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National Consensus Development and Strategic Planning for Health Care Quality Measurement

Spring 2024 Cycle Endorsement and Maintenance (E&M) Technical Report

ADVANCED ILLNESS AND POST-ACUTE CARE

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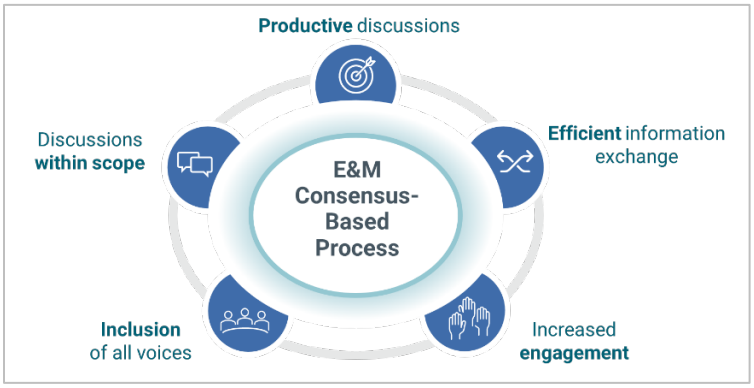
Executive Summary

For over 2 decades, the United States (U.S.) has focused on improving health care quality for Americans. One of the ways this has been done is by developing and implementing clinical quality measures to quantify the quality of care provided by health care providers and organizations. These clinical quality measures are based on standards related to the effectiveness, safety, efficiency, person-centeredness, equity, and timeliness of care.[1]

At Battelle, we have a strong collective interest in ensuring that the health care system works as well as it can. Quality measures are used to support health care improvement, benchmarking, and accountability of health care services and to identify weaknesses, opportunities, and disparities in care delivery and outcomes.[1,2]

Battelle is a certified consensus-based entity (CBE) funded through the Centers for Medicare & Medicaid Services (CMS) National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract. As a CMS-certified CBE, we facilitate the review of quality measures for endorsement. To support our consensus-based process, we formed the Partnership for Quality Measurement™ (PQM), which ensures informed and thoughtful endorsement reviews of quality measures across a range of focus areas that align with a person's journey through the health care system. Battelle engages PQM members to carry out the consensus-based E&M process, which relies on robust and focused discourse, efficient information exchange, effective engagement, inclusion of diverse voices (Figure 1).

Figure 1. E&M Consensus-Based Process



One of those focus areas is advanced illness and post-acute care, which includes measures that focus on improvements in ambulation, bathing, bed transferring, and management of oral medications in home health settings; eliciting patient experience feedback from Medicaid beneficiaries receiving home and community-based services; and continuity of care after receiving treatment for substance use disorder. Home health care is utilized by approximately 3 million Medicare Fee-for-Service beneficiaries.[3] Ensuring quality of care across home health activities is paramount, as effective home health has been shown to reduce hospital stays, decrease cost, and improve health outcomes.[4] In addition, continuity of care is of increasing importance for substance use disorders, as recognition that substance use can be a chronic condition has grown. Studies have shown that care plans with longer durations and more active involvement with patients show more positive results.[5]

For this measure review cycle, developers submitted six measures to the Advanced Illness and Post-Acute Care committee for endorsement consideration based on the PQM Measure Evaluation Rubric of version 1.2 of the E&M Guidebook (Figure 2). The committee endorsed five measures with conditions. The sixth measure, CBE #2967, contains 19 individual sub-

measures, each of which received an endorsement decision per the CBE's policy. The committee endorsed 17 of the 19 sub-measures included in CBE #2967 with conditions. The committee did not reach consensus on the remaining two CBE #2967 sub-measures, which resulted in endorsement being removed for those two sub-measures (Table 1).

Table 1. Measures Reviewed by the Advanced Illness and Post-Acute Care Committee

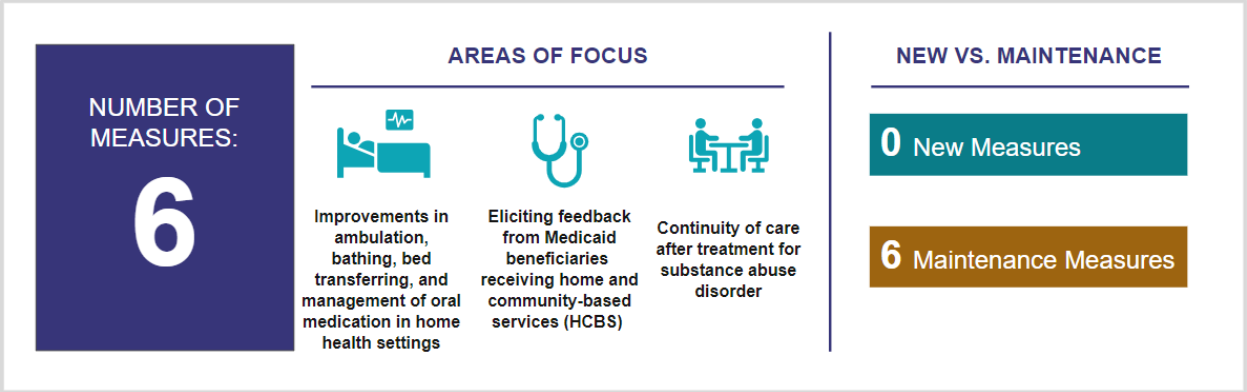
CBE Number	Measure Title	New/Maintenance	Developer/Steward	Final Endorsement Decision
0167	Improvement in Ambulation/Locomotion	Maintenance	Abt Global/Centers for Medicare & Medicaid Services (CMS)	Endorse with Conditions
0174	Improvement in Bathing	Maintenance	Abt Global/CMS	Endorse with Conditions
0175	Improvement in Bed Transferring	Maintenance	Abt Global/CMS	Endorse with Conditions
0176	Improvement in Management of Oral Medications	Maintenance	Abt Global/CMS	Endorse with Conditions
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	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Scale Measure 2 – Staff listen and communicate well*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Scale Measure 3 – Case manager is helpful*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Scale Measure 4 – Choosing the services that matter to you*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Scale Measure 5 – Transportation to medical appointments*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Scale Measure 6 – Personal safety and respect*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Scale*	Maintenance	The Lewin Group/CMS	Endorse with Conditions

CBE Number	Measure Title	New/Maintenance	Developer/Steward	Final Endorsement Decision
	Measure 7 – Planning your time and activities			
2967*	HCBS (CAHPS) Measure – *Global Rating Measure 1 – Global rating of personal assistance and behavioral health staff*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Global Rating Measure 2 – Global rating of homemaker*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Global Rating Measure 3 – Global rating of case manager*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Recommendation Measure 1 –- Would recommend personal assistance/behavioral health staff to family and friends*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Recommendation Measure 2 – Would recommend homemaker to family and friends*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Recommendation Measure 3 – Would recommend case manager to family and friends*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 1 – Unmet need in dressing/bathing due to lack of help*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 2 – Unmet need in meal preparation/eating due to lack of help*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 3 –*	Maintenance	The Lewin Group/CMS	Endorse with Conditions

CBE Number	Measure Title	New/Maintenance	Developer/Steward	Final Endorsement Decision
	Unmet need in medication administration due to lack of help			
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 4 – Unmet need in toileting due to lack of help*	Maintenance	The Lewin Group/CMS	Endorsement Removed due to No Consensus
2967*	HCBS (CAHPS) Measure – *Unmet Needs Measure 5 – Unmet need with household tasks due to lack of help*	Maintenance	The Lewin Group/CMS	Endorsement Removed due to No Consensus
2967*	HCBS (CAHPS) Measure – *Physical Safety Measure – Hit or hurt by staff*	Maintenance	The Lewin Group/CMS	Endorse with Conditions
3453	Continuity of Care After Inpatient or Residential Treatment for Substance Use Disorder	Maintenance	The Lewin Group/CMS	Endorse with Conditions

*For this cycle, developers submitted six measures 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.

Figure 2. Spring 2024 Measures for Committee Review

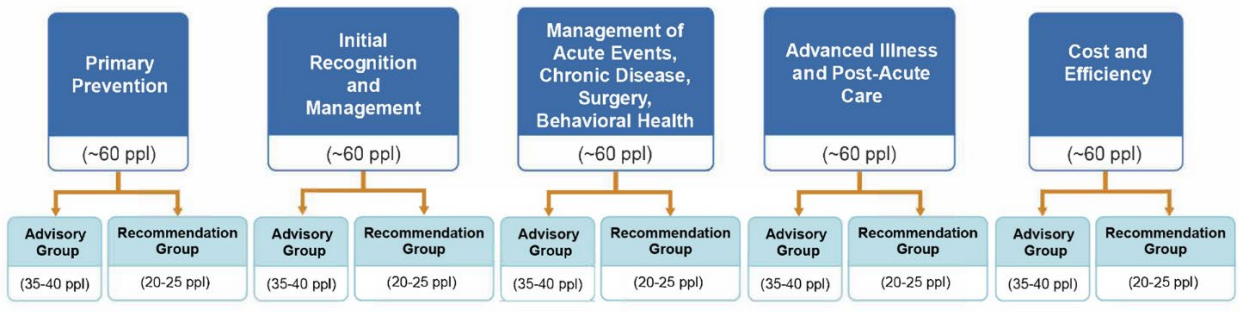


Endorsement and Maintenance (E&M) Overview

Battelle's E&M process ensures measures submitted for endorsement are evidence based, scientifically sound, and both safe and effective, meaning use of the measure will increase the likelihood of desired health outcomes; will not increase the likelihood of unintended, adverse health outcomes; and is consistent with current professional knowledge.

We organize measures for E&M by five project areas. Each project topical area has a committee that evaluates, discusses, and assigns endorsement decisions for measures under endorsement review. These E&M committees are composed of diverse PQM members, representing all facets of the health care system. Each E&M committee is divided into an Advisory Group and a Recommendation Group (Figure 3).

Figure 3. E&M Committee Structure



The goal is to create inclusive committees that balance experience, expertise, and perspectives. The E&M process convenes and engages interested parties throughout the cycle. The interested parties include those who are impacted or affected by quality and cost/resource use and represent a diverse group of people and perspectives (Figure 4).

Figure 4. E&M Interested Parties

For the Advanced Illness and Post-Acute Care committee, membership for the Spring 2024 cycle consisted of 13 patient partners (i.e., patients, caregivers, advocates) and 19 clinicians, with specialties in palliative care, family medicine, and others (Figure 5). The committee also included three experts in rural health and three in health equity.

While a list of committee members is provided in Appendix A, full committee rosters and bios are posted on the respective project pages on the PQM website.

Figure 5. Advanced Illness and Post-Acute Care Committee Members

At the beginning of each E&M cycle, committee members complete a measure-specific disclosure of interest (MS-DOI) form identifying potential conflicts with the measures under endorsement review for the respective E&M cycle. Members are recused from voting on measures potentially affected by a perceived conflict of interest (COI) based on Battelle's COI policy.

Each E&M cycle (i.e., Fall or Spring) has a designated Intent to Submit deadline, when measure developers/stewards must submit key information (e.g., measure title, type, description, specifications) about the measure. One month after the Intent to Submit deadline (Table 2), measure developers/stewards submit the full measure information by the respective Full Measure Submission deadline.

Table 2. Intent to Submit and Full Measure Submission Deadlines by Cycle

E&M Cycle	Intent to Submit*	Full Measure Submission*
Fall	October 1	November 1
Spring	April 1	May 1

**Deadlines are set at 11:59 PM (ET) of the day indicated. If the deadline falls on a weekend or holiday, the deadline will be the next immediate business day.*

We then publish measures to the PQM website for a 30-day public comment period, which occurs prior to the endorsement meeting and concurrently with the development of the E&M staff preliminary assessments. The intent of this 30-day comment period is to solicit both supportive and non-supportive comments with respect to the measures under endorsement review. Any interested party may submit a comment on any of the measures up for endorsement review for a given cycle (i.e., Fall or Spring). Prior to the close of the public comment period, we host Public Comment Listening Sessions to gather additional public comments on the measures under endorsement review. These virtual sessions are organized by project with measures grouped by topic/condition. Any interested party may attend to give a brief verbal statement on one or more of the measures under endorsement review for that cycle.

All public comments received during this 30-day period, including those shared during the Public Comment Listening Sessions, are posted to the respective measure page on the PQM website for full transparency. A summary of the comments received for the measures submitted to the Advanced Illness and Post-Acute Care committee for the Spring 2024 cycle is provided below.

Following the Public Comment Listening Sessions, we convene the Advisory Group of each E&M project during a public virtual meeting. The purpose of these meetings is to gather initial

feedback and questions about the measures under endorsement review. We summarize the feedback and questions received from the Advisory Group members and share this, along with all public comments, with developers/stewards for review and written response. For Advanced Illness and Post-Acute Care, the Advisory Group convened on June 5, 2024, and a summary of the member feedback and developer/steward responses is published on the PQM website.

Prior to the Recommendation Group endorsement meeting, we share the full measure submission details for each measure up for review, including all attachments, the PQM Measure Evaluation Rubric, the staff preliminary assessments, the public comments, Advisory Group feedback, and the developer/steward responses with the Recommendation Group. For Advanced Illness and Post-Acute Care, the Recommendation Group convened on July 31, 2024. Brief summaries of the Recommendation Group deliberations and voting results are provided below, while a detailed meeting summary is available on the PQM website.

During the endorsement meeting, the Recommendation Group focuses their discussions on key themes identified from the public comments, the Advisory Group meetings, the associated developer/steward responses, independent reviews, and the E&M project staff preliminary assessments. Measure developers/stewards attend endorsement meetings to provide a measure overview and answer questions from the Recommendation Group. The Recommendation Group considers the various inputs and renders a final endorsement decision via a vote. Consensus is reached when there is 75% or greater agreement among all active, non-recused Recommendation Group members (Table 3). However, if no consensus is reached, the measure is not endorsed due to no consensus.

Table 3. Endorsement Decision Outcomes

Decision Outcome	Description	Maintenance Expectations
Endorsed	**Applies to new and maintenance measures.** The E&M committee agrees by 75% or more to endorse the measure.	Measures undergo maintenance of endorsement reviews every 5 years with a status report review at 3 years (*see Evaluations for Maintenance Endorsement for more details*).± Developers/stewards may request an extension of up to 1 year (two consecutive cycles), except if it has been more than 6 years since the measure's date of last endorsement.
Endorsed with Conditions*	**Applies to new and maintenance measures**. The E&M committee agrees by 75% or greater that the measure can be endorsed as it meets the criteria, but committee reviewers have conditions they would like addressed when the measure comes back for maintenance. If these	Measures undergo maintenance of endorsement reviews every 5 years with a status report at 3 years, unless the condition requires the measure to

Decision Outcome	Description	Maintenance Expectations
	recommendations are not addressed, the developer/steward should provide a rationale for consideration by the E&M committee review.	be reviewed earlier (*see Evaluations for Maintenance Endorsement for more details*). The E&M committee evaluates whether conditions have been met, in addition to all other maintenance endorsement minimum requirements.
Not Endorsed°	**Applies to new measures only**. The E&M committee agrees by 75% or greater to not endorse the measure.	None
Endorsement Removed°	**Applies to maintenance measures only.** Either: • The E&M committee agrees by 75% or greater to remove endorsement; or • A measure steward retires a measure (i.e., no longer pursues endorsement); or • A measure steward never submits a measure for maintenance, and the steward does not respond after targeted outreach; or • There is no longer a meaningful gap in care, or the measure has topped out (i.e., no significant change in measure results for accountable entities over time).	None

±Maintenance measures may be up for endorsement review earlier if an emergency/off-cycle review is needed (see Emergency/Off-Cycle Reviews for more details).

**Conditions are determined by the E&M committee, with the consideration of what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.*

°Measures that fail to reach the 75% consensus threshold are not endorsed.

The "Endorsed with Conditions" category serves as a means of endorsing a measure but with conditions set by the Recommendation Group. These conditions take into consideration what is feasible and appropriate for the developer/steward to execute by the time of maintenance endorsement review.

After the E&M endorsement meeting, committee endorsement decisions and associated rationales are posted to the PQM website for 3 weeks, which serves as the appeals period. During this time, any interested party may request an appeal regarding any E&M committee endorsement decision. If a measure's endorsement, including an "Endorsed with Conditions" decision, is being appealed, the appeal must:

- Cite evidence the appellant's interests are directly and materially affected by the measure, and provide evidence that the CBE's endorsement of the measure has had, or will have, an adverse effect on those interests; and

- Cite the existence of a CBE procedural error or information that was available by the cycle's Intent to Submit deadline but was not considered by the E&M committee at the time of the endorsement decision, which is reasonably likely to affect the outcome of the original endorsement decision.

In the case of a measure not being endorsed, the appeal must be based on one of two rationales:

- The CBE's measure evaluation criteria were not applied appropriately. For this rationale, the appellant must specify the evaluation criteria they believe were misapplied.
- The CBE's E&M process was not followed. The appellant must specify the process step, how it was not followed properly, and how this resulted in the measure not being endorsed.

If Battelle determines that an appeal is eligible, we convene the Appeals Committee, consisting of the co-chairs from all five E&M project committees (n=10), to review and discuss the appeal. The Appeals Committee concludes its review of an appeal by voting to uphold (i.e., overturn a committee endorsement decision) or deny (i.e., maintain the endorsement decision) the appeal. Consensus is determined to be 75% or greater agreement via a vote among members.

For the Spring 2024 cycle, the appeals period opened on August 30, 2024, and closed on September 20, 2024. The measures reviewed by the Advanced Illness and Post-Acute Care committee did not receive any appeals.

Advanced Illness and Post-Acute Care Measure Evaluation

For this measure review cycle, the Advanced Illness and Post-Acute Care committee evaluated six measures undergoing maintenance review against standard measure evaluation criteria.[i] During the Recommendation Group endorsement meeting, the committee voted to endorse six measures with conditions (Table 4).

Table 4. Number of Spring 2024 Advanced Illness and Post-Acute Care Measures Submitted and Reviewed

	Maintenance	New	Total
Number of measures submitted for endorsement review	6	0	6
Number of measures withdrawn from consideration*	0	0	0
Number of measures reviewed by the committee	6	0	6
Number of measures endorsed	0	0	0
Number of measures endorsed with conditions	6	0	6±
Number of measures not endorsed/endorsement removed	0	0	0±

**Measure developers/stewards can withdraw a measure from measure endorsement review at any point before the committee endorsement meeting.*

±CBE #2967 contains 19 individual sub-measures, each of which received an endorsement decision per the CBE's policy on Instrument-based Clinical Quality Measures. The committee endorsed 17 of the 19 sub-measures included in CBE #2967 with conditions. The committee did not reach consensus on the remaining two CBE #2967 measures, which resulted in endorsement being removed for those two sub-measures.

[i] For this cycle, developers submitted six measures 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.

Public Comments Received Prior to Committee Evaluation

Battelle accepts comments on measures under endorsement review through the PQM website. For this evaluation cycle, the public comment period opened on May 16, 2024, and closed on June 14, 2024, during which time we hosted a Public Comment Listening Session on May 29, 2024. The measures received nineteen public comments, which Battelle published to the respective measure pages on the PQM website. If a measure received any comments, they are summarized under the measure's evaluation summary below, and developer/steward responses to public comments are available on the PQM website.

Summary of Potential High-Priority Gaps

During the committee's evaluation of the measures, committee members identified potential high-priority measurement gap areas that are summarized below for future development and endorsement considerations.

Maintenance of Function vs. Improvement

For CBE #0167, CBE #1074, CBE #0175, and CBE #0176, the committee discussed the value of having measures that monitor maintenance of function in addition to improvement. Both the Advisory and Recommendation Groups 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 further noted that striving for improvement can sometimes lead to negative consequences for some individuals, and maintenance might be the appropriate goal for those people. The developer acknowledged the importance of maintaining versus improving and said they have started to incorporate this concept into new measures, including a cross-setting (inpatient rehabilitation facility [IRF], skilled nursing facility [SNF], long-term acute care hospital [LTACH], and home health) discharge function measure that was finalized in last year's home health final rule. However, the developer continuously seeks input on improvements either to these measures or other measures relevant to home health patients for whom improvement is not expected.

Importance of Expanding Continuity of Care to Other Populations

For CBE #3453, the committee recognized the importance in ensuring that individuals who have been discharged for substance use disorder (SUD) have a follow-up for a treatment service for SUD. However, both the Advisory and Recommendation Groups underscored the need to expand the measure to include individuals less than 18 years of age and those that have private insurance. This broader use of the measure will lead to an increase in continuity of care for more individuals, especially for those who are disproportionately affected. The developer agreed to take the committees' recommendations into consideration for future measure updates.

Summary of Major Concerns or Methodological Issues

The following brief summaries of the measure evaluation highlight the major concerns and/or methodological issues that the committee considered.

Composite vs. Individual Measures

For CBE #0167, CBE #1074, CBE #0175, and CBE #0176, the committee questioned whether these four measures should remain as individual measures or be combined into a composite measure. Some committee members argued they should remain as individual measures, as there are nuances between the four measures, which justifies them being individual measures. In addition, the committee questioned how meaningful a composite will be for individuals who rely on the individual results for decision-making. Other committee members argued these four measures should be a composite measure, as CMS is taking steps to move measures of similar concepts into composite measures. Ultimately, 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, which would have the developer explore, with the developer's technical expert panel (TEP), combining the measures into a composite.

Evaluation of Instrument-Based Clinical Quality Measures

Instrument-based clinical quality measures are measures that are derived from instruments or surveys, such as various versions of the Consumer Assessment of Healthcare Providers and Systems (CAHPS), the Hospice Outcomes and Patient Evaluation (HOPE), or End-Stage Renal Disease (ESRD) Patient Life Goals Survey (PaLS). The CAHPS measures, in particular, contain multiple sub-measures, all of which are aggregated to the accountable entity level. Historically a single endorsement decision was assigned to these CAHPS measures when evaluated under the prior CBE. However, this is not an accurate reflection of endorsement, one or more sub-measure may have critical issues, which a single endorsement decision would not reflect. To mitigate this, Battelle issued the Policy on Instrument-based Clinical Quality Measures, noting that 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. This means that each sub-measure within a CAHPS measure receives its own endorsement decision. Therefore, for CBE #2967, each of the 19 measures derived from the HCBS CAPHS survey instrument was reviewed and endorsed separately.

Measure Evaluation Summaries

CBE #0167 – Improvement in Ambulation/Locomotion [Abt Global/CMS] – Maintenance

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).

Summary of Public Comments: The measure received four public comments 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.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2018 cycle. It is currently in use with CMS's Public Reporting and Home Health Star Ratings Program. In their review of this measure, the Advisory Group questioned whether: 1) the developer has considered the importance of patient maintaining function (versus improving) in home health care; 2) patients receiving palliative care should be excluded; 3) a gap in care exists given a narrowing performance gap; 4) there are equity issues to consider for this measure; and 5) the four improvement measures should be a composite. The developer responded to these questions, stating: 1) they acknowledge the importance of capturing maintenance of function and have included this concept into new cross-cutting discharge function measures; 2) to go beyond discharge to hospice would require additional data sources; 3) despite steady increases in performance, a performance gap remains, and stakeholders have expressed continued support for these improvement measures; 4) they are generating feedback reports for home health providers to better understand the broader impacts of social determinants of health; and 5) each measure is valuable in and of itself, allowing providers to see different aspects of function, which may be particularly beneficial when focusing on one or two aspects for a certain patient. The Recommendation Group considered the Advisory Group's questions and developer responses. Specifically, Recommendation Group members considered the value of maintaining these measures individually vs. combining them into a composite. Some Recommendation Group members highlighted CMS's steps toward moving similar measures into a composite measure, while others expressed the importance of keeping them separate due to the nuances between them. The Recommendation Group also agreed with the

Advisory Group that maintenance of function may be a more appropriate goal for some people. However, this would not impact the continued endorsement for these measures. The Recommendation Group did not have any major concerns with respect to the other questions raised by the Advisory Group. The Recommendation Group ultimately voted to endorse the measure with one condition, which was to have the developer explore combining the four improvement measures (CBE #0167, #0174, #0175, and #0176) into a composite, while also being able to identify individual scores.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

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

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 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; 57.14%), Endorse with Conditions (6 votes; 42.86%), Remove Endorsement (0 votes; 0.00%); Recusals (1).

Summary of Public Comments: The measure received four public comments 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.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement in the Fall 2018 cycle. It is currently in use with CMS's Public Reporting and Home Health Star Ratings Program. The Advisory Group and the Recommendation Group expressed the same feedback and questions surrounding topics of improvement versus maintenance, palliative care exclusions, performance gap, equity, and the consideration of a composite measure, as noted with CBE #0167. Ultimately, the Recommendation Group voted to endorse the measure with the same condition as CBE #0167, asking the developer to explore combining the four improvement measures (CBE #0167, #0174, #0175, and #0176) into a composite, while also being able to identify individual scores.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

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

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 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; 57.14%), Endorse with Conditions (6 votes; 42.86%), Remove Endorsement (0 votes; 0.00%); Recusals (1).

Summary of Public Comments: The measure received four public comments 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.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement during the Spring 2019 cycle. It is currently in use with CMS's Public Reporting and Home Health Star Ratings Program. The Advisory Group and the Recommendation Group expressed the same feedback and had questions surrounding topics of improvement versus maintenance, palliative care exclusions, performance gap, equity, and the consideration of a composite measure, as noted with CBE #0167. The Recommendation Group also acknowledged that this measure seems to consider human assistance and use of an assistive device as being similar, despite the tremendous differences between them. The Recommendation Group 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. Ultimately, the Recommendation Group voted to endorse the measure with the same condition as CBE #0167, asking the developer to explore combining the four improvement measures (CBE #0167, #0174, #0175, and #0176) into a composite, while also being able to identify individual scores.

Appeals: None.

Additional Recommendations for the Developer/Steward: 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 Global/CMS] – Maintenance

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 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 (10 votes; 71.43%), Endorse with Conditions (3 votes; 21.43%), Remove Endorsement (1 votes; 7.14%); Recusals (1).

Summary of Public Comments: The measure received four public comments 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.

Summary of Measure Evaluation: This maintenance measure was last reviewed for endorsement during the Fall 2018 cycle. It is currently in use with CMS's Public Reporting and Home Health Star Ratings Program. The Advisory Group and the Recommendation Group expressed the same feedback and questions surrounding topics of improvement versus maintenance, palliative care exclusions, performance gap, equity, and the consideration of a composite measure, as noted with CBE #0167. The Advisory Group further recognized that this measure is slightly different than the other three (CBE #0167, #0174, and CBE #0175) in that improvement may not be enough for this measure, emphasizing that interventions are needed if individuals are not properly managed on medications. The Recommendation Group agreed, discussing the challenges with medication adherence, noting this is never 100%. The developer responded, noting there are multiple medication management measures to assess a patient's ability to manage their medications. The goal of CBE #0176 is to see if, at the end of care, the patient had an improvement in medication management, not necessarily to achieve full independence. The Recommendation Group ultimately voted to endorse the measure with the same condition as CBE #0167, asking the developer to explore combining the four improvement measures (CBE #0167, #0174, #0175, and #0176) into a composite, while also being able to identify individual scores.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

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

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 sub-measures with conditions and did not reach consensus on two sub-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 sub-measures. Please see Table 1 for the full list of endorsement decisions reached for all 19 measures.

Conditions: 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).

Summary of Public Comments: The measure received one public comment 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.

Summary of Measure Evaluation: This maintenance measure was last endorsed in Fall 2016 and is used for quality improvement internal to the specific organization. Both the Advisory and Recommendation Groups discussed response rates to the survey and suggested exploring alternative methods for distributing the survey to improve response rates and reduce survey fatigue for patients. The developer responded that although they do not believe email and web-based surveys are appropriate for their target population, they are continuously evaluating how best to administer the survey and improve response rates. The Recommendation Group voiced concern about the potential for proxies to complete the survey on behalf of the patients, to which the developer responded that all surveys are competed live with the patient regardless of methodology, so a proxy cannot be used. The Recommendation Group noted that survey results may have response bias because people with either very high or very low satisfaction are more likely to complete it, meaning many patients in the middle are not represented. Both the Advisory and Recommendation Groups recognized that low response rates negatively impact reliability. In addition, validity testing was complex due to having 19 individual sub-measures with different structures to test. The Advisory and Recommendation Group members had no concerns related to the accountable entity-level reliability of the Scale measures, Global Ratings measure, or the Recommendation measures. However, the Recommendation Group acknowledged that the Unmet Needs measures #3-#5 found ~60-70% of entities were below 0.6. The Recommendation Group also noted that only face validity testing, not empiric validity testing, was completed for the Unmet Needs measures and the Physical Safety measure. Use and usability were also not reported for all measures, and the last improvement results reported were from 2022-2023. With respect to improvement results, the developer responded that there are time delays in receiving data from states and COVID-19 impacted data-collection methods. However, they are receiving more data that may allow for additional insight into improvements in the future. The Recommendation Group discussed the potential impacts of including the mental health questions in every survey, noting that some respondents may not answer the survey if they feel those types of questions do not apply to them and that response rates may increase if mental health questions are not included in every survey. The developer responded that due to the type of waiver used to identify mental health patients, distinguishing patients receiving mental health services is not always possible. The committee recommended exploring separating mental health questions from the other question types. Ultimately, the Recommendation Group endorsed 17 sub-measures with the condition that the developer explore methodological strategies (e.g., weighting, sampling) to ensure that responses are representative. The remaining two sub-measures were not endorsed due to no consensus (*Unmet need in toileting due to lack of help* and *Unmet need with household tasks due to lack of help*), likely due to the recognized importance of these measures but concern regarding the low number of entities included in the testing, which results in low reliability for ~60-70% of entities.

Appeals: None.

Additional Recommendations for the Developer/Steward: 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] – Maintenance

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).

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

Summary of Measure Evaluation: This maintenance measure was last endorsed in Fall 2018 and is used for quality improvement with external benchmarking to multiple organizations and for quality improvement internal to the specific organization. The Advisory Group questioned whether the use of this measure has any feasibility challenges and if the developer would consider expanding the patient population to include individuals with commercial insurance. In addition, the Advisory Group asked if the developer identified any equity issues with respect to the measure focus. The developer noted they have not received any positive or negative feedback about the feasibility of the measure, including its specifications. With respect to expanding the patient population, the developer noted that Medicaid is their funding vehicle, so that is why individuals with Medicaid are captured in the measure. Additionally, they recently expanded the population to include older adults and dually enrolled individuals (i.e., Medicare and Medicaid). Lastly, for equity, the developer observed differences in measure results by age and for individuals who are dually enrolled. The Recommendation Group considered the Advisory Group questions and developer responses and recommended including individuals under 18 years of age and individuals who relapse, as this expanded use will lead to improved continuity of care for these populations. The Recommendation Group also asked about the consideration for treatments beyond pharmacotherapy, to which the developer responded, stating that pharmacotherapy is the gold standard, but the measure allows for multiple treatment paths so patients can work with their provider for the most appropriate treatment. Lastly, the

Recommendation Group questioned how states can improve on the measure and if the measure calculates two rates, one at 7 days and another at 14 days. The developer confirmed that the measure provides a 7-day and a 14-day rate to capture individuals that go beyond the 7-day mark due to availability of providers and that the measure supports inclusion of community services due to the reliance on an interdependent network of behavioral and pharmacotherapy interventions. Ultimately, the Recommendation Group placed two conditions on the measure for endorsement, which were to have the developer explore potential updates to the numerator criteria, and to explore the usability of the measure with the accountable entity and expand the logic model to illustrate areas of improvement.

Appeals: None.

Additional Recommendations for the Developer/Steward: None.

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3. Home Health Quality Reporting Program. Centers for Medicare & Medicaid Services. Updated 09/10/2024. Accessed September 30, 2024. https://www.cms.gov/medicare/quality/home-health
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5. McKay JR. Impact of Continuing Care on Recovery From Substance Use Disorder. *Alcohol Res*. 2021;41(1):01. doi:10.35946/arcr.v41.1.01

Appendix A: Advanced Illness and Post-Acute Care Committee Roster

Spring 2024 Cycle

Member	Affiliation/Organization	Perspective(s)	Advisory/Recommendation Group
Stephen Weed *(Patient Representative Co-chair)*	Ventura Unified School District	Patient Partner	Recommendation
Kristin Seidl *(Non-Patient Representative Co-chair)*	University of Maryland Medical Center & University of Maryland School of Nursing	Clinician; Facility/Institutional	Recommendation
Alicia Staley	Medidata	Patient Partner	Advisory
Andrew Kohler	Rappahannock Health; Atlantic Telehealth	Rural Health Expert; Clinician; Facility/Institutional	Recommendation
Barabara Winters-Todd	Encompass Health	Facility/Institutional; Clinician	Recommendation
Brenda Groves	KFMC Health Improvement Partner	Patient Partner	Advisory
Bridgette DeMarzo	Northwestern Medicine	Facility/Institutional; Other Interested Parties	Recommendation
Cardinale Smith (inactive)	Division of Hematology/Medical Oncology and Brookdale Department of Geriatrics and Palliative Medicine; Tisch Cancer Hospital, The Mount Sinai Hospital; The Mount Sinai Health System	Health Equity Expert; Clinician; Facility/Institutional; Health Services Researcher; Other Interested Parties	Recommendation
Carol Siebert	The Home Remedy	Health Equity Expert; Clinician; Other Interested Parties	Recommendation
Cher Thomas	Renal Support Network	Patient Partner; Clinician	Recommendation
Dima Raskolnikov (inactive)	Montefiore/Albert Einstein College of Medicine	Facility/Institutional; Clinician	Recommendation
Donna Sternberg	Hampton University Proton Therapy Institute	Clinician; Facility/Institutional	Advisory

Member	Affiliation/Organization	Perspective(s)	Advisory/Recommendation Group
Donna Woods (inactive)	Centers for Healthcare Studies and Education in the Health Sciences, Feinberg School of Medicine, Northwestern Medicine	Health Services Researcher	Recommendation
Emily Martin	University of California, Los Angeles	Clinician; Facility/Institutional	Advisory
Erin Crum	McKesson	Other Interested Parties	Recommendation
Gerri Lamb	Arizona State University	Clinician; Other Interested Parties	Advisory
Ginette Ayeni	Aspire Health	Facility/Institutional; Clinician	Recommendation
Heather Thompson	LHC Group/Optum	Facility/Institutional	Advisory
Jonathan Nicolla	Palliative Care Quality Collaborative	Other Interested Parties	Advisory
Karie Fugate	Retired, The Boeing Company	Patient Partner	Recommendation
Kyle Matthews	National Kidney Foundation & Nevada Kidney Disease Prevention and Education Taskforce	Patient Partner	Advisory
Lama El Zein	EmblemHealth	Purchaser and Plan; Clinician; Other Interested Parties	Recommendation
Lea Dooley	Nationwide Children's Hospital	Patient Partner	Advisory
Margherita Labson	MC Labson Consultation and Education Services	Clinician; Other Interested Parties	Recommendation
Maria Regnier	Sanford Health	Rural Health Expert; Facility/Institutional	Advisory
Milli West	Intermountain Health/Clinical Excellence	Facility/Institutional; Other Interested Parties	Advisory
Morris Hamilton	Abt Global	Other Interested Parties; Health Services Researcher	Recommendation
Nicole Keane	Abt Global	Other Interested Parties; Clinician	Advisory

Member	Affiliation/Organization	Perspective(s)	Advisory/Recommendation Group
Omar Latif	Elevance Health	Purchaser and Plan; Clinician; Other Interested Parties	Advisory
Paul Galchutt	M Health Fairview | University of Minnesota Medical Center	Patient Partner	Recommendation
Paul Tatum	Washington University in St. Louis; Verterans Affairs St. Louis Health Care System	Clinician; Patient Partner; Facility/Institutional; Rural Health Expert; Health Services Researcher	Recommendation
Raina Josberger	Center for Applied Research and Evaluation, New York State Department of Health	Purchaser and Plan; Health Services Researcher; Other Interested Parties	Advisory
Rebecca Swain-Eng	SEA Healthcare & The Quality Collaborative	Other Interested Parties	Advisory
Sarah Thirlwell	Chapters Health System	Facility/Institutional; Patient Partner; Clinician	Recommendation
Sassy Outwater-Wright	Massachusetts Association for the Blind and Visually Impaired (MABVI)	Patient Partner	Advisory
Sheila Clark	California Hospice and Palliative Care Association (CHAPCA)	Health Equity Expert; Patient Partner; Other Interested Parties	Advisory
Shelby Moore	Heartlinks	Facility/Institutional	Advisory
Soojin Jun	Patients for Patient Safety US	Patient Partner; Clinician	Recommendation
Stephanie Wladkowski	Bowling Green State University	Health Services Researcher	Advisory
Yaakov Liss	Optum Tristate	Clinician; Facility/Institutional	Advisory

Partnership for Quality Measurement Organizations

Battelle

Institute for Healthcare Improvement

Measure Stewards

Abt Global

Centers for Medicare & Medicaid Services (CMS)

The Lewin Group

Measure Developers

Abt Global

The Lewin Group


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