NATIONAL QUALITY FORUM

Agenda

MAP Post-Acute Care and Long-Term Care Workgroup
Web Meeting
October 17, 2014 | 1:00 – 3:00 pm ET

Participant Instructions:

Streaming Audio Online
- Direct your web browser to: http://nqf.commpartners.com.
- Under "Enter a Meeting" type in the meeting number: **810395**
- In the "Display Name" field, type in your first and last names and click "Enter Meeting."

Teleconference
- Dial **(877) 554-7889** for workgroup members or **(866) 502-4011** for public participants

If you need technical assistance, you may press *0 to alert an operator or send an email to nqf@commpartners.com.

An online archive of the meeting is available by clicking here.

Meeting Objectives:

- Orientation to MAP 2014 pre-rulemaking approach
- Overview of IMPACT Act of 2014
- Review each program likely to be considered by the PAC/LTC Workgroup
- Discuss and agree on the critical program objectives for each program

1:00 pm	**Welcome, Introductions, and Review of Meeting Objectives**
	Carol Raphael, Workgroup Chair
	Angela Franklin, Senior Director, NQF
1:10 pm	**MAP Pre-Rulemaking Approach**
	Angela Franklin, Senior Director, NQF
1:25 pm	**IMPACT Act of 2014**
	Stace Mandl, CMS
	Tara McMullen, CMS
	Carol Raphael, Workgroup Chair
1:50 pm	**Overview of Programs under Consideration**
	Carol Raphael, Workgroup Chair
	Angela Franklin, Senior Director, NQF
	Mitra Ghazinour, Project Manager, NQF
	Laura Ibragimova, Project Analyst, NQF

- Nursing Home Quality Initiative

- Home Health Quality Reporting Program
- Inpatient Rehabilitation Facility Quality Reporting Program
- Long-Term Care Quality Reporting Program
- End Stage Renal Disease Quality Incentive Program
- Hospice Quality Reporting program

2:45 pm   **Opportunity for Public Comment**

2:55 pm   **Next Steps**
Carol Raphael

3:00 pm   **Adjourn**

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PAC/LTC Workgroup Pre-
Rulemaking
Web Meeting

October 17, 2014

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Meeting Objectives

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MAP Post-Acute Care/Long-Term Care Workgroup Membership

Workgroup Chair: Carol Raphael, MPA

Organizational Members

Aetna	Joseph Agostini, MD
American Medical Rehabilitation Providers Association	Suzanne Snyder Kauserud, PT
American Occupational Therapy Association	Pamela Roberts, PhD, OTR/L, SCRES, CPHQ, FAOTA
American Physical Therapy Association	Roger Herr, PT, MPA, COS-C
American Society of Consultant Pharmacists	Jennifer Thomas, PharmD
Caregiver Action Network	Lisa Winstel
Johns Hopkins University School of Medicine	Bruce Leff, MD
Kidney Care Partners	Allen Nissenson, MD, FACP, FASN, FNKF
Kindred Healthcare	Sean Muldoon, MD
National Consumer Voice for Quality Long-Term Care	Robyn Grant, MSW
National Hospice and Palliative Care Organization	Carol Spence, PhD
National Pressure Ulcer Advisory Panel	Arthur Stone, MD
National Transitions of Care Coalition	James Lett, II, MD, CMD
Providence Health & Services	Dianna Reely
Visiting Nurses Association of America	Margaret Terry, PhD, RN

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MAP Post-Acute Care/Long-Term Care Workgroup Membership

Subject Matter Experts

Louis Diamond, MBChB, FCP(SA), FACP, FHIMSS
Gerri Lamb, PhD
Marc Leib, MD, JD
Debra Saliba, MD, MPH
Thomas von Sternberg, MD

Federal Government Members

Centers for Medicare & Medicaid Services (CMS)	Alan Levitt, MD
Office of the National Coordinator for Health Information Technology (ONC)	Elizabeth Palena Hall, MIS, MBA, RN
Substance Abuse and Mental Health Services Administration (SAMHSA)	Lisa C. Patton, PhD

MAP Coordinating Committee Co-Chairs

George J. Isham, MD, MS
Elizabeth A. McGlynn, PhD, MPP

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MAP Pre-Rulemaking Approach

Background on MAP Process Improvement Efforts

- Based on feedback from MAP members, external stakeholders, NQF members, and staff, NQF undertook an intensive improvement effort on MAP.

- Our goal was to develop a streamlined and manageable process for MAP stakeholders and staff resulting in an improved product.
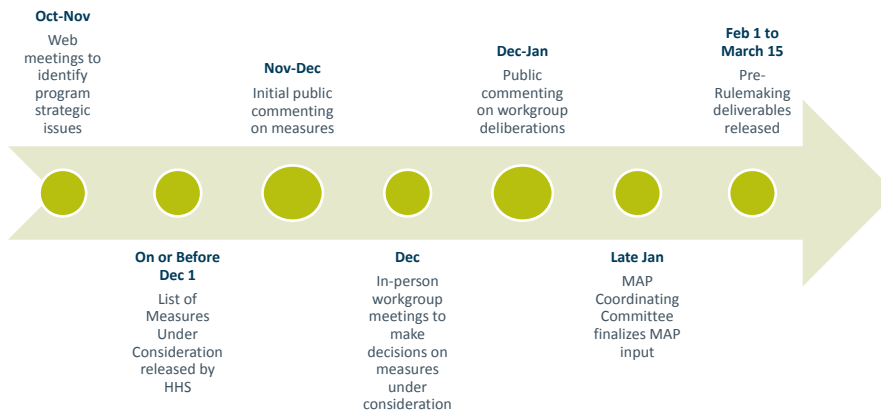
New for 2014-2015 Pre-Rulemaking

- Expanded opportunities to gather public feedback

- Easier access to information through focused products

- Centering decisions on critical program needs and objectives

- Better navigation and focused analysis in meeting materials

- More consistent and transparent deliberations process

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New for 2014-2015 Pre-Rulemaking: General Timeline

Oct-Nov
Web meetings to identify program strategic issues

Nov-Dec
Initial public commenting on measures

Dec-Jan
Public commenting on workgroup deliberations

Feb 1 to March 15
Pre-Rulemaking deliverables released

On or Before Dec 1
List of Measures Under Consideration released by HHS

Dec
In-person workgroup meetings to make decisions on measures under consideration

Late Jan
MAP Coordinating Committee finalizes MAP input

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Approach to decision-making –
Supporting deliberations with preliminary analysis

Standardized approach across all workgroups:
- The measures under consideration will be divided into related groups for the purposes of discussion and voting
- Each measure under consideration will undergo a preliminary analysis by staff based on a standard decision algorithm applying the MAP measure selection criteria
- Discussion guide will note the result of the preliminary analysis and provide rationale to support how that conclusion was reached

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New for 2014-2015 Pre-Rulemaking:
More Consistent Deliberations Process and Centering
Decisions on Key Program Needs/Objectives

Old
- Variations occurred in reviewing and recommending measures.

New
- Consensus is reached when more than 60% agree.
- Using a "consent calendar" format that relies on a defined process for preliminary analysis, MAP workgroups will reach consensus decisions on the use of measures in a consistent manner.
- Members can identify measures that need discussion. Will allow the groups to spend more time on measures where there are differing stakeholder perspectives.

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New for 2014-2015 Pre-Rulemaking: Preliminary analysis for fully developed measures under consideration (MUCs) using MAP measure selection criteria
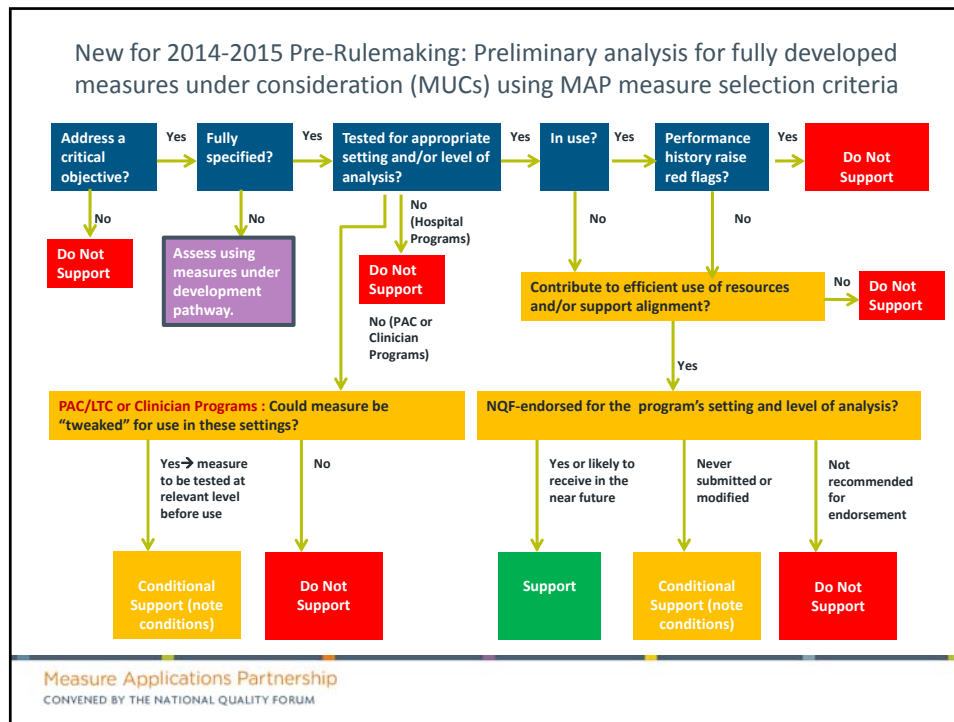
IMPACT ACT 2014

**Data Element Uniformity, Assessment Domain Standardization,
Cross Setting Quality Measures, and the
IMPACT ACT OF 2014**

Stella Mandl, RN, Technical Advisor
Tara McMullen, MPH, PhD(c), Analyst

Data Assessment Elements Goal

When we keep in mind the ultimate goal of

quality care for all

and step back to look at the big picture of what's been done to prepare, it becomes clearer where the work converges; how much of the work is connected and has already been done to achieve

quality care for all

Achieving Uniformity to Facilitate Effective Communication for Better Care of Individuals and Communities

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CARE: Background

- **2000: Benefits Improvement & Protection Act (BIPA)**
  - mandated standardized assessment items across the Medicare program, to supersede current items
- **2005: Deficit Reduction Act (DRA)**
  - Mandated the use of standardized assessments across acute and post-acute settings
  - Established Post-Acute Care Payment Reform Demonstration (PAC-PRD) which included a component testing the reliability of the standardized items when used in each Medicare setting
- **2006: Post-Acute Care Payment Reform Demonstration requirement:**
  - Data to meet federal HIT interoperability standards

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CARE: *Concepts*

Guiding Principles and Goals:

Assessment Data that is:
- Uniform
- Reusable
- **Informative**

Can help achieve data use that can:
- Communicate in the same language across settings
- Ensure data transferability of clinically relevant information forward and backward allowing for interoperability, ensuring care coordination

Uniformity
- Increases reliability and validity
- Data can follow the person
- Facilitates patient centered care, care coordination, improved outcomes, and efficiency

Goals that standardization can enable:
- Fostering seamless care transitions
- Evaluation of outcomes for patients that traverse settings
- Measures that can follow the patient
- Assessment of quality across settings
- Reduction in provider burden

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More About CARE

- Data collection using the CARE Item Set occurred as part of the Post Acute Care Payment Reform Demonstration and included 206 acute and PAC providers

  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/CARE-Item-Set-and-B-CARE.html

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Current State

- Data, Document and Transmission: A value stream for convergence
  - **Patient and Resident Assessments uniform only at the provider- type level**
  - Communication **not standardized**
  - Care Communication: **Gap**
  - Providers **double document/triple document**
  - Assessment Data **not interoperable**
  - **Data elements** don't map exactly across settings
    - **Reliance on cross walks**
  - **Quality measures only measure quality in one setting**
  - Quality Measures lack harmonization
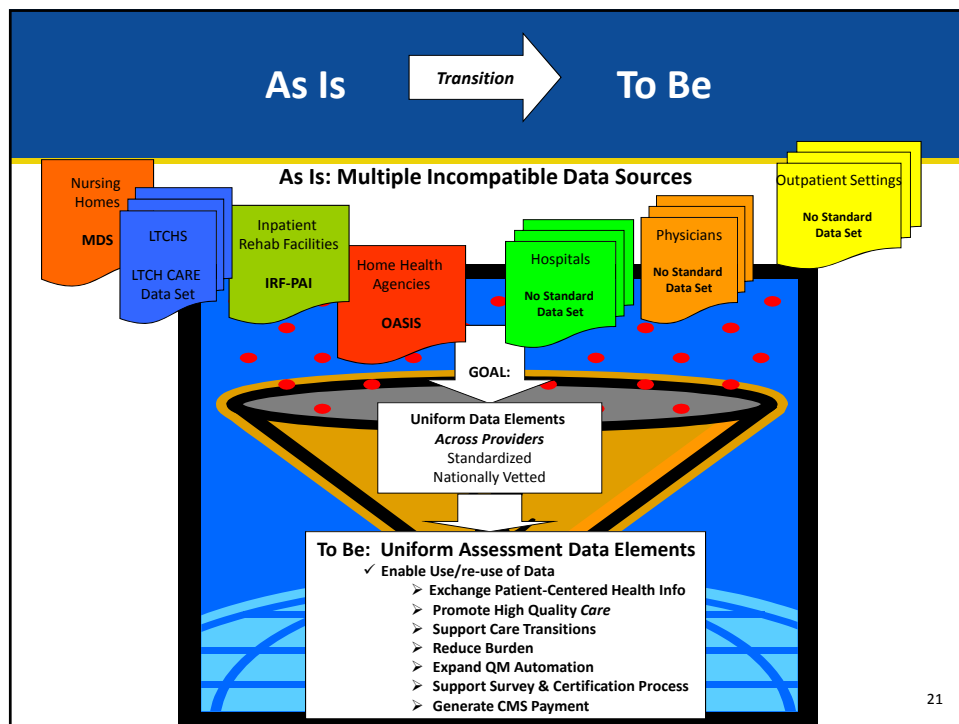
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Building the Future State

- Assessment Instrument/Data Sets **use uniform and standardized items**
- **Quality Measures are harmonized at the Data Element level**
- Providers/vendors have **public access to standards**
- **Data Elements are easily available with national standards** to support PAC health information technology (IT) and care communication
- **Transfer of Care Documents** are able to **incorporate uniform Data Elements** used in PAC/HCBS settings, if desired
- Quality Measures can evaluate quality across settings and longitudinally

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Keeping in Mind, the Ideal State

- Facilities are able to transmit electronic and interoperable Documents and Data Elements

- **Provides convergence** in language/terminology

- Data Elements used are **clinically relevant**

- Care is coordinated using **meaningful information** that is spoken and **understood by all**

- Measures **can evaluate quality across settings and** evaluate **intermittent and long term outcomes**

- **Measures follow the person**

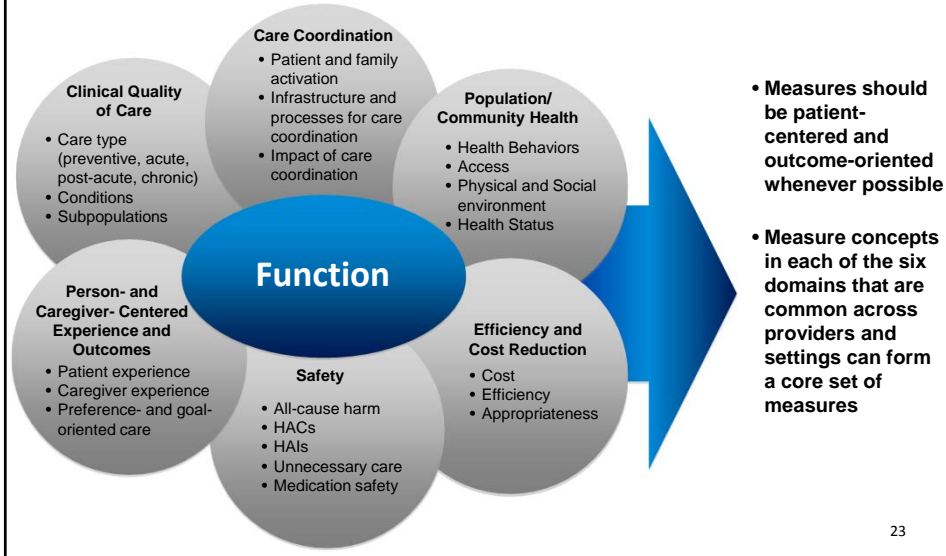- **Incorporates** needs **beyond healthcare system**

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As Is → *Transition* → **To Be**

As Is: Multiple Incompatible Data Sources

Nursing Homes

MDS

LTCHS

LTCH CARE Data Set

Inpatient Rehab Facilities

IRF-PAI

Home Health Agencies

OASIS

Hospitals

No Standard Data Set

Physicians

No Standard Data Set

Outpatient Settings

No Standard Data Set

GOAL:

Uniform Data Elements
Across Providers
Standardized
Nationally Vetted

To Be: Uniform Assessment Data Elements
✓ **Enable Use/re-use of Data**
➢ **Exchange Patient-Centered Health Info**
➢ **Promote High Quality *Care***
➢ **Support Care Transitions**
➢ **Reduce Burden**
➢ **Expand QM Automation**
➢ **Support Survey & Certification Process**
➢ **Generate CMS Payment**

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CMS Vision for Quality Measurement

- Align measures with the **National Quality Strategy and Six Measure Domains**
- Implement measures that **fill critical gaps** within the six domains
- Develop parsimonious sets of measures - **core sets of measures**
- Remove measures that are no longer appropriate (e.g., topped out)
- Align measures with external stakeholders, including private payers and boards and specialty societies
- Continuously improve quality measurement over time
- **Align measures across CMS programs whenever and wherever possible**

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CMS Framework for Measurement

Clinical Quality of Care
- Care type (preventive, acute, post-acute, chronic)
- Conditions
- Subpopulations

Care Coordination
- Patient and family activation
- Infrastructure and processes for care coordination
- Impact of care coordination

Population/ Community Health
- Health Behaviors
- Access
- Physical and Social environment
- Health Status

Function

Person- and Caregiver- Centered Experience and Outcomes
- Patient experience
- Caregiver experience
- Preference- and goal-oriented care

Safety
- All-cause harm
- HACs
- HAIs
- Unnecessary care
- Medication safety

Efficiency and Cost Reduction
- Cost
- Efficiency
- Appropriateness

- **Measures should be patient-centered and outcome-oriented whenever possible**

- **Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures**

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Standardizing Function At The Item Level

IRF-PAI → **MDS** → **OASIS**

Eating   Eating   Eating

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Definitions of Concepts

Data Elements/Items

↓

Quality Measure

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Functional Status

- Function is a measurement area that touches on all 6 Priorities.

- Functional status is relevant to all settings:
  - High priority to consumers
  - Specialized area of care provided by post-acute care providers, including IRFs, LTCHs, SNFs, and HHAs
  - Long term outcomes link to function

- Functional Status data are collected by post acute care providers for payment and quality monitoring: IRFs (payment), SNFs (payment), LTCHs (risk adjustor for quality) and HHAs (payment and quality).

- However, functional status data are currently setting-specific and are not easily compared.

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Standardizing Function
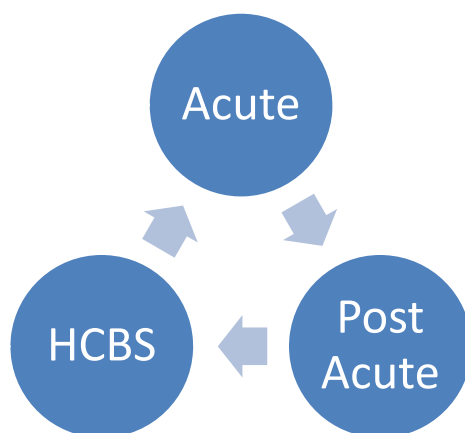
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Measures in Development

- Inpatient Rehab Facilities (IRF) measures:
  - Change in self-care score for medical rehabilitation patients
  - Change in mobility score for medical rehabilitation patients

- Long Term Care Hospitals (LTCH) measures:
  - Change in mobility among patients requiring ventilator support
  - Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function

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Uniform Data: CMS Vision for MU

The E-Health Connected Medicaid Health System
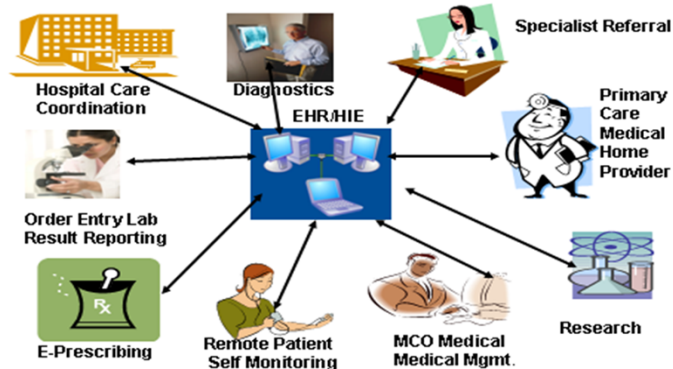
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Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

- Bi-partisan bill introduced in March, U.S. House & Senate
- Requires Standardized Patient Assessment Data that will enable :

- Quality care and improved outcomes
- Compare quality across PAC settings
- Improve discharge planning
- Interoperability
- Facilitate care coordination
- Uniformity

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Definitions

- Medicare Beneficiary: "an individual entitled to benefit under part A or, as appropriate, enrolled for benefits under part B."

- Applicable PAC settings and Prospective Payment Systems (PPS):
  - Home health agencies (HHA) under section 1895
  - Skilled nursing facilities (SNF) under section 1888(e)
  - Inpatient rehabilitation facilities (IRF) under section 1886(j)
  - Long-term care hospitals (LTCH) under section 1886(m)

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Definitions (continued)

Applicable PAC assessment instruments

- HHA: Outcome and Assessment Information Set (OASIS) or any successor regulation
- SNF: assessment specified under section 1819(b)(3)
- IRF: any Medicare beneficiary assessment instrument established by the Secretary for purposes of section 1886(j)
- LTCH: any Medicare beneficiary assessment instrument used to collect data elements to calculate quality measures, including for purposes of section 1886(m)(5)(C)

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Requirements for Standardized Assessment Data

- IMPACT Act added new section 1899(B) to Title XVIII of the Social Security Act (SSA)
- Post-Acute Care (PAC) providers must report:
  - Standardized assessment data
  - Data on quality measures
  - Data on resource use and other measures
- The data must be standardized and interoperable to allow for the:
  - Exchange of data using common standards and definitions
  - Facilitation of care coordination
  - Improvement of Medicare beneficiary outcomes
- PAC assessment instruments must be modified to:
  - Enable the submission of standardized data
  - Compare data across all applicable providers

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Specified Application Dates by Quality Measure Domains

- Functional status, cognitive function, and changes in function and cognitive function
- Skin integrity and changes in skin integrity
- Medication reconciliation
- Incidence of major falls
- Communicating the existence of and providing for the transfer of health information and care preferences

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Standardized Patient Assessment Data

- Requirements for reporting assessment data:
  - Providers must submit standardized assessment data through PAC assessment instruments under applicable reporting provisions
  - The data must be submitted at the time of admission and discharge for each patient, or more frequently as required

- Data categories:
  - Functional status
  - Cognitive function and mental status
  - Special services, treatments, and interventions
  - Medical conditions and co-morbidities
  - Impairments
  - Other categories required by the Secretary

Use of Standardized Assessment Data:
HHAs: no later than January 1, 2019
SNFs, IRFs, and LTCHs: no later than October 1, 2018

Resource Use and Other Measures

- Resource use and other measures will be specified for reporting, which may include standardized assessment data in addition to claims data.

- Resource use and other measure domains include:
  - Total estimated Medicare spending per beneficiary
  - Discharge to community
  - Measures to reflect all-condition risk-adjusted potentially preventable hospital readmission rates

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SNF QRP Established

- SNFs - amends section 1888(e) of the SSA to add paragraph (6) —
  - (A) Reduction in Update for Failure to Report
    - A SNF will receive a 2 percentage point reduction in its APU for failure to report data beginning with FY 2018
      - The result may be less than 0.0 for the FY and/or less than the preceding
      - The reduction will only apply to the FY involved

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CMS Library Concept & CARE

CMS Assessment Data Element Library

HCBS CARE
OASIS-C
IRF-PAI
MDS 3.0
LTCH CARE Data Set
CARE
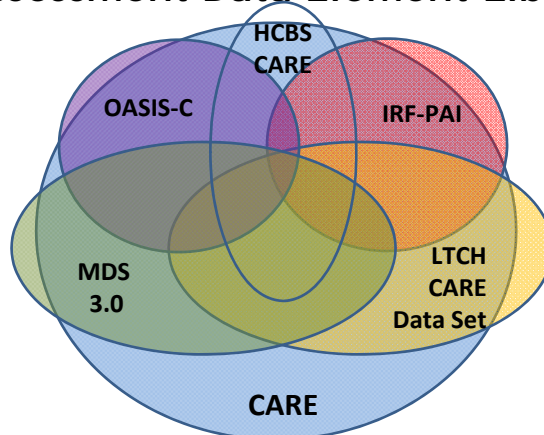
Overview of Programs
Under Consideration

Potential Programs to Be Considered

- Nursing Home Quality Initiative
- Home Health Quality Reporting Program
- Inpatient Rehabilitation Facility Quality Reporting Program
- Long-Term Care Hospital Quality Reporting Program
- Hospice Quality Reporting Program
- End-Stage Renal Disease Quality Incentive Program

PAC/LTC High-Leverage Opportunities and Core Measure Concepts

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	• Functional and cognitive status assessment • Mental health
Goal Attainment	• Establishment of patient/family/caregiver goals • Advanced care planning and treatment
Patient Engagement	• Experience of care • Shared decision-making
Care Coordination	• Transition planning
Safety	• Falls • Pressure ulcers • Adverse drug events
Cost/Access	• Inappropriate medicine use • Infection rates • Avoidable admissions

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Core Concepts by Program

PAC/LTC Core Concept	Program					
	NHQR	HHQR	LTCHQR	IRFQR	ESRD-QIP	Hospice QRP
Advanced care planning and treatment						
Adverse drug events		X				
Avoidable admissions		X	X	X	X	
Establishment of patient/family/caregiver goals		X				X
Experience of care		X			X	X
Falls	X	X	X			
Functional and cognitive status assessment	X	X	X	X	X	X
Inappropriate medicine use	X					
Infection rates	X	X	X	X	X	
Mental health	X	X			X	
Pressure ulcers	X	X	X	X		
Shared decision-making						
Transition planning	X	X				

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Today's meeting: Focus on prospective and strategic considerations for programs

- Intended to identify and discuss programmatic strategic issues such as:
  - Are the current measures in the program helping to meet the program's overall objectives?
  - Are there ongoing measure implementation challenges or unintended consequences?
  - Are there opportunities to align measures across programs in that setting or across all settings?
- Meetings will be more prospective, as opposed to reviewing measures already finalized in the program.

Nursing Home Quality Initiative

- **Program Type:** Public Reporting
- **Incentive Structure:** Nursing homes and skilled nursing facilities are required to complete the Minimum Data Set (MDS) as part of the federally mandated certification. Quality measures are also reported on the NH Compare website using a Five-Star Quality Rating System.
- **Program Goals:** To improve the quality of care in nursing homes using CMS' informational tools (e.g., Nursing Home Compare, Nursing Home Checklist).
- **Program Updates:** None

Centers for Medicare and Medicaid Services. Five-Star Quality Rating System. Available at https://www.cms.gov/CertificationandComplianc/13_FSQRS.asp#TopOfPage. Last accessed October 2011
Health Policy Monitor. Nursing Home Quality Initiatives. Available at http://hpm.org/en/Surveys/CMWF_New_York_-_USA/02/Nursing_Home_Quality_Initiatives.html. Last accessed September 2014 .

Nursing Home Quality Initiative , cont.

- **Critical Program Objectives:**
  - Statutory Requirements
    - » IMPACT Act- Requires submission of new quality and resource use measures beginning FY 2017; require new SNF Quality Reporting Program at the start of FY 2019.
    - » Protecting Access to Medicare Act (PAMA)- Requires establishment of SNF value-based purchasing program, starting in FY 2019.
  - MAP Previous Recommendation
    - » Determine whether (1) there are opportunities to combine the long-stay and short-stay measures using risk adjustment and/or stratification to account for patient variations and (2) any of the measures could be applied to other PAC/LTC programs to align measures across settings.
    - » Add measures that assess discharge to the community and the quality of transition.
    - » Include Nursing Home-CAHPS measures in the program to address patient experience.

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Centers for Medicare and Medicaid Services. Five-Star Quality Rating System. Available at https://www.cms.gov/CertificationandComplianc/13_FSQRS.asp#TopOfPage. Last accessed October 2011
Health Policy Monitor. Nursing Home Quality Initiatives. Available at http://hpm.org/en/Surveys/CMWF_New_York_-USA/02/Nursing_Home_Quality_Initiatives.html. Last accessed September 2014 .

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Home Health Quality Reporting Program

- **Program Type:** Pay for Reporting, Public Reporting

- **Incentive Structure:** Home health agencies (HHAs) that do not submit data will receive a 2 percentage point reduction in their annual HH market basket percentage increase. Subsets of the quality measures generated from OASIS are reported on the HH Compare website.

- **Program Goals:** Alignment with the mission of the IOM which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.

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Centers for Medicare and Medicaid Services. Home Health Quality Reporting Requirements. July 14.
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Requirements.html. Last accessed October 2014.

Home Health Quality Reporting Program, cont.

- **Program Update:**

CY 2015 Home Health proposed Rule

- ▫ Specified the adoption of two claims based measures in the CY 2014 HH PPS final rule
  - » Re-hospitalization during the first 30 days of HH
  - » Emergency department use without hospital readmission during the first 30 days of HH
- ▫ Set a date of October 2014 for removal of the episode stratified process measures in the CASPER reports.
- ▫ Continue to require HHCAHPS

Home Health Quality Reporting Program, cont.

- **Critical Program Objectives:**
  - ▫ Statutory Requirements
    - » HH is a covered service under the Part A Medicare benefit consisting of part time, medically necessary skilled care that is ordered by a physician.
    - » Quality measures used in HH QRP include outcome and process measures. Three types of outcome measures are improvement measures, measures of potentially avoidable events, and utilization of care measures.
    - » IMPACT Act- Requires submission of new quality and resource use measures beginning CY 2017.
  - ▫ MAP Previous Recommendation
    - » Noted that the large measure set reflects the heterogeneity of the home health population; however, it could be more parsimonious.

Inpatient Rehabilitation Facility Quality Reporting Program

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:** Must submit data on quality measures to receive annual payment updates, starting in FY 2014; failure to report quality data will result in a 2 percent reduction in the annual increase factor for discharges occurring during that fiscal year.
- **Program Goals:** Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

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Centers for Medicare and Medicaid Services. IRF Quality Reporting Program Details. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Details.html Last accessed October 2014
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Inpatient Rehabilitation Facility Quality Reporting Program, cont.

- **Program Updates:**
  - IRF Prospective Payment System for Federal Fiscal Year 2015 final rule:
    - » For the FY 2017 adjustments to the IRF PPS annual increase factor, CMS adopted two new quality measures
      - *NQF#1717 NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure*
      - *NQF #1716 NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure*

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MAP Pre-Rulemaking Report: 2014 Recommendations on Measures for More than 20 Federal Programs . Retrieved from: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx . Last accessed October 2014.
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Inpatient Rehabilitation Facility Quality Reporting Program, cont.

- **Critical Program Objectives**:
  - ▫ Statutory Requirements
    - » Measures should align with the NQS, be relevant to the priorities of IRFs (such as patient safety, reducing adverse events, better coordination of care, and person- and family-centered care.
    - » IMPACT Act- Requires submission of new quality and resource use measures beginning FY 2017.
  - ▫ MAP Previous Recommendation
    - » Program measure set is too limited and could be enhanced by addressing core measure concepts not currently addressed in the set (e.g., functional status).

Long-Term Care Hospital Quality Reporting Program

- **Program Type**: Pay for Reporting, Public Reporting
- **Incentive Structure**: Must submit data on quality measures in order to receive annual payment updates starting in FY 2014 ; failure to report quality data will result in a 2 percent reduction in the annual payment update.
- **Program Goals**: 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).

Long-Term Care Hospital Quality Reporting Program, cont.

- **Program Updates:**
  - Hospital Inpatient Prospective Payment System for Acute Care Hospitals and the LTCH Prospective Payment System FY 2015 Final Rule:
    - » For the FY 2018 payment determination and subsequent years, in addition to retaining the previously finalized measures, CMS adopted three new quality measures:
      - *Percent of LTCH patients with an admission and discharge functional assessment and a care plan that addresses function*
      - *Functional Outcome Measure: change in mobility among patients requiring ventilator support*
      - *Ventilator-Associated Event*

Long-Term Care Hospital Quality Reporting Program, cont.

- **Critical Program Objectives:**
  - Statutory Requirements
    - » IMPACT Act- Requires submission of new quality and resource use measures beginning FY 2017.
    - » Measures should align with the NQS, be relevant to the priorities of LTCHs (such as patient safety, better coordination of care, and person- and family-centered care).
  - MAP Previous Recommendation
    - » Functional status assessment should cover a broad range of mobility issues.
    - » Increased attention should be given to pain, agitation, and delirium among the ventilated population.
    - » Add measures to address cost, cognitive status assessment, medication management, and advance directives.

End-Stage Renal Disease Quality Incentive Program

- **Program Type:** Pay for Performance, Public Reporting
- **Incentive Structure:** Starting in 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of two percent per year.
- **Program Goals:** Improve the quality of dialysis care and produce better outcomes for beneficiaries.

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Centers for Medicare and Medicaid Services. End Stage Renal Disease (ESRD) Center. http://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html Last accessed October 2014.

End Stage Renal Disease Quality Incentive Program, cont.

- **Program Update**:
  - Proposed rule for ESRD PPS for CY 2015:
    » Proposed measures for the PY 2017 ESRD QIP
    - *Continue using measures finalized for the PY 2016 program measure set except one measure, Anemia Management: Hgb >12 Percentage of Medicare patients with a mean hemoglobin value greater than 12 g/dL'.*
    - *Adopt the NQF#2496 Standardized Readmission Ratio (SRR) clinical measure, which addresses care coordination .*

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Centers for Medicare and Medicaid Services. End Stage Renal Disease (ESRD) Center. http://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html Last accessed October 2014.

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End Stage Renal Disease Quality Incentive Program, cont.

- **Program Update:**
  - Proposed Measures for the PY 2018 ESRD QIP
    - » Continue using measures proposed for the PY 2017 program measure set with the exception of the ICH CAHPS reporting measure, which will be converted to #0258 In-Center Hemodialysis Consumer Assessment of Providers and Systems Survey which is a clinical Measure.
    - » Adopt three new measures which are based on NQF-Endorsed measures (NQF #0420, NQF #0418, NQF #0431).
      - • *Pain Assessment and Follow-Up, a reporting measure.*
      - • *Depression Screening and Follow-Up, a reporting measure*
      - • *NHSN Healthcare Personnel Influenza Vaccination, a reporting measure*
    - » Adopt a new measure Percentage of pediatric peritoneal dialysis patient-months with spKt/V greater than or equal to 1.8.

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Centers for Medicare and Medicaid Services. End Stage Renal Disease (ESRD) Center. http://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html Last accessed October 2014.

End Stage Renal Disease Quality Incentive Program, cont.

- **Critical Program Objectives:**
  - Statutory Requirements
    - » The program measure set should include measures of anemia management that reflect labeling approved by the FDA, dialysis adequacy, patient satisfaction, iron management, bone mineral metabolism, and vascular access.
  - MAP Previous Recommendation
    - » Measure set expand beyond dialysis procedures to include nonclinical aspects of care (e.g., care coordination, medication reconciliation, functional status, patient engagement, pain, falls, and measures covering comorbid conditions such as depression).
    - » Explore whether the clinically focused measures could be combined in a composite measure for assessing optimal dialysis care.
  - Future direction of the ESRD QIP
    - » Outcome measures are preferred.
    - » Inclusion of pediatric measures to assess the pediatric population that has been largely excluded from the existing measures.
    - » Identify appropriate data elements and sources to support measures.

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Final rule ESRD PY 2014. The Office of the Federal Register. http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1
http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report_2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx

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Hospice Quality Reporting Program

- **Program Type:** Pay for Reporting, Public Reporting
- **Incentive Structure:** Failure to submit required quality data, beginning in FY 2014, shall result in a 2 percentage point reduction to the market basket percentage increase for that fiscal year.
- **Program Goals:** Make the hospice patient as physically and emotionally comfortable as possible, with minimal disruption to normal activities, while remaining primarily in the home environment.
- **Program Update:**
  - CMS finalized the Hospice Item Set (HIS) in last year's rule to meet the quality reporting requirement for hospices for the FY 2016 payment determination and each subsequent year.
  - CAHPS Hospice Survey has a January 1, 2015 implementation date.

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CMS. Hospice Quality Reporting. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html

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Hospice Quality Reporting Program, cont.

- **Critical Program Objectives:**
  - Statutory Requirements
    - » As of July 1, 2014, all Medicare-certified hospices are required to submit an HIS-Admission record and HIS-Discharge record for each patient admission to their hospice, which can be used to collect data to calculate 6 NQF-endorsed measures and 1 modified NQF measure.
  - MAP Previous Recommendation
    - » Include measures addressing concepts such as goal attainment, patient engagement, care coordination, depression, caregiver's role, and timely referral to hospice.
  - Future Direction of HH QRP
    - » Develop an outcome measure addressing pain.
    - » Select measures that address care coordination, communication, timeliness/responsiveness of care, and access to the healthcare team on a 24-hour basis.

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Centers for Medicare and Medicaid Services. Hospice Quality Reporting. http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/index.html

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Opportunity for Public Comment

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Next Steps

- MAP PAC/LTC Workgroup upcoming pre-rulemaking activities for 2014-2015:
  - December 12, 2014 – in-person meeting to review measures under consideration for PAC/LTC settings
  - January 30, 2015 – Recommendations on individual measures
  - February 15, 2015 – Strategic guidance for hospital and PAC/LTC programs

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Upcoming MAP Pre-Rulemaking Meetings

October/November Strategic Web Meetings
• **Clinician Workgroup - October 3**
• Hospital Workgroup - **October 8**
• Dual Eligible Workgroup - **October 10**
• PAC/LTC Workgroup - **October 17**
• Coordinating Committee - **November 10**

January In-Person Meeting
• Coordinating Committee **January 26-27**

December In-Person Workgroup Meetings
• Hospital Workgroup - **December 9-10**
• PAC/LTC Workgroup - **December 12**
• Clinician Workgroup - **December 15-16**

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Points of Contact

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Thank You!

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