

## OASIS Alert

### OBQI: OBQI NEEDN'T BE CHAMPAGNE TASTE FOR AGENCIES ON A BEER BUDGET

Don't let financial woes stunt your OBQI efforts even cash-strapped agencies can afford to participate in the initiative. In fact, it looks like they can't afford not to.

While the **Centers for Medicare & Medicaid Services** acknowledges using the OBQI reports is voluntary, state surveyors already are using the reports before ever setting foot on an agency's premises. But surveyors won't be the only ones using OBQI data savvy HHAs will use their aggregate data in marketing efforts to capture referrals.

The problem is that HHAs "are operating close to the bone" under the prospective payment system as it is, says Chicago-based consultant **Rebecca Friedman Zuber**. They don't feel they can afford "what look like extras," Zuber says, including the supposedly voluntary OBQI program.

It won't take a full-time team of analysts to get your OBQI program up and running if you follow these experts' advice on carrying out an OBQI program on a shoestring budget:

1) Don't waste time on choosing target outcomes. CMS advises taking only two weeks to pick those outcomes you plan to improve over the next year, Zuber notes. HHAs can drive themselves crazy analyzing the data, she warns. "They get so fascinated by the leaves, they don't see the trees."

Instead, get in, pick an outcome or two and move on to the next stage: the process of care investigation. A quick way to choose target outcomes is simply to make a list of the outcomes on your OBQI report that have double asterisks next to them, indicating they are statistically significant, advises **Kathy Green**, director of education with Tampa, FL-based **Providers Solutions Corp.**

Choose the five worst double-asterisked outcomes and have staff vote on the outcome they want to work on. "That lets the staff become involved and only takes 15 minutes of their time," Green says. If you don't have any double-asterisked outcomes, use those with single asterisks.

CMS specifies that agencies can pick one or two outcomes to work on in the OBQI process. Just choose one to start out if your resources are scarce, Green offers.

2) Skip the patient tally report. Some agencies' patient tally reports are thicker than the New York City phonebook. To zero in on charts to audit in your process of care investigation, Green advises, figure out your problems from your OBQI reports and pull charts of patients with that diagnosis, service, etc., instead of relying on the monstrous patient tally report.

3) Keep your chart audits focused. "Don't audit the chart for everything," Green says. Instead, just peruse the items related to the outcome you're trying to improve. Green estimates the OBQI audit shouldn't take more than 15 minutes per chart.

4) Pool resources. While you might not want to share your outcomes-boosting secrets with your competition, you should be able to find agencies similar to yourself to combine forces with on all of these steps, Zuber says. Hospital-based agencies might want to network with hospital-based agencies in other regions, for example.

5) Use free resources. Provider Solutions is offering a free "OBQI Cookbook" that helps agencies through the OBQI process in quick, simple steps with time-saving forms. The company hopes once agencies start the OBQI process, they

will become interested in benchmarking and will utilize PSC's benchmarking software.

6) Appoint a jump-starter. Someone must oversee the project and make sure you complete the OBQI stages on CMS' timeline. Outside consultants might be a good choice for this role, Zuber says. Agencies can use as little as five or 10 hours of a consultant's time to set the internal timelines, point people in the right direction and check on progress. Staffers are more likely to hit deadlines when they know a (paid) outsider's time depends on it.