

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Nursing Homes Summary of the First Steering Committee Follow-up Call May 21, 2010

Committee Members Present: David Gifford, MD, MPH (Co-Chair); Christine Mueller, PhD, RN (Co-Chair); Alice Bell, PT, GCS; Bruce Boissonnault, MBA; Heidi Gil, NHA, CCM; Tomas Griebing, MD, MPH; Mary Jane Koren, MD, MPH; Bill Kubat, MS; Betty MacLaughlin Frandsen, RN, NHA, MHA, C-NE; Arvind Modawal, MD, MPH, AGSF; Kathleen Niedert, PhD, MBA, RD, NHA; Diana Ordin, MD, MPH; Darlene Anne Thompson, RN, CRRN, NE-BC; Lisa Tripp, JD; Robert Zorowitz, MD, MBA, CMD.

NQF Staff Present: Helen Burstin, MD, MPH; Del Conyers, MPH; Emma Nochomovitz, MPH; Karen Pace, PhD, RN; Suzanne Theberge, MPH.

Additional Participants: Robert Baskin, PhD, Agency for Healthcare Research and Quality (AHRQ); Eric Coleman, MD, MPH, University of Colorado at Denver and Health Sciences Center; Carol Consenza, MSW, Center for Survey Research; Roberta Constantine, PhD, Research Triangle Institute (RTI) International; Toby Edelman, EdM, JD, Center for Medicare Advocacy; Mary Fermazin, MD, MPA, Health Services Advisory Group; Sandra Fitzler, RN, American Health Care Association; Barbara Gage, PhD, MPA, RTI International; Caren Ginsberg, PhD, MA, Westat; Melba Hinojosa, RN, MA, Health Services Advisory Group; Shari Ling, MD, Centers for Medicare and Medicaid Services (CMS); Melody Malone, PT, TMF Health Quality Institute; Stella Mandl, BSN, BSW, RN, CMS; Mary Pratt, RN, MSN, CMS; Judith Sangl, ScD, AHRQ; Judith Tobin, MBA, PT, CMS; Janet Wells, JD, National Citizens' Coalition for Nursing Home Reform.

INTRODUCTION

Ms. Suzanne Theberge, Nursing Homes project manager, outlined the main goals of the call, which included evaluating the Nursing Home Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures, discussing the Care Transitions Measure (CTM-3), and examining the measures resubmitted by CMS. The CAHPS measures were submitted to the project based on the measure gap areas identified by the Steering Committee during the in-person meeting. Dr. Helen Burstin, senior vice president, performance measures, explained to the Committee that the CTM-3 has been previously endorsed as a facility-level measure. This measure was included in the agenda to provide an opportunity for the Committee to discuss the measure as it relates to nursing home care and ask questions of the measure steward's representative, Dr. Eric Coleman. The Committee was asked to review the revisions made to CMS measures that were recommended with conditions during its April in-person meeting. Although these measures were originally intended to be reviewed during this call, time did not allow for this to occur. The review of these measures took place on the next conference call, which occurred Monday, June 7, from 11:00 am to 2:00 pm ET.

PROCESS REVIEW

The voting procedures for the CAHPS measures were briefly reviewed. The Committee's voting options were described as follows:

- Recommend for Endorsement as Written;
- Recommend for Time-Limited Endorsement (if untested); and
- Do Not Recommend for Endorsement.

Ms. Theberge informed the Committee that voting would occur after the call via Survey Monkey. Committee members who were unavailable to participate on the call will also have the opportunity to vote on the CAHPS measures following their review of the call meeting summary.

CAHPS MEASURE EVALUATIONS

Judy Sangl, ScD, provided introductory remarks for the following measures:

- NH-026-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument
- NH-027-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument
- NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument

These measures were described as unique from other CAHPS measures based on their use of a composite measure to assess patient/resident activity involvement and autonomy, as well as the attention required during development and testing to determine survey eligibility.

The discussion of each measure is described below within the context of the NQF evaluation criteria: Importance to Measure and Report, Scientific Acceptability of Measure Properties, Usability, and Feasibility.

Overarching Issues

The Committee discussed two overarching issues. One was the definition of long-stay and whether that could be harmonized with the definition for the CMS measures (>100 days). It is important to note that the measures define all patients as eligible for either the short- or long-stay survey because the short-stay discharge survey (NH-026-10) includes patients who were in a nursing home 5-90 days and discharged. The long-stay survey (NH-027-10) includes patients who have been in a nursing home at the time of survey >30 days AND have no anticipated discharge within 90 days; therefore, patients with a planned discharge will not be included in the long-stay survey. AHRQ was asked if the 90-day timeframe could be changed to 100 days. During post-call follow up, the measure developer agreed to change the timeframes from 90 days to 100 days to harmonize with other NQF measures. The second issue was having only English versions of the survey available, which will impact facilities that serve primarily non-English speaking communities. The steward noted that translations into other languages is desirable and is only limited at this time due to lack of funding and resources. In follow-up communications, the steward indicated that it has received some funding and is planning to begin translation in 2010.

NH-026-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Discharged Resident Instrument

This measure was submitted for time-limited endorsement due to the need for further testing and analysis.

Importance to Measure and Report

- According to AHRQ, it remains unclear at this point in time whether factor analysis will confirm the autonomy composite for inclusion in the short-stay instrument.
- One Committee member noted the survey does not address transition and discharge. The Committee discussed the potential for facilities to incorporate the CTM-3 in conjunction with the CAHPS measure to properly address care transitions.
- A Committee member suggested that a spirituality assessment is more important than the currently included assessment of resident involvement in activities offered by the nursing home.
- There was disagreement among Committee members about the degree to which the instrument addressed the topic of culture change. Similar to the inclusion of the CTM-3, the AHRQ representative reminded the group that additional questions addressing culture change could serve as a supplement to the instrument. It was also suggested that the topic could be addressed with a separate instrument or in a future version of the measure.

Scientific Acceptability of Measure Properties

- Concerns were raised about the content validity of the autonomy questions included in the instrument and whether they appropriately measure resident autonomy (e.g., survey does not address waking time or how and when bathing should occur).
 - The Steward representative explained that continued analysis of the autonomy composite aims to address this concern by determining whether or not it is appropriate for inclusion in the instrument for discharged residents.
 - One member of the Committee also addressed this concern by reminding the group that the instrument is based on composite scores, which consist of multiple questions. Even if a few individual questions were changed to better reflect the Committee's opinion on how autonomy should be measured, the composite score might not be affected.
- Good response rate from previous testing acknowledged.
- Use of instrument via phone interview was discussed as a potential strategy for addressing difficulty with recall that may be involved in mail survey and allowing respondents the opportunity to provide more detailed answers to survey items. AHRQ stated it does not currently have the resources to test the measure with different modes of administration.

Usability

- A member of the Committee described the measure as well harmonized, given that CAHPS measures are being implemented in other care settings.

Feasibility

- The AHRQ representative cited evidence to suggest that short-stay residents are less likely to be cognitively impaired than long-stay residents. This evidence addresses concerns the Committee raised about the lag time between when the resident received

nursing home services and when he or she would be asked to recall his or her experience with those services.

- One of the Committee members briefly cited cost as a barrier to feasibility, but ultimately that factor did not override the importance of the measure.

NH-027-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument

Importance to Measure and Report

- One Committee member emphasized the measure's strong importance, given the extent to which it promotes improvement in healthcare quality through a patient-centered approach.
- Some skepticism was expressed about whether the instrument may be used on its own as a tool for improvement; however, some members of the Committee did think the information produced could be useful for improvement alone.

Scientific Acceptability of Measure Properties

- AHRQ cited 85 to 90 as the minimum number of resident responses required to meet the environment criteria. A member of the Committee expressed concern that a rolling sample may be required to meet this criterion.
- Several Committee members expressed concern about the exclusion of non-English speaking individuals and the potential for cultural bias. The measure steward agreed with the potential benefit of having the survey translated into other languages; however, these resources are not available in most facilities.

Usability

- The Committee noted a weakness of the measure was that it failed to harmonize its definition of a long-stay resident with the 100-day definition used in many other quality measures aligned with Medicare coverage of skilled nursing facility care. The AHRQ representative clarified that the suggested change in long-stay definition could be considered, but also pointed out that the current definition aims to include individuals who are expected to stay for 100 days based on the absence of a discharge plan after the 30 days in the facility. In follow-up, AHRQ agreed to harmonize the measure to 100 days.

Feasibility

- The Committee expressed several concerns regarding the cost to implement this survey and the possibility it would be a significant burden and potentially require special personnel to complete.
 - Because cost per completed survey was not cited in the measure submission form, the steward agreed to provide information on this issue. Ohio was cited as an example of a state that alternates between the in-person interview and family mailed survey by year to save on costs.
 - In response to a question regarding training of nursing home staff, the steward explained that nursing home staff was not expected to administer the survey; rather, external third parties should administer it.

- Although the nursing home would not need to train staff, it would need to contract with external parties to administer the survey.

NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Family Member Instrument

Importance to Measure and Report

- Several Committee members agreed that the survey question pertaining to length of wait time may not be the most relevant, given the extent to which it is subjective. However, the purpose of the CAHPS surveys is to solicit family perspectives, and the facility scores include all responses, not just those from responders who may have unrealistic expectations regarding time.
- Although this instrument is not intended to serve as a proxy, but rather as a supplement, for long-stay nursing home residents, it was suggested that this may be an especially important tool for individuals who do not qualify to answer the long-stay instrument. For these individuals, the family member instrument may be the only available option for providing feedback on the patient care experience.

Scientific Acceptability of Measure Properties

- One Committee member had several concerns about the validity of the measure given its assumption that a family member has an accurate understanding of the care experience. In response, AHRQ emphasized that the survey aims to address observable care experiences rather than assuming the family member has the same understanding of care experience as the resident.
- One Committee member commented that the sampling methodology described in the measure submission will allow for outliers (i.e., respondents who are particularly displeased about every aspect of care or too easily satisfied) without affecting the survey results.

Usability

- It was suggested by a Committee member that the mailed survey may be translated into other languages to accommodate non-English speakers. It was further noted that the survey also should be translated for the long-stay residents despite the cost and resource barriers.

Feasibility was not specifically addressed for this measure.

DISCUSSION OF CTM-3

Dr. Coleman briefly described for the Committee the background work completed to date on the CTM3. Dr. Coleman explained that initial measure testing included a core set of items relevant to a number of varieties of care transitions. The testing also included, but was not limited to, individuals transitioning from the hospital to a nursing facility or to their homes. One Committee member requested more information about other existing care transition measures. Due to time constraints, further discussion of this measure will occur on the next Committee conference call.

PUBLIC COMMENT

Comments from members of public addressed two concerns related to feasibility and scientific acceptability, respectively:

- Cost barriers will occur because Medicaid underfunds these services.
- Response bias may result due to CAHPS' exclusion criteria. The measures include cognitively impaired residents.

NEXT STEPS

Ms. Theberge reminded the Committee that it has been invited to provide feedback on the draft meeting summary from the April in-person meeting. She also told the Committee members they would receive an agenda for the upcoming June 7 call and a summary of today's call within the next few days.