Centers for Medicare & Medicaid Services
Proposed Removal of Influenza Vaccination Measure from Home Health Quality of Patient Care Star Rating Webinar
December 14, 2017

Moderator: Hello, everyone. Thank you for joining today's webinar on the Removal of Influenza Vaccination Measures from Home Health Quality and Patient Care Star Rating. Experts from the Centers for Medicare and Medicaid Services will provide information on their plans to remove the Influenza Vaccination Measure from the Quality of Patient Care Star Rating on the Home Health Compare. CMS will present the rationale, comments received, timing, and impact of this change. The slides from today's presentation are posted on the Home Health Quality Reporting Training Web Page. Now I will turn the call over the Dr. Alan Levitt from the Center for Clinical Standards and Quality at CMS. Please go ahead.

Presenters

Alan Levitt: Thank you for joining today's call. My name is Alan Levitt, the Medical Officer for the Division of Chronic and Post-Acute Care at CMS, and I am joined by Sara Galantowicz from Abt Associates, the contractors supporting the Quality of Patient Care Star Rating. Today we will be discussing the Removal of the Influenza Vaccination Measure from the Home Health Quality of Patient Care Star Rating. Now go to Slide 2, which has acronyms. Move two slides.

Acronyms in this Presentation

Okay. One more. Perfect. Slide two lists the acronyms that will be used in the presentation. So the next slide.

Agenda

As noted on Slide 3... in today's webinar, we'd like to provide an overview of the methodology of the Quality of Patient Care, or QoPC Star Rating, describe the modification proposed during the Medicare Learning Network Call on October 10, 2017, summarize the comments received during the ensuing public comment period, and present the final decision and timeline for implementation. We will then provide further resources and leave time for your questions and comments. Let's go to the next slide.

Introduction and Purpose – Goal of Reporting Star Ratings

The Centers for Medicare and Medicaid Services, or CMS, has long played a leading role in the use of public reporting as an important tactic for driving health care quality improvement. The Compare and Health Plan Website support key CMS priorities -- transparency of health care information, improved quality of care... I apologize. We're having some communication problems. Okay. The Compare and Health Plan Website support key CMS priorities -- transparency of health care information, improved quality of care, and informed decision-making by consumers and their family. More recently, CMS has expanded the use of star ratings across all Compare and Health Plan sites. Star ratings are a good tool to provide easily understood information on provider quality, thereby empowering consumers and their loved ones to make informed decisions about where they receive care. Visual display of stars is an efficient, familiar, and consumer-centric way to communicate relative performing. The format of star ratings addresses the potential barrier of innumeracy because it is not necessary to understand or interpret the numbers and data behind the stars in order to understand and use them. Greater transparency encourages providers to deliver higher levels of quality, which, in turn, can drive overall health-system improvement. We move now to the next slide, Slide 5.

Introduction and Purpose - Monitoring

The QoPC Star Ratings have been publicly reported each quarter on Home Health Compare for over two years. Each quarter, we monitor the QoPC Star Rating and its component measures by assessing reportability, quarter-to-quarter stability, and examining trends. Monitoring plays an important role in ensuring that the QoPC Star Ratings enable meaningful and accurate comparisons across home-health agencies. As you know, quality improvement is an ongoing activity, and we encourage your feedback and questions through the question-and-answer period at the end of the session and via the Home Health e-mail address that is provided at the end of the presentation. Go to the next slide.

Introduction and Purpose – History of Changes Considered for the QoPC Algorithm

Slide 6 and 7 discuss the history of changes considered for the QoPC Algorithm. Since development of the QoPC Star Rating started, we have convened an expert panel and held multiple stakeholder engagement opportunities to gather feedback and suggestions. Feedback from the expert panel prompted changes proposed during our Medicare Learning Network Call in January of 2017. During that call, we described two proposed changes to the QoPC Star Rating Measures -- removing the Influenza Immunization Measure and adding the Claims-Based Emergency Department Visit Without Hospitalization Measure. In the comment period following the January Call, we received and reviewed over 30 comments with the majority supporting the removal of the Influenza Immunization Received Measure, but opposing the addition of the Claims-Based Emergency Department Without Hospitalization Measure. Go to the next slide.

As shown in Slide 7, based on that feedback, we proposed in an October 2017 Medicare Learning Network Call to remove the Influenza Immunization Measure, but we no longer recommended the addition of the Emergency Department Use Without Hospitalization Measure. A 30-day comment period from October 11th through November 11th followed that call. Today we summarize stakeholder feedback from that comment period and present the final decision on changes to the QoPC Star Rating. I will now hand the presentation back over to Sara Galantowicz for an overview of Quality of Patient Care Star Rating.

Overview of Current QoPC Star Rating Methodology and Proposed Changes – Background: The Home Health Setting

Sarah Galantowicz: Thank you, Dr. Levitt, and good afternoon, everyone. My name is Sara Galantowicz from Abt Associates, and we can move to the next slide, Slide Number 8.

So, turning to Slide 8, there are currently over 12,000 Medicare-certified home-health agencies, which range considerably in size, location, and patient population. As of January 1st of this year, there are 23 quality measures on Home Health Compare to facilitate comparison across these agencies. These 23 measures include 14 measures based on OASIS Assessment Data, seven process measures and seven outcome measures. Additionally, there are four claims-based outcome or utilization measures and five measures that are calculated using survey data from the Home Health Consumer Assessment of Healthcare Providers and Systems, or HHCAHPS. Outcome measures can illustrate how effective care is in providing desired outcomes such as improved function, while process measures show how often agencies are providing evidence-based care. Utilization measures can show the prevalence of potentially undesirable or costly outcomes, such as return to the hospital or emergency-room use. All of these can be valuable quality indicators. As I will soon describe, all three types of measures are

included in the Quality of Patient Care Star Rating Algorithm. Currently, separate star ratings exist for the Quality of Patient Care and for Patient Experience. The Patient Experience Ratings are based on HHCAHPS data. In addition, we should note that the methodologies for calculating existing star ratings differ across other programs in which they are currently used, such as Nursing Home Compare, Home Health Compare, Dialysis Facility Compare, Hospital Care, and Medicare Plan Finder. Next slide, please.

Overview of Current QoPC Star Rating Methodology and Proposed Change – Current QoPC Star Rating

Slide 9 shows the measures that are currently included in the Quality of Patient Care Star Rating. These include three process measures, timely initiation of care, drug education, and all medications provided to patients or caregivers, and influenza immunization received for the current flu season. It also includes the outcome measures listed on the slide, namely improvement in ambulation, improvement in bed transferring, improvement in bathing, improvement in pain interfering with activity, improvement in dyspnea, and then one claims-based utilization measure, which is acute-care hospitalization. A home-health agency must be able to report five of the nine measures shown on this list in order to have a star rating computed, and just as a reminder, the threshold for public reporting is 20 episodes. Next slide, please.

Overview of Current QoPC Star Rating Methodology and Proposed Change – Summary of Current Methodology

Slide 10 provides a general overview of the calculation methodology for the Quality of Patient Care Star Rating. There is more detail available in the methodology report that is posted in the Home Health Star Ratings page at the CMS Website and also in the preview reports that home-health agencies receive each quarter. Briefly, for each of the nine measures in the calculation algorithm, home-health agencies are ranked based on their measure results and then signed into 10 equally sized groups. This assigned ranking may then be adjusted if their result on that particular measure is not statistically, significantly different from the national median value for that measure. If the agency's result is found to be statistically, significantly different from the national median, no change is made to the initial star rating. Similarly, no change is made if the agency's initial rating is already in the middle of the distribution, namely 2.5 or 3 stars. However, if the agency's result looks different than the national median, but the statistical test finds it's different, it's not significant, the initial rating is moved one-half step closer to the middle. For example, an initial rating of 4 for that measure would become 3.5 if no different based on the statistical test, and a 1.5 rating would become 2 based on the statistical test. These adjusted ratings are then averaged, and the final step in the calculation process is to assign a final star-rating value on a scale from 1 to 5 stars. So, there are nine star-ratings categories total with the middle value being three stars. Most agencies have a Quality of Patient Care Star Rating that falls in the middle of this distribution. Next slide, please.

Overview of Current QoPC Star Rating Methodology and Proposed Change – Distribution of QoPC Star Ratings: October 2017 Home Health Compare

As shown on Slide 11, as of this October on the October 2017 Home Health Compare Refresh, there were 10 quarters of Quality Patient Care Star Ratings data available. In October, 9,194 agencies had enough data to receive a Quality of Patient Care Star Rating. This translates into 76.6 percent of all active agencies. Their average rating was 3.25 stars, and this graph shows the bell-shaped distribution of ratings from 1 to 5 stars. Next slide, please.

Overview of Current QoPC Star Rating Methodology and Proposed Change – QoPC Star Rating Data Availability Timeline

As noted on Slide 12, starting with the October 2017 Refresh, both OASIS and claims-based measures will be based on data with a nine-month lag. Preview reports for the October 2017 Refresh were placed in CASPER mailboxes for each agency in August of this year. The next Home Health Care Refresh will occur in January of 2018 -- next month. These preview reports that show the results that will be available in January were posted to CASPER mailboxes in October of this year. Next slide, please.

Proposed Change to QoPC Star Rating Methodology: Remove Influenza Immunization Measure – Influenza Immunization Received for Current Flu Season

Now turn back to the changes that were proposed. CMS proposed to remove the Influenza Immunization Measure from the star ratings in the October Medicare Learning Network Call. Slide 13 provides information on how the Influenza Immunization Measure is constructed. In short, it measures the providers' percentage of home-health episodes of care for which the patients received the immunization for the current flu season. The numerator for this measure consists of the agency's number of home-health episodes of care during which the patient either receives vaccination from the home-health agency, had received vaccination from the home-health agency during earlier episodes of care, or was determined to have received vaccination from another provider. This number is divided by the provider's number of home-health episodes of care, ending with a discharge or transfer to an in-patient facility during the reporting period. Home-health episodes of care for which no care was provided during October 1st through March 31st, or the patient died, or the patient did not meet the age or condition guidelines for influenza vaccine are excluded from the provider's measure. Previously, CMS received support for removing this measure from the Quality of Patient Care Algorithm from both its technical expert panel and other stakeholder feedback. Next slide, please.

Proposed Change to QoPC Star Rating Methodology: Remove Influenza Immunization Measure – QoPC Star Rating Simulation: Remove Flu Measure

Slide 14 provides comparison of the current Quality of Patient Care Star Rating distribution from the October 2017 Home Health Compare Refresh to a simulated Quality of Patient Care Star Rating distribution for the same timeframe, but removing the Influenza Immunization Measure from the rating. In October, as noted before, 9,194 agencies, or 76.6 percent of all active agencies had enough data to have a rating reported. When the Influenza Immunization Measure is removed, as is shown in the simulation here, this falls to 9,147 agencies, or 76.2 percent of active agencies. The reason for this very slight fall in reportability is because currently an agency must have five of the nine measures available -- that is, have 20 episodes for each measure in order to receive a star rating. With the Influenza Immunization Measure removed, threshold changes, and agencies must have five of eight measures available to receive a star rating. The average rating after the removal and the simulation of the Influenza Measure increases from 3.25 under the current methodology to 3.27. The graft shows the distribution of the current Quality of Patient Care Star Ratings, which are represented by blue bars, compared with the simulated Quality of Patient Care Star Rating with the Flu Vaccine Measure removed. Those are the gray bars. Next slide, please.

Proposed Change to QoPC Star Rating Methodology: Remove Influenza Immunization Measure – Summary of Impacts

Based on our analyses, Slide 15 summarizes the impact of removing the Influenza Immunization Measure from the Quality of Patient Care Star Rating. Reportability, as noted in terms of the number of agencies that have enough data to receive a star rating, decreases only very slightly from 76.6 percent to 76.2 percent. On average, the Quality of Patient Care Star Rating increases under the simulation with the removal of the measure, and the increase can be seen among both rural and urban agencies and small and larger agencies. Next slide, please.

Proposed Change to QoPC Star Rating Methodology: Remove Influenza Immunization Measure – Summary of Public Comment

The next two slides, Slide 16 and 17, summarize the comments that were received following the October 2017 Medicare Learning Network Call. This comment period lasted one month, from October 11th to November 11th. CMS received 24 comments with 100 percent of these comments supporting the removal of the Influenza Measure from the star rating. The most common rationale for removal cited in the comments were differences in state regulations for transporting and ministering vaccines and lack of exclusions in the measure specification for patients who were offered, but refused the vaccine or were contraindicated for the vaccine. Next slide, please.

Proposed Change to QoPC Star Rating Methodology: Remove Influenza Immunization Measure – Summary of Public Comment

As shown in Slide 17, we do want to note that multiple comments emphasize the importance of this measure and supported its continued reporting on Home Health Compare even if it were not included in the Quality of Patient Care Star Rating Algorithm. The link on this slide shows where the full listing of the comments received and a summary of comments has been posted on the CMS Website. Next slide, please.

Proposed Change to QoPC Star Rating Methodology: Remove Influenza Immunization Measure – Final Decision and Implementation Timeline

As shown on Slide 18, based on this input, CMS is finalizing its proposal to remove the Influenza Immunization Received for Current Flu Season Measure from the Quality of Patient Care Star Rating. This removal will be effective with the April 2018 Home Health Compare Refresh. The measure will continue to be reported in Home Health Compare, even after being removed from the algorithm, and will be monitored to determine whether removal from star rating impacts vaccination rates. Next slide, please.

Proposed Change to QoPC Star Rating Methodology: Remove Influenza Immunization Measure – Final Decision and Implementation Timeline

Slide 19 displays the timeline for implementing this change. The preview reports reflecting this change will be distributed by January of 2018 and will cover data from June 1, 2016 to July 31, 2017. Actually, that's backwards -- July 1, 2016 to June 30, 2017 for both the claims-based measures and the OASIS-based measure. These data will be displayed on Home Health Compare in April 2018. The Methodology Report and other documentation related to the Quality of Patient Care Star Rating will be updated and reposted on the CMS Website. Next slide, please.

Resources

Slide 20 lists resources available for more information, including links to the CMS Web pages on the Quality of Patient Care Star Rating Methodology and Home Health Quality Reporting Program, as well as a link to Home Health Compare. Also listed is the e-mail mailbox for questions related to quality measures, including the Quality of Patient Care Star Rating. That's HomeHealthQualityQuestions@cms.hhs.gov. I will now turn the presentation back over to the moderator from Ketchum. Thank you.

Question and Answer

Moderator: All right. Great. And if we could go to the next slide, please. All right. Great. So we will now begin the question-and-answer session of the webinar. To ask a question, you can either type it into the Q&A box, and we will read it aloud, or you can ask your question over the phone. To ask your question over the phone, please dial 1-866-452-7877. We will hold for our first question.

Moderator: There are no audio questions at this time.

Moderator: All right. Our first question is, "When are agencies no longer required to collect flu data? Is it just through December 31, 2017?"

Alan Levitt: Flu data will continue to be collected on OASIS. What we've done today is we have just removed the Flu Vaccination Measure from calculation in the Quality of Patient Care Star Rating. Data on flu vaccination will continue to be reported on Home Health Compare as was recommended by many of the public comments we received since the October Call.

Moderator: All right. Our next question is, "Can you define an episode?"

Alan Levitt: If you're talking about an episode that gets calculated for all these quality measures that are OASIS-based, they are calculated from the OASIS data that is submitted at the start or resumption of care and then also at the end of care. Next question.

Moderator: "Will agencies still need to submit five of the remaining eight measures in order for a star rating to be calculated?"

Alan Levitt: All agencies should continue to submit all the data that is asked to be collected on OASIS as the data is used not only for the calculation of quality measures, but also issues for other purposes in CMS -- for example, survey and certification, and also used for pain and reason. What CMS then does is based on the number of OASIS episodes that can -- Sorry about the communication again. Okay. Based on the number of OASIS episodes that can be calculated using the -- for that particular time period, if there are more than 20 episodes, then that measure can be reported on Home Health Compare, and then we would need five of those eight measures to be reported on Home Health Compare in order to receive a star rating.

Moderator: Our next question is, "What was the impetus of removing the Flu Vaccination Measure?"

Alan Levitt: Almost from the start of publication of star ratings, we started looking at how to make our star ratings better, and so after getting several quarters-worth of star-ratings data, we convened an expert panel to look with us, see how the scores were going, see how the measures were performing, then to make decisions, how to make ratings better. In the meantime, we'd also received feedback from home-health agencies that felt that the Flu Vaccination Measure, although it was very useful in terms of information for patients and family members to have on the Home Health Compare Website, was not a measure that was able to show a performance of home-health agencies to be used in the calculation of star ratings, and so because of that, we looked at what would happen if measures were either added or subtracted -- in that case, subtraction of Flu, and also we received recommendation from the expert panel to add the Emergency Department Use Measure, and then we brought it to you back in January as to a proposal, and then as we've already discussed based on those comments, we went ahead and continued to pursue removing the Flu Vaccination Measure, but we decided not to proceed with adding the Emergency Department Use Measure. We, once again, received comments, and we're back here again today. We really do appreciate this is a shared partnership that we have together in terms of developing and continuing to modify, if necessary, our star ratings.

Moderator: We have an audio question from Donna Kershner.

Donna Kershner: Yes. Hi. Thank you. Could you please repeat again what the -- the data that will be used for the reporting period for the Home Health Compare Refresh in January?

Alan Levitt: Sara, would you like to answer that again?

Sarah Galantowicz: Sure. I don't think we -- The dates for the January Refresh at both the OASIS-based measures and the claims-based measures are nine months' delayed, so the January Refresh will have data from April 1, 2016 to March 31, 2017.

Donna Kershner: Thank you very much.

Moderator: All right. Our next question is, "Will the Flu Vaccination Measure be removed from value-based purchasing, as well?"

Alan Levitt: What we are talking about today is just removal of it from star ratings, and then star ratings are part of the Home Health Quality Reporting Program. The Home Health Value-Based Purchasing Program Demonstration is a different program, and this would have no effect on that.

Moderator: I think let's go back to the chat question.

Moderator: Sure. Our next question is, "What is the date of the removal of the Flu Vaccine?" This question is for Abt.

Sarah Galantowicz: The Flu Vaccine Measure will continue to be reported on Home Health Compare, so it's not being removed from the Website. However, it will no longer be included in the calculation of the star ratings effective with the April 2018 Refresh. The January 2018 Refresh will include the Flu Measure as part of the calculation algorithm.

Moderator: Our next question is, "When will the 30-day Emergency Visit Without Hospitalization become effective as part of the star rating?"

Alan Levitt: There will be no change in terms of the other measures as part of the calculation of star rating. The only change we're making today is we're removing the Flu Vaccination Measure. The Hospitalization -- The Claims-Based Hospitalization Measure is already part of the star-rating calculation and has been part of that since star ratings were first published back in July of 2015.

Moderator: Our next question is for the Abt Team, and it is, "Is this change anticipated to significantly change thresholds for remaining categories in star-rating determination?"

Sara Galantowicz: I'll take a first crack, and I'll -- This is Sara Galantowicz. I'll turn this over to my colleague Betty Fout. The thresholds, the nine -- the 10 equally sized groups that I referenced in the methodology are calculated separately for each measure. So the removal of the Flu Measure should not change the process and the distribution of the 10 equally sized groups for the other measures.

Betty Fout: This is Betty Fout just to confirm that's true, and when we looked at comparing the star rating without the Flu, the majority of agencies stayed within the same rating or were just half a star below or above their rating with the Flu Measures. There's not much change when you remove that Flu rating, and, in general, there are more increases in star rating than decreases.

Moderator: Our next question is, "What is the dates the data comes from for the reporting period for the Home Health Compare January 2018 period?"

Alan Levitt: Sara, can you answer?

Sara Galantowicz: Sure.

Alan Levitt: Was that asked already?

Sara Galantowicz: Just to reiterate, the measure results that will be seen on Home Health Compare next month in January will be based on data from April 1, 2016 through March 31, 2017.

Moderator: The next question is, "Since the influenza data is reported from October through March, when will agencies see how the removal has affected their star rating if they were a five-star agency?"

Sara Galantowicz: Because how the removal of the Flu Measure will be effective in April of 2018, all agencies will see the impact and the removal of the measure at that point. As Dr. Fout just mentioned, when we ran the simulation, most agencies saw little or no change in their star rating once the Flu Measure had been removed.

Moderator: The next question is, "If an agency consistently met this process measure, how does the removal affect them if they weren't doing well on the remaining eight measures?" Abt, I believe this is for you.

Sara Galantowicz: And I will defer to Dr. Betty Fout on this one.

Betty Fout: I mean, that is a very particular scenario, and I think, yes, hypothetically, if they were doing very well in that measure and not well on the other measures, and that measure is removed, you might see them drop in their overall star rating, but if you want to give me some very particular scenarios, feel free to e-mail it to the mailbox.

Alan Levitt: This is a reminder that the star rating that is ultimately calculated is the sum of all the different measures, and so if you have eight measures that are being scored one way and you would just have a change in one measure, you would not usually see such a dramatic change in your star rating. But still send it to Betty.

Moderator: All right. Our next question is, "How does this affect LTC or SNF or CMS?"

Alan Levitt: Yeah. And, again, I see there's a question even after that that also is this only for home health in general or for all-star measures? What we're talking about today is just the effects of the Quality of Patient Care Star Ratings in the Home Health Quality Reporting Program. The star rating is published on Home Health Compare, and that's the only change that you'll be seeing. You won't be seeing it in any other setting, in any other Compare Website, any other Quality Reporting Program.

Moderator: Thanks. Stephanie, are there any phone-line questions?

Moderator: There are no phone-line questions at this time.

Moderator: Thank you. We will stand by for our next question. Our next question is, "Please clarify the exact date the Flu Vaccine will not be used for the star-measure calculation. Yes, I understand it will still be reported on Home Health Compare," and that is for Abt.

Alan Levitt: Okay. Well, I can answer it, as well. The first Refresh that you will see the Flu Measure not used in the calculation will occur for your April 2018 Refresh. You will see it, actually, first before that in the preview report for that Refresh. Hopefully that answers the question. [Chuckles]

Sara Galantowicz: And the date of the April Refresh will probably be made to later in the month of April.

Moderator: The next question is, "Why was the Emergency Department Use Without Hospitalization Measure not recommended? What was the stakeholder feedback?"

Alan Levitt: We received various comments on this measure. One of the concerns of the Home Health Community was that although the measure did provide important information, that there were attribution issues to the measure that because patients, for example, could voluntarily go to the emergency room or families could take them irrespective of the medical issues that were involved. Physicians may just tell a patient to go without consulting the agency, that there were various factors that they had concerns of adding it. As I said, we really work with you in terms of trying to develop star

ratings that are best terms of the performance for the agencies that are out there, and so we really do take your public comments seriously in terms of how to move forward.

Moderator: Just checking in with Stephanie. Are there any other phone-line questions?

Moderator: No phone-line questions at this time. One moment for your phone-line question. We have an audio question from Amanda Gartner.

Amanda Gartner: Yes, I just wanted to make sure with the April 2018 Refresh, I think what people were asking is they wanted to know when that data was collected, and it would be June 2016 through July 2017. Correct? So that data's already been collected?

Sara Galantowicz: Yes, except that the dates are actually July 1st through June 31st. So starting in July of 2016 through June 30th of 2017, but, yes, those data have already been collected.

Moderator: Okay. Great. We will move on to our next --

Moderator: Stephanie, can we release the line?

Moderator: Thank you. And we will move on to our next question. "Just to clarify. When April of 2018 Star Measures are posted, the score will reflect the composite of the eight measures for the timeframe that April 2018 is normally pulled for."

Alan Levitt: That is correct. There's no change in terms of the collection time period based on this decision.

Moderator: Our next question is, "Do you anticipate this change to the Influenza Vaccine taking affect for other facility types in the future?" And this is for CMS.

Alan Levitt: The decision made here was based on this particular Influenza Vaccination Measure. There are several different vaccination measures that are calculated on different CMS Websites. So it only affects this vaccination measure, and it only affects if used in the star-rating calculation. It will continue to be published on Home Health Compare as it's been, I think, for almost 10 years or so as it was before the star ratings were calculated.

Moderator: Please, as a reminder to submit your question, you can enter it using the Q&A box or dial the phone number that is listed on your screen.

Moderator: No audio questions at this time.

Moderator: All right. Great. Well, thank you all for joining this afternoon and have a great rest of your day.

Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.