Home Health Care Data & Readmissions

Home health providers are working to reduce avoidable hospital readmissions, both as individual agencies and as part of the Home Health Quality Improvement campaign led by quality improvement organizations (QIOs). Home health providers are committed to quality improvement and are interested in working as partners with hospitals to prevent unnecessary hospital readmissions.

To assist in these efforts, quality improvement campaigns can draw from national home health quality and outcomes data, which include hospitalization rates for each home health agency. Home health providers publicly report certain quality measures in the OASIS data set, which are available through the Medicare program's "Home Health Compare" website. This public reporting of OASIS data provides further incentives to home health agencies to improve quality of care against these measures.

What is OASIS?

The **O**utcome and **AS**sessment **I**nformation **S**et (**OASIS**) is a group of data elements that:

- *Represent core items of a comprehensive assessment for an adult home care patient;*
  and
- *Form the basis for measuring patient outcomes for purposes of outcome-based quality improvement (OBQI).*

How is OASIS related to other quality and outcomes data sets?

OASIS is similar to the data sets used by other long-term and post-acute care settings, such as the **Minimum Data Set (MDS)** collected by skilled nursing facilities (SNFs) and the **Medicare Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)** collected by inpatient rehabilitation facilities. These data sets, however, do not use the same terms and do not collect the same data points as the OASIS data set.

The OASIS data set is a key component of the home health community's partnership with the Medicare program to foster and monitor improved home health care outcomes. Most data items in the OASIS were derived from a CMS-funded national research program (co-funded by the Robert Wood Johnson Foundation) to develop a system of outcome measures for home health care. OASIS has evolved over time as a result of clinical and empirical research and consultation with home care experts.

Because home health provider payment rates depend upon the OASIS data submitted to the Medicare program, there is a highly regulated process for both selecting measures to be included in the OASIS data set and for reporting on these measures. The Centers for Medicare and Medicaid Services (CMS) adopted OASIS via notice and comment rulemaking and any changes to OASIS must occur through the regulatory process. CMS provides clear and specific sub-regulatory guidance on the mechanisms for home health provider reporting of OASIS data.

Using OASIS Data Elements to Reduce Hospital Readmissions

What Information Does OASIS Provide?

Home health care providers possess critical data about patients who are admitted to home health post-hospital discharge. These data can help hospitals in their efforts with home health providers to reduce 30-day readmission rates.
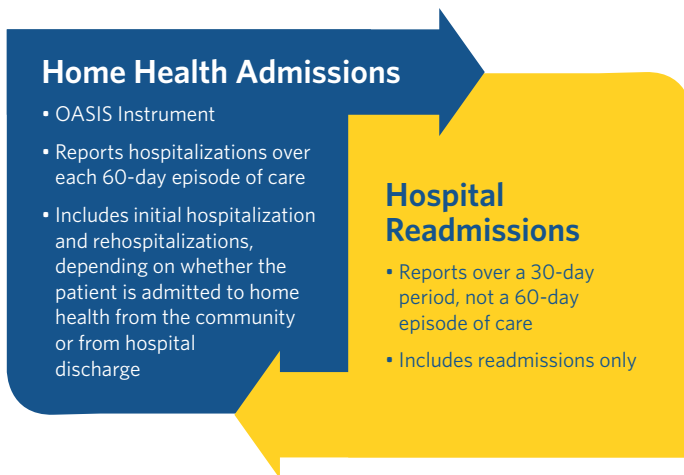
> **The OASIS Data Set includes robust patient information, including but not limited to:**
> - Medication Management
> - Dyspnea Management
> - Pain
> - Functional Outcomes

For example, home health providers collect and report OASIS data on Medication Management, Dyspnea Management, Pain, and Functional Outcomes.

Such information often is predictive of patients who are at risk of readmission to the hospital. By sharing this information and working together to target efforts towards patients at risk for rehospitalization, home health providers and hospitals can work together to improve quality of care for patients by avoiding preventable readmissions.

Measuring a Standard Hospitalization Rate Across Settings

Home Health Admissions

- OASIS Instrument
- Reports hospitalizations over each 60-day episode of care
- Includes initial hospitalization and rehospitalizations, depending on whether the patient is admitted to home health from the community or from hospital discharge

Hospital Readmissions

- Reports over a 30-day period, not a 60-day episode of care
- Includes readmissions only

One challenge home health care providers face is inconsistency in the way hospital readmissions are measured. There are key differences in the time frames used for reporting. Currently, home health providers report over a 60-day episode, not a 30-day period. This is because Medicare home health agency payment rates cover 60-day episodes of care. If a patient receives care for a second 60-day home health episode, the clock re-starts on reporting hospitalizations upon admission for the second home health episode.

Opportunities to Improve Cross-Setting Communications

Although OASIS provides a robust data set that can greatly assist hospitals seeking to reduce avoidable rehospitalizations, there are often gaps in information flow.

There are many opportunities for home health care providers to work more closely with hospitals. In the same way that home health agencies can provide a robust set of data to hospitals, hospitals have key data that are important as home health care providers seek to improve patient care and outcomes, including:

1. *Inpatient hospital discharge dates*

2. *Information on whether a patient was hospitalized or rehospitalized*

3. *The diagnosis and reasons for a patient's hospitalization or rehospitalization*

Home health care providers and hospitals can work together as partners to advance their quality improvement efforts, and these efforts are enhanced through improved collaboration and sharing of information. Developing standardized and interoperable health records that support health information exchange will be one tool of many to enable seamless communication of accurate data.

Critical Information to Reduce Avoidable Hospitalizations

HOSPITALS	HOME HEALTH CARE PROVIDERS
• Inpatient hospital discharge dates	• Medication management and reconciliation information
• Whether the patient was hospitalized or rehospitalized	• Dyspnea management
• Diagnosis and reasons for hospitalization or rehospitalization	• Patient's pain and signs of exacerbation
	• Functional outcomes