

**MEASURE APPLICATIONS PARTNERSHIP
POST-ACUTE CARE/LONG-TERM CARE WORKGROUP**

Convened by the National Quality Forum

Summary of In-Person Meeting #1

An in-person meeting of the Measure Applications Partnership (MAP) Post-Acute Care/Long Term Care (PAC/LTC) Workgroup was held on Tuesday June, 28, 2011. For those interested in reviewing an online archive of the web meeting, please click on the link below:

http://www.qualityforum.org/Setting_Priorities/Partnership/Post-Acute/Long-Term_Care_Workgroup.aspx

The next meeting of the PAC/LTC Workgroup will be an in-person meeting on September 8-9, 2011, in Washington, DC.

Workgroup Members in Attendance at the June 28, 2011 Meeting:

Chair

Carol Raphael

Organizational Members

Visiting Nurse Associations of America	Emilie Deady
American Physical Therapy Association	Roger Herr
Aetna	Randall Krakauer
Kindred Healthcare	Sean Muldoon
HealthInsight	Juliana Preston
Service Employees International Union	Charissa Raynor
American Medical Rehabilitation Providers Association	Suzanne Snyder
National Hospice and Palliative Care Organization	Carol Spence
National Consumer Voice for Quality Long-Term Care	Lisa Trip

Expertise

Clinician/Nursing
Care Coordination
Clinician/Geriatrics
Measure Methodologist
Health IT

Individual Subject Matter Expert Members

Charlene Harrington
Gerri Lamb
Bruce Leff
Debra Saliba
Thomas Von Sternberg

Federal Government Members

Agency for Healthcare Research and Quality (AHRQ)	D.E.B Potter
Centers for Medicare & Medicaid Services (CMS)	Shari Ling
Veterans Health Administration (VHA)	Scott Shreve

This was the first in-person meeting of the PAC/LTC Workgroup. The primary objectives of the meeting were to:

- Review charge of the MAP PAC-LTC Workgroup, its role within MAP, and a plan to complete the tasks;
- Establish guiding principles for the coordination strategy for performance measurement across PAC/LTC settings;
- Provide input on the coordination of healthcare-acquired condition and hospital readmission measurement across public and private payers.

Workgroup Chair, Carol Raphael, began the meeting with a welcome and introductions. Ann Hammersmith provided clarifying remarks about potential conflicts of interest for the Workgroup members. This was followed by disclosures of interest by the Workgroup. Janet Corrigan, President and CEO, NQF, gave opening remarks on the opportunity the MAP presents to harmonize measures and build stronger partnerships between the public and private sectors.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided an overview of the Measure Applications Partnership's function, structure, and a brief review of the guiding frameworks that contribute to the overall work of the MAP. These inputs include the HHS National Quality Strategy, the HHS Partnership for Patients safety initiative, the NQF-Endorsed Patient-focused Episode of Care Model, and the high-impact conditions as identified by the NQF-convened Measure Prioritization Advisory Committee. Specific guidance from the Coordinating Committee to the workgroups, the PAC/LTC Workgroup charge, timeline, and a plan for completing the Workgroup tasks were also reviewed.

The Workgroup participants drew terms of membership at random. The chair drew terms on behalf of absent members. The chart below presents the term lengths for all Workgroup members:

PAC/LTC Workgroup Member Terms

1-Year Term	2-Year Term	3-Year Term
Kindred Healthcare	Carol Raphael, MPA	Family Caregiver Alliance
National Consumer Voice for Quality Long-Term Care	Aetna	HealthInsight
National Transitions of Care Coalition	American Medical Rehabilitation Providers Association	Visiting Nurse Associations of America
National Association of Public Hospitals and Health Systems	American Physical Therapy Association	Charlene Harrington, PhD, RN, FAAN [subject matter expert]
Providence Health and Services	National Hospice and Palliative Care Organization	Bruce Leff, MD [subject matter expert]
Service Employees International Union	Gerri Lamb, PhD [subject matter expert]	Agency for Healthcare Research and Quality

Mary Anne Lindeblad, MPH [subject matter expert]	Debra Saliba, MD, MPH [subject matter expert]	Centers for Medicare & Medicaid Services
Veterans Health Administration	Thomas von Sternberg, MD [subject matter expert]	

Aisha Pittman, Senior Project Director, NQF, provided an overview of performance measurement in post-acute care and long-term care, reviewing the characteristics and quality measurement issues of each setting and providing an overview of current performance measurement programs. Discussion amongst the Workgroup focused on separating long and short stay patients for measurement, ensuring that measures are connected to the clinician, and that measures are easy to use and understandable. The Workgroup members also suggested additional quality measurement programs that should be considered.

Shari Ling, Office of Clinical Standards and Quality, CMS, led a discussion on opportunities for alignment across post-acute care and long-term care settings. She identified the need to recognize patient goals and ensure patient engagement across care settings. She also discussed the importance of receiving information and the challenges with data reporting across settings. She stated the need to measure clinicians at the point of service as well as the need to align HHS efforts across care settings. Finally, she asked the group to consider how function can be practically measured across settings. The resulting discussion among the Workgroup highlighted a number of considerations for measurement:

- A patient- and family-centered approach should incorporate goals and goal attainment. Medical conditions and stage of disease are factors that influence the patient's goals.
- Measuring and rewarding "systemness" is challenging. Consideration should be given to the unit of analysis and how best to engage clinicians in the measurement of these settings.
- Data gaps and redundancy of information across settings need to be addressed

Tom Valuck discussed the development of MAP measure selection criteria, highlighting the measure selection principles from the May 3-4 Coordinating Committee Meeting. The principles set by the coordinating committee were:

- Promotes "systemness" and joint accountability
 - Promotes shared decision making and care coordination
 - Addresses various levels of accountability
- Addresses the patient perspective
 - Helps consumers make rational judgments
 - Incorporates patient preference and patient experience
- Actionable by providers
- Enables longitudinal measurement across settings and time
- Contributes to improved outcomes
- Incorporates cost
 - Resource use, efficiency, appropriateness
- Promotes adoption of health IT

- Promotes parsimony
 - Applicability to multiple providers, settings, clinicians

In discussion of the measure selection principles, the Workgroup highlighted additional measure selection principles:

- Measures should address stages of illness, not just a single disease or care received in a single setting
- Measures should assess care across providers, settings, and time to promote care coordination
- Measures need to be actionable by clinicians
- Strong emphasis should be placed on unintended consequences
- Patient outcomes and goal attainment are critical; however structural and process measures are necessary to target opportunities for improvement
- Cost and cost-shifting needs consideration
- Additionally, the Workgroup identified several measure gap areas, including measures for patients with cognitive impairments and mental health issues, measures addressing psychosocial and spiritual aspects of care, and measures that assess clinical care within site-delivered care

Sheera Rosenfeld, Senior Director, Health Information Technology, NQF, gave a presentation on data sources and HIT implications. The resulting Workgroup discussion focused on the different systems and a lack of interoperability across post-acute and long-term care settings as well as access issues in rural areas. The Workgroup felt that many nursing homes want to adopt HIT but have financial limitations and sensitivity to the burdens of new systems. The Workgroup noted the need to build upon or enhance existing data collection efforts and tools, mentioning the lack of post-acute and long-term care quality measurement in Meaningful Use and discussing how Health Information Exchanges will be critical to clinical care organizations.

Sarah Lash, Project Director, NQF, provided an overview of the dual eligible high-leverage improvement opportunities for this population, which are care coordination, quality of life, and screening and assessment. The ensuing conversation centered on the need to consider housing issues, risk adjustment and stratification, and cultural differences.

The remainder of the meeting was focused on input to the MAP Ad Hoc Safety Workgroup. Lindsay Lang, Senior Project Director, NQF, provided an overview of the HHS Partnership for Patients and the framework the Safety Workgroup has been using. The Safety Workgroup asked for the following guidance from the PAC-LTC Workgroup:

- How can payer approaches to measuring HACs and readmissions be aligned across post-acute environments (rehab, SNF, nursing home, home care)?
- How can payer approaches to measuring HACs and readmissions be aligned across the various levels of care (ambulatory, acute, post-acute)?
- What are the barriers to alignment?

- Are there other opportunities for alignment beyond those identified by the Ad Hoc Safety Workgroup?

The Workgroup raised a number of issues in the resulting discussion, including:

- Readmissions and HACs should be considered broader than hospital measurement—there should be shared accountability and collaboration between settings to promote care coordination and reduce readmissions and HACs
- Appropriate and inappropriate readmissions should be differentiated in measurement
- Care transitions should be assessed in a manner that both parties (e.g., hospital and post-acute setting) are responsible for the transition

The meeting concluded with Carol Raphael and Aisha Pittman summarizing the discussion and presenting the next steps for the Workgroup. The next meeting will be held on September 8-9, 2011.