NATIONAL QUALITY FORUM

Welcome to Today's Meeting!

- Housekeeping reminders:
  - Please mute your computer when not speaking
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - We encourage you to keep the video on throughout the event
  - We will do a full roll call once the meeting begins
  - Feel free to use the chat feature to communicate with NQF staff
  - We will be using the hand raising feature during open discussion

If you are experiencing technical issues, please contact the project team via chat on the Webex platform or at **MAPPAC-LTC@qualityforum.org**

Measure Applications Partnership (MAP)

Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup Orientation Web Meeting

November 4, 2021

Funding provided by the Centers for Medicare & Medicaid Services (CMS), Task Order HHSM-500-T0003 Option Year 3

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Agenda

- Welcome, Introductions, Review of Meeting Objectives
- CMS Welcoming Remarks
- MAP Pre-Rulemaking Approach
- Overview of Programs Under Consideration
- 2020 – 2021 MAP Overarching Themes
- MAP Rural Health and Health Equity Advisory Groups Review of Measures Under Consideration (MUCs)
- CMS Feedback Loop 2021
- Opportunity for Public Comment
- Next Steps
- Adjourn

Welcome, Introductions, and Review of Meeting Objectives

Workgroup Staff

- **Matthew Pickering, PharmD,** Senior Director
- **Susanne Young, MPH,** Manager
- **Ashlan Ruth, BS IE,** Project Manager
- **Becky Payne, MPH,** Senior Analyst
- **Gus Zimmerman, MPP,** Coordinator
- **Taroon Amin, PhD,** Consultant

PAC/LTC Workgroup Membership

Workgroup Co-Chairs: Gerri Lamb, PhD, RN, FAAN; Kurt Merkelz, MD, CMD

Organizational Members (Voting)

- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Academy of Physical Medicine and Rehabilitation (AAPM&R)
- American Geriatrics Society
- American Occupational Therapy Association
- American Physical Therapy Association
- ATW Health Solutions
- Encompass Health Corporation
- Kindred Healthcare
- LeadingAge
- National Hospice and Palliative Care Organization
- National Partnership for Hospice Innovation
- National Pressure Injury Advisory Panel
- National Transitions of Care Coalition
- SNP Alliance

PAC/LTC Workgroup Membership (Continued)

Individual Subject Matter Experts (Voting)

- Dan Andersen, PhD
- David Andrews, PhD
- Paul Mulhausen, MD, MHS
- Sarah Livesay, DNP, APRN, ACNP-BC, ACNS-BC
- Terrie Black, DNP, MBA, CRRN, FAHA, FAAN

Federal Government Liaisons (Non-voting)

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Office of the National Coordinator for Health Information Technology (ONC)

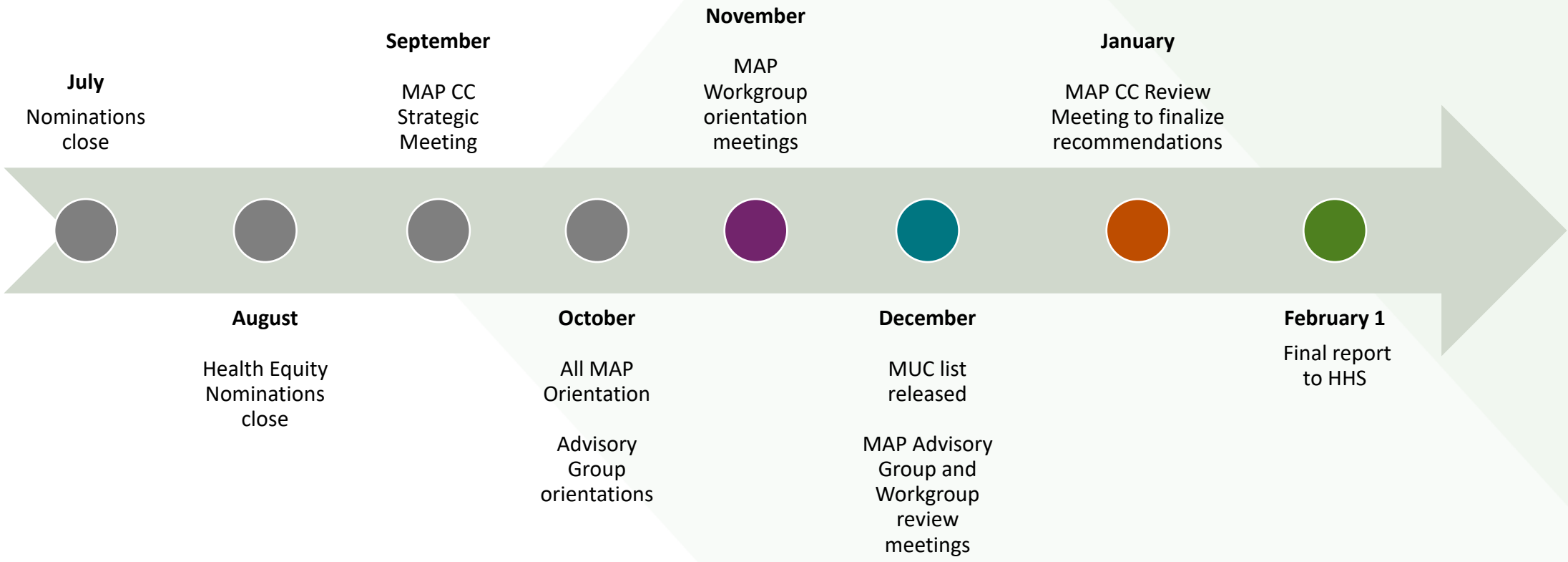
Objectives for Today's Meeting

- Review the 2021-2022 pre-rulemaking approach
- Review the goals and structure of each program
- Review the critical objectives of each program
- Identify measurement gap areas

CMS Welcoming Remarks

MAP Pre-Rulemaking Approach

Timeline of MAP Activities



Measure Set Review (MSR) – 2021 Pilot and Future State

- In partnership with CMS, NQF developed a pilot process and measure review criteria (MRC) for federal quality programs covering the Clinician, Hospital and Post-Acute Care/Long-Term Care (PAC/LTC) settings.
- For the 2021-2022 cycle, the MAP Coordinating Committee conducted a pilot MSR meeting and provided input on the MRC.
  - Measures were reviewed from Hospital programs
  - The MSR final report is available online
- For the 2022-2023 cycle, the MAP will fully implement the MSR to include input from all workgroups and advisory groups.
  - Further information will be provided in early 2022

Overview of PAC/LTC Programs Under Consideration

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Programs to be Considered by the PAC-LTC Workgroup

- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Home Health Quality Reporting Program (HH QRP)
- Hospice Quality Reporting Program (HQRP)
- Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

MAP Post-Acute Care/Long-Term Care Workgroup Priorities for CMS

Table 1. MAP Post-Acute Care/Long-Term Care Workgroup Priorities for CMS

Concepts

Total Votes	Item
8	Care Coordination
4	Interoperability
4	Patient Reported Outcomes
2	Chronic Illness Care (Quality of Life)
2	Pain Management
1	Mental Health
1	Serious Illness
0	Access to Care: e.g., Availability of Resources (Travel Distance)
0	Social Determinants (Drivers)

Alignment Across Continuum

Total Votes	Item
3	Function Across Individual Patient's Continuum of Care
2	Medication Management (Cross-Cutting Across All Concepts)
1	Aligning Facility and Practitioner Measures/Incentives

Source: Measure Applications Partnership 2020 Considerations for Implementing Measures in Federal Programs: Post-Acute Care and Long-Term Care

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** SNFs that do not submit the required quality data will have their annual payment update reduced by 2%.
- **Program Goal:** Increase transparency so that patients are able to make informed choices.

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SNF QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Endorsed
Outcome	3481	Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)	Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed
Cost/ Resource	N/A	Medicare Spending per Beneficiary —Post-Acute Care Skilled Nursing Facility Quality Reporting Program	Not Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program.	Not Endorsed

SNF QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 2633	Application of IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 2634	Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 2635	Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 2636	Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC)	Not Endorsed

SNF QRP: Current Program Measure Information (Continued 2)

Type	NQF ID	Measure Title	NQF Status
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed
Outcome	N/A	Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalizations	Not Endorsed

CMS High-Priority Meaningful Measure Areas for Future Measure Consideration – SNF QRP

- Health Equity: Assess Disparities in Digital Access Among Skilled Nursing Facility Residents – This measure is under consideration
- Patient-Reported Outcome-Based Performance Measure: CoreQ: Short Stay Discharge Measure –This measure is under consideration

Workgroup Discussion – SNF QRP

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

Home Health Quality Reporting Program (HH QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** Home health agencies (HHAs) that do not submit data will have their annual HH market basket percentage increase reduced by 2%.
- **Program Information:** Alignment with the mission of the National Academy of Medicine (NAM) which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.

HH QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	0171	Acute Care Hospitalization During the First 60 Days of Home Health (will be removed in CY 2023)	Endorsed
Outcome	0173	Emergency Department Use without Hospitalization During the First 60 Days of Home Health (will be removed in CY 2023)	Endorsed
Outcome	0167	Improvement in Ambulation/Locomotion	Endorsed
Outcome	0174	Improvement in Bathing	Endorsed
Outcome	0179	Improvement in Dyspnea	Endorsement Removed
Outcome	0176	Improvement in Management of Oral Medication	Endorsed
Process	0526	Timely Initiation Of Care	Endorsement Removed
Process	0522	Influenza Immunization Received for Current Flu Season	Endorsement Removed

HH QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Outcome	0175	Improvement in Bed Transferring	Endorsed
Outcome	0517	CAHPS Home Health Care Survey (experience with care)	Endorsed
Process	N/A	Drug Education on All Medications Provided to Patient/Caregiver during All Episodes of Care (will be removed in CY 2023)	Not Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care (PAC) Home Health Quality Reporting Program	Not Endorsed
Cost/ Resource	N/A	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)	Not Endorsed
Outcome	3477	Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (will exclude baseline nursing facility residents starting CY 2021)	Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Home Health Quality Reporting Program	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed

HH QRP: Current Program Measure Information (Continued 2)

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC) (Will be added to program in CY 2022)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC) (Will be added to program in CY 2022)	Not Endorsed

CMS High-Priority Meaningful Measure Areas for Future Measure Consideration – HH QRP

- Functional status and preventing functional decline are important priorities to assess for home health patients. Patients who receive home health care may have functional limitations, individual functional goals and may be at risk for further decline in function due to limited mobility and ambulation.
- Patient Healthcare Associated Infections (HAIs) –This measure is currently being proposed to be adopted in other post-acute care settings. CMS plans to evaluate the appropriateness of adoption within HHAs
- COVID-19 Vaccination Coverage Among Healthcare Personnel –This measure is currently proposed for adoption in other PAC settings. CMS plans to evaluate the feasibility and appropriateness
- Health Equity: Assess Disparities in Digital Access Among Home Health Beneficiaries –This measure is under consideration.

Workgroup Discussion – HH QRP

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

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** IRFs that fail to submit data will have their applicable IRF Prospective Payment System (PPS) payment update reduced by 2%.
- **Program Goal:** Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

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IRF QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
Outcome	2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Endorsed
Outcome	2635	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	2636	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	Endorsed

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IRF QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Outcome	3479	Discharge to Community: Discharge to Community-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Endorsed
Process	N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues	Not Endorsed
Cost/ Resource	3561	Medicare Spending Per Beneficiary-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program	Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program	Not Endorsed
Outcome	N/A	Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed

CMS High-Priority Meaningful Measure Areas for Future Measure Consideration – IRF QRP

- Health Equity: Assess Disparities in Digital Access Among Inpatient Rehabilitation Facility patients –This measure is under consideration
- Patient Healthcare Associated Infections (HAIs) –This measure is currently being proposed to be adopted in other post-acute care settings. CMS plans to evaluate the appropriateness of adoption within IRFs.
- Patient-Reported Outcome-Based Performance Measure –This measure is under consideration

Workgroup Discussion – IRF QRP

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

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

- **Program Type**: Pay for reporting and public reporting
- **Incentive Structure**: LTCHs that fail to submit data will have their applicable annual payment update (APU) reduced by 2%.
- **Program 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).

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LTCH QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	Endorsed
Process	2631	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	Endorsed
Outcome	2632	Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support	Endorsed
Process	N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post Acute Care (PAC) Long- Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Not Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure	Endorsed
Outcome	0139	National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure	Endorsed
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed

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LTCH QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed
Cost/ Resource	3562	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Endorsed
Outcome	3480	Discharge to Community—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Not Endorsed
Process	N/A	Compliance With Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	Not Endorsed
Outcome	N/A	Ventilator Liberation Rate	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC)	Not Endorsed

CMS High-Priority Meaningful Measure Areas for Future Measure Consideration – LTCH QRP

- Health Equity: Assess Disparities in Digital Access Among Long Term Care Hospital Residents – This measure is under consideration
- Patient Healthcare Associated Infections (HAIs) –This measure is currently being proposed to be adopted in other post-acute care settings. CMS plans to evaluate the appropriateness of adoption within LTCHs.
- Patient-Reported Outcome-Based Performance Measure –This measure is under consideration

Workgroup Discussion – LTCH QRP

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

Hospice Quality Reporting Program (HQRP)

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** Starting in FY 2024 (CY 2022 data), Hospices that fail to submit quality data will have their annual payment update (APU) reduced by 4%; prior to FY 2024, the APU payment penalty was 2%.
- **Program Goal:** Addressing pain and symptom management for hospice patients and meeting their patient-centered goals, while remaining primarily in the home environment.

HQRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Process	3235	Hospice and Palliative Care Composite Process Measure - Comprehensive Assessment at Admission	Endorsed
Process	N/A	Hospice Care Index	Not Endorsed
Process	N/A	Hospice Visits in Last Days of Life (HVLDL)	Not Endorsed
Outcome	2651	CAHPS Hospice Survey	Endorsed

CMS High-Priority Meaningful Measure Areas for Future Measure Consideration – HQRP

- The Hospice Outcome & Patient Evaluations (HOPE) tool
  - Pain and symptom impact outcome measures
- Claims/administrative data
  - Weekend visits process measures
- Hybrid Measures
  - Wound care using claims and survey data
  - HOPE and claims data

Workgroup Discussion – HQRP

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

Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

- **Program Type:** Value-Based Purchasing
- **Incentive Structure:** The SNF VBP Program awards incentive payments to SNFs based on a single all-cause readmission measure (SNF 30-Day All-Cause Readmission Measure; NQF #2510), as mandated by Protecting Access to Medicare Act (PAMA) of 2014. SNFs' performance period risk-standardized readmission rates are compared to their own past performance to calculate an improvement score and the National SNF performance during the baseline period to calculate an achievement score. The higher of the achievement and improvement scores becomes the SNF's performance score.
  - SNFs with less than 25 eligible stays during the baseline period will not receive an improvement score. These SNFs will be scored on achievement only. SNFs with less than 25 eligible stays during the performance period will be "held harmless".
- **Program Goal:** Transforming how care is paid for, moving increasingly towards rewarding better value, outcomes, and innovations instead of merely volume, and linking payments to performance on a single readmission measure.

Protecting Access to Medicare Act (PAMA) and The Consolidated Appropriations Act of 2021

- The Protecting Access to Medicare Act (PAMA) of 2014 authorized the SNF VBP Program.
  - Per PAMA, the all-cause measure will be replaced as soon as practicable with a potentially preventable readmission measure.
  - CMS withholds 2% of SNF Medicare FFS payments to fund the Program, and 60% of these withheld funds are redistributed to SNFs in the form of incentive payments.
  - The SNF VBP Program began awarding incentive payments to SNFs on October 1, 2018.
- The Consolidated Appropriations Act of 2021 allows the Secretary to apply up to 9 additional measures, which may include measures focusing on functional status, patient safety, care coordination, or patient experience for payments for services furnished on or after October 1, 2023.

SNF VBP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility Quality Reporting Program	Not Endorsed
Outcome	2510	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Endorsed

On August 4, 2021, CMS published the FY 2022 SNF PPS final rule that updated policies for the SNF VBP Program. It is available in the *Federal Register* on pages 42502–42518. Major finalized policies include, among others, a Request for Information obtained feedback that CMS will take into consideration for future expansion of the SNF VBP Program measure set. See TABLE 30: Quality Measures Under Consideration for an Expanded Skilled Nursing Facility Value-Based Purchasing Program and the public comments summary on pages 42507 – 42511.

CMS High-Priority Meaningful Measure Areas for Future Measure Consideration – SNF VBP

- In addition to functional status, patient safety, care coordination, or patient experience, and the aim to minimize burden, CMS may consider measures where SNFs and nursing homes are largely familiar with through the SNF Quality Reporting Program, 5-Star Rating Program, and/or the Nursing Home Quality Initiative.

Workgroup Discussion – SNF VBP

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

2020 - 2021 MAP Overarching Themes

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Overarching Themes

- Measures to Address COVID-19 Vaccination Rates
- Evolving Trends in Service Setting
- Connections Between Cost Measures and Quality Measures
- Measure Burden and Digital Measures
- Composite Measures
- Care Coordination

Measures to Address COVID-19 Vaccination Rates

- COVID-19 measures can help providers understand how they are performing at vaccinating their patients, and for patients to understand the extent to which providers are vaccinating their personnel

Evolving Trends in Service Setting

- Clinical services are increasingly moving from inpatient to ambulatory settings
- Increasing shift towards outpatient and ambulatory services may jeopardize certain minimum case thresholds over time, as the inpatient volume decreases
- Encourage CMS explore the major groupings of the types of services and procedures offered in the outpatient setting to identify gaps for measure development

Connections Between Cost Measures and Quality Measures

- MAP expressed concerns related to explicit connections between cost and quality for measures considered for Merit-based Incentive Payment System (MIPS)
- Currently no clear standard or consensus among stakeholders on how to use appropriately correlated cost and quality measures together to assess health system efficiency
- Cost measures carry implicit concern associated with care stinting
- There is a need for clear connections to upstream interventions that result in downstream cost savings, and for further analysis of episode-based cost measures that focus on chronic conditions

Measure Burden and Digital Measures

- Digital quality measures, especially eCQMs, give opportunities for real-time feedback to providers
- Many eCQMs are not entirely ready for use in accountability programs, and electronic health record (EHR) vendors should be engaged throughout the process to ensure that such measures are ready for deployment
- There is a need to ensure that digital quality measures are transparent to all entities
- Potential to decrease measurement costs and burden through alignment between public and private payors on core measures
- PRO-PMs are more burdensome to collect and require additional infrastructure and support

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Composite Measures

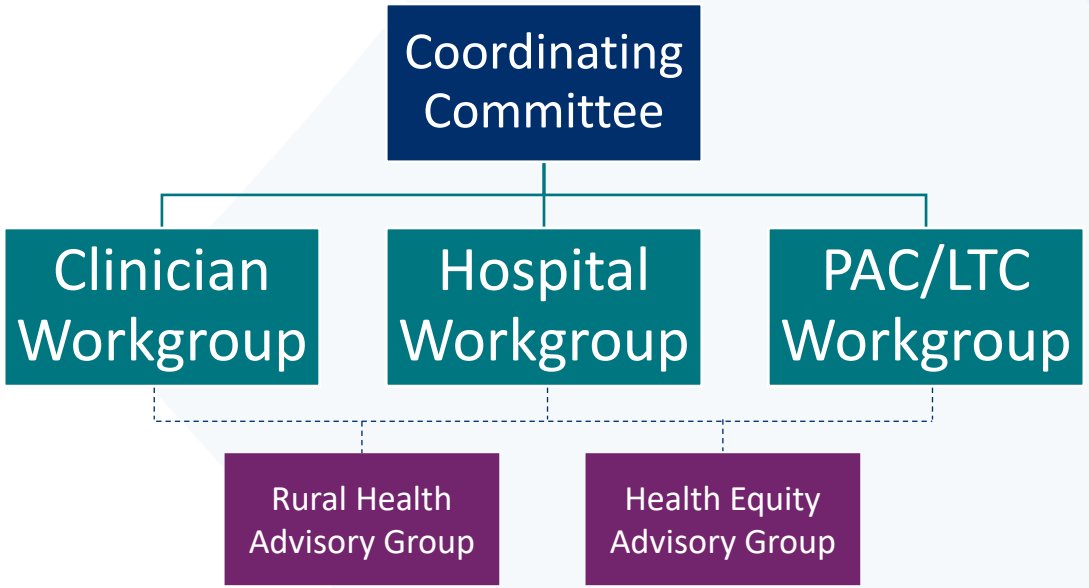
- Composite measures may provide an important comprehensive view of how a given provider is performing on a series of important measures
- It is challenging for the provider to determine how to deploy quality improvement resources to improve performance if the individual measure rates are not presented
- Individual components of such measures should not always be equally weighted

Care Coordination

- Coordination across and among all providers helps enable the most effective team-based care for patients
- Communication and the transfer of information should be components under the larger umbrella of coordination of care
- Care coordination remains a prioritized gap for various programs
  - Patients receiving care from providers can be clinically complex and may frequently transition between care settings
  - The ability to manage care and services after discharge has a direct impact on patient and caregiver burden and on patient readmissions

MAP Rural Health Advisory Group Review of Measures Under Consideration (MUCs)

MAP Structure 2021



MAP Rural Health Advisory Group Charge

- To help address priority rural health issues, including the challenge of low case-volume

- To provide:
  - Timely input on measurement issues to other MAP Workgroups and committees
  - Rural perspectives on the selection of quality measures in MAP

Rural Health Advisory Group Review of MUCs

- The Rural Health Advisory Group will review all the MUCs and provide the following feedback to the setting-specific Workgroups:
  - Relative priority/utility in terms of access, cost, or quality issues encountered by rural residents
  - Data collection and/or reporting challenges for rural providers
  - Methodological problems of calculating performance measures for small rural facilities
  - Potential unintended consequences related to rural health if the measure is included in specific programs
  - Gap areas in measurement relevant to rural residents/providers for specific programs
- The Rural Health Advisory Group will be polled on whether the measure is suitable for use with rural providers within the specific program of interest

Rural Health Advisory Group Review of MUCs (Continued)

- Rural Health Advisory Group feedback will be provided to the setting-specific Workgroups through the following mechanisms:
  - The preliminary analyses (PAs):
    - A qualitative summary of Rural Health Advisory Group's discussion of the MUCs
    - Polling results that quantify the Rural Health Advisory Group's perception of suitability of the MUCs for various programs
      - Average polling results
  - Rural Health Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December

MAP Health Equity Advisory Group Review of MUCs

MAP Health Equity Advisory Group Charge

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals
- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages

Health Equity Advisory Group Review of MUCs

- The Health Equity Advisory Group will review all the MUCs and provide the following feedback to the setting-specific Workgroups:
  - Relative priority in terms of advancing health equity for all
  - Data collection and/or reporting challenges regarding health disparities
  - Methodological problems of calculating performance measures adjusting for health disparities
  - Potential unintended consequences related to health disparities if the measure is included in specific programs
  - Gap areas in measurement relevant to health disparities and critical access hospitals for specific programs
- The Health Equity Advisory Group will be polled on the potential impact on health disparities if the measure is included within the specific program of interest

Health Equity Advisory Group Review of MUCs (Continued)

- Health Equity Advisory Group feedback will be provided to the setting-specific Workgroups through the following mechanisms:
  - The PAs:
    - » A qualitative summary of Health Equity Advisory Group's discussion of the MUCs
    - » Polling results that quantify the Health Equity Advisory Group's perception of the potential impact on health disparities if the measure is included within the specific program
      - Average polling results
  - Health Equity Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December

CMS Presentation

PAC-LTC Workgroup Webinar Meeting

CMS Feedback Loop 2021

Alan Levitt M.D.

alan.levitt@cms.hhs.gov

November 04, 2021

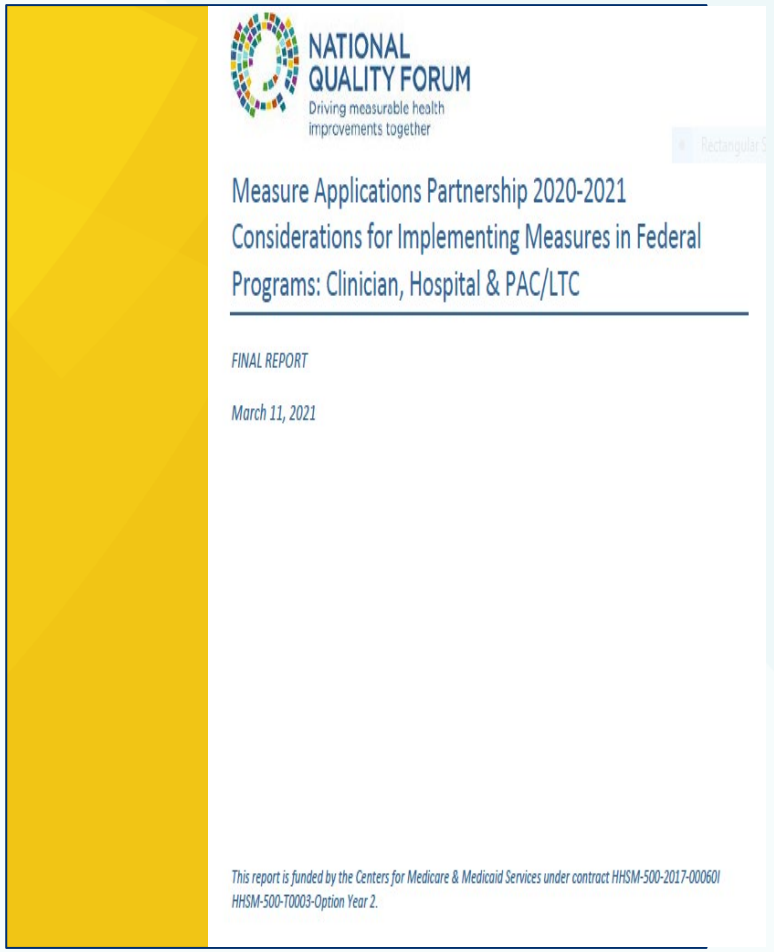
CMS Feedback Loop

The purpose of the Feedback Loop is to show how PAC-LTC Workgroup discussions have been incorporated into the rule proposals and current work of the Post-Acute Care (PAC) Quality Reporting Programs (QRPs)

January 2020 PAC-LTC Workgroup

Measures under consideration

- MUC20-0002: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization
- MUC20-0030: Hospice Care Index
- MUC20-0044: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)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Driving measurable health improvements together

Measure Applications Partnership 2020-2021 Considerations for Implementing Measures in Federal Programs: Clinician, Hospital & PAC/LTC

FINAL REPORT

March 11, 2021

This report is funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I HHSM-500-T0003-Option Year 2.

MUC2020-0002: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization†

"Conditional support pending NQF endorsement"

- Finalized in FY 2022 rulemaking for the Skilled Nursing Facility QRP
- Future plans for NQF endorsement

†https://www.cms.gov/files/document/snf-hai-technical-report.pdf

MUC20-0030: Hospice Care Index†

"Conditional support pending NQF endorsement"

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- Finalized in FY 2022 rulemaking for the Hospice QRP
- Future plans for NQF endorsement

†https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16311.pdf

MUC20-0044: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)†

"Conditional support for rule making for all settings (SNF,LTCH,IRF)"

- *Pending measures are fully specified*

- Finalized in FY 2022 rulemaking for the SNF, LTCH and IRF QRPs
- Data collection began 10/1/2021. Public reporting for Fall 2022 Care Compare refresh
- Plans for NQF endorsement

†https://www.cdc.gov/nhsn/pdfs/nqf/covid-vax-hcpcoverage-508.pdf

Other PAC QRP Highlights

- HH QRP:
  - Finalized the Potentially Preventable Hospitalization measure in CY 2022 rulemaking†
  - Finalized in CY 2022 the removal of:
    - Drug Education on All Medications Provided to Patient/Caregiver during all Episodes of Care measure
    - Acute Care Hospitalization During the First 60 Days of HH (NQF #0171) measure
    - Emergency Department Use Without Hospitalization During the First 60 days of HH (NQF #0173) measure

†https://www.federalregister.gov/public-inspection/2021-23993/medicare-and-medicaid-programs-cy-2022-home-health-prospective-payment-system-rate-update-home

Other PAC QRP Highlights –cont'd

- Aligned the IRF, LTCH and SNF QRP Transfer of Health Information (TOH) measures to match the HH QRP TOH measure denominator.
- Replaced the "Hospice Visits When Death is Imminent" measure pair with the ''Hospice Visits in the Last Days of Life" measure†
- Finalized adding CAHPS Hospice Survey Star Ratings
- Finalized COVID–19 Affected Reporting Scenarios for 2022-23
- Request for Information in FY and CY rulemaking:
  - Fast Healthcare Interoperability Resources (FHIR) in Support of Digital Quality Measurement in Quality Programs
  - Closing the Health Equity Gap in Post-Acute Care Quality Reporting Programs

†https://www.cms.gov/files/document/hospice-visits-last-days-life-hvldl-measure-specifications.pdf

Thank You!

Opportunity for Public Comment

Next Steps

Timeline of Upcoming Activities

- **Release of the MUC List** – by December 1
- **Public Comment Period 1** – Timing based on MUC List release
- **Advisory Group Review Meetings**
  - Rural Health: **December 8**
  - Health Equity: **December 9**
- **Workgroup & Coordinating Committee Review Meetings**
  - Clinician Workgroup – **December 14**
  - Hospital Workgroup – **December 15**
  - PAC/LTC Workgroup – **December 16**
  - Coordinating Committee – **January 19, 2022**
- **Public Comment Period 2** – December 30, 2021 – January 13, 2022

Resources

- CMS 2021 Program-Specific Measurement Needs and Priorities Document
- Pre-Rulemaking Website
- MAP Member Guidebook

Contact Information

- **Project Page:** MAP Post-Acute/Long-Term Care Webpage
- **Email: MAP PAC/LTC Project Team** MAPPAC-LTC@qualityforum.org

Questions

THANK YOU.

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https://www.qualityforum.org