Nursing Facility Payment Review and Redesign

Building Block #2: Quality (Week 2)

10.29.2020

Today's Agenda

- Overview
- Recap
  - STAR ratings
  - Developing, evaluating and using outcome measures
- Questions and brief comment
- Quality Week 2
  - Aggregating quality measures
  - Performance in Illinois v. the US
  - State quality incentive programs
- Questions and brief comment on today's content
- Next steps and request for content

Purpose Statement

HFS proposes a structured and transparent approach to develop, deliberate, adopt and implement nursing home payments to achieve improved outcomes and increased accountability with an emphasis on patient-centered care. HFS believes the rate mechanism, funding model, assessment, quality metrics, and staffing requirements can and should be updated in conjunction with any new or additional appropriated funding. Further, additional federal funding should be captured to improve these areas through an increase in the current nursing home bed tax.

Steps in the Review and Redesign Process

Building blocks in a comprehensive NF payment:

- Staffing (3 meetings)
- Quality (2 meetings)
- Physical Infrastructure
- Rebalancing
- Capacity (facilities and staffing)
- Case Mix, Equity and Demographics
- Modeling (multiple meetings)

Note: COVID has had a profound impact on long term care. Infection control is assumed to be an integral component of each building block.

Original Objectives and Principles for Reform

Potentially Relevant to Today's Discussion on Quality:

- **Transparent, outcome driven, patient-centered model with increased accountability**
- Transition away from RUGS to federal PDPM case-mix nursing component
- Modify the support and capital rate into a set base rate similar to Medicare non-case-mix rate
- End the $1.50 bed fee and increase the occupied bed assessment to create a single assessment program which maximizes federal revenue
- **Directly tie funding/rates/incentives to demonstrable and sustained performance on key quality reporting metrics**
- **Documentation to support, review and validation of level of care coding and appropriateness, outliers, actual patient experiences, etc.**
- **Align regulation and payment incentives to the same goals**
- **Ensure appropriate incentives for community placement, including both uniform and MCO-specific incentives**
- Recalibrate/rethink payment for nursing home infrastructure to support emerging vision for the industry in the wake of the COVID-19 crisis, including single-occupancy rooms, certified facilities
- Integrate emerging lessons and federal reforms related to the COVID pandemic
- Improved cooperation, support and follow up, data sharing and cross-agency training from other agencies (OIG, IDPH, DoA)
- **Build in flexibility to evolve as the industry evolves and establish ongoing channels of communication for new, proposed, or upcoming changes**

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CMS' Overall STAR Rating

Inspections

Health Inspection Stars

Staffing

+1 Star if:
- Staffing is 4 or 5 Stars; AND
- Staffing stars > Inspection Stars

0 Stars if:
- Staffing is 2 or 3 Stars; OR
- Staffing Stars <= Inspection Stars

-1 Star if:
- Staffing is 1 Star

Quality

+1 Star if:
- Quality is 5 Stars; AND
- A Staffing Star wasn't already added to a 1-Star Inspection Rating

0 Stars if:
- Quality is 2 - 4 Stars;

-1 Star if:
- Quality is 1 Star

Overall STAR Rating (1-5)

Scoring inspections for the STAR Rating System

Health Inspection Score: Weights for Different Types of Deficiencies

Severity	Scope		
	Isolated	**Pattern**	**Widespread**
Immediate jeopardy to resident health or safety	**J** 50 points* (75 points)	**K** 100 points* (125 points)	**L** 150 points* (175 points)
Actual harm that is not immediate jeopardy	**G** 20 points	**H** 35 points (40 points)	**I** 45 points (50 points)
No actual harm with potential for more than minimal harm that is not immediate jeopardy	**D** 4 points	**E** 8 points	**F** 16 points (20 points)
No actual harm with potential for minimal harm	**A** 0 point	**B** 0 points	**C** 0 points

Note: Figures in parentheses indicate points for deficiencies that are for substandard quality of care.

STAR Rating System for Inspections

Inspection-based STAR ratings are based on weighted point comparisons ***within states***

The target distribution is:

- Five stars Top 10 percentile
- Four stars 10^{th}-33.33^{rd} percentile
- Three stars 33.34^{th}-56.66^{th} percentile
- Two stars 56.67^{th}-90^{th} percentile
- One stars Bottom 10 percentile

STAR Rating System for Staffing
(using normalized or CM-adjusted hours/resident day)

Staffing and Rating (updated April 2019)

RN rating and hours		Total nurse staffing rating and hours (RN, LPN and nurse aide)				
		1	2	3	4	5
		< 3.108	3.108–3.579	3.580 - 4.037	4.038–4.407	≥4.408
1	< 0.317	★	★	★★	★★	★★★
2	0.317 - 0.507	★★	★★	★★	★★★	★★★
3	0.508–0.730	★★	★★★	★★★	★★★	★★★★
4	0.731–1.048	★★★	★★★	★★★★	★★★★	★★★★
5	≥1.049	★★★	★★★★	★★★★	★★★★★	★★★★★

Staffing thresholds are absolute and based on the staffing-quality relationship

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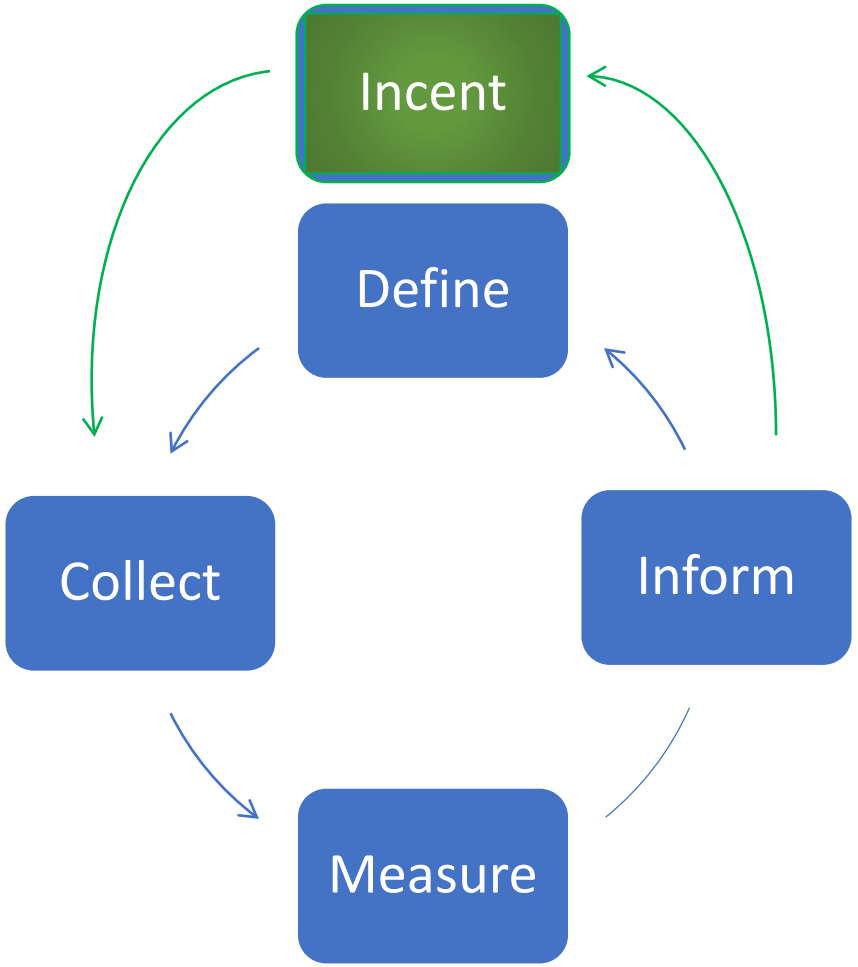
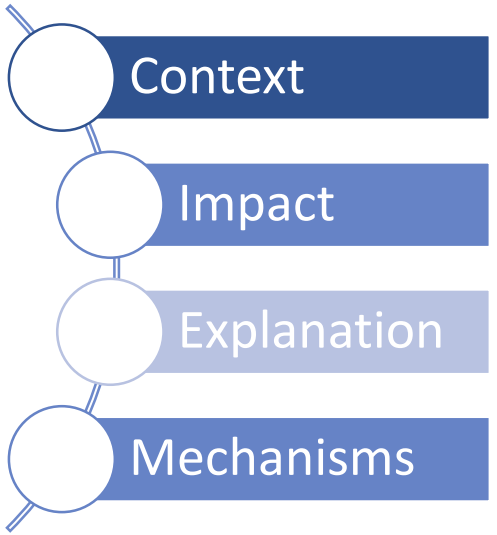
Developing and Using Outcomes

Implications for new metrics:

- We have **less information** about them, including validation of their impact, an explanation of that impact, and the mechanisms for moving the needle
- NFs also know less, and face **risk** when spending money to move the needle
- In addition, NFs face the economic **incentive to wait** for others to solve the puzzle
- Risk and this '**tragedy of the commons**' predictably lead to collective under-investment
- So what approach should the state take with new metrics?





Evaluating an Outcome Measure

Examples of Policy Objectives

Outcome Maturity	Example policy goals in incentive design
New	Coordinate/motivate broad initial investments by NFs
	Learn from investments and varying NF initiatives
Mixed	Improve overall (and top) performance
	Motivate rapid improvement & investment by low-performers
Mature	Maintain target performance; prevent degradation across many outcomes
	Bring all performance up at margin?
	Eliminate remaining under-performance

Matching Available Levers to Outcomes

Key Questions

NF Lever*	Description	New Outcomes	Mixed Outcomes	Mature Outcomes
Payment Incentive	Dollar or percentage adjustments to (part of) the per diem	Are payment incentives flexible enough to support NF experimentation?		What is the remaining potential for improvement?
MCO LTC placement	Influence or incent community v. NF 'A' v. NF 'B' placement		What is the MCOs' role in managing NF/LTC outcomes?	
CON	Requirements for new investment		Which types of outcomes might fit this lever?	
Regulatory minimums	$ Penalties		Which outcomes work best here? Would regulations compliment payment incentives?	
Medicaid participation	Transition of all current Medicaid residents		Would any such outcome rise to this level of importance?	Which outcome(s) might rise to this level of importance?
Licensure	Transition of all current residents		Would any such outcome rise to this level of importance?	Which outcome(s) might rise to this level of importance?

*Not a characterization of current Illinois policy. Some options would require policy changes to be deployed.

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Summary and Take-aways

Characteristics of outcome measures that matter to NFs may include

- Representing consumer's point of view
- Whether the outcome is sensitive to competition (between NFs)
- Appropriate case mix-adjustment (match outcomes to residents)
  - ..to the point of specialized facilities? E.g., outlier case mixes?
- Whether the outcome can be accurately measured (reliability)
- Whether the metric reflects the true outcome (validity)

Characteristics of levers that matter to NFs may include

- Cash flow, i.e., how long after an NF investment would improvement $$ come?
- Uncertainty of payoff v. investment in improving the metric
- Ideally, use new money for incentives
- Relate payment to cost and consider NF sustainability
- Consider the long-run impact of incentives, e.g., sustainability

Thoughts? Corrections? Additions?

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How Does CMS Make SNF Quality STAR Ratings?

Metric Selection

- *Note: STAR ratings are the pre-eminent and most sophisticated example found for aggregating NF quality metrics into performance indices. Although Medicare does not use STAR ratings in payment, the final step from index to payment would be computationally straightforward.*

- CMS adds or subtracts quality metrics periodically and currently maintains a list of 34 MDS-based and 5 claims-based metrics
- STAR measures were selected from this list "based on their validity and reliability, the extent to which nursing home practice may affect the measures, statistical performance, and the importance of the measures." – *Technical User's Guide October 2019*
  - 15 of the MDS-based metrics are available only to facilities on CMS' QIES website
  - 24 remaining metrics are included in CMS' Nursing Home Compare public reporting system
  - Of these, 15 were selected for the Quality STAR Rating

How Does CMS Make SNF Quality STAR Ratings?

Selected Long Stay Measures

COMPARE Quality Measure	STAR Points	Source Data
Percentage of LS residents whose need for help with daily activities has increased	150	MDS
Percent of LS Residents Who Lose Too Much Weight		MDS
Percent of Low Risk LS Residents Who Lose Control of Their Bowel or Bladder		MDS
Percent of LS Residents with a Catheter Inserted and Left in Their Bladder	100	MDS
Percent of LS Residents With a Urinary Tract Infection	100	MDS
Percent of LS Residents Who Have Depressive Symptoms		MDS
Percent of LS Residents Who Were Physically Restrained		MDS
Percentage of LS residents experiencing one or more falls with major injury	100	MDS
Percentage of LS residents assessed and appropriately given the pneumococcal vaccine		MDS
Percentage of LS residents who received an antipsychotic medication	150	MDS
Percentage of LS residents whose ability to move independently worsened	150	MDS
Percentage of LS residents who received an antianxiety or hypnotic medication		MDS
Percentage of high risk LS residents with pressure ulcers	100	MDS
Percentage of LS residents assessed and appropriately given the seasonal influenza vaccine		MDS
Number of Hospitalizations per 1,000 long-stay resident days	150	Claims
Number of outpatient emergency department visit per 1,000 long- stay resident days	150	Claims

How Does CMS Make SNF Quality STAR Ratings?

Selected Short Stay Measures

COMPARE Quality Measure	STAR Points	Source Data
Percentage of SS residents assessed and appropriately given the pneumococcal vaccine		MDS
Percentage of SS residents who newly received an antipsychotic medication	100	MDS
Percentage of SS residents who made improvements in function	150	MDS
Percentage of SS residents who were assessed and appropriately given the seasonal influenza vaccine		MDS
Percentage of SNF residents with pressure ulcers that are new or worsened	100	MDS
Percentage of SS residents who were re-hospitalized after a nursing home admission	150	Claims
Percentage of SS residents who had an outpatient emergency department visit	150	Claims
Rate of successful return to home and community from a SNF	150	Claims

How Does CMS Make SNF Quality STAR Ratings?

From Raw Data to a STAR rating

Collect Data	Make NFs Comparable**	Make Metrics Comparable	Create an Index	Convert to a STAR Rating*
Raw MDS Scores & Raw Claims Score	Exclude Residents and/or Risk Adjust, i.e., "case mix adjust"	Assign points to each metric using a linear conversion of percentile scores to either a 100 or 150 point scale	Aggregate metrics into separate point totals for Short Stay and Long Stay residents Separately, increase the SS point total to account for the unequal number of LS and SS measures	⇨ Assign SS and LS Quality STAR ratings ⇨ Assign Overall Quality STAR rating
consistent, complete scoring	*expert judgement, statistical benchmarking*	*policy / value judgements*	*policy / value judgements*	*policy / value judgements, transparent interpretation*

*See next page
** Example to follow

How Does CMS Make SNF Quality STAR Ratings?

From Point Totals to STAR Rating

Point Ranges for the QM Ratings (as of October 2019)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–469	144-473	299–943
★★	470–564	474–567	944–1,132
★★★	565–644	568–653	1,133–1,298
★★★★	645–734	654–739	1,299–1,474
★★★★★	735–1,150	740 – 1,150	1,475–2,300

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)

How Does CMS Make SNF Quality STAR Ratings?

Example of making SNFs comparable: pressure ulcers

Table 2-13
Percent of High-Risk Residents With Pressure Ulcers (LS)[17]
(CMS ID: N015.03) (NQF: 0679)

Measure Description
This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers
Measure Specifications
Numerator All long-stay residents with a selected target assessment that meet the following condition: 1. Stage II-IV or unstageable pressure ulcers are present, as indicated by *any* of the following six conditions: 1.1. (M0300B1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or* 1.2. (M0300C1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or* 1.3. (M0300D1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or* 1.4. (M0300E1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or* 1.5. (M0300F1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]) *or* 1.6. (M0300G1 = [1, 2, 3, 4, 5, 6, 7, 8, or 9]). ***Denominator*** All long-stay residents with a selected target assessment who meet the definition of high risk, except those with exclusions. Residents are defined as high-risk if they meet *one or more* of the following three criteria on the target assessment: 1. Impaired bed mobility or transfer indicated, by *either or both* of the following: 1.1. Bed mobility, self-performance (G0110A1 = [3, 4, 7, 8]). 1.2. Transfer, self-performance (G0110B1 = [3, 4, 7, 8]). 2. Comatose (B0100 = [1]). 3. Malnutrition or at risk of malnutrition (I5600 = [1]) (checked).

How Does CMS Make SNF Quality STAR Ratings?

Example of making SNFs comparable: pressure ulcers

Table 2-13
Percent of High-Risk Residents With Pressure Ulcers (LS)[17]
(CMS ID: N015.03) (NQF: 0679)

Measure Description
This measure captures the percentage of long-stay, high-risk residents with Stage II-IV or unstageable pressure ulcers

Measure Specifications Continued
Exclusions 1. Target assessment is an OBRA Admission assessment (A0310A = [01]) *or* a PPS 5-Day assessment (A0310B = [01]). 2. If the resident is not included in the numerator (the resident did not meet the pressure ulcer conditions for the numerator) *and any* of the following conditions are true: 2.1. (M0300B1 = [-]). 2.2. (M0300C1 = [-]). 2.3. (M0300D1 = [-]). 2.4. (M0300E1 = [-]). 2.5. (M0300F1 = [-]). 2.6. (M0300G1 = [-]).
Covariates
Not applicable.

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COMPARE/STAR Quality Results

Long Stay Measures

COMPARE Quality Measure	Nation	IL	IL Ranking
Percentage of LS residents whose need for help with daily activities has increased	14.5	13.7	14
Percent of LS Residents Who Lose Too Much Weight	5.5	6.2	33
Percent of Low Risk LS Residents Who Lose Control of Their Bowel or Bladder	48.4	46.1	15
Percent of LS Residents with a Catheter Inserted and Left in Their Bladder	1.8	2.1	26
Percent of LS Residents With a Urinary Tract Infection	2.6	2.9	25
Percent of LS Residents Who Have Depressive Symptoms	5.1	21.9	40
Percent of LS Residents Who Were Physically Restrained	0.23	0.19	18
Percentage of LS residents experiencing one or more falls with major injury	3.4	3.2	16
Percentage of LS residents assessed and appropriately given the pneumococcal vaccine	93.9	89.2	40
Percentage of LS residents who received an antipsychotic medication	14.2	18.3	38
Percentage of LS residents whose ability to move independently worsened	17.1	15.8	10
Percentage of LS residents who received an antianxiety or hypnotic medication	19.7	19.4	25
Percentage of high risk LS residents with pressure ulcers	7.3	7.6	23
Percentage of LS residents assessed and appropriately given the seasonal influenza vaccine	96	93.7	37
Number of Hospitalizations per 1,000 long-stay resident days	1.7	1.8	29
Number of outpatient emergency department visit per 1,000 long- stay resident days	0.96	1.02	25

Source: COMPARE “State US Averages” as of 9/1/2020 (based on 2019 Q1-Q4)

COMPARE/STAR Quality Results

Short Stay Measures

COMPARE Quality Measure	Nation	IL	IL Ranking
Percentage of SS residents assessed and appropriately given the pneumococcal vaccine	83.9	74.6	38
Percentage of SS residents who newly received an antipsychotic medication	1.8	2.1	31
Percentage of SS residents who made improvements in function	68	63	36
Percentage of SS residents who were assessed and appropriately given the seasonal influenza vaccine	82.9	74.1	39
Percentage of SNF residents with pressure ulcers that are new or worsened	1.4	1.5	22
Percentage of SS residents who were re-hospitalized after a nursing home admission	20.8	22.1	31
Percentage of SS residents who had an outpatient emergency department visit	10.3	10.1	15
Rate of successful return to home and community from a SNF	N/A	N/A	N/A

Source: COMPARE “State US Averages” as of 9/1/2020 (based on 2019 Q1-Q4)

COMPARE/STAR Quality Results

Reactions

What is the general perception of performance for Illinois NFs?

What additional analysis would help describe Illinois NF performance and potential for improvement?

- **Illinois v. other (specific) states?**
- **Relationships between measures?**
- **Others?**

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Other States' Performance Incentives

Selected examples demonstrate a variety of approaches

- In July 2019, MACPAC found 25 states used some sort of incentive payments tied to performance
  - *Note: in this policy-based tally, Illinois was included among the 25*
- California: payments of $2.37-$14.47 per Medicaid bed day (PMBD) for qualifying facilities (FY'19)
  - $84M in payments are based on performance v. a statewide benchmark ($75.6M) and year-over-year facility improvement ($8.4M)
  - A mix of long- and short-stay metrics are included, as is staff retention
- Colorado: payments of $1-4 PMBD based on performance
  - Quality of life (enhanced dining and personal care, end of life program, connection and meaning, person-directed care training, trauma-informed care, physical environment, consistent assignments, volunteer program, staff engagement, transitions of care)
  - Quality of care (vaccination data, reducing avoidable hospitalizations, nationally reported quality measures scores, best practices, antibiotics stewardship/infection prevention & control, Medicaid occupancy average, staff retention rate, DON and NHA retention, nursing staff turnover rate, behavioral health care)
- Maryland: $6 M per year is distributed via P4P
  - 85% of funds distributed to the highest-scoring facilities (at a 2-1 ratio for highest v. lowest-scoring facilities)
  - 15% distributed to facilities whose scores improved (also at 2-1 ratio for highest v. lowest-improving)
- Michigan: payments of up to $5.50 PMBD (2017) based on facilities' STAR Quality rating
  - facilities with an average rating below 2.5 must file a corrective action plan to be eligible for payment
  - initiative payments are decreased for facilities that do not submit resident satisfaction survey data
  - payments increase proportionally with facilities' Medicaid utilization

Other States' Performance Incentives

Selected examples demonstrate a variety of approaches

- Performance standard
  - Absolute (v. benchmark)
  - Relative (v. other NFs)
  - Improvement (v. self)
- Scale varies considerably
  - PMBDs range from $.xx to $14.47 PMBD
  - Maryland's incentive program represents .5% of Medicaid NF funding
- Minimum requirements/scores are significant
  - 409 of 1,040+ SNFs in California report received $$ (FY19)
  - 138 of Colorado's 190+ Medicaid-participating NFs received $$ (2019)
- Wide range of included measures
  - Reinforcing STAR/ COMPARE
  - New data collection and metrics
- Other observations?

2013 Measure Recommendations for Incentive Program

HFS nursing advisory group's prioritized metrics

Very Important	• Staff retention / stability • Consistent assignments • Pressure ulcers (long stay residents) • Re-hospitalizations
Important	• Attendance by Direct Care Staff at Resident Care Plan meetings • Falls • *Moderate / Severe Pain (QM)* • Restraints • Unintended weight loss • Pressure ulcers (short stay residents) • Psychoactive medication use • Resident / family satisfaction • Staff satisfaction • Participation in Advancing Excellence
Somewhat Important	• Catheter use • Person centered approaches (Care, Environment and Community)

The nurse advisory group's emphasis in 2013:

- They chose not to focus on inspections
  - Because Medicare already did?
  - Because IDPH oversight mechanisms already did?
- Thought long-stay metrics were more relevant to Medicaid
- Staffing was top of mind by this group of expert practitioners

2013 Measure Recommendations for Incentive Program

Reactions

- What *were* the industry's reactions in 2013?
  - Were inspection ratings thought to be inconsistent and/or to suffer from potential bias?
  - Were quality metrics thought to disadvantage specializing NFs, i.e., for conditions such as pressure ulcers?
  - Others?
- How do you respond to this list of options now?
  - How could concerns raised in 2013 be addressed or mitigated?
    - MDS 3.0's metric distinguishing pressure ulcers present on admission
    - MDS 3.0's multiple question format for pain
    - Other examples?
  - How might we re-order or pare down this list now?
  - What's missing?

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Questions for Discussion

- What are the biggest gaps in the COMPARE/STAR measure set?
  - Resident satisfaction and quality of life? [See **Appendix** for 5 States' examples]
  - Staffing retention, assignment and satisfaction?
- How much time and money should the state and NFs invest in new data collection?
- Where does Medicaid payment fit into NF quality improvement efforts?
- Should Illinois focus on long-stay measures?
- Is NF payment and quality measurement sufficiently focused on residents?
- Is there any further gain to be had in increased NF performance transparency?
- Should (any) inspection results be further emphasized through payment?
- What percentage of (increased) NF payments should be distributed through performance incentives?

Next Steps

- Next Meeting: Physical Infrastructure (November 12)
- Request for content

State-Level Satisfaction Measures
Minnesota

- Minnesota requires standardized satisfaction surveys for all Medicaid-certified nursing facilities
  - Recently-discharged short-stay residents are sent the Short-Stay Experience Survey, which includes questions about satisfaction with admissions, clinical care, therapy, assistance, communication, dining, environment & safety, discharge and overall satisfaction https://vitalresearch.com/mnshortstay/docs/MN2020%20Short%20Stay%20-%20Discharge%20Survey.pdf
  - For long-stay residents, independent contractors conduct interviews with a random sample using a survey that measures quality of life in meaningful activities, food enjoyment, environment, dignity, autonomy, relationships, caregiving and mood https://vitalresearch.com/mnsurvey2019/assets/docs/MN19QOL%20-%20Resident%20Survey%20FINAL.pdf
  - Family satisfaction surveys are also mailed to the primary responsible party of every long-stay resident to measure family satisfaction with staff, care environment and food. These surveys inform publicly available nursing home report cards with star ratings and are also used to establish quality as part of value-based reimbursement https://vitalresearch.com/mnsurvey2019/assets/docs/MN19%20QOL%20-%20Family%20Survey.pdf
  - Minnesota's survey was created under contract from CMS as a pilot - though it was never adopted nationally

State-Level Satisfaction Measures

Ohio, Rhode Island

- Ohio conducts interviews with nursing home (and residential care) residents and mailed surveys with family members every other year
  - Resident survey topics include moving in, spending time/how time is spent, care and services, caregivers, meals and dining, environment, and facility culture. Results are publicly posted on a consumer guide website
  - See https://vitalresearch.com/ohsurvey2017/docs/OHIO%20NF%20Survey%202017.pdf
  - Family survey topics are similar. Satisfaction survey performance is one of several options to count toward meeting the criteria for a quality incentive payment (specifically in overall score and ability to choose when to go to bed and get out of bed)
  - See p. 85, https://sc.lib.miamioh.edu/bitstream/handle/2374.MIA/6394/straker-Implementation-of-the-Family-Satisfaction-Survey-5-2019.pdf
- Rhode Island publishes nursing home satisfaction information collected "on a regular basis" through a survey company
  - The survey is administered to residents and family members and includes questions about quality of environment, quality of services, quality of experience, whether they would recommend the facility, overall staff rating and overall care rating
  - Nursing homes must survey all "cognitively-intact, long-stay residents" and all families using the contractor

State-Level Satisfaction Measures
Maryland, Kansas

- Maryland conducts the Nursing Home Family Experience of Care Survey annuall.
  - The survey includes questions within the domains of staff and administration of the facility; care provided to residents; food and meals; autonomy and residents' rights; physical aspects of the home; activities; and security and residents' personal rights
  - Survey results are publicly available through an online consumer guide. Family satisfaction survey performance drives quality indicators included in Maryland's pay-for-performance program mmcp.health.maryland.gov/longtermcare/Pages/Pay-For-Performance.aspx
  - See: https://mhcc.maryland.gov/consumerinfo/longtermcare/nhfamilysatisfactionreports/MHCC%202019%20-%20Family%20Experience%20of%20Care%20Survey%20Statewide%20Report.pdf
- Kansas offers nursing homes the opportunity to participate in an annual Resident Satisfaction Survey, the results of which are then published and converted into satisfaction "star ratings"
  - Domains include overall satisfaction, recommendation to friends/family, quality of life, quality of care and quality of service