



October 14, 2016

To: [HH\\_QM\\_Comment@abtassoc.com](mailto:HH_QM_Comment@abtassoc.com)

Re: "Development of the Percent of Residents Experiencing One or More Falls with Major Injury During a Home Health Episode" (HHSM-500-2013-13001I, Task Order HHSM-500T0002)

To whom it may concern:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the "Alliance") regarding the public comment document developed by Abt Associates for the Centers for Medicare and Medicaid Services on "Development of the Percent of Residents Experiencing One or More Falls with Major Injury During a Home Health Episode" (HHSM-500-2013-13001I, Task Order HHSM-500T0002). The Alliance appreciates the opportunity to comment on this document.

### **About the Alliance for Home Health Quality and Innovation**

The Alliance is a non-profit 501(c)(3) organization with the mission to lead and support research and education on the value of home health care to patients and the U.S. health care system. Working with researchers, key experts and thought leaders, and providers across the spectrum of care, we strive to foster solutions that will improve health care in America. The Alliance is a membership-based organization comprised of not-for-profit and proprietary home health care providers and other organizations dedicated to improving patient care and the nation's healthcare system. For more information about our organization, please visit: <http://ahhqi.org/>.

The Alliance supports the use of a measure that addresses major falls, consistent with the IMPACT Act, but has several concerns about the falls measure as described in the public comment document.<sup>1</sup>

The measure on which the proposed home health falls measure is based is currently only endorsed by the National Quality Forum (NQF) for use in long-stay nursing

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<sup>1</sup> Abt; "Development of the Percent of Residents Experiencing One or More Falls with Major Injury During a Home Health Episode" (HHSM-500-2013-13001I, Task Order HHSM-500T0002) (herein after "public comment document")[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/IMPACT\\_-Falls-with-Major-Injury-Measure\\_Public-Comment.pdf](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/IMPACT_-Falls-with-Major-Injury-Measure_Public-Comment.pdf)

homes. It is not endorsed by NQF for use in home health agencies, nor is it endorsed for skilled nursing facilities (short stay), inpatient rehabilitation facilities, and long-term care hospitals. Although there is a measure related to falls that is reported to individual home health providers, it is a different measure and it is not endorsed by NQF (and it is not publicly reported).

Moreover, home health care is community-based, not facility-based care. The measure described by Abt refers to “residents” (see the title of the public comment document), but in home health there are no “residents” because the patients are in their own homes, rather than in an institution. Understanding the unique nature of home health’s setting in the community is critical. If a home health patient falls, more often than not that fall is not witnessed by a home health care professional. A fall with major injury could occur when the patient is home alone, or even in the physician’s office, but it would still be considered a fall with major injury for purposes of this measure if it occurred during a home health episode. Care in the community is different from institutional care because the patient is in his or her own environment, with accompanying risks. Although the community and the home pose unique challenges for patient care, those risks are also important to navigate if the patient is to achieve self-management and transition back to the community.

The question is whether it is possible for this measure to be comparable across post-acute care settings, as in home health care there usually is nobody present to witness and document the fall and the consequent injury at the time of the incident. The Alliance is therefore concerned about the reliability of the data collection for this measure as it applies to home health care. If a goal is for this measure to be meaningful across settings, standardization is key. At the very least, appropriate adjustment should take into consideration the very different nature of home health in comparison to the facility-based settings.

Furthermore, the Alliance is concerned about the impact of this falls measure because it is neither risk adjusted nor risk stratified. Higher risk patients will certainly be at greater risk of having a fall with major injury. Although measuring the number of falls without risk adjustment would enable clear understanding of the incidence of falls, it is critical to bear in mind that provider incentives will be affected because CMS plans to begin public reporting of this measure in January 2021. In addition, if payment is eventually tied to this measure, provider incentives will change still more. In the absence of risk adjustment, providers will be punished for accepting patients at higher risk of falls and adverse selection of patients is likely to become an issue. It is therefore critical for this measure to be risk adjusted. The Alliance recommends that any falls measure that is publicly reported be risk adjusted.

Notwithstanding, the Alliance recognizes the need to have transparent information on falls so that home health agencies can engage in quality assurance and performance improvement initiatives. Ideally, agencies should treat any fall with major injury as a

sentinel event, focusing their efforts on understanding the root cause of such incidents so that they can prevent similar falls in the future. In order to provide agencies meaningful information for quality improvement efforts, the Alliance recommends that home health agencies receive confidential feedback reports that contain the falls measure data that is not risk adjusted. Risk stratification, however, could prove useful for agencies in their quality improvement efforts. For example, it would be helpful to understand the percentages of low-, medium-, and high-risk patients, respectively, that had a fall with major injury. This information could enable home health agencies to better target their quality improvement efforts.

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Thank you for the opportunity to comment on this notice. Should you have any questions, please contact me at 571-527-1530 or [tlee@ahhqi.org](mailto:tlee@ahhqi.org).

Sincerely,

/s/

Teresa L. Lee, JD, MPH  
Executive Director