Measure Applications Partnership

PAC/LTC Workgroup Web Meeting

October 19, 2015

Welcome, Introductions, and Review of Meeting Objectives

Agenda

- Welcome, Introductions, and Review of Meeting Objectives

- MAP Pre-Rulemaking Approach

- CMS Measure Updates/Feedback Loop

- Overview of Programs Under Consideration

- Opportunity for Public Comment

- Next Steps

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MAP Coordinating Committee Co-Chairs

Chip Kahn, MPH
Harold Pincus, MD

Duals Workgroup Liaison

Richard Bringewatt	SNP Alliance

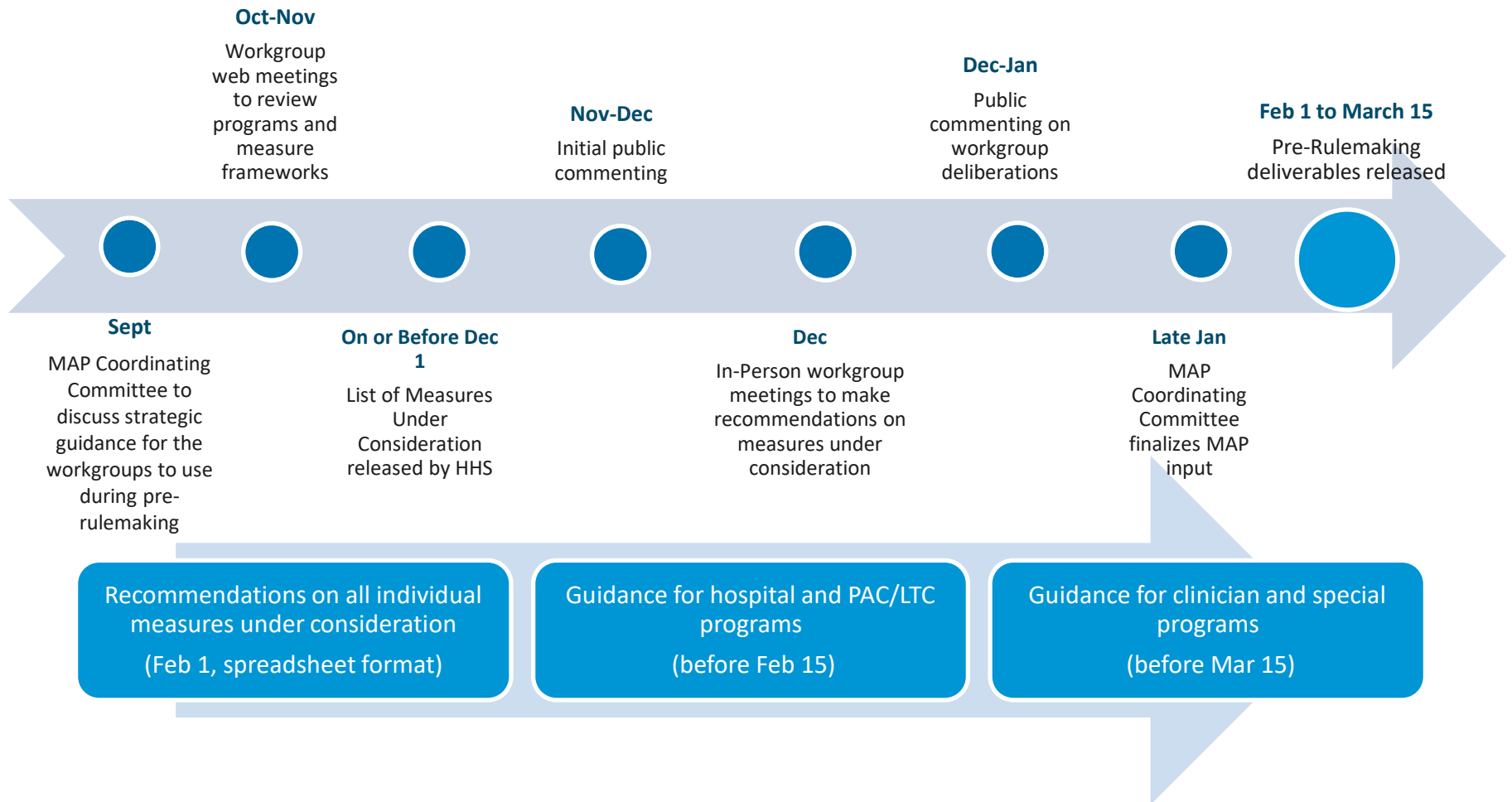# MAP Pre-Rulemaking Approach

MAP Pre-Rulemaking Approach
A closer look into how recommendations will be made

- MAP Coordinating Committee (Sept 27th In-Person Meeting):
  - *Chose Decision Categories for all Measures*
  - *Selected Criteria for Preliminary Analysis Algorithm*
- MAP Workgroups:
  - *October Web Meetings – Holistically review finalized program measure set for each program and identify gaps in the current measure sets*
  - *December In-Person Meetings - Evaluate measures under consideration and make recommendations. Recommendations are informed by the preliminary evaluations completed by NQF staff*
- MAP Coordinating Committee (January 24-25th In-Person Meeting):
  - *Examine the key issues identified by the MAP workgroups*
  - *Finalize Workgroup recommendations*

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

Oct-Nov

Workgroup web meetings to review programs and measure frameworks

Nov-Dec

Initial public commenting

Dec-Jan

Public commenting on workgroup deliberations

Feb 1 to March 15

Pre-Rulemaking deliverables released

Sept

MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1

List of Measures Under Consideration released by HHS

Dec

In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan

MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration

(Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs

(before Feb 15)

Guidance for clinician and special programs

(before Mar 15)

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.

CMS "Feedback Loop"

- Trial period – October 2016 PAC-LTC Workgroup meeting

- Based on discussions with Workgroup at December 2015 Meeting

- Review previously presented measures to the Workgroup

  - Additional work done in measure development, including work generated from Workgroup feedback

- Additional Workgroup discussion

Development of Skilled Nursing Facility Functional Outcome Quality Measures: Update

Alan Levitt, MD
Tara McMullen, PhD
Centers for Medicare & Medicaid Services

Anne Deutsch, RN, PhD, CRRN
RTI International

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www.rti.org

Background

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

  - Measures must address the domains required by the IMPACT Act, which mandates specification of cross-setting quality, resource use, and other measures for post-acute care providers.

- Skilled Nursing Facility Quality Reporting Program (SNF QRP) includes a cross-setting function quality measure

  - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631) adopted into the SNF QRP (data collection began October 1, 2016)

  - Section GG – self-care and mobility items added to MDS in order to calculate this quality measure

- Inpatient Rehabilitation Facility (IRF) functional outcome quality measures

  - National Quality Forum (NQF) endorsement in 2015

  - Adopted into the IRF QRP (data collection began October 1, 2016)

  - Section GG – self-care and mobility items

SNF Function Quality Measures

- An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)

- An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)

- An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)

- An Application of the Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)

Measure Applications Partnership (MAP) encouraged continued development to ensure alignment across Post-Acute Care (PAC) settings and provided following recommendations:

- Additional testing for SNF setting
  - RTI conducted additional analysis of data collection in 60 SNFs (Post-Acute Care Payment Reform Demonstration (PAC-PRD)), including self-care and mobility scale reliability and validity testing
  - RTI is developing risk adjustment models
- For CMS to consider other NQF endorsed that are fully specified and tested for SNFs as oppose to adapting IRF measures
  - RTI reviewed and compared the specifications of NQF-endorsed SNF functional status quality measures
  - RTI reviewed key specifications of these measures and the 4 measures under consideration with a panel of experts
- Use measures in programs prior to full testing and finalization of risk adjustment
  - RTI is soliciting public comment on the risk adjustment models
  - CMS reviews the performance of all quality measures that are implemented in QRPs

SNF Function Quality Measures Development Since 2015

- Additional analysis of data from the Post-Acute Care Payment Reform Demonstration (PAC PRD)

- Technical Expert Panel (TEP)
  - In-person meeting on May 5, 2016 in Baltimore, MD
  - Reviewed results of environmental scan and data analysis
  - TEP Summary Report is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/SNF-Function-Quality-Measures-TEP-Summary-Report-August-2016.pdf

- Public Comment on Draft Specifications for the Functional Status Quality Measures for Skilled Nursing Facilities
  - Comment period: October 7th through November 4, 2016
  - Documents are available on CMS Measures Management System website at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html
  - Public Comment Summary Report will be developed and posted on CMS web site

Current Status and Next Steps

Current status:

- The quality measure specifications for all 4 measures are provided in the public comment document, which is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html

Next Steps:

- Review public comments and conduct additional analyses based on the input from public comment
- Finalize the measure specifications

Development of Ventilator Weaning Quality Measures

Update

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Tara McMullen, PhD
Centers for Medicare & Medicaid Services

Nicole M. Jarrett, MSPH
RTI International

Background

- In accordance with the Section 3004(a) of The Patient Protection and Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) established the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).

- Invasive mechanical ventilation care compliance was identified as a gap in the LTCH QRP measure set and aligns with the National Quality Strategy Priority and the CMS Quality Strategy Goal of "Making Care Safer by reducing the harm caused in the delivery of care" (e.g. reducing negative impact of unnecessarily prolonged mechanical ventilation.)

- Work on the development of ventilator weaning quality measures for the LTCH setting began in 2014.

LTCH Ventilator Weaning Quality Measures

- As of December 2015, the LTCH ventilator weaning measures included one process measure and one outcome measure:
  - Process measure: Compliance with Spontaneous Breathing Trial (SBT) (including Tracheostomy Collar Trial (TCT) or Continuous Positive Airway Pressure (CPAP) Breathing Trial) by Day 2 of the LTCH Stay
    - Component 1: Percentage of Patients Assessed for Readiness for SBT by Day 2 of LTCH Stay
    - Component 2: Percentage of Patients Ready for SBT Who Received SBT by Day 2 of LTCH Stay

  - Outcome measure: Ventilator Weaning (Liberation) Rate
    - Component 1: the percentage of patients who are fully weaned at discharge,
    - Component 2: the percentage of patients who are not fully weaned at discharge

  - Data will be collected using existing items and new items to be added to the Long-Term Care Hospital Continuity Assessment Record and Evaluation Data Set (LTCH CARE Data Set)

LTCH Ventilator Weaning Measures Development (1)

- MAP 2015 Feedback
  - Encouraged continued development based on measure importance and priority
  - A MAP PAC/LTC Workgroup member recommended that the outcome measure specify the number of patients fully weaned (alive) at discharge

- Development Activity 1: Public Comment on Draft Specifications for the LTCH Ventilator Weaning Quality Measures
  - Comment period: May 19th through June 9th, 2016
  - 9 comments from organizations or individuals
  - Documents are available on CMS Measures Management System website at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html
  - Public Comment Summary Report will posted on CMS web site

LTCH Ventilator Weaning Measures Development (2)

- Development Activity 2: LTCH Ventilator Weaning Quality Measures Pilot Testing
  - Existing and draft LTCH CARE Data Set Items
  - 10 participating LTCHs, nearly 150 patient admissions
  - Qualitative and quantitative data collection, May 2016 – Sept 2016
  - Pilot Testing Summary Report will be posted on CMS web site

- Development Activity 3: Technical Expert Panel
  - Webinar meeting on August 9th, 2016
  - Reviewed results of pilot testing and stakeholder feedback received during the public comment period
  - TEP Report will be posted on the CMS web site

Summary of Changes since MAP 2015

- Refinements based on pilot test findings and feedback from public comments and the TEP included:
  - Changes to the outcome measure numerator
  - Confirmation of process measure specifications
  - Clarification of risk factor definitions

Next Steps

- Patient-level feedback on the context, importance, and utility of the measures from former patients previously weaned from mechanical ventilation and/or caregivers

- Finalize risk factor definitions

- Publish the Public Comment Summary, TEP, and Pilot Testing reports

Hospice Quality Reporting Program Quality Measures

Update

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RTI International

Hospice Visits When Death is Imminent Measure Pair

- This measure pair is specified as a set of 2 measures.
  - Measure 1 assesses the percentage of patients receiving at least 1 visit from *registered nurses, physicians, nurse practitioners, or physician assistants* in the last 3 days of life.
  - Measure 2 assesses the percentage of patients receiving at least 2 visits from *medical social workers, chaplains or spiritual counselors, licensed practical nurses, or hospice aides* in the last 7 days of life.

- Data source: new data elements on Hospice Item Set

- Current Status
  - Finalized in FY 2017 Hospice Final Rule (81 FR 52143)
  - To be implemented April 1, 2017
    - Hospices start submitting data elements via HIS
  - For FY 2019 APU determination

Testing

- Testing conducted & stakeholder input received
  - Technical Expert Panel
  - Focus groups with hospice patient caregivers and Clinical User's Panel
  - Pilot testing with 9 hospices with various characteristics
  - MAP comments and public comments during CMS rulemaking cycle

- Summary of findings and implications for the measure
  - 2 separate measures to capture visits meaningful for both patients and families
    - Measure 1 addresses case management and clinical care.
    - Measure 2 gives providers the flexibility to provide individualized care that is in line with the patient, family, and caregiver's preferences and goals for care and contributing to the overall well-being of the individual and others important in their life.
  - Measure pair is specified as percentage of patients and families who received a minimum amount of visits

Next Steps

- Measure testing based on national HIS data
  - Item-level analyses beginning when we have 1 quarter of data (expected August 2017)
  - Measure-level analyses when we have 1 year of data (expected May 2018)
  - Establish reliability and validity per NQF measure evaluation criteria

- NQF endorsement
  - Establish a timeline for seeking NQF endorsement

Hospice and palliative care composite process measure—comprehensive assessment at admission

- This measure assesses the percentage of patients who received seven critical care processes at admission.
  - These 7 care processes are captured by individual component measures implemented in the HQRP; they are currently under NQF endorsement maintenance review.
  - These critical care processes include management of pain, dyspnea, and bowels; patient preferences regarding life sustaining treatments; care for spiritual and existential concerns.

- Data source: existing data elements on the Hospice Item Set

- Current Status
  - Finalized in FY 2017 Hospice Final Rule (81 FR 52143)
  - To be implemented April 1, 2017
  - For FY 2019 APU determination

Testing

- Testing conducted
  - Technical Expert Panel
  - Focus groups with hospice patient caregivers and Clinical User's Panel
  - Analysis of Hospice Item Set national data
  - Public comments during CMS rulemaking cycle

- Summary of findings and Implications on the measure
  - Measure shows good reliability and validity against NQF evaluation criteria
  - TEP and stakeholder feedback suggests consistent exclusion criteria between the composite and the individual component measures.

Next Steps

- Measure testing based on national data
  - Complete measure testing based national data
  - Complete NQF submission forms

- NQF endorsement
  - CMS/NQF/RTI have started the discussion and initial review to support NQF endorsement

Overview of Programs Under Consideration

Overarching Themes from Last Year's MAP

- Implementation of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act
- Shared Accountability Across the Care Continuum
  - *Importance of incentivizing creative and improved connections in post-acute and long-term care with hospital care*
  - *Engage patients and caregivers as partners, ensure effective care transitions, and communicate effectively across transitions*
  - *Recognizing the uniqueness and variability of care provided by the home health industry*

MAP 2016 Considerations for Implementing Measures in Federal Programs: Post-Acute Care and Long-Term Care (2016 Report)

Summary

- Measures intended to promote alignment across post-acute and long-term care (PAC/LTC) settings should be tested in the appropriate setting(s) to ensure that specifications and measure intent reflect the specific patient population and acknowledge differences in outcome goals between settings.

- Measure concepts for PAC/LTC settings should reflect the impact of sociodemographic, socioeconomic, and psychosocial issues and encourage patient and family engagement.

- Measures under consideration (MUCs) are moving in the right direction to close gaps and address PAC/LTC core concepts; however, gaps remain in care coordination, transitions in care, and other areas that matter to patients and caregivers.

Revisiting the PAC/LTC Key Leverage Areas and Core Measure Concepts

- Goal: ensure the leverage areas and core measure concepts remain effective and meaningful in the rapidly changing world of post-acute and long-term care measurement.

- Key revisions:
  - *Added quality of life as a highest-leverage area*
    - » Identified symptom management, social determinants of health, autonomy and control, and access to lower levels of care as key measure concepts.
  - *Stressed the need to move beyond concepts addressing processes to concepts that assess outcomes.*

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	• Achievement of patient/family/caregiver goals • Advanced care planning and treatment
Patient and Family Engagement	• Experience of care • Shared decision-making • Patient and family education
Care Coordination	• Effective transitions of care • Accurate transmission of information
Safety	• Falls • Pressure ulcers • Adverse drug events
Cost/Access	• Inappropriate medicine use • Infection rates • Avoidable admissions
Quality of Life	• Symptom Management • Social determinants of health • Autonomy and control • Access to lower levels of care

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

IMPACT Act Programs

Skilled Nursing Facility Quality Reporting Program

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

Current SNF QRP Measure Information

- SNF QRP measures prioritized under the National Quality Strategy (NQS) quality measure domains, which are currently implemented:

NQS Primary Measure Domain	# Measures Implemented/Finalized
Effective Prevention and Treatment	0
Making Care Safer	4
Communication/Care Coordination	1
Best Practice of Healthy Living	0
Making Care Affordable	1
Patient and Family Engagement	1

CMS High Priority Domains for Future Measure Consideration – SNF QRP

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

- Making care affordable:
  - *Efficiency-based measures*

- Communication and care coordination:
  - *Transitions and rehospitalizations*
  - *Medication reconciliation: reduce the potential for ADEs that cause harm to patients*
  - *Discharge to community: multi-dimensional view of preparation for community life, including the cognitive, physical, and psychosocial elements*

- Patient- and caregiver-centered care
- Health and Well-Being
- Patient Safety

Home Health Quality Reporting Program

- **Program Type:** Pay for Reporting; Data are reported on the Home Health Compare website.

- **Incentive Structure:** The HH QRP was established in accordance with section 1895 of the Social Security Act. Home health agencies (HHAs) that do not submit data receive a 2 percentage point reduction in their annual HH market basket percentage increase.

- **Program Information:**
  - *Goal: Alignment with the mission of the IOM which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.*
  - *Data sources for the HH QRP include the Outcome and Assessment Information Set (OASIS) and Medicare FFS claims*

Current HH QRP Measure Information

- HH QRP measures prioritized under the National Quality Strategy (NQS) quality measure domains, which are currently implemented:

NQS Primary Measure Domain	# Measures Implemented/Finalized
Effective Prevention and Treatment	47
Making Care Safer	10
Communication/Care Coordination	9
Best Practice of Healthy Living	6
Making Care Affordable	0
Patient and Family Engagement	9

CMS High Priority Domains for Future Measure Consideration – HH QRP

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*
  - *Pain*
  - *Functional decline*
- Making care affordable:
  - *Efficiency-based measures (e.g. Medicare Spending per Beneficiary)*
- Communication and care coordination:
  - *Discharges to the community, potentially preventable readmissions*
  - *Medication reconciliation*

Inpatient Rehabilitation Facility Quality Reporting Program

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

Current IRF QRP Measure Information

■ IRF QRP measures prioritized under the National Quality Strategy (NQS) quality measure domains, which are currently implemented:

NQS Primary Measure Domain	# Measures Implemented/Finalized
Effective Prevention and Treatment	0
Making Care Safer	8
Communication/Care Coordination	1
Best Practice of Healthy Living	2
Making Care Affordable	1
Patient and Family Engagement	5

CMS High Priority Domains for Future Measure Consideration

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

- Making care affordable:
  - *Efficiency-based measures*
- Communication and care coordination:
  - *Transitions and rehospitalizations*
  - *Medication reconciliation: reduce the potential for ADEs that cause harm to patients*
  - *Discharge to community: multi-dimensional view of preparation for community life, including the cognitive, physical, and psychosocial elements*

Long-Term Care Hospital (LTCH) Quality Reporting Program

- **Program Type**: Pay for Reporting

- **Incentive Structure**: The LTCH QRP was established under the Affordable Care Act. Beginning in FY 2014, LTCHs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable annual payment update (APU).

- **Program Information**:

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

  - *New LTCHs are required to begin reporting quality data under the LTCH QRP no later than the first day of the calendar quarter subsequent to 30 days after the date on its CMS Certification Number (CCN) notification letter*

Current LTCH QRP Measure Information

- LTCH QRP measures prioritized under the National Quality Strategy (NQS) quality measure domains, which are currently implemented

NQS Primary Measure Domain	# Measures Implemented/Finalized
Effective Prevention and Treatment	0
Making Care Safer	10
Communication/Care Coordination	1
Best Practice of Healthy Living	2
Making Care Affordable	1
Patient and Family Engagement	3

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*
  - *Experience of Care*
- 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*

Long-Term Care Hospital QRP Current Measure Information

LTCH High Priority Areas for Measurement	Existing Measures in the LTCH QRP
Making Care Safer	▪ Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) ▪ (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure ▪ (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome ▪ Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) ▪ (NHSN) Central line-associated Bloodstream Infection (CLABSI) Outcome Measure ▪ All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from Long-Term Care Hospitals ▪ (NHSN)Ventilator-Associated Event (VAE) Outcome Measure ▪ (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure ▪ Potentially Preventable 30 Day Post Discharge Readmission Measure for LTCH QRP
Communication/Care Coordination	▪ Discharge to Community-PAC LTCH QRP
Making Care Affordable	▪ Medicare Spending per Beneficiary-PAC LTCH QRP
Best Practice of Healthy Living	▪ Influenza Vaccination Coverage Among Healthcare Personnel ▪ Percent of Residents or Patients Who Were Assessed and appropriately Given the Seasonal Influenza Vaccine (Short-Stay)
Patient and Family Engagement	▪ Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function ▪ Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function ▪ Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support

Current Program Measures by MAP PAC/LTC Core Concepts

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

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: IMPACT Act Programs

- Measures of care preference, advance care planning, and achieving patient goals are rare across the IMPACT Act Programs
  - *What are some difficulties associated with designing and implementing these measures, and how can they be overcome?*
  - *Are there existing measures or concepts that could be adapted for use in these settings?*
- What measurement gaps currently exist in these programs, and how should they be prioritized?

Non-IMPACT Act Programs

Skilled Nursing Facility Value-Based Purchasing

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

Protecting Access to Medicare Act (PAMA)

- 2014 Protecting Access to Medicare Act (PAMA) legislation mandates that CMS specify:
  - *A SNF all-cause all-condition 30 day-hospital readmission measure (currently finalized in the program)*
  - *A resource use measure that reflects resource use by measuring all-condition risk-adjusted potentially preventable 30-day hospital readmission rates for SNFs no later than October 1, 2016 (This measure will replace the all-cause all-condition measure)*

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.

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:
  - *Incorporating patient and family care preferences*
- Making care safer:
  - *Timeliness/responsiveness of care*
- Communication and care coordination:
  - *Alignment of care coordination measures*

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) -Comprehensive Assessment at Admission
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	-Beliefs/Values Addressed (if desired by the patient)
Avoiding Unnecessary hospital and ED admissions	
Psychological and psychiatric aspects of care	-Beliefs/Values Addressed (if desired by the patient) -Hospice Experience of Care Survey
Timeliness/responsiveness of care	-Hospice Experience of Care Survey -Hospice Visits When Death is Imminent Measure 1 -Hospice Visits When Death is Imminent Measure 1
Access to the healthcare team on a 24-hour basis	
Avoiding unwanted treatments	- Treatment preferences

Workgroup Discussion: SNF VPB and Hospice

- SNF VBP: Are there additional measures of resource use to consider beyond readmissions?

- Hospice QRP: Are there additional physical aspects of care not covered by the current dyspnea and pain management measures?

- Hospice QRP: What obstacles are there to designing and implementing a measure of patient access to staff? How can they be overcome?

- What measurement gaps currently exist in these programs, and how should they be prioritized?
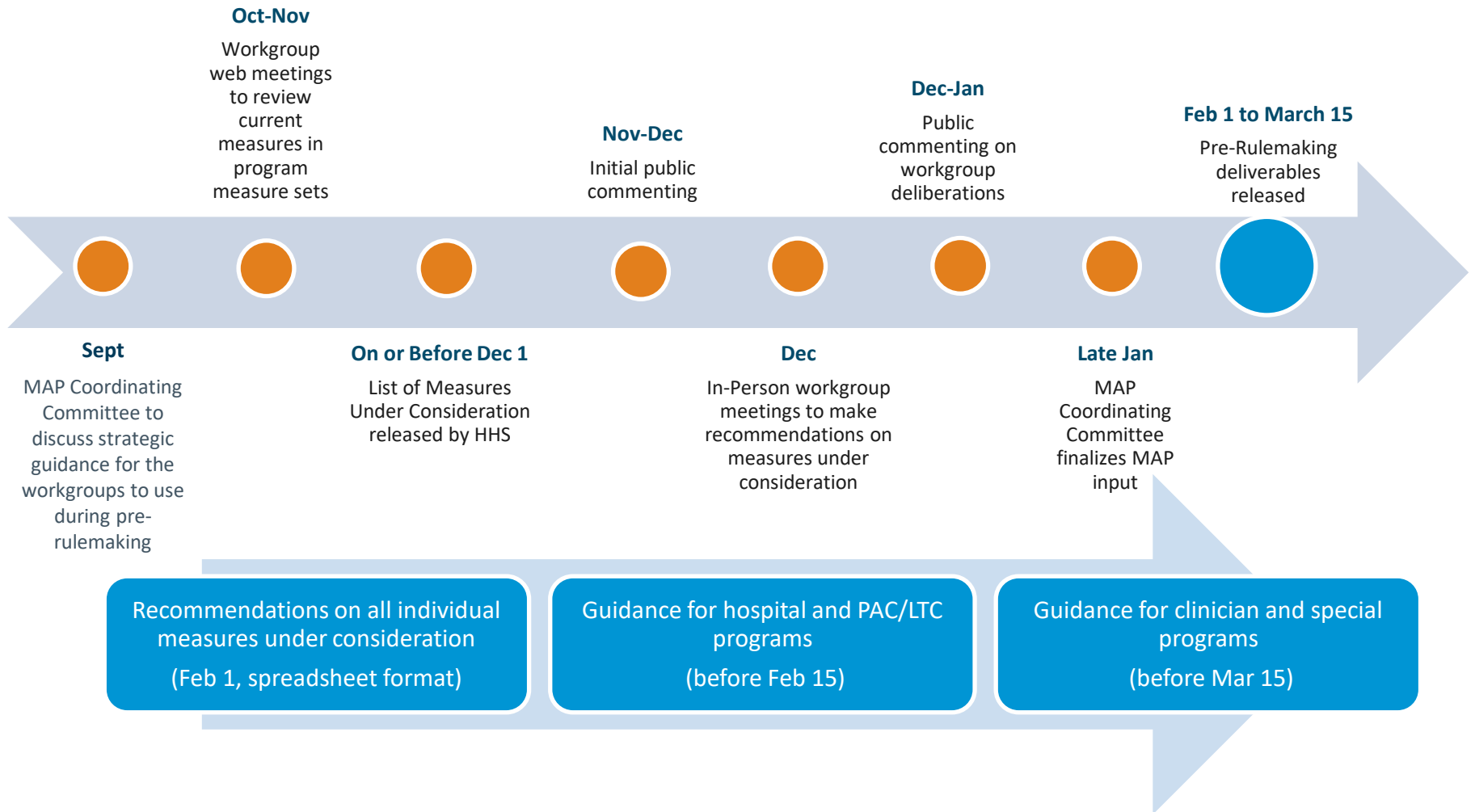
Opportunity for Public Comment

Next Steps

- MAP PAC/LTC Workgroup upcoming pre-rulemaking activities for 2016-2017:
  - *December 14-15, 2016 – in-person meeting to review measures under consideration for PAC/LTC settings*
  - *February 1, 2017 – Recommendations on individual measures*
  - *February 15, 2017 – Strategic guidance for hospital and PAC/LTC programs*

MAP Pre-Rulemaking Approach
A look at what to expect

Oct-Nov

Workgroup web meetings to review current measures in program measure sets

Nov-Dec

Initial public commenting

Dec-Jan

Public commenting on workgroup deliberations

Feb 1 to March 15

Pre-Rulemaking deliverables released

Sept

MAP Coordinating Committee to discuss strategic guidance for the workgroups to use during pre-rulemaking

On or Before Dec 1

List of Measures Under Consideration released by HHS

Dec

In-Person workgroup meetings to make recommendations on measures under consideration

Late Jan

MAP Coordinating Committee finalizes MAP input

Recommendations on all individual measures under consideration

(Feb 1, spreadsheet format)

Guidance for hospital and PAC/LTC programs

(before Feb 15)

Guidance for clinician and special programs

(before Mar 15)

Points of Contact

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Thank You!