

Quality of Patient Care Star Ratings  
Technical Expert Panel Meeting Summary

**Webinar**  
**2:00 pm to 5:00 pm ET, September 20, 2016**

**Technical Expert Panel Members**

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**Federal observers:** Joan Proctor, Alan Levitt

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## **TEP Objectives and Goals**

The TEP previously met for two days in May 2016 to make recommendations for improving the QoPC star ratings and suggest areas for further exploration; the meeting summary is available here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIHomeHealthStarRatings.html>. The measure team conducted analyses based on TEP discussions. The findings were presented to TEP members during this three hour follow-up virtual webinar. Based on the findings, the measure team asked TEP members to:

- Make additional recommendations for revising the Home Health Quality of Patient Care (QoPC) Star Rating.
- Make recommendations for additional analyses to support ongoing maintenance and improvement of the Home Health QoPC Star Ratings, including longer term improvements to the rating methodology.
- Make recommendations on efforts to improve education and communication of the Star Ratings.

## **QoPC Star Ratings Measures**

### **Summary of TEP Member Comments**

- TEP members emphasized that factors beyond the agencies' control can influence performance on the Flu Vaccination measure. However, they noted that disincentivizing home health agencies from encouraging their patients to obtain the vaccination could be a potential unintended consequence.
- TEP members felt that adding the ED Use without Hospitalization measure to the QoPC rating would appropriately reward agencies that are successful in lowering ED use among their patients, though they noted that proper risk adjustment is critical. There was general agreement that the QoPC rating would better reflect quality if this measure were included.
- The home health process measures are mostly topped out and the TEP discussed the balance between encouraging agencies to focus on key processes of care and creating meaningful metrics that can truly distinguish quality. They noted that outcome measures are more appropriate measures of quality, though in the absence of a comprehensive set of outcome measures, process measure composites can play a role.

### **TEP Recommendations**

- Remove the flu vaccine measure from the QoPC rating, though continue to report the measure on Home Health Compare
- Add the ED Use without Hospitalization measure to the QoPC rating
- Conduct further exploration of a process composite measure particularly related to stability over time and the potential for domain-specific process composites. Explore the relationship between process measures and related outcomes.

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## “Maintenance” Patients and the HHAs that Disproportionately Serve Them

### Summary of TEP Member Comments

- The TEP discussed patients for whom maintenance, rather than improvement, is the appropriate goal. The current set of “stabilization” measures (which include improvement and remaining the same) are topped out and thus have too little variability. An Activities of Daily Living (ADL) Decline composite measure similar to that reported by Skilled Nursing Facilities (SNFs) is less topped out.
- The measure team shared findings from analyses conducted to identify agencies that disproportionately served “maintenance” patients by using length of stay as a proxy. Findings showed that agencies with highest percentage of “long stay episodes” (defined as longer than 90 days) tended to have lower star ratings. Discussion covered the possibility of computing the QoPC rating differently depending on whether the HHA served a high percentage of “long stay” patients. TEP members favored ongoing improvement of the current risk adjustment methodologies rather than holding agencies disproportionately serving “long stay patients” to a different standard than other agencies.

### TEP Recommendations

- Explore risk adjustment models for the ADL Decline composite measure. Pay particular attention to patients with chronic conditions for which decline in functioning over time is unavoidable (e.g., ALS, MS and oncology patients).

## Sociodemographic Variables and QoPC Star Rating

### Summary of TEP Member Comments

TEP members agreed that exploring the relationship between patients’ sociodemographic status (SDS) and agency performance is important. Discussion covered the possibility of improving the measure of SDS by obtaining patients’ 9-digit ZIP code, rather than the 5-digit ZIP code. Currently, only approximately 20 percent of OASIS assessments contain the full 9-digit ZIP even though the item has spaces for the full 9 digits. TEP members noted that frequently agencies and even patients do not know those last 4 digits.

### TEP Recommendations

- Conduct analyses to determine whether greater precision with ZIP code would affect the relationship between SDS and QoPC ratings using the 20 percent of assessments where the full 9 digits are available.

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## **Two Home Health Star Ratings: HHCAHPS & HH QoPC**

### **Summary of TEP Member Comments**

TEP members discussed differences methodology between the HHCAHPS and QoPC ratings. Analyses presented showed that applying the HHCAHPS methodology to the QoPC Ratings resulted in shifting the QoPC distribution closer to the middle. TEP members reiterated that the HHCAHPS and QoPC ratings measure two different aspects of quality, and that consumers would probably not be confused by two sets of ratings.

### **TEP Recommendations**

- Do not combine HHCAHPS and QoPC ratings

## **Update on Star Ratings Preview Reports and HHC Improvements**

### **Summary of TEP Member Comments**

TEP members were sent provider preview reports containing updated language as recommend by the TEP during the May meeting. TEP members generally agreed that the language was an improvement and that users were finding the reports to be understandable. The measure team reviewed a FAQ document intended to help the public and providers better understand the QoPC ratings. TEP members agreed that the FAQ covered all the major points, especially the need to explain how QoPC ratings differ from Amazon-like user ratings.

### **TEP Recommendations**

- Continue to improve the language used to explain the QoPC ratings
- Explore venues for outreach and education of the QoPC ratings. The Associations may be one way to disseminated information.
- Consider improvements to Home Health Compare, such as functionality to allow for searching agencies using QoPC ratings

## **Final Thoughts and Wrap-Up**

TEP members were given the opportunity to provide final takeaways and recommendations:

- Continue to improve education and communication of the QoPC ratings
- Continued analyses and monitoring of the overall fairness of QoPC ratings across agencies, including the adequacy of risk adjustment
- Consider measures that may be available in the future, since the current pool of measures is limited
- Incorporate other data sources, including those available from CMS to generate a full picture of the agencies and the patients they serve
- Consider the implications of recent payment reform initiatives that may affect the agencies' ability to determine the course of care for their patients