

MDS Alert

Industry News to Use: Could Functional-Status Quality Measures Be In Your Future?

Plus: SNF PPS proposed rule contains a wide array of policy, payment changes.

The **Centers for Medicare & Medicaid Services** (CMS) is pushing hard to develop new functional-status quality measures. Here's what a technical expert panel (TEP) had to say.

CMS contracted with **RTI International** to develop cross-setting functional status quality measures for skilled nursing facilities (SNFs), as well as for long-term care hospitals (LTCHs) and inpatient rehabilitation facilities (IRFs), according to a March 28 CMS announcement. RTI assembled the TEP in September 2013, and now the results of that meeting are posted.

Rehab clinicians, researchers, and administrators with expertise in functional assessment, quality improvement and quality measure development across settings comprised the TEP. The panel meeting aimed to gather input on functional status quality measures that CMS wants to use on the Continuity Assessment Record and Evaluation (CARE) item set.

Here are some of the recommendations that the TEP members provided:

- Although some of the more challenging mobility activities, such as car transfers, are not assessed as CARE self-care and mobility items in all SNFs and IRFs, they are important to assess for patients returning to home or a community-based setting.
- Patients with incomplete stays should be excluded from the quality measure calculation. This should include patients who died during the stay and those who were unexpectedly discharged to acute care.
- Patients who receive the maximum scores on all function items at the time of admission should be excluded from the quality measure calculation, because no improvement in function is measureable with the existing items.
- Age is an important determinant of functional outcomes, so age categories should be used for risk adjustment of the functional outcomes quality measures.
- Prior functional status and history of falls should be tested in the risk adjustment models, because these variables may potentially affect functional outcomes.
- The post-acute care diagnosis, not the prior acute diagnosis, should be used for risk adjustment of the functional outcome quality measures, because the post-acute care diagnosis reflects the reason for the patient's admission to the facility.

You can read the entire TEP meeting summary in the Downloads section at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures.html.