



Further Improvements to the Nursing Home Compare Five-Star Quality Rating System

March 3, 2016

Overview



- In **April 2016**, CMS will begin posting data for six new quality measures (QMs) on Nursing Home Compare:
 1. **Percentage of short-stay residents who were successfully discharged to the community** (Claims-based)
 2. **Percentage of short-stay residents who have had an outpatient emergency department visit** (Claims-based)
 3. **Percentage of short-stay residents who were re-hospitalized after a nursing home admission** (Claims-based)
 4. **Percentage of short-stay residents who made improvements in function** (MDS-based)
 5. **Percentage of long-stay residents whose ability to move independently worsened** (MDS-based)
 6. **Percentage of long-stay residents who received an antianxiety or hypnotic medication** (MDS-based)

Overview



- Beginning in **July 2016**, five of the measures will be used in the calculation of Five-Star Quality Rating QM ratings.
 - Antianxiety/hypnotic medication measure will not be used in Five-Star due to concerns about its specificity and appropriate thresholds for star ratings.
- Addition of these new measures has several key benefits:
 - Increase the number of short-stay measures
 - Cover important domains not covered by other measures
 - Claims-based measures may be more accurate than MDS-based measures.



Claims-Based Measures

Overview of Claims-Based Measures



- Measures use Medicare claims, although the MDS is used in building stays and for some risk-adjustment variables.
- Measures only include Medicare fee-for-service beneficiaries.
 - Eventually, encounter data may allow us to include Medicare Advantage enrollees.
- All are short-stay measures that only include those who were admitted to the nursing home following an inpatient hospitalization.
- Measures are risk-adjusted, using items from claims, the enrollment database and the MDS

Percentage of Short-Stay Residents Who Were Re-hospitalized After a Nursing Home Admission



- Development of readmission measures is a high priority for CMS:
 - The Protecting Access to Medicare Act calls for public reporting of readmission measures on Nursing Home Compare.
 - SNF Value-Based Purchasing (VBP) will use a claims-based readmission measure.
- Includes hospitalizations that occur after nursing home discharge but within 30-days of stay start date.
 - Includes observation stays.
 - Excludes planned readmissions and hospice patients.
- A ‘stay-based’ measure that includes both those who were previously in a nursing home and those who are new admits.

Percentage of Short-Stay Residents Who Were Successfully Discharged to the Community



- For many short-stay patients, return to the community is the most important outcome associated with SNF care.
- Measure uses MDS assessments to identify community discharges and claims to determine whether the discharge was successful.
 - An episode-based measure that looks at whether resident is successfully discharged within 100 days of admission
 - Successful discharge defined as those for which the beneficiary was not hospitalized, was not readmitted to a nursing home, and did not die in the 30 days after discharge.

Percentage of Short-Stay Residents Who Have Had an Outpatient Emergency Department Visit



- Better preventative care and access to physicians and nurse practitioners in an emergency may reduce rates of emergency department (ED) visits.
- Outpatient ED visit measure has same 30-day timeframe as the re-hospitalization measure and considers all outpatient ED visits except those that lead to an inpatient admission (which are captured by the re-hospitalization measure).

Measure Specifications: Claims-Based Measures



	30-Day All-Cause Readmissions	100-day Community Discharge Without Readmission	30-Day Outpatient ED Visits
Data Source	Part A claims to 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-adjustment.
Numerator Window	30 days after admission to a SNF following an inpatient hospitalization.	100 days after admission to a SNF following an inpatient hospitalization and 30 days following discharge.	30 days after admission to a SNF following an inpatient hospitalization.
Denominator Window	Patients must have been admitted to the nursing home following an inpatient hospitalization.		

Measure Specifications: Claims-Based Measures



	30-Day All-Cause Readmissions	100-day Community Discharge Without Readmission	30-Day Outpatient ED Visits
Measurement Period	Rolling 12 months; updated every six months		
Numerator	The number of SNF stays where there was a admitted to an acute care hospital within 30 days of SNF admission. Observation stays are included. Planned readmissions are excluded.	The number of SNF stays where there was a discharge to the community (identified using the discharge status information on the MDS) within 100 days of admission who are not admitted to a hospital (inpatient or observation stay), a nursing home, or who die within 30 days of discharge.	The number of SNF stays where there was an outpatient ER visit not resulting in an inpatient stay or observation stay within 30 days of SNF admission.
Numerator Exclusions	Planned readmissions	None	None

Measure Specifications: Claims-Based Measures



	30-Day All-Cause Readmissions	100-day Community Discharge Without Readmission	30-Day Outpatient ED Visits
Denominator	The denominator is the number of SNF stays that began within 1 day of discharge from a prior hospitalization at an acute care, CAH, or psychiatric hospital. Prior hospitalizations are identified using claims data.		
Denominator Exclusions	<ul style="list-style-type: none"> • Medicare Advantage enrollees 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Medicare Advantage enrollees
Risk Adjustment	Logistic regression based on claims (primary diagnosis and length of stay from the hospitalization that preceded the SNF stay) and MDS items found to be associated with readmission rates. Note that there are some differences in the MDS items used across the three measures. The risk-adjusted rate is calculated as the <i>(actual rate/expected rate) x national average</i>		



MDS-Based Measures

Percentage of Short-Stay Residents Who Made Improvements in Function



- Measures the percentage of short-stay residents who made functional improvements during their complete episode of care.
 - Based on self-performance in three mid-loss activities in daily living (ADLs): transfer, locomotion on unit, walk in corridor
 - Calculated as the percent of short-stay residents with improved mid-loss ADL functioning from the 5-day assessment to the Discharge assessment
 - Based on Discharge assessment at which return to the nursing home is not anticipated
 - Excludes residents receiving hospice care or who have a life expectancy of less than six months

Percentage of Long-Stay Residents Whose Ability to Move Independently Worsened



- Measures the percentage of long-stay nursing residents who experienced a decline in their ability to move around their room and in adjacent corridors over time.
 - Defined based on “locomotion on unit: self-performance” item.
 - Includes the ability to move about independently, whether a person’s typical mode of movement is by walking or by using a wheelchair.
 - Risk adjustment based on ADLs from prior assessment.
- Decline is measured by an increase of one or more points between the target assessment and prior assessment.

Percentage of Long-Stay Residents who Received an Antianxiety or Hypnotic Medication



- Measures the percentage of long-stay residents in a nursing facility who receive antianxiety or hypnotic medications.
 - Purpose of the measure is to prompt nursing facilities to re-examine their prescribing patterns in order to encourage practice consistent with clinical recommendations and guidelines.
 - No risk adjustment
- Excludes residents who are receiving hospice care or have a life expectancy of less than 6 months at the time of target assessment.

Measure Specifications: MDS-Based Measures



	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
Data Source	MDS		
Numerator Window	Based on change in status between the 5-day assessment and Discharge assessment	Based on change in status between prior and target assessments	Based on the target assessment

Measure Specifications: MDS-Based Measures



	Functional Improvement	Mobility Decline	Prevalence of Antianxiety/Hypnotic Use
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 (i.e., must be an Annual, Quarterly, Significant Change, Significant Correction, 14-, 30-, 60-, or 90-day or a Discharge assessment with or without return anticipated during quarter) accompanied by at least one qualifying prior assessment	Target assessment
Measurement Period	Updated quarterly		
Numerator	The number of short-stay residents who have a mid-loss activities of daily living (MDADL) change score that is negative. MDADL is defined as the sum of transfer: self-performance, locomotion on unit: self-performance, and walk in corridor: self performance (with 7 or 8 recoded to 4)	The number of long-stay residents who have a decline in locomotion since their prior assessment. A decline in locomotion is defined as an increase in locomotion on unit: self-performance points since their prior assessment (with 7 or 8 recoded to 4)	The number of long-stay residents who received any number of antianxiety medications or hypnotic medications
Numerator Exclusions	None		

Measure Specifications: MDS-Based Measures



	Functional Improvement	Mobility Decline	Prevalence of Antianxiety/Hypnotic Use
Denominator	All short-stay residents who have a valid Discharge (return not anticipated) assessment and a valid preceding 5-day assessment	All long-stay residents who have a qualifying MDS target assessment that is not an Admission or 5-day assessment (i.e., Annual, Quarterly, Significant Change, Significant Correction, 14-, 30-, 60-, or 90-day or a Discharge assessment with or without return anticipated during the quarter) accompanied by at least one qualifying prior assessment	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 <6 months on the 5-day assessment	Prognosis of <6 months at prior assessment	Prognosis of <6 months
	No MLADL impairment (MLADL=0) on the 5-day assessment	Resident totally dependent during locomotion on prior assessment	Hospice care while a resident
	Missing data on any of the three MDADL items on the discharge or 5-day assessments	Missing data on locomotion on target or prior assessment, or no prior assessment available to assess prior function	
	Hospice on the 5-day assessment	Prior assessment is discharge assessment with or without return anticipated	
Risk Adjustment	Risk adjusted based on 5-day assessment: age, gender, cognitive impairment, long-form ADL score, heart failure, stroke, hip fracture, other fracture, feeding/IV	Risk adjusted based on ADLs from prior assessment (eating, toileting, transfer, and walking in corridor)	None

Questions/Discussion

