

NEWSFLASH!!! ...OASIS-C PROCESS MEASURE OUTCOMES ARE NOW PUBLICALLY REPORTED

I am sending this link to all my clients just in case you have attempted to find the **NEW Home Health Compare website** and have had some difficulty – if you click onto this link; <http://www.medicare.gov/homehealthcompare/search.aspx> you can see how the new process measures are reported. CMS is working on the website link so that if you go to the old Home Health Compare website it will (eventually) send you here – but it is not fixed as of today. If you have an outside data management company such as Strategic Healthcare Programs (SHP) and you have been analyzing your process measure data, good for you but it is still worthwhile to see what is actually publically reported and to compare your agency with your competitors in your market. I have viewed several agency outcomes and there seems to be a pattern forming.

1. Many agencies have low scores with all Pain measures – especially with M1242. This is not a new item but there have been changes in the answer options to this item. The OASIS item included in the “Frequency of Pain Interfering with patient’s activity or movement is the specific measure may not be clearly understood by your staff. Make certain that the staff understand that this item is specifically asking about pain that interferes with activity or movement – this can include ambulation, transferring, eating, sleeping – anything requiring movement OR a function or activity. If the admitting clinician assesses the patient at a score of “1” and the discharging clinician (who may or may not be the same person) assesses a “2” because the patient has knee pain or back pain **less often than daily** BUT in reality the **pain does not interfere with activity** – the patient will “decline” at discharge.

(M1242) Frequency of Pain Interfering with patient's activity or movement:

- 0 - Patient has no pain
- 1 - Patient has pain that does not interfere with activity or movement
- 2 - Less often than daily
- 3 - Daily, but not constantly
- 4 - All of the time

Time Points: SOC/ROC?F/U/D/C This OASIS-C item is often not scored correctly at the start of care

2. Many agencies are scoring low with Timely Initiation of Care and as mentioned in my previous outcomes e-mail that outcome directly relates to the understanding of how to complete M0102 and M0104. Many agencies are not changing the OASIS M0104 referral date when the patient’s hospital discharge is delayed.
3. Some agencies are having difficulty with the new Heart Failure measure “**How often the home health team treated heart failure (weakening of the heart) patients’ symptoms**”. This relates to Heart Failure follow up at M1510. It is likely that clinicians are confused as to how to answer this item.

(M1510) Heart Failure Follow-up: If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? (Mark all that apply.)

- 0 - No action taken
- 1 - Patient's physician (or other primary care practitioner) contacted the same day
- 2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)
- 3 - Implemented physician-ordered patient-specific established parameters for treatment
- 4 - Patient education or other clinical interventions
- 5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

Time Points: Transfer/D/C

It is important that the clinicians understand that they should Mark ALL that apply. If the agency has signed standing orders or best practices that are approved by the patient's physician, the clinician could answer "3". If you do not have physician approved best practices and the patient's condition warrants notifying the physician, the guidelines require that you notify the physician **THE SAME DAY** – not the end of the next calendar day as in one of the other OASIS items. A score of "1" is defined as follows;

- Includes communication to the physician or primary care practitioner made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.
- **Is an appropriate response only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.**
- Additionally the communication must be from the physician or his (state approved) designee. Receiving information from clerical staff will not meet these guidelines.