

Attachment II — Home Health Agency Survey Instrument

[INITIAL OR SPLASH SCREEN]

[PROGRAMMING NOTE: Survey needs to allow user to move forward without answering questions, as we assume that some users will want to review all the questions prior to answering them.]

NATIONAL PROVIDER SURVEY OF HOME HEALTH AGENCIES

Welcome

Thank you for agreeing to complete the National Provider Survey of Home Health Agencies. This survey asks about your home health agency's experience implementing the CMS quality and efficiency measures, such as clinical processes and outcomes, patient experience with care, patient safety, resource use or cost of care, and structural measures. The information you provide will help CMS understand the impact of the use of these measures and to identify opportunities for program improvement.

Confidentiality

This survey is conducted by the [CMS CONTRACTOR(s)]. This survey is hosted on [CMS CONTRACTOR's] secure website. Your answers will be kept strictly confidential and will not be shared with any persons outside this research project.

Survey Instructions

Participation in this survey is voluntary, but we encourage you to participate, as your home health agency was chosen at random to represent the experiences of similar agencies. As you answer the questions, please do not use your browser's BACK and FORWARD buttons. Only use the BACK and NEXT buttons that are located below the questions to move backward and forward through the questionnaire.

INSERT CONTRACTOR INSTRUCTIONS FOR WEB SURVEYS, INCLUDING CONTACT EMAIL OR PHONE NUMBER FOR TECHNICAL ASSISTANCE.

To begin the survey, please enter the PIN provided in the letter you received.

[PROGRAMMING NOTE: ADD LINK TO DOWNLOAD PDF SURVEY]

[PROGRAMMING NOTE: THESE DEFINITIONS NEED TO BE ACCESSIBLE DURING COMPLETION OF THE WEB SURVEY]

DEFINITION OF KEY TERMS IN THIS SURVEY

CMS quality measures: CMS home health quality measures include measures of clinical processes and outcomes, patient experience with care, patient safety, resource use or cost of care, and structural measures (such as a home health agency's use of EHRs). These measures are reported by home health agencies to the Centers for Medicare & Medicaid Services (CMS) and can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html>. Measures come from patient assessment data that home health agencies routinely collect on the patients at specified time intervals during their stay as well as Medicare claims data.

Accountable Care Organizations (ACO): ACOs are networks of healthcare providers and organizations (usually hospitals and ambulatory care physician groups, and possibly including nursing homes, home health agencies, and hospice organizations) that agree to take some financial responsibility for reducing the costs and improving the quality of care for a defined patient population.

Clinical decision support (CDS): CDS encompasses a variety of tools to enhance decision-making in the clinical workflow. These tools include computerized alerts and reminders to care providers and patients; clinical guidelines; condition-specific order sets; focused patient data reports and summaries; documentation templates; diagnostic support; and contextually relevant reference information, among other tools.

Culture of safety: Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures. The Agency for Healthcare Research and Quality notes the following key features: acknowledgment of the high-risk nature of an organization's activities and the determination to achieve consistently safe operations; a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment; and encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems; organizational commitment of resources to address safety concerns.

Integrated Delivery System (IDS): An IDS is an integrated network of healthcare providers and organizations such as nursing homes, primary and specialty care, hospitals, rehabilitation centers, home health care agencies, and hospice services that provides or arranges to provide a coordinated continuum of services to a defined population. It may own or be closely aligned with an insurance product, usually a form of managed care.

Lean/Six Sigma Engineering: Redesign or re-engineering concepts that were originally developed to increase the efficiency of production and reduction of errors within manufacturing companies. Lean/Six Sigma has been adopted by healthcare organizations to identify problems or inefficiencies and take actions to address these issues. "Lean" and "Six Sigma" emphasize focusing on customer satisfaction, problem solving, and elimination of waste and involving employees in identifying and resolving the problem.

Learning Organization: An organization that encourages and supports continuous employee learning, critical thinking, and risk-taking with new ideas.

Plan, Do, Study, Act Improvement Cycles (PDSA): PDSA is a tool that is used for accelerating quality improvement that involves developing a plan to test the change (**Plan**), carrying out the test (**Do**), observing and learning from the consequences (**Study**), and determining what modifications should be made to the test (**Act**).

Situation Background Assessment Recommendation (SBAR): SBAR is a standardized way of communicating that promotes patient safety by helping individuals communicate with each other with a shared set of expectations. Staff and physicians can use SBAR to share patient information in a concise and structured format.

YOUR HOME HEALTH AGENCY'S EXPERIENCE WITH CMS MEASURES

In this survey, we will ask about your home health agency's experience with **CMS quality measures**, which broadly includes measures of clinical processes and outcomes, patient experience with care, patient safety, resource use or cost of care, and use of EHRs.

1. How would you describe your home health agency's performance on CMS quality measures in 2019 compared to 2018?

[PROGRAMMING NOTE – MARK ONE ITEM]

- Improved across the board on all measures
- More measures improved than declined
- Most measures stayed about the same
- More measures declined than improved
- Declined across the board on all measures

2. In your opinion, how well does your home health agency's performance on the CMS quality measures reflect the improvements in care that your home health agency makes?

[PROGRAMMING NOTE – MARK ONE ITEM]

- Very well
- Somewhat well
- Not well at all

3. Thinking about all of the CMS home health quality measures, do you think the CMS quality measures are clinically important?

[PROGRAMMING NOTE – MARK ONE ITEM]

- Yes
- Mostly yes
- Mostly no
- No

4. Do you think home health agencies should be held responsible for performance on the CMS quality measures?

[PROGRAMMING NOTE – MARK ONE ITEM]

- Yes
- Mostly yes
- Mostly no
- No

5. Have you experienced difficulties with improving performance on any of the CMS quality measures?

[PROGRAMMING NOTE – MARK ONE ITEM]

- ¹ Yes on many of the measures
- ² Yes on some of the measures
- ³ No [GO TO QUESTION 8]

6. Based on your home health agency’s experience, how difficult has it been for your home health agency to improve on the following types of measures?

[PROGRAMMING NOTE – MARK ONE FOR EACH ITEM]

	Not Difficult	Slightly Difficult	Moderately Difficult	Difficult	Very Difficult
Clinical process measures (for example: <i>How often the home health team made sure that their patients have received a flu shot for the current flu season</i>)					
Patient outcome measures (for example: <i>How often patients got better at walking or moving around?</i>)					
Patient experience measures (for example: Home Health CAHPS Survey measure “ <i>How often the home health team gave care in a professional way</i> ”)					
Patient safety measures (for example: <i>How often the home health team checked patients’ risk of falling</i>)					
Other (please specify): [TEXT BOX 140 CHARACTERS]					

Have any of the following contributed to your home health agency’s difficulties with improving performance on the CMS measures?

[PROGRAMMING NOTE – MARK ONE FOR EACH ITEM A-N]

- a. Difficulty identifying improvement strategies Yes No
- b. Difficulty implementing improvement strategies Yes No
- c. Difficulty identifying processes of care that lead to

- | | | |
|--|-----|----|
| improved patient outcomes | Yes | No |
| d. Difficulty getting front-line staff to change behavior to improve performance | Yes | No |
| e. Insufficient staffing to implement quality improvement strategies | Yes | No |
| f. Inadequate Health Information Technology (IT) capabilities (e.g., clinical decision support or longitudinal tracking of outcomes, or electronic medication administration system) | Yes | No |
| g. Staff turnover | Yes | No |
| h. Lack of senior leadership support | Yes | No |
| i. Difficulty with coding or documentation (e.g., inconsistent or insufficient documentation by staff) | Yes | No |
| j. Lack of training on improvement processes | Yes | No |
| k. A difficult patient mix (i.e., low socioeconomic status, clinically complex) | Yes | No |
| l. Your home health agency's organizational culture not supporting improvement efforts | Yes | No |
| m. Inability to retrieve timely data from CMS or data from other providers such as hospitals..... | Yes | No |
| n. Other reason (please specify): [TEXT BOX 140 CHARACTERS] | Yes | No |

INNOVATIONS IN THE DELIVERY OF CARE

7. We are interested in understanding what changes your home health agency has made in the way care is being delivered to improve its performance on CMS quality measures.

[PROGRAMMING NOTE: IF “YES” RESPONSE IN COLUMN (I) A RESPONSE IS ALLOWED IN COLUMN (II). IF “NO” RESPONSE IN COLUMN (I) A RESPONSE IS NOT ALLOWED IN COLUMN (II). IF “YES” RESPONSE IN COLUMN (II) A RESPONSE IS ALLOWED IN COLUMN (III). IF “NO” RESPONSE IN COLUMN (II) A RESPONSE IS NOT ALLOWED IN COLUMN (III)]

	(I)	(II)	(III)
Type of Change or Innovation	Has your home health agency Implemented this change?	Was this change implemented to improve performance on CMS quality measures?	Did the change help performance on CMS quality measures?
Organizational Culture			
a. Adopted practices to become a “learning organization” that encourages and supports continuous employee learning, critical thinking, and risk-taking with new ideas.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don’t know/Not sure
b. Implemented a “culture of safety” characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don’t know/Not sure
Health Information Technology			
c. Implemented an electronic health record (EHR).	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don’t know/Not sure
d. Implemented electronic tools to support frontline clinical staff, such as clinical decision support, or medication administration system.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don’t know/Not sure

	(I)	(II)	(III)
Type of Change or Innovation	Has your home health agency Implemented this change?	Was this change implemented to improve performance on CMS quality measures?	Did the change help performance on CMS quality measures?
e. Implemented systems for electronically exchanging clinical information with providers in the community (e.g., hospitals and ambulatory care providers).	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
Care Process Redesign			
f. Implemented risk prediction tools to identify and manage high-risk patients.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
g. Implemented standardized care protocols or checklists.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
h. Implemented telemonitoring or remote patient monitoring	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
i. Adopted care redesign/re-engineering (e.g., Lean Engineering, Six Sigma, Plan, Do, Study, Act improvement cycles).	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
j. Implemented interdisciplinary rounds, case conferences, or multi-specialty patient care teams.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure

	(I)	(II)	(III)
Type of Change or Innovation	Has your home health agency Implemented this change?	Was this change implemented to improve performance on CMS quality measures?	Did the change help performance on CMS quality measures?
k. Implemented or changed communication protocols to support or improve collaboration between referring providers and agency staff	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
l. Increased coordination with hospitals, nursing homes, and other providers to improve care transitions and reduce hospitalization rates.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
m. Increased number of visits at beginning of care episode (i.e., "frontloading") so that patients have greater contact with clinicians earlier in care episode.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
n. Addition of after-hours on-call availability to patients.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
Feedback and Monitoring of Performance			
o. Developed a system for tracking patient outcomes.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
p. Provided routine feedback on your home health agency's performance on CMS measures to nurses, physical therapists, and other staff.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure

	(I)	(II)	(III)
Type of Change or Innovation	Has your home health agency Implemented this change?	Was this change implemented to improve performance on CMS quality measures?	Did the change help performance on CMS quality measures?
Changing Provider Incentives			
q. Used performance on CMS measures as a basis for determining pay for nurses or other frontline staff.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
r. Implemented an internal incentive or bonus program for senior management based on performance on CMS measures.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
s. Gave staff awards or other special recognition tied to quality performance.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
Changes in Staffing			
t. Increased the number of staff dedicated to quality improvement or quality management.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
u. Identified champions for quality improvement initiatives or projects among clinical staff.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
v. Implemented changes to how clinical staff are deployed (e.g., change in staffing levels or clinical roles/responsibilities).	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure

	(I)	(II)	(III)
Type of Change or Innovation	Has your home health agency Implemented this change?	Was this change implemented to improve performance on CMS quality measures?	Did the change help performance on CMS quality measures?
Obtained Technical Assistance			
w. Obtained technical assistance from CMS (i.e., via a CMS Quality Improvement Organization or the CMS Home Health Quality Improvement initiative) to collect and report CMS quality measures.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
x. Obtained technical assistance from private organizations (e.g., quality improvement collaboratives, consulting firms).	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
Provider Education and Training			
y. Implemented quality improvement initiatives targeted to specific CMS measures.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
z. Provided training to nurses, physical therapists and other clinical staff on quality improvement strategies.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
a1. Provided training to clinical staff on teaching patient self-management techniques.	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure
Other Improvements			
b1. Other change or innovation. (please specify): [TEXT BOX 140 CHARACTERS]	<input type="checkbox"/> Yes → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, mostly → <input type="checkbox"/> Yes, partly → <input type="checkbox"/> No ↓	<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, somewhat <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not sure

FACTORS ASSOCIATED WITH CHANGE IN QUALITY PERFORMANCE

8. There are many factors that influence a home health agency's decision to invest in efforts to improve its quality performance. Please rank the importance of the following six external factors in **your** home health agency's decision to invest in quality improvement efforts for CMS measures.

(Please rank by order of importance where 1 is the most important and 6 is the least important. Do not use the same rank number more than once)

[PROGRAMMING NOTE: 0- 6 ITEMS IN A-F CAN HAVE ONE RESPONSE]

- _____ a. Potential to receive financial incentives for improved performance (i.e., pay for performance)
- _____ b. Risk of financial penalties for low performance (e.g., non-payment for home health agency readmissions within 30 days or for home health agency-acquired infections)
- _____ c. Public reporting of your home health agency's performance results on the CMS Home Health Compare website
- _____ d. Participation in alternative payment models (e.g., ACOs, bundled payment arrangements) or managed care contracts where there is an opportunity for shared reward (savings) and shared financial risk
- _____ e. State or federal regulatory requirements regarding certification/accreditation
- _____ f. Addition of Quality Assessment and Performance Improvement (QAPI) requirements to conditions of participation

9. Has your home health agency improved its performance on any of the CMS measures?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
- ² No [GO TO QUESTION 11]

9a. Many different factors may help a home health agency improve its performance. How **important** are the factors below in helping **your** agency improve performance on CMS measures?

[PROGRAMMING NOTE - MARK ONE FOR EACH ITEM A-I]

	Not Important	Slightly Important	Moderately Important	Important	Very Important	Not applicable
a. Your home health agency's organizational culture						
b. Effective relationship between management and staff						
c. Internal accountability for performance on CMS measures						
d. Having strong data systems						
e. Having a system-wide focus on quality and quality improvement						
f. Networking with other home health agencies and health systems to identify elements of high-performing organizations						
g. Investments in patient safety						
h. Focus on improved documentation						
i. Other (please specify): [TEXT BOX 140 CHARACTERS]						

CHALLENGES TO REPORTING THE CMS MEASURES

10. Has your agency experienced any of the following challenges in submitting and reporting OASIS data (for CMS measures)?

[PROGRAMMING NOTE - MARK ONE OR MORE]

- ¹ Difficulty extracting the data from the EHR or other data systems/registries for OASIS
- ² Difficulty interpreting measure specifications
- ³ Frequency of OASIS version changes
- ⁴ Insufficient or inadequate staffing or other resources
- ⁵ Challenges with interface for transmitting OASIS data
- ⁶ Other reason (please specify): [TEXT BOX 140 CHARACTERS]
- ⁷ Has not experienced any difficulties

UNDESIRE D EFFECTS OF CMS QUALITY MEASUREMENT PROGRAMS

The use of quality and efficiency measures may result in undesired effects. The next questions ask about your home health agency's knowledge of or experience with undesired effects of the CMS measures and their use in public reporting and pay for performance. All of the responses you provide are confidential and are intended to help CMS in modifying reporting programs so as to avoid the programs' causing undesired effects. Responses to these questions will be aggregated across all home health agencies. CMS will not see identifiable data from any individual home health agency. Your candid feedback is important in helping CMS improve these programs so that they work well for providers and their patients.

11. Has your home health agency observed any undesired effects stemming from using or reporting CMS measures?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No

12. In your opinion, do you think any of the following has occurred in your home health agency as a result of your home health agency being held accountable for performance on CMS measures?

[PROGRAMMING NOTE - MARK ONE FOR EACH ITEM A-F]

- a. Fewer resources for quality improvement in areas of clinical care that are not the focus of CMS performance measures Yes No
- b. Focus on narrow improvement for specific measures rather than across the board improvement in care Yes No
- c. Overtreatment of patients to ensure that a measure is met Yes No
- d. Increased focus on documentation or coding of data to attain a higher score Yes No
- e. Changing coding of data or documentation to ensure that a measure is met Yes No
- f. Avoiding sicker or more challenging patients when providing care Yes No

13. Have the changes your home health agency has made in response to the CMS measures resulted in broader improvements in areas of care beyond what is measured by the CMS quality measures?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
- ² No [GO TO QUESTION 16]
- ³ Don't know [GO TO QUESTION 16]

14. Has your home health agency measured or documented the actual improvements in the areas of care not measured by CMS?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
- ² No

PERSPECTIVES OF YOUR HOME HEALTH AGENCY’S LEADERSHIP AND OTHER STAKEHOLDERS

15. Does your home health agency have a board of directors?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
- ² No [GO TO QUESTION 20]

16. How often do meetings of your home health agency’s board of directors include a review and discussion of the home health agency’s performance on the CMS measures?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ More than four times per year
- ² Quarterly
- ³ Twice per year
- ⁴ Annually
- ⁵ Less than once per year

17. Which of the following best describes your home health agency’s board of directors?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Board is more engaged in financial performance issues than quality performance issues.
- ² Board is equally engaged in financial performance issues and quality performance issues.
- ³ Board is more engaged in quality performance issues than financial performance issues.

18. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe your home health agency’s board of directors’ support of your home health agency’s efforts to improve performance on CMS measures? Please check a number.

[PROGRAMMING NOTE - MARK ONE ITEM]

Not at all supportive				Somewhat supportive				Extremely supportive		
0	1	2	3	4	5	6	7	8	9	10

19. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the home health agency leadership's (e.g., the C-Suite executive management) support of your home health agency's efforts to improve performance on CMS measures? Please check a number.

[PROGRAMMING NOTE - MARK ONE ITEM]

Not at all supportive			Somewhat supportive					Extremely supportive		
0	1	2	3	4	5	6	7	8	9	10

20. On a scale from 0 to 10, where 0 is not at all supportive and 10 is extremely supportive, how would you describe the clinical staff's support of your home health agency's efforts to improve performance on CMS measures? Please check a number.

[PROGRAMMING NOTE - MARK ONE ITEM]

Not at all supportive			Somewhat supportive					Extremely supportive		
0	1	2	3	4	5	6	7	8	9	10

21. On a scale from 0 to 10, where 0 is not at all and 10 is a great deal, how much does your home health agency leadership promote a culture of quality? Please check a number.

[PROGRAMMING NOTE - MARK ONE ITEM]

Not at all			Somewhat					Great deal		
0	1	2	3	4	5	6	7	8	9	10

USE OF HEALTH INFORMATION TECHNOLOGY

These next questions are about your home health agency's use of, and outside provider access to Health Information Technology, which may have been implemented at many agencies to improve performance on CMS quality measures.

22. Does your home health agency have an electronic health record (EHR)?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
² No [GO TO QUESTION 29]

23. Is your home health agency able to receive physician orders and feedback on care using its EHR?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
² No

24. Are health providers in your community (i.e., ambulatory care physicians, hospitals) able to access your home health agency's EHR or health information system to obtain key clinical data on patients?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes, all key clinical data
² Yes, some key clinical data
³ No [GO TO QUESTION 27]

25. Which of the following types of information are health providers in your community (i.e., ambulatory care physicians, hospitals) able to access electronically through your home health agency's EHR or health information system?

[PROGRAMMING NOTE - MARK ONE FOR EACH ITEM A-D]

a. Diagnostic/treatment summary	Yes, All	Yes, Some	No
b. Discharge instructions	Yes, All	Yes, Some	No
c. Lab tests/Imaging results	Yes, All	Yes, Some	No
d. Prescribed medications	Yes, All	Yes, Some	No

26. Is your home health agency able to electronically access information on your patients from other providers in your community (i.e., ambulatory care physicians, hospitals)?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes, for all or most patients
- ² Yes, for some patients
- ³ No

27. Does your home health agency's EHR have an interface or other tools that help with ...

[PROGRAMMING NOTE - MARK ONE FOR EACH ITEM A-G]

- | | | |
|--|-----|----|
| a. Medication tracking and reconciliation? | Yes | No |
| b. Evidence-based treatment or clinical decision support? | Yes | No |
| c. Collection of data for CMS measures (including OASIS "scrubbing" programs)? | Yes | No |
| d. Software prompts or validation to improve OASIS accuracy | Yes | No |
| e. Reporting of CMS measures? | Yes | No |
| f. Tracking or monitoring of quality of care and/or patient outcomes? | Yes | No |
| g. Administration of medication? | Yes | No |

28. Not including an EHR, does your home health agency use any other software or electronic tools that help with ...

[PROGRAMMING NOTE - MARK ONE FOR EACH ITEM A-B]

- a. Collection of data for OASIS (including "scrubbing" programs for OASIS data)?
..... Yes No
- b. Reporting of CMS measures? Yes No

CHARACTERISTICS OF YOUR HOME HEALTH AGENCY

These next questions will help us to describe the home health agencies that participate in this survey.

29. Is your home health agency freestanding (and not owned by or affiliated with a larger system/chain, hospital, or integrated delivery system)?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes, freestanding [GO TO QUESTION 34]
² No, owned by or affiliated with a larger entity

30. Is your home health agency affiliated with or owned by a home health agency system or chain?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
² No

31. Is your home health agency owned by a hospital?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
² No

32. Is your home health agency part of an integrated delivery system?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
² No

33. Do you face a shortage of nurses, physical therapists, or other frontline clinicians in your area?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
- ² No

34. Does your home health agency participate in any of the following types of Accountable Care Organizations (ACOs)?

[PROGRAMMING NOTE - MARK ONE FOR EACH ITEM A-F]

- | | | |
|--|-----|----|
| a. Medicare Shared Savings Program | Yes | No |
| b. Medicare Pioneer ACO | Yes | No |
| c. Medicare's Advanced Payment Model ACO | Yes | No |
| d. Medicare's Next Generation ACO Model | Yes | No |
| e. Medicaid ACO | Yes | No |
| f. A private, commercially insured ACO arrangement
(within an HMO or PPO) | Yes | No |

35. Is your home health agency participating in any other type of alternative payment model that may have shared savings or shared risk (e.g., global budgets, bundled payments for selected procedures)?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes
- ² No

36. Does your home health agency participate in other non-CMS quality and efficiency measure reporting programs sponsored by:

[PROGRAMMING NOTE - MARK ONE FOR EACH ITEM A-D]

- | | | |
|---|-----|----|
| a. Medicaid | Yes | No |
| b. The state where your home health agency is located | Yes | No |
| c. Commercial insurers | Yes | No |
| d. Employer or multi-stakeholder collaboratives | Yes | No |

37. Across your home health agency's entire book of business, approximately what percentage of your patients are...? (Please provide your best estimate. Your percentages should sum to 100%.)

[PROGRAMMING NOTE - PERCENTAGES MUST SUM TO 100]

_____ % Medicare only patients (excluding Medicare Advantage)
_____ % Medicare Advantage patients
_____ % Medicaid only and Dual eligible (Medicare and Medicaid) patients
_____ % Commercially-insured patients
_____ % Insured by Veterans Administration
_____ % Private-pay patients
_____ % Uninsured/self-pay patients
100% TOTAL

RESPONDENT BACKGROUND

38. Which of the following best describes your job title or position within this home health agency?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Chief Executive Officer
- ² Administrator
- ³ Director of Nursing
- ⁴ Senior leader responsible for quality of clinical care (e.g., VP for Quality)
- ⁵ Clinical Manager
- ⁶ Member of a team responsible for measuring and reporting quality of clinical care
- ⁷ Some other role (please specify): [TEXT BOX 140 CHARACTERS]

39. How many years have you been in your current position within this home health agency?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Less than one year
- ² One to three years
- ³ More than 3 years

40. Do you have a clinical background?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes, indicate clinical background: [TEXT BOX 140 CHARACTERS]
- ² No

41. Has your home health agency quality team received formal training/certification on quality improvement strategies (e.g., CMS Home Health Quality Initiative educational programs or Institute for Healthcare Improvement training courses, which include courses for Plan-Do-Study-Act cycles)?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes, indicate strategy and certification: [TEXT BOX 140 CHARACTERS]
² No

42. Did anyone else help you complete this survey?

[PROGRAMMING NOTE - MARK ONE ITEM]

- ¹ Yes [GO TO QUESTION 43a]
² No [GO TO END SCREEN]

43a. What is the job title or position of the person or persons who helped you complete the survey?

[TEXT BOX 140 CHARACTERS]

[GO TO END SCREEN]

[PROGRAMMING NOTE – DISPLAY AS END SCREEN]

Thank you for taking the time to complete this survey.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 0938-[PLACEHOLDER FOR NEW NUMBER]. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

PRESS ENTER TO SUBMIT YOUR ORGANIZATION'S DATA