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***Submitted electronically***

Measure Applications Partnership PAC/LTC Work Group
National Quality Forum
1030 15th St. NW, Suite 800
Washington, DC 20005

**Re: Measure Applications Partnership (MAP) Performance Measurement Coordination Strategy for Post-Acute Care and Long-Term Care**

Dear MAP PAC/LTC Work Group:

The American Occupational Therapy Association (AOTA) is the national professional association representing the interests of more than 140,000 occupational therapists, occupational therapy assistants, and students. We are pleased to be a member of the National Quality Forum (NQF). The practice of occupational therapy is science-driven and evidence-based, and enables people of all ages to live life to its fullest by promoting health and minimizing the functional effects of illness, injury, and disability. Occupational therapy practitioners provide critical occupational therapy services to clients in post-acute care and long-term care (PAC/LTC) settings. AOTA believes that it is important to have a wide range of performance measures available for use in these settings. A large percentage of occupational therapy practitioners work in PAC/LTC settings, and AOTA is thus well-positioned and appreciative of the opportunity to provide comment on the *NQF Measure Applications Partnership (MAP) Performance Measurement Coordination Strategy for Post-Acute Care and Long-Term Care* released earlier this month.

The draft strategic plan aims to coordinate and align PAC/LTC quality performance measures across public and private initiatives, with a focus on defining measure priorities and highlighting the need for common data sources. In the report, NQF explains how the Working Group set six "Measurement Priorities" and developed twelve "Core Measure Concepts" to address these priorities. An appendix and separate spreadsheet comprehensively catalog the performance measures already in existence and highlight measure gaps and areas where uniformity could support better outcomes.

## Measurement Priorities

The six Measurement Priorities are: Function, Goal Attainment, Patient and Family Engagement, Care Coordination, Safety, and Cost/Access. While these do seem to align well with National Quality Strategy (NQS) goals, AOTA does find that some Measurement Priorities are overly broad, while others need to be modernized.


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## 1. Function

"Function" is the ability to perform needed and/or desired tasks at a level which permits some level of participation in daily routines and roles. This priority would better capture a patient's abilities and participation in life/community if it were expanded to include "participation" and "executive function" in the definition and if it were broken down into performance skill areas related to self-care, activities of daily living (ADLs) and instrumental activities of daily living (IADLs), functional mobility/transfers, community mobility, etc. Without the inclusion of participation and executive function, the focus leans to a medical model and disease-oriented approach to patient assessment, treatment and overall function. While appropriate measures are in various stages of approval and development, AOTA also encourages NQF to call for more performance measures related to participation and executive function.

In the priority description on page 4 of the report, it is indicated that "*Function should be assessed to capture patient-centered outcomes. Typically, performance measures focus on the care from a provider for a single disease or condition, ignoring patient factors such as activities of daily living, quality of life, symptoms, pain, stage of illness, and cognitive impairment."* It is then further stated, "*Function is an essential baseline assessment that could be used across PAC and LTC settings to define population subsets with particular care needs. Function is particularly important to patients with multiple chronic conditions and some dual eligible beneficiaries who have limited function due to heavy disease burden, frailty, cognitive impairments, or behavioral health issues."*

It seems that the first part of this description is meant to state the typical focus of past functional measures. The second half of the description appears to define necessary considerations for future functional measures, but there seems to lack a clear description of what outcomes would be assessed as part of function. AOTA supports the direction of addressing issues such as cognition and behavior but argues that this must be very clearly explicated.

Following are a few possible perspectives to consider separately and/or collectively.

AOTA's official document *Occupational Therapy Practice Framework: Domain and Process, 2nd edition* defines and guides occupational therapy practice. The *Framework* was developed to articulate occupational therapy's contribution to promoting the **health** and **participation** of people, organizations, and populations through **engagement** in **occupation.** Based on the Framework, AOTA urges the NQF to consider that functional outcomes should include consideration of at least the following 4 areas of occupation:

- Activities of Living (ADLs)
- Instrumental ADLs (IADLs)
- Rest and Sleep
- Social Participation

(Education is another aspect but is covered under Patient and Family Engagement. Although occupational therapy practice include 3 other areas of occupation—work, play and

leisure—as important, they are not areas typically considered in the PAC/LTC setting in relation to quality.)

In looking at the areas of function measured with the various PAC/LTC setting assessment tools that exist, it could be suggested that functional outcomes should include specific consideration of the following areas of function:

- Communication
- Cognition
- Mobility/Locomotion
- Self-care ADLs (Grooming, Bathing, Dressing, Toileting)
- Swallowing/Nutrition
- Respiratory Function
- Mental Health
- Recreation
- IADLS
- Medication and Equipment Management

From an International Classification of Functioning, Disability and Health (ICF) approach, functional outcomes could be considered from the following perspective:

- Activities and participation
    - Learning and Applying Knowledge
    - General tasks and demands
    - Communication
    - Mobility
    - Self-care
    - Domestic Life
    - Interpersonal interactions relationships
    - Major life areas
    - Community, social and civic life

In terms of correlation with the NQS priority, function might also have an impact on the following NQS items:

- ***Making Care Safer*** (Improved function often leads to improved safety. For example, a person who is able to independently use lower extremity adaptive devices has a decreased risk falling while bending.)
- ***Effective Prevention and Treatment of the Leading Causes of Mortality*** (Increased function that allows for effective self-management of disease processes can lend to prevention and wellness.)
- ***Making Quality Care More Affordable*** (Increased function often decreases care needs and caregiver burden.)

**2. Goal Attainment**

It would be important to consider goal setting within the context of both the current setting of care and the setting to which the patient will go next. Also critical to include are patient involvement in determining goals, patient/family counseling, and goal re-evaluation and adjustment, as needed. Goal Attainment should also be considered across other NQS elements as follows:

- ***Promoting Effective Communication and Coordination of Care*** (Working toward collaborative goal attainment promotes communication and coordination of care; achievement of goals is also dependent upon communication and coordination.)
- ***Enable Healthy Living*** (Working toward effective self-management and other self-care skills will enable healthy, ongoing living.)
- ***Making Quality Care More Affordable*** (Working toward collaborative goal attainment can promote efficient and effective care that may reduce cost by reducing resource utilization and possibly length of post-acute care services.)

### 3. Patient and Family Engagement

"Patient and Family Engagement" should more specifically include provider-patient collaboration that reflects cultural sensitivity, respects autonomy, and may be geared to literacy abilities. AOTA also recommends that a reference be added to significant others or friends/unrelated caregivers who could be involved parties.

There are also ways in which a broader perspective could positively impact this category – see as follows:

- ***Making Care Safer*** (Patient and family engagement encourages informed decisions and promotes understanding of compliance with care processes that promote safety. For example, helping the patient and family to understand the steps to do a safe wheelchair transfer, e.g., locking brakes, providing assistance/supervision at the required level, and other practices, can promote safe transfers and/or requests for assistance as needed.)
- ***Effective Prevention and Treatment of the Leading Causes of Mortality*** (Patient and family engagement can help to promote compliance with medication, exercise, and other remediation or management strategies)
- ***Making Quality Care More Affordable*** (Patient and family engagement can positively affect cost by helping to speed progress and recovery, reduce length of stay/services, decrease caregiver burden, and/or reduce resource utilization.)

### 4. Care Coordination

The description appears to be a good one. However, it might be important to address the need to assess movement back and forth between PAC/LTC settings and between home and such settings. Readmission to a higher level of care is already a factor that is tracked and is a major concern for the various providers on the health care spectrum, especially when the measures are associated with payment or penalties. For example, when a patient goes from a SNF to Home Health and back to a SNF a few days later, the question of whether the readmission was due to an action or lack thereof of the provider must be considered: Did the SNF discharge too soon?

Did the HHA fail to identify and/or address a new or existing problem quickly enough? Were there other factors?

### 5. Safety

"Safety" should also be broadened beyond the narrow and very physical scope of falls, pressure ulcers, adverse drug events, and infections in order to best reflect patient needs and NQF priorities. Intervention to appropriately and adequately address impairment of cognitive as well as motor ability and sensory function in relation to safe performance ADLs, IADLs, communication and mobility tasks should be reflected in what is measured.

In terms of correlation with the NQS priority, there may be additional impacts that should be considered for the following NQS item.

- ***Effective Prevention and Treatment of the Leading Causes of Mortality*** (Attention to safety issues such as falls, pressure ulcers, adverse drug events, and infections, can help in prevention and treatment. Consider the frail elderly person who falls and breaks a hip, and develops severe pneumonia after hip replacement surgery. Safety can also impact morbidity. Sometimes falls, pressure ulcers, adverse drug events, and infections result in increased morbidity because of compounded medical issues.)

### 6. Cost/Access

The description on page 5 seems to address the keys points, but should also possibly include a consideration of ways to measure increased cost due to factors that increase burden of care within PAC/LTC and following such care.

## Core Measure Concepts

Overall, AOTA is supportive of the 12 core measurement concepts, though we find that a few items could use further development. Specifically, the core measure for "Function" focuses on assessment. It seems that in looking at outcomes, it would also be important to have measures that focus on intervention and treatment standards to address identified care issues. Interventions that improve function can decrease safety risk and the injuries that can result in death or increased morbidity. Consider for instance, again a frail elderly person who after a fall, dies from secondary complications or infection, or one who suffers a traumatic brain injury as the result of a fall. In regard to the NQS priority, such a measure would correlate well with:

- *Make Care Safer*
- *Effective Prevention and Treatment of the Leading Causes of Mortality*

For "Goal Attainment," a couple of other measures for which core measures could provide meaningful data might include:

- *A measure that looks at use of assessment tools that objectively measure a baseline, progress/decline and maintenance (where appropriate)*

- *A measure of  that looks at whether interventions are in line with accepted standards of practice*
- *Another measure that could be meaningful is to whether goals are typically achieved within anticipated/planned timelines*

In regard to the NQS priority, such a measure would correlate well with:

- *Ensuring Patient- and Family-Centered Care*
- *Promoting Effective Communication and Coordination of Care*
- *Making Quality Care More Affordable*

For the "Cost/Access" concept, it seems that another measure should look at preventative interventions (*e.g.* vaccines, diabetes monitoring) that would address the SNF and Home Health measures that are not currently mapped core set concept.  Other interventions, such as restorative nursing programs, or  rehabilitation services to establish maintenance programs may also be considered as preventative interventions the impact quality of life and cost of service. In regard to the NQS priority, such a measure would correlate well with:

- *Effective Prevention and Treatment of the Leading Causes of Mortality*
- *Enable Healthy Living*
- *Making Quality Care More Affordable*

**Data Collection Methodologies**

AOTA is glad to see consideration given to common elements across settings and some of the adjustment that is needed to enable a measure to apply across settings. We ask, however, whether consideration been given to the impact of various data collection methodologies and the impact of recent changes in some of the tools? For instance, the Minimum Data Set (MDS) 3.0 now includes more patient/family interview and is a tool that is usually completed by the interdisciplinary team. The OASIS process includes the fairly recent changes to therapy visit requirements and is typically completed by one team member.  We ask that the Work Group put this issue on the agenda going forward.

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AOTA looks forward to working closely with NQF and the MAP PAC/LTC Work Group on a quality performance measure strategy. Please carefully consider these comments and contact us at (301) 652-6611 x 2023 or jhitchon@aota.org with any questions.

Respectfully submitted,

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