CENTERS FOR MEDICARE AND MEDICAID SERVICES
Special Forum on Home Health Quality Initiatives
Conference Call
Leaders, Rob Sweezy/Mr. Tom Barker/Lynda Silva
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Operator: Good afternoon. My name is Pia and I will be your conference facilitator. At this time I would like to welcome everyone to Centers for Medicare and Medicaid Services, Special Forum on Home Health Quality Initiatives Conference Call. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks, there will be a question and answer period. If you would like to ask a question during this time, simply press star and the number one on your telephone keypad. If you would like to withdraw your question, you may press star and the number two on your telephone keypad. Thank you. Mr. Barker, you may begin the conference, sir.

Mr. Barker: Thank you, Operator. And thanks everybody for participating in this Special Home Health Quality Open Door Forum. We've got it looks like 50 or 60 people or so here in Baltimore and over 200 people online, which is a fantastic turnout. And I want to thank everybody for participating. I think most people know that we have these open door forums that were established by our Administrator about a year and a half ago now. And we found them a particularly effective way to get word out to people about changes or announcements in our agency. And we're all very excited about our new home health quality initiative that we're in the process of rolling out. And we thought that this was an ideal way to involve the public in an announcement about what our plans are with regard to home health quality. So we put together this open door group based on our home health list. And we are joined here today in Baltimore by the Chair of the Home Health Open Door group, Mr. Rob Sweezy [PHONETIC], and we're also joined by our Co-Chair, the Deputy Administrator in the Boston Regional Office, Linda Silva [PHONETIC]. She's our Deputy Regional Administrator in Region 1. And let me see real quick if Rob or Linda have anything they want to say by way of introduction.

Mr. Sweezy: I just want to welcome you all here. This will be our last open door I guess before we launch the Phase 1 of the home health quality initiative, although do we have one already scheduled?

Mr. Barker: April 1st.

Mr. Sweezy: April 1st?

Mr. Barker: April 1st at 2:00 P.M., Eastern, right?

Mr. Sweezy: That's like Tuesday. Okay. We don't have an official date yet for the launch of the home health quality initiative, but we are targeting the last week of May – I mean of April, sorry. But we're working on nailing that date down with the Secretary's office because he very much wants to participate in this one as he has in our past ones with nursing homes and with the announcement of this quality initiative.

I would like to also point out that we had a nice training session this morning and this afternoon with the quality improvement organizations from the eight states in Phase 1. And they're all gearing up and ramping up and seem pretty excited from what I could tell about this initiative and heard their words over lunch about how excited they were about being chosen as a Phase 1 state. So we're getting ready and look forward – appreciate all the cooperation and participation we've gotten from the association as well and the advocate groups, and all the others. So I think it will be a successful launch and I look forward to bringing it off.

Mr. Barker: Thanks, Rob. Linda, do you have anything you'd like to say?

Ms. Silva: Thanks, Tom. I just wanted to let everybody know that the folks in the field are very excited about this initiative and are really looking forward to the rollout. We had some good experiences with the nursing home quality rollout, and we look forward to expanding this to home health in a big way. And I've also already heard some good feedback from the training this morning that Rob mentioned. So I think we're ready to move ahead. Thanks. I'm looking forward to the call.

Mr. Barker: Thanks, Linda. I appreciate it. I am going to turn over the program now to Dr. Barbara Paul, who is our quality expert and Quality Coordinator here at CMS. Dr. Paul?

Dr. Paul: Thank you very much. It's my pleasure to kick off this special open door, and to welcome particularly the folks from the eight Phase 1 states. What I'd like to do is just give you about ten minutes of overview and kind of give you the context. How this fits into the broader agency efforts, and then also give you a broad outline for what this initiative is. And I will probably jump – and for those of you who have slides in front of you, I think I'll jump

over a few in order to try to keep on time to 10 minutes because I also am very aware that one of the main goals for this open door is to hear from you, to answer your questions and so forth. So if I'm jumping, it doesn't mean I don't want to talk about that, it might just mean you have to ask me about it in the Q&A or later. So let's see how this goes.

The first slide here is a complicated slide with lots of boxes on it, but it helps to remind me to talk to you about a number of things. This slide describes the agency's overall strategy for buying higher quality care tomorrow than we're buying today. So how can we as a regulator and as a purchaser find ways to be buying higher quality care for our Medicare beneficiaries tomorrow than we're buying today. And this is the construct that we use. And it's very, very useful so I wanted to spend a minute or two on it. And first of all, you'll see kind of in the middle of this slide that, first of all, we've got to have data and we've got to have measures. In the case of home health, we have the OASIS data set, a very wonderful, robust clinical data set, and we have measures that have been derived from that data set, so we're really off and running with home health. The same way with nursing homes. We have the MDS data set and measures there. And to stay on these boxes for a minute, it just helps to explain why we're in a different place with hospitals because we don't have that kind of data set for hospitals. For hospitals we have billing data and we have manually abstracted data. Very different setting. And so we're in a different place. We've got a lot more developmental work to do with hospitals before we get to the same place that we are today with home health. And then if you look across the bottom of the slide, you'll see that there are seven strategies that we employ to be buying higher quality care tomorrow than today.

And this initiative, as well as the nursing home initiative, employs four of these strategies. And let me just point those out to you. On the far right, establish and enforce standards, the conditions of participation, the survey and certification process. Those continue without change. And those are valuable, foundational, sort of who we are as a regulatory agency, and those will continue. And then if you work to the left, give consumers information and assistance to make choices. This is kind of the centerpiece of this initiative. It's also the centerpiece of Tom Scully's and Tommy Thompson's philosophy toward what is going to really drive quality improvement. They believe a number of things about consumer

information. They believe that consumers deserve this information, number one. Number two, they believe that consumers, clinicians, caregivers will come to start to use this information for decision-making. And third, they have seen and certainly believe that this information in the public domain is an incredible stimulus to clinicians and providers to improve care. And so this box works in many, many ways. It's not just giving consumers information in and of itself, but it has a variety of ways that it plays out. And then moving further to the left gives plans, doctors and providers technical assistance. This is our Quality Improvement Organization program. We have a Quality Improvement Organization in every state, and they are tasked by and funded by us, by your taxpayer dollars, to improve the quality of care for Medicare beneficiaries by providing technical assistance and helping with systems changes where they can. And then continuing to move across, promote or create collaborations and partnerships. This is the fourth prong of this initiative. And we certainly saw in the nursing home initiative how important this fourth prong is. And we fully expect that in the home health initiative, it will continue to be a major strategy that we use. It's been really rewarding to see the kinds of partnerships that are developing out in the communities, and the kinds of work that can go on when you leverage resources and knowledge like that.

This next slide is another way of saying what I just said, which is that by using just the one box with compliance and which we enforce standards, we will help to eliminate the lowest performers. But we will do nothing to improve quality for our Medicare beneficiaries generally. In fact, many would say that not only do we not move that quality curve to the right, but we actually incent the quality to move to the left, just barely above that minimum threshold. And so we know that compliance is not enough, while it is important. And it is only by employing these other strategies that I mentioned, as well as a couple more that I didn't talk about, that we're going to move quality to the right for all of our Medicare beneficiaries, and we'll reduce the unexplained variations that we also see in quality.

The next slides I'm jumping over are just some examples of how we – we know that you can do this, that you can measure quality. You can provide technical assistance, and you can measure it and show an improvement.

Let me now turn to the quality initiative generally, and the home health quality initiative specifically. This overall initiative was launched by Secretary Tommy Thompson in November of 2001. And we are – most of you probably know this, but for those of you that don't - we are clustering our information about these quality initiatives on the CMS.hhs.gov website. If you go to that homepage, and you look at the left-hand side, there's a list of topics. One of them is quality initiative. Click there, and you can go to hospital or home health or nursing home from there. So that's the place to track. Also, physicians is a fourth category there.

So I think I've told you about consumer information and the importance of consumer information to this Administration. But this next slide shows that this isn't really new to this Administration, that the agency launched comparative information about the quality of managed care plans in January of 1999, comparative information about dialysis facilities in January of '01, nursing home compare was launched last year, as many of you know. Home health compare this year, and right now we're working on more developmental work, but to launch information about quality in hospitals over the next couple of years – just to let you know about that. That will launch in very much of a phased way, but the first wave will be a voluntary initiative that the hospitals have stepped forward to work with us on. And we're aiming to share that information on quality measures from hospitals on CMS.gov this summer. And that's the first place that we'll be sharing – doing some public reporting on hospital initiatives. We will be building out the comparative database on Medicare.gov, but that's probably another year away.

So the home health quality initiative. Same four-prong effort as in the nursing home quality initiative. The regulation enforcement continue. Improved consumer information, improved community-based quality improvement support, and the collaborations and partnerships. We are rolling this out later in April in eight states with 11 quality measures, and you will hear much more about that. And we will then roll this out nationally this fall, after we learn what we need to learn from the phased-in rollout.

A couple of comments about the measures. And there are others here in the audience who are able to answer any detailed questions you have on the measures. But these are derived from the OASIS

data set, and they're a subset of the OBQI measures that are currently used by the industry in the states. And we worked closely with the Agency for Healthcare Research and Quality to pick the measures that we did. And we also plan to work with the National Quality Forum going forward. Once we get this launched and working, we will then go ahead and engage with the National Quality Forum, share with them what we've learned, and go through that process with them with their consensus setting process. Again, you can watch all of that on our website.

Here are the measures. I'll just list them very quickly. Patients who get better at dressing, bathing, getting to and from the toilet, walking or moving around, getting in and out of bed, taking oral medications correctly, and patients – then a little longer here. Patients whose ability to bathe doesn't get worse, the stabilization measure. Patients who are confused less often, who have less pain when moving around than patients who had to be admitted to the hospital, and patients who had urgent, unplanned medical care. And again, whether today or as we go forward, you will see lots more about those measures.

A couple of quick comments about the measures. And the distinction between the measures that you will see on the website and the measures that home health agencies are familiar with in their OBQI reports. In the OBQI reports, you get observed agency rates, not risk adjusted. The pain measure is not risk adjusted. And the reference number is risk adjusted, but uniquely risk adjusted for your home health agency. And as well, the previous year rate for the agency is risk adjusted for any change in case mix from one year to the next. Because that's what you're getting in the OBQI reports, and because what we're doing on the website is slightly different, we are having to make some adjustments to how the information is being portrayed on the website. These will be risk adjusted, and we will be creating – we are creating state and national averages for comparative purposes. And there will be a preview for you to see your own numbers so you can make sure that you feel comfortable. They should be very close to the numbers you already see, but they will be slightly different.

Quickly then, let's go one last time through the four prongs. Consumer information – The measures will be on Medicare.gov. We will have clarifying language around the measures. If you look at nursing home compare on the website, it's a good model

for what you're going to see for home health measures. There will be a one-time newspaper ad on the day after the announcement. And the 1-800 Medicare number will be available for people who don't use the website. Okay. Let's see here. And it's a searchable database, so you'll be able to search by state, county or zip code. And the data will indicate that at least one patient in that zip code receives services within a given timeframe by the providers listed. That's how we were able to divide up the world and do the search. They still are going to have to contact you to see if you are actually providing services now in their area, but it was a way for us to figure out how to do the search.

Technical assistance – The QIO's are already working with many of you, and they service non-regulatory partners to the home health agencies to facilitate quality improvement. The work between the QIO and the home health agency is confidential and privileged. There's some rare exceptions that are written into law, but by and large, this is confidential, privileged communication. And if you have any concerns about that, you probably should talk to your hospital colleagues who have been working with our QIO's for years, and probably have a great deal of comfort with what that really means. And for the QIO's, they have been working for a number of years to develop the kind of quality improvement system that they can offer to you. It's called OBQI.

The second prong, establishing and enforcing standards. The state survey agencies continue their work. The third, or maybe I'm on the fourth already here. Promoting and creating collaborations and partners – The state survey agencies are also our collaborators and partners, and will be working with you in meetings, and educational sessions, and information sharing at that level. We also have a lot of other partners and stakeholders that we're working with. And we really appreciate everybody's involvement, both at a national and local level.

With that I will close. Thank you for being here. And I'll be here for most of the time, but my staff will be here for the whole time of this call. Thank you very much.

Mr. Barker: Thank you, Dr. Paul. I'm going to introduce now Mr. Richard McNaney, who is going to talk to us about the role of the quality improvement organization in the process. The QIO's were very, very – played an instrumental role in the nursing home quality

initiative, and we expect them to here as well. So I'll turn it over to you.

Mr. McNaney: Thank you. I appreciate this opportunity to give you a quick overview of the QIO communication objectives and activities that are either planned or underway. My understanding though, I'll give you sort of a quick overview on the QIO activities and then share some insight on the – and Rob Sweezy – and pass it to Rob Sweezy who will share some insight on the upcoming launch as well as the advertising plan around the launch.

One of the core activities of the QIO's will be to promote the public awareness of the initiative. Specifically the QIO's will be promoting the understanding of measures themselves, promote an understanding of the measures as a new and additional tool to assist consumers with home healthcare decision-making. Promote also the awareness of their availability at Medicare.gov and 1-800-MEDICARE. By publicly promoting the new and better consumer information on the quality of care, this initiative will serve to stimulate the home health agencies to engage further in quality improvement activities, whether in collaboration with the QIO's or independently. Many home healthcare providers across the country have already shown a commitment to ongoing quality improvement. So this initiative will further expand those efforts and make it easier to do so by using the resources available through the QIO's.

As Rob mentioned when he spoke earlier just a few minutes ago about the QIO's coming in for training, one of the key pieces was our partnership and how we connect the dots between the local partnerships and national partnerships. So working with partnerships and stakeholders is a key part of this initiative. Just as they did in the nursing home quality initiative, QIO's are already beginning to approach state and local partners, such as the home health industry, community and consumer groups and others to help foster a common understanding of the measures and the initiative. QIO's in most Phase 1 states are already working directly with home health agencies and their trade associations to prepare for the launch and to set the stage for working together on improving quality.

At the same time QIO's are beginning to develop plans for promoting understanding of the measures to beneficiaries and to

caregivers, whether directly or through information intermediaries. One of the things we talked about today was some of the challenges of breaking – or getting through some of those barriers, and getting some of the input from formative research so that we know where the challenges are in relation to breaking down some of those barriers, to reach some of the information intermediaries such as discharge planners, community organizations or other healthcare providers. Promoting understanding and the use of measures brings with it the challenge of assuring effective understanding of just what home health care involves, and the extent to which home health services may be covered by Medicare. This reinforces the reason for the QIO's to approach this in partnership with the home health industry. Beneficiaries will be able to directly access information about home health care and about the measures through Medicare.gov and 1-800-MEDICARE or through the QIO. And we expect that most of the beneficiary inquiries that come into the QIO will be referred from 1-800-MEDICARE.

CMS is working to provide support and information and the tools needed to support the QIO's and their partners to engage in this initiative. One of the things we've provided in our training today was the communications plan, which will get everybody on the same page as far as messaging, how to also craft some of the products and materials we'll be using to work the media effectively. This will include reaching the general public through media relations. Some of the tools that we currently have developed support this initiative, including paid advertisement for the launch, which Rob will talk about a little bit in a few moments. This will help assure consistent understanding and promotion of the initiative and consistent promotion of the measures as another valuable tool for consumers for making decisions. QIO's will work to sustain media interest in this initiative over the months following the initial launch. And much of what we discuss today will – some of those tools and products will come out of sustaining some of that impact and that drumbeat.

As I mentioned earlier, another key strategy would be to promote understanding of the measures by reaching out through information intermediaries such as discharge planners and community agencies. These activities will be supported by a variety of tools, including an educational presentation certified for continuing education credit that can be offered to discharge

planners, preparing them to use this new information appropriately when working with their clients. For those calling 1-800-MEDICARE, the customer service reps responding are prepared with the tools they need – they will have scripts – the tools they need for answering questions and providing basic information, and will route them to the QIO's accordingly.

Overall, the QIO's are working together to prepare for this initiative consistently across the eight states, sharing tools that they have developed and sharing best practices.

And I think I'll turn this over to Rob briefly to talk a little bit about the advertising campaign.

Mr. Sweezy: Good afternoon. I'll be very brief because I think we've discussed a number of times the gist of our media efforts on this. I'll pick up on one of the things that Rick did mention. We will be running newspaper ads, full page newspaper ads in a significant number of newspapers across the country. We haven't really completely nailed that number down now, but there will be at least two newspaper ads in each state. Some states will have more that are large states with larger markets and more markets. It will be very similar in look to which you've seen in our nursing home quality initiative ads. Selection criteria for the agencies we'll be using, that will be somewhat similar to the way we chose those in nursing homes.

I would say that from a media standpoint too though, we're working in connection, as part of the discussion and the training we had, with our quality improvement organizations this morning. They are already starting to talk to media, to talk to stakeholders in their states, and try to build momentum and excitement and at least awareness among the media about this initiative, and the key role that they play in this initiative to work with providers, to work with the home health agencies themselves, to be a resource for quality improvement. So that crosses the media pitch – is what we talk about. It's already begun. Obviously, we've got some good coverage and awareness from the Secretary's announcement back in January, kicking off this particular home health quality initiative.

On the day of the launch, whatever that date is, we don't have a set date picked yet. We're still working with the Secretary's calendar

to nail that down. But we will have a – for those of you in the industry particularly that want to know and are curious about this, for some of our media representatives who are maybe still waiting to find out, we'll have our standard news briefing with the Secretary, with the Administrator, with representatives from each of the trade associations, from hopefully AARP and other advocate groups that have participated with us in past, that same group that's part of this larger coalition, and the stakeholder group that Barbara Paul talked about that's so important to the success of this program. And we'll launch that in Washington, D.C. at the HHS Building more than likely the same day our partners, the QIO's, working with our regional offices and the Secretary's regional directors in their states will hold a local event as well. And our hope is that there will be tremendous interest in what we're doing at the national level in continuing this whole process of quality improvement among all provider groups, but also hope that they'll pick up on the specific interests at the local level of what the quality improvement organizations are doing at the grassroots level, with the home health agencies and with beneficiaries and with advocate groups in each state. So they will be holding local events to talk about their particular efforts with their local stakeholders more than likely the same day. Some may choose to do it the following day. Some may find some event that's already going on and do it a couple of days later. We're leaving that up to them. They're going to go back and think about this over the next month. And then the ads will run the next day. So if you're looking for a timeline, we would announce on one day, the ads would be running in the newspapers on the next day, and more than likely the preponderance of stories that will come out around the initiative would run on that next day. Then ongoing throughout Phase 1, the QIO's will be working on other communications strategies, both media, outreach, stakeholder communications efforts, to continue this drumbeat, to continue the message of how important this quality initiative is for our Medicare and Medicaid beneficiaries. And we look forward to it. Thanks.

Mr. Barker: Thanks, Rob. I'm next to invite Mary Wheeler to come up and talk to us more about the role of the QIO's.

Ms. Wheeler: It's really exciting to be here and to talk about the QIO's. I've been with the QIO program for about ten years in CMS, and I was a home care nurse for 17 years prior to that. To see the two

programs that were really important in my life come together, and to be here for all of you to share in that is rather exciting just as a personal interest story. And I just want to go back a little bit. Sometimes I think we may be repeating it – some of the information, but I guess repeating just brings reinforcement on really important issues.

As you know, the QIO's have already begun discussing with your stakeholders, and they are working with home health agencies as a part of the national rollout for outcome based quality improvement – a system actually. And it was phased in in August of 2002, and it has been in a phase period up until February of '03. And this is designed to help the agencies develop and manage outcome based continuous quality improvement programs within their own agencies. And participation in the OBQI system is voluntary on the part of home health agencies. And as many of you know, the QIO's offer OBQI training to all Medicare certified agencies in their states. A comprehensive array of training materials and implementation resources are available to the HHA's from their state QIO, including the website, www.OBQI.org. And just a reminder, QIO's have experience in QI efforts and other provider techniques. So we have had a number of demonstrations and pilots within a few of the QIO's. We are now launching into eight QIO's, and in the fall we will enjoy the activities in all of the QIO's. And improvement of quality, as we've just heard from Rob, the quality of care providers [UNINTELLIGIBLE]. Let's see. I think I've actually all of my –

The technical objectives, when we talk about technical assistance, it's one of the primary skills that the QIO's have to offer to the HHA's to improve that care. And they provide additional quality improvement support related to HH QI. They will work on the base that they have set as they start the scope of work assisting the HHA's. And they will begin to give them more resources and information related to the public reporting measures. In fact, Rob just walked off – we had an excellent binder that's been developed for the HHA's. The QIO's provide that for them. This information will also be on OBQI.org. And it is a wealth of knowledge, following the history, and looking through all of the measures that will be reported to help the QIO and help the agencies begin to use the information that's in the OBQI data set. There have been many lessons learned, and that will be also contained in the resource binder.

What we might want to really enforce is that the services of the QIO are provided with no charge to the agencies. So also, the resource material is of no charge. And the reports, there are no charge to receive those either. And as Barbara mentioned, the data are confidential.

To continue the support to the HHA's, I've mentioned the resource binder. That's also a training module on how to get the press information out in the states. And as part of the evolution of the OBQI system, QIO's are continuing to gather and share a growing body of knowledge of what works, and improving the patient outcomes in home care settings. This information will be relayed to the OBQI practice, and a few examples would include how the agencies who have successfully improved the outcomes have implemented OBQI, and the practices and techniques they have used, care behaviors related to outcomes that can be used in developing [UNINTELLIGIBLE] and best practices. And there will be sample plans of action. This information is gathered on an ongoing basis in a collaborative effort among all QIO's and the agencies. And the end result is what we all look for – is improved care for our beneficiaries. Thank you.

Mr. Barber: Thank you very much, Mary. I'm next going to ask Angela Brice-Smith from our Center for Medicaid and State Operations to talk about the role that our state survey and cert. Agencies are going to play in the process.

Ms. Brice-Smith: Okay. I need to pull up mine. Hi, good afternoon. I'm very pleased to be here this afternoon to speak to you about the roles of the state survey agencies in this initiative. We spent quite a bit of time during the nursing home initiative working through what we refer to as the roles paper. You don't have that handout as part of your packet, but it is available on the website. What we did with the home health piece of this initiative is we sort of basically took the nursing home roles paper and then refined it for the home health initiative. So a lot of it is quite similar, or what we prefer to say, consistent. And that said, what I want to do is sort of highlight the reasons for the roles paper. And as I said, it's on the website and that's available to you. But there's some highlights that are probably useful to sort of talk here about because they not only highlight the importance of the roles and the distinctions that we have from the perspective of what the QIO should be doing and

what the state survey agency be doing, but it also helps to also address some of the frequently asked questions in terms of those roles that are worth highlighting and emphasizing here.

As I stated, the roles paper clarifies the roles of the state survey agencies and the QIO's. We learned a lot from the nursing home initiative related to that, and the importance of making clear the distinctions and the expectations for each of those parties. We view the document as sort of a guideline for action in terms of actual work that we recognize also that may not be as explicit for all the day to day issues that may be faced by both parties.

In terms of the role of the state survey agency and home health QI, certainly we expect the state survey agencies to participate as a stakeholder. To share information with the QIO's about key individuals and organizations in this space that are working on quality improvement in home health agencies. To share information and materials with the QIO's that may help them in identifying and providing assistant to home health agencies, but also to continue the inspection and enforcement around regulatory standards.

In addition to that, we've also tried to make sure that there is dialogue between both of the parties, the survey agencies and the QIO's on a regular basis with respect to all initiative-related activities. To provide input, to assist in the evaluation of the effectiveness of the various processes and policies. If you look at the actual roles paper itself, it's divided into seven topic areas that really sort of – you could probably synthesize it down to three areas, being communication, technical support, and regulatory activities. So you can just sort of keep that in mind. The seven topic areas just for folks who would like to keep notes on what the seven topic areas are, the first topic area is the fundamental roles. And that's where we talk about the mission of the QIO's and the state survey agency. The second is the stakeholder involvement. The third is the quality improvement activities. The fourth is the quality improvement materials. The fifth is regulatory enforcement. The sixth is communications and support. And the seventh is evaluation.

Now I'm sort of going to shift to some of the frequently asked kind of questions that we've gotten not only through the nursing home initiative, but as we began to move forward with this initiative in

terms of what these state survey agencies expected to do. The state survey agencies are not expected to train the QIO's on home health care, the regulations, the survey process, the OASIS, the data, etc. However, we certainly recognize that particularly the OASIS education coordinators are key players in terms of this initiative.

The other question that has come up frequently is does this mean that survey activity will decrease. CMS is not backing away from regulatory responsibilities in this area. It's pretty clear there's a statutory obligation around that, and that we are continuing that work as well. The state agencies are to perform all survey and certification activities irrespective of facilities quality measures or whether the facility is working with QIO. And then the last bullet is probably not really relevant for most people, but we've laid out in terms of the expectations for the state survey agencies, an application around this and their budget call letter for fiscal year 2003.

In closing, I guess the important thing is that we all have a role to play, and it's important that we work together to make this initiative very successful, otherwise it won't be. It's important to share, to collaborate, to keep everyone informed of the activities, and we want the same thing I think, all of us here, that's the best quality of care for our beneficiaries and our loved ones that enjoy those services. There's lots of resources available to you through our website, through our CMS regional offices, the central office, so I encourage you to not be shy about asking questions. And if we haven't addressed it yet, we can certainly begin to work on that. Thank you.

Mr. Barker: Thank you, Angela. I'd next like to invite Cindy Wark [PHONETIC] to come up and present to us how this initiative is going to interact with our home health compare. Cindy is our Director of the Division of Website Management here at CMS.

Ms. Wark: Good afternoon. What I've been asked to do is sort of bring everybody up to speed today on the content and design of the first release of home health compare Medicaid.gov that you'll all be seeing on the website in the next few weeks. And before I go into a little more detail about what you'll see there, I'd like to say that this is a development effort right now. And in the interest of getting you as much information as we could today about what you will actually, I have included two types of slides today. One is

general information about the website, and the other is a few screen shots. And I'm just going to ask you to bear with me as I share these screen shots with you. These were snapshots taken of the website development last week in preparation for the presentation today. And I'm going to point out a few little tweaks that we will be making to it this week. We received the package last night from our website developer. It was loaded onto our internal servers today, and as we speak, everybody has been working so hard getting the website to incorporate all of the concepts and ideas and information that we believe will be helpful to consumers. Everyone who has worked so hard is just now getting to take a look at it themselves today, and to do the testing and then to tell our contractors what the final changes are that need to be made on it. So I did want to just explain that to you before I showed you the screen shots.

The first slide here really puts this in context with the rest of our information channels for the National Medicare Education Program. It was really built to make all of the pieces fit together. So the website is a tool that is used not only by consumers who are seeking information themselves on the web, but, for instance, as Dr. Paul mentioned, for the people who don't have access to the web, they can call the 1-800-MEDICARE call centers and obtain the same information through the customer service representative who also used the website. Our publications, as soon as they are available, are loaded onto the website and are immediately available to the public, and we do put language in from the publications so that everything fits together and is consistent. And, of course, all of the local partners that we have throughout the country have the website available to give people the most accurate and up to date information that is available.

The website components - This is a list of sort of the model compare that we put on the website and we build with a home page where a person can get general information about what's there. And then we go to the geography-based search pages, and then they get results pages with specific information. And there are a number of other tools that are available on the website, again that we integrate into each of the specialized compares.

For the Phase 1 launch of home health compare, Medicare certified home health agencies will be listed here. Medicaid only certified agencies will not. And I wanted to make this point that the

Medicaid only agencies do not have the same reporting requirements that the Medicare agencies do, therefore, you will not see the Medicaid only agencies listed here. There will be two types of information. Administrative data will be available for all states. So for the home health agencies that are not in a Phase 1 state, their agencies information will still be available through the website when it is initially launched. And you can see the listing of the administrative data here includes agency name, office address, and telephone number, the services that are provided, the date of Medicare certification and type of ownership. The quality measures will be available for Phase 1 states only, and we will put information on the website to help explain to people what's a Phase 1 state and what is not a Phase 1 state.

The data sources have been mentioned previously – the keys and OASIS information sets. Instructions to home health agencies for data corrections will be placed on the website. There will be a list of telephone numbers for the Oscar coordinators in the states that the home health agencies will need to contact in order to have corrections made. The searches will be available by state, county, zip code and agency name. The results will be provided based on location where services have been provided in the past. And I need to get everyone who has a hard copy of this presentation to make a change. The service file is drawn from a two-year period. And so where I have January 2002, it's actually January 2001 to December of 2002 for the April launch. And that was to include as many zip codes as we could in the services areas for the home health agencies.

The results pages will be available for each agency or for several agencies. And I want to mention consumer testing. I'm very appreciative of the consumer testing that was done by our beneficiary education and analysis group who brought consumers to review a prototype and give us feedback. And we found out a lot of important information directly from consumers. One of the main points was that they wanted to have all the information about one home health agency available on a page, and I'll show you an example of how we did that. If an individual wants to get more detailed results on all of the quality measures for a range of home health agencies, they can also get that. And the state home health hotline numbers will be displayed on each results page. And I will also add on each results page that we will have the 1-800-MEDICARE number and the state QIO telephone number.

Additional tools available for people – There will be links to home health publications, links to state websites where available, and we did not get links for all states. We did ask them to provide these and there were a few – a handful of states that did not have websites available. A list serve will be available for people to subscribe and obtain updates. A download database will be available with administrative information and quality measure rates. And I just want to tell people, since I think there may be a lot of interested parties in the room, that the zip code file was very large. It has almost 300,000 records, therefore, we could not include that in the downloadable database on the website, but the quality measures and the administrative information will be available. Spanish speaking individuals will be referred to the 1-800-MEDICARE line for further assistance.

These are pictures of what the website will look like, and this is the overview page with links you can see here to important information on home health compare. And at the bottom of the second paragraph, the link to the state website. We do have pages on what is home health care for a consumer who may not know what is provided under home health care, and what Medicare covers. People often want to know what exactly does Medicare cover. So we'll have information available to explain that to people.

This is one of the initial results pages with a listing of the agencies in the area that the person selects. This is the high level page where a person can go to detailed information by using the buttons at the top, or they can select underneath that particular agency to view all of the information. And this is the all information page. So if a person has kind of narrowed things down, and they want to see everything that we have in a table format with all the quality measure rates that are available. and the state average, and the Phase 1 state rates, it will all be together on this one page. And so this is an example of how it will look. This is one of the detailed results pages. And again, another detailed results pages on the quality measures. And that's it. Thank you.

Mr. Barker: Thanks, Cindy. Next we want to say a little bit about how the OBQI is different than home health compare. And I understand that David Hittle [PHONETIC] from the University of Colorado Health Services Center is on the phone, and he's going to do his

presentation by phone. So, Dr. Hittle, are you on the phone?

Dr. Hittle: Yes, I am.

Mr. Barker: Okay. Well, we can hear you here, so we'll just bring up your slide and here we go.

Dr. Hittle: Okay. And if we could just skip over that title slide, and go to the first slide. Actually, Barbara Paul already mentioned some of these things earlier, but it doesn't hurt to repeat them, and I'll go into a little bit more detail.

The OBQI reports are the reports that home care agencies have been receiving since last year about this time – in February of last year. And they consist of a descriptive outcome report and also a risk adjusted outcome report, as well as case mix reports and additional tally reports for agencies to use in their outcome-based quality improvement activities. And the reasons for the outcome reports being somewhat different on the home health compare website than they are on the OBQI reports stems from the different uses to which these reports are put. A home care agency has somewhat different information needs than are the needs for a consumer information website. However, we should stress that all of the measures that are presented on the home health compare are drawn from those measures that are included in the OBQI reports. One of those measures is presented without risk adjustment for the OBQI reports, but on the home health compare website it is presented with risk adjustments. However, the calculation of the measures, the definitions of the measures, the OASIS items from which those measures are constructed are all identical. There is no difference in that respect. The other major difference is, of course, that the presentation of the home health agency outcome rates and the national outcome rates differ between the two sets of reports.

First, let's go to the risk adjustment difference, which is the next slide. There are ten measures that are identical where the actual data presented are identical to those on the OBQI risk adjusted outcome report. And they are all risk adjusted in exactly the same way. We recent implemented revised risk adjustment models for the outcome-based quality improvement reports, and we also recently implemented – actually we will be implementing next month an adjustment to the risk adjusted values that appear on the OBQI reports to make sure that they are all consistent with those

that are going to be represented in the home health compare website. However, as I'll talk about a little bit later, the numbers will be slightly different because of the risk adjustment process. At any rate, there will be one measure, improvement in pain interfering with activity, which will appear on the home health compare website with risk adjustment, although it is not currently presented with risk adjustment in the OBQI reports. It currently appears on the home health agencies' descriptive outcome reports without a risk adjustment.

Now in terms of how the outcome rates are presented, which is our next slide here, on the OBQI report each agency is presented with their observed agency outcome rate, which is compared to a risk adjusted national outcome rate. That risk adjusted national outcome rate differs for each agency because it's adjusted to the unique case mix characteristics of that particular agency. On the home health compare website, there will be presented a risk adjusted agency rate for comparison with constant national and state outcome rates. And this is where the different purposes of the reports come into play. For the home health agencies' OBQI report, they are interested in deriving the actual number of patients who experienced an outcome out of all those patients who would be eligible for that outcome. And then comparing that to a rate that is adjusted for their own case mix. For the purposes of consumer reporting where comparisons are drawn between agencies, you need to have a constant benchmark or reference rate against which to compare all agencies, and that is why in this case we hold constant the national and state outcome rates, and we actually risk adjust these home health agencies' outcome rates.

Now on the OBQI report, the calculations of the reference rate in the next slide here, it gives the national observed outcome rate plus the difference between the agency's predicted outcome rate and the national predicted outcome rate. Now that quantity in parentheses on that slide is essentially a risk adjustment factor. It accounts for the difference in case mix between that agency's patients and the average or overall case mix of all patients nationwide. And I should point out that this is one of the enhancements that's being implemented next month. The little asterisk on the slide indicates that as of 4/11/03 is when this reference rate will – this particular calculation formula will go into effect. Currently we are simply calculating the reference rate as nothing more than the agency's predicted outcome rate, which is predicted from a set of logistic

regression risk models. But this particular refinement will then bring everybody's reference rate up to date with whatever the current outcome rate is across the nation at that particular point in time.

Now on the home health agency compare website, you will be observing a risk adjusted agency outcome rate, which is going to be your agency's observed outcome rate plus the difference between the national predicted outcome rate and the agency predicted outcome rate. And you can see where we're sort of turning things – we're sort of reversing the process here. Instead of adjusting the reference rate to a particular agency's case mix, we are adjusting the agency's outcome rate to a national case mix. In other words, we are giving you an outcome rate that is comparable to what you would have experienced had your agency had the same case mix as the rest of the nation.

There will be available to agencies instructions for converting the OBQI report rates to home health compare rates, which will be included with the preview reports that home health care agencies will be receiving in the Phase 1 states. And it will be posted for all home health agencies. Essentially, we have constructed an Excel spreadsheet into which an agency can type in their outcome – the outcome rates that are displayed on their OBQI reports, and then it will show them what will be displayed on the home health care website. And that should be available for all of the Phase 1 agencies to go along with their preview reports, but it will also be available presumably to all home health care agencies across the country at some point in the near future.

And I think that wraps it up for all I have to say.

Mr. Barker: Thank you very much. Our last speaker is Lisa Hines. Lisa is going to give us a little bit of a data preview. And once Lisa's presentation is concluded, we will open it up for questions.

Ms. Hines: Hello everybody. I'd like to thank everybody for coming out, for joining us on the phone. It's only with all of us working together that this will be successful. I would like to take an opportunity to thank Tom Barker for allowing us to use the open door format to get this information out to you, to all of our panelists, to all of our speakers for giving their time to help us get the information out. And to Father Mulvasec [PHONETIC], who has kind of put all of

this together and been the point person so we could have this happen in a short period of time.

I think everyone is very interested in seeing what's going to happen with the preview, so I'm just going to take a few minutes to run down what you can expect, and a lot of this you've already seen in other presentations. The preview will be on the CMS OASIS system's welcome page. It will be available from the 1st to the 8th of April. And the who – whoever routinely obtains the OBQI, OBQI reports for their agencies should probably be the person going in and getting this data. We had a big problem with the nursing home. Everyone was very anxious to get in and to see the previews for nursing homes. Some of the administrators tried to get in, some of the other staff tried to get it. They didn't know the passwords and they locked themselves out. So a word to the wise, please be patient. Get the person in your agency that usually accesses your reports to get the preview for you to view.

How do you get into your preview? When you log on to that page, click on the Online Reports to access CASPER. You'll then click on Folder, then you'll choose the folder that lists the following. You will see a state prefix, then HHA, then your facility ID. So in a West Virginia facility, you would see WVHHAWV and the rest of the fac ID. You can then just simply open the folder to get to Preview Report.

What's going to be on there? Pretty much what Cynthia just showed you from the web page. The administrative data from the facility, the name, the provider number, the office address, the phone number. Please check your phone numbers. That's going to help drive the search capabilities and allow people to call your agencies to verify that you still provide services to those zip codes.

The agencies' initial data certification. Probably one of the things that consumers will be interested in is how long has this agency been providing services. So we've added the initial date of certification.

The type of ownership. If it's profit, non-profit, and services offered. That's where you saw the Nursing, PT, Rehab. What else are you going to see? You'll see the target month. The data that is collected or that is going to be reported in the preview and will go

live on the website and in the ads is calendar year 2000, January 2002 through December 2002, calendar year 2002. You will see the list of 11 quality measures. What you will see is the OBQI technical titles not the consumer language. We put the preview together very quickly, and I have to thank Lori Anderson, our [UNINTELLIGIBLE] contractor, and David Hittle for really just going to great lengths to get folders built and data reports put together for us. We had an existing report with the OBQI measure titles. We just chose to go with that. You will see a risk adjusted agency rate, a risk adjusted state average, and also the Phase 1 state average as a reference.

Okay. Now when I look at this data report, what if I'm a small facility, and I don't have enough numbers for a resident to report. Too small is less than 20, 20 episodes of care who have a quality measure calculated. If you don't have 20, you're going to see a Code 199 instead of a rate when you look at your preview. That 199 is not a miscalculation. It's a special code that triggers the website to put a "not applicable" due to small size or whatever the technical term is on the website. So 199 just means you didn't have 20 episodes.

What if you just didn't have enough data? You have to have six months of data to be in the calculation. In that case you would see a Code 201 on your preview. Those should be the only special codes that you see. Everything else should be below 100. Again, a Code 201 will show up as a "not applicable" on home health compare with a text explanation right in the bar. Okay.

If the agency has a 199 or a 201 in any of the following three measures, they will not show up in the newspaper ads, which is probably of big interest to everyone. As we reported on the last open door, the ads – the QM's for the ads are patients getting better at bathing, patients getting better at walking or moving around, patients who get better at taking their medications correctly by mouth. So when you get your preview and you have a 199 or 201 in any of those three quality measures, you will not be in the newspaper ads. That's no fair - hoping for 199's 201's. Okay.

How do I correct my agency's administrative data? Again, we found in nursing homes that although we always had - the facility information in nursing homes had always been available on the

web. A lot of people didn't look at it until it really came down to nursing home compare showing quality measures. There were administrative data errors. So please take a look. Please check your phone number. What you do is if there's an error, please contact your state ASPEN coordinator. As you see later on, that is part of the packet, it's part of the keys memo that will accompany the preview. And we will have it in handouts up on our website tomorrow. Once the changes are made at the state, it will take a month or two in a worst case scenario for it to appear in the nursing home – excuse me, the home health compare website. Okay.

What if I have questions about my quality measures? Take a look at the frequently asked questions first. We tried to put together a lot of questions to anticipate issues that can come up. You can access them at CMS.hhs.gov, and then click on Frequently Asked Questions up at the top. If you can't find your answer there, we're going to refer you to your quality improvement organization to talk to them further. And again, part of the attachment to the keys memo in the packet that will go up on the website will be your QIO contact numbers.

Resources – I keep talking about the keys memo. It will have an explanation, again going through how to get to your folders. You will have the document that David talked about to compare some of the OBQI rates and the HHQI rates. You will also have a crosswalk(?) between the consumer claim language and the technical OASIS measure language. And you will have contact information for the absent coordinators, which was just verified by Lori Anderson and her staff. Thank you. And the quality improvement organizations. And that's it. Thank you very much.

Mr. Barker: Thank you, Lisa. Well, we're going to open it up for questions now. And I think what I would like to do is start with people here in Baltimore. We'll take a few questions here, and then we'll open up the phone lines. So if anyone here in Baltimore has a question, please use the mikes in the audience, and then we'll open up the phone lines.

Mr. Wardwell: [MICROPHONE NOT WORKING, INAUDIBLE]

Mr. Barker: Do you know what? I don't think that mike is on, so I'll repeat the question. Go ahead. I can hear you and I'll just repeat it.

Mr. Wardwell: Bob Wardwell with the Visiting Nurse Associations of America. I was wondering why the box is only going to be open for a week. Is there any possibility of that being extended for people that may be at conferences or just may not be quick on the uptake?

Female Speaker: We can extend it if you'd like that. So we will do that.

Mr. Wardwell: [OFF MICROPHONE, INAUDIBLE]

Female Speaker: We'll take that and see how long we can keep it open. Thank you.

Ms. Torrieri: Hi, I'm Marisa Torrieri with Home Health Line. I've got a couple of questions. You say that quality measures are going to be different than the outcomes on the OBQI report, slightly different. Can you define slightly a little more – a little better? What do you mean by that?

Female Speaker: Maybe David Hittle can comment on that. It really is that there is additional risk adjustment that is in the quality measures that isn't in your OBQI reports. David?

Dr. Hittle: I should stress the measures themselves are identical. There is absolutely no difference at all in the way the measures are calculated. The two differences that you will notice is that in the home health compare website, one measure, pain interfering with activity, is risk adjusted while it is not risk adjusted on the OBQI reports. The other difference is that on the OBQI reports, we are reporting the actual or non risk adjusted outcome rates for the agency, and we are risk adjusting the reference rate. Whereas, on the home health compare website, there will be a constant reference – national reference rate and a constant state reference rate, and all of the home care agencies rates will be risk adjusted relative to those rates. So those are the differences – the calculation differences that will appear between the two reports. And as I mentioned earlier, we will have available documentation that enables an agency to convert one rate to another, and even a spreadsheet calculator that enables to determine what your rate is going to be on the website if you know what it is on your OBQI reports.

Ms. Torrieri: I guess what I meant is how are the scores going to look slightly different?

Female Speaker: Do you mean how much different?

Ms. Torrieri: Yes, how much different?

Female Speaker: I think it would depend on the risk adjustments.

Ms. Torrieri: Thank you.

Female Speaker: We've got a copy of the spreadsheet calculator that people will be able to plug in the scores from the preview. David?

Dr. Hittle: I'm sorry.

Female Speaker: Why don't you take a minute and talk about the spreadsheet converter?

Dr. Hittle: Okay. The spreadsheet converter will include columns for all of the – for the measures that appear in your – for each of the measures that appear in your OBQI report and in the home health compare website. They have columns for you to put in your agencies, outcome rate and the reference rate that appears on your OBQI report. And then it will automatically calculate the number that is going to appear on the home health compare website, the risk adjusted outcome rate for your agency and will display that for all of the measures where the risk adjustment is the same in both reports.

Dr. Paul: David, this is Barbara Paul. Do you have a sense of whether home health agencies will see a little change, a lot of change, or is it really going to be kind of dependent on their own case mix?

Dr. Hittle: It depends largely how much their case mix differs from the national case mix, how much those numbers will differ from one report to the other. If there's a large amount of risk – if there's a substantial – if the risk adjustment factor is a fairly substantial number, if they really have an unusual case mix, then they probably will notice that there is quite a bit of difference between those two numbers. What they will notice, however, is that the difference between the observed and the national reference rate on their OBQI report will be roughly comparable to the difference between the risk adjusted rate and the national reference rate on the home health compare website.

Mr. Barker: Thank you, David, Barbara, Lisa. Operator, let's see if we have any questions on the phone line.

Operator: At this time I would like to remind everyone that if you would like to ask a question, you may press star one on your telephone keypad now. We'll pause for just a moment to compile the Q&A roster. There are no questions at this time.

Mr. Barker: Okay. Let's see if there are any other questions in the room here.

Mr. Wardwell: This is Bob Wardwell, the evil twin. Is this working now? This is Bob Wardwell, the evil twin from the Visiting Nurse Association. First of all, I appreciate the preview being done. I know that wasn't originally necessarily going to be happening, and I know you had to do a lot of work to get the preview going. And I know that when people look at these numbers, they may see some differences from what they were expecting to see as we just discussed. And there is a process to go to the QIO if you see something you think really looks wrong. If the QIO looks at it too and they're convinced that despite all the checking that's gone on, there's really a screwy number in there, is there a facility to check that – get that pretty quickly because conceivably it could be viewed as damaging to that agency.

Female Speaker: The QIO's will then talk to CMS. CMS will work with the contractors to see what's going on, and we will have time. That's one of the reasons to kind of put parameters on the preview so that we have time to make adjustments as we go. Thank you.

Mr. Barker: Thanks, Bob. Well, I guess we'll wrap up then. I would remind –

Operator: Sir, I apologize. You do have questions.

Mr. Barker: Oh, okay. Sorry about that.

Operator: That's okay. Sir, your first question comes from Roberta Dizenol.

Ms. Dizenol: Could you just please clarify for me those three indicators, the bathing, the walking or ambulation and medications that she referred to? This is the 199 or 201 in those areas that wouldn't appear. I kind of got lost on that for a minute.

Female Speaker: Those are the three measures that will be used in the newspaper ads. If there's a 199 or a 201 on your preview in any of those three measures, you would not be in the newspaper ad.

Ms. Dizenol: Okay. So then for the public reporting purpose in the newspaper, it's just going to be those three measures, but on the home health compare, it's going to be those eleven core measures?

Female Speaker: That's right.

Ms. Dizenol: Okay. Thank you.

Mr. Barker: Operator, next question.

Operator: Yes, sir. Your next question comes from Sana Herman.

Ms. Herman: We're confused about the – we thought the information that was going to be used would be from January 2002 to December 2002, but someone stated earlier they were going back to 2001. What would that be for?

Dr. Paul: The actual data for the quality measures is January 2002 to December 2002. However, to put together the zip codes for the search capabilities of the website, we went back an extra year to 2001 just to be able to make sure that we cast the biggest net.

Ms. Herman: Okay. Could I ask another question?

Mr. Barker: Yes.

Ms. Herman: What kind of results have you had from the nursing home data that you've been able to collect? Have you seen much improvement in outcomes? And can you give us some feedback on that?

Dr. Paul: This is Barbara Paul. I would say that it's still too early to actually see trends as a result of the nursing home quality initiative due to the lag between when the data is collected and posted, which isn't real long, but there is a lag and when we got into the field with quality improvement support of the nursing home. We probably just about now might start seeing some differences for the six pilot states, but we don't have that kind of information yet. Give us another six months or a year and we'll hopefully have something that we can show.

Ms. Herman: Okay. One more question. My understanding is we'll have information from January last year to December, and then each month it will go to the next month, so we'll drop January and then go to February I guess from this year, from February last year till January this year. Is that right? It will change every month – the posting?

Female Speaker: That's right. With the monthly updates you will move forward a month. So if this is January, next month will start with February and move forward a month.

Ms. Herman: Okay. Thank you.

Mr. Barker: Thank you. Those were good questions. Operator, next question.

Operator: Yes, sir. Your next question comes from Pamela Binzo. Pamela, your line is open.

Ms. Binzo: Hi. My question was just answered with the previous question. So thanks.

Mr. Barker: Thank you. I told you they were good questions. Next one.

Operator: The next question comes from Patrick Booth.

Mr. Booth: Hi. I'm talking in regards – actually this question is for Mary Wheeler. I'm speaking in regards to the results of the testing OASIS measures for the consumer that was published in October 2002. One of the key findings demonstrates that consumers do not have an awareness of the OASIS indicators. Now I know you spoke about it in your presentation that one of the rules of QIO's is to engage its stakeholders and to make the public aware. Can you speak a little bit more in specifics about how you intend to do that with relation to public identifying or understanding what the OASIS is about and some of those indicators that we're going to be showing and you're going to be showing?

Ms. Wheeler: Well, that will be part of the role of the QIO's actually. They have large beneficiary component education, and so that's how we will get your beneficiaries to help them understand what home health is and how the measures are reported related to the actual benefits that they are eligible for.

Dr. Paul: And this is Barbara Paul. I would just say that this is a work in progress, but first we need to start getting this information out, and then with it being available, then the QIO's, the media, all of our other partners can start to work each in their own way with the Medicare beneficiaries and their caregivers to help them understand this and use it. We're trying to give them the information, and we know that people will use it in different ways.

Mr. Booth: So from the nursing home quality indicators, was there that same experience with the public understanding what those measurements were about? Did you find that happening there too where there's still some confusion with those indicators?

Dr. Paul: Well, we actually did kind of a web-based study in which we asked people who visit our website for nursing home compare whether they found the information to be useful, and whether they found the information to be understandable. And I don't remember the exact percentages, but they were very high in terms of usefulness and understandability. So we feel good about the fact that we're starting at a good place with nursing homes. And I think for home health, I think we're starting at an even better place because we're starting with measures that are a little more intuitive to a lay person than perhaps some of the nursing home measures are. And we also have already done some consumer testing to help us choose which subset of the 41 OBQI's to pick. So we're starting out at a pretty good place here, and we'll track it. We've got a whole crew of people at the agency who care all day long about whether our Medicare beneficiaries understand our communications, and they'll be tracking this.

Mr. Booth: Great. Thank you.

Mr. Barker: Thanks. Operator, next question.

Operator: Your next question comes from George Fitarak.

Mr. Fitarak: Hello. I'm the long-term care ombudsman from the state of Wisconsin, and I have a couple of questions. The first relates to the quality of information on home health compare. One of the significant shortcomings of the nursing home compare is the datedness of the information that's on there. And I'm wondering, is it going to be any more timely on the home health side? And

then secondly, my question is somewhat of a follow-up to the previous question. And that relates to - one of the stated purposes of this project was that the QIO's to sustain public interest in the project beyond the initial ad campaign. And I am curious to know what are the basic activities you would expect the QIO's to undertake to keep this issue before the public?

Dr. Paul: Is that something, Rick, you can speak to? If you want to think about it for a second while I answer the first one. You might want to work your way up here. I think that on nursing home compare, there is information from survey and certification which can be a little bit dated because of the date of the survey process. But in terms of the quality measures, I haven't heard that complaint. It's about a six month lag or so.

Female Speaker: We just did an update that was in February and we now cover April 2002 through September 2002. And for the short-terms and the chronics, it's July '02 to 9/'02. It is a little older than what home health is going to do.

Dr. Paul: It's actually a little older than home health. Okay. But it's still less than a year old. It's nine months old, something like that. So I don't think – personally, I think that's pretty good. It's better than some of the other data out there. We would love to have less lag time, but there's just a certain amount of time you need to crunch the numbers. And there was another part to the first half of your question, but I forget. So why don't you talk about QIO's and there work to sustain continued interest.

Rick: Part of what the training was about today was to look for some of the media hooks, and look at what is the best way to try to sustain some of the drumbeat, and it's a bit early to tell yet because we just gathered together and we formulated a communication plan. We have some ideas, and we know basically where we're going to go. But as far as what's going to keep and sustain the media interest, it's a little early right now.

Mr. Fitarak: I guess I'll just keep watching it.

Dr. Paul: Good. And I think it's important to add at a state level, if you see an avenue to get information out, if you see a specific need for information, please contact your QIO and let them know. You're our eyes and ears out there, so if there's anything that you see that

we should be doing, please let us know.

Rick: I will say that a big part of it, of course, will be the advertising that will be associated with the rollout next month. And I think you'll see a lot of earned media interest that will generate it just from either the anticipation of the ads that will be published and after that as well.

Mr. Barker: Thanks. Operator, next question.

Operator: The next question comes from June Ying. June, your line is open.

Ms. Ying: My questions have been answered. Thank you.

Mr. Barker: Other questions, Operator?

Operator: There is a follow-up from Roberta Dizenol.

Ms. Dizenol: Hello. Actually I don't have a question. I just wanted to compliment the Florida State QIO who gave our OBQI classes. They were just excellent. I just wanted to compliment them.

Mr. Barker: Thank you.

Ms. Dizenol: They were excellent and the handout material and everything was very valuable, and they're just very willing to assist the agencies here. So please compliment them.

Mr. Barker: Thanks.

Ms. Dizenol: You're welcome.

Mr. Barker: Operator, any other questions?

Operator: Yes, sir. Your next question comes from Carol Anderson.

Ms. Anderson: The question is the information and the data that is available on each home health agency, will there also be some kind of rating system that will be compared either statewide or nationally?

Dr. Paul: You'll see the actual numbers, and then you will see state numbers and national numbers. We will not be giving grades. We will not be putting agencies into quartiles or deciles(?) or anything, just the

facts, the numbers.

Ms. Anderson: Are you going to involve JCAHO or CAHPS in the data that's given to the consumer – the accreditations?

Dr. Paul: We don't – do we have anything on that on that on the website?

Female Speaker: Not at this time.

Dr. Paul: So there won't be any information to the consumer as to what accreditations each agency has?

Female Speaker: And I would say here that while the measures on the website are very important, they're but one piece of the puzzle. So this will just give some information at the agency level, and it should be combined with calls to the state, calls to the ombudsmen if there's a program in your area, and then a follow-up call to the home health agency with some questions, and that could certainly be a question on that list – the measures – we'd like to think they are not the be all, end all or just one piece of the puzzle. So I think that's where we come in and talk to some of those other sources when you make your phone call to the agency.

Ms. Anderson: Thank you.

Mr. Barker: Thank you. Operator, next question.

Operator: Your next question comes from Gwendolyn Smith.

Ms. Smith: Hi. We have two questions from Michigan. First, how often is CMS projecting to update Casper and home health compare with the outcome measure results? Will they keep it annually? And secondly, will it be different each time or will they be picking different end result outcome measures selection each time? Thank you.

Female Speaker: The 11 measures are planned for the next couple of – for the subsequent updates. The updates will occur monthly to the facility demographic information and to the quality measures. Another piece of the puzzle that we haven't talked about is once the national rollout occurs in the fall, probably the first of next year we'll be taking measures to lessons learned from the Phase 1 and bringing in the national quality forums to sort of take a look at how

to refine the core set of measures for subsequent refreshes. So for right now the 11 that are there will be there for probably six months to a year.

Female Speaker: Probably six months to a year, maybe even a year and a half before something would happen. And when they might be modified, it would be after the national quality forum has engaged. And just to restate it one more time, the information will be updated monthly with that rolling 12 month average as we stated before.

Mr. Barker: Thanks. Operator, any other question?

Operator: Your next question comes from Mary Spaulding.

Ms. Spaulding: We had a question about the case mix adjuster. Can we discern what our case mix adjust and the reference case mix adjuster is from our current OBQI report, and how might we do that?

Dr. Paul: David?

Dr. Hittle: I'm not sure exactly what the question was there. You certainly know what your agency's predicted outcome rate is from your current OBQI report. And there will be available in the spreadsheet an indicator of what the observed national and observed predicted rates are. So in a sense, yes, you will be able to determine what your agency's risk adjustment is from that combination of numbers. Now if you would like to send me a technical question on e-mail on that or send that to the OASIS team on the CMS OASIS website, I think I can give you a more complete answer than I could give you on this particular call.

Ms. Spaulding: Thank you.

Mr. Barker: Thanks. Operator, next question.

Operator: Your next question comes from Marcia Folstad. Marcia, your line is open.

Ms. Folstad: I was interested in understanding [UNINTELLIGIBLE] going to be for rates that are posted.

Mr. Barker: We can't hear you, Marcia.

Ms. Folstad: We're interested in understanding what – if there's going to be a minimum number of cases that a particular facility would have to have before a rate on one of the measures would appear on their nursing home compare – sorry, on the home health compare.

Mr. Barker: Lisa walked out of the room, and I'm going to wait until she gets back. So, [UNINTELLIGIBLE], do you know the answer to that question?

Dr. Hittle: I can answer that, Tom.

Mr. Barker: Okay. People are racing to the mikes. Lisa, the question was on nursing home compare, what are the minimum number of cases before it's reported for a facility.

Ms. Wark: This is Cynthia Wark. There's two different ways that we use to maintain confidentiality. And one is that, as Lisa mentioned in her presentation, if there are less than 20 cases in the denominator, a code would be displayed in the preview, and a statement will be displayed on the website saying "not available due to small numbers." The other way that we are maintaining confidentiality is to display a text message. For rates that are less than 5% and greater than 95%, we will display exactly that – less than 5 or greater than 95. And the reason we are doing that in addition to suppressing the numbers that have less than 20 cases in the denominator is that it is our understanding that consumers may not differentiate between a denominator with a low number of cases, and a number on the website – a number, for example, 1% or 100%. They may look at 100% and think that that applies to everyone who is under the care of that home health agency. So we're taking the added precaution of suppressing those numbers at the tail ends that are less than 5 or greater than 95.

Mr. Barker: Thanks, Cindy. Operator, next question.

Operator: Your next question comes from Judy Carlson. Judy, your line is open. [NO RESPONSE] Your next question comes from Julie Ermer.

Ms. Ermer: I think my question has been answered. Thank you.

Mr. Barker: Okay.

Operator: Your next question is from Noreen Bask.

Ms. Bask: This question is for Lisa Hines. And what I wanted to know is I wanted a clarification on the timeframe that you mentioned will be posted in the data preview. Did you say 2000?

Ms. Hines: The data that will be shown in the preview and will be reflected in the ads and the website quality measures is January 2002 through December 2002.

Ms. Bask: Thank you.

Ms. Hines: You're welcome.

Mr. Barker: Operator, next question.

Operator: Your next question comes from Cheryl Dexter.

Ms. Dexter: Hi. We are a hospice and palliative care organization, 90% hospice and 10% palliative home care. And we know that we do not expect any of these measures to improve except perhaps pain. How are we going to come out on this home health compare?

Female Speaker: Actually hospice agencies do not collect OASIS, and I don't think I got the second service that you were referring to beyond hospice.

Ms. Dexter: We provide palliative home care services, which is home care, and we do complete OASIS information.

Female Speaker: I did not get the first part of the question.

Ms. Dexter: But all of our patients are either terminal or palliative.

Female Speaker: I understand. It's the same data that's been sitting on your OBQI report. What you may want to be ready for – I think we saw similar situations with nursing homes – was to be proactive with the message that you do provide services to a large number of hospice and palliative care patients, and therefore your numbers may be skewed. I don't know what your OBQI numbers are – if that's the case. I think by looking at the preview that you'll be able to judge from that a little better. And when you do get your preview, you may want to contact your state QIO to work with them on that.

Ms. Dexter: So the risk adjustment doesn't take into account that the majority of our palliative home care patients either transfer to hospice or die at home with a poor prognosis.

Dr. Hittle: The risk adjustment does take those factors into account to some extent. However, if you have a very extreme case mix, it's always possible that you would still show up as having somewhat skewed results. So I would not make any extravagant claims for the risk adjustment in that respect, but it does take into account those kinds of factors to the extent that we can do that statistically.

Ms. Dexter: Thank you.

Mr. Barker: Thanks. Operator, next question.

Operator: Your next question comes from Jane Lambert.

Ms. Lambert: Hello. I'm calling from Michigan, and you had mentioned that there were eight QIO's – eight states. And I was wondering if you could name those?

Female Speaker: Sure. This is a test. South Carolina, Florida, Massachusetts, Missouri, West Virginia, Wisconsin, New Mexico and Oregon.

Ms. Lambert: Thank you.

Dr. Paul: Next question.

Operator: Your next question comes from Kathleen Hines.

Ms. Hines: For Lisa Hines, could you please explain again the access to the CMS OASIS welcome page and the agencies ability to bestow the ID or provider numbers that are needed to access that?

Ms. Hines: We're going to get Lori Anderson to come and give you a little bit more detail. My presentation was not available when we did the original web posting, but I will post the QIES memo and also the instructions on the CMS.HHS.gov/quality/hhqi.

Ms. Anderson: The preview of reports will be available via the same interface that agencies currently get their OBQI report. It's also the same interface that the agencies use to submit their OASIS. For both of

those things, to submit the OASIS and also to obtain their OBQI reports, an agency has a login ID that's sometimes called FAC ID. First, you log into our network, and then you log into your state system. That's the FAC ID that Lisa described as part of the folder name. So we recommend that every agency go to that person who normally gets their OBQI report. They will be very familiar with how to access that web page that enables them to get the OBQI reports and do their OASIS submissions. They have to login as though they're getting an OBQI report, however, there will be a new folder in that interface that they haven't seen before, the name of which is what Lisa described. And it starts with your state space HHA space your login ID that you use to get to your state. When you click on that folder, your preview report will appear to you. The easiest way is to just go to the person in your agency who normally gets your OBQI report and ask them to help you.

Mr. Barker: Operator, are there other questions in the queue?

Operator: Yes, sir.

Mr. Barker: I have to run upstairs. Do you mind if I turn the call over to you to just go through the remaining questions? Operator, how many people were on the line just in general?

Operator: Seven hundred, sir.

Mr. Barker: Oh, wow. And how many callers are in the queue?

Operator: Fifteen, sir.

Mr. Barker: Fifteen? All right. I don't know if we're going to be able to get through all of them because we have about 20 minutes left on the call. But, Lisa, I appreciate it. I'm going to turn it over to you. And I see John is here, and he can continue on also, but I have to run up to a meeting. So thanks.

Ms. Hines: Are there any more questions in the room before we go back to the phone line? [NO RESPONSES] Okay. Next call on the line.

Operator: Your next question comes from Sally Roper.

Ms. Roper: Hi. I wasn't able to get the handouts for today. Could you tell me where I could get them?

Ms. Hines: They'll be posted – if you wait until tomorrow, the preview information will be there as well.

Ms. Roper: Okay.

Ms. Hines: If you go to CMS.hhs.gov, click on Quality Initiatives on the left-hand toolbar, then you can choose home health, and it will take you right there.

Ms. Roper: Oh, okay. Thank you very much.

John: Next question please.

Operator: Your next question comes from Sheila Douser. Your next question comes from Gwen Tony.

Ms. Tony: Hi, my name is Gwen Tony and I'm from Ohio, and I just had a couple of questions. When I had gone to the skilled nursing facility site, maybe I was not reading it correctly, but it looked like there was survey information from their previous nursing facilities survey. Is that correct?

Ms. Hines: Yes.

Ms. Tony: Is there also going to be then survey information on the home health site?

Ms. Brice-Smith: This is Angela Brice-Smith. Our current plans – we're still looking into that. And part of the reason I think you've heard from one of the previous callers about delays in information related to nursing homes. Well, the home health agencies, they're not required, except roughly every 36 months or so –

Ms. Tony: That's correct.

Ms. Brice-Smith: - to submit survey information. So as you could imagine, we're contemplating what that means to give consumers three years.

Ms. Tony: Yes, that was my concern. And I just wondered if you were considering that.

Ms. Brice-Smith: We have looked into it, but we have not made a decision at this

time.

Ms. Tony: I have two more short questions. Have you analyzed the age of the people that have been using the nursing facility website?

Ms. Hines: Actually we have some anecdotal information that's been interesting coming in. When you access that, you have the ability to leave a comment. And from what I've seen, it's been everyone from the elderly that were choosing homes for themselves, caregivers that are placing a parent in a nursing home, disabled. It's been kind of a mix.

Ms. Tony: I just wondered if that was – I guess I sort of envisioned that it would be more the family caregivers looking up the information than just the patient. The last one I wanted to ask is how do you analyze the usage since you first rolled it out and how has it decreased since the initial advertisement of those sites?

Ms. Wark: This is Cynthia Wark, and I want to go back to your second question about the age of the users. We did a survey on Medicare.gov last year, and we generally range between 35 and 50% of the users over time are Medicare beneficiaries themselves. Now that number has gone up. We have done surveys for the past several years, and we have found that more and more of the Medicare beneficiaries themselves are directly accessing the information. There are a significant number of caregivers or information intermediary professionals who also access the website. And your other question about – I believe you asked about the volume of traffic.

Ms. Tony: Yes, the decrease since the beginning.

Ms. Wark: The volume of traffic on Medicare.gov has increased over the last two years from 20 million page views in 2000,40 million page views in 2001, and approximately 50 million page views in 2002. The nursing home section of the website had a tremendous increase in traffic. Prior to the national launch in the fall we averaged about 14% of the users who were looking at nursing home compare. And following that, we had a huge jump. It did drop back some, but it still remains substantially higher than it was prior to the October launch. And it's somewhere in the range of 20% who are interested in nursing home compare. It has always been a very popular site.

Ms. Tony: Okay. Thank you for the information.

John: Next question please.

Operator: Your next question comes from Phyllis Devlin.

Ms. Devlin: My name is Phyllis Devlin, and I was one of the people who did the QI survey. However, I'm very concerned because I see the recommendations as coming out of the TEP committee on OASIS, etc., changing all of these things. Because the wording on the OASIS questions, as we pointed out at the quality initiative, was questionable. What's going to happen when the wording does change on some of these questions?

Female Speaker: I'm sorry. You were breaking up when you were coming through.

Ms. Devlin: I'm sorry. I'll go ahead and repeat myself. I was one of the people on the TEP committee that chose the QI - the improvements and whatever – the various questions. And I know that we pointed out that a number of the questions, even the ones we chose, have problems with wording. And I know there's an OASIS – TEP committee that is looking at the wording of the questions. And my concern is what happens to all of this once the wording of the questions – the OASIS questions is changed? How is the data going to be used?

Ms. Hines: David, do you want to take that?

Dr. Hittle: I'm sure that whatever recommendations come down the line in terms of refining the OASIS items over time, there will have to be careful consideration in maintaining some kind of comparability in terms of being able to go forward so that we will have comparable measures. Obviously, CMS is very interesting in continuing to improve the OASIS and continuing to improve all of the wording of the items in whatever manner they can to make sure that the measurement is as good as it can be. I can't really speak for CMS in that respect, but I do know that as a contractor and a researcher, that it will certainly be a very high priority in that process to make sure that we maintain that the comparability is maintained as well as improving the measurement properties of OASIS.

Ms. Devlin: Do you have any ideas how that's going to be done because in my

opinion, and in a lot of the other peoples' opinion who were on the TEP committee, the wording led to your not seeing improvements that were being made. I could give you a specific example, but that really isn't going to help the situation.

John: Operator, one final question.

Operator: Your final question comes from Ella Shaw. Ella, your line is open.

John: Are you there? [NO RESPONSE] Operator, another caller please.

Operator: Yes, sir. Your next question comes from Kathy Dorick.

Ms. Dorick: We were wondering when you spoke of the publishing in the newspaper, and one of the measures I think you mentioned was bathing. Two questions. What were the other two measures you mentioned, and for the bathing, were you talking about the measure improvement in bathing or stabilization in bathing?

Ms. Hines: The improvement. Patients who get better at bathing.

Ms. Dorick: Okay.

Ms. Hines: Patients who get better at walking or moving around, patients who get better at taking their medications correctly.

Ms. Dorick: Okay. Thank you very much.

Ms. Hines: If there are any questions that didn't get answered, or if you think of one later on, let me give you an e-mail address that will actually put your question into our frequently asked questions pool. This is all one word – homehealthquality@CMS.hhs.gov.

John: We'd like to take this opportunity to thank you for joining with us today for the special home health quality initiative forum. This meeting is closed. Thank you.

Operator: Thank you for participating in today's conference call. You may now disconnect.

John: Operator?

Operator: Yes, sir.

John: How many people were on-line?

Operator: Seven hundred total.

John: Thank you.

Operator: Thank you, sir. [END OF CONFERENCE CALL]