

## OASIS Alert

### OBQI: SWAMPED BY QI? 5 WAYS QIOs CAN HELP

Prepare for the perfect storm, a SNF quality improvement survivor warns.

The government's home health quality initiative has a multitude of purposes but opinions differ about how realistic they are.

The **Centers for Medicare & Medicaid Services'** focus on quality is not going away, because it's one way for the agency to leverage its regulatory and purchasing power into improved patient care, explained **Dr. Barbara Paul**, CMS' director of the Quality Measurement and Health Assessment Group, speaking at the **National Association for Home Care & Hospice's** annual policy conference in Washington April 9. CMS' efforts to establish and enforce standards "only move quality so far," leaving much room for improvement, Paul reminded attendees.

Phase 1 of Home Health Compare includes publicity events in each of the eight pilot states, ads in newspapers, and new scripts for those who answer 1-800-MEDICARE to respond to questions from consumers without Internet access, Paul said. CMS is aware of the errors in the demographic information on the Web site (see story 2 ), Paul admitted, but entering changes will take time.

While the outcomes being used in the pilot program will be used for the national rollout in the fall, experts say they aren't set in stone. After "at least a year" of experience with the outcome-based quality improvement measures in Phase 1, the outcome measures could change. The National Quality Forum will consider whether these measures "are appropriate to consider 'standards,'" or whether CMS should use other OBQI measures, Paul explained.

CMS believes "if you can measure it, you can improve it," Paul added. The combination of focusing on a measurement and providing technical assistance has proven to be very effective in improving quality, she reminded attendees. And installing systems that are blind to socioeconomic status also helps reduce health care disparities, she suggested.

But "the perfect storm" is brewing, predicted Dr. **Charles Roadman**, president of the Washington-based **American Health Care Association**, speaking in the same session. The ideological fight about who is responsible for health care and shrinking government budgets will impact providers, as payors tell providers "we want better quality and we're going to give you less money," Roadman suggested.

Although Roadman applauds CMS' quality initiative as extremely important, he believes quality will "have to decrease based on budget." Health care really depends on the government's budget, not on market forces, Roadman contended. And "quality is directly linked to staffing, which is directly linked to sustainable funding," he added.

#### Learn From SNFs' Experience

After looking at the effect of the quality initiative on skilled nursing facilities, Roadman had some suggestions for home health agencies beginning the QI journey:

1. OBQI is not perfect, but it changes the argument. With more facts available, there's a greater chance of coming to the right conclusions and creating the right policies.
2. Public disclosure "was almost a one-day story for SNFs." HHAs may find Home Health Compare receives much less attention from consumers than they expect.

3. Be alert for provider "burnout" because asking for quality without providing the resources creates an overly strained system.
4. Quality Improvement Organizations improve the government's approach by "substituting good science for anecdotes."

#### QIOs Offer More Than Training

QIOs in 39 states already have trained more than 2,600 HHAs, announced **Delmarva Foundation** representative **Julie Crawford**, another speaker in the session. Besides general training sessions, QIOs will go on-site or provide conference calls with management to help get them on board with QI efforts, she noted. Crawford outlined other kinds of technical assistance QIOs provide at no cost to the agency:

5. A Web site at [www.obqi.org](http://www.obqi.org) devoted to OBQI includes training material and tutorials, frequently asked questions, tips and case studies, care behaviors and sample plans of actions for the 11 publicized outcomes.
6. Also on the site is a listserv divided by state, "so you can have a dialogue with others in your state," Crawford said. You can sign on for more than one state. QIO staff participate in the listservs to clarify misconceptions or otherwise "add value," she added.
7. A plan of action section is available on the Web site to let you create your POA online and submit it to the QIO for comments or additions, if you choose.
8. QIOs help in monitoring your POA and in evaluating your next outcome report in light of your current QI efforts.
9. Be on the lookout for faxed or emailed information or newsletters from your QIO.