

# Fall 2024 Advanced Illness and Post-Acute Care Recommendation Group Endorsement Meeting

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# Welcome



# Agenda



- Welcome and Review of Meeting Objectives and Ground Rules
- Roll Call with Disclosures of Interest
- Overview of Evaluation Procedures and Measures for Endorsement Consideration
- Test Vote
- Evaluation of Fall 2024 Measures
- Next Steps
- Adjourn

# Meeting Objectives



The purpose of today's meeting is to:

- Review and discuss measures submitted to the Advanced Illness and Post-Acute Care committee for the Fall 2024 cycle;
- Review public comments and Advisory Group feedback received and any corresponding developer/steward input for the submitted measures; and
- Render endorsement decisions for the submitted measures.

# Housekeeping Reminders for Recommendation Group



- The system will allow you to mute/unmute yourself and turn your video on/off throughout the event.
- Please raise your hand and unmute yourself when called on.
- Please lower your hand and mute yourself following your question/comment.
- 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](mailto:PQMsupport@battelle.org).

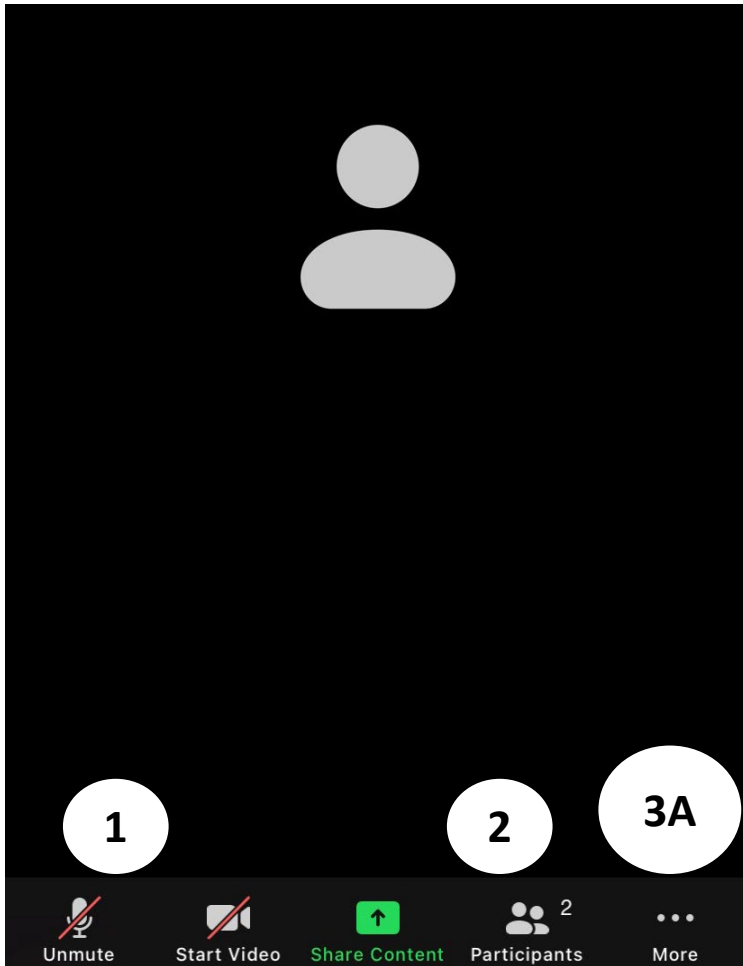
# Using the Zoom Platform



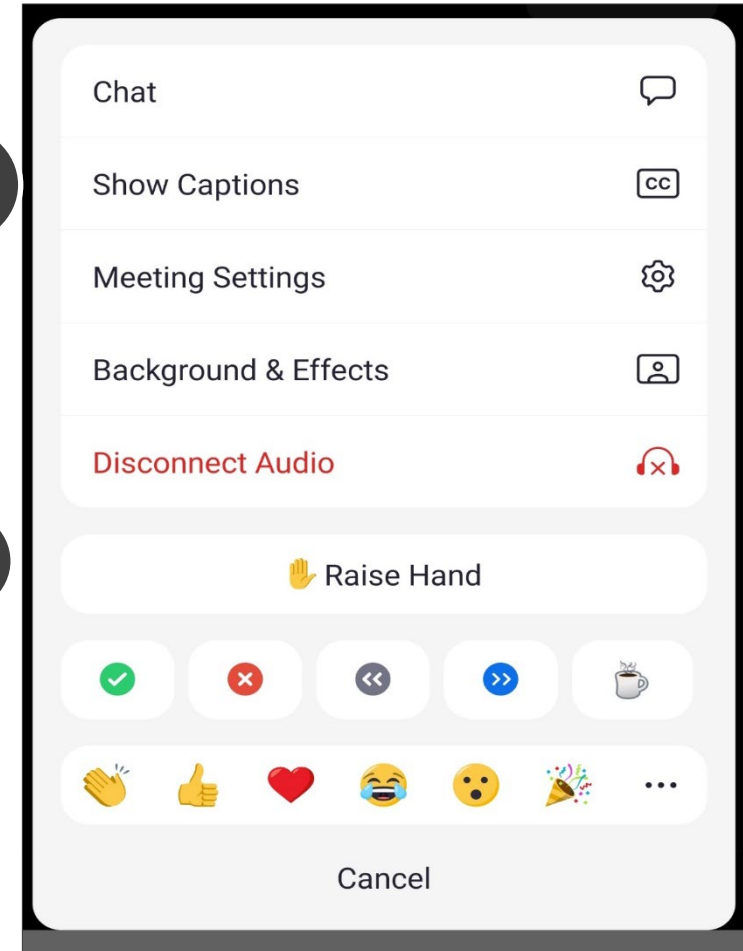
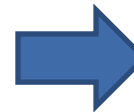
The screenshot shows a Zoom meeting in progress. The main window is split into three video tiles: 'Host' on the left, 'Attendee 2' on the right (highlighted with a yellow border), and 'Attendee' at the bottom. The bottom toolbar contains various controls: Unmute, Start Video, Participants, Chat, Share Screen, Record, Reactions, Apps, Whiteboards, and Leave. Three numbered callouts are present: 1 is a white circle with the number '1' pointing to the bottom toolbar; 2 is a white circle with the number '2' pointing to the 'Participants' button; 3 is a white circle with the number '3' pointing to the 'Reactions' tab in the bottom toolbar. On the right side of the screenshot, the 'Participants (3)' panel is visible, listing 'Attendee 2 (Me)', 'Host (Host)', and 'Attendee'. Below it are 'Invite' and 'Unmute Me' buttons. The 'Chat' panel is also visible, showing a message input field and a dropdown menu for 'Who can see your messages?'.

- 1 Click the lower part of your screen to mute/unmute or to 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 or start or pause video
- 2 Click on the participant button to view the full participant list
- 3 Click on “more” button (3A) to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab



# Meeting Ground Rules



- Be prepared, having reviewed the meeting materials beforehand.
- Respect all voices.
- Remain engaged and actively participate.
- Base your evaluation and recommendations on the measure evaluation rubric.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.



# Project Team



- Nicole Brennan, MPH, DrPH, Executive Director
- Brenna Rabel, MPH, Technical Director
- Jeff Geppert, EdM, JD, Measure Science Lead
- Quintella Bester, PMP, Senior Program Manager
- Matthew Pickering, PharmD, E&M Task Lead
- Anna Michie, MHS, PMP, E&M Deputy Task Lead
- Beth Jackson, PhD, MA, Social Scientist IV
- Adrienne Cocci, MPH, Social Scientist III
- Stephanie Peak, PhD, Social Scientist III
- Isaac Sakyi, MSGH, Social Scientist III
- Jessica Lemus, MA, Social Scientist III
- Elena Hughes, MS, Social Scientist II
- Olivia Giles, MPH, Social Scientist I
- Sarah Rahman, Social Scientist I

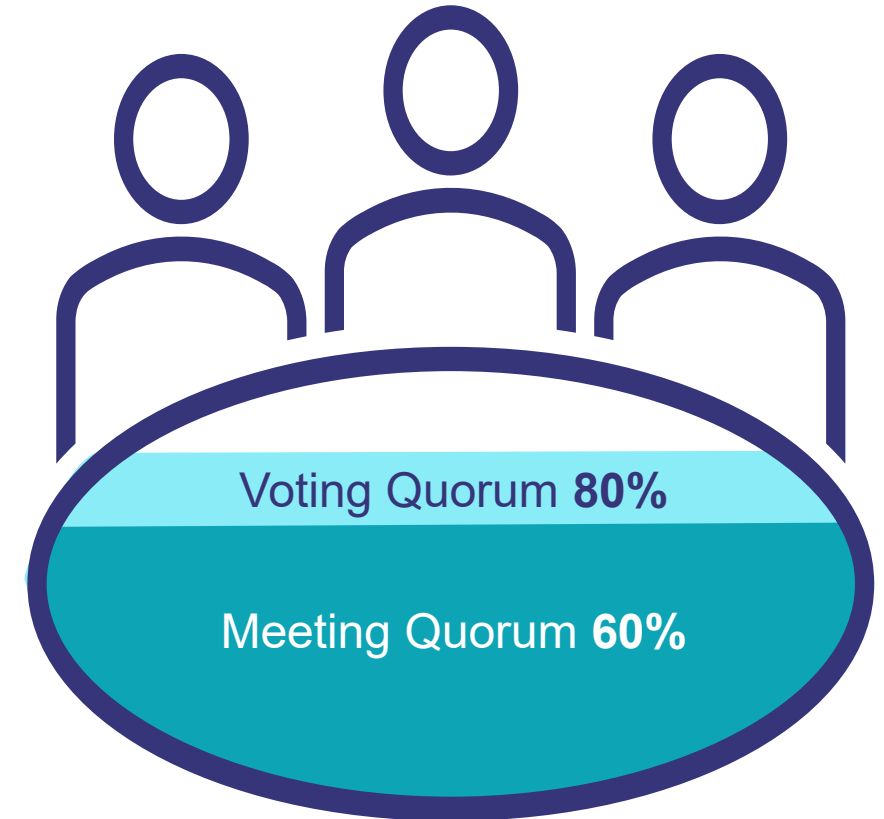
# Roll Call with Disclosures of Interest



# Quorum



- Meeting quorum requires that 60% of the Recommendation Group members are present during roll call at the beginning of the meeting.
- Endorsement decisions are rendered via a vote after Recommendation Group discussions. Voting quorum is at least 80% of active committee members (Recommendation Group only) who are not recused.



# Advanced Illness and Post-Acute Care Fall 2024 Cycle Committee – *Recommendation Group*



- Gerri Lamb, PhD, RN, FAAN (**Non-Patient Co-Chair**)
- Daniel van Leeuwen, MPH, RN, OPA (**Patient Co-Chair**)
- Sheila Clark \*
- Lea Dooley, DHA, MPH
- Lama El Zein, MD, MHA, FAAFP, FAAHPM
- Karie Fugate
- Raina Josberger, BS, MS
- Soojin Jun, PharmD, BCGP, CPPS, CPHQ
- Nicole Keane, MSN, RN, CPHQ
- Andrew Kohler, MD, MBA, CPE
- Yaakov Liss, BA, MD
- Kyle Matthews
- Shelby Moore, MPA, CFRE
- Jonathan Nicolla, MBA
- Kristin Seidl, PhD, RN
- Carol Seibert, OTD, OT/L, FAOTA
- Donna Sternberg, RN, BSN
- Rebecca Swain-Eng, MS, CAE
- Sarah Thirlwell, MSc, MSc(A), RN, AOCNS, CHPN, CHPCA, CPHQ
- Stephen Weed, MA
- Milli West, MBA, CPHQ

*\*Member is inactive for this cycle*

# Overview of Evaluation Procedures

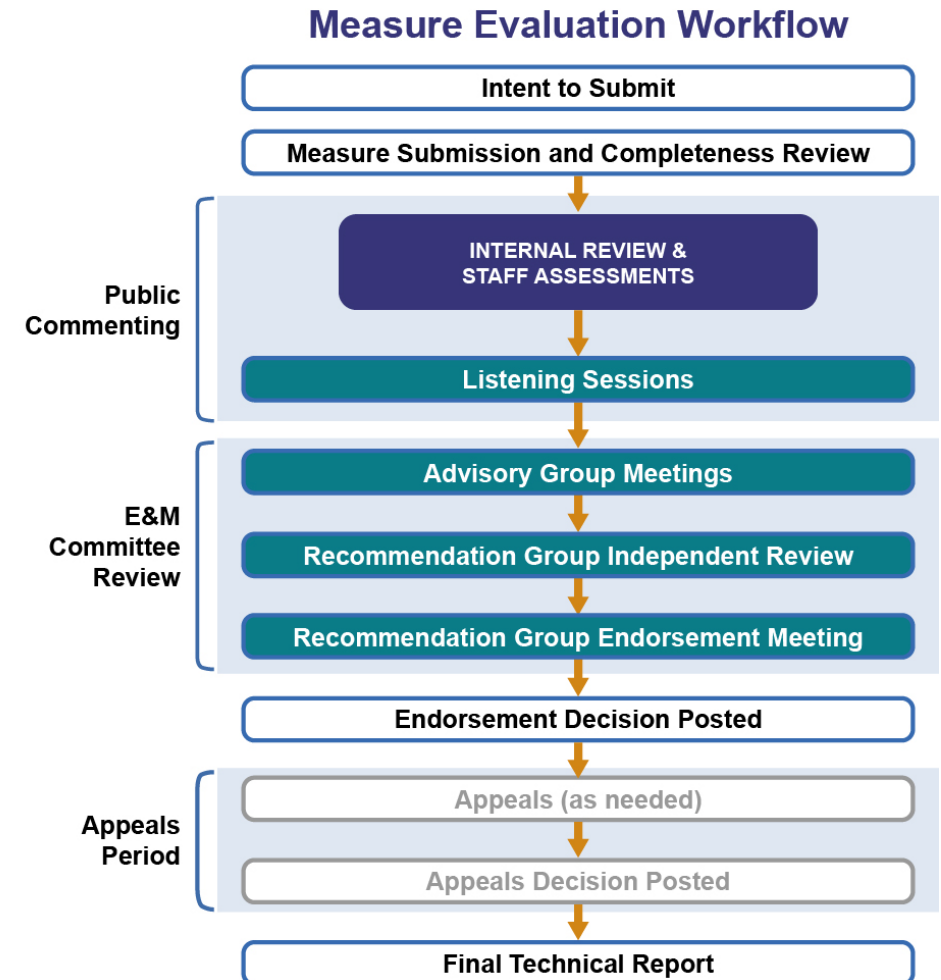


# E&M Process



## Six major steps:

1. Intent to Submit
2. Full Measure Submission
3. Staff Internal Review and Measure Public Comment Period
  - Public Comment Listening Sessions
4. E&M Committee Review
  - Advisory Group Meetings
  - Recommendation Group Independent Review
  - Recommendation Group Meetings
5. Appeals Period (as warranted)
6. Final Technical Report



# E&M Committee Review

## Recommendation Group Endorsement Meeting



- **Steps:**

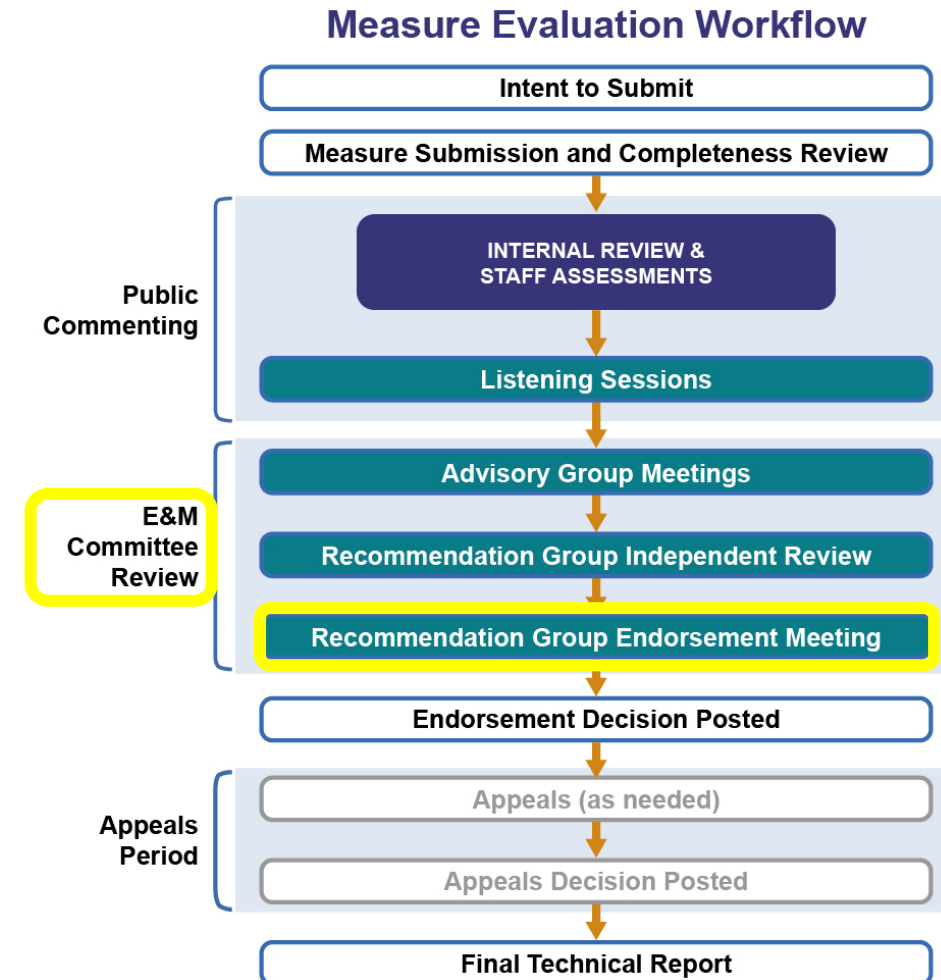
- The Recommendation Group of each E&M committee meets to review measures using aggregated feedback from the Advisory Group, public comment, staff assessments, and independent member reviews.
- Developers are encouraged to attend to present their measures and answer any questions from the Recommendation Group. Developers are encouraged to invite their SMEs to participate and support answering questions.

- **Timing:**

- Early February (Fall) and late July/early August (Spring)

- **Outputs:**

- Endorsement decision posted to PQM website



# Recommendation Group Meeting

## Measure Review Procedures



### 1. Measure Introduction by Battelle

- Battelle introduces the measure and salient points from discussion guide, staff assessments, and public comment.



### 2. Developer/Steward Comments

- Developers/stewards provide 3–5-minute commentary about the measure for committee consideration.



### 3. Recommendation Group Discussion

- Battelle conducts facilitated discussion by topic:
  - SME input on relevant discussion items
  - Co-chairs present Advisory Group feedback
  - Patient partner feedback
  - Recommendation Group discussion
  - Developer/steward response



### 4. Endorsement Vote

- Co-chairs recommend any conditions for consideration based on committee discussions.
- Recommendation Group votes.



# Patient Partner Feedback



- As a patient or caregiver, do you have experience with the measure topic that you would like to share?
- Do you think the measure is meaningful to patients and will help to improve their care?
- Is the measure respectful of and responsive to individual patient preferences, needs, and values?
- Are there aspects about the measure that may be difficult for patients to understand?
- Are there aspects about the measure that may be burdensome to patients?

# PQM Measure Evaluation Rubric



- 1. Importance** - Extent to which the measure is evidence based AND is important for making significant gains in health care quality or cost where there is variation in or overall less-than-optimal performance.
- 2. Feasibility** - Extent to which the measure specifications (i.e., numerator, denominator, exclusions) require data that are readily available OR could be captured without undue burden AND can be implemented for performance measurement.
- 3. Scientific Acceptability (i.e., Reliability and Validity)** - Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented.
- 4. Equity (optional)** - Extent to which the measure can identify differences in care for certain patient populations, which can be used to advance health equity and reduce disparities in care.
- 5. Use and Usability** - Extent to which potential audiences (e.g., consumers, purchasers, providers, and policymakers) are using or could use measure results for both accountability and performance improvement to achieve the goal of high-quality, efficient health care for individuals or populations.

# Decision Outcomes:

## *Endorsed with Conditions Examples*



PQM Rubric Domain/Criterion*	Condition(s)	Example
<b>Importance</b>	<p>a. Conduct additional evaluation/assessment of meaningfulness to the patient community (e.g., patients, caregivers, advocates).</p> <p>b. [For maintenance] Expand performance gap testing to a larger population.</p>	<p>a. Developer/steward has not, or to a limited degree, provided evidence from literature, focus groups, expert panels, etc., that the target population (e.g., patients) values the measured outcome, process, or structure and finds it meaningful for improving health and health care.</p> <p>b. Maintenance measure has narrow gap, which may be due to limited data/testing within a population that may not be fully representative.</p>
<b>Reliability</b>	<p>a. Consider mitigation strategies to improve measure's reliability, such as increasing the case volume, including more than 1 year of data.</p> <p>For any facilities that are unable to exceed the threshold, give a rationale for why the reliability being below the threshold is acceptable for those specific facilities.</p>	<p>a. The developer/steward has performed measure score reliability testing (accountable entity-level reliability). Less than half of facilities did not meet the expected reliability value of 0.6.</p>
<b>Feasibility</b>	<p>a. Provide implementation guidance or a near-term path (within 1 year) for implementing the measure. This includes providing clear system requirements for implementation of the measure.</p>	<p>a. Measure has experienced or is projected to experience implementation challenges.</p>
<b>Use and Usability</b>	<p>a. Implement a systematic feedback approach to better understand if challenges exist with implementing the measure.</p> <p>b. [For maintenance] Collect additional feedback from providers to ascertain the reasons why the measure is leveling off and describe appropriate mitigation approaches.</p>	<p>a. Measure has limited feedback due to low use and/or non-systematic feedback approach.</p> <p>b. Trend data show a leveling off of measure performance.</p>

# Non-Negotiable Considerations



Several non-negotiable areas exist for endorsement, meaning if a measure meets one or more of the following criteria, the measure cannot be endorsed, even with conditions:

- ❖ Lack of a clear business case (i.e., evidence suggesting that the measure can accomplish its stated purpose)
- ❖ Lack of evidence supporting the business case
- ❖ Significantly poor feasibility for the measure to be implemented due to challenges (e.g., data availability or missingness)
- ❖ Inappropriate methodology, calculations, formulas, or testing approach used to demonstrate reliability or validity
- ❖ Specifications, testing approach, results, or data descriptions are insufficient
- ❖ When a measure with an “Endorsed with Conditions” designation is evaluated for maintenance but it has not met the prior conditions

# Consensus Voting for Final Determinations



Endorse (A)	Endorse with Conditions (B)	Do Not Endorse (C)	Consensus Voting Status
75% or More	0%	Less than 25%	A
75% or More		Less than 25%	B
Less than 25%		75% or More	C
26% to 74%		26% to 74%	No consensus

If no consensus is reached, based on the 75% threshold, the measure is not endorsed.

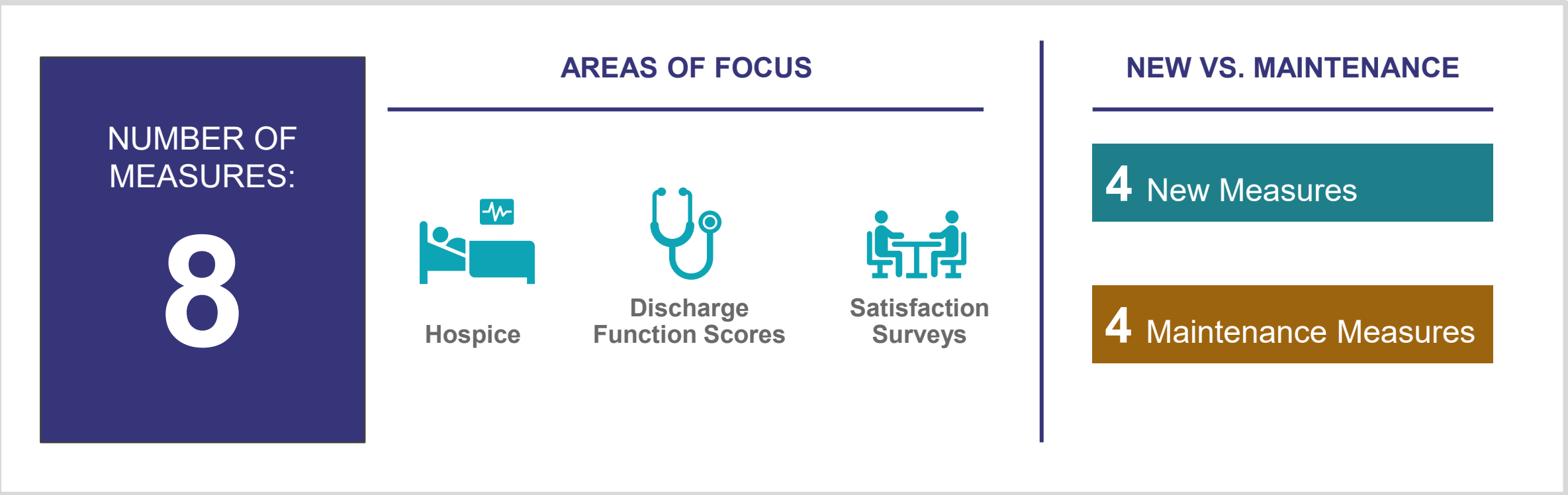
# Overview of Fall 2024 Measures for Endorsement Consideration



# Fall 2024 Measures for Committee Review



The Advanced Illness and Post-Acute Care committee received eight measures for endorsement consideration.



# Fall 2024 Measures for Committee Review

(Cont., 1)



CBE Number	Measure Title	New/Maintenance	Developer/Steward
#3420	CoreQ: AL Resident Satisfaction Survey	Maintenance	American Health Care Association (AHCA)
#3422	CoreQ: AL Family Satisfaction Measure	Maintenance	AHCA
#1623	Bereaved Family Survey	Maintenance	Department of Veterans Affairs
#3645	Hospice Visits in the Last Days of Life	Maintenance	CMS/Abt Global
#4630	Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities	New	RTI International/CMS
#4635	Cross-Setting Discharge Function Score for Long-Term Care Hospitals	New	RTI International/CMS
#4640	Cross-Setting Discharge Function Score for Skilled Nursing Facilities	New	RTI International/CMS
#4645	Cross-Setting Discharge Function Score for Home Health Agencies	New	Abt Global/CMS



Test Vote



# Voting Considerations and Troubleshooting



- Your voting link was sent to your email from “Voteer.”
  - Do not share your voting link with anyone, as it contains your personal voting code.
  - If you cannot find the voting link, please direct message the “PQM Co-host” or let us know verbally.
- If, at any point, you are having difficulties voting, try refreshing your page or opening the link in a different internet browser.
  - If you are still having difficulties, please let us know.

Decision Outcome	Description
Endorse	<b>Applies to new and maintenance measures.</b> You believe the measure meets all the criteria of endorsement.
Endorse with Conditions	<b>Applies to new and maintenance measures.</b> You believe the measure can be endorsed as it meets the criteria but also agree with any conditions identified for endorsement.
Do Not Endorse	<b>Applies to new measures only.</b> You believe the measure does not meet the criteria of endorsement.
Remove Endorsement	<b>Applies to maintenance measures only.</b> You believe the measure does not meet all the criteria of endorsement.

# Evaluation of Fall 2024 Measures



# CBE #3420 – CoreQ: AL Resident Satisfaction Survey



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>The measure calculates the percentage of assisted living (AL) residents, those living in the facility for two weeks or more, who are satisfied. This patient reported outcome measure is based on the CoreQ: AL Resident Satisfaction questionnaire that is a four-item questionnaire.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>American Health Care Association (AHCA)</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>Maintenance (Last reviewed: 2018)</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>National Quality Award Program; Quality Improvement (Internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>2018</li> </ul>

**Measure Type**  
Patient-reported Outcome-Based Performance Measure (PRO-PM)

**Target Population(s)**  
Older adults (65 years and older)

**Care Setting**  
Assisted Living Facility

**Level of Analysis**  
Facility

# CBE #3420 Public Comments



One comment received.

- One commenter noted that the performance gap looks good overall and that it is important to differentiate this survey from facility-generated surveys. They also acknowledged the effort to further explore equity issues.

Performance Gap,  
Feasibility, and Equity

1

# CBE #3420 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Evidence	Advisory Group; Staff Assessment; Committee Independent Review	<p>The Advisory Group requested the Recommendation Group keep the age of the evidence in mind and consider whether an update would be appropriate. The staff assessment also identified that nearly all literature cited is from before 2018 and may not reflect recent advances in this area.</p> <p>73% of Recommendation Group reviewers agreed with the staff assessment around the need for the literature review to be updated and providing evidence of a continued performance gap. Additional concerns included the focus group being outdated and having a limited sample size, limited actionability to aid patients and families in choosing health care facilities and including a better assessment of satisfaction.</p>
	Feasibility	Staff Assessment; Committee Independent Review	<p>Facilities had all information needed available except for cognitive status, which is necessary to determine residents whose surveys should be excluded from the measure. It is unclear if all data used to calculate the measure is in an electronic format, and, if not, if there is a near-term plan to support routine and electronic data capture.</p> <p>73% of reviewers agreed with the staff assessment that the initial submission met feasibility criteria; however, several issues need to be addressed including (1) all data not being in an electronic format and (2) high administrative and cost burden.</p>
	Reliability	Staff Assessment; Committee Independent Review	<p>The developer appears to have conducted a bootstrap version of reliability at the accountable entity level. Only the mean signal-to-noise reliability (0.84) is given so there is insufficient evidence to know whether &gt;70% of entities have reliability &gt;0.60.</p> <p>91% of reviewers agreed with the staff assessment and noted concerns with the use of outdated data, the lack of risk adjustment, the exclusion of surveys returned outside a two-month timeframe, low response rates, and limited reliability.</p>

# CBE #3420 Key Discussion Themes (Cont., 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Validity	Staff Assessment; Committee Independent Review	<p>The developer conducted validity testing using data from 2018. Additional studies that either rule out potential confounding or describe features of potential mechanisms will strengthen causal claims. In addition, the rationale for not performing risk adjustment is based on dated literature (2003-2014) and should be reassessed.</p> <p>91% of reviewers agreed with the staff assessment emphasizing the need to update data to reflect recent performance and reassess the rationale for not performing risk adjustment. Reviewers also indicated that the exclusion criteria is a challenge to the validity of the measure and expressed confusion around related measures.</p>
	Satisfaction	Advisory Group	The Advisory Group discussed whether the measure truly captures the concept of “satisfaction” and how the measure could still potentially play a role in patient-centered care.
Probing	Equity	Advisory Group; Staff Assessment; Committee Independent Review	<p>The Advisory Group discussed how the measure deals with issues of equity, particularly race, as Black and African-American residents tend to live in lower-performing assisted living facilities. A few members believed this measure could help drive better performance in those facilities. They also touched upon other variables, such as age and income status.</p> <p>The staff assessment also identified that additional work is needed to ensure the measure provides valid comparisons between Black and white residents who responded to the CoreQ: AL Resident Satisfaction Questionnaire.</p> <p>82% of reviewers rated this measure as Not Met, but Addressable, in agreement with the staff assessment. Reviewers’ concerns included the lack of diversity in the sample data, which predominantly represents non-Hispanic white residents aged 85 and older and references to nursing facilities despite the measure’s focus on assisted living facilities.</p>

# CBE #3422 – CoreQ: AL Family Satisfaction Measure



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>The measure calculates the percentage of family or designated responsible party for assisted living (AL) residents. This consumer-reported outcome measure is based on the CoreQ: AL Family Satisfaction questionnaire that has three items.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>AHCA</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>Maintenance (Last reviewed: 2018)</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>National Quality Award Program; Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>2018</li> </ul>

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Patient-reported Outcome-Based Performance Measure (PRO-PM)	Older adults (65 years and older)	Assisted Living Facility	Facility



# CBE #3422 Public Comments



One comment received.

- One commenter emphasized the importance of accurately identifying who qualifies as family or a responsible party (denominator) and suggested that protocols differentiate this survey from facility-generated surveys.

Denominator and Feasibility

1

# CBE #3422 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Evidence	Advisory Group; Staff Assessment; Committee Independent Review	<p>The Advisory Group requested the Recommendation Group keep the age of the evidence in mind and whether an update would be appropriate.</p> <p>The staff assessment also identified that the primary rationale for the impact of the measure is a 2014 systematic review showing a positive effect of patient-provider relationships on health care outcomes and a 2013 systematic review that found person-centered care was associated with psychosocial benefits. However, the Recommendation Group should consider if more recent evidence should be incorporated into the literature review.</p> <p>86% of Recommendation Group reviewers agreed with the staff assessment regarding updating the literature review and providing evidence of the performance gap. Reviewers indicated the focus group had a small sample size and was out-of-date and expressed concerns about the actionability of the measure for patients and families.</p>
	Feasibility	Staff Assessment; Committee Independent Review	<p>Facilities had all information needed available except for cognitive status, which is necessary to determine residents whose surveys should be excluded from the measure. It is unclear if all data used to calculate the measure is in an electronic format, and, if not, if there is a near-term plan to support routine and electronic data capture.</p> <p>86% of reviewers agreed with the staff assessment, noting that feasibility was met in the initial measure, but additional efforts are needed for maintenance. Reviewers' concerns included uncertainty about whether all the data were in an electronic format and the high administrative burden for facilities.</p>
	Reliability	Staff Assessment; Committee Independent Review	<p>The developer appears to have conducted a bootstrap version of reliability at the accountable entity level. Only the mean signal-to-noise reliability (0.82) is given so there is insufficient evidence to know whether &gt;70% of entities have reliability &gt;0.60.</p> <p>100% of reviewers agreed with the staff assessment, noting concerns with the low response rate requirement, low sample size, potential challenges for small facilities to meet the 20-response threshold, and potential issues with the consistency and accuracy of the results across different settings and populations.</p>

# CBE #3422 Key Discussion Themes

## (Cont., 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Dissenting	Validity	Staff Assessment; Committee Independent Review	<p>The developer conducted validity testing using data from 2018. Additional studies that either rule out potential confounding or describe features of potential mechanisms will strengthen causal claims. In addition, the rationale for not performing risk adjustment is based on dated literature (2003-2014) and should be reassessed.</p> <p>100% of reviewers agreed with the staff assessment, citing concerns an outdated rationale for not performing risk adjustment, potential issues with content validity, and limited response rates from minority groups.</p>
Probing	Satisfaction	Advisory Group	The Advisory Group discussed whether the measure truly captures the concept of “satisfaction” and how the measure could still potentially play a role in patient-centered care.
	Equity	Staff Assessment; Committee Independent Review	<p>For this optional domain, the staff assessment identified that additional work is needed to ensure the measure provides valid comparisons between the family members of Black and white residents who responded to the CoreQ: AL Family Satisfaction Questionnaire.</p> <p>100% of reviewers rated this measure as Not Met, but Addressable, in agreement with the staff assessment. Reviewers noted that the literature review drew from nursing home facility as opposed to assisted living facilities and current efforts to oversample underrepresented populations require further implementation.</p>

Lunch

*Meeting will resume at 12:45 PM ET*



# CBE #1623 – Bereaved Family Survey



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>The Bereaved Family Survey-Performance Measure (BFS-PM) is an outcome measure that is used to assess overall quality of care in the last month of life. Currently, the BFS is administered to the next-of-kin of all Veterans who die in a VA inpatient setting (i.e., acute units, intensive care units, inpatient hospice and palliative care units, and VA nursing homes) 4-6 weeks post-death. The BFS-PM is calculated using the global rating item included on the 20-item BFS that has separate versions for male and female Veterans and is available in English and Spanish. The BFS global rating item asks: “Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care [he/she] received in the last month of life?” The BFS-PM is calculated as the proportion of family members who provided a “top box” rating of 9 or 10 vs. 0-8 on the global rating item. BFS-PM scores are used for the purposes of monitoring quality of care for Veterans at the end of life nationally, facility benchmarking within the VA health care system, and targeting quality improvement efforts.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>Department of Veterans Affairs</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>Maintenance (Last reviewed: 2015)</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>National Hospice and Palliative Care Program - Geriatrics and Extended Care, Veterans Health Administration, Department of Veteran Affairs; Quality improvement (internal to the specific organization)</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>2012</li> </ul>

**Measure Type**  
Patient-reported Outcome-based Performance Measure (PRO-PM)

**Target Population(s)**  
Adults aged 18-103 years

**Care Setting**  
VA inpatient facilities (includes acute units, intensive care units, inpatient hospice and palliative care units, and VA nursing homes)

**Level of Analysis**  
Facility; Individual Patient

# CBE #1623 Public Comments



## Five comments received.

- BFS is a valuable tool for tracking and improving end-of-life quality of care. Many aspects of the tool (e.g., next-of-kin perspective) cannot be captured through chart review or administrative data. The tool helps facilities pinpoint priorities for improvement.

Essential Tool for Identifying Areas of Improvement in End-of-Life Care

3

- One commenter noted overall support, highlighting that the use and usability results are encouraging.

Overall Support

1

- One commenter was concerned about missing veterans who received care in non-VA inpatient settings. They also suggested expanding to all inpatient settings for broader patient capture.

Potential Expansion into Non-Veteran-Specific Settings

1

# CBE #1623 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Importance and Value	Advisory Group; Public Comment; Committee Independent Review	<p>The Advisory Group discussed how this is an important survey that seems to be valuable to veterans and their families, which can be seen through high response rates, and expressed interest in seeing the measure transition to outside of the VA.</p> <p>Public comments highlighted the measure's significance and expressed interest in extending its application to non-VA settings to encompass a wider range of end-of-life care experiences.</p> <p>100% of Recommendation Group members agreed with the staff assessment rating of Met. Reviewers highlighted the measure's strong evidence base, well-defined logic model, and substantiated performance gap.</p>
	High Response Rates	Advisory Group	The Advisory Group praised the high response rates and the rigorous system the developer has put into place to ensure those response rates. They discussed that the response rates could also represent the importance and value of the measure. They also discussed potential ways the response rates could improve even further.
	QI Processes	Advisory Group	The Advisory Group discussed the way this measure drives QI processes, including the ways in which it could drive potential equity considerations, particularly surrounding race and ethnicity.
	Feasibility	Committee Independent Review	100% of Recommendation Group members agreed with the staff assessment rating of Met. Members noted that the measure has clear strategies for data collection, risk adjustment, and problem resolution and there are resources in place for implementation which minimizes undue burden.
	Reliability	Committee Independent Review	100% of Recommendation Group members rated this measure as Met, in agreement with the staff assessment. One Recommendation Group member stated that the data sources, testing methods, and sample characteristics are comprehensively described and the test-retest reliability and year-to-year stability testing ensure reliability at the person- and facility-levels.

# CBE #1623 Key Discussion Themes (Cont., 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Use and Usability	Committee Independent Review	100% of Recommendation Group members rated the measure as Met, in agreement with the staff assessment. Members highlighted the measure's current use for public reporting and quality improvement and provision of actionable feedback.
Dissenting	Risk Adjustment	Staff Assessment	The developer conducted statistical risk adjustment, but it is unclear how the developer selected the final risk variables to be included in the model based on the conceptual model and/or overall approach. The developer reported a C-statistic of 0.60, indicating moderate model discrimination.
Mixed	Validity	Committee Independent Review	<p>78% of Recommendation Group members rated this measure as Not Met, but Addressable, in agreement with the staff assessment. One reviewer noted limitations around low response rates which might skew the results and potential recall bias associated with administering the survey four to six weeks after death.</p> <p>22% of members rated this measure as Met, expressing disagreement with staff assessment. One member stated that the validity testing conducted is appropriate and adequate for a PROM and noted that the contradictory statements related to comorbidity are supported by literature.</p>
Probing	Race and Equity	Advisory Group	<p>The Advisory Group was interested in hearing more about how this measure could drive equity issues, particularly related to race.</p> <p>89% of Recommendation Group members rated this measure as Not Met, but Addressable.. Reviewers' concerns included the lack of diversity in the sample data, which predominantly represents non-Hispanic white residents aged 85 and older and references to nursing facilities despite the measure's focus on assisted living facilities. One member suggested assessing variation due to income and dual enrollment to Medicare and Medicare status.</p>
	Unexpected Findings	Advisory Group	The Advisory Group asked for more information on how the developer contends with bereaved family members such as those who express suicidality and require additional mental health resources.



# CBE #3645 – Hospice Visits in the Last Days of Life



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>The proportion of hospice patients who received hospice visits from a registered nurse or medical social worker (non-telephonically) associated with the measured hospice entity during at least two of the final three days of life.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>CMS/Abt Global</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>Maintenance (Last reviewed: 2022)</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>Hospice Quality Reporting Program</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>2022</li> </ul>

**Measure Type**

Process

**Target Population(s)**

All patients admitted to Medicare-certified hospice programs, regardless of patient age.

**Care Setting**

Hospice

**Level of Analysis**

Facility

# CBE #3645 Public Comments



## Two comments received.

- National Alliance for Care at Home supports the use of hospice visit data, but the measure does not consider the wishes of the patient (e.g., preferences for other hospice interdisciplinary groups, virtual telehealth visits, spiritual needs, patient/family visit refusals). It should focus on quality rather than quantity of visits. Another commenter thought the measure was insensitive to end-of-life process and not reflective of actual patient needs and dynamics of hospice care. The measure should be more inclusive of other disciplines.

Person-centered Care and Inclusivity of Disciplines

2

# CBE #3645 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Feasibility	Committee Independent Review	100% of Recommendation Group members agreed with the staff assessment rating of Met, noting that the measure is easy to implement and poses no burden to providers, patients, and caregivers.
Dissenting	Holistic Care	Advisory Group; Public Comment	<p>Several Advisory Group members stated that a limitation of the measure was its inability to capture other disciplines that may provide care at end of life, including chaplains and social workers.</p> <p>Public comments underscored this same limitation, noting that the measure should be revised to include a broader range of visit types, allow virtual visits, and consider patient and family wishes to better reflect quality care. In addition, the measure only focuses on the frequency of Registered Nurse (RN) and Medical Social Worker (MSW) visits rather than the quality of care or patient and family preferences.</p>
Mixed	Use and Usability	Public Comment	<p>The National Alliance of Care expressed that the measure's requirement to identify the "final days" of life is imprecise, and its implementation has shown minimal improvement in hospice performance, especially during the COVID-19 pandemic.</p> <p>78% of Recommendation Group members agreed with the staff assessment rating of Met, noting that the measure is currently in use in a reporting program. One member rated this measure as Not Met, but Addressable, highlighting the need to continue exploring findings on LPN visits and patient and family preferences. One member rated this measure as Not Met, citing the inability to use this measure to monitor improvement as a concern.</p>
	Reliability	Committee Independent Review	89% of Recommendation Group members rated this measure as Met, in agreement with the staff assessment. In contrast, one member rated this measure as Not Met, but Addressable due to the lack of clarity about how to interpret measure scores.

# CBE #3645 Key Discussion Themes

## (Cont., 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Importance	Advisory Group; Committee Independent Review	<p>The Advisory Group, and particularly the patient participants, said that this was an important measure that can drive improvement and support patients and caregivers.</p> <p>22% of Recommendation Group members rated the measure as Not Met, but Addressable, citing concerns related to the measure focusing on visits by only two disciplines, potential overlap with an existing measure, the exclusion of patient refusal, and the measure's assumption that a nurse or social worker will visit within three days of death.</p> <p>33% of Recommendation Group members rated the measure as Not Met and indicated several concerns including the measure focus on staff presence being insufficient, the measure focusing on visits by only two disciplines (nursing and social work), limited correlation between the number of visits and outcomes measured by the CAHPS hospice survey, and the assumption that hospices can accurately predict when patients will pass away.</p>
	Validity	Committee Independent Review	<p>56% of Recommendation Group members rated this measure as Met, in agreement with the staff assessment.</p> <p>44% of members rated this measure as Not Met, but Addressable, citing concerns with the measure's low correlation with the measure used to assess its criterion validity, the measure's reliance specific professions (nursing and social work), and the lack of consideration for unexpected deaths.</p>
Probing	Equity	Committee Independent Review	<p>67% of Recommendation Group members agreed with the staff assessment rating of Met. 22% of members rated this measure as Not Met, but Addressable with a reviewer noting the social workers or nurses may not be universally valued or appropriate to a patients spiritual and cultural context. One reviewer (11%) rated this measure as Not Met due to a lack of analysis on the difference between for-profit and not-for-profit facilities.</p>

Break

*Meeting will resume at 2:30 PM ET*



# CBE #4630 – Cross-Setting Discharge Function Score for Inpatient Rehabilitation Facilities



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>This outcome measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) Medicare patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics. The measure includes patients who are 18 years of age or older and the timeframe for the measure is 12 months.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>RTI International/CMS</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>New</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>Inpatient Rehabilitation Facility Quality Reporting Program</li> <li>Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and Older adults (65 years and older)	Inpatient Rehabilitation Facility	Facility

# CBE #4630 Public Comments



## Twelve comments received.

- Commenters\* representing expressed significant concerns about the activity not attempted (ANA) code imputation methodology, citing its burdensome nature, unclear responsibilities, and high costs for technology and training. They highlighted issues such as that the measure methodology overrides clinical judgment, differs from existing methods, and lacks clarity on responsibility for calculations. Additionally, they noted that without technological solutions, clinicians face uncertainty in patient function scores, complicating the use of quality measures, and the methodology report lacks clarity on accounting for walk versus wheelchair patients.

Feasibility (Imputation Methodology is Unclear and Burdensome)

12

### \*Commenters include:

- American Medical Rehabilitation Providers Association (AMRPA)
- Kessler Institute for Rehabilitation
- Mary Free Bed Rehabilitation Hospital
- Encompass Health
- Exchanged Quality Data for Rehabilitation (EQUADR) Patient Safety Organization
- Gundersen Health System MossRehab
- HCA Healthcare
- Ernest Health,
- Spaulding Rehabilitation Hospital/Harvard Medical School
- Madonna Rehabilitation Hospital

# CBE #4630 Public Comments

## (Cont., 1)



- The measure competes with two existing measures ([CBE #2635](#) Discharge Self-Care Score and [CBE #2636](#) Discharge Mobility Score for Medical Rehabilitation Patient), showing inconsistencies, as some IRFs report meeting expectations on the existing measures but not on the new one. AMRPA noted that 14% of IRFs performed worse on the Discharge Function Score. Stakeholders have requested a detailed comparison to identify discrepancies. Criticism includes combining self-care and mobility into a single score, preferring separate assessments for accuracy, especially for patients with imbalanced impairments. The measure uses only a portion of functional items from the IRF Patient Assessment Instrument (IRF-PAI) and lacks cognitive elements, potentially misrepresenting patient improvements. Concerns about sample size suggest biases in smaller facilities, warranting further investigation.

Concerns with Competing Measures

12



# CBE #4630 Public Comments

## (Cont., 2)



- Commenters felt that this measure is not truly a “cross-setting” measure as the settings each have different imputation and risk-adjustment methodologies. They stated that the implication that the measures can be used to compared across settings is inaccurate and misleading. Measure calculations should be standardized across settings.

Not Truly a “Cross-Setting” Measure

12

- There are potential unintended consequences, such as limiting patient access to certain settings. AMRPA also questioned whether consideration was given for referral sources using measure information to direct patients to alternative settings that may not provide the appropriate services to produce high-quality outcomes.

Unintended Consequences

12

# CBE #4630 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Reliability	Committee Independent Review	100% of Recommendation Group members rated this measure as Met, in agreement with the staff assessment. One member noted that the measure demonstrates consistent performance differentiation across facilities. Another member highlighted the extensive reliability testing the developer conducted.
Dissenting	Exclusion Criteria	Advisory Group	The Advisory Group discussed whether it is appropriate for the measure to exclude patients who have less-certain trajectories and less likelihood to significantly improve their measure scores.
	Overlapping Measures	Advisory Group; Public Comment; Staff Assessment	<p>The Advisory Group discussed whether the new cross-setting measures would overlap with already existing measures.</p> <p>Public commenters highlighted inconsistencies/misalignment with existing endorsed measures that use a broader range of functional items, compared to this measure which includes only a subset. They argued that the existing measures offer a more accurate representation of patient outcomes.</p> <p>The staff assessment noted it is unclear if the proposed measure overlaps with two existing measures (CBE #2635: Inpatient Rehabilitation Facility [IRF] Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients and CBE #2636: IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients).</p>
	Unintended Consequence of Patient Access	Public Comment	Public commenters criticized the measure's designation as "cross-setting" due to differing expectations across post-acute care settings, potentially leading to inequitable patient access and misdirected referrals.

# CBE #4630 Key Discussion Themes (Cont., 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Importance	Advisory Group; Committee Independent Review	<p>A few Advisory Group members expressed that they were pleased to see these measures brought forward and that their cross-setting nature would be beneficial.</p> <p>43% of Recommendation Group members agreed with the staff assessment rating of Met with one member noting that the data demonstrate a performance gap across facilities. 57% of Recommendation Group members rated the measure as Not Met, but Addressable, citing concerns such as the measure not linking functional status with patient preferences or outcomes, potential duplication with existing measures, an incomplete logic model, and the need for clearer labeling to reflect alignment and differences in imputation methods and risk adjustment variables..</p>
	Feasibility	Public Comment; Staff Assessment; Committee Independent Review	<p>Public comments highlighted the administrative challenges of the complex imputation methodology, requiring significant investment in technology and training.</p> <p>The staff assessment recommended evaluating whether the imputation method places an undue burden on providers.</p> <p>71% of Recommendation Group members agreed with the staff assessment rating of Met, noting that the required data elements are already part of standard care. However, 29% rated it as Not Met, but Addressable, due to concerns about the burdensome statistical imputation method. One member suggested refining the methodology or providing additional resources to help providers.</p>

# CBE #4630 Key Discussion Themes

## (Cont., 2)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
<b>Mixed</b>	Validity	Committee Independent Review	71% of Recommendation Group members rated the measure as Met, agreeing with the staff assessment, with one member noting extensive validity testing. However, 29% rated it as Not Met, but Addressable. Concerns included the lack of evidence on the validity of GG elements in predicting outcomes, reliance on correlational studies that may introduce bias, and complications from overlapping denominators. Suggestions included conducting mechanism studies and refining risk adjustment.
	Use and Usability	Committee Independent Review	57% of Recommendation Group members agreed with the staff assessment rating of Met. One member noted that the measure is already well-integrated to a reporting program and has the potential to reduce costs and improve outcomes. 43% of Recommendation Group members rated this measure as Not Met, but Addressable, noting concerns around competing measures, the burden and cost of analysis falling on individual inpatient rehabilitation facilities and a lack of clarity to clinicians on how to utilize scores to identify opportunities for improvement.
<b>Probing</b>	Gaming	Advisory Group	A few Advisory Group members discussed whether the function score could be easily manipulated so that entities could appear to perform better on the measure.
	Equity	Committee Independent Review	86% of Recommendation Group members agreed with the staff assessment rating of Met, highlighting the measure's inclusion of social risk factors in risk adjustment models.

# CBE #4635 – Cross-Setting Discharge Function Score for Long-Term Care Hospitals



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>This outcome measure estimates the percentage of Long-Term Care Hospital (LTCH) patient stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients 18 years of age or older and the measure timeframe is 12 months.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>RTI International/CMS</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>New</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>Long-Term Care Hospital Quality Reporting Program</li> <li>Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

<b>Measure Type</b>	<b>Target Population(s)</b>	<b>Care Setting</b>	<b>Level of Analysis</b>
Outcome	Adults (18-64 years) and Older adults (65 years and older)	Long-Term Acute Care Hospital	Facility

# CBE #4635 Public Comments



## **No comments received.**

However, public comments received for CBE #4630 included cross-cutting themes for CBE #4635 related to:

- Feasibility concerns due to the burden of the imputation methodology.
- Unintended consequences of limiting patient access.
- Misleading implication that one can compare measure results across settings.

# CBE #4635 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supportive	Reliability	Committee Independent Review	100% of Recommendation Group members agreed with the staff assessment rating of Met, noting that the developer conducted various tests of reliability. One member indicated a concern about not including social risk factors to the risk adjustment model due to its minimal impact on the model as it might lead to overlooking systemic disparities in care delivery.
Dissenting	Overlapping Measures	Advisory Group; Staff Assessment	<p>The Advisory Group discussed whether the new cross-setting measures would overlap with already existing measures.</p> <p>The staff assessment noted it is unclear if the proposed measure overlaps with the existing measure (CBE #2632: Long-Term Care Hospital Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support).</p>
Mixed	Feasibility	Committee Independent Review; Staff Assessment	<p>100% of Recommendation Group members rated the measure as Met, in agreement with the staff assessment rating. Members highlighted that the data elements are already required as part of standard care for long-term care hospitals.</p> <p>In considering the people necessary to implement the measure, the Recommendation Group members should assess whether the imputation methodology used in the measure calculation places an undue burden on providers.</p>
	Validity	Committee Independent Review	78% of Recommendation Group members rated the measure as Met, agreeing with the staff assessment, though one member noted the lack of social risk factors in the risk adjustment model as a limitation. Conversely, 22% rated it as Not Met, but Addressable, with concerns about the lack of evidence for the validity of GG elements in predicting outcomes compared to those not included.

# CBE #4635 Key Discussion Themes

## (Cont., 1)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Importance	Advisory Group; Committee Independent Review	<p>A few Advisory Group members expressed that they were pleased to see these measures brought forward and that their cross-setting nature would be beneficial.</p> <p>67% of Recommendation Group members agreed with the staff assessment rating of Met, highlighting the measure's strong evidence base and business case, significant performance gap, and well-defined logic model. Conversely, 33% of Recommendation Group members rated the measure as Not Met, but Addressable noting concerns with the lack of linkage between functional status and patient preferences or outcomes, and the overlap of the measure with existing measures.</p>
	Use and Usability	Committee Independent Review	<p>67% of Recommendation Group members agreed with the staff assessment rating of Met, noting the data elements are required by a reporting program. Long-term care hospitals receive quarterly reports, and the measure's strong usability provides actionable feedback for quality improvement and transparency, with recommendations to address equity concerns through risk adjustment or targeted interventions.</p> <p>33% of Recommendation Group members rated this measure as Not Met, but Addressable, noting concerns around the burden and cost of analysis falling on individual long-term care hospitals, consumers, purchasers rather, referring providers or policymaker, and a lack of clarity to clinicians on how to utilize scores to identify opportunities for improvement.</p>



# CBE #4635 Key Discussion Themes (Cont., 2)



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Probing	Gaming	Advisory Group	A few Advisory Group members discussed whether the function score could be easily manipulated so that entities could appear to perform better on the measure.
	Accountability	Advisory Group	The Advisory Group discussed how the measure could play a role in helping prevent premature discharges from LTCHs, particularly as they relate to underrepresented minorities.
	Equity	Committee Independent Review	89% of Recommendation Group members agreed with the staff assessment rating of Met, highlighting the measure's inclusion of social risk factors in risk adjustment models. Conversely, one Recommendation Group members rated this measure as Not Met, but Addressable, due to the exclusion of social risk factors in the risk adjustment model which could penalize providers serving high-risk populations or mask disparities.

# CBE #4640 – Cross-Setting Discharge Function Score for Skilled Nursing Facilities



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>This outcome measure estimates the percentage of Medicare Part A skilled nursing facility stays that meet or exceed an expected discharge function score. The expected discharge function score is a risk-adjusted estimate that accounts for resident characteristics. The measure includes patients who are 18 years of age or older and the measure timeframe is 12 months.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>RTI International/CMS</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>New</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>Skilled Nursing Facility Quality Reporting Program; Nursing Home Quality Initiative; Skilled Nursing Facility Value Based Purchasing Program</li> <li>Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and Older adults (65 years and older)	Nursing Home/ Skilled Nursing Facility	Facility

# CBE #4640 Public Comments



## **No comments received.**

However, public comments received for CBE #4630 included cross-cutting themes for CBE #4640 related to:

- Feasibility concerns due to the burden of the imputation methodology.
- Unintended consequences of limiting patient access.
- Misleading implication that one can compare measure results across settings.

# CBE #4640 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Supporting	Reliability	Committee Independent Review	100% of Recommendation Group members agreed with the staff assessment rating of Met with members noting the extensive reliability testing and the robust results of that testing.
Dissenting	Target Population	Advisory Group	Several Advisory Group members expressed concern over this measure only covering fee-for-service (FFS), pointing out that those individuals tend to be a small percentage of patients in skilled nursing facilities, meaning the measure would have limited applicability and usefulness.
Mixed	Feasibility	Committee Independent Review; Staff Assessment	<p>100% of Recommendation Group members rated the measure as Met, in agreement with the staff assessment rating. Members indicated that data collection via the MDS system is a standard requirement for skilled nursing facilities.</p> <p>In considering the people necessary to implement the measure, the Recommendation Group should assess whether the imputation methodology used in the measure calculation places an undue burden on providers.</p>
	Importance	Committee Independent Review	<p>A few Advisory Group members expressed that they were pleased to see these measures brought forward and that their cross-setting nature would be beneficial.</p> <p>64% of Recommendation Group members agreed with the staff assessment rating of Met, noting the significant performance gap, strong evidence, good logic model, and strong business case. However, 38% of Recommendation Group members rated the measure as Not Met, but Addressable, citing concerns with the lack of linkage between functional status and patient preferences or outcomes, and the overlap of the measure with existing measures.</p>

# CBE #4640 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
Mixed	Validity	Committee Independent Review	75% of Recommendation Group members rated this measure as Met, in agreement with the staff assessment while 25% of members rated this measure as Not Met, but Addressable. One member stated that the developer did not provide evidence of how the subset of GG elements included in the measure are valid in predicting the outcome compared to elements that were not included.
	Use and Usability	Committee Independent Review	75% of Recommendation Group members agreed with the staff assessment rating of Met. 25% of Recommendation Group members rated this measure as Not Met, but Addressable, citing concerns about the actionability of the data for performance improvement, the burden and cost of analysis falling on individual skilled nursing facilities, consumers, purchasers, referring providers, and policymakers, and a lack of clarity to clinicians on how to utilize scores to identify opportunities for improvement.
Probing	Gaming	Advisory Group	A few Advisory Group members discussed whether the function score could be easily manipulated so that entities could appear to perform better on the measure.
	Equity	Committee Independent Review	88% of Recommendation Group members agreed with the staff assessment rating of Met, One member rated this measure as Not Met, but Addressable, stating that adding social risk factors to the risk adjustment model could aid in mitigating identified disparities.

# CBE #4645 – Cross-Setting Discharge Function Score – for Home Health Agencies



Item	Description
<b>Measure Description</b>	<ul style="list-style-type: none"> <li>This outcome measure estimates the percentage of Home Health (HH) Medicare patients (18+) who meet or exceed an expected discharge function score over a 12-month period. The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics.</li> </ul>
<b>Developer/Steward</b>	<ul style="list-style-type: none"> <li>Abt Global/CMS</li> </ul>
<b>New or Maintenance</b>	<ul style="list-style-type: none"> <li>New</li> </ul>
<b>Current Use</b>	<ul style="list-style-type: none"> <li>Home Health Quality Measures</li> <li>Quality Improvement (internal to the specific organization); Quality Improvement with Benchmarking (external benchmarking to multiple organizations)</li> </ul>
<b>Initial Endorsement</b>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

Measure Type	Target Population(s)	Care Setting	Level of Analysis
Outcome	Adults (18-64 years) and Older adults (65 years and older)	Home Health	Facility

# CBE #4645 Public Comments



## **No comments received.**

However, public comments received for CBE #4630 included cross-cutting themes for CBE #4645 related to:

- Feasibility concerns due to the burden of the imputation methodology.
- Unintended consequences of limiting patient access.
- Misleading implication that one can compare measure results across settings.

# CBE #4645 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
<b>Supportive</b>	Reliability	Committee Independent Review	100% of Recommendation Group members agreed with the staff assessment rating of Met, noting that the developer conducted various tests of reliability. One member indicated a concern about not including social risk factors to the risk adjustment model due to its minimal impact on the model as it might lead to overlooking systemic disparities in care delivery.
<b>Dissenting</b>	Time Period	Advisory Group	The Advisory Group discussed whether the 12-month period was appropriate for the measure, with one Advisory Group member pointing out that such a lengthy time frame made improvement more difficult for clinicians to implement.
<b>Mixed</b>	Importance	Advisory Group; Committee Independent Review	<p>A few Advisory Group members were pleased to see these measures brought forward and expressed that their cross-setting nature would be beneficial.</p> <p>63% of Recommendation Group reviewers agreed with the staff assessment rating of Met, noting the significant performance gap and strong evidence base.</p> <p>38% of reviewers rated the measure as Not Met, but Addressable, citing concerns with the lack of linkage between functional status and patient preferences or outcomes and the overlap of the measure with existing measures.</p>
	Validity	Committee Independent Review	<p>75% of Recommendation Group members rated the measure as Met, agreeing with the staff assessment, with one member noting extensive validity testing.</p> <p>25% rated it as Not Met, but Addressable. Concerns included the lack of evidence on the validity of GG elements in predicting outcomes, reliance on correlational studies that may introduce bias, and complications from overlapping denominators.</p>



# CBE #4645 Key Discussion Themes



Discussion Category	Key Themes	Source of Comment	Summary of Comments
<b>Mixed</b>	Feasibility	Staff Assessment; Committee Independent Review	<p>100% of Recommendation Group reviewers rated the measure as Met, in agreement with the staff assessment rating. Reviewers highlighted the measure's data elements are required as part of standard care and thus, require no additional burden for home health agencies and noted that there are well-established resources for implementation available.</p> <p>In considering the people necessary to implement the measure, the Recommendation Group should assess whether the imputation methodology used in the measure calculation places an undue burden on providers.</p>
	Use and Usability	Committee Independent Review	<p>75% of Recommendation Group reviewers agreed with the staff assessment rating of Met, noting that the measure is currently use in a reporting program.</p> <p>25% of reviewers rated this measure as Not Met, but Addressable, citing concerns about the actionability of the data for performance improvement, the burden and cost of analysis falling on individual HHAs, consumers, purchasers, referring providers, and policymakers and a lack of clarity to clinicians on how to utilize scores to identify opportunities for improvement.</p>
<b>Probing</b>	Gaming	Advisory Group	A few Advisory Group members discussed whether the function score could be easily manipulated so that entities could appear to perform better on the measure.
	Equity	Committee Independent Review	86% of Recommendation Group members agreed with the staff assessment rating of Met, highlighting the measure's inclusion of social risk factors in risk adjustment models.

# Next Steps



# Next Steps for Fall 2024



## Meeting Summary

- Meeting summary will be posted to the E&M committee project page by March 4, 2025.



## Appeals Period

- **Appeals Period:** March 4-March 24
- The Appeals Committee will meet on March 31, 2025, if needed, to review eligible appeals. Please refer to the [E&M Guidebook](#) for more information about the appeals process.



## Technical Report

- At the conclusion of the appeals period, a final technical report will be posted to the E&M Committee project page in April 2025.

# Thank You!

Have questions? Contact us at  
[PQMsupport@battelle.org](mailto:PQMsupport@battelle.org)





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