



Measure Applications Partnership PAC-LTC Workgroup In-Person Meeting Day 1

December 14-15, 2016

Agenda and Meeting Objectives

Agenda-Day 1

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting
- CMS Opening Remarks
- NQF Strategic Plan
- Pre-Rulemaking Overview and Voting Instructions
- Pre-Rulemaking Input & Current Measure Review:
 - *Hospice Quality Reporting Program*
 - *Long-Term Care Hospital Quality Reporting Program*
 - *Inpatient Rehabilitation Facility Quality Reporting Program*
 - *Home Health Quality Reporting Program*
 - *Skilled Nursing Facility Quality Reporting Program*
- Summary of Day
- Adjourn

Agenda-Day 2

- Review Day 1 and Goals for Day 2
- PROMIS tool Overview and Discussion
- Current Measure Review:
 - *Skilled Nursing Facility Value-Based Purchasing*
- Public Comment
- Summary and Next Steps
- *Adjourn*

Meeting Objectives

- Conduct review and discuss measure sets and federal programs applicable to PAC/LTC settings
- Review and provide input on measures under consideration for federal programs applicable to PAC/LTC settings
- Discuss PROMIS tool and possible applications

Introductions and Disclosures of Interest

MAP PAC/LTC NQF Staff Support Team



**Sarah
Sampsel,
Senior
Director**



**Jean-Luc Tilly,
Project
Manager**



**Mauricio
Menendez,
Project
Analyst**

Project Email: MAPPAC-LTC@qualityforum.org

MAP PAC-LTC Workgroup Membership

Workgroup Co-Chairs: Gerri Lamb, RN, PHD and Debra Saliba, MD, MPH

Organizational Members

Aetna	Alena Baquet-Simpson, MD
AMDA – The Society for Post-Acute and Long-Term Care Medicine	Dheeraj Mahajan, MD, CMD
American Occupational Therapy Association	Pamela Roberts, PhD, OTR/L, SCRES, CPHQ, FAOTA
American Physical Therapy Association	Heather Smith, PT, MPH
Caregiver Action Network	Lisa Winstel, MAM
HealthSouth Corporation	Lisa Charbonneau, DO, MS
Johns Hopkins University School of Medicine	Bruce Leff, MD
Kindred Healthcare	Sean Muldoon, MD
National Association of Area Agencies on Aging	Sandy Markwood, MA
National Consumer Voice for Quality Long-Term Care	Robyn Grant, MSW
National Hospice and Palliative Care Organization	Carol Spence, PhD
National Partnership for Hospice Innovation	Theresa Schmidt, MA
National Pressure Ulcer Advisory Panel	Arthur Stone, MD
National Transitions of Care Coalition	James Lett, II, MD, CMD
Visiting Nurses Association of America	Danielle Pierottie, RN, PhD, CENP, AOCN, CHPN

MAP PAC-LTC Workgroup Membership

Subject Matter Experts

Kim Elliott, PhD, CPH
Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN
Paul Mulhausen, MD, MHS
Eugene Nuccio, PhD
Thomas von Sternberg, MD
Caroline Fife, MD, CWS, FUHM

Federal Government Members

Centers for Medicare & Medicaid Services (CMS)	Alan Levitt, MD
Office of the National Coordinator for Health Information Technology (ONC)	Elizabeth Palena Hall, MIS, MBA, RN
Substance Abuse and Mental Health Services Administration (SAMHSA)	Lisa C. Patton, PhD

MAP Coordinating Committee Co-Chairs

Chip Kahn, MPH
Harold Pincus, MD

Duals Workgroup Liaison

Richard Bringewatt	SNP Alliance
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CMS Welcoming Remarks



NATIONAL
QUALITY FORUM

Measure Applications Partnership

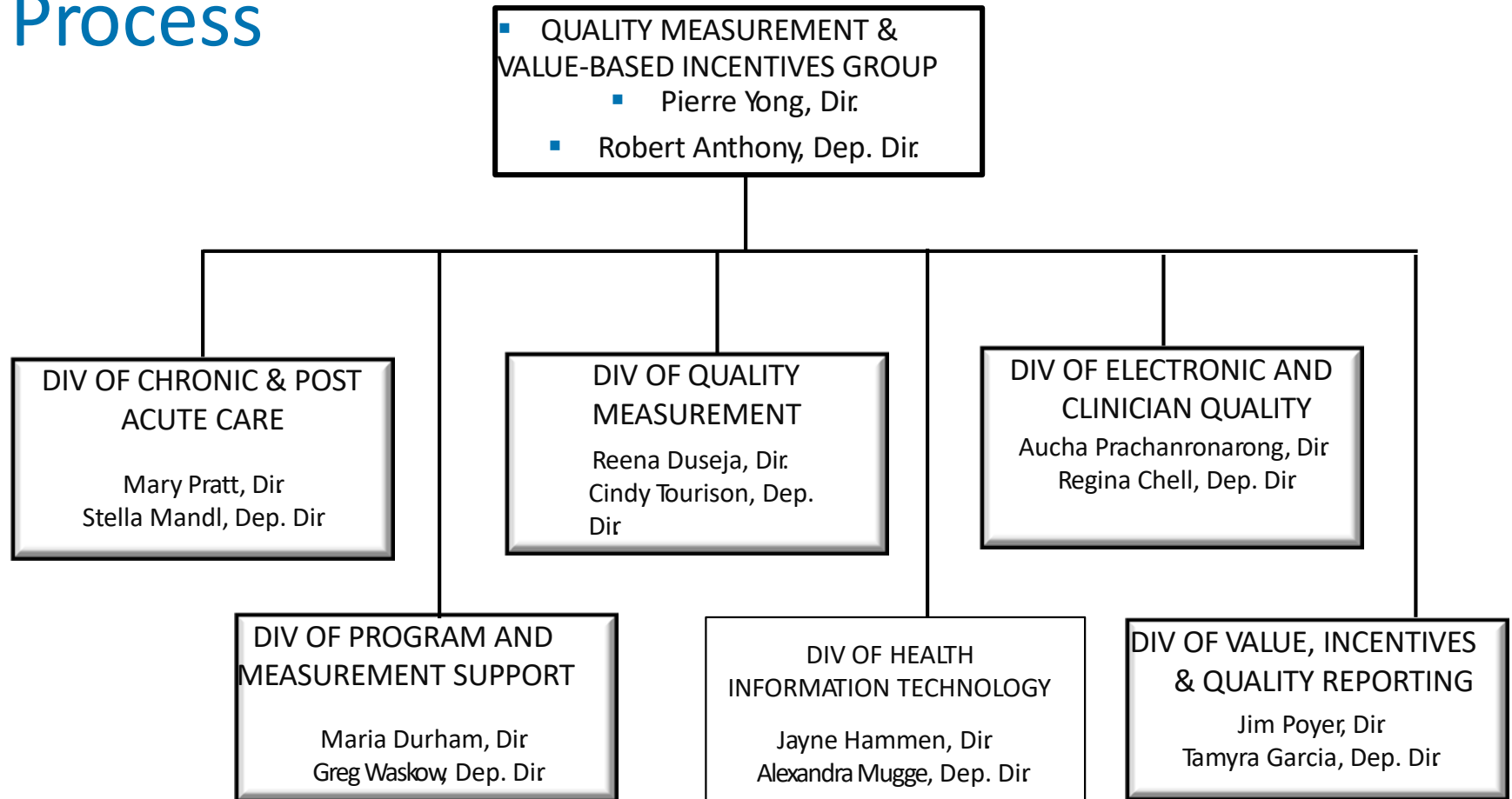
PAC/LTC Work Group Meeting

*December 14 & 15,
2016*

Welcome

Creation of the MUC List

CMS' Center for Clinical Standards & Quality: Home to the Pre-Rulemaking Process



Statutory Authority: Pre-Rulemaking Process

- *Under section 1890A of the Act and ACA 3014, DHHS is required to establish a pre-rulemaking process under which a consensus-based entity (currently NQF) would convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain federal programs. The list of quality and efficiency measures DHHS is considering for selection is to be publicly **published no later than December 1** of each year. No later than **February 1** of each year, NQF is to report the input of the multi-stakeholder groups, which will be considered by DHHS in the selection of quality and efficiency measures.*

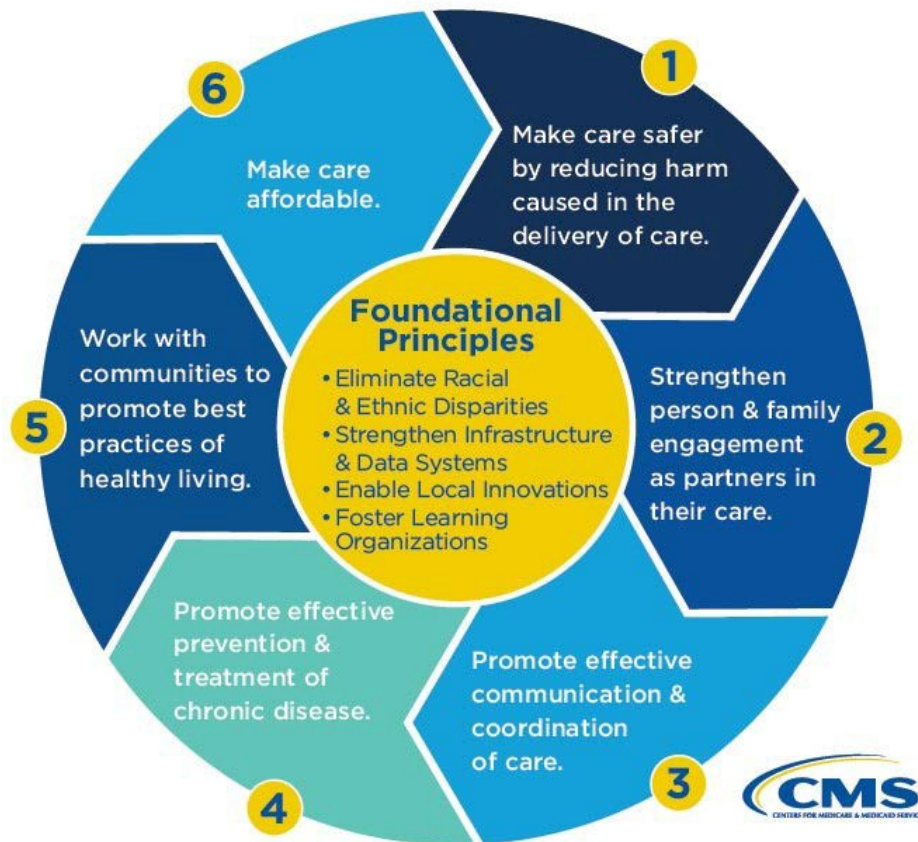
Pre-rulemaking Process: Measure Selection

- Pre-rulemaking Process – provides for more formalized and thoughtful process for considering measure adoption:
 - Early public preview of potential measures
 - Multi-stakeholder groups feedback sought and considered prior to rulemaking (MAP feedback considered for rulemaking)
 - Review of measures for alignment and to fill measurement gaps prior to rulemaking
 - Endorsement status considered favorable; lack of endorsement must be justified for adoption.
 - Potential impact of new measures and actual impact of implemented measures considered in selection determination

CMS Quality Strategy Aims and Goals



CMS Quality Strategy Goals and Foundational Principles



Measure Inclusion Requirements

- Respond to specific program goals and statutory requirements.
- Address an important topic, including those identified by the MAP, with a performance gap and is evidence based.
- Focus on one or more of the National Quality Strategy priorities.
- Identify opportunities for improvement.
- Avoid duplication with other measures currently implemented in programs.
- Include a title, numerator, denominator, exclusions, measure steward, data collection mechanism.
- Alignment of measures across public and private programs.

Caveats

- Measures in current use do not need to go on the Measures under Consideration List again

The exception is if you are proposing to expand the measure into other CMS programs, proceed with the measure submission but only for the newly proposed program
- Submissions will be accepted if the measure was previously proposed to be on a prior year's published MUC List, but was not accepted by any CMS program(s).
- Measure specifications may change over time, if a measure has significantly changed, proceed with the measure submission for each applicable program

Medicare Programs

Ambulatory Surgical Center Quality Reporting Program

End-Stage Renal Disease Quality Incentive Program

Home Health Quality Reporting Program

Hospice Quality Reporting Program

Hospital-Acquired Condition Reduction Program

Hospital Inpatient Quality Reporting Program

Hospital Outpatient Quality Reporting Program

Hospital Readmissions Reduction Program

Hospital Value-Based Purchasing Program

Inpatient Psychiatric Facility Quality Reporting Program

Inpatient Rehabilitation Facility Quality Reporting Program

Long-Term Care Hospital Quality Reporting Program

Medicaid & Medicare EHR Incentive Program for Eligible Hospitals & Critical Access Hospitals

Medicare Shared Savings Program

Merit-based Incentive Payment System

Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

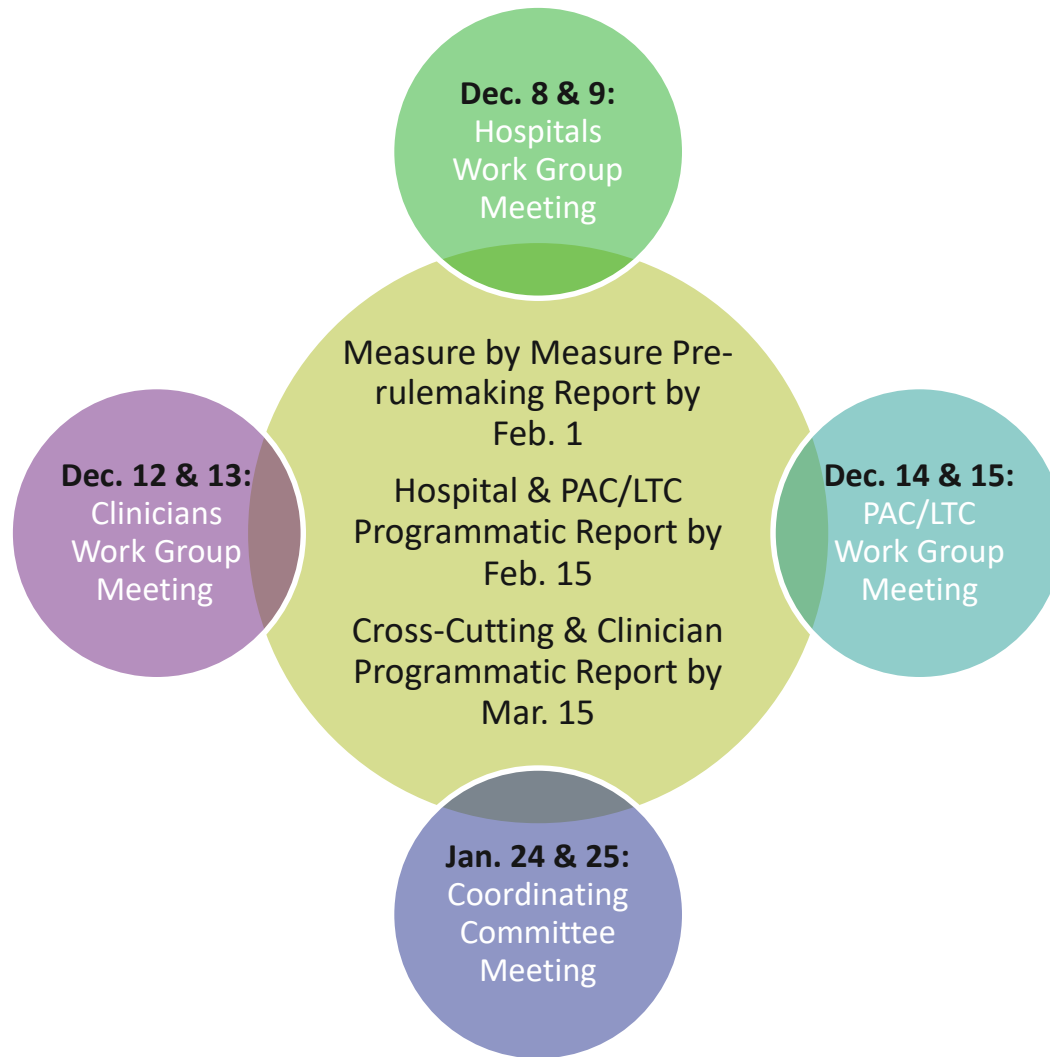
Skilled Nursing Facility Quality Reporting Program

Skilled Nursing Facility Value-Based Purchasing Program

Measures Under Consideration List Publishing



MAP Meeting Results



Post-Acute Care Quality Reporting Programs (QRPs)

- Home Health (HH) QRP
- Long-Term Care Hospital (LTCH) QRP
- Inpatient Rehabilitation Facility (IRF) QRP
- Hospice QRP
- Skilled Nursing Facility Value-Based Purchasing (VBP) Program
- Skilled Nursing Facility (SNF) QRP

CMS “Feedback Loop”

- Trial period – October 2016 PAC-LTC Workgroup meeting
 - Based on discussions at December 2015 Meeting
- Review previously presented measures – additional work done in measure development, including work generated from Workgroup feedback
 - SNF functional outcome measures
 - LTCH ventilator weaning measures
 - Hospice visits when death is imminent measure pair

IMPACT Act of 2014:

Specified Application Dates

QUALITY DOMAIN	HHA	SNF	IRF	LTCH
Functional status	1/1/2019	10/1/2016	10/1/2016	10/1/2018
Skin integrity	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Medication reconciliation	1/1/2017	10/1/2018	10/1/2018	10/1/2018
Incidence major falls	1/1/2019	10/1/2016	10/1/2016	10/1/2016
Communicate/provide HI	1/1/2019	10/1/2018	10/1/2018	10/1/2018
DOMAIN	HHA	SNF	IRF	LTCH
Medicare Spending/Beneficiary	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Discharge to Community	1/1/2017	10/1/2016	10/1/2016	10/1/2016
Potent prevent hospital RA	1/1/2017	10/1/2016	10/1/2016	10/1/2016

PAC/LTC Highest-Leverage Measurement Areas and Core Measure Concepts

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts	
Function	<ul style="list-style-type: none"> Functional and cognitive status assessment 	<ul style="list-style-type: none"> Mental health
Goal Attainment	<ul style="list-style-type: none"> Achievement of patient/family/caregiver goals 	<ul style="list-style-type: none"> Advanced care planning and treatment
Patient and Family Engagement	<ul style="list-style-type: none"> Experience of care Shared decision-making 	<ul style="list-style-type: none"> Patient and family education
Care Coordination	<ul style="list-style-type: none"> Effective transitions of care 	<ul style="list-style-type: none"> Accurate transmission of information
Safety	<ul style="list-style-type: none"> Falls Adverse drug events 	<ul style="list-style-type: none"> Pressure ulcers
Cost/Access	<ul style="list-style-type: none"> Inappropriate medicine use Infection rates 	<ul style="list-style-type: none"> Avoidable admissions
Quality of Life	<ul style="list-style-type: none"> Symptom Management Social determinants of health 	<ul style="list-style-type: none"> Autonomy and control Access to lower levels of care

MAP PAC/LTC Workgroup 2016-2017

- IMPACT Act Quality Domain measures
 - *Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings; Transfer of Information at PAC Discharge to other providers/settings*
 - *Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)*
 - *Application of Percent of Home Health Residents Experiencing One or More Falls with Major Injury*
 - *The Percent of Home Health Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function*
- CAHPS® Hospice Survey (experience with care) (NQF #2651)
- PROMIS® (Patient-Reported Outcomes Measurement Information System)

Questions??

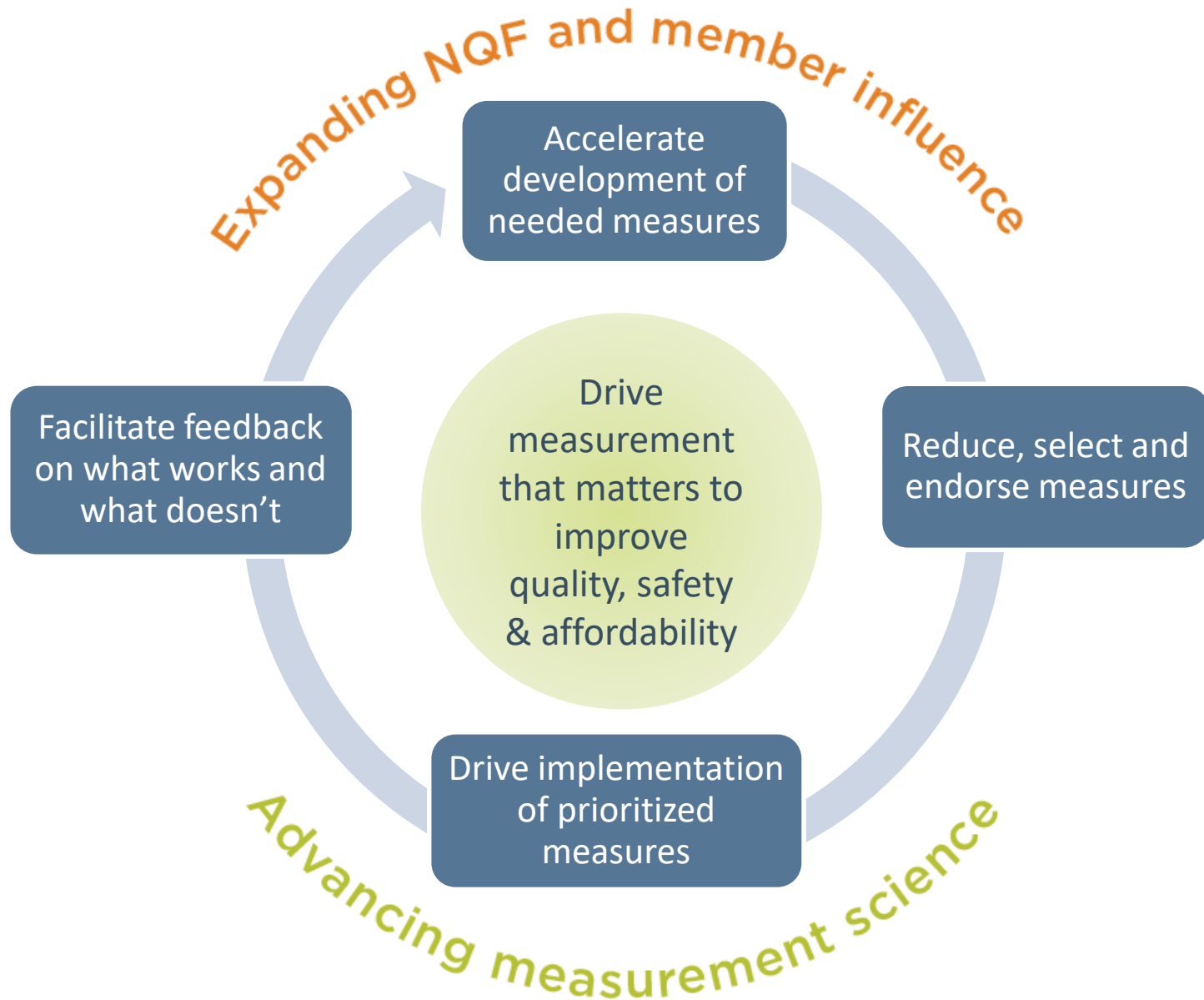


NQF Strategic Planning Update

Helen Burstin, MD, MPH
Measures Application Partnership

December 8, 2016

NQF: Lead. Prioritize. Collaborate.



NQF 3-year strategic plan and metrics

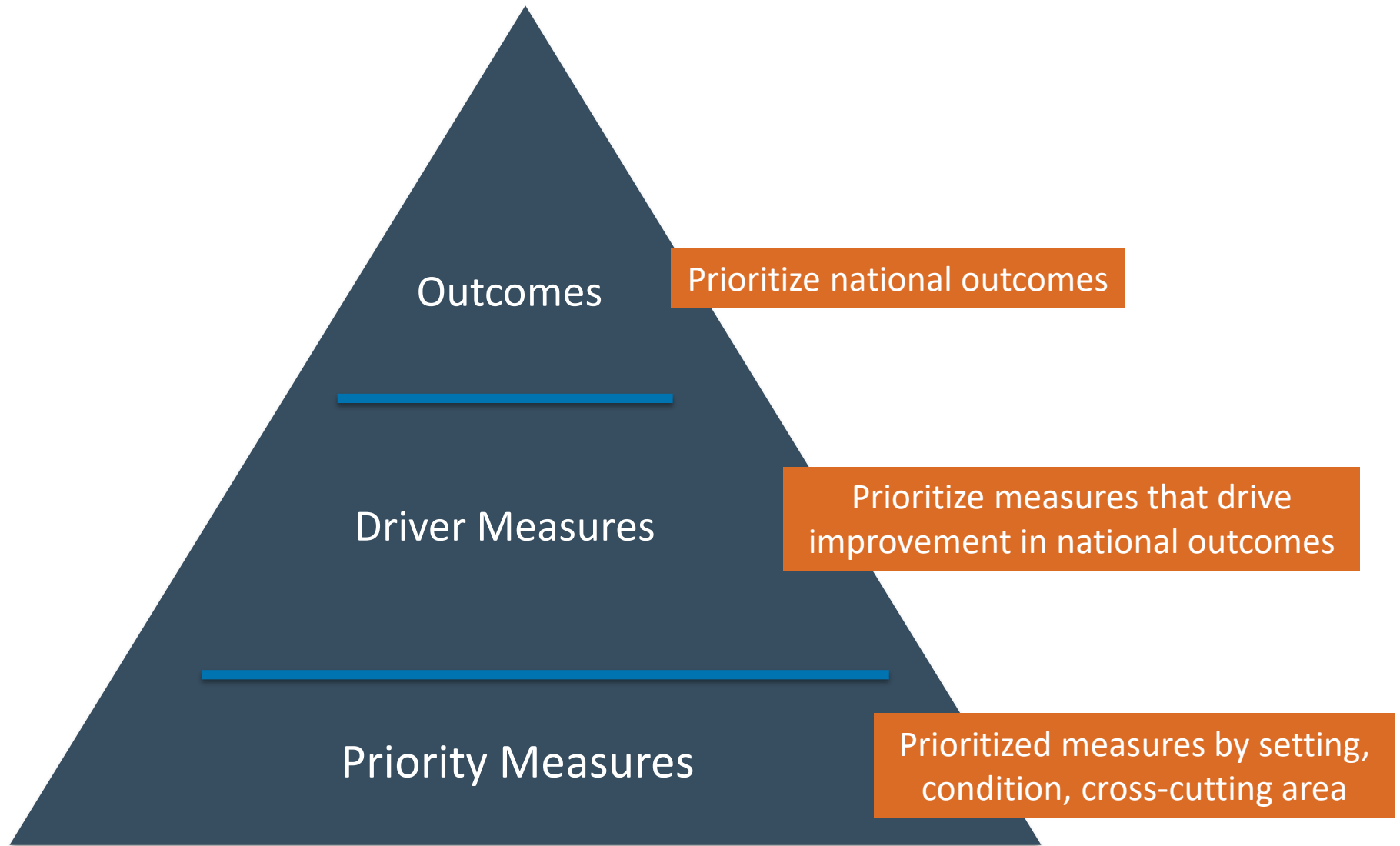
NQF THREE-YEAR STRATEGIC PLAN AND METRICS

Accelerate Development of Needed Measures	Objective #1: Identify and prioritize gaps	Objective #2: Fill prioritized measure gaps through the NQF Measure Incubator	Objective #3: Develop NQF Measure Incubator Learning Collaborative.	Outcomes: <ul style="list-style-type: none"> • Prioritized list of gaps developed and disseminated nationally • Prioritized measure gaps filled • Improved measure development process through sharing what works and what does not • Collaborative space for networking and problem solving in measure development established 	Metrics: <ul style="list-style-type: none"> • Prioritized measure gaps targeted for measure development • Prioritized measure gaps filled, including through measure incubation • Prioritized measurement issues addressed through Learning Collaborative
Prioritize Measures that Matter: reduce, select, and endorse	Objective #1: Establish criteria to prioritize measures and gaps	Objective #2: Identify priority outcomes that will improve the health of the nation Identify priority accountability measures that can drive high quality and value	Objective #3: Use measure endorsement and selection processes to reduce number of measures where burden outweighs benefit	Outcomes: <ul style="list-style-type: none"> • NQF criteria for measure and gap prioritization disseminated nationally • NQF prioritization criteria inform efforts by others to select and prioritize measures for implementation • Identified prioritized sets of outcomes and accountability measures that will drive improvement for the nation • Reduction of unnecessary measures through endorsement and selection 	Metrics: <ul style="list-style-type: none"> • Use of NQF prioritization criteria for public and private sector measure selection • Prioritized measures identified to address needs of healthcare system • Reduction in unnecessary measure burden
Drive Implementation of Prioritized Measures	Objective #1 Identify levers to drive implementation of prioritized measures	Objective #2 Identify strategies to take advantage of identified levers	Objective #3 National Quality Partners will focus efforts that will drive improvement in national outcomes	Outcomes <ul style="list-style-type: none"> • Prioritized measures used by public and private sector to drive improvement in national outcomes • Prioritized measures used in NQF efforts to drive improvement activities with NQF members 	Metrics: <ul style="list-style-type: none"> • Prioritized measures selected for use in private and public sector programs
Facilitate Feedback on What Works and What Doesn't	Objective #1: Assess measure impact through multiple feedback loops	Objective #2: Inform measure endorsement, selection and prioritization with information gathered through feedback	Objective #3: Fully integrate information flow between measure endorsement and measure selection processes	Outcomes <ul style="list-style-type: none"> • Improved information available for endorsement and selection of measures • Prioritization informed by measure feedback 	Metrics: <ul style="list-style-type: none"> • Private and public sector partners working with NQF on measure feedback • Measures for which feedback information is available • Bidirectional flow of information between endorsement and selection processes
Foster Quality Leadership and Awareness	Objective #1 Educate and engage NQF members about Federal quality legislation via a Quality Policy Member Network	Objective #2 Influence NQF's legislative and funding strategies through a Quality Policy Advisory Group	Objective #3 Foster key stakeholder leadership support for continued NQF funding	Outcomes <ul style="list-style-type: none"> • NQF members more knowledgeable about federal quality legislation • NQF members inform NQF technical assistance on the Hill • Quality-related legislation reflects NQF input where appropriate • Key stakeholders demonstrate support for NQF's reauthorization • NQF funding reauthorized 	Metrics: <ul style="list-style-type: none"> • NQF members actively participating in Quality Policy Member Network • Requests for NQF technical input into quality-related bills • Quality Policy Advisors outreach to solicit Congressional support for NQF

7/2016

Prioritization of Measures and Gaps

Prioritize Measures that Matter



Environmental Scan: Prioritization Criteria

- National Quality Strategy
- IOM Vital Signs
- NQF Prioritization Advisory Committees
- Healthy People 2020 Indicators
- Kaiser Family Foundation Health Tracker
- Consumer priorities for Hospital QI and Implications for Public Reporting, 2011
- IOM: Future Directions for National Healthcare Quality and Disparities Report, 2010
- IHI Whole System Measures
- Commonwealth Fund International Profiles of Healthcare Systems, 2015
- OECD Healthcare Quality Project
- OECD Improving Value in Healthcare: Measuring Quality
- Conceptual Model for National Healthcare Quality Indicator System in Norway
- Denmark Quality Indicators
- UK NICE standards – Selecting and Prioritizing Quality Standard Topics
- Australia's – Indicators used Nationally to Report on Healthcare, 2013
- European Commission Healthcare Quality Indicators
- Consumer-Purchaser Disclosure Project – Ten criteria for usable meaningful and usable measures of performance

Potential Prioritization Criteria

- Actionable & improvable (amenable to interventions, potential to transform care)
- Reduces disparities
- High impact area
- Integrated care (measurement across providers and settings, including transitions)
- Easy to understand and interpret
- Lack of adverse consequences
- Meaningful to patient and/or caregiver
- Outcome-focused
- Patient-centered
- Burden of measurement
- Drives system-level improvement

Word Cloud: Prioritization Criteria



Gap Construct

- An accountability measure gap should provide the following:
 - *Topic area that needs to be addressed (condition specific, cross-cutting)*
 - *The type of measure (e.g., process, outcome, PRO)*
 - *The target population of the measure (denominator)*
 - *Aspect of care being measured within this quality problem (numerator)*
 - *Specific attribution of the healthcare entity being measured*
 - *Description of how the measure would fill the gap in NQF's measure portfolio*

Reduce Measures

Prioritize Measures that Matter: Reduce, Select & Endorse

Reduce measures where benefits outweighs burden

- *Consider MAP and CDP opportunities to drive measure reduction*

MAP: Recommendations for Measure Removal

- MAP has expressed a need to better understand the program measure sets, including how new measures under consideration interact with current measures.
- For the 2016-2017 pre-rulemaking cycle, MAP will offer guidance on measures finalized for use:
 - **MAP will offer input on ways to strengthen the current measure set including recommendations for future removal of measures.**
 - This guidance will be built into the final MAP report but will not be reflected in the “Spreadsheet of MAP Final Recommendations.”

Overview of Pre-Rulemaking Approach

Approach

The approach to the analysis and selection of measures is a four-step process:

- 1. Provide program overview**
- 2. Review current measures**
- 3. Evaluate MUCs for what they would add to the program measure set**
- 4. Provide feedback on current program measure sets**

Evaluate Measures Under Consideration

- MAP Workgroups must reach a decision about every measure under consideration
 - *Decision categories are standardized for consistency*
 - *Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached*
- The decision categories have been updated for the 2016-2017 pre-rulemaking process
 - *MAP will no longer evaluate measures under development using different decision categories*

MAP Decision Categories

Decision Category	Evaluation Criteria
Support for Rulemaking	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	The measure is fully developed and tested and meets assessments 1-6. However, the measure should meet a condition (e.g., NQF endorsement) specified by MAP before it can be supported for implementation. MAP will provide a rationale that outlines the condition that must be met. Measures that are conditionally supported are not expected to be resubmitted to MAP.
Refine and Resubmit Prior to Rulemaking	The measure addresses a critical program objective but needs modifications before implementation. The measure meets assessments 1-3; however, it is not fully developed and tested OR there are opportunities for improvement under evaluation. MAP will provide a rationale to explain the suggested modifications.
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of the assessments.

MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, NQF staff conduct a preliminary analysis of each measure under consideration.

The preliminary analysis is an algorithm that asks a series of questions used to evaluate each measure under consideration. This algorithm was:

- Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee
- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

MAP Voting Instructions

Key Voting Principles

- After introductory presentations to provide context to each programmatic discussion, MAP review and voting will begin using the electronic Discussion Guide.
- A lead discussant will be assigned to each group of measures.
- The Discussion Guide organizes content as follows:
 - *The measures under consideration are divided into a series of related groups for the purposes of discussion and voting*
 - *Each measure under consideration will have a preliminary staff analysis, recommendation and a rationale to explain how that conclusion was reached*

Voting Procedure

Step 1. Staff will review a Preliminary Analysis Consent Calendar

- Staff will present each group of measures as a consent calendar reflecting the result of the preliminary analysis using MAP selection criteria and programmatic objectives

Voting Procedure

Step 2. MUCs can be pulled from the Consent Calendar and become regular agenda items

- The co-chairs will ask the Workgroup members to identify any MUCs they would like to pull off the consent calendar. Any Workgroup member can ask that one or more MUCs on the consent calendar be removed for individual discussion
- Once all of the measures the Workgroup would like to discuss are removed from the consent calendar, the co-chair will ask if there is any objection to accepting the preliminary analysis and recommendation of the MUCs remaining on the consent calendar
- If no objections are made for the remaining measures, the consent calendar and the associated recommendations will be accepted (no formal vote will be taken)

Voting Procedure

Step 3. Voting on Individual Measures

- Workgroup member(s) who identified measures for discussion will describe their perspective on the measure and how it differs from the preliminary analysis and recommendation in the Discussion Guide.
- Workgroup member(s) assigned as lead discussant(s) for the group of measures will respond to the individual(s) who requested discussion. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
- Other Workgroup members should participate in the discussion to make their opinions known. However, in the interests of time, one should refrain from repeating points already presented by others.
- After discussion of each MUC, the Workgroup will vote on the measure with four options:
 - ▢ *Support for Rulemaking*
 - ▢ *Conditional Support for Rulemaking*
 - ▢ *Refine and Resubmit Prior to Rulemaking*
 - ▢ *Do Not Support for Rulemaking*

Voting Procedure

Step 4: Tallying the Votes

- If a MUC receives $\geq 60\%$ for Support -- the recommendation is Support
- If a MUC receives $\geq 60\%$ for the SUM of Support and Conditional Support – the recommendation is Conditional Support.
 - *Staff will clarify and announce the conditions at the conclusion of the vote*
- If a MUC receives $\geq 60\%$ for Refine and Resubmit -- the recommendation is Refine and Resubmit.
- If a MUC receives $\geq 60\%$ for the SUM of Support and Conditional Support, and Refine and Resubmit – the recommendation is Refine and Resubmit.
 - *Staff will clarify and announce the refinements at the conclusion of the vote*
- If a MUC receives $< 60\%$ for the SUM of Support, Conditional Support, and Refine and Resubmit - the recommendation is “Do not support”
- Abstentions are discouraged but will not count in the denominator

Voting Procedure

Step 4: Tallying the Votes

	DO NOT SUPPORT	REFINE AND RESUBMIT	CONDITIONAL SUPPORT	SUPPORT
If the MUC receives >60% of the votes in one category	> 60% consensus of do not support	≥ 60% consensus of refine and resubmit	≥ 60% consensus of conditional support	≥60% consensus of support
If the MUC does NOT receive >60% of the votes in one category	< 60% consensus for the combined total of refine and resubmit, conditional support and support	≥ 60% consensus of refine and resubmit, conditional support and support	≥ 60% consensus of both conditional support and support	N/A

Voting Procedure

Step 4: Tallying the Votes

25 Committee Members
2 members abstain from voting

Voting Results	
Support	10
Conditional Support	4
Refine and Resubmit	2
Do Not Support	7
Total:	23

$$10+4 = 14/23 = 61\%$$

The measure passes with Conditional Support

Provide Feedback on Current Measure Sets

- Consider how the current measure set reflects the goals of the program
- Evaluate current measure sets against the Measure Selection Criteria
- Identify specific measures that could be removed in the future

Potential Criteria for Removal

- The measure is not evidence-based and is not linked strongly to outcomes
- The measure does not address a quality challenge (i.e. measure is topped out)
- The measure does not utilize measurement resources efficiently or contributes to misalignment
- The measure cannot be feasibly reported
- The measure is not NQF-endorsed or is being used in a manner that is inconsistent with endorsement
- The measure has lost NQF-endorsement
- Unreasonable implementation issues that outweigh the benefits of the measure have been identified
- The measure may cause negative unintended consequences
- The measure does not demonstrate progress toward achieving the goal of high-quality, efficient healthcare

Commenting Guidelines

- Comments from the early public comment period have been incorporated into the discussion guide
- There will be an opportunity for public comment before the discussion on each program.
 - *Commenters are asked to limit their comments to that program and limit comments to **two minutes**.*
 - *Commenters are asked to make any comments on MUCs or opportunities to improve the current measure set at this time*
- There will be a global public comment period at the end of each day.
- Public comment on the Workgroup recommendations will run from December 21-January 12.
 - *These comments will be considered by the MAP Coordinating Committee and submitted to CMS.*

Review of Programs and Measures Under Consideration

Hospice Quality Reporting Program

Hospice Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The Hospice QRP was established under the Affordable Care Act. Beginning in FY 2014, Hospices that fail to submit quality data will be subject to a 2.0 percentage point reduction to their annual payment update.
- **Program Goals:** Make the hospice patient as physically and emotionally comfortable as possible, with minimal disruption to normal activities, while remaining primarily in the home environment.



Hospice Quality Reporting Program

NQS Priority	Number of Measures in Hospice QRP		
	Impleme nted/ Finaliz ed*	Finalized in the FY16 rule	2016 MUC List
Effective Prevention and Treatment	7	1	0
Making Care Safer	7	0	0
Communication/Care Coordination	7	1	8
Best Practice of Healthy Living	0	0	0
Making Care Affordable	0	0	0
Patient and Family Engagement	7	0	8

**Implemented/Finalized: Quality measures implemented/finalized for data collection.*

Measure Needs: Symptom management outcome measures, patient and family preferences for care, timeliness/responsiveness of care, care coordination across care settings.

Opportunity for Public Comment

**Measures under consideration and current
program measure set**

Pre-Rulemaking Input HQRP

Hospice QRP Consent Calendar

- CAHPS® Hospice Survey: Rating of Hospice (MUC ID: MUC16-31) (NQF# 2651)
- CAHPS® Hospice Survey: Hospice Team Communications (MUC ID: MUC16-32) (NQF# 2651)
- CAHPS® Hospice Survey: Willingness to Recommend (MUC ID: MUC16-33) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Hospice Care Training (MUC ID: MUC16-35) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Timely Care (MUC ID: MUC16-36) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Emotional and Spiritual Support (MUC ID: MUC16-37) (NQF# 2651)
- CAHPS® Hospice Survey: Getting Help for Symptoms (MUC ID: MUC16-39) (NQF# 2651)
- CAHPS® Hospice Survey: Treating Family Member with Respect (MUC ID: MUC16-40) (NQF# 2651)

Current Measure Review and Discussion: HQRP

Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Long-Term Care Hospital Quality Reporting Program

Long-Term Care Hospital (LTCH) Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The LTCH QRP was established under the Affordable Care Act. Beginning in FY 2014, LTCHs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable annual payment update (APU).
- **Program Information:**
 - **Goal:** *Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).*
 - *New LTCHs are required to begin reporting quality data under the LTCH QRP no later than the first day of the calendar quarter subsequent to 30 days after the date on its CMS Certification Number (CCN) notification letter*



Long-Term Care Hospital Quality Reporting Program

NQS Priority	Number of Measures in Long-Term Care Hospital QRP		
	Implemented/ Finalized*	Finalized in the FY16 rule	2016 MUC List
Effective Prevention and Treatment	0	0	0
Making Care Safer	9	0	3
Communication/Care Coordination	2	3	2
Best Practice of Healthy Living	1	0	0
Making Care Affordable	0	1	0
Patient and Family Engagement	0	0	0

**Implemented/Finalized: Quality measures implemented/finalized for data collection.*

Measure Needs: Ventilator use, weaning rate, and associated events, depression assessment and management, change in mobility and self-care, patient and family experience, spending per beneficiary, discharge to community, preventable readmissions, medication reconciliation.

Opportunity for Public Comment

Pre-Rulemaking Input LTCH QRP

LTCH QRP Consent Calendar

- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-321)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-327)
- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-144) (NQF# 678 – different setting)

Current Measure Review and Discussion: LTCH QRP

Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Inpatient Rehabilitation Facility Quality Reporting Program

Inpatient Rehabilitation Facility Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The IRF QRP was established under the Affordable Care Act. Beginning in FY 2014, IRFs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable IRF Prospective Payment System (PPS) payment update.
- **Program Information:**
 - **Goal:** *Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.*
 - *Applies to all IRF facilities that receive the IRF PPS (e.g., IRF hospitals, IRF units that are co-located with affiliated acute care facilities, and IRF units affiliated with critical access hospitals [CAHs]).*
 - *Data sources for IRF QRP measures include Medicare FFS claims, the Center for Disease Control's National Health Safety Network (CDC NHSN) data submissions, and Inpatient Rehabilitation Facility - Patient Assessment instrument (IRF-PAI) records.*



Inpatient Rehabilitation Facility Quality Reporting Program

NQS Priority	Number of Measures in Inpatient Rehabilitation Facility QRP		
	Implemented/ Finalized*	Finalized in the FY16 rule	2016 MUC List
Effective Prevention and Treatment	2	0	0
Making Care Safer	6	0	3
Communication/Care Coordination	5	4	2
Best Practice of Healthy Living	0	0	0
Making Care Affordable	0	1	0
Patient and Family Engagement	0	0	0

Implemented/Finalized: Quality measures **implemented/finalized for data collection.*

Measure Needs: Injury due to falls, new or worsened pressure ulcers or infections, change in self-care and mobility, discharge to community, experiences of patients and caregivers, spending per beneficiary, preventable readmissions, medication reconciliation.

Opportunity for Public Comment

Pre-Rulemaking Input IRF QRP

IRF QRP Consent Calendar

- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-143) (NQF# 678 – different setting)
- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-319)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-325)

Current Measure Review and Discussion: IRF QRP

Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Home Health Quality Reporting Program

Home Health Quality Reporting Program

- **Program Type:** Pay for Reporting; Data are reported on the Home Health Compare website.
- **Incentive Structure:** The HH QRP was established in accordance with section 1895 of the Social Security Act. Home health agencies (HHAs) that do not submit data receive a 2 percentage point reduction in their annual HH market basket percentage increase.
- **Program Information:**
 - ***Goal:** Alignment with the mission of the IOM which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.*
 - *Data sources for the HH QRP include the Outcome and Assessment Information Set (OASIS) and Medicare FFS claims*



Home Health Quality Reporting Program

NQS Priority	Number of Measures in Home Health QRP		
	Implemented/ Finalized*	Proposed for Rule**	2016 MUC List
Effective Prevention and Treatment	47	0	0
Making Care Safer	10	0	4
Communication/Care Coordination	9	3	5
Best Practice of Healthy Living	6	0	0
Making Care Affordable	0	1	0
Patient and Family Engagement	9	0	5

***Proposed: Quality measures proposed for data collection.*

Measure Needs: Alignment of quality care with patient preferences, functional status, injury due to falls, new or worsened pressure ulcers, pain, spending per beneficiary, preventable readmissions, discharge to community, medication reconciliation.

Opportunity for Public Comment

Pre-Rulemaking Input HH QRP

Home Health QRP Consent Calendar

- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-347)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-357)
- The Percent of Residents or Home Health Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-145) (NQF# 678 – different setting)
- Application of Percent of Home Health Residents Experiencing One or More Falls with Major Injury (MUC ID: MUC16-63)
- The Percent of Home Health Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (MUC ID: MUC16-61) (NQF# 2631)

Current Measure Review and Discussion: HH QRP

Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Skilled Nursing Facility Quality Reporting Program

Skilled Nursing Facility Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The IMPACT Act added Section 1899 B to the Social Security Act establishing the SNF QRP. Beginning FY 2018, providers [SNFs] that do not submit required quality reporting data to CMS will have their annual update reduced by 2 percentage points.
- **SNF QRP Information:**
 - *Facilities that submit data under the SNF PPS are required to participate in the SNF QRP, excluding units that are affiliated with critical access hospitals (CAHs).*
 - *Data sources for SNF QRP measures include Medicare FFS claims as well as Minimum Data Set (MDS) assessment data.*



Skilled Nursing Facility Quality Reporting Program

NQS Priority	Number of Measures in Skilled Nursing Facility QRP		
	Implemented/ Finalized*	Finalized in the FY16 rule	2016 MUC List
Effective Prevention and Treatment	0	0	0
Making Care Safer	2	0	3
Communication/Care Coordination	1	3	2
Best Practice of Healthy Living	0	0	0
Making Care Affordable	0	1	0
Patient and Family Engagement	0	0	0

*Implemented or finalized: Quality measures implemented/finalized for data collection.

Measure Needs: Assessing functional status of patients, falls, worsening pressure ulcers, pain, spending per beneficiary, discharge to community and preventable readmissions, and medication reconciliation.

Opportunity for Public Comment

Pre-Rulemaking Input SNF QRP

SNF QRP Consent Calendar

- Transfer of Information at PAC Admission, Start or Resumption of Care from other providers/settings (MUC ID: MUC16-314)
- Transfer of Information at PAC Discharge to other providers/settings (MUC ID: MUC16-323)
- Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC ID: MUC16-142) (NQF# 678 – different setting)

Current Measure Review and Discussion: SNF QRP

Discussion

- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Summary of Day

Opportunity for Public Comment

Adjourn Day 1



NATIONAL
QUALITY FORUM

Measure Applications Partnership PAC/LTC Workgroup In-Person Meeting Day 2

December 15, 2016

Welcome and Review of Day 2

Agenda-Day 2

- Review Day 1 and Goals for Day 2
- PROMIS tool Overview and Discussion
- Current Measure Review:
 - *Skilled Nursing Facility Value-Based Purchasing*
- Public Comment
- Summary and Next Steps
- *Adjourn*

PROMIS[®]: Applying State-of-the-Science PROs to Quality Measurement

Ashley Wilder Smith, PhD, MPH & Roxanne Jensen, PhD
Outcomes Research Branch
National Cancer Institute / National Institutes of Health



Patient Reported Outcomes Measurement Information System®

PRO system: brief, precise, valid, reliable fixed or tailored tools for patient-reported health status in physical, mental, and social well-being for adult & pediatric populations

Advantages: Disease-agnostic, Flexible, Adaptable, Low burden, Comparable, Accessible

Development: Item Response Theory (IRT) for construction

Standardized: One metric (T-score, Mean=50, SD=10; reference=US population)

PROMIS is Domain specific, not Disease or Setting specific

A **domain** is the specific feeling, function or perception you want to measure.

Cuts across different diseases and facilities

Examples

- Fatigue
- Pain
- Anxiety

- Physical Function
- Sleep Disturbance

- Global Health
- Participation in Social Role

Constructed using Item Response Theory

IRT Methodology Used To:

- Develop and evaluate groups of questions called “item banks”
- Evaluate properties and refine items
- Score individuals
- Link multiple measures onto a common scale

An **item bank** is a large collection of items (questions) measuring a single domain.

Any and all items can be used to provide a score for that domain.



PROMIS Adult Self-Reported Health

Global Health

Physical Health

Physical Function
Pain Intensity
Pain Interference
Fatigue
Sleep Disturbance

Mental Health

Depression
Anxiety

Social Health

Ability to
Participate in Social
Roles & Activities

PROMIS Profile
Domains

PROMIS Additional
Domains

Pain Behavior
Pain Quality
Sleep-related
Impairment
Sexual Function
Gastro-Intestinal
Symptoms
Dyspnea

Anger
Cognitive Function
Alcohol Use,
Consequences, &
Expectancies
Psychosocial Illness
Impact
Self-efficacy
Smoking

Satisfaction with
Social Roles &
Activities
Social Support
Social Isolation
Companionship

HealthMeasures: What is Available?

- Fixed Questionnaires: Short Forms (download pdfs)
 - “Ready made” or “Make your own”
- Individually “tailored” electronic questionnaires (Computerized Adaptive Tests, CAT)
 - Next item administered depends on previous answer
- Computer platforms (e.g., REDCap)
- Application Programming Interface (API)
- Tablet Distribution (currently iPad)
- <http://www.healthmeasures.net/explore-measurement-systems/promis/obtain-administer-measures>



Part II: PROMIS in the Real World

PATIENT CARE
RESEARCH
EDUCATION
COMMUNITY



*A Comprehensive Cancer Center Designated
by the National Cancer Institute*

<http://lombardi.georgetown.edu>
Lombardi CancerLine: 202.444.4000

Before PROMIS: Selecting a PRO Tool

...So you want to Measure Physical Function

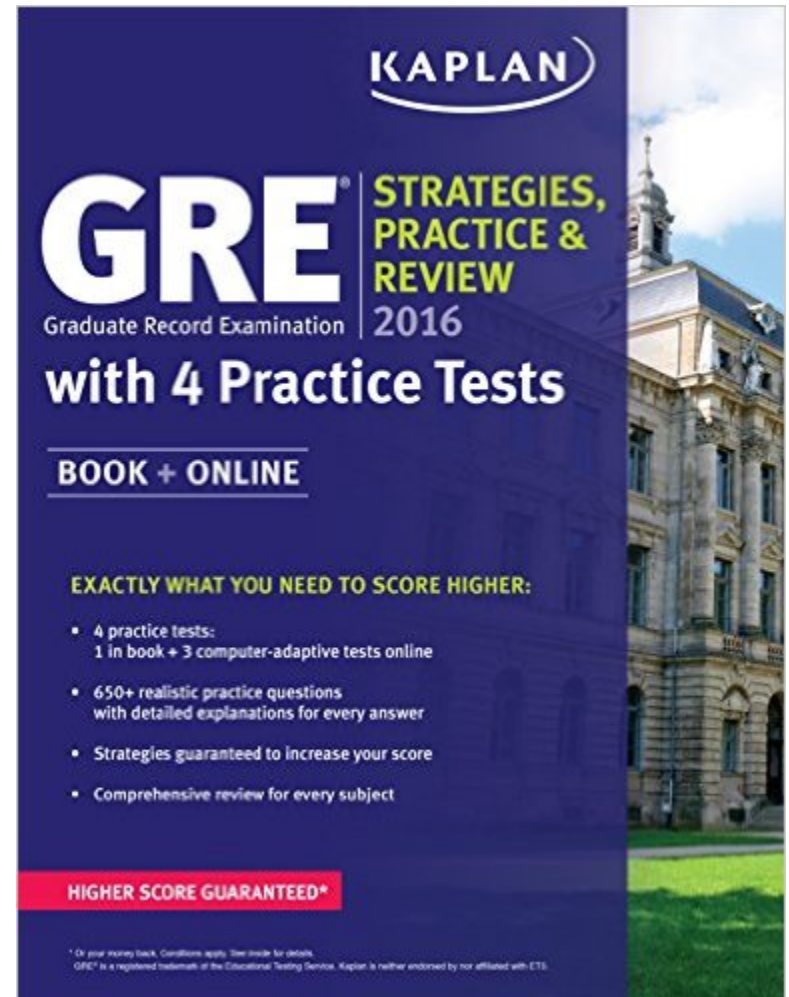
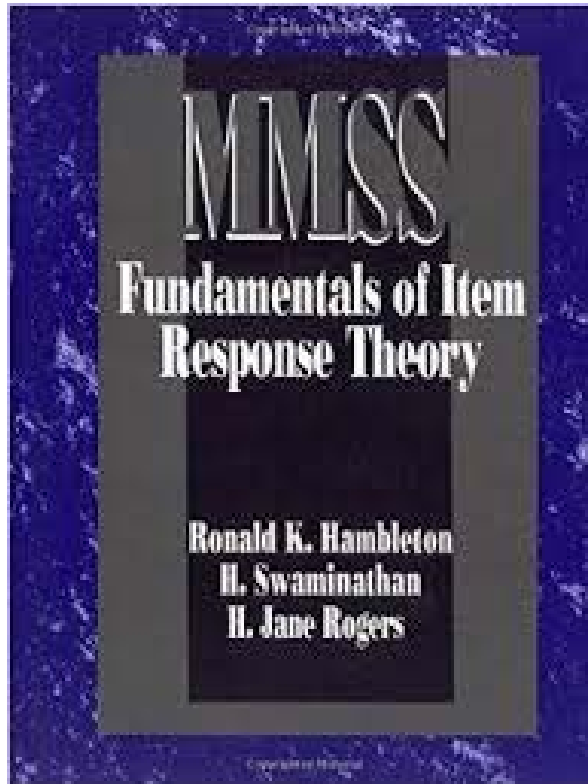
1. How detailed?
2. How many items?
3. Who do you want to compare to:
 - General Population?
HAQ (34), SF-12
 - Cancer Patients?
FACT-G (27) ,EORTC QLQ-C-30

Before PROMIS: Potential Issues

- Response Burden
- Comparability Beyond Study Sample
- PRO Tool Sensitivity



New Methods in Measurement Theory



After PROMIS: Selecting a PRO Tool

- Administration Format? Computer or Paper
- Administration Method? Fixed or Adaptive
- Established PROMIS Short Form? 4, 6, 8, 10, 20
- Create your own? 124 questions available
- Number of Items on Tool? 3 -124

Then: Create and Administer

Flexibility: Lots of Options Available

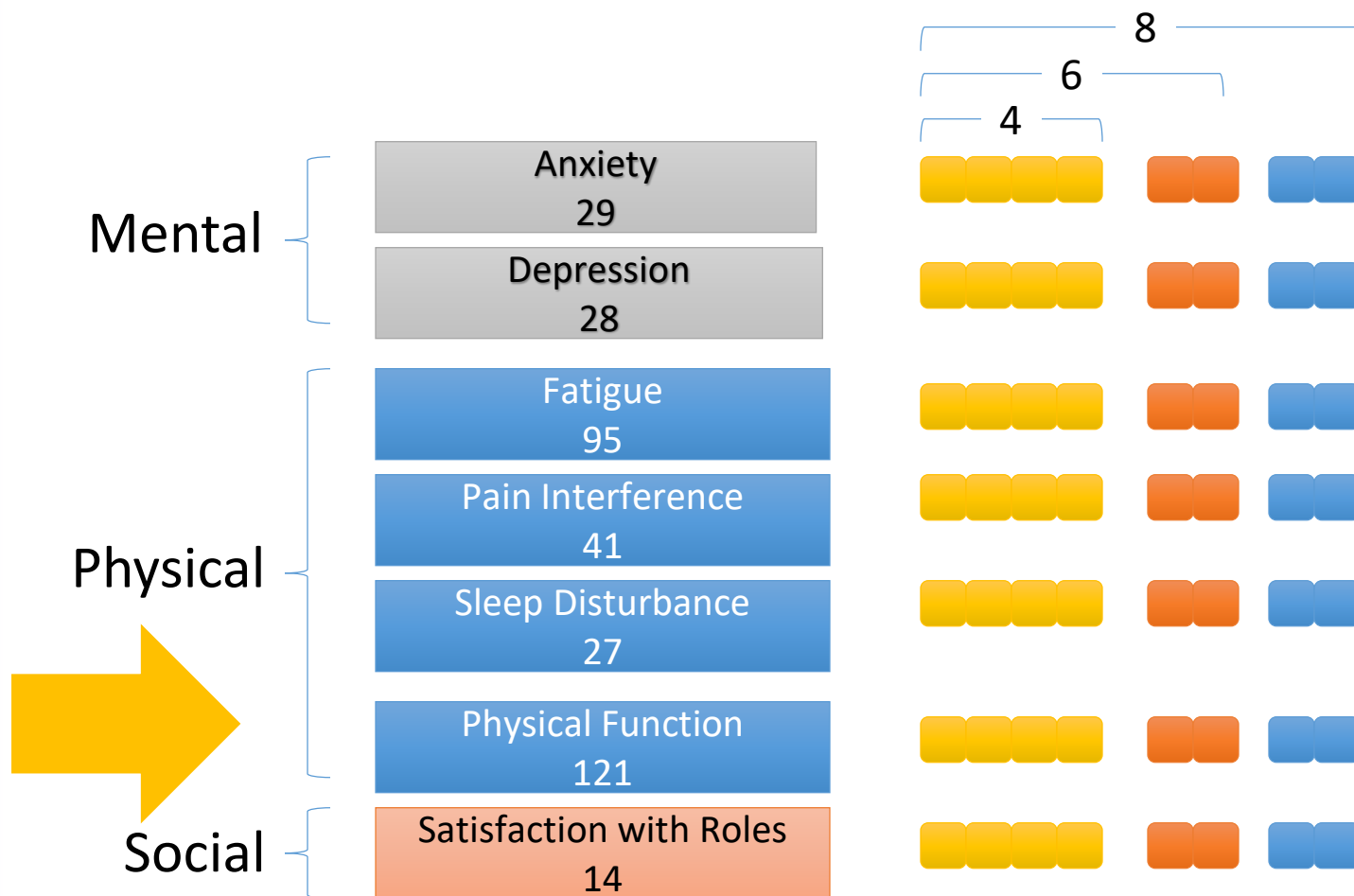


Physical Functioning

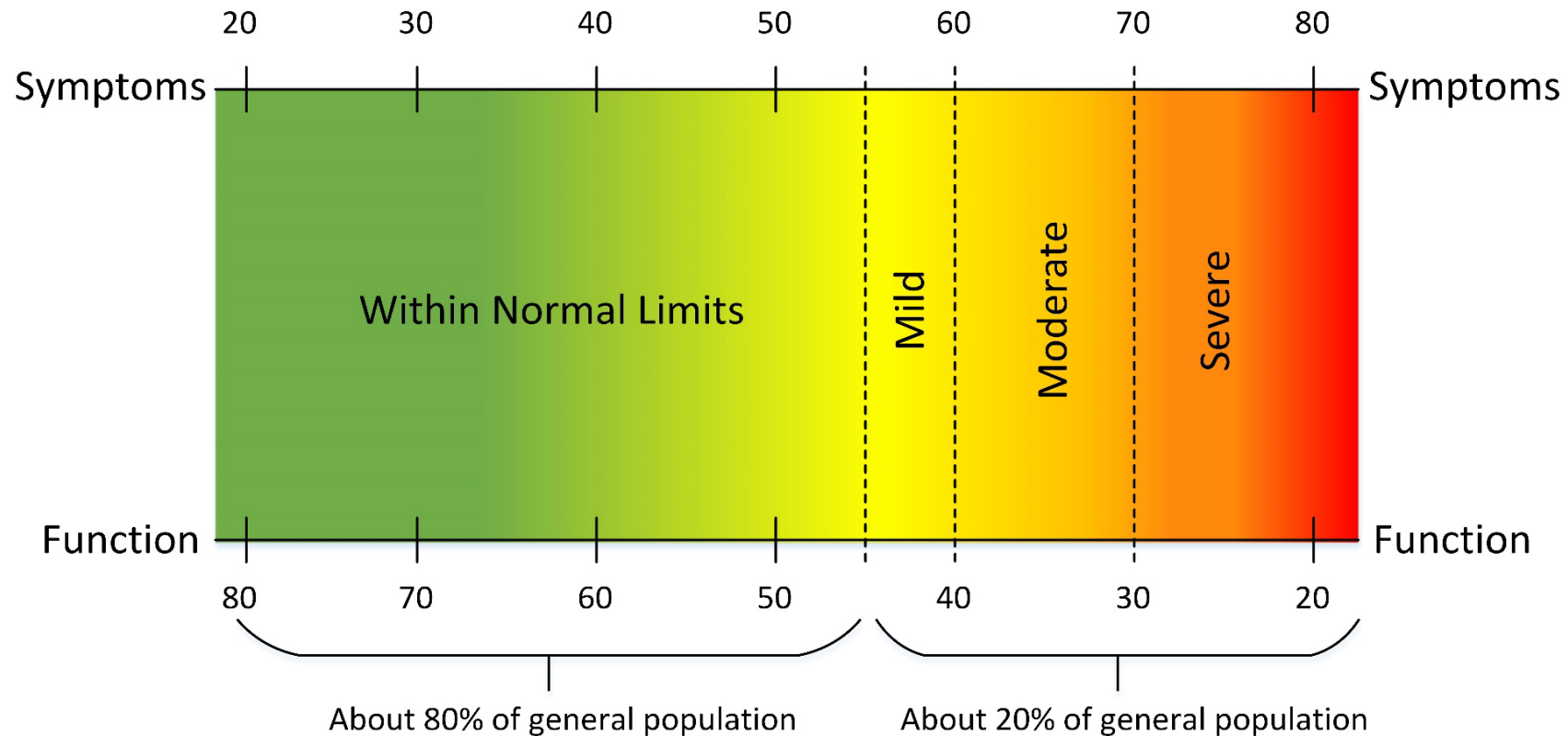
Examples by Physical Function (High to Low):

- Are you able to run five miles?
- Are you able to run or jog for two miles?
- Are you able to walk a block on flat ground?
- Are you able to walk from one room to another?
- Are you able to stand without losing your balance for 1 minute?
- Are you able to get in and out of bed?

Flexibility: PROMIS Short Forms



Interpretability: All PF Scores, One Scale

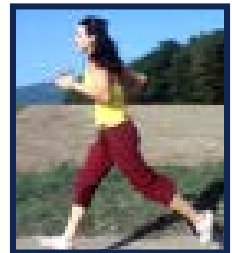


*These are general guidelines to aid in interpreting PROMIS T-scores.
Within a given condition or PROMIS domain, thresholds may differ.

Interpretability: All PF Scores, One Scale

- T-Score (Reference = U.S. General Population)
 - 50 = U.S. General Population Average
 - 10 = 1 Standard Deviation (for the U.S. Population)

Wheel Chair	Cane	No Help	Exercise 5-7x week
<u>28.4</u>	<u>34.2</u>	<u>47.0</u>	<u>53.7</u>



Interpretability: All PF Scores, One Scale

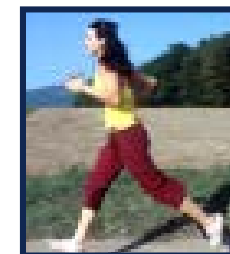
- T-Score (Reference = U.S. General Population)
 - 50 = U.S. General Population Average
 - 10 = 1 Standard Deviation (for the U.S. Population)
- Cancer-Specific U.S. PROMIS PF Reference Values
 - Adjusted to reflect U.S. cancer incidence rates
 - 6-13 Months Post Diagnosis

Wheel Chair
28.4

Cane
34.2

No Help
47.0

Exercise
5-7 week
53.7



Lung [38.5]

Colorectal [44.3]

Prostate [50.1]

Interpretability: All PF Scores, One Scale

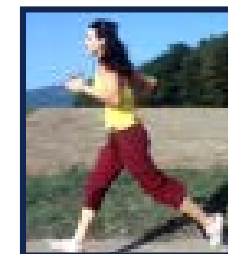
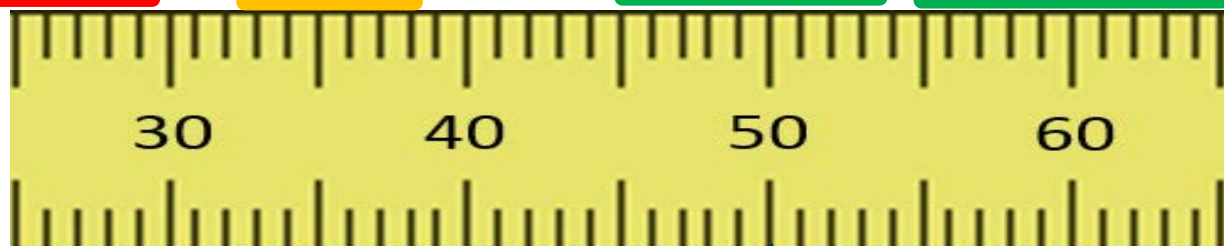
- T-Score (Reference = U.S. General Population)
 - 50 = U.S. General Population Average
 - 10 = 1 Standard Deviation (for the U.S. Population)
- Cancer-Specific U.S. PROMIS PF Reference Values
 - Adjusted to reflect U.S. cancer incidence rates
 - 6-13 Months Post Diagnosis

**Wheel
Chair 28.4**

**Cane
34.2**

**No Help
47.0**

**Exercise
5-7 week
53.7**



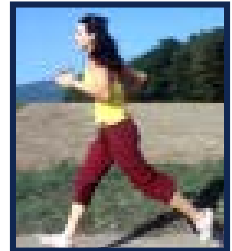
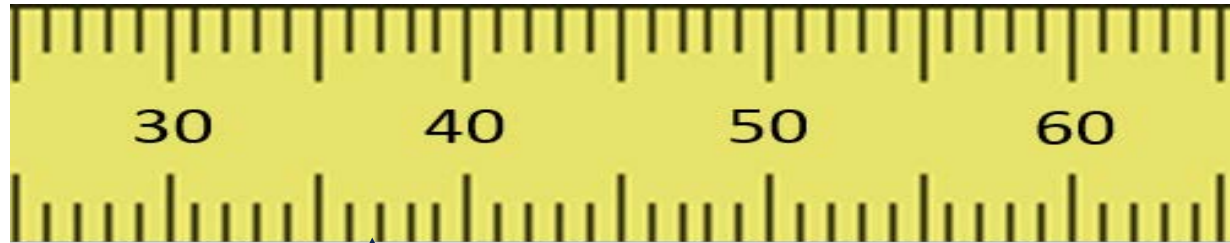
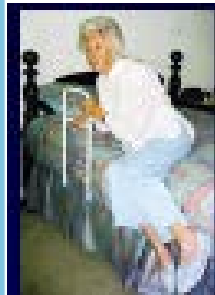
Lung [38.5]

Colorectal [44.3]

Prostate [50.1]

Comparability: All Scores, One Scale

- T-Score (Reference = U.S. General Population)
 - 50 = U.S. General Population Average
 - 10 = 1 Standard Deviation



Lung [38.5]

- Stage I/II [40.2]
- Stage III/IV [37.5]

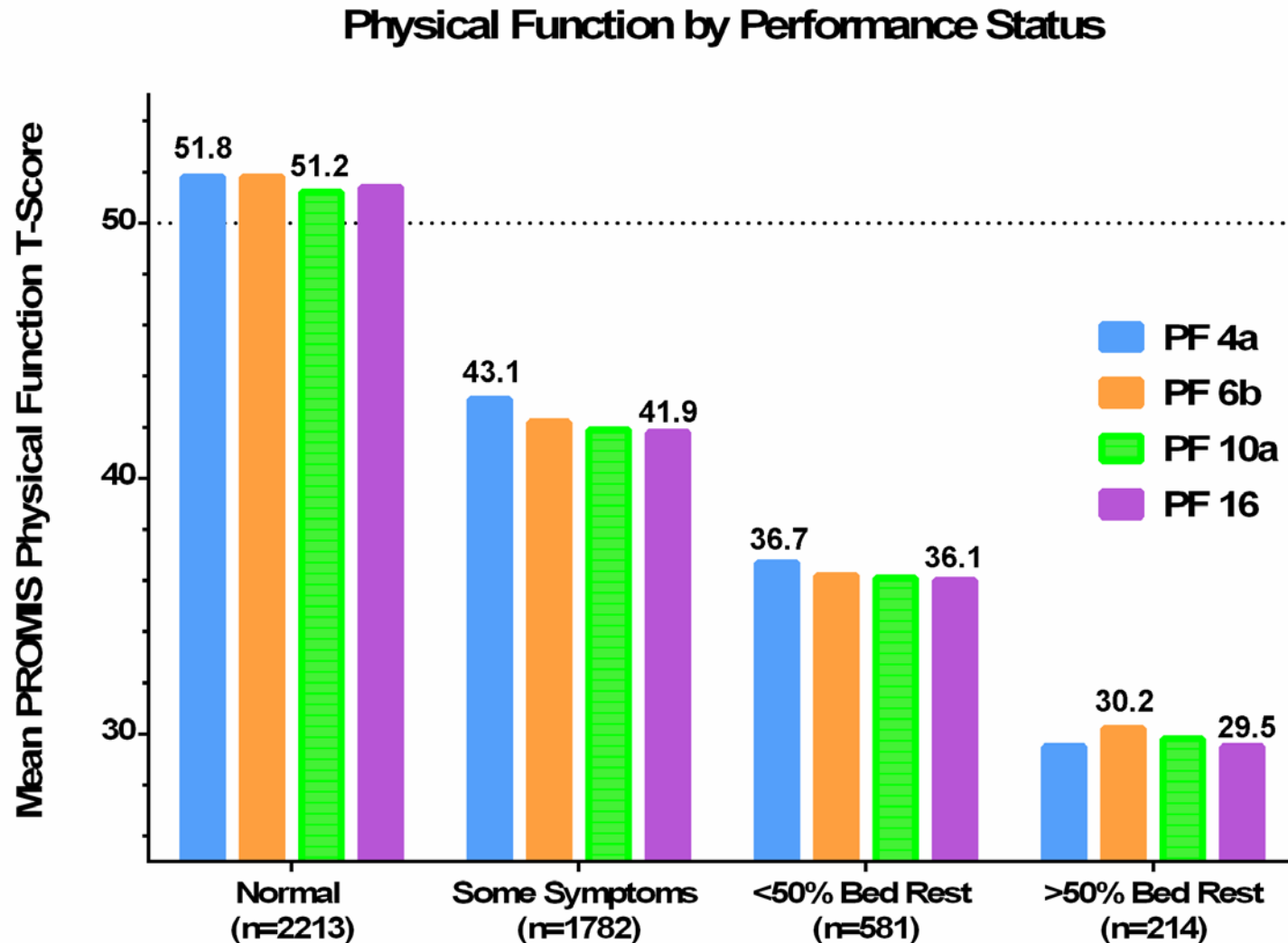
Colorectal

[44.3]

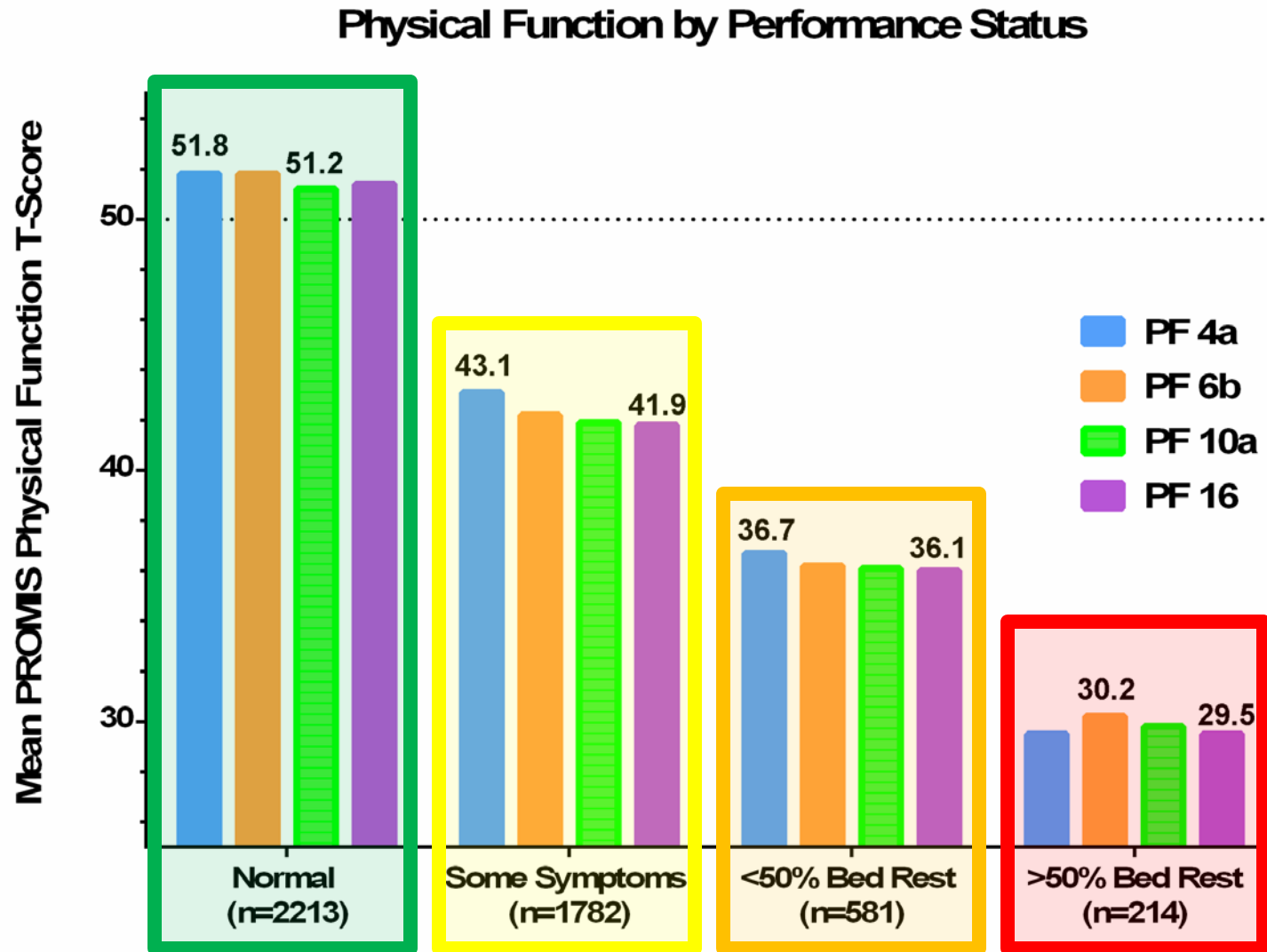
- Stage I [46.1]
- Stage IV [40.6]
- Age 65-84 [43.5]

Prostate [50.1]

Known Groups: By Short Form

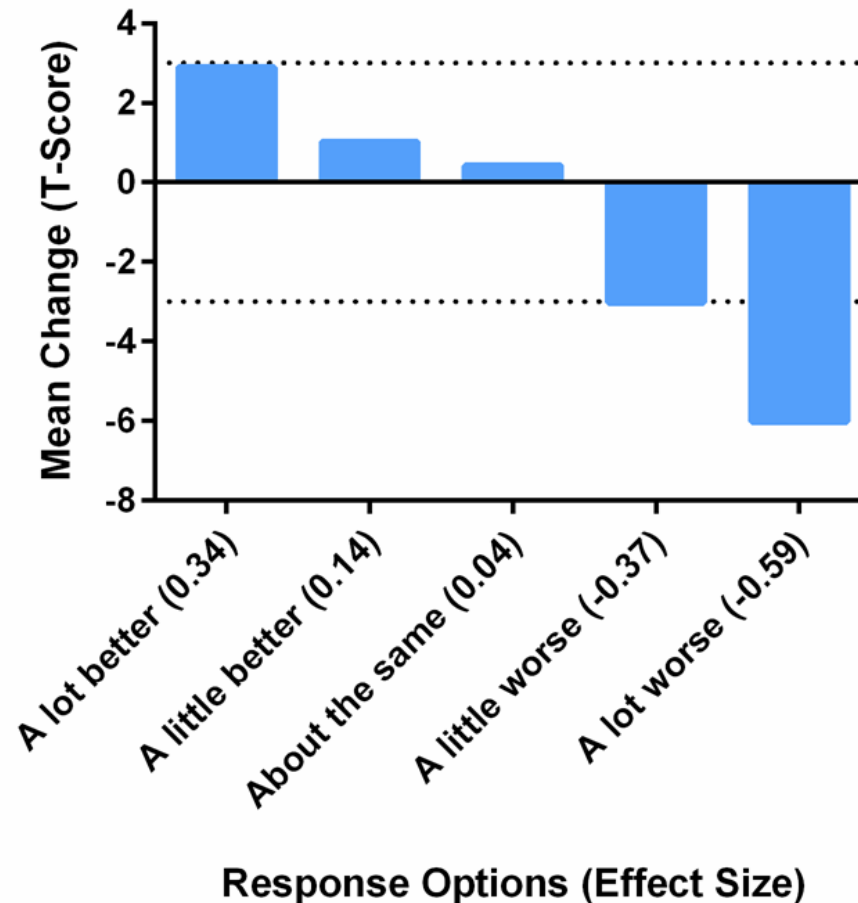


Known Groups: By Short Form



Responsiveness: Retrospective Anchor

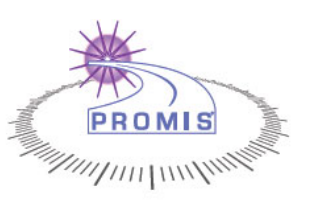
"Compared to Six Months Ago, How is Your Physical Function Now?"





Use in Clinical Settings

- Increasing adoption for Clinical Care and Treatment decision-making
- Earliest Adopters: Orthopedics and Oncology settings (out-patient, also in-patient)
- Availability via EHR Vendors:
- Availability in Epic (Spring 2017 release of over 400 PROMIS assessments (all adult in English, many in Spanish, CAT, assessment via MyChart (Appointment Based, Recurring, Ad Hoc (patient-driven or clinic-driven)
- Availability in Cerner (Coming... 2017)



Example: Potential Use in PAC Settings

Possible response to the
IMPACT Act

Approach could consider
PROMIS items from domains
including

- Cognitive Function
- Anxiety
- Physical Function, Mobility
- Fatigue
- Sleep Disturbance
- Social Role Functioning
- Depression
- Pain

Enable calculation of domain-level
self-assessment score

Contribute to calculation of self-
report Profile score

Enable crosswalking of CMS
items to PROMIS scales

For more info

Ashley.Smith@nih.gov

www.healthmeasures.net
www.nihpromis.org



NATIONAL
CANCER
INSTITUTE

Skilled Nursing Facility Value-Based Purchasing Program

Skilled Nursing Facility Value-Based Purchasing

- **Program Type:** Pay for Performance
- **Incentive Structure:** Section 215 of the Protecting Access to Medicare Act of 2014 (PAMA) authorizes establishing a SNF VBP Program beginning with FY 2019 under which value-based incentive payments are made to SNFs in a fiscal year based on performance.
- **Goal:** Transform Medicare from a passive payer of SNF claims to active purchaser of quality health care for beneficiaries
 - *Linking payments to performance on identified quality measures*



Skilled Nursing Facility Value-Based Purchasing Program

NQS Priority	Number of Measures in SNF VBP Program		
	Implemented/ Finalized*	Proposed for Rule**	2016 MUC List
Effective Prevention and Treatment	0	0	0
Making Care Safer	0	0	0
Communication/Car e Coordination	1	1	0
Best Practice of Healthy Living	0	0	0
Making Care Affordable	0	0	0
Patient and Family Engagement	0	0	0

collection.

Measure Needs: Specification of a potentially preventable readmission measure.

Opportunity for Public Comment

Current Measure Review and Discussion: SNF VBP

Discussion

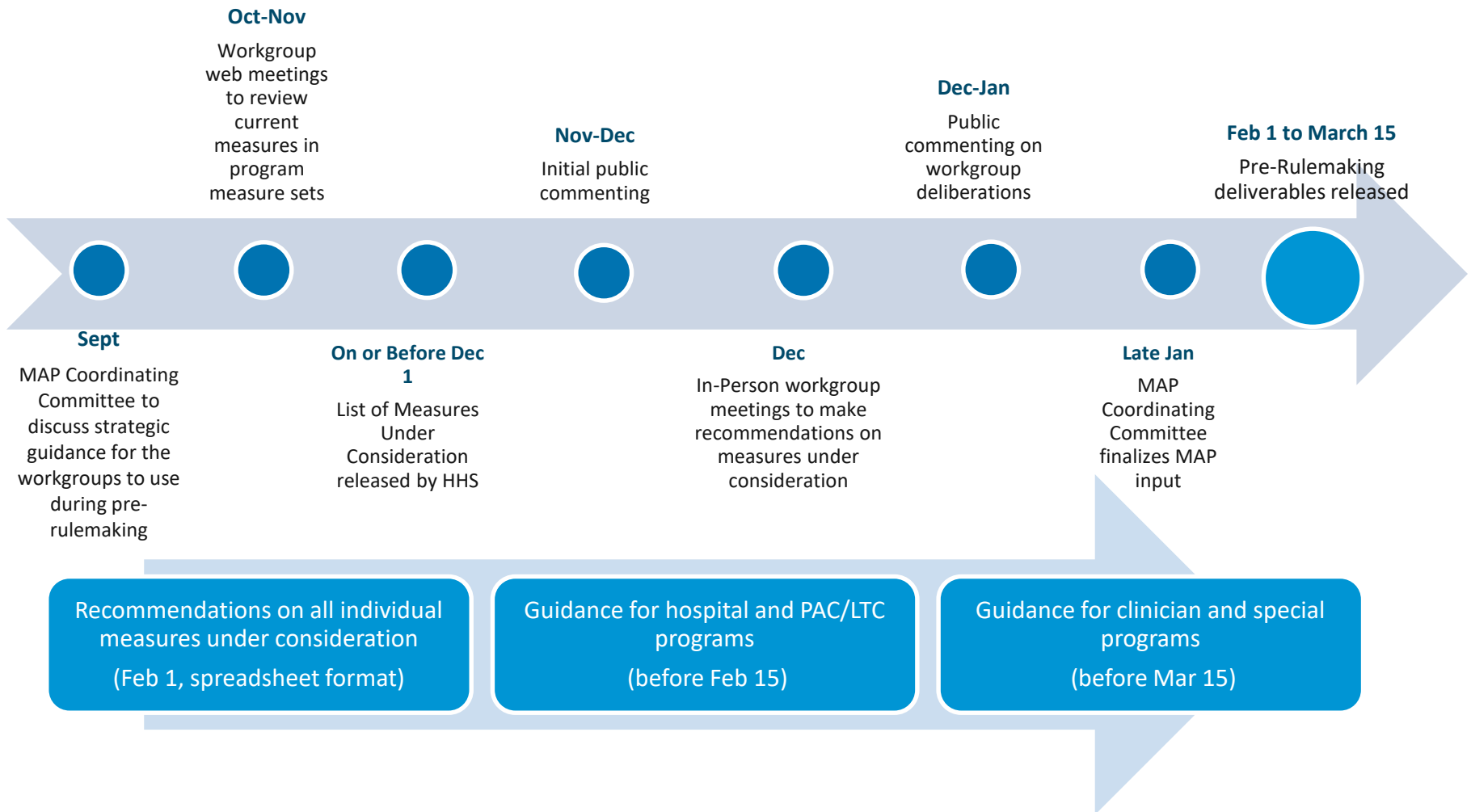
- Are there ways to improve the current measure set?
- Are there specific measures that could be removed in the future?
- After considering the MUCs and current measures are there remaining gaps?

Opportunity for Public Comment

Next Steps

MAP Approach to Pre-Rulemaking

A look at what to expect



Timeline of Upcoming Activities

Release of the MUC List – by December 1

Public Comment Period #1 November 22 – December 2

In-Person Meetings

- Hospital Workgroup – **December 8-9**
- Clinician Workgroup – **December 12-13**
- PAC/LTC Workgroup – **December 14-15**
- Coordinating Committee – **January 24-25**

Web Meetings

- Dual Eligible Beneficiaries Workgroup – January 10, 2017, 12-2pm ET
 - *Reviews recommendations from other groups and provide cross-cutting input during the second round of public comment*

Public Comment Period #2 December 21 – January 12

Thank You!