Alliance for Home Health Quality and Innovation
Comments on Ad Hoc Measures Under Consideration
for the IMPACT Act of 2014

MUC ID	Measure Title	Alliance Comments
E0678	(NQF 0768) Percent of Residents/ Patients/ Persons with Pressure Ulcers That Are New or Worsened	While CMS is currently using this measure to collect data from home health agencies, it is not currently publicly reported. A critical issue is whether the data is reliable and accurate. There may be significant issues regarding the accurate documentation/staging of ulcers. While the Wound, Ostomy and Continence Nursing Society (WOCN) criteria are useful for documentation and staging in home health care, it is unclear whether the same criteria are used by the other post-acute care settings. It is important to note also that there is variability in application of the WOCN criteria. The way the WOCN criteria are applied is very dependent on the training of the home health professional. In addition, as the Alliance commented to the NQF when the measure originally went through the endorsement process, there are certain patients with conditions that simply make improvement with wounds impossible. For example, patients with immune system deficiencies and patients who may be pre-hospice are very unlikely to see improvements related to pressure ulcers. It is therefore impossible for this number to be zero. The Alliance recommends recognition of this issue in the context of this measure. In addition, it is important to note that this measure does not reflect steps that might be taken to improve how wounds are addressed in transitions of care. We recognize that this measure is not meant to address this issue, but developing measures to support would care in the context of care transitions may also be worthwhile. The Alliance recommends use of this measure only in the context of traditional Medicare.
S2637	(Under NQF review) Percent of Patients/Residents/	The Alliance supports a cross-setting measure on functional status. This measure, however, has not yet gone through the endorsement process. Further, CMS

	Persons with an admission and discharge functional assessment and a care plan that addresses function	is only seeking endorsement for use of this measure in long-term care hospitals (LTCH). Endorsement is not being pursued for home health care, skilled nursing facilities or inpatient rehabilitation facilities. We are concerned that this measure has never been considered as a measure for other care settings. Given that one of the goals of the IMPACT Act is to achieve harmonization across settings particularly for functional status, true testing and validation for a measure along these lines in each of the formal post-acute care settings is key. Moreover, as proposed, this measure entails collecting data on functional assessment and links to a care plan goal, but there is no data available to date on if, how or whether this is feasible and how reliable the data would be. Although common sense suggests that functional assessment is related to outcomes, there is no data on whether this particular measure is actually related to the quality of care (because there is no data that links this measure to outcomes). There is therefore no data on whether this particular measure can meaningfully identify differences among LTCH providers, nor is there data to suggest differences among different types of post-acute care providers. We understand that members of the NQF Person and Family Centered Care Committee raised very serious and significant issues and concerns about this measure. The Alliance strongly recommends that these issues be addressed and that further testing and validation be performed for all of the post-acute care settings before CMS pursues use of this measure further. Moreover, for any measure created related to function, a standardized functional assessment with the same elements needs to be used in all of the post-acute care settings. CMS should look to advancements in measurement of function that can demonstrate change in functional status and preferably avoid self-reporting. It is also not clear in this measure what steps would be considered acceptable to ensure that the care plan

		addresses functional needs. This measure has not yet been tested in any setting (neither LTCH, nor any other post-acute care setting) and it is premature for use as a cross-cutting measure for purposes of IMPACT Act implementation. The Alliance recommends that CMS pilot using the measure among all four settings and bring forward data on usability/feasibility, reliability, and impact on outcomes. This testing should be done and data should be presented before completing the NQF endorsement process. The Alliance would recommend use of this measure only in the context of traditional Medicare.
E0674	(NQF 0674) Percent of Residents/ Patients/ Persons Experiencing One or More Falls with Major Injury.	The Alliance supports the use of a measure that addresses falls, but has several concerns about the use of this measure. This measure is currently endorsed by NQF for use only in skilled nursing facilities. It is not endorsed by NQF for use in home health agencies, nor is it endorsed for 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. It is not publicly reported. Moreover, home health care is community-based, not facility-based care. If there is a fall, those falls are often not witnessed by a home health care professional. The question is whether it is possible for use of this measure to be comparable across post-acute care settings when in home health care there usually is nobody present to witness and document the fall. The Alliance is therefore concerned about the reliability of the data collection for this measure as it applies to home health care. Currently there is no uniform data collection method in home health care for falls. Some organizations use an incident reporting system, while others have nurses/therapists ask about falls on every visit. For this measure to be meaningful across settings we need standardization, or at the very

		least appropriate adjustment that takes into consideration the very different nature of home health in comparison to the facility-based settings. There also needs to be some recognition and distinction in assessment between/among falls. Our understanding is that MDS assessments distinguish between falls that result in major versus minor injuries. OASIS does not at present make distinctions. It is actually impossible to prevent falls completely. This measure does indicate that this is limited to falls with "major injury," but any assessment instrument will need to be specific about asking questions that will enable distinctions between major and minor injuries. The definitions of major versus minor injury should be standard across post-acute care setting assessment instruments. Furthermore, there will also be issues with interpretation of the measure and what steps should be taken based on a provider's performance against the measure. Given the importance of falls as a public health issue, consideration should be given to these questions of interpretation prior to putting any falls measure in place. The Alliance recommends use of this measure only in the context of traditional Medicare.
X4210	(NQF 2380) Rehospitalization During the First 30 Days of Home Health	The Alliance supports use of this measure, but continues to believe that risk adjustment for socio-economic status is needed for this and other measures of rehospitalization. There are numerous factors associated with rehospitalization. Socio-economic status is an important factor in rehospitalization that should be adjusted for to protect patients with low socio-economic status and to encourage appropriate care by the providers who serve them. In addition, Alliance members are finding that there is a correlation between rehospitalization rates and mental and behavioral health conditions. To the extent possible, risk adjustment for these conditions should be considered.

		The Alliance recommends use of this measure only in the context of traditional Medicare.