

Finding the Value in OASIS E

(Part 3 of 3)

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- Discuss Value
- Learn how OASIS E data is used to define the agency's quality portfolio
- Understand how OASIS E will impact Value Based Purchasing performance scoring
- Identify which items are used in these programs
- Verbalize why accuracy is imperative to agency success



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“

Value: a fair return or equivalent in goods, services, or money for something exchanged

- Merriam-Webster Dictionary

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Value

How does a home health agency demonstrate the value of the services it provides?



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Consumer Value

- Value = price, quality and what your service can do for a person
- Time, energy and emotional cost are also considered
- Consumer's wants, needs and expectations
- Four Consumer Value Assessment Categories:
 - Solutions
 - Responsiveness
 - Economics
 - Relationships



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Who Are Your Consumers?

- Patients
- Caregivers
- Providers
- Insurance companies
- Taxpayers



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Largest Health Programs in Us

- Medicare Program is the nation's single largest health program
- Top health insurers by market share:
 - United Health Group
 - Anthem
 - Centene
 - Humana
 - Health Care Service Corp (HCSC)
- Together these top 5 control nearly 46% of the health insurance market



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What Does This Have to do With OASIS E?

- CMS uses the Home Health Quality Reporting Program to collect data regarding quality of care
- Currently, this is collected on Medicare and Medicaid patients only
- 2023 Proposed Rule aims to change submission requirement for OASIS data
- OASIS E contains many new items related to social determinants of health



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OASIS and Value

- OASIS was created to measure quality of care and services
- Conditions of Participation tie OASIS to quality reporting
- Agencies must export OASIS data on eligible Medicare and Medicaid beneficiaries
- OASIS matched in quality episodes for outcomes measurement
- Although not part of HHQRP, OASIS data is also used to identify Potentially Avoidable Events



Criteria for OASIS Items to be Included

- To be included in the OASIS data set, an item must meet one or more of these criteria:
 1. Calculate a measure for HHQRP
 2. Contribute to calculation of payment
 3. Use for Medicare survey process
 4. Calculate a measure for Care Compare



Home Health Quality Reporting Program

TABLE C1: MEASURES CURRENTLY ADOPTED FOR THE CY 2023 HH QRP

Short Name	Measure Name & Data Source
OASIS-based	
AMB	Improvement in Ambulation/Locomotion (NQF #0167)
FALLS	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)
FF	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631)
BATH	Improvement in Bathing (NQF #0174)
BT	Improvement in Bed Transferring (NQF # 0175)
DRG	Drug Regimen Reviews Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) HH QRP
DISP	Improvement in Dyspnea
INFLU	Influenza Immunization Received for Current Flu Season
OM	Improvement in Management of Oral Medications (NQF #0176)
PU	Changes in Skin Integrity-Post-Acute Care
TC	Timely Initiation Of Care (NQF #0526)
TOH - Provider	Transfer of Health Information to Provider-Post-Acute Care ¹
TOH - Patient	Transfer of Health Information to Patient-Post-Acute Care ²

For CY 2023, there are 20 HHQRP measures for home health



Home Health Quality Reporting Program

For CY 2023, there are 20 HHQRP measures for home health

QM Name	Claims-based
ACH	Acute Care Hospitalization During the First 60 Days of IHI (NQF #0171)
DTC	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (NQF #3477)
ED Use	Emergency Department Use without Hospitalization During the First 60 Days of IHI (NQF #0173)
MSPB	Total Estimated Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) HH QRP

Short Name	Measure Name & Data Source
PPR	Potentially Preventable 30-Day Post-Discharge Readmission Measure for IHI Quality Reporting Program
PPH	Home Health Within Stay Potentially Preventable Hospitalization
HHCAHPS-based	
CAHPS Home Health Survey	CAHPS® Home Health Care Survey (experience with care) (NQF #0517) - How often the IHI team gave care in a professional way - How well did the IHI team communicate with patients - Did the IHI team discuss medicines, pain, and home safety with patients - How do patients rate the overall care from the IHI - Will patients recommend the IHI to friends and family

NOTES:
 1 Data collection delayed due to the COVID-19 public health emergency for the TOH-Patient and TOH-Provider.
 2 The HHCAHPS has five components that together are used to represent one NQF-endorsed measure.



HHQRP Measures Derived from OASIS E

- **Ambulation** = M1860, M1700, M1710, M1720
- **Fall(s) with major injury** = J1800, J1900
- **Application of Functional Assessment (with admission and DC goals)** = GG130 and GG170 items
- **Bathing** = M1840, M1700, M1710, M1720
- **Bed Transferring** = M1850, M1700, M1710, M1720
- **Drug Regimen Review** = M2001, M2003, M2005
- **Dyspnea** = M1400

HHQRP Measures Derived from OASIS E

- **Influenza** = M1401, M1046
- **Oral Medication** = M2020, M1700, M1710, M1720
- **Pressure Ulcer/Injury** = M1311 A - F
- **Timely Initiation of Care** = M0102, M0104, M0030, M0032, M1000, M1005
- **Transfer of Health (Provider)** = A2120, A2121, A2122
- **Transfer of Health (Patient)** = A2123, A2124

HHQRP Measures Derived from Claims

- **Acute Care Hospitalization** = # of stays in which patients were admitted to an acute care hospital during the 60 days following the SOC
- **Discharge to Community** = # discharged to community and do not have an unplanned admission to acute care hospital or LTACH within 31 days of discharge
- **Emergency Department Use without Hospitalization** = # of stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the SOC

HHQRP Measures Derived from Claims

- **Total Estimated Medicare Spending per Beneficiary**
- **Potentially Preventable Post-Discharge 30-day readmission** = percentage of home health stays in which patients who had an acute inpatient discharge within 30 days prior to HH SOC and were admitted to an acute care hospital or LTCH for unplanned, potentially preventable readmissions in the 30-day window (begins 2 days after SOC)
- **Home Health Stay with a Potentially Avoidable Hospitalization** = # of stays in which the patient had an acute inpatient discharge within the 5 days of SOC who were admitted to acute care hospital within 30 days of SOC date

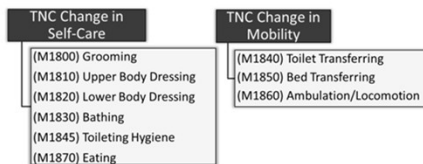
HHQRP Measures Derived from CAHPS

- How often agency gave care in a professional way
- How well did the agency communicate with patients
- Did the Home Health team discuss medicines, pain and home safety with patients
- How do patients rate the overall care from the HHA
- Will patients recommend the HHA to friends and family

OASIS and Value Based Purchasing

OASIS Items Used in Value-Based Purchasing

Exhibit 1. OASIS items included in TNC Measures



VBP Measure Exclusions

Measure Exclusions

Home health quality episodes for which the patient was non-responsive at SOC/ROC are excluded from the TNC measures. The following OASIS items measure non-responsive:

- M1700 – Cognitive Functioning = 04 Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium, and/or
- M1710 – When Confused = NA Patient nonresponsive, and/or
- M1720 – When Anxious = NA Patient nonresponsive.

In addition, the TNC measures have the same generic exclusions as the Home Health Quality Reporting Program (HH QRP) OASIS-based measures and exclude patients who:

- Do not have a home care payment source of Medicare (traditional fee-for-service, Medicare (HMO/managed care/Advantage plan) or Medicaid (traditional fee-for-service, HMO/managed care), and/or
- Are less than 18 years, and/or
- Are receiving pre- and/or post-partum maternity services, and/or
- Are receiving personal care only.

For the TNC change measures, the calculation only includes episodes that end in Discharge from Agency (M0100, Assessment is Currently Being Completed for the Following Reasons = 9) because the OASIS items used in these measures are not collected when EOC is for other reasons (i.e., transfers and death).

When an HHA has fewer than 20 eligible quality episodes in a given performance period, the measure is not calculated.

Home Health Value Based Purchasing



 SimiTree

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PDGM Items from OASIS E

As far as we know now, these items will continue to calculate payment under PDGM:

- M1033 Risk for Hospitalization
- M1800 Grooming
- M1810 Ability to Dress Upper Body
- M1820 Ability to Dress Lower Body
- M1830 Bathing
- M1840 Toilet Transferring
- M1845 Toileting Hygiene
- M1850 Transferring
- M1860 Ambulation/Locomotion

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Future: Looking at GG Items for PDGM

- Part of IMPACT Act data standardization of assessments across Post-Acute Care (PAC) settings
- Currently not used to determine functional impairment level under PDGM (M1800s plus M1033 are used in HH)
 - January 1, 2019 to December 31, 2021 data linked to 30-day periods
- Exploring relationships between M1800s and GG items
- Noted small decline in percentage of individuals who were associated with "Most independent" responses
- Large percentages using "activity not attempted" response options
 - Especially "not attempted due to safety concerns"

 SimiTree

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Other Value Implications



 SimiTree

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Social Determinants of Health Items

- **A1110 Language**
 - Identifying the patient's self reported preferred language and need for interpreter
 - Language barriers can lead to social isolation, depression and patient safety issues

Social Determinants of Health Items

- **A1250 Transportation**
 - Understanding patient transportation needs can help identify barriers to care and connections with available community resources
 - This item will assess if lack of transportation has kept the patient from medical appointments, meetings, work, or getting things needed for daily living
 - Looking back 6 months

Social Determinants of Health Items

- **B1300 Health Literacy**
 - Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions
 - Low health literacy interferes with communication between provider and patient and can impact the patient's ability to understand and follow the plan of treatment or manage medications
 - Item will ask how often someone has to help the patient when reading instructions, pamphlets and other written information from doctor or pharmacy

Social Determinants of Health Items

- **D0700 Social Isolation**
 - Social isolation tends to increase with age, is a risk factor for physical and mental illness, and a predictor of mortality
 - Item will ask when patient feels lonely or isolated from those around them
 - Helps to identify actual or perceived lack of contact with others, such as living alone or residing in a remote area

What Are We Doing About SDOH?

- Identifying social issues that impact care
- Discussing issues with physician or provider(s)
- Identifying goals of care
- Interventions needed to resolve issues
- Ensuring access to social services when necessary

What Are We Doing About Social Issues?

TABLE B12: PROPORTION OF 30-DAY PERIODS OF CARE WITH AND WITHOUT HOME HEALTH AIDE AND/OR SOCIAL WORKER VISITS FOR CYs 2018-2021

30-day Period Visit Type	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021
Any HH aide and/or social worker	16.6%	15.9%	13.2%	12.2%
No HH aide and/or social worker	83.4%	84.1%	86.8%	87.8%
Total 30-day periods	9,336,898	8,744,171	8,423,688	8,962,690

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 PDGM data was accessed from the CCW VRDC on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on March 21, 2022.
 Note: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.

Other Notable Information



Section 704 of Medicare Prescription Drug... Act

- Prohibits the Secretary during a described period of suspension from requiring a home health agency to gather or submit OASIS (Outcomes and Assessment Information Set) information that *relates to an individual who is not eligible for benefits under either Medicare or Medicaid (non-Medicare/Medicaid OASIS information)*.
- Requires the Secretary to conduct a study for a report to Congress on *how non-Medicare/Medicaid OASIS information is and can be used by large home health agencies*
- **Proposal to export all OASIS beginning 2025**

Utilization Data

TABLE B2: OVERALL UTILIZATION OF HOME HEALTH SERVICES, CYs 2018-2021

Volume of Periods and Number of Beneficiaries	CY2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021
30-Day Periods of Care	9,336,898	8,744,171	8,423,688	8,962,690
Unique Beneficiaries	2,980,385	2,802,560	2,850,916	2,944,305
Average Number of 30-Day Periods per Unique Beneficiary	3.13	3.12	2.95	3.04

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health Limited Data Set (LDS). CY 2020 PDGM data was accessed from the Chronic Conditions Data Warehouse (CCW) Virtual Research Data Center (VRDC) on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on March 21, 2022.

Note: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.



Utilization by Discipline

TABLE B3: UTILIZATION OF VISITS PER 30-DAY PERIODS OF CARE BY HOME HEALTH DISCIPLINE, CYs 2018-2021

Discipline	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021
Skilled Nursing	4.53	4.49	4.35	4.05
Physical Therapy	3.30	3.33	2.70	2.73
Occupational Therapy	1.02	1.07	0.79	0.77
Speech Therapy	0.21	0.21	0.16	0.15
Home Health Aide	0.72	0.67	0.54	0.47
Social Worker	0.08	0.08	0.06	0.05
Total (all disciplines)	9.86	9.85	8.60	8.22

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 PDGM data was accessed from the CCW VRDC on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on March 21, 2022.

Note: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.



Utilization by Clinical Grouping

TABLE B6: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY THE 12 PDGM CLINICAL GROUPS, CYs 2018-2021

Clinical Grouping	CY 2018 (Simulated)	CY2019 (Simulated)	CY 2020	CY 2021
Behavioral Health	1.7%	1.5%	2.3%	2.4%
Complex Nursing	2.6%	2.5%	3.5%	3.3%
MMTA – Cardiac	16.5%	16.1%	18.9%	18.5%
MMTA – Endocrine	17.3%	17.4%	7.2%	6.9%
MMTA – GI/GU	2.2%	2.3%	4.7%	4.7%
MMTA – Infectious	2.9%	2.7%	4.8%	4.6%
MMTA – Other	4.7%	4.7%	3.1%	3.6%
MMTA – Respiratory	4.3%	4.1%	7.8%	8.0%
MMTA – Surgical Aftercare	1.8%	1.8%	3.6%	3.4%
MS Rehab	17.1%	17.3%	19.4%	19.8%
Neuro Rehab	14.4%	14.5%	10.5%	10.9%
Wounds	14.5%	15.1%	14.2%	13.9%

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 PDGM data was accessed from the CCW VRDC on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on March 21, 2022.

Note: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.



TABLE B7: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY COMORBIDITY ADJUSTMENT CATEGORY FOR 30-DAY PERIODS, CYs 2018-2021

Comorbidity Adjustment	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021
None	55.6%	52.0%	49.1%	49.6%
Low	35.3%	38.0%	36.9%	36.9%
High	9.2%	10.0%	14.0%	13.5%

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 PDGM data was accessed from the CCW VRDC on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on March 21, 2022.

Note: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.



TABLE B8: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY ADMISSION SOURCE AND PERIOD TIMING, CYs 2018-2021

Admission Source	Period Timing	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021
Community	Early	13.5%	13.8%	12.4%	11.6%
Community	Late	61.1%	60.9%	61.8%	63.9%
Institutional	Early	18.6%	18.4%	20.0%	18.6%
Institutional	Late	6.8%	6.9%	5.8%	5.9%

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 PDGM data was accessed from the CCW VRDC on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on March 21, 2022.

Note: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.



TABLE B9: DISTRIBUTION OF 30-DAY PERIODS OF CARE BY FUNCTIONAL IMPAIRMENT LEVEL, CYs 2018-2021

Functional Impairment Level	CY 2018 (Simulated)	CY 2019 (Simulated)	CY 2020	CY 2021
Low	33.9%	31.9%	25.7%	23.2%
Medium	34.9%	35.5%	32.7%	32.6%
High	31.2%	32.6%	41.7%	44.2%

Source: CY 2018 and CY 2019 simulated PDGM data with behavioral assumptions came from the Home Health LDS. CY 2020 PDGM data was accessed from the CCW VRDC on July 12, 2021. CY 2021 PDGM data was accessed from the CCW VRDC on March 21, 2022.

Note: There are approximately 540,000 60-day episodes that started in 2019 and ended in 2020 that are not included in the analysis.



Closing Thoughts

- Know your data
 - Real time vs. IQIES reports
- Identify problem areas
- Train staff on OASIS E
- Customer Service Training
- Review policies and procedures
- Prepare and budget for interruptions in productivity, staffing etc.



What Questions Do You Have?



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