NAHC Annual Meeting 2013

The Diagnosis and Treatment of OASIS Inaccuracy

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VNSNY

H & P

• Demographics

• Geographic locations

• Patient populations

• Cultural diversity of patients and clinical staff

• Similarities and unique differences compared to other home health agencies
VNSNY

CHIEF COMPLAINT

• Variation in average case mix weights from team to team, region to region
• SOC/Coding review process identifying OASIS knowledge deficits and “repeat offenders”
• Low scores on OASIS competency testing among individual clinicians
• “They are just not getting it!”
• Diagnosis: Acute OASIS Inaccuracy

VNSNY

TREATMENT PLAN

Remediation focused on OASIS Excellence

• Just In Time learning from OASIS-Coding review staff
• Joint field visits
• Individual coaching from VNSNY supervisors
• Periodic in servicing and tailored remediation training on most frequently missed OASIS data items identified in OASIS-Coding review and OASIS competency testing
VNSNY

FOLLOW-UP EVALUATION

• Smaller group of clinicians not responding significantly to current treatment plan—need adjustments

• DX: Acute OASIS Inaccuracy → Chronic OASIS Inaccuracy

• RX: high touch and intensive coaching

• Nov. 2012 Referral to OASIS Specialist: Fazzi Associates

OASIS IMPROVEMENT QUALITY STUDY

Sponsored Oversight from Senior Leadership

Rose Madden-Baer for VNSNY
Vice President, Clinical Operations Strategy and Development

Tim Ashe for Fazzi Associates
Partner
OASIS IMPROVEMENT QUALITY STUDY

Project Leads

Seon Lewis-Holman for VNSNY
*Director Education/Clinical Development*

Patricia Fiedler for VNSNY
*Director of Episodic Payer Operations*

Rhonda Will for Fazzi Associates
*Assistant Director of OASIS Competency Institute*

CLINICIAN PATIENT CHARACTERISTICS

• Manhattan location 2 program pilot

• Nurses only used for initial pilot

• Scored 70 or less on two Fazzi OASIS Skills Tests
  • Sept 2011; January 2012

• Have 12 or more records with errors found on review (3-4 months)
Quality Improvement Study

- 17 participants placed in pilot project
  - Selected jointly by VNSNY and Fazzi
- Goal: Positively shift the level of OASIS competence in clinician participants
- Method: Customized training and small group coaching opportunities with Fazzi OASIS content experts
  - High touch and high tech!
- Project Length: 12 weeks

FAZZI DIAGNOSTICS

- Six SOC OASIS audits for each clinician participant via secure connection to VNSNY records
- OASIS skills pre-test
- Results: Inaccuracy most acute in the functional, integument and medication management domains of OASIS data collection
INITIAL SOC DOCUMENTATION REVIEW

DECEMBER 2012

• 102 SOC OASIS records
• 6 records per clinician participant

<table>
<thead>
<tr>
<th>OASIS Domains</th>
<th># SOC Records with OASIS Inconsistencies/Errors</th>
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<tbody>
<tr>
<td>Patient History/Diagnosis (M1000)</td>
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<td>Neuro-emotional Behavioral (M1700)</td>
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<td>Care Management (M2100)</td>
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<td>Therapy Need/Plan of Care (M2200)</td>
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</table>

OASIS SKILLS PRE-TEST RESULTS

JANUARY 2013

• 46 questions
• 17 participants
• Individual questions
  • Range: No one missed to everyone missed
  • Most missed: Integument, functional activity, medication management, falls risk, general conventions
• Scores ranged from to 81.5% to 47.8%
FAZZI TREATMENT PLAN

• Three customized training modules
  • Functional Assessment
  • Integument Assessment
  • Medication Management

• Distance learning-video based learning
  • 8-10 question post quiz

• Interactive WebEx and group conference call following each module

LEARNING MODULE CHALLENGES

• Technical challenges between Fazzi and VNSNY and within VNSNY

• Permissions and software issues

• Video hosting compatibility issues

• User experience and software/tablet savvy with remote e-learning functionality

• Access to OASIS resources during testing
PLAN MODIFICATIONS AND ADJUSTMENTS

• Learning modules modified in form, format and instructions based on the participant experience and feedback from the previous module
• Two project teams and their IT departments worked collaboratively
• Project timelines were lengthened
  • Some participants left the project during phases (LOA, retirement, transfer to another department)

LEARNING MODULE RESULTS

Integument Module - February 2013
• 14 quiz questions
• Score range: 46.2% - 92.3%; average 73.7%

ADL Module - March 2013
• 12 quiz questions
• Unable to score - multiple quizzes from same individuals

Med Management - May 2013
• 12 quiz questions
• Score range: 40% to 90%; average 75.71%
CLINICIAN PATIENT EXPERIENCE

• Learning Modules
  • Issues with delays and access to learning modules with technical problems
  • Resulted in some clinicians took the module quizzes without viewing the learning modules
  • Some used initiative and communicated directly with Fazzi project lead

• WebEx and Conference Calls
  • Engaged, verbal, asked questions and entered into discussions

REPEAT DIAGNOSTICS

• 13 remaining clinician participants

• OASIS skills test administered before the learning modules/coaching session began

• SOC-OASIS documentation review
EVIDENCE AND RESULTS

• Overall improvement in SOC-OASIS audits
  • More agreement with OASIS responses selected

• OASIS Skills testing improved
  • Average score improved from 71% to 76%
  • Still lower than the 80% benchmark set by VNSNY

• Challenges remain for individual clinicians in specific areas

EVIDENCE AND RESULTS

• Further improvements were noted after second in-house OASIS remediation testing

• Testing average on OASIS remediation testing 86% up from 76%

• Challenges remain for individual clinicians in specific areas
  • Need to integrate into performance improvement plans
  • Incorporate ongoing OASIS error reporting and testing proficiency scores
### SOC OASIS

<table>
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<tr>
<th>M Item</th>
<th>OASIS Assessment Area</th>
<th>Dec 2012</th>
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### OASIS SKILLS TEST

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Average Score: 70.96 75.69
WHAT DID WE LEARN?

• The treatment method works!
  • Elements of this project are worth replicating

• Interactive and facilitated WebEx with a “live” touch is effective

• Clinicians not frequently using available OASIS resources when documenting or testing

• Identify a different cohort for next improvement project

WHAT DID WE LEARN?

• Implementation and use of technology can be frustrating!

• Use project participants for “testing” model changes and not just the accomplished IT savvy office based staff

• Need to better identify and train for technical skills during orientation
**FINAL DIAGNOSIS**

- Improved chronic OASIS Inaccuracy

- Evidence that active treatment improves but curing or treating the condition requires diligence of reporting and testing outputs and ongoing coaching to continually improve the condition!

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**Contact Information**

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