National Consensus Development and Strategic Planning for Health Care Quality Measurement

Spring 2024 Advanced Illness and Post-Acute Care Endorsement Meeting Summary

Overview

Battelle, the consensus-based entity (CBE) for the Centers for Medicare & Medicaid Services (CMS), convened the Recommendation Group of the Advanced Illness and Post-Acute Care committee on July 31, 2024, for discussion and voting on measures under endorsement consideration for the Spring 2024 cycle. Meeting participants joined virtually through a Zoom meeting platform. Measure stewards/developers and members of the public were also in attendance.

The objectives of the meeting were to:

- Review and discuss measures submitted to the committee for the Spring 2024 cycle;
- Review staff preliminary assessments, Advisory and Recommendation Group feedback, public comments, and developer responses regarding the measures under endorsement review; and
- Render endorsement decisions using a virtual voting platform.

This summary provides an overview of the meeting, the Recommendation Group deliberations, and the endorsement decision outcomes. Full measure information, including all public comments, staff preliminary assessments, Advisory Group feedback, and committee independent reviews can be found on the project committee's webpage on the Partnership for Quality Measurement (PQM) website.

After each endorsement meeting, measures and endorsement decisions enter an appeals period for 3 weeks, from August 30-September 20, 2024. Any interested party may submit an appeal, which will be reviewed for eligibility according to the criteria within the Endorsement and Maintenance (E&M) Guidebook. If eligible, the Appeals Committee, consisting of all co-chairs from the five E&M project committees, will convene to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.

Welcome, Roll Call, and Disclosures of Interest

Matt Pickering, PharmD, E&M task lead, welcomed the attendees to the meeting and introduced his co-presenters Anna Michie, E&M deputy task lead, and Isaac Sakyi, social scientist, and his co-facilitator, Meridith Eastman, PhD, Pre-Rulemaking Review (PRMR) and Measure Set Review (MSR) task lead. Dr. Pickering also introduced the committee co-chairs, Kristin Seidl, PhD, RN, and Stephen Weed, MA, who each provided welcoming remarks.

Mr. Sakyi then conducted roll call, and members disclosed any perceived conflicts of interest regarding the measures under review. One member was recused from voting based on Battelle's conflict of interest policy. Morris Hamilton was recused from CBE #0167, CBE #0174, CBE #0175, and CBE #0176 due to his involvement in developing the measures.

After roll call, Battelle facilitators established whether quorum was met and outlined the procedures for discussing and voting on measures. The discussion quorum requires the attendance of at least 60% of the active Recommendation Group members (n=11). Voting quorum requires at least 80% of active Recommendation Group members who have not recused themselves from the vote (n=14, except for CBE #0167 and CBE #0174-0176 in which n=13). Both discussion quorum and voting quorum were established and maintained through part of the meeting. Voting quorum was lost for CBE #2967 and CBE #3453 but discussion quorum was maintained. Consequently, endorsement decisions were not finalized for those measures during the meeting. The Recommendation Group members present discussed the measures and submitted their endorsement votes. After the meeting, the Battelle team shared the meeting recording with Recommendation Group members who were not present during the discussions of CBE #2967 and CBE #3453 and requested they submit their endorsement vote via an offline voting tool within 2 business days.

Evaluation of Candidate Measures

Ms. Michie provided an overview of the six measures under review. For the Spring 2024 cycle, the Advanced Illness and Post-Acute Care committee received no new measures and six measures undergoing maintenance endorsement review (Figure 1). The measures focused on improvements in ambulation, bathing, bed transferring, and management of oral medication in home health settings; eliciting feedback from Medicaid beneficiaries receiving home and community-based services (HCBS); and continuity of care after treatment for substance abuse disorder.

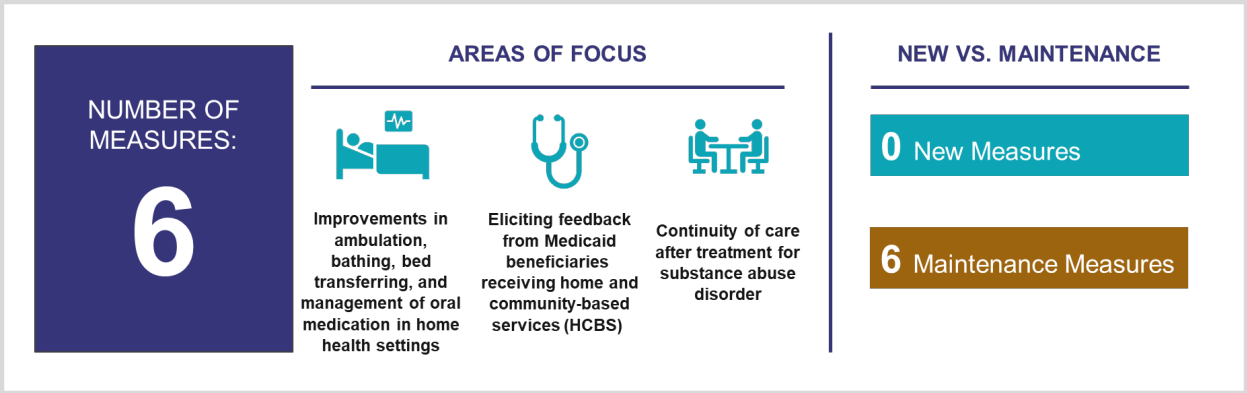

Figure 1. Advanced Illness and Post-Acute Care measures for Spring 2024.

Prior to the endorsement meeting, Battelle convened a public Advisory Group meeting on June 5, 2024, to gather feedback and questions regarding the measures under endorsement review. Battelle summarized the Advisory Group's feedback and questions and shared them with developers/stewards for review and written response. Battelle then shared the Advisory Group feedback and questions, along with the developer/steward responses, with the Recommendation Group a week prior to the endorsement meeting.

On June 17, 2024, Battelle provided Recommendation Group members the full measure submission details for each measure up for review, including all attachments, the PQM Measure Evaluation Rubric, the public comments received for the measures under review, and the staff preliminary assessments.

Recommendation Group members were asked to review each measure, independently, against the PQM Measure Evaluation Rubric. Committee members assigned a rating of "Met," "Not Met

but Addressable," or "Not Met" for each domain of the PQM Measure Evaluation Rubric. In addition, committee members provided associated rationales for each domain rating, which were based on the rating criteria listed for each domain. Battelle staff aggregated and summarized the results and distributed them back to the entire committee, and to the respective measure developers/stewards, for review within 1 week of the endorsement meeting. Battelle staff compiled these independent committee member ratings, and Battelle facilitators and committee co-chairs used them to guide committee discussions.

During the endorsement meeting, the committee voted to endorse five measures with conditions. For the sixth measure, CBE #2967, the committee endorsed 17 of the 19 individual measures included in CBE #2967.[1] The committee did not reach consensus on the remaining two CBE #2967 measures, which resulted in endorsement being removed for those two measures (Table 1). Summaries of the committee's deliberations for each measure along with any conditions for endorsement are noted below.

[1]For this cycle, six measures were submitted for endorsement review; however, CBE #2967 – HCBS CAHPS contains 19 individual measures. Per the policy on Instrument-based Clinical Quality Measures, the CBE does not endorse survey instruments. Rather, the CBE reviews and endorses measures derived from survey instruments in which survey assessments are aggregated to an accountable entity. Thus, each of the 19 measures derived from the HCBS CAPHS survey instrument is reviewed and endorsed separately.

Table 1. Spring 2024 Advanced Illness and Post-Acute Care Measure Endorsement Decisions

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse | N (%)	Endorse with Conditions | N (%)	Not Endorse/Remove Endorsement | N (%)	Recusals
0167	Improvement in Ambulation/Locomotion	Maintenance	Endorse with Conditions	8 (61.54%)	5 (38.46%)	0 (0.00%)	1
0174	Improvement in Bathing	Maintenance	Endorse with Conditions	8 (57.14%)	6 (42.86%)	0 (0.00%)	1
0175	Improvement in Bed Transferring	Maintenance	Endorse with Conditions	8 (57.14%)	6 (42.86%)	0 (0.00%)	1
0176	Improvement in Management of Oral Medications	Maintenance	Endorse with Conditions	10 (71.43%)	3 (21.43%)	1 (7.14%)	1
2967*	Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measure – *Scale Measure 1 - Staff are reliable and helpful*	Maintenance	Endorse with Conditions	5 (35.71%)	9 (64.29%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Scale Measure 2 - Staff listen and communicate well*	Maintenance	Endorse with Conditions	3 (21.43%)	11 (78.57%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Scale Measure 3 - Case manager is helpful*	Maintenance	Endorse with Conditions	2 (14.29%)	11 (78.57%)	1 (7.14%)	0
2967*	HCBS (CAHPS) Measure – *Scale Measure 4 - Choosing the services that matter to you*	Maintenance	Endorse with Conditions	2 (14.29%)	11 (78.57%)	1 (7.14%)	0

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse | N (%)	Endorse with Conditions | N (%)	Not Endorse/Remove Endorsement | N (%)	Recusals
2967*	HCBS (CAHPS) Measure – *Scale Measure 5 - Transportation to medical appointments*	Maintenance	Endorse with Conditions	2 (14.29%)	11 (78.57%)	1 (7.14%)	0
2967*	HCBS (CAHPS) Measure – *Scale Measure 6 - Personal safety and respect*	Maintenance	Endorse with Conditions	2 (14.29%)	11 (78.57%)	1 (7.14%)	0
2967*	HCBS (CAHPS) Measure – *Scale Measure 7 - Planning your time and activities*	Maintenance	Endorse with Conditions	2 (14.29%)	11 (78.57%)	1 (7.14%)	0
2967*	HCBS (CAHPS) Measure – *Global Rating Measure 1 - Global rating of personal assistance and behavioral health staff*	Maintenance	Endorse with Conditions	2 (14.29%)	12 (85.71%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Global Rating Measure 2 - Global rating of homemaker*	Maintenance	Endorse with Conditions	2 (14.29%)	12 (85.71%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Global Rating Measure 3 - Global rating of case manager*	Maintenance	Endorse with Conditions	2 (14.29%)	12 (85.71%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Recommendation Measure 1 - Would recommend personal assistance/behavioral health staff to family and friends*	Maintenance	Endorse with Conditions	2 (14.29%)	12 (85.71%)	0 (0.00%)	0

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse | N (%)	Endorse with Conditions | N (%)	Not Endorse/Remove Endorsement | N (%)	Recusals
2967*	HCBS (CAHPS) Measure – *Recommendation Measure 2 - Would recommend homemaker to family and friends*	Maintenance	Endorse with Conditions	2 (14.29%)	12 (85.71%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Recommendation Measure 3 - Would recommend case manager to family and friends*	Maintenance	Endorse with Conditions	2 (14.29%)	12 (85.71%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 1 - Unmet need in dressing/bathing due to lack of help*	Maintenance	Endorse with Conditions	4 (25.00%)	12 (75.00%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 2 - Unmet need in meal preparation/ eating due to lack of help*	Maintenance	Endorse with Conditions	4 (25.00%)	12 (75.00%)	0 (0.00%)	0
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 3 - Unmet need in medication administration due to lack of help*	Maintenance	Endorse with Conditions	3 (18.75%)	10 (62.50%)	3 (18.75%)	0
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 4 - Unmet need in toileting due to lack of help*	Maintenance	Endorsement Removed due to No Consensus	3 (18.75%)	8 (50.00%)	5 (31.25%)	0

CBE ID	Measure Title	New/ Maintenance	Endorsement Decision	Endorse | N (%)	Endorse with Conditions | N (%)	Not Endorse/Remove Endorsement | N (%)	Recusals
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 5 - Unmet need with household tasks due to lack of help*	Maintenance	Endorsement Removed due to No Consensus	3 (18.75%)	8 (50.00%)	5 (31.25%)	0
2967*	HCBS (CAHPS) Measure – *Physical Safety Measure - Hit or hurt by staff*	Maintenance	Endorse with Conditions	3 (18.75%)	13 (81.25%)	0 (0.00%)	0
3453	Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder	Maintenance	Endorse with Conditions	1 (6.67%)	12 (80.00%)	2 (13.33%)	0

*For this cycle, six measures were submitted for endorsement review; however, CBE #2967 – HCBS CAHPS contains 19 individual measures. Per the policy on Instrument-based Clinical Quality Measures, the CBE does not endorse survey instruments. Rather, the CBE reviews and endorses measures derived from survey instruments in which survey assessments are aggregated to an accountable entity. Thus, each of the 19 measures derived from the HCBS CAPHS survey instrument is reviewed and endorsed separately.

CBE #0167 – Improvement in Ambulation/Locomotion [Abt Associates/Centers for Medicare & Medicaid Services (CMS)]

Specifications | Discussion Guide

Description: Percentage of home health episodes of care during which the patient improved in ability to ambulate.

Committee Final Vote: Endorse with Conditions

Conditions:

- When this measure comes back for maintenance, the committee would like to see:
  - The developer explore, with their technical expert panel (TEP), combining the four improvement measures (CBE #0167, CBE #0174, CBE #0175, and CBE #0176) into a composite score, with the ability to identify individual scores for each of the four areas of improvement.

Vote Count: Endorse (8 votes; 61.54%), Endorse with Conditions (5 votes; 38.46%), Remove Endorsement (0 votes; 0.00%); recusals (1).

Public Comments: Four public comments were received prior to the meeting. Three comments expressed support for this measure and emphasized the importance of the measure's purpose, specifically from a patient perspective. One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Composite versus Individual Measures	• Recommendation Group members discussed whether CBE #0167, CBE #1074, CBE #0175, and CBE #0176 should remain separate measures or be combined into a composite measure. • Several Recommendation Group members shared their perspective that there are nuances between the four measures, which justifies them being individual measures. Members questioned how the measures would provide meaningful information to parties who rely on the results for decision-making should they be combined. • Several Recommendation Group members indicated that the measures should be a composite, highlighting CMS's steps toward moving similar measures into a composite measure. The members described the challenge of interpreting performance with the individual measures. A few Recommendation Group members considered the possibility of having both the individual measures and a composite as they both have utility. • One Recommendation Group member noted that the four measures are outcome measures and cautioned against creating composites for such measures as opposed to process measures. Another member argued that there is precedent for such a composite, drawing attention to the CAHPS measures, which are patient-reported outcome measures. • The Recommendation Group agreed that it would be unfair to remove endorsement for these measures. However, they placed a condition on the measure for maintenance endorsement review,

Discussion Topic/Theme	Recommendation Group Discussion
	which would have the developer explore, with the developer's TEP, combining the measures into a composite. • The developer shared what they have heard from agencies regarding this issue, stating that even when there is a composite measure, those agencies want individual measures to help them understand how to improve outcomes for their patients. However, they agreed to explore creating a composite.
Improvement versus Maintenance	• Recommendation Group members discussed the importance of maintaining or sustaining versus improving and considered how maintaining or sustaining might be captured by the measure. One Recommendation Group member indicated that not improving might indicate to providers that a patient is a candidate for palliative care. • Several committee members discussed the nuance of improvement, describing it as a multidimensional concept, noting that individuals may have mobility issues for different reasons, which might require different care. • The Recommendation Group agreed that improvement can sometimes lead to negative consequences. Maintenance might be the appropriate goal for some people.
Palliative Care Exclusion	• A few Recommendation Group members questioned the palliative care exclusion, adding that the exclusions would do a disservice to someone who has a serious health issue and is able to maintain some level of functional mobility. • In response, a few other Recommendation Group members explained that someone cannot be on home health and hospice at the same time. Therefore, if they have been discharged from hospice, they cannot be included.
Equity Considerations	• Several committee members inquired whether social determinants of health could be considered with this measure. • The developer acknowledged the growing interest in issues of equity for all measures and stated that for this measure, they have the challenge of clinicians not consistently completing fields needed to assess some social determinants of health. • The developer also noted that when they do evaluate the data at a more granular level, especially when considering race, they often get very small sample sizes, which poses a significant challenge in attaining meaningful results. • The developer indicated that they have begun merging various data sources, and it can be challenging to do with just the Outcome and Assessment Information Set (OASIS) data because of missing data and imputations.

Additional Recommendations: None.

CBE #0174 – Improvement in Bathing [Abt Associates/CMS]

Specifications | Discussion Guide

Description: Percentage of home health episodes of care during which the patient got better at bathing self.

Committee Final Vote: Endorse with Conditions

Conditions:

- When this measure comes back for maintenance, the committee would like to see:
  - The developer explore with their TEP, combining the four improvement measures (CBE #0167, CBE #0174, CBE #0175, and CBE #0176) into a composite score, with the ability to identify individual scores for each of the four areas of improvement.

Vote Count: Endorse (8 votes; 57.14%), Endorse with Conditions (6 votes; 42.86%), Remove Endorsement (0 votes; 0.00%); recusals (1).

Public Comments: Four public comments were received prior to the meeting. Three comments expressed support for this measure and emphasized the importance of the measure's purpose, specifically from a patient perspective. One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Similar Feedback to CBE #0167: Composite versus Individual Measures; Improvement versus Maintenance; and Palliative Care Exclusion	• Recommendation Group members expressed the same feedback and questions surrounding topics of composite versus individual measures, improvement versus maintenance, and palliative care exclusions, as noted with CBE #0167.
Rationale for Submitting Some Functional Measures and Not Others	• One Recommendation Group member asked why only these four functional measures were submitted for review but not others, stating that the developer has over 20 measures in this area, many of which are relevant to the measures being discussed this cycle. Battelle staff noted that these measures were up for maintenance endorsement, whereas others have different maintenance cycles and would be reviewed during a future cycle. • The developer also explained that some of those measures are older "legacy" measures, adding that CMS put forth rules about how measures would be removed from CMS programs and no longer maintained for endorsement.
Equity Consequences	• Recommendation Group members expressed the same feedback and questions surrounding the topic of equity, as noted with CBE #0167. • A few Recommendation Group members highlighted the importance of considering a person's housing condition with this measure, stating that the measure conflates ability with access, as some individuals simply do not have access to a shower or tub. • The developer stated that the intent of the measure is to capture the patient's ability to complete the activity regardless of their

Discussion Topic/Theme	Recommendation Group Discussion
	environment or devices used. However, the developer indicated they would explore this further.

Additional Recommendations: None.

CBE #0175 – Improvement in Bed Transferring [Abt Associates/CMS]

Specifications | Discussion Guide

Description: Percentage of home health episodes of care during which the patient improved in ability to get in and out of bed.

Committee Final Vote: Endorse with Conditions

Conditions:

- When this measure comes back for maintenance, the committee would like to see:
  - The developer explore with their TEP, combining the four improvement measures (CBE #0167, CBE #0174, CBE #0175, and CBE #0176) into a composite score, with the ability to identify individual scores for each of the four areas of improvement.

Vote Count: Endorse (8 votes; 57.14%), Endorse with Conditions (6 votes; 42.86%), Remove Endorsement (0 votes; 0.00%); recusals (1).

Public Comments: Four public comments were received prior to the meeting. Three comments expressed support for this measure and emphasized the importance of the measure's purpose, specifically from a patient perspective. One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Similar Feedback to CBE #0167: Composite versus Individual Measures; Improvement versus Maintenance; and Palliative Care Exclusion	• Recommendation Group members expressed the same feedback and questions surrounding topics of composite versus individual measures, improvement versus maintenance, and palliative care exclusions, as noted with CBE #0167.
Measure Intent and Rationale	• One Recommendation Group member drew attention to the measure rationale, noting that the language focuses on the patient but should focus on both the patient and their family. • The developer indicated that they have not considered caregivers and will take that into account in the future.
Reliability	• One Recommendation Group member indicated that one of the data elements had low reliability, with a kappa of 0.4. The member indicated that this might be related to the length and complexity of the instructions. As a result, clinicians may be confused about what they are supposed to do. • The developer responded, stating that the kappa value is moderate. However, they do see strong accountable entity-level reliability. They also explained that this kappa test, which was performed in 2016-2017, relied on a small sample of patients; more recent data show better results. • The developer acknowledged that there are nuances in the instructions but do provide up-to-date guidance. They have a help desk and respond to questions providers submit, providing them with clarifications as needed. The developer noted that there are

Discussion Topic/Theme	Recommendation Group Discussion
	always opportunities to add clarification and develop additional guidance/training resources, as needed.
Measure Scoring	• A Recommendation Group member stated that they like that most of the functional items in OASIS are scored to correspond with clear levels of caregiving intensity. However, this measure seems to consider human assistance and use of an assistance device, though these are tremendously different. The Recommendation Group member recommended that the scoring be reevaluated such that if a patient uses a device, they are considered independent, but if they need any human assistance, it be scored differently. • The developer indicated they will review the item responses and the guidance to see if there is an opportunity to address this issue in the future.
Equity Considerations	• Recommendation Group members expressed the same feedback and questions surrounding the topic of equity, as noted with CBE #0167. • One Recommendation Group member highlighted a public comment regarding how to assess a patient with no bed. The member noted that this measure might not be about bed transference specifically. Rather, the measure is about how to move a patient from wherever they sleep. • The developer confirmed this was the intent of the measure. They did not intend for the word "bed" to literally only mean bed. The developer indicated they would review and update the guidance as needed so the intent is clear.

Additional Recommendations: Reevaluate the scoring such that if a patient uses a device, they are considered independent, but if they need any human assistance, the measure be scored differently.

CBE #0176 – Improvement in Management of Oral Medications [Abt Associates/CMS]

Specifications | Discussion Guide

Description: Percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly, by mouth.

Committee Final Vote: Endorse with Conditions

Conditions:

- When this measure comes back for maintenance, the committee would like to see:
  - the developer to explore, with their TEP, combining the four improvement measures (CBE 0167, CBE 0174, CBE 0175, and CBE 0176) into a composite score, with the ability to identify individual scores for each of the four areas of improvement.

Vote Count: Endorse (10 votes; 71.43%), Endorse with Conditions (3 votes; 21.43%), Remove Endorsement (1 votes; 7.14%); recusals (1).

Public Comments: Four public comments were received prior to the meeting. Three comments expressed support for this measure and emphasized the importance of the measure's purpose, specifically from a patient perspective. One commenter emphasized the importance of ensuring that the data collected from the measure are resulting in improvements for patients, particularly because this is a maintenance measure.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Composite versus Individual Measures	• Committee members noted that the discussion on whether CBE #0167, CBE #1074, CBE #0175, and CBE #0176 should remain separate measures or be combined into a composite measure carried over to this measure (see details in CBE #0167 Measure Discussion).
Medication Adherence	• The committee discussed the role of medication adherence in this measure. • Some committee members described the challenge of patients not taking their medications consistently and how to account for success with this measure. For example, older adults with memory and challenges and an in-home caregiver might be disoriented, and this could impact compliance with medications. • Other committee members noted that performance can be an issue when considering if patients not only know their medication but also if they also know how to take it. A member expressed their concern that no one, often including the patient, knows the patient's medication list comprehensively • A committee member noted that this measure complements various other initiatives around medication adherence. • Some committee members described the challenges to monitoring and achieving high medication adherence, noting that compliance is never 100%. • The developer indicated that success is captured in the intent of the items, which is whether the patient is 100% successful in managing their medications on their own. They reported that the measure is structured such that the patient is considered completely

Discussion Topic/Theme	Recommendation Group Discussion
	independent if they can take their medication at the correct time. The next level is if they have reminders or if someone develops reminders for them. The goal is to see if, at the end of care, the patient had an improvement, not necessarily to achieve full independence.
Caregiver Considerations	• Several committee members shared their concern with care providers not being permitted to touch medications and how that impacts adherence. • A committee member commended the developer for including caregivers in their logic model.
Assessing Consistently	• A committee member expressed their concerns with assessing this measure consistently. They indicated that beyond the one-time observation, there does not seem to be a way to trace a pattern of behavior that a patient can maintain. • The measure developer reported that more factors come into play beyond the single observation, e.g. the patient's recall and accuracy. They acknowledged that there is no way to directly validate what happens after they conduct the comprehensive assessment. • The developer noted that they have high reliability for this measure suggesting that clinicians can conduct the assessment in a consistent way. • A committee member noted that high reliability only shows that providers can use the measure and does not address the concern. • A committee member stated that this concern applies to any functional performance assessment. They indicated that direct observation is important, but it may only occur once. They suggested going beyond just direct observation to learning about consistent performance. For example, an additional way to assess consistency is by looking at the amount of medication and when it was filled, which provides information on whether a patient is missing doses.

Additional Recommendations: None.

CBE #2967 – Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measure [The Lewin Group/CMS]

Specifications | Discussion Guide

Description: CAHPS Home- and Community-Based Services measures derive from a cross-disability survey to elicit feedback from adult Medicaid beneficiaries receiving home and community-based services (HCBS) about the quality of the long-term services and supports they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state.

Committee Final Vote: The committee voted to endorse 17 of the 19 measures with conditions and did not reach consensus on two measures (*Unmet need in toileting due to lack of help* and *Unmet need with household tasks due to lack of help)*, which resulted in endorsement being removed for those two measures. Please see Table 1 for the full list of endorsement decisions reached for all 19 measures.

Condition: For each of the 17 measures that received an endorsed with conditions designation, the committee would like to see the following condition addressed when these measures are submitted for maintenance review:

- The developer explore methodological strategies (e.g., weighting, sampling) to ensure that responses are representative.

Vote Counts:

Scale Measure 1 - Staff are reliable and helpful: Endorse (5 votes; 35.71%), Endorse with Conditions (9 votes; 64.29%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Scale Measure 2 - Staff listen and communicate well: Endorse (3 votes; 21.43%), Endorse with Conditions (11 votes; 78.57%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Scale Measure 3 - Case manager is helpful: Endorse (2 votes; 14.29%), Endorse with Conditions (11 votes; 78.57%), Remove Endorsement (1 vote; 7.14%); recusals (0).

Scale Measure 4 - Choosing the services that matter to you: Endorse (2 votes; 14.29%), Endorse with Conditions (11 votes; 78.57%), Remove Endorsement (1 vote; 7.14%); recusals (0).

Scale Measure 5 - Transportation to medical appointments: Endorse (2 votes; 14.29%), Endorse with Conditions (11 votes; 78.57%), Remove Endorsement (1 vote; 7.14%); recusals (0).

Scale Measure 6 - Personal safety and respect: Endorse (2 votes; 14.29%), Endorse with Conditions (11 votes; 78.57%), Remove Endorsement (1 vote; 7.14%); recusals (0).

Scale Measure 7 - Planning your time and activities: Endorse (2 votes; 14.29%), Endorse with Conditions (11 votes; 78.57%), Remove Endorsement (1 vote; 7.14%); recusals (0).

Global Rating Measure 1 - Global rating of personal assistance and behavioral health staff: Endorse (2 votes; 14.29%), Endorse with Conditions (12 votes; 85.71%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Global Rating Measure 2 - Global rating of homemaker: Endorse (2 votes; 14.29%), Endorse with Conditions (12 votes; 85.71%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Global Rating Measure 3 - Global rating of case manager: Endorse (2 votes; 14.29%), Endorse with Conditions (12 votes; 85.71%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Recommendation Measure 1 - Would recommend personal assistance/behavioral health staff to family and friends: Endorse (2 votes; 14.29%), Endorse with Conditions (12 votes; 85.71%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Recommendation Measure 2 - Would recommend homemaker to family and friends: Endorse (2 votes; 14.29%), Endorse with Conditions (12 votes; 85.71%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Recommendation Measure 3 - Would recommend case manager to family and friends: Endorse (2 votes; 14.29%), Endorse with Conditions (12 votes; 85.71%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Unmet Needs Measure 1 - Unmet need in dressing/bathing due to lack of help: Endorse (4 votes; 25.00%), Endorse with Conditions (12 votes; 75.00%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Unmet Needs Measure 2 - Unmet need in meal preparation/eating due to lack of help: Endorse (4 votes; 25.00%), Endorse with Conditions (12 votes; 75.00%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Unmet Needs Measure 3 - Unmet need in medication administration due to lack of help: Endorse (3 votes; 18.75%), Endorse with Conditions (10 votes; 62.50%), Remove Endorsement (3 votes; 18.75%); recusals (0).

Unmet Needs Measure 4 - Unmet need in toileting due to lack of help: Endorse (3 votes; 18.75%), Endorse with Conditions (8 votes; 50.00%), Remove Endorsement (5 votes; 31.25%); recusals (0).

Unmet Needs Measure 5 - Unmet need with household tasks due to lack of help: Endorse (3 votes; 18.75%), Endorse with Conditions (8 votes; 50.00%), Remove Endorsement (5 votes; 31.25%); recusals (0).

Physical Safety Measure - Hit or hurt by staff: Endorse (3 votes; 18.75%), Endorse with Conditions (13 votes; 81.25%), Remove Endorsement (0 votes; 0.00%); recusals (0).

Public Comments: One public comment was received prior to the meeting. It suggested defining “completed survey,” applying disposition reports to strengthen participation rate, and considering the use of virtual platforms to administer the survey.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Endorsement Review of Instrument-based Measures	• Battelle staff informed the Recommendation Group of its policy on Instrument-based Clinical Quality Measures, which notes that as a CBE, it does not endorse survey instruments. Rather, the CBE reviews and endorses measures derived from survey instruments in which survey assessments are aggregated to an accountable entity.

Discussion Topic/Theme	Recommendation Group Discussion
	Thus, each measure derived from a survey instrument is reviewed and endorsed separately. • The Recommendation Group considered all 19 measures submitted under CBE #2967, which were categorized across five domains: Scale Measures (n=7), Global Rating Measures (n=3), Recommendation Measures (n=3), Unmet Needs Measures (n=5), and the Physical Safety Measure (n=1).
Response Rates	• The Recommendation Group discussed the cross-cutting issue of response rates, acknowledging that the response rates for CBE #2967, which averaged ~22%, are the same as the response rates of other CAHPS measures. • Several Recommendation Group members indicated patients may be burned out on surveys and have limited motivation to complete them. One Recommendation Group member asked why email has not been used as a mode of survey delivery. Other Recommendation Group members noted that CMS has implemented strategies to help patients anticipate a survey, and some of the preliminary results on the impact to the response rates looks promising. • The developer responded, noting that they are always exploring how to adapt the survey to improve response rates, and that using email does not allow for synchronous engagement. However, the developer will discuss this further with CMS.
Addressing Bias and Representativeness	• Moving to the next cross-cutting issue of bias and representativeness, one Recommendation Group member indicated that many patients do not open their own mail, so if they must respond to the survey directly, they may not do so. The member added that the in-home attendant becomes the trusted confidant, who may complete the survey, and the patient may not know that the survey is about the attendant's performance. • The developer responded by providing an overview of the survey administration protocol, which is done in such a way to ensure that the patient is the person completing it. The survey is completed live (in person, by phone, or virtually) with the patient, so a proxy cannot complete it. • Some Recommendation Group members noted that response bias may occur because most people who complete surveys are on the opposite ends of satisfaction, leaving out many people who are in the middle. Another Recommendation Group member inquired about the development of the measure itself and whether it involved a patient-participatory approach. Other members asked whether there is bias due to an individual's acquiescence or due to fear that certain services may be taken away for lack of participation. • Lastly, the Recommendation Group considered whether the developer had conducted any statistical approaches (e.g., weighting) to ensure the responses are representative of the larger population. • The developer responded that they looked at differences between participants who completed the survey on the phone versus in person and found demographic differences. There were no significant differences in global ratings of personal care assistants, homemakers, or case managers between survey modes.

Discussion Topic/Theme	Recommendation Group Discussion
	• The developer confirmed that it is made clear to survey participants at initial contact of survey administration that their services will not be jeopardized by their participation in the survey. • Lastly, the developer noted that it will explore the statistical approaches of representativeness for these measures. The Recommendation Group agreed and proposed a condition on the measures, noting that when the measures come back for maintenance, the developer would have explored methodological strategies (e.g., weighting, sampling) to ensure that responses are representative. • Battelle reminded the committee that as it votes on each measure, the condition proposed would be considered for each measure.
Separating Mental Health	• Another cross-cutting issue was with respect to mental health questions. A Recommendation Group member shared a recommendation that the mental health questions be separated from the others and targeted to the population for whom they are relevant. They felt that having many mental health questions may reduce the likelihood of people completing the survey and excluding those questions when they are not relevant may be helpful in improving response rates. • The developer indicated that they combined behavioral health providers and homemakers into one provider type. They are exploring separating them so that those two provider types have different questions. • The developer added that it can be challenging to identify patients receiving community-based services because of a mental health or a substance use diagnosis. The type of waiver used to qualify individuals is not always clear. The developer does analyses to the extent possible for those patients with clear-cut waivers. For mixed-used waivers, the developer stated that it's more difficult to analyze, specifically the experience of care for mental health and substance use participants.
Equity Considerations	• The last cross-cutting issue was with respect to health equity. Several Recommendation Group members asked whether the developer had considered language and literacy barriers. • The developer reported that they currently use English and Spanish and are working on translating the instrument into 15 other languages based on those more frequently spoken in different states. • The developer reported that their demographic questions include questions about participants' comfort with English, the language they speak at home, and their education level. While the developer does not yet have enough data to make meaningful interpretations from these variables, they anticipate that as they improve their response rates, they will be able to present more advanced statistics. They reported that they use a seventh-grade reading level standard and CMS's plain language guidance. • A committee member asked about approaches the developer takes to ensure the CAHPS is representative for the plans that they are surveying. • The developer indicated that they do not have a strategy in place at this time, but once they have more data, they will be able to apply more complex stratification to ensure they have representative data

Discussion Topic/Theme	Recommendation Group Discussion
	across various population characteristics, such as sex, race, and ethnicity.
Scientific Acceptability (Reliability, Validity, and Use and Useability)	• The Recommendation Group then discussed the measure-specific issues, which focused on scientific acceptability and use and usability. • With respect to reliability, a Recommendation Group member stated the reliability will be impacted by the low response rates, because reliability is dependent on sample size. A low response rate negatively impacts reliability. • The Recommendation Group considered the distribution of reliability estimates provided in Exhibit 14, acknowledging that most of the 19 measures reported greater than or equal to 0.6 for most of the accountable entities. However, Scale Measure #3 found that ~50% of accountable entities had a reliability estimate less than 0.6 and Unmet Needs Measures #3 – #5 found that ~60-70% of entities were below 0.6.* • The developer indicated that validity testing was complex due to having 19 measures that are structured differently and have different amounts of data. Overall, the four types of validity assessments they performed were construct validity, convergent validity, discriminant validity, and face validity. • The Recommendation Group first considered the Scale Measures (n=7), acknowledging that Scale Measure #3 had the lowest reliability results, but still had ~50% of entities meeting the expected value of 0.6. For validity, the Recommendation Group did not raise any validity concerns for the Scale Measures, other than the condition proposed to ensure representativeness. • Moving to the three Global Rating and the three Recommendation Measures, the Recommendation Group did not have any major concerns regarding reliability or validity testing other than the previously stated proposed condition. • Regarding the five Unmet Needs Measures, the Recommendation Group acknowledged the reliability results noted above and that only face validity was conducted and no empiric validity testing. • Lastly, the single Physical Safety Measure was considered. With respect to validity testing, the Recommendation Group acknowledged that only face validity was conducted due to lack of empirical testing, the developer did not provide any rationale. Further, the testing results did not indicate the score is an indicator of quality, and the developer did not provide rationale for why risk adjustment was not performed for any of this patient-reported outcome measure. There were no questions or concerns with respect to the reliability testing for the Physical Safety Measure. • With respect to use and usability, the Recommendation Group acknowledged the measures are currently used; however, improvement results were reported between 2022 and 2023 and not reported for all measures. • The developer indicated the challenge of conducting comparisons over time due to the way they receive data from the states. In addition, the developer indicated that the coronavirus disease 2019 (COVID-19) public health emergency impacted how the survey was administered, with some states moving to video conferencing. As a result, the data from that period were not as usable as the data from

Discussion Topic/Theme	Recommendation Group Discussion
	2022 and 2023. However, the developer added that they are receiving more data and believe that will allow them to provide more meaningful insights on improvements or declines over time. • The Recommendation Group did not have any further questions or concerns regarding use and usability.

***Staff Note**: During committee voting, the committee did not reach consensus on Unmet Needs measures #4 and #5 (*Unmet need in toileting due to lack of help* and *Unmet need with household tasks due to lack of help*) and voted to endorse Unmet Needs measure #3 with conditions (*Unmet need in medication administration due to lack of help*). Although not discussed by the committee, the difference in endorsement outcomes may be due to the low number of entities included in the testing for Unmet Needs measure #5. The low number of entities reporting on this measure may be attributed to the differences in HCBS services available, such as homemakers vs. other support staff.

Additional Recommendations: Recommended separating the mental health questions from the other questions.

CBE #3453 – Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder [The Lewin Group/CMS]

Specifications | Discussion Guide

Description: Percentage of discharges from inpatient or residential treatment for substance use disorder (SUD) for Medicaid beneficiaries, ages 18–64, which were followed by a treatment service for SUD. SUD treatment services include having an outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth encounter, or filling a prescription or being administered or dispensed a medication for SUD. (After an inpatient discharge only, residential treatment also counts as continuity of care.) Two rates are reported, continuity within 7 and 14 days after discharge.

Committee Final Vote: Endorse with Conditions

Conditions: When this measure comes back for maintenance, the developer should:

- Explore potential updates to the numerator criteria (e.g., follow-up window, relapse patients, patients <18 years of age, and pharmacotherapy/prescription at the time of discharge); and
- Explore the usability of the measure with the accountable entity (i.e., demonstrating how states can use the measure to improve patient experience of continuity) and expanding the logic model to illustrate areas of improvement.

Vote Count: Endorse (1 vote; 6.67%), Endorse with Conditions (12 votes; 80.00%), Not Endorse (2 votes; 13.33%); recusals (0).

Public Comments: One public comment was received prior to the meeting. It supported the measure, noting the importance of follow-up care to keep patients supported.

Measure Discussion:

Discussion Topic/Theme	Recommendation Group Discussion
Measure Population	• A Recommendation Group member noted the data are skewed toward older adults and wondered if this might be because people coming out of an inpatient program tend to be older. • The developer reported that the opportunity for improvement is greater in older populations. However, they see the performance gap for all ages. The developer added that broader use of the measure will lead to an increase in continuity of care for everyone, especially older adults who are disproportionately affected. • A few members commented on the importance of including individuals less than 18 years of age. • The developer indicated they will take that recommendation under consideration for future updates. • The Recommendation Group agreed to place a condition on the measure, in which the developer would explore potential updates to the numerator criteria, specifically, the inclusion of individuals <18 years of age.
Continuity of Care	• A Recommendation Group member shared their experience with the measure focus area, underscoring the importance of peer support in post-acute care treatment plans and asked if the data can help determine which types of post-treatment plans are more effective.

Discussion Topic/Theme	Recommendation Group Discussion
	• The developer reported that the types of follow-up care captured within the numerator of the measure are limited to those services that are billable to Medicare or Medicaid. Thus, if an individual received peer support in a community setting following discharge from an inpatient setting, this would not be captured by the measure. They are only able to measure things for which administrative claims are documented. The developer indicated they would bring the issue to their TEP for input and explore the ontology of the codes to ensure the measure is covering the full extent of possible services. • Several Recommendation Group members asked whether the developer had considered other treatments beyond pharmacotherapy. • The developer stated that medication-assisted treatment is the gold standard for opioid use disorder and should be used with psychotherapy and, potentially, intensive outpatient and short-term inpatient treatment. The measure allows for multiple treatment paths, so participants can work with their provider to identify the most appropriate treatment following discharge. • A Recommendation Group member asked whether patients who relapsed and still met the numerator should be included in the measure. The developer indicated that they have not explored this issue but will do so. • Another Recommendation Group member asked for clarification on how prescribing medication on the day of discharge is related to continuity of care. • The developer acknowledged a potential unintended consequence of individuals being dispensed medication at discharge and not receiving any additional care. • A few Recommendation Group members proposed adding a third window of 1 day to address the concern of dispensing medication at discharge versus follow-up. Another Recommendation Group member expressed that dispensing medications as part of the safe discharge process seems distinct from the continuum of care provided with a follow-up visit. • The developer indicated that they include medication in the measure because they want to ensure the participant's preferences are acknowledged They stated that it is important for them to explore penetration of the various treatment points into the 7- and 14-day window. When considering a 1- or 2-day window, many pharmacies will give patients a week's worth of medication-assisted treatment (MAT) at one time, so a refill requirement would look like it was dispensed on the first day. • The Recommendation Group agreed to place a condition on the measure in which the developer would explore potential updates to the numerator criteria, namely patients who have relapsed and pharmacotherapy/prescription at the time of discharge.
Time Window and Usability	• A Recommendation Group member asked if the 7-day and 14-day windows were actually two separate measures. • The developer responded that they have two rates under one measure. The 14-day and 7-day rates are included so that the measure captures individuals who extend beyond the 7-day mark due to availability of providers and/or services.

Discussion Topic/Theme	Recommendation Group Discussion
	• Several Recommendation Group members asked for clarification around the measure being at the state level. One Recommendation Group member indicated that facilities do not receive feedback about what happens 7 or 14 days since discharge or receive information about the possible impact of the facilities' interventions. • The developer provided further clarification on the logic of the measure, adding that not everyone's care will be managed in the community as patients may go from an inpatient setting to the community to a residential treatment setting and back to the community. The measure accounts for individuals accessing community-based supports within 7 or 14 days. • The developer indicated that they evaluate 7 and 14 days following discharge because loss to follow-up can happen very quickly after the individual leaves a setting of care where they are closely monitored. Seven and 14 days provide an indicator to the states of the impact of when a person returns to the community and that person's engagement with a treatment plan. The developer acknowledged that treatment for SUD is not linear and there may be times individuals need more support and may need to step up or step down from treatment. • The developer indicated they would explore these time windows further with CMS and the Substance Abuse and Mental Health Services Administration (SAMHSA). • The developer explained that this measure helps improve community inclusion. This measure would be difficult to attribute at the facility level because multiple interventions are being measured. The measure relies on an interdependent network through which individuals can access various forms of behavioral and pharmacotherapy interventions. • The Recommendation Group agreed to place a condition on the measure in which the developer would explore potential updates to the numerator criteria, specifically the follow-up window timeframes. In addition, the Recommendation Group requested the developer explore a demonstration of usability with the accountable entity (i.e., how states can use the measure to improve patient experience of continuity) and explore expanding the logic model to illustrate areas of improvement.

Additional Recommendations: None.

Next Steps

Battelle staff shared that a meeting summary would be published by August 30, 2024. The appeals period will run from August 30-September 20, 2024. If an eligible appeal is received, the appeals committee will meet on September 30, 2024, to evaluate the appeal and determine whether to maintain or overturn an endorsement decision.