May 11, 2018

CMS, Office of Strategic Operations and Regulatory Affairs,
Division of Regulations Development,
Attention: Form CMS–10545/OMB Control Number 0938–1279,
Room C4–26–05,
7500 Security Boulevard,
Baltimore, Maryland 21244

RE: Outcome and Assessment Information Set (OASIS) OASIS–D

The National Association for Home Care & Hospice (NAHC) is the largest trade association in the country representing home health care agencies. NAHC members represent the entire spectrum of home care agencies, including Visiting Nurse Associations, government-based agencies, multi-state corporate organizations, health system affiliated providers, and freestanding, proprietary home health agencies. NAHC members serve over several million Medicare home health care beneficiaries each year.

NAHC offers the following comments and recommendations on the burden estimate related to the OASIS-D.

Burden Estimate

Data set completion time
NAHC believes that the stated time frame for completing the OASIS-D data set is greatly underestimated. CMS estimates that it will take 0.3minutes (18seconds) per data element on all of the OASIS assessments. The resulting estimate is 47.7 minutes for 159 data elements on the Start of Care (SOC) OASIS; 40.5 minutes for 135 data elements on the Resumption of Care (ROC) OASIS; 23.7 minutes for 79 data elements on the Follow-Up (FU) OASIS; 7.8 minutes for 26 data items on the Transfer of Care (TOC) OASIS; and 29.4 minutes for 98 data elements on the Discharge (DC) OASIS.

This assumption gives equal weight to all the data elements within the OASIS assessment leading to an incorrect conclusion on the amount of time it takes a clinician to complete the OASIS D data set.

The OASIS D includes several new GG (0100, 0110, 0130 and 0170) items that assess mobility, self care, and prior function. New assessment items are more time intensive to complete since clinicians will have a learning curve to overcome for some time. However, the significant burden for clinicians is the nature of the GG0170 and GG0130 items.

GG0170 Mobility: This item requires the clinician to score a patient's mobility using a six point scale on 18 individual data elements. The clinician is to assess a patient ambulating several distances (10, 50, and 150 feet) on even and uneven surfaces, going up and down several stair levels (1, 4 and 12 steps), performing multiple transfers, include a car transfer, and picking up an object. According to the estimated calculation of .3 minute per a data element GG0170 will take a clinician only 5.4 minutes to complete. Given the nature of the assessment item and the population home health agencies typically serve many of the individual data elements could take several minutes for a clinician to complete. Item GG0170 could increase the time for completing the OASIS D data set by as much as 10 minutes above the estimated time for a total of 15.4 minutes; or .86 minutes per data element.

GG0130 Self Care: This item requires the clinician to score a patient's ability to perform self care activities using a six point scale on 7 individual data elements. Similar to GG0170, these data elements will often require observation or simulation of the patient completing the task. Patient reporting of their ability to perform self care activities has proven unreliable; therefore, the OASIS User Manual includes instructions for clinicians to observe the patient completing the activity when selecting a response to functional assessment items for better accuracy. According to CMS' burden estimate of 0.3 minutes per data element, this assessment item would only take 2.1 minutes to complete. Again, this assumption could lead to a gross underestimation on the time needed to complete the item, depending on the physical and cognitive capacity of the patient. NAHC estimates that assessment item could increase the time to complete the OASIS D assessment by approximately 8 minutes above the estimated 2.1 minutes for to a total of 10.1 minutes, or 1.4 minutes per data element.

Additionally, these new mobility and self care items are duplicative of the M1800-M1870 assessment items that measure activities of daily living (ADLs) and instrumental activities of daily living (IADLs). This duplication adds to the burden for completing the OASIS D, even if the responses to the GG assessment items inform the responses to the M1800 assessment items, or vice versa.
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Recommendation: Revise the burden estimate as follows to more accurately reflect the time it will take a clinician to complete the OASIS D data set.

SOC: 47.7 minutes + 25 5 minutes = 73.2 minutes (18 data elements in GG170 and 7 data elements in GG0130)

ROC: 40.5 minutes+ 25.5 minutes = 66 minutes (18 data elements in GG170 and 7 data elements in GG130)

F/U: 23.7 +15.4 minutes = 39.1 minutes (13 data elements in GG170 and 3 data elements in GG130)

Discharge: 29.4 minutes + 25.5 minutes = 54.9 minutes (18 data elements in GG170 and 7 data elements in GG0130)

Training Cost/Staff

NAHC is concerned that the burden estimate for the OASIS D training costs per home health agency (HHA) may be underestimated. CMS calculates the training costs using an average of 18 staff members per HHA; 13 clinicians and 5 administrative staff. Since the source of this data is not identified, it is unclear whether the number reflects individual staff members or full time equivalents (FTEs) only. Failure to count all clinical staff working for the agency will lead to an underestimate of training costs. A significant number of clinical staff providing care to home health patients are employed or contracted on a part time or as needed basis.

Recommendation: If the staff per HHA estimates reflects only FTEs, a new cost estimate for the number of individuals requiring training should be calculated.

Administrative

5 minutes of administrative assistant time to submit the assessment to CMS does not take into account the time and cost for an agency to review the OASIS assessment for accuracy of the data set. Because the OASIS instrument has multiple applications for home health providers, HHAs have had to implement comprehensive quality assurance reviews of the OASIS assessment as part of the entire submission process. NAHC estimates that this could add 10 minutes to the average time spent on each OASIS submission process and requires the cost of a clinical staff member to conduct the review.

Recommendation: Increase the burden estimate for the OASIS D submission by an additional 10 minutes using the cost of a clinical staff member.

Thank you for the opportunity to submit comments. If you need further information, please do not hesitate to contact me.

Very truly yours,

Mary K. Carr

Mary K. Carr
Vice President for Regulatory Affairs