Quality Measurement Council
August 15, 2019
Meeting Minutes

Council Members – Present in Person
Sydney Edlund – SE
Ann McQueen – AM
Mauro Hernandez – MH
Maureen Nash – MN

Council Members – On Phone
Paula Carder – PC
Fred Steele – FS

Council Members - Not Attending
Sara Kofman
Carolyn Mendez-Luck – CM

Staff Present
Lynn Beaton
Ann Birch
Jan Karlen
Rebecca Mapes

Guests Attending
Michelle Cate - MC
Linda Kirschbaum – LK
Ruth Gulyas - RG

Motions History:

QM 1: RETENTION OF DIRECT CARE STAFF:

- **9/9/2018:**
  - Use 12-month (one year) retention period.
  - Adopt formula used by AHCA/NCAL.
  - Delete "vacancy" as term being used and measured.
- **2/21/19:**
  - Finalize Metric 1
  - Clearly define the time-period for tracking as one calendar year vs. stating a 12-month period.

QM 2: COMPLIANCE WITH STAFF TRAINING REQUIREMENTS:

- **2/21/19:**
  - DHS to provide a fillable version of the tracking tool for facilities.
  - The Council will work with DHS to possibly embed into the MOP in later years.
- **5/16/19**
  - Track the percentage of staff completing training.

QM 3: NUMBER OF RESIDENT FALLS:

- **9/9/2018**:
  - Use timeframe of June – November.
  - Track gross numbers.
- **10/17/2018**:
  - Describe "receiving treatment" vs "evaluation" if outside of facility. (Concept: Council believed resident could be sent to hospital without having actual injury. Wanted to distinguish treatment due to harm from being evaluated with no harm.)

- **4/25/2019**
  - Add a column to the "falls" chart that indicates how many residents fell with injury.
- **6/26/2019**
  - FS made a motion finalize the data points for QM3 as number of residents at the end of each month, total number of falls with injury at the end of each month and total number of residents who fell with injury at the end of the month. The motion was seconded by SK. LB asked if anyone opposed the motion, there was no opposition to the vote.

QM 4: USE OF ANTIPSYCHOTIC MEDICATIONS FOR NON-STANDARD USE:

- **1/23/2019:**
  - For a pre-selected period of time, track:
    - Total number of residents who used a nonstandard, scheduled anti-psychotic, and
    - Total number of residents who used a PRN anti-psychotic.
  - (Council also wanted an explanation of non-standard uses and PRNs and the distinction between the two as part of the background for this metric.)
- **3/20/19**
  - Approve metric with understanding that wordsmithing is needed. (Now completed)
- **4/25/19**
  - The report will present the statewide average (not pooled) and will list whether or not a facility is tracking the rate for non-standard use. The report will not provide the percentage rate for any individual facility.
- **5/16/19**
  - Send FDA list of antipsychotic medications, the generic and trade names only, to facilities each September.

QM 5: RESULTS OF ANNUAL RESIDENT SATISFACTION SURVEY:

- **9/9/2018:**
  - Use original 4 questions.
- **11/28/2018:**
  - Move forward as is.

GENERAL:

- **12/19/2018:**
  - DHS will send Provider Alerts monthly to remind providers to collect and enter data each month.
  - 1st year – providers to collect and enter data monthly starting in July, report last 3 months.
  - After 2019, providers to track and enter in all months prior to January 31st of the following year.
- **7/17/2019:**
  - MN nominated FS for vice-chair, vote passed unanimously.
  - AM moved that LTCfacilityportal@oregon.gov be established as the URL address for provider data entry. Motion passed unanimously.

PARKING LOT ITEMS:

QM 1: RETENTION OF DIRECT CARE STAFF:

- **9/9/2018:**
  - Consider "turnover" at later date.

QM 2: COMPLIANCE WITH STAFF TRAINING REQUIREMENTS:

- **No parking lot items.**

QM 3: NUMBER OF RESIDENT FALLS:

- **11/28/2018:**
  - Next year revisit collecting falls per resident.
  - Possible future rule change recommendation as to who should report the injury.
  - Concerning reporting in the future - how do we standardize measure?
    - Give numbers, not percentages? Give letter grades – does this give a different connotation?

QM 4: USE OF ANTIPSYCHOTIC MEDICATIONS FOR NON-STANDARD USE:

- **10/17/2018:**
  - Discuss again whether to use nonstandard or off-label.
    - Bill uses term "nonstandard" – this gives Council flexibility. National standard is "off label."
    - Should "nonstandard" be considered the same as "off-label?"
- **3/20/19:**
  - Consider using longer list of APs in the future.

QM 5: RESULTS OF ANNUAL SATISFACTION SURVEY:

- **9/9/2018:**
  - Look at adding "activities" in 2020 and notifying facilities of this expected change.
- **10/17/2018:**
  - Allowing narratives and open-ended questions.
- **11/28/2018:**
  - Look at adding "activities" in later years.
  - Third party interviews – possibly consider for memory care specifically.
  - What is cost of surveys for different vendors?
  - Work toward a process to ensure fairness for residents with cognitive impairment (adding single question such as, "Why are we here today?")

General Parking Lot Questions

- **3-20-19**
  - What can be done to ensure that data is entered and entered correctly – Should DHS contract with an entity to provide this service?
  - Will there be an opportunity to do "spot checks," come up with a list of questions?

- Think how providers may be able to respond when their data may look somewhat skewed compared to other facilities. Could there be a comment field? May give it a year or two to see if there is an issue and then determine a strategy on how to deal with it.

Meeting Called to Order

RM announced the next meetings:

- Thursday, September 19, 2019
- Thursday, October 17, 2019
- MN made a motion to accept the minutes from the July 17, 2019 meeting. Minutes were adopted with a revision to page five, bullet 10 per MH's recommendation. AM acknowledged LB's good work on the committee indicating LB would be phasing out of QMC committee work to support other Department priorities.
- LB said hoped to finalize metrics during today's meeting.
- AM said she planned to bring step-by-step instructions to the next meeting for provider webinars as well as a draft of instructions providers will be following to complete metrics.
- MN made a motion to use the same fall metrics as PSU uses for falls and MH seconded the motion.
- MN said she would like the committee to consider recommending the use of standardized definitions for moderate or severe injury for falls.
- AM said she would be meeting with PC later today and she would obtain the finalized fall metric to be used for the QMC metric.
- AM said she had a recent conversation with Ashely Carson Cottingham (ACC), APD Director and ACC said that all wanted all metrics reported for each individual facility. ACC said she did not want any metrics to appear only as a statewide average because she did not think it would not be in keeping with the letter of the law.

Quality Metric #4: Use of Antipsychotic Medications for Nonstandard Uses

- AM asked Council members to review the August 2019 revision of the Quality Metrics Requirements for Metric #4 to determine if the Council had any questions or recommendations regarding the metric.
- SE said this could be a good opportunity for a quality improvement collaborative if possible, to enroll several providers to work with them to evaluate what it takes to collect the antipsychotic medication data and evaluate what takes to make data useful for providers. Providing data to backup what the Council believes is likely true and take that information to the Legislature to ask for changes. (Qualitative Data)
- PC believes this is a good idea as she is concerned as other Council members have expressed that the data might have, "unintended consequences" and data will not necessarily provide the information that was intended could change practice.
- LK Oregon Care Partners did a collaborative on antipsychotics and Live Well did as well. SE asked if there was a report on the work previously done and AM said she would send a copy of the report to the Council.
- PC said she is conducting an evaluation and will be working with 20 CBC facilities on a project which includes work around tracking the metrics QMC is collecting and antipsychotics as part of that data. She said this should provide a good overlap and understanding of the data.

- MH suggested once the Council has the data that has been submitted by providers it would be nice to drill down the data and determine what is going on qualitatively because that will provide context for the data. The numbers do not mean much on their own if there was a drill down on a few select facilities that would probably provide, "richer" information for the Councils use.
- MN said the Partnership to Improve Dementia Care, (a CMS initiative to reduce the prescribing of antipsychotics) tracks antipsychotic use in nursing facilities and are following up with the facilities that have higher percentage of antipsychotic medication use. Most of these facilities have higher usage because of the population they serve.
- LB asked the Council to consider if the Department was to submit a (legislative fix) legislative concept proposing a change to the way the metrics are published and the best way to report the data. This would not change the way individual facilities report individual metrics, but it would be a change to how the data is published.
- SE asked FS if he would be comfortable with the circumstances if the Council pursued a legislative fix for the published report data.
- FS said he thought the conversation two months earlier about antipsychotic data was around aggregate data versus the current conversation and asked what was different now.
- MN explained DHS was opposed to the Councils proposal of an aggregated data response and DHS thought this would be in violation of the statute. She said the data would still be collected but this would allow a way to report the data which would be most useful for consumers.
- LB explained the change in reporting would give the Council and the department the ability to decide what would be the best way to report the public data. FS said he was, "fine" with the idea.
- LB said she will draft the Legislative Concept.

August 2019 QMC Workplan:

- AM distributed copies of the Workplan and reviewed the timeline for tasks in detail with the Council.
- MH questioned the proposed length of webinars (120 minutes proposed). He asked LK what the length is for the webinars she has prepared. LK said no more than 90 minutes for content and generally 45-50 minutes in length.
- AM said she would enlist a DHS project team to determine sandbox testing specifics.
- SE recommended a good way to get specific feedback from providers is to conduct cognitive surveys with providers when they are introduced to the QMC portal (before sandbox testing). She said asking providers to, "speak out loud," while they are testing the portal would provide valuable information(?).
- The committee reviewed sandbox testing facilities and LB offered to develop a list of sandbox testing facilities.
- AM said she thinks the Council should have a discussion in early 2020 about what they think is fair in terms of when can data changes be made, how are data outliers considered and when data entry for facilities be closed. She said she would like to be compassionate toward facilities in terms of data reporting during the first year, however make sure the Department is not committing to support we don't have the capacity to provide.
- AM said she and LB plan to attend the October 2019 Leading Age Conference and an OHCA Conference in November 2019. They will be planning to present webinar information on provider quality metric requirements.

Quality Metric #5 – Resident Annual Satisfaction Survey:

- MH said he had questions about resident satisfaction surveys, for instance who would be completing a satisfaction survey in memory care settings; what guidelines or directives are given to providers about survey eligibility. What information do we need to distribute to providers about what vendors they select for the satisfaction survey process?
- MH suggested AM, FS, CM and MH get together to further discuss the satisfaction survey process; MN will join the discussion group if scheduling allows her to join. MH will schedule a follow-up meeting with the group.
- MH explained that CoreQ has a list of vendors (including vendors available to administer resident satisfaction surveys). He said each survey provider has a set of measures taken from multiple different satisfaction surveys. CoreQ vendors administer the same questions using the same scales, however, MH said the vendors are all likely different regarding the information they give to providers regarding who should complete a survey (i.e., whether or not to include residents who have only been at a facility for 90 days or whether or not to include hospice residents, etc.)
- MH recommended contacting Dr. Castle at CoreQ regarding the satisfaction survey criteria for what gets reported and the criteria for Oregon.
- LB asked how vendors typically administer a survey and LK said it depends on the vendor, a survey could be a phone survey, a paper survey, etc.

Council Discussion Regarding Sandbox Tester Facilities:

- SE suggested sandbox testing facilities would include early adopters, traditionalists, memory care, large and small facilities, urban and rural facilities. The committee discussion included a decision to recruit 15 different facilities for sandbox testing.
- AM confirmed the committee was looking for two tiers of facilities, the first tier would be cognitive interviews (pre-sandbox testing) and the second tier of facilities would be sandbox testing.
- SE and LB said they thought the best way to get feedback from sandbox testing facilities would be with a phone call follow-up.

Closing Statements:

- AM said she would be meeting with Sara Woodcock the week of August 19 regarding the QMC data portal development.
- LB said she will prepare a finalized list of sandbox testing and double check with committee members regarding any comments or suggestions.