



## Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

### Brief Measure Information

**NQF #:** 0519

**Corresponding Measures:**

**De.2. Measure Title:** Diabetic Foot Care and Patient Education Implemented

**Co.1.1. Measure Steward:** Centers for Medicare & Medicaid Services

**De.3. Brief Description of Measure:** The percentage of home health episodes of care in which diabetic foot care and patient/caregiver education were included in the physician-ordered plan of care and implemented for diabetic patients since the previous OASIS assessment.

**1b.1. Developer Rationale:** Instruction on foot care for persons with diabetes is expected to influence health outcomes for utilization (fewer acute care visits for both ED use and acute care hospitalizations) and to reduce the development of diabetic foot ulcers (DFUs). There has been improvement in this measure over time, suggesting that agencies are improving care for this process. Continued reporting of this measure will provide information to home care agencies and consumers that will enable them to address and monitor the care received by patients with diabetes.

**S.4. Numerator Statement:** The number of home health episodes where at end of episode, diabetic foot care and education specified in the care plan had been implemented.

**S.6. Denominator Statement:** The number of home health episodes of care ending during the data collection period other than those covered by generic or measure-specific denominator exclusions.

**S.8. Denominator Exclusions:** Measure specific exclusions: Episodes in which the patient was not diabetic and/or had bilateral foot/lower leg amputations, and episodes ending in patient death.

Generic exclusions: None, except that HHAs are exempt from reporting OASIS data to CMS on certain categories of patients/clients as described in the next section.

**De.1. Measure Type:** Process

**S.17. Data Source:** Electronic Health Records

**S.20. Level of Analysis:** Facility

**IF Endorsement Maintenance – Original Endorsement Date:** Mar 31, 2009 **Most Recent Endorsement Date:** Sep 02, 2014

**IF this measure is included in a composite, NQF Composite#/title:**

**IF this measure is paired/grouped, NQF#/title:**

**De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?**

### 1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.**

**1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form**

[Evidence\\_Submission\\_Form\\_0519\\_12.06.13-635218711630104946.docx](#)

**1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission?**

Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence.

**1b. Performance Gap**

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- Disparities in care across population groups.

**1b.1. Briefly explain the rationale for this measure** (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure)

*If a COMPOSITE (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.*

Instruction on foot care for persons with diabetes is expected to influence health outcomes for utilization (fewer acute care visits for both ED use and acute care hospitalizations) and to reduce the development of diabetic foot ulcers (DFUs). There has been improvement in this measure over time, suggesting that agencies are improving care for this process. Continued reporting of this measure will provide information to home care agencies and consumers that will enable them to address and monitor the care received by patients with diabetes.

**1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis.** *(This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.*

Specification	Mean	St.Dev.	Min	10th	25th	50th	75th	90th	Max
Observed Rates	93.4%	10.3%	0.0%	83.3%	91.9%	96.8%	99.6%	100.0%	100.0%

Performance Gap:

75th - 25th Percentile = 7.7%

90th - 10th Percentile = 16.7%

To see change in performance gap over time, see addendum on page 7 of [Evidence\\_Submission\\_Form\\_0519\\_12.05.13](#)

**1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.**

The measure results include Medicare-certified agencies with at least 20 home health quality episodes ending between July 1, 2012 and June 30, 2013 and meeting the measure denominator criteria. There were 8,451 such agencies (71.3 percent of the 11,849 agencies with at least one quality episode ending during the same time period).

**1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability.** *(This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.) For measures that show high levels of performance, i.e., "topped out", disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.*

Observed Rate (Numerator/Denominator) by Patient Race

White	Black	Hispanic	Other
93.5%	95.0%	93.8%	95.8%

Observed Rate (Numerator/Denominator) by Patient Age

<65	65-75	75-85	85+
94.5%	94.5%	94.0%	91.9%

Observed Rate (Numerator/Denominator) by Patient Gender

Male Female

94.3% 93.6%

To see change in disparities over time, see addendum on page 8 of [Evidence\\_Submission\\_Form\\_0519\\_12.05.13](#) in 1a

**1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4**

The measure results include home health quality episodes ending between July 1, 2012 and June 30, 2013 and meeting the measure denominator criteria. There were 1,655,582 such quality episodes.

## 2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.**

**2a.1. Specifications** The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

**De.5. Subject/Topic Area** (check all the areas that apply):

Endocrine, Endocrine : Diabetes

**De.6. Non-Condition Specific**(check all the areas that apply):

Primary Prevention

**De.7. Target Population Category** (Check all the populations for which the measure is specified and tested if any):

Elderly

**S.1. Measure-specific Web Page** (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html>

**S.2a. If this is an eMeasure**, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

[This is not an eMeasure](#) Attachment:

**S.2b. Data Dictionary, Code Table, or Value Sets** (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment Attachment: [OASISQM\\_data\\_dictionary-635218488803072954-636011678316290207-636113494604258756-636426217939785235.xls](#)

**S.2c.** Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Attachment:

**S.2d.** Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

**S.3.1. For maintenance of endorsement:** Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

No

**S.3.2. For maintenance of endorsement,** please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

No significant changes.

**S.4. Numerator Statement** (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) DO NOT include the rationale for the measure.

*IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

The number of home health episodes where at end of episode, diabetic foot care and education specified in the care plan had been implemented.

**S.5. Numerator Details** (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

*IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

Number of patient episodes where at end of episode: The OASIS\* item M2400 (Intervention Synopsis), row a. (Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care) = 1 (yes)

\*Currently, there are three versions of OASIS assessments on the CMS repository that are used to calculate quality measures for home health agencies. OASIS-C was in use from 1/1/2010 through 12/31/2014. OASIS-C1 / ICD-9 Version was in use from 1/1/2015 through 9/30/2015, and OASIS-C1 / ICD-10 Version is in use from 10/1/2015 onward. All references in this document to OASIS include all three versions of OASIS. Only if item numbers or measure specifications are different among the OASIS versions will a specific OASIS version be referenced.

**S.6. Denominator Statement** (Brief, narrative description of the target population being measured)

The number of home health episodes of care ending during the data collection period other than those covered by generic or measure-specific denominator exclusions.

**S.7. Denominator Details** (All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

*IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).*

All home health episodes of care, defined as a start/resumption of care assessment (OASIS item M0100 (Reason for Assessment) = 1 (Start of care) or 3 (Resumption of care)) paired with a corresponding discharge/transfer assessment (M0100 (Reason for Assessment) = 6 (Transfer to inpatient facility – not discharged), 7 (Transfer to inpatient facility – discharged), 8 (Death at home), or 9 (Discharge from agency)), other than those covered by generic and measure-specific denominator exclusions.

**S.8. Denominator Exclusions** (Brief narrative description of exclusions from the target population)

Measure specific exclusions: Episodes in which the patient was not diabetic and/or had bilateral foot/lower leg amputations, and episodes ending in patient death.

Generic exclusions: None, except that HHAs are exempt from reporting OASIS data to CMS on certain categories of patients/clients as described in the next section.

**S.9. Denominator Exclusion Details** (All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

Measure Specific Exclusions: All episodes where -the patient is not diabetic or the patient is a bilateral amputee (M2400 (Intervention Synopsis), row a (diabetic foot care and patient/caregiver education were included in the physician-ordered plan of care and implemented) = NA, OR the episode ended in death at home (M100 (Reason for assessment) = 8).

**Generic Exclusions:**

Medicare-certified home health agencies are currently required to collect and submit OASIS data only for adult (aged 18 and over) non-maternity Medicare and Medicaid patients who are receiving skilled home health care. Therefore, maternity patients, patients less than 18 years of age, non-Medicare/Medicaid patients, and patients who are not receiving skilled home services are all excluded from the measure calculation. However, the OASIS items and related measures could potentially be used for other adult patients receiving services in a community setting, ideally with further testing. Publicly reported data for HHAs on CMS's Home Health Compare Web site require that the HHA have at least 20 observations for the quality measure and that the HHA has been in operation at least six months.

**S.10. Stratification Information** (Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.)

NA - no stratification

**S.11. Risk Adjustment Type** (Select type. Provide specifications for risk stratification in measure testing attachment)

No risk adjustment or risk stratification

If other:

**S.12. Type of score:**

Rate/proportion

If other:

**S.13. Interpretation of Score** (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

**S.14. Calculation Algorithm/Measure Logic** (Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.)

The unit of analysis for patient outcome and process quality measures is an episode of care, defined as starting with an admission to home health care (M0100 (Reason for assessment) = 1 or 2) or resumption of home health care after an inpatient facility stay (M0100 (Reason for assessment) = 3), and ending with a discharge from home health care, including discharge due to death, or admission to inpatient facility for 24 hours or more (M0100 (Reason for assessment) = 6, 7, 8, or 9). In the specifications below, variable names from the CMS data submission specifications are used, with a [1] appended to indicate the data come from the start or resumption of care assessment and a [2] appended to indicate the data come from the discharge or inpatient facility transfer assessment.

For each Episode of Care, the measure is calculated as follows:

IF M2400\_INTRVTN\_SMRY\_DBTS\_FT[2] = NA OR M0100\_ASSMT\_REASON[2] = 08 THEN

Diabetic\_Ft\_Care\_Implmnt\_All = MISSING

ELSE IF M2400\_INTRVTN\_SMRY\_DBTS\_FT[2] = 01 THEN

Diabetic\_Ft\_Care\_Implmnt\_All = 1

ELSEIF M2400\_INTRVTN\_SMRY\_DBTS\_FT[2] = 00 THEN

Diabetic\_Ft\_Care\_Implmnt\_All = 0

**S.15. Sampling** (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed.

NA - no sampling

**S.16. Survey/Patient-reported data** (If measure is based on a survey or instrument, provide instructions for data collection and

guidance on minimum response rate.)

Specify calculation of response rates to be reported with performance measure results.

NA - not a survey

**S.17. Data Source** (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.18.

Electronic Health Records

**S.18. Data Source or Collection Instrument** (Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)

If instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration.

The measure is calculated based on data obtained from the Home Health Outcome and Assessment Information Set (OASIS-C), which is a core standard assessment data set that home health agencies integrate into their own patient-specific, comprehensive assessment to identify each patient's need for home care. The data set is the foundation for valid and reliable information for patient assessment, care planning, and service delivery in the home health setting, as well as for the home health quality assessment and performance improvement program. HH agencies are required to collect OASIS data on all non-maternity Medicare/Medicaid patients, 18 or over, receiving skilled services. Data are collected at specific time points (admission, resumption of care after inpatient stay, recertification every 60 days that the patient remains in care, transfer, and at discharge). HH agencies are required to encode and transmit patient OASIS data to the state OASIS repositories. Each HHA has on-line access to outcome and process measure reports based on their own OASIS data submissions, as well as comparative state and national aggregate reports, case mix reports, and potentially avoidable event reports. CMS regularly collects OASIS data from the states for storage in the national OASIS repository, and makes measures based on these data (including the Diabetic Foot Care and Education measure) available to consumers and to the general public through the Medicare Home Health Compare website.

**S.19. Data Source or Collection Instrument** (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

Available at measure-specific web page URL identified in S.1

**S.20. Level of Analysis** (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Facility

**S.21. Care Setting** (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Home Care

If other:

**S.22. COMPOSITE Performance Measure** - Additional Specifications (Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)

NA

## 2. Validity – See attached Measure Testing Submission Form

Scientific\_Acceptability\_0519.docx

### 2.1 For maintenance of endorsement

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

### 2.2 For maintenance of endorsement

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

### 2.3 For maintenance of endorsement



*Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy. You MUST use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.*

### 3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

#### 3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

##### 3a.1. Data Elements Generated as Byproduct of Care Processes.

Generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score), Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims), Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)

If other:

#### 3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

**3b.1. To what extent are the specified data elements available electronically in defined fields** (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields) Update this field for **maintenance of endorsement**.

ALL data elements are in defined fields in electronic clinical data (e.g., clinical registry, nursing home MDS, home health OASIS)

**3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.** For **maintenance of endorsement**, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

**3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.**

Attachment:

#### 3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

**3c.1. Required for maintenance of endorsement.** Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

**IF instrument-based**, consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

OASIS data collection and transmission is a requirement of the Medicare Home Health Conditions of Participation. OASIS data are collected by the home health agency during the care episode as part of the Conditions of Participation, and transmitted electronically to the state and CMS national OASIS repository. No issues regarding availability of data, missing data, timing or frequency of data collection, patient confidentiality, time or cost of data collection, feasibility or implementation have become

apparent since OASIS-C was implemented 1/1/2010. In 2008, CMS contractors Abt Associates and subcontractors University of Colorado Health Sciences Center and Case Western Reserve University conducted field testing including analysis of time required for collection of OASIS-C and focus groups with clinicians on perceived burden of OASIS-C. CMS eliminated a number of items that participants reported to be burdensome prior to OASIS-C implementation. Focus group feedback and data collected during the field test indicated minimal additional time burden related to collection of OASIS C data items.

**3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).**

NA

## 4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

### 4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

#### 4.1. Current and Planned Use

*NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.*

Specific Plan for Use	Current Use (for current use provide URL)
	Public Reporting Home Health Compare <a href="http://www.medicare.gov/HomeHealthCompare/search.aspx">http://www.medicare.gov/HomeHealthCompare/search.aspx</a>

#### 4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting

The Home Health Compare website is federal government website managed by the Centers for Medicare & Medicaid Services (CMS). It provides information to consumers about the quality of care provided by Medicare-certified home health agencies throughout the nation. The measures reported on Home Health Compare includes all Medicare-certified agencies with at least 20 home health quality episodes. In the period ending June 30, 2013, there were 8,451 agencies (71.3 percent of the 11,849 agencies with at least one quality episode) that met the measure denominator criteria for reporting of Diabetic Foot Care and Education.

CMS's Home Health Quality Initiative "Process Quality Measure Report" provides all Medicare-certified home health agencies with opportunities to use process measures for process-based quality improvement. Forty-five evidence-based process of care measures (including Diabetic Foot Care and Education) are included on reports made available to agencies for use in quality/performance monitoring and improvement. The report allows agencies to benchmark their performance against other agencies across the state and nationally, as well as with their own performance from prior time periods. All Medicare-certified home health agencies can access their Process Quality Measure Reports via CMS's online CASPER system.

**4a1.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)**

**4a1.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for**



**implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement.** (*Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.*)

**4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.**

**How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.**

All home health agencies with at least 20 qualifying episodes receive quarterly measure reports on all of their publicly-reported measures. In addition, providers can run on-demand, confidential reports showing individual measure results and national averages, through CMS' CASPER system. There is an email box that HHAs may submit questions to as well as a website on which the latest measure updates are posted.

**4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.**

All home health agencies with at least 20 qualifying episodes receive quarterly measure reports on all of their publicly-reported measures. In addition, providers can run on-demand, confidential reports showing individual measure results and national averages, through CMS' CASPER system. There is an email box that HHAs may submit questions to as well as a website on which the latest measure updates are posted. The Outcome-Based Quality Monitoring Manual (OBQM) describes the OASIS-based reports that are available as well as the sources of information for the reports. Instructions on using the reports for quality monitoring are provided, illustrated with sample reports from a hypothetical home care agency. It is designed to help home health agencies make use of the reports for monitoring and improving quality of care. Additionally, home health quality reporting program training was held in 2017.

**4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.**

**Describe how feedback was obtained.**

Home health agencies receive quarterly measure reports on all of their measures. There is an email box that HHAs may submit questions to as well as a website on which the latest measure updates are posted. No questions were received in 2017 related to this measure.

**4a2.2.2. Summarize the feedback obtained from those being measured.**

There is an email box that HHAs may submit regarding quality measures; all questions and responses are captured in an Access database for analysis and CMS receives quarterly reports on questions submitted. Thematic issues arising from the mailbox inform guidance to providers. No questions were received on this measure in 2017.

**4a2.2.3. Summarize the feedback obtained from other users**

There haven't been any requests for measure modification, nor any modifications made.

**4a2.3. Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.**

Not applicable for 2017

#### **Improvement**

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

**4b1. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)**

If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

**4b2. Unintended Consequences**

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

**4b2.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.**

No unintended consequences identified.

**4b2.2. Please explain any unexpected benefits from implementation of this measure.**

**5. Comparison to Related or Competing Measures**

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

**5. Relation to Other NQF-endorsed Measures**

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

Yes

**5.1a. List of related or competing measures (selected from NQF-endorsed measures)**

**5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.**

**5a. Harmonization of Related Measures**

The measure specifications are harmonized with related measures;

**OR**

The differences in specifications are justified

**5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):**

**Are the measure specifications harmonized to the extent possible?**

No

**5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.**

See response 5b1

**5b. Competing Measures**

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

**OR**

Multiple measures are justified.

**5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):**

**Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)**

We found 2 NQF-endorsed measures that deal with diabetic foot care - 0416 - Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear, and 0417 - Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation but the interventions that are the focus of both of these measures would not be provided as part of the home health plan of care. There are

no measures that conceptually address both the same measure focus and the same target population.

## Appendix

**A.1 Supplemental materials may be provided in an appendix.** All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

No appendix Attachment:

## Contact Information

**Co.1 Measure Steward (Intellectual Property Owner):** Centers for Medicare & Medicaid Services

**Co.2 Point of Contact:** Helen, Dollar-Maples, Helen.Dollar-Maples@cms.hhs.gov, 410-786-7214-

**Co.3 Measure Developer if different from Measure Steward:** Acumen LLC

**Co.4 Point of Contact:** Keziah, Cook, kcook@acumenllc.com, 650-558-8882-

## Additional Information

### Ad.1 Workgroup/Expert Panel involved in measure development

**Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.**

In December 2010, a Technical Expert Panel (TEP) was convened to review the analysis conducted on the home health measures. The TEP was comprised of individuals selected by CMS for their expertise and perspectives related to the panel objectives, from a pool of individuals who were nominated in response to the September 2010 Call for TEP notice. At the end of a two day meeting, during which the measure developer presented the TEP with a variety of information about each measure, the TEP members were asked to individually rate each measure for importance, validity, and usability using a score card, created by the measure developer and modeled after the NQF criteria.

2010 HH Measure Review TEP Members:

Mary Carr RN, MPH - Associate Director for Regulatory Affairs, National Association of Home Care and Hospice

Rick Fortinsky, PhD- Professor of Medicine, Physicians Health Services Endowed Chair in Geriatrics and Gerontology, UConn Center for Health Services Research

Barbara Gage, PhD - Deputy Director of Aging, Disability, and Long-term Care, Post-Acute Care Research Lead, Research Triangle Institute

Margherita Labson, R.N., Executive Director for the Home Care Program at The Joint Commission

Steve Landers MD, MPH - Director, Center for Home Care and Community Rehabilitation, Cleveland Clinic

Bruce Leff, MD – Associate Director, Elder House Call Program,

Barbara McCann, MSW - Chief Industry Officer, Interim Health Care

Jennifer S. Mensik PhD, RN, NEA-BC, FACHE - Director, Clinical Practices and Research, Banner Health, Arizona and Western Regions

Dana Mukamel, Professor, Department of Medicine, Division of General Internal Medicine & Primary Care, University of California, Irvine & Senior Fellow, Health Policy Research Institute, Irvine, California

Robert J. Rosati Ph.D - Vice President, Clinical Informatics, Visiting Nurse Service of New York, Center for Home Care Policy and Research

Judy Sangl Sc.D. – Health Scientist Administrator, Agency for Healthcare Research and Quality (AHRQ), Center for Patient Safety and Quality Improvement (CQIPS), Rockville, MD

### Measure Developer/Steward Updates and Ongoing Maintenance

**Ad.2 Year the measure was first released:** 2011

**Ad.3 Month and Year of most recent revision:** 12, 2013

**Ad.4 What is your frequency for review/update of this measure?** Annual

**Ad.5 When is the next scheduled review/update for this measure?** 09, 2014

**Ad.6 Copyright statement:** NA

**Ad.7 Disclaimers:**

**Ad.8 Additional Information/Comments:**