NATIONAL QUALITY FORUM

# Measure Applications Partnership

## PAC/LTC Workgroup Web Meeting

*November 13, 2017*

# Welcome, Introductions, and Review of Meeting Objectives

# Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- CMS Opening Remarks
- CMS Meaningful Measures Framework
- MAP Pre-rulemaking Approach
- CMS Update on Prior Measures Under Consideration
- Overview of Programs Under Consideration
- Opportunity for Public Comment
- Next Steps

# MAP PAC/LTC Workgroup
# Staff Support Team

- Erin O'Rourke: Senior Director
- Jean-Luc Tilly: Senior Project Manager
- Miranda Kuwahara: Project Analyst

- Project Email: MAPPAC-LTC@qualityforum.org

# Meeting Objectives

- Orientation to MAP 2017 pre-rulemaking approach
- CMS Update on Prior Measures Under Consideration
- Review PAC/LTC Workgroup programs
- Provide input on potential measure gaps

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

| Workgroup Chairs (voting) | |
|---|---|
| Gerri Lamb, PHD | |
| Paul Mulhausen, MD, MHS | |
| **Organizational Members (voting)** | **Organizational Representative** |
| AMDA – The Society for Post-Acute and Long-Term Care Medicine | Dheeraj Mahajan, MD, FACP, CMD, CIC, CHCQM |
| American Academy of Physical Medicine & Rehabilitation | Kurt Hoppe, MD |
| American Geriatrics Society | Deb Saliba |
| American Occupational Therapy Association | Pamela Roberts, PhD, OTR/L, SCRES, CPHQ, FAOTA |
| American Physical Therapy Association | Heather Smith, PT, MPH |
| Centene Corporation | Michael Monson |
| Compassus | Kurt Merkelz, MD |
| HealthSouth Corporation | Lisa Charbonneau, DO, MS |
| Families USA | Frederick Isasi, JD, MPH |
| 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 Partnership for Hospice Innovation | Theresa Schmidt |
| National Pressure Ulcer Advisory Panel | Arthur Stone, MD |
| National Transitions of Care Coalition | James Lett, II, MD, CMD |
| Visiting Nurses Association of America | Danielle Pierottie, RN, PhD, CENP, AOCN, CHPN |

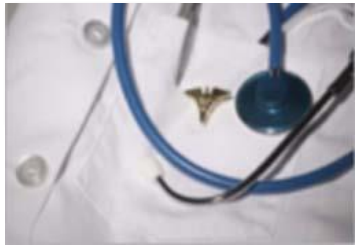
# MAP Post-Acute Care/Long-Term Care Workgroup Membership

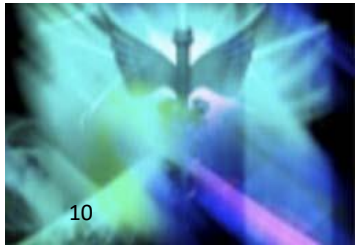
| Individual Subject Matter Experts (voting) | |
|---|---|
| Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN | |
| Kim Elliott, PhD, CPH | |
| Caroline Fife, MD, CWS, FUHM | |
| Eugene Nuccio, PhD | |
| Thomas von Sternberg, MD | |
| Ashish Trivedi, Pharm. D. | |
| **Federal Government Members (non-voting)** | |
| 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 |

# CMS Opening Remarks

# Meaningful Measures

# Meaningful Measures





# A New Approach to Meaningful Outcomes

**Empower patients and doctors to make decision about their health care**

**Usher in a new era of state flexibility and local leadership**

**Support innovative approaches to improve quality, accessibility, and affordability**

**Improve the CMS customer experience**

# Meaningful Measures Objectives

**Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help:**

- *Address high impact measure areas that safeguard public health*
- *Patient-centered and meaningful to patients*
- *Outcome-based where possible*
- *Relevant for and meaningful to providers*
- *Minimize level of burden for providers*
  - *Remove measures where performance is already very high and that are low value*
- *Significant opportunity for improvement*
- *Address measure needs for population based payment through alternative payment models*
- *Align across programs and/or with other payers (Medicaid, commercial payers)*

# Meaningful Measures Framework

## Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

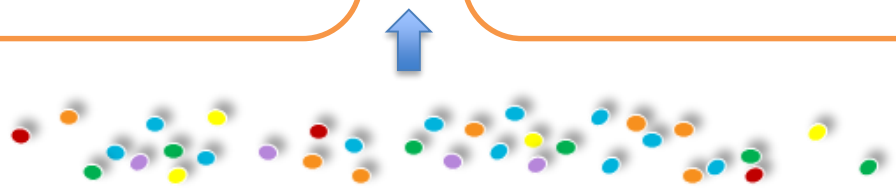
Criteria meaningful for patients and actionable for providers

**Draws on measure work by:**

- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

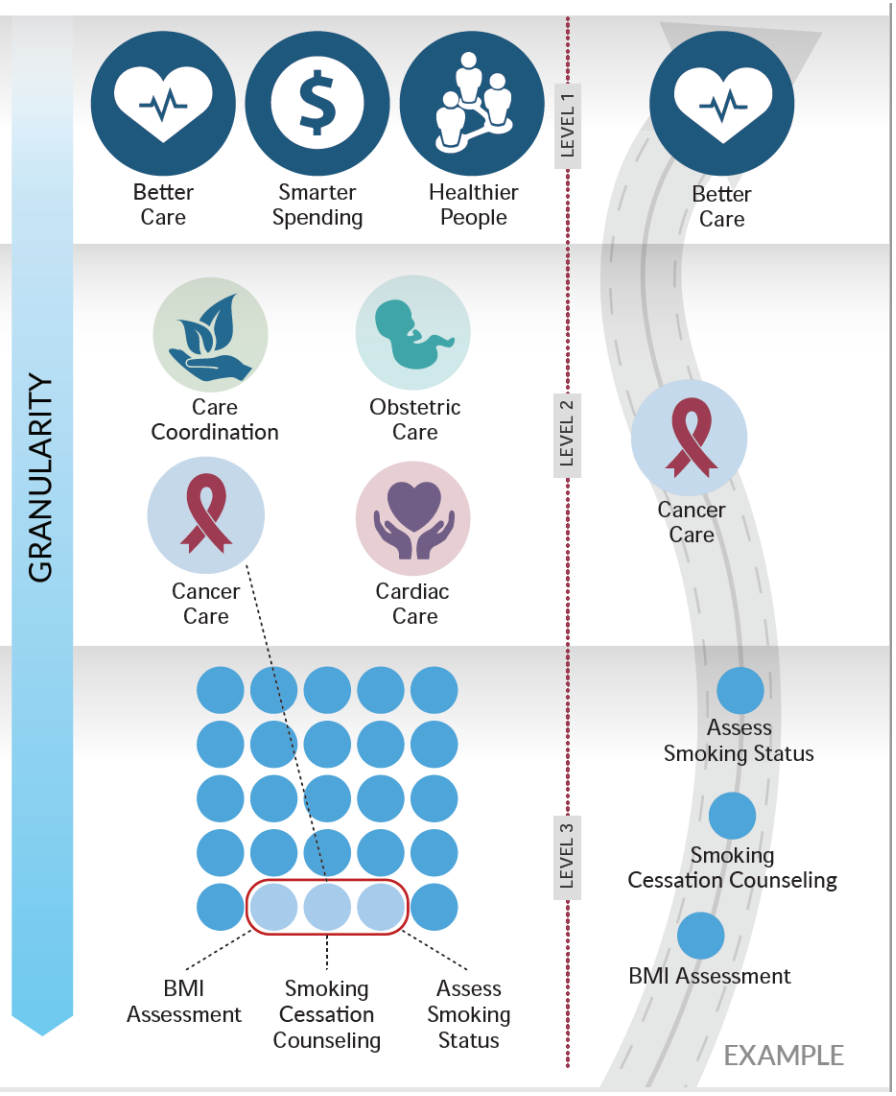
**Includes perspectives from experts and external stakeholders:**

- Core Quality Measures Collaborative, led by America's Health Insurance Plans and American Hospital Association
- Agency for Healthcare Research and Quality

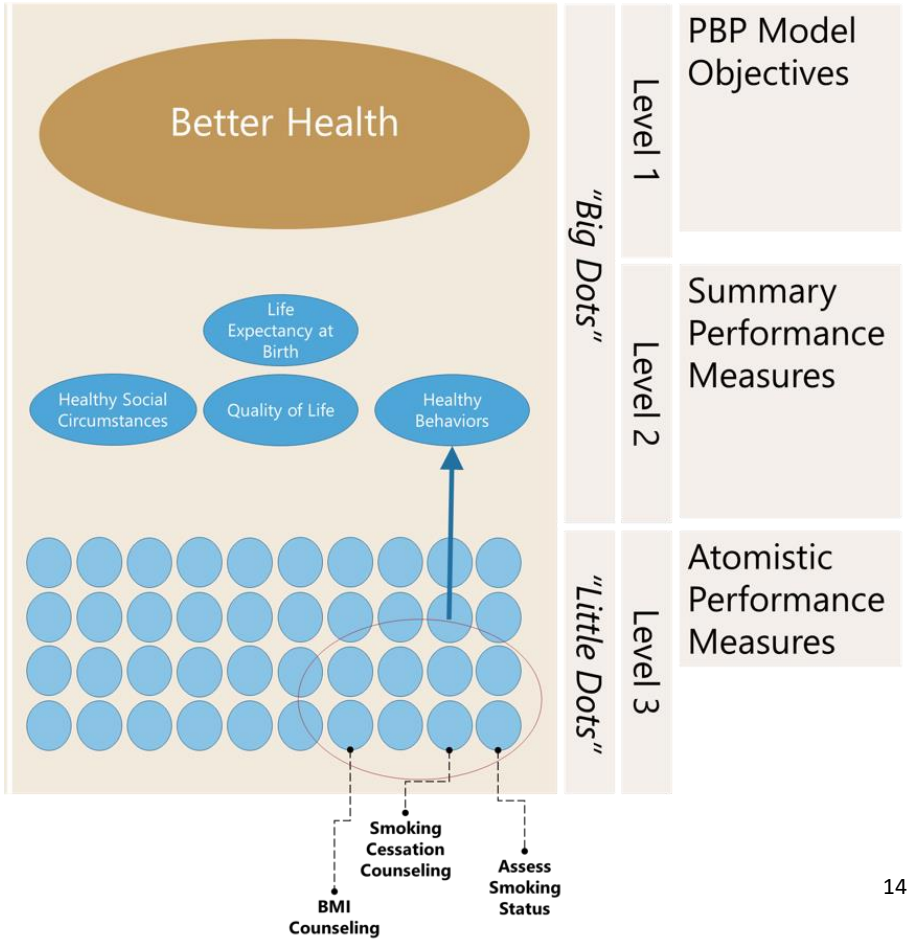


**Quality Measures**

# Use Meaningful Measures to Achieve Goals, while Minimizing Burden




## Drawing from the HCP LAN "Big Dot" Work



# Meaningful Measures

**Promote Effective Communication & Coordination of Care**
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Seamless Transfer of Health Information

**Promote Effective Prevention & Treatment of Chronic Disease**
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

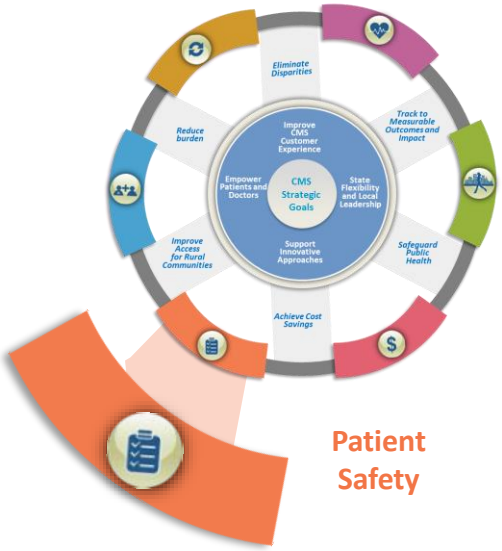
**Strengthen Person & Family Engagement as Partners in their Care**
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience and Functional Outcomes


**Work with Communities to Promote Best Practices of Healthy Living**
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

**Make Care Safer by Reducing Harm Caused in the Delivery of Care**
Meaningful Measure Areas:
- Healthcare-Associated Infections
- Preventable Healthcare Harm

**Make Care Affordable**
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

# Make Care Safer by Reducing Harm Caused in the Delivery of Care




Patient Safety

Meaningful Measure Areas

Healthcare-Associated Infections

Preventable Healthcare Harm

Measures

Central Line-Associated Bloodstream Infection (CLABSI) HACRP, LTCH QRP, Medicaid & CHIP, QIO

Surgical Site Infections (SSI) IQR

Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure LTCH QRP, IRF QRP

Catheter-Associated Urinary Tract Infection (CAUTI) IRF QRP, LTCH QRP, QIO

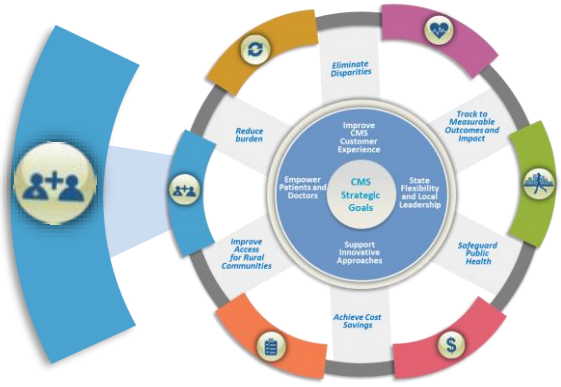
Early Elective Delivery Medicaid & CHIP

Percent of Patients or Residents with Pressure Ulcers that are New or Worsened IRF QRP, LTCH QRP, SNF QRP, HH QRP

**Programs Using Illustrative Measures**

Hospital-Acquired Condition Reduction Program (HACRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Hospital Inpatient Quality Reporting (IQR) Program
Home Health Quality Reporting Program (HH QRP)
Quality Improvement Organization (QIO)

# Strengthen Person & Family Engagement as Partners in their Care




Person- and Family-Centered Care

Care is Personalized and Aligned with Patient's Goals

End of Life Care according to Preferences

Patient's Experience and Functional Outcomes

Meaningful Measure Areas

The Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function IRF QRP, LTCH QRP, SNF QRP, HH QRP

Care plan QPP

Hospice Visits while Death is Imminent HQRP

CAHPS In-Center Hemodialysis Survey ESRD QIP

Home and Community Based Services CAHPS Medicaid & CHIP

Functional Status Assessment for Total Hip Replacement QPP

Measures

**Programs Using Illustrative Measures**

Quality Payment Program (QPP)
Hospice Quality Reporting Program (HQRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Home Health Quality Reporting Program (HH QRP)

# Promote Effective Communication & Coordination of Care


**Effective Communication and Care Coordination**

**Medication Management**

**Admissions and Readmissions to Hospitals**

**Seamless Transfer of Health Information**

**Meaningful Measure Areas**

Use of High Risk Medications in the Elderly QPP

Medication Reconciliation Post-Discharge MSSP

Drug Regimen Review Conducted with Follow-Up for Identified Issues IRF QRP, LTCH QRP, SNF QRP, HH QRP

Standardized Readmission Ratio (SRR) ESRD QIP

Plan All-Cause Readmissions Medicaid & CHIP

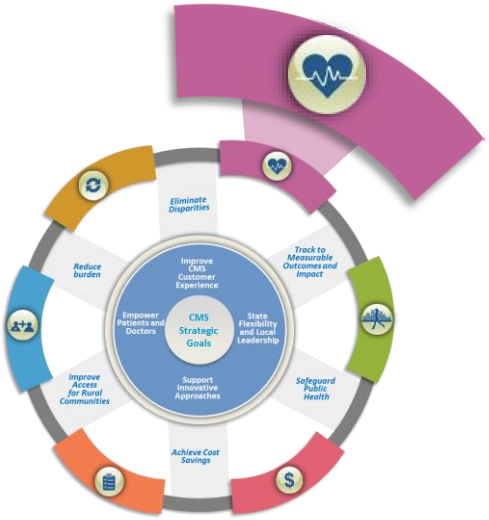
Use of an Electronic Health Record IPFQR, QIO

**Measures**

**Programs Using Illustrative Measures**

Quality Payment Program (QPP)
Medicare Shared Savings Program (MSSP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Home Health Quality Reporting Program (HH QRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Quality Improvement Organization (QIO)

# Promote Effective Prevention & Treatment of Chronic Disease




Prevention and Treatment of Leading Causes of Morbidity and Mortality

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Meaningful Measure Areas

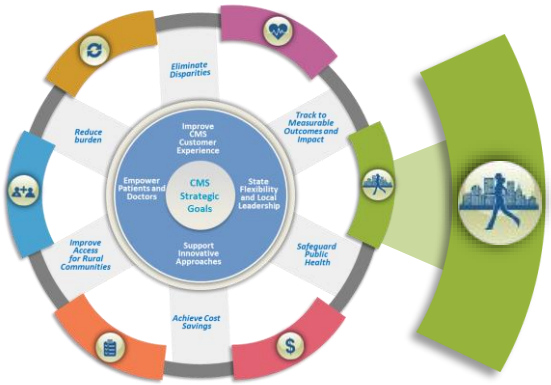
Measures

- Influenza Immunization Received for Current Flu Season HH QRP
- Timeliness of Prenatal Care (PPC) Medicaid
- Osteoporosis Management in Women who Had a Fracture QPP
- Follow-up after hospitalization for Mental Illness IPFQR
- Alcohol Use Screening IPFQR
- Use of Opioids at High Dosage Medicaid & CHIP
- Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization HVBP

**Programs Using Illustrative Measures**

Home Health Quality Reporting Program (HH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Quality Payment Program (QPP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Value-Based Purchasing (HVBP) Program

# Work with Communities to Promote Best Practices of Healthy Living

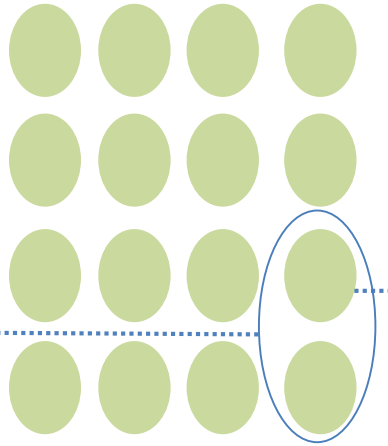



Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas



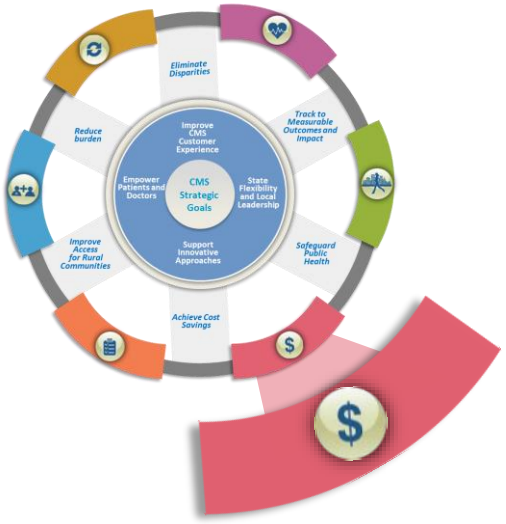
Measures

Discharge to Community-Post Acute Care HH QRP, LTCH QRP, IRF QRP, SNF QRP

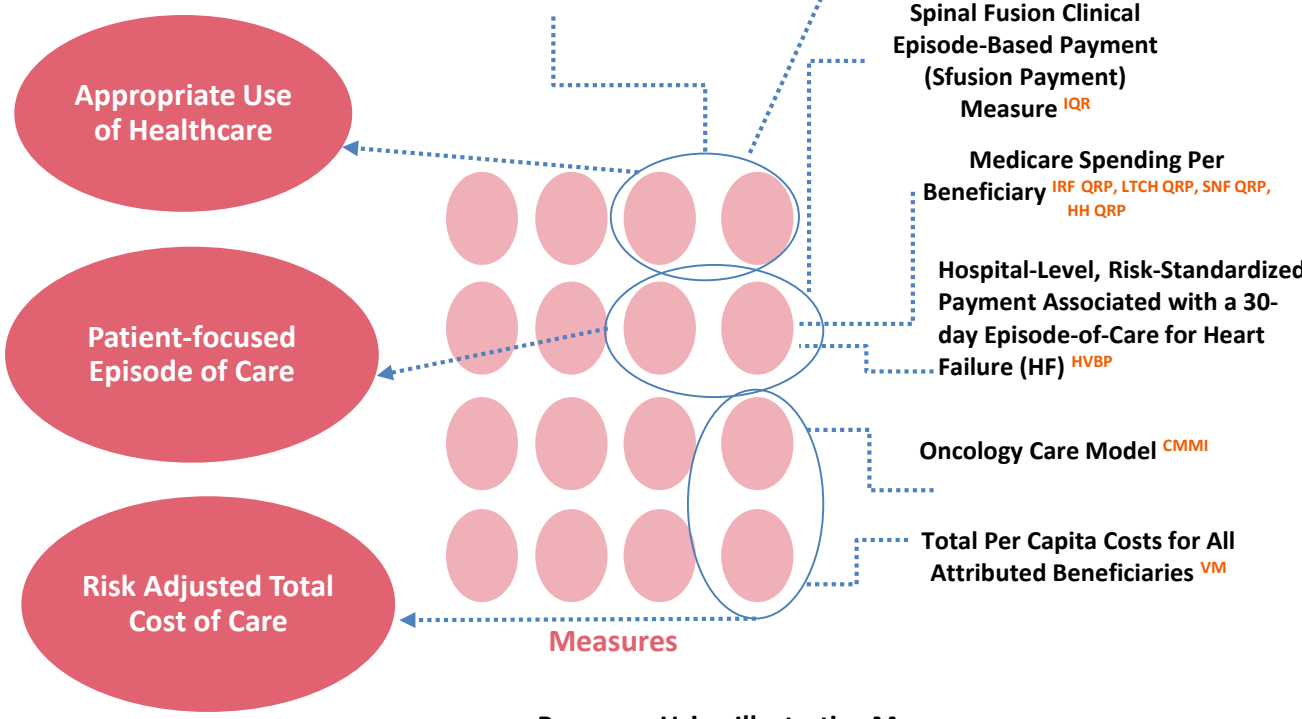
**Programs Using Illustrative Measures**

Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

# Make Care Affordable




Affordable Care




Meaningful Measure Areas

**Programs Using Illustrative Measures**

Quality Payment Program (QPP)
Hospital Inpatient Quality Reporting (IQR) Program
Hospital Value-Based Purchasing (HVBP) Program
Center for Medicare and Medicaid Innovation (CMMI)
Value Modifier (VM) Program
Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

# Meaningful Measures Summary

*Meaningful Measure Areas*

**Guiding CMS's efforts to achieve better health and healthcare for the patients and families we serve**

**Give us your feedback!**

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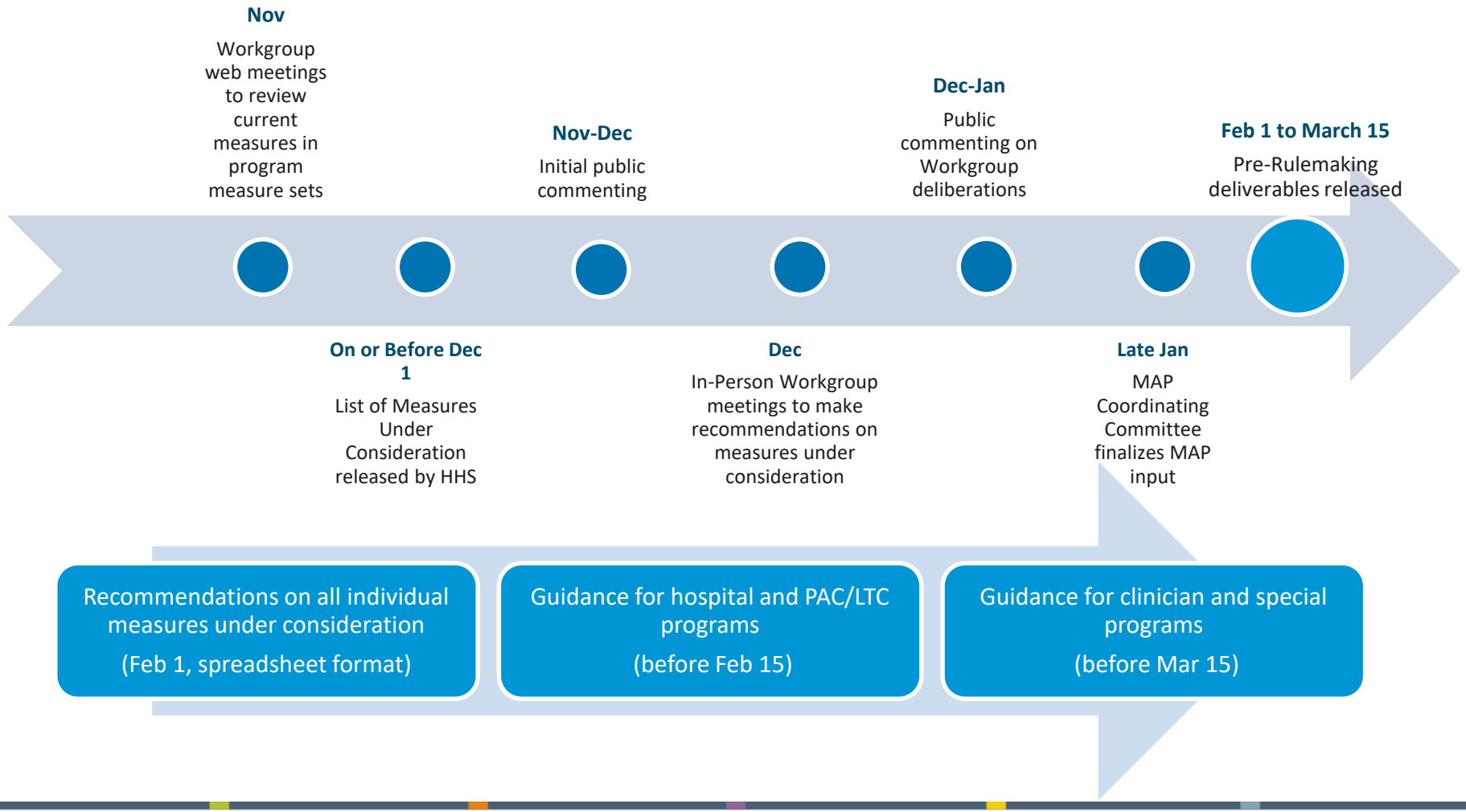
# Meaningful Measures

## Question & Answer

# MAP Pre-Rulemaking Approach

# MAP Approach to Pre-Rulemaking

## A look at what to expect



# MAP Pre-Rulemaking Approach

## A closer look into how recommendations will be made

All MAP Web Meeting November 6th covered the MAP Standard Decision Categories and the MAP Preliminary Analysis Algorithm

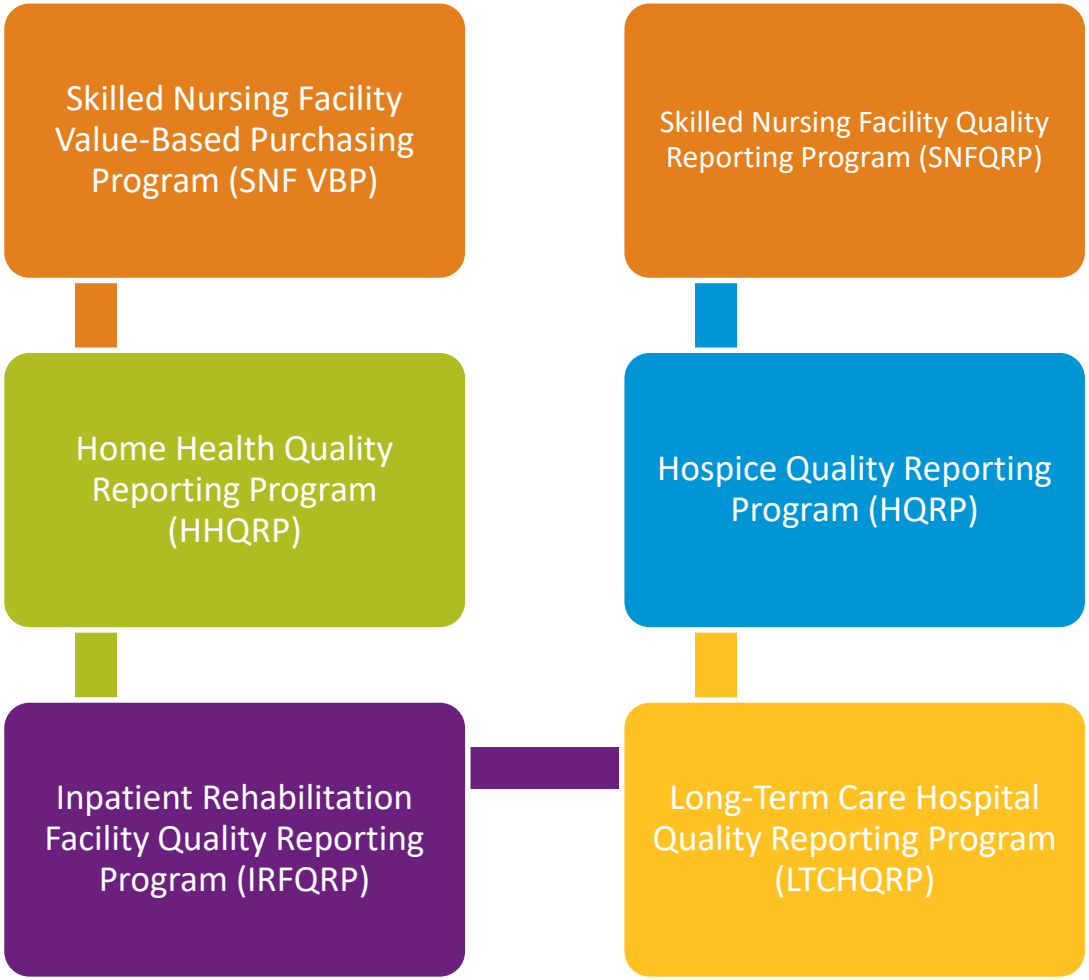
The MAP Workgroups will use the preliminary analyses completed by NQF to inform their evaluation of the measures under consideration during the December in-person meetings

The MAP Coordinating Committee will meet on January 25-26th to examine the key cross-cutting issues identified by the MAP Workgroups

# 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.

# MAP PAC/LTC Workgroup Charge



# 2016-2017 MAP PAC/LTC  Overarching Themes

# Overarching Issues

Implementation of the IMPACT Act

Continued Opportunities to Address Quality

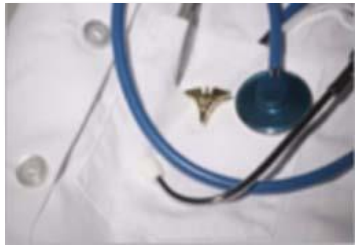
# MAP 2017 Considerations for Implementing Measures in Federal Programs: Post-Acute Care and Long-Term Care (2017 Report)

**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.

# CMS Update on Prior Measures Under Consideration

# CMS "Feedback" Loop 2017

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Melissa Morley, PhD

**Abt Associates**
Alrick Edwards, MPH
Lynn Martin, PhD, RPh

**Acumen LLC**
Joyce Lam, MPP

# CMS "Feedback Loop" 2017

- Second feedback loop following PAC-LTC Workgroup meeting
  - Based on discussions with Workgroup at December 2016 Meeting
- Review measures previously presented to the Workgroup
  - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
  - Application of LTCH Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (HH)
  - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (HH)
  - MSPB-PAC: Medicare Spending Per Beneficiary

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**Abt Associates**

# Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (HH, IRF, LTCH, SNF)

# MAP Recommendations & 2017 Measure Development Activity

- Terminology should align with National Pressure Ulcer Advisory Panel (NPUAP) terminology (naming: injury vs. ulcer)
  - *Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (NQF #0678),* will be replaced by *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury*, effective July 1, 2018 for LTCH, October 1, 2018 for IRF and SNF, and January 1, 2019 for HHAs.
  - The name of the measure was changed to accurately reflect the population measured, National Quality Forum endorsement status, and current pressure ulcer terminology.
- Provide training on deep tissue injury diagnosis and attribution of ulcer onset
  - Trainings provided in IRF and LTCH settings in 2017, and more are scheduled in 2018.
  - Item sets and manuals are being updated to include examples, clarifications, and current terminology.

# MAP Recommendations & 2017 Measure Development Activity

- Discrepant results from contractor vs IRF stakeholder, using new items
  - Provided additional information on impact of revised specifications (inclusion of unstageable pressure ulcers).
  - Conducted analyses across IRF, LTCH and SNF settings using the first two quarters of available data (10/1/16 – 3/31/17) and on the first quarter of available data from HHAs (1/1/17 – 3/31/17).

| Setting | Quarters Analyzed | Current | Proposed |
|---|---|---|---|
| **LTCH** | 2 | M = 1.75 | M = 4.04 |
| **IRF** | 2 | M = 0.61 | M = 1.44 |
| **SNF** | 2 | M = 1.07 | M = 3.01 |
| **HHA** | 1 | N/A | M = 0.31 |

# MAP Recommendations & 2017 Measure Development Activity

- Results of further testing
  - Both the addition of unstageable pressure ulcers to the measure and switching from M0800 items to M0300 items increased observed scores in IRF, LTCH and SNF.
  - The addition of unstageable pressure ulcers to the measure increased the variability of measure scores.
  - Missing data were minimal for voluntary items in IRF and LTCH and did not appear to impact the calculation of the measure.
- Submitting Measures to the National Quality Forum for Endorsement
  - Intend to submit for full NQF endorsement in all settings.

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# Application of LTCH Percent of Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (HH)

# MAP Recommendations & 2017 Measure Development Activity

- Measure originally developed and implemented in other post-acute care settings and modified for use in home health
  - Items Necessary in Measure Calculation – standardized across post-acute care settings
    - Self Care: Eating, Oral hygiene, Toileting hygiene
    - Mobility: Sit to lying, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer
      - If walking: Walk 50 feet with two turns and Walk 150 feet
      - If wheelchair: Wheel 50 feet with two turns, Indicate type of wheelchair/scooter used, Wheel 150 feet, indicate type of wheelchair/scooter used
    - At least one self-care or mobility goal
  - Field testing (2016-2017): inter-rater reliability, provider feedback
  - Developing detailed guidance for HHAs that aligns with other post-acute care settings and offer provider training

# MAP Recommendations & 2017 Measure Development Activity

- Application to new setting will require review during the measure's endorsement maintenance cycle
  - Proposed in the CY18 Home Health Rule – public feedback was favorable
  - Intend to submit for full NQF endorsement in the home health setting

- Additional quality measure development is underway for Home Health Functional Status Change/Discharge Self-Care and Mobility Measures

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# Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (HH)

# MAP Recommendations & 2017 Measure Development Activity

- Calculate measure and publicly report results by type of admission to agency (hospital vs. community) (i.e., referral origin)
  - Concerns that fall risks for patients referred to home health from an ambulatory setting (i.e., primary care physician or specialist) is different compared to those referred from an acute care or another post-acute care setting
    - Solicit public comment in rule-making
    - Proxy testing using existing OASIS items

# MAP Recommendations & 2017 Measure Development Activity

- Emergent (M2310) or inpatient (M2430) care caused by fall
  - Stratified (inpatient vs. community) measure results

| Injury Caused by Fall as Reason for Hospitalization among Patients from Inpatient Care Facilities vs Community | | |
|---|---|---|
| **Reason for Emergent Care (EC) (M2310) or Inpatient (IP) Care (M2430)** | Referral Source (M1000) | |
| | Inpatient | Community |
| **Injury caused by fall** | 82,424 | 42,475 |
| **All other causes (including unknown)** | 1,419,095 | 382,154 |
| **No EC or IP utilization** | 3,054,881 | 1,456,426 |
| **% Injury caused by fall** | 1.8% | 2.3% |
| **% EC or IP** | 33.0% | 22.6% |

  - Rates of injury caused by falls for patients referred from the community is greater (2.3% vs 1.8%, $p < 0.01$) than from an inpatient setting
  - If restricted to agencies with ≥ 20 care episodes, reporting stratified results reduces the number of HHAs able to report by 31% (from 11,408 agencies to 7,899 agencies)

# MAP Recommendations & 2017 Measure Development Activity

- Apply risk adjustment (e.g., for dementia)
  - CMS considers falls with major injury a “never event” and does not intend to risk adjust; however, results will be monitored
  - Comments solicited along with measure proposal yielded minimal comment on risk-adjustment

- Application to new setting will also require review during the measure’s endorsement maintenance cycle.
  - Intend to submit for full endorsement in home health setting

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**Acumen, LLC**

# MSPB-PAC: Medicare Spending Per Beneficiary

# MAP Recommendations & 2017 Measure Development Activity

Dec 2016 PAC-LTC MAP: Encouraged Continued Development

- Balancing Cost Measures with Quality and Access
  - Reported alongside quality measures and updated risk-adjustment to account for factors outside of provider control (e.g., Severity, functional status assessment, and social risk factors)
- Mitigating Potential Unintended Consequences: Premature Discharges from Post-Acute Care
  - Services period extends 30 days after the end of the treatment period
    - Captures spending following discharge from SNFs, IRFs, and LTCHs, and following the end of the 60-day HH claim
  - Capture costs associated with premature discharges from post-acute care settings (e.g., complications, readmissions)

[1] National Quality Forum, MAP Post-Acute Care/Long-Term Care Workgroup "2016 Spreadsheet of Final Recommendations to HHS and CMS", "MAP 2016 Considerations for Implementing Measures: PAC/LTCH – Final Report" http://www.qualityforum.org/ProjectMaterials.aspx?projectID=75370

# MAP Recommendations & 2017 Measure Development Activity

- Incorporating Additional Risk Adjustment Variables
  - Finalized with variables to account for factors beyond provider control
  - Severity
    - Hierarchical condition category interaction terms
    - Payment category variables for MSPB-PAC LTCH and IRF
    - Length of prior intensive care unit and inpatient stay
  - Functional Status Assessment
    - May revisit including in model once standardized functional status data mandated by the IMPACT Act become available
  - Social Risk Factors
    - Consider National Quality Forum, ASPE, and National Academies of Science, Engineering, and Medicine reports
    - Final rules included a table showing scores by provider characteristics (e.g., geographic area, provider size)

# MAP Recommendations & 2017 Measure Development Activity

- Avoiding Double-Counting Costs Between Care Settings
  - Not a simple sum of all costs across a provider's episodes
    - Calculation is based on ratio of observed over expected spending for all episodes for a given provider
  - Mitigates concerns about double-counting where episodes overlap
    - Same service not double-counted in the same episode
- Ensuring Meaningful Reporting and Comparisons Between Providers
  - Incorporate provider performance relative to the national median provider in the same post-acute care setting
  - Continue to ensure meaningful information is conveyed
- Submitting Measures to NQF for Endorsement
  - We expect to submit the measures to NQF for endorsement at the end of 2018

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

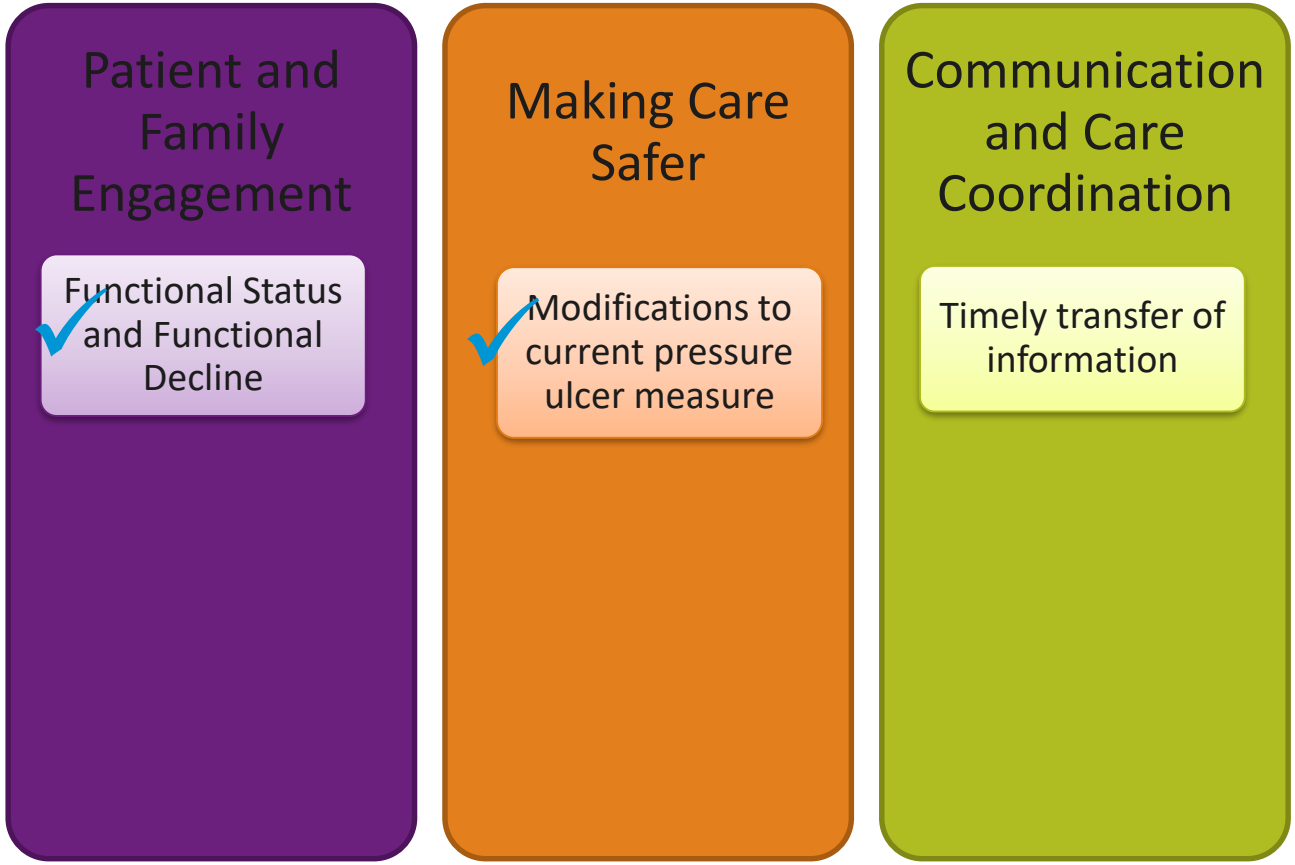
- **Program Type:** Penalty for failure to report
- **Incentive Structure:** Section 1888(e)(6)(A)(i) to the Social Security Act, as added by section 2(c)(4) of the IMPACT ACT, required CMS to reduce the annual payment update to SNFs that do not submit required quality data by two percentage points.
- **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.*

# SNF QRP: Current Program Measure Information

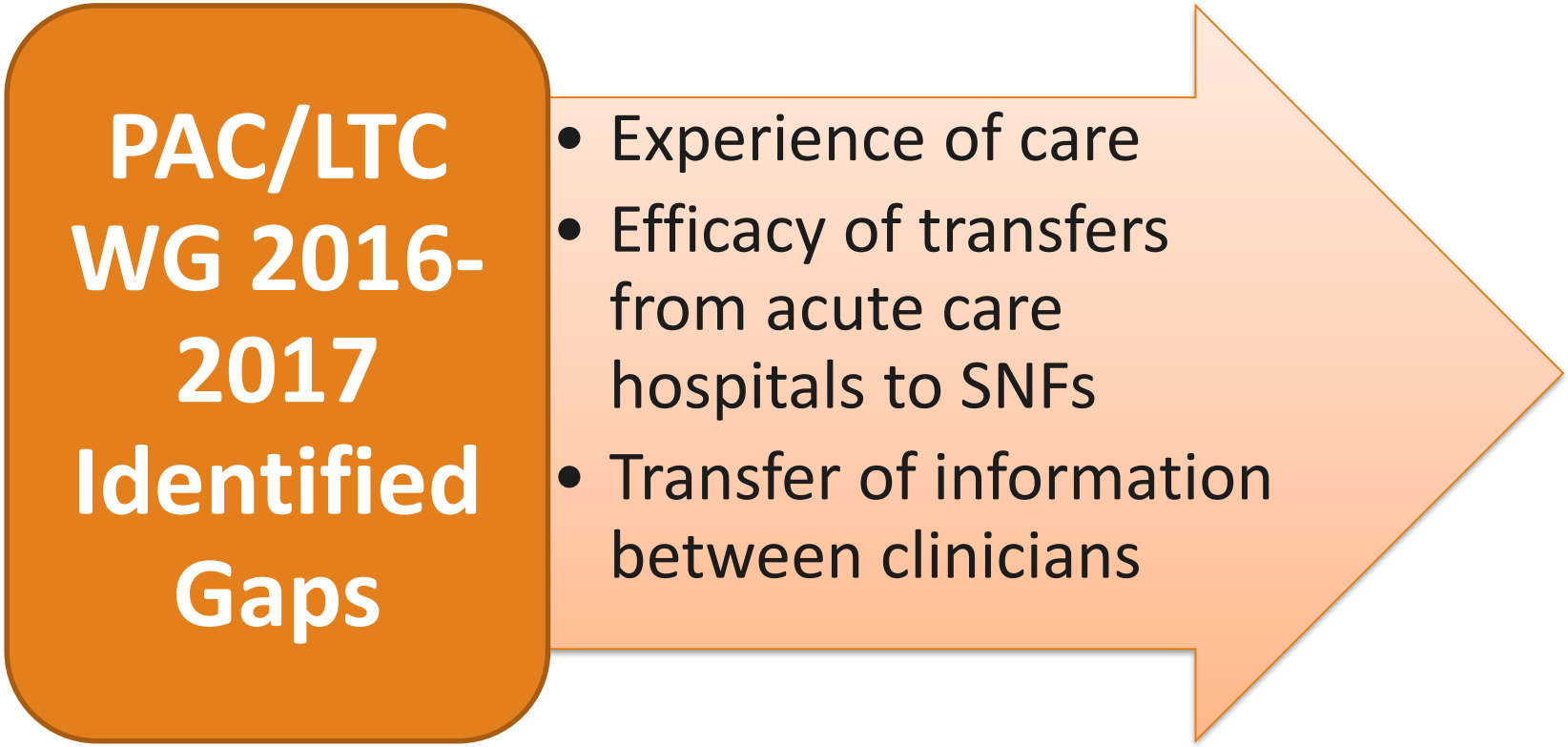
★ Finalized in FY 2018 SNF PPS Final Rule

| 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 | N/A | Discharge to Community-Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) | Not 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 | Total Estimated 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 |
| Outcome | 0678 | Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (Removed effective 10/1/18 per FY 2018 SNF PPS Final Rule) | Endorsed |
| 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 ★ |

# CMS High Priority Domains for Future Measure Consideration – SNF QRP



# Previous Gaps Identified



# Workgroup Discussion

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

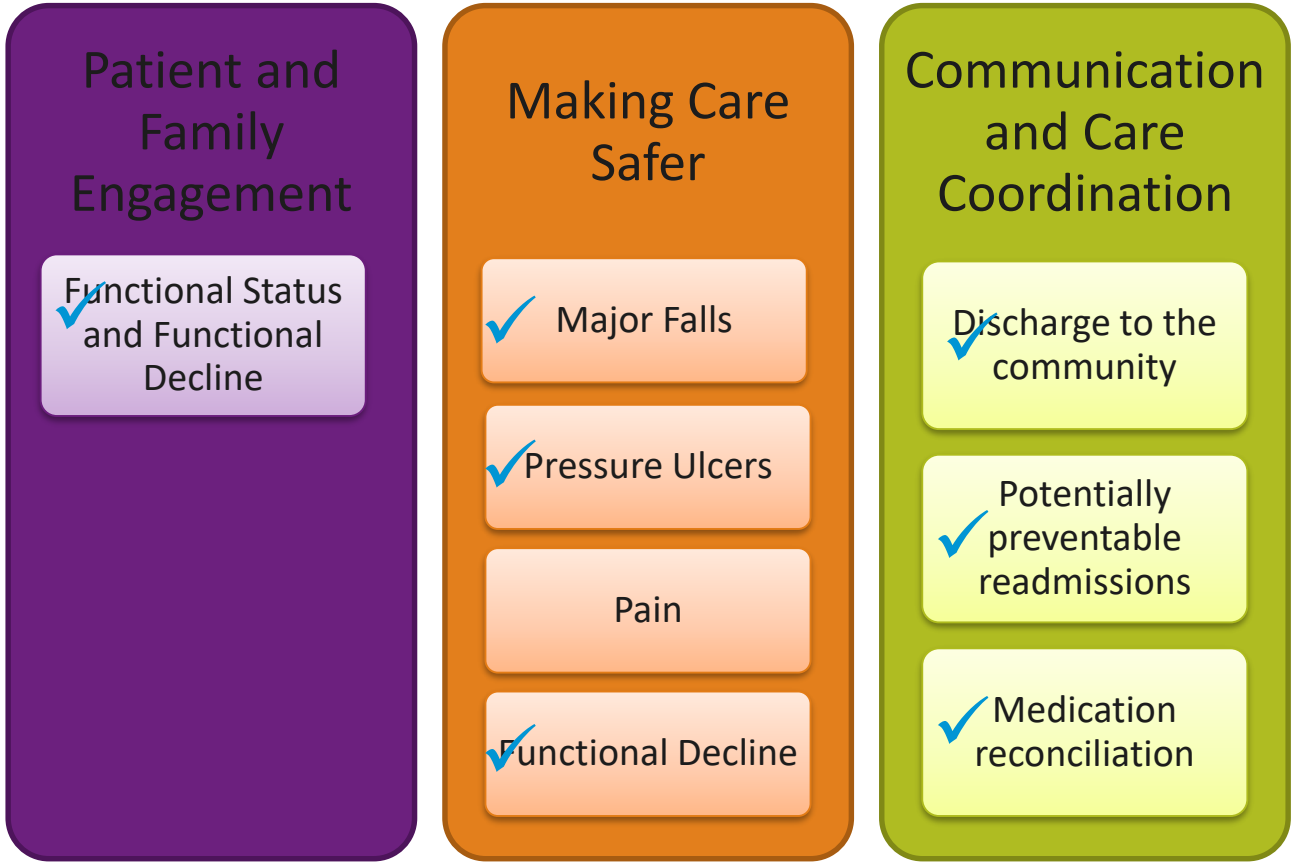
# Home Health Quality Reporting Program

- **Program Type:** Penalty for failure to report; 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:** Data sources for the HH QRP include the Outcome and Assessment Information Set (OASIS) and Medicare FFS claims

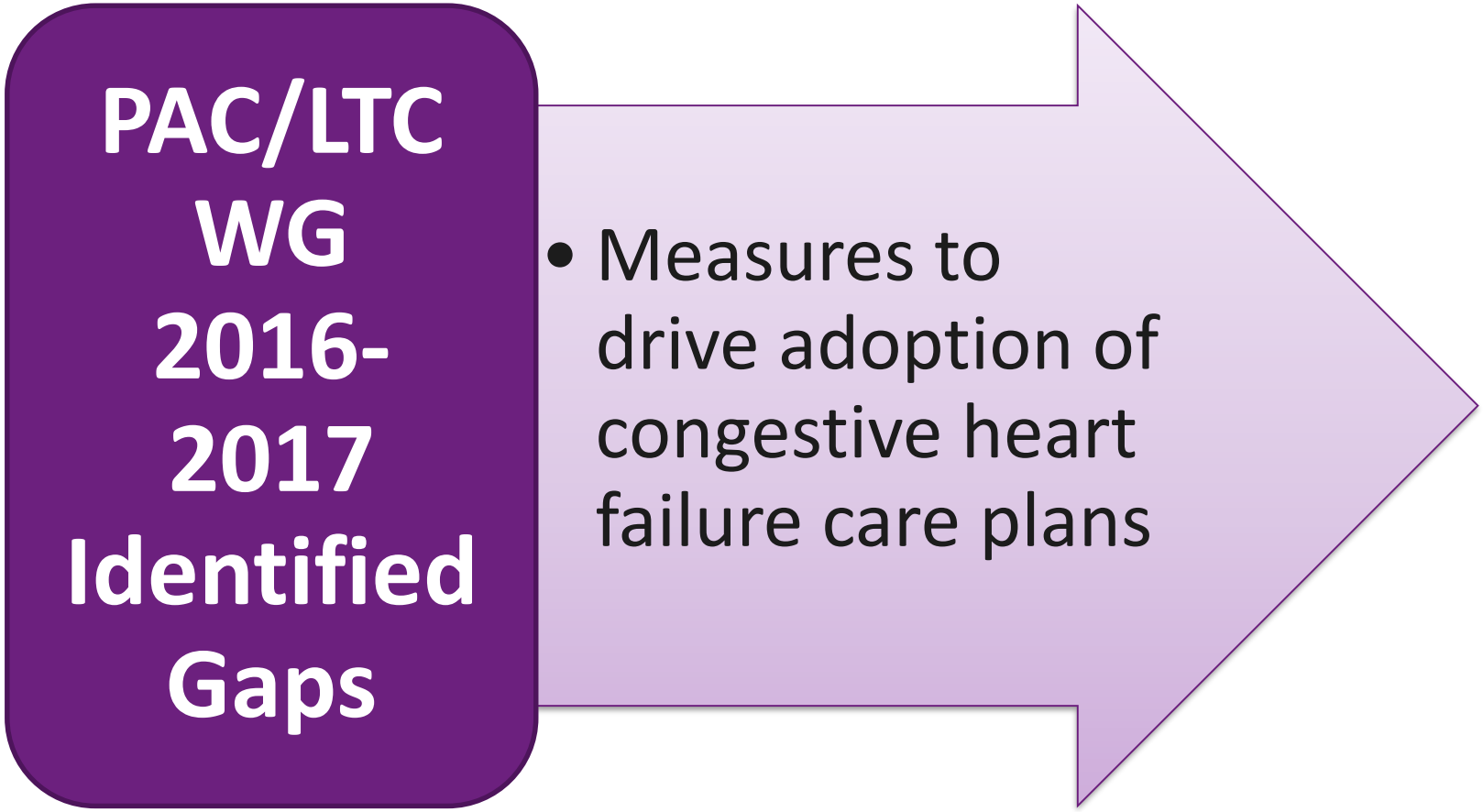
# HH QRP: Current Program Measure Information

| Type | NQF ID | Measure Title | NQF Status |
|---|---|---|---|
| Outcome | 0171 | Acute Care Hospitalization During the First 60 Days of Home Health | Endorsed |
| Outcome | 0173 | Emergency Department Use without Hospitalization During the First 60 Days of Home Health | Endorsed |
| Outcome | 0167 | Improvement in Ambulation/Locomotion | Endorsed |
| Outcome | 0174 | Improvement in Bathing | Endorsed |
| Outcome | 0179 | Improvement in Dyspnea | Endorsed |
| Outcome | 0176 | Improvement in Management of Oral Medication | Endorsed |
| Outcome | 0177 | Improvement in Pain Interfering with Activity | Endorsed |
| Outcome | 0178 | Improvement in Status of Surgical Wounds | Endorsed |
| Process | 0526 | Timely Initiation Of Care | Endorsed |
| Process | 0518 | Depression Assessment Conducted | Endorsed |
| Process | 0522 | Influenza Immunization Received for Current Flu Season | Endorsed |
| Process | 0525 | Pneumococcal Polysaccharide Vaccine Ever Received | Endorsed |
| Process | 0537 | Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate | Endorsed |
| Process | 0519 | Diabetic Foot Care and Patient/Caregiver Education Implemented during All Episodes of Care | Endorsed |
| Outcome | 0175 | Improvement in Bed Transferring | Endorsed |
| Outcome | 2380 | Rehospitalization During the First 30 Days of Home Health | Endorsed |
| Outcome | 2505 | Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health | Endorsed |
| PRO | 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 | 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 |
| CRU | N/A | Total Estimated Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) | Not Endorsed |
| Outcome | N/A | Discharge to Community-Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) | Not Endorsed |
| Outcome | N/A | Potentially Preventable 30-Day Post-Discharge Readmission Measure for Home Health Quality Reporting Program | Not Endorsed |
| Outcome | 0678 | Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (Removed in CY 2018 HH PPS Rule) | Endorsed |
| Outcome | N/A | Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury | Not Endorsed |
| 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 |

# CMS High Priority Domains for Future Measure Consideration – HH QRP



# Previous Gaps Identified



# Workgroup Discussion

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

# Inpatient Rehabilitation Facility Quality Reporting Program

- **Program Type:** Penalty for failure to report
- **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.*

# IRF QRP: Current Program Measure Information

| Type | NQF ID | Measure Title | NQF Status |
|---|---|---|---|
| Process | 0680 | Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) | Endorsed |
| 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 | 1716 | National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure | Endorsed |
| Outcome | 0138 | National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure | Endorsed |
| Outcome | 2502 | All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (Removed in FY 2018 IRF PPS Final Rule) | 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 | An Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) | Endorsed |
| Process | Based on 2631 | An Application of Percent of Long-Term Care Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function | Endorsed |
| 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 |
| Outcome | N/A | Discharge to Community: Discharge to Community-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program | Not Endorsed |
| Process | N/A | Drug Regimen Review Conducted with Follow-Up for Identified Issues | Not Endorsed |
| Cost/Resource Use | N/A | Medicare Spending Per Beneficiary-Post Acute Care Inpatient Rehabilitation Facility Quality Reporting Program | Not 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 | 0678 | Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (Removed in FY 2018 IRF PPS Final Rule) | Endorsed |
| Outcome | N/A | Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury ★ | Not Endorsed |



★ Finalized in FY 2018 IRF PPS Final Rule

# CMS High Priority Domains for Future Measure Consideration – IRF QRP

## Making Care Safer

- ✓ Modifications to current Pressure Ulcer measure

## Communication and Care Coordination

- ✓ Discharge to the community
- ✓ Potentially preventable readmissions
- ✓ Medication reconciliation

# Previous Gaps Identified

**PAC/LTC WG 2016-2017 Identified Gaps**

- Experience of care measures related to patient and family engagement

# Workgroup Discussion

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

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

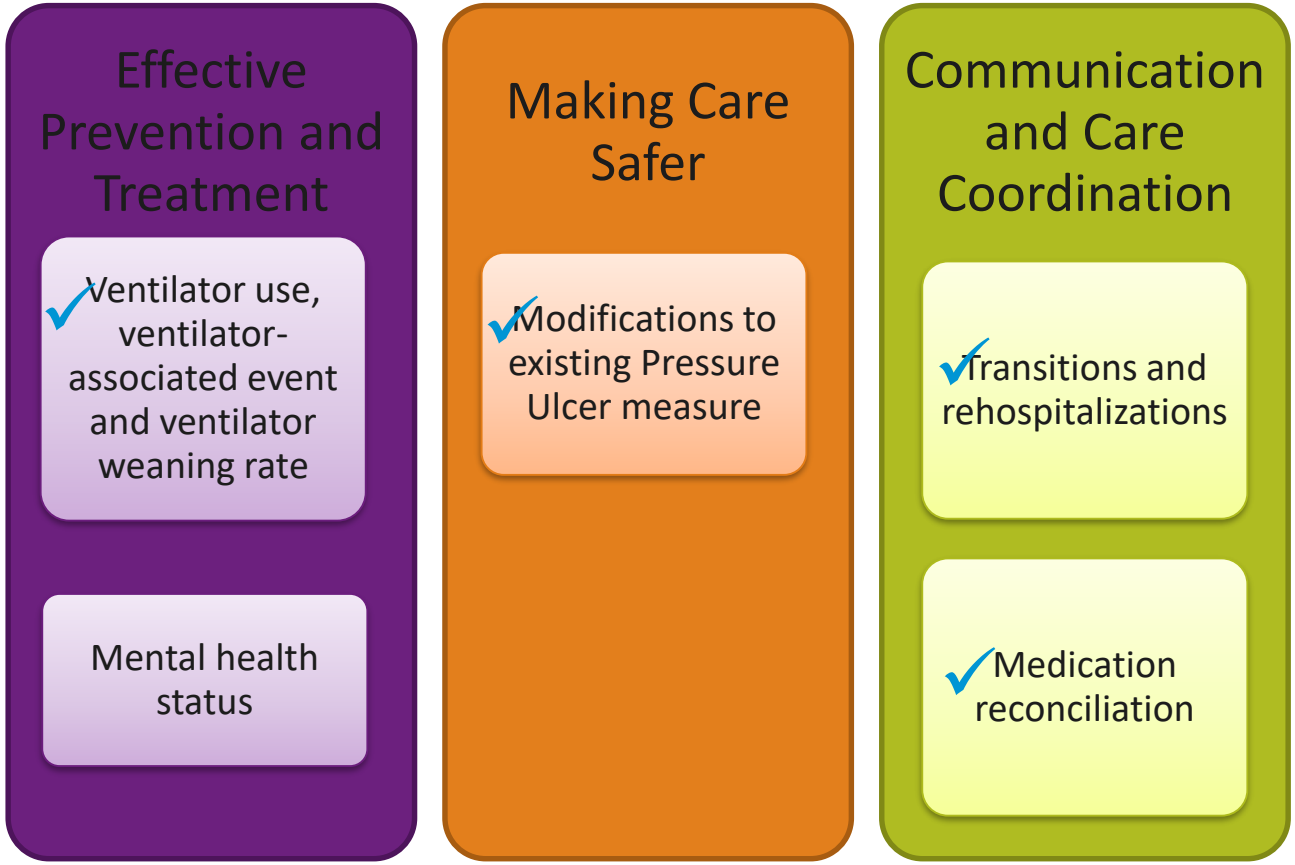
- **Program Type**: Penalty for failure to report
- **Incentive Structure**: The LTCH QRP was established under the Affordable Care Act. Beginning in FY 2014, LTCHs that fail to submit data will be subject to a 2.0 percentage point reduction of the applicable annual payment update (APU).
- **Program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

# LTCH QRP: Current Program Measure Information

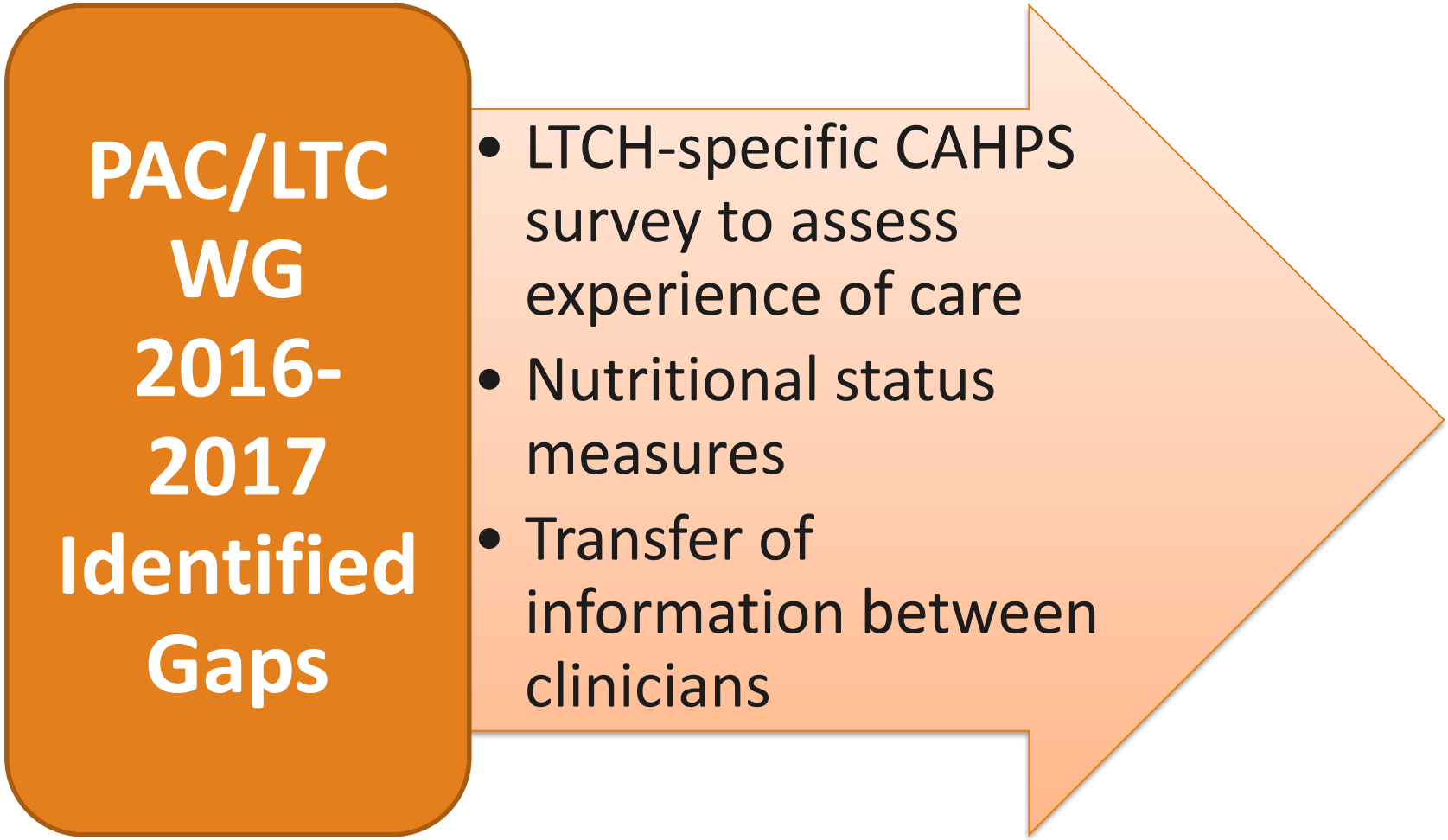
| Type | NQF ID | Measure Title | NQF Status |
|---|---|---|---|
| Outcome | 678 | Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) Removed in FY 2018 IPPS Rule | Endorsed |
| Process | 680 | Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680). | Endorsed |
| Outcome | Based on 674 | Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).* | Endorsed |
| Process | 2631 | Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631). | Endorsed |
| Process | Based on 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 (NQF #2631). | Endorsed |
| Outcome | 2632 | Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (NQF #2632). | 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 | 138 | National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure (NQF #0138). | Endorsed |
| Outcome | 139 | National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139). | Endorsed |
| Outcome | 1716 | National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716). | Endorsed |
| Outcome | 1717 | National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717). | Endorsed |
| Process | 431 | Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431). | Endorsed |
| Outcome | N/A | National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure.* | Not Endorsed |
| Outcome | 2512 | All-Cause Unplanned Readmission Measure for 30-Days Post-Discharge from Long-Term Care Hospitals (LTCHs) (NQF #2512). Removed in FY 2018 IPPS Rule | Endorsed |
| Cost/Resource Use | N/A | Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP). | Not Endorsed |
| Outcome | N/A | Discharge to Community—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).* | Not 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 |

Finalized in FY 2018 IPPS Final Rule

# CMS High Priority Domains for Future Measure Consideration – LTCH QRP



# Previous Gaps Identified



# Workgroup Discussion

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

# 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 | | | | |
| Effective Transitions of Care | ■ | | ■ | ■ |
| Mental Health | | | ■ | |
| Achievement of Patient/Family/Caregiver Goals | | | | |
| Advance Care Planning and Treatment | | | | |
| Experience of Care | | | ■ | |
| Adverse Drug Events | ■ | ■ | ■ | ■ |
| Avoidable Admissions | ■ | ■ | ■ | ■ |
| Patient and Family Education | | | ■ | |
| Accurate Transitions of Information | | | | |
| Symptom Management | | | ■ | |
| Social Determinants of Health | | | | |
| Autonomy and Control | ■ | ■ | ■ | ■ |
| 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

- Are there additional measurement gaps that should be prioritized across programs?

# 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)*

# 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 |

# Hospice Quality Reporting Program

- **Program Type:** Penalty for failure to report
- **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.

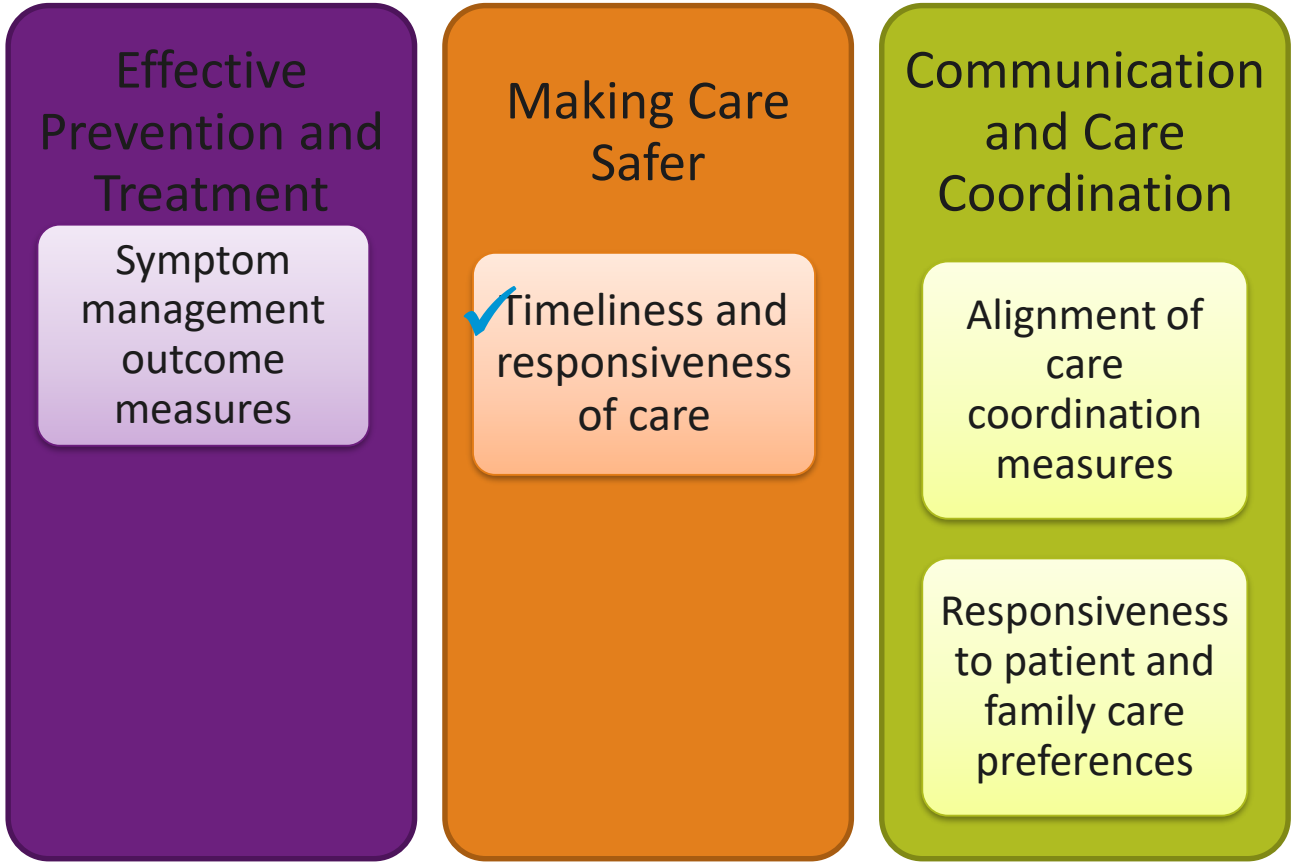
# Hospice QRP: Current Program Measure Information

| Type | NQF ID | Measure Title | NQF Status |
|---|---|---|---|
| Process | 1638 | Dyspnea Treatment | Endorsed |
| Process | 1639 | Dyspnea Screening | Endorsed |
| Process | 1637 | Pain Assessment | Endorsed |
| Process | 1634 | Pain Screening | Endorsed |
| Process | 1641 | Treatment Preferences | Endorsed |
| Process | 1617 | Patients Treated with an Opioid who are Given a Bowel Regimen | Endorsed |
| Process | 1647 | Beliefs/Values Addressed (if desired by the patient) | Endorsed |
| Patient Reported Outcome | 2651 | CAHPS Hospice Survey | Endorsed |
| Process | 9999 | Hospice Visits When Death is Imminent Measure 1 | Not Endorsed |
| Process | 9999 | Hospice Visits When Death is Imminent Measure 2 | Not Endorsed |
| Composite | 3235 | Hospice and Palliative Care Composite Process Measure - Comprehensive Assessment at Admission | Endorsed |

# Current Measures by High Priority Areas

| 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)<br>-Comprehensive Assessment at Admission |
| Physical aspects of care | -Dyspnea Treatment<br>-Dyspnea Screening<br>-Pain Assessment<br>-Pain Screening<br>-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)<br>-Hospice Experience of Care Survey |
| Timeliness/responsiveness of care | -Hospice Experience of Care Survey<br>-Hospice Visits When Death is Imminent Measure 1<br>-Hospice Visits When Death is Imminent Measure 1 |
| Access to the healthcare team on a 24-hour basis | |
| Avoiding unwanted treatments | - Treatment preferences |

# CMS High Priority Domains for Future Measure Consideration – Hospice QRP



# Previous Gaps Identified

**PAC/LTC WG 2016-2017 Identified Gaps**

- Medication management at the end of life
- Provision of bereavement services
- Patient care preferences
- Symptom management for conditions other than cancer, particularly dementia

# Workgroup Discussion

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

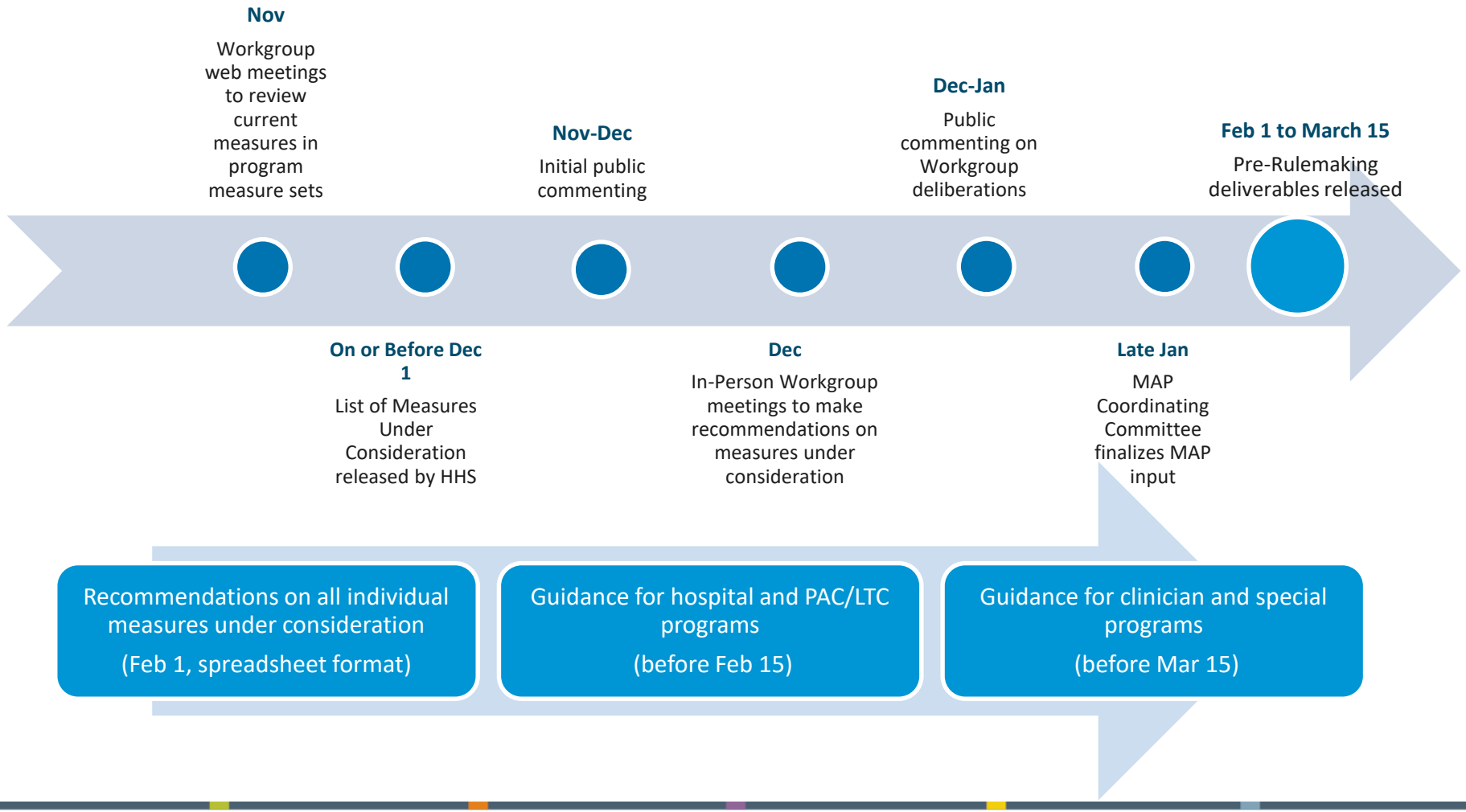
# Opportunity for Public Comment

# Next Steps

- MAP PAC/LTC Workgroup upcoming pre-rulemaking activities for 2016-2017:
  - *December 13, 2017 – in-person meeting to review measures under consideration for PAC/LTC settings*
  - *February 1, 2018 – Recommendations on individual measures*
  - *February 15, 2018 – Strategic guidance for hospital and PAC/LTC programs*

# MAP Approach to Pre-Rulemaking

## A look at what to expect



# Points of Contact

| Name and Title | Contact Information |
|---|---|
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# Thank You!