



### MAP PAC/LTC Workgroup Orientation Web Meeting

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The National Quality Forum (NQF) convened a public web meeting for the Measures Application Partnership Post-Acute Care/Long-Term Care (MAP PAC/LTC) Workgroup on September 29, 2020.

#### Welcome and Review of Web Meeting Objectives

Amy Moyer, NQF Director, began by welcoming participants to the web meeting. MAP PAC/LTC Workgroup co-chairs, Dr. Gerri Lamb and Dr. Kurt Merkelz also provided opening remarks to the group.

Ms. Moyer reviewed the meeting agenda and meeting objectives:

- Orientation to the 2020 – 2021 MAP pre-rulemaking approach
- Overview of programs under consideration
- Identify measure gap areas

Janaki Panchal, NQF Manager, facilitated the roll call.

#### CMS Welcoming Remarks

Dr. Alan Levitt, Medical Officer of the Division of Chronic and Post-Acute Care in the Quality Measurement and Value-Based Incentives Group in the Center for Clinical Standards and Quality at the Centers for Medicare and Medicaid Services (CMS), also provided opening remarks. Dr. Levitt thanked the NQF staff for their work and the co-chairs for continuing their outstanding leadership. Dr. Levitt also extended greetings to returning members and a special welcome to new members.

#### MAP Pre-Rulemaking Approach

Ms. Moyer shared that the materials from the All MAP Orientation Meeting are available on [the MAP PAC/LTC Workgroup SharePoint page](#). Ms. Moyer provided a brief overview of the timeline of MAP activities. The cycle began with nominations, which closed on May 27, 2020. In the month of September, NQF hosted a series of setting-specific orientation web meetings. On or by December 1, the Measures Under Consideration (MUC) list will be released, followed closely by NQF Staff preliminary analyses of the measures, after which the MAP Rural Health Workgroup will convene to provide their input. The Rural Health Workgroup feedback will be incorporated into each of the preliminary analyses that staff will conduct and will be shared with the MAP PAC/LTC Workgroup prior it convening for the Virtual Review Meeting on the December 17, 2020 Virtual Review Meeting. The MAP Coordinating Committee Review will be on January 19, 2021. On February 1, 2021 NQF will submit the final report to CMS.

#### Overview of Programs Under Consideration

Ms. Moyer provided an overview of the top priorities for CMS that were identified by the MAP PAC/LTC Workgroup last cycle. The top areas of focus identified for the PAC/LTC area were care coordination, interoperability, and patient reported outcomes. The MAP PAC/LTC Workgroup identified assessing patient function across individual patient's continuum of care as a key priority for all programs across the continuum of care.

Ms. Moyer also provided an overview of each of the programs to be considered by the PAC/LTC Workgroup. Each overview included information on the type of program, the incentive structure, program goals, a list of current measures, and a summary of the CMS high priorities for future measure consideration derived from the 2020 CMS Needs and Priorities report. The following programs were covered:

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

During the overview, the MAP PAC/LTC Workgroup members provided input both on the high-priority areas identified by CMS and on the measure gaps previously identified by the PAC/LTC Workgroup.

Regarding the SNF QRP, CMS had identified making care safer: healthcare associated infection and exchange of electronic health information and interoperability as high-priority Meaningful Measure areas. The PAC/LTC Workgroup had previously identified bidirectional transfer of information, quality and safety of care transition, patient and family engagement, and care aligned with patient goals as measure gaps. The MAP PAC/LTC Workgroup proposed incorporating elements from the NQF National Quality Partners (NQP) Action Team to Co-Design Patient-Centered Health Systems. The brief recommends collaborating with patients, families, and caregivers as equal partners in designing healthcare activities that affect quality of care and experience, and provides actionable steps to support this work. The MAP PAC/LTC Workgroup agreed that this concept was well-aligned with the goals and priorities of PAC/LTC. The MAP PAC/LTC Workgroup discussed the distinction between care transitions and care coordination and emphasized the need to consider the broader construct of care coordination. The MAP PAC/LTC Workgroup also stated the importance of not only aligning care with patient goals but meeting those goals. A MAP PAC/LTC Workgroup member shared that since there currently are no measures in SNF QRP that specifically address Healthcare-Associated Infections, it will be worth devoting some attention to this area during the December meeting.

Another MAP PAC/LTC Workgroup member re-emphasized the goal of monitoring patient function across the continuum of care and suggested also looking at how function is affected as a patient moves from setting to setting. A co-chair suggested examining the crosswalk of measures across different settings and looking at whether core measures are crossing the continuum at the December meeting.

A MAP PAC/LTC Workgroup member underscored the need to focus on the global aspect of patient-centered care that needs to be captured, as well as addressing disparities and social determinants of health, asking how we can address varying levels of care among sub-populations as a driver of inequity. A co-chair agreed and proposed re-examining the list of the MAP PAC/LTC Workgroup Priorities for CMS during the December meeting.

For the HH QRP, CMS had identified person and family engagement: care is personalized and aligned with the patient's goals as the high-priority Meaningful Measure areas. The PAC/LTC Workgroup had previously identified long-term tracking of activities of daily living (ADLs) and capturing wound care holistically as measure gaps. The MAP PAC/LTC Workgroup discussed ADLs versus the broader concept of level of functional performance. There was broad agreement that the scope of the gap should be broadened to capture the long-term tracking of functional status. The co-chairs noted the importance of

the gaps discussions and recommended that the MAP PAC/LTC Workgroup review the previous year's [final report](#) in advance of the December meeting as preparation for this year's discussions.

The MAP PAC/LTC Workgroup briefly discussed some gap areas that had been highlighted by the current COVID-19 pandemic. Several of the MAP PAC/LTC workgroup members proposed that telemedicine measures, particularly for care coordination and transition, should be considered as part of the MAP PAC/LTC Workgroup discussion. A MAP PAC/LTC Workgroup member shared that CMS does not pay for telehealth/telemedicine services from home health agencies, except in very restricted cases and that this would make measurement of telehealth/telemedicine in the home health environment very challenging. Another MAP PAC/LTC Workgroup member recommended examining social function, social satisfaction, social roles, and isolation. She stated this has been exacerbated by COVID-19 but is generally important. The co-chairs suggested in the interest of time, any recommendation raised by the MAP PAC/LTC Workgroup on one setting that is applicable should be applied across settings.

For the IRF QRP, CMS had identified exchange of electronic health information measure concept and healthcare-acquired infection as the high-priority Meaningful Measure areas. The MAP PAC/LTC Workgroup had previously identified clinical prescribing and use of opioids as measure gaps. The MAP PAC/LTC Workgroup felt the previously identified gap was not comprehensive enough and needed to capture the overall management of pain and its impact on patient function. There was general agreement that a broader view of pain management and its impact would be useful across all the PAC/LTC programs.

For the LTCH QRP, CMS had identified person and family engagement: functional outcomes, exchange of electronic health information measure concept and healthcare-acquired infection as the high-priority Meaningful Measure areas. The MAP PAC/LTC Workgroup had previously identified availability of palliative care as a measure gap. The MAP PAC/LTC Workgroup had no discussion items specific to LTCH QRP.

For the Hospice QRP, CMS had identified patient-focused episode of care and care is personalized and aligned with patient's goals as the high-priority Meaningful Measure areas. The MAP PAC/LTC Workgroup had previously identified safety, in particular around polypharmacy and medication reconciliation; patient-reported outcomes around symptom management; care aligned with patient's goals; and communication of patient's goals to the next site of care should the patient leave hospice as measure gaps. The MAP PAC/LTC Workgroup had questions around the meaning of the patient-focused episodes of care goal. A MAP PAC/LTC Workgroup member offered that there are different episodes involved with hospice (benefit and payment episodes) and they are not always aligned. CMS offered to provide additional clarification at the December meeting. A MAP PAC/LTC Workgroup member also added that coordination of care as it applies across the continuum could be impactful even as it applies to pre-hospice care, so that patients transition into hospice in a timely manner.

The MAP PAC/LTC Workgroup did not have any discussion items for SNF VBP.

## **2019-2020 MAP PAC/LTC Overarching Themes**

Following the overview, Amy Moyer touched on the 2019-2020 MAP PAC/LTC Overarching Themes which included the voice of the patient and patient-centered goals, impact of technology and interoperability, and measurement opportunities for the PAC/LTC population.

## **CMS Feedback Loop 2020**

Dr. Alan Levitt provided an overview of the CMS Feedback Loop for 2020, including status updates for the measures under consideration from last cycle, the COVID-19 Public Health Emergency, and the Delay of TOH Information Quality Measures. Specifically, Dr. Alan Levitt discussed the Home Health Within-Stay Potentially Preventable Hospitalization measure and the Hospice Visits in the Last Days of Life measure that were reviewed last cycle. Both measures received conditional support from the MAP PAC/LTC Workgroup last cycle and CMS plans to implement them in future rulemaking. However, due to the COVID-19 Public Health Emergency that resulted in limited proposals in CMS rulemaking this past year, these measures were not proposed.

## **Opportunity for Public Comment**

Amy Moyer opened the web meeting to allow for public comment. No public comments were offered.

## **Next Steps**

Wei Chang, NQF Analyst, summarized the next steps for the MAP PAC/LTC Workgroup. The MAP Rural Health Workgroup will convene for their review in early December and the one-day virtual Workgroup Review Meeting for the MAP PAC/LTC Workgroup members will be held on December 17, 2020. The Coordinating Committee Review will be on January 19, 2021. Ms. Chang also reminded the MAP PAC/LTC Workgroup that Disclosure of Interest (DOI) forms should be completed and submitted as soon as possible.