

OASIS Alert

Quality Improvement: PREPARE FOR MAJOR CHANGES IN QUALITY REPORTING

Outcome information will remain static for more than a year.

One huge piece of the OASIS C puzzle remains a work in progress, so you'll be stuck with your OASIS B-1 outcomes for long enough to get tired of them.

Since 2003, home health agencies have seen a selection of their outcomes reported to the public on Home Health Compare and updated quarterly. They also have been able to consult the CASPER system for the rest of the quality data in the form of updated outcome-based quality improvement (OBQI) reports and outcome-based quality management (OBQM) or adverse event reports. But with the advent of OASIS C as of Jan. 1, much of that is changing.

What to expect: Information collected in the OASIS C instrument on the patient assessment, the plan of treatment, and the evidence-based practices will be used to calculate publicly reported measures that recognize and give credit to agencies that use best practices, said **Elizabeth Madigan** from **Case Western Reserve University**, during a **Centers for Medicare & Medicaid Services'** Dec. 9, 2009 conference call. And agencies will eventually be able to access complete OASIS C quality data through the CASPER system. CMS will release a new process manual similar to the current OBQI manual, including a sample "plan of action" form. CMS will revise the OBQI and OBQM manuals for OASIS C, including updated sample reports. Manuals will be posted to the CMS Web site when available, the agency says.

But reports will no longer include some previously reported outcome measures because CMS dropped the underlying OASIS B-1 items from OASIS C. And it will add other new or changed items. Under OASIS C, CMS created 25 process measures, with 13 of them slated to be displayed on Home Health Compare. Ten outcome measures will also be on the publicly reported site (see chart on page 21).

Home Health Compare Contains Only Endorsed Measures

CMS submitted OASIS C measures to the **National Quality Forum** in fall 2008 and by summer 2009, NQF endorsed 11 process measures and 10 new, revised, or existing outcome measures. Only endorsed measures will be reported on HH Compare, but measures that were not endorsed will still be on the CASPER reports, Madigan said.

Background: The **National Quality Forum** is a non-profit organization with members from a wide variety of health care stakeholders including consumer groups, insurers, hospitals, accrediting bodies, research organizations, quality improvement organizations, purchasers (such as CMS), and providers. "The NQF endorses national consensus standards for measuring and publicly reporting performance," Madigan explained. These "gold standard" measures can then be used for public reporting and quality improvement, with the understanding that they carry "the full weight of voluntary consensus standards," she said.

Data Refresh Cycle Is Also Changing

CMS changed the cycle for refreshing data on Home Health Compare as of Jan. 1. The new cycle for refreshing data is in January, April, July and October, reported CMS contractor **University of Colorado at Denver's Angela Richards**, speaking on the Dec. 9 conference call. Agencies collected the last of OASIS B-1 data in December 2009 and will see it reported on Home Health Compare in April 2010. (The data CMS added Jan. 1 to Home Health Compare is from October 2008 through September 2009.)

The data CMS will report on Home Health Compare in April 2010 will cover the period January 2009 through December 2009. A CASPER report with this final OASIS B-1 data will be available in March, Richards said. The final OASIS B-1

outcome data will remain available in the CASPER system -- and on Home Health Compare -- until the first OASIS C outcome data is released, CMS confirmed.

Don't Expect New Data Anytime Soon

The transition from OASIS B-1 to OASIS C will create a time lag for quality information. CMS must collect sufficient data before any analysis and reporting of OASIS C data can occur, Richards explained. If there are too few patients or too short a time period, the data will be less accurate, less statistically significant, and may be misleading, she said. Also, risk adjustment models will need to be reestimated using OASIS C data.

Process measures come soonest: Process measures don't require risk adjusting so they will be available in September 2010, based on data from January 2010 through June 2010, Richards reported. CMS plans the first public reporting of NQF-endorsed process measures in October 2010, using the data and results available to agencies the previous month.

Risk Adjustment Delays Outcome Data

Because of the time needed to develop the new risk adjustment models, agencies should not expect to receive the first preview report of risk-adjusted OASIS C outcomes until the CASPER reports in May 2011, Richards warned. These will be based on data from March 2010 through February 2011. In June 2011, HHAs will receive risk-adjusted outcome results for data from April 2010 through March 2011, CMS expects.

Plan ahead: "Public reporting of the NQF-endorsed risk-adjusted OASIS C outcomes is planned to start in July 2011, based on April 2010 through March 2011 data," Richard said.

Tip: What used to be the Adverse Event Report (OBQM) will now be called the Potentially Avoidable Event report. This report will present data using risk-adjusted models, Richards explained. Because of the time required to do this, agencies are likely to see the first of these reports in May of 2011, as with the outcome reports.

Note: For more information on the NQF, go to www.qualityforum.org. The NQF final report and quality measure updates are available at http://www.cms.hhs.gov/HomeHealthQualityInits/10_HHQIQualityMeasures.asp#. The new process measure manual will be available on the CMS OASIS C Web site when it is completed.