



July 15, 2013

Acumen, LLC  
500 Airport Blvd., Suite 365  
Burlingame, CA 94010

**RE: CMS Proposed Home Health Claims-Based Rehospitalization and Emergency Department Use Quality Measures**

To Whom It May Concern:

I am writing on behalf of the Alliance for Home Health Quality and Innovation (the "Alliance") in response to the Centers for Medicare and Medicaid Services' request for Public Comment on the **Proposed Measures for Home Health Claims-Based Rehospitalization and Emergency Department Use Quality Measures**.<sup>1</sup> Thank you for the opportunity to provide comments on this critical initiative to improve the quality of patient care.

**About the Alliance for Home Health Quality & 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 through quality and innovation. We are also 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. Our comments on the proposed home health quality measures reflect consensus from our membership and our Quality and Innovation Working Group, which is comprised of medical and quality officers from our member organizations.

Our comments on the proposed measures are as follows:

- I. The Alliance supports the use of claims-based measures to track 30-day rehospitalization and ED use as a means to measure home health agency performance.**

---

<sup>1</sup> Centers for Medicare and Medicaid Services, *2. Rehospitalization During the First 30 Days of Home Health, and Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health*, CMS Quality Measures Public Comment Page, CMS.gov (July 10, 2013, 3:44 PM ET), <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/CallforPublicComment.html>.

The proposed measures include two claims-based measures: (1) Rehospitalization during the first 30 days of home health (hereinafter “Rehospitalization Measure”); and (2) Emergency Department Use without Hospital Readmission during the first 30 days of Home Health (hereinafter “ED Use Measure”).<sup>2</sup>

The Alliance supports basing these measures on claims data. Additionally, we agree with the conclusions in the Technical Briefing Memo that claims data is often “more reliable.”<sup>3</sup> Recently commissioned Alliance data analysis has similarly found that measuring a 30-day acute care rehospitalization rate from home health yields varying results depending on whether the data source is Medicare claims or OASIS.<sup>4</sup> Our analysis compared 30-day home health readmission rates calculated from Medicare claims to those reported in OASIS-C, using a five percent sample of Medicare beneficiaries with an index hospitalization and subsequent home health admission on or before January 1, 2010.

Key findings from this data analysis indicated that both data sources independently produced similar 30-day aggregate readmission rates. However, the readmissions data reported in the claims were substantially incongruent with the same measure using OASIS data, as evidenced by the fact that only sixty percent of readmissions identified in Medicare claims had corresponding OASIS assessments capturing the readmission. The primary reason for this disconnect is that home health agencies do not always receive complete information to determine whether a patient has been admitted to the acute care hospital (or whether, for example, the patient was held in observation). Consequently, using Medicare claims is more reliable in determining whether patients have been admitted to the hospital, used the Emergency Department, or been placed in observation.

For this reason, the Alliance supports the use of Medicare claims data in the Hospitalization Measure and the ED Use Measure noting that there may be critical uses for OASIS data in the risk adjustment of these measures. (*See infra* Section III.a. of this comment letter.)

Moreover, the Alliance supports the Rehospitalization and ED Use Measures as an effort to harmonize home health quality measures with those of hospitals. Measure harmonization is critical to aligning incentives between hospitals and post-acute care providers such as home health. Having a standardized 30-day rehospitalization measure from home health will enable home health providers to work in concert with hospitals to reduce unnecessary rehospitalizations and the Alliance supports CMS’s effort to pursue this harmonization.

The Alliance further supports continued reporting of acute care hospitalization (ACH). The current ACH measure is over a 60-day episode and captures both hospitalization and

---

<sup>2</sup> *Id.*

<sup>3</sup> Acumen, *Draft: Home Health Claims-Based Rehospitalization Quality Measures Technical Briefing Memo*, CMS.gov (June 1, 2013) (hereinafter “Technical Briefing Memo”), <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/HH-Claims-Based-Rehospitalization-Measures-for-Public-Comment-.zip> (Opens File Packet).

<sup>4</sup> Al Dobson et al., *Validation of an OASIS-Based Home Health 30-Day Readmission Measure with Medicare Claims Data*, Alliance for Home Health Quality and Innovation (June 18, 2013), [http://ahhqi.org/images/uploads/1\\_Dobson\\_DaVanzo\\_Readmission\\_Validation\\_Findings\\_-\\_Final\\_6.19.13.pdf](http://ahhqi.org/images/uploads/1_Dobson_DaVanzo_Readmission_Validation_Findings_-_Final_6.19.13.pdf).

rehospitalization within the standard Medicare home health episode. We believe that this measure continues to be valuable because it captures hospitalizations that are not preceded by an acute care hospitalization.

**II. Increased transparency regarding the development of measures is critical to ensure that proposed measures accurately capture the nature of home health care clinical practice and post-acute care.**

The Alliance is encouraged that CMS has worked with both the National Quality Forum (“NQF”) and the National Priorities Partnership (“NPP”) to develop the proposed quality measures. As a member of NQF, the Alliance supports NQF’s work to endorse measures used to measure the quality of care. We would encourage CMS to consider seeking additional input from the community and public when developing quality measures.

Although NQF endorses measures, the organization’s focus is not on measure development.<sup>5</sup> NQF’s contract with the Department of Health and Human Services focuses on five key areas:

- (1) make recommendations on a national strategy and priorities; (2) endorse quality measures, which involves a process for determining which ones should be recognized as national standards; (3) maintain—that is, update or retire—endorsed quality measures; (4) promote electronic health records; and (5) report annually to Congress and the Secretary of HHS.<sup>6</sup>

While NQF provides high quality work in endorsing measures, the Alliance would urge CMS to consider an open door forum or town hall meeting on the development of such proposed measures. This would permit a full and open discussion with a broader audience. Increased transparency about the development of measures, including specifics about the rationale and methodology used to calculate measures, would allow clinical experts to provide more detailed and meaningful comments on future proposed measures.

**III. Additional Considerations for the Proposed Rehospitalization Measure and the Proposed ED Use Measure**

**a. Risk Adjustment Methodology**

Both the Proposed Rehospitalization and ED Use Measures incorporate three measures of health status for risk adjustment, including CMS’ Hierarchical Condition Categories (HCC), Diagnosis-Related Groupings, and Activities of Daily Living.<sup>7</sup> The Alliance supports the

---

<sup>5</sup> GAO, *Health Care Quality Measurement: The National Quality Forum Has Begun a 4 Year Contract with HHS* (June 2010), <http://www.gao.gov/new.items/d10737.pdf>.

<sup>6</sup> *Id.* at 2.

<sup>7</sup> CMS, *Draft: Rehospitalization During the First 30 Days of Home Health*, CMS.gov (June 1, 2013), at 7 (File Name “HH\_HH\_Rehospitalization\_Draft”); and CMS, *Draft: Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health*, CMS.gov (June 1, 2013), at 7 (File Name “HH\_HH\_ED Use without Hospital Readmission\_Draft”), both available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/HH-Claims-Based-Rehospitalization-Measures-for-Public-Comment-.zip> (Opens File Packet).

inclusion of condition-related information, but asks that CMS consider including additional functional, medical, cognitive and social support data from the OASIS data set that are already known to be potential quality measure risk adjustment factors.

In particular, the proposed measures include the following ADLs for risk adjustment: Dressing upper or lower body (OASIS fields M1810 or M1820); Bathing (M1830); Toileting (M1840); Transferring (M1850); and Ambulation (M1860). It is not clear why only these ADLs have been chosen for the purposes of risk adjustment.

There are other data points in OASIS that may be strong predictors of risk for hospitalization and it is similarly unclear why these data points were excluded. The attached comparison document of OASIS-C and OASIS-C1 identifies these items and are marked in the far right column with the notation “PRA.” Current materials accompanying the proposed measures do not indicate whether these items were taken into consideration.

In addition, existing research on home health care suggests that certain risk factors could be particularly significant predictors of the risk of rehospitalization. For example, researchers have found that factors associated with risk of rehospitalization included dyspnea severity at the home health admission in addition to the number of prior hospital stays.<sup>8</sup> Based on this research, the OASIS-C questions related to cardiac status (e.g. M1500, M1510) may be effective data points for risk adjustment. Social environmental factors, like the frequency of caregiver services, can function as predictors of rehospitalization.<sup>9</sup> The OASIS-C Care Management question provides an indication of whether a caregiver is present and able to assist the patient with care (e.g., OASIS C M2100 or OASIS C-1 M2102). These examples indicate that there might be additional data in the OASIS assessment that could potentially provide meaningful information for risk adjustment.

The Alliance recommends that CMS consider additional OASIS items, described above, for risk adjustment in the proposed measures. Further, the Alliance recommends that CMS publicly provide a clear list of the risk adjustment factors used to calculate the measure, with an explanation as to why certain OASIS items have been included or excluded.

Finally, it is important to note that in some cases, patients may be discharged from the hospital prematurely. In such cases, rehospitalization would be appropriate for that patient. CMS should consider whether there is any means to assess whether patients have been discharged from the hospital prematurely and if risk assessment may account for this factor.

---

<sup>8</sup> See e.g., E.A. Madigan et al., *Rehospitalization in a national population of home health care patients with heart failure*, 47 *Health Services Research* 2,316-38 (Dec. 2012); abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/22524242>.

<sup>9</sup> Hong Tao et al., *The Influence of Social Environmental Factors on Rehospitalization Among Patients Receiving Home Health Care Services*, 35 *Advances in Nursing Science* 346-58 (2012); abstract at: [http://journals.lww.com/advancesinnursingscience/Abstract/2012/10000/The\\_Influence\\_of\\_Social\\_Environmental\\_Factors\\_on.7.aspx](http://journals.lww.com/advancesinnursingscience/Abstract/2012/10000/The_Influence_of_Social_Environmental_Factors_on.7.aspx).

## **b. Exclusions**

The Alliance supports the exclusions of Low Utilization Payment Adjustment (LUPAs) from the denominator calculation in both measures, but notes that there may be multiple factors leading to the decision for such early discharges from home care. The Alliance recommends that CMS provide more detail to explain the decision to exclude LUPAs.

In addition, the Alliance supports CMS's decision to exclude planned hospitalizations from the numerator of both measures. In the calculation algorithm for the 30-day rehospitalization measure, the Alliance recommends that the Rehospitalization Measure explicitly exclude planned hospitalizations (as they are in the ED Use calculation algorithm). Further, the Alliance recommends that CMS publicize the list of planned admissions so that home health agencies are aware of exactly which types of admissions the measure will exclude.

Finally, it is not clear from the materials describing the 30-day Rehospitalization Measure whether patients discharged from home health prior to 30 days would be included or excluded. We recommend including patients discharged from home health within the 30-day measurement period, and ask that CMS clarify this point.

## **c. Alignment and Harmonization with Other Acute-Care Hospitalization Measures**

The Alliance supports the work done to-date to align the proposed measures with the Hospital-Wide All-Cause Unplanned Readmissions Measure ("HWR Measure").<sup>10</sup> It is critical that measures evaluating 30-day rehospitalizations and ED use from home health align with similar measures used by others in the health care system. Consistency through harmonization is important to improve coordination of care in areas like care transitions, which require clear communication between hospitals and post-acute providers like home health.

Harmonized measures are also critical for reformed models of care delivery, such as Accountable Care Organizations ("ACOs"), to succeed. ACOs and hospitals, in general, are looking for post-acute care partners with low rates of rehospitalization. Having accurate quality data on rehospitalization will enable hospitals and health systems and home health providers to communicate well.

In regard to the ED Use Measure in particular, the Alliance supports the inclusion of observation stays within the measure. There has been a lack of clarity around whether current ED Use Measures include observation stays.

In regards to alignment with the HWR measure, the Alliance supports deviations from the HWR to accommodate the unique setting of home health. Additionally, we would encourage

---

<sup>10</sup> See <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/downloads/MMSHospital-WideAll-ConditionReadmissionRate.pdf>.

CMS to consider additional data points for risk adjustment purposes, as described above in Section III.a. There is an opportunity to use the OASIS data to better predict the risk of rehospitalization and to more fairly risk-adjust the measure based on functional, medical, cognitive and social support data. As stated above, we would encourage CMS to continue to look at the OASIS data set to determine whether there are additional data points that should be included in the proposed measures.

\* \* \*

The Alliance greatly appreciates the opportunity to comment. Should you have any questions about the Alliance's comments, please contact me at (202) 239-3671 or [tle@ahhqi.org](mailto:tle@ahhqi.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'T.L. Lee', written in a cursive style.

Teresa L. Lee, JD, MPH  
Executive Director