



DA: December 15, 2017

TO: Centers for Medicare and Medicaid Services
FR: National PACE Association

RE: **NPA Comments to CMS on Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE) – Stream 3**

The National PACE Association (NPA) appreciates the opportunity to provide comments in response to the Centers for Medicare and Medicaid Services' (CMS) request for comment on its three proposed PACE quality measures (Stream 3). On behalf of the 119 operating PACE organizations (POs) in 30 states represented by NPA, we continue to share CMS' goal of utilizing quality data to improve the quality of care provided to PACE participants and hope our comments will contribute positively to this objective. NPA has carefully reviewed the draft quality measures and all related materials provided and offers the following comments related to the potential implementation of these measures.

GENERAL COMMENTS

NPA appreciates CMS' efforts to develop, adapt, and implement quality measures for PACE. Effective utilization of performance indicators is a critical component of continuous performance measurement. We anticipate that the implementation of PACE quality measures will support initiatives specifically targeted to improve patient outcomes. We encourage CMS to share trend data and PO-specific performance results that may be used to evaluate the performance of POs against recognized quality standards, with a recognition that measuring the quality of health care is a necessary step in the process of improving health care quality.

CMS has previously indicated its plan to publish data benchmarks and overall quality and potentially publicly report PACE data. While NPA supports the use of data and quality measurement to improve participant care across programs and over time, and to educate consumers, calculation and publication of benchmarks and release of overall quality data must be done carefully to ensure these data are meaningful and accurately represent PACE performance. We request that CMS be transparent in communicating the purpose of measure reporting (e.g., quality improvement; accountability; public reporting). We request that CMS share its plans for release of all quality data and provide NPA, POs, and other stakeholders ample opportunity to comment on these plans well in advance of making data publicly available.

CMS has also referenced the potential to compare PO's performance with that of "other like services and programs". One challenge in this regard is to appropriately adjust quality measures for key differences between populations served by PACE and other plans/providers. For example, comparisons between PACE participants and other managed care organization enrollees' health outcomes and service utilization must account for differences in these populations' characteristics (e.g., age, health and functional status, and social determinants of health).

As indicated in CMS' information collection request published in the Federal Register (FR) on June 13, 2016 and December 2, 2016 [**CMS-10525 (OMB control number: 0938-1264): Program of all-Inclusive**

Care for the Elderly (PACE) Quality Data Entry in CMS Health Plan Monitoring System (HPMS)], it is our understanding that CMS intends to establish PACE quality measures adopted from the National Quality Forum (NQF), modify them for PACE, and use the modified PACE quarterly measures in place of existing Level I and Level II data reporting elements.

The FR notices and supporting materials state that CMS' intent is to "update and implement previously collected PACE data elements known as Level I and Level II into PACE Quality Data". Our understanding of this is that current Level I and Level II data elements will be referred to as PACE Quality Data moving forward, but it remains unclear if additional updates to Level I and Level II reporting requirements are being implemented. Specifically, we request clarification on whether CMS plans to replace existing Level I data reporting elements for influenza immunizations and emergency room visits with the proposed *Participant Influenza Immunization* and *Participant Emergency Department (ED) Utilization Without Hospitalization* quality measures. We recommend that CMS minimize any redundancies in reporting requirements.

We also request that CMS provide clarification on whether data will be collected by PACE contract number or by PACE center. It is recommended that data be collected and reported by PACE contract number.

PERCENT OF PACE PARTICIPANTS WITH INFLUENZA IMMUNIZATION

Measure Intent

NPA supports the intent of the *Percent of Participants with Influenza Immunization* measure. We also support the intent of the three (3) sub-measures associated with the measure. It has been recognized for many years that people 65 years and older are at greater risk of serious complications from the flu, leading to both hospitalizations and deaths. We therefore agree that measuring participant influenza immunization is an appropriate quality indicator for PACE.

Measure Definitions

While NPA recognizes the benefit in evaluating if a participant received the influenza vaccine during the reporting influenza season, if the participant was offered and declined the influenza vaccine, and if the participant was ineligible to receive the influenza vaccine due to contraindications, we recommend that the participant-level data entry requirements be consolidated to streamline the data reporting requirements and reduce undue administrative burden, without compromising the integrity and intent of the three associated sub-measures.

Individual-level Data Entry

Based on the proposed measure definitions and associated data reporting requirements, we recommend that the data entry requirements for "received influenza immunization", "offered and declined influenza immunization" and "ineligible for influenza vaccination" be reported as one data element, "received influenza immunization", with the following responses:

- **1** = Yes, the participant received an influenza immunization during the reporting influenza season, either in the PACE Organization or outside the PACE Organization.
- **2** = Yes, the participant was offered and declined the influenza immunization during the reporting influenza season, either in the PACE Organization or outside the PACE Organization.
- **3** = No, the participant was NOT offered and did not receive an influenza immunization.

- **4** = Yes, the participant was ineligible to receive the influenza immunization due to contraindication(s) during the reporting influenza season.
- **99** = There is no documentation available regarding the participant's influenza immunization status (received, offered and refused, or ineligible.)

Additionally, it is our understanding the numerator for this measure includes PACE participants who received an influenza immunization during the reporting influenza season, either in the PACE Organization or outside the PACE Organization, inclusive of participants who received the influenza vaccination prior to enrolling in the PO and within the reporting influenza season. We request confirmation of our interpretation.

NPA offers the following comments specifically regarding the ***Definition of reporting influenza season, Participant inclusion criteria for the denominator of the Participant Influenza measure, and Definition of contraindications.***

Definition of reporting influenza season

Given the uncertainty and inconsistency in which the influenza vaccine first becomes available, which often varies across geographic regions, we recommend that the influenza vaccination season be defined as beginning on October 1 and ending on March 31 of the following year. This is consistent with current Level I data reporting requirements and existing NQF endorsed quality measures for other healthcare settings. Extending the reporting season prior to October 1 could lead to inaccurate reporting by the POs due to an inability to assess and appropriately give the influenza vaccine because of the unavailability of the vaccine. If the decision is made to expand the reporting season prior to October 1, we recommend that "vaccine availability" be considered as a required data element for this measure. This would allow POs the opportunity to align reporting requirements with vaccine availability.

Participant inclusion criteria for the denominator of the Participant Influenza measure

Regarding the inclusion of participants enrolled in PACE for at least one (1) day during the reporting flu season in the denominator for this measure, NPA agrees with expert comments that one (1) day is not sufficient to ensure adequate assessment and screening by POs. NPA recommends that CMS consider excluding participants enrolled less than 14 days during the reporting season, as recommended by experts during measure validity testing, allowing POs adequate time to assess and screen new enrollees.

Definition of contraindications

We recommend that CMS reference the Centers for Disease Control (CDC) webpage (<https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm>), as opposed to detailing specific medically contraindicated conditions within the measure. Requiring the POs to directly access CDC's website would assure that current guidelines are referenced and accommodate for any modifications to contraindication definitions over time. This would also be consistent with measure specifications of existing NQF endorsed quality measures applicable to other healthcare settings.

Feasibility of Data Collection

We have no comments regarding the feasibility of data collection for this measure.

Calculation Methodology

Regarding stratification, we request insight on how CMS will utilize PACE Organization characteristics for stratification purposes. As CMS/Econometrica finalizes the stratification variables, we recommend that

consideration be given to participant characteristics, as well as POs access to influenza vaccines, which may be limited due to geographic area or other uncontrollable factors.

PERCENT OF PACE HEALTHCARE PERSONNEL WITH INFLUENZA IMMUNIZATION

Measure Intent

NPA recognizes that the CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all health care workers get vaccinated annually against influenza to potentially reduce infection transmission of influenza to individuals at high risk for influenza-related complications, leading to hospitalizations and death.

While CMS has communicated its intent of the *Percent of PACE Healthcare Personnel with Influenza Immunization* measure, we are concerned about the adoption of this measure to PACE, specifically with the expectation that the measure will provide POs with information necessary to improve staff influenza rates. Given the variability of applicable laws and regulations governing healthcare worker influenza immunization requirements across states, we suggest that this measure may not adequately reflect POs' efforts toward improving staff influenza immunization rates.

Measure Definitions

We recommend that if adopted, the measure specifications be limited to PACE staff who were employed by and received a direct paycheck from the PACE organization. If the decision is made to include "PACE-contracted HCPs" in this measure, we request additional clarification on how CMS will define "contractors" and /or "licensed independent practitioners" for inclusion in this measure. We recommend that only contracted practitioners that provide services at the PACE center be included and that community-based licensed independent practitioners be excluded from this measure. We also recommend that individuals that provide services through contractual relationships with community-based organizations (i.e., home care agencies) also be excluded from this measure.

Individual-level Data Entry

Based on the proposed measure definitions and associated data reporting requirements, we recommend that the data entry requirements for "received influenza immunization", "offered and declined influenza immunization" and "ineligible for influenza vaccination" for staff and contractors, if included in measure, be reported as two data elements, "received influenza immunization: staff" and "received influenza immunization: contractors", with the following responses to streamline the data reporting requirements and reduce undue administrative burden, without compromising the integrity and intent of the associated sub-measures:

- **1** = Yes, the staff member (contractor) received an influenza immunization during the reporting influenza season, either in the PACE Organization or from an external provider.
- **2** = Yes, the staff member (contractor) was offered and declined the influenza immunization during the reporting influenza season.
- **3** = No, the staff member (contractor) was NOT offered and did not receive an influenza immunization.
- **4** = Yes, the staff member (contractor) was ineligible to receive the influenza immunization due to contraindication(s) during the reporting influenza season.

- **99** = There is no documentation available regarding the staff (contractor's) influenza immunization status (received, offered and refused, or ineligible.)

NPA offers the following comments specifically regarding the ***Definition of reporting influenza season***, ***PACE staff/contractor inclusion criteria for the denominator of the Staff Influenza measure***, and ***Definition of contraindications***.

Definition of reporting influenza season

We recommended that the influenza vaccination season be defined as beginning on October 1 and end on March 31 of the following year, for the same reasons previously noted.

Staff/contractor inclusion criteria for the denominator of the Staff Influenza measure

NPA recommends that CMS consider excluding staff/contractors who worked less than 14 days during the reporting season, allowing POs adequate time to assess and screen new staff/contractors. It is also suggested that staff who are on extended leave and work less than 14 days during the reporting season be excluded from the measure.

Definition of contraindications

As previously noted, we recommend that CMS reference the Centers for Disease Control (CDC) webpage (<https://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm>), as opposed to detailing specific medically contraindicated conditions within the measure.

Feasibility of Data Collection

NPA's only concerns with the feasibility of data collection for the measure is specifically related to a PO's ability to collect data related to contractors, if included in the measure as proposed.

Calculation Methodology

Regarding stratification, we request insight on how CMS will utilize PACE Organization characteristics for stratification purposes. As CMS/Econometrica finalizes the stratification variables, we recommend that consideration be given to POs' access to influenza vaccines during the reporting season, which may be limited due to geographic area or other uncontrollable factors.

PACE PARTICIPANT EMERGENCY DEPARTMENT UTILIZATION WITHOUT HOSPITALIZATION

Measure Intent

NPA supports the intent of the *PACE Participant Emergency Department Utilization Without Hospitalization*, which is aligned with national quality improvement efforts.

Measure Definitions

NPA has no significant concerns with the definitions outlined for the *PACE Participant Emergency Department Utilization Without Hospitalization* measure. Furthermore, we agree with the recommendations to exclude ED visits that resulted in an observation stay, as defined.

Feasibility of Data Collection

We have no comments regarding the feasibility of data collection for this measure.

Calculation Methodology

Regarding stratification, we request insight on how CMS will utilize PACE Organization characteristics for stratification purposes. As CMS/Econometrica finalizes the stratification variables, we recommend stratifying the measure results by variables, including participant characteristics, that may directly influence measure results.

Thank you for taking the time to consider our feedback, concerns, and recommendations. Please direct any questions to Mia Phifer, vice president of Quality at miap@npaonline.org.

Sincerely,



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