

Medicare Home Health Care in Context: Investigating Individual Characteristics and Trajectories of Care Using CMS's Chronic Care Data Warehouse

Jennifer L. Wolff, Ann Meadow, Carlos O. Weiss,
Cynthia M. Boyd, Bruce Leff

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Background

- Industry-wide emphasis on improving quality of health care
- Recognition that patients commonly move through several settings of care during the course of an acute episode of care
- Home health care quality initiatives have to date been setting-specific

Objectives

1. To describe Medicare beneficiaries' acute and post-acute transitions related to a single home health episode of care;
2. To identify patient characteristics associated with “successful” discharge from home health care to the community; and
3. To examine the correspondence between administrative claims and the Outcome and Assessment Information Set (OASIS) with regard to acute and post-acute health services use proximal to home health care

Methods: Data

2004 Chronic Care Warehouse

- 5% Standard Analytic File (SAF)
- 24 Standard Chronic Condition Flags
- Linked Outcome and Assessment Information Set (OASIS) Records

Methods

Study Sample Inclusion Criteria:

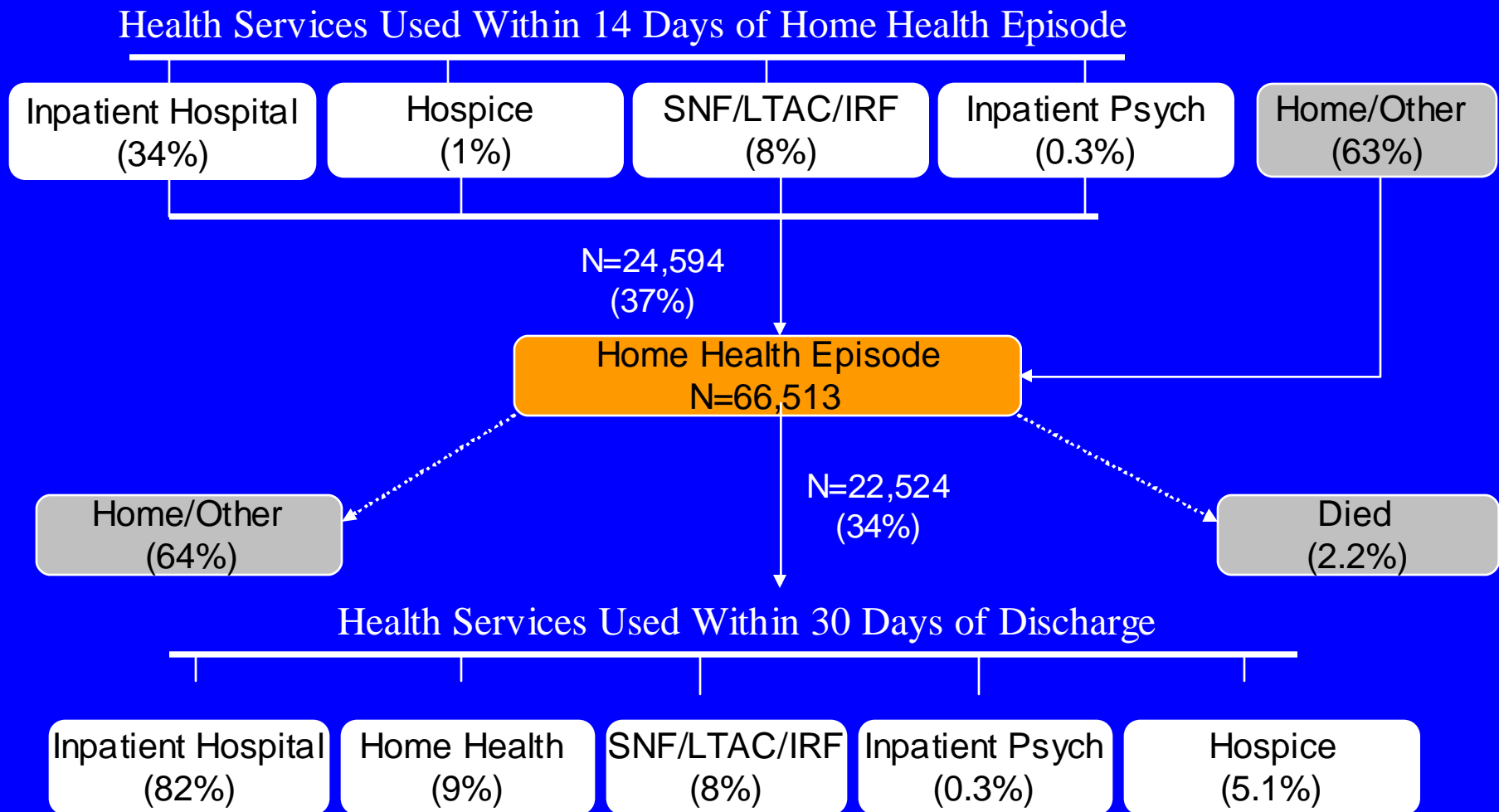
- Enrolled in fee-for-service Medicare (Parts A and B) throughout calendar year 2004
- Start of Care OASIS assessment between 1/15/2004 and 7/15/2004
- Discharge or transfer from home health care prior to 12/1/2004

Medicare Fee-for-Service Beneficiaries versus Study Sample

	FFS	Home Health Sample
Study Sample	1.7 million	66,513 (4%)
Mean Age	72	77
Female (%)	57%	64%
Medicaid (%)	18%	26%
Chronic Conditions (of 16)		
None	29%	5%
Diabetes	21%	37%
COPD	10%	30%
Congestive Heart Failure	16%	47%
Ischemic Heart Disease	29%	57%
Stroke	4%	16%

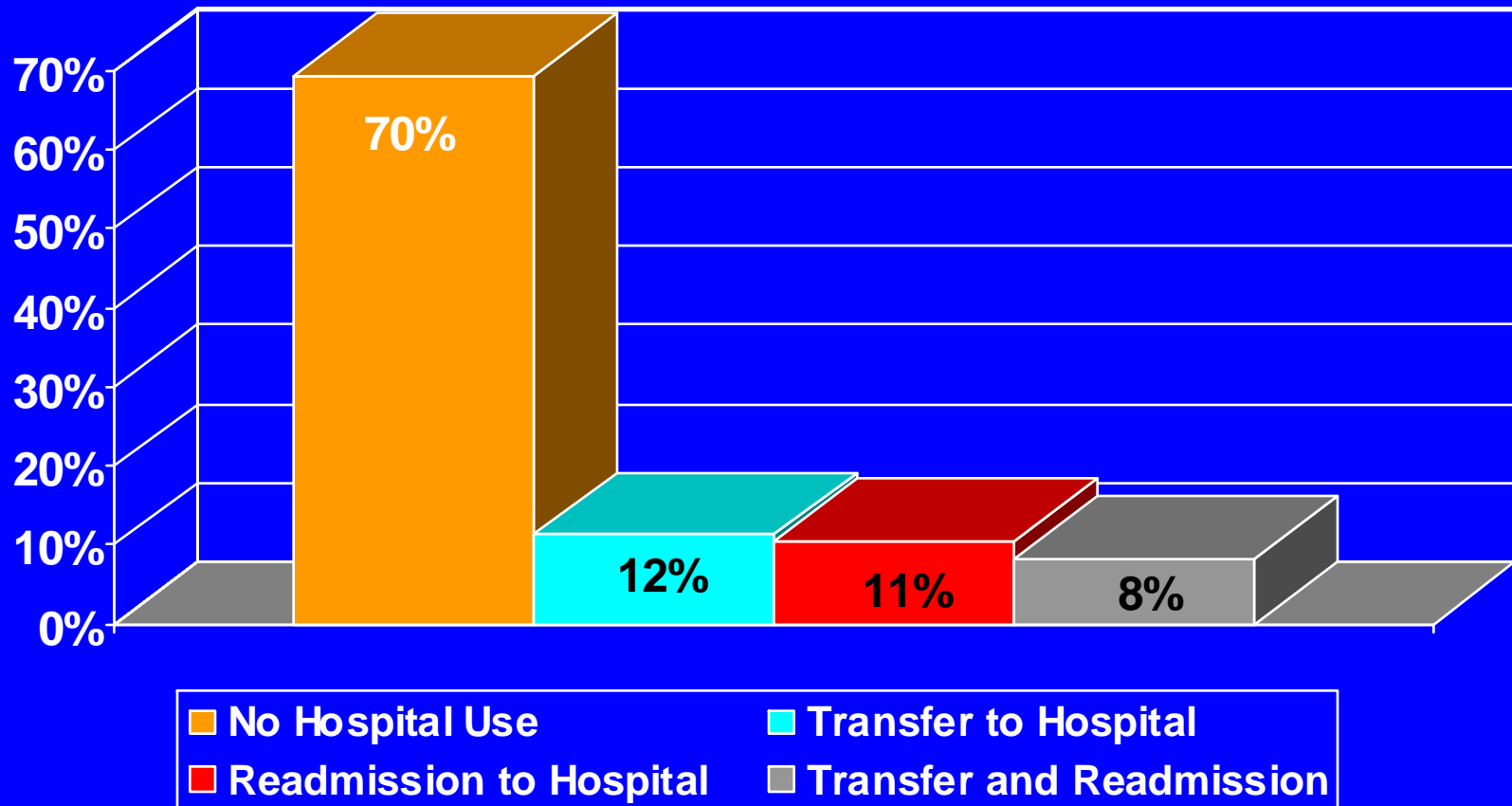
Objective 1:
To describe Medicare beneficiaries'
acute and post-acute transitions
related to a single home health
episode of care

Home Health Transitions (Based on Administrative Claims)



Objective 2:
To identify patient characteristics
associated with “successful”
discharge (defined as absence of
short-stay hospital transfer or
readmission)

Home Health to Short Stay Inpatient Hospital; Survivors Only



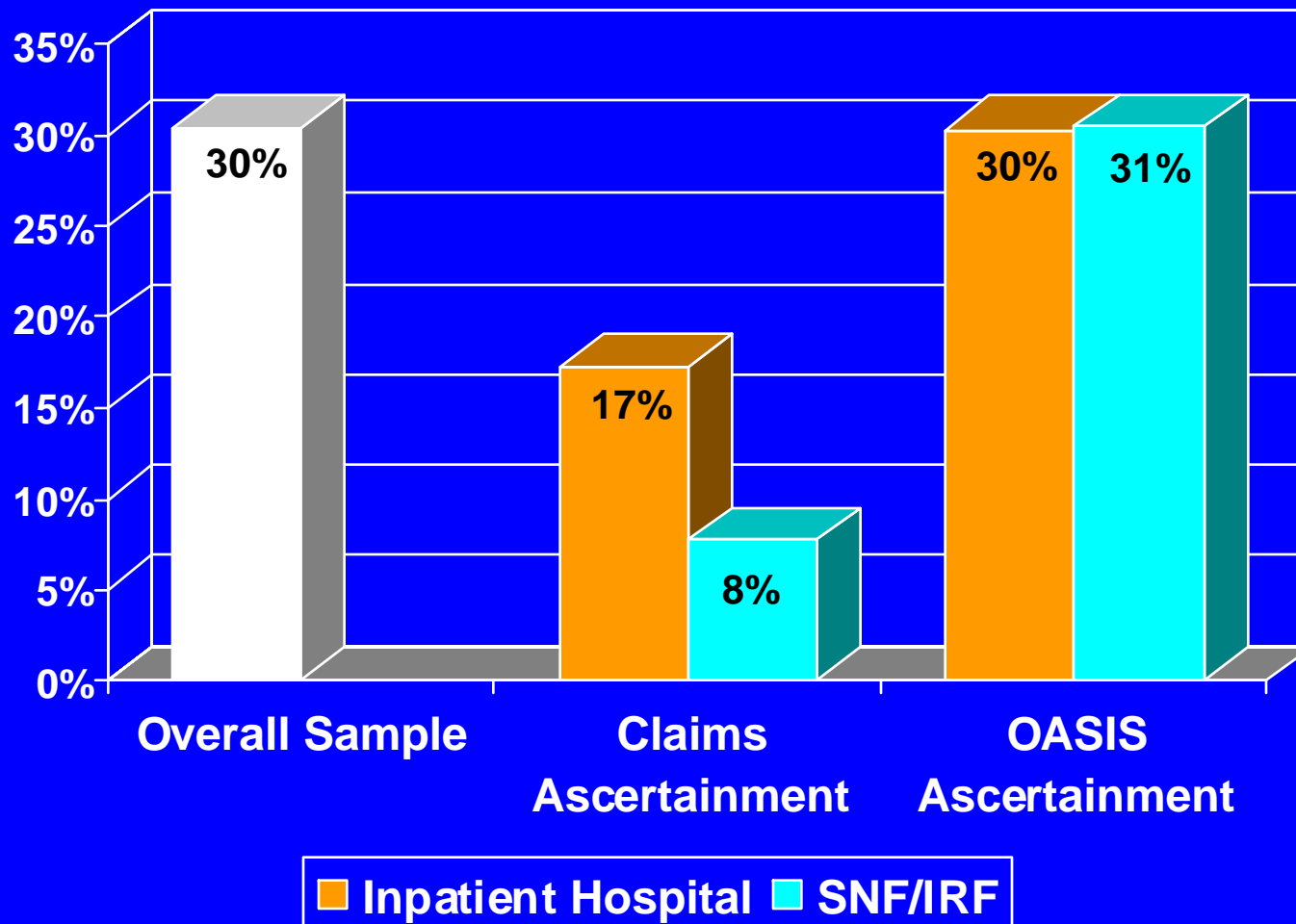
Note: N=65,049

Beneficiary Characteristics and Short-Stay Hospital Transfer/Readmission

- CCW Beneficiary Record: age, gender, Medicaid, 16 chronic conditions
- SAF file: health services utilization 14 days prior to home health episode
- OASIS Start of Care: smoking, obesity, alcohol/drug use, neurological & emotional factors, visual impairment, hearing impairment, pain, open wound, shortness of breathe, UTI, incontinence, ostomy, ADL/IADL functioning, living arrangement, frequency and types of care from primary caregiver, health services within 14 days of SOC

Remarkably Little Variation!!

Short-Stay Hospital Transfer/Readmission by Services Used 14 Days Prior to SOC and Method of Ascertainment



Objective 3:

To examine correspondence between administrative claims and the Outcome and Assessment Information Set (OASIS) with regard to acute and post-acute health services use proximal to home health care

OASIS/Claims Correspondence, Services Use Within 14 Days of Home Health Start of Care

	Inpatient Hospital	Inpatient Rehab	SNF
Claim-Based Indication	22,551	2,749	1,840
OASIS Agreement	12,371	345	183
Sensitivity	54.9%	12.6%	9.9%
Claims-Based Absence	43,959	63,761	64,670
OASIS Agreement	19,795	55,997	58,250
Specificity	45.0%	87.8%	90.1%
KAPPA Statistic	0.000	0.002	0.000

OASIS/Claims Correspondence, Service Use Within 30 Days of Home Health Discharge

	Inpatient Hospital	Inpatient Rehab	SNF
Claim-Based Indication	19,243	1,004	2,204
OASIS Agreement	14,170	89	80
Sensitivity	73.6%	8.9%	3.6%
Claims-Based Absence	45,804	64,043	62,843
OASIS Agreement	44,790	63,921	62,839
Specificity	97.8%	99.8%	100.0%
KAPPA Statistic	0.761	0.142	0.068

Summary of Findings

- FFS Medicare beneficiaries with home health episode of care disproportionately old, chronically ill, and commonly transition across several acute and post-acute settings
- Claims ascertainment of acute & post-acute services use within 14 days prior to home health SOC was among few measures predicting short-stay hospital use after discharge
- Correspondence between OASIS and administrative claims uneven for acute & post-acute services proximal to home health episode

Limitations

- Heterogeneity of study sample
- Sample restricted to complete episodes
- Variable follow-up time
- Comparability of measures across data sources

Implications

- Substantiate potential benefits of patient- rather than setting-specific quality measures
- Reinforce benefits of uniform post-acute assessment tool now in development (the CARE)

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