

PACE Quality Measures Descriptions

Measure Title: Percentage of PACE Participants Receiving Depression Treatment

Measure Description: The percentage of PACE participants with a diagnosis of depression who received treatment that was ordered by a clinician during the reporting quarter.

Numerator Statement: Number of PACE participants diagnosed with depression who received treatment during the reporting quarter.

Depression Treatment Definition:

Documentation in the participant's healthcare record that a clinician had ordered treatment for depression. The following categories of treatment should be included and up to three (3) categories may be recorded in data abstraction:

1. Prescription medication
2. Individual counseling
3. Group therapy
4. Electroconvulsive Therapy
5. Dietary or Herbal supplements (e.g., Omega-3 fatty acids, St. John's Wart, folate, SAM-e, Valerian)
6. Relaxation treatment
7. Yoga or Tai Chi
8. Physical exercise
9. Massage therapy
10. Acupuncture
11. Light therapy
12. Art, music, dance therapy
13. Meditation, prayer, pastoral counseling
14. Biofield therapies or bioelectromagnetic-based therapies
99. Not documented

Inclusion Criteria:

- Include participants who were deceased, but were enrolled as PACE participants for more than one day during the reporting quarter.
- Include participants with a dual diagnosis of depression and dementia

Exclusion Criteria:

- Exclude participants who were diagnosed with depression but who had refused treatment or their healthcare power of attorney declined treatment on their behalf

Denominator Statement: Number of PACE participants with a new or on-going diagnosis of depression during the reporting quarter.

Inclusion Criteria:

- Include participants who were deceased, but were enrolled as PACE participants for more than one day during the reporting quarter.
- Include participants with a dual diagnosis of depression and dementia

Exclusion Criteria:

- Exclude participants who were diagnosed with depression but who had refused treatment or their healthcare power of attorney declined treatment on their behalf

Risk Adjustment: Initially, risk stratification will be used rather than risk adjustment. Stratification will be based on PACE Organization characteristics. Once more data are available on patient acuity, diagnose, or socio-demographic factors are available, the need for risk adjustment and alternative adjustment methodologies will be examined.

Classification:

National Quality Strategy Priority: Promote Effective Treatment and Prevention of Chronic Disease

Measure Type: Process

Data Source: Electronic or paper clinical records

Setting: PACE Organizations provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE Centers regularly (e.g., three (3) days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital (ACH)) for any duration, the PACE Organization continues to be responsible for the participant. Therefore, the PACE Organization does not fit within the list of care settings put forth by NQF. PACE Organizations are responsible for a combination of home care, community-based care, and institutional care.

Measure Titles: Percentage of PACE Participants with an Advance Directive or Surrogate Decision Maker Documented in the Medical Record

and

Percentage of PACE Participants with Annual Review of their Advance Directive or Surrogate Decision Maker Document

Measure Description: The measure percentage of PACE participants with an Advance Directive or surrogate decision maker documented in the medical record measures the extent that end-of-life wishes are documented as part of their care in the PACE program. It has a sub-measure to determine if end-of-life wishes are discussed on a regular basis: percentage of PACE participants who had documentation in the medical record of an annual review and discussion about their Advance Directive or surrogate decision maker.

Numerator Statement:

a) The percentage of PACE participants with an Advance Directive or surrogate decision maker documented in the medical record.

Numerator: Number of PACE participants with an Advance Directive or surrogate decision maker documented in the medical record.

b) The percentage of PACE participants who had documentation in the medical record of an annual review and discussion about their Advance Directive or surrogate decision maker

Numerator: Number of PACE participants who had documentation in the medical record of an annual review and discussion about their Advance Directive or surrogate decision maker

An Advance Directive must include at least one of the following:

- A state-approved POST (Physician Order for Scope of Treatment), POLST (Physician Order for Life Sustaining Treatment), MOST (Medical Orders for Scope of Treatment), or MOLST (Medical Orders for Life Sustaining Treatment) form
- Living Will (this is not the same as a Last Will and Testament that addresses estate issues) or Five Wishes document
- A written or oral statement by a participant about treatment preferences documented in the electronic medical record or recorded on a paper copy and placed in the medical record

A surrogate decision maker may include any of the following, but must meet the state's requirements to legally make decisions for the participant in the event that the participant is unable to make health care decisions:

- A Durable Power of Attorney (POA) for Health Care
- A health care agent, proxy, surrogate, representative, attorney-in-fact, or patient advocate.

A review and discussion of the Advance Directive or surrogate decision maker must include the participant, if the participant is able to make health care decisions, and may include the surrogate decision maker. The current medical record documentation of an Advance Directive and/or surrogate decision maker must be reviewed using terms the participant can understand. Additional discussion may include, but is not limited to:

- Any changes the participant may wish to make to his or her Advance Directive or surrogate decision maker, including the creation of one or the other
- Explanation of the participant's current health condition, diagnosis, and prognosis and how that relates to an Advance Directive or surrogate decision maker
- Explanation (including purpose and probable outcomes) of life-prolonging measures, including cardiopulmonary resuscitation (CPR), endotracheal intubation and mechanical ventilation, tubing feedings, and other measures pertinent to the participant's health status.

Exclusion Criteria:

- Exclude participants with written documentation in the medical record that the participant did not wish or was unable to provide an advance directive or identify a surrogate decision maker.
- For both measures, exclude participants who have been enrolled in PACE for less than six (6) months. For the measure "Percentage of PACE participants with documentation of an annual review and discussion of the Advance Directives," exclude participants who had their Advance Directives or surrogate decision documentation for less than one (1) year as it does not yet qualify for an annual review.

Denominator Statement:

- a) **The percentage of PACE participants with an Advance Directive or surrogate decision maker documented in the medical record.**

Denominator: Number of PACE participants enrolled during the reporting period

b) The percentage of PACE participants who had documentation in the medical record of an annual review and discussion about their Advance Directive or surrogate decision maker

Denominator: Number of PACE participants with an Advance Directive or surrogate decision maker documented in the medical record.

Risk Adjustment: Initially, risk stratification will be used rather than risk adjustment. Stratification will be based on PACE Organization characteristics. Once more data are available on patient acuity, diagnoses, or socio-demographic factors are available, the need for risk adjustment and alternative adjustment methodologies will be examined.

Classification:

National Quality Strategy Priority: Strengthen Person and Family Engagement, Communication and Care Coordination

Measure Type: Process

Data Source: Electronic or paper clinical records

Setting: PACE Organizations provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE Centers regularly (e.g., three (3) days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital (ACH)) for any duration, the PACE Organization continues to be responsible for the participant. Therefore, the PACE Organization does not fit within the list of care settings put forth by NQF. PACE Organizations are responsible for a combination of home care, community-based care, and institutional care.

Measure Title: Percent of Participants Not in Nursing Homes
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Measure Description: The percentage of reporting quarter PACE participants with no nursing home stays or those with short stays in nursing homes (less than 90 days since the date of admission).

This measure is calculated by subtracting the percentage of PACE participants with an extended nursing home stay (at least 90 days since the date of admission) from 100.

Numerator Statement: Number of reporting quarter PACE participants whose nursing home stay has been at least 90 days since the date of admission to the nursing home. For these participants, the nursing home is their usual place of residence.

Denominator Statement: Number of PACE participants enrolled in the reporting quarter.

Risk Adjustment: Initially, risk stratification will be used rather than risk adjustment. Stratification will be based on PACE Organization characteristics. Once more data are available on patient acuity, diagnoses, or socio-demographic factors are available, the need for risk adjustment and alternative adjustment methodologies will be examined.

Classification:

National Quality Strategy Priority: Make Care Safer, Make Care More Affordable, Promote Best Practices of Healthy Living

Measure Type: Outcome

Data Source: Electronic or paper clinical records

Setting: PACE Organizations provide services to participants who live in their own homes (or in home-like settings) in the community. Participants attend PACE Centers regularly (e.g., three (3) days per week) for a variety of activities and support services. If a participant is admitted to an institutional setting (e.g., acute care hospital (ACH)) for any duration, the PACE Organization continues to be responsible for the participant. Therefore, the PACE Organization does not fit within the list of care settings put forth by NQF. PACE Organizations are responsible for a combination of home care, community-based care, and institutional care.