OASIS Measure:
Improvement in Dyspnea

March 23, 2017

Prepared for CMS by the HHVBP Technical Assistance, contract number HHSM-500-2014-0033I. If you have suggestions for additional topics, please email the helpdesk at HHVBPquestions@cms.hhs.gov.
HHVBP Learning Event Structure

HHVBP Model Curriculum

Quality Improvement

HHVBP Model Information

Measures Improvement Strategies:
Improvement in Dyspnea
Agenda

• Review the OASIS-based quality measure of Improvement in Dyspnea
• Discuss clinical and operational processes and interventions to impact this measure
• Provide resources and support for quality improvement
• Highlight high performing HHAs for collaborative learning
Handouts & Questions

**Handouts**
- Presentation slides
- COPD Zone Tool (Patient Self-Management Tool)
- Improvement in Dyspnea Care Path
- Available via the green “Resources” widget for live presentations and on HHVBP Connect if viewing a recording

**Questions**
- Questions may be submitted through the Q&A feature on your screen OR HHVBP Help Desk at HHVBPquestions@cms.hhs.gov
Webinar Console Overview

Home Health Value-Based Purchasing
Important Updates and Reminders

- **New Measures Data Submission**
  - **April 1st (12:01am ET) through April 17th (3:00 AM ET)**
  - **1st quarter of 2017** (data collection for January 1, 2017 – March 31, 2017)
    - Advance Care Plan
    - Herpes Zoster
  - **Annual reporting** (data collection for October 1, 2016 through March 31, 2017)
    - Influenza Vaccination Coverage for Home Health Care Personnel

- **Help Desk Assistance**
  - **Hours**: Monday- Friday, 8:30am-7:30-m ET
  - Closed weekends and federal holidays
Questions to Consider

1. What are your current strategies for managing patients with dyspnea?

2. What are ways in which your current strategies for managing patients with dyspnea could improve?
Measure Review: Improvement in Dyspnea
TPS & Annual Payment Adjustments

Improvement in Dyspnea measure is used to calculate your TPS

17 Quality Measure Results (OASIS, Claims, HHCAHPS – based measures)

Quarterly Interim Performance Report (IPR)

Total Performance Score (TPS)

Annual Payment Adjustment
## Improvement in Dyspnea

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Percentage of home health episodes of care during which the patient became less short of breath or dyspneic.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of home health quality episodes where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Number of home health quality episodes ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.</td>
</tr>
<tr>
<td><strong>Measure-specific Exclusions</strong></td>
<td>Home health quality episodes for which the patient, at start/resumption of care, was not short of breath at any time, episodes that end with inpatient facility transfer or death.</td>
</tr>
<tr>
<td><strong>OASIS-C2 Item(s) Used</strong></td>
<td>(M1400) When is the patient dyspneic?</td>
</tr>
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</table>
OASIS Guidance: Improvement in Dyspnea

• Level of Exertion Causing Dyspnea
  » Report what is true on the day of assessment
    • 24 hours immediately preceding the home visit and the time spent by the clinician in the home
  » Refer to examples included in response to determine the amount of effort it took to cause dyspnea (examples are illustrative, not absolutes)

OASIS ITEM

(M1400) When is the patient dyspneic or noticeably Short of Breath?
0 - Patient is not short of breath
1 - When walking more than 20 feet, climbing stairs
2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
4 - At rest (during day or night)
OASIS Guidance: Improvement in Dyspnea (cont.)

• Oxygen Use
  » If patient uses oxygen *continuously*, assess *with* oxygen
  » If oxygen is used *intermittently*, assess *without* oxygen
  » Assessment based on patient’s *use* of oxygen, not physician's order

• Modifications of the Patient’s Environment
  » Environment may have been modified to address dyspnea:
    • E.g., Sleeps in recliner or sleeps with two pillows
  » If patient has not demonstrated or reported shortness of breath during the “day of assessment” timeframe,” select “0” even though the environment or patient activities were modified in order to avoid SOB
What We Need to Succeed?

Measure: *Improvement in Dyspnea*

**OASIS ITEM**

(M1400) When is the patient dyspneic or noticeably Short of Breath?

0 - Patient is not short of breath
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“**IMPROVEMENT Achieved**”

Discharge OASIS score is numerically lower when compared to SOC/ROC

Example: SOC – “2” and DC – “1” = Improvement
Measure Improvement Strategies
Measure Improvement Strategies (cont.)

- Basic Clinical Education
- Tools and Interventions
- Peer-to-Peer Collaboration
Measure Improvement Strategies: Basic Clinical Education

- Basic Clinical Education
- Tools and Interventions
- Peer-to-Peer Collaboration
## Sample Clinical Staff Education Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Sample Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Measure Specifics</td>
<td>• <a href="#">CMS Home Health Quality Measure Tables</a></td>
</tr>
<tr>
<td>2. OASIS Data Accuracy</td>
<td>• <a href="#">OASIS C-2 Guidance Manual</a></td>
</tr>
<tr>
<td></td>
<td>• <a href="#">OASIS Q&amp;As</a></td>
</tr>
<tr>
<td>3. Basics of Chronic Disease Management</td>
<td>• <a href="#">HHQI Basics of Chronic Disease Management Course (free with CEUs)</a></td>
</tr>
<tr>
<td></td>
<td>• <a href="#">COPD Zone Tool</a></td>
</tr>
<tr>
<td>5. Teach-Back</td>
<td>• <a href="#">10 Elements of Competency for Using Teach-Back</a></td>
</tr>
</tbody>
</table>
1. CMS Home Health Quality Measure Tables
2. CMS OASIS Guidance

OASIS-C2 Guidance Manual

OASIS Q&As
3. Basics of Chronic Disease Management
4. VNAA Blueprint for Excellence

Clinical Conditions & Symptom Management: Chronic Obstructive Pulmonary Disease—COPD

VNAA Best Practices for Home Health
## 5. COPD Zone Tool

### ALL CLEAR (GOAL)
- No cough, wheezing, or shortness of breathing; able to do usual activities
- No need to use rescue inhalers
- No changes in cough and sputum (phlegm)
- Appetite is good

### Doing Great!
- Your symptoms are under control
- Actions:
  - Take medicines as ordered
  - Keep all doctor appointments
  - Follow healthy eating habits
  - Continue regular exercise
  - Use oxygen as ordered
  - Stop smoking or being around others who smoke
  - Get annual flu shot

### CAUTION (WARNING)
If you have any of the following:
- Sputum (phlegm) increases, color changes, or it thickens
- Cough increases or wheezing even after taking your medicines
- More trouble breathing or more coughing with activity
- Extra pillows to sleep
- Medicine is not helping
- Appetite not very good

### Act Today!
- Means you may need your medicines changed
- Actions:
  - Use oxygen as ordered
  - Take your “quick relief medicine” (rescue inhaler)
  - Call your home health nurse
  - (agency’s phone number)
  - Or call your doctor
  - (doctor’s phone number)

### EMERGENCY
- Trouble breathing or wheezing at rest
  - Hard to walk or talk
  - Rescue medication isn’t working
  - Chest pain or tightness that does not go away
  - Must sit up to breathe
  - Lips or finger nails turn blue or gray
  - Confusion/anxiety

### Act NOW!
- Means you need to be seen by a doctor right away
- Actions:
  - Call your doctor right away
  - (doctor’s phone number)
  - Or call 911
6. 10 Elements of Competency for Using Teach-back Effectively

10 Elements of Competence for Using Teach-back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.

What is Teach-back?

- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

1 Schillinger, 2003
Measure Improvement Strategies: Tools and Interventions

- Basic Clinical Education
- Tools and Interventions
- Peer-to-Peer Collaboration
Clinical Best Practices: Sample Paths to Improvement
Sample Patient Workbook
Care Path & Intervention Examples
OASIS (M1400)
When is the patient dyspneic or noticeably Short of Breath?
0 - Patient is not short of breath
1 - When walking more than 20 feet, climbing stairs
2 - With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)
3 - With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation
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MEASURING IMPROVEMENT
To improve in dyspnea, a patient must improve on M1400 from

SOC/ROC to Discharge
4 3, 2, 1, or 0
3 2, 1, or 0
2 1, or 0
1 0

* This Care Path is a guide to assist in care planning. All patient interventions should be developed and prioritized to meet the patient's individual needs. Interventions may be implemented that are not included in this Care Path.

** Consider implementing any of the following interventions*
Consider: Is the patient short of breath or at risk for having issues with shortness of breath.

At SOC or ROC was OASIS M1400 1, 2, 3, or 4?

Yes

Implement the following:
- Establish the patient's goal for dyspnea
- Emergency Care Plan (Stoplight Tool)
- Establish pulse oximetry parameters
- Educate in:
  - Breathing Techniques (deep breathing & pursed lip breathing)
  - Energy conservation
  - S/S respiratory infection
- Coordinate influenza and pneumococcal immunizations (if needed)
- Assist with advance care planning (advance directive, POLST, etc.)

No

Do not use this Care Path.
6. Does this patient have ANY of the following clinical issues or treatments that may be impacting their dyspnea?

- Yes
  - S/S of Anxiety**
  - S/S of Depression**
  - Oxygen** (Use, Need for, or Orders for O2)
  - Medications** related to dyspnea or impacting dyspnea (e.g., nebulizer treatments, inhalers, diuretics, etc.)

- No
  - S/S of URI, or Recent Respiratory Infection**
  - Activity Intolerance**
  - Environmental Issues** (home cooling, environmental barriers, allergens, smoke, etc.)

7. STOP

** Consider implementing any of the following interventions*

*Individual needs, interventions may be implemented that are not included in this Care Path.
Care Path: Interventions

- **S/S of Anxiety**: Assess: Effectiveness of medication regime, Educate & Teach-Back: Progressive Muscle Relaxation, Consult: MHRN, SBAR: Medication evaluation
- **S/S of Depression**: Assess: PHQ2 and PHQ9, Assess: Psycho-social factors, Assess: Effectiveness of current treatment, Consult: MHRN
- **Oxygen**: Assess: Effectiveness of current O2 therapy or need for initiating O2 therapy, Educate & Teach-Back: Care of equipment, Assess: Possible sleep desaturation/sleep apnea

(Use, Need for, or Orders for O2)
Care Path: Interventions (cont.)

Medications** related to dyspnea or impacting dyspnea (e.g., nebulizer treatments, inhalers, diuretics, etc.):
- Assess:
  Medication regime effectiveness related to dyspnea
- Consult:
  Pharmacist to evaluate medication regime including admin. times
- Educate & Teach-Back:
  Use of nebulizer and/or inhaler

S/S of URI, or Recent Respiratory Infection**:
- Assess:
  History of respiratory infections
- Educate:
  Oral hygiene
- Educate & Teach-Back:
  S/S respiratory infection

Activity Intolerance**:
- Consult:
  PT and/or OT for home exercise program and/or pulmonary rehabilitation
- Educate & Teach-Back:
  Modifications to home environment to decrease dyspnea

Environmental Issues** (home cooling, environmental barriers, allergens, smoke, etc.):
- Assess:
  Impact of environment on dyspnea
- Educate & Teach-Back:
  Modifications to home environment to decrease dyspnea
- Consult:
  MSW to evaluate resources for home modifications
Home-Based Pulmonary Rehab: What does it look like?

- **Aerobic training**
  - Set goal for walking distance
  - Record distance using a pedometer
  - 30 minutes, 5 times per week
  - Record completion in home diary

- **Upper and lower limb strength training**
  - Functional tasks: stair training, sit to stand from chair, etc.
  - Free weight training

- **Patients contacted by clinician (weekly, e.g., for approx. 7 weeks)**
  - Review the home diary
  - Progress the exercise prescription
  - Deliver disease-specific self-management training
  - Explore and build motivation for change
  - Move towards commitment and action
Today’s Discussion

- Basic Clinical Education
- Tools and Interventions
- Peer-to-Peer Collaboration
Nemaha County Home Care

Jere Gravatt, RN, Director
Nemaha County Home Care
Auburn, Nebraska
Sheri Osburn, Director of Clinical Services
Elite Home Health and Hospice
Clarkston, Washington
Discussion!
Resources & Reminders
## Mark Your Calendars

All learning events will be held at 2 PM, Eastern Time. Please register via the *HHVBP Connect* Calendar.

<table>
<thead>
<tr>
<th>Upcoming Learning Event Topic</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>OASIS and HHCAHPS Measure: Improvement in Medication-Related Measures</td>
<td>April 6, 2017</td>
<td>2:00 PM ET</td>
</tr>
<tr>
<td>Learning from the Literature: Highlights from the Environmental Scan</td>
<td>April 20, 2017</td>
<td>2:00 PM ET</td>
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Questions

Do you have questions about the HHVBP Model?
Contact the HHVBP Model Help Desk at
HHVBPquestions@cms.hhs.gov.

If you are experiencing technical issues with
gaining access to the HHVBP Secure Portal or
HHVBP Connect, please call:
(844) 280-5628.

Stay on the line until your issue is resolved.
**HHVBP Connect Chatter**

• Join the discussion!
  » Engage with your peers on *HHVBP Connect* by liking and commenting on their posts

• If you would like to ask a question of your peers:
  » Log into the *HHVBP Connect* site at [https://app.innovation.cms.gov/HHVBPCConnect/CommunityLogin](https://app.innovation.cms.gov/HHVBPCConnect/CommunityLogin)
  » On the Chatter page, select “Post” at the top and type in your question and post to the group

• To request access to *HHVBP Connect*, visit the *HHVBP Connect* site and select the new user registration link
  » Follow the on-screen instructions
  » The CMMI Help Desk will contact you to complete the registration process
Thank you!

Prepared for CMS by the HHVB-P Technical Assistance, contract number HHSM-500-2014-0033I. If you have suggestions for additional topics, please email the helpdesk at HHVBPquestions@cms.hhs.gov.