

NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Nursing Homes Steering Committee Comment Discussion Conference Call

October 4, 2010

Steering Committee Members Present: David Gifford, MD, MPH (co-chair); Christine Mueller, PhD, RN, FAAN (co-chair); Alice Bell, PT, GCS; Bruce Boissonnault, MBA; Tomas Griebing, MD, MPH; Mary Rose Heery, RN; Mary Jane Koren, MD, MPH; Bill Kubat, MS; Betty MacLaughlin Frandsen, RN, NHA, MHA, C-NE; Arvind Modawal, MD, MPH, AGSF, FAAFP; Kathleen Niedert, PhD, MBA, RD, NHA; Diana Ordin, MD, MPH; Patricia Rosenbaum, RN, CIC; Ronald Schumacher, MD, FACP, CMD; Darlene Anne Thompson, RN, CRRN, NE-BC; Lisa Tripp, JD; Robert Zorowitz, MD, MBA, CMD

NQF Staff Present: Helen Burstin, MD, MPH; Emma Nochomovitz, MPH; Suzanne Theberge, MPH

Additional Participants: Roberta Constantine, PhD, Research Triangle Institute (RTI) International; Barbara Gage, PhD, MPA; RTI International; Stella Mandl, BSN, BSW, RN; Centers for Medicare and Medicaid Services (CMS); Mary Pratt, RN, MSN, CMS; Karen Reilly, ScD, RTI International; Judith Sangl, ScD, Agency for Healthcare Research and Quality; Jacqueline Vance, RNC, CDONA/LTC, American Medical Directors Association; Cheryl Wiseman, MPH, MS, CMS

Introduction

The Nursing Homes project manager, Suzanne Theberge, described the purpose of the conference call as an opportunity for the Steering Committee to discuss the 243 public and member comments received in response to the draft report. Prior to this call, NQF staff provided the Committee with a number of materials to help achieve this purpose. Those materials included:

- a table of all comments received,
- draft responses for the majority of comments received,
- memo written by NQF staff detailing the major issues raised during the comment period, and
- a list of changes proposed by Developers in response to comments.

Measure developers were invited to participate in this call and respond to questions as necessary.

Comment Discussion of Recommended Measures

The Committee's co-chairs, Dr. Gifford and Dr. Mueller, led the conversation around comments related to the measures recommended for endorsement.

Dr. Gifford began by summarizing several overarching issues requiring the Committee's attention during the ensuing comment discussion:

- suggested quality measure title changes,
- appropriate risk-adjustment for outcome measures, and
- accurate measure calculations.

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Suggested Quality Measure Title Change Considerations

The Committee discussed changes to the following measure titles, as recommended by the developers/stewards in response to comments:

- NH-003-10: from Physical therapy for new balance problem to *Physical therapy or nursing rehabilitation/restorative care for long-stay patients with new balance problem*,
- NH-010-10: from Percent of residents with moderate to severe pain (short stay) to *Percent of residents who self-report moderate to severe pain (short stay)*,
- NH-011-10: from Percent of long stay residents who have moderate to severe pain to *Percent of residents who self-report moderate to severe pain (long stay)*,
- NH-012-10: from Percent of short stay residents with new or not improved pressure ulcers to *Percent of residents with pressure ulcers that are new or worsened (short-stay)*,
- NH-014-10: from Percent of short stay residents assessed and given seasonal influenza vaccine to *Percent of short stay residents assessed and given, appropriately, the seasonal influenza vaccine*,
- NH-015-10: from Percent of long stay residents assessed and given seasonal influenza vaccine to *Percent of long stay residents assessed and given, appropriately, the seasonal influenza vaccine*,
- NH-016-10: from Percent of short stay residents assessed and given the pneumococcal vaccine to *Percent of short stay residents assessed and given, appropriately, the pneumococcal vaccine*, and
- NH-017-10: from Percent of long stay residents assessed and given the pneumococcal vaccine to *Percent of long stay residents assessed and given, appropriately, the pneumococcal vaccine*.

Committee discussion

NH-003-10: Physical therapy or nursing rehabilitation/restorative care for long-stay patients with new balance problem

The Committee agreed to this title change.

NH-010-10: Percent of residents who self-report moderate to severe pain (short stay)

NH-011-10: Percent of residents who self-report moderate to severe pain (long stay)

The Committee agreed that the title changes suggested for these measures accurately addressed concerns raised during the comment period.

NH-012-10: Percent of residents with pressure ulcers that are new or worsened (short-stay)

Several members of the Committee objected to the use of the word “worsened” in the new title because they felt that the word is difficult to understand. The discussion of this issue led to a review of item MDS 3.0 item M0800, entitled “Worsening in pressure ulcer status since prior assessment (OBRA, PPS, or Discharge).” The item asks nursing home staff to “indicate the number of current pressure ulcers that were not present or were at a lesser stage on prior assessment (OBRA, PPS, or Discharge).” The Committee decided to approve the suggested title change to be consistent with the MDS and because of the lack of evidence about the degree to which pressure ulcers can improve during a short time period.

NH-014-10: Percent of short stay residents assessed and given, appropriately, the seasonal influenza vaccine

NH-015-10: Percent of long stay residents assessed and given, appropriately, the seasonal influenza vaccine

NH-016-10: Percent of short stay residents assessed and given, appropriately, the pneumococcal vaccine

NH-017-10: Percent of long stay residents assessed and given, appropriately, the pneumococcal vaccine

The Committee provided an alternative to the suggested title change for the vaccination measures in which they requested that the developer move the word “appropriately” before “given.” This change would result in a measure title stating that a percent of “residents assessed and appropriately given” a vaccine. Dr. Constantine approved this suggested change on behalf of the measure developer team.

Risk adjustment considerations

Several comments from the NQF membership and public raised the issue of why outcome measures were not risk adjusted. These comments apply to the following measures:

- NH-008-10: Long stay residents experiencing falls
- NH-013-10: High risk long-stay residents with pressure ulcers
- NH-018-10: Long stay residents with a urinary tract infection
- NH-022-10: Long stay residents with increased need for help with activities of daily living

Dr. Burstin explained to the Committee that NQF policy stipulates that outcome measures have an evidence-based risk adjustment strategy unless there is evidence to suggest a reason to avoid risk adjustment. With consideration for Dr. Burstin’s comments, the Committee re-examined the developer’s rationale for not risk-adjusting for each of the outcome measures listed above.

NH-008-10: Long stay residents experiencing falls

The developers explained that the decision not to risk adjust for this measure was based on the careful review of literature and input from a Technical Expert Panel (TEP). The TEP was concerned that risk adjustment may mask inadequate care or adjust for factors that nursing home facilities should be monitoring. Although the Committee discussed a number of ways in which this measure could include risk adjustment for factors like age or gender, the group’s final decision mirrored the TEP’s concerns. They concluded that risk adjustment would inappropriately allow nursing homes with sicker patients to undercount the number of falls. In summary, the Committee maintained their original recommendation for endorsement of this measure without risk adjustment.

NH-013-10: High risk long-stay residents with pressure ulcers

The developer’s justification for choosing not to risk adjust this measure emphasized the need for further testing with the new MDS 3.0 definition of pressure ulcers. The Committee agreed with this reasoning and maintained their recommendation for time-limited endorsement. Their decision to recommend for endorsement also took into consideration a comment regarding pooling of stages 2, 3, and 4 pressure ulcers.

NH-018-10: Long stay residents with a urinary tract infection

The developer explained that there are no obvious conditions related to urinary tract infections (UTIs) appropriate for risk adjustment. The Committee agreed with the developer's sentiments regarding risk adjustment, but expressed concerns with several issues about the measure that were raised by comments from the NQF membership. In response to the comments, the Committee reexamined whether this measure actually assesses quality. Skeptics pointed to sparse literature supporting interventions to avoid UTIs apart from avoidance of catheterizations and to the lack of an accurate definition of a UTI, and suggested that variability in this measure across nursing homes is the result of prevalence of testing for UTIs rather than quality of care. The group also identified the definition of long-stay residents as an area of contention for this measure. Specifically, long-stay residents include residents who leave the nursing home for a hospital, with intention to return, and who then receive a catheter in a hospital emergency room (ER) before returning to the nursing home. As a result of this definition, nursing homes are penalized for the UTI that often results from catheter use within the ER. In light of these concerns, the Committee requested that the measure developer respond in writing to the following:

- How does the developer intend keep this from being a catheter-associated UTI measure given that the 100 day count define a long stay resident is not reset when patients receive care from an ER?
- Request for evidence that measure (UTI prevalence) improves quality
- Evidence of other interventions, apart from catheterization, that may prevent UTIs

Following a response from the developer, the Committee will be asked to revote on this measure via an electronic ballot. The Committee vote will be completed by Friday, October 8.

NH-022-10: Long stay residents with increased need for help with activities of daily living (ADLs)

The measure developer requested that the Committee consider the detailed list of exclusion criteria related to this measure in their discussion of risk adjustment. The Committee reviewed the following exclusion criteria:

1. OBRA admission or PPS assessment
2. resident is comatose
3. life expectancy is less than six months
4. hospice care
5. resident does not meet the criteria for decline in late-loss ADLs
6. missing data on items 2-6

After review, the Committee agreed that it was appropriate for this measure to proceed without risk adjustment. In response to several comments from the public and among the group, the Committee also considered the following issues:

- How the MDS 3.0 (section G) describes physical functioning assessment;
- How this measure will be implemented among case-mix states and whether appropriate reimbursement will be an issue;
- Failure of MDS 3.0 to account for specific patient preferences/goals related to hospice treatment.

Ultimately the Committee decided that while these issues are important, they fall outside the scope of their role in recommending this measure for endorsement. The recommendation for endorsement stands.

Discussion of specific measures

NH-003-10: Physical therapy or nursing rehabilitation/restorative care for long-stay patients with new balance problem

In response to comments, the Committee acknowledged concerns about the feasibility of this measure given its reliance on administrative claims and Medicare billing. However, the group agreed that these concerns were not great enough to prevent the measure from moving forward and they maintained their original sentiment to recommend the measure for endorsement.

The comment period resulted in a number of comments on the following measures:

- NH-024-10: Percentage of long stay residents who lose too much weight
- NH-026-10, NH-27-10, NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Surveys

NH-024-10: Percent of long stay residents who lose too much weight

Several commenters raised concerns about the inclusion of hospice patients and individuals with dementia in this measure. Some members of the Committee felt that this issue of exclusion criteria had already been discussed at length and did not require further attention. Others felt uncertain about the unintended consequences this measure may have for hospice and dementia patients, given that the MDS does account for patient preference. Since the Committee was unable to reach consensus, they decided to revote on this measure. The measure developer agreed to provide additional information about the inclusion of hospice patients prior to the vote. The revote will be completed by Friday, October 8, 2010.

NH-026-10, NH-27-10, NH-028-10: Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Surveys

The Committee agreed that the comments about these measures did not include any new issues and that all the comments had previously been addressed in detail. The group motioned to uphold their original recommendations for endorsement of these measures.

Measures Not Recommended

NH-001-10: Assessment of dementia on admission to long term care facility

The Committee addressed the concerns documented by the American Medical Directors Association (AMDA) regarding their measure submission, *Assessment of dementia on admission to long term care facility*. The group unanimously agreed that the measure was important but that it did not meet NQF's evaluation criteria when it was submitted at the in-person Steering Committee meeting last April. NQF staff and the Steering Committee encouraged the representatives from AMDA to resubmit the measure at a later date, when the measure specifications and testing are more complete. NQF staff will discuss the logistics of resubmission with AMDA on a separate call.

Next Steps

Ms. Theberge provided a brief explanation of the next steps, including:

- NQF staff will draft a response to the comments discussed during the call and send them to the Steering Committee for approval by Wednesday, October 6, 2010. Any comments from the Committee must be received by Monday, October 11, 2010.
- The Committee will receive an electronic survey to re-vote on measures NH-018-10 and NH-024-10. The members of the Steering Committee need to submit their votes by Friday, October 8, 2010.
- Member voting begins Monday, October 18, 2010.
- The Consensus Standards Approval Committee will review the measures recommended for endorsement on Thursday, December 9, 2010.
- The NQF Board of Directors will review the measures recommended for endorsement in late December.