

OASIS Alert

News You Can Use: HIGHLIGHT SUICIDE RISK WITH MEDICATION REVIEW

Hypnotics, not antidepressants to blame, report reveals.

A new study underscores one more reason a comprehensive medication review is so important as part of your OASIS assessment.

Sedatives and hypnotics were both associated with increased risk of suicide in elderly patients, according to a study published in the June issue of BMC Geriatrics. The case-controlled study looked at whether specific types of psychoactive drugs were associated with suicide risk in late life.

After adjusting for appropriate indicators for the medication use, the study did not find antidepressants and antipsychotics to increase risk of suicide. But even after adjusting for appropriate indicators, having a current prescription for a hypnotic was associated with a four-fold increase in suicide risk.

And "sedative treatment was associated with an almost fourteen-fold increase of suicide risk in the crude analyses. It remained an independent risk factor for suicide even after adjustment for any DSM-IV disorder," the study reported. The study is at www.biomedcentral.com/1471-2318/9/20.

- **The National Quality Forum has endorsed** the new 34-question Consumer Assessment of Healthcare Providers and Systems (CAHPS) HHA survey and the **Office of Management and Budget** has concluded its comment period on the new form. Now CMS plans to incorporate any final changes and roll out implementation of the voluntary patient satisfaction tool this summer, says contractor **RTI** on the CAHPS Web site.

This means it's up to agencies whether they want to voluntarily collect the survey data through a vendor. But if they do, their scores after four quarters of collection will go onto the Home Health Compare Web site.

The CAHPS Web site is at <https://homehealthcahps.org>. To see the new manual, choose the "General Information" tab and click on "What's New."

- **Early use of home care services following a hospital stay by patients with at least one chronic disease saved** Medicare \$1.71 billion in the two-year 2005 to 2006 period, according to a study by **Avalere Health**. The study, sponsored by the **Alliance for Home Health Quality and Innovation**, also found that an additional \$1.77 billion would have been saved in the same period if all Medicare beneficiaries with similar chronic diseases had accessed home care services.

Medicare could save \$31.1 billion over the next 10 years if it expanded access to home care for chronic care patients, the study contends. The savings come from reduced hospitalizations and other reduced institutional costs.

AHHQI is an advocacy group founded by six for-profit home care chains.

- **Massachusetts General Hospital's intense effort to cut** medical costs by reducing hospital stays and emergency room visits by the frail elderly, which began in 2006, hinges on nurses in primary care practices being in almost constant contact with patients and helping arrange even nonmedical services, reports the Boston Globe.

Preliminary numbers show that for the 2,200 patients in the program, hospital readmissions dropped 19 percent from 2007 to 2008, while hospital stays overall fell 17 percent and emergency room visits dropped 15 percent, according to **Mary Neagle**, the project manager.

But to achieve those savings "the hospital has had to invest heavily up front, expanding the staffs of its primary care practices to provide time-consuming, hands-on help for patients struggling with a multitude of health problems, from fading memories to faltering eyesight," the Globe reports.

- **If you're looking for help with overlapping home health episodes**, home health advance beneficiary notices (HH ABNs), or Reason Code 38107, one RHHI might have just what you need.

Cahaba GBA has updated its quick reference tools on those topics, Medicare billing codes, and PPS, the intermediary says in an email to providers. A full list of the RHHI's home care tools is at www.cahabagba.com/rhhi/education/materials/quick_hha.htm.

- **You can find an appropriate diagnosis code** for the swine flu -- technically known as the H1N1 virus -- but not until fall. A new revision to the ICD-9 code set effective Oct. 1 adds specific codes for swine and avian flu. Added to the ICD-9 code set: 488.0 (Influenza due to identified avian influenza virus), and 488.1 (Influenza due to identified novel H1N1 influenza virus).