

## **Medicare Fee-for-Service Beneficiaries' Transitions through Home Health Care**

*The authors selected a 5% random sample of Medicare fee-for-service (FFS) beneficiaries and analyzed their administrative data (enrollment, claims, and OASIS assessments) from 2004 to document the substantial health needs and medical complexity of home health patients.*

### **Lead Agency:**

Centers for Medicare & Medicaid Services (CMS)

### **Agency Mission:**

The mission of CMS is to administer the Medicare, Medicaid, and State Children's Health Insurance Programs and to promote quality care for beneficiaries.

### **Principal Investigators:**

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Johns Hopkins University, Johns Hopkins School of Medicine, Johns Hopkins Bayview Center for Innovative Medicine

### **General Description:**

The purpose of this research was to describe Medicare fee-for-service (FFS) beneficiaries' transitions through home health care within the context of other acute and post-acute services, to examine health indicators among home health services patients, and to examine agreement within administrative claims and Outcome and Assessment Information Set (OASIS) measures of health services use. To conduct this study, the authors exploited a new CMS data resource, the Chronic Condition Data Warehouse (CCW). The CCW was created pursuant to Section 723 of the Medicare Modernization Act of 2003, whose intent was to improve the quality of care and reduce the cost of care for chronically ill Medicare beneficiaries.

### ***Excellence:*** What makes this project exceptional?

This project contributes knowledge to an important but less well understood area of the health care continuum. Existing home health quality initiatives are setting-specific and limited to information generated by providers that submit OASIS assessments to the government. The

authors found that approximately two-thirds of home health patients incurred acute or post-acute services in the 2 weeks preceding entry into home health, and that one-third incurred further acute and/or post-acute services during the month after discharge. This result suggests there would be merit in articulating patient-specific rather than setting-specific measures of home health care quality.

***Significance:*** How is this research relevant to older persons, populations and/or an aging society?

Approximately 7.4% of beneficiaries in 2004 used home health care. According to this study, home health users' average age is five years higher than the age of beneficiaries generally (77.0 vs. 71.9 years), and more than one-quarter are at least 85 years old. More than one-quarter used Medicaid as well as Medicare. Upon initial assessment, nearly 1 in 3 participants were dependent on others for help with activities of daily living; virtually all were disabled in instrumental activities of daily living. Claims-based indicators of chronic illness from the CCW suggested that one-quarter of home health users in 2004 had Alzheimer's disease or senile dementia, and one quarter had an indication of major depression within the last year. High rates of neurological and emotional disorder in this population of Medicare beneficiaries suggest substantial challenges are inherent in caring for ill elders at home, often shortly following a stay at an acute hospital.

***Effectiveness:*** What is the impact and/or application of this research to older persons?

The study documents the substantial health needs and medical complexity of Medicare home health patients, as well as the high frequency of their transitions through the health care system. Findings substantiate the practical importance of CMS current efforts to develop a new, psychometrically sound, uniform post-acute assessment tool to improve information transfer between care settings, coordination of care, and patients' transitions across health care delivery settings.

***Innovativeness:*** Why is this research exciting or newsworthy?

This study documents an important but less well understood area of the home health care continuum as it affects elderly Americans. The research also demonstrates the utility of enhancing traditional administrative data with a relatively new routine data resource, provider-submitted assessments, and with longitudinal summary data that facilitate efficient analysis.