MDS Webinar Series: Part 3
Understanding Quality Measures and Avoiding Common Pitfalls

Presented by:
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AHIMA approved ICD 10 CM/PCS Trainer

Objectives
- Review the coding triggers that impact Quality Measures (QMs)
- Overview of clinical systems needed to manage the QMs
- Describe the requirements for MDS accuracy and how inaccurate assessments impact QMs
- Understand how to connect QM management to QAPI processes

How Quality Measures (QMs) Are Used

Internal Facility Use
Survey
Public Reporting
How QMs Are Used: QMs for Survey Process

**Possible Problems**

**Used In Off-site Preparation**

**Must Be Validated Onsite**

**The 17 Survey/Clinical QMs**

**Appendix E QM Manual**

- Utilize the Casper Report for survey readiness
- Review MDS Coding for accuracy
- Utilize QMs in your QA process as this is key to a successful survey & positive resident outcomes

How QMs Are Used: QMs for Public Reporting

**Part of Nursing Home Quality Initiative**

**3 Claims- Based QMs**

**QMs For 17 Clinical Care Areas**

**Influenza And Pneumococcal Vaccinations**

**Recalculated Quarterly**

- Market-driven incentive to improve care
- From The MDS & Claims

QM Glossary

**Target Date: The event date for an MDS record**

- Entry date for an Entry Record (MDS A1600)
- Discharge date for a Discharge record (MDS A2000)
- Death-In-Facility record
- The ARD for all other records (MDS A2300)

**Target Period: Span of time that defines the QM reporting period**

- Calendar quarter for CASPER & Five Star rating
- Do not confuse look-back scans (long/short stays have different timeframes)
QM Glossary: Stay

- **Admission/Re-entry**
- **Start of stay:** Admission / Re-entry record
- **Discharge/Death or End of Target Period**

QM Glossary: Episode

- **Admission**
- **Re-entry**
- **Target MDS**
- **End:**
  - Discharge Return - Not Anticipated
  - Discharge Return Anticipated but gone at least 31 days
  - Death
  - End of Target Period

QM Glossary: Cumulative Days in Facility (CDIF)

- **Start:** Admission Entry Record
- **Long Stay**
QM Glossary: Short-Stay vs. Long-Stay

**Short-Stay**
- CDIF ≤ 100 days at the end of the target period

**Long-Stay**
- CDIF ≥ 101 days at the end of the target period

Example: Target Period

**Short-Stay:**
- Target Period Two Quarters
  - Current Period 1st Q 2016 & 4th Q 2015
  - Latest Target Assessment

**Long-Stay:**
- Target Period One Quarter
  - Current Period 1st Q 2016
  - Latest Target Assessment

QMs Target Period
- Ended March 31, 2016
- (1st Quarter)

Risk Adjustment
- Current Year: 2nd Q 2015 – 1st Q 2016
- Used to est. Logistic regression

Influenza QM
- Calculated once per year
- End of June
- Reporting period Oct. thru March

Facility QMs are Compared to Nation/State QMs sample that are a full quarter behind the facility’s QMs.

Example: Short-Stay look-back scan

**Short-Stay Period:** Six months

**Look-back Scan**
- Admission 8-16-15
- Discharge 10-16-15

4th Q 2015 Oct-Dec

1st Q 2016 Jan-Mar

New or Worsened Pressure Ulcer

144 PPS ARD 8-28-15

Reporting period Oct. thru March
QM Basic Calculation

Each QM is calculated based on specific MDS items:

- When resident’s MDS responses indicate resident has the QM condition, that assessment increases the facility score
- Higher scores indicate possible problems, except scores related to vaccinations
- Lower scores indicate less occurrence of the QM condition, considered to reflect better care (except vaccination and in some QMs)
- One claim-based QM is opposite; a lower score could potentially mean lower quality of care

QM Risk Adjustments

**Exclusion**
- Not included in the numerator or denominator due to a certain diagnosis or condition

**Covariate**
- Adjust for individual resident characteristics or health conditions
- Essentially out of the facility’s control that may contribute to worsened outcomes for a particular QM
- Not excluded, levels the playing field when a facility has more residents with the covariate conditions than other facilities have

**Regression Model**
- A statistical process for estimating the relationships among variables
- May include demographic and clinical information from claims and/or the MDS

**Stratification**
- Divides residents into high-risk and low-risk
QMs FOR SURVEY PROCESS

QMs for Survey Process: CASPER Facility Quality Measure Report

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>NQF: 0676</th>
<th>current</th>
<th>average</th>
<th>average</th>
<th>percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR Mod/Severe Pain (L)</td>
<td>N001.01</td>
<td>8.4%</td>
<td>17.4%</td>
<td>18.0%</td>
<td>23</td>
</tr>
<tr>
<td>Non-pain Pres Ulcer (L)</td>
<td>N002.02</td>
<td>2.4%</td>
<td>7.0%</td>
<td>7.3%</td>
<td>29</td>
</tr>
<tr>
<td>Non-pain Pres Ulcer (L)</td>
<td>N003.02</td>
<td>0.0%</td>
<td>0.6%</td>
<td>0.4%</td>
<td>0</td>
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<tr>
<td>Non-pain Pres Ulcer (L)</td>
<td>N004.02</td>
<td>0.0%</td>
<td>0.1%</td>
<td>1.2%</td>
<td>178*</td>
</tr>
<tr>
<td>Physical Inactivity (L)</td>
<td>N005.01</td>
<td>2.2%</td>
<td>0.8%</td>
<td>0.7%</td>
<td>94*</td>
</tr>
<tr>
<td>Falls (L)</td>
<td>N006.02</td>
<td>0.0%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>80*</td>
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<tr>
<td>Antipsych Med (L)</td>
<td>N007.03</td>
<td>1.0%</td>
<td>1.7%</td>
<td>2.3%</td>
<td>0</td>
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<tr>
<td>Antipsych Med (L)</td>
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<td>0.6%</td>
<td>0.6%</td>
<td>46</td>
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<td>Antipsych Med (L)</td>
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<td>4.5%</td>
<td>4.5%</td>
<td>4.5%</td>
<td>46</td>
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<tr>
<td>Antipsych Med (L)</td>
<td>N010.06</td>
<td>2.0%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>178*</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>N011.07</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>N012.08</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.5%</td>
<td>34</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>N013.09</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>10</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>N014.10</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>Antipsych Med (L)</td>
<td>N015.11</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.5%</td>
<td>34</td>
</tr>
</tbody>
</table>

The * = QMs included in Public Reporting

Short-Stay QMs

*SR Mod/Severe Pain
CMS:N001.01
NQF: 0676

*New/worse
Pres Ulcer
CMS:N002.02
NQF: 0678

*Anti-psych Med
CMS:N011.01
NQF: none
### QMs for Survey Process Short-Stay QM

**Numerator M0800**
- Indicates one or more new or worsening Stage 2-4 pressure ulcers
- Any assessment in the look-back scan

**Risk Adjustment**
- Initial MDS - Bed mobility, Bowel incontinence, Diabetes, Low Body Mass Index with range 22-19 (K02004-weight)

**Clinical Consideration**
- Coder & Assessor accuracy
- Resident comorbidities
- Medical team
- Interdisciplinary team

**Regulatory Concerns**
- F-114 that leads to probes of other F-tags

### QMs for Survey Process Long-Stay QMs

- *UTI* CMS:N024.01 NQF:0684
- *Falls w/ Major Injury* CMS:N043.01 NQF:0674
- *Hcr ADL Help* CMS:N028.01 NQF:0688
- *Behavior Sx affect Others* CMS:N034.01 NQF:0686
- *Cath Insert/Left Bladder* CMS:N026.02 NQF:0686

- *Phys Restraints* CMS:N027.01 NQF:0687
- *Hcr Risk Press Ulcer* CMS:N015.01 NQF:0679
- *Antipsych Med* CMS:N031.02 NQF:0687
- *Lo-Risk Lose Bladder* CMS:N025.01 NQF:0685

- *A1 Mod/Severe Pain* CMS:N014.02 NQF:0677
- *Excess Wt Loss* CMS:N029.01 NQF:0689
- *Falls* CMS:N032.01 NQF:0689
- *Antianxiety/Hypnotic* CMS:N033.01 NQF:0689
- *Depress Sx* CMS:N030.01 NQF:0690

### QMs for Survey Process Long-Stay QM

**Numerator**
- Bone fracture
- Fall-Joint dislocation
- All-closed head injury with altered consciousness
- Fall-subdural hematoma

**Clinical Considerations**
- Planning for care
- Risk for injury, osteoporosis, Fall hx
- Anticipated to fall with injury?

**Regulation Concerns**
- F-323, Accidents & Supervision
QMMS FOR PUBLIC REPORTING

www.Medicare.gov/NHcompare

QMMS for Public Reporting: Short-Stay

www.Medicare.gov/NHcompare

Short-Stay

* Made Improve in Function
  CMS:N037.01
  NQF:none

* ED Visit
  CMS:none
  NQF:0676

* SR Mod/Severe Pain
  CMS:N001.01
  NQF:0678

* Antipsych. Med
  CMS:N011.01
  NQF: none

* 30d Re-hosp. After NH
  CMS:none
  NQF:none

* D/C Community
  CMS:none
  NQF:none

* Pres Ulcer New/Worsened
  CMS:N002.02
  NQF:0682

Given Pneumo Vaccine
  CMS:N007.01
  NQF:0682

Given Influenza Vaccine
  CMS:N003.02
  NQF:0682

The * = QMs included in the 5 Star Rating

Claim-based QMs 12 month average

- This is averaged over 12 months and updated in April and October
- Remember this is 9 months behind by the time it hits the Five Star Rating
Short-Stay Claims-Based Measures use Medicare Claims:
- Original Medicare Part A ONLY
- Entered/re-entered the nursing home within 1 day of D/C from an inpatient hospital stay AND Entered/re-entered the NH within the target 12-month period
- Data is updated every six months
- Only admitted to the SNF following an inpatient hospitalization
- Inpatient rehabilitation facility and long-term care hospitalizations are not included
- Using items from hospital claims
- Inpatient hospitalizations, observation stays and emergency room visits are identified using Medicare claims
- Enrollment database including MDS
- Covariates: MDS and Hospital Claims

Denominator Exclusions:
- Planned in-patient re-admissions enrolled in hospice during their stay OR Comatose on 1st MDS after the start of the stay

Covariates for these measures use a variety of data bases and metrics that is very detailed

Claim-based QMs for Public Reporting

**Re-hospitalized After a NH Admission**

**Numerator**
- Readmit to In-patient within 30 days of the NH start of Medicare Part A stay
- Unplanned discharge from NH
- Validated by: A/B hospital claims
- Regardless of whether they were discharged from the nursing home prior to the hospital readmission

**Clinical Considerations**
- Higher values indicate worse performance
- Acute Change in condition
- Medical Management relationship
- Nurse skills and competency

Claims Data Example: 30-day Readmission

**April 2016 Claim Data Period:** 12 months

**Look-back 30 day from Start of Medicare Part A stay**

- Inpatient stay transferred to NH 10-14-14
- Unplanned DCRA to Hosp/Obs/ED 10-25-14

**30d Readmit to Hospital from NH**
Claims-Based QMs for Public Reporting

**ED visit within 30 days of entry/re-entry**

**Numerator**
- Regardless of whether they were D/C’d from the NH prior to the ED visit
- ED-hospital Medicare Part B claims & no inpt/obs claims

**Clinical Considerations**
- Higher values indicate worse performance on the measure
- Acute Change in condition management
- Medical Management relationship
- Nursing skills and competency

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Claims Data Example: ED Visit

**April Claim Data Short-Stay Period: 12 Months**

**Look-back 30 days of NH entry/re-entry**

- **Admission 5-16-15**
- **Discharge 6-16-15**
- **Medicare Part A stay**
- **ED visit 5-31-15**

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Claim-based QMs for Public Reporting Short-Stay Community

**Successfully discharged to the community**

**Numerator:** Lower values indicate worse performance on the measure

Discharge return not anticipated to the "community" within 100 days of the start of episode AND

**DID NOT** (all must occur)
- Admit to a NH within 30 days of the community D/C Verified by Medicare claims AND
- Have an unplanned inpatient hosp. stay within 30 days of the community D/C Verified principal diagnosis & procedure codes on Medicare claims AND
- Die within 30 days of the community D/C Verified from the Medicare Enrollment database
### QMs for Public Reporting Short-Stay

<table>
<thead>
<tr>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Δ in the sum of performance score that is ↓</td>
</tr>
<tr>
<td>• comparing 5d/Admit MDS to DCRN MDS</td>
</tr>
<tr>
<td>• Transfer + locomotion + an unit walk in corridor + performance score</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denominator Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comatose, no impairment sum of performance = 0</td>
</tr>
<tr>
<td>• Life expectancy of less than 6 months, Hospice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Adjustments - Covariates</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Preventing 5D/Admit MDS - Age, Gender,</td>
</tr>
<tr>
<td>• Severe cog. impair., BIMS summary score ≤ 7,</td>
</tr>
<tr>
<td>• long-form ADL scale; Heart failure,</td>
</tr>
<tr>
<td>• DVA/TIA, Hip Fx, Other Fx</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improvement Care Planned?</td>
</tr>
<tr>
<td>• Safety Awareness assessed and Care Planned?</td>
</tr>
</tbody>
</table>

### Long-stay Public Reporting

- * Fall Majorly Injury
- * SR Mod to Severe Pain
- * Physical Restraint
- * Late Loss ADL Increased
- Flu Vaccine
- Low-risk Lost Control B/B
- * Received an Antipsychotic Medication
- * Move Independent Worsened
- Depress Sr
- New Anxiety or Hypnotic Med
- * Urinary Tract Infection
- * Hi-risk Pres Ulcers
- * Cath Inserted/left Bladder
- Lose too Much Weight
- Pneumo Vaccine

### QMs for Public Reporting Long-Stay

<table>
<thead>
<tr>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Decline in locomotion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Denominator Exclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comatose</td>
</tr>
<tr>
<td>• Prior assessment, Hospice/End of Life,</td>
</tr>
<tr>
<td>• totally-dependent during locomotion, DCRA/DCRN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Adjusted Covariates</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eating, toileting, transfers,</td>
</tr>
<tr>
<td>• walking in corridor, age,</td>
</tr>
<tr>
<td>• cognition, vision, Oxygen use</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Decline anticipated</td>
</tr>
<tr>
<td>• Unavoidable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>• F-312, Quality of Care Decline</td>
</tr>
</tbody>
</table>
QMs for Public Reporting Long-Stay

**Numerator**
- Target MDS
- Antianxiety medications received
- Hypnotic medications received

**Denominator**
- Long-stay residents with a selected target MDS

**Denominator Exclusions**
- Life expectancy of less than 6 months

**Clinical Consideration**
- Social Service Behavior Program

**Accuracy of coding drug classification**

**Regulatory Concerns**
- F-329 Free from Unnecessary Drugs
- F-323 Facility Free of Accident Hazards

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**Public Reporting Quality Measures Ratings for the MDS-based QMs**

QM domain is calculated using the four most recent quarters for which data is available.

<table>
<thead>
<tr>
<th>Quality Measures that are Included in the QM Rating</th>
<th>Provider 00000E</th>
<th>State</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDS 3.0 Long-Stay Measures</td>
<td>Q1 2015, Q2 2015, Q3 2015, Q4 2015</td>
<td>Q4 2015, Q1 2016, Q2 2016, Q3 2016</td>
<td>Q4 2015, Q1 2016, Q2 2016, Q3 2016</td>
</tr>
<tr>
<td>Lower percentages are better</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of residents experiencing one or more falls with major injury</td>
<td>1.8%</td>
<td>1.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Percentage of residents who self-report moderate to severe pain</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Percentage of high-risk residents with insufficient water</td>
<td>0.0%</td>
<td>2.1%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: July 2016, Nursing Home Compare Five-Star Ratings of Nursing Homes Provider Rating Report

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**INTERNAL FACILITY QM REPORTS**

Obtained through the Certification and Survey Provider Enhance Reporting System (Casper) Quarterly Reports
Internal Facility QM reports provided by CASPER
Short-Stay (See Technical Guide for details)

Percentage of Residents on a Scheduled Pain Medication Regimen on Admission Who Self-Report a Decrease in Pain Intensity or Frequency

• This is one of 11 reports (the rest are the individual vaccination ratings)

Avoid QM pitfalls by learning from the mistakes others make
• Learn how to get and STAY out of the Pit

CASPER REPORTS:
GAINING ACCESS AND UNDERSTANDING CONTENT
Certification and Survey Provider Enhance Reporting System (CASPER) To Assist Your Facility Quality Assurance Performance Important
To retrieve Five Star Reports:
1. Click the Folders
2. Click Your Monthly Preview
3. Your Monthly Preview
4. Your Quarterly Preview

The Helpline number is 1-800-839-9290. Direct inquiries to BetterCare@cms.hhs.gov.
1st Click to retrieve CASPER QM Report

3rd MDS 3.0 QM Package. Only updates every Monday & the compare groups only every Q (full Q behind)
Observed percent:
- Numerator ÷ denominator x 100
- If QMs are not risk adjusted, this is the final score
- The percentage of residents with the QM condition

Adjusted percent:
- Results after a covariate is applied to the observed percent as risk adjustment
- This is the final QM score (3 QMs only)

Comparison group state average:
- Statewide percentage
- The average of the QM percentages for all facilities in the state

Comparison group national average:
- National percentage
- The average of the QM percentages for all facilities in the nation

Comparison group national percentile:
- Facility-specific rank relative to all facilities in the nation
- Represents percentage of facilities scoring better on the QM than your facility scored
- Higher the percentile rank, greater likelihood the care captured by the measure warrants review
- Asterisk appears next to any ranking of 75th percentile or greater to alert the facility to the need for review

Important tool:
- Use for record reviews of residents
- Assess for accuracy of MDS coding
- Use in QAPI activities and survey process

Casper Resident Level Quality Measure Report
Resident Level Quality Measure Report:
- Identifies all residents, active and discharged, included in the QM calculations
- Drills down each Resident that is in the numerator of the given QM
- Indicates which resident triggered the QM

To Be Quality Driven
You have to have a Destination in mind, before you can have a plan. You have to have the information before you can make a plan. You have to have the drive to want to collect the information to make the plan to get to the destination!

Putting it all together for Better Care = Better Outcomes

Resident Satisfaction
- Person Centered
- Experience
- Preference
- Positive Outcomes

Quality Care
- Analyze
- Plan
- Prioritize
- Act

Quality Improvement Performance Improvement (QAPI)
Use your CASPER reports as a resource for QAPI

**CASPER QM Package Reports**
- Pull every month. Remember Data updates every Monday (early am) from MDS submission of prior week
- Distribute To: IDT including your Administrator & DON

**Survey Profile 0004D**
- Survey History 0003D
- Distribute To: Administrator & DON pull after every Survey results (when in substantial compliance)
- Compare to the Five Star Monthly Preview Report

**Five Star Monthly Preview Report Review**
- Distribute To: Administrator and DON their focus: Health Inspections and Staffing
- MDS focus on accuracy of the QM’s

**Nursing Home Compare Public Reporting Quarterly Preview Reports**
- Distribute To: IDT & DON
- Compare to the CASPER. This is a review of improvements made or areas of opportunities

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**Quality Assurance**
- Measuring compliance with standards
- Inspections
- Required, reactive
- Outliers: “bad apples” individuals
- Medical provider
- Few

**Key Behavior Difference**
- Motivation
- Means
- Attitude
- Focus
- Scope
- Responsibility
- All

**Performance Improvement**
- Continuously improving process to meet standards
- Prevention
- Chosen, proactive
- Processes or Systems
- Resident care

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**QAPI activities involve all levels of the organization to:**
- Identify opportunities for improvement
- Address gaps in systems or processes
- Develop and implement an improvement or corrective plan
- Continuously monitor effectiveness of interventions

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**QAPI is a data-driven**

- Proactive approach to improve
  - Quality of life
  - Quality Care
  - Quality Services
Focus efforts on bottom-line issues up front

- Quality of care, Quality of Life, Quality of services
- Staffing levels consistent with acuity
- Accurate MDS coding
- Survey Readiness/Concerns

Establish Effective Continuous Quality Improvement Programs
(not an exhaustive list)

- Quality Measures (QMs)
- Internal quality variance reports (skin, weight, falls, etc.)
- Survey history
- Resident satisfaction surveys
- Safety committee issues
- Complaints: Resident, family, staff, physician

It takes a systems-thinking and systems-level action along with team work to elevate your Quality Outcomes Destination

Resources

- QAPI at a glance
- Nursing Home Compare:
  - www.medicare.gov/NHCompare
- CMS Five-Star Quality Rating site:
  - www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/FSQRS.htm
- MDS 3.0 Quality Measures User’s Manual v10:
Resources

• Five-Star Technical User’s Guide:

• Nursing Home Compare Quality Technical Specification
  (new measures July 2016)

• CMS MDS 3.0 Training Materials, including
  RAI User’s Manual: