

## Home Health Quality Measure Review (2015-2016)

In 2015, we undertook a comprehensive reevaluation of all 81 HH quality measures, some of which are used only in the Home Health Quality Initiative (HHQI), and others which are also used in the HH QRP. This review of all the measures was performed in accordance with the guidelines from the CMS Measure Management System (MMS) (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>). The goal of this reevaluation was to streamline the measure set, consistent with MMS guidance and in response to stakeholder feedback. This reevaluation included a review of the current scientific basis for each measure, clinical relevance, usability for quality improvement, and evaluation of measure properties, including reportability, and variability. Our measure development and maintenance contractor convened a Technical Expert Panel (TEP) on August 21, 2015, to review and advise on the reevaluation results. The TEP provided feedback on which measures are most useful for patients, caregivers, clinicians, and stakeholders, and on analytics and an environmental scan conducted to inform measure set revisions. Further information about the TEP feedback is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Health-Quality-Reporting-Program-HHQRP-TEP-.zip>.

As a result of the comprehensive reevaluation described above, we identified 28 HHQI measures that were either “topped out” and/or determined to be of limited clinical and quality improvement value by TEP members. Therefore, in the CY 2017 HH PPS proposed rule, we notified readers that these measures will no longer be included on the HH Measures Table described on <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIQualityMeasures.html>, effective January 1, 2017. In accordance with Section 4603 of the Balanced Budget Act of 1997 and Section 1891(c)(2)(C) of the Social Security Act and per the recommendations and requests from providers and as expressed in the TEP, we will continue to provide HHAs their data on these measures for use by agencies for internal quality improvement efforts and to support CMS’ survey processes. We provide quality measure data to HHAs via the Certification and Survey Provider Enhanced Reports (CASPER reports), which are available through the Quality Improvement Evaluation System (QIES). These include the Potentially Avoidable Event Reports, Outcome Quality Measure Reports, and Process Quality Measure Reports.

The Table on the following pages includes a list of these 28 HHQI measures and the reasons for our determination.

### HHQI Measures No Longer Included on the HH Quality Measures Table

<b>Measure Title</b>	<b>Measure Type</b>	<b>Reason for Removal</b>
Depression Interventions in Plan of Care	Process	Measure is “topped out”; limited variance and high median value nationwide
Depression Interventions Implemented during All Episodes of Care	Process	Measure is “topped out”; limited variance and high median value nationwide
Falls Prevention Steps in Plan of Care	Process	Measure is “topped out”; limited variance and high median value nationwide
Falls Prevention Steps Implemented for All Episodes of Care	Process	Measure is “topped out”; limited variance and high median value nationwide
Pain Interventions In Plan of Care	Process	Measure is “topped out”; limited variance and high median value nationwide
Pressure Ulcer Treatment Based on Principles of Moist Wound Healing in Plan of Care	Process	Moist wound healing is industry standard; measures is additionally “topped out”
Treatment of Pressure Ulcers Based on Principles of Moist Wound Healing Implemented during All Episodes of Care	Process	Moist wound healing is industry standard; measures is additionally “topped out”
Physician Notification Guidelines Established	Process	Measure is “topped out”; limited variance and high median value nationwide
Drug Education on High Risk Medications Provided to Patient/Caregiver at Start of Episode	Process	Measure is “topped out”; limited variance and high median value nationwide
Potential Medication Issues Identified and Timely Physician Contact at Start of Episode	Process	New measure construct proposed
Potential Medication Issues Identified and Timely Physician Contact during All Episodes of Care	Process	New measure construct proposed
Emergent Care for Injury Caused by Fall	Potentially Avoidable Event	Low incidence limits value for quality improvement
Emergent Care for Wound Infections, Deteriorating Wound Status	Potentially Avoidable Event	Low incidence limits value for quality improvement

<b>Measure Title</b>	<b>Measure Type</b>	<b>Reason for Removal</b>
Improvement in Anxiety Level	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Urinary Incontinence	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Behavior Problem Frequency	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Speech and Language	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Urinary Tract Infection	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Grooming	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Toileting Hygiene	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Eating	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Light Meal Preparation	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Improvement in Phone Use	Outcome	Low priority and clinical relevance for home health quality improvement, based on stakeholder feedback
Stabilization in Speech and Language	Outcome	Measure is “topped out”; limited variance and high median value nationwide
Stabilization in Cognitive Functioning	Outcome	Measure is “topped out”; limited variance and high median value nationwide
Stabilization in Anxiety Level	Outcome	Measure is “topped out”; limited variance and high median value nationwide
Stabilization in Light Meal Preparation	Outcome	Measure is “topped out”; limited variance and high median value nationwide
Stabilization in Phone Use	Outcome	Measure is “topped out”; limited variance and high median value nationwide