



Home Health
Cardiovascular
Data Registry

Getting Started in the HHCDR

presented by

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HHQI RN Project Coordinator



Objectives

Upon conclusion, the participant will be able to:

- Become the Data Administrator & access the Home Health Cardiovascular Data Registry (HHCDR)
- Chose measure(s) that make sense for your HHA
- Accurately abstract (topic area specifications)
- Align efforts with community providers and referral sources
- Use HHCDR data to drive your QAPI development & sustainment

National Cardiovascular Disease

Heart Disease is #1
cause of death

Stroke is #4 cause of
death

1 out of 3 deaths
related to CVD

Greatest contributor
to racial disparity in
life expectancy

*George, Tong, Sonnernfeld, & Hong, 2012;
Roger VL, et al. Circulation. 2012;125:e2-e220. & Heidenriech PA, et al. Circulation. 2011;123:933-4*

New England Stats

Quality of Patient Care	ME	MA	NH	RI	VT	Nat. Avg.
ED Visits	15%	12%	14%	13%	14%	12%
Hospitalizations	16%	17%	16%	15%	15%	16%

Per HH Compare 6/17/15

Home Health Cardiovascular Improvement Initiative

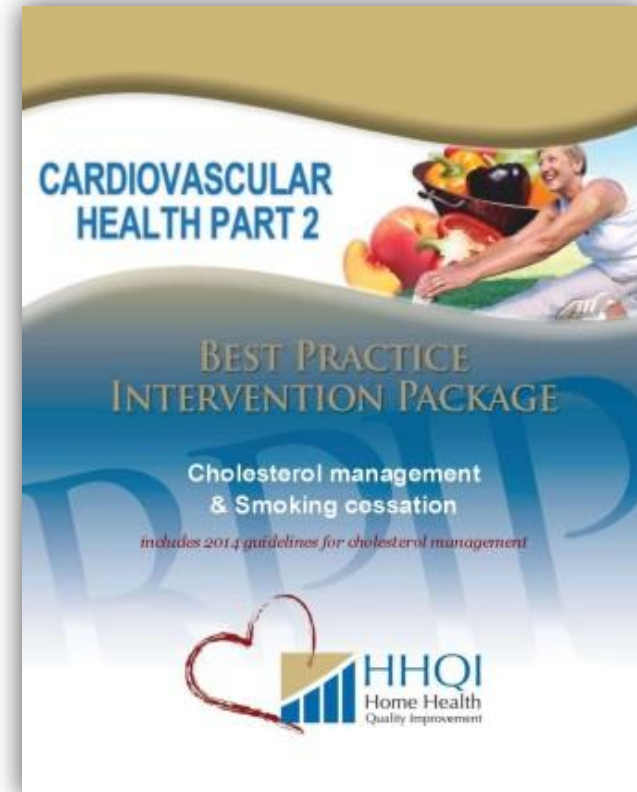
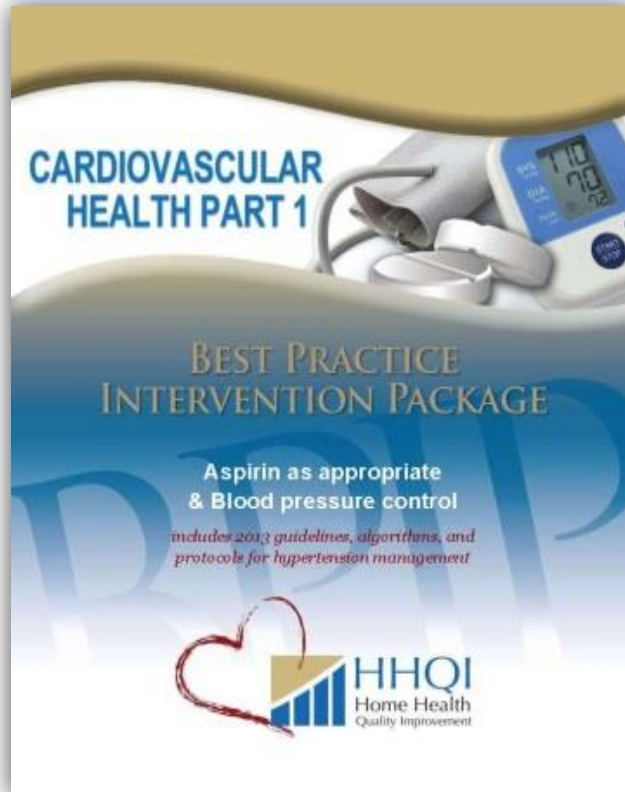
- Aligns with national Million Hearts® initiative
- Focuses on the ABCS of preventive cardiovascular care



Aspirin as appropriate
Blood pressure control
Cholesterol management
Smoking cessation

The Million Hearts® word and logo marks are owned by the U.S. Department of Health and Human Services (HHS). Use of these marks does not imply endorsement by HHS. Use of the Marks also does not necessarily imply that the materials have been reviewed or approved by HHS.

Cardiovascular Health Best Practice Intervention Packages - Integrated





Home Health Cardiovascular Data Registry

ABCS Data

A

ASPIRIN

Was the patient taking ASA or other antithrombotic?

C

CHOLESTEROL

Did the patient have a lipid screening in the past year? LDL-C?

B

BLOOD PRESSURE

What was the patient's final BP & was HTN addressed?

S

SMOKING

Was the patient screened for tobacco use? If a user, was an intervention implemented?

www.HomeHealthQuality.org



Log In



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Powered by
the **NETWORK**

Questions?



Visit the [HHQI National Campaign Website](#).

You may also [contact us](#).

Questions about Reports? Visit the [FAQs](#)

Welcome

Welcome to the HHQI National Campaign Data Access System. This site will allow you to view monthly quality data for your agency as it becomes available.



[Register](#) if you are a first-time user. Note that this system requires separate and distinct registration from the National Campaign. Your user name and ID for that site will not work with the Data Access System.



[Log in](#) to view your user information and any available data.

Data Access *Plus* is an alternative method of accessing reports for participants with multiple locations. To learn more about Data Access *Plus*, email us at HHQI@wmi.org.



Data Report Resources

[Step-by-Step Manuals & Webinars](#)

[Frequently Asked Questions](#)

Your Facility:

Enter the provider number for your facility or branch and click "Go" to perform a lookup.

Provider Number:

This number is the 8-digit Medicare provider identification for your facility. The first two digits identify the state in which the provider is located. The last four digits identify the type of facility, i.e., home health. If you are registering as a branch, the identification number is a ten-digit alpha-numeric (e.g., ##Q####001). Each branch is numbered with the same provider identification number as described above, the parent company.

This number has two differences:

- *the first is the letter "Q" which appears in the third position between the state code and the 4-digit provider designation.*
- *the second are the three additional digits that are added to the end of the number. These digits are sequential assignments correlating to the number of branches that the provider may have.*

○ *the three additional digits range from 001-999.*

Your Facility:

Enter the provider number for your facility or branch and click "Go" to perform a lookup.

Provider Number:

This number is the 6-digit Medicare provider identification for your facility. The first two digits identify the state in which the provider is located. The last four digits identify the type of facility, i.e., home health. If you are registering as a branch, the identification number is a ten-digit alpha-numeric (e.g., ##Q####001). Each branch is numbered with the same provider identification number as described above, the parent company.

This number has two differences:

- *the first is the letter "Q" which appears in the third position between the state code and the 4-digit provider designation.*
- *the second are the three additional digits that are added to the end of the number. These digits are sequential assignments correlating to the number of branches that the provider may have.*

○ the three additional digits range from 001-999.

ACH Sample Agency

If this is your facility [click here to continue your registration](#)

If this is not your facility, please check your provider number and try again. If you continue to have problems, please visit our help page.

Your Contact Information

User Name: 

First Name:

Last Name:

Title:

Email:

Phone: ext.

Password:

Verify Password:

Alternate Contact Information

You may elect to provide information for someone at your facility that we may contact in your absence.

First Name:

Last Name:

Email:

AltPhone: ext.



Register as an Administrator

YOUR ACCOUNT HAS BEEN CREATED. THERE IS NO NEED TO RE-REGISTER. IF YOU DO NOT WISH TO BECOME THE ADMINISTRATOR, YOU SIMPLY MUST WAIT UNTIL ONE IS APPOINTED AND YOUR ACCOUNT IS APPROVED

The reason you are seeing this screen is because an administrator for your facility has not yet been assigned. Therefore, you have the ability to serve as as the account administrator. This will allow you to:

- Approve data access requests for others who register from your agency
- Update contact information
- Transfer administrative privileges to someone else in your agency.

All agencies that use this system must have a registered administrator to access data.

Select one of the following options to continue:

- Yes. I am authorized and willing to serve as my agency's account administrator. As administrator, I understand I will be responsible for reviewing and approving system access for others in my agency who register to view reports.
- No. I do not wish to serve as account administrator. I understand that I cannot access data reports until my agency names an administrator, who will then approve my access.

Select one of the following options to continue.

Yes. I am authorized and willing to serve as my agency's account administrator. As administrator, I understand I will be responsible for reviewing and approving system access for others in my agency who register to view reports.

No. I do not wish to serve as account administrator. I understand that I cannot access data reports until my agency names an administrator, who will then approve my access.

As your agency's HHQI Data Administrator, you must validate that you are authorized to access data on behalf of your agency. To do this, please provide the following data obtained from your CASPER system. If your agency utilizes a vendor to access this report, please contact your vendor and request this information. The CASPER User's Guide can be located at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/downloads/HHQICASPER.pdf>

The following lists the steps for accessing the report to complete your HHQI Data Administrator registration process:

1. Login to CASPER
2. Select the 'Reports' tab
3. Click on the link 'OASIS-C Quality Improvement'
4. Click on the link for the report 'Process Measures 2 Report'
5. Select the 'Begin Date' of 07/2011, select the 'End Date' of 06/2012
6. Click on Submit
7. Locate report in your file
8. Go to page 4 of 4
9. Find "**Process Quality Measures: Prevention - 'Pneumococcal Polysaccharide Vaccine Ever Received'**"
10. **The number of eligible cases (Elig. Cases) is the verification number** required to validate your HHQI Data Administrator account.

Elig. Cases:

Verify



Your Facility:
Your Administrator:

Your account has been approved. You may click on the following links to download their corresponding pdfs.

Please use the back button after viewing the report to return to this screen

Enter Agency CCN (CMS Provider Number):

Default 999999

HHCDR ▼

Get Report

Registrant Approval

Here you can approve or disapprove registrants. Registrants must be approved in order for them to access data. Select the registrants you wish to change the status of and use the "Approve" and "Unapprove" buttons to change their status. Once you have everyone in the right box, click "Save" to commit your changes.

Unapproved

doe, john

Approved

Approve >

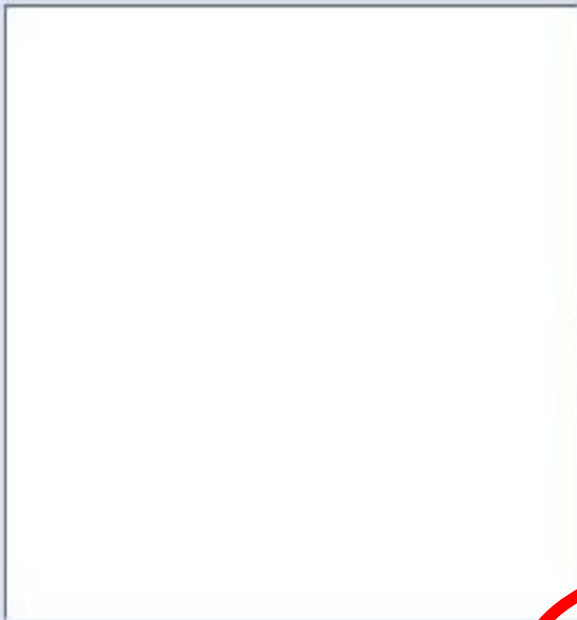
< Unapprove

Finalize Approval

Registrant Approval

Here you can approve or disapprove registrants. Registrants must be approved in order for them to access data. Select the registrants you wish to change the status of and use the "Approve" and "Unapprove" buttons to change their status. Once you have everyone in the right box, click "Save" to commit your changes.

Unapproved



Approved



Approve >

< Unapprove

Finalize Approval

Your Facility: ACH Branch Parent Home Agency
Your Administrator: Stacie Deslich stadeslich@wvmi.org

Your account has been approved. You may click on the following links to download their corresponding pdfs.

Please use the back button after viewing the report to return to this screen

HHCDR

Home Health Quality Improvement National Campaign

Measuring Quality. Inspiring Change



Home Health
Cardiovascular
Data Registry

Cardiovascular Data Collection

[Change Agency](#)
ACH Branch Parent Sample Agency
Cindy Sun
[Log Out](#)

Year: 2014 Month of Discharge: July



Please select what areas you would like to review for the month of July

NOTE: Once this selection is saved, you will not be able to change it for this month.

Sections to Review (User Choice)

- Aspirin
- Blood Pressure
- Cholesterol
- Tobacco Use

Close



Save Settings



Year: Month of Discharge:

Sections selected for review this month: **Aspirin, Blood Pressure, Cholesterol, Tobacco User**

	CCN	Patient ID	Start Of Care Date	Discharge / Transfer Date	Last Save Date
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					
EDIT					



Agency CCN:

999998

Patient Start of Care (SOC) date:

Patient Discharge (D/C) or Transfer date:

Patient Identification (ID) Number:

Patient Date of Birth:

Patient Gender:

M

Patient's current Payment Source for Home Care:

Medicare (HMO / managed care Advantage plan)

Diagnosis Codes:

414.00 428.22 250.00

Patient Race / Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White

Dual-Eligibility

Did the patient have **BOTH** a Medicare **AND** a Medicaid identification number listed in the record:



Yes
No

Aspirin

Aspirin

Did the patient take aspirin or other antithrombotic (clopidogrel, prasugrel, or ticlopidine) during this episode of care?

- Yes
- No
- Contraindications noted in record by clinician (not abstractor)

Blood Pressure

Blood Pressure Control

What was the last blood pressure recorded during this episode of care?

Note: For patients with more than one blood pressure obtained on the last day for this episode of care, please enter the lowest systolic and lowest diastolic pressure obtained.

Systolic (mm Hg):

126

Diastolic (mm Hg):

84

Date:

7/1/2014



Was a follow-up plan to obtain better blood pressure control included in the record during this episode of care (such as: dietary changes / restrictions, increase exercise, weight loss plan, medication education, medication adherence, medication changes, or pain management)?

- Yes
- No (plan was not developed)

Cholesterol

Cholesterol

Is there documentation in the medical record that the patient received a cholesterol screening within the past 12-months prior to this discharge date? (SCRCHOL)



Yes
No

Cholesterol

Cholesterol

Is there documentation in the medical record that the patient received a cholesterol screening within the past 12-months prior to this discharge date? (SCRCHOL)

Yes

Please indicate which test results were documented in the patient's record (Mark all that apply)? (SCRCHOLTEST)

- High-density Lipoprotein (HDL)
- Low-density Lipoprotein (LDL)
- Triglycerides
- Cholesterol
- Other

Cholesterol

Cholesterol

Is there documentation in the medical record that the patient received a cholesterol screening within the past 12-months prior to this discharge date? (SCRCHOL)

Yes ▼


Please indicate which test results were documented in the patient's record (Mark all that apply)? (SCRCHOLTEST)

- High-density Lipoprotein (HDL)
- Low-density Lipoprotein (LDL)
- Triglycerides
- Cholesterol
- Other

Please Specify Other:


Please enter LDL-C value and date.

LDL-C Value:

LDL-C Date: 

Tobacco

Tobacco	
During this episode of care, was the patient screened for tobacco use by the home health agency? (TOBSCREEN)	Yes
Was the patient identified as a current tobacco user? (TOBUSER)	Yes
Did the patient receive tobacco cessation counseling/intervention by the home health agency (i.e., brief counseling (3 minutes or less) or pharmacotherapy)? (TOBCOUNSEL)	<div style="border: 1px solid black; padding: 5px;"><p>Yes</p><p>No</p><p>Not Applicable (medical reason not to counsel the patient for tobacco use noted in the record by the clinician (e.g., limited life expectancy, other medical reason))</p></div>



Your Facility: ACH Branch Parent Sample Agency
Your Administrator: Stacie Deslich sdeslich@wvmi.org

Your account has been approved. You may click on the following links to download their corresponding pdfs.

Please use the back button after viewing the report to return to this screen

HHCDR

Get Report



Home Health Cardiovascular Data Registry Monthly Report

Name: Sample Agency

Medicare#: 999999

Location: Any City, Any State

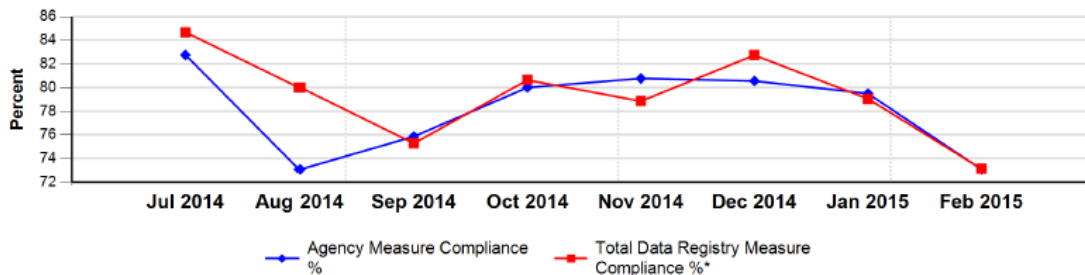
Report Date: 05/20/2015

Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic
 Percentage of patients aged 18 years or older with ischemic vascular disease (IVD) documented within the most recent 12-months while under the care of the home health agency with documented use of aspirin, other antithrombotic or anticoagulant therapy **

	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Total
# of Episodes with Aspirin	24	19	22	20	21	29	31	38	204
# of Episodes without Aspirin	5	7	6	4	4	7	8	14	55
# of Episodes with Contraindications	0	0	1	1	1	0	0	0	3
Total Eligible Episodes Abstracted-Agency	29	26	29	25	26	36	39	52	262
Agency Measure Compliance %	82.76	73.08	75.86	80.00	80.77	80.56	79.49	73.08	77.86
Total Data Registry Measure Compliance %*	84.68	80.00	75.27	80.63	78.85	82.73	79.04	73.12	79.03



Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic



HHCDR Details

- Access HHCDR through normal Data Access portal
- Each month, HHA will select which topic areas (A, B, C and/or S)
- Patient demographic information will be prepopulated on the 15th of every month
- All data 'closed' by the 14th of the month will be used to create HHCDR Report to be posted ~23rd of the month

Important **HHCDR** Dates to Remember

Month Episode Ends	Available for Abstracting*	Last Date to 'Close Out the Month'	Date Report Available
January	March 15	April 14	~ April 23
February	April 15	May 14	~May 23
March	May 15	June 14	~June 23
April	June 15	July 14	~July 23
May	July 15	August 14	~August 23
June	August 15	September 14	~September 23
July	September 15	October 14	~October 23
August	October 15	November 14	~ November 23
September	November 15	December 14	~December 23
October	December 15	January 14	~January 23
November	January 15	February 14	~February 23
December	February 15	March 14	~March 23

* Note: In certain instances, the registry may be available for abstracting earlier than the 15th of each month. When this occurs, the 'Date Report Available' **will not change** regardless of when the registry is available for abstracting. If you have question, please contact us at HHQI@wvmi.org.

Cardio Milestones



- Join the Progressive Cardiovascular Learning & Action Network (CardioLAN)



- Download the Cardiovascular Health Parts 1 & 2 Best Practice Intervention Packages (BPIPs)
- Complete HHQI Data Access registration



- Close one month of required patients' data in the Home Health Cardiovascular Data Registry (HHCDR)
- Download one HHCDR report



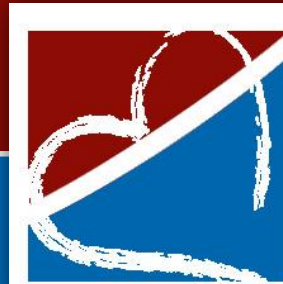
- Enter & close a total of six months of required patients' data for HHCDR
- Assess data reliability



- Achieve noted improvement in one or more cardiovascular outcomes

Sharing of
cardiovascular
knowledge &
application of resources

Networking



Home Health
Cardiovascular
Learning & Action Network

Identifying
opportunities for
improvement

Direct access to the
HHQI Team

*The Home Health Quality
Improvement Campaign*
SUPPORTS
Million Hearts



Cardiovascular Health > CardioLAN

Join the Cardiovascular Health Movement

Since the launch of the national Million Hearts® initiative, an added emphasis has been placed on improving preventive cardiovascular care throughout the healthcare industry. In support of your cardiovascular health improvement efforts, HHQI invites home health agencies and other stakeholders to join the new Progressive Cardiovascular Learning & Action Network (CardioLAN). The CardioLAN is a diverse group of individuals from various healthcare organizations – such as home health agencies, associations, and QIN-QIOs – who share a commitment to improving preventive cardiovascular care.

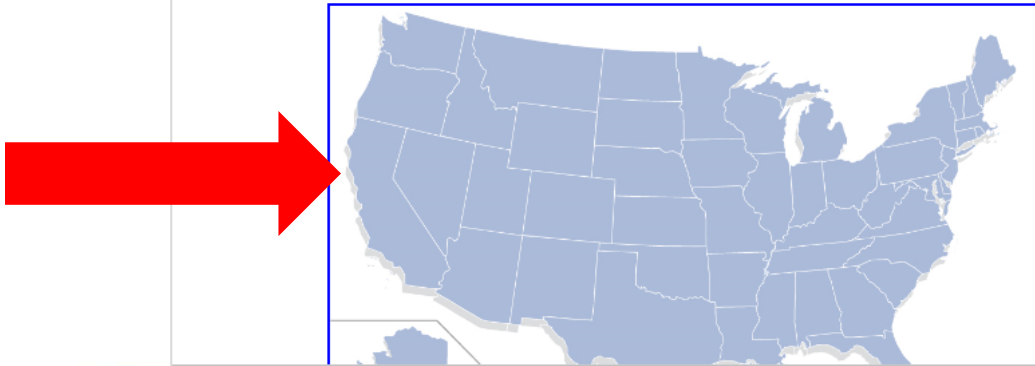


Benefits of Joining the CardioLAN

Participation in the CardioLAN provides increased support from HHQI and networking opportunities through monthly teleconferences and webinars. These monthly events provide an interactive forum for sharing cardiovascular knowledge and the application of free resources such as HHQI's Cardiovascular Health Best Practice Intervention Packages (BPIPs) and the Home Health Cardiovascular Data Registry. **Join now to receive your invitation for the first CardioLAN webinar on November 20.**

National Recognition

When you join the CardioLAN, your organization will be included in the table below and recognized for your commitment to cardiovascular health improvement. More than 700 HHQI participants have already joined. Click on your state below for a current list of cardiovascular health improvement leaders in your area.



HHQI University

- Platform for online learning with HHQI

- Monthly opportunities
- Evolving catalog of topics
 - Easy to use
 - Applying best practices
 - Engaging clinicians
 - Approved by American Nurses Credentialing Center (ANCC)

- Learn more at

www.HomeHealthQuality.org/Education/HHQI-University



Questions?

Contact Information:

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www.HomeHealthQuality.org



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