



OVERVIEW

DISTINCTION IN HOME HEALTH OUTCOMES

 HOME HEALTH  OUTCOMES

The ACHC Distinction in Home Health Outcomes focuses on the use of measurement-based care practices to enhance patient outcomes. The goal of measuring, reporting, and comparing outcomes is to improve the quality of care for individuals and populations.

Distinction Definition

The Distinction in Home Health Outcomes focuses on collecting and analyzing data across a range of predetermined domains to evaluate the quality of care and guide continuous quality improvement. Measurement-based care highlights the strengths and weaknesses of current practices and provides evidence of goal achievement. Data are used in aggregate to benchmark and identify opportunities to improve processes, services, and operations for better overall care and outcomes. This distinction must be achieved in combination with ACHC Home Health Accreditation.

Overview: Measurement-Based Care

Home health agencies value outcomes measurement because it enables them to assess the quality of care provided to their patients. By tracking outcomes, agencies measure the effectiveness of their services and identify areas for improvement. Benchmarking the data allows for an objective and meaningful comparison between home health agencies on domains that are important to patients, payors, and other stakeholders. This information helps agencies maximize reimbursement, negotiate contracts, and maintain compliance with regulatory requirements. Collection of home health-based outcomes is essential for agencies to deliver high-quality care, enhance patient outcomes, and improve population health.

Patient Outcomes Domain

OASIS-based measures

Measures based on OASIS data are calculated using a completed episode of care that begins with admission to a home health agency (or a resumption of care following an inpatient facility stay) and ends with discharge.¹ OASIS-based measures come from the Home Health Value-Based Purchasing (HHVBP) performance report. These measures include data for patients with Medicare fee-for-service, Medicare Advantage, Medicaid fee-for-service, and Medicaid managed care as the payor.

Many home health outcome measures are risk-adjusted... The risk adjustment methodology, using a predictive model developed specifically for each measure, compensates for differences in the patient population served by different home health agencies.¹

Utilization Domain

Claims-based measures

These measures evaluate how often patients access other healthcare resources while home health care is in progress. For the healthcare utilization measures, lower percentages are better². Claims-based measures are found on the HHVBP performance report and only include data for patients with Medicare fee-for-service as the payor.



Patient Satisfaction Domain

HHCAHPS survey-based measures

HHCAHPS survey-based measures are derived from the Home Health Consumer Assessment of Health Care Providers and Systems (HHCAHPS) Survey, which measures the experiences of patients receiving home health care from Medicare-certified home health agencies³. Patient survey data are either reported quarterly by HHCAHPS or listed on the HHVBP performance report. These measures include data for patients with Medicare fee-for-service, Medicare Advantage, Medicaid fee-for-service, and Medicaid managed care.

Measuring Outcomes

ACHC has identified a broad spectrum of outcomes to be measured. Data are collected and analyzed across three domains to evaluate the quality of care and guide continuous quality improvement.

- **Patient Outcomes Domain** (includes three OASIS-based measures):
 - » Improvement in Dyspnea.
 - » Improvement in Management of Oral Medications.
 - » Total Normalized Composite (TNC) Change in Mobility.
- **Utilization Domain** (includes two claims-based measures):
 - » Acute Care Hospitalization During the First 60 Days of Home Health Use.
 - » Emergency Department Use without Hospitalization During the First 60 Days of Home Health.
- **Patient Satisfaction Domain** (includes four HHCAHPS survey-based measures):
 - » Care of Patients.
 - » Communication.
 - » Overall Rating.
 - » Willingness to Recommend.

Sources for data include, but are not limited to:

- Training agenda.
- Organization's quality assessment and performance improvement reports (QAPI).
- Home Health Value-Based Purchasing performance report.
- Home Health Consumer Assessment of Health Care Providers and Systems Survey data.

Data Collection

To ensure consistency of measurement and allow for benchmarking, ACHC requires the use of the specific listed tools. To achieve this distinction, all data must be collected, reviewed, analyzed, trended, benchmarked, and responded to.

References

¹ <https://www.cms.gov/medicare/quality/home-health/home-health-quality-measures>

² <https://data.cms.gov/provider-data/topics/home-health-services/process-care-outcome-care-quality-measures>

³ <https://homehealthcahps.org/General-Information/About-Home-Health-Care-CAHPS-Survey>