

Home Health Agency Qualitative Interview Guide

Organization Name:

Respondent Name:

Respondent Position:

Interviewer Name:

Interview Date:

INTRODUCTION AND PURPOSE OF THE INTERVIEW

Thank you for agreeing to participate. I'd like to briefly review the purpose of this interview and the confidentiality provisions that were described in the email we sent you.

- We are conducting interviews with home health agencies on behalf of the Centers for Medicare & Medicaid Services (CMS).
- CMS implements a variety of performance measures in the home health setting to assess the quality and efficiency of care provided to Medicare beneficiaries. CMS reports home health agency performance scores on its Home Health Compare website (i.e., Star Ratings).
- The purpose of today's interview is to learn about your agency's experiences in reporting and working to improve performance on the CMS measures and your efforts to improve the quality and efficiency of care at your home health agency.
- As I ask you questions today, I would like you to be thinking specifically about the CMS performance measures and actions your agency has taken in response to those measures.
- Before getting started, I just want to confirm that you are familiar with the CMS measures. *[YES/NO] We sent you a list of current measures, which we will refer to later in the interview, did you receive those? [YES/NO; If NO: Please forward measures to R before starting interview]*

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existing data resources, gather the data needed, and conduct the interview. 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.

CONSENT/CONFIDENTIALITY PROVISIONS

[INTERVIEWER: You must read the consent language and obtain verbal consent both for participation and for audio recording]

- All of your responses are confidential to the extent permitted by law.
- No one outside of the project will have direct access to the information you provide. The evaluation team will only produce summary information from the set of interviews. You will not be identified by name or home health agency affiliation.
- You do not have to participate in the interview. You can stop at any time for any reason. Your decision regarding whether to participate will not affect your agency's Medicare reimbursement or quality scores.
- You can decline to discuss any topic that we raise.

Do you have any questions? (YES/NO)

Do you agree to participate in the interview? (YES/NO)

As we mentioned in our email, we would like to audio-record the interview if that is all right with you. This is to help with note-taking after the interview is done, and we will not share the recording with CMS. **Do you agree to have this interview be audio-recorded? (YES/NO)**

[If yes:] Great. Let's get started. I'll start the recording, there might be a momentary pause while it gets going.

*[For the interviewer: Press *2 to start recording, note it may take a few moments.][If no:] That's fine. We will take notes and not tape the discussion. Let's get started.*

[Note to interviewer: [POTENTIAL ITEM TO SKIP] indicates a question that may be skipped if the interviewer estimates that there will not be sufficient time to complete all questions.]

I'd like to start by asking you to very briefly describe your position and background, as well as answer a few background questions about your agency.

Respondent Background

1. We understand that you are the *[position]* at *[home health agency]*. Is that correct?
(YES/NO)
2. Briefly, what is your professional background? [how long in clinical role? How long in current role?]
3. Have you or any member of your home health agency staff quality team received formal training/certification on quality improvement strategies (LEAN, Six Sigma, etc.)?

[If Yes: *indicate strategy and certification:*_____]

Home Health Agency Characteristics and Organizational Structure

I would now like to discuss your organization's structure.

4. Is your home health agency freestanding or is it affiliated with (or owned by) a larger entity? (YES/NO) Examples of larger entities might include a chain of agencies, a hospital, or an integrated delivery system.¹
 - a. [If necessary:] Is your agency owned by or affiliated with this [larger entity]?"
5. Does your home health agency have a quality improvement department or specific quality improvement personnel?
(YES/NO/DON'T KNOW)
 - b. [If yes:] To whom does the Director of Quality (or similar position) report?
6. [If part of a larger entity or corporation (answered "No" to being a freestanding agency on Question 4)]: You indicated earlier that your home health agency is affiliated with a larger entity or corporation.

¹ An IDS is an integrated network of healthcare providers and organizations such as nursing homes, primary and specialty care, hospitals, rehabilitation centers, home health care agencies, and hospice services that provides or arranges to provide a coordinated continuum of services to a defined population.

Does the larger corporation have a quality improvement department or specific quality improvement personnel? (YES/NO/DON'T KNOW)

7. Does your agency have an electronic health record (EHR)²? (YES/NO)

[If yes:] Can you tell me whether your EHR has any of the following features or functions?

EHR Features/Functions	Does EHR Have? (Yes/No/Don't Know)
Ability to electronically exchange information with providers in community (e.g., receiving orders and feedback from hospitals or sending care summaries to ambulatory physicians)	
Clinical decision support functions (If yes: for what clinical areas or functions?)	
Ability to automatically report OASIS data for CMS quality measures	
Documenting or monitoring patient status, even if not related to quality measures (<i>prompts: changes in patient functioning, summary results</i>)	

[If “don’t know” for the above:] Is there someone we can speak with in your organization who might be able to answer some of these questions about your EHR?

[if no:] Does your agency use a point-of-care electronic documentation system to collect data for OASIS, such as using software based on mobile devices to document and upload data to third party vendors or CMS?

How has implementation of EHRs helped/hindered your agency with regard to quality measurement and quality improvement (QI) activities? (*Prompts: better care coordination with other providers, reduced staff burden, better data collection and analysis, identification of QI activities, decreased /increased costs, etc.*)

Quality Improvement (QI) Changes to Improve Care Delivery and

² An electronic health record (EHR) is an electronic version of a patient's medical history that is maintained by the provider over time, and may include all of the key clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

Patient Outcomes

[OPTIONAL, CAN SKIP INTRO IF R HAS GOOD FAMILIARITY] As we discussed at the outset, CMS measures the performance of home health agencies, using measures of quality and resource use. These measures are publicly reported on Home Health Compare and are used in the Home Health Quality Reporting Program; they are also tied to financial incentives and payments as part of the Home Health Value-Based Purchasing Model. The next few questions will be specifically about the CMS measures.

8. In your experience, have the CMS quality measures led your agency to change how it delivers care? (YES/NO)
 - a. *[If yes:]* Please describe the changes your home health agency has made in response to CMS quality measures.
 - i. *[If needed (mention no improvement strategies or only mention improving documentation), prompts include using standardized checklists, clinician training, telehealth strategies, data exchange or coordination with hospitals and other providers, financial incentives to clinical staff, education on how to teach patient self-management strategies, collaboration with quality improvement organizations]*
 - b. *[If no:]* Why do you believe that CMS quality measurement of your Home Health Agency's performance have not led to changes in care delivery at your agency? *[If needed, prompts include improvement not needed, lack of resources, quality initiative fatigue].*
9. Do you think any of the changes your home health agency has made have affected your agency's performance specifically on the CMS performance measures? (YES/NO)
 - a. *[If yes:]* Please describe which of the changes have had the largest impact on your performance.
10. Can you describe any changes your frontline clinical staff have initiated themselves at the point of care, versus agency-wide changes, that have affected your performance on the CMS measures?
11. Does your home health agency provide nurses, physical therapists, and other clinical staff with information about your

agency's performance on the CMS measures? (YES/NO/DON'T KNOW)

- a. *[If yes:]* How often do nurses and clinicians receive feedback on their performance on the measures?
12. Have the changes your home health agency has made in response to the CMS measures led to improvements in quality of care outside of the clinical areas that the CMS measures cover (i.e., spillover effects)?
[Example, if needed: For example, adopting an EHR system including reminders for flu vaccines that you were also able to use for an area not subject to measurement (reminders regarding IV catheter care).]
(YES/NO) *[If yes: Please describe.]*
- a. *[If yes:]* What measures has your home health agency used to track improvements in other areas?
13. *[POTENTIAL ITEM TO SKIP:]* Has your home health agency used any of the following care redesign methods to improve performance?³
(YES/NO) Examples include Deming/Lean processes (*constantly improve the system of production and service to improve quality and decrease cost*), Six Sigma (*measurement-based strategy/data-driven approach for eliminating defects; focuses on process improvement and variation reduction*), Plan, Do, Study, Act (PDSA) improvement cycles
14. Have you received assistance in improving care delivery, either directly from CMS or from a Quality Improvement Organization (QIO)?
- a. *[If yes:]* Was assistance from CMS or QIOs helpful in improving performance?
[If no to 5a:] Why was it not helpful?
15. *[If better documentation not mentioned as cause of better performance in previous answers:]* In addition to improving care, have you tried to improve documentation of care or other patient information to improve performance scores on the CMS quality measures?

³ Some organizations use specific methodologies or frameworks to guide and ensure consistency in improvement activities throughout the organization. Examples include the Model for Improvement or Plan, Do, Study, Act (PDSA); Cycle or Deming Cycle; Lean Improvement adapted from the Toyota Production System; Six Sigma DMAIC (which stands for define, measure, analyze, improve, control); and the Seven-Step Method Problem-Solving Model. Other organizations have not adopted a specific improvement methodology.

- a. *[If yes:]* About how much of your agency's improvement would you attribute to improved documentation as opposed to improved patient care?

Factors Associated with Change in Quality Performance

For the next couple of questions, I am going to ask you to focus on specific measures. Can you please look at the list of measures we sent you?

[Note to interviewer: If respondent does not have the list, please direct him/her to the reminder email. If respondent is not able to find it, please forward it.]

16. For the CMS performance measures where your home health agency is performing well *[interviewer to have home health agency performance list ready, can provide examples if needed]*, what factors do you think help your agency perform highly? *[If needed, examples include overall resources, data systems, the organization's culture, internal incentives, leadership engagement, frontline staff engagement, investments in care redesign.]*
17. For those measures where your home health agency's performance is lagging *[interviewer to have home health agency performance list ready, can provide examples if needed]*, what factors do you believe inhibit higher performance?
 - a. *[If needed, examples include overall resources, data systems, lack of timely data from CMS, lack of data from other providers, the organization's culture, insufficient internal incentives, lack of leadership or frontline staff engagement, few investments in care redesign.]*
 - b. *[If respondent describes areas in which performance has been lagging:]* Has your home health agency experienced difficulties getting nurses, and other clinical staff to change their behavior related to any of the CMS measured areas of performance?
(YES/NO)
 - i. *[If yes,] Please describe which areas. [Possible probes: Why do you think it was difficult to achieve changes in behavior? Did your home health agency work to address these barriers, and if so, how?]*

- c. *[If respondent describes areas in which performance has been lagging:]* How much of your agency's lagging performance would you attribute to inadequate documentation by staff? *[Examples, if necessary: inconsistent documentation of improvement, under-coding of comorbidities]*
18. From your perspective, is it harder to improve scores on some CMS measures than others? [YES/NO] *[Follow-up, if not answered as part of the response: Which measures, and why?]*
19. Thinking about the full list of CMS measures we are discussing, do you think these CMS measures are clinically important? (YES/NO)
Why or why not?
20. Do you think home health agencies have sufficient control over care to be held responsible for performance on these measures? (YES/NO)
[If no:]
a. Whom do you think should be responsible?
21. CMS is interested in understanding how it could streamline the set of measures used in quality measurement programs to reduce provider burden. Based on your experience to date using CMS home health agency measures:
- a. Which measures are of lower value to collect – i.e., lower clinical utility given the effort to collect the data?
i. [Interviewer: If any are noted to be low-value, ask respondents as to why they think that. Potential prompts if needed: Topped out; minimal patient benefit]
- b. Should any clinical areas that are not subject to measurement be addressed in future quality measures?
i. [Interviewer: If any areas mentioned, ask respondents as to why they think these clinical areas would benefit from additional measures]

Many external factors may influence your home health agency to invest in improving performance on the CMS measures. Examples of external factors include: public reporting of quality scores (including the Star Rating), financial incentives or penalties (including those expected/incurred due to the Home Health VBP model), receipt of feedback reports with quality results, regulatory compliance and survey visits, and pressure from external organizations that make referrals.

22. What do you see as the most important factors guiding your home health agency's investments for improving performance on the CMS quality measures at your agency? [Interviewer: repeat above list as a prompt if needed.] What are the most important external factors that are influencing investments by your home health agency to improve on the CMS quality measures?
- a. Have you noticed hospitals or other providers in your area changing their home health agency referral patterns in response to CMS quality measures? *[Example: if needed: for example, the readmissions measure makes hospitals financially responsible for patients who are readmitted within 30 days of discharge. It may be that hospitals change their referral patterns to home health agencies with better readmission scores to avoid financial penalties for excess readmissions.]*
23. Have other factors besides CMS measurement and reporting programs led your home health agency to make changes in care delivery? (YES/NO) [Follow-up if needed: Please describe the initiatives and the changes you have made in response. Examples: regulations from state government or commercial insurance]

Challenges to Reporting CMS Measures

I'd like to talk about what you see as challenges to reporting the data/measures to CMS.

24. Have you experienced difficulties in reporting the CMS measures? (YES/NO/DON'T KNOW) *[If needed, prompts include challenges with CMS reporting tools, difficulty capturing or extracting the data, difficulty uploading OASIS data, insufficient resources, confusing measure specifications, or measure specifications changing each year.]*
- a. *[If yes:]* Please describe the difficulties and whether and how you addressed them.

Effects of Performance Measurement Programs

Some providers and other stakeholders have expressed concern that CMS measurement programs might lead to negative, or undesirable, unintended consequences. CMS is interested in learning about possible unintended consequences related to measurement, so that measurement and reporting programs can be modified to minimize these effects.

[Note to interviewer: Be sure to state the following:] **All of the responses you provide are confidential. Your candid feedback will be especially important in helping CMS improve these programs so that they work well for providers and patients.**

25. Are you aware of any unintended consequences in your home health agency that stem from the CMS measures and the use of the measures in public reporting and payment/value-based purchasing efforts? (YES/NO/DON'T KNOW)

- a. *[If yes:]* Please describe these undesired effects.
 - ii. Why do you think these unintended consequences have occurred?
 - iii. What do you think could be done to mitigate those unintended consequences?

[If no, if respondent is vague on specific undesired effects, or if the unintended consequences are different from those described below]

Possible Unintended Consequence	Yes/No	Specific Measure Examples?
Inappropriate changes in treatment <i>(example if needed: For example, "Improvement in Pain Interfering with Activity" measure might lead to overuse of scheduled narcotics to ensure metric is met)</i>		
Significant effort on data coding to increase reimbursement <i>(example if needed: documenting more comorbidities, under-coding baseline function or over-coding post-treatment function)</i>		
Avoid sicker or more difficult patients to achieve higher scores on measures		
Ignore or pay less attention to areas of care that are not measured		

Perspectives of Different Stakeholders and Leaders

We're interested in how different leaders and groups within your home health agency have viewed and approached CMS quality measures and related public reporting and payment programs.

26. [POTENTIAL ITEM TO SKIP] On a scale of 0 to 10, with 0 being extremely unsupportive and 10 being extremely supportive, how would you characterize the following groups' support of the CMS measurement programs:

[Interviewer to fill in table with ranking:]

Stakeholder Group	Ranking from 0 to 10
Executive management team (CEO, "C-suite" leaders) at agency	
Nursing/clinical leadership	
Board of directors (if agency has one)	
Clinical staff [<i>SKIP if already noted as impediment</i>]	

27. [POTENTIAL ITEM TO SKIP] *[If home health agency has a board of directors:]* Is performance on the CMS quality measures on the board agenda at each board meeting? (YES/NO)

Additional Home Health Agency Market Characteristics

I'd like to take a few moments to ask a few additional questions about your home health agency's organizational structure.

28. [POTENTIAL ITEM TO SKIP] How many competitor home health agencies exist within your agency's service area? *[Interviewer: This is an estimate. If needed: Are there 0, 1, 2, 3, or more home health agencies that are considered competitive?]*
29. Do you face a shortage of nurses, physical therapists, or other clinicians in your area that makes it difficult to staff your agency? (YES/NO)
- [If YES to "face a nursing shortage":]* Is the nursing shortage for a particular type of nurse, for example, Registered Nurses, Licensed Vocational Nurses, or Certified Nursing Assistants?
 - [If YES to "face a shortage of other clinicians":]* Are there shortages of physical therapists, occupational therapists, dietitians, social workers?

30. What source of insurance coverage do your patients hold, for example, Medicare, Medicaid, commercial insurance, self-pay? Can you provide approximate percentages? [Note: should total ~100%]

31. [POTENTIAL ITEM TO SKIP:] Does your home health agency participate in any alternative payment models, for example, accountable care organizations (ACOs)⁴ or bundled payments? (YES/NO/DON'T KNOW)

[If yes:]

Alternative payment model type	Does agency participate? (Yes/No/Don't Know)	Does agency have a risk-sharing arrangement? (Yes/No/Don't Know) If yes: what is it (upside only – gainsharing, or gainsharing and downside financial risk)?	Do agency's referral sources participate?
Medicare ACO (SSP, Pioneer, Advanced Payment Model)			
Medicaid ACO			
Private commercial insurer ACO (if yes, how many different ACOs?)			
Bundled payments			
Global payments			

⁴ Accountable care organizations are networks of health care providers and organizations (usually hospitals and physician groups, and possibly including nursing homes, home health, and hospice organizations) that agree to take some financial responsibility for reducing the costs and improving the quality of care of enrollees.

32. Does your home health agency care for patients referred by nurse practitioners?

[If yes:] Have you faced delays in adjusting medication or other treatment plans due to current CMS requirements that nurse practitioners obtain physician approval for any treatment changes for home health patients?

Closing

Thank you very much for your time.