OASIS and OBQM: the Basics

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Webcast Materials

- Presentation slides
- Handout: Accessing OBQI & OBQM Reports
- Handout: S&C Memo: S&C- 01-06
- Handout: Sample Reports
  - http://www.cms.hhs.gov/HomeHealthQualityInitiatives/18_HHQIOASISOBQM.asp#TopOfPage
GOALS: To Understand:

- What is OBQM [Outcome-Based Quality Monitoring]
- CMS expectations regarding OBQM
- How to read/interpret/use OBQM reports
- How to prioritize Adverse Events for analysis & improvement
- Steps to improve patient outcomes

OASIS

OASIS → It all starts HERE

- Outcome Assessment Information Set
- Collection of uniform health status data
- OASIS initiated 1999
- Purpose: Measure Outcomes
What’s an Outcome?

- An outcome is an end result.
- An outcome can show health status change [or not] between two points in time.

Outcomes can be:
- Positive
- Negative
- Neutral
- Results of care provided
- Natural progression of disease

OASIS, cont.

OASIS Purpose = Measure Outcomes

- **Goal**: [Why measure outcomes?]
  - To improve quality of patient care
- OASIS data: OBQM reports available since January 2001
- CMS issued S&C Memo March 6, 2001 on OBQM
“HHA Responsibility:  
As part of the Medicare Conditions of Participation [CoPs], HHAs are required to conduct an annual evaluation ...including patient services.  HHAs are also required to conduct quarterly record reviews to evaluate care provided...”

[cont.]  “HHAs have had access to the OBQM reports since January 26, 2001.  We now expect HHAs to begin incorporating a review and investigation of these reports into their evaluation and patient care review programs, and to include them as part of their quarterly record review.”
What is OBQM?

- **Outcome-Based Quality Monitoring**
- Known as “Adverse [Outcome] Events” because of their negative nature
- 13 Categories for *Potential* problems in patient care
- Determination of inadequate care *only* through investigation!!!!

OBQM Reports

- Obtain reports on-line through the WI. OASIS submission page: see handout
- Limitations:
  - from OASIS data = only adult, non-maternity, skilled Medicare/Medicaid patients’ data
  - Must have beginning AND end points
  - Patient count can be duplicated
  - Lag time = 2-3 months
OBQM Reports

- OBQM Reports available:
  - Case Mix report [at SOC/ROC]
  - Adverse Event [AE] Outcome reports:
    - Graphical = bar chart
    - Tabular = patient listing

All OBQM Reports

Need two points in time:
Beginning of episode to End of episode

Beginning = SOC or ROC
End = Transfer or discharge

so.....
OBQM Reports

An Episode can be:
- SOC → Transfer
- SOC → DC
- ROC → Transfer
- ROC → DC

All OBQM Quality Reports Feature:
- Agency Information
- Report Timeframe
- Number of cases
- Date printed
Case Mix Report

Features:

- Patient profile information
  - Some as scales
  - Some as percentages
- HHA mean
- Reference mean
- Significance

Case Mix Report

- Case Mix = patient characteristics at beginning of episode [SOC or ROC]
- Length of Stay statistics
- Agency compared to national reference sample
- Can obtain self-comparison in an earlier time period [3-column report]
Case Mix Report

Sources of C.M. information:

- OASIS = M0100: RFA 1, 3, 6, 7, 8, 9
- OBQM manual, pages 2.5 + 2.6 = specific sources [M0 #s] of line items in report
  
  For example, M0175, M0200, M0220, and M0430 are the sources in determining Chronic Pain [under Chronic Conditions]

Case Mix – Use by HHAs

Decisions affecting:

- Strategic Planning/Management
- Budget/Resource allocation
- Pt. Education materials/Inservices
- Staffing/Contract disciplines
- Policies/procedures/protocols
- Disease management or care pathway approaches to care
Adverse Event Reports

Graphic = Bar Chart
- Displays incidence rates for the 13 infrequent untoward patient events, and compares HHA to national reference sample

Tabular = Pt. Listing
- A listing of patients for whom each of the 13 untoward events occurred, with the ‘beginning’ and ‘end’ points of service identified

Adverse Event Report Features of Bar Chart:

“Visual comparison”
- 13 Adverse Events
- Report period
- Number of cases
- HHA incidence
- Reference incidence
- Significance

1, 2+3+4, 5, 6, 7
Adverse Event Report
Features of Pt. Listing:

- 13 Adverse Event Categories
- Number of Cases
- Number of Events
- HHA Incidence
- Reference Incidence
- Pt. Information
- Episode beginning and end time-points

Adverse Event Reports

Sources of A.E. information:

- OASIS = M0100: RFA 1, 3, 6, 7, 8, 9
- OBQM manual, page 3.7 = specific sources [M0 #s] of each event in report
  
  For example, M0270 and M0900 are the sources in determining Unexpected Nursing Home Admission
**Adverse Events: Why Does it Matter?**

- OBQM reports available since 2001 = Many HHAs have incorporated analysis and improvement into Q.I. program
- Future: $ Pay for Performance
  - ↑  ↗  ↓↑  ↘  ↓
- OBQM reports used by HH Surveyors in survey process

**OBQM Reports: Survey Uses**

Surveyors review OBQM reports prior to a survey to:
- Focus on types of patients/care
- Select home visits and charts
- Evaluate quarterly record review
- Review HHAs evaluation program
- Interview HHA about their use of the reports to improve outcomes
Adverse Events – Use by HHAs

AEs serve as potential markers of inadequate care; this determination can only be made through investigation of care provided to each individual.

OBQM Program = Improving Outcomes

OBQM Program =

OBQM Program Goal
Improve Outcomes

Steps:
⇒ Analysis
⇒ Improvement
   [to Care/Outcomes]
Improving Outcomes

Analysis:
- Review OBQM reports in detail
- Select Adverse Events to improve
- Prioritize list
- Focus on one to start
- Evaluate care of patients [pt. list]
- Determine if care adequate
- Can improvements be made?

Improving Outcomes

Improvement:
- Research any related standards of care/practice, evidence-based research and publicly reported Q.I. projects
- Develop a plan
- Implement the plan
- Monitor
- Review results: subsequent AE reports and evaluate care since implementation
Improving Outcomes

- Don’t attempt to ‘DO IT ALL at once!!’
- Start small + simple
- Obtain buy-in from Administration and informal leaders
- Include all departments affected
- COMMUNICATE, COMMUNICATE, COMMUNICATE!! = Spread the news!
- Celebrate successes!!

You Are Not Alone!

Resources:

1. OBQM manual
2. WI. OASIS Education and Automation Coordinators
3. Prof. Advisory Board
4. Websites:
   - MedQIC on QualityNet
   - AHRQ
   - NQF