

## OASIS Alert

### Risk Adjustment: PROPERLY PORTRAY YOUR PATIENTS FOR ACCURATE RISK ADJUSTMENT

4 tips ensure that your outcomes show the good care you give.

When you're having trouble getting clinicians to understand the importance of OASIS accuracy, here's a tool to help.

The **Centers for Medicare & Medicaid Services** document "Home Health Agency Risk-Adjusted and Descriptive Outcome Reports: Description and Definitions," released in July, shows agencies how OASIS data is translated into outcomes.

**How it works:** For each patient, an outcome is either achieved (coded as 1) or not achieved (coded as 0), CMS instructs. CMS then calculates the HHA's outcome rate "as the percentage of patients who achieve a specific outcome during their home health care stay, out of all the eligible patients," CMS explains.

Each outcome excludes some patients, such as those who score so high on a question on admission that there is no room for improvement. An outcome may measure improvement, stabilization or utilization of other health care services.

CMS derives risk-adjusted outcomes by adjusting outcome rates to compensate for differences in HHAs' patient populations, including differences between the states, the report explains.

#### Your Data Creates Your Outcomes

**Issue:** Outcome reports that are risk adjusted make comparisons between agencies fairer, experts say. Many agencies feel the current outcome measures in Outcome-Based Quality Improvement (OBQI) and Home Health Compare don't use adequate risk adjustment. But agencies can make the best of even inadequate risk adjustment by focusing on providing accurate OASIS data, says consultant **Sparkle Sparks** with Redmond, WA-based **OASIS Answers Inc.**

Risk adjustment is a statistical process that identifies and adjusts for variations in patient outcomes that result from differences in the characteristics of the patient population an agency serves, CMS explains. When measures are risk-adjusted, an agency serving frail, older or sicker patients should not be worse off in quality comparisons just because of that fact. But for risk adjustment to work, you must describe your patient correctly.

**Example:** You admit a patient to care for infected toe ulcers. If you code just for toe ulcers on the OASIS and don't record that the patient has diabetes, peripheral neuropathy, poor circulation and infection in the ulcers, your patient will be compared to the wrong reference group, and it may look like you can't care for the patient in a way that gets the ulcers healed in a reasonable time, Sparks explains.

#### Level The Right Playing Field

People don't realize how risk adjustment is going to affect them, Sparks says. "Risk adjustment is the supporting structure for the outcomes, so be sure OASIS information is correct," she warns. Each patient is part of the agency risk adjustment, so each patient with inaccurate data chips away at the accuracy of the agency's score.

"We've heard that risk adjustment will level the playing field--as if someone else will take care of it for you," Sparks says. But if you don't submit the correct data, "it's like leveling the wrong field." And as home care moves toward pay for performance, outcomes will become even more important, experts agree.

Most clinicians are not interested in statistical regression analysis theories, says senior consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**. Instead, they need to understand basically how the OASIS data fits into outcomes as well as reimbursement, she advises.

### **Make Sure You're Up On What 'Outcome' Means**

At minimum, clinicians need to understand what an outcome is, Adams suggests.

An outcome is a change (or lack of change) in the patient's condition during an episode of care, CMS explains. Outcome measures are calculated based on a completed "episode of care." The episode begins on admission or resumption of care and ends with discharge or transfer to an inpatient facility.

It is also important to understand which patients are excluded from outcome calculations, Adams says. For example, patients who die at home or who are assessed as non-responsive on admission are excluded. And each item has its own exclusion rules.

**Example:** A patient who scores "0" on M0670 (Able to bathe self in shower or tub independently) would be excluded from outcome calculations for "Improvement in Bathing" because no improvement is possible for that patient on that item.

### **Clean Up OASIS Data Gathering**

The data you submit needs to be as accurate as possible so you're being compared to the proper group, Sparks says. Your outcomes can look really bad just because you didn't fill out the OASIS assessment properly, she says. Here's what to do to prevent problems:

- 1. Look at the patient realistically.** Clinicians tend to under-report patient difficulties, Sparks says. But if you report that "the patient is fine" and score him at the highest level on a M0 question, you lose your chance to show improvement in that area.
- 2. Choose the right yardstick.** Don't compare the patient to other sick people. Record how the patient does relative to a well person in the area you're evaluating, Sparks advises.
- 3. Make OASIS more than just another form.** The CMS outcomes descriptions and definitions report provides a clear, concise format showing how CMS derives outcomes from the OASIS questions, Adams says. "Agency managers should print the document so staff can visually see how the outcomes are determined," she recommends.
- 4. Engage your staff.** Show staff how OASIS accuracy can demonstrate success. Improving the quality of OASIS answers may be enough to improve an outcome. Then everyone will know your clinicians provide great care.

Note: The CMS report is at [www.cms.hhs.gov/states/hhareports/OBQI\\_Measure\\_Documentation.pdf](http://www.cms.hhs.gov/states/hhareports/OBQI_Measure_Documentation.pdf)