

# Navigating the New CMS Quality Measures

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# Objectives

- Discuss the CMS Nursing Home Compare new quality measures and differentiate the measures that will be integrated into the CMS Five Star Quality Rating system later this year.
- Explore best practices that can be integrated into operations to improve these new measures.
- Describe strategies that can be utilized when communicating to referral sources on the changes of the CMS Five Star Rating system.

# Overview of the New CMS Quality Measures

## The New QMs:

### Timeline of Events:

- March 3, 2016: CMS announced the addition of new quality measures (QMs) to Nursing Home Compare and the Five-Star Quality Rating System.
- During the third week in April, CMS made preview reports available to providers in the QIES system.
- April 27, 2016: CMS published six new QMs on
  - Increase the number of measures--15 long-stay and 9 short stay QMs
  - Cover domains not currently covered by other measures
  - Introduces claims-based measures

# Overview of Claims-Based Measures

- May be more accurate than MDS-based measures
- Claims-based measures only include Medicare fee-for-service beneficiaries (currently)
- Claims based measures are risk-adjusted using items from:
  - Medicare claims data
  - Enrollment database
  - MDS (Coding accuracy critically important)

# New QMs on Nursing Home

## Compare

Quality Measures: Short-Stay	Source of Data	CMS Five Star
Percentage of short-stay residents who were re-hospitalized after a nursing home admission	Claims-based	July 2016
Percentage of short-stay residents who have had an outpatient emergency department visit	Claims-based	July 2016
Percentage of short-stay residents who were successfully discharged to the community.	Claims-based	July 2016
Percentage of short-stay residents who made improvements in function	MDS-based	July 2016
Quality Measures: Long-Stay	Source of Data	
Percentage of long-stay residents whose ability to move independently worsened	MDS-based	July 2016
Percentage of long-stay residents who received an antianxiety or hypnotic medication	MDS-based	January 2017

Phased in by the end of the year...



# Nursing Home Compare

Look back Periods:  
 3 Claims-based Short Stay Measures Period 7/1/14-6/30/15  
 MDS—3 QTR Average Method—4/1/15-12/31/2015



PENNSYLVANIA  
AVERAGE

NATIONAL  
AVERAGE

<b>NEW</b> Percentage of short-stay residents who made improvements in function. <i>Higher percentages are better.</i>	73.8%	62.8%	63.5%
<b>NEW</b> Percentage of short-stay residents who were re-hospitalized after a nursing home admission. <i>Lower percentages are better.</i>	20.1%	20.0%	21.1%
<b>NEW</b> Percentage of short-stay residents who have had an outpatient emergency department visit. <i>Lower percentages are better.</i>	17.4%	9.6%	11.5%
<b>NEW</b> Percentage of short-stay residents who were successfully discharged to the community. <i>Higher percentages are better.</i>	51.1%	49.8%	50.0%
Percentage of short-stay residents who self-report moderate to severe pain. <i>Lower percentages are better.</i>	19.9%	18.3%	17.1%
Percentage of short-stay residents with pressure ulcers that are new or worsened. <i>Lower percentages are better.</i>	2.1%	1.3%	1.3%
Percentage of short-stay residents assessed and given, appropriately, the seasonal influenza vaccine. <i>Higher percentages are better.</i>	94.3%	82.6%	80.3%
Percentage of short-stay residents assessed and given, appropriately, the pneumococcal vaccine. <i>Higher percentages are better.</i>	94.3%	81.9%	81.1%
Percentage of short-stay residents who newly received an antipsychotic medication. <i>Lower percentages are better.</i>	1.8%	2.0%	2.2%

# Elements of a Quality Measure

- Measure Name
- Purpose of Measure: Description of the measure and what it may indicate
- Measure Description and Specifications
  - Numerator: A subset of the denominator population for whom a process or outcome of care occurs which represents a clinical action to be counted as meeting a measure's requirements .
    - Patients who received a particular service or obtained a particular outcome that is being measured. Example – Patients who had a diabetic foot exam
  - Denominator--A subset of the initial patient population
    - Patients with diabetes.
    - Note: For some measures the initial patient population and the Denominator are the same. Example – All patients 65 years of age and older with diabetes
- Risk Adjustment: Accounts for differences across nursing homes in patient demographics and clinical characteristics that might be related



# Elements of a Quality Measure

## Continued

- Measure Calculations
  - Observed rate: The actual rate for a nursing home
  - Expected rate: The risk adjustment model
  - Risk standardized rate: Observed rate is divided by expected rate which is then multiplied by the nationally observed rate



# New Quality Measures: Navigating Your Course



## Short-Stay Quality Measures



# Short-Stay: Rehospitalization

- Decreasing Rehospitalizations is a high priority for CMS
- Measure Name: Percentage of Short-Stay Residents Who Were Rehospitalized after a Nursing Home Admission
  - Claims-based measure
  - Nursing Home Compare—April 2016
  - Included in CMS Five Star Rating—July 2016
- Purpose of the measure: A resident that is sent back to the hospital may be an indication that the nursing home is not properly assessing or taking care of its residents

# Short-Stay: Rehospitalization

- Measure Description: Determines the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident was re-admitted to a hospital for an inpatient or observation stay within 30 days of entry or reentry.
- Note: A higher value of the short-stay rehospitalization measure indicates a worse performance on that measure

# Short-Stay Measures:

## Numerator and Denominator Window

- The numerator and denominator include stays that started over a 12-month period.
- The data are updated every six months (in April and October of each year), with a lag time of nine months (i.e., the data posted in April will include stays that started 9-21 months ago).

## Numerator

Note: inpatient hospitalizations and observation stays are identified using Medicare claims

The numerator includes nursing home stays for beneficiaries who:

- a) Met the inclusion and exclusion criteria for the denominator; AND
- b) Were admitted to a hospital for or an inpatient stay or outpatient observation stay within 30 days of entry/reentry to the nursing home, regardless of whether they were discharged from the nursing home prior to the hospital readmission.
- c) The hospital readmission did not meet the definition of a planned hospital readmission (identified using principal discharge diagnosis and procedure codes on Medicare claims)

# Short-Stay: Rehospitalization

<p><b>Denominator (Note that inpatient rehabilitation facility and long-term care hospitalizations</b></p>	<p><b>Included in the measure are stays for residents who:</b></p> <ul style="list-style-type: none"> <li>• <b>Entered or reentered the nursing home within 1 day of discharge from an inpatient hospitalization</b></li> <li>• <b>These hospitalizations are identified using Medicare Part A claims; AND Entered or reentered the nursing home within the target 12-month period</b></li> </ul>
<p><b>Denominator Exclusions</b></p>	<p>Short-stay residents are excluded if:</p> <p>The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR</p> <p>The resident was ever enrolled in hospice care during their stay; OR</p> <p>The resident was comatose (B0100 =[01]) or missing data on comatose on the first MDS assessment after the start of the stay; OR</p> <p>Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR</p> <p>The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.</p>

# Short-Stay Measures:

- Risk Adjustment:

- The risk adjustment model also includes a comorbidity index.
- Covariates include: conditions/diagnoses present at the start of the nursing stay (both claims and MDS 3.0 assessment with a target date within 14 days of the beginning hospital stay)
  - MDS examples include:

Category	MDS Item
Functional status	Dependence in eating (G0110H) Walks in room independently or with supervision or limited assistance (G0110C) Wandering once or more in the past week (E0900) Walks in corridor independently or with supervision or limited assistance (G0110D) Wanders and walks in room or corridor independently or with supervision or limited assistance (E0900 and G0110D) Two-person support needed with one or more ADLs (G0110A –G0110J) Cognitive status not completely intact (C0100 –C1000) Cognitive assessment missing (C0100 and C0600) Acute change in mental status (C1600) Rarely makes self-understood by others (B0700) Fell in the last month (J1700A) Fell in the past two to six months (J1700B) Rejected care for past four to seven days (E0800) Coughing or choking during meals or when swallowing medications (K0100C)
Clinical conditions	End-stage prognosis (J1400) Venous/Arterial ulcer present (M1030) Infection of the foot (M1040A) Diabetic foot ulcer (M1040B) Internal bleeding (J1550D) Dehydrated (J1550C) Daily pain (J0400) Surgical wound (M1040E) Total bowel incontinence (H0400) Shortness of breath with exertion (J1100) Shortness of breath when sitting at rest (J1100) Shortness of breath when lying flat (J1100)

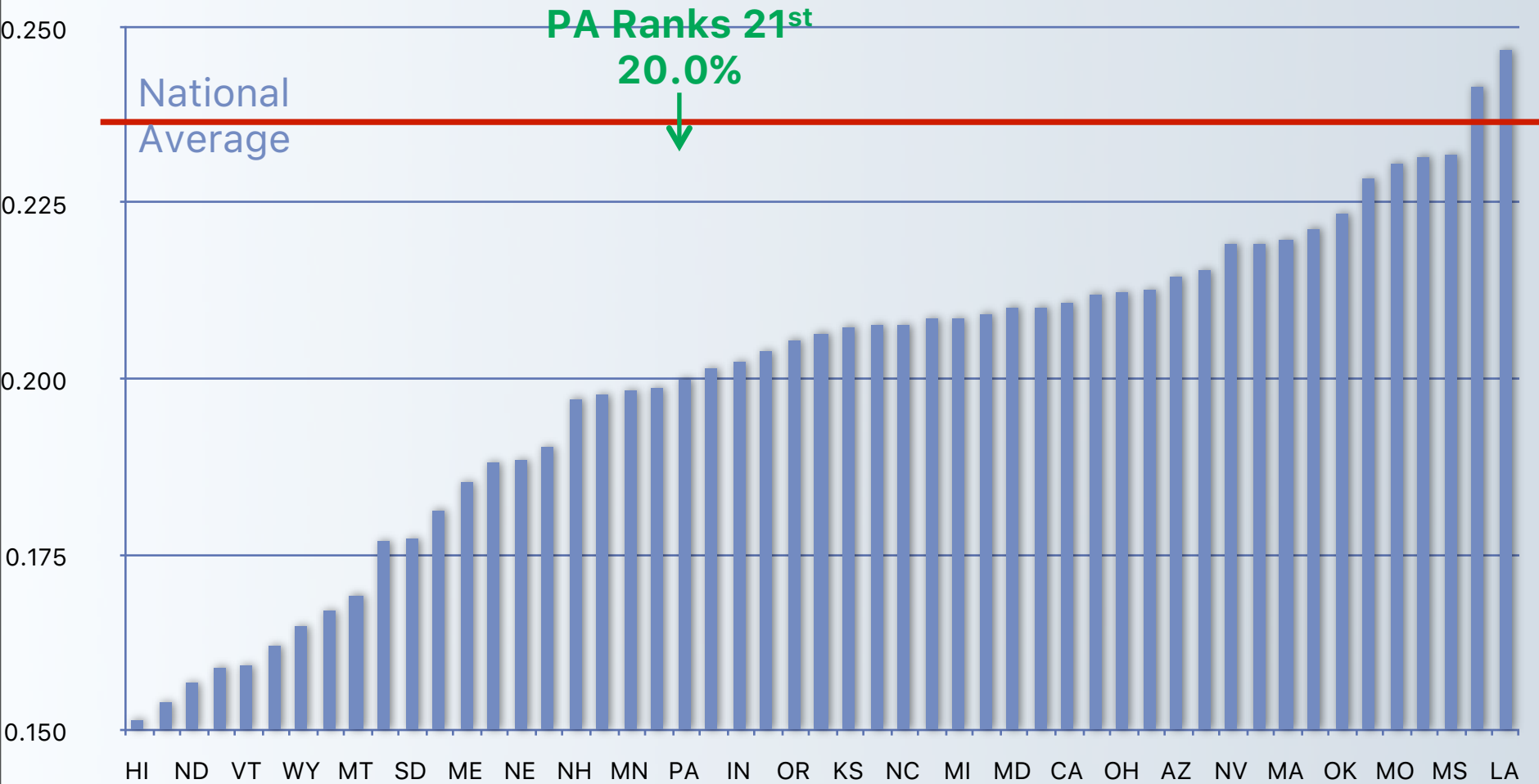
# Short-Stay: Rehospitalization

- Measure Calculations:

$$\frac{\text{Observed Rate}}{\text{Expected Rate}} \times \text{National Rate} = \text{Risk Standardized Rate}$$



# Short-Stay: Rehospitalization



Source: Nursing Home Compare Data, State Averages Table, accessed 4/28/2016 at <https://data.medicare.gov/data/nursing-home-compare>

# Short-Stay: Rehospitalizations

- Strategies:
  - Build prevention into every day practice
  - Risk Assessments
  - Early Intervention
  - Assessment of the Resident
  - Communication with Physicians
  - Collaboration with Hospitals/Referral Sources
  - Family and Caregiver Education



# Short-Stay: ED Visits

- Measure Name: Percentage of Short-Stay Residents who have an Outpatient Emergency Department (ED) Visit after a nursing home admission
- Purpose of Measure: Nursing homes that often send residents to the ED may indicate that the residents are not properly being assessed or cared for in the nursing home.
  - Residents that receive better preventative care and access to physicians and nurse practitioners in an emergency may reduce rates of ED visits
  - Claims-based measure
  - Nursing Home Compare—April 2016
  - CMS Five Star Rating—July 2016



# Short-Stay: ED Visits

- Measure Description: Determines the percentage of all new admissions or readmissions to a nursing home from a hospital where the resident had an outpatient ED visit within 30 days of entry or re-entry.
- Note: Higher values of the short-stay outpatient ED visit measure indicates worse performance on the measure.

# Short-Stay: ED Visits

<b>Numerator and Denominator Window</b>	<b>The numerator and denominator include stays that started over a 12-month period. The data are updated every 6 months (in April and October of each year) with a lag time of 9 months (i.e. data posted in April will include stays that started 9-21 months ago)</b>
Numerator	Includes nursing home stays for residents who: a) Met the inclusion and exclusion criteria for the denominator AND b) Was admitted to an ED within 30 days of entry/re-entry to the nursing home, regardless of whether they were discharged from the nursing home prior to the ED visit. These ED visits are identified using Medicare Part B Claims AND c) Were not admitted to a hospital or an inpatient stay or observation stay immediately after the visit to the ED inpatient and observation stays are determined using Medicare Part A and B claims

# Short-Stay: ED Visits

<b>Denominator</b> (Note: Inpatient rehabilitation facility and long-term care hospitalizations are not included)	<b>Included in the measure are stays for residents who:</b> a) <b>Entered or re-entered the nursing home within 1 day of discharge from an inpatient hospitalization</b> b) <b>Entered or re-entered the nursing home within the target 12-month period</b>
<b>Denominator Exclusions</b>	Short-stay residents are excluded if: The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR The resident was ever enrolled in hospice care during their nursing home stay; OR The resident was comatose (B0100 =[01]) or missing data on comatose on the first MDS assessment after the start of the stay; OR

# Short-Stay: ED Visits

- Risk Adjustment: Covariates include both items from claims that preceded the start of the stay and information from the first MDS within 14 days of the beginning of the stay.
  - Example of MDS Criteria:

Category	MDS Item
Functional status	Walks in room independently or with supervision or limited assistance (G0110C) Walks in corridor independently or with supervision or limited assistance (G0110D) Wandering once or more in the past week (E0900) Two-person support needed with one or more ADLs (G0110A –G0110J) Cognitive status not completely intact (C0100 –C1000) Cognitive assessment missing (C0100 and C0600) Acute change in mental status (C1600) Rarely makes self-understood by others (B0700) Rarely understands others (B0800) Fell in the last month (J1700A) Fell in the past two to six months (J1700B) Rejected care for past four to seven days (E0800)
Clinical conditions	End-stage prognosis (J1400) Venous/Arterial ulcer present (M1030) Internal bleeding (J1550D) Dehydrated (J1550C) Daily pain (J0400) Surgical wound (M1040E) Shortness of breath with exertion (J1100) Shortness of breath when sitting at rest (J1100)

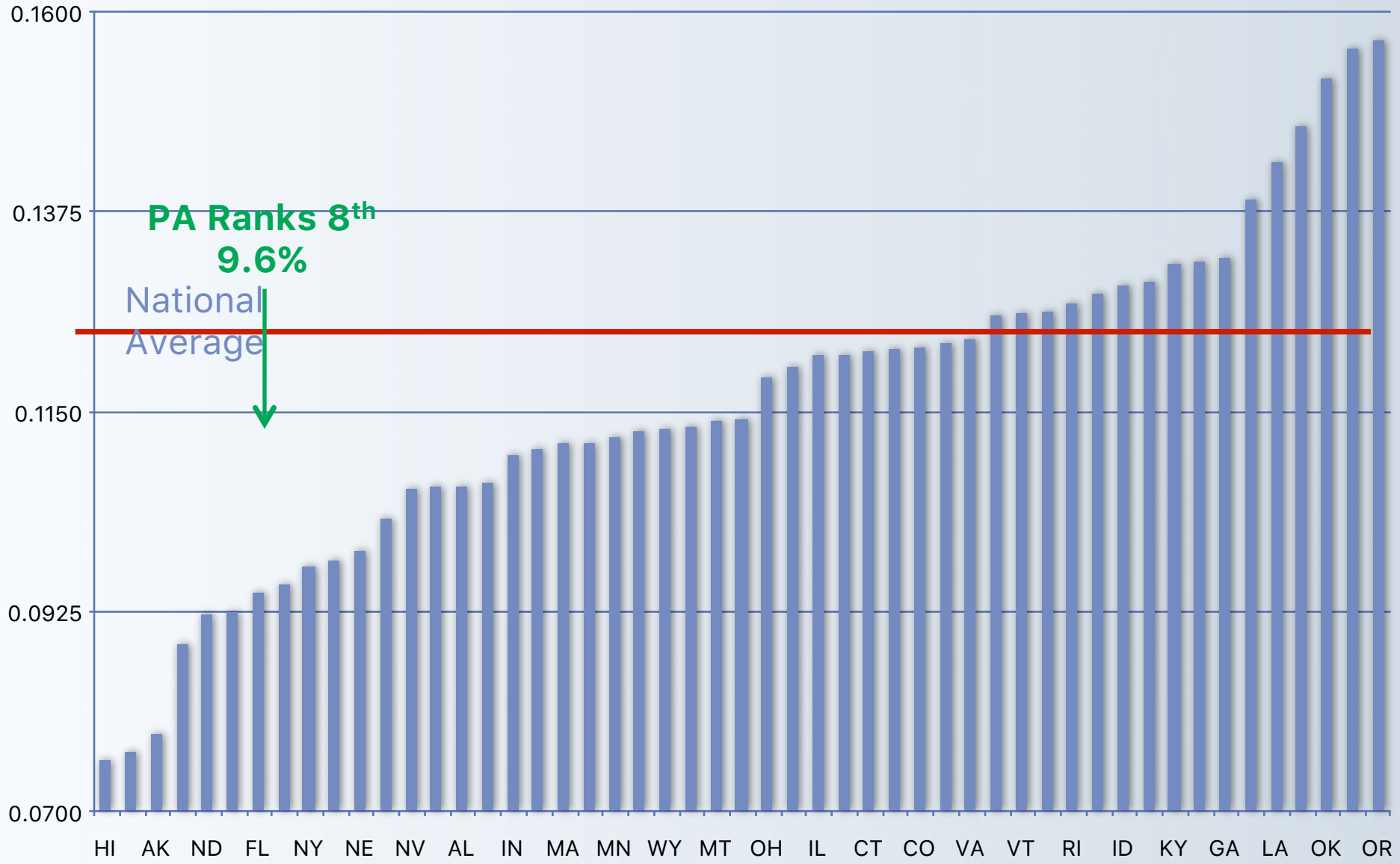
# Short-Stay: ED Visits

- Measure Calculation:

$$\frac{\text{Observed Rate}}{\text{Expected Rate}} \times \text{National Rate} = \text{Risk Standardized Rate}$$



Short-stay: ED Visit



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Source: Nursing Home Compare Data, State Averages Table, accessed 4/28/2016 at <https://data.medicare.gov/data/nursing-home-compare>

# Short-Stay: ED Visits

- Strategies:
  - Ongoing education on the health care service delivery capabilities of the Nursing Home to physicians, EDs, and hospitals
  - Communication to physicians/nurse practitioners at the time of notification



# Short-Stay: Discharge to Community

- Measure Name: Percentage of Short-Stay Residents who were Successfully Discharged to the Community
- Purpose of Measure:
  - For many short-stay residents, return to the community is the most important outcome associated with nursing home care.
  - If a nursing home discharges few residents back to the community successfully, it may indicate that the nursing home is not properly assessing its residents who are admitted to the nursing home from a hospital or not adequately preparing them for transition back to the community.
  - Claims-based measure
  - Nursing Home Compare—April 2016
  - Five-Star Quality Rating Systems—July 2016



# Short-Stay: Discharge to

- Measure Description: Determines the percentage of all new admissions to a nursing home from a hospital where the resident was discharged to the community within 100 calendar days of entry and for 30 subsequent days, they did not die, were not admitted to a hospital for an unplanned inpatient stay, and were not readmitted to a nursing home.
- Note: Lower values indicates worse performance on the measure.

# Short-Stay: Discharge to

<b>Numerator and Denominator Window</b>	The numerator and denominator include episodes that started over a 12-month period. The data are updated every six months (in April and October of each year), with a lag time of nine months (i.e., the data posted in April will include episodes that started 9-21 months ago).
Numerator	The numerator includes nursing home episodes for beneficiaries who: <ul style="list-style-type: none"><li>a) Met the inclusion and exclusion criteria for the denominator; AND</li><li>b) Had a discharge assessment indicating discharge to the 'community' (A2100 = [01]) within 100 calendar days of the start of the episode; AND</li><li>c) Was not admitted to a nursing home within 30 days of the community discharge, as determined from Medicare claims; AND</li><li>d) Did not have an unplanned inpatient hospital stay within 30 days of the community discharge, as</li></ul>

# Short-Stay: Discharge to Community

<b>Denominator</b>	<p>Included in the measure are episodes for residents who:</p> <ul style="list-style-type: none"><li>a) Entered the nursing home within 1 day of discharge from an inpatient hospitalization (Note that inpatient rehabilitation facility and long-term care hospitalizations are not included).</li><li>b) These hospitalizations are identified using Medicare Part A claims; AND</li><li>c) Entered the nursing home within the target 12-month period</li></ul>
<b>Denominator Exclusions</b>	<p>Short-stay residents are excluded if:</p> <ul style="list-style-type: none"><li>a) The resident did not have Fee-for-Service Parts A and B Medicare enrollment for the entire risk period (measured as the month of the index hospitalization and the month after the month of discharge from the nursing home); OR</li><li>b) The resident was ever enrolled in hospice care during their nursing home episode; OR</li><li>c) The resident was comatose (B0100 =[01]) or missing data on comatose on the first MDS assessment after the start of the episode; OR</li><li>d) Data were missing for any of the claims or MDS items used to construct the numerator or denominator; OR</li><li>e) The resident did not have an initial MDS assessment to use in constructing covariates for risk-adjustment.</li></ul>

# Short-Stay: Discharge to

- Risk Adjustment: Covariates include both items from claims that preceded the start of the stay and information from the first MDS within 14 days of the beginning episode.
  - Example of MDS Criteria:

Other	Married (A1200) Interpreter needed (A1100) Resident expects to remain in the facility or to be discharged to another facility or institution (Q300A) Entered facility from a psychiatric hospital (A1800)
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# Short-Stay: Discharge to Community

Category	MDS Item
Functional status	<p>Medicare RUG IV Hierarchical Group (Z0100A) Vision Impairment (B1000)            Makes self-understood by others (B0700) Ability to understand others (B0800)            Cognitive impairment based on the BIMS scale (C0500 and C0600) Cognitive assessment missing (C0500 and C0600)            Any signs or symptoms of delirium (C1300) Major Depression (CMS quality measure)            Major Depression not assessed (CMS quality measure)            Any potential indicators of psychosis or behavioral symptoms (E0100 and E0200)            Rejected care in the past seven days (E0800)            Dependence in bed mobility (G0110A) Dependence in transfer (G0110B) Dependence in walking in room (G0110C) Dependence in walking in corridor (G0110D) Dependence in locomotion on unit (G0110E) Locomotion on unit missing (G0110E) Dependence in dressing (G0110G) Dependence in eating (G0110H) Dependence in toilet use (G0110I) Toilet use missing (G0110I)            Dependence in personal hygiene (G0110J)            ADL Summary score interacted with cognitive impairment based on BIMS scale ADL Summary score missing            Depending in bathing (G0120)            Balance moving from standing to seated position (G0300A) Balance walking (G0300B) Balance turning around (B0300C)            Balance moving on and off toilet (B0300D) Fell in the last month (J1700A)            Fell in the past two to six months (J1700B) Acute change in mental status (C1600)            Wandering once or more in the past week (E0900)</p>

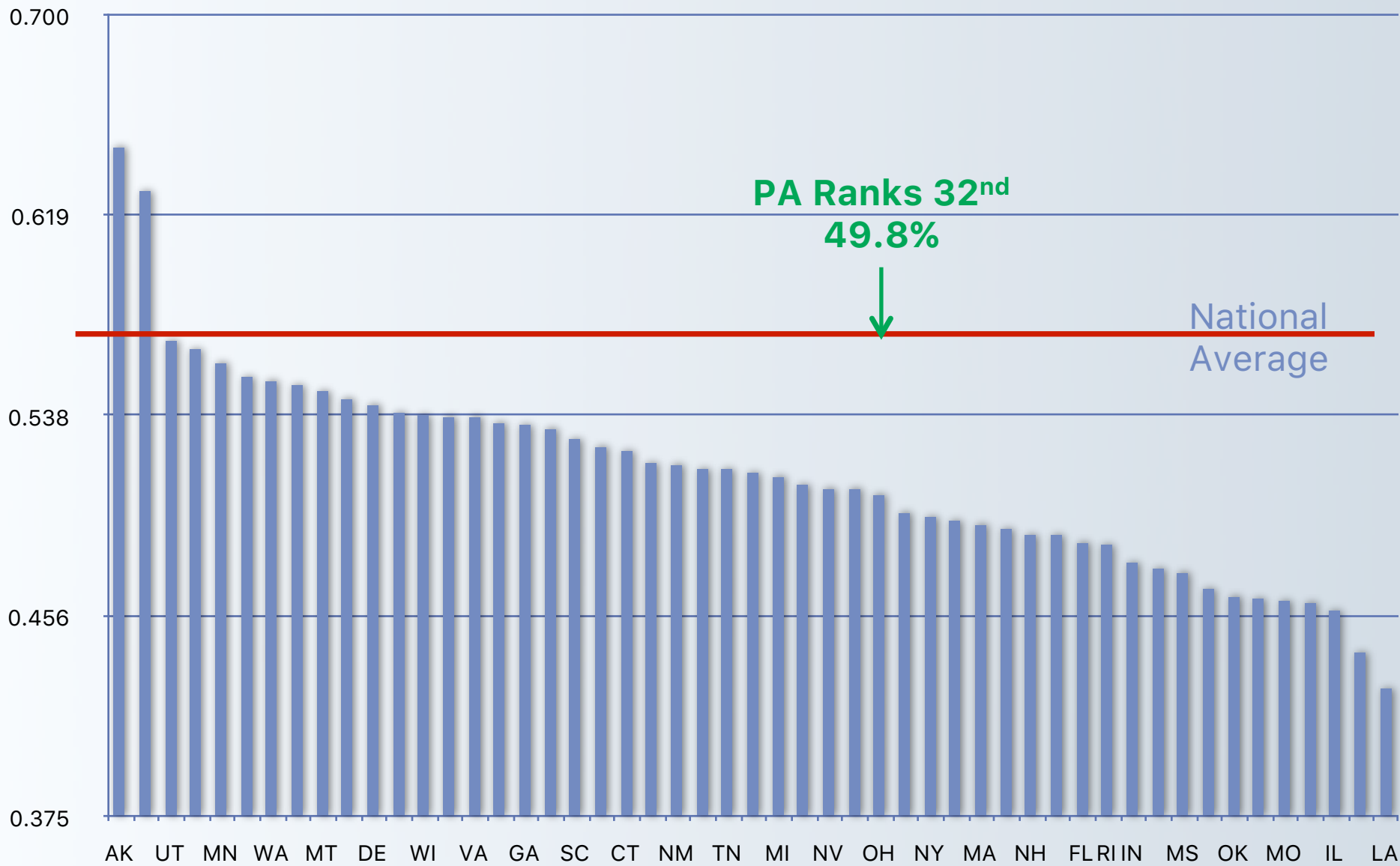
# Short-Stay: Discharge to

- Measure Calculation:

$$\frac{\text{Observed Rate}}{\text{Expected Rate}} \times \text{National Rate} = \text{Risk Standardized Rate}$$



# Short Stay: Discharge to Community



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Source: Nursing Home Compare Data, State Averages Table, accessed 4/28/2016 at <https://data.medicare.gov/data/nursing-home-compare>

# Short-Stay Discharge to Community

- Role of Rehab Team
- Community partnerships/relationships
- Engage families and caregivers
- Discharge teaching
- Post discharge follow-up



	30 Day All Cause Readmissions	100 day Community Discharge without Readmission	30 Day Outpatient ED Visits
Data Source	Part A Claims Identify inpatient readmissions and Part B Claims for observation stays. Claims and MDS are used for risk-adjustment	MDS to identify community discharges; claims to identify successful community discharges. Claims and MDS for risk-adjustment	Part B Claims to identify outpatient ED visits. Claims and MDS for risk-adjustments
Numerator Window	30 days after admission to a NF following an inpatient hospitalization	100 days after admission to a NF following an inpatient hospitalization and 30 days following discharge	30 days after admission to a NF following an inpatient hospitalization
Denominator Window	Patients must have been admitted to the nursing home following an inpatient hospitalization	Patients must have been admitted to the nursing home following an inpatient hospitalization	Patients must have been admitted to the nursing home following an inpatient hospitalization
Measurement Period	Rolling 12 months; updated every 6 months	Rolling 12 months; updated every 6 months	Rolling 12 months; updated every 6 months
Numerator Exclusions	Planned readmission	None	None
Denominator	The denominator is the number of NF stays that began within 1 day of discharge from a prior hospitalization at an acute care , or psychiatric hospital. Prior hospitalizations are identified using claims data.	The denominator is the number of NF stays that began within 1 day of discharge from a prior hospitalization at an acute care , or psychiatric hospital. Prior hospitalizations are identified using claims data.	The denominator is the number of NF stays that began within 1 day of discharge from a prior hospitalization at an acute care , or psychiatric hospital. Prior hospitalizations are identified using claims data.
Denominator Exclusions	Medicare Advantage Enrollees	Medicare Advantage Enrollees Those who were in a nursing home prior to the start of the stay Those who enroll in hospice during the observation period	Medicare Advantage Enrollees
Risk Adjustment	Logistic regression based on claims and MDS items found to be associated with readmission rates.	Logistic regression based on claims and MDS items found to be associated with readmission rates.	Logistic regression based on claims and MDS items found to be associated with readmission rates.

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# Short Stay: Improvements in

- Measure Name: Short-stay residents frequently have limitations in their physical functioning because of factors including but not limited to illness, hospitalization, or surgery.
- Purpose of the Measure: Determine among short-stay nursing home residents who are discharged from the nursing home, the percentage of residents who gain more independent locomotion, and walking during their episodes of care.
  - MDS-Based Measure
  - Nursing Home Compare—April 2016
  - Five-Star Quality Rating System—July 2016
  - Note: Lower values indicates worse performance on the measure.



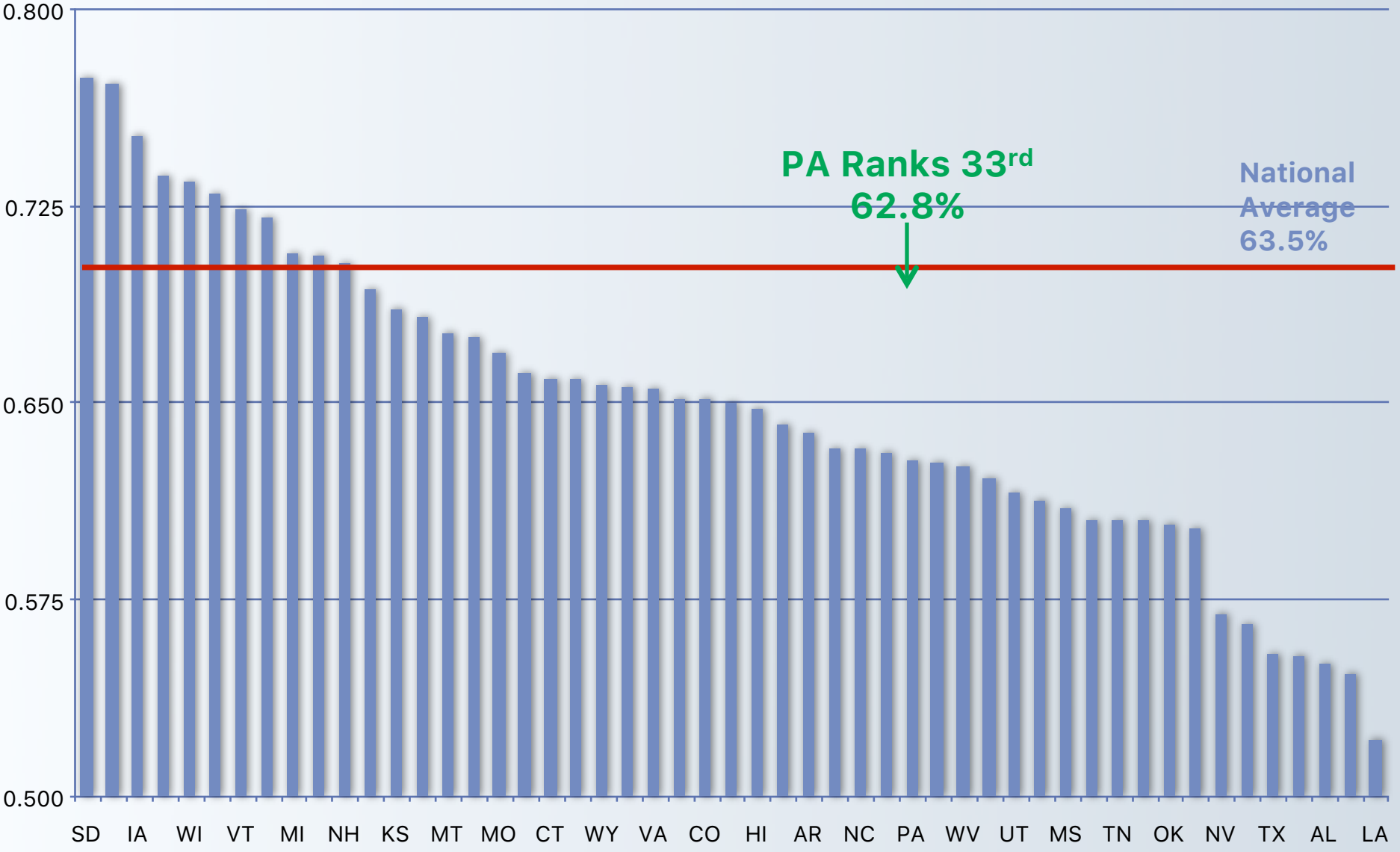
# Short-Stay: Improvements in

- Measure Description: Assesses the percentage of short-stay residents whose independence in three mobility functions (i.e., transfer, locomotion, and walking)/mid-loss ADLs increases over the course of the nursing home care episode.
- Excluded include:
  - Residents in a coma and those at the end of life (identified by hospice use and life expectancy of less than 6 months)
  - Residents who have no impairment on these three mobility items on the prior (i.e., admission or 5-day) assessment, because these residents will not be able to demonstrate improvement on the discharge assessment.
  - Residents with missing data on any of the three mobility items on the prior or discharge assessment also are excluded from the measure, because a change score cannot be calculated for these residents.
  - Residents with an unplanned discharge because they may not have had the opportunity to benefit from therapeutic interventions the nursing home would have provided.

Note: Short-stay measures include all residents who have resided in the facility for an episode of 100 days or fewer as of the end of the target period.



Short Stay: Improvements in Function



PA Ranks 33<sup>rd</sup>  
62.8%

National  
Average  
63.5%

38 Source: Nursing Home Compare Data, State Averages Table, accessed 4/28/2016 at <https://data.medicare.gov/data/nursing-home-compare>

# Short Stay: Improvements in

<b>Numerator and Denominator Window</b>	The numerator and denominator include all short-stay residents who have resided in the nursing home for an episode of 100 days or fewer as of the end of the target period (e.g., calendar quarter). The data are updated every quarter.
Numerator	The numerator includes nursing home episodes for beneficiaries who: a) Met the inclusion and exclusion criteria for the denominator; AND

# Short-Stay: Improvements in

<b>Denominator</b>	Included in the measure are episodes for residents who: a) Have a valid discharge assessment (A0310F); AND b) Have a valid preceding 5-day assessment (A0310B) OR admission assessment (A0310B)
<b>Denominator Exclusions</b>	Long-stay residents are excluded if: a) The resident was comatose (B0100 =[01]) on the 5-day assessment; OR b) Had life expectancy of less than 6 months on the 5-day or admission assessment; OR c) Was in Hospice (O0100K2=[1]) on the 5-day or admission assessment; OR d) Had no impairment (sum of G0110B1, G0110D1 and

# Short-Stay: Improvements in

- Numerator: Number of nursing home episodes where the resident had a negative mid-loss activities of daily living (MLADL) change score;
  - Where the MLADL score is defined as the sum of:
    - Transfer: self-performance
    - Locomotion on unit: self-performance
    - Walk in corridor: self-performance
- Denominator: The measure includes all short-stay residents who have a valid discharge (return not anticipated) assessment and a valid preceding 5-day assessment, who were not identified as comatose, as having a prognosis of less than 6 months, in hospice care, or as having a MLADL score greater than or equal to 1 based on the 5-day or admission assessment, and who did not have an unplanned discharge during the care episode.
- Note: The denominator for the measure is the number of eligible nursing home episodes, after applying the exclusions described above.



# Short-Stay: Improvements in

- Risk Adjustment:

- Resident characteristics and clinical conditions influence the increase in independence made by short-stay residents on transfer, locomotion, and walking during their episodes of care regardless of the quality of care provided by the nursing home.
- To adjust for these resident characteristics and conditions, the measure includes covariates based on residents' status on the prior assessment for age, cognitive impairment, heart failure, stroke, hip or other fracture, and long-form activities of daily living (LFADL) scale scores.
- By accounting for differences in resident characteristics that may independently affect independence in transfer, locomotion, and walking, risk-adjustment permits fairer comparisons of the performance of nursing homes that serve residents with different



# New Quality Measures: Navigating



## Long-Stay Quality Measures



# Long-Stay Measures

- Long-stay measures include all residents who have resided in the nursing home for an episode of at least 101 days as of the end of the target period (e.g., a calendar quarter).
- An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first).



# Long-stay: Locomotion Measure

- Measure name: Percentage of Long-stay residents whose ability to move independently worsened. Referred to as: The Long-stay locomotion measure
- Purpose of Measure: Evaluates the quality of nursing home care with regard to the loss of independence in locomotion among individuals who have been residents of the nursing home for more than 100 days.
  - Loss of independence in locomotion is itself an undesirable outcome. Additionally, it increases risks of hospitalization, pressure ulcers, musculoskeletal disorders, pneumonia, circulatory problems, constipation, and reduced quality of life. Residents who have declined in independence in locomotion also require more staff time than those who are more independent.
- MDS-based Quality Measure
- Nursing Home Compare: April 2016
- Five- Star Quality Rating System: July 2016



# Long-stay: Locomotion Measure

- Measure Description: Assesses the percentage of long-stay residents who experienced a decline in independence in locomotion. The measure includes all long-stay residents except those for whom the measure cannot be calculated, and those for whom a decline in independence in locomotion does not necessarily indicate poor quality of care.



# Long-stay: Locomotion Measure

<p><b>Numerator and Denominator Window</b></p>	<p>The numerator and denominator include all long-stay residents who have resided in the nursing home for longer than 100 days as of the end of the target period (e.g., calendar quarter). The data are updated every quarter.</p>
<p>Numerator</p>	<p>The numerator includes long-stay nursing home residents who:</p> <ul style="list-style-type: none"> <li>a) Met the inclusion and exclusion criteria for the denominator; AND</li> <li>b) Have a decline in locomotion when comparing their target assessment with the prior assessment.</li> </ul> <p>A decline is identified by an increase of one or</p>

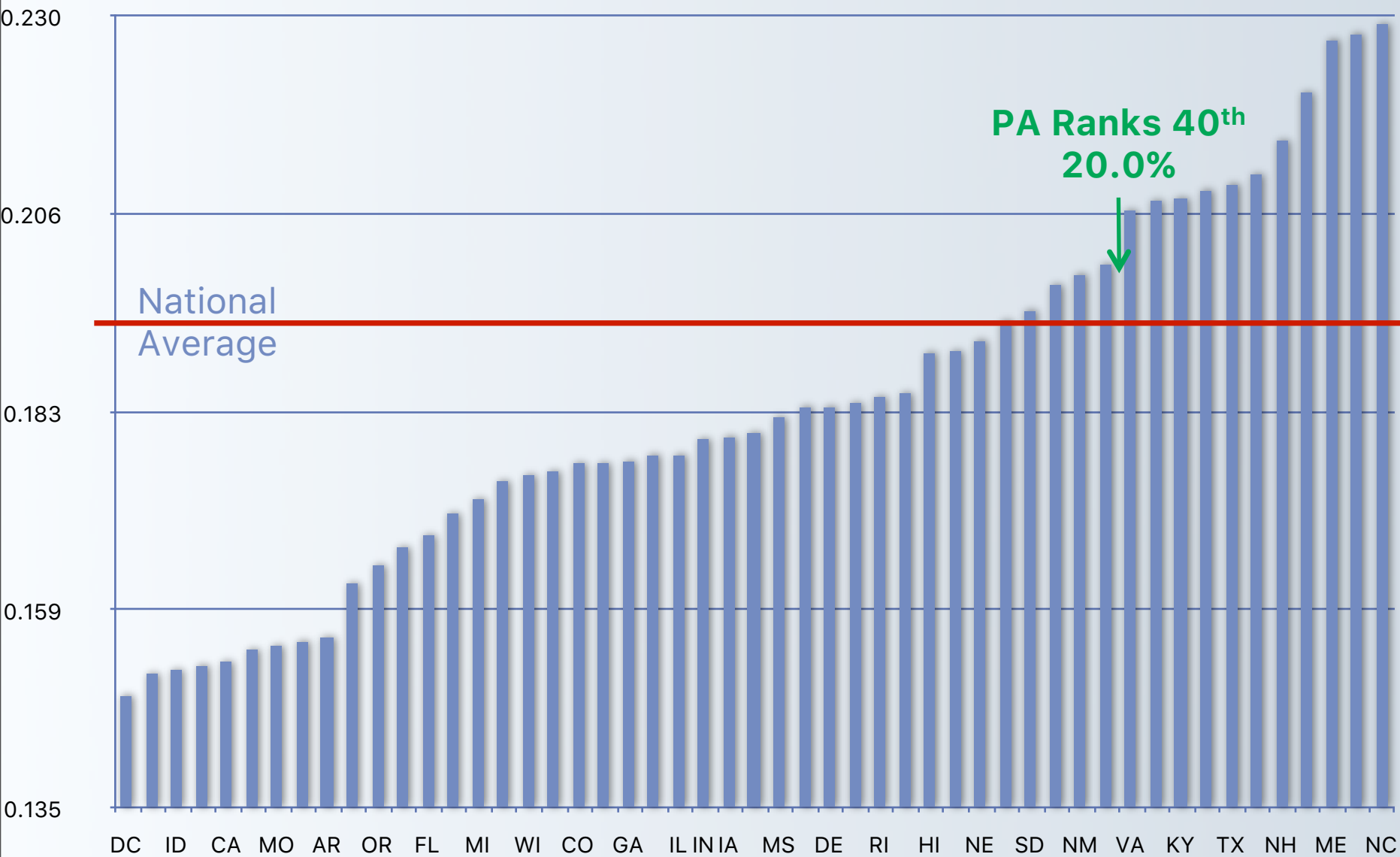


# Long-stay: Locomotion Measure

<p><b>Denominator</b></p>	<p>Included in this measure are long-stay residents who:          Have a qualifying MDS 3.0 assessment during the target period. Qualifying MDS 3.0 assessments include annual, quarterly, significant change, or significant correction (A0310A = [02, 03, 04, 05, 06]), PPS 14-, 30-, 60-, or 90-day assessment (A0310B = [02, 03, 04, 05]), or discharge assessment with or without return anticipated (A0310F = [10, 11])          Have at least one qualifying prior assessment which include admission, annual, quarterly, significant change, or significant correction (A0310A = [01, 02, 03, 04, 05, 06]), or PPS 5-, 14-, 30-, 60-, or 90-day assessment</p>
<p>Denominator Exclusions</p>	<p>Long-stay residents are excluded if:          The resident was comatose (B0100 = [01]) on the prior assessment; OR          Had prognosis of less than 6 months (J1400 = [1]) on the prior assessment; OR          Was in hospice (O0100K2 = [1]) on the prior assessment; OR          Did not have prognosis of less than 6 months and did not have hospice on prior assessment (J1400 ≠ [1] and O0100K2 ≠ [1] ) and had a missing value on either indicator (J1400 = [-] or O0100K2 = [-] )          Was totally dependent in locomotion on prior assessment (G0110E1 = [4, 7, 8]; OR          Was missing data on locomotion on target or prior assessment (G0110E1 = [-])</p>



# Long-Stay: Locomotion Measure



49 Source: Nursing Home Compare Data, State Averages Table, accessed 4/28/2016 at <https://data.medicare.gov/data/nursing-home-compare>

# Long-stay: Antianxiety or Hypnotic Medication

- Measure name: Percentage of Long-stay Residents Who Received an Antianxiety or Hypnotic Medication
- Purpose of Measure: Antianxiety and hypnotic medications have been linked to adverse outcomes such as cognitive impairment, delirium, falls, and fractures in older adults.
- MDS-based Measure
  - The measure is intended to prompt nursing homes to re-examine prescribing patterns in order to encourage practice consistent with clinical recommendations and guidelines (i.e., preventing and stopping long-term use of benzodiazepine).
  - During a target period, it is expected that facilities may have residents receiving antianxiety and hypnotic medications for a short term who have appropriate clinical indications or are under a gradual dose reduction program.
- Nursing Home Compare: April 2016
- CMS Five Star Rating: January 2017 (tentative)



# Long-stay: Antianxiety or Hypnotic

- Measure description: The long-stay antianxiety or hypnotic medication use measure assesses the percentage of long-stay residents in a nursing home who receive antianxiety or hypnotic medications.
- Excludes residents who are receiving hospice care or have a life expectancy of less than 6 months at the time of target assessment.
- Lower rates indicate better performance.
- Many nursing centers have integrated antianxiety and hypnotic medications to their antipsychotic review processes and interventions.



# Long-stay: Antianxiety or Hypnotic

<b>Numerator and Denominator Window</b>	The numerator and denominator include all long-stay residents who have resided in the nursing home for longer than 100 days as of the end of the target period (e.g., calendar quarter). The data are updated every quarter.
<b>Numerator</b>	The numerator includes long-stay nursing home residents with a target assessment where: a) Antianxiety medications are received (N0410B = [1, 2, 3, 4, 5, 6, 7])



# Long-stay: Antianxiety or Hypnotic

## Denominator

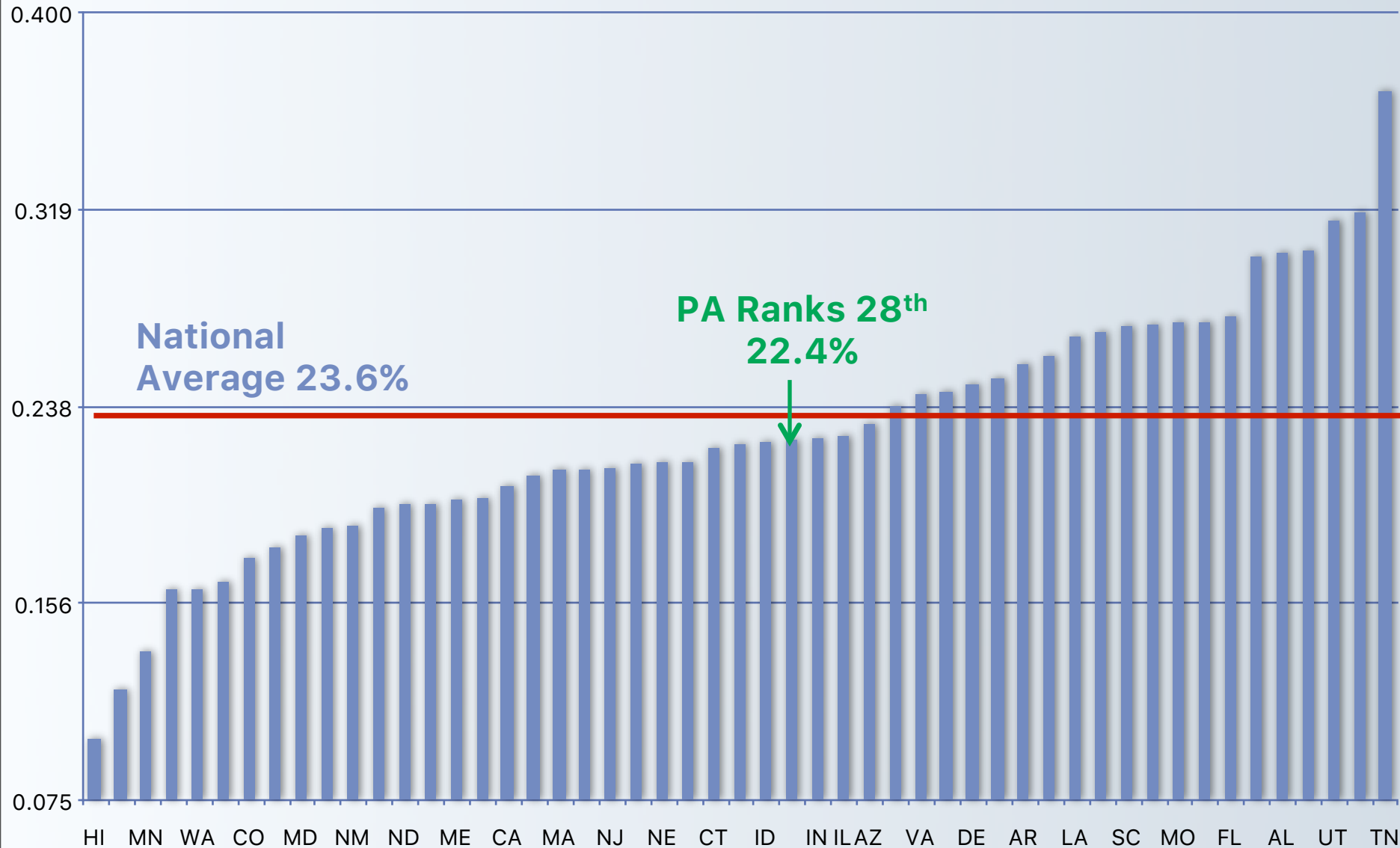
All long-stay residents with a target assessment are included in the measure.

## Denominator Exclusions

Long-stay residents are excluded if:

- a) The resident was comatose (B0100 =[01]) on the prior assessment; OR
- b) Had life expectancy of less than 6 months (J1400 = [1]) on the target assessment; OR
- c) Was in Hospice (O0100K2=[1]) on the target assessment; OR

Long-Stay: Antianxiety/Hypnotic Medication



National Average 23.6%

PA Ranks 28<sup>th</sup>  
22.4%

Source: Nursing Home Compare Data, State Averages Table, accessed 4/28/2016 at <https://data.medicare.gov/data/nursing-home-compare>

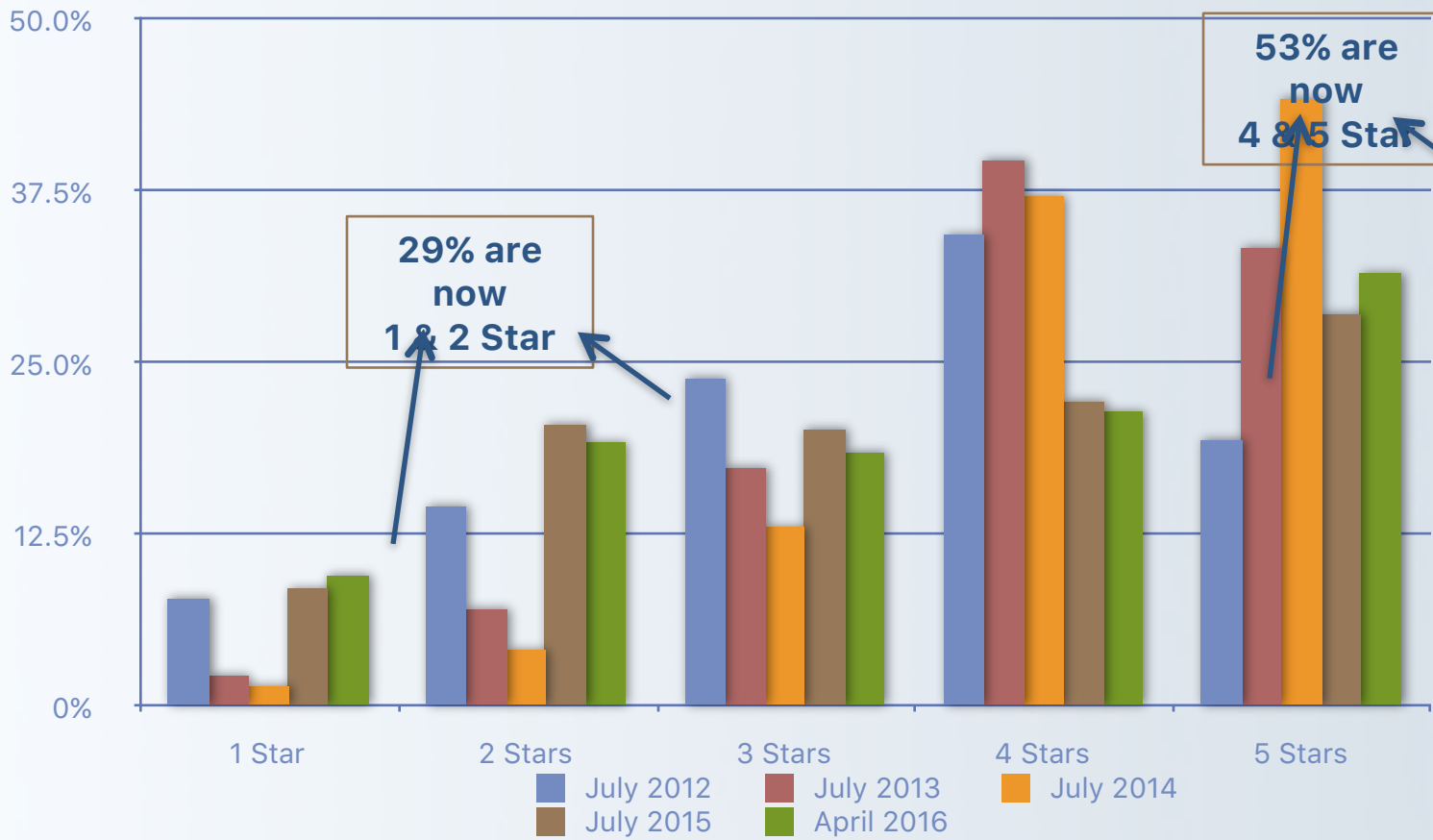
	Functional Improvement	Mobility Decline	Prevalence of Antianxiety/ Hypnotic Use
Description	The percent of short-stay nursing home residents who make functional improvements on mid-loss ADLs during their complete episode of care	The percent of long-stay nursing home residents who experienced a decline in their ability to move about their room and adjacent corridors since their prior assessment	Percent of long-stay nursing home residents who receive antianxiety or hypnotic medications
Numerator Window	Based on change in status between the 5-day assessment and discharge assessment	Based on change in status between prior and target assessment	Based on target assessment
Denominator Window	Residents must have a valid discharge (return not anticipated) assessment and a valid preceding 5-day assessment	Long-stay residents must have a qualifying MDS target assessment that is not an Admission or 5-day assessment accompanied by at least one qualifying prior assessment	Target assessment
Measurement Period	Updated quarterly	Updated quarterly	Updated quarterly
Numerator	The number of short-stay residents who have a MDADL change score that is negative	The number of long-stay residents who have a decline in locomotion since their prior assessment.	The number of long-stay residents who received any number of antianxiety medications or hypnotics

	Functional Improvement	Mobility Decline	Prevalence of Antianxiety/ Hypnotic Use
Denominator	All short-stay residents who have a valid discharge (return not anticipated) assessment and	All long-stay residents who have a qualifying MDS target assessment that is not an	All long-stay residents with a selected target assessment
Denominator Exclusions	Comatose on the 5-day assessment	Comatose or missing data on comatose at prior assessment	Missing data on number of antianxiety or hypnotic meds
	Prognosis of <6months on the 5-day assessment	Prognosis of <6 months at prior assessment	
	No MLADL impairment on the 5-day assessment	Resident totally dependent during locomotion on prior	Prognosis of <6 months
	Hospice on the 5-day assessment	Missing data on locomotion on target or prior assessment, or no prior assessment available to assess prior function	Hospice care while a resident
		Prior assessment is discharge assessment with	
Risk Adjustment	Risk adjusted based on 5-day assessment; age, gender, cognitive		



# Preparing for July





# Preparing for CMS Five Star Changes

- Integrate into your quality assurance/performance improvement process utilizing a multidisciplinary approach
- Begin to review your data
- Explore MDS elements (Rapid quality cycles)
- Ensure accuracy of MDS coding
- Review processes, policies and procedures relates to these domains
- Long-term Care Trend Tracker
- Know Your Story



# References and Educational Opportunities

- ABT Associates (2016). Nursing Home Compare Quality Measure Technical Specifications.
- PHCA Quality Symposium June 14 and June 15, 2016 in Harrisburg
  - Registration link: <https://www.phca.org/events-calendar/phca-quality-symposium>
  - Members are invited to attend one or both days at no charge.

