AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

AMRPA Response to the NQF Measures Under Consideration for the IRF QRP
Submitted December 7, 2022

AMRPA Response to NQF re: IRF QRP Measures

MUC BY PROGRAM: MUC 2022-083 ~ CROSS-SETTING DISCHARGE FUNCTION SCORE

AMRPA COMMENTS:

AMRPA has serious concerns about the validity and usability of this measure based on our initial review. We also believe significantly more detail must be provided about the proposed approach to risk adjustment and the precision threshold that will be used to assess an IRF's expected vs. actual discharge score.

AMRPA closely considered how this measure aligns with the key questions and metrics posed by NQF, and our opposition is based on the following rationales:

The Proposed Cross-Setting Discharge Function Score Measure Presents Numerous Implementation Challenges

AMRPA, in conjunction with eRehabData®, has identified discrepancies in the way that CMS calculates an "expected" discharge score for certain measures (such as the percentage of patients who are at or above an expected ability to move around at discharge and the percent of patients who are at or above an expected ability to care for themselves at discharge). Given the complexity of these calculations and existing issues involving the expected discharge scores in the IRF QRP, AMRPA believes it is premature to move to an expanded discharge function score and that doing so will likely result in serious implementation burdens and technical challenges.

The Proposed Cross-Setting Discharge Score Measure Raises Significant Validity Concerns

AMRPA has serious concerns about the measure's validity based on our initial review. These concerns include:

- Our statistical experts have found that this proposed measure would require an enormous range in expected discharge scores if a typical accuracy threshold was used. Even when risk-adjusted, AMRPA believes the expected range would be too vast to offer any valid measurement of an IRF's performance.
- The measure proposal does not address how calculations will be made for patients who were deemed not safe to attempt one or more of the measure's function items at admission (e.g., sit to stand). Such patients would likely require exclusions or explicit exemptions.
- The current language that excludes patients for which the "discharge destination indicates the patient had a medical emergency" from the denominator needs to be expanded to ensure it captures all forms of unexpected discharges, including secondary discharges.

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Miscellaneous Commentary

NQF/CMS should remove the term "wheelchair-bound" and replace it with "wheelchair user" or "person who uses a wheelchair" in this and any other relevant measure language.

DO YOU RECOMMEND THIS MEASURE: No

MUC BY PROGRAM: MUC 2022-084 ~ COVID-19 VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

AMRPA COMMENTS:

AMRPA does not support the substantial change being proposed to the existing COVID-19 vaccination coverage among healthcare personnel measure. Many of the concerns that we shared when the measure was first proposed last year – such as the overly broad application of the requirement to volunteers – continue to be problematic now that the measure is being expanded to assess "up-to-date" vaccination status. While AMRPA broadly supports efforts to promote a fully vaccinated healthcare workforce, we believe that the current proposed measure fails to offer any value to the IRF QRP and would correspondingly create significant administrative burdens for inpatient rehabilitation hospitals and units. Our concerns are exacerbated by the well-documented staffing shortages affecting all Medicare providers and the fact that the proposed expansion of the current vaccination measure could create new retention challenges.

AMRPA closely considered how this measure aligns with the key questions and metrics posed by NQF, and our opposition is based on the following rationales:

The Proposed Change to the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure Would Not Add Value to the IRF Quality Reporting Program

Similar to AMRPA's concerns with the HCP influenza vaccination measure, AMRPA does not believe this measure provides a meaningful reflection of the quality of care provided during an IRF's stay or an IRF HCP's experience or expertise in treating certain complex conditions. Furthermore, given the data lags on IRF Care Compare and the fluid nature of the CDC's guidance on "up-to-date" vaccination status, there is a high likelihood that data reported on Care Compare at the time of the patient's stay will fail to reflect the rate of HCP that are updated in accordance with the contemporary guidelines.

The Proposed Change to the HCP COVID-19 Vaccination Measure Presents Numerous Implementation Challenges & Would Create Undue Burdens for IRFs

IRFs have faced a range of implementation challenges since CMS first implemented the measure assessing the percentage of IRF HCP that completed their COVID-19 primary vaccination series. AMRPA believes that the proposed change to the HCP vaccination measure would exacerbate these issues and likely create new burdens tied to tracking and reporting. These concerns include:

- AMRPA is concerned that several of the measure specifications are not clearly defined. For example, NQF defines the target population as "the number of HCP eligible to work in the

healthcare facility for at least one day during the one-week data collection reporting period, excluding persons with contraindications to COVID-19 vaccination." AMRPA believes that more clarification is needed as to whether this includes personnel who may be eligible to work within the facility but did not (e.g., those who are working remotely or conducting virtual visits).

- As proposed, the measure would apply to individuals that do not fit within the customary definition of "healthcare personnel", including unpaid volunteers. It will be exceedingly difficult for IRFs to track the COVID vaccination status given the lack of employment or financial relationship with the hospital or facility, and even more difficult for IRFs to have any meaningful impact on the individuals' vaccination or booster uptake decisions.
- AMRPA members reported high rates of contested penalties tied to the existing COVID-19 HCP measure due to recognized issues in the CDC/CMS tracking systems. AMRPA therefore recommends that these technical issues be addressed before any changes are made to the reporting requirements.
- Given the chronic staffing challenges facing providers right now and the increase in contract labor, this measure could have the long-term effect of creating retention and hiring challenges at a critical juncture for IRFs.

Given the numerous and serious implementation challenges that stemmed from the current HCP COVID vaccination measure and the new issues created by its potential expansion, AMRPA recommends that NQF not move forward with the proposal.

<u>The Proposed Change to the HCP COVID-19 Vaccination Measure Raises Validity Concerns</u>

AMRPA notes that any change in the CDC's guidance regarding "up-to-date" COVID vaccination will immediately limit any meaningful use of data collected at different points during the year. We also reiterate our prior comments that the data lags on Care Compare will limit the useability or validity of this data after any change in the CDC vaccination/booster guidance.

DO YOU RECOMMEND THIS MEASURE: <u>No</u>

MUC BY PROGRAM: MUC 2022-089 ~ COVID-19 VACCINE: PERCENT OF PATIENTS/RESIDENTS WHO ARE UP-TO-DATE ~ INPATIENT REHABILITATION FACILITY QRP

AMRPA COMMENTS:

AMRPA does not support the proposed measure that would assess the percentage of IRF patients that are up-to-date on their COVID-19 vaccination. AMRPA closely considered how this measure aligns with the key questions and metrics posed by NQF, and our opposition is based on the following rationales:

<u>The Proposed Patient-Level COVID-19 Vaccination Measure Does Not Add Value to the IRF Quality Reporting Program</u>

Similar to the patient-level influenza measure that was retired several years ago, the measure will simply reflect COVID-19 vaccination and booster-related uptake rates in the IRFs' general community, and will generally not capture any meaningful differences across IRFs in the same geographic areas. Unlike

outcome or safety measures that reflect the specialized care provided by IRFs, this measure fails to reflect the intensity or quality of care provided during a patient's IRF stay.

The Proposed Patient-Level COVID-19 Vaccination Measure Will Not Improve IRF-Related Patient Outcomes and May Even Jeopardize Care for Certain Patients

In discussion with numerous AMRPA physician members, AMRPA believes that it could be medically detrimental for IRF patients to receive a COVID-19 vaccination or booster during their IRF stay. AMRPA urges NQF to be mindful of the intensive therapy furnished to patients during their IRF stay and the fact that the potential side effects of the vaccine and/or booster could significantly interfere with the patients' tolerance for such services.

The Proposed Patient-Level COVID-19 Vaccination Measure Presents Numerous Implementation Challenges & Undue Burdens

The proposed measure would either penalize IRFs that treat patients with low rates of COVID vaccination or booster uptake, or, in the alternative, would incentivize IRFs to furnish COVID vaccinations or boosters depending on how its patient population aligns with the current CDC recommendations. AMRPA notes that such measure creates the following implementation challenges:

- Many IRFs' (particularly units) supply of COVID-19 vaccines and boosters are subject to the acute care hospital's discretion, limiting their ability to furnish vaccines/boosters to their patients.
- Guidance surrounding "up-to-date" vaccination standards has been fluid; if the CDC updates its guidance, IRFs in low vaccination areas could be significantly penalized.
- As noted previously, it would be medically detrimental for certain IRF patients to receive their primary vaccination or booster during the course of their IRF stay.
- Certain IRF patients may be unwilling or unable (e.g., patient with aphasia) to effectively communicate their vaccination status.
- Given the researched disparities in vaccination rates by race and ethnicity, IRFs will be particularly burdened (or unfairly penalized) by this measure given their disproportionately high-rate rates of treating populations with low vaccination uptake.

The Proposed Patient-Level COVID-19 Vaccination Measure Raises Validity Concerns

AMRPA notes that any change in the CDC's guidance regarding "up-to-date" COVID vaccination will immediately limit any meaningful use of data collected at different points during the year.

DO YOU RECOMMEND THIS MEASURE: No

Appendix: Key Questions & Considerations Used for Measure Assessment

Note: As we discussed with the Quality Committee, AMRPA's responses were drafted in a way that focused on the relevant questions/factors below.

Specific Questions Asked by the National Quality Form (NQF) Measures Application Partnership (MAP) for the 2022 Measures under Consideration (MUC):

- How would adding this measure add value? How would the measure improve patient outcomes?
- Do the benefits of the measure outweigh the burden of data collection or reporting?
- For what purpose are you using the measure (e.g., QI, certification/recognition, regulatory/accreditation, payment, public reporting, disease surveillance)?
- Are there implementation challenges?

Other Factors Assessed by the NQF MAP:

- Are there related or competing measures and if there are competing measures, does another measure achieve the purpose of the measure better than the measure being considered?
- Is the measure valid, i.e., does the measure data elements produce the same results a high proportion of the time when assessed in the same population in the same time period?
- Is the measure feasible to employ and is the data readily available or could be captured without undue burden?