

## OASIS Alert

### Quality Improvement: EXTRA, EXTRA! YOUR PATIENTS MIGHT BE READING ALL ABOUT YOU

Some home health agencies are about to receive free publicity whether they want it or not.

The **Centers for Medicare & Medicaid Services** soon will trumpet home health agency patient outcomes in a "significant number" of newspapers in eight states. CMS hasn't determined exactly how many advertisements it will run, but at least two ads will appear in each state involved in the home health quality initiative, said **Rob Sweezy**, director of the CMS Office of Public Affairs, in a March 27 HHQI open door forum. Some pilot states will see more ads than others, Sweezy noted.

The full-page ads, which will feature only three of the 11 outcomes in the HHQI project (see related story, in article 5), will run a day after **Department of Health and Human Services** Secretary **Tommy Thompson** kicks off the pilot with a news conference unveiling the Home Health Compare Web site. Most likely, Thompson won't have time to participate in the kick-off until the end of April, Sweezy said.

Pilot state HHAs have been in high fidgets over the forthcoming numbers, says consultant **Maureen Yadgood** with North Andover, MA-based **Yadgood & Associates**.

But a data preview available until April 21 should help calm those fears by showing HHAs exactly what will go down in black-and-white in newspapers and on the Web site, Yadgood notes.

CMS has made the preview of the 11 outcomes available on the same system where agencies access their outcome-based quality improvement reports and submit OASIS data. If HHAs have fewer than 20 cases with a certain patient outcome or less than six months of data for that outcome, a number won't show up on the Web site and the agency won't run in the newspaper ads, **Lisa Hines**, director of the CMS Division of Ambulatory and Post Acute Care, explained in the forum.

HHAs might be confused by the HHQI data because it differs from the information provided in their OBQI reports, warned **David Hittle** of the **Center for Health Services Research** at the **University of Colorado**, CMS' OASIS contractor.

There are two major differences between HHQI and OBQI numbers, even though they use the exact same patient data, he noted. First, the outcome for pain interfering with activity is risk adjusted in HHQI data while it is not in OBQI data.

Second, in an OBQI report the national reference against which an agency compares its numbers is risk-adjusted to take into account an agency's patient case mix. In the HHQI project, the opposite is true the agency's own numbers are risk-adjusted while the national and state numbers are not.

CMS has provided a conversion worksheet HHAs can use to translate OBQI to HHQI numbers to make sure they match up.

Soon HHAs will "know what they're facing," and can arm themselves with appropriate statistics and explanations to build upon favorable numbers or combat not-so-favorable ones, Yadgood suggests.

HHAs in the eight pilot states Florida, Massachusetts, Missouri, New Mexico, Oregon, South Carolina, Wisconsin and West Virginia may correct both their administrative data and outcomes data following the preview.

But all HHAs nationwide should check out their administrative data name, office address, phone number, services



provided, initial date of certification and type of ownership on the Home Health Compare site when it launches. Agencies should follow instructions for submitting corrections to the public database, especially phone numbers, so potential clients can contact them, Hines instructed in the forum.

**Editor's Note:** HHQI materials including conversion worksheet, instructions for accessing data preview and forum handouts are at [www.cms.hhs.gov/quality/hhqi/default.asp](http://www.cms.hhs.gov/quality/hhqi/default.asp).