

2023 Measures Under Consideration Public Comment Summary

POST-ACUTE CARE AND LONG-TERM CARE (PAC/LTC)
COMMITTEE

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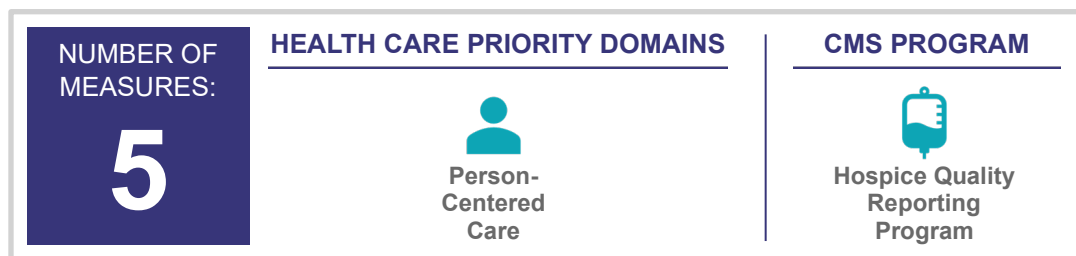
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Summary of Public Comment: PAC/LTC Committee

Public Comment Period Overview

Each Pre-Rulemaking Measure Review (PRMR) cycle begins with the publication of the Measures Under Consideration (MUC) list. The PRMR process engages a diverse group of interested parties in making consensus-based recommendations regarding the inclusion of considered measures. The five PAC/LTC Committee measures assess pain and symptom management as well as substantial changes to the current Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. They are under consideration for inclusion in the Hospice Quality Reporting Program (HQRP).

Figure 1. PAC/LTC Committee Measures Under Consideration



With the release of the MUC list on December 1, 2023, Battelle held a 21-day call for public comment along with a series of setting-specific listening sessions. Battelle received a total of 495 written comments from 147 professional organizations and 49 patients/patient representatives.

Figure 2. Public Comment Period Summary



Of these comments, 15 were submitted for measures under consideration for CMS programs being reviewed by the Post-Acute Care and Long-Term Care (PAC/LTC Committee). However, of these 15 comments, 2 were out of scope for the measures listed and 3 were duplicates that were analyzed as one comment for the relevant measures, yielding 10 substantive comments to analyze. The 2023 MUC List PAC/LTC Measures Listening Session garnered verbal comments from 19 individuals encompassing a spectrum of perspectives, including patients and representatives from various professional organizations.

The compiled insights gathered from the public comment, listening sessions, will support the recommendation group meeting discussion during this 2023 PRMR cycle. Alongside comments and feedback from the advisory and recommendation groups, this summary of public comment will help identify areas of non-consensus to focus on during the recommendation group meeting and ensure that the voices of many interested parties are adequately represented.

Measure-Specific Summary

The following brief measure-specific summaries include themes and considerations gathered from both written and verbal comments provided during the comment period. Due to the didactic nature of the listening sessions that led to both comments and questions from the public, only the number of written comments is reported.

All comments were assessed and categorized as “support”, “support with considerations” and “oppose”. A comment was considered “support with considerations” if it expressed support for measure intent or content while providing additional questions, requests for CMS to consider additional information or discussed challenges to use of the measure in the selected program. For these summaries, duplicate comments submitted for the same measure were analyzed as one comment.

MUC2023-163 Timely Reassessment of Pain Impact¹

Number of Written Comments: 3; Support (1); Support with Considerations (1); Oppose (1)

Reasons for Support
<ul style="list-style-type: none"> • Support was shown for intent of measure. • Ensuring reassessment of pain will allow clients to participate in their chosen occupations during the end-of-life process. • Timely reassessment of pain is an important aspect of patient-centered hospice care. • It would be meaningful to patients and the public if this measure was used to develop outcome measures in the future.
Reasons for Opposition
<ul style="list-style-type: none"> • This measure should be submitted for and receive CBE endorsement. • For the Hospice Outcomes and Patient Evaluation (HOPE) to be utilized as a requirement of the HQRP, it needs to go through the rulemaking process. • Concerns were expressed around the use of HOPE and related feasibility challenges.

¹ Note: Measures 163 and 166 also received one comment each on the importance of CMS assessing oral hydration and reimbursement for dental treatments. As these comments were out of scope for all selected measure and all PAC/LTC measures, the comment is not included in summary.

- It is unclear why symptom impact assessments are limited to timepoints of admission and in conjunction with the first and second IDG meetings only.
- It is unclear why the measures would look only at timely reassessments of pain and non-pain symptoms for these timepoints, which are at the beginning of a patient’s episode of hospice care.
- Possible gaps by social risk factors were not assessed for these measures.
- Reliability was not analyzed for these measures according to the report provided.
- Patient expressed concern that a “check-box” compliance measure may not adequately address patient pain.

MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact

Number of Written Comments: 2; Support (0); Support with Considerations (1); Oppose (1)

Reasons for Support
<ul style="list-style-type: none"> • Support was shown for intent of measure. • Managing symptoms is an important aspect of patient-centered hospice care. • It would be meaningful to patients and the public if this measure were used to develop outcome measures in the future.
Reasons for Opposition
<ul style="list-style-type: none"> • This measure should be submitted for and receive consensus-based entity (CBE) endorsement. • For the HOPE to be utilized as a requirement of the HQRP, it needs to go through the rulemaking process. • Concern around use of HOPE and related feasibility challenges. • It is not clear, without the HOPE, if reassessments for these measures will be accepted by the appropriate IDG member for the non-pain symptom or the RN only. • The Timely Reassessment of Pain Impact and the Timely Reassessment of Non-Pain Symptom Impact measure 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. • Reliability was not analyzed for these measures according to the report provided.

CAHPS Hospice Survey MUC2023-183, 191, and 192: Care Preferences, Hospice Team Communication, and Getting Hospice Care Training²

Number of Written Comments: 5; Support (0); Support with Considerations (5); Oppose (0)

Reasons for Support
<ul style="list-style-type: none"> • Support for intent of measure and relevance to improving patient experience. • Support for substantive change to # 191 removal of item that had complexity of its wording, low intraclass correlation coefficient (ICC) and low correlation with overall rating, and ceiling effects. • Support the intent of the updates to 192 to provide a shorter instrument and reduce burden on survey respondents. • It was viewed as important to have a question that details whether risks and benefits have been explained to patient and families, and whether there's a patients' age has been considered. • Support for reduced family burden with shorter questionnaire but commenter encouraged further efficiency in the future.
Reasons for Opposition
<ul style="list-style-type: none"> • Concerns around duplication of question intent with Communication with Family Composite and Treating Patient with Respect Composites. • Commenter provided that the response rate on CAHPS surveys continues to decline and expressed concern that any additional items added to the survey should be balanced by removing other items to minimize the response burden on consumers. • Concerns expressed for lower ICC of this version of 192. • Commenter expressed concern over the question, "Did the Hospice team provide care that respected your family members wishes?" by saying that clinicians may not always be able to fulfil this requirement despite best efforts, and that the current specification isn't a reflection of a shared decision-making process in practice. • Language around whether patient feels listened to may be too vague and need guiding examples.

² Duplicate comments submitted for each of these measures were collapsed and the sub-measures were evaluated together.

