



THE NEW ENGLAND
HOME CARE CONFERENCE
& TRADE SHOW 2013



Performance Trends and Benchmarks

New England vs. The Nation

Barbara Rosenblum, RN, BSN, MAOM, Founder & CEO
Strategic Healthcare Programs, LLC

June 5, 2013

Talking Points

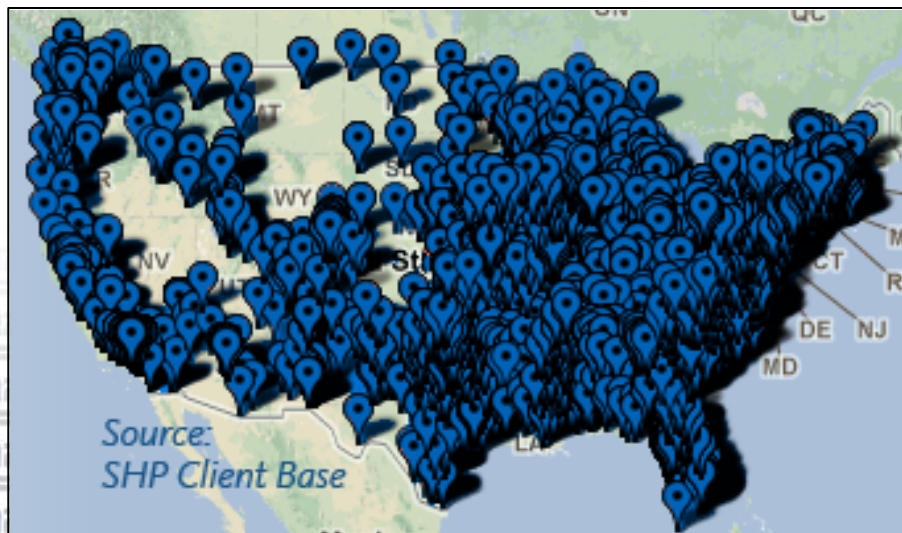
1. Financial Benchmarks, RAC
2. Documentation Habits
3. Clinical Outcomes,
Hospitalizations, Telehealth
4. HHCAPHS Scores
5. Hospice and FEHC
Benchmarks
6. Questions & Answers



Barbara Rosenblum
Founder & CEO

Reporting Periods for All Data Presented

- Financial: January 2012 – December 2012
- Outcomes: January 2012 – December 2012
- Process Measures: January 2012 – December 2012
- HHCAHPS: October 2011 – September 2012



Provider Type Distribution	Percent
Free-standing - Not for Profit	16%
Free-standing - Proprietary	45%
Governmental	4%
Hospital-based	30%
Other Institution-based	5%

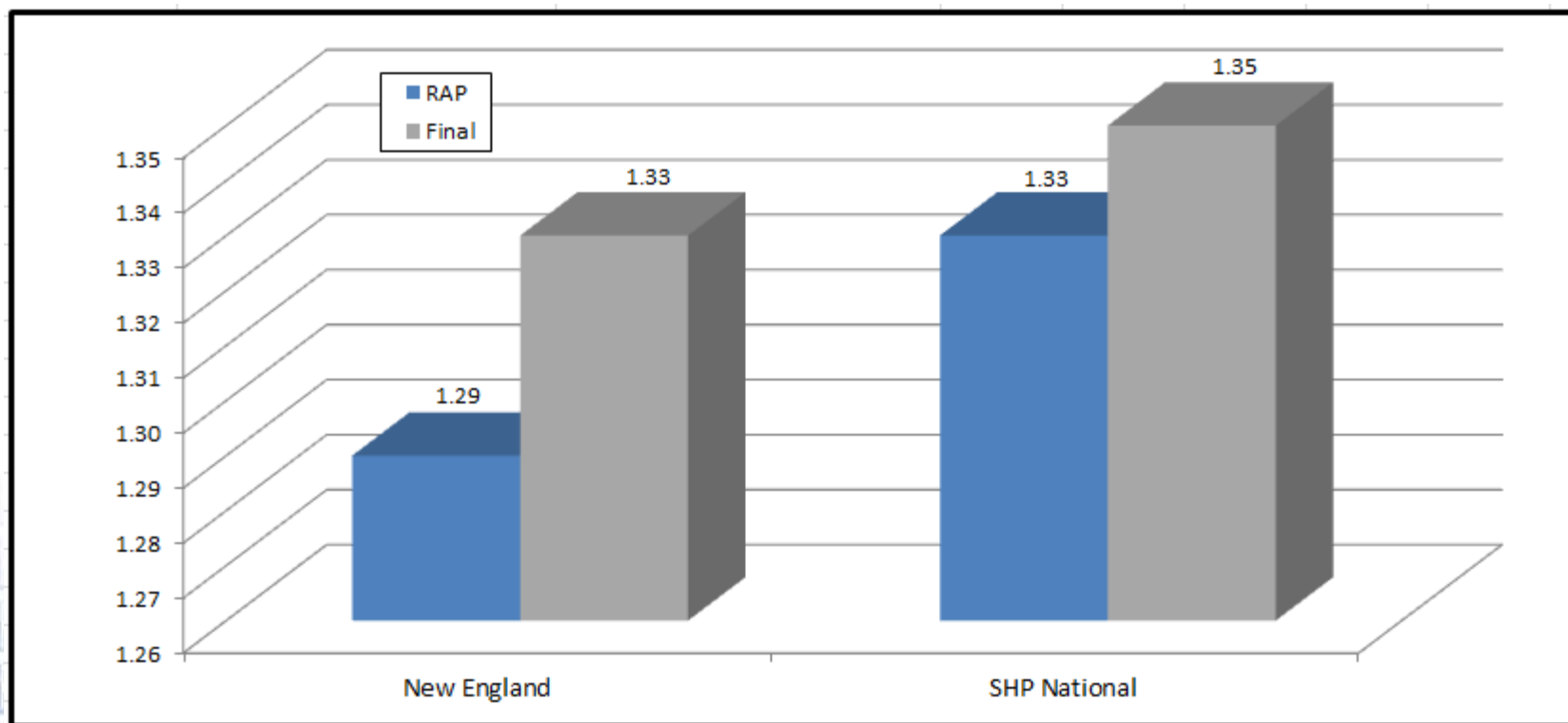


Financial Benchmarks

Case Weight, Visits, RAC

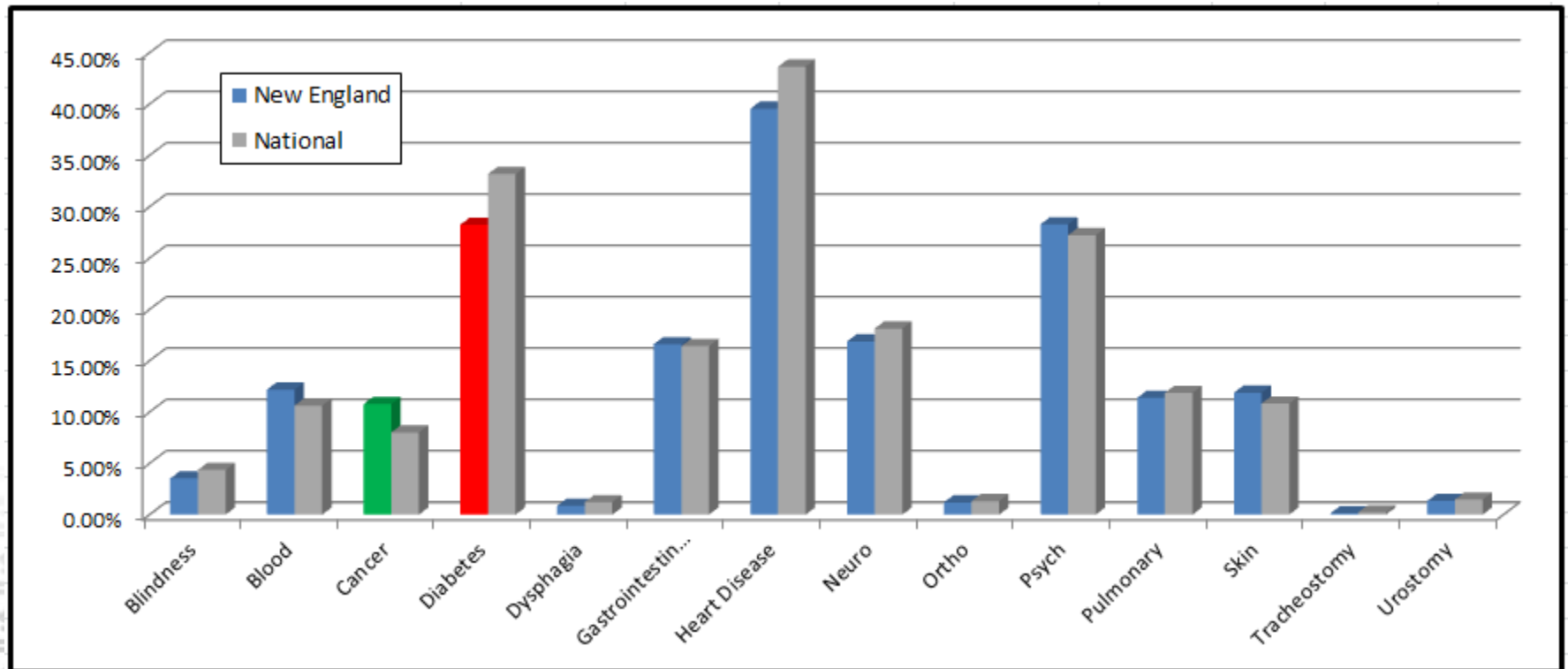
Case Weight

- ❑ The RAP Case Weight for New England Averages 0.04 lower than the National Average.
- ❑ The Final Case Weight for New England Averages 0.02 lower than the National Average.



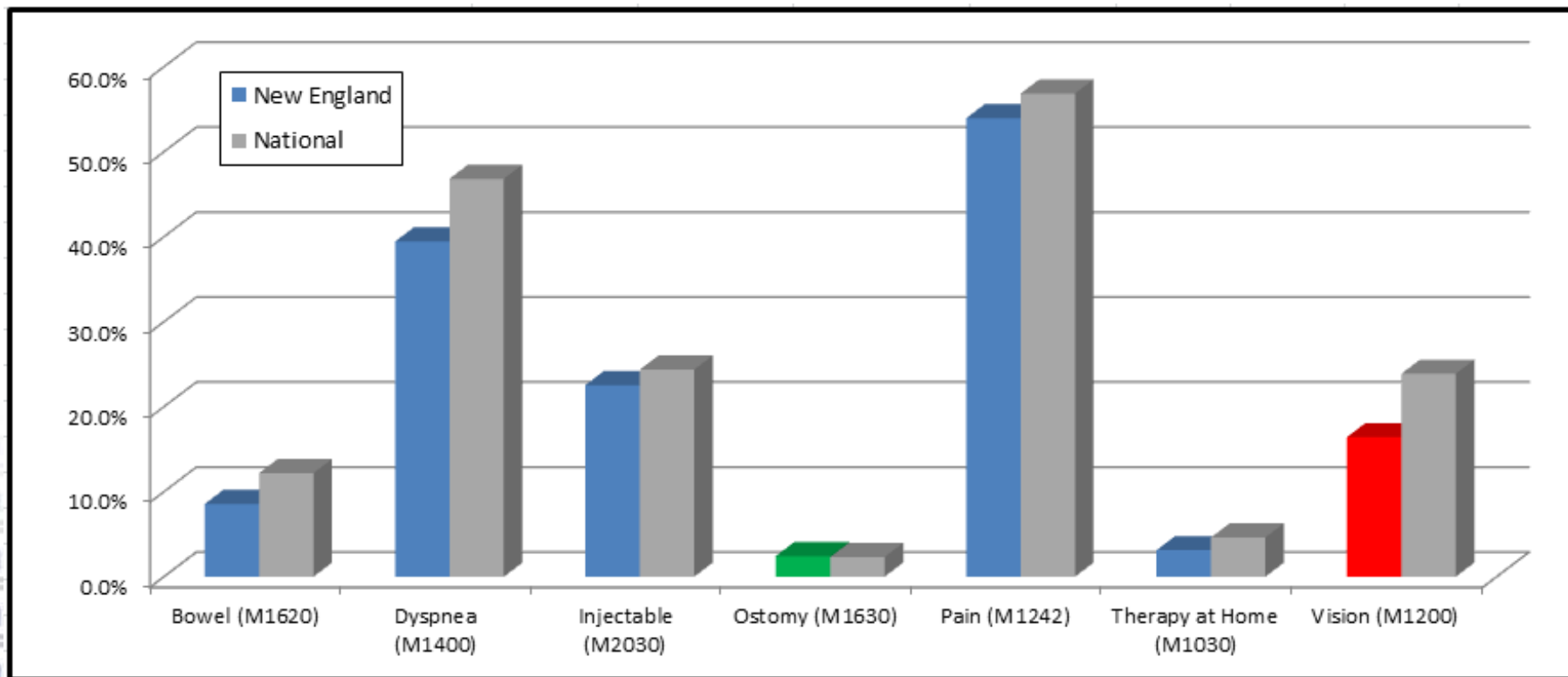
Diagnosis Scoring Frequency

- ❑ Highest Compared to Benchmark: Cancer (**10.8%, +2.8%**)
- ❑ Lowest Compared to Benchmark: Diabetes (**28.3%, -4.9%**)



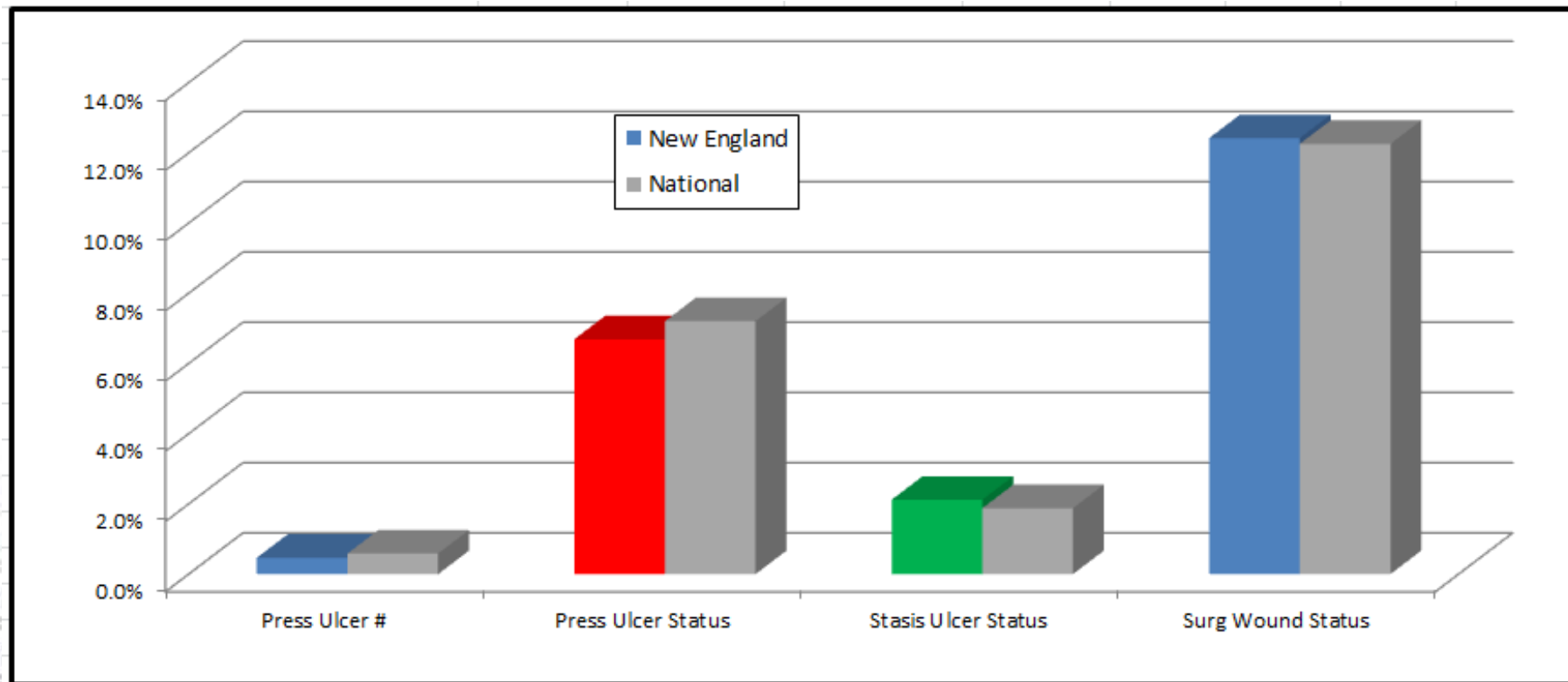
OASIS Item (Non-Functional) Scoring Frequency

- ❑ Highest Compared to Benchmark: Ostomy (2.4%, +0.1%)
- ❑ Lowest Compared to Benchmark: Vision (16.4%, -7.5%)



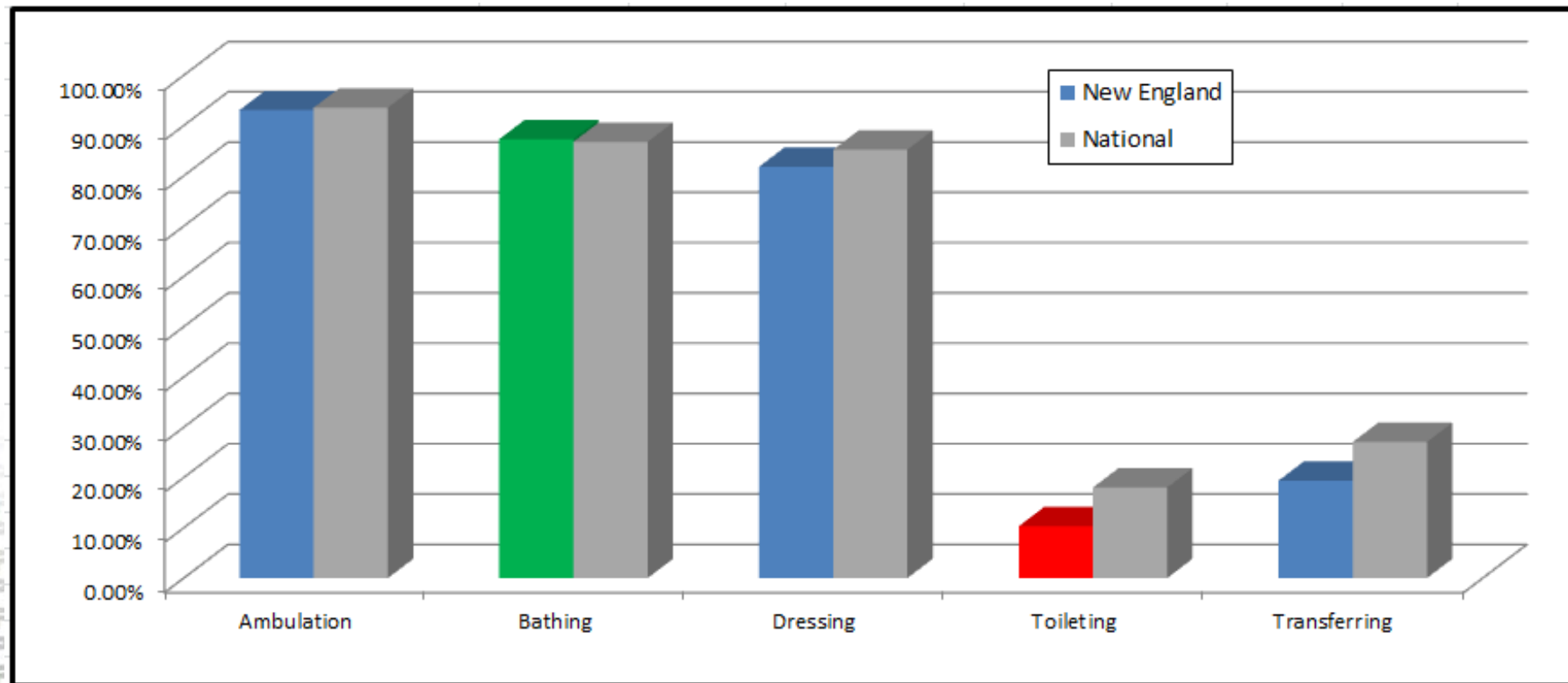
Ulcer & Wound Scoring Frequency

- ❑ Highest Compared to Benchmark: Stasis Ulcer (**2.1%, +0.2%**)
- ❑ Lowest Compared to Benchmark: Pressure Ulcer (**6.7%, -0.5%**)



Functional Status Scoring Frequency

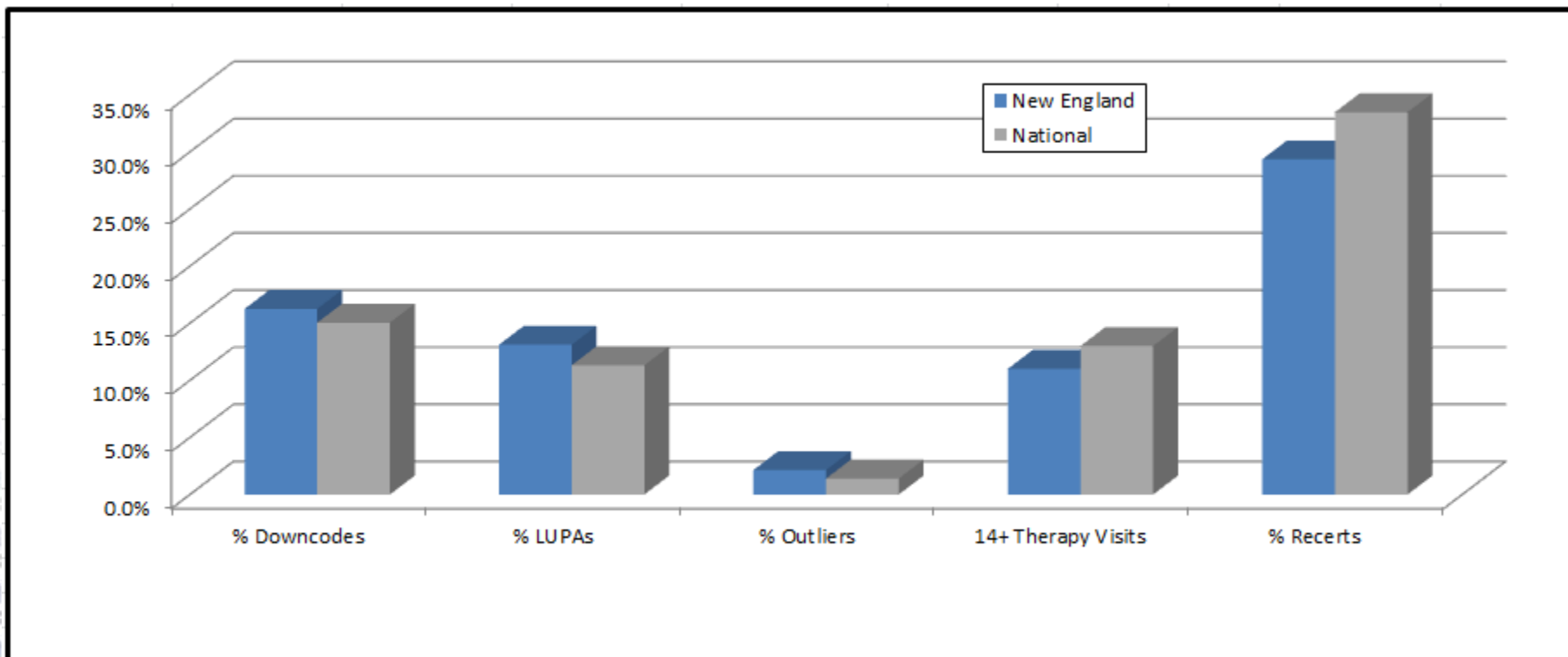
- ❑ Highest Compared to Benchmark: Bathing (**87.3%, +0.5%**)
- ❑ Lowest Compared to Benchmark: Toileting (**10.3%, -7.7%**)
- ❑ Almost Tied for Lowest: Transferring (**19.4%, -7.68%**)



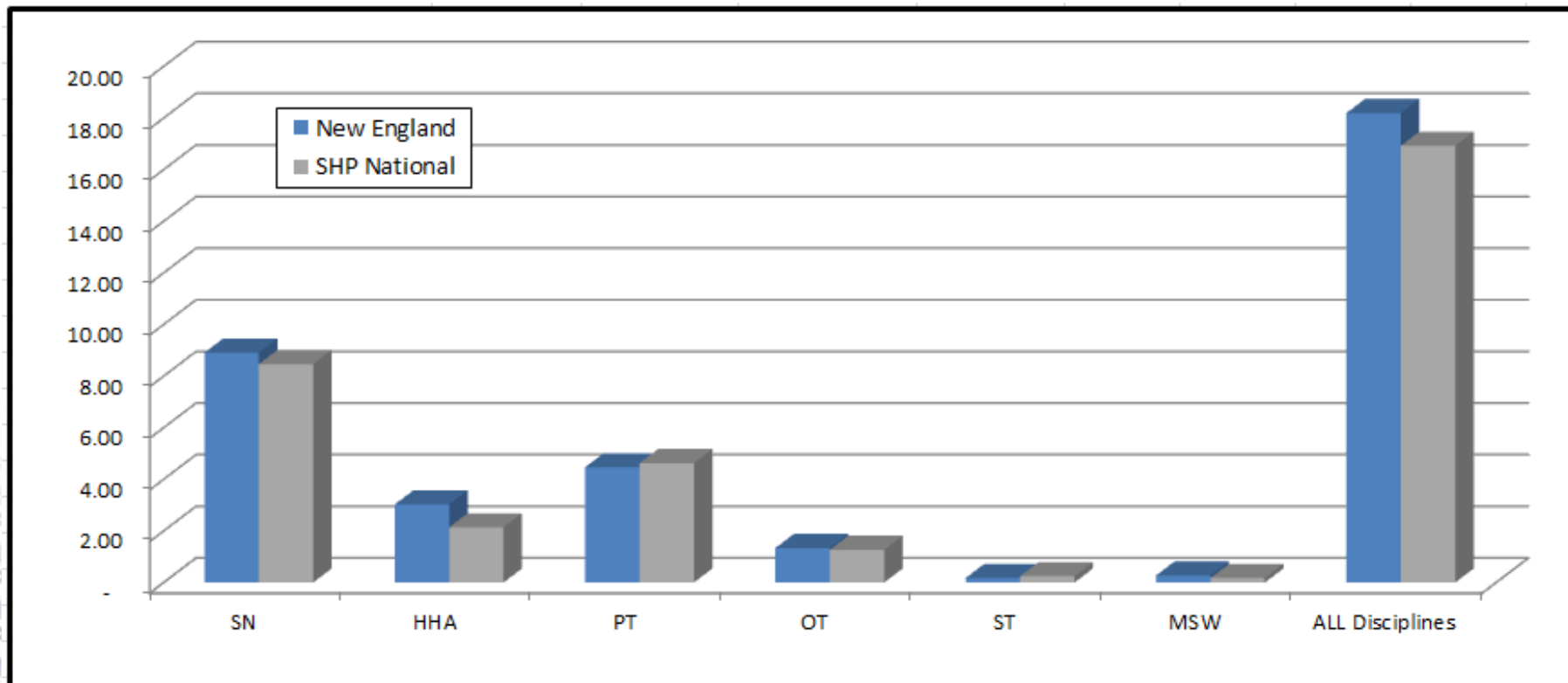
RAC Metrics

- ❑ Best Measure: % Recerts * (**29.0%**, **-4.0%**)
- ❑ Honorable Mention: 14+ Therapy Visits (**11.0%**, **-2.0%**)
- ❑ Worst Measure: % LUPAs (**13.1%**, **+1.8%**)

* % Recerts is calculated by dividing the number of recertification episodes started in the reporting period by the total number of episodes started in the reporting period.



- ❑ New England is averaging **1.27 more** total visits per episode than the national benchmark
 - Lowest Compared to Benchmark: PT (**4.47, -0.16**)
 - Highest Compared to Benchmark: HHA (**3.03, +0.89**)

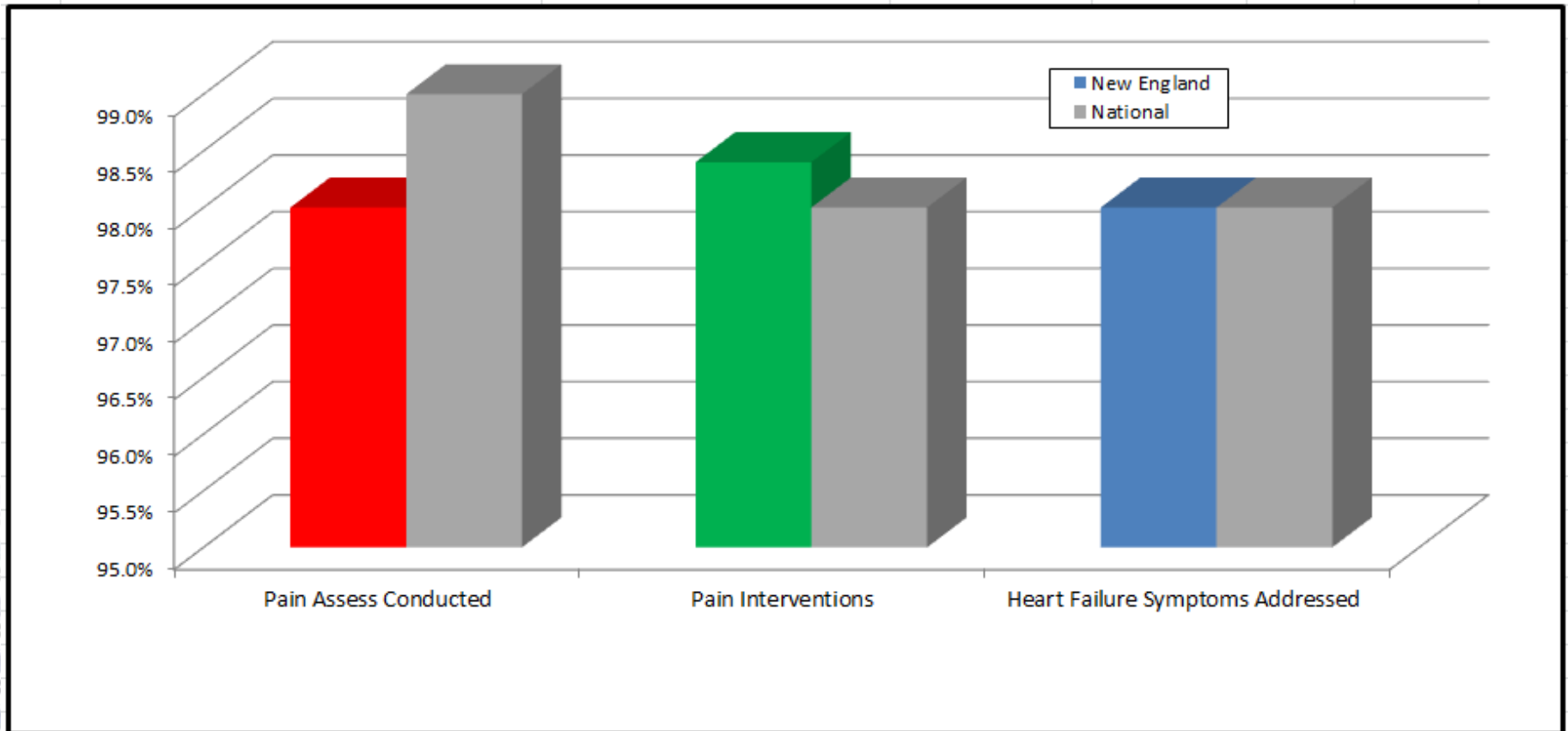




Documentation Habits

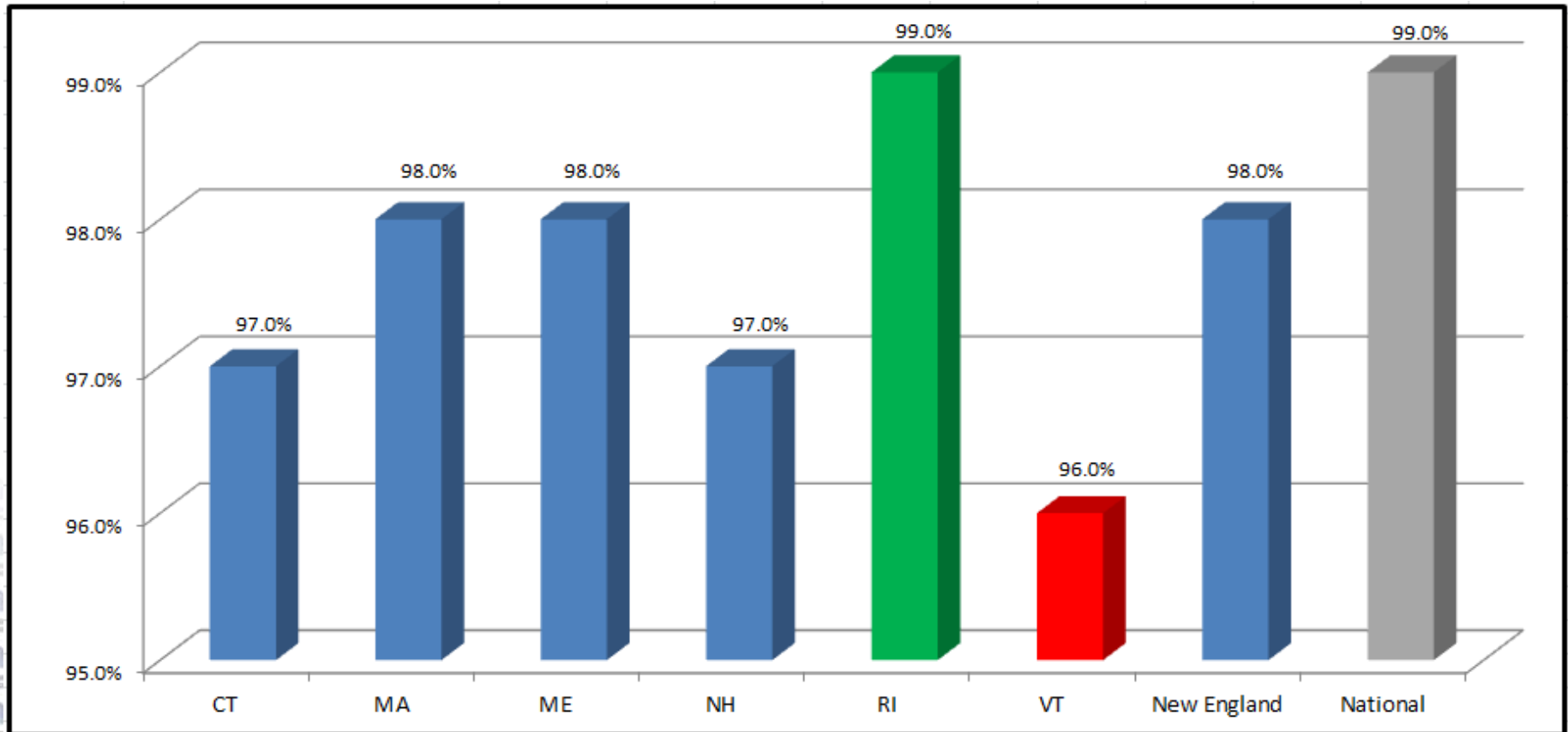
Managing Pain and Treating Symptoms

- ❑ Best Score: Pain Interventions (**98.4%, +0.4%**)
- ❑ Lowest Score: Pain Assessment Conducted (**98.0%, -1.0%**)



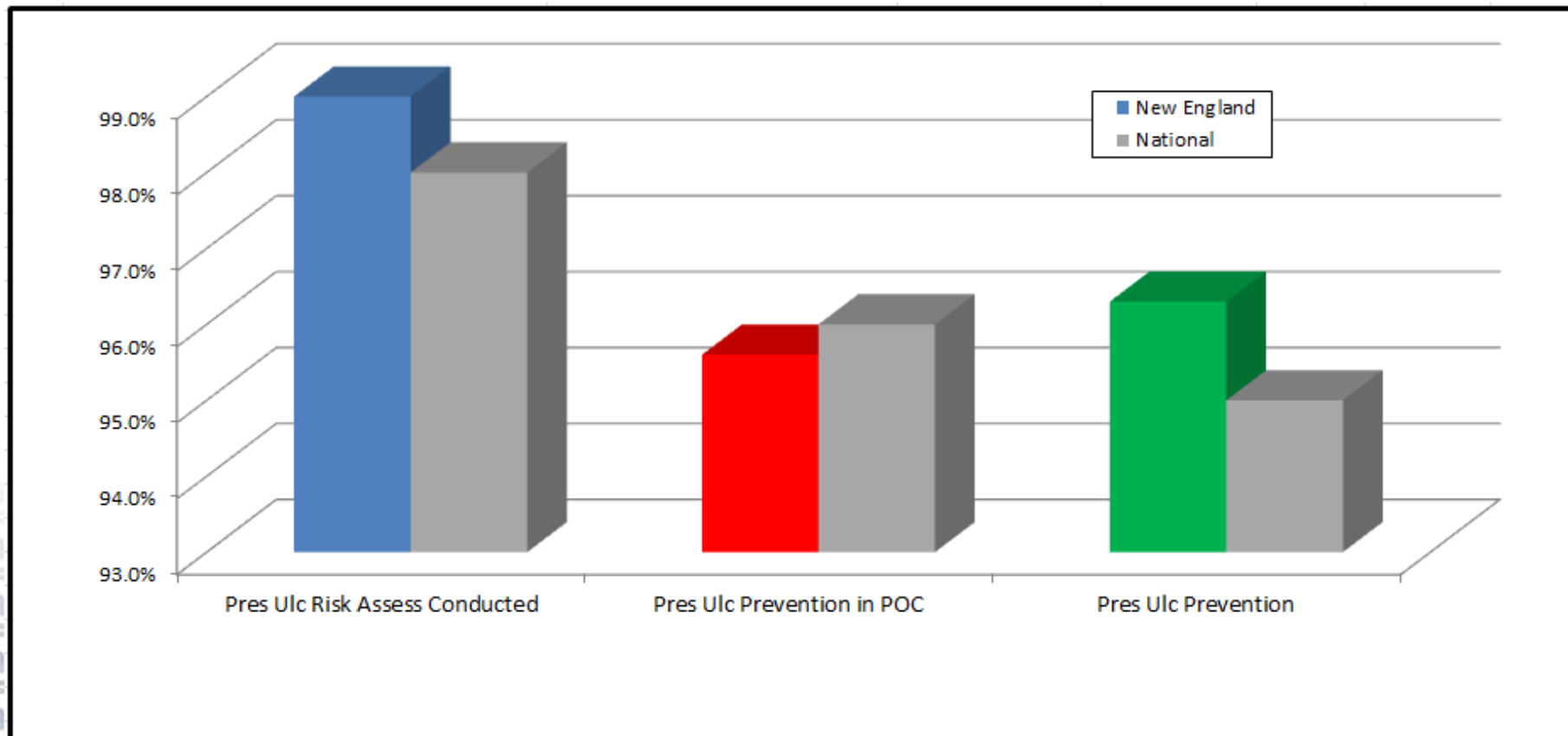
Pain Assessment Conducted Score by State

- ❑ Best Score: Rhode Island (**99.0%**, **+0.0%**)
- ❑ Lowest Score: Vermont (**96.0%**, **-3.0%**)



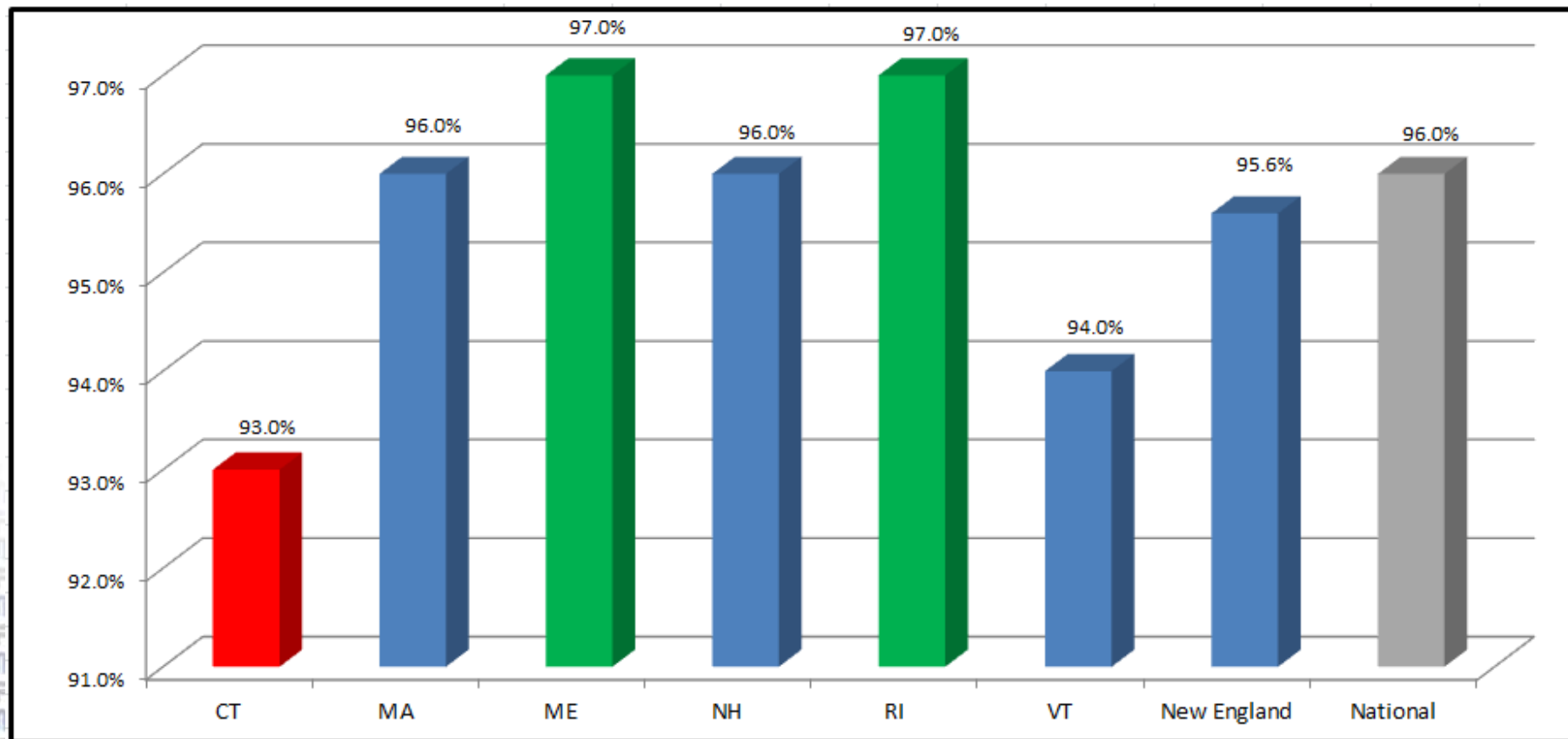
Treating Wounds/Preventing Pressure Sores

- ❑ Best Score: Pressure Ulcer Prevention (**96.3%, +1.3%**)
- ❑ Lowest Score: Pressure Ulcer Prevention in Plan of Care (**95.6%, -0.4%**)



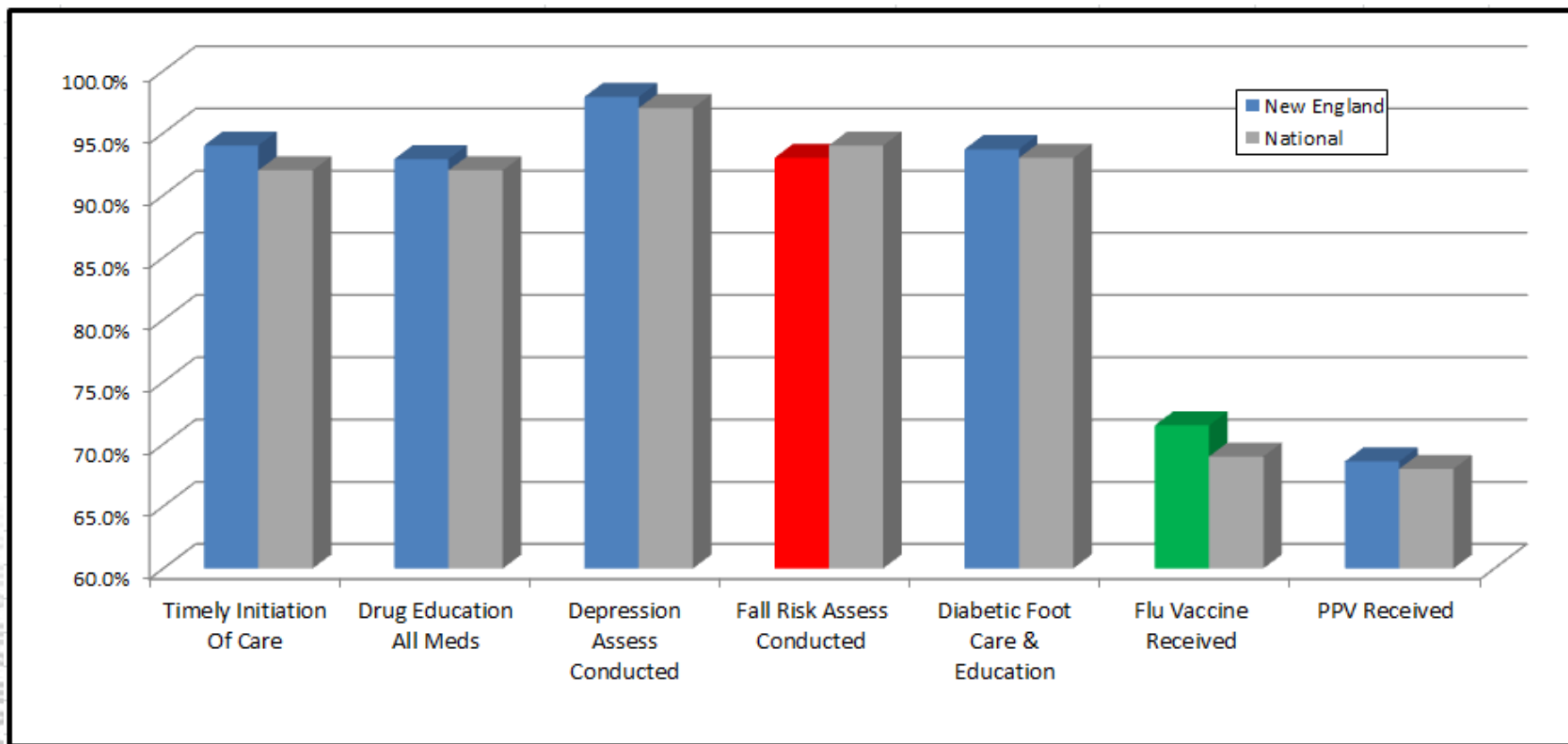
Pressure Ulcer Prevention in Plan of Care by State

- ❑ Best Score: Maine/Rhode Island (**97.0%, +1.0%**)
- ❑ Lowest Score: Connecticut (**93.0%, -3.0%**)



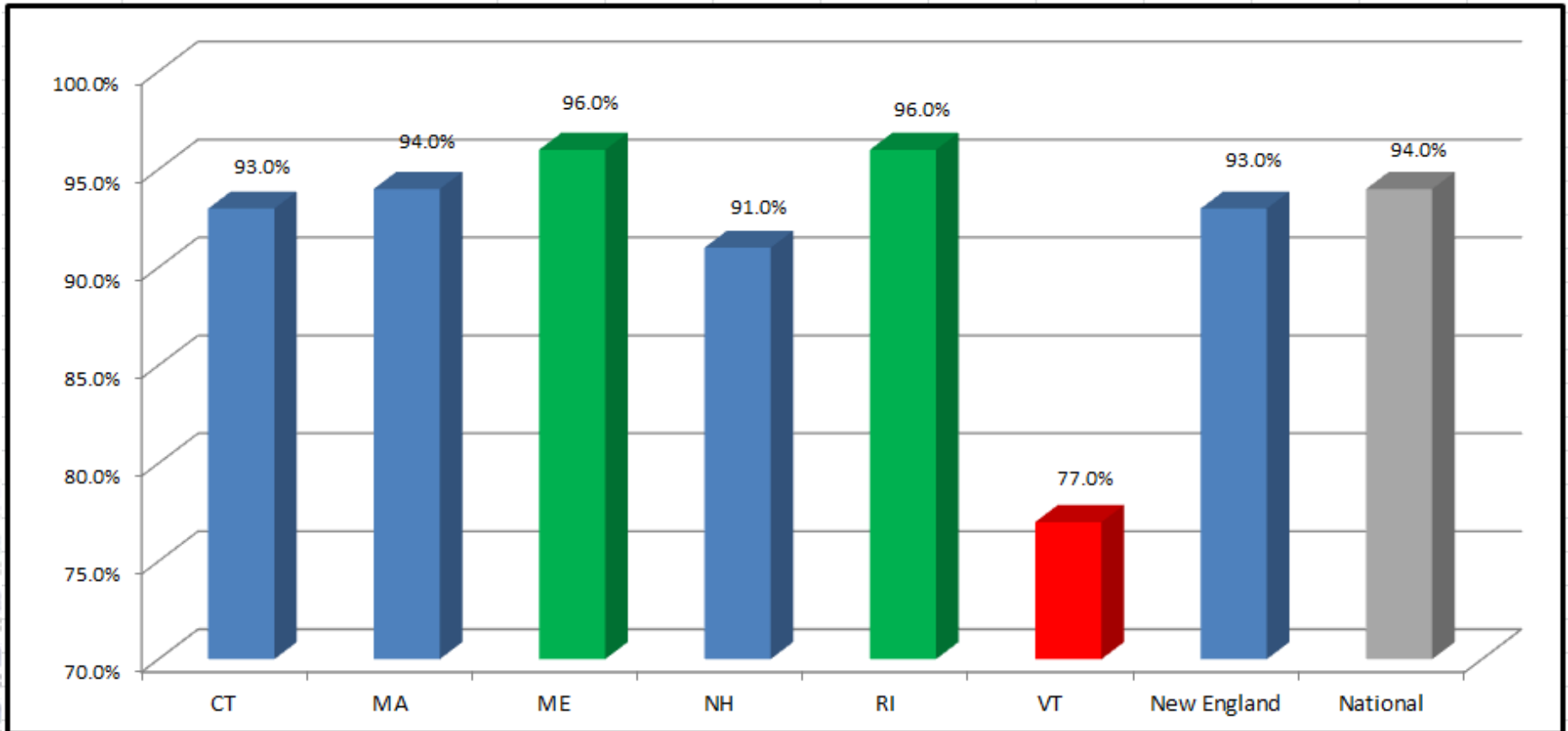
Preventing Harm

- ❑ Best Score: Flu Vaccine Received (**71.5%**, **+2.5%**)
- ❑ Honorable Mention: Timely Initiation of Care (**94.0%**, **+2.0%**)
- ❑ Lowest Score: Fall Risk Assessment Conducted (**93.0%**, **-1.0%**)



Fall Risk Assessment Conducted by State

- ❑ Best Score: Maine/Rhode Island (**96.0%, +2.0%**)
- ❑ Lowest Score: Vermont (**77.0%, -17.0%**)



SHP Data Points to Problems with CMS Fall Risk Assessment

By Barbara Rosenblum, Founder & CEO, Strategic Healthcare Programs

July 07 2011

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Some home health agencies are suffering from poor Home Health Compare scores related to assessing fall risk for non-ambulatory patients, while others score in the top percentile. Does the SHP national benchmark reflect actual practice, or an intentional process that agencies are using to deal with the dilemma that CMS has imposed?

No validated or widely used fall risk tool exists for non-ambulatory patients or patients unable to perform the assessment due to physical or mental impairment (note: researchers in Connecticut developed a [Fall Risk tool](#), but it's not available to the entire industry). This dilemma paints agencies into a corner, and they answer "No" to M1910 on OASIS, thus resulting in poor public scores.

(M1910) Has this patient had a multi-factor **Fall Risk Assessment** (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)?

- No - 0 - No multi-factor falls risk assessment conducted.
- Yes { 1 - Yes, and it does not indicate a risk for falls.
- 2 - Yes, and it indicates a risk for falls.

About the author



Barbara Rosenblum
Founder and CEO
 Barbara Rosenblum has been a leading voice in the industry since founding Strategic Healthcare Programs in 1996.
[View Bio](#)

Recent Comments

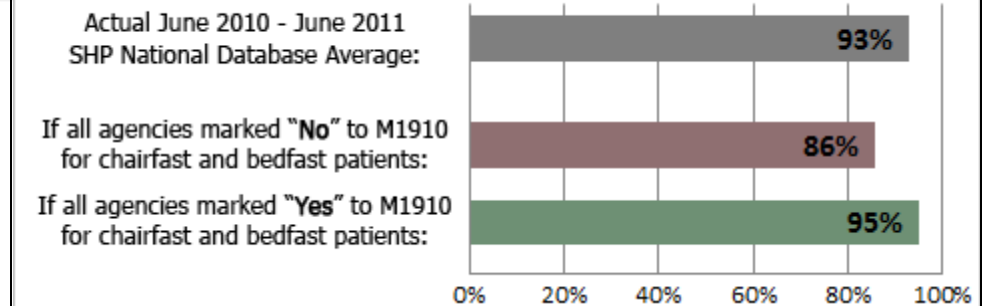
Your Agency Must Grow in 2013 - Seven Questions to Ask Yourself (1)

Ann Rambusch, MSN, HCS-D, HCS-O, COS-C, RN wrote: Well said. Too often we find that there is no pla... [\[More\]](#)

Fall Risk Assessment Tool: Missouri Alliance Comes to the Rescue (2)

DrGene wrote: Susan: You raise an interesting question regardin... [\[More\]](#)

Process Measure: How often the home health team checked patients' risk of falling.

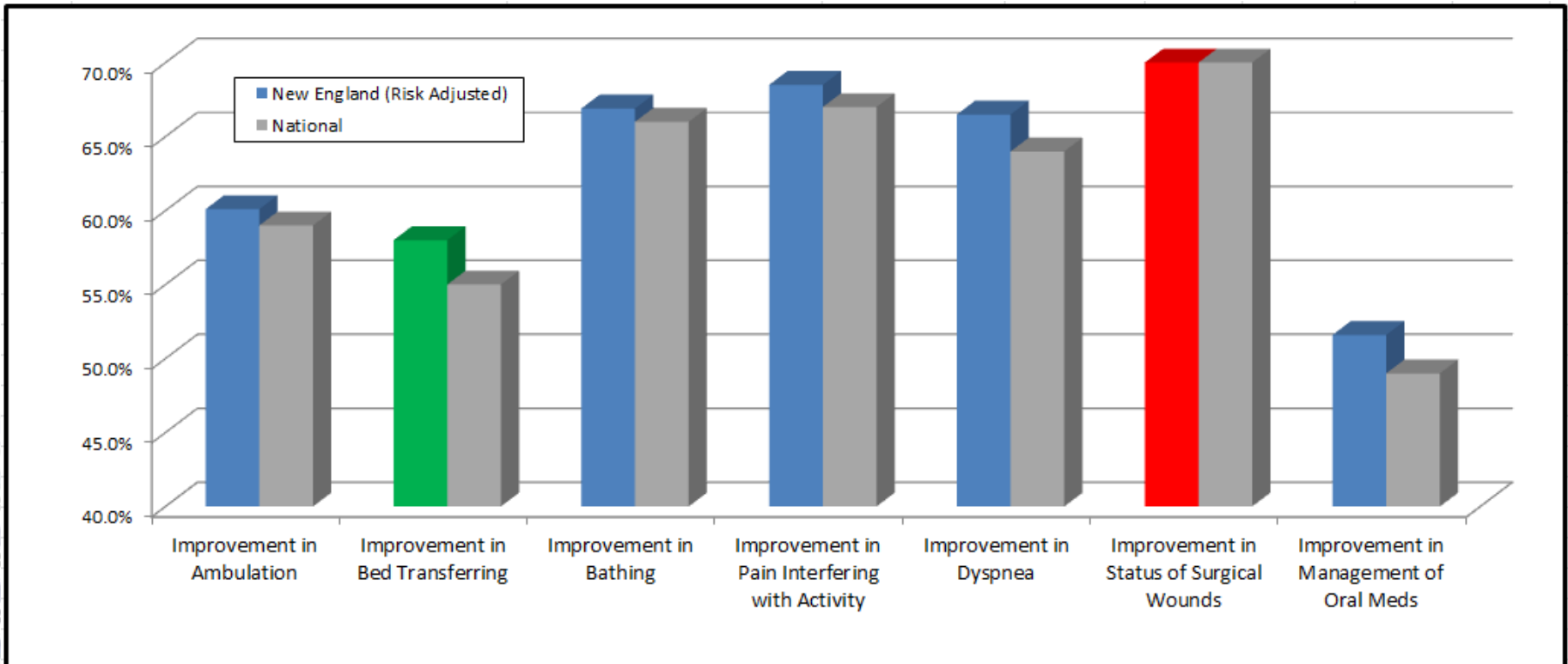




Clinical Outcomes, Hospitalizations, Telehealth

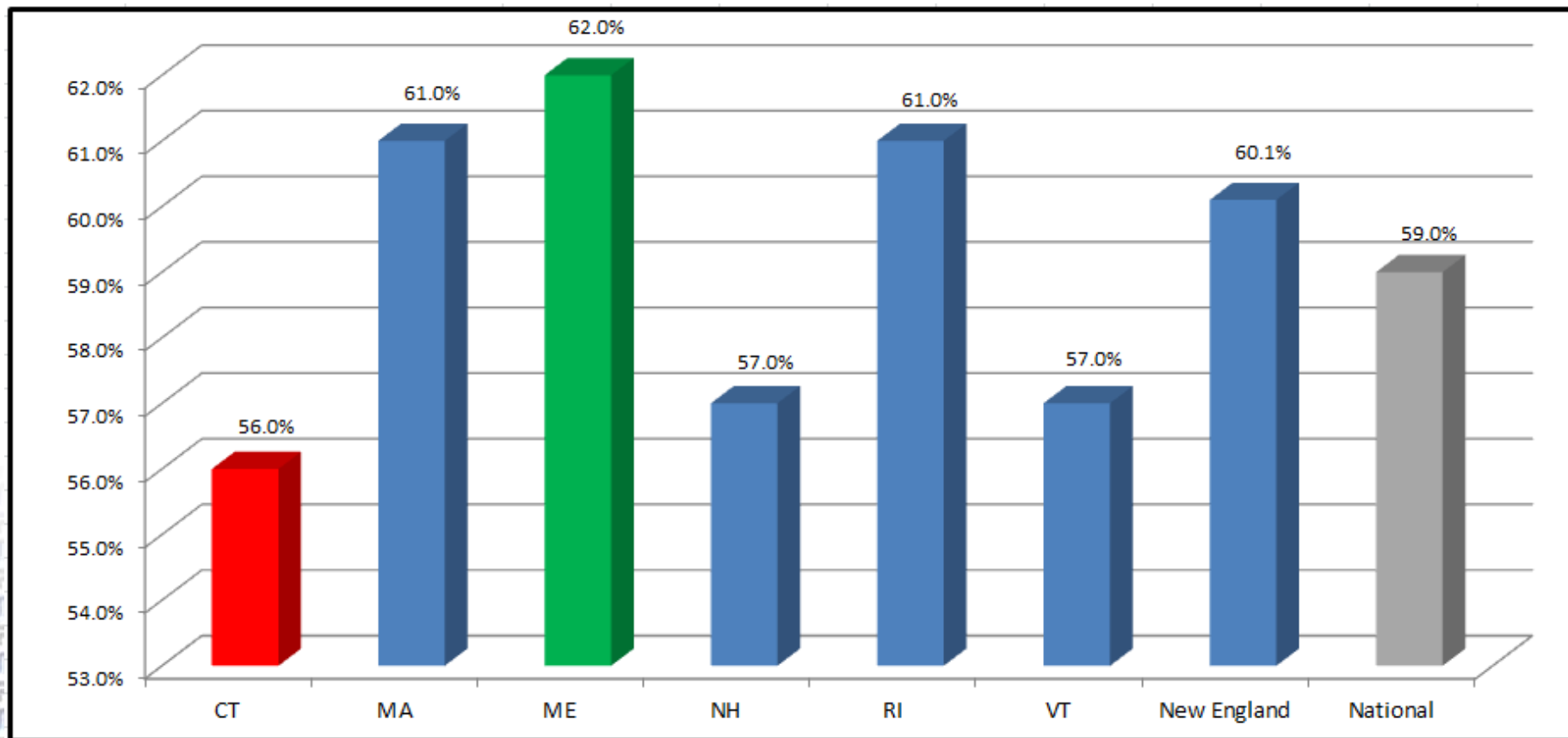
All 7 Improvement Outcomes

- ❑ Best Score: Improvement in Bed Transferring (**58.0%, +3.0%**)
- ❑ Lowest Score: Improvement in Surgical Wound Status (**88.4%, -0.6%**)



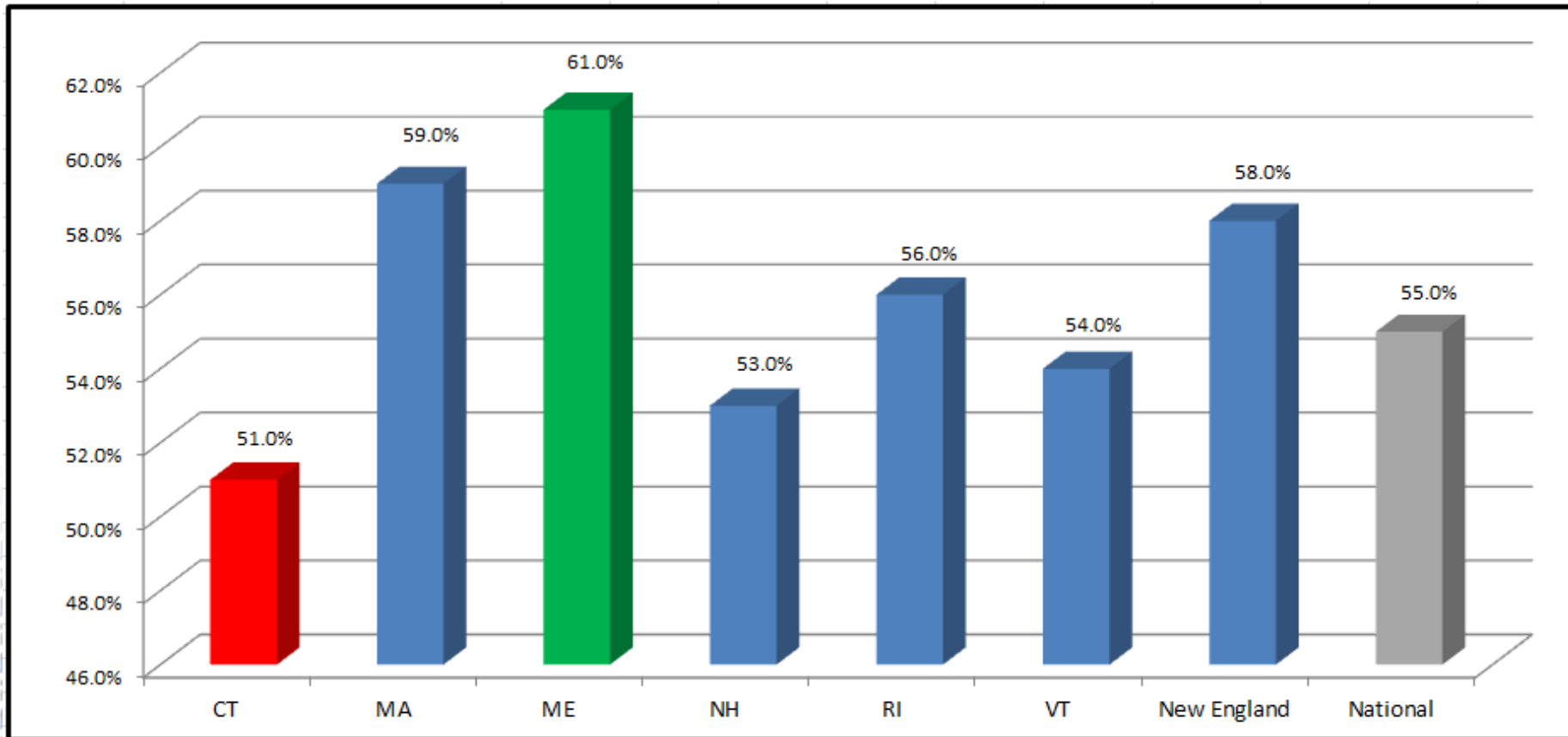
Improvement in Ambulation by State

- ❑ Best Score: Maine (62.0%, +3.0%)
- ❑ Lowest Score: Connecticut (56.0%, -3.0%)



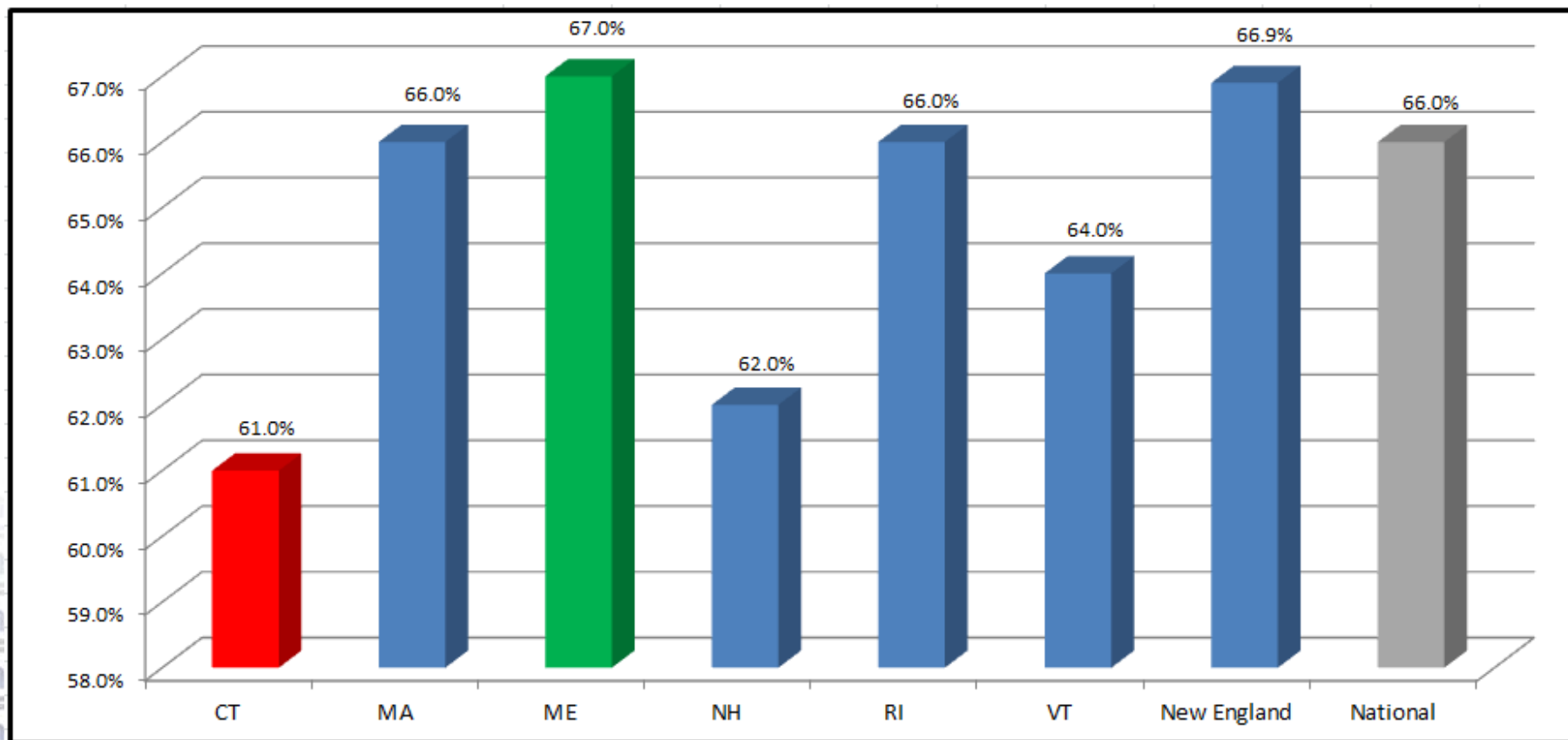
Improvement in Bed Transferring by State

- ❑ Best Score: Maine (61.0%, +6.0%)
- ❑ Lowest Score: Connecticut (51.0%, -4.0%)



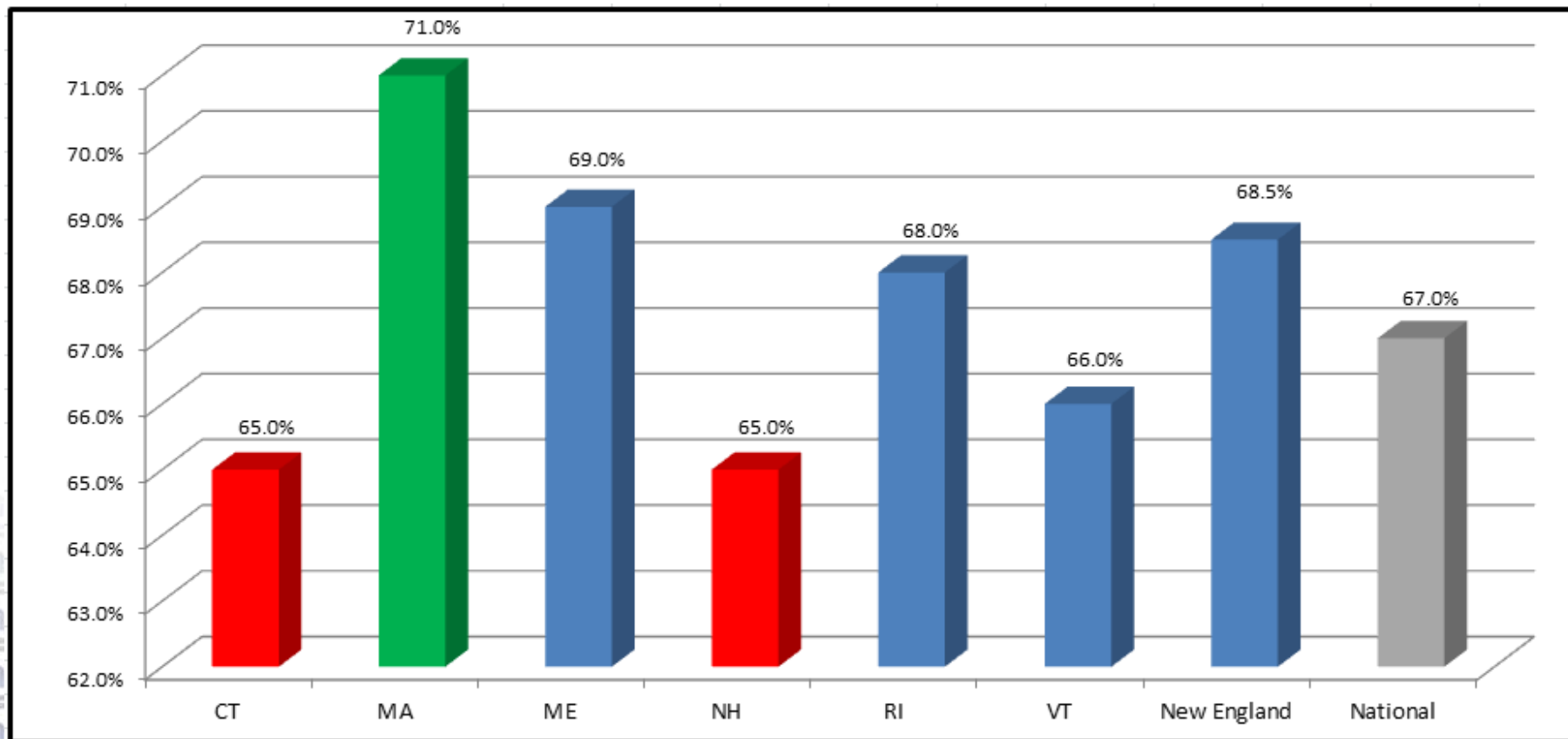
Improvement in Bathing by State

- ❑ Best Score: Maine (67.0%, +1.0%)
- ❑ Lowest Score: Connecticut (51.0%, -5.0%)



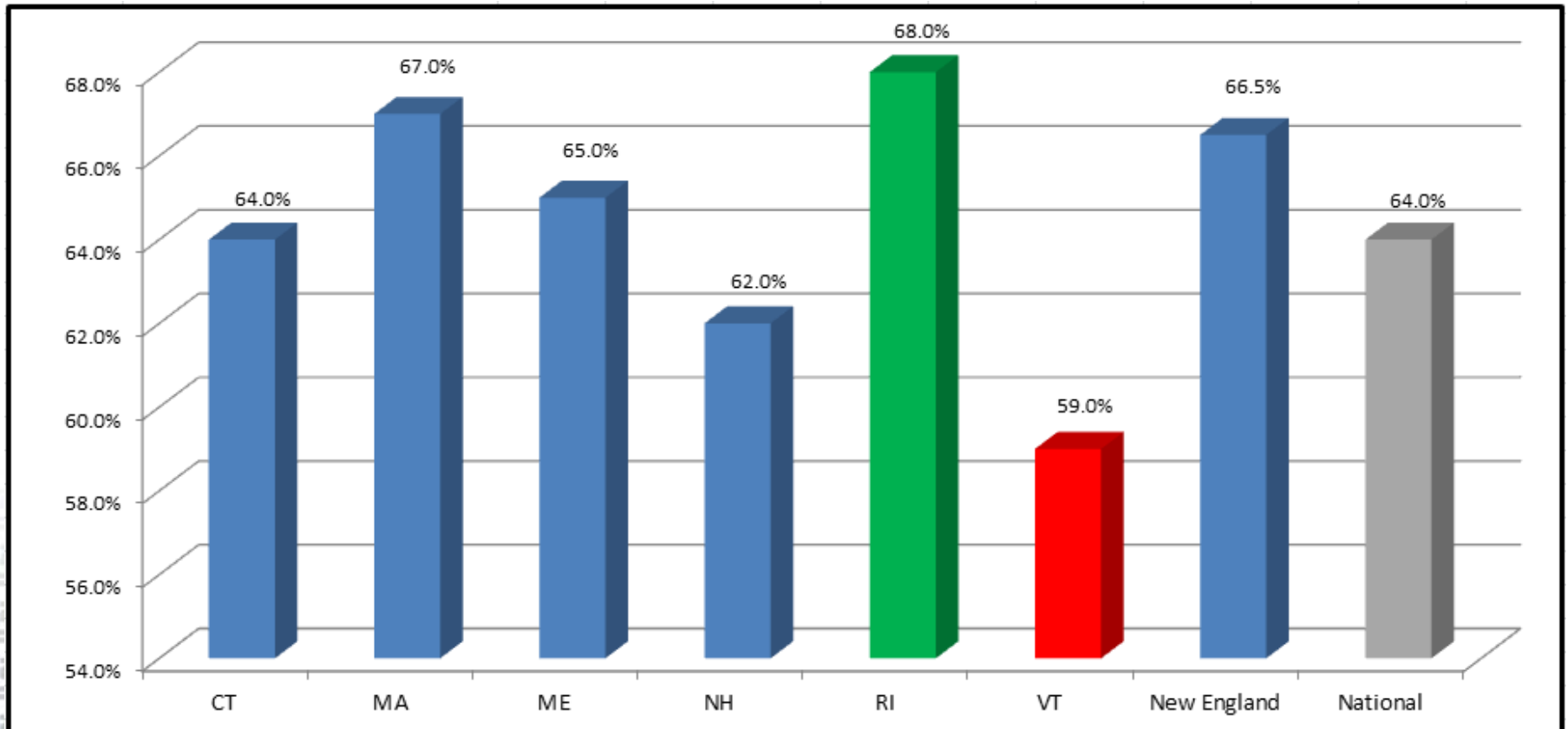
Improvement in Pain by State

- ❑ Best Score: Maine (71.0%, +6.4%)
- ❑ Lowest Score: Connecticut/New Hampshire (65.0%, -2.0%)



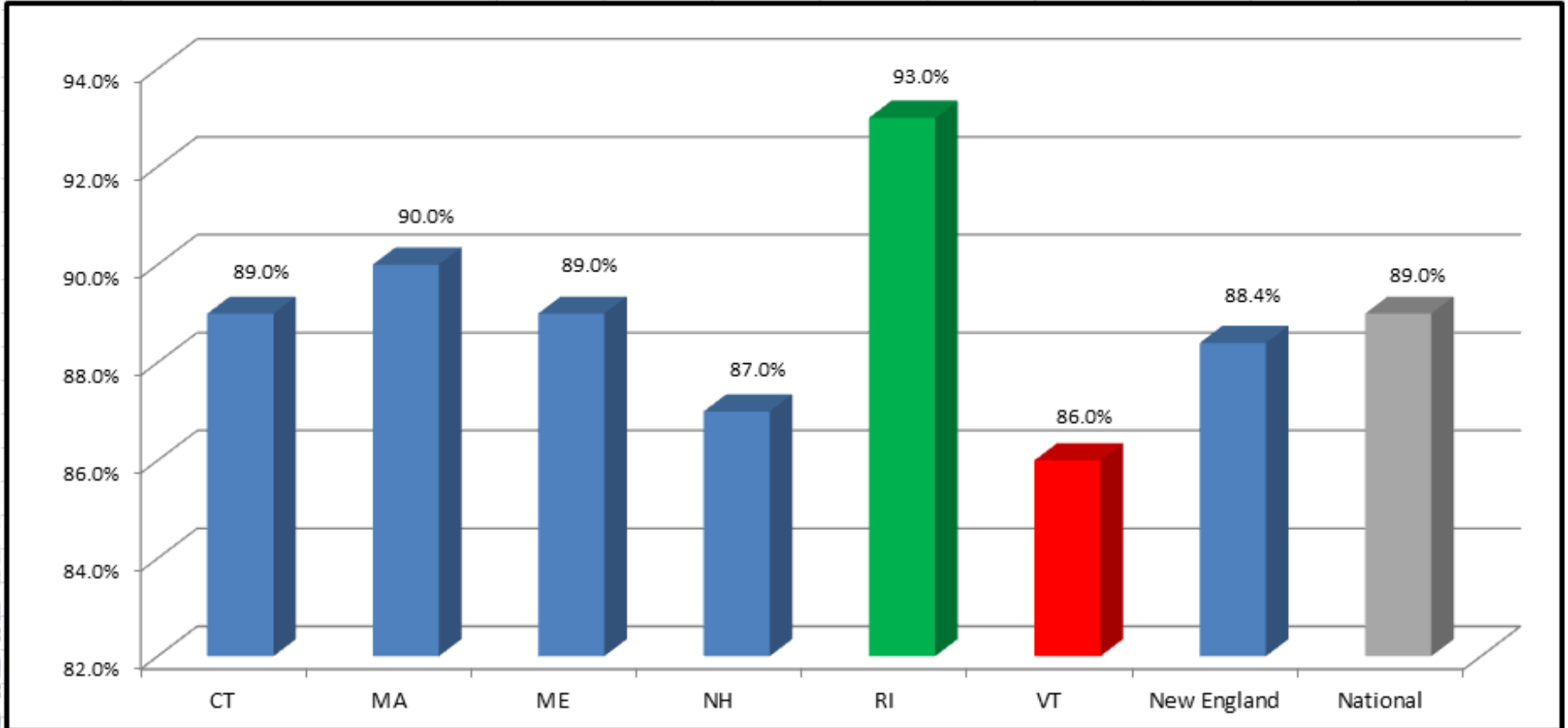
Improvement in Dyspnea by State

- ❑ Best Score: Rhode Island (**68.0%**, **+4.0%**)
- ❑ Lowest Score: Vermont (**59.0%**, **-5.0%**)



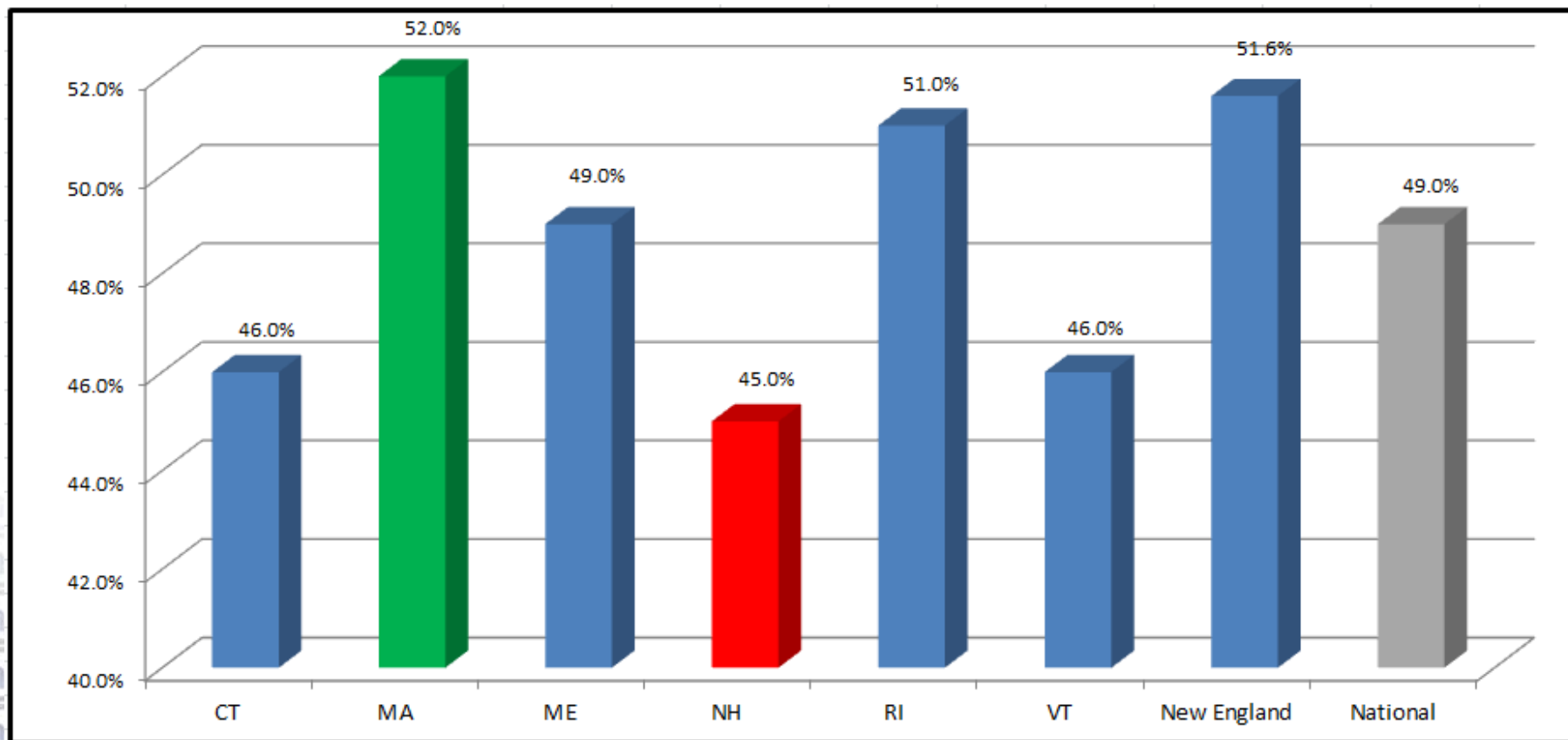
Improvement in Surgical Wound Status by State

- ❑ Best Score: Rhode Island (**93.0%**, **+4.0%**)
- ❑ Lowest Score: Vermont (**86.0%**, **-3.0%**)



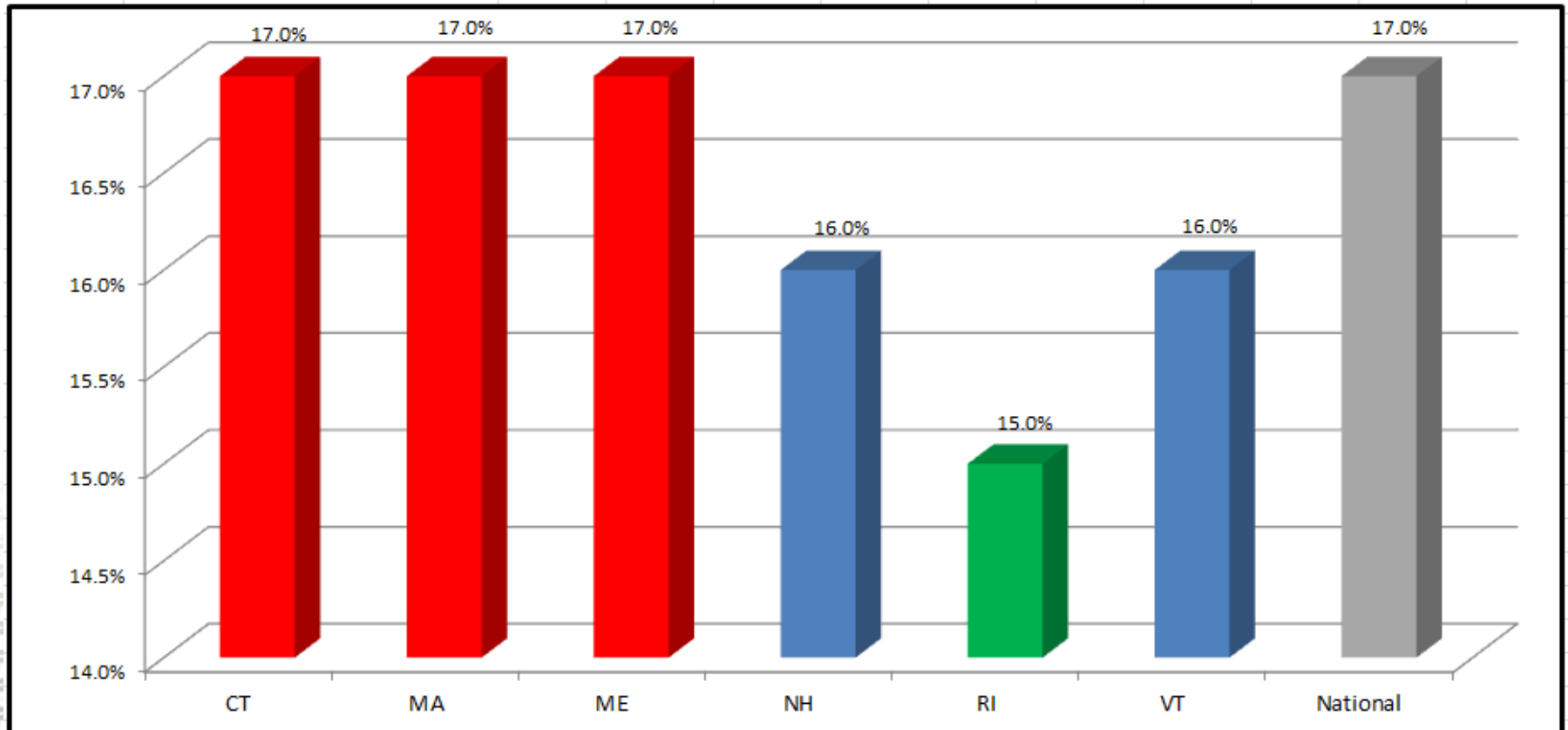
Improvement in Management of Oral Medications by State

- ❑ Best Score: Massachusetts (52.0%, +3.0%)
- ❑ Lowest Score: New Hampshire (45.0%, -4.0%)



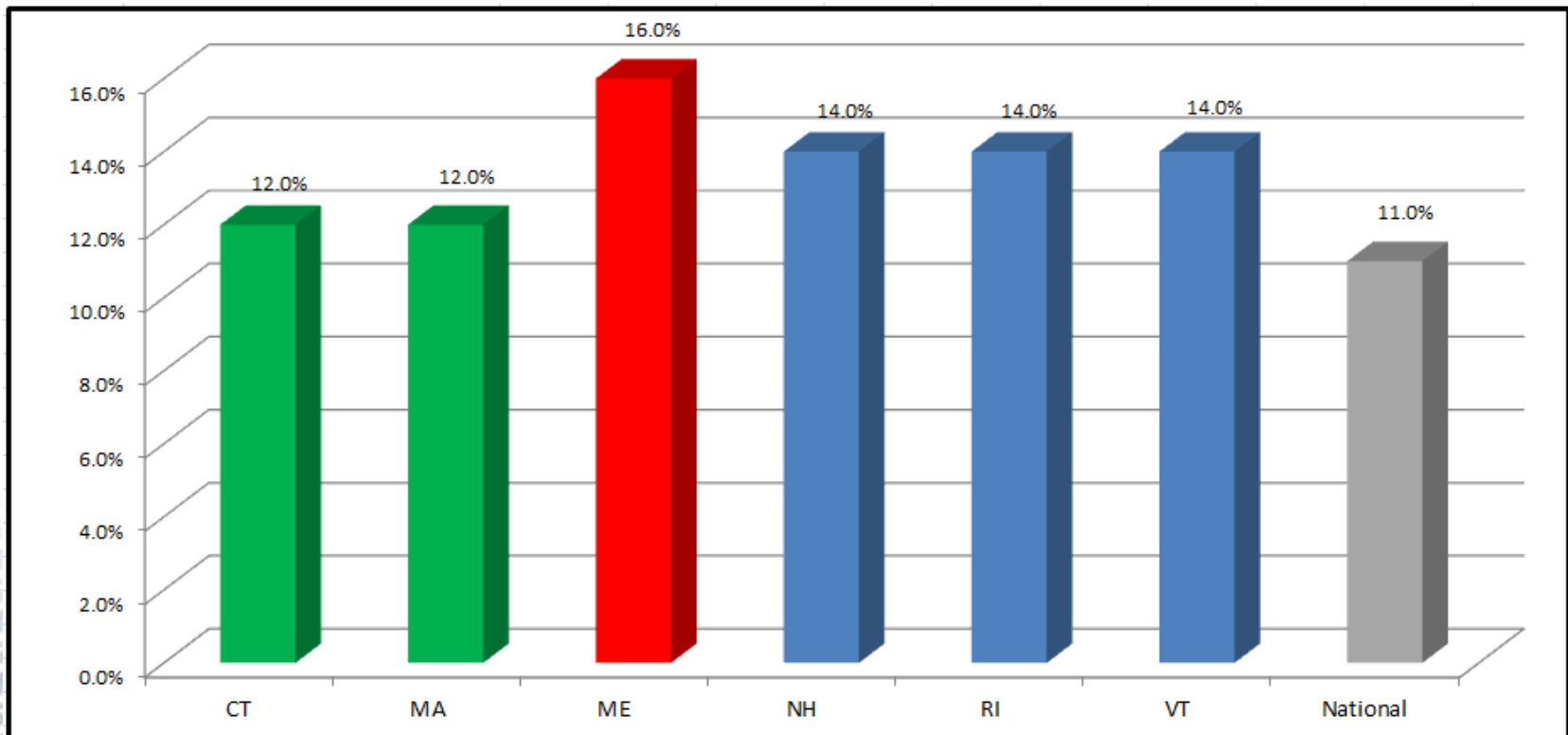
60-Day Hospitalization Rates by State

- ❑ Best Score: Rhode Island (**15.0%**, **-2.0%**)
- ❑ Worst Score: Connecticut/Massachusetts/Maine (**17.0%**, **+2.0%**)

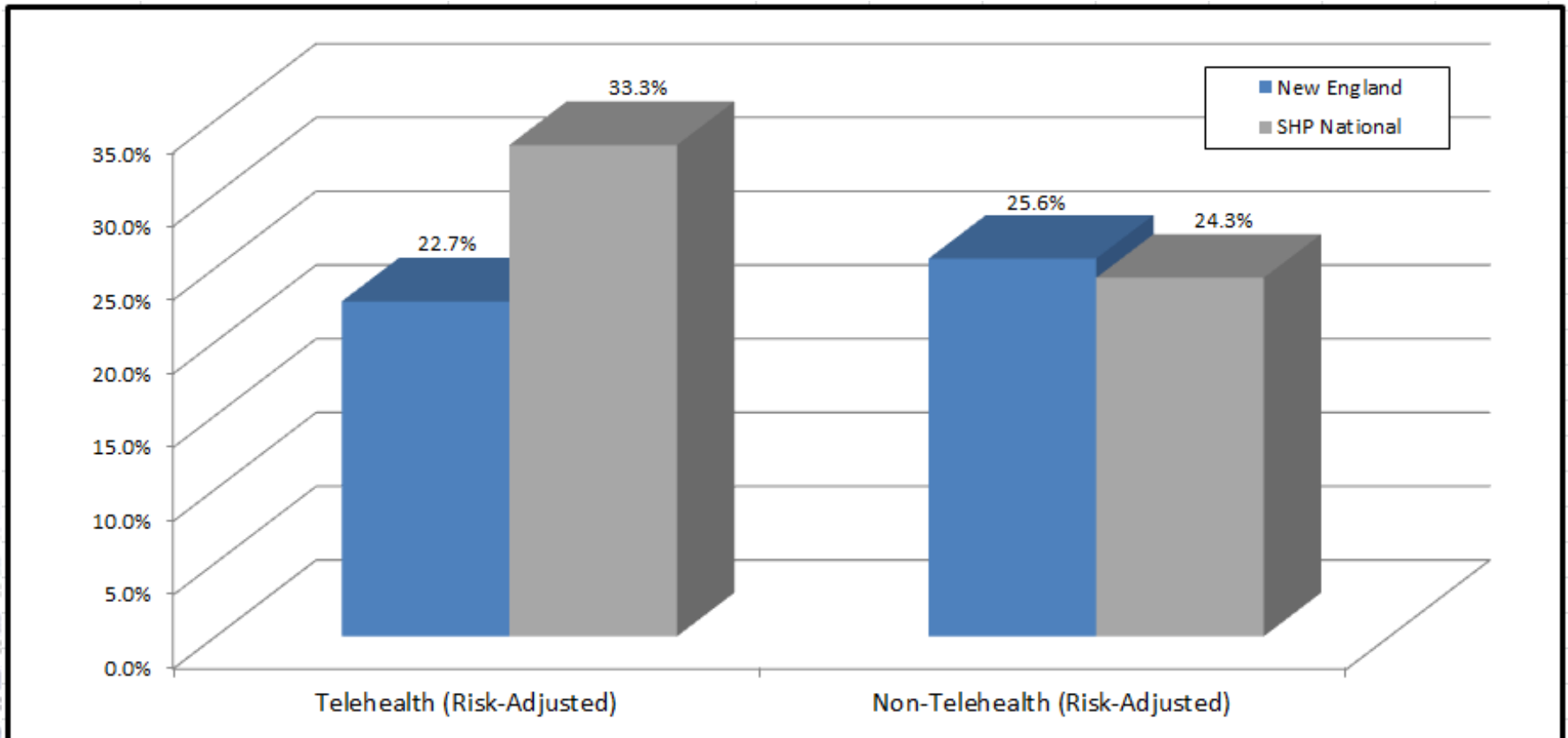


All states were at least **1% over** the national benchmark for Emergent Care

- ❑ Best Score: Connecticut/Massachusetts (**12.0%**, **+1.0%**)
- ❑ Worst Score: Maine (**16.0%**, **+5.0%**)



- New England telehealth patients had a risk-adjusted hospitalization rate **10.6% lower** than the national average for telehealth patients, and **2.9% lower** than New England non-telehealth patients.



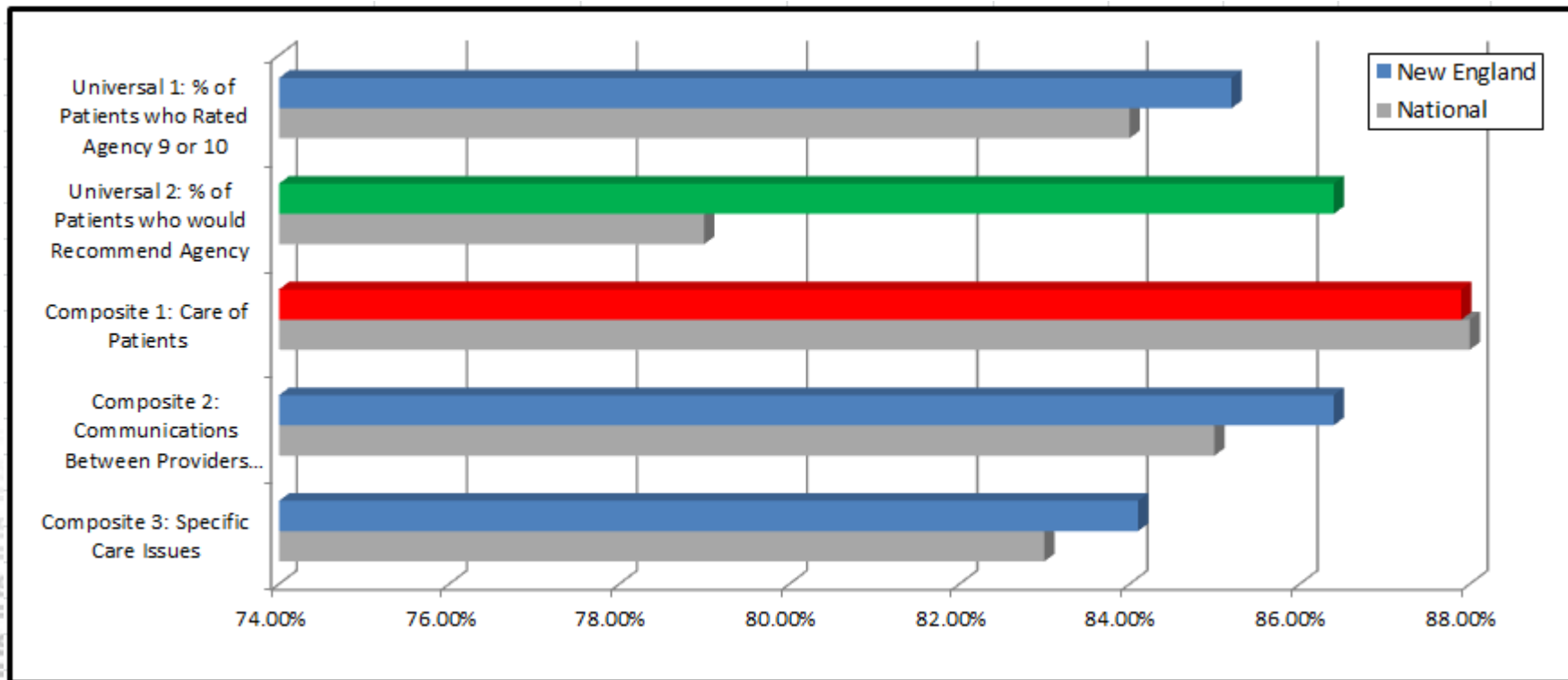


HHCAHPS Scores

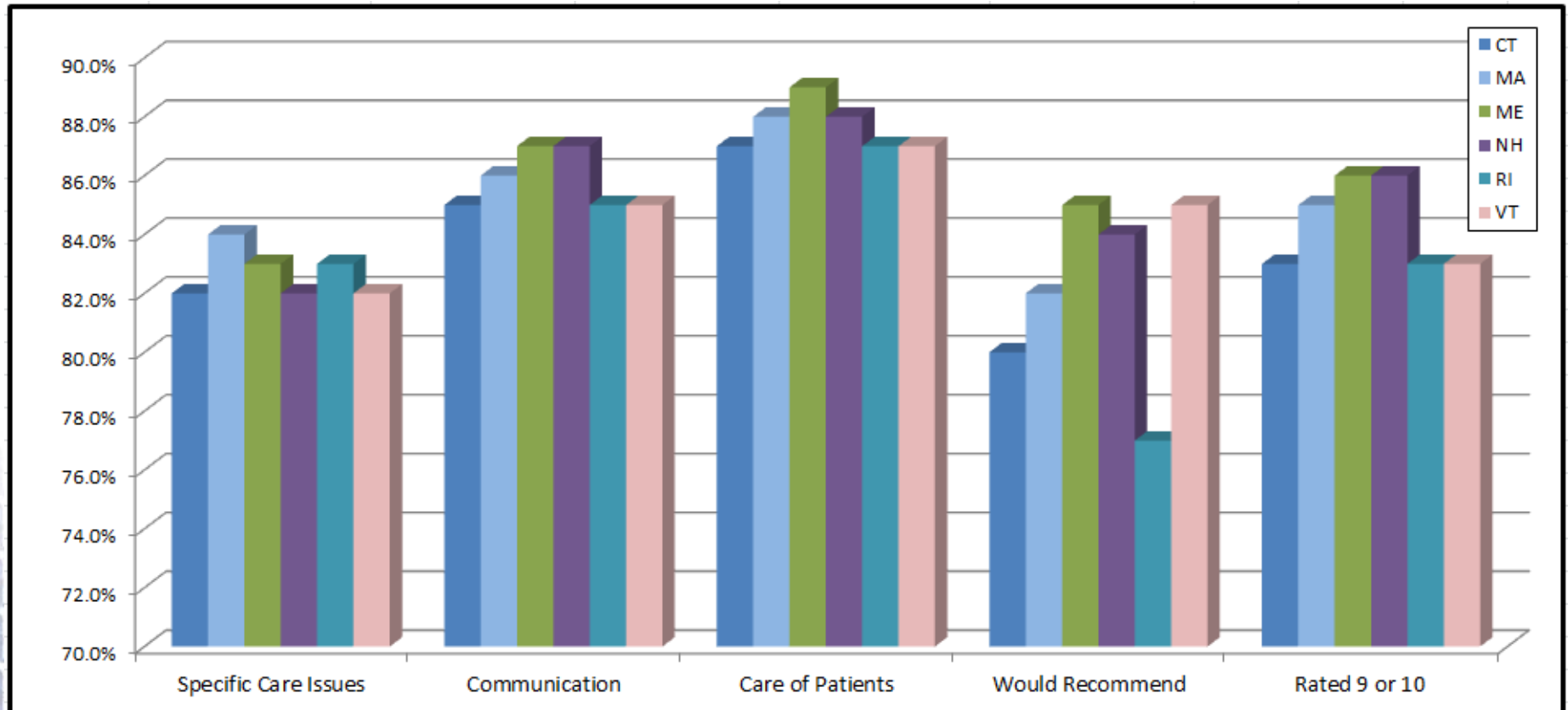
(10/2011 – 9/2012)

New England vs. National Benchmarks

- ❑ 4 of the 5 publicly reported measures are over the national benchmark
- ❑ Best Score: Would Definitely Recommend (**86.4%, +7.0%**)
- ❑ Lowest Score: Care of Patients Composite (**88.0%, -0.1%**)



- ❑ Best Score: Maine/Vermont, Would Recommend (**85.0%, +6.0%**)
- ❑ No New England state had a score for any measure that was more than 1% below the national benchmark

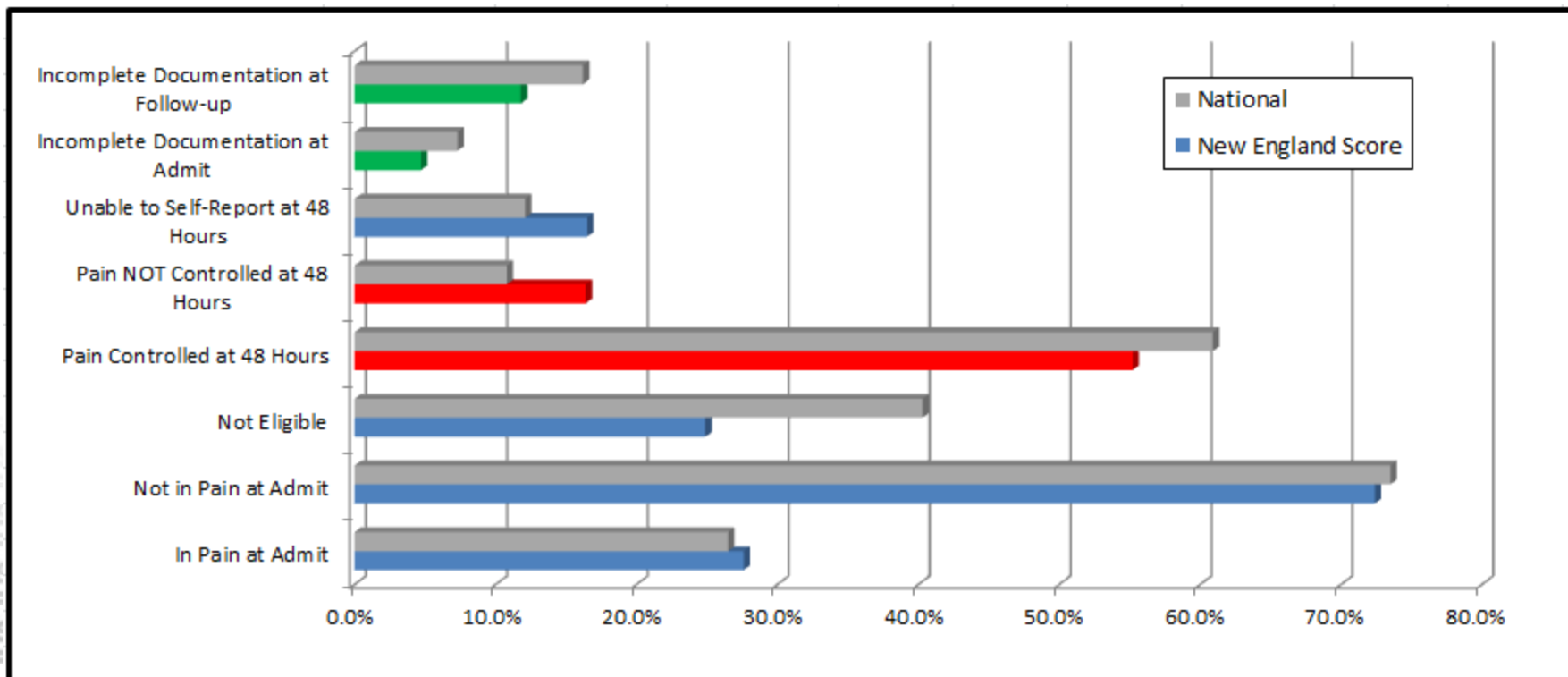




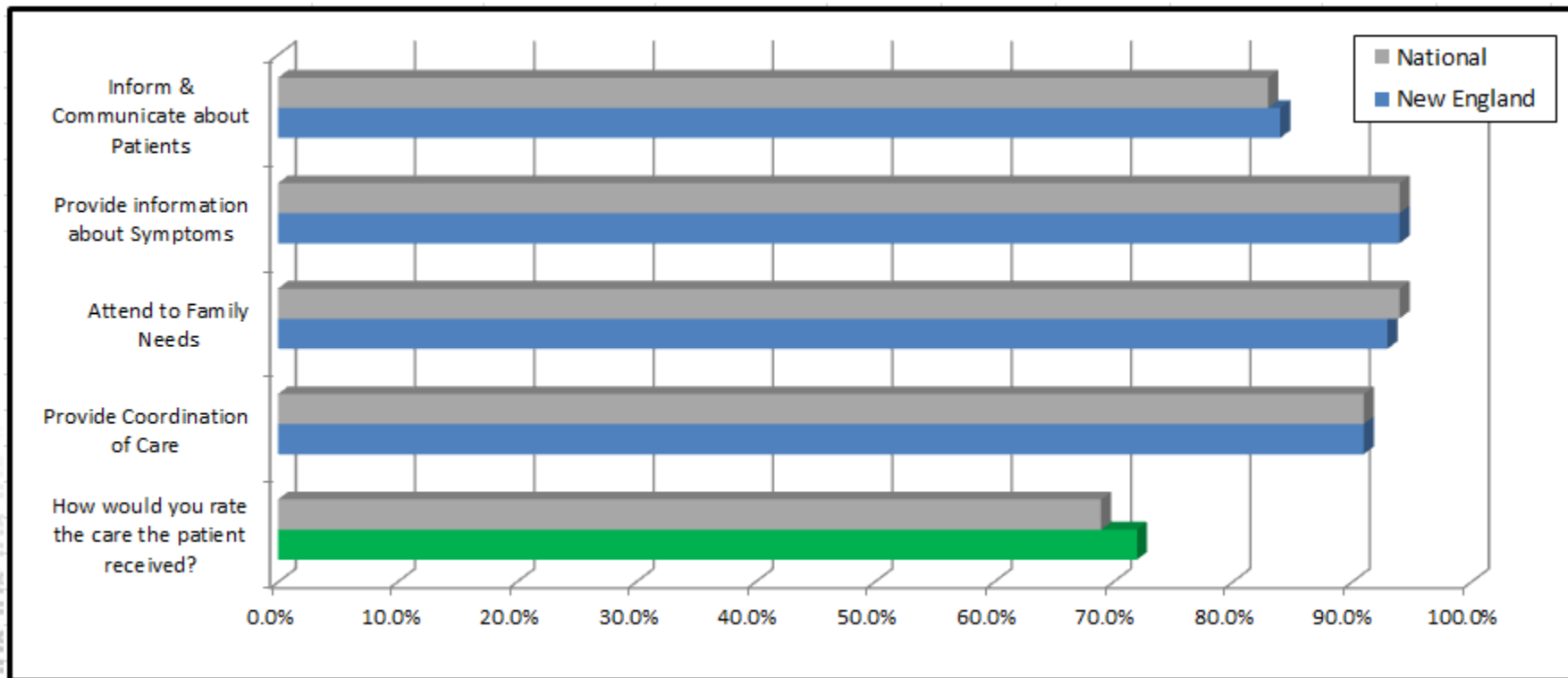
Hospice Benchmarks

QAPI, NQF, FEHC

- ❑ Pain Controlled at 48 Hours (NQF #209): **55.2%, -5.7%**
- ❑ Pain NOT Controlled at 48 Hours: **16.4%, +5.6%**
- ❑ Unable to Self-Report at 48 Hours: 16.5%, +4.4%
- ❑ Incomplete Admission Documentation: **4.7%, -2.6%**
- ❑ Missing 48-Hour Follow-Up Information: **11.8%, -4.4%**



- ❑ Best Score: How would you rate the care the patient received? **(72.0%, +3.0%)**
- ❑ Lowest Score: Attend to Family Needs **(93.0%, -1.0%)**
- ❑ 4 out of 5 NHPCO Domain scores were at or above the national benchmark



❑ What does the future hold for hospice public reporting?

- ✓ CMS has published first draft of future hospice CAHPS.
- ✓ Testing starts this fall; roll-out competing with hospice standard assessment.
- ✓ Pain management; composites; measures borrowed from HHCAHPS.
- ✓ Questions about symptom management and emotional/spiritual support adapted from FEHC.
- ✓ Setting-dependent (home, nursing home, inpatient).



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SHP Continues to Lead in Data Security



SSAE-16 Type II Audit Complete
SHP issued a clean audit report free of any exceptions



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CAHSAH Annual Conference & Home Care Expo
We hope you'll join us at the CAHSAH Annual Conference & Home Care Expo.

new!

SHP Continues to Lead in Data Security: SSAE-16 Type II Audit Complete

So now that the HIPAA Mega Rule is a reality, make sure to ask any vendor you send protected health information (PHI) to prove that they're worthy of your trust

2013 NAHC Strategic Planning Congress Held in Washington

NAHC's Board of Directors, Forum of State Associations and key leaders from the home care industry gathered in Washington, DC for the 2013 NAHC Strategic Planning Congress.

INDUSTRY NEWS Home Care Must Be Present to Be Heard

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- HHCAHPS
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- Data Mining
- Future innovations

Barbara's Blog

When it comes to Benchmarking... Size Matters.

I'd like to walk you through an example of how using a benchmark that's not representative of the comparison group can impede your ability to make sound decisions. Beware of some of the self-appointed industry benchmarks that are getting thrown around out there...

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Welcome to the New SHP Experience

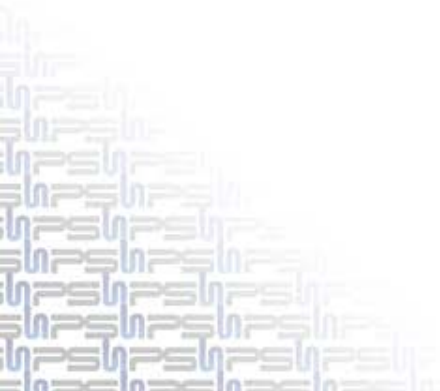
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Questions & Answers



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