

Home Health Special Report: Missouri Medicare Beneficiaries

August 2016



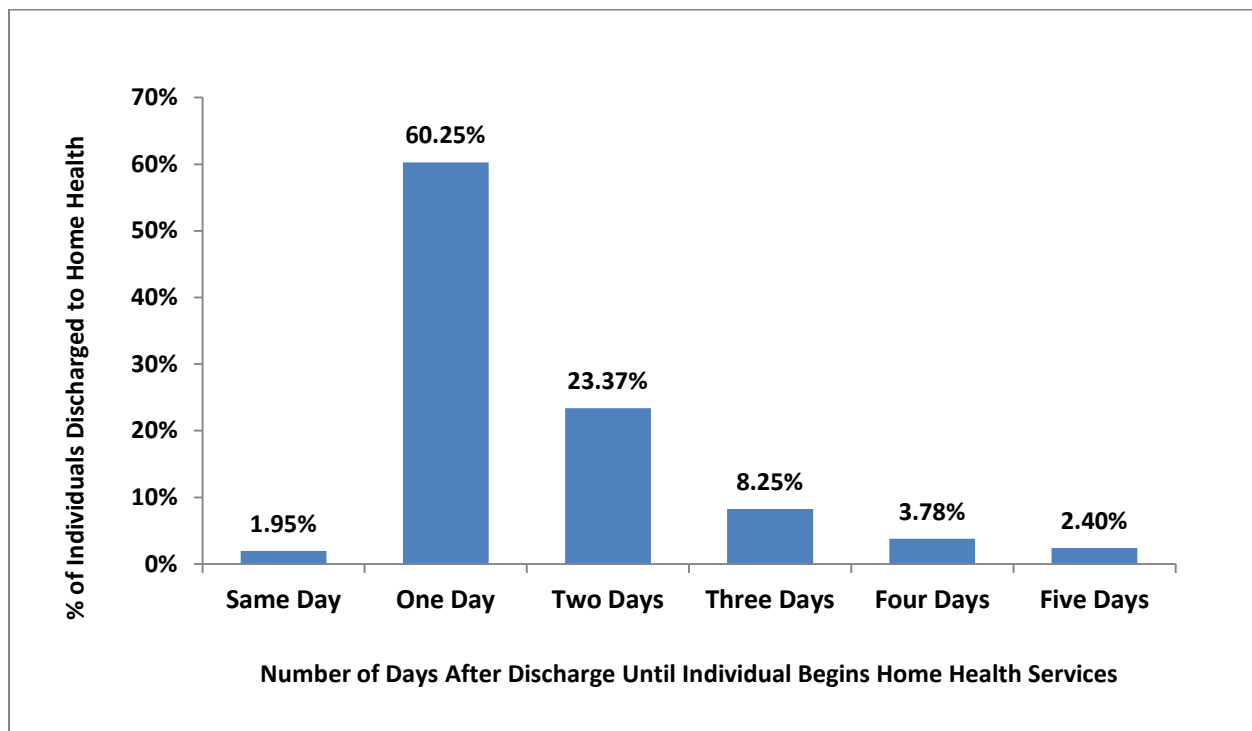
<http://www.tmfqin.org/Networks/Readmissions>

This material was prepared by TMF Health Quality Institute, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-QINQIO-C3-16-109

Population Definition

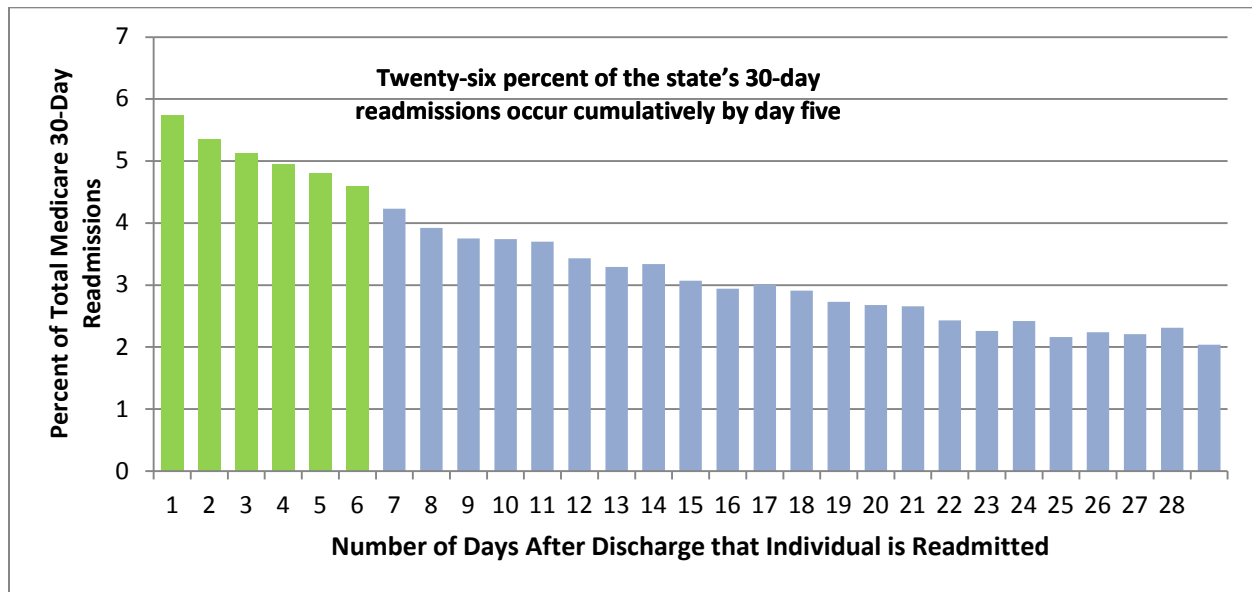
This document focuses on Medicare fee-for-service beneficiaries living in Missouri who were discharged from hospitals during 2015. For the purpose of these analyses, individuals are considered to be under the care of a home health agency if a Medicare claim for services is made within five days of the hospital discharge.

Figure 1: Distribution of Claim Dates Among Those Missouri Medicare Beneficiaries Who Used Post-Discharge Home Health Services, 2015



There may be an opportunity to improve overall 30-day readmission rates with more timely initiation of home health services. As shown in Figure 2, on the following page, more than 26 percent of Missouri's Medicare beneficiaries who were readmitted within 30 days had actually been hospitalized again within five days of discharge.

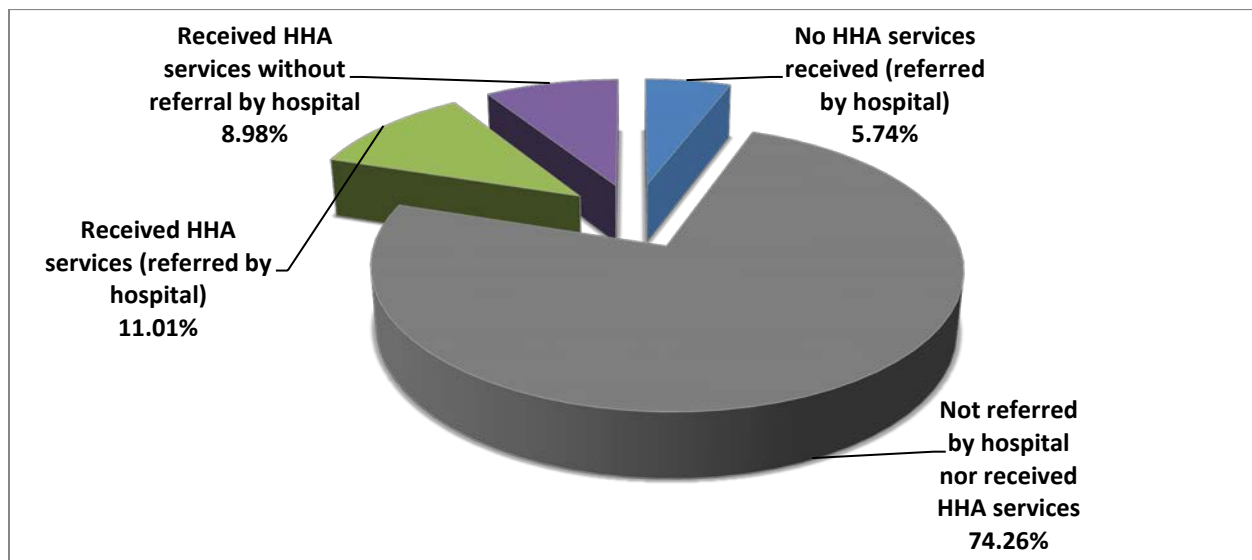
Figure 2: 30-Day Readmissions Among Missouri Medicare Beneficiaries, 2015



Post-Acute Use of Home Health Services

As shown in Figure 3, home health services were used following hospitalization for 19.98 percent of discharges.

Figure 3: Use of Home Health Services Following a Hospital Discharge, Missouri Medicare Beneficiaries, 2015



Further study may be warranted to investigate why:

- Some beneficiaries are not taking advantage of home health services despite a referral
- Some hospitals are not referring patients whom other providers, within days of discharge, have judged to be in need of such a referral

Readmission Risk Factors

Figure 4 lists five demographic characteristics that are associated with a higher risk of 30-day readmission. These factors also appear to influence whether individuals are referred to home health and, if referred, whether they actually receive home health services.

Figure 4: Referral to and Usage of Home Health Services Following Discharge, Among Subpopulations Typically at Higher Risk for Readmission, 2015

	The following types of Medicare beneficiaries are:		
	Compared to being discharged to home with no services		Of those referred
Five factors that appear to be associated with higher risk of 30-day readmission	Less likely to be referred to a home health agency	More likely to be referred to a home health agency	Less likely to receive home health services
Men	X		X
Minority	X		X
Dual-eligible	X		X
People with four or more chronic diseases		X	X
Increased length of stay		X	X

Figure 5: Comparison of Readmission Rates and Factors Among Patients Who Received Home Health Services and Those Who Did Not, 2015

	Home Health Services Referred at Discharge by Hospital	
	and Received	but not Received
Average number of chronic diseases	3.10 diseases	3.06 diseases
Mean length of stay, index hospitalization	5.14 days	5.0 days
30-day readmissions overall	15.28%	18.35%
30-day readmissions for those not readmitted by Day 5	12.45%	14.22%
30-day readmissions for dual-eligibles	20.08%	22.28%
30-day readmissions for people with four or more chronic diseases	24.99%	28.81%
30-day readmissions for dual-eligibles with four or more chronic diseases	27.61%	32.56%

Figure 6: Rate of Home Health Quality Improvement (HHQI) Membership

State	HHQI Registrants	Total Home Health Agencies by State	Percent of HHQI Registrants
Arkansas	81	172	47%
Missouri	112	169	66%
Oklahoma	125	266	47%
Puerto Rico	20	45	44%
Texas	694	2,603	27%
QIN Rate	1,032	3,255	32%

Figure 7: Rate of HHQI Registrants

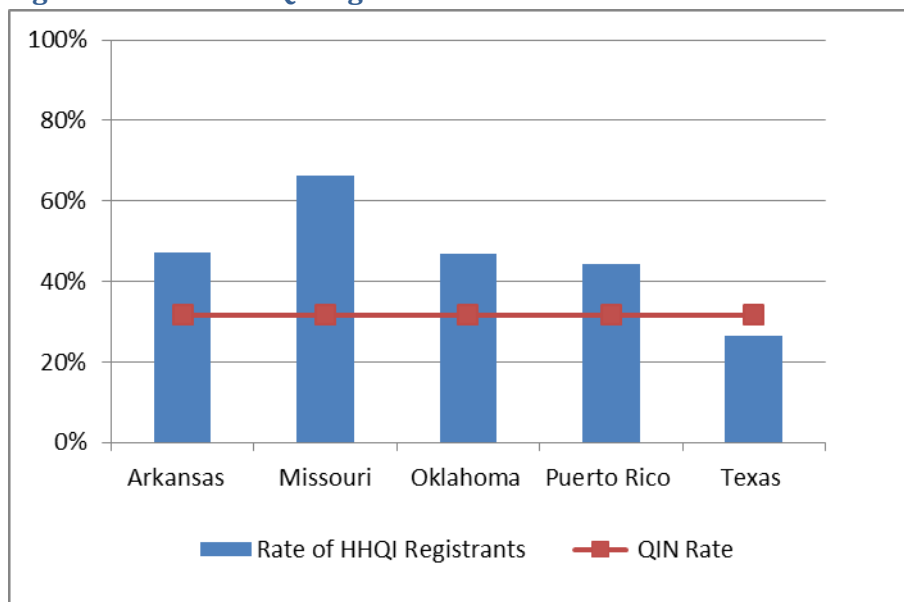


Figure 8: Rate of Data Access of Home Health Agencies

State	Number who have joined the Home Health Cardiovascular Data Registry	Total Home Health Agencies by State	Percent of Data Access
Arkansas	39	172	23%
Missouri	55	169	33%
Oklahoma	63	266	24%
Puerto Rico	13	45	29%
Texas	259	2,603	10%
QIN Rate	429	3,255	13%

Figure 9: Rate of Data Access

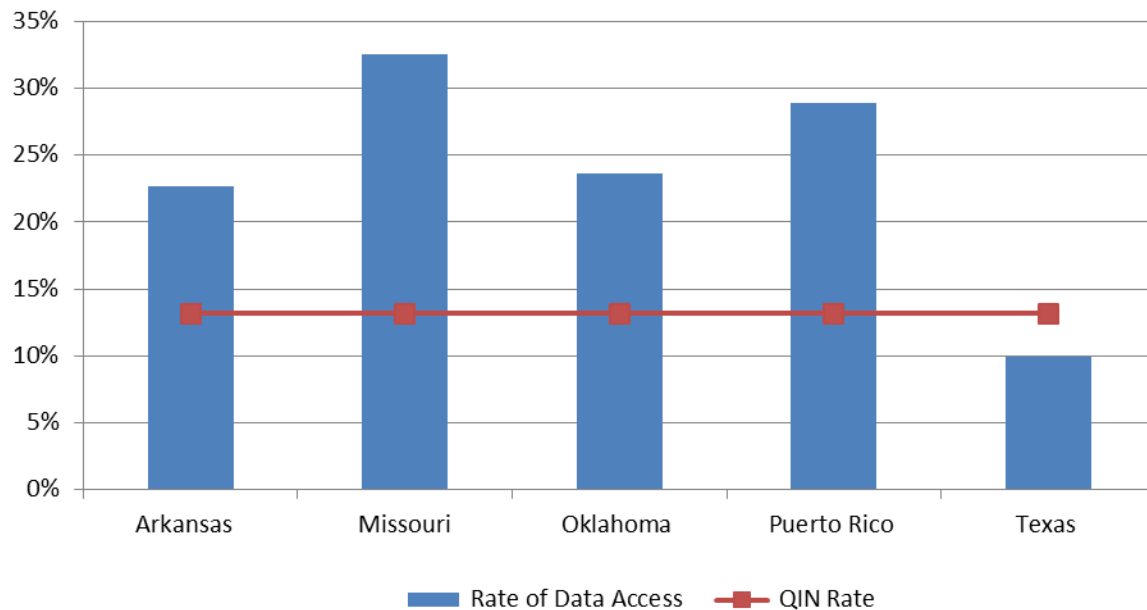


Figure 10: Top Downloaded Best Practice Intervention Packages (BPIPs)

State	Cardiovascular Health Part 1: Aspirin as appropriate & blood pressure control BPIP	Nursing and Therapy Track	Where is the sodium ?	Bulletin Board Example	Cardiovascular Health Part 2: Cholesterol management & smoking cessation BPIP	Total BPIP downloaded by state	Rate of three most downloaded BPIPs
Arkansas	16	13	-	17	-	202	23%
Missouri	22	22	-	-	13	201	28%
Oklahoma	17	12	-	-	13	221	19%
Puerto Rico	4	-	1	1	-	6	100%
Texas	80	70	-	-	41	1,129	17%
QIN	139	117			67	1,759	18%

Source: Home Health Quality Improvement

Influenza Vaccine Report

Data Source: OASIS-C1, 2015

Figure 11: Influenza Vaccine Received, Contraindicated, Declined or Shortage

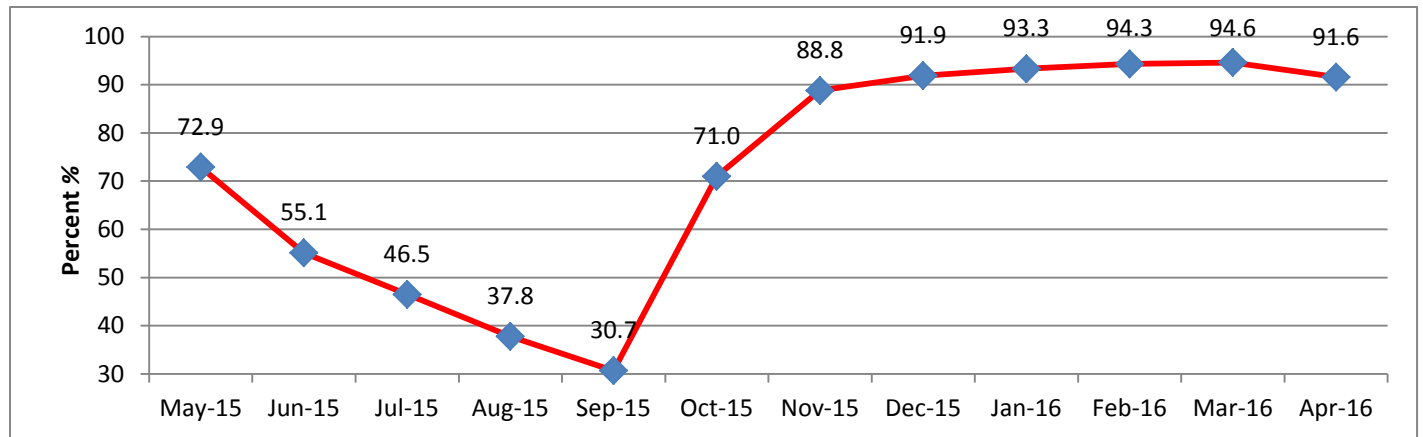


Figure 12: Reasons for Not Receiving Influenza Vaccine

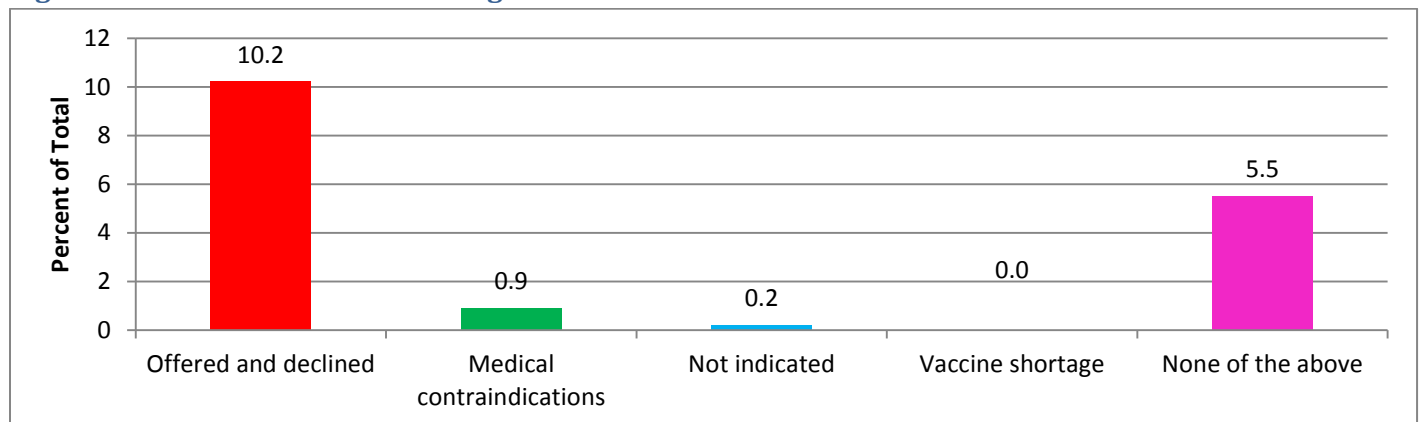


Figure 13: Influenza Vaccine Received

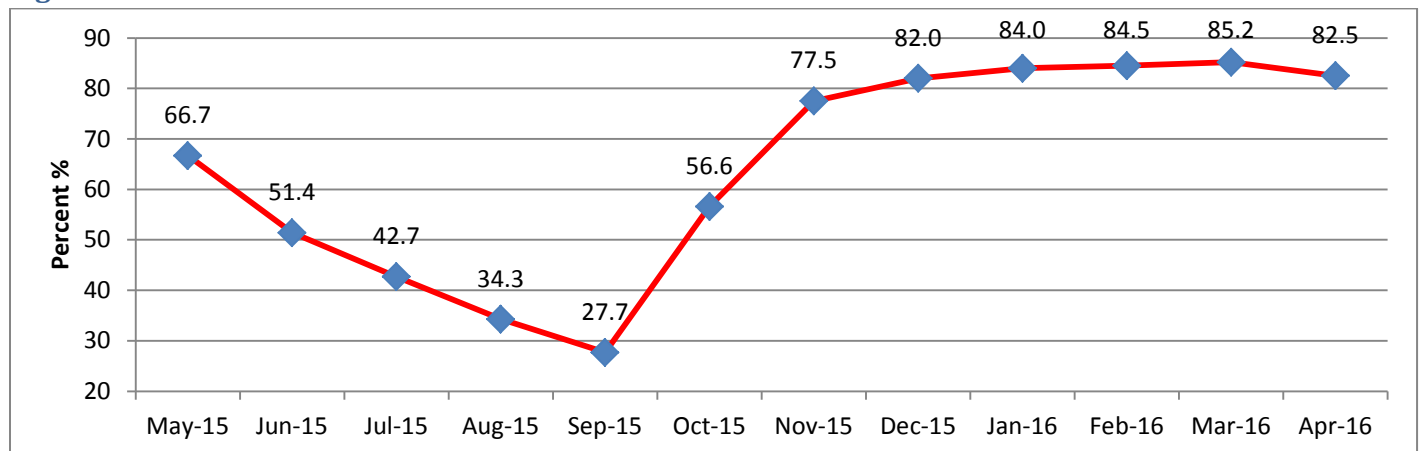
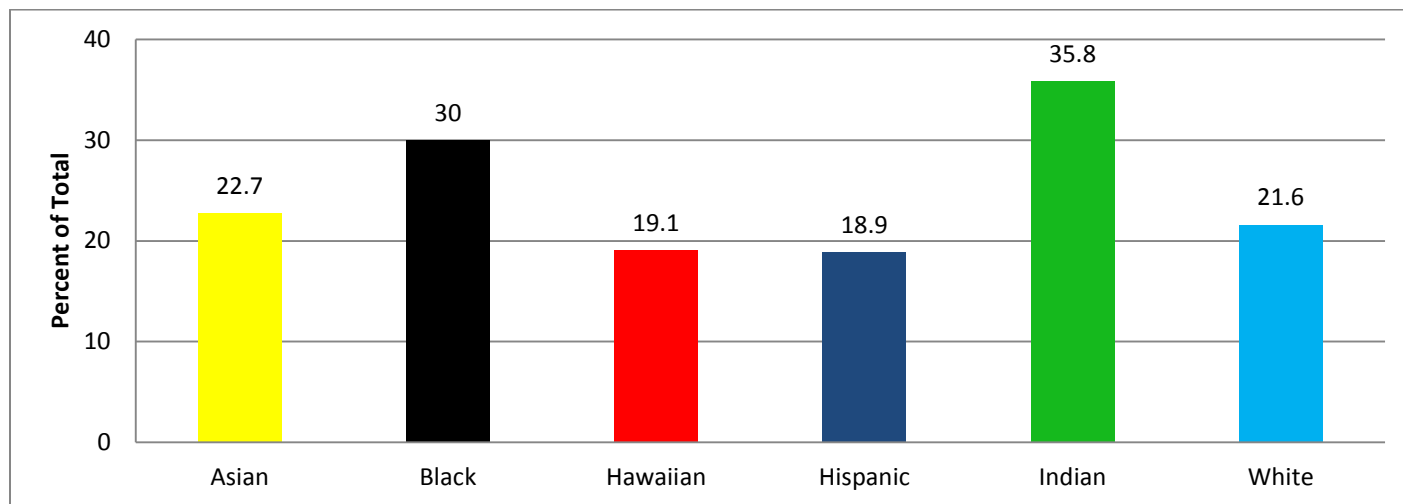


Figure 14: Influenza Vaccine Not Received Rate (%) by Race



Pneumococcal Polysaccharide Vaccine (PPV) Report

Data Source: OASIS-C1, 2015

Figure 15: PPV Received, Contraindicated or Declined

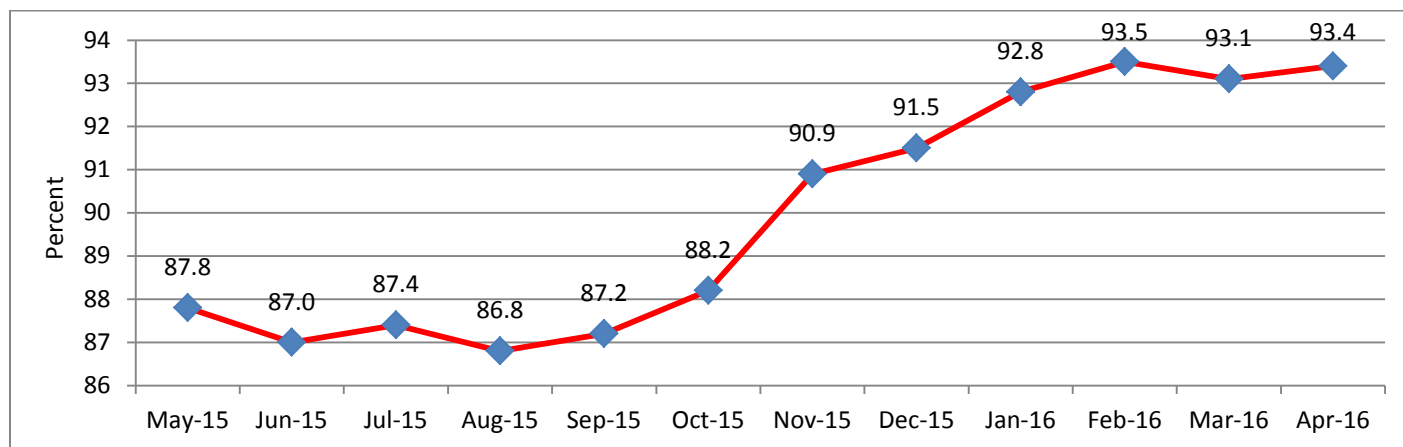


Figure 16: Reasons for Not Receiving PPV

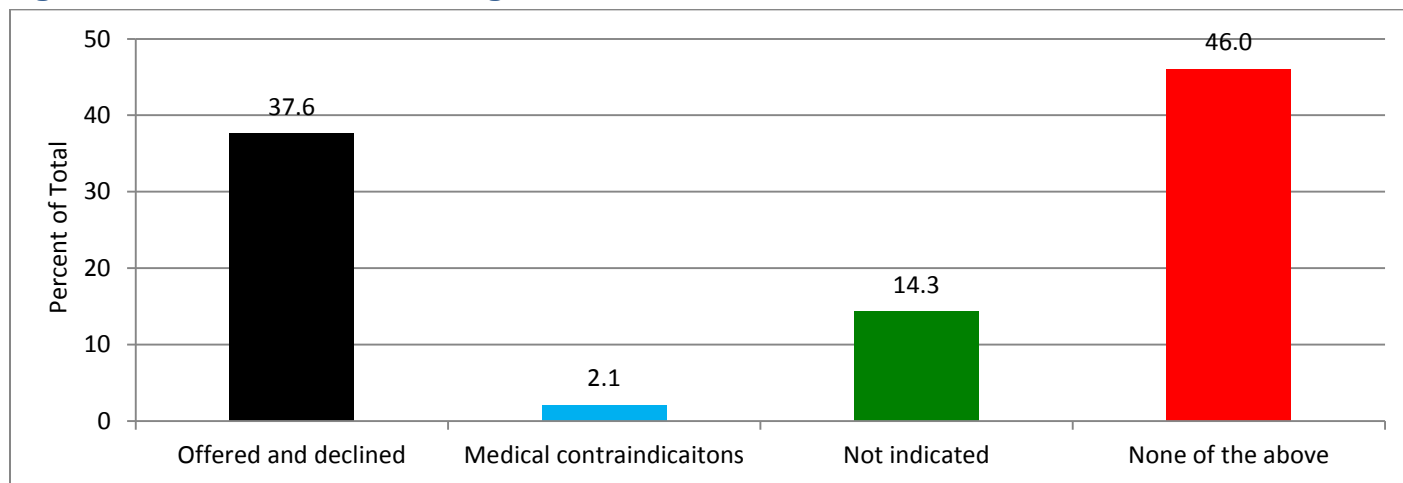


Figure 17: PPV Vaccine Received

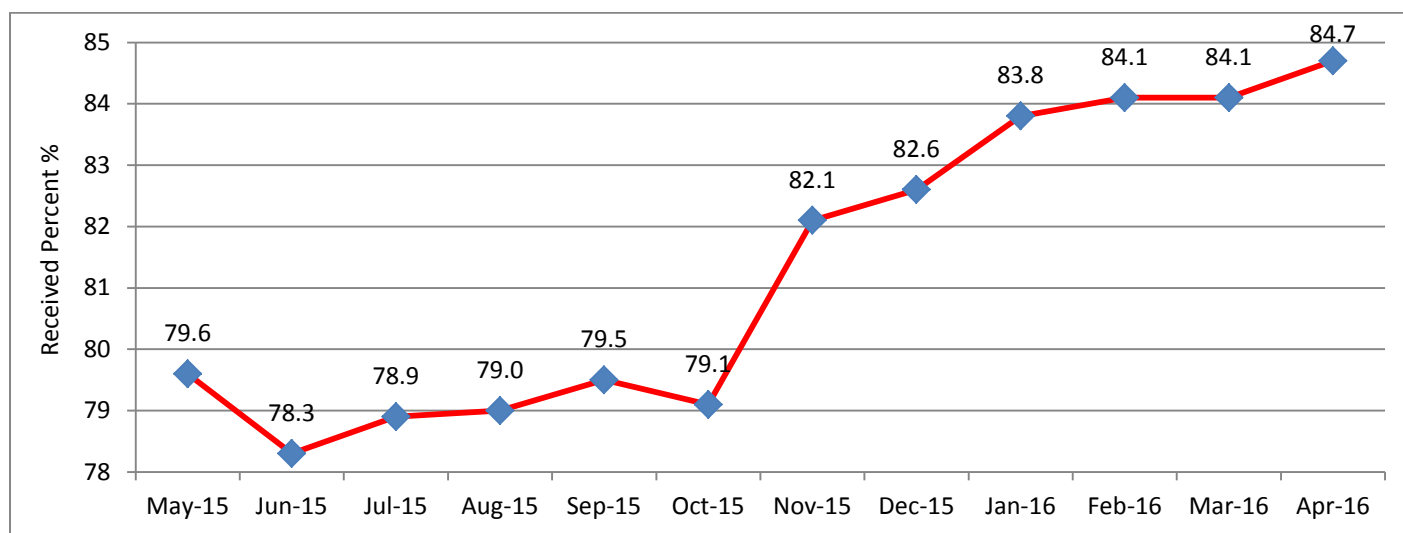


Figure 18: PPV Not Received Rate (%) by Race

