

***Charting the Course for Home Health Quality:
Action Steps for Achieving Sustainable Improvement***

**Strengthening Condition Specific Evidence-Based Practice
Executive Summary**

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THE ISSUE

In an era of evidence-based health care practice, a large gap still exists between the current state of scientific knowledge and the implementation of that knowledge in home care settings. However, the industry is well positioned to make rapid advances in incorporating evidence-based practices into its clinical culture. What are the “high payoff” diagnoses and conditions that should be addressed in order to improve the quality of home health care? The premise of using the best available evidence for making decisions about patient care has been widely accepted. However, efforts to promote evidence-based practice in home care have been hampered by relative isolation from mainstream academic and health care industry achievements in promoting quality improvement. Pressures associated with heightened regulatory scrutiny and to deliver economically in order to prosper under PPS are motivating the home care industry to adopt more streamlined care practices with the potential to improve quality. Few clinical practice guidelines, the condition-specific “gold standard” for evidence-based practice, have been developed specifically for use in the home care setting. Even though guidelines are not available to guide care for many home care populations, other types of evidence is available for certain home care practices and conditions.

PAPER OBJECTIVES

In order to advance the agenda for strengthening evidence-based home care, this paper identifies priority diagnoses and conditions as targets for evidence-based home care practice based on criteria including existing quality problems, disease burden, and the availability of effective interventions. It reviews the available evidence base specific or adapted to home care for these diagnoses and conditions; and where progress has been made in applying evidence-based practices to the provision of home care for each of the priority

conditions. And, it offers recommendations on ways to improve the home care evidence base, to incorporate the existing and growing evidence into home care practice, and identifies a number of condition-specific opportunities for improvement that could be implemented and disseminated now in order to improve the quality of home care provided to the nation’s elders.

FINDINGS

Identifying Priority Conditions for Evidence-Based Home Care Practice

- Variation in patient outcomes between home care agencies as measured by OASIS data is suggestive of significant opportunities for quality improvement. However, they are not reported by diagnosis. Additionally, no industry-wide systematic effort to measure key processes of care exists. Therefore, evidence of existing quality problems cannot currently serve as a source of information to select priority conditions for evidence-based practice.
- The most prevalent home care diagnoses are those of the elderly who comprise almost 75% of the home care population, and include heart disease, diabetes, chronic obstructive pulmonary disease, fractures and osteoarthritis. Because polypharmacy is so prevalent, virtually all home care patients also have issues of medication management.
- Comorbid conditions are common, with 3 out of 4 patients having two or more diagnoses when they are admitted to home care. Although under-diagnosed and underreported, it is likely that depression is one of the most common comorbid conditions among elderly home care recipients.
- The burden (impacts on patient health and quality of life) of these prevalent conditions is substantial.

- Congestive heart failure (CHF): *Multiple interventions involving home care nurse participation* (including standardized care pathways and telecare) are associated with lower rehospitalization rates for CHF patients.
- Diabetes: *Interventions to support patient self-management* are promising but must also address *patient knowledge deficits* about diabetes care.
- Chronic obstructive pulmonary disease (COPD): *Guidelines and interventions for patient education and self-management* could be modified to apply to the home care setting, but few studies have addressed *COPD rehospitalization rates* in the context of the U.S. care delivery model.
- Fractures/Falls: Good evidence exists for *multi-factorial risk assessment* for all patients and for *balance training* for patients who have had a previous fall.
- Osteoarthritis: *Home-based exercise programs* are effective for patients with knee osteoarthritis.
- Depression: Good evidence exists that *depression is under-identified in home care*, and that *screening improves accurate identification* of depressed patients in primary care.
- Medication management: *Participation of clinical pharmacists* in medication management interventions is associated with increased appropriate use of medications.

RECOMMENDATIONS FOR HOME HEALTH CARE

Improving the home care evidence base

- Devote resources to *modifying existing clinical practice guidelines* for applicability to home care.
- *Add home care representation* to other guideline development efforts on the national level.

- *Prioritize efforts* for those guidelines that must be developed de novo.
- Conduct *replication studies in more home care agencies with greater numbers of patients* for those interventions that are promising.
- *Conduct meta-analysis and systematic reviews* of groups of smaller studies.
- *Review existing pathways and caremaps* for relevant consensus on aspects of care without a current evidence base.

Incorporating the evidence base into home care practice

- *Report OASIS outcomes measures by priority diagnoses and conditions.*
- *Measure and report data about processes of care.*
- Identify and test opportunities for *collaborative improvement activities* between home care agencies.
- *Develop practical tools* that agencies and their staffs can use to implement the proposed changes.

Condition-specific opportunities for improvement

- Screen home care patients for depression.
- Involve pharmacists in medication management interventions.
- Use standardized clinical pathways for decreasing CHF rehospitalization rates.
- Home-based exercise programs for patients with knee osteoarthritis.
- Multi-factorial risk assessment for all patients and for balance training for patients who have had a previous fall.
- Use of “telemedicine” modalities to support patient self-management.