mln call
TRANSCRIPT

KNOWLEDGE · RESOURCES · TRAINING

Final Modifications to the Quality of Patient Care Star Rating Algorithm Call

Moderated by: Aryeh Langer
October 3, 2018 2:00pm

Table of Contents

This transcript was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® event. All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Aryeh Langer. Thank you, you may begin.

Announcements & Introduction

Aryeh Langer: Thank you very much. And as you just heard, my name is Aryeh Langer and I'm from the Provider Communications Group here at CMS, and I'm your moderator for today's call. I would like to welcome you to this Medicare Learning Network call on Final Modifications to the Quality of Patient Care Star Rating Algorithm.

During today's call, learn about plan modifications, to Home Health Quality of Patient Care Star Ratings. CMS presents the rationale, timing and impact of this change. A question and answer session follows today's presentation.

Before we get started, you received the link to the presentation in your confirmation email. The presentation is available at the following URL, its go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

Today's event is not intended for the press and the remarks are not considered on the record. If you are a member of the press you, may listen in, but please refrain from asking questions during the question and answer session. If you have any inquiries, contact press@cms.hhs.gov.

At this time, I would like to now turn the call over to Alan Levitt from CMS. Alan?

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

Alan Levitt: Thank you. Thank you, Aryeh. And thank you all for joining today's call. My name is Alan Levitt, the Medical Officer for the Division of Chronic and Post-Acute Care at CMS, and I'm joined today by Sara Galantowicz and Betty Fout from Abt Associates, the contractors supporting the Quality of Patient Care Star Ratings.

Today, we will be discussing upcoming changes to the Home Health Quality of Patient Care Star Ratings.

Slide 2, list the acronyms that will be used in the presentation today. Let's move to slide 3.

Today, we'd like to present the changes to the Quality of Patient Care or QoPC Star Ratings that were recommended during the June 27th Medicare Learning Network call, summarize comments received during the one-month public comment period following the call, and discuss the results of additional analysis and present the final decision and timeline for implementation of the changes.

We will then provide further resources and leave time for your questions and comments.

Let's turn to slide 4. We start by outlining the upcoming modifications that are the topic of today's presentation.

Moving to the next slide, slide 5 provides background on the reporting of star ratings for Home Health Quality of Patient Care. Star ratings are a good tool for providing easily understood information on provider quality, thereby empowering consumers and their loved ones to make informed decisions about where they receive care.

Home Health Quality Patient Care star ratings have been available on Home Health Compare since July 2015.

The star rating is a composite of eight measures that are reported on Home Health Compare. Seven of these measures are based on assessment data and one measure is based on claims data.

Each quarter, we monitor the QoPC Star Rating and its component measures by assessing reportability, quarter-to-quarter stability, and examining trends.

Monitoring plays an important role in ensuring that the QoPC Star Rating enable meaningful and accurate comparisons across Home Health agencies.

Turn to the next slide. Slide 6 shows the two modifications to the QoPC Star Ratings that are the topic of today's presentation.

During the June 27th Medicare Learning Network call we recommended the removal of the drug education on all medications provided to patients/caregiver measure from the Quality of Patient Care Star Rating calculation algorithm.

This process measure has improved to the point of exhibiting very little variation across agencies. While this improvement is beneficial in terms of Home Health Quality, it can no longer be used to distinguish performance differences among or across agencies.

We also recommended on that call adding an OASIS-based outcome measure to the QoPC Star Rating, the improvement in the management of oral medications.

This measure addresses an important Home Health care goal. This case -- this case-mix adjusted using patient characteristics and exhibits good statistical properties.

Moving to slide 7, as mentioned on the previous slide, these two recommended modifications were prevent -- were presented during a Medicare Learning Network call held on June 27th.

During that call, we discussed the rationale, impacts, and potential timelines for the changes. A one-month comment period followed the call from June 27th to July 27th.

We received several comments from you during the comment period. We reviewed all comments and conducted further analysis based on your input. During the call today, we will summarize those comments and present the findings from the data analysis.

Let's turn to slide 8. Based on your feedback and our further analysis, we are finalizing the recommended modifications to remove from the QoPC Star Ratings, the measure -- drug education on all medications provided

to patients/caregiver, and to add the improvement in manage -- in management of all medications measure. We also finalized the timeline for these modifications.

The April 2019 Home Health Compare refresh will include these updated modifications to the QoPC Star Ratings. Preview Reports for this refresh will be available to providers in January 2019.

I will now hand the presentation over to Sara Galantowicz from Abt Associates to summarize the feedback we received from the public comment periods.

Public Comment Summary and Supporting Analysis

Sara Galantowicz: Thank you, Alan.

So, slide 10 summarizes the comments that CMS received on removing drug education on all medications provided to patients and caregivers from the QoPC Star Rating algorithm. There were a total of four comments on the recommendations, all of which supported removal based on the fact that the overall high measure results meant that meaningful comparisons between Home Health agencies could no longer be made.

Slide 11, provides an overview of the comments received on the second recommendation, to add the improvement in the management of oral medications measure. As can be seen on the slide, two commenters supported this recommendation and one neither express support nor opposition but did ask CMS to delay implementation.

Nine commenters did not support adding this measure. The reason most often cited related to challenges improving the management of oral medications among those patients whose caregivers primarily administer their medication.

Commenters specifically mentioned patients living in an assisted living facility or with no ability or potential ability to administer his or her own medications such as patients living with dementia. In addition, some commenters express concern that current risk adjustment may not account for all patient characteristics that could affect performance on this measure.

I will now hand the presentation to Betty Fout from Abt Associates to present analyses performed based on these feedback from these comments.

Betty Fout: Thank you, Sara.

We now turn to slide 12 and as shown on this slide, based on the comments that Sara just reviewed, we used OASIS item M-1100 to explore the relationship between improvement in the management of oral medications and patient living arrangements.

M-1100 on the OASIS instrument is used to collect information on the Home Health patients' living situation. These include whether a Home Health patient lives alone, lives with others in the home or lives in a congregate setting, such as an assisted living facility.

We explore how improvement and the management of oral medications differ for patients by these living arrangements specifically for those in the last living arrangement. Patient lives in a congregate setting as indicated with the red box on the -- on the slide.

Turning to slide 13, we show that patients living in a congregate setting such as an assisted living facility, more or less likely to show improvement in the management of oral medications. We calculate the average improvement in the management of oral medications for patients in each type of living arrangement as designated by OASIS item M-1100.

This was done for all episodes ending in 2017, for which improvements in the management of oral medications was possible. This included about 4 million episodes. The y-axis of this bar chart on slide 13 shows the percent of episodes improving in the management of oral medication and the x-axis indicates the patients' living arrangement.

Looking at the first bar, for patients who lived alone in 2017, 76.2 percent of them showed improvement in the management of oral medication. In contrast, for patients living with another person, 68.7 percent of them showed an improvement in the management of oral medication.

Patients living in a congregate situation has the lowest improvement. Only 33.1 percent of these patients improved in their management of oral medication.

These analysis -- these analyses confirm many of the comments received, indicating that patients residing in assist facility -- assisted living facility have lower improvement in the management of oral medications.

Turning now to slide 14. Slide 14 shows that once the improvement and the management of oral medications measure is risk-adjusted at the agency level performance that's similar for agencies that do and do not serve high proportions of patients living in a congregate setting.

On this slide -- for the data analysis on this slide, we aggregated episodes to the agency level and applied risk adjustment, such as a -- as is done for all outcome measures reported on Home Health Compare.

This graph shows the average performance on the improvement and management of oral medications measure for agencies serving high rates of patients living in a congregate situation, compared to agencies not serving a high rates of patients living on congregate situation.

We define high rates of patients living in a congregate setting using the 90th percentile value. The 90th percentile value was 27.8 percent. Thus, agencies were categorized as high congregate if they had more than 27.8 percent of their patients living in the congregate setting. Agencies with fewer than 27.8 percent of patients living in a congregate setting were categorized as not high congregate.

The blue bars on this graph show the average observed performance without risk adjustment for the -- for this measure for improvement and management of oral medication. And the red bars show the average risk adjusted performance for the same measure.

The graph shows that without risk-adjusted -- or the blue bars -- agencies that serve the highest proportions of patients living in a congregate setting performed worse on the improvement and management of oral medications measure; 52 -- 57.2 percent for agencies not categorized as high congregate, compared to 42.1 percent for agencies categorized as high congregate.

This is not surprising since the last slide shows that patients living in a congregate setting were less likely to improve on this measure.

However, with risk adjustment, which are shown in the -- in the red bars, agencies in both categories performed similarly.

Notice whether or not the agency was categorized as high congregate, the average performance for the improvement and management of oral medications was 61.5 percent.

These findings are not surprising, given the risk adjustment model for this measure includes as a risk factor, patient living arrangement. That is the data show that patients living in a congregate setting are less likely to show improvement on this measure and the risk adjustment model appropriately accounts for the lower expected performance of agencies caring for these patients.

And now I'm going to turn the presentation back to Sara Galantowicz.

Sara Galantowicz: Thank you, Betty. So, we are now on slide 15. And on this slide, we will review the rationale for the decision to add improvement in oral medication to the Quality of Patient Care Star Rating.

First, this measure is risk-adjusted using a wide array of risk factors from the OASIS, including the patients' living arrangement. As Betty has just shown, the risk-adjusted results show no appreciable difference between Home Health agencies serving high or not high proportions of patients living in a congregate setting, such as assisted living.

Second, medication management is an important clinical area of Home Health care and therefore of measuring Home Health Care Quality.

Finally, if fewer measures are included in the calculation, the Quality of Patient Care Star Rating will become less representative of overall Home Health Quality. Including this measure preserves a total of eight Component Measures in the algorithm even after removal of the drug education in all medications provided to patients or caregiver measure.

The graph on slide 16 shows the Quality of Patient Care Star Rating distribution with the modifications implemented. Those are shown by the blue bars compared to the current rating, which is shown on the gray bars. The vertical axis shows the percent of agencies and the horizontal axis shows the star rating.

While the average rating would remain the same -- 3.27 stars -- there would be slightly more five-star agencies and slightly fewer agencies in the middle of the distribution when the recommended changes are implemented, as well as a very small decrease in the number of agencies that would have enough episodes to report a result.

Slide 17 summarizes the final decision on the recommended modifications to the Quality of Patient Care algorithm, as well as the analysis examining the impact of this decision. CMS will be removing the drug education in all medications provided to patient or caregiver measure, based on limited variability and simultaneously adding the improvement in management of oral medications measure that is currently reported on Home Health Compare.

Removing the drug education measure and adding the oral medications measure will mean a very slight decrease in the percent of agencies that can report a Quality of Patient Care Star Rating from 76.8 percent down to 76.4 percent of Home Health agencies for episodes ending between July 1st of 2016 and June 30th of 2017.

However, the average Quality of Patient Care Star Rating will remain constant at 33.27 and there will generally be no change in the stability of the Quality of Patient Care Star Rating from quarter to quarter.

Implementation Timeline

Next, I'd like to review the timeline for these changes. As noted on slide 19, the first Preview Reports using the new calculation algorithm will be delivered to Home Health agencies' CASPER mailboxes in January of 2019.

These Preview Reports will show the results that will be displayed in the April 2019 Home Health Compare refresh. This refresh will include OASIS-based measures covering the time period from July 1st, 2017 to June 30th, 2018. The claims-based Acute Care Hospitalization measure that is also part of the Quality of Patient Care Star Rating will be based on data from calendar year 2017 and will only be updated annually as will all other claims-based measures on Home Health Compare.

I will now hand the presentation back to Alan Levitt.

Alan Levitt: Thank you, Sara.

Slide 21 provides a list of references, including information on the Quality of Patient Care Star Rating methodology and links to the Home Health Quality Reporting Program and Home Health Compare webpages.

We always welcome your questions and feedback through our email box homehealthqualityquestions -- that's all one word together -- @cms.hhs.gov.

We will now open the floor to questions.

Question & Answer Session

Aryeh Langer: Thank you very much, Alan. We will now take your questions. As a reminder, this event is being recorded and transcribed. In an effort to get to as many questions as possible, each caller is limited to one question, please.

To allow more participants opportunity to ask questions, please send questions specific— specifically regarding your organization to the resource mailbox on slide 21, as just mentioned, so our staff can do more research.

Preference will be given to general questions applicable to a larger audience and we'll be mindful the time spent on each question.

All right, Dorothy. We here are ready to take our first caller, please.

Operator: To ask a question, press star, followed by the number one on your touch tone phone. To remove yourself from the queue, press the pound key. Remember to pick up your handset before asking your question to assure clarity.

Once your line is open, state your name and organization. Please note, your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference.

If you have more than one question, press star one to get back into the queue and we will address additional questions as time permits. Please hold while we compile the Q&A roster. Please hold while we compile the Q&A roster.

Your first question comes from the line of Cody Reber.

Cody Reber: Thank you for taking my call, I'm coming from SHP. I just wanted to know if you could please explain why slide 19 indicates that the claims-based measures will be or were updated annually, while there's no similar indication on the same slide for the OASIS-based measures?

So we just want to know is the updated annually statement in regards to this one preview in refresh, or does it apply, moving forward as well? And then, does this apply to the OASIS-based measures as well or just a claims-based?

Alan Levitt: Okay. Thank you, Cody for your question. To clarify, the OASIS-based measures will continue to be updated and refreshed quarterly on Home Health Compare. The claims-based measures will be updated on an annual basis going forward. And that's to be also consistent with the updating of claims-based measures that are done in either Post-Acute Care Programs.

Operator: Your next question comes from a line of Marilyn Kirby.

Marilyn Kirby: Hi, this is Marilyn Kirby from Marilyn Kirby from Eskaton Home Healthcare in California.

I understand you're implementing this. I just need to understand, I thought the intent of doing outcomes is to show improvement-meaningful improvement.

So, basically, when you have customers and clients that are unable to improve, the data you're going to get, there is going to show no improvement for those of us who have high patient populations.

And I'm just wondering why there was no consideration giving -- given to re-wording the question to include caregivers because bottom line we're trying to prevent hospitalizations and have better quality of life.
So even though the person might not be able to administer correctly, they're getting their correct meds. Can you answer that question, please?

Alan Levitt: Okay. Look, thank you, Marilyn, thank you for your question and also your comment.

As Betty pointed out, that we use risk adjustment in our OASIS-based outcome measures. And the risk adjustment includes many different factors, including factors that may affect whether or not some patients that are within an agency may be more likely to improve versus other patients on any of the outcome measures, including this one.

And as Betty demonstrated when we've gone back and looked and re-looked at the analysis of this measure, like we actually do really every quarter we look at these measures -- that the risk adjustment does work well, and that it really does account for agencies that may have a higher percentage of patients that may be less likely to improve on this measure.

When it comes to looking at whether or not any of the measures, including this one, should be adjusted in terms of specifications, like the example you give, whether or not specifications should be expanded. It's something we continue to look at. We look at that really with all of our measures.

And so, yes, we'll take your comments, as well as other comments that we get from all of our stakeholders out there into -- we'll take your advice and always continue to look at these things.

Operator: Your next question comes from the line of Maria Cortes.

Maria Cortes: Hi, this is Maria Cortes with Amedisys Home Health. My question is when will the next Preview Reports be available in CASPER?

Alan Levitt: Are you—which Preview Reports are you referring to? You're referring to for Home Health Compare?

Maria Cortes: The CMS Home Health Compare, yes.

Alan Levitt: OK. Well, if you're talking about the Preview Reports for the changes in the star rating algorithm, the first Preview Report that would show these changes going from one measure to another would be for the….

Maria Cortes: No, not that one. No, the one that should be available in October.

Alan Levitt: Oh.

Maria Cortes: I'm not sure of the exact date. I'm not sure that ...

Alan Levitt: ...the one that -- oh -- you, well, usually receive your preview reports a few months before each refresh. You would have received your Preview Report already for a refresh that would come up in October. I'm not sure -- what the question -- are you talking about the next refresh?

Maria Cortes: Yes.

Alan Levitt: Okay.

Maria Cortes: The very next one, not the one that's available in January. But the one I think should be available in October. I was wondering which day in October, it is like around the 20th or so?

Alan Levitt: Well, the refresh on the website will be occurring, but you should have already gotten the Preview Reports that has the results of the measures for that refresh previously.

Maria Cortes: Okay.

Alan Levitt: You should have that already. As a reminder, you get these Preview Reports and we certainly appreciate you reviewing and looking at them, and you are given the opportunity to comment back to us if you have any questions or concerns about the data prior to us publicly reporting it on Home Health Compare.

Operator: Again, if you would like to ask a question, please press star then the number one on your telephone keypad.

One moment for your next question.

Your next question comes from the line of Laura Hughes.

Laura Hughes: Hi, this is Laura Hughes with Maxim Healthcare services. My question relates to the risk factors that the risk adjustment -- the factors that are risk adjusted as they pertain to each outcome.

Is there a resource on the CMS site where we can look at which factors are risk adjusted for which particular outcome?

Alan Levitt: Okay. Well, thank you -- thank you for that question, Laura.

As you know, we are starting January 1, we will be moving to OASIS-D, a new version of the assessment instrument. And associated with that we've also done -- looked at the risk adjustment for the outcome-based measures, based on the items that will be available on OASIS-D.

We are actually -- I guess, conveniently, currently accepting comments on the risk adjustment model. It is available for you to look at and also to comment back to us.

I think the comment period was -- is from September 5th to October 4th, so you'd have to comment quickly to us. But it's on cms.gov website it's a measure management systems if you go there on the public comment page you'll see it, where it's currently accepting comments.

If you're unable to find it, you could email us quickly, but you should be able to find it. It's on the cms.gov measures management system currently accepting comments. And if you look there, you should be able to find a copy of the risk adjustment model.

Operator: Our next question comes from the line of Diane Kokinda.

Diane Kokinda: Yes. Hi. I was wondering how and where do you get access to these Preview Reports that you're making reference to?

Alan Levitt: Well, each agency has access to several different reports including Preview Reports and they're available on through the CASPER system. So, if you're at Home Health agency and you can find your reports right there.

Operator: As a remind ...

Alan Levitt: If you have problems accessing, or having issues with it, certainly email our email box and they should be able to help you.

Operator: As a reminder, in order to ask a question, please press star then the number one on your telephone keypad.

Your next question comes from the line of Suzanne Clark.

Suzanne Clark: Hi, this is Suzanne Clark. I was calling to follow up on the question -- about your first question from SHP that was referring to slide 19. About the claims-based measures, will report on data from calendar year 2017, updated annually. And you had said that this was new to be updated annually, starting with the April Home Health Compare refresh for claims-based measures. Is that correct?

Alan Levitt: Oh, thank you, Suzanne, sorry. The refresh that will be done annually for claims-based measures -- not time to be done at the same time as the star ratings refresh. I am not sure. I'm not sure if Abt on the call knows when the first refresh of Home Health Compare will occur. When it's just going to be an annual -- the claims-based measure will be calculated annually.

Do you happen to know Abt which is the first refresh?

Sara Galantowicz: This is Sara Galantowicz, I believe it's January of 2019 and then, with a refresh update every subsequent January for the annual updated claims-based measures.

Alan Levitt: Thank you, Sara.

Operator: If you would like to ask a question, please press star then the number one on your telephone keypad.

Your next question comes from the line of Kelly Adams.

Kelly Adams: Hi, sir, could you tell me if this is going to be implemented into any of the value-based purchasing measures?

Alan Levitt: Okay. Thank you for your question, Kelly. This is different; star ratings are publicly-you know-reported on Home Health Compare. And although there are measures on Home Health Compare that may overlap with value-based purchasing, this is not -- has nothing to do with value-based purchases.

Operator: And there are no further questions at this time.

Additional Information

Aryeh Langer: Okay, well, thank you very much. As a reminder, if you have a question after the call, you can email it to the address that's listed on slide 21 of today's presentation. We would hope that you'll take a few moments to evaluate your experience with today's call. You can see slide 23 for more information about the evaluation.

And the audio recording and transcript will be available in about two weeks at www.cms.gov/npc.

Again, my name is Aryeh Langer. I'd like to thank our presenters and also, thank you all, for participating in today's Medicare Learning Network event on Final Modifications for the Quality of Patient Care Star Rating. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect. Presenters, please hold.