

Supporting Statement For Paperwork Reduction Act Submission – Part A
“Evaluation of Home Health Pay for Performance Demonstration”

Appendix: Treatment and Control Survey Questionnaire Instruments

"HHA Treatment" Survey

Home Health Pay for Performance Demonstration Evaluation Survey

The purpose of this survey is to gather information from home health agencies that were selected to be Treatment agencies in the Medicare Home Health Pay for Performance Demonstration. These questions focus on information about the implementation of the demonstration, and any changes in agency policy or practices that may have occurred in response to the demonstration.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-NEW**. The time required to complete this information collection is estimated to average **30 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

- 1. Enter the Name of Agency: _____
1a. [OPTIONAL] Email address of Agency or Person completing survey:

- 2. Enter Agency's Medicare Provider Number: _____
- 3. Title of person completing form: _____

(Name of Agency = 50 characters; [OPTIONAL] Email address = 50 characters; Provider Number = 6 characters; Title = pull-down menu based on titles in Item #4)

4. Which of the following changes in personnel have been made at your agency since the beginning of the demonstration (January 1, 2008)? Indicate change for each--if any. (Radio button w/ "No Change" as default)

Job Category	Decreased Staffing	No Change	Increased Staffing
a. Senior management (CEO, DON, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quality improvement or performance improvement coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clinical supervisory positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Registered nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Registered nurse (with specialty license, e.g., wound, psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Licensed practical nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Respiratory therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Physical therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Medical social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Home health aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Administrative/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (specify ___25 characters_____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Have you added any new positions/functions specifically because of your participation in the demonstration? If so, please indicate if
 1) the position and function did not exist and was not added,
 2) the position and/or function already exists,
 3) a new function added to an existing position, or
 4) a new position and function was created since January 1, 2008?
 Check all that apply.
 (Radio button w/ "Not Added" as default)

Job Function	Not Added (1)	Already Exists (2)	New Function (3)	New Position (4)
a. Quality improvement or performance improvement coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Documentation quality assurance or OASIS accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Outcome analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Utilization review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Some combination of "a - e" functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Between January 2008 and August 2008 have you participated in a quality improvement program with your Medicare Quality Improvement Organization?

Yes No

(Radio button w/ "No" as default; If "Yes" is checked, then at least one QIO outcome measure must be listed; Based on call w/ CFMC, three is max number of outcome measures; 50 characters each available to describe each outcome measure)

6a. If you participated in a Quality Improvement Organization program, what outcome measures are you targeting? (List all that apply)_

7. Were you participating in a quality improvement program with your Medicare Quality Improvement Organization before enrolling in the Pay for Performance Demonstration, i.e., before January 2008?

Yes No

(Radio button w/ "No" as default; If "Yes" is checked, then at least one QIO outcome measure must be listed; Based on call w/ CFMC, three is max number of outcome measures; 50 characters each available to describe each outcome measure)

7a. If you were participating in a Quality Improvement Organization program, what outcome measures were you targeting in the year prior to the demonstration?
(List all that apply)

8. What policy changes has your agency implemented since the beginning of the demonstration (January 1, 2008)? Policies related to...(Check all that apply)
(Check box; no pre-fill)

- a. Changes in care practices (e.g., "front-loading" 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 care providers and intended to increase quality of care has your agency implemented since the beginning of the demonstration (January 1, 2008)? (Check all that apply)
(Check box; no pre-fill)

- 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. Changes 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 since the beginning of the demonstration (January 1, 2008)? (Check all that apply) (Check box; no pre-fill)

- 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): _____

11. What care practice changes designed to improve the specific clinical outcomes has your agency implemented since the beginning of the demonstration (January 1, 2008)? (Check all that apply) (Check box; no pre-fill)

- 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., increased 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
- o. Other (specify): _____

12. If your agency is part of a home health agency chain, identify any corporate initiatives that have been implemented since the beginning of the demonstration (January 1, 2008). (Indicate change for each--if any)

(Radio button w/ "No Change" pre-filled)

NA, Not Part of Chain

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

13. Identify any local/regional changes that have occurred since January 1, 2008 that may have created an impact on your agency. (Indicate impact for each--if any)

(Radio button w/ "No Impact" pre-filled)

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

14. What is your best estimate of the effects of activities related to the pay for performance demonstration on the cost of providing care to your patients?
(Radio button w/ "Less than 1% change" pre-filled)

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%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How much of an impact on your patients do you think your quality improvement activities have had on the outcomes targeted in the demonstration?
(Radio button w/ "No Impact" pre-filled)

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

16. What effect do you think the demonstration will have on the following?
(Radio button w/ "No Impact" pre-filled)

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

17. Rate each of the following groups/individuals as demonstrating Low/No, Moderate, or High levels of Commitment, Readiness, or Willingness to Sustain the P4P demonstration? Please check either "Low", "Mod" or "High" for each of these three constructs for each of the positions/groups indicated. Leave row blank if "not applicable" or "position does not exist".
(Check box with no pre-filled values)

	Commitment			Readiness			Willingness to Sustain		
	Low	Mod	High	Low	Mod	High	Low	Mod	High
a. Administrator/Owner/CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Senior Clinical (Physician, DON)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clinical Managers/Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Field RNs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Field PTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Field OTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Field Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Field Home Health Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Admin. Staff (incl. QI/PI Coord.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Please rate the feedback on your agency's performance provided to you by the demonstration implementation contractor.
(Radio button w/ "N/A" pre-filled)

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly	N/A
a. The reports are accurate and complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The information is presented in a manner that is easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The information is delivered to our agency in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The information is useful to my agency for quality improvement purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Please use the space below to provide any other comments on the demonstration and any suggestions you have for the implementation of home health pay for performance. (optional)
(There will be a 250-word limit on this box with automatic word count)

Thank you very much for providing your feedback. Please review your answers prior to pressing the "Send" button.

"HHA Control" Survey

Home Health Pay for Performance Demonstration Evaluation Survey

The purpose of this survey is to gather information from home health agencies that were selected to be Control agencies in the Medicare Home Health Pay for Performance Demonstration. These questions focus on information about the implementation of the demonstration, and any changes in agency policy or practices that may have occurred in response to the demonstration.

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6. Enter the Name of Agency: _____
1a. [OPTIONAL] Email address of Agency or Person completing survey:

7. Enter Agency's Medicare Provider Number: _____
8. Title of person completing form: _____

(Name of Agency = 50 characters; [OPTIONAL] Email address = 50 characters; Provider Number = 6 characters; Title = pull-down menu based on titles in Item #4 from Treatment survey)

4. Between January 2008 and August 2008 have you participated in a quality improvement program with your Medicare Quality Improvement Organization?

Yes No

(Radio button w/ "No" as default; If "Yes" is checked, then at least one QIO outcome measure must be listed; Based on call w/ CFMC, there is max number of outcome measures; 50 characters each available to describe each outcome measure)

4a. If you participated in a Quality Improvement Organization program, what outcome measures are you targeting? (List all that apply)_

5. What policy changes has your agency implemented since the beginning of the demonstration (January 1, 2008)? Policies related to...(Check all that apply)

(Check box; no pre-fill)

- a. Changes in care practices (e.g., "front-loading" 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): _____

6. What activities directed toward care providers and intended to increase quality of care has your agency implemented since the beginning of the demonstration (January 1, 2008)? (Check all that apply)
(Check box; no pre-fill)

- 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. Changes 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): _____

7. What technological innovations designed to improve the quality of patient care has your agency implemented since the beginning of the demonstration (January 1, 2008)? (Check all that apply)
(Check box; no pre-fill)

- 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): _____

8. What care practice changes designed to improve the specific clinical outcomes has your agency implemented since the beginning of the demonstration (January 1, 2008)? (Check all that apply) (Check box; no pre-fill)

- 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., increased 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
- o. Other (specify): _____

9. Identify any local/regional changes that have occurred since January 1, 2008 that may have created an impact on your agency. (Indicate impact for each--if any) (Radio button w/ "No Impact" pre-filled)

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

10. How much of an impact on your patients do you think your quality improvement activities have had on the outcomes targeted in the demonstration?
(Radio button w/ "No Impact" pre-filled)

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

11. What effect do you think the demonstration will have on the following?
(Radio button w/ "No Impact" pre-filled)

	Very Negative	Slightly Negative	No Impact	Slightly Positive	Very Positive
j. My agency's patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Quality of care at my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Quality of care statewide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Access to care for Medicare beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Cost of providing home health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Financial solvency of my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Financial solvency of home health agencies statewide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Profitability of my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Profitability of home health agencies statewide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please use the space below to provide any other comments on the demonstration and any suggestions you have for the implementation of home health pay for performance. (optional)
(There will be a 250-word limit on this box with automatic word count)

Thank you very much for providing your feedback. Please review your answers prior to pressing the "Send" button.