

PRA Disclosure Statement

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The Division of Health Care Policy and Research
 and
 Centers for Medicare & Medicaid Services

Home Health Pay for Performance Demonstration Evaluation Survey

The purpose of this survey is to gather information from home health agencies participating in the Centers of Medicare & Medicaid Services (CMS) Home Health Pay for Performance (P4P) Demonstration. The questions that follow focus on policy or practice changes in your agency that may have occurred during the timeframe of the demonstration. These questions focus on information about your agency that is generally not available via other data sources.

The "correct answers" are simply what occurred at your agency during Calendar Year (CY) 2008.

Based on pre-testing with experienced home health agency managers, we estimate that the survey will take about 15 minutes to complete.

1. Enter the Name of Agency: _____

1a. [Optional] Email address of Agency or person completing survey: _____

2. Enter Agency's CMS Certification Number (formerly Provider Number): _____

3. Title of person completing form: Senior Mgmt (CEO, DON, etc)

4. Which of the following describes the changes in the number of your staff (e.g., increase = the position was vacant or created and was filled, or additional staff were hired; decrease = a position was filled, but is now vacant) during CY2008? Indicate change for each -- if any.

Job Category	Decreased Staffing	No Change	Increased Staffing
a. Senior Management (CEO, DON, etc.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
b. QI / PI Coordinator	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
c. Clinical Supervisor Positions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
d. Registered Nurse	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
e. Registered Nurse with speciality license (e.g., wound, psychiatric)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
f. Licensed Practical Nurse	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
g. Respiratory Therapist	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
h. Physical Therapist	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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- i. Occupational Therapist
- j. Medical Social Worker
- k. Home Health Aide
- l. Administrative/Support
- m. Other (specify)

5. Which of the following describes the turnover in your staff (e.g., a staff member left and was replaced by a new or another staff member in that position) during CY2008? Indicate change for each -- if any.

Job Category	No Turnover	Staff change occurred
a. Senior Management (CEO, DON, etc.)	<input checked="" type="radio"/>	<input type="radio"/>
b. QI / PI Coordinator	<input checked="" type="radio"/>	<input type="radio"/>
c. Clinical Supervisor Positions	<input checked="" type="radio"/>	<input type="radio"/>
d. Registered Nurse	<input checked="" type="radio"/>	<input type="radio"/>
e. Registered Nurse with speciality license, (e.g., wound, psychiatric)	<input checked="" type="radio"/>	<input type="radio"/>
f. Licensed Practical Nurse	<input checked="" type="radio"/>	<input type="radio"/>
g. Respiratory Therapist	<input checked="" type="radio"/>	<input type="radio"/>
h. Physical Therapist	<input checked="" type="radio"/>	<input type="radio"/>
i. Occupational Therapist	<input checked="" type="radio"/>	<input type="radio"/>
j. Medical Social Worker	<input checked="" type="radio"/>	<input type="radio"/>
k. Home Health Aide	<input checked="" type="radio"/>	<input type="radio"/>
l. Administrative/Support	<input checked="" type="radio"/>	<input type="radio"/>
m. Other (specify)	<input checked="" type="radio"/>	<input type="radio"/>

6. Have you added any new positions/functions during CY2008 specifically because of your participation in the demonstration?

Job Function	Already Existed	Added Position/Function	Does Not Exist
a. Quality improvement (QI) or performance improvement (PI) coordination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. Documentation quality assurance or OASIS accuracy	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
c. Staff Education	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
d. Outcome Analysis	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
e. Utilization Review	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
f. "Combination" position(s) that			

- include two or more of the "a-e" functions
- g. Other (specify) _____

7. Which of the following outcome measures have you targeted with the help of your Medicare Quality Improvement Organization (QIO)?

Pre-2008	2008 (only)	Pre & During 2008	Did not work with QIO	Outcome Measure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	a. Acute Care Hospitalization
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	b. Any Emergent Care
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	c. Improvement in Bathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	d. Improvement in Ambulation/Locomotion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	e. Improvement in Transferring
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	f. Improvement in Status of Surgical Wounds
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	g. Improvement in Management of Oral Medications
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	h. Improvement in Pain Interfering with Activity
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	i. Other measure(s)

8. What policy changes has your agency implemented during CY2008? Policies related to... (Check all that apply)

- a. Changes in care practices (e.g., "front-loaded visits)
- b. Implementation of care pathways/standardized care plans
- c. Decrease in time between referral and admission visit
- d. Communication with patient (quantity and/or quality)
- e. Communication with physician (quantity and/or quality)
- f. Disease management programs
- g. Telehealth programs
- h. Falls prevention programs
- i. Patient infection control programs
- j. New clinical specialties programs (specify):
- k. Change in on-call staff for non-business hours
- l. Expanded business hours
- m. Changes in productivity requirements for staff
- n. Changes in staff hiring requirements
- o. Other (specify): _____

9. What activities directed toward agency employees or contract staff and intended to increase quality of care has your agency implemented during CY2008? (Check all that apply)

- a. New staff education programs and/or changes in requirements for number of educational hours
 - b. Performance improvement programs
 - c. Mentoring programs
 - d. Additional clinical team meetings
 - e. Additional record review activities
 - f. New staff competencies
 - g. Change in staff evaluation criteria
 - h. Employee incentives for performance improvement
 - i. Changes in staff management practices of nursing or therapy staff (e.g., increased oversight, etc.)
 - j. Changes in home health aide supervisory practices
 - k. Additional clinical resources for field staff (e.g., consultation; new specialty care staff; web access to best practices, etc.)
 - l. Other (specify): _____
-

10. What technological innovations designed to improve the quality of patient care has your agency implemented during CY2008? (Check all that apply)

- a. Telemonitoring equipment
 - b. Electronic medical records
 - c. Electronic information exchange with referral sources (e.g., hospital)
 - d. Electronic information exchange with physicians
 - e. Secure electronic messaging systems for agency care team members
 - f. New infusion devices
 - g. New respiratory equipment (e.g., ventilators, etc.)
 - h. Physiologic monitoring equipment (e.g., blood glucose monitors, prothrombin monitors, etc.)
 - i. Inflatable mattresses or similar equipment to reduce incidence of pressure ulcers
 - j. Special dressings or therapies for wound care
 - k. Medication reminder systems
 - l. Medication dispensing systems
 - m. Implementation of medication checking/reconciliation software
 - n. Personal emergency response systems
 - o. Electronic access to policies, procedures, best practices, etc.
 - p. Other (specify): _____
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11. What care practice changes designed to improve the specific clinical outcomes

has your agency implemented during CY2008? (Check all that apply)

- a. Changes in visit patterns (e.g., front-loading; increased number visits for specific diagnoses)
- b. Introduction of telemonitoring
- c. Changes in visit mix (e.g., increase use of PT, etc.)
- d. Introduction of disease management programs
- e. Introduction and/or increased use of clinical pathways
- f. Changes in patient teaching plans
- g. Increased communication with MD
- h. Inclusion on POC of specific parameters for when to call physician (e.g., call MD for BS>150)
- i. Increased care team communication (e.g., team meetings, etc.)
- j. Implementation of screening assessments (e.g., falls risk)
- k. Implementation of falls prevention programs
- l. Enhanced wound care protocols
- m. Increased efforts to improve vaccination rates (e.g., flu and pneumococcus)
- n. Use of medication reminder or dispensing systems
- p. Other (specify):

12. Identify any corporate initiatives that have been implemented during CY2008?
 (Indicate change for each -- if any)

NA, Not Part of Chain

Corporate Initiative Focus	No Change	Modified Existing Program	Implemented New Program
a. Reducing potentially avoidable hospitalizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reducing potentially avoidable emergency care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Improving rehabilitation outcomes	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pressure ulcer treatment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Use of technology to support patient care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Staff training	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Participation in QIO quality initiatives	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Performance incentive program (monetary)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Enhanced corporate communications	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other (specify)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Identify any impact on your agency that occurred during CY2008 that may have been the result of local/regional issues or situations. (indicate impact for each - if any)

Type of Local/Regional Change	No Impact	Negative Impact	Both + / -	Positive Impact
a. # of community hospitals (or hospital beds)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. # of skilled nursing facilities (or SNF beds)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. # of urgent/emergency care facilities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. # of home health agencies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Availability of nurses locally	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Availability of physical therapists locally	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Availability of occupational therapists locally	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Availability of home health aids locally	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Increase in population locally	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Natural disaster, (e.g., flood, fire, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. State health care policy (e.g., Medicaid funding)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Informal local health care practice patterns	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Change in available community resources (e.g., Assisted living facilities, adult day care, transportation programs, meal programs, respite care providers, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What is your best estimate of the effects of activities related to the P4P Demonstration will have on the cost of providing care to your patients?

Decrease by > 10%	Decrease by 5 - 10%	Decrease by 1 - 5%	Less than 1% change	Increase by 1 - 5%	Increase by 5 - 10%	Increase by > 10%



15. How much of an impact on your patients do you think your quality improvement activities will have on the outcomes targeted in the P4P Demonstration?

Outcome Measure	Probable impact of QI on outcomes		
	No Impact	Modest Improvement	Substantial Improvement
a. Acute Care Hospitalization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Any Emergent Care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Improvement in Bathing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Improvement in Ambulation - Locomotion	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Improvement in Transferring	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Improvement in Status of Surgical Wounds	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Improvement in Management of Oral Medications	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What effect do you think the demonstration will have on the following?

Effect on ...	Very Negative	Slightly Negative	No Impact	Slightly Positive	Very Positive
a. My agency's patient outcomes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Quality of care at my agency	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Quality of care statewide	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to care for Medicare beneficiaries	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cost of providing home health care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Financial solvency of my agency	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Financial solvency of home health agencies statewide	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Profitability of my agency	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Profitability of home health agencies statewide	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

17a. Rate each of the following groups/individuals as demonstrating Low/No, Moderate, or High levels of Commitment the P4P demonstration (Mark "NA" if position/function does not exist)

Groups/Individuals	Commitment to the P4P Demonstration			N/A
	Low/No	Moderate	High	

- a. Administrator/Owner/CEO
- b. Senior Clinical (Physician, DON)
- c. Clinical Managers/Supervisors
- d. QI/PI Coordinator
- e. RN's (case managers)
- f. PT's, OT's, Social Workers, etc.
- g. Administrative Staff

17b. Rate each of the following groups/individuals as demonstrating Low/No, Moderate, or High levels of Readiness for the P4P demonstration (Mark "NA" if position/function does not exist)

Groups/Individuals	Readiness for the P4P Demonstration			N/A
	Low/No	Moderate	High	
a. Administrator/Owner/CEO	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Senior Clinical (Physician, DON)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clinical Managers/Supervisors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. QI/PI Coordinator	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. RN's (case managers)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. PT's, OT's, Social Workers, etc.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Administrative Staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17c. Rate each of the following groups/individuals as demonstrating Low/No, Moderate, or High levels of Willingness to Sustain the P4P demonstration (Mark "NA" if position/function does not exist)

Groups/Individuals	Willingness to Sustain Beyond the Demonstration			N/A
	Low/No	Moderate	High	
a. Administrator/Owner/CEO	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Senior Clinical (Physician, DON)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Clinical Managers/Supervisors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. QI/PI Coordinator	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. RN's (case managers)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. PT's, OT's, Social Workers, etc.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Administrative Staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please rate the feedback on your agency's performance provided to you by the demonstration implementation contractor (Abt Associates).

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	N/A
a. The information is useful to my agency for quality improvement purposes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
b. The information is presented					

in a manner that is easy to understand.

c. The information is delivered to our agency in a timely manner.

d. The reports are accurate and complete.

19. Please use the space below to provide any other comments on the demonstration and any suggestions you have for implementation of home health pay for performance. Please limit your response to about 250 words. (optional)



Words remaining:
250

Please review all of your answers prior to submitting this information.

When ready to submit, please check the 'Yes' box below and then click the 'Submit' button.

Yes No Ready to Submit

Thank you very much for taking the time to provide your feedback on the P4P Demonstration. If you would like to send additional comments via email, please forward these comments to eugene.nuccio@ucdenver.edu.