

HCAF – PART 6 VALUE BASED PURCHASING

Drug Education Of All Meds Influenza/Pneumococcal



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CASPER National Outcomes:

Process Measures

- Drug education for all medications (OASIS – M2016) – 97%
- Influenza immunization received (OASIS – M1046) – 76%
- Pneumococcal vaccine ever received (OASIS – M1051) – 79%

Measures removed in Final Rule

- Prior functioning ADL/IADL (OASIS – M1900)
- Influenza vaccine data collection period (OASIS – M1041)
- Reason Pneumococcal vaccine not received (OASIS – M1056)
- Care management: Types and sources of assistance (OASIS – M2102)

(M2016) Patient/Caregiver Drug Education Intervention



(M2016) Patient/Caregiver Drug Education Intervention:

At the time of, or at any time **since the most recent SOC/ROC** assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?

■ LOOK BACK ITEM!

- Where in the documentation will this be located for the discharge clinician to view?
- DO NOT simply check YES with knowing that this education / intervention was completed by clinicians each and every time there is a new med, changed med, or any kind of issue with a med, including:
 - *Ineffective actions – Example: pain meds not relieving pain*
 - *Non compliance- Why? Education....finances.....etc.*
 - *Side effects*
 - *Duplicate drug therapy- OTC that can interfere with prescriptions, etc.*

OASIS MANUAL - ITEM INTENT (M2016) Patient/Caregiver Drug Education Intervention

- Identifies if clinicians instructed the patient/caregiver about how to manage **all** medications **effectively and safely** within the time period under consideration.
- This item is used to calculate process measures to capture the agency's use of **best practices** following the completion of the comprehensive assessment

TIME POINTS ITEM(S) COMPLETED

- Transfer to an inpatient facility.*
- Discharge from agency—not to an inpatient facility.*

OASIS MANUAL – 2016 RESPONSE—SPECIFIC INSTRUCTIONS

- Drug education interventions for M2016 should address all medications the patient is taking, prescribed and over-the-counter, by any route.
- Effective, safe management of medications includes knowledge of effectiveness, potential side effects and drug reactions, and when to contact the appropriate care provider.
- If the interventions are not completed as outlined in this item, enter Response o (No). However, in this case, the care provider should **document rationale** in the clinical record.
- The timeframe should be considered at the time of or at any time since the most recent SOC/ROC assessment.

DATA SOURCES / RESOURCES

- *Review of clinical record including teaching guidelines, flow sheets, clinical notes, etc.*
- *Medication list*
- *Plan of Care*
- *Discussions with other agency staff responsible for educating patient/caregivers on medications*
- *Links to a resource for drug information can be found in Chapter 5 of this manual*

One Assessing Clinician

- Clinician other than the assessing clinician may provide drug education in person or by phone to the patient/caregiver
- If the assessing clinician (at Transfer/Discharge) has knowledge this has been done, he/she may take credit in M2015 with a “Yes” response
- If assessing clinician evaluated the patient’s retention of prior teaching, determined and documented that the patient possessed all required knowledge related to all medications, then M2015 would be “Yes” at Transfer/Discharge

How Can We Improve Medications?

- Request patient to gather all drugs, Prescription and OTC, at SOC. This allows assessment of physical ability and safety to get to meds.
- Ask patients to Read the Medication bottles or list – can assess the importance of vision and cognitive state.
- Assess if patient knows what the drugs are for and what to report.
- Ensure all high-risk meds are taught at SOC/ROC visits. Document these drugs by name in clinical note.
- If med planner present, check that is accurately filled for times meds are due.

How Can We Improve Medications?

- Always compare to discharge med list and call on any medication issues at SOC. This includes duplicate drugs and medication interactions. Ensure patient understands the ramifications of duplicate drugs.
- Have every discipline (SN, PT, OT) ask if any med changes **at each visit** and document if any changes.
- The Team must report to the Case Manager when any medication issues noted.
- If medication education is documented as needed, requested by physician, or reflected in M2102 c. (checked 2 for medication education needed), then ensure ability to take meds on M2020 & M2030 show the need for education.
- If YOU, the Clinician, makes changes on the SOC visit to improve meds, **DO NOT** count what you did! The way the patient was when you walked in the home is scored. Then you improved it for the next OASIS timepoint.

The Teaching Focus is on Effective, Safe Management of Medications

- There is no expectation that the patient/caregiver are made knowledgeable of details such as the pharmacology and mechanism of action for all medications
- Does patient / caregiver understand the purpose of the med (example: for blood pressure)?
- Are they aware of potential problems such as drug reactions or side effects to look for?
- Do they Understand special precautions (such as checking pulse)?
- Do they Know when and how to get help if problems do occur?
- Do they know to notify you and/or physician PRIOR to taking any new meds? OTC, from other physicians, etc.

(M1046) Influenza Vaccine Received

Did the patient receive the influenza vaccine for this year's flu season?



(M1046) Did the Patient Receive the Influenza Vaccine For This Year's Flu Season?)

Influenza Vaccine Received:

- 1- Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)
- 2- Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)
- 3- Yes; received from another health care provider (for example, physician, pharmacist)
- 4- No; patient offered and declined
- 5- No; patient assessed and determined to have medical contraindication(s)
- 6- No; not indicate—patient does not meet age/condition guidelines for influenza vaccine
- 7- No; inability to obtain vaccine due to declared shortage
- 8- No; patient did not receive the vaccine due to reasons other than those listed in Responses 4–7

OASIS Manual - ITEM INTENT

- For a patient with any part of the home health episode (SOC/ROC to Transfer/Discharge) occurring between October 1 and March 31, identifies whether the patient received an influenza vaccine for this year's flu season, and if not, the reason why.

TIME POINTS ITEM(S) COMPLETED

- Transfer to an inpatient facility.*
- Discharge from agency—not to an inpatient facility.*

OASIS Manual RESPONSE—SPECIFIC INSTRUCTIONS

- Complete if Response 1 –Yes is entered for M1041: **Influenza Vaccine Data Collection Period**: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?
- Enter only one response.
- Enter Response 1 if your agency provided the influenza vaccine to the patient during this episode of care (SOC/ROC to Transfer/Discharge).
- Enter Response 2 if your agency provided the flu vaccine for this year’s flu season prior to this home health episode, (for example, if the SOC/ROC for this episode was in winter, but your agency provided the vaccine for the current flu season during a previous home health episode in the fall when the vaccine for the current flu season became available).
 - *You may enter Response 2 if a current patient was given a flu vaccine by your agency during a previous roster billing situation during this year’s flu season.*

OASIS Manual- RESPONSE—SPECIFIC INSTRUCTIONS

- Enter Response 3 if the patient or caregiver reports (or there is documentation in the clinical record) that the patient received the influenza vaccine for the current flu season from another provider. The provider can be the patient’s physician, a clinic, or health fair providing influenza vaccines, etc.
- Response 1, 2, or 3 may be entered even if the flu vaccine for this year’s influenza season was provided prior to October 1 (that is, flu vaccine was made available early).
- Enter Response 4 if the patient and/or healthcare proxy (for example, someone with power of attorney) refused the vaccine.
- Note: It is not required that the agency offered the vaccine. Enter Response 4 only if the patient was offered the vaccine and he/she refused.

OASIS Manual RESPONSE—SPECIFIC INSTRUCTIONS

- Enter Response 5 if the influenza vaccine is contraindicated for medical reasons.
 - *Medical contraindications include anaphylactic hypersensitivity to eggs or other component(s) of the vaccine, history of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination, or bone marrow transplant within 6 months.*
- Enter Response 6 if age/condition guidelines indicate that influenza vaccine is not indicated for this patient.
 - *Age/condition guidelines are updated as needed by the CDC. Detailed information regarding current influenza age/condition guidelines is posted to the CDC website (see link in Chapter 5). It is the agency's responsibility to make current guidelines available to clinicians.*
- Enter Response 7 only in the event that the vaccine is unavailable due to a CDC-declared shortage.
- Enter Response 8 only if the patient did not receive the vaccine due to a reason other than Responses 4–7, including situations where the assessing clinician is unable to determine whether the patient received the influenza vaccination.

How To Improve Your Outcome?

- This process measure is calculated at Transfer/ Discharge with OASIS items M1041/1046, but documentation of patient's receipt of flu vaccine is needed beginning with SOC/ROC
- During SOC & ROC assessments document in the clinical record:
 - *Patient's last flu vaccine (specific date is preferable but approximate time frame such as "fall/winter 2014" would also provide adequate information when determining if vaccine was received during current flu season)*
 - *When patient has a medical contraindication to vaccine, document within the record so all home health clinicians have access to that information for care coordination*

How To Improve Your Outcome?

- The initiative to have all patients vaccinated every year is important!
- All disciplines of the patient's Care Team need to know if the patient had the Flu shot on SOC or ROC.
- If the patient did not have it, all members, then will bring this important issue up in subsequent visits. Then report to team if patient has or has not received.
- Your Agency does not have to provide Flu vaccines for your patients **BUT..... Homecare patients are Homebound, and Homecare is a Holistic approach to care.....** So your agency will be able to increase the outcome more if you do provide!
- Be sure to store them in a medication refrigerator: keep a daily log of temperatures based on the temp controls needed, high and low. Open vials are good only for 30 days: Date the box and vial of when expire.

How To Improve Your Outcome?

- **If the Patient or Caregiver is not sure they are wanting a Flu vaccine this year:**
 - *Have CDC guidelines and data for patient readily available.*
 - *Teach the patient / caregiver the effects that the influenza can have on them as well as the safety of the vaccine.*
 - *Have them speak to their physician (NP/ PA) if they are still having concerns.*

***Don't forget about your Staff As Well!
All should have a Flu Vaccine Each Year!***

M1051- Pneumococcal Vaccine

Has the patient **ever** received pneumococcal vaccination for example, pneumovax?

- Yes or No
- Simplified item to report if ever has received
- Eliminated “during episode of care” and “from your agency”

OASIS Manual - ITEM INTENT

Identifies whether the patient has ever received the pneumonia vaccine.

- **TIME POINTS ITEM(S) COMPLETED**

- Transfer to an inpatient facility.*
- Discharge from agency - not to an inpatient facility.*

- **RESPONSE—SPECIFIC INSTRUCTIONS**

- *Enter Response 1 if the patient has ever received the pneumococcal vaccine.*
- *Enter Response 0 if the patient has never received the pneumococcal vaccine, or if the assessing clinician is unable to determine whether the patient has ever received the pneumococcal vaccine.*

- **DATA SOURCES / RESOURCES**

- *Clinical record.*
- *Patient/caregiver interview.*

How Do We Improve This Outcome?

- Give and Explain the CDC Information on Pneumococcal Disease
- Again ask on SOC but if the patient has not received and initially states doesn't think they want it, have the team members discuss at other time points.
- Consider reporting to physician on report that the patient hasn't had one and isn't sure they want one now. The physician's office can address on appointments as well.
- Your Agency does not Have to provide Pneumococcal vaccines for your patients **BUT**..... Homecare patients are Homebound, and Homecare is a Holistic approach to care..... So your agency will be able to increase the outcome more if you do provide!
- Be sure to store them in a medication refrigerator: keep a daily log of temperatures based on the temp controls needed, high and low. Open vials are good only for 30 days: Date the box and vial of when expire.

CDC Information

Re: **Pneumococcal Vaccine**

Pneumococcal Disease Can Be Deadly for Older Adults

- Each year in the United States, pneumococcal disease kills thousands of adults, including 18,000 adults 65 years or older.
- Most pneumococcal infections are mild. However, some can be deadly, especially for adults 65 years or older:
 - Pneumococcal pneumonia kills about 1 out of 20 who get it.
 - Pneumococcal bacteremia kills about 1 out of 6 who get it.
 - Pneumococcal meningitis kills about 1 out of 6 who get it.
- Thousands more end up in the hospital because of pneumococcal disease.
- Pneumococcal disease can cause severe infections of the lungs (pneumonia), bloodstream (bacteremia), and lining of the brain and spinal cord (meningitis).

CDC Information Re: **Pneumococcal Vaccine**

What is Pneumococcal Disease?

- An infection caused by *Streptococcus pneumoniae* bacteria, also known as pneumococcus. Pneumococcal bacteria can cause many types of illnesses that range from mild to very severe. When pneumococcal bacteria spread from the nose and throat to ears or sinuses, it generally causes mild infections. When the bacteria spread into other parts of the body, it can lead to severe health problems such as pneumonia, bacteremia, and meningitis. These illnesses can be life threatening, especially for adults 65 years or older, people with chronic health conditions, and people whose immune systems are weakened by disease or medicine (immunocompromised). Pneumococcal disease can lead to disabilities like deafness, brain damage, or loss of arms or legs.

How Does Pneumococcal Disease Spread?

- Pneumococcal bacteria spread from person to person by direct contact with respiratory secretions, like saliva or mucus. People can carry the bacteria in their nose and throat, and can spread the bacteria without feeling sick.

CDC Information Re: **Pneumococcal Vaccine**

- The best way to prevent pneumococcal disease is by getting vaccinated.
- There are two vaccines that can prevent pneumococcal disease:
- PCV13 (pneumococcal conjugate vaccine)- protects against 13 strains of pneumococcus bacteria.
- PPSV23 (pneumococcal polysaccharide vaccine)- protects against 23 strains of pneumococcus bacteria.
- Both vaccines provide protection against illnesses like meningitis and bacteremia. PCV13 also provides protection against pneumonia.
- These vaccines are safe, but side effects can occur. Most side effects are mild, such as arm swelling or soreness, and do not affect daily activities

CDC Information

Re: **Pneumococcal Vaccine**

- CDC recommends 2 pneumococcal vaccines for all adults 65 years or older.
- You should receive a dose of PCV₁₃ first, followed by a dose of PPSV₂₃, at least 1 year later.
- If you've already received any doses of PPSV₂₃, the dose of PCV₁₃ should be given at least 1 year after receipt of the most recent PPSV₂₃ dose.
- If you've already received a dose of PCV₁₃ at a younger age, another dose of PCV₁₃ is not recommended

CDC Information

Re: **Pneumococcal Vaccine**

- **Which Adults Should and Shouldn't Get PCV₁₃?**
- **PCV₁₃ is recommended for:**
 - *All adults 65 years or older*
 - *Adults 19 years or older with certain health conditions*
 - *Anyone who has ever had a life-threatening allergic reaction to a dose of the vaccine, to an earlier pneumococcal vaccine called PCV₇ (or Prevnar), or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV₁₃.*
 - *Anyone with a severe allergy to any component of PCV₁₃ should not get the vaccine.*

CDC Information

Re: **Pneumococcal Vaccine**

Can Pneumococcal Vaccines Be Given at the Same Time?

- *No, PCV13 and PPSV23 should not be given at the same time.*
- *When both vaccines are recommended, you should receive a dose of PCV13 first, followed by a dose of PPSV23 at another visit.*
- *Talk with your healthcare professional to find out when you should come back for the second vaccine.*

CDC Information

Re: **Pneumococcal Vaccine**

Can Influenza and Pneumococcal Vaccines Be Given at the Same Time?

- Yes, you can get either pneumococcal vaccine (but not both) when you get the influenza (flu) vaccine. While you don't need a pneumococcal vaccine every year, it is important to get a flu vaccine each flu season.

How Much Do Pneumococcal Vaccines Cost?

- Most private health insurance policies cover pneumococcal vaccines. Check with your insurance provider for details on whether there is any cost to you and for a list of in-network vaccine providers. Medicare Part B also covers 100% of the cost for both pneumococcal vaccines (when administered at least 1 year apart).

Where Can I Get Pneumococcal Vaccines?

- Pneumococcal vaccines may be available at private doctor offices, public or community health clinics, or pharmacies. Check with your doctor or pharmacist or use the [Adult Vaccine Finder](#) to help find places that provide pneumococcal vaccines near you.

OF COURSE, THE HHA CAN PROVIDE THEM FOR OUR PATIENTS!

How to Improve Your Scores? Key areas of focus:

- OASIS – Accuracy and Consistency
- Care Management Model (Case Management)
- CASPER Outcome Reports
- QAPI
- Engaging ALL HHA staff
- Education.....Education.....Education....



HHQI- Home Health Quality Improvement

- <http://www.homehealthquality.org/Education.aspx>
- Education
- Best Practices
- Resources
- Addresses how to improve patient safety and outcomes
- Wellness and prevention
- Sign your agency up- The HHQI Campaign currently has **17,878** participants from **5,717** agencies.



Conclusion

- The Team working together on a patient is the surest method to improve your patient and your Agency's outcomes!
- Focus on several outcomes as a team and plan for the episode of care!
- Can have scripts / guidelines to address each visit per outcome
- Break education for staff into 1-2 outcomes at a time weekly
- Have task forces with staff on each outcome to Brainstorm methods to increase outcomes
- Think Outside the Box!
- Celebrate your increases!



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