Date: September 29, 2011

To: National Quality Forum (NQF)

From: Charles Padgett, RN, Government Task Lead for the Development and Maintenance of Symptom Management Measures (Affordable Care Act, Section 3004) Contract, Office of Clinical Standards and Quality (OCSQ) – Division of Chronic and Post Acute Care (DCPAC) – Centers for Medicare and Medicaid Services (CMS)


Judith Tobin, PT, MBA, Technical Adviser, DCPAC – OCSQ – CMS

Mary Pratt, MSN, RN, Director, DCPAC – OCSQ – CMS

Subject: Ad hoc review of NQF-endorsed Nursing Home measures NQF #0680 and #0682 for expansion to the Long-Term Care Hospital and Inpatient Rehabilitation Facility Settings

The purpose of this memo is to transmit a formal request from CMS to NQF to initiate the ad hoc review process for the following two NQF-endorsed nursing home quality measures:

- NQF #680: Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (short stay)
- NQF #682: Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (short stay)

The goal of this submission is to request an ad hoc review of the measures to expand these nursing home quality measures to the Long-Term Care Hospital (LTCH) and Inpatient Rehabilitation Facility (IRF) settings in order to harmonize measures across these three post-acute care settings.

During the course of preparation of the measure information form for each measure, NQF staff provided guidance to CMS and RTI International, the CMS’ contractor for two measure development projects: (1) Development and Maintenance of Symptom Management Measures contract to implement the Affordable Care Act, Section 3004: Development of Quality Reporting Program for Long-Term Care Hospitals, Inpatient Rehabilitation Facilities and Hospice Programs; and (2) Nursing Home Quality Measures contract to support the maintenance and development of quality measures for the Nursing Home Compare.
The NQF staff’s guidance informed CMS and RTI’s approach to and content of answers to several items on the current version of the NQF measure information form (version 5) which differs from the previous version of the NQF measure form (version 4.1). The previous version of the form was completed for both measures at the time of submission for NQF review in December 2009 through the National Voluntary Consensus Standards for Nursing Homes Project. This version was reviewed during the NQF Steering Committee meeting on June 7, 2010. Both measures received NQF’s full endorsement on February 28, 2011 as nursing home quality measures for public reporting and quality improvement. RTI and CMS have prepared the current measure information form for each measure in light of NQF staff’s guidance. Hence, the following information (and this memo), which captures NQF’s guidance and its implications on the answers to select questions in the measure information form, needs to be transmitted along with the NQF measure information form for each measure to supplement expert panel review of this submission:

1. For question D of the Conditions section, which asks if the measure has been fully specified and tested for reliability and validity, we have selected: **Untested, but NQF staff approved submission**. While these measures have been tested in the nursing home setting (as detailed in the 2009 submission materials for these measures), they have not been specifically tested in the LTCH and IRF setting and hence, the selection of this response.

2. As outlined in the submission form (Specifications section, question De.2), the items used in the LTCH and IRF setting assessments are identical to the MDS 3.0 items for each of these measures. The measure specifications for each measure identify and note the relevant item names and numbers in each setting’s assessment.

3. In question 2a1.14 of the Specifications section, no website or link is attached since this question is not applicable for these two measures (as noted in the response to 2a1.11, Risk Adjustment Type); there is no risk adjustment or risk stratification for these measures.

4. In the Importance section, four questions (1c.5, 1c.6, 1c.7, and 1c.8) have been left blank, as instructed by NQF during the guidance call held on Thursday, September 22, 2011.

5. In the Importance section, no answer has been selected for three questions (1c.25, 1c.26, and 1c.27), as instructed by NQF during the guidance call held on Thursday, September 22, 2011.

6. In the Usability Section, two questions (3b.1 and 3b.2) have been left blank as instructed by NQF during the guidance call held on Thursday, September 22, 2011.

7. RTI and CMS have used item-level reliability from the MDS 3.0 testing and development in the NQF forms for expansion to LTCH and IRF settings, and noted that the data items will be identical across the three post-acute care settings.
8. It is CMS’ understanding, as instructed by NQF during the guidance call held on Thursday, July 21, 2011, is that the application for expanding these measures to LTCH and IRF settings and outcome of ad hoc review will not jeopardize the endorsement of these nursing home measures. Should the request for expansion to LTCH and IRF not be endorsed by the NQF, each measure will remain endorsed for the nursing home setting.