NATIONAL QUALITY FORUM

Memo

TO: Person- and Family- Centered Care Phase 2 Standing Committee

FR: NQF Staff

RE: Post-Comment Call to Discuss Related and Competing Measures

DA: April 29, 2015

Purpose of the Call

The Person- and Family-Centered Care Standing Committee will meet via conference call/webinar on **May 1, 2015 from 10-12pm ET**. The purpose of this call is to:

- Assess related and competing measures and determine if measures should be harmonized or a best in class chosen.

Standing Committee Actions

1. Review this briefing memo, final measure recommendations and Draft Report.
2. Review preliminary statements provided by the measure developers and included in this briefing memo. (Note: NQF staff are finalizing the voting process)
3. Familiarize yourself with the NQF Related and Competing Measure algorithm included in this memo.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Speaker dial-in #: (855) 366-2247 (*NO CONFERENCE CODE REQUIRED)*

Web Link: http://nqf.commpartners.com/se/Rd/Rg.aspx?115427

Committee Recommendations

Following the review of additional information submitted by the developers, as well as comments received, the Committee revoted on the following measures. All were recommended. The tables beginning on page 4 list the measures that have been identified as potentially related or competing.

- 0701 Functional Capacity in COPD patients before and after Pulmonary Rehabilitation, American Association of Cardiovascular and Pulmonary Rehabilitation
- 0422 Functional Status Change For Patients With Knee Impairments, Focus On Therapeutic Outcomes, Inc
- 0423 Functional Status Change For Patients With Hip Impairments, Focus On Therapeutic Outcomes, Inc
- 0424 Functional Status Change For Patients With Foot And Ankle Impairments, Focus On Therapeutic Outcomes, Inc

- 0425 Functional Status Change For Patients With Lumbar Impairments, Focus On Therapeutic Outcomes, Inc
- 0426 Functional Status Change For Patients With Shoulder Impairments, Focus On Therapeutic Outcomes, Inc
- 0427 Functional Status Change For Patients With Elbow, Wrist And Hand Impairments, Focus On Therapeutic Outcomes, Inc
- 0428 Functional Status Change For Patients With General Orthopaedic Impairments, Focus On Therapeutic Outcomes, Inc
- 2624 Functional Outcome Assessment, CMS (new)
- 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)
- 2633 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients, CMS (new)
- 2635 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients, CMS (new)
- 2653 Average change in functional status following total knee replacement surgery, MN Community Measurement (new)
- 2643 Average Change In Functional Status Following Lumbar Spine Fusion Surgery, MN Community Measurement (new)

NATIONAL QUALITY FORUM

Memo

Decision Logic to Identify Related and Competing Measures

Goal: This decision logic should be used to complete the initial triage of measures; in order to quickly identify competing and related measure issues early in a project.

Step	Question	Answer	Action
1	*Begin categorization of measure. Does the measure address the same target population[1] or the same measure focus as another endorsed or new measure?*	NO	**STOP**; no further action is needed
		YES	**Go to Step 2**
2	*Do the measures address BOTH the same target population AND the same measure focus?*	NO	**Go to Step 3**
		YES	**Go to Step 4**
3	*Do the measures address EITHER the same target population OR the same measure focus?*	NO	**STOP**; no further action is needed
		YES	Categorize measures as related, and determine whether the measures can be combined and stratified. Can the measure components be harmonized?
4	*Determine whether or not the measures are specified for at least one of the same care settings.*	NO	Categorize measures as competing with a rationale of different care settings. Put forward to the Steering Committee to discuss which components can be harmonized.
		YES	**Go to Step 5**
5	*Determine whether the measures are specified for at least one of the same levels of analysis.*	NO	Categorize measures as competing with a rationale of different levels of analysis. Put forward to the Steering Committee to discuss which components can be harmonized.
		YES	Categorize the measures as competing.

[1] Note: Different age groups alone should not lead to a categorization of "different population."

Potentially Competing Measures:

Measure Focus: Functional Status Change

Target Population: Knee

	0422 Functional status change for patients with Knee impairments	2653 Average change in functional status following total knee replacement surgery
Steward	Focus on Therapeutic Outcomes, Inc	MNCM
Brief Description	A self-report measure of change in functional status for patients 18 year+ with knee impairments.	For patients age 18 and older undergoing total knee replacement surgery, the average change from pre-operative functional status to one year (nine to fifteen months) post-operative functional status using the Oxford Knee Score (OKS) patient reported outcome tool.
Measure Type	Patient Reported Outcome	Patient Reported Outcome
Measure Data Source/Tool	FOTO's (knee) PROM	Oxford Knee Score PRO Tool
Reporting Level	Facility, Clinician : Group/Practice, Clinician : Individual	Clinician : Group/Practice
Care Setting	Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility, Other, Ambulatory Care : Outpatient Rehabilitation Hospital Outpatient	Ambulatory Care : Clinician Office/Clinic
Time Window	Past 12 months	Patients undergoing a total knee replacement procedure with date of procedure during a calendar year performance period (e.g. dates of procedure occurring between 1/1/2013 and 12/31/2013) followed by a measurement period of fifteen months
Numerator	Varies, based on level of reporting; Clinician: average of residuals in functional status scores in patients who were treated by a clinician in a 12 month time period for knee impairment.	The measure is calculating the average change in functional status score from pre-operative to post-operative functional status score. The measure is NOT aiming for a numerator target value for a post-operative OKS score.
Denominator	All patients 18 years and older with knee impairments who have initiated rehabilitation treatment and completed the FOTO knee FS PROM at admission and discharge.	Adult patients age and older (no upper age limit) who undergo a primary or revision total knee replacement procedure during a calendar year performance period and who have both a completed pre-operative and post-operative Oxford Knee Score (OKS) patient reported outcome tool.

Focus On Therapeutic Outcomes Inc.
Preliminary Statement
Measures 422 and 2653

Introduction:

This response is in regard to an inquiry into the relationship or potential competitive nature of NQF Measures 422 and 2653 as to the target population, measure focus and care setting. Focus On Therapeutic Outcomes Inc. appreciates the opportunity to clarify the distinctions between measure 422 and 2653.

Response:

These two measures are quite different in their target populations, focus, content and settings of use. Both measure 422 and 2653 address the functional level of persons with knee impairments. Measure 2653 is restricted by definition to use by patients, 18 and older, who have received a surgical total knee replacement. Measure 422, can be used by persons 14 years and older with a very broad range of knee impairments (as specified in the denominator details) for which a patient is receiving rehabilitative care. (Note: FOTO provided this response PRIOR to reverting back to the 18 and older age requirements, thus 14 years and older is not applicable)

The focus and content of the measures are dissimilar. Measure 2653 is a Patient Reported Outcome Measure (PROM), which assesses change in the Oxford Knee Score from before a total knee surgery and 15 months after the surgery. In contrast, measure 422 is a PROM-PM (Patient reported outcome measure- performance measure), which uses as its foundation the FOTO knee PROM as a measure of function. Change in functional status is then risk-adjusted to patient characteristics and used as a performance measure at the patient level, and with aggregation- at the individual clinician, and at the clinic level to assess quality.

Measure 2653 specifies and requires the use of the Oxford Knee Scale, which is composed of 12 multi-dimensional questions presented to the patient. Four of the questions are about the level of pain and eight are about function. In contrast, all items in the FOTO knee PROM (on which the PROM-PM-measure 422 is based) address functional status only.

In terms of setting, Measure 2653 is intended for use in Ambulatory Care settings. In comparison, measure 422 is specified for use in a broader array of care settings including Ambulatory Care: Clinician Office/Clinic, Post Acute/Long Term Care Facility: Nursing Home/Skilled Nursing Facility, Other, Ambulatory Care: Outpatient Rehabilitation Hospital Outpatient

MN Community Measurement
Preliminary Statement for Identified Related Measures
#2653 Average change in functional status following total knee replacement surgery (MNCM)
#0422 Functional Status change for patients with knee impairments (FOTO)

Greetings,

Thank you for the opportunity to provide a preliminary assessment about these two potentially related measures. MNCM views these as somewhat related in the desire to measure a change in functional status, however there are significant differences between these measures in terms of the target populations, settings of care, provider types, PRO based tools and measure calculation methodology. Differences are outlined in the table below:

Related/ Competing Topics	MNCM #2653	FOTO #0422 *
Target Population	Adults (18+) with total knee replacement procedure. Identified by CPT procedure code and attributed to the surgeon/ practice that performed the procedure	Age 14+; any knee affliction/ diagnosis/ condition that initiates rehab/ physical therapy
Measure Focus	Change in functional status	Change in functional status
Tool	Patient Reported Outcome- Oxford Knee Score. 12 question tool with strong psychometric properties, easy to complete, score and store in an EMR.	Proprietary web-based CAT tool (monthly/ per provider fee based)
Measure Calculation	For each patient, calculate the change in functional status OKSIpreop – ODIpostop 1 yr Sum the change in functional status for all pts Divide by the number of patients (avg) Risk adjust practice level rates	Average of "residuals" Actual change score – predicted change after risk adjustment
Care Setting	Orthopedic Practices	Several (locations where PT provided)
Level of Analysis	Orthopedic Practice	Provider and clinic level
Provider Type	Orthopedic surgeons	Physical therapy providers

* MNCM does not possess full knowledge of FOTO's tools or measure calculation methods

Potentially Related Measures

Measure Focus: Motor Skills (Ambulation; Bathing; Transferring)

Target Population: Inpatient Rehabilitation (2287) & Home Care (0167, 0174, 0175)

	0167 Improvement in Ambulation/locomotion; 0174 Improvement in Bathing; 0175 Improvement in Bed Transferring	2287 Functional Change: Change in Motor Score
Steward	CMS	UDSMR
Brief Description	Percentage of home health episodes of care during which the patient improved in ability to ambulate/bath/transfer.	Change in rasch derived values of motor function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The timeframe for the measure is 12 months.
Measure Type	Outcome	Outcome
Measure Data Source/Tool	Electronic Clinical Data/OASIS	Electronic/ FIM® Instrument
Reporting Level	Facility	Facility
Care Setting	Home Health	Inpatient Rehab (per measure description); Home Health, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility
Time Window	Rolling 12 month, updated quarterly	12 months
Numerator	Number of home health episodes of care where the value recorded on the discharge assessment indicates less impairment in ambulation/locomotion/bathing/transferring to bed at discharge than at start (or resumption) of care.	Average change in rasch derived motor functional score from admission to discharge at the facility level. Average is calculated as (sum of change at the patient level/total number of patients). A subset of 12 FIM® items has been tested and validated; those items are: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, Memory, Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.
Denominator	Number of home health episodes of care ending with a discharge during the reporting period, other than those covered by generic or measure-specific exclusions.	Facility adjusted adjusted expected change in rasch derived values, adjusted at the Case Mix Group level. 18 and older; alive at discharge

	0167 Improvement in Ambulation/locomotion; 0174 Improvement in Bathing; 0175 Improvement in Bed Transferring	2287 Functional Change: Change in Motor Score

***Note:** due to the similarity of the CMS Home Health Measures, they have been compiled together for the sake of conversation

Staff Note: NQF did not receive preliminary statements regarding the above measures for committee consideration. The measure developers will be afforded an opportunity to comment on the May 1st call.

Potentially Related Measures:
Measure Focus: Functional Outcomes
Target Population: Outpatient Rehabilitation

	0422, 0423, 0424, 0425, 0426, 0427, 0428 Functional status change for patients with: Knee, hip, foot and ankle, lumbar, shoulder, elbow, wrist and hand and general orthopaedic impairments	2624 Functional Outcome Assessment
Steward	Focus on Therapeutic Outcomes, Inc	CMS
Brief Description	A self-report measure of change in functional status for patients 14 year+ with identified musculoskeletal/orthopaedic* impairment.	Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies.
Measure Type	Patient Reported Outcome	Process Measure
Measure Data Source/Tool	FOTO's (specific to each measure) PROM	GCodes to indicate Medical Record Documentation Standardized Tool – A tool that has been normalized and validated Examples of tools for functional outcome assessment include, but are not limited to: Oswestry Disability Index (ODI), Roland Morris Disability/Activity Questionnaire (RM), Neck Disability Index (NDI), and Patient-Reported Outcomes Measurement Information System (PROMIS).
Reporting Level	Facility, Clinician : Group/Practice, Clinician : Individual	Clinician : Group/Practice, Clinician : Individual
Care Setting	Ambulatory Care : Clinician Office/Clinic, Post Acute/Long Term Care Facility : Nursing Home/Skilled	Ambulatory Care : Clinician Office/Clinic, Ambulatory Care : Outpatient Rehabilitation

	0422, 0423, 0424, 0425, 0426, 0427, 0428 Functional status change for patients with: Knee, hip, foot and ankle, lumbar, shoulder, elbow, wrist and hand and general orthopaedic impairments	2624 Functional Outcome Assessment
	Nursing Facility, Other, Ambulatory Care : Outpatient Rehabilitation Hospital Outpatient	
Time Window	Past 12 months	The reporting period represents a 12 month period starting January 1st through December 31 of each year.
Numerator	Varies, based on level of reporting; Clinician: average of residuals in functional status scores in patients who were treated by a clinician in a 12 month time period for identified musculoskeletal/orthopaedic impairment.	Patients with a documented current functional outcome assessment using a standardized tool AND a documented care plan based on the identified functional outcome deficiencies.
Denominator	All patients 14 years and older with identified musculoskeletal/orthopaedic impairments who have initiated rehabilitation treatment and completed the FOTO {appropriate musculoskeletal/orthopaedic} FS PROM at admission and discharge.	All visits for patients aged 18 years and older

*Note: rather than listing each specific area (shoulder, lumbar, etc.) – The terms "identified musculoskeletal/orthopaedic" impairment are used in all FOTO measures grouped together.

Focus On Therapeutic Outcomes Inc.
Preliminary Statement
Measures 423, 424, 425, 426, 427, 428 (FOTO Measures) and Measure 2624

Introduction:

This response is in regard to an inquiry into the relationship or potential competitive nature of NQF Measures 423, 424, 425, 426, 427 and 428 (FOTO Measures) and 2624 as to the target population, measure focus and care setting. Focus On Therapeutic Outcomes Inc. appreciates the opportunity to clarify the distinctions between its measures and 2624.

Response:

The similarity in the measures is their applicability to patients with physical impairments who are receiving rehabilitative care in an ambulatory setting. However, the FOTO measures and measure 2624 are very different. The FOTO measures are Patient reported outcome measure- performance measures (PROM-PMs) which use at their foundation one of FOTOs PROMs. The FOTO PROMs consist only of questions on the patient's level of

function. Whereas measure 2624 is a process measure of the proportion of patients for whom a functional outcome assessment using any type of standardized tool AND a documented care plan.

These measures are very compatible and co-exist very nicely in the PQR system. Measure 2624 is also known as Measure 182 in the PQR system. FOTO's respective PQRS measures 217 (knee), 218 (hip), 219 (foot and ankle), 220 (Lumbar Spine), 221 (Shoulder), 223 (elbow, wrist and hand) and 223 (General Orthopedic Impairments) all qualify as measures accepted by the sponsors of PQRS measure 182 (NQF measure 2624).

The FOTO measures are targeted to patients 14 years and older with impairment to a specific and respective part of the body; that is the hip (423), the foot and ankle (424) Lumbar Spine (425), Shoulder (426), elbow, wrist and hand (427) and for measure 428, patients with general orthopedic impairments. FOTO has also submitted measure 422, the knee, which could well be included in this discussion. Measure 2624 is more generic, is applicable to patients 18 years and old with all types of impairments and does not specify a measurement instrument.

In terms of setting, measure 2624 is intended for use in Ambulatory Care : Clinician Office/Clinic, Ambulatory Care : Outpatient Rehabilitation. The FOTO measures are intended for use in a wider variety of settings including: Ambulatory Care: Clinician Office/Clinic, Post Acute/Long Term Care Facility: Nursing Home/Skilled Nursing Facility, Other, Ambulatory Care: Outpatient Rehabilitation Hospital Outpatient.

CMS/Quality Insights of PA
Preliminary Statement
Measure 2624

Thank you for the opportunity to review harmonization possibilities for NQF 2624: Functional Outcome Assessment (steward CMS). We have reviewed the other 6 functional outcomes measures provided by NQF and are providing our analysis below. Based on our analysis, we do not believe there is potential for harmonization of NQF 2624 with the other 6 FOTO measures. Please let us know if you have any additional questions and/or comments.

- FOTO measures 0423-0428 are outcome measures whereas CMS measure 2624 is a process measure.
- FOTO measures 0423-0428 have a target population with specific body part impairment to be assessed (i.e. patients with hip impairments, foot/ankle impairments, etc.) whereas CMS measure 2624 includes a broader target population, not limited to body part impairment. In addition, FOTO measures 0423-0428 include an age population of 14 years and older whereas CMS measure 2624 includes an age population of 18 years and older
- FOTO measures 0423-0428 measure a self-report of change in functional status using the FOTO's PROM tool. CMS does not require use of a tool which is proprietary to report measure 2624. CMS measure 2624 allows usage of any standardized tools for functional outcome assessment including (but not limited to): Oswestry Disability Index (ODI), Roland Morris Disability/Activity Questionnaire (RM), Neck Disability Index (NDI), and Patient-Reported Outcomes Measurement Information System (PROMIS).
- CMS measure 2624 addresses documentation of a care plan based on identified functional outcome deficiencies. FOTO measures 0423-0428 do not address a care plan.
- CMS measure 2624 and FOTO measures 0423-0428 are addressing different denominator populations based on the CPT codes.
- CMS measure 2624 requires reporting at "each" visit whereas FOTO measures 0423-0428 is reported once (calculating change in functional status admission score to functional status discharge score).

Because of the factors listed above, we do not believe CMS measure 2624 has any potential for harmonization with FOTO measures 0423-0428.

Potentially Related and Competing (purple) Measures:

Measure Focus: Self-Care
Target Population: Inpatient Rehab Patients

	2635 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	2633: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	2286: Functional Change: Change in Self-Care Score
Steward	CMS	CMS	UDSMR
Brief Description	This measure estimates the percentage of IRF patients who meet or exceed an expected discharge self-care score.	This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare patients.	Change in rasch derived values of self-care function from admission to discharge among adult patients treated at an inpatient rehabilitation facility who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 8 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory.
Measure Type	Outcome	Outcome	Outcome
Measure Data Source/Tool	Electronic Clinical Data Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI). CARE Tool	Electronic Clinical Data Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI). CARE Tool	Electronic/ FIM® Instrument
Reporting Level	Facility	Facility	Facility
Care Setting	Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility	Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility	Inpatient Rehab (per measure description); Home Health, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility
Time Window	12 months	12 months	12 months
Numerator	The numerator is the number of patients in an IRF with a discharge score that is equal to or higher than the	This measure estimates the risk-adjusted change in self-care score between admission and discharge among Inpatient Rehabilitation Facility (IRF) Medicare	Average change in rasch derived self-care functional score from admission to discharge at the facility level, including items: Feeding, Grooming, Dressing Upper Body, Dressing

	2635 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	2633: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	2286: Functional Change: Change in Self-Care Score
	calculated expected discharge score. The 7 self-care items are: GG 0130A. Eating GG 0130B. Oral hygiene GG 0130C. Toilet hygiene GG 0130D. Shower/bathe self GG 0130E. Upper body dressing GG 0130F. Lower body dressing GG 0130G. Putting on/taking off footwear	patients age 21 or older. The change in self-care score is calculated as the difference between the discharge self-care score and the admission self-care score. The 7 self-care items are: GG 0130A. Eating GG 0130B. Oral hygiene GG 0130C. Toilet hygiene GG 0130D. Shower/bathe self GG 0130E. Upper body dressing GG 0130F. Lower body dressing GG 0130G. Putting on/taking off footwear	Lower Body, Toileting, Bowel, Expression, and Memory. Average is calculated as: (sum of change at the patient level for all items • Feeding, • Grooming, • Dressing Upper Body, • Dressing Lower Body, • Toileting, • Bowel, • Expression, • and Memory) / total number of patients).
Denominator	The denominator is Inpatient Rehabilitation Facility patients are at least age 21 of age, Medicare beneficiaries, and have complete stays.	The denominator is Inpatient Rehabilitation Facility Medicare patients, age 21 and older, Medicare beneficiaries who have complete stays.	Facility adjusted adjusted expected change in rasch derived values, adjusted at the Case Mix Group level. 18 and older; alive at discharge

Uniform Data System for Medical Rehabilitation (UDSMR)

Preliminary Statement

Measure 2286

1. Are separate measures needed?

   As is stands, there are two separate measures submitted that measure mobility functional change for Inpatient Rehabilitation Facilities patients: Functional Change: Change in Mobility Score by, Uniform Data System for Medical Rehabilitation (UDSMR); and Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients by the Centers for Medicare & Medicaid Services (CMS). In addition, the previously mentioned organizations have also submitted measures, by the same stewards, for self-care functional change. It is our argument that the two measures are most likely redundant. While there are some differences between the CARE functional items and the FIM functional items (to be outlined in the next section), in essence they are measuring the same construct of functional (in)dependence. Therefore, we would argue that only one measure is needed for the IRF patient population. The FIM instrument

functional items have been collected in IRFs for nearly 30 years, and have been central to the required payment system(Inpatient Rehabilitation Facility Prospective Payment System) for over a decade. The FIM items are currently collected in the IRF on Medicare (and non-Medicare) patients and are required payment. We feel it would cause undue burden and confusion on IRFs to require the collection both FIM items and CARE items. The FIM items can be used for both payment and tracking quality outcomes, making it the more parsimonious choice.

2. What are the differences between the measures?

While the CARE items and the FIM items measure the same construct of functional (in)dependence, there are some key differences included in the measures, and in the measurement of the items. For the mobility measure TheFIM item measure submitted by UDS includes the following items: Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs. The CARE items included in the measure submitted by CMS include: Roll left and right, Sit to lying, Lying to sitting on side of bed, Sit to stand, Chair/bed-to-chair transfer, Toilet transfer, Car transfer, Walk 10 feet, Walk 50 feet with 2 turns, Walk 150 feet, Walking 10 feet on uneven surfaces, 1 step, 4 steps, 12 steps, Pick up object. There is great overlap between the items in the two measures, particularly in the transfer items, locomotion, and stairs. However while our measure contains only four items, the CMS measure contains 14 items. While our measure has the one locomotion item, for instance, the CMS measure has four. Similarly, our measure contains one item for stairs, while the CMS measure containes three. This becomes burdensome on the provider to have to collect an additional 10 items and it hasn't been proven that there is additional value or specificity in the measure. Rasch analysis shows us that more items do not always mean better measurement.

For the self-care measure, the FIM item measure submitted by UDS includes the following items: , Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory. The CARE items included in the measure submitted by CMS include: Eating, Oral hygiene, Toilet hygiene, Shower/bathe self, Upper body dressing, Lower body dressing, Putting on/taking off footwear. Once again there is great overlap in the items, particulary for feeding, grooming, and toileting. However, where the CMS measure does not contain any items that measure cognitive self-care, our measure contains two such items, we we feel is imperative to include to measure true self-care independence.

In addition to the variation in the items contained in the measyres, there are differences in the actual measurement of the items, even in items that measure the same things. The FIM items are measured on a seven level scale (not including a rating of 0 when the activity doesn't occur), with each of ratings defined as:

Level	**Description**
7 – Complete Independence	The patient safely performs all the tasks described as making up the activity within a reasonable amount of time, and does so without modification, assistive devices, or aids.
6 – Modified Independence	One or more of the following may be true: the activity requires an assistive device or aid, the activity takes more than reasonable time, or the activity involves safety (risk) considerations.
5 – Supervision or Setup	The patient requires no more help than standby, cuing, or coaxing, without physical contact; alternately, the helper sets up needed items or applies orthoses or assistive/adaptive devices.
4 – Minimal Contact Assistance	The patient requires no more help than touching, and expends 75% or more of

	the effort.
3 – Moderate Assistance	The patient requires more help than touching, or expends between 50 and 74% of the effort.
2 – Maximal Assistance	The patient expends between 25 to 49% of the effort.
1 – Total Assistance	The patient expends less than 25% of the effort.
0 – Activity Does Not Occur	The patient does not perform the activity, and a helper does not perform the activity for the patient during the entire assessment time frame. NOTE: Do not use this code only because you did not observe the patient perform the activity. In such cases, consult other clinicians, the patient's medical record, the patient, and the patient's family members to discover whether others observed the patient perform the activity.

The CARE items are measured on a six level scale:

Level	**Description**
Level 6 - Independent	Patient completes the activity by him/herself with no assistance from a helper.
level 5 - Setup or clean up	Helper SETS UP or CLEANS UP.; patient completes activity. Helper assists only prior to or following the activity.
level 4 - Supervision or touching assistance	Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as patient completes activity. Assistance may be provided throughout the activity intermittently.
level 3 - Partial/moderate assistance	Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
level 2 - Substantial/maximal assistance	Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
level 1 - Dependent	Helper does ALL of the effort. Patient does none of the effort to complete the task.

In addition, there are three codes for the CARE items for when the items isn't measured; they are: 07 = Patient refused, 09 = Not applicable, 88 = Not attempted due to medical condition or safety concerns.

Assessment timeframes for each measure and how the total scores at each assessment time (admission and discharge) are computed also differ. For the admission score, the FIM items must be measured within the first 3 calendar days after admission and the lowest rating for each occurring item during those 3 days is taken and then added together in the computation of the total admission score. For discharge, the timeframe for the assessment is the last 3 days before discharge (including the day of discharge). For the total discharge score, if the items are measured more than once, the highest of the scores is used. These criteria has been mandated by CMS and is familiar to all IRF clinicians. The CARE items are measured in the first two days after admission and the last two days before discharge. It is not clear to us how the total is

computed or if the items are assessed more than once during those two days. In addition, the difference in assessment time frame for this measure would be very confusing for clinical staff attempting to rate patients for payment with one measure and quality with another. The fear is that there could be erroneous data collected in each data base.

Finally, there are differences in the administration of the items. For instance, our measure includes all payer sources as we felt quality (especially at a unit or facility level) should be important for all patient regardless of payer source. In contrast, the measure proposed by CMS only includes Medicare patients. Our measure also excludes patients less than 18 years old, versus the CMS measure, which excludes less than 21 years old. While the CMS measure excludes "incomplete stays", our measure excluded patients who died in the IRF. There are also differences in the risk adjustment procedures for the two measures. While our FIM based measure uses an indirect standardization method of CMG adjustment, the CMS measure is risk adjusted through conducting multiple linear regression. The CMG risk adjustment is based on the Case Mix Groups that have been in use for IRFs for over a decade. CMG is based on impairment, age (in some cases) and function at admission as measured via the FIM instrument. This has been a method used for all IRFs since the beginning of the prospective payment system for national comparison outcomes. CMGs were defined originally by the RAND Corporation using FIM data from 100% of IRFs in the nation. The CMS measures' linear regression risk adjustment is based off of the data collected during the Payment Reform Demonstration project, which did not include all IRFs data. Currently the CARE items are not being collected in the IRFs, therefore the demonstration project was the only data that was used to create the risk adjustment procedure and sample sized for many conditions were very small. It is possible the risk adjustors may have been different if all IRF data was included.

CMS/RTI
Related and Competing Measures Preliminary Statement
Self-care and mobility measures

This memorandum provides responses to NQF's preliminary statement of competing and related quality measures that were submitted for the Phase 2 Person- and Family-Centered Care Project. We generally agree with NQF's selection of the related and competing quality measures. Below, we provide comments on the measures that NQF has identified as competing with the measures submitted by Centers for Medicare and Medicaid Services for Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospitals (LTCHs). We also provide responses to the pre-meeting comments on our measures that NQF received as of Dec 22, 2014.

1. Competing and Related Quality Measures: Self-care

We agree with NQF's selection of related quality measures and the selection of the self-care competing quality measures. We would select an alternative competing quality measure for the IRF change in mobility.

- NQF has selected the Centers for Medicare and Medicaid Services (CMS) quality measure,

Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (#2633) as competing with Functional Change: Change in Self Care Score (#2286) which was submitted by UDSMR.

- NQF has selected the CMS quality measure Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (#2636) as competing with Functional Change: Change in Mobility Score (#2321) submitted by UDSMR. We would have selected measure Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (#2634) as competing with UDSMR. We would consider the discharge quality measure (#2636) as a related measure.

2. Competing Quality Measures: Several Measure Specifications Differ

The specifications for the identified competing quality measures differ in the following areas: functional assessment items, risk adjustment variables, and type of performance score. The specifications for CMS's IRF quality measures were identified based on the development team's review of the literature, clinical knowledge, analysis of data, discussions with three different Technical Expert Panels convened by the measure developer contractor, and feedback from clinicians, researchers and other experts through a public comment process that occurred in early 2014. We present justification below rationale for selecting the CMS quality measures Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (#2633) and Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (#2634) as best in class.

a. Functional Assessment Items: The CMS quality measures (#2633 and #2634) use the CARE tool functional assessment items, which were developed and tested as part of the Post-Acute Care Payment Reform Demonstration between 2006 and 2010. The items were designed to build on the existing science for functional assessment instruments, and included a review of the strengths and limitations of existing functional assessment instruments. The CMS measures include 6 self-care items and 15 mobility items in order to measure a wide range of patient functioning.

b. Risk Adjustment Variables. Functional outcomes for patients in IRFs are associated with many patient demographic and clinical characteristics. Therefore, the CMS quality measures (#2633 and #2634) adjust for more than 80 patient demographic and clinical characteristics, including age category, primary rehabilitation diagnosis, prior functioning, admission self-care or mobility functional status, cognitive function, communication function, and comorbidities. We received many comments about the risk adjustors as part of our public comment process in 2014 and we

tested all suggestions.

c. Exclusion criteria: The exclusion criteria for the competing measures differ. The exclusion criteria for the CMS quality measures (#2633 and #2634) were selected with input from the Technical Expert Panel and input from the public comment process. We believe these exclusions are important to maintain the validity of the quality measure's performance score. For example, we exclude patients with conditions such as complete tetraplegia and locked-in syndrome, because these patients would not be typically expected to improve mobility and self-care skills for activities such as eating, transfers or walking.

d. Type of Performance Score: The performance scores for the CMS quality measures (#2633 and #2634) are the change in self-care score and the change in mobility score, respectively. This is a continuous number and it the typical method that IRFs report this data. The UDSMR measures report data as a ratio of the observed and expected facility data.

Potentially Related Measures:

Measure Focus: Self-Care
Target Population: SNF (2613)/Inpatient Rehab and other Post-Acute care settings (2286)

	2613 CARE: Improvement in Self Care	2286: Functional Change: Change in Self-Care Score
Steward	American Health Care Association	UDSMR
Brief Description	The measure calculates a skilled nursing facility's (SNFs) average change in self care for patients admitted from a hospital who are receiving therapy. The measure calculates the average change in self care score between admission and discharge for all residents admitted to a SNF from a hospital or another post-acute care setting for therapy (i.e., PT or OT) regardless of payor status. This is a risk adjusted outcome measure, based on the self care subscale of the Continuity Assessment and Record Evaluation (CARE) Tool and information from the admission MDS 3.0 assessment. The measure is calculated on a rolling 12 month, average updated quarterly.	Change in rasch derived values of self-care function from admission to discharge among adult patients treated at an inpatient rehabilitation facility who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 8 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory.
Measure Type	Outcome	Outcome
Measure Data Source/Tool	Electronic Clinical Data, Other Resident Assessment Instrument Minimum Data Set (MDS) version 3.0 CARE Tool: Self-Care Subscale	Electronic/ FIM® Instrument

	2613 CARE: Improvement in Self Care	2286: Functional Change: Change in Self-Care Score
Reporting Level	Facility	Facility
Care Setting	Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility	Inpatient Rehab (per measure description); Home Health, Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility
Time Window	Rolling 12 month	12 months
Numerator	The numerator is the risk adjusted sum of the change in the CARE Tool self care subscale items between admission and discharge for each individual admitted from a hospital or another post-acute care setting regardless of payor status and are receiving therapy (PT or OT) for any reason in a skilled nursing center. The items included in the CARE Tool self care subscale include: • A1. Eating • A3. Oral Hygiene • A4. Toilet Hygiene • A5. Upper Body Dressing • A6. Lower Body Dressing • C1. Wash Upper Body • C2. Shower / Bathe • C6. Putting on / taking off footwear	Average change in rasch derived self-care functional score from admission to discharge at the facility level, including items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, and Memory. Average is calculated as: (sum of change at the patient level for all items • Feeding, • Grooming, • Dressing Upper Body, • Dressing Lower Body, • Toileting, • Bowel, • Expression, • and Memory) / total number of patients).
Denominator	The denominator includes all residents admitted to a SNF from a hospital or another post-acute care setting who receive either PT or OT therapy for any reason during their stay regardless of payor status, have a completed self care subscale of the CARE Tool	Facility adjusted adjusted expected change in rasch derived values, adjusted at the Case Mix Group level. 18 and older; alive at discharge

Submitted by American Health Care Association (AHCA)
Related Measure Statement
2613 Care: Improvement in Self Care

Our measure (#2613) has a different population and construct than measure #2286; therefore, it should not be required to be harmonized. The IRF and SNF settings are different which results in a fundamental difference in the population of these two settings. Additionally, measure #2286 utilizes the FIM which is different from the CARE Tool used in our measure, #2613. The CARE Tool is a cross-setting therapy assessment tool and is consistent with the IMPACT Act signed into law in Oct 2014.

Our measure (#2613) also has a different population and construct than measure #2633 and #2635. Our measure (#2613) is designed for SNF population; whereas, measure #2633 and #2635 is designed for IRF setting and uses the IRF-PAI. The population in the IRF setting is distinct from that in SNFs. It appears that measure #2633 and #2635 are highly correlated and it would be interesting to know what their correlation value is.

Statement from UDSMR has been included earlier in the document.

Potentially Related Measures:

Measure Focus: Mobility

Target Population: SNF (2612); Inpatient Rehab (2321); LTCH/Ventilator Support (2632)

	2612 CARE: Improvement in Mobility	2321 Functional Change: Change in Mobility Score	2632 Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
Steward	American Health Care Association	UDSMR	CMS
Brief Description	The measure calculates a skilled nursing facility's (SNFs) average change in mobility for patients admitted from a hospital who are receiving therapy. The measure calculates the average change in mobility score between admission and discharge for all residents admitted to a SNF from a hospital or another post-acute care setting for therapy (i.e., PT or OT) regardless of payor status	Change in rasch derived values of mobility function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 4 mobility FIM® items:Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.	This measure estimates the risk-adjusted change in mobility score between admission and discharge among LTCH patients requiring ventilator support at admission.
Measure Type	Outcome	Outcome	Outcome
Measure Data Source/Tool	Electronic Clinical Data, Other Resident Assessment Instrument Minimum Data Set (MDS) version 3.0 Continuity Assessment and Record Evaluation (CARE) Tool; Mobility subscale	Electronic Clinical Data : Electronic Health Record FIM® Instrument	Electronic Clinical Data Data will be collected using the LTCH CARE Data Set Version 3.0.
Reporting Level	Facility	Facility	Facility
Care Setting	Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility	Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility	Post Acute/Long Term Care Facility : Long Term Acute Care Hospital
Time Window	Rolling 12 month average	12 months	24 months
Numerator	The numerator includes all residents admitted from a hospital or another post acute care setting that receive any	Average change in rasch derived mobility functional score from admission to discharge at the facility level. Includes the	This measure estimates the risk-adjusted change in mobility score between admission and discharge among LTCH patients

	2612 CARE: Improvement in Mobility	2321 Functional Change: Change in Mobility Score	2632 Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support
	PT or OT therapy for any reason in a SNF that have a completed mobility CARE tool assessment at admission and discharge. The mobility items used from the CARE tool are listed below and rated on a 1-6 scale. B1. Lying to Sitting on Side of Bed B2. Sit to Stand B3. Chair/Bed to Chair Transfer B4. Toilet Transfer B5a & B5b. Walking or Wheelchair Mobility C3. Roll left / right C4. Sit to Lying C5. Picking up object C7a. One Step Curb C7b. Walk 50 ft. with Two Turns C7c. Walk 12 Steps. C7d. Walk Four Steps C7e. Walking 10 ft. on Uneven Surface C7f. Car Transfer	following FIM items: • Transfer Bed/Chair/Wheelchair, • Transfer Toilet, • Locomotion and • Stairs.	requiring ventilator support at admission. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score. The 8 mobility items are: GG0170A. Roll left and right GG0170B. Sit to lying GG0170C. Lying to sitting on side of bed GG0170D. Sit to stand GG0170E. Chair/bed-to-chair transfer GG0170F. Toilet transfer GG0170J. Walk 50 feet with two turns GG0170K. Walk 150 feet
Denominator	The denominator includes all residents admitted to a SNF from a hospital or another post-acute care setting who receive either PT or OT therapy for any reason during their stay regardless of payor status, have a completed mobility CARE tool assessment at admission and discharge.	Facility adjusted adjusted expected change in rasch derived values, adjusted at the Case Mix Group level. 18 and older; alive at discharge	The target population (denominator) for this quality measure is the number of LTCH patients requiring ventilator support at the time of admission to the LTCH. The denominator includes all LTCH patients discharged during the target time period, including patients age 21 and older with all payer sources.

Submitted by American Health Care Association (AHCA)
Related Measure Statement
2612 Care: Improvement in Mobility

Our measure (#2612) has a different population and construct than measure #2321; therefore, it should not be required to be harmonized. The IRF and SNF settings are different which results in a fundamental difference in the population of these two settings. Additionally, measure #2321 utilizes the FIM which is different from the CARE Tool used in our measure, #2612. The CARE Tool is a cross-setting therapy assessment tool consistent with recent IMPACT Act signed into law in Oct 2014.

Our measure (#2612) also has a different population and construct than measure #2634 and #2636. Our measure (#2612) is designed for SNF population while #2634 and #2636 are designed for IRF population. In addition, our measure is based on the CARE tool and MDS data; whereas, measure #2634 and #2636 use the IRF-PAI and parts of the CARE tool. It appears that measure #2634 and #2636 are highly correlated and it would be interesting to know what their correlation value is.

The population focus of measure #2632 is fundamentally different than the population focus of our measure (#2612). Due to the drastic difference in the measure populations we do not think harmonization would be appropriate.

Statements from UDSMR and CMS have been included earlier in the document.

Potentially Competing (purple columns) and Related Measures:
Measure Focus: Mobility
Target Population: Inpatient Rehabilitation

	2636 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	2321 Functional Change: Change in Mobility Score	2634 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
Steward	CMS	UDSMR	CMS
Brief Description	This measure estimates the percentage IRF patients who meet or exceed an expected discharge mobility score.	Change in rasch derived values of mobility function from admission to discharge among adult inpatient rehabilitation facility patients aged 18 years and older who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 4 mobility FIM® items:Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.	This measure estimates the mean risk-adjusted mean change in mobility score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare patients.
Measure Type	Outcome	Outcome	Outcome
Measure Data Source/Tool	Electronic Clinical Data Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI). CARE Tool	Electronic Clinical Data : Electronic Health Record FIM® Instrument	Electronic Clinical Data Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI). CARE Tool
Reporting Level	Facility	Facility	Facility
Care Setting	Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility	Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility, Post Acute/Long Term Care Facility : Long Term Acute Care Hospital, Post Acute/Long Term Care Facility : Nursing Home/Skilled Nursing Facility	Post Acute/Long Term Care Facility : Inpatient Rehabilitation Facility
Time Window	12 months	12 months	12 months
Numerator	The numerator is the number of	Average change in rasch derived mobility	This measure estimates the risk-adjusted

	2636 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	2321 Functional Change: Change in Mobility Score	2634 Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients
	patients in an IRF with a discharge mobility score that is equal to or higher than a calculated expected discharge mobility score. The 15 mobility items are: GG 0170A. Roll left and right GG 0170B. Sit to lying GG 0170C. Lying to sitting on side of bed GG 0170D. Sit to stand GG 0170E. Chair/bed-to-chair transfer GG 0170F. Toilet transfer GG 0170G. Car transfer GG 0170I. Walk 10 feet GG 0170J. Walk 50 feet with 2 turns GG 0170K. Walk 150 feet GG 0170L. Walking 10 feet on uneven surfaces GG 1070M. 1 step GG 0170N. 4 steps GG 0170O. 12 steps GG 0170P. Pick up object	functional score from admission to discharge at the facility level. Includes the following FIM items: • Transfer Bed/Chair/Wheelchair, • Transfer Toilet, • Locomotion and • Stairs.	change in mobility score between admission and discharge among Inpatient Rehabilitation Facility (IRF) patients age 21 and older. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score. The 15 mobility items are: GG 0170A. Roll left and right GG 0170B. Sit to lying GG 0170C. Lying to sitting on side of bed GG 0170D. Sit to stand GG 0170E. Chair/bed-to-chair transfer GG 0170F. Toilet transfer GG 0170G. Car transfer GG 0170I. Walk 10 feet GG 0170J. Walk 50 feet with 2 turns GG 0170K. Walk 150 feet GG 0170L. Walking 10 feet on uneven surfaces GG 1070M. 1 step GG 0170N. 4 steps GG 0170O. 12 steps GG 0170P. Pick up object
Denominator	IRF patients included in this measure are at least 21 years of age, Medicare beneficiaries, and have complete stays.	Facility adjusted adjusted expected change in rasch derived values, adjusted at the Case Mix Group level. 18 and older; alive at discharge	Inpatient Rehabilitation Facility patients included in this measure are at least 21 years of age, Medicare beneficiaries, are not independent with all of the mobility activities at the time of admission, and have complete stays.

Statements from UDSMR and CMS have been included earlier in the document.