

OASIS Alert

Quality Measures: HOME CARE NEXT IN LINE FOR FULL EXPOSURE

Are you ready for your agency's outcomes to be published next to other agencies' numbers for all the world to see? If not, you have until next fall to prepare yourself.

The **Centers for Medicare & Medicaid Services** is eager to get nursing home quality measures in the public's hands, and home care is next on the list.

CMS is running ads in newspapers comparing local nursing home facilities' quality data, and the Quality Improvement Organizations (formerly known as Peer Review Organizations) are issuing press releases urging the public to use CMS' Nursing Home Compare Web site. And in the coming months, the QIOs will expand their efforts to home care, a CMS spokesperson confirms.

This initiative gives HHAs one more reason to be extra vigilant in ensuring that the OASIS data they transmit are correct, since they'll be the basis of comparison once CMS makes the data public. CMS plans to cull a subset of measures "that are appropriate for public reporting" from the risk-adjusted outcome measures currently in use, the spokesperson tells **Eli**.

"Once we settle on that list, we will launch a multi-state pilot in which we share this information with beneficiaries and others, following that with a national roll-out," according to the CMS source. CMS plans to begin the pilot next spring, and hopes to go national by next fall.

For this initiative to be fair to HHAs, it is essential that "home health quality measures be accurately case mix adjusted and developed by individuals with clinical experience in home care," insists former CMS official **Bob Wardwell**, now with the **Visiting Nurse Associations of America**. That's because, unlike the nursing home industry, home health agencies have little control over the environment of care, Wardwell explains.

"VNAA and other home health associations have individually and jointly offered our assistance to CMS in developing quality measures in the hope of making the process as good as it can be," Wardwell reports. And while CMS has "indicated a willingness" to involve the industry in the development of this initiative, the agency says it is too early to go there just yet, he relates.

Lessons Learned From Nursing Home Project

Some problematic issues have reared their heads in the nursing home project, and Wardwell hopes CMS will avoid them when it comes to home health. These problems can be summed up in four little words: Too little, too late.

For example, there was a perception that CMS implemented the project too soon and didn't allow enough time to consider all the options and alternatives, he says. Also, many facilities involved in the project felt CMS didn't allow the industry sufficient input, and the opportunities CMS gave industry insiders to voice their opinion came too late to do any good, Wardwell continues.

Also, there was a concern that the members of the "Quality Council," which came up with the indicators used in the nursing home project, "gave greater weight to the opinions of entities that could pay their way onto the council as 'members' than to those relegated to the role of public commenters," Wardwell continues.

Another problem was that the quality council "was so broad in its composition" that people with the much-needed expertise in the nitty-gritty of the skilled nursing facility world didn't have a loud enough voice, he notes.

Finally, "there was a perception that the quality measures were not sufficiently case mix adjusted and reflected too much influence of issues beyond the providers' control," Wardwell reports.

The VNAA and others within the home care industry are hoping to work with CMS to avoid these problems when their turn rolls around, and Wardwell opines that "our members will be as supportive of [the project] as their perception of the reliability and validity of the measures allows."