The Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 requires Post-Acute Care (PAC) providers to report standardized patient assessment data and quality measure data to the Secretary. Currently, federal assessment instruments are setting-specific and contain assessment items with varying concepts, definitions, and measurement scales. Standardizing assessment data elements will facilitate cross-setting data collection, quality measurement, outcome comparison, and interoperable data exchange.

CMS has proposed and solicited public comment on several cross-setting post-acute care quality measures. The purpose of these proposals is to develop, maintain, re-evaluate, and implement measures reflective of quality care for the PAC settings to support CMS quality missions, including the Long-Term Care Hospital Quality Reporting Program (LTCH QRP), the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), the Nursing Home (NH)/Skilled Nursing Facility Quality Reporting Program (SNF QRP), and the Home Health Quality Reporting Program (HH QRP). In addition, the proposals will address the domains required by the IMPACT Act, which mandates specification of cross-setting quality, resource use, and other measures for post-acute care providers.

CMS has recently proposed or acted on the following cross-setting quality measures. These measures are also included in CMS’ Measures Under Consideration (MUC) List for 2016. HHS is required under Section 1890A of the Social Security Act to publicly post the list of quality and efficiency measures HHS is considering adopting for use in the Medicare program. After time for public comment, HHS will finalize and adopt certain measures for optional or mandatory reporting.

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| Percent of Home Health Episodes with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function | The function quality measure reports the percent of patients with a start of care/resumption of care and a discharge functional assessment and a treatment goal that addresses function. The treatment goal provides evidence that a care plan with a goal has been established for the patient. It is an application of the quality measure Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631).  
  - CMS requests comments on the candidate or concept measures that may be suitable for this project. | Public Comment: Nov. 9 – Dec. 9, 2016  
  **Quality Measure Domain:** Function Status, Cognitive Function and Changes in Function and Cognitive Function  
  **Contractor:** Abt Associates  
  **Contract Name:** Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project (contract number HHSM-500-2013-130011, Task Order HHSM-500T0002) |
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| Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (“Pressure Ulcer”) **Refinement of current measure** | This quality measure reports the percent of patients or short-stay residents with Stage 2-4 pressure ulcer(s) that are new or worsened since admission in SNF/NH; LTCH; and IRF. Data is collected separately for each setting. **Areas of Focus for Comments:**  
  - The addition of unstageable pressure ulcers due to slough or eschar, unstageable pressure ulcers due to non-removable dressing or device, and unstageable pressure ulcers presenting as deep tissue injuries in the numerator, as recommended by a cross-setting pressure ulcer Technical Expert Panel (TEP) and supported by the National Pressure Ulcer Advisory Panel (NPUAP), and  
  - The use of M0300 (M1311 OASIS) items instead of M0800 (M1313 OASIS) items to calculate the quality measure. This modification is intended to reduce redundancies in assessment items and facilitate cross-setting quality comparison as specified by the IMPACT Act.  
  - The recent replacement of the term “pressure ulcer” with “pressure injury” by NPUAP for the Pressure Injury Staging System in April 2016 | **Public Comment:** Oct. 17 – Nov. 17, 2016  
**NQF Number:** 0678  
**Contractor:** RTI International and Abt Associates  
**Contract Name:** Development and Maintenance of Symptom Management Measures (contract number HHSM-500-2013-13015I; Task Order HHSM-500-T0001) and Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project (contract number HHSM-500-2013-13001I, Task Order HHSM-500T0002) |
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| Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings AND Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings | These measures collect data on the types of information received or provided at patient/resident transitions between healthcare providers. Currently, the types of information included in the measure are:  
- Functional status  
- Cognitive function and mental status  
- Special services, treatments, and/or interventions (e.g., ventilator support, dialysis, IV fluids, parenteral nutrition, blood product use)  
- Medical conditions and co-morbidities (e.g., pressure injuries and skin status, pain)  
- Impairments (e.g., incontinence, sensory)  
- Medication information  
- Patient care preferences (e.g., advance directives)  
- Goals of care  
- Diet/nutrition  
- Administrative information  
- Discharge instructions | Public Comment: Nov. 10 – Dec. 11, 2016  
Quality Measure Domain: Transfer of Health Information and Care Preferences When an Individual Transitions  
Contractor: RTI International and Abt Associates  
Contract Name: Development and Maintenance of Symptom Management Measures (contract number HHSM-500-2013-13015I; Task Order HHSM-500-T0001) and Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project (contract number HHSM-500-2013-13001I, Task Order HHSM-500T0002) |

Two proposed new measures

CMS requests comments on the measure specifications:
- Completeness of the above list for the transfer of information between providers during transitions. Are there other types of information that should be included in this list? Are there types of information in this list that should not be included?
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<td>- Examples of the specific types of information and items to be collected within each of the types included in Questions 2 and 5, and listed above. For example, one might expect that the type of information that would be received and coded as ‘functional status’ would include if the patient was ambulatory or uses a wheelchair. For medication information, what types of information would providers expect to be included in this category? What types of patient preferences would be transferred during care transitions? This feedback will help CMS develop guidance for the measures.</td>
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<td>- Suitability of the above list (used also in Question 5) for gathering data about important information provided to the patient/family/caregiver at discharge or transfer. Does this list include the types of information most important to patients/families/caregivers when care from a PAC provider is ending? Are there other types of information that should be included in this list? Are there types of information in this list that should not be included?</td>
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<td>- Admission and Discharge measure exclusions</td>
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<td>- If the draft measure specifications capture the common routes of information transmission and are these routes clearly</td>
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| Falls with Major Injury                          | This measure is defined as the percentage of patients who experience one or more falls with major injury (defined as bone fractures, joint dislocations, and closed-head injuries with altered consciousness, or subdural hematoma) during the home health stay. | Public Comment: Sept. 10 – Oct. 14, 2016  
Quality Measure Domain: Incidence of Major Falls  
Contractor:  
Contract Name: |
| Drug Regimen Review Conducted with Follow-Up for Identified Issues-Post Acute Care (DRR) | The DRR Item Pilot Test collected data on the DRR measure items in the IRF, SNF, and LTCH settings to inform CMS on the feasibility of collecting the DRR measure items in these settings. The pilot testing data suggested that use of the DRR measure items can facilitate use of a systematic approach to the processes of medication reconciliation (MR) and DRR, supporting the need for PAC facilities to collect the DRR measure items to drive enhanced quality assurance and patient/resident safety, especially surrounding transitions of care. | Pilot Test Conducted: December 2015  
Quality Measure Domain: Medication Reconciliation  
Contractor: RTI International  
Contract Name: Development and Maintenance of Symptom Management Measures (contract number HHSM-500-2013-13015I) and Outcome and Assessment Information Set (OASIS) Quality Measure Development and Maintenance Project (contract number HHSM-500-2013-13001I, Task Order HHSM-500T0002) |

The following measure is not included in the 2016 MUC List. CMS has not yet released specifications.