicators.
- Use established program GOALS in development of identification of data indicators.
- Define aspects of performance that enable the agency to assess processes of service delivery and operations.
- Methodically select metrics that will make the greatest impact on your agency performance.

Quality Program Data

- Common Home Care Indicators often include:
 - Client Satisfaction
 - Employee Satisfaction
 - Care Plan Compliance
 - Reliability – “The Batting Average”
 - Emergency Department Visits or Hospitalizations
 - Other Service-Related Metrics (Falls, Medication Issues, Etc.)

QAPI – Defining Data and Metrics



Defining Data and Metrics

- Client Safety Measures
 - Percentage of clients who have experienced falls.
 - Percentage of clients with equipment issues (equipment related incidents or events).
 - Percentage of clients who have required emergent care.
 - Clients with other documented adverse events.

Defining Data and Metrics

- Efficiency Measures
 - Reliability of the agency to staff visits/hours
 - “Batting Average” – authorized versus filled shifts or hours
 - Missed visits (missed hours)
 - Unfilled hours
 - Service plan compliance measures
 - Caregiver adherence to the service plan

Defining Data and Metrics

- Client Centered Measures
 - Client satisfaction results.
 - Percentage of clients who have demonstrated client directed care planning.
 - Clients' involvement in their own care; self-care, decision-making, satisfactory daily life.
 - “Evidence-based service competence; delivery and organization of services, implementation of services, versatile clinical skills, quality outcomes and personnel wellbeing”.
 - www.ncbi.nlm.nih.gov/pmc/articles/PMC7781976/

Quality Program Activities

Implement a performance improvement plan focusing on the causative factors identified.

(1)

High risk: significant risk to the health or safety of patients

(2)

High volume: frequently provided to a large patient population

(3)

Problem-prone: potential for negative outcomes that are associated with a diagnosis or condition

(4)

Adverse patient events: negative and unexpected impacting the plan of care and potential decline of the patient

Quality Program Activities

- Quality Assurance Activities are implemented to measure quality performance levels and recommend necessary changes (corrective actions) to the overall quality management plan.
- The following are examples of activities for quality control:
 - Use control measurements to analyze and evaluate the quality standards and processes.
 - Perform quality operational assessments and record audits.
 - Compare the resulting quality measurements against established goals and targets.
 - Identify non-compliance and reasons for that.
 - MYMG Team (2023, June 26). <https://mymanagementguide.com/quality-control-activities-ensuring-that-deliverables-comply-with-quality-requirements/>

Performance Improvement Projects

- **Performance Improvement Projects**
- The Agency documents area(s) for monitoring and improving performance and identifies:
 - An expected threshold of performance;
 - How performance is assessed including the data source and frequency of measurement; and
 - How action to improve is developed, approved, executed, and re-assessed if performance is below the expected threshold.
- A well-designed QAPI plan should include at least one (1) Performance Improvement Project.

Performance Improvement Projects

- The agency should review sources of information to determine if gaps or patterns exist in systems of care that could result in quality issues.
- Potential areas that the Agency may consider when reviewing data:
 - State survey results and plans of correction
 - Client care plans for documented progress towards specified goals
 - Trends in complaints
 - Client and family satisfaction for trends
 - Patterns of caregiver turnover or absences
 - Patterns of emergency room visits and/or hospital use

P.I. Project Milestones

PHASE OF PROJECT	EXPLANATION OF MILESTONE
INITIATION PHASE	✓ The project is developed and approved by the agency.
PLANNING PHASE	✓ Specific tasks and processes to achieve goals identified in this phase.
IMPLEMENTATION PHASE	<ul style="list-style-type: none"> ✓ Carry out the project plan. ✓ Take actions as developed in the plan.
MONITORING OF PROJECT ACTIVITIES	<ul style="list-style-type: none"> ✓ Observe and document progress. ✓ Utilize a tracking tool for monitoring activities.
PROJECT CLOSURE	✓ Wrap up the project, develop results and written reports (summary of the project)

P.I. Project Initiation Phase Example

PERFORMANCE IMPROVEMENT PROJECT OVERVIEW	
DATE OF PROJECT INITIATION	
RESPONSIBLE STAFF	
NAME OF PROJECT (DESCRIPTION)	
IDENTIFIED ISSUE TO IMPROVE	
BACKGROUND OR HISTORY OF ISSUE	
PIP GOALS	
PROJECT TIMELINE	

Standard HC6-1C



There is evidence of involvement of the governing body/owner and organizational leaders in the Performance Improvement (PI) process.

The governing body/owner and Administrators are ultimately responsible for all actions and activities of the Agency; therefore, their role in the evaluation process and the responsibilities delegated to personnel are documented.

There is evidence that the results of PI activities are communicated to the governing body/owner and organizational Administrators.

The Agency's Administrators allocate resources for implementation of the PI program. Resources include, but are not limited to:

- Training and education programs regarding PI
- Personnel time
- Information management systems
- Computer support

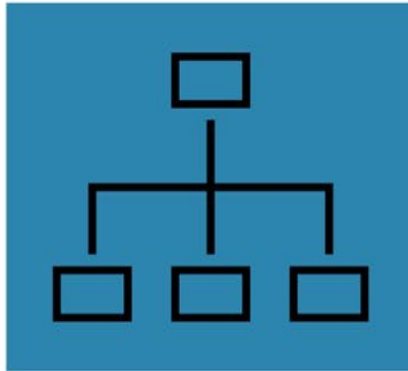
Leadership Roles in QAPI

- Research has demonstrated that the highest healthcare performers have an engaged and educated leadership team (Board of Directors).
- According to surveys of board members
 - 2024 (January). AHA, “Leadership Matters: A Roadmap Toward Effective Governance of Quality and Safety”

Leadership Roles in QAPI

88%	Percentage of board members who list quality and safety expertise as a top competency for board members.
72%	Percentage of board members who are not confident in their skill to guide safety and quality.
41%	Percentage of board members who do not feel their knowledge of safety and quality is adequate to perform to the expectations of the role.
29%	Percentage of board members who receive routine education on these topics.

Leadership Roles in QAPI



Responsibility for the Project

The leadership of the agency must assume responsibility for the QAPI process, including Performance Improvement activities



Education

Leadership must ensure that all staff are educated to the QAPI plan and Performance Improvement Projects



Documentation

The agency must maintain documented evidence of the QAPI Program and any Performance Improvement project



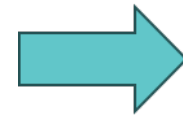
Annual Review of QAPI Plan

The QAPI Program and any associated Performance Improvement Projects must be included in the annual agency evaluation

Leadership Roles in QAPI

- Governing Body must ensure an active and effective QAPI program.
 - Must ensure there is an ongoing program for quality assurance and performance improvement.
 - Must be agency-wide.
 - Must set clear expectations of patient safety, ensuring actions are implemented and monitored.
 - Delegate a QAPI Coordinator to “operate” the program.
 - Approving plan, scope and goals, and frequency and detail of data collection.
 - Reviewing and approving QAPI reports and recommendations.

QAPI Program Benefits to Home Care



A robust QAPI Program is an investment in the future for home care agencies.

QAPI Program Benefits to Home Care



Quality Assurance

Measuring performance can indicate strengths of the program, so you can share your successes. It can also reveal areas where adjustments are needed (PI actions).

Transparency to Stakeholders

Clients, Families and Payers all desire to know the quality of service(s) the agency is providing.



Accreditation and Recognition

To support accreditation or certification - demonstrating certain performance standards.

Value-Based Purchasing and other Financial Rewards

Pay for performance is here! VBP Puts the Emphasis on Quality.



QAPI Program Benefits to Home Care

QAPI provides a foundation - allowing your agency to prepare for participation in Value-Based Purchasing Opportunities.



Managed Medicaid in Home Care

- As of July 2022, 41 states (including DC) contract with comprehensive, risk-based managed care plans to provide care to at least some of their Medicaid beneficiaries (Figure 1).
- 57 million Medicaid enrollees received their care through risk-based MCOs.
 - Kaiser Foundation. 2023 (July 20). “10 Things to Know About Medicaid Managed Care”. [https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/#:~:text=As%20of%20July%202022%2C%2041,Medicaid%20beneficiaries%20\(Figure%201\)](https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/#:~:text=As%20of%20July%202022%2C%2041,Medicaid%20beneficiaries%20(Figure%201))

Managed Medicaid in Home Care

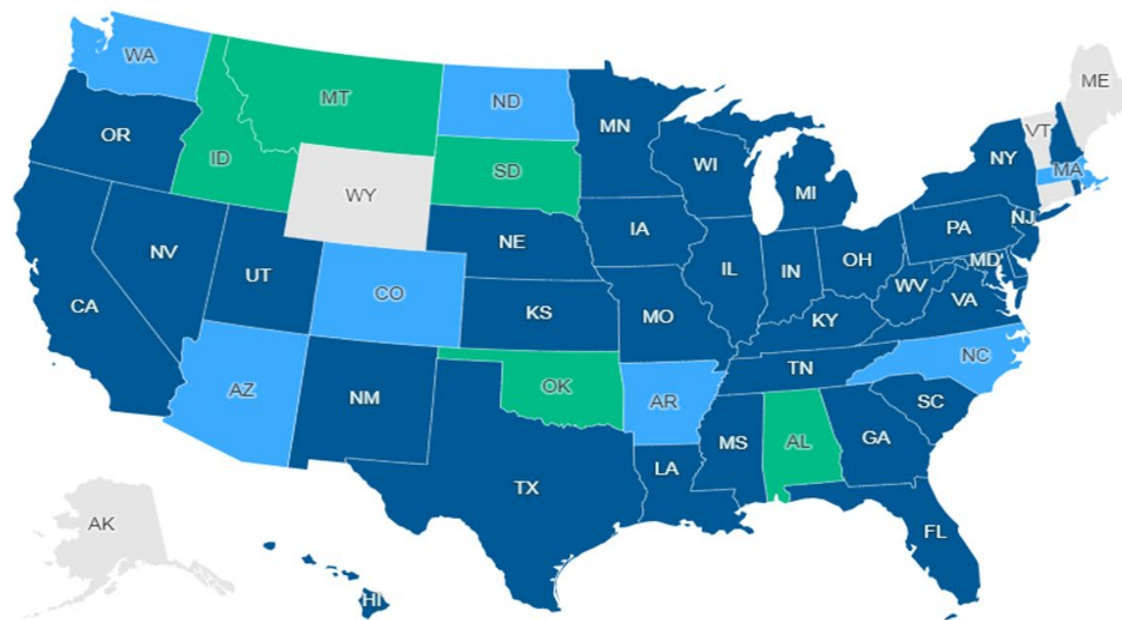
- “States determine how they will deliver and pay for care for Medicaid beneficiaries. Nearly all states have some form of managed care in place – comprehensive risk-based managed care and/or primary care case management (PCCM) programs.”
 - Kaiser Foundation. 2023 (July 20). “10 Things to Know About Medicaid Managed Care”. [https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/#:~:text=As%20of%20July%202022%2C%2041,Medicaid%20beneficiaries%20\(Figure%201\)](https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/#:~:text=As%20of%20July%202022%2C%2041,Medicaid%20beneficiaries%20(Figure%201))

Managed Medicaid in Home Care

Figure 1

As of July 2022, 41 States Used Capitated Managed Care Models to Deliver Services in Medicaid.

■ MCO only (34 states including DC) ■ MCO and PCCM (7 states) ■ PCCM only (5 states) ■ No comprehensive MMC (5 states)



NOTE: ID's Medicaid-Medicare Coordinated Plan has been recategorized by CMS as an MCO but is not counted here as such since it is secondary to Medicare. Publicly available data used to verify status of states that did not respond to the 2022 survey (AR and GA). DC is included in count of states with MCO only. CT and SC use PCCMs but are not counted here as such.

SOURCE: Annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2022 • PNG

KFF

Value-Based Payment - History

- Home Health Value-Based Purchasing Pilot – Results and Impacts
 - Pilot was conducted in 9 states and lasted six years.
 - Demonstrated a **4.6% improvement in quality scores** when compared to the 41 states not participating in the pilot.
 - **\$1.38 billion dollar reduction in Medicare spending** for FFS patients.
 - Substantial savings were noted due to **reducing hospitalization and use of Skilled Nursing Facilities.**
 - Direct relationship between quality measure improvements and reimbursement for services provided.
 - **The QAPI program is critical to success in this model of reimbursement.**

Value-Based Payment - History

- Documentation is uniform in the home health industry, which leads to consistent data collection (OASIS).
 - This is a bigger challenge for home care, which does not have uniform documentation requirements.
 - Any measures utilized will need to be based on the unique delivery of home care.

Value-Based Payment for Home and Community-Based Services



Value-Based Payment for Home and Community-Based Services

- Goal for Value-Based Payment system in Home Care:
 - “To increase state adoption of strategies that tie together quality, cost, and outcomes in support of community-based long-term services and supports programs.”
 - Source: CMS Medicaid Innovation Accelerator Program

Value-Based Payment for Home and Community-Based Services

VBP Explained

- Healthcare payment systems that reward healthcare providers for **efficiency, rather than the total volume of services** they provide.
- “Quality over Quantity”
 - Medicaid, jointly run by the federal and state governments, has been shifting to value-based payment models under Medicaid managed care programs.

Value-Based Payment for Home and Community-Based Services

- Managed Medicaid Quality Initiatives are under way in home care.
 - 25 States currently have a “pay for performance” program in place.
- “Medicaid Managed Care Quality Initiatives”
 - <https://www.kff.org/medicaid/state-indicator/medicaid-managed-care-quality-initiatives/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Value-Based Payment for Home and Community-Based Services

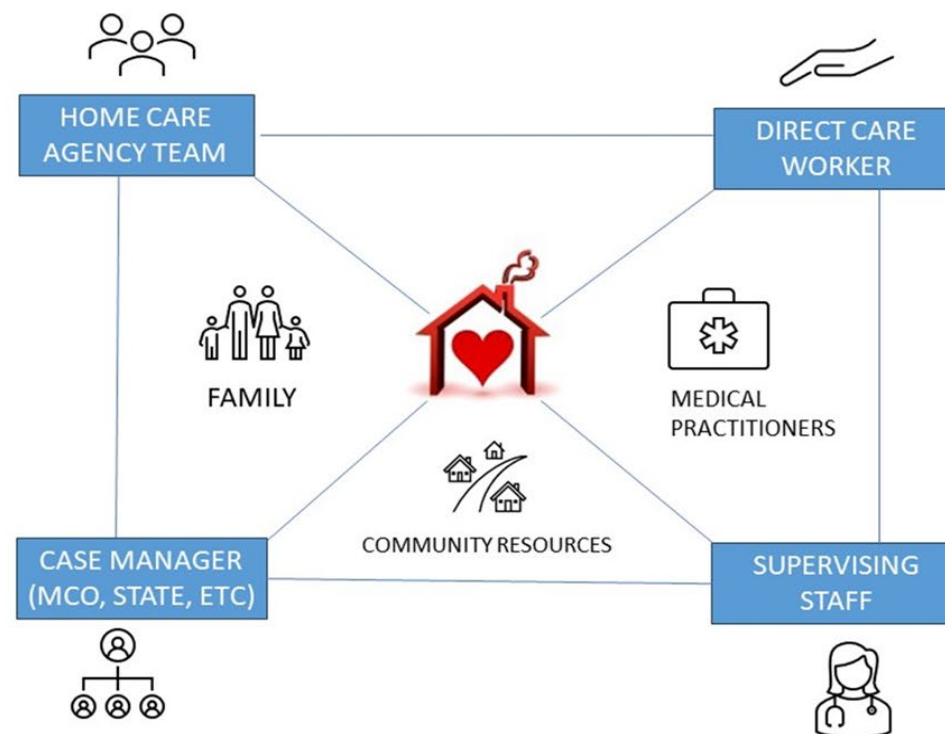
- Choosing the right quality measures is the biggest challenge to implementation of any home care VBP program.
- Client independence and quality of life are primary goals of home care services.
- Key VBP measures for home care would be focused on these goals.
 - A client survey is the best way to capture this data.

Value-Based Payment for Home and Community-Based Services

POTENTIAL MEASURE	DESCRIPTION
“HHCAHPS LIKE” CLIENT SURVEY	<ul style="list-style-type: none"> ▪ The HHCAHPS is conducted for home health agencies by approved HHCAHPS Survey vendors. ▪ HHCAHPS is a survey designed to measure the experiences of patients receiving home health care. ▪ CMS could utilize a similar tool for a Home Care VBP program.
SOCIAL DETERMINANTS OF HEALTH	<ul style="list-style-type: none"> ▪ The social determinants of health are non-medical factors that influence health outcomes. <ul style="list-style-type: none"> ○ They include all the factors and conditions in which people are born, grow, work, live, age, and systems shaping the conditions of daily life. ○ They include income stability, food security, health services, transportation, housing, gender, race, and disability (and more). ▪ Home Care can address many of these issues in a VBP program.
CARE COORDINATION AND INTEGRATION	<ul style="list-style-type: none"> ▪ Ensuring all elements of a care plan (or service plan) work together to deliver high quality services and outcomes. ▪ Studies show that effective coordination contributes crucially to high-quality health care. <ul style="list-style-type: none"> ○ Care coordination in homecare and its relationship with quality of care: A national multicenter cross-sectional study - ScienceDirect

Value-Based Payment for Home and Community-Based Services

Home Care
Coordination
Effectiveness
impacts QAPI
and Outcomes



Value-Based Payment for Home and Community-Based Services

- **The QAPI Program serves as the foundation to excellence in overall agency operational performance.**
- The QAPI Program has the following benefits to the Agency:
 - Improves client outcomes.
 - Increased staff engagement.
 - Helps achieve goals and measure success.
 - Identifies problems and tries to correct them so that they do not recur.
 - Creates significant change within the agency, achieving everything from financial savings to, most important, improving client lives.
 - Ensures confidentiality and data protection of sensitive information about clients.
- Selection of specific quality measures is key to agency success, today and in the future.

QAPI Program – Important Policies

POLICY OR TOOL	DESCRIPTION
GENERAL QAPI POLICY	Outlines the QAPI program including requirements, activities, and process overview. Supportive tools include QAPI Review Log, Quarterly Meeting Agenda and Documentation, and Metric Identification and Tracking Tool.
AUDIT TOOLS	These tools include documents used for quality record reviews (personnel and client), as well as other operational functions (agency specific).
EVALUATION DOCUMENTS	These documents are used to assess general satisfaction with agency services as well as client and employee satisfaction. The agency may also measure referral source satisfaction and other important satisfaction metrics.
PERFORMANCE IMPROVEMENT PLAN AND PROJECTS	Includes supportive tools to document the activities of the PI Plan and any Improvement Projects. The agency should have at least one (1) Performance Improvement Project.
ANNUAL AGENCY EVALUATION POLICY	Policy and documents to prepare and report on the Annual Agency Performance. This report includes a QAPI summary for the year.
QAPI COORDINATOR JOB DESCRIPTION	The agency should assign a qualified staff member to coordinate all QAPI activities for the agency. Working with other staff, quarterly reviews and reports should be generated and shared with leadership.

QAPI Program – Final Thoughts

- Agency operations staff often wear multiple “hats”.
- The agency quality program should be a high priority when considering staffing and assignments.
- Outsourcing brings deep experience, at a lower overall cost to the agency.
 - Look for consultants who are partners dedicated to quality.
 - Seek out consulting programs “Certified” by ACHC, to ensure high quality standards.

QAPI Program – Final Thoughts



MB Healthcare Consultants

Our Team



Michael Brown, MS, RN

Founder and President
ACHC Certified



**Sandra L. Levensgood,
MBA, RN**

Home Health Consultant



**Ann M. Martin, MSN,
RN**

Home Health Consultant



Anne Rich, M.Ed., RN

Home Health Consultant

www.mbhealthcareconsultants.com



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mbrown@mbhealthcareconsultants.com

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