PRESSURE ULCERS: CMS UPDATE AND PERSPECTIVES

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CMS Vision

CMS is a major force and a trustworthy partner for the continual improvement of health and health care for all Americans.
The “3T’s” Road Map to Transforming U.S. Health Care

Key T1 activity to test what care works

- Clinical efficacy research

Basic biomedical science ↔ Clinical efficacy knowledge

Key T2 activities to test who benefits from promising care

- Outcomes research
- Comparative effectiveness research
- Health services research

Clinical efficacy knowledge ↔ Clinical effectiveness knowledge

Key T3 activities to test how to deliver high-quality care reliably and in all settings

- Quality Measurement and Improvement
- Implementation of Interventions and health care system redesign
- Scaling and spread of effective interventions
- Research in above domains

Improved health care quality & value & population health

### TABLE: Characteristics of a Continuously Learning Health Care System

<table>
<thead>
<tr>
<th>Science and Informatics</th>
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<tbody>
<tr>
<td><strong>Real-time access to knowledge</strong>—A learning health care system continuously and reliably captures, curates, and delivers the best available evidence to guide, support, tailor, and improve clinical decision making and care safety and quality.</td>
</tr>
<tr>
<td><strong>Digital capture of the care experience</strong>—A learning health care system captures the care experience on digital platforms for real-time generation and application of knowledge for care improvement.</td>
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<tr>
<th>Patient-Clinician Relationships</th>
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<tr>
<td><strong>Engaged, empowered patients</strong>—A learning health care system is anchored on patient needs and perspectives and promotes the inclusion of patients, families, and other caregivers as vital members of the continuously learning care team.</td>
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<tr>
<th>Incentives</th>
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<tr>
<td><strong>Incentives aligned for value</strong>—In a learning health care system, incentives are actively aligned to encourage continuous improvement, identify and reduce waste, and reward high-value care.</td>
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<tr>
<td><strong>Full transparency</strong>—A learning health care system systematically monitors the safety, quality, processes, prices, costs, and outcomes of care, and makes information available for care improvement and informed choices and decision making by clinicians, patients, and their families.</td>
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<th>Culture</th>
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<tr>
<td><strong>Leadership-instilled culture of learning</strong>—A learning health care system is stewarded by leadership committed to a culture of teamwork, collaboration, and adaptability in support of continuous learning as a core aim.</td>
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<tr>
<td><strong>Supportive system competencies</strong>—In a learning health care system, complex care operations and processes are constantly refined through ongoing team training and skill building, systems analysis and information development, and creation of the feedback loops for continuous learning and system improvement.</td>
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National Quality Strategy promotes better health, healthcare, and lower cost

The Affordable Care Act (ACA) requires the Secretary of the Department of Health and Human Services (HHS) to establish a national strategy that will improve:

- The delivery of health care services
- Patient health outcomes
- Population health
The strategy is to concurrently pursue three aims

**Better Care**

Improve overall quality by making health care more patient-centered, reliable, accessible and safe.

**Healthy People / Healthy Communities**

Improve population health by supporting proven interventions to address behavioral, social and environmental determinants of health, in addition to delivering higher-quality care.

**Affordable Care**

Reduce the cost of quality health care for individuals, families, employers and government.
Quality Measure Implementation

- Payment Policy
- Survey & Cert
- Fraud & Abuse Enforcement
- Other ACA Program Areas
- HHS
- VBP
- Demos & Research
- COP
- Other CMS programs
- Quality Improvement
- Outlier PQRS Incentive may refer to program integrity
- • 3004: Quality Reporting for LTCHs, IRFs, and Hospice
  • 3003 & 3007: Physician Value
  • 3022: ACOs
  • 3026: Community Based Transitions Care Program
  • 2602: Dual Eligibles
- • HAIs
  • Patient Safety Campaign
  • Nat’l Quality Strategy
  • Data.gov
- • 10326: VBP Pilots for LTCH, IRF, Hospice, Psych hospitals and cancer hospitals
  • 3001: CAH VBP demo
- • ARRA HITECH
  • Hospital IQR
  • Hospital OQR
- 3001: Hospital VBP
- ESRD QIP
- 3006: VBP Plans for NH & HH
- 10301 ASC VBP
- • 3003: Physician Feedback report
  Quality Resource Utilization Report
  • 3007: Physician Value Modifier
  • 3008: HACs
  • 3025: Readmissions
- Target surveys
- • 114x154

- Quality Reporting & Public Reporting Program Area

- 3001: Hospital VBP
- ESRD QIP
- 3006: VBP Plans for NH & HH
- 10301 ASC VBP
- • 3003: Physician Feedback report
  Quality Resource Utilization Report
  • 3007: Physician Value Modifier
  • 3008: HACs
  • 3025: Readmissions
- Target surveys
- • 114x154
Balance between parsimony and need to have measures responsive to stakeholders

- Parsimonious Set
- Core Measure Sets
- Responsive to Stakeholders
- Increase Participation

- HVBPRP (24 measures)
- Physician QRUR (Existing PQRS Measures)
- IQR (76 Measures)
- EHR Incentive - EP (92 Measures)
- EHR Incentive - EH (39 Measures)
Quality can be measured and improved at multiple levels

**Community**
- Population-based denominator
- Multiple ways to define denominator, e.g., county, HRR
- Applicable to all providers

**Practice or Facility setting**
- Denominator based on practice setting, e.g., hospital, group practice

**Individual physician or clinician**
- Denominator bound by patients cared for
- Applies to all physicians/clinicians

- Three levels of measurement critical to achieving three aims of National Quality Strategy
- Measure concepts should “roll up” to align quality improvement objectives at all levels
- Patient-centric, outcomes oriented measures preferred at all three levels
- The “five domains” can be measured at each of the three levels

Increasing individual accountability

Increasing commonality among providers
Value-Based Purchasing Program Objectives over Time Towards Attainment of the Three-part Aim

**Initial programs FY2012-2013**
- Limited to hospitals (HVBP) and dialysis facilities (QIP)
- Existing measures providers recognize and understand
- Focus on provider awareness, participation, and engagement

**Proposed and near-term programs FY2014-2016**
- Expand to include physicians
- New measures to address HHS priorities
- Increasing emphasis on patient experience, cost, and clinical outcomes
- Increasing provider engagement to drive quality improvements, e.g., learning and action networks

** Longer-term FY2017+**
- VBP measures and incentives aligned across multiple settings of care and at various levels of aggregation (individual physician, facility, health system)
- Measures are patient-centered and outcome oriented
- Measure set addresses all 6 national priorities well
- Rapid cycle measure development and implementation
- Continued support of QI and engagement of clinical community and patients
- Greater share of payment linked to quality

**Vision for VBP**
FY2013 HVBP Program Summary

• Two domains:
  • Clinical Process of Care (12 measures)
  • Patient Experience of Care (8 HCAHPS dimensions)
• Hospitals are given points for Achievement and Improvement for each measure or dimension, with the greater set of points used
  • 70% of Total Performance Score based on Clinical Process of Care measures
  • 30% of Total Performance Score based on Patient Experience of Care dimensions
• Payment adjustments in process
Call to Collective Action

• Historic moment in health care
• YOU can be THE determining factor on whether our system transforms to achieve better results
• Must focus on all 3 parts of aims: Better Care, Better Health, and Lower Costs
• We need YOU; We cannot accomplish the three part aim from Baltimore/DC
• Think of the patient(s) that inspires you to keep striving to do better
How Will Change Actually Happen?

• There is no “silver bullet”
• We must apply many incentives
• We must show successful alternatives
• We must offer intensive supports
  – Help providers with the painstaking work of improvement
• We must learn how to scale and spread successful interventions
Rapid Cycle Improvement - How can we improve more quickly?

• Apply proven interventions reliably across settings and measure results
• Test the application of new interventions and learn in rapid cycle
• Partner with providers, communities, and patients
• Move beyond a “traditional” government contract with delayed evaluation model
• Focus efforts where improvement most needed and target interventions
CMS Desired Approach and Culture with Stakeholders

- Seek input and actively listen
- Collaborate and partner with stakeholders outside CMS
- Be responsive
- Learn from others and foster learning networks
- Be a catalyst for health system improvement
- Focus on strategic vision, coupled with execution
- Maintain a relentless focus on what is best for patients
CMS Approach:
Cross-Setting Pressure Ulcer Measurement, Management and Reduction
Why Pressure Ulcers?

• In 2006 there were 322,946 reported cases of Medicare patients with a pressure ulcer as a secondary diagnosis.
• Each case had an average charge of $40,381 for a hospital stay.
• Pressure ulcers develop within a relatively short period of time for a variety of reasons.
• Identification of the originating, setting of attribution is difficult.
• To date, Quality improvement is generally focused on the reduction for patients at risk, utilization of care interventions, and the mitigation of pressure ulcer worsening within a specific setting.
Current Challenges

CMS hopes to approach pressure ulcer mitigation through a systems-based perspective; a perspective that realizes that care interventions, and quality measurement, follow along with the patient to mitigate risk and poor outcomes.
Why Measure?

• Drive Improvement

• Push for system transformation

• Provide information to stakeholders

• Legislative mandates
Quality Measure Development:
CMS aims to create a quality measure that...

- Improves patient and resident outcomes
- Evaluates whether coordinated care has taken place and facilitates care coordination
- Can be implemented and collected across healthcare settings
- Accounts for the vast trajectory of care points in the continuum of care where the worsening, or development, of pressure ulcers, could have been mitigated
- Applies current science; based on empirical data
- Reduces unintended consequences
- Is EHR compatible
- Can be sent to CMS electronically
- Utilizes common terms, definitions and language
- Facilitates a standardized assessment-based approach
- Works within providers’ natural workflows
- Supports real time surveillance
- Facilitates the implementation of best practices
- Illuminates structural qualities and processes and inform outcomes
- Informs providers and the public
Figure 3-1—Flow of Measure Development Processes

1. Contract issued for measure(s)
2. Meet with Measures Manager for orientation to the Measures Management System
3. Develop work plan
4. Define the topic(s) of the measure set

- Technical Expert Panel: Form TEP
  - Information Gathering: Determine appropriate basis for measures

- Technical Expert Panel: Confirm appropriate basis for measures and framework

- Obtain CMS approval of candidate measures list

- Measure Specification: Develop detailed technical specifications

- Measure Testing: Conduct measure testing and refine the measure

- Public Comment: Comments on refined, tested measures

- Further refine measure based on comments received

- Applying the Measure Evaluation Criteria: Evaluate the measure

- Obtain CMS approval of final measure specifications

- Submit for consensus endorsement

- Measure ready for use by CMS
1. Initial Measure List: All the measures and measure concepts found by the measure contractor during information gathering.

2. Potential Measures: Measures and measure concepts that the TEP formally evaluates.

3. Candidate Measures: Measures and measure concepts that the TEP has formally evaluated and recommended to the measure contractor for use.

4. CMS-Approved Measures: Fully-specified measures that CMS has approved for submission to NQF and/or implementation.

5. NQF-Endorsed Measures: Fully-specified and tested measures that NQF has endorsed.

NQF Measure Application Partnership: measure implementation.
CMS Measures Refinement Model

Measures Priorities
Planning
Managing
Ongoing Feedback
Measure Implementation
Measure Development

Measure Reevaluation
### CMS Quality Programs

<table>
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<th>Hospital Quality Reporting</th>
<th>Physician Quality Reporting</th>
<th>PAC and Other Setting Quality Reporting</th>
<th>Payment Model Reporting</th>
<th>“Population” Quality Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicare and Medicaid EHR Incentive Program</td>
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<td>• Inpatient Rehabilitation Facility</td>
<td>• Medicare Shared Savings Program</td>
<td>• Medicaid Adult Quality Reporting*</td>
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<tr>
<td>• PPS-Exempt Cancer Hospitals</td>
<td>• PQRS</td>
<td>• Nursing Home Compare Measures</td>
<td>• Hospital Value-based Purchasing</td>
<td>• CHIPRA Quality Reporting*</td>
</tr>
<tr>
<td>• Inpatient Psychiatric Facilities</td>
<td>• eRx quality reporting</td>
<td>• LTCH Quality Reporting</td>
<td>• Physician Feedback/Value-based Modifier*</td>
<td>• Health Insurance Exchange Quality Reporting*</td>
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<td>• Inpatient Quality Reporting</td>
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<td>• ESRD QIP</td>
<td></td>
<td>• Medicare Part C*</td>
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<tr>
<td>• Outpatient Quality Reporting</td>
<td></td>
<td>• Hospice Quality Reporting</td>
<td></td>
<td>• Medicare Part D*</td>
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<tr>
<td>• Ambulatory Surgical Centers</td>
<td></td>
<td>• Home Health Quality Reporting</td>
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* Denotes that the program did not meet the statutory inclusion criteria for pre-rulemaking, but was included to foster alignment of program measures.
Settings and Data Sources

- **Nursing Homes** - Minimum Data Set 3.0 (MDS 3.0) - Used in Nursing Homes to collect quality data, determine payment, used for survey and certification nursing homes, and also as part of the 5 star nursing home rating system.

- **Home Health Agencies** - Outcome and Assessment Information Set-C (OASIS-C). Used by home health agencies to collect quality data and to determine payment.

- **Acute Care Hospitals** - Inpatient Quality Reporting Program (claims).

- **Long Term Care Hospitals** - LTCH Continuity Assessment Record and Evaluation (LTCH-CARE) Used by LTCHs to collect quality data and to determine payment. Data collection for pay for reporting began October 1, 2012.

- **Inpatient Rehabilitation Facilities (IRF)** - Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) used by IRFs to collect quality data and to determine payment.

- **Hospices** - Will start voluntary quality data reporting October 1, 2011; pay-for-reporting basis beginning on October 1, 2012. (Source?).
Data Sources

• Standardized data collection mechanism lacking
  – LTCH Continuity Assessment Record and Evaluation (CARE) Data Set: Long Term Care Hospitals
  – MDS 3.0: Nursing Home & Skilled Nursing Facilities
  – OASIS C: Home Health
  – IRF-PAI: Inpatient Rehabilitation Facilities
  – Continuity Assessment Record and Evaluation (CARE) Tool
  – Acute and Long-term Care Acute Hospitals claims
  – Hospice QAPI, PEACE/AIMs items require abstraction

• Electronic Health Records

• National Health and Safety Network (CDC)
Quality Reporting & Public Reporting

**Quality Reporting**
- Quality Measure Development
- Quality Measure Selection Described in NPRM & Final Rule
- Providers submit quality data
- Calculation & Production of measure rates
- Feedback reports/preview
- Payment Determination (apply payment policy e.g. incentive, reduction)

**Public Reporting**
- Consumer testing
- Public reporting of provider performance (i.e. Measure rates)
- Assessment of impact of quality measures

**Collaboration with stakeholders**
<table>
<thead>
<tr>
<th>NQF#</th>
<th>Title</th>
<th>Description</th>
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<tr>
<td>0678</td>
<td>Percent of Residents or Patients With Pressure Ulcers That Are New or Worsened (Short-stay)</td>
<td>The percent of short-stay (LOS &lt;100 days) nursing home residents, or LTCH or IRF patients, with 1 or more PUs stages 2-4 that are new or worsened since the prior MDS, LTCH CARE Data Set, or IRF-PAI assessment.</td>
<td>MDS 3.0, LTCH CARE DATA Set, IRF-PAI</td>
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<tr>
<td>0679</td>
<td>Percent of Residents with Pressure Ulcers (Long-stay)</td>
<td>Percentage of residents who were identified as high risk living in a nursing facility for 100 days or longer who have one or more Stage 2-4 pressure ulcer(s). High risk populations are those who are comatose, or impaired in bed mobility or transfer, or suffering from malnutrition.</td>
<td>MDS 3.0</td>
</tr>
</tbody>
</table>
| 0538 | Pressure Ulcer Prevention and Care                                 | **Pressure Ulcer Risk Assessment Conducted:** Percentage of home health episodes of care in which the patient was assessed for risk of developing pressure ulcers at start/resumption of care.  
**Pressure Ulcer Prevention Included in Plan of Care:** Percentage of home health episodes of care in which the physician-ordered plan of care included interventions to prevent pressure ulcers.  
**Pressure Ulcer Prevention Implemented during Short Term Episodes of Care:** Percentage of short term home health episodes of care during which interventions to prevent pressure ulcers were included in the physician-ordered plan of care and implemented. | OASIS-C                       |
Identification of Nursing Home Residents (Long Stay) at High Risk for Developing Pressure Ulcers

• NQF # 0679: Percent of High-Risk Residents With Pressure Ulcers (Long Stay)
  – Prevalence measure: long-stay residents who are defined as high risk with one or more Stage 2-4 pressure ulcer(s).

• For the long-stay population, during the 4th quarter of 2011, 67.8% of assessments (816,508 out of 1,203,726) were considered high risk for developing pressure ulcers.

• High risk was defined as:
  – Impaired bed mobility or transfer indicated (self-performance)
  – Comatose
  – Malnutrition or at risk of malnutrition

• 32% (387,218) of assessments were considered low risk
High Risk Long-Stay Residents with Pressure Ulcers

• In the 4th quarter of 2011, on average, nursing homes had 6.9% of their long-stay high risk residents with pressure ulcers on their target assessments.
• The 10% of nursing homes who performed the best had 2% or less prevalence of pressure ulcers among their high risk residents.
• The 10% of nursing homes who performed the poorest had 12% or more prevalence of pressure ulcers among their high risk residents.
• 6.9% of facilities reported no pressure ulcers for this measure.
  – Given that 93.1% of facilities reported pressure ulcers and in comparing the tail ends of best and worst performance, do we sense that there is room for improvement?
Short-stay Nursing Home Residents With Pressure Ulcers That Are New or Worsened

• QM #0678 Percent of Residents or Patients With Pressure Ulcers That Are New or Worsened (Short Stay)
  • Short-stay residents have a LOS of 100 cumulative days or less

• In the 4th quarter of 2011, on average, nursing homes had 1.9 % of their short stay nursing home residents with a pressure ulcer that was new or worsened.

• However, the 10% of nursing homes who performed the poorest had 4.5% or more of their short stay residents with a pressure ulcer that was new or worsened.
Short-stay Nursing Home Residents With Pressure Ulcers That Are New or Worsened

- 35.4% of nursing homes reported no short-stay residents with pressure ulcers that were new or worsened (these nursing homes are included in the 1.9% average of residents with new or worsened pressure ulcers)

- Amongst short-stay nursing home residents, the following risk factors for pressures ulcers were identified at admission
  - 89.2% had an impairment in bed mobility
  - 34.5% had bowel incontinence (occasional or more)
  - 42.4% had diabetes or peripheral vascular disease
  - 9.8% had a low body-mass index
Insights from home health setting

• Data from the home health setting demonstrates the need for better care coordination
  – In the home health setting researchers have found a positive correlation between pressure ulcer risk at start of care and discharge/transfer to inpatient facility
  – 5% of home health patients have Stage II or higher or unstageable pressure ulcers at Start of Care
Current Challenges

CMS hopes to approach pressure ulcer mitigation through a systems-based perspective; a perspective that realizes that care interventions, and quality measurement, follow along with the patient to mitigate risk and poor outcomes.
CMS Healthcare Acquired Conditions

- Pressure Ulcer event reduction falls within CMS’ top HAC reduction priorities

- CCSQ leads the Cross-Setting Pressure Ulcer Measure Development Work Group for the purpose of pressure ulcer mitigation and reduction
Hospital Acquired Conditions (HAC)

- The Deficit Reduction Act outlines HACs as conditions that:
  - Are high cost or high volume or both;
  - Result in the assignment of a case to a DRG that has a higher payment when present as a secondary diagnosis; and
  - Could reasonably have been prevented through the application of evidence-based guidelines.
- HAC conditions includes Pressure Ulcers
- ACA Section 3008 provision currently applies to IPPS Subsection (d) hospitals
  - AHRQ PSI 90, which includes Stage 3 and 4 pressure ulcer was supported by the NQF MAP in December 2012 for the ACA Section 3008 HAC Reduction Program
Inpatient Quality Reporting

Patient Safety Indicator - 90 (PSI – 90) is a composite of measures covering 8 different Hospital Acquired Conditions.

PSI – 90 includes PSI – 3, a Pressure Ulcer quality measure

- AHRQ is the steward
- Reporting of Ulcer Stages III and IV
Cross Setting Pressure Ulcer Reduction: Alliances

• Alliance in Importance:
  – National Quality Strategy: Patient Safety, Effective Care Coordination, Prevention and Treatment
  – HHS Partnership for National Patient Safety Initiative: Pressure Ulcers (One of the listed Nine HACs)
  – CMS: Meets 3-Aims
    • Better Care
    • Healthy People and Communities
    • Affordable Care
Cross Setting Pressure Ulcer Reduction: Alliances

• **Alliance in Strategy:**
  – **CMS Strategic Plan:** Measure Simplification and HAC reduction
  – **Healthcare Acquired Condition Monitoring:** Cross-Setting Pressure Ulcer Monitoring
  – **Measure Application Partnership:** In-step with all four Objectives: High-Impact, Stimulate gap-filing for high priority measure gaps, promotes alignment among HHS, other public and private sectors, involves stakeholders.
Future Measurement Development and Commitment to Pressure Ulcer Mitigation

• Influence improvements related to:
  – Care coordination
  – Care communication
  – Provide access and tools for the adaptation/adoptions of best practices along the continuum of care related to pressure ulcer care and care coordination/communication.
Current Cross-Setting Pressure Ulcer Work

• Development of a cross-setting pressure ulcer quality measure
• Development of a cross-setting approach to data collection for pressure ulcers
• Identification of key issues in pressure ulcer measurement, data collection and quality improvement
• Identification of successful (supported by evidence) approaches to pressure ulcer prevention, management, and measurement
• Long term goal: disseminate information about pressure ulcer prevention and management via a campaign and toolkit
Quality Measure Development: Steps

• Identifying goals related to a pressure ulcer quality measurement and reporting
• Identifying gaps, areas for improvement, and areas for discussion in pressure ulcer measurement
• Integrating findings from environmental scan of pressure quality measures and gaps in quality measurement
• Speaking and integrating feedback from public and private organizations regarding quality measurement, data collection, and prevention and management for pressure ulcers
• Integrating guidance from the technical expert panel
• Review and modification of NQF #0678, Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (Short-Stay), for consideration of expansion to additional healthcare settings
• Review of additional Pressure Ulcer measures for identification of strengths and weaknesses to inform measure development
#0678: Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (short-stay)

- Originally implemented in nursing home setting
- Expanded to Long Term Care Hospitals and Inpatient Rehabilitation Facilities (Data collection began in October 2012).
  - Goal of expansion: harmonization
  - Items in the LTCH CARE data set and IRF-PAI based on MDS 3.0 items
- Nursing home data suggests validity and reliability of this quality measure
- Overall feedback regarding this measure has been positive
- Further review, analysis and modifications are needed
  - Specifications, data items and data collection systems can be improved
- CMS and RTI will integrate feedback from interviews, environmental scan and TEP to inform modifications to this measure
Current Work (*RTI International): October 2012 – September 2013

• Environmental Scan
  – Pressure Ulcer Quality Measures
  – Pressure Ulcer Measurement
  – Pressure Ulcer Prevention and Management

• Key Informant & Partner Interviews

• Technical Expert Panel

• CMS Pressure Ulcer Work Groups
  – Quality Measure Development
  – Payment
  – Survey and Certification
  – Identification of Best Practice

• Report and Recommendations for Next Steps

*RTI International is a trade name of Research Triangle Institute
Interviews and Partnerships Include...

**CMS and Other Federal Partners**
- Setting Specific Teams
  - Long Term Care Hospitals
  - Inpatient Rehabilitation Facilities
  - Acute Inpatient Hospitals, Home Health
  - Nursing Homes/Skilled Nursing Facilities
  - Home Health
- AHRQ (On-Time Pressure Ulcer Program)
- Veterans Administration
- Technical Advisors:
  - Elizabeth Ayello, PhD, RN, APRN, BC, CWOCN, FAPWCA, FAAN
  - Jean DeLeon, MD
  - Ann Spenard, MSN, RN, C
  - Teresa Mota, BSN, RN, CALA

**Other Organizations**
- NPUAP
- American Nurses Association
- Kaiser Permanente
- Ascension Health
- University of Minnesota
- Greater New York Hospital Association
- OSF, Saint Francis Medical Center
- Windy Hill Hospital /Wellstar
- Sunnyview Hospital and Rehabilitation Center
- Quality Improvement Organizations
Quality Measure Input

Given the current measure, we are seeking your expert input on:

• If the NQF #0678 quality measure *Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (short-stay)* should be further risk-adjusted

• Improving defined stages to support harmonization

• Inclusion of wounds not considered “worsened” in the current measure

• Inclusion of additional data elements that better inform the measure’s construct and better support the internal consistency
  – What data elements are missing from the data set that could strengthen the measure’s inter-rater reliability and data logic?

• What data elements can be included in our data assessment tools, potentially used in the measure, that would facilitate better care coordination?
Pressure Ulcer Toolkit

• What would an “Ideal state” Tool Kit aimed to help reduce pressure ulcers include?

Could it include:
  – A comprehensive (succinct and efficient) communications document pertaining to pressure ulcers that could be used for care transitions and could facilitate care planning
  – Information about best practices
  – Techniques and tools to protect patients—particularly those at high risk

• The process of information gathering about such a tool kit has included:
  – Environmental scan
  – Interviews with high performing organizations have included
    • Kaiser Permanente
    • Ascension Health
    • OSF Saint Francis Medical Center
    • Greater NY Hospital Association
    • University of Minnesota
    • Technical Expert Panel
Your Toolkit Input

• We are seeking *your* expert input on a potential tool kit that would support providers with best practices
  – What processes of care could be considered “best practices” that could be paired with an outcome measure?
  – What care coordination/communication “best practices” would you suggest we include in a tool kit?
  – What would a document used for care coordination and communication look like for reducing new and worsening pressure ulcers?
We are Curious About Your input on the NQF #0678 Percent of Residents or Patients with Pressure Ulcers that are New or Worsened (short-stay) and Data Collection...

- What states of pressure ulcer development would you include as “worsening” (e.g., DTI, eschar, etc)?
- Would you include stage ones as worsened?
- Would it be useful/not useful for CMS to gather data on each pressure ulcer, or is cumulative just as meaningful?
- What would you include on an data item set that could facilitate care coordination?
- Do you have any empirical data regarding the staging of DTIs that open (do they open to be stage 2, 3, or 4)?
- Can you provide data pertaining to recommended “best practices”? 
- Of the “best practices” in pressure ulcer reduction that exist, does NPUAP possess support their implementation?
- What would NPUAP envision as optimal/realistic value related to healthcare services and the development of pressure ulcers?
More Questions

• What PU prevention and management information is most critical to acquire and convey across ALL care settings?
• What aspects of quality of pressure ulcer care should be reported to the public?
• What aspects of pressure ulcer care have the most significant impact on patient outcomes?
Further Discussion: Transfer Forms

What would you envision...
To be key, focused, pressure ulcer, and health-associated data elements, in a universal patient transfer form that would be:

• Clinically relevant
• Normal to work flow
• Highly informative
• Minimally burdensome
• Able to ensure care coordination and
• Able to reduce the development of, or worsening of pressure ulcers
Rapid Cycle Improvement - How can we improve more quickly?

- Apply proven interventions reliably across settings and measure results
- Test the application of new interventions and learn in rapid cycle
- Partner with providers, communities, and patients
- Move beyond a “traditional” government contract with delayed evaluation model
- Focus efforts where improvement most needed and target interventions
Contact Information

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