

## OASIS Alert

### OBQI: REDUCE HOSPITALIZATIONS WITHOUT HURTING YOUR BOTTOM LINE

#### Failing to reduce hospitalizations could cost you.

There's a huge gap in acute care hospitalization outcomes between the top 25 and the bottom 25 percent of agencies--and which side of the gap you're on could have a major effect on your cash flow as pay for performance looms.

The national average for the acute care hospitalization outcome has gradually increased from 27.27 percent to 27.98 percent over the past four years, with over one million home health patients hospitalized in 2004. But some agencies have managed to keep their rates much lower. The average acute care hospitalization rate for the 25 percent of agencies with the lowest rates was 17.39 percent, reported **Delmarva Foundation's Karen Pace**.

**Problem:** But the average hospitalization rate for the 25 percent of agencies with the highest rates was 48.84 percent, Pace told attendees at the **National Association for Home Care & Hospice's** October annual meeting in Seattle.

Acute care hospitalization is the percentage of home health episodes in a 12-month period that end with a hospitalization, Pace explained. This outcome aims to measure patients who have an acute deterioration in health care status--no one expects it to be 0 percent, she added. But awareness of early warning signs and better preventive care should lead to fewer hospitalizations, she predicted.

#### OASIS Answers Can Identify Risk

Data analysis determined that 25 percent of hospitalizations were within the first week of the episode and nearly half were in the first two weeks, Pace said. About 27 percent of the patients hospitalized had a circulatory system disease as the primary diagnosis. Nineteen percent were hospitalized for respiratory problems and 9 percent for exacerbation of congestive heart failure. These were the only categories with large percentages, she said.

Patients who were hospitalized during the episode also showed greater functional impairment on their OASIS assessment, had poorer prognoses, and had been discharged from the hospital within 14 days of start of care, Pace noted.

After gathering information and developing tools for agencies to use, Delmarva tested the results with 11 Quality Improvement Organizations and 113 home health agencies. The resulting material is now available to all HHAs as a "Change Binder," Pace said.

#### How Do They Do It?

Decreasing unplanned hospitalizations by 1 percent would save Medicare \$900 million a year, predicted **Robert Fazzi** of Northampton, MA-based **Fazzi Associates**, also speaking at the NAHC meeting. Decreasing them by 3 percent would save \$2.4 billion, he added. The amount of money involved means the **Centers for Medicare & Medicaid Services** will continue to focus on this outcome now and under P4P, experts predict.

**How they do it:** To look for successful strategies that would reduce acute care hospitalization, Fazzi, NAHC and **Briggs Corp.** sponsored a study to determine how the agencies with the best outcomes in this measure reduced their rates. The group will share those strategies with other agencies. The study identified 15 measures that seemed to have the most impact in reducing hospitalization. Most agencies used an average of 6.4 of these strategies, rather than all 15, Fazzi reported. Successful agencies purposely used the strategies and measured their results, he added.

**Bonus:** "Five of the top strategies did not cost money," Fazzi said.

Note: The Change Binder developed by the Delmarva project is available at [www.medqik.org](http://www.medqik.org)