

# Home Health

## Quality Reporting Program Provider Training



## Welcome/Introductions

Brigitte Vincent  
Econometrica, Inc.

November 6, 2018

# Welcome!

# Day 1 Agenda



Overview of OASIS Changes

Section J: Health Conditions

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (M1311)

Home Health Quality Reporting Program Resources

Home Health Quality Reporting Program Reports

Questions and Answers/Wrap-Up

“We Want to Hear from You”

# Today's Presenters



**Reena Duseja, M.D., M.S.**

Chief Medical Officer

Quality Measurement and Value-Based Incentives Group

Center for Clinical Standards and Quality

CMS

# Today's Presenters (cont. 1)



**Kathryn D. Roby, M.Ed., M.S., R.N.,  
CHCE, CHAP/ACHC**  
Senior Consultant, Home Health Services  
Qualidigm



**Charlotte Steniger, R.N., M.S.N., COS-C,  
COQ-S, CHAP/ACHC**  
Consultant, Home Health Services  
Qualidigm

# Today's Presenters (cont. 2)



**Ann M. Spenard, D.N.P., R.N.-BC**  
Vice President & Principal  
Qualidigm



**Debra Weiland, B.S.N., R.N., RAC-CT**  
Nurse Consultant  
Division of Chronic and Post-Acute Care  
CMS

# General Information

- All training materials **with answers** will be posted to the Home Health (HH) Quality Reporting Program (QRP) Training page on the CMS website
- Video recordings of today's presentations will be posted to CMS' YouTube site
- Certificates of Completion will be provided and emailed to those attending in person today
  - This training does not offer Continuing Education Units



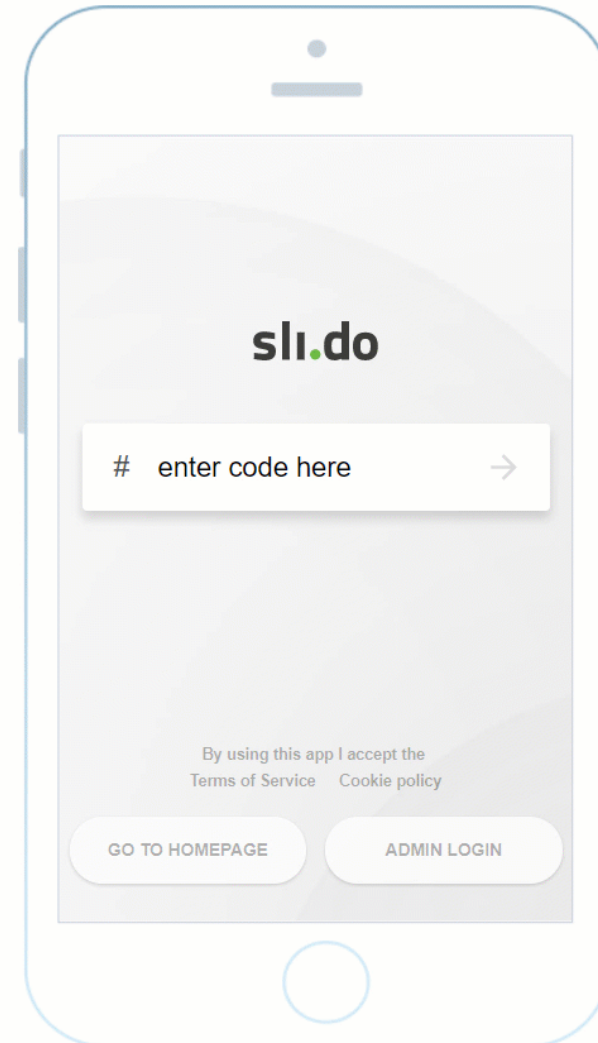
# Icebreaker Activity



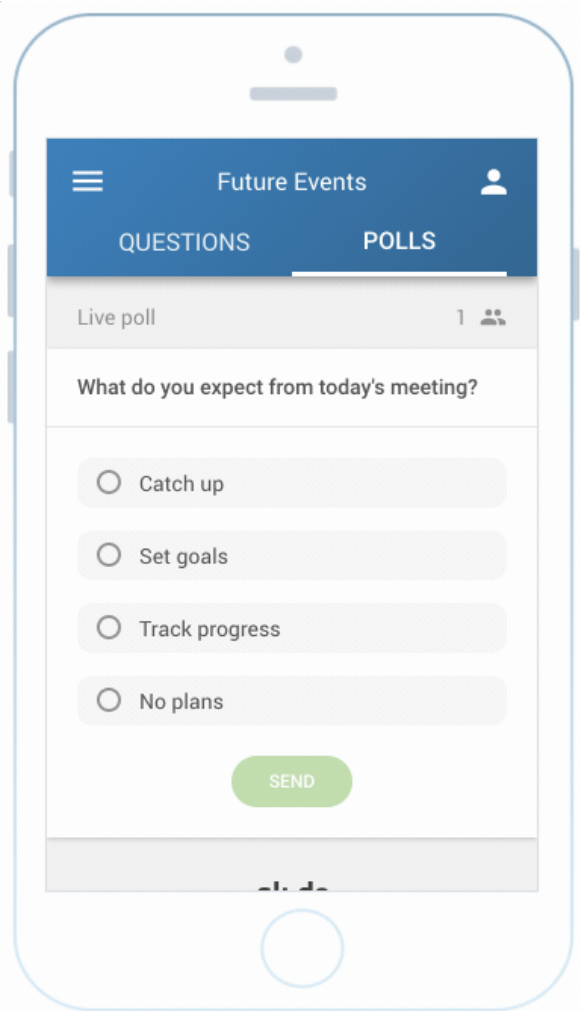
# Audience Interaction

Today's presentation is interactive.  
Using your internet-connected phone,  
tablet, or laptop, please navigate to:  
<http://www.slido.com>

Then enter event code  
**#Econometrica**



# Respond and Engage



Join at  
**slido.com**  
**#Econometrica**

Occasionally we will ask questions of the audience. Questions will automatically update on your device, and responding is easy.

Simply choose your response, then hit send. **Let's give it a try.**

# What popular street vendor food was invented in Baltimore?

- A. Hot Dogs
- B. Snow Cones
- C. Popcorn
- D. Roasted Peanuts



# What school of healthcare was first established in Baltimore in 1840?

- A. Nursing
- B. Chiropractic
- C. Dentistry
- D. Laser Eye Surgery

Join at  
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**#Econometrica**



# What vital public institution was first inaugurated in Baltimore in 1774?

- A. Fire Department
- B. Movie Theater
- C. Ice Cream Parlor
- D. U.S. Post Office



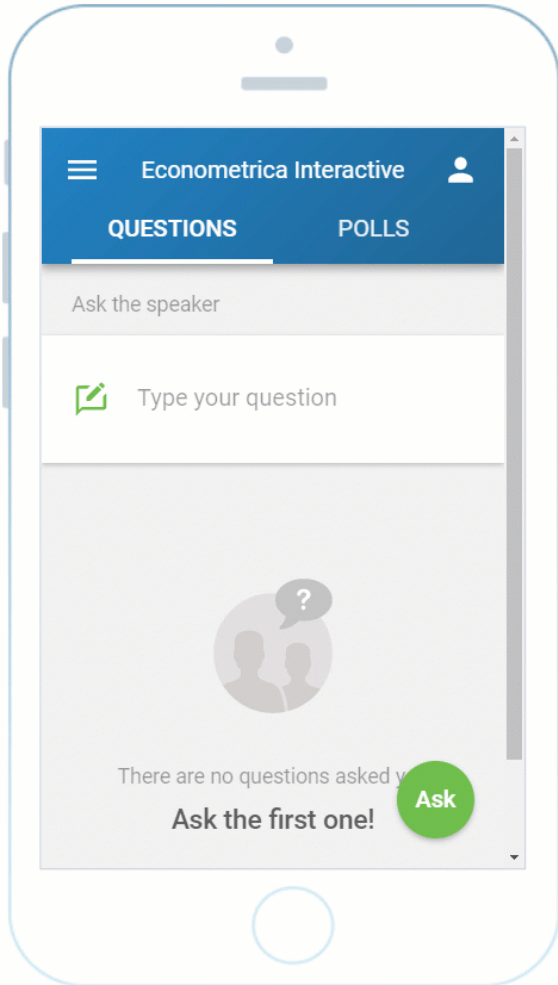
# The first successful manned \_\_\_\_\_ was launched in the United States in Baltimore in 1784

- A. Airplane
- B. Rocket
- C. Submarine
- D. Hot Air Balloon



# Asking Questions

# Quick Profile Setup



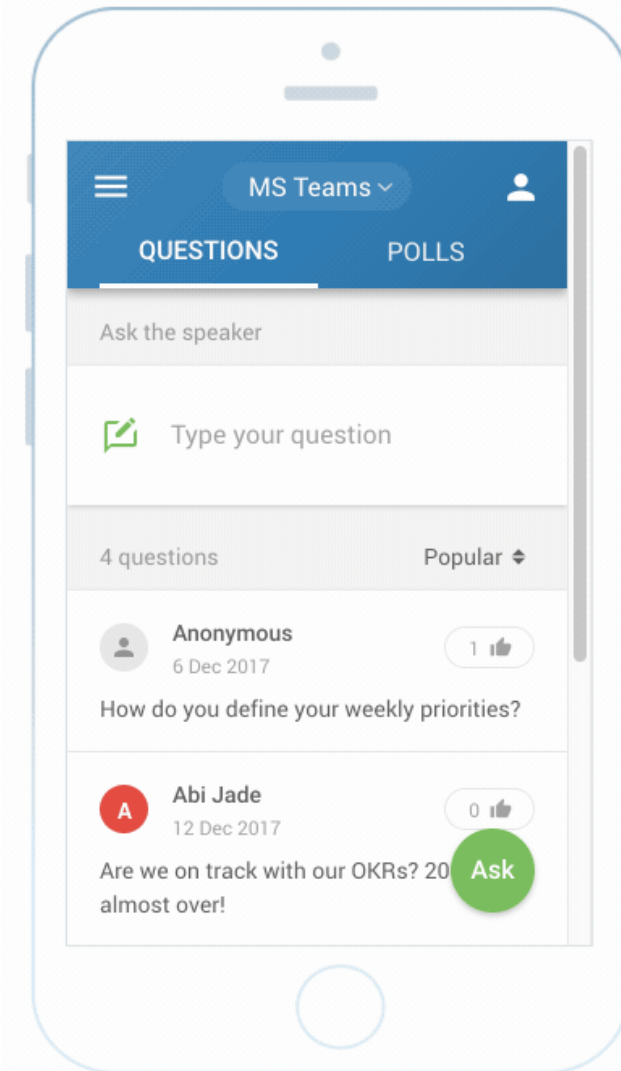
1. To begin, click the user avatar icon in the top-right corner of the web app
2. Please enter your full name, organization, and email address



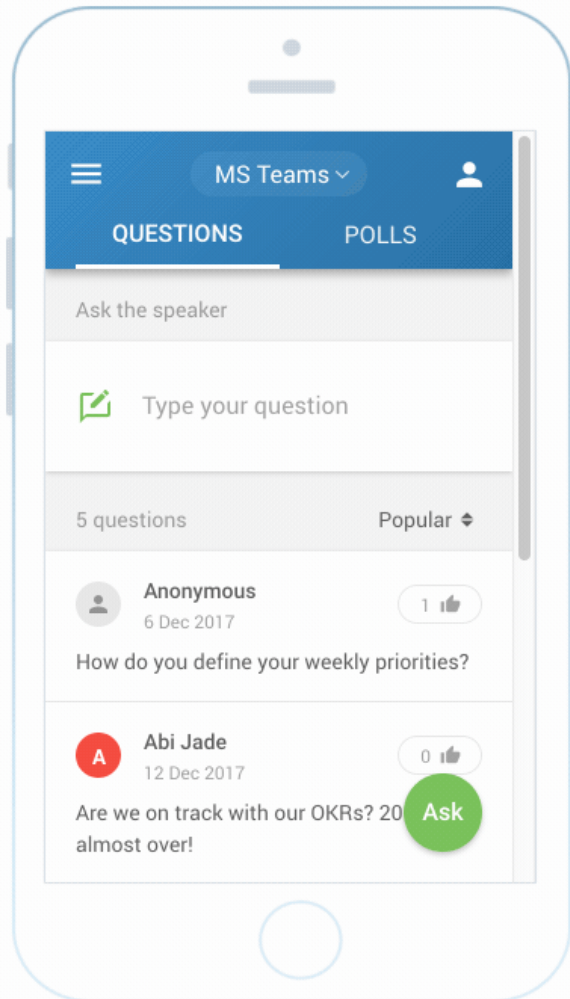
# How to Ask Questions

Once you have completed your profile, you will be able to ask questions via the Questions tab.

We will address questions at the end of each session, as time allows. If we are unable to answer a question during the session, answers will be posted later with the training materials.



# Upvoting Questions

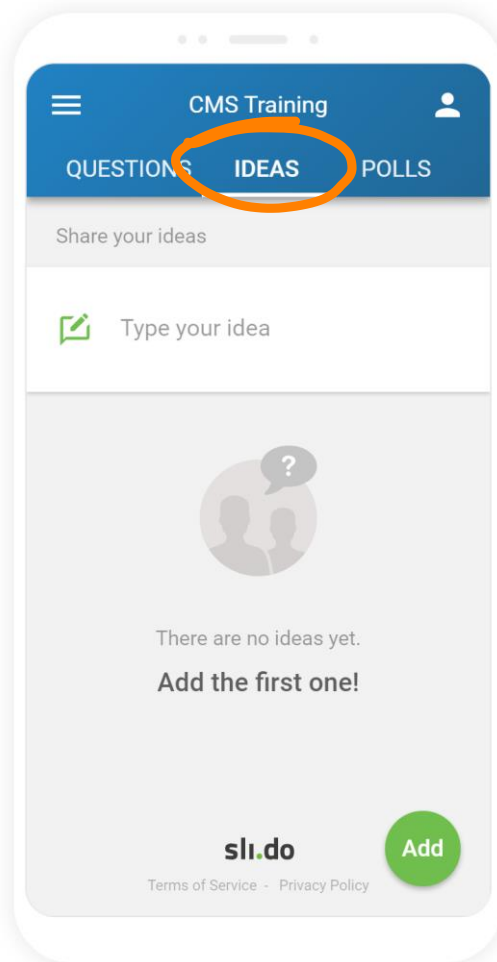


Submitted questions are generally visible to all participants. If there is a question you would like to see answered, click the “like” button next to it.

This will help us prioritize questions, as we may not be able to address all questions during the event.

# Submitting Action Plan Ideas

# How to Submit Ideas

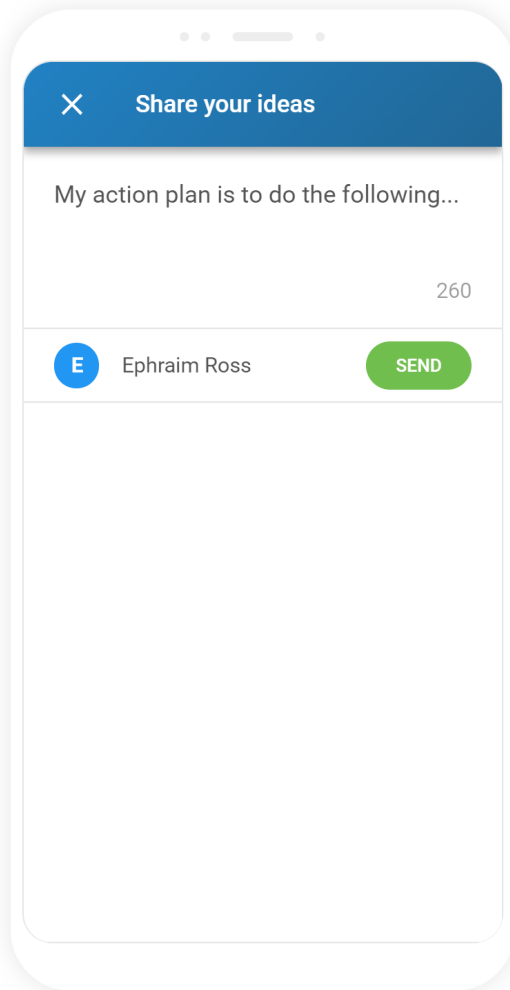


In addition to participating in polls and asking questions, you can use Slido to share ideas with your colleagues.

At the end of each session, we will prompt you to think about steps that you might take at your agency to operationalize some of the changes being discussed.

To share ideas with your colleagues, simply click on the ideas tab on the Slido interface on your phone, then type in your ideas one at a time.

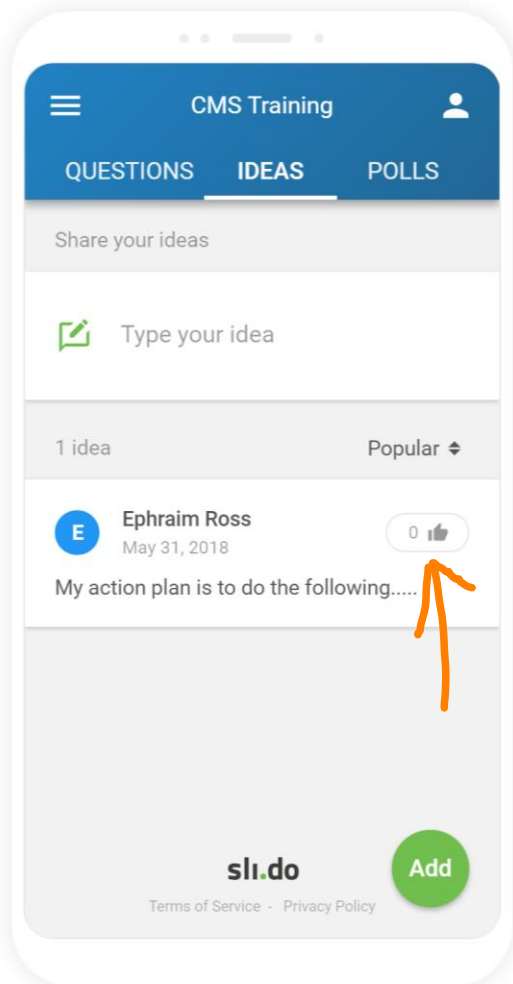
# Action Plan Ideas



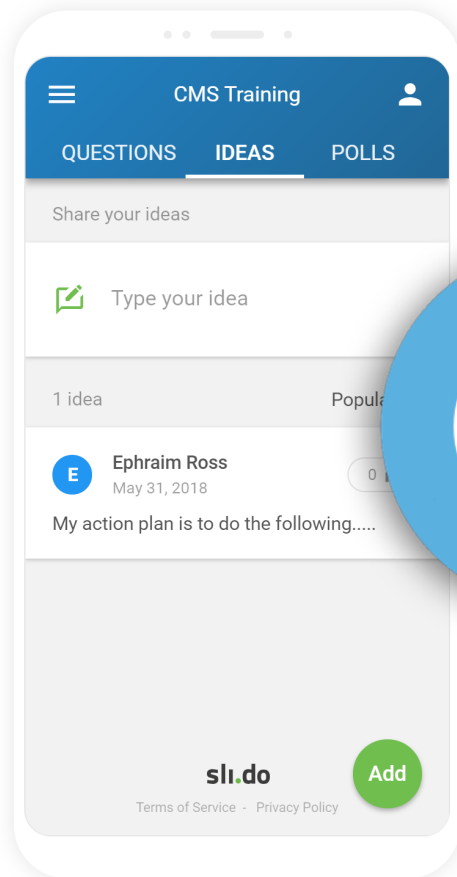
Ideas may pertain to reviewing policies and procedures, connecting with your IT staff to discuss changes to your electronic health record, preparing training materials, identifying staff who will need to be included in discussions or training at your agency, etc.

This is a great opportunity for you to learn from each other.

# Upvoting Ideas



Submitted ideas are generally visible to all participants. If there is an idea that you think you could use at your agency, click the “like” button next to it instead of retyping the same idea.



# Share Your Action Plan Ideas



# Action Plan

Topic	Policies, Procedures, Processes, and/or Documentation Systems and Tools Potentially Impacted	Action Steps Needed	Education Needed (Topic and Audience)	Timeline
Section J: Health Conditions	<ul style="list-style-type: none"> <li>• Current agency policies and procedures regarding reporting and follow-up related to falls</li> <li>• Incident reports</li> <li>• EHR compatibility with OASIS additions/changes</li> </ul>	<ul style="list-style-type: none"> <li>• Review and revise agency policies and procedures to guide assessment and documentation of falls and fall-related injury</li> <li>• Review of practices to promote interdisciplinary care coordination</li> <li>• Assess need for revisions to incident reporting processes</li> <li>• Work with EHR vendor to ensure functionality and support of Section J items</li> <li>• Ensure all appropriate staff has been trained</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical supervisor(s)</li> <li>• Agency educator(s) and quality staff</li> <li>• All agency staff with direct patient contact or care responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with team to assess educational and organizational needs by 11/15/18</li> <li>• Create training plan by 11/30/18</li> <li>• Provide education to agency staff by 12/15/18</li> <li>• Implement any required policy changes by 1/1/19</li> </ul>



# Meaningful Measures

REENA DUSEJA, M.D., MS  
Chief Medical Officer, Quality Measurement and  
Value-Based Incentives Group  
Center for Clinical Standards and Quality

# Acronyms in This Presentation

- Centers for Medicare & Medicaid Services (CMS)
- Children's Health Insurance Program (CHIP)
- Electronic Clinical Quality Improvement (eCQM)
- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Heart Failure (HF)
- Home Health (HH)
- Hospital Value-Based Purchasing (HVBP) Program



# Acronyms in This Presentation (cont. 1)

- Information Technology (IT)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Inpatient Rehabilitation Facility (IRF)
- Institute of Medicine (IOM)
- Long-Term Care Hospital (LTCH)
- Monitoring for Patients on Persistent Medications (MPM)
- Medicare Shared Savings Program (MSSP)



# Acronyms in This Presentation (cont. 2)

- Prenatal and Postpartum Care (PPC)
- Quality Improvement Organization (QIO)
- Quality Payment Program (QPP)
- Quality Reporting Program (QRP)
- Quality Rating System (QRS)
- Risk-Standardized Mortality Rate (RSMR)
- Skilled Nursing Facility (SNF)



# Meaningful Measures: Disclaimers

*This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.*

*This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.*

*The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.*

# A New Approach to Meaningful Outcomes

## What is the Meaningful Measures Initiative?

- Launched in 2017, the purpose of the Meaningful Measures initiative is to:
  - Improve outcomes for patients
  - Reduce data reporting burden and costs on clinicians and other health care providers
  - Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients

# A New Approach to Meaningful Outcomes (cont.)

## Why Implement the Meaningful Measures Initiative?

- There are too many measures and disparate measures
- Administrative burden of reporting
- Lack of simplified ways to focus on critical areas that matter most for clinicians and patients

# Meaningful Measures: Guided by Four Strategic Goals

Empower patients and doctors to make decisions about their health care



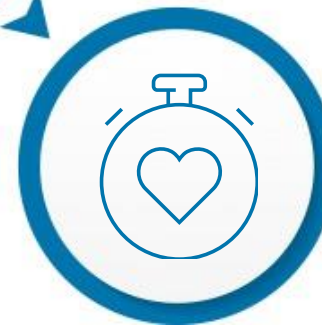
Usher in a new era of state flexibility and local leadership



Support innovative approaches to improve quality, accessibility, and affordability



Improve the CMS customer experience

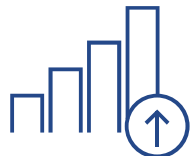


**Meaningful Measures:**  
Guided by Four Strategic Goals



# Meaningful Measures Objectives

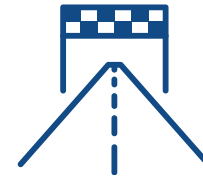
**Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:**



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

# Meaningful Measures Framework

## Meaningful Measure Areas Achieve

- High quality healthcare
- Meaningful outcomes for patients

### Quality Measures



### Criteria meaningful for patients and actionable for providers

#### **Draws on measure work by:**

- Health Care Payment Learning and Action Network
- National Quality Forum- *High Impact Outcomes*
- National Academy of Medicine – *IOM Vital signs Core Metrics*

#### **Includes perspectives from experts and external stakeholders:**

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

# Vision for Quality Reporting: Key Levers

## Engage Patients and Providers

- Measures development begins from a person-centered perspective
- Involve patients and caregivers in measure development and public reporting efforts
- Involve first-line health care professionals on the front line who are involved in measure development, implementation, and data feedback processes

## Strengthen/Facilitate Interoperability

- Ongoing, timely information is provided to health care professionals
- Data collection and exchange is low burden
- Quality measure data is fed into planning and implementation of quality improvement initiatives

## Optimize Public Reporting

- Relevant, actionable data is accessible to a variety of audiences
- Patients and caregivers have access to data

## Aligned Measure Portfolio

- An enterprise-wide strategy for measure selection focuses on patient-centered, outcome, and longitudinal measures
- Infrastructure supports development of health IT enabled measures

## Aligned Quality Reporting and Value-based Purchasing

- Aligned and streamlined policies and processes for quality reporting and value based purchasing programs
- CMS demonstration programs have flexibility to test innovative models, while maintaining a desired end state of alignment with legacy CMS programs

# Meaningful Measures: Promote Effective Communication & Coordination of Care

## Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability



# Meaningful Measures: Promote Effective Prevention & Treatment of Chronic Disease

## Promote Effective Prevention & Treatment of Chronic Disease

### Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality



# Meaningful Measures: Work With Communities to Promote Best Practices of Healthy Living

## Work With Communities to Promote Best Practices of Healthy Living

### Meaningful Measure Areas:

- Equity of Care
- Community Engagement



# Meaningful Measures: Make Care Affordable

## Make Care Affordable

### Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care



# Meaningful Measures: Make Care Safer by Reducing Harm Caused in the Delivery of Care

## Make Care Safer by Reducing Harm Caused in the Delivery of Care

### Meaningful Measure Areas:

- Healthcare-Associated Infections
- Preventable Healthcare Harm





# Meaningful Measures: Strengthen Person & Family Engagement as Partners in their Care

## Strengthen Person & Family Engagement as Partners in their Care

### Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes



# Meaningful Measures



# Promote Effective Communication and Coordination of Care



## MEANINGFUL MEASURE AREAS:

### MEDICATION MANAGEMENT

#### Measures

- Use of High Risk Medications in the Elderly - [QPP](#)
- Medication Reconciliation Post-Discharge - [MSSP](#)
- Annual Monitoring for Patients on Persistent Medications (MPM) - [QRS](#)
- Drug Regimen Review Conducted with Follow-Up for Identified Issues - [IRF QRP](#), [LTCH QRP](#), [SNF QRP](#), [HH QRP](#)

### ADMISSIONS AND READMISSIONS TO HOSPITALS

#### Measures

- Standardized Readmission Ratio (SRR) - [ESRD QIP](#)
- Plan All-Cause Readmissions - [Medicaid & CHIP](#)

### TRANSFER OF HEALTH INFORMATION AND INTEROPERABILITY

#### Measures

- Use of an Electronic Health Record - [IPFQR](#), [QIO](#)

### Programs Using Illustrative Measures

- Quality Payment Program (QPP)
- Medicare Shared Savings Program (MSSP)
- Health Insurance Marketplace Quality Rating System (QRS)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Home Health Quality Reporting Program (HH QRP)
- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Medicaid and CHIP (Medicaid & CHIP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Quality Improvement Organization (QIO)



# Promote Effective Prevention and Treatment of Chronic Disease



## MEANINGFUL MEASURE AREAS:

### PREVENTIVE CARE

#### Measures

Influenza Immunization Received for Current Flu Season - [HH QRP](#)

Timeliness of Prenatal Care (PPC) - [Medicaid & CHIP](#)

Well-Child Visits in the First 15 Months of Life (6 or More Visits) - [Medicaid & CHIP](#)

### MANAGEMENT OF CHRONIC CONDITIONS

#### Measures

Osteoporosis Management in Women Who Had a Fracture - [QPP](#)

Hemoglobin A1c Test for Pediatric Patients (eCQM) - [Medicaid & CHIP](#)

### PREVENTION, TREATMENT, AND MANAGEMENT OF MENTAL HEALTH

#### Measures

Follow-up after Hospitalization for Mental Illness - [IPFQR](#)

### PREVENTION AND TREATMENT OF OPIOID AND SUBSTANCE USE DISORDERS

#### Measures

Alcohol Use Screening - [IPFQR](#)  
Use of Opioids at High Dosage - [Medicaid & CHIP](#)

### RISK ADJUSTED MORTALITY

#### Measures

Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization - [HVBP](#)

### Programs Using Illustrative Measures

- Quality Payment Program (QPP)
- Home Health Quality Reporting Program (HH QRP)
- Medicaid and CHIP (Medicaid & CHIP)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
- Hospital Value-Based Purchasing (HVBP) Program



# Getting to Measures that Matter

## The Meaningful Measures initiative:

- Aligns with existing quality reporting programs and helps programs to identify and select individual measures
- Allows clinicians and other health care providers to focus on patients and improve quality of care in ways that are meaningful to them
- Intends to capture the most impactful and highest priority quality improvement areas for all clinicians including specialists
- Is used to guide rulemaking, measures under construction lists, and impact assessments

# Meaningful Measures Website

## Meaningful Measures Framework

CMS's new comprehensive initiative "Meaningful Measures" was launched in 2017 and identifies high priority areas for quality measurement and improvement. Its purpose is to improve outcomes for patients, their families and providers while also reducing burden on clinicians and providers.



## Cross Cutting Connections

Meaningful Measures will move payment toward value through focusing everyone's efforts on the same quality areas and lend specificity, with the following principles for identifying measures that:

1. Address high impact measure areas that safeguard public health
2. Patient-centered and meaningful to patients
3. Outcome-based where possible
4. Fulfill requirements in programs' statutes
5. Minimize level of burden for providers
6. Significant opportunity for improvement
7. Address measure needs for population based payment through alternative payment models
8. Align across programs and/or with other payers (Medicaid, commercial payers)

*"At CMS, our overall vision is to reinvent the agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve."*

Administrator Seema Verma  
Center for Medicare and Medicaid Services

## Featured video

"It is recommended to view the video below with Flash disabled in Chrome, Firefox, or Internet Explorer 11 browsers, due to known usability issues with other browsers."



## Patients Over Paperwork

[View more videos](#)

YouTube requires JavaScript to view videos. You will need the latest version of Adobe Flash Player to watch the video.

Go to:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/CMS-Quality-Strategy.html>



# Meaningful Measures Fact Sheets



## MEANINGFUL MEASURES Initiative

### Overview of the CMS Meaningful Measures Initiative

Launched in 2017, CMS's new comprehensive "Meaningful Measures" initiative identifies high priority areas for quality measurement and improvement to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers.

The Meaningful Measures initiative draws on prior measure work performed by the Health Care Payment Learning and Action Network, National Quality Forum, and National Academies of Medicine. It includes perspectives from patient representatives and additional experts such as the Core Quality Measures Collaborative, and many other external stakeholders.

#### Principles for Identifying Meaningful Measures

Meaningful Measures will move payment toward value by focusing everyone's efforts on the same goals and advancing specificity by identifying measures that:

- Are patient-centered and meaningful to patients, clinicians, and providers
- Address high-impact measure areas that safeguard public health
- Are outcome-based where possible
- Minimize level of burden for providers
- Create significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs

#### Rethinking Our Approach to Meaningful Outcomes

The Meaningful Measures Framework builds upon multiple concepts that defined high impact measurement and quality improvement. We refer to these high impact areas as "Meaningful Measures" (see Meaningful Measures graphic below). These Meaningful Measure areas to focus on:

- Offer more granular details in terms of what measurement areas to focus on
- Use a new approach to development and implementation of meaningful quality measures
- Reducing the burden of quality reporting on all clinicians and providers

#### Mapping It Out—The Framework

The following Meaningful Measures Framework shows how at CMS the patient is at the center of everything we do. Our strategic goals surround the patient:

1. Improve the CMS customer experience
2. Usher in an era of state flexibility and local leadership
3. Support innovative approaches to improve quality, accessibility, and affordability
4. Empower patients and doctors to make decisions about their health care

## MEANINGFUL MEASURES Initiative

### The CMS Meaningful Measures Initiative:

#### What It Means to Patients, Families, Clinicians and Providers

Launched in 2017, CMS's new comprehensive "Meaningful Measures" initiative identifies high priority areas for quality measurement and improvement to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers.

#### Measures that Matter - What You Need to Know

**What Does This Initiative Mean for People Receiving Care, Families, and Caregivers?**  
Meaningful Measures focus health care quality efforts on what is really important to patients, families and caregivers including making informed decisions about their care, aligning care with the patient's goals and preferences and improving quality of life and patient outcomes. It is intended to highlight that the patient—the patient's needs, values, preferences and health outcomes—is fundamental to the Meaningful Measures areas and quality domains. For example, in addition to identifying distinct Meaningful Measure areas including Patient's Experience of Care and Patient Functional Status to focus on the quality domain of Strengthening Person and Family Engagement as Partners in Their Care, all other Meaningful Measure areas have central goals surrounding the importance of health care quality measurement to improve patient outcomes. With everyone's efforts focusing on the same high impact quality areas, there will be less burden of reporting for clinicians and providers and in turn, an even better ability to focus on patients and provide appropriate care that is meaningful to them.

#### How Will the Meaningful Measures Initiative Reduce Burden for Clinicians and Providers?

The Meaningful Measures Framework applies a series of cross-cutting criteria that will apply to every quality measure and help guide the removal of lower value quality measures across CMS programs while keeping to them—instead of focusing on reporting and paperwork. CMS is prioritizing the use of outcome measures though high priority process measures will continue to be considered in cases where outcome measures might not be possible.

#### What Does This Initiative Mean for Clinicians Including Specialists?

The Meaningful Measures initiative is intended to capture the most impactful and highest priority quality improvement areas for all clinicians, including specialists. For example, functional outcomes and health care associated infections are cross-cutting areas for measurement across all settings of care.

Taking orthopedic surgeons as an example, we have heard from patients and surgeons that the patient's functional outcomes after surgery are important to them. Measuring patient-reported functional outcomes data can help illuminate whether the surgery has been effective in improving or maintaining patients' quality of life. In addition, for specialists such as surgeons and clinicians performing procedures, we know that prevention of complications such as infections is an important outcome. It is applicable from birth to death throughout the lifespan of a patient across care settings.

#### How the Meaningful Measure Areas Affect Existing CMS Programs

Meaningful Measures will help programs identify and select individual measures. Meaningful Measure areas are intended to increase measure alignment across CMS programs and other public and private initiatives. Additionally, it will point to high priority areas where there may be gaps in available quality measures while helping guide CMS's effort to develop and implement quality measures to fill those gaps.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/Shareable-Tools.html>