

MEASURE APPLICATIONS PARTNERSHIP

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# MAP 2017

## Considerations for Implementing Measures in Federal Programs: Post-Acute Care and Long-Term Care

FINAL REPORT

FEBRUARY 15, 2017



NATIONAL  
QUALITY FORUM

This report is funded by the Department of Health and Human Services under contract HHSM-500-2012-00009I, Task Order HHSM-500-T0018.

# CONTENTS

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<b>GUIDANCE ON CROSS-CUTTING ISSUES</b>	<b>2</b>
<hr/>	
<b>OVERARCHING THEMES</b>	<b>3</b>
Implementation of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act	3
Continued Opportunities to Address Quality	3
<hr/>	
<b>CONSIDERATIONS FOR SPECIFIC PROGRAMS</b>	<b>5</b>
Inpatient Rehabilitation Facility Quality Reporting Program	5
Long-Term Care Hospital Quality Reporting Program	5
Skilled Nursing Facility Quality Reporting Program	6
Skilled Nursing Facility Value-Based Purchasing Program	7
Home Health Quality Reporting Program	8
Hospice Quality Reporting Program	9
<hr/>	
<b>APPENDIX A: Program Summaries</b>	<b>10</b>
<hr/>	
<b>APPENDIX B: MAP PAC/LTC Workgroup Roster and NQF Staff</b>	<b>13</b>
<hr/>	
<b>APPENDIX C: MAP Comments on Final Measures</b>	<b>14</b>

# GUIDANCE ON CROSS-CUTTING ISSUES

## Summary

- Measures intended to promote alignment across post-acute and long-term care (PAC/LTC) settings should be tested in appropriate settings to ensure that specifications and measure intent reflect the specific patient population and acknowledge differences in outcome goals between settings.
- Measure concepts for PAC/LTC settings should reflect the impact of sociodemographic, socioeconomic, and psychosocial issues and encourage patient and family engagement.
- Measures under consideration (MUCs) are moving in the right direction to close gaps and address PAC/LTC core concepts; however, gaps remain in care coordination, transitions in care, and other areas that matter to patients and caregivers.

The Measure Applications Partnership (MAP) reviewed measures under consideration for five setting-specific federal programs addressing post-acute care (PAC) and long-term care (LTC), listed below. MAP also discussed the current measure set of a sixth program for which no new measures were submitted.

- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP) (no measure submissions)
- Home Health Quality Reporting Program (HH QRP)
- Hospice Quality Reporting Program (Hospice QRP)

MAP's pre-rulemaking recommendations for measures in these programs reflect the MAP Measure Selection Criteria and how well the measures address the goals of the program. To inform MAP's deliberations, NQF staff completed preliminary analyses on the Measures Under Consideration (MUCs) for MAP consideration. MAP also drew upon its [Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement](#) as a guide to inform pre-rulemaking review of measures for the PAC/LTC programs. In the PAC/LTC coordination strategy, MAP defined high-leverage areas for performance measurement and identified 13 core measure concepts to address each of the high-leverage areas.

## OVERARCHING THEMES

### Implementation of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act

The IMPACT Act was passed in September 2014 and requires PAC providers to report standardized patient assessment data as well as data on quality, resource use, and other measures. The standardized measures address several domains including functional status and changes in function, skin integrity and changes in skin integrity, medication reconciliation, incidence of major falls, and the accurate communication of health information and care preferences when a patient is transferred. Additionally, the IMPACT Act requires the implementation of measures to address resource use and efficiency such as total Medicare spending per beneficiary, discharge to community, and risk-adjusted hospitalization rates of potentially preventable admissions and readmissions. PAC programs affected by the IMPACT Act include the HH QRP, SNF QRP, IRF QRP, and LTCH QRP.

Measures implemented to meet the requirements of the IMPACT Act are mandated to go through the MAP pre-rulemaking process. Measures reviewed by MAP during this cycle addressed the following IMPACT Act measure domains:

- Skin Integrity and changes in skin integrity
- Transfer of health information and care preferences when an individual transitions
- Incidence of major falls
- Functional status, cognitive function, and changes in function and cognitive function

The IMPACT Act is an important step toward measurement alignment and shared accountability across the healthcare continuum, areas that MAP has emphasized in its previous work. MAP supports the alignment of measurement across

settings using standardized patient assessment data and acknowledges the importance of preventing duplicate efforts, maintaining data integrity, and reducing the burden of maintaining data on different scales. MAP recognized the challenging timelines required to meet IMPACT Act requirements, but also had concerns about supporting measures with specifications that have not been fully defined, delineated, or tested. Overall, the MUCs introduced represent significant progress toward promoting quality in PAC settings.

### Continued Opportunities to Address Quality

MAP has stressed the need to make post-acute and long-term care more person-centered and has recognized that one way to do so is through increased use of patient-reported outcomes. The MAP PAC/LTC 2016 In-Person Meeting included an overview and discussion of the Patient-Reported Outcomes Measurement Information System (PROMIS) to inform MAP about work being done to increase the use of patient-reported outcomes. MAP supported the use of performance measures based on patient-reported outcomes in PAC/LTC programs. Some MAP members noted that they had observed the tool in practice, and they believe it has potential to improve care and increase patient and family engagement. MAP noted that some settings, particularly those with facilities with modest budgets, might find it challenging to implement the tool, given the need for a handheld device and integration into an electronic medical record. MAP suggested that the PROMIS team investigate the potential for giving patients and families the opportunity to select domains of the tool that are most important to them for reporting, as well as explore the potential for a similar tool for family caregiver status.

While the Centers for Medicare & Medicaid Services (CMS) has made considerable efforts in addressing gaps in quality of care for the PAC/LTC settings, MAP noted the need to continually improve measurement approaches and sets of measures used in the CMS quality initiatives. First, MAP noted the importance of reviewing and potentially refining measures after they are implemented to ensure that they are performing as expected. Implementation may also identify ways to improve the measures. CMS and NQF should continue to develop feedback loops that capture this feedback from measure users. Secondly, the measures used in the CMS quality initiatives should

drive improvements in areas that matter most to patients. Finally, MAP noted the need to continue to improve coordination and communication across settings of care and to integrate measurement between PAC/LTC settings, acute care settings, and the community. While the slower adoption of health information technology and lack of interoperability between systems in PAC/LTC settings may cause challenges, a more integrated approach to measurement allows for shared accountability, treating the “whole” person across disciplines, and a potential reduction in measurement burden.

## CONSIDERATIONS FOR SPECIFIC PROGRAMS

### Inpatient Rehabilitation Facility Quality Reporting Program

The Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) is a pay-for-reporting and public reporting program established under the Affordable Care Act (ACA). This program addresses the rehabilitation needs of individuals, including improved functional status and return to the community post discharge. This program specifically applies to all IRF settings that receive payment under the IRF prospective payment system (PPS) including IRF hospitals, IRF units that are co-located with affiliated acute care facilities, and IRF units affiliated with critical care access hospitals (CAHs). Data sources for quality measures include Medicare Fee for Service Claims, Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN) data, and the IRF-Patient Assessment Instrument records. As of 2014, failure to submit quality data results in a 2 percent reduction in the annual applicable IRF-PPS payment update. The data must also be made publicly available, with IRF providers having the opportunity to review the data prior to release.

In the 2016-2017 pre-rulemaking deliberations, MAP made recommendations for CMS to refine and resubmit two measures under consideration: Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings (MUC16-319) and Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings (MUC16-325). Additionally, MAP recommended Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC16-143) with conditional support for rulemaking. The transfer-of-information measures are in early development and require the finalization of field-testing and technical specifications prior to implementation. Conditional support of the Pressure Ulcer measure

(MUC16-143) was based on an interest in additional information on the impact of revised specifications (inclusion of unstageable pressure ulcers) on the measure result, as well as issuing implementation and interpretation guidance. It was noted that this is an NQF-endorsed measure, and the material changes to the measure will also require review during the measure's endorsement maintenance cycle.

MAP noted measure gaps in the IRF QRP measure set. For example, MAP recognized the need for more measures that address patient and family engagement. As one way to address this gap, MAP recommended the development of measures assessing experience of care in the IRF setting. MAP also cited nutrition as a measurement gap.

Public comments were divided on MAP's recommendation to conditionally support the pressure ulcer measure for the IRF QRP. While commenters all agreed that additional research on the effect of revisions to the measure and implementation guidance were necessary precursors to successful inclusion in a program, some commenters indicated that the degree of changes to the measure warranted a 'Refine and Resubmit' designation. One public comment, submitted by CMS, offered additional testing and rationale supporting the revisions to the measure as applied to the inpatient rehabilitation facility setting. Public comments universally supported MAP's recommendation on the transfer-of-information measures, noting concerns apart from development stage, including a low bar to meet the measure.

### Long-Term Care Hospital Quality Reporting Program

The Long-Term Care Hospital Quality Reporting Program (LTCH QRP) is a pay-for-reporting and public reporting program established under the

ACA and aims to provide extended medical care to individuals with clinically complex conditions (e.g., multiple, acute, or chronic conditions needing hospital care for periods of greater than 25 days). This program specifically applies to all LTCH facilities under this Medicare program. Under this program, LTCH providers must submit quality reporting data from sources such as Medicare FFS Claims, CDC NHSN data submissions, and the LTCH Continuity Assessment Record and Evaluation Data Sets (LCDS). Beginning in fiscal year 2014, failure to report quality data results in a 2 percent reduction in the annual PPS increase factor. The data must be made publicly available with LTCHs having the opportunity to review the data prior to release.

The measures under consideration for LTCH are similar to those of the IRF QRP and the SNF QRP. Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings (MUC16-327) and Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings (MUC16-321) were both recommended to be refined and resubmitted before rulemaking by MAP. MAP members cited concerns with these measures, including incomplete development, existing regulations mandating the transfer of information between settings, and only one of 11 patient information elements needing to be transferred to meet this measure. Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC16-144) was conditionally supported by MAP, noting a need for implementation guidance and an investigation of unexpected results reported in public comments.

MAP identified potential improvements to the LTCH QRP measure set. First, MAP recommended revisions to some measures currently in the set. MAP noted the need to assess healthcare-acquired infections beyond MRSA and *C. difficile*. MAP recommended that measures of specific infections be replaced by a measure of all facility-acquired

infections, as new infection agents may arise over time. MAP also suggested that the Ventilator-Associated Event (VAE) outcome measure be reconsidered, as the measure result may not distinguish meaningful differences in quality of care. Details of MAP's comments on current measures can be found in [Appendix C](#).

MAP also identified gaps in the LTCH QRP measure set, including the need for measures addressing the transfer of information between attending clinicians, rather than being limited to transfers of information between settings. MAP also recommended adding measures addressing nutritional status. Finally, MAP recommended adding an LTCH-specific CAHPS survey to assess patient experience of care.

Public comments were divided on MAP's recommendation to conditionally support the pressure ulcer measure for the LTCH QRP. While commenters all agreed that additional research on the effect of revisions to the measure and implementation guidance were necessary precursors to successful inclusion in a program, some commenters indicated that the degree of changes to the measure warranted a 'Refine and Resubmit' designation. One public comment, submitted by CMS, offered additional testing and rationale supporting the revisions to the measure as applied to the inpatient rehabilitation facility setting. Public comments universally supported MAP's recommendation on the transfer-of-information measures, noting concerns apart from development stage, including a low bar to meet the measure.

## Skilled Nursing Facility Quality Reporting Program

The Skilled Nursing Facility Quality Reporting Program (SNF QRP) is a pay-for-reporting and public reporting program established under section 1899B of the IMPACT Act. This program requires all facilities that submit data under the SNF PPS to participate in the SNF QRP with the exception of units affiliated with critical access

hospitals. SNFs are required to submit quality data to CMS through sources including Medicare FFS Claims and the Minimum Data Set (MDS) assessment data. As of fiscal year 2018, SNFs that fail to report quality data will receive a 2 percent reduction in their annual payment updates.

The measures under consideration for the SNF QRP are similar to those for the IRF QRP and the LTCH QRP. The measures under consideration were Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (MUC16-142), Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings (MUC16-314), and Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings (MUC16-323). MAP recommended that the transfer-of-information measures be refined and resubmitted prior to rulemaking. As noted above, MAP expressed concerns that these measures have not completed development, may overlap with existing regulations, and only require the transfer of one of the 11 patient information elements to meet the measure. MAP conditionally supported the pressure ulcer measure for rulemaking, noting a need for implementation guidance and an investigation of unexpected results reported in public comments.

MAP noted that the SNF QRP is a relatively new program and that gap areas exist. Noting the need to make the measure set more person-centered and to drive improvements in patient and family engagement, MAP recommended the development of a measure of patient experience of care specific to the SNF setting. MAP also stressed the importance of advance directives in the SNF setting and noted the need for measurement in this area.

In addition, MAP maintained its focus on care coordination. Although MAP recognized that measures in the current set could help improve quality in this domain, it identified a need to address additional topics, such as assessing

the efficacy of transfers from acute hospitals to skilled nursing facilities. As with the LTCH QRP, MAP noted the need for measures addressing the transfer of information between attending clinicians, as well as a CAHPS measure for the SNF setting to measure patient experience of care.

Public comments were divided on MAP's recommendation to conditionally support the pressure ulcer measure for the SNF QRP. While commenters all agreed that additional research on the effect of revisions to the measure and implementation guidance were necessary precursors to successful inclusion in a program, some commenters indicated the degree of changes to the measure warranted a 'Refine and Resubmit' designation. Public comments universally supported MAP's recommendation on the transfer-of-information measures, noting concerns apart from development stage, including a low bar to meet the measure.

## Skilled Nursing Facility Value-Based Purchasing Program

The Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP) was established under the Protecting Access to Medicare Act (PAMA) of 2014. Under the program, the SNF VBP per diem rate will be reduced by 2 percent or incentive payments will be applied to facilities based upon the readmission measure performance. The legislation mandates CMS to specify two time-limited measures:

- An SNF all-cause, all-condition hospital readmission measure, or any successor to such a measure, no later than October 1, 2015;
- A resource measure to reflect an all-condition, risk-adjusted potentially preventable hospital readmission rate for SNFs no later than October 1, 2016. This resource measure is meant to replace the all-cause, all-condition readmission measure as soon as it is feasible to do so.



CMS lacks the statutory authority to implement additional measures to the program at this time. However, MAP identified opportunities to clarify the specifications of the measure to ensure alignment with program goals.

## Home Health Quality Reporting Program

The Home Health Quality Reporting Program (HH QRP) is a pay-for-reporting and public reporting program established in accordance with Section 1885 of the Social Security Act and aims to improve the quality of care provided to HH patients. The incentive structure is designed to require all HH agencies (HHA) to submit quality data from the Outcome and Assessment Information Set (OASIS) and Medicare FFS Claims. HHAs that do not comply with this incentive structure are subject to a 2 percent reduction in the annual PPS increase factor. This data is made publicly available through the Home Health Compare website to provide national ratings on the quality of HHAs.

Three of the measures under consideration for the Home Health QRP were similar to those of the SNF QRP, IRF QRP, and LTCH QRP including, MUC16-145 Application of Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay), MUC16-347 Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings, and MUC16-357 Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings. MAP recommended that the transfer-of-information measures be refined and resubmitted, and it conditionally supported the pressure ulcer measure for rulemaking. The rationales were the same as those noted above, and the group did not identify any concerns specific to the home health setting.

Two additional measures were considered: Percent of Home Health Residents Experiencing One or More Falls with Major Injury (MUC16-063) and Percent of Home Health Patients with an

Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (MUC16-061). Both measures are intended to meet IMPACT Act requirements and received recommendations of conditional support for rulemaking. MAP noted that these measures are applications of measures that are NQF-endorsed for different care settings and recommended the submission of updated specifications so that these measures can be reviewed for the home health setting. MAP also recommended that CMS stratify MUC16-063 by referral origin. MAP noted distinct concerns for patients referred via an ambulatory setting (i.e., primary care physician or specialist) as compared to those referred from an acute care or another post-acute care setting.

MAP recognized that the HH QRP contains a large number of measures. When reviewing the final measure set, MAP affirmed the need for parsimony to minimize the burden on providers while still ensuring that consumers and other stakeholders have the information they need to support their decision making. To streamline the current set, MAP recommended removing measures where performance is topped out or where measures have lost NQF endorsement, and exploring opportunities to implement composite measures that use existing data sources. Overall MAP identified 15 out of the 79 (19 percent) measures that could potentially be removed to reduce measurement burden. MAP provided guidance on the CY 2016 Home Health Quality Initiative measure set. Some measures MAP provided input on may already be slated for removal as CMS has determined they are “topped out” or of limited clinical and quality improvement value. MAP recognized that in order for CMS to act on these recommendations, it will likely need to engage in rulemaking as well as consider other programmatic needs not taken into account by the MAP process. Details on MAP’s review can be found in [Appendix C](#).

MAP also cited gaps, including a measure to drive adoption of congestive heart failure care plans.

Public comments were divided on MAP's recommendation to conditionally support the pressure ulcer measure in the Home Health QRP. While commenters all agreed that additional research on the effect of revisions to the measure and implementation guidance were necessary precursors to successful inclusion in a program, some commenters indicated the degree of changes to the measure warranted a 'Refine and Resubmit' designation. Public comments universally supported MAP's recommendation on the transfer-of-information measures, noting concerns apart from development stage, including a low bar to meet the measure. Public commenters generally supported MAP's recommendation on the measures of falls with major injury and functional assessments at admission and discharge, noting the importance of NQF endorsement in the new setting. Other commenters cited measure burden and the particularity of the home health setting to suggest the measure should not be supported by MAP.

## Hospice Quality Reporting Program

The Hospice Quality Reporting Program (HQRP) is a pay-for-reporting and public reporting program established in accordance with section 1814(i) of the Social Security Act and amended by section 3004 of the Affordable Care Act. The HQRP applies to all hospices, regardless of setting. Under the program, hospice providers are required to submit quality data from proposed sources such as the Hospice Item Set and the Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) questionnaire through which future HQRP measures can be developed. Failure to submit quality data will result in a 2 percent reduction to hospices' annual payment update.

There were eight measures under consideration for the Hospice QRP, all of which received a MAP recommendation of support for rulemaking. MAP noted the potential for the CAHPS measure set

to offer an indication of global quality of care, including the perspective of both the patient and a family caregiver. Measuring performance on how family caregivers are trained to administer care allows hospices to evaluate their effectiveness beyond their direct care work. Although the CAHPS Hospice Survey is currently incorporated in the Hospice Quality Reporting Program, these measures allow greater precision in performance evaluation by breaking out related survey items into eight domain-specific performance measures.

MAP reviewed the Hospice QRP measure set, noting several measurement gaps to be addressed in future rulemaking cycles. These gaps include measures of medication management at the end of life, the provision of bereavement services, patient care preferences, and measures that address symptom management for other conditions besides cancer, particularly dementia. MAP also noted the need to include outcome measures in the Hospice QRP set. As a first step to assessing outcomes, MAP suggested determining the correlation of the process measures currently in the program to outcomes that are important to patients to ensure they are driving the improvements that matter most. MAP also suggested that as outcome measures are available process measures that are no longer driving improvement could be removed from the set to reduce measurement burden. Finally, MAP emphasized the importance of publicly reporting measure results to help guide patient decision making.

Public comments generally supported MAP's recommendation, citing the importance of patient-reported outcomes and the measure's recent NQF endorsement.

## APPENDIX A: Program Summaries

### Inpatient Rehabilitation Facility Quality Reporting Program

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#### Program Type

Pay for Reporting

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#### 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 percentage point reduction of the applicable IRF Prospective Payment System (PPS) payment update. Plans for future public reporting of IRF QRP measures are under development.

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#### Program Goals

Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

CMS identified the following two domains as high-priority for future measure consideration:

- Making care affordable: improve assessment of medical costs based on PAC episodes of care by developing efficiency-based measures, such as Medicare Spending per Beneficiary
- Communication and care coordination: assess resident care transitions and rehospitalizations, including discharge to the community, potentially preventable readmissions, and medication reconciliation

### Long-Term Care Hospital Quality Reporting Program

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#### Program Type

Pay for Reporting

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#### 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 percentage point reduction of the applicable Prospective Payment System (PPS) increase factor.

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#### Program Goals

Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for periods of greater than 25 days).

CMS identified the following four domains as high-priority for future measure consideration:

- Patient and family engagement: change in self-care and mobility function, patient experience of care
- Effective prevention and treatment: ventilator use, ventilator-associated event and ventilator weaning rate, and mental health status
- Making care affordable: efficiency-based measures
- Communication/care coordination: discharge to the community, potentially preventable readmissions, medication reconciliation

## 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 in FY 2018, providers [SNFs] that do not submit required quality reporting data to CMS will have their annual update reduced by 2 percentage points.

### Program Goals

CMS identified the following two domains as high-priority for future measure consideration:

- Making care affordable: efficiency-based measures, such as Medicare Spending per Beneficiary
- Communication and care coordination: discharge to community, potentially preventable readmissions, and medication reconciliation

## Skilled Nursing Facility Value-Based Purchasing Program

### 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.

CMS identified the following domain as high-priority for future measure consideration:

- The PAMA legislation mandates that CMS specify:
  - An SNF all-cause, all-condition hospital readmission measure by no later than October 1, 2015

- A resource use measure that reflects resource use by measuring all-condition, risk-adjusted potentially preventable hospital readmission rates for SNFs by no later than October 1, 2016 (This measure will replace the all-cause, all-condition measure)

## Home Health Quality Reporting Program

### Program Type

Pay for Reporting

### 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 Goals

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.

CMS identified the following four domains as high-priority for future measure consideration:

- Patient and family engagement: functional status
- Making care safer: major injury due to falls and new or worsened pressure ulcers, pain, and functional decline
- Making care affordable: efficiency-based measures, such as Medicare Spending per Beneficiary
- Communication and care coordination: discharge to the community, potentially preventable readmissions, medication reconciliation

## Hospice Quality Reporting Program

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### Program Type

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Pay for Reporting

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### Incentive Structure

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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 percentage point reduction to their annual payment update.

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### Program Goals

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Make the hospice patient as physically and emotionally comfortable as possible, with minimal disruption to normal activities, while remaining primarily in the home environment.

CMS identified the following three domains as high-priority for future measure consideration:

- Overall goal: symptom management outcome measures
- Patient and family engagement: patient and family goal attainment
- Making care safer: timeliness/responsiveness of care
- Communication and care coordination: incorporate patient preferences into measurement, align care coordination measures across settings

## APPENDIX B: MAP PAC/LTC Workgroup Roster and NQF Staff

### CO-CHAIRS (VOTING)

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**Gerri Lamb, RN, PhD**

**Debra Saliba, MD, MPH**

### ORGANIZATIONAL MEMBERS (VOTING)

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#### **Aetna**

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#### **National Association of Area Agencies on Aging**

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Robyn Grant, MSW

#### **National Hospice and Palliative Care Organization**

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#### **National Pressure Ulcer Advisory Panel**

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#### **National Transitions of Care Coalition**

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### FEDERAL GOVERNMENT LIAISONS (NON-VOTING)

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#### **Centers for Medicare & Medicaid Services (CMS)**

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### NATIONAL QUALITY FORUM STAFF

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## APPENDIX C: MAP Comments on Final Measures

**TABLE C1. LTCH QRP CURRENT MEASURE COMMENTS**

NQF #	Measure Title	NQF Status	National Rates	Comments
0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed	.910	MAP recommended that measures of specific infections be replaced by a measure of all facility-acquired infections, as new infection agents may arise over time.
0139	National Healthcare Safety Network (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure	Endorsed	.935	MAP recommended that measures of specific infections be replaced by a measure of all facility-acquired infections, as new infection agents may arise over time.
0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed		
0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)	Endorsed	18	
1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed		MAP recommended that measures of specific infections be replaced by a measure of all facility-acquired infections, as new infection agents may arise over time.
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed		MAP recommended that measures of specific infections be replaced by a measure of all facility-acquired infections, as new infection agents may arise over time.
2512	All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from Long-Term Care Hospitals	Endorsed	24.61	
2631	Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed		

NQF #	Measure Title	NQF Status	National Rates	Comments
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		
2632	Functional Outcome Measure: change in mobility among Long-term Care Hospital patients requiring ventilator support	Endorsed		
0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Endorsed		
0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	Endorsed		
N/A	National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure	Not Endorsed		MAP suggested that the Ventilator-Associated Event (VAE) outcome measure be reconsidered, as the measure result may not distinguish meaningful differences in quality of care.
N/A	Discharge to Community-Post Acute Care Long-Term Care Hospital Quality Reporting Program	Not Endorsed		
N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-PAC LTCH QRP	Not Endorsed		
N/A	Medicare Spending Per Beneficiary - Post-Acute Care (PAC) Long-Term Care Hospital Measure	Not Endorsed		
N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for LTCH QRP.	Not Endorsed		



TABLE C2. IRF QRP CURRENT MEASURE COMMENTS

NQF #	Measure Title	NQF Status	National Rates	Comments
680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)	Endorsed		
678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)	Endorsed	.8	
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed		
431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed		
1716	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	Endorsed		
138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed	.911	
2502	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities	Endorsed	13.06	
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 (LTCH Setting)		
2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	Endorsed		

NQF #	Measure Title	NQF Status	National Rates	Comments
674	An Application of Percent of Residents Experiencing One or More Falls with Major Injury” (Long-Stay)	Endorsed		
2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	Endorsed		
2635	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	Endorsed		
2636	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	Endorsed		
N/A	Discharge to Community: Discharge to Community-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed		
N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed		
N/A	Medicare Spending Per Beneficiary-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program;	Not Endorsed		
N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed		
N/A	Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities	Not Endorsed		

TABLE C3. HH QRP CURRENT MEASURE COMMENTS<sup>a</sup>

NQF #	Measure Title	NQF Status	National Rates	Comments
171	Acute Care Hospitalization During the First 60 Days of Home Health	Endorsed	15.6	
173	Emergency Department Use without Hospitalization During the First 60 Days of Home Health	Endorsed	12.4	
167	Improvement in Ambulation/Locomotion	Endorsed	64.4	
174	Improvement in Bathing	Endorsed	67.6	
179	Improvement in Dyspnea	Endorsement Removed	64.2	
176	Improvement in Management of Oral Medication	Endorsed	52.9	
177	Improvement in Pain Interfering with Activity	Endorsed	67.8	
178	Improvement in Status of Surgical Wounds	Endorsed	90.5	
N/A	Improvement in Urinary Incontinence	Not Endorsed		
526	Timely Initiation Of Care	Endorsed	91.3	
518	Depression Assessment Conducted	Endorsed	96.7	MAP recommended removing measures where performance may be topped out.
523	Pain Assessment Conducted	Endorsement Removed		
538	Pressure Ulcer Prevention and Care	Endorsed		
521	Heart Failure Symptoms Addressed during All Episodes of Care	Endorsement Removed		
522	Influenza Immunization Received for Current Flu Season	Endorsed	66.8	
525	Pneumococcal Polysaccharide Vaccine Ever Received	Endorsed	69.3	
N/A	Improvement in Grooming	Not Endorsed		
N/A	Stabilization in Grooming	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Improvement in Upper Body Dressing	Not Endorsed		

NQF #	Measure Title	NQF Status	National Rates	Comments
N/A	Improvement in Lower Body Dressing	Not Endorsed		
N/A	Improvement in Toileting Hygiene	Not Endorsed		
N/A	Stabilization in Bed Transferring	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Improvement in Eating	Not Endorsed		
N/A	Improvement in Light Meal Preparation	Not Endorsed		
N/A	Stabilization in Light Meal Preparation	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Improvement in Phone Use	Not Endorsed		
N/A	Stabilization in Phone Use	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Stabilization in Management of Oral Medications	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Improvement in Urinary Tract Infection	Not Endorsed		
N/A	Improvement in Bowel Incontinence	Not Endorsed		
N/A	Improvement in Speech and Language	Not Endorsed		
N/A	Stabilization in Speech and Language	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Improvement in Confusion Frequency	Not Endorsed		
N/A	Stabilization in Cognitive Functioning	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Improvement in Anxiety Level	Not Endorsed		
N/A	Stabilization in Anxiety Level	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Improvement in Behavior Problem Frequency	Not Endorsed		
N/A	Stabilization in Toilet Transferring	Not Endorsed		MAP recommended removing measures where performance may be topped out.

NQF #	Measure Title	NQF Status	National Rates	Comments
N/A	Stabilization in Toileting Hygiene	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Stabilization in Bed Transferring	Not Endorsed		MAP recommended removing measures where performance may be topped out.
N/A	Emergency Department Use with Hospitalization (OASIS Based)	Not Endorsed		
N/A	Emergent Care for Injury Caused by Fall	Not Endorsed		
N/A	Emergent care for wound infections, deteriorating wound status	Not Endorsed		
N/A	Emergent care for improper medication administration, medication side effects	Not Endorsed		
N/A	Emergent care for hypo/hyperglycemia	Not Endorsed		
N/A	Development of Urinary Tract Infection	Not Endorsed		
N/A	Substantial Decline in 3 or more Activities of Daily Living	Not Endorsed		
N/A	Substantial Decline in Management of Oral Medications	Not Endorsed		
N/A	Discharged to the Community Needing Wound Care or Medication Assistance	Not Endorsed		
N/A	Discharged to the Community Needing Toileting Assistance	Not Endorsed		
N/A	Discharged to the Community with Behavioral Problems	Not Endorsed		
N/A	Discharged to the Community with an Unhealed Stage II Pressure Ulcer	Not Endorsed		
N/A	Depression Interventions Implemented During All Episodes of Care	Not Endorsed		

NQF #	Measure Title	NQF Status	National Rates	Comments
537	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate	Endorsed		
N/A	Pain Interventions In Plan Of Care	Not Endorsed		
519	Diabetic Foot Care and Patient/Caregiver Education Implemented during All Episodes of Care	Endorsed	95.5	MAP recommended removing measures where performance may be topped out.
N/A	Depression Interventions in Plan of Care	Not Endorsed		
N/A	Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing Implemented During All Episodes Of Care	Not Endorsed		
N/A	Drug Education On High Risk Medications Provided To Patient/Caregiver At Start Of Episode	Not Endorsed	94.8	MAP recommended removing measures where performance may be topped out.
N/A	Physician Notification Guidelines Established	Not Endorsed		
N/A	Diabetic Foot Care and Patient Education in Plan of Care	Not Endorsed		
N/A	Influenza Immunization Offered and Refused For Current Flu Season	Not Endorsed		
N/A	Influenza Immunization Contraindicated	Not Endorsed		
N/A	Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care	Not Endorsed		
N/A	Pneumococcal Polysaccharide Vaccine Offered and Refused	Not Endorsed		
N/A	Pneumococcal Polysaccharide Vaccine Contraindicated	Not Endorsed		
N/A	Potential Medication Issues Identified And Timely Physician Contact At Start Of Episode	Not Endorsed		

NQF #	Measure Title	NQF Status	National Rates	Comments
N/A	Potential Medication Issues Identified And Timely Physician Contact During All Episodes Of Care	Not Endorsed		
181	Increase in Number of Pressure Ulcers	Endorsement Removed		MAP recommended removing measures which have lost NQF endorsement.
175	Improvement in Bed Transferring	Endorsed	59.6	
N/A	Improvement in Toilet Transferring	Not Endorsed		
N/A	Stabilization in Bathing	Not Endorsed		
2380	Rehospitalization During the First 30 Days of Home Health	Endorsed		
2505	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health	Endorsed		
517	CAHPS Home Health Care Survey (experience with care)	Endorsed		
678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)	Endorsed		
N/A	Acute Care Hospitalization (OASIS Based)	Not Endorsed		
N/A	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care	Not Endorsed		
N/A	Pain Interventions Implemented during All Episodes of Care	Not Endorsed		

a MAP provided guidance on the CY 2016 Home Health Quality Initiative measure set. Some measures MAP provided input on may already be slated for removal as CMS has determined they are “topped out” or of limited clinical and quality improvement value.

**TABLE C4. HOSPICE QRP CURRENT MEASURE COMMENTS**

NQF #	Measure Title	NQF Status	National Rates	Comments
1638	Dyspnea Treatment	Endorsed		MAP suggested determining the correlation of the process measures currently in the program to outcomes that are important to patients to ensure they are driving the improvements that matter most. MAP also suggested that as outcome measures are available process measures that are no longer driving improvement could be removed from the set to reduce measurement burden
1639	Dyspnea Screening	Endorsed		MAP suggested determining the correlation of the process measures currently in the program to outcomes that are important to patients to ensure they are driving the improvements that matter most. MAP also suggested that as outcome measures are available process measures that are no longer driving improvement could be removed from the set to reduce measurement burden
1637	Pain Assessment	Endorsed		MAP suggested determining the correlation of the process measures currently in the program to outcomes that are important to patients to ensure they are driving the improvements that matter most. MAP also suggested that as outcome measures are available process measures that are no longer driving improvement could be removed from the set to reduce measurement burden
1634	Pain Screening	Endorsed		MAP suggested determining the correlation of the process measures currently in the program to outcomes that are important to patients to ensure they are driving the improvements that matter most. MAP also suggested that as outcome measures are available process measures that are no longer driving improvement could be removed from the set to reduce measurement burden



NQF #	Measure Title	NQF Status	National Rates	Comments
1641	Treatment Preferences	Endorsed		MAP suggested determining the correlation of the process measures currently in the program to outcomes that are important to patients to ensure they are driving the improvements that matter most. MAP also suggested that as outcome measures are available process measures that are no longer driving improvement could be removed from the set to reduce measurement burden
1617	Patients Treated with an Opioid who are Given a Bowel Regimen	Endorsed		MAP suggested determining the correlation of the process measures currently in the program to outcomes that are important to patients to ensure they are driving the improvements that matter most. MAP also suggested that as outcome measures are available process measures that are no longer driving improvement could be removed from the set to reduce measurement burden
1647	Beliefs/Values Addressed (if desired by the patient)	Endorsed		
2651	CAHPS Hospice Survey	Endorsed		
N/A	Hospice Visits When Death is Imminent Measure 1	Not Endorsed		
N/A	Hospice Visits When Death is Imminent Measure 2	Not Endorsed		
N/A	Comprehensive Assessment at Admission	Not Endorsed		

**TABLE C5. SNF QRP CURRENT MEASURE COMMENTS**

NQF #	Measure Title	NQF Status	National Rates	Comments
0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)	Endorsed	1.19%	
0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Endorsed	3.34%	
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 (LTCH Setting)		
N/A	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Not Endorsed	56.93%	
N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed		
N/A	Medicare Spending per Beneficiary – Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed		
N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program.	Not Endorsed		

**TABLE C6. SNF VBP CURRENT MEASURE COMMENTS**

NQF #	Measure Title	NQF Status	National Rates	Comments
2150	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Endorsed		
N/A	Skilled Nursing Facility 30-Day Potentially Preventable Readmission Measure (SNFPPR)	Not Submitted		

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