



NATIONAL
QUALITY FORUM

Measure Applications Partnership

Post-Acute Care/Long-Term Care (PAC/LTC)
Workgroup In-Person Meeting

December 10, 2018

Welcome, Introductions, Disclosures of Interest and Review of Meeting Objectives

PAC/LTC Workgroup Membership

Committee Chairs: Gerri Lamb, PhD, RN, FAAN; Paul Mulhausen, MD, MHS

Organizational Members (voting)	
AMDA – The Society for Post-Acute-Care and Long-Term Care Medicine	Families USA
American Academy of Physical Medicine and Rehabilitation	Legal Counsel for the Elderly
American Geriatrics Society	National Alliance for Caregiving
American Occupational Therapy Association	National Hospice and Palliative Care Organization
American Physical Therapy Association	National Partnership for Hospice Innovation
Centene Corporation	National Pressure Ulcer Advisory Panel
Compassus	National Transitions of Care Coalition
Encompass Health	Visiting Nurses Association of America

PAC/LTC Workgroup Membership

Individual Subject Matter Expert (Voting)

Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

Caroline Fife, MD, CWS, FUHM

Eugene Nuccio, PhD

Rikki Mangrum, MLS

Ashish Trivedi, PharmD

Thomas von Sternberg, MD

Federal Government Liaisons (Non-Voting)

Centers for Medicare & Medicaid Services (CMS)

Office of the National Coordinator for Health Information Technology (ONC)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks
- Overview of Pre-Rulemaking Approach
- Review Measures under Consideration
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

Meeting Objectives



Review and provide input on measures under consideration for use in federal programs



Provide guidance on future directions for alignment in PAC/LTC measurement



Identify gaps in measures for federal PAC/LTC quality programs

Meaningful Measures Framework

Meaningful Measures

MAP Meeting December 2018

Michelle Schreiber, MD

Director QMVIG, CMS

(Quality Measurement and Value Based Incentive Group)

A New Approach to Meaningful Outcomes

What is Meaningful Measures Initiative?

Launched in 2017, the purpose of the Meaningful Measures initiative is to:

- Improve outcomes for patients
- Reduce data reporting burden and costs on clinicians and other health care providers
- Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients

A New Approach to Meaningful Outcomes

Why Implement the Meaningful Measures Initiative?

- There are too many measures and disparate measures
- Administrative burden of reporting
- Lack of simplified ways to focus on critical areas that matter most for clinicians and patients



Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

Meaningful Measures: Measures Under Consideration by MAP

MUC Lists

- Last year, narrowed the initial **184 measures** submitted during the open call for measures to **32 measures (83% reduction)**; this reduced stakeholder review efforts
- **The 32 measures:**
 - ▣ *Focus on achieving high quality health care and meaningful outcomes for patients, while minimizing burden*
 - ▣ *Have the potential to drive improvement in quality across numerous settings of care, including clinician practices, hospitals, and dialysis facilities*
- This year, experienced lower measure submissions because CMS was able to articulate the specific types of measures we were looking for; this reduced CMS and stakeholder review efforts

MAP Pre-Rulemaking Approach

Shaconna Gorham, Senior Project Manager, NQF

Approach

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

- Provide program overview
- Review current measures
- Evaluate MUCs for what they would add to the program measure set

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*

Preliminary Analysis of Measures Under Consideration

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

The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration.

This algorithm was:

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

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 actively promotes key healthcare improvement priorities, such as those highlighted in CMS' "Meaningful Measures" Framework
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

Decision Categories for 2018-2019

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	<p>The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation).</p> <p>Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.</p>
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would be considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

MAP Voting Instructions

Key Voting Principles

- Quorum is defined as 66 percent of the voting members of the committee present in person or by phone for the meeting to commence.
 - *Quorum must be established prior to voting. Quorum is established by 1) taking a roll call 2) Determining if a quorum is present 3) proceeding with a vote. At this time, only if a member of the committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.*
 - *If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.*
- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60% of the quorum figure voting positively.
 - *Abstentions do not count in the denominator.*
- Every measure under consideration will receive a decision.
- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting discussion guide will organize content as follows:
 - *Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician).*
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
 - *The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to support how that conclusion was reached.*

Workgroup Voting Procedures

- Step 1. Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives, and Lead Discussants will review and present their findings.
- Step 2. The co-chairs will ask for clarifying questions from the Workgroup. The chairs will compile all Workgroup questions.
 - ▣ *Measure developers will respond to the clarifying questions on the specifications of the measure.*
 - ▣ *NQF staff will respond to clarifying questions on the preliminary analysis.*
 - ▣ *Lead discussants will respond will respond to questions on their analysis.*
- Step 3. Voting on acceptance of the preliminary analysis decision.
 - ▣ *After clarifying questions have been resolved, the co-chair will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a yes or no vote to accept the result.*
 - ▣ *If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.*

Workgroup Voting Procedures

- Step 4. Discussion and Voting on the MUC
 - ▣ *The co-chair will open for discussion among the Workgroup. Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.*
 - ▣ *After the discussion, the co-chair will open the MUC for a vote.*
 - » NQF staff will summarize the major themes of the Workgroup's discussion.
 - » The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
 - » If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

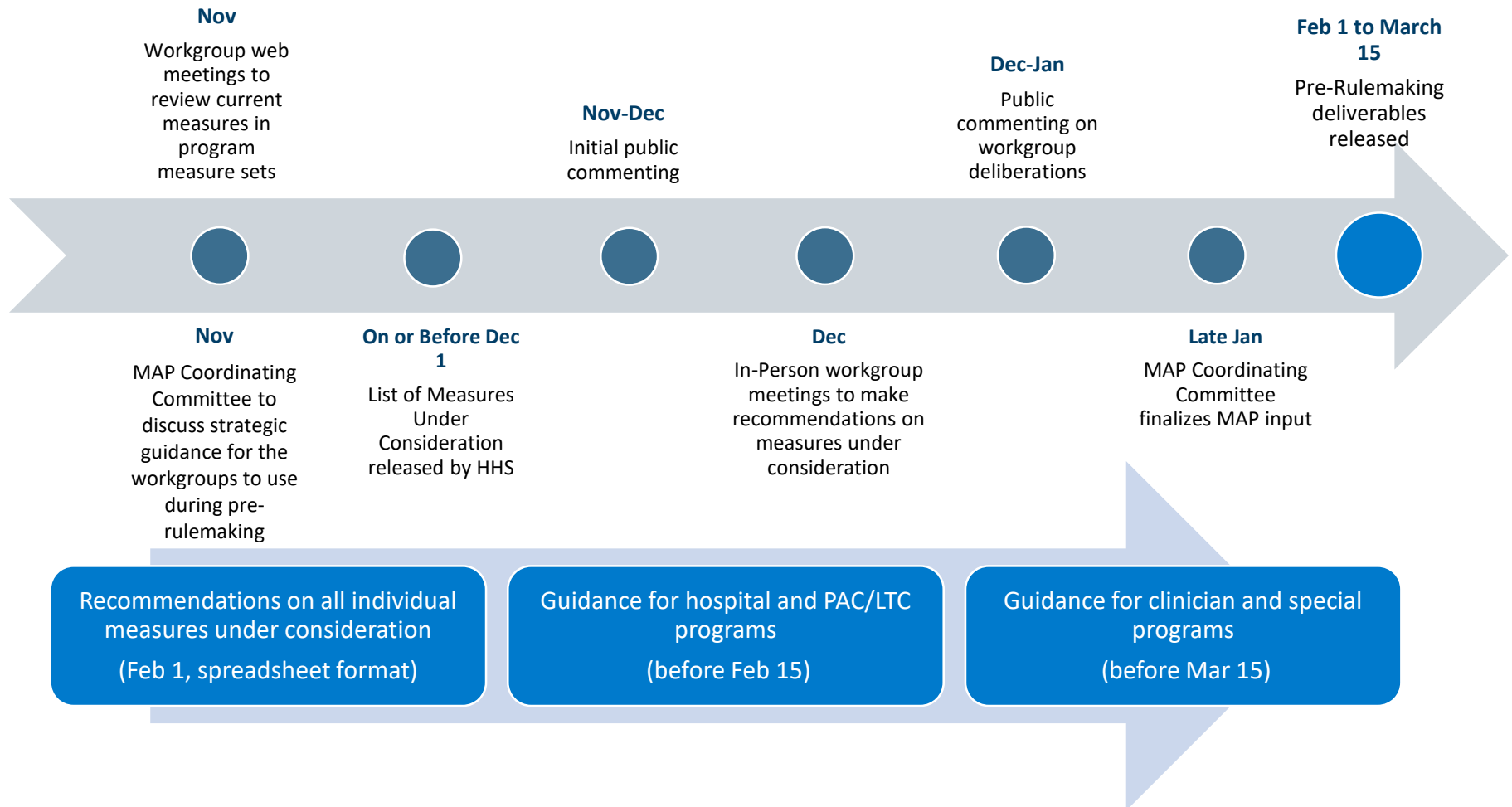
Workgroup Voting Procedures

- Step 5: Tallying the Votes:
 - ▣ *If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.*
 - ▣ *If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.*

Commenting Guidelines

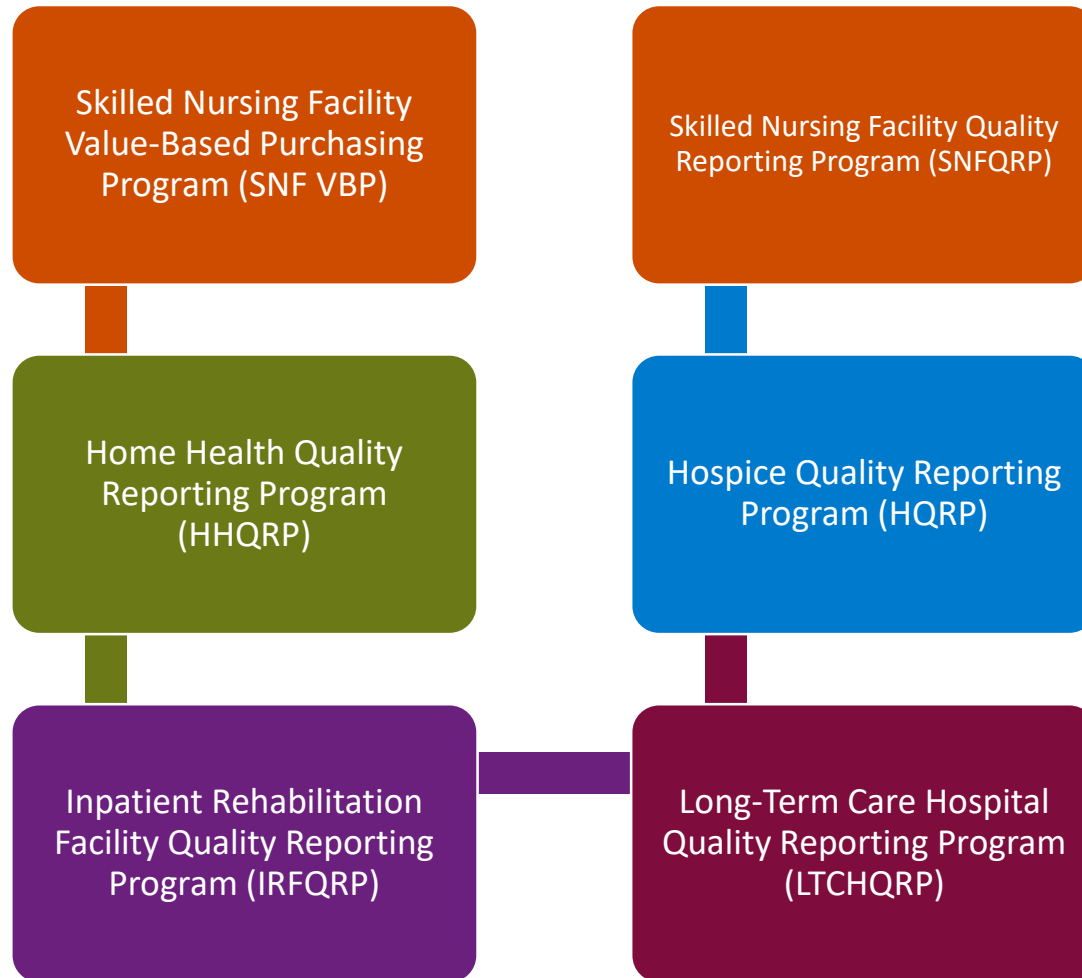
- Comments from the early public comment period have been incorporated into the discussion guide
- There will be an opportunity for public comment before the discussion on each program.
 - ▣ *Commenters are asked to limit their comments to that program and limit comments to **two minutes**.*
 - ▣ *Commenters 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, 2018—January 11, 2019.
 - ▣ *These comments will be considered by the MAP Coordinating Committee and submitted to CMS.*

MAP Approach to Pre-Rulemaking: A look at what to expect



Pre-Rulemaking Input

Programs to Be Considered by the PAC/LTC Workgroup



PAC/LTC High-Leverage Opportunities 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 • Mental health
Goal Attainment	<ul style="list-style-type: none"> • Achievement of patient/family/caregiver goals • Advanced care planning and treatment
Patient and Family Engagement	<ul style="list-style-type: none"> • Experience of care • Shared decision making • Patient and family education
Care Coordination	<ul style="list-style-type: none"> • Effective transitions of care • Accurate transmission of information
Safety	<ul style="list-style-type: none"> • Falls • Pressure ulcers • Adverse drug events
Cost/Access	<ul style="list-style-type: none"> • Inappropriate medicine use • Infection rates • Avoidable admissions
Quality of Life	<ul style="list-style-type: none"> • Symptom Management • Social determinants of health • Autonomy and control • Access to lower levels of care

Identified in the MAP Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement (2012)

IMPACT Act Programs

Home Health Quality Reporting Program

- **Program Type:** Penalty for failure to report; 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 fail to submit quality data are subject to a 2 percentage point reduction in their annual HH market basket annual payment update.
- **Program Information:** Data sources for the HH QRP include the Outcome and Assessment Information Set (OASIS), the CAHPS survey, and Medicare FFS claims.

HH QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	0171	Acute Care Hospitalization During the First 60 Days of Home Health	Endorsed
Outcome	0173	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	Endorsed
Outcome	0167	Improvement in Ambulation/Locomotion	Endorsed
Outcome	0174	Improvement in Bathing	Endorsed
Outcome	0179	Improvement in Dyspnea	Endorsement Removed
Outcome	0176	Improvement in Management of Oral Medication	Endorsed
Outcome	0177	Improvement in Pain Interfering with Activity	Endorsed
Process	0526	Timely Initiation Of Care	Endorsement Removed
Process	0522	Influenza Immunization Received for Current Flu Season	Endorsement Removed

HH QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Outcome	0175	Improvement in Bed Transferring	Endorsed
PRO	0517	CAHPS Home Health Care Survey (experience with care)	Endorsed
Process	N/A	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care	Not Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care (PAC) Home Health Quality Reporting Program	Not Endorsed
CRU	N/A	Total Estimated Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)	Not Endorsed
Outcome	N/A	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)	Not Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Home Health Quality Reporting Program	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed

CMS High-Priority Domains for Future Measure Consideration – HH QRP

- Patient and Family Engagement: Care is Personalized and Aligned with the Patient's Goals

Gaps Identified during the November Web Meeting

- Development of additional measures to address improvement and/or stabilization of ADLs
 - ▣ *Instrumental ADLs addressing more distal outcomes*
- Measures that provide a more holistic view of wound care

Inpatient Rehabilitation Facility Quality Reporting Program

- **Program Type:** Penalty for failure to report
- **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.*

IRF QRP: Current Program Measure Information

Finalized in FY 2018 IRF PPS Final Rule

Type	NQF ID	Measure Title	NQF Status
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
Outcome	2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 0674	An Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	Endorsed
Process	Based on 2631	An Application of Percent of Long-Term Care Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Endorsed
Outcome	2635	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	2636	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	N/A	Discharge to Community: Discharge to Community-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues	Not Endorsed
Cost/Resource Use	N/A	Medicare Spending Per Beneficiary-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed
Outcome	N/A	Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed

CMS High Priority Domains for Future Measure Consideration – IRF QRP

- Communication/Care Coordination: Transfer of Health Information and Interoperability

Gaps Identified during the November Web Meeting

- Appropriate use and prescribing for opioids
- Improved transfer of medication information

Long-Term Care Hospital (LTCH) Quality Reporting Program

- **Program Type:** Penalty for failure to report
- **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*

LTCH QRP: Current Program Measure Information

Type	NQF ID	Measure Title (measures in grey cells are no longer included in the program)	NQF Status
Outcome	Based on 674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).	Endorsed
Process	2631	Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).	Endorsed
Outcome	2632	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (NQF #2632).	Endorsed
Process	N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).*	Not Endorsed
Outcome	138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure (NQF #0138).	Endorsed
Outcome	139	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139).	Endorsed
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717).	Endorsed
Process	431	Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431).	Endorsed
Cost/Resource Use	N/A	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).	Not Endorsed
Outcome	N/A	Discharge to Community—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).*	Not Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).	Not Endorsed
Process	N/A	Compliance With Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	Not Endorsed
Outcome	N/A	Ventilator Liberation Rate	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed

CMS High Priority Domains for Future Measure Consideration – LTCH QRP

- Communication/Care Coordination: Transfer of Health Information and Interoperability

Gaps Identified during the November Web Meeting

- Availability of palliative care services

Skilled Nursing Facility Quality Reporting Program

- **Program Type:** Penalty for failure to report
- **Incentive Structure:** Section 1888(e)(6)(A)(i) to the Social Security Act, as added by section 2(c)(4) of the IMPACT ACT, required CMS to reduce the annual payment update to SNFs that do not submit required quality data by two 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.*

SNF QRP: Current Program Measure Information

Type	NQF ID	Measure Title (measures in grey cells are no longer included in the program)	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Endorsed
Outcome	N/A	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Not Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed
Cost/ Resource	N/A	Total Estimated Medicare Spending per Beneficiary —Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program.	Not Endorsed
Outcome	Based on 2633	Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 2634	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 2635	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 2636	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed

CMS High Priority Domains for Future Measure Consideration – SNF QRP

- Communication/Care Coordination: Transfer of Health Information and Interoperability

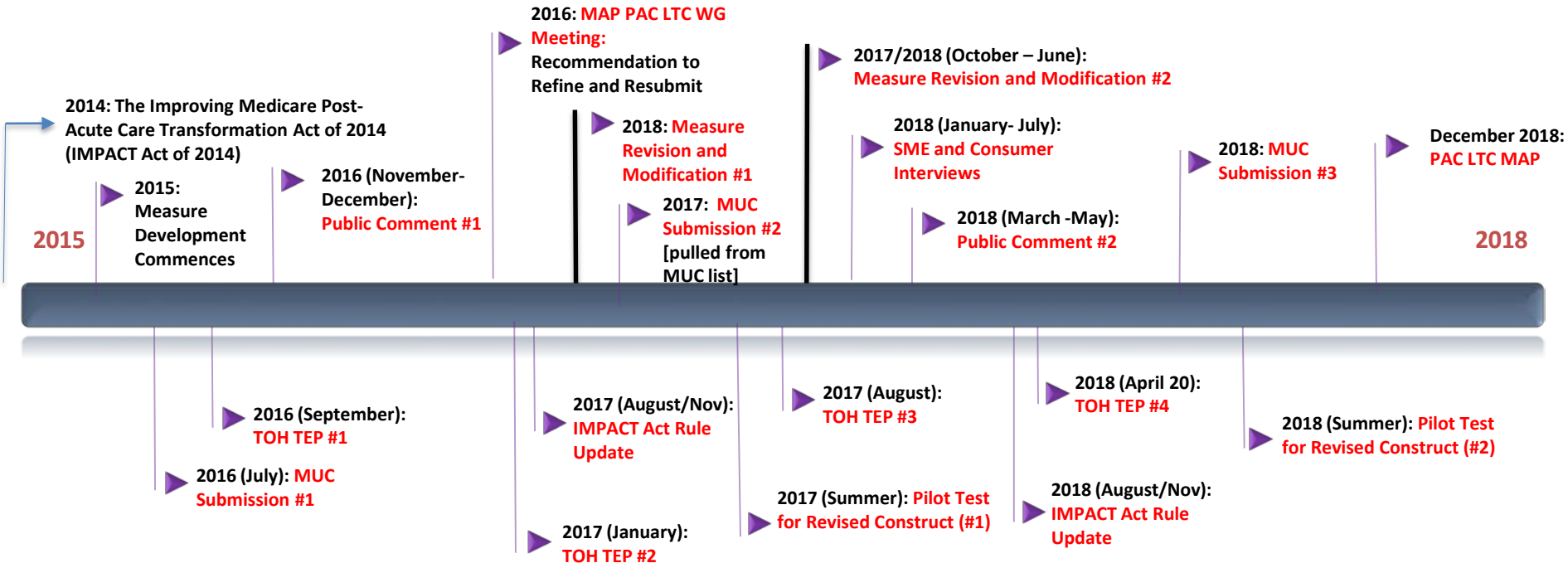
Gaps Identified during the November Web Meeting

- Focus on improved care transitions:
 - ▣ *Bidirectional transfer of information*
 - ▣ *Patient and family empowerment and engagement*
 - ▣ *Safety of transitions*
 - ▣ *Improved EHR interoperability to support care transitions*
 - ▣ *Improved communication about advanced directives*

Workgroup Discussion

- How are organizations using the data from these programs to inform quality activities?
- How are PAC researchers using CMS's standardized assessment data?

TOH Measure Development



TOH: Measure Iterations

	Original Concept: 2015-2017	Measure revision: 2017-2018	Measures Submitted to the MUC list: 2018
Measure Concept	Transfer of Health Information and Care Preferences at Admission and At Discharge	Transfer of Medication Profile at PAC Discharge/Transfer	Transfer of Health Information (Reconciled Medication List) at PAC Discharge/Transfer
# Measures	2	2	2
Admission Measure	Transfer of at least 1 of 11 possible categories of health information & care preferences at time of admission	None	None
Discharge Measure(s)	Transfer of at least 1 of 11 possible categories of health information & care preferences at time of discharge	1. Transfer of Medication Profile to Provider at PAC discharge or transfer 2. Transfer of Medication Profile to Patient/Family/Caregiver at PAC discharge	1. Transfer of Reconciled Medication List to Provider at PAC discharge or transfer 2. Transfer of Reconciled Medication List to Patient/Family/Caregiver at PAC discharge
Criteria to Meet Measures	Transfer of at least 1 of 11 possible categories of health information & care preferences at time of discharge	Must transfer all of ~20 possible types of patient and medication profile information, where applicable, as described in coding guidance, to meet measure criteria	The recommended information to be transferred in the reconciled medication list will be provided as guidance only, not as a requirement to meet the measure criteria
Denominator	All admissions, all discharges	1. Discharges/transfers to another provider 2. Discharges/transfers to home setting	1. Discharges/transfers to another provider 2. Discharges/transfers to home setting

TOH: Measure Iterations

	Original Concept: 2015-2017	Measure revision: 2017-2018	Measures Submitted to the MUC list: 2018
Other structural information collected as standardized patient assessment data elements	<ol style="list-style-type: none"> 1. Route(s) of transmission of information from previous provider at admission 2. Route(s) of transmission of information to next provider at discharge 	<ol style="list-style-type: none"> 1. Route(s) of transmission to next provider 2. Route(s) of transmission to patient/family/caregiver 	<ol style="list-style-type: none"> 1. Route(s) of transmission to next provider 2. Route(s) of transmission to patient/family/caregiver
Routes of Health Information Transmission	<ol style="list-style-type: none"> 1. Electronic using health information exchange organization or other third party 2. Electronic means using an electronic health/medical record 3. Other electronic means (e.g., secure messaging, email, e-fax, portal, video conferencing) 4. Verbal (e.g., in-person, telephone) 5. Paper-based (e.g., fax, copies/printouts) 	<ol style="list-style-type: none"> 1. Electronic Health Record (e.g., electronic access to patient portal) 2. Health Information Organization 3. Verbal (e.g., in-person, telephone, video conferencing) 4. Paper-based (e.g., fax, copies/printouts) 	<ol style="list-style-type: none"> 1. Electronic Health Record 2. Health Information Organization 3. Verbal (e.g., in-person, telephone, video conferencing) 4. Paper-based (e.g., fax, copies/printouts)
Exclusions	Expired patients/residents for discharge measure	Expired patients/residents for both measures	Expired patients/residents for both measures

Transfer of Medication Profile 2018 Pilot

Test: Key Findings

- 24 pilot test sites: 6 LTCHs, 5 IRFs, 7 HHAs, 6 SNFs
- Examined inter-rater reliability, face validity, completion time estimates, feasibility, overall experience collecting and submitting data for the QMs
 - Verified feasibility of the measure
- 87% inter-rater agreement for **Transfer to Provider Measure**
 - QM scores: 47% IRF, 67% HHA, 81% LTCH, 94% SNF
 - Average time to complete this item 2.3 minutes
- 93% inter-rater agreement for **Transfer to Patient Measure**
 - QM scores: 74% IRF, 75% HHA, 86% LTCH, 95% SNF
 - Average time to complete this item 1.8 minutes
- Inter-rater agreement for routes of transmission ranged from 88-98%

Interoperability of the TOH Measures

- PAC provider health information exchange supports the goals of high quality, personalized, and efficient healthcare, care coordination and person-centered care, and supports real-time, data driven, clinical decision making.
- TOH measures will encourage the electronic transfer of current and important medication information at transitions.
- The TOH measures align with ONC's USCDI and supports the 21st Century Cures Act*, which includes provisions impacting health IT, including the encouragement of EHR interoperability.
- The measures supports the discharge planning requirements proposed in the Revisions to Requirements for Discharge Planning for Hospitals, Home Health Agencies, and Critical Access Hospitals (CMS-3317-F).

Opportunity for Public Comment on Transfer of Health Information to Provider— Post-Acute Care

Workgroup Discussion and Vote: Transfer of Health Information to Provider—Post-Acute Care

- MUC2018-131 Transfer of Health Information to Provider—Post-Acute Care (HH QRP)
- MUC2018-132 Transfer of Health Information to Provider—Post-Acute Care (IRF QRP)
- MUC2018-133 Transfer of Health Information to Provider—Post-Acute Care (LTCH QRP)
- MUC2018-136 Transfer of Health Information to Provider—Post-Acute Care (SNF QRP)

Break

Opportunity for Public Comment on Transfer of Health Information to Patient— Post-Acute Care

Workgroup Discussion and Vote: Transfer of Health Information to Patient—Post-Acute Care

- MUC2018-135 Transfer of Health Information to Patient—Post-Acute Care (HH QRP)
- MUC2018-139 Transfer of Health Information to Patient—Post-Acute Care (IRF QRP)
- MUC2018-141 Transfer of Health Information to Patient—Post-Acute Care (LTCH QRP)
- MUC2018-138 Transfer of Health Information to Patient—Post-Acute Care (SNF QRP)

Lunch

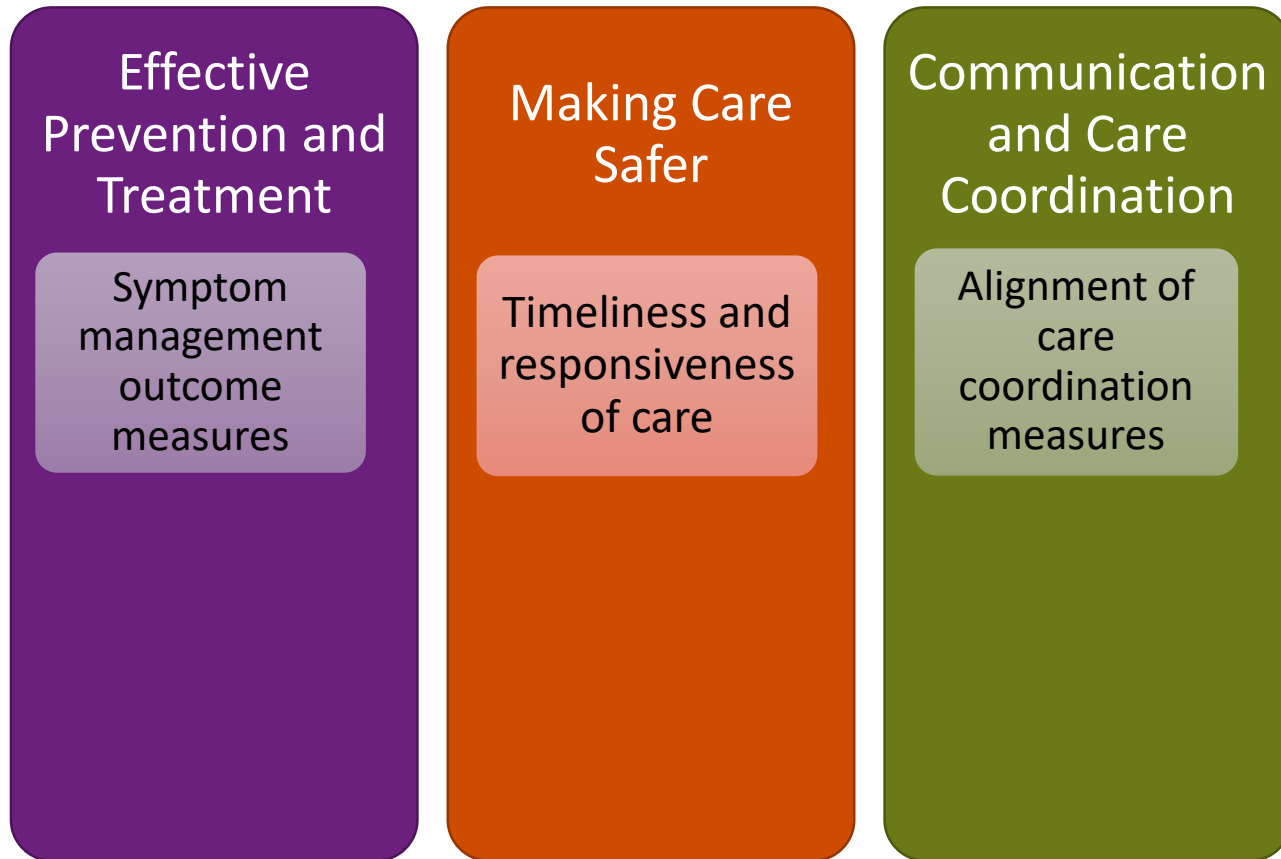
Hospice Quality Reporting Program

- **Program Type:** Penalty for failure to report
- **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.
- **Hospice QRP Information:**
 - ▣ *Data sources for Hospice QRP measures include the Hospice Item Set and Hospice CAHPS.*

Hospice QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Process	1638	Dyspnea Treatment	Endorsed
Process	1639	Dyspnea Screening	Endorsed
Process	1637	Pain Assessment	Endorsed
Process	1634	Pain Screening	Endorsed
Process	1641	Treatment Preferences	Endorsed
Process	1617	Patients Treated with an Opioid who are Given a Bowel Regimen	Endorsed
Process	1647	Beliefs/Values Addressed (if desired by the patient)	Endorsed
Patient Reported Outcome	2651	CAHPS Hospice Survey	Endorsed
Process	9999	Hospice Visits When Death is Imminent Measure 1	Not Endorsed
Process	9999	Hospice Visits When Death is Imminent Measure 2	Not Endorsed
Composite	3235	Hospice and Palliative Care Composite Process Measure - Comprehensive Assessment at Admission	Endorsed

CMS High Priority Domains for Future Measure Consideration – Hospice QRP



Gaps Identified during the November Web Meeting

- Care delivered in alignment with patient goals

MUC18-101: Transitions from Hospice Care, Followed by Death or Acute Care (“Transitions Measure”)

- Claims-based measure development in the Hospice Quality Reporting Program
 - MedPAC and Office of Inspector General recommendations
 - Technical Expert Panel, opportunities for public comment
 - Advantages and challenges
- Live Discharges vs. Transitions following Live Discharge
 - Measures two “negative outcomes”
 - Death within 30 days following live discharge from hospice
 - Hospitalization/emergency room visit/observation stay within 7 days following live discharge from hospice
 - **Negative outcomes following live discharges from hospice are not considered “never-events”**
- Measure construction
 - Rate-based risk-adjusted measure that reflects relative performance of a hospice compared to other hospices
 - “Predicted” number of hospice’s stays that have negative outcome/“Expected” number of hospice’s stays that have negative outcome

MUC18-101: Transitions from Hospice Care, Followed by Death or Acute Care (“Transitions Measure”)

- Reason for Live Discharge from hospice: analysis
 - Validation of "Moved out of Service Area" Discharge Status codes – 2 week follow-up
 - Subsequent hospice claim:: 47%
 - Claim at same hospice: 27%
 - Claim at different hospice: 20%
 - Claim at hospice in different geographic area: 15%
 - Prevalence of Death Within 30 Days of Live Discharge
 - Revocation: almost 24%
 - Hospice “readmission” (1+ prior hospice stay) within 1 year
 - Revocation: ~45% (~5.5% had 2+ prior stays)
 - % of Reason for Hospice Discharge occurring by 30-days of hospice stay
 - Death 67%;
 - No longer terminally ill 15%
 - Others reasons ~40%
 - Wide distribution of live discharge rates among hospices

MUC18-101: Transitions from Hospice Care, Followed by Death or Acute Care (“Transitions Measure”)

- Risk adjustment
 - Age, sex, terminal diagnosis, original reason for Medicare entitlement, prior health care utilization (acute care and hospice care), hospice length of stay, and setting of care on the last day of hospice care
 - Testing for race/ethnicity and social risk factors
- Reportability
 - 86% hospices able to report (25-stay minimum)
- Reliability and Validity testing
 - Item level validity testing of discharge rate (using claims vs HIS data) – nearly 100%
 - Risk-adjustment model produces consistent and reliable results
 - Measure performance is reliable over time
 - Split-sample testing suggests moderate internal consistence
 - Correlations with the Hospice CAHPS measures are statistically significant
- Monitoring plans
 - Monitor for “cherry-picking”, especially race/ethnicity

Opportunity for Public Comment

Workgroup Discussion and Vote:

MUC2018-101 Transitions from Hospice Care, Followed by Death or Acute Care

Promoting Alignment in Measurement of PAC/LTC Care

Current Program Measures by MAP PAC/LTC Core Concepts

PAC/LTC Core Concepts	IRF QRP	LTCH QRP	HH QRP	SNF QRP
Falls	X	X	X	X
Functional and Cognitive Status Assessment	X	X	X	X
Inappropriate Medicine Use	X	X	X	X
Infection Rates	X	X	X	
Pressure Ulcers	X	X	X	X
Shared Decision Making				
Effective Transitions of Care	X	X	X	X
Mental Health				
Achievement of Patient/Family/Caregiver Goals				
Advance Care Planning and Treatment				
Experience of Care			X	
Adverse Drug Events	X	X	X	X
Avoidable Admissions	X	X	X	X
Patient and Family Education			X	
Accurate Transitions of Information				
Symptom Management			X	
Social Determinants of Health				
Autonomy and Control			X	
Access to Lower Levels of Care	X	X	X	X

Current Program Measures by IMPACT Act Domains

IMPACT Act Domains	IRF QRP	LTCH QRP	HH QRP	SNF QRP
Skin integrity and changes in skin integrity	X	X	X	X
Functional status, cognitive function, and changes in function and cognitive function	X	X	X	X
Medication reconciliation	X	X	X	X
Incidence of major falls	X	X	X	X
Transfer of health information and care preferences when an individual transitions				
Resource use measures, including total estimated Medicare spending per beneficiary	X	X	X	X
Discharge to community	X	X	X	X
All-condition risk-adjusted potentially preventable hospital readmissions rates	X	X	X	X

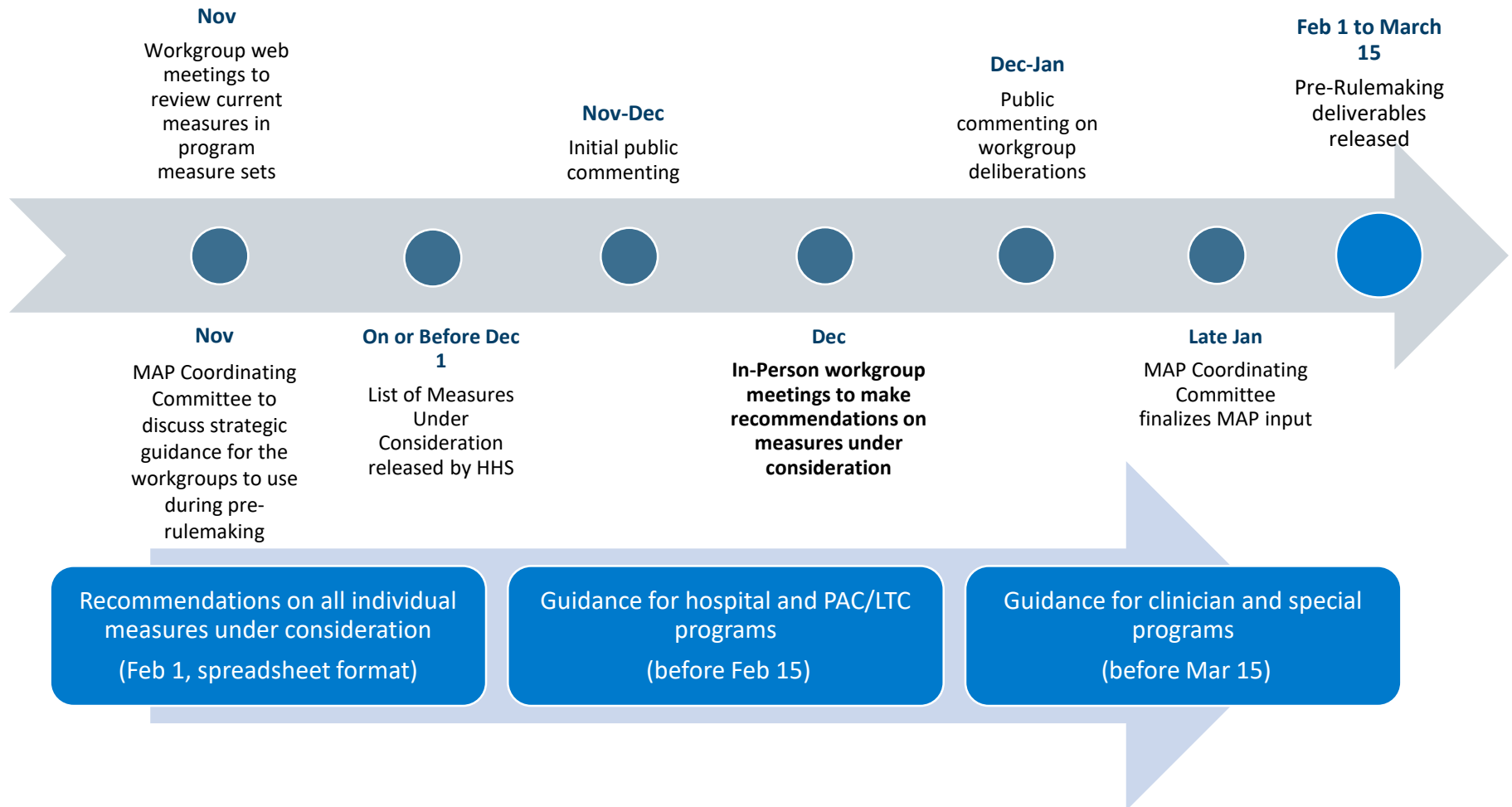
Workgroup Discussion

- Are there additional measurement gaps that should be prioritized across programs?
- How can measure alignment address critical quality issues in post-acute and long term care?
- Where is there a need for additional setting-specific measures?

Opportunity for Public Comment

Summary of Day and Next Steps

MAP Approach to Pre-Rulemaking: A look at what to expect



Next Steps: Upcoming Activities

In-Person Meetings

- PAC/LTC Workgroup – **December 10**
- Hospital Workgroup – **December 11**
- Clinician Workgroup – **December 12**
- Coordinating Committee – **January 22-23**

**Public Comment Period #2: December 21, 2018
—January 10, 2019**

Adjourn