

OASIS-C

Quality Measurement & Reporting

Train the Trainer - Part 3 of 3

Learning Objectives

This is the 3rd session in CMS's 3 part series on OASIS-C.

- At the conclusion of this lesson, you will be able to:
 - Describe the reasons for inclusion of process measures
 - Describe the NQF role in the endorsement process as it relates to Publicly Reported Measures
 - Identify the process measures that will be reported on HHCompare and CASPER
 - Summarize the major implications of OASIS-C for the quality measurement reporting schedule

OASIS-C and Quality Measurement₁

Goals of OASIS-C include:

- Facilitating measurement of processes of care that are particularly relevant for home health care and under agency control
- Enhancing the range and usefulness of quality information available to consumers and providers

OASIS-C and Quality Measurement₂

Overview of impacts:

- Added new items that collect data on processes of care, enabling calculation of agency use of specific best practices
- Resulted in some items being dropped, eliminating some previously reported measures

Addition of Process Measures

Process Measures:

- Recommended by:
 - Medicare Payment Advisory Committee [MedPAC]
 - National Quality Forum [NQF]
- In line with the Institute of Medicine (IOM) aims for improving the U.S. health care system
- Logical follow-on to the Quality Improvement Organizations (QIOs) 8th Scope of Work on Best Practices ([MedQIC - HHQI Campaign](#))

Measuring Elements of Care under an HHA's control

- Until now, home health quality measures focused only on patient outcomes
- Outcomes of care are not always under HHA control
- New process data items allow measurement of processes of care that are particularly relevant for home health care and under agency control
- Can be used to “give credit” to agencies that are incorporating evidence-based processes into their patient care

Promoting the Use of Specific Evidence-based Care Practices

- By incorporating process data items into OASIS-C, clinicians are **reminded and encouraged** to use specific evidence-based care practices
- In addition, process measures can be helpful to **assess the degree to which clinicians are using** specific evidence-based practices that can affect clinical outcomes
- HHAs may elect to use the data in performance improvement systems to **increase the use** of such evidence-based practices used in care delivery, that may ultimately **improve patient outcomes**

Improving Patient Care Across Settings

- From a national policy perspective, CMS anticipates that these process measures will **promote the use of best practices across the home health industry**
- Several process items constructed to align with similar items used for other data collection initiatives across care settings (i.e., NQF Pressure Ulcer framework; the CARE instrument)

Guiding Performance Improvement Activities

- Process measures can be used in HHA performance/quality improvement programs
 - as assessment of clinician adherence to evidence-based practices
 - provide guidance to agencies on how to improve quality of care received by individual patients and reduce acute care hospitalizations

Potential Use in Future P4P

- It is also possible that the process measures may be incorporated in a future quality-based purchasing (Pay for Performance) system for home health care
- A Pay-for-Performance system could potentially link home health reimbursement to:
 - improvements in patient outcomes
 - adoption of evidence-based care processes

Process Item Domains

Processes measured in OASIS-C can be classified into one of the following 7 domains:

- **Care Plan Implementation**
- **Education**
- **Prevention**

- **Timely Care**
- **Assessment**

- **Care Planning**
- **Care Coordination**

NQF Endorsement Process

Public Reporting & NQF Endorsement

- CMS' goal is to have all publicly-reported home health measures reviewed and endorsed by an accrediting body prior to posting on Home Health Compare
- National Quality Forum (NQF) endorsed the initial set of home health quality measures for public reporting in 2005 and recommended future changes (process measures)
- NQF-endorsed voluntary consensus standards are now widely viewed as the "gold standard" for measurement of healthcare quality

NQF Consensus Development Process (CDP)

- The formal process by which NQF achieves consensus and endorses measures
- Reflects a careful process designed to produce consensus from disparate groups across the healthcare industry
- Provides endorsement to measures that meet criteria

NQF Measure Criteria₁

1. Importance to Measure and Report

- Is the measure focus important to making significant gains in healthcare quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness)?
- Does the measure focus on a specific high impact aspect of healthcare where there is variation in performance or overall poor performance?

Candidate measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria

NQF Measure Criteria₂

2. Scientific Acceptability of Measure Properties

- Extent to which the measure, as specified, produces consistent (**reliable**) and credible (**valid**) results about the quality of care when implemented

NQF Measure Criteria₃

3. Usability

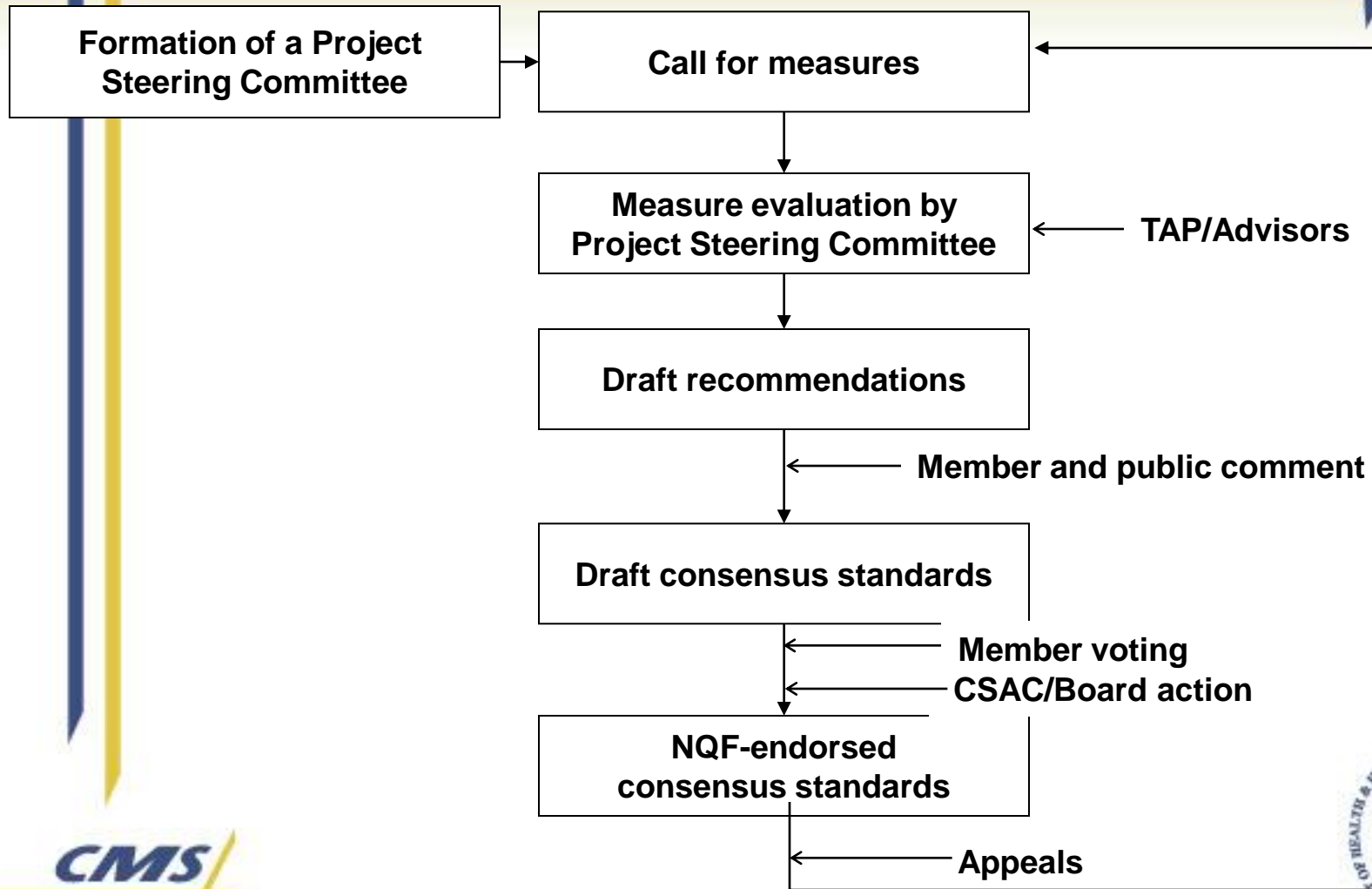
- Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can **understand** the results of the measure and are likely to find them **useful** for decision making

NQF Measure Criteria₄

4. Feasibility

- Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement
- Measures that have not been tested, but satisfy all the other criteria may be considered for time-limited endorsement

NQF Consensus Development Process



NQF Review Timeline₁

- Fall 2008 – measures submitted for NQF review
 - Existing measures scheduled for maintenance review
 - Revised measures and new measures based on OASIS-C items

NQF Review Timeline₂

- Spring 2009
 - 9 new process measures were endorsed
 - 10 new/revised/existing outcome measures were endorsed
- Summer 2009
 - 4 additional process measures endorsed

OASIS-C

Process Measures

OASIS-C Based Process Measures

- 25 process measures in total
- 13 will be reported publicly
- All will be reported to agencies via CASPER/OBQI
- Represent 7 domains as shown on slide 11



Process Domain - Timely Care

Measure Title	Measure Description	OASIS C Item(s) Used
Timely Initiation Of Care*	Percentage of home health episodes of care during which the start or resumption of care date was either on the physician-specified date or within 2 days of the referral date.	SOC/ROC: (M0102) Date of Physician-ordered Start of Care (M0104) Date of Referral (M0030) Start of Care Date (M0032) Resumption of Care Date (M0100) Reason for Assessment

**** NQF-endorsed – will appear on Home Health Compare and CASPER/OBQI reports**

Process Domain - Care Coordination

Measure Title	Measure Description	OASIS C Item(s) Used
Physician Notification Guidelines Established*	Percentage of home health episodes of care in which the physician-ordered plan of care establishes parameters (limits) for notifying the physician of changes in patient status	SOC/ROC: (M2250) a. Patient-specific parameters for notifying physician plan of care

* Not NQF-endorsed – will appear on CASPER/OBQI reports

Process Domain – Assessment₁

- Total of 4 assessment measures
- Report whether specific assessments were conducted at start of episode (SOC/ROC)
- All NQF-endorsed and will appear on Home Health Compare

Process Domain – Assessment₂

Measure Title	Measure Description	OASIS C Item(s) Used
Depression Assessment Conducted*	Percentage of home health episodes of care during which patients were screened for depression (using a standardized depression screening tool) at start of home health care	SOC/ROC: (M1730) Depression Screening

* NQF-endorsed – will appear on Home Health Compare and CASPER/OBQI reports

Process Domain – Assessment₃

Measure Title	Measure Description	OASIS C Item(s) Used
Multifactor Fall Risk Assessment Conducted For Patients 65 And Over*	Percentage of home health episodes of care in which patients 65 and older had a multi-factor fall risk assessment at the start of care/resumption of care.	SOC/ROC: (M1910) Multi-factor Fall Risk Assessment (M0066) Birth Date (M0090) Date Assessment Completed

* NQF-endorsed – will appear on Home Health Compare and CASPER/OBQI reports

Process Domain – Assessment₄

Measure Title	Measure Description	OASIS C Item(s) Used
Pain Assessment Conducted*	Percentage of home health episodes of care during which the patient was assessed for pain, using a standardized pain assessment tool, at start/resumption of home health care	SOC/ROC: (M1240) Pain Assessment using a standardized pain assessment tool

* NQF-endorsed – will appear on Home Health Compare and CASPER/OBQI reports

Process Domain – Assessment₅

Measure Title	Measure Description	OASIS C Item(s) Used
Pressure Ulcer Risk Assessment Conducted*	Percentage of home health episodes of care in which the patient was assessed for risk of developing pressure ulcers at start of care/resumption of care.	SOC/ROC: (M1300) Pressure Ulcer Assessment

* NQF-endorsed – will appear on Home Health Compare and CASPER/OBQI reports

Process Domain - Care Planning₁

- Total of 6 care planning measures - report whether specific interventions were included in the physician-ordered plan of care
- All of the implementation measures are derived from M2250 - Plan of Care Synopsis
 - Does the physician-ordered plan of care include the following: (Yes, No or N/A)

Process Domain - Care Planning₂

Measure Title	Measure Description	OASIS C Item(s) Used
Depression Interventions In Plan Of Care*	Percentage of home health episodes of care in which patients with depression symptoms/diagnosis had a physician-ordered plan of care that includes interventions such as medication, referral for other treatment, or a monitoring plan for current treatment.	SOC/ROC: (M2250) d. Depression intervention(s) plan of care

* Not NQF-endorsed – will appear on CASPER/OBQI reports

Process Domain - Care Planning₃

Measure Title	Measure Description	OASIS C Item(s) Used
Diabetic Foot Care And Patient Education In Plan Of Care*	Percentage of home health episodes of care in which the patient is diabetic and the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper foot care.	SOC/ROC: (M2250) b. Diabetic foot care in plan of care

* Not NQF-endorsed – will appear on CASPER/OBQI reports

Process Domain - Care Planning₄

Measure Title	Measure Description	OASIS C Item(s) Used
Falls Prevention Steps In Plan Of Care*	Percentage of home health episodes of care for which the physician-ordered plan of care includes interventions to mitigate the risk of falls, for those assessed to be at risk.	SOC/ROC: (M2250) c. Falls prevention in plan of care

* Not NQF-endorsed – will appear on CASPER/OBQI reports

Process Domain - Care Planning₅

Measure Title	Measure Description	OASIS C Item(s) Used
Pain Interventions In Plan Of Care*	Percentage of home health episodes of care in which the current physician-ordered plan of care includes intervention(s) to monitor and mitigate pain, for patients who were identified as having pain at the start/resumption of home health care.	SOC/ROC: (M2250) e. Intervention(s) to monitor and mitigate pain in plan of care

* Not NQF-endorsed – will appear on CASPER/OBQI reports

Process Domain - Care Planning₆

Measure Title	Measure Description	OASIS C Item(s) Used
Pressure Ulcer Prevention In Plan Of Care*	Percentage of home health episodes of care in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care for patients assessed to be at risk for pressure ulcers.	SOC/ROC: (M2250) f. Intervention(s) to prevent pressure ulcers in plan of care

* NQF-endorsed – will appear on Home Health Compare and CASPER/OBQI reports

Process Domain - Care Planning₇

Measure Title	Measure Description	OASIS C Item(s) Used
Pressure Ulcer Treatment Based On Principles Of Moist Wound Healing In Plan Of Care*	Percentage of home health episodes of care in which pressure ulcer treatment based on principles of moist wound healing was specified in the plan of care for patients who have pressure ulcers with need for moist wound healing.	SOC/ROC: (M2250) g. Pressure ulcer treatment in plan of care

* Not NQF-endorsed – will appear on CASPER/OBQI reports

Process Domain - Care Plan Implementation

- Total of 5 implementation measures
- 4 derived from M2400 - Intervention Synopsis
 - Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?
- 1 derived from M1510 - Heart Failure Follow-up:
 - If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond?

Short- and Long-Term Implementation Measures₁

- Implementation measures
 - Based on data collected at Transfer and Discharge
 - Report care provided “*since the last OASIS assessment*”
 - Calculated separately for short-term episodes and long-term episodes

Short- and Long-Term Implementation Measures₂

- Short-term episodes
 - SOC/ROC to TRF/DC less than or equal to 60 days
 - **Do not** contain a 60-day follow-up assessment
- Long-term episodes
 - SOC/ROC to TRF/DC longer than 60 days
 - **Do** contain a 60-day follow-up assessment

Short- and Long-Term Implementation Measures₃

- Only measures of short-term episodes will be reported on Home Health Compare
 - This ensures that care processes implemented in the first 60 days are captured and reported
- Agency reports will include three versions of each measure:
 - Short-term episodes of care
 - Long-term episodes of care
 - All episodes of care

Process Domain - Care Plan Implementation₁

Measure Title	Measure Description	OASIS C Item(s) Used
Depression Interventions Implemented*	Percentage of home health episodes of care in which the patient has symptoms or diagnosis of depression for whom physician-ordered interventions were implemented during the episode of care.	Transfer/Discharge: (M2400) c. Depression intervention(s)

* Not NQF-endorsed – short-term, long-term and all episode measures will appear on CASPER/OBQI reports

Process Domain - Care Plan Implementation₂

Measure Title	Measure Description	OASIS C Item(s) Used
Diabetic Foot Care And Patient/Caregiver Education Implemented*	Percentage of home health episodes of care during which diabetic foot care and education specified during the physician-ordered care plan was implemented for patients with diabetes.	Transfer/Discharge: (M2400) a. Diabetic foot care intervention(s)

* NQF-endorsed for short-term episodes – short-term episodes measure will appear on Home Health Compare; short-term, long-term and all episodes measures will appear on CASPER/OBQI

Process Domain - Care Plan Implementation₃

Measure Title	Measure Description	OASIS C Item(s) Used
Heart Failure Symptoms Addressed *	Percentage of home health episodes of care during which patients exhibited symptoms of heart failure for whom appropriate actions were taken	Transfer/Discharge: (M1510) Heart Failure Follow-up

* NQF-endorsed for short-term episodes – short-term episodes measure will appear on Home Health Compare; short-term, long-term and all episodes measures will appear on CASPER/OBQI

Process Domain - Care Plan Implementation₄

Measure Title	Measure Description	OASIS C Item(s) Used
Pain Interventions Implemented *	Percentage of home health episodes of care during which the patient had pain and pain interventions were included during the care plan and implemented by the end of the episode.	Transfer/Discharge: (M2400) d. Intervention(s) to monitor and mitigate pain

*** NQF-endorsed for short-term episodes – short-term episodes measure will appear on Home Health Compare; short-term, long-term and all episodes measures will appear on CASPER/OBQI**

Process Domain - Care Plan Implementation₅

Measure Title	Measure Description	OASIS C Item(s) Used
Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing Implemented*	Percentage of home health episodes of care during which pressure ulcer treatment based on principles of moist wound healing was implemented for patients with pressure ulcers needing moist healing.	Transfer/Discharge: (M2400) f. Pressure ulcer treatment based on principles of moist wound healing

* Not NQF-endorsed – short-term, long-term and all episode measures will appear on CASPER/OBQI reports

Process Domain – Education₁

- **2 education measures – focused on drug education**
- 1 asks about education on high-risk medications provided at SOC/ROC
 - **(M2010) Patient/Caregiver High Risk Drug Education:** Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?
- 1 asks about drug education provided during the episodes, so calculated separately for short-term episodes and long-term episodes
 - **(M2015) Patient/Caregiver Drug Education Intervention:** Since the previous OASIS assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, drug reactions, and side effects, and how and when to report problems that may occur?

Process Domain – Education₂

Measure Title	Measure Description	OASIS C Item(s) Used
Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode*	Percentage of patients/ caregivers educated about high-risk medications at start/resumption of care and instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems.	SOC/ROC: (M2010) Patient/Caregiver High Risk Drug Education

* Did not receive NQF-endorsement – CMS has not made a final decision on inclusion on HH Compare, pending consumer testing; will appear on CASPER/ OBQI

Process Domain – Education₃

Measure Title	Measure Description	OASIS C Item(s) Used
Drug Education On All Medications Provided To Patient/Caregiver*	Percentage of home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems	Transfer/Discharge: (M2015) Patient/Caregiver Drug Education Intervention

*** NQF-endorsed for short-term episodes – short-term episodes measure will appear on Home Health Compare; short-term, long-term and all episodes measures will appear on CASPER/OBQI**

Process Domain – Prevention₁

- 6 prevention measures reported
 - 2 focus on immunizations
 - 2 focus on medication safety
 - 1 on falls prevention
 - 1 on pressure ulcer prevention

Process Domain – Prevention₂

Measure Title	Measure Description	OASIS C Item(s) Used
Influenza Immunization Received For Current Flu Season*	Percentage of home health episodes of care during which patients received influenza immunization for the current flu season, or were offered and refused vaccine, or were determined to have medical contraindication(s)	Transfer/Discharge: (M1040) Influenza Vaccine (M1045) Reason Influenza Vaccine not received

*** NQF-endorsed measure - patients who received influenza immunization for the current flu season will appear on Home Health Compare. CASPER/OBQI will also report patients who were offered and refused vaccine, or were determined to have medical contraindication(s)**

Process Domain – Prevention₃

Measure Title	Measure Description	OASIS C Item(s) Used
Pneumococcal Polysaccharide Vaccine Ever Received*	Percentage of home health episodes of care during which patients were determined to have ever received Pneumococcal Polysaccharide Vaccine (PPV), or were offered and refused vaccine, or were determined to have medical contraindication(s)	Transfer/Discharge: (M1050) Pneumococcal Vaccine (M1055) Reason PPV not received

* NQF-endorsed measure – patients who have ever received PPV will appear on Home Health Compare. CASPER/OBQI will also report patients who were offered and refused PPV, or were determined to have medical contraindication(s)

Process Domain – Prevention₄

Measure Title	Measure Description	OASIS C Item(s) Used
Potential Medication Issues Identified And Timely Physician Contact At Start Of Episode*	Percentage of patients whose drug regimen at start or resumption of home health care was assessed to pose a risk of clinically significant adverse effects or drug reactions and whose physician was contacted within one calendar day.	SOC/ROC: (M2002) Medication Follow-up

*** Did not receive NQF-endorsement – CMS has not made a final decision on inclusion on HH Compare, pending consumer testing; will appear on CASPER/ OBQI**

Process Domain – Prevention₅

Measure Title	Measure Description	OASIS C Item(s) Used
Potential Medication Issues Identified And Timely Physician Contact *	Percentage of home health episodes of care in which the patient's drug regimen during the episode was assessed to pose a risk of significant adverse effects or drug reactions and whose physician was contacted within one calendar day.	Transfer/Discharge: (M2004) Medication Intervention

*** Did not receive NQF-endorsement – CMS has not made a final decision on inclusion on HH Compare for short-term-episodes, pending consumer testing; will appear on CASPER/ OBQI**

Process Domain – Prevention₆

Measure Title	Measure Description	OASIS C Item(s) Used
Falls Prevention Steps Implemented *	Percentage of home health episodes of care during which physician-ordered interventions to mitigate the risk of falls were implemented, for patients at risk of falls.	Transfer/Discharge: (M2400) b. Falls prevention interventions

* Did not receive NQF-endorsement – short-term, long-term and all episodes measures will appear on CASPER/ OBQI

Process Domain – Prevention₇

Measure Title	Measure Description	OASIS C Item(s) Used
Pressure Ulcer Prevention Implemented*	Percentage of home health episodes of care in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented since the previous OASIS assessment.	Transfer/Discharge: (M2400) e. Intervention(s) to prevent pressure ulcers

* NQF-endorsed for short-term episodes – short-term episodes measure will appear on HH Compare; short-term, long-term and all episodes measures will appear on CASPER/ OBQI

Using Process Measure Reports

Using Process Measure Reports₁

- All process measures will be reported to agencies on CASPER (OBQI/OBQM reports)
- The Process Quality Measure Report can be a valuable tool for HHAs to use for performance/quality improvement efforts

Using Process Measure Reports₂

- The process quality measures report the rate of adherence to the evidence-based practices measured and provide national comparisons
- After the first reporting period, a comparison of the adherence rate to the previous reporting period also will be reported

Using Process Measure Reports₃

May identify needs for staff education or oversight:

Example: Multifactor Falls Risk Assessment for Patients 65 and older

N = 362

Agency rate: 87%

Prior rate: 88%

National rate: 89%

Using Process Measure Reports₄

- In this case, the agency's findings are not significantly different than national rates and prior status
- However, if the agency's policy specifies use of a fall risk assessment for patients 65 and older, then the agency should investigate reasons for 87% adherence rate as a stand-alone concern
- Why did 13% of patients NOT have falls risk assessment?

Using Process Measure Reports₅

May shed light on related outcomes:

Example: Pressure Ulcer Risk Assessment
Conducted

N = 518

Agency rate = 74%

Prior rate = 81% (statistically sig.)

National rate = 79% (statistically sig.)

Using Process Measure Reports₆

- Are there related outcomes that may be affected by that care process?
- For example, what if the HHA also had a high rate of Increase in Number of Pressure Ulcers (an OBQM outcome)?
- Are these findings related?

Process Quality Measure Investigation₁

- Recommend using a similar process to the OBQI investigations
- Select a limited number of measures (one to three) for focus based on agency policy, relevance to agency goals, relevance to outcome findings, and statistical significance

Process Quality Measure Investigation₂

- Use teams that include field staff to investigate reasons for low rate of compliance (e.g., what are the barriers?)
- Techniques may include clinical record review, brainstorming, flow diagrams, etc.

Process Quality Measure Investigation₃

- Development and Implementation of a Plan of Action to improve rate of use of best practices
- May want to include a multi-pronged approach (e.g., staff education, forms changes, expert consultants, competency evaluations, etc.)
- Need to identify/implement ways to evaluate whether the plan is working

OASIS-C

OBQI Outcome Measures

Outcome & Utilization Measures₁

- This presentation has focused on process measures, but there have been changes to Outcome and Utilization Measures as well
- Outcome measures derived from OASIS data report changes in a patient's health status between two or more time points
- Utilization outcomes suggest (but do not unequivocally reflect) health status changes

Outcome & Utilization Measures₂

- There are now 37 Outcome & Utilization Items
 - 4 Utilization Outcomes
 - 13 End Result Health Outcomes
 - 20 End Result Functional Outcomes

10 Publicly Reported Outcome Measures

Domain	Measure
Utilization	Acute Care Hospitalization
	Emergency Department Care Without Hospitalization
Functional Outcomes	Improvement in Ambulation/Locomotion
	Improvement in Bathing
	Improvement in Bed Transferring
	Improvement in Management of Oral Medications
Health Outcomes	Improvement in Dyspnea
	Improvement in Status of Surgical Wounds
	Improvement in Pain Interfering with Activity
Potentially Avoidable Events	Increase in Number of Unhealed Pressure Ulcers

Utilization Measures in OBQI Reports

Domain	Measure
Utilization Outcomes (4)	Acute Care Hospitalization
	Discharged to Community
	Emergency Department Use (Without Hospitalization)
	Emergency Department Use (With Hospitalization)

OBQI Outcome Measures₁

Domain	Measure
<p style="text-align: center;">Clinical Status Improvement (10)</p>	<p>Improvement in Anxiety Level Improvement in Behavior Problem Frequency Improvement in Bowel Incontinence Improvement in Confusion Frequency Improvement in Dyspnea Improvement in Pain Interfering with Activity Improvement in Speech and Language Improvement in Status of Surgical Wounds Improvement in Urinary Incontinence Improvement in Urinary Tract Infection</p>
<p style="text-align: center;">Clinical Status Stabilization (3)</p>	<p>Stabilization in Anxiety Level Stabilization in Cognitive Functioning Stabilization in Speech and Language</p>



OBQI Outcome Measures₂

Domain	Measure
<p style="text-align: center;">Functional Status Improvement (12)</p>	<p>Improvement in Ambulation/Locomotion Improvement in Bathing Improvement in Bed Transferring Improvement in Dressing – Lower Body Improvement in Dressing – Upper Body Improvement in Eating Improvement in Grooming Improvement in Light Meal Preparation Improvement in Management of Oral Medications Improvement in Phone Use Improvement in Toileting Hygiene Improvement in Toilet Transferring</p>

OBQI Outcome Measures₃

Domain	Measure
Functional Status Stabilization (8)	Stabilization in Bathing Stabilization in Bed Transferring Stabilization in Grooming Stabilization in Light Meal Preparation Stabilization in Management of Oral Medications Stabilization in Phone Use Stabilization in Toileting Hygiene Stabilization in Toilet Transferring

OBQM – Potentially Avoidable Events₁

Domain	Measure
Potentially Avoidable Events (12)	<ul style="list-style-type: none">- Development of Urinary Tract Infection- Discharged to Community with Unhealed Stage II Pressure Ulcer Present for More than 30 days- Discharged to the Community with Behavioral Problems- Discharged to the Community Needing Toileting Assistance- Discharged to the Community Needing Wound Care or Medication Assistance

OBQM – Potentially Avoidable Events₂

Domain	Measure
Potentially Avoidable Events (12)	<ul style="list-style-type: none">- Emergent Care for Hypo/Hyperglycemia- Emergent Care for Improper Medication Administration, Medication Side Effects- Emergent Care for Injury Caused by Fall- Emergent Care for Wound Infections, Deteriorating Wound Status- Increase in Number of Unhealed Pressure Ulcers- Substantial Decline in 3 or more Activities of Daily Living- Substantial Decline in Management of Oral Medications

10 Outcome/Avoidable Event Measures Dropped

Domain	Measure
<p>Improvement</p>	<p>Improvement in Cognitive Functioning Improvement in Housekeeping* Improvement in Laundry* Improvement in Number of Surgical Wounds* Improvement in Shopping*</p>
<p>Stabilization</p>	<p>Stabilization in Housekeeping* Stabilization in Laundry* Stabilization in Shopping*</p>
<p>Potentially Avoidable Events</p>	<p>Unexpected Death* Unexpected Nursing Home Admission</p>

* = underlying OASIS item dropped

OASIS-C

Impact on Reporting Schedule

Transition Will Create a Time Lag for Public Reporting₁

- Need sufficient numbers of patient episodes before reporting of measures based on new OASIS-C data can begin
- Measures based on patient sample sizes taken over short periods of time can be inaccurate and misleading

Transition Will Create a Time Lag for Public Reporting₂

- Current risk adjustment models for outcome measures are based on OASIS-B1 data elements
 - Many data items in OASIS-C are different from OASIS-B1 items
 - Risk adjustment models will need to be re-estimated using OASIS-C data

Home Health Compare and CASPER Performance Reporting Schedule

Measure Type	Report Method	Date Available	Data Period of:
OASIS-B1	CASPER	12/2009	10/2008-9/2009
OASIS-B1	HH Compare	1/2010	10/2008-9/2009
OASIS-B1	HH Compare	4/2010	1/2009-12/2009
OASIS-C Process	CASPER	9/2010	1/2010-6/2010
OASIS-C Process	HH Compare	10/2010	1/2010-6/2010
OASIS-C Outcome	CASPER	05/2011	3/2010-2/2011
OASIS-C Outcome	HH Compare	07/2011	4/2010-3/2011

Reporting Potentially Avoidable Events

- Formerly adverse events reports
- Will present data on adverse events based on OASIS-C
- CMS has decided to develop risk-adjustment models for these measures
- Since new models will need to be developed, reports will likely come out on the same schedule as the risk-adjusted outcomes reports (starting May 2011)

Links₁

- Descriptions of the revised quality measures and drafts of the revised report formats will be posted on the CMS web site
- To access information on the NQF home health measure development process, search www.qualityforum.org
- NQF Final Report/Quality Measure Updates: http://www.cms.hhs.gov/HomeHealthQualityInitiatives/10_HHQIQualityMeasures.asp#TopOfPage

Links₂

- The new Process Measure Manual is in development and will be available on the CMS OASIS-C website
- The OBQI and OBQM manuals will be revised for OASIS-C, including updated sample reports
- There will be a switch from old manuals to new manuals on the CMS websites with the plan for B-1 materials to be archived

Overview of Conversion to OASIS Individual User ID

Iowa Foundation for Medical Care

Conversion To OASIS Individual User ID

- To comply with CMS security regulations, CMS is changing the way agencies login to the OASIS Submission System and CASPER Reporting. The change will require agency users to register for a named individual user account ID.
- When the security changes are deployed to your state, you will no longer be able to access the OASIS State Submission System using your state-assigned shared login ID. You will be required to register for a named individual user ID.
- The HHA Individual User Registration link will be added to the OASIS State Welcome page. The link will be displayed directly above the OASIS Submission link.

Conversion To OASIS Individual User ID

- Agencies can watch for updates on their OASIS State Welcome Page
- Updates will also be posted on the QIES Technical Support Office website (www.qtso.com)