OASIS Alert

OASIS Tool Due For Extreme Makeover

Start noting your comments so you're ready to give feedback

If you think the new PPS final rule has lots of changes, wait until you see the proposed OASIS revisions.

The **Centers for Medicare & Medicaid Services** on July 27 released its revised OASIS draft. CMS plans to test the drastically revised tool in 11 home health agencies in Colorado, Massachusetts and Ohio this fall, the agency says in the Paperwork Reduction Act supporting statement for the revised form.

Timeline: If all goes as expected, CMS will revise the tool in light of the test results and then implement the new assessment form in early to mid-2009, a CMS official tells **Eli**. That would include time for comments on the revisions, the staffer notes.

HHAs will have a lot of revisions on which to comment, experts point out. "Nearly all of the existing OASIS items have changes in wording," says consultant **Judy Adams** with **LarsonAllen** based in Charlotte, NC. Many of the rest have at least changed M0 numbers.

Threatened Process Items Finally Appear

One of the biggest changes to the form is the addition of nearly 30 process-based measures that will start with "M1" instead of "M0." Clinicians won't have to answer every process question at every time point, CMS says.

The new M1 questions cover patient education, vaccination history, physician communication, pain, volume overload, pressure ulcers, foot care, depression, fall risks and medication.

Increased workload: But the process-based measures CMS wants to include could translate to a lot more work for clinicians filling out OASIS. The feds claim the added burden is negligible. That's because CMS is also cutting some items not used for payment, quality or risk adjustment; streamlining other items; and requiring process items only for some time points or, in some cases, certain times of the year.

"Total impact of proposed OASIS revisions, including elimination, revision and addition of items, changes the estimated burden of OASIS very little while incorporating process measures," CMS says in the supporting statement.

But experts disagree. The process items are "more work intensive than those that were deleted," argues consultant **Pam Warmack** with **Clinic Connections** in Ruston, LA. "This is not an equal tradeoff."

"No matter how 'easy' an item is to collect, the mere addition of a new item requires some education and a learning curve burden," adds OASIS consultant **Linda Krulish** with **OASIS Answers** in Redmond, WA.

And many of the process items will be far from easy, Krulish notes. "Some of these items will pose challenges for clinicians," she warns. They will add assessment requirements needed in order to allow the clinician to select a response or provide an intervention.

Example: M1155 asks whether fall prevention steps have been implemented for the planof care. To choose the "Yes" response, the clinician first must put in place the prevention steps.

Another problem: Clinicians will find it difficult to ascertain some information requested in the new assessment,

Warmack protests. "Patients rarely remember when they last received [flu and pneumococcal] vaccinations and caregivers offer very little assistance," Warmack says. HHAs then must bother the physician or his office staff for the data. "Physicians are always less than thrilled to dig this information from their office files," she observes.

"The source of information for these items will be the clinical record and plan of care, rather than the patient and caregivers," expects Chicago-based consultant **Rebecca Friedman Zuber**. "When will CMS expect these items to be answered and who will answer them?" she asks. v

Note: The revised tool and supporting statements are at http://www.cms.hhs.gov/Paperwork ReductionActof1995 -- search for CMS-10238. To receive a copy of the draft OASIS tool CMS is proposing to test this fall, email editor Marian Cannell at marianc@eliresearch.com and put "OASIS Revision" in the subject line.