Quality Measures and the IMPACT Act

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Agenda

• Health Care Quality and the Measure Lifecycle

• Stakeholders and the Measure Lifecycle

• The IMPACT Act: Quality Measures

• Question & Answer Session

• General Resources
Health Care Quality and Measure Lifecycle
National Quality Strategy

• Aims
  – Better Care
  – Healthier People and Communities
  – Smarter spending

• Priorities
  – Making care safer by **reducing harm** caused in the delivery of care
  – Ensuring that each person and his or her family members are **engaged** in their care
  – Promoting **effective communication and coordination** of care
  – Promoting the most **effective prevention and treatment practices** for leading causes of mortality, starting with cardiovascular disease
  – Working with **communities** to promote wide use of best practices to enable healthy living
  – Making quality care more **affordable for individuals, families, employers, and governments** by developing and spreading new healthcare delivery models.
CMS Quality Strategy

• **Reduce Harm**
  – Culture of safety
  – Inappropriate and unnecessary care

• **Effective communication and coordination**
  – Admissions and readmissions
  – Transitions
  – Healthcare system navigation

• **Promote Healthy Living**
  – Partnership with various government levels
  – Access improvement
  – Evidence-based interventions
  – Social Services support

• **Person and Family Engagement**
  – Preferences for care
  – Improved experience

• **Prevention and Treatment of Chronic Disease**
  – Screening and prevention services
  – Prevention of heart attacks and strokes
  – Multiple chronic conditions
  – Behavioral health
  – Perinatal outcomes

• **Affordable care**
  – Payment systems
  – Cost analysis
Measure Life Cycle

Measure Conceptualization

- Generate a list of concepts to be developed:
  - Information Gathering (Environmental Scan, Conceptual Framework, Gap Analysis)
  - Initial Business Case
  - TEP evaluates
  - TEP votes
  - COR/GTL brings measure list to CMS leadership

Measure Specification

- Draft measure specifications:
  - Consider Public Comment
  - Early feasibility
  - TEP evaluates
  - Update Business Case as needed
  - CMS approves initial specifications

Measure Testing

- Plan comprehensive measuring testing
  - Alpha and Beta testing
  - Update Business Case as needed
  - Public Comment on draft Final Technical Specifications
  - Any final revisions
  - CMS approves final specification

Measure Implementation

- Support measure rollout:
  - NQF endorsement
  - Present Business Case (CMS, NQF, MAP)
  - CMS selects for MUC list
  - MAP review
  - CMS selects measures for programs
  - Federal Rulemaking (MUC) process
  - Public Comment
  - Education and Outreach

Measure Use Continuing Evaluation and Maintenance

- Maintain Measures:
  - Measure reevaluation
  - Impact Assessment
  - Annual Update
  - Comprehensive Reevaluation
  - Ad Hoc Update as needed
  - CMS decides measures disposition
Stakeholders and the Measure Lifecycle
Stakeholder Input

Key for accountability, quality improvement, and usefulness to consumers

- Adds evidence to scientific applicability
- Helps guide NQS Quality Measure (QM) planning
- Act as subject matter experts for QM and program work
- Develop measures that matter

Established many posting processes to solicit input from the public and stakeholders throughout the measure development, selection, implementation, and maintenance cycle:

- Calls for nominations for Technical Expert Panels (TEP)
- Proposed or candidate measures for public comment
- Candidate measures by the National Quality Forum (NQF) on their website
- Measures under consideration (MUC) for public comment as part of the Measure Applications Partnership (MAP)
Patient Engagement and Participation

Assess the quality of healthcare in ways that are meaningful and that focus on the patient
  • Proactively engage patients in measure development
  • Patients and caregivers, not representative organizations
    – Identify important issues and opportunities

Distinguish between a patient’s engagement in their care vs. engagement in quality measure development
  • Use the Patient Activation Measure to evaluate engagement vs. design of the measure

Consider steps to involve patient fully in the TEP
  • Pre-meeting
  • Education sessions
  • Experienced moderator
## Stakeholder Engagement Opportunities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health, Hospice &amp; DME Open Door Forum (ODF)</td>
<td>7/13/2016</td>
</tr>
<tr>
<td>Skilled Nursing Facilities/Long Term Care ODF</td>
<td>7/14/2016</td>
</tr>
<tr>
<td>Hospital/LTCH/Quality Initiative ODF</td>
<td>7/19/2016</td>
</tr>
<tr>
<td>IRF Quality Measure Provider Training</td>
<td>8/9/2016 - 8/10/2016</td>
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<tr>
<td>LTCH Quality Measure Provider Training</td>
<td>8/11/2016</td>
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<tr>
<td>SNF Quality Reporting Program Training</td>
<td>8/24/2016</td>
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<td>Home Health, Hospice &amp; DME ODF</td>
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<tr>
<td>Skilled Nursing Facilities/Long Term Care ODF</td>
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<tr>
<td>Hospital/Quality Initiative ODF</td>
<td>8/30/2016</td>
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<tr>
<td>IMPACT Act National Provider Call - 1 Hour</td>
<td>8/31/2016</td>
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<tr>
<td>IMPACT Act and Coordinated/Improved Care Delivery Special Open Door Forum</td>
<td>9/15/2016</td>
</tr>
<tr>
<td>Home Health, Hospice &amp; DME ODF</td>
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<tr>
<td>Skilled Nursing Facilities/Long Term Care ODF</td>
<td>10/6/2016</td>
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<tr>
<td>Hospital/Quality Initiative</td>
<td>10/18/2016</td>
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<tr>
<td>IMPACT Act National Provider Call - 1.5 Hour</td>
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<td>Home Health, Hospice &amp; DME ODF</td>
<td>11/16/2016</td>
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<td>Skilled Nursing Facilities/Long Term Care ODF</td>
<td>11/17/2016</td>
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<td>IMPACT Act National Provider Call - 1 Hour</td>
<td>12/08/2016</td>
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The IMPACT Act: Quality Measures
Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014

Bipartisan bill passed on September 18, 2014 and signed into law by President Obama on October 6, 2014

Requires Standardized and Interoperable Patient Assessment Data that will enable:

• Data Element uniformity
• Quality care and improved outcomes
• Comparison of quality and data across post-acute care settings
• Improved discharge planning
• Exchangeability of data
• Coordinated care
IMPACT Act: Standardizing

IMPACT Act of 2014

Measures

Items/elements
The IMPACT Act requires reporting on quality measures ‘not later than the specified application dates’ listed above. Data collection for the LTCH QRP measures addressing functional status began in April 1, 2016, concurrent with the LTCH CARE Data Set V 3.00 release.
The IMPACT Act requires reporting on quality measures ‘not later than the specified application dates’ listed above. Data collection for the LTCH QRP measures addressing incidence of major falls began in April 1, 2016, concurrent with the LTCH CARE Data Set V 3.00 release.
IMPACT Act: Measurement Implementation Phases

1) Measurement Implementation Phases
   (A) Initial Implementation Phase –
      (i) Measure specification
      (ii) Data collection
   (B) Second Implementation Phase –
      Feedback reports to PAC providers
   (C) Third Implementation Phase –
      Public reporting of PAC providers' performance

2) Consensus-based Entity Endorsement Evaluation

3) Treatment of Application of Pre-Rulemaking Process
<table>
<thead>
<tr>
<th>FY 2017 Notice of Proposed Rule Making: Quality Reporting Program (QRP)</th>
<th>Public Inspection Display Date</th>
<th>Federal Register Publication Date</th>
<th>60-day Comment Period Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH QRP</td>
<td>06-27-2016 <a href="#">FY 2017 HH QRP NPRM</a></td>
<td>07-05-2016</td>
<td>08-26-2016</td>
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# Measures Mapped to IMPACT Act Domains for LTCH QRP-Adopted Measures (FY 2016 IPPS LTCH Final Rule)

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<th>Domain</th>
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<tr>
<td>Skin Integrity</td>
<td>#0678</td>
<td>Percent of Residents with Pressure Ulcers That are New or Worsened (Short-Stay)</td>
<td>Initial Reporting January–December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs</td>
<td>Performance data will inform confidential feedback reports one year after the specified application date of assessment based measures. Public reporting must begin NLT two years after the specified application date of such measures</td>
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<tr>
<td>Incidence of Major Falls</td>
<td>Application of #0674</td>
<td>Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)</td>
<td>Initial Reporting April–December 2016 for fiscal year (FY) 2018 payment adjustment followed by CY reporting for that of subsequent FYs</td>
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</tr>
<tr>
<td>Function</td>
<td>Application of #2631</td>
<td>Percent of LTCH Patients with an Admission and Discharge Functional Assessment &amp; a Care Plan That Addresses Function</td>
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# Measures Mapped to IMPACT Act Domains for LTCH QRP - Proposed Measures (FY 2017 IPPS LTCH Published NPRM)

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<td>Resource Use and other Measures</td>
<td>Not Submitted for Endorsement</td>
<td>• Total Estimated Medicare Spending Per Beneficiary (MSPB)-PAC LTCH QRP • Discharge to Community-PAC LTCH QRP • Potentially Preventable 30-Day Post-Discharge Readmission Measure for LTCH QRP</td>
<td>Claims-based data will be used for payment adjustments for fiscal year (FY) 2018 payment adjustment and subsequent years</td>
<td>Two years of claims-based data will be used to inform confidential feedback reports beginning with CY 2015 and CY 2016, and public reporting beginning with CYs 2016 and 2017</td>
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<td>Medication Reconciliation</td>
<td>Not Submitted for Endorsement</td>
<td>Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care LTCH QRP</td>
<td>Initial Reporting April–December 2018 for fiscal year (FY) 2020 payment adjustment followed by CY reporting for that of subsequent FYs</td>
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Reporting of Assessment and Quality Data

“...beginning with fiscal year 2018, in the case of a skilled nursing facility that does not submit data, as applicable,... the Secretary shall reduce such percentage for payment rates during such fiscal year by 2 percentage points.”
## Measures Mapped to IMPACT Act Domains for SNF QRP-Adopted Measures (FY 2016 SNF PPS Final Rule)

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<td>#2634</td>
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## Measures Mapped to IMPACT Act Domains for HH QRP-Adopted Measure (CY 2016 HH PPS Final Rule)

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Question & Answer Session
General Resources


• For questions or comments, please submit them to: PACQualityInitiative@cms.hhs.gov.
Acronyms in this Presentation

- COR – Contracting Officer’s Representative
- CY – Calendar Year
- FY – Fiscal Year
- GTL – Government Task Lead
- HH – Home Health
- HHA – Home Health Agency
- IMPACT Act – Improving Medicare Post-Acute Care Transformation Act
- IPPS – Inpatient Prospective Payment System
- IRF – Inpatient Rehabilitation Facility
- LTCH – Long-term Care Hospital
- MAP – Measure Application Partnership
- MUC – Measures Under Consideration
- NPRM – Notice of Proposed Rule-making
- NQF – National Quality Forum
- NQS – National Quality Strategy
- ODF – Open Door Forum
- PPS – Prospective Payment System
- QM – Quality Measures
- QRP – Quality Reporting Programs
- SME – Subject Matter Expert
- SNF – Skilled Nursing Facility
- TEP – Technical Expert Panel
Evaluate Your Experience

• Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today’s call.

• To complete the evaluation, visit http://npc.blhtech.com and select the title for today’s call.
Thank You

• For more information about the MLN Connects® National Provider Call Program, please visit http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html.


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