

OASIS Alert

Quality Improvement: 10 Essential Steps Guide You To P4P Success

Do you know the name of your QIO contact?

Get ready for pay for performance with these expert tips.

Improving outcome scores takes time, so agencies should not wait to move forward on this, warned **Pamela Teenier**, **Gentiva Health Services'** assistant vice president for Medicare operations, speaking to a packed session on P4P at the **National Association for Home Care & Hospice's** 24th annual meeting in Seattle.

Agencies that focus on improving an outcome can change their percentage score by several points in a year, says consultant **Patricia Tulloch** with Staatsburg, NY-based **RBC Limited**.

Smart idea: Because acute care hospitalization will be the focus of all quality improvement organizations for the next three years, agencies should certainly focus on this outcome, Tulloch says. "Know where your agency scores in comparison to the national average for this measure, and where you are compared to the top 10 percent," she says.

The March Home Health Compare update shows the national average for acute care hospitalization still at 28 percent. An agency would need to score 19 percent or less to be in the top 10 percent on this measure, according to calculations reported by North-ampton, MA-based **Fazzi Associates**.

OASIS Competency Critical Under P4P

To ensure your success under P4P, Tulloch and Teenier suggest the following steps:

- 1. Make quality a priority.** Integrate quality into every part of the organization--from leadership to staff--as part of the fabric of the agency, Tulloch advises. Involve the team, including all stakeholders, in selecting best practices and establishing clear goals, she says.
- 2. Know your outcomes.** The quality improvement people aren't the only ones who need to know the agency's outcome numbers. Staff and leadership also need to know how they measure up on Home Health Compare. How you compare to national and state percentages will be what affects your pay under P4P, Teenier warned.
- 3. Aim for the top.** Look at where your scores are now and set high goals. "We don't know if incentive pay will go to the top 10 percent or the top 20 percent, but work to be at least above the state and national averages," Tulloch says. Remember that whatever you stress is what staff will monitor, Teenier cautioned.
- 4. Work with your QIO.** "Make your QIO your best friend," Tulloch urges. It's imperative to work with them on acute care hospitalization and at least one other indicator, she says. Find your top three or four problem areas and use very targeted clinical record reviews to find the problems contributing to those weak outcome scores, Teenier suggested.
- 5. Don't reinvent the wheel.** "The Web site at www.medqic.org has so many valuable tools and information to use in quality improvement efforts, but many agencies don't check them out," Tulloch reports.
- 6. Assess OASIS competency.** You can't use a pen and paper test for OASIS competency, you need observation in the field, Tulloch says. Clinicians want to do the right thing and agencies need to give them the education to complete all the OASIS questions correctly, she says. Implement a peer mentorship program for new staff, Teenier suggested.

7. Understand risk adjustment. Even questions that don't affect payment are important because they create your risk adjustment, Tulloch says. The risk adjustment process relies on data the agency collects to compensate for differences in the population an agency serves. If you don't bother to answer every question accurately--including the ones about the patient prior to admission--you're undermining your outcomes, she explains.

8. Eliminate coding errors. When you select an inaccurate diagnosis or don't bother to code comorbidities--such as diabetes or chronic obstructive pulmonary disease--as secondary diagnoses, then your outcomes are not compared to the correct population, Tulloch points out.

9. Invest in technology. If your agency is not automated, it will be harder to make the necessary outcome improvements to thrive under P4P, Tulloch predicts. "For example, knowing how each team does in achieving outcomes helps pinpoint where to put your efforts," she says. Automation, which is built into the demonstration projects, will be a strategic ad-vantage for agencies under P4P, she adds.

10. Tackle clinical-financial communication. P4P will reward agencies that have good communication between clinical managers, field staff and the finance department, Teenier said. All parties should know how outcomes affect payment, she advised.