

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
Office of Research, Development, and Information  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



2006 Edition

# Active Projects Report

Research and Demonstrations in Health Care Financing

## Theme 5

### Improving Quality of Care and Performance Under CMS Programs





## Theme 5: Improving Quality of Care and Performance Under CMS Programs

**Summary:** Quality is a key theme in future health systems change. In recent years, there has been a growing public awareness of medical errors and issues with quality of care. Studies have pointed out that, although our health system provides some of the most advanced, high-quality medical treatments, there are variations in quality of care and areas for improvement. Health care providers have played a major role in initiating quality improvement efforts. Over the years, some purchasers have collaborated with providers to promote quality improvement, especially by distributing information to providers and health plans regarding performance. CMS's research program continues to pursue efforts to develop better information about health care quality for patients, caregivers, and providers; develop new measures of quality; and create incentives for providers to improve quality.

### Chronically Ill Medicare Beneficiary Research, Data, and Demonstration

**Project No:** 500-00-0031/04  
**Project Officer:** Spike Duzor  
**Period:** November 2004 to June 2006  
**Funding:** \$789,621  
**Principal Investigator:** Christopher Tompkins  
 Dan Gildea  
 Task Order (RADSTO)  
**Award:** Brandeis University, Heller Graduate School, Institute for Health Policy  
**Awardee:** 415 South Street, P.O. Box 9110  
 Waltham, MA 02254-9110

**Description:** This project is in support of Section 723 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA). Brandeis/JEN will evaluate the current Enterprise Cross Reference (ECR) and Medicare, Medicaid, and Assessment link keys developed by OIS. They will provide recommendations on the OIS link-key process and confidence score weights by defining how specific data elements should be considered when matching records both within state and across State matching.

**Status:** Brandeis/JEN delivered the first draft for MDS/OASIS (Assessment) self-linkage process within State and the validation approach that could be considered in the OIS process at the end of February 2005. A final draft is expected to be complete by early April 2005. ■

### Clinical and Economic Effectiveness of a Technology-Driven Heart Failure Monitoring System

**Project No:** 18-C-91172/03  
**Project Officer:** John Pilotte  
**Period:** September 2000 to September 2005  
**Funding:** \$3,000,000  
**Principal Investigator:** Mariell Jessup, MD  
**Award:** Cooperative Ageement  
**Awardee:** University of Pennsylvania, Heart Failure and Cardiac Transplant Program  
 6 Penn Tower, 3400 Spruce Street  
 Philadelphia, PA 19104

**Description:** This demonstration project assesses the clinical and economic impact of the Alere DayLink Heart Failure Monitoring System on Medicare beneficiaries recently hospitalized or with acute exacerbation of congestive heart failure. The project uses a randomized study design to assess the addition of the Alere DayLink Heart Failure Monitoring System to standard management of heart failure medical care and its impact on re-hospitalizations for heart failure over a 12 month period. Patients initially randomized to the intervention group will be re-randomized at 6 months to either receive an additional 6 months of monitoring or to usual heart failure medical care. The project analyzes the impact of the monitoring system on Medicare utilization, Medicare costs, beneficiary functional status, physician adherence to recommended clinical care guidelines, patient adherence with prescribed

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therapy, and patient and provider acceptance and satisfaction. Medicare beneficiaries residing in Billings, Montana; Louisville, Kentucky; Philadelphia, Pennsylvania; Indianapolis, Indiana; and New York City, New York were enrolled in the project.

**Status:** The site began enrollment in 2001 and enrolled a total of 284 patients. The evaluation of the findings from the project are due to CMS in the Fall, 2005. ■

#### Design and Implementation of Medicare Home Health Quality Assurance Demonstration

**Project No:** 500-94-0054  
**Project Officer:** Armen Thoumaian  
**Period:** September 1994 to December 2003  
**Funding:** \$5,185,699  
**Principal Investigator:** Peter Shaughnessy  
**Award:** Contract  
**Awardee:** Center for Health Services Research, University of Colorado  
 1355 South Colorado Boulevard,  
 Suite 706  
 Denver, CO 80222

**Description:** The Medicare Home Health Quality Assurance Demonstration has pioneered an approach to develop outcome-oriented quality assurance techniques and promote continuous quality improvement in home health agencies (HHA). The goal of the demonstration was to determine the feasibility of a methodology for a national approach for outcome-based quality improvement (OBQI). Outcome measures were computed using the Outcomes and Assessment Information Set (OASIS). Under the demonstration, staff of 54 regionally-dispersed HHAs completed the OASIS data collection instrument for each patient at the start of care and at 60-day intervals (up to and including discharge). The Center for Health Services Research then conducted three rounds of data analysis and outcome report generation, each based on 12 months of data. Risk adjusted reports are produced for 41 specific patient quality outcomes for all adult patients. These reports are provided to the participating HHAs and are used

to determine which outcomes need improvement, thereby providing a focus for agency staff to target problematic care. The demonstration resulted in significant improvement in 80 percent of agency-specific outcome targets, with a yearly improvement in re-hospitalization rates across all agencies.

**Status:** Fifty-four agencies in 26 States were phased into the demonstration beginning in January 1996. Then in January 1997, the demonstration agencies received their first outcome reports and developed plans of actions to improve care for two patient outcomes during 1997. Agencies received their second annual reports in May 1998, which contained baseline comparisons from 1997, and received their third and final reports in May 1999. A final report has been completed and is available. Funding was increased to a total of \$5,185,000 and the project was extended 3 years to December 31, 2003. Following completion of the demonstration project, the contract was modified to provide technical and data analysis and consultative support to CMS to implement nationwide OASIS through the Center for Medicaid and State Operations, to develop the OBQI system for subsequent national implementation through the Quality Improvement Organization program of the Office of Clinical Standards and Quality, perform research on new risk adjustment methodologies, develop the OASIS/OBQI Change and Evolution Program, and provide OASIS/OBQI related technical analysis and consultation support to CMS and its components. This contract ended December 31, 2003. Many of the activities begun under this contract will be continued under the OASIS Technical Analysis and Support Contract. ■

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A draft report of the remaining study/task, which is named “Options for Improving Nurse Aide Training”, will be completed by March 31, 2005.

**Status:** All work on this contract will be completed by March 31, 2005. ■

#### Transportable Simulation-Based Training

**Project No:** 18-P-92332/01-01  
**Project Officer:** Carl Taylor  
**Period:** August 2004 to August 2005  
**Funding:** \$98,732  
**Principal Investigator:** Marc Shapiro  
**Award:** Grant  
**Awardee:** Rhode Island Hospital  
 593 Eddy Street  
 Providence, RI 02903

**Description:** This project will develop a transportable simulation-based curriculum to provide patient safety and human factors training or resident physicians at teaching hospitals that care for Medicare and Medicaid patients. The specific areas of focus include: (1) teamwork in emergent situations; (2) transitions in care; (3) authority gradients and cultural change (e.g., medical error disclosure); and (4) clinician recognition of cognitive biases which lead to diagnostic error.

**Status:** The project is underway. ■

#### Develop, Conduct, and Analyze Surveys of Providers That Work with Quality Improvement Organizations (QIO)

**Project No:** 500-01-0020/01  
**Project Officer:** Mei Wang  
**Period:** September 2002 to March 2005  
**Funding:** \$1,181,984  
**Principal Investigator:** William Taylor, MD  
**Award:** Task Order (ADDSTO)  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** The purpose of this project is to collect information on the satisfaction of health care providers with the performance of the Quality Improvement Organizations (QIOs). The survey results will be combined with performance measures to evaluate the results of the QIOs in the seventh scope of work. To gain a broad view of the quality of the QIOs’ interactions, we sampled providers from nursing homes, home health agencies, hospitals, physician offices, and managed care organizations. The sample size is 20,000 providers to ensure an adequate sample to make comparisons across provider settings and the states. The questionnaire was developed to measure satisfaction across several domains, and a composite measure was designed for the evaluation. The survey is a mailed questionnaire with an option of using the web to enter responses. Telephone interviews will be conducted for those who do not respond. The final report from these surveys will be completed by March 2005.

**Status:** The surveys are beginning and will require 9 months of field work to complete due to the staggered contract starting dates. The final report will be completed by March 2005. ■

#### Developing and Evaluating the Use of a Quality Indicator Format in the End Stage Renal Disease Survey Process

**Project No:** 500-96-0005/04  
**Project Officer:** Judith Kari  
**Period:** September 1999 to April 2005  
**Funding:** \$2,612,295  
**Principal Investigator:** Robert Rubin  
**Award:** Task Order  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** This project was developed to enhance the End Stage Renal Disease (ESRD) survey process. The ESRD survey process is a complex technical process that requires an understanding of the mechanical, technical, and clinical aspects of ESRD. Therefore, CMS developed an automated tool to guide ESRD surveys using a tablet PC and wireless networking. This project promotes consistent and accurate survey results and provides more efficient and objective ways to record them. This project was developed, in part, to meet directives of the Balanced Budget Act of 1997 (BBA). The BBA directed the Secretary of Health and Human Services to develop and implement a method to measure and report quality of renal dialysis services provided under the Medicare program under Title XVIII of the Social Security Act.

**Status:** The automated tool to guide ESRD surveys has been developed and pilot tested in four states. A national pilot of this automated tool will be implemented in FY2006. ■

#### Development and Validation of MDS 3.0

**Project No:** 500-00-0027/02  
**Project Officer:** Robert Connolly  
**Period:** April 2003 to December 2006  
**Funding:** \$3,539,564  
**Principal Investigator:** Debra Saliba  
**Award:** Task Order (RADSTO)  
**Awardee:** RAND Corporation  
 1700 Main Street, P.O. Box 2138  
 Santa Monica, CA 90407-2138

**Description:** The purpose of this procurement is to refine and validate Version 3.0 of the MDS. The goal of the refinement is to produce a valid instrument that reduces user burden; is more clinically relevant, while still achieving the federal payment mandates and quality initiatives; is more intuitive for users; includes better use of standard assessment scales; use of common language from health information and HIPAA standards; assesses resident quality of life; and, where possible, is more resident-centered.

Prior to drafting MDS 3.0, CMS convened a number of clinical meetings with industry experts to identify existing scales, indices, and measurement tools that are relevant to the nursing home setting. Information obtained by the clinical meetings will be shared with the offeror to help create a revised MDS tool. The goal is to create an instrument which is fluid and can adapt to various resident populations without being redundant or burdensome to facilities specializing in specific populations.

Guidelines for each item must be developed that clarify the intent, definition, and process for collecting and coding for each data item. This material must be suitable for software with wizards (or other online help features) and other intuitive data accumulation methods. Providers and stakeholders must be involved throughout the refinement and validation process. In addition, for each data item considered for the MDS 3.0, the specific uses of the element must be identified resource utilization group item, quality measure, quality indicator, resident assessment protocols (RAP), etc.) as well as specifying implications of any revised item to the RAPs, the Prospective Payment System (PPS), and State-specific case mix systems. Special attention should also be paid to how the instrument can be modified to suit a quarterly assessment form and how the final instrument fits with the Medicare Payment Assessment Form (MPAF).

Payment items considered for revision cannot be changed unless a direct crosswalk between the revised item and the old payment item is available and must be validated in the field testing of the instrument. The offeror will take this information into consideration when redesigning the tool.

The offeror has convened technical experts (i.e., providers, stakeholders, developers) to provide consultation to help inform the revision process and help the offeror sort through the feedback, tools, measures, and information shared with CMS by various interest groups and stakeholders.

The offeror will be required to convene and attend town hall meetings at CMS to seek feedback from various stakeholders on the current strengths as well as limitations of the MDS instrument and where revisions are critical in designing the MDS 3.0. This town hall meeting will be open to all interested parties and the feedback received must be taken into consideration and presented to the TEP.

The offeror will consult with CMS, the Assistant Secretary for Planning and Evaluation and Apelon, a medical terminology and vocabulary contractor, regarding the intent of MDS items and discuss lexically suggested links to MDS items and identify additional semantic links between MDS 3.0 and MDS 2.0 terms and concepts and the terminologies and vocabularies. MDS 3.0 revisions will aim to comply with the Department of Health & Human Services Consolidated Health Informatics (CHI) initiative for interoperable terminology and vocabulary so that wherever possible patient data is interoperable and can be compared across health care settings.

The offeror will work with the Veterans Health Administration (VHA) and CMS to facilitate improvements to the MDS 3.0. The VHA and CMS signed a memorandum of understanding (MOU) to facilitate coordination of MDS revisions across the two agencies. The offeror will coordinate with the VHA's Health Services Research and Development (VHA HSR&D) "Pilot Testing and Validation of Changes to the Minimum Data Set (MDS) for Veteran Administration (VA) Nursing Homes" research project that aims to contribute to the MDS 3.0 revision. The VHA HSR&D project will evaluate, within VHA nursing homes, the validity and performance of eight new or revised sections of the Minimum Data Set (MDS) (diagnostic coding, delirium, pain, falls, depression, behavior disorders, quality of life, and palliative care).

To create the community validation protocols, the offeror will consider the VA pilot test results,

tracking. The CMS funding is in addition to a grant from the Health Resources and Services Administration and other private entities.

**Status:** The first phase of the grant included software development and refinement, as well as connectivity of seven health care entities, including six Section 330 grantees and one provider of care to low-income women and children in Chicago. In phase II a central server, a Wide Area Network infrastructure, and a mobile training center have been established. They have executed contracts with 14 community health centers. CMS FY 04 budget funds have been earmarked to continue the project after July 2004. Final budget report submitted on 9/19/05. ■

#### Stabilizing Work Force for Patient Care

**Project No:** 18-P-92323/03-02  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2006  
**Funding:** \$1,101,225  
**Principal Investigator:** Charles Santangelo  
**Award:** Grant  
**Awardee:** Susquehanna Health System  
 777 Rural Avenue  
 Williamsport, PA 17701

**Description:** This continuation grant provides assistance in funding the compensation program of Susquehanna Health System hospitals for the upcoming fiscal year. These market adjustments focus on selected support and clinical positions. This has allowed Susquehanna Health System hospitals to recruit and retain personnel, thus reducing agency staffing expenses for clinical positions.

**Status:** The grant was awarded in FY 2004 and FY 2005, and the project is underway. ■

#### Study on Effectiveness of Current LTC Survey and Certification

**Project No:** 500-95-0062/03  
**Project Officer:** Marvin Feuerberg  
**Period:** November 1996 to September 2005  
**Funding:** \$2,683,138  
**Principal Investigator:** Alan White  
 Donna Hurd  
 Task Order  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** This contract was awarded to Abt Associates to conduct a congressionally-mandated study and Report to Congress on the effectiveness of the current survey process as well as some alternative survey approaches. After the contract was awarded, initial work was delayed until a political issue was resolved. Subsequently, the contract including modifications has resulted in three massive, multi-volume Reports to Congress:

"Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System, July 1998; Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Summer 2000; Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Phase II Final Report, March 2002;"

The contractor, subcontractors, and CMS staff who have written chapters in the reports have been very productive. The reports have averaged about 900 pages and have been very high-profile, all making the front page of the New York Times.

This publicity surrounding the reports created external demands on CMS and the contractor to conduct two follow-up studies/tasks that are addressed in the final modification to this contract. The most difficult of these two studies/tasks, "Options for a CMS Public Reporting System of Nurse Staffing in Nursing Homes," was completed in October 2004 and is now under review by CMS management.

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its on-going phase. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92006/07-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$500,000  
**Principal Investigator:** Vicki Keller  
**Award:** Grant  
**Awardee:** Missouri Dept., of Health and Senior Services/DSS&R  
 920 Wildwood Drive P.O. Box 570  
 Jefferson City, MI 65102

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its on-going phase. ■

#### Questionnaire Design and Testing, Data Collection and Analysis, A Related Survey of QIO's

**Project No:** 500-01-0020/05  
**Project Officer:** Mei Wang  
**Period:** September 2004 to March 2006  
**Funding:** \$307,694  
**Principal Investigator:** Vasudha Narayanan  
**Award:** Task Order (ADDSTO)  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** Title XI of the Social Security Act established the Utilization and Quality Control Peer Review Organization Program (Legislation of 1982). CMS develops and monitors 3-year contracts for the quality improvement organizations (QIOs), formerly known as peer review organizations. The remainder of the performance evaluation will be largely determined by improvement on quality indicators from a baseline level to a re-measurement level.

**Status:** The project is underway. ■

#### Shared Integrated Management Information System

**Project No:** 18-P-91723/05-03  
**Project Officer:** Kathy Headen  
**Period:** August 2002 to July 2005  
**Funding:** \$814,537  
**Principal Investigator:** Bruce Johnson  
**Award:** Grant  
**Awardee:** Illinois Primary Health Care Assoc.  
 225 S. College Street, Suite 200  
 Springfield, IL 62704-1815

**Description:** The Illinois Primary Health Care Association is designing and will maintain a single, shared integrated management information system for all community health centers in Illinois. The project will consist of three phases, which they anticipate will take approximately 5 years to complete. The system will store information on patient scheduling, billing, accounts receivable, and patient outcomes

stakeholder feedback, recommendations from CMS standardized nomenclature contractor, and feedback from the CMS –MDS Phase I project. Once a revised version has been created, the offeror will be responsible for conducting both a pilot and a national field test validation of the instrument in multiple States and nursing home facilities, taking into consideration the utility of the measures, burden on providers, validity of the information collected relative to the information collected using the old instrument, and time required to complete the instrument relative to time burden for the 2.0.

As part of the CMS and the VHA MOU, the VA will conduct the pilot test and national field test of the instrument in a sample of their long-term care facilities. Nursing homes outside the VA system will also be recruited to assure identification of a cross-sectional representation of providers. Representation from urban and rural, hospital-based and freestanding, chain and non-affiliated homes is expected. In addition, a subset of the homes specializing in the treatment of specific populations such as post-acute care, non-elderly adults (e.g. 18-65 year olds), hospice patients, and Alzheimer's units must be identified in the validation sample.

This task will include recruiting facilities, providing assistance in helping them learn how to use the new instrument, coordinating feedback, and incorporating this feedback into a finalized tool.

Finally, the offeror will be responsible for developing and delivering training material that can be used by CMS to allow a seamless transition from MDS 2.0 to MDS 3.0. This may include videos, documents, written manual instructions, and answers to potential frequently asked questions.

In designing the analytic plan and implementing the validation study, it was recommended that the contractor work with an organization knowledgeable about the MDS instrument, its history and current uses. The contractor is working with the State Quality Improvement Organizations to recruit nurses within each state to conduct the onsite validation and information collection. This approach was particularly effective in minimizing travel expenditures

and expediting the onsite data collection. CMS recognizes that this is only one approach and is just discussed as one possible option in conducting the validation. Other options are also welcome but should be described in detail as part of the work plan.

**Status:** On April 23, 2003, a competitive RADSTO award was made to RAND under the leadership of Deb Saliba, MD (from RAND and UCLA) and Joan Buchanan (from Harvard University Medical School). In April 2004, a contract modification was made to RAND to extend the period of performance through December 31, 2006 to expand the number of States and size of the Natural MDS 30 Validation Sample. ■

#### Development of Quality Indicators for Inpatient Rehabilitation Facilities

**Project No:** 500-00-0024/04  
**Project Officer:** Rita Shapiro  
**Period:** September 2001 to September 2005  
**Funding:** \$1,420,000  
**Principal Investigator:** Barbara Gage  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purpose of this project is to support developing and defining measures to monitor the quality of care and services provided to Medicare beneficiaries receiving care in inpatient rehabilitation facilities. It will identify the elements integral to assessing quality of care in rehabilitative services and develop a set of measures for use by States.

**Status:** The Field tests at the nine facilities have been completed. The data received is being currently analyzed. The contractor will send a draft report to CMS-PO and the TEP for review and comments before a final report is submitted on June 13, 2005. ■

**Evaluating the Use of Quality Indicators in the Long Term Care Survey Process**

**Project No:** 500-96-0010/03  
**Project Officer:** Karen Schoeneman  
**Period:** September 1998 to May 2005  
**Funding:** \$3,934,228  
**Principal Investigator:** David Zimmerman  
 Andrew Kramer  
 Angela Greene  
 Task Order  
**Award:**  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-1294

**Description:** This contract, in its final stage, has developed and tested a significant revision to the nursing home survey process. By using large, random samples, the contractor will develop a set of quality of care indicators and a custom software system that draws data from CMS's database, as well as information from surveyors' observations, interview, and record reviews to aid surveyors in their identification and investigation of issues of concern.

**Status:** The contractor will deliver the final procedures, training manual, and software, as well as a final report. CMS expects to pilot test the survey revision, called the Quality Indicators Survey (QIS), with State surveyors, while conducting an evaluation of the QIS in terms both of effectiveness and time/costs. ■

**Evaluation and Testing of the Nursing Home Quality Initiative (NHQI), and the Home Health Quality Initiative (HHQI)**

**Project No:** 500-00-0032/11  
**Project Officer:** Phyllis Nagy  
**Period:** September 2004 to March 2006  
**Funding:** \$608,920  
**Principal Investigator:** Henry Goldberg  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The purpose is to evaluate and test components of two CMS quality initiatives - Nursing Home Compare and Home Health Compare. This project was implemented to assist information intermediaries and (ultimately) consumers in their efforts to make informed choices. It is anticipated that such choices will be enabled via familiarization with data about the quality of care rendered by nursing homes and home health agencies.

**Status:** The project was awarded in September 2004. Research plans and sampling/data collection strategies are currently being developed. ■

**Evaluation of the MassHealth Quality Improvement Plan and Insurance Reimbursement Program**

**Project No:** 500-95-0058/09  
**Project Officer:** Carol Magee  
**Period:** September 1999 to September 2004  
**Funding:** \$682,313  
**Principal Investigator:** Janet Mitchell  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (MA)  
 411 Waverley Oaks Road, Suite 330  
 Waltham, MA 02452-8414

**Description:** This project studies two features of the Massachusetts Medicaid plan known as MassHealth. First, under the Insurance Reimbursement Program, Massachusetts is among the first States to attempt to assure employer-sponsored insurance for low-income workers. The project evaluates the process established by this Massachusetts Medicaid demonstration of increasing enrollment of low-income workers earning less than 200 percent of the Federal poverty level in employer-sponsored health insurance. It provides data on the success of this program, e.g., number of employees enrolled, number of children and adults receiving insurance, number of small employers adding insurance coverage for low-income employees. Second, under the Quality Improvement Plan, MassHealth has attracted interest because of its

**Quality Assurance and Quality Improvement in Home and Community-Based Services**

**Project No:** 11-P-92080/01-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$499,000  
**Principal Investigator:** Elizabeth McArthur  
**Award:** Grant  
**Awardee:** Connecticut Department of Mental Retardation  
 460 Capitol Ave.  
 Hartford, CT 06016

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its start-up phase. ■

**Quality Assurance and Quality Improvement in Home and Community-Based Services**

**Project No:** 11-P-92114/03-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$499,995  
**Principal Investigator:** Nancy Atkins  
**Award:** Grant  
**Awardee:** West Virginia DHHR/Bureau of Medical Services/Office of the Secretary  
 Capitol Complex Bldg., 3 Room 206  
 Charleston, WV 25305

Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its on-going phase. ■

**Quality Assurance and Quality Improvement in Home and Community-Based Services**

**Project No:** 11-P-92111/04-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$475,000  
**Principal Investigator:** Steven Hall  
**Award:** Grant  
**Awardee:** Georgia Department of Human Resources  
 Division of MHDDAD, Two Peachtree Street, NW, 22.224  
 Atlanta, GA 30303

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its on-going phase. ■

Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is progressing on schedule. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92057/05-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$499,740  
**Principal Investigator:** Donald Bashaw  
**Award:** Grant  
**Awardee:** Ohio Dept., of Mental Retardation/Development Disability  
 35 E. Chestnut Street, 5th Floor  
 Columbia, OH 43215-2541

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its on-going phase. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92122/00-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$455,113  
**Principal Investigator:** DeAnna Hartwig  
**Award:** Grant  
**Awardee:** Oregon Department of Human Services Seniors and People with Disabilities  
 500 Summer Street, NE, E-02  
 Salem, OR 97301-1073

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its on-going phase. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92120/03-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$498,650  
**Principal Investigator:** Heidi Adams  
**Award:** Grant  
**Awardee:** Pennsylvania Department of Public Welfare, Commonwealth of Pennsylvania  
 433 Forum Building  
 Harrisburg, PA 17120

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems

innovative method of including quality assurance with improvement in contracting with both managed care organizations (MCOs) and primary care clinicians. The case study portion of the project describes the operation and assesses the effectiveness of the quality improvement plan for both primary care clinicians and the MCOs.

**Status:** This evaluation was completed on September 30, 2004, with submission in September of the final report to CMS regarding the Insurance Partnership (Part II) component of the MassHealth Demonstration and a corresponding final conference at CMS. Overall, the Insurance Partnership program - facilitating acquisition of health insurance by premium subsidies to small businesses previously without such - was considered very helpful, enabling employers with less than fifty employees (and particularly those self-employed) to become insured. However, among randomly-surveyed non-participating firms, many were unaware of the IP program, raising concerns about limited success of publicity efforts by the demonstration. ■

#### Evaluation of the Medicare Care Management Performance Demonstration (Phase I)

**Project No:** 500-00-0033/05  
**Project Officer:** Lorraine Johnson  
**Period:** September 2004 to September 2006  
**Funding:** \$495,438  
**Principal Investigator:** Lorenzo Moreno  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research,  
 (Princeton)  
 600 Alexander Park, PO Box 2393  
 Princeton, NJ 08543-2393

**Description:** The purpose of this project is to evaluate the effectiveness of the Medicare Care Management Performance (MCMP) Demonstration as mandated by section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

The Contractor will be required to design and conduct the evaluation of this demonstration. The evaluation will include a comprehensive case study component to examine issues pertaining to the implementation and operational experiences of the participating practices. The Contractor will be required to conduct various statistical analyses of secondary data, including individual level data, to examine issues related to quality of care and impacts on the use and costs of services. Primary data will be collected through interviews of key personnel at participating practices and beneficiary/physician surveys.

**Status:** The project is underway. ■

#### Evaluation of the Use of Bedside Technology to Improve Quality of Care in Nursing Facilities

**Project No:** 500-00-0024/10  
**Project Officer:** Renee Mentnech  
**Period:** January 2003 to September 2006  
**Funding:** \$820,388  
**Principal Investigator:** Leslie Greenwald  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The Centers for Medicare & Medicaid Services (CMS) has awarded a contract to Research Triangle Institute, the University of Missouri Sinclair School of Nursing, and OneTouch Technologies to evaluate the use of hand-held technology in nursing homes. This project will examine the use of bedside technology to collect daily measures of resident care and outcomes in nursing facilities (NFs). The application of this new technology could be useful for improving the efficiency and effectiveness of care in these facilities. The specific objectives of the project include: (1) Evaluating whether the use of bedside data collection with portable computer devices, automated processes, and

electronic medical records technology improves collection of daily measures of resident care in NFs. (2) Evaluating whether the use of this technology improves outcomes of care in NFs. (3) Evaluating whether patient outcomes are enhanced by coupling the use of bedside technology with on-site clinical consultation by expert nurses.

**Status:** Recruitment of nursing homes and data collection are ongoing. ■

#### Hawaii QUEST

**Project No:** 11-W-00001/09  
**Project Officer:** Joan Peterson  
**Period:** April 1994 to March 2005  
**Funding:** \$0  
**Principal Investigator:** Aileen Hiramatsu  
**Award:** Waiver-Only Project  
**Awardee:** Hawaii, Department of Human Services  
 Queen Liliuokalani Bldg, 1390 Miller St  
 Honolulu, HI 96813

**Description:** Hawaii QUEST is a statewide project that creates a public purchasing pool that arranges for health care through capitated managed-care plans. Hawaii QUEST builds on Hawaii's Prepaid Health Care Act by integrating public and private programs to develop a more efficient, seamless health care delivery system for individuals previously served by three public programs: Medicaid, General Assistance, and the State Health Insurance Program. The project initially extended the Medicaid eligibility income limits to 300 percent of the Federal poverty level (FPL). However, the income limits have since been reduced due to budgetary constraints. Most individuals are eligible through 100 percent of FPL, though pregnant women and infants under age one are eligible up to 185 percent of FPL and children ages one to six are eligible up to 133 percent of FPL. The program provides a benefit package consistent with the services currently offered under Hawaii's traditional Medicaid program, including medical, dental, and behavioral health services.

**Status:** The State has submitted an amendment to enroll children who become ineligible for the State Children's Health Insurance Program because their family income exceeds 200 percent of FPL, but the income is still below 300 percent FPL. The amendment is under review. ■

#### Impact of Alternative Low Vision Intervention on Quality.The

**Project No:** 18-P-91372/03-02  
**Project Officer:** Joel Greer  
**Period:** August 2001 to August 2004  
**Funding:** \$1,000,000  
**Principal Investigator:** J.Vernon Odom  
**Award:** Grant  
**Awardee:** West Virginia Research Corporation, West Virginia University  
 PO Box 6845  
 Morgantown, WV 26506-6845

**Description:** The General Provisions of the FY 2001 Appropriations legislation mandated an award "... to the West Virginia University School of Medicine's Eye Center to test interventions and improve the quality of life for individuals with low vision, with a particular focus on the elderly." The West Virginia University Research Corporation (WVURC) created and operates a regional center for vision rehabilitation services, the Appalachian Center for Visual Rehabilitation. The center serves the low-vision needs of rural communities in West Virginia. WVURC collected data and performed an evaluation showing the effectiveness of its programs. It held a 2-day conference in the spring of 2003 to disseminate the lessons learned from the project to other rural areas across the country. No final report is expected.

**Status:** The project is complete. ■

Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in progressing on schedule. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92048/03-01  
**Project Officer:** Bert Williams  
**Period:** September 2003 to September 2006  
**Funding:** \$351,702  
**Principal Investigator:** Joseph B. Keyes  
**Award:** Grant  
**Awardee:** Delaware Health and Social Services (Dover)  
 Div. Development Disabilities  
 Srvcs., Jesse Cooper Bldg., Box 637  
 Dover, DE 19903

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is progressing on schedule. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92078/04-01  
**Project Officer:** Bert Williams  
**Period:** September 2003 to September 2006  
**Funding:** \$475,100  
**Principal Investigator:** Steven E. Hairston  
**Award:** Grant  
**Awardee:** North Carolina DHHS/Division of Mental Health DD/Substance Abuse Services  
 2001 Mail Service Center  
 Raleigh, NC 27699-2001

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is progressing on schedule. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92027/06-01  
**Project Officer:** Bert Williams  
**Period:** September 2003 to September 2006  
**Funding:** \$500,000  
**Principal Investigator:** Teresa Richard  
**Award:** Grant  
**Awardee:** Texas Department of Mental Health and Mental Retardation  
 909 West 45th Street, P.O. Box 12668  
 Austin, TX 78751

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in the start-up phase. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92036/4-01  
**Project Officer:** Anita Yuskas  
**Period:** September 2003 to September 2006  
**Funding:** \$452,636  
**Principal Investigator:** Tami Wilson  
**Award:** Grant  
**Awardee:** Tennessee Department of Finance and Administration  
 DMR, 500 Deaderick St., 15th Floor,  
 Andrew Jackson Bldg  
 Nashville, TN 37243

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its start-up phase. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92085/05-01  
**Project Officer:** Anita Yuskas  
**Period:** September 2003 to September 2006  
**Funding:** \$500,000  
**Principal Investigator:** Kenneth Munson  
 Karen McKim  
**Award:** Grant  
**Awardee:** Wisconsin DHFS/Division of Disability and Elder Services  
 One West Wilson St., PO Box 7850  
 Madison, WI 53707-7850

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its start-up phase. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92092/08-01  
**Project Officer:** Bert Williams  
**Period:** September 2003 to September 2006  
**Funding:** \$499,851  
**Principal Investigator:** Kerry O. Stern  
**Award:** Grant  
**Awardee:** Colorado Department of Human Services  
 Div. For Developmental Disabilities,  
 3824 West Princeton Circle  
 Denver, Co 80236

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based

#### Implementation of the Physician Group Practice Demonstration

**Project No:** 500-00-0024/13  
**Project Officer:** John Pilotte  
**Period:** September 2003 to September 2006  
**Funding:** \$2,980,569  
**Principal Investigator:** Gregory Pope  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The Physician Group Practice (PGP) Demonstration is the first pay-for-performance initiative for physicians under the Medicare Program. Mandated by Section 412 of the Benefits Improvement and Protection Act (2000), the three year demonstration rewards physicians for improving the quality and efficiency of health care services delivered to Medicare fee-for-service beneficiaries. Under the demonstration, physician groups will share in any financial savings that result from improving the coordination and quality of care; consequently, physician groups will have incentives to use electronic health records and care management strategies that, based on clinical evidence and patient data, improve patient outcomes and lower total medical costs. The demonstration will test physician groups' responses to financial incentives for improving care coordination, delivery processes and patient outcomes, and the effect on access, cost, and quality of care to Medicare beneficiaries.

**Status:** The ten physician group practices participating in the demonstration were announced in early 2005. The demonstration began April 1, 2005. ■

#### Implementation of the Quality Improvement Organizations' (QIOs) Sixth Scope of Work Pneumococcal Pneumonia and Influenza Immunization Remeasurement Survey

**Project No:** 500-95-0062/11  
**Project Officer:** Susan Arday  
**Period:** September 2000 to September 2004  
**Funding:** \$1,542,230  
**Principal Investigator:** Skip Camp  
 Pamela Giambo  
**Award:** Task Order  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The goal of this project was to assess the utilization of influenza and pneumococcal vaccines among Medicare beneficiaries and to evaluate the vaccine promotion work performed by Peer Review Organizations (PROs) / Quality Improvement Organizations (QIOs) under their Medicare Sixth Scope of Work. The PROs/QIOs were directed to decrease morbidity and mortality in six national clinical priority areas, one of which was pneumonia and influenza. This project specifically implemented the Pneumococcal Pneumonia and Influenza Immunization Remeasurement Survey. The telesurvey was administered to a sample of Medicare beneficiaries randomly, selected from each of 50 States, plus the District of Columbia and Puerto Rico. It also produced the attendant State-specific rates. Baseline rates for outpatient elderly Medicare beneficiaries' influenza and pneumococcal pneumonia immunizations were obtained from the Centers for Disease Control and Prevention's (CDC) 1999 administration of the Behavioral Risk Factor Surveillance System (BRFSS). However, the BRFSS could not be used by the PROs/QIOs for remeasurement due to mismatches between the PROs'/QIOs' timetable for performance-based evaluation and that of subsequent BRFSS survey administrations and data release from those administrations.

**Status:** There were two separate, sequential rounds of data collection within this task order. At the discretion of CMS, a no-cost extension was granted to Abt so that survey data analytic reports could be completed during FY2004. ■

**Implementing the HEDIS Medicare Health Outcomes Survey**

**Project No:** HHSM-500-2004-000151  
**Project Officer:** Chris Haffer  
 Sonya Bowen  
**Period:** September 2004 to  
 September 2005  
**Funding:** \$4,239,408  
**Principal Investigator:** Russell Mardon  
 Nancy McCall  
 Lewis Kazis  
 Contract  
**Award:**  
**Awardee:** National Committee for Quality Assurance  
 2000 L Street, NW, Suite 500  
 Washington, DC 20036

**Description:** The Medicare Health Outcomes Survey (HOS) is the first patient-based outcomes measure and largest survey of managed care beneficiaries used by CMS. It was implemented in 1998. The survey is fielded nationally as a Health Plan Employer Data Set (HEDIS) measure. It is a longitudinal, self-administered survey which utilizes the SF-36 (assesses physical and mental functioning) and additional case mix adjustment variables. Each year, survey data are collected for a new sample (cohort) of Medicare managed care beneficiaries. Members that respond to the baseline survey are resurveyed 2 years later in a follow up. The goals of the Medicare HOS are [1] to help beneficiaries make informed health care choices, and [2] to promote quality improvement based on competition. This project manages the collection and transmittal of the data to CMS and supports the technical development of the Medicare HOS measure. The survey is actually administered through a group of certified vendors.

**Status:** This project is complete. The HOS is an ongoing annual survey. The HOS program has achieved national and international recognition as the largest collection of robust health status measurements from the patients' perspective in the world. Results have been presented at various national and international professional meetings and published extensively in peer-reviewed journals. ■

**Improving Medication Safety in Outpatients Through Improved Packaging**

**Project No:** 18-C-91678/05  
**Project Officer:** Dennis Nugent  
**Period:** September 2001 to  
 June 2005  
**Funding:** \$691,000  
**Principal Investigator:** Philip Schneider  
**Award:** Cooperative Ageement  
**Awardee:** Ohio State University Research Foundation  
 1960 Kenny Rd  
 Columbus, OH 43210

**Description:** The purpose of this study is to determine if compliance packaging can increase adherence to a prescribed medication regimen and, concomitantly, improve treatment outcomes for elderly individuals who have a chronic disease. It was developed to reduce the frequency of drug errors by patients whose compliance with prescription instructions is critical. The project focuses on the impact of a packaging/distribution system and consumer education. Compliance packaging used in the study is a blister package with each dose of the medication identified by day of the week. Information regarding proper use and dosage is printed on the package. In order to participate in the project, an individual must have a diagnosis of hypertension and have a new or existing prescription for lisinopril. Hypertension was selected because it is a condition in which drug therapy plays a significant role in treatment outcome. Participants are randomly assigned to a study or comparison group. The study group's medication is distributed in "unit of use" packaging with special instructions; the control group receives standard prescription containers with the usual labeling. Compliance, treatment outcomes, and medical utilization of the two groups are being compared. Compliance is measured by interview, pill counts, refill regularity, and blood pressure. Morbidity (angina, myocardial infarction, stroke, and renal impairment) and mortality rates are also quantified. In addition, medical service utilization is assessed by tabulating emergency room visits and hospitalizations. Each participant is followed for a period of 12 months.

Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is underway. ■

**Quality Assurance and Quality Improvement in Home and Community-Based Services**

**Project No:** 11-P-92136/02-01  
**Project Officer:** Adrienne Delozier  
**Period:** September 2003 to  
 September 2006  
**Funding:** \$495,811  
**Principal Investigator:** Kathryn Kuhmerker  
**Award:** Grant  
**Awardee:** New York State Department of Health  
 Corning Tower, Empire State Plaza  
 Albany, NY 12237

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is underway. ■

**Quality Assurance and Quality Improvement in Home and Community-Based Services**

**Project No:** 11-P-92024/01-01  
**Project Officer:** Anita Yuskas  
**Period:** September 2003 to  
 September 2006  
**Funding:** \$500,000  
**Principal Investigator:** Christine Zukas-Lessard  
 Julie Tosswill  
 Julie Fralich  
 Grant  
**Award:** Maine Department of Human Services, Bureau of Medical Services  
**Awardee:** 11 State House Station, 442 Civic Center Drive  
 Augusta, ME 04333-0011

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the State's home- and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its start-up phase. ■

**Quality Assurance and Quality Improvement in Home and Community-Based Services**

**Project No:** 11-P-92083/05-01  
**Project Officer:** Anita Yuskas  
**Period:** September 2003 to  
 September 2006  
**Funding:** \$499,880  
**Principal Investigator:** Jolene Kohn  
**Award:** Grant  
**Awardee:** Minnesota Department of Human Services, Medicaid Office  
 444 Lafayette Road  
 St Paul, MA 55155

potential to penalize hospitals in the third year of the demo that perform below an absolute level of quality that will be established after the first year.

**Status:** The project is underway. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92009/09-01  
**Project Officer:** Adrienne Delozier  
**Period:** September 2003 to September 2006  
**Funding:** \$499,844  
**Principal Investigator:** Julie Jackson  
**Award:** Grant  
**Awardee:** State of California, Department of Development Services  
 1600 Ninth Street, Room 340 MS  
 3-24  
 Sacramento, CA 95814

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist states to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is underway. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92050/04-01  
**Project Officer:** Mark Reed  
**Period:** September 2003 to September 2006  
**Funding:** \$500,000  
**Principal Investigator:** Kathi K. Lacy  
**Award:** Grant  
**Awardee:** South Carolina Department of Disabilities and Special Needs  
 3440 Harden Street Extension  
 Richland County, SC 29203

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based Services Grants, part of the Real Choice Systems Change Grants for Community Living, will assist States to: (a) fulfill their commitment to assuring the health and welfare of individuals who participate in the state's home and community-based waivers under § 1915(c) of the Social Security Act, (b) develop effective and systematic methods to meet statutory and CMS requirements by the use of ongoing quality improvement strategies, and (c) develop improved methods that enlist the individual and community members in active roles in the quality assurance and quality improvement systems.

**Status:** This project is in its on-going phase. ■

#### Quality Assurance and Quality Improvement in Home and Community-Based Services

**Project No:** 11-P-92095/05-01  
**Project Officer:** Adrienne Delozier  
**Period:** September 2003 to September 2006  
**Funding:** \$500,000  
**Principal Investigator:** Ellen McClimans  
**Award:** Grant  
**Awardee:** Indiana Family and Social Services Administration  
 402 West Washington Street, P. O.  
 Box 7083  
 Indianapolis, IN 46207-7083

**Description:** The Quality Assurance and Quality Improvement in Home and Community-Based

**Status:** Preliminary results indicate some emerging differences between the study and comparison groups. A final report will be available in late 2005. ■

#### Improving Nursing Home Enforcement -- Phase 2

**Project No:** 500-00-0026/03  
**Project Officer:** Marvin Feuerberg  
**Period:** September 2003 to September 2005  
**Funding:** \$1,043,833  
**Principal Investigator:** Andrew Kramer  
**Award:** Task Order (RADSTO)  
**Awardee:** University of Colorado, Health Sciences Center  
 13611 East Colfax Ave., Suite 100  
 Aurora, CO 80011

**Description:** This contract assesses the overall effectiveness of the current system of nursing home survey and certification quantitatively through a retrospective analysis of the impact of enforcement on resident outcomes. Overall effectiveness is also assessed qualitatively through prospective case studies on the impact of enforcement on provider care processes. In addition, a number of issues related to survey agencies' responses to complaints are examined to generate a more standardized system across states. The contract will be further modified in FY2005 to permit a thorough assessment of the key barriers and promising practices for improving the efficiency and effectiveness of state survey agencies. Finally, after all the analyses are completed in FY2006, the diverse empirical findings from this contract as well as other relevant investigations will be synthesized in order to identify policy issues and options for improvement.

**Status:** The contract was awarded in September 2003. As of January 2005, workplans and some study designs for various tasks have been generated, analytic working files created, and the case studies are underway. ■

#### Improving Outcomes Using Medicare Health Outcomes Survey Data

**Project No:** 500-02-AZ02  
**Project Officer:** Sonya Bowen  
**Period:** December 2002 to October 2005  
**Funding:** \$4,320,689  
**Principal Investigator:** Herbert Rigberg  
**Award:** Contract  
**Awardee:** Health Services Advisory Group  
 1600 East Northern Avenue, Suite 100  
 Phoenix, AZ 85020

**Description:** CMS contracts with the Health Services Advisory Group to conduct annual data cleaning, scoring, analysis, and performance profiling of Medicare Advantage (MA) (formerly Medicare + Choice) plans for the Medicare Health Outcomes Survey data collection; to train MA plans and Quality Improvement Organizations (QIOs) in the use of functional status measures and best practices for improving care; and to provide technical assistance for QIOs and plan interventions designed to improve functional status. The contractor also produces special reports, public use data files, analytical support, and consultative technical assistance using HOS baseline and follow-up data supplemented by other data sources to inform CMS program goals and policy decisions.

**Status:** The cohort four performance measurement reports and cohort six baseline reports were made available to QIOs and plans in 2004. Two-year functional status change scores and performance profiles for each plan were developed from a merged cohort four baseline and remeasurement data set and made available to QIOs and plans at the end of 2004. Round seven data submission, cleaning, and analysis from the 2004 HOS field administration will be completed in early 2005. Cohort five performance measurement and cohort seven baseline results will be finalized and made available later in 2005. Special analyses have been conducted on multiple cohort findings, mental health outcomes, and disadvantaged populations. A technical report was produced on the findings of a feasibility study on merging the HOS and Medicare Managed Care CAHPS surveys. ■

### Improving Protocols for Home Health Agency Assessment in the Survey Process

**Project No:** 500-00-0026/01  
**Project Officer:** Mavis Connolly  
**Period:** September 2001 to June 2006  
**Funding:** \$1,046,756  
**Principal Investigator:** Kathryn Crisler  
**Award:** Task Order (RADSTO)  
**Awardee:** Center for Health Services Research, University of Colorado  
 1355 South Colorado Boulevard, Suite 706  
 Denver, CO 80222

**Description:** The purpose of this project is to assess the existing home health agency (HHA) survey process and make recommendations for improvements. Improvements include patient-focused, outcome-oriented, data-driven approaches that are effective and efficient in assessing, monitoring and evaluating the quality of care delivered by an HHA. The project will also evaluate the effectiveness of current survey forms, develop new survey forms, as applicable, and make recommendations for prioritizing onsite survey time. The assessment will focus on the Outcome and Assessment Information Set, designed for the purpose of enabling the rigorous and systematic measurement of patient home health care outcomes, with appropriate adjustment for patient risk factors affecting those outcomes; and the Online Survey Certification and Reporting System.

**Status:** The period of performance was extended to June 30, 2006. ■

### Improving the Accuracy and Consistency of the Nursing Home Survey Process (500-00-0032 TO#7) - Evaluation of Quality Indicators in the Survey Process (QIS)

**Project No:** 500-00-0032/07  
**Project Officer:** Marvin Feuerberg  
**Period:** September 2003 to June 2006  
**Funding:** \$592,822  
**Principal Investigator:** David Kidder  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The original purpose of this contract was to improve the accuracy and consistency of the current nursing home survey. During the first year of the contract it became clear that an entirely new survey process - Quality Indicators in the Survey Process (QIS) - had reached a developmental point that it could replace the current survey. Given the emergence of the QIS as a real possibility, it did not make sense to direct the contract to improving the current survey when this survey is likely to be replaced by a fundamentally very different survey, the QIS. The original RFP anticipated this as a possibility. Hence, the contract has been modified to evaluating this new QIS survey.

The variability in the number and the scope and severity of deficiencies has been a long-standing concern both to the advocates and the nursing home industry. In addition, the survey has been criticized as an inaccurate reflection of the actual quality of care. To meet these concerns, CMS has developed under contract an entirely new process utilizing quality indicators, the QIS. This development process has been very extensive, lasting over six years and over five million in resources. This new process is intended to improve accuracy, consistency, and documentation for identified deficiencies. The beta tests indicate that the new process appears feasible and an improvement compared to the current system. The purpose of this contract is to conduct an independent evaluation of a this new process under realistic conditions of actual implementation in 5 pilot states over a 12-month period.

Performance (MCMP) demonstration project and providing technical and administrative support to CMS in management of data and payment incentives

to participating physician practices.

**Status:** Planning for the demonstration is underway. ■

### Pediatric Palliative Care Demonstration Project

**Project No:** 18-P-91848/5-02  
**Project Officer:** Melissa Harris  
**Period:** September 2003 to June 2006  
**Funding:** \$645,325  
**Principal Investigator:** Jerry Massman  
**Award:** Grant  
**Awardee:** Children Health Care, Inc.  
 2425 Chicago Avenue South, Mail Stop 40-300  
 Minneapolis, MN 55404

**Description:** This grant continues work started under prior year Congressional funding. The objectives of this project are to: create a pilot education and consultation program in Minneapolis and St. Paul; to provide an innovative curriculum and program to train clinicians and providers in pediatric palliative care; provide guidance to providers in a five-state region who are interested in establishing their own pediatric palliative care program; assist the Children's Hospitals and Clinics of Minnesota in becoming a national resources center in pediatric palliative care; and create a model for pediatric palliative education programming throughout the United States.

**Status:** This grant was awarded in FY 2003 and FY 2005 and the project is underway. ■

### Premier Hospital Quality Incentive Demonstration

**Project No:** 95-W-00103/04  
**Project Officer:** Katharine Pirotte  
**Period:** October 2003 to October 2006  
**Funding:** \$0  
**Principal Investigator:** Diana Jackson  
**Award:** Waiver-Only Project  
**Awardee:** Premier Healthcare Informatics  
 2320 Cascade Pointe Boulevard, Suite 100  
 Charlotte, NC 28266-8800

**Description:** The purpose of the demonstration is to determine the effectiveness of economic incentives targeted toward improving the quality of inpatient care for Medicare beneficiaries by giving financial incentives to hospitals of high quality and by reporting quality data on the CMS web site.

**Status:** The demonstration began on October 1, 2003. Premier, Inc. is a large association of non-profit hospitals, which operates a quality measurement organization for about 500 hospitals. The demonstration project includes about 278 of the 500 Premier hospitals. ■

### Premier Hospital Quality Incentive Demonstration

**Project No:** 500-00-0015/02  
**Project Officer:** Linda Radey  
**Period:** September 2004 to September 2006  
**Funding:** \$415,547  
**Principal Investigator:** Harmon Jordon  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** This project is to evaluate the impact of the Premier Hospital Quality Incentive (HQI) Demonstration on the changes in the quality of cost care for five prevalent inpatient diagnoses. Under the demonstration, CMS will reward top-performing hospitals in each year of the demonstration. In addition, CMS has the

employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

#### Patient Care Workforce Stabilization

**Project No:** 18-P-92315/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$171,793  
**Principal Investigator:** Anthony Zelenka  
**Award:** Grant  
**Awardee:** United Community Hospital  
 631 North Broad Street Ext.  
 Grove City, PA 16127

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

#### Patient Care Workforce Stabilization

**Project No:** 18-P-92328/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$62,201  
**Principal Investigator:** William Roe  
**Award:** Grant  
**Awardee:** Midvalley Hospital  
 1400 Main Street  
 Peckville, PA 18452

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to

increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

#### Patient Care Workforce Stabilization

**Project No:** 18-P-92313/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$252,753  
**Principal Investigator:** James Edwards  
**Award:** Grant  
**Awardee:** Hazleton St. Joseph Medical Center  
 687 North Church Street  
 Hazleton, PA 18201

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

#### Payment, Data Management, Implementation, and Monitoring Support for the Medicare Management Performance Demonstration

**Project No:** 500-00-0036/03  
**Project Officer:** Jody Blatt  
**Period:** September 2004 to September 2006  
**Funding:** \$958,700  
**Principal Investigator:** C. William Wrightson  
**Award:** Task Order (RADSTO)  
**Awardee:** Actuarial Research Corporation  
 6928 Little River Turnpike, Suite E  
 Annandale, VA 22003

**Description:** The purpose is to support CMS in implementing the Medicare Care Management

**Status:** It is expected that pilot testing of the new QIS for a few surveys will begin around September 2005. It is also clear that the evaluation will require extensive field work and more funding. ■

#### Improving the Consistency of the Nursing Home Survey Process

**Project No:** 500-00-0027/01  
**Project Officer:** Marvin Feuerberg  
**Period:** September 2002 to September 2003  
**Funding:** \$248,355  
**Principal Investigator:** Task Order (RADSTO)  
**Awardee:** RAND Corporation  
 1700 Main Street, P.O. Box 2138  
 Santa Monica, CA 90407-2138

**Description:** The purpose of this project is to assess the problem of inconsistency in the survey process and systematically link that assessment to specific policy and programmatic options for improvement. Specifically, the project will have four major components: (1) empirical assessment of variability and consistency of survey process; (2) identification of those aspects of inconsistency that are most troublesome; (3) empirical assessment of the most important causes of inconsistency; and (4) policy and programmatic options for improvement.

**Status:** The project was terminated and re-bid with a somewhat different scope of work. See project number 500-00-0032/07, entitled Improving the Accuracy and Consistency of the Nursing Home Survey Project. ■

#### Maximizing the Cost Effectiveness of Home Health Care: The Influence of Service Volume and Integration with Other Care Settings on Patient Outcomes

**Project No:** 17-C-90435/08  
**Project Officer:** Ann Meadow  
**Period:** February 1998 to January 2005  
**Funding:** \$1,496,245  
**Principal Investigator:** Robert Schlenker  
**Award:** Cooperative Ageement  
**Awardee:** Center for Health Services  
 Research, University of Colorado  
 1355 South Colorado Boulevard,  
 Suite 706  
 Denver, CO 80222

**Description:** The objective of this project was to examine the pre-Prospective Payment relationships between home health volume and outcomes for Medicare patients age 65 and over. The study included four patient conditions: Congestive Heart Failure (CHF), Stroke, Hip Procedures, and Wounds (other than hip procedure wounds). A stratified random sample of agencies and patients was selected from high-, medium-, and low-volume states (with volume measured as Medicare home health visits per home health user in 1994). Primary and secondary data on patient case mix, outcomes, and home health and other Medicare service utilization were obtained on 3353 patients (4014 episodes) from 91 home health agencies in 22 states in the 1996-1998 period (all episodes began before implementation of the Interim Payment System in October 1997). The data collection instrument was a precursor of the Outcome and Assessment Information Set (OASIS) and study outcome measures were similar to those now used by CMS in reports to home health agencies and the public. Volume was measured as resource consumption per episode (i.e., visits times, standardized cost per visit for each discipline). Forty-one aggregate and individual outcomes covering functional and health status as well as hospitalization were analyzed. Changes in outcomes associated with unit changes in resource consumption were estimated.

**Status:** This project has been completed. The principal findings were that, controlling for

case mix, several outcomes were positively related to resource consumption, with the strongest associations for improvement in functional outcomes for hip procedures and wounds. Higher resource consumption for stroke and possibly CHF was associated with lower probabilities of hospitalization. However, estimated improvements in outcomes associated with resource consumption increases were relatively small in magnitude (e.g., a 10 percent resource consumption increase from the mean increased outcomes by less than 3 percent). Although changes in the volumes studied here were associated with relatively little effect on outcomes, small outcome improvements can be important to patient well-being, particularly if several outcomes are improved by the same increase in resource consumption. In terms of policy implications, the results suggest that volume reductions following the payment changes mandated by the Balanced Budget Act of 1997 may not have adversely affected most outcomes. Consequently, the payment policy changes may have increased the efficiency of the home health care delivery system. However, the BBA-related volume changes were larger than in the present study. The different results by outcome and condition also suggest possibilities for targeted efforts to improve certain condition-specific outcomes through additional visits. ■

#### Northern New England Vascular Surgery Quality Improvement Initiative

**Project No:** 18-C-91674/01-02  
**Project Officer:** Terry Williams  
**Period:** September 2001 to September 2005  
**Funding:** \$650,000  
**Principal Investigator:** Jack Cronenwett  
**Award:** Cooperative Ageement  
**Awardee:** Dartmouth University  
 HB 7850, 500 East Borwell,  
 Research Building Dartmouth,  
 Hitchcock Medical Center  
 Hanover, NH 03756

**Description:** The Vascular Study Group of Northern New England (VSG-NNE) is a

voluntary, cooperative group of clinicians, hospital administrators, and research personnel organized to improve the care of patients with vascular disease. By collecting and exchanging information, the group strives to improve the quality, safety, effectiveness, and cost of caring for patients with vascular disease in Maine, New Hampshire, and Vermont.

**Status:** A cooperative clinical data registry was developed among the nine major hospitals in NNE that perform 80 percent of all vascular surgery in the region. Data including indications, comorbidities, operative details, and outcomes will be collected for carotid endarterectomy, abdominal aortic aneurysm repair, and lower extremity bypass surgery. The developed shared data registry prospectively collects data on vascular procedures. Data includes indications, comorbidities, selected procedural details, and short-term outcomes and analyzes patterns of care and outcomes of hospitals and surgeons. The variations in procedure rates and risk-adjusted outcomes will be added to account for the differences in case mix to improve outcomes and reduce geographic variation in procedure rates by using benchmarking and visits by clinical teams from each center for comparative process analysis and continuous quality improvement. ■

#### Oasis Study

**Project No:** 500-01-0021/01  
**Project Officer:** Jan Tarantino  
**Period:** September 2004 to July 2005  
**Funding:** \$499,494  
**Principal Investigator:** Deborah Deitz  
**Award:** Task Order (ADDSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** Assist CMS in developing and implementing a study to determine how non-Medicare/non-Medicaid Outcomes and Assessment Information Set (OASIS) information is and can be used by large home health agencies (HHA).

#### Patient Care Workforce Stabilization

**Project No:** 18-P-92318/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$263,614  
**Principal Investigator:** Anne Buckley  
**Award:** Grant  
**Awardee:** Geisinger Wyoming Valley Medical Center  
 1000 East Mountain Boulevard  
 Wilkes-Barre, PA 18711

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The money has been awarded and the project is underway. Final budget report submitted on 9/30/05. ■

#### Patient Care Workforce Stabilization

**Project No:** 18-P-92317/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$246,829  
**Principal Investigator:** Diane Krolkowski  
**Award:** Grant  
**Awardee:** CHS Berwick Hospital Corporation  
 Berwick Hospital Center  
 701 E. 16th Street  
 Berwick, PA 18603

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. Final budget and project report submitted on 9/26/05. ■

#### Patient Care Workforce Stabilization

**Project No:** 18-P-92314/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$160,933  
**Principal Investigator:** Erin Fitzgerald  
**Award:** Grant  
**Awardee:** The Bloomsburg Hospital  
 549 Fair Street  
 Bloomsburg, PA 17815

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

#### Patient Care Workforce Stabilization

**Project No:** 18-P-92322/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$175,742  
**Principal Investigator:** Pamela Wirth  
**Award:** Grant  
**Awardee:** Divine Providence Hospital  
 1100 Grampian Boulevard  
 Williamsport, PA 17701

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92311/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$768,133  
**Principal Investigator:** C. Richard Hartman, MD  
**Award:** Grant  
**Awardee:** Community Medical Center  
 1800 Mulberry Street  
 Scranton, PA 18510

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92327/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$503,532  
**Principal Investigator:** Harold Anderson  
**Award:** Grant  
**Awardee:** Moses Taylor Hospital  
 700 Quincy Avenue  
 Scranton, PA 18510

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92321/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$107,618  
**Principal Investigator:** Pamela Wirth  
**Award:** Grant  
**Awardee:** Muncy Valley Hospital  
 215 E. Water Street  
 Muncy, PA 17756

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92330/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$83,922  
**Principal Investigator:** Mark O'Neill  
**Award:** Grant  
**Awardee:** Jersey Shore Hospital  
 1020 Thompson Street  
 Jersey Shore, PA 17740

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Status:** The survey instrument, to be used to gather information from home health providers, was approved by OMB on March 10, 2005. (OMB approval number: 0938-0904). However, the contractor has reduced the number of questions on the survey instrument, and we have re-submitted it to OSORA for final approval. ■

**Open Source Electronic Health Record (EHR) Pilot Project**

**Project No:** 18-P-92297/07-01  
**Project Officer:** Carl Taylor  
**Period:** June 2004 to November 2004  
**Funding:** \$100,000  
**Principal Investigator:** David Kibbe M.D., M.B.A.  
**Award:** Grant  
**Awardee:** American Academy of Family Physicians  
 11400 Tomahawk Creek Parkway  
 Leawood, KS 66211-2672

**Description:** The purpose of this grant was to assist the American Academy of Family Physicians to plan, carry out, and evaluate a collaborative pilot project in which six to twelve selected family medical practices implemented a low-cost, standards-based, electronic health record (EHR) over a 6-month period. The project was developed to:

(1) study, support, and monitor in these practices the transition from paper-based to electronic health records, with a focus on: factors that either facilitate or pose barriers to the practices' smooth adoption of the technology, and on the direct and indirect costs to the practices during the transition; and

(2) investigate the use of the EHR as a tool for improving the quality of care for selected patient populations (e.g., diabetes, asthma) through routine collection of quality indicator and performance data and the delivery of evidence-based guidelines and plans of care at the time of EHR use.

**Status:** The evaluation of the project is underway. ■

**Outcome and Assessment Information Set (OASIS) Technical Analysis and Support Contract**

**Project No:** 500-00-0026/02  
**Project Officer:** Pamela Cheetham  
**Period:** September 2002 to September 2006  
**Funding:** \$1,443,212  
**Principal Investigator:** Robert Schlenker  
**Award:** Task Order (RADSTO)  
**Awardee:** Center for Health Services Research, University of Colorado  
 13611 East Cofax Ave., Suite 100  
 Aurora, CO 80011

**Description:** The purpose of this contract is to provide technical analysis and consultation to the Centers for Medicare & Medicaid Services (CMS) and its components on home health related projects using the Outcome and Assessment Information Set (OASIS) and/or the Outcome Based Quality Improvement technique of quality improvement. The objective is to assist CMS to provide information that can be used to improve home health quality of care, and also to design and implement a data analysis system to provide outcome data used for the public reporting of home health outcomes. Home health outcome information is derived from the analysis of data obtained from the collection and reporting by home health agencies of patient assessment information using OASIS.

**Status:** The public reporting data support system was completed January 2003 to provide data for the Home Health Compare website. The contract was modified to provide continued support for the CMS public reporting effort, to provide additional technical and consultative support for the maintenance of the OASIS national reporting system and data repository and training in the collection of OASIS data, and to develop a web-based training program for Outcome Based Quality Improvement. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92320/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$388,016  
**Principal Investigator:** David Krishanda  
**Award:** Grant  
**Awardee:** Mercy Hospital-Wilkes Barre  
 25 Church Street  
 Wilkes Barre, PA 18765

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92324/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$496,620  
**Principal Investigator:** Dean Eckenrode  
**Award:** Grant  
**Awardee:** UPMC Horizon  
 110 North Main Street  
 Greenville, PA 16125

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92319/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$563,758  
**Principal Investigator:** David Krishanda  
**Award:** Grant  
**Awardee:** Mercy Hospital - Scranton  
 746 Jefferson Avenue  
 Scranton, PA 18501

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92326/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$952,761  
**Principal Investigator:** Maggie Koehler  
**Award:** Grant  
**Awardee:** WVHCS - Hospital  
 575 North River Street  
 Wilkes-Barre, PA 18764

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92329/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$109,592  
**Principal Investigator:** Thomas Dougherty  
**Award:** Grant  
**Awardee:** Tyler Memorial Hospital  
 880 SR 6W  
 Tankhannock, PA 18657

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. Final report submitted September 16, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92310/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$176,730  
**Principal Investigator:** Thomas Heron  
**Award:** Grant  
**Awardee:** Marion Community Hospital  
 100 Lincoln Avenue  
 Carbondale, PA 18407

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92316/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$655,578  
**Principal Investigator:** Raymond Schauer  
**Award:** Grant  
**Awardee:** Sharon Regional Health System  
 740 East State Street  
 Sharon, PA 16146

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. Final budget and project reports submitted on 9/27/05. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92312/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$233,994  
**Principal Investigator:** James Edwards  
**Award:** Grant  
**Awardee:** Northeastern Pennsylvania Health Corp.  
 d/b/a Hazleton General Hospital  
 700 E. Broad Street  
 Hazleton, PA 18201

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant is to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** The grant has been awarded and the project is underway. ■