with courtesy and respect?

• In the last two months of care, when you contacted this agency's office did you get the help or advice you needed? ■

Keep customer service top of mind

Ensure staff members know what patients will rate

Preparing your staff for implementation of the Home Health Care Consumer Assessment of Healthcare Providers and Systems (HH-CAHPS) patient survey program requires a different approach than preparation for OASIS-C, says **Sue Squibb**, BSN, director of consulting services for The Corridor Group in Overland Park, KS. "Success with OASIS-C reflects how well your staff members document and answer questions on the OASIS form," she says. "Success with HH-CAHPS depends on how well your staff members act."

Don't just tell staff members that patients will receive a satisfaction survey; let them see the questionnaire, suggests **Nancy Ponder**, RN, national director of clinical operations and quality management for Aseracare. "Our staff members see the patient satisfaction survey, so they understand what questions patients will be asked about their care," she says.

Also, make sure staff members understand the potential future importance of good patient satisfaction results on the agency's bottom line, says Ponder. "Pay-for-performance for home health is coming, and patient satisfaction scores will be an important part of an agency's performance ratings," she says. "Our educational sessions include discussions of how patient satisfaction results affect everyone in the agency."

If necessary, provide customer service training to staff members, suggests Squibb. Remember that questions on the survey do not just apply to nurses, she says. Not only are there questions about therapists and aides, but there are also questions about the home health agency office personnel and their ability to provide advice and answer questions, she adds.

In order for a home health agency to maintain good patient satisfaction ratings, the commitment to patient satisfaction must be part of the corporate culture, points out Ponder. "Aseracare's commitment to patient satisfaction is an integral part of the organization's philosophy, not just an activity to meet a regulatory requirement," she explains. "We live and breathe customer service."

One way Aseracare keeps customer service top-of-mind for all staff members is to start each meeting or conference call with a service excellence story, says Ponder.

Recently, a story surfaced that described a nurse who arrived at the patient's home to find it blocked by snow. Rather than turn around because she couldn't get up the driveway to the house, the nurse shoveled the snow off the driveway and went inside to make the visit. Because the person who normally fixed the patient's meals couldn't make it to the house that day, the nurse also fixed the patient something to eat.

"Stories like this are important to share," says Ponder. "If we didn't share them, no one would understand how often our employees go the extra mile for our patients. It is also a wonderful way to recognize those employees for their efforts." ■

Advance directives not in place for many

Study shows need for public education

About 66% of respondents to a Maryland telephone survey do not have advance medical directives, according to a new report by researchers from the Johns Hopkins Bloomberg School of Public Health's Department of Health Policy and Management.

Younger adults and African-Americans were less likely than older adults and whites to report having an advance directive, which includes the living will and health care power of attorney. The results will be published in an upcoming issue of *Health Policy*.

While 34% of all respondents had an advance directive, 61% indicated they have preferences about medical care in the event they are unable to make such decisions. The primary reasons reported for not having an advance directive include being unfamiliar with them, feeling too healthy to need one, or, for the younger adults, being too young to need one. Forty percent of adults surveyed reported that they would like to

obtain information on advance medical directives from a physician; however, only 12% of the respondents with advance directives reported obtaining it from their doctor.

"These results support a need for legislative and regulatory changes to increase the number of people with advance directives," said **Dan Morhaim**, MD, one of the study authors and an adjunct professor with the Bloomberg School's Department of Health Policy and Management and member of the Maryland House of Delegates. "Advance medical directives cost nothing to complete and are readily available from many sources. We need to make sure that people know where to get them and why it's important to complete them."

Research has shown the benefits of advance directives include improved quality at the end-of-life, fewer burdens on family and health care providers, and a reduced need for life-sustaining treatment. Lead study author **Keshia Pollack**, PhD, MPH, an assistant professor with the Department of Health Policy and Management and the Centers for Injury Research and Policy and Health Disparities Solutions, added, "These findings suggest a disconnect between what people want in the event they are unable to make medical decisions for themselves and their actions to ensure their preferences are actually carried out."

Pollack and colleagues administered a population-based cross-sectional telephone survey to 1,195 adult Maryland residents. In addition to being asked whether they have an advance directive, respondents were asked where they had received information on them and where they would like to receive such information. "While these results are specific to Maryland, they are relevant to other areas of the country with the factors that lead to or hinder completion of advance directives," said Pollack. ■

Target those at risk for cardiometabolic syndrome

Aim to get members on the path to healthier lifestyles

As part of its focus on prevention as a successful strategy to improve the quality and lower the cost of health care, Independence Blue Cross has launched a program targeting members who are at risk for cardiometabolic syndrome, a condition that may increase a person's chance of developing heart disease and diabetes.

The cardiometabolic risk management program is part of Independence Blue Cross' Connections Health Management Program.

"Chronic conditions, such as heart disease and diabetes, are very costly, not only to those who have them, but to all of us. These diseases may be preventable and are treatable. We strive to help our members get on the path to healthier lifestyles now, in the hopes that they will lessen their chances of developing, or worsening, serious and costly health conditions," says **Esther Nash**, MD, senior medical director for Independence Blue Cross.

The American Heart Association estimates that more than 50 million Americans have cardiometabolic syndrome.

"Cardiometabolic syndrome is not necessarily a disease or a condition but a constellation of risk factors that put people at risk for developing heart disease and Type 2 diabetes," says **Kimberly Siejak**, manager of population health and wellness for the Philadelphia-based health plan.

Risk factors that increase a person's overall chance of developing heart disease and diabetes include tobacco use, high body mass index, obesity, hypertension, high cholesterol, high levels of triglycerides, and elevated blood sugar levels, she adds.

"This program is different from a lot of disease management and health coaching programs, because our goal is to prevent members from developing a disease. The program identifies people who may not have received a diagnosis of the disease, but they are heading that way because of their lifestyle habits," she says.

The program provides education that is designed to help members avoid developing heart disease and diabetes.

The program identifies members at risk through medical and pharmacy claims data, as well as the results of the health plan's health risk assessment.

The health plan uses a series of proprietary algorithms to stratify members and to identify those who are at highest risk.

For instance, to identify members with hypertension who are at risk, the health plan uses a combination of factors, including hospital and emergency department visits, and whether the