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Making Your CASPER Data Work for You

A Data Driven Approach to Improving Your Outcomes

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QIN-QIO Home Health Consultant

May 11, 2016

The New England Quality Innovation Network – Quality Improvement Organization (New England QIN-QIO)

brought to you by:

- **Healthcentric Advisors**
  - Focus areas: MA, ME, RI
- **Qualidigm**
  - Focus areas: CT, NH, VT

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Please visit the New England QIN-QIO website!

www.HealthCareForNewEngland.org

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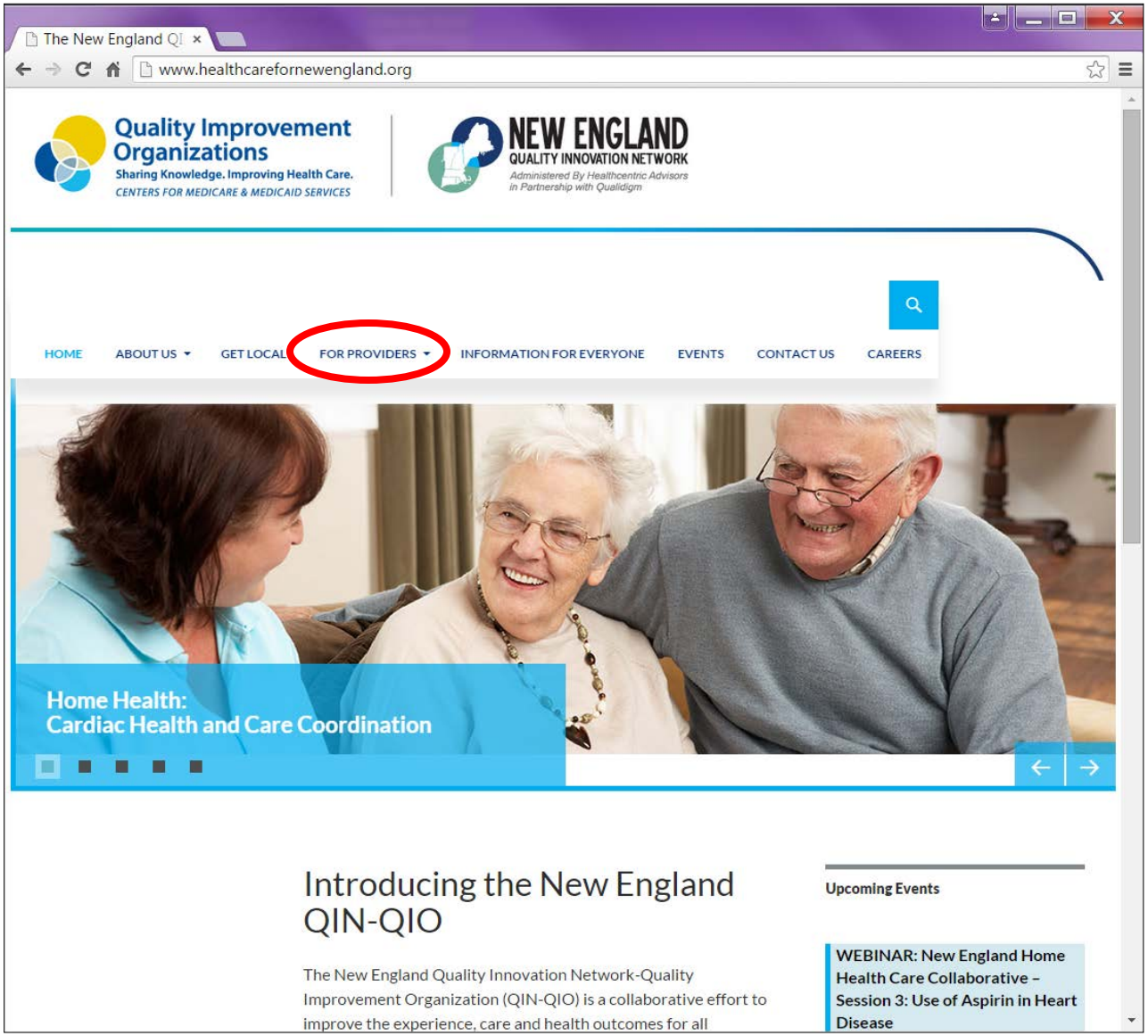
The New England QI
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HOME
ABOUT US
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EVENTS
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CAREERS
Home Health:
Cardiac Health and Care Coordination
Introducing the New England QIN-QIO
The New England Quality Innovation Network-Quality Improvement Organization (QIN-QIO) is a collaborative effort to improve the experience, care and health outcomes for all
Upcoming Events
WEBINAR: New England Home Health Care Collaborative – Session 3: Use of Aspirin in Heart Disease

AGENDA

- Refresh your knowledge of the CASPER system
- Describe how the data is developed, reported and used
- Identify the critical reports in CASPER
- Identify goals for targeted outcomes
- Select reports needed to create targeted PDSA plans
- Utilize CASPER reports to assess success!

Where does the data come from?

- All data is based on “completed episodes”
  - Start of Care to Transfer/Discharge
  - Resumption to Transfer/Discharge
- “Outcome Measures:” What was the end result of the episode of care?
- “Process Measures:” How did you arrive at that end result?

What is “Risk Adjustment”?

- Risk Adjustment compares you to your peers
- If your “Case Mix” is younger/healthier, the ACH rate *should* be lower than an agency whose “Case Mix” was older/frailer
- If the “actual” ACH rates are the same, Risk Adjustment will raise yours to reflect the younger/healthier “Case Mix”
- Risk Adjustment levels the playing field

CASPER Access

Maintaining Your “Institutional Knowledge”

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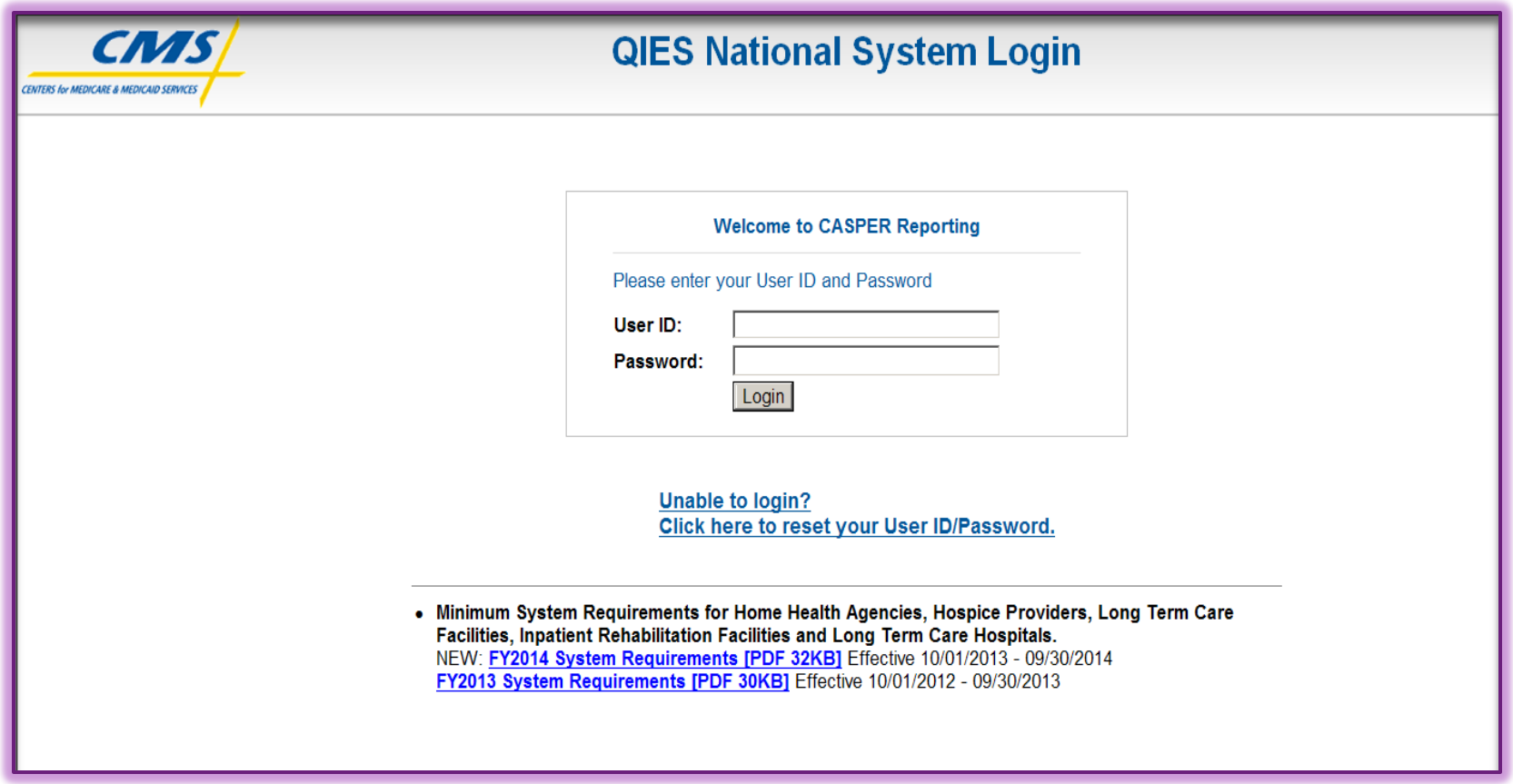
Your Agency QIES User ID and Password



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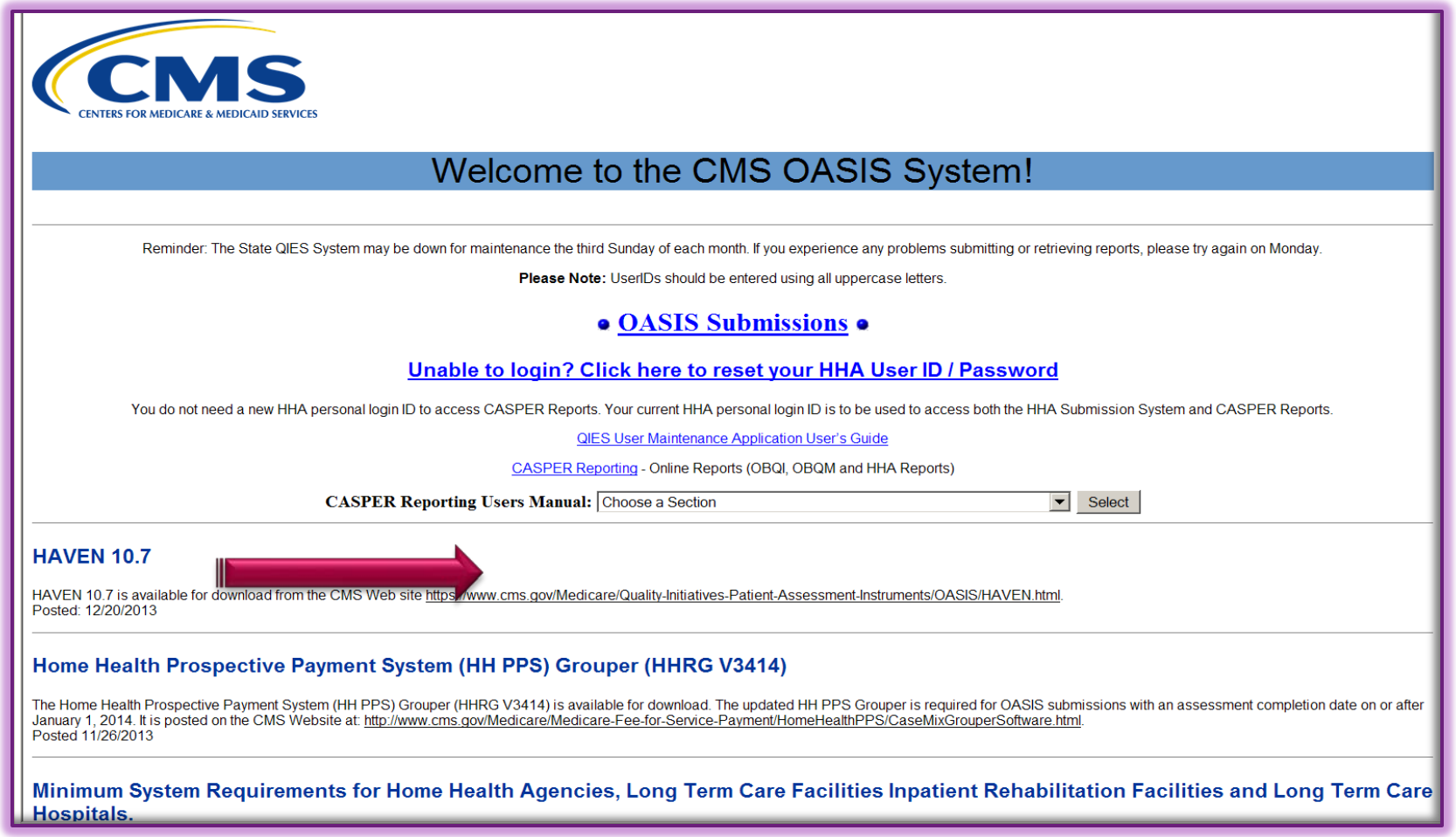
Welcome to CMS OASIS System



CMS
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Welcome to the CMS OASIS System!

Reminder: The State QIES System may be down for maintenance the third Sunday of each month. If you experience any problems submitting or retrieving reports, please try again on Monday.

Please Note: UserIDs should be entered using all uppercase letters.

• OASIS Submissions •

Unable to login? Click here to reset your HHA User ID / Password

You do not need a new HHA personal login ID to access CASPER Reports. Your current HHA personal login ID is to be used to access both the HHA Submission System and CASPER Reports.

QIES User Maintenance Application User's Guide

CASPER Reporting - Online Reports (OBQI, OBQM and HHA Reports)

CASPER Reporting Users Manual: Choose a Section Select

HAVEN 10.7

HAVEN 10.7 is available for download from the CMS Web site https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/HAVEN.html.
Posted: 12/20/2013

Home Health Prospective Payment System (HH PPS) Grouper (HHRG V3414)

The Home Health Prospective Payment System (HH PPS) Grouper (HHRG V3414) is available for download. The updated HH PPS Grouper is required for OASIS submissions with an assessment completion date on or after January 1, 2014. It is posted on the CMS Website at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/CaseMixGrouperSoftware.html.
Posted 11/26/2013

Minimum System Requirements for Home Health Agencies, Long Term Care Facilities Inpatient Rehabilitation Facilities and Long Term Care Hospitals.

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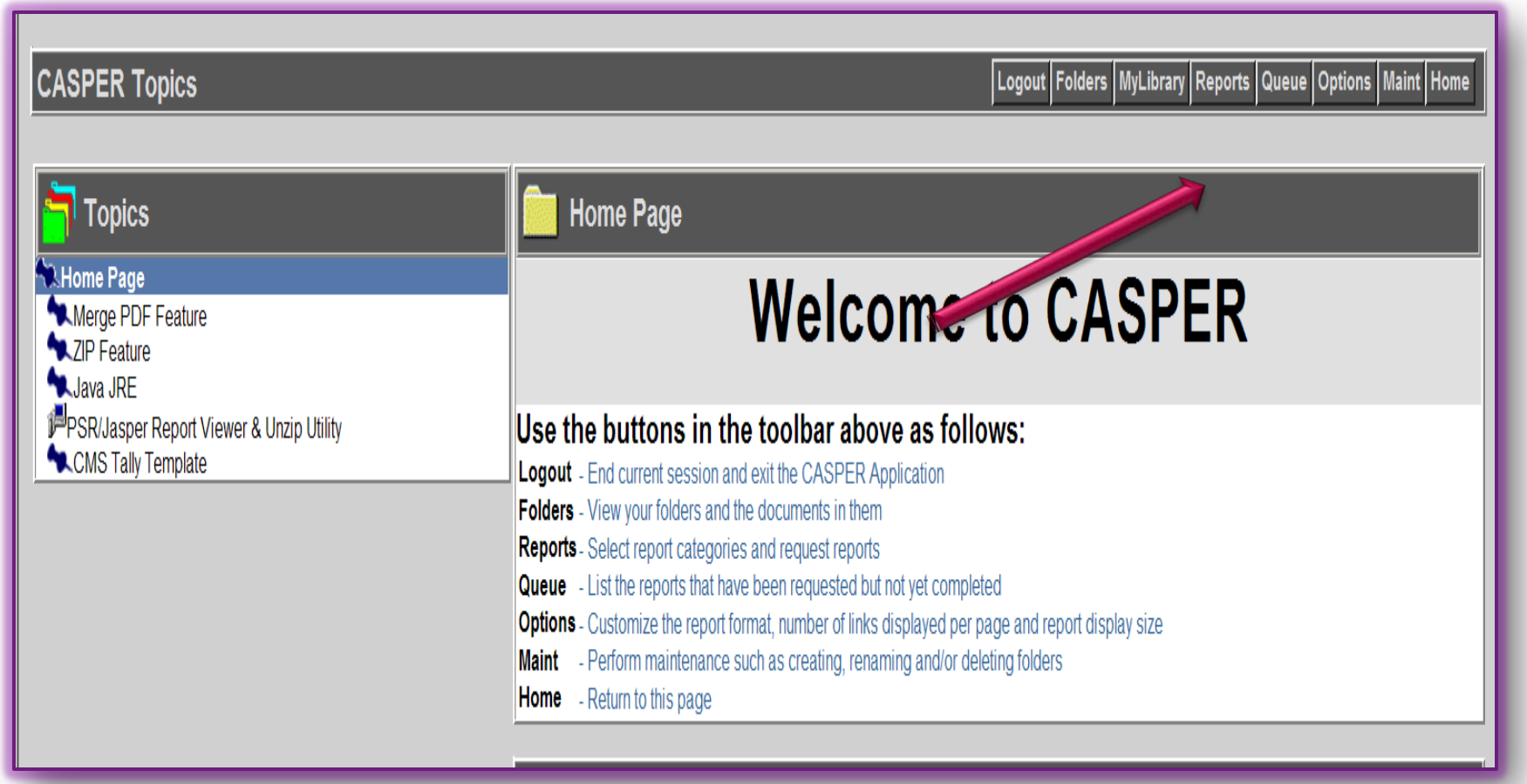
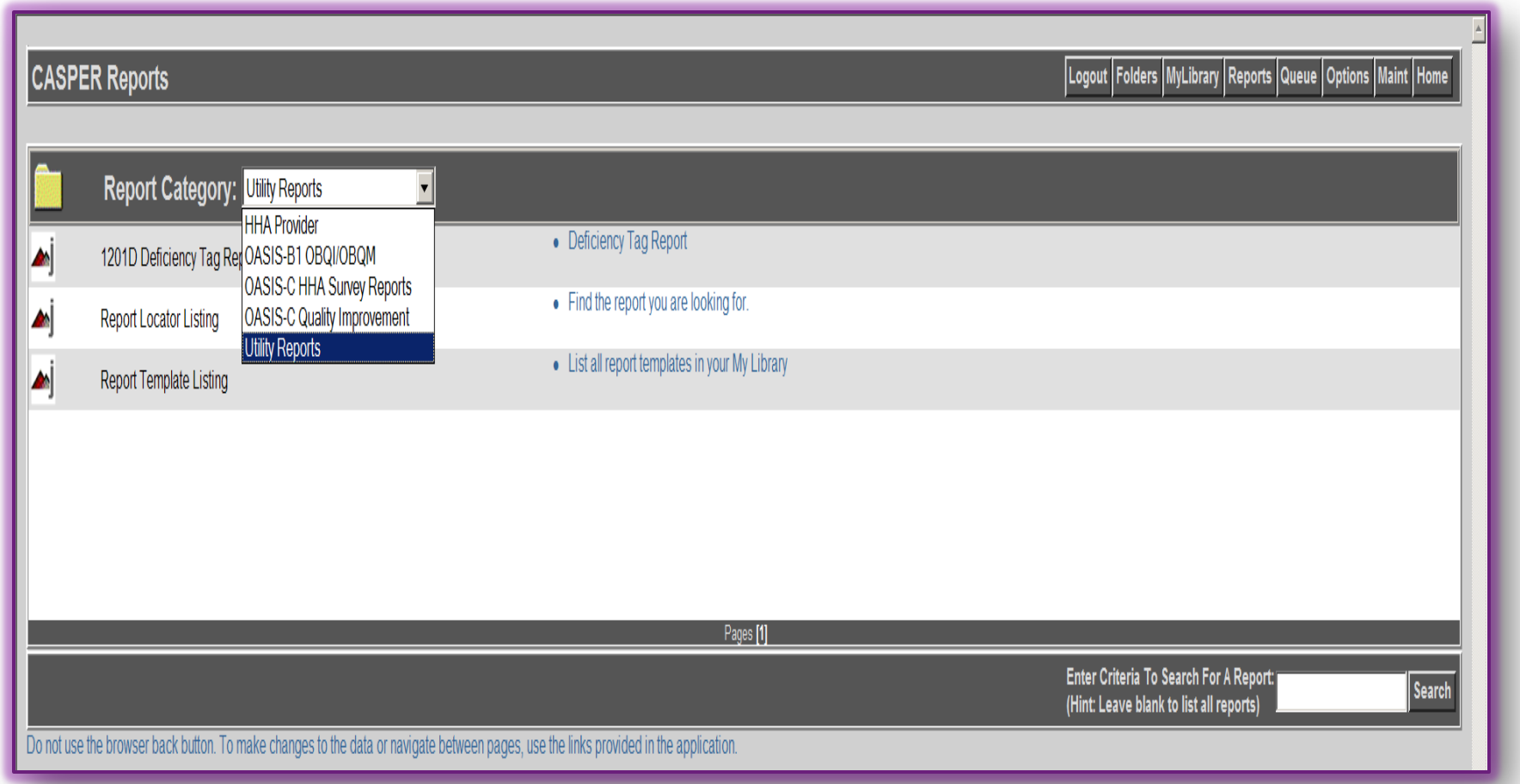
Welcome Provider



Report Categories



Get Focused - CASPER Data

Five Essential Reports

1. Agency Patient-Related Characteristics Report
2. Risk Adjusted Outcome Report
3. All Patients' Process Quality Measures Report
4. HHA Trend Analysis Report
5. Agency Patient-Related Characteristics (Case Mix) Analysis Summary Report

Desired

- Risk Adjusted Potentially Avoidable Events

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Improving Your Outcomes with a PDSA Process

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Where do we begin?

- What CASPER data do you need?
- Case Mix
- Process/Outcome Reports
- Select your targeted outcome(s) from these reports
  - Improvement in Medication Compliance
  - Acute Care Hospitalization
- Consider these examples:

Data

Agency Patient-Related Characteristics Report

Requested Current Period: 08/2013 - 07/2014
Actual Current Period: 08/2013 - 07/2014

Number of Cases in Current Sample: 243
Number of Cases in Reference Sample: 6316068

	Current Mean	Ref. Mean
PATIENT HISTORY		
Demographics		
Age (years)	79.42	74.65 **
Gender: Female (%)	60.91%	61.66%
Race: Black (%)	0.00%	14.02% **
Race: White (%)	98.35%	75.34% **
Race: Other (%)	1.65%	10.90% **
Payment Source		
Any Medicare (%)	93.42%	93.65%
Any Medicaid (%)	8.23%	9.55%
Any HMO (%)	8.64%	24.26% **
Medicare HMO (%)	7.82%	20.63% **
Other (%)	11.93%	4.23% **
Episode Start		
Episode timing: Early (%)	95.78%	87.88% **
Episode timing: Later (%)	4.22%	8.15%
Episode timing: Unknown (%)	0.00%	3.97% **
Inpatient Discharge / Medical Regimen		
Long-term nursing facility (%)	0.00%	0.86%
Skilled nursing facility (%)	33.33%	14.20% **
Short-stay acute hospital (%)	43.21%	50.71%
Long-term care hospital (%)	0.41%	0.74%
Inpatient rehab hospital/unit (%)	1.65%	6.06% *
Psychiatric hospital/unit (%)	0.00%	0.49%
Medical Regimen Change (%)	85.60%	89.60%
Prior Conditions		
Urinary incontinence (%)	18.47%	38.38% **
Indwelling/suprapubic catheter (%)	1.80%	2.84%
Lives with others (%)	71.60%	65.30%
Lives in congregate situation (%)	1.23%	9.91% **
Availability		
Around the clock (%)	83.95%	77.08% *
Regular daytime (%)	0.82%	4.00% *
Regular nighttime (%)	4.94%	5.09%
Occasional (%)	9.47%	12.90%
None (%)	0.82%	0.93%
CARE MANAGEMENT		
ADLs		
None needed (%)	27.16%	8.73% **
Caregiver currently provides (%)	60.08%	61.63%
Caregiver training needed (%)	7.00%	22.10% **
Uncertain/Unlikely to be provided (%)	3.70%	4.12%
Needed, but not available (%)	2.06%	3.42%
IADLs		
None needed (%)	14.81%	3.22% **
Caregiver provides (%)	77.78%	81.89%
Caregiver training needed (%)	4.12%	9.90% *
Uncertain/Unlikely to be provided (%)	0.82%	2.28%
Needed, but not available (%)	2.47%	2.71%
Frequency of ADL / IADL (1-5)	1.61	1.33 **
Medication Administration		
None needed (%)	43.62%	22.81% **
Caregiver provides (%)	53.09%	51.98%
Caregiver training needed (%)	1.65%	20.51% **
Uncertain/Unlikely to be provided (%)	0.41%	2.55%
Needed, but not available (%)	1.23%	2.15%

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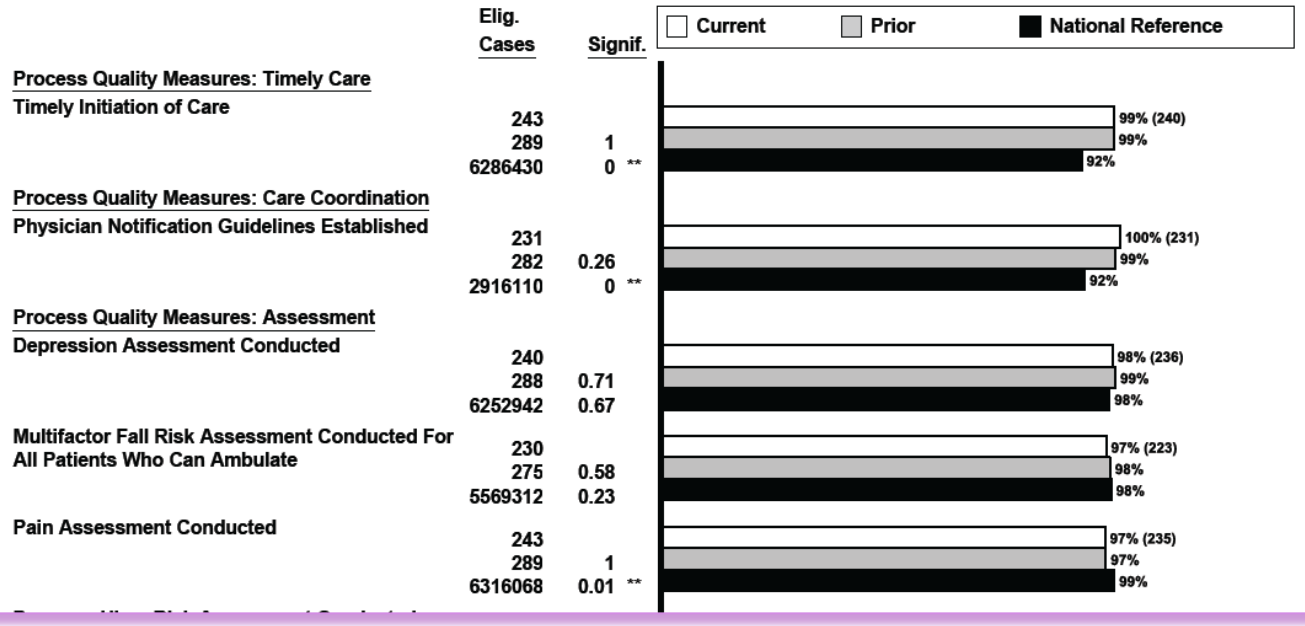
Data

All Patients' Process Quality Measures Report

Requested Current Period:	08/2013 - 07/2014
Requested Prior Period:	08/2012 - 07/2013
Actual Current Period:	08/2013 - 07/2014
Actual Prior Period:	08/2012 - 07/2013
# Cases: Curr 243	Prior 289
Number of Cases in Reference Sample:	6316068



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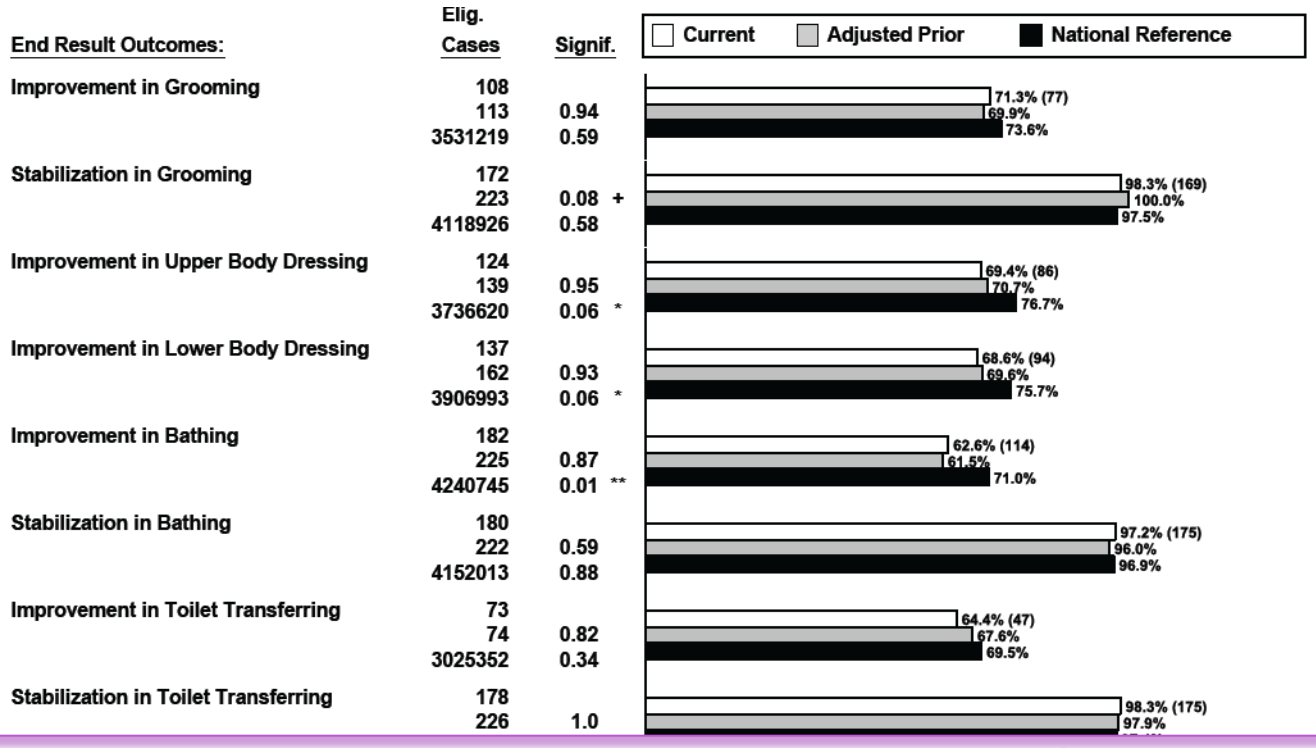
Data

Risk Adjusted Outcome Report

Requested Current Period: 08/2013 - 07/2014
Requested Prior Period: 08/2012 - 07/2013
Actual Current Period: 08/2013 - 07/2014
Actual Prior Period: 08/2012 - 07/2013
Cases Curr: 187 Prior: 237
Number of Cases in Reference Sample: 4547792



End Result Outcomes:	Elig. Cases	Signif.	Current	Adjusted Prior	National Reference
Improvement in Grooming	108		71.3% (77)		
	113	0.94		69.9%	
	3531219	0.59			73.6%
Stabilization in Grooming	172		98.3% (169)		
	223	0.08 +		100.0%	
	4118926	0.58			97.5%
Improvement in Upper Body Dressing	124		69.4% (86)		
	139	0.95		70.7%	
	3736620	0.06 *			76.7%
Improvement in Lower Body Dressing	137		68.6% (94)		
	162	0.93		69.6%	
	3906993	0.06 *			75.7%
Improvement in Bathing	182		62.6% (114)		
	225	0.87		61.5%	
	4240745	0.01 **			71.0%
Stabilization in Bathing	180		97.2% (175)		
	222	0.59		96.0%	
	4152013	0.88			96.9%
Improvement in Toilet Transferring	73		64.4% (47)		
	74	0.82		67.6%	
	3025352	0.34			69.5%
Stabilization in Toilet Transferring	178		98.3% (175)		
	226	1.0		97.9%	

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Establish a Plan

- What additional CASPER data do you need?
- Run the HHA Trend analysis and the Case Mix Analysis for these two Outcomes
- Analyze the characteristics of the negative Outcomes to identify the “who”
- Create a “Tally Report” based on the Case Mix Analysis to drill down on a specific targeted population

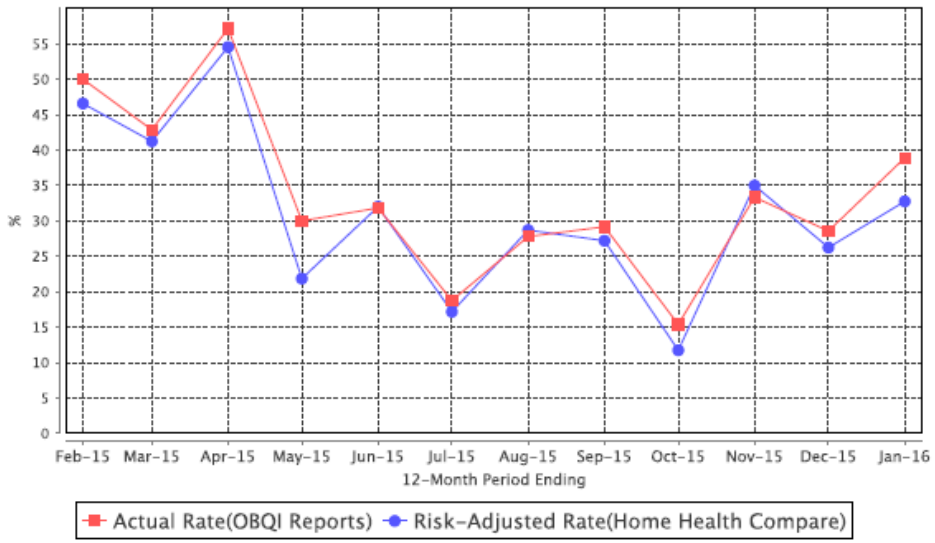
CONFIDENTIAL

HHA Trend Analysis Report

CCN: 077255
REPORT DATE: 05/03/2016
REPORT PERIOD: 02/2015 - 01/2016

Emergency Department w/ Hospitalization: Actual Rates vs. Risk-Adjusted Rates for Your Agency

Actual Rate (from OBQI Reports) vs. Risk-Adjusted Rate (as Reported on Home Health Compare)



Emergency Department w/ Hospitalization: Benchmarking Report

Statewide and National Percentile Rankings

	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016
Your Agency's Actual Rate	50.0%	42.9%	57.1%	30.0%	31.8%	18.8%	27.8%	29.2%	15.4%	33.3%	28.6%	38.9%
Your Agency's Risk-Adjusted Rate	46.6%	41.2%	54.5%	21.8%	32.0%	17.2%	28.7%	27.2%	11.7%	35.0%	26.2%	32.8%
Your Agency's National Percentile Ranking	99th	98th	100th	66th	92nd	48th	86th	83rd	23rd	94th	82nd	88th
National 20th Percentile Rate	10.9%	10.4%	10.4%	10.4%	10.2%	9.8%	10.7%	10.1%	10.4%	10.7%	10.3%	11.9%
National 10th Percentile Rate	6.2%	5.9%	6.2%	6.3%	6.0%	5.6%	6.2%	5.8%	5.9%	6.1%	5.9%	6.8%
Your Agency's Statewide Percentile	96th	95th	100th	51st	84th	32nd	72nd	73rd	3rd	92nd	63rd	82nd
Statewide 20th Percentile Rate	16.0%	17.1%	15.7%	16.0%	14.3%	14.2%	16.1%	17.3%	15.4%	16.2%	16.6%	19.3%
Statewide 10th Percentile Rate	11.3%	14.3%	10.0%	11.7%	11.2%	10.3%	13.6%	10.5%	13.6%	10.6%	14.2%	15.2%

Data Source: Data shown is from the Quality Improvement and Evaluation System (QIES) national repository, which is maintained by the Centers for Medicare & Medicaid Services (CMS). Each 12 month period is calculated from all OASIS assessments from Medicare/Medicaid patients that were transmitted by your state agency to CMS. Risk-adjusted rates are calculated based on the risk model developed by the University of Colorado (details on the risk models used for all publicly reported outcomes are available at http://www.cms.gov/HomeHealthQualityInits/10_HHQIQualityMesaures.asp#TopOfPage).

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Emergency Department w/ Hospitalization

Patients with Emergency Department Use with Hospitalization/Total Patients: 76 / 222
Observed Emergency Department w/ Hospitalization Rate: 34.23%

Agency Patient-Related Characteristics (Case Mix) Analysis Summary Report

Case Mix Category	Case Mix Measure	Average / Percentage		
		Emergent Care	No Emergent Care	Difference * (Emergent Care - No Emergent Care)
Demographics	Age (years)	53.54	55.42	-1.88
	Gender: Female (%)	53.95	54.79	-0.84
	Race: Black (%)	22.37	16.44	5.93
	Race: White (%)	56.58	60.96	-4.38
	Race: Other (%)	22.37	23.29	-0.92
Payment Source	Any Medicare (%)	26.32	20.55	5.77
	Any Medicaid (%)	90.79	94.52	-3.73
	Any HMO (%)	5.26	2.74	2.52
	Medicare HMO (%)	0.00	0.68	-0.68
	Other (%)	0.00	0.68	-0.68
Episode Start	Episode timing: Early (%)	64.29	85.19	-20.90
	Episode timing: Later (%)	35.71	11.11	24.60
	Episode timing: Unknown (%)	0.00	3.70	-3.70
Inpatient Discharge / Medical Regimen Change	Long-term nursing facility (%)	0.00	1.37	-1.37
	Skilled nursing facility (%)	11.84	11.64	0.20
	Short-stay acute hospital (%)	53.95	26.03	27.92
	Long-term care hospital (%)	2.63	0.00	2.63
	Inpatient rehab hospital/unit (%)	2.63	4.79	-2.16
	Psychiatric hospital/unit (%)	17.11	13.01	4.10
	Medical Regimen Change (%)	76.32	69.86	6.46
Prior Conditions	Urinary incontinence (%)	13.85	5.50	8.35
	Indwelling/suprapubic catheter (%)	1.54	0.00	1.54
	Intractable pain (%)	6.15	7.34	-1.19
	Impaired decision-making (%)	73.85	55.96	17.89
	Disruptive/Inappropriate behav. (%)	29.23	19.27	9.96
	Memory loss (%)	12.31	15.60	-3.29
	None listed (%)	16.92	33.94	-17.02
	No inpatient dc / No med. regimen chg. (%)	3.95	17.12	-13.17
Therapies	IV/infusion therapy (%)	2.63	0.00	2.63
	Parenteral nutrition (%)	0.00	0.00	0.00
	Enteral nutrition (%)	2.63	1.37	1.26
Hospitalization Risks	Recent decline mental/emot/behav (%)	51.32	38.36	12.96
	Multiple hospitalizations (%)	48.68	27.40	21.28
	History of falls (%)	13.16	10.27	2.89
	5 or more medications (%)	86.84	67.12	19.72
	Frailty factors (%)	6.58	5.48	1.10
	Other (%)	48.68	36.30	12.38
	None (%)	2.63	13.01	-10.38
Overall Status	Overall Status (0-3)	1.45	1.20	0.25
	Unknown / Unclear (%)	0.00	0.68	-0.68
Other Risk Factors	Smoking (%)	32.88	32.85	0.03
	Obesity (%)	38.36	20.44	17.92
	Alcohol dependency (%)	28.77	16.79	11.98
	Drug dependency (%)	27.40	19.71	7.69
	None (%)	27.40	40.88	-13.48
Current Situation	Lives alone (%)	44.74	44.52	0.22
	Lives with others (%)	38.16	41.78	-3.62
	Lives in congregate situation (%)	17.11	13.70	3.41

Tally Reports

Outcome Tally Report

Page 1 of 10 - A

Agency Name: OVER THE RIVER HHA
Agency ID: CT999999
Location: NOOK NOLES, CT

CCN: 999999
Medicaid Number: 999999999
Date Reported: 01/14/2014

Report Period: 11/2012 - 10/2013

Legend:
x = Patient achieved outcome
o = Patient did not achieve outcome
U = Outcome not computed for patient
y = Yes n = No

Patient Name	SOC/ROC Date	SOC/EOC Branch ID	Functional Outcomes: Activities of Daily Living: Improvement in Grooming	Stabilization in Grooming	Improvement in Upper Body Dressing	Improvement in Lower Body Dressing	Improvement in Bathing	Stabilization in Bathing	Improvement in Toilet Transferring	Stabilization in Toilet Transferring	Improvement in Toileting Hygiene	Stabilization in Toileting Hygiene	Improvement in Bed Transferring	Stabilization in Bed Transferring	Improvement in Ambulation/Locomotion	Improvement in Eating	IADLs: Improvement in Light Meal	Stabilization in Light Meal Preparation	Improvement in Phone Use	Stabilization in Phone Use	Improvement in Management of Oral Medications	Stabilization in Management of Oral Medications
ABBY, RHODES	07/11/13	N/N	U	x	U	U	U	x	U	x	U	x	U	x	U	U	U	x	U	x	U	x
MOON, MANN	09/21/13	N/N	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	U	x	x	x
DOORIGHT, DOUGLAS	11/01/12	N/N	x	x	x	x	x	x	o	x	x	x	x	x	x	U	x	U	U	x	x	U
ANTOINETTE, MARIE	04/05/13	N/N	x	x	x	x	x	x	U	x	x	x	o	x	x	U	U	x	U	x	U	x
APPLE, MAC	03/20/12	N/N	U	x	U	U	x	x	U	x	U	x	U	x	U	U	U	x	U	x	o	x

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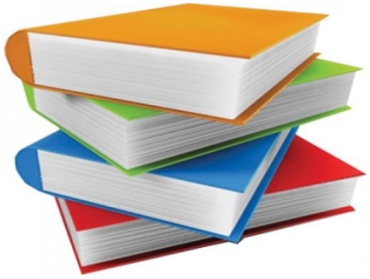
What is the Plan?

- Chart audits of ACH Discharges will tell you if they were preventable
- If preventable, a targeted plan can be created to address the identified issue
- Chart audits for medication compliance can tell you if this was ever a reasonable goal or if stabilization was appropriate

Implement the Plan (DO)



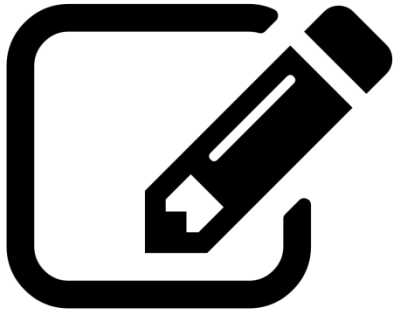
- Staff Education/Engagement
  - Why does this matter to your agency?
- Patient Education/Engagement materials (BPIPs)
  - Call the Nurse First Program
  - Personal Emergency Plan
- Enlist physician cooperation and assistance
- Identify what data to collect as you implement the plan

Track Your Progress (STUDY)

- Track ACH/Medication Improvement rates by clinician/team
  - Scrubber tool: reports by clinician/team for M01041/1046
- Track agency current progress monthly/quarterly (Scrubbers)
- Track agency reportable progress using Casper HHA Trend Analysis, Report Agency Patient-Related Characteristics (Case Mix) Analysis Summary Report

Revise Your Plan (ACT)

- What does the data tell you?
- Are your clinicians interested/motivated?
- What are the obstacles they are meeting?
- How do you reduce those to improve the outcome?



QUESTIONS?

How can we help you?

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We're Here to Help You!

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Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

NEW ENGLAND QUALITY INNOVATION NETWORK
Administered By Healthcentric Advisors in Partnership with Qualidigm

Next Webinar

HHQI CardioLAN webinar

Thursday, June 16, 2016

2-3 p.m.

http://www.homehealthquality.org/Cardiovascular-Health/CardioLAN/Webinars.aspx

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