Federal Research Initiatives: Driving Quality Improvement in Nursing Homes

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Session Objectives

After attending this session participants will be able to:

- Discuss potential changes in provider behavior and changes in provider performance related to safety, quality, and value since the implementation of the Five-Star Quality Rating System.

- Describe the impact of a national initiative to decrease antipsychotic medication use in nursing homes.

This work was supported through a contract with the Centers for Medicare & Medicaid Services, Center for Clinical Standards and Quality, Survey and Certification Group.
Find a nursing home

A field with an asterisk (*) is required.

* Location
Example: 45802 or Lima, OH or Ohio

ZIP code or City, State or State

Nursing home name (optional)

Full or partial nursing home name

Search

Nursing Home Compare has detailed information about every Medicare and Medicaid-certified nursing home in the country. States may collect and post additional information that isn't collected by the federal government. Before you get started, you or your family might also consider Alternatives to Nursing Homes.
Is That Really a Five-Star Nursing Home?

By THE EDITORIAL BOARD  FEB. 25, 2015

October 25, 2016

Rehospitalization measure a 'strong predictor' for hospitals seeking SNF partnerships, study confirms

August 11, 2016

New CMS Nursing Home Ratings Don't Solve Accuracy Issues: Senator

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Nursing Home Compare

1998
Nursing Home Compare launched

2008
Five-Star Quality Rating System introduced

2012
National Partnership to Improve Dementia Care launched

February 2015
Antipsychotic quality measures (QMs) incorporated into rating system
QM domain rebased

July 2016
New QMs introduced
Methodological changes to Five-Star Quality Rating System

September 2016
Final Rule to Reform Requirements for Long-Term Care Facilities
Three Domains of Quality in Rating System

Overall Rating

Health Inspections

Staffing

Quality Measures
Calculation of Domain Ratings

<table>
<thead>
<tr>
<th>Domain</th>
<th>Basis for domain score</th>
<th>Scoring rules</th>
<th>Self-reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Inspections</td>
<td>Scope and severity of deficiencies</td>
<td>Rating based on state-specific, fixed distribution</td>
<td>No</td>
</tr>
<tr>
<td>Staffing</td>
<td>Adjusted RN staffing Adjusted total staffing</td>
<td>CMS staffing study for 5-star category; national distribution for other categories</td>
<td>Yes</td>
</tr>
<tr>
<td>Quality Measures (QMs)</td>
<td>16 QMs based on Minimum Data Set (MDS) and claims data</td>
<td>Thresholds for overall distribution of nursing homes:</td>
<td>Yes and No</td>
</tr>
<tr>
<td></td>
<td>• Nine long-stay</td>
<td>25%  5-star</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Seven short-stay</td>
<td>20% each for 2, 3, 4-star</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>15%  1-star</td>
<td></td>
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</tbody>
</table>
July 2016 Changes to Five-Star

- Introduction of five new QMs, including the first measures that utilize Medicare claims, rather than only self-reported MDS assessments.

- These measures greatly increase the number of short-stay measures, and add domains not well covered by other measures.

- Several methodological changes to the calculation of the QM ratings.
Five New QMs Introduced in July 2016

- Percentage of short-stay residents who were successfully discharged to the community (claims-based)
- Percentage of short-stay residents who have had an outpatient emergency department visit (claims-based)
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission (claims-based)
- Percentage of short stay residents who made improvements in function (MDS-based)
- Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
Distribution of Overall Ratings: 2012 – 2017

Note: Several changes to 5-Star rating methodology were made in February 2015.
Note: By design, the distribution of health inspection ratings is fixed.
Distribution of Overall Ratings: 2012 – 2017

Note: Starting in February 2015, facilities required to have a 4- or 5-star staffing rating on either RN or total nurse staffing to have an overall staffing rating of 4-stars.
Note: In February 2015, the quality measure scale was re-set, increasing the standard for nursing homes to receive a high rating.
Mission of the National Partnership:

To deliver health care that is **person-centered, comprehensive, and interdisciplinary** with a specific focus on **protecting residents from being prescribed antipsychotic medications unless there is a valid, clinical indication** and a systematic process to evaluate each individual’s need.
Examples of Efforts to Improve Dementia Care

- State coalitions
- National provider calls
- Hand in Hand training
- Focused dementia care survey
- Revised surveyor guidance
- Mandatory surveyor training
- Reinvestment of federal civil money penalty (CMP) funds to benefit nursing home residents
The National Partnership to Improve Dementia Care in Nursing Homes

- **Official measure of the Partnership:** Percentage of long-stay nursing home residents who are receiving an antipsychotic medication, excluding those residents diagnosed with schizophrenia, Huntington's disease or Tourette’s syndrome.

- **Long stay residents:** Those whose cumulative days in facility (CDIF) is greater than or equal to 101 days as of the end of the target period.
The National Partnership to Improve Dementia Care in Nursing Homes
A four-quarter average of the quality measure is posted to the Nursing Home Compare Web site at https://www.medicare.gov/nursinghomecompare/.

For more information on the National Partnership, please send correspondence to dnh_behavioralhealth@cms.hhs.gov.

Questions and Answers
References


References

