An Introduction to the OASIS E and Your Role in Home Health Value Based Programming

August 3, 2022

Moderator:
• Sabrena McCarley, MBA-SL, OTR/L, CLIPP, RAC-CT, QCP, FAOTA, Transitional Care Management

Panelists:
• Cindy Krafft, PT, MS, HCS-O, K&K Health Care Solutions
• Shannon Liem, MS, CCC-SLP, Aegis Therapies
• Sherry Teague, MESS, ATC, PTA, HCS-D, HCS-O, K&K Health Care Solutions

Housekeeping Reminders

• All attendees are on mute
• Handouts: located at http://www.naranet.org/resources/quicklinks and will be included in the follow up email.
• Questions for Speakers: submit them using the Q&A button on the attendee control panel
• Technical Questions: submit them using the Chat button on the attendee control panel
• Recording: will be available for NARA Members via the portal by August 8, 2022 and posted for all other registrants on August 9, 2022 at http://www.naranet.org/resources/quicklinks
Disclaimer

The information shared in today’s presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation. Providers should seek further guidance and assistance from CMS and their Medicare Administrative Contractor (MAC), commercial payers, state and national associations, and continue to watch for new developments and information regarding the topics discussed today.

AGENDA

• Introduction of Panelists
• Introduction to OASIS E
• Value Based Purchasing
• The Role of Therapy in OASIS E
• Attendee Q&A
PANELISTS

• Cindy Krafft, MS, HCS-O, K&K Healthcare Solutions
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OASIS E

Effective Date:
January 1, 2023
How “New” is OASIS E

- **75% of items are the same**
- **25% of items are brand new**

### 27 New OASIS-E Items

<table>
<thead>
<tr>
<th>Section A: Administrative Information + Patient Tracking</th>
<th>Section B: Hearing, Speech, + Vision</th>
<th>Section C: Cognitive Patterns</th>
<th>Section D: Mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1005: Ethnicity</td>
<td>B0200: Hearing</td>
<td>C0100: Should BIMS Be Conducted?</td>
<td>D0150: Patient Mood Interview</td>
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<td>A1010: Race</td>
<td>B1000: Vision</td>
<td>C0200: Repetition of Three Words</td>
<td>D0160: Total Severity Score</td>
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<td>A1250: Transportation</td>
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<td>C0400: Recall</td>
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<tr>
<td>A2120: Provision of Current Reconciled Medication List to</td>
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<td>C0500: BIMS Summary Score</td>
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<td>Subsequent Provider at Transfer</td>
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<td>C1310: Signs and Symptoms of Delirium</td>
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<tr>
<td>A2121: Provision of Current Reconciled Medication List to</td>
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<tr>
<td>Subsequent Provider at Discharge</td>
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<tr>
<td>A2122: Route of Current Reconciled Medication List</td>
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<td>Transmission to Subsequent Provider</td>
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<tr>
<td>A2123: Provision of Current Reconciled Medication List to</td>
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<tr>
<td>Patient at Discharge</td>
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<tr>
<td>A2124: Route of Current Reconciled Medication List</td>
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<tr>
<td>Transmission to Patient</td>
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</table>
New OASIS Items Continued

Current Problem Areas

- Cognitive Behavioral Issues
- Wounds
- Medications
  - Functional Assessment
Key Definitions

**ASSISTANCE**

- Defined as: “help; aid; support”
- Anything another person would do to ensure the safe completion of the task:
  - Physical assistance
  - Verbal Cues
  - Supervision
  - Reminders
- *Ask “Would there be any concerns if no one was there when the task was being done?”*

**SAFETY**

- Defined as: “involving little or no risk of mishap”
- Impacted by one or more issues:
  - Physical Ability
  - Cognitive Issues
  - Environment
  - Medical Restrictions
  - Sensory Issues
  - Equipment
- *Ask “Am I completely comfortable with how this task is being completed?”*

Function and Fall Risk

(M1910) Has this patient had a multi-factor Fall Risk Assessment (such as falls history, use of multiple medications, mental impairment, toileting frequency, general mobility/transferring impairment, environmental hazards)

0 - No multi-factor falls risk assessment conducted.
1 - Yes, and it does not indicate a risk for falls.
2 - Yes, and it indicates a risk for falls.
M1850 - Transferring

(M1850) Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.

0 - Able to independently transfer.
1 - Able to transfer with minimal human assistance or with use of an assistive device.
2 - Able to bear weight and pivot during the transfer process but unable to transfer self.
3 - Unable to transfer self and is unable to bear weight or pivot when transferred by another person.
4 - Bedfast, unable to transfer but is able to turn and position self in bed.
5 - Bedfast, unable to transfer and is unable to turn and position self.

OASIS Education

Current OASIS NOW

OASIS E Items Q4 2022
Impact on Medicare Spending

- Overall, there was a decline in total Medicare spending in HHVBP states during and 30 days after home health episodes of care as measured by the average spending per day among fee-for-service (FFS) beneficiaries receiving home health services.
  - $604.8 million (1.3%) reduction in cumulative Medicare spending, 2016-2019 relative to the 41 non-HHVBP states
- Driven by:
  - $381.4 million (2.4%) reduction in inpatient hospitalization stay spending
  - $164.9 million (4.2%) reduction in skilled nursing facility services spending
- Offset by:
  - $65.3 million (6.1%) increase in outpatient ED & observation stay spending
- No effect on Medicare spending for home health care
Impact on Quality and Utilization

- Results through the fourth year of the model and second year of HHVBP payment adjustments suggest modest gains in quality of care and declines in utilization for some types of services due to HHVBP:
  - Total Performance Scores were 8% higher among HHAs in HHVBP states than HHAs in non-HHVBP states in 2019
  - Decrease in unplanned hospitalizations, ED visits leading to inpatient admission, and skilled nursing facility use by FFS beneficiaries using home health
  - Continued trend toward improvement in functional status, including two new composite measures
- Offset by modest unintended changes due to HHVBP:
  - 2.6% increase in outpatient ED visits
  - 0.3% decrease in two of five measures of patient experience: communication and discussion of care with patients

VBP Quality Measures – What's Included

- “Focus on patient outcome and functional status, utilization, and patient experience.”
- [CMS CY2022 proposed rule, page 103]

<table>
<thead>
<tr>
<th>Domain</th>
<th>Quality measures</th>
<th>Source of data</th>
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<tbody>
<tr>
<td>OASIS-based (weighted 35%)</td>
<td>Improvement in Dyspnea</td>
<td>M1400</td>
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<td>Discharged to Community</td>
<td>M2420</td>
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<td>Improvement in Management of Oral Meds</td>
<td>M2020</td>
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<td>Total Normalized Composite (TNC) Change in Mobility</td>
<td>M1840, M1850, M1860</td>
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<tr>
<td></td>
<td>Total Normalized Composite (TNC) Change in Self-Care</td>
<td>M1800, M1810, M1820, M1830, M1845, M1870</td>
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<td>Claim-based (weighted 35%)</td>
<td>Acute Care Hospitalization During the First 60 Days of Home Health Use</td>
<td>NQF 0171</td>
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<tr>
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<td>Emergency Department Use without Hospitalization During the First 60 Days of Home Health</td>
<td>NQF 0173</td>
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<td>HHCAHPS Survey-based (weighted 15%)</td>
<td>Professional Care, Communication, Team Discussion, Overall Rating, Willingness to Recommend</td>
<td>NQF 0517</td>
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TNC – What’s Included

TNC Mobility (3)
- M1840 - Toilet Transferring
- M1850 - Bed Transferring
- M1860 - Ambulation/Locomotion

TNC Self-Care (6)
- M1800 - Grooming
- M1810 - Ability to Dress Upper Body
- M1820 - Ability to Dress Lower Body
- M1830 - Bathing
- M1845 - Toileting Hygiene
- M1870 - Eating

How Outcomes are Created

Measures → Actions → Measures
M1860 - Ambulation

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<thead>
<tr>
<th>Enter Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).</td>
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<tr>
<td>1</td>
<td>With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.</td>
</tr>
<tr>
<td>2</td>
<td>Able to walk only with the supervision or assistance of another person at all times.</td>
</tr>
<tr>
<td>3</td>
<td>Chairfast, unable to ambulate but is able to walk self independently.</td>
</tr>
<tr>
<td>4</td>
<td>Chairfast, unable to ambulate and is unable to walk self.</td>
</tr>
<tr>
<td>5-6</td>
<td>Bedfast, unable to ambulate or be up in a chair.</td>
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</tbody>
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- Varieties of surfaces refer to typical surfaces that the patient would routinely encounter in their environment.
- Regardless of the need for an assistive device, if the patient requires human assistance (hands on, supervision and/or verbal cueing) to safely ambulate, select Response 2 or Response 3, depending on whether the assistance required is intermittent (“2”) or continuous (“3”).
- If the patient is safely able to ambulate without a device on a level surface, but requires minimal assistance on stairs, steps and uneven surfaces, then Response 2 is the best response (requires human supervision or assistance to negotiate stairs or steps or uneven surfaces).

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Making Improvement Happen

**Determine “why” the impairment is present**

- Weakness, balance, environment, cognition, pain, medications

**Continuous vs Intermittent Assistance**

- Consistent level of understanding across disciplines (LPN/PTA/OTA)

**Translate into goal setting and care planning**

- Focus on intentional strategies to improve / stabilize OASIS response
M1830 - Bathing

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<tbody>
<tr>
<td>0</td>
<td>Able to bathe self in shower or tub independently, including getting in and out of tub/shower.</td>
</tr>
<tr>
<td>1</td>
<td>With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.</td>
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</table>
| 2          | Able to bathe in shower or tub with the intermittent assistance of another person: 
  (a) for intermittent supervision or encouragement or reminders, OR
  (b) to get in and out of the shower or tub, OR
  (c) for washing difficult to reach areas. |
| 3          | Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. |
| 4          | Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. |
| 5          | Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. |
| 6          | Unable to participate effectively in bathing and is bathed totally by another person. |

- If the patient requires standby assistance to bathe safely in the tub or shower or requires verbal cueing/reminders, then enter Response 2 or Response 3, depending on whether the assistance needed is intermittent ("2") or continuous ("3").

- If the patient's ability to transfer into/out of the tub or shower is the only bathing task requiring human assistance, enter Response 2. If a patient requires one, two, or all three of the types of assistance listed in Response 2 of M1830 but not the continuous presence of another person as noted in Response 3, then Response 2 is the best response.

Making Improvement Happen

- Determine “why” the impairment is present
  - Weakness, balance, environment, cognition, pain, medications

- Continuous vs Intermittent Assistance
  - Consistent level of understanding across disciplines (LPN/PTA/OTA)

- Translate into goal setting and care planning
  - Focus on intentional strategies to improve / stabilize OASIS response
Burden or Opportunity?

@home WITH AEGIS

Role and Value of Therapy in Data Collection
Role of Therapy In OASIS E

- OASIS impacts
  - Care Compare outcomes
  - PDGM Functional Impairment grouping
  - HH VBP outcomes
  - Agency specific QAPI programs
- Training to accurately/thoroughly score
- Timely performance
- Collaboration/communication

OASIS Impacts

- Care Compare outcomes
  - Mobility: walking, transfers, bathing
  - Breathing
  - Med management
  - Fall risk
  - Prevention of hospitalization
- PDGM Functional Impairment grouping
  - Grooming
  - Dress upper/lower
  - Bathing
  - Transfers/Toilet transfers
  - Ambulation
  - Risk Hospitalization

- HH VBP outcomes
  - OASIS Based TNC Mobility and Self-Care
    - Toilet transfers
    - Transfers
    - Ambulation
    - Grooming
    - Dressing upper/lower
    - Bathing
    - Toilet hygiene
    - Feeding/eating
Role of Therapy in HH VBP

- OASIS-based measures
  - Focus on accuracy and thoroughness
- Improvement in Dyspnea
  - Focus on breathing interventions, functional/measured endurance
- Acute Care Hospitalization/ED Use
  - Focus on durability of response
  - Focus on vital sign analysis during intervention
  - Focus on condition management
- Improvement in Management of Oral Meds
  - Focus on cognitive ability, reading comprehension, problem solving, mobility access
- Diagnosis specific assessment tools
- Address patient satisfaction survey elements

Durability of Response

- Long-lasting positive response
- Maintains gains made while in skilled care
- Involved condition management
- Environmental/caregiver support
Diagnosis Specific Assessment Tools

- Assessment which targets the primary reason for home care
- Example: Respiratory
  - Dyspnea scales
  - Functional endurance with vital sign analysis
  - Vital sign analysis before/during/after activity
  - Gait speed

Speaker Contact Information

Shannon Liem, M.S., CCC-SLP
Clinical Director – Home Health
Aegis Therapies
Shannon.Liem@aegistherapies.com

Cindy Krafft, PT, MS, HCS-O
Owner/Founder
K&K Health Care Solutions
Krafft@valuebeyondthevisit.com

Sherry Teague, MESS, ATC, PTA, HCS-D, HCS-O
Co-Owner/Founder
K&K Health Care Solutions
Teague@valuebeyondthevisit.com
QUESTIONS & ANSWERS