

OASIS Alert

Assessment: Don't Waste Your Training Dollars On The Wrong Problem

Poor assessments cheat you, not the feds.

Inaccurate OASIS assessments lead to less payment, inaccurate risk adjustment and bad outcomes. Better information can lead to the solution.

The biggest problem undermining outcome success is poor OASIS assessments, said **Jeff Lewis**, CEO of Baton Rouge, LA-based **Lewis Inc.** If your Home Health Compare outcomes are not where you want them to be, first determine if the problem is with your clinicians or with your agency's operations, policies or procedures, he said in an educational session at October's annual conference of the **National Association for Home Care & Hospice** in Baltimore.

The challenge: To answer this question, you need to look at outcomes clinician by clinician, Lewis said.

Helpful strategy: Most software vendors can show you how to use their software to drill down to the clinician level for this information, Lewis explained. Then make a chart that lists each clinician and that clinician's score on each outcome.

Are Some Clinicians Having Problems?

You'll know it is possible to hit the outcomes mark if some, but not most, of your clinicians are near where they should be, Lewis said. This tells you the problem is with clinicians and that some are having difficulties, he added.

"Studies have shown that many clinicians still incorrectly answer key OASIS questions in ways that prevent the data from ever showing improvement," Lewis reported. Most OASIS inaccuracies take money away from your agency by minimizing the severity of the patient's problems, he reported.

Example: If you say that "the patient is fine" and score him at the highest level on a M0 question, you lose your chance to show improvement in that area, says consultant **Sparkle Sparks** with Redmond, WA-based **OASIS Answers**.

Once you know which clinicians are having problems and which questions they are confused about, it's usually easy to correct the errors, Lewis said. Once you find your "weak links," concentrate your re-training on them rather than "beating everybody over the head with more training," recommends consultant **Karen Vance** with **BKD** in Springfield, MO.

Expert tip: Don't stop after your first pass. Look monthly at the outcomes by clinician, Lewis suggested. This lets you find backsliding quickly, provide extra support to clinicians who need it and fine-tune your assessment accuracy, he said.

What If Most Clinicians Are Having Problems?

If almost no clinicians hit the outcomes mark, you should look to the agency as a whole -- rather than to the clinicians -- for what to change, Lewis advised. Consider your policies, procedures, training, support services, visit schedules or some other overall issue, he said. At this point you are better off paying to have a consultant give you an objective picture. This will help you find the solution to the cash drain as fast as possible, he explained.