OASIS Alert

Survey & Certification: YOUR QIO AN ACQUAINTANCE, NOT A CONFIDANT

Surveyors and quality improvement organizations may say they are entirely separate, but the information you share with your QIO may quickly turn up on your surveyor's desk.

The **Centers for Medicare & Medicaid Services** takes great pains to distinguish the role of QIOs versus state survey agencies in documents recently posted to CMS' home health quality improvement Web site. "The QIO mission does not include inspection and enforcement around regulatory standards," but rather promotion of "improvement and excellence in care," CMS insists.

Nevertheless, any information a home health agency reports to a QIO must be disclosed to surveyors who require the info "to carry out a function mandated by State law," CMS reveals. And the QIO is required "to report to State agenciesin situations where there is a need to protect against a substantial risk to the public health," CMS says.

That means HHAs that choose to go to QIOs for help should be smart about it. Treat any information you share as if it will definitely cross a surveyor's desk, advises attorney **Deborah Randall** with **Arent Fox Kintner Plotkin & Kahn** in Washington.

"No home health provider should ever be naive about where and how their information travels,"Randall warns."Agencies ought to be protective of their own reputations."

The problem,says attorney **Virginia Caudill** with Indianapolis-based **Gilliland & Caudill**,is that the standard QIOs must use to determine when reporting is necessary is no standard at all.

The supposed risk to public health "might involve occurrences which any individual citizen would find unacceptable" or "might be understood as unacceptable by someone with clinical experience," CMS says. That covers just about every situation that might arise and offers very little protection to HHAs handing over information to these organizations, Caudill protests.

The QIOs will use their own judgment in determining whether situations face that risk, CMS sets out in the HHQI document. If you have reasonable folks at your state's QIO, that will work out great, Caudill notes. If you have staffers who are as zealous as some state surveyors, you could wind up on your state survey agency's problem list.

QIOs first will urge HHAs to self-report anything they perceive to be such a risk, CMS says. But if an HHA refuses, the QIO will go to the surveyor itself.

Besides a vague duty to report, QIOs have the job of promoting public awareness of comparisons between agency outcomes, which may not be your goal if your agency is falling short on some of the 11 chosen public comparison measurements. And you have no recourse to dispute outcome findings or their meanings, Caudill cautions.

One further drawback for agencies is that cooperating with a QIO doesn't "shield" you from the survey process or findings. That means HHAs "have everything to lose and nothing to gain" survey-wise, judges Caudill.

There is a positive side to the equation, though. Working with QIOs can help agencies improve those 11 crucial outcomes and, of course, actually improve patient care.

That, in turn, could boost referrals and keep surveyors, who rely on OBQI reports to organize their investigations, at bay.

If you decide to use a QIO, proceed cautiously, be leery and use good judgment and common sense, experts advise. "Go with your gut instinct," Caudill suggests.

Document interactions with QIOs as carefully as interactions with surveyors, Caudill counsels. That means painstakingly recording all materials you give to them and having multiple people from your organization in on any meetings, just like with survey exit interviews. And if QIOs want to speak with patients, be sure to accompany them, she adds.

Editor's Note: The document on QIO roles is at www.cms.hhs.gov/quality/hhqi/default.asp.