

# Pre-Rulemaking Measure Review (PRMR) — 2024 Post-Acute Care/Long-Term Care Committee Listening Session Meeting Summary

Battelle virtually convened 52 attendees for the Post-Acute Care/Long-Term Care Committee Listening Session on **December 19, 2024, from 1:00–2:00 PM ET**. During this session, attendees provided spoken public comment and asked questions about the measures proposed for inclusion in the Home Health Quality Reporting Program (HHQRP).

Attendees of this listening session included members of the public, developers and stewards of measures being discussed, Centers for Medicare & Medicaid Services (CMS) staff, and interested PRMR committee members. Measures discussed are from the 2024 Measures Under Consideration (MUC) List, a list of quality and efficiency measures under consideration through the rulemaking process.

## Welcome and Introductions

Dr. Meridith Eastman, PRMR task lead, welcomed participants to the listening session and explained that the purpose of the session was to provide feedback on measures proposed for HHQRP. After reviewing the meeting agenda, Dr. Eastman encouraged participants to provide spoken comments during the listening session and written comments on the [PQM website](#) by December 30. Dr. Eastman shared the guidelines for the session, provided instructions on the Zoom interface, and defined common acronyms that might be used throughout the session, in addition to an overview of the PRMR process.

## Opening Remarks from the Centers for Medicare & Medicaid Services

Dr. Michelle Schreiber, deputy director for quality and value at the Center for Clinical Standards and Quality (CCSQ) at CMS, expressed gratitude for the partnership with Battelle and welcomed participants to the listening session. Dr. Schreiber explained that the PRMR and Measure Set Review (MSR) processes engage a broad array of interested parties including patients, caregivers, and providers to discuss and develop consensus on quality measures. Dr. Schreiber noted that anyone can submit measures for consideration to CMS for any of the 25 value-based programs that use the pre-rulemaking process. This year, CMS is considering 41 measures; of these, 15 measures are already in use but reflect significant changes.<sup>1</sup> Dr. Schreiber reported that 100% of the measures rely on data submissions using at least one digital data source while 78% rely on data submissions using only digital data sources, aligning with CMS's priority for interoperable and digital quality measures.

Dr. Schreiber noted the focus of the measures under the purview of the PAC/LTC Committee: measures pertaining to post-acute care programs. This includes home health, hospice, skilled

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<sup>1</sup> The 2024 Measures Under Consideration (MUC) List also includes 3 measures that were previously submitted but not included on the MUC List and 7 that are being submitted without substantive changes for use in a different program or programs.

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nursing facilities, inpatient rehabilitation, and long-term care hospitals, which are grounded in statutes that call for specific measures. Dr. Schreiber expressed enthusiasm for the day's discussions and stressed the importance of active participation and thoughtful commentary from all attendees.

### **2024 PRMR Post-Acute Care/Long Term Care (PAC/LTC) Committee Measures**

MUC2024-054a CAHPS® Home Health Care Survey Care of Patients

MUC2024-054b CAHPS® Home Health Care Survey Communications Between Providers and Patients

MUC2024-054c CAHPS® Home Health Care Survey Talk About Home Safety

MUC2024-054d CAHPS® Home Health Care Survey Review Medicines

MUC2024-054e CAHPS® Home Health Care Survey Talk About Medicine Side Effects

*Note: All measures are derived from the same survey-based instrument. Public comments, questions, and CMS responses apply to all measures.*

A committee member raised concerns about discrepancies in the questions listed on different surveys and the issue of recall bias when asking patients to remember events from the past two months. CMS clarified that the discrepancies are due to changes in the survey items based on feedback from technical expert panels and focus groups with home health patients. Additionally, CMS shared that new items are added, and some are removed, to reflect what is most important to home health patients. Regarding recall bias, CMS clarified that the two-month period, developed with input from the Agency for Healthcare Research and Quality, serves as an anchor for patients to evaluate recent care, acknowledging that exact recall of every visit is not expected.

A commenter inquired about the rationale behind a modification to one of the survey questions related to the type of home health care providers. The revised question on the survey now broadly addresses how often home health staff treated the patient with care. CMS explained that the original set of questions about specific types of therapists was intended to orient patients to the types of home health care they were receiving. However, these questions were removed in recent survey revisions to streamline the survey and enhance response rates, as they were not utilized in analysis or public reporting. A representative from RTI International supported CMS's explanation, highlighting that the survey's goal is to focus on overall care rather than attributing the quality of care to specific types of therapy or nurses.

CMS provided additional context regarding the ongoing changes to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for home health care. The CMS representative indicated that the changes are part of a broader effort by CMS to streamline reporting and improve the relevance and efficiency of CAHPS measures across various settings, including nursing homes. CMS noted that despite the poor performance of web-based

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surveys in the home health care setting, CMS plans to continue exploring and testing this method as demographics evolve.

Another commenter sought clarification on whether any new survey administration components tested in hospice, such as the pre-notification letter and the extended time period in the field, were also tested for Home Health. CMS responded, noting that these additions were not tested in the Home Health setting and stressed the focus is on reducing the survey length. However, CMS is observing how the new features work in hospice to determine their relevance for Home Health in the future. The same commenter inquired about how and where individuals are notified about ongoing testing and changes in the survey administration or the survey. CMS confirmed testing information is provided through the rulemaking process and that details would first go through a pre-rulemaking review process before any proposals are made in rules.

One commenter raised a question about the implementation timeline for changes to the Home Health CAHPS (HHCAHPS) tool if the process were finalized in February. CMS responded by clarifying that any changes would need to go through the home health rulemaking process and would not be implemented until at least 2025, with 2026 being the earliest realistic timeline. CMS added that there could be an additional delay, potentially pushing the implementation to a later date. The same commenter expressed concern about difficulty in following the numbering system of the questions. CMS acknowledged the issue and mentioned the possibility of sharing a crosswalk or template on their website to help clarify the changes.

A commenter expressed approval of the changes and streamlining of the surveys but raised concerns about its effectiveness in reaching low literacy populations, who often do not respond to mail or phone calls. CMS explained that the shorter survey format is intended to be less overwhelming and more engaging, noting that phone surveys tend to be more effective for low literacy groups. Mail remains the most popular method chosen by agencies due to the age demographics of the population, and the survey allows for proxy responses from family members. Additionally, CMS highlighted ongoing efforts to ensure the survey is accessible by maintaining a 6th-grade reading level.

### Next Steps

Kate Buchanan shared next steps following the listening session. Ms. Buchanan encouraged participants to provide written [public comments](#) on the proposed measures through December 30. She shared the timeline for the next steps in the process. On January 9 from 1-2 PM ET, Advisory Group members will meet and provide feedback on the measures to the Recommendation Group co-chairs. The public and CMS are invited to listen in on the Advisory Group meeting. The PAC/LTC Recommendation Group meeting will be held virtually on January 13 from 1:00 PM-3:45 PM ET. Following the Recommendation Group meeting, a second public comment period will take place February 3-17. While this public comment period will not change the Recommendation Group votes, it allows for further feedback for CMS to consider in their rulemaking process.

Ms. Buchanan encouraged participants to become PQM members and utilize available resources on the [PQM website](#), [CMS MMS Hub](#), and [CMIT](#), where they can look up measure information.

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### Closing Remarks

Dr. Eastman expressed gratitude for the valuable comments, feedback, and dialogue from participants, CMS, and measure developers. Dr. Schreiber thanked Battelle for facilitating the meeting and acknowledged the valuable insights from participants. She extended appreciation to measure developers and CMS staff for their expertise.