

OASIS Alert

Home Health Compare: Get the Latest from CMS on Nonambulatory Fall Risk

Response from CMS leaves agencies wondering.

The **Centers for Medicare & Medicaid Services** (CMS) has responded to industry questions about how to complete M1910 for bedbound or chairbound patients. Unfortunately, that response doesn't offer much clarification.

Issue: If a non-ambulatory patient is unable to participate in the tasks required to complete the standardized assessment your agency uses to determine fall risk, you must select Response 0 -- No for M1910 -- Has the patient had a multi-factor Fall Risk Assessment? even though it will lower your Home Health Compare scores through no fault of yours.

Background: Last issue, we reported that agencies answering M1910 with 0 -- No multi-factor falls risk assessment conducted for non-ambulatory patients who couldn't perform a test such as the TUG were getting poor Home Health Compare results in this area (Eli's OASIS Alert, Vol. 10, No. 11).

M1910 requires that the multi-factor falls risk assessment you conduct includes at least one standardized tool that has been "scientifically tested and validated as effective in identifying a specified condition or risk in population with characteristics similar to the patient being evaluated," according to the **Centers for Medicare & Medicaid Services** OASIS Q&As. But the availability of a standardized tool appropriate for assessing falls risk in bedbound community-dwelling elders has been a problem.

In an attempt to get clear directions on how to properly answer M1910, **Barbara Rosenblum**, CEO of **Strategic Healthcare Programs** in Santa Barbara, Calif. sent a letter to CMS asking for more specific guidance. But the response doesn't provide the detail many agencies would like to see.

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"The use of a falls risk assessment that is both standardized and validated was required by the **National Quality Forum** in their endorsement of the Home Health measure 'Falls Risk Conducted for Patients 65 and over' in 2009," said CMS's **Robin Dowell** of the office of clinical standards in a letter of response, Rosenblum reports on her blog.

Since this requirement was established, CMS has known that conducting a standardized, validated risk assessment for non-ambulatory home health patients presented a challenge, Dowell said.

CMS has addressed this topic in the OASIS-C Guidance Manual, which states that "CMS does not mandate that clinicians conduct falls risk screening for all patients, nor is there a mandate for the use of a specific tool," Dowell points out.

Update: Guidance for M1910 was revised in January 2011 to include a bullet specifically stating that the clinician should select Response 0 -- No... "if the patient is not able to participate in tasks required to allow the completion and scoring of the standardized assessment(s) that the agency chooses to utilize," Dowell said. "This guidance directly addresses the question of how to respond when the fall risk assessment used by an agency is not appropriate for a specific patient due to the patient's physical or mental impairment," she said.

"CMS is engaged in a continuing process of evaluating and revising the OASIS data set and working with the National Quality Forum to maintain and improve OASIS-based home health quality measures. The availability of a fall risk assessment that has been validated in community-dwelling elders, uses a standardized rating scale and is appropriate for non-ambulatory patients continues to be a topic under discussion," Dowell concluded.

What About Home Health Compare?

CMS's response to the M1910 issue fails to address the problem that publicly reporting this process measure paints an inaccurate picture of the agency's quality, commenters on Rosenblum's blog lamented.

"Knowing that there are limited tools available and that the patient population (large non-ambulatory populations in some agencies and not in others) could falsely improve or decrease the rate, it seems careless of CMS to continue to publicly report this measure," reads one typical response. "I understand the importance of the topic and of collecting this data. But until and unless CMS can identify additional tools, they should at the very least, remove this measure from public reporting."

Note: To follow the discussion on Rosenblum's blog, visit <https://www.shpdata.com/blog/barbara/default.aspx>.