



# Home Health Value-Based Purchasing (HHVBP)



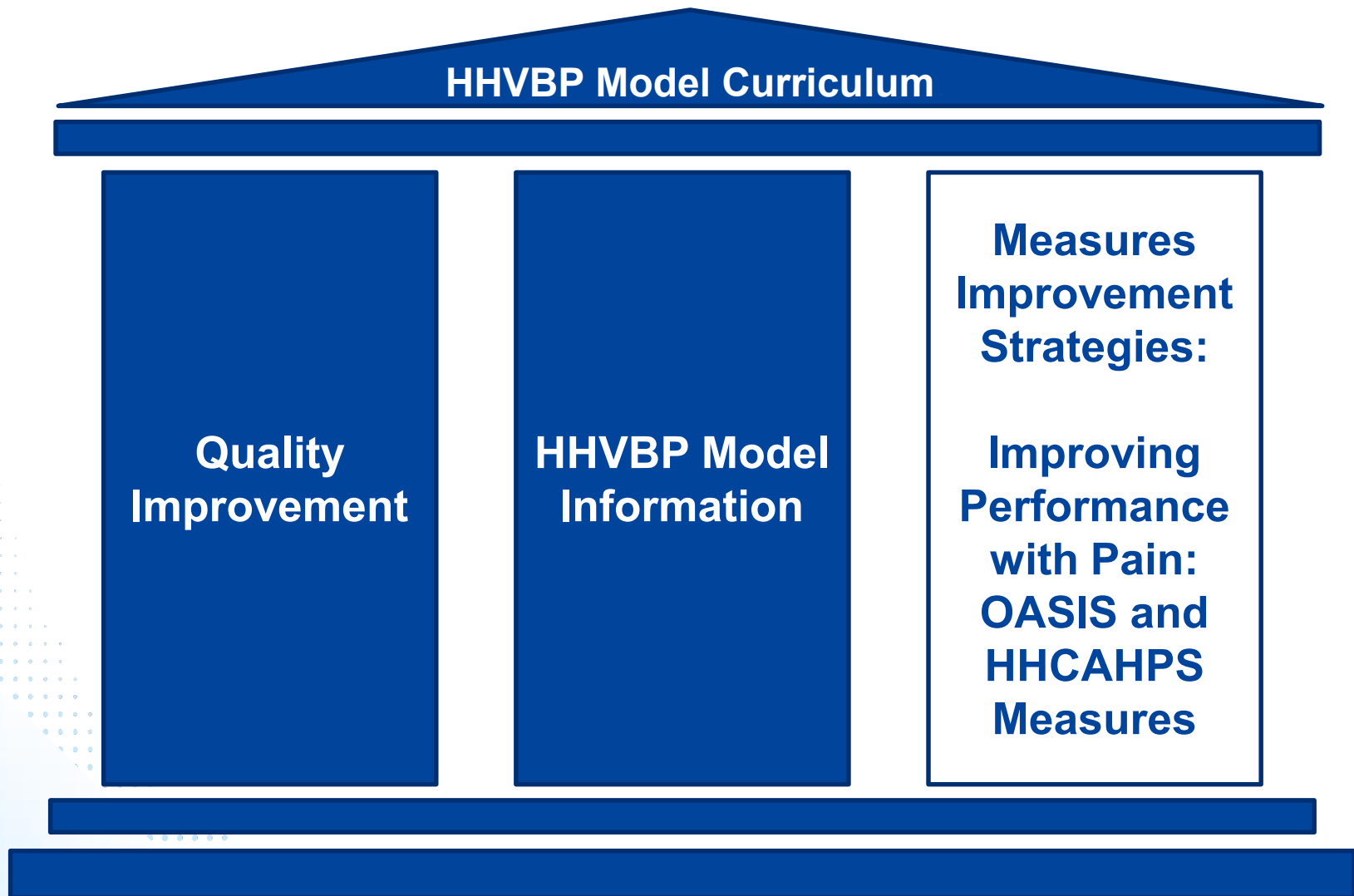
## Improving Performance with Pain: OASIS and HCAHPS Measures

June 1, 2017

Prepared for CMS by the HHVBP Technical Assistance, contract number HHSM-500-2014-0033I. If you have suggestions for additional topics, please email the helpdesk at [HHVBPquestions@cms.hhs.gov](mailto:HHVBPquestions@cms.hhs.gov).



# HHVBP Learning Event Structure



# Agenda

- Discuss the quality measures related to pain management
  - » OASIS-based measure: “Improvement in Pain Interfering with Activity”
  - » HHCAHPS measure: “Specific Care Issues,” question, “In the last 2 months of care, did you and a home health provider from this agency talk about pain?”
- Highlight tools and strategies that HHAs can use to improve the management of pain for patients
- Provide opportunities to learn new improvement strategies from our guest speakers



# Handouts & Questions

## Handouts

- Presentation slides
- Available via the green “Resources” widget for live presentations and on *HHVBP Connect* if viewing a recording

## Questions

- Questions may be submitted through the Q&A feature on your screen OR HHVBP Help Desk at [HHVBPquestions@cms.hhs.gov](mailto:HHVBPquestions@cms.hhs.gov)

# Webinar Console Overview

Slides



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## Home Health Value-Based Purchasing









Resource List

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Q&A

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# Questions to Consider

1. What are your current strategies for improving your pain-related measures?
2. As you listen today and hear about the tools, strategies, and guest presenter tips, what are some of these you might commit to trying?

# Measures Overview

1. Patient reports less frequent pain on discharge than at start or resumption of care (OASIS-based)
2. Specific Care Issues: Asking about pain (HHCAHPS-based)



# 1. Improvement in Pain Interfering with Activity

(OASIS-based)

<b>Measure Description</b>	Percentage of home health quality episodes during which the patient's frequency of pain when moving around improved
Numerator	Number of home health quality episodes where the value recorded on the discharge assessment indicates less frequent pain at discharge than at start (or resumption) of care.
Denominator	Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.
Measure-specific Exclusions	Home health quality episodes for which the patient, at start/resumption of care, had no pain reported, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.
OASIS-C2 Items Used	(M1242) Frequency of Pain Interfering with Activity; (M1700) Cognitive Functioning; (M1710) When Confused; (M1720) When Anxious



## 2. Specific Care Issues (HHCAHPS-based)

### Specific Care Issues Composite (“Patients who reported that their home health team discussed medicines, pain and home safety with them.”)

Q3 - When you first started getting home health care from this agency...

Q4 - When you started getting home health care from this agency, did someone from the agency talk with you about all the prescription and over-the-counter medicines you were taking?

Q5 - When you started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you were taking?

### **Q10 - “In the last 2 months of care, did a home health provider from this agency talk about pain?”**

Q12 - In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?

Q13 - In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?

Q14 - In the last 2 months of care, did home health providers from this agency talk with you about the side effects of these medicines?

# Strategies for Improvement with Pain





# Defining Pain

“Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.”

(McCaffery, 1968)

Pain Assessment and  
Pharmacologic Management  
(McCaffery & Pasero, 1999)

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”

(IASP, 1979)

(<http://www.iasp-pain.org/>)

# What's in the Literature?

- American Pain Society (2015)
  - » [NIH Study](#) Shows Prevalence of Chronic or Severe Pain in U.S. Adults
  - » About 50 million American adults have significant chronic or severe pain
  - » 25 million- daily chronic pain
  - » 23 million - severe pain
- Serious pain leads to higher healthcare service usage and greater disability
- Associations were found between age, gender, race, ethnicity, language preference, and pain severity
- “Women, older individuals, and non-Hispanics were more likely to report any pain; Asians less likely”

# HHVBP Environmental Scan

- Egnatios, D. (2015). [Improving Pain Outcomes in Home Health Patients Through Implementation of an Evidence-based Guideline Bundle](#). *Home Healthcare Now*, 33(2), 70–76.
- The bundle guideline combined:
  - » Pharmacologic with non-pharmacologic measures;
  - » a psycho-educational component; and
  - » cognitive behavioral strategies along with a multidisciplinary rehab approach
- Results: a statistically significant improvement in the outcome "pain interfering with activity" in the patients who had the bundle (78% vs. 48%)

# Measure Improvement Strategies

**Basic Clinical Education**

**Tools and Interventions**

**Collaboration**

# Clinical Education: What Do Clinicians Need to Know?

- Understanding of pain management
- Importance of pain history

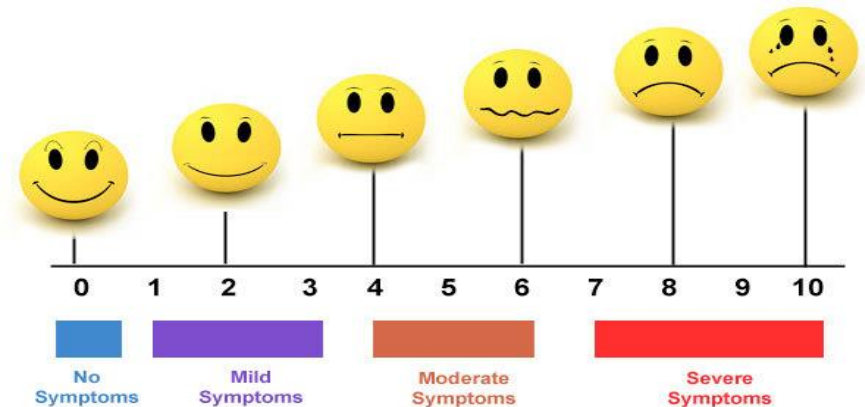


- Components of a thorough pain assessment:
  - ✓ Location
  - ✓ Intensity
  - ✓ Duration
  - ✓ Frequency
  - ✓ Pattern
  - ✓ Medication history
  - ✓ Meaning of the pain
  - ✓ Effect on quality of life
  - ✓ Cultural beliefs



# Clinical Education

- Understanding Pain Terms:
  - » Definitions of Pain
  - » Physical Dependence
  - » Psychological Dependence (addiction)
  - » Radiculopathy
  - » Tolerance
  - » Nociceptive Pain vs. Neuropathic
  - » Acute vs. Chronic



# Clinical Education (cont.)

## Acute Pain

- Abrupt, Normal, Predictable
- Duration: 1 second - 6 months
- Etiology: biologically identifiable, a symptom of an underlying pathology
- Physical Response: increased BP, respirations, dilated pupils, muscle tension
- Treatment Goal: to relieve underlying cause

## Chronic Pain

- Gradual
- Duration: > than 6 months
- Etiology: not easily identified; chronic condition
- Physical Response: often no autonomic nervous system symptoms
- Treatment Goals: reduce or eliminate

# Clinical Education (cont.)

## Suggestions for clinicians:

- **Understand** pharmacology basics
- **Learn** non-pharmacologic interventions
  - » Percutaneous
  - » Cognitive-behavioral
  - » Multidisciplinary approach
- **Educate** patients
- **Pay attention** to side effects
- **Improve** communication skills to effectively share clinical findings with the primary providers



# Polling Question

**How does your agency educate staff about pain management?**

- Orientation only
- Annual in-service update
- No formal pain orientation
- I'm not sure
- Other

# Measure Improvement Strategies

Basic Clinical Education

**Tools and Interventions**

Collaboration

# Home Health Quality Improvement: Best Practice Intervention Package (BPIP)

- Pain Management ZONE Tool
  - » This self management tool helps patients identify severity of symptoms and recommended actions
- Motivational Interviewing Pocket Cards
  - » Expressing empathy
  - » Develop discrepancy
  - » Roll with resistance
  - » Support self efficacy


• [HHQI Resource Library](#)

## Pain Management ZONES

[Insert Agency Logo]

<b>GREEN ZONE</b>	<b>ALL CLEAR (GOAL)</b> <ul style="list-style-type: none"> <li>Your comfort level is _____ (0 - 10 scale where 0 = no pain and 10 = worse pain ever had)</li> <li>You are able to do basic activities and rest comfortably</li> <li>You do not have any new pain</li> <li>If you're taking opioid pain medication, your bowels are moving at least every 2 - 3 days</li> </ul>	<b>Doing Great!</b> <ul style="list-style-type: none"> <li>You are managing your pain at an acceptable level for you</li> <li>Actions:                             <ul style="list-style-type: none"> <li>Continue your medicines as ordered</li> <li>Continue _____ (ice, heat, therapy, etc.) along with your medicines</li> <li>Keep all doctor visits</li> <li>Continue regular exercise as prescribed</li> </ul> </li> </ul>
<b>YELLOW ZONE</b>	<b>CAUTION (WARNING)</b> <b>If you have any of the following:</b> <ul style="list-style-type: none"> <li>Pain that is not at your comfort level with your usual treatments</li> <li>You are not able to do basic activities or rest comfortably</li> <li>New pain you have never had before</li> <li>If you are taking opioid medication, your bowels have not moved in 2 - 3 days</li> <li>You are sleeping more than usual</li> <li>You feel sick at your stomach</li> <li>You cannot take your medicine</li> </ul>	<b>Act Today!</b> <ul style="list-style-type: none"> <li>Your pain control plan may need to be changed</li> <li>Actions:                             <ul style="list-style-type: none"> <li>Call <b>your home health nurse</b> _____ (agency's phone number)</li> <li>Or call <b>your doctor</b> _____ (doctor's phone number)</li> </ul> </li> </ul>
<b>RED ZONE</b>	<b>EMERGENCY</b> <ul style="list-style-type: none"> <li>You cannot get any relief from your usual treatments</li> <li>You have new, severe pain</li> <li>If you are taking opioid pain medication, your bowels have not moved for more than 3 days</li> <li>You are extremely sleepy</li> <li>You are throwing up</li> <li>You are confused</li> </ul>	<b>Act NOW!</b> <ul style="list-style-type: none"> <li>You or your family need to call your nurse or doctor <b>right away</b></li> <li>Actions:                             <ul style="list-style-type: none"> <li>Call <b>your home health nurse</b> _____ (agency's phone number)</li> <li><b>OR call your doctor right away</b> _____ (doctor's phone number)</li> </ul> </li> </ul>

References: Lewis, Dirksen, Heitkemper, & Bucher, (2014) *Medical-Surgical Nursing: Assessment and Management of Clinical Problems*, 9th Edition; [WebMD](#), 2014; [CHAMP-Advancing Home Health Care Excellence for Older People](#), 2009



**HHQI**  
Home Health  
Quality Improvement

This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The views presented do not necessarily reflect CMS policy. Publication number 11SDW-WV-HH-MMD-010616A

# City of Hope: Palliative Care Resource Center

- Entire section dedicated to Pain Management
  - » Assessment tools
  - » Pharmacology polices and procedures
  - » Complimentary approaches
  - » Links to other resources
- [Pain Management Flow Sheet](#)
- [Pain and Symptom Management Assessment Tools](#)

University of Wisconsin Hospital and Clinics  
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**PAIN MANAGEMENT FLOW SHEET**

Use Pain Management Flow Sheet if:

- the pain score is 5 or greater or
- the patient is taking analgesics or
- the pain score is greater than patient's goal

PATIENT NAME			
MEDICAL RECORD NUMBER	PATIENT'S PAIN SCORE GOAL/SCALE USED		
Date			
Pain Score (worst pain last 24 hrs)			
<small>note: list medications pt actually taking</small>			
Scheduled opioid dose			
Breakthrough pain meds:			
NSAIDs/adjuvants:			
Non-pharmacological methods used (use key)			
Date last BM			
Bowel regimen (mandatory for all patients on opioid)			
Secondary symptoms (use key)			
Interventions (use key)			
Comments			
Plan			
RN Signature			
Non pharmacological methods key:	GI = Guided imagery S = Sleep	R = Rest M = Massage	H = Heat application C = Cold application D = Distraction RT = Relaxation techniques
Interventions key: (document specifics in visit report)	E = Educate on med use and effects	F = Provide information and reassurance about misconceptions and fears	C = Call to MD
Secondary symptoms key:	N = Nausea S = Sedation BV = Blurred Vision	V = Vomiting T = Twitching	C = Constipation A = Anxiety E = Epigastric Distress BL = Blood In Stools H = Hallucinations D = Dry Mouth CF = Confusion

3/96

# The National Institute of Health (NIH)

## According to NIH...

- “Pain affects more Americans than diabetes, heart disease and cancer combined”
  - “Pain is the most common reason that Americans access the health care system”
  - “Chronic pain is also the most common cause of long-term disability.”
- NIH: information and resources on pain for consumers and health professionals
  - NCCIH: [e-book](#)





# Fast Facts for Palliative Care

- “Palliative Care [Fast Facts and Concepts](#)”
- Available through the Palliative Care Network of Wisconsin
- Free palliative care educational resources that can be reprinted
- Cross references to other Fast Facts pertinent to your search

- Available as an app for [iPhone/iPad](#) and [Android](#)

The screenshot displays the website for the Palliative Care Network of Wisconsin. At the top, the logo reads "PALLIATIVE CARE NETWORK OF WISCONSIN" with "PC NOW" in a stylized font. To the right, it says "Home of Fast Facts and Fast Fact CME". Navigation links include HOME, ABOUT, ADVOCACY, FAST FACTS, RESOURCES, LINKS, SUPPORT, and CONTACT. There are also links for "Join", "Login", "Forgot Password?", and "Site FAQs". A search bar is present with the text "Search Site".

The main heading is "FAST FACTS AND CONCEPTS". Below this, a welcome message states: "Welcome to the home of Palliative Care Fast Facts and Concepts--originally published by EPERC since 2000. Fast Facts are edited by Sean Marks, MD; Associate Professor of Medicine at the Medical College of Wisconsin." A link is provided to "Sign up to receive new Fast Facts and a weekly archival Fast Fact by email."

Search options are listed:

- SEARCH BY NUMBER: 1-60, 181-240, 61-120, 241-300, 121-180, 300-
- SEARCH BY NAME (marked "NEW")
- SEARCH BY KEYWORD: Includes a search input field.
- 50 Essential Fast Facts: Includes a link to "The Fifty Essential Fast Facts 2016".

Additional features include "CME Courses" (Four CME courses available in conjunction with the Medical College of Wisconsin) and "Core Curriculum" (The most important Fast Facts grouped into palliative care domains (e.g. pain) or specialty domains (e.g. oncology)).

At the bottom left, a prompt says: "Feeling Lucky? Take the Fast Fact Quiz."

# Today's Discussion

Basic Clinical Education

Tools and Interventions

**Collaboration**

# Home Health Agency Presenters

# Maury Regional Home Services

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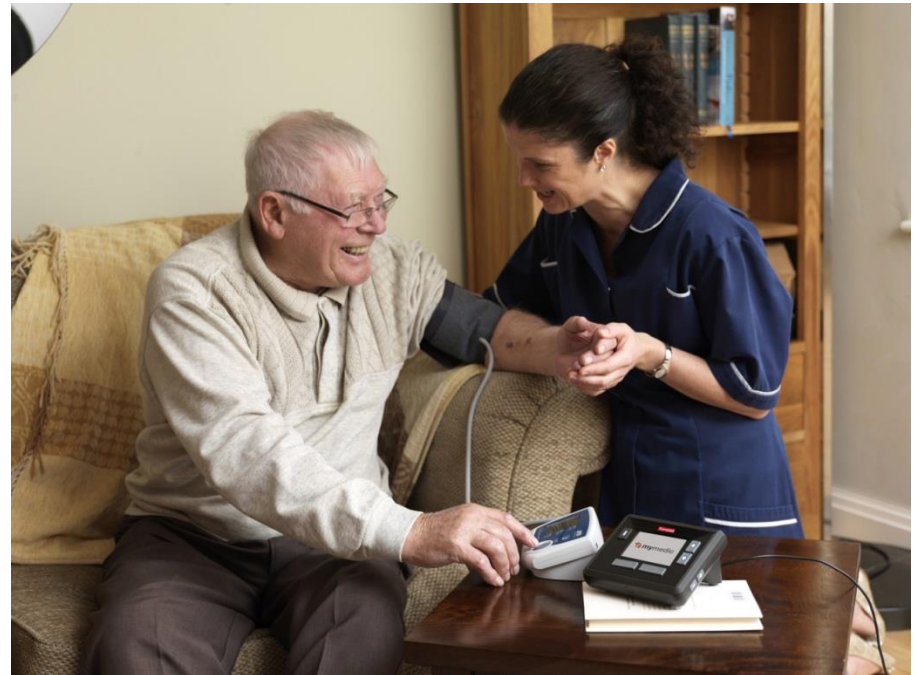
[Redmonds@mauryregional.com](mailto:Redmonds@mauryregional.com)

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# Talking about pain: HCAHPS Question # 10

- Pain interview
- Medical social services
- Clinician score card
  - » Goal metric
  - » Performance improvement



# The Clinician Score Card

- Overall Agency percentage benchmark for M1242 pain interfering with activity = 84%
- Employee 's level of performance for this measure= 80%

## **Example Clinician Goal:**

- Improve clinician outcome percentage for measure 1242 pain interfering with activity to agency benchmark of 84%
- Score 1= No improvement
- Score 2= Improved to agency benchmark
- Score 3= Exceed agency benchmark

# Improvement in Pain Interfering with Activity

(OASIS-based measure)

- OASIS education
  - » Manual
  - » Guidance
  - » Item M1242
- In person staffing meetings and training
- Monitoring OASIS errors
- Weekly postings of error percentages
- 1 on 1 education

# Targeted Interventions

- Develop pain medication schedule
- Appropriate pain dosing
- Effective performance of therapeutic exercises
- Alternative pain relief measures





# Maury Regional Home Services

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# Initial Assessments & Referrals

- Initial pain assessment
  - » Nursing
  - » PT
- PT referral- if pain with activity or severe pain
  - » Time frame
  - » OT if impacts ADLs or upper extremity function



# Components of the Assessment

**Pain Assessment Audit Tool**

Clinician \_\_\_\_\_ Date: \_\_\_\_\_

Patient \_\_\_\_\_ Visit Date \_\_\_\_\_

	Yes	No	NA	Comments
Pain Scale Used				
Pain Rating				
Location				
Description				
Duration				
Intenstiry				
Accompanying Symptoms				
What Makes Worse				
What Make Better				
Relief Measures				
Acceptable Pain Level				
Medication				
Side Effects				

Issue \_\_\_\_\_

Resolution \_\_\_\_\_

Manager Completing \_\_\_\_\_

# Developing the Plan of Care

- Modalities
- Education
  - » Back hygiene, body mechanics, energy conservation, caregiver education
  - » Handouts on making their own ice packs
- Exercise: online resources
- Equipment
  - » Braces, splints, TENS, reachers, etc.
  - » Relationship with DME providers
- Pharmacology
- Pain goals

# Therapy Approach

- Follow-up with patients
  - » Visit schedule
  - » Bookend visits
  - » After hours phone number
  - » Therapist name
- Services
  - » Transportation
  - » Food
  - » MSW for community resources



# Team Approach

- Interdisciplinary team meetings
- Challenging cases
- Manager/ clinicians visits
- Day to day communication
- Discretionary hiring
- Continuing education for all staff
  - » Pain and OASIS measures



# Polling Question

**What other subtopics related to pain are you interested in learning more about?**

- How to administer a Comprehensive Pain Assessment?
- Pharmacology basics
- Tips for integrating non-pharmacology methods to manage pain
- Patient education for the self management of pain
- Other

# Discussion!





# Other Resources

- Agency for Health Research & Quality – AHRQ. U.S. Department of Health and Human Services: [www.ahrq.gov](http://www.ahrq.gov)
  - » Management of cancer pain: Complete guideline, quick reference for clinicians, patient guide
- American Nurses Association (ANA): [www.ana.org](http://www.ana.org)
  - » Position on pain management and control of distressing symptoms in dying patients; Position on assisted suicide
- American Pain Society: <http://americanpainsociety.org/>
  - » Published guidelines for acute, chronic non-cancer pain, cancer pain, arthritis pain and sickle cell pain, and end of life

# Resources & Reminders

# Mark Your Calendars

Upcoming Learning Event Topic	Date	Time
OASIS-Based Quality Measures: Improvement in Bathing and Bed Transfers	June 29, 2017	2:00 PM ET
OASIS and HHCAHPS Measures: Improvement in Ambulation/Locomotion	July 13, 2017	2:00 PM ET

All learning events will be held at 2 PM, Eastern Time.  
Please register via the *HHVBP Connect* Calendar.

# Questions

**Do you have questions about the HHVBP Model?**

**Contact the HHVBP Model Help Desk at**

**[HHVBPquestions@cms.hhs.gov](mailto:HHVBPquestions@cms.hhs.gov)**.

**If you are experiencing technical issues with  
gaining access to the HHVBP Secure Portal,**

**please call:**

**(844) 280-5628.**

***Stay on the line until your issue is resolved.***

# HHVBP Connect Chatter

- Join the discussion!
  - » Engage with your peers on *HHVBP Connect* by liking and commenting on their posts
- If you would like to ask a question of your peers:
  - » Log into the *HHVBP Connect* site at <https://app.innovation.cms.gov/HHVBPConnect/CommunityLogin>
  - » On the Chatter page, select “Post” at the top and type in your question and post to the “HHVBP All” group
- To request access to *HHVBP Connect*, visit the *HHVBP Connect* site and select the “new user” registration link
  - » Follow the on-screen instructions
  - » The CMMI Help Desk will contact you to complete the registration process



# Thank you!

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