Outcome Assessment Information Set (OASIS) for Home Care

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by Donna M. Fletcher, MPA, RRA, HIM practice manager

On March 10, 1997, the Health Care Financing Administration (HCFA) published a proposal that would require the use of the Outcome Assessment Information Set (OASIS) in its revision to the Medicare home health Conditions of Participation. The proposal is designed so that home care quality monitoring will become a much more outcome-oriented, data-driven, patient-centered system.

"In the near future, we want to compare treatment outcomes and patient satisfaction at individual agencies to national data," HCFA Administrator Bruce C. Vladeck told the House Commerce Committee Subcommittee on Health and Environment in his testimony on reforming Medicare home health benefits. "We must begin by requiring that home health agencies use the same standardized patient assessment." In addition, OASIS may be the foundation for a home health prospective payment system and is viewed as an interim step to an integrated payment system for post-acute service.

OASIS is a standard core assessment data tool developed by the Center of Health Care Policy Research (CHPR) at the University of Colorado. It was developed for the purpose of measuring the outcomes of adult patients receiving home health services. Data items are collected during the initial patient assessment, at 60- to 62-day intervals, and at discharge. The questions measure changes in the patients' physical and mental status over the time they receive services. Questions relate to patient demographics, history, living arrangements, supportive assistance, activities of daily living, medications, equipment management, and systems (sensory, integumentary, respiratory, elimination, neurological, emotional, and behavioral) status.

Note: The implementation of OASIS is not definite. Its widespread adoption may not occur until after the demonstration project results are evaluated in 1999.

Outcomes-based Quality Improvement

According to Kathryn S. Crisler, MS, RN, of CHPR, more than 50 home health agencies (HHAs) across the nation are participating in a demonstration project-outcomes-based quality improvement (OBQI)-collecting data with the OASIS tool. Crisler says that this study will continue through 1998 and provide participants with annual outcome reports. The first was distributed in January 1997, and participants were able to compare their performance with others participating in the project. Revisions to the tool will be made throughout the project.

Initially, the data will not have to be reported to HCFA or any outside entity. It will be used to support the HHA's internal quality assessment and performance measurement and to evaluate the effectiveness of the tool. Once reporting begins and the public is aware of an HHA's performance, Medicare recipients and the Medicare system will be able to choose an HHA based on performance.

Home Care Prospective Payment

To implement a prospective payment system-the equivalent of home care DRGs-Abt Associates, Inc., in Massachusetts, received a contract from HCFA to use the OASIS tool and collect the additional data needed to implement such a system. Additional data may include data on resource utilization, e.g., time spent in patients' homes during the home care visit. The plan calls for case-mix data to be collected at admission, at 60-day intervals, and upon discharge or 240 days, whichever comes first.

The study will estimate case-mix adjusters for different time periods-30, 60, 90, and 120 days. In addition, it is hoped that study results will reveal upper and lower visit volume thresholds for specific home care conditions where higher or lower utilization does not contribute to better patient outcomes. The case-mix adjuster used in the demonstration was developed to reflect case-mix changes within an agency from year to year, not across agencies.

Agencies that will participate in the case-mix study will be selected soon. Data collection is scheduled to begin in the fall of 1997 and will continue through October 1998.

Take a Look

To view the OASIS tool, visit the American Health Consultants Web site at http//:www.ahcpub.com/oasispic.html.

Reactions to the Proposal

Industry reactions to the proposal are mixed.

"OASIS will bring home care clinicians into the information age," Crisler says, because it requires monitoring for record completion timeliness; facilitates documentation consistency and standardized data collection; and provides monitor data for performance improvement activity.

Regarding an interim step to an integrated payment system for post-acute service, not everyone is happy with HCFA's data set choice. There is concern because OASIS data items are different from the Minimum Data Set (MDS) for long term care residents. As a result, says Susan Miller, PhD, RRA, author of Documentation and Information Management in Home Care and Hospice Programs, following patient status across the continuum of care will be difficult.

Others are concerned about the impact of collecting OASIS data on the documentation process. It is perceived that collection of the additional information will significantly increase documentation time. However, Lynn Anne Richards, RRA, health information supervisor at Advocate Home Health Services, has not found that to be the case. "The need to integrate OASIS data items into the clinical documentation process is critical," says Richards, an OBQI participant. She adds that for Advocate, combining the collection of data set items with clinical documentation reduced redundant documentation, streamlining the documentation process and making it more user friendly.

"We measure performance and satisfaction for TVs and VCRs. Why not for home care?" asks Ann Rexrode, RN, MSN, CS. Rexrode is clinical nurse specialist for Upper Savannah Department of Health and Environmental Control, and her facility is also an OBQI participant. She says that information collected for patient assessment is more complete and concise, that the OASIS collection instrument requires less handwriting and is an improvement over the pre-OASIS instrument, and that data is collected using consistent definitions and minimal subjectivity. Initially, Rexrode says, she thought that documentation time would increase, but after training there was no significant difference.

Both Crisler and Rexrode expressed concern about ICD-9 diagnoses codes collected for the project. Inpatient diagnoses codes, codes for additional diagnoses treated, and home care diagnosis codes are collected for the assessment. It is not believed that HIM professionals code most diagnoses for HHAs. This may result in inconsistent quality. Another concern is the timely availability of inpatient codes. They are frequently not available to an HHA in time to complete an assessment within HCFA's 14-day time frame. This will present a problem once systems that compare inpatient data with post-acute care data are in place.

The Minimum Data Set

In 1987, the Omnibus Budget Reconciliation Act of 1987 (OBRA) mandated the use of a comprehensive functional assessment of patients using the Minimum Data Set designed for long term care. This action was taken to provide a means for HCFA to raise the standards of care and evaluate the quality of care rendered, e.g., to nursing home patients.

The set includes the following data: resident background, daily pattern of activity, cognition, physical functioning, psychological status, health problems, and specific body systems review. Symptoms or conditions documented in the assessment indicate the presence of clinical factors that may or may not represent a problem. The first version of the MDS was implemented in 1990. The current version is MDS 2.0.

HIM Expertise

The next steps, according to Crisler, include monitoring data quality. She encourages OASIS participants to employ HIM professionals to ensure consistent and accurate coding and data capture.

By the same token, HIM professionals may need to assess their inpatient coding processes to speed availability of codes to HHAs.

Richards says that OASIS will "open up doors for HIM professionals." Opportunities exist, she says, for HIM professionals to establish systems to ensure that timely assessments are completed, to accurately and appropriately match ICD-9 inpatient codes with their corresponding assessment, to monitor data quality and to analyze-link, aggregate, manipulate, present, and report-OASIS data.

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