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Measure Applications Partnership (MAP) Post-Acute Care (PAC)/ Long-Term Care (LTC) Workgroup: 2022 Measure Summary Sheets

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00185-C-HHQR Improvement in Bathing

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	00185-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of home health quality episodes of care during which the patient got better at bathing self.
Numerator	Number of home health quality episodes of care where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care.
Numerator Exclusions	N/A
Denominator	Number of home health quality episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.
Denominator Exclusions	Home health quality episodes of care for which the patient, at start/resumption of care, was able to bath self independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	Home Health Services Compare
Measure Steward	Centers for Medicare & Medicaid Services
Data Reporting Begin Date	Home Health Quality Reporting Program 2021-01-01; Home Health Services Compare 2020-01-01

Field Label	Field Description
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 5
Rationale for Removal Consideration	Rationale for nominations: • Criteria 4. Performance or improvement on the measure does not result in better patient outcomes • Criteria 7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation • Criteria 10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities Notes from survey respondents: • Clarification need, does this exclude patients who don't have a bathing goal? • Challenge with skilled maintenance. Focus on level of assistance only. • Would like to have discussion of which measures of function have strongest relationship to patient outcomes. • Must evaluate whether the patient has a terminal disease where one would not anticipate improvement.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Endorsed
Consensus-Based Entity Number	0174

Field Label	Field Description
History of CBE Endorsement	The NQF Geriatrics and Palliative Care Standing Committee reviewed the measure for endorsement maintenance during the fall 2018 cycle. Votes: 18 Yes, 0 No for Endorsement. Rationale: Recovering independence in bathing is often a rehabilitative goal for home health patients, contributing to patient comfort, hygiene, skin integrity, quality of life and allowing them to live longer in their home environment. This measure, which was originally endorsed in 2009, addresses ADLs for home health patients by assessing improvement in patients' ability to bathe themselves. The Committee agreed that there is evidence of at least one healthcare intervention (e.g., teaching and support of patients and caregivers, environmental modifications, teaching use of assistive equipment, and strategies to mitigate associated pain and fatigue) that can influence the outcome of improvement in bathing. Calendar year data from 2016 indicate an average performance rate of 67.6 percent for home health agencies, and possible disparities in care for nonwhite, younger, and lower-income patients, as well as those living in the Western United States. The Committee noted the Scientific Methods Panel's rating of "Moderate" for both reliability and validity. They also noted that the same concerns voiced for measure 0167 [Improvement in Ambulation/Locomotion] (i.e., regarding the focus on improvement and the exclusion of patients who transfer or die) also apply to this measure. Ultimately, the Committee agreed that the measure meets NQF's criteria for reliability and validity. The Committee noted that the concern regarding potential denial of access, discussed for measure 0167, also applies to this measure.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	This measure has not been reviewed by MAP. This measure was implemented prior to the measures under consideration inception.
Rationale for MAP Recommendation	N/A

Section 4: Performance and Reporting Data

1) Measure performance: Home Health OASIS Measure Monitoring
    a) Measure reportability: The number of home health agencies (HHAs) has decreased over time. Reportability has remained steady.
    b) Performance: Overall
        i) 2019: 82.3%, 2020: 83.6%, 2021: 85.0%

c) Performance subgroup: Geo – rural
    i) 2019: 83.0%, 2020: 83.8%, 2021: 85.0%
d) Performance subgroup: Race – Black
    i) 2019: 80.7%, 2020: 82.6%, 2021: 83.7%
e) Performance subgroup: Race – Other (all other selected races not Black or White)
    i) 2019: 77.1%, 2020: 78.7%, 2021: 80.3%

2) Reporting Data: 2021 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report
    a) Result type: Proportion
    b) Measure direction: Larger results are better
    c) Adjustment applied: None
    d) Trend category: Improving
    e) Average annual percentage change (AAPC): 3.7
    f) AAPC 90% confidence interval: [3.7,3.7]
    g) Score (standard deviation) [provider interquartile range]
        i) 2016: 74.2 (43.8) [29.4]
        ii) 2017: 77.2 (42.0) [29.3]
        iii) 2018: 79.6 (40.3) [29.9]

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	CBE measure submission, 2020: Data used in the measure are generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score). All data elements are in defined fields in electronic clinical data (e.g., clinical registry, nursing home MDS, home health OASIS). OASIS data collection and transmission is a requirement for the Medicare Home Health Conditions of Participation. Information on bathing status used to calculate this measure is recorded in the relevant OASIS items embedded in the agency's clinical assessment as part of normal clinical practice. OASIS data are collected by the home health agency during the care episode and transmitted electronically to the CMS national OASIS repository. No issues regarding availability of data, missing data, timing or frequency of data collection, patient confidentiality, time or cost of data collection, feasibility or implementation have become apparent since OASIS-C was implemented 1/1/2010. Consensus Development Report, 2018: The NQF Geriatrics and Palliative Care Standing Committee noted that the data for this measure are routinely collected during the home health episode of care via the OASIS assessment and thus had no concerns regarding feasibility. This measure is publicly reported on Home Health Compare and is included in the Home Health Star Ratings program and the HHVBP.
Source and Date of Feasibility Data	CBE Measure Submission, 11/09/2020 NQF Geriatrics and Palliative Care, fall 2018 cycle: Consensus Development Report

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	01000-C-HHQR Improvement in Bed Transferring 00183-C-HHQR Improvement in Ambulation-Locomotion 00189-C-HHQR Improvement in Management of Oral Medications

Section 7: Negative Unintended Consequences

The NQF Geriatrics and Palliative Care Standing Committee, fall 2018 cycle, noted concern regarding potential denial of access.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 2
- No (Do Not Support Retaining in Proposed Program) – 5
- Unsure of Retaining in Proposed Program – 1

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not have any rural health concerns.

MAP Health Equity:

One advisory group member noted there could be communication barriers and other disability concerns which undermines the validity of the measure. A different advisory group member stated that understanding what percentage of patients have difficulty bathing would add important context from an equity perspective. Another advisory group member stated from an equity perspective, fewer patients from historically marginalized communities or patients with cultural differences compared to their provider, referred for home health. A different advisory group member agreed there is a programmatic access problem due to a limited population. Overall, the advisory group agreed specifically for the functional outcome measures, there were limited equity implications, however, limitations in access to home health causes challenges when evaluating equity.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Conditional Support for Retaining

Workgroup Rationale

MAP supported retaining the measure in the program with the following conditions: (1) address patients where maintenance is the goal rather than improvement, potentially with exclusions for certain populations, and (2) review the measure for redundancy once the cross-setting functional measure is finalized. The workgroup noted bathing is one part of a whole functional assessment. The workgroup acknowledged concern from the Health Equity Advisory Group about lack of access and referrals to home health for historically marginalized populations.

Public Comments

National Association for Home Care & Hospice (NAHC)

Do you support retaining this measure in the program? Yes, under certain conditions

NAHC's general concern with the improvement measures is that there are no stabilization measures in the HHQRP to balance the emphasis on improvement as a goal for home health patients. Nearly half of all home health patients are admitted from the community which suggests that a large number of patients have chronic conditions for which stabilization, not improvement, is expected.

Public Comments Post-Workgroup Meeting

American Occupational Therapy Association

Do you support retaining this measure in the program? Yes

The American Occupational Therapy Association (AOTA) supports the inclusion of "Improvement in Bathing' as bathing is a vital functional task, and very important to ensuring independence and well-being for those living alone. AOTA agrees with the inclusion of addressing maintenance and caregiver training as well, not just overall improvement in bathing.

00187-C-HHQR Improvement in Dyspnea

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	00187-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of home health episodes of care during which the patient became less short of breath or dyspneic.
Numerator	Number of home health episodes of care where the discharge assessment indicates less dyspnea at discharge than at start (or resumption) of care.
Numerator Exclusions	N/A
Denominator	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.
Denominator Exclusions	Home health episodes of care for which the patient at the start/resumption of care was not short of breath at any time episodes that end with inpatient facility transfer or death.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	Home Health Services Compare
Measure Steward	Centers for Medicare & Medicaid Services
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01; Home Health Services Compare 2020-01-01

Field Label	Field Description
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 6
Rationale for Removal Consideration	Rationale for nominations: • Criteria 1. Measure does not contribute to the overall goals and objectives of the program • Criteria 3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement • Criteria 4. Performance or improvement on the measure does not result in better patient outcomes • Criteria 7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation • Criteria 8. Measure leads to a high level of reporting burden for reporting entities • Criteria 9. Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure Notes from survey respondents: • Is this measure topped? • Must evaluate whether the patient has a terminal disease where one would not anticipate an improvement.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Endorsement Removed
Consensus-Based Entity Number	0179

Field Label	Field Description
History of CBE Endorsement	The NQF Pulmonary and Critical Care Steering Committee reviewed the measure for endorsement maintenance in 2012. The measure did not pass the criterion of Importance to Measure and Report. Votes were: 0 High, 7 Moderate, 7 Low, and 6 Insufficient. Rationale: • Evidence of measures impact, such as number of home care patients impacted and cost are not provided. • Only one published study was cited regarding: impact. The source of the measure developer reference to "70% have some dyspnea" is not clear. • Measure applies to all home health patients and seems overly broad. The Committee suggested that it might be more meaningful if restricted to patients with cardiopulmonary conditions. • The Committee questioned how individual patient improvement due to natural resolution of their original problem (i.e., recovering from surgery, regaining activity level) impact the improvement that is attributable to the home health agency? • The Committee had questions regarding the interpretability of the impact: Does the 58% improved outcome mean that the 42% not improved should have improved due to action on the part of the home health agency? • Trend data over time would help understand the impact of this measure.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	This measure has not been reviewed by MAP. This measure was implemented prior to the measures under consideration inception.
Rationale for MAP Recommendation	N/A

Section 4: Performance and Reporting Data

1) Measure performance: Home Health OASIS Measure Monitoring
    a) Measure reportability: The number of home health agencies (HHAs) has decreased over time. Reportability has remained steady.
    b) Performance: Overall
        i) 2019: 82.8%, 2020: 83.9%, 2021 85.3%
    c) Performance subgroup: Geo – rural
        i) 2019: 82.1%, 2020: 83.0%, 2021 84.3%

d) Performance subgroup: Race – Black
    i) 2019: 82.2%, 84.0%, 85.2%
e) Performance subgroup: Race – other (all other selected races not Black or White)
    i) 2019: 78.4%, 2020: 80.0%, 2021: 82.0%

2) Reporting Data: 2021 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report
    a) Result type: Proportion
    b) Measure direction: Larger results are better
    c) Adjustment applied: None
    d) Trend category: Improving
    e) Average annual percentage change (AAPC): 4.7
    f) AAPC 90% confidence interval: [4.7,4.7]
    g) Score (standard deviation) [provider interquartile range]
        i) 2016: 72.9 (44.5) [30.8]
        ii) 2017: 77.0 (42.1) [31.5]
        iii) 2018: 79.7 (40.2) [30.9]

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	Data used in the measure are generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition. All data elements are in a combination of electronic sources. OASIS data are collected by the home health agency during the care episode as part of the Conditions of Participation, and transmitted electronically to the state and CMS national OASIS repository. No issues regarding availability of data, missing data, timing or frequency of data collection, patient confidentiality, time or cost of data collection, feasibility or implementation have become apparent since OASIS-C was implemented 1/1/2010.
Source and Date of Feasibility Data	CBE Measure Endorsement Submission, 10/19/2012

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	00196-C-HHQR Timely Initiation of Care

Section 7: Negative Unintended Consequences

The 2012 CBE measure endorsement maintenance submission noted inaccuracies may result either due to confusion on the part of the clinician completing the OASIS or intentionally, to manipulate scores on quality measures. CMS has created and disseminated manuals and training materials to maximize

accurate reporting of this data. Data accuracy could be audited through a review of medical records for evidence of relevant orders and implementation. There were no indicated unintended consequences.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 1
- No (Do Not Support Retaining in Proposed Program) – 5
- Unsure of Retaining in Proposed Program – 1

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not have any rural health concerns.

MAP Health Equity:

One advisory group member stated there were no health equity concerns with the measure. Advisory group members did not mention any health equity concerns for this specific measure, however, the advisory group agreed specifically for the functional outcome measures, limitations in access to home health causes challenges when evaluating equity.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Conditional Support for Retaining

Workgroup Rationale

MAP supported retaining the measure in the program with the following conditions: (1) CBE endorsement, (2) reassess the measure components within OASIS, and (3) reevaluate the measure's reliability and how dyspnea is reported. The workgroup noted the potential for subjectivity in the measure as assessment scores are established by observation. The workgroup acknowledged concern from the Health Equity Advisory Group about inequities in referrals to home health.

Public Comments

No public comments received.

Public Comments Post-Workgroup Meeting

American Occupational Therapy Association

Do you support retaining this measure in the program? Yes

The American Occupational Therapy Association (AOTA) supports the inclusion of 'Improvement in Dyspnea' in the Home Health Measure Set. Dyspnea can be a limiting factor in participation in self-care and activities of daily living, and is important to address with this population. AOTA would support a measure of improvement in episodes of dyspnea or improvement in activity tolerance as a performance measure as well.

00189-C-HHQR Improvement in Management of Oral Medications

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	00189-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly (by mouth).
Numerator	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.
Numerator Exclusions	N/A
Denominator	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in taking oral medications correctly at discharge than at start (or resumption) of care.
Denominator Exclusions	Home health episodes of care for which the patient at start/resumption of care was able to take oral medications correctly without assistance or supervision episodes that end with inpatient facility transfer or death or patient is nonresponsive or patient has no oral medications prescribed.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	Home Health Services Compare
Measure Steward	Centers for Medicare & Medicaid Services

Field Label	Field Description
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01; Home Health Services Compare 2020-01-01
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 4
Rationale for Removal Consideration	Rationale for nominations: • Criteria 7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation • Criteria 8. Measure leads to a high level of reporting burden for reporting entities • Criteria 10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities Notes from survey respondents: • Would like to know distribution on these assessor reported data. • Stabilizing management should be considered success not just improvement. • Must evaluate whether the patient has a terminal disease where one would not anticipate an improvement.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Endorsed
Consensus-Based Entity Number	0176
History of CBE Endorsement	The NQF Geriatrics and Palliative Care Standing Committee reviewed the measure for endorsement maintenance, fall 2018 cycle. Votes: 18 Yes, 0 No for Endorsement Rationale: A person's ability to independently manage oral medications reliably and safely is an important factor in patient safety, the effectiveness of the patient's treatment regimen, and health-related outcomes. This measure, which was originally endorsed in 2009, addresses activities of daily living (ADLs) for home health patients by assessing improvement in patients' abilities to manage their oral medications.

Field Label	Field Description
	The Committee agreed that there is evidence of at least one healthcare intervention (e.g., use of reminder strategies; phone follow-up; repetition of medication education during the home health episode of care; and use of medication simplification strategies for patients taking multiple medications) that can influence the outcome of improvement in oral medication management. Calendar year data from 2016 indicate an average performance rate of 54.3 percent for home health agencies, and possible disparities in care for nonwhite, younger, and lower-income patients, as well as those living in the Western U.S. The Committee noted the Scientific Methods Panel's rating of "Moderate" for both reliability and validity. They also noted that the same concerns voiced for measure 0167 [Improvement in Ambulation/Locomotion] (i.e., regarding the focus on improvement and the exclusion of patients who transfer or die) also apply to this measure. Ultimately, the Committee agreed that the measure meets NQF's criteria for reliability and validity.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	This measure has not been reviewed by MAP. This measure was implemented prior to the measures under consideration inception.
Rationale for MAP Recommendation	N/A

Section 4: Performance and Reporting Data

1) Measure performance: Home Health OASIS Measure Monitoring
    a) Measure reportability: The number of home health agencies (HHAs) has decreased over time. Reportability has remained steady.
    b) Performance: Overall
        i) 2019: 74.2%, 2020: 77.1%, 2021: 79.2%
    c) Performance subgroup: Geo – rural
        i) 2019: 76.1%, 2020: 78.4%, 2021: 80.1%
    d) Performance subgroup: Race – Black
        i) 2019: 74.7%, 2020: 77.6%, 2021: 79.4%
    e) Performance subgroup: Race – other (all other selected races not Black or White)
        i) 2019: 66.0%, 2020: 69.3%, 2021: 71.9%
2) Reporting Data: 2021 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report
    a) Result type: Proportion
    b) Measure direction: Larger results are better
    c) Adjustment applied: None
    d) Trend category: Improving

e) Average annual percentage change (AAPC): 6.8
f) AAPC 90% confidence interval: [6.7,6.8]
g) Score (standard deviation) [provider interquartile range]
    i) 2016: 60.9 (48.8) [32.2]
    ii) 2017: 65.7 (47.5) [34.2]
    iii) 2018: 69.4 (46.1) [36.6]

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	CBE measure submission, 2020: Data used in the measure are generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score). All data elements are in defined fields in electronic clinical data (e.g., clinical registry, nursing home MDS, home health OASIS). CDP report, 2018: The NQF Geriatrics and Palliative Care Standing Committee noted that the data for this measure are routinely collected during the home health episode of care via the OASIS assessment and thus had no concerns regarding feasibility. This measure is publicly reported on Home Health Compare and is included in the Home Health Star Ratings program, the HHQRP, and the HHVBP. The Committee noted that the concern regarding potential denial of access, discussed for measure 0167, also applies to this measure.
Source and Date of Feasibility Data	CBE Measure Submission, 11/9/2020 NQF Geriatrics and Palliative Care, fall 2018 cycle: Consensus development process (CDP) report

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	01000-C-HHQR Improvement in Bed Transferring 00183-C-HHQR Improvement in Ambulation-Locomotion

Section 7: Negative Unintended Consequences

There were no indicated negative unintended consequences on the 2020 CBE measure submission.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 6
- No (Do Not Support Retaining in Proposed Program) – 2
- Unsure of Retaining in Proposed Program – 0

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

An advisory group member noted rural populations perform slightly better on the measure, but similar to other measures in this program, there is no stratification for patients who cannot expect to perform this function or for whom management of oral medications is not part of their goals of care. Another advisory group member stated that a patient's ability to independently manage oral medications reliably and safely is critical to patient safety, and this is especially important for underserved and rural populations to prevent hospitalizations and acute care.

MAP Health Equity:

Advisory group members did not mention any health equity concerns for this specific measure, however, the advisory group agreed specifically for the functional outcome measures, limitations in access to home health causes challenges when evaluating equity.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Conditional Support for Retaining

Workgroup Rationale

MAP supported retaining the measure in the program with the condition to address patient populations who would not exhibit improvement, potentially through exclusions. The workgroup acknowledged the importance of the measure for safety and adherence. The workgroup acknowledged concerns from the Health Equity Advisory group about lack of access and referrals to home health for historically marginalized populations.

Public Comments

No public comments received.

Public Comments Post-Workgroup Meeting

No public comments received.

00196-C-HHQR Timely Initiation of Care

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	00196-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of home health quality episodes in which the start or resumption of care (SOC/ROC) date was on the physician-ordered SOC/ROC date (if provided), otherwise was within 2 days of the referral date or inpatient discharge date, whichever is later.
Numerator	Number of home health quality episodes in which the start or resumption of care date was on the physician-ordered SOC/ROC date (if provided), otherwise was within 2 days of the referral date or inpatient discharge date.
Numerator Exclusions	N/A
Denominator	Number of home health quality episodes ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Denominator Exclusions	N/A
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	Home Health Services Compare
Measure Steward	Centers for Medicare & Medicaid Services
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01; Home Health Services Compare 2020-01-01

Field Label	Field Description
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 5
Rationale for Removal Consideration	Rationale for nominations: • Criteria 1. Measure does not contribute to the overall goals and objectives of the program • Criteria 3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement • Criteria 4. Performance or improvement on the measure does not result in better patient outcomes • Criteria 7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation • Criteria 10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities Notes from survey respondents: • Is this measure topped? • Some measure of timeliness is important. • I like this measure.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Endorsement Removed
Consensus-Based Entity Number	0526
History of CBE Endorsement	The measure developer did not resubmit this measure for maintenance review in 2016; therefore, NQF removed endorsement.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	This measure has not been reviewed by MAP. This measure was implemented prior to the measures under consideration inception.

Field Label	Field Description
Rationale for MAP Recommendation	N/A

Section 4: Performance and Reporting Data

1) Measure performance: Home Health OASIS Measure Monitoring
    a) Measure reportability: The number of home health agencies (HHAs) has decreased over time. Reportability has remained steady.
    b) Performance: Overall
        i) 2019: 95.6%, 2020: 95.8%, 2021: 95.6%
    c) Performance subgroup: Geo – rural
        i) 2019: 96.8%, 2020: 96.8%, 2021: 96.6%
    d) Performance subgroup: Race – Black
        i) 2019: 94.3%, 2020: 94.6%, 2021: 94.8%
    e) Performance subgroup: Race – Other (all other selected races not Black or White)
        i) 2019: 94.1%, 2020: 94.7%, 2021: 94.4%
2) Reporting Data: 2021 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report
    a) Result type: Proportion
    b) Measure direction: Larger results are better
    c) Adjustment applied: None
    d) Trend category: Stable
    e) Average annual percentage change (AAPC): 0.8
    f) AAPC 90% confidence interval: [0.8,0.8]
    g) Score (standard deviation) [provider interquartile range]
        i) 2016: 93.3 (24.9) [9.3]
        ii) 2017: 94.0 (23.7) [9.0]
        iii) 2018: 95.0 (21.7) [8.8]

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	Data used in this measure are generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition. All data elements are in defined fields in a combination of electronic sources. OASIS data are collected by the home health agency during the care episode as part of the Conditions of Participation, and transmitted electronically to the state and CMS national OASIS repository. No issues regarding availability of data, missing data, timing or frequency of data collection, patient confidentiality, time or cost of data collection, feasibility or implementation have become apparent since OASIS-C was implemented 1/1/2010.
Source and Date of Feasibility Data	CBE Measure Submission, 12/2/2016

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	00187-C-HHQR Improvement in Dyspnea

Section 7: Negative Unintended Consequences

The 2016 CBE measure submission noted inaccuracies may result either due to confusion on the part of the clinician completing the OASIS or intentionally, to manipulate scores on quality measures. CMS has created and disseminated manuals and training materials to maximize accurate reporting of this data. Data accuracy could be audited through a review of medical records for evidence of relevant orders and implementation. There were no indicated unintended consequences.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 2
- No (Do Not Support Retaining in Proposed Program) – 7
- Unsure of Retaining in Proposed Program – 0

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not specify any rural health concerns.

MAP Health Equity:

The advisory group members did not specify any health equity concerns.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Conditional Support for Retaining

Workgroup Rationale

MAP supported retaining the measure in the program with the following conditions: (1) clarifying the definition of a valid referral and referral start time, and (2) CBE endorsement. The workgroup acknowledged the importance of timely home health care, but agreed there are challenges finding home health agencies to provide services during the COVID-19 public health emergency. The workgroup acknowledged the concern raised by a member of the Health Equity Advisory Group at the workgroup meeting about lack of access and referrals to home health for historically marginalized populations.

Public Comments

National Association for Home Care & Hospice (NAHC)

Do you support retaining this measure in the program? No

NAHC supports the removal of this measure. Confusion around the starting point for this measure (receipt of a valid referral) has persisted since the measure was first introduced. This confusion leads to inconsistent responses among agencies and questionable reliability of the measure.

Public Comments Post-Workgroup Meeting

No public comments received.

00212-C-HHQR Influenza Immunization Received for Current Flu Season

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	00212-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of home health quality episodes of care during which patients received influenza immunization for the current flu season.
Numerator	Number of home health quality episodes of care during which the patient a) received vaccination from the HHA or b) had received vaccination from HHA during earlier episode of care, or c) was determined to have received vaccination from another provider.
Numerator Exclusions	N/A
Denominator	Number of home health quality episodes of care ending with a discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions.
Denominator Exclusions	Home health quality episodes for which no care was provided during October 1 March 31, OR the patient died, or the patient does not meet age/condition guidelines for influenza vaccine.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	Home Health Services Compare
Measure Steward	Centers for Medicare & Medicaid Services

Field Label	Field Description
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01; Home Health Services Compare 2020-01-01
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 6
Rationale for Removal Consideration	Rationale for nominations: • Criteria 3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement • Criteria 6. Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation • Criteria 7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation Notes from survey respondents: • This measure may be difficult for the HHA to have control over, can't act on this. • I like this measure. (*did not vote for measure, but entered comment).

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Endorsement Removed
Consensus-Based Entity Number	0522
History of CBE Endorsement	The measure developer did not resubmit this measure for maintenance review in 2016; therefore, NQF removed endorsement.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	This measure has not been reviewed by MAP. This measure was implemented prior to the measures under consideration inception.
Rationale for MAP Recommendation	N/A

Section 4: Performance and Reporting Data

1) Measure performance: Home Health OASIS Measure Monitoring
    a) Measure reportability: The number of home health agencies (HHAs) has decreased over time. Reportability has remained steady.
    b) Performance: Overall
        i) 2019: 78.9%, 2020: 79.0%, 2021: 79.4%
    c) Performance subgroup: Geo – rural
        i) 2019: 77.5%, 2020: 77.0%, 2021: 77.3%
    d) Performance subgroup: Race – Black
        i) 2019: 73.8%, 2020: 73.8%, 2021: 73.9%
    e) Performance subgroup: Race – Other (all other selected races not Black or White)
        i) 2019: 74.1%, 2020: 74.6%, 2021: 74.3%
2) Reporting Data: 2021 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report
    a. Result type: Proportion
    b. Measure direction: Larger results are better
    c. Adjustment applied: None
    d. Trend category: Improving
    e. Average annual percentage change (AAPC): 2.2
    f. AAPC 90% confidence interval: [2.2,2.2]
    g. Score (standard deviation) [provider interquartile range]
        i. 2016: 76.0 (42.7) [26.5]
        ii. 2017: 78.1 (41.4) [24.6]
        iii. 2018: 78.5 (41.1) [23.0]

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	Data used in the measure are generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition; and coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims). Specified data elements are available electronically in defined fields. No issues regarding availability of data, missing data, timing or frequency of data collection, patient confidentiality, time or cost of data collection, feasibility or implementation have become apparent since OASIS-C was implemented 1/1/2010.
Source and Date of Feasibility Data	CBE Measure Endorsement Submission, 8/24/2016

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	There are no similar measures in the program listed in CMIT.

Section 7: Negative Unintended Consequences

The 2016 CBE measure submission noted inaccuracies may result either due to confusion/lack of training on the part of the clinician completing the OASIS or intentionally, to manipulate scores on quality measures. CMS has created and disseminated manuals and training materials to maximize accurate reporting of this data. Data accuracy could be audited through a review of claims related to immunizations. There were no indicated unintended consequences.

Section 8: Additional Information

NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 5
- No (Do Not Support Retaining in Proposed Program) – 2
- Unsure of Retaining in Proposed Program – 0

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group noted the potential lack of vaccine accessibility in rural settings.

MAP Health Equity:

An advisory group member stated when examining flu vaccination rates between 2019 and 2021, the rate remained around 79 percent, however, there are certain races and ethnicities that demonstrate lower rates. The advisory group member noted, from an equity perspective, the measure may highlight complications in accessing or scheduling vaccinations.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Conditional Support for Retaining

Workgroup Rationale

MAP supported retaining the measure in the program with the following conditions: (1) CBE endorsement, and (2) review how the measure addresses patients who do not receive the vaccine, as covered by items 4, 5, and 7 in the survey. The workgroup acknowledged the importance of vaccines, but questioned if this was the right measure. The workgroup acknowledged comments from the Rural Health Advisory Group about potential lack of vaccine accessibility in rural settings.

Public Comments

No public comments received.

Public Comments Post-Workgroup Meeting

No public comments received.

01000-C-HHQR Improvement in Bed Transferring

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	01000-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of home health quality episodes of care during which the patient improved in ability to get in and out of bed.
Numerator	Number of home health quality episodes of care where the value recorded on the discharge assessment indicates less impairment in bed transferring at discharge than at start (or resumption) of care.
Numerator Exclusions	N/A
Denominator	Number of home health quality episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.
Denominator Exclusions	Home health quality episodes of care for which the patient at start/resumption of care was able to transfer independently episodes that end with inpatient facility transfer or death or patient is unresponsive.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	Home Health Services Compare
Measure Steward	Centers for Medicare & Medicaid Services
Data Reporting Begin Date	Home Health Quality Reporting Program 2021-01-01; Home Health Services Compare 2020-01-01

Field Label	Field Description
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 5
Rationale for Removal Consideration	Rationale for nominations: • Criteria 2. Measure is duplicative of other measures within the same program • Criteria 4. Performance or improvement on the measure does not result in better patient outcomes • Criteria 5. Measure does not reflect current evidence • Criteria 9. Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure • Criteria 10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities Notes from survey respondents: • Issues with skilled maintenance. • Examine pros/cons of targeted functional measures, composite measures rather than separate measures of functional outcomes. • I like this measure.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Endorsed
Consensus-Based Entity Number	0175

Field Label	Field Description
History of CBE Endorsement	The NQF Geriatrics and Palliative Care Standing Committee reviewed the measure for endorsement maintenance, fall 2018 cycle. Votes: 18 Yes, 0 No for Endorsement Rationale: Recovering independence in bed transferring is often a rehabilitative goal for home health patients, contributing to improved quality of life and allowing them to live as long as possible in their home environment. This measure, which was originally endorsed in 2009, addresses activities of daily living (ADLs) for home health patients by assessing improvement in patients' ability to get in and out of bed. The Committee agreed that there is evidence of at least one healthcare intervention (e.g., physical therapy, occupational therapy aimed at physical exercise, and behavioral interventions) that can influence the outcome of improvement in bed transferring. Calendar year data from 2016 indicate an average performance rate of 61.3 percent for home health agencies, and possible disparities in care for nonwhite, younger, and lower-income patients, as well as those living in the Western United States. The Committee noted the Scientific Methods Panel's rating of "Moderate" for both reliability and validity. They also noted that the same concerns voiced for measure 0167 [Improvement in Ambulation/Locomotion] (i.e., regarding the focus on improvement and the exclusion of patients who transfer or die) also apply to this measure. Ultimately, the Committee agreed that the measure meets NQF's criteria for reliability and validity.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	This measure has not been reviewed by MAP. This measure was implemented prior to the measures under consideration inception.
Rationale for MAP Recommendation	N/A

Section 4: Performance and Reporting Data

1) Measure performance: Home Health OASIS Measure Monitoring
    a) Measure reportability: The number of home health agencies (HHAs) has decreased over time. Reportability has remained steady.
    b) Performance: Overall
        i) 2019: 81.2%, 2020: 82.5%, 2021: 84.0%
    c) Performance subgroup: Geo – rural
        i) 2019: 81.1%, 2020: 82.3%, 2021: 83.6%

d) Performance subgroup: Race – Black
    i) 2019: 78.6%, 2020: 80.8%, 2021: 82.1%
e) Performance subgroup: Race – Other (all other selected races not Black or White)
    i) 2019: 73.3%, 2020: 75.4%, 2021: 77.6%

2) Reporting Data: 2021 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report
    a) Result type: Proportion
    b) Measure direction: Larger results are better
    c) Adjustment applied: None
    d) Trend category: Improving
    e) Average annual percentage change (AAPC): 6.9
    f) AAPC 90% confidence interval: [6.9,6.9]
    g) Score (standard deviation) [provider interquartile range]
        i) 2016: 68.1 (46.6) [38.2]
        ii) 2017: 73.6 (44.1) [40.5]
        iii) 2018: 77.5 (41.8) [42.3]

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	CBE measure submission, 2020: Data used in the measure are generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score). All data elements are in defined fields in electronic clinical data (e.g., clinical registry, nursing home MDS, home health OASIS). OASIS data collection and transmission is a requirement for the Medicare Home Health Conditions of Participation. Information on bed transferring status used to calculate this measure is recorded in the relevant OASIS items embedded in the agency's clinical assessment as part of normal clinical practice. OASIS data are collected by the home health agency during the care episode and transmitted electronically to the CMS national OASIS repository. No issues regarding availability of data, missing data, timing or frequency of data collection, patient confidentiality, time or cost of data collection, feasibility or implementation have become apparent since OASIS-C was implemented 1/1/2010. Technical report, 2018: The NQF Geriatrics and Palliative Care Standing Committee noted that the data for this measure are routinely collected during the home health episode of care via the OASIS assessment and thus had no concerns regarding feasibility. This measure is publicly reported on Home Health Compare and is included in the Home Health Star Ratings program and the HHVBP.
Source and Date of Feasibility Data	CBE Measure Submission, 2/10/2020 NQF Geriatrics and Palliative Care, fall 2018 cycle, technical report

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	00183-C-HHQR Improvement in Ambulation-Locomotion 00185-C-HHQR Improvement in Bathing

Section 7: Negative Unintended Consequences

There were no indicated negative unintended consequences on the 2020 CBE measure submission.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 6
- No (Do Not Support Retaining in Proposed Program) – 2
- Unsure of Retaining in Proposed Program – 0

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not specify any rural health concerns.

MAP Health Equity:

An advisory group member stated the improvement component of the measure may not be the correct standard for someone with a disability, and a more fitting standard may be maintenance of current functionality.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Conditional Support for Retaining

Workgroup Rationale

MAP supported retaining the measure in the program with the condition to evaluate populations where there would not be an expectation of improvement, but rather maintenance. The workgroup noted no issues with variability of the measure's data, but differences in overall outcomes indicating there may be disparities for patients who are non-White, younger, lower income, and living in the western United States. The workgroup noted the concern raised by a member of the Rural Health Advisory Group at the workgroup meeting regarding the correct standard for an individual with a disability.

Public Comments

No public comments received.

Public Comments Post-Workgroup Meeting

American Occupational Therapy Association

Do you support retaining this measure in the program? Yes

The American Occupational Therapy Association (AOTA) supports this measure, as bed transfers are a significant area of difficulty for some clients in the home environment. Safely transferring out of bed is important in limiting falls and possible injury. AOTA agrees with the inclusion of addressing maintenance and caregiver training as well, not just overall improvement in bed transferring.

02943-C-HHQR Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	02943-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	The assessment of the Medicare spending of a home health agency's MSPB-PAC HH episodes, relative to the Medicare spending of the national median home health agency's MSPB-PAC HH episodes across the same performance period. Note: An MSPB-PAC HH measure score of less than 1 indicates that a given home health agency's resource use is less than that of the national median home health agency during the same performance period.
Numerator	The numerator is called the MSPB-PAC Amount. This is the average observed over expected (as predicted through risk adjustment) Medicare spending for a home health agency's MSPB-PAC HHs episodes, multiplied by the national average MSPB-PAC HH spending. MSPB-PAC HH episodes include the Medicare spending for Parts A and B services during the episode window, subject to certain exclusions for clinically unrelated services. These exclusions are for services that are clinically unrelated to post-acute care treatment or services over which home health agencies may have limited to no influence (e.g., routine management of certain preexisting chronic conditions). The episode window consists of a treatment period (days 1-60 of the home health Medicare FFS claim, or day 1 to discharge for a claim subject to a PEP adjustment) and an associated services period (day 1 of the home health claim through to 30 days after the end of the treatment period).
Numerator Exclusions	N/A
Denominator	The denominator for MSPB-PAC measure is the episode-weighted national median of the MSPB-PAC Amounts across all HHAs.

Field Label	Field Description
Denominator Exclusions	Episodes triggered by a claim outside the 50 states, D.C., Puerto Rico, and U.S. territories. Episodes where the claim(s) constituting the attributed HHAs treatment have a standard allowed amount of zero or where the standard allowed amount cannot be calculated. Episodes where the patient is not continuously enrolled in Medicare FFS for the 90 days before the episode trigger (lookback period) through to the end of the episode window, or is enrolled in Part C for any part of this period. This includes cases where the beneficiary dies during this period. Episodes in which a patient has a primary payer other than Medicare during the 90-day lookback period or episode window. Episodes where the claim(s) constitution the attributed HHAs treatment includes a non-PPS related condition code. Episodes triggered by a RAP claim. Episodes with outlier residuals below the 1st percentile or above the 99th percentile of the residual distribution.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	Home Health Compare
Measure Steward	Centers for Medicare & Medicaid Services
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01; Home Health Compare 2020-01-01
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 7

Field Label	Field Description
Rationale for Removal Consideration	Rationale for nominations: • Criteria 3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement • Criteria 4. Performance or improvement on the measure does not result in better patient outcomes • Criteria 10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities Notes from survey respondents: • Need more data to evaluate this measure. Measure seems to incentivize spending less per patient, which could have unintended consequences. • Concern that it only looks at Medicare FFS cost, which in some markets in negligible. • Note that measure is required by statute; are there any pending measures of cost/spending that provide more insight into the relationship between quality and cost.

Section 2: Consensus-Based Entity (CBE) Endorsement History

CBE Endorsement Status

Not Endorsed

Consensus-Based Entity Number

9999

History of CBE Endorsement

The NQF Cost and Efficiency Standing Committee reviewed the measure for endorsement during the spring 2020 cycle as NQF #3564. The measure did not meet the Scientific Acceptability criteria. Committee votes on validity: 0 High, 9 Moderate, 7 Low, 0 Insufficient.

Rationale:

- The Standing Committee reviewed the empirical validity testing data showing a positive relationship between MSPB and known indicators of resource or service utilization.
    - The mean observed-to-expected cost ratio for episodes without a hospital admission is 0.68, compared with 2.31 for episodes with at least one hospital admission during the episode period (p-value<0.0001).
    - The mean observed-to-expected cost ratio for episodes without an ER visit is 0.89, compared to 1.39 for episodes with at least one ER visits (p-value<0.0001). They also observed a positive relationship between the mean observed-to-expected cost ratio and the number of hospitalizations/ER visits as hypothesized.
- The Standing Committee reviewed the developer's findings, including the following:

  - a small but significant negative association between the measure scores and the DTC) measure scores as hypothesized and a very small but statistically significant correlation (Pearson -0.240; Spearman -0.250) between the measure scores and DTC measure scores
  - a small positive correlation between the measure scores and Acute Care Hospitalization (ACH) scores (Pearson 0.298; Spearman 0.305)
  - a small but significant positive correlation between the measure scores and the various functional improvement scores as hypothesized (Pearson correlations ranging from 0.075 to 0.163; Spearman ranged from 0.041 to 0.152)
- The Standing Committee noted that the developer reported 19.8% of episodes were excluded because of one or more exclusion criteria.
- This measure was reviewed by the SMP, which passed the measure on validity.
- Several Standing Committee members raised concerns that the developer reported a low overall risk adjustment r-squared of 0.092.
- The Standing Committee raised concerns regarding the developer's exclusion of social risk factors in the overall risk adjustment model, given that these factors were statistically significant. The developer noted that the dual eligibility in the social risk factor testing actually carries a negative coefficient, which would lower expected cost. The developer also noted that this would penalize providers for taking care of dual-eligible beneficiaries' certain episodes.
- The Standing Committee also raised concerns that the approach to characterizing patient risk for the expected cost is not aligned with the approach to handling payment for HHAs.
- The Standing Committee was concerned that HHAs may not be able to control costs that resulted after their care and questioned the developer's decision to utilize a 60-day episode period. The developer clarified that as the measure emphasized upstream intervention and coordination of care, the costs associated with the amount of care needed during hospitalization or ED can be influenced by HH. The developer clarified that though home healthcare tended to be long term, the first 60 days of HHA care is a strong indicator of downstream outcomes.
- Though the SMP passed this measure on validity (H-3; M-3; L-1; I-1), the Standing Committee was unable to come to a consensus on this sub-criterion due to the threats to validity raised above during the measure evaluation meeting.
- The Standing Committee revoted on this criterion during the post-comment web meeting and voted to not pass the measure on validity.
- The developer submitted a reconsideration request for this measure.
- The Consensus Standards Approval Committee (CSAC) upheld the Standing Committee's decision not to recommend the measure for endorsement.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	Date reviewed: 2015-2016 Recommendation: Encourage Continued Development

Field Label	Field Description
Rationale for MAP Recommendation	Members noted the importance of balancing cost measures with quality and access. Although the MAP encouraged continued development, they did note concerns about the potential for unintended consequences. In particular, the group raised concerns about issues of premature discharges and ability to make comparisons across providers. The group noted this could put a tremendous burden on family caregivers who may have to care for a patient they are not fully able to support. Members noted the need to consider risk adjustment for severity and socioeconomic status and urged CMS to incorporate functional status assessments into risk adjustment models to promote improvements. MAP requested consideration in the finalization of specifications to ensure costs are not double-counted between care settings; and recommended submission to NQF for endorsement. The MAP noted the measure was never fully specified before the PAC/LTC workgroup deliberations and the current specifications were released in mid-January with public comment period closing Jan 27th. It was noted that the measures double count costs between providers and is inconsistent with IMPACT act to develop comparable resource measures of PAC providers. While the MAP's final decision was to recommend continued development, there was a level of discomfort in this decision expressed by a number of Members.

Section 4: Performance and Reporting Data

1) Measure Performance: HH QRP Cross-Setting Measure Monitoring
    a) Performance summary: observed average
        i) 2019Q1: $11,808; 2020Q2: $10,587; change: -10.35%
    b) Performance summary: adjusted average
        i) 2019Q1: $11,334; 2020Q2: $11,722; change: 3.43%

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	Data used in the measure are coded by someone other than the person obtaining original information (e.g., DRG, ICD-9 codes on claims). All data elements are in defined fields in a combination of electronic sources. This measure uses Medicare Enrollment data and Medicare FFS claims from the home health, inpatient, outpatient, and physician office settings claims data, which are routinely collected for payment purposes. These data are electronically available from the Centers for Medicare & Medicaid Services (CMS) at no cost beyond that of data processing and can be used to specify, publicly report, and track the measure in a timely fashion. Since data are already collected as part of Medicare's payment process, this measure poses no additional data collection burden to providers, and because claims are used for payment, data are complete and subject to audit.
Source and Date of Feasibility Data	CBE Measure Submission, 4/29/2020

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	There are no similar measures in the program listed in CMIT.

Section 7: Negative Unintended Consequences

The MAP review noted concerns about the potential for unintended consequences. In particular, the group raised concerns about issues of premature discharges and ability to make comparisons across providers. The group noted this could put a tremendous burden on family caregivers who may have to care for a patient they are not fully able to support.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 5
- No (Do Not Support Retaining in Proposed Program) – 3

- Unsure of Retaining in Proposed Program – 1

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not have any rural health concerns.

MAP Health Equity:

An advisory group member expressed concern that the measure may incentivize home health agencies to spend less on certain patient populations. An advisory group member raised concern that stratifying the measure would reveal less spending on certain populations.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Support for Removal

Workgroup Rationale

MAP supported removing the measure from the program. The workgroup noted the CBE's standing committee's decision to not endorse the measure based on lack of scientific acceptability. The workgroup suggested connecting cost with outcomes, such as moving towards a value-based metric. The workgroup acknowledged the concerns raised by a member of the Rural Health Advisory Group at the workgroup meeting about the validity of the measure and the small sample size in rural populations.

Public Comments

National Association for Home Care & Hospice (NAHC)

Do you support retaining this measure in the program? No

NAHC supports the removal of this measure. MSPB is not a measure of quality and therefore does not belong in a quality measure set. Additionally, there is no correlation with MSPB and quality of care or appropriate resource utilization.

Public Comments Post-Workgroup Meeting

No public comments received.

02944-C-HHQR Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	02944-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	This measure assesses successful discharge to the community from HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge. It assesses a HHA's risk-standardized rate of Medicare FFS patients who are discharged to the community following a HH episode, and do not have an unplanned admission to an acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home/self-care, without home health services, based on Patient Discharge Status Codes 01 and 81 on the Medicare FFS claim.
Numerator	The risk-adjusted estimate of the number of patients who are discharged to the community, do not have an unplanned admission to an acute care hospital or LTCH in the 31-day post-discharge observation window, and who remain alive during the post discharge observation window.
Numerator Exclusions	N/A
Denominator	Number of home health stays that begin during the 2-year observation period that meet the measure inclusion criteria. The denominator for the discharge to community measure is the risk-adjusted expected number of discharges to community.

Field Label	Field Description
Denominator Exclusions	The post-PAC discharge PPR measures are based on Medicare FFS claims data and include HH discharges to non-hospital post-acute levels of care or to the community. The observation window is 30-days after discharge from a HHA; this window of observation excludes the day of discharge and the day thereafter (i.e. the 30 days starts 2 days after the discharge date). Stays ending in transfers to the same level of care or acute hospitals are excluded. Only PAC stays where patients had a short-term acute care stay within 30 days prior to the PAC admission date are included in the measures. Prior proximal hospital stays are defined as an inpatient admission to an acute care hospital (including IPPS, CAH, or a psychiatric hospital). 1) Patients who died during the HH stay. 2) Patients less than 18 years old. 3) Patients who were transferred at the end of a stay to another HHA or short-term acute care hospital. 4) Patients not continuously enrolled in Parts A and B FFS Medicare (or those enrolled in Part C Medicare Advantage) for the 12 months prior to the post-acute admission date, and at least 31 days after the post-acute discharge date. 5) Patients who did not have a short-term acute-care stay within 30 days prior to a HH admission date. 6) Patients who are not discharged to the community. 7) Patients/residents discharged against medical advice (AMA). 8) Patients for whom the prior short-term acute-care stay was for nonsurgical treatment of cancer. 9) Patients who were transferred to a federal hospital from the HHA.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	N/A
Measure Steward	Centers for Medicare & Medicaid Services
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 4

Field Label	Field Description
Rationale for Removal Consideration	Rationale for nominations: • Criteria 1. Measure does not contribute to the overall goals and objectives of the program • Criteria 2. Measure is duplicative of other measures within the same program • Criteria 3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement • Criteria 5. Measure does not reflect current evidence • Criteria 8. Measure leads to a high level of reporting burden for reporting entities • Criteria 9. Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure • Criteria 10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities Notes from survey respondents: • Would like to look at set of measures related to hospitalizations during home health; which have strongest relationship to outcomes, most effective timeframe for measuring. Hospitalization rates required by statute - which would drive quality improvement the most? • This is important but a burden to report.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Endorsed
Consensus-Based Entity Number	3477

Field Label	Field Description
History of CBE Endorsement	The NQF Patient Experience and Function Standing Committee reviewed the measure for initial endorsement, fall 2018 cycle. Votes: 16 Yes, 0 No for Endorsement Rationale: NQF 3477 is a new outcome measure, one of a set of four submitted during this project's review cycle that assesses successful discharge to the community from a home health agency (HHA). Successful discharge requires no unplanned hospitalizations or deaths in the 31 days following discharge. During their discussion, the Committee agreed that for consumers, discharge to the community is very important, and it is critical to assess these discharge rates. This measure would allow consumers to evaluate the efficacy of different home health agencies. However, Committee members noted that the measure is extremely complex and did note concerns that it would be hard for consumers to understand. The developer stated that a plain language version is available on the "Compare" websites. The Committee agreed there is a performance gap. The Scientific Methods Panel reviewed this outcome measure for Reliability and Validity. While the Methods Panel noted that the data element level testing was insufficient, the measure passed because score level testing was provided. The Committee had some concerns about the lack of risk adjustment for dual eligible status; the developer explained it was a CMS policy decision not to include dual eligibles, but that will be examined in the future as the data become available.

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	Date reviewed: 2015 Recommendation: Encourage continued development

Field Label	Field Description
Rationale for MAP Recommendation	MAP noted that available discharge codes and coding practices could cause confusion about the results of this measure and could also introduce validity concerns. MAP asked for greater clarity about the intent of these measures, especially how they may impact patients and consumers. MAP members raised concerns about the multiple ways that readmissions are being measured and noted that a provider could potentially be penalized multiple times for the same occurrence. MAP noted the need for excluding patients who are admitted to hospice to prevent discouraging discharges to hospice. MAP also noted that discharge to community can reflect access to social support and the measure may need to reflect this. MAP indicated the need for these measures to be submitted for NQF review and endorsement to address psychometric concerns about the measures. MAP members noted concerns about the risk adjustment of these measures, particularly for the home health setting. MAP specifically noted the need to appropriately risk adjust the measures to avoid unintended consequences.

Section 4: Performance and Reporting Data

1) Measure Performance: HH QRP Cross-Setting Measure Monitoring
    a. Performance summary: observed average
        i. 2019Q1: 80.90%; 2020Q2: 73.06%; change: -9.69%
    b. Performance summary: adjusted average
        i. 2019Q1: 74.04%; 2020Q2: 70.00; change: -5.46%

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	CBE measure submission, 2019: The CBE measure submission noted data used in the measure are coded by someone other than the person obtaining original information (e.g., DRG, ICD-9 codes on claims). All data elements are in defined fields in a combination of electronic sources. This measure uses Medicare FFS claims from the home health, inpatient, outpatient, and physician office settings claims data, which are routinely collected for payment purposes. These data are electronically available from the Centers for Medicare & Medicaid Services (CMS) at no cost beyond that of data processing and can be used to specify, publicly report, and track the measure in a timely fashion. Since data are already collected as part of Medicare's payment process, this measure poses no additional data collection burden on providers, and because claims are used for payment, data are complete and subject to audit. In addition to Medicare claims, electronic Medicare enrollment and eligibility data are used. CDP report, 2018: During the feasibility discussion, the Patient Experience and Function Standing Committee again requested more refinements of the plain language version of the measure, but ultimately agreed that the measure met this criterion. There is a plan to use the measure; the Committee noted the long lead time before results are available (two years, to allow small facilities to collect enough data) but otherwise had no major concerns on the usability.
Source and Date of Feasibility Data	CBE Measure Submission, 6/11/2019 NQF Patient Experience and Function, fall 2018 cycle: Consensus development process (CDP) report

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	00182-C-HHQR Emergency Department Use without Hospitalization During the First 60 days of Home Health (Claims-based) 02945-C-HHQR Potentially Preventable 30-Day Post-Discharge Readmission Measure for HH Quality Reporting Program

Section 7: Negative Unintended Consequences

The CBE measure submission indicated no unexpected findings have been noted during implementation of this measure. No unintended impacts on patients have been detected to date.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 6
- No (Do Not Support Retaining in Proposed Program) – 3
- Unsure of Retaining in Proposed Program – 0

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not have any rural health concerns.

MAP Health Equity:

An advisory group member noted there are equity concerns in rural populations and concerns some patients may not relate to resources for discharge to home. Another advisory group member agreed there are health equity concerns for rural populations, and additionally other disadvantaged zip codes.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Support for Retaining

Workgroup Rationale

MAP supported retaining the measure in the program. The workgroup noted the value of this measure's use across post-acute care settings. The workgroup noted although the measure was risk adjusted, there may be benefit in stratifying the data by dual eligible and non-dual eligible patients.

Public Comments

National Association for Home Care & Hospice (NAHC)

Do you support retaining this measure in the program? No

NAHC supports removal of this measure. HHAs are adversely impacted on the measure when the beneficiary changes payer from FFS Medicare to a Medicare Advantage plan. Additionally, the 30-day post discharge time frame for the measure unfairly impacts HHAs. HHAs do not have control over patients that are no longer under the agency's care.

Public Comments Post-Workgroup Meeting

No public comments received.

03493-C-HHQR Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	03493-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of quality episodes in which the patient experiences one or more falls with major injury (defined as bone fractures, joint dislocations, and closed-head injuries with altered consciousness, or subdural hematoma) during the home health episode.
Numerator	Number of home health quality episodes in which the patient experienced one or more falls since the start or resumption of care that resulted in major injury during the episode of care.
Numerator Exclusions	N/A
Denominator	All home health quality episodes, except for those meeting the exclusion criteria.
Denominator Exclusions	Episodes during which the occurrence of falls was not assessed. Episodes where the assessment indicates that a fall occurred AND the number of falls with major injury was not assessed.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	N/A
Measure Steward	Centers for Medicare & Medicaid Services

Field Label	Field Description
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 5
Rationale for Removal Consideration	Rationale for nominations: • Criteria 1. Measure does not contribute to the overall goals and objectives of the program • Criteria 3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement • Criteria 4. Performance or improvement on the measure does not result in better patient outcomes Notes from survey respondents: • Possibly redundant with readmission measures. Need more information to understand if patients can be excluded due to home safety. • Home health does not have residents and does not have a long stay definition. Agency relies on patient self report. • Question its applicability for care in the home where there is not 24/7 home health aides in one's home. Lacks a risk adjustment component. • A very important factor to consider reporting.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Not Endorsed
Consensus-Based Entity Number	9999
History of CBE Endorsement	N/A

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	Date reviewed: 2016-2017Recommendation: Conditional Support for Rulemaking

Field Label	Field Description
Rationale for MAP Recommendation	MAP highlighted the clinical significance of falls with major injury, as well as directly-associated costs. MAP noted that while the measure was endorsed in the skilled nursing facility setting, the home health setting introduces complications in collecting data on self-reported falls and may have limited actionability. However, due to the focus on identification of major injuries, it was also noted there are additional opportunities for home health providers to identify without patient report. MAP suggested the measure be examined as a potential candidate for risk adjustment, or stratification of scores to account for different patient population, specifically identifying patient referral sources to stratify by ambulatory or physician referral as compared to referral from an alternate post-acute care setting.

Section 4: Performance and Reporting Data

1) Measure performance: Home Health OASIS Measure Monitoring
    a) Measure reportability: The number of home health agencies (HHAs) has decreased over time. Reportability has remained steady.
    b) Performance: Overall
        i) 2019: 1.0%, 2020: 0.9%, 2021: 1.0%
    c) Performance subgroup: Geo – rural
        i) 2019: 1.2%, 2020: 1.1%, 2021: 1.2%
    d) Performance subgroup: Race – Black
        i) 2019: 0.4%, 2020: 0.4%, 2021: 0.4%
    e) Performance subgroup: Race – other (all other selected races not Black or White)
        i) 2019: 0.6%, 2020: 0.6%, 2021: 0.6%
2) Measure Performance: HH QRP Cross-Setting Measure Monitoring
    a) Performance summary: observed average
        i) 2019Q1: 0.99%, 2021Q1: 0.99%, change: 0.25%

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	The measure will be entirely calculated using data from the Outcome and Assessment Information Set (OASIS), required for all home health agencies seeking Medicare certification. It is based on an existing measure specification with no reported implementation challenges. Although the exact measure has not been implemented, similar data on injurious falls has been successfully collected by home health clinicians as part of the OASIS data collection. Implementation guidance for this specific measure is under development by CMS, on the basis of an ongoing field test. CMS intends to add the required items (standardized to meet the mandates of the IMPACT Act) to the next version of the OASIS item set, which HHAs must complete for patients and episodes of care meeting statutorily-defined criteria
Source and Date of Feasibility Data	Measures Under Consideration (MUC) submission, 2016

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	There are no similar measures in the program listed in CMIT.

Section 7: Negative Unintended Consequences

According to the CBE measure submission for NQF 0674, there were no unexpected findings during the testing process.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 3
- No (Do Not Support Retaining in Proposed Program) – 4
- Unsure of Retaining in Proposed Program – 2

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not have any rural health concerns.

MAP Health Equity:

One advisory group member stated there was not a health equity component to the measure. A different advisory group member stated there may be a health equity component if an individual lives at home alone and does not have social support systems. The advisory group member additionally noted the measure be examined further for differences based on race or geographic location. The advisory group agreed there are equity concerns with measures that have a self-reporting component.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Conditional Support for Removal

Workgroup Rationale

MAP supported removing the measure from the program with the condition that a replacement measure be entered in the program. The workgroup acknowledged falls are significant, but questioned whether this is the right measure for the program. The workgroup noted concern with the use of a measure in home health that was developed in a setting where patients have 24-hour care. The workgroup questioned whether the measure should be indicated as a rate per thousand patient days as it is in other post-acute care settings.

Public Comments

National Association for Home Care & Hospice (NAHC)

Do you support retaining this measure in the program? No

NAHC supports removal of this measure. NAHC has concerns with the HHA's ability to control a patients behavior when the HHA staff is not with the patient at all times. Additionally, since home health patients occasionally leave the home, the patient could encounter fall risks for which the agency could not be expected to mitigate.

American Geriatrics Society

Do you support retaining this measure in the program? No

The AGS agrees to remove the Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) measure. The measure does not contribute to the overall goals and objectives of the Home Health Quality Reporting Program or in supporting rehabilitation decisions and discharges. These measures capture significant functional gains during rehabilitation, has high discriminative capabilities for rehabilitation patients, and is an indicator of patient burden of care. We believe there is

a large burden of reporting and challenging to measure, particularly in busy post-acute facilities and short-staffed acute care facilities.

Public Comments Post-Workgroup Meeting

No public comments received.

05853-C-HHQR Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

Section 1: Brief Measure Information

Field Label	Field Description
CMIT Number	05853-C-HHQR
CMS Program(s) for Which Measure is Being Discussed for Removal	Home Health Quality Reporting Program
Measure description	Percentage of home health quality episodes in which patients mobility and self-care functional status was documented and at least one discharge goal was recorded.
Numerator	Number of home health quality episodes with functional assessment data for each self-care and mobility activity and at least one self-care or mobility goal
Numerator Exclusions	N/A
Denominator	Number home health quality episodes ending with discharge, death, or transfer to inpatient facility during the reporting period, other than those covered by generic exclusions.
Denominator Exclusions	There are no measure-specific exclusions.
Denominator Exceptions	N/A
CMS Program(s) in Which Measure is Used	Home Health Quality Reporting Program Link to the CMS 2022 Program-Specific Measure Needs and Priorities document
Other Program(s) in Which Measure is Active	N/A
Measure Steward	Centers for Medicare & Medicaid Services

Field Label	Field Description
Data Reporting Begin Date	Home Health Quality Reporting Program 2020-01-01
Votes for Removal Consideration from Survey	Total number of votes from workgroup and advisory members: 4
Rationale for Removal Consideration	Rationale for nominations: • Criteria 2. Measure is duplicative of other measures within the same program • Criteria 3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement • Criteria 6. Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation • Criteria 7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation Notes from survey respondents: • Expect topped out; would like to discuss issues of using standard OASIS data as performance measures since OASIS required.

Section 2: Consensus-Based Entity (CBE) Endorsement History

Field Label	Field Description
CBE Endorsement Status	Not Endorsed
Consensus-Based Entity Number	9999
History of CBE Endorsement	N/A

Section 3: Measure Applications Partnership (MAP) Review History

Field Label	Field Description
Date and Recommendation from Last MAP Review	Date reviewed: 2016-2017 Recommendation: Conditional Support for Rulemaking

Field Label	Field Description
Rationale for MAP Recommendation	MAP conditionally supported the measure of home health patients with a functional assessment at admission and discharge, and a care plan that addresses function. MAP noted the measure would drive care coordination and improve transitions by encouraging the use of standardized functional assessment items across post-acute care populations.

Section 4: Performance and Reporting Data

1) Measure Performance: HH QRP Cross-Setting Measure Monitoring
    a. Performance summary: observed average
        i. 2019Q1: 95.24%, 2021Q1: 97.94%, change 2.83%

Section 5: Feasibility

Field Label	Field Description
Summary of Measure's Feasibility	The measure can be entirely calculated using data from the Outcome and Assessment Information Set (OASIS), required for all home health agencies seeking Medicare certification. The feasibility of collecting information for component functional status items was established via the PAC PRD. Feasibility will be enhanced through more granular guidance informed by the second round of field testing. CMS intends to add the required items to the next version of the OASIS item set, which HHAs must complete for patients and episodes of care meeting statutorily-defined criteria.
Source and Date of Feasibility Data	Measures Under Consideration (MUC) submission, 2016

Section 6: Similar Measures in the Program

Field Label	Field Description
Similar Measures in the Same Program	There are no similar measures in the program listed in CMIT.

Section 7: Negative Unintended Consequences

According to the CBE measure submission for NQF 2631, the measure developer indicated there were no negative unintended consequences to individuals or populations during measure testing.

Section 8: Additional Information

At this time, NQF has no additional information for this measure.

Section 9: Advisory Group Discussion

Polling Results

MAP Rural Health:

- Yes (Support Retaining in Proposed Program) – 0
- No (Do Not Support Retaining in Proposed Program) – 8
- Unsure of Retaining in Proposed Program – 1

MAP Health Equity:

Polling was not conducted.

Additional Comments from MAP Advisory Group Meetings

MAP Rural Health:

The advisory group members did not specify any rural health concerns.

MAP Health Equity:

An advisory group member expressed concerns with measures that are self-reported and the health equity implications. Additionally, the member stated from an equity perspective, certain populations may be missing from the measure's data, highlighting the difficulties in assessing for disparities or inequities.

Section 10: Workgroup Recommendation

Workgroup Recommendation

Support for Removal

Workgroup Rationale

MAP supported removing the measure from the program. The workgroup noted the performance scores are high, lack variation, and may have topped out. The workgroup acknowledged there are no other measures in the home health program that address functional goals in the program.

Public Comments

National Association for Home Care & Hospice (NAHC)

Do you support retaining this measure in the program? No

NAHC supports removal of this measure. The assessment item is significantly burdensome to complete and duplicative of other items in the data set that assess function.

Public Comments Post-Workgroup Meeting

American Occupational Therapy Association

Do you support retaining this measure in the program? Yes

While this measure may have topped out, the American Occupational Therapy Association (AOTA) supports the inclusion of additional measures that address functional assessment and intervention. Providing services to ensure individuals have safe and sustainable ways to participate in functional activities is important for client-centered care.