

# OASIS E Impact on Value Based Purchasing



MICHIGAN  
**Home Care  
& Hospice**  
ASSOCIATION

OASIS E Impact on Value Based Purchasing May 1 2023

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## Training Objectives

**Oasis E Items Making a Difference**  
Articulate 3 specific OASIS E items impacting VBP

**OASIS E Influencing Value Based Purchasing**  
Explain how the agency can impact weighted VBP items to influence bonus measures.

**Background of OASIS**  
Identify 3 weighted measures included in VBP payments



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## Home Health Makes a Difference

- Often times elderly folks and persons who are bedridden because of sickness or injuries look forward to homecare visits since they rarely see others.
- The work also involves unique challenges and procedures.
- Working in home health care gives you the opportunity to improve the quality of life for patients who are mostly confined to their own homes.





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## What is OASIS

- The OASIS document is a group of data elements developed by the Centers for Medicare and Medicaid (CMS)
- Core items of a comprehensive assessment required for an adult home care patient
- The data set is the basis for measuring patient outcomes, and determine agency reimbursement
- Part of the comprehensive assessment used to determine the patient's plan of care

**Home Health**

**Patient-Centered Care**

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**01 Reimbursement**  
Used to determine payment for some insurance primary Medicare

**02 Quality**  
Measures the quality of home health care and bench-marks organizations against state and national standards

**03 Health Care Planning**  
Used as the foundation of home health care planning

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## OASIS Misconceptions

**Start Of Care**  
Versus Comprehensive Assessment

**NOA**  
NOA Submission versus OASIS Submission

**Times Frames**  
Requirements for OASIS completion versus requirements for Admission

**Integrated Assessment**  
OASIS not a standalone assessment

**Individualized Assessment**  
Must be individualized for all patients

**Questionnaire**  
Assessment versus questionnaire

**OASIS E**

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## Background of OASIS E

**Prior to 2000**

- NO OASIS required

**2000 Quality Initiative**

- Developed as part of a grant from Robert Woods Foundation who contracted with the University of Colorado to develop certain data points to show quality outcomes

**2000 - 2014**

- Multiple versions of OASIS with revenue impact

**2014**

- Impact Act passed

**2023**

- The Post-Acute Care Transformational Act known as the Impact Act requires all post-acute care to use similar tools
  - Nursing Homes: MDS
  - Home Health: OASIS

OASIS E Determines VBP Scores

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## Impact Act Meaningful Measures Priorities

- Communication
- Coordination of care
- Prevention of chronic disease
- Work with communities for best practices for healthy living
- Affordable care

- Safe care
- Reduce harm
- Make care safer by reducing cost of care
- Strengthen partners in care with patient and family
- Treatment of chronic disease

CMS, spending for freestanding home health care agencies accelerated in 2015, increasing 6.3 percent to \$88.8 billion

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## Expanded HHVBP Quality Measures

Table 1. Expanded HHVBP-applicable quality measures and source (CY)

| Data Source                                | Measures   |
|--|--|
| <b>OASIS-based</b><br>(35% weight)         | <ul style="list-style-type: none"> <li>• Improvement in Dyspnea/Dyspnea</li> <li>• Discharged to Community</li> <li>• Improvement in Management of Oral Medications/Oral Medications</li> <li>• Total Normalized Composite Change in Self-Care/TNC Self-Care</li> <li>• Total Normalized Composite Change in Mobility/TNC Mobility</li> </ul>                            |
| <b>Claim-based</b><br>(35% weight)         | <ul style="list-style-type: none"> <li>• Acute Care Hospitalization During the First 60 Days of Home Health User/ACH Emergency Department Use without Hospitalization During the First 60 Days of Home Health/ED Use</li> </ul>  |
| <b>HCAMPs Survey-based</b><br>(30% weight) | <p>Five (5) Components:</p> <ul style="list-style-type: none"> <li>• Care of Patient/Professional Care</li> <li>• Communications between Providers and Patient/Communication</li> <li>• Specific Care Issues/Team Discussion</li> <li>• Overall rating of home health care/Overall Rating</li> <li>• Willingness to recommend the agency/Willing to Recommend</li> </ul> |

Change in Self-spooling

- (M1810) Upper Body Dressing
- (M1820) Lower Body Dressing
- (M1830) Bathing
- (M1845) Toileting
- (M1870) Eating

Change in Mobility

- (M1850) Toilet Transferring
- (M1860) Bed Transferring
- (M1860) Ambulation/Locomotion

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## What's New For OASIS E

**Determinants of Health (SDoH)**

- Clinicians will collect and identify these actionable items, which should ultimately lead to better patient outcomes.

**Facilitation of the transfer of health social information between post-acute providers**

- The new OASIS-E will include a new Transfer of Health (TOH) information item.
- The timeliness of a reconciled medication list to a subsequent provider in the next care setting, or a patient when discharged, will now be measured.
- Soon, the transfer of health information will be added to the Home Health Quality Reporting Program. Research shows that poor patient outcomes are directly related to medication issues, which is why this development is so important for medication reconciliation and education to address this problem and push better patient outcomes.



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## What's New For OASIS E

**New assessment questions for high-risk medication teaching**

**A new OASIS item N0415**

- specifically identifies the high-risk drug classes, such as antipsychotics, anticoagulants, antibiotics, opioids, antiplatelets, and hypoglycemic drugs, which CMS requires patient teachings for.

**Brief Interview for Mental Status**


- (BIMS) –Establish a cognitive baseline by testing recall and temporal orientation.

**Signs and Symptoms of Delirium**

- (CAMS) identifies delirium, (often reversible if identified early)

**Patient Mood Interview**

- (PHQ-9) This is an expanded depression screening, which will give further details on the severity of depression.



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## Overview of Instruction Manual

- Item-by-item instruction for clinicians on how to complete each section of the OASIS E document.
- Rationale and guidance necessary to accurately complete each item of the assessment.
- Major revision to the original (and updated) OASIS instrument and guidance manual result in significant redesign and manual reorganization.
- Alignment of items and guidance across the Post-Acute Care settings, multiple new standardized items are added to OASIS E.
- There are new sections added or renamed, items have been reorganized within the section, and the format for item specific guidance has changes.

Training for Staff is Critical!



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### Item Specific Guidance

- More guidance for users in the OASIS E Guide.
- Sections alphabetized and begins with a brief introduction describing the items found in the section.
- Sources of information used to respond to items are now located in the first bullet under Response-Specific Instructions.
- OASIS-D section "Data Sources/Resources" has been removed.
- Dash language has been added to each item indicating whether a dash is an acceptable response or not.
- General formatting and organization changes have been made to improve clarity and remove redundancy.

Use Dash with Caution!



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### Standard Formatting

- Sections of OASIS E are presented in a standard format for ease of review by the organization's staff.
- The layout and text color for headings varies from previous OASIS instruction.
- Item-specific guidance includes additional headings to convey information. Examples:
  - Coding Instructions
  - Coding Tips

OASIS Presented in Chapters



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### OASIS E Sections

| Section | Title   | Section | Title  |
|---------|---|---------|--|
| A       | Administrative Information Including Patient Tracking | H       | Bowel and Bladder                            |
| B       | Hearing, Speech and Vision                            | I       | Active Diagnoses                             |
| C       | Cognitive Patterns                                    | J       | Health Conditions                            |
| D       | Mood  | K       | Swallowing/Nutritional Status                |
| E       | Behavior  | M       | Skin Conditions                              |
| G       | Functional Status                                     | O       | Special Treatments, Procedures and Programs  |
| GG      | Functional Status: Functional Abilities and Goals     | Q       | Participation in Assessment and Goal Setting |



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## Training Guidance

**Item Display**  
Item-specific guidance begins with a screen shot displaying items form the OASIS E instrument

**Intent**  
States the reason for including this OASIS item in the document

**Time Points**  
When the item should be collected

**Rationale**  
Explains the meaning or purpose of the item

**Response Instructions**  
General instructions for how to complete the item, that apply to most, if not all, situations; how users are intended to collect information to complete the item

**Coding Instructions**  
Information to supplement the instructions found in the data element

**Coding Tips**  
Any special situations, outliers or uncommon scenarios

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## OASIS TIPS

- Keep out of E.R. and hospital
- Establish reachable goals
- Don't discharge too soon
- Accurate OASIS is a must!
  - Acuity is important
  - Consistent Documentation
- Service Coordination is a must for accurate assessment
- Improve quality of life for the patient

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## Access Tools for OASIS E - Crosswalk

The Axxess OASIS Crosswalk makes easy to see any changes to OASIS

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### Access Tools for OASIS E - ABC's Tips

Rationale for Each OASIS Question

Detailed Coding Tips

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### Summary

- OASIS E evolution of Impact Act
- OASIS impacts revenue, star ratings and quality of care
- Multiple Additions and Deletions to OASIS E
- Training is a must!

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### Thank You

Questions

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