MEASURE APPLICATIONS PARTNERSHIP
POST-ACUTE CARE/LONG-TERM CARE WORKGROUP
Convened by the National Quality Forum

Summary of In-Person Meeting #2 and Follow-Up Web Meeting

In Person Meeting #2

The Measure Applications Partnership (MAP) Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup held their second in-person meeting on September 8-9, 2011. For those interested in reviewing an online archive of the meeting, please use the link below:

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

Workgroup members in attendance at the September 8 and 9, 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
National Transitions of Care Coalition	James Lett
Providence Health and Services	Robert Hellrigel

Expertise	**Individual Subject Matter Expert Members**
Clinician/Nursing	Charlene Harrington
Care Coordination	Gerri Lamb
Clinician/Geriatrics	Bruce Leff
Measure Methodologist	Debra Saliba
Health IT	Thomas Von Sternberg
State Medicaid	MaryAnne Lindeblad

Federal Government Members

Agency for Healthcare Research and Quality (AHRQ)	Judith Sangl
Centers for Medicare & Medicaid Services (CMS)	Shari Ling

The primary objectives of the meeting were to:

- Determine measurement priorities within each PAC/LTC setting and across all PAC/LTC settings;
- Consider opportunities for standardized data collection across settings;
- Develop the pathway for improving measure applications.

Workgroup Chair, Carol Raphael, began the meeting with a welcome and introductions. She then reviewed the agenda and objectives of the meeting, the charge of the PAC/LTC Workgroup, and the elements of a PAC/LTC coordination strategy.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, opened discussion on opportunities for alignment. Heather Young and Ellen Kurtzman, Long Term Quality Alliance (LTQA), gave a presentation of the work done by the LTQA to recommend measures for long-term care settings. The two presenters reviewed the measure selection process, recommended measures, and identified measure gaps of the LTQA. Tom Valuck then gave a presentation on the work done by the MAP Dual Eligible Beneficiaries Workgroup, discussing the vision and guiding principles, as well as high needs subgroups and high leverage opportunities the group has identified. Aisha Pittman, Senior Project Director, NQF gave a presentation on the NQF Multiple Chronic Conditions (MCC) project, discussing the measure concepts highly prioritized for the MCC populations, and guiding principles for measuring care provided to the MCC population.

Carol Raphael and Aisha Pittman led a discussion on key measurement considerations for the PAC/LTC settings. They highlighted the key considerations identified by the PAC/LTC Workgroup at the June 28 meeting, and provided feedback from the Coordinating Committee to the workgroup. The Coordinating Committee asked the workgroup to consider patient preference and end-of-life care as priorities for measurement, as well as to consider accountability and the definition of the term caregiver as key measurement considerations.

In reviewing the results of the PAC/LTC workgroup exercise, in which workgroup members were asked to provide input on the priorities for measurement and key considerations for measurement, the workgroup decided to add patient and family engagement as a distinct priority area for measurement. The workgroup also discussed the need to consider data burden when selecting measures as an important key consideration for measurement. Finally, the workgroup discussed the unique measurement needs for hospice and palliative care and determined that considering measures for hospice should remain a separate task.

Mitra Ghazinour, Project Manager, NQF, presented the PAC/LTC measures chart to the group. Connie Hwang, Vice President, Measure Applications Partnership, NQF, presented the Measure Selection Criteria. In discussing the measure selection criteria, Connie Hwang reiterated that the purpose of the criteria is to stimulate thinking and discussion of measures and measure sets.

The workgroup then conducted a small group exercise, using the measure selection criteria to evaluate the Home Health Compare and Nursing Home Compare measure sets. Each group

presented the results of their exercise back to the workgroup. Generally the workgroup felt that both measure sets are adequate, but identified measure gaps. The workgroup also discussed challenges in utilizing the measure selection criteria. The group noted that the binary scale is limiting as any ambiguities in the criteria led to responding that the measure set did not meet the criteria.

Carol Raphael led a discussion on finalizing core measure concepts to be used across PAC/LTC settings. The workgroup discussed the purpose of core measure concepts, noting that a core set will facilitate harmonization of measures across PAC/LTC settings and assist in MAP's pre-rulemaking activities.

Day one concluded with Carol Raphael and Aisha Pittman summarizing the discussion. The workgroup requested to meet early on the second day to finalize the core set of measure concepts for the PAC/LTC setting.

On the second day, Carol Raphael opened the meeting with welcoming remarks and a recap of the first day, touching on the overarching themes that emerged in discussions.

The first topic of the day was the definition of a core set of measure concepts. The group determined an approach for defining a core set:

- First, identify core concepts that are important across all PAC/LTC settings. Long Term Care Hospitals were excluded from discussion as the workgroup felt LTCHs have the most unique needs compared to the other settings. The workgroup focused on nursing homes, inpatient rehabilitation facilities, and home health care;
- Determine which specific measures meet the core concepts and identify measure gaps; and
- In future work, identify additional measure concepts that are unique priorities for each individual setting. The core identifies highly prioritized measure concepts to be used across all PAC/LTC settings; however, the workgroup noted that each setting may have highly prioritized measure concepts that are not applicable to the other settings. Identifying those concepts will be important future work.

The Workgroup identified many potential core concepts and requested a follow-up call to finalize the core set.

The next discussion focused on data collection approaches. Ari Houser from the AARP gave a presentation on the AARP Report Card. The workgroup discussed the availability of data, as well as the effects of cost-shifting from Medicare to Medicaid.

Next, Thomas Dudley, Robin Dowell, and Judith Tobin, all from CMS, gave presentations on MDS, OASIS, and the CARE Tool. Workgroup discussion focused on:

- The need for standardization of measurement;
- The importance of including the hospital in assessing discharges;
- The need for data flow and data fluidity between settings; and
- The possibility of using incentives to encourage participation and innovation.

Thomas von Sternberg from Health Partners led a discussion on emerging data collection recommendations. The workgroup raised a number of issues including the lack of availability of EMRs in PAC/LTC settings, interoperability issues, and the need to include PAC/LTC settings in newer initiatives, such as meaningful use, health information exchanges, and accountable care organizations.

The meeting concluded with Carol Raphael and Aisha Pittman summarizing the discussion and presenting the next steps for the workgroup, including scheduling a follow up web meeting.

Web Meeting #2

A web meeting of the Measure Applications Partnership (MAP) Post-Acute Care/Long Term Care (PAC/LTC) Workgroup was held on Tuesday October 4, 2011. For those interested in reviewing an online archive of the web meeting, please use the link below:

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

After their second in-person meeting, the PAC/LTC Workgroup engaged in a survey exercise to evaluate if proposed measure concepts should be considered core across all PAC/LTC settings and to provide input on data considerations. The web meeting was held to:

- Finalize the core measure concepts for PAC/LTC settings and
- Finalize the data considerations

Workgroup Chair, Carol Raphael, began the meeting with a welcome and introductions. She then reviewed the elements of a PAC/LTC coordination strategy, highlighting the two elements that were the focus for the web meeting.

Aisha Pittman, Senior Program Director, NQF, reviewed the results of the survey exercise. The workgroup first determined that the measure concepts with strong agreement should be considered core. Next, the workgroup discussed the measure concepts with weak agreement and determined that the measure concepts should not be included in the core. Much of the workgroup's discussion focused on the measure concepts with moderate agreement, noting that many of these concepts are important but received a lower ranking because they are difficult to operationalize. The core is considered ideal and is comprised of existing measures and measure gaps, thus the workgroup determined several of the measure concepts with moderate agreement should be merged with the related measure concepts with strong agreement. For example, the workgroup decided cognitive status assessment, which had moderate agreement, should be merged with functional status assessment, which had strong agreement, as the two concepts are closely linked. The workgroup then reviewed and agreed on the core measure concepts that are applicable to Long Term Care Hospitals.

The group concluded the meeting with a discussion of data considerations. As the survey exercise results revealed strong agreement with most of the data considerations, discussion was limited to application of the CARE tool across all PAC/LTC settings. While the workgroup agreed with this recommendation, the group highlighted some additional considerations:

- Ensuring that the CARE tool replaces, not duplicates, current tools used in PAC/LTC settings
- Field-testing and evaluating the tool to demonstrate broad applicability across settings
- Ensuring the CARE tool is HIT enabled so it is interoperable with EHRs and other settings and allows for rapid information exchange needed for care coordination and communication
- Ensuring that the CARE tool is able to generate care plans and link to decision support tools

The meeting concluded with Aisha Pittman presenting next steps for the PAC/LTC Workgroup.