Post-Acute/Long-Term Care Workgroup Meeting

> 1030 15<sup>th</sup> Street NW Washington, DC



Measure Applications Partnership CONVENED BY THE NATIONAL QUALITY FORUM

December 14, 2011

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## PAC/LTC Workgroup In-Person Meeting #3

National Quality Forum Conference Center 1030 15th Street NW, 9<sup>th</sup> Floor, Washington, DC 20005

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AGENDA: DECEMBER 14, 2011

#### **Meeting Objectives:**

- Review measures under consideration for inclusion in Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, End Stage Renal Disease Quality Improvement, and Hospice Quality Reporting;
- Provide input on finalized program measure sets for the Nursing Home Quality Initiative and Home Health Quality Reporting;
- Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;
- Prioritize identified gaps in measurement for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

# 8:30 am Breakfast 8:30 am Welcome, Review of Meeting Objectives, and Pre-rulemaking Process Carol Raphael, Workgroup Chair Connie Hwang, Vice President, Measures Application Partnership, NQF Aisha Pittman, Senior Program Director, Strategic Partnerships, NQF • Review approach to pre-rulemaking process • Review core measure concepts following Coordinating Committee input 9:15 am Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set Carol Raphael • Review measures under consideration for the Inpatient Rehabilitation Facility program measure set

• Discuss relationship to PAC/LTC Workgroup core measure concepts

10:15 am	<ul> <li>Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting</li> <li>Program Measure Set</li> <li>Carol Raphael and Aisha Pittman</li> <li>Review measures under consideration for the Long-Term Care Hospital program measure set</li> <li>Discuss relationship to PAC/LTC Workgroup core measure concepts</li> </ul>		
11:15 am	Break		
11:30 am	<ul> <li>Pre-Rulemaking Input on Home Health Quality Reporting Measure Set Carol Raphael</li> <li>Discuss previous workgroup evaluation of the Home Health Compare program measure set</li> <li>Discuss relationship to PAC/LTC Workgroup core measure concepts</li> </ul>		
12:00 pm	<ul> <li>Pre-Rulemaking Input on CMS Nursing Home Quality Initiative and Nursing Home Compare Measures</li> <li>Carol Raphael</li> <li>Discuss previous workgroup evaluation of the Nursing Home Compare program measure set</li> <li>Discuss relationship to PAC/LTC Workgroup core measure concepts</li> </ul>		
12:15 pm	Opportunity for Public Comment		
12:30 pm	Lunch		
1:00 pm	<ul> <li>Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination</li> <li>Discuss implications for the dual eligible population</li> <li>Identify opportunities to address gaps in care coordination measures</li> </ul>		
2:00 pm	Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set Carol Raphael Lou Diamond  Review measures under consideration for ESRD program measure set Discuss implications for the dual eligible population Identify and prioritize gaps in the ESRD program measure set		
3:00 pm	Break		
3:15 pm	Pre-Rulemaking Input on Hospice Quality Reporting Measure Set Carol Raphael		

- Review measures under consideration for Hospice program measure set
- Discuss implications for the dual-eligible population
- Identify and prioritize gaps in the Hospice program measure set

4:15 pm Opportunity for Public Comment

4:30 pm Summary of Day

Carol Raphael and Aisha Pittman

4:45 pm Adjourn for the Day

## PAC/LTC Workgroup Pre-Rulemaking Discussion Guide

#### **Meeting Objectives:**

- Review measures under consideration for inclusion in Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, End Stage Renal Disease Quality Improvement, and Hospice Quality Reporting;
- Provide input on finalized program measure sets for the Nursing Home Quality Initiative and Home Health Quality Reporting;
- Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;
- Prioritize identified gaps in measurement for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs

Time	Issue/Question	Considerations
8:30 am	Welcome, Review of Meeting Objectives, and Pre-rulemaking Process	
9:15 am	Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set	
9:15	Review program summary and previously finalized measures, additional input on the measure set	<ul> <li>Two measures are finalized, eight measures are under consideration</li> <li>Summary of comparison against the MAP Measure Selection Criteria         <ul> <li>All finalized measures are NQF-endorsed. Most of the measures under consideration are endorsed.</li> <li>Three NQS priorities are addressed by finalized measures and measures under consideration (safety, care coordination, healthy communities). Prevention and treatment for cardiovascular conditions, person and family centered care, and affordable care are not represented.</li> <li>The measure set contains mostly outcome measures with a few processes measures. Structural, cost, and experience of care measures are not included in the measure set.</li> <li>One of the finalized measures enables measurement across the episode of care; however, several of the measures under consideration span the episode of care</li> <li>Parsimony is partially addressed as the finalized measures and several</li> </ul> </li> </ul>

	<ul> <li>measures under consideration are used across multi-</li> <li>Consider which measure gaps are of highest priority. 9 of the are not addressed.</li> </ul>	
9:25	<ul> <li>2. Two measures under consideration are endorsed and align with core set or address statutory requirements for IRFs.</li> <li>Addresses a core measure concept—functional and cognitive assessment</li> <li>Addresses a high-leverage opportunity identified by the Dual Promotes alignment across programs—finalized for Nursing Under Consideration for LTCH's</li> <li>NQF #0376 Incidence of venous thromboembolism (VTE), potentially Addresses a statutory requirement for IRFs- reducing adverses</li> </ul>	ls Workgroup Home Compare, preventable
9:35	3. Three measures under consideration are not endorsed and are measure concepts that align with the core set.  Functional Outcome Measure (change from)  • Addresses a core measure concept—functional and cognitive assessment  • Addresses a high-leverage opportunity identified by the Dual Functional outcome measure (change in mobility)  Functional outcome measure (change in self-care)  • Addresses a core measure concept—functional and cognitive assessment	re status Is Workgroup
	<ul> <li>Addresses a high-leverage opportunity identified by the Dual</li> <li>Potentially promotes alignment across programs— Under Could LTCH's</li> <li>These measures are currently not specified; however, if they are successed developed, tested, and endorsed they could add value to the measures</li> </ul>	onsideration for cessfully
9:45	<ul> <li>4. Three measures under consideration are endorsed but do not align with core set. Do these measures address priority</li> <li>NQF #0682 Percent of Residents Who Were Assessed and Appropria Pneumococcal Vaccine (Short-Stay)</li> <li>Promotes alignment across programs—finalized for Nursing</li> </ul>	•

	quality issues specific to IRFs?	Under Consideration for LTCH's
		<ul> <li>QF #0431 Staff Immunization</li> <li>QF# 0680 Patient Immunization for Influenza</li> <li>Potentially promotes alignment across programs— Under Consideration for LTCH's</li> </ul>
10:15 am	Pre-Rulemaking Input on Long-Term Care Ho	ospital Quality Reporting Program Measure Set
10:15	Review program summary and previously finalized measures, additional input on the measure set	<ul> <li>Three measures are finalized, eight measures are under consideration</li> <li>Summary of comparison against the MAP Measure Selection Criteria         <ul> <li>All finalized measures are NQF-endorsed. Most of the measures under consideration are endorsed.</li> <li>Three NQS priorities are addressed by finalized measures and measures under consideration (safety, care coordination, healthy communities). Prevention and treatment for cardiovascular conditions, person and family centered care, and affordable care are not represented.</li> <li>The measure set is an equal mix of process and outcome measures. Structural, cost, and experience of care measures are not included in the measure set.</li> <li>One of the finalized measures enables measurement across the episode of care; however, several of the measures under consideration span the episode of care</li> <li>Parsimony is partially addressed as the finalized measures and several measures under consideration are used across multiple programs.</li> </ul> </li> <li>Consider which measure gaps are of highest priority. 9 of the core concepts are not addressed.</li> </ul>
10:25	Two measures considered for addition are endorsed and align	QF # 0675 Pain Management  Addresses a core measure concept—functional and cognitive status

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## MEASURE APPLICATIONS PARTNERSHIP

	with core set or address statutory requirements for LTCH's. Consider for addition to the measure set  Addresses a high-leverage opportunity identified by the Duals Workgroup  Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for IRF's  NQF #0302 Ventilator Bundle  Addresses a core measure concept—infection rates  Addresses a statutory requirement for LTCH's- avoiding healthcare associated infections
10:35	<ul> <li>3. Two measures under consideration are not endorsed and are measure concepts that align with the core set.</li> <li>Functional outcome measure (change in mobility)</li> <li>Addresses a core measure concept—functional and cognitive status assessment</li> <li>Addresses a high-leverage opportunity identified by the Duals Workgroup</li> <li>Potentially promotes alignment across programs— Under Consideration for IRF's</li> </ul>
	These measures are currently not specified; however, if they are successfully developed, tested, and endorsed they could add value to the measure set.
10:40	4. Four measures considered for addition are endorsed but do not align with core set. Do these measures address priority quality issues specific to LTCHs?  NQF #0682 Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)  Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for IRF's  NQF #0431 Staff Immunization  NQF# 0680 Patient Immunization for Influenza  Potentially promotes alignment across programs— Under Consideration for IRF's  NQF # 687 Percent of Residents Who Were Physically Restrained (Long Stay)  Promotes alignment across programs—finalized for Nursing Home Compare
11:15 am	Break

11:30 am	Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set  Home Health Quality Reporting encompasses all measures collected through OASIS. Some of those measures are reported on		
	Home Health Compare.		
11:30	<ul> <li>1. Do you have any additional input on the evaluation of the measure set or the measure gaps (see program summary).</li> <li>• Twenty-three finalized measures</li> <li>• During our August in-person meeting, the workgroup evaluated the Home Health Compare program measure set and concluded:         <ul> <li>• All of the measures in the set are NQF-endorsed except for one measure; that measure was endorsed and had a specification change that will require a maintenance review.</li> <li>• The measure set addresses all of the NQS safety priorities.</li> <li>• The measure set addresses the general home health population but does not address specific subpopulations who receive home health care, such as cancer patients and patients with dementia.</li> <li>• The measure set includes a mix of process and outcome measures. Experience of care has been addressed through the recent addition of Home Health CAHPS. Structural and cost measures are not included in the measure set.</li> <li>• Some measures in the set assess care over time, while some measures assess care at a single point in time.</li> <li>• The measure set promotes aspects of parsimony as all measures are collected through OASIS, some measures can be assessed in other settings.</li> <li>• Consider which measure gaps are of highest priority. Five of the core measure concepts are not addressed.</li> </ul> </li> </ul>		
11:40	2. Should any of the other endorsed measures reported by home health agencies (11) be publicly reported on Home Health Compare?  Seven Measures Address a Core Measure Concept NQF #0181 Increase in number of pressure ulcers NQF #0539 Pressure Ulcer Prevention Implemented during Short Term Episodes of Care NQF #0539 Pressure Ulcer Prevention Implemented during Long Term Episodes of Care		

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## MEASURE APPLICATIONS PARTNERSHIP

- Aligns with core measure concept
- Three pressure ulcer measures currently reported on Home Health Compare— pressure ulcer prevention included in the care plan, pressure ulcer prevention plans implemented, pressure ulcer risk assessment conducted

NQF# 0524 Pain Interventions Implemented During All Episodes Of Care NQF# 0524 Pain Interventions Implemented during Long Term Episodes of Care

- Aligns with core measure concept
- The short-term episode of care rate for the same measure is reported on Home Health Compare

NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver During Episode

NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver during Long Term Episodes of Care

- Aligns with core measure concept
- The short-term episode of care rate for the same measure is reported on Home Health Compare

#### Four Additional Endorsed Measures

NQF #0519 Diabetic Foot Care and Patient Education Implemented NQF #0519 Diabetic Foot Care and Patient/Caregiver Education Implemented during Long Term Episodes of Care

• The short-term episode of care rate for the same measure is reported on Home Health Compare

NQF #0521 Heart Failure Symptoms Addressed

NQF #0521 Heart Failure Symptoms Addressed during Long Term Episodes of Care

• The short-term episode of care rate for the same measure is reported on Home Health Compare

12:00 pm	Pre-Rulemaking Input on CMS Nursing Hom	ne Quality Initiative and Nursing Home Compare Program Measure Set
12:00	Do you have any additional	Eighteen finalized measures
	input on the evaluation of the	During our August in-person meeting, the workgroup evaluated the Nursing
	measure set or the measure	Home Compare program measure set and concluded:
	gaps (see program summary).	<ul> <li>All of the measures in the set are NQF-endorsed</li> </ul>
		<ul> <li>Two of the National Quality Strategy priorities are adequately met:</li> </ul>
		safety and the prevention and treatment of leading causes of
		mortality and morbidity. However, the set does not adequately
		address the other NQS priorities: effective care coordination, person-
		and family-centered care, supporting better care in communities, and making care affordable.
		<ul> <li>The measure set adequately addresses program attributes including</li> </ul>
		intended providers and care settings. However, the workgroup felt
		the measures for short-stay residents and long-stay residents are not
		aligned. Additionally, key populations not included in the measures
		are patients with advanced illness and patients in hospice.
		<ul> <li>The measure set does not contain an appropriate mix of measure</li> </ul>
		types, as the measure set is dominated by process measures with a
		few outcome measures. Experience of care, cost, and structural
		measures are needed to improve the measure set. Nursing Home
		CAHPS could be used to measure experience of care.
		<ul> <li>Few measures span the episode of care as most measures are</li> </ul>
		collected at a single point in time.
		o The measure set demonstrates aspects of parsimony, as all measures
		in the set are collected through MDS; however, MDS is specific to the
		nursing home setting, and the measures in the Nursing Home
		Compare set may not be applicable across multiple programs or
		applications.
		Consider which measure gaps are of highest priority. Eight of the core

		measure concepts are not addressed.	
12:15 pm	Opportunity for Public Comment		
12:30 pm	Lunch		
1:00 pm	Cross-Program Considerations for Dual-E	Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination	
1:00	Specific implications for the dual-eligible population	Review of input from the Dual-Eligible Beneficiaries Workgroup  • Eight of the twelve PAC/LTC core concepts address high-leverage opportunities identified by the dual-eligible beneficiaries workgroup:  • Functional and cognitive status assessment  • Establishment and attainment of patient/ family/ caregiver goals  • Advanced care planning and treatment  • Experience of care  • Shared decision making  • Inappropriate medication use  • Transition planning  • Infection rates  • Avoidable admissions  • Review measure in duals core set that are used in PAC/LTC programs.  • Consider additional measures in the dual core set for use in PAC/LTC	
1:30	Cross-program considerations—     care coordination	<ul> <li>The need for bi-directional communication was highlighted in the PAC/LTC coordination strategy as an opportunity to improve care coordination.</li> <li>Review care coordination measures used in PAC/LTC programs</li> <li>Consider additional endorsed care coordination measures for use in PAC/LTC programs</li> </ul>	
2:00pm	Pre-Rulemaking Input on End Stage Rena	Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set	
	Additional considerations for evaluation of the program set?	<ul> <li>5 proposed category "1" measures under consideration for ESRD QI</li> <li>4 individual measures</li> <li>1 combined rate measure (combines two current ESRD QIP measures)</li> </ul>	
	NQF-Endorsement Status	<ul> <li>3 of 4 proposed individual measures are NQF-Endorsed</li> <li>"Vascular Access Infection" not NQF-endorsed</li> </ul>	

Should MAP support the addition of two similar hemodialysis infection rate measures, where only one is NQF-endorsed?  Should MAP recommend measures recently having NQF-endorsement removed be removed from existing ESRD QI measures?	<ul> <li>i. Clinical focus of measure similar to proposed "NHSN Bloodstream Infection Measure" which is NQF-endorsed</li> <li>• Existing ESRD QI Measures which have recently had NQF-endorsement removed</li> <li>• "Assessment of Iron Stores" (formerly NQF#252) – Failed to meet importance criteria, August 2011</li> <li>• "Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose" (formerly NQF #248) – Measure not needed as it is an intermediate outcome to NQF#249; NQF steering committee recommended incorporation into NQF#249 instead.</li> </ul>
NQS Priority  Does MAP support addition of two NQF-endorsed measures addressing "Effective prevention and treatment of illnesses" and ESRD program statutory requirements (i.e., dialysis adequacy, mineral metabolism)?  Does MAP support addition of safety measures?	<ul> <li>2 of 4 proposed individual measures support NQS priority "Effective prevention and treatment of illnesses" and map to statutory requirements for ESRD program measures</li> <li>NQF # 1423: "Minimum spKt/V for pediatric hemodialysis patients" addresses statutory requirement for assessment of dialysis adequacy</li> <li>NQF#1454 "Proportion of patients with hypercalcemia" addresses statutory requirement for assessment of bone mineral metabolism</li> </ul>
Measure Type  Does MAP support proposed measure "kt/V Dialysis  Adequacy Measure," which is a combined rate based on two existing NQF-endorsed ESRD QI	<ul> <li>Proposed "kt/V Dialysis Adequacy Measure"</li> <li>Sum of the numerators and denominators of two existing ESRD QI measures, which are NQF-endorsed         <ol> <li>NQF#249 "Minimum Delivered HD Dose for ESRD HD Pts undergoing dialytic treatment for a period of 6 mos or greater"</li> <li>NQF#318 "PD Adequacy CPM III: Delivered Dose of Peritoneal</li> </ol> </li> </ul>

	<ul> <li>What are the specific implications for the Dual Eligible Beneficiaries population?</li> <li>Should MAP propose addition of a NQF-endorsed quality of life measure for dialysis patients (NQF#260) to the ESRD QI measures?</li> </ul>	<ul> <li>Dialysis Above Minimum of 1.7"</li> <li>Broadens denominator population to include both hemodialysis and peritoneal dialysis)</li> <li>MAP Dual-Beneficiary Workgroup has identified the following Quality of Life measure as part of its recommended core measures:         <ul> <li>NQF#260 "Assessment of Health-related Quality of Life (Physical &amp; Mental Functioning": Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well-being) at least once per year.</li> </ul> </li> </ul>
	Cross-program considerations –     Care Coordination	The proposed measure set does not contain measures related to care coordination across settings
3:00 pm	Break	
3:15 pm	Pre-Rulemaking Input on Hospice Quality	
3:15	Review program summary and previously finalized measures, additional input on the measure set	<ul> <li>Two measures are finalized, six measures are under consideration</li> <li>Summary of comparison against the MAP Measure Selection Criteria         <ul> <li>One of the two finalized measures is endorsed. All of the measures under consideration are endorsed or recommended for endorsement.</li> <li>Two of the NQS priorities are addressed by the finalized measures and measures under consideration—care coordination and person and family centered care. Safety, prevention and treatment for cardiovascular conditions, healthy communities and affordable care are not addressed.</li> <li>The measure set contains a process, outcome, and experience measures. Structural and cost measures are not addressed.</li> <li>Few measures span the episode of care; one finalized measure and</li> </ul> </li> </ul>

		<ul> <li>one measure under consideration do this.</li> <li>Two measures are identified as core measures by the MAP Hospital Workgroup         <ul> <li>NQF#208 Family Evaluation of Hospice Care (FEHC)</li> <li>NQF #209 Comfortable Dying (CMS title: Pain management)</li> </ul> </li> </ul>
3:25	2. Five measures under consideration are recommended for endorsement. Do these measures address quality issues for hospice care?	NQF #1634 (submitted) Hospice and Palliative Care Pain Screening NQF #1637 (submitted) Hospice and Palliative Care Pain Assessment  • Addresses a core measure concept—functional and cognitive status assessment  • Addresses a high-leverage opportunity identified by the Duals Workgroup  NQF # 1639 (submitted) Hospice and Palliative Care Dyspnea Screening NQF # 1638 (submitted) Hospice and Palliative Care Dyspnea Treatment  NQF # 1617 (submitted) Patients Treated with an Opioid who are Given a Bowel Regimen
3:40	Specific implications for the dual-eligible population.	<ul> <li>One measure under consideration is endorsed and in the Duals Core Set</li> <li>NQF #0208 Family Evaluation of Hospice Care (FEHC)</li> <li>Adds experience of care to the hospice measure set.</li> </ul> Consider additional measures in the dual core set for use in PAC/LTC programs.
3:50	Cross-program considerations—     care coordination	<ul> <li>The hospice measure set does not contain care coordination measure.         Consider endorsed care coordination measures for use in hospice.     </li> <li>What aspects of care coordination are important to the hospice population and should be highlighted as a measure gap?</li> </ul>
4:00	3. Additional considerations for Hospice Measurement.	The next task of the PAC/LTC workgroup will be to develop a measurement coordination strategy for hospice care.  • What are measure gaps in the hospice reporting measure set?  • Hospice is provided in multiple settings yet these measures focus on hospice facilities. How can we encourage broader assessment of hospice care?

4:15 pm	Opportunity for Public Comment
4:30 pm	Summary of Day
4:45 pm	Adjourn

## **PAC/LTC Core Measure Concepts**

\*Measures in in italics are under consideration

Core Measure	Nursing Home Compare	Home Health	Quality Reporting	Quality Reporting
Concepts	Measures	Compare Measures	Inpatient Rehabilitation	Program
			Facility	LTCH
Functional and cognitive status assessment	<ul> <li>The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-stay)</li> <li>Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)</li> <li>Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)</li> <li>Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay)</li> <li>Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)</li> <li>Percent of Residents Who Lose Too Much Weight (Long-Stay)</li> <li>Percent of Residents Who Lose Too Much Weight (Long-Stay)</li> <li>Percent of Residents Who Have Depressive Symptoms (Long-Stay)</li> </ul>	<ul> <li>Improvement in ambulation/loco motion</li> <li>Improvement in bathing</li> <li>Improvement in bed transferring</li> <li>Improvement in status of surgical wounds</li> <li>Improvement in dyspnea</li> <li>Depression assessment conducted</li> <li>Pain assessment conducted</li> <li>Pain interventions implemented during short term episodes of care</li> <li>Improvement in pain interfering with activity</li> <li>Diabetic foot care and patient/caregiver education implemented during short term episodes of care</li> </ul>	<ul> <li>Functional Outcome Measure (change from)</li> <li>Functional Outcome Measure (change in mobility)</li> <li>Functional Outcome Measure (change in self-care)</li> <li>The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Shortstay)</li> </ul>	<ul> <li>Functional         Outcome Measure         (change in         mobility)</li> <li>The Percentage of         Residents on a         Scheduled Pain         Medication         Regimen on         Admission Who         Self-Report a         Decrease in Pain         Intensity or         Frequency (Shortstay)</li> <li>Functional         Outcome Measure         (change in selfcare)</li> </ul>
Establishment and Attainment of Patient/Family/ Caregiver Goals				
Advanced care planning and treatment				

## **PAC/LTC Core Measure Concepts**

\*Measures in in italics are under consideration

Core Measure	Nursing Home Compare	Home Health	Quality Reporting	Quality Reporting
Concepts	Measures	Compare Measures	Inpatient Rehabilitation Facility	Program LTCH
Experience of care		Home Health     Consumer     Assessment of     Healthcare     Providers and     Systems (CAHPS)	racinty	
Shared decision making				
Transition planning		Timely initiation of care		
Falls	<ul> <li>Percent of Residents         Experiencing One or         More Falls with Major         Injury (Long Stay)     </li> </ul>	Multifactor fall risk assessment conducted for patients 65 and over		
Pressure ulcers	<ul> <li>Percent of residents         with pressure ulcers         that are new or         worsened (short-stay)</li> <li>Percent of high risk         residents with         pressure ulcers (long-stay)</li> </ul>	<ul> <li>Pressure ulcer prevention in plan of care</li> <li>Pressure ulcer risk assessment conducted</li> <li>Pressure ulcer prevention implemented</li> </ul>	Percent of Residents     with Pressure Ulcers     That Are New or     Worsened (Short- Stay)	Percent of     Residents with     Pressure Ulcers     That Are New or     Worsened (Short- Stay)
Adverse drug events		<ul> <li>Drug education on all medications provided to patient/caregiver during short term episodes of care</li> <li>Improvement in management of oral medications</li> </ul>		
Inappropriate medication use				
Infection rates	Percent of residents     who have/had a     catheter inserted and		Urinary catheter- associated urinary tract infection	Urinary catheter- associated urinary tract infection

## **PAC/LTC Core Measure Concepts**

\*Measures in in italics are under consideration

Core Measure Concepts	Nursing Home Compare Measures	Home Health Compare Measures	Quality Reporting Inpatient Rehabilitation Facility	Quality Reporting Program LTCH
	left in their bladder (long-stay) • Percent of residents with a urinary tract infection (long-stay)			<ul> <li>Central Line         Catheter-Associated         Blood Stream         Infection (CLABSI)     </li> <li>Ventilator bundle</li> </ul>
Avoidable admissions		<ul> <li>Acute care         hospitalization</li> <li>Emergency         Department Use         without         Hospitalization</li> </ul>		
Measures not mapped to a core set concept	<ul> <li>Percent of residents who were assessed and appropriately given the seasonal influenza vaccine (short-stay)</li> <li>Percent of residents assessed and appropriately given the seasonal influenza vaccine (long-stay)</li> <li>Percent of residents assessed and appropriately given the pneumococcal vaccine (short-stay)</li> <li>Percent of residents who were assessed and appropriately given the pneumococcal vaccine (long-stay)</li> <li>Percent of Residents who were assessed and appropriately given the pneumococcal vaccine (long-stay)</li> <li>Nurse staffing hours - 4 parts</li> <li>Percent of Residents Who Were Physically Restrained (Long Stay)</li> </ul>	<ul> <li>Influenza immunization received for current flu season</li> <li>Pneumococcal polysaccharide vaccine (PPV) ever received</li> <li>Heart failure symptoms addressed during short -term episodes of care</li> </ul>	<ul> <li>Incidence of venous thromboembolism (VTE), potentially preventable</li> <li>Staff immunization</li> <li>Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)</li> <li>Patient Immunization for Influenza</li> </ul>	<ul> <li>Staff immunization</li> <li>Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short- Stay)</li> <li>Patient Immunization for Influenza</li> <li>Percent of Residents Who Were Physically Restrained (Long Stay)</li> </ul>

#### **Program Summary: Inpatient Rehabilitation Facilities (IRFs)**

#### **Program Description**

As indicated in Section 3004 of the Affordable Care Act, CMS is directed to establish quality reporting requirements for inpatient rehabilitation facilities (IRFs). Starting in Fiscal Year (FY) 2014, and each subsequent year, failure to report quality data will result in a 2% reduction in the annual payment update. Additionally, the data must be made available to the public, with IRF providers having an opportunity to review the data prior to its release. Two measures are finalized for FY 2014; eight measures are under consideration for future years.

Statutory Requirements for Measures: "

- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality
- Measures should be relevant to the priorities in the IRF setting, such as improving patient safety (e.g., avoiding healthcare associated infections and adverse events), reducing adverse events, and encouraging better coordination of care and person- and family-centered care
- Measures should serve the primary role of IRFs, addressing the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge

#### **Program Measure Set Analysis**

	Finalized	Under Consideration	Total
Total Measures	2	8	10
NQF-Endorsed®	2	5	7
NQS Priority			
Safer Care	2	1	3
Effective Care Coordination	0	4	4
Prevention and Treatment of Leading	0	0	0
Causes of Mortality and Morbidity			
Person and Family Centered Care	0	0	0
Supporting Better Health in Communities	0	3	3
Making Care More Affordable	0	0	0
Addresses PAC/LTC Core Concept	0	5	0
Measure Type			
Process Measures	0	3	3
Outcome Measures	2	5	7
Cost Measures	0	0	0
Structural Measures	0	0	0

#### **Identified Measure Gaps:**

- Person-and family- centered care and care coordination measures—the final rule and previous workgroup discussions have identified these areas as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Core measure concepts—nine of the PAC/LTC Workgroup core concepts are not addressed:
  - o Establishment and attainment of patient/family/caregiver goals
  - o Advanced care planning and treatment
  - o Experience of care
  - Shared decision making
  - o Transition planning
  - o Falls
  - o Adverse drug events
  - o Inappropriate medication use
  - o Avoidable admissions

<sup>1</sup> Centers for Medicare & Medicaid Services. New Quality Reporting Programs for LTCHs, IRFs, and Hospices. Available at <a href="https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/01">https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/01</a> Overview.asp#TopOfPage

<sup>&</sup>lt;sup>ii</sup> Centers for Medicare & Medicaid Services. Final Rule. Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Year 2012; Changes in Size and Square Footage of Inpatient Rehabilitation Units and Inpatient Psychiatric Units

	inpatient Neriabiliation Facility Quality Neporting Frogram												
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading D Causes of Mortality	Person-and Family- As Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status IRF Quality Reporting Program
Functional Outcome Measure (change from)	Not NQF Endorsed		X						Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment     Addresses a high-leverage opportunity identified by the Duals Workgroup	Under Consideration- Priority #1
Functional Outcome Measure (change in mobility)	Not NQF Endorsed		X					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment	Under Consideration- Priority #1

inpatient Kenabination Facility Quality Reporting Program													
			Nat	ional Qualit	y Strategy	y				Sare	ties	Contribution to the	
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well- Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Program Set (alignment w/core measures, parsimony, etc.)	CMS Status IRF Quality Reporting Program
Functional Outcome Measure (change in self- care)	Not NQF Endorsed		X					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment     Addresses a high-leverage opportunity identified by the Duals Workgroup     Potentially promotes alignment across programs— Under Consideration for LTCH's	Under Consideration- Priority #1
Urinary Catheter- Associated Urinary Tract Infection for Intensive Care Unit (ICU) Patients	0138 Endorsed (measure being replaced)	х						Yes	Outcome	No	No	Addresses a core measure concept—infection rates	Finalized
Incidence of Venous Thromboembolism (VTE), Potentially Preventable	0376 Endorsed	х						Yes	Outcome	Yes	No	Addresses a statutory requirement for IRFs- reducing adverse events	Under Consideration- Priority #3

Inpatient Renabiliation Facility Quality Reporting Program													
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading D Causes of Mortality	Person-and Family-	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status IRF Quality Reporting Program
Staff Immunization	0431 Endorsed	Δ.	шоо	<u> </u>	4.0	X	4	Yes	Process	No	No		Under Consideration- Priority #3
CMS Title: Pain Management  The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self- Report a Decrease in Pain Intensity or Frequency (Short-Stay)	0675 Endorsed		X					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment     Addresses a high-leverage opportunity identified by the Duals Workgroup     Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for LTCH's	Under Consideration- Priority #3
Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay)	0678 Endorsed	Х						Yes	Outcome	Yes	No	Addresses a core measure concept—pressure ulcers	Finalized

			ıııpı	aticit itc	nabiliat	ion i a	cility (	Zuanty m	eporting Pro	Bruin			
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading D Causes of Mortality E	Person-and Family- As Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status IRF Quality Reporting Program
Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)	0682 Endorsed					X		Yes	Process	No		Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for LTCH's	Under Consideration- Priority #3
Patient Immunization for Influenza	680 Endorsed					Х		Yes	Process	No		Potentially promotes alignment across programs— Under Consideration for LTCH's	Under Consideration- Priority #3

NQF Measure # and Status
0675 Endorsed CMS: TLE
Measure Name/Title
CMS Title: Pain ManagementThe Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)
National Quality Strategy Priority
Effective Communication and Care Coordination,
Measure Type
Outcome
Description
This measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of those short-stay residents who can self-report and who are on a scheduled pain medication regimen at admission (5-day PPS MDS
Numerator
The numerator is the number of short-stay residents who have a 14-day PPS assessment or discharge assessment (whichever comes first), who can self-report, (MDS 3.0 item J200=1) and who are on a scheduled pain medication regimen (MDS 3.0 item J0100A = 1), r
Denominator
The denominator is the total of all short-stay residents in the nursing facility who have a 5-day PPS MDS 3.0 assessment and either a 14-day PPS MDS 3.0 assessment or a discharge MDS 3.0 assessment (whichever comes first); who have been on a scheduled pai
Exclusions
A resident is excluded from the denominator if there are missing data in the relevant MDS questions. If the short-stay facility has fewer than 20 residents in the sample, they are excluded from public reporting because of small sample size.
Risk Adjustment
no risk adjustment necessary
Data Source
Other Electronic Clinical Data,
Steward Steward
CMS
Program Alignment
Nursing Home: Finalized, IRF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
Contribution to the Program Set
• Addresses a core measure concept—functional and cognitive status assessment • Addresses a high-leverage opportunity identified by the Duals Workgroup • Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for LTCH'
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
Not NQF Endorsed
Measure Name/Title
Functional Outcome Measure (change from)
National Quality Strategy Priority
Effective Communication and Care Coordination,
Measure Type
Outcome
Description
Achievement of Functional Improvement and Maintenance. This measure would evaluate patient functional improvement or maintenance in comparison to what was set by patient/clinician as a goal for the individual patient by the time of discharge.
Numerator
TBD
Denominator
TBD
Exclusions
TBD
Risk Adjustment
Data Source
Steward
Program Alignment
IRF: Under Consideration- Priority #1
Contribution to the Program Set
• Addresses a core measure concept—functional and cognitive status assessment • Addresses a high-leverage opportunity identified by the Duals Workgroup
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #1

NQF Measure # and Status
Not NQF Endorsed
Measure Name/Title
Functional Outcome Measure (change in mobility)
National Quality Strategy Priority
Effective Communication and Care Coordination,
Measure Type
Outcome
Description
Change in mobility score at discharge as compared to admission
Numerator
TBD
Denominator
TBD
Exclusions
TBD
Risk Adjustment
Data Source
Steward
Program Alignment
IRF: Under Consideration- Priority #1LTCH: Under Consideration- Priority #1
Contribution to the Program Set
Addresses a core measure concept—functional and cognitive status assessment
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #1

NQF Measure # and Status
Not NQF Endorsed
Measure Name/Title
Functional Outcome Measure (change in self-care)
National Quality Strategy Priority
Effective Communication and Care Coordination,
Measure Type
Outcome
Description
Change in mobility score at discharge as compared to
Numerator
TBD
Denominator
TBD
Exclusions
TBD
Risk Adjustment
Data Source
Steward
Program Alignment
IRF: Under Consideration- Priority #1LTCH: Under Consideration- Priority #1
Contribution to the Program Set
• Addresses a core measure concept—functional and cognitive status assessment • Addresses a high-leverage opportunity identified by the Duals Workgroup • Potentially promotes alignment across programs— Under Consideration for LTCH's
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #1

NQF Measure # and Status
0376 Endorsed
Measure Name/Title
Incidence of Venous Thromboembolism (VTE), Potentially Preventable
National Quality Strategy Priority
Patient Safey,
Measure Type
Outcome
Description
Assesses number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date
Numerator
Patients who received no VTE prophylaxis prior to the VTE diagnostic test order date
Denominator
Patients who confirmed VTE during hospitalization. This includes patients who confirmed VTE during hospitalization, discharges with an ICD-9-CM Other Diagnosis Codes of VTE
Exclusions
Patients less than 18 years of age • Patients who have a length of stay greater than 120 days • Patients with Comfort Measures Only documented • Patients enrolled in clinical trials • Patients with ICD-9-CM Principal Diagnosis Code of VTE as defined
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Steward
CMS
Program Alignment
RF: Under Consideration- Priority #3
Contribution to the Program Set
Addresses a statutory requirement for IRFs- reducing adverse events
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
680 Endorsed
Measure Name/Title
Patient Immunization for Influenza
National Quality Strategy Priority
Health and Well-Being,
Measure Type
Process
Description
Percent of patients/residents who were assessed and appropriately given the seasonal influenza vaccine during the flu season
Numerator
Persons are counted if they are short-stay patients/residents, defined as those whose length of stay is less than or equal to 100 days. Short-stay persons are counted if they meet any of the following criteria on the most recent assessment (which may be a
Denominator
Short-stay patients/residents are defined as those whose length of stay is less than or equal to100 days. The short stay pneumococcal vaccination sample includes residents who have (1) a Prospective Payment System (PPS) admission assessment with assessmen
Exclusions
None
Risk Adjustment
no risk adjustment necessary
Data Source
Steward
CMS
Program Alignment
IRF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
Contribution to the Program Set
Potentially promotes alignment across programs— Under Consideration for LTCH's
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
0682 Endorsed
Measure Name/Title
Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)
National Quality Strategy Priority
Health and Well-Being,
Measure Type
Process
Description
This measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percentage of short-stay nursing facility residents who were assessed and appropriately given the Pneumococcal Vaccine (PPV) as reported on the t
Numerator
The numerator will be harmonized with NQF-endorsed measures. Residents are counted if they are short-stay residents defined as residents whose length of stay less than or equal to 100 days. Residents are counted if they meet any of the following criteria
Denominator
The denominator consists of all short-stay residents in the pneumococcal vaccination sample with a MDS 3.0 assessment (which may be an OBRA admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) within the 12-month p
Exclusions
There are no resident level exclusions. Only facilities with fewer than 20 residents are excluded from public reporting due to small sample size.
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Other Electronic Clinical Data,
Steward
CMS
Program Alignment
Nursing Home: Finalized, IRF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
Contribution to the Program Set
Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for LTCH's
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
0431 Endorsed
Measure Name/Title
Staff Immunization
National Quality Strategy Priority
Health and Well-Being,
Measure Type
Process
Description
Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
Numerator
HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:(a) received an influenza vaccination administered at the healthcare facility, or reported in writing (pape
Denominator Denominator
Number of HCP who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact. Denominators are to be calculated separately for:(a)
exclusions
None
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Steward
CDC
Program Alignment
RF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
Contribution to the Program Set
CMS Status IRF Quality Reporting Program
Under Consideration- Priority #3

#### Program Summary: Long-Term Care Hospitals (LTCHs)

#### **Program Description**

As indicated in Section 3004 of the Affordable Care Act, CMS is required to establish quality reporting requirements for long-term care hospitals (LTCHs). Providers must submit data on quality measures to receive annual payment updates; failure to report quality data will result in a 2% reduction in the annual payment update. The data must be made publicly available, with LTCH providers having an opportunity to review the data prior to its release. The CMS final FY 2012 Medicare Long Term Acute Care Hospital PPS Rule, published in August 2011, finalized three measures for LTCH reporting in 2014. Eight measures are proposed for addition to the program.

Statutory Requirements for Measures:

- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality
- Measures should promote enhanced quality with regard to the priorities most relevant to LTCHS, such as patient safety (e.g., avoiding healthcare associated infections and adverse events), better coordination of care, and person-centered and family-centered care
- Measures should address the primary role of LTCHs, furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days)

#### **Program Measure Set Analysis**

	Finalized	Under Consideration	Total		
Total Measures	3	8	11		
NQF-Endorsed®	3	6	9		
NQS Priority					
Safer Care	3	2	5		
Effective Care Coordination	0	3	3		
Prevention and Treatment of Leading Causes	0	0	0		
of Mortality and Morbidity					
Person and Family Centered Care	0	0	0		
Supporting Better Health in Communities	0	3	3		
Making Care More Affordable	0	0	0		
Addresses PAC/LTC Core Concept	3	3	6		
Measure Type					
Process Measures	0	5	5		
Outcome Measures	3	3	6		
Cost Measures	0	0	0		
Structural Measures	0	0	0		

#### **Identified Measure Gaps:**

- Person-and family- centered care measures—the final rule and previous workgroup discussions have identified these areas as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Nine of the core measure concepts established by the PAC/LT C Workgroup are not addressed:
  - o Experience of care
  - Establishment and attainment of patient/family/caregiver goals
  - o Shared decision making
  - o Falls
  - Adverse drug events
  - o Transition planning
  - o Advance care planning and treatment
  - o Inappropriate medication use
  - Avoidable admissions

<sup>1</sup> Centers for Medicare & Medicaid Services, HHS. Final rule. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment

<sup>&</sup>lt;sup>ii</sup> Centers for Medicare & Medicaid Services. New Quality Reporting Programs for LTCHs, IRFs, and Hospices. Available at https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/01 Overview.asp#TopOfPage

Centers for Medicare & Medicaid Services, HHS. Final rule. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment

Long-Term Care Hospitals Quality Reporting Program

	Long-Term Care Hospitals Quality Reporting Program														
			Nati	ional Qualit	y Strateg	у		sə							
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.) IRF	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status LTCH Quality Reporting Program	CMS Status ESRD QIP
Functional Outcome	Not NQF Endorsed		X					Yes	Outcome	Yes	No	Addresses a core	Addresses a core	Under	
Measure (change in mobility)													measure concept—functional and	Consideration-	
mobility)												cognitive status	cognitive status	Thority #1	
												assessment	assessment		
													<ul> <li>Potentially promotes alignment across</li> </ul>		
													programs— Under		
													Consideration for IRF's		
Functional Outcome	Not NQF Endorsed		Х					Yes	Outcome	Yes	No	Addresses a core	Addresses a core	Under	
Measure (change in self-	NOT NUF Endorsed		X					Yes	Outcome	res	NO	measure	Addresses a core     measure	Consideration-	
care)													concept—functional and		
												cognitive status	cognitive status		
												<ul><li>assessment</li><li>Addresses a high-</li></ul>	assessment  • Addresses a high-		
												_	leverage opportunity		
												identified by the Duals	identified by the Duals		
													Workgroup		
												<ul> <li>Potentially promotes alignment across</li> </ul>	<ul> <li>Potentially promotes alignment across</li> </ul>		
												-	programs— Under		
												Consideration for LTCH's	Consideration for IRF's		
	0420 5													e. i. i	
Urinary Catheter- Associated Urinary Tract	0138 Endorsed (measure being	Х						Yes	Outcome	No	No	Addresses a core measure	Addresses a core measure concept	Finalized	
Infection for Intensive	replaced)											concept—infection rates			
Care Unit (ICU) Patients															

Long-Term Care Hospitals Quality Reporting Program

							preare		reporting Fit	- 0					
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Ontrolity	Person-and Family-Centered Ats	-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.) IRF	Contribution to the Program Set (alignment w/core measures, parsimony, etc.) LTCH	CMS Status LTCH Quality Reporting Program	CMS Status ESRD QIP
Central Line Catheter- Associated Blood Stream Infection (CLABSI)	0139 Endorsed	X	ш		<u> </u>		4		Outcome	No	No		Addresses a core measure concept	Finalized	
Staff Immunization	0431 Endorsed					X		Yes	Process	No	No		Potentially promotes alignment across programs— Under Consideration for IRF's	Under Consideration- Priority #3	
CMS Title: Pain Management  The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self- Report a Decrease in Pain Intensity or Frequency (Short-Stay)	0675 Endorsed		х					Yes	Outcome	Yes	No	concept—functional and cognitive status assessment  • Addresses a high-leverage opportunity identified by the Duals Workgroup  • Promotes alignment across programs—finalized for Nursing Home Compare,	Addresses a core measure concept—functional and cognitive status assessment     Addresses a high-leverage opportunity identified by the Duals Workgroup     Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for	Under Consideration- Priority #3	
Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay)	0678 Endorsed	Х						Yes	Outcome	Yes	No	Addresses a core	Addresses a core measure concept	Finalized	

Long-Term Care Hospitals Quality Reporting Program

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			Nat	ional Qualit	y Strategy	У		S							
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.) IRF	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status LTCH Quality Reporting Program	CMS Status ESRD QIP
Percent of Residents	0682 Endorsed					Х	7	Yes	Process	No	No	_	Promotes alignment	Under	
Who Were Assessed and Appropriately Given												across programs—finalized for	across programs—finalized for	Consideration- Priority #3	
the Pneumococcal												Nursing Home Compare,	Nursing Home Compare,	,	
Vaccine (Short-Stay)												Under Consideration for LTCH's	Under Consideration for IRF's		
												LICITS	iii 3		
Percent of Residents	0687 Endorsed	Х						Yes	Process	No	No			Under	
Who Were Physically Restrained (Long Stay)														Consideration- Priority #3	
nestrained (Long Stay)														Friority #3	
Ventilator Bundle	0302 Endorsed	Х							Process	Yes	No		Addresses a core	Under	
													measure concept—infection rates	Consideration- Priority #1	
													Addresses a statutory	l Homey #1	
													requirement for LTCH's-		
													avoiding healthcare associated infections		
Patient Immunization	680 Endorsed					Х		Yes	Process	No	No		Potentially promotes	Under	
for Influenza												-	alignment across programs— Under	Consideration- Priority #3	
												Consideration for LTCH's		,	
•															4

NQF Measure # and Status
0675 Endorsed
Measure Name/Title
CMS Title: Pain ManagementThe Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency (Short-Stay)
National Quality Strategy Priority
Effective Communication and Care Coordination,
Measure Type
Outcome
Description
This measure is based on data from the MDS 3.0 assessment of short-stay nursing facility residents and reports the percentage of those short-stay residents who can self-report and who are on a scheduled pain medication regimen at admission (5-day PPS MDS
Numerator
The numerator is the number of short-stay residents who have a 14-day PPS assessment or discharge assessment (whichever comes first), who can self-report, (MDS 3.0 item J200=1) and who are on a scheduled pain medication regimen (MDS 3.0 item J0100A = 1), r
Denominator
The denominator is the total of all short-stay residents in the nursing facility who have a 5-day PPS MDS 3.0 assessment and either a 14-day PPS MDS 3.0 assessment or a discharge MDS 3.0 assessment (whichever comes first); who have been on a scheduled pai
Exclusions
A resident is excluded from the denominator if there are missing data in the relevant MDS questions. If the short-stay facility has fewer than 20 residents in the sample, they are excluded from public reporting because of small sample size.
Risk Adjustment
no risk adjustment necessary
Data Source
Other Electronic Clinical Data,
Steward
CMS
Program Alignment
Nursing Home: Finalized, IRF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
Contribution to the Program Set
• Addresses a core measure concept—functional and cognitive status assessment • Addresses a high-leverage opportunity identified by the Duals Workgroup • Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for IRF's
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
Not NQF Endorsed
Measure Name/Title
Functional Outcome Measure (change in mobility)
National Quality Strategy Priority
Effective Communication and Care Coordination,
Measure Type
Outcome
Description
Change in mobility score at discharge as compared to admission
Numerator
TBD
Denominator
TBD
Exclusions
TBD
Risk Adjustment
Data Source
Steward
Program Alignment
IRF: Under Consideration- Priority #1LTCH: Under Consideration- Priority #1
Contribution to the Program Set
• Addresses a core measure concept—functional and cognitive status assessment • Potentially promotes alignment across programs— Under Consideration for IRF's
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #1

NQF Measure # and Status
Not NQF Endorsed
Measure Name/Title
Functional Outcome Measure (change in self-care)
National Quality Strategy Priority
Effective Communication and Care Coordination,
Measure Type
Outcome
Description
Change in mobility score at discharge as compared to
Numerator
TBD
Denominator
TBD
Exclusions
TBD
Risk Adjustment
Data Source
Steward
Program Alignment
IRF: Under Consideration- Priority #1LTCH: Under Consideration- Priority #1
Contribution to the Program Set
• Addresses a core measure concept—functional and cognitive status assessment • Addresses a high-leverage opportunity identified by the Duals Workgroup • Potentially promotes alignment across programs— Under Consideration for IRF's
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #1

NQF Measure # and Status
680 Endorsed
Measure Name/Title
Patient Immunization for Influenza
National Quality Strategy Priority
Health and Well-Being,
Measure Type
Process
Description
Percent of patients/residents who were assessed and appropriately given the seasonal influenza vaccine during the flu season
Numerator
Persons are counted if they are short-stay patients/residents, defined as those whose length of stay is less than or equal to 100 days. Short-stay persons are counted if they meet any of the following criteria on the most recent assessment (which may be a
Denominator
Short-stay patients/residents are defined as those whose length of stay is less than or equal to100 days. The short stay pneumococcal vaccination sample includes residents who have (1) a Prospective Payment System (PPS) admission assessment with assessmen
Exclusions
None
Risk Adjustment
no risk adjustment necessary
Data Source
Steward
CMS
Program Alignment
IRF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
Contribution to the Program Set
Potentially promotes alignment across programs— Under Consideration for IRF's
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
0682 Endorsed
Measure Name/Title
Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)
National Quality Strategy Priority
Health and Well-Being,
Measure Type
Process
Description
This measure is based on data from MDS 3.0 assessments of nursing facility residents. The measure reports the percentage of short-stay nursing facility residents who were assessed and appropriately given the Pneumococcal Vaccine (PPV) as reported on the t
Numerator
The numerator will be harmonized with NQF-endorsed measures. Residents are counted if they are short-stay residents defined as residents whose ength of stay less than or equal to 100 days. Residents are counted if they meet any of the following criteria
Denominator
The denominator consists of all short-stay residents in the pneumococcal vaccination sample with a MDS 3.0 assessment (which may be an OBRA
admission, 5-day PPS, 14-day PPS, 30-day PPS, 60-day PPS, 90-day PPS or discharge assessment) within the 12-month p
Exclusions
There are no resident level exclusions. Only facilities with fewer than 20 residents are excluded from public reporting due to small sample size.
Risk Adjustment
No risk adjustment or risk stratification
Data Source Other Flection is Clinical Data
Other Electronic Clinical Data,
Steward
CMS
Program Alignment
Program Alignment  Nursing Home: Finalized, IRF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
varsing nome. Finalized, INT. Onder Consideration- Friority #32FCH. Onder Consideration- Friority #3
Contribution to the Program Set
Promotes alignment across programs—finalized for Nursing Home Compare, Under Consideration for IRF's
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
0687 Endorsed
Measure Name/Title
Percent of Residents Who Were Physically Restrained (Long Stay)
National Quality Strategy Priority
Patient Safey,
Measure Type
Process
Description
The measure is based on data from the MDS 3.0 assessment of long-stay nursing facility residents and reports the percentage of all long-stay residents who were physically restrained. The measure reports the percentage of all long-stay residents in nursing
Numerator
The numerator is the number of long-stay residents (those who have been in the facility for over 100 days) who have been assessed with annual, quarterly, significant change or significant correction MDS 3.0 assessments during the selected time window and
Denominator
The denominator is the total of all long-stay residents in the nursing facility who have received an annual, quarterly, significant change or significant correction MDS 3.0 assessment during the quarter and who do not meet the exclusion criteria.
Exclusions
An MDS assessment may, on occasion, have incomplete data due to human error in collecting or recording the data. Those records are excluded from the quality calculation because it is not possible to perform the needed calculations when data are missing.
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Other Electronic Clinical Data,
Steward
CMS
Program Alignment
Nursing Home: Finalized, LTCH: Under Consideration- Priority #3
Contribution to the Program Set
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
0431 Endorsed
Measure Name/Title
Staff Immunization
National Quality Strategy Priority
Health and Well-Being,
Measure Type
Process
Description
Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
Numerator
HCP in the denominator population who during the time from October 1 (or when the vaccine became available) through March 31 of the following year:(a) received an influenza vaccination administered at the healthcare facility, or reported in writing (pape
Denominator
Number of HCP who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year,
regardless of clinical responsibility or patient contact. Denominators are to be calculated separately for:(a)
Exclusions
None
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Steward
CDC
Program Alignment
RF: Under Consideration- Priority #3LTCH: Under Consideration- Priority #3
Contribution to the Program Set
Potentially promotes alignment across programs— Under Consideration for IRF's
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #3

NQF Measure # and Status
0302 Endorsed
Measure Name/Title
Ventilator Bundle
National Quality Strategy Priority
Patient Safey,
Measure Type
Process
Description
Percentage of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are: • Head of bed (HOB) elevation 30 degrees or grea
Numerator
Number of intensive care unit patients on mechanical ventilation at time of survey for whom all four elements of the ventilator bundle are documented and in place. The ventilator bundle elements are: •Head of bed (HOB) elevation 30 degrees or greater (
Denominator
Total number of intensive care unit patients on mechanical ventilation.
Exclusions
Patients less than 18 years of age at the date of ICU admission.
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Steward
Institute for Healthcare Improvement
Program Alignment
LTCH: Under Consideration- Priority #1
Contribution to the Program Set
• Addresses a core measure concept—infection rates • Addresses a statutory requirement for LTCH's- avoiding healthcare associated infections
CMS Status LTCH Quality Reporting Program
Under Consideration- Priority #1

# Program Summary: Home Health Quality Reporting and Home Health Compare

#### **Program Description**

As indicated in the conditions of participation, Medicare-certified<sup>1</sup> home health agencies (HHAs) are required to collect and submit the Outcome Assessment Information Set (OASIS). The OASIS is a group of data elements that represent core items of a comprehensive assessment for an adult home care patient and form the basis for measuring patient outcomes for purposes of outcome-based quality improvement. Subsets of the quality measures generated from OASIS are reported on the Home Health Compare website, which provides information about the quality of care provided by HHAs throughout the country. Currently, 23 of the 97 OASIS measures are finalized for public reporting on Home Health Compare.

### **Program Measure Set Analysis**

	Finalized	<b>Under Consideration</b>	Total
Total Measures	97	0	97
NQF-Endorsed®	33	0	33
NQS Priority			
Safer Care	23	0	23
Effective Care Coordination	52	0	52
Prevention and Treatment of Leading Causes	3	0	3
of Mortality and Morbidity			
Person and Family Centered Care	9	0	9
Supporting Better Health in Communities	7	0	7
Making Care More Affordable	3	0	3
Measure Type			
Process Measures	48	0	48
Outcome Measures	48	0	48
Cost Measures	1	0	1
Structural Measures	0	0	0
Patient Experience	0	0	0

<sup>&</sup>lt;sup>1</sup> "Medicare-certified" means the home health agency is approved by Medicare and meets certain Federal health and safety requirements.

#### **Identified Measure Gaps:**

- The proposed measure set does not contain any cost or structural measures.
- The measure set is not sensitive to healthcare disparities.
- The measure set addresses the general home health population but does not address specific subpopulations who receive home health care, such as cancer patients and patients with dementia.
- Core measure concepts—six of the PAC/LTC Workgroup core concepts are not addressed:
  - o Establishment and attainment of patient/family/caregiver goals
  - o Advanced care planning and treatment
  - Shared decision making
  - o Adverse drug events
  - o Inappropriate medication use
  - o Infection rates

<sup>1</sup> Centers for Medicare and Medicaid Services. Background. June 2011. Available at http://www.cms.gov/OASIS/02\_Background.asp#TopOfPage. Last accessed October 2011.

<sup>&</sup>lt;sup>ii</sup> The Official U.S. Government Site for Medicare. Introduction. Available at http://www.medicare.gov/HomeHealthCompare/About/overview.aspx. Last accessed October 2011.

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Measure Name/Title	NQF Measure # and Status	ty		and ortality plans			are	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony,	Contribution to the Program Set (alignment w/core measures, parsimony,	CMS Status Home Health Quality
		Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ F		Spans	Addre	etc.)	etc.)	Reporting
Improvement in Ambulation/ Locomotion	0167 Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept—functional and cognitive status assessment	Finalized-HHC
Acute Care Hospitalization (Risk- Adjusted)	0171 Endorsed							Yes	Outcome	No	No		Addresses a core measure concept	Finalized-HHC
Improvement in Bathing	0174 Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized-HHC
Improvement in Bed Transferring	0175 Endorsed		х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized-HHC
Improvement in Management of Oral Medications	0176 Endorsed		х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized-HHC
Improvement in Pain Interfering with Activity	0177 Endorsed		х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized-HHC
Improvement in Status of Surgical Wounds	0178 Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized-HHC

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			Nat	ional Qualit	y Strategy		•	ibutes		are	ies	Contribution to the	Contribution to the	
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Program Set (alignment w/core measures, parsimony, etc.)	Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Improvement in Dyspnea	0179 Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized-HHC
Increase in Number of Pressure Ulcers	0181 Endorsed	Х						Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Home Health Consumer Assessment of Healthcare Providers and Systems (CAHPS)	0517 Endorsed				X			Yes	Patient Experience	Yes	No		Addresses a core measure concept	Finalized-HHC
Depression Assessment Conducted	0518 Endorsed					X		Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Diabetic Foot Care and Patient Education Implemented	0519 Endorsed				Х			Yes	Process	No	No		Addresses a core measure concept	Finalized
Drug Education on All Medications Provided to Patient/Caregiver During Episode	0520 Endorsed				Х			Yes	Process	No	No		Addresses a core measure concept	Finalized
Heart Failure Symptoms Addressed	0521 Endorsed			Х				Yes	Process	No	No			Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Influenza Immunization Received for Current Flu Season	0522 Endorsed					Х		Yes	Process	No	No			Finalized-HHC
Pain Assessment Conducted	0523 Endorsed		х					Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Pain Interventions Implemented During All Episodes Of Care	0524 Endorsed		х					Yes	Process	No	No		Addresses a core measure concept	Finalized
Pain Interventions Implemented During Short Term Episodes of Care	0524 Endorsed		Х					Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Pneumococcal Polysaccharide Vaccine (PPV) Ever Received	0525 Endorsed					Х		Yes	Process	No	No			Finalized-HHC

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Timely Initiation of Care	0526 Endorsed		х					Yes	Process	Yes	No		Addresses a core measure concept	Finalized-HHC
Multifactor Fall Risk Assessment Conducted for Patients 65 and Over	0537 Endorsed	Х						Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Pressure Ulcer Prevention Included in Plan of Care	0538 Endorsed	X						Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Pressure Ulcer Prevention Plans Implemented	0539 Endorsed	Х	х					Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Pressure Ulcer Risk Assessment Conducted	0540 Endorsed	Х						Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Emergent Care for Wound Infections, Deteriorating Wound Status	Not Endorsed (formerly NQF #0168)	Х						Yes	Outcome	No	No		Addresses a core measure concept	Finalized

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				Nati	ional Qualit	y Strategy			butes		Care	Sea			
Measure Nam	ne/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Ca	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Emergent Care f		Not Endorsed (formerly NQF	Х						Yes	Outcome	No	No		Addresses a core measure concept	Finalized
Administration, Medication Side		#0169)													
Discharge to Co	mmunity	Not Endorsed (formerly NQF #0172)						X	Yes	Process	Yes	No		Addresses a core measure concept	Finalized
Improvement in	1 Urinary	Not Endorsed (formerly NQF		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
		#0180)													
Emergent Care f Caused by Fall	for Injury	Not NQF Endorsed	х						Yes	Outcome	No	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Stabilization in Grooming	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Bathing	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Toilet Transferring	Not NQF Endorsed		х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Improvement in Toileting Hygiene	Not NQF Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Program Set (alignment w/core measures, parsimony, etc.)	Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Stabilization in Toileting Hygiene	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Bed Transferring	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Light Meal Preparation	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Improvement in Phone Use	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Stabilization in Phone Use	Not NQF Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Management of Oral Medications	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Speech and Language	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Improvement in Bowel Incontinence	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Cognitive Functioning			Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Stabilization in Anxiety Level	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Program Set (alignment w/core measures, parsimony, etc.)	Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Emergency Department Use without Hospitalization	Not NQF Endorsed						X	Yes	Outcome	No	No		Addresses a core measure concept	Finalized-HHC
Emergency Department Use with Hospitalization	Not NQF Endorsed						Х	Yes	Outcome	No	No		Addresses a core measure concept	Finalized
Substantial Decline in 3 or more Activities of Daily Living	Not NQF Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Substantial Decline in Management of Oral Medications	Not NQF Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Discharged to the Community Needing Wound Care or Medication Assistance	Not NQF Endorsed		х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Discharged to the Community Needing Toileting Assistance	Not NQF Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Discharged to the Community with Behavioral Problems	Not NQF Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Discharged to the Community with an Unhealed Stage II Pressure Ulcer	Not NQF Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Depression Interventions Implemented during Short Term Episodes of Care	Not NQF Endorsed		х					Yes	Process	No	No		Addresses a core measure concept	Finalized
Depression Interventions Implemented during Long Term Episodes of Care	Not NQF Endorsed		х					Yes	Process	No	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Diabetic Foot Care and Patient/Caregiver Education Implemented during Long Term Episodes of Care	0519 Endorsed				х			Yes	Process	No	No		Addresses a core measure concept	Finalized
Diabetic Foot Care and Patient/Caregiver Education Implemented during Short Term Episodes of Care	0519 Endorsed				х			Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Heart Failure Symptoms Addressed during Long Term Episodes of Care	0521 Endorsed			X				Yes	Process	No	No			Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- SC Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Heart Failure Symptoms Addressed during Short Term Episodes of Care	0521 Endorsed	d	3 0 0	X	<u>a</u> 0	<u> </u>	<u> </u>		Process	No	No			Finalized-HHC
Pain Interventions Implemented during Long Term Episodes of Care	0524 Endorsed		х					Yes	Process	No	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- SA Centered Care Sababababababababababababababababababab	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during Short Term Episodes of Care	XAHH-036-0 Not Endorsed	x						Yes	Process	No	No		Addresses a core measure concept	Finalized
Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during Long Term Episodes of Care	XAHH-036-0 Not Endorsed	Х						Yes	Process	No	No		Addresses a core measure concept	Finalized
Drug Education on All Medications Provided to Patient/Caregiver during Short Term Episodes of Care	520 Endorsed				х			Yes	Process	No	No		Addresses a core measure concept	Finalized-HHC
Drug Education on All Medications Provided to Patient/Caregiver during Long Term Episodes of Care	520 Endorsed				Х			Yes	Process	No	No		Addresses a core measure concept	Finalized
Falls Prevention Steps Implemented for Short Term Episodes of Care	Not NQF Endorsed	Х						Yes	Process	No	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Falls Prevention Steps	Not NQF Endorsed	Х						Yes	Process	No	No		Addresses a core	Finalized
Implemented for Long Term Episodes of Care													measure concept	
Falls Prevention Steps	Not NQF Endorsed	Х						Yes	Process	No	No		Addresses a core	Finalized
Implemented for All													measure concept	
Episodes of Care														
Influenza Immunization	Not NQF Endorsed					Χ		Yes	Process	No	No			Finalized
Offered and Refused for Current Flu Season														
Influenza Immunization Contraindicated	Not NQF Endorsed					Х		Yes	Process	No	No			Finalized
Pneumococcal Polysaccharide Vaccine Offered and Refused	Not NQF Endorsed					X		Yes	Process	No	No			Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Program Set (alignment w/core measures, parsimony, etc.)	Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Pneumococcal	Not NQF Endorsed					Х		Yes	Process	No	No			Finalized
Polysaccharide Vaccine Contraindicated														
Potential Medication Issues Identified and Timely Physician Contact during Short Term Episodes of Care	XAHH-035-0 Not Endorsed	X						Yes	Process	Yes	No		Addresses a core measure concept	Finalized
Potential Medication Issues Identified and Timely Physician Contact during Long Term Episodes of Care	XAHH-035-0 Not Endorsed	X						Yes	Process	Yes	No		Addresses a core measure concept	Finalized
Pressure Ulcer Prevention Implemented during Short Term Episodes of Care	0539 Endorsed	х						Yes	Process	No	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Pressure Ulcer	0539 Endorsed	Х						Yes	Process	No	No		Addresses a core	Finalized
Prevention Implemented during Long Term Episodes of Care													measure concept	
Depression Interventions	Not NQF Endorsed		X					Yes	Process	No	No		Addresses a core	Finalized
in Plan of Care													measure concept	
Emergent care for Hypo/hyperglycemia	Not NQF Endorsed	Х						Yes	Outcome	No	No		Addresses a core measure concept	Finalized
Development of Urinary Tract Infection	XAHH-002-0 Not Endorsed		х					Yes	Outcome	No	No		Addresses a core measure concept	Finalized
Improvement in Anxiety Level	XAHH-004-0 Not Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Improvement in Behavior Problem Frequency	XAHH-005-0 Not Endorsed	<u> </u>	X	H P 0	# O		1		Outcome	Yes	No		Addresses a core measure concept	Finalized
Improvement in Confusion Frequency	XAHH-007-0 Not Endorsed		х					Yes	Outcome	Yes	No			Finalized
Improvement in Eating	XAHH-008-0 Not Endorsed		X					Yes	Outcome	Yes	No			Finalized
Improvement in Grooming	XAHH-009-0 Not Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality		Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Improvement in Light Meal Preparation	XAHH-010-0 Not Endorsed	d	х х		O		4	Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Improvement in Lower Body Dressing	XAHH-011-0 Not Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Improvement in Speech and Language	XAHH-012-0 Not Endorsed		Х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized

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			Nat	ional Qualit	y Strategy			outes		ē	SS			
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
	XAHH-013-0 Not		Х					Yes	Outcome	Yes	No		Addresses a core	Finalized
Transferring	Endorsed												measure concept	
	XAHH-014-0 Not Endorsed		X					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Improvement in Urinary Tract Infection	XAHH-015-0 Not Endorsed		х					Yes	Outcome	Yes	No		Addresses a core measure concept	Finalized
Depression Interventions Implemented During All Episodes of Care	Not NQF Endorsed		х					Yes	Process	No	No		Addresses a core measure concept	Finalized
Diabetic Foot Care and Patient Education in Plan of Care	XAHH-019-0 Not Endorsed				X			Yes	Process	No	No		Addresses a core measure concept	Finalized
-	XAHH-022-0 Not Endorsed				х			Yes	Process	Yes	No		Addresses a core measure concept	Finalized

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			Nat	ional Qualit	y Strategy			ibutes		re	es	Contribution to d	Contribution to 1	
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Falls Prevention Steps in		Х		-				Yes	Process	No	No		Addresses a core	Finalized
Plan of Care	Endorsed												measure concept	
Pain Interventions in Plan of Care	XAHH-031-0 Not Endorsed		Х					Yes	Process	No	No		Addresses a core     measure concept	Finalized
rian of Care	Lindoised												illeasure concept	
Physician Notification Guidelines Established	XAHH-032-0 Not Endorsed		Х					Yes	Process	Yes	No		Addresses a core measure concept	Finalized
Potential Medication	XAHH-034-0 Not	Х						Yes	Process	Yes	No		Addresses a core	Finalized
Issues Identified and Timely Physician Contact at Start of Episode	Endorsed												measure concept	
Potential Medication Issues Identified and Timely Physician Contact During All Episode	XAHH-035-0 Not Endorsed	Х						Yes	Process	Yes	No		Addresses a core measure concept	Finalized

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Creatment of Leading Couses of Mortality Teles	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Home Health Quality Reporting
Treatment Of Pressure Ulcers Based On Principles Of Moist Wound Healing Implemented During All Episodes Of Care	XAHH-036-0 Not Endorsed	X		a F O	<u> </u>	I		Yes	Process	No	No		Addresses a core measure concept	Finalized
Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care	Not NQF Endorsed	X						Yes	Process	No	No		Addresses a core measure concept	Finalized

# **Program Summary: Nursing Home Compare**

#### **Program Description**

The Nursing Home Compare website assists consumers, their families, and caregivers in informing their decisions regarding choosing a nursing home. The Nursing Home Compare includes the Five-Star Quality Rating System, which assigns each nursing home a rating of 1 to 5 stars, with 5 representing highest standard of quality, and 1 representing the lowest. Nursing Home Compare data are collected through different mechanisms, such as annual inspection surveys and complaint investigations findings, the CMS Online Survey and Certification Reporting (OSCAR) system, and Minimum Data Set (MDS) quality measures. Currently, all eighteen of the MDS quality measures are reported on Nursing Home Compare.

## **Program Measure Set Analysis**

	Finalized	Under Consideration	Total
Total Measures	18	0	18
NQF-Endorsed®	18	0	18
NQS Priority			
Safer Care	5	0	5
Effective Care Coordination	8	0	8
Prevention and Treatment of Leading	0	0	0
Causes of Mortality and Morbidity			
Person and Family Centered Care	0	0	0
Supporting Better Health in Communities	4	0	4
Making Care More Affordable	0	0	0
Addresses High Impact Conditions	12	0	12
Measure Type	_		
Process Measures	6	0	6
Outcome Measures	11	0	11
Cost Measures	0	0	0
Structural Measures	1	0	1
Patient Experience/Engagement	0	0	0

#### **Identified Measure Gaps:**

- The set does not adequately address the other NQS priorities: effective care coordination, person- and family-centered care, supporting better care in communities, and making care affordable. Previous workgroup discussions have identified person-and-family-centered care as priorities.
- Cost measures—the workgroup previously indicated cost/access as a priority area for measurement across PAC/LTC settings.
- Core measure concepts—eight of the PAC/LTC Workgroup core concepts are not addressed:
  - o Establishment and attainment of patient/family/caregiver goals
  - Advanced care planning and treatment
  - Experience of care
  - Shared decision making
  - o Transition planning
  - o Adverse drug events
  - o Inappropriate medication use
  - Avoidable admissions

<sup>&</sup>lt;sup>i</sup> Centers for Medicare and Medicaid Services. Five-Star Quality Rating System. Available at <a href="https://www.cms.gov/CertificationandComplianc/13">https://www.cms.gov/CertificationandComplianc/13</a> FSQRS.asp#TopOfPage. Last accessed October 2011.

<sup>&</sup>quot;Centers for Medicare and Medicaid Services. Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide. July 2010. Available at https://www.cms.gov/CertificationandComplianc/Downloads/usersguide.pdf. Last accessed June 2011.

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Douglast Amortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Nursing Home Quality Initiative and Nursing Home Compare Measures
Nurse Staffing Hours - 4 parts	0190 Endorsed	ď	<u>a</u>	ā 5 <u>2</u>	<u>~ 0</u>	工	Ř	Yes	Structure	No	No		Finalized
Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	0674 Endorsed	х						Yes	Outcome	Yes	No	Addresses a core measure concept—falls	Finalized
CMS Title: Pain Management  The Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self- Report a Decrease in Pain Intensity or Frequency (Short-Stay)	0675 Endorsed		х					Yes	Outcome	Yes		Addresses a core measure concept—functional and cognitive status assessment	Finalized

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			Nati	onal Qualit	y Strategy	y		utes		υ	S		
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Nursing Home Quality Initiative and Nursing Home Compare Measures
Percent of Residents Who Self-Report Moderate to Severe Pain (Short-Stay)	0676 Endorsed		X					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment	Finalized
Percent of Residents Who Self-Report Moderate to Severe Pain (Long-Stay)	0677 Endorsed		X					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment	Finalized
Percent of Residents with Pressure Ulcers That Are New or Worsened (Short-Stay)	0678 Endorsed	Х						Yes	Outcome	Yes	No	Addresses a core measure concept—pressure ulcers	Finalized

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			Nati	onal Qualit	y Strategy	/		ıtes		g)	10		
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Nursing Home Quality Initiative and Nursing Home Compare Measures
Percent of High Risk	0679 Endorsed	Х						Yes	Outcome	No	No	<ul> <li>Addresses a core</li> </ul>	Finalized
Residents with Pressure												measure	
Ulcers (Long Stay)												concept—pressure ulcers	
Percent of Nursing	0680 Endorsed					Х		Yes	Process	No	No		Finalized
Home Residents Who													
Were Assessed and													
Appropriately Given the													
Seasonal Influenza													
Vaccine (Short-Stay)													
Percent of Residents	0681 Endorsed					Х		Yes	Process	No	No		Finalized
Assessed and	0081 Liidoised					^		163	FTOCESS	INO	INO		i iiiaiizeu
Appropriately Given the													
Seasonal Influenza													
Vaccine (Long-Stay)													
(22.18 23.17)													
Percent of Residents	0682 Endorsed					Х		Yes	Process	No	No		Finalized
Who Were Assessed										]			
and Appropriately Given													
the Pneumococcal													
Vaccine (Short-Stay)													
										1			
										1			
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			Nati	onal Qualit	y Strategy	/		utes		ø	v		
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Nursing Home Quality Initiative and Nursing Home Compare Measures
Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Long-Stay)	0683 Endorsed					Х		Yes	Process	No	No		Finalized
Percent of Residents with a Urinary Tract Infection (Long-Stay)	0684 Endorsed		Х					Yes	Outcome	No	No	Addresses a core measure concept—infection rates	Finalized
Percent of Low Risk Residents Who Lose Control of Their Bowel or Bladder (Long-Stay)	0685 Endorsed		X					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment	Finalized
Percent of Residents Who Have/Had a Catheter Inserted and Left in Their Bladder (Long-Stay)	0686 Endorsed	Х						Yes	Process	Yes	No	Addresses a core measure concept—infection rates	Finalized
Percent of Residents Who Were Physically Restrained (Long Stay)	0687 Endorsed	Х						Yes	Process	No	No		Finalized

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			Nati	ional Qualit	y Strategy	У		utes		ē	S		
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family- Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Nursing Home Quality Initiative and Nursing Home Compare Measures
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay)	0688 Endorsed		х					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment	Finalized
Percent of Residents Who Lose Too Much Weight (Long-Stay)	0689 Endorsed		Х					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment	Finalized
Percent of Residents Who Have Depressive Symptoms (Long-Stay)	0690 Endorsed		х					Yes	Outcome	Yes	No	Addresses a core measure concept—functional and cognitive status assessment	Finalized

# Pre-Rulemaking Considerations from MAP Dual Eligible Beneficiaries Workgroup

In providing input to HHS regarding the selection of measures for Federal payment and public reporting programs, MAP must consider how the programs may impact the quality of care delivered to Medicare-Medicaid dual eligible beneficiaries. The roughly 9 million Americans eligible for both Medicare and Medicaid comprise a heterogeneous group that includes many of the poorest and sickest individuals covered by either program. Despite their particularly intense and complex needs, the healthcare and supportive services accessed by these individuals are often highly fragmented. HHS is pursuing several strategies to improve the quality of care provided to dual eligible beneficiaries, including tasking MAP with considering the implications of existing Federal measurement programs for this vulnerable group.

## **General Principles for Measure Selection**

In reviewing potential measures for individual programs, consider that the workgroup has identified the areas in which performance measurement can provide the most leverage in improving the quality of care: quality of life, care coordination, screening and assessment, mental health and substance use, as well as structural measures. A list of measures in these areas which are collectively being considered a draft core set is provided in the last section of this document.

Also consider that the following issues are strongly related to quality of care in the population, regardless of the type of care being provided.

- Setting goals for care: Wherever possible, measurement should promote a broad view of health and wellness. Person-centered plans of care should be developed in collaboration with an individual, his/her family, and his/her care team. A plan of care should establish health-related goals and preferences for care that incorporate medical, behavioral, and social needs.
- Chronicity of care: More than 60 percent of dual eligible beneficiaries have three or more multiple chronic conditions, with the most common being cardiovascular disease, diabetes, Alzheimer's and related disorders, arthritis, and depression. Many people with disabilities require care and supports, of varying intensity, throughout their lifetimes.
- Cognitive status: More than 60 percent of dual eligible beneficiaries are affected by a mental or cognitive impairment. Etiologies of these impairments are diverse and may include intellectual/developmental disability, mental illness, dementia, substance abuse, or stroke.
- Care transitions and communication: Many factors, including those listed above, make dual
  eligible beneficiaries more vulnerable to problems that arise during all types of care transitions.
   Communication and coordination across all providers is vital. Transactions between the medical
  system and the community-based services system are particularly important for beneficiaries
  who use long-term supports.

#### **Considerations for PAC/LTC Programs**

The MAP Dual Eligible Beneficiaries Workgroup considered the core set of measures developed by the PAC/LTC Workgroup and the MAP Coordinating Committee. Workgroup members affirmed that most of the issues MAP has considered for post-acute and long-term care are relevant to duals, and vice versa.

The workgroup discussed the overarching factors that are linked to high-quality care in post-acute and long-term care settings. Promoting dignity and quality of life through person- and family-centered care is of primary importance. To do so, the workgroup would like to see measures of fidelity to a plan of care that incorporates individualized goals and promotes self-determination. The workgroup also asserted that supports and services should be delivered in the least intense setting possible, and urged the importance of evaluating the extent to which institutional settings are linked to home- and community-based services and are assisting residents who desire to transition to independent living. Finally, the workgroup emphasized the importance of appropriate prescribing and dosing, including minimizing the number of medications taken by an individual to reduce polypharmacy risks.

#### Measure Gaps in the PAC/LTC Core Set

- Identification and treatment of mental illness, especially depression
- Communication across an integrated care team
- Appropriate prescribing and dosing
- Connection to home- and community-based services
- Successful transitions to less-restrictive care
- Chemical restraints
- Patient and caregiver experience
- Caregiver education and support
- Cost and/or resource use
- Structural measures related to HIT

#### MAP Dual Eligible Beneficiaries Workgroup: Draft Core Set of Measures

The workgroup identified the draft core set presented below from an extensive list of current measures. Potential measures were considered in five areas previously identified by the workgroup as most closely linked to quality of care:

- Quality of Life;
- Care Coordination;
- Screening and Assessment;
- Mental Health and Substance Use; and
- Structural Measures.

Many measure gaps and limitations in current measures were identified during the process of compiling a draft core set. The workgroup is currently considering a range of potential modifications to measures that would make them more appropriate for use with the dual eligible beneficiary population. The following list is presented as a starting place for discussion.

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
0167 Endorsed	Improvement in Ambulation/locomotion Percentage of home health episodes where the value recorded for the OASIS item M0702 on the discharge assessment is numerically less than the value recorded on the start (or resumption) of care assessment, indicating less impairment at discharge compared to start of care	✓		<b>✓</b>			Home Health		Finalized	Similar to Funct. Outcome Measure (change in mobility), Proposed Category	Similar to Funct. Outcome Measure (change in self-care), Proposed Category		
0523 Endorsed	Pain Assessment Conducted Percent of patients who were assessed for pain, using a standardized pain assessment tool, at start/resumption of home health care	<b>✓</b>		<b>✓</b>			Home Health	Similar to # 0675, #0676, #0677, Finalized	Finalized	Similar to # 0675, Proposed Category 3	Similar to # 0675, Proposed Category 3	Similar to #1634 and #1637, Proposed Category 2	
0260 Endorsed	Assessment of Health-related Quality of Life (Physical & Mental Functioning) Percentage of dialysis patients who receive a quality of life assessment using the KDQOL-36 (36-question survey that assesses patients' functioning and well- being) at least once per year	<b>✓</b>		<b>✓</b>	<b>✓</b>		Dialysis Facility						
0208 Endorsed	Family Evaluation of Hospice Care Percentage of family members of all patients enrolled in a hospice program who give satisfactory answers to the survey instrument	~					Hospice					Proposed Category 2	

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
0418 Endorsed	Screening for Clinical Depression and Follow-up Plan Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool and follow up plan documented			<b>✓</b>	~		Ambulatory, Hospital, PAC/LTC Facility	Similar to #0690, Finalized	Similar to #0518, Finalized				EHR Incentive Program / Meaningful Use, Category 3 Previously proposed for Medicaid Adult Core Measures
0647 Endorsed	Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements		<b>✓</b>				Hospital, PAC/LTC Facility						Previously proposed for Medicaid Adult Core Measures

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
0430 Endorsed	Change in Daily Activity Function as Measured by the AM-PAC  The Activity Measure for Post-Acute Care (AM-PAC) is a functional status assessment instrument developed specifically for use in facility and community dwelling post-acute care (PAC) patients. A Daily Activity domain has been identified which consists of functional tasks that cover in the following areas: feeding, meal preparation, hygiene, grooming, and dressing	1		<b>✓</b>			Ambulatory, Home Health, Hospital, PAC/LTC Facility	Similar to #0688, Finalized	Similar to several individual un- endorsed, finalized measures	Similar to Funct. Outcome Measure (change in self-care), Proposed Category	Similar to Funct. Outcome Measure (change in self-care), Proposed Category		
0005 Endorsed	CAHPS Adult Primary Care Survey: Shared Decision Making 37 core and 64 supplemental question survey of adult primary care patients		<b>✓</b>				Ambulatory		Similar to #0517, Finalized				
0006 Endorsed	CAHPS Health Plan Survey v 4.0 - Adult questionnaire: Health Status/Functional Status  30-question core survey of adult health plan members that assesses the quality of care and services they receive	<b>✓</b>					Ambulatory		Similar to #0517, Finalized				Previously proposed for Medicaid Adult Core Measures

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
0490 Endorsed	The Ability to use Health Information Technology to Perform Care Management at the Point of Care Documents the extent to which a provider uses a certified/qualified electronic health record (EHR) system capable of enhancing care management at the point of care. To qualify, the facility must have implemented processes within their EHR for disease management that incorporate the principles of care management at the point of care which include: a. The ability to identify specific patients by diagnosis or medication use, b. The capacity to present alerts to the clinician for disease management, preventive services and wellness, c. The ability to provide support for standard care plans, practice guidelines, and protocol					•	Ambulatory						

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	НН	IRF	LTCH	Hospice	Use in Other Federal Program
0494 Endorsed	Medical Home System Survey Percentage of practices functioning as a patient-centered medical home by providing ongoing, coordinated patient care. Meeting Medical Home System Survey standards demonstrates that practices have physician-led teams that provide patients with: a. Improved access and communication b. Care management using evidence-based guidelines c. Patient tracking and registry functions d. Support for patient selfmanagement e. Test and referral tracking f. Practice performance and improvement functions					•	Ambulatory						
0101 Endorsed	Falls: Screening for Fall Risk Percentage of patients aged 65 years and older who were screened for fall risk (2 or more falls in the past year or any fall with injury in the past year) at least once within 12 months			<b>√</b>			Ambulatory	Similar to #0674, Finalized	Similar to other finalized, un- endorsed measures				EHR Incentive Program / Meaningful Use, Category 3
0729 Endorsed	Optimal Diabetes Care  Patients ages 18 -75 with a diagnosis of diabetes, who meet all the numerator targets of this composite measure: A1c < 8.0, LDL < 100, Blood Pressure < 14090, Tobacco non-user and for patients with a diagnosis of ischemic vascular disease daily aspirin use unless contraindicated			<b>✓</b>			Ambulatory						Physician Quality Reporting System (PQRS), Category 2

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
0421 Endorsed	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- up Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented Normal Parameters: Age 65 and older BMI ≥23 and <30; Age 18 − 64 BMI ≥18.5 and <25			~			Ambulatory						Previously proposed for Medicaid Adult Core Measures
0028 Endorsed	Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period			<b>✓</b>	~		Ambulatory						

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement  The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit				<b>✓</b>		Ambulatory						Previously proposed for Medicaid Adult Core Measures
0576 Endorsed	Follow-up after hospitalization for mental illness Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner		<b>✓</b>		<b>✓</b>		Ambulatory, Behavioral Health						Previously proposed for Medicaid Adult Core Measures
0228 Endorsed	3-Item Care Transition Measure (CTM-3) Uni-dimensional self-reported survey that measures the quality of preparation for care transitions. Namely: 1. Understanding one's self-care role in the post-hospital setting 2. Medication management 3. Having one's preferences incorporated into the care plan		<b>✓</b>				Hospital						Hospital Inpatient Quality Reporting, Category 2

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
0329 Endorsed	All-Cause Readmission Index (risk adjusted) Overall inpatient 30-day hospital readmission rate, excluding maternity and pediatric		~				Hospital						
0558 Endorsed	HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge  Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity		<b>✓</b>		<b>✓</b>		Hospital						Inpatient Psychiatric Facility Quality Reporting, Category 1
Not Endorsed	SNP 6: Coordination of Medicare and Medicaid coverage Intent: The organization helps members obtain services they are eligible to receive regardless of payer, by coordinating Medicare and Medicaid coverage. This is necessary because the two programs have different rules and benefit structures and can be confusing for both members and providers					<b>✓</b>	[not available]						

NQF # and Status	Measure Title and Description	Qual of Life	Care Coord	Screening	Mental/SU	Structural	Specified Setting of Care	NH	нн	IRF	LTCH	Hospice	Use in Other Federal Program
Not Endorsed	Alcohol Misuse: Screening, Brief Intervention, Referral for Treatment A. Patients screened annually for alcohol misuse with the 3-item AUDIT-C with item-wise recording of item responses, total score and positive or negative result of the AUDIT-C in the medical record. B. Patients who screen for alcohol misuse with AUDIT-C who meet or exceed a threshold score who have brief alcohol counseling documented in the medical record within 14 days of the positive screening.			<b>√</b>	<b>√</b>		[not available]						Previously proposed for Medicaid Adult Core Measures, similar measure proposed for Hospital Inpatient Quality Reporting, Category 2
Not Endorsed	Potentially Harmful Drug-Disease Interactions in the Elderly Percentage of Medicare members 65 years of age and older who have a diagnosis of chronic renal failure and prescription for nonaspirin NSAIDs or Cox-2 selective NSAIDs; Percentage of Medicare members 65 years of age and older who have a diagnosis of dementia and a prescription for tricyclic antidepressants or anticholinergic agents; percentage of Medicare members 65 years of age and older who have a history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents		<b>√</b>	<b>√</b>			Pharmacy		Similar to other finalized, un- endorsed measures				

# **Cross-Program Considerations - Care Coordination**

Cross-Frogran										ral Prog							
Measure Number and Title	PQRS	Value-Based Modifier	MU for Eligible Professionals	ACOs	IQR	OQR	VBP	MU for Hospitals and CAHs	Inpatient Psychiatric Quality Reporting	Ambulatory Surgical Center Quality Reporting	PPS- Exempt Cancer Hospital Quality Reporting	ESRD	Home Health Quality Reporting	Hospice Quality Reporting	IRFs	LTCHs	NH Quality Initiative and NH Compare
NQF ID #: 0642 Cardiac rehabilitation patient referral from an inpatient setting																	
NQF ID #: 0643 Cardiac rehabilitation patient referral from an outpatient setting	F					F											
NQF ID #: 0644 Patients with a transient ischemic event ER visit that had a follow-up office visit																	
NQF ID #: 0645 Biopsy follow-up	F																
NQF ID #: 0646 Reconciled medication list received by discharged patients (inpatient discharges to home/self care or any other site of care)																	
NQF ID #: 0647 Transition record with specified elements received by discharged patients (inpatient discharges to home/self care or any other site of care)																	
NQF ID #: 0648 Timely transmission of transition record (inpatient discharges to home/self care or any other site of care)																	
NQF ID #: 0649 Transition record with specified elements received by discharged patients (emergency department discharges to ambulatory care [home/self care])						F											
NQF ID #: 0650 Melanoma continuity of care - recall system	F																
NQF ID #: 0228 3-item care transition measure (CTM-3)					uc												
NQF ID #: 0097 Medication Reconciliation	F	F		F													
NQF ID #: 0171 Acute care hospitalization (risk-adjusted)													F				
NQF ID #: 0173 Emergent care (risk adjusted)																	
NQF ID # 0326 Advance Care Plan	F																
NQF ID # 0494 Medical Home System Survey																	
NQF ID # 0511 Correlation With Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	F																

# **Cross-Program Considerations - Care Coordination**

									Fede	ral Prog	rams						
Measure Number and Title	PQRS	Value-Based Modifier	MU for Eligible Professionals	ACOs	IQR	OQR	VBP	MU for Hospitals and CAHs	Inpatient Psychiatric Quality Reporting	Ambulatory Surgical Center Quality Reporting	PPS- Exempt Cancer Hospital Quality Reporting	ESRD	Home Health Quality Reporting	Hospice Quality Reporting	IRFs	LTCHs	NH Quality Initiative and NH Compare
NQF ID # 0520 Drug Education on All Medications Provided to Patient/Caregiver During Episode													F				
NQF ID # 0526 Timely Initiation of Care													F				
NQF ID # 0553 Care for Older Adults – Medication Review (COA)																	
NQF ID # 0554 Medication Reconciliation Post-Discharge (MRP)																	
NQF ID # 0542 Adherence to chronic medications																	
NQF ID # 0005, 0006, 0166, 0258, 0517 Consumer Assessment of Healthcare Providers and Systems (CAHPS)				F	F		F					F	F				

F = Finalized Measures

UC = Measures Under Consideration

# **Program Summary: End Stage Renal Disease Quality Improvement**

#### **Program Description**

The End Stage Renal Disease (ESRD) Quality Initiative promotes improving the quality of care provided to ESRD patients through the End Stage Renal Disease Quality Incentive Program (ESRD QIP) and by providing information to consumers on the Dialysis Facility Compare website. ESRD QIP was established by the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) section 153(c). Starting in 2012, payments to dialysis facilities will be reduced if facilities do not meet the required total performance score, which is the sum of the scores for established individual measures during a defined performance period. Payment reductions will be on a sliding scale, which could amount to a maximum of 2 percent per year. CMS will report performance scores in two places, the Dialysis Facility Compare website and certificates posted at each participating facility. A subset of the measures used in the quality improvement program are utilized in ESRD QIP and publicly reported on dialysis compare.

#### Statutory Requirements for Measures:

To the extent possible, the program must include measures pertaining to anemia management that reflect the labeling approved by the FDA for such management, dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism, and vascular access. iv

## **Program Measure Set Analysis**

	Finalized	<b>Under Consideration</b>	Total
Total Measures	16	5	21
NQF-Endorsed®	11	4	15
NQS Priority			
Safer Care	2	2	4
Effective Care Coordination	0	0	0
Prevention and Treatment of Leading	0	0	0
Causes of Mortality and Morbidity			
Person and Family Centered Care	1	0	1
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
Measure Type			
Process Measures	5	0	5
Outcome Measures	7	5	12
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience/Engagement	1	0	1

#### **Identified Measure Gaps:**

- The program measure set under consideration does not contain any cost or structural measures. The Workgroup had previously identified cost/access measures as a priority.
- The set does not address care coordination, prevention and treatment, better health, or making care more affordable.

<sup>&</sup>lt;sup>1</sup> Final Rule. Medicare Program; End-Stage Renal Disease Prospective Payment System and Quality Incentive Program; Ambulance Fee Schedule; Durable Medical Equipment; and Competitive Acquisition of Certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies. Nov 1, 2011

https://www.cms.gov/apps/media/press/factsheet.asp?Counter=4006

Centers for Medicare & Medicaid Services. Fact Sheets. Medicare Proposed Framework for the ESRD Quality Incentive Program. Available at: https://www.cms.gov/apps/media/press/factsheet.asp?Counter=4006

iv Final Rule ESRD PY 2012

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			Nati	ional Qualit	y Strategy	,		ς,					
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc ESRD	CMS Status ESRD QIP
AM CPM Ia: Hemoglobin Control for ESA Therapy				·				Yes	Outcome	Yes	No		Finalized-DFC
HD & PD Combined													
Anemia Management – Percentage of Patients with Hemoglobin >12 g/dL	Not NQF Endorsed							Yes	Process	Yes	No		Finalized-QIP
Percentage of the facility's hemodialysis patients with a urea reduction ratio (URR) of 65% or greater in the calendar year	Not NQF Endorsed							Yes	Outcome	Yes	No		Finalized- QIP/DFC
Mineral Metabolism Measure	Not NQF Endorsed							Yes	Process	Yes	No		Finalized-QIP

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			Nat	ional Qualit	y Strategy	/		Ş.					
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc ESRD	CMS Status ESRD QIP
NHSN Dialysis Reporting Measure	Not NQF Endorsed	X						Yes	Outcome	No	No		Finalized-QIP
Vascular Access Infection	Not NQF Endorsed	X						Yes	Outcome	No	No	Issue of parsimony- clinical focus of measure similar to proposed "NHSN Bloodstream Infection Measure", which is NQF-endorsed	Under Consideraton- Priority 1
Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose	Not Endorsed (formerly NQF #0248)							Yes	Outcome	No	No	No longer NQF-endorsed. Intermediate outcome to NQF#249; NQF steering committee recommended incorporation into NQF#249 instead.	Finalized
Hemodialysis Adequacy Clinical Performance Measure III: Hemodialysis Adequacy HD Adequacy Minimum Delivered Hemodialysis Dose	0249 Endorsed							Yes	Outcome	Yes	No		Finalized

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			Nat	ional Qualit	y Strategy	/		S					
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc ESRD	CMS Status ESRD QIP
Kt/V Dialysis Adequacy Measure	0249, 0318 Endorsed							Yes	Outcome	No	No		Under Consideraton- Priority 1
Assessment of Iron Stores	Not Endorsed (fomerly NQF #0252)							Yes	Process	Yes	No	No longer NQF- endorsed. Failed to meet importance criteria, August 2011	Finalized
Measurement of Serum Phosphorus Concentration	0255 Endorsed							Yes	Process	Yes	No		Finalized
Hemodialysis Vascular Access- Minimizing use of catheters as Chronic Dialysis Access	0256 Endorsed							Yes	Process	Yes	No		Finalized-QIP
Hemodialysis Vascular Access- Maximizing Placement of Arterial Venous Fistula (AVF)	0257 Endorsed							Yes	Process	Yes	No		Finalized-QIP
Patient Experience of Care (ICH CAHPS) Usage Measure	0258 Endorsed				Х			Yes	Patient Experience/ Engagement	Yes	No		Finalized-QIP

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			Nati	ional Qualit	y Strategy	/		S					
Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-Centered Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc ESRD	CMS Status ESRD QIP
Peritoneal Dialysis Adequacy Clinical Performance Measure III - Delivered Dose of Peritoneal Dialysis Above Minimum	0318 Endorsed							Yes	Outcome	Yes	No		Finalized
Dialysis Facility Risk- adjusted Standardized Mortality Ratio (32) Level	0369 Endorsed	Х						Yes	Outcome	No	No		Finalized-DFC
Monitoring hemoglobin levels below target minimum	0370 Endorsed							Yes	Outcome	Yes	No		Finalized-Retired after 2013
Minimum spKt/V for pediatric hemodialysis patients	1423 Endorsed							Yes	Outcome	Yes	No	Addresses statutory requirement for assessment of dialysis adequacy	Under Consideraton- Priority 1
Proportion of patients with hypercalcemia	1454 Endorsed							Yes	Outcome	Yes	No	Addresses statutory requirement for assessment of bone mineral metabolism	Under Consideraton- Priority 1

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Dominity of Earth of Treatment of Earth of Eart	Person-and Family-Centered of State Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc ESRD	CMS Status ESRD QIP
Bloodstream Infection in Hemodialysis Outpatients	1460 Endorsed	Х						Yes	Outcome	No	No		Under Consideraton- Priority 1
Vascular Access Type Measure (NQF #257 and NQF #256 - Overall Score)	0257, 0256 Endorsed							Yes	Process	No	No		Finalized-QIP

NQF Measure # and Status
1460 Endorsed
Measure Name/Title
Bloodstream Infection in Hemodialysis Outpatients
National Quality Strategy Priority
Patient Safety,
Measure Type
Outcome
Description
Number of hemodialysis outpatients with positive blood cultures per 100 hemodialysis patient-months
Numerator
The number of new positive blood culture events based on blood cultures drawn as an outpatient or within 1 calendar day after a hospital admission. A positive blood culture is considered a new event and counted only if it occurred 21 days or more after a
Denominator
Number of maintenance hemodialysis patients treated in the outpatient hemodialysis unit on the first 2 working days of the month.
Exclusions
Patients receiving inpatient hemodialysis and home hemodialysis are excluded
Risk Adjustment
Other
Data Source
Electronic Clinical Data: Electronic Clinical Data, Electronic Clinical Data: Electronic Health Record, Electronic Clinical Data: Imaging/Diagnostic Study, Electronic Clinical Data: Pharmacy, Paper Records
Steward
Centers for Disease Control and Prevention
Contribution to the Program Set
CMS Status ESRD QIP
Under Consideraton-Priority 1

NQF Measure # and Status
0249, 0318 Endorsed
Measure Name/Title
Kt/V Dialysis Adequacy Measure
National Quality Strategy Priority
Measure Type
Outcome
Description
NQF 0249:Percentage of all adult patients in the sample for analysis who have been on hemodialysis for 6 months or more and dialyzing thrice weekly whose average delivered dose of hemodialysis (calculated from the last measurements of the month using the
Numerator
NQF 0249: Number of patients in denominator whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V>=1.2. NQF 0318: The delivered peritoneal dialysis dose was a weekly Kt
Denominator
NQF 0249: All adults (>=18 years old) patients in the sample for analysis who have been on hemodialysis for 6 months or more and dialyzing thrice weekly. NQF 0318: All adult (>= 18 years old) peritoneal dialysis patients who have been on peritoneal dialys
Exclusions
NQF 0249: Patients on HD less than 6 months. NQF 0318: None
Risk Adjustment
Data Source
Steward
Contribution to the Program Set
CMS Status ESRD QIP
Under Consideraton-Priority 1

NQF Measure # and Status
1423 Endorsed
Measure Name/Title
Minimum spKt/V for pediatric hemodialysis patients
National Quality Strategy Priority
Measure Type
Outcome
Description
Percentage of all pediatric (<18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or
Numerator
Number of patients in the denominator whose delivered dose of hemodialysis (calculated from the last measurements of the month using the UKM or Daugirdas II formula) was a spKt/V greater than or equal to 1.2.
Denominator
Number of pediatric (<18 years old) in-center HD patients who have been on hemodialysis for 90 days or more and dialyzing 3 or 4 times weekly.
Exclusions
Patients on home hemodialysis, patients on hemodialysis less than 90 days, patients receiving dialysis less than 3x/week or greater than 4x/week.
Risk Adjustment
No risk adjustment necessary
Data Source
Electronic Clinical Data : Electronic Clinical Data
Steward
Centers for Medicare & Medicaid Services
Contribution to the Program Set
Addresses statutory requirement for assessment of dialysis adequacy
CMS Status ESRD QIP
Under Consideration-Priority 1

NQF Measure # and Status
1454 Endorsed
Measure Name/Title
Proportion of patients with hypercalcemia
National Quality Strategy Priority
Measure Type
Outcome
Description
Proportion of patients with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL
Numerator
Number of patients in the denominator with 3-month rolling average of total uncorrected serum calcium greater than 10.2 mg/dL
Denominator
Number of adult (greater than or equal to 18 years old) in-center hemodialysis, home hemodialysis, or peritoneal dialysis patients under the care of the dialysis facility for at least 30 days who have been on dialysis for greater than 90 days with at leas
Exclusions
Number of adult (greater than or equal to 18 years old) in-center hemodialysis, home hemodialysis, or peritoneal dialysis patients under the care of the dialysis facility for at least 30 days who have been on dialysis for greater than 90 days with at leas
Risk Adjustment
No risk adjustment necessary
Data Source
Electronic Clinical Data : Electronic Clinical Data
Steward
Centers for Medicare & Medicaid Services
Contribution to the Program Set
Addresses statutory requirement for assessment of bone mineral metabolism
CMS Status ESRD QIP
Under Consideration-Priority 1

NQF Measure # and Status
Not NQF Endorsed
Measure Name/Title
Vascular Access Infection
National Quality Strategy Priority
Patient Safety,
Measure Type
Outcome
Description
The measure reports the rate of hemodialysis access-related bacteremia. It uses the V8 HCPCS modifier on monthly Medicare dialysis facility claims. The measure is calculated by dividing the number of hemodialysis patients with an access-related bacteremia
Numerator
Number of hemodialysis patients with an access-related bacteremia documented and treat
Denominator
Number of eligible hemodialysis patients
Exclusions
Pediatric patients (patients <18 years of age) and peritoneal dialysis patients are excluded from the calculation of the measure.
Risk Adjustment
Data Source
Steward
Contribution to the Program Set
Issue of parsimony-clinical focus of measure similar to proposed "NHSN Bloodstream Infection Measure", which is NQF-endorsed
CMS Status ESRD QIP
Under Consideraton-Priority 1

# **Program Summary: Hospice Quality Reporting**

#### **Program Description**

Section 3004 of the Affordable Care Act requires the establishment of a quality reporting program for hospice. Quality measures will be reported beginning in fiscal year (FY) 2014. Failure to submit required quality data shall result in a 2% reduction in the annual payment update. All data submitted will be made available to the public; however, hospice providers must have an opportunity to review the data that is to be made public before its release. Two measures are required for FY2104; six measures are under consideration for future years.

#### Statutory Requirements for Measures:

- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality.
- Measures should align with other Medicare and Medicaid quality reporting programs as well as other private sector initiatives. iii

## **Program Measure Set Analysis**

	Finalized	<b>Under Consideration</b>	Total
Total Measures	2	6	8
NQF-Endorsed®	1	1 (5 recommended for	2 (5 recommended
		endorsement)	for endorsement)
NQS Priority		·	
Safer Care	0	0	0
Effective Care Coordination	1	5	6
Prevention and Treatment of Leading	0	0	0
Causes of Mortality and Morbidity			
Person and Family Centered Care	1	1	2
Supporting Better Health in Communities	0	0	0
Making Care More Affordable	0	0	0
Measure Type		·	
Process Measures	0	5	5
Outcome Measures	1	0	1
Cost Measures	0	0	0
Structural Measures	0	0	0
Patient Experience/Engagement	0	0	0

## **Identified Measure Gaps:**

- The program measure set under consideration does not address four NQS priorities: safer care, prevention and treatment, better health in communities, and making care more affordable.
- The set does not contain cost, structural measures, or patient engagement measures.

<sup>&</sup>lt;sup>i</sup> Centers for Medicare & Medicaid Services. New Quality Reporting Programs for LTCHs, IRFs, and Hospices. Available at <a href="https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/">https://www.cms.gov/LTCH-IRF-Hospice-Quality-Reporting/</a>

<sup>&</sup>quot; Ibid.

Centers for Medicare & Medicaid Services. Final rule. Medicare Program; Hospice Wage Index for Fiscal Year 2012

**Hospice Quality Reporting** 

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Mortality	Person-and Family-Centered As Care	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Hospice Quality Reporting
Hospice and Palliative Care Dyspnea Screening	1639 Recommended for Endorsement	<u> </u>	X					Yes	Process	No	No	Addresses a core measure concept	Under Consideration- Priority #2
Hospice and Palliative Care Dyspnea Treatment	1638 Recommended for Endorsement		х					Yes	Process	No	No	Addresses a core measure concept	Under Consideration- Priority #2
Hospice and Palliative Care Pain Assessment	1637 Recommended for Endorsement		х					Yes	Process	No	No	Addresses a core measure concept	Under Consideration- Priority #2
Hospice and Palliative Care Pain Screening	1634 Recommended for Endorsement		X					Yes	Process	No	No	Addresses a core measure concept	Under Consideration- Priority #2

**Hospice Quality Reporting** 

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Measure Name/Title	NQF Measure # and Status	Patient Safety	Effective Communication and Care Coordination	Prevention and Treatment of Leading Causes of Dominary	Person-and Family-Centered Sa	Health and Well-Being	Affordable Care	Aligned w/ Program Attributes	Measure Type	Spans Episode of Care	Addresses Disparities	Contribution to the Program Set (alignment w/core measures, parsimony, etc.)	CMS Status Hospice Quality Reporting
Patients Treated with an Opioid who are Given a Bowel Regimen	1617 Recommended for Endorsement	<u>d</u>	X X	0.02	<u>a</u> 0	I	<b>A</b>	Yes	Process	No	No		Under Consideration- Priority #2
Family Evaluation of Hospice Care (FEHC)	0208 Endorsed				Х				Composite	Yes	No	<ul> <li>Addresses a core measure concept</li> <li>Hospital Workgroup Core Measure</li> </ul>	Under Consideration- Priority #2
Comfortable Dying (CMS title: Pain Management)	0209 Endorsed		х		Х				Outcome	Yes	No	Addresses a core measure concept     Hospital Workgroup Core Measure	Finalized
Hospice administers a quality assessment and performance improvement (QAPI) program containing at least three indicators related to patient care.	NA									No	No		Finalized

NQF Measure # and Status
0208 Endorsed
Measure Name/Title
·
Family Evaluation of Hospice Care (FEHC)
NQS Priority
Measure Type
Composite
Description
Composite Score: Derived from responses to 17 items on the Family Evaluation of Hospice Care(FEHC)survey presented as a single score ranging from 0 to 100. Global Score: Percentage of best possible response (Excellent) to the overall rating question on t
Numerator
Composite Score: Numerator is the hospice's composite score, which is the weighted incidence of problem scores derived from responses from 17 items on the FEHC survey. The 17 questions focus on the following aspects of hospice care: symptom management, co
Denominator
Composite Score: 100 (100 is the best possible composite score which indicates 0% incidence of problem scores). Global Score: Total number of responses to the overall rating of care quality on the FEHC survey, question G1.
Exclusions
Composite Score: If a survey respondent did not enter a response to more than 14 of the 17 FEHC survey questions included in calculation of the composite score then a composite score will not be calculated for that survey and the survey will not be inclu
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Patient Reported Data/Survey,
Steward
NHPCO
Program Alignment
Hospice: Under Consideration- Priority #2,
CMS Status Hospice Quality Reporting
Under Consideration- Priority #2

NQF Measure # and Status
1617 Recommended for Endorsement
Measure Name/Title
Patients Treated with an Opioid who are Given a Bowel Regimen
NQS Priority
Measure Type
Process
Description
Percentage of vulnerable adults treated with an opioid that are offered/prescribed a bowel regimen or documentation of why this was not needed
Numerator
Patients from the denominator that are given a bowel regimen or there is documentation as to why this was not needed
Denominator
Vulnerable adults who are given a new prescription for an opioid
Exclusions
None
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Paper Records, Electronic Health Record, Patient Reported Data/Survey,
Steward
RAND Corporation
Program Alignment
Hospice: Under Consideration- Priority #2,
CMS Status Hospice Quality Reporting
Under Consideration- Priority #2

NQF Measure # and Status
1634 Recommended for Endorsement
Measure Name/Title
Hospice and Palliative Care Pain Screening
NQS Priority
Measure Type
Process
Description
Percentage of hospice or palliative care patients who were screened for pain during the hospice admission evaluation / palliative care initial encounter.
Numerator
Patients who are screened for the presence or absence of pain (and if present, rating of its severity) using a standardized quantitative tool during the admission evaluation for hospice / initial encounter for palliative care.
Denominator
Patients enrolled in hospice for 7 or more days OR patients receiving hospital-based palliative care for 1 or more days.
Exclusions
Patients with length of stay < 7 days in hospice, or < 1 day in palliative care.
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Electronic Health Record, Other Electronic Clinical Data,
Steward
University of North Carolina- Chapel Hill
Program Alignment
Hospice: Under Consideration- Priority #2,
CMS Status Hospice Quality Reporting
Under Consideration- Priority #2

NQF Measure # and Status
1637 Recommended for Endorsement
Measure Name/Title
Hospice and Palliative Care Pain Assessment
NQS Priority
Marrier Torre
Measure Type
Process
Description
This quality measure is defined as: Percentage of hospice or palliative care patients who screened positive for pain and who received a clinical assessment of pain within 24 hours of screening.
Numerator
Patients who received a comprehensive clinical assessment to determine the severity, etiology and impact of their pain within 24 hours of screening positive for pain.
Denominator
Patients enrolled in hospice OR receiving palliative care who report pain when pain screening is done on the admission evaluation / initial encounter.
Exclusions
Patients with length of stay < 1 day in palliative care or < 7 days in hospice, patients who were not screened for pain. Patients who screen negative for pain are excluded from the denominator.
Risk Adjustment
N/A
Data Source
Electronic Health Record, Other Electronic Clinical Data,
Steward
University of North Carolina- Chapel Hill
Program Alignment
Hospice: Under Consideration- Priority #2,
CMS Status Hospice Quality Reporting
Under Consideration- Priority #2

NQF Measure # and Status
1638 Recommended for Endorsement
Measure Name/Title
Hospice and Palliative Care Dyspnea Treatment
NQS Priority
Measure Type
Process
Description
Percentage of patients who screened positive for dyspnea who received treatment within 24 hours of screening.
Numerator
Patients who screened positive for dyspnea who received treatment within 24 hours of screening.
Denominator
Patients enrolled in hospice for 7 or more days OR patients receiving palliative care who report dyspnea when dyspnea screening is done on the admission evaluation / initial encounter.
Exclusions
Palliative care patients with length of stay < 1 day or hospice patients with length of stay < 7 days, patients who were not screened for dyspnea, and/or patients with a negative screening.
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Other Electronic Clinical Data,
Steward
University of North Carolina- Chapel Hill
Program Alignment
Hospice: Under Consideration- Priority #2,
CMS Status Hospice Quality Reporting
Under Consideration- Priority #2

NQF Measure # and Status
1639 Recommended for Endorsement
Measure Name/Title
Hospice and Palliative Care Dyspnea Screening
NQS Priority
Measure Type
Process
Description
Percentage of hospice or palliative care patients who were screened for dyspnea during the hospice admission evaluation / palliative care initial encounter.
Numerator
Patients who are screened for the presence or absence of dyspnea and its severity during the hospice admission evaluation / initial encounter for palliative care.
Denominator
Patients enrolled in hospice for 7 or more days OR patients receiving hospital-based palliative care for 1 or more days.
Exclusions
Patients with length of stay < 7 days in hospice, or < 1 day in palliative care.
Risk Adjustment
No risk adjustment or risk stratification
Data Source
Electronic Health Record, Other Electronic Clinical Data,
Steward
University of North Carolina- Chapel Hill
Program Alignment
Hospice: Under Consideration- Priority #2,
CMS Status Hospice Quality Reporting
Under Consideration- Priority #2

# MAP "WORKING" MEASURE SELECTION CRITERIA



## 1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.

Response option: Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

**Additional Implementation Consideration:** Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

## 2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:

Subcriterion 2.1	Safer care
Subcriterion 2.2	Effective care coordination
Subcriterion 2.3	Preventing and treating leading causes of mortality and morbidity
Subcriterion 2.4	Person- and family-centered care
Subcriterion 2.5	Supporting better health in communities
Subcriterion 2.6	Making care more affordable

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the program measure set

# 3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program's intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)

**Response option:** Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

## 4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

- **Subcriterion 4.1** Program measure set is applicable to the program's intended care setting(s)
- **Subcriterion 4.2** Program measure set is applicable to the program's intended level(s) of

analysis

**Subcriterion 4.3** Program measure set is applicable to the program's population(s)

#### 5. Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

- **Subcriterion 5.1** Outcome measures are adequately represented in the program measure set
- **Subcriterion 5.2** Process measures are adequately represented in the program measure set
- **Subcriterion 5.3** Experience of care measures are adequately represented in the program

measure set (e.g. patient, family, caregiver)

**Subcriterion 5.4** Cost/resource use/appropriateness measures are adequately represented

in the program measure set

**Subcriterion 5.5** Structural measures and measures of access are represented in the program

measure set when appropriate

## 6. Program measure set enables measurement across the person-centered episode of care <sup>1</sup>

Demonstrated by assessment of the person's trajectory across providers, settings, and time.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 6.1** Measures within the program measure set are applicable across

relevant providers

**Subcriterion 6.2** Measures within the program measure set are applicable across

relevant settings

**Subcriterion 6.3** Program measure set adequately measures patient care across time

National Quality Forum (NQF), Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, Washington, DC: NQF; 2010.

#### 7. Program measure set includes considerations for healthcare disparities<sup>2</sup>

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 7.1** Program measure set includes measures that directly assess healthcare

disparities (e.g., interpreter services)

**Subcriterion 7.2** Program measure set includes measures that are sensitive to disparities

measurement (e.g., beta blocker treatment after a heart attack)

#### 8. Program measure set promotes parsimony

Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

Response option for each subcriterion: Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 8.1** Program measure set demonstrates efficiency (i.e., minimum number of

measures and the least burdensome)

**Subcriterion 8.2** Program measure set can be used across multiple programs or applications

(e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

#### **Table 1: National Quality Strategy Priorities**

- Making care safer by reducing harm caused in the delivery of care.
- **2.** Ensuring that each person and family is engaged as partners in their care.
- **3.** Promoting effective communication and coordination of care.
- **4.** Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- **5.** Working with communities to promote wide use of best practices to enable healthy living.
- **6.** Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

#### Table 2: High-Impact Conditions:

Medicare Conditions			
1. Major Depression			
2. Congestive Heart Failure			
3. Ischemic Heart Disease			
4. Diabetes			
5. Stroke/Transient Ischemic Attack			
6. Alzheimer's Disease			
7. Breast Cancer			
8. Chronic Obstructive Pulmonary Disease			
9. Acute Myocardial Infarction			
10. Colorectal Cancer			
11. Hip/Pelvic Fracture			
12. Chronic Renal Disease			
13. Prostate Cancer			
14. Rheumatoid Arthritis/Osteoarthritis			
15. Atrial Fibrillation			
16. Lung Cancer			
17. Cataract			
18. Osteoporosis			
19. Glaucoma			
20. Endometrial Cancer			

#### Child Health Conditions and Risks

- 1. Tobacco Use
- 2. Overweight/Obese (≥85th percentile BMI for age)
- 3. Risk of Developmental Delays or Behavioral Problems
- 4. Oral Health
- 5. Diabetes
- 6. Asthma
- 7. Depression
- 8. Behavior or Conduct Problems
- 9. Chronic Ear Infections (3 or more in the past year)
- 10. Autism, Asperger's, PDD, ASD
- 11. Developmental Delay (diag.)
- **12**. Environmental Allergies (hay fever, respiratory or skin allergies)
- 13. Learning Disability
- 14. Anxiety Problems
- 15. ADD/ADHD
- 16. Vision Problems not Corrected by Glasses
- 17. Bone, Joint, or Muscle Problems
- **18**. Migraine Headaches
- 19. Food or Digestive Allergy
- **20**. Hearing Problems
- 21. Stuttering, Stammering, or Other Speech Problems
- 22. Brain Injury or Concussion
- 23. Epilepsy or Seizure Disorder

Tourette Syndrome

## MAP "WORKING" MEASURE SELECTION CRITERIA INTERPRETIVE GUIDE



#### Instructions for applying the measure selection criteria:

The measure selection criteria are designed to assist MAP Coordinating Committee and workgroup members in assessing measure sets used in payment and public reporting programs. The criteria have been developed with feedback from the MAP Coordinating Committee, workgroups, and public comment. The criteria are intended to facilitate a structured thought process that results in generating discussion. A rating scale of *Strongly Agree, Agree, Disagree, Strongly Disagree* is offered for each criterion or sub-criterion. An open text box is included in the response tool to capture reflections on the rationale for ratings.

The eight criteria areas are designed to assist in determining whether a measure set is aligned with its intended use and whether the set best that reflects 'quality' health and healthcare. The term "measure set" can refer to a collection of measures--for a program, condition, procedure, topic, or population. For the purposes of MAP moving forward, we will qualify all uses of the term measure set to refer to either a "program measure set," a "core measure set" for a setting, or a "condition measure set." The following eight criteria apply to the evaluation of program measure sets; a subset of the criteria apply to condition measure sets.

#### FOR CRITERION 1 - NQF ENDORSEMENT:

The optimal option is for all measures in the program measure set to be NQF endorsed or ready for NQF expedited review. The endorsement process evaluates individual measures against four main criteria:

- 'Importance to measure and report"-how well the measure addresses a specific national health goal/ priority, addresses an area where a performance gap exists, and demonstrates evidence to support the measure focus;
- 2. 'Scientific acceptability of the measurement properties' evaluates the extent to which each measure produces consistent (reliable) and credible (valid) results about the quality of care.
- **3. 'Usability'-** the extent to which intended audiences (e.g., consumers, purchasers, providers, and policy makers) can understand the results of the measure and are likely to find the measure results useful for decision making.
- **4. 'Feasibility'** the extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measures.

To be recommended by MAP, a measure that is not NQF-endorsed must meet the following requirements, so that it can be submitted for expedited review:

- the extent to which the measure(s) under consideration has been sufficiently tested and/or in widespread use
- whether the scope of the project/measure set is relatively narrow
- time-sensitive legislative/regulatory mandate for the measure(s)
- Measures that are NQF-endorsed are broadly available for quality improvement and public accountability programs. In some instances, there may be evidence that implementation challenges

and/or unintended negative consequences of measurement to individuals or populations may outweigh benefits associated with the use of the performance measure. Additional consideration and discussion by the MAP workgroup or Coordinating Committee may be appropriate prior to selection. To raise concerns on particular measures, please make a note in the included text box under this criterion.

## FOR CRITERION 2 - PROGRAM MEASURE SET ADDRESSES THE NATIONAL QUALITY STRATEGY PRIORITIES:

The program's set of measures is expected to adequately address each of the NQS priorities as described in criterion 2.1-2.6. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. This assessment should consider the current landscape of NQF-endorsed measures available for selection within each of the priority areas.

#### FOR CRITERION 3 - PROGRAM MEASURE SET ADDRESSES HIGH-IMPACT CONDITIONS:

When evaluating the program measure set, measures that adequately capture information on high-impact conditions should be included based on their relevance to the program's intended population. High-priority Medicare and child health conditions have been determined by NQF's Measure Prioritization Advisory Committee and are included to provide guidance. For programs intended to address high-impact conditions for populations other than Medicare beneficiaries and children (e.g., adult non-Medicare and dual eligible beneficiaries), high-impact conditions can be demonstrated by their high prevalence, high disease burden, and high costs relevant to the program. Examples of other on-going efforts may include research or literature on the adult Medicaid population or other common populations. The definition of "adequate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria.

## FOR CRITERION 4 - PROGRAM MEASURE SET PROMOTES ALIGNMENT WITH SPECIFIC PROGRAM ATTRIBUTES, AS WELL AS ALIGNMENT ACROSS PROGRAMS:

The program measure sets should align with the attributes of the specific program for which they intend to be used. Background material on the program being evaluated and its intended purpose are provided to help with applying the criteria. This should assist with making discernments about the intended care setting(s), level(s) of analysis, and population(s). While the program measure set should address the unique aims of a given program, the overall goal is to harmonize measurement across programs, settings, and between the public and private sectors.

- Care settings include: Ambulatory Care, Ambulatory Surgery Center, Clinician Office, Clinic/Urgent
  Care, Behavioral Health/Psychiatric, Dialysis Facility, Emergency Medical Services Ambulance,
  Home Health, Hospice, Hospital- Acute Care Facility, Imaging Facility, Laboratory, Pharmacy, PostAcute/Long Term Care, Facility, Nursing Home/Skilled Nursing Facility, Rehabilitation.
- Level of analysis includes: Clinicians/Individual, Group/Practice, Team, Facility, Health Plan, Integrated Delivery System.
- Populations include: Community, County/City, National, Regional, or States. Population includes: Adult/Elderly Care, Children's Health, Disparities Sensitive, Maternal Care, and Special Healthcare Needs.

## FOR CRITERION 5 - PROGRAM MEASURE SET INCLUDES AN APPROPRIATE MIX OF MEASURE TYPES:

The program measure set should be evaluated for an appropriate mix of measure types. The definition of "appropriate" rests on the expert judgment of the Coordinating Committee or workgroup member using the selection criteria. The evaluated measure types include:

- 1. Outcome measures Clinical outcome measures reflect the actual results of care.¹ Patient reported measures assess outcomes and effectiveness of care as experienced by patients and their families. Patient reported measures include measures of patients' understanding of treatment options and care plans, and their feedback on whether care made a difference.²
- 2. Process measures Process denotes what is actually done in giving and receiving care. <sup>3</sup> NQF-endorsement seeks to ensure that process measures have a systematic assessment of the quantity, quality, and consistency of the body of evidence that the measure focus leads to the desired health outcome. <sup>4</sup> Experience of care measures—Defined as patients' perspective on their care. <sup>5</sup>
- 3. Cost/resource use/appropriateness measures
  - a. Cost measures Total cost of care.
  - b. Resource use measures Resource use measures are defined as broadly applicable and comparable measures of health services counts (in terms of units or dollars) that are applied to a population or event (broadly defined to include diagnoses, procedures, or encounters).<sup>6</sup>
  - c. Appropriateness measures Measures that examine the significant clinical, systems, and care coordination aspects involved in the efficient delivery of high-quality services and thereby effectively improve the care of patients and reduce excessive healthcare costs.<sup>7</sup>
- **4. Structure measures** Reflect the conditions in which providers care for patients.<sup>8</sup> This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure

<sup>1</sup> National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring\_ Performance/ABCs/The\_Right\_Tools\_for\_the\_Job.aspx

<sup>2</sup> Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance

<sup>3</sup> Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

<sup>4</sup> National Quality Forum. (2011). Consensus development process. Retrieved from http://www.qualityforum.org/Measuring\_ Performance/Consensus\_Development\_Process.aspx

<sup>5</sup> National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring\_ Performance/ABCs/The\_Right\_Tools\_for\_the\_Job.aspx

<sup>6</sup> National Quality Forum (2009). National voluntary consensus standards for outpatient imaging efficiency. Retrieved from http://www.qualityforum.org/Publications/2009/08/National\_Voluntary\_Consensus\_Standards\_for\_Outpatient\_Imaging\_ Efficiency\_\_A\_Consensus\_Report.aspx

<sup>7</sup> National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring\_ Performance/ABCs/The\_Right\_Tools\_for\_the\_Job.aspx

<sup>8</sup> National Quality Forum. (2011). The right tools for the job. Retrieved from http://www.qualityforum.org/Measuring\_ Performance/ABCs/The\_Right\_Tools\_for\_the\_Job.aspx

(such as medical staff organizations, methods of peer review, and methods of reimbursement).<sup>9</sup> In this case, structural measures should be used only when appropriate for the program attributes and the intended population.

## FOR CRITERION 6 - PROGRAM MEASURE SET ENABLES MEASUREMENT ACROSS THE PERSON-CENTERED EPISODE OF CARE:

The optimal option is for the program measure set to approach measurement in such a way as to capture a person's natural trajectory through the health and healthcare system over a period of time. Additionally, driving to longitudinal measures that address patients throughout their lifespan, from health, to chronic conditions, and when acutely ill should be emphasized. Evaluating performance in this way can provide insight into how effectively services are coordinated across multiple settings and during critical transition points.

When evaluating subcriteria 6.1-6.3, it is important to note whether the program measure set captures this trajectory (across providers, settings or time). This can be done through the inclusion of individual measures (e.g., 30-day readmission post-hospitalization measure) or multiple measures in concert (e.g., aspirin at arrival for AMI, statins at discharge, AMI 30-day mortality, referral for cardiac rehabilitation).

## FOR CRITERION 7 - PROGRAM MEASURE SET INCLUDES CONSIDERATIONS FOR HEALTHCARE DISPARITIES:

Measures sets should be able to detect differences in quality among populations or social groupings. Measures should be stratified by demographic information (e.g., race, ethnicity, language, gender, disability, and socioeconomic status, rural vs. urban), which will provide important information to help identify and address disparities.<sup>10</sup>

**Subcriterion 7.1** seeks to include measures that are known to assess healthcare disparities (e.g., use of interpreter services to prevent disparities for non-English speaking patients).

**Subcriterion 7.2** seeks to include disparities-sensitive measures; these are measures that serve to detect not only differences in quality across institutions or in relation to certain benchmarks, but also differences in quality among populations or social groupings (e.g., race/ethnicity, language).

#### FOR CRITERION 8 - PROGRAM MEASURE SET PROMOTES PARSIMONY:

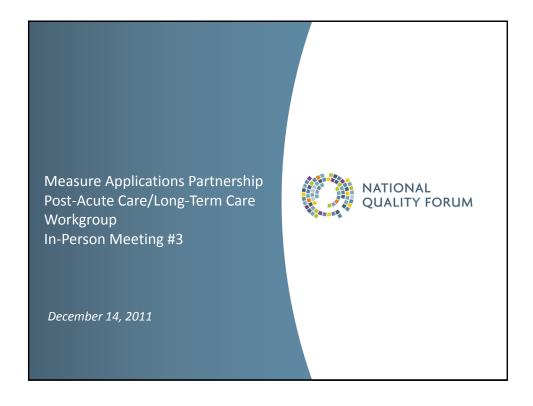
The optimal option is for the program measure set to support an efficient use of resources in regard to data collection and reporting for accountable entitles, while also measuring the patient's health and healthcare comprehensively.

**Subcriterion 8.1** can be evaluated by examining whether the program measure set includes the least number of measures required to capture the program's objectives and data submission that requires the least burden on the part of the accountable entitles.

**Subcriterion 8.2** can be evaluated by examining whether the program measure set includes measures that are used across multiple programs (e.g., PQRS, MU, CHIPRA, etc.) and applications (e.g., payment, public reporting, and quality improvement).

<sup>9</sup> Donabedian, A. (1988) The quality of care. *JAMA*, 260, 1743-1748.

<sup>10</sup> Consumer-Purchases Disclosure Project. (2011). Ten Criteria for Meaningful and Usable Measures of Performance.





### Workgroup Charge

- The charge of the MAP Post-Acute Care/Long-Term Care Workgroup is to advise on quality reporting for post-acute care and long-term care settings. The Workgroup will:
  - Develop a coordination strategy for quality reporting that is aligned across post-acute care and long-term care settings by:
    - » Identifying a core set of available measures, including clinical quality measures and patient-centered cross cutting measures
    - » Identifying critical measure development and endorsement gaps
  - Identify measures for quality reporting for hospice programs and facilities
  - Provide input on measures to be implemented through the Federal rulemaking process that are applicable to post-acute settings

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Meeting Objectives

- Review measures under consideration for inclusion in Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, End Stage Renal Disease Quality Improvement, and Hospice Quality Reporting;
- Provide input on finalized program measure sets for the Nursing Home Quality Initiative and Home Health Quality Reporting;
- Discuss cross-cutting considerations for alignment, including input from MAP Dual Eligible Beneficiaries Workgroup and care coordination;
- Prioritize identified gaps in measurement for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

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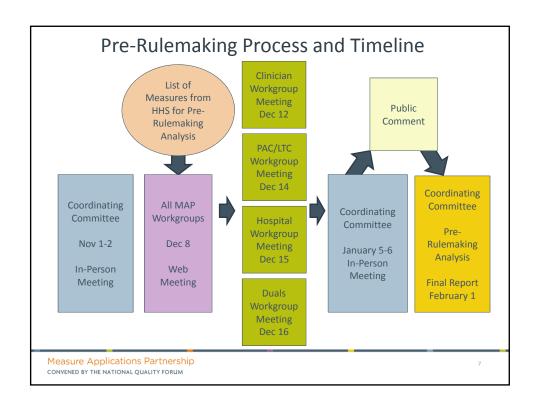
#### Agenda

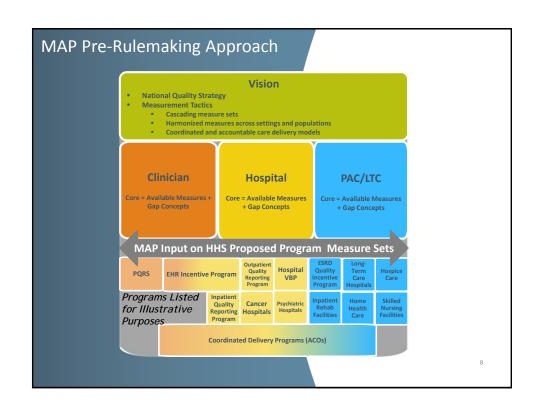
- Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set
- Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set
- Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set
- Pre-Rulemaking Input on CMS Nursing Home Quality Initiative and Nursing Home Compare Program Measure Set
- Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination
- Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set
- Rulemaking Input on Hospice Quality Reporting Program Measure Set

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**MAP Pre-Rulemaking Approach** 

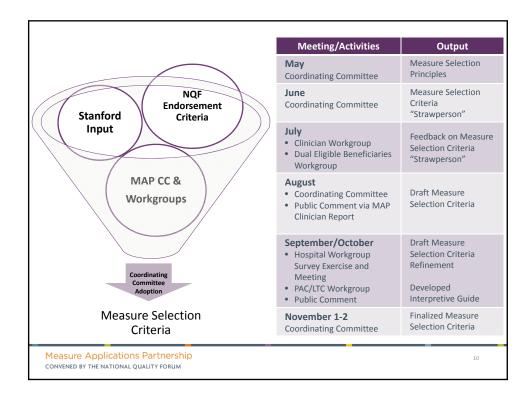
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# Review of Finalized MAP Measure Selection Criteria

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#### MAP Measure Selection Criteria

- 1. Measures within the program measure set are NQFendorsed or meet the requirements for expedited review
- 2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities
- 3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)
- 4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs

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#### MAP Measure Selection Criteria

- 5. Program measure set includes an appropriate mix of measure types
- 6. Program measure set enables measurement across the person-centered episode of care
- 7. Program measure set includes considerations for healthcare disparities
- 8. Program measure set promotes parsimony

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## Providing Input on Program Measure Sets: Stepwise Approach and Supporting Materials

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#### Pre-Rulemaking Task

- Workgroup members have the following documents for each program:
  - » Discussion guide
  - » Reference materials:
    - Program summary sheet
    - Program measure chart
    - Individual measure information
    - Considerations from the Dual Eligible Beneficiaries Workgroup

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#### Pre-Rulemaking Task Discussion Guide (DRAFT Example)

#### NATIONAL QUALITY FORUM MEASURE APPLICATIONS PARTNERSHIP

**Provides stepwise** approach for the workgroup meeting

#### PAC/LTC Workgroup Pre-Rulemaking Discussion Guide

- Meeting Objectives:

  Review measures proposed by Centers for Medicare & Medicaid Services (CMS) for inclusion in the following federal programs: Nursing Home Quality Initiative, Home Health Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting Fad Stage Renal Disease Quality Improvement, and Hospice Quality Reporting;

  Consider MAP Dual Eligible Beneficiaries Workgroup cross cutting input.

  Identify gaps in measurement for each program measure set;

  Finalize input to the MAP Coordinating Committee on measures for use in federal programs.

Time	Issue/Question	Considerations		
10:15- 11:00 am	Rulemaking Input for Inpatient Rehabilitation Facility Quality Reporting Program			
	<ul> <li>Staff review program summary, g</li> </ul>	gaps, relationship to core measure concepts		
10:20	<ol> <li>Additional considerations for evaluation of the program set?</li> </ol>	<ul> <li>Nine of the PAC/LTC Workgroup core concepts are not addressed. Are there additional gaps to highlight?</li> </ul>		
10:30	One measure considered for addition is endorsed and aligns with core set. Do you recommend adding this measure to the set?	NQF# 0675 Pain Management-  The measure addresses the core measure concepts		
10:33	<ol> <li>Four measures considered for addition are endorsed but do not align with core set. Do these measures address priority quality issues specific to IRFs?</li> </ol>	NQF #0376 Incidence of VTE potentially preventable and NQF #0431 Staff Immunization  NQF #0682 Pneumococcal Vaccination and NQF# 0680 Influenza Immunization  Promotes parsimony- used in nursing home quality reporting, proposed for use in LTCH's		

#### Pre-Rulemaking Task **Program Summary** Sheet (DRAFT Example)

Program Summary: Inpatient Rehabilitation Facilities (IRFs)

As indicated in Section 3004 of the Affordable Care Act, CN requirements for inpatient rehabilitation facilities (IRFs). St failure to report quality data will result in a 2% reduction in the data must be made available to public, with IRFs provide prior to its release. Two measures are required for FY 201 future years. Program Priorities and Goals:

**Provides description** of program, statutory requirements, and analysis of program measure set

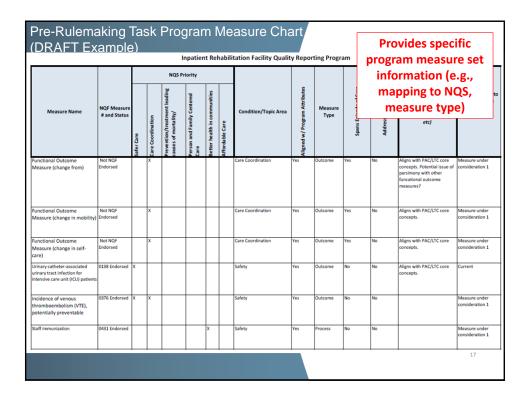
#### Statutory Requirements for Measures<sup>II</sup>:

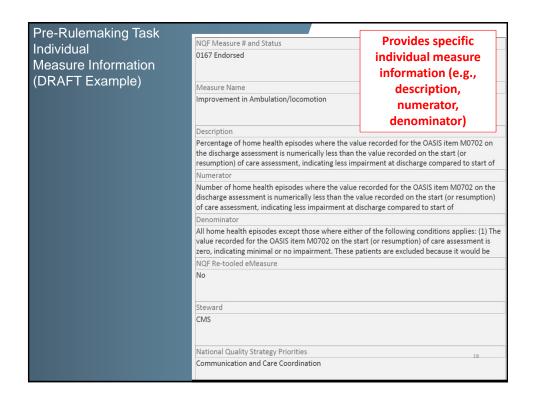
- Measures should align with the NQS three-part aim including better care for the individual, better population health, and lower cost through better quality
- Measures should be relevant to the priorities in IRFs setting, such as improving patient safety (e.g., avoiding healthcare associated infections and adverse events), reducing adverse events, and encouraging better coordination of care and person- and family-centered care
- Measures should serve the primary role of IRFs, addressing the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge

#### Program Measure Set Analysis

Measure Summary:

ALCOHOLD BUILDING	Current	Proposed Addition	Proposed Deletion	Total
Total Measures	2	8	0	10
NQF-Endorsed®	2	5	0	7
NQS Priority				
Safer Care	2	1	0	3
Effective Care Coordination	0	5	0	5
Prevention and Treatment of Leading Causes of Mortality and Morbidity	0	0	0	0
Person and Family Centered Care	0	0	0	0
Supporting Better Health in Communities	0	3	0	3
Making Care More Affordable	0	0	0	0
Addresses High Impact Conditions	0	0	0 16	0
Measure Type				
Process Measures	0	3	0	3





Pre-Rulemaking Considerations from MAP Dual Eligible Beneficiaries Workgroup Pre-Rulemaking Task In providing input to HMS regarding the selection of measures for Federal payment and public reporting programs, MAP must consider the programs may impact the quality of care delivered to Medicare et al. Medicare and Medicare and Medicare and Medicare comprise a hereogeneous by either program. Despite their particularly intense and complex in includious we not highly fragmental. His is prushing several start beneficiaries, including tasking MAP with considering the implication Considerations from Dual Eligible Beneficiaries Workgroup the Dual Eligible Contract runciples for reasours selection
In reviewing potential measures for individual programs, consider th
measurement can provide the most leverage in improving the overa
coordination, screening and assessment, mental health and substance
which are collectively being considered a draft core set is provided (DRAFT Example) **Beneficiaries** Workgroup Mealth-related goals Wherever possible, measurement should promote a broad view of health and wellness, encouraging development of person-centered plans of care to manage medical, schaholral, and social needs. Developed in concert with a beneficiary's ream of providers, a plan of care should establish health-related goals and preferences for care. Because of the chronic needs of the beneficiary population, plans are more likely to be long-tern thin applicad-based.

Chronicity of cares More than 50 percent of dual eligible beneficiaries have three or more multiple chronic conditions, with the most common being cardiovacular disease, disbester, "Abbieners and entended disorders, arthritish, and depression."

Cognitive status. More than 50 percent of olas eligible beneficiaries are affected by a mental or cognitive impairment. Ecilogies of these impairments vary and may be the result of intellectual/development disablish, profrom enhall libers, demends, substance abus, stroke, or other cause.

Care transitions and communication Many factors, including those listed above, make dual eligible beneficiaries more vulnerable to problems that arise during all types of care transitions. Communication and coordination across all providers is vital. Transactions between the medical system and the community-based services system are particularly important for beneficiaries who use long-term supports. Input for the Hospital/Clinician/PAC/LTC Workgroup
The MAP Due Bighie Beneficiaries Workgroup considered the core set of measures developed by the Hospital/Clinician/PAC/LTC
Workgroup and the MAP Coordinating Committee. In response, they suggest: Measure Gans in the Hospital/Clinician/PAC/LTC Core Set Considerations for Hospital/Clinician/PAC/LTC Programs MAP Dual Eligible Beneficiaries Workgroup: Draft Core Set of Measures
The workgroup identified the draft core set presented below from a nextensive list of current measures. Potential measures were
considered in fine sees previously identified by the workgroup as most closely linked to quality of care: Quality of Life;
Care Coordination;
Screening and Assessment;
Mental Health and Substance Use; and
Structural Measures.

## PAC/LTC Core Measure Concept

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#### PAC/LTC Core Set of Measure Concepts

- Functional and cognitive status assessment
- Establishment and attainment of patient/family/caregiver goals
- Advanced care planning
- Experience of care
- Shared decision making
- Transition planning

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## PAC/LTC Core Set of Measure Concepts

- Falls
- Pressure ulcers
- Adverse drug events
- Inappropriate medication use
- Infection rates
- Avoidable admissions

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## PAC/LTC Workgroup Pre-Rulemaking Input

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#### Workgroup Input

#### The PAC/LTC Workgroup will consider the following program measure sets:

- Inpatient Rehabilitation Facility Quality Reporting
  - Review 8 measures under consideration
- Long-Term Care Hospital Quality Reporting
  - Review 8 measures under consideration
- Home Health Quality Reporting
  - Confirm previous workgroup evaluation of Home Health Compare
  - Consider additional Home Health Quality Reporting measures for Home Health Compare
- Nursing Home Quality Initiative and Nursing Home Compare
  - Confirm previous workgroup evaluation of the program measure set
- End Stage Renal Disease Quality Improvement
  - Review 5 measures under consideration
- Hospice Quality Reporting
  - Review 6 measures under consideration

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#### Workgroup Input

For each discussion guide item, the workgroup must decide:

- Support
- Do Not Support
- Support Direction (e.g., promising measure concept, premature to recommend)

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## Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set

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# Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set

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## Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set

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## **Opportunity for Public Comment**

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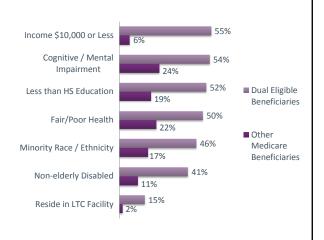
## Cross-Program Considerations for Dual-Eligible Beneficiaries and Care Coordination

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# Who Are Dual Eligible Beneficiaries? A **Heterogeneous** Group

- Only factor that all dual eligible beneficiaries share is low income
- Approximately a third of duals are younger adults with disabilities and the remaining two thirds are older than 65.
   Almost no children.
- More than 40% of duals have a mental or cognitive condition
- One in three duals have limitations in 3 or more ADLs
- Conditions like HIV/AIDS, Alzheimer's, cerebral palsy, ESRD, and schizophrenia disproportionately impact dual eligible beneficiaries



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# High-Leverage Areas and Construction of the Draft Core Set

#### High-Leverage Areas for Quality Improvement Through Measurement

- Quality of Life
- Care Coordination
- Screening and Assessment
- Mental Health and Substance Use
- Structural Measures

The Workgroup identified the draft core set from an extensive list of current measures that applied to the five areas listed above. Many measure gaps and limitations of current measures also surfaced during the process. The draft core set is presented as a starting point for discussion, as it highlights measure concepts that were identified as important.

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# Workgroup-Specific Considerations: Post-Acute Care/Long-Term Care

- Most of the issues in PAC/LTC are relevant to duals and vice versa
- In these settings, quality is linked to person- and family-centeredness, delivering supports and services in the least intense setting possible, fidelity to a plan of care that incorporates individualized goals and promotes selfdetermination, medication management, and care coordination/transitions
- Consider measures related to the appropriateness of the setting and reducing the intensity of services where possible:
  - Patients of appropriate acuity admitted to IRFs and SNFs
  - Systems in place to facilitate transitions from institutional care settings to home- and community-based services (HCBS)
- Measure gaps in PAC/LTC core:
  - Identification and treatment of mental illness (especially depression), communication across an integrated care team, appropriate prescribing and dosing, patient/caregiver experience, caregiver support, cost/resource use, and structural measures related to HIT

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#### Using the Duals Workgroup Guidance

#### Across program measures sets:

- Is there representation of the issues presented in the five high-leverage opportunity areas and the list of draft core measures?
- If not, is it appropriate to add any measures to fill that gap?
- Does a measure set include measures which are inappropriate or counterproductive to use with vulnerable populations?

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# Cross-Program Considerations for Care Coordination

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### **Cross-Program Considerations for Care Coordination**

- A priority of the MAP is to support alignment across all federal programs
- Care coordination is a priority gap area across all care settings
- Across program measure sets:
  - Review existing care coordination measures in the program measure set
  - Consider if available endorsed measures will fill a care coordination gap

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# Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set

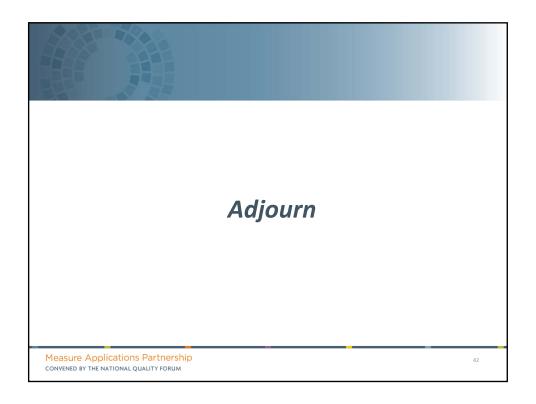
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### **Measure Applications Partnership (MAP)**

### Roster for the MAP Post-Acute Care/Long-Term Care Workgroup

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Carol Raphael, MPA

Representative

Aetna	Randall Krakauer, MD
American Medical Rehabilitation Providers Association	Suzanne Snyder, PT

American Physical Therapy Association Roger Herr, PT, MPA, COS-C

Family Caregiver Alliance

HealthInsight

Kathleen Kelly, MPA

Juliana Preston, MPA

Kindred Healthcare

Sean Muldoon, MD

National Consumer Voice for Quality Long-Term Care

National Hospice and Palliative Care Organization

Carol Spence, PhD

National Transitions of Care Coalition

James Lett II, MD, CMD

Providence Health and Services Robert Hellrigel
Service Employees International Union Charissa Raynor

Visiting Nurses Association of America Margaret Terry, PhD, RN

#### **Expertise** Individual Subject Matter Expert Members (voting)

Clinician/Nursing Charlene Harrington, PhD, RN, FAAN

Care Coordination Gerri Lamb, PhD
Clinician/Geriatrics Bruce Leff, MD

State Medicaid MaryAnne Lindeblad, MPH
Measure Methodologist Debra Saliba, MD, MPH
Health IT Thomas von Sternberg, MD

#### Federal Government Members (non-voting, ex officio)

Agency for Healthcare Research and Quality (AHRQ)

Centers for Medicare & Medicaid Services (CMS)

Veterans Health Administration

Scott Shreve, MD

#### **MAP Coordinating Committee Co-Chairs (non-voting, ex officio)**

George Isham, MD, MS

Elizabeth McGlynn, PhD, MPP

#### **Measure Applications Partnership (MAP)**

#### Roster for the MAP Post Acute Care / Long Term Care Workgroup

### **Chair (voting)**

#### Carol Raphael, MPA

Carol Raphael, MPA, is President and Chief Executive Officer of Visiting Nurse Service of New York, the largest nonprofit home health agency in the United States. She oversees VNSNY's comprehensive programs in post-acute care, long-term care, hospice and palliative care, rehabilitation and mental health as well as its health plans for dually eligible Medicare and Medicaid beneficiaries. Ms. Raphael developed the Center for Home Care Policy and Research, which conducts policy-relevant research focusing on the management and quality of home and community-based services. Previously, Ms. Raphael held positions as Director of Operations Management at Mt. Sinai Medical Center and Executive Deputy Commissioner of the Human Resources Administration in charge of the Medicaid and Public Assistance programs in New York City. Between 1999 and 2005, Ms. Raphael was a member of MedPAC. She served on the New York State Hospital Review and Planning Council for 12 years (1992-2004) and chaired its Fiscal Policy Committee. She chairs the New York eHealth Collaborative and was a member of the IOM's Committee to Study the Future Health Care Workforce for Older Americans, which issued its report in April 2008. She is on the Boards of AARP, Pace University, and the Continuing Care Leadership Coalition. She is a member of the Harvard School of Public Health's Health Policy Management Executive Council, the Markle Foundation Connecting for Health Steering Group, Atlantic Philanthropies Geriatrics Practice Scholars Program, and Henry Schein Company Medical Advisory Board, the Jonas Center for Excellence in Nursing Advisory Board, NYU College of Nursing Advisory Board, and the New York City Health and Mental Hygiene Advisory Council. She was a member of the Lifetime Excellus Board from 2002-2010. She has authored papers and presentations on post-acute, long-term and end-of-life care and co-edited the book Home Based Care for a New Century. Ms. Raphael has an M.P.A. from Harvard University's Kennedy School of Government, and was a Visiting Fellow at the Kings Fund in the United Kingdom. Ms. Raphael was recently listed in Crain's New York Business 50 Most Powerful Women in New York City.

### **Organizational Members (voting)**

#### Aetna

#### Randall Krakauer, MD

Dr. Randall Krakauer graduated from Albany Medical College in 1972 and is Board Certified in Internal Medicine and Rheumatology. He received training in Internal Medicine at the University of Minnesota Hospitals and in Rheumatology at the National Institutes of Health and Massachusetts General Hospital/Harvard Medical School, and received an MBA from Rutgers. He is a fellow of the American College of Physicians and the American College of Rheumatology and Professor of Medicine at Seton Hall University Graduate School of Medicine. He is past chairman of the American College of Managed Care Medicine. Dr. Krakauer has more than 30 years of experience in medicine and medical management, has held senior medical management positions in several major organizations. He is author of many publications on Medical Management, Advanced Care Management and Collaborative Medical Management. He is responsible for medical management planning and implementation nationally for Aetna Medicare members, including program development and administration.

# American Medical Rehabilitation Providers Association Suzanne Snyder, PT

Suzanne Snyder is the Director of Rehabilitation Utilization and Compliance at Carolinas Rehabilitation. Carolinas Rehabilitation owns or manages over a 180 inpatient rehabilitation beds in Charlotte, North Carolina as well as over 14 outpatient therapy and physician clinics. Suzanne is a Fellow in the American College of Healthcare Executives and holds a Master's degree in Business Administration, a Bachelors in Physical Therapy and a Certification in Utilization Management. In 2009 Suzanne expanded her ability to impact the lives of patients and the rehab community by becoming a member of the AMRPA Board of Directors. In her role at Carolinas Rehabilitation Suzanne is responsible for oversight of IRF PAI data collection/transmission, utilization management, utilization review, Medicare appeals, insurance authorizations, medical necessity documentation and quality outcomes reporting. She has appealed Medicare denials from multiple Fiscal Intermediaries and through the Medicare Appeals Council level and Medicaid Program Integrity Denials in the state of North Carolina. Suzanne was instrumental in the creation and continuation of the EQUADRSM (Exchanged Quality Data for Rehabilitation) Network a Patient Safety Organization, established to share quality outcomes amongst rehabilitation providers and define the most appropriate quality indicators for the inpatient rehabilitation setting. She has helped to shape quality measures for the inpatient rehabilitation field through her work as co-chair of the American Medical Rehabilitation Providers Association's (AMRPA) Quality Committee and participation on technical expert panels for MedPAC and CMS. Suzanne is a Commission on Accreditation of Rehabilitation Facilities (CARF) surveyor and coordinates the CARF readiness of Carolinas Rehabilitation.

### American Physical Therapy Association Roger Herr, PT, MPA, COS-C

Roger Herr, PT, MPA, COS-C is an elected Director on the Board of the American Physical Therapy Association (APTA), the national nonprofit membership organization of physical therapists based in Alexandria, VA. Roger's activities in APTA have focused on geriatrics, home care and the post-acute care data sets. Roger has worked in seven settings of care, with the majority in post-acute care focused in home health and hospice. He has served as a clinician, manager, director and external site visitor for accreditation. Currently, Roger has a day job as a Strategic Advisor with OCS HomeCare, a Seattle based division of National Research Company (NRC), a publically traded organization. Roger has degrees in biological science in physical therapy from Temple University in Philadelphia and a master's degree in public administration – health care management from New York University.

#### Family Caregiver Alliance Kathleen Kelly, MPA

#### HealthInsight Juliana Preston, MPA

Juliana Preston is the Vice President of Utah Operations for HealthInsight. Ms. Preston is responsible for leading the organization's quality improvement division in Utah. As the leader of the quality improvement contract work and other quality improvement related contracts in Utah. Ms. Preston has extensive experience working with nursing homes. She has developed numerous workshops and seminars including root cause analysis, healthcare quality improvement, human factors science, and resident-centered care. In addition to her experience at HealthInsight, she has held various positions during her career in long-term care including Certified Nursing Assistant, Admissions & Marketing Coordinator. Ms. Preston graduated from Oregon State University in 1998 with a Bachelor's of Science degree with an emphasis in Long Term Care and minor in Business Administration. In 2003, she obtained her Master's degree in Public Administration from the University of Utah with an emphasis in Health Policy.

#### Kindred Healthcare Sean Muldoon, MD

Sean R. Muldoon, MD, MPH, FCCP was named SVP and Chief Medical Officer for the hospital division, effective January, 2004. Dr. Muldoon has been with Kindred since 1994, first as medical director of Kindred Hospital - North Florida and most recently as Chief Medical Officer for the division. Sean holds degrees in Chemical Engineering from the University of Illinois and Northwestern, as well as in Medicine and Public Health from the University of Illinois. He is board certified in Internal Medicine, Pulmonary Disease and Preventive Medicine.

### National Consumer Voice for Quality Long-Term Care Lisa Tripp, JD

Lisa Tripp is an Assistant Professor at Atlanta's John Marshall Law School, Atlanta Georgia. She teaches Health Care Law, Torts and Remedies. Professor Tripp practiced health care law and commercial litigation prior to joining the faculty of Atlanta's John Marshall Law School in 2006. As an attorney for the U.S. Department of Health and Human Services (HHS), Professor Tripp focused primarily on long term care enforcement. She litigated many cases involving physical and sexual abuse, elopements, falls, neglect and substandard quality of care. Professor Tripp currently serves on the Governing Board of The National Consumer Voice for Quality Long-Term Care and is a Member of the Emory University Institutional Review Board. She has served on health quality measurement committees and panels for the National Quality Forum and the Medicare Payment Advisory Commission (MedPAC). Professor Tripp received her law degree, with honors, from George Washington University Law School, in Washington, D.C.

# National Hospice and Palliative Care Organization Carol Spence, PhD

Carol Spence, PhD, is Director of Research and Quality at NHPCO, and is responsible for NHPCO performance measurement development and implementation activities and in addition to all other NHPCO research and quality activities. Carol has many years of clinical experience as a hospice nurse. She served on the National Board for Certification of Hospice and Palliative Nurses for six years and is past chair of the Examination Development Committee for the certification examination for advanced practice hospice and palliative nurses. She has experience in research design, plus developing, implementing, and managing field research projects. Carol holds a doctoral degree from the University of Maryland and holds a Master of Science degree in mental health nursing.

# **National Transitions of Care Coalition James Lett II, MD, CMD**

Dr. Lett received his medical degree from the University of Kentucky, College of Medicine in 1974, and completed a Family Practice residency. He is certified by the American Board of Family Practice with a Certificate in Added Qualifications in Geriatrics and is a Certified Medical Director (CMD). He has practice experience in office, hospital and the long term care continuum. He has written about geriatric, long-term care and care transition subjects, and given multiple presentations around the country on these issues. Dr. Lett is a member of the American Medical Directors Association (AMDA), a 7,000-member long-term care physician group and is a past president in 2003-2004. He has held multiple positions and memberships in local, state and national medical organizations. He served as a member of the CMS workgroup to revise F-Tag 329: Unnecessary Drugs chaired a joint national effort that created a long-term care medication toolkit for patient safety, and chaired a national workgroup to create a Clinical Practice Guideline for Care Transitions in the Long-Term Care Continuum. He was Senior Medical Director for Quality for Lumetra, the Quality Improvement Organization for California until assuming the role of

Chief Medical Officer of Long-Term Care for the California Prison Health Care Services in October 2008. He is now a consultant for long-term care and care transitions issues.

### Providence Health and Services Robert Hellrigel

Robert has been serving as the Chief Executive for Providence Senior and Community Services (PSCS), an operating division of Providence Health & Services, since November 2002. The service lines of PSCS include low-income supportive senior housing, skilled nursing, assisted living, home health, hospice, palliative care, LTC pharmacy services, home infusion and the State's only PACE (Program for Allinclusive Care for the Elderly). The ministries of PSCS support more than 13,000 people each day across a broad geography of Washington State, Portland, OR and Oakland, CA. Robert has 22 years of health care administration experience, including sixteen years as a member of senior management of Catholic sponsored healthcare systems. Prior to joining Providence Health & Services, Robert served in the mission of the Sisters of Providence of Holyoke, MA (a member of Catholic Health East) and the Sisters of Charity of Convent Station at the St. Raphael Healthcare System in New Haven, CT. Robert holds a B.A. in Economics and Health Systems Management from the University of Connecticut and has completed graduate studies in long-term care administration from the University of Connecticut and executive leadership at Seattle University.

### Service Employees International Union Charissa Raynor

Charissa is Executive Director of the SEIU Healthcare NW Training Partnership and Health Benefits Trust. The Training Partnership is the largest nonprofit school of its kind in the nation providing training and workforce development services to more than 40,000 long-term care workers annually while the Health Benefits Trust provides smartly designed health benefits coverage to nearly 14,000 long-term care workers in Washington and Montana. Charissa provides overall leadership and strategic direction to these two inter-related organizations building on more than 10 years of experience in the health care field including administration, research, and policy work. She is also a Registered Nurse with experience in public health, long-term care, and primary care settings. Previously, Charissa held positions with SEIU Healthcare 775NW, the University of Hawaii at Manoa School of Nursing, and the Institute for the Future of Aging Services. She holds a Master's degree in health services administration. Charissa is a board member of the Puget Sound Health Alliance and a member of the U.S. Secretary of Labor's Advisory Committee on Apprenticeship.

### Visiting Nurses Associations of America Margaret (Peg) Terry, PhD, RN

Margaret Terry oversees the quality, risk management, compliance programs as well as technology and specialty programs throughout the Visiting Nurse Association (VNA) and MedStar Health Infusion (MHI). As part of her role in quality, she is responsible for the agencies' compliance with the standards of The Joint Commission, CMS and State licensure. Her role also includes performance improvement activities as well as the evaluation and tracking of outcomes and processes for home care including the evaluation of the patient's experience. Her other responsibilities include oversight for the Immunization and Wellness program at the VNA. Dr. Terry is the Chair of the Professional Technical Advisory Committee at the Joint Commission for the home care group and a member of the Home Health Quality Improvement (HHQI) National Campaign Executive Steering Committee for 2010. Over the years, Terry has served as president of the Capitol Home Care Association, and a board member for the Maryland National Capital Home Care Association and the National Home Care Association. Additionally, she participated on National Quality Forum's (NQF) Steering Committee on National Consensus Standards for Additional Home Health Measures (2008), the NQF's Advisory committee on Harmonization of Immunization Standards for health care organizations (2008) and the NQF's panel of the Safety Technical

Advisory Panel for the National Consensus Standards for Therapeutic Drug Management Quality (2007). Prior to coming to VNA, Terry was president and chief executive officer for Home Care Partners, Inc. a non-profit providing personal care to residents in the Washington DC area. Preceding this position, she was an assistant professor in the School of Nursing in the graduate division at Catholic University. Dr. Terry earned a doctorate from the University of Maryland at Baltimore examining clinical outcomes in home care. Terry holds a Master of Science in Nursing with a Community Health Concentration from Boston University and a Bachelor of Science in Nursing from the State University of New York. She also has participated in several research studies at the VNA and recently published an article titled a "Feasibility Study of Home Care Wound Management Using Tele-monitoring" in the journal Advances in Skin and Wound Care.

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## **Individual Subject Matter Expert Members (voting)**

#### Clinician/Nursing

#### Charlene Harrington, PhD, RN, FAAN

Charlene Harrington, Ph.D., RN, FAAN has been a professor at the University of California San Francisco since 1980 where she has specialized in long term care policy and research. She was elected to the IOM in 1996, and served on various IOM committees. In 2002, she and a team of researchers designed a model California long term care consumer information system website funded by the California Health Care Foundation and she continues to maintain and expand the site. Since 1994, she has been collecting and analyzing trend data on Medicaid home and community based service programs and policies, currently funded by the Kaiser Family Foundation. In 2003, she became the principal

investigator of a five-year \$4.5 million national Center for Personal Assistance Services funded by the National Institute on Disability and Rehabilitation Research, which has just been refunded for (2008-2013). She has testified before the US Senate Special Committee on Aging, and has written more than 200 articles and chapters and co-edited five books while lecturing widely in the U.S.

### Care Coordination Gerri Lamb, PhD

Dr. Gerri Lamb is an Associate Professor at Arizona State University. She holds joint appointments in the College of Nursing and Health Innovation and the Herberger Institute for Design and the Arts where she teaches in the interprofessional graduate programs in Leadership in Healthcare Innovation and Health and Healing Environments. Dr. Lamb is well-known for her leadership and research on care coordination, case management and transitional care. She has presented papers and published extensively on processes and outcomes of care across service settings. Her funded research focuses on hospital care coordination and adverse outcomes associated with transfers between hospitals and nursing home settings. In a recent project funded by the Robert Wood Johnson Foundation, she and her team developed a new instrument to measure nurse care coordination and an educational program about improving nurse care coordination based on their research findings. She recently completed a grant as Co-PI with Dr. Joseph Ouslander to evaluate the impact of The INTERACT program, a set of clinical tools and resources to assist nursing home staff reduce hospital transfers of residents. Their team is currently working on a distance educational program to disseminate INTERACT to over 100 nursing homes. For the last several years, Dr. Lamb has been very involved in a number of national quality and safety initiatives. She co-chaired the National Quality Forum's Steering Committee on Care Coordination. She currently chairs the American Academy of Nursing's Expert Panel on Quality and represents the Academy on the Board of the Nursing Alliance for Quality Care. She serves as a member of the Physician Consortium on Performance Improvement's (PCPI) Measurement Advisory Committee and recently was selected to serve on NQF's Measurement Applications Partnership in post-acute and long-term care. She has been a faculty facilitator for the Quality and Safety Education for Nurses (QSEN) Initiative for several years.

#### Clinician/Geriatrics Bruce Leff, MD

Dr. Leff is Professor of Medicine at the Johns Hopkins University School of Medicine, and holds a Joint Appointment in the Department of Health Policy and Management at the Johns Hopkins University Bloomberg School of Public Health. He is the Director of the Program in Geriatric Health Services Research and the Co-Director of the Elder House Call Program, in the Division of Geriatric Medicine at the Johns Hopkins. His principal areas of research relate to home care and the development, evaluation, and dissemination of novel models of care for older adults, including the Hospital at Home model of care (www.hospitalathome.org), guided care (www.guidedcare.org), geriatric service line models (www.medic.org), and medical house call practices (www.iahnow.org). In addition, his research interests extend to issues related to multimorbidity, guideline development, performance measurement, and case-mix issues. Dr. Leff cares for patients in the acute, ambulatory, and home settings. He practices in the home, ambulatory, hospital, nursing home, skilled nursing facility, rehabilitation, and PACE settings. He directs the Medicine Clerkship at the Johns Hopkins University School of Medicine and has received numerous awards for his teaching and mentorship. He is a member of the Board of Governors of the American College of Physicians, President-elect of the American Academy of Home Care Physicians, and is an Associate Fellow of InterRAI.

#### **State Medicaid**

#### MaryAnne Lindeblad, MPH

MaryAnne Lindeblad is currently the Assistant Secretary, Aging and Disability Services Administration, Department of Social and Health Services. She served as Director, Division of Healthcare Services,

Medicaid Purchasing Administration; Assistant Administrator Public Employees Program, Washington State Health Care Authority; and Director of Operations, Unified Physicians of Washington. In 2009, she was selected to the inaugural class of the Medicaid Leadership Institute, sponsored by the Robert Wood Johnson Foundation. Ms. Lindeblad currently serves as chair of the Medicaid Managed Care Technical Advisory Group and is a member of the Executive Committee for the National Academy for State Health Policy, and chairs their Long Term and Chronic Care subcommittee. She serves as board President of the Olympia Free Medical Clinic and board Vice Chair of the Family Support Center. She holds a B.S. in Nursing from Eastern Washington University's Intercollegiate Nursing Program and a Master's in Public Health from the University of Washington.

#### Measure Methodologist Debra Saliba, MD, MPH

Debra Saliba, MD, MPH, is the Anna & Harry Borun Chair in Geriatrics at the David Geffen School of Medicine at UCLA and is the director of the UCLA/JH Borun Center for Geronotological Research. She is also a geriatrician with the VA GRECC and a Senior Natural Scientist at RAND. Dr. Saliba's research has focused on creating tools and knowledge that can be applied to improving quality of care and quality of life for vulnerable older adults across the care continuum. Her research has addressed the hospitalization of vulnerable older adults, assessment of functional status and co-morbidity, patient safety, quality measurement, pressure ulcers, falls, pain, home accessibility, and the prediction of functional limitation and mortality. Dr. Saliba recently led the national revision of the Minimum Data Set for Nursing Homes (MDS 3.0) for the Centers for Medicare & Medicaid Services and VA HSR&D. In this large multi-state project, Dr. Saliba led a national consortium of researchers and used both qualitative and quantitative methods to improve item reliability, validity and efficiency for this national program. Gains were also seen in facility staff satisfaction with the MDS assessment. Dr. Saliba's research in quality of care and vulnerable populations has received awards from the Journal of American Medical Directors Association, VA Health Services Research & Development, and the American Geriatrics Society. She is a member of the Board of Directors of the California Association of Long Term Care Medicine and of the American Geriatrics Society.

Health IT Thomas von Sternberg, MD

## Federal Government Members (non-voting, ex officio)

Agency for Healthcare Research and Quality (AHRQ) Judy Sangl, ScD

Centers for Medicare & Medicaid Services (CMS) Shari Ling, MD

### Veterans Health Administration (VHA) Scott Shreve, MD

Dr. Scott Shreve is the National Director of Hospice and Palliative Care Program for the Department of Veterans Affairs. He is responsible for all policy, program development, staff education and quality assurance for palliative and hospice care provided or purchased for enrolled Veterans. Dr. Shreve leads the implementation and oversight of the Comprehensive End-of-Life Care Initiative, a 3 year program to change the culture of care for Veterans at end of life and to ensure reliable access to quality end of life care. Clinically, Dr. Shreve commits half of his time to front line care of Veterans as the Medical Director

and teaching attending at a 17 bed inpatient Hospice and Palliative Care Unit at the Lebanon VA Medical Center in Central Pennsylvania. Dr. Shreve is an Associate Professor of Clinical Medical at The Pennsylvania State University and has been awarded the Internal Medicine Distinguished Teaching Award in 2007 and 2009. Dr. Shreve has board certifications in Internal Medicine, Geriatrics and in Hospice and Palliative Care. Prior to medical school, Scott was a corporate banker.

### **MAP Coordinating Committee Co-Chairs (non-voting, ex officio)**

#### George J. Isham, MD, MS

George Isham, M.D., M.S. is the chief health officer for HealthPartners. He is responsible for the improvement of health and quality of care as well as HealthPartners' research and education programs. Dr. Isham currently chairs the Institute of Medicine (IOM) Roundtable on Health Literacy. He also chaired the IOM Committees on Identifying Priority Areas for Quality Improvement and The State of the USA Health Indicators. He has served as a member of the IOM committee on The Future of the Public's Health and the subcommittees on the Environment for Committee on Quality in Health Care which authored the reports To Err is Human and Crossing the Quality Chasm. He has served on the subcommittee on performance measures for the committee charged with redesigning health insurance benefits, payment and performance improvement programs for Medicare and was a member of the IOM Board on Population Health and Public Health Policy. Dr. Isham was founding co-chair of and is currently a member of the National Committee on Quality Assurance's committee on performance measurement which oversees the Health Employer Data Information Set (HEDIS) and currently co-chairs the National Quality Forum's advisory committee on prioritization of quality measures for Medicare. Before his current position, he was medical director of MedCenters health Plan in Minneapolis and In the late 1980s he was executive director of University Health Care, an organization affiliated with the University of Wisconsin-Madison.

#### Elizabeth A. McGlynn, PhD, MPP

Elizabeth A. McGlynn, PhD, is the director for the Center of Effectiveness and Safety Research (CESR) at Kaiser Permanente. She is responsible for oversight of CESR, a network of investigators, data managers and analysts in Kaiser Permanente's regional research centers experienced in effectiveness and safety research. The Center draws on over 400 Kaiser Permanente researchers and clinicians, along with Kaiser Permanente's 8.6 million members and their electronic health records, to conduct patient-centered effectiveness and safety research on a national scale. Kaiser Permanente conducts more than 3,500 studies and its research led to more than 600 professional publications in 2010. It is one of the largest research institutions in the United States. Dr. McGlynn leads efforts to address the critical research questions posed by Kaiser Permanente clinical and operations leaders and the requirements of the national research community. CESR, founded in 2009, conducts in-depth studies of the safety and comparative effectiveness of drugs, devices, biologics and care delivery strategies. Prior to joining Kaiser Permanente, Dr. McGlynn was the Associate Director of RAND Health and held the RAND Distinguished Chair in Health Care Quality. She was responsible for strategic development and oversight of the research portfolio, and external dissemination and communications of RAND Health research findings. Dr. McGlynn is an internationally known expert on methods for evaluating the appropriateness and technical quality of health care delivery. She has conducted research on the appropriateness with which a variety of surgical and diagnostic procedures are used in the U.S. and in other countries. She led the development of a comprehensive method for evaluating the technical quality of care delivered to adults and children. The method was used in a national study of the quality of care delivered to U.S. adults and children. The article reporting the adult findings received the Article-of-the-Year award from AcademyHealth in 2004. Dr. McGlynn also led the RAND Health's COMPARE initiative, which developed a comprehensive method for evaluating health policy proposals. COMPARE developed a new micro simulation model to

estimate the effect of coverage expansion options on the number of newly insured, the cost to the government, and the effects on premiums in the private sector. She has conducted research on efficiency measures and has recently published results of a study on the methodological and policy issues associated with implementing measures of efficiency and effectiveness of care at the individual physician level for payment and public reporting. Dr. McGlynn is a member of the Institute of Medicine and serves on a variety of national advisory committees. She was a member of the Strategic Framework Board that provided a blueprint for the National Quality Forum on the development of a national quality measurement and reporting system. She chairs the board of AcademyHealth, serves on the board of the American Board of Internal Medicine Foundation, and has served on the Community Ministry Board of Providence-Little Company of Mary Hospital Service Area in Southern California. She serves on the editorial boards for Health Services Research and The Milbank Quarterly and is a regular reviewer for many leading journals. Dr. McGlynn received her BA in international political economy from Colorado College, her MPP from the University of Michigan's Gerald R. Ford School of Public Policy, and her PhD in public policy from the Pardee RAND Graduate School.

### **National Quality Forum Staff**

#### Janet M. Corrigan, PhD, MBA

Janet M. Corrigan, PhD, MBA, is president and CEO of the National Quality Forum (NQF), a private, not-for-profit standard-setting organization established in 1999. The NQF mission includes: building consensus on national priorities and goals for performance improvement and working in partnership to achieve them; endorsing national consensus standards for measuring and publicly reporting on performance; and promoting the attainment of national goals through education and outreach programs. From 1998 to 2005, Dr. Corrigan was senior board director at the Institute of Medicine (IOM). She provided leadership for IOM's Quality Chasm Series, which produced 10 reports during her tenure, including: To Err is Human: Building a Safer Health System, and Crossing the Quality Chasm: A New Health System for the 21st Century. Before joining IOM, Dr. Corrigan was executive director of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. Among Dr. Corrigan's numerous awards are: IOM Cecil Award for Distinguished Service (2002). American College of Medical Informatics Fellow (2006), American College of Medical Quality Founders' Award (2007), Health Research and Educational TRUST Award (2007), and American Society of Health System Pharmacists' Award of Honor (2008). Dr. Corrigan serves on various boards and committees, including: Quality Alliance Steering Committee (2006-present), Hospital Quality Alliance (2006–present), the National eHealth Collaborative (NeHC) Board of Directors (2008–present), the eHealth Initiative Board of Directors (2010–present), the Robert Wood Johnson Foundation's Aligning Forces for Healthcare Quality (AF4Q) National Advisory Committee (2007–present), the Health Information Technology (HIT) Standards Committee of the U.S. Department of Health and Human Services (2009–present), the Informed Patient Institute (2009 – present), and the Center for Healthcare Effectiveness Advisory Board (2011 – present). Dr. Corrigan received her doctorate in health services research and master of industrial engineering degrees from the University of Michigan, and master's degrees in business administration and community health from the University of Rochester.

#### Thomas B. Valuck, MD, JD, MHSA

Thomas B. Valuck, MD, JD, is senior vice president, Strategic Partnerships, at the National Quality Forum (NQF), a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Dr. Valuck oversees NQF-convened partnerships—the Measure Applications Partnership (MAP) and the National Priorities Partnership (NPP)—as well as NQF's engagement with states and regional community alliances. These NQF initiatives aim to improve health and healthcare through public reporting, payment incentives, accreditation and certification,

workforce development, and systems improvement. Dr. Valuck comes to NQF from the Centers for Medicare & Medicaid Services (CMS), where he advised senior agency and Department of Health and Human Services leadership regarding Medicare payment and quality of care, particularly value-based purchasing. While at CMS, Dr. Valuck was recognized for his leadership in advancing Medicare's payfor-performance initiatives, receiving both the 2009 Administrator's Citation and the 2007 Administrator's Achievement Awards. Before joining CMS, Dr. Valuck was the vice president of medical affairs at the University of Kansas Medical Center, where he managed quality improvement, utilization review, risk management, and physician relations. Before that he served on the Senate Health, Education, Labor, and Pensions Committee as a Robert Wood Johnson Health Policy Fellow; the White House Council of Economic Advisers, where he researched and analyzed public and private healthcare financing issues; and at the law firm of Latham & Watkins as an associate, where he practiced regulatory health law. Dr. Valuck has degrees in biological science and medicine from the University of Missouri-Kansas City, a master's degree in health services administration from the University of Kansas, and a law degree from the Georgetown University Law School.

#### Constance W. Hwang, MD, MPH

Constance W. Hwang, MD, MPH, is vice president of the Measure Applications Partnership (MAP) at the National Quality Forum, a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting. Dr. Hwang is a board-certified general internist, and before joining NOF was the director of clinical affairs and analytics at Resolution Health, Inc (RHI). At RHI, Dr. Hwang managed an analytics team that developed and implemented clinical algorithms and predictive models describing individual health plan members, their overall health status, and potential areas for quality and safety improvement. Dr. Hwang has served as clinical lead for physician quality measurement initiatives, including provider recognition and pay-for-performance programs. She has experience designing and programming technical specifications for quality measures and has represented RHI as a measure developer during NQF's clinically enriched claims-based ambulatory care measure submission process. Nominated to two different NQF committees, Dr. Hwang has participated in both NQF's Measure Harmonization Steering Committee, which addressed challenges of unintended variation in technical specifications across NQF-endorsed quality measures, and the NQF Technical Advisory Panel for Resource Use for cardiovascular and diabetes care. Dr. Hwang is a former Robert Wood Johnson Clinical Scholar at Johns Hopkins and received her master's degree in public health as a Sommer Scholar from the Johns Hopkins Bloomberg School of Public Health. She completed her internal medicine residency at Thomas Jefferson University Hospital in Philadelphia and received her medical degree from Mount Sinai School of Medicine in New York.

#### Aisha Pittman, MPH

Aisha T. Pittman, MPH, is a Senior Program Director, Strategic Partnerships, at the National Quality Forum (NQF). Miss Pittman leads the Clinician Workgroup and the Post-Acute Cae/Long-Term Care Workgroup of the Measure Applications Partnership (MAP). Additionally, Ms. Pittman leads an effort devoted to achieving consensus on a measurement framework for assessing the efficiency of care provided to individuals with multiple chronic conditions. Ms. Pittman comes to NQF from the Maryland Health Care Commission (MHCC) where she was Chief of Health Plan Quality and Performance; responsible for state efforts to monitor commercial health plan quality and address racial and ethnic disparities in health care. Prior to MHCC, Ms. Pittman spent five years at the National Committee for Quality Assurance (NCQA) where she was responsible for developing performance measures and evaluation approaches, with a focus on the geriatric population and Medicare Special Needs Plans. Ms. Pittman has a bachelor of science in Biology, a bachelor of Arts in Psychology, and a Masters in Public Health all from The George Washington University. Ms. Pittman was recognized with GWU's School of Public Health and Health Services Excellence in Health Policy Award.

#### Mitra Ghazinour, MPP

Mitra Ghazinour, MPP, is a project manager, Strategic Partnerships, at the National Quality Forum (NOF), a nonprofit membership organization with the mission to build consensus on national priorities and goals for performance improvement and endorse national consensus standards for measuring and publicly reporting on performance. Ms. Ghazinour is currently supporting the work of the NQF Measure Applications Partnership (MAP) Clinician and Post-Acute/Long-Term Care (PAC/LTC) workgroups. Prior to working at NQF, she was a research analyst III at Optimal Solutions Group, LLC, serving as the audit team leader for the Evaluation & Oversight (E&O) of Qualified Independent Contractors (QIC) project. Her responsibilities as audit team leader included serving as a point of contact for OIC and CMS, conducting interviews with QIC staff, reviewing case files, facilitating debriefings and meetings, and writing evaluation reports. Ms. Ghazinour also served as the project manager for the Website Monitoring of Part D Benefits project, providing project management as well as technical support. Additionally, she provided research expertise for several key projects during her employment at IMPAQ International, LLC. In the project, Development of Medicare Part C and Part D Monitoring Methods for CMS, Ms. Ghazinour assisted with the collaboration between CMS and IMPAQ on a broad effort to review, analyze, and develop methods and measures to enhance the current tools CMS uses to monitor Medicare Advantage (Part C) and Prescription Drug (Part D) programs. In another effort to support CMS, Ms. Ghazinour coordinated the tasks within the National Balancing Contractor (NBIC) project which entailed developing a set of national indicators to assess states' efforts to balance their long-term support system between institutional and community-based supports, including the characteristics associated with improved quality of life for individuals. Ms. Ghazinour has a Master's degree in Public Policy and a bachelor's degree in Health Administration and Policy Program, Magna Cum Laude, from the University of Maryland, Baltimore County (UMBC).

#### Erin O'Rourke

Erin O'Rourke is currently employed at the National Quality Forum, a non-profit, multi-stakeholder organization, as part of its Strategic Partnerships department. Specifically, she serves as a Project Analyst supporting the Measure Applications Partnership. Before coming to NQF Ms. O'Rourke worked in Outcomes Research at United BioSource Corporation. While at UBC, she worked to develop patient-reported outcome measures (PROs) and evaluate the measurement qualities of PROs. She also worked on studies to evaluate symptoms, measure health-related quality of life, and evaluate treatment satisfaction and patient preference. Before working with UBC, Ms. O'Rourke worked with The Foundation for Informed Medical Decision Making, a non-profit organization working to promote shared decision-making and patient engagement. Ms. O'Rourke was responsible for supporting the Foundation's research efforts. Ms. O'Rourke has a bachelor of science in Health Care Management and Policy from Georgetown University.