



TO: NQF Board of Directors

FR: Marcia Wilson, Senior Vice President, Quality Measurement  
Helen Burstin, Chief Scientific Officer

RE: Ratification of Measures for the Person- and Family-Centered Care Phase 2 Project

DA: July 22, 2015

### **ACTION REQUESTED**

The Board of Directors is asked to ratify the CSAC's recommendation to endorse ten measures for the current phase of the Person- and Family-Centered Care (PFCC) project.

### **Measures Evaluated:**

The 20-member Person- and Family-Centered Care Committee evaluated twenty-eight measures: fourteen new measures and fourteen measures undergoing maintenance review against NQF's standard measure evaluation criteria. Sixteen measures were previously approved for endorsement by the Executive Committee. The Board of Directors is now asked to ratify endorsement on ten of the remaining 12 measures. (See Appendix A.)

### *Consensus Process*

Standing Committee: All measures were recommended for endorsement after considerable public comment, member voting and additional information provided by measure developers. The Standing Committee identified two sets of competing measures; however, the Standing Committee did not reach consensus on a "best in class" measure for either set of competing measures. The project report may be accessed at this [link](#).

Member Voting: A total of thirty-four member organizations voted on the measures. The [NQF Member Comment and Voting Results document](#) includes the voting results for each measure. Six of the ten measures now being considered by the Board were recommended with 71% approval or higher by the councils. The other four measures were not recommended by the organizational members.

CSAC: The CSAC review of the twelve measures required significant discussion and included substantial public comment during the CSAC call. The CSAC was provided additional time and information prior to voting on these measures. The CSAC voted to recommend ten of the twelve measures for endorsement. Two measures received 56% approval from CSAC (below the required 60% threshold for CSAC approval). These two inpatient rehabilitation facility (IRF) measures were not approved largely due to competing measure concerns (further details below). Voting results can be found in Appendix B.

### ***Competing Inpatient Rehabilitation Facility (IRF) Measures:***

- 2633: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS CARE Tool) **versus** 2286: Functional Change: Change in Self Care Score (FIM® Instrument).
- 2634: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS CARE Tool) **versus** 2321: Functional Change: Change in Mobility Score (FIM® Instrument).

There were a number of comments regarding the competing measures on the June 9th CSAC call. Many of the comments covered issues that had previously been raised either by the Standing Committee during measure evaluation or during the Public Comment period.

1. *The FIM System®* is an outcomes management program for skilled nursing facilities, subacute facilities, long-term care hospitals, Veterans Administration programs, international rehabilitation hospitals, and other related venues of care. While the FIM® has been collected for some time, the measures submitted for this project (#2286, 2287 and 2321) are new for endorsement. It should be noted that the measures submitted, while potentially applicable for additional settings, were only considered for Inpatient Rehabilitation Facilities (IRFs). The measure submission forms – including measure titles, descriptions, rationale and evidence provided – were specific to IRFs, thus, the Committee was directed to consider only that setting.
2. *CARE Item Set*: As a part of the Medicare Post-Acute Care Payment Reform Demonstration (PAC-PRD), a standardized patient assessment tool was developed for use at acute hospital discharge and at post-acute care admission and discharge. This tool was named the Continuity Assessment Record and Evaluation (CARE) Item Set. Data collected using the CARE Item Set served as a major source of information in the demonstration. The CARE Item Set measures the health and functional status of Medicare beneficiaries at acute discharge, and measures changes in severity and other outcomes for Medicare post-acute care patients. The CARE Item Set is designed to standardize assessment of patients' medical, functional, cognitive, and social support status across acute and post-acute settings, including long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities, and home health agencies. The goal was to standardize the items used in each of the existing assessment tools while posing minimal administrative burden to providers. Nine measures were submitted to this project and are based on data derived from use of the CARE Tool.

An overarching concern from the IRF provider community was whether the CARE Tool would be sensitive enough to assess improvement in patients. The Standing Committee conducted a detailed review of data at both the scale/item level and subsequently at various facility levels for each of the measures, regardless of the assessment tool used. The Committee did not perceive a concern with the sensitivity testing conducted for the CARE item set. CMS and their measure development contractors provided testing details at both levels of analysis (item and facility) that indicated the ability to discriminate between facilities.

Another concern related to the substantial burden of having multiple measures with the same focus, designed for the same care settings. This was a consideration by the Standing Committee and, in part, affected the Committee's inability to reach consensus regarding harmonization or determination of "best in class" measures. The following issues were raised regarding "best in class" determinations:

- Measures 2286 and 2321 (derived from the FIM®) have a long history of utilization nationally and are utilized for all adult patients, as opposed to the Medicare population only. There will be significant costs (personnel re-training, software systems for capturing data) associated with a switch to another measure, without clear added benefit to the institutions involved in rehabilitation.
- One measure is "tried and true" and the other measure in each set is emerging with a good possibility of being superior over time.
- One measure in each set is based on the FIM® and has a long history, is well entrenched, staff across the country are trained and familiar with it, and it would be a major upheaval to not endorse this measure. The other measure in each set is based on the developer using more contemporary science, is designed to cut across settings of post-acute care, and has had significant investment by CMS in its development and refinement.

The two CMS IRF function measures based on the CARE Tool achieved 56% CSAC approval, below the minimum 60% threshold for CSAC approval. CSAC members who voted against the two CARE IRF measures cited concerns related to approval of competing measures given the longstanding use of the FIM® Instrument.

## **Appendix A: PFCC Measures Under Consideration**

- [2286: Functional Change: Change in Self Care Score \(UDSMR\)](#) - Change in rasch derived values of self-care function from admission to discharge among adult patients treated at an inpatient rehabilitation facility who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 8 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory.
- [2287: Functional Change: Change in Motor Score \(UDSMR\)](#) - Change in rasch derived values of motor function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 12 FIM® items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, Memory, Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.
- [2321: Functional Change: Change in Mobility Score \(UDSMR\)](#) - Change in rasch derived values of mobility function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 4 mobility FIM® items: Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.
- [2612: CARE: Improvement in Mobility \(AHCA\)](#) - The measure calculates a skilled nursing facility's (SNFs) average change in mobility for patients admitted from a hospital who are receiving therapy. The measure calculates the average change in mobility score between admission and discharge for all residents admitted to a SNF from a hospital or another post-acute care setting for therapy (i.e., PT or OT) regardless of payor status. This is a risk adjusted outcome measure, based on the mobility subscale of the Continuity Assessment and Record Evaluation (CARE) Tool and information from the admission MDS 3.0 assessment. The measure is calculated on a rolling 12 month, average updated quarterly.
- [2613: CARE: Improvement in Self Care \(AHCA\)](#) - The measure calculates a skilled nursing facility's (SNFs) average change in self care for patients admitted from a hospital who are receiving therapy. The measure calculates the average change in self care score between admission and discharge for all residents admitted to a SNF from a hospital or another post-acute care setting for therapy (i.e., PT or OT) regardless of payor status. This is a risk adjusted outcome measure, based on the self care subscale of the Continuity Assessment and Record Evaluation (CARE) Tool and information from the admission MDS 3.0 assessment. The measure is calculated on a rolling 12 month, average updated quarterly.
- [2624: Functional Outcome Assessment \(CMS\)](#)- Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.
- [2631: Percent of Long-Term Care Hospital \(LTCH\) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function \(CMS\)](#) – This quality measure reports the percentage of all Long-Term Care Hospital (LTCH) patients with an admission and discharge functional assessment and a care plan that addresses function.
- [2632: Long-Term Care Hospital \(LTCH\) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support \(CMS\)](#) – This measure estimates the risk-adjusted change in mobility score between admission and discharge among LTCH patients requiring ventilator support at admission.

- [2635: Inpatient Rehabilitation Facility \(IRF\) Functional Outcome Measure: Discharge SelfCare Score for Medical Rehabilitation Patients \(CMS\)](#) – This measure estimates the percentage of IRF patients who meet or exceed an expected discharge self-care score.
- [2636: Inpatient Rehabilitation Facility \(IRF\) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients \(CMS\)](#) - This measure estimates the percentage IRF patients who meet or exceed an expected discharge mobility score.



## Appendix B: Additional Measure Level Detail for 12 Candidate Consensus Standards

Measure	Steward	Committee Recommendation Member Votes for Approval CSAC Votes for Approval	Type of Measure	Measure* Setting of Care - Level of Analysis	Assessment Tool Used	Standing Committee History/Considerations
<b>2286: Functional Change: Change in Self Care Score (new)</b>	UDSMR	Committee: Recommended % Councils Approving: 71% % CSAC Approving: 100%	Outcome	IRF – Facility	FIM® Instrument	Measure recommended at In-Person Meeting; while additional information not required, the Committee requested disparities data (data for race, age, payer); intra-class co-efficient at the facility level; and mean fit statistics.
<b>2287: Functional Change: Change in Motor Score (Uniform Data System for Medical Rehabilitation) (new)</b>	UDSMR	Committee: Recommended % Councils Approving: 71% % CSAC Approving: 100%	Outcome	IRF – Facility	FIM® Instrument	Measure recommended at In-Person Meeting; while additional information not required, the Committee requested disparities data (data for race, age, payer); intra-class co-efficient at the facility level; and mean fit statistics.
<b>2321: Functional Change: Change in Mobility Score (Uniform Data System for Medical Rehabilitation) (new)</b>	UDSMR	Committee: Recommended % Councils Approving: 94% % CSAC Approving: 100%	Outcome	IRF – Facility	FIM® Instrument	Measure recommended at In-Person Meeting; while additional information not required, the Committee requested disparities data (data for race, age, payer); intra-class co-efficient at the facility level; and mean fit statistics.

Measure	Steward	Committee Recommendation Member Votes for Approval CSAC Votes for Approval	Type of Measure	Measure* Setting of Care - Level of Analysis	Assessment Tool Used	Standing Committee History/Considerations
<b>2612: CARE: Improvement in Mobility (new)</b>	AHCA	Committee: Recommended % Councils Approving: 43% % CSAC Approving: 88%	Outcome	NH/SNF – Facility	Continuity Assessment and Record Evaluation (CARE) Tool; Mobility subscale	Measure recommended at In-Person Meeting. No additional information requested from the developer for clarification of NQF criteria.
<b>2613: CARE: Improvement in Self Care (new)</b>	AHCA	Committee: Recommended % Councils Approving: 43% % CSAC Approving: 88%	Outcome	NH/SNF – Facility	CARE Tool: Self-Care Subscale	Measure recommended at In-Person Meeting. No additional information requested from the developer for clarification of NQF criteria.
<b>2624: Functional Outcome Assessment (new)</b>	CMS	Committee: Recommended % Councils Approving: 57% % CSAC Approving: 94%	Process	Ambulatory Care (Clinician Office, clinic, outpatient rehabilitation)- Clinician (Group/practice, individual)	Administrative claims, Paper Medical Records	Consensus Not Reached on Reliability, Validity and Overall Suitability for Endorsement at In-Person Meeting. The Committee requested additional information on the potential to change the specifications to establish a link between the assessment and the care plan, inter-rater reliability and validity. After consideration of the additional information, the Committee recommended this measure for endorsement.
<b>2631: Percent of Long-Term Care Hospital (LTCH) Patients With an</b>	CMS	Committee: Recommended % Councils Approving: 57%	Process	LTCH – Facility	LTCH CARE Data Set	Consensus Not Reached on Performance Gap, Reliability, Validity and Overall Suitability for Endorsement at In-Person

Measure	Steward	Committee Recommendation Member Votes for Approval CSAC Votes for Approval	Type of Measure	Measure* Setting of Care - Level of Analysis	Assessment Tool Used	Standing Committee History/Considerations
<b>Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (new)</b>		% CSAC Approving: 81%				Meeting. The Committee was provided information and further assessed the following during the Post-Comment Call: Performance data; data on the care plan aspect of the measure; consideration of understanding the link between the functional assessment and setting a care goal; information on the frequency of missing data on items; and information on means and variability at the facility level. After consideration of the additional information, the Committee recommended this measure for endorsement.
<b>2632: Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (new)</b>	CMS	Committee: Recommended % Councils Approving: 71% % CSAC Approving: 100%	Outcome	LTCH – Facility	LTCH CARE Data Set	Measure recommended at In-Person Meeting. No additional information requested from the developer for clarification of NQF criteria.
<b>2633: Inpatient Rehabilitation Facility (IRF) Functional</b>	CMS	Committee: Recommended % Councils Approving: 57%	Outcome	IRF – Facility	CARE Item Set	Consensus Not Reached on Reliability and Validity at In-Person Meeting. Additional information was provided on



Measure	Steward	Committee Recommendation Member Votes for Approval CSAC Votes for Approval	Type of Measure	Measure* Setting of Care - Level of Analysis	Assessment Tool Used	Standing Committee History/Considerations
<b>Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (new)</b>		% CSAC Approving: 56%				reliability, validity and performance at the facility level and the Committee subsequently recommended the measure for endorsement.
<b>2634: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (new)</b>	CMS	Committee: Recommended % Councils Approving: 57% % CSAC Approving: 56%	Outcome	IRF– Facility	CARE Item Set	Measure recommended at In-Person Meeting. No additional information requested from the developer for clarification of NQF criteria.
<b>2635: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (new)</b>	CMS	Committee: Recommended % Councils Approving: 71% % CSAC Approving: 75%	Outcome	IRF – Facility	CARE Item Set	Consensus Not Reached on Reliability and Validity at In-Person Meeting. Additional information was provided on reliability, validity and performance at the facility level and the Committee subsequently recommended the measure for endorsement.
<b>2636: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure:</b>	CMS	Committee: Recommended % Councils Approving: 71% % CSAC Approving:	Outcome	IRF – Facility	CARE Item Set Tool	Measure recommended at In-Person Meeting. No additional information requested from the developer for clarification of NQF criteria.

Measure	Steward	Committee Recommendation Member Votes for Approval CSAC Votes for Approval	Type of Measure	Measure* Setting of Care - Level of Analysis	Assessment Tool Used	Standing Committee History/Considerations
<b>Discharge Mobility Score for Medical Rehabilitation Patients (new)</b>		75%				

\*Note: While the assessment tools (or item sets) used to calculate these measures may be used in more than one setting, the Standing Committee evaluated and recommended endorsement based on the MEASURE submission form and information provided in the measure description, evidence, rationale, etc. As with the measures submitted for specific settings utilizing the CARE Item Set, UDSMR has been advised to prepare new measure submissions for settings of care beyond IRFs for the FIM® tool.