



## OASIS and OBQM: the Basics

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Webcast: August 2009  
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## Webcast Materials

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- Presentation slides
- Handout: Accessing OBQI & OBQM Reports
- Handout: S&C Memo: S&C- 01-06
- Handout: Sample Reports
- Resource: **OBQM Manual: "Quality Monitoring Using.....Outcome Reports" [2001]**
  - [http://www.cms.hhs.gov/HomeHealthQualityInits/18\\_HHQIOASISOBQM.asp#TopOfPage](http://www.cms.hhs.gov/HomeHealthQualityInits/18_HHQIOASISOBQM.asp#TopOfPage)

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## GOALS: To Understand:

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- 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

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## OASIS

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**OASIS** → It all starts *HERE*

- Outcome Assessment Information Set
- Collection of uniform health status data
- OASIS initiated 1999
- Purpose: Measure Outcomes

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## What's an Outcome?

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- ⇒ 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

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## OASIS, cont.

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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

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## CMS Memo: S&C-01-06

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### “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...”

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## CMS Memo: S&C-01-06

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[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.”

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## What is OBQM?

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- 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!!!!

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## OBQM Reports

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- 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

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## OBQM Reports

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



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## All OBQM Reports

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

Beginning = SOC or ROC  
End = Transfer or discharge

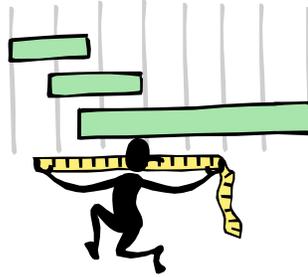
SO.....

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## OBQM Reports

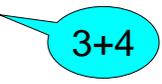
An Episode can be:

- SOC → Transfer
- SOC → DC
- ROC → Transfer
- ROC → DC



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## All OBQM Quality Reports Feature:

- Agency Information 
- Report Timeframe 
- Number of cases 
- Date printed 

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## Case Mix Report Features:

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

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## Case Mix Report

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- 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]

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## Case Mix Report

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### 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]

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## Case Mix – Use by HHAs

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### 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

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## 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

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## Adverse Event Report Features of Bar Chart:

### "Visual comparison"

- 13 Adverse Events
- Report period
- Number of cases
- HHA incidence
- Reference incidence
- Significance

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2+3+4

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## Adverse Event Report Features of Pt. Listing:

- 13 Adverse Event Categories
- Number of Cases — 4 + ↑
- Number of Events — 5
- HHA Incidence — 6
- Reference Incidence — 7
- Pt. Information
- Episode beginning and end time-points

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## 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

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## Adverse Events: Why Does it Matter?

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- 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

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## OBQM Reports: Survey Uses

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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

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## Adverse Events – Use by HHAs

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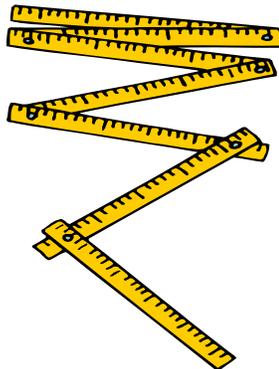
AEs serve as *potential* markers of inadequate care; this determination can *only* be made through investigation of care provided to each individual.

OBQM Program = Improving Outcomes

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## OBQM Program = Improving Outcomes

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OBQM Program Goal  
Improve Outcomes

Steps:

- ⇒ Analysis
- ⇒ Improvement  
[to Care/Outcomes]

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## Improving Outcomes

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### 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?

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## Improving Outcomes

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### 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

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## Improving Outcomes

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- 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!!

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## You Are Not Alone!

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### Resources:

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

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