Measure Applications Partnership

PAC/LTC Workgroup Pre-Rulemaking
Web Meeting

October 16, 2015

NATIONAL QUALITY FORUM

Welcome, Introductions, and Review of Meeting Objectives

Meeting Objectives

- Welcome, Introductions, and Review of Meeting Objectives
- MAP Pre-Rulemaking Approach
- IMPACT Act of 2014
- Overview of Programs Under Consideration
- Opportunity for Public Comment
- Next Steps

MAP Post-Acute Care/Long-Term Care Workgroup Membership

Workgroup Co-Chairs: Carol Raphael, MPA and Debra Saliba, MD, MPH

Organizational Members

Aetna	Joseph Agostini, MD
American Medical Rehabilitation Providers Association	Suzanne Snyder Kauserud, PT
American Occupational Therapy Association	Pamela Roberts, PhD, OTR/L, SCRES, CPHQ, FAOTA
American Physical Therapy Association	Roger Herr, PT, MPA, COS-C
American Society of Consultant Pharmacists	Jennifer Thomas, PharmD
Caregiver Action Network	Lisa Winstel
Johns Hopkins University School of Medicine	Bruce Leff, MD
Kindred Healthcare	Sean Muldoon, MD
National Association of Area Agencies on Aging	Sandy Markwood, MA
National Consumer Voice for Quality Long-Term Care	Robyn Grant, MSW
National Hospice and Palliative Care Organization	Carol Spence, PhD
National Pressure Ulcer Advisory Panel	Arthur Stone, MD
National Transitions of Care Coalition	James Lett, II, MD, CMD
AMDA – The Society for Post-Acute and Long-Term Care Medicine	Cari R. Levy, MD, PhD, CMD
Visiting Nurses Association of America	E. Liza Greenberg, RN, MPH

MAP Post-Acute Care/Long-Term Care Workgroup Membership

Subject Matter Experts

Kim Elliott, PhD, CPH
Gerri Lamb, PhD
Paul Mulhausen, MD, MHS
Eugene Nuccio, PhD
Thomas von Sternberg, MD

Federal Government Members

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

MAP Coordinating Committee Co-Chairs

Elizabeth A. McGlynn, PhD, MPP
Harold Pincus, MD

MAP Post Acute Care/ Long-Term Care Workgroup
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Katie Streeter, Senior Project Manager

Laura Ibragimova, Project Analyst

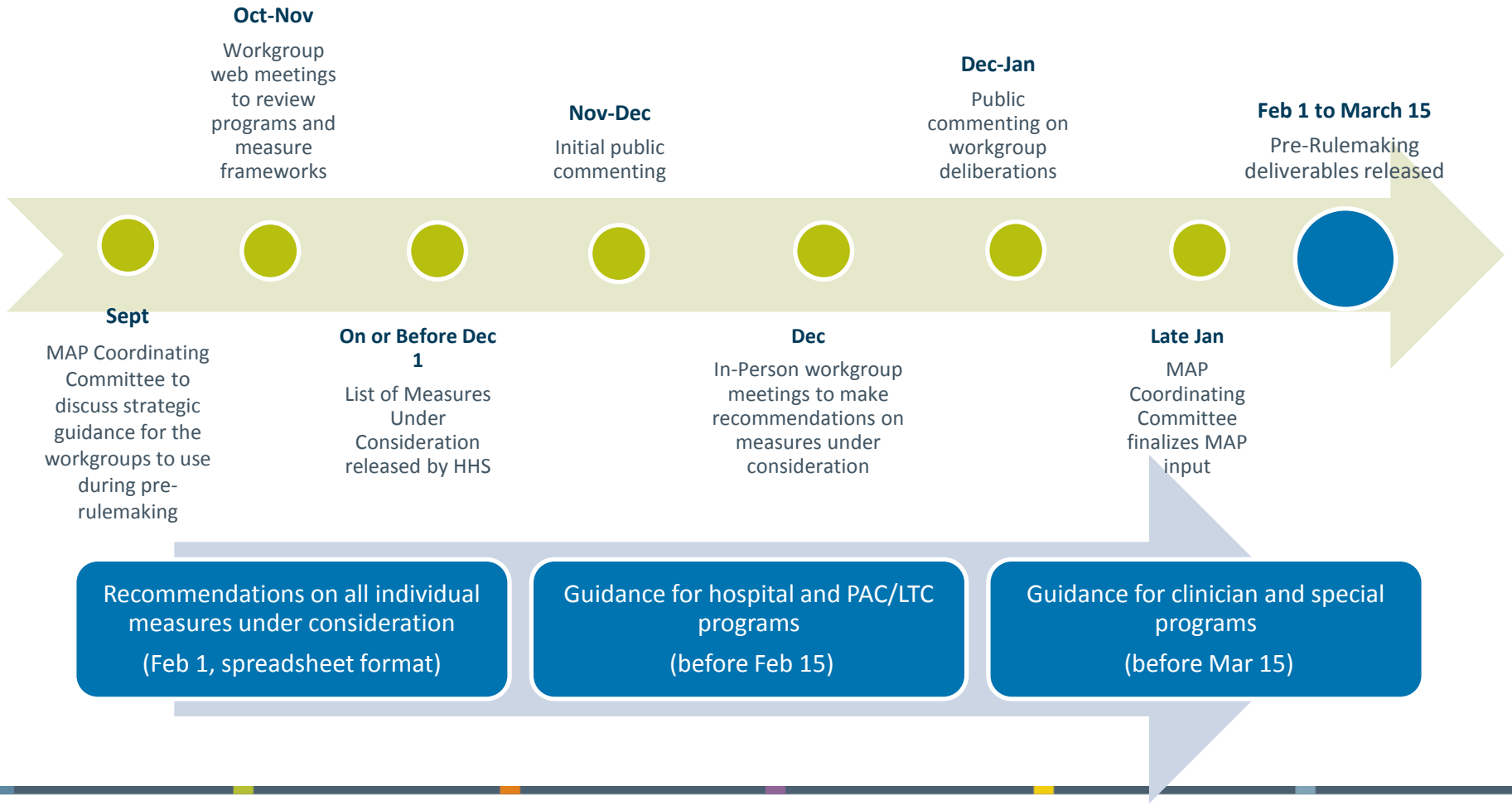
MAP Pre-Rulemaking Approach

MAP Pre-Rulemaking Approach

A closer look into how recommendations will be made

- The MAP Coordinating Committee examined key strategic issues during their September 18th meeting to inform preliminary evaluations of measures under consideration;
- During today's meeting the Workgroup will familiarize themselves with finalized program measure set for each program and identify gaps in the current measure sets;
- The MAP workgroups will evaluate measures under consideration and make recommendations during the December in-person meetings.
- Recommendations will be informed by the preliminary evaluations completed by NQF staff;
- The MAP Coordinating Committee will examine the key issues identified by the MAP workgroups during their January 26-27th in-person meeting.

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



Potential Programs to Be Considered by the PAC/LTC Workgroup

- Skilled Nursing Facility Quality Reporting Program
- Home Health Quality Reporting Program
- Inpatient Rehabilitation Facility Quality Reporting Program
- Long-Term Care Hospital Quality Reporting Program
- Hospice Quality Reporting Program
- Skilled Nursing Facility Value-based Purchasing Program

MAP Approach to Pre-Rulemaking
Goals for today's meeting

- Review the structure of each program and the measures that have been finalized for that program.
- Review of program frameworks to orient and summarize the measures in each program.
  - Measures are mapped to:
    - » PAC/LTC Core Concepts for PAC programs and hospice high-priority areas for measurement for Hospice QRP
    - » IMPACT Act Domains (SNF QRP, HH QRP, IRF QRP, LTCH QRP)
- Review of program frameworks to discuss and identify measurement gaps.

IMPACT ACT 2014

Data Element Uniformity, Assessment Domain Standardization, & **The IMPACT Act OF 2014**

The Division of Chronic & Post Acute Care
The Centers for Medicare and Medicaid Services

Stella Mandl, RN
Tara McMullen, PhD MPH

October 16, 2015

Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- **Bipartisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014**

- **Requires Standardized Patient Assessment Data that will enable:**
  - Data Element uniformity
  - Quality care and improved outcomes
  - Comparison of quality and data across post-acute care (PAC) settings
  - Improved discharge planning
  - Exchangeability of data
  - Coordinated care

Driving Forces of the IMPACT Act

- **Purposes Include:**
  - Improvement of Medicare beneficiary outcomes
  - Provider access to longitudinal information to facilitate coordinated care
  - Enable comparable data and quality across PAC settings
  - Improve hospital discharge planning
  - Research

- **Why the attention on Post-Acute Care:**
  - Escalating costs associated with PAC
  - Lack of data standards/interoperability across PAC settings
  - Goal of establishing payment rates according to the individual characteristics of the patient, not the care setting

Post Acute Care Matters

LTCH, IRF, HH, Nursing Homes

Long-Term Care Hospital (LTCH)

Services provided: Inpatient services include rehabilitation, respiratory therapy, pain management, and head trauma treatment.

- No. of Facilities: **420**
- Average length of stay: **26** days
- No. of Beneficiaries: **124k**

LTCH CARE – LTCH Continuity Assessment Record and Evaluation (CARE) Data Set submissions: **76K**

Medicare spending: **$5.5** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/index.html

Inpatient Rehabilitation Facility (IRF)

Services provided: Intensive rehabilitation therapy including physical, occupational, and speech therapy.

- No. of Facilities: **1,166**
- Average length of stay: **13** days
- No. of Beneficiaries: **373k**

IRF-PAI – IRF-Patient Assessment Instrument (PAI) submissions: **492k**

Medicare spending: **$6.7** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html

Home Health Agency (HHA)

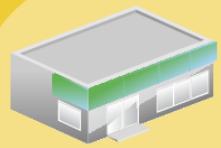
Services provided: Skilled nursing or therapy services provided to Medicare beneficiaries who are homebound.

- No. of Facilities: **12,311**
- No. of Beneficiaries: **3.4** million

OASIS: Outcome and Assessment Information Set (OASIS) submissions: **35 million**

Medicare spending: **$18** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/index.html



Nursing Homes

Services provided: Short-term Skilled nursing and rehabilitation services to individuals whose health problems are too severe or complicated for home care or assisted living.

- No. of Facilities: **15,000**
- Average length of stay: **39** days
- Beneficiaries: **1.7** million

MDS – Minimum Data Set submissions: **20 million**

Medicare spending: **$28.7** billion

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/index.html

Legislative Background on Data Standardization

- **Benefits Improvement & Protection Act (BIPA) of 2000**
  - Required the Secretary to report to Congress on standardized assessment items across PAC settings
- **Deficit Reduction Act (DRA) of 2005**
  - Required the standardization of assessment items used at discharge from an acute care setting and at admission to a post acute care setting
  - Established the Post-Acute Care Payment Reform Demonstration (PAC-PRD) to harmonize payments for similar settings in PAC settings
  - Resulted in the Continuity Assessment Record and Evaluation (CARE) tool, a component to test the reliability of the standardized items when used in each Medicare setting
- **PAC Reform Demonstration requirement of 2006**
  - Data to meet federal Health Information Technology (HIT) interoperability standards

PAC-PRD & the CARE Tool:

Goals and Guiding Principles

Goals

- ✓ Fosters seamless care transitions
- ✓ Measures that can follow the patient
- ✓ Evaluation of longitudinal outcomes for patients that traverse settings
- ✓ Assessment of quality across settings
- ✓ Improved outcomes, and efficiency
- ✓ Reduction in provider burden

Guiding Principles

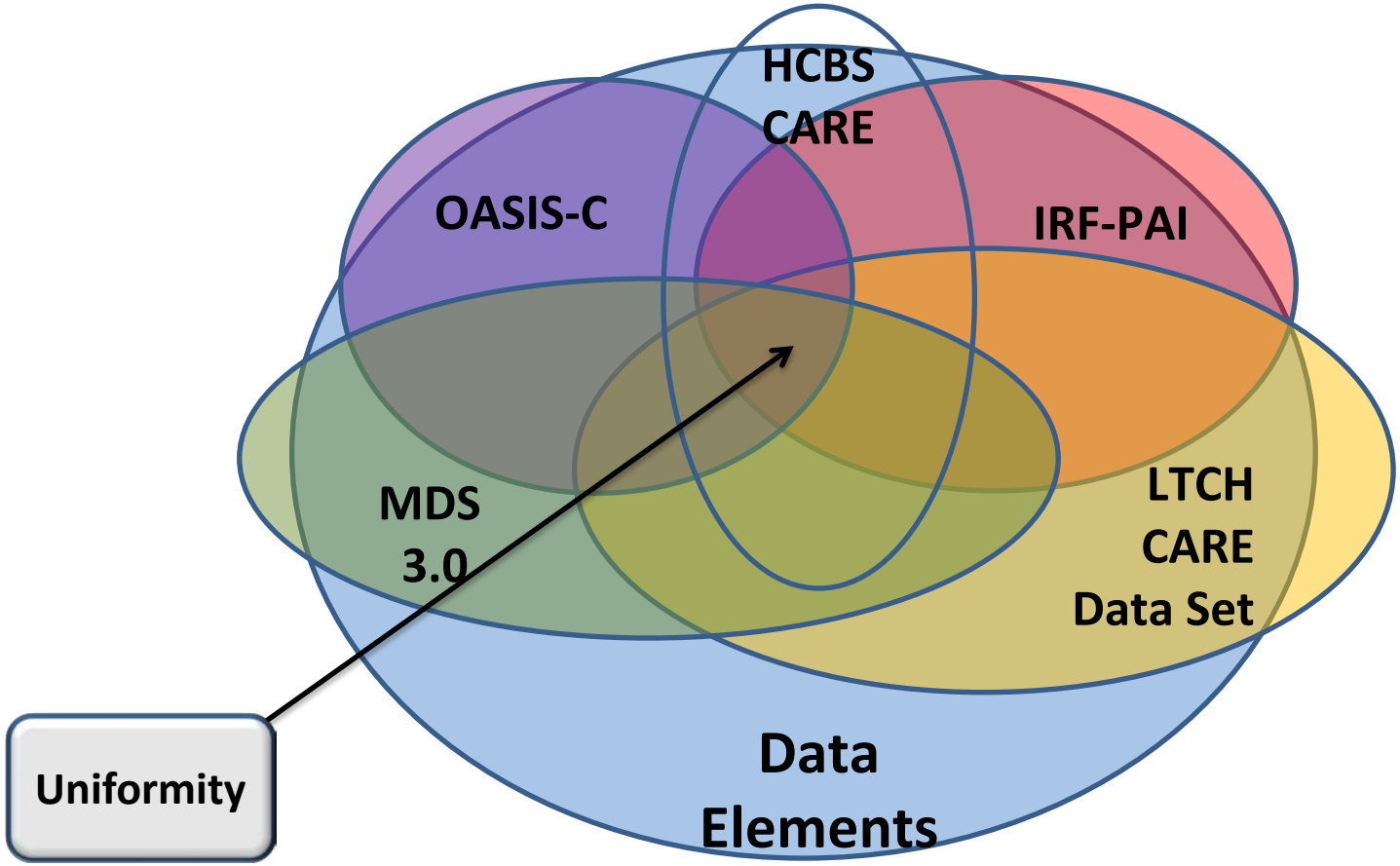
Data Uniformity

- ✓ Reusable
- ✓ Informative
- ✓ Increases Reliability/validity
- ✓ Facilitates patient care coordination

Interoperability

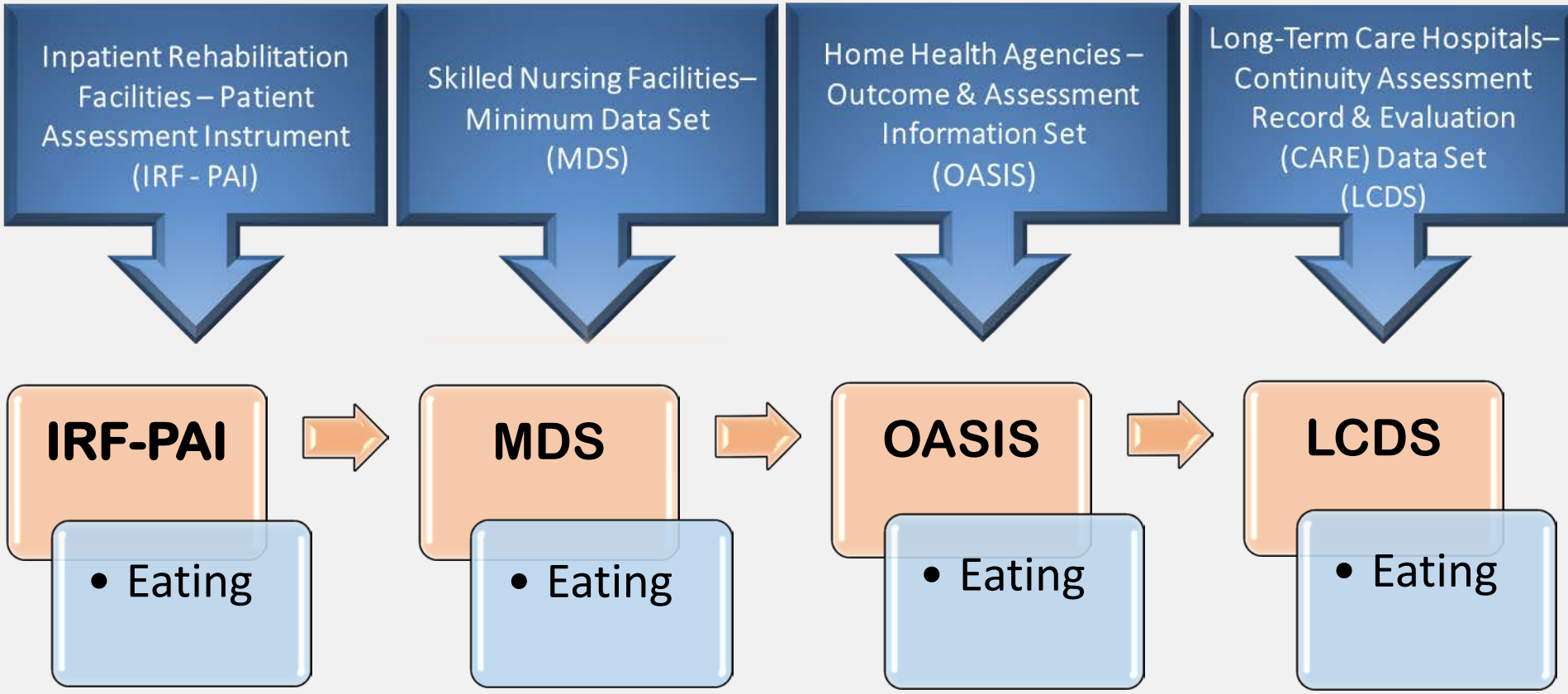
- ✓ Data that can communicate in the same language across settings
- ✓ Data that can be transferable forward and backward to facilitate care coordination
- ✓ Follows the individual

Data Elements: Standardization



What is Standardization?

Standardizing Function at the Item Level



Standardized Assessment Data Elements

One Question: Much to Say → One Response: Many Uses

GG0160. Functional Mobility
(Complete during the 3-day assessment period.)

Code the patient's usual performance using the 6-point scale below.

CODING:
Safety and **Quality of Performance** - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

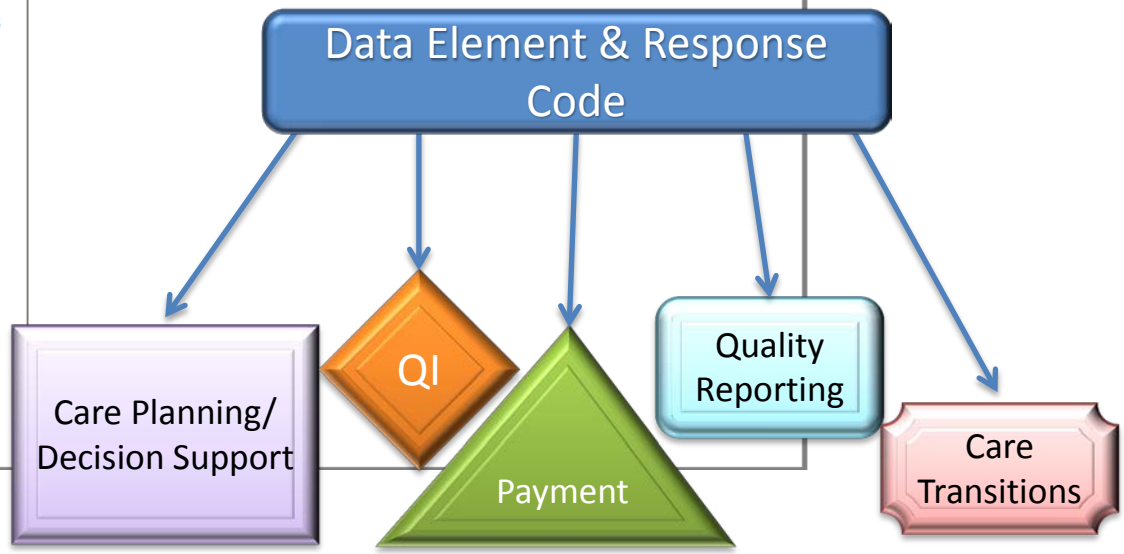
06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; patient completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the task.

07. **Patient refused**
09. **Not applicable**

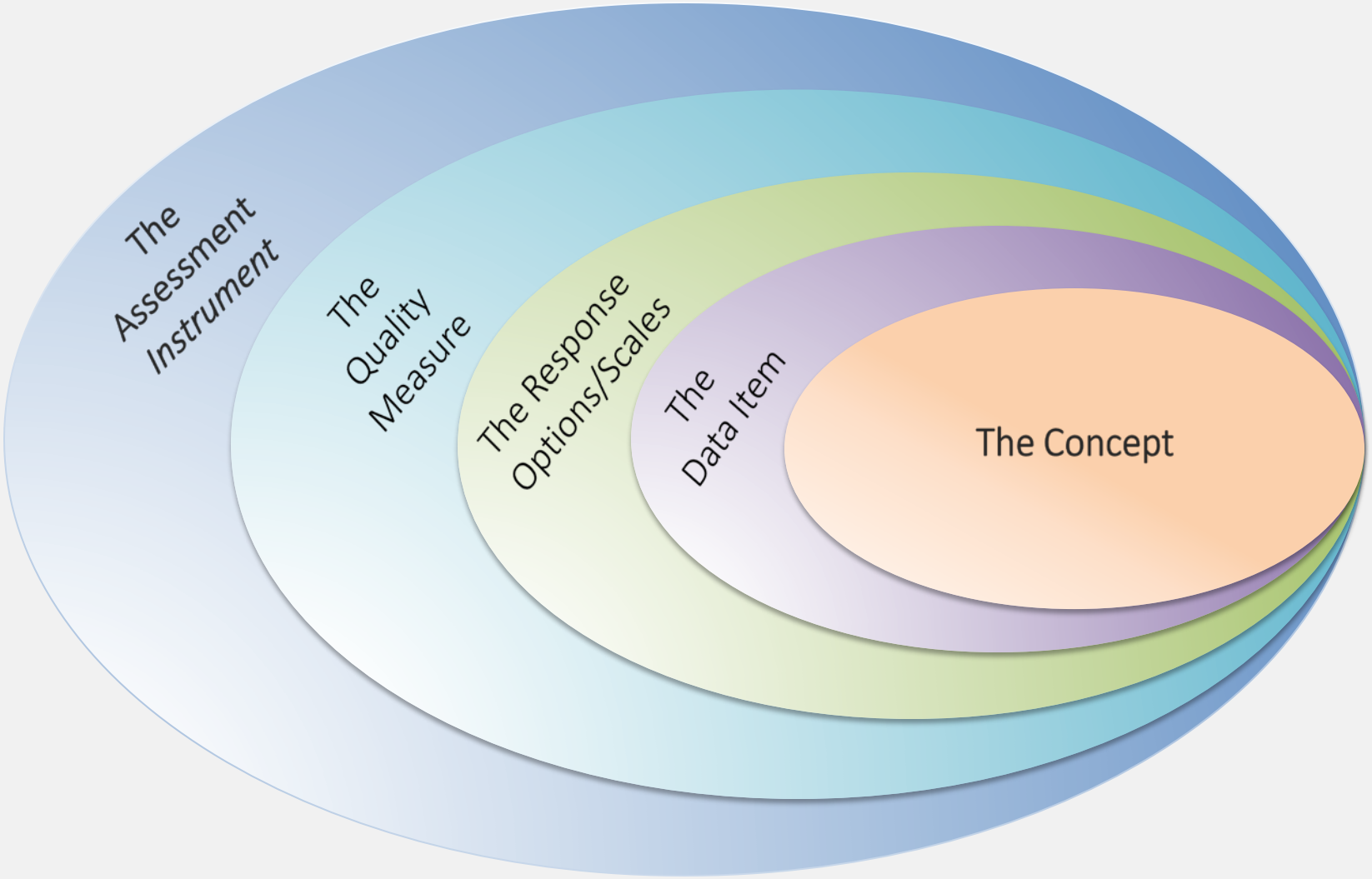
If activity was not attempted, code:
88. Not attempted due to **medical condition or safety concerns**

↓ **Enter Codes in Boxes**

☐☐	**A. Roll left and right:** The ability to roll from lying on back to left and right side, and roll back to back.
☐☐	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed.
☐☐	**C. Lying to Sitting on Side of Bed:** The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, no back support.



Standardization Beyond the Item



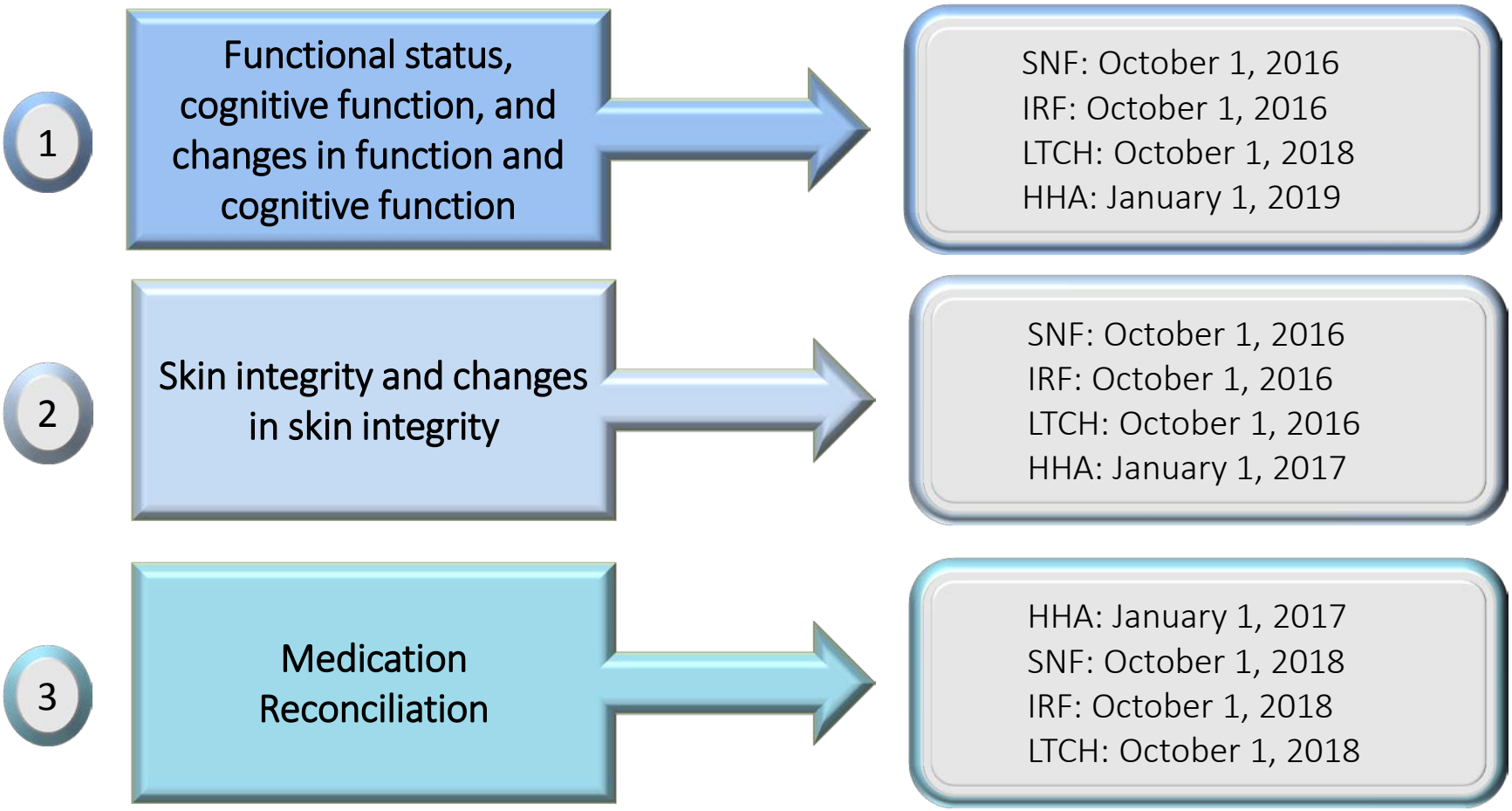
Standardizing Across Settings

Item	Item Description	Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) v1.4	Minimum Data Set (MDS) 3.0	Long-Term Care Hospital CARE Data Set v3.00
SELF-CARE GG0130				
A	Eating	✓	✓	✓
B	Oral hygiene	✓	✓	✓
C	Toileting hygiene	✓	✓	✓
D	Wash upper body	—	—	✓
E	Shower/bathe self	✓	—	—
F	Upper body dressing	✓	—	—
G	Lower body dressing	✓	—	—
H	Putting on/taking off footwear	✓	—	—

Standardizing Across Settings (continued)

Item	Item Description	Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) v1.4	Minimum Data Set (MDS) 3.0	Long-Term Care Hospital CARE Data Set v3.00
MOBILITY GG0170				
A	Roll left and right	✓	—	✓
B	Sit to lying	✓	✓	✓
C	Lying to sitting on side of bed	✓	✓	✓
D	Sit to stand	✓	✓	✓
E	Chair/bed-to-chair transfer	✓	✓	✓
F	Toilet transfer	✓	✓	✓
G	Car transfer	✓	—	—
I	Walk 10 feet	✓	—	✓
J	Walk 50 feet with two turns	✓	✓	✓
K	Walk 150 feet	✓	✓	✓
L	Walking 10 feet on uneven surface	✓	—	—
M	1 step (curb)	✓	—	—
N	4 steps	✓	—	—
O	12 steps	✓	—	—
P	Picking up object	✓	—	—
R	Wheel 50 feet with two turns	✓	✓	✓
S	Wheel 150 feet	✓	✓	✓

IMPACT Act: Quality Measure Domains & Timelines



IMPACT Act: Quality Measure Domains & Timelines (continued)

4 — Incidence of Major Falls

- SNF: October 1, 2016
- IRF: October 1, 2016
- LTCH: October 1, 2016
- HHA: January 1, 2019

5 — Communicating the existence of and providing for the transfer of health information and care preferences

- SNF: October 1, 2018
- IRF: October 1, 2018
- LTCH: October 1, 2018
- HHA: January 1, 2019

Resource use and other measures will be specified for reporting

- ✓ Total estimated Medicare spending per beneficiary
- ✓ Discharge to community
- ✓ Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

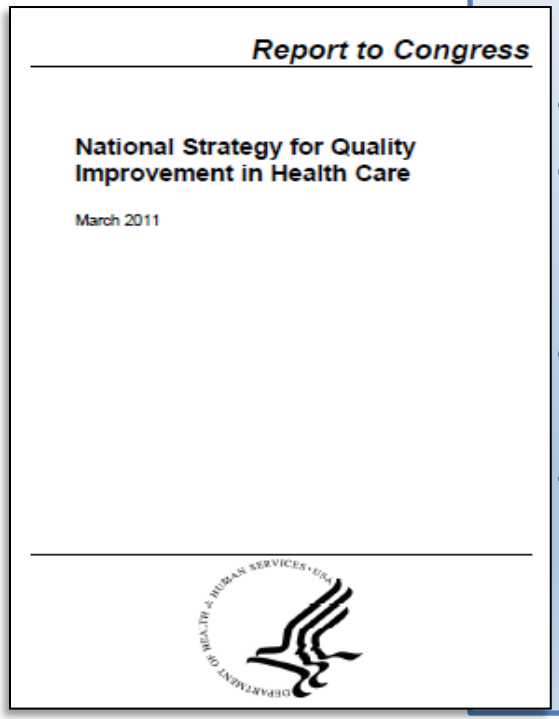
- SNF: October 1, 2016
- IRF: October 1, 2016
- LTCH: October 1, 2016
- HH January 1, 2017

National Quality Strategy Promotes Better Health, Healthcare, and Lower Cost

The strategy is to concurrently pursue three aims:

Better Care	Improve overall quality by making health care more patient-centered, reliable, accessible, and safe
Healthy People / Healthy Communities	Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care
Affordable Care	Reduce the cost of quality healthcare for individuals, families, employers and government

NQS Promotes Better Health, Better Healthcare, and Lower Costs Through:

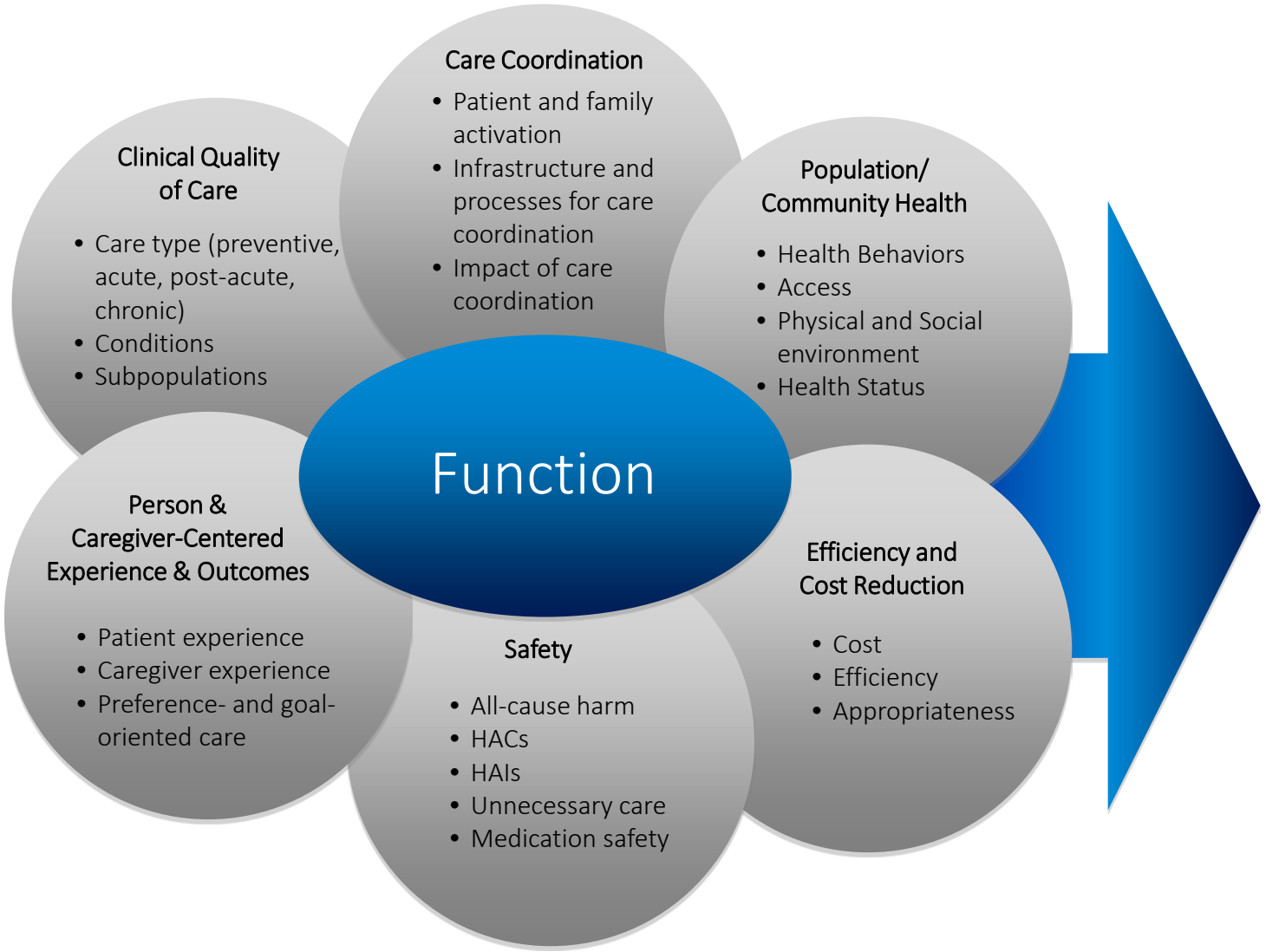


Six Priorities

- Make care safer by reducing harm caused in the delivery of care
- Ensure that each person and family are engaged as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Work with communities to promote wide use of best practices to enable healthy living
- Make quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models

The Six Priorities Have Become the Goals for the CMS Quality Strategy

CMS Framework for Measurement



- Measures should be patient-centered and outcome-oriented whenever possible
- Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures

Addressing Critical Gaps
IMPACT Act & Opportunity

The Act provides an opportunity to address all goals within the CMS Quality Strategy:

IMPACT Act: Measurement Implementation Phases

1) Measurement Implementation Phases

(A) Initial Implementation Phase –

(i) Measure specification

(ii) Data collection

(B) Second Implementation Phase –

Feedback reports to PAC providers

(C) Third Implementation Phase –

Public reporting of PAC providers' performance

2) Consensus-based Entity Endorsement Evaluation

3) Treatment of Application of Pre-Rulemaking Process

Quality Measures

2015 Measures Under Consideration (MUC)

CMS anticipates placing measures on the 2015 MUC list to satisfy the following IMPACT Act measure domains:

- Medication reconciliation
- Resource use measures, including total estimated Medicare spending per beneficiary
- Discharge to community
- All-condition risk-adjusted potentially preventable hospital readmissions rates

Quality Measures (continued)

Ad Hoc MUC

- Percent of Residents/Patients/Persons with Pressure Ulcers That Are New or Worsened * **
- Percent of Patients/Residents/Persons With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function*
- Percent of Residents/Patients/Persons Experiencing One or More Falls with Major Injury*

* Finalized in IRF, LTCH, and SNF FY 2016 rule

** Proposed in Home Health CY 2016 rule

Associated Measure Activities to Support the IMPACT Act Quality Measure Domains

- **New measure development includes:**
  - Function outcome measures
  - Cognition outcome measures
  - Communicating the existence of and providing for the transfer of health information and care preferences
  - Other measures to address cross-setting gaps in quality

- **Measure maintenance/enhancement and new development for additional care settings:**
  - NQF #0678: "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened"
  - NQF #0674: "Percent of Residents Experiencing One or More Falls with Major Injury"

Measures Mapped to IMPACT Act Domains

LTCH			
Domain	**NQF ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)	*Initial* Reporting October – December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Incidence of Major Falls	Application of #0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	
Function	Application of #2631	Percent of LTCH Patients with an Admission and Discharge Functional Assessment & a Care Plan That Addresses Function	

Measures Mapped to IMPACT Act Domains
(continued)

HH			
Domain	**NQF ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short Stay)	Proposed reporting begins January 2017 for proposed calendar year (CY) 2018 payment adjustment and that of subsequent CYs

Measures Mapped to IMPACT Act Domains
(continued)

SNF			
Domain	**NQF Measure ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)	*Initial* Reporting October – December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Incidence of Major Falls	Application of #0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	
Function	Application of #2631	Percent of LTCH Patients with an Admission and Discharge Functional Assessment & a Care Plan That Addresses Function	

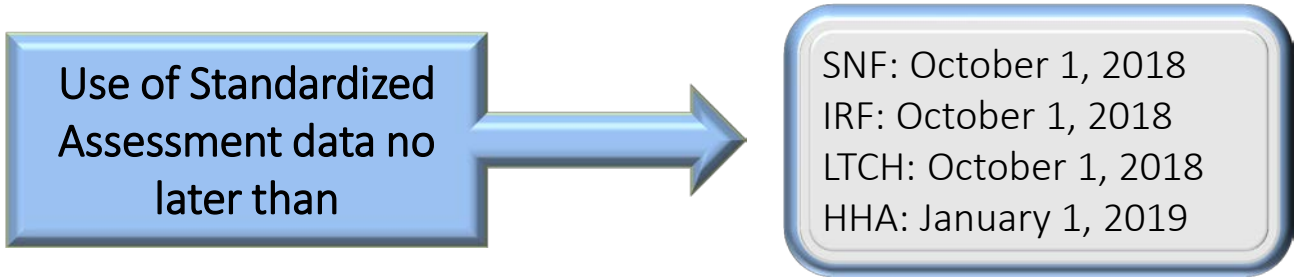
Measures Mapped to IMPACT Act Domains
(continued)

IRF			
Domain	**NQF Measure ID**	**Measure Title**	**Reporting and Payment Timeline**
Skin Integrity	#0678	Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)	*Initial* Reporting October – December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Incidence of Major Falls	Application of #0674	Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	
Function	Application of #2631*	Percent of LTCH Patients with an Admission and Discharge Functional Assessment & a Care Plan That Addresses Function	
Function	#2633*	Change in Self-Care Score for Medical Rehabilitation Patients	*Initial* Reporting October – December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs
Function	#2634*	Change in Mobility Score for Medical Rehabilitation Patients	
Function	#2635*	Discharge Self-Care Score for Medical Rehabilitation Patients	
Function	#2636*	Discharge Mobility Score for Medical Rehabilitation Patients	

*Under NQF Review. Requires updated after final rules are displayed.

IMPACT Act: Standardized Patient Assessment Data

- **Requirements for reporting assessment data:**
  - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions

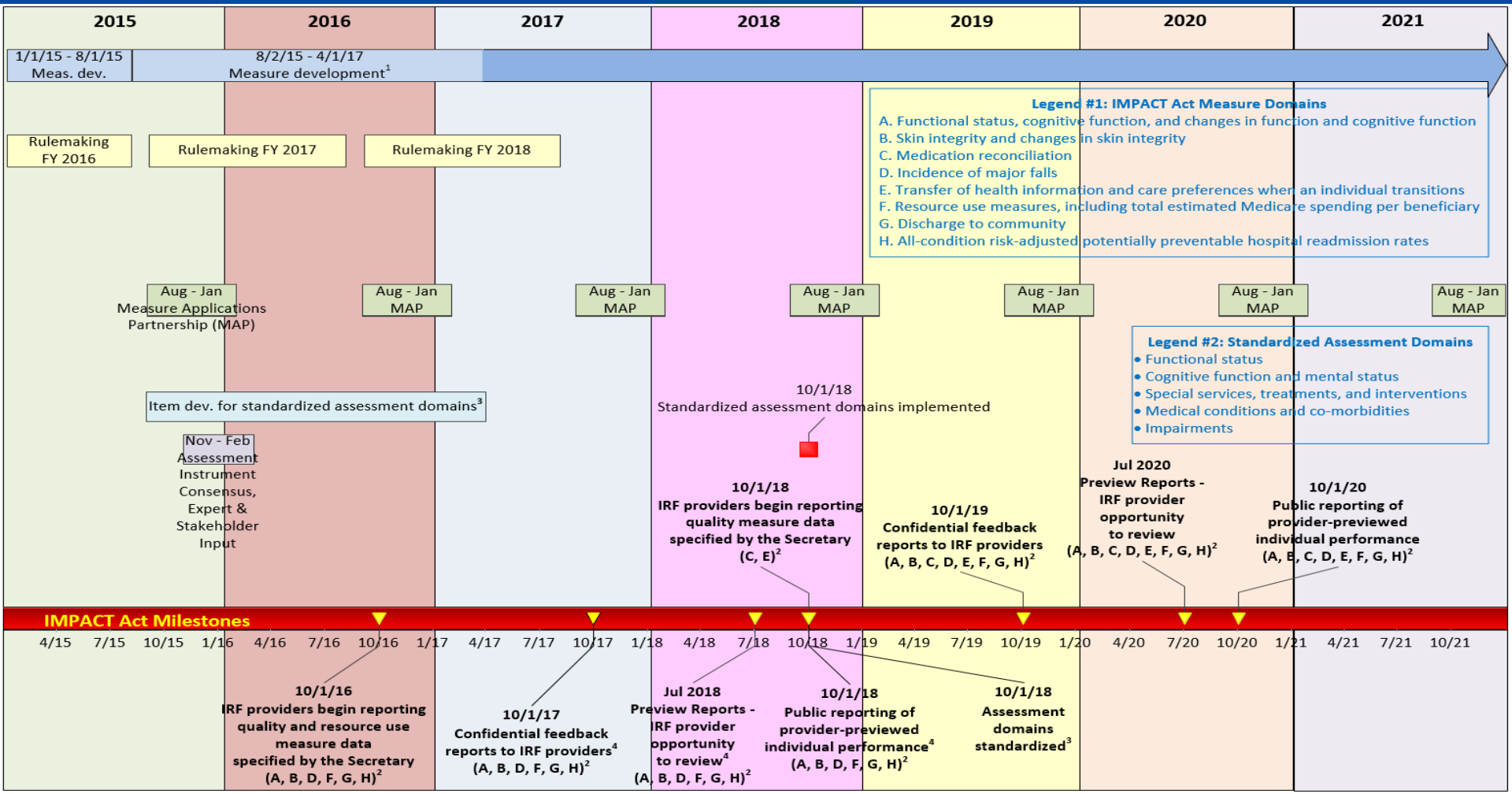


  - The data must be submitted with respect to admission and discharge for each patient, or more frequently as required

- **Data categories:**

•Functional status •Cognitive function and mental status •Special services, treatments, and interventions •Medical conditions and co-morbidities •Impairments •Other categories required by the Secretary

PAC QRP IRF Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements



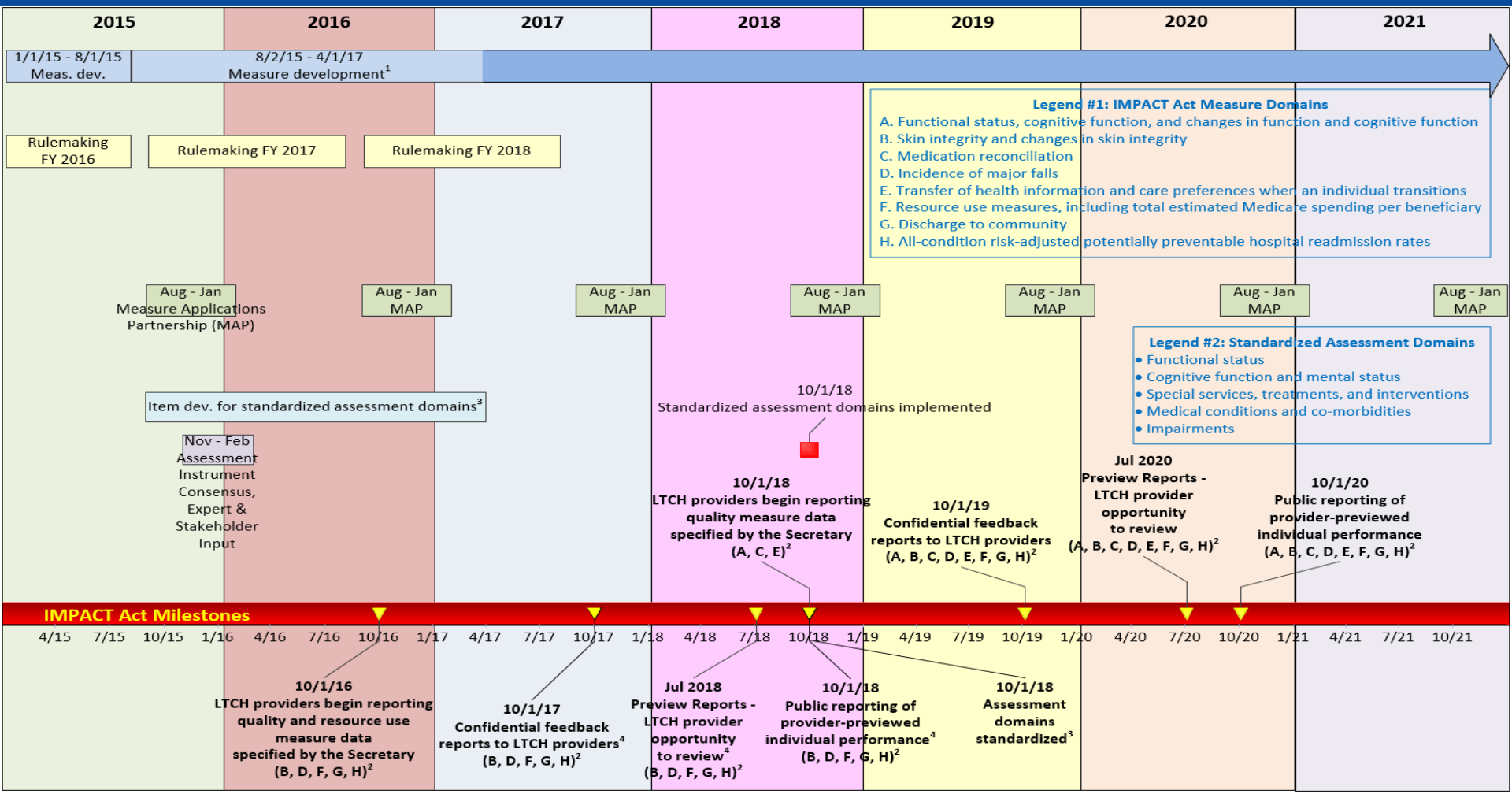
[1] Quality measure development requires six months to two years and includes public input, stakeholder input, and the MAP process

[2] IMPACT Act measure domains are defined in legend #1 above

[3] IMPACT Act assessment domains are defined in legend #2 above

[4] Provider feedback and preview reports and publicly reported data are refreshed at regular intervals after starting

PAC QRP LTCH Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements



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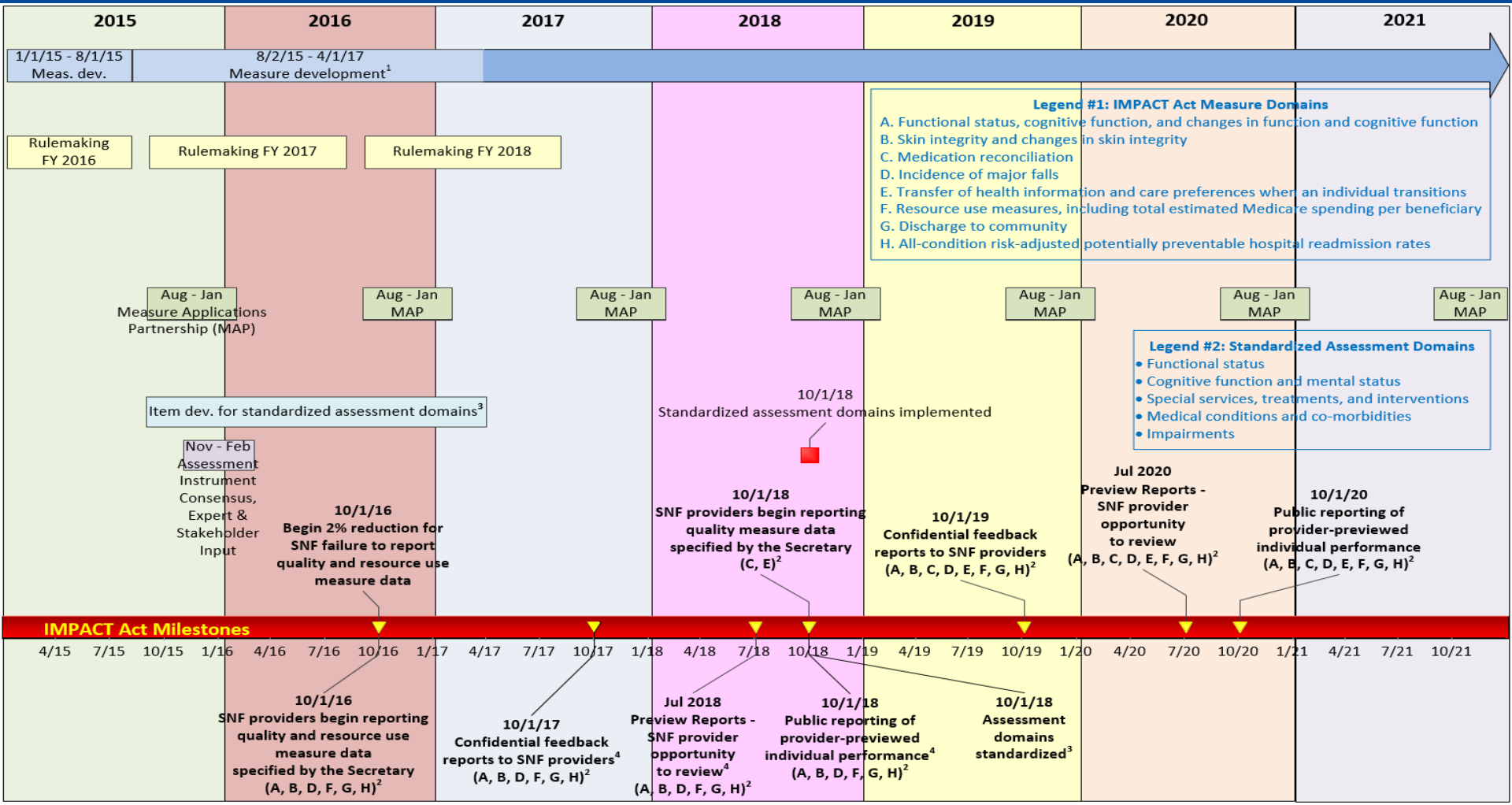
PAC QRP SNF Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements



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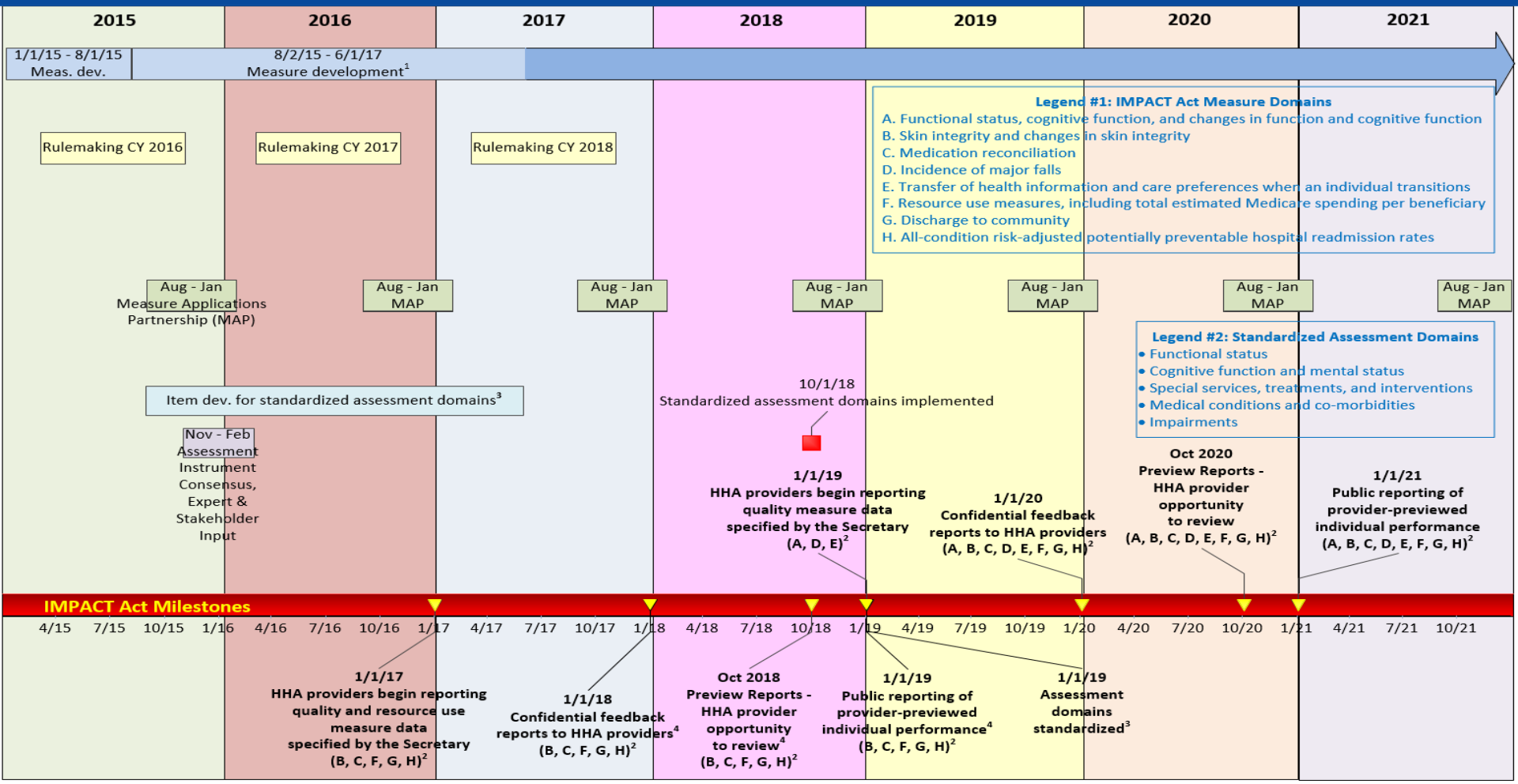
PAC QRP HHA Estimated Timelines/Milestones to Meet the IMPACT Act of 2014 Timeline Requirements



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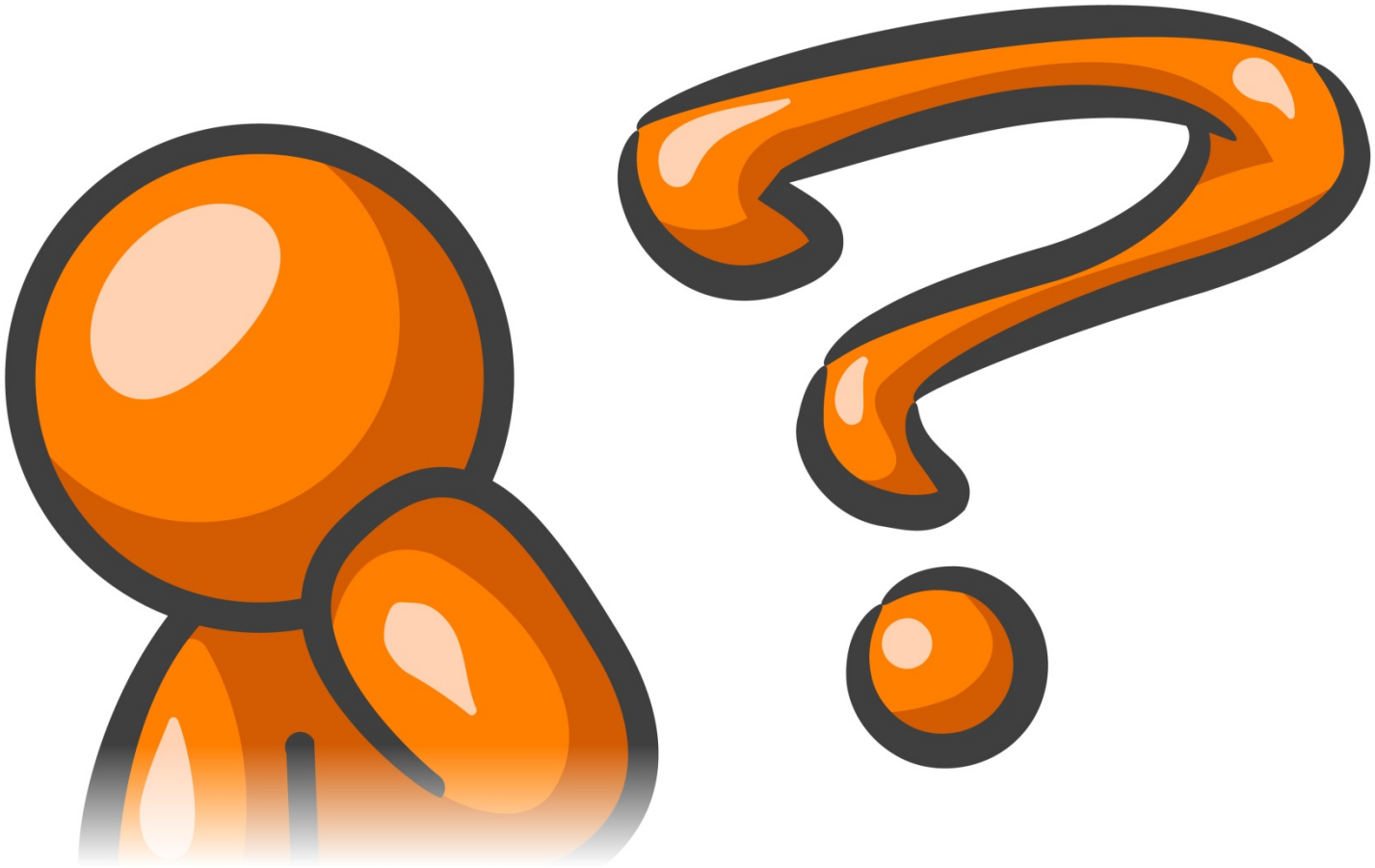
Questions?



Overview of Programs Under Consideration

PAC/LTC High-Leverage Opportunities and Core Measure Concepts

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	• Functional and cognitive status assessment • Mental health
Goal Attainment	• Establishment of patient/family/caregiver goals • Advanced care planning and treatment
Patient Engagement	• Experience of care • Shared decision-making
Care Coordination	• Transition planning
Safety	• Falls • Pressure ulcers • Adverse drug events
Cost/Access	• Inappropriate medicine use • Infection rates • Avoidable admissions

Skilled Nursing Facility Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The IMPACT Act added Section 1899 B to the Social Security Act establishing the SNF QRP. Beginning FY 2018, providers [SNFs] that do not submit required quality reporting data to CMS will have their annual update reduced by 2 percentage points.

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

CMS High Priority Domains for Future Measure Consideration

CMS identified the following 4 domains as high-priority for future measure consideration:

- Patient and family engagement:
  - Functional status and functional decline
- Making care safer:
  - Major injury due to falls
  - New or worsened pressure ulcers
- Making care affordable:
  - Efficiency-based measures
- Communication and care coordination:
  - Transitions and rehospitalizations
  - Medication reconciliation

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

Home Health Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The HH QRP was established in accordance with section 1895 of the Social Security Act. Home health agencies (HHAs) that do not submit data receive a 2 percentage point reduction in their annual HH market basket percentage increase.
- **Program Goals:** Alignment with the mission of the IOM which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

CMS High Priority Domains for Future Measure Consideration

CMS identified the following 4 domains as high-priority for future measure consideration:

- Patient and family engagement:
  - Care preferences
  - Functional status and functional decline
- Making care safer:
  - Major injury due to falls
  - New or worsened pressure ulcers
- Making care affordable:
  - Efficiency-based measures
- Communication and care coordination:
  - Transitions and re-hospitalizations
  - Medication reconciliation

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

Inpatient Rehabilitation Facility Quality Reporting Program

- **Program Type:** Pay for Reporting
- **Incentive Structure:** The IRF QRP was established under the Affordable Care Act. Beginning in FY 2014, IRFs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable IRF Prospective Payment System (PPS) payment update.
- **Program Goals:** Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

CMS High Priority Domains for Future Measure Consideration

CMS identified the following 4 domains as high-priority for future measure consideration:

- Patient and family engagement:
  - Restoring functional status
  - Experience of patients and caregivers
- Making Care Safer:
  - Risk for injury due to falls
  - New or worsened pressure ulcers
  - Infections (e.g., CAUTI, C. Diff. and MRSA)
- Making care affordable:
  - Efficiency-based measures
- Communication and care coordination:
  - Transitions and re-hospitalizations
  - Medication reconciliation

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

Long-Term Care Hospital Quality Reporting Program

- **Program Type**: Pay for Reporting
- **Incentive Structure**: The LTCH QRP was established under the Affordable Care Act. Beginning in FY 2014, LTCHs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable Prospective Payment System (PPS) increase factor.
- **Program Goals**: Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

CMS High Priority Domains for Future Measure Consideration

CMS identified the following 4 domains as high-priority for future measure consideration:

- Patient and family engagement:
  - Functional outcomes
- Effective prevention and treatment:
  - Ventilator use, ventilator-associated event and ventilator weaning rate
  - Mental health status
- Making care affordable:
  - Efficiency-based measures
- Communication/care coordination
  - Transitions and rehospitalizations
  - Medication reconciliation

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

Current Program Measures by MAP PAC/LTC Core Concepts

PAC/LTC Core Concepts	IRF QRP	LTCH QRP	HH QRP	SNF QRP
Falls	■	■		■
Functional and Cognitive Status Assessment	■	■	■	■
Inappropriate Medicine Use				
Infection Rates	■	■		
Pressure Ulcers	■	■	■	■
Shared decision making				
Transition Planning			■	
Mental Health Assessment			■	
Establishment and attainment of patient/family/caregiver goals				
Advanced Care Planning and Treatment				
Experience with Care				
Adverse Drug Events				
Avoidable Admissions	■	■	■	

Current Program Measures by IMPACT Act Domains

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

Workgroup Discussion

- Does the Workgroup have suggestions for refinement to the high priority domains for future measurement?

Hospice Quality Reporting Program

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

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

CMS High Priority Domains for Future Measure Consideration

CMS identified the following 3 domains as high-priority for future measure consideration:

- Overall Goal:
  - Symptom management outcome measures
- Patient and family engagement:
  - Goal attainment
- Making care safer:
  - Timeliness/responsiveness of care
- Communication and care coordination:
  - Alignment of care coordination measures

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

MAP PAC/LTC Highly Prioritized Measurement Opportunities for Hospice

- **Highly prioritized measurement opportunities for both hospice and palliative care**
  - Experience of care
  - Comprehensive assessment
  - Physical aspects of care
  - Care planning
  - Implementing patient/family/caregiver goals
  - Avoiding unnecessary hospital and ED admissions
  - Psychological and psychiatric aspects of care
- **Highly prioritized measurement opportunities for hospice care**
  - Timeliness/responsiveness of care
  - Access to the healthcare team on a 24-hour basis
  - Avoiding unwanted treatments

Hospice QRP Current Program Measure Information

Hospice High Priority Areas for Measurement	Existing Measures in the Hospice QRP
Experience of care	-Hospice Experience of Care Survey
Comprehensive assessment	-Beliefs/Values Addressed (if desired by the patient)
Physical aspects of care	-Dyspnea Treatment -Dyspnea Screening -Pain Assessment -Pain Screening -Patients Treated with an Opioid who are Given a Bowel Regimen
Care planning	-Treatment Preferences
Implementing patient/family/caregiver goals	
Avoiding Unnecessary hospital and ED admissions	
Psychological and psychiatric aspects of care	
Timeliness/responsiveness of care	
Access to the healthcare team on a 24-hour basis	
Avoiding unwanted treatments	

Workgroup Discussion

- Does the Workgroup have suggestions for refinement to the high priority domains for future measurement?

Skilled Nursing Facility Value-Based Purchasing

- **Program Type:** Pay for Performance
- **Incentive Structure:** Section 215 of the Protecting Access to Medicare Act of 2014 (PAMA) authorizes establishing a SNF VBP Program beginning with FY 2019 under which value-based incentive payments are made to SNFs in a fiscal year based on performance.

Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

CMS High Priority Domains for Future Measure Consideration

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

- The PAMA legislation mandates that CMS specify:
  - A SNF all-cause all-condition hospital readmission measure by no later than October 1, 2015
  - A resource use measure that reflects resource use by measuring all-condition risk-adjusted potentially preventable hospital readmission rates for SNFs by no later than October 1, 2016 (This measure will replace the all-cause all-condition measure)

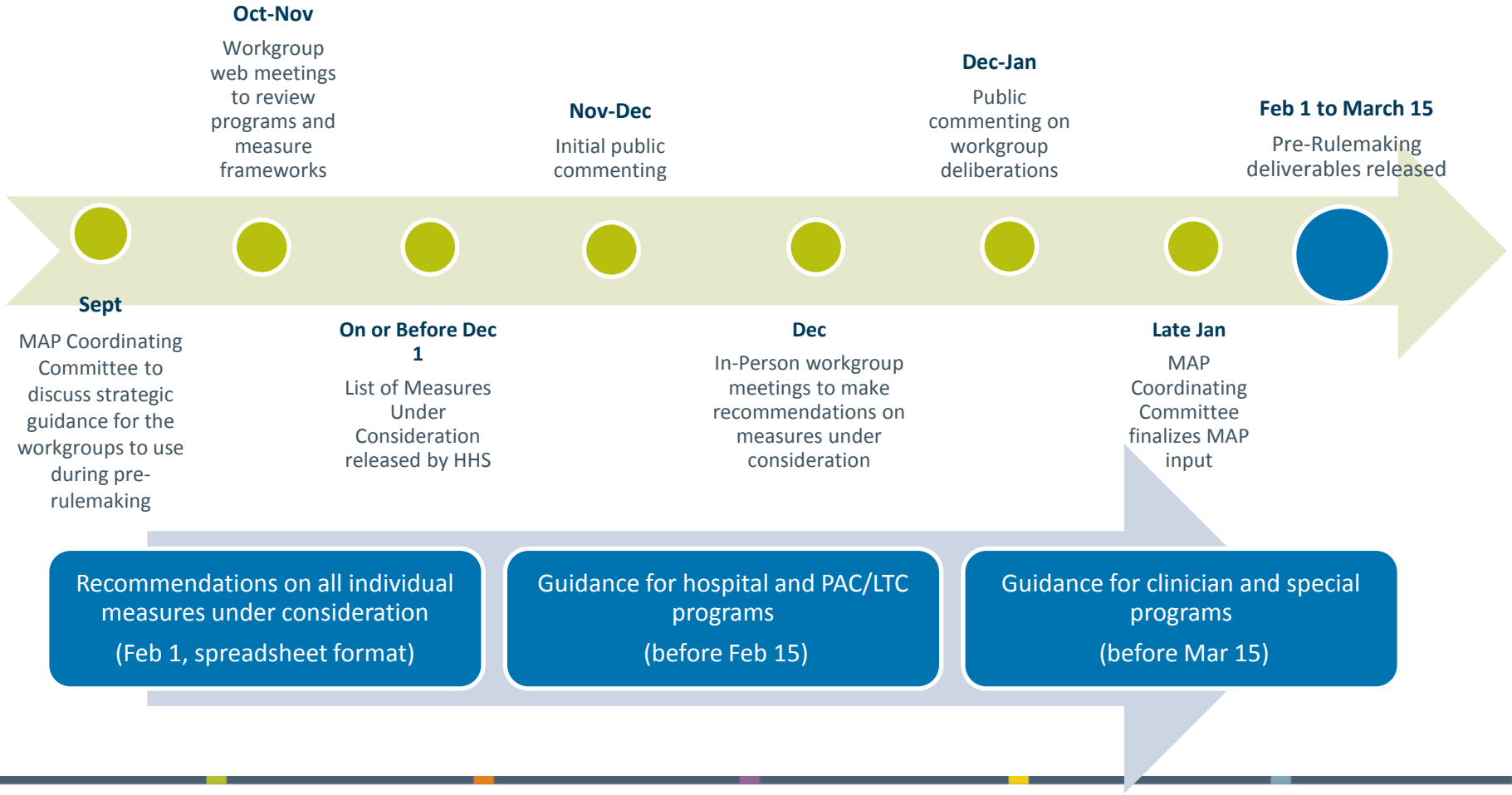
Centers for Medicare and Medicaid Services. (2015). 2015 Measures Under Consideration. Program Specific Measure Priorities and Needs. Available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf . Last accessed October 9, 2015

Opportunity for Public Comment

Next Steps

- MAP PAC/LTC Workgroup upcoming pre-rulemaking activities for 2015-2016:
  - December 14-15, 2015 – in-person meeting to review measures under consideration for PAC/LTC settings
  - February 1, 2016 – Recommendations on individual measures
  - February 15, 2016 – Strategic guidance for hospital and PAC/LTC programs

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



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Thank You!