Outcome Measurement in Home Health

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Consistent with occupational therapy practice in today's health care environment, the home health services industry, including Medicare-certified agencies, durable medical equipment suppliers, infusion therapy vendors, and private duty organizations, is under tremendous pressure to contain costs and improve quality. The home health industry must meet both challenges to cut costs and prove its worth to individual patients and the patient population as a whole simultaneously. The pressure is coming from all sides: policymakers; purchasers; insurers; administrators; clinicians; and most of all, patients. One method for evaluating the cost and value of our decisions is an expanded use of outcome measurements.

Background

Outcome measurement is not new to occupational therapy but is less formalized in home health settings. The measurement of change has been historically used to determine improvement of the underlying condition causing dysfunction, improvement in physical function, and overall improvement in the patient's condition (Studenski & Duncan, 1993). Traditionally, activities have been used for individual clinical management, program evaluation, and quality of care documentation. Today, outcome measurement is a resource for marketing, policy setting, resource allocation, population monitoring, and rate setting. One of the greatest assets of outcome measurement methodology is that it is understandable by more than just rehabilitation professionals (Keith, 1994).

There are three distinct levels for measuring change:

1. Organ-level impairment (e.g., joint, neurologic, and pulmonary diseases)
2. Disability as a functional consequence of impairment (e.g., limited mobility or physical capacity as a result of an amputation)
3. Limitations as a social and societal consequence of disability (e.g., inability to access certain facilities or leisure and work activities) (Studenski & Duncan, 1993)

Within these levels are three types of measurements:

1. Impairment measures to identify factors that influence progress and determine treatment strategies and goals
2. Process measures to determine whether specific individual treatment plans are effective
3. Overall monitoring of outcomes of treatment to determine the effectiveness of programs (Keith, 1994)
The core activities of outcome measurement can also be viewed within the time frame of the methodology. Outcome measurement is a systematic, quantitative observation of outcome indicators at a particular point in time (Davies et al., 1994). The one-time testing of an individual's ability to perform independent activities of daily living (e.g., grooming) after a specific number of treatment sessions is an example of an outcome measurement. Outcome monitoring is the repeated measurement of outcome indicators over time that permits inferences (Davies et al., 1994). Using the same example, an outcome monitoring activity may encompass testing a patient's abilities at several points along the treatment continuum, for instance, after the third, fifth, and final treatment sessions. This measurement enables a therapist to evaluate change in the patient. A goal of outcomes management is the use of information and knowledge gained from outcome monitoring to achieve optimal patient outcomes through improved clinical decision making and service delivery (Davies et al., 1994). In this case, the outcome measures of many patients with a similar condition or set of symptoms is used to determine the effectiveness of a treatment methodology or effectiveness of a time frame. This enables program evaluation to occur. Outcome measurement provides an empirical basis for clinical decision making, enables clinicians to observe patterns of care, and provides the basis for prioritization of quality improvement efforts (Davies et al., 1994).

Essential Need

Use of outcome measurement data, aggregation, and conclusions are essential in the current health care environment, particularly in home health, because performance in key functional areas is reflected in patient outcomes and costs of services. Unless agencies are able to articulate the effectiveness of occupational therapy services through concrete measures, providers and funding agencies will be less willing to use the services. In addition, as patients and family members become more sophisticated about their health care services, they may directly correlate measurable improvement with quality of care. The concerns of the consumers, specifically their satisfaction with our services, can be a powerful driving force to the continued use of occupational therapy practices.

To provide evidence of improvement, therapists must assume responsibility for outcome measurement, striving to meet and exceed patient expectations in relation to satisfaction, improved health, and functional status. They should emphasize to their agencies the need to measure the impact of the treatments they provide, develop practice guidelines, and work with practice evaluation teams that use statistical tools to evaluate activity (Joint Commission on Accreditation of Healthcare Organizations, 1994). Shared outcome information throughout the occupational therapy treatment community can provide support and direction for the delivery of services while reducing variation. The result will be a more united occupational therapy profession.

Most home health agencies do some form of outcome measurement (usually patient specific), but few use formal studies or organized monitors. This is likely to change because regulators and accreditation agencies are demanding and expecting more formalized activities. Researchers currently engaged in outcome measurement within the rehabilitation community include Granger (C. Granger, personal communication, November 10, 1995) with his work on the outpatient Functional Independence Measure; Baum and Edwards (1993) who developed a functional outcome measurement tool for geriatric patients; and Williams who is developing an assessment or outcome measure for such areas as bed mobility, feeding and dressing, transfers, grooming and hygiene, and homemaking (D. Williams, personal communication, December 1995). Keith's (1995) work on the conceptual basis of various types of outcome measures is also instructive. Each of these tools provides useful and comprehensive mechanisms for standardized assessment and evaluation.

Perhaps the most extensive work in outcome measurement in home health is being led by Shaughnessy and colleagues with project entitled, "Medicare's OASIS: Standardized Outcome and Assessment Information Set for Home Health Care" (Shaughnessy, Crisler, & Schlenker, 1995; Shaughnessy, Crisler, Schlenker, & Arnold, 1995; Shaughnessy et al., 1994). The Health Care Financing Administration plans to use OASIS data in the national demonstration of Outcome-Based Quality Improvement that it is sponsoring and that the University of Colorado Research Center is administering over the next several years. This data set includes 79 items and has been developed to measure some aspects of adult home-care patient outcomes. It is anticipated by many in the health care community that Medicare-certified home health agencies may be encouraged to participate in OASIS. Areas included in this data set relate to the following: living arrangements, supportive assistance, sensory status, integumentary status, respiratory status, elimination status, neuro-emotional-behavioral status, activities of daily living and instrumental activities of daily living, medications, equipment management, and emergent care (Shaughnessy, Crisler, & Schlenker, 1995).

Summary

Home health occupational therapists, as well as their colleagues in other settings, cannot afford to ignore the need for clear, objective, and reliable outcome measurements. Such measurement will provide patients and payers with
information on the value and quality of specific occupational therapy services and their overall value to various patient populations.

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