

mandated annual report (see 42 U.S.C. 299b-2(b)(2)) on national trends with respect to health care quality. The legislation mandated that AHRQ submit this report on an annual basis beginning in 2003. The preliminary Measure Set for the NHQR was generated through a call for health care quality measures to Federal agencies and private organizations.

DATES: Written comments on this notice must be received by April 23, 2003.

ADDRESSES: Written comments should be submitted to: Judith Sangl, Sc.D., Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 6011 Executive Boulevard, Suite 200, Rockville, MD 20852, Fax: (301) 594-2155, E-mail: jsangl@ahrq.gov.

Public Review of Comments

Comments and responses received will be available for public inspection at AHRQ's Information Resource Center (IRC) public reading room between the hours of 8:30 a.m. and 5 p.m. on regular business days at 2101 East Jefferson Street, Suite 500, Rockville, MD 20852. Arrangements for viewing public comments may be made by calling (301) 594-6394. Responses may also be accessed through AHRQ's Electronic Freedom of Information Reading Room on AHRQ's Web site at <http://www.ahrq.gov/news/foiaindx.htm>.

Availability of Technical Expert Panel (TEP) Meeting Transcript and Background Materials

Copies of the transcript from the TEP meeting are available from the AHRQ Web site at: <http://www.ahrq.gov/qual/nhrq02/hhmtep.htm>. For organizations without access to the Internet, AHRQ will make a paper version available either through overnight mail or by fax upon written request. Requests for paper versions of the preliminary measure set should be faxed to the above fax number. The background materials will be available in the IRC (see address above).

FOR FURTHER INFORMATION CONTACT: Judith Sangl, Sc.D. (See information under **ADDRESSES**).

SUPPLEMENTARY INFORMATION:

1. Background

This request follows up on an earlier request for public comments on the preliminary measure set dated August 19, 2002. At that time, no home health measures were proposed for the preliminary measure set because AHRQ was working together with the Centers for Medicare & Medicaid Services (CMS) to determine an appropriate set of

measures for the CMS public reporting initiative on home health as well as the NHQR. AHRQ and CMS decided that, in the short term, the Outcome and Assessment Information (OASIS) measures would be used as the initial measure set because there is more standardization around these measures than any other in home health care. This view was reiterated in the one comment received in response to the August request, *i.e.*, that OASIS measures were the best currently available to measure the quality of home health care.

OASIS is a uniform set of patient assessment items developed for monitoring and measuring outcomes of care, adjusted for patient factors that might affect those outcomes. The OASIS data set is the only national, standardized data source on adult home health care delivery. The OASIS instrument was created over a 14-year period to measure functional outcomes for the purpose of improving quality of home health care. It was developed through a scientific process, using input from the home healthcare industry, and has been tested for validity and reliability. All Medicare certified home health agencies (HHAs) implemented the OASIS instrument nationwide for collection and reporting of comprehensive patient assessments in October 1999. There are 41 measures derived from OASIS data covering (1) functional outcomes; (2) physiologic outcome; (3) emotional/behavioral/cognitive outcomes; and (4) utilization outcome measures. When one includes the additional 13 low-frequency adverse patient outcomes identified from OASIS data, there are a total of 54 measures. The Web site at www.cms.hhs.gov/providers/hha/ contains extensive detail on the development of OASIS, a copy of the OASIS data collection form (OASIS B1) and measure definitions.

Because CMS currently wanted to select a subset of OASIS measures for its home health public quality reporting initiative, AHRQ decided to convene a technical expert panel (TEP) to review the set of OASIS home health quality measures as candidates for both the NHQR and the CMS home health care public reporting initiative. Accordingly, AHRQ convened a TEP on October 21-22, 2002 with the purpose of addressing these two independent but overlapping efforts being planned by CMS and AHRQ.

2. TEP Composition and Meeting Process

The TEP was composed of 18 members representing a wide range of disciplines and interests: home health agency representatives, clinicians (both

physicians and nurses), an epidemiologist, consumer reporting experts and a consumer groups organization, quality improvement organizations, State survey agencies, and home health services researchers. The panelist list is included in the meeting transcript on the AHRQ site at <http://www.ahrq.gov/qual/nhrq02/hhmtep.htm>.

AHRQ and CMS staff gave introductory remarks and overviews of the two parallel purposes and goals of the meeting. Speakers gave background presentations on: (1) Development of the OASIS measures, their statistical properties, and their use in quality improvement and (2) results of testing OASIS measures (in plain language) in focus group with consumers and interviews with physicians and discharge planners, who would be users of such quality measure information. Results of these focus groups are also on the above referenced AHRQ Web site.

After presentation of the introductory background material, the meeting facilitator described how the remainder of the meeting would proceed. Since this technical expert panel was not established as a formal Federal advisory committee, AHRQ would not seek any formal votes from the panel nor consensus from the panel members. Instead, the emphasis would be on viewpoints of the individual panel members as each of the existing OASIS measures was discussed according to pre-established criteria (see Attachment A in the meeting transcript on the AHRQ Web site), derived from criteria for quality measures developed by the Institute of Medicine for the NHQR. Panelists were given a workbook with criteria worksheets and statistical properties for each of the measures. The presenters stayed during the entire meeting for technical support and clarifications.

At the end of the second day, all of the panel members were asked to bring together their values, insights and assessments to provide input to AHRQ on which of the 41 OASIS measures should be priority items for the two purposes: (1) AHRQ's NHQR and (2) CMS's home health public reporting initiative. It was acknowledged that these two priority measure lists might be different.

The meeting was open to the public and representatives from the home health industry trade associations, industry consultants, agencies and journalists attended.

3. OASIS Measures Reviewed by Panel

The Panel was charged with focusing on 41 OASIS measures, a subset of the