

OASIS Alert

OBQI: DEMO BLISS TURNS BLAH IN THE REAL WORLD

The cheery outlook on OBQI the University of Colorado Health Sciences Center gave on the demonstration project has not held true now that the demo is over and it's going to take more than rose-colored glasses to improve the view.

Outcome-based quality improvement can result in dramatic improvements in patient outcomes and presents only minor difficulties to agencies, the University of Colorado argues in a recent report, "OASIS and Outcome-Based Quality Improvement in Home Health Care: Research and Demonstration Findings, Policy Implications, and Considerations for Future Change."

"Findings from the demonstration trials indicated that OBQI had a substantial impact on patient outcomes," the report says.

Specifically, hospitalization declined among patients in demonstration agencies by 22 and 26 percent over the three- and four-year reporting cycles, respectively. "The rates of improvement for other target outcomes averaged between 5 percent and 7 percent per year in both OBQI demonstration trials," according to university researchers under contract with CMS to administer OASIS.

These success rates are attributable to the precise and useful information provided in OBQI reports and agencies smoothly integrating their improvement activities into daily life at the agency without posing a substantial burden, according to the report.

Another reason for demo agencies' success is that OBQI "encourages clinical staff and quality improvement coordinators to be rigorous and innovative in areas such as (1) choosing target outcomes, (2) isolating important care behaviors to change in their agency or care environment, (3) writing a focused plan of action documenting target care behaviors to change and how to change them, (4) motivating other clinicians to change, and (5) ensuring that changed behaviors continue," the report cheers.

And while the university admits there were a few bumps along the road, it claims that most participants overcame them fairly easily.

These bumps included the difficulty some clinicians initially had viewing patient outcomes as performance indicators, the need for clinicians to conduct more precise assessments, the transition to automated records instead of the paper-based systems agencies were used to, and the "demoralizing" impact of the interim payment system. In other words, the report concludes that an agency could overcome any problems it had through an attitude adjustment.

It's Not All About Attitude

Out here in the real world, however, OBQI isn't the smash hit it appears to be in this report and the problem has nothing to do with attitude. The fact is that most agencies simply have neither the time nor resources necessary to go gangbusters into OBQI, says former **Centers for Medicare & Medicaid Services** senior official **Bob Wardwell**, now with the **Visiting Nurse Associations of America**.

And as we all learned in Sociology 101, the very fact that you're involved in a study will make you behave in a manner different from real life, Wardwell points out. He saw this effect with the OASIS demo agencies.

"You line up those demonstration agencies and they shoot off rockets about how great OASIS is, and then you go out in the real world" and everyone's jets promptly cool off, he says.

The same phenomenon seems to be happening with OBQI, Wardwell notes. "You're not going to get the level of enthusiastic and rapid acceptance that you get in a demonstration situation," especially when most agencies are doing all they can to make it through the day with limited cash and staff, he concludes.

Editor's Note: The University of Colorado report is at www.cmms.gov/researchers/reports/oasis02/.