

New OASIS-C Process Measures

Are you ready for the public reporting of OASIS-C measures?

OASIS-C introduced a major set of changes to the OASIS assessment that the home health industry has been using to evaluate patients and report quality outcomes for the last decade. Now that the implementation time frame is over, most clinicians have adapted and most software bugs worked out, it's time to look forward to the next impact of OASIS-C.

OASIS-C isn't just changing our assessments, it's changing the way that the industry is looking at home health performance metrics. The outcomes metrics that were used in OASIS-B are being revised and expanded, and process measures are being introduced.

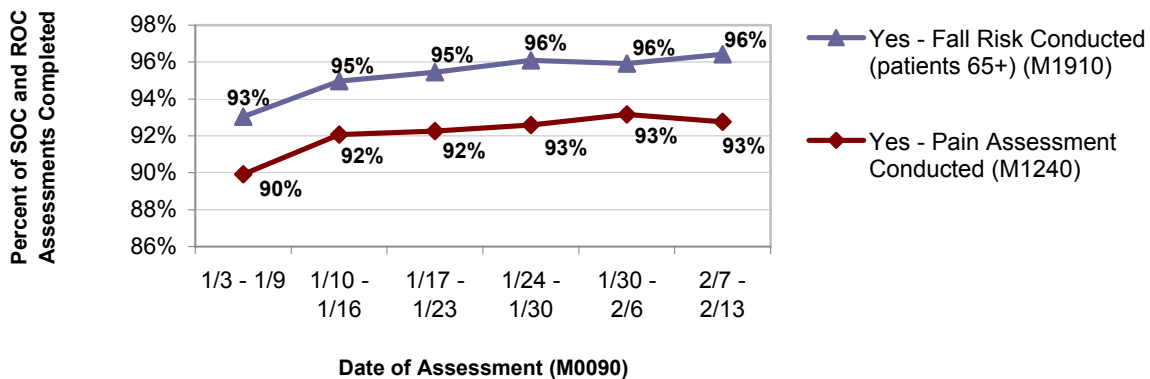
Home Health Compare and CASPER OBQI Reports are going to come under a CMS reporting "blackout" in 2010. The last update to these sites with OASIS-B data will happen in April of 2010. But it's just a matter of time before these sites are updated and new OASIS-C results will replace the old OASIS-B measures.

That first update is scheduled to happen in **September and October of 2010**. In September, CMS plans to provide you with information about your **process measure** results via updated CASPER reports. Then, in October, CMS plans to publish that same data for public access on Home Health Compare. OASIS-C outcome measures are not scheduled to be publicly reported until May 2011.

Among the 13 process measures currently slated to be reported (CMS is still debating on three, so it could be a total of 16) are the two measures being reported in this Council of States data report:

- 1) percent of patients assessed for pain at SOC/ROC, and
- 2) percent of patients 65 and older assessed for fall risk at SOC/ROC.

Trended Use of Pain Assessment and Fall Risk Assessment



The above graph shows the nation's adoption of these two process measures during the first six weeks of 2010, the first time having information about the use of these tools recorded on the OASIS. While neither a falls risk assessment or a pain assessment are required when caring for home health patients, you can see that the national adoption rate is over 90% for both of these measures.

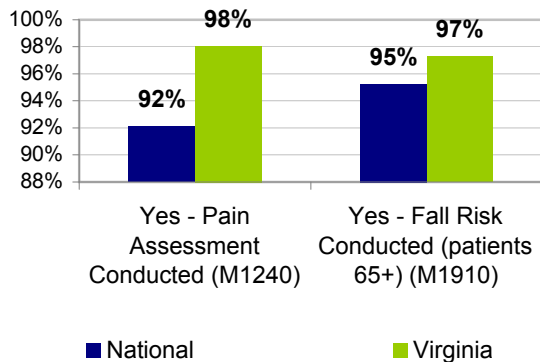
Also, while it is new to be collecting information about the use of these assessment tools on the OASIS, there has been little change in these responses over the first six weeks of adoption in 2010.

It is worth mentioning that the utilization of these practices is not consistent across the country, and there is additional useful information to be gleaned from the questions around the distribution of high risk patients. For more information on both of these issues, take a look at the second page of this report.

Brought to you by **OCS HomeCare**

Why does this matter? While the implementation of best practices covered by the new OASIS process measures may not be new to home health, collecting data on how often best practices are implemented is new. While CMS may not require agencies to engage in these best practices, they will be publicly reporting how often each agency is conducting these assessments compared to national and state norms.

National and Local Use of Pain and Falls Risk Assessments
1/3/2010 - 2/13/2010



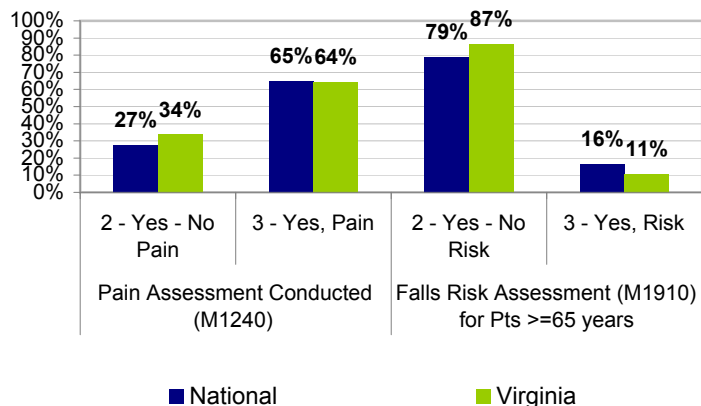
Regardless of how long this has been a part of the documentation requirements or if you are fully compliant with standards even without engaging in these best practices, do you want to be the agency with a 65% implementation rate while the other agencies in your state are at 92%?

Understanding local and national adoption trends allows you to evaluate your own practices and prepare for public reporting of this data.

In addition to providing useful information about the implementation of best practices, these process measure questions provide insight into the relative health and safety of your patients. Look beyond the "yes - falls risk assessment conducted" to learn about what percentage of your patients were assessed to be at risk of a fall, as an example.

These can help you understand the comparative severity of your patient population, and help you more critically evaluate related outcomes.

National and Local Distribution of High Risk Patients
1/3/2010 - 2/13/2010



Remember, the information in this report covers just two of the 13 (or 16) process measures that will be publicly report in October, and doesn't even touch the new OASIS-C outcomes measures. Make sure that your organization is aware of and prepared for this new level of scrutiny.

Have questions? Want more information?

These analyses just scratch the surface of useful OASIS-C information and examples of the intuitive and meaningful reports available from OCS HomeCare.

Whether you need insight into your performance in new OASIS-C outcomes and process metrics before they are publicly reported, a cost-effective and higher value HH-CAHPS solution, daily verification and patient-level information, or a comparative analysis of financial data, visit our website – www.ocshomecare.com – or give us a call at 206.325.3396