OASIS C: 
A Tool for Maximizing Quality in Your Organization

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Session Outline

- Events leading to change in OASIS C
- Progress in home health quality measurement
- Education considerations
- Process measures
- Process based quality improvement (PBQI)
A Decade of Evolution

- 1999: Collection of OASIS data began
- OASIS data used for multiple purposes
  - Guidance to surveyors
  - Payment algorithms
  - Foundation for publicly reported quality measures (HH Compare)

- 2001: IOM health care quality aims
  - Safe
  - Effective
  - Patient-centered
  - Timely
  - Efficient
  - Equitable

- 2002: Introduction of OBQI
- 2003: Home Health Compare launched
A Decade of Evolution

- 2005: NQF endorsed publicly reported measures
- 2006: MedPAC Report to Congress
- Recommendations for expanding home health quality measures to:
  - Broaden the patient population covered by the OASIS
  - Capture safety as an aspect of quality
  - Capture an aspect of care directly under providers’ influence
  - Reduce variation in practice

A Decade of Evolution

- 2006: Medicare Post-Acute Care Payment Reform Initiative
  - Development of the CARE instrument
  - Analysis of PAC costs and outcomes
  - Establishment of CMS web application
- 2007: CMS funded Home Health P4P Demonstration
- 2008: NQF developed new guidelines for measures and priorities
NQF Endorsement

- CMS goal: All HHC measures endorsed by an accrediting body
- NQF-endorsed standards now widely viewed as the "gold standard" for measurement of healthcare quality

NQF Measure Criteria

1. Importance to Measure and Report
2. Scientific Acceptability of Measure Properties
3. Usability
4. Feasibility
NQF Consensus Development

CSAC recommends endorsement to NQF Board of Directors

Public and member comment revised draft for member voting

Results submitted to Consensus Standards Approval Committee (CSAC)

OASIS Revisions

- Reasons for OASIS revisions
  - Address issues raised by the HHA provider community
  - Address suggestions made by MedPAC and NQF
  - Align OASIS measures and items with other instruments being developed to measure care across post-acute care settings
OASIS C Changes: A Better Tool

- Elimination of items not used for payment, quality, or risk adjustment
- Addition of new items to support process measures
- Revisions to add clarity (changes to scales, rewording)

Field Testing of OASIS C

- Sample agencies
- Electronic and paper based data collection
- Targeted process items
- Reliability
Public Comments

“We can see that CMS has put effort into improving many of the OASIS items and making them more practical for use with the home care patient to improve the delivery of home care”

“The incorporated clinical process measures that support evidence-based practice are vital as the industry treats a sicker, more complex patient population with numerous comorbidities.”

Why is OASIS Important?

- Data used by CMS & agency to measure quality
  - OBQI, OBQM, PBQI

- Data used by CMS & other payers for payment

- Data used for survey & audits
Why is OASIS Important?

- **Data advantages to agency**
  - Case Mix Report
  - Program development, and QI focus
  - Patient outcomes direct quality initiatives; improve patient care

- Good outcomes can attract business and potential employees

- Data are used by consumers

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**Quality of Care**

“*The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.*”

Institute of Medicine
Measuring Quality of Care

- Categories of quality measurement:
  - Access
  - Structure
  - Patient Experience
  - Outcome
  - Process

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Measuring Quality of Care

- **Access measures:**
  - Timely and appropriate health care
  - Barriers to access

- **Measures of structure:**
  - Capability and capacity of organizations/professionals to provide care
  - Physical structure of care settings, administrative, processes and operations
Measuring Quality of Care

- **Patient experience measures**
  - Patients’ perspective about their health care experience
  - Home Health Care CAHPS Survey
  - Home Health Care CAHPS Web site: http://www.homehealthCAHPS.org

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Measuring Quality of Care

- **Outcome measures:**
  - Physiologic, functional, cognitive, emotional, and behavioral health state
  - Progression of disease and disability, or both
  - Did health care services influence the likelihood of desired health outcomes?
Measuring Quality of Care

- **Process measures:**
  - Health care service provided
  - Assess adherence to clinical practice recommendations
  - Potential identification of specific areas that may require improvement

Education Considerations
Clinician Survey

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<th>Plan of care synopsis</th>
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<td>M1300- M1350</td>
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<td>Intervention synopsis</td>
<td>M2400</td>
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<tr>
<td>Medication items</td>
<td>M2000- M2040</td>
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<td>M0012</td>
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<td>M1500, M1510</td>
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Tips: Medication Review

- **Medications should be assessed at a minimum:**
  - At the time of the initial assessment;
  - Once a week or every visit if the frequency is less than once/week;
  - Following a physician appointment or ER visit
  - After a change in patient condition;
  - At the time of re-certification;
  - Whenever there is concern about non-adherence
Consider Standardized Assessments

- Pain
- Pressure ulcer risk
- Pressure ulcer staging
- Depression screening
- Multifactor fall risk assessment

Consider Standardized Procedures

- Drug regimen review
- Patient/cg high risk drug education
    - anticoagulants
    - hypoglycemics
    - narcotics/opiates
    - insulin
    - methotrexate
- Influenza and pneumonia vaccine
Consider Standardized Procedures

- **(M1500) Symptoms in Heart Failure Patients**: If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (such as dyspnea, orthopnea, edema, or weight gain) at any point since the previous OASIS assessment?
  - 0 - No [ Go to M2004 at TRN; Go to M1600 at DC ]
  - 1 - Yes
  - 2 - Not assessed [Go to M2004 at TRN; Go to M1600 at DC ]
  - NA - Patient does not have diagnosis of heart failure [Go to M2004 at TRN; Go to M1600 at DC ]

Consider Standardized Procedures

- **(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? *(Mark all that apply.)*
  - 0 - No action taken
  - 1 - Patient’s physician (or other primary care practitioner) contacted the same day
  - 2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)
  - 3 - Implement physician-ordered patient-specific established parameters for treatment
  - 4 - Patient education or other clinical interventions
  - 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)
**M2250 Plan of Care Synopsis:**

- Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings
- Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care
- Falls prevention interventions
- Interventions to monitor and mitigate pain
- Depression interventions such as medication, referral for other treatment, or a monitoring plan for current treatment
- Interventions to prevent pressure ulcers
- Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician

**M2400 Intervention Synopsis**

- Diabetic foot care, including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care;
- Falls prevention interventions;
- Depression interventions, including medication, referral for other treatment, or a monitoring plan for the current treatment;
- Interventions to monitor and mitigate pain;
- Interventions to prevent pressure ulcers;
- Pressure ulcer treatment based on moist wound healing principles
Accessing Information Needed at TRF/DC

- This evaluation of the care episode can be accomplished in several different ways
  - Review clinical records: POC, orders, and visit notes
  - Create a flow sheet with the appropriate parameters to be checked off
  - Include information regarding plans and interventions for each of the six M2400 items on 60-day summaries.
  - Agencies using electronic health records can create a report template that could pull the needed information from data fields incorporated into visit notes

Process Measures
Development of Home Health Process Measures

- Medicare Payment Advisory Committee (MedPAC)
- National Quality Forum (NQF)
- Aligns with the Institute of Medicine (IOM) goal of providing care that is safe, timely, effective, efficient, equitable and patient-centered (IOM, 2001)

Potential Use in Future P4P

- Process measures may be incorporated in a future value-based purchasing (P4P)
- A P4P system would link home health reimbursement to:
  - Improvements in patient outcomes; and/or
  - Adoption of evidence-based care processes
Process Items

- Research has identified several evidence-based tools relevant for home care patients
- Allow measurement of agency implementation of selected processes
- Focus is on high-risk, high-volume, problem-prone conditions in home health care
- The process items are a logical follow-up to the QIOs 8th Scope of Work on Best Practices

Definition

“EBP is the integration of the best research evidence available, combined with clinical expertise and analysis, and incorporates the application of the evidence applied to the individual patient’s unique set of needs, values, and circumstances”

Straus et al, 2005
Promoting Use of Evidence-Based Care Practices

- Reminder and encouragement for clinicians
- HHAs can assess the degree in which evidence-based practices are implemented
- Data can be applied in performance improvement activities to promote use of evidence-based practices

Promoting Use of Evidence-Based Care Practices

- Promote the use of best practices across the home health industry
- Several process items developed to align with similar items used for other data collection initiatives crossing care settings
  - NQF Pressure Ulcer framework
  - CARE instrument
  - Care transitions
- Facilitates enhanced communication across providers to minimize duplicative services
- Sets the stage for a national, patient-centered approach to measuring clinical care and outcomes
Domains of Process Measures

- Timely Care
- Care Coordination
- Patient Assessment
- Care planning
- Care Plan Implementation
- Education
- Prevention

Process Measures Under Consideration for Future Public Reporting

- Drug Education on High Risk Medications Provided to Patient/Caregiver at Start Of Episode
- Potential Medication Issues Identified and Timely Physician Contact at Start Of Episode
- Potential Medication Issues Identified and Timely Physician Contact during Short Term Episodes Of Care
Performance Improvement Activities

- Process measures can be used in QI programs
  - To assess adherence to evidence-based practices
  - To provide guidance on care improvement, prevent exacerbation of serious conditions, and avoid adverse events

Process Based Quality Improvement (PBQI)

- Process Quality Measure Report
- Three step process of PBQI
  - Evaluate use of specific best care processes
  - Recommendations for change in a written plan
  - Implementation and continual monitoring of the improvement plan
### Reporting Schedule

http://www.cms.gov/HomeHealthQualityInits/Downloads/HHQIOASISB-1ToOASIS-C-TransitionReportingMatrix031710.pdf

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Report Method</th>
<th>Date Available</th>
<th>Data Period of:</th>
</tr>
</thead>
</table>

### Figure 2.1: Sample Process Quality Measure Report (Based on Hypothetical Data)

- **Process Quality Measures, Time in Care**
  - OASIS-C Process CASPER 9/2010 1/2010-
  - OASIS-C Process HH Compare 10/2010 1/2010-
  - OASIS-C Outcome CASPER 06/2011 4/2010-
  - OASIS-C Outcome HH Compare 07/2011 4/2010-

- **Measure Type Report**
  - Method
  - Date
  - Available Period
Important Points

- Discipline neutral
- Some processes of care will have no applicability for a given patient, and therefore no related assessment is needed
- Process measures do not represent a complete set of all evidenced-based practices
- Policies and procedures should guide care delivery

OBQI / PBQI Comparison

**OBQI**
- Begins with clinical outcome measure from Outcome Reports
- Evaluation of the care delivery
- Plan of action to improve care
- Implementation / monitoring of the plan

**PBQI**
- Selection of care processes from the Process Quality Measure Report
- Assessment of reasons for low rates of compliance with the best practices
- Plan of action to improve rates of compliance
- Implementation of the plan
- Monitoring for improvement
Selecting Quality Measures to Investigate

- Consider care practices that the agency determines should be used in care delivery
- What is the relevance to agency goals?
- Statistically significant process quality measure
- Adequate number of cases
- Degree of difference between agency rate and comparison rates

Why Measure Care Processes?

- Evaluate elements of care under an HHA’s control
- Promote the use of specific evidence-based care practices
- Evaluate the impact of use of best care practices on patient outcomes
- For use in agency-level performance improvement activities
- For use in public reporting to assist consumers in across-agency comparisons
- For potential use in future quality-based purchasing systems
- Promote improvements in patient care across settings.
References


Questions