American Hospital Association

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Kenneth Kizer, MD, MPH
The National Quality Forum
ATTN: Home Health Care Project
601 Thirteenth Street, NW
Suite 500 North
Washington, DC 20005

Dear Dr. Kizer:

The American Hospital Association (AHA), on behalf of our 4,700 member hospitals and health care systems and 31,000 individual members, appreciates the opportunity to comment on the draft *National Voluntary Consensus Standards for Home Health Care*. The AHA supports the development of appropriate measures for all health care settings because meaningful, accurate performance data can improve the delivery of care and help the public make informed decisions.

Medicare certified home health agencies (HHA) dedicate significant time and personnel to administering patient assessments using the required Outcomes and Assessment Information Set (OASIS) – 2.5 to 3.0 hours per assessment, providers estimate. The home health field has shared with Centers for Medicare and Medicaid Services (CMS) its concerns about OASIS data collection, and CMS has made welcome improvements in recent years. However, substantial concerns remain about the effectiveness and efficiency of the instrument, and its ability to provide accurate information to the public. Because current Home Health Quality Initiative (HHQI) measures on CMS' Home Health Compare Web site are derived from OASIS data, we question the data's accuracy in depicting the quality of care being delivered by HHAs.

We also question the measures usefulness to patients and families faced with the complexities of deciding on a home health provider. The Steering Committee specifically sought other measures that might provide a more useful picture of HHA quality. We have significant concerns with many of the measures that have been suggested. Specifically, we urge the NQF to:

- Eliminate the Outcome-Based Quality Monitoring (OBQM) measures from those recommended for public reporting;
- Eliminate the measures derived from Assessing Care of Vulnerable Elders (ACOVE) from those recommended for public reporting;

- Provide data on the reliability and validity of the remaining OASIS Outcome-Based Quality Improvement measures.

Use of the OBQM Measures
The OASIS OBQM, including all emergent care and acute care hospitalization measures, should not be used for public reporting. As the NQF draft report acknowledges, the OASIS OBQM measures were never intended for public reporting, and the developers of OASIS specifically advised against such use (Centers for Medicare & Medicaid Services report, *Implementing Outcome-Based Quality Improvement in Home Health Agencies*). According to the developers, OBQM measures "serve as markers for *potential* problems in care because of their negative nature and relatively low frequency …." In measurement parlance, the OBQM are indicators, but not real measures of quality. Providers do not rely on these indicators to determine quality, and consumers should not be encouraged to rely on them either.

Additionally, OBQM data are not adjusted to reflect the acuity of patients served by individual agencies. On page 8 of the draft report, the "Criteria for Evaluation and Selection" stipulate that measures recommended for adoption should, among other things, have "an adequate and specified risk-adjustment strategy …" Using these measures without adequate risk adjustment would unfairly lower the ratings for HHAs that serve the poorest, oldest, and sickest patients.

Use of ACOVE Measures
The ACOVE measures should be eliminated from the recommended quality measures for public reporting because their applicability is questionable and they are a burden to collect. According to RAND, which developed ACOVE, the measures were developed and tested in managed care organizations rather than specific practice settings such as home health care. RAND developed the ACOVE measures to evaluate health care at the system (or plan) level. To extend their application to home health care would not be appropriate since they have never been tested in home health care settings. Further, the measures are appropriate for settings where diagnosis is a primary responsibility. While patient assessment is part of the responsibility of home health providers, imposing assessment requirements on them that are of the same magnitude as those for settings in which primary diagnosis is required is overly burdensome and inappropriate.

There is no consistent method for collecting this information in the home health setting. Without a specified data collection methodology, one cannot assume that data can be collected accurately and fairly so that comparative information can be provided to the public. Further, the ACOVE instrument, which consists of 60 measures, would be a significant additional burden for providers already burdened by the time-consuming OASIS assessment. This burden has been minimized in the draft report.

OASIS OBQI Measures

The OBQI data set was developed for physician practices to use for internal quality improvement, not for public reporting. Before these measures might be used for public information, each should be carefully reviewed to ensure it provides reliable information that can accurately inform consumer decisions.

The recommendations of the NQF steering committee about these OBQI measures are based on reliability studies conducted by the developers of OASIS and the OBQI process in 1997. Their reliability was based on an assessment of 66 home health patients by two specially trained clinicians who conducted assessments of the patients within 24-48 hours of each other. In other words, the assessments were performed under optimal conditions. Use of OASIS was voluntary at the time. While we appreciate the insights gained from this initial work, it was a small study that does not reflect the array of data collection currently in use. New reliability studies should be conducted since OASIS is now mandatory and there are millions of OASIS data sets on file that have been completed by thousands of clinicians working under "real world" circumstances.

Thank you for the opportunity to comment on the important work being done to ensure that home health quality measures accurately depict the quality of patient care. The AHA will continue to work with CMS, the Quality Improvement Organizations, the NQF, and other organizations to promote quality improvement in home health and to address the quality reporting concerns we have stated. If you have questions about our comments, please call senior associate directors Nancy Foster (202-626-2337) or Rochelle Archuleta (202-626-2320).

Sincerely,

Carmela Coyle
Senior Vice President, Policy