Consumers' and Intermediaries' Response to OASIS Measures of Home Health Quality

Summary of Findings

For

Technical Expert Panel Meeting
on
Home Health Quality Measures

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Physical Health			
Plain language measures:	Consumers	Physicians	Discharge Planners
Short of breath less often			
Healing well after an operation	✔	✔	✔
Experiencing bladder or urinary tract infection			
Cured of bladder or urinary tract infection			
Having less of a problem with urinary incontinence or wetting themselves		✔	
Having less of a problem with uncontrollable bowel incontinence		✔	

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: Most respondents regarded measures in the "Physical Health" category as very important. Indeed, improving physical health was perceived to be the primary purpose of home health agencies and a tangible measure of improvement and overall effectiveness of home health care. On the other hand, respondents had difficulty with several indicators in this category. For example, several respondents questioned whether home health agencies could do anything about incontinence or shortness of breath. Other indicators, such as urinary tract infections, were seen as transitory phenomena that a doctor should treat.

Physicians and Discharge Planners: How doctors responded to these measures was closely related to what type of medicine they practiced. For example, surgeons saw the measure *"healing well after an operation"* as very important, but this was not the case with internists or family practitioners. Family practice doctors and discharge planners cited incontinence measures as important to patients and family members, explaining that these problems place a great deal of strain on caretakers and are often the precipitating factor for nursing home placements. However, a number of respondents saw incontinence as an intractable medical problem related to advancing age and questioned whether home health could help patients "have less of a problem" with incontinence. For this reason, some felt that while this was indeed an important issue, it may not be a good measure of home health quality. Similar concerns were brought up about the measures "*short of breath less often*" and *"cured of a bladder or urinary tract infection."* These, too, were seen as measures beyond a home health agency's control. Although a few doctors thought that *"experiencing a bladder or urinary tract infection"* was a good indication of the home health workers' adherence to standards of hygiene, most respondents did not see this as an important measure.

Mental Health			
Plain language measures:	Consumers	Physicians	Discharge Planners
Having less behavior problems such as yelling, hitting, or getting lost			
Getting better and understanding and remembering things without help	✔	✔	
Staying the same . . . remembering			
Confused less often			
Having less anxiety			
Staying the same . . . anxiety			

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: This category was frequently misunderstood. Many respondents did not understand how home health agencies would treat problems related to mental health. Some respondents immediately associated this term with Alzheimer's disease, dementia, and other neurological disorders perceived as untreatable. Others implied the mental health measure was superfluous, because it could be addressed by taking medications. Many respondents noted that if a patient had serious behavior problems, such as yelling, hitting, and getting lost, they should be referred to a hospital or nursing home where they could get 24-hour supervision. They did not think that it was realistic to expect a home health agency to provide services for those with severe mental illness. Others suggested that patients' mental health status would improve naturally as their bodies healed and they became more mobile. On the other hand, a few respondents selected this as the most important category, because they felt that patients' mental health directly affected their physical well being and their motivation to take care of themselves. Finally, several respondents suggested that measures relating to depression ought to be included, because they perceived that to be a common problem among the elderly.

Physicians and Discharge Planners: There was a range of opinion on the utility of the mental health measures. On the one hand, doctors and discharge planners recognized that mental health measures are likely be very important to caregivers and families. This is because mental health problems are likely to precipitate nursing home placement, because they are hard for family caregivers to manage. In addition, most physicians seemed to think that a competent home health nurse could lessen a patient's anxiety. A significant number thought a good nurse could also help patients with understanding and remembering things, particularly with respect to taking medications. However, most respondents thought that home health nurses could not help patients with behavioral health problems such as yelling, hitting, and getting lost. Similarly, a number of respondents questioned to what extent home health care nurses could treat confusion and dementia, which were seen as a degenerative, but normal, characteristic of aging. Several respondents also expressed interest in a depression measure.

Meeting Basic Daily Needs			
Plain language measures:	Consumers	Physicians	Discharge Planners
Getting better at feeding themselves without help	✔	✔	
Getting better at dressing themselves without help			
Upper body			
Lower body			
Getting better at bathing themselves without help	✔		
Staying same . . . bathing			
Getting better at combing their hair, brushing their teeth, and washing their face and hands without help			
Staying the same . . . [grooming]			
Getting better at correctly take their medicines (by mouth) without help	✔	✔	✔
Staying the same . . . meds			

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: Consumers identified this as an important category. Many indicated that everything else hinged upon several of these measures. However, respondents expressed very little interest in grooming, except as a possible indicator of emotional well-being. They did not differentiate between measures for dressing the upper and lower body.

Physicians and Discharge Planners: Respondents regarded some measures (taking meds, eating) as relating to fundamental skills needed for independent living and therefore important. Like consumers, they saw grooming measures as relatively superficial and dressing upper and lower body as redundant and unnecessarily specific.

Getting Around			
Plain language measures:	Consumers	Physicians	Discharge Planners
Getting better at walking or moving around using less equipment such as a cane, walker, or wheelchair		✔	✔
Getting better at getting to and from the toilet without help	✔		✔
Getting better at getting in and out of bed without help	✔		
Staying the same . . . getting out of bed			
Having less pain when moving around			

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: Many respondents selected this as one of the most important categories, because it is so critical to performing other important activities of daily living, such as going to the toilet and bathing. Respondents frequently emphasized that patients need to move around on their own in order to achieve independence and self-sufficiency. A few also noted the connection between mobility and mental health, saying that moving around will make you feel better.

Physicians and Discharge Planners: Discharge planners and family practice doctors were more likely than other doctors to see the importance of these mobility measures.

Meeting Household Needs			
	Consumers	Physicians	Discharge Planners
Getting better at fixing or reheating light meals or snacks without help	✔	✔	✔
Staying the same . . . light meals			
Getting better at doing laundry without help			
Staying the same . . . laundry			
Getting better at shopping in a store or by phone without help			
Staying the same . . . shopping			
Getting better at doing light housekeeping such as dusting or wiping the table without help	✔		
Staying the same . . . housekeeping			

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: Response to this category was mixed. Some respondents suggested that doing household chores was an indicator of self-sufficiency and independence. Many others, however, noted that patients could hire someone to help them with these tasks or rely on their families for help. Many also commented that even healthy people do not do household chores regularly.

Physicians and Discharge Planners: Most doctors and discharge planners saw measures relating to housework, shopping, and laundry as among the least important measures overall. A number of respondents noted that while it would be a great sign that the patient was feeling well if they could perform these tasks, they do not have a direct effect on health or independence and are therefore not very important. It was also pointed out that it would be fairly easy for family and friends to take over these tasks, and that the burdens of household chores are more the responsibility of family and friends than of a home health agency. There were also some concerns that the public release of these measures could lead some patients and family members to have the unrealistic expectation that Medicare's home health benefit includes routine coverage for household help.

Talking with People			
	Consumers	Physicians	Discharge Planners
Getting better at speaking more clearly and being understood without help			
Staying the same . . . talking			
Getting better at using the telephone without help			
Staying the same . . . telephone			

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: Many respondents did not understand how home health agencies could improve patients' speaking abilities. Some assumed that patients' improvement in talking and communicating would come normally and naturally if the patient were improving in other ways, such as taking medications.

Physicians and Discharge Planners: Respondents generally ignored measures in this category. However, the few who did comment on them pointed out that the ability to communicate how one is feeling is essential to a patient's ability to stay at home.

Staying at Home Without Home Care			
Plain language measures	Consumers	Physicians	Discharge Planners
Can stay home and take care of themselves after home care		✔	✔

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: Many respondents recognized that this was the goal and ideal outcome of home health care, but they rarely selected it as one of the most important indicators. Respondent comments suggested that they did not understand how this measure could be used to evaluate a home health agency's ongoing performance, since it indicated that home health services were no longer needed.

Physicians and Discharge Planners: Most respondents regarded this measure as indicating an achievement of self-sufficiency, the ultimate goal of home health care. Thus, this measure was chosen as one of the most important measures overall by both doctors and discharge planners.

Medical Emergencies			
Plain language measures	Consumers	Physicians	Discharge Planners
Needed emergency medical care	✔	✔	✔
. . . because of fall or accident			
. . . because of wound infection			
. . . because of medication problems			
. . . because of problems with blood sugar			
Had to be admitted to the hospital		✔	✔
Needed to go to a nursing home unexpectedly			
Died unexpectedly		✔	✔

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: Many respondents understood the "medical emergency" category in terms of an agency's response to a medical emergency (e.g., calling 911, administering CPR or first aid), rather than in terms of prevention. They did not readily understand that emergencies were something that might be avoided, with proper home care, although some respondents began to regard these measures as important when they were prompted to think in terms of prevention and overall agency performance. Several respondents felt that the measure *"Died unexpectedly"* was not necessarily an indicator of poor quality of care, feeling that death was often something that happened unexpectedly, especially when people were very sick.

Physicians and Discharge Planners: Almost all respondents regarded these measures as important indicators of health as well as good measures of home health care quality. Doctors also felt that these measures were more easily measured, quantified, and verified, and therefore less likely to be biased by self-report. The outcomes captured in these measures were also seen as serious health events that could reveal problems with home health care. The measure "*needed to go to a nursing home unexpectedly*" was the only measure in this category not chosen as one of the most important. As one doctor explained, hospital readmissions and a need for emergency care indicate a sudden downturn, whereas admission into a nursing home suggests a gradual (and presumably unpreventable) deterioration.

Patients Whose Health Got Worse on Home Care			
Plain language measures	Consumers	Physicians	Discharge Planners
Getting worse at doing everyday things, such as getting dressed, washing themselves, and using the toilet			✔
Getting much worse at correctly take their medicines (by mouth) without help			✔
Getting more bedsores	✔		✔
No longer getting home care, but still needing services			
. . . for wound care or medications			
. . . for help using the toilet			
. . . for help with behavior problems			

Check marks (✔) indicate measures that respondents from each group (consumers, physicians, and discharge planners) most often selected as important and meaningful.

Consumers: This category evoked mixed reactions. While all respondents expressed concern about patients with declining health, some did not see how home health agencies could be held responsible if patients failed to improve. Some respondents thought these measures referred to patients who were terminally ill or noncompliant. When prompted to think in terms of aggregate measures of agency performance, however, some respondents understood that adverse outcomes could be used to judge the quality of the home health agency. Respondents who had negative experiences with home health agencies were particularly interested in this category. *"Getting more bed sores"* was identified as the most important item in this category, because respondents recognized that it indicated negligence on the part of the home health worker.

Physicians and Discharge Planners: While most respondents agreed that these 'negative' measures were important indicators of quality in home health care agencies, most physicians and some discharge planners voiced concern or opposition to reporting such measures publicly. Several commented that such measures would be more appropriate for use by a regulatory body than by consumers. As a group, the doctors did not select any of the measures from this category as important. Discharge planners were more likely to see the value in these negative measures. In fact, "*getting worse at doing everyday things, such as getting dressed, washing themselves, and using the toilet,*" "*getting more bedsores,*" and "*getting worse at correctly taking medicines*" were often selected as important by discharge planners. A number of participating discharge planners and some doctors thought patients would look at these measures first because "that's how patients understand quality, as something bad happening."