OASIS-C

Development and Impact on Agency Operations

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OASIS-C Training Session

- This is Train-the-Trainer session is being provided by CMS on OASIS-C
- This call will provide background and an overview of OASIS-C changes and how they affect your agency

Learning Objectives

At the conclusion of this session, you will be able to:

- Discuss the rationale for revisions to OASIS-B1
- Describe the findings of OASIS-C testing and changes based on public comments
- Identify the major new components of OASIS-C and changes to OASIS conventions
- Outline the major implications of the OASIS-C for quality measurement, payment and agency operations

OASIS-C

Background & History

What is OASIS?

- **O**utcome and **As**sessment **I**nformation **S**et
- Required for Medicare-certified HHAs since 1999
- Originally designed for measurement of home health care patient outcomes
- Now used for multiple purposes

OASIS Quality Reports

- CMS-produced OASIS Quality Management reports
  - Risk-adjusted outcome reports (OBQI)
    - comparisons over time
    - comparisons to national benchmarking data
  - Potentially avoidable event (adverse event outcomes) reports (OBQM)
  - Agency/patient specific characteristics (agency case mix) reports
  - Patient tally reports

OASIS Evolution

Since 1999

- Several minor OASIS revisions
- Comments from HH industry, providers, professional organizations and researchers
- IOM report set national policy goals
- Health care quality expert recommendations

OASIS Revisions

- CMS began a large-scale effort to revise OASIS for three reasons:

  A. To address issues raised by the HHA providers

  B. To address suggestions made by IOM, MedPAC and NQF, including need to expand home health quality measurement to include care processes, and

  C. To align OASIS measures and “harmonize” items with other instruments being developed to measure care across post-acute care settings

Expanding HH Quality Measures[1]

Quality of Care

"The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

- *Institute of Medicine*

Expanding HH Quality Measures$_2$

- Clinical performance measures assess the degree to which a provider **competently** and **safely** delivers clinical services that are appropriate for the patient in the **optimal time period**
- Conceptually, quality of care can be measured in several areas, including:

Access	Outcome
Structure	Process
Patient Experience	

Expanding HH Quality Measures$_3$

- **Outcome measures** assess changes in patient health status (physiologic, functional, cognitive, emotional, behavioral, etc.)
- Home Health Care CAHPS will provide **patient experience measures** (the patient perspective on quality of care (http://www.homehealthCAHPS.org)

Expanding HH Quality Measures$_4$

- **Process measures:**
  - Assess the health care services provided
  - Assess adherence to recommendations for clinical practice based on evidence or consensus
  - Can **identify** specific areas of care that may require improvement

Process Measures Will Be Useful for:

- Measuring elements of care under an HHA's control
- Promoting the use of evidence-based care practices
- Improving patient care across settings
- Performance improvement activities
- Public reporting
- Possible quality-based purchasing systems in the future

Incorporating Process Items into OASIS

But why is CMS putting process items into OASIS?

Isn't the OASIS a patient assessment tool?

Not exactly…

- OASIS is a dataset designed to collect information on the quality of home health care
- Integrating process items into the OASIS data set is the **least burdensome** method of collecting the data needed to calculate process measures for HHAs

OASIS-C

Development & Testing

Development of OASIS-C

- From the first version of OASIS, CMS anticipated that the data set would evolve
- To oversee the evolution of OASIS, CMS convened a series of TEPs
- Reviewed recommendations from providers, MedPAC and NQF

Draft OASIS-C

- In 2006, CMS funded a study conducted by Abt Associates, University of Colorado and Case Western Reserve University to develop and test a revised OASIS which would;
  - respond to the input from stakeholders; and
  - include data items that could be used to support a set of new process measures
- By late 2007, a draft version of the OASIS-C was ready for field testing

OASIS-C Field Testing Summer 2008

- 11 agencies from 3 states: various agency
  sizes, types & locations, electronic vs paper record data collection
- 68 RNs and PTs
- 370 OASIS-C assessments/183 patients
- Conditions targeted by new OASIS-C process measures: diabetes, heart failure, pressure ulcers

Field Testing Results

- **Time**: OASIS-C field test time similar to previous OASIS-B1 estimates (exception: transfer)
- **Inter-rater reliability:** agreement between raters ranged from slight to almost perfect
- **Validity:** Could verify OASIS-C response with clinical record consistently
- **Clinician input:** field test clinicians provided specific feedback on needed changes

Post-Field Test Revisions

Revisions to field test version based on:

- Feedback from testing
- Internal review to increase harmonization
- Input from National Quality Forum
- Public comments

Public Comments

- Public comment period: Nov ’08 – Jan ’09
- Many commenters expressed support for proposed changes to the OASIS
  - Improved relevance, usability, consistency and clarity
  - OASIS item deletions
  - Improvements to wound items, ADLs, emergency room and hospitalization items
  - Incorporation of best practices
- All of these suggestions were considered by CMS and, in many cases, they were adopted

National Quality Forum

- Non-profit organization that evaluates and endorses quality measures
- Reviewed proposed outcome, adverse event outcome, and process measures
- Offered suggestions for revisions
- Endorsed many measures for public reporting

Final Version of OASIS-C

- OASIS-C 12.2 was submitted to OMB spring 2009
- The instrument was minimally revised to correct identified problems (i.e. skip patterns, etc.) and the final version was approved by OMB summer 2009
- The OASIS-C Guidance Manual contains the OASIS-C data collection instruments for each time point

OASIS-C

Overview of OASIS-C Changes

Changes to Numbering System

- OASIS–C items have been renumbered
  - exception: tracking items and M0903/M0906
- Each section has now been assigned to a range of numbers (e.g., Integumentary Status items are numbered M1300-M1350)
- Medication management – now a separate domain, outside of the ADL/IADL section

New Numbering System$_1$

Tracking Items	M0010 – M0150
Clinical Record Items	M0080 – M0110
Patient History and Diagnoses	M1000s
Living Arrangements	M1100
Sensory Status	M1200s
Integumentary Status	M1300s
Respiratory Status	M1400s
Cardiac Status	M1500s

New Numbering System$_2$

Elimination Status	M1600s
Neuro/ Emotional/ Behavioral Status	M1700s
ADLs/ IADLs	M1800s + M1900s
Medications	M2000s
Care Management	M2100s
Therapy Need and Plan of Care	M2200
Emergent Care	M2300
Data Collected at TF/ DC	M2400s, M0903+M0906

Elimination of OASIS-B1 Items

- OASIS-B1 items not used for payment, quality measures (including those used in the survey process), case mix, or risk adjustment purposes were eliminated
- Examples include items related to:

Number of Surgical Wounds

Transportation

Shopping

Housekeeping

Laundry

Replacement of OASIS-B1 Items

- In some cases, eliminated items were replaced with items intended to capture the assessment parameter in a more efficient way
  - For example, the “prior status” items for all the ADLs/IADLs have been eliminated
  - Two new OASIS-C items were developed to capture the patient’s prior level of dependence with ADLs/IADLs (M1900) and medication management (M2040)

Updating Clinical Terminology & Concepts

Example: pressure ulcers items were revised to:

- Reflect current National Pressure Ulcer Advisory Panel (NPUAP) and Wound, Ostomy, and Continence Nurses Society (WOCN) guidance on pressure ulcer assessment
- Collect additional information considered critical to care planning (wound length, width, depth)
- Harmonize with other measures of pressure ulcers used in other settings

Improved Accuracy in Measurement of Patient Status

Example:

- **(M2020) Management of Oral Medications** now specifies that the item refers to the patient's ability to correctly manage **all** medications safely and reliably

Ability to Show Progress

- Some items have been expanded to include additional scale levels that will allow agencies to document changes in patient status with more accuracy

(M1860) Ambulation/Locomotion:

With the use of a one-handed device (e.g. cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.

Requires use of a two-handed device (e.g. walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.

Addition of "Process Items"

- Research has identified several evidence-based "best practice" processes relevant for home care patients
- Process items integrated into the OASIS-C facilitate the measurement of the rate of home health agency use of these evidence-based processes of care

Measured Does Not Equal Mandated

- Agencies are encouraged to use evidence-based care practices, but the care processes documented in the OASIS-C **are not mandated** under the current Conditions of Participation
- HHAs may elect to not incorporate the care processes used for OASIS-C process measures
- BUT… some of the OASIS-C process items will support publicly-reported measures and agencies choosing not to adopt those processes of care will see that decision reflected in Home Health Compare scores

Agencies Are Encouraged to Aim High, but…

- CMS understands that the evidence-based practices being measured do not pertain to every patient - a rate of 100% is not expected for any agency for any measure
- Some processes of care may have no application for a particular patient so no related assessment or intervention is needed
- Clinicians may document in the clinical record any appropriate supporting documentation for their clinical decisions and actions, e.g. why a process was not appropriate or possible

Not All Best Practices Are in OASIS-C

- Process measures included in OASIS-C do not represent an all-inclusive set of all evidence-based practices that can or should be used in home health care delivery
- Agencies are encouraged to implement additional evidence-based care practices for patient care that they determine to be appropriate

OASIS-C

Impact of Changes

Changes in Number of OASIS Items

For those of you keeping score, that is a total of two more items across all time points!

Time Point	B1	C	Net Change (C - B1)
SOC	77	79	2
ROC	77	79	2
Follow-up	31	32	1
Transfer	11	19	8
Discharge	72	61	-11
Death at home	4	5	1
Patient Tracking	18	17	-1

Why the Increase at Transfer?

- Additional items needed to:
  - (a) Calculate additional quality measures related to reasons for hospitalization
  - (b) Assess care processes that potentially can reduce the rate of acute care hospitalization
- CMS interested in what happens at transfer as a way to focus on improvement in acute care hospitalization
- Critical to examine the reasons for and reduce the rate of acute care hospitalization

Impact on Home Health Payment & Quality Reporting

- OASIS-C item revisions tested to insure no impact on the payment algorithm
- Detailed information about new process and outcome measures and the reporting schedule will be addressed in a later session

OASIS-C

Data Collection Conventions and Exceptions

Data Collection Conventions
Time Period

- **Convention #1 - Understand the time period under consideration for each item.**
- Report what is true **on the day of assessment** *unless a different time period has been indicated in the item or related guidance*
  - Each M item has a specific assessment time period
  - Most are “Day of Assessment”
  - Many have other assessment time periods

Data Collection Conventions
Time Period

(M1900) Prior Functioning ADL/IADL: Indicate the patient's usual ability with everyday activities **prior to this current illness, exacerbation, or injury**. Check only **one** box in each row.

Functional Area	Independent	Needed Some Help	Dependent
a. Self-Care (e.g., grooming, dressing, and bathing)			
b. Ambulation			
c. Transfer			
d. Household tasks (e.g., light meal preparation, laundry, shopping)			

Data Collection Conventions
Time Period

- **(M1500) Symptoms in Heart Failure Patients:** If patient has been diagnosed with heart failure, did the patient exhibit symptoms indicated by clinical heart failure guidelines (including dyspnea, orthopnea, edema, or weight gain) **at any point since the previous OASIS assessment**?
- "Since the last OASIS" is a time period that is used for many of the new OASIS-C items that assess whether patient symptoms occurred or a care process was completed by agency staff during the episode of care

Data Collection Conventions
Usual Status

- **Convention #2 - If the patient's ability or status varies on day of the assessment, report patient's "usual status" or what is true greater than 50% of the assessment time frame**
  - *Unless the item specifies differently*
- **Example of Exception:**

  (M2020) Management of Oral Medications
- M2020 is now in the medication domain and addresses patient's ability to manage ALL oral medications ALL the time

Data Collection Conventions

Referring to Prior Assessments

- Convention #4 -Responses to items documenting a patient's current status should be based on independent observation of the patient's condition and ability at the time of the assessment without referring back to prior assessments
  - *unless collection of the item includes review of the care episode (e.g., process items)*

Data Collection Conventions
Referring to Prior Assessments

(M2400) Intervention Synopsis: (Check only **one** box in each row.) Since the previous OASIS assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented?

Plan / Intervention	No	Yes	Not Applicable	
a. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	☐0	☐1	☐na	Patient is not diabetic or is bilateral amputee
b. Falls prevention interventions	☐0	☐1	☐na	Formal multi-factor Fall Risk Assessment indicates the patient was not at risk for falls since the last OASIS assessment
c. Depression intervention(s) such as medication, referral for other treatment, or a	☐0	☐1	☐na	Formal assessment indicates patient did not meet criteria for

Reviewing Prior Documentation

- **Convention #5 - Combine observation, interview, and other relevant strategies to complete OASIS data items as needed**
- When assessing physiologic or functional health status, direct observation is the preferred strategy
- However, it is acceptable to
  - review the hospital discharge summary to identify inpatient procedures and diagnoses at Start of Care, or
  - examine the care notes to determine if a physician-ordered intervention was implemented at Transfer or Discharge

Data Collection Conventions

One Clinician Rule

- **Convention #13 - Only one clinician takes responsibility for accurately completing a comprehensive assessment**
  - *although for selected items, collaboration is appropriate*
- **Example of Exception: (M2000) Drug Regimen Review**
  - Ch 3 guidance indicates that portions of the drug regimen review may be completed by agency staff other than the clinician responsible for completing the SOC/ROC OASIS
  - must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2000 may be selected.

Accurate OASIS Data Collection

- Follow the rules! Compliant data collection will require thorough understanding of CMS guidance
- General Conventions
  - OASIS-C Guidance Manual – Chapter 1
- Item-Specific Guidance
  - OASIS-C Guidance Manual – Chapter 3
  - OASIS Q&As

OASIS-C

Potential Impacts on Agency Operations

Collecting Information at Referral$_1$

- OASIS-C has opportunities for agencies to document patient history:
  - Pneumonia and Influenza Immunization
  - Relevant Procedure codes
  - Pressure Ulcer history

Collecting Information at Referral$_2$

- Agencies may choose to revise what is asked and how information is collected and recorded at the time of referral
  - Referral forms can capture information useful in the OASIS–C such as status of immunizations, previous diagnosis and procedure codes and history of pressure ulcers
  - This can reduce agency burden and enable agencies to respond to those items

Collecting Information at Referral$_3$

- How will clinicians access information efficiently?
  - Where do you record Date of Referral and Date of Physician-ordered Start or Resumption of Care?
  - If you are paper-based, is there a location in the record for this information?
  - If you are e-based, will your vendor facilitate accessing that information?

New Information at SOC/ROC

- OASIS-C has opportunities for agencies to document best practices that include screening for:
  - Depression
  - Pain
  - Falls Risk
  - Pressure Ulcer Risk

Screening Assessments$_1$

- Agencies need to decide:
  - If they are not doing now, do they want to start?
  - If they are doing now, do the screening tools they are using meet the OASIS-C criteria? (***multi-factor*** falls risk assessment, ***standardized*** depression screening tool?)
  - How are they going to educate their staff?

Screening Assessments$_2$

- Staff may have concerns that they need special training to conduct screening assessments
- Similar concerns about other assessments such as for pressure ulcer evaluation or drug regimen review

Do Screening Assessments Require Special Skills?

- Concern: “We do not have psych nurses or wound nurses. How can we be expected to do these depression and wound items?”
- Clinicians need to know these are assessments that any health care provider can use
- E.g., the PHQ-2© scale is only two questions that indicate whether the patient needs additional evaluation
- Depression screening done in many sites of health care (e.g. primary care)

What about PTs?$_1$

Comments from the American Physical Therapy Association (APTA) received as part of the public response specifically addressed whether PTs can respond to new items in OASIS-C

- **Depression screening**: recommended the PHQ-9© Depression Scale Form in order to harmonize with data collected in other settings (i.e. MDS)
- **Medication evaluation:** it is within the scope of the PTs to perform a patient screen in which medication issues are assessed, even if the PT does not perform the specific care needed to address the medication issue

What about PTs?$_2$

APTA comments continued…

- **Heart failure items:** PTs are more than competent to complete the information needed
- **Wound care items:** PTs are permitted to perform all wound care interventions legally mandated by State licensure and defined by the education curriculum of the physical therapist, including dressings, debridement, application of topical agents; physical agents and mechanical modalities

Assessment Strategies

- **OASIS-C data, like the rest of the comprehensive assessment, are collected using a variety of strategies:**
  - Observation
  - Interview
  - Review of pertinent documentation (e.g., hospital discharge summaries to obtain information on inpatient facility procedures and diagnoses)
  - Discussions with other care team members where relevant (e.g., phone calls to the physician to verify diagnoses)
  - Measurement (e.g., wound length/width, intensity of pain)

Obtaining Information for Care Planning Items at the Time of SOC/ROC

- **Care planning items ask about whether interventions have been ordered:**
  - Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings
  - Diabetic foot care and education
  - Falls prevention interventions
  - Depression intervention(s)
  - Intervention(s) to monitor/mitigate pain
  - Interventions to prevent pressure ulcers
  - Pressure ulcer treatment based on principles of moist wound healing

Plan of Care Items at SOC/ROC[1]

How can we know about physician orders while we're doing the patient assessment?

The care plan should evolve from the findings of the assessment

Responding that the "current physician-ordered plan of care" includes a plan/intervention means

the patient condition has been discussed with the physician

there is agreement as to the plan of care between the home health staff and the physician

Plan of Care Items at SOC/ROC$_2$

Documenting Plan of Care

- POC orders must be in place within the 5-day SOC window or 2-day ROC window in order to meet the measure definition
- CMS recognizes that this may not happen for all patients at all agencies
- If window is closing and interventions not in POC, then respond “no” to relevant items

Obtaining Information for Implementation Items at TRF/DC_1

Process items ask about whether care practices and interventions were implemented since the last OASIS assessment:

- Diabetic foot care and education
- Falls prevention interventions
- Depression intervention(s)
- Intervention(s) to monitor and mitigate pain
- Intervention(s) to prevent pressure ulcers
- Pressure ulcer treatment based on principles of moist wound healing
- Heart failure symptoms addressed
- Physician contacted for medication issues
- Immunizations received

Obtaining Information for Implementation Items at TRF/DC_2

- Review documentation since the last OASIS assessment to determine
  - If a condition (e.g., pain, symptoms of heart failure) was present
  - Whether interventions to address the condition were:
    a) Incorporated into the physician-ordered plan of care
    b) Implemented as part of patient care

Obtaining Information for Implementation Items at TRF/DC_3

- Process is similar to the completion of a discharge summary required by current Conditions of Participation
- Process items at TRF/DC will require knowledge of
  - Patient symptoms
  - Initial and subsequent physician's orders for clinical interventions performed to address patient symptoms across the episode of care

Obtaining Information for Implementation Items at TRF/DC_4

- Must consider care provided by all disciplines during the episode, not just the discipline of the clinician completing the OASIS assessment
- Clinician completing the OASIS TRF or DC may not be familiar with the patient
- How will clinicians access this information efficiently?

Accessing Information Needed at TRF/DC

- This evaluation of the care episode can be accomplished in several different ways
  - Review clinical records, including the plan of care, updated orders, and visit notes
  - Agency may elect to create a flowsheet with the appropriate parameters to be checked off on each visit so a review of the clinical record would be unnecessary
  - Agencies using electronic health records can create a report template that could pull the needed information from data fields incorporated into visit notes

A Note About "Referencing Prior Documentation"

- The current OASIS-B1 conventions forbids the use of a prior OASIS form to complete a present OASIS form
- As with OASIS-B1, OASIS-C data should be collected at each time point based on a unique patient assessment, not simply carried over from a previous assessment
- For OASIS-C implementation items, clinicians may need to review clinical records: *this is not the same!*

OASIS-C

Preparing for OASIS-C

Preparing for OASIS-C

- If your agency *chooses* to implement the care processes measured in OASIS-C, identify which processes you are currently doing, if any, and which are the next most logical process items to take on
- Consider whether you need to change your workflow processes to accommodate OASIS-C requirements
- Download the guidance document and begin to work on preferred training approaches

Educating Staff on OASIS-C

- Identify your agency's preferred approach to training: "Train the trainer" who will then train the rest? Train everyone?
- Identify training resources: OASIS education coordinators and the next two Train-the-Trainer sessions are two resources
- Educational materials will be available on the CMS website

Process Implementation

- Agencies electing to use the evidence-based care practices specified in OASIS-C data items will want to:
  - Review their policies and procedures guiding care delivery to ensure that they are congruent with the OASIS-C process items and the patient care practices being implemented
  - Examine and adapt work flow to ensure ability to report process data about interventions that were implemented

OASIS–C Guidance Manual

- OASIS Guidance Manual (Item-by-Item, formerly known as Chapter VIII is now Chapter 3)
- Guidance prepared by CMS and OASIS–C clinician teams and with external stakeholder input
- Reviewed by 14 outside home health experts for accuracy

OASIS Guidance Manual$_1$

- This revised manual, the OASIS Guidance Manual, is a consolidated version of the original manual that now contains content more relevant for HHAs experienced with OASIS requirements, with an emphasis on OASIS item guidance
- Selected content from the OASIS Implementation Manual has been incorporated into the appendices to provide additional context for OASIS data collection requirements

OASIS Guidance Manual$_2$

- Sections relevant to first-time implementation of OASIS data have been deleted
- In addition to streamlining the manual contents, the format of the manual has changed to facilitate future updates and
to decrease burden for those who access OASIS guidance electronically

OASIS Guidance Manual$_3$

- Item-specific guidance is no longer contained in a single document, but has been divided into sections that can be accessed through individual links
- Thus, when accessing guidance for a specific OASIS item, the user can more easily locate the OASIS question, rather than scrolling through a large document

OASIS-C Guidance Manual is an Essential Training & Reference Tool

- Recommended that all clinicians collecting OASIS-C have access to the guidance document, either electronic or paper versions
- Guidance document will identify how to most accurately answer the OASIS items
- Guidance now has a Resource Guide – Chapter 5, that contains links to CMS resources and additional clinical resources (e.g., for screening tools, clinical guidelines, etc.)

OASIS Guidance Manual Reference

- **All manual sections can be viewed online or printed**
- Data Sets: http://www.cms.hhs.gov/HomeHealthQualityInits/12_HHQIOASISDataSet.asp#TopOfPage
- Manual: http://www.cms.hhs.gov/HomeHealthQualityInits/14_HHQIOASISUserManual.asp#TopOfPageby
- All B1 to be archived in late December: http://www.cms.hhs.gov/HomeHealthQualityInits/20_HHQIArchives.asp#TopOfPage

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