

## Welcome to Today's Meeting!

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

If you are experiencing technical issues, please contact the project team via chat on the Webex platform or at [MAPPAC-LTC@qualityforum.org](mailto:MAPPAC-LTC@qualityforum.org)



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

<https://www.qualityforum.org>

# Measure Applications Partnership (MAP)

Post-Acute Care-Long-Term Care (PAC/LTC) Workgroup Virtual Review Meeting

*December 16, 2021*

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

## Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks
- Updates on the Hospice Outcomes and Patient Evaluation (HOPE) Assessment Tool
- Overview of Pre-Rulemaking Approach
- Lunch
- Review of Programs and Measures Under Consideration (MUCs)
- Review of Programs and MUCs (Continued)
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

# Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives

## PAC/LTC Workgroup Membership

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

### Organizational Members (Voting)

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

## **PAC/LTC Workgroup Membership (Continued)**

### **Individual Subject Matter Experts (Voting)**

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

### **Federal Government Liaisons (Non-voting)**

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



## Workgroup Staff

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



## CMS Staff

- **Kimberly Rawlings**, Task Order Contracting Officer's Representative (TO COR)
- **Gequincia Polk**, Indefinite Delivery/Indefinite Quantity Contracting Officer's Representative (IDIQ COR)





## Objectives for Today's Meeting

- Review and provide input on MUC for the MAP PAC/LTC programs
- Identify measure gaps for the MAP PAC/LTC programs

# CMS Welcoming Remarks

# Measure Applications Partnership

PAC/LTC Workgroup

December 2021

# Purpose of the MAP

- The Measure Applications Partnership is a convened group of experts who provide recommendations to CMS about whether or not measures under consideration should be included in CMS value based programs.
- Multi-stakeholder group feedback on the MUC List is a statutory requirement.
- MAP makes recommendations but does not have final authority for decisions around CMS programs.
- However, all MAP recommendations are strongly considered and assist CMS in decisions about programs.
- Measure set review was new for MAP this year.

# Post Acute Care MAP

- The PAC MAP recommends measures that may potentially be included in future rule-writing for Value Based Programs.
- Programs include: SNF QRP, SNF VBP, Hospice QRP, Home Health QRP, LTCH QRP and IRF QRP
- These are a mix of pay for reporting as well as pay for performance; some are also used in the calculation of Nursing Home Stars.
- Almost all measures are publicly reported.

# CMS Strategic Priorities

**Vision: CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes**

Pillar 1	Advance health equity by addressing the health disparities that underlie our health system
Pillar 2	Build on the Affordable Care Act, expand access to quality and affordable health coverage
Pillar 3	Engage our partners and communities we serve throughout the policymaking and implementation process
Pillar 4	Drive innovation to tackle our health system challenges and promote high-value, person-centered care
Pillar 5	Protect our programs' sustainability for future generations by serving as a responsible steward of public funds
Pillar 6	Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations

# CMS Key Focus Areas for Quality

- COVID-19 and the PHE
- Equity – Access, Outcomes, Referrals, Experience
- Maternal Health and Safety
- Mental Health
- Resiliency and Emergency Preparedness
- Safety – not just patient safety, but workforce safety
- Digital transformation
- Climate Change
- Value

# COVID-19 impact to Value Based Programs

- THANK YOU for heroic efforts to care for all (patients, staff, others).
- Trend of worsening quality and safety performance being evaluated
- Future focus of resiliency, emergency preparedness; workforce
- Value Based Programs proposed (and finalized IPPS) measure suppression and other actions to limit financial impact while still preserving, where appropriate, public reporting
  - IPPS programs
  - MIPS program
- COVID-19 HCP vaccination measures; COVID-19 HCP vaccination mandate finalized

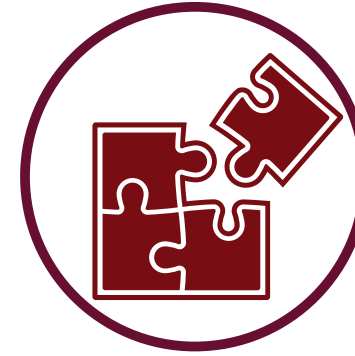


# Provider discussions highlighted key enablers and challenges influencing implementation of response



## Key enablers for implementation

- 1 Leadership, culture, & governance
- 2 Infection prevention & control expertise
- 3 Local planning & coordination



## Key challenges faced during implementation

- 4 Planning for underserved & vulnerable pop.
- 5 Data reporting
- 6 Technical assistance
- 7 Managing federal & STLT (state, tribal, local, and territorial) guidance

# What is new in PAC/LTC rules

- Expansion of SNF VBP – will consider measures today for this
- Home Health Model to expand to new national program
- Measures suppression – SNF VBP all held neutral
- Finalization of COVID-19 vaccine measure; Recent HCP vaccine mandate

# Potential Future Directions

- Safety – patient and workforce (including staffing)
- Mental Health
- Reducing disparities
  - Measure stratification; Measures related to equity; data collection
- Continued focus on infection control
- HOPE tool for Hospice performance

# Summary

- Thank you for your contributions and your important voice for hospitals and hospital related care
- Thank you for your contributions and heroic efforts for the COVID-19 PHE
- Look forward to your comments and recommendations today on the measures moving forward
- Happy Holidays!

# Updates on the Hospice Outcomes and Patient Evaluation (HOPE) Assessment Tool



# Hospice Outcomes & Patient Evaluation (HOPE) and HOPE-based Measure Update



**Cindy Massuda, CMS**

**Jennifer Riggs, Abt Associates**

**T.J. Christian, Abt Associates**



# Background

*Cindy Massuda,  
Senior Technical Advisor and  
Hospice QRP Coordinator*

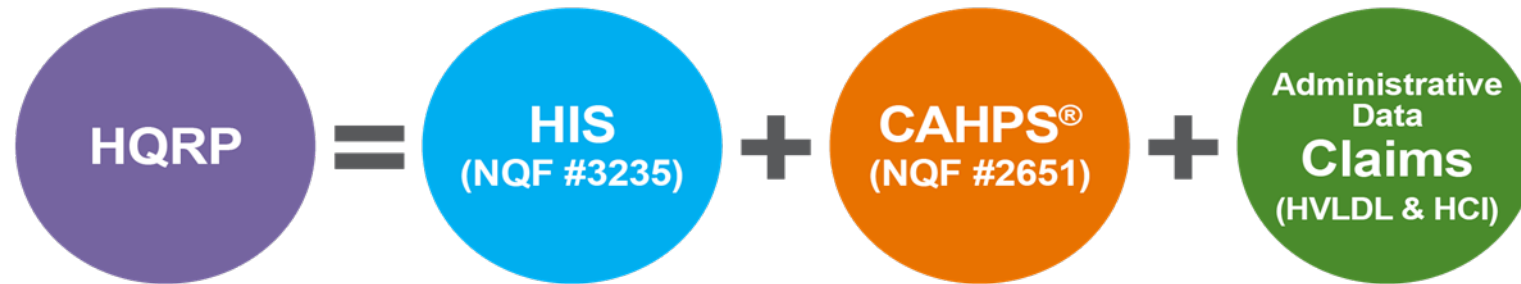
# HOPE Development Overview

- Successive phases of testing (cognitive, pilot, alpha) informed revisions to the draft **Hospice Patient & Outcome Evaluation (HOPE)** assessment, and national beta test
- Draft HOPE comprises nursing, psychosocial and spiritual disciplinary assessments
- HOPE-based quality measure concepts were discussed with the Technical Expert Panel
- HOPE must go through rulemaking prior to implementation



# Hospice Item Set (HIS)

- Provides basic information about the patient, and their hospice stay
- Hospice clinical record data extraction at admission and discharge
- Supports one HQRP process quality measure NQF #3235

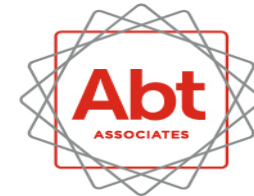


For more details, visit the CMS HQRP “Current Measures” web page at this link  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Current-Measures>

- However, the HIS is not a patient assessment that can support outcome quality measures
- CMS has contracted with Abt Associates and its partners to develop HOPE

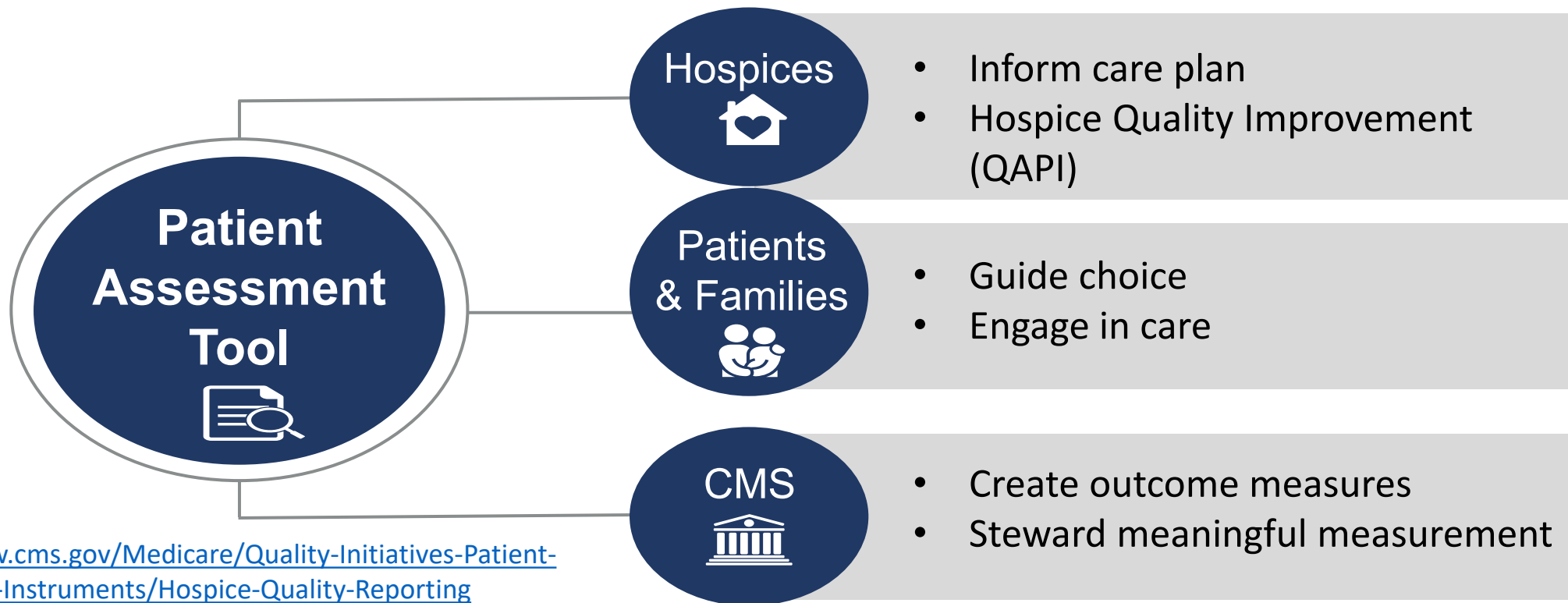
# Hospice Outcomes & Patient Evaluation (HOPE)

*Jennifer Riggs, HOPE Development and Testing Lead*



BOLD  
THINKERS  
DRIVING  
REAL-WORLD  
IMPACT

# HOPE Objectives



<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting>

# What is Hospice Outcomes & Patient Evaluation (HOPE)?

## Assessment



## Individual Items

1. Primary Medical Condition Category	
Indicate the patient's primary medical condition category	
Enter Code	1. Cancer
<input type="checkbox"/>	2. COPD
	3. Dementia, including Alzheimer's disease
	4. Heart failure
	5. Liver disease
	6. Neurological condition (e.g., Parkinson's disease, multiple sclerosis, ALS)
	7. Renal disease
	8. Stroke
	9. Other medical condition:
	<input type="text"/>

## Multidisciplinary

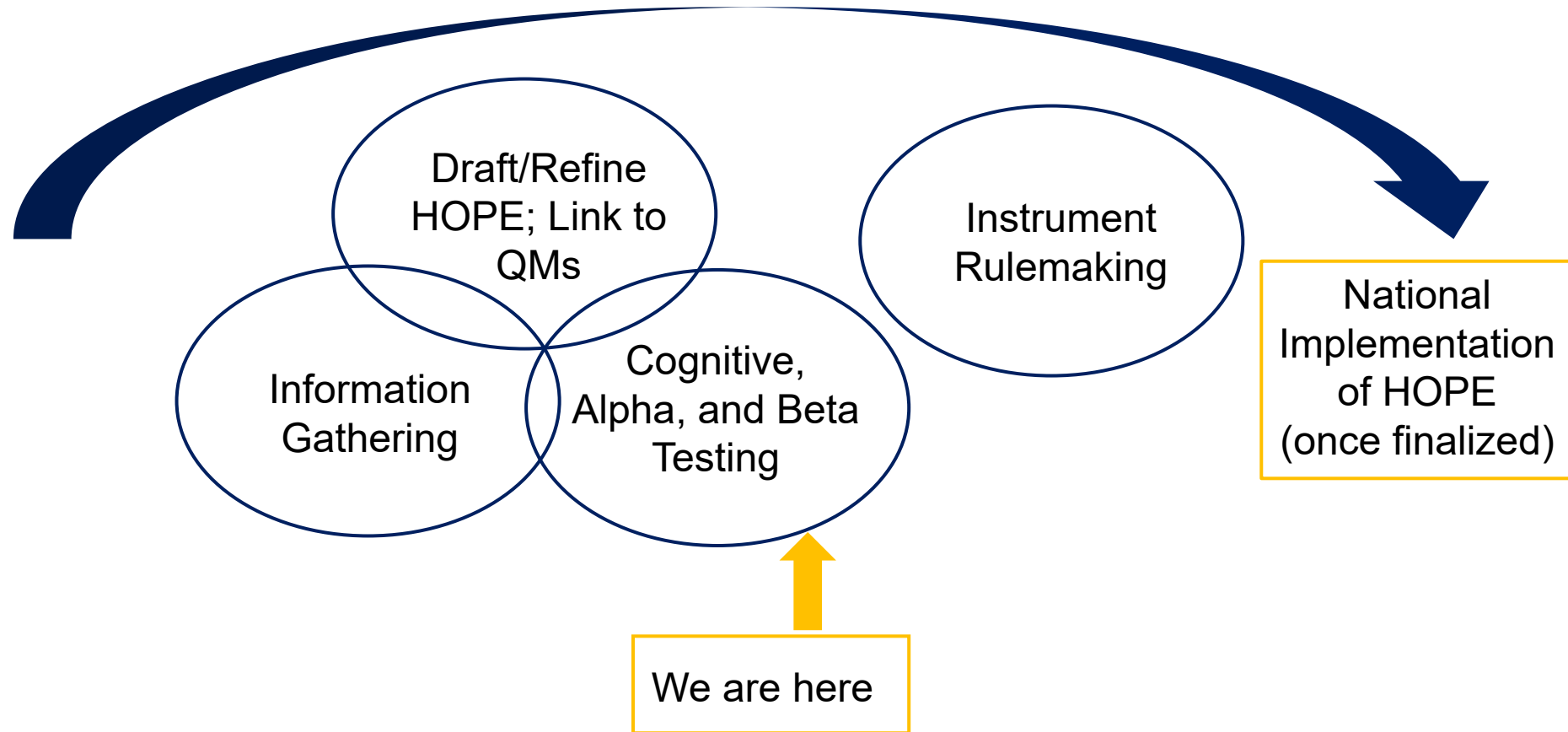


## Time Points Assessed

- HOPE assessment occurs at specific time points throughout the patient's hospice stay

**CMS is committed to understanding the needs of patients and families throughout the hospice stay**

# How did we get here?



# Draft HOPE Assessment

<b>Nursing</b>	<b>Psychosocial</b>	<b>Spiritual</b>
Ethnicity, Race, Preferred Language	Depression	Spiritual, Religious Struggles
Diagnoses	Anxiety	Peace in the face of illness
Signs of Imminent Death	Care Needs	Experiencing meaning and joy in their life
Symptom Severity & Impact	Financial Resources	Comfort and strength
Patient Preferences for Symptom Management	Social Support	Visits or Support from Faith Community
Advance Care Planning	Cultural Values	
Skin Integrity, Function	Awareness of Prognosis	
Education, training, resource needs	Coping related to anticipatory grief	
Medication Management	Resource Needs	
Falls, Transfer of Health Information		

# HOPE Quality Measure Development

*T.J. Christian, Hospice Quality Measures Lead*



BOLD  
THINKERS  
DRIVING  
REAL-WORLD  
IMPACT

# HOPE-based Quality Measure Concepts

- We discussed HOPE-based quality measure concepts with our Technical Expert Panel (TEP)
- The items needed for measure calculations will be collected at multiple time points across a patient's stay
- Items assessing Symptom Impact, Pain Screening, Pain Active Problem, and Patient Desired Tolerance Level for Symptoms or Patient Preferences for Symptom Management would be used for these measures



# Pain & Symptom Quality Measure Concepts

- As described in CMS's publicly available 2020 TEP Summary Report, our TEP supported the following measure concepts that could be calculated using HOPE items:
  - ***Timely Reduction of Pain Impact***, which reports the percentage of patients who experienced a reduction in the impact of moderate or severe pain
  - ***Reduction in Pain Severity*** which reports the percentage of patients who had a reduction in reported pain severity
  - ***Timely Reduction of Non-Pain Symptoms Impact*** which measures the percentage of patients who experience a reduction in the impact of symptoms other than pain

# Other Quality Concepts of Interest

- CMS will continue to develop the three candidate quality measures
- In rulemaking, CMS also expressed interest in further concepts:
  - Preferences for symptom management
  - Spiritual and psychosocial needs
  - Medication management in outcomes of care

# Stay Informed

## HQRP Forum Quarterly Series and HOPE Updates

- Attend our HQRP Forum Quarterly Series
  - ❑ Typically focused on HOPE Updates
  - ❑ Upcoming HQRP Forums will be posted on the HQRP [Provider and Stakeholder Engagement | CMS](#)
    - ❖ This webpage also includes the TEP Reports
- HOPE Updates:
  - ❑ <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HOPE>

# Thank You

*Questions?*

# Overview of Pre-Rulemaking Approach

# Preliminary Analyses

## Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.
- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure considering MAP's previous guidance.

## MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
<b>1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.</b>	<ul style="list-style-type: none"> <li>The measure addresses key healthcare improvement priorities; or</li> <li>The measure is responsive to specific program goals and statutory or regulatory requirements; or</li> <li>The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.</li> </ul>	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>
<b>2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.</b>	<ul style="list-style-type: none"> <li>For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s).</li> <li>For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.</li> </ul>	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>
<b>3) The measure addresses a quality challenge.</b>	<ul style="list-style-type: none"> <li>The measure addresses a serious reportable event (i.e., a safety event that should never happen); or</li> <li>The measure addresses unwarranted or significant variation or a gap in care that is evidence of a quality challenge.</li> </ul>	<p>Yes: Review can continue.</p> <p>No: Measure will receive a Do Not Support.</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>



## MAP Preliminary Analysis Algorithm (Continued)

Assessment	Definition	Outcome
<b>4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.</b>	<ul style="list-style-type: none"> <li>The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or</li> <li>The measure captures a broad population; or</li> <li>The measure contributes to alignment between measures in a particular program set (e.g. the measure could be used across programs) or</li> <li>The value to patients/consumers outweighs any burden of implementation.</li> </ul>	<p>Yes: Review can continue</p> <p>No: Highest rating can be do not support with potential for mitigation</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>
<b>5) The measure can be feasibly reported.</b>	<ul style="list-style-type: none"> <li>The measure can be operationalized (e.g. the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.)</li> </ul>	<p>Yes: Review can continue</p> <p>No: Highest rating can be do not support with potential for mitigation</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

## MAP Preliminary Analysis Algorithm (Continued 2)

Assessment	Definition	Outcome
<b>6) The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).</b>	<ul style="list-style-type: none"> <li>• The measure is NQF-endorsed; or</li> <li>• The measure is fully developed and full specifications are provided; and</li> <li>• Measure specifications are provided for the level of analysis, program, and/or setting(s) for which it is being considered.</li> </ul>	<p>Yes: Measure could be supported or conditionally supported.</p> <p>No: Highest rating can be Conditional support.</p> <p>MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>
<b>7) If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.</b>	<ul style="list-style-type: none"> <li>• Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; or</li> <li>• Feedback from implementers or end users has not identified any negative unintended consequences (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and</li> <li>• Feedback is supported by empirical evidence.</li> </ul>	<p>If no implementation issues have been identified: Measure can be supported or conditionally supported.</p> <p>If implementation issues are identified: The highest rating can be Conditional Support. MAP can also choose to not support the measure, with or without the potential for mitigation. MAP will provide a rationale for the decision to not support or make suggestions on how to improve the measure for a future support categorization.</p>

# MAP Voting Decision Categories

## MAP Decision Categories 2021-2022

Decision Category	Definition	Evaluation Criteria
<b>Support for Rulemaking</b>	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
<b>Conditional Support for Rulemaking</b>	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	<p>The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation).</p> <p>Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.</p>
<b>Do Not Support for Rulemaking with Potential for Mitigation</b>	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would be considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
<b>Do Not Support for Rulemaking</b>	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

# MAP Voting Process

## Key Voting Principles

- **Quorum** is defined as **66 percent** of the voting members of the Committee present virtually for live voting to take place.
  - Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.
- MAP has established a **consensus** threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
  - Abstentions do not count in the denominator.
- Every measure under consideration will receive a decision.

## Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each measure under consideration (MUC) using the MAP selection criteria and programmatic objectives.
- **Step 2.** The co-chairs will ask for clarifying questions from the Workgroup. The co-chairs will compile all Workgroup questions.
  - ▣ Measure developers will respond to the clarifying questions on the specifications of the measure.
  - ▣ NQF staff will respond to clarifying questions on the preliminary analysis.

## Voting Procedure (continued)

- **Step 3. Voting on acceptance of the preliminary analysis decision**
  - ▣ After clarifying questions have been resolved, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a "yes" or "no" vote to accept the result.
  - ▣ If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.



## Voting Procedure (continued 2)

### ■ Step 4. Discussion and Voting on the MUC

- ▣ Lead Discussants will review and present their findings.
- ▣ The co-chairs will then open for discussion among the Workgroup. Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
- ▣ After the discussion, the co-chairs will open the MUC for a vote.
  - » NQF staff will summarize the major themes of the Workgroup's discussion.
  - » The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
  - » If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

## Voting Procedure (continued 3)

### ■ Step 5: Tallying the Votes

- ▣ If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
- ▣ If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.

# **Review of Measures Under Consideration (MUCs) by MAP Advisory Groups**

## MAP Rural Health Advisory Group Charge

- To help address priority rural health issues, including the challenge of low case-volume
- To provide:
  - ▣ Timely input on measurement issues to other MAP Workgroups and committees
  - ▣ Rural perspectives on the selection of quality measures in MAP

## Rural Health Advisory Group Review of MUCs

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

## MAP Health Equity Advisory Group Charge

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

## Health Equity Advisory Group Review of MUCs

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

## Feedback from the Advisory Groups' Review of MUCs

- Feedback from both Advisory Groups is provided to the setting-specific Workgroups through the following mechanisms:
  - ▣ The preliminary analyses (PAs):
    - » A qualitative summary of the discussion of the MUCs
    - » Average polling results that quantify:
      - *The Rural Health Advisory Group's perception of suitability from a rural perspective of including the measure within the program*
      - *The Health Equity Advisory Group's perception of the potential impact on health disparities if the measure is included within the program*
  - ▣ A summary of each Advisory Group's discussion will be provided during the review of the MUC during the setting-specific Workgroup pre-rulemaking meetings



# Lunch

# Review of Programs and Measures Under Consideration (MUCs)

# **Cross-Cutting Measure: MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare-associated Clostridioides difficile Infection Outcome Measure**

# **Public Comment: MUC2021-098 National Healthcare Safety Network (NHSN) Healthcare- associated Clostridioides difficile Infection Outcome Measure**

## Skilled Nursing Facility Quality Reporting Program (SNF QRP)

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

## MUC2021-098: NHSN Healthcare-associated *Clostridioides difficile* Infection Outcome Measure (SNF QRP)

- **Description:** This measure tracks the development of new *Clostridioides difficile* infection among patients already admitted to healthcare facilities, using algorithmic determinations from data sources widely available in electronic health records. This measure improves on the original measure by requiring both microbiologic evidence of *C. difficile* in stool and evidence of antimicrobial treatment.
- **Level of Analysis:** Facility
- **NQF Recommendation:** Conditional Support for Rulemaking
- **Lead Discussants:**
  - ▣ Dan Anderson, Subject Matter Expert
  - ▣ Mary Van de Kamp, Kindred Healthcare
  - ▣ Alice Bell, American Physical Therapy Association

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

- **Program Type:** Pay for reporting and public reporting
- **Incentive Structure:** LTCHs that fail to submit data will have their applicable annual payment update (APU) reduced by 2%.
- **Program Goal:** Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).

## MUC2021-098: NHSN Healthcare-associated *Clostridioides difficile* Infection Outcome Measure (LTCH QRP)

- **Description:** This measure tracks the development of new *Clostridioides difficile* infection among patients already admitted to healthcare facilities, using algorithmic determinations from data sources widely available in electronic health records. This measure improves on the original measure by requiring both microbiologic evidence of *C. difficile* in stool and evidence of antimicrobial treatment.
- **Level of Analysis:** Facility
- **NQF Recommendation:** Conditional Support for Rulemaking
- **Lead Discussants:**
  - ▣ Dan Anderson, Subject Matter Expert
  - ▣ Mary Van de Kamp, Kindred Healthcare
  - ▣ Alice Bell, American Physical Therapy Association



## Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

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

## MUC2021-098: NHSN Healthcare-associated *Clostridioides difficile* Infection Outcome Measure (IRF QRP)

- **Description:** This measure tracks the development of new *Clostridioides difficile* infection among patients already admitted to healthcare facilities, using algorithmic determinations from data sources widely available in electronic health records. This measure improves on the original measure by requiring both microbiologic evidence of *C. difficile* in stool and evidence of antimicrobial treatment.
- **Level of Analysis:** Facility
- **NQF Recommendation:** Conditional Support for Rulemaking
- **Lead Discussants:**
  - ▣ Dan Anderson, Subject Matter Expert
  - ▣ Mary Van de Kamp, Kindred Healthcare
  - ▣ Alice Bell, American Physical Therapy Association

# Program Gaps: LTCH QRP and IRF QRP

## LTCH QRP

- What are the gaps in the program measure set that CMS should consider addressing?

## LTCH QRP: Current Program Measure Information

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

## LTCH QRP: Current Program Measure Information (Continued)

Type	NQF ID	Measure Title	NQF Status
Process	0431	Influenza Vaccination Coverage among Healthcare Personnel	Endorsed
Cost/ Resource	3562	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Endorsed
Outcome	3480	Discharge to Community—Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Endorsed
Outcome	N/A	Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	Not Endorsed
Process	N/A	Compliance With Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	Not Endorsed
Outcome	N/A	Ventilator Liberation Rate	Not Endorsed
Outcome	N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Not Endorsed
Process	N/A	Transfer of Health Information to the Provider - Post-Acute Care (PAC)	Not Endorsed
Process	N/A	Transfer of Health Information to the Patient - Post-Acute Care (PAC)	70 Not Endorsed

## IRF QRP

- What are the gaps in the program measure set that CMS should consider addressing?

## IRF QRP: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status
Outcome	1717	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Endorsed
Process	0431	Influenza Vaccination Coverage Among Healthcare Personnel	Endorsed
Outcome	0138	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	Endorsed
Outcome	2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	Endorsed
Outcome	2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	Endorsed
Outcome	Based on 0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)	Endorsed
Process	Based on 2631	Application of Percent of Long-Term Care Hospital Patients With an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Not 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



## IRF QRP: Current Program Measure Information (Continued)

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

# Break 1

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

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

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

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

MAP PAC/LTC Workgroup Virtual Review  
Meeting

December 16, 2021

# Current CMS SNF Quality Initiatives

- Nursing Home Quality Initiative/Five Star/Care Compare
- SNF Quality Reporting Program – ‘Pay for Reporting’
- **SNF VBP – ‘Pay for Performance’**

# Protecting Access to Medicare Act of 2014

- Section 215 of the Protecting Access to Medicare Act of 2014 (PAMA) added sections 1888(g) and (h) to the Social Security Act, which required the Secretary to establish a SNF VBP Program.
- PAMA specifies that under the SNF VBP Program, SNFs:
  - Are evaluated by their performance on a single hospital readmission measure;
  - Are scored on both improvement and achievement;
  - Receive quarterly confidential feedback reports containing information about their performance
  - Earn incentive payments based on their performance.
  - As required by statute, CMS withholds 2% of SNFs' Medicare fee-for-service (FFS) Part A payments to fund the program of which CMS is required to redistribute between 50% and 70% of this withhold to SNFs as incentive payments (Currently redistributes 60%)

# SNF VBP Program: Current Program Measure Information

Type	NQF ID	Measure Title	NQF Status	Currently in Program	Notes
Outcome	2510	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	Endorsed	Yes	Since the program's inception; replaced as soon as feasible with SNF PPR after Hospital Discharge measure
Outcome	N/A	Skilled Nursing Facility 30-Day Potentially Preventable Readmission after Hospital Discharge measure (SNFPPR)		No	Finalized in the FY 2017 SNF PPS final rule; plan is to replace the SNFRM once measure goes through additional testing and NQF submission



# Consolidated Appropriations Act of 2021

- Section 111 of the Consolidated Appropriations Act of 2021 amended Section 1888(h) of the Social Security Act to allow the Secretary to apply additional measures determined appropriate by the Secretary to the SNF VBP Program for payments for services furnished on or after October 1, 2023.
- The CAA allows CMS to consider expansion of the program measures to a total of 10 measures beginning on or after October 2023. Previously the program was limited to a single readmissions measure.
- May include measures of functional status, patient safety, care coordination, or patient experience.
- Develop a process to validate such measures and data, as appropriate, which may be similar to the process specified in section 1886(b)(3)(B)(viii)(XI) for validating inpatient hospital measures.

# Goals of the Expanded SNF VBP

- Opportunity to include measures that cover depth and breadth of Long-Term Care Facilities (LTCFs), which include both SNFs and nursing facilities (NFs), by including both short-stay and long-stay measures.
- This would assess the quality of care that SNFs provide to all residents of the facility, regardless of payer, would best represent the quality of care provided to all Medicare beneficiaries in the facility.
- Addition of Meaningful measures from multiple data sources (MDS, claims, survey, PBJ).
- Addition of the IMPACT Act
- Validation of data will improve accuracy of the measures included in the program.

# Measure Applications Partnership 2020-2021 Considerations for Implementing Measures in Federal Programs: Clinician, Hospital & PAC/LTC (March 11, 2021)

- MAP strongly encouraged CMS to engage patients and caregivers in a discussion of what concepts or measures they would find most valuable. With a 10-measure limit, MAP discussed priorities and methodology
- Some Workgroup members encouraged CMS to pursue a composite measure, similar to the Hospice Care Index, that would encompass the quality of care across the continuum of the patient stay.
- Other Workgroup members expressed concern that a composite could dilute the impact of any one measure.
- MAP expressed support for continued work in infection control, which they identified as one of the highest stake areas for patients.
- MAP also felt there was a need to assess value that may not be represented in claims data, including direct costs to patients and families such as co-pays, out of pocket.

# Measures Under Consideration included in Recent RFI

- **Minimum Data Set Based Measures**

- Discharge Self-Care Score for Medical Rehabilitation Patients\*
- Discharge Mobility Score for Medical Rehabilitation Patients\*
- Percent of Residents Experience One or More Falls with Major Injury\*
- Percent of High Risk Residents with Pressure Ulcers\*
- Percent of Residents Whose need for Help with Activity of Daily Living Has Increased (Long Stay)
- Transfer of Health Information to the Provider-Post Acute Care
- Percentage of Long stay Residents who got an Antipsychotic Medication

- **Medicare Fee-For -Service Based Measures**

- Discharge to Community Measure-PAC SNF Quality Reporting Program\*^
- Medicare Spending Per Beneficiary^
- Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization Measure
- Number of hospitalizations per 1,000 long stay residents (Long Stay)

\* NQF Endorsed

^ IMPACT ACT related measure

# Measures Under Consideration included in Recent RFI<sup>2</sup>

- Patient-Reported Outcome-Based Performance Measure
  - Patient-Reported Outcome-Based Performance Measurement Information System (PROMIS)
- Survey Question
  - CoreQ: Short-Stay Discharge Measure\*
- Payroll Based Journal
  - Nursing Staffing Hours Per Day

# Other Considerations: Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act)

- The Act requires the submission of standardized data by Long-Term Care Hospitals (LTCHs), Skilled Nursing Facilities (SNFs), Home Health Agencies (HHAs) and Inpatient Rehabilitation Facilities (IRFs).
- Work to meet the intent of the IMPACT Act supports the CMS “Meaningful Measures” initiative
- This standardized data is to be used to generate quality measures that can be used for CMS quality initiatives like SNF VBP

# Questions?

# **Public Comment: SNF VBP Program Measures Under Consideration**



## MUC2021-124: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization

- **Description:** This measure estimates the risk-adjusted rate of healthcare-associated infections (HAIs) that are acquired during skilled nursing facility (SNF) care and result in hospitalizations. The measure is risk adjusted to “level the playing field” and to allow comparison of performance based on residents with similar characteristics between SNFs. The one-year measure is calculated using the following formula: (risk-adjusted numerator/risk-adjusted denominator)\*national observed rate. It is important to recognize that HAIs in SNFs are not considered “never-events.” The goal of this risk-adjusted measure is to identify SNFs that have notably higher rates of HAIs when compared to their peers.
- **Level of Analysis:** Facility
- **NQF Recommendation:** Conditional Support for Rulemaking
- **Lead Discussants:**
  - ▣ Debra Saliba, American Geriatrics Society
  - ▣ Jill Cox, National Pressure Injury Advisory Panel

## MUC2021-137: Total nursing hours per resident day

- **Description:** Total nursing hours (RN + LPN + nurse aide hours) per resident day. The source for total nursing hours is CMS's Payroll-based Journal (PBJ) system. The denominator for the measure is a count of daily resident census derived from Minimum Data Set (MDS) resident assessments. The measure is case-mix adjusted based on the distribution of MDS assessments by Resource Utilization Groups, version IV (RUG-IV groups).
- **Level of Analysis:** Facility
- **NQF Recommendation:** Conditional Support for Rulemaking
- **Lead Discussants:**
  - ▣ Sarah Livesay, Subject Matter Expert
  - ▣ Knitasha Washington, ATW Health Solutions
  - ▣ Kurtis Hoppe, AAPM&R

## MUC2021-130: Discharge to Community-Post Acute Care Measure for Skilled Nursing Facilities (SNF)

- **Description:** This measure estimates the risk-adjusted rate of successful discharge to community from a SNF, with successful discharge to community including no unplanned rehospitalizations and no death in the 31 days following SNF discharge. The measure is calculated using the following formula: (risk-adjusted numerator/risk-adjusted denominator)\*national observed rate. The fields below describe the adjusted numerator and denominator in more detail. The measure is calculated using two years of Medicare FFS claims data.
- **Level of Analysis:** Facility
- **NQF Recommendation:** Support for Rulemaking
- **Lead Discussants:**
  - ▣ James Lett, National Transitions of Care Coalition
  - ▣ Ben Marcantonio, National Hospice and Palliative Care Organization

## MUC2021-095: CoreQ: Short Stay Discharge Measure

- **Description:** This measure estimates the risk-adjusted rate of successful discharge to community from a SNF, with successful discharge to community including no unplanned rehospitalizations and no death in the 31 days following SNF discharge. The measure is calculated using the following formula: (risk-adjusted numerator/risk-adjusted denominator)\*national observed rate. The fields below describe the adjusted numerator and denominator in more detail. The measure is calculated using two years of Medicare FFS claims data.
- **Level of Analysis:** Facility
- **NQF Recommendation:** Support for Rulemaking
- **Lead Discussants:**
  - Pamela Roberts, American Occupational Therapy Association
  - Aaron Trip, Leading Age
  - David Andrews, Subject Matter Expert

## SNF VBP Program

- What are the gaps in the program measure set that CMS should consider addressing?

## SNF VBP: Current Program Measure Information

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

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

# Break 2

# Skilled Nursing Facility Quality Reporting Program (SNF QRP) Measures



## Skilled Nursing Facility Quality Reporting Program (SNF QRP)<sup>2</sup>

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

# **Public Comment: SNF QRP Measures Under Consideration - MUC2021-123 Influenza Vaccination Coverage among Healthcare Personnel**

## MUC2021-123: Influenza Vaccination Coverage among Healthcare Personnel

- **Description:** Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
- **Level of Analysis:** Facility
- **NQF Recommendation:** Support for Rulemaking
- **Lead Discussants:**
  - ▣ Paul Mulhausen, Subject Matter Expert
  - ▣ Cheryl Phillips, SNP Alliance
  - ▣ Mary Ellen DeBardeleben, Encompass Health Corporation

## SNF QRP

- What are the gaps in the program measure set that CMS should consider addressing?

## SNF QRP: Current Program Measure Information

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

## SNF QRP: Current Program Measure Information (Continued)

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

## SNF QRP: Current Program Measure Information (Continued 2)

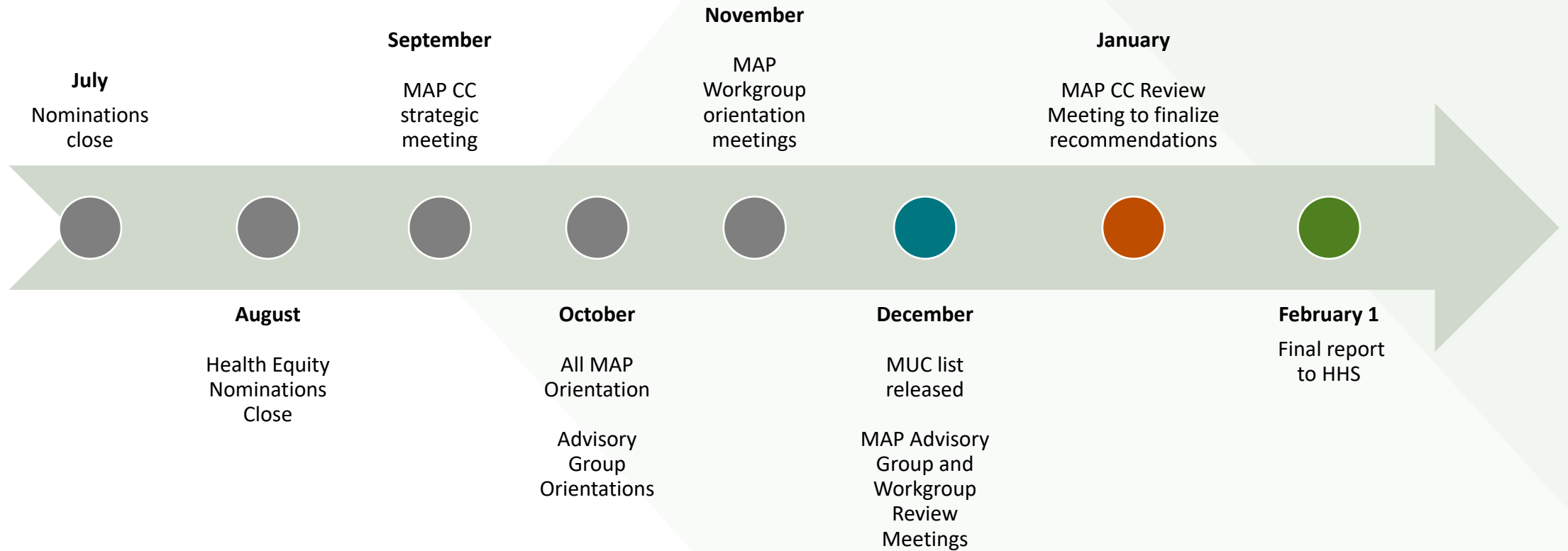
Type	NQF ID	Measure Title	NQF Status
Process	N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	Not Endorsed
Outcome	N/A	Skilled Nursing Facility (SNF) Healthcare-Associated Infections (HAI) Requiring Hospitalizations	Not Endorsed

# Opportunity for Public Comment



# Summary of Day and Next Steps

## Timeline of MAP Activities



## Timeline of Upcoming Activities

- **Workgroup & Coordinating Committee Review Meetings**
  - ▣ Coordinating Committee – January 19, 2022
- **Public Comment Period 2** – December 30, 2021 – January 13, 2022
- **Final Recommendations to the U.S. Department of Health & Human Services (HHS)** – By February 1, 2022



## Contact Information

- **Project Page:** [MAP PAC/LTC Webpage](#)
- **Email:** [MAP PAC/LTC Project Team MAPPAC-LTC@qualityforum.org](mailto:MAPPAC-LTC@qualityforum.org)

# THANK YOU.

**NATIONAL QUALITY FORUM**

<https://www.qualityforum.org>

# *(Time Permitting)* Continued Gaps Discussion

## Home Health Quality Reporting Program (HH QRP)

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

## HH QRP

- What are the gaps in the program measure set that CMS should consider addressing?



## HH QRP: Current Program Measure Information

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

## HH QRP: Current Program Measure Information (Continued)

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

## HH QRP: Current Program Measure Information (Continued 2)

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

## Hospice Quality Reporting Program (HQRP)

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

## HQRP

- What are the gaps in the program measure set that CMS should consider addressing?

## HQRP: Current Program Measure Information

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