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# Pre-Rulemaking Measure Review (PRMR) PAC-LTC Recommendation Group Meeting

Nicole Brennan | Battelle
Brenna Rabel | Battelle

January 22, 2024

Contract Number 75FCMC23C0010

# Welcome and Review of Meeting Objectives

Nicole Brennan

# Agenda

- Welcome and Roll Call
- Disclosures of Interest
- Centers for Medicare & Medicaid Services (CMS) Opening Remarks
- Overview of 2023 PRMR Process and Voting
- Voting Test
- Measure Review
- Discussion of Patient Experience Measures in Skilled Nursing Facilities

# Community Guidance

- Respect all voices
- Remain engaged and actively participate
- Keep your comments concise and focused
- Be respectful and allow others to contribute
- Share your experiences
- Learn from others

# Introductions and Disclosures of Interest

Kate Buchanan

# Introductions

## Battelle Staff

- Nicole Brennan, DrPH, MPH – Executive Director
- Brenna Rabel, MPH – Technical Director
- Jeff Geppert, JD, EdM – Scientific Methods Lead
- Kate Buchanan, MPH – Deputy Task Lead
- Lydia Stewart-Artz, PhD – Measure Evaluation Lead
- Isaac Sakyi, MS – PRMR Team

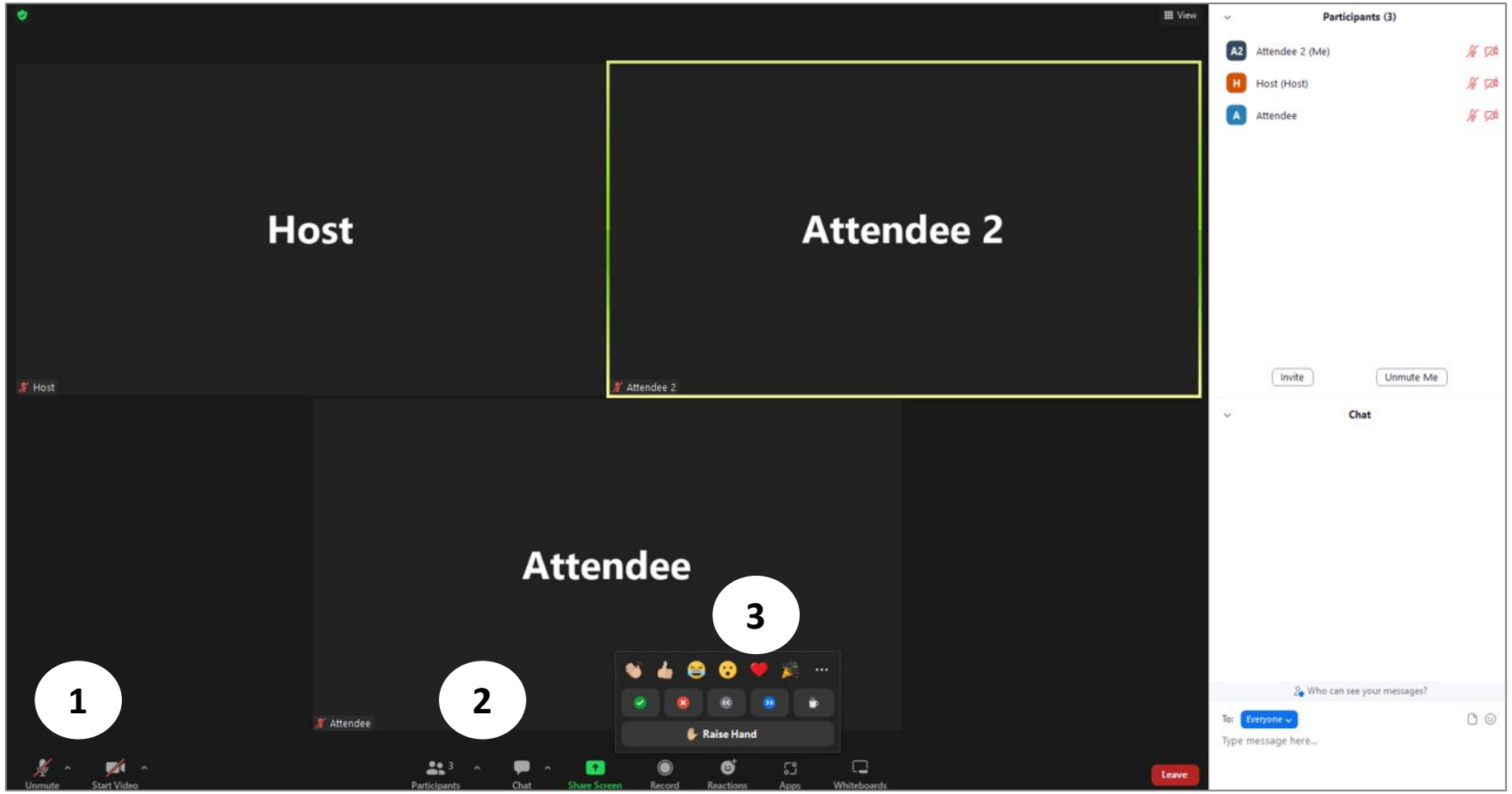
## CMS Staff

- Michelle Schreiber, MD, Director, Quality Measurement & Value Based Incentives Group (QMVIG), Center for Clinical Standards and Quality (CCSQ)
- Stephanie Clark, MD, MPH, MSHP, Medical Officer, CCSQ
- Rebekah Natanov, MPH, Quality Measure Lead, CMS

# Housekeeping Reminders

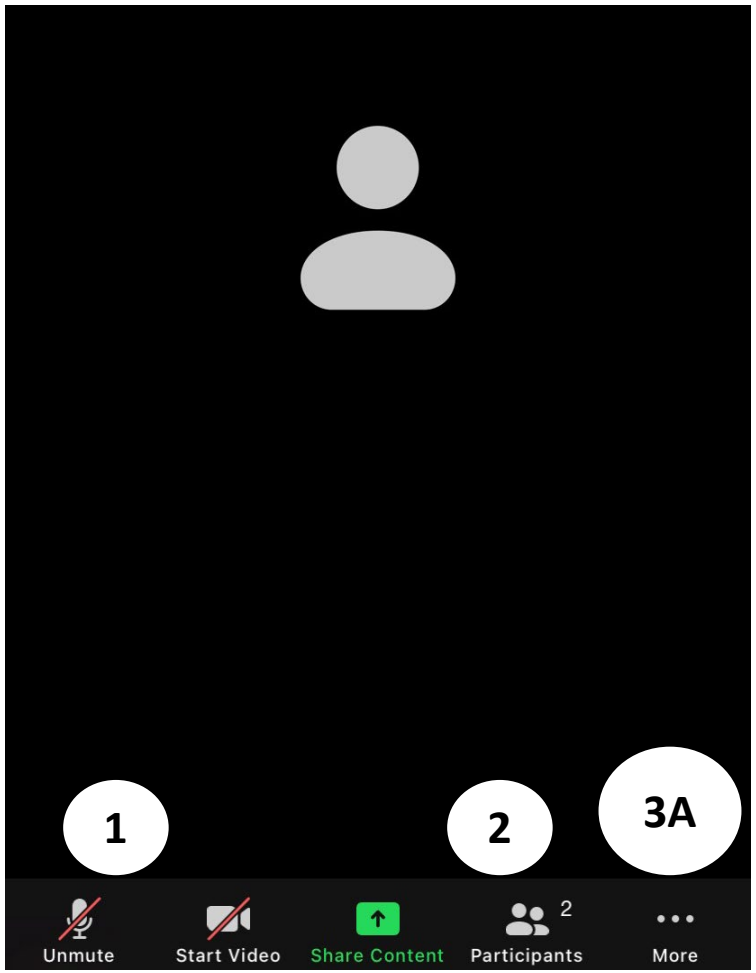
- Housekeeping reminders:
  - Review webinar settings for attendees
  - Please state your first and last name if you are a call-in user
  - We encourage you to keep your video on throughout the event
  - Feel free to use the chat feature to communicate with Battelle staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org

# Using the Zoom Platform




1. Click the lower part of your screen to mute/unmute, start, or pause video
2. Click on the participant or chat button to access the full participant list or the chat box
3. To raise your hand, select the raised hand function under the reactions tab

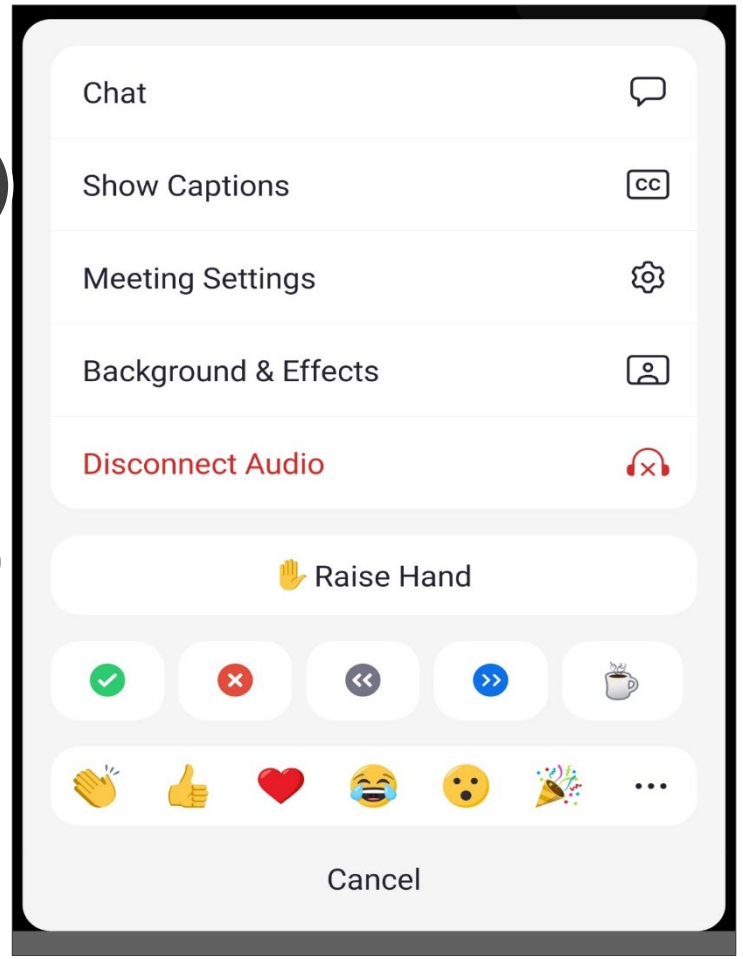
# Using the Zoom Platform (Phone View)




1. Click the lower part of your screen to mute/unmute, start or pause video

2. Click on the participant button to view the full participant list

3. Click on “more” button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab



# Conflict of Interest (COI) and Disclosure of Interest (DOI)

- Each PRMR Committee Member is required to complete
  - Initial personal/organizational Disclosure of Interest (DOI) form during the nomination process.
  - "Measure-specific DOI" form for each measure, or batch of measures, assigned to the committee.

## Measure-Specific COI Guidance

A member has directly and substantially contributed to the development of a measure or measures being considered for selection or removal.

- The member or their spouse, domestic partner, or child could receive a direct financial benefit from a measure being recommended for selection or removal.
- In the last 5 years, the member has received an indirect financial benefit, i.e., not related to the measure under review, of $10,000 or more from a measure developer whose measure is under review, or an indirect financial benefit of $10,000 or more, in the aggregate, from an organization or individual which may benefit from a measure being considered for the selection or removal process.
- Member is currently employed by the measure developer and the developer has created the measure(s) under review, has created measure(s) in the topical area under review, or has created measure(s) that compete with measure(s) created by another developer and are under review.
- Member participated in the development, review, or served as a technical expert panel member for a measure under review.

# Roll Call & Disclosures of Interest

## Co-chairs: Kate Lally & Janice Tufte

- Carol Siebert
- Caroline Blaum
- Cathy Lerza
- Crystal Ukaegbu
- Danielle Grotzky
- Donna Bednarski
- J Coomes
- Janet Pue
- Janice Tufte
- Jeremy Benton
- Kate Lally
- Kimberly Rask
- Kiran Sreenivas
- Lara Burrows
- Mary Ellen DeBardeleben
- Maureen Albertson
- Terrie Black
- Theresa Edelstein
- Warren Jones
- William Logan

# PRMR Co-Chair Introductions

Brenna Rabel

# CMS Opening Remarks

Michelle Schreiber

# PRMR Process and Evaluation Criteria

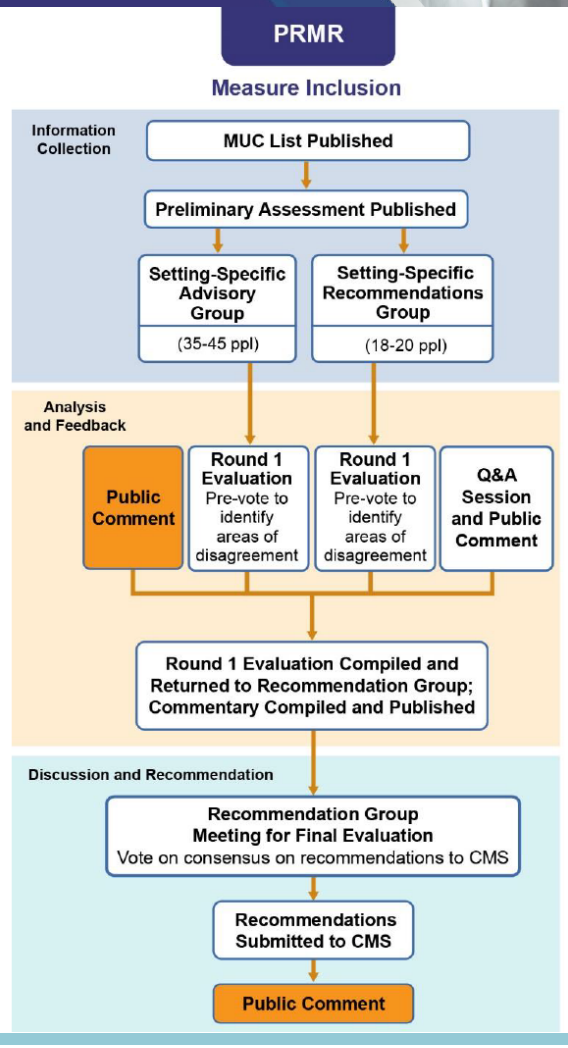
Kate Buchanan

# PRMR Process

**The PRMR process builds consensus regarding Measures Under Consideration (MUC) list measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs.**

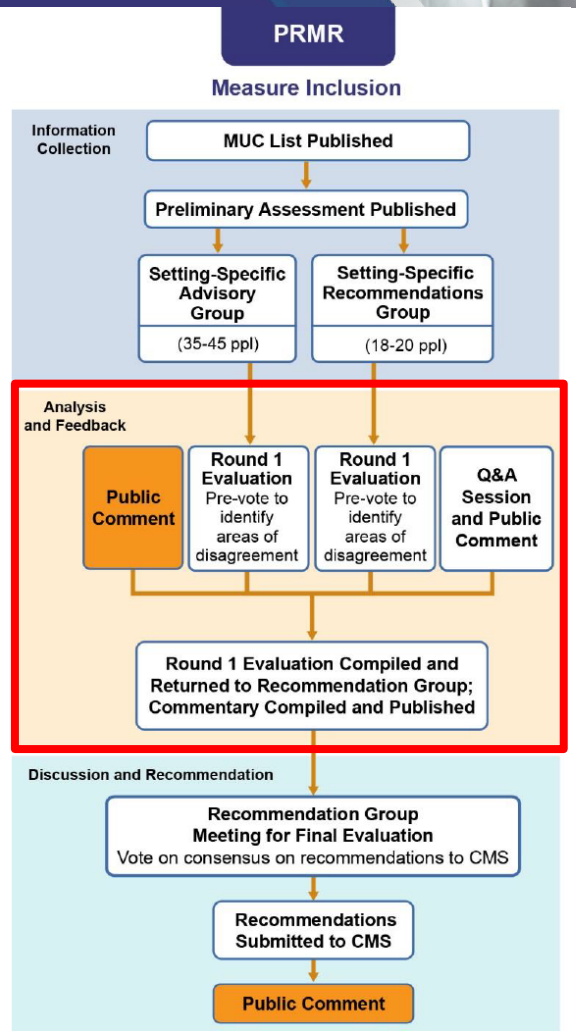
Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation



# PRMR Process: Analysis and Feedback

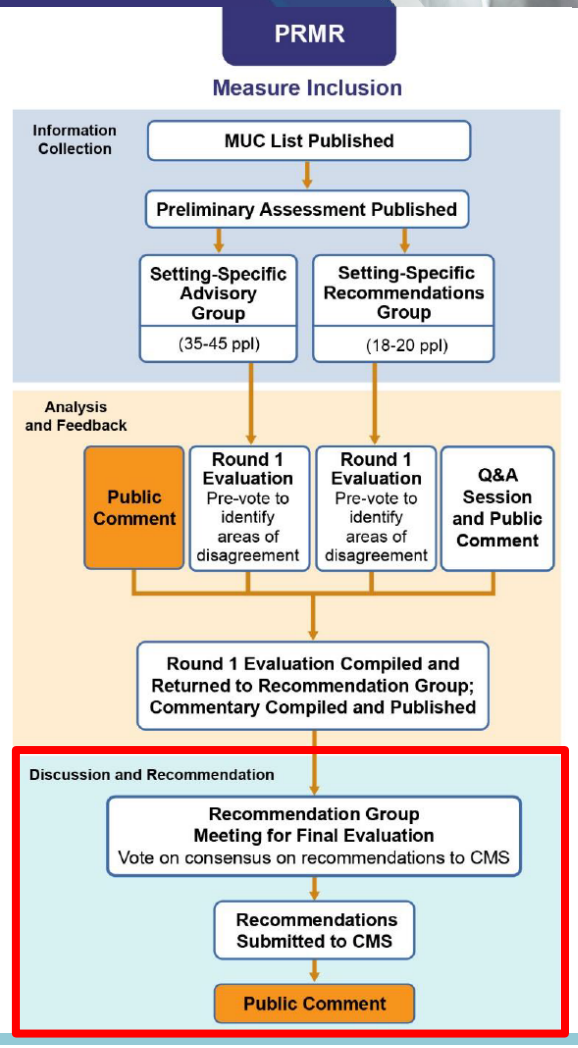
- **Round One Evaluation**
  - Advisory group and recommendation group members review preliminary assessments (PAs). They submit initial ratings on the measures with explanations. On average we received:
    - 31 responses per Hospital measure.
    - 20 responses per Clinician measure.
    - 34 responses per PAC/LTC measure.
- **Public Comment and Listening Sessions**
  - Battelle held a 21-day call for public comment between Dec. 1 – Dec. 22.
    - 495 written public comments from 147 organizations and 49 patients
  - PQM hosted three public listening sessions in December, one per setting:
    - 458 attendees
    - 70 people provided comments



# PRMR Process: Discussion and Recommendation

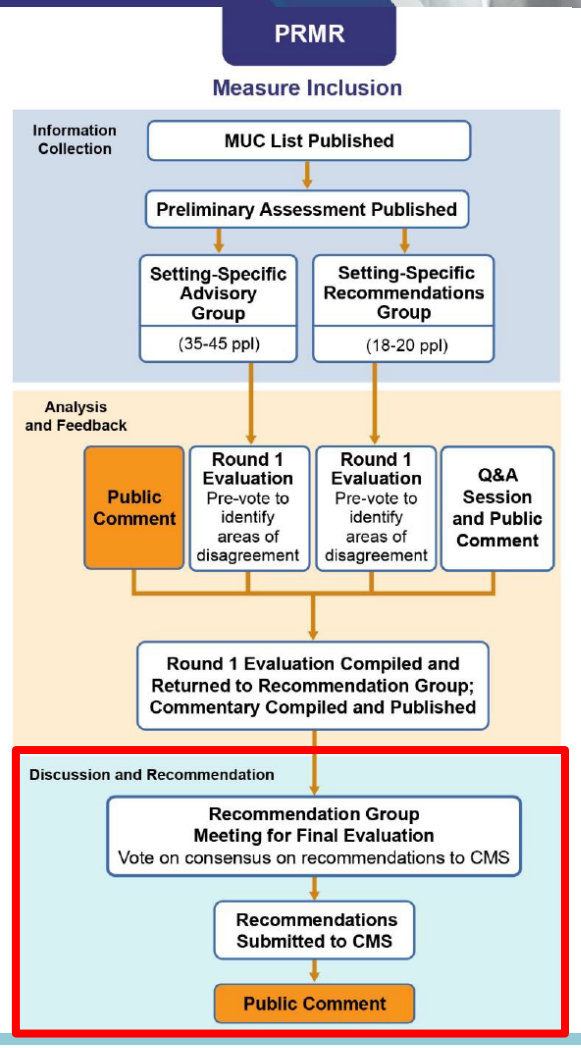
## Today's Meeting: Recommendation Group Meeting for Final Evaluation

- In January, the recommendation groups meet to discuss issues/concerns raised during the public comment period and feedback from the advisory groups.
- The meeting agenda prioritizes areas of non-consensus identified in the analysis and feedback phase.
- The recommendation group meetings for final evaluation involves:
  - An efficient iterative voting process to ensure a meaningful approach for making final recommendations.
  - Trained facilitators and committee-selected lead discussants.
- Recommendations from the meeting are submitted to CMS.



# PRMR Process: Discussion and Recommendation (cont.)

- Final recommendations from the recommendation group will be published February 1 on the PQM website.
- There will be a 15-day second public comment period.
- The intent of this opportunity is to provide additional feedback on MUC and the final recommendations to CMS.



# Recommendation Group Meeting Structure

**Committee members review measure information & discuss preliminary ratings.**

Guided by Facilitator & Co-Chair Led Consensus-Building

**Discuss potential "benefits" and "harms" for inclusion of the measure**

Importance • Scientific Acceptability • Feasibility • Usability • Alternative Measures • Appropriateness of Scale • Time to Value Realization

**Additional Perspectives from Public Comment**

**Recommend, Recommend with Conditions, or Do Not Include**

**End of Session: Committee consensus (≥75%) on whether measure should be considered for the Designated Program.**

# Establishing Consensus

| Recommend (A) | Recommend with Conditions (B) | Do Not Recommend (C) | Consensus Voting Status |
|---|---|---|---|
| 75% or More | | | Recommend (A) |
| | 75% or More | | Recommend with Conditions (B) |
| | | 75% or More | Do Not Recommend (C) |
| 75% or More | | | Recommend with Conditions (B) |
| | | Between 25%-75% | No Consensus |

# PRMR Evaluation Criteria

| Criteria/Assertions | Evidence is complete and adequate | Evidence is either incomplete or inadequate but there is a plausible path forward | Evidence is either incomplete or inadequate and there is no plausible path forward |
|---|---|---|---|
| *Meaningfulness:* Importance, feasibility, scientific acceptability, and usability & criteria met for measure considering the use across programs and populations | | | |
| *Appropriateness of scale – Patients/recipients of care:* measure is implemented on patients/ recipients of care appropriate to the purpose of the program | | | |
| *Appropriateness of scale – Entities:* measure is implemented on entities appropriate to the purpose of the program | | | |
| *Time to value realization:* measure has plan for near- and long-term positive impacts on the targeted program- population as measure matures | | | |
| Overall | **Recommend** | **Recommend with conditions** | **Do not recommend** |

- **Meaningfulness**: Has it been demonstrated that this measure meets criteria associated with importance, scientific acceptability, feasibility, usability, and use for the target population and entities of the program under consideration?
- **Appropriateness of scale**: Is the measure balanced and scaled to meet program-target population specific goals? Examine how potential benefits and harms of the measure are distributed across subpopulations.
- **Time to value realization**: To what extent does current evidence suggest a clear pathway from measurement to performance improvement?

# Establishing Consensus

Consensus requires a minimum of 75% agreement among voting members.

Facilitators address areas of disagreement and the views of those in the voting minority to encourage meaningful, inclusive discussions to establish more convincing consensus decisions.

The voting quorum is at least 80% of active committee members (recommendation group), who have not been recused.

# Quorum Requirements

- **Discussion quorum:** The discussion quorum requires the attendance of at least 60% of the recommendation group members at roll call at the beginning of the meeting.
- **Voting quorum:** The voting quorum requires at least 80% of active recommendation group members, who have not been recused.
  - In the case of the voting quorum not being met, we will collect the votes for those present and follow up with absent participants until a voting quorum is reached.

**It is extremely important to the process to have voting quorum and we kindly request you stay for votes.**

# Online Voting

Online voting via Voteer (backup: Veevox)

Link provided via email to voting members

Vote at time indicated by facilitator for each measure

**If you need voting assistance, please email Isaac Sakyi at sakyi@battelle.org**

# Break

Meeting resumes at 11:00 am ET

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# PAC/LTC Committee Measure Review

# Conditions

| Activities that CMS might undertake in the current rule-making cycle | Other activities that CMS might undertake longer term |
|---|---|
| In general, conditions that do not change the ways that the entity responds to the measure | In general, conditions that do change the ways that the entity responds to the measure |
| Commitments to additional testing of meaningfulness criteria | Re-specification of the measure focus |
| Commitments to obtaining endorsement | Re-specification of the target population |
| Stratification in reporting | Add or remove risk factors in the risk-adjustment model |
| Development of implementation guidance | |
| Limitation of implementation to the plan/group level (if tested at multiple levels) | |

# Not Conditions

| | |
|---|---|
| Changing or expanding the target population | Change the level of analysis (plan vs. clinician) |
| Changing the accountable entity (primary care vs. specialist) | Change in the quality or payment program (no option in MIPS for reporting only) |

# No Consensus

- No consensus is a valuable result and truly speaks to the community's thoughts on a measure.
- We will present to CMS a detailed overview of the conversation including all the drivers and barriers to moving the measure forward.
- If conditions were discussed we will present those conditions and notate why even with those conditions some committee members couldn't approve the measure.
- We are making recommendations to CMS to inform their decision making, and a nuanced result of no consensus is as powerful a result as any of the others.

# Hospice Quality Reporting Program Measures Under Review –Timely Reassessment Measures

# MUC2023-163 Timely Reassessment of Pain Impact

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - The Timely Reassessment of Pain Impact measure captures the percent of hospice patient assessments that have a pain reassessment within 2 days when pain impact was initially assessed as moderate or severe.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | All hospice patients | Not Endorsed | Facility |

# MUC2023-163 Overview of Round 1 Evaluation and Public Comment

## Round 1 Evaluation Feedback

- Of the returned evaluations, around 90% of committee members rated the assertions as "evidence is either incomplete or inadequate, but gaps are addressable."
- Concerns:
  - Unclear how a process measure addresses a patient's pain better than patient-reported outcome measures.
  - No reliability information.
  - Concerns about overuse of exclusions.

## Public Comment

- Received 3 written public comments, 1 support, 1 support with conditions, and 1 oppose.
- Support:
  - Support for intent of the measure.
  - Timely reassessment of pain is an important aspect of patient-centered hospice care.
- Oppose:
  - Measure should go through consensus-based entity (CBE) endorsement.
  - Feasibility challenges.

# MUC2023-163 Discussion Topics

- What are the potential benefits to patients should this measure be used in the Hospice QRP?
  - Are there any potential negative unintended consequences to patients to consider?

- How do the measure exclusions impact the meaningfulness and appropriateness of scale for this measure?

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# Voting

Please follow the link provided via email to committee members.

**If you need voting assistance, please email Isaac Sakyi at sakyi@battelle.org**

# MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - The Timely Reassessment of Non-Pain Symptom Impact measure captures the percent of hospice patient assessments that have non-pain symptom(s) reassessment within 2 days when symptom impact was initially assessed as moderate or severe.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | All hospice patients | Not Endorsed | Facility |

# MUC2023-166 Overview of Round 1 Evaluation and Public Comment

## Round 1 Evaluation Feedback

- Of the returned evaluations, around 85% of committee members rated the assertions as "evidence is either incomplete or inadequate, but gaps are addressable."
- Concerns:
  - No correlation that the measure improved symptom control.
  - Feasibility/burden is uncertain.
  - Social determinants of health (SDOH) not addressed.
  - Questions on Hospice Outcomes & Patient Evaluation (HOPE) assessment; implementation of HOPE tool and more data would be beneficial.

## Public Comment

- Received 2 written public comments, 1 support with conditions, and 1 oppose.
- Support:
  - Intent of measure and recognition of symptom management is an important aspect of patient-centered hospice care.
- Oppose:
  - Should go through CBE endorsement.
  - Calculations should exclude those situations in which the patient's pain/non-pain symptoms are at or below the patient's self-determined desired level.
  - Concerns about feasibility.

# MUC2023-166 Discussion Topics

- How the benefits associated with this measure (e.g., encouraging facilities to prioritize the recognition of non-pain symptoms and symptom management) weigh against the perceived challenges (e.g., feasibility challenges around the use of the HOPE tool and the inability to track or address SDOH)?

- Who is most likely to benefit from this measure? Are specific patient groups more likely to benefit than others?

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# Voting

Please follow the link provided via email to committee members.

**If you need voting assistance, please email Isaac Sakyi at sakyi@battelle.org**

# Hospice Quality Reporting Program Measures Under Review – Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey

# MUC2023-183 CAHPS Hospice Survey-Care Preferences

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - Care Preferences is a multi-item measure derived from the CAHPS Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. The Care Preferences measure is composed of responses that address the care team's effort to listen to the things that mattered most to the patient/family and provision of care that respected patient wishes.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| PRO-PM or Patient Experience of Care | All Payer | Endorsed | Facility |

# MUC2023-191 CAHPS Hospice Survey Hospice Team Communication

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - Hospice Team Communication is a multi-item measure derived from the CAHPS Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. The Hospice Team Communication measure is composed of responses to the following five Hospice Team Communication focused survey items:
    - How often did the hospice team let you know when they would arrive to care for your family member?
    - How often did the hospice team explain things in a way that was easy to understand?
    - How often did the hospice team keep you informed about your family member's condition?
    - How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
    - While your family member was in hospice care, how often did the hospice team listen carefully to you?

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| PRO-PM or Patient Experience of Care | All Payer | Endorsed | Facility |

# MUC2023-192 CAHPS Hospice Survey Getting Hospice Care Training

- **Measure Steward:** CMS
- **Brief Description of Measure:**
  - Hospice Team Communication is a multi-item measure derived from the CAHPS Hospice Survey, Version 9.0, a 39-item standardized questionnaire and data collection methodology. The survey is intended to measure the care experiences of hospice decedents and their primary caregivers. The Getting Hospice Care Training measure is composed of responses to a survey item on receipt of training on caring for a family member.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| PRO-PM or Patient Experience of Care | All Payer | Endorsed | Facility |

# MUC2023-183, 191, 192 Overview of Round 1 Evaluation and Public Comment

## Round 1 Evaluation Feedback

- Of the written responses, between 85%-95% of committee members rated the assertions as "evidence is complete and adequate" or "evidence is either incomplete or inadequate, but gaps are addressable."
- Concerns:
  - Low response rates.
  - Some concerns about wording—examples include the word "respect," "family member's wishes," and differences between what is said and what is felt.
  - Gap by social risk factors/concerns for hospice providers serving rural/under-resourced communities.

## Public Comment

- Received 5 written public comments, all were supported with conditions.
- Support:
  - Intent of measure and relevance to improving patient experience.
  - Reduced family burden with shorter questionnaire.
- Concerns:
  - Duplication of question intent with Communication with Family Composite and Treating Patient with Respect Composites.
  - Response rate on CAHPS surveys continues to decline; additional items added to the survey should be balanced by removing other items to minimize the response burden on consumers.

# MUC2023-183,191,192 Discussion Topics

- Both Round 1 Evaluations and Public comment feedback cited declining HCAHPS response rates as a limitation of the measures. To what extent do you believe this should impact whether to recommend the measure for use in the program?

- Round 1 Evaluations cited concerns about hospice providers in rural/under-resourced communities. Which concerns are most significant, and how might they be overcome?

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# Voting

Please follow the link provided via email to committee members.

**If you need voting assistance, please email Isaac Sakyi at sakyi@battelle.org**

# Lunch Break

Meeting resumes at 1:15 pm ET

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# Discussion of Patient Experience Measures in Skilled Nursing Facilities

# Patient Reported Outcome Measures in the SNF QRP

PQM PRMR Post-Acute Care/Long-Term Care (PAC/LTC) Recommendation Group Meeting

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Hearing the Resident's Voice is Important to Achieving Person-Centered Care

- CMS defines person-centered care as integrated healthcare services delivered in a setting and manner that is responsive to the individual and their goals, values and preferences, in a system that empowers residents and providers to make effective care plans together.[1]

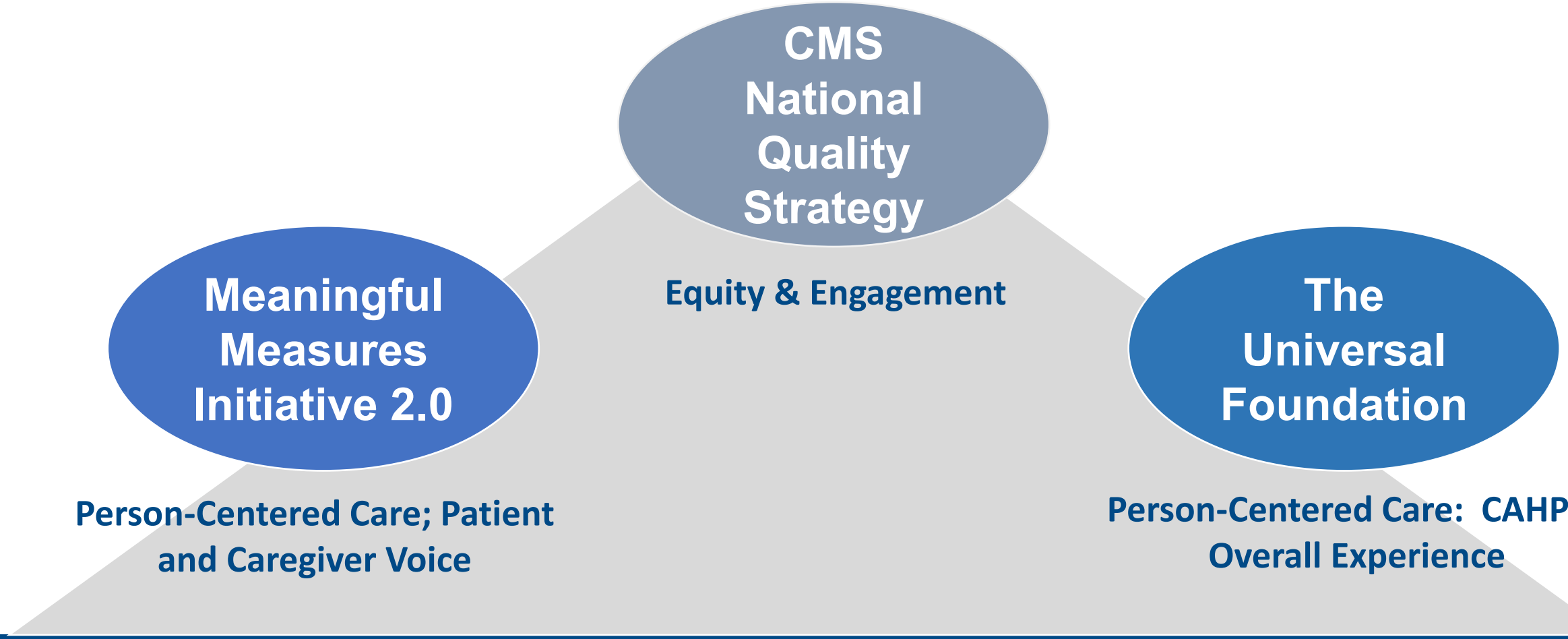
[1] Centers for Medicare & Medicaid Services. Innovation Center. Person-Centered Care. *https://innovation.cms.gov/key-concepts/person-centered-care*.

# Measuring Patient Experience is Critical to Achieving Person-Centered Care

Person-centered care is achieved when healthcare providers and individuals work collaboratively, and allows individuals to make informed decision about their treatment.

Self-reported measures, including questionnaires assessing the individual's experience and satisfaction in receiving healthcare services, are widely used to assess the effectiveness of person-centered care practices.

# A Patient Experience/Satisfaction Measure Aligns with CMS' Goals and Priorities






CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Value of Measuring Patient Experience/Satisfaction is Supported in Peer-Reviewed Literature

- One study demonstrated higher (that is, better) resident satisfaction is associated with the SNF receiving fewer deficiency citations from regulatory inspections of the SNF, and is also associated with higher perceived service.
  - [1]Li, et al. *Med Care Res Rev.* 2016
- Other studies of the relationship between resident satisfaction and clinical outcomes suggest that higher overall satisfaction may contribute to lower 30-day readmission rates and better adherence to treatment recommendations.
  - [2]Boulding, et al. *Am J Manag Care*. 2011; [3]Carter, et al. *BMJ Qual Saf.* 2018; [4]Anderson, et al. *J Patient Exp.* 2020; [5]Barbosa, et al. *Patient Prefer Adherence.* 2012; [6]Krot, et al., *Econ Sociol.* 2019

# Currently, There Is No National Standardized Questionnaire Used to Measure Patient Reported Outcomes of Care in SNFs

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) patient experience surveys are currently required for CMS inpatient hospitals, outpatient hospital and ambulatory surgery centers, home health agencies, hospice agencies, dialysis centers. They are also incorporated into the Merit-based Incentive Payment System (MIPS) and the Medicare Advantage and Prescription Drug Plan contracts.
- The CAHPS® Nursing Home Survey: Discharged Resident Instrument (NHCAHPS-D) was developed by the Agency for Healthcare Research and Quality (AHRQ) and the CAHPS® consortium, but has not been widely adopted.

# Tools for Discussion Today

**The CoreQ: Short Stay Measure**

**CAHPS® Nursing Home Survey: Discharged Resident Instrument**

# CoreQ: Short Stay (SS) Discharge (DC) Measure

- **Measure Description:** A resident-reported outcome measure based on the CoreQ: SS DC questionnaire that calculates the percentage of residents discharged in a 6-month period from a SNF, within 100 days of admission, who are satisfied with their SNF stay.
- **CBE Endorsed:** Yes
- **Number of Questions:** 4
- **Administered by:** Mail
- **Questions Relate to:** Overall rating of staff; Overall rating of facility; Overall rating of care received; How well discharge needs were met

# CoreQ: Short Stay (SS) Discharge (DC) Measure

| Primary questions used in the CoreQ: Short Stay Discharge Questionnaire | Response Options for the CoreQ Questions |
|---|---|
| 1. In recommending this facility to your friends and family, how would you rate it overall? | Poor (1) |
| 2. Overall, how would you rate the staff? | Average (2) |
| 3. How would you rate the care you received? | Good (3) |
| 4. How would you rate how well your discharge needs were met? | Very Good (4) |
| | Excellent (5) |

# CAHPS® Nursing Home Survey: Discharged Resident Instrument

- The Agency for Healthcare Research and Quality (AHRQ) owns and develops the CAHPS® surveys.
- Each CAHPS® survey is structured to be relevant to the care setting to which it applies.
- **CBE Endorsed:** Not currently
- **Number of Questions: 50**
- **Administered by:** Mail
- **Questions Relate to:** Environment; Care rendered; Communication; Autonomy; Available activities; Quality of life

# CAHPS® Nursing Home Survey: Discharged Resident Instrument

The survey contains 50 questions in the domains of:

- Autonomy
- Available Activities
- Environment
- Care rendered
- Communication
- Quality of life

Rating scales vary by question:

- 0-Worst Possible to 10-Best Possible
- Yes / No / Sometimes
- Definitely No / Probably No / Probably Yes / Definitely Yes
- Often / Sometimes / Rarely/ Never

# Discussion

- Do these survey tools provide an adequate method to begin measuring patient experience, or are there other survey tools CMS should consider?
- Is the length of the CAHPS survey tool a barrier for SNF residents to complete and as a result decrease the opportunity for SNFs to obtain feedback?
- Does the brevity of the CoreQ survey provide enough actionable data for SNFs to utilize in their quality improvement activities?
- Are there specific aspects of patient experience that are important to measure in SNF?

# Discussion

# CAHPS® Surveys

- Measure patient experience, not patient satisfaction
- Ask patients about aspects of healthcare
  - That are important to them
  - For which they are the best or only source of information
  - That they have experienced
- Development and survey administration processes support standardization:
  - Surveys are administered in a standardized manner
  - Surveys can be compared between entities
- CAHPS questions are
  - Understood and interpreted consistently by a range of consumers
  - Consistent with existing healthcare delivery standards

# CAHPS Nursing Home Survey for Discharged Residents

- Asks about experiences of residents recently discharged stays not exceeding 100 days
- Available in English and Spanish
- Quality of care questions: 1-10 rating scale
- Quality of life questions: yes/no/sometimes
- Development included resident focus groups, cognitive testing, field testing
- Survey pilot tested in 2005, but insufficient sample to finalize. Finalized after additional testing in 2011-2012
- NQF endorsement 2013, lapsed 2016

# Proposed updates to CAHPS Nursing Home - D Survey

- Survey reviewed by CAHPS Consortium in 2023 in response to request from CMS.
  - Remove 7 questions: high percentage missing data (1 question); lower psychometric performance (5 questions); lower priority (1 question)
  - Add questions:
    - Transition (Help needed after discharge; Information about symptom monitoring, Information about medications)
    - Goals
  - Test additional modes of administration, including web-based

# CoreQ: Short Stay (SS) Discharge (DC) Measure

Used to calculate a score. Range 0 – 100

- Simple!
- Used for public reporting
- Used for benchmarking
- Familiar (part of a suite of 5 measures)
- Advantages for the cognitively impaired
- Respondent burden reduced
- Facility cost potentially low

# CoreQ: Short Stay (SS) Discharge (DC) Measure

- Simplicity translates into positive use statistics:
  - In use for approx. 13 years
  - >5,000 NHs using CoreQ (estimate)
  - >64% response rate
  - Completion rate >99%
  - Range of scores 10 – 100 (mean approx. 84)
  - Used in State initiatives
  - Vendor acceptance/endorsement
- Manual has ongoing updates
- Used with additional items (for PI)

# CoreQ: Short Stay (SS) Discharge (DC) Measure

- Ongoing testing
  - Published development, testing, and psychometrics
  - Castle, N.G., Gifford, G., & Schwartz, L.B. (2020). The COREQ: Development and Testing of a Nursing Facility Resident Satisfaction Survey. *Journal of Applied Gerontology*.
  - As part of CBE
    - Additional testing (race, BIMS, scoring)
  - As part of vendor status
    - 100,000 surveys per year tested against other Quality Indicators

- Technical changes (such as imputation).

# Next Steps

- Following this meeting, Battelle will summarize recommendation group discussion and votes.
- Battelle will submit these recommendations to CMS by February 1 and post to the PQM website.
- There will be an additional 15-day public comment period after:
  - Feb. 1 – Feb. 16
  - The goal of the public comment period is not to change the recommendation but is an additional opportunity for the public to provide information for CMS consideration.


Thank you!

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