



SUPERIOR HEALTH
Quality Alliance

Home Health Agency (HHA) Workgroup Home Health Value-Based Payment (HHVBP): Improvement in Management of Oral Medication

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June 26, 2024

HHA Workgroup Goal 2024

- Join us on the fourth Wednesday of the month for Superior Health Quality Alliance's (Superior Health) 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 activity

HHA 2024 Sessions and Agenda

- Welcome
- Past workgroup goals and discussion topics
 - HHVBP Session 1: Overview, Functional Score
 - HHVBP Session 2: Improvement in Dyspnea
- Today's Topic
 - HHVBP Session 3: Improvement in Management of Oral Medication
- Next steps and action items

Future Meeting Topics

- July 24, 2024
 - Best Practices in Care Transitions

Expanded HHVBP Topic: Documenting Improvement in Management of Oral Medications

- Expanded HHVBP review
- Documenting Improvement in Management of Oral Medications
 - OASIS: Capturing the measure score
 - Interventions to improve the management of oral medications in home health patients

Expanded HHVBP Overview

- Medicare reimbursement shifts from volume-based payments to a model designed to promote the delivery of high-quality, patient-centered care to Medicare beneficiaries. Specific goals are to:
 - Provide incentives for better quality care with greater efficiency.
 - Promotes care coordination across settings.
 - Develops quality and efficiency measures appropriate for home health settings.
 - Considers physical, mental and social factors.
 - Aims to improve patient experience and outcomes while decreasing costs.
 - Enhances the current public reporting process.
 - Increases transparency about providers quality of care.
 - Performance is assessed by both achievement and improvement across a set of quality measures. The HHA submits a final claim as usual.

Comparison of Applicable Measure Sets: CY 2023, CY 2024, and CY 2025

Category	Quality Measure	CY 2023, 2024	CY 2025
OASIS-based	<i>Discharged to Community</i>	X	
	Improvement in Dyspnea	X	X
	Improvement in Management of Oral Medications	X	X
	<i>Total Normalized Composite Change in Mobility (TNC Mobility)</i>	X	
	<i>Total Normalized Composite Change in Self-Care (TNC Self-Care)</i>	X	
	<i>Discharge Function Score (DC Function)</i>		X
Claims-based	<i>Acute Care Hospitalization (ACH)</i>	X	
	<i>Emergency Department Use without Hospitalization (ED Use)</i>	X	
	Home Health Within-Stay Potentially Preventable Hospitalization (PPH)		X
	Discharge to Community – Post Acute Care (DTC-PAC)		X
HHAHPS Survey-based	Care of Patients	X	X
	Communication Between Providers and Patients	X	X
	Specific Care Issues	X	X
	Overall Rating of Home Health Care	X	X
	Willingness to Recommend the Agency	X	X

OASIS M2020 – Management of Oral Medications

OASIS Question M2020: Management of Oral Medications

- “Patient’s current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injections and IV medications. (NOTE: This refers to ability, not compliance or willingness.)”

OASIS Guidance: Improvement in Management of Oral Medications

- Intent – to identify the patient’s ability to prepare and take all oral medications reliably and safely on the day of the assessment.
- Time points to complete:
 - Start of care
 - Resumption of care
 - Discharge from agency

OASIS Guidance: Improvement in Management of Oral Medications (Cont.)

- Specific Instructions:
 - Observation/demonstration preferred method
 - View from a holistic perspective
 - Includes all prescribed and over the counter (OTC) oral medications
 - Excludes topical, injectable and IV medications
 - Patient's ability includes ability to:
 - Obtain the medication from where routinely stored
 - Read the label
 - Open container, select the medication
 - Orally ingest at the correct times

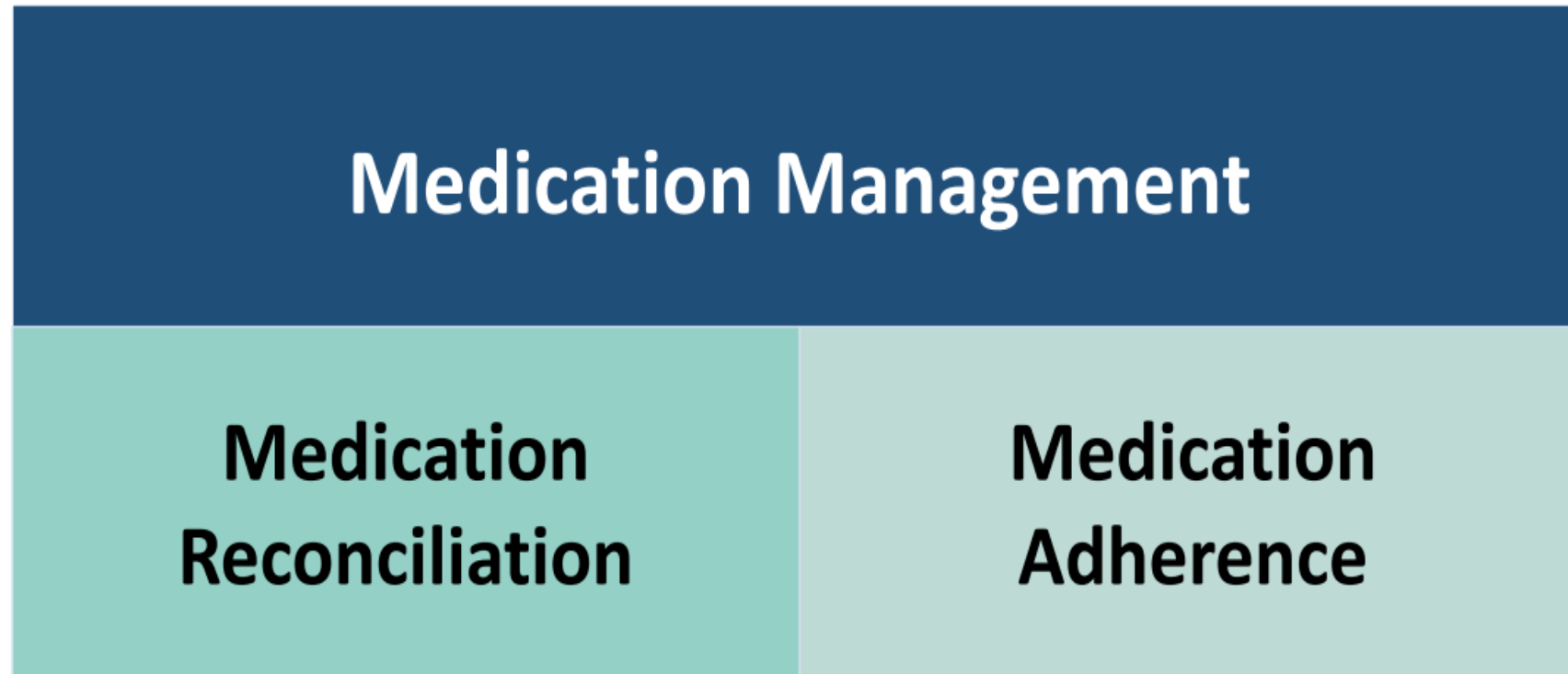
OASIS Guidance: Improvement in Management of Oral Medications (Cont.)

Coding Instructions:

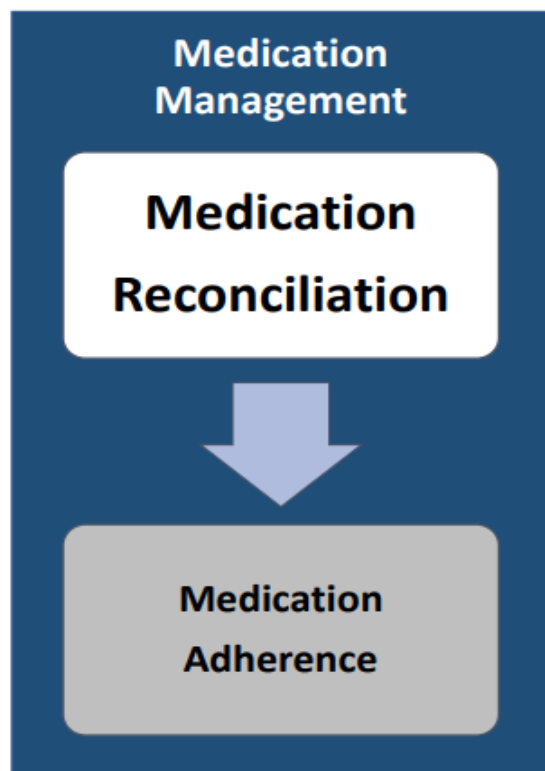
M2020. Management of Oral Medications	
Patient's <u>current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	
Enter Code <input type="checkbox"/>	<ul style="list-style-type: none">0. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.1. Able to take medication(s) at the correct times if:<ul style="list-style-type: none">a. individual dosages are prepared in advance by another person; <u>OR</u>b. another person develops a drug diary or chart.2. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times3. <u>Unable</u> to take medication unless administered by another person.NA No oral medications prescribed.

Strategies for Improving Medication Management

Medication Management Strategies



Medication Reconciliation



Definition: The **process** of comparing the medications a patient is taking, and should be taking, with newly ordered medications.

Purpose: Develop **accurate list and resolve discrepancies.**

Considerations: **Who** will conduct the process and **when** it will be performed.



Medication Reconciliation: Four Step Process

1.	Verify all medications prescribed and taken	Consider when – ✓ During time of: <ul style="list-style-type: none">• Referral to Agency• New medication orders• Change in condition ✓ During time points of: <ul style="list-style-type: none">• Start of Care (SOC)• Resumption of Care (ROC)• Recertification (Recert)• Preparation for HHA Discharge (DC)
2.	Clarify medications, dosages, and frequencies	
3.	Reconcile discrepancies with prescriber	
4.	Communicate an accurate medication list with patient, caregiver, & providers	

Ptasinski, C. 2007. Develop a medication reconciliation process. Nursing Management, 38(3), 18.
https://journals.lww.com/nursingmanagement/Citation/2007/03000/Develop_a_medication_reconciliation_process.6.aspx.

Medication Reconciliation – Steps 1 and 2

Agency Process and Example

Scenario: A patient is discharged from the hospital to home and the HHA receives a referral. The HHA Registered Nurse (RN) reviews the referral for a list of prior medications and new medication orders. The HHA RN calls the patient to schedule the Admission visit and asks the patient to have all medications available, including the containers, discharge instructions, and all over-the-counter medications.

- | | | |
|----|--|--|
| 1. | Verify all medications prescribed and taken. | <ul style="list-style-type: none">Early in the Admission visit, the patient shows the RN each medication, and states the frequency, dose, and their understanding of the purpose of the medication. During this step, the RN reviews the medication lists, containers, and packaging, and verifies all medications prescribed and taken. |
| 2. | Clarify medications, dosages, and frequencies | <ul style="list-style-type: none">The medications, dosages, and frequencies are clarified. The patient and RN discuss any questions raised about the medications and the schedule. Any discrepancies are identified. |

Ptasinski, C. 2007. Develop a medication reconciliation process. Nursing Management, 38(3), 18.
https://journals.lww.com/nursingmanagement/Citation/2007/03000/Develop_a_medication_reconciliation_process.6.aspx.

Medication Reconciliation – Steps 3 and 4

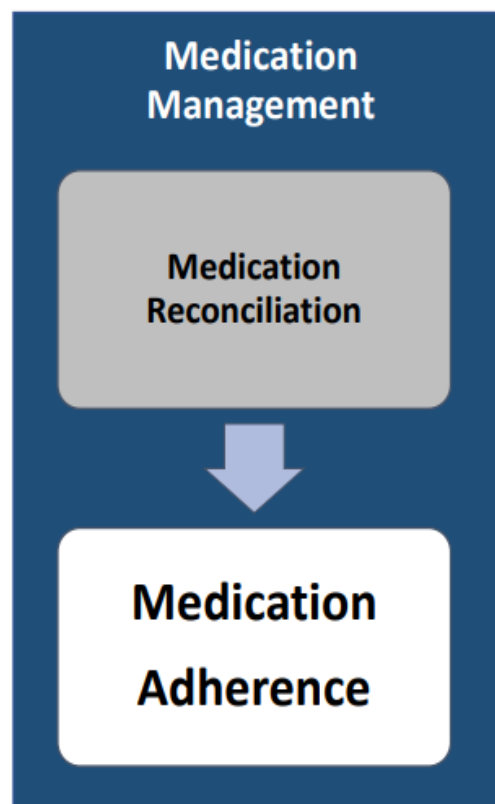
Agency Process and Example

Scenario (continued): A patient is discharged from the hospital to home and the HHA receives a referral. The HHA RN reviews the referral for a list of prior medications and new medication orders. The HHA RN calls the patient to schedule the Admission visit and asks the patient to have all medications available for review, including the containers, discharge instructions, and all over-the-counter medications.

3.	Reconcile discrepancies with prescriber	<ul style="list-style-type: none">The admitting RN calls the physician's office to reconcile discrepancies. The RN enters any new and/or changed medication orders in the patient's HHA medical record.
4.	Communicate an accurate medication list with patient, caregiver, & providers	<ul style="list-style-type: none">The RN communicates to the patient the new and/or changed medication orders. The RN provides an accurate medication list and information to the patient and appropriate caregivers. The RN identifies and communicates the medication updates and changes to the medication schedule to the HHA Team and other identified providers as appropriate.

Ptasinski, C. 2007. Develop a medication reconciliation process. Nursing Management, 38(3), 18.
https://journals.lww.com/nursingmanagement/Citation/2007/03000/Develop_a_medication_reconciliation_process.6.aspx.

Medication Adherence



Definition: The **extent** to which the patient's or caregiver's **medication administration behavior coincides with medical advice.**

An **assessment of medication adherence** provides:

- Opportunities to identify barriers and mitigate risks associated with medication administration not aligned with medical orders.
- Clinical assessment and decision-making which incorporates medication management information.



Medication Adherence: Steps to Address Influencing Factors

1. Identify barriers

- What are the potential reasons the patient may not take the medications as prescribed? What barriers exist for the patient?

2. Select tools and methods

- What tools and methods will assist the patient in taking their prescribed medications as intended?

3. Implement plan

- What actionable steps should be taken, and by whom, to support the patient's adherence to the medications as prescribed?

Assessments to Identify Barriers to Medication Adherence

Medication Adherence

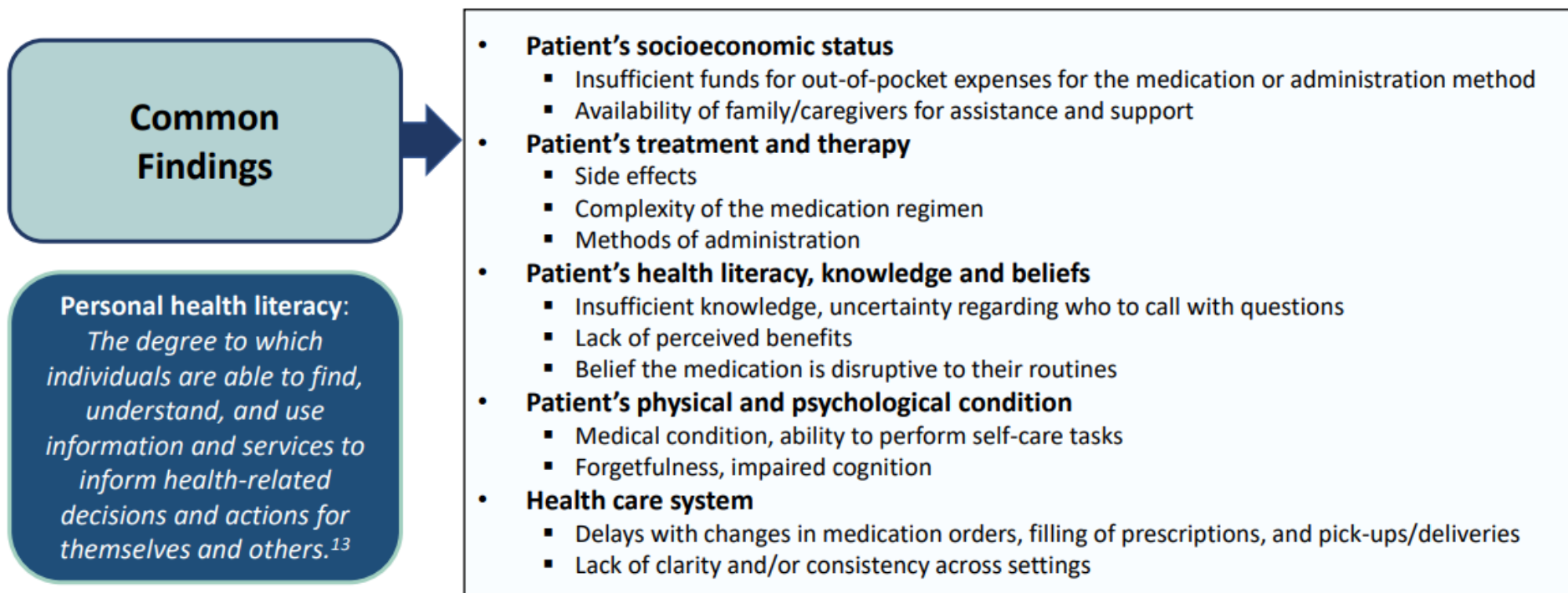
Evidence-based assessments using scales and questionnaires

- ✓ **Medication Adherence Report Scale-5 (MARS-5)** – Five (5) items from the 10 item MARS to identify self-report of use of medications¹¹
- ✓ **Medication Adherence Questionnaire (MAQ)** – Four (4) items from MMAS-8 to identify barriers¹²
- ✓ **Self-Efficacy for Appropriate Medication Use Scale (SEAMS)** – 13 item, three (3)-point Likert-type scale measure barriers to medication adherence while focusing on self-efficacy in chronic disease management¹²

Chan, A. H. Y., Horne, H., Hankins, M., and Chisari, C. 2019. The Medication Adherence Report Scale: A measurement tool for eliciting patients' reports of nonadherence. *British Journal of Clinical Pharmacology*, 86(7), 1281 - 1288. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319010/pdf/BCP-86-1281.pdf>.

Lam W.Y. and Fresco P. 2015. Medication Adherence Measures: An Overview. *Biomed Res Int*, 2015:217047. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4619779/>.

Common Findings of Medication Adherence Barriers



Medication Adherence Tools and Methods

Patient-friendly Medication List and Resources

✓ My Medicines List – English¹⁴, Spanish¹⁵

My Medicines List

My Name: _____ My Allergies: _____ My Emergency Contact Information: _____

Date: _____

My medicines, vitamins, herbals, and supplements, as of _____

Include all **prescription** and **non-prescription** medicines. Non-prescription medicines may include vitamins, herbals, supplements, cold or cough medicines, aspirin, pain relievers, allergy relief medicines, antacids, laxatives, diet pills, and others that you do not need a prescription to buy.

Name (brand and generic)	Strength of medicine	I take this medicine for	I take these every day				
			Instructions	Morning	Noon	Evening	Bedtime

Page 1 of 2

✓ Medication Resources^{16,17}

Medicine Reminder Form

What medicines do I need to take?

Each day, follow this schedule:

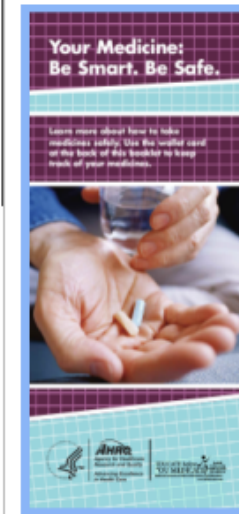
MORNING MEDICINES			
Medicine name (generic and name brand) and amount	Why am I taking this medicine?	How much do I take?	How do I take this medicine?

Ask these questions and write down the answers before taking medicines that your doctor prescribes, so you can keep track of how to take them safely.

1. What am I taking this medicine for?

2. What are the brand name and generic name of this medicine?

3. Can I take a generic version of this medicine?



[My Medicines List, AHRQ](#)
[Mis Medicamentos, AHRQ](#)
[What Medications Do I Need To Take, AHRQ](#)

Medication Adherence Tools and Methods (Cont.)

Tools for Safe Dosing

✓ Daily Planner



✓ Medication Pre-Fill by Pharmacy



✓ Electronic medication dosing and reminder systems

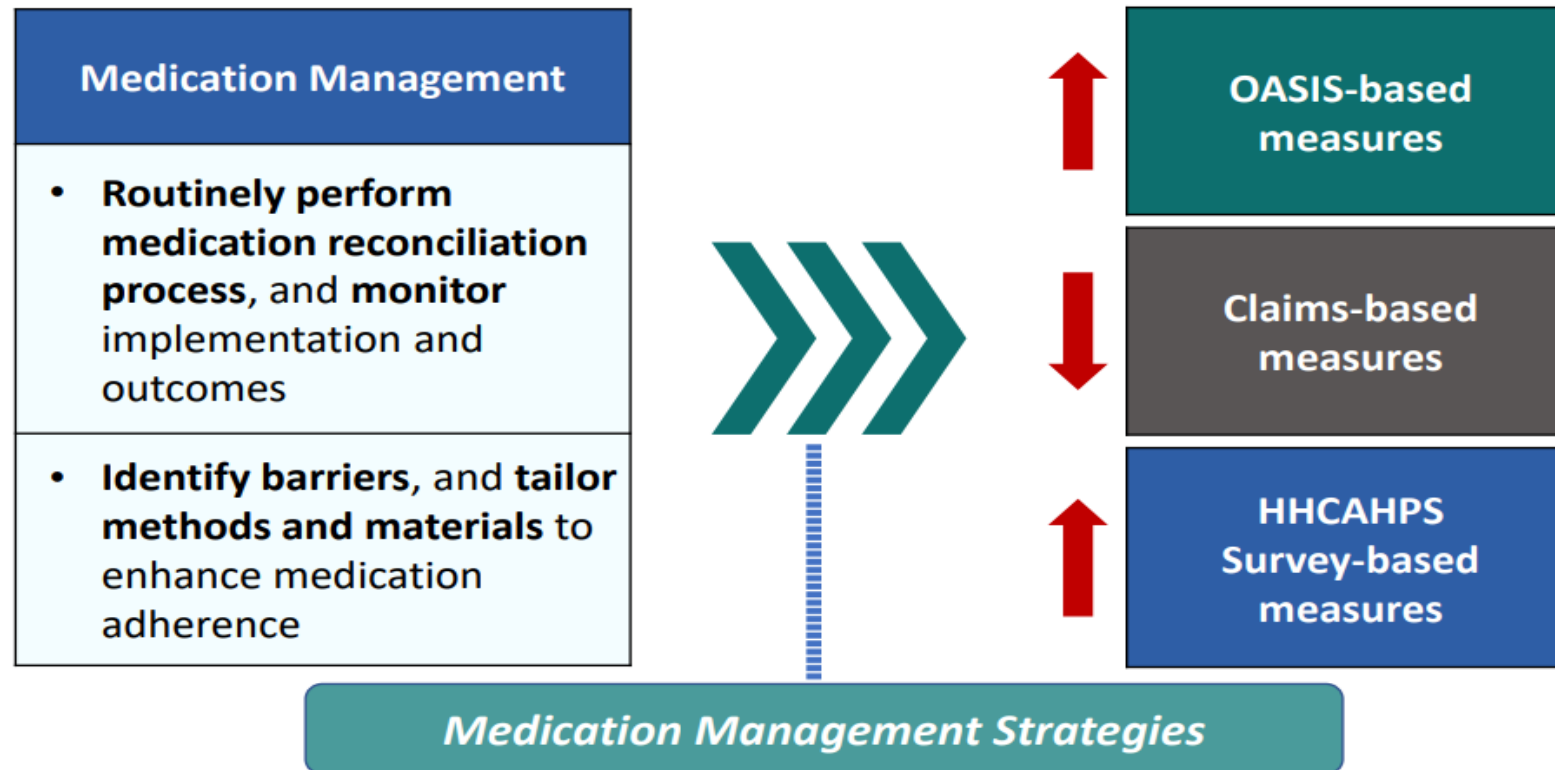


Implementing a Medication Adherence Plan with a Patient

Collaborate with Patient and Family/Caregiver

- **Engage** patient and family/caregiver through **patient-centered goal-setting** and **shared decision-making**.
- Discuss early what is **“important to”** and **“important for”** the patient.
- Identify **preferred language** and **learning style**.
- Engage the patient using **“Show-me”**, **Teach-back**, and/or **Motivational Interviewing** techniques.
- **Provide materials** to enhance their understanding of their medications.
- **Simplify** the medication regimen.
- Determine how written medication list, schedule, and administration methods in the home will be **kept current**.
- Teach patient to **take current** medication list and bottles **to all medical appointments**.
- **Communicate** current medication list, reflecting up-to-date medical orders, at time of **care transitions**.

Summary: Relevance to the Expanded HHVPB Model Measures



Open Discussion

- What are your current challenges for managing patients' oral medications?
- What strategies has your agency implemented to help in managing patients' oral medications?
- What steps might your agency take to improve current strategies for management of oral medications?
- How can Superior Health provide assistance?

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, July 24, 2024
- Time: 9-10 a.m. CT/10-11 a.m. ET
- Topic: Best Practices in Care Transitions

References

- [My Medicines List](#), AHRQ
- [Mis Medicamentos](#), AHRQ
- [What Medications Do I Need To Take](#), AHRQ
- [Changes are coming to HHVBP in 2025 — are you ready?](#), MatrixCare
- [Essential Strategies for Success - Care Transitions: Medication Management](#), CMS
- [Expanded Home Health Value-Based Purchasing Model](#), CMS
- [Expanded Home Health Value-Based Purchasing \(HHVBP\) Model](#), CMS
- [Outcome and Assessment Information Set OASIS-E Manual \(cms.gov\)](#), pp 228-230, CMS
- [Preparing for Calendar Year \(CY\) 2024 and CY 2025](#), CMS

References (Cont.)


- [Home Health Quality Measures – Outcomes](#), CMS
- [Health Literacy](#), HRSA
- Lam W.Y. and Fresco P. 2015. Medication Adherence Measures: An Overview. Biomed Res Int, 2015:217047. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4619779/>.
- Chan, A. H. Y., Horne, H., Hankins, M., and Chisari, C. 2019. The Medication Adherence Report Scale: A measurement tool for eliciting patients' reports of nonadherence. British Journal of Clinical Pharmacology, 86(7), 1281 - 1288. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7319010/pdf/BCP-86-1281.pdf>.
- Ptasinski, C. 2007. Develop a medication reconciliation process. Nursing Management, 38(3), 18. https://journals.lww.com/nursingmanagement/Citation/2007/03000/Develop_a_medication_reconciliation_process.6.aspx.

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; homehealthcahps@cms.hhs.gov
 - iQIES Help Desk: 1-800-339-9313; iqies@cms.hhs.gov
 - Home Health Quality Help Desk: homehealthqualityquestions@cms.hhs.gov
 - Expanded HHVBP Model Help Desk: HHVBPquestions@cms.hhs.gov
 - Home Health Survey Mailbox: hhasurveyprotocols@cms.hhs.gov
 - Reconsideration, Exceptions and Extensions: hhapureconsiderations@cms.hhs.gov
 - Home Health Policy Help Desk: homehealthpolicy@cms.hhs.gov
 - HHC Star Rating Review: hhc_star_ratings_review_request@cms.hhs.gov

CMS Help Desks (Cont.)

Guide to Home Health Help Desks
HH PROVIDER, WITH QUESTION ABOUT...



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

Updated January 2024

Thank You for Attending Today!

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



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.

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SUPERIOR HEALTH

Quality Alliance

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