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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

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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



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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.

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AGENDA

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



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PANELISTS

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OASIS E

Effective Date: January 1, 2023



How "New" is OASIS E



75% of items are the same

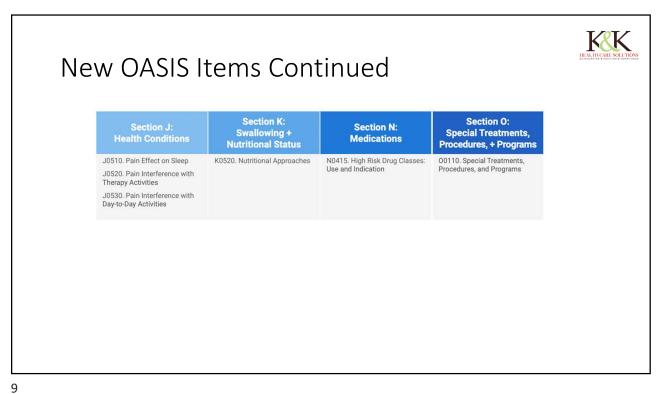
25% of items are brand new

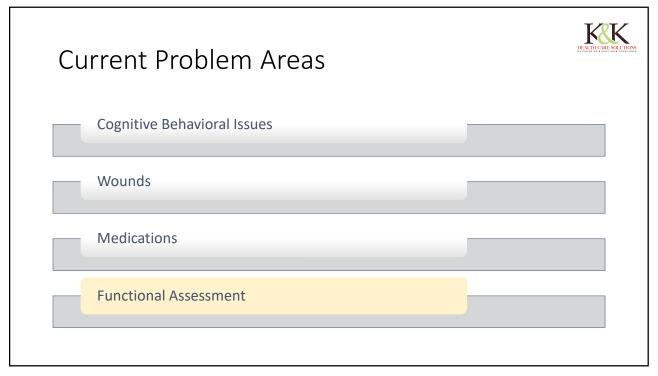
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27 New OASIS-E Items



Section A: Administrative Information + Patient Tracking	Section B: Hearing, Speech, + Vision	Section C: Cognitive Patterns	Section D: Mood
1005: Ethnicity 1010: Race 1110: Language 1120: Provision of Current 1200: Route of Current 12122: Route of Current 12122: Route of Current 12123: Provision of Current 12123: Provision of Current 12123: Provision of Current 12123: Provision of Current 12124: Route of Current 12126: Route of Current	B0200. Hearing B1000. Vision B1300. Health Literacy	C0100. Should BIMS Be Conducted? C0200. Repetition of Three Words C0300. Temporal Orientation C0400. Recall C0500. BIMS Summary Score C1310. Signs and Symptoms of Delirium	D0150. Patient Mood Interview D0160. Total Severity Score D0700. Social Isolation







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?"

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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.

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OASIS Education





OASIS E Items

Q4 2022

HHVBP

Effective Date: January 1, 2023



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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

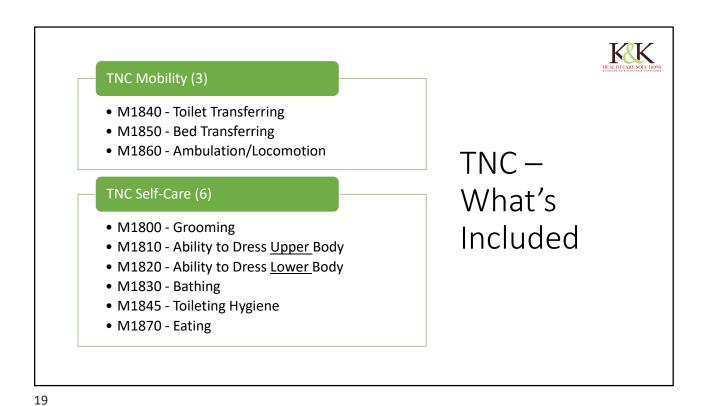
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VBP Quality Measures – What's Included

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

Domain	Quality measures	Source of data
OASIS-based (weighted 35%)	Improvement in Dyspnea	M1400
	Discharged to Community	M2420
	Improvement in Management of Oral Meds	M2020
	Total Normalized Composite (TNC) Change in Mobility	M1840, M1850, M1860
	Total Normalized Composite (TNC) Change in Self-Care	M1800, M1810, M1820, M1830, M1845, M1870
Claim-based (weighted 35%)	Acute Care Hospitalization During the First 60 Days of Home Health Use	NQF 0171
	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	NQF 0173
HHCAHPS Survey-based (weighted 30%)	Professional Care, Communication, Team Discussion, Overall Rating, Willingness to Recommend	NQF 0517



How Outcomes are Created

Actions

Measures

Measures



M1860 -Ambulation



(M1860)	Ambulation/Locomotion: Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.		
Enter Code	Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device).		
Ш	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.		
	2 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.		
	3 Able to walk only with the supervision or assistance of another person at all times.		
	4 Chairfast, unable to ambulate but is able to wheel self independently.		
	5 Chairfast, unable to ambulate and is unable to wheel self.		
	6 Bedfast, unable to ambulate or be up in a chair.		

- Variety of surfaces refers to typical surfaces that the patient would routinely encounter in his/her 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

K&K

SALTHICARE SOLUTIONS
SOURCES & AUDITION & COMPLIANCE

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



- 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.

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Making Improvement Happen

K&K

SALTHICARE SOLUTIONS
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Burden or Opportunity?

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Role and Value of Therapy in Data Collection



Role of Therapy In OASIS E



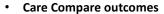
- OASIS impacts
 - Care Compare outcomes
 - PDGM Functional Impairment grouping
 - · HH VBP outcomes
 - Agency specific QAPI programs
- Training to accurately/thoroughly score
- Timely performance
- Collaboration/communication

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@home

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OASIS Impacts



- 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



- · OASIS Based TNC Mobility and Self-Care
 - Toilet transfers
 - Transfers
 - Ambulation
 - Grooming
 - · Dressing upper/lower
 - Bathing
 - Toilet hygiene
 - Feeding/eating

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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

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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

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