

# How to improve quality measures and performance to align with payers



By CHRISTY JOHNSTON, MPH

► This is the third article in a series to discuss how to promote the growth of in-home community-based organizations and accelerate relationships with payers.

The first article published in the Remington Report's July/August issue, pages 4-8, focused on the home health aide workforce:

- “How Real Time Actionable Data Leverages New Value For Home Health Aides and Stakeholders.”
- The second article appeared in the September/October issue, pages 16-19 titled: “How Leadership and the Value of Home Health Aides Can Secure Positive Payer Outcomes.”

## How payers measure success may vary with attention paid to prevention services and screenings, timeliness of services, functional and clinical stability in the home, or satisfaction with service providers.

In today's healthcare landscape, the concept of paying for value over volume is ubiquitous. The shift away from fee for service reimbursement to value based payment is moving rapidly and touching all healthcare providers and services. As such, it almost goes without saying that in order to succeed in this value-based healthcare world, it is critical to understand how payers are measuring value.

Regardless of the Alternative Payment Models (APM) home care providers have secured or are seeking (value based payment, bundled reimbursement, shared savings, quality bonus programs) the common denominator for all APMs is quality. Knowing the quality measures by which an organization will be judged is essential for success in a value over volume healthcare world.

### QUALITY MEASURES – WHY?

Quality measures in healthcare define a common standard against which payer and provider performance is measured. There are

different types of quality measures – process, outcome, satisfaction – but all require the collection and analysis of standardized data. Utilizing the data collected, the quality of health care services can be evaluated and rated. Providers and payers are then able to see their quality outcomes and performance over time and in comparison to others delivering the same services.

Quality measures for payers have a direct impact on the bottom line. The development of premiums or assignment of penalties include aspects of quality measure performance and funding is more favorable when quality is higher. Payer Star Ratings, which are linked to quality measure outcomes, are also made public and consumers are adept at reviewing these scores to determine which payer (plan, hospital, physician, home care) will receive their business.

For home care providers, the stakes are similar. Meeting and improving on quality measures will be reflected in how eager payers are to contract for a provider's services and may result in: higher payment, preferred

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- **The Changing Healthcare Landscape: The New Role of the Home Health Aides**
- **How to Expand Payer Partnerships and Meet Their Goals**
- **How to Expand the Role of Aides to be Part of an Interdisciplinary Team Member**
- **How to Target Interventions to Improve Outcome**
- **How to Size-up Your Organization for Cultural Change**
- **How to Boost Quality Scores and Performance Improvement**

provider designations and referrals, and opportunities for quality incentive programs, shared savings or other VBP arrangements.

And importantly, the primary reason to understand and strive to improve quality outcomes is the client. Moving to value over volume is ultimately meant to benefit the client and improve the outcomes they experience when receiving home care services. Home care providers have the ability to keep people healthier at home for longer, and this is especially true when providers are focused on improving outcomes and meeting quality measures.

### QUALITY MEASURES – WHAT?

Strange as it may sound, identifying the quality measures a payer uses to evaluate performance is very exciting, because these are the clues that show us what measures are important to the payer and how funding for quality services flows. This information also is critical to help align service delivery strategies to improve quality measures, client outcomes, and meet payer objectives.

Quality measures vary among payers and services and data is captured through client assessments, satisfaction surveys, grievance reports, or other mechanisms. How payers measure success may also vary with attention paid to prevention services and screenings, timeliness of services, functional and clinical stability in the home, or satisfaction with service providers. While measures differ, there are some quality measures that are linked frequently to in-home, long term care services including:

- Falls prevention
- Chronic disease management – COPD, CHF, Diabetes
- Flu and pneumococcal immunizations
- Avoiding hospitalizations and emergency department visits
- Medication management
- Perceived involvement in decision making – person-centered planning
- Quality of and satisfaction with in-home aide
- Timeliness of service delivery

### QUALITY MEASURES – HOW?

Like other home care providers, quality has always been a key part of the culture at Premier Home Health Care Services, Inc. As the healthcare system began to shift away from traditional fee for service to managed long term care, our efforts to look beyond our own quality initiatives and identify payers' quality measures increased. Initially, the focus was on identifying quality measures that impacted managed care plan risk scores and premiums, so that we were able to align our service delivery approaches to focus on measures important to payers.

While there are countless ways to approach quality improvement, as VBP arrangements became the focus, Premier has used a multi-pronged approach that places an emphasis on education, data collection, and involvement of the entire interdisciplinary team (IDT) that contributes to service delivery. Targeted education is developed and refined for each quality measure tied to payer contracts and the IDT receives training on the role they play in improving client outcomes.

The home care aides then play invaluable roles. First, because they are a direct caregiver for the client and utilize the enhanced training on quality measures to impact outcomes in the home, and also because they are the eyes and ears in the home and collect and transmit data to others on the IDT who facilitate necessary interventions to improve outcomes.

Regardless of an organization's approach to working on quality measures, the collection of data to inform the process is fundamental. Internal data collection, working collaboratively with payers to access data, or identifying other creative methods all work, but the key is to secure the data necessary to track what is happening with clients and target interventions to improve outcomes.

### QUALITY MEASURES – WHERE?

When working to develop an approach to improving quality measures and payer alignment, finding all relevant quality measures that are important to payers and ultimately providers is an important place to start and there a number of ways to track down the information you need.

**If you are researching and preparing for**

**payer relationships, start by going to the policy or payer sources:**

**Government:** State and Federal regulators typically establish quality/performance measures for services that are offered through government payment systems. Get familiar with government agencies that oversee Medicaid Programs at the state level and CMS for Medicare Advantage and other Medicare services, including Accountable Care Organizations (ACOs), and monitor websites and meetings for information.

**Quality Organizations:** National Commission on Quality Assurance (NCQA), National Quality Forum (NQF), Agency for Healthcare Quality and Research (AHQR), academic institutions, and other independent organizations focus on quality measures in healthcare and are used by payers and government programs for support in the development, review, and selection of quality measures.

**Payers:** Many payers have information about their quality initiatives on their websites. Information also can be found under provider information or by contacting a provider representative.

Home care providers that have already partnered with payers or others, should be looking at communications from and with these partners to identify quality measure expectations.

**Typically this detail can be found in:**

**Contracts:** Provider contracts or agreements with payers, especially value based payment arrangements with upside and/or downside risk, will contain detail on the quality/performance measures and targets you will be measured against. If this information is not included, ask for what you need to know.

**Quality Incentive Programs:** Payers may have incentive programs that will reward



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– CHRISTY JOHNSTON, MPH IS VP OF GOVERNMENTAL & MANAGED CARE SERVICES FOR PREMIER HOME HEALTH CARE SERVICES, INC.

providers for positive performance against select quality measures. Sometimes detailed outlines of the programs and expectations are made available and other times providers must ask for the detail.

Quality and performance measures also change over time so it is important to keep track of adjustments. This could include the addition or removal of measures, increases in quality measure targets, or changes in the weight/value placed on a certain measure.

As home care providers assume greater risk, seek additional funding, and strive for positive client outcomes, it is important to know the quality measures to which we are being held to in order to build service delivery strategies around the specific measures.

The delivery of in-home aide services as part of Managed Long Term Services and Supports (MLTSS), Medicare Advantage plans, and ACOs is increasing and the recognition of the overall role home care plays in providing quality care continues to grow. Along with this comes a greater responsibility to focus on outcomes and adapt approaches to continue to deliver quality services. With the focus on data, it is easier for payers to recognize the home care providers that are investing in efforts to improve their quality measures and client outcomes. |

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