

To: OMB, Office of Information and Regulatory Affairs
ATTN: CMS Desk Officer
From: Sherry DiFrancisco, Associate Administrator Integrity Home Care
Date: 4/8/09
Subject: OASIS – C

I would like to take this opportunity to offer my comments on some of the proposed changes to OASIS and to highlight some of the areas that will have the greatest impact on Integrity Home Care Ltd. There have been positive changes that have been made to specific OASIS items. These changes and additions improve language, are often more detailed and increase response options available to staff. The changes will improve staff understanding of OASIS items as well as identify on OASIS improvement in some outcomes that were not previously captured.

However, I am concerned that implementation of OASIS – C will negatively impact our agency:

- It will take a significant amount of time to merge the OASIS – C with our comprehensive assessments, develop systems to attempt to gather some items at intake, and train staff on all of the changes. It will be critical that CMS offer education for providers that is clear and easily implemented. OASIS – C will require us to evaluate and potentially change all processes and documentation tools used by the agency. It is difficult to estimate the time and cost burden to accomplish these tasks because it is dependent on many factors but we feel it will be significant.
- The number of items and the process items that have been included in OASIS – C will increase the amount of time that it takes for staff to complete an OASIS. This will be burdensome for staff, patients, physicians (as well as their staff) and our internal support staff. Staffing retention and recruitment is a concern due to the apparent cumbersome nature of OASIS – C. Increased documentation requirements decreases job satisfaction.
- As reimbursement from Medicare for home health services is declining and costs to perform tasks such as OASIS are increasing this will have a negative impact on the agency.
- OASIS – C seems to be dictating that certain process items or best practices are performed on all patients. It does not seem appropriate that CMS dictate interventions or best practices used with patients. Furthermore, our agency has best practices in place which would not be captured by OASIS – C. Thus, there is no way for these best practices to be publicly reported, demonstrating our commitment to quality. Also, many of these process items are implemented and documented in the visit notes. This increases the documentation burden and the potential for duplication of documentation.

Although I have not included item specific comments I do note that for the most part my item specific concerns have been addressed in previous public comments. Thank you for giving us the opportunity to comment and for your attention to this very important issue.