

## Appendix B: NQF member comment and voting results tables

NQF Member Council	Voting Organizations	Eligible to Vote	Rate
Consumer	2	38	5%
Health Plan	2	20	10%
Health Professional	7	100	7%
Provider Organizations	11	107	10%
Public/Community Health Agency	1	21	5%
Purchaser	5	20	25%
QMRI	6	79	8%
Supplier/Industry	0	38	0%
<b>All Councils</b>	<b>34</b>	<b>423</b>	<b>9%</b>

### Measure #0167: Improvement In Ambulation/Locomotion CMS

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	4	2	5	11	67%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>5</b>	<b>14</b>	<b>34</b>	<b>75%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					82%

\*equation: Yes/ (Total - Abstain)

### Voting Comments:

- AmeriHealth Caritas Family of Companies: This should be part of a bundled measure set with 0167, 0174, 0175, and possibly 0176 and 0177
- Homewatch CareGivers International, Inc.: The concern on a number of measures is they are very important, however have we maximized the ease of measuring these. It would seem unrealistic on the part of CMS for payment to expect 100% improvement despite the measure. In terms of ADL/IADL measures - there may be utility in identifying measures beyond CARE - as in some of these measures.
- The Alliance for Home Health Quality and Innovation appreciates the opportunity to vote and provide comments. The Alliance votes to disapprove the measure currently specified. We are in agreement with the concerns that have been raised by the PFCC committee about focus on improvement in these measures, particularly given the *Jimmo v. Sebelius* settlement which

clarifies that improvement is not a requirement of the Medicare home health benefit. In particular, we take issue with the response from the developer, stating that “Risk adjustment, while not perfect, helps to mitigate the effect of the patient's clinical condition at admission and other patient characteristics on the home health agency's measure value.” While this might have been true in the past, it is unclear how the home health population may change in the wake of the *Jimmo* settlement and whether risk adjustment will be adequate. Moreover, the Alliance disagrees with the assertion that the Medicare home health benefit is primarily a post-acute benefit. In fact, the latest available Medicare claims data shows that there are considerably more community admission (Part B) episodes in home health as compared to post-acute care (Part A) episodes. Rather than relying on risk adjustment to address differences in goals and expectations for Part A versus Part B patients in a single measure, the developer could segment the patients based on admission information into two groups: post-acute patients where improvement is the goal and community referrals where stabilization is appropriate. Separate measures for each type of patient group (measuring improvement for Part A home health patients, and stabilization for Part B patients) would be more appropriate. Currently, CMS already tracks stabilization for the ADL measures and reports this data to individual providers. This comment also applies measures 0174 and 0175.

#### Measure #0174: Improvement In Bathing CMS

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	4	2	5	11	67%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>5</b>	<b>14</b>	<b>34</b>	<b>75%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					82%

\*equation: Yes/ (Total - Abstain)

#### Measure #0175: Improvement In Bed Transferring CMS

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	3	3	5	11	50%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	1	2	3	6	33%

Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>14</b>	<b>6</b>	<b>14</b>	<b>34</b>	<b>70%</b>
Percentage of councils approving (>60%)				71%	
Average council percentage approval				80%	

\*equation: Yes/ (Total - Abstain)

#### Measure #0176: Improvement In Management Of Oral Medications CMS

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	1	1	0	2	50%
Health Professional	3	1	3	7	75%
Provider Organizations	4	1	6	11	80%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>14</b>	<b>5</b>	<b>15</b>	<b>34</b>	<b>74%</b>
Percentage of councils approving (>60%)				71%	
Average council percentage approval				77%	

\*equation: Yes/ (Total - Abstain)

#### Measure #0177: Improvement In Pain Interfering With Activity CMS

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	1	1	0	2	50%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>13</b>	<b>5</b>	<b>16</b>	<b>34</b>	<b>72%</b>
Percentage of councils approving (>60%)				71%	
Average council percentage approval				76%	

\*equation: Yes/ (Total - Abstain)

#### Measure #0422: Functional Status Change For Patients With Knee Impairments Focus On Therapeutic Outcomes Inc

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	2	0	0	2	100%

Health Professional	3	1	3	7	75%
Provider Organizations	2	2	7	11	50%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>14</b>	<b>5</b>	<b>15</b>	<b>34</b>	<b>74%</b>
Percentage of councils approving (>60%)					71%
Average council percentage approval					75%

\*equation: Yes/ (Total - Abstain)

#### Voting Comments:

- AmeriHealth Caritas Family of Companies: Risk adjustment is key and should be validated.  
Suggest combining 0422 and 0423 into a single bundled measure

#### Measure #0423: Functional Status Change For Patients With Hip Impairments Focus On Therapeutic Outcomes Inc

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>34</b>	<b>79%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					79%

\*equation: Yes/ (Total - Abstain)

#### Measure #0424: Functional Status Change For Patients With Foot And Ankle Impairments Focus On Therapeutic Outcomes Inc

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	0	2	4	6	0%

Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>34</b>	<b>79%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					79%

\*equation: Yes/ (Total - Abstain)

**Voting comment:**

- AmeriHealth Caritas Family of Companies: Ankle and foot conditions are sufficiently different from hip and knee to warrant its own measure

**Measure #0425: Functional Status Change For Patients With Lumbar Impairments Focus On Therapeutic Outcomes Inc**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>34</b>	<b>79%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					79%

\*equation: Yes/ (Total - Abstain)

**Measure #0426: Functional Status Change For Patients With Shoulder Impairments Focus On Therapeutic Outcomes Inc**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>34</b>	<b>79%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					79%

\*equation: Yes/ (Total - Abstain)

**Measure #0427: Functional Status Change For Patients With Elbow Wrist And Hand Impairments Focus On Therapeutic Outcomes Inc**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>34</b>	<b>79%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					79%

\*equation: Yes/ (Total - Abstain)

**Measure #0428: Functional Status Change For Patients With General Orthopaedic Impairments Focus On Therapeutic Outcomes Inc**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	1	1	0	2	50%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>14</b>	<b>5</b>	<b>15</b>	<b>34</b>	<b>74%</b>
Percentage of councils approving (>60%)					71%
Average council percentage approval					71%

\*equation: Yes/ (Total - Abstain)

**Voting comment:**

- AmeriHealth Caritas Family of Companies: The conditions in this group are too disparate to be combined. The public can garner information on outcomes from the other measures from this group.

**Measure #0688: Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (long stay) CMS**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%

Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	2	2	7	11	50%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>13</b>	<b>5</b>	<b>16</b>	<b>34</b>	<b>72%</b>
Percentage of councils approving (>60%)				71%	
Average council percentage approval				80%	

\*equation: Yes/ (Total - Abstain)

**Measure #0701: Functional Capacity in COPD patients before and after Pulmonary Rehabilitation**  
**American Association of Cardiovascular and Pulmonary Rehabilitation**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	4	0	7	11	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	2	0	3	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>13</b>	<b>3</b>	<b>18</b>	<b>34</b>	<b>81%</b>
Percentage of councils approving (>60%)				86%	
Average council percentage approval				82%	

\*equation: Yes/ (Total - Abstain)

**Measure #2286: Functional Change: Change in Self Care Score Uniform Data System for Medical Rehabilitation (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	1	1	0	2	50%
Health Professional	3	1	3	7	75%
Provider Organizations	6	1	4	11	86%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	2	0	3	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>5</b>	<b>14</b>	<b>34</b>	<b>75%</b>
Percentage of councils approving (>60%)				71%	

Average council percentage approval	78%
-------------------------------------	-----

\*equation: Yes/ (Total - Abstain)

**Voting comment:**

- AmeriHealth Caritas Family of Companies: In the spirit of parsimony we prefer the 2635 and 2633

**Measure #2287: Functional Change: Change in Motor Score Uniform Data System for Medical Rehabilitation (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	1	1	0	2	50%
Health Professional	3	1	3	7	75%
Provider Organizations	6	0	5	11	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	2	0	3	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>34</b>	<b>79%</b>
Percentage of councils approving (>60%)					71%
Average council percentage approval					80%

\*equation: Yes/ (Total - Abstain)

**Voting comment:**

- AmeriHealth Caritas Family of Companies: In the spirit of parsimonious measure set we prefer the CMS measure 0167

**Measure #2321: Functional Change: Change in Mobility Score Uniform Data System for Medical Rehabilitation (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	1	1	0	2	50%
Health Professional	3	1	3	7	75%
Provider Organizations	6	0	5	11	100%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	2	0	3	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>4</b>	<b>15</b>	<b>34</b>	<b>79%</b>
Percentage of councils approving (>60%)					71%
Average council percentage approval					80%

\*equation: Yes/ (Total - Abstain)



**Voting comment:**

- AmeriHealth Caritas Family of Companies: In the spirit of parsimony we would prefer the CMS measure 0167

**Measure #2612: CARE: Improvement in Mobility American Health Care Association (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	1	1	0	2	50%
Health Professional	2	2	3	7	50%
Provider Organizations	4	6	1	11	40%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	2	0	3	5	100%
QMRI	0	5	1	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>11</b>	<b>14</b>	<b>9</b>	<b>34</b>	<b>44%</b>
Percentage of councils approving (>60%)					43%
Average council percentage approval					63%

\*equation: Yes/ (Total - Abstain)

**Voting comment:**

- AmeriHealth Caritas Family of Companies: In the spirit of parsimony we would prefer the CMS measure 0167
- HealthSouth Corporation: As the healthcare industry moves towards higher quality and improved transparency, there is a strong movement towards collecting more insightful and comprehensive health information. Ironically, CARE, is less sensitive to actual changes in patient status than the existing science and the measurement protocol already in place. Post-acute care settings that are motivated to demonstrate progress in their patients function should be concerned by this.

This scenario illustrates the problem:

Mr. Smith is admitted to the care setting using a walker. He also needs a walker to get into his wifes car. He has incontinence accidents about six times a week and requires someone to hold him steady while using the toilet. He can only eat pureed food and liquids that have been thickened due to swallowing difficulties.

At discharge, Mr. Smith no longer needs a walker (to walk or get into a car). He only has an incontinence accident about once a week, and only needs someone to keep an eye on him while he uses the toilet. He can now eat normal food, as long as it has been chopped into smaller pieces. Mrs. Smith now feels confident her husband can live safely at home with the assistance she can personally provide.

Using the proposed CARE tool, Mr. Smith would be rated at exactly the same functional level on both admission and discharge, showing no functional improvement despite the obvious functional advancement. This significantly undervalues the major progress he made at the care setting. Simply put, CARE is not powerful enough to be used for clinical communication or care planning in any care setting.



This lack of sensitivity of the proposed CARE measures has significant patient safety implications. For example, if a patient requires a walker, but has the same functional CARE assessment score as someone who does not need a walker, this could create obvious safety risks during handoff communications between clinicians.

Additionally, the CARE tool, by measuring usual performance, does not adequately assess a patient's burden of care and excludes critical information to determine whether a patient can return home or what support services will be required. The need for family-provided care or other services after discharge for a person with functional impairments is defined by their worst performance. If a measurement tool doesn't equip clinicians, patients and families to plan how to meet this realistic burden of care, discharge plans would be less effective and the risk of hospital readmissions or alternative institutionalization would rise. This burden of care concept is simply not assessed by the CARE tool and therefore omits crucial information for patients, families, and caregivers when making decisions about where a patient will go after discharge. In addition to patient safety, staff safety is also a concern. If a clinician overestimates the functional abilities of a patient due to the ambiguity of the CARE tool, he or she may attempt to transfer a patient in a way that would be considered unsafe based on the true functional status of the patient.

The version of the CARE tool on which NQF endorsements are pending reflects some improvements from the original CARE tool. This indicates that the measure developers recognized opportunities for improvement after the demonstration project and that the tool can be modified.

While all measures have strengths and weaknesses, we feel certain weaknesses of CARE are too significant to overlook and should be addressed prior to NQF endorsement rather than after. If endorsed in their current form, the measures will be a danger and disservice to clinicians, patients and their loved ones, post-acute care providers, and health policy researchers. No one opposes measurement of functional status for rehabilitation patients. However, the measurement must be sufficiently sensitive to improve patient care, power research and drive quality improvement. This comment also applies to measures 2613, 2633, 2634, 2635, and 2636.

- American Occupational Therapy Association: The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 185,000 occupational therapists, students of occupational therapy, and occupational therapy assistants. The practice of occupational therapy is science-driven, evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability.

AOTA continues to be concerned with the provider administrative burden involved in implementing the measure as part of the IMPACT Act. Requiring two sets of data collection on functional status in post-acute care settings will likely call into question the validity and reliability of both data sets. It remains unclear from the measure specifications whether the data will be collected using the Continuity Assessment and Record Evaluation (CARE) Tool or the MDS, OASIS, IRF-PAI or two of these assessments simultaneously. AOTA urges NQF to consider the provider burden issues surrounding the practical implementation of this functional status measure. This comment also applies to measures 2613, 2633, 2634, 2635, and 2636.

**Measure #2613: CARE: Improvement in Self Care American Health Care Association (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
-----------------	-----	----	---------	-------------	-------------

Consumer	1	0	1	2	100%
Health Plan	1	1	0	2	50%
Health Professional	2	2	3	7	50%
Provider Organizations	4	6	1	11	40%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	2	0	3	5	100%
QMRI	0	5	1	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>11</b>	<b>14</b>	<b>9</b>	<b>34</b>	<b>44%</b>
Percentage of councils approving (>60%)				43%	
Average council percentage approval				63%	

\*equation: Yes/ (Total - Abstain)

#### Voting comment:

- AmeriHealth Caritas Family of Companies: In the spirit of parsimony we prefer the constellation of CMS measures

#### Measure #2624: Functional Outcome Assessment CMS (new)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	2	1	4	7	67%
Provider Organizations	2	4	5	11	33%
Public/Community Health Agency	0	1	0	1	0%
Purchaser	3	0	2	5	100%
QMRI	0	3	3	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>10</b>	<b>9</b>	<b>15</b>	<b>34</b>	<b>53%</b>
Percentage of councils approving (>60%)				57%	
Average council percentage approval				57%	

\*equation: Yes/ (Total - Abstain)

#### Measure #2631: Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function CMS (new)

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	2	3	2	7	40%
Provider Organizations	1	8	2	11	11%
Public/Community Health Agency	1	0	0	1	100%

Purchaser	3	0	2	5	100%
QMRI	0	5	1	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>10</b>	<b>16</b>	<b>8</b>	<b>34</b>	<b>38%</b>
Percentage of councils approving (>60%)					57%
Average council percentage approval					64%

\*equation: Yes/ (Total - Abstain)

#### Voting comment:

- American Health Care Association: The American Health Care Association (AHCA) is concerned about the endorsement of measure #2631 primarily due to the MAPs conditional support of this measure being utilized within all PAC providers should it be endorsed. Each of the PAC settings has a distinct patient population and we hold that this one measure cannot be universally applied to each of these settings without modifications. If an application of this measure is to be utilized in the SNF, IRF and Home Health settings then the review committee should review the usability, reliability and validity of this measure in each of these settings. The measure as proposed would not be appropriate to measure performance in all four PAC settings. The items included in this measure are only a subset of the original CARE functional item set (Section VI of the PAC-PRD CARE tool), including only 10 of the 30 items. Furthermore it introduces two new items that have not been tested in any setting except for the 28 facilities stated in the application which are not representative of the four post-acute care settings. If endorsed and applied to all four PAC settings, there is no data to support the data gathered will be useful, applicable or valid outside of the intended LTCH. Moreover a review of the ten items in this measure do not fully represent the functional hierarchy that is present in patients who receive rehabilitation services both within these four settings as well as across these four settings. Patients treated in the long term care hospital, skilled nursing facility, inpatient rehabilitation facility, and home health agency present with a variety of conditions as the primary reason for rehabilitation, with a varying degree of complexities that impact the rate of recovery and often have different goals for therapy. Therefore when a tool is endorsed for cross-setting use, it is imperative the tool be appropriate to measure a patients functional spectrum of ability regardless of the setting they receive rehabilitation in. In fact, the Post-Acute Care Reform Demonstration Project mandated by Congress and funded by CMS pointed out the need for items that will measure the complexity and range of patients treated when it stated: The use of uniform items can standardize these case-mix measurement approaches and allow empirical consideration of differences in complexity of patients treated in different settings. The use of a standardized assessment tool in acute hospitals and PAC settings will allow for the comparison of functional outcomes across settings, for the tracking of outcomes from the beginning of a trajectory of care to final discharge, and for the improved communication of patient information between settings at the time of transfer.[Post-Acute Care Payment Reform Demonstration Report to Congress SupplementInterim Report; May 2011; RTI Project Number 0209853.005.001].The concern with the item set proposed in 2631 is that it would fail to measure the change in function for patients at the higher end of the functional hierarchy and therefore there would be a false ceiling applied to rehabilitation services in the settings in the latter half of the rehabilitation trajectory. If endorsed, we are concerned with the utilization of this measure as a part of the IMPACT ACT. The IMPACT Act of 2014 emphasizes outcomes and

specifically states functional status as the measure for this domain. This measure does not assess functional status. We are also not aware of any evidence other than expert opinion that shows this process measure linked with improved outcomes.

- Federation of American Hospitals: The Federation of American Hospitals does not support measures 2612, 2613, 2624, 2631, 2633, 2634, and 2635. Our members believe it is important for these measures to be harmonized and specified for each setting in which they will be used. The tool used to collect the data should reflect the necessary specificity to differentiate the patients receiving different care in each setting. These changes must take place before implementing these measures and possibly using them in payment programs such as defined in the IMPACT Act.
- The Alliance for Home Health Quality and Innovation appreciates the opportunity to vote and comment. As proposed, this measure entails collecting data on functional assessment and links to a care plan goal, but there is no data available to date on if, how or whether this is feasible and how reliable the data would be. Although common sense suggests that functional assessment is related to outcomes, there is no data on whether this particular measure is actually related to the quality of care (because there is no data that links this measure to outcomes). There is therefore no data on whether this particular measure can meaningfully identify differences among LTCH providers. Moreover, this measure is being targeted for application to other post-acute care settings, including home health, and there is no data to suggest whether this measure is valid and reliable among different types of post-acute care providers. The Alliance strongly recommends that these issues be addressed and that further testing and validation be performed for all of the post-acute care settings given the intent to use it on multiple settings beyond LTCHs. Moreover, the Alliance recommends looking to advancements in measurement of function that can demonstrate change or stabilization in functional status. It is also not clear in this measure what steps would be considered acceptable to ensure that the care plan addresses functional needs.

**Measure #2632: Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support CMS (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	2	5	4	11	29%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	0	2	4	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>12</b>	<b>8</b>	<b>14</b>	<b>34</b>	<b>60%</b>
Percentage of councils approving (>60%)					71%
Average council percentage approval					72%

\*equation: Yes/ (Total - Abstain)

**Measure #2633: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients CMS (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	2	2	7	60%
Provider Organizations	3	7	1	11	30%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	0	5	1	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>13</b>	<b>14</b>	<b>7</b>	<b>34</b>	<b>48%</b>
Percentage of councils approving (>60%)					57%
Average council percentage approval					70%

\*equation: Yes/ (Total - Abstain)

**Voting comment:**

- AmeriHealth Caritas Family of Companies: Recommend a composite measure of 2633, 2634, 2635 and 2636

**Measure #2634: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients CMS (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	2	2	7	60%
Provider Organizations	3	7	1	11	30%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	0	5	1	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>13</b>	<b>14</b>	<b>7</b>	<b>34</b>	<b>48%</b>
Percentage of councils approving (>60%)					57%
Average council percentage approval					70%

\*equation: Yes/ (Total - Abstain)

**Measure #2635: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients CMS (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%

Health Professional	3	1	3	7	75%
Provider Organizations	1	5	5	11	17%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	0	5	1	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>11</b>	<b>11</b>	<b>12</b>	<b>34</b>	<b>50%</b>
Percentage of councils approving (>60%)				71%	
Average council percentage approval				70%	

\*equation: Yes/ (Total - Abstain)

**Measure #2636: Inpatient Rehabilitation Facility (IRF) Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients CMS (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	1	0	1	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	2	5	4	11	29%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	3	0	2	5	100%
QMRI	0	5	1	6	0%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>12</b>	<b>11</b>	<b>11</b>	<b>34</b>	<b>52%</b>
Percentage of councils approving (>60%)				71%	
Average council percentage approval				72%	

\*equation: Yes/ (Total - Abstain)

**Measure #2643: Average Change In Functional Status Following Lumbar Spine Fusion Surgery MN Community Measurement (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	1	1	0	2	50%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>15</b>	<b>5</b>	<b>14</b>	<b>34</b>	<b>75%</b>

Percentage of councils approving (>60%)	71%
Average council percentage approval	76%

\*equation: Yes/ (Total - Abstain)

**Voting comment:**

- AmeriHealth Caritas Family of Companies: In light of the medical controversy over the appropriate indication for fusion surgery, this measure can only add to the confusion.
- Armstrong Institute for Patient Safety and Quality at Johns Hopkins University: Would ideally like to see some data on any disparities on change in functional status by race, gender, etc. The data provided reflected the make-up of the pilot group, not what the results were for those groups.

**Measure #2653: Average change in functional status following total knee replacement surgery  
MN Community Measurement (new)**

Measure Council	Yes	No	Abstain	Total Votes	% Approval*
Consumer	2	0	0	2	100%
Health Plan	2	0	0	2	100%
Health Professional	3	1	3	7	75%
Provider Organizations	3	1	7	11	75%
Public/Community Health Agency	1	0	0	1	100%
Purchaser	4	0	1	5	100%
QMRI	1	2	3	6	33%
Supplier/Industry	0	0	0	0	
<b>All Councils</b>	<b>16</b>	<b>4</b>	<b>14</b>	<b>34</b>	<b>80%</b>
Percentage of councils approving (>60%)					86%
Average council percentage approval					83%

\*equation: Yes/ (Total - Abstain)