## Measure Applications Partnership Post-Acute Care/Long-Term Care Workgroup Discussion Guide

*Notes for Measure Deliberations*

*In-person meeting date:* December 12, 2014

### Agenda

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| 8:30 | **Breakfast** |
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| 9:00 am | **Welcome, Disclosures of Interest, Review Meeting Objectives, and Pre-Rulemaking Approach** |
|  | * Carol Raphael, Workgroup Chair * Rob Saunders, NQF |
| 9:30 am | **Pre-Rulemaking Input on Measures under Consideration for Inpatient Rehabilitation Facility Quality Reporting Program** |
|  | * Provide recommendations on measures under consideration * Identify high-priority measure gaps for the program |
|  | Consent Calendar: IRF QRP- Encourage Continued Development |
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|  | Programs Under Consideration: Inpatient Rehabilitation Facilities Quality Reporting Program |
|  | 1. **Venous Thromboembolism Prophylaxis** (MUC ID: E0371) *Description:* This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE (VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially-Preventable VTE) that are used in The Joint Commission’s accreditation process.  *Notes:* |
|  | *Notes on Session:* |
|  | Consent Calendar: IRF QRP- Conditional Support |
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|  | Programs Under Consideration: Inpatient Rehabilitation Facilities Quality Reporting Program |
|  | 1. **IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients** (MUC ID: S2633) *Description:* This measure estimates the average risk-adjusted mean change in self-care function between admission and discharge for patients discharged from IRFs.  *Notes:* 2. **IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients** (MUC ID: S2634) *Description:* This quality measure estimates the average risk-adjusted mean change in mobility function between admission and discharge for patients discharged from an IRF.  *Notes:* 3. **IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients** (MUC ID: S2635) *Description:* This quality measure calculates the percent of patients who meet or exceed an expected discharge self-care score in IRFs.  *Notes:* 4. **IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients** (MUC ID: S2636) *Description:* This measure calculates the percent of patients who meet or exceed an expected discharge mobility score.  *Notes:* |
|  | *Notes on Session:* |
| 10:45 am | **Pre-Rulemaking Input on Measure under Consideration for End-Stage Renal Disease Quality Incentive Program** |
|  | * Provide recommendations on measures under consideration * Identify high-priority measure gaps for the program |
|  | Consent Calendar: ESRD QIP |
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|  | Programs Under Consideration: End-Stage Renal Disease Quality Incentive Program |
|  | 1. **Cultural Competency Implementation Measure** (MUC ID: E1919) *Description:* The Cultural Competence Implementation Measure is an organizational survey designed to assist healthcare organizations in identifying the degree to which they are providing culturally competent care and addressing the needs of diverse populations, as well as their adherence to 12 of the 45 NQF-endorsed® cultural competency practices prioritized for the survey. The target audience for this survey includes healthcare organizations across a range of health care settings, including hospitals, health plans, community clinics, and dialysis organizations. Information from the survey can be used for quality improvement, provide information that can help health care organizations establish benchmarks and assess how they compare in relation to peer organizations, and for public reporting.  *Notes:* 2. **Cultural Competency Reporting Measure** (MUC ID: X3716) *Description:* This reporting measure is designed to collect data needed to score NQF #1919 in the ESRD QIP.  *Notes:* 3. **Documentation of Current Medications in the Medical Record** (MUC ID: E0419) *Description:* Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications’ name, dosage, frequency and route of administration  *Notes:* 4. **Medications Documentation Reporting** (MUC ID: X3721) *Description:* This reporting measure is designed to collect data needed to score NQF #0419 in the ESRD QIP.  *Notes:* |
|  | *Notes on Session:* |
|  | Consent Calendar: ESRD QIP- Encourage Continued Development |
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|  | Programs Under Consideration: End-Stage Renal Disease Quality Incentive Program |
|  | 1. **Delivered Dose of Dialysis Above Minimum - Composite Score** (MUC ID: X2051) *Description:* Percentage of all patient months whose delivered dose of dialysis (either hemo or peritoneal) met the specified threshold. This measure is a composite of NQF #0318 and NQF #0249.  *Notes:* 2. **Delivered Dose of Hemodialysis Above Minimum** (MUC ID: X3717) *Description:* Percentage of all patient months whose average delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V >= 1.2.  *Notes:* 3. **Delivered Dose in Peritoneal Dialysis Above Minimum** (MUC ID: X3718) *Description:* Percentage of all patient months whose delivered peritoneal dialysis dose was a weekly Kt/V urea of at least 1.7 within past four months (Adult >= 18) or 1.8 within past 6 months (pediatric  *Notes:* |
|  | *Notes on Session:* |
| 12:15 pm | **Public Comment** |
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| 12:30 pm | **Lunch** |
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| 1:10 pm | **Pre-Rulemaking Input on Measures under Consideration for Skilled Nursing Facilities Value-Based Purchasing Program** |
|  | * Provide recommendations on measures under consideration * Identify high-priority measure gaps for the program |
|  | Consent Calendar: SNF VBP-Support |
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|  | Programs Under Consideration: Skilled Nursing Facilities Value-Based Purchasing |
|  | 1. **Skilled Nursing Facility All-Cause 30 Day Post Discharge Readmission Measure** (MUC ID: S2510) *Description:* This measure estimates the risk-standardized rate of all-cause, unplanned, hospital readmissions for patients who have been admitted to a Skilled Nursing Facility (SNF) (Medicare fee-for-service [FFS] beneficiaries) within 30 days of discharge from their prior proximal hospitalization. The prior proximal hospitalization is defined as an admission to an IPPS, CAH, or a psychiatric hospital. The measure is based on data for 12 months of SNF admissions. A risk-adjusted readmission rate for each facility is calculated as follows: Step 1: Calculate the standardized risk ratio of the predicted number of readmissions at the facility divided by the expected number of readmissions for the same patients if treated at the average facility. The magnitude of the risk-standardized ratio is the indicator of a facility’s effects on readmission rates. Step 2: The standardized risk ratio is then multiplied by the mean rate of readmission in the population (i.e., all Medicare FFS patients included in the measure) to generate the facility-level standardized readmission rate. For this measure, readmissions that are usually for planned procedures are excluded. Please refer to the Appendix, Tables 1 - 5 for a list of planned procedures. The measure specifications are designed to harmonize with CMS’s hospital-wide readmission (HWR) measure to the greatest extent possible. The HWR (NQF #1789) estimates the hospital-level, risk-standardize rate of unplanned, all-cause readmissions within 30 days of a hospital discharge and uses the same 30-day risk window as the SNFRM.  *Notes:* |
|  | *Notes on Session:* |
| 1:30 pm | **Pre-Rulemaking Input on Measures under Consideration for Medicare Shared Savings Program** |
|  | * Provide recommendations on measures under consideration * Identify high-priority measure gaps for the program |
|  | Consent Calendar: MSSP (PAC/LTC): Support |
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|  | Programs Under Consideration: Medicare Shared Savings Program |
|  | 1. **Acute Care Hospitalization (Claims-Based)** (MUC ID: E0171) *Description:* Percentage of home health stays in which patients were admitted to an acute care hospital during the 60 days following the start of the home health stay.  *Notes:* 2. **Documentation of Current Medications in the Medical Record** (MUC ID: E0419) *Description:* Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications’ name, dosage, frequency and route of administration  *Notes:* 3. **Antipsychotic Use in Persons with Dementia** (MUC ID: E2111) *Description:* The percentage of individuals 65 years of age and older with dementia who are receiving an antipsychotic medication without evidence of a psychotic disorder or related condition.  *Notes:* 4. **Skilled Nursing Facility All-Cause 30 Day Post Discharge Readmission Measure** (MUC ID: S2510) *Description:* This measure estimates the risk-standardized rate of all-cause, unplanned, hospital readmissions for patients who have been admitted to a Skilled Nursing Facility (SNF) (Medicare fee-for-service [FFS] beneficiaries) within 30 days of discharge from their prior proximal hospitalization. The prior proximal hospitalization is defined as an admission to an IPPS, CAH, or a psychiatric hospital. The measure is based on data for 12 months of SNF admissions. A risk-adjusted readmission rate for each facility is calculated as follows: Step 1: Calculate the standardized risk ratio of the predicted number of readmissions at the facility divided by the expected number of readmissions for the same patients if treated at the average facility. The magnitude of the risk-standardized ratio is the indicator of a facility’s effects on readmission rates. Step 2: The standardized risk ratio is then multiplied by the mean rate of readmission in the population (i.e., all Medicare FFS patients included in the measure) to generate the facility-level standardized readmission rate. For this measure, readmissions that are usually for planned procedures are excluded. Please refer to the Appendix, Tables 1 - 5 for a list of planned procedures. The measure specifications are designed to harmonize with CMS’s hospital-wide readmission (HWR) measure to the greatest extent possible. The HWR (NQF #1789) estimates the hospital-level, risk-standardize rate of unplanned, all-cause readmissions within 30 days of a hospital discharge and uses the same 30-day risk window as the SNFRM.  *Notes:* |
|  | *Notes on Session:* |
| 2:30 pm | **Pre-Rulemaking Input on Measures under Consideration for Long-Term Care Hospital Quality Reporting Program** |
|  | * Provide recommendations on measures under consideration * Identify high-priority measure gaps for the program |
|  | Consent Calendar: LTCH QRP: Encourage Continued Development |
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|  | Programs Under Consideration: Long-Term Care Hospitals Quality Reporting Program |
|  | 1. **Venous Thromboembolism Prophylaxis** (MUC ID: E0371) *Description:* This measure assesses the number of patients who received venous thromboembolism (VTE) prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission. This measure is part of a set of six nationally implemented prevention and treatment measures that address VTE (VTE-2: ICU VTE Prophylaxis, VTE-3: VTE Patients with Anticoagulation Overlap Therapy, VTE-4: VTE Patients Receiving UFH with Dosages/Platelet Count Monitoring, VTE-5: VTE Warfarin Therapy Discharge Instructions and VTE-6: Hospital Acquired Potentially-Preventable VTE) that are used in The Joint Commission’s accreditation process.  *Notes:* 2. **Compliance with Ventilator Process Elements during LTCH stay** (MUC ID: X3705) *Description:* This measure "Compliance with Ventilator Process Elements during LTCH stay" is a paired quality measure (QM#1 and QM#2); it assesses facility-level compliance with Ventilator Process Elements for eligible patients in the LTCH setting. Quality Measure #1: Compliance with Tracheostomy Collar Trial (TCT) or Spontaneous Breathing Trial (SBT) by the end of the first calendar day following admission to the LTCH. Quality Measure #2: Compliance with TCT or SBT during LTCH stay - day 2 through discharge date/ date when patient is fully weaned. Definitions: i. Invasive mechanical ventilation: The use of a device to assist or control pulmonary ventilation, either intermittently or continuously through a tracheostomy or by endotracheal intubation. ii. Tracheostomy Collar Trial: Trial of unassisted breathing via a tracheostomy collar (mask) with aerosol (mist), administered to patients with tracheostomy tubes. iii. Spontaneous Breathing Trial: Trial of unassisted breathing for at least X time period and full ventilator support at night, administered to patients with endotracheal tubes.  *Notes:* 3. **Ventilator Weaning (Liberation) Rate** (MUC ID: X3706) *Description:* This measure assesses facility-level patient weaning (liberation) rate for patients in the LTCH setting. This measure reports the percentage of patients who are discharged from a Long-Term Care Hospital (LTCH) and reported as successfully (fully) weaned at discharge. The measure will analyze and report the fully weaned and not weaned separately for patients discharged alive. The measure will also analyze and report on weaning status of patients who die. Definitions: i. Invasive mechanical ventilation: The use of a device to assist or control pulmonary ventilation, either intermittently or continuously through a tracheostomy or by endotracheal intubation. ii. Weaning covers the entire process of liberating the patient from invasive mechanical ventilation support. iii. Fully weaned: Patients who are discharged alive from a LTCH and require no invasive mechanical ventilation support for 72 consecutive hours or more during 3 consecutive days immediately prior to discharge. iv. Not weaned (invasive mechanical ventilation dependent): Patients who require continuous invasive mechanical ventilation support for more than 12 consecutive hours per day during each of the 3 consecutive calendar days immediately prior to discharge.  *Notes:* |
|  | *Notes on Session:* |
| 3:30 pm | **Pre-Rulemaking Input on Measures under Consideration for Home Health Quality Reporting Program** |
|  | * Provide recommendations on measures under consideration * Identify high-priority measure gaps for the program |
|  | Consent Calendar: HH QRP- Conditional Support |
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|  | Programs Under Consideration: Home Health Quality Reporting Program |
|  | 1. **Percent of Patients with Pressure Ulcers That Are New or Worsened** (MUC ID: X3704) *Description:* Percentage of home health episodes of care in which the patient is discharged from home health with one or more pressure ulcer(s) that are Stage 2 - 4 or unstageable due to slough or eschar and are new or worsened since the start or resumption of care. The measure is based on data obtained from the Outcome Assessment and Information Set (OASIS-C1) Data Item Set.  *Notes:* |
|  | *Notes on Session:* |
| 3:50 pm | **Pre-Rulemaking Input on Hospice Quality Reporting program** |
|  | Provide recommendations on high-priority measurement areas |
| 4:10 pm | **Opportunity for Public Comment** |
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| 4:25 pm | **Summary of Day** |
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| 4:40 pm | **Adjourn** |
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