OASIS Alert

OBQI: ARE YOUR OUTCOMES GOOD ENOUGH FOR THE WORLD TO SEE?

Eight states will find their outcomes trumpeted for public comparison come April, while the rest of the country will be only months behind.

As promised, the **Centers for Medicare & Medicaid Services** has announced both the home health patient outcomes it plans to publicly compare and the states in which the "Home Health Compare" project will begin. Florida, Massachusetts, Missouri, New Mexico, Oregon, South Carolina, Wisconsin and West Virginia are the lucky states where CMS initially will place agency outcomes comparisons in newspapers and on the Internet via www.medicare.gov.

Home care organizations in Massachusetts are scrambling to meet the April pilot project deadline, comments North Andover, MA-based consultant **Maureen Yadgood**.

Focus first on the accuracy of your OASIS assessments, Yadgood recommends. "Basing your decisions on inaccurate data is like trying to build a house on sand," she warns. Everything from outcomes to reimbursement to legal and fraud problems flows from the OASIS data, which "must be clean and reflect your patient population," she stresses.

Like the old computer adage "garbage in, garbage out," some lower patient outcomes might indicate problems with OASIS answers and documentation rather than with patient care, says **Mary St. Pierre** with the **National Association for Home Care**. Agencies still confused about how to answer OASIS M0 questions will have a hard time getting valid outcomes information, she adds.

Supervisory and quality improvement staff need to focus on good record review and follow-up to make sure staff understand the OASIS questions, use the tool appropriately and document consistently, Yadgood counsels. Too many people still use OASIS as an interview tool rather than an assessment tool,she admonishes,and this prevents them from capturing an accurate picture of the patient. Many people mistakenly believe their outcomes will be higher if they score the patient higher, she adds.

CMS has chosen 11 outcomes (see article 2) for the pilot project, and they are likely to remain the same as it goes nationwide, experts say. That means these are the outcomes to which you should pay extra-special attention.

All except the pain management outcome apparently will be risk-adjusted. CMS' draft instructions explain to consumers that the non-risk adjusted pain item is included to encourage them to discuss this important topic with the agency they are considering using.

This project is similar to the government's earlier effort to publicize nursing home comparisons, and CMS expects to go nationwide in Fall 2003. Agencies should realize it takes at least six months to see results from quality improvement efforts,experts say, so there's no time to waste if you have outcomes needing improvement.

But you don't have to do it alone. Quality improvement organizations are launching a nationwide initiative to help HHAs learn how to use the out comes data to improvecare,the **American Health Quality Association** announced Feb. 20.

QIOsprivate organizations working under contract to CMS tested their HHA assistance program in five states and are now ready to expand their efforts to offer free outcome-based quality improvement training to HHAs, the AHQA said. CMS expects QIOs to work with 30 percent of the HHAs in each state, the AHQA says (see article 3).

One QIO **Delmarva Foundation for Medical Care** in Maryland has created a Website to assist agencies working on OBQI. HHAs interested in these resources can register at www.obqi.org. But QIO resources are limited, which is another reason to get on the ball early. (For more information on QIOs and how they work with HHAs, see Eli's OASIS Alert, Vol. 3,

No. 10, p. 104.)

Editor's Note: CMS' HHQI Web page is at [www.cms.gov/quality/hhqi/](). QIO info is at [www.ahqa.org]().