

OASIS Alert

OBQI: Get A Jump On These 2 Upcoming Quality Measures

MedPAC turns its aim to home health.

Agencies soon will face an array of new quality measures at the same time they confront a push to link pay and quality.

Quality efforts are intensifying in home health with three recent announcements from the **National Quality Forum**, the **Centers for Medicare & Medicaid Services** and the **Medicare Payment Advisory Board (MedPAC)**. Agencies that aren't paying attention will be unprepared, jeopardizing their quality improvement programs and rankings.

Don't miss: After many months of work, NQF has narrowed down more than 100 "candidate measures" to its 28 proposed quality measures for home health, including seven measures already publicly reported on Home Health Compare. NQF outlines these proposed measures in a report recently posted to its Web site. Further, NQF decided to recommend the entire list of measures for public reporting. Evidence links these "voluntary consensus standards" to quality of home care, NQF asserts.

CMS, the **National Hospice and Palliative Care Organization** and **Assessing Care of Vulnerable Elders** submitted measures for consideration. The Forum rejected three measures CMS currently displays as part of Home Health Compare - items on confusion, toileting and getting dressed, because these measures didn't hold up to scrutiny, notes **Brian Ellsworth** of the **Connecticut Association for Home Care**.

Take action: NQF is now collecting comments from the public and its members on the measures. Public comments must be in writing and received by NQF by Oct. 6. The address and details are at www.qualityforum.org/home_health_measures_public.

Next steps: [After the comment period, the NQF will endorse the finalized measures. NQF will forward its final recommendations to CMS at the beginning of 2005 and report to Congress in February, says NQF spokesperson Phil Dunn.](#)

[That means CMS is likely to adopt quickly the new measures based on OASIS data - the seven OBQM measures plus Improvement in Status of Surgical Wounds, Improvement in Urinary Incontinence, Improvement in Dyspnea, and Discharged to the Community. CMS will likely implement the new measures quickly because the data-gathering and reporting systems already are in place for those measures, notes Bob Wardwell with the Visiting Nurse Associations of America. If CMS didn't adopt the OASIS-based measures, it would have to justify why in a public report.](#)

[Providers could see further OASIS streamlining initiatives down the line, predicts Ellsworth. That's because CMS is looking to revise the OASIS tool anyway under the OASIS Technical Expert Panel's forthcoming recommendations, he explains. The agency may hold off a while on implementing the 10 measures not based on OASIS data, he predicts.](#)

Increase Focus On Two Outcomes

Heads up: If you want to stay one step ahead in quality improvement, you might want to work on the two latest outcomes du jour: acute care hospitalization and emergent care utilization.

Over the next three years - beginning in August 2005 - CMS plans to "accelerate the rate of improvement" by directing Quality Improvement Organizations to focus special efforts on these two outcomes, the agency explained in the recently released draft "8th QIO Scope of Work."

These two outcomes are the only ones to have shown no improvement in the national average since CMS launched Home Health Compare a year ago. "Patients who had to be admitted to the hospital" remains at 28 percent and "patients who need unplanned urgent medical care" remains at 21 percent.

Take action: Many agencies already are working on these outcomes, QIOs report. But they involve complex issues and take time to show improvement. In North Carolina, 92 percent of Medicare-certified home health agencies are implementing outcome-based quality improvement efforts, reports **Lee Dobson** with QIO **Medical Review of North Carolina**. And two of the top five outcomes agencies focus on are acute care hospitalizations and emergent care, she tells **Eli**.

Are You Ready For Pay Tied To Quality?

Warning: Meanwhile, MedPAC wants to tie home health agency payments to quality measures in the near future, the advisory body to Congress indicated in its Sept. 9 meeting. Despite industry reservations, MedPAC appears likely to recommend some sort of tie between payment and quality for HHAs. The main question is what quality indicators MedPAC will use, observers report.

Currently MedPAC is considering two data sets Medicare already uses - OBQI measures, 10 of which are already publicly displayed on the Home Health Compare Web site, and outcome-based quality monitoring (OBQM) measures. MedPAC also reports considering process-oriented measures suggested by **Pfizer Inc.** and **Rand Corp.'s** Assessing Care of Vulnerable Elders (ACOVE) project and as-yet-undetermined patient satisfaction surveys.

MedPAC could include a final recommendation on the matter in its report to Congress next spring. If MedPAC makes the recommendation, "CMS will be hard-pressed not to adopt it," Wardwell predicts.

Editor's Note: The QIO proposal is at www.cms.hhs.gov/qio/2s.pdf. The MedPAC meeting transcript is at www.medpac.gov.