

“They Are Measures Without Impact”: Home Care Social Workers Criticize OASIS-E

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Abstract

There is significant literature about the Medicare Outcome and Information Assessment (OASIS). A new OASIS Version E, effective January 2023, makes significant changes in assessing patient mental health. However, a literature review indicates no studies of the anticipated effectiveness of the OASIS-E on improving psychosocial care of Medicare home health beneficiaries. This article summarizes an initial, exploratory study to address the literature gap, based on interviews of a convenience sample of 36 home care social workers from 5 different home health agencies in the New York City metropolitan area between August 1, 2022, and November 30, 2022. Four themes emerged from the study, namely that social workers believe the OASIS-E revisions: are an improvement over prior OASIS versions; are cumbersome and do not require administration by a social worker; do not impose specific guidance requirements on using new measures scoring results in making care decisions; and do not address coverage of specific interventions that address patients with significant mental health issues. Policymakers are urged to modify the OASIS-E guidance manual to require use of new mental health assessment scores in care planning and to expand coverage of evidence-based treatment interventions for patients with significant assessed mental health conditions.

Keywords

Medicare, social work, Medicare home health, psychosocial care, mental health

Purpose

The purpose of this study was to explore Medicare home health social workers' perceptions of the anticipated effectiveness of revisions to the Medicare Outcome and Assessment Information Set (OASIS) in improving assessment and providing psychosocial care to meet both the ongoing psychological/mental health and social needs of Medicare home health beneficiaries.

Establishing Context

OASIS became the mandatory national assessment measure for Medicare home health in 1999,¹ Selected questions from the OASIS are used in the Medicare Patient Driven Groupings Model (PDGM) system for reimbursement levels.² The most recent revision of the OASIS is Version E, which became effective in January 2023.³ OASIS-E contains revisions in assessing: hearing; vision; health literacy; nutritional approaches; high-risk drug classes; special treatments, procedures, and programs; and psychosocial status. The psychosocial status revisions are listed under Section C: Cognitive Patterns and Section D: Mood.

The Section C changes involve a new Brief Interview for Mental Status (BIMS), including its description as and how the assessing clinician should administer and score the test through an interview.⁴ The BIMS includes questions focused on ability to repeat 3 words, temporal orientation, and recall and its total score is described as “highly correlated with the Mini-Mental State Exam,” a recognized evidence-based measure.⁴ The scoring results in classification of the patient into one of 3 levels: cognitively intact; moderately impaired; or severe impairment.^{3,4} There are no instructions on what the assessing clinician should do in terms of further assessment, plan of care development, or treatment based on the patient's score.

The Section D changes involve assessment of Mood. There are 2 changes. One is replacing the previous M1730 item, which assessed mood based on the Patient Health

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Questionnaire-2 (PHQ-2), with a new D0150 item titled and a resulting D0160 item titled . The new items combine the PHQ-2, which focus on symptom presence and frequency, with the Patient Health Questionnaire-9 (PHQ-9). There are no instructions on what the assessing clinician should do in terms of further assessment, plan of care development, or treatment based on the patient's score.^{3,4}

The other Section D change is adding a new item, which is a patient self-reported answer to the clinician's question of: "How often do you feel lonely or isolated from those around you?" The item is not stated as based on an evidence-based measure and there are no instructions on what the assessing clinician should do in terms of further assessment, plan of care development, or treatment based on the patient's score.^{3,4}

The OASIS-E revisions are potentially helpful in addressing existing evidence of significant mental health issues among the Medicare home health population. Medicare 2020 beneficiary data indicates that 37.8% of Medicare home health beneficiaries have severe mental illness.⁵ Medicare has required OASIS assessment of only depression for home health beneficiaries.^{6,7} Other studies have found significant levels of depression, social isolation, anxiety, and other mental health conditions among Medicare beneficiaries.^{6,8-12}

Literature Review

The article addresses a gap in the literature and presents the results of an exploratory research study of 36 home care social workers from 5 different home health agencies in the New York City metropolitan area between August 1, 2022, and November 30, 2022. The study used interviews to explore Medicare home health social workers' perceptions of the anticipated effectiveness of OASIS-E in improving assessment and providing psychosocial care to meet the psychological/mental health and social needs of Medicare home health beneficiaries.

A literature review was conducted to determine the nature and extent of existing literature on Medicare home health social workers' perceptions of the anticipated effectiveness of the OASIS-E on improving assessment and providing psychosocial care. The literature review used CINAHL, PubMed, Medline, Cochrane Library, Campbell Collaboration, PsycINFO, Sociological Abstracts, and Social Science Abstracts databases with a search period of January 1, 1965, through April 30, 2022, followed by an updated search after the study was conducted covering May 1, 2022, through November 30, 2022. Multiple keywords were used by applying Boolean search strategies, including mental health and home care; home care social work; Outcome Assessment and Information Set (OASIS); and Medicare home health. The literature review found no studies regarding existing literature on Medicare home health social workers' perceptions of the anticipated effectiveness of the OASIS-E on improving assessment and providing psychosocial care.

Methods

Qualitative Approach

The study used a grounded theory approach.¹³ Grounded theory is the research methodology of choice because it was developed for interpreting qualitative data and to possibly develop an explanatory theory. The present study addresses a gap in the existing literature which does not provide insight into home care social workers' perceptions of the anticipated effectiveness of OASIS-E in improving assessment and providing psychosocial care to meet the needs of Medicare home health beneficiaries. Data were collected through interviews of 36 home care social workers, selected from 5 different home health agencies in the New York City metropolitan area from August 1, 2022, to November 30, 2022.

Participants and Sampling

Participants were selected using a snowball convenience sampling technique, whereby home care social workers known to the author constituted the initial interviewees and then identified other potential interviewees to the author. In-person interviews averaging 45 minutes each were conducted at locations convenient to participants and off-site from where they worked. All study participants were interviewed individually. The study was self-funded by the researcher and therefore not subject to any IRB approval. However, all study participants received and signed informed consents written in compliance with federal regulations and all participants were assured of anonymity and confidentiality. No payments or other incentives were given to the interviewees. Social workers were selected as the study focus because the Medicare home health social work benefit is the only one of the covered services in Medicare home health designed to address psychosocial care.^{6,14}

An interview guide was used to help standardize the data collection. Qualitative analysis began shortly after the initial data were collected and resulted in additional questions and probes that were applied to subsequent interviews, in an ongoing iterative process. Analysis followed the grounded theory 3-stage coding of interview data: open, axial, and selective coding.

Data Collection

Open coding was used to fracture the data to "identify some categories, their properties, and dimensional locations."¹³(p. 97). The coding and classification generated a list of 296 codes. Code and category labels were created, systematically sorted, compared, and contrasted until they were complete, with no new codes or categories produced and all data accounted for. Through axial coding, multiple phenomena were identified from the connected categories and subcategories. These phenomena included: the Medicare decision-making framework; social workers' perceptions of the nature

and extent of psychosocial care needs and coverage among Medicare home health beneficiaries; social worker perceptions of the impact of the Medicare OASIS-E Manual revisions for psychosocial care assessment on care needs of Medicare home health beneficiaries; and social worker perceptions of policy changes necessary to improve psychosocial care for Medicare home health beneficiaries. Finally, using selective coding, a “story line” was identified and a “story” written that integrated the axial coding phenomena.¹³ The story that emerged was home care social workers’ perceptions that the Medicare OASIS-E revision, while improving required assessment of patient psychosocial care needs, continues limitations in assessment and Medicare’s failure to adequately and professionally provide coverage of evidence-based psychosocial care to home health beneficiaries, thus creating additional adverse consequences for patients and their caregivers.

Analysis

In keeping with the grounded theory approach, the data analysis and interpretation were facilitated by analytical and self-reflective memo writing, which helped move empirical data to a conceptual level; expanded and refined the data and codes; developed core categories and interrelationships; and integrated the experiences, interactions, and processes embodied in the data.¹³ All initial abstraction, analysis, and interpretation were done by the author of this article. After the initial process, all abstraction, analysis, and interpretations were reviewed by 2 additional experienced qualitative researchers. Any differences were discussed by the 2 external reviewers and the author to reach final decisions used for the study results. All analyses were done using ATLAS.ti software.

Study Participants

Limited demographic data were collected from study participants using a short survey. The results appear in Table 1. Overall, the social workers were 36 to 44 years old (53%); female (83%); Caucasian, non-Hispanic (56%); had 6 to 10 years of home care experience (69%); and had an average caseload of 20 to 25 patients (56%). Statistical analysis of the demographic variables’ impact on study outcomes was not done due to the qualitative nature of the study.

Results

Four themes emerged from the study. Social workers believe the OASIS-E revisions: are an improvement over prior OASIS versions; are cumbersome and do not require administration by a social worker; do not impose specific guidance requirements on using new measures scoring results in making plans of care and intervention decisions; and do not address coverage of specific interventions that address patients with significant mental health issues.

Table 1. Home Care Social Worker Participant Demographic Characteristics.

Characteristic	Number	Percent
Gender		
Male	6	17%
Female	30	83%
Race/Ethnicity		
Caucasian, Non-Hispanic	20	56%
Hispanic	7	19%
African American	4	11%
Asian American	5	14%
Age Range		
>55	5	14%
45-55	10	28%
36-44	19	53%
25-35	2	5%
Years as a Home Care Social Worker		
>10	6	2%
6-10	25	39%
1-5	5	57%
<1	0	2%
Average Patient Caseload		
26-30	6	17%
20-25	21	56%
<20	9	27%

OASIS-E Revisions Are an Improvement Over Prior OASIS Versions

All social workers interviewed agreed the OASIS-E Section C and D revisions were progress compared to the prior version. “Yes, I guess it is progress to have the measures than not to have them,” said social worker FD.

At least we now have some professional measure and results to identify whether a patient is socially isolated or depressed or has cognitively impaired. That is better than what was available to the nurses and us [the social workers] before [the OASIS-E revisions]. Social Worker RT

OASIS-E Revisions Are Cumbersome and Do Not Require Administration by a Social Worker

While all social workers interviewed believed the OASIS-E Section C and D revisions were progress, they all also believed the revisions are cumbersome and do not involve the social worker.

Well, I guess it is progress, but did you see the details of administering the BIMS and PHQ 2/9? They [Medicare] are asking nurses to do a lot of extra work. The nurses do the OASIS, we [the social worker] don’t do it. We [the social workers] don’t even do the behavioral part [of the OASIS] which has always been a problem in my opinion. Now it is even worse because the nurses are being required to do even more than before in an area,

they are not trained in. The nurses are not trained to administer psychosocial measures. What are they [Medicare] thinking? And, what's even more crazy, is that this is going to add nursing time and cost to the OASIS. I don't know who developed this, but it is really misconceived. Social Worker PM

In support of Social Worker PM's point on added workload, the OASIS-E manual devotes 21 pages of instructions **alone** to the administration and scoring of the BIMS and 11 pages to the new Section D on PHQ-2 and PHQ-9.³

I hate to sound cynical, but they [Medicare] just continue to miss the point, or maybe it is just that they do not feel social work and psychosocial care is important; that people need to deal with it themselves. I guess that is it. That is why we [social workers] are not allowed to give much care at all. What would make sense would be having a professionally accepted psychosocial assessment measure required separate from the OASIS and administered by the social workers. We know this. We know how to do it. It is part of our training and informs care decisions. The nurses do not know it and don't want to be bothered by it. Just take it out of the OASIS and give it to us. That would make sense. Social Worker MD

Medicare home health does not require a psychosocial assessment by a social worker.¹⁴ There are resources available on evidence-based psychosocial assessment for use by social workers.¹⁵⁻¹⁷

OASIS-E Revisions Do Not Impose Specific Guidance Requirements on Using New Measures Scoring Results in Making Plans of Care and Intervention Decisions

The social workers' skepticism about the impact of the revisions continued. "They are measures without impact," according to Social Worker UT in describing the OASIS-E Section C and D revisions. While each study participant was interviewed individually, they all had the same view as social worker UT. She continued, saying:

What is the point? They are requiring we, or the nurses I guess, because the nurses do the OASIS, to spend all this additional time to do these additional assessments but the scores do not affect reimbursement, as I understand it, and there is no requirement that the scores must be used to develop or implement interventions to address those [patients] with problematic scores. They don't even state which score [range] level should require further assessment or intervention, even as a suggestion; it definitely is not a requirement, so what is the point?

In support of Social Worker UT's comments, the OASIS-E Guidance Manual does not establish a threshold for required additional assessment or intervention.³

"I agree," said social worker KB. "Why did they [Medicare] spend all his time and money to develop new

assessment requirements if they weren't going to require us to use the results in planning care."

Social worker FL added:

I think it is outrageous and raises legal and ethical questions. What am I to do if I see an OASIS that says the patient is severely cognitively impaired, severely depressed, or always or often feeling socially isolated. OASIS requires nothing so it is left to me, as the social worker, to act on the case. That assumes I even get the case. The nurses do the OASIS and we [social workers] get very few referrals as it is. Why doesn't the new OASIS at least require that the nurse refer to social work when certain score levels occur. And what does it mean legally or ethically if we know there are such issues with a patient, and we do nothing

OASIS-E Revisions Do Not Address Coverage of Specific Interventions That Address Patients With Significant Mental Health Issues

All social workers agreed that the OASIS-E revisions failed to address their long-standing concerns about limited reimbursable psychosocial care for Medicare home health patients.

It gives us false hope. Oh, how great, I first thought when I heard about it [the OASIS-E revisions]. They [Medicare] are finally recognizing the value of expanded psychosocial assessment and care. But then when I went to an orientation on the new OASIS I realized that not only did they [Medicare] not require that we use the scores for care decisions, but that even if we decided to use the scores, the necessary care interventions would not be covered. They [Medicare] changed nothing in terms of the scope of social work coverage that would allow us to deliver evidence-based depression, anxiety, social isolation or other mental health interventions. Social Worker SL

It's like a trick. These revisions keep the status quo. They do not change what kind of care I, as a social worker can deliver, if I, or a nurse determine the patient is really depressed or anxious or isolated. I have no more authority than before to give them more individual therapy, or get them into group therapy, or arrange for someone to transport them to a community center or adult day care to get more social interaction. It changes nothing except to make our frustration worse than it was before. Social Worker DR

Even after the PHQ-2 was originally added to the OASIS in an earlier revision, there was no requirement to use the scores to guide care planning.⁹

The social workers' perceptions are supported by the fact the OASIS-E revisions do not address coverage of interventions and no regulations have been issued expanding the definition of covered social work services.^{3,14} The Substance Abuse and Mental Health Services Administration (SAMHSA), has issued evidence-based psychosocial interventions for older adults with mental health conditions, none

of which are a covered service under the Medicare home health social work benefit.¹⁸

The Medicare home health social work benefit is designed to address psychosocial care and provides limited coverage. According to the Medicare Benefit Policy Manual,¹⁴ the medical social worker may provide limited counseling services to the patient, based on a physician order, but only when the patient's social situation is impacting his or her recovery and/or treatment.¹⁴

Limitations

The study was a qualitative, exploratory study. As such it does not address causality and has several limitations including: small sample size; lack of random sampling for sample selection; use of a sample of home care social workers only from 5 agencies in the New York City metropolitan area; and lack of a randomized controlled trial experimental design to test specific interventions against a control group. Another limitation is that the analysis and interpretation were done by a single researcher.

Discussion and Policy Options

Despite its limitations, the study does begin to address a gap in the literature and policy by exploring social workers' perceptions of the anticipated effectiveness of OASIS-E.

There are several possible policy routes to policy reform.

One option is the Centers for Medicare and Medicaid Services could require that the BIMS, PHQ2/9, Social Isolation measures be administered by a social worker for the Section C and D revisions, scoring thresholds that would mandate a further assessment by a social worker and require that any intervention(s) recommended as a result of the assessment be provided as a covered service by a social worker as well as any necessary services.

A second option would be for CMS to require a mandatory psychosocial assessment as a covered social work service, in conjunction with the existing OASIS-E administered by a nurse, at admission, resumption of care, and at discharge for all patients.

A third option, probably based on a task force review, would be to review the necessity to expand the scope of covered services for psychosocial care under the Medicare home health benefit.^{6,10}

Conclusion

Policymakers are urged to modify the OASIS-E guidance manual to require use of scoring results of new mental health assessment measures in care planning and interventions and to expand Medicare home health social work coverage of appropriate evidence-based treatment interventions for patients with significant assessed mental health conditions.

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