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to build profitable home care agencies

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Marketing survey: Part 1

New survey shows more agencies use data to stand out during marketing efforts

It's vital for home health agencies to arm marketers with data on rehospitalization rates and star ratings. Doing so will help your agency stand out when marketers meet with referral sources and discuss care quality.

Responses to a new *HHL* survey makes clear home health agencies have changed marketing efforts in recent years, spending more time reaching out to referral sources about care quality, outcomes and value.

*(see **Marketing**, p. 6)*

Quality of care

5-star agencies reveal best practices that earned them top billing

An agency leader at Boca Home Care believes standing out on medication reconciliation was one of major reasons the agency became one of the 239 agencies nationwide to receive 5 stars.

By not typing medication information into electronic medical records (EMR) in advance of visits, the agency ensures that nurses perform medication reconciliation in patients' homes, explains Margery Harvey-Griffith, the agency's vice president of operations.

*(see **5-star**, p. 8)*

Check website for breaking news

Check *www.homehealthline.com*, *twitter.com/HomeHealthLine* and *facebook.com/homehealthline* frequently for breaking news.

Initiation of care

Agencies should insist on providing timely care, even when patients try to delay

As part of a monthly or quarterly quality assurance review, agencies should closely monitor compliance when it comes to timely initiation of care.

Providing timely care is increasingly important for agencies, as the measure is on Home Health Compare and is part of agencies' 5-star ratings. Poor scores could potentially deter referral sources seeking to avoid patient rehospitalizations.

Timely initiation of care is particularly challenging when referrals come on Fridays. Agencies have lower success rates of seeing patients during the two days after a Friday referral, data from Seattle-based OCS HomeCare by National Research Corporation confirm.

For initiation of care to be timely, care must be provided within two days of when patient is referred or within two days of when the physician specifies care must be provided — whichever is later, says consultant Thelma Bowen of HealthCare Compliance Services in San Antonio.

Agencies say lower staffing levels on weekends make it particularly challenging to see new patients on Saturdays or Sundays.

But timely initiation of care can be drastically improved for agencies through employee training and education, Bowen contends.

Agencies must be more assertive when a patient wants an initial visit pushed back until Monday, adds Margie Harvey-Griffith, vice president of Medicare for Firstlantic Healthcare, Inc. in Delray Beach, Fla.

Overall, agencies provide timely care greater than 91% of the time when patients are discharged from the hospital or referred to an agency through other means on Saturdays, Sundays, Mondays, Tuesdays, Wednesdays and Thursdays, OCS HomeCare by National Research Corporation's data show.

But when patients are discharged on Fridays, timely initiation of care only occurs 89.9% of the time. When patients are referred on Fridays, timely initiation of care occurs 84.8% of the time.

Why timeliness drops for Friday referrals

In some situations, intake employees might receive a referral on a Friday but the patients or their families might want the start of care (SOC) to wait until Monday.

Patients should be told that their doctors ordered the care, they are most at risk of being re-hospitalized in the days after release and that they should be seen sooner than later, Harvey-Griffith says.

If patients still refuse to be seen you could offer to conduct an abbreviated weekend visit to check on the patient's immediate needs and come back for the lengthier SOC visit, suggests Kristy Wright, director of clinical operations consulting for New Castle, Pa.-based Simione Healthcare Consultants.

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If the patient still refuses, alert the doctor or discharge planner, Harvey-Griffith says.

Some doctors will call your patients and tell them weekend visits are necessary, Bowen adds.

Ways to improve initiation of care

- **Review reasons care was not provided timely.** Examine reasons for clinicians' noncompliance and establish an individualized improvement plan, Bowen says. Also educate intake personnel, schedulers and supervisors, Bowen adds. Education would include what OASIS items are part of timely initiation of care, details about a target compliance rate and what actions must be taken if initiation of care will be delayed.
- **Track the volume of your referrals based on day and time.** To determine trends and figure out what staffing levels make sense, look back one quarter and see when referrals come in each day and how many referrals come in each day, Wright says.
- **Establish a monitoring process.** This includes establishing a compliance threshold based on meeting or exceeding state and national standards, Bowen says. Such standards are available on Home Health Compare. The monitoring process also includes daily examinations of timely initiation of care, such as requiring that supervisors or schedulers monitor that all SOCs and ROCs have been completed within two days, Bowen adds.

Readmission risk

Consider many factors on readmission checklists, save costs on visits

Don't focus on using a patient's diagnosis alone as the most important risk factor when determining whether patients are more likely to be readmitted to the hospital.

Instead, carefully balance the mix of factors on your agency's high risk for readmission assessment form to determine if the patient needs any modified care, such as frontloaded visits, to avoid readmission, says Jackie Bush, director of Henry County Medical Center Home Health and Hospice of Paris, Tenn.

Hospital readmission rates are a measure on Home Health Compare and part of agencies' 5-star ratings. Poor scores could potentially deter referral sources seeking to avoid patient rehospitalizations.

The agency found that patients with a history of emergency room use in the past year is probably the most telling of whether a patient will be readmitted under a home health stay, followed by a diagnosis of CHF or COPD, but not as much so with diabetes, for instance, she says.

Alternatively, factors like low literacy level or help with managing medications are not as predictive of readmission risk, Bush says.

5-star ratings

New data show fewer than 300 home health agencies nationwide earned 5 stars

The 5-star quality of care ratings released April 20 proved to be relatively stable.

Of the 9,363 agencies nationwide to receive star ratings in quality of care, a mere 293 nationwide earned 5 stars. In the prior quarter, 286 agencies earned 5 stars, CMS data show.

Florida has the most 5-star agencies (61), followed by California (57), according to data posted on the Home Health Compare website.

Only 18 agencies nationwide earned 1 star, the lowest possible score.

Related link: View a list of the 5-star agencies at *http://bit.ly/1QnHGYb*.

Number of agencies by 5-star quality of care rating

Star rating	Number of agencies, April 2016	Number of agencies, January 2016
No rating	2,786	2,970
1 star	18	9
1.5 stars	233	222
2 stars	883	859
2.5 stars	1,537	1,536
3 stars	2,032	2,119
3.5 stars	2,032	2,097
4 stars	1,545	1,491
4.5 stars	790	792
5 stars	293	286

Source: *Seattle-based OCS HomeCare, now a part of ABILITY Network Inc.*

Giving less weight to these factors has helped Henry County Medical Center Home Health and Hospice reduce about three visits per episode to 20% of its high-risk patients who, a couple of years ago, would have received these visits in a frontloading strategy during the first weeks of home health, she says.

This allowed the agency to free up the clinicians to treat more new patients entering the agency's care and save up to $600 per episode on costs to the agency associated with extra visits, a factor many accountable care organizations (ACOs) take into consideration when deciding which home health agency to refer to, Bush says.

Several years ago, the agency created a paper list of 26 factors that contribute to the likelihood of a patient returning to the hospital. Clinicians filled out the list to determine if the patient needed any modified care, such as frontloaded visits, to avoid readmission, Bush says. Clinicians use the form at start of care (SOC), resumption of care (ROC) or recertification assessments.

The factors include prior hospitalizations in recent months, a history of falls and the type of diagnosis, such as CHF, COPD, diabetes or chronic skin ulcers, Bush says. Other risk factors on the list are lower socioeconomic status, living alone, dyspnea, confusion, poor prognosis, using a urinary catheter and needing assistance with activities of daily living (ADLs).

If the final tally of these factors reached a score of 10 or higher, the agency considered the patient at high risk for readmission, she says. But many patients who received 10 or higher according to the assessment did not wind up being a high risk for readmission and thus frontloaded visits were not needed.

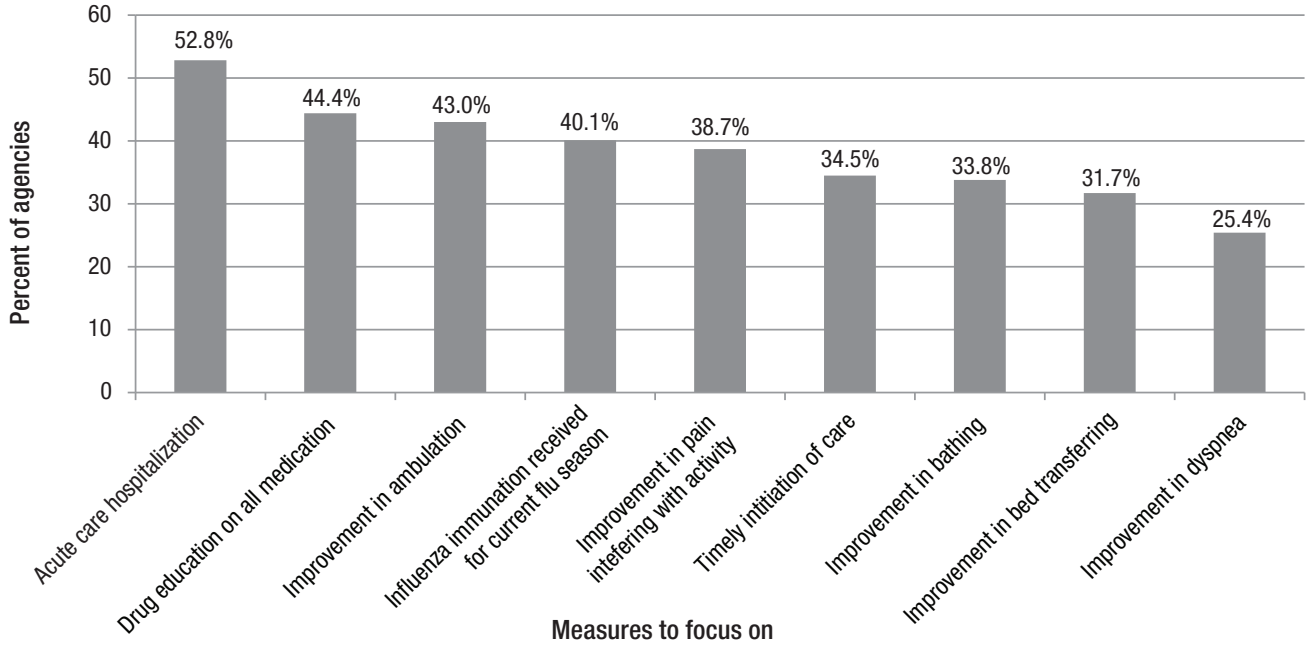
Nurses at the agency approached her and asked her to modify the scale, which the agency changed so a score of 12 or higher is now required to trigger actions like frontloading visits to avoid unnecessary readmissions, Bush says.

She also will leave the final decision to begin readmission risk prevention protocols, such as frontloading

BENCHMARK of the Week

Measures agencies are focusing on to improve 5-star scores

Nearly 53% of agencies plan to work to reduce acute care hospitalizations as a way to improve their star rating, according to the 150 respondents to DecisionHealth's 5-star survey. Meanwhile, 44% of respondents plan to work on drug education on all medications.



Source: DecisionHealth's 5-star survey

visits during the first weeks of care, if the assessing clinician believes the patient will improve without such interventions.

Meanwhile, unplanned readmissions at the agency have not suffered. The agency had a 12% rate on Home Health Compare, 1% better than the state average.

Consider clinical abilities for assessment

Make sure the assessment form your agency uses to determine whether a patient is at high risk for readmission also accurately weighs the specific clinical capabilities of your agency, says Dan Hogan, president and CEO of Nashville-based predictive analytics and business intelligence firm Medalogix.

Some agencies are better, for instance, at treating wounds, have a Wound, Ostomy and Continence Nurses (WOCN) society credentialed nurse on board and achieve great outcomes for wounds. In this case, pressure ulcers on a patient admitted to the agency would not likely be considered a factor that would risk readmission, he says.

Hogan, who used to run a home health agency in Tennessee prior to starting Medalogix in 2012, says for a time, the readmission rate for his agency's patients with pressure ulcers was higher than 30%, which was much greater than his competitors. After noticing this data point, he had a few nurses trained in wound care and within 60 days, saw readmission rates for these patients drop to less than 4%.

And if your agency achieves excellent outcomes for CHF patients and has a CMS 5-star rating for acute-care hospitalization, a diagnosis of CHF may not be a significant risk factor.

Agencies need to consider the specific data for patients who've been readmitted to the hospital and shape readmission risks around it, Hogan says. For example, look at data from 500 patients, find the top reason that led to readmission and use that as the most significant risk factor.

Further refine readmission protocols

Continually improving quality from lessons learned and gaining staff buy-in for the efficient use of resources also will help your agency take advantage of more accurately reducing readmission risks. Here are some tips for doing so:

- **Share financial data with clinicians.** Bush shares monthly revenues and budget figures with clinicians to show them the purpose behind remaining as efficient as possible in terms of nursing visits with patients. This in turn helps them see that the goal of more accurately determining readmission risk not only cuts back on unnecessary visits while maintaining outcomes, but helps keep the agency and employees in the black, she says.
- **Employ software to doublecheck for OASIS inconsistencies.** Henry County Medical Center's point-of-care electronic health records (EHR) system — it uses Pensacola, Fla.-based HealthWare — scrubs clinicians' OASIS assessments; a clinician could inadvertently indicate the patient requires oxygen but did not report a respiratory diagnosis, Bush says. The work of the software reduces quality managers' review tasks, which allows them to focus more time on accurately determining the needs of new patients at risk for readmission

Quality outcomes/marketing

Agencies step up marketing to ensure referral sources understand star ratings

Even if you aren't satisfied with your star rating, you can still be proactive to educate referral sources about what this new public rating means.

More than 78% of 146 respondents to a question on DecisionHealth's new CMS Quality Initiatives Survey said they were not satisfied with their agency's star rating.

About 14.5% of the respondents said they were marketing or planning to market their star rating scores to referral sources, patients and the community. They plan on printing handouts for referral sources, including ratings in informational booklets to patients at admission and promoting the ratings on websites and Facebook pages.

Making sure referral sources understand the agency has performed well under the star ratings system has been a focus for marketers and liaisons at Custom Home Health in Royal Oak, Mich., says Sue Ciaglia, vice president of clinical operations. The agency earned 4 stars overall for the first reporting period.

Marketers bring handouts of the agency's star ratings with comparisons of state and national averages, which were 3.5 stars and 3 stars during the first reporting period, respectively, to doctor's offices, hospitals, skilled nursing facilities and other referral sources, Ciaglia says. The handouts also show how the agency's ratings are better than competitors.

The agency also includes in the handouts its score for each of the nine outcomes and process measures used to determine the star ratings, Ciaglia says.

At Patience Home Health Care in San Antonio, Texas, the agency has, in light of its initial 2.5-star rating, begun to bring fresher data, say from the past month, that it gathers from its CASPER reports, says Cathy Hosek, supervising clinician at the agency.

For a hospital, that would mean showing them the past month's readmission data on patients the specific hospital has referred to the agency. That way, the referral source has more meaningful and timely data than what star ratings can capture and can help mitigate any unfavorable perception, Hosek says.

The agency's overall readmission rate is 13.5%, better than the state average of 14.7% and national average of 15.8%.

Marketers at Pure Home Health Care in Grand Rapids, Mich., are printing off copies of the agency's star ratings and Home Health Compare Scores as compared to national averages and giving them to referral sources, says Cynthia Poort, administrator and director of nursing at the agency. The agency earned 4 stars in the initial reporting period.

Also, if the agency is having troubles getting referrals from a particular source because referrals are directed to a competitor, marketers will give that source a comparison of its star rating to the competitor, Poort says.

Strategies to explain star ratings

- **Encourage patients, referral sources to visit Home Health Compare.** Custom Home Health is proud of its results and wants referral sources to see that the agency has good outcomes and patients seen by the agency are in good hands, Ciaglia says. Staff members are also told to remind them that the scores will be updated in early October and that they should check for the update.

- **Focus on customer service in light of upcoming star patient satisfaction ratings.** Remember, CMS plans to add star ratings for Home Health CAHPS measures beginning with the January 2016 public reporting period on Home Health Compare. Custom Home Health supervisors are preparing for this by relating the need to give top-notch customer service at each quarterly all-staff meeting, she says. One strategy for doing this is to have office employees call after the start of care and ask patients if they have any questions or problems so that any issues can be dealt with as soon as possible.

- **Prepare to update marketing materials with refreshed star rating data.** The handout Custom Home Health gives to referral sources shows the agency's data compared to national and state averages, as well as competitors' scores. It's already being updated and will be sent with its new scores when they're released, Ciaglia says.

Marketing

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More and more, marketers discuss things like 30-day rehospitalization rates, 5-star ratings and HHCAHPS results, respondents say.

Among the 103 respondents to *HHL*'s 2016 Referrals Survey, 81% said they have educated physicians about 5-star ratings in home health. About 48% of respondents have educated physicians about CMS' joint replacement payment model, and about 28% of respondents have educated physicians about CMS' value-based purchasing demo.

Moreover, about 63% of respondents say their agencies have leveraged hospital readmission rates in response to the hospital requirements to reduce 30-day readmissions. And about 22% of respondents say they haven't done so yet but plan to do so.

But it's not enough just to say your agency has good outcomes — you need to point to specific data to show providers how your agency stands out.

Note: At this point, while many agencies have educated referral sources CMS' 5-star ratings system it's not clear how beneficial the star ratings or joint replacement models are yet for agencies when it comes to generating new business. About 63% of survey respondents said their agency's star rating did not have an impact on referrals. And 71% of respondents said the joint replacement model has had no impact on their agency in terms of referrals.

Agencies' responses on marketing shift

One Wisconsin agency is among the providers to shift course when it comes to marketing. It offers referral sources objective data on quality to differentiate itself.

A Georgia agency, meanwhile, holds "focus meetings monthly with marketers specifically tailored to referral education regarding the new initiatives and the star rating system in place," its regional administrator says.

One Texas agency, when meeting with referral sources, features its results compared to "branded" agencies — and its referral sources are shocked by how it stands out.

"We are now focused more on promoting our outcomes, and how we can support the physician in achieving their clinical outcomes," adds an agency that did not list where it's located.

Among the responses agencies provided about data they use to arm sales/marketing staff when selling to referral sources, several items were mentioned multiple times. Common responses include: Readmission rates overall and by hospital payment penalty group; Home Health Compare data; CAHPS data; and star ratings.

Other items mentioned: Patient demographics; cost of care; response time to rural locations; and rates of urinary tract infections or trach infections.

"We use the CMS star ratings for quality and patient satisfaction," the director of operations for one Texas agency says. "We use some of the benchmarking information to demonstrate where we rank nationally. We emphasize Home Care Elite Status."

Data your agency should give marketers

- **Find the sweet spot.** If your marketer is meeting with an orthopedic referral source, for example, provide the marketer data on outcomes for your agency's joint replacement patients. That's more sophisticated data than the referral source would be able to find out about your agency by using Home Health Compare, says Christine Lang, senior director of product management at Seattle-based OCS HomeCare, now a part of ABILITY Network Inc.
- **Track your agency's 30-day readmission rates.** This data affect hospitals directly. And if your agency stand out on specific measures such as having low rehospitalization rates for COPD patients, highlight that data as well.
- **Track 60-day acute care hospitalization rates.** Payers and physician groups are more concerned about this data than 30-day readmission rates, Lang says.
- **Discuss star ratings — but only if you've earned at least four stars.** Star ratings communicate "broad, high-level quality," Lang says. But if your agency earns fewer than 4 stars, only bring up the star rating if, for example, you can say your agency has the best star rating in your area. If your agency achieves a low rating, provide marketers an explanation why; the marketer would need that explanation if the referral source brings up the rating, says marketer Lori Moshier of Novaetus in Novi, Mich. For instance, have the marketer explain how your agency's patient mix and demographics led to a lower-than-average rating. Note that star ratings are simpler for providers to understand than Home Health Compare data and that unless you stand out in every single measure on Home Health Compare, you should stick with detailing the star rating, Lang says.
- **Mention HHCAHPS scores.** These ratings pay a bigger role in areas where more accountable care is occurring, Lang says. That's because, theoretically, patients who are more engaged in care are more likely to experience positive outcomes. A physician might be interested in HHCAHPS scores because if patients are happy with care your agency provides, the patient would

likely be happy the doctor referred the patient there and thus would be happy with the doctor, Moshier contends.

5-star

(continued from p. 1)

Clinicians examine discharge instructions handed to the patient at the time of discharge, compare that with medications that are actually in the patient's home, remind the patient which drugs he is supposed to take and type up-to-date medications into the agency's EMR.

Process measures used in the star ratings include: Timely initiation of care, drug education on all medications provided to patient/caregiver and influenza immunization received for the current flu season.

Outcome measures include: Improvement in ambulation, improvement in bed transferring, improvement in bathing, improvement in pain interfering with activity, improvement in dyspnea and acute care hospitalization.

Stand out on medication reconciliation

Boca Home Care's strategies also helped it receive a 67.3% in improvement in management of oral medication on the latest Home Health Compare scores, compared with a state average of 51% and a national average of 53%.

Previously, the agency in Boca Raton, Fla., would receive a fax about three days prior to a patient's hospital discharge. The fax would list the patient's medication, and the agency would input that information into its EMR so that the nurse would have it when she went to the patient's home. But now, the agency has decided such information should no longer be provided for nurses prior to initial visits.

When a nurse goes to a patient's home, information on the days-old fax could be stale and the patient could have been discharged with different medications or instructions.

Nurses who identify medications that might have adverse interactions also are instructed to call the physician from the patient's home.

In addition, the day after the start of care, a clerical employee prints the patient's list of medications and faxes it to the patient's primary care physician to review. Doing this ensures the doctor has a current medication list in the event anything changed during hospitalization, Harvey-Griffith says.

The nurse also leaves a handwritten list in patient's home so that as soon as the start of care visit has been completed, the patient has a written record.

5-star agencies' advice to improve care

- **Hire the right clinicians the first time.**

Everyone at First Choice Home Health and Hospice in Orem, Utah, receives at least two interviews before being hired, says Troy Gear, chief clinical officer. After interviewing with human resources and passing its criteria, clinicians are interviewed by the agency's clinical department. If the hiring list is winnowed to two at that point, the agency would bring those candidates back for a third interview. The process of having multiple interviews is helpful because it allows for several departments to have input into which candidate would be best for the agency, Gear says. During interviews, Gear asks candidates why they are interested in home health and in First Choice. He tries to discuss specific scenarios involving patient care. And he doesn't ask candidates yes/no questions. If two legitimate candidates emerge, and one is extremely strong clinically but has a poor attitude while the other has a phenomenal attitude but doesn't stand out as much clinically, Gear prefers taking on the candidate who matches First Choice's mission, vision and values — since clinical knowledge can be gained.

- **Make training and teaching employees a constant focus.** If, for example, a clinician doesn't understand how to perform assessments correctly to begin with, she might not properly show just how much a patient has improved by the end of an episode, notes Fran Utley, a clinical review nurse lead for the southeast division of Brookdale Home Health.

- **Check with patients to see if you're providing quality care.** The quality manager for Porchlight VNA's Chicopee (Mass.) branch calls patients within three to five days of admission. The manager asks how the patient is doing, if expectations are being met and if there's anything else the agency can do to help, says Holly Chaffee, the agency's CEO. Doing this gives patients a chance to have concerns heard — and helps the agency meet the patient's expectations, she says. "Everyone has a different set of expectations as to what should be done to assist them at home," she says. "Some of the expectations can be unrealistic; this is an opportunity to clarify those things. It also empowers a patient to take charge of their care."