**TO:** Consensus Standards Approval Committee (CSAC)

**FR:** Sarah Sampsel, Suzanne Theberge, and Mitra Ghazinour

**RE:** Person- and Family-Centered Care Phase 2 Member Voting Results

**DA:** June 2, 2015

**CSAC ACTION REQUIRED**

- Pursuant to the CDP, the CSAC will consider approval of 28 candidate consensus standards recommended for endorsement under Person- and Family-Centered Care Phase 2.

- CSAC will determine best in class for two sets of competing measures from the same project.

This memo includes the project background, recommended measures, and themes identified from and responses to the public and member comments. In addition, while the Committee ultimately recommended all 28 measures; 14 of the measures were designated as either not recommended or consensus not reached after the In-Person Meeting. A table is provided in the background section which details the outstanding issues prior to public comment. This is also listed as Theme 1 in the comments section. Accompanying this memo are the following documents:

1. **Person- and Family-Centered Care Phase 2 Draft Report:** The draft report has been updated to reflect the changes made following the Standing Committee discussion of public and member comments. The complete draft report and supplemental materials are available on the project page.

2. **Comment table:** Staff has identified themes within the comments received in this memo. This table lists 94 comments received and the NQF/Standing Committee and Developer responses.

3. **Appendix A:** Measure Evaluation Summary Tables

4. **Appendix B**: NQF Member Comment and Voting Results Tables

**Person- and Family-Centered Care Phase 2 Measures Recommended for Endorsement:**

- 0167: Improvement In Ambulation/Locomotion
- 0174: Improvement In Bathing
- 0175: Improvement In Bed Transferring
- 0176: Improvement In Management Of Oral Medications
- 0177: Improvement In Pain Interfering With Activity
- 0422: Functional Status Change For Patients With Knee Impairments
- 0423: Functional Status Change For Patients With Hip Impairments
- 0424: Functional Status Change For Patients With Foot And Ankle Impairments

- 0425: Functional Status Change For Patients With Lumbar Impairments
- 0426: Functional Status Change For Patients With Shoulder Impairments
- 0427: Functional Status Change For Patients With Elbow, Wrist And Hand Impairments
- 0428: Functional Status Change For Patients With General Orthopaedic Impairments
- 0688: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long stay)
- 0701: Functional Capacity in COPD patients before and after Pulmonary Rehabilitation
- 2286: Functional Change: Change in Self Care Score
- 2287: Functional Change: Change in Motor Score
- 2321: Functional Change: Change in Mobility Score
- 2612: CARE: Improvement in Mobility
- 2613: CARE: Improvement in Self Care
- 2624: Functional Outcome Assessment
- 2631: Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- 2632: Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
- 2633: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in SelfCare Score for Medical Rehabilitation Patients
- 2634: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
- 2635: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge SelfCare Score for Medical Rehabilitation Patients
- 2636: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients
- 2643: Average Change In Functional Status Following Lumbar Spine Fusion Surgery
- 2653: Average change in functional status following total knee replacement surgery

**Person- and Family-Centered Care Phase 2 – Competing Measures:**

- 2633: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients *and* 2286: Functional Change: Change in Self Care Score.
- 2634: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients *and* 2321: Functional Change: Change in Mobility Score.

**BACKGROUND**

Ensuring that every patient and family member is engaged as partners in their care is one of the core priorities of the National Quality Strategy (NQS). Examples of person- and family-centered care include patient and family engagement in care, care based on patient needs and preferences, shared decision-making, and activation for self-care management.

This phase of the PFCC project focused on reviewing 28 functional status measures. The 20 Standing Committee members recommended all 28 measures for endorsement, however; two sets of measures were identified as competing. The Committee was unable to reach consensus on a "best-in-class" designation for the competing measures, thus they are all recommended for endorsement. The measures were evaluated against the 2013 version of the measure evaluation criteria.

| | MAINTENANCE | NEW | TOTAL |
|---|---|---|---|
| **Measures considered** | 14 | 14 | 28 |
| **Withdrawn from consideration** | 0 | 0 | 0 |
| **Recommended** | 14 | 14 | 28 |
| **Not recommended** | 0 | 0 | 0 |

**Related and Competing Measures**

NQF staff identified seven sets of measures as related and two sets of measures as competing during their preliminary analysis. Following the Committee's final recommendations on the consensus not reached and not recommended measures, the Committee convened via web meeting on May 1, 2015 to discuss the related and competing measures. The Committee agreed that the seven sets of related measures identified by NQF are related but did not make recommendations for harmonization. In their discussions, the Committee indicated the related measures either addressed different populations or varied enough in their focus area to support moving the measures forward through the endorsement process. The Committee members considered two pairs of measures as potentially competing and as such were asked to complete a voting survey after the call. The competing measures included:

- **2633: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients** *and* **2286: Functional Change: Change in Self Care Score.**
- **2634: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients** *and* **2321: Functional Change: Change in Mobility Score.**

The Committee came to consensus that each set of measures was competing, but could not come to consensus on "best-in-class" in either set. Therefore, both pairs of measures move forward for the CSAC review as competing but with consensus not reached on "best-in-class". Committee members provided the following rationale for not choosing a "best-in-class" in either set.

- Measures 2286 and 2321 have a long history of utilization nationally, and are utilized for all adult patients, as opposed only for Medicare population. There will be significant costs (personnel re-training, software systems for capturing data) associated with a switch to another measure, without clear added benefit to the institutions involved in rehabilitation.
- One measure is "tried and true" and the other measure in each set is emerging with a good possibility of being superior over time.

- While the scales are different, it is hard to say whether one is superior at this time. The FIM with its 7 point scale is inherently more refined, but who is to say a six point scale cannot adequately reflect an assessment of the patient to care for oneself. By not selecting a superior measure at this time, CMS and other payers will be able to employ both measures and continue to experience how they work in practice, perhaps building an evidence base for selection in the future of one superior measure.

**COMMENTS AND THEIR DISPOSITION**

NQF received six pre-evaluation comments during the pre-evaluation comment period (held December 8-22, 2014), all of which were provided to the Committee prior to the in-person meeting.

The Draft Report went out for Public and Member comment from March 2-31, 2015. During this commenting period, NQF received 94 comments from 10 organizations, including six member organizations, and four members of the public.

A table of comments submitted during the comment period, with the responses to each comment and the actions taken by the Standing Committee and measure developers, is posted to the Person- and Family-Centered Care Phase 2 project page under the Public and Member Comment section.

**Comment Themes and Committee Responses**

At its review of all comments, the Standing Committee had the benefit of developer responses to the comments that were considered along with additional information submitted by the developers in response to the in-person meeting. Committee members focused their discussion on measures or topic areas with the most significant and recurring issues.

Five major themes were identified in the post-evaluation comments, as follows:

1. Requests for reconsideration/support for not recommended and consensus not reached measures
2. Harmonization and creating composites
3. Concerns about unintended consequences and discrimination
4. Age exclusions
5. The IMPACT Act

***Theme 1 – Requests for Reconsideration/Support for Not Recommended and Consensus Not Reached Measures***

During the in-person meeting, 14 of the measures were not recommended or did not achieve consensus. The following table lists each measure and the additional information the Committee sought in order to reconsider each.

| Measure # and Title | Unresolved Issue |
|---|---|
| **Consensus Not Reached** | |
| *0701 Functional Capacity in COPD patients before and after Pulmonary Rehabilitation, American Association of Cardiovascular and Pulmonary Rehabilitation* | • Testing at the program/facility level |
| *2624 Functional Outcome Assessment, CMS (new)* | • Information or a consideration of change to the specifications establishing a link between the assessment and the care plan; need data that clearly links the care plan with the collection of the outcomes data<br>• Inter-rater reliability<br>• Greater clarity on how each element of the process definition is actually measured in the field (what are coders looking for?) |
| *2631 Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function, CMS (new)* | • Performance data for the measure<br>• Data on the care plan aspect of the measure<br>• Consider re-write of the measure to ensure understanding the link between the functional assessment and setting a care goal<br>• Information on the frequency of missing data on items<br>• Information on means and variability at the facility level |
| *2633 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients, CMS (new)* | • Facility level testing data needed |
| *2635 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients, CMS (new)* | • Facility level testing data needed |
| *2653 Average change in functional status following total knee replacement surgery, MN Community Measurement (new)* | • Intraclass correlations at the scale and practice level<br>• Standard error of measurement<br>• Need to understand how to interpret performance scores<br>• What proportion of standard deviation is the 14-17 point spread? Is that a meaningful effect size? How usable is the standard deviation to discriminate against groups? |
| **Not Recommended** | |
| *0422 Functional Status Change For Patients With Knee Impairments, Focus On Therapeutic Outcomes, Inc*<br><br>*0423 Functional Status Change For Patients With Hip Impairments, Focus On Therapeutic Outcomes,* | • More information about the intraclass correlation coefficients at the clinician and clinic levels<br>• Additional validity information at the clinician and clinic levels: such as whether patients who are seen more frequently are doing better. Also would like to see the link with intensity and frequency of visit data that developer mentioned<br>• Components of variation attributable to the patient, clinician, clinic – evidence that variations are meaningful<br>• Additional information on numerator, denominator and |

| Measure # and Title | Unresolved Issue |
|---|---|
| *Inc*<br><br>*0424 Functional Status Change For Patients With Foot And Ankle Impairments, Focus On Therapeutic Outcomes, Inc*<br><br>*0425 Functional Status Change For Patients With Lumbar Impairments, Focus On Therapeutic Outcomes, Inc*<br><br>*0426 Functional Status Change For Patients With Shoulder Impairments, Focus On Therapeutic Outcomes, Inc*<br><br>*0427 Functional Status Change For Patients With Elbow, Wrist And Hand Impairments, Focus On Therapeutic Outcomes, Inc*<br><br>*0428 Functional Status Change For Patients With General Orthopaedic Impairments, Focus On Therapeutic Outcomes, Inc* | measure calculation<br>• More information and a justification for the risk adjustment variables, especially gender and payer<br>• Evidence that the instrument, which was originally developed for ages 18 and over, has been tested for understandability and appropriateness for youth down to age 14, as included in the measure<br>• There was also lack of understanding on how to translate information to assess gap; the Committee indicated they were not clear about the connection between collecting the information and how it drives improvement |
| *2643 Average Change In Functional Status Following Lumbar Spine Fusion Surgery, MN Community Measurement (new)* | • Intraclass correlations at the scale and practice level<br>• Standard error of measurement<br>• Need to understand how to interpret performance scores (thus why they wanted standard error of measure scores) |

At the request of the Committee, the developers submitted additional information, such as testing data and data on performance and gap answering the Committee's concerns during the Comment period. After reviewing the additional information during the April 20 Committee post-comment call, the Committee was asked to re-vote on the 14 measures which did not achieve consensus during the in-person meeting. Based on this additional information, the Committee voted to recommend all 14 measures. The information submitted by the developers is available for CSAC review on the NQF website.

Many of the comments requested reconsideration and recommendation of endorsement for the measures that were not recommended or that did not achieve consensus. The rationale for support pointed to the major gaps in measures within a particular area or measures that focus on patient centered outcomes.

**2653: Average change in functional status following total knee replacement surgery, MN Community Measurement:**

We strongly urge the Committee to reconsider and recommend this measure. The measure is deemed by consumers and purchasers to be important for assessing providers of knee replacement surgery. This is a high frequency and high cost procedure, and currently there is no information that enables patients to choose providers that can achieve better outcomes as assessed by patients themselves. Therefore, this measure is a high priority for these users.

**2633: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients, CMS**

Support – While this measure may not be perfect, it is an important patient centered outcome. The measure can be analyzed and improved as additional data is collected.

**2643: Average change in functional status following lumbar spine fusion surgery, MN Community Measurement**

We believe this measure should be considered for endorsement once the reliability testing data is submitted by Minnesota Community Measurement because the measure focuses on an important patient-centered outcome and addressees an important gap area for quality improvement. We believe an explicit patient-centered focus on surgical outcomes is necessary and this measure begins to address this important quality issue.

***Committee Response:*** The Committee received additional information they requested to allow for more comprehensive evaluation of the consensus not reached and not recommended measures. This additional information was discussed on the post-comment committee call and the Committee had an opportunity to re-vote on the applicable measures.

***Theme 2 – Harmonization/creating composites***

A number of comments focused on harmonization and creating composite measures.
Two sets of comments suggested that 2286, 2287, and 2321 be harmonized. As this decision is up to the developer, these comments were forwarded on for their response.

***Developer Response:*** "We agree that a composite measure is important. To that end, we have submitted a composite measure 2287: Functional Change: Change in Motor Score. This will allow for quality improvement in all levels of function being measured. However, we feel that leaving this as a separate measure offers greater refinement in assessing patient change relating to the construct measured. For instance, consider a patient admitted to a facility and upon admission is rated at the lowest functional levels for each item within a measure, upon discharge, the self-care items improved greatly however the mobility items did not change from the admission rating (perhaps the patient had

not walked independently for many years prior to onset of recent condition under treatment), as a composite score, functional gain would be evident from admission to discharge, but it would not show the domain specific changes (exceptional progress in self-care, which was likely the focus of rehabilitation). We believe the option of serving as a 'stand-alone measure' may have interest and great utility to clinicians and since the motor measure is a combination of the self-care and mobility, the flexibility in options exist for clinical use."

Other comments suggested 0167, 0174, and 0175 be combined into a suite or composite measure. These comments were also forwarded on to the developer.

***Developer Response:*** "CMS is also exploring composite functional measures for future development."

A comment on the FOTO measures (0422 – 0428) noted that functional measures represent important outcomes or intermediate outcomes of interest for quality improvement and suggested considering combining all of the FOTO functional status measures into a composite that includes taking patient preference into account.

***Theme 3 – Concerns about unintended consequences and discrimination***
Several comments raised concerns about the unintended consequences of a particular measure or the possibility that the use of the measure may lead to discrimination in care or patient profiling, particularly for patients whom are unlikely to improve in various areas due to the nature of their disease, yet who still need therapy to prevent further losses in function. This concern was raised around several measures.

- 0176, 0177, and 0688 each received one comment raising this issue.
- 2612 and 2613 each received two comments raising this issue.
- 0167, 0174, and 0175 each received three comments raising this issue.

***NQF Response:*** NQF is not able to monitor for unintended consequences directly, but we do encourage the submission of this information via the Quality Positioning System (QPS). NQF will also work with measure implementers to monitor for UI.

***Committee response:*** The issues of unintended consequences, "cherry-picking" patients for inclusion in measures, and assessing "improvement" for payment or penalty use in quality programs were discussed during the in-person meeting. The Committee continues to encourage measure developers and implementers to consider implications of measurement, including potential unintended consequences.

***Developer response:*** 0176 and 0177-"We recognize that there are some home health patients for whom improvement in management of oral medications and in pain interfering with activity is not a reasonable expectation. Risk adjustment, while not perfect, helps to mitigate the effect of the patient's clinical condition at admission and other patient characteristics on the home health agency's measure value. Notwithstanding recent changes in the types of patients accepted for home health care, it remains primarily a post-acute benefit. The measure steward will continue to explore options for refining the measure based on committee input and comments received, and will explore potential alternative measures that address management of oral medications outcomes for patients with limited likelihood of improvement."

0688- “NQF #0688 tracks potential decline in function by measuring “the percent of residents whose need for help with activities of daily living (ADL) has increased.” Accordingly, the purpose of this measure is to assess decline in ADL function among long-stay nursing home residents. This change in ADL function is documented during the period of nursing home stay by comparing ADL function from one nursing home assessment to the next. We agree that the goal of many long-stay residents is to maintain their existing ADLs and may not be focused on ADL improvement; we believe that NQF #0688 is aligned with this perspective, as it is not focused on improvement. A higher score for this measure indicates lower quality. Patients maintaining their level of functional ability for the 4 late-loss ADLs would NOT be counted in the numerator for this measure and would be considered as experiencing good quality. We also believe that NQF #0688 is not at odds with other potential measures described by the commenter that would focus on improving ADLs in other settings prior to nursing home admission. However, the measure proposed by the commenter might be more appropriate for short-stay nursing home residents who are generally admitted for goals different from long-stay residents.”

2612 and 2613- “Any effective patient outcome quality measure has the potential to be utilized for patient profiling and this risk is minimized through the use of risk adjusters and exclusions.”

0167, 0174, 0175- “We recognize that there are some home health patients for whom improvement is not a reasonable expectation. Risk adjustment, while not perfect, helps to mitigate the effect of the patient's clinical condition at admission and other patient characteristics on the home health agency's measure value. Notwithstanding recent changes in the types of patients accepted for home health care, it remains primarily a post-acute benefit. The measure steward will continue to explore options for refining the measure based on committee input and comments received, and will explore potential alternative measures that address these outcomes for patients with limited likelihood of improvement.”

***Theme 4 – Age exclusions***

The recommended measures in this project all focused on older populations. Several commenters noted this and there were comments requesting that measures focusing on pediatric populations, maternal health/women of reproductive age, and younger patients in hospitals and ambulatory settings be included.

***NQF Response:*** “This particular phase of PFCC focused on acute care settings and functional status, as stated in the report. We do have pediatric measures in the PFCC portfolio; this list is in Appendix B of the report. In addition, NQF has a number of other maternal and child health measures in our full portfolio. We have added measures that apply to younger populations as a gap area in the report.”

One commenter requested information on whether measures 0688 and 2632 had been tested in populations under age 18. They also noted that they agreed with the Committee that the set of FOTO measures should be restricted to the tested population of over age 18.

***Developer Response*:** 0688- “NQF #0688, the percent of residents whose need for help with activities of daily living (ADL) has increased (long stay), has not been tested for patients under the age of 18. However, we would argue that the objective of this measure, to monitor nursing home performance with regard to preventing ADL decline for long-stay nursing home residents, is appropriate for both nursing home residents under and over the age of 18. Because this measure is focused on maintenance

of function and prevention of decline, rather than improvement, it is well suited for monitoring quality of care for residents of nursing homes with long-term services and support needs across age ranges. Additionally, according to a 2013 report from The Centers for Medicare and Medicaid Services, only 0.2% of all U.S. nursing home residents are age 21 years or younger (1). Within this 0.2%, even fewer would be under age 18, and not all would meet the criteria for inclusion in the ADL measure (i.e., not currently comatose, prognosis of life expectancy less than 6 months, receiving hospice care, or total dependence for all four ADL items on prior assessment). (1) http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/downloads/nursinghomedatacompendium_508.pdf"

2632-"Our testing data included patients in long-term care hospitals who were 20 to 99 years old. It did not include patients who were 18 or younger. However, we would like to note that this is a process measure focused on whether a functional assessment is completed and whether a functional goal is reported. It is not an outcome measure, and does not include comparing patient scores. The objective of this measure is to promote standardized functional assessment of basic daily activities for all patients. Therefore, we believe it applies to all patients, regardless of age."

***Theme 5 – IMPACT Act***

The IMPACT Act passed by the Congress in September 2014 requires post-acute care (PAC) providers to report standardized patient assessment data as well as data on quality, resource use, and other measures. According to the IMPACT Act, the data is required to be interoperable to allow for its exchange among PAC and other providers to facilitate care coordination and improve Medicare beneficiary outcomes. The IMPACT Act affects PAC programs including: 1) HHA Quality Reporting Program; 2) newly required Skilled Nursing Facility Quality Reporting Program; 3) IRF Quality Reporting Program; and 4) LTCH Quality Reporting Program. The new quality measures will address several domains including functional status and changes in function, skin integrity and changes in skin integrity, medication reconciliation, incidence of major falls, and the accurate communication of health information and care preferences when a patient is transferred. The IMPACT Act also requires the implementation of measures to address resource use and efficiency such as total Medicare spending per beneficiary, discharge to community, and risk-adjusted hospitalization rates of potentially preventable admissions and readmissions.

One commenter appreciated NQF's awareness and consideration of the goals of the IMPACT Act around cross-setting measures and avoiding burdensome and duplicative measures and would appreciate continued transparency as well as publicly available information regarding next steps with respect to cross-setting measures. This comment was repeated on 4 measures.

**NQF MEMBER VOTING RESULTS**

A summary of the voting results is included below. The complete voting tables, along with the voting comments are included in Appendix B.

22 of the recommended measures were approved with 71 % approval or higher. Representatives of 34 member organizations voted; no votes were received from Supplier/Industry Council. Results for each measure are provided below.

| Measure | Initially approved by SC | Subsequently approved by SC | Percentage of councils approving (>60%) |
|---|---|---|---|
| 0167: Improvement In Ambulation/Locomotion (CMS) | Yes (Recommended) | | Approved – 86% |
| 0174: Improvement In Bathing (CMS) | Yes (Recommended) | | Approved – 86% |
| 0175: Improvement In Bed Transferring (CMS) | Yes (Recommended) | | Approved – 71% |
| 0176: Improvement In Management Of Oral Medications (CMS) | Yes (Recommended) | | Approved – 71% |
| 0177: Improvement In Pain Interfering With Activity CMS | Yes (Recommended) | | Approved – 71% |
| 0422: Functional Status Change For Patients With Knee Impairments (Focus On Therapeutic Outcomes Inc.) | No (Not Recommended) | Yes (Recommended) | Approved – 71% |
| 0423: Functional Status Change For Patients With Hip Impairments (Focus On Therapeutic Outcomes Inc.) | No (Not Recommended) | Yes (Recommended) | Approved – 86% |
| 0424: Functional Status Change For Patients With Foot And Ankle Impairments (Focus On Therapeutic Outcomes Inc.) | No (Not Recommended) | Yes (Recommended) | Approved – 86% |
| 0425: Functional Status Change For Patients With Lumbar Impairments (Focus On Therapeutic Outcomes Inc.) | No (Not Recommended) | Yes (Recommended) | Approved – 86% |
| 0426: Functional Status Change For Patients With Shoulder Impairments (Focus On Therapeutic Outcomes | No (Not Recommended) | Yes (Recommended) | Approved – 86% |

| Measure | Initially approved by SC | Subsequently approved by SC | Percentage of councils approving (>60%) |
|---|---|---|---|
| Inc.) | | | |
| 0427: Functional Status Change For Patients With Elbow Wrist And Hand Impairments (Focus On Therapeutic Outcomes Inc.) | No (Not Recommended) | Yes (Recommended) | Approved – 86% |
| 0428: Functional Status Change For Patients With General Orthopaedic Impairments (Focus On Therapeutic Outcomes Inc.) | No (Not Recommended) | Yes (Recommended) | Approved – 71% |
| 0688: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long stay) (CMS) | Yes (Recommended) | | Approved – 71% |
| 0701: Functional Capacity in COPD patients before and after Pulmonary Rehabilitation (American Association of Cardiovascular and Pulmonary Rehabilitation) | No (Consensus not reached) | Yes (Recommended) | Approved – 86% |
| 2286: Functional Change: Change in Self Care Score (Uniform Data System for Medical Rehabilitation) (new) | Yes (Recommended) | | Approved – 71% |
| 2287: Functional Change: Change in Motor Score (Uniform Data System for Medical Rehabilitation) (new) | Yes (Recommended) | | Approved – 71% |
| 2321: Functional Change: Change in Mobility Score (Uniform Data System for Medical Rehabilitation) (new) | Yes (Recommended) | | Approved – 71% |
| 2612: CARE: Improvement in Mobility (American Health Care Association) (new) | Yes (Recommended) | | Consensus not reached – 43% |
| 2613: CARE: Improvement in Self Care (American Health Care Association) (new) | Yes (Recommended) | | Consensus not reached – 43% |
| 2624: Functional Outcome Assessment (CMS) (new) | No (Consensus not reached) | Yes (Recommended) | Consensus not reached – 57% |
| 2631: Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional | No (Consensus not reached) | Yes (Recommended) | Consensus not reached – 57% |

| Measure | Initially approved by SC | Subsequently approved by SC | Percentage of councils approving (>60%) |
|---|---|---|---|
| Assessment and a Care Plan That Addresses Function (CMS) (new) | | | |
| 2632: Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support (CMS) (new) | Yes (Recommended) | | Approved – 71% |
| 2633: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS) (new) | No (Consensus not reached) | Yes (Recommended) | Consensus not reached – 57% |
| 2634: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS) (new) | Yes (Recommended) | | Consensus not reached – 57% |
| 2635: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS) (new) | No (Consensus not reached) | Yes (Recommended) | Approved – 71% |
| 2636: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS) (new) | Yes (Recommended) | | Approved – 71% |
| 2643: Average Change In Functional Status Following Lumbar Spine Fusion Surgery (MN Community Measurement) (new) | No (Not Recommended) | Yes (Recommended) | Approved – 71% |
| 2653: Average change in functional status following total knee replacement surgery (MN Community Measurement) (new) | No (Consensus not reached) | Yes (Recommended) | Approved – 86% |