EXPANDED HOME HEALTH VALUE-BASED PURCHASING (HHVBP) MODEL
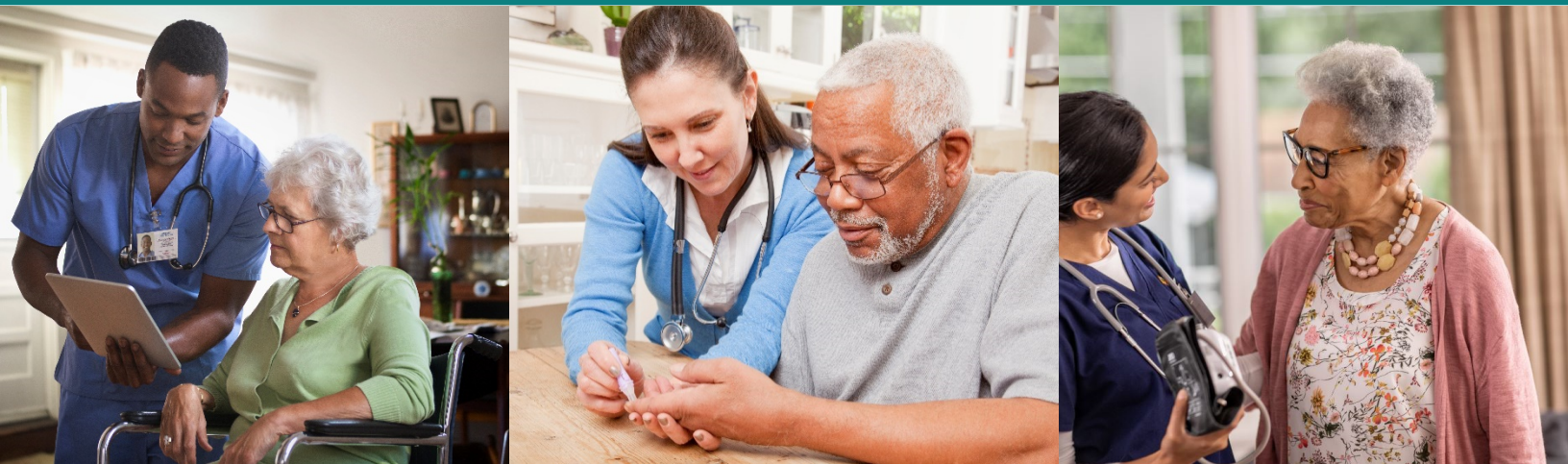
Quality Assessment and Performance Improvement (QAPI) Program Self-Assessment

September 2022

Introduction

Centers for Medicare & Medicaid Services (CMS) Medicare-certified home health agencies (HHAs) are required to develop, implement, evaluate, and maintain an effective, ongoing, HHA-wide, data-driven Quality Assessment and Performance Improvement (QAPI) program.[1] An effective QAPI program is essential for success under the expanded HHVBP Model and for the long-term viability of competing HHAs. The expanded HHVBP Model provides data resources that can be used to evaluate and strengthen established QAPI programs.

This worksheet outlines a procedure that HHA teams can use to self-assess, evaluate, and improve their QAPI program. Using this procedure, teams will:

- Use a QAPI Results Dashboard (a tool used to record and compare performance and outcomes data with QAPI initiatives),
- Assess the effectiveness of Performance Improvement (PI) activities,
- Assess critical QAPI functions, and
- Identify opportunities for improvement.

This is intended to be a brief, focused review using existing data sources and conducted by teams involved with QAPI initiatives, including leadership. Teams may find it useful to work through this self-assessment periodically[2] or in conjunction with receipt of their expanded HHVBP Model Annual Performance Report (APR).

Quick Start Guide

- This is an easy-to-use QAPI program self-assessment activity for HHA staff and leadership engaged in quality improvement. It is intended for learning and not for external evaluation.
- Preparations for the team activities should take no more than 30 minutes; the team review itself requires no more than 30 minutes.
- The forms will guide teams through the self-assessment process, using existing data sources. A completed assessment is also provided as an example.
- Information and data required:
  - Documentation of quality improvement initiatives for the past three (3) years.[3]
  - Performance data:
    - ✓ Expanded HHVBP Model performance reports[4]
    - ✓ Other performance data maintained by the HHA
- Self-assessment steps:
  1. Document PI activities for the past three (3) years.
  2. Record PI and performance results in the QAPI Results Dashboard.
     - ➢ *Note that these first two (2) steps can be completed in advance of the team review outlined in Step 3, although the team should have an opportunity to review and refine the results.*
  3. Team reviews the QAPI Results Dashboard, assesses QAPI strengths and opportunities for improvement and develops an action plan. A QAPI program development resource is available in the Appendix.

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[1] See: Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies.

[2] Note that an annual QAPI program self-assessment complements and does not replace more frequent monitoring of ongoing PI activities and trending quality indicator performance.

[3] Past and completed initiatives are included in this review because of the data lag inherent in performance data and to provide a comprehensive view of the QAPI program and sustainability of results.

[4] CMS anticipates the first Interim Performance Report (IPR) will be available in July 2023 and the first APR will be available in August 2024.

QAPI Program Self-Assessment Worksheet

Step 1. Program Self-Assessment

Document the Self-Assessment date and review team.

Review Date	Review Team

Step 2. Performance Improvement (PI) Activities

List current and completed PI activities (past three (3) years). Due to data lags in claims data, activities performed up to three (3) years ago could be impacting current performance results.

Current	Completed 6 to 18 months ago	Completed 18 to 36 months ago
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Step 3. QAPI Results Dashboard

Complete the QAPI Results Dashboard table below. Instructions are provided for each column.

[a] **Measure/Domain Performance Date Range:** *Record the date range for the performance data under review (these are the dates of the quality episodes reflected in the performance data in the APR).*

[b] **PI target: past 18 months:** *Indicate all measures targeted by PI activities within the past 18 months with an "X". For example, if the HHA has implemented PI activities aimed at improving the Discharged to Community performance within the past 18 months, place an "X" in this respective row/column. There is space at the bottom of the dashboard to list additional measures not captured by the 12 expanded HHVBP Model applicable measures.*

[c] **PI target: 18–36 months ago:** *Indicate all measures targeted by PI activities completed 18-36 months ago with an "X".*

[d] **Current Performance Assessment:** *Assess the HHA's current performance as reflected in performance data in the HHA's APR by circling red/grey/green. Complete for all measures or outcomes with available data, regardless of whether the measure was a target for PI activity. Details on the rating system are provided below.*

▼ Red	● Grey	▲ Green
Indicates areas of potential concern. For example, performance that is: • Sustained below target established for past or current PI activities • In the lowest quartile for similar HHAs	Indicates potentially stalled progress or areas of under-performance. For example, performance that is: • Below target established for past or current PI activities • Trending downward • In the middle two (2) quartiles for similar HHAs	Indicates good to exceptional progress or performance. For example, performance that is: • At, near, or above target established for past PI activities • Trending upward • In the top quartile for similar HHAs • Sustained at (or near) target established for PI activity • At or above benchmark

[e] **PI Assessment**: *Assess the effectiveness of PI activities in producing desired results for targeted measures by circling red/grey/green. Details on the rating system are provided below.*

▼ Red	● Grey	▲ Green
Indicates potential problems with QAPI/PI functioning. For example: • Persistent low performance without targeted PI activities • Prior gains from PI activities not sustained with lowest quartile performance	Indicates QAPI/PI functioning may be less than adequate. For example: • PI activities that do not show improvement • Gains from prior PI activities not sustained • Performance in lowest quartile, no PI activity • No performance data available	Indicates good to highly effective QAPI/PI functioning. For example: • Achieved at, near, or above target performance through PI activities • Performance sustained at target level, no PI required • Sustained at or above target through PI activities • Sustained at or above benchmark

QAPI Results Dashboard

[a] Measure/Domain Performance Date Range Date range for performance data: From (___/___/___) to (___/___/___)	[b] PI target: past 18 months	[c] PI target: 18–36 months ago	[d] Current Performance Assessment			[e] PI Assessment		
Star Rating			▼	●	▲	▼	●	▲
Total Performance Score (TPS)			▼	●	▲	▼	●	▲
OASIS			▼	●	▲	▼	●	▲
Discharged to Community			▼	●	▲	▼	●	▲
Improvement in Dyspnea			▼	●	▲	▼	●	▲
Improvement in Management of Oral Medications			▼	●	▲	▼	●	▲
Total Normalized Composite (TNC) Change in Mobility			▼	●	▲	▼	●	▲
Total Normalized Composite (TNC) Change in Self-Care			▼	●	▲	▼	●	▲
Claims			▼	●	▲	▼	●	▲
Acute Care Hospitalizations (ACH)			▼	●	▲	▼	●	▲
Emergency Department Use Without Hospitalization (ED Use)			▼	●	▲	▼	●	▲
HHCAHPS			▼	●	▲	▼	●	▲
Care of Patients			▼	●	▲	▼	●	▲
Communications Between Providers and Patients			▼	●	▲	▼	●	▲
Specific Care Issues			▼	●	▲	▼	●	▲
Overall Rating of Home Health Care			▼	●	▲	▼	●	▲
Willingness to Recommend the Agency			▼	●	▲	▼	●	▲
High risk, high volume, problem prone (list measure)			▼	●	▲	▼	●	▲
Staff experience (list measure)			▼	●	▲	▼	●	▲
Sustainability, financial performance (list measure)			▼	●	▲	▼	●	▲
Other (list measure)			▼	●	▲	▼	●	▲
Other (list measure)			▼	●	▲	▼	●	▲

Step 4. Summarize Performance & Develop Action Plan

Assess QAPI program performance of essential functions based on the results from the QAPI Results Dashboard. Develop action plans to enhance and leverage strengths and address opportunities for improvement. See Appendix for potential QAPI program development targets.

QAPI Summary & Action Plan

Essential QAPI Program Functions	Rating			Notes, Action Steps
Overall effectiveness	▼	●	▲	
Program helps to achieve organizational goals	▼	●	▲	
Efficient use of time and effort	▼	●	▲	
Targets important outcomes	▼	●	▲	
Includes data on patient safety, adverse events	▼	●	▲	
Data-driven	▼	●	▲	
Results are sustained	▼	●	▲	
Sufficient resources available	▼	●	▲	
Performance improvement activities and results are documented	▼	●	▲	

QAPI Program Self-Assessment Worksheet - Example

This section provides an illustrative example of how a fictional HHA might complete the QAPI Program Self-Assessment Worksheet based on their QAPI program goals and priorities, documented results from past QAPI PI activities, and quality performance data. The example is based off data from the sample Annual Performance Report[5] (screenshot below) and theoretical PI activities.

Care Points

Measure	Sufficient Data for Measure Inclusion?	Your HHA's Achievement Points	Your HHA's Improvement Points	Your HHA's Care Points [a]	Your HHA's Percentile Ranking Within Your HHA's Cohort [b]
OASIS-based Measures					
Discharged to Community	Yes	6.561	5.588	6.561	≥75
Improvement in Dyspnea	Yes	4.373	3.937	4.373	50-74
Improvement in Management of Oral Medications	Yes	3.242	4.037	4.037	50-74
Total Normalized Composite (TNC) Change in Mobility	Yes	6.214	4.585	6.214	≥75
Total Normalized Composite (TNC) Change in Self-Care	Yes	5.977	4.468	5.977	≥75
Claims-based Measures					
Acute Care Hospitalizations	Yes	1.251	0.715	1.251	25-49
Emergency Department Use Without Hospitalization	Yes	0.000	0.000	0.000	<25
HHCAHPS Survey-based Measure Components					
Care of Patients	Yes	0.000	0.000	0.000	<25
Communications Between Providers and Patients	Yes	0.000	1.192	1.192	25-49
Specific Care Issues	Yes	0.000	0.000	0.000	<25
Overall Rating of Home Health Care	Yes	0.000	0.000	0.000	<25
Willingness to Recommend the Agency	Yes	0.000	0.020	0.020	25-49

Step 1. Program Self-Assessment

Review Date	Review Team
9/1/2023	*_____, RN – QAPI Coordinator* *_____, DPT* *_____, Home Health Aide* *_____, CEO, Happy HHA*

Step 2. Performance Improvement (PI) Activities

Current	Completed 6 to 18 months ago	Completed 18 to 36 months ago
▪ *HHCAHPS – targeting specific care issues*	▪ *OASIS – assessment practices and skills*	▪ *ACH reduction* ▪ *ED Use reduction*

Step 3. QAPI Results Dashboard

[a] Measure/Domain Performance Date Range Date range for performance data: From 1/1/21 to 12/31/21	[b] PI target: past 18 months	[c] PI target: 18–36 months ago	[d] Current Performance Assessment			[e] PI Assessment		
Star Rating	X	X	▼	(●)	▲	▼	(●)	▲
Total Performance Score (TPS)	X	X	▼	(●)	▲	▼	(●)	▲
OASIS	X		▼	●	(▲)	▼	●	(▲)
Discharged to Community	X		▼	●	(▲)	▼	●	(▲)
Improvement in Dyspnea	X		▼	●	(▲)	▼	●	(▲)
Improvement in Management of Oral Medications	X		▼	●	(▲)	▼	●	(▲)
Total Normalized Composite (TNC) Change in Mobility	X		▼	●	(▲)	▼	●	(▲)
Total Normalized Composite (TNC) Change in Self-Care	X		▼	●	(▲)	▼	●	(▲)
Claims			▼	●	▲	▼	●	▲
Acute Care Hospitalizations		X	▼	(●)	▲	▼	(●)	▲
Emergency Department Use Without Hospitalization		X	(▼)	●	▲	(▼)	●	▲
HHCAHPS			(▼)	●	▲	▼	(●)	▲
Care of Patients			(▼)	●	▲	▼	(●)	▲
Communications Between Providers and Patients			(▼)	●	▲		(●)	▲
Specific Care Issues	X		▼	(●)	▲	▼	(●)	▲
Overall Rating of Home Health Care			(▼)	●	▲	▼	(●)	▲
Willingness to Recommend the Agency			(▼)	●	▲	▼	(●)	▲
High risk, high volume, problem prone (list measure) *None*			▼	●	▲	▼	●	▲
Staff experience (list measure) *Staff retention*	X		▼	(●)	▲	▼	(●)	▲
Sustainability, financial performance (list measure) *Net income*		X	▼	●	(▲)	▼	●	(▲)
Other (list measure) *Expand referral sources*		X	▼	●	(▲)	▼	●	(▲)
Other (list measure) *None*			▼	●	▲	▼	●	▲

Step 4. Summarize Performance & Develop Action Plan

Essential QAPI Program Functions	Rating			Notes, Action Steps
Overall effectiveness	▼	⦿ (dashed)	▲	*Inconsistent results from PI activities, performance is not at target for STAR rating or TPS.*
Program helps to achieve organizational goals	▼	●	▲ (dashed)	*OASIS assessment PI activity improved STAR rating and TPS. This is a strength the program can build upon.*
Efficient use of time and effort	▼	●	▲ (dashed)	*QAPI team and management agree that this is an effective use of our time and resources.*
Targets important outcomes	▼	⦿ (dashed)	▲	*The scope of the current HHCAHPS PI activity may be too narrow.*
Includes data on patient safety, adverse events	▼	⦿ (dashed)	▲	*Patient safety and adverse events are recorded in incident reports but are not systematically tracked.*
Data-driven	▼	⦿ (dashed)	▲	*Data are used for prioritizing projects and for monitoring progress. It is unclear whether PI activities make good use of data in root cause analysis and solutions development.*
Results are sustained	▼	⦿ (dashed)	▲	*Improvement in ACH performance was not sustained.*
Sufficient resources available	▼	⦿ (dashed)	▲	*QAPI team feels supported by leadership but would like to devote more time to the design and conduct of PI activities.*
Performance improvement activities and results are documented	▼	●	▲ (dashed)	*Generally, documentation for PI activities was good, with an opportunity to improve documentation of root cause analysis.*

Appendix

QAPI Program Development Considerations

Situation	QAPI Program Capabilities
Performance Improvement (PI) activities do not reliably result in improvement (or sustained improvement)	If the program self-assessment identifies PI activities that were conducted that did not produce the desired change in measured outcomes, HHA teams should examine QAPI program capabilities and processes related to: • **Root cause analysis.** Do PI activities correctly identify the systemic causes of performance gaps? Note that systemic causes are found in process design and management practices – and not the actions of individual staff. • **Redesign, solution identification and development.** Are solutions to be tested clearly and causally related to the performance gaps identified? Are PI activities making effective use of best practices and information from outside the HHA? Are desired actions and behaviors clearly operationally defined? Are staff, patients, caregivers involved in the redesign process? • **Testing and implementation.** Are PI activities making appropriate use of incremental, rapid cycle tests of change? Do PI activities gather user feedback? Do PI activities use real-time data on indicators of adoption and impact? • **Institutionalizing, sustaining change.** Are practices identified through successful PI activities fully integrated into training, orientation, and procedures? Are incentives aligned for desired behavior? Is performance monitored on an ongoing basis?
PI activities are successful, but overall organizational performance is not improving	If the program self-assessment finds documented success with PI activities, but persistent concern with overall organizational performance, HHA teams should examine QAPI program capabilities and processes related to: • **Program resources, leadership support.** Is the QAPI program sufficiently resourced to tackle organizational performance topics? Is organizational performance within the scope of the QAPI program? Is HHA leadership (or ownership) engaged with and supportive of QAPI efforts? • **Prioritization.** Are PI activities targeting the most important outcomes (for patients, for the HHA)? Are PI activities aligned with management priorities? • **Root cause analysis.** Does root cause analysis consider related measures of performance to identify systemic causes not specific to one (1) quality measure? • **Evaluation and learning.** Does the QAPI program study and learn from its experience and outcomes? Does it learn from experience of other HHAs? Does it learn from experience in other industries?

Additional resources about the expanded HHVBP Model are available on the are available on the **Expanded HHVBP Model** webpage. Questions can be sent to the HHVBP Help Desk at **HHVBPquestions@lewin.com.**