HCAW QAPI Roundtable

home care association of washington
REPRESENTING HOME HEALTH, HOSPICE, & HOME CARE AGENCIES

Today's Facilitator:

Amber Hahn-Keenan, MBA

MultiCare Home Health & Hospice

Director of Operations

Welcome Members!

QAPI Roundtable Committee Members:

- **Lara Safar, Clinical Director HCAW**
- **Amber Hahn-Keenan**
- **Deb Strom**
- **Gira Shah**
- **Marc Berg**
- **Sarah Cameron**
- **Nicole Christion**

Introductions

- Please type in the chat:
  - Name
  - Title
  - Agency

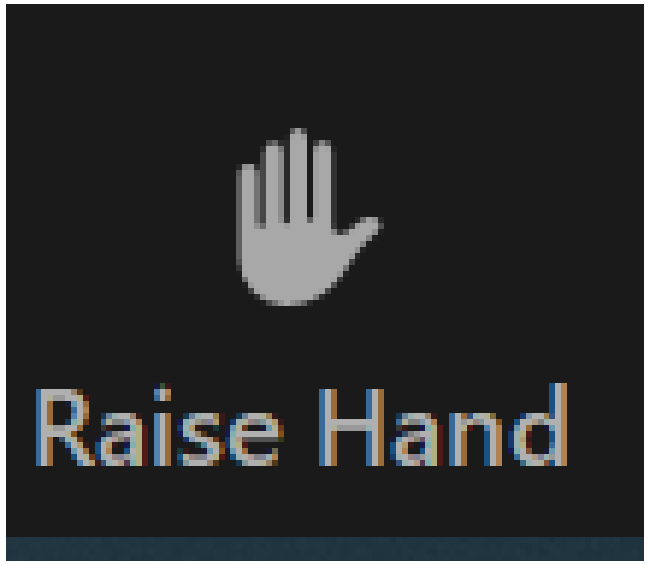
Agenda

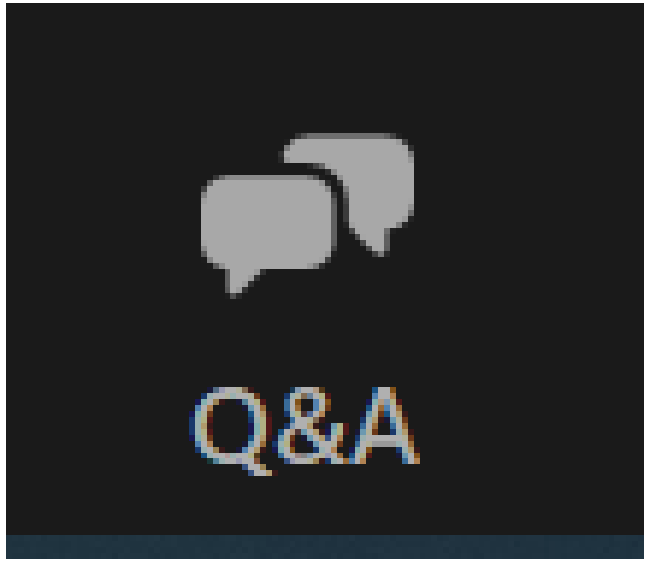
March 25th, 10:00am

TIME	ITEM
10:00am	Welcome and Introductions
10:10am	Purpose of Roundtable and Ground Rules
10:15am	Topic Review and Facilitated Panel Discussion
10:40am	Open Discussion/Round Table
11:00am	Adjournment

Ground Rules

- Assume good intent; we are discussing areas needing growth/improvement so remember to take the high road.
- Be succinct; so more of us can participate in the discussion
- Use the chat function to enter a comment, support a point of view, or ask a question
- Be prepared to share your contact information with the group—encourage other members to learn more about how you are approaching the subject(s) of the month.
- Maintain confidentiality; discuss the learnings, not the agency
- Share best practices with others to elevate patient care throughout Washington
- Share barriers to allow group problem solving
- Make connections to partner outside of the roundtable for individual improvement projects





Q&A

- All Q&A will be managed using Zoom Q&A and addressed at the throughout the presentation
- If you need our attention or have an immediate question, use the “Raise Hand” feature

HHCAHPS Survey Changes in 2026 (effective April 2026)

CMS has finalized major updates to the Home Health CAHPS (HHCAHPS) Survey, marking the first substantial revision since the survey began. These changes go live with the April 2026 sample month (surveys administered starting May 2026).

1. Survey Length Reduction
•Current survey: 34 questions
•2026 survey: 25 questions
CMS intentionally streamlined the survey to reduce respondent burden and modernize content.

2. New Questions Added (3 Total)
These emphasize patient-centered care and family involvement:
- Did staff care about you as a person? (Q11)
- Did staff provide your family/friends with needed information? (Q12)
- Did services help you take care of your health? (Q13)

These new items reflect themes of emotional connection, caregiver partnership, and self-management — all key patient-experience drivers.

3. Medication-Related Questions Removed (4 questions deleted; medication items reduced from 6 → 2)
Removed items include:
- Asking to see all medications (Q5)
- Whether patient took new/changed meds (Q11)
- Education on why to take new meds (Q12)
- Education on when to take meds (Q13)

CMS removed these because they were overly detailed and of lower importance to patients.

HHCAHPS Survey Changes in 2026 (effective April 2026)

4. Removal of Discipline Specific Questions
Removed questions asking whether the patient received:

- Nursing services (Q6)
- Therapy services (Q7)
- Aide services (Q8)

These items were not included in public reporting and contributed to confusion.

5. Removal of a Poor-Performing Question

- Whether the agency explained what services the patient would receive at the start of care (Q2)

6. Public Reporting Impact
The HHCAHPS Summary Star Rating continues to use:

- Overall rating
- Composite measures (updated)

However, because of the new survey structure, public reporting will undergo a recalibration starting ~2027 after enough data is collected.

7. Consider language options for the survey may impact survey response

- Vendor specific and potential extra expense
- Example: SHP only has 4 languages available

How 2026 HHCAHPS Changes Impact HHVBP

1. HHVBP Removes Three HHCAHPS Composite Measures in CY 2026

Due to the redesigned survey composite structure, the following three measures are **removed** from the HHVBP applicable measure set:

1. Care of Patients
2. Communications Between Providers and Patients
3. Specific Care Issues

These composites can no longer be reliably calculated post-revision.

2. Only Two HHCAHPS Measures Will Count in HHVBP for 2026

The **only** remaining HHCAHPS metrics in 2026 HHVBP scoring are:

1. Overall Rating of Home Health Care
2. Willingness to Recommend

These two together now represent **20% of the Total Performance Score** for larger-volume HHAs (0% for smaller-volume cohorts).

How 2026 HHCAHPS Changes Impact HHVBP

3. HHVBP Rebalances Weights Across Other Domains

Because 3 HHCAHPS composites were removed (18% of the TPS), CMS redistributed weights:

20%

HHCAHPS Measures → Overall Rating

Willingness to Recommend

40%

OASIS-Based Measures →

Includes:

Dyspnea

Oral medication mgmt

Discharge Function Score

New 1800-series items (bathing, upper-body dressing, lower-body dressing)

40%

Claims-Based Measures →

Now includes:

Potentially Preventable Hospitalization (PPH)

Discharge to Community – PAC (DTC-PAC)

NEW: Medicare Spending Per Beneficiary – PAC (MSPB-PAC)

BERG DATA

Visit Utilization and Patient Satisfaction
HCAW Roundtable
March 25, 2026

Data Sources: 2024 Medicare FFS Claims, SSA Medicare Enrollment

WA State: Total Average Visits / Episode

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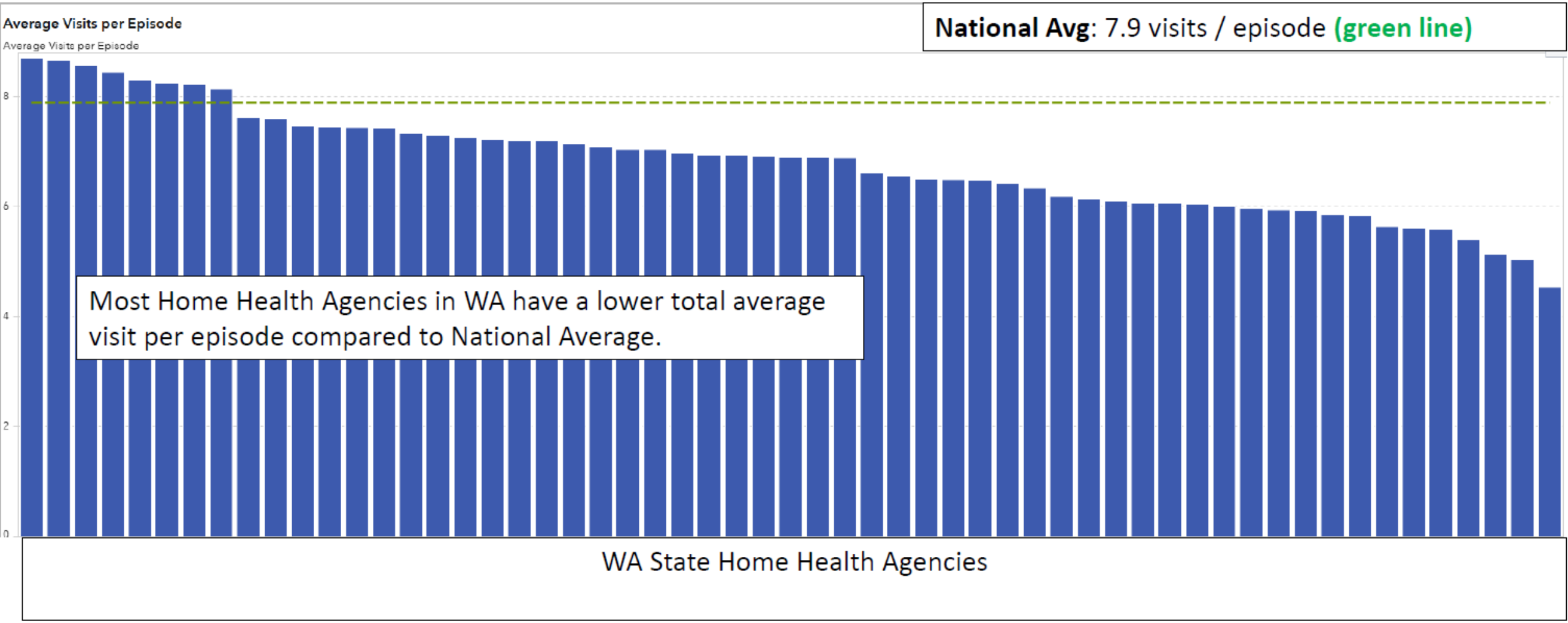

WA State: Average Visits / Episode By RN and PT

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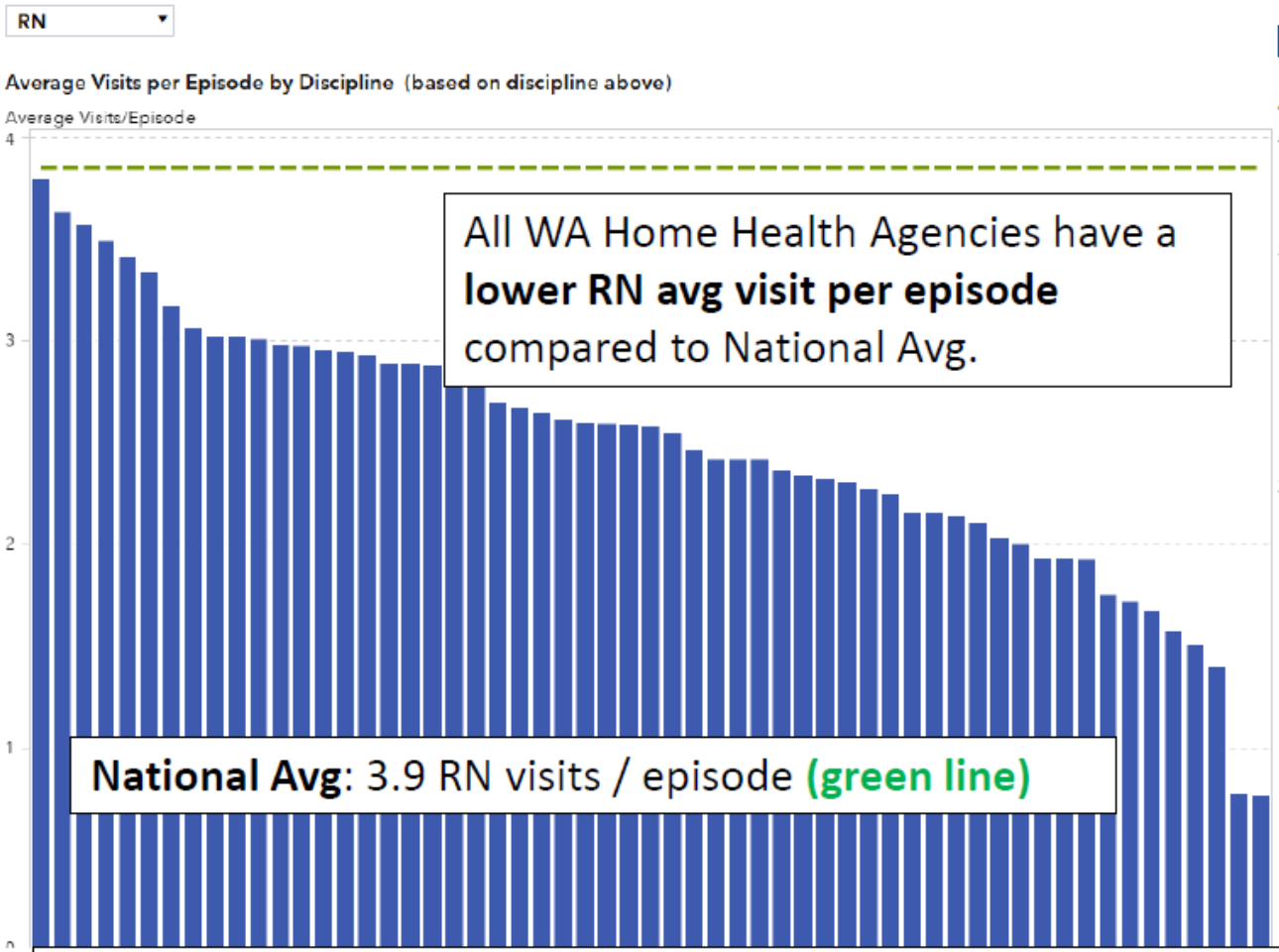

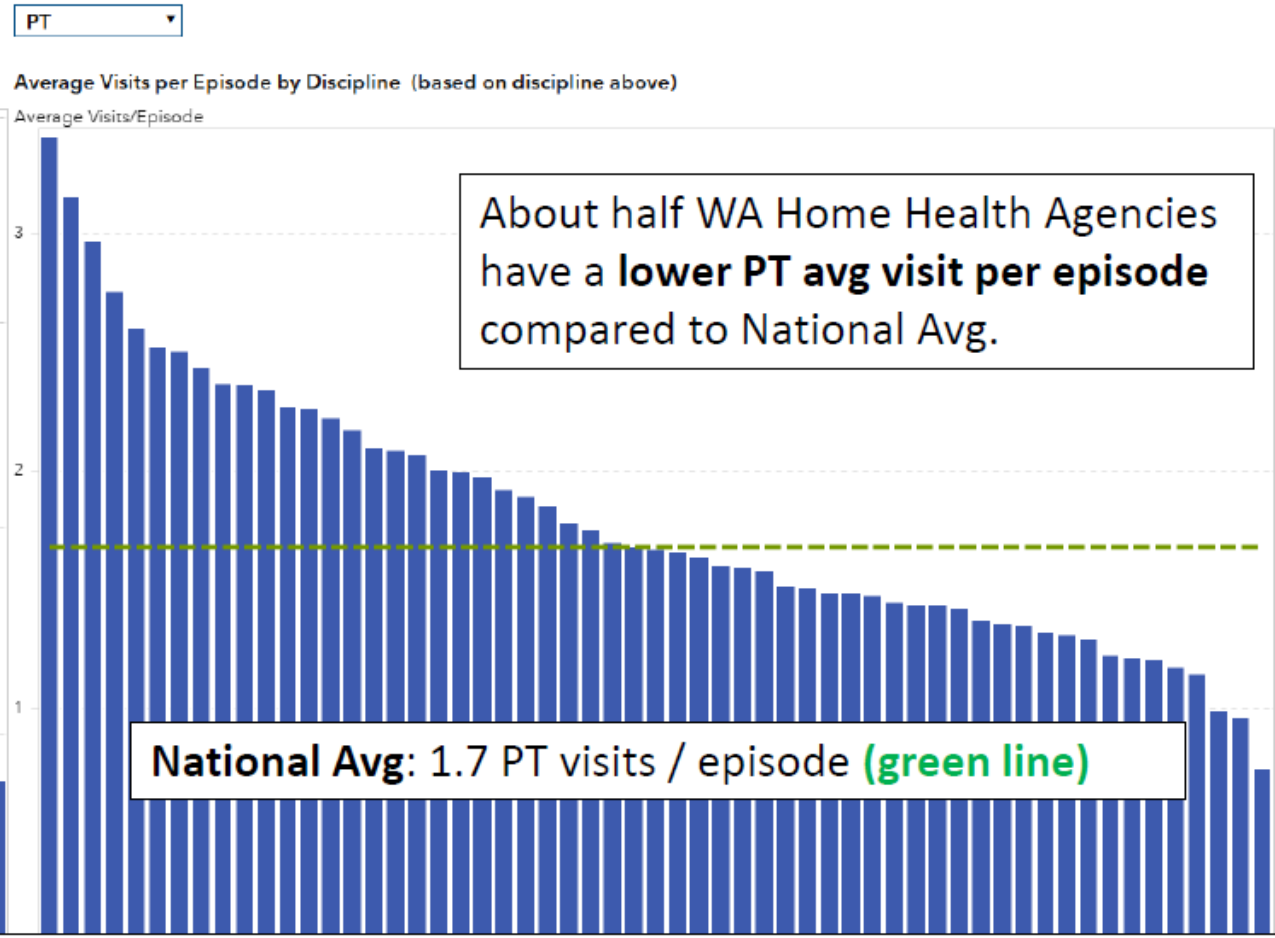

WA State Home Health Agencies

Example: High Correlation

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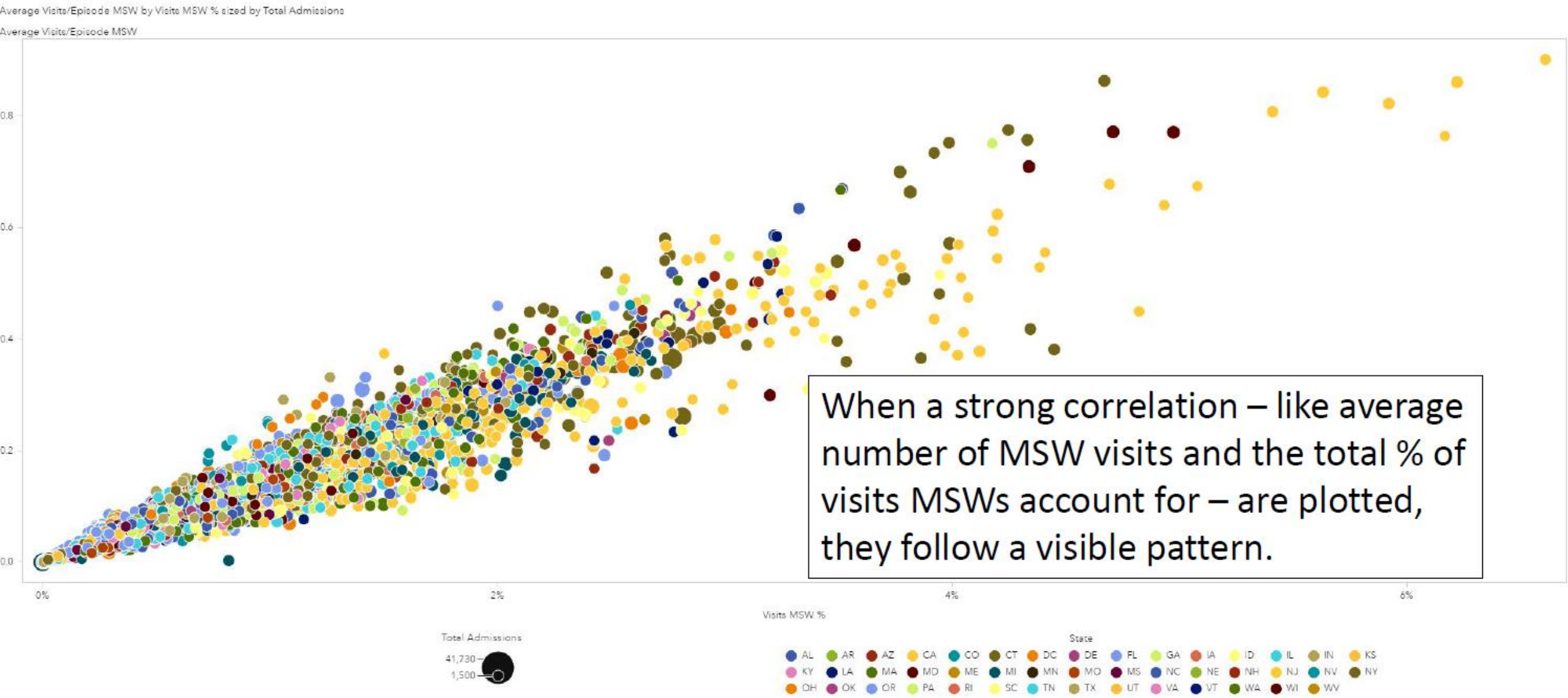

When a strong correlation – like average number of MSW visits and the total % of visits MSWs account for – are plotted, they follow a visible pattern.

Example: Low Correlation

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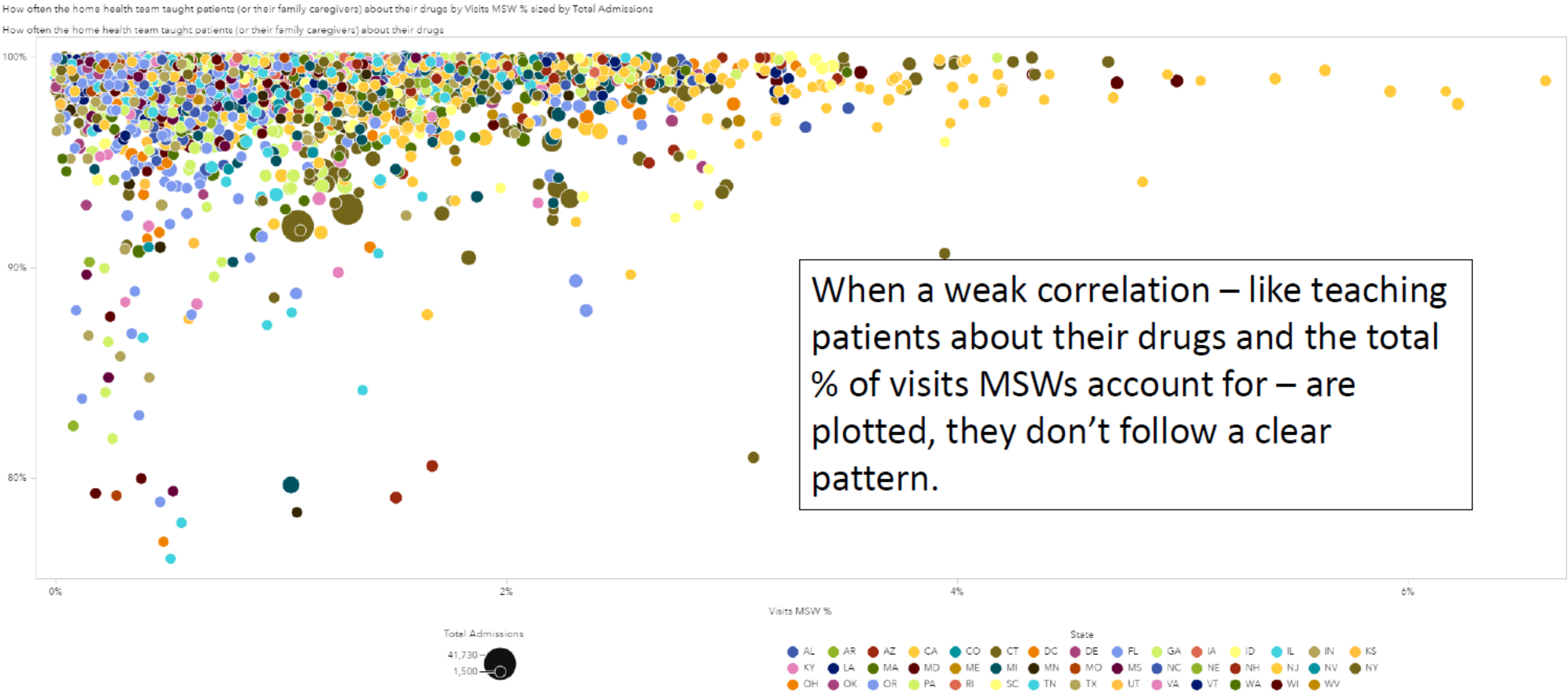


When a weak correlation – like teaching patients about their drugs and the total % of visits MSWs account for – are plotted, they don't follow a clear pattern.

Total Average Visits per Episode vs Patient Satisfaction

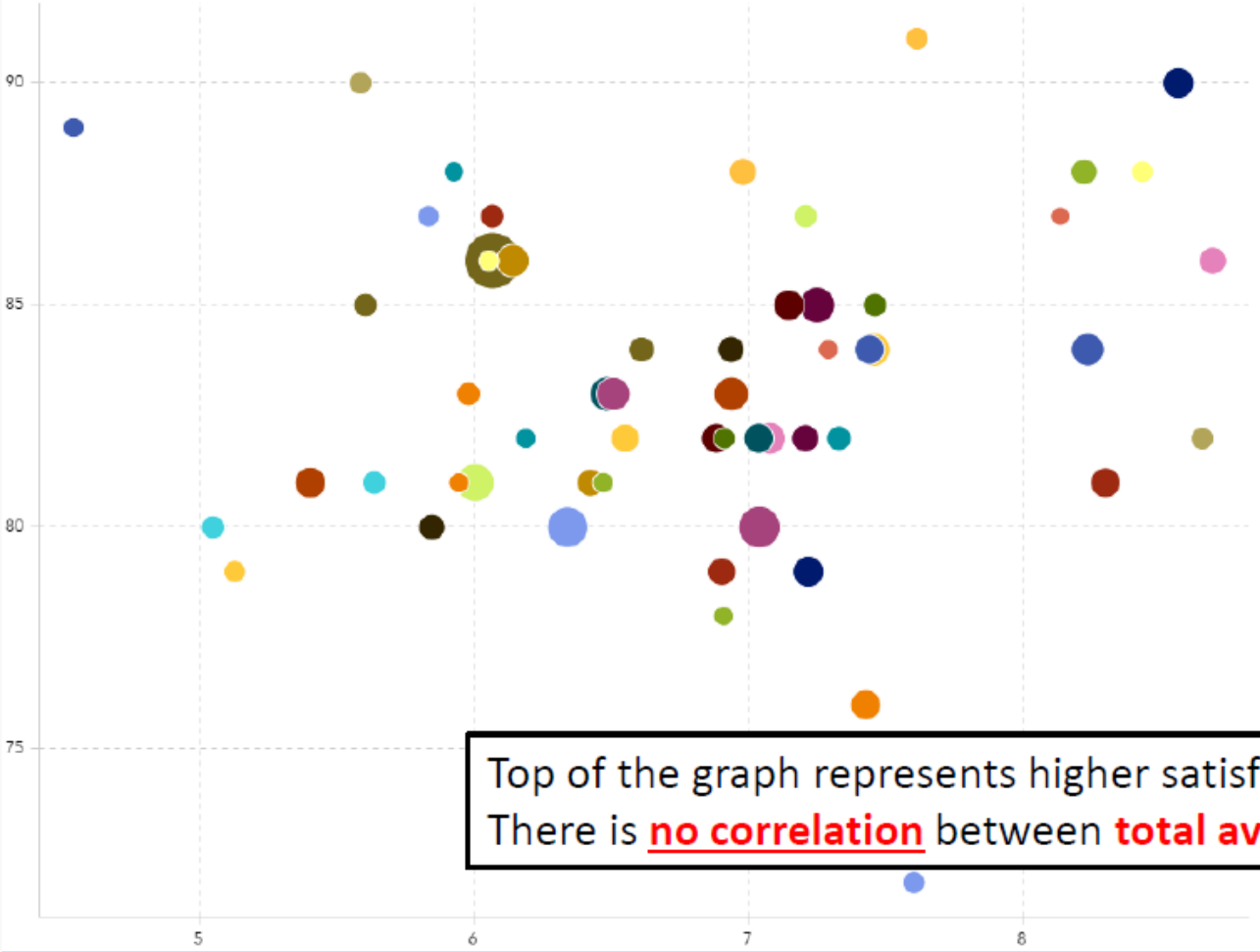
BERG DATA

Each dot represents a WA State HHA. Larger dots are larger organizations.

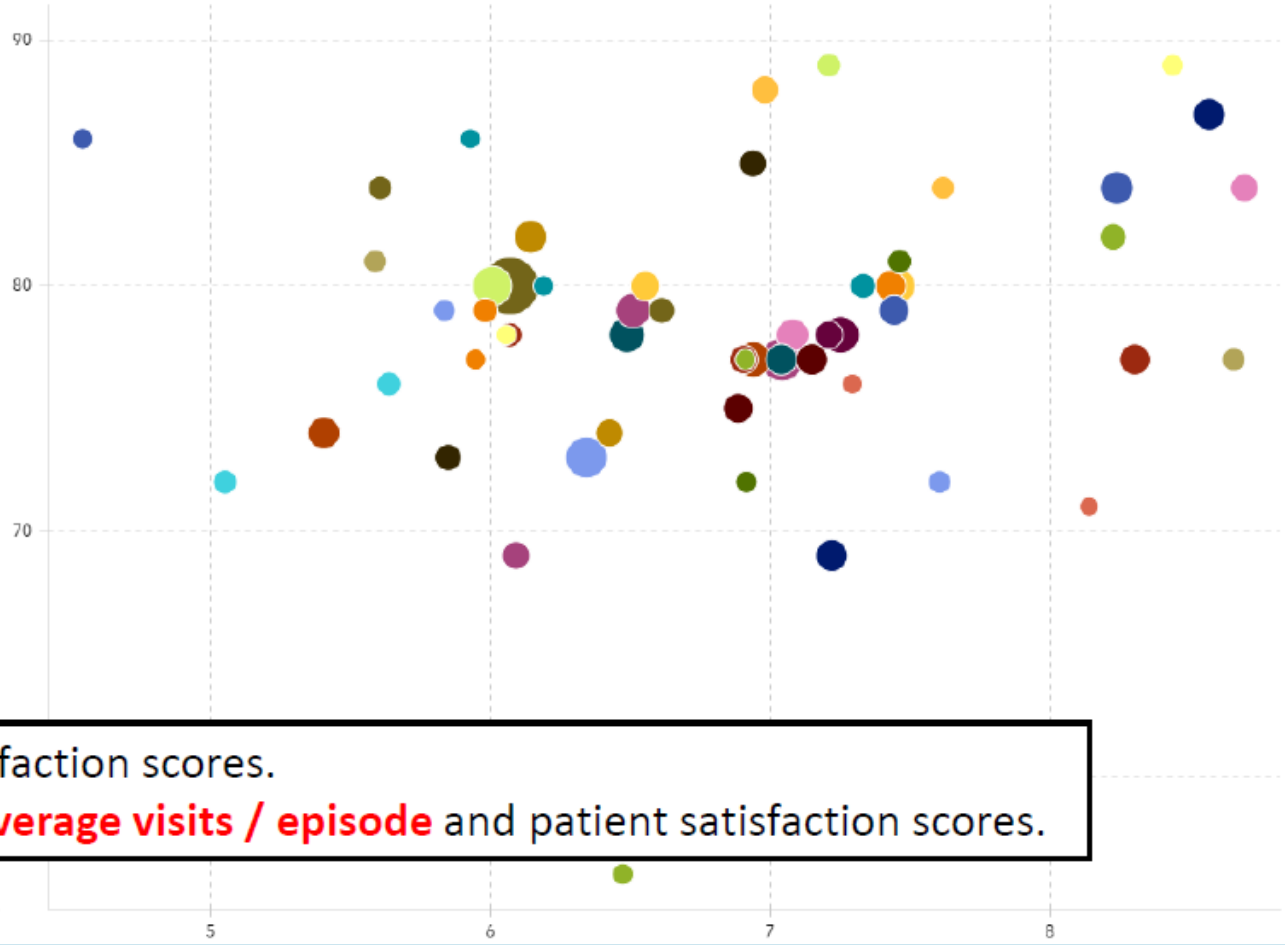
Patient Satisfaction Top-Box Category, and a Selection of Other Key Metrics (X-axis)

Average Visits per Episode

Percent of patients who gave their Home Health Agency a rating of 9 or 10 (Y-axis) correlated with the variable listed above.



Percent of patients who reported YES, they would definitely recommend the Home Health Agency to friends and family (Y-axis) correlated with the variable listed above.

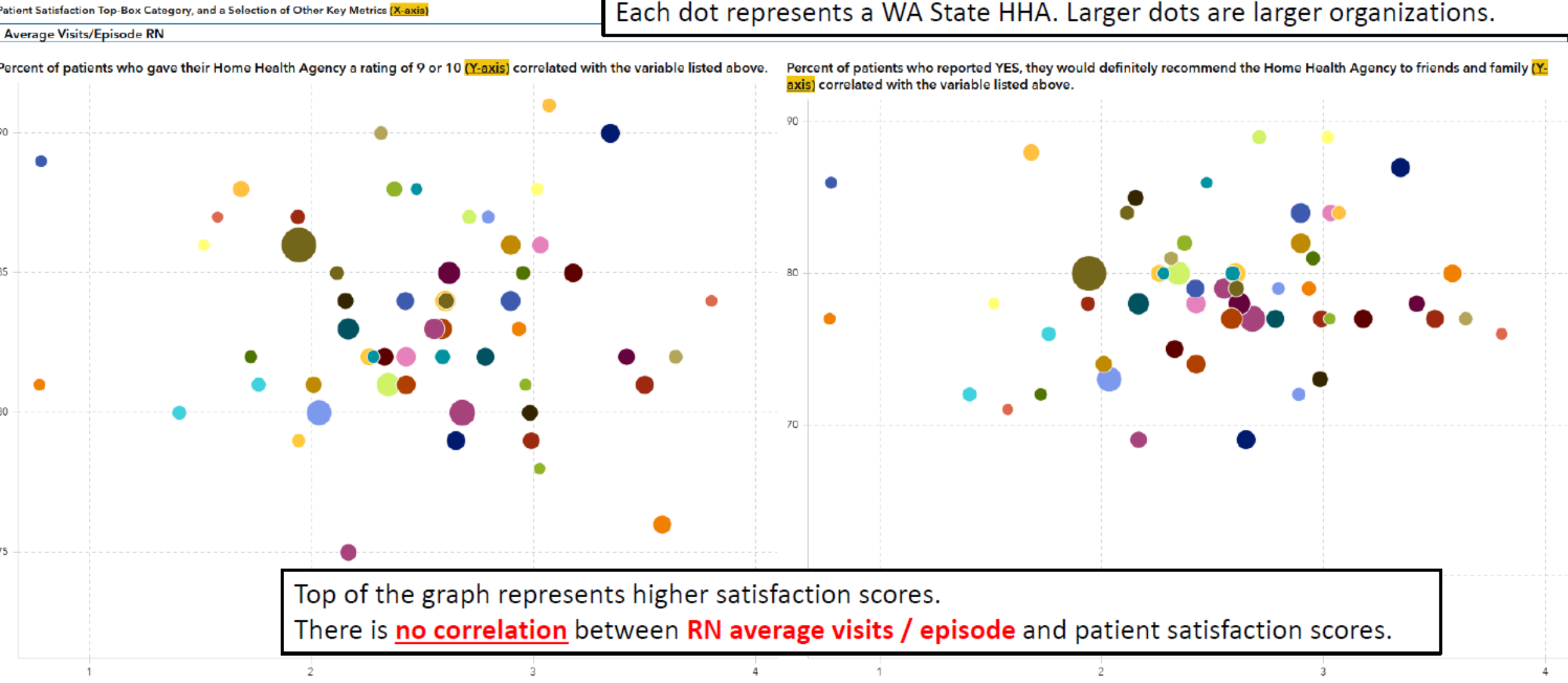


Top of the graph represents higher satisfaction scores.
There is **no correlation** between **total average visits / episode** and patient satisfaction scores.

Total Average **RN Visits** per Episode **vs** Patient Satisfaction

BERG DATA

Each dot represents a WA State HHA. Larger dots are larger organizations.



Top of the graph represents higher satisfaction scores.
There is **no correlation** between **RN average visits / episode** and patient satisfaction scores.

Total Average **Therapy Visits** per Episode **vs** Patient Satisfaction

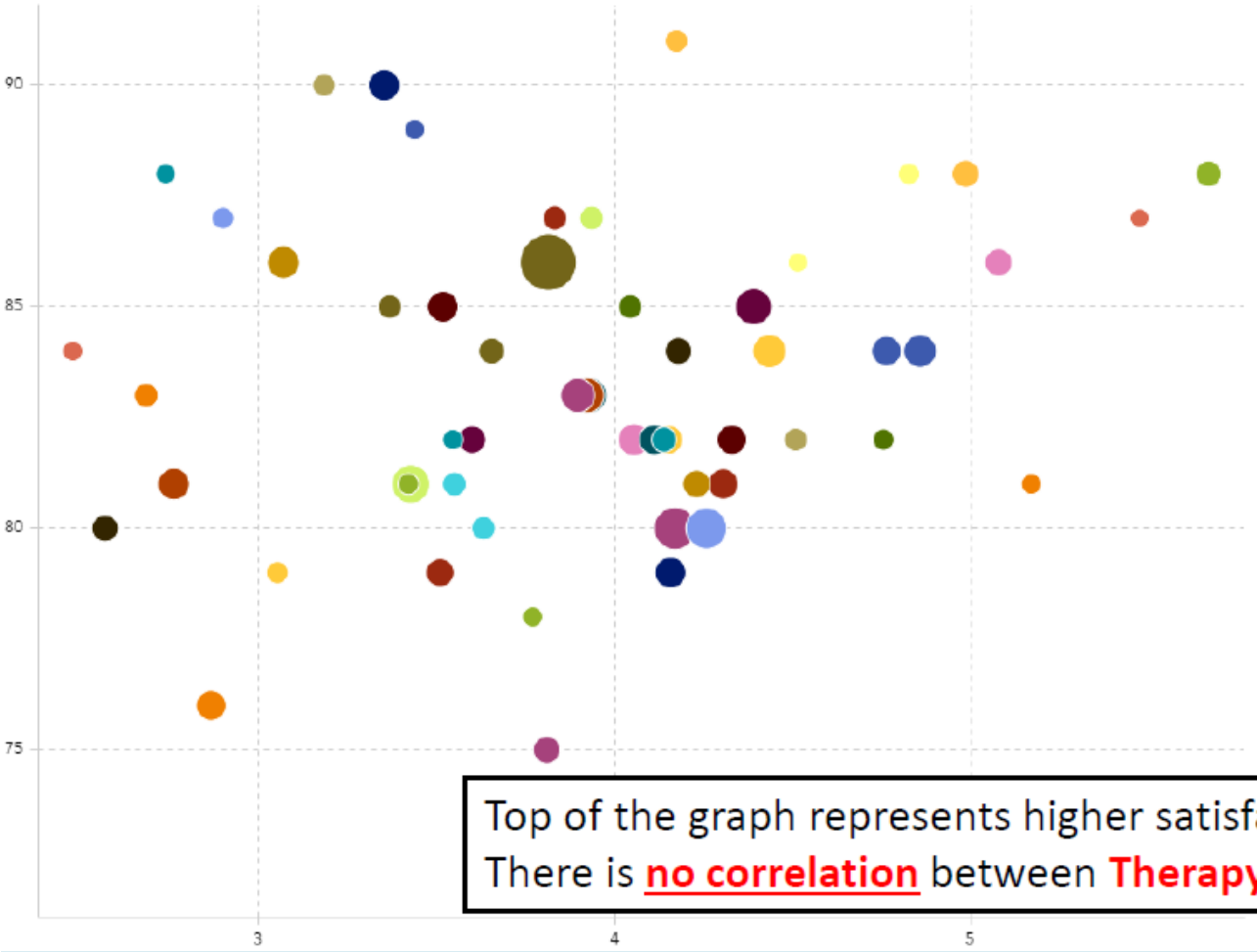
BERG DATA

Each dot represents a WA State HHA. Larger dots are larger organizations.

Patient Satisfaction Top-Box Category, and a Selection of Other Key Metrics (X-axis)

Average Visits/Episode Therapy

Percent of patients who gave their Home Health Agency a rating of 9 or 10 (Y-axis) correlated with the variable listed above.



Percent of patients who reported YES, they would definitely recommend the Home Health Agency to friends and family (Y-axis) correlated with the variable listed above.

Top of the graph represents higher satisfaction scores.
There is **no correlation** between **Therapy average visits / episode** and patient satisfaction scores.

LUPA % vs Patient Satisfaction

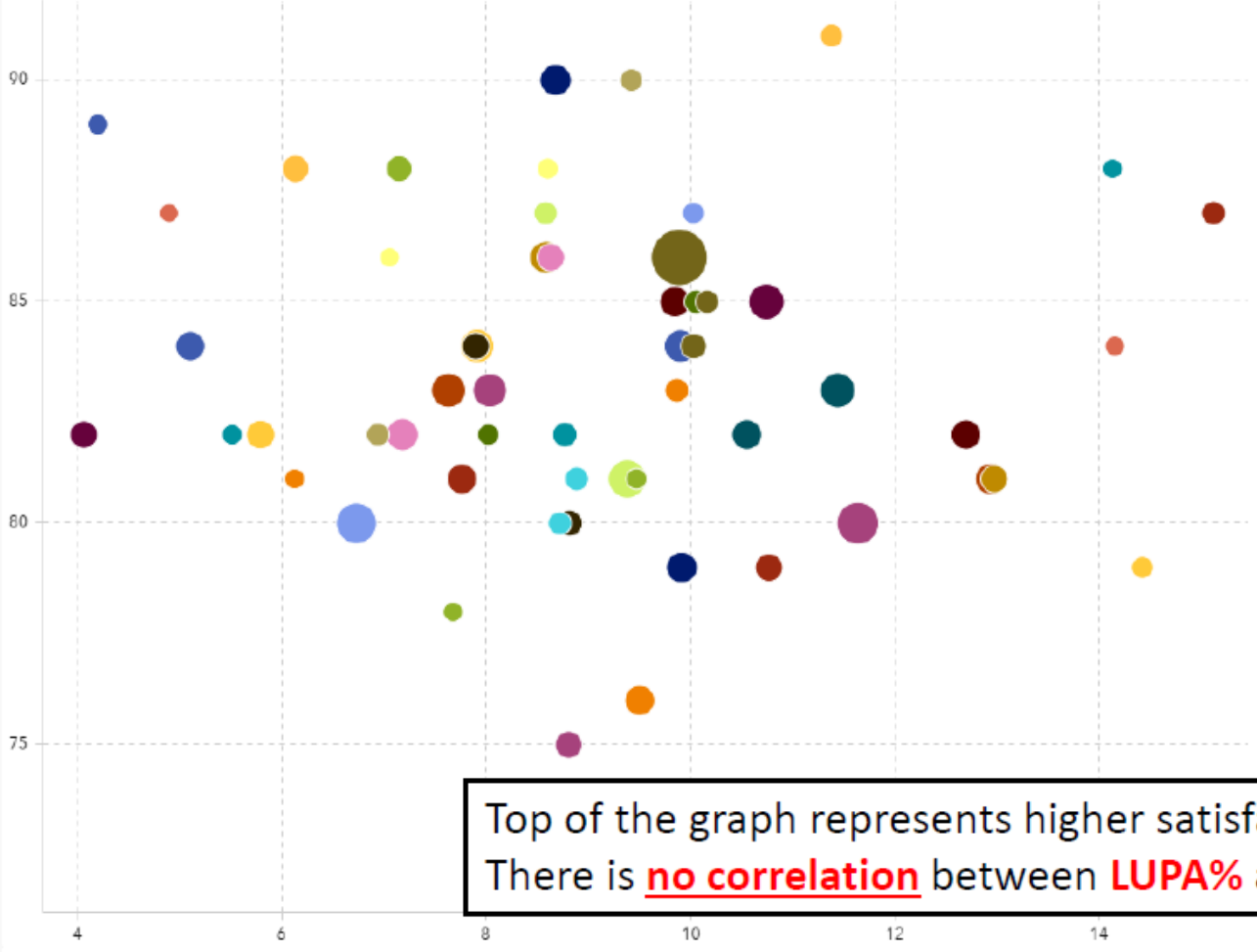
BERG DATA

Each dot represents a WA State HHA. Larger dots are larger organizations.

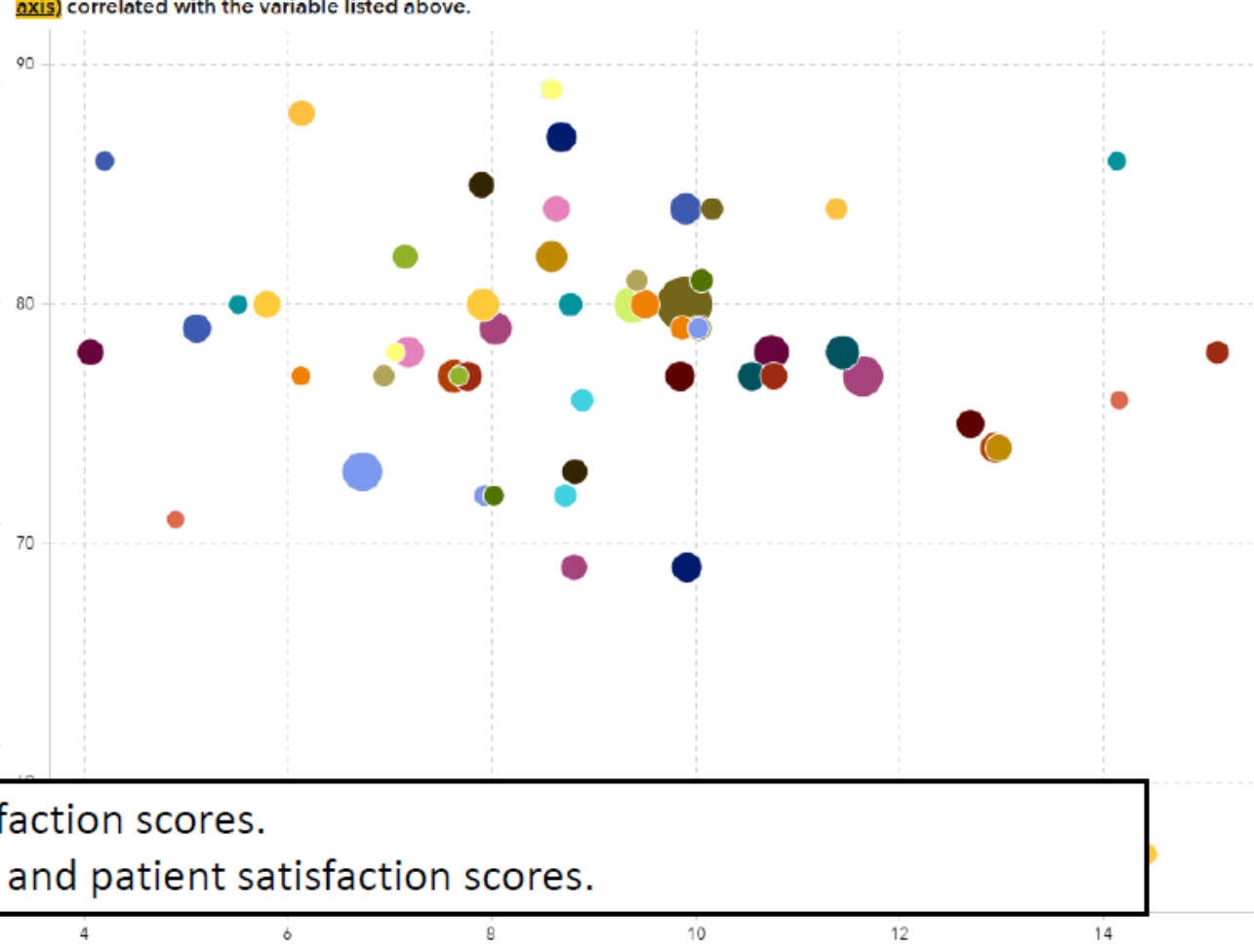
Patient Satisfaction Top-Box Category, and a Selection of Other Key Metrics (X-axis)

LUPA Percent

Percent of patients who gave their Home Health Agency a rating of 9 or 10 (Y-axis) correlated with the variable listed above.



Percent of patients who reported YES, they would definitely recommend the Home Health Agency to friends and family (Y-axis) correlated with the variable listed above.



Top of the graph represents higher satisfaction scores.
There is **no correlation** between **LUPA%** and patient satisfaction scores.

Good Communication vs Patient Satisfaction

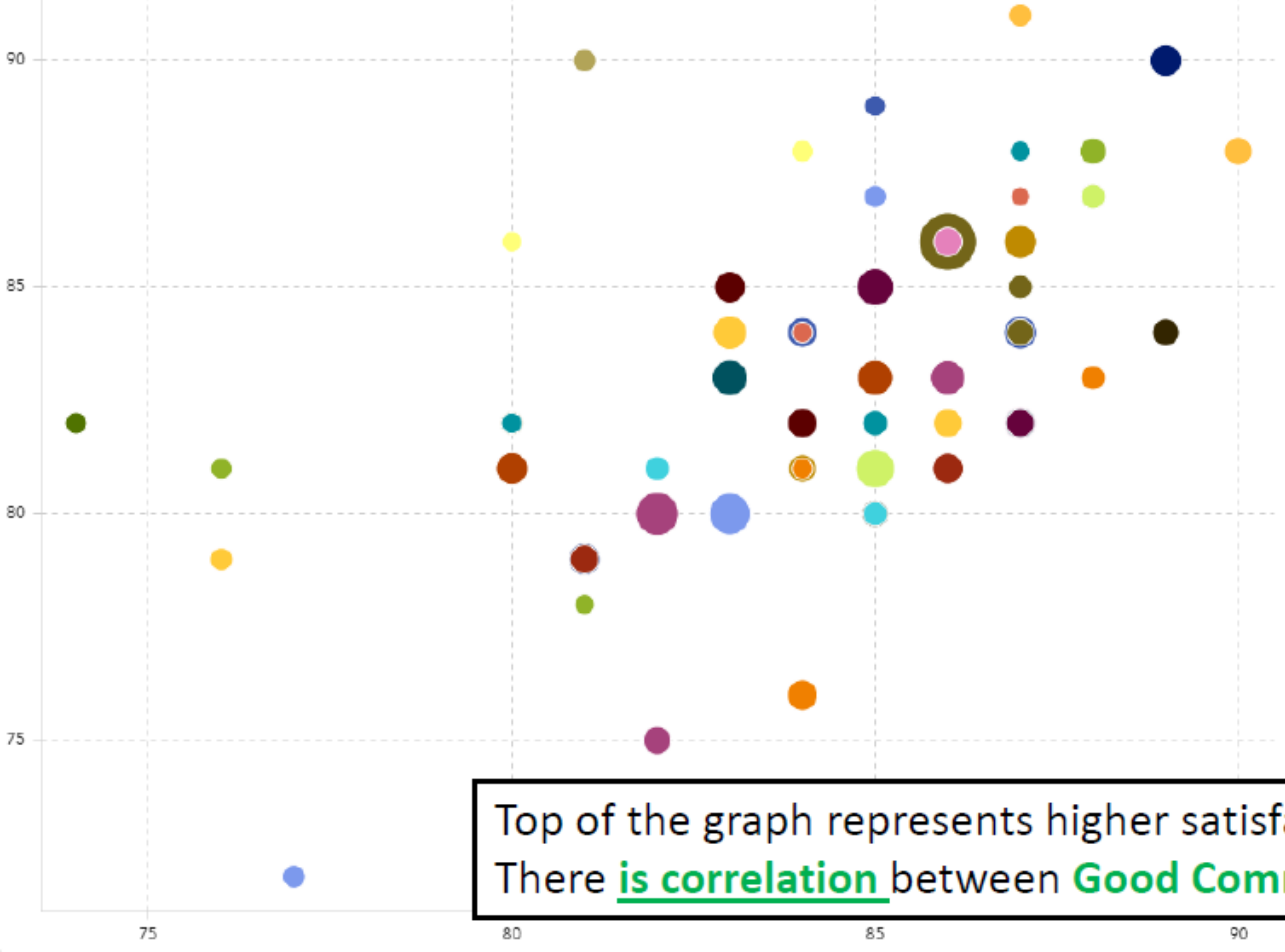
BERG DATA

Each dot represents a WA State HHA. Larger dots are larger organizations.

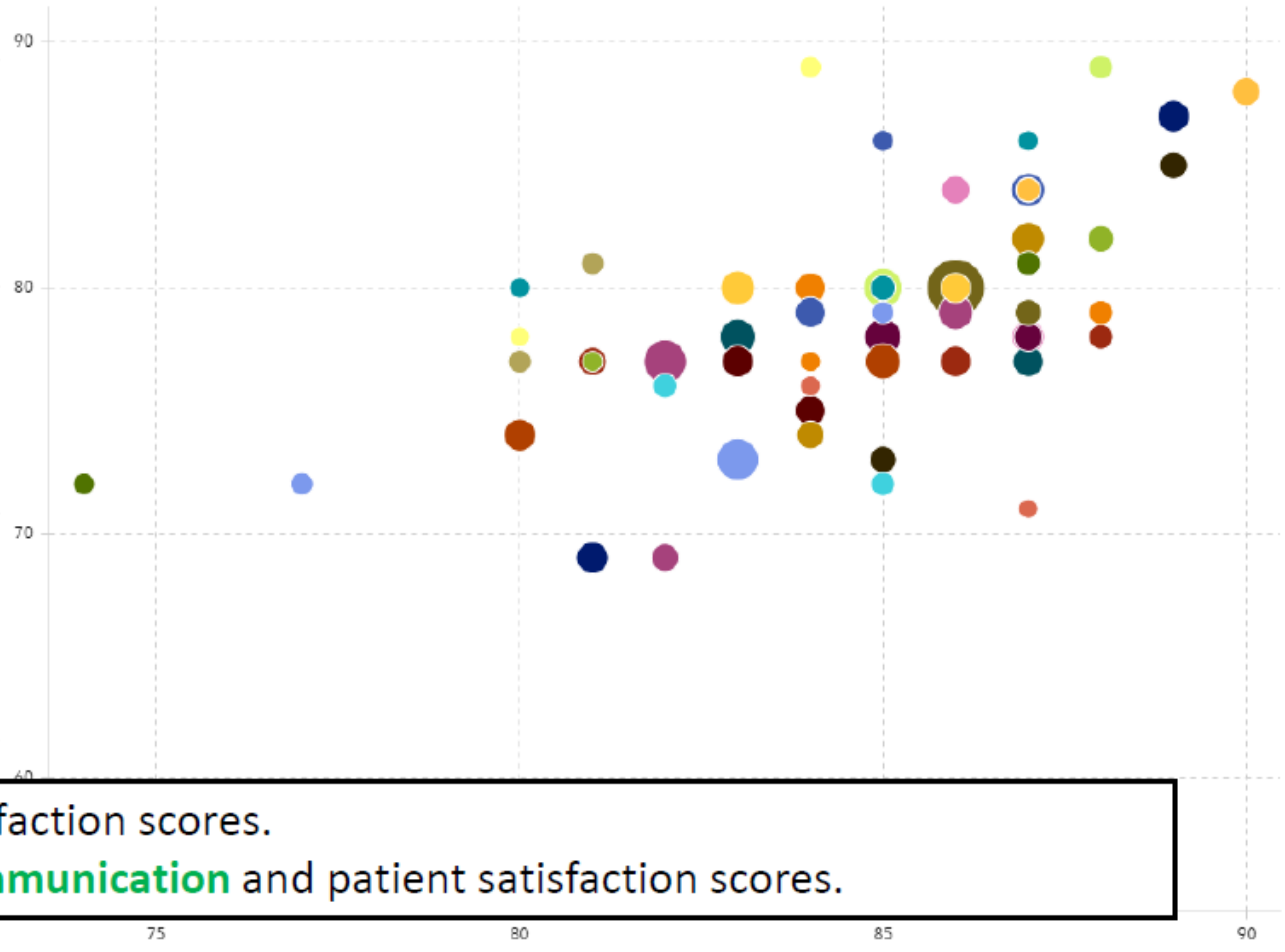
Patient Satisfaction Top-Box Category, and a Selection of Other Key Metrics (X-axis)

Percent of patients who reported that their home health team communicated well with them

Percent of patients who gave their Home Health Agency a rating of 9 or 10 (Y-axis) correlated with the variable listed above.



Percent of patients who reported YES, they would definitely recommend the Home Health Agency to friends and family (Y-axis) correlated with the variable listed above.



Top of the graph represents higher satisfaction scores.
There is correlation between Good Communication and patient satisfaction scores.

BERG DATA

Contact Information

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949-400-2536

Marc Berg

marc@bergdatasolutions.com
360-518-3226

www.BergDataSolutions.com

Take Advantage of your HCAW Member Benefit!

Would you like to learn more about how your agency is performing relative to the topic discussed today?

Part of your member benefit includes **personalized follow-up** on select topics.

Reach out to Sarah and/or Marc and we're happy to connect with you.

Strategies for Improving HHCAHPS measures

Use updated survey language

Incorporate survey phrases during patient interactions. For example:

Use the term “gentle”. Consider during wound care saying “I know this isn’t comfortable, Ms. Smith. I’m going to be as gentle as I can.”

Use the phrase “treating with care”. A clinician could say “I want to ensure I’m treating you with care as we remove this bandage.”

Prepare your staff

Some survey questions speak to the patient’s experience outside the home.

Make sure your staff in the office are prepared to offer great customer services.

Provide customer service training

Know the patient

Take the time prior to your visits to review the patient’s history.

Focus on consistency of care to build a relationship and communication among the team

Use case conferences to align messaging and reinforce safety and medication themes

Narrate the care to provide patients with total care provided

Peace Health QAPI Project Improving Patient Satisfaction: Scheduling Experience

Patient feedback identified scheduling as top concern

Press Ganey results showed:

- "Ease of Scheduling" = lowest scoring category

QAPI Project Goal: Improve understanding, consistency, and satisfaction

Key Drivers Identified

Communication gaps

Preferred contact method not always updated after admission

Patient expectation mismatch

Home health scheduling differs from traditional appointments

- Calls typically made day prior
- Visits scheduled in time ranges, not exact times

Inconsistent clinician practices

Variation in:

- Advanced scheduling (same day vs week ahead)
- Timeframes (exact time vs 2hr window)

Interventions and Results Standardization + Patient Education = Improved Experience

Standardized clinician scheduling practices

Educated staff on expectations

Created a scheduling communication tool

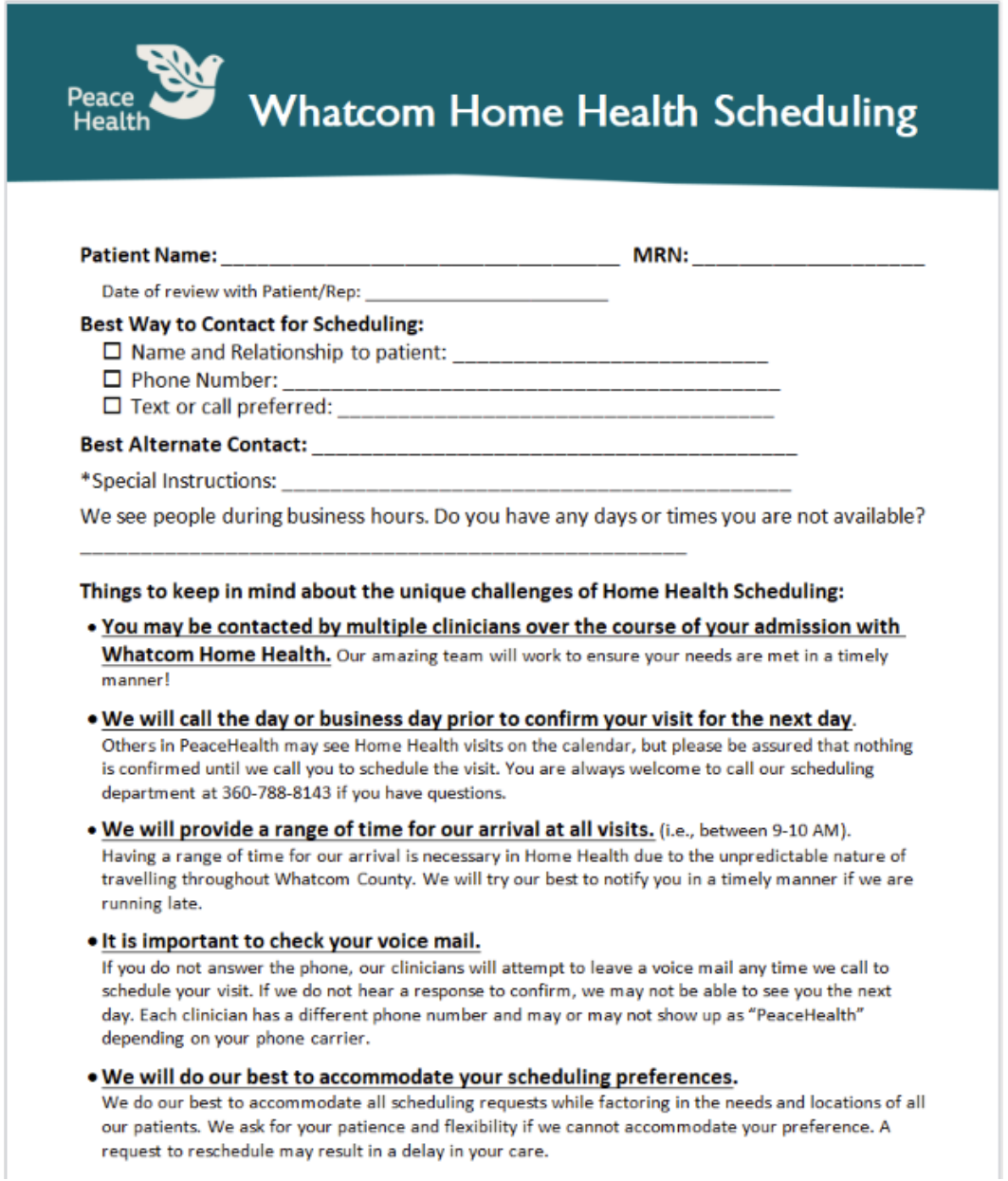
Top Section

- Preferred contact method (call/text)
- Contact person and number
- Key scheduling considerations

Bottom Section

- Patient friendly explanation of home health scheduling practices.

Patient Scheduling Handout



Peace Health

Whatcom Home Health Scheduling

Patient Name: _____ **MRN:** _____

Date of review with Patient/Rep: _____

Best Way to Contact for Scheduling:

- ☐ Name and Relationship to patient: _____
- ☐ Phone Number: _____
- ☐ Text or call preferred: _____

Best Alternate Contact: _____

*Special Instructions: _____

We see people during business hours. Do you have any days or times you are not available?

_____

Things to keep in mind about the unique challenges of Home Health Scheduling:

- **You may be contacted by multiple clinicians over the course of your admission with Whatcom Home Health.** Our amazing team will work to ensure your needs are met in a timely manner!
- **We will call the day or business day prior to confirm your visit for the next day**. Others in PeaceHealth may see Home Health visits on the calendar, but please be assured that nothing is confirmed until we call you to schedule the visit. You are always welcome to call our scheduling department at 360-788-8143 if you have questions.
- **We will provide a range of time for our arrival at all visits.** (i.e., between 9-10 AM). Having a range of time for our arrival is necessary in Home Health due to the unpredictable nature of travelling throughout Whatcom County. We will try our best to notify you in a timely manner if we are running late.
- **It is important to check your voice mail.** If you do not answer the phone, our clinicians will attempt to leave a voice mail any time we call to schedule your visit. If we do not hear a response to confirm, we may not be able to see you the next day. Each clinician has a different phone number and may or may not show up as "PeaceHealth" depending on your phone carrier.
- **We will do our best to accommodate your scheduling preferences.** We do our best to accommodate all scheduling requests while factoring in the needs and locations of all our patients. We ask for your patience and flexibility if we cannot accommodate your preference. A request to reschedule may result in a delay in your care.

Questions:

- Does anyone have any successes or improvements in HHCAHPs with the group?
- Has anyone targeted specific words/terms to trigger memory or correlation for the patients?
- What has your agency done to increase the return rate?
  - Badge buddy: “Ask me about 5 stars?” (remember to address with ALL patients)

Reminder:

- There are Do/Don’ts provided by CMS. Here’s a link to reference: https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems/home-health-cahps

Round Table…

Contact Marie Schmidt of HCAW at info@hcaw.org for more information.