

## OASIS Alert

### OASIS News You Can Use: OBQI Risk Adjustment Changes Alter Outcome Reports

Recent risk adjustment alterations may confuse agencies comparing old and new reports.

The **Centers for Medicare & Medicaid Services** has refined the risk-adjustment model for outcome-based quality improvement outcome reports, which contain 41 patient outcomes. National reference values for all outcomes in both the risk-adjusted and descriptive reports, the number of cases in the national reference sample at the top of both reports and the number of eligible cases for each outcome changed after April 11.

CMS also put in place a new risk-adjustment model in early March, so "national reference values on risk-adjusted reports requested before and after March 8 will not necessarily match," CMS advises on its OASIS Web site ([www.cms.hhs.gov/oasis/obqi.asp](http://www.cms.hhs.gov/oasis/obqi.asp)).

Another item that might alter numbers is a monthly program "that incorporates late submissions, corrections and inactivations in the OBQM/I calculations," CMS explains.

1. **CMS isn't the only one furnishing quality information** on providers. The **Joint Commission on the Accreditation of Healthcare Organizations** also will begin issuing its own quality reports in 2004. They will outline a provider's accreditation information and compliance with JCAHO's national patient safety goals. The new reports, which will be available online and on paper, will replace organization-specific performance reports first published almost nine years ago, the accrediting body says.
2. **The Wound, Ostomy, and Continence Nurses Society (WOCN) recently announced** that their "Guideline for the Management of Patients with Lower-Extremity Arterial Disease" was accepted by the **National Guideline Clearinghouse**. The newly accepted guideline for management of arterial wounds of the lower extremity provides guidance for assessment, interventions and citations to support the recommendations. It is available at [www.guideline.gov/FRAMESETS/guideline\\_fs.asp?guideline=2516](http://www.guideline.gov/FRAMESETS/guideline_fs.asp?guideline=2516).
3. **Congestive heart failure patients using HomMed telemonitors for an average of 56 days experienced 3.2 fewer hospitalizations and 3.3 fewer emergency room admissions per 100 days on home care than before using the telemonitors**, reports a study by Santa Barbara, CA-based informatics company **Strategic Healthcare Programs**. HomMed-monitored CHF patients in another study had 37.7 percent fewer hospitalizations and 10.6 percent fewer ER admissions than non-monitored patients, says SHP.
4. **CMS is gearing up to implement the much dreaded and oft delayed therapy cap**. Medicare claims processors should begin applying the cap starting July 1, CMS declares in May 2 program memorandum AB-03-057. The cap does apply to outpatient occupational therapy and physical therapy (including speech-language pathology) provided by home health agencies to non-homebound patients, but not to therapy furnished under a PPS home health episode.

