



Measure Applications Partnership Post-Acute Care and Long-Term Care Workgroup In-Person Meeting

The National Quality Forum (NQF) convened a public in-person meeting for the Measure Applications Partnership (MAP) Post-Acute Care and Long-Term Care (PAC/LTC) Workgroup on December 3, 2019.

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

Amy Moyer, NQF Director, welcomed participants to the in-person meeting. MAP PAC/LTC Co-chairs, Kurt Merkelz and Gerri Lamb, then provided opening remarks. Ms. Moyer then reviewed the following meeting objectives: to review and provide input on Measures Under Consideration (MUC) applicable to federal PAC/LTC quality programs and to identify gaps in measures for federal PAC/LTC care quality programs.

CMS Opening Remarks and Meaningful Measures Update

Michelle Schreiber, CMS QMVG Group Director, offered opening remarks and provided a presentation on the Meaningful Measures Initiative. MAP provided feedback on the presentation and on proposed changes to the initiative. MAP generally supported the direction and focus of the proposed changes. MAP focused its input to the Meaningful Measures Initiative on capturing the voice of patients through patient-reported outcome performance measures (PRO-PMs), making electronic health records (EHRs) and electronic clinical quality measures (eCQMs) more useful, and measurement opportunities for the PAC/LTC population.

Overview of Pre-Rulemaking Approach

Ms. Moyer provided an overview of the three-step approach to pre-rulemaking, which includes program overview, review of current measures, and evaluation of Measures Under Consideration for what they add to the program measure set. She then reviewed the four decision categories that the workgroup member can vote on following the discussion of measures. Janaki Panchal, NQF Project Manager, briefly summarized the voting process and discussed the rural health workgroup charge.

Home Health Quality Reporting Program (HHQRP) Measures

Dr. Lamb opened the web meeting to allow for public comment. No public comments were offered.

MUC2019-34 Home Health Within-Stay Potentially Preventable Hospitalization

MAP conditionally supported MUC2019-34 *Home Health Within-Stay Potentially Preventable Hospitalization*, pending NQF review and endorsement. CMS clarified that its goal is to eventually replace related measures, NQF 0171 *Acute Care Hospitalization During the First 60 Days of Home Health* and NQF 0173 *Emergency Department Use without Hospitalization During the First 60 Days of Home Health* with the measure under consideration. MAP agreed that the measure adds value to the program measure set by adding measurement of potentially preventable hospitalizations and observation stays

that may occur at any point in the home health stay. The program currently lacks a measure that provides this information. The measure supports alignment for the measure focus area of admissions and readmissions across care settings and providers. There is variation in performance on this measure, and home health agencies have the ability to implement processes and interventions that can positively influence the measure results. The MAP Rural Health Workgroup noted that older, poorer, and sicker patients reflected in rural populations often have issues with access to care. No public comments were received on this measure or on the HH QRP. MAP encouraged consideration of including Medicare Advantage patients in future iterations of the measure.

MAP identified potential gaps in the HH QRP measure set. MAP members identified both long-term tracking of activities of daily living and measurement that captures wound care holistically as potential gaps.

Hospice Quality Reporting Program (HQRP) Measures

Dr. Merkelz opened the web meeting to allow for public comment. No public comments were offered.

MUC2019-33 Hospice Visits in the Last Days of Life

MAP recommended conditional support for rulemaking pending NQF review and endorsement and that the existing hospice visit measures be removed from the program. Collecting information about hospice staff visits for measuring quality of care will encourage hospices to visit patients and caregivers and provide services that will address their care needs and improve quality of life during the patients' last days of life.

MAP observed that *Hospice Visits When Death is Imminent, Measure 1 and Measure 2* currently address this quality objective in the Hospice QRP, but MUC2019-33 performed better in validity and reliability testing than these measures and has lower provider burden because it is reported using claims data. MAP agreed that the goal of hospice is comfort. MAP encouraged future iterations of this measure that consider the quality of provider visits in addition to the quantity of visits. MAP members reviewed analysis from CMS demonstrating that not all types of provider visits correlate positively with Hospice CAHPS results. MAP examined the possible variations on the measure concept and generally agreed that the analysis supported the current proposed measure.

The MAP Rural Health Workgroup noted concerns related to access to care in rural areas. Public comments expressed concern about overlap with the existing hospice visits measures, with hospice programs' ability to accurately identify imminent death, and with only including some members of the interdisciplinary team in the visits captured in the measure. Commenters suggested examining other options for this measure concept such as different numbers of visits.

MAP reviewed the Hospice QRP measure set noting a gap in measures addressing safety, particularly around polypharmacy and medication reconciliation, PROs around symptom management, care aligned with the patient's goals, and communication of those goals to the next site of care should the patient leave hospice.

Strategic Considerations

MAP identified measurement opportunities within PAC/LTC programs and across all CMS quality programs. MAP emphasized the need for alignment of measurement across the full continuum of care and developed an overarching list of concepts and priorities for performance measurement in PAC/LTC programs. MAP identified nine concepts for measurement within all PAC/LTC programs: access to care, care coordination, chronic illness care (quality of life), interoperability, mental health, pain management,

PROs, social determinants, and serious illness. MAP then prioritized the list, allowing each voting member present two votes, and identified care coordination, interoperability, and PROs as the most important priorities for measurement for PAC/LTC programs. For the full voting results, see Table 1.

Table 1 Measure Applications Partnership Post-Acute Care/Long-Term Care Workgroup Priorities for Centers for Medicare and Medicaid Services

Total Votes	Item
Concepts	
8	Care Coordination
4	Interoperability
4	Patient Reported Outcomes
2	Chronic Illness Care (Quality of Life)
2	Pain Management
1	Mental Health
1	Serious Illness
0	Access to Care: e.g., Availability of Resources (Travel Distance)
0	Social Determinants (Drivers)
Alignment Across Continuum	
3	Function Across Individual Patient's Continuum of Care
2	Medication Management (Cross-Cutting Across All Concepts)
1	Aligning Facility and Practitioner Measures/Incentives

Across all PAC/LTC programs, MAP encouraged CMS to explore a pathway for full inclusion of patients enrolled in Medicare Advantage plans in quality measurement activities. Lack of availability of claims data for Medicare Advantage patients limits inclusion in measures that use claims for measurement or risk adjustment. This was identified as a cross-cutting data gap for PAC/LTC. Finally, MAP identified aligning facility and practitioner measures and incentives, functional status across each individual patient's continuum of care, and cross-cutting medication management as opportunities for alignment across all CMS programs.

Public Comment

Ms. Panchal opened the web meeting to allow for public comment. No public comments were offered.

Next Steps

Jordan Hirsch, NQF Project Analyst, summarized next steps. Workgroup recommendations for the two MAP PAC/LTC measures will be opened for public comment on December 18, 2019.