

What's New About QI/QM Reports?

In 1999, the Centers for Medicare and Medicaid Services (CMS) implemented a Quality Indicator (QI) reporting system. This system provided facility-specific reports for a set of QIs that were developed by CHSRA. There were 24 QIs in this system, four of which were broken down into high and low risk groups.

In 2002, CMS released a set of Quality Measures (QMs) which were intended for use in the Nursing Home Compare public reporting system. While the QIs were aimed primarily at reporting on the care of long-term care (chronic care) residents, the QM system includes both chronic and post-acute care measures.

The new CMS QI/QM reporting system replaces the old QI system and contains reports which consolidate the two sets of indicators/measures. The new QI/QMs are primarily based on the original CHSRA QIs with some slight changes and additions based on the CMS QMs. In addition, minor changes were made to the QI record selection methodology to make it consistent with the QM methodology, so that a uniform approach could be taken to the calculation of all of the measures.

CHSRA has updated their reporting system to implement the new QI/QMs. For many chronic care QIs, the changes are minimal and the facility QI averages show little change. However, some chronic care QI definitions have changed significantly, with notable changes in the definitions of pain and depression and the introduction of a new risk adjustment mechanism. In addition, three new post-acute care (PAC) QI/QMs have been added.

Pain

A welcome addition to the national reporting system is a pain indicator. While CHSRA has provided a pain measure on all of its QI reports, such a measure has been absent from the national system. This new measure for the national system is different than the pain QI CHSRA has used in their QI reports. It excludes moderate daily pain unlike the CHSRA indicator. Therefore, you will notice that the facility and comparison group average is substantively smaller than it had been in the past.

Depression

CMS has also redefined the concept of depression for the indicator of residents who have become more depressed or anxious (QI/QM # 2.1). They have introduced a new depression scale that is different from the depression scale CHSRA used in the original QI definitions. This new measure only reports those residents whose depression got worse between the most recent assessment and their prior assessment. For most facilities, this new indicator will show smaller facility and comparison group averages.

Risk Adjustment

Three of the CMS chronic care QI/QMs are risk adjusted using a new, regression-based adjustment process. The adjustment mechanism attempts to remove the QI/QM impact of facility differences in the mix of certain MDS characteristics from the national average. The risk-adjusted facility value is an estimate of what the QI/QM would be if the mix of resident characteristics could somehow be changed to the national average.

The resident characteristics (“covariates”) used in the CMS risk adjustment process vary with the QI/QM. For example, the new pain QI/QM adjusts for the percentage of

residents with cognitive impairment. Residents with cognitive impairment are expected to report pain less frequently than other residents, all else being equal. If a facility has an above-average percentage of residents with cognitive impairment, the risk adjustment mechanism assumes that the observed pain QI/QM is lower than it would have been with an average mix of cognitive impairment. Consequently, the facility's observed QI is increased by an estimate of this cognitive impairment impact, so that it can be compared more consistently to the national average QI/QM or to the pain QI/QM of another facility.

In each of the three regression-based risk adjustment schemes, facilities with an above-average percentage of "high-risk" residents will have their observed QI/QM ratios adjusted downward, while those with a lower-than-average mix of high-risk residents will have their QI/QM values increased. This approach differs from the high/low risk stratification approach used with other QI/QMs. With stratification, the QI/QMs are reported separately for the high-risk and low-risk resident populations without further modification.

To provide additional insight into the regression-based risk adjustment, the new CHSRA QI/QM reports display values for high-risk and low-risk residents, as well as the total resident population. A resident is put into CHSRA's high-risk group if they trigger any of the CMS covariates for the QI/QM. If no covariates are triggered, they are classified as low-risk. This allows you to see exactly how many residents are at risk and to see how much the regression adjustment affects your facility average.

Post Acute Care (PAC)

The final change in the QI/QM reports is the introduction of three new Post Acute Care (PAC) QI/QMs. The post acute population used to calculate these measures is defined by residents with a 14-day SNF PPS assessment during the reporting period.