mln call

A MEDICARE LEARNING NETWORK® (MLN) EVENT

Modifications to the Quality of Patient Care Star Rating Algorithm for Home Health Agencies

Wednesday, October 3, 2018

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare Learning Network®

Acronyms in this Presentation

- ALF: Assisted Living Facility
- HHA: Home Health Agency
- HHC: Home Health Compare
- MLN: Medicare Learning Network
- OASIS: Outcome and Assessment Information Set
- QoPC: Quality of Patient Care

Agenda

- Recommended Changes to the Quality of Patient Care (QoPC) Star Rating Methodology
- Summary of Public Comment and Supporting Data Analysis
- Final Decision and Implementation Timeline
- Questions & Answers
- Resources

Recommended Changes to the Quality of Patient Care (QoPC) Star Rating Methodology

Home Health Quality of Patient Care Star Ratings

- CMS Star Ratings are an important tool for empowering consumers, encouraging providers to strive for higher levels of quality, and driving overall health system improvement.

- Home health Quality of Patient Care (QoPC) Star Ratings have been reported on Home Health Compare (HHC) since July 2015.

    - Composite of 8 measures (7 Outcome and Assessment Information Set (OASIS) measures; 1 claims measure).

- CMS conducts ongoing monitoring and improvement to the QoPC Star Rating methodology to ensure meaningful and accurate comparison across Home Health Agencies (HHAs).

Recommended Modifications to the QoPC Star Ratings

- **Drug Education on All Medications Provided to Patient/Caregiver**
  - OASIS-based process measure.
  - QoPC monitoring showed the measure was “topped out” and exhibited very little variation across agencies.
  - CMS recommended its removal from the QoPC Star Ratings.
- **Improvement in Management of Oral Medications**
  - OASIS-based, risk-adjusted, outcome measure.
  - Currently reported on HHC.
  - Given the clinical importance of drug education and medication management, CMS recommended adding this measure to the QoPC Star Rating.

Recommended Modifications to the QoPC Star Ratings, Continued

- Medicare Learning Network (MLN) call held on June 27, 2018 provided the rationale, impacts, and timeline for these recommended changes.
- One-month comment period followed from June 27, 2018 to July 27, 2018.
- Following the comment period, CMS reviewed comments and conducted additional analyses based on comments.

Final Modifications to the QoPC Star Ratings

- Remove from the QoPC Star Ratings the measure “Drug Education on All Medications Provided to Patient/Caregiver.”
- Add to the QoPC Star Ratings the measure “Improvement in Management of Oral Medications.”
- Updates to the QoPC Star Rating effective **April 2019** (preview reports available **January 2019**).
    - Reporting period: July 1, 2017 to June 30, 2018 (OASIS-based measures) and CY2017 (claims-based measures).

Public Comment Summary and Supporting Analysis

Removing “Drug Education on All Medications Provided to Patient/Caregiver”

- Received four comments on the recommendation to remove this measure from the QoPC Star Rating

- All comments favored removal based on the rationale that the measure was no longer meaningful in comparing across HHAs

Adding “Improvement in Management of Oral Medications” to the QoPC Star Ratings

- Two commenters supported the recommendation.
- One comment was neutral but requested the implementation date to be delayed.
- Nine commenters opposed adding this measure to the QoPC Star Rating.
  - The main reason for the opposition related to difficulty in improving the management of oral medications in patients for whom caregivers primarily administer the medications.
  - Specific concern for patients residing in an Assisted Living Facilities (ALFs) or patient with no ability (or potential ability) to administer his/her own medications (such as patients with dementia).
  - Commenters felt that the risk adjustment model may not account for all potential patient complexities that could affect this measure.

“Improvement in Management of Oral Medications” by Living Arrangement

- M1100 on the OASIS collects information on patients’ living arrangement.
- Examine “Improvement in Management of Oral Medications” for HHAs serving high proportions of patients living in a congregate situation (such as ALFs).

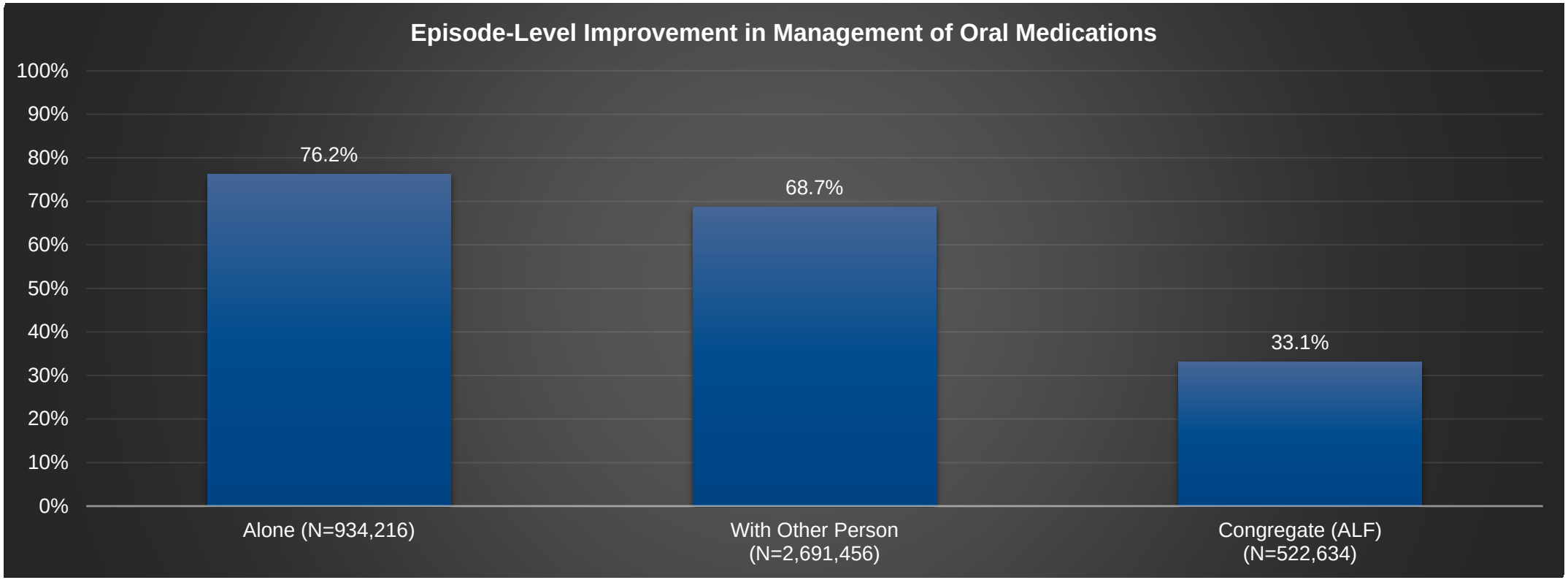
LIVING ARRANGEMENTS

(M1100) Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? **(Check one box only.)**

	Availability of Assistance				
Living Arrangement	Around the clock	Regular daytime	Regular nighttime	Occasional / short-term assistance	No assistance available
a. Patient lives alone	☐ 01	☐ 02	☐ 03	☐ 04	☐ 05
b. Patient lives with other person(s) in the home	☐ 06	☐ 07	☐ 08	☐ 09	☐ 10
c. Patient lives in congregate situation (for example, assisted living, residential care home)	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15

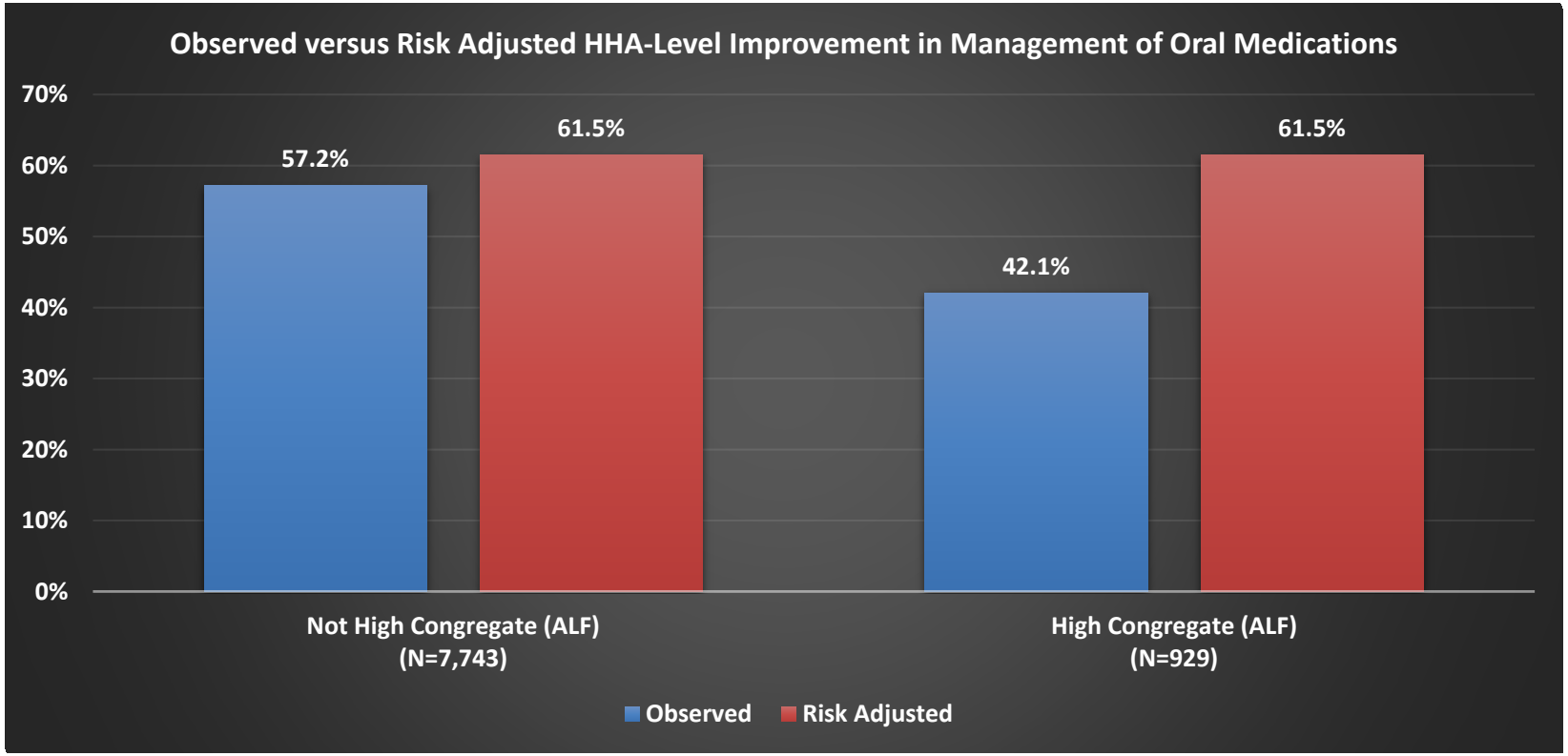
Patients Living in a Congregate Setting were Less Likely to Improve Management of Oral Medications

- Examining episodes from 2017 (N=4,148,306), patients in a congregate setting (M1100 = 11, 12, 13, 14, 15) were less likely to show improvement in management of oral medications.



Risk Adjusted, HHA-Level Improvement in Management in Oral Medications Does Not Differ by Living Arrangement

- Performance measure is at the HHA-level (i.e., episodes are aggregated to the HHA)
- Compare HHAs disproportionately serving patients living in a congregate setting to all others
- "High Congregate" HHAs are defined as those serving more than 27.8% of patients in a congregate setting (90th percentile) compared to all others (N=8,672)
- Risk adjustment includes risk factors for living arrangement

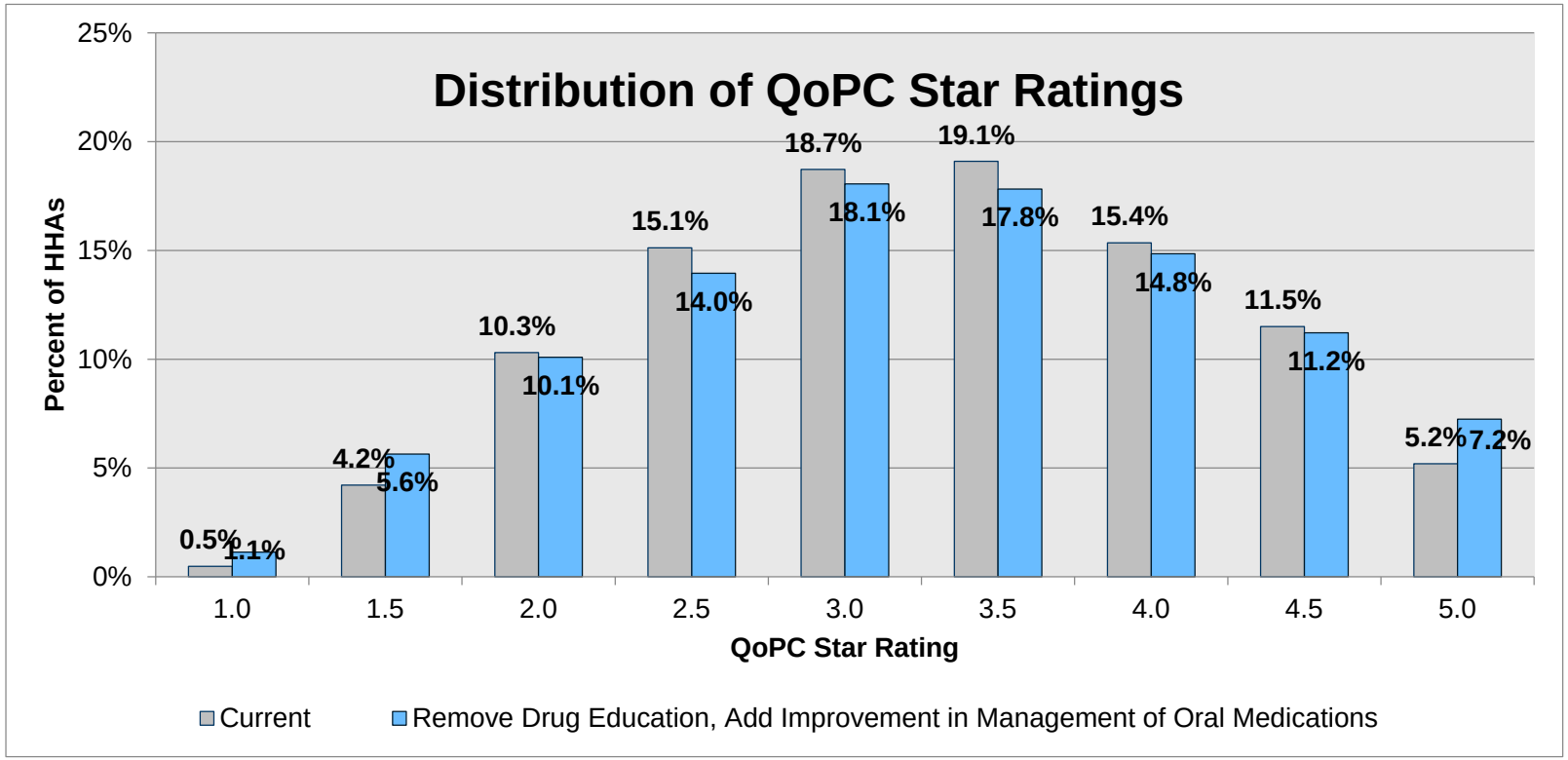


Rationale for Adding “Improvement in Management of Oral Medications”

- Measure is risk-adjusted using a rich set of risk factors from the OASIS, including living arrangement.
    - Risk adjusted performance shows no difference between HHAs serving high or low proportions of patients living in a congregate setting.
- Medication management is an important clinical area of home health care.
- As fewer measures are included in the calculation, the QoPC Star Rating becomes less representative of overall home health quality. Including this measure maintains the number of component measures at 8 (after the removal of the “Drug Education on All Medications Provided to Patient/Caregiver” measure).

Expected QoPC Star Rating Distribution

- *Current:* 8,963 HHAs (76.8%) reporting with average rating of 3.27.
- *Remove "Drug Education on All Medications Provided to Patient/Caregiver" and add "Improvement in Management of Oral Medications":* 8,917 HHAs (76.4%) reporting with average rating of 3.27.



Data: Episodes ending between 7/1/2016-6/30/2017

Summary

- “Drug Education on all Medications Provided to Patient/Caregiver” will be removed from the QoPC Star Ratings based on limited variability.
- “Improvement in Management of Oral Medications” measure that is currently reported on HHC will be added to the QoPC Star Ratings.
- Removing the Drug Education measure and adding the Oral Medications measure yields:
  - Very slight decrease in the percent of HHAs that can report a QoPC Star Rating – from 76.8% to 76.4% of HHAs for episodes ending between 7/1/2016 - 6/30/2017.
  - Same average QoPC Star Rating – 3.27.
  - Generally, no change in quarter-to-quarter stability of the QoPC Star Ratings.

Implementation Timeline

Timeline for Changes to QoPC Star Rating

- First QoPC Star Rating Provider Preview Reports to HHAs using new calculation algorithm is expected to occur in **January 2019.**

- Home Health Compare refresh displaying the updated QoPC Star Rating is therefore expected to take place in **April 2019.**

    - All OASIS-based measures report on data from July 1, 2017 to June 30, 2018.

    - Claims-based measures will report on data from CY2017 (updated annually).

Resources

For More Information

- QoPC Star Rating Methodology
- Home Health Quality Reporting Program
- Home Health Compare
- Email box for questions: HomeHealthQualityQuestions@cms.hhs.gov

Question & Answer Session

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