Partnership for Quality Measurement
Powered by Battelle

National Consensus Development and Strategic Planning for Health Care Quality Measurement

2023 Pre-Rulemaking Measure Review (PRMR) Meeting Summary:

Post-Acute Care/Long-Term Care (PAC/LTC) Committee

Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850
February 2024

The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

Table of Contents

List of Tables

List of Figures

Pre-Rulemaking Measure Review (PRMR)

Battelle staff convened the Post-Acute Care & Long-Term Care (PAC/LTC) PRMR Recommendation Group on January 22, 2024, for discussion and voting on the Measures Under Consideration (MUC) for 2023. The goal of this meeting was to discuss the proposed additions to CMS programs through the perspective of interested parties impacted by the program. This summary provides an overview of the meeting and its outcomes and will be followed by a comprehensive PRMR Meeting Recommendations Report and Recommendations Spreadsheet. For a comprehensive background and preliminary assessment for each measure discussed in this report, refer to the 2023 Pre-Rulemaking Measure Review (PRMR) Preliminary Assessment Report: PAC/LTC Committee

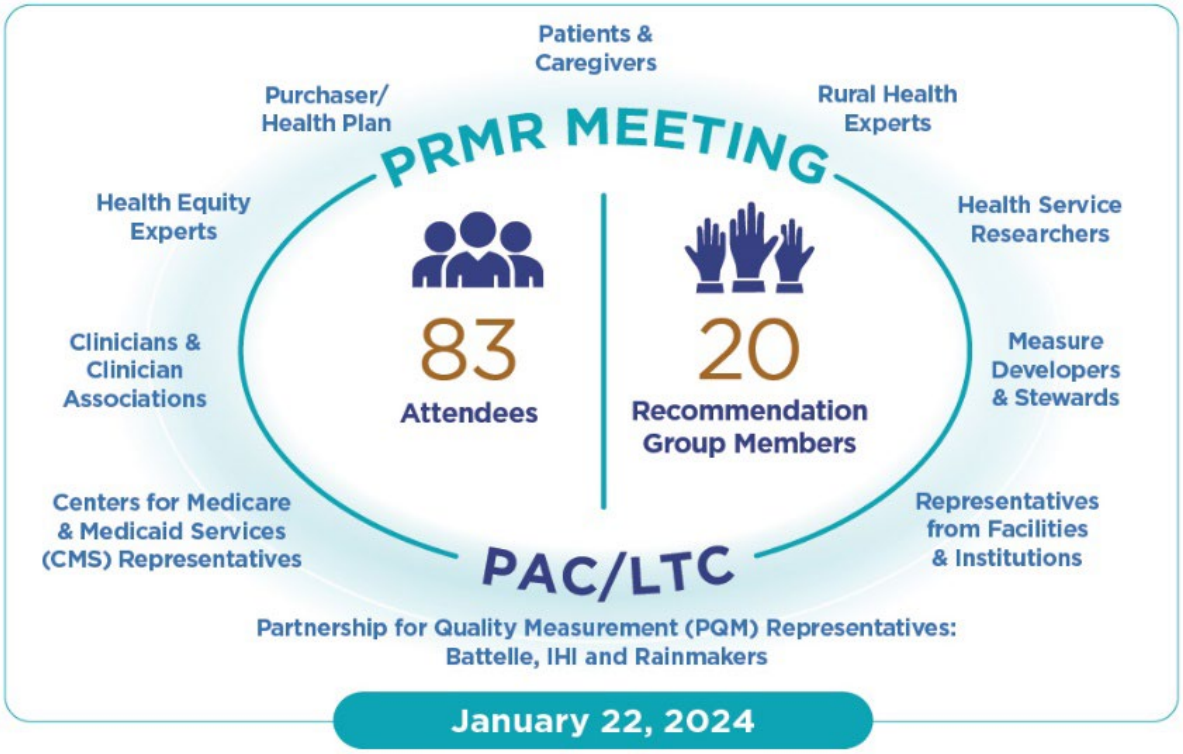

Figure 1. PRMR Meeting Attendance

Meeting participants joined virtually through the Zoom meeting platform. Figure 1 outlines overall meeting attendance, which was comprised of the PRMR Recommendation Group, the PRMR Advisory Group, the general public, and other interested parties. The PRMR Recommendation Group responsible for measure discussion and voting was comprised of 20 members. These members represented the interested parties shown in Figure 1 and were joined by CMS and Battelle's Partnership for Quality Measurement (PQM) representatives.

Overview and Purpose

Dr. Nicole Brennan, Executive Director of PQM, welcomed the attendees to the meeting and introduced her co-facilitator and PQM Technical Director Brenna Rabel, MPH. Recommendation

Group co-chairs Janice Tufte and Dr. Kate Lally each shared their relevant patient and clinician perspectives and motivation for serving in this role. After a brief overview of the day's objectives and agenda, Kate Buchanan, MPH, PRMR-MSR Deputy Task Lead, conducted roll call, and Recommendation Group members disclosed any conflicts of interest regarding the measures under review. Members reported no conflicts of interest. Ms. Buchanan reviewed the current phase of the PRMR process by detailing the evaluation criteria and what it means to reach consensus.

Dr. Brennan clarified what could be considered a condition for measures that are recommended with conditions. She emphasized that substantial changes to the target population or requiring additional testing would not be feasible prior to CMS's ultimate decision to include a measure in a program. However, seeking endorsement of a measure by a consensus-based entity or providing guidance on implementation are feasible conditions.

Several attendees represented the Centers for Medicare & Medicaid Services (CMS) virtually, including Dr. Michelle Schreiber, the Deputy Director of the Center for Clinical Standards and Quality (CCSQ) for CMS and Director of the Quality Measures and Value Based Incentives Group (QMVIG) within CCSQ. Dr. Schreiber noted that CMS was present to serve as a resource and welcomed members and participants. Dr. Schreiber introduced key members of the CMS team in attendance, including CMS program leads, measure stewards, and representatives of external measure development teams.

MUC 2023 PAC/LTC Committee Measure Discussion

After opening remarks, Battelle facilitators outlined the procedures for discussing and voting on measures. The discussion quorum required the attendance of at least 60% of the Recommendation Group members during roll call at the beginning of the meeting. The voting quorum required at least 80% of the active Recommendation Group members who had not recused themselves from the vote. During the daylong meeting, some committee members stepped away temporarily, so Battelle collected voting counts for each measure to ensure each vote met quorum. The variance in the voting tallies between measures were due to recusals.

PRMR Recommendation Group members voted for one of three options for each MUC 2023 measure for PAC/LTC Committee-relevant programs: Recommend; Recommend with Conditions; or Do Not Recommend. A majority of at least 75% of voting Recommendation Group members was required for determination of the vote outcome. For options Recommend and Recommend with Conditions, a combination of at least 75% of voting members split between those two options resulted in a determination of Recommend with Conditions. If a 75% majority was not achieved in this combination or in any single option, the result was Consensus Not Reached. Committee members voting to recommend a measure for a program "with conditions" provided their conditions(s) either verbally or through the chat feature in the webinar platform. Conditions indicated by a committee member are summarized in each measure section. At the beginning of each domain discussion, a CMS program lead representative gave an overview of the measure and rationale for inclusion in CMS programs. Similar measures were grouped together for discussion, in which case CMS program leads summarized the group of measures at the beginning of the discussion.

Table 1 shows the voting results, recusals, and determinations by measure and program.

Table 1. PRMR Recommendation Group Vote Counts per Measure (PAC/LTC Committee, MUC2023)

MUC ID	Measure Title	Program	Determination	Recommend N (%)	Recommend with Conditions N (%)	Do not Recommend N (%)	Recusals
MUC2023-163	Timely Reassessment of Pain Impact	HQRP[1]	Recommend with Conditions	8 (40%)	11 (55%)	1 (5%)	0
MUC2023-166	Timely Reassessment of Non-Pain Symptom Impact	HQRP	Recommend with Conditions	10 (50%)	9 (45%)	1 (5%)	0
MUC2023-183,191,192	CAHPS® Hospice Survey; MUC2023-183 CAHPS® Hospice Survey Care Preferences, MUC2023-191 CAHPS® Hospice Survey Hospice Team Communication, MUC2023-192 CAHPS® Hospice Survey Getting Hospice Care Training	HQRP	Consensus not Reached	7 (37%)	7 (37%)	5 (26%)	0

[1] Hospice Quality Reporting Program

MUC2023-163 Timely Reassessment of Pain Impact [CMS]

Description: 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.

Program: Hospice Quality Reporting Program

Committee Final Vote: Recommend with Conditions

Vote Count: Recommend: 8 (40%); Recommend with Conditions: 11 (55%); Do Not Recommend: 1 (5%); no recusals.

Measure Discussion:

CMS Opening Remarks: CMS stated that the impetus for this measure came from feedback received from public comment submissions, caregivers, and technical expert panels, emphasizing the need to address symptom management in hospice care. CMS seeks to ensure good care processes, such as following up within 48 hours when pain impact was initially assessed as moderate or severe, by ascertaining whether these follow-up visits are taking place. Data for this measure will be derived from CMS's new standardized tool, the Hospice Outcomes & Patient Evaluation (HOPE). CMS reports high reliability testing and plans to conduct further validity testing, considering potential subpopulation differences. Positive feedback from experts and hospice caregivers emphasizes the value of this measure.

Battelle Summary of Public Comment and Round 1 Evaluation: Battelle noted that public comments generally support the measure's intent, however, most of the evaluators rated the assertions as incomplete or inadequate but also deemed the gaps to be addressable. Additional concerns include uncertainty about how a process measure addresses patient pain better than a patient reported outcome measure would, the need for robust reliability and validity testing besides face validity, overuse of exclusions by practitioners, and the lack of endorsement by a consensus-based entity (CBE). Specific comments inquired about the association between assessing pain and controlling pain, while also questioning the underlying guidelines upon which the measure is based.

Discussion: A committee member commended the measure's focus on symptom impact, emphasizing the importance of understanding how pain affects an individual beyond numerical scores. This committee member supports the face-to-face reassessment by a registered nurse but expressed reservations about the measure's reliance on that, suggesting a possible limitation for rural hospices with limited accessibility. Another committee member echoed this sentiment. A committee member representing the patient perspective raised concerns about potential delays in hospice care during weekends or breaks in business days, questioning the continuity of care if assessments are not promptly communicated to hospice nurses. In response to the concern about continuity of care, CMS and the developer explained that the measure accounts for a 2-day period, including weekends, noting that this strikes a balance to ensure fair follow-ups for patients with moderate to severe symptoms.

Another committee member questioned whether the HOPE tool was ready for implementation, as testing and development seem incomplete. They also questioned the measure's reliance on care team assessment rather than incorporating the patient voice more directly. CMS clarified that the HOPE tool has undergone field testing but is not yet implemented nationally. CMS shared that they would seek public comments on the tool, which will undergo rulemaking.

Additionally, the focus is gaining support for the HOPE-based measures, with infrastructure and implementation to follow.

Two committee members underscored the significance of implementing the HOPE tool, suggesting its potential to transform hospices, particularly in monitoring and addressing pain levels. Expressing concern about the measure being a process measure (rather than a PRO-PM, for example), these committee members highlighted the potential for the measure to evolve into an outcome measure rather than being a checkbox measure. In response to a question about how this measure compares to *CBE #0209 Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment* and the rationale for replacing it with this process measure, the developer noted that the current measure seeks to adjust how pain is addressed and managed and also overcome limitations from previous measures. An additional concern raised was that, unlike patient-reported outcome measures, where the information comes directly from the patient, this measure derives information from the clinicians providing care, which means they make determinations based on their perceived impact of the pain the patient is experiencing. Moving to a vote, the committee ultimately recommended the measure for inclusion in the Hospice Quality Reporting Program, with certain conditions.

Conditions: Undergo and receive CBE endorsement.

Future Directions: Committee members would like to see the HOPE tool tested and implemented.

MUC2023-166 Timely Reassessment of Non-Pain Symptom Impact [CMS]

Description: 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.

Program: Hospice Quality Reporting Program

Committee Final Vote: Recommend with Conditions

Vote Count: Recommend: 10 (50%), Recommend with Conditions: 9 (45%), Do Not Recommend: 1 (5%); no recusals.

Measure Discussion:

CMS Opening Remarks: Like MUC2023-166, CMS stated that the impetus for this measure came from feedback received from submissions, caregivers, and technical expert panels, emphasizing the need to address symptom management in hospice care. The non-pain symptoms measured are diarrhea, agitation, shortness of breath, anxiety, nausea/vomiting, and constipation. CMS seeks to ensure good care processes, such as following up within 48 hours when symptom impact was initially assessed as moderate or severe, by ascertaining whether these follow-up visits are taking place. Data for this measure will be derived from CMS's new standardized tool, the Hospice Outcomes and Patient Evaluation (HOPE). CMS reports high reliability testing and plans to conduct further validity testing, considering potential subpopulation differences. Positive feedback from experts and hospice caregivers emphasizes the value of this measure.

Battelle Summary of Public Comment and Round 1 Evaluation: Battelle noted that the comments received for this measure mirrored those of MUC2023-163, which acknowledged the measures significance in addressing an important topic for the target population, emphasized

evidence linking the assessment of symptoms to improved symptom control, robust testing, and endorsement by a CBE.

Discussion: Upon a committee member's inquiry about the HOPE tool assessing individual symptoms such as shortness of breath and fatigue, CMS clarified that symptoms are grouped, distinguishing between pain and non-pain symptoms for reportability. Several committee members stressed the crucial link between assessments and effective interventions in hospice care, underscoring the assessment tool's significance in guiding interventions. Lastly, a committee member shared that patients may find these symptoms distressing, but, in some cases, the severity of the illness may hinder their awareness. It is therefore crucial to consider the perspectives of caretakers and family members in such situations. Moving to a vote, the committee ultimately recommended the measure for inclusion in the Hospice Quality Reporting Program, with certain conditions.

Conditions (if required): Undergo and receive CBE endorsement.

Future Directions: Committee members would like to see the HOPE tool tested and implemented.

MUC2023-183,191,192 CAHPS® Hospice Survey [CMS]

MUC2023-183 CAHPS® Hospice Survey Care Preferences

MUC2023-191 CAHPS® Hospice Survey Hospice Team Communication

MUC2023-192 CAHPS® Hospice Survey Getting Hospice Care Training

Description: Sub-measure 1: 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. This is a new CAHPS Hospice Survey measure.

Sub-measure 2: 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?

This is an existing CAHPS Hospice Survey measure that has been revised (removal of one item regarding confusing or contradictory information from the hospice team due to poor psychometric performance, and minor wording changes to remaining items).

Sub-measure 3: Getting Hospice Care Training is a single-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 one survey item on receipt of training on caring for a family member. This is an existing CAHPS Hospice Survey measure that has been substantially revised (replacement of several survey items with one summary item).

Program: Hospice Quality Reporting Program

Committee Final Vote: Consensus not Reached

Vote Count: Recommend: 7 (37%); Recommend with Conditions: 7 (37%); Do Not Recommend: 5 (26%); no recusals.

Measure Discussion:

CMS Opening Remarks: CMS emphasized the significance of the CAHPS® Hospice Survey in assessing patient and family experience of care, a central goal of hospice care. CMS shared that the care preference items in the CAHPS® Hospice Survey are intended as additions and not replacements for other measures. Responding to public comments regarding declining survey response rates, CMS noted they tested the use of a prenotification letter and an extended field period to help increase response rates. Additionally, CMS is considering integrating these changes to survey administration protocols.

Battelle Summary of Public Comment and Round 1 Evaluation: Battelle noted that public comments indicated support for the measure with conditions. Concerns raised include issues with the wording in some of the survey responses, duplication of questions, and the perceived differences between what is stated and felt by respondents. Commenters expressed support for a shorter questionnaire that would reduce the burden.

Discussion: Committee members expressed concern about the language used in the survey, noting the potential for misunderstandings between clinicians and patients/families. CMS and the developer highlighted the extensive testing and cognitive interviews undertaken during survey development to ensure what family members understand aligns with the intent of the measure. Furthermore, the developer emphasized the efforts to distinguish between general listening and listening for problems in care. Committee members raised additional concerns about the length of the survey and the literacy level of the questions, especially for underserved populations with low literacy rates. CMS noted the potential for improvement by hospices based on survey results.

A committee member stressed the importance of ensuring family members understand what they are experiencing. Another committee member noted the potential confusion for residents

and family members attempting to make decisions when faced with multiple measures. Survey bias was another concern; a committee member noted that extremes of satisfaction or dissatisfaction are more likely to be captured, highlighting the need to pursue diverse perspectives. CMS acknowledged the feedback about the number of questions in the CAHPS surveys and shared that they are working on reducing the number of questions. The developer shared that this version of the survey is shorter and simpler (i.e., with a lower literacy level) than the existing version currently in use nationally. Moving to a vote, the committee did not reach consensus on a recommendation.

Conditions (if required): None stated.

Future Directions: Committee members advocated for the surveys' literacy level to be accessible to underserved populations with low literacy rates and reducing survey length. Committee members also requested that in future years, CAHPS measures be voted on separately rather than together.

Discussion of Patient-Reported Outcome Measures in the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

CMS presented on the value of measuring patient experience/satisfaction in SNFs by highlighting multiple studies that demonstrate a link between higher resident satisfaction in SNFs and reduced deficiency citations from regulatory inspections. Additionally, higher resident satisfaction was associated with lower 30-day readmission rates and better adherence to treatment recommendations. CMS sought feedback from the committee on the CoreQ: Short Stay Measure and the CAHPS® Nursing Home Survey: Discharged Resident Instrument.

Next Steps

Ms. Rabel thanked all attendees for their active and enthusiastic participation and shared that they would be notified once the final 2023 PRMR recommendation report was created and posted online for public comment. Ms. Rabel noted that following the meeting, Battelle will summarize the discussion and votes of the Recommendation Group, which will be shared with CMS by February 1 and posted to the PQM website. Subsequently, a 15-day public comment period will take place from February 1 to February 16, serving as an additional opportunity for the public to provide information for CMS’s consideration.

Battelle and CMS shared that they plan to reflect on this meeting’s discussions, lessons learned, and recommendations from attendees to make decisions for future meeting timelines and schedules, with dates being sent out to members far in advance.

Closing Acknowledgements

In closing remarks, Dr. Schreiber thanked Battelle, Recommendation Group members, and all participants for a collegial discussion. Ms. Rabel expressed gratitude to all participants, acknowledging the significant effort involved in attending the meeting, providing assessments, submitting public comments, and engaging in the PAC/LTC listening session. She emphasized the impact of their work and thanked them for their continued engagement.

Battelle opened up the remainder of the meeting to committee members to share their feedback. Committee members shared areas of improvement and offered suggestions for future consideration. Notably, they recommended simplifying information for patients and caregivers

on the committee and emphasizing a clear connection between the information reviewed by committee members prior to the meeting and its relevance to the discussions in the meeting. Additionally, committee members commended Battelle's effective distribution of resources and materials.