



National Healthcare at Home Best Practices and Future Insights Study

State of the Industry and Executive Summary

May 11, 2022



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Acknowledgments

We are pleased to provide the results of the 2021-2022 National Healthcare at Home Best Practices and Future Insights Study. The goal of this study was to help agencies improve quality, profitability, efficiency, and patient/family satisfaction. As we set out on this inaugural effort, we did not know what type of response we would get. However, with over 1,000 agency sites represented in the home health and hospice survey results, we ended up with the largest and most comprehensive study in the history of home care and hospice to date.

Our sincere thanks go to the study co-sponsors: The National Association for Home Care & Hospice, National Hospice and Palliative Care Organization, LeadingAge, Home Care Association of America, NAHC Forum of State Associations, and Council of State Home Care and Hospice Associations. These groups have had a long history of supporting the efforts of home health, hospice, and personal care programs to better serve millions of patients throughout the country. We are indebted to their long history of commitment and deeply appreciative of their incredible support of this critical research project.

Thank you also to the National Steering Committee and all the agency leaders that participated in the study! We are fortunate to have so many industry experts who are not only committed to healthcare at home, but are open, willing, and dedicated to sharing their knowledge in the hopes that it would help other agencies better serve patients and their families.

We also extend great appreciation to our three study partners. First, to our content partner Leading Home Care, for helping us to ensure the full continuum of care, including personal care, is represented in this report. Second, to our data partner HealthPivots, whose knowledge and resources were used to identify each of the best practices. And lastly, to our technology partner AlayaCare, whose resources helped us deliver this study to the industry.

Finally, we would like to thank the incredible team from BerryDunn who helped with marketing, recruitment, survey creation, data analysis, report writing, design, and more. We could not have done this without you.

Lindsay Doak, MBA,
National Research Director and Study Co-Chair, BerryDunn

Keith Crownover, Study Co-Chair

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National Healthcare at Home Best Practices and Future Insights Study

State of the Industry and Executive Summary

The 2021-2022 National Healthcare at Home Best Practices and Future Insights Study was the first national research project of this size dedicated to the home health, hospice, and personal care industry. The goal of this study was to give agency leaders the best practice insights needed to improve operations, quality, financial performance, and patient/family satisfaction. Why? Because we believe home care is the future of healthcare, and we want to help it grow.

In this report, we present best practice highlights from our analysis of over 400,000 data points. As we continue to review the data, we will release additional insights and updates in the study's interactive portal located at nationalhomecarestudy.com. All data in the portal is also filterable by size, location, and status.

With that, we present the results from the 2021-2022 National Healthcare at Home Best Practices and Future Insights Study.

“Healthcare at home has gained tremendous momentum in the last year but we must keep moving forward. This includes positioning ourselves to succeed under the emerging value-based models with best practice research. By determining where and what resources should be used to achieve the highest clinical, operational and financial outcomes, we strengthen ourselves as an industry and strengthen our ability to become a formidable partner within the healthcare continuum.”

– Brent Korte

National Steering Committee Member and Chief Home Care Officer EvergreenHealth

The home health industry has witnessed unprecedented change. In 2020, we faced two of our biggest challenges, COVID-19 and Patient-Driven Groupings Model (PDGM), both of which not only brought disruption to our industry but forced the entire healthcare setting to redefine itself.

With these changes came increased use of technology—specifically telehealth. What was once a product that agencies struggled to implement quickly became a solution to the restrictions put in place by the public health emergency (PHE). Within the study, 92% of agencies state they currently use telehealth with 30% having adopted it in the last 18 months or less. An additional 44% of respondents continue to use telehealth after patient discharge as part of their population health initiatives. The effort is paying off, as study results show a correlation between telehealth usage and increased quality of care ratings.

In addition to the PHE, we also face a national staffing crisis. Nearly 98% of study respondents state that the national staffing shortage has had a negative or extremely negative impact on their organization's overall health and 72% claim they've had to turn away referrals as a result of the shortage. In addition, nearly 50% of study respondents are seeing turnover rates of 15-20% with 15% experiencing turnover rates well over 30%. And the higher turnover rates aren't just impacting the agencies. Agencies with higher turnover rates are correlated with lower patient satisfaction outcomes.

Even with these challenges, the outlook for home health remains highly positive. The pandemic has increased the public's exposure to home-based care and helped increase the overall perception of healthcare at home. A recent poll of 130 home health agency leaders revealed that 42% feel the public has a somewhat positive perception of home health and 38% feel the perception is very positive. In addition, we saw our slowest decline in the total number of agencies (1%) from 2019-2020, displaying our true invincibility as an industry.

As we continue with this momentum, we are also seeing new home-based care solutions emerge. Nearly 75% of study agencies currently offer pediatric care, 66% offer palliative care, and 64% offer personal care/concierge services. In addition, 97% of study agencies say they will participate in Choose Home legislation that would transition post-acute care to the home and allow home health providers to offer meals, transportation, and other services targeting activities of daily living (ADLs) and the social determinants of health.

Home health must now brace itself for further change with the nationwide rollout of Value-Based Purchasing (VBP) and proposed reimbursement cuts. Together, these factors place critical importance on the clinical, operational, and financial decisions for agencies who want to succeed.

“We know that our challenge is great. Hospice agencies are in the midst of a critical staffing shortage. Add to this the growing regulations and effects of Medicare carve-in for managed care; there is a lot of uncertainty in the industry right now. We need to identify best practices that will allow agencies to realize efficiencies while improving the quality of care for the nation's most vulnerable population.”

– Catherine Dehlin

Steering Committee Member and Senior Director of Clinical Services for Hospi Corporation

The hospice industry continues to remain a key component of the healthcare continuum, which was particularly true as the industry found itself facing a national pandemic. According to MedPac's March 2022 Report to Congress, in 2020, with the onset of COVID-19, deaths among Medicare beneficiaries increased by nearly 18% and more than 1.7 million Medicare beneficiaries (including almost half of deaths) received hospice services from 5,058 providers. Even in the midst of a pandemic, the number of hospice providers in 2020 increased by 4.5%, continuing a more than decade-long trend of substantial market entry by for-profit providers.

In addition, the number of beneficiaries using hospice services at the end of life grew also 9% in 2020. However, the share (%) of Medicare decedents using hospice declined between 2019 and 2020, likely because deaths increased more rapidly than hospice enrollments.

And, like all other areas of healthcare, hospice did not find itself immune to the staffing challenges. Nearly 98% of study respondents stated that the national staffing shortage has had a negative or extremely negative impact on their organization's overall health and 78% claim that at least 20% of their RN positions are currently unfilled. Yet, many of the most successful hospice organizations managed to accommodate for these deficits without sacrificing quality. Strategies revealed in the study include increasing the amount of social workers and re-allocating non-clinical responsibilities, such as scheduling, to other areas of the organization.

We are also seeing growth serious illness services, with 90% of the most successful hospice organizations in the study offering palliative care. Over 80% of those agencies have a separate palliative care team within their hospice to provide the care. In addition, when comparing all study agencies, those with palliative care programs had a median Length of Stay (LOS) of 30 days, compared to 21 days for those that did not provide palliative care services (and the national average of 19 days).

Now, as the hospice industry makes its way out of the pandemic, it also must brace itself for regulatory changes on the horizon. Beginning in August 2022, hospice agencies will see their first Star Ratings based on CAHPS family satisfaction survey data. In addition, the industry is seeing new payment models (e.g., VBID) emerge as well as potential rollout of the new HOPE tool, making data-based decisions even more critical.

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01

Home Health and Hospice Best Practices RESULTS



Operational, Clinical, and Financial Best Practices Category

Identifying and understanding key operational, clinical, and financial best practices is critical in assisting agencies achieve the quadruple aim, which includes: lowering the overall costs of care, improving the quality and satisfaction of care, improving clinician engagement, and managing population health.

This starts with identifying best practices as part of the sales and intake process and continuing to delivery of care and back-office strategies.

Within this segment of the report, we've identified best practices, or those practices adopted by the Home Health and Hospice Centers of Excellence, in each of the major categories of operations.

Home Health Best Practices

What do financially stable five-star agencies do? That's the question we asked ourselves as we approached this segment of the study. For that reason, within the Best Practices category summary of the study report, we've identified the leading practices of the Home Health Centers of Excellence—or those in the top 10% for quality and patient satisfaction and who also have a positive financial surplus.

Below, we've highlighted some best practices of these Centers of Excellence in the areas of sales, clinical accuracy, operations, and back-office functions. Details on Home Health Centers of Excellence categorization are in the methodology section of this report.

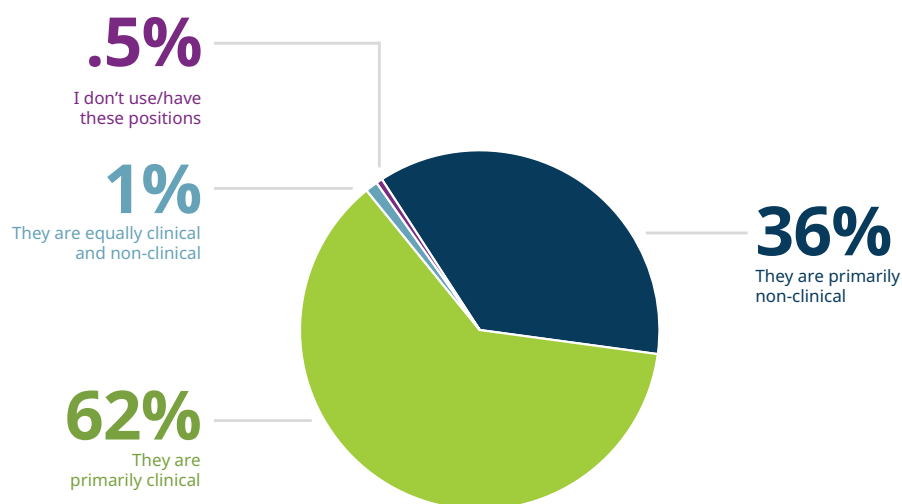
Home Health Centers of Excellence:

- Quality of Patient Care Star Rating: 4.5
- Patient Satisfaction Star Rating: 4.5
- Positive PDGM Surplus

*Details on Hospice Centers of Excellence categorization can be found in the methodology section of this report.

1. Which best describes your sales force (community business development specialists/sales force/liaisons) used to generate referrals?

Sales teams play a critical role in helping home health organizations grow successful organizations while also working to expand delivery of care to patients. Most Home Health Centers of Excellence use primarily non-clinical staff in these roles.



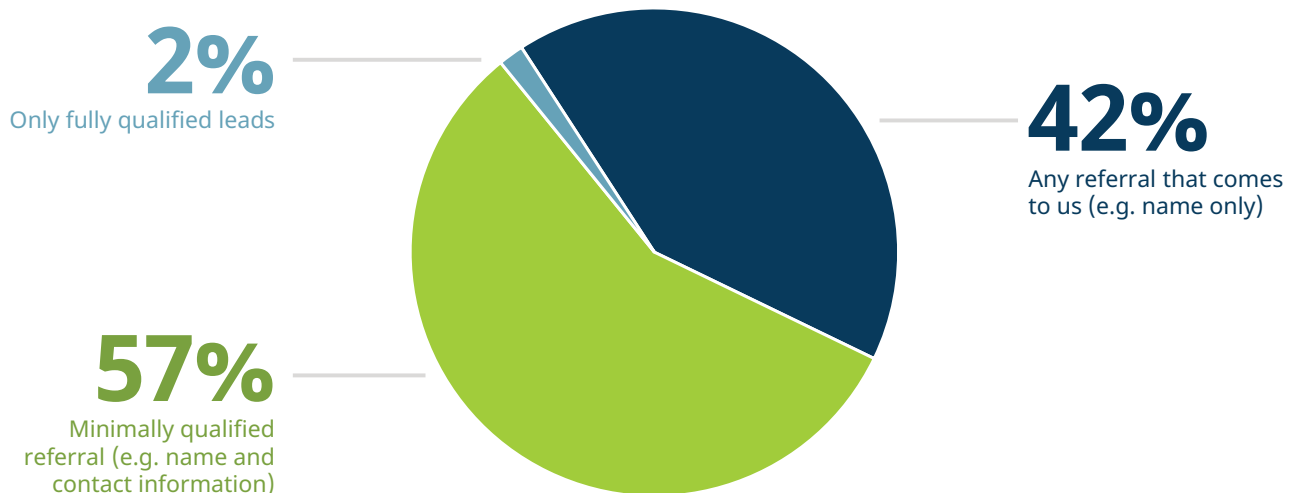
BEST PRACTICE METRIC

There was no difference in quality scores (four stars) between agencies who used clinical versus non-clinical sales/business development specialist, and a slightly improved patient satisfaction score (four stars versus three and a half stars) for those who used non-clinical employees in this role. As we face a critical clinical staffing shortage, agencies can look to redeploy clinicians to the field and fill non-clinical roles with well trained staff who are not clinicians.

2. How does your agency define a referral?

How an agency defines a referral helps to identify which leads are tracked and recorded to measure the agency's conversion rate. And, with 93% of agencies stating that they measure their sales team's success by the number of admissions, it makes this metric even more critical.

The majority of Home Health Centers of Excellence set minimal qualifications (e.g., name and contact information) for referrals. This was followed closely by no qualifications.

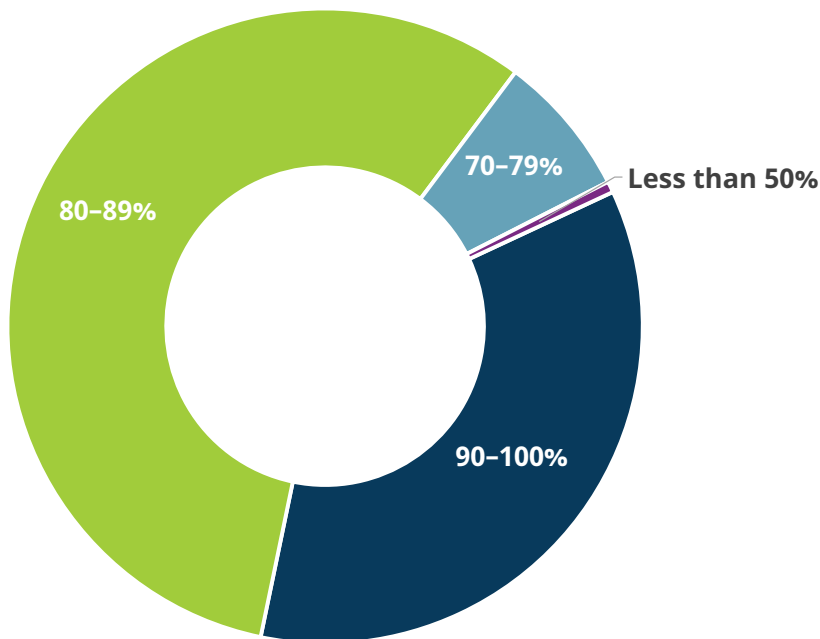


BEST PRACTICE METRIC

Agencies that define a referral as any referral that comes to them (e.g. name only) have the highest surplus ratio.

3. What is your referral to admission conversion rate?

The majority of Home Health Centers of Excellence have a conversion rate of 80 – 89%. Surprisingly, those agencies with the lowest restrictions for referrals (no qualifications) averaged 90 – 100% conversion rates, while those with minimally qualified leads averaged an 80-90% conversion rate.



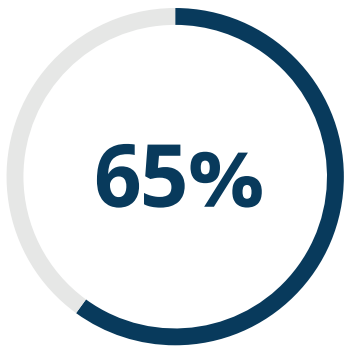
Response	Home Health Centers of Excellence
90 – 100%	35.20%
80 – 89%	56.98%
70 – 79%	7.26%
60 – 69%	0.00%
50 – 59%	0.00%
Less than 50%	0.56%

BEST PRACTICE METRIC

Agencies with conversion rates of 80% or higher had a four average Quality of Care Star Rating, compared to agencies with 70% or less who averaged two-and-a-half to three stars.

4. Who schedules your start of care visits?

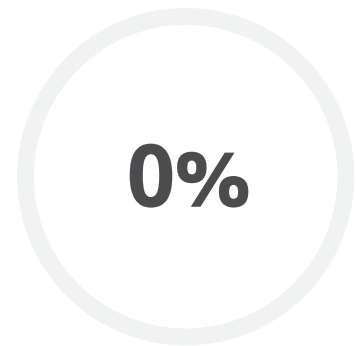
Most Home Health Centers of Excellence (65%) use a dedicated scheduler to schedule start of care visits. This was followed by the intake department (35%). No Home Health Centers of Excellence (0%) used the clinical team to schedule these visits. While we face a critical nursing shortage, study data shows us that agencies who are using non-clinicians for roles that aren't clinical in nature are doing so successfully, without compromising quality.



Scheduler



Intake



Clinical Team/Other

BEST PRACTICE METRIC

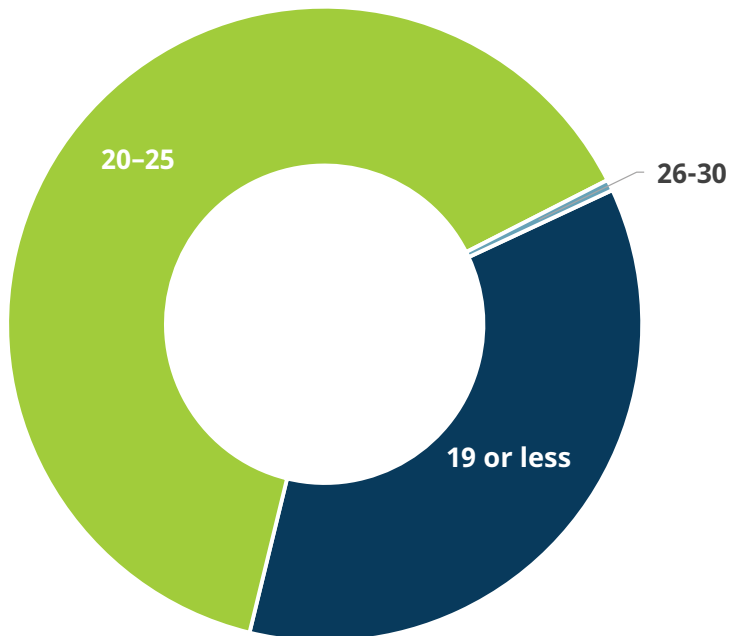
Agencies who use the intake department or a scheduler to schedule their start of care visits had an average Quality of Care Star Rating of four stars compared to three stars for those who used the clinical team.

BONUS METRIC

Agencies who evaluate missed visits for impact on reaching LUPA thresholds had an average 20% profit ratio compared to 1% for those who do not.

5. What is the average caseload per case manager FTE?

We see that most Home Health Centers of Excellence (64%) have case manager caseloads of 20 to 25 patients. The remaining had caseloads of 19 or less. Caseloads of higher than 25 directly correlated with diminished quality and patient satisfaction.



Response	Home Health Centers of Excellence
19 or less	35.75%
20 – 25	63.69%
26 – 30	0.56%
More than 30	0.00%

BEST PRACTICE METRIC

Agencies with case manager caseloads of 25 or less had an average Quality of Care Star Rating of four. This dropped to three-and-a-half stars for agencies with caseloads of 26 to 30 and two stars with for agencies with caseloads of more than 30.

Case Manager caseloads had the strongest correlation to other study metrics as well. Those with lower caseloads, or caseloads less than 25, were more likely to document in the home. And, as a result of the timely documentation, those agencies had the lowest number of days from Start of Care to RAP (0-1 days) and highest profit surplus margins.

Pay Practices by the Numbers— Home Health Centers of Excellence

56% pay their RNs per diem/per visit

42% pay their RNs salary

4.0 average Quality of Care Star Rating for agencies who pay their RNs per diem and per visit

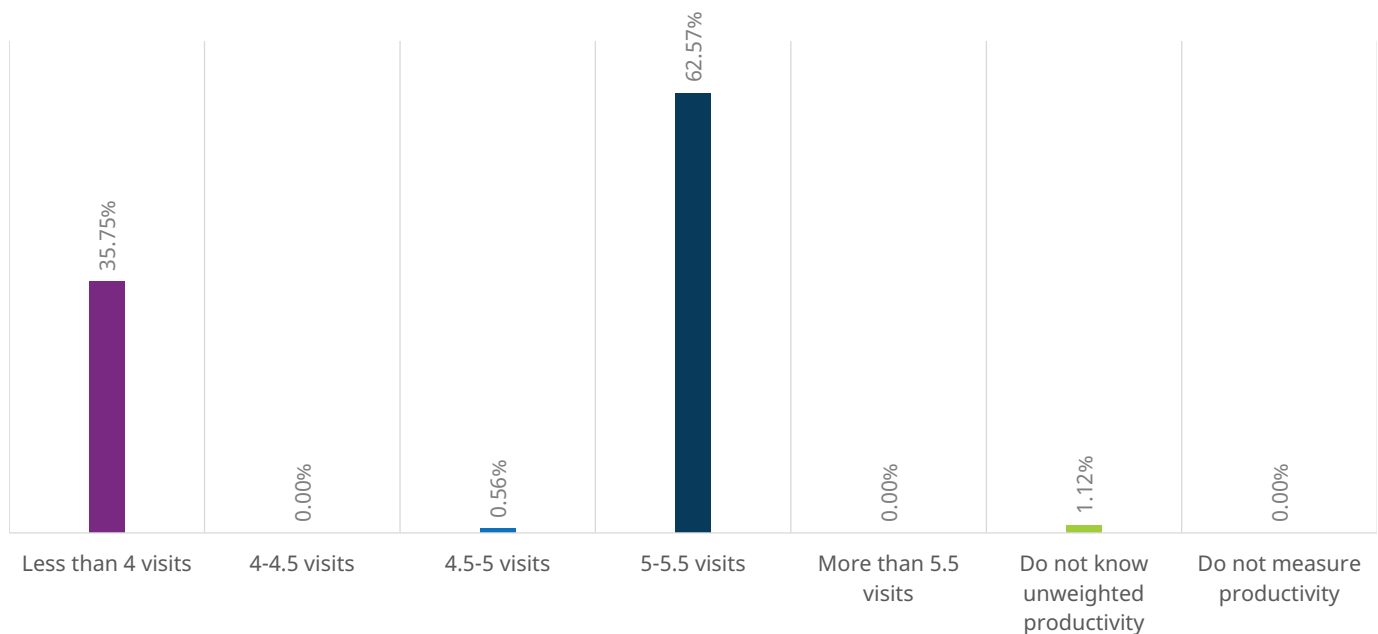
22% average profit ratio for agencies who pay their RNs salary (vs. 5% for those who pay per diem/per visit)

92% pay Physical, Occupational, and Speech Therapist salary

92% pay Social Workers salary

6. What is the average unweighted visits per an eight-hour working day for nursing?

Productivity is a difficult topic for many organizations as they balance the goals of revenue generation, quality, and patient satisfaction. Most Home Health Centers of Excellence had an average unweighted nursing productivity standard of five to five-and-a-half visits per eight-hour work day. However, there were also a significant amount of Home Health Centers of Excellence who had productivity standards of less than four visits per eight-hour workday. Both groups averaged a Four Star Rating in both Quality of Care and Patient Satisfaction categories.

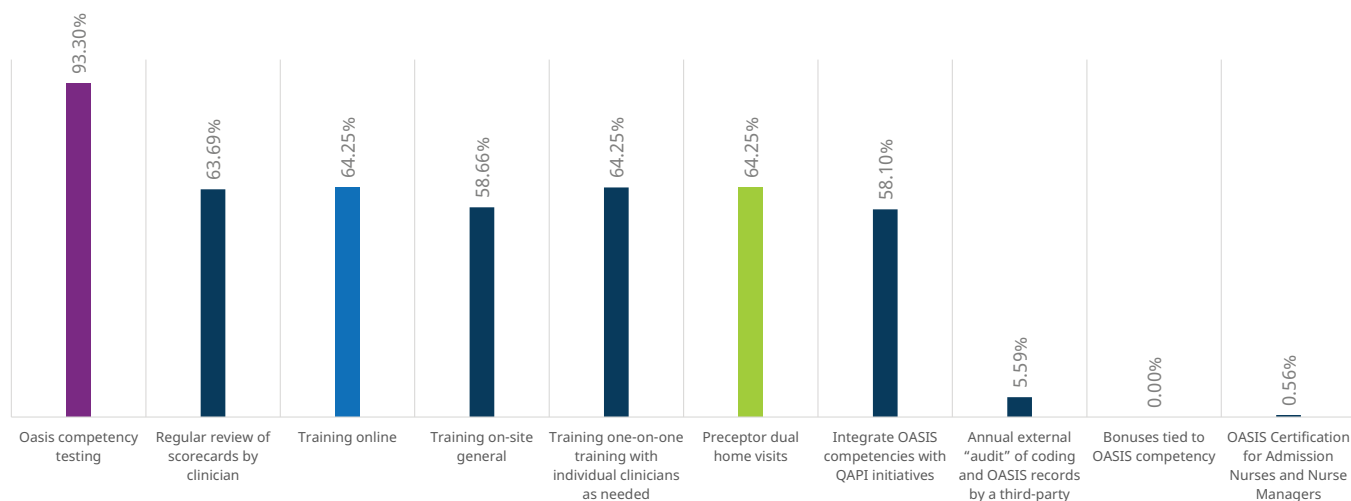


BEST PRACTICE METRIC

There was no correlation found between Quality of Care/Patient Satisfaction and productivity standards. However, those agencies who do not measure productivity had the lowest overall Quality of Care scores and highest Patient Satisfaction scores displaying a need to ensure a balance between quality and satisfaction of the patient.

7. What practices do you use to ensure OASIS competency and accuracy? Mark all that apply.

Accurate OASIS completion is critical to the success of home health agencies. To help ensure OASIS competency, most Home Health Centers of Excellence use OASIS testing in addition to a variety of training techniques ranging from online to one-on-one. Less used strategies include external audits, bonuses tied to OASIS competency, and OASIS certification for nurse managers and admission nurses.

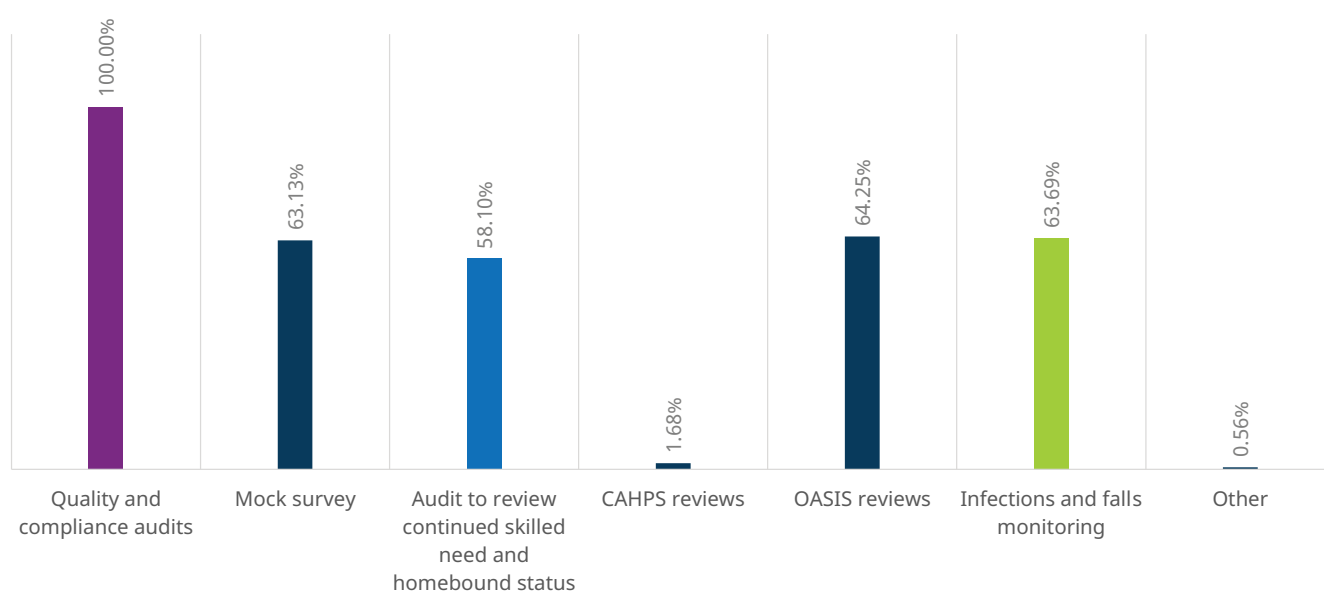


BEST PRACTICE METRIC

In addition to the practices outlined above, 100% of Home Health Centers of Excellence also use interdisciplinary communication for OASIS completion.

8. Which of the following are a part of your QAPI program?

All Home Health Centers of Excellence have quality and compliance audits as part of their QAPI program. This was followed by OASIS review (64%), infections and falls monitoring (63%), and mock surveys (63%). Only 1% included CAHPS reviews in their QAPI programs. Looking at the data for all agencies, those agencies (12%) that do include CAHPS reviews as part of their QAPI program had the lowest overall patient satisfaction Star Ratings.



BEST PRACTICE METRIC

Quality and compliance audits, mock surveys, review of skilled need and homebound status, and OASIS reviews all resulted in an average four Quality of Patient Care Star Rating.

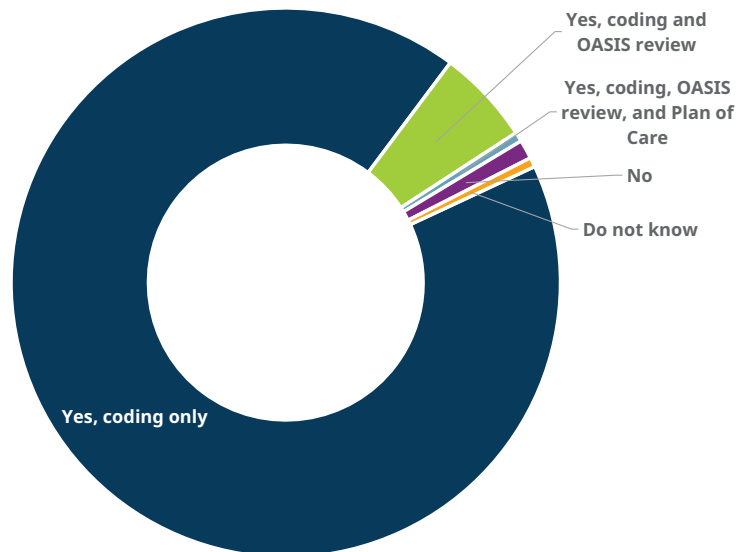
BONUS METRIC

100% of Home Health Centers of Excellence have a wound certified specialist on staff.

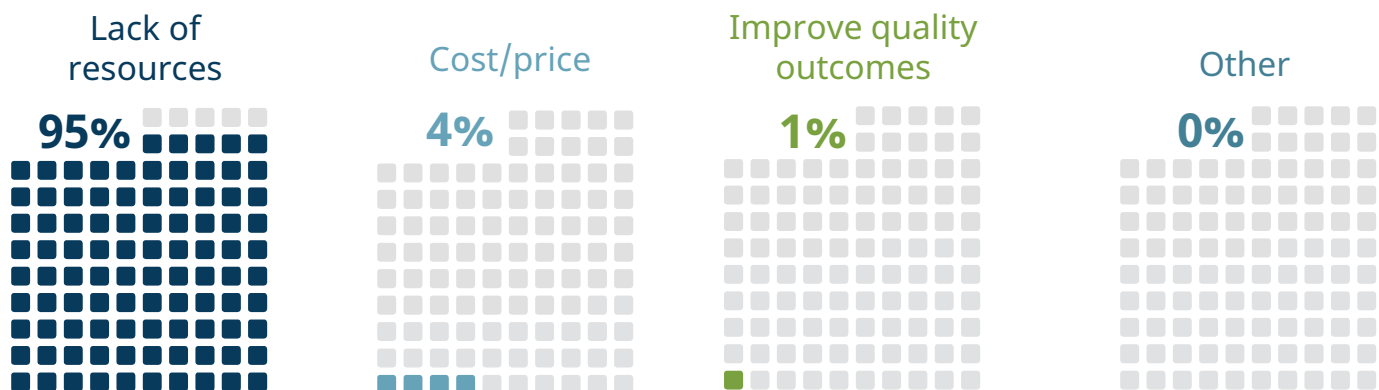
9. In the past 12 months, has your agency outsourced coding and OASIS review to a third-party vendor?

Outsourcing coding and OASIS review is a practice that has grown significantly in the past five years. Only 10% of total respondents stated they did not outsource any of these functions. Reviewing best practices of the Home Health Centers of Excellence, 92% outsource coding only. The main reason given for outsourcing is lack of resources.

Response	Home Health Centers of Excellence
Yes, coding only	92.18%
Yes, coding and OASIS review	5.59%
Yes, coding, OASIS review and Plan of Care	0.56%
No	1.12%
Do not know	0.56%



10. What was the primary reason for outsourcing?



BEST PRACTICE METRIC

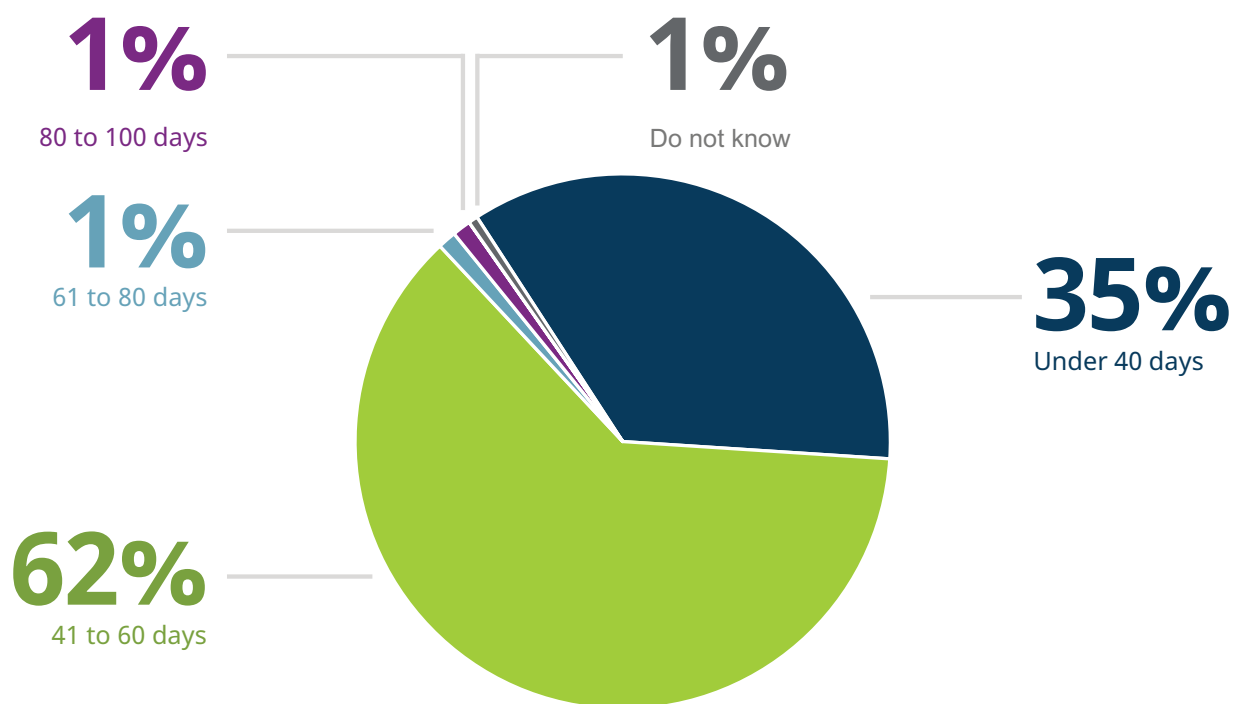
Agencies that outsourced their coding only had an average four Quality of Patient Care Star Rating compared to three for those who did not outsource

BONUS METRIC

Agencies that outsourced their billing have a profit ratio of 20%, compared to 6% for those who didn't outsource.

11. What is your agency's average day's revenue in accounts receivable?

Looking at the average day's revenue in accounts receivable, 62% of Home Health Centers of Excellence averaged 41–60 days followed by 35% who averaged under 40 days.



BEST PRACTICE METRIC

There is a direct correlation between an agency's average day's revenue in accounts receivable and profit ratio, ranging from 21% profit ratio for those under 40 days to a negative profit ratio for those over 100 days.

PRACTICES THAT RESULTED IN FEWER

day's revenue in accounts receivable included lower case manager caseloads and more clinicians documenting in the home.

Hospice Best Practices

While a hospice's primary task is helping ensure their patients are cared for and comfortable, a significant component of that is helping ensure the family members/caregivers are comforted as well. Hospice agencies will face their first Star Ratings later this year. These Star Ratings will be based on a weighted Hospice CAHPS composite score that will be adjusted for case mix and mode of survey administration.

Within the Best Practices section of the study, we've identified the leading practices of the Hospice Centers of Excellence, or those in the top 15% when averaging the non-adjusted CAHPS composite score. Hospice Centers of Excellence must also have a positive financial surplus.

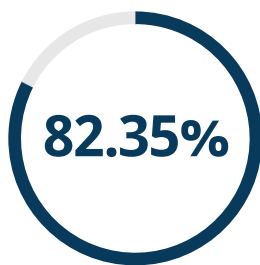
Hospice Centers of Excellence:

- Hospice CAHPS Composite Score: **86.64 or higher**
- Average Median Length of Stay: **22 Days**
- Positive Financial Surplus

*Details on Hospice Centers of Excellence categorization can be found in the methodology section of this report.

1. Which best describes your sales force (community business development specialists/sales force/liaisons) used to generate referrals?

Sales teams/liaisons play a critical role in helping hospice organizations grow successful organizations while also working to expand delivery of care to patients. Most Hospice Centers of Excellence use primarily non-clinical staff in these roles.



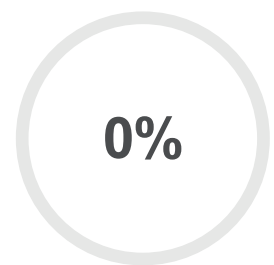
They are primarily non-clinical (non-licensed)



They are equally clinical and non-clinical



I don't use/have these positions



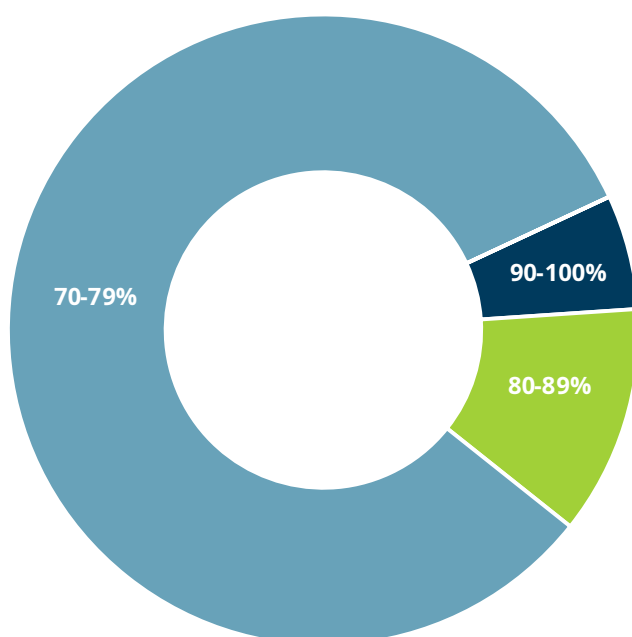
They are primarily clinical/do not know

2. How does your agency define a referral?

Nearly 90% of Hospice Centers of Excellence define a referral as anything that comes to them (no qualifications). Further, most of these agencies also have an average 70–79% conversion rate. This would indicate that not putting restrictions on referrals but also setting realistic conversion rate expectation is key for hospice agency success and helping ensure there are no missed opportunities to provide care.



3. What is your referral to admission conversion rate?



Response	Hospice Centers of Excellence
90 – 100%	5.88%
80 – 89%	11.76%
70 – 79%	82.35%
60 – 69%	0.00%
50 – 59%	0.00%
Less than 50%	0.00%

BEST PRACTICE METRIC

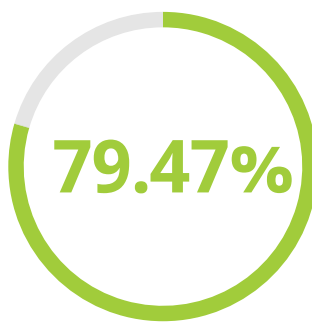
Agencies who define a referral as any referral coming in the door have an average 31-day median LOS compared to 24 days for those who minimally qualify their referrals and 19 days for those who only record fully qualified referrals.

4. Who schedules your start of care visits?

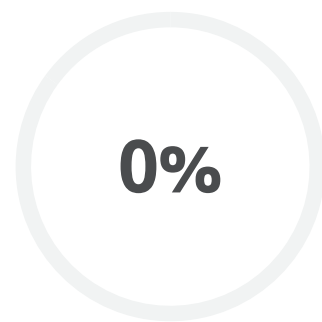
Most (80%) Hospice Centers of Excellence use schedulers to schedule their start of care visits. This compares to 51% of all agencies who use schedulers for this function. While 20% of Hospice Centers of Excellence use a clinical team for this function, the average total CAHPS composite score for all agencies who used the clinical team to schedule was the lowest for all categories.



Clinical Team



Scheduler



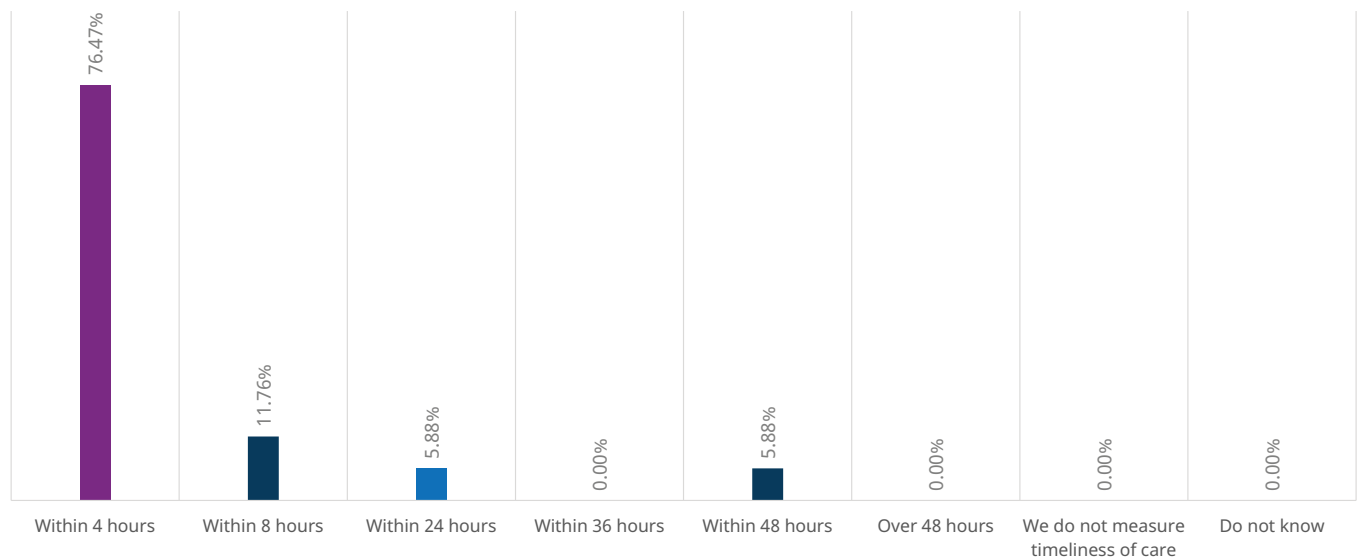
Intake department/Other

BEST PRACTICE METRIC

Agencies with dedicated schedulers to schedule start of care visits have the highest CAHPS composite scores (84) and median LOS (32 days).

5. Timely access to care: Are the majority of your admissions from referral done?

An important metric that hospice agencies should monitor is timely initiation of care, or the amount of time it takes for a hospice referral to be admitted. Results show that 76% of Hospice Centers of Excellence conduct these admissions within four hours. It's important that hospice agencies measure and monitor this critical metric with a goal of averaging eight hours or fewer from referral to admission.



BEST PRACTICE METRIC

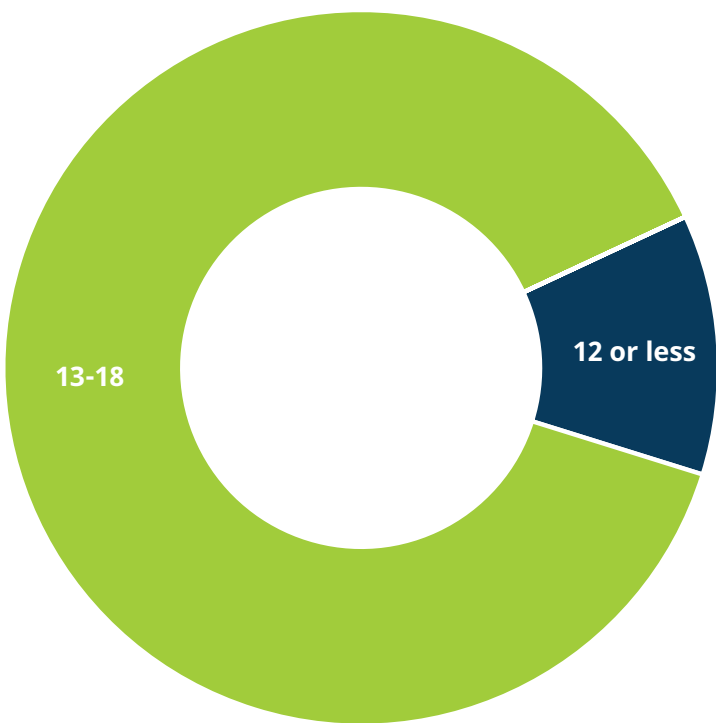
Agencies who admitted their patients within four hours had a 32.54 median LOS, nearly 10 days longer than any other category.

BONUS METRIC

100% of Hospice Centers of Excellence state that RNs do the majority of their admissions.

6. What is the average caseload per nurse case manager FTE for routine home care?

Caseloads for hospice nurse case managers have historically remained in the 10–12 patient range. However, results of the study show that 88% of Hospice Centers of Excellence have case manager caseloads of 13–18 patients. Reviewing the data, we see that one way Hospice Centers of Excellence manage higher case manager caseloads is through use of more social workers. While historically social workers have had caseloads upwards of 30 patients, 88% of Hospice Centers of Excellence state that their social workers have caseloads of 13–18 patients.

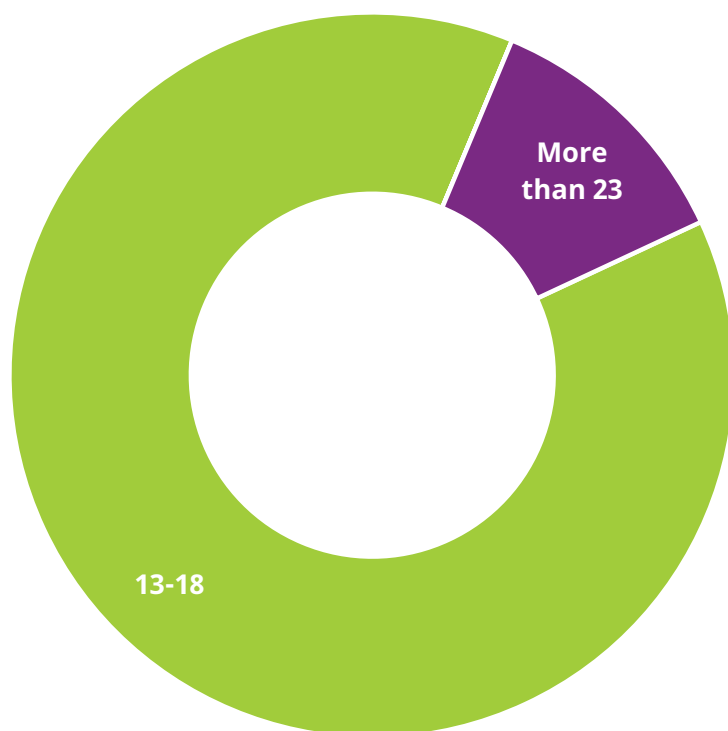


Response	Hospice Centers of Excellence
12 or less	11.76%
13 – 18	88.24%
19 – 23	0.00%
More than 23	0.00%

BEST PRACTICE METRIC

Hospice agencies who have nurse case manager caseloads of 13-18 have a higher Median Length of Stay (28 days) compared to those with lower caseloads (20 days). They also had the highest surplus at 20%.

7. What is the average caseload per social worker case manager FTE?



Response	Hospice Centers of Excellence
12 or less	0.00%
13 – 18	88.24%
19 – 23	0.00%
More than 23	11.76%

BEST PRACTICE METRIC

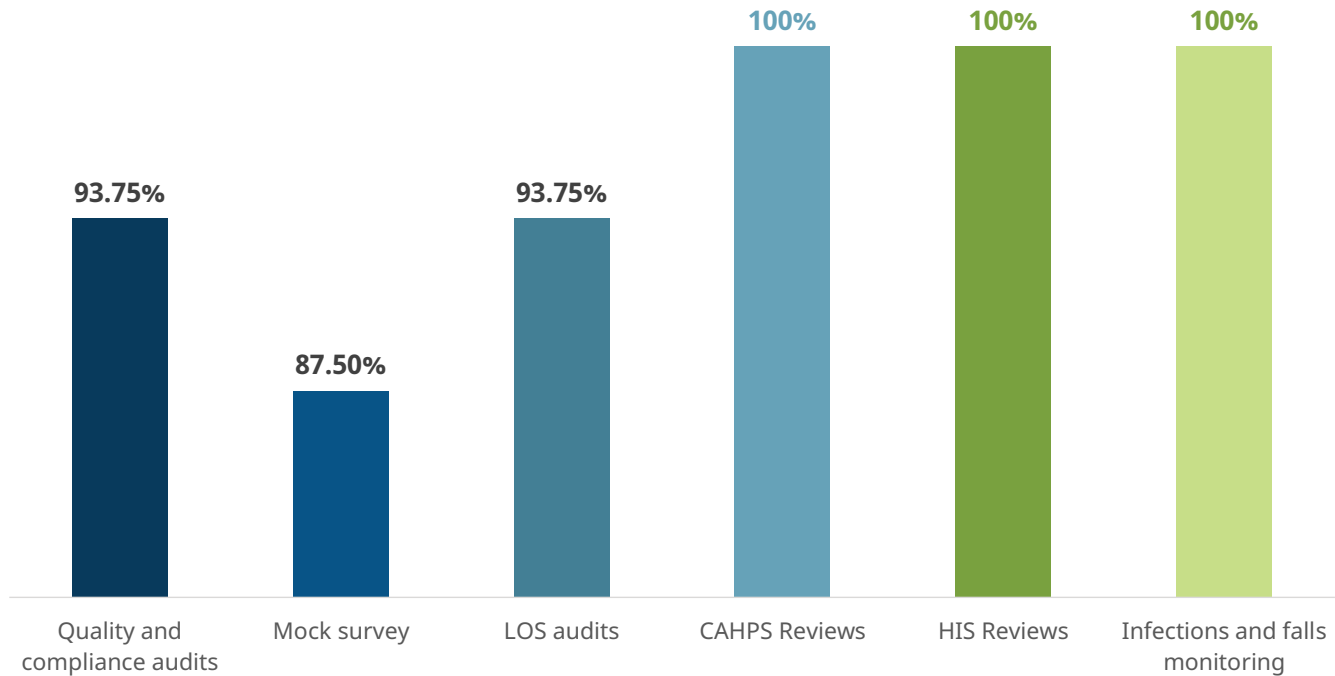
Agencies who report an average caseload per social worker case manager of 13-18 had an average median length of stay of 32 days, 12 days higher than any other category.

BONUS METRIC

100% of Hospice Centers of Excellence target five to six visits per day for their aides.

8. Which are part of your QAPI Review? (Centers of Excellence)

All Hospice Centers of Excellence (100%) include CAHPS Reviews, HIS Reviews, and Infections and Fall Monitoring in their QAPI Review. This was followed by LOS audits (94%), quality and compliance audits (94%), and mock surveys (87%).

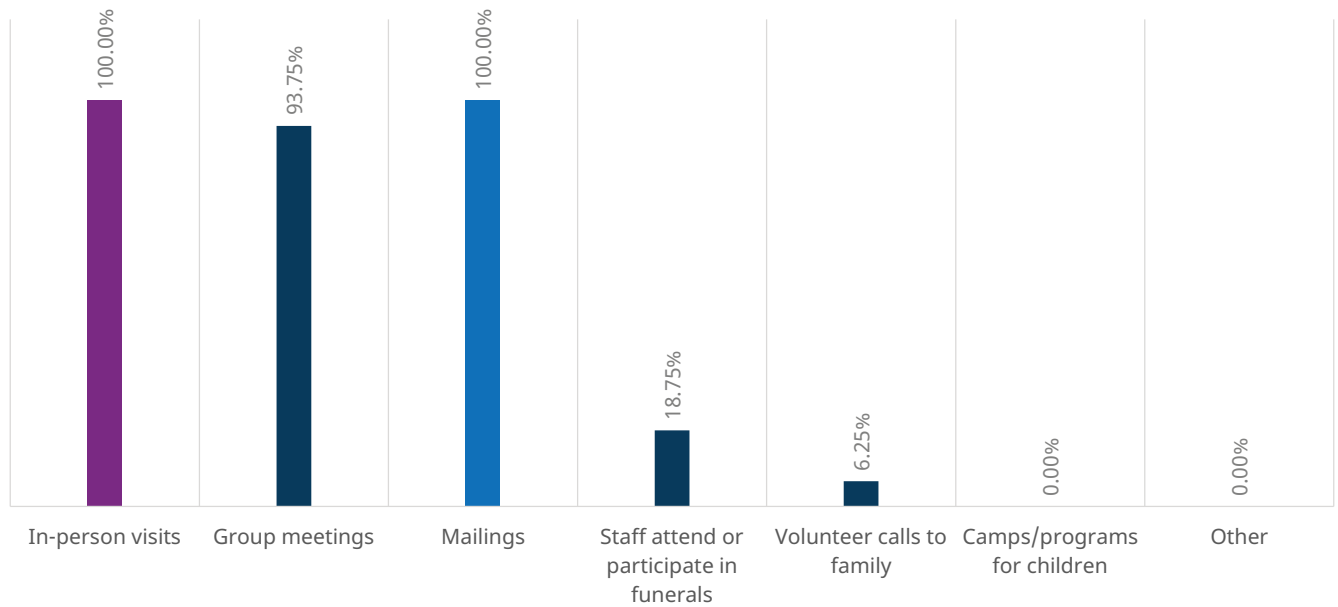


BEST PRACTICE METRIC

Agencies who reported including Mock Surveys and Length of Stay Audits as part of their QAPI program had the highest CAHPS Composite Score (85) and Median Length of Stay (30 days).

9. Which services are provided as part of your bereavement program?

All Hospice Centers of Excellence (100%) include mailings and in-person visits as part of their bereavement program. This was followed by group meetings (94%). Reviewing the CAHPS composite data for all agencies, having staff attending funerals and volunteer calls to families did not show to have an impact on improving family satisfaction.



BEST PRACTICE METRIC

100% of Hospice Centers of Excellence have implemented bereavement satisfaction surveys.

Pay Practices by the Numbers— Hospice Centers of Excellence

80% pay RNs salary

100% pay aides hourly

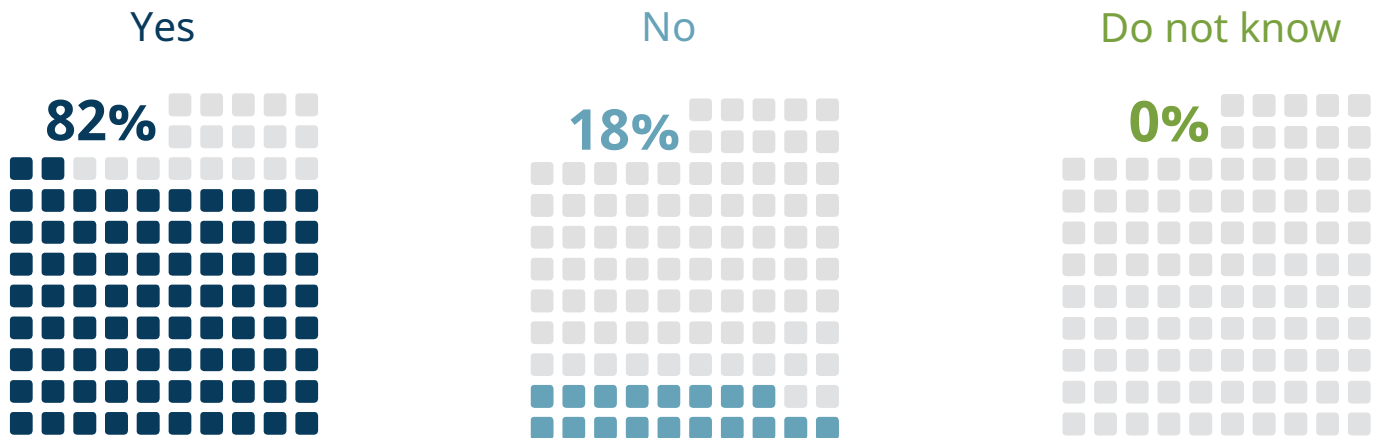
83% pay social workers hourly

89% pay spiritual care counselors salary

83% pay Hospice Medical Director
part-time contract

10. In the past 12 months, has your agency outsourced your coding to a third-party?

A significant majority of Hospice Centers of Excellence (82%) outsource their coding to a third-party. This compares to 59% of all agencies who outsource this function. Most agencies list cost/price as their main factor in deciding to outsource.

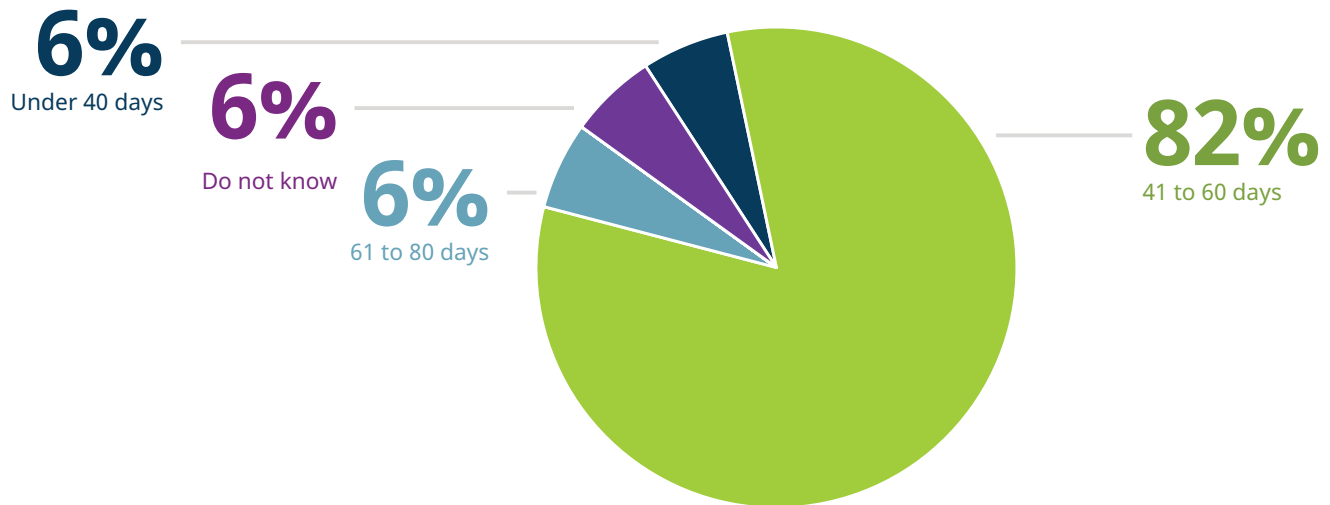


92% of Hospice Centers of Excellence list cost/price as the main factor in their decision to outsource coding.

While outsourcing coding resulted in no difference in profit ratio (20%), those who outsourced had higher CAHPS Composite Scores (84) and Median Length of Stay (32 days) compared to those who did not outsource.

11. What is your agency's average day's revenue in accounts receivable?

Looking at the average day's revenue in accounts receivable, 82% of Hospice Centers of Excellence averaged 41 – 60 days followed by 6% who each averaged under 40 days, 61 – 80 days, or who did not know.



BEST PRACTICE METRIC

There is a direct correlation between average day's revenue in accounts receivable and profitability ratio, ranging from a 29% profit ratio for those under 40 days to 0% for those 81 to 100 days.

BONUS METRIC

89% of Hospice Centers of Excellence use the billing department to verify insurance for prospective patients.

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02

Staffing, Recruitment, and Retention

Staffing

Healthcare is facing a critical staffing crisis. While COVID-19 didn't create the healthcare staffing shortage, the impact is worsened because of it. The national study's input survey of over 3,500 responses included over 1,000 comments related to staffing.

There seems to be a small glimpse of hope related to the nursing shortages. Nationally, the number of licensed RNs increased by 6.7% in 2019, and enrollment in nursing programs at a baccalaureate level increased by 5.6% in 2020. However, recruiting these new nurses to the home health and hospice industry continues to be a challenge. Participating study agencies indicate that higher compensation in other areas of healthcare and a general misperception of healthcare at home are the largest barriers to recruitment.

At the same time, we are seeing higher turnover. According to the NSI National Healthcare Retention and RN Staffing Report, the average turnover rate for RNs has increased from 14.6% in 2016 to 18.7% in 2020. This is consistent with the survey results for home health and hospice agencies who averaged 16-20% turnover for clinicians. At 36.53%, aides had the highest turnover rate of all home-based healthcare positions in 2020. Recent studies have identified burnout, insufficient staffing, stressful working environment, and other reasons related to job quality as the reasons RNs are leaving or considering leaving their jobs. In addition, study results show a direct correlation between turnover rates and other organizational practices, such as leadership programs, diversity and flexible work schedules.

There were 49 questions related to staffing recruitment and retention in the survey ranging from turnover rates, number of unfilled positions, benefits, and more. Below, we've highlighted a few of these items and their summarized responses.

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I'd like to see innovative staffing models to care for increased volume of medically complex patients in the home.

”

I'd like to understand strategies for attracting and retaining top talent.

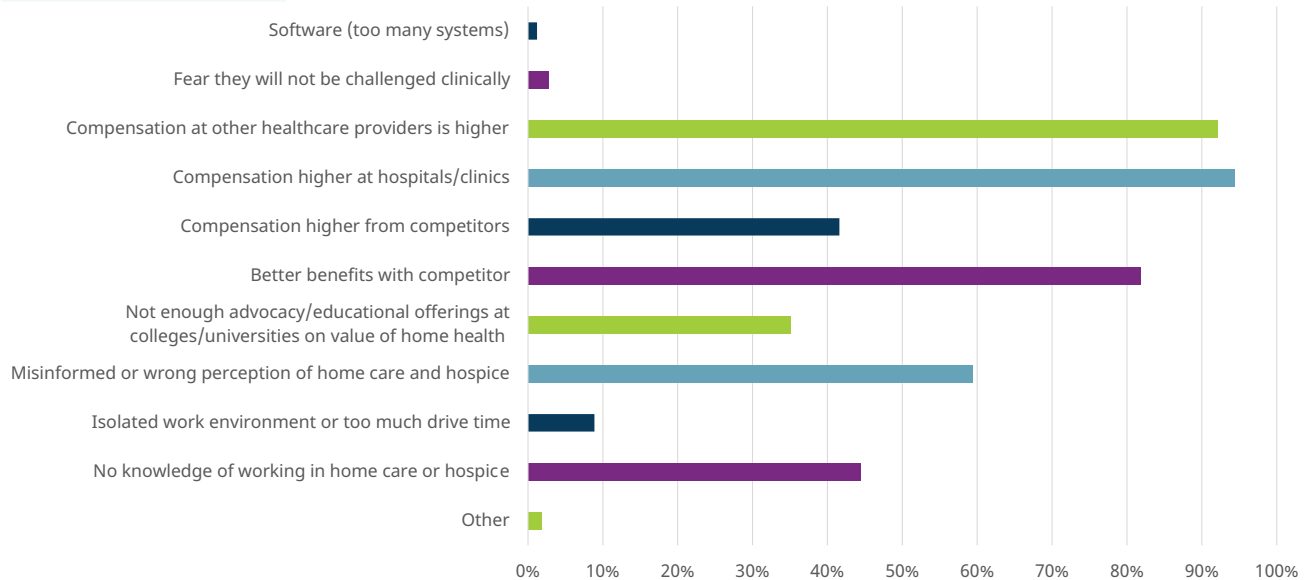
”

Staffing is a crisis.
How do we get through it?

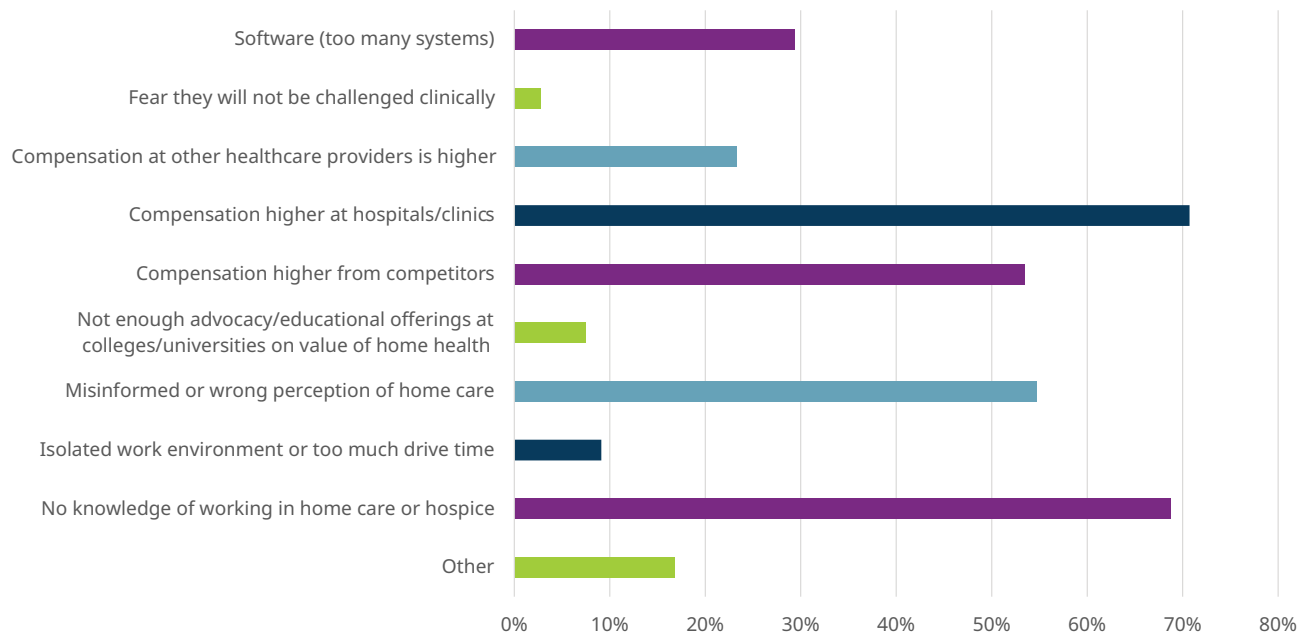
1. Which do you see as barriers to recruiting nurses to the industry? Mark all that apply.

Compensation, benefits and misperceptions of hospice/home health remain the top three reasons agencies see as barriers to recruiting nurses to the industry.

All Hospice Agencies



All Home Health Agencies

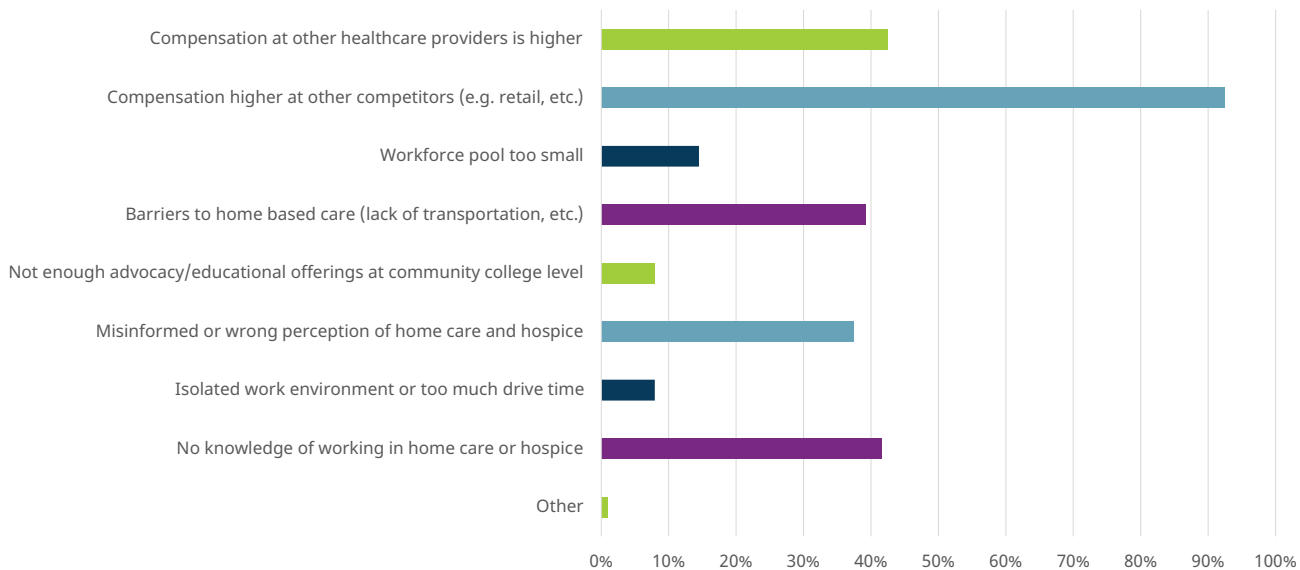


Home Health and Hospice Centers of Excellence reported the same barriers to recruiting nurses as all agencies, displaying a need to increase the perception and knowledge of working in home health and hospice.

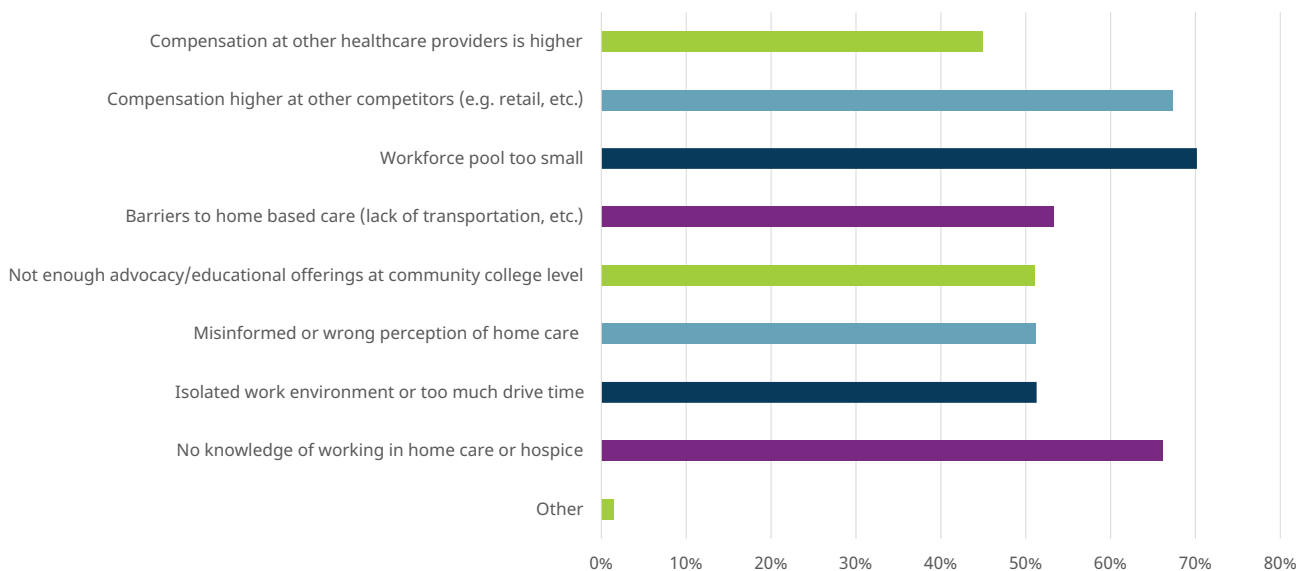
2. What do you see as barriers to recruiting aides to the home health and hospice industry? Mark all that apply.

For hospice agencies, top barriers to recruiting aides include higher compensation in other healthcare and non-healthcare settings. However, home health agencies listed their top barriers to recruiting aides as a lack of knowledge of working in home care and a workforce pool that is too small.

All Hospice Agencies



All Home Health Agencies



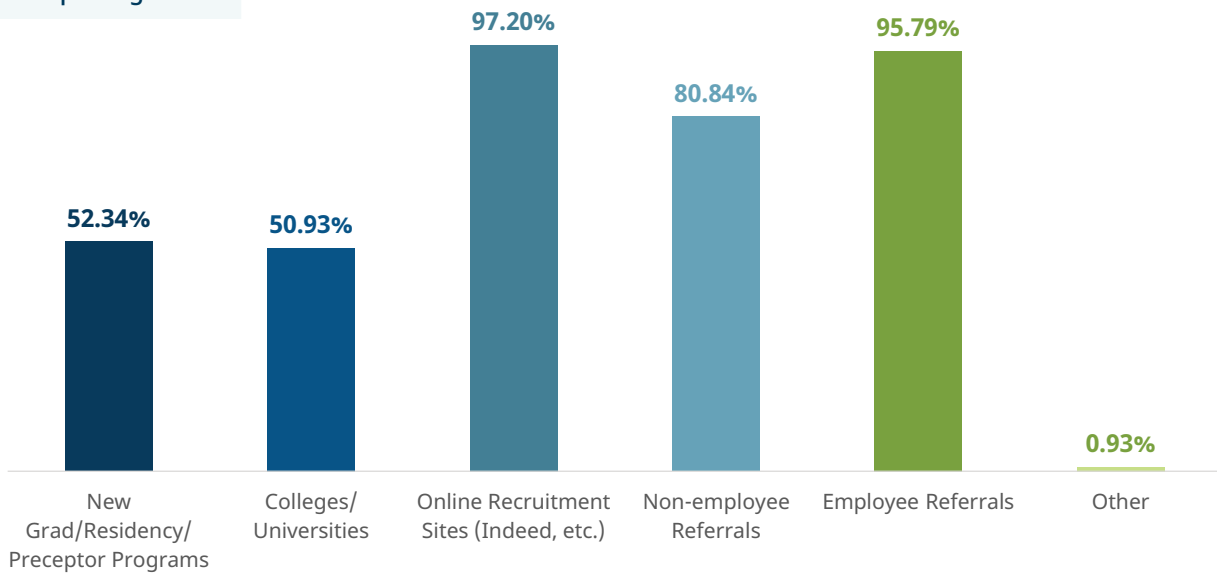
BEST PRACTICE METRIC

Centers of Excellence agencies are much more likely to use colleges/universities (87.5%) and new grad/residency/preceptor programs (90%) as sources of recruitment.

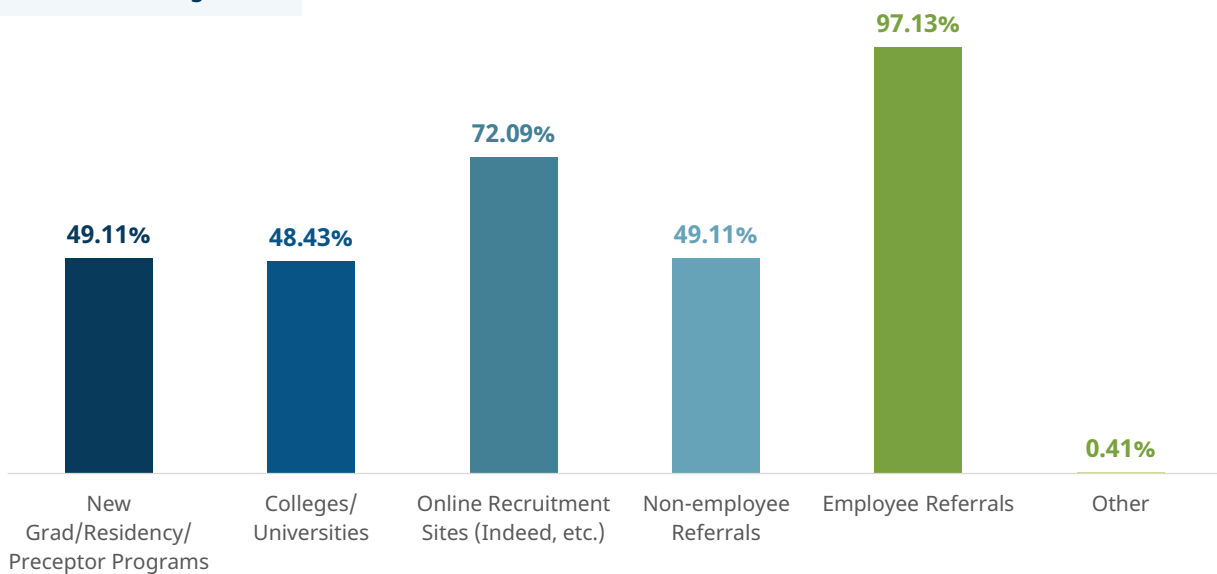
3. Which of the following is a significant source for recruiting nurses? Mark all that apply.

Hospice agencies are much more likely to use online recruitment sites to recruit new nurses compared to home health agencies. Both groups, however, heavily rely on employee referrals for recruitment of new nurses.

All Hospice Agencies



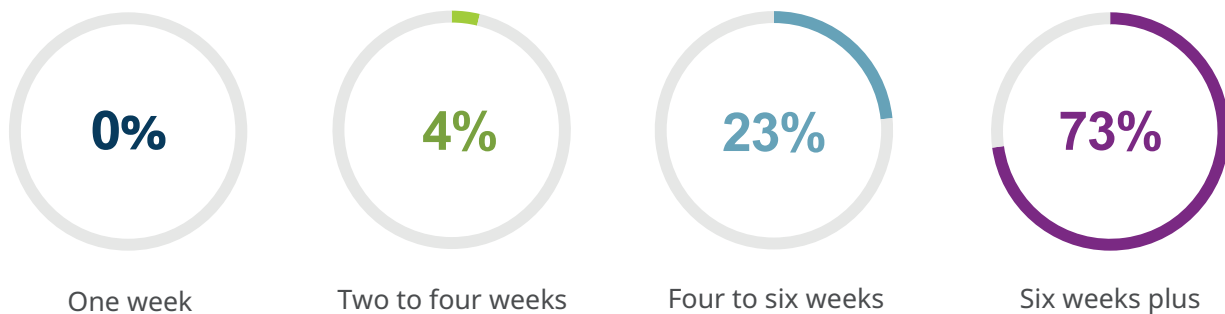
All Home Health Agencies



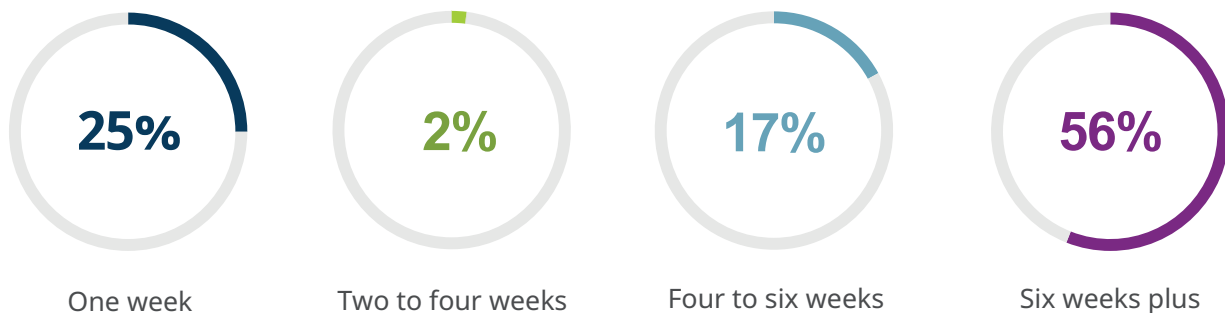
4. When are your new nurses expected to be at full productivity?

There was a significant difference between the expectations for home health new nurses versus hospice nurses to be at full productivity. Many more hospice (73%) reported they expected new nurses to be at full productivity in six weeks or more. And while the majority of home health agencies (56%) reported this metric as well, many more (25%) expected their nurses to be at full productivity in one week.

All Hospice Agencies



All Home Health Agencies



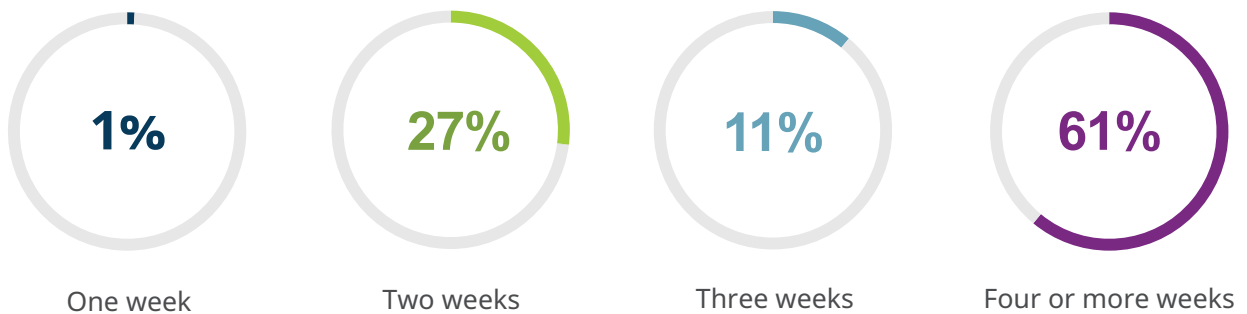
BEST PRACTICE METRIC

60% of Hospice Centers of Excellence and 55% of Home Health Centers of Excellence expect their nurses to be at full productivity in six plus weeks.

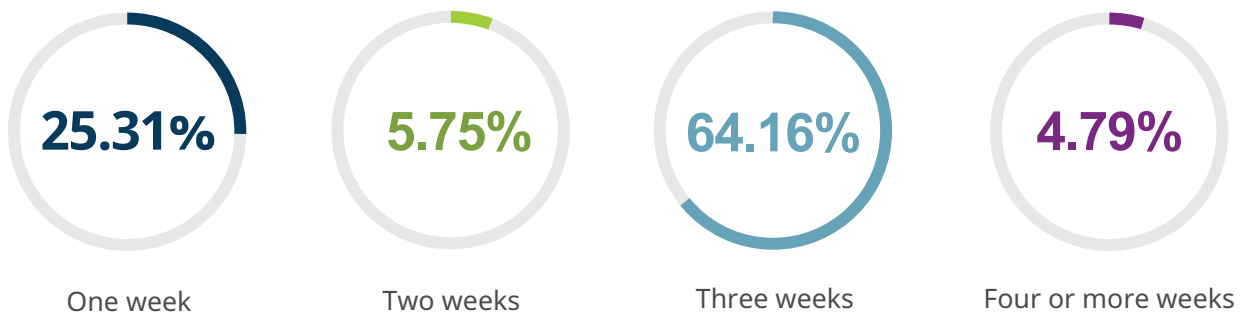
5. When are your new aides expected to be at full productivity?

Similar to the productivity expectations of new nurses, more hospice reported that they expected their aides to be at full productivity in four or more weeks. Meanwhile, the majority of home health agencies reported expecting their aides to be at full productivity in three weeks.

All Hospice Agencies



All Home Health Agencies



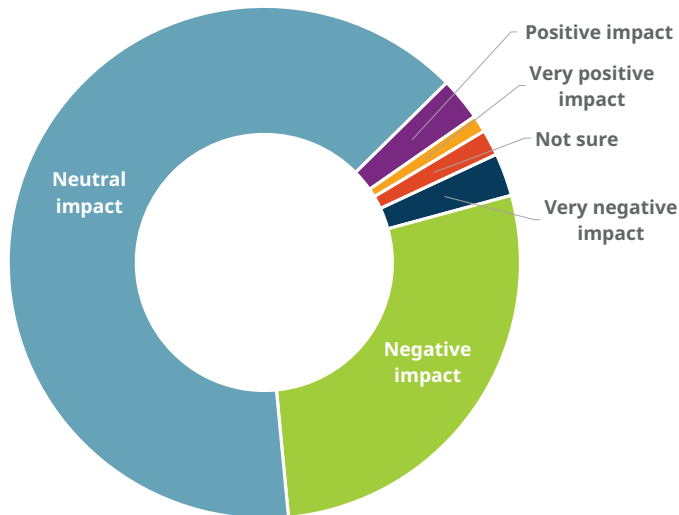
BEST PRACTICE METRIC

76% of Hospice Centers of Excellence expect their aides to be at full productivity in four or more weeks, while 68% of Home Health Centers of Excellence expect their aides to be at full productivity in three weeks.

6. In the next three to five years, what do you predict the impact of leadership turnover will be?

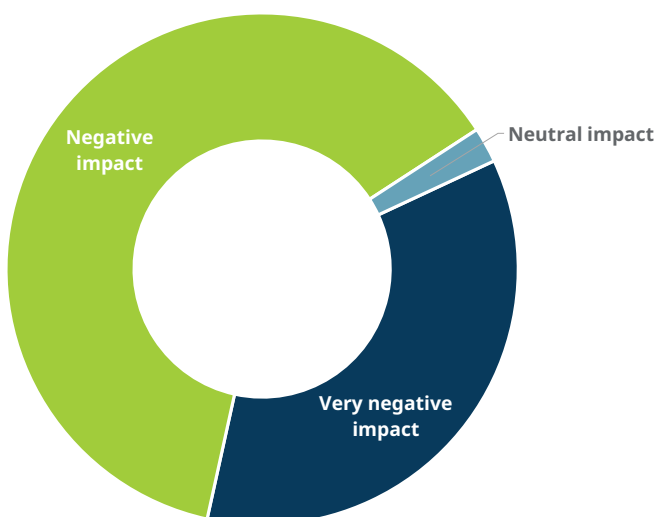
Most hospice agencies (64%) anticipated a neutral impact of leadership turnover in the next three to five years, yet for home health, nearly the same amount of agencies (63%) predicted this would have a negative impact.

All Hospice Agencies



Response	All Hospice Agencies
Very negative impact	2.72%
Negative impact	27.72%
Neutral impact	64.13%
Positive impact	2.72%
Very positive impact	1.09%
Not sure	1.63%

All Home Health Agencies



Response	All Home Health Agencies
Very negative impact	35.50%
Negative impact	62.57%
Neutral impact	2.23%
Positive impact	0.00%
Very positive impact	0.00%
Not sure	0.00%

7. Do you have a formal strategic legacy/staffing plan for leadership in your organization?

Similarly, while most hospice agencies represented (87%) do not have a formal strategic legacy/staffing plan for leadership, nearly all (89%) home health agencies do.

All Hospice Agencies



All Home Health Agencies



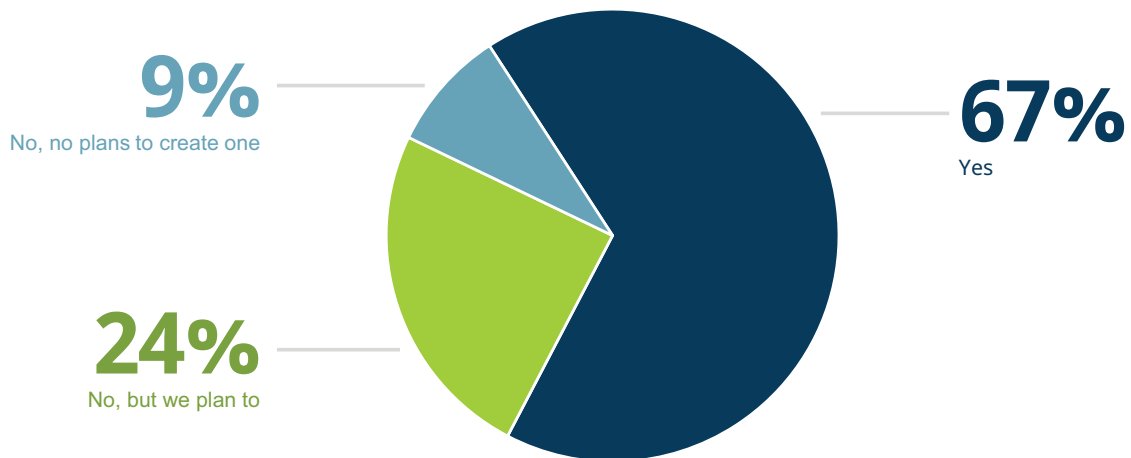
BEST PRACTICE METRIC

99% of Home Health Centers of Excellence have a formal strategic legacy/staffing plan in place.

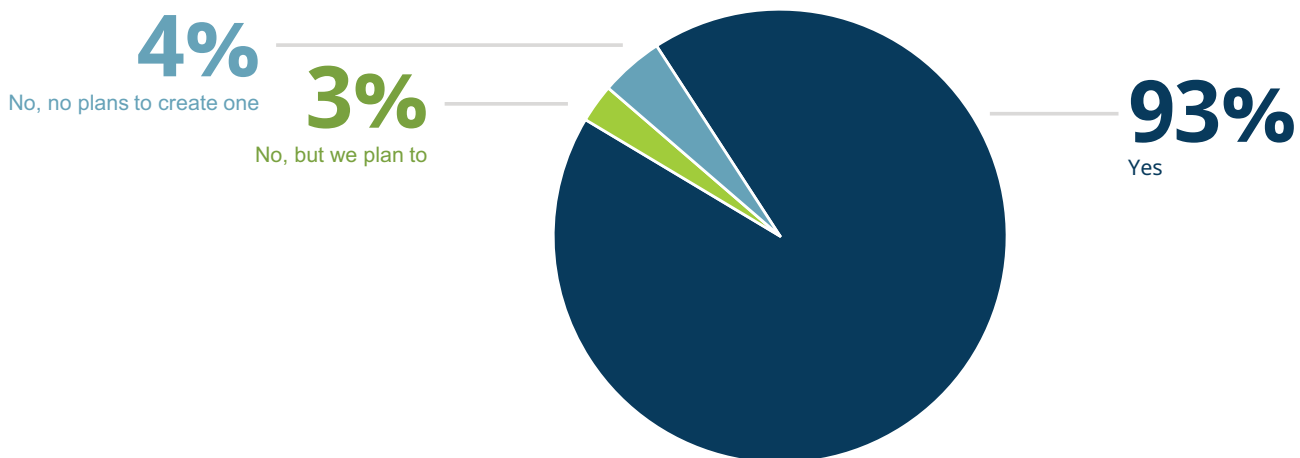
8. Does your organization have goals around hiring a more diverse workforce?

A larger percentage of home health agencies (93%) already had goals around hiring a more diverse workforce, while more hospice agencies (25%) planned to make diversity goals in the future.

All Hospice Agencies



All Home Health Agencies



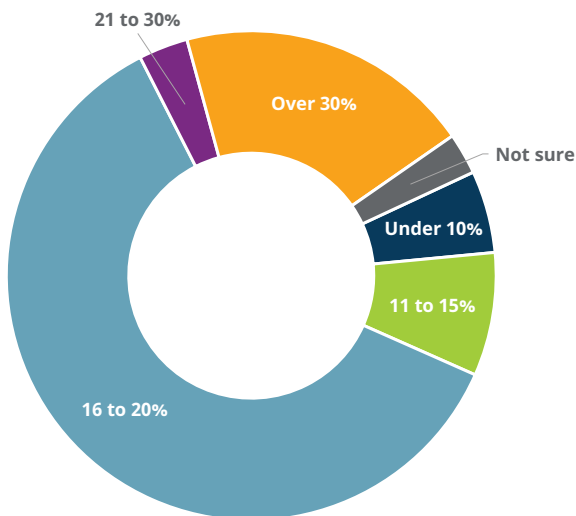
BEST PRACTICE METRIC

99% of Home Health Centers of Excellence and 88% of Hospice Centers of Excellence have goals around hiring a more diverse workforce. Diversity in staffing has shown to decrease racial barriers to care.

9. What is your organization's annual employee turnover rate?

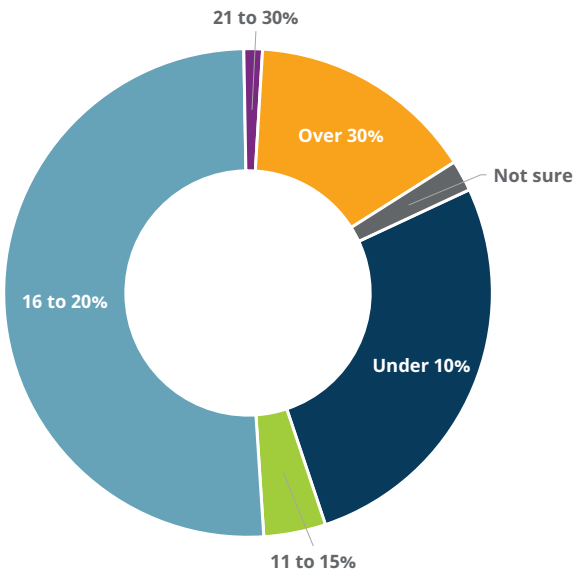
In the past 12 months, the majority of both home health and hospice agencies represented had turnover rates of 16% – 20%. However, more home health agencies than hospice agencies had turnover rates of less than 10%, while more hospice agencies had turnover rates of 30% or higher.

All Hospice Agencies



Response	All Hospice Agencies
Under 10%	5.43%
11 – 15%	8.15%
16 – 20%	60.87%
21 – 30%	3.26%
Over 30%	19.57%
Not sure	2.72%

All Home Health Agencies



Response	All Home Health Agencies
Under 10%	26.81%
11 – 15%	4.10%
16 – 20%	50.75%
21 – 30%	1.23%
Over 30%	15.05%
Not sure	2.05%

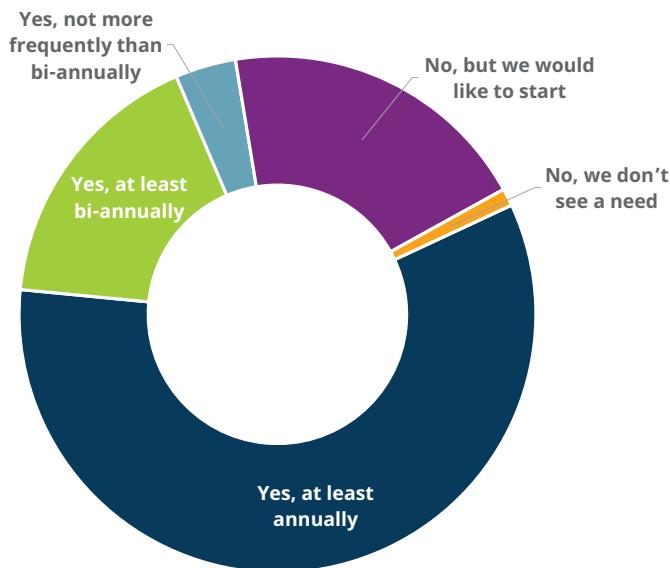
BEST PRACTICE METRIC

85% of Home Health Centers of Excellence and 79% of Hospice Centers of Excellence have organizational turnover rates of 15% or less.

10. Do you regularly survey employee engagement?

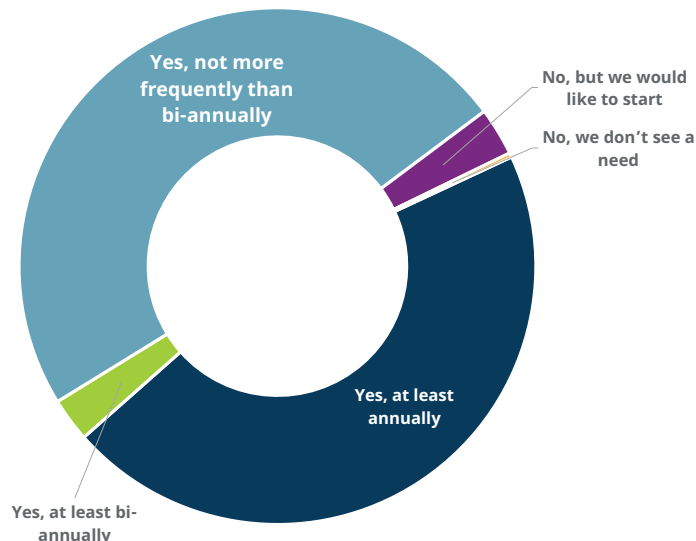
The majority of hospice agencies survey their employee engagement levels at least annually, while home health agencies evenly split the timing of their surveys between annually and bi-annually. Significantly more hospice agencies do not survey for employee engagement compared to home health agencies.

All Hospice Agencies



Response	All Hospice Agencies
Yes, at least annually	58.48%
Yes, at least bi-annually	17.07%
Yes, not more frequently than bi-annually	3.80%
No, but we would like to start	19.57%
No, we don't see a need	1.09%

All Home Health Agencies



Response	All Home Health Agencies
Yes, at least annually	45.42%
Yes, at least bi-annually	2.74%
Yes, not more frequently than bi-annually	48.56%
No, but we would like to start	3.01%
No, we don't see a need	0.27%

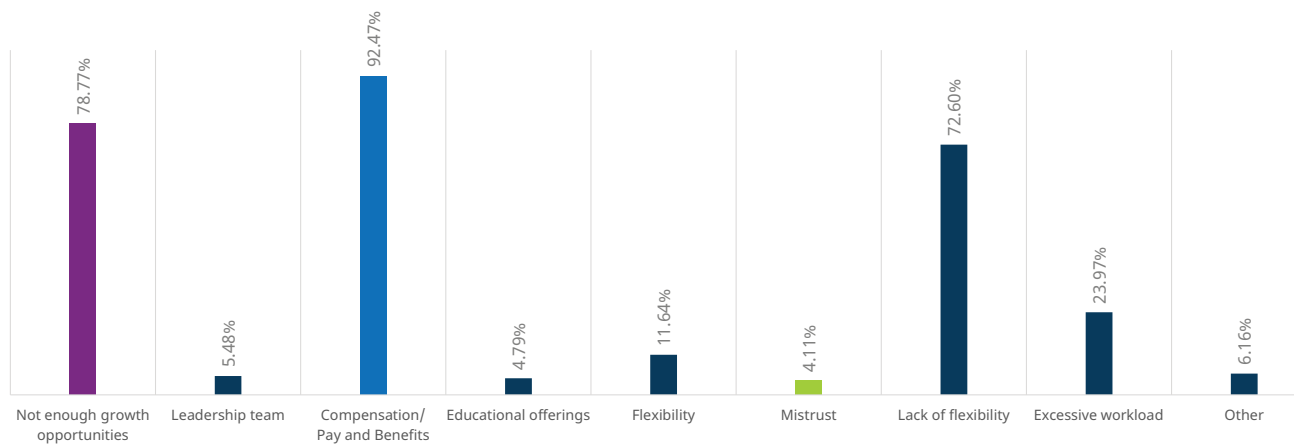
BEST PRACTICE METRIC

94% of Home Health Centers of Excellence and 91% of Hospice Centers of Excellence measure employee engagement at least annually.

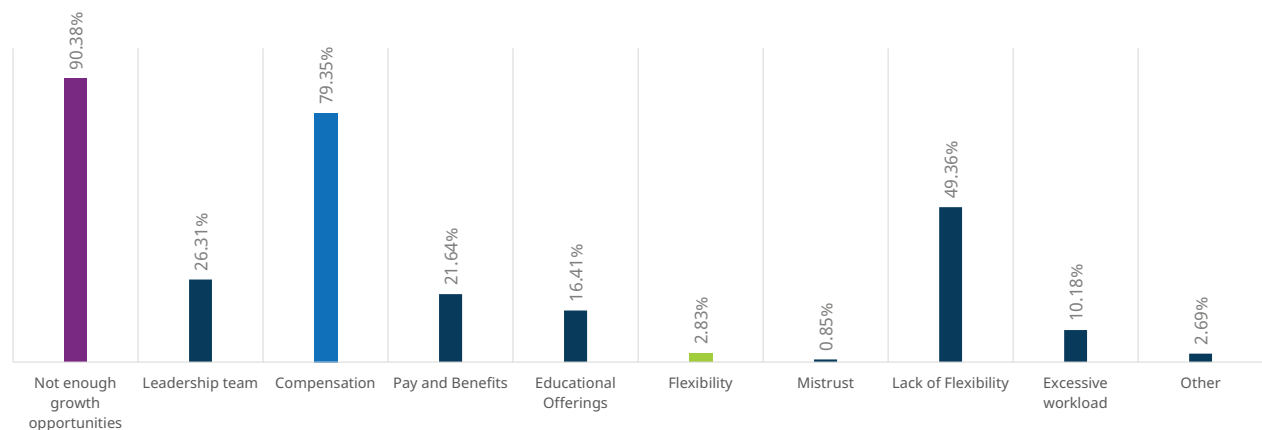
11. Based on your last employee engagement surveys, which three areas demonstrate the most need for improvement in your organization? (Select three)

While burnout was listed as the top reason for turnover, Compensation/Pay, Lack of Flexibility and Not Enough Growth Opportunities were listed as the top three areas of concern expressed on employee engagement surveys by both home health and hospice agencies.

All Hospice Agencies



All Home Health Agencies

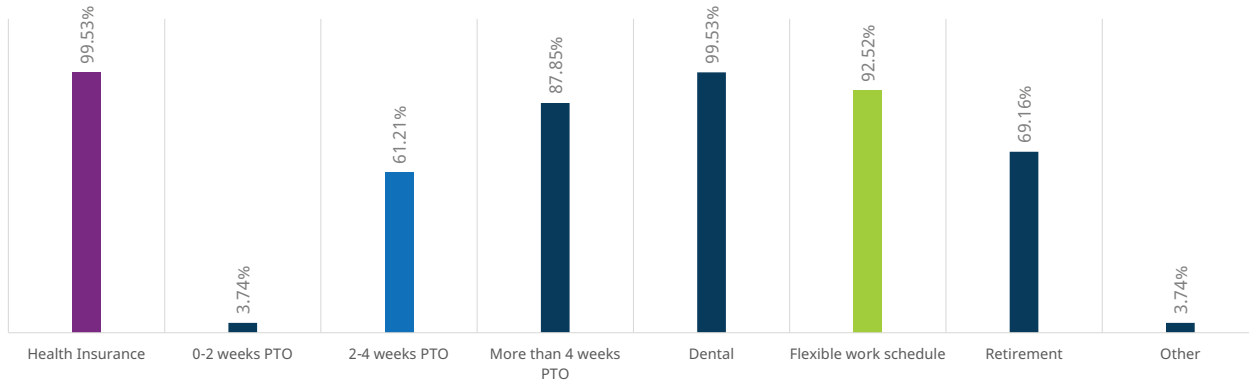


BEST PRACTICE METRIC

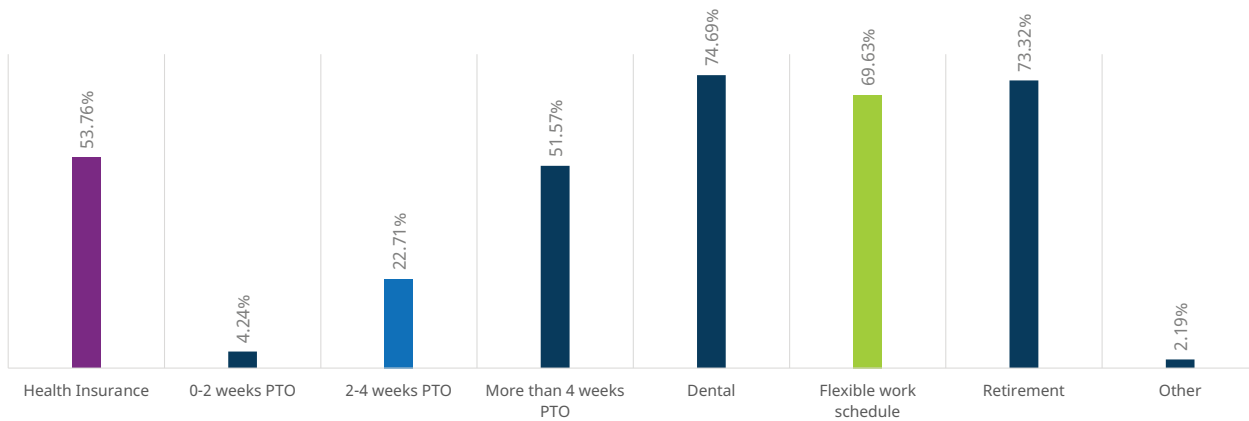
Over 90% of both Home Health and Hospice Centers of Excellence say that, based on their employee engagement surveys, their employees are highly or somewhat engaged.

12. Which of the following benefits do you offer full-time staff?

All Hospice Agencies



All Home Health Agencies



BEST PRACTICE METRIC

Over 90% of Home Health and Hospice Centers of Excellence offer ongoing education reimbursement/ reimbursement for job related certifications as part of their employment packages.



Technology

Over the past decade, home health and hospice agencies have increasingly used more technologies to support their clinical and business operations. But, like many other areas, COVID-19 accelerated the need for adoption, as many organizations began to work with a remote workforce and more digital processes.

At the same time, during the pandemic we also saw agencies put a hold on any current software vendor changes as they dealt with the uncertainty. Nearly 90% of hospice survey agencies and 95% of home health survey agencies stated that they did not have current plans to change their EMR vendors in the next two years.

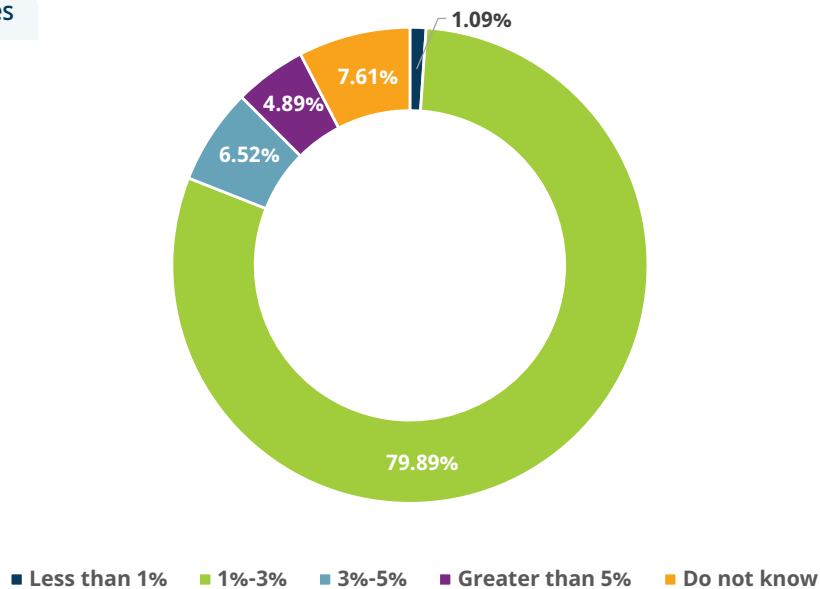
We are also seeing slow adoption of newer technologies from hospice agencies. Only 20% of hospices and currently use artificial intelligence/machine learning in any area of their business, whereas 87% of home health agencies use this technology. Further, 87% of home health agencies also used predictive analytics, compared to 27% for hospice. Budget and difficulty in predicting ROI were the top two barriers listed for adopting this new technology.

There were 17 total technology questions listed in the hospice survey and 22 questions listed in the home health survey. Here, we've highlighted a few of the critical items and their responses.

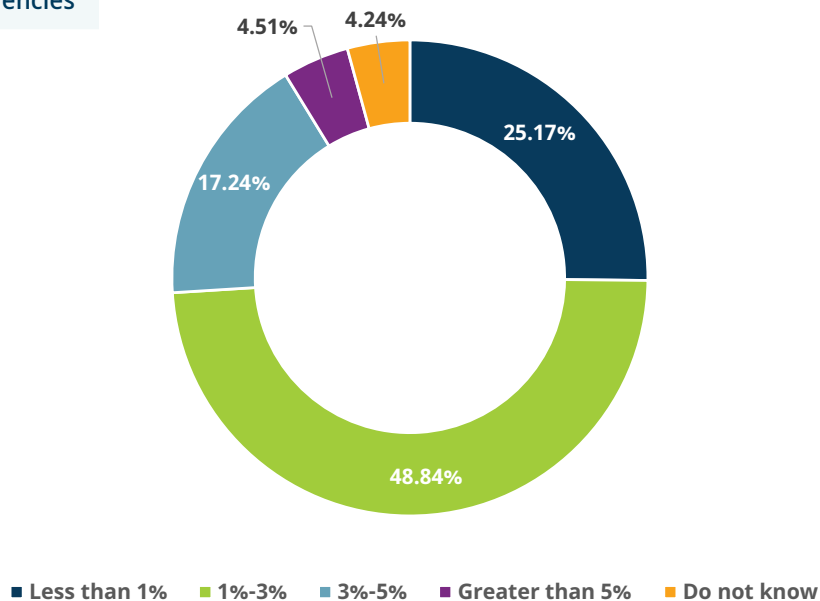
1. How much do you spend on IT\technology as a percentage of annual revenue, excluding capital expenditures?

A significant majority of hospice agencies spend 1 – 3% of their annual revenue on IT/technology with few agencies spending more or less. However, with home health, while most agencies also spent 1 – 3% of their annual revenue on IT/technology, significantly more agencies also spent less than 1% and between 3 – 5%.

All Hospice Agencies



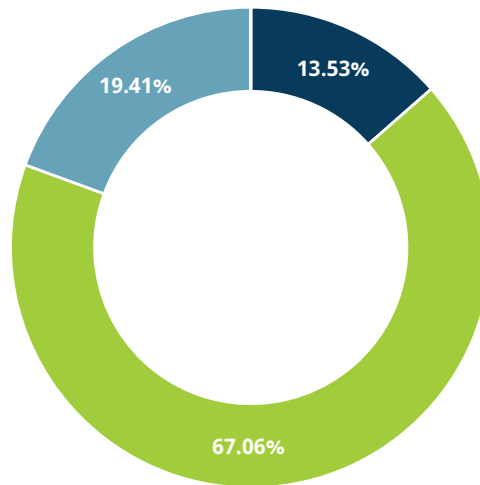
All Home Health Agencies



2. Which type of device is used by the majority of your clinical staff?

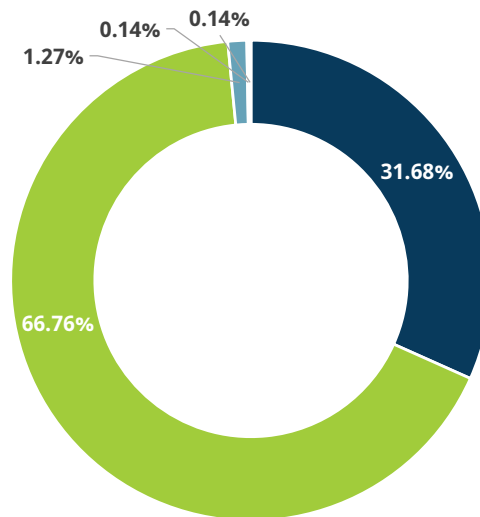
93% of hospice agencies and 97% of home health agencies currently use a Point of Care (POC) device to collect patient information. The majority of these agencies use tablets/iPads as their POC device, followed by laptop computers and smart phones.

All Hospice Agencies



■ Laptop computers ■ Tablet/iPad ■ Smart phone ■ Other ■ Do not know

All Home Health Agencies



■ Laptop computers ■ Tablet/iPad ■ Smart phone ■ Other ■ Do not know

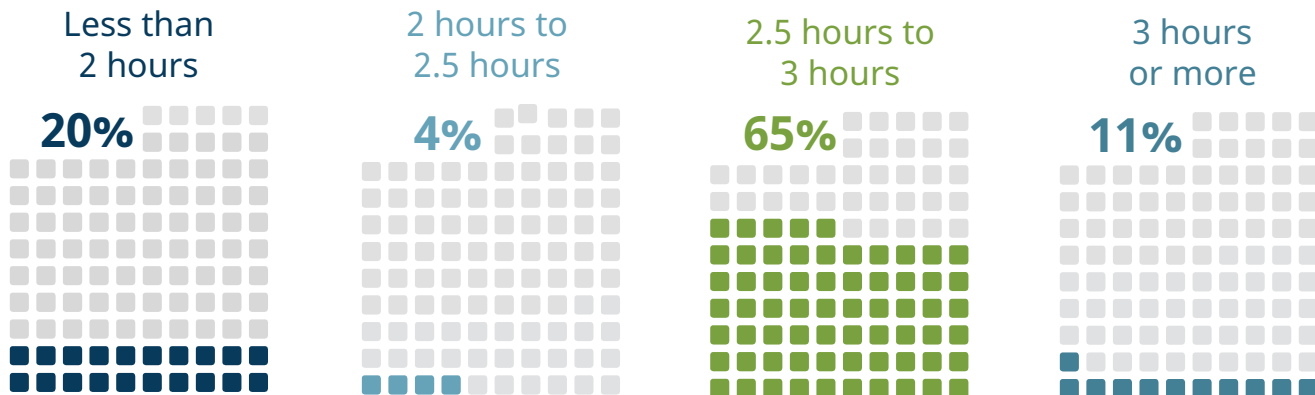
BEST PRACTICE METRIC

66% of Home Health Centers of Excellence and 81% of Hospice Centers of Excellence use tablets/iPads as their primary POC device. While both tablets and laptop computers showed similar quality outcomes, using smart phones as the POC device was correlated with significant decreases in outcomes.

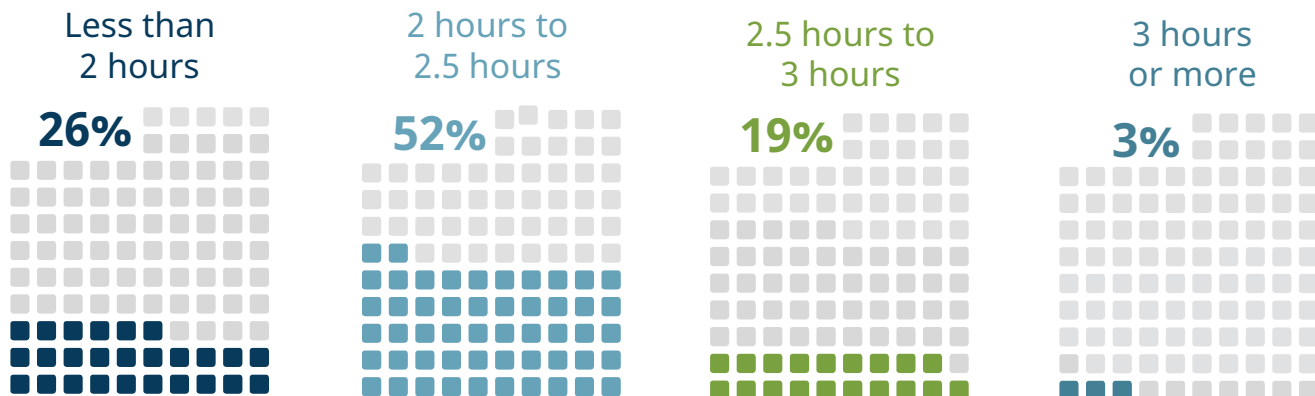
3. How long on average does it take a clinician to complete a start of care using your POC system including visit and time for documentation?

Most hospice agencies average two-and-a-half to three hours to complete a start of care, while most home health agencies average two to two-and-a-half hours.

All Hospice Agencies



All Home Health Agencies



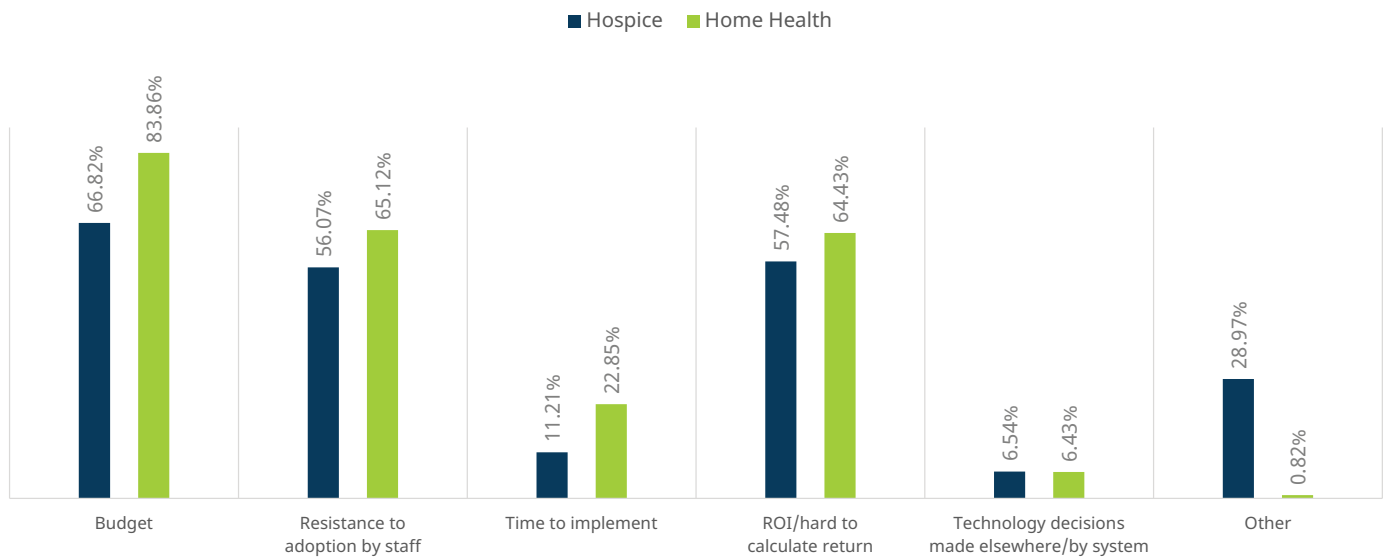
BEST PRACTICE METRIC

81% of Hospice Centers of Excellence responded that it takes 2.5 – 3 hours to complete a start of care and 57% of Home Health Centers of Excellence responded that it takes 2 – 2.5 hours to complete a start of care with their POC devices. Those agencies who reported 3 or more hours showed a significant decline in profit surplus margins.

4. What are the barriers to adopting new technology? Check all that apply.

Home health and hospice agencies listed similar barriers to adopting new technologies in their organization. These include budget, difficulty in calculating ROI, and resistance to adoption by staff.

All Home Health and Hospice Agencies



BEST PRACTICE METRIC

Those agencies who are able to determine ROI on technology investments are more likely to adopt new technologies. ROI measures include improved quality and patient/home health satisfaction outcomes, reduced hospitalizations, improved employee engagement and increased profit surplus.

5. In what areas are you using Artificial Intelligence/Machine Learning? Mark all that apply.

As agencies manage staffing shortages, more are turning to AI/Machine Learning to automate processes within their organization. How an agency uses AI/Machine Learning differs by industry. In hospice, more agencies are likely to use AI to assist with scheduling. Whereas in home health, more agencies are likely to use AI to automate the revenue cycle process.

Response Choice	All Hospice Agencies	All Home Health Agencies
Revenue Cycle—leverage AI to automate routine intake tasks such as eligibility verification, completeness of referral, etc.	29%	26%
Scheduling—leverage AI to reduce cost and improve decision-making.	48%	0%
Revenue Cycle—automating much of the Medical Records verification and entering into system, billing, and accounts receivable.	3%	62%
Other	0%	0%
None of the above	21%	13%

BEST PRACTICE METRIC

99% of both Home Health and Hospice Centers of Excellence use AI/Machine Learning.

Telehealth by the Numbers— Hospice Centers of Excellence

93% of agencies currently use telehealth

98% of centers of excellence use telehealth

4.0 average Quality of Care Star Rating for agencies that use telehealth (compared to 3.0 for those who do not)

55% cite lack of reimbursement or cost as the biggest barrier to adoption

51% have had their telehealth system for 18 months to three years

28.2% have had their telehealth system for less than 18 months

52% state that 51–75% of their telehealth monitors are in use on the average day

97% have seen telehealth usage increase in the last 18 months

73% use telehealth with a specific patient population/condition



Palliative Care

Community-Based Palliative Care (CbPC) is defined as:

Specialty palliative care for seriously ill patients and their families is provided in a range of venues in the community that fall in the gap between inpatient hospital-based palliative care and care provided under the Medicare hospice benefit. Office settings include hospital outpatient clinics and provider offices; home-based care provided in personal homes or assisted living facilities; and institutional living settings such as skilled nursing facilities, long-term acute care facilities, group homes, and homeless shelters.

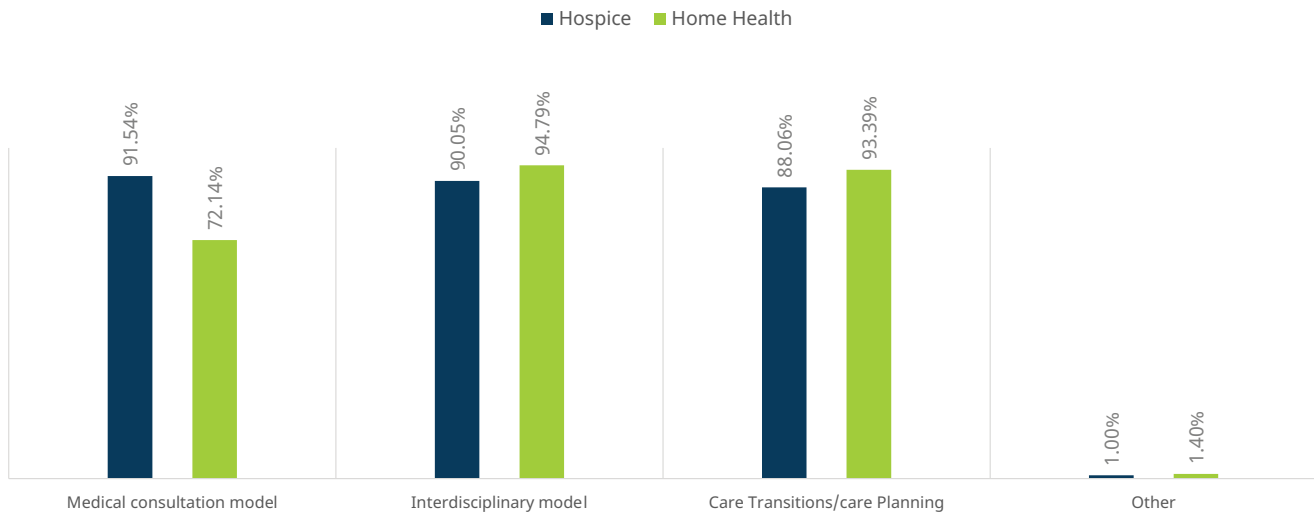
Studies have proven that providing palliative care services along with curative services enhances the effectiveness of the curative treatments, increases the quality of care, reduces healthcare costs, and improves the well-being of the patients being treated. However, many agencies struggle while determining the components of a successful palliative care organization, with particular difficulty in identifying reimbursement options.

The hospice study survey included 21 questions on palliative care. This included everything from models, reimbursement strategies, impact of reporting to MIPS, and more. Below we've highlighted a few of the critical items and their responses.

6. Which best describes your palliative care program? Mark all that apply.

The type of palliative care models are fairly evenly distributed. However, hospices are much more likely to use a medical consultation model than home health agencies. Home health agencies were most likely to use an interdisciplinary model.

All Home Health and Hospice Agencies



BEST PRACTICE METRIC

90% of Hospice Centers of Excellence and 68% of Home Health Centers of Excellence offer palliative care.

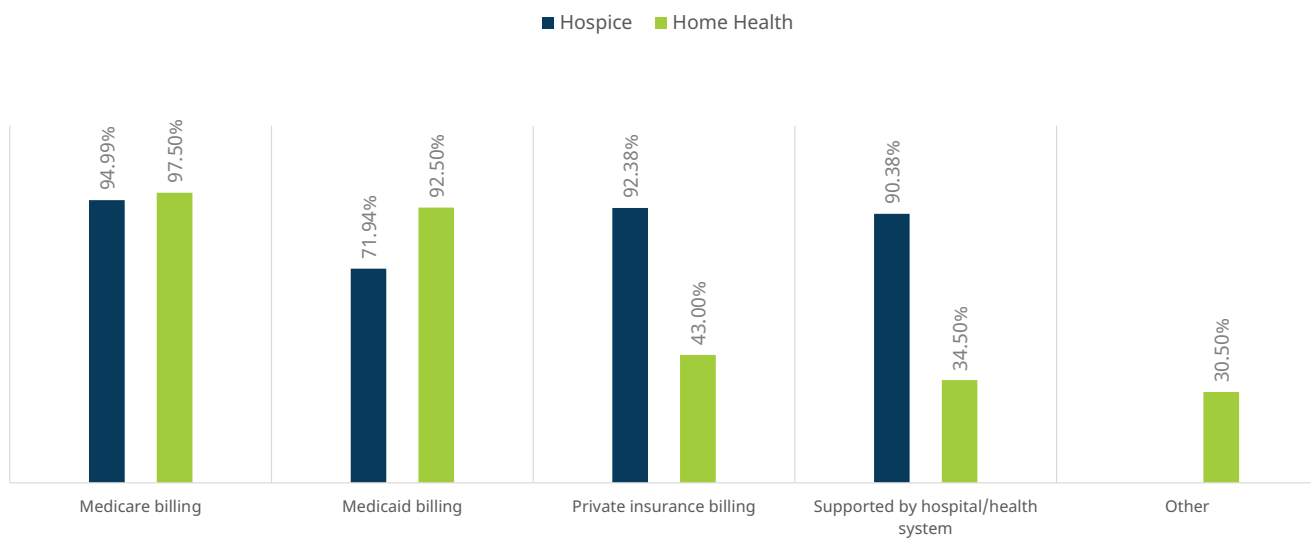
BONUS METRIC

Hospices who offered palliative care had an average Median Length of Stay of 26 days compared to 19 days for those who did not.

7. How do you fund your palliative care program? Mark all that apply.

Funding has been a big concern when offering palliative care. Palliative care programs can be profitable, but this requires lean budgets and strong insurance contract negotiation skills. We see that the majority of home health and hospice agencies fund their palliative care programs through Medicare and Medicaid billing. However, home health agencies were much more likely to use private insurance billing and hospital/health system support to fund their programs.

All Home Health and Hospice Agencies



BEST PRACTICE METRIC

Over 81% of Hospice Centers of Excellence agencies that provide palliative care have a separate team within their hospice program to staff their program.

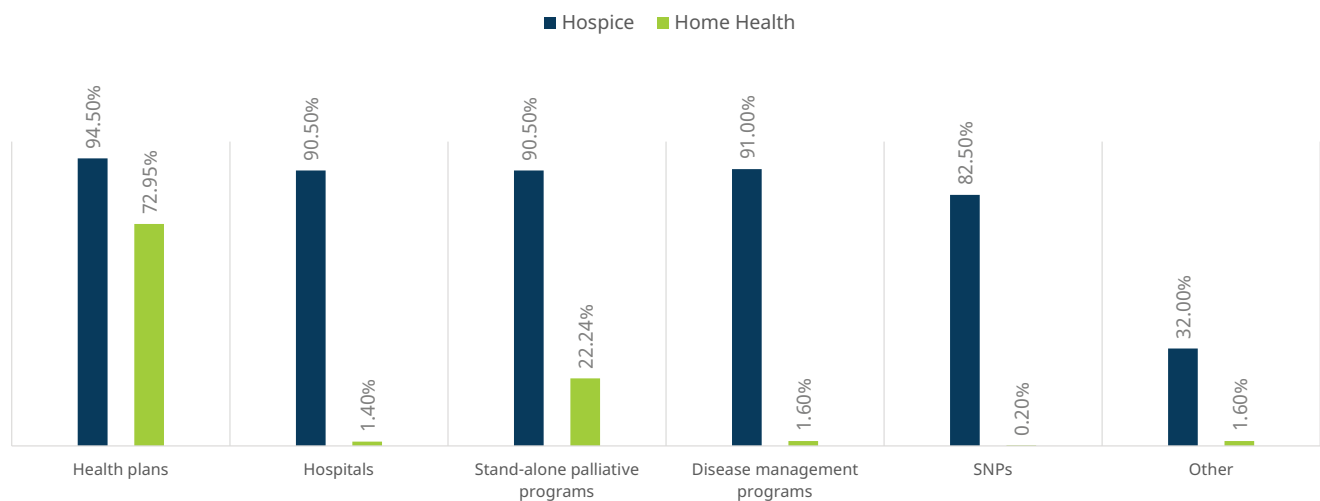
BEST PRACTICE METRIC

Hospices with palliative care programs saw a median length of stay of 26 days versus 19 for those without palliative care.

8. What types of providers do you think will be providing palliative care in the future? Mark all that apply.

Significantly more hospice agencies felt that a variety of settings would be providing palliative care in the future than home health agencies.

All Home Health and Hospice Agencies



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03

Study methodology

Study Phases and Methodology

The National Healthcare at Home Best Practices and Future Insights Study was rolled out in the following phases:



Recruitment of National Steering Committee

Leaders in some of the industry's most well-known and respected agencies, associations, and thought leadership groups were recruited to join the National Steering Committee. The Steering Committee was tasked with overseeing and guiding all phases of the research project.



Launch of Input Survey

To help ensure that the study focused on the issues and questions that were of most importance to the industry, an input survey was designed to provide agency leaders with the opportunity to make suggestions on questions that they would like to see addressed. We received over 3,500 suggestions for topics and questions.



Development of Survey Instrument

Using a highly interactive process, members of the Steering Committee subcommittees reviewed the recommendations from the national input survey and developed themes that they felt needed to be addressed. Each theme was reviewed, refined, and ultimately approved for inclusion in the study. The subcommittees then designed survey questions to address each of the themes.



Beta Testing and Verifying the Survey Instrument

The individual questions and survey instrument were field tested with agency leaders in different parts of the country. They were then refined and field tested again, until all questions met required standards for validity and reliability.



Identification of Agencies to be Surveyed

A key to the success of the survey was helping ensure that a strong representation of all of the major segments of home health and hospice agencies were included in the survey. Recruitment was done over a six-month period to help ensure this representation was met.



Survey Administration

The majority of survey responses were collected over a twelve-week period beginning late September 2021 and concluding in late December 2021. Average completion time per respondent was 45 minutes. Survey responses were collected through a variety of modalities, including online survey software, online polling, verbal interviews, and submitted paper survey responses.



Analyzing the Findings

Once the survey process was completed, researchers, data analysts and senior leadership from BerryDunn began an intensive review of the data, incorporating an array of segmented analyses using Microsoft PowerBI. The team supplemented survey responses with data from Medicare claims files, Medicare cost report files, and home health and hospice. Analysis was then conducted on individual agency performance to correlate profitability and quality with specific practices.



Final Report and Interactive Portal Results

The results of this study are intended to give agency leaders a view into the trends in the industry and how leading agencies are operating. This report provides a summary of some of the major trends, findings, and strategies from the analyses. Study survey respondents also received access to the interactive National Study Portal with further analysis and segmentation.

Study Methodology: Home Health

The National Healthcare at Home Best Practice and Future Insights Study home health survey included 136 questions covering five major topic areas:

- Home Health Best Practices
- Home Health Technology
- Future Insights
- Staffing Recruitment and Retention
- Palliative Care

Of all home health study agencies, 781 qualified for survey analysis. These home health agency survey results were correlated with three critical metrics to determine best practices. These included:

Patient Survey Star Rating

Patient satisfaction is a critical component of an agency's quality metrics. The Patient Survey Star Rating calculations include four of the measures reported on Care Compare. They are:

- Care of Patients (Survey items: Q9, Q16, Q19, and Q24)
- Communication Between Providers and Patients (Survey items: Q2, Q15, Q17, Q18, Q22, and Q23)
- Specific Care Issues (Survey items: Q3, Q4, Q5, Q10, Q12, Q13, and Q14)
- Overall Rating of Care Provided by the Home Health Agency (Q20)

The Star Rating does not include the Willingness to Recommend the HHA item because the results for this item were very similar to those based on the Overall Rating of Care.

For the purposes of this report, all study survey results were correlated with agency January 2022 Star Ratings, which were based on CAHPS submission dates of July 1, 2020 to June 30, 2021. This was done to identify best practices in patient satisfaction. As we continue to monitor these trends, we will update the data in the study portal.

Quality of Patient Care Star Ratings

The Quality of Patient Care (QoPC) Star Rating is based on OASIS assessments and Medicare claims data. The QoPC Star Rating methodology includes process and outcome quality measures that are currently reported on Care Compare. These measures should:

- Apply to a substantial proportion of home health patients and have sufficient data to report for a majority of home health agencies
- Show a reasonable amount of variation among home health agencies and it should be possible for a home health agency to show improvement in performance.
- Have high face validity and clinical relevance
- Be stable and not show substantial random variation over time
- Have changed over time based on the results of ongoing monitoring analyses, technical expert panel input, and stakeholder feedback

The seven measures that are part of the Quality of Patient Star Rating are:

- Timely Initiation of Care (process measure)
- Improvement in Ambulation (outcome measure)
- Improvement in Bed Transferring (outcome measure)
- Improvement in Bathing (outcome measure)
- Improvement in Bathing (outcome measure)
- Improvement in Shortness of Breath (outcome measure)
- Improvement in Management of Oral Medications (outcome measure)
- Acute Care Hospitalization (claims-based) (outcome measure)

For the purposes of this report, all study survey results were correlated with agency January 2022 Star Ratings, which were based on updated OASIS assessment-based measures for the July 01, 2020 to March 31, 2021 submission period. This was done to identify best practices in quality of care. Resumption of Home Health claims-based measure updates expected for July 2022. We will update data the study portal as these new outcomes are released.

Profit Ratio

While quality of care and services remains the most critical metric for home health success, financial stability is also very important. Agencies cannot provide services if they do not have the financial means to do so.

Profit is defined as revenues exceeding expenses resulting in a profit (proprietary providers) or surplus (non-profit providers). For the purposes of this study, we calculated PDGM profit/surplus as a metric of financial success.

PDGM profitability is calculated as the difference between the actual per period payments from the Medicare claims data file and the estimated cost per period. The estimated cost per period is calculated utilizing actual claim visits performed per period from the Medicare claims data file and the average cost per visit by discipline from the most recent filed public sourced Medicare cost reports.

Home Health Centers of Excellence

The designation of Home Health Centers of Excellence was awarded to the top 10% of surveyed agencies in each of the Star Rating categories. The cutoff for QoPC Star Rating was four-and-a-half stars, and the cutoff for Patient Survey Star Rating was four stars. This matched scoring with the top 10% of agencies nationally displaying a good representative sample with the survey group.

In addition, for financial metrics, the Home Health Centers of Excellence needed to show a neutral or positive fiscal surplus.

Study Methodology: Hospice

The National Healthcare at Home Best Practices and Future Insights Study hospice survey included 144 questions covering five major topic areas:

- Hospice Best Practices
- Hospice Technology
- Future Insights
- Staffing Recruitment and Retention
- Palliative Care

Of all hospice study agencies, 249 qualified for survey analysis. These hospice agency survey results were correlated with three critical metrics to determine best practices. These included:

Hospice LOS

In 2020, one-quarter of hospice decedents had stays of five days or less, half had stays of 18 days or less, and three-quarters had stays of 87 days or less. At the same time, 10% of hospice decedents had stays of more than 287 days. Between 2019 and 2020, hospice average lifetime LOS among decedents increased from 92.5 days to 97.0 days.

For the purposes of this study, we used the hospice 2020 median LOS as the metric for identifying best practices in this area. Data for each agency was supplied by study sponsor HealthPivots.

A note about COVID-19:

In 2020, about 27,000 hospice decedents had a hospice primary diagnosis of COVID-19. Their median LOS was three days, and average LOS was 26 days.

Hospice CAHPS Composite Scores

Much of the success of hospice care is related to how much hospice helped family members involved. Successful hospice agencies work to decrease the burden on family, decrease the family's likelihood of having a complicated grief, and prepare family members for their loved one's death.

We recognize that quality of care is difficult to assess for 2020. Due to the pandemic, CMS suspended collection of hospice quality data submitted by providers (the Hospice Item Set and the Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) Hospice Survey) for the first half of 2020. However, we believe there is enough data provided to accurately correlate with study responses and identify best practices within the study.

Our CAHPS composite score is based on an average weighted score of the following metrics collected from the Q4 2018 to Q4 2019 and Q3 2020 to Q1 2021 data periods:

Measure name	Scoring weight
Communication with family	1
Getting timely help	1
Treating patient with respect	1
Emotional and spiritual support	1
Help for pain and symptoms	1
Training family to care for patient	1
Rating of this hospice	1/2
Willing to recommend this hospice	1/2

Profit Ratio

While quality of care and services remains the most critical metric for hospice success, financial stability is also very important. Agencies cannot provide services if they do not have the financial means to do so.

The hospice profitability ratio was identified by calculating the difference between the average wage index, adjusted per day payment rates, and the cost per day, as indicated by the most recent filed public sourced Medicare cost reports.

Hospice Centers of Excellence

Because hospice does not yet have a Star Rating, Hospice Centers of Excellence status was based on the top 15% CAHPS composite score for surveyed agencies. Scores ranged from 92.6 to 66.4, and a cutoff score of 86.29 was determined to represent the top 15%. This matched scoring for the top 15% of all agencies, which had a cutoff score of 86.15, demonstrating a good survey sample.

In addition to the CAHPS composite score, agencies were reviewed for a healthy median LOS and needed to show a neutral or positive fiscal surplus.

A note about COVID-19:

In late March 2020, the nation's healthcare system experienced a national PHE. We understand that many of the quality and financial metrics used to identify best practices were collected during the pandemic, making it more difficult to interpret these indicators than is typically the case. However, by correlating these agency metrics with those prior to the PHE we found little variance in terms of rating, and believe that the best practices identified in this report do correlate with more positive outcomes and aren't just circumstances of the pandemic. We will continue to follow these trends and report on them as new outcome and financial metrics become available. Those results will be available on the National Study Portal at nationalhomecarestudy.com.



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