



**Summary of Feedback from
the Technical Expert Panel
(TEP) for the Development of
Functional Process and
Outcome Quality Measures
to Meet the IMPACT Act of
2014 Cross-Setting Quality
Measure Domain: Function
Status, Cognitive Function,
and Changes in Function and
Cognitive Function**

**Outcome and Assessment
Information Set (OASIS)
Quality Measure
Development and
Maintenance Project**

**HHSM -500-2013-130011
Task Order HHSM-500T0002**

November 7, 2016

Prepared for:
**Centers for Medicare &
Medicaid Services**
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Background

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) was signed into law on October 6, 2014¹. This Act requires Post-Acute Care (PAC) providers, specifically, Long-Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs) to report standardized patient assessment data and quality measure data to the Secretary of the Department of Health and Human Services (HHS).

The Centers for Medicare & Medicaid Services (CMS) is working to ensure that data elements within PAC assessment instruments are standardized and interoperable. Current federal assessment instruments are setting-specific and contain assessment items with varying concepts, definitions, and measurement scales. The move towards standardized assessment data elements facilitates cross-setting data collection, quality measurement, outcome comparison, and interoperable data exchange.

CMS has contracted with Abt Associates to develop standardized measures for the home health (HH) setting in the quality measure domain Function Status, Cognitive Function, and Changes in Function and Cognitive Function. This work is being performed under the Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project (contract number HHSM -500-2013-13001I, Task Order HHSM-500T0002). As part of its measure development process, CMS asks contractors to convene groups of stakeholders and experts who contribute direction and thoughtful input to the measure contractors during measure development and maintenance. Standardized functional assessment items, along with five standardized functional process and outcome measures, were discussed with the technical expert panel (TEP).

The Measure Development Team

The measure development team includes individuals from Abt Associates and its partners OASIS Answers, Inc. and the University of Colorado, Denver. It is multidisciplinary team with knowledge and expertise in the areas of quality measure development, home health clinical care, public health, and health care policy. The Abt Associates function measure development is led by a team of measure development experts, including Sara Galantowicz, MPH; Alrick Edwards, MPH, Linda Krulish PT, MHS, COS-C, David Hittle, PhD and Eugene Nuccio, PhD.

Technical Expert Panel Members

The Function Technical Expert Panel (TEP) met on October 17, 2016 from 9:00 am to 4:30 pm EST and on October 18, 2016 from 9:00 am to 12:30 pm, EST in-person in Linthicum, MD. The TEP was composed of a diverse group of stakeholders with HH, PAC and functional assessment expertise. TEP members were selected from those who responded to an open call for nominations posted August 24, 2016. The individuals who participated in the Function TEP are listed below.

¹ <https://www.govtrack.us/congress/bills/113/hr4994>

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Technical Expert Panel Objectives and Scope

This section presents a summary of the TEP meeting, including the objectives and proposed measure concepts. TEP member feedback was guided by a series of open-ended questions about the proposed measure constructs. The feedback is organized by major themes of the discussion.

Meeting Objectives

1. Explore data items that may be used to standardize and assess functional status in quality measures.
2. Refine measure specifications.
3. Identify covariates to be used in risk adjustment.
4. Identify setting-specific needs/concerns/barriers in assessing functional status.
5. Gather feedback on importance, feasibility, usability and potential impact of adding functional status data elements for quality measurement as new items in the OASIS.

Measure Concepts

- Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addressed Function (NQF #2631)
- Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)
- Change in Mobility Score for Medical Rehabilitation Patients (NQF # 2634)
- Discharge Self-Care Score for Medical Rehabilitation Patients (NQF # 2635)
- Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)

Measure Descriptions

The Application of Percent of Home Health Agency (HHA) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF 2631):
Percentage of home health episodes with an admission and discharge functional assessment and a treatment goal that addresses function.

The Application of Change in Self-Care Score for Medical Rehabilitation Patients (NQF 2633):
Estimate of the risk-adjusted mean change in self-care score between admission and discharge among home health patients

The Application of Change in Mobility Score for Medical Rehabilitation Patients (NQF 2634):
Estimate of the risk-adjusted mean change in mobility score between admission and discharge among home health patients

The Application of Discharge Self-Care Score for Medical Rehabilitation Patients (NQF 2635):
Estimate of the percentage of home health episodes who meet or exceed an expected discharge self-care score.

The Application of Discharge Mobility Score for Medical Rehabilitation Patients (NQF 2636):
Estimate of the percentage of home health episodes who meet or exceed an expected discharge mobility score.

Summary of Discussion

Gaps in the Section GG items

Summary of TEP Member Comments

TEP members reviewed the Section GG functional assessment items in current or planned use for other post-acute care (PAC) setting. They noted that home health providers are uniquely positioned to assess cognitive decline, but the section GG items have a narrow focus and do not include items that address cognitive or communication abilities. They also emphasized the importance of the quality of the performance of the functional activities.

TEP members additionally noted that the section GG items were more focused on activities of daily living (ADLs), rather than instrumental activities of daily living (IADLs), adding that IADLs are very important measures of functioning in home health. In addition to being able to get dressed or get into bed, home health patients also need to have the skills to remain successfully in the community, such as medication management and home management.

TEP Recommendations

- Training must emphasize the importance of the quality of the performance of the self-care or mobility item and not just its completion.
- Measuring cognitive function will be an important complement to physical functioning.
- Since there are few IADLs in the section GG items, IADLs should remain in the OASIS and continue to be used by home health providers.

Assessment Burden

Time Burden

Summary of TEP Member Comments

The TEP discussed the additional burden to both the provider and the patient the new section GG items will add. New items will add additional time and cost to both visits with patients and integrating information into electronic medical record systems. The TEP noted that the Start or Resumption of Care assessment must be completed in five days or two days, respectively. The TEP expressed concern that agencies would be unable to meet this timeline, adding that home health is unique in that the staff members are not in the office regularly, so it may be more challenging to input the new assessment data. The TEP also acknowledged that new items may add additional burden to the patients and conflict with their goals for the assessment visit. Members recommended select existing OASIS functional items that might be removed if the Section GG items were added, but noted that items used for payment should remain until sufficient data were gathered from the new items to support revised payment methodologies.

TEP Recommendations

- The section GG items must be incorporated in a way that minimizes burden.
- Redundant items should be streamlined.

Reversed Scales

Summary of TEP Member Comments

The TEP expressed concern that the scales on the section GG items and the current OASIS functional items are reversed, which could affect the reliability and validity of the items. They noted that switching between the two scales may increase the time it takes to complete the assessment. They discussed that putting similar constructs next to each other with different response scales may be confusing to the assessor.

TEP Recommendations

- Education on the section GG items is essential to ensure that the assessor understands the different scales and accurately completes them.
- To reduce burden and maximize efficiency the physical layout of the items in the tool must be aligned to reduce the number of times a provider must switch between the two scales.

Issues with Assessing Functional Performance at Admission

One Clinician Rule

Summary of TEP Member Comments

TEP members noted that the guidelines for completing the functional assessment items as part of a comprehensive assessment at the Start or Resumption of Care require a registered nurse (RN), physical therapist (PT), occupational therapist (OT), or speech language pathologist (SLP). In contrast to other post-acute care (PAC) settings, the guideline states that only one clinician will perform the admission assessment. TEP members raised concern over the “one clinician rule”, citing evidence that clinicians in different disciplines may score the same patient differently. They noted that function is interdisciplinary and that the one clinician issue is very specific to home health. In an institution, multiple providers can easily be assigned to interview and assess a single patient. With the current one clinician rule, if a nurse is the first to provide treatment to the patient, a PT or OT who may evaluate the patient, even the same day, is restricted from contributing to the Start of Care assessment or goal setting. They raised concern that without collaborative assessment, the assessment will not accurately reflect the patient’s true usual performance.

TEP Recommendations

- Incorporate an assessment of inter-rater reliability across disciplines into the current OASIS field test.
- Remove the one clinician rule requirement for these items and allow for collaborative Start or Resumption of Care assessment and goal setting.

Admission Assessment Immediately at Admission

Summary of TEP Member Comments

TEP members noted that the language in the guideline states that the assessment of function at admission should be completed prior to any intervention, immediately at admission. They stressed that home health clinicians begin education and interventions when they first engage with a patient, and that some of these initial clinical interventions may occur prior to documenting the first assessment.

Usual Performance

Summary of TEP Member Comments

TEP members discussed the Admission Assessment guideline that the clinician should report the patient's usual performance within five days of the Start or Resumption of Care. They noted that usual status is complex and has been a challenge to assess in other PAC settings. A patient's status could vary at different times of the day and over the five day assessment period. They also discussed that collaborative admission assessments including multiple providers' input would allow for the most accurate assessment of usual performance.

TEP Recommendations

- In-depth training must be provided to Home Health providers on how to define usual performance.

Self-Report versus Observed Function

Summary of TEP Member Comments

TEP members discussed the difference between self-reported functional performance relative to clinician-observed functional performance. They noted that research demonstrates that for subpopulations in transition or crisis, self-reported functional abilities may not be as accurate. While self-reported outcomes do reduce the time burden on the provider and patient, the TEP stressed the importance of collecting accurate data and expressed concern that improvement may not be accurately captured if outcomes are self-reported.

TEP Recommendations

- The assessment tool should collect data on whether an item was self-reported or observed and the data element should be considered for use as a covariate in the risk model.

Absence of Devices

Summary of TEP Member Comments

The TEP discussed that while the OASIS functional assessment items include information on what kind of device is used to complete an activity, the section GG items do not factor the use of assisted devices into the scoring. The absence of information on device use may mask patient improvement, for example, if the patient improves to relying on a less-intensive device.

TEP Recommendations

- Providers must be educated on how to factor the use of devices into section GG item scoring.

Function Process Measure

Goal Setting

Summary of TEP Member Comments

The TEP reviewed the measure "Percent of Long-Term Care Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF 2631)" for potential application to the home health setting. Overall they said that a functional process measure could have the positive effect of focusing clinician attention on functional status and goals, although they noted that the items in the process measure did not necessarily capture new information not already included in the OASIS. TEP members discussed the requirement to determine functional

discharge goals at the Start or Resumption of Care, and the minimum requirement for the process measure for the admitting clinician to fill in one goal on either the self-care or mobility items. They expressed concern over the fact that if one clinician sets the goal, the goal may not match the overall therapy plan created in collaboration with all the patient's providers. They also expressed concern that certain disciplines will be more likely to choose certain goals. CMS representatives explained that the intent is for the goal to reflect a realistic goal for care; however, the process measure is only evaluating whether a goal for function was created, not whether it aligns with the goal listed in the care plan or whether the goal is achieved at discharge. Though the goal is only used for the process measure at this time, the TEP expressed concerns regarding what goal data may be used for in the future. Given that providers already have limited time with their patients, the TEP expressed concern that providers may just dash out items in order to save time.

The TEP also stressed that goal setting in home health is dynamic; a goal set initially may be readjusted as the patient's abilities and needs evolve, so there is concern about setting a goal at the first assessment. They also expressed concern over the time it may take to evaluate goals and wondered what a reasonable number of goals would be. They expressed concern about where the goal box was placed on the assessment page, noting that this lay-out may cause confusion.

TEP members also acknowledged that the voice of the patient needs to be expressed and heard during goal setting and providers must understand that their goal for the patient's GG item might not be the same as the patient's goal.

TEP Recommendations

- The assessment form should be clearly designed so there is no confusion as to how or where to input goal setting information.
- Clinicians should be given clear instructions on when to use a dash instead of inputting a goal, in order to reduce the number of dashed items.
- Goals should be created by clinicians in collaboration, not just by the first clinician who is in contact with the patient.
- The patient's voice should be expressed and heard during goal setting.

Functional Outcome Measures

Patient types in Home Health: Improvement, Maintenance, and Palliative

Summary of TEP Member Comments

TEP members reviewed four outcome measures currently endorsed by NQF for use in other settings: **“Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)”**, **“Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)”**, **“Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)”**, and **“Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2634)”**. With respect to functional outcomes, they stressed the importance of acknowledging that patients are referred to home health for a variety of reasons, which may not necessarily relate to functional improvement. They discussed that there are three cohorts of home health patients; those for whom functional improvement is the goal, those for whom maintaining functional status is the goal, and those for whom arresting or slowing decline in functional status is the goal. While the TEP noted that functional change is an important metric, they

asserted that patients who are expected to decline or maintain their functional status should be considered differently than those who are expected to improve. The TEP pointed out that a publicly-reported change in function measure may be used in many different ways in the market; therefore CMS must be cognizant of any unintended consequences of using a change measure. The TEP expressed concern that change measures could encourage “cherry picking”, where agencies choose to work with patients expected to improve in order to boost their change scores. The TEP also expressed concern that patients perceived as maintenance patients would not receive the necessary care. The TEP discussed using a proxy measure to classify patients by expected functional status.

TEP Recommendations

- The assessment tool must capture whether the goal of patient care is improvement, maintenance, or palliative.
- The goal of the patient’s care should be used as a covariate in measuring change in functional status.

Acronyms and Abbreviations

CARE	Continuity Assessment Record & Evaluation
CMS	Centers for Medicare & Medicaid Services
HH	Home Health
HHA	Home Health Agencies
HHS	Department of Health and Human Services
IMPACT	Improving Medicare Post-Acute Care Transformation Act of 2014
IRF	Inpatient Rehabilitation Facility
LTCH	Long Term Care Hospital
OASIS	Outcome and Assessment Information Set
PAC	Post-Acute Care
RN	Registered Nurse
ROC	Resumption of Care
SNF	Skilled Nursing Facility
SOC	Start of Care
TEP	Technical Expert Panel