



MLN Connects[®]

National Provider Call

How Do Data Elements Fit Within Measure Development?

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Acronyms in this Presentation

- American Medical Association (AMA)
- Centers for Medicare and Medicaid Services (CMS)
- Improving Medicare Post-Acute Care Transformation Act (IMPACT Act)
- Inpatient-Rehabilitation Facility (IRF)
- Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)
- Long-Term Care Hospital (LTCH)
- Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH-CARE)
- Minimum Data Set (MDS)
- Outcome and Assessment Information Set (OASIS)
- Skilled Nursing Facility (SNF)

Agenda

- Objective
- National Quality Strategy
- Centers for Medicare and Medicaid Services (CMS)
Quality Strategy
- Why do we have quality measures?
- How do data elements fit within measure development?
- How do the data collected from providers inform the measure development process?
- Example of process using Pressure Ulcer measure
- Question and Answer/Discussion

Objective

Understand how data elements and quality measures fit together

National Quality Strategy

- **Aims**

- Better Care
- Healthier People and Communities
- Smarter spending

- **Priorities**

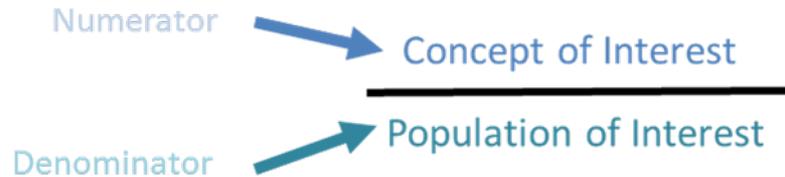
- Making care safer by **reducing harm** caused in the delivery of care
- Ensuring that each person and his or her family members are **engaged** in their care
- Promoting **effective communication and coordination** of care
- Promoting the most **effective prevention and treatment practices** for leading 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

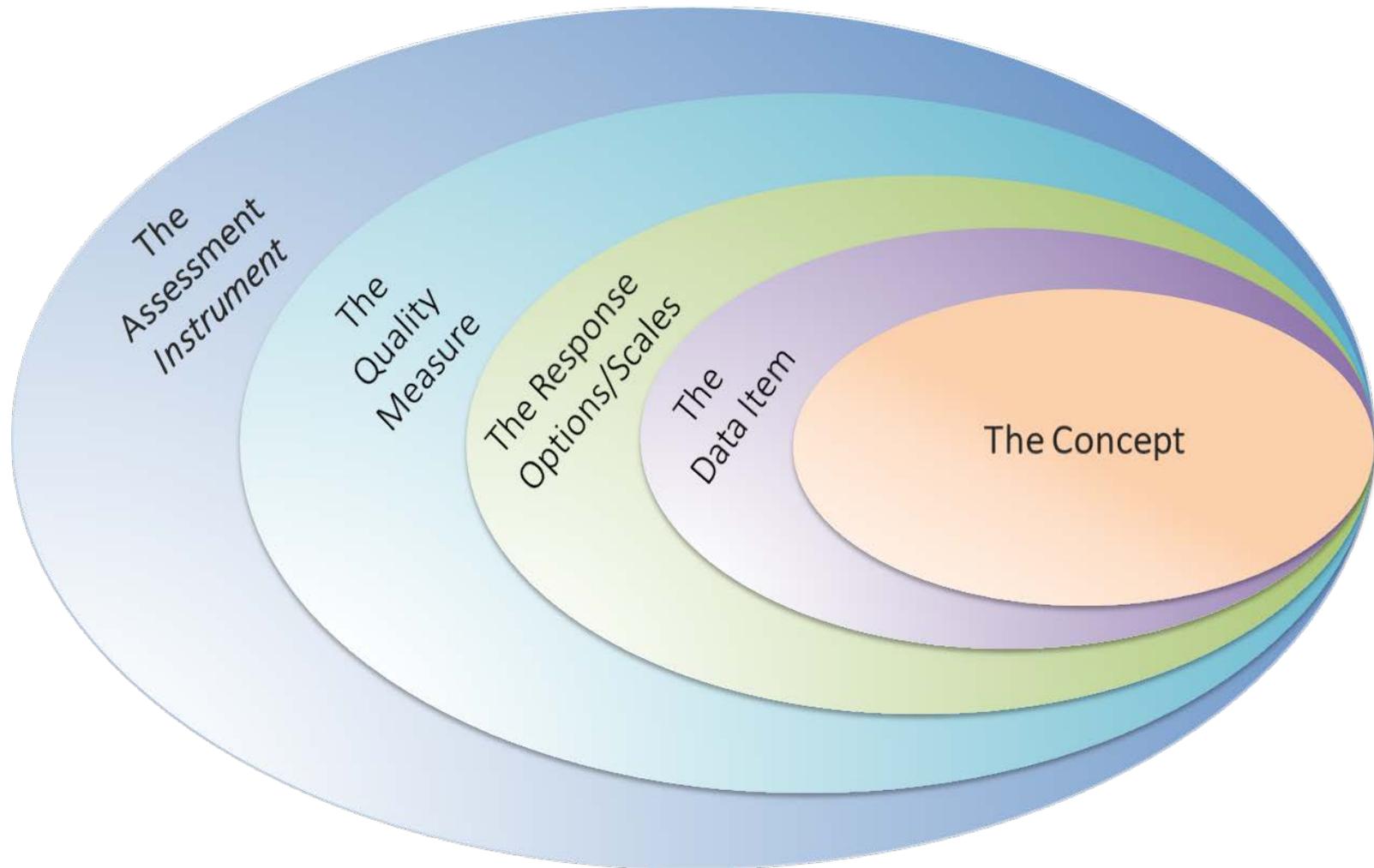
Why do we have quality measures?

- Reflects a construct
- Is a fraction



- Often has exclusion criteria and/or covariates to improve the rigor of the measure
- Assessed with tools or instruments
 - Comprised of data elements
- When you hear ‘measure’, think
 - Focus
 - Structure
 - Tracking
 - Standardization

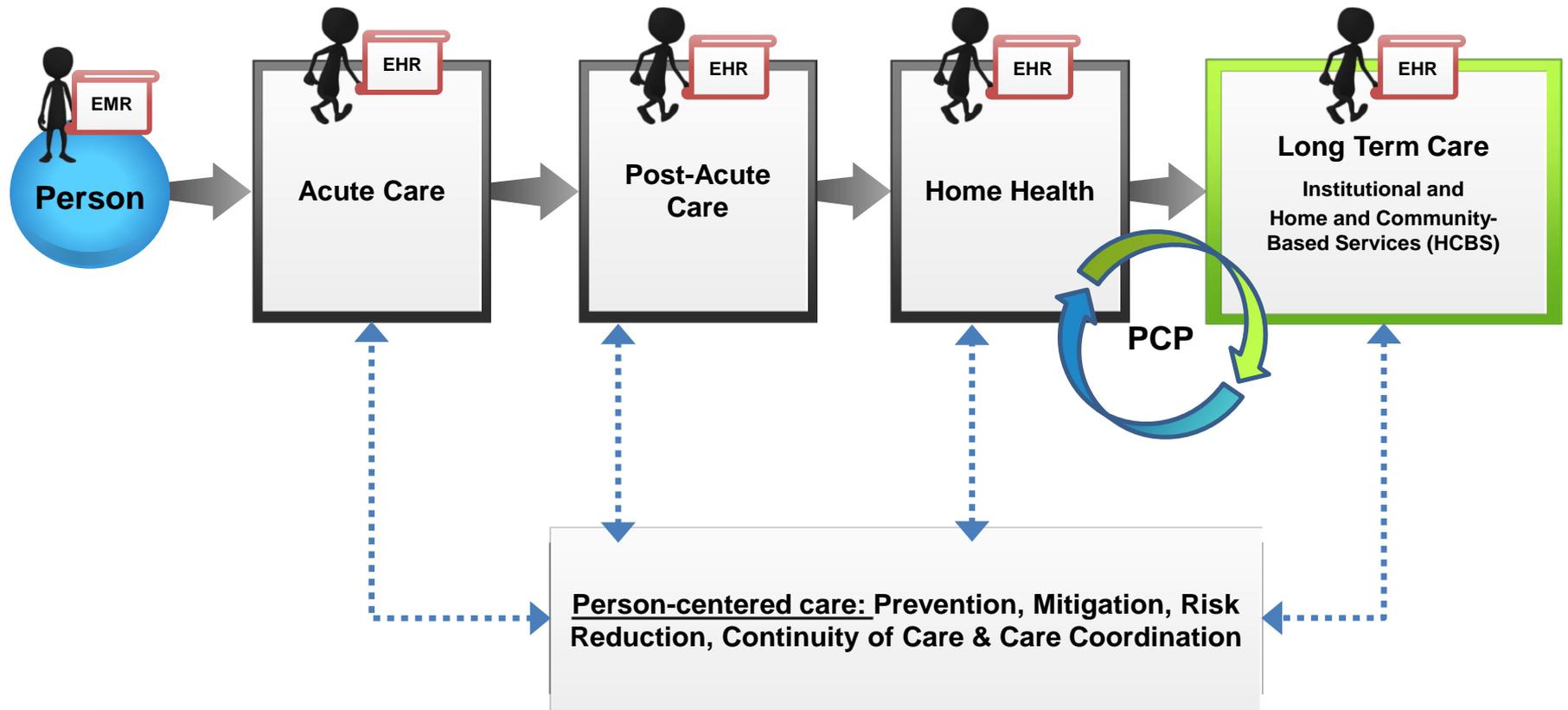
How do data elements fit within measure development?



How do data elements fit within measure development?

- Like measures
 - They reflect a construct
 - Are assessed with tools or instruments
 - Comprised of many data elements
- When you hear ‘data element’, think
 - Building blocks of measures
 - Care transitions
 - Clinical workflow
 - Standardization

How do data elements fit within measure development?



Information Follows the Person

How do the data collected from providers inform the measure development process?

- Informs measure maintenance on existing measures and data elements
 - Annual maintenance
 - Triennial comprehensive evaluation
 - Ad hoc review
- Lessons learned for future measure and data element development
 - Moving from process to outcome measures
 - Linking clinical concepts
 - Assessing patient and caregiver concerns

Before the Example: Return to the Objective

- Understand how data elements and quality measures fit together
 - Concept
 - What are we interested in measuring?
 - Data Items or Elements
 - What pieces of information can we collect to measure our concept?
 - Response Options/Scales
 - What ways can we respond?
 - Quality Measure
 - How can we assemble the pieces of information to rigorously measure our concept?
 - Assessment Instrument
 - What tool are we using to collect all of the information we can use to develop quality measures?

**This example is presented at a high-level. For detailed specifications see the CMS website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF_Final_Rule_Quality_Measure_Specifications_7-29-2015.pdf*

Example of process using Pressure Ulcer measure

- Concept
 - Pressure Ulcers are a patient safety concern and should never occur
 - Efforts should focus on prevention of pressure ulcer development and worsening, as well as treatment of existing pressure ulcers
 - Cross-setting measure need
 - Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) Domain of Skin Integrity and Changes in Skin Integrity

Example of process using Pressure Ulcer measure

- Data Items/Data Elements
 - Denominator
 - Numerator
 - Exclusions
 - Covariates (Risk Adjustment)
- Drawn from Assessment Tools
 - Minimum Data Set (MDS) 3.0
 - Skilled Nursing Facility (SNF) residents
 - Long-Term Care Hospital Continuity Assessment Record and Evaluation (LTCH-CARE) Data Set
 - Long-Term Care Hospital (LTCH) Patients
 - Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)
 - Inpatient-Rehabilitation Facility (IRF) Patients
 - Outcome and Assessment Information Set (OASIS)
 - Home Health patients

Pressure Ulcers New and Worsening: Use of the Items for the Quality Measure

Assessment Instrument	Time point for collection	Numerator Items or Elements	Exclusions Items or Elements	Covariates (Risk Adjustment)
MDS	NHQI Short-Stay Pressure Ulcer QM Admission through Discharge within an episode (Look-back scan).*	NHQI Short-Stay Pressure Ulcer QM 1. Stage II (M0800A >[0] and M0800A <= M0300B1), or 2. Stage III (M0800B >[0] and M0800B <= M0300C1), or 3. Stage IV (M0800C >[0] and M0800C <= M0300D1).*	NHQI Short-Stay Pressure Ulcer QM Residents are excluded if none of the assessments that are included in the look-back scan has a usable response for M0800A, M0800B, or M0800C.*	NHQI Short-Stay Pressure Ulcer QM On initial assessment: G0110A1 (Bed Mobility/Self-Perf) H0400 (Bowel Continence) I0900 (PVD/PAD) K0200A/K0200B (Height/Weight) – Indicator of Low Body Mass Index (BMI). All covariates are missing if no initial assessment is available.*
MDS	SNF QRP Pressure Ulcer QM 5-Day PPS and Discharge (Part A PPS Discharge or combined Part A PPS/OBRA Discharge)	SNF QRP Pressure Ulcer QM Stage 2 (M0300B1) - (M0300B2) > 0, OR Stage 3 (M0300C1) - (M0300C2) > 0, Stage 4 (M0300D1) - (M0300D2) > 0	SNF QRP Pressure Ulcer QM Missing at discharge: (M0300B1 = [-] or M0300B2 = [-]) and (M0300C1 = [-] or M0300C2 = [-]) and (M0300D1 = [-] or (M0300D2 = [-]). A0310F = 12 (Death in Facility) Residents are excluded if there is no initial assessment available to derive data for risk adjustment (covariates).	SNF QRP Pressure Ulcer QM G0110A1 = (Bed Mobility/Self-Perf) H0400 (Bowel Continence) I0900 (PVD/PAD) I2900 (Diabetes) K0200A/K0200B (Height/Weight) - Indicator of Low Body Mass Index (BMI)

* Additional detailed information on the NHQI Short-Stay PU QM can be found here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V10.pdf>

Pressure Ulcers New and Worsening: Use of the Items for the Quality Measure (cont.)

Assessment Instrument	Time point for collection	Numerator Items or Elements	Exclusions Items or Elements	Covariates (Risk Adjustment)
LTCH-CARE Data Set	Admission and Discharge (Planned or Unplanned)	Pressure Ulcer Stage: M0800A, M0800B, or M0800C	Missing: M0800A, M0800B, or M0800C A0250 = 12 (Expired) Patients are excluded if there is no admission assessment available to derive data for risk adjustment (covariates).	GG0170C (Lying to Sitting on Side of Bed) H0400 (Bowel Continence) I0900 (PVD/PAD) K0200A/K0200B (Height/Weight) – Indicator of Low Body Mass Index (BMI)
IRF-PAI	Admission and discharge Record	Pressure Ulcer Stage: M0800A, M0800B, or M0800C	Missing: M0800A, M0800B, or M0800C; Item 44c = 0, No. (Was Patient Discharged Alive?)	FIM Item 391 (Transfers) Item 32 (Bowel Incontinence) I0900 (PVD/PAD) I2900 (Diabetes) Item 25A/26A (Height/Weight) – Indicator of Low Body Mass Index (BMI)
OASIS	Start of Care/Resumption of Care through End of Care episode	Pressure Ulcer Stage: M1313a, M1313b, or M1313c	Missing: M1313a, M1313b, or M1313c; M0100 (Death at home) Assessment not completed at the start, resumption or end of care.	GG0170C (Lying to Sitting on Side of Bed) M1620 (Bowel Incontinence: Frequency) M10281 (PVD/PAD) M10282 (Diabetes) M1060a/M1060b (Height/Weight) – Indicator of Low Body Mass Index (BMI)

Example of process using Pressure Ulcer measure

- Response Options/Scales
 - Each data item or element has choices the provider selects
 - For example:

MDS, Bowel Continence

H0400. Bowel Continence	
Enter Code <input type="checkbox"/>	Bowel continence - Select the one category that best describes the resident <ol style="list-style-type: none">0. Always continent1. Occasionally incontinent (one episode of bowel incontinence)2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)3. Always incontinent (no episodes of continent bowel movements)9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days

Example of process using Pressure Ulcer measure

- Response Options/Scales

- Each data item or element has choices the provider selects

- For example:

- Bowel Continence (Data Item or Element H0400)

- Yes

- Occasionally incontinent
 - Frequently incontinent
 - Always incontinent

- No

- Always continent
 - Not rated
 - No response available
 - Valid skip

Example of process using Pressure Ulcer measure

- Quality Measure
 - Percent of residents or patients with pressure ulcers that are new or worsened (Short-Stay)
 - Endorsed by the National Quality Forum #0678
 - Denominator
 - Admission and discharge record
 - Numerator
 - Stage 2, 3, or 4 pressure ulcer
 - Exclusions
 - Missing pressure ulcer data
 - Death at the facility
 - Covariates for Risk Adjustment
 - Assistance
 - Bowel incontinence
 - Diabetes
 - BMI

Example of process using Pressure Ulcer measure

- Assessment Instrument
 - Comprises all of the data items or data elements
 - MDS 3.0
 - SNF residents
 - LTCH-CARE Data Set
 - LTCH Patients
 - IRF-PAI
 - IRF Patients
 - OASIS
 - Home Health patients

Example of process using Pressure Ulcer measure

- Implementation

- Use by providers

- Implemented

- Nursing Home Quality Initiative since 2011

- Publicly reported:

- <https://www.medicare.gov/nursinghomecompare/search.html>

- IRF since FY 2012 (adapted measure)

- LTCH since FY 2012 (adapted measure)

- IRF and LTCH use in payment determination since FY 2014

- IRF, LTCH, and SNF will use the measure with risk adjustment for payment determination in FY2018 as part of the IMPACT Act

- Feedback

- LTCHs and IRFs collecting and reporting data since October 1, 2012

- Contributes to the maintenance of the measure

Return to Our Objective

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Question & Answer Session

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