

RESEARCH BRIEFING

“Home Health Agencies in the Changing Policy Environment”

▲ OVERVIEW OF RESEARCH

The research undertaken by Dr. Shang, et al. aimed to examine how home health agencies (HHAs) responded to the changing quality improvement policy landscape and identify best practices. Quality improvement in the home healthcare setting has been a focus of the Centers for Medicare and Medicaid Services (CMS); multiple quality initiatives have been implemented in recent years, including mandating Quality and Performance Improvement (QAPI) programs in all CMS-certified HHAs and pilot testing of the Home Health Value Based Purchasing (HHVBP) model in nine randomly-selected states. Prior research on these policy-driven quality initiatives have shown modest improvements in HHA quality indicators (i.e., quality of patient care and patient experience measures) after implementation. However, the impact of this changing landscape upon quality of patient care and patient experience over time has not been well defined.

Leveraging the infrastructure and interdisciplinary research team established by a separate NIH-funded Ro1 study, the purposes of this research were to characterize the quality of home health care over

time by using longitudinal CMS data, examine the impact of the HHVBP model upon quality indicators, and explore how HHAs responded to the CMS quality initiatives through qualitative interviews and a national survey.

▲ RESULTS

Based on the selected measures, the overall quality of home health care improved substantially from 2012 to 2016; however, those improvements varied by ownership, both in terms of trends (larger improvements for nonprofit agencies) and as a function of nurse staffing. Following the launch of the HHVBP model in 2016, participating HHAs significantly improved their performance on quality of patient care and patient experience measures. For example, for-profit participating in the HHVBP model had an average a 1.59 ($p < 0.001$) percentage point increase in the Care Quality index each year after the implementation of the model, while within nonprofit agencies there was an associated 0.71 ($p = 0.024$) percentage point increase in the Patient Experience index over the same time. Rates of hospital transfers, readmissions, and ED visits with and without hospitalizations among patients served by HHVBP-participating HHAs also improved measurably over time.

Data from qualitative interviewees revealed variations in knowledge and opinions about the HHVBP model and its impact upon day-to-day operations at the HHAs. Some HHA staff described their quality and performance improvement processes in detail, including successes and

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challenges with establishing and maintaining their QAPI program. Few interviewees talked about the data and methods used to determine improvement on quality indicators, as well as tools created in response to a documented gap in quality.

National survey data provided important insights into how HHAs responded to quality improvement policies based on HHVBP participation. Specifically, there were significant variations in: electronic medical record system usage and acquisition patterns, QAPI program focus, staff influenza vaccination policies, and promotion of shingles and pertussis vaccination among patients, family members and informal caregivers.

▲ IMPACT FOR HOME HEALTH CARE

Paired with prior work, this research demonstrated that improvements can be made when policy-driven quality initiatives are implemented in the home health care setting; however, the extent to which the improvements occur depend upon HHA ownership and leadership priorities.

Beginning in January 2023, CMS implemented a nationwide HHVBP program, first proposed in the CY2022 Home Health Prospective Payment System proposed rule. While the nationwide model varies in ways from the nine state pilot addressed in the research, the findings from this work show significant areas of opportunities for home health within the HHVBP program. These findings further demonstrate the critical role of home health in future value-based arrangements and models.

Future research should investigate the advantages and limitations of policy-driven quality initiatives, as well as appropriate measures to evaluate quality of patient care and patient experience, in the home health care setting.

ABOUT THE GRANT

The Research Institute's Home Health Research grant is the only grant dedicated solely to the betterment and understanding of care in the home. With more than a decade of sponsoring and providing integral education and research on the value of home health care to the U.S. health care system, the Institute, through the grant process, seeks to bring home health care research to the forefront and sow the seeds for critical research in the field that will help inform better care for patients now and for the future.

ABOUT THE INSTITUTE

The Research Institute for Home Health is a 501(c)(3) non-profit, national consortium of home care providers and organizations foundation focused on improving access to and delivery care in the home. The Institute invests in research and education about home care and its ability to deliver quality, cost-effective, patient-centered care across the care continuum. The Institute is committed to conducting and sponsoring research and initiatives that demonstrate and enhance the value proposition that home care has to offer patients and the entire U.S. health care system.

WHERE TO READ MORE

- Dick AW, Murray MT, Chastain AM, Madigan EA, Sorbero M, Stone PW, Shang J. Measuring Quality in Home Healthcare. J Am Geriatr Soc. 2019 Sep;67(9):1859-1865.
- Perera UGE, Dick AW, Chastain AM, Stone PW, Shang J. The Effects of Home Health Value-Based Purchasing on Home Health Care Quality in For-Profit and Nonprofit Agencies: A Comparative Interrupted Time-Series Analysis, 2012-2018. Med Care Res Rev. 2022 Jun;79(3):414-427.