



# Measure Applications Partnership

Post-Acute Care/Long Term Care Workgroup Web Meeting

*November 14, 2018*

# Welcome, Introductions, and Review of Meeting Objectives

# Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- MAP Pre-Rulemaking Approach
- CMS Updates on Prior Measures Under Consideration (MUC)
- Overview of Programs Under Consideration
- Introduction to NQF's Rural Work
- Opportunity for NQF Member and Public Comment
- Next Steps

# MAP PAC/LTC Workgroup Staff Support Team

- Erin O'Rourke, Senior Director
- Shaconna Gorham, Senior Project Manager
- Yetunde Ogungbemi, Project Manager
- Project email: [MAPPAC-LTC@qualityforum.org](mailto:MAPPAC-LTC@qualityforum.org)

# PAC/LTC Workgroup Membership

**Committee Chairs:** Gerri Lamb; Paul Mulhausen, MD, MHS

Organizational Members (voting)	
AMDA – The Society for Post-Acute-Care and Long-Term Care Medicine	Families USA
American Academy of Physical Medicine and Rehabilitation	Legal Counsel for the Elderly
American Geriatrics Society	National Alliance for Caregiving
American Occupational Therapy Association	National Hospice and Palliative Care Organization
American Physical Therapy Association	National Partnership for Hospice Innovation
Centene Corporation	National Pressure Ulcer Advisory Panel
Compassus	National Transitions of Care Coalition
Encompass Health	Visiting Nurses Association of America

# PAC/LTC Workgroup Membership

## Individual Subject Matter Experts (Voting)

Constance Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

Caroline Fife, MD, CWS, FUHM

Eugene Nuccio, PhD

Rikki Mangrum, MLS

Ashish Trivedi, PharmD

Thomas von Sternberg, MD

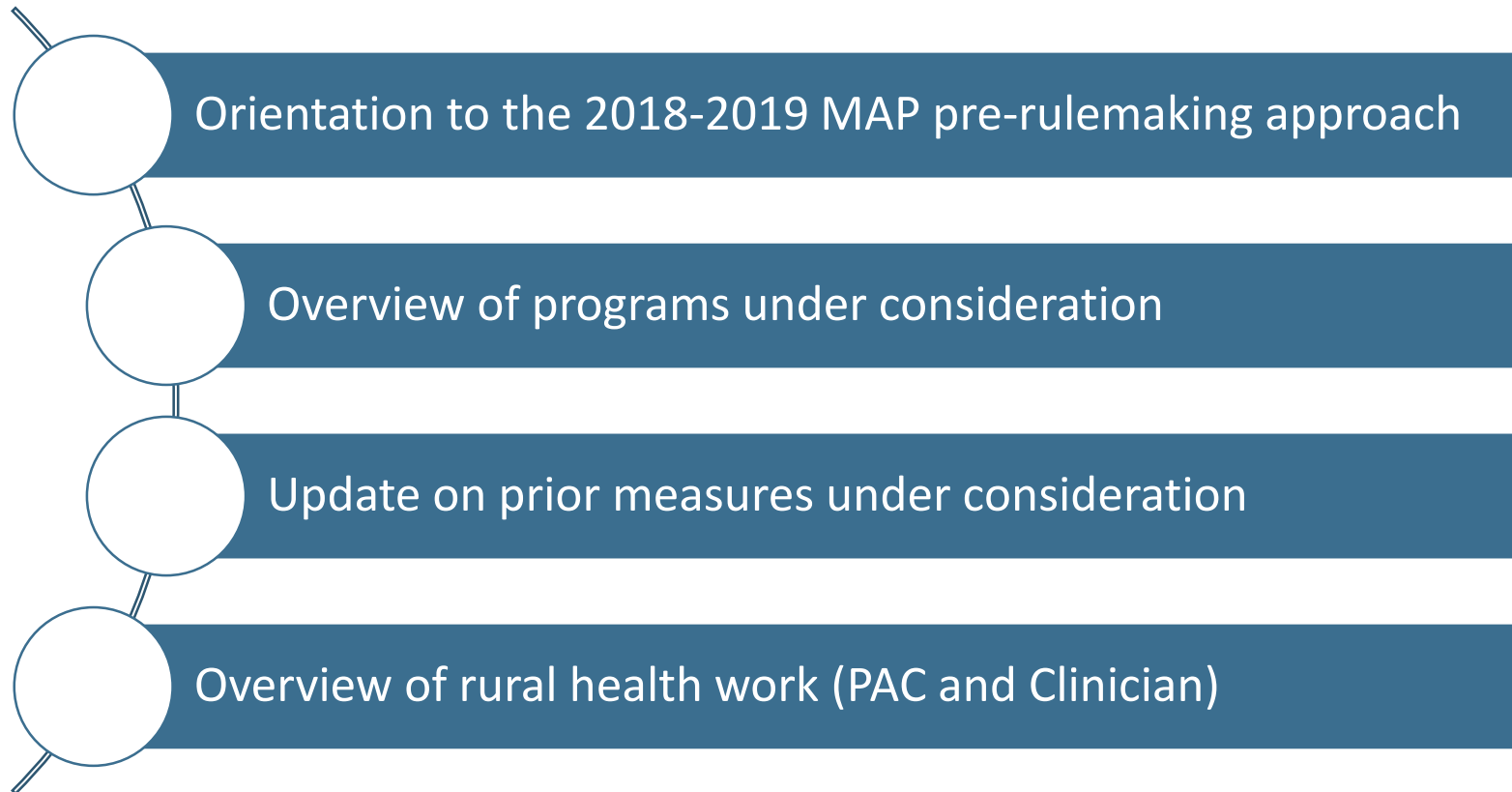
## Federal Government Liaisons (Non-Voting)

Centers for Medicare & Medicaid Services (CMS)

Office of the National Coordinator for Health Information Technology (ONC)

Substance Abuse and Mental Health Services Administration (SAMHSA)

# Meeting Objectives



# MAP Pre-Rulemaking Approach



# MAP Pre-Rulemaking Approach

A closer look into how recommendations will be made

## ■ November

- *The MAP Coordinating Committee examined key strategic issues to inform preliminary evaluations of measures under consideration.*
- *During today's meeting the Workgroup will familiarize themselves with finalized program measure set for each program.*

## ■ December

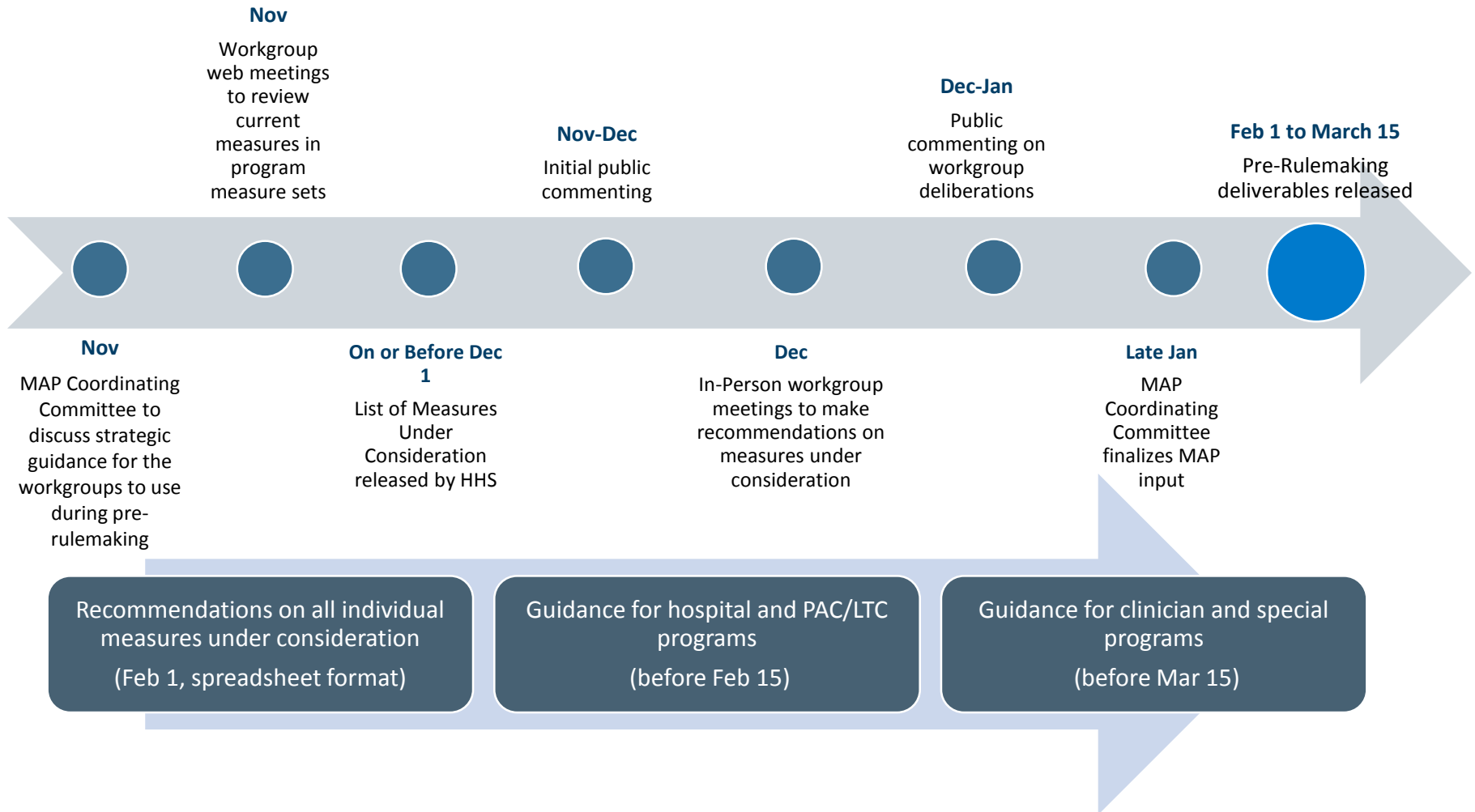
- *The MAP workgroups will evaluate measures under consideration during their December in-person meetings informed by the preliminary evaluations completed by NQF staff.*

## ■ January

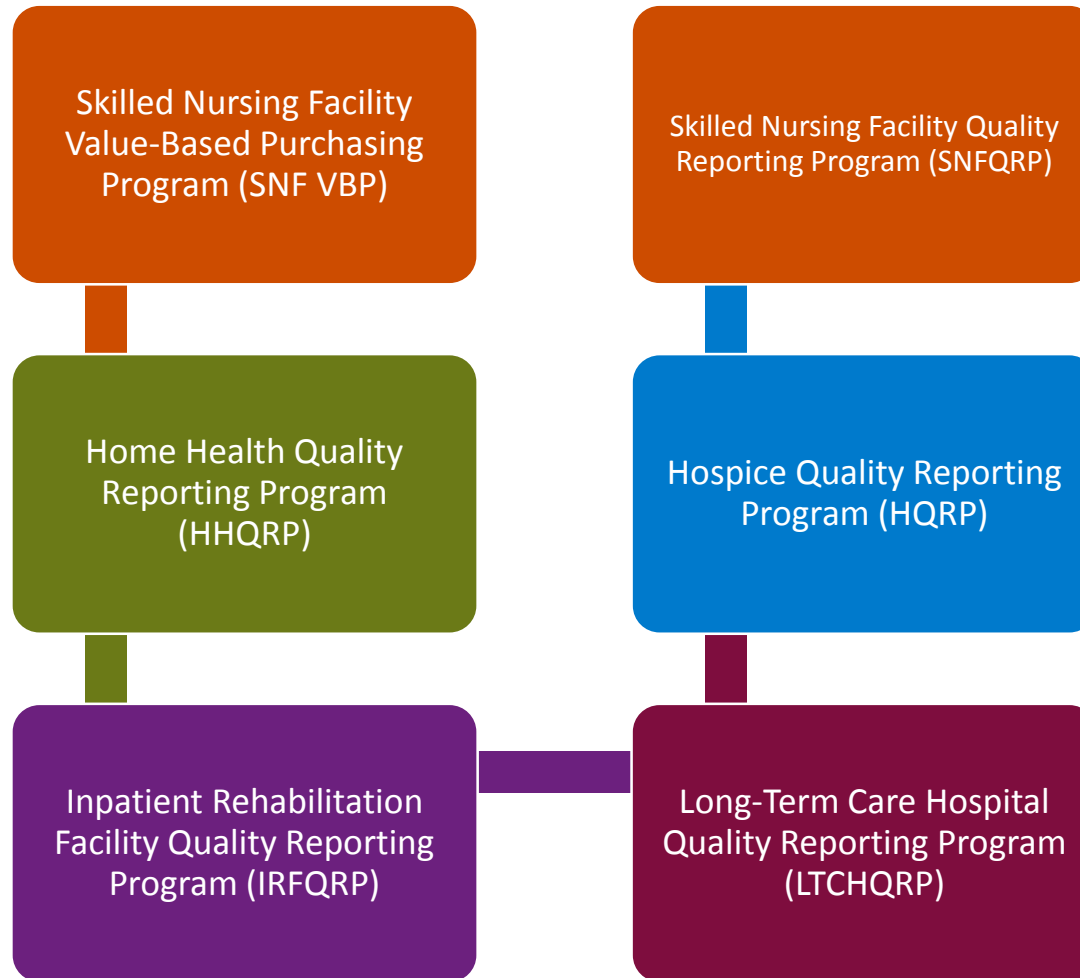
- *The MAP Coordinating Committee will examine the MAP workgroup recommendations and key cross-cutting issues.*

# MAP Pre-Rulemaking Approach

A look at what to expect



# Programs to Be Considered by the PAC/LTC Workgroup



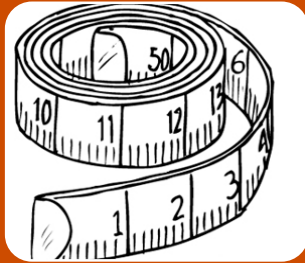
# MAP Pre-Rulemaking Approach

## Goals for today's meeting

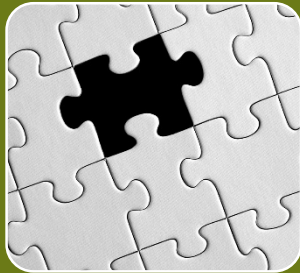
- Review the goals and structure of each program
- Review the critical objectives of each program
- Identify measurement gap areas
- Provide feedback to the Rural Workgroup

# 2017-2018 MAP PAC/LTC Overarching Themes

# Overarching Issues



**Aligning Measures to Address  
Critical Quality Issues**



**Addressing Crucial  
Measurement Gaps**

# MAP 2018 Considerations for Implementing Measures in Federal Programs: PAC/LTC (2018 Report)

## Summary

- Significant progress has been made to align measures across post-acute care/long-term care (PAC/LTC) settings. Aligned measures allow for better comparability across settings and facilitate consumer choice.
- However, measurement gaps remain in PAC/LTC programs, particularly in care coordination and transfer of information across settings.
- Measurement should provide necessary information to consumers while being actionable for providers. MAP provided guidance to improve attribution models in PAC/LTC settings.

# Overview of PAC/LTC Programs under Consideration



# PAC/LTC High-Leverage Opportunities and Core Measure Concepts

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	<ul style="list-style-type: none"> <li>• Functional and cognitive status assessment</li> <li>• Mental health</li> </ul>
Goal Attainment	<ul style="list-style-type: none"> <li>• Achievement of patient/family/caregiver goals</li> <li>• Advanced care planning and treatment</li> </ul>
Patient and Family Engagement	<ul style="list-style-type: none"> <li>• Experience of care</li> <li>• Shared decision making</li> <li>• Patient and family education</li> </ul>
Care Coordination	<ul style="list-style-type: none"> <li>• Effective transitions of care</li> <li>• Accurate transmission of information</li> </ul>
Safety	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Pressure ulcers</li> <li>• Adverse drug events</li> </ul>
Cost/Access	<ul style="list-style-type: none"> <li>• Inappropriate medicine use</li> <li>• Infection rates</li> <li>• Avoidable admissions</li> </ul>
Quality of Life	<ul style="list-style-type: none"> <li>• Symptom Management</li> <li>• Social determinants of health</li> <li>• Autonomy and control</li> <li>• Access to lower levels of care</li> </ul>

**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

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

- Communication/Care Coordination: Transfer of Health Information and Interoperability

# Previous Gaps Identified

## **PAC/LTC WG 2017- 2018 Identified Gaps**

- Bidirectional measures
- Efficacy of transfers from acute care hospitals to SNFs
- Appropriateness of transfers
- Pt/Caregiver transfer experience
- Detailed advance directives

# Workgroup Discussion

- Does the Workgroup have suggestions for refinement to the identified gaps?

# 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	Endorsement Removed
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 (Proposed for removal in CY 2019 HH PPS rule)	Endorsement Removed
Process	0526	Timely Initiation Of Care	Endorsement Removed
Process	0518	Depression Assessment Conducted (Proposed for removal in CY 2019 HH PPS rule)	Endorsement Removed
Process	0522	Influenza Immunization Received for Current Flu Season	Endorsement Removed
Process	0525	Pneumococcal Polysaccharide Vaccine Ever Received (Proposed for removal in CY 2019 HH PPS rule)	Endorsement Removed
Process	0537	Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate (Proposed for removal in CY 2019 HH PPS rule)	Endorsed
Process	0519	Diabetic Foot Care and Patient/Caregiver Education Implemented during All Episodes of Care (Proposed for removal in CY 2019 HH PPS rule)	Endorsement Removed

# HH QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Outcome	0175	Improvement in Bed Transferring	Endorsed
Outcome	2380	Rehospitalization During the First 30 Days of Home Health (Proposed for removal in CY 2019 HH PPS rule)	Endorsed
Outcome	2505	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health (Proposed for removal in CY 2019 HH PPS rule)	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

- Patient and Family Engagement: Care is Personalized and Aligned with the Patient's Goals

# Previous Gaps Identified

## **PAC/LTC WG 2017- 2018 Identified Gaps**

- Measures that address SDOH
- New measures to address stabilization of ADLs

# Workgroup Discussion

- Does the Workgroup have suggestions for refinement to the identified gaps?

# 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

Finalized in FY 2018 IRF PPS Final Rule

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) (Removed in FY 2019 IRF PPS Final Rule)	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 (Removed in FY 2019 IRF PPS Final Rule)	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	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

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

- Communication/Care Coordination: Transfer of Health Information and Interoperability



# Previous Gaps Identified

## **PAC/LTC WG 2017- 2018 Identified Gaps**

- Transfer of patient information
- Appropriate clinical use of opioids
- Refinements to current infection measures

# Workgroup Discussion

- Does the Workgroup have suggestions for refinement to the identified gaps?

# 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
Process	680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680). Removed in FY 2019 IPPS Rule	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). Removed in FY 2019 IPPS Rule	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. Removed in FY 2019 IPPS Rule	Not 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

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

- Communication/Care Coordination: Transfer of Health Information and Interoperability

# Previous Gaps Identified

**PAC/LTC  
WG  
2017-  
2018  
Identified  
Gaps**

- **Mental and behavioral health**

# Workgroup Discussion

- Does the Workgroup have suggestions for refinement to the identified gaps?

# 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.
  - ▣ *Beginning 10/1/2018 the SNF VBP Program will apply either positive or negative incentive payments based on performance on the program's readmissions measure.*
- **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

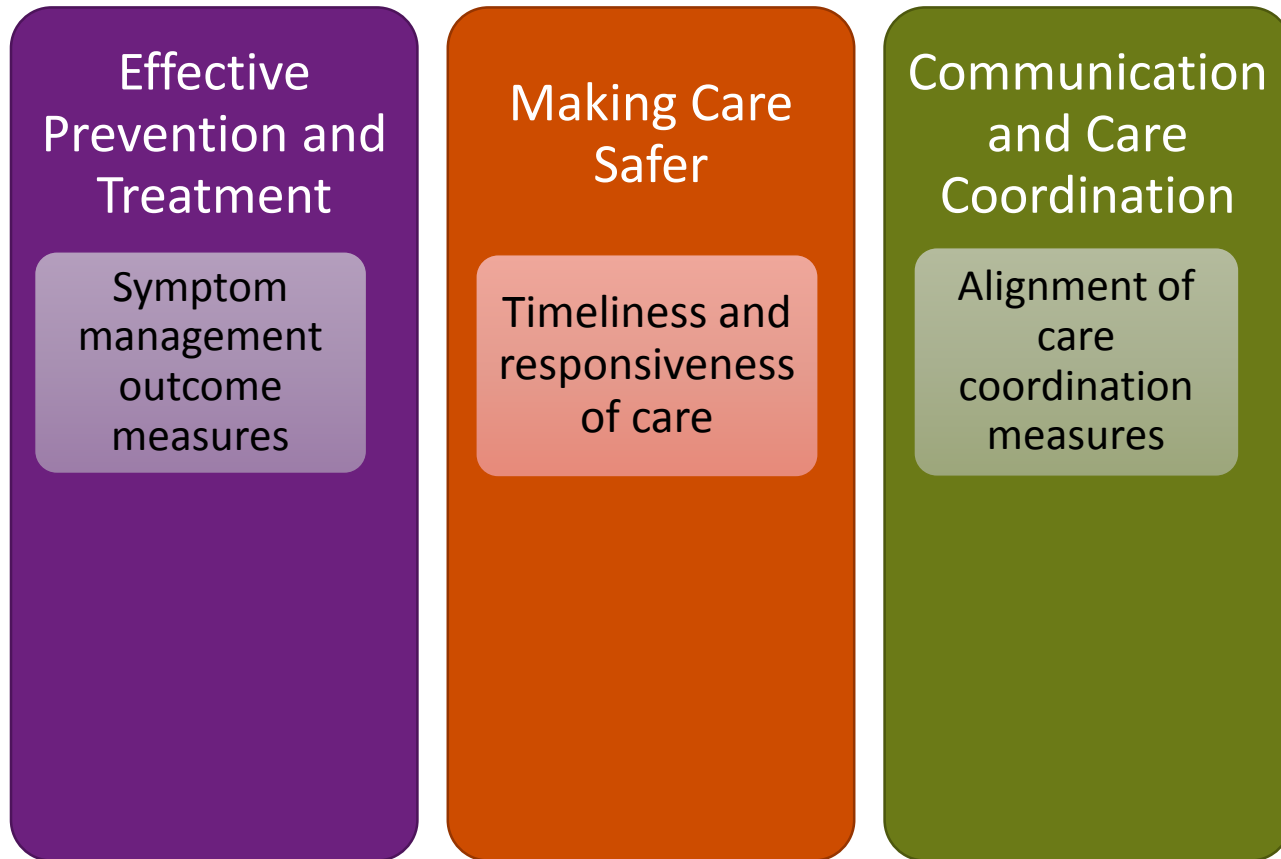
# Hospice Quality Reporting Program

- **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

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



# Previous Gaps Identified

## **PAC/LTC WG 2017- 2018 Identified Gaps**

- Medication management at the end of life
- Provision of bereavement services
- Effective service delivery to caregivers
- Safety
- Functional status
- Symptom management, including pain
- Psychological, social, and spiritual needs

# Workgroup Discussion

- Does the Workgroup have suggestions for refinement to the identified gaps?



# CMS Updates on Prior Measures Under Consideration (MUCs)

# PAC/LTC Workgroup Web Meeting



## ***CMS Feedback Loop 2018***

*Alan Levitt M.D.  
Tara McMullen, PhD*

*November 14, 2018*

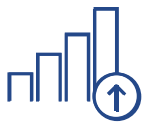
# CMS Feedback Loop 2018

- The purpose of the feedback loop is to show how PAC-LTC Workgroup discussions have been incorporated into the current work:
  - Meaningful Measures Initiative update, including Measure Removal Factors
  - Facility-Based Quality and Cost Performance Measures update

## **Meaningful Measures Initiative & Measure Removal Factors**

# Meaningful Measures: Objectives

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



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

# Measure Removal Factors

- Measure Removal Factor History
  - Prior to the Fiscal Year (FY) and Calendar Year (CY) 2019 rules, 7 measure removal factors were adopted across the Inpatient Rehabilitation Facility (IRF), Long-Term Care Hospital (LTCH), Skilled Nursing Facility (SNF), Home Health (HH), and Hospice Quality Reporting Programs (QRPs).
  - The FY2019 final rules for the IRF, LTCH, SNF, and Hospice settings adopted an 8<sup>th</sup> measure removal factor.
  - The proposed CY2019 Home Health rule recommends aligning with the IRF, LTCH, SNF, and Hospice settings by adopting the same 8<sup>th</sup> measure removal factor.

# Measure Removal Factors

## Eight Measure Removal Factors

Factor	Description
Factor 1	Measure performance is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made.
Factor 2	Performance or improvement on a measure does not result in better patient outcomes.
Factor 3	A measure does not align with current clinical guidelines or practice.
Factor 4	A more broadly applicable measure (across settings, populations, or conditions) for the particular topic is available.
Factor 5	A measure that is more proximal in time to desired patient outcomes for the particular topic is available.
Factor 6	A measure that is more strongly associated with desired patient outcomes for the particular topic is available.
Factor 7	Collection or public reporting of a measure leads to negative unintended consequences other than patient harm.
Factor 8	The costs associated with a measure outweigh the benefit of its continued use in the program.

# IRF Quality Reporting Program (IRF QRP)

- The IRF QRP currently has 18 adopted quality measures.
- 1 quality measure was finalized for removal beginning with the FY2020 IRF QRP:

Measure	Measure Removal Factor
<b>NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure (NQF #1716)</b>	<b>Factor 8:</b> The costs associated with a measure outweigh the benefit of its continued use in the program.

- 1 quality measure was finalized for removal beginning with the FY2021 IRF QRP:

Measure	Measure Removal Factor
<b>Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)</b>	<b>Factor 1:</b> Measure performance among HHAs is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made.



# LTCH Quality Reporting Program (LTCH QRP)

- The LTCH QRP currently has 19 adopted quality measures.
- Two quality measures were finalized for removal beginning with the FY2020 LTCH QRP:

Measure	Measure Removal Factor
NHSN Ventilator-Associated Event (VAE) Outcome Measure	<b>Factor 6:</b> A measure that is more strongly associated with desired patient outcomes for the particular topic is available.
NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) Bacteremia Outcome Measure (NQF #1716)	<b>Factor 6:</b> A measure that is more strongly associated with desired patient outcomes for the particular topic is available, and <b>Factor 8:</b> The costs associated with a measure outweigh the benefit of its continued use in the program.

- One quality measure was finalized for removal beginning with the FY2021 LTCH QRP:

Measure	Measure Removal Factor
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)	<b>Factor 8:</b> The costs associated with a measure outweigh the benefit of its continued use in the program.

# SNF & Hospice Quality Reporting Programs

- The SNF QRP currently has 12 adopted quality measures.
  - No quality measures were finalized for removal in the FY 2019 SNF PPS Final Rule.
- The Hospice QRP currently collects data on 9 Hospice Item Set (HIS) quality measures and 8 CAHPS® Hospice Survey measures.
  - No quality measures were finalized for removal in the FY 2019 Hospice Final Rule.
  - Seven HIS component measures will be reported as one composite measure on Hospice Compare under the measure title: Hospice and Palliative Care Composite Process Measure – Comprehensive Assessment at Admission (NQF #3235).
  - The CAHPS® Hospice Survey includes 6 multi-item (composite) measures and 2 global ratings measures.

# Home Health Quality Reporting Program (HH QRP)

- The HH QRP currently has 31 adopted measures.
- Seven measures are proposed for removal beginning with the CY2021 program year:

Measure	Measure Removal Factor
<b>Depression Assessment Conducted</b>  <b>Diabetic Foot Care and Patient/Caregiver Education Implemented during All Episodes of Care</b>  <b>Multifactor Fall Risk Assessment Conducted For All Patients Who Can Ambulate (NQF #0537)</b>	<b>Factor 1:</b> Measure performance among HHAs is so high and unvarying that meaningful distinctions in improvements in performance can no longer be made.
<b>Pneumococcal Polysaccharide Vaccine Ever Received</b>	<b>Factor 3:</b> A measure does not align with current clinical guidelines or practice.
<b>Improvement in the Status of Surgical Wounds</b>  <b>Emergency Department Use without Hospital Readmission during the First 30 Days of HH (NQF #2505)</b>  <b>Rehospitalization during the First 30 Days of HH (NQF #2380)</b>	<b>Factor 4:</b> A more broadly applicable measure (across settings, populations, or conditions) for the particular topic is available.

# **PAC/LTC Workgroup Web Meeting**

## **Facility-Based Quality and Cost Performance Measures**

# MIPS Year 3 (2019) Proposed

## What is it?

- Facility-based scoring is an option for clinicians that meet certain criteria beginning with the 2019 performance period.
  - CMS finalized this policy for the 2019 performance period in the 2018 Final Rule.
  - Facility-based scoring allows for certain clinicians to have their Quality and Cost performance category scores based on the performance of the hospitals at which they work.

# MIPS Year 3 (2019) Proposed

## Facility-Based Measurement Expansion to other settings:

- Attribution:
  - Would a similar approach as used for HVBP work for PAC settings?
  - What level of influence do MIPS eligible clinicians have in determining performance on quality measures for individual settings and programs in the PAC setting?
  - Which PAC QRP measures may be best utilized to measure clinician performance?
- Measures:
  - What methods should we use to identify the appropriate measures for scoring?
  - What measures would be most influenced by clinicians?
  - Should all measures that are reported as part of the PAC QRPs be included or a subset?
- PAC Settings:
  - Should we consider all PAC settings or a subset, such as IRF QRP or LTCH QRP?

# Questions?

- If you have questions, please contact:
  - Meaningful Measures and Measure Removal Factors
    - Alan Levitt, M.D.: [Alan.Levitt@cms.hhs.gov](mailto:Alan.Levitt@cms.hhs.gov)
  - Facility-Based Quality and Cost Performance Measures
    - Tara McMullen, PhD: [Tara.McMullen@cms.hhs.gov](mailto:Tara.McMullen@cms.hhs.gov)

Thank you!



NATIONAL  
QUALITY FORUM

# Recommendations from the 2018 MAP Rural Health Workgroup

*NQF's MAP Rural Health Workgroup Project Team  
and*

*Ira Moscovice, PhD, MAP Rural Health Workgroup co-chair*

*November 14, 2018*



# Overview of Presentation

- Overview of NQF's 2015 work in rural health and key activities of the MAP Rural Health Workgroup
- 2018 recommendations of the MAP Rural Health Workgroup
  - ▣ *Core set of measures, gaps in measurement, access to care*
- Next steps for the NQF and the Workgroup
- Discussion

# NQF's 2015 Rural Health Project

- Overarching Recommendation
  - ▣ *Make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers, but allow a phased approach for full participation across program types and explicitly address low case-volume*
  
- Some Supporting Recommendations
  - ▣ *Use guiding principles for selecting quality measures that are relevant for rural providers*
  - ▣ *Use a core set of measures, along with a menu of optional measures, for rural providers*
  - ▣ *Create a Measure Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures*

# MAP Rural Health Workgroup

## Key Activities for 2017-2018

- Assemble MAP Rural Health Workgroup
- Identify a core set of the best available rural-relevant measures
- Identify gaps in measurement and provide recommendations on alignment and coordination of measurement efforts
- Make recommendations regarding measuring and improving access to care for the rural population

# MAP Rural Health Workgroup Recommendations

# Rural Health Core Set

- 20 measures in the core set
  - ▣ *9 measures for the hospital setting (facility level of analysis)*
  - ▣ *11 measures for ambulatory setting (clinician level of analysis)*
- 7 additional measures for ambulatory setting, but currently endorsed for health plan/integrated delivery system levels of analysis
- Apply to majority of rural patients and providers
  - ▣ *NQF-endorsed*
  - ▣ *Cross-cutting*
  - ▣ *Resistant to low case-volume*
- Includes process and outcome measures
- Includes measures based on patient report
- Majority used in federal quality programs

# Rural Health Core Set

## Hospital Setting

NQF #	Measure Name
0138	National Healthcare Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure
0166	HCAHPS (includes 11 performance measures)
0202	Falls with injury
0291	Emergency Transfer Communication Measure
0371	Venous Thromboembolism Prophylaxis
0471	PC-02 Cesarean Birth
1661	SUB-1 Alcohol Use Screening
1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure
1789	Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)

# Rural Health Core Set

## Ambulatory Care Setting

NQF #	Measure Name
0005	CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
0041	Preventive Care and Screening: Influenza Immunization
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
0097	Medication Reconciliation Post-Discharge
0326	Advance Care Plan
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

# Rural Health Core Set

## Ambulatory Care Setting

NQF #	Measure Name
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
0711	Depression Remission at Six Months
0729	Optimal Diabetes Care
2152	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling



# Additional Measures

Ambulatory Care Setting, Health Plan/Integrated Delivery System Level of Analysis (not clinician level)

NQF #	Measure Name
0018	Controlling High Blood Pressure
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
0032	Cervical Cancer Screening (CCS)
0034	Colorectal Cancer Screening (COL)
0038	Childhood Immunization Status (CIS)
2372	Breast Cancer Screening
2903	Contraceptive Care – Most & Moderately Effective Methods

# 2017-2018 MAP Rural Health Workgroup

## Measurement Gaps

- Access to care
- Transitions in care
- Cost
- Substance use measures, particularly those focused on alcohol and opioids
- Outcome measures (particularly patient-reported outcomes)

# Considering Access to Care from a Rural Perspective

- Identified facets of access that are particularly relevant to rural residents
- Documented key challenges to access-to-care measurement from the rural perspective
- Identified ways to address those challenges
- Some key aspects of discussion
  - ▣ *Access and quality difficult to de-link*
  - ▣ *Both clinician-level and higher-level accountability needed*
  - ▣ *Distance to care and transportation issues are vital issues*
  - ▣ *Telehealth can address several of the barriers to access, but there are still limitations to its use*

# Key Domains of Access to Care from a Rural Perspective

## ■ Availability

- ▣ *Specialty care, appointment availability, timeliness*
- ▣ *Address via: workforce policy; team-based care and practicing to top of license; telehealth; improving referral relationships; partnering with supporting services*

## ■ Accessibility

- ▣ *Transportation, health information, health literacy, language interpretation, physical spaces*
- ▣ *Address via: tele-access to interpreters; community partnerships; remote technology; clinician-patient communication*

## ■ Affordability

- ▣ *Out-of-pocket costs; delayed care due to out-of-pocket costs*
- ▣ *Address via: appropriate risk-adjustment; policy/insurance expansion; protecting the safety net; monitoring patient balance after insurance*

# A Final Recommendation from the MAP Rural Health Workgroup

- CMS should continue to fund the MAP Rural Health Workgroup
  - ▣ *View the current core set as a “starter set”*
  - ▣ *Would like the opportunity to refine the core set over time*
    - » New measures continually being developed
    - » Measures often are modified
    - » Need to monitor for unintended consequences
  - ▣ *Would like opportunity to provide a rural perspective on other topics going forward*

# Post-Report Activities and Next Steps

# Subsequent Activities by NQF Related to Rural Health

- Organized a Capitol Hill Briefing on the report and recommendations (September 2018)
- NQF's "splash screen" focused on the work
- Positive media coverage (at least 6 publications including Modern Healthcare)
- Health Affairs blog article

# Next Steps for the MAP Rural Health Workgroup

- NQF has received continued funding to convene the workgroup; key tasks include:
  - ▣ *Sharing recommendations with the Clinician, Hospital, and PAC/LTC Workgroups*
  - ▣ *Gather feedback from the Workgroup on clinician-specific measures included on the 2018 Measures Under Consideration (MUC) list*
  - ▣ *Convene a 5-person Technical Expert Panel (TEP) to develop recommendations on how to calculate healthcare measures when case volume is low*
    - » First call with the TEP is scheduled for October 31, 2018 from noon-3pm ET



# Discussion

# Discussion

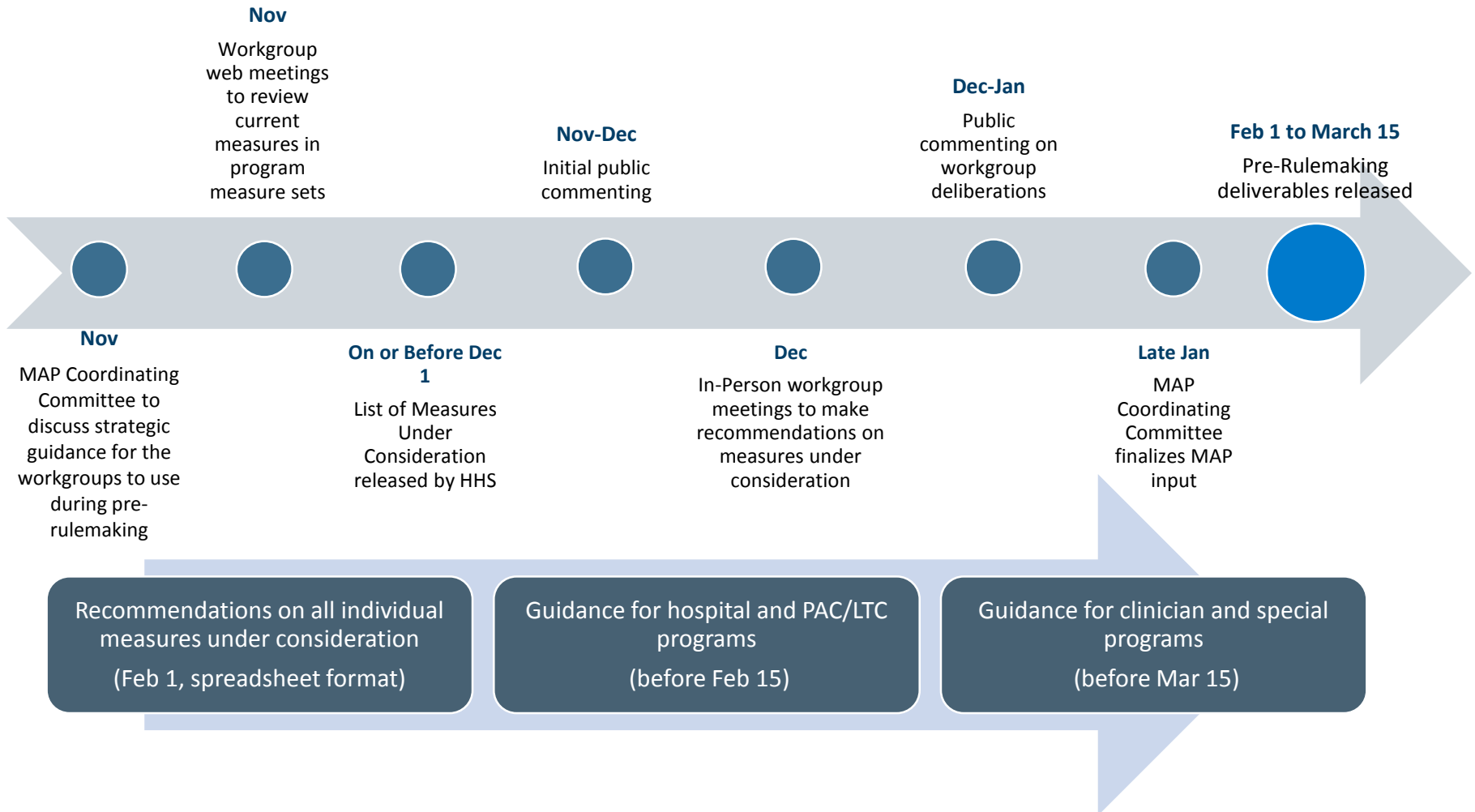
- Core set
  - ▣ *Do you agree with the overall topic areas that were covered?*
    - » Is anything missing?
  - ▣ *Do you have any particular concerns or questions about particular measures?*
- Gaps
  - ▣ *What are your initial thoughts on the identified gaps?*
- Access to care
  - ▣ *What did you think of the approach?*
  - ▣ *Do the three domains seem like the right ones to focus on?*
  - ▣ *Was anything particularly surprising or intriguing?*
  - ▣ *Did we miss anything?*

# Opportunity for NQF Member and Public Comment

# Next Steps

# MAP Pre-Rulemaking Approach

## A look at what to expect



# Next Steps: Upcoming Activities

## **Release of the MUC List – by December 1**

**Public Comment Period #1** – Timing based on MUC list release

- In-Person Workgroup Meeting – **December 10**

**Public Comment Period #2** – Following Workgroup In-Person Meetings

- Coordinating Committee – **January 22-23**

# Resources

- CMS' Measurement Needs and Priorities Document:
  - [\*Final 5 29 2018 MUC Program Priorities Needs\*](#)
- Pre-Rulemaking URL:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>
- MAP Member Guidebook:
  - <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=80515>

# Questions?



# Contact Information

- Project page
  - ▣ [http://www.qualityforum.org/Setting\\_Priorities/Partnership/PAC-LTC\\_Workgroup/Post-Acute\\_Care/Long-Term\\_Care\\_Workgroup.aspx](http://www.qualityforum.org/Setting_Priorities/Partnership/PAC-LTC_Workgroup/Post-Acute_Care/Long-Term_Care_Workgroup.aspx)
- Workgroup SharePoint site
  - ▣ <http://share.qualityforum.org/Projects/MAP%20Post-Acute%20Care%20Long-Term%20Care%20Workgroup/SitePages/Home.aspx>
- Email: MAP PAC/LTC Project Team
  - ▣ [MAPPAC-LTC@qualityforum.org](mailto:MAPPAC-LTC@qualityforum.org)

THANK YOU