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# Home Health Agency (HHA) Workgroup Home Health Value-Based Payment (HHVBP): Improvement in Dyspnea

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# HHA Workgroup Goal 2024

- Join us on the fourth Wednesday of the month for Superior Health's HHA Workgroup.
  - These meetings provide opportunities to connect with other HHAs across Michigan, Minnesota and Wisconsin to support each other by sharing ideas, current information and best practices.
  - We will use "discover and discuss" strategies to help your agency provide the best care for patients.

# Introductions

Please let us know your:

- Name and title
- Organization
- State that you are located (Minnesota, Michigan or Wisconsin)
- Favorite Summer Treat



# HHA 2024 Sessions and Agenda

- Welcome
- Past Workgroup Goals and Discussion Topics
  - HHVBP Session 1: Overview, Functional Score
- Today's Topic
  - HHVBP Session 2: Improvement in Dyspnea
- Next steps and action items

# Future Meeting Topics

- June 26, 2024
  - HHVBP Improvement in Management of Oral Medications
- July 24, 2024
  - Best Practices in Care Transitions

# HHVBP Topic: Documenting Improvement in Dyspnea

- HHVBP review
- Documenting Improvement in Dyspnea
  - OASIS: Capturing the measure score
  - Quality Reporting and Reimbursement
  - Interventions to Improve Dyspnea in Home Health Patients

# HHVBP Changes for 2025

- Discharge Function Score
  - Uses patient assessment data from OASIS Assessment tool.
  - Considers both self-care and mobility activities.
- Improvement in Dyspnea
  - Uses patient assessment data from OASIS Assessment tool.
  - Scoring methodology
  - Assessments and Interventions
- Improvement in Management of Oral Medications

# HHVBP Reporting, Weighted Score and Use of Data

Exhibit 3. Expanded HHVBP Model Measure Data Sources and CMS Uses

35 –  
50%

35 –  
50%

0 –  
30%

Measure Category	Measure Title/Name	Data Sources	CMS Quality Improvement Initiatives			
			HHVBP	Quality of Patient Care Star Rating	Patient Survey Star Rating	Care Compare
OASIS-based	Improvement in Dyspnea	M1400	✓	✓		✓
	Discharged to Community	M2420	✓			
	Improvement in Management of Oral Medications	M2020	✓	✓		✓
	Total Normalized Composite Change in Self-Care	M1800, M1810 M1820, M1830 M1845, M1870	✓			
	Total Normalized Composite Change in Mobility	M1840 M1850 M1860	✓			
Claims-based	Acute Care Hospitalization	Hospital Claim Home Health Claim	✓	✓		✓
	Emergency Department Use without Hospitalization	ED Use Claim Hospital Claim Home Health Claim	✓			✓
HHCAPHS Survey-based	Care of Patients/Professional Care	Q9, Q16, Q19, Q24	✓		✓	✓
	Communication	Q2, Q15, Q17, Q18, Q22, Q23	✓		✓	✓
	Specific Care Issues/Team Discussion	Q3, Q4, Q5, Q10, Q12, Q13, Q14	✓		✓	✓
	Overall Rating	Q20	✓		✓	✓
	Willing to Recommend	Q25	✓			✓



# Improvement in Dyspnea: OASIS Question M1400

Measure Description	Percentage of home health episodes of care during which the patient became less short of breath or dyspneic.
Numerator	Number of home health quality episodes where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care
Denominator	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.
Measure-specific Exclusions	Home health quality episodes for which the patient, at start/resumption of care, was not short of breath at any time, episodes that end with inpatient facility transfer or death.
OASIS-C2 Item(s) Used	(M1400) When is the patient dyspneic?

[OASIS Measure: Improvement in Dyspnea](#)

# OASIS Guidance: Improvement in Dyspnea

## OASIS ITEM

(M1400) When is the patient dyspneic or noticeably Short of Breath?

0 - Patient is not short of breath

1 - When walking more than 20 feet, climbing stairs

2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)

3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation

4 - At rest (during day or night)

- **Level of Exertion Causing Dyspnea**

- » Report what is true on the day of assessment

- 24 hours immediately preceding the home visit and the time spent by the clinician in the home

- » Refer to examples included in response to determine the amount of effort it took to cause dyspnea (examples are illustrative, not absolutes)

[OASIS Measure: Improvement in Dyspnea](#)

# OASIS Guidance: Improvement in Dyspnea (Cont.)

- **Oxygen Use**
  - » If patient uses oxygen *continuously*, assess **with** oxygen
  - » If oxygen is used *intermittently*, assess **without** oxygen
  - » Assessment based on patient's **use** of oxygen, not physician's order
- **Modifications of the Patient's Environment**
  - » Environment may have been modified to address dyspnea:
    - E.g., Sleeps in recliner or sleeps with two pillows
  - » If patient has not demonstrated or reported shortness of breath during the “day of assessment” timeframe,” select “0” even though the environment or patient activities were modified in order to avoid SOB

[OASIS Measure: Improvement in Dyspnea](#)

# OASIS Guidance: Improvement in Dyspnea (Cont.)



Score is numerically lower at DC

OASIS ITEM
(M1400) When is the patient dyspneic or noticeably Short of Breath?
0 - Patient is not short of breath
1 - When walking more than 20 feet, climbing stairs
2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
4 - At rest (during day or night)

## “IMPROVEMENT Achieved”

Discharge OASIS score is numerically lower when compared to SOC/ROC

Example: SOC – “2” and DC – “1” = Improvement

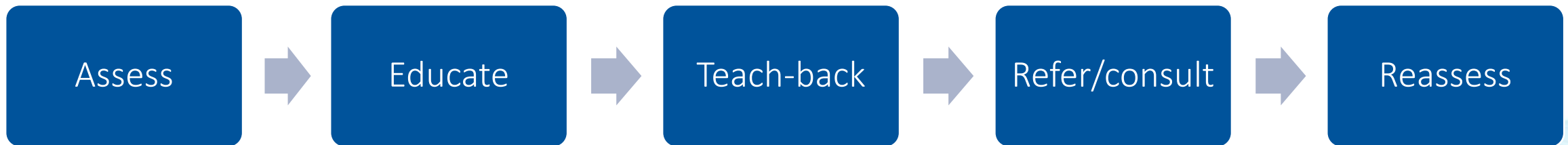
[OASIS Measure: Improvement in Dyspnea](#)

# Addressing and Improving Dyspnea in Home Care

- Establish Goals with patient
- Establish Emergency Action Plan – Stoplight tool
  - Establish pulse oximetry parameters
- Educate
  - Breathing techniques, energy conservation, S/S infections
- Immunizations / Prevention
- Advanced Care Planning (POLST)

# Identify and Mitigate Contributing Factors

- Mood disorders: Anxiety – Depression
- Oxygen: Use, need, orders
- Medications related to dyspnea (nebs, inhalers, diuretics, etc.)
- Environmental: heat/AC, allergen, smoke, dust
- URI or s/s infection
- Activity Intolerance






# Self-Management Plans

## Asthma Self-Management Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Every day—your personal peak flow goal: \_\_\_\_\_ Do not smoke and avoid secondhand smoke.

<b>Green Zone: All Clear</b> If you have: ✓ No shortness of breath ✓ Ability to do usual activities ✓ If a peak flow meter is used: Peak flow: more than _____ (80% or more of my best peak flow) ✓ My best peak flow: _____	 <b>What this could mean:</b> ✓ Your symptoms are under control ✓ Continue taking your controller medication as ordered ✓ Continue to monitor peak flow ✓ Keep all physician appointments
<b>Yellow Zone: Caution</b> If you have <b>any</b> of the following: ✓ Cough, wheeze, chest tightness, or shortness of breath ✓ Waking at night due to asthma ✓ Can do some, but not all, usual activities ✓ Peak flow: _____ to _____ (50–80% of my best peak flow) ✓ Anything else unusual that bothers you  <i>If you notice a Yellow Caution, work closely with your healthcare team.</i>	 <b>What this could mean:</b> ✓ Your asthma is getting worse ✓ You may need a medication adjustment ✓ Eliminate triggers ✓ Stop strenuous exercise ✓ Add reliever medication: _____  <b>Call your doctor, nurse, or home health nurse.</b> Name: _____ Telephone: _____ Instructions: _____
<b>Red Zone—Stop and Think!</b> If you have <b>any</b> of the following: ✓ Very short of breath, trouble walking and talking due to shortness of breath, or skin color is pale or gray ✓ Quick-relief medications have not helped ✓ Cannot do usual activities or symptoms are same or get worse after 24 hours in the Yellow Caution area ✓ Peak flow: less than _____ (50% of my best peak flow) ✓ Fingernails or lips are blue	 <b>What this could mean:</b> ✓ <b>If you experience any Red Zone symptoms, call 9-1-1 and notify your physician right away</b>  Physician Name: _____ Telephone: _____




American Lung Association. file:///C:/Users/jonuz/Downloads/asthma-action-plan-2020.pdf  
 This material was prepared by Aging and Disability Services, and adapted for use with permission by Health Services Advisory Group (HSAG) Hospital Quality Improvement Contractor (HQIC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. XS-HQIC-XT-04072021-01  
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## Asthma Self-Management Plan

## COPD Self-Management Plan

Name \_\_\_\_\_ Date \_\_\_\_\_ Do not smoke and avoid secondhand smoke.

<b>Green Zone: In Control</b> ✓ I breathe easily without a cough or shortness of breath. ✓ I am not wheezing. ✓ I am not experiencing chest tightness. ✓ I do not need to decrease my activity level as I am able to maintain my normal activity level.	 <b>Green Means I Should:</b> ✓ Continue to take my medicine as ordered. ✓ Continue regular activity as tolerated. ✓ Follow a low salt diet. ✓ Wear oxygen, if prescribed. ✓ Keep all physician appointments.
<b>Yellow Zone: Caution</b> ✓ I have an increased cough and/or sputum and symptoms. ✓ I have an increase in shortness of breath with my usual activity level. ✓ I have increased the amount of quick relief medications used. ✓ I have had a change in my usual energy level—increase in either tiredness or restlessness. ✓ I need more pillows to sleep. ✓ I have swollen ankles more often than usual. ✓ I have chest tightness.	 <b>Yellow Means I Should:</b> ✓ Continue taking daily medications. ✓ Use oxygen, if prescribed. ✓ Contact my physician, nurse, or home health nurse to discuss my change in symptoms and possible adjustment of medication. <b>Physician Contact:</b> Doctor: _____ Phone: _____
<b>Red Zone—Medical Alert!</b> ✓ I have unrelieved shortness of breath, chest pain, or chest tightness. ✓ I have shortness of breath, wheezing, or chest tightness at a rest state. ✓ I have an increased or irregular heartbeat. ✓ I have a fever or shaking chills. ✓ I need to sleep sitting up or in a chair. ✓ I have changes in the color of my skin, nail beds, or my lips are gray or blue. ✓ I am experiencing confusion or I am coughing up blood.	 <b>Red Means I Must:</b> ✓ <b>Take action!</b> ✓ <b>Go to the Emergency Room or call 9-1-1 immediately!</b>

American Lung Association. COPD Action Plan. <https://www.lung.org/getmedia/7657648-a3f4-4465-af92-4c702411922e/1/02-als-copd-action-plan.pdf>  
 National Heart, Lung, and Blood Institute. <https://www.nhlbi.nih.gov/health-topics/copd>

This material was prepared by Aging and Disability Services, and adapted for use by Health Services Advisory Group (HSAG) Hospital Quality Improvement Contractor (HQIC), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. XS-HQIC-XT-04072021-04  
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## COPD Self-Management Plan



# Home-Based Pulmonary Rehab Action Plan

- Aerobic training
  - Set goal for walking distance.
  - Record distance using a pedometer.
  - 30 minutes, five times per week.
  - Record completion in home diary.
- Upper and lower limb strength training
  - Functional tasks: stair training, sit to stand from chair, etc.
  - Free weight training
- Patients contacted by clinician (weekly, e.g... X 7 weeks)
  - Review the home diary.
  - Progress the exercise prescription .
  - Deliver disease-specific self-management training.
  - Explore and build motivation for change.
  - Move towards commitment and action.



# Open Discussion

- What are your current strategies for managing patients with dyspnea?
- What steps might your agency take to improve current strategies for managing patients with dyspnea?
- Do you need assistance from Superior Health?

# Action Items

- Post any resources you would like to share to the [HHA Workgroup](#) in Connect.
- New action items and follow-up dates.

# Next meeting

- Date: Wednesday, June 26, 2024
- Time: 9-10 a.m. CT/10-11 a.m. ET
- Topic: Value-Based Purchasing; Planning and Measures
  - Discover and discuss:
    - Improvement in Management of Oral Medications

# Centers for Medicare and Medicaid Services (CMS) Help Desks

- [Expanded Home Health Value-Based Purchasing Model](#)
- [HH Discharge Function Score Technical Report 2024](#)
- [Risk Adjustment Technical Specifications 2024](#)
- [Guide to Home Health Help Desks](#)
  - HHCAHPS Help Desk: 1-866-354-0985; [hhcahps@rti.org](mailto:hhcahps@rti.org); [homehealthcahps@cms.hhs.gov](mailto:homehealthcahps@cms.hhs.gov)
  - iQIES Help Desk: 1-800-339-9313; [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov)
  - Home Health Quality Help Desk: [homehealthqualityquestions@cms.hhs.gov](mailto:homehealthqualityquestions@cms.hhs.gov)
  - Expanded HHVBP Model Help Desk: [HHVBPquestions@cms.hhs.gov](mailto:HHVBPquestions@cms.hhs.gov)
  - Home Health Survey Mailbox: [hhasurveyprotocols@cms.hhs.gov](mailto:hhasurveyprotocols@cms.hhs.gov)
  - Reconsideration, Exceptions and Extensions: [hhapureconsiderations@cms.hhs.gov](mailto:hhapureconsiderations@cms.hhs.gov)
  - Home Health Policy Help Desk: [homehealthpolicy@cms.hhs.gov](mailto:homehealthpolicy@cms.hhs.gov)
  - HHC Star Rating Review: [hhc\\_star\\_ratings\\_review\\_request@cms.hhs.gov](mailto:hhc_star_ratings_review_request@cms.hhs.gov)

# CMS Help Desks (Cont.)



Guide to Home Health Help Desks

HH PROVIDER, WITH QUESTION ABOUT...



<p><b>Compliance with Home Health Conditions of Participation</b></p> <ul style="list-style-type: none"> <li>Regulations &amp; interpretive guidance</li> <li>Survey &amp; certification</li> <li>State OASIS Education &amp; Automation Coordinator contact updates</li> </ul> <p>Home Health Survey Mailbox hhasurveyprotocols@cms.hhs.gov</p>	<p><b>Star Rating Review Request/Suppression Request Help Desk</b></p> <ul style="list-style-type: none"> <li>All requests for formal review of Quality of Patient Care Star Ratings</li> <li>Includes requests to suppress data</li> </ul> <p>HHC Star Rating Review* hhc_star_ratings_review_request@cms.hhs.gov</p>	<p><b>Home Health Consumer Assessment of Healthcare Providers &amp; Systems (HHCAPHS)</b></p> <ul style="list-style-type: none"> <li>Patient Survey Star Ratings</li> <li>HHCAPHS requirements</li> <li>HHCAPHS scores on Care Compare</li> </ul> <p>HHCAPHS Help Desk hhcahps@rti.org homehealthcahps@cms.hhs.gov 1-866-354-0985</p>
<p><b>Home Health Quality Reporting Program (QRP) Reconsiderations, Exceptions &amp; Extensions</b></p> <ul style="list-style-type: none"> <li>Submit HH QRP APU (annual payment update) reconsideration request</li> <li>HH QRP APU reconsideration process &amp; appeals procedures for payment determination</li> <li>HH QRP APU exception &amp; extension requests for extraordinary circumstances</li> </ul> <p>Reconsideration, Exceptions &amp; Extensions hhapureconsiderations@cms.hhs.gov</p>	<p><b>Home Health Quality</b></p> <ul style="list-style-type: none"> <li>OASIS coding &amp; OASIS documentation</li> <li>Quality reporting requirements &amp; deadlines</li> <li>Data reported in quality reports (excluding HHVBP)</li> <li>Measure calculations</li> <li>Quality of Patient Care Star Rating (excluding suppression requests)</li> <li>Public reporting/Care Compare (excluding HHCAPHS)</li> <li>Risk adjustment (excluding HHVBP)</li> <li>Quality Assessment Only (QAO)/Pay for Reporting (P4R)</li> </ul> <p>Home Health Quality Help Desk homehealthqualityquestions@cms.hhs.gov</p>	<p><b>iQIES</b></p> <ul style="list-style-type: none"> <li>OASIS data submission/transmission</li> <li>Submission Error messages or record rejections</li> <li>Questions about submission and quality reports</li> <li>Technical support for HHA software vendors related to: <ul style="list-style-type: none"> <li>OASIS Data Submission Specifications</li> <li>OASIS Validation Utility Tool (VUT)</li> </ul> </li> </ul> <p><b>NOTE:</b> iQIES User ID requests are no longer supported via the iQIES Help Desk. Users must create an account via the HARP system: <a href="https://harp.qualitynet.org/register/profile-info">https://harp.qualitynet.org/register/profile-info</a></p> <p>iQIES Help Desk iqies@cms.hhs.gov 1-800-339-9313</p>
<p><b>Medicare Payment for Home Health</b></p> <ul style="list-style-type: none"> <li>Payment policies: <ul style="list-style-type: none"> <li>Eligibility</li> <li>Coverage requirements</li> <li>Patient-Driven Groupings Model (PDGM)</li> </ul> </li> </ul> <p>Home Health Policy Help Desk homehealthpolicy@cms.hhs.gov</p>	<p><b>Expanded Home Health Value-Based Purchasing (HHVBP) Model</b></p> <ul style="list-style-type: none"> <li>Model implementation</li> <li>Model calculations</li> <li>Model reports</li> <li>Available HHVBP resources</li> </ul> <p>Expanded HHVBP Model Help Desk HHVBPquestions@cms.hhs.gov</p>	

Updated January 2024

[Guide to Home Health Help Desks \(cms.gov\)](https://www.cms.gov)



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# Thank You for Attending Today!

- Questions, please contact:
  - Michigan
    - Barb Link: [Blink@improve.health](mailto:Blink@improve.health)
  - Minnesota
    - Janelle Shearer: [Jshearer@stratishealth.org](mailto:Jshearer@stratishealth.org)
    - Lisa Gall: [Lgall@stratishealth.org](mailto:Lgall@stratishealth.org)
  - Wisconsin
    - Carrie Finley: [Cfinley@metastar.org](mailto:Cfinley@metastar.org)
    - Christine Lamm: [clamm@metastar.com](mailto:clamm@metastar.com)

# Continue the Conversation in Superior Health Connect



- Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally and nationally.

# References

- [Asthma Self-Management Plan](#), Health Services Advisory Group
- [COPD Self-Management Plan](#), Health Services Advisory Group
- [Changes are coming to HHVBP in 2025 — are you ready?](#), MatrixCare
- [Expanded Home Health Value-Based Purchasing Model](#), CMS
- [Preparing for Calendar Year \(CY\) 2024 and CY 2025](#), CMS
- [OASIS Measure: Improvement in Dyspnea](#), CMS
- [Home Health Quality Measures – Outcomes](#), CMS





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