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Outcome Management: Using Oasis Data for the Jefferson Home Care Network

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Outcome Management: Using Oasis Data For The Jefferson Home Care Network

As of January of this year, all Medicare certified home health agencies will be required to collect outcomes data as part of the Outcome Based Quality Improvement (OBQI) objective of the National Medicare Quality Assurance and Improvement Demonstration Project (MEQA) launched four years ago. Three agencies from the Jefferson Home Care Network (JHCN) are participating. Preliminary data analysis of these three agencies, as benchmarked against a national sample, suggests that JHCN is performing at least above average in several important indicators of home health care.

"The MEQA project, as exemplified in mandatory collection of outcomes data, is a critical step toward valid and reliable aggregate assessment of home care quality, which has been, until recently, a 'black box,'" says Richard Jacovini, President of the JHCN. JHCN is the home care industry initiative of the Jefferson Health System (JHS) and is comprised of three home care agencies Jefferson Home Health/Main Line Hospitals (JHH/MLH), Jefferson Home Health/Thomas Jefferson University Hospital (JHH/TJUJH), and Jefferson Home Health/Methodist Hospital (JHH/MH), and Jefferson Home Infusion Services, and JeffQuip (a home medical equipment company). JHH/MLH was one of the original 50 agencies selected from over 200 home care agencies nationwide in 1995 to participate in the MEQA project. In 1997, as the JHCN began to integrate clinical practice across the its home care agencies, JHH/TJUJH and JHH/MH also joined the MEQA project.

For MEQA agencies, the key to unlocking the information in home care quality indicators is the OASIS (Outcomes and Assessment Information Set) dataset. OASIS, tailored specifically for the home care setting, has been validated and refined over the last 12 years in a series of research projects by Shaughnessey and Crisler at the University of Colorado Center for Health Policy and Services Research. MEQA agencies have continued the refinement of OASIS and its "Version B-1" was released in January 1999. JHH/MLH and other original MEQA agencies began collecting OASIS data on all new admissions as of March 1, 1996. OASIS data is aggregated, risk adjusted, and analyzed, and reports are created that benchmark performance. Agencies are benchmarked internally and with each other. Outcomes identified for improvement are remediated and positive outcomes are reinforced. A process of care investigation on targeted outcomes reveals care behaviors associated with the selected outcome and leads to the identification of best practices. Action plans are developed and implemented to assure best practices are a part of an agency's care provision. Outcomes domains include clinical (dyspnea, pain), functional (toileting, ambulating) and utilization (hospitalization from home care and emergent care use) outcomes.

To date, JHH/MLH has collected three years of OASIS data and has completed two rounds of OBQI (the OBQI cycle involves measuring changes in patient condition or status between two points in time, i.e., start of care to discharge or start of care to recertification). Five outcomes have been targeted acute hospitalization, stabilization in dyspnea in cardiac patients, improvement in urinary incontinence, improvement in pain interfering with activity in all patients, and improvement in pain interfering with activity in orthopedic patients. Positive improvement has been demonstrated in the first three cycles and reports for the latter two are due out this summer. JHH/TJUJH and JHH/MH have collected 18 months of OASIS data and completed one cycle of

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OBQI on two outcomes, Acute Hospitalization and Emergent Care Use in Cardiac Patients. Results for JHH/TJUH and JHH/MH's first cycle of OBQI will be reported this summer as well.

Participation in the MEQA project has been a positive experience for the three JHCN agencies and patients who receive care from them. The data collection process, which includes the 89-item OASIS data set, was initially viewed by staff with trepidation. Segments of the home care industry argue that OASIS is unduly labor intensive and intrusive to patients. This has not been the experience of these agencies. Staff have reported no increase in time to complete assessments and OASIS assessment data can be collected by clinicians with little burden to patients. Finally, the outcomes reports provide a means of direct feedback for staff on the quality of care they provide for their patients, thus reinforcing their dedication to the project, and the value of it in their estimation. Clinicians readily participate in OBQI teams and look forward to the agencies annual report cards.

Future directions and plans for OASIS and OBQI are being discussed at the national level. MEQA agencies were asked collaboratively over the last two years to target acute hospitalization in an effort to support the benefits home care can provide in reducing costly hospital admissions. JHCN's agencies and many others nationally are using OASIS data to address the ORYX requirements of JCAHO. One of HCFA's long term plans for OASIS includes establishing Quality Indicator Groups (QUIGS) for specific diagnostic categories (cardiac, pulmonary, orthopedic, oncology). At JHCN agencies, OASIS and OBQI will continue to provide the foundation for the JHCN's outcome management program. OASIS data will be collected in the future on laptop computers as part of the JHCN automated clinical record. Quality improvement activities will continue to focus on end-result and utilization outcomes measured through OASIS. For more information about JHH and the JHCN, please contact Sharon Johnson at 610-526-3837; by pager 601-912-2059; by fax 610-526-4798 or by e-mail JohnsonS@MLHS.ORG

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