How Agencies Can Rise to the 5-Star Ratings Challenge
“We’re a five-star agency.”

In the past, home health professionals might have said this casually, to communicate that their agency was best in class. Today, being a five-star agency means something much more specific.

That’s because home health agencies now are being rated on a five-star scale by the federal government, as are skilled nursing facilities and other types of providers. The Centers for Medicare & Medicaid Services (CMS) calculates these ratings and posts them on the Web. The initial star ratings for home health—known officially as the Quality of Patient Care Star Ratings—were first made public on CMS’ Home Health Compare site in July 2015. They immediately became a business-critical concern for providers, as potential clients, referral sources, payor organizations, and other groups now are using the ratings to evaluate and choose among competing agencies.

While the star ratings have created some controversy and confusion, forward-thinking home health agencies have accepted that they need to fully understand the star ratings system and achieve top marks in order to gain or maintain an edge in the marketplace.

STAR RATINGS 101

The path to becoming a five-star agency begins with a firm grasp of the basics. The framework established by CMS for the star ratings still could undergo refinements, the agency has said, but the essential building blocks now are in place.

Why now?
The Affordable Care Act calls for easily understood public reporting of quality of care information, to help consumers make smart health care decisions. CMS has determined that star ratings meet this requirement.

Other types of providers, such as long-term care facilities and physician practices, already have been receiving star ratings for years. However, those star ratings systems are not identical to the one for home health.

What agencies receive a star rating?
All home health agencies that are Medicare-certified are eligible, but an agency must meet certain thresholds to actually receive a star rating:

| Medicare-certified for at least 6 months | Generate sufficient data in those episodes for five of the nine quality measures used to calculate the star ratings | 20 or more complete episodes of care during the reporting period |

An episode of care is defined as a matching pair of OASIS assessments—that is, admission and discharge assessments—for a particular patient discharged during the reporting period.

Smaller agencies that do not consistently meet these requirements may not generate star ratings each quarter.
How often are the star ratings updated?

The ratings are updated on a quarterly basis, in January, April, July, and October.

Agencies will receive preview reports of their star ratings in their CASPER folders approximately 3.5 months before those ratings appear on Home Health Compare. If an agency believes its rating is based on inaccurate or incomplete data, the agency has an opportunity to submit missing or corrected information and request that CMS review its rating.

How are the ratings calculated, what are they supposed to communicate?

The Quality of Patient Care Star ratings are based on 9 out of the 27 process and outcome quality measures currently tracked for home health agencies.

**PROCESS MEASURES**

| Timely initiation of care | Drug education on all medications provided to patient/caregiver | Influenza immunization received for current flu season |

**OUTCOMES MEASURES**

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<th>Improvement in ambulation</th>
<th>Improvement in pain interfering with activity</th>
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<td>Improvement in bed transferring</td>
<td>Improvement in shortness of breath</td>
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<td>Improvement in bathing</td>
<td>Acute care hospitalization</td>
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The outcome measures are risk-adjusted based on several factors, such as payor source and patient acuity.

In terms of the methodology CMS is using to generate the final, overall star ratings for each agency, a key concept is that the agency is computing how each agency stacks up against other agencies.

Therefore, a three-star rating indicates that an agency is performing at about the same level as most other agencies throughout the country—and most agencies nationwide will receive a rating in the 3-star range each quarter.

So, the star ratings are meant to reflect an agency’s quality of care, but they are not the same as other star ratings systems that consumers may be familiar with, such as five-star ratings for hotels. Those ratings do not compare service providers to each other, but indicate only how well a service provider meets certain predetermined quality standards.
HIGH STAKES

The 5-Star Rating system for home health still is in its early stages, and anecdotal information from providers suggests that consumer behavior is not yet being strongly influenced by the ratings. However, to grasp what’s at stake, home health agencies might consider the example of nursing homes, which have a more well-established 5-Star system.

Within two years of a 5-Star system being implemented in 2008, nursing homes that received five stars typically increased their market share more than 6%, while those receiving one star lost 8% of market share. That’s according to a study of more than 16,000 nursing homes, coming out of the Leonard Davis Institute for Health Economics at the University of Pennsylvania (Fig 1).

And consumers aren’t the only ones who might walk away from a one-star home health agency.

Referral sources such as hospitals increasingly are narrowing their networks of post-acute providers. Motivated by ACA-driven health reforms, hospitals and health systems want to work only with high-quality post-acute providers that can prevent readmissions while keeping costs down. Although CMS did not design the 5-Star ratings to be used as criteria for inclusion in these provider networks, the ratings are undoubtedly playing a role in which providers are chosen and which are left out in the cold.

And the ratings are not only a factor in attracting new patients, but also could play a role in recruiting staff members. An agency must keep in mind that anyone can access the star ratings and make decisions based on them—including a well-qualified aide or nurse who is looking for employment.

All in all, the ratings have the potential to make the difference between a well-staffed agency with a strong referral stream and one that is struggling on the fringes.

HOW TO BECOME A 5-STAR PROVIDER

When the star ratings were first released last July, 9,359 agencies were included. Of these, 239 received five stars. There were 4,274 that received three stars (Fig 2).

The challenge to be part of the 5-star cohort is stiff, but it is not impossible to join this elite group. Hard work and the right approach are essential. Here are some of the practices and strategies that differentiate the top of the class:
Start with basics
An agency’s quality measure scores are based on the data it submits through OASIS, so start there, says Gina Mazza, RN, BSN, Partner and Director of Survey Services at Northampton, Massachusetts-based Fazzi Associates.

“Agencies need to ensure that their employees, supervisors, everyone is extremely competent with the OASIS,” she says. “This is about accountability.”

Clinicians, quality assurance professionals, and other key team members all must be meeting and exceeding expectations on OASIS, or agencies will struggle to be competitive generally, and that includes on their star ratings, she stresses.

Focus your efforts
The star ratings are made up of nine quality measures, but trying to tackle every one of them at the same time is not the smartest approach.

“We’ve found actual evidence that shows that trying to tackle every piece, every angle of quality at the same time isn’t necessarily the recipe for success,” says Michele Berman, director of rehabilitation at BAYADA Home Health Care, a Philadelphia-based provider with more than 280 offices in 22 states. “Choose one area and focus hard on it to help folks understand what’s necessary to improve the outcome.”

Mazza agrees.

“The impulse is to work on every single measure that’s below the average,” she says. “Pick one or two and use a good solid model for improvement.”

Once an agency has chosen a measure to tackle, one approach is by using the Quality Assurance and Performance Improvement (QAPI) processes that CMS has proposed as Medicare conditions of participation. That’s the approach BAYADA is taking. The provider sees the five-star challenge as invigorating its QAPI teams, Berman says.

DUAL STAR RATINGS

In addition to the Quality of Patient Care Star Ratings, home health agencies receive Patient Survey Star Ratings. The Patient Survey ratings also are on a 5-star scale, and were first published on Home Health Compare in January 2016. They are based on HHCAHPS survey data, and are meant to reflect patients’ experience with agencies. They are a totally separate rating from the Quality of Patient Care ratings.

The very early stage of the Patient Survey ratings makes it difficult to offer definitive information about how they are impacting agencies. However, an analysis from Kaiser Health News suggests that consumers may be confused by the two different ratings, because many more agencies received five stars on their Patient Survey ratings than their Quality of Patient Care ratings.

“We’re really talking about very different sets of metrics,” Teresa Lee, director of nonprofit research group the Alliance for Home Health Quality and Innovation, told KHN. “It’s unfortunate, but maybe it’s the truth that patient experience and clinical quality of care do not go hand in hand.”
Leverage technology

Top home health agencies must be able to leverage real-time information about the patient to plan and coordinate proper care, and ensure a consistent and quality care process. These agencies know in real-time how they stack up on the quality measures driving their star ratings and can intervene at the appropriate time.

Agencies that have achieved five stars routinely cite their use of tech as a differentiator. Equipping caregivers with tablets or other mobile devices so they can access real-time patient data at the point of care is one approach used by several five-star providers. That way, the provider’s analysts can evaluate data on an ongoing basis to drive and coordinate care and identify areas for improvement before quality issues begin to seriously compromise patient care—and the agency’s stars.

“The key is to have real, accurate, fresh data that the entire care team can act on in the moment,” says Scott Pattillo, vice president of product management and strategy at Homecare Homebase.

“Technology solutions also can equip nurses, aides, and patients with education at the point of care, and telehealth capabilities can help drive better patient outcomes while reducing costs and hospital admissions.

Tech also can help improve an agency’s quality measures simply by freeing up caregivers to spend more time interacting with patients rather than filling out paper-based documentation or faxing information to relevant parties—a practice still common in home health.

Simply having the right technology solution available will not contribute to better star ratings if clinicians are not using it or are not maximizing its capabilities, and there may be some resistance on the part of caregivers who are used to the status quo. Rather than imposing technology from the corporate level, successful agencies report that getting buy-in from some clinicians, and then having those clinicians act as evangelists for the technology, is one route for smoother implementation. And BAYADA is proactive in educating its associates about how to make the most of rich data at their fingertips.

“We’re teaching our folks how to better utilize and analyze their reports,” Berman says. “We want people to drill down into reports to help identify in real-time where opportunities for improvement are.”

Ultimately, mobile technology that is user-friendly drives clinician satisfaction and improves retention and compliance, notes Homecare Homebase’s Pattillo.

“They have information at the point-of-care to make smart choices,” he says. “And they’re not going home at the end of the day and spending hours on documentation, trying to translate notes and make sure everything is accurate.”
Help refine 5-Star
Before launching the 5-Star Ratings, CMS solicited feedback from home health professionals and made several changes, such as removing pneumococcal vaccination as one of the quality measures being considered.

Several aspects of the ratings system continue to create controversy among providers. One of these is the emphasis on measuring patient improvement, considering that maintaining a patient’s health status is the most that can be achieved in some cases. CMS has said it will continue to offer opportunities for providers to weigh in on changes. Agencies that believe they are disadvantaged in the current process can advocate for reforms, such as through CMS Open Door Forum calls and by nominating people for Technical Expert Panels that will provide feedback on potential refinements.

Set smart goals, look for continuous improvement
For an agency that already is a top performer, benchmarking against a peer group can help define smart objectives and keep the team striving for excellence, says Pattillo.

Technology can be part of the solution here, he notes, as it may provide more granular benchmarking than an agency will have if it simply possesses its own data and the public data from CMS.

As for agencies that are working hard to earn more stars, achieving a top rating may be a long-term project, so communicating and pursuing incremental goals can help keep teams engaged, while focusing on—and celebrating—continuous improvement can boost morale and motivation.

“My advice is to set your goals, and if you’re able to compete in the market, have exceptionally competent staff, and hold people accountable, eventually you will rise and thrive in this model,” says Mazza.

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