

CATEGORY 11 - OBQI REPORTS

Q1. What constitutes 'improved' in a particular health status outcome on an OBQI report?

A1. An improvement in any particular health status outcome is calculated from the respective OASIS data item. A patient improves when the scale value for the particular health attribute being measured indicates less impairment at discharge than at start (or resumption) of care. Whether you are measuring ambulation/locomotion or shortness of breath (dyspnea), this same definition applies. Whether a patient improves one level on the scale, two levels, or more does not matter -- all these situations would be measured as improvement. This is explained in much more detail in Chapters 2 and 3 in the OBQI manual, *Outcome-Based Quality Improvement Implementation Manual*. To download the manual, go to <http://www.cms.hhs.gov/oasis/obqi.asp>; scroll down to the heading, "Outcome-Based Quality Improvement Implementation Manual" and click on the link, "Download the OBQI manual zip file for the crosswalk" at #1 to get the entire *OBQI Implementation Manual*. We recommend that you also download the *Supplement to the OBQI Manual* from the same page.

Q2. If a patient has a transfer (not a discharge), how are stabilization and improvement measures calculated on the OBQI report?

A2. The stabilization and improvement measures cannot be calculated from the OASIS transfer data -- they can only be calculated from the patient status information provided from the comprehensive assessment performed at discharge. The transfer information is used in computing the utilization outcomes. This is why the case numbers for the utilization outcomes are typically higher than those for the end result outcomes -- because all patients, whether transferred to an inpatient facility or discharged with a comprehensive assessment, are included in the utilization outcome computations. Only those with a discharge assessment are included in the end result outcome computation. This is explained in detail in Chapter 3 in the OBQI manual, *Outcome-Based Quality Improvement Implementation Manual*. To download the manual, go to <http://www.cms.hhs.gov/oasis/obqi.asp>; scroll down to the heading, "Outcome-Based Quality Improvement Implementation Manual" and click on the link, "Download the OBQI manual zip file for the crosswalk" at #1 to get the entire *OBQI Implementation Manual*. We recommend that you also download the *Supplement to the OBQI Manual* from the same page.

Q3. What is the reason to include improvement in the stabilization rate on the OBQI report? Why don't we look at improvement and unchanged separately?

A3. We must emphasize two points in responding to your question. First, the definition of 'stabilization' used in the OBQI reports is nonworsening (not 'unchanged' as you state). It is important to keep this definition in mind as you review your outcome report. Second, the improvement and stabilization measures are looked at individually and computed separately. An entirely different patient-level database is used to compute the each measure, in separate computations. To compute a specific improvement measure for example, all patients who are at the least impaired level for the attribute under consideration are excluded from the database, and the improvement measure is computed. Then these previously excluded patients are returned to the database, new exclusions of the most impaired patients are performed, and the stabilization measure is

computed. Some patients may be included in the computations for both improvement and stabilization, some may be included for the improvement measure only, and others may be included for only the stabilization measure. Throughout the research and developmental history of the outcome measures, a variety of measures and definitions were tested. These are the measures that have 'passed' on a variety of criteria as useful for quality improvement purposes. This is explained in detail in Chapter 3 in the OBQI manual, *Outcome-Based Quality Improvement Implementation Manual*. To download the manual, go to <http://www.cms.hhs.gov/oasis/obqi.asp>; scroll down to the heading, "Outcome-Based Quality Improvement Implementation Manual" and click on the link, "Download the OBQI manual zip file for the crosswalk" at #1 to get the entire *OBQI Implementation Manual*. We recommend that you also download the *Supplement to the OBQI Manual* from the same page.

Q4. Can you discuss the exclusions for the specific outcome measures on the OBQI report?

Q4. Patients are excluded from a specific improvement measure computation if they were not impaired in a specific attribute at start or resumption of care. The patient who is fully independent in transferring ability for example would be excluded from the computation of Improvement in Transferring. This patient cannot possibly show improvement on the OASIS scale, so is excluded. The exclusion for a specific stabilization measure is different. For stabilization, the patient who is most impaired in a specific health status attribute at start or resumption of care is excluded. This patient cannot possibly worsen, so is excluded from the stabilization computation.

Q5. If the patient at SOC is fully independent in a specific ADL (say Bathing as an example), then he/she is excluded from the stabilization measure. How do you capture a decline or deterioration in that patient's status?

A5. Your statement is not correct. The patient who is fully independent in bathing at SOC is included in the stabilization measure. This patient could worsen, as you mention, so this patient is relevant to include in computing stabilization (nonworsening). This same patient would be excluded from the improvement measure, as he/she could not possibly improve on the OASIS scale. Remember that the measures are computed separately, with different patient-level databases.

Q6. When you select patients within a given time frame, do all the patients have to start the care within that time or resume the care? Is it another episode that starts with the resumption of care?

A6. An outcome episode begins with a start or resumption of care and ends with a transfer or discharge. A patient who has a resumption of care and a discharge, for example, within the report period you specify will be included in the outcome report. He or she does not need to have a SOC within that period; the ROC will suffice as the start of the episode.

Q7. Please clarify whether a start of care and a discharge assessment have to be within the time frame for the OBQI case mix report -- I thought that only the discharge or transfer assessment needed to be in the time frame.

A7. There are two forms of the case mix report -- one that accompanies the OBQM report and the other that accompanies the OBQI report. Each case mix report includes the same patients whose outcomes are represented in the respective report. For the OBQM report, the episodes are required to have only a transfer or discharge within the specified period. For the OBQI report, the episodes are required to have both a start (SOC or ROC) and an end (transfer or discharge) within the specified period. Agencies should obtain the case mix report that corresponds to the specific report they are examining, as there may be slight differences.

Q8. Why is the term 'episode' used two different ways?

A8. As you identified, the term 'episode' is indeed used two different ways for the Medicare patient -- which is why it is important to clarify exactly what is being referenced when the term is used. The Medicare PPS patient has a 'payment episode' of 60-day increments, while this same patient also has a 'care episode/outcome episode' that begins with a SOC/ROC and ends with a transfer/discharge. Patients of all other payer sources have the same 'care episode/outcome episode,' but they do not have the same payment episode as the Medicare PPS patients do.

Q9. What about those long-term patients where you provide catheter care maybe once a month -- you admitted them in 1997, still have them now, and they don't go into the hospital, but they do have changes in status. Will they appear anywhere on these reports?

A9. A long-stay patient who is never transferred to an inpatient facility and whose status does not require a discharge and new SOC (possibly from another payer source) will not appear in the outcome reports. This is because an episode of care cannot be created for such a patient.

Q10. Why are the case numbers different for the end result outcomes than for the utilization outcomes on the OBQI report?

A10. All patients who have complete care episodes (beginning with SOC or ROC and ending with a transfer or discharge) are included in the computation for the utilization outcomes. All of these patients had the potential to be discharged to the community, to be hospitalized, or to receive emergent care. Only patients for whom a discharge comprehensive assessment was completed are included in the computations for the end result outcomes. Because any patients transferred to an inpatient facility are excluded from the computation of these measures (there is no OASIS health status data available for such measures to be computed), the case numbers for the end result outcomes typically are lower than the numbers for the utilization outcomes.

Q11. Will OBQI replace the current quality and utilization review requirement under the home health regulations?

A11. We have not changed our regulation concerning the evaluation of the agency under the current home health conditions of participation, so we want HHAs to continue to follow the current requirements. The OBQI reports represent another tool that HHAs can use to help them understand the agency's care practices. While it's not required by regulation to use these reports, we hope agencies will take advantage of the information that's included in the report to develop a more effective quality improvement program.

Q12. How are the outcome data and OBQI reports used by State and Federal surveyors?

A12. The OBQI reports serve as one of many sources of information surveyors can use during their survey and certification activities. We expect the surveyors to use the OBQI data as part of their pre-survey preparation. Reviewing the OBQI data ahead of time will help surveyors make better use of their time and, more importantly, make better use of the provider's time once they are on site. We are also exploring how to more broadly incorporate the OBQI data into the survey process. We hope the data will help us minimize the time spent on-site for quality agencies and enable us to focus our attention on agencies that are not doing as well. We also believe that these reports will give us the opportunity to increase our emphasis on patient outcomes during the survey process -- as we were mandated to do by OBRA '87. Refer to the **S&C 03-13** memo at <http://www.cms.hhs.gov/medicaid/survey-cert/sc0313.pdf> for further information on the enhanced survey protocols that include OASIS data reports.

Q13. When does CMS anticipate that the OBQI system might be mandatory?

A13. We are unable to say at this time.

Q14. What happens if the HHA reviews its initial OBQI report and establishes a plan of action for target outcomes, but a surveyor prints an OBQI report for a different period, and the target outcomes are different? Can the surveyor cite you for selecting the 'wrong' outcome to study?

A14. No. The surveyor will not cite an HHA based on its selection of an outcome to target for improvement. Neither will surveyors advise the HHA on what care practices they should target for improvement. It is up to the HHA to decide what they should target for improvement. The surveyor's role is just what it's always been - to assess the agency's compliance with the conditions of participation.

Q16. If agencies use OBQI voluntarily, why are surveyors going to use the reports?

A16. OBQI reports serve as one of many sources of information surveyors can use during their survey and certification activities. Surveyors look at the reports and review them in light of the total information that they gather during the survey. Any deficiencies cited during a survey will be the result of non-compliance with the conditions of participation. Deficiencies will not be issued at this time if agencies are not using the reports.

Q17. Will HHAs that choose not to use the OBQI reports until it's mandated be given a deficiency?

A17. Any deficiencies cited during a survey will be the result of non-compliance with the conditions of participation. Deficiencies will not be issued at this time if agencies are not using the reports.

Q18. How will the nursing shortage affect outcomes data and OBQI reports?

A18. A nursing shortage in the home health industry may affect the capacity of an HHA in the number of patients it can serve at any one time. Since all patients that are provided skilled services require a patient assessment that includes OASIS items, there should be no affect on the collection and coding of outcomes data, except that the agency's outcome report may be based on fewer patients.

Q19. What are the costs of implementing OBQI, and what are the savings for both the patient and the provider?

A19. The cost to an HHA for developing and implementing a quality improvement program based on OBQI is probably equal to current efforts to manage and improve service delivery, provide current literature and techniques in health care delivery and assign specific staff the responsibility of implementing and facilitating quality improvement changes. This activity may vary with the size of the HHA and the intensity with which quality improvement is sought. At this time, there is no requirement for HHAs to improve the quality of its outcomes, and no requirement to use OBQI techniques if it did. However, there is a universal presumption that HHAs would want to improve outcomes and expend effort to change the behaviors of its staff to bring about this improvement. The savings to home health agencies in using OBQI to develop and implement continuous quality improvement efforts are many, apart from the intrinsic rewards from improving quality of care for its patients. Absent OASIS and OBQI, HHAs who wish to conduct their own internal quality improvement programs would incur substantial costs and staff effort to develop their own quality improvement techniques, create special data collection instruments, and conduct special data collection efforts, in addition to doing the patient assessments, data verification and storage, and the creation and generation of risk adjusted outcome reports. OASIS is already being collected and stored, and risk adjusted reports are generated when the HHA requests. The cost to an HHA to do this on its own could equal several hundred thousand dollars, but it is provided free. Furthermore, these free reports enable the HHA to compare its results with the previous year's experience and with all other HHAs nationwide, which cannot be done with any in-house data collection effort. In addition, the OBQI techniques, background educational material and training and support in using these techniques are also provided free. As outcomes improve, this enhances the HHA's reputation and improves the HHAs ability to successfully market its services to referring providers and patients. In turn, that helps the HHA to continuously operate near capacity, thus improving efficiency and increasing the profit margin. Quality improvement enhancements, once proven and implemented, can help make service delivery more efficient by reducing the number of services and visits needed and reducing the number of outlier cases, and thus reducing the cost per patient episode.

Although the savings to patients may not be as apparent to those outside the patient's home and family, the tangible and intangible costs to a patient and his/her family and friends when the patient is home bound can be considerable. OBQI techniques have been proven to improve the functional outcomes of patients enabling them to escape homebound status quicker. As the patient improves in health and mobility, the patient and caregivers spend less time and money providing meals, transportation, shopping, special toileting and bathing needs, and medications. The quicker the recovery, the greater the savings.

Q20. Will Windows XP with Internet Explorer 6.0 work with the CASPER system?

A20. Internet Explorer versions 5.0, 5.5, and 6.0 have been tested and are currently being used with the CASPER Reporting application. Verify that Java Virtual Machine (JVM) is installed and enabled on your PC, and that Active X controls are also enabled. These components must be present to correctly view the reports.

Q21. Now that OBQI reports are available, when will the OBQM reports no longer be available?

A21. The OBQM reports are still and will continue to be available, and are accessed the same way as the OBQI reports via the CASPER Reporting application. If you have a bookmark in your browser to the old OBQM application (before 2002), you should update that to coincide with the new link available from your OASIS State Welcome page.

Q22. I'm assuming that CASPER is an acronym. Can you tell me what that means?

A22. CASPER is an acronym of the following: Certification And Survey Provider Enhanced Report.

Q23. Can we get a written procedure on how to retrieve OBQI/OBQM reports, or is that on the web site?

A23. A manual entitled *Accessing OBQI and OBQM Reports* is available at <http://www.cms.hhs.gov/oasis/obqi.asp>, (scroll down to the heading, "Outcome-Based Quality Improvement Implementation Manual). Click on the link, "Download the OBQI manual zip file for the crosswalk" at #1 to get the entire *OBQI Implementation Manual* (the last section, "Accessing OBQI and OBQM Reports," provides instructions for downloading the reports). (These instructions for accessing the reports included in the OBQI Manual replaced the earlier instructions found in the OBQM manual in February 2002.) We recommend that you also download the *Supplement to the OBQI Manual* from the same page, which explains how to use the three-bar OBQI outcome reports.

Q24. What is the role of the QIO, and what is the benefit for the HHA to work with them?

A24. Quality Improvement Organizations (QIOs, formerly known as PROs) are under contract with the Centers for Medicare & Medicaid Services to offer technical assistance and support for HHAs' quality improvement efforts toward improving quality of care for Medicare beneficiaries.

Q25. Will the QIO's role in the process continue in the same manner if the OBQI process becomes mandatory?

A25. Yes, they would still play an advisory role and offer professional assistance to HHAs -- to assist them in improving the quality of care they provide.

Q26. What is the difference between the role of the QIOs and the State Survey Agency with respect to the OBQI reports?

A26. QIOs are quality improvement organizations. They can assist HHAs with interpreting OBQI reports and utilizing the reports for quality improvement of the OASIS measures. QIOs do not share any of the State Survey Agency functions.

Q27. When comparing (or monitoring) results, does CMS expect the HHA would be more concerned with comparing themselves to the national reference results or comparing themselves year after year?

A27. When you get your first outcome (OBQI) report, it will only compare your performance with the national reference information. That's the only information that will be available to you to select outcome(s) on which to focus. For the first year, it is important to see how you compare with the national reference. Over time, what is most important is for you to see where you're going rather than where you started. You should be interested in whether you are doing a better job than last year. Remember this is not a report card, but an opportunity for you to look at areas where you may have room for improvement, then to look at these outcomes the next year and see if you have been successful in improving them.

Q28. Why would you encourage agencies to use the OBQI reports?

A28. The OBQI reports are an extremely valuable tool for agencies. They help an agency answer the question, 'Did my patients benefit from the care I provided?' Professionals want to know this answer so that they can use the information available from the reports to pat themselves on the back or to identify places where they can improve care. The patients are the ones likely to benefit most from this, because the information included in the report, and the actions the agency takes in response to the reports is basically all going to improve the quality of care provided.

Q29. Are we ever going to have the opportunity to deal with local or regional reference values on our OBQI reports? That would be much more valuable to us in different parts of the country and different regions.

A29. This is of interest to many HHAs. Note that the publicly reported outcomes found on the Home Health Compare web site contain both State and national reference values. This issue has been raised in CMS, and it is being reviewed. It may be possible in a future rendition of the reports or in a Public Utility File (PUF) to have State and Regional reference values.

Q30. When will the formula for the OBQI regressions be available to us so that we can work with some analysis in our organizations across agencies?

A30. This information was posted on the OASIS OBQI web page in November 2003 and can be accessed from <http://www.cms.hhs.gov/oasis/obqi.asp>; scroll down to the heading, "Risk Adjustment for OASIS Measures."

Q31. How do I know if I have a favorable outcome on my OBQI report?

A31. You have a favorable outcome as represented on your OBQI report when the bar representing your agency's results is LONGER than the bar representing the national reference. There are two exceptions to this statement, both found in the utilization outcomes. For hospitalization and emergent care (found in the risk-adjusted section of

the report), a favorable outcome is when these rates are lower than the reference -- in other words, when your agency's bar is SHORTER.

Q32. I have read that OBQI measures the quality of care provided against patient outcomes. Given that outcomes depend on medical treatment, patient's environment, natural course of the disease, and on care provided by the agency, how exactly do you isolate care provided by the agency?

A32. To the extent that we can capture those patient characteristics that affect the likelihood of having an outcome occur, these characteristics are addressed in the risk adjustment process. That is, through risk adjustment we 'factor out' as many attributes as possible that affect the natural progression of the disease or disability. What would remain after this process is the impact of care provided on the patient outcomes. The precise link between the quality of care and patient outcomes is what the agency will investigate in more detail when they select target outcome(s) and investigate the care provided to patients that resulted in the specific outcome(s) of interest.

Q33. One of the disclaimers on the OBQI reports says that it is to be used by the home health agency and not to be shared. Can you clarify what can be shared and with whom and by whom? Which reports can be shared without infringing on patients' confidentiality rights?

A33. The risk-adjusted and descriptive outcome, adverse event, and patient tally reports are produced for the internal use of the Medicare-certified HHA and for use by the State survey agency for the defined purpose of improving the quality of care in the agency. These reports do not meet the privacy requirements required for public use. CMS has developed the publicly reported outcomes for that purpose. Reports with patient identifiable information (such as the information contained in the adverse event and patient tally reports) MUST be protected against release to the public.

Q34. Where can we get a copy of the OBQI Manual?

A34. The OBQI Implementation Manual is the third in our series of manuals. To download the manual, go to <http://www.cms.hhs.gov/oasis/obqi.asp>; scroll down to the heading, "Outcome-Based Quality Improvement Implementation Manual" and click on the link, "Download the OBQI manual zip file for the crosswalk" at #1 to get the entire *OBQI Implementation Manual*. We recommend that you also download the *Supplement to the OBQI Manual* from the same page.

Q35. Are data collected on patients that are recertified or is it only on patients that are transferred or discharged?

A35. Data are collected on patients that are recertified; however, the recertification data is only used for payment and not for outcome measures. In December 2002, the OASIS data collection requirements were changed in response to industry requests. Those changes eliminated all OASIS items at the follow-up time points (RFA 4 and 5) EXCEPT the payment items. The payment items do not provide enough information to incorporate the data from RFA 4 & 5 assessments into the OBQI outcome reports.

Q36. Are there any other differences between the descriptive and risk-adjusted reports besides the former being non-risk-adjusted?

A36. No. There are no other differences either in format of the report or in definition of the outcome measures.

Q37. How often will the OBQI reports be available and why do you have only a one-year time frame this year?

A37. OBQI reports are available for a one-year period, with the agency specifying the precise one-year period. In the future we expect them to be available for shorter time intervals, but we haven't yet determined what restrictions there will be on the length of those time intervals. The one-year time frame is to make sure that a representative sample of your agency's patients is included. As you shorten the time frame, because we are selecting only episodes of care that occurred totally within that time frame, then you begin to introduce a bias toward selecting only short-stay patients. And, in general, cases with shorter stays are more likely to experience hospitalization. So, as the report period gets shorter, your hospitalization rate has a tendency to go up. In addition, we want to eliminate a seasonal bias from the analysis and, for smaller agencies, we want to make sure that the report is calculated on a sufficiently large sample of cases to make it statistically valid.

Q38. Under what circumstances would HHAs be expected to select more than 2-3 outcome measures from their OBQI reports?

A38. An HHA who chooses to implement OBQI in their agency would select their own target outcomes for investigation. Therefore, there are no specific expectations (on the part of CMS) of the number of target outcomes selected by the agency. In the demonstration projects, agencies were discouraged from selecting more than 2-3 target outcomes as a general rule. Only when a large enough agency gained sufficient experience with the OBQI process was the selection of more than 3 target outcomes (somewhat grudgingly) accepted. For an agency to truly modify care provision and standardize care processes across providers, focusing on a small number of outcomes and associated best practices is more likely to succeed than a wide-ranging effort. Remember that outcomes are only likely to change when care provision changes, so an agency will want to increase the likelihood of specific changes occurring.

Q39. Are the OBQI reports available on the Internet?

A39. The OBQI reports are not accessed from the Internet -- they are available from your State system (the same place where you transmit your OASIS assessment data) because a secure system is required to protect patient confidentiality.

Q40. Do we use the same log-on and password to get our OBQM and OBQI reports that we use to submit OASIS data to the State?

A40. Yes. For HHAs, the login and password you currently have for submitting OASIS data to the State is the same as you will use to request OBQM and OBQI reports. State surveyors and CMS Regional and Central Office staff need to request a login and password from CMS Central Office. The password and login will be sent by secure means to the approved user by the State OASIS Automation Coordinator.

Q41. Can I request more than one outcome report at a time?

A41. Yes, multiple reports can be requested in the same submission by simply checking multiple check boxes that precede the report. When you request multiple reports, they will all display in the 2-column or the 3-column format.

Q42. What is a Plug-In and why do I need it to view OBQM or OBQI reports?

A42. A Plug-In is a program that allows your Internet browser, i.e., Netscape or Internet Explorer, to do things that it normally couldn't do. In this case, it allows you to view the OBQM or OBQI reports that you request. If you have been accessing HHA web reports so far, you have already installed the Plug-In and don't need to download it again.

Q43. Could you explain the default dates for the OBQI reports again?

A43. The two-column report defaults to a twelve-month period ending two months prior to the current month. Example: Suppose you request a report in July 2002. If you backed up two months (June - May) the current default end date would be April 2002 and your current begin date would be May 2001. The three-column report works the same way except it defaults to a 3-month period instead of a twelve-month period.

Q44. Why must you log off and come back later to view your OBQM and OBQI reports once you've selected them?

A44. Your OBQM and OBQI reports won't be available immediately. We don't know how long it will take for the report to complete its run so we suggest that you log off and come back at a later time to retrieve it.

Q45. Please review the printing instructions for printing the OBQM and OBQI reports.

A45. A 'Printing Instructions' button is located in the lower left hand corner of the OBQM and OBQI request and response page. In order to print the report simply right click on your mouse anywhere on the report and select 'print' from the drop-down box.

Q46. Is there a tool to assess outcomes of medical social services for adult patients in home health?

A46. At this time we are not aware of a tool specifically developed to measure the outcomes of medical social services in home health.

Q47. How can OASIS tell whether a pressure ulcer has improved?

A47. Remember that the OASIS items are used for outcome measurement and risk factor adjustment. There are NO outcome measures computed for pressure ulcer improvement. Descriptive documentation in the patient's clinical record should address changes in pressure ulcer size and status that show improvement.

Q48. Does CMS compare outcome data between Medicare managed care and Medicare PPS patients?

A48. OASIS data, case-mix adjusted OASIS data, and outcome reports represent a significant advancement in the ability to ascertain and assess variations in the quality of home health care delivery between regional and sub-group populations, including patients under PPS, capitated, and managed care delivery programs. Working with HHAs, States, and Quality Improvement Organizations (QIOs), CMS uses this information to help home health care providers improve the quality and efficacy of home health services to all patients. CMS makes comparisons between home health patients in the regular Medicare program and those enrolled in Medicare health maintenance organizations.

Q49. What is a definition of "Ill-Defined Conditions" as it appears on the Case Mix Report?

A49. In the ICD-9-CM Coding Book, Category 16 is titled, "Symptoms, Signs, and Ill-defined Conditions," and includes numerical codes 780-799. If those codes were used in OASIS items M0230/M0240, they would appear as such on the case mix report. You can identify those patients by perusing the case mix patient tally report.

Q50. My agency is having difficulty downloading the patient tally report. Where can I find help?

A50. There is information available in the "Revised Patient Tally Report Workbook with Data Filtering Tools" which should help to make it easier to use your reports in Excel. The workbook can be accessed from <http://www.cms.hhs.gov/oasis/obqi.asp>; scroll down to the heading, 'Revised Patient Tally Report Workbook with Data Filtering Tools' and click on the links noted. If you have difficulty utilizing this tool, contact Iowa Foundation for Medical Care (IFMC), the CMS contractor for technical assistance, at haven_help@ifmc.org or call 1-877-201-4721, 7 AM to 7 PM Central Time, or contact your State QIO.

Q51. How often will the OBQI reports be published in the newspaper?

A51. Publishing of the publicly reported outcomes was done in Fall 2003, as a way of making the public aware that such information is now available. There are no plans to publish agency outcomes in the newspaper again, although the publicly reported outcomes are consistently available on the Home Health Compare web site.