

MEASURE APPLICATIONS PARTNERSHIP
Hospital Workgroup
Convened by the National Quality Forum

Summary of In-Person Meeting #3

The Measure Applications Partnership (MAP) Post-Acute Care/Long-Term Care Workgroup met in-person on Wednesday, December 14, 2011. For those interested in reviewing an online archive of the web meeting, please click on the link below:

http://www.qualityforum.org/Setting_Priorities/Partnership/PAC-LTC_Workgroup/PAC/LTC_Workgroup_Meetings.aspx

Workgroup Members attending the meeting:

Carol Raphael, Chair	Sean Muldoon, Kindred Healthcare
Nancy Dapper, Service Employees International Union (substitute for Charissa Raynor)	Juliana Preston, HealthInsight
Charlene Harrington, [subject matter expert: clinician/nursing]	Debra Saliba, [subject matter expert: measure methodologist]
Robert Hellrigel, Providence Health and Services	Judy Sangl, Agency for Healthcare Research and Quality
Roger Herr, American Physical Therapy Association	Scott Shreve, Veterans Health Administration
Kathleen Kelly, Family Caregiver Alliance	Suzanne Snyder, American Medical Rehabilitation Providers Association
Randall Krakauer, Aetna	Carol Spence, National Hospice and Palliative Care Organization
Gerri Lamb, [subject matter expert: care coordination]	Margaret Terry, Visiting Nurses Association of America (substitute for Emilie Deady)
Bruce Leff, [subject matter expert: clinician/geriatrics]	Judy Tobin, Centers for Medicare & Medicaid Services
James Lett, National Transitions of Care Coalition	

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

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- 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.

Debra Saliba, workgroup member, began the meeting with a welcome and introductions. Tom Valuck, Senior Vice President, Strategic Partnerships, NQF reviewed the objectives of the meeting and provided an overview of the workgroup’s task. Connie Hwang, Vice President, Measure Applications Partnership, NQF, presented the MAP’s approach to the pre-rulemaking process. Dr. Hwang reviewed the finalized MAP Measure Selection Criteria. She also described the role of the workgroup in assessing the measures under consideration for pre-rulemaking by HHS and providing recommendations to the Coordinating Committee for consideration at their January meeting. The [final report](#) containing the MAP’s conclusions was due to HHS on February 1, 2012. Dr. Hwang presented the six programs the PAC/LTC Workgroup would be reviewing and advised on their three decisions options for each measure – support, support direction, or do not support. Aisha Pittman, Senior Program Director, NQF then reviewed the PAC/LTC Workgroup core measure concepts.

To accomplish the goals of the meeting, Workgroup Chair, Carol Raphael led the workgroup through a detailed discussion guide. The remainder of this meeting summary is captured below using the original discussion guide format with a synthesis of the findings and conclusions of the PAC/LTC Workgroup included in the far right column.

PAC/LTC Workgroup

Pre-Rulemaking Discussion Guide with Findings and Conclusions

Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
Pre-Rulemaking Input on Inpatient Rehabilitation Facility Quality Reporting Program Measure Set		
1. Review program summary and previously finalized measures; additional input on the program measure set.	<ul style="list-style-type: none"> • Two measures are finalized; eight measures are under consideration. • Summary of comparison against the MAP Measure Selection Criteria: <ul style="list-style-type: none"> ○ All finalized measures are NQF-endorsed. Most of 	Filling gaps in the program measure set as compared to the PAC/LTC core measure concepts will lead to a more comprehensive measure set. In addition, the workgroup highlighted measures addressing community supports and assessing the appropriate level of care as priority

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Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	<p>the measures under consideration are endorsed.</p> <ul style="list-style-type: none"> ○ 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. ○ 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. ○ One of the finalized measures enables measurement across the episode of care; however, several of the measures under consideration span the episode of care. ○ Parsimony is partially addressed as the finalized measures and several measures under consideration are used across multiple programs. <ul style="list-style-type: none"> ● Consider which measure gaps are of highest priority. 9 of the PAC/LTC Workgroup’s core concepts are not addressed: <ul style="list-style-type: none"> ○ establishment and attainment of patient/family/caregiver goals ○ advanced care planning and treatment ○ experience of care ○ shared decision making ○ transition planning ○ falls ○ adverse drug events ○ inappropriate medication use 	<p>gaps.</p>

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	<ul style="list-style-type: none"> ○ avoidable admissions 	
<p>2. Two measures under consideration are NQF-endorsed and align with the PAC/LTC core set or address statutory requirements for IRFs.</p>	<p>NQF #0675 Pain Management</p> <ul style="list-style-type: none"> ● Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. ● Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. ● Promotes alignment across programs—finalized for Nursing Home Compare, under consideration for LTCHs. <p>NQF #0376 Incidence of Venous Thromboembolism (VTE), Potentially Preventable</p> <ul style="list-style-type: none"> ● Addresses a statutory requirement for IRF quality reporting—reducing adverse events. 	<p>Support direction. NQF #0675</p> <p>The workgroup noted that while pain is a key part of functional status measurement, this measure is limited to patients who are medicated and does not address people with ongoing pain. A pain management measure should address whether pain is appropriately managed for all patients who experience pain in this setting, particularly if pain is interfering with their activities.</p> <p>Support direction. NQF #0376</p> <p>The workgroup noted that while incidence of VTE is fairly low, it is preventable. The workgroup agreed that this measure should be developed, tested, and NQF-endorsed for use in IRF settings prior to being included in the program measure set.</p>
<p>3. Three measures under consideration are not NQF-endorsed and are measure concepts that align with the PAC/LTC core set.</p>	<p>Functional Outcome Measure (Change From)</p> <ul style="list-style-type: none"> ● Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. ● Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. <p>Functional Outcome Measure (Change in Mobility)</p> <p>Functional Outcome Measure (Change in Self-Care)</p> <ul style="list-style-type: none"> ● Addresses a PAC/LTC core measure concept—functional 	<p>Support direction.</p> <p>The workgroup has previously noted that functional status assessment, specifically change in function over time, is a core concept across all PAC and LTC settings. Function can be used as a baseline for identifying quality issues for subsets of the population and ensuring people are receiving the appropriate level of care. However, in the absence of information about the</p>

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	<p>and cognitive status assessment.</p> <ul style="list-style-type: none"> Addresses a high-leverage opportunity identified by the Dual Eligible Beneficiaries Workgroup Potentially promotes alignment across programs—under consideration for LTCHs <p>These measures are currently not specified; however, if they are successfully developed, tested, and NQF-endorsed, they would add value to the measure set.</p>	<p>measure specifications and testing, the workgroup could not support the inclusion of the measures in the program. Provided that the measures are successfully developed, tested, and NQF-endorsed, they will address a critical measure gap.</p>
<p>4. Three measures under consideration are NQF-endorsed but do not align with PAC/LTC core set. Do these measures address priority quality issues specific to IRFs?</p>	<p>NQF #0682 Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)</p> <ul style="list-style-type: none"> Promotes alignment across programs—finalized for Nursing Home Compare, under consideration for LTCHs <p>NQF #0431 Staff Immunization NQF #0680 Patient Immunization for Influenza</p> <ul style="list-style-type: none"> Potentially promotes alignment across programs—under consideration for LTCH’s 	<p>Support direction. NQF #0431</p> <p>The workgroup supports the inclusion of this topic in the final measure set as staff immunization is a good approach to reduce infections; however, this measure is currently not specified or tested for use in IRFs. If the measure is successfully NQF-endorsed, it should be added to the program measure set.</p> <p>Further consideration by the MAP Coordinating Committee. NQF #0682, 0680</p> <p>The workgroup did not reach an agreement on patient immunization measures. The workgroup noted that they are not a top priority as there is an over 90% compliance rate associated with patient immunization measures for both long- and short-stay patients across PAC/LTC settings. However, It was also stated that these measures would be more appropriate for long-stay patients, as immunizations are typically delayed for</p>

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		acute, short-stay patients until the patients are stabilized.
Pre-Rulemaking Input on Long-Term Care Hospital Quality Reporting Program Measure Set		
<p>5. Review program summary and previously finalized measures; additional input on the measure set.</p>	<ul style="list-style-type: none"> • Three measures are finalized; eight measures are under consideration. • Summary of comparison against the MAP Measure Selection Criteria: <ul style="list-style-type: none"> ○ All finalized measures are NQF-endorsed. Most of the measures under consideration are endorsed. ○ 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. ○ 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. ○ One of the finalized measures enables measurement across the episode of care; however, several of the measures under consideration span the episode of care. ○ Parsimony is partially addressed as the finalized measures and several measures under consideration are used across multiple programs. • Consider which measure gaps are of highest priority. 9 of the PAC/LTC core concepts are not addressed: <ul style="list-style-type: none"> ○ experience of care 	<p>Filling gaps in the program measure set as compared to the PAC/LTC core measure concepts will lead to a more comprehensive measure set. The workgroup noted assessing delirium, percent of patients returning to the community, and advanced care planning as additional priority gaps for this population.</p> <p>The workgroup discussed the need for pressure ulcer incidence and healing measures (a PAC/LTC core concept) to assess if pressure ulcers have occurred, and if so, have healed.</p>

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	<ul style="list-style-type: none"> ○ establishment and attainment of patient/family/caregiver goals ○ shared decision making ○ falls ○ adverse drug events ○ transition planning ○ advance care planning and treatment ○ inappropriate medication use ○ avoidable admissions 	
<p>6. Two measures considered for addition are NQF-endorsed and align with the PAC/LTC core set or address statutory requirements for LTCHs.</p>	<p>NQF #0675 Pain Management</p> <ul style="list-style-type: none"> ● Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. ● Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. ● Promotes alignment across programs—finalized for Nursing Home Compare; under consideration for IRFs. <p>NQF #0302 Ventilator Bundle</p> <ul style="list-style-type: none"> ● Addresses a PAC/LTC core measure concept—infection rates. ● Addresses a statutory requirement for LTCH’s—avoiding healthcare-associated infections. 	<p>Support direction. NQF #0675</p> <p>As noted in line-item 2 under IRF discussion, the workgroup indicated that while pain is a key part of functional status measurement, this measure is limited to patients who are medicated and does not address people with ongoing pain. A pain management measure should address whether pain is appropriately managed for all patients who experience pain in this setting, particularly if pain is interfering with their activities.</p> <p>Support direction. NQF#0302</p> <p>The workgroup noted that the ventilator bundle measures assess key processes that promote better overall care by preventing ventilator-associated pneumonia and peptic/gastric ulcers, as well assessing readiness to extubate. The workgroup agreed that this measure should be developed, tested, and NQF-</p>

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		endorsed for use in the LTCH setting prior to being included in the program measure set.
<p>7. Two measures under consideration are not NQF-endorsed and are measure concepts that align with the PAC/LTC core set.</p>	<p>Functional Outcome Measure (Change in Mobility) Functional Outcome Measure (Change in Self-Care)</p> <ul style="list-style-type: none"> • Addresses a PAC/LTC core measure concept—functional and cognitive status assessment. • Addresses a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup. • Potentially promotes alignment across programs—under consideration for IRFs. <p>These measures are currently not specified; however, if they are successfully developed, tested, and NQF-endorsed they would add value to the measure set.</p>	<p>Support direction.</p> <p>As indicated in line-item 3 under IRF discussion, the workgroup has previously noted that functional status assessment, specifically change in function over time, is a core concept across all PAC and LTC settings. Function can be used as a baseline for identifying quality issues for subsets of the population and ensuring people are receiving the appropriate level of care. However, in the absence of information about the measures specifications and testing, the workgroup could not support the inclusion of the measures in the program. Provided that the measures are successfully developed, tested, and NQF-endorsed, they will address a critical measure gap.</p>
<p>8. Four measures considered for addition are NQF-endorsed but do not align with the PAC/LTC core set. Do these measures address priority quality issues specific to LTCHs?</p>	<p>NQF #0682 Percent of Residents Who Were Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)</p> <ul style="list-style-type: none"> • Promotes alignment across programs—finalized for Nursing Home Compare; under consideration for IRFs. <p>NQF #0431 Staff Immunization NQF#0680 Patient Immunization for Influenza</p> <ul style="list-style-type: none"> • Potentially promotes alignment across programs—under consideration for IRFs. <p>NQF #0687 Percent of Residents Who Were Physically Restrained</p>	<p>Support direction. NQF #0431</p> <p>Also discussed in line-item 4 under IRFs. The workgroup supports the inclusion of this measure in the final measure set as staff immunization is a good approach to reduce infections; however, this measure is currently not specified and tested for use in LTCHs. If the measure is successfully NQF-endorsed, it should be added to the program measure set.</p> <p>Further consideration by the MAP Coordinating</p>

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	<p>(Long Stay)</p> <ul style="list-style-type: none"> Promotes alignment across programs—finalized for Nursing Home Compare. 	<p>Committee. NQF #0682, 0680</p> <p>Also discussed in line-item 4 under IRFs. The workgroup did not reach an agreement on patient immunization measures. The workgroup noted that they are not a top priority as there is an over 90% compliance rate associated with patient immunization measures for both long- and short-stay patients across PAC/LTC settings. It was also stated that these measures would be more appropriate for long-stay patients, as immunizations are typically delayed for acute, short-stay patients until the patients are stabilized.</p> <p>Support direction. NQF #0687</p> <p>The workgroup was generally supportive of measures that assess the use of physical restraints; however, the workgroup thought additional consideration should be given to assessing number of days restrained and chemical restraints. Also, the workgroup agreed that patient characteristics (e.g., acuity level, intubation) may affect the decision to use restraints, so a measure should be adjusted for patient characteristics.</p>
<p>Pre-Rulemaking Input on Home Health Quality Reporting Program Measure Set <i>Home Health Quality Reporting encompasses all measures collected through OASIS. Some of those measures are reported on Home Health Compare.</i></p>		
<p>9. Additional input on evaluation of the program measure set or</p>	<ul style="list-style-type: none"> Twenty-three finalized measures for Home Health Compare. During the August in-person meeting, the workgroup 	<p>The workgroup confirmed their prior evaluation of the program measure set.</p>

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<p>the previously identified measure gaps.</p>	<p>evaluated the Home Health Compare program measure set and concluded:</p> <ul style="list-style-type: none"> ○ 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. ○ The measure set addresses all of the NQS safety priorities. ○ 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. ○ 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. ○ Some measures in the set assess care over time, while some measures assess care at a single point in time. ○ The measure set is not sensitive to healthcare disparities and would benefit from direct measures of disparities, such as consideration of cultural issues. ○ The measure set promotes aspects of parsimony as all measures are collected through OASIS, some measures can be assessed in other settings. <ul style="list-style-type: none"> ● Consider which measure gaps are of highest priority. Five of the PAC/LTC core measure concepts are not addressed. 	<p>The workgroup discussed adding shared decision making to Home Health CAHPS; however, shared decision making when initially tested in Home Health CAHPS did not prove to be valid, as consumers indicated they were not aware of their choice to receive home health care services. The workgroup would like to see further measure development and testing for shared decision making.</p>

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<p>10. Should any of the other 11 NQF-endorsed measures reported by home health agencies be publicly reported on Home Health Compare?</p>	<p><u>Seven Measures Address a PAC/LTC Core Measure Concept</u></p> <p>NQF #0181 Increase in Number of Pressure Ulcers</p> <p>NQF #0539 Pressure Ulcer Prevention Implemented During Short-Term Episodes of Care</p> <p>NQF #0539 Pressure Ulcer Prevention Implemented during Long-Term Episodes of Care</p> <ul style="list-style-type: none"> • Aligns with PAC/LTC core measure concept. • Three pressure ulcer measures are currently reported on Home Health Compare—Pressure Ulcer Prevention Included in the Care Plan, Pressure Ulcer Prevention Plans Implemented, Pressure Ulcer Risk Assessment Conducted. <p>NQF #0524 Pain Interventions Implemented During All Episodes Of Care</p> <p>NQF #0524 Pain Interventions Implemented During Long-Term Episodes of Care</p> <ul style="list-style-type: none"> • Aligns with PAC/LTC core measure concept. • The short-term episode of care rate for the same measure is reported on Home Health Compare. <p>NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver During Episode</p> <p>NQF #0520 Drug Education on All Medications Provided to Patient/Caregiver During Long Term Episodes of Care</p> <ul style="list-style-type: none"> • Aligns with PAC/LTC core measure concept. • The short-term episode of care rate for the same measure is reported on Home Health Compare. <p><u>Four Additional NQF-Endorsed Measures</u></p>	<p>With the exception of one measure, the workgroup did not believe any of the additional NQF-endorsed measures collected through the OASIS would add value to the Home Health Compare set. The workgroup discussed some concerns that the theses measures may not reflect improved outcomes and quality patient care as they are process measures not closely linked with outcomes.</p> <p>The workgroup would like the Coordinating Committee to further consider the addition of one measure in this set that could potentially add value: NQF #0181 Increase in Number of Pressure Ulcers. This is an outcome measure; however, the Home Health Compare set already contains four outcomes measures related to pressure ulcers. This measure may be a better option and could be exchanged for another of the currently reported measures.</p>

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	<p>NQF #0519 Diabetic Foot Care and Patient Education Implemented</p> <p>NQF #0519 Diabetic Foot Care and Patient/Caregiver Education Implemented During Long-Term Episodes of Care</p> <ul style="list-style-type: none"> • The short-term episode of care rate for the same measure is reported on Home Health Compare. <p>NQF #0521 Heart Failure Symptoms Addressed</p> <p>NQF #0521 Heart Failure Symptoms Addressed During Long-Term Episodes of Care</p> <ul style="list-style-type: none"> • The short-term episode of care rate for the same measure is reported on Home Health Compare 	
Pre-Rulemaking Input on CMS Nursing Home Quality Initiative and Nursing Home Compare Program Measure Set		
<p>11. Additional input on the evaluation of the program measure set or the previously identified measure gaps.</p>	<ul style="list-style-type: none"> • Eighteen finalized measures for Nursing Home Compare. • During the August in-person meeting, the workgroup evaluated the Nursing Home Compare program measure set and concluded: <ul style="list-style-type: none"> ○ All of the measures in the set are NQF-endorsed. ○ Two of the NQS priorities are adequately met: 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. ○ The measure set adequately addresses program attributes, including intended providers and care settings. However, the workgroup agreed the 	<p>The workgroup confirmed their prior evaluation of the program measure set and identified priorities from among previously identified measure gaps:</p> <ul style="list-style-type: none"> • Cost and access measures are not addressed across any of the measure sets • Care planning and bidirectional measures that assess if the care plan spans sites of care • Avoidable admissions/ readmissions (both hospital and ED) <p>The workgroup noted that the program measure set should include more measures for short-stay residents as the short-stay population in nursing homes is continually rising. The workgroup suggested the measures for short-stay residents could align with measures for selected for assessing IRFs.</p>

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	<p>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.</p> <ul style="list-style-type: none"> ○ The measure set contains a mix of process and 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. ○ Few measures span the episode of care as most measures are collected at a single point in time. ○ 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. <ul style="list-style-type: none"> ● Consider which measure gaps are of highest priority. Eight of the PAC/LTC core measure concepts are not addressed. 	<p>Remove NQF #0680 Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay)</p> <p>As discussed in line-items 4 and 8 from the IRF and LTCH discussions, the workgroup concluded that patient immunization is not a priority for short-stay residents who are typically acute. The MDS contains a long-stay influenza vaccination measure that may better assess the quality of care for long-stay residents in nursing homes.</p>
Cross-Program Considerations for Dual Eligible Beneficiaries and Care Coordination		
<p>12. Specific implications for the dual eligible beneficiaries population</p>	<p>Review of input from the MAP Dual Eligible Beneficiaries Workgroup</p> <ul style="list-style-type: none"> ● Nine of the twelve PAC/LTC core concepts address high-leverage opportunities identified by the Dual Eligible Beneficiaries Workgroup: <ul style="list-style-type: none"> ● Functional and cognitive status assessment ● Establishment and attainment of patient/ family/ 	<p>The workgroup discussed the gaps in the PAC/LTC core concepts identified the Dual Eligible Beneficiaries Workgroup and concluded:</p> <ul style="list-style-type: none"> ● Mental health should be added to the PAC/LTC core concepts; however, this will be a difficult area of measurement. For example, the decision to assess depression is dependent on factors such as length of stay and level of

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	<p style="text-align: center;">caregiver goals</p> <ul style="list-style-type: none"> • Advanced care planning and treatment • Experience of care • Shared decision making • Inappropriate medication use • Transition planning • Infection rates • Avoidable admissions <ul style="list-style-type: none"> • Review measures in dual eligible beneficiaries core set that are used in PAC/LTC programs. • Consider additional measures in the dual eligible beneficiaries core set for use in PAC/LTC programs. 	<p>cognition.</p> <ul style="list-style-type: none"> • Connection to home and community based services is an important concept; however, providers have little control over community based services. This concept may best be measured at a population level. • Structural measures related to HIT may not be as important for these settings as they have data systems required by federal regulations. The workgroup noted the exclusion of PAC/LTC settings from meaningful use as a hindrance to HIT adoption. <p>At a conceptual level, the workgroup agreed that most of the measures in the dual eligible beneficiaries core set could be applied across PAC/LTC settings. Additional work is needed to determine if the measures are specified, tested, and NQF-endorsed for each PAC and LTC setting. Specific measures for further exploration include:</p> <ul style="list-style-type: none"> • Screening for Clinical Depression and Follow-Up Plan (#0418) • Improvement in Ambulation/Locomotion (#0167) • Medical Home System Survey (#0494) <p>The workgroup did express concerns that measures relating to tobacco and alcohol use may not be applicable to PAC/LTC settings as use of these substances is not allowed in facilities and most patients</p>

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		cannot leave the facility.
13. Cross-program considerations—care coordination	<ul style="list-style-type: none"> • The need for bi-directional communication was highlighted in the PAC/LTC coordination strategy as an opportunity to improve care coordination. • Review care coordination measures used in PAC/LTC programs. • Consider additional NQF-endorsed care coordination measures for use in PAC/LTC programs. 	<p>In considering measures that address care coordination, the workgroup determined that if the CTM-3 (NQF #0228) could be successfully developed, tested, and NQF-endorsed for measurement in PAC/LTC settings, it should be applied across the programs.</p> <p>The workgroup re-iterated the need for measures assessing bi-directional communication between settings.</p> <p>The workgroup determined that existing care coordination measures addressing medication reconciliation, transitions of care, and advanced care planning should be explored for application to PAC and LTC settings. Specific measures identified by the workgroup include:</p> <ul style="list-style-type: none"> • NQF #0647 Transition Record with Specified Elements Received by Discharged Patients • NQF #0326 Advanced Care Plan • NQF #0097 Medication Reconciliation
Pre-Rulemaking Input on End Stage Renal Disease Quality Improvement Program Measure Set		
14. Additional considerations for evaluation of the program measure set.	<ul style="list-style-type: none"> • 5 proposed measures under consideration for ESRD QI: <ul style="list-style-type: none"> ○ 4 individual measures. ○ 1 combined rate measure (combines two current ESRD QIP measures). 	The workgroup noted that the measures are limited to the clinical care of dialysis. In the future, the measure set should be broader, addressing other aspects of care, particularly care coordination. The workgroup agreed that in the future the measure set could address physical and psychiatric comorbidities, as well as shared

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		decision making, patient goals and patient experience, and cost.
<p>15. NQF-Endorsement Status</p> <p>Should MAP support the addition of two similar hemodialysis infection rate measures, where only one is NQF-endorsed?</p> <p>Should MAP consider measures recently having NQF-endorsement removed be removed from existing ESRD QI measures?</p>	<ul style="list-style-type: none"> • 3 of 4 proposed individual measures are NQF-endorsed: <ul style="list-style-type: none"> • Vascular Access Infection (not NQF-endorsed): <ul style="list-style-type: none"> --Clinical focus of measure similar to proposed NHSN Bloodstream Infection measure, which is NQF-endorsed. • Existing ESRD QI Measures which have recently had NQF-endorsement removed: <ul style="list-style-type: none"> • Assessment of Iron Stores (formerly NQF #0252) – failed to meet importance criteria, August 2011. • Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose (formerly NQF #0248) – measure not needed as it is an intermediate outcome to NQF#0249; NQF steering committee recommended incorporation into NQF#0249 instead. 	<p>Do not support. Vascular Access Infection</p> <p>The workgroup did not support Vascular Access Infection, a measure which is not NQF-endorsed and could be duplicative with another measure under consideration, NHSN Bloodstream Infection. The workgroup instead supported the NHSN Bloodstream Infection measure (NQF#1460), which is NQF-endorsed and thought to be a better measure for data collection and public reporting.</p> <p>Do not support. NQF #0252, 0248</p> <p>The workgroup supported removing Assessment of Iron Stores (formerly NQF #0252) and Hemodialysis Adequacy Clinical Performance Measure II: Method of Measurement of Delivered Hemodialysis Dose (formerly NQF #0248) from the finalized program measure set as these measures have recently had NQF endorsement removed.</p>
<p>16. NQS Priority</p> <p>Does MAP support addition of two NQF-endorsed measures addressing “Effective</p>	<ul style="list-style-type: none"> • 2 of 4 proposed individual measures support NQS priority, effective prevention and treatment of illnesses, and map to statutory requirements for ESRD program measures: <ul style="list-style-type: none"> • NQF #1423: Minimum spKt/V for Pediatric Hemodialysis Patients addresses statutory requirement for assessment of dialysis adequacy 	<p>Support. NQF #1423, 1454</p> <p>The workgroup supported adding NQF #1423 and NQF #1454 to the program measure set, as both measures address statutory requirements and important clinical management issues.</p>

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Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
<p>prevention and treatment of illnesses” and ESRD program statutory requirements (i.e., dialysis adequacy, mineral metabolism)?</p> <p>Does MAP support addition of safety measures?</p>	<ul style="list-style-type: none"> • NQF #1454 Proportion of Patients with Hypercalcemia addresses statutory requirement for assessment of bone mineral metabolism 	
<p>17. Measure Type</p> <p>Does MAP support proposed measure, kt/V Dialysis Adequacy Measure, which is a combined rate based on two existing NQF-endorsed ESRD QI measures?</p>	<ul style="list-style-type: none"> • Proposed kt/V Dialysis Adequacy Measure: <ul style="list-style-type: none"> • Sum of the numerators and denominators of two existing ESRD QI measures, which are NQF-endorsed: <ul style="list-style-type: none"> --NQF #0249 Minimum Delivered HD Dose for ESRD HD Patients Undergoing Dialytic Treatment for a Period of 6 Months or Greater --NQF #0318 Peritoneal Dialysis Adequacy CPM III: Delivered Dose of Peritoneal Dialysis Above Minimum of 1.7 • Broadens denominator population to include both hemodialysis and peritoneal dialysis. 	<p>Support direction.</p> <p>The workgroup agreed the composite should be tested to ensure it is feasible to collect.</p>
<p>18. What are the specific implications for the dual eligible beneficiaries population?</p>	<ul style="list-style-type: none"> • MAP Dual Eligible Beneficiary Workgroup has identified the following Quality of Life measure as part of its core measures: <ul style="list-style-type: none"> • NQF #0260 Assessment of Health-related Quality of Life (Physical & Mental Functioning: Percentage 	<p>Support.</p> <p>The workgroup supports the inclusion of measure #0260. In reviewing this measure, the workgroup discussed the responsibilities of the nephrologist,</p>

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<p>Should MAP propose addition of a NQF-endorsed quality of life measure for dialysis patients (NQF #0260) to the ESRD QI measures?</p>	<p>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</p>	<p>noting that nephrologists are primarily responsible for the proper provision of dialysis. However, the workgroup agreed that nephrologists have frequent touch points with patients and play an essential role in coordinating care.</p>
Pre-Rulemaking Input on Hospice Quality Reporting Program Measure Set		
<p>19. Review program summary and previously finalized measures; additional input on the measure set.</p>	<ul style="list-style-type: none"> • Two measures are finalized; six measures are under consideration. • Summary of comparison against the MAP Measure Selection Criteria. <ul style="list-style-type: none"> ○ One of the two finalized measures is NQF-endorsed. All of the measures under consideration are endorsed or recommended for endorsement. ○ 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. ○ The measure set contains process, outcome, and experience measures. Structural and cost measures are not addressed. ○ Few measures span the episode of care; one finalized measure and one measure under consideration do this. • Two measures are identified as core measures by the MAP Hospital Workgroup: 	<p>The workgroup discussed the need for the hospice quality reporting requirements to align with the quality reporting requirements of settings in which hospice is provided. For example, some aspects of the hospice QAPI program are not aligned with the QAPI programs for long-term care facilities.</p> <p>The workgroup discussed the need to think about end-of-life care more broadly, beyond the Medicare definition for hospice. Additionally, the workgroup noted that the final and proposed measures are very clinically focused; hospice measurement needs to address all aspects of care. Specifically, the workgroup suggested hospice measures address:</p> <ul style="list-style-type: none"> • Care coordination • Avoidable acute admissions • Avoiding unnecessary end of life care <p>There is one finalized structural measures in the program set—to assess whether hospice providers administer a quality assessment and performance improvement (QAPI) program containing at least three</p>

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	<ul style="list-style-type: none"> ○ NQF #0208 Family Evaluation of Hospice Care (FEHC) ○ NQF #0209 Comfortable Dying (CMS title: Pain Management) 	<p>indicators related to patient care—that is not NQF-endorsed and should be submitted for endorsement.</p>
<p>20. Five measures under consideration are recommended for NQF endorsement. Do these measures address quality issues for hospice care?</p>	<p>NQF #1634 (submitted) Hospice and Palliative Care -- Pain Screening</p> <p>NQF #1637 (submitted) Hospice and Palliative Care -- Pain Assessment</p> <ul style="list-style-type: none"> ● Address a PAC/LTC core measure concept—functional and cognitive status assessment ● Address a high-leverage opportunity identified by the MAP Dual Eligible Beneficiaries Workgroup <p>NQF #1639 (submitted) Hospice and Palliative Care -- Dyspnea Screening</p> <p>NQF #1638 (submitted) Hospice and Palliative Care -- Dyspnea Treatment</p> <p>NQF #1617 (submitted) Patients Treated with an Opioid Who Are Given a Bowel Regimen</p>	<p>Support. NQF #1634, 1637, 1639, 1638, 1617</p> <p>The workgroup agreed that each of these measures addresses a quality issue for hospice programs. The workgroup noted that it would useful to explore specifying these measures for a younger population to reflect the entire hospice population.</p>
<p>21. Specific implications for the dual eligible beneficiaries population.</p>	<p>One measure under consideration is NQF-endorsed and in the duals eligible beneficiaries core set:</p> <ul style="list-style-type: none"> ● NQF #0208 Family Evaluation of Hospice Care (FEHC) <ul style="list-style-type: none"> ○ Would adds experience of care to the hospice measure set. <p>Consider additional measures in the dual eligible beneficiaries core</p>	<p>Support.</p> <p>The workgroup noted that family involvement is a key priority of hospice care. The workgroup noted that measures should go beyond family evaluation to understand if the family was involved in care planning. Additionally, the workgroup suggested that family evaluation be considered more broadly for all end-of-</p>

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Issue/Question	Factors for Consideration	Workgroup Findings and Conclusions
	set for use in PAC/LTC programs.	life care and patients with advanced illness.