



EDUCATIONAL RESOURCES

OASIS-E

Exciting New Assessment for Home Health

 HOME HEALTH



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Today's Presenter

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A promotional banner for ACHC Certified Consultant Training. The background is a photograph of a woman with dark curly hair, wearing a yellow button-down shirt, sitting at a desk with a laptop and a notebook, smiling. The text is overlaid on a dark purple and blue geometric background. The main text reads "ACHC CERTIFIED CONSULTANT TRAINING" in large white capital letters. Below it, "January 2023" is written in white, and "Learn More >>" is in yellow. The ACHC U logo is in the top right corner of the banner.

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Objectives

1. The learner will be able understand why the OASIS is changing.
2. The learner will be able to define the new items and the importance of these items.
3. The learner will be able to operationalize important items with the OASIS-E.

Why Change the OASIS?

- Per the OASIS-E Guidance Manual:
 - “Currently the main reason for revising OASIS is to increase standardization across post-acute care (PAC) settings to uniformly collect social determinants of health data and to enable calculation of standardized, cross-setting quality measures (QMs), pursuant to the provisions of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act. Standardized assessment data elements are assessment items and Code options that are harmonized across four PAC assessment instruments, and to which aligned standards and definitions apply.”
- Post Acute Care/IMPACT Act
 - On October 6, 2014, the IMPACT Act was signed into law.
 - The Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning.

IMPACT Act

- CMS Meaningful Measure priority areas are:
- Promote effective communication and coordination of care
- Promote effective prevention and treatment of chronic disease
- Work with communities to promote best practices of healthy living
- Make care affordable
- Make care safer by reducing harm, cost in the delivery of care
- Strengthen person and family engagement as partners in their care

(Reference: Search “Impact Act” or [use this link](#))

IMPACT Act

- Quality Measure Domains:
- Skin integrity and changes in skin integrity;
- Functional status, cognitive function, and changes in function and cognitive function;
- Medication reconciliation;
- Incidence of major falls;
- Transfer of health information and care preferences when an individual transitions.

(Reference: Search “Impact Act” or [use this link](#))

IMPACT Act

- Resource Use and Other Measure Domains:
- Resource use measures, including total estimated Medicare spending per beneficiary;
- Discharge to community; and
- All-condition risk-adjusted potentially preventable hospital readmissions rates.

(Reference: Search “Impact Act” or [use this link](#))

Changes From OASIS-D1 To OASIS-E

- Removal of items:

1. M1030
2. M1051/1056
3. M1200
4. M1242
5. M1910
6. M2016
7. M2401a Diabetic foot care

Changes From OASIS-D1 To OASIS-E

- Addition of new OASIS-E items:
 1. A1110. Language
 2. A1250. Transportation
 3. A2121/2120. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge/Transfer
 4. A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider
 5. A2123. Provision of Current Reconciled Medication List Transmission to Patient at Discharge
 6. A2124. Route of Current Reconciled Medication List Transmission to Patient
 7. B0200. Hearing
 8. B1300. Health Literacy
 9. C0100. Should Brief Interview for Mental Status be Conducted?
 10. C0200 – C0500: BIMS
 11. C1310. Signs and Symptoms of Delirium (from CAM)
 12. D0160. Total Severity Score
 13. D0700. Social Isolation
 14. J0510. Pain Effect on Sleep
 15. J0520. Pain Interference with Therapy Activities
 16. J0530. Pain Interference with Day-to-Day Activities
 17. K0520. Nutritional Approaches
 18. N0415. High-Risk Drug Classes: Use and Indication
 19. O0110. Special Treatments, Procedures, and Programs

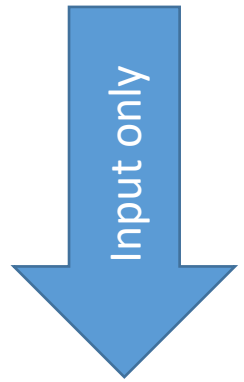
Time Estimated for Each Timepoint

Table 1. Number of Data Elements Added and Removed for OASIS-E

Time Point	#DE in OASIS-D (D1)	#DE added for OASIS-E	#DE removed for OASIS-E	Net change (+)	#DE in OASIS-E
SOC	158	59	14	45	203
ROC	131	49	8	41	172
FU	36	8	0	8	44
TOC	22	1	1	0	22
DAH	9	0	0	0	9
DC	97	51	2	49	146
Totals	444	168	25	143	596

Table 6. Proposed Change in Clinician Burden Costs*

OASIS-E	OASIS-D	DIFFERENCE
\$900,679,044.53	\$559,827,580.49	\$340,851,464.04
		(\$30,020.39 per HHA)



57.3 min
48 min
13.2 min
6.6 min
2.7 min
40.2 min

OASIS-E (Draft) Notable Differences

- Standardization of formatting
- Items sequenced differently
- Some items separated (Race/Ethnicity for example)
- In the revised OASIS-E draft, “Patient declines to respond” was added as an option to the SDoH items
 - A1005 Ethnicity
 - A1010 Race
 - A1250 Transportation
 - B1300 Health literacy
 - D0700 Social Isolation

OASIS Item Criteria

- To be included in the OASIS data set, an item must meet one or more of these criteria:
 1. Calculate a measure for Home Health Quality Reporting Program (HHQRP)
 2. Contribute to calculation of payment
 3. Be used in the Medicare survey process
 4. Calculate a measure in Care Compare

OASIS-E Sections

- Due to the mix of existing M items and new items adopted from other settings, the OASIS is now presented in Sections.

Section	Title	Section	Title
A	Administrative Information <ul style="list-style-type: none"> • Patient Tracking 	H	Bowel and Bladder
B	Hearing, Speech, and Vision	I	Active Diagnoses
C	Cognitive Patterns	J	Health Conditions
D	Mood	K	Swallowing/Nutritional Status
E	Behavior	M	Skin Conditions
F	Preferences for Customary Routine Activities	N	Medications
G	Functional Status	O	Special Treatments, Procedures and Programs
GG	Functional Status: Functional Abilities and Goals	Q	Participation in Assessment and Goal Setting

No section L or P

OASIS is All about the Data

- Multiple uses of the OASIS tool:
 - Conditions of Participation (CoPs)
 - Measurement of quality of care and care processes
 - Episode payment / reimbursement
 - Measurement of resource utilization
 - Identification of patterns of fraud and abuse
 - Value Based Purchasing (VBP)

Pay for Reporting

- OASIS assists CMS in addressing requirements for Pay for Reporting
 - Data submitted appropriate for the measurement of healthcare quality
 - All providers must submit data reporting for the following domains across settings:
 - Patient assessment data standardized across PAC (Post-Acute Care) settings
 - Quality measures (functional status, cognitive function, skin integrity, incidence of falls, medication reconciliation, care coordination)
 - Measures of resource use, d/c to community, preventable hospital readmission rates

Organization of OASIS-E Manual

- Chapter 1- Introduction to the Manual
- Chapter 2- Importance of Data Accuracy
- Chapter 3- Item Specific Guidance
- Appendix A- Glossary and Common Acronyms
- Appendix B- OASIS Items, time points and uses table
- Appendix C- OASIS Instruments
- Appendix D- Description of changes from OASIS-D to OASIS-E
- Appendix E- References and Resources
- Appendix F- OASIS and Quality Improvement

New OASIS Version

- All previous guidance is now rolled into the new version. Be sure to understand the item intent and guidance for not only the new items, but also all the current items. Will be effective 1/1/2023 (M0090 date).

Social Determinants of Health



**Economic
Stability**

**Education
Access
and Quality**

**Health Care
Access
and Quality**

**Neighborhood
and Built
Environment**

**Social and
Community
Context**

Why Are Social Determinants of Health Important?

- *Social determinants have a major impact on health outcomes - especially for the most vulnerable populations. Factors such as a patient's education, income level, and environment must be considered when providing treatment and care.*
- The impact of such factors on health is defined by [Healthy People 2020](#) as social determinants of health: “Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” When resources are available to overcome negative social determinants of health, they can have a significant impact on population health outcomes.

OASIS-E Social Determinants of Health

- Most are in **Section A- Administrative Information**
 - A1005-Ethnicity- Declines to respond-NO OTHER SOURCE
 - A1010-Race- Declines to respond-NO OTHER SOURCE
 - A1110-Preferred Language/Interpreter
 - A1250-Transportation (past 6 months to a year) Declines to respond-NO OTHER SOURCE
- **Section B-Hearing, Speech, Vision**
 - B1300-Health Literacy- Patient Report Only
- **Section D-Mood**
 - D0700 - Social Isolation- Patient Report Only

Administrative Things To Monitor

CoPs

A1110. Language																						
<p>Enter Code</p> <input type="checkbox"/>	<p>A. What is your preferred language?</p> <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
	<p>B. Do you need or want an interpreter to communicate with a doctor or health care staff?</p> <p>0. No</p> <p>1. Yes</p> <p>9. Unable to determine</p>																					

- Easily identifiable to Surveyors
- Do you have written materials in preferred language
- Translator/sign language/contracts in place
- Policies related to this if not already in place

Administrative Things To Monitor

CoPs

A1250. Transportation (NACHC ©)	
Has lack of transportation kept you from medical appointments, meetings, work , or from getting things needed for daily living?	
↓ Check all that apply	
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

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- What will we do if we identify?
- Policies?
- Increase in MSW
- Consider a robust community resources handout

Do You Possess Organizational Health Literacy?

B1300. Health Literacy (From Creative Commons ©)

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Enter Code

- 0. Never
- 1. Rarely
- 2. Sometimes
- 3. Often
- 4. Always
- 7. Patient declines to respond
- 8. Patient unable to respond

The Single Item Literacy Screener is licensed under a Creative Commons Attribution Noncommercial 4.0 International License.

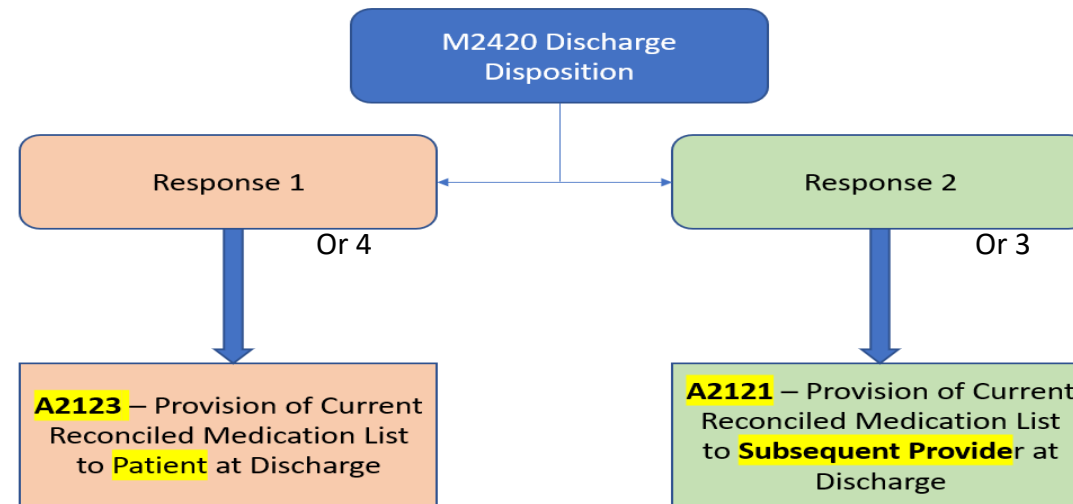
- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Transfer of Health Information



Start with the Discharge Disposition

M2420. Discharge Disposition	
Where is the patient after discharge from your agency? (Choose only one answer.)	
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"> Patient remained in the community (without formal assistive services) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge Patient remained in the community (with formal assistive services) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge
UK	Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge



Discharge Summary (CoPs §484.55)

- Standard: Discharge or transfer summary content.
 1. The HHA must send all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, to the receiving facility or health care practitioner to ensure the safe and effective transition of care.
 2. The HHA must comply with requests for additional clinical information as may be necessary for treatment of the patient made by the receiving facility or health care practitioner.

For OASIS - How Can We Transmit This Information?

- Electronic Health Record (EHR)
 - Patient Portal
 - Shared Portal
 - Checking this route does not require confirmation that the patient or subsequent provider has accessed the med list (? CoPs?)
- Health Information Exchange (HIE)
 - Agency participates and used an HIE to electronically exchange the current reconciled medication list with the subsequent provider, patient, family, and/or caregiver
- Verbal
 - Verbally communicated by any means-in person, telephone, video-conferencing, etc.

For OASIS - How Can We Transmit This Information?

- Paper-Based
 - Transmitted using something such as fax, efax, printout, med profile in home folder
- Other Methods
 - Check if the current reconciled medication list was transmitted using another method not listed above (examples-texting, email, CD's)

Policies and Processes

- Consider non-visit discharges
- Consider therapy discharges (and CoPs regarding reconciliation)
- Processes you have in office to send to subsequent provider for OASIS and physician for CoPs

Medications



High Risk Drug Classes-N0415

SOC/ROC and Discharge		
N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes 2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is Taking	2. Indication Noted
	↓	Check all that apply
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the Above	<input type="checkbox"/>	

All
meds



Nutritional Approaches



Nutritional Approaches K0520

SOC/ROC	
K0520. Nutritional Approaches	
1. On Admission Check all of the nutritional approaches that apply on admission	1. On Admission
	Check all that apply ↓
A. Parenteral/IV feeding	<input type="checkbox"/> Nutrition/hydration
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Also allergies	<input type="checkbox"/> Locator 16 of POC
Z. None of the above	<input type="checkbox"/>

} Can be both

Discharge		
K0520. Nutritional Approaches		
4. Last 7 days Check all of the nutritional approaches that were received in the last 7 days	4. Last 7 days	5. At discharge
5. At discharge Check all of the nutritional approaches that were being received at discharge	↓	↓
	Check all that apply	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

Special Treatments, Procedures, and Programs



Cognitive Patterns



Brief Interview for Mental Status (BIMS)

- Should be conducted in preferred language/method (verbal or cue cards)
- Attempt with ALL patients
- If the patient is rarely/never understood verbally, in writing, or using another method, we would code 0-No and skip C0200-C0500

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

Attempt to conduct interview with all patients.

Enter Code

0. **No** (patient is rarely/never understood) → *Skip to C1310, Signs and Symptoms of Delirium (from CAM ©)*
1. **Yes** → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code

Ask patient: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words."*

Number of words repeated after first attempt

0. **None**
1. **One**
2. **Two**
3. **Three**

After the patient's first attempt, repeat the words using cues (*"sock, something to wear; blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times.

- Must be the patient who answers
- Score on first attempt
- If the patient got them correct, repeat the words using category cues

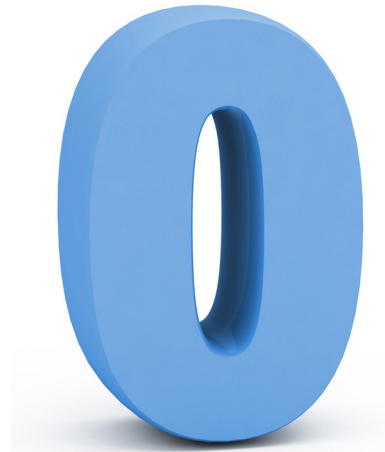
C0300. Temporal Orientation (Orientation to year, month, and day)	
Enter Code <input type="checkbox"/>	Ask patient: <i>"Please tell me what year it is right now."</i> A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct
Enter Code <input type="checkbox"/>	Ask patient: <i>"What month are we in right now?"</i> B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days
Enter Code <input type="checkbox"/>	Ask patient: <i>"What day of the week is today?"</i> C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct

Count Current day
as day 1

- Allow 30 seconds for each answer
- Do not provide clues
- Answer if correct, or if incorrect, how much did they miss?

Zero Isn't Always Counted the Same?? What?

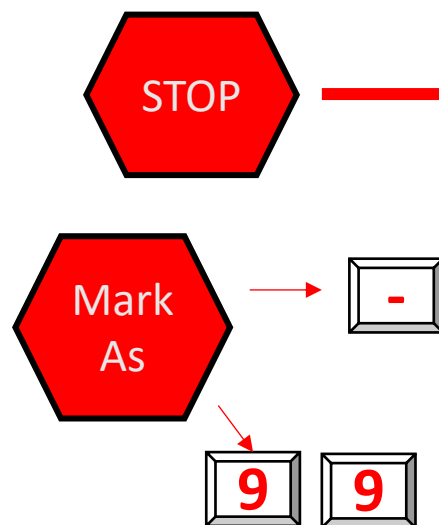
- Used to represent incorrect answers, refusals, and nonsensical responses.
- Treated differently when coding the summary score
- Incorrect Answer – Asked to state the year-states 1935
- Refusal – What difference does it make when you are as old as I am?
- Nonsensical Response- Purple is my favorite color



Brief Interview for Mental Status (BIMS)

BIMS: C0200 – C0500

- All responses have been nonsensical OR
- There has been no verbal or written response to any of the questions up to this point, OR
- There has been no verbal or written response to some questions up to this point and for all others, the patient has given a nonsensical response.



C0200. Repetition of Three Words

Enter Code <input type="checkbox"/>	Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed . Now tell me the three words." Number of words repeated after first attempt 0. None 1. One 2. Two 3. Three After the patient's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.
--	---

C0300. Temporal Orientation (Orientation to year, month, and day)

Enter Code <input type="checkbox"/>	Ask patient: "Please tell me what year it is right now." A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct
Enter Code <input type="checkbox"/>	Ask patient: "What month are we in right now?" B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days
Enter Code <input type="checkbox"/>	Ask patient: "What day of the week is today?" C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct

C0400. Recall

Enter Code <input type="checkbox"/>	Ask patient: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. A. Able to recall "sock" 0. No – could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	B. Able to recall "blue" 0. No – could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required
Enter Code <input type="checkbox"/>	C. Able to recall "bed" 0. No – could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required

C0500. BIMS Summary Score

Enter Score <input type="text"/>	Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the patient was unable to complete the interview
-------------------------------------	--

Signs and Symptoms of Delirium C1310

C1310. Signs and Symptoms of Delirium (from CAM®)		
Code after completing Brief Interview for Mental Status and reviewing medical record.		
A. Acute Onset of Mental Status Change		
Enter Code <input type="checkbox"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes	
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	B. Inattention – Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	<input type="checkbox"/>	C. Disorganized thinking – Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/>	D. Altered level of consciousness – Did the patient have altered level of consciousness, as indicated by any of the following criteria? ▪ vigilant – startled easily to any sound or touch ▪ lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch ▪ stuporous – very difficult to arouse and keep aroused for the interview ▪ comatose – could not be aroused

Adapted from: Inouye SK, et al. *Ann Intern Med.* 1990; 113: 941-948. *Confusion Assessment Method.* Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.

- CAM is a standardized evidence-based tool that enables non-psychiatrically trained clinicians to identify and recognize delirium quickly and accurately in both clinical and research settings. The screening tool alerts clinicians to the presence of possible delirium.
- Delirium can be misdiagnosed as dementia.

Mood



PHQ2-PHQ9

What is missing from OASIS-D1???

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	↓ Enter Scores in ↓ Boxes	↓ Enter Scores in ↓ Boxes
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank).	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			

- 2 Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression.
- 3 Yes, patient was screened with a different standardized, validated assessment and the patient does not meet criteria for further evaluation for depression.

PHQ-2 – PHQ-9

If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.				
C. <i>Trouble falling or staying asleep, or sleeping too much</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. <i>Feeling tired or having little energy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. <i>Poor appetite or overeating</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. <i>Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. <i>Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D0150: Patient Mood Interview/Stopping the Assessment (PHQ-2 to 9)

D0150. Patient Mood Interview (PHQ-2 to 9)			
Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"			
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	↓ Enter Scores in ↓ Boxes	
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
9. No response (leave column 2 blank).	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
A. Little interest or pleasure in doing things		1	AND 0-1
B. Feeling down, depressed, or hopeless		1	

D0160. Total Severity Score

Enter Score

= total score
of A2 and B2

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)

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9. No response (leave column 2 blank).	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
A. Little interest or pleasure in doing things		9	
B. Feeling down, depressed, or hopeless		9	AND BLANK

D0160. Total Severity Score	
Enter Score	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)
SKIP	

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9. No response (leave column 2 blank).	2. 7-11 days (half or more of the days)		
	3. 12-14 days (nearly every day)		
A. Little interest or pleasure in doing things		<input type="checkbox"/>	<input type="checkbox"/>
B. Feeling down, depressed, or hopeless		<input type="checkbox"/>	<input type="checkbox"/>

If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	<input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	<input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	<input type="checkbox"/>
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down		<input type="checkbox"/>	<input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	<input type="checkbox"/>
H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual		<input type="checkbox"/>	<input type="checkbox"/>
I. Thoughts that you would be better off dead, or of hurting yourself in some way		<input type="checkbox"/>	<input type="checkbox"/>

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All other scenarios, proceed to PHQ-9

Scoring Rules for D0160-Total Severity Score

- If Symptom Frequency (Column 2) is missing for one or two symptoms, reweight the available values when computing the sum
 - 1 response missing-multiply the sum of the 8 items by 1.125
 - 2 responses missing-multiply the sum of the 7 items by 1.286
- If symptoms frequency (Column 2) is missing for 3 or more symptoms
 - Total severity score equals 99

	2. Symptom Frequency
	cores in ↓ res
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>
E	<input type="checkbox"/>
F	<input type="checkbox"/>
G	<input type="checkbox"/>
H	<input type="checkbox"/>
I	<input type="checkbox"/>

Pain



J0510. Pain Effect on Sleep	
Enter Code <input type="checkbox"/>	Ask patient: <i>"Over the past 5 days, how much of the time has pain made it hard for you to sleep at night"</i> 0. Does not apply – I have not had any pain or hurting in the past 5 days → <i>Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800, Any Falls Since SOC/ROC at DC</i> 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0520. Pain Interference with Therapy Activities	
Enter Code <input type="checkbox"/>	Ask patient: <i>"Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"</i> 0. Does not apply – I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0530. Pain Interference with Day-to-Day Activities	
Enter Code <input type="checkbox"/>	Ask patient: <i>"Over the past 5 days, how often you have limited your day-to-day activities (<u>excluding</u> rehabilitation therapy sessions) because of pain?"</i> 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

Now For the
Good News!



Recertification Items

- M0080-Discipline completing OASIS
- M0090-Date assessment completed
- M0100-Assessment reason
- M0110-Episode Timing
- M1800-Grooming
- M1810 & M1820-Upper and Lower Body
- M1830-Bathing
- M1840-Toilet Transferring
- M1850-Transferring
- M1860-Ambulation/Locomotion
- GG0130-Self Care
- GG0170-Mobility
- M1033-Risk of Hospitalization
- M1306-Unhealed pressure ulcer

Operationalizing



EMR Investigation

- How will the OASIS-E assessment be laid out?
- Will the EMR calculate items such as BIMS and PHQ-9 total score?
- When will a preview be available?
- Will it have a patient portal or part of a HIE for exchange of health information?

Policy/Procedure Updates

- Policies updated if needed for collection and distribution of transfer of health information.
- Policy around MSW usage (or are contracts current/up to date) - When to use, when not to use.
- Make sure you have updated contracts/policies on Language/Interpreter.
- May want policies around identification of SDoH that impact care and how as an agency you will direct.
- Agency parameter for PHQ-2/9 to notify provider.

Productivity Adjustments

- Will Productivity need to be adjusted?
- 1st Quarter will be SLOWER for your staff!
- Look at SOC/DC weights, along with Recert weights.
- Consider 4 points/day.

Education

- All OASIS Clinicians need to have a progressive education on the new and changed items, especially if the OASIS layout will change in the HER.
- Different instructions depending on the item-Try to give clinicians cue cards to assist them.
- Some items help prompt other areas of consistency.
- Start NOW! Consider role play, especially with the new cognitive/mood sections.
- Tools needed for N0415-Medication classes and O0110-what items are included.



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