

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.

Medicare.gov Nursing Home Compare

The Official U.S. Government Site for Medicare

Nursing Home Compare Home

About Nursing Home Compare

About the data

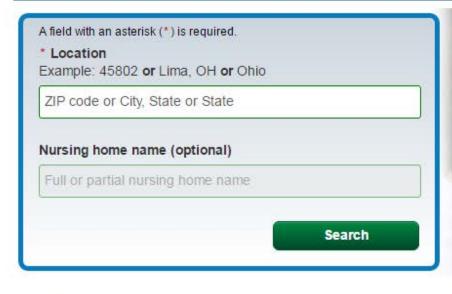
Resources

Help

Home



Find a nursing home





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.

Spotlight

Additional Information

Tools and Tips

By THE EDITORIAL BOARD FEB. 25, 2015

Is That Really a Five-Star Nursing Home?

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October 25, 2016

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

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

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 Staffing Health Quality Inspections Measures **Overall** Rating Abt Associates | pg 6

Calculation of Domain Ratings



Domain	Basis for domain score	Scoring rules	Self-reported
Health Inspections	Scope and severity of deficiencies	Rating based on state- specific, fixed distribution	No
Staffing	Adjusted RN staffing Adjusted total staffing	CMS staffing study for 5- star category; national distribution for other categories	Yes
Quality Measures (QMs)	16 QMs based onMinimum Data Set(MDS) and claimsdataNine long-staySeven short-stay	Thresholds for overall distribution of nursing homes: 25% 5-star 20% each for 2, 3, 4-star 15% 1-star	Yes and No

July 2016 Changes to Five-Star



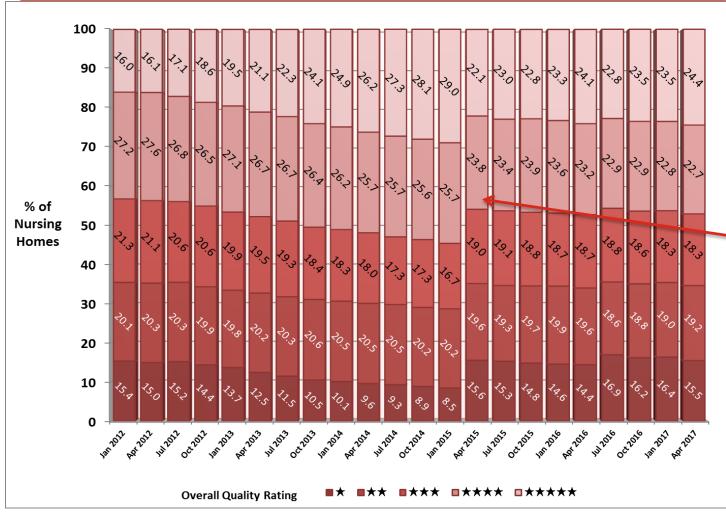
- Introduction of five new QMs, including the first measures that utilize Medicare claims, rather than only self-reported MDS assessments.
- These measures greatly increase the number of short-stay measures, and add domains not well covered by other measures.
- Several methodological changes to the calculation of the QM ratings.

Five New QMs Introduced in July 2016



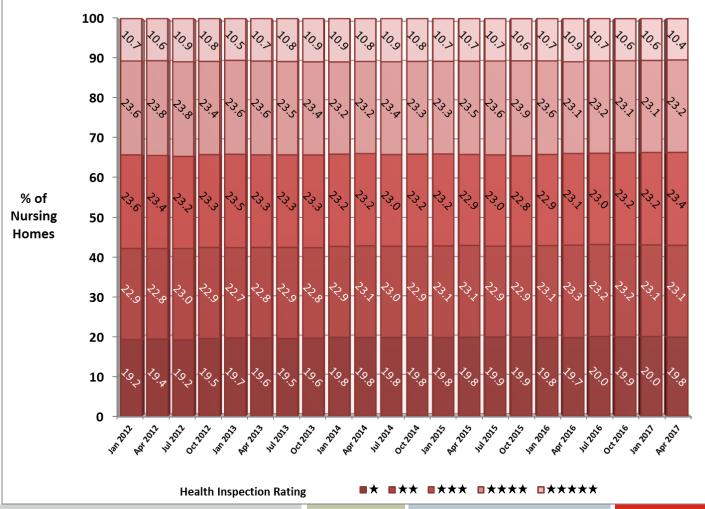
- Percentage of short-stay residents who were successfully discharged to the community (claims-based)
- Percentage of short-stay residents who have had an outpatient emergency department visit (claims-based)
- Percentage of short-stay residents who were rehospitalized after a nursing home admission (claimsbased)
- 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)





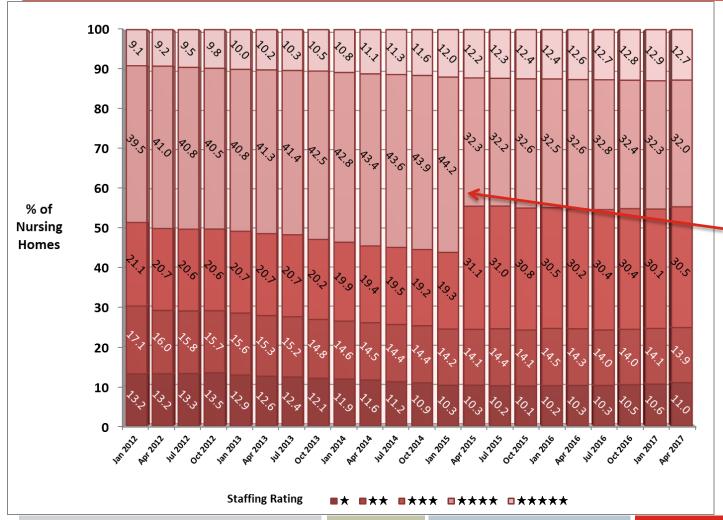
Note: Several changes to 5-Star rating methodology were made in February 2015.





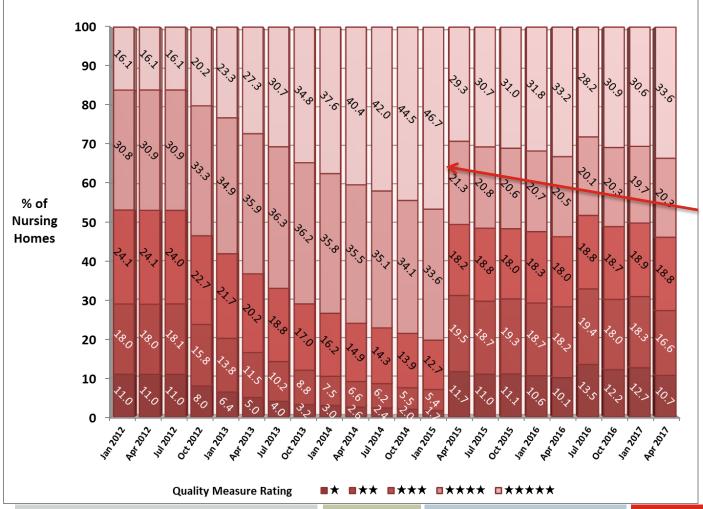
Note: By design, the distribution of health inspection ratings is fixed.





Note: Starting in February 2015, facilities required to have a 4- or 5star 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.

The National Partnership to Improve Dementia Care in Nursing Homes



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

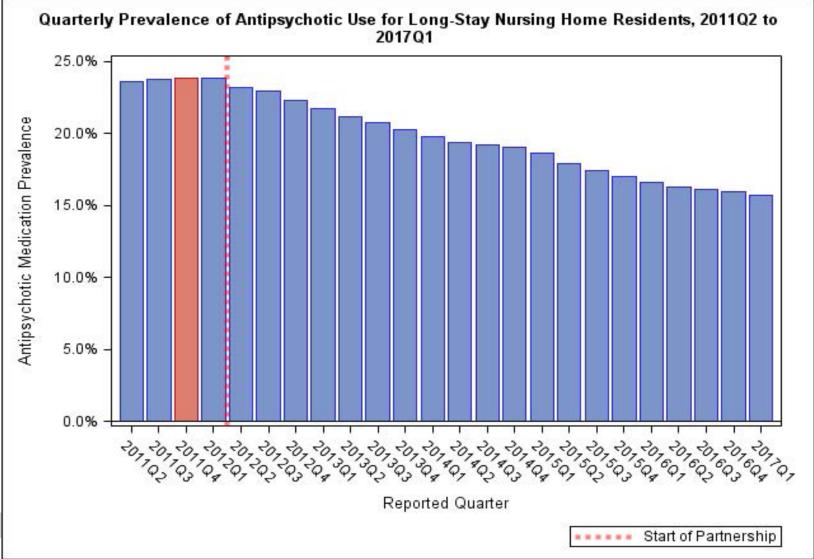
The National Partnership to Improve Dementia Care in Nursing Homes



- 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





More Information About the Partnership



- 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.
- National Partnership Web site: <u>https://www.cms.gov/Medicare/Provider-Enrollment-and-and-Certification/SurveyCertificationGenInfo/National-Partnership-to-Improve-Dementia-Care-in-Nursing-Homes.html</u>

Questions and Answers





References



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References



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