



<b>CMS Measure Under Consideration</b>	<b>Alliance Comments Submitted to National Quality Forum on December 9, 2013</b>
<p>Depression Screening Conducted and Follow-Up Plan Documented (XDFFA)</p>	<p>The Alliance appreciates the interest in developing a measure involving depression screening by home health agencies. However, there are two issues with this measure. First, the measure under consideration (and the OASIS measure for depression screening (M1730)) does not enable an answer stating that screening was not done because the patient arrived with a pre-existing diagnosis of depression. In such a case, the home health agency might not screen for depression because it would be duplicative. This should be addressed in the measure. Second, the OASIS C guidance explicitly states that CMS does not mandate depression screening as part of the conditions of participation. If this measure is created, it appears to be inconsistent with the direction of this guidance.</p> <p>While the Alliance supports depression screening in general, if the goal is to improve patient outcomes and reduce unnecessary/avoidable readmissions, we should consider other OASIS measures of cognitive functioning and behavioral and psychiatric symptoms that may be very relevant to medication management, readmission risk, functional status, risk of falls, safety, and risk of decline. Specifically, OASIS items M1700, M1710 and M1740 contain very valuable data points.</p> <p>We note that this is a process measure and that it would be preferable to have a closer connection to outcomes. Developing a follow up plan does not necessarily mean that the patient will adhere to the intervention prescribed, nor does it mean that the intervention prescribed by the patient’s physician will be an appropriate one.</p>
<p>Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health (XDAEH)</p>	<p>The Alliance submitted comments to CMS on this measure under consideration, both in the Alliance’s comments to the Home Health PPS proposed rule submitted on August 26, 2013 (at <a href="http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_on_HHPPS_FINAL_v082613.pdf">http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_on_HHPPS_FINAL_v082613.pdf</a>) and in comments to the CMS contractor on July 15,2013 (at <a href="http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_Proposed_HH_Quality_Measures_FINAL.pdf">http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_Proposed_HH_Quality_Measures_FINAL.pdf</a>). For both this measure and the Rehospitalization measure (XCHGG) the issues are the following:</p> <ol style="list-style-type: none"> <li>1. The measure is all cause and does not align well with the hospital readmission penalties, which are diagnosis specific;</li> <li>2. The measure needs to have adequate and appropriate risk adjustment.</li> </ol>
<p>Re-hospitalization</p>	<p>The Alliance submitted comments to CMS on this measure under consideration, both in the Alliance’s comments to the Home Health PPS proposed rule submitted on</p>

<p>During the First 30 Days of Home Health (XCHGG)</p>	<p>August 26, 2013 (at <a href="http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_on_HHPPS_FINAL_v082613.pdf">http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_on_HHPPS_FINAL_v082613.pdf</a>), and in comments to the CMS contractor on July 15, 2013 (at <a href="http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_Proposed_HH_Quality_Measures_FINAL.pdf">http://ahhqi.org/images/uploads/Alliance_Response_to_CMS_Proposed_HH_Quality_Measures_FINAL.pdf</a>). For both this measure and the ED use without readmission measure (XD AEH) the issues are the following:</p> <ol style="list-style-type: none"> <li>1. The measure is all cause and does not align well with the hospital readmission penalties, which are diagnosis specific;</li> <li>2. The measure needs to have adequate and appropriate risk adjustment.</li> </ol>
<p>New or Worsened Pressure Ulcers (XDFGB)</p>	<p>The Alliance recommends ensuring that any outcome measure under consideration related to new or worsened pressure ulcers address the following concerns.</p> <p>First, patients who subsequently enroll in hospice (who by definition are near the end of life) should be excluded from this measure. Such patients are very likely to be in a condition where wounds are more likely to develop and worsen. Improvement in wound conditions may not be a realistic goal.</p> <p>Second, patients with certain conditions may have wounds that simply do not heal, even with the best of clinical care. Specifically, patients with End Stage Renal Disease (ESRD), vascular diseases, motor dysfunction and/or sensory deficits, cancers, are immunocompromised, malnourished, or have chronic infections may have wounds where the expectation of healing or stopping deterioration is not a realistic goal. For such patients, sharing data with home health providers on which diseases or conditions put them at risk for pressure ulcers would be useful information. Excluding such patients from the measure might be the appropriate way to address this issue.</p> <p>Third, there are many factors that can affect the patient's outcomes. In addition to considering the patient's diagnoses, the following factors are relevant: socioeconomic status, the wound treatment care plan used, geography (whether the patient lives in a rural versus metropolitan area), age of the patient, and if a caregiver lives with patient. Clinical factors include: nutrition status including serum albumin levels, hydration, incontinence, and other risk factors including diminished tissue perfusion and tissue oxygenation.</p>