



Division of

Health Care

Finance & Administration

BUREAU OF TENNCARE

Quality Improvement in Long-Term Services and Supports (QuILTSS)

Stakeholder Input Summaries on Proposed Quality Components of the Nursing Facility Payment Rule

Quality Improvement in Long-Term Services and Supports (QuILTSS) is a TennCare initiative to promote the delivery of high quality Long-Term Services and Supports for TennCare members, including Nursing Facility services as well as Home and Community Based Services. TennCare will implement a new payment methodology (aligning payment with quality) for Nursing Facilities and certain Home and Community Based Services based on performance on key measures that align primarily with the member’s experience of care.

In preparation for implementation of the new payment approach for Nursing Facilities, TennCare implemented in State Fiscal Year 2015 (July 1, 2014 – June 30, 2015) a “bridge payment” approach. These are quarterly retrospective per diem rate adjustments funded through the conversion of a long-standing nursing home bed tax to a nursing home assessment fee. The payments are based in part on the acuity of residents served in the facility and on the facility’s performance on measures that are part of a *QuILTSS Quality Framework*,¹ developed with stakeholders through extensive stakeholder input processes.²

For many months, TennCare has worked with the Tennessee Health Care Association to craft and refine the new payment methodology. Multiple drafts of a proposed rule that will operationalize the new methodology have been exchanged, with opportunities for written feedback and in-person discussion. As part of TennCare’s ongoing commitment to transparency, before promulgating the proposed rule, TennCare also sought broader stakeholder input—wanting to hear directly from residents receiving Nursing Facility services and their family members, as well as directly from Nursing Facilities participating in the QuILTSS initiative.

Given the complexity of the proposed new payment methodology, TennCare developed a structured approach to explaining the quality-related aspects of the proposed rule and questions that would help to guide feedback in a way that could inform the development of the proposed rule, while also leaving open the option for feedback beyond the structured questions. Memos were sent to every Medicaid Nursing Facility in the State, seeking their completion of the survey tool (see Appendix A). The memo included a separate memo and guidance that facilities were asked to share with their Resident/Family Councils, encouraging their participation in completing a separate survey tool based on their perspective.

This report represents the feedback received. We are grateful for the time invested by Resident/Family Councils and by contracted Nursing Facilities in sharing their thoughts and ideas. We will give careful consideration to these recommendations before finalizing quality-related aspects of the proposed rule. Additional opportunities for input will be provided as part of the formal rulemaking process.

¹ Available at: <http://tn.gov/assets/entities/tenncare/attachments/QuiltssFramwork.pdf>

² See complete *Technical Assistance Report* at: <http://www.lipscomb.edu/transforming/resources/tareport>



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Part I.

Resident/Family Council Input

Resident/Family Councils of every Medicaid contracted Nursing Facility in Tennessee were asked in March 2017 to complete a survey tool based on their perspective of quality-related aspects of a proposed new rule that will operationalize a new acuity and value-based payment approach for Nursing Facility services.

A total of 100 responses were received. The responses were submitted from forty-four (44) unique Internet Protocol (IP) addresses. Based on follow-up with facilities, unique IPs is roughly analogous to the number of unique facilities or locations from which resident/family responses were received. In some cases, responses were submitted by the Nursing Facility on behalf of multiple residents and/or family members from the facility, rather than a single response submitted by or on behalf of the facility's Resident/Family Council.

Overall Summary:

The majority of feedback received from (or on behalf of) residents and families aligns with the draft rule.

Overwhelmingly, respondents support a standardized approach to measuring satisfaction, with at least ninety-one percent (91%) indicating it as least somewhat important that every nursing home asks the same questions about satisfaction to provide for meaningful comparison of facility performance. Likewise, the majority of respondents (63%) indicate that using a neutral third party to collect survey data is at least somewhat important.

With respect to culture change and quality of life, respondents were pretty evenly divided with regard to whether a nursing home should measure its own performance—fifty-one percent (51%), or whether the resident (or proxy) or a neutral third party should assess facility performance on these measures—forty-nine percent (49%).

There is support for all of the proposed staffing measures, with all but one of the measures identified as “most important” by more than fifty percent (50%) of respondents. Registered Nurse hours per day was selected by forty-five percent (45%) of respondents.

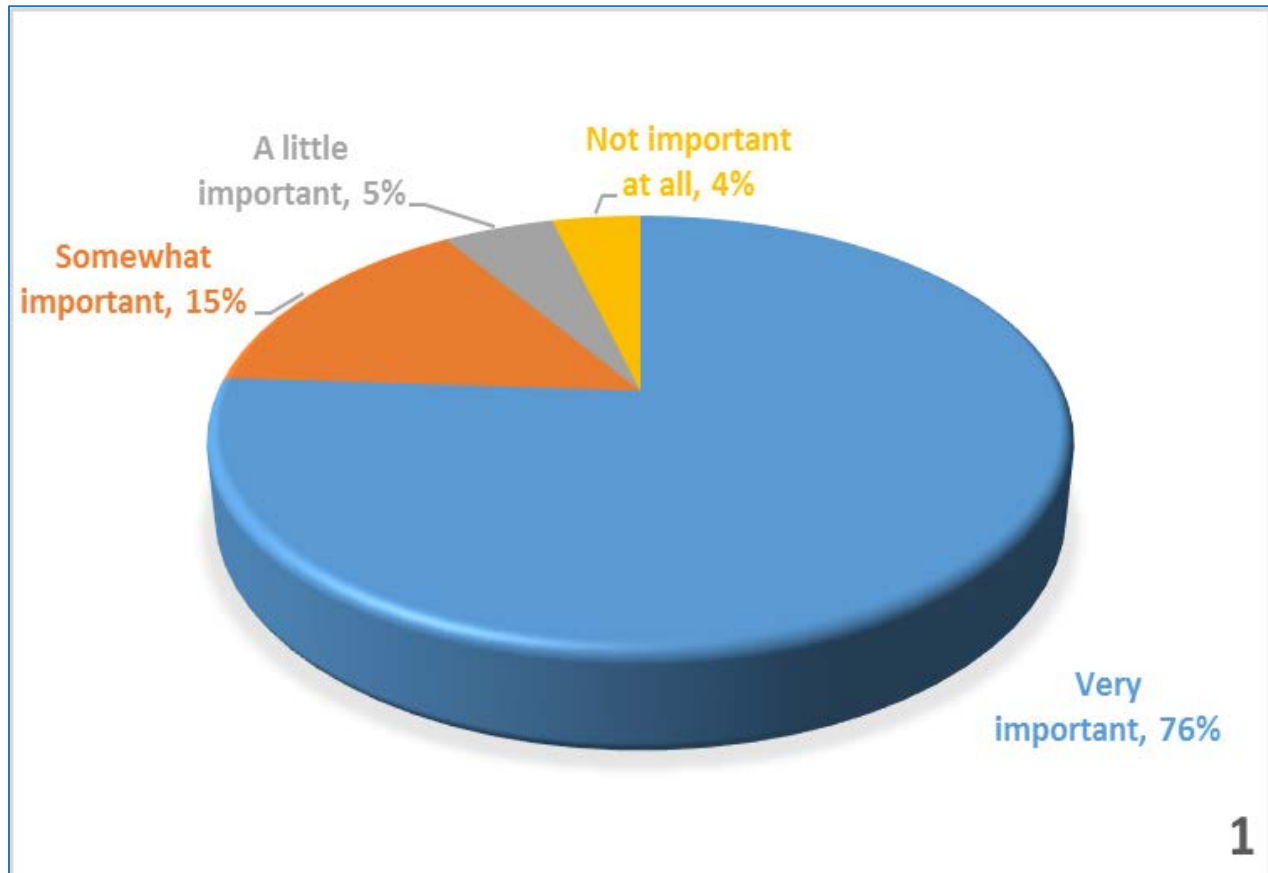
In an interesting turn, sixty-two percent (62%) of respondents indicated that antipsychotic medication and urinary tract infection are the most important clinical measures. However, almost as many respondents—fifty-eight percent (58%)—to the next question supported a broader approach to measuring infection control (beyond only UTI).

Eighty-seven percent (87%) of respondents indicated that we are at least mostly measuring the right things with respect to quality and most responded that the point values assigned to each measure are appropriate. Only twenty-five percent (25%) of respondents indicate they would apply more points to certain measures, and eight percent (8%) would apply fewer points.

The most insightful aspect of the feedback is with respect to the percentage of a Nursing Facility's payment that should be based on quality. Seventy-eight percent (78%) of respondents indicated that a higher percentage of payment than is currently reflected in the proposed rule should be based on facilities' quality performance, with more than half (54%) indicating at least ten percent (10%) or more.

Satisfaction

1. How important is it that every nursing home asks the same questions about satisfaction -- so people know how their nursing home compares with other nursing homes?

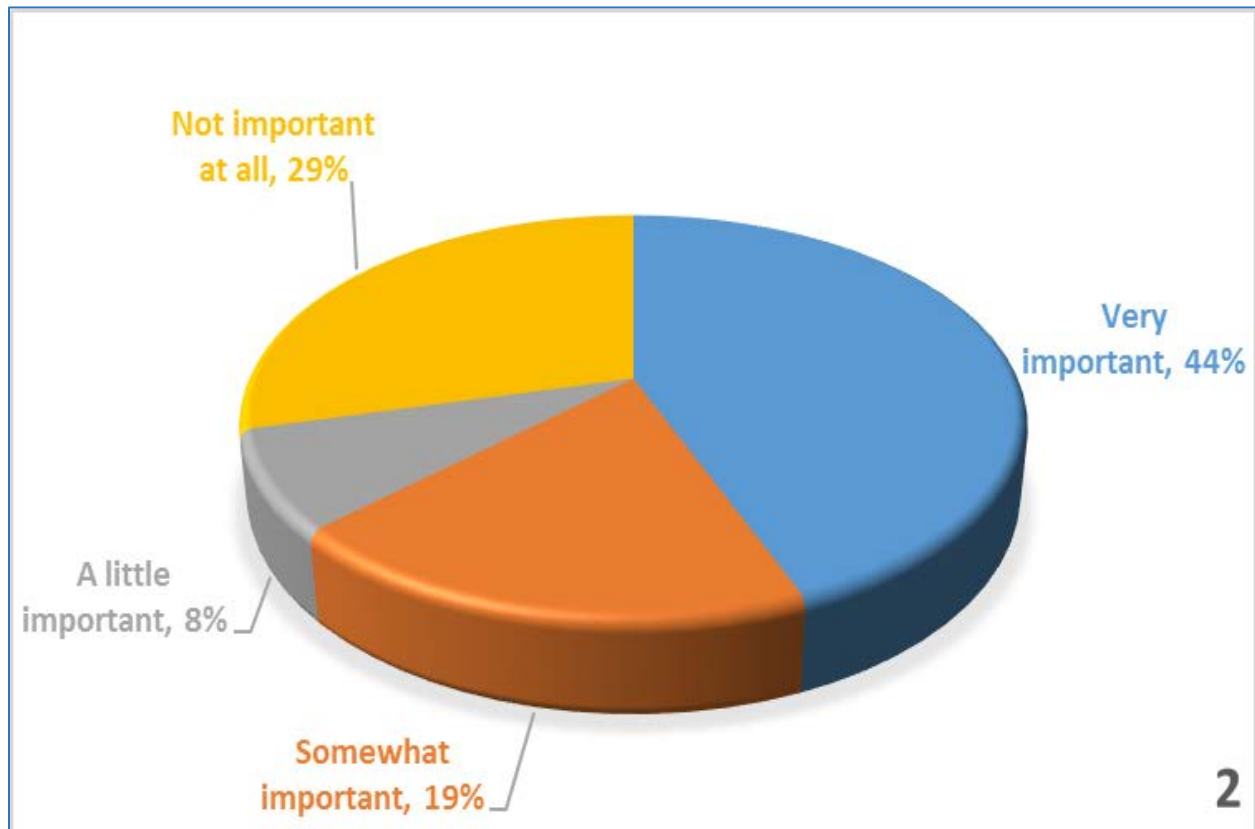


Summary:

Over three quarters (**76%**) of those surveyed think it is **very important** that every nursing home asks the same questions about satisfaction so people know how their nursing home compares with other nursing homes. Another fifteen percent (15%) of respondents feel it is somewhat important. This means that **91%** responded that it is *at least* **somewhat important**. Less than 10% felt that using consistent survey questions was only a little important or not important at all. This aligns with the draft rule and TennCare's goal of standardizing satisfaction surveys as part of the quality-related components of the proposed new nursing facility payment methodology.

Satisfaction

2. How important is it that someone besides the nursing home asks satisfaction questions – so people can answer without anyone knowing who they are?



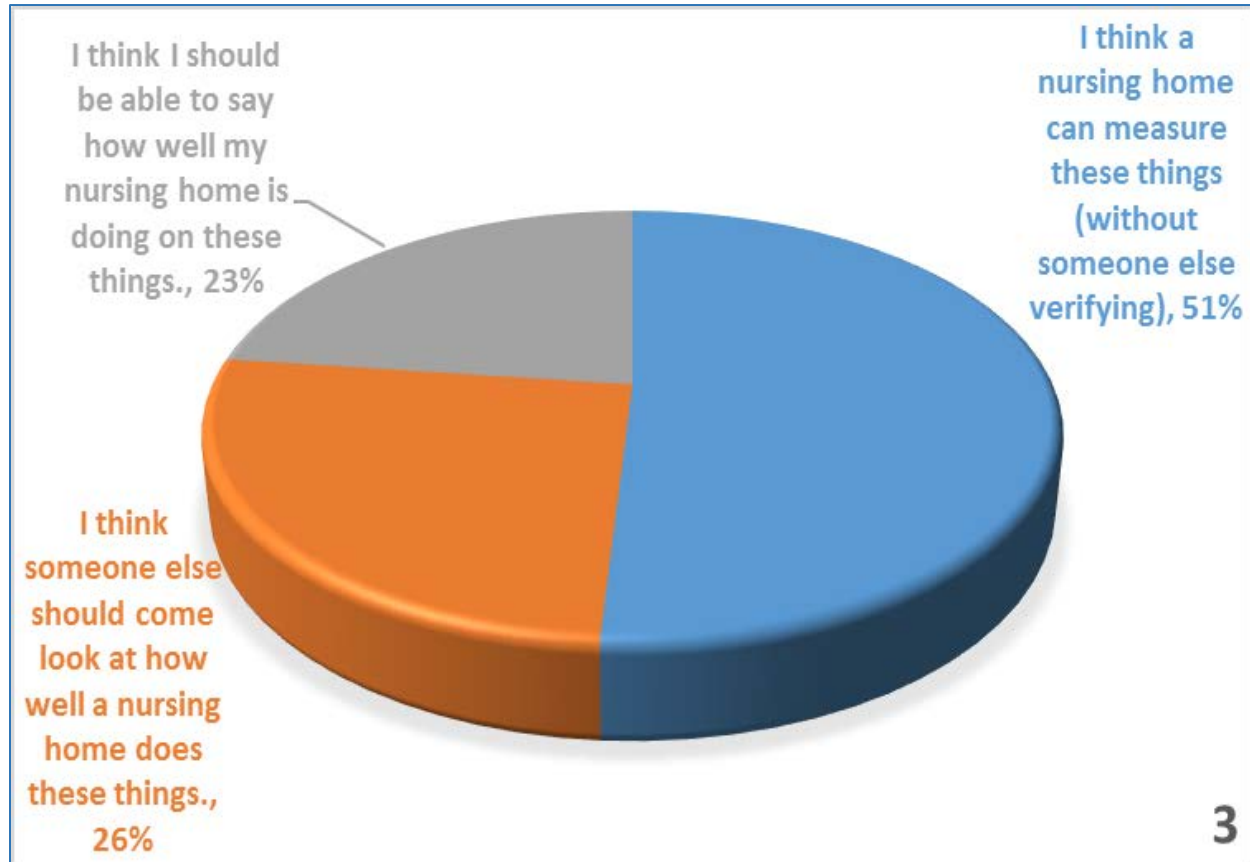
Summary:

Sixty-three percent (63%) of those surveyed think it is *at least somewhat important* that someone besides the nursing home asks satisfaction questions. In fact, almost half of those surveyed **forty-four (44%)** think it is **very important**. This aligns with the draft rule which states,

(d)(ii) In order to measure Satisfaction on the basis of outcomes and to establish performance benchmarks for each of the three Satisfaction measures, NFs shall be required to use a standardized survey instrument and methodology, that provides for anonymous submission to a neutral third party, e.g., TennCare or a contracted designee.

Culture Change / Quality of Life

3. Do you think that a nursing home should be able to tell us how they're doing on these measures without someone else verifying what they say? OR do you think someone else should assess how well a nursing home does these things?

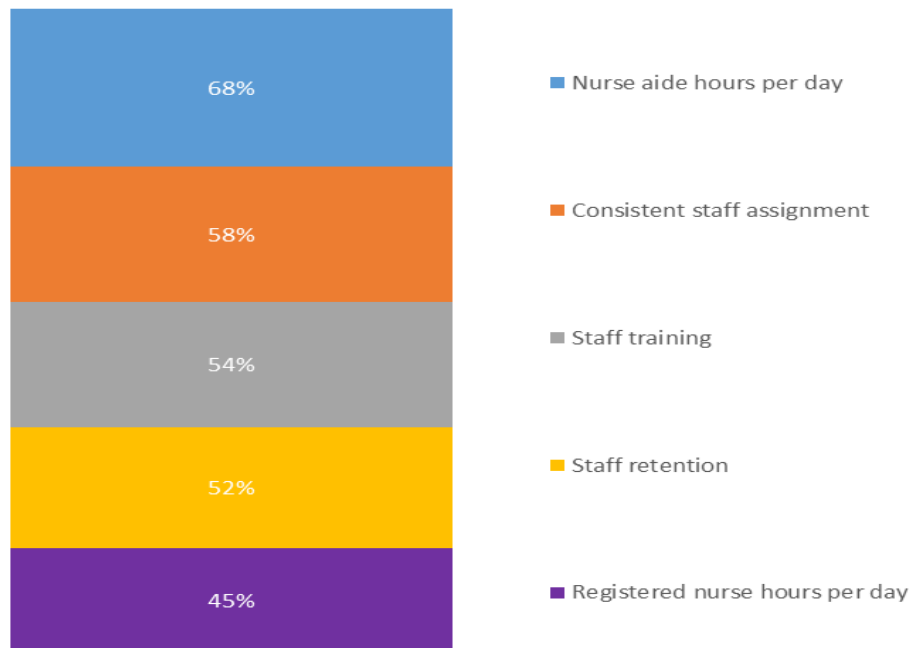


Summary:

Just over half (51%) of respondents think a nursing home can measure how they're doing on these quality measures without someone else verifying what they say. The remaining forty-nine (49%) of respondents believe that either someone else should come look at how well a nursing home does on these quality measures or that the resident (or proxy) should be able to say how well the nursing home is doing on culture change and quality of life measures.

Staff and Staff Competency

4. Which staffing measures do you think are most important? (Select as many as you would like)



4

Summary:

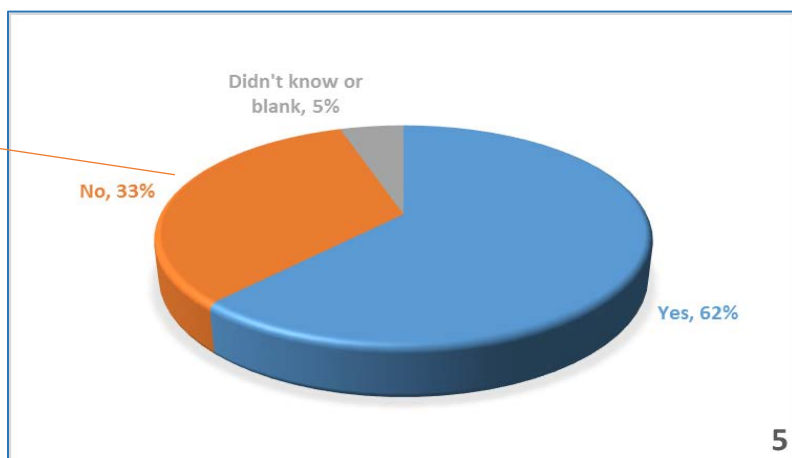
Of the five (5) Staffing and Staff Competency measures, only one (1)—Registered Nurse (RN) hours per day—received support from less than half of those surveyed—forty-five percent (45%). The remaining four (4) measures all received greater than fifty percent (50%) support from those surveyed, with Nurse Aide (NA) hours per day receiving the most support at 68% of those surveyed.

Clinical Measures

5. Do you think antipsychotic medication and urinary tract infection are the most important things to measure about health care needs?

Measuring antipsychotics is important but not UTIs 1%

Measuring UTIs is important but not antipsychotics 2%

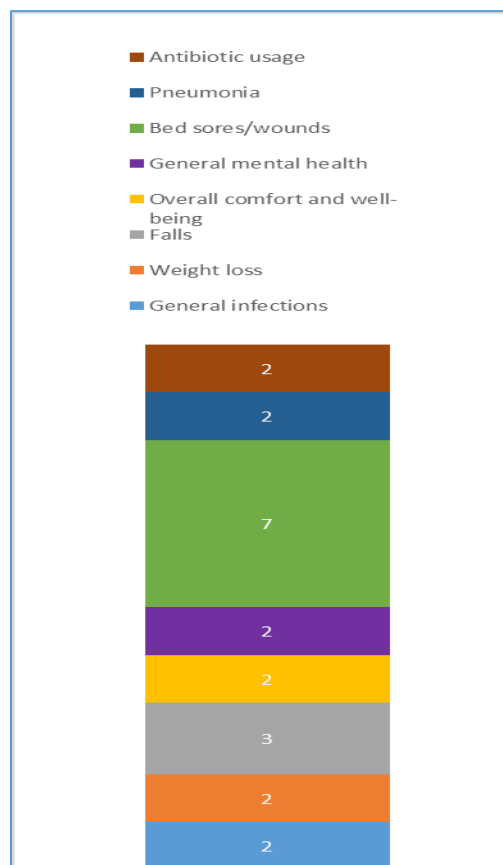


Summary:

Almost two-thirds (**62%**) of those surveyed felt that **antipsychotic medication** and **urinary tract infection** are the most important things to measure about health care needs. One third of those surveyed did not agree with this and offered suggestions (see box at right.) The most common suggestion involved measuring bed sores and wounds (seven percent (7%) of respondents cited this). The other suggestions, which included antibiotic usage, pneumonia, falls, general mental health and overall well-being, were few and spread relatively evenly among the respondents. This aligns with the draft rule, which states:

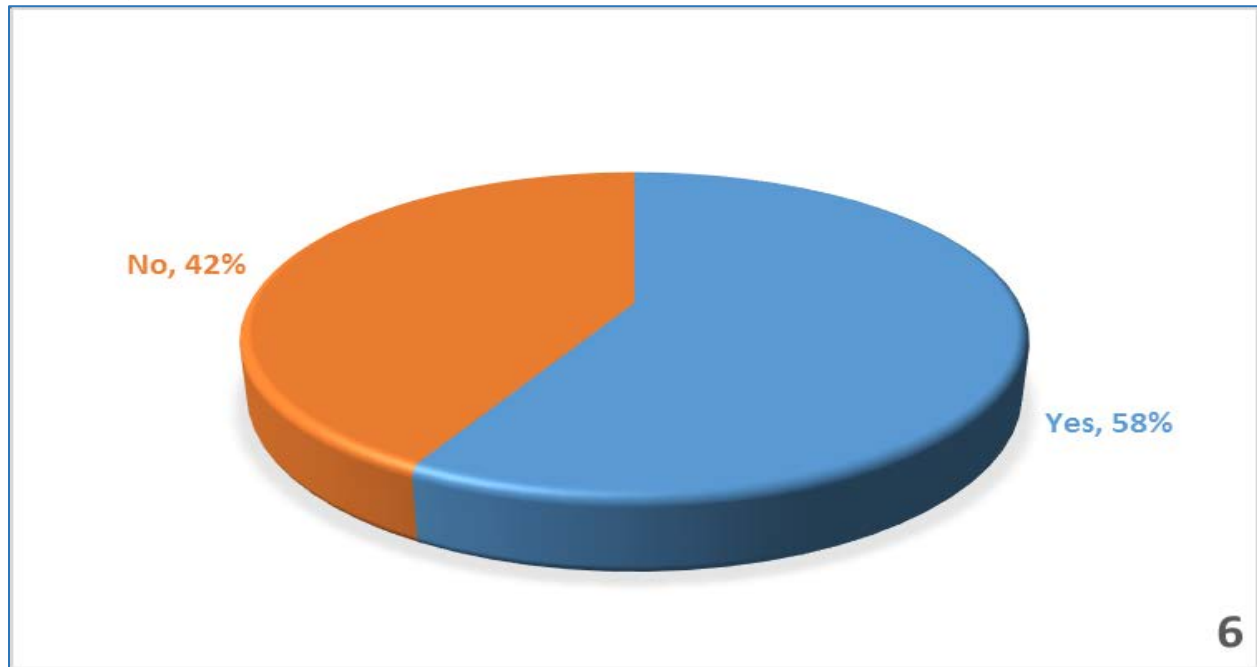
- (i) Clinical Performance shall include two (2) separate measures, with each measure valued at five (5) of the one hundred (100) possible quality performance points, as follows:
 - (1) Antipsychotic Medications shall include two measurements:
 - a. The percentage of long-stay residents who receive an antipsychotic medication during the measurement period.
 - b. The percentage of short-stay residents who receive an antipsychotic medication during the measurement period but not

Instead we should measure:

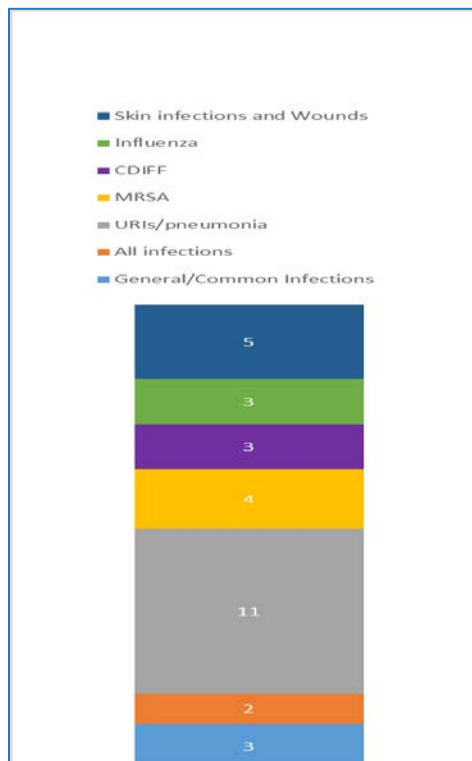


Clinical Measures

6. Do you think we should look at infection control more broadly (and not just urinary tract infections)?



6a. If you answered "yes", are there any specific infections



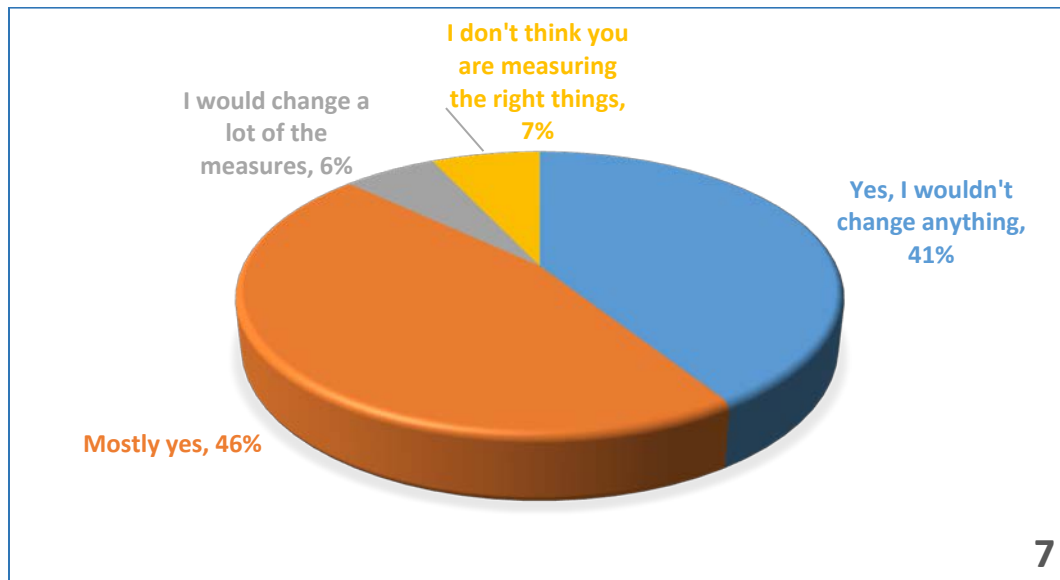
Summary:

Slightly more than half respondents, fifty-eight (58%), felt TennCare should **look at infection more broadly** (and not look just at urinary tract infections). Eleven (11) out of the one hundred (100) respondents suggested looking at pneumonia and upper respiratory infections. General infections and MRSA were the next most commonly suggested measure to consider. Other suggestions, which were almost evenly spread among respondents who offered suggestions, included looking at all infections, skin infections and wounds, influenza, and CDI/F.

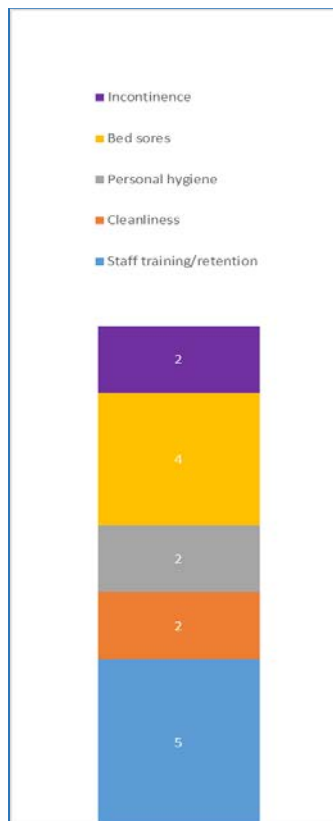
It is interesting that almost two-thirds of respondents felt that antipsychotic medication and UTIs were the most important measures of health (see response to question 5), but when asked about looking at infection more broadly, over half of the respondents felt that only looking at UTIs was too narrow a focus.

Summary Questions

7. Do you think we are measuring the right things?



7a. Are there other things you think that we should measure?



7b. Are we measuring anything you don't think is important (that you don't think we should measure)? If yes, tell us what we should STOP measuring.

Consistent Staffing	2
Antipsychotic medication	7
Satisfaction	1
RN Hours	1
CNA Hours	1
UTIs	1
Staff Training	1
Staff Retention	1

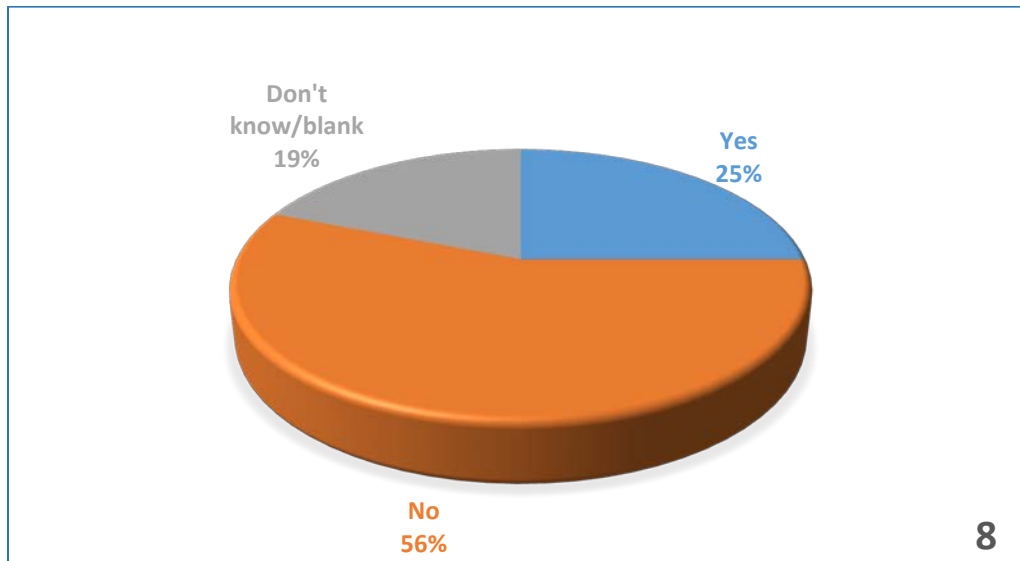
Summary:

87% of respondents feel the QuILTSS measures are *at least mostly right*, and almost half of those (**41%** of the total respondents) would **not change any measures**. Only 13% of respondents would make changes and their responses included items such as, bed sores, incontinence, personal hygiene and building/room cleanliness.

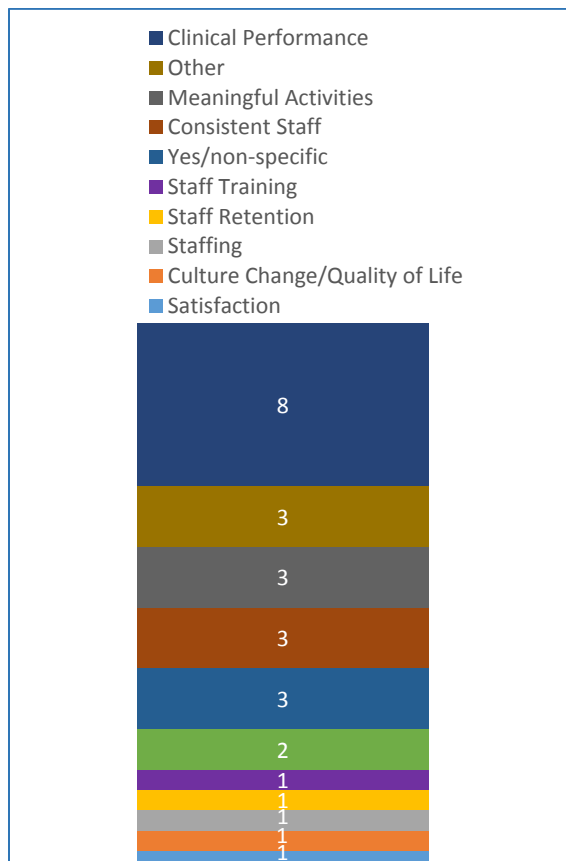
Interestingly, most of the suggestions (5 to be specific) involved staff training and retention, which are already QuILTSS measures. And about the same number of respondents (6) indicated we should stop using one or more of the staffing measures, with each of the staffing measures being indicated at least once. Other respondents that did not agree with what we are measuring felt we should stop measuring antipsychotic medication (7) and UTIs. One respondent felt we should stop measuring QuILTSS.

Summary Questions

8. Do you think that any measure should be worth more points than they are now? If yes, please tell us which measure(s) and how much you think each measure should count. (Write in your answer)



8a. If yes, please tell us which measure(s) and how much you think each measure should count.



Summary:

Only **twenty-five percent (25%)** of respondents indicated that at least **one (1) or more of the measures should be worth more points** than currently proposed in the draft rule. **Fifty-six percent (56%)** of respondents **would not change point values** and **nineteen (19)** respondents **did not answer or did not know**.

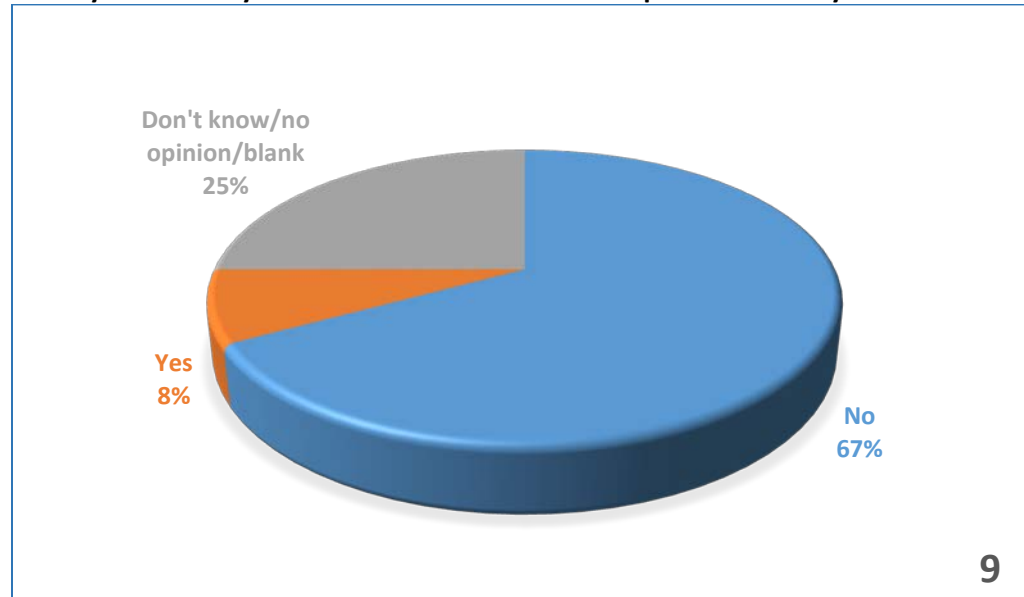
Of the 25% who indicated they would adjust point values, **eight (8)** responses indicated **clinical performance** should be worth more. Other suggested measures included satisfaction, culture change/quality of life, meaningful activities, staffing, staff retention, staff training, consistent staff and nursing.

Three (3) respondents answered yes but did not specify which measures or how much each should be worth, and three (3) provided an answer which could not be clearly categorized within the framework:

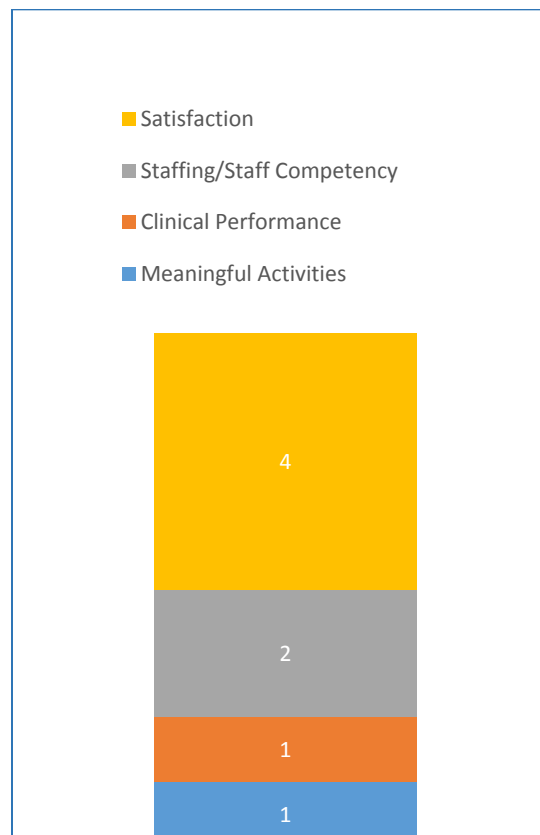
1. Measuring valid concerns
2. How we take care of patients
3. A way to measure things like comfort of beds and mattresses

Summary Questions

9. Do you think any measures should be worth less points than they have now?



If yes, please tell us which measure(s) and how much you think each measure should count.

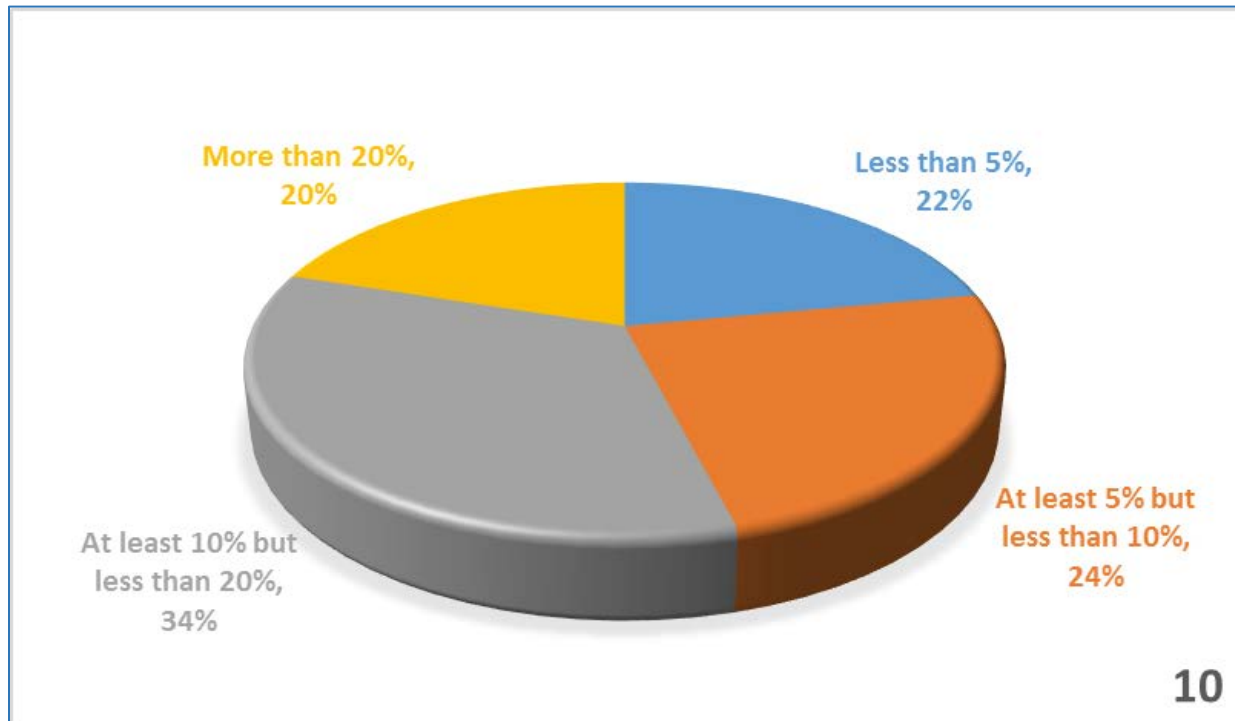


Summary:

Only **eight percent (8%)** of respondents indicated that at least **one (1) or more of the measures should be worth fewer points** than currently proposed in the draft rule. **Sixty-seven percent (67%)** of respondents would **not reduce any point values**; and **twenty-five percent (25%)** of respondents did not answer or did not know. Of the **eight (8)** respondents who felt one or more measures should be worth less points, four (4) identified satisfaction; two (2) staffing and staff competency; one (1), meaningful activities; and one (1), clinical performance.

Summary Questions

10. How much of a nursing home's payment should be based on how they perform on quality measures?



Summary:

Most of the respondents (78%) feel that **at least 5% or more** of a nursing home's payment should be based on how they perform on quality measures, with **more than half (54%)** responding that it should be **at least 10% or more**. Of the 20 respondents (20%) that indicated that **more than twenty percent (20%)** of the nursing home's payment should be based on quality, seven (7) thought it should be 25%, five (5) felt it should be as high as 50%, and one (1) indicated 100%. As the current draft rule proposed less than 5% for the quality-related pool, **this suggests that TennCare should *increase* the percentage of the Nursing Facility payment that is based on quality as part of the new reimbursement methodology.**

10a. You selected "more than 20%" what percentage of a nursing home's payment do you feel should be based upon quality measures?	
Percentage	Number of Responses
100	1
50	4
40	1
35	1
30	3
25	7
21	1
20	2



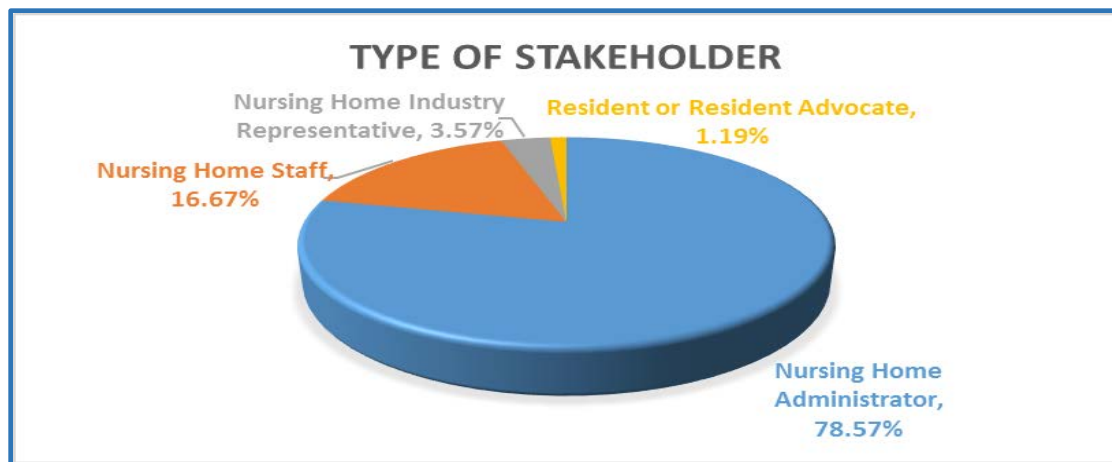
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Part II.

Nursing Facility Input

All of the 318 Medicaid contracted Nursing Facilities in Tennessee were asked in March 2017 to complete a survey tool based on their perspective of quality-related aspects of a proposed new rule that will operationalize a new acuity and value-based payment approach for Nursing Facility services.

A total of 84 responses were received, with the vast majority submitted by Nursing Home Administrators, followed by Nursing Home Staff.



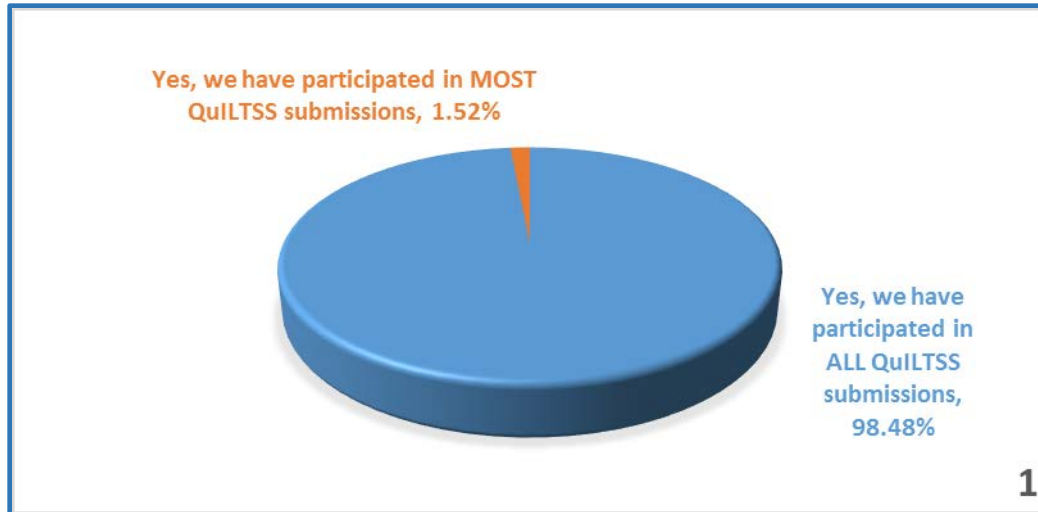
In addition to gathering feedback regarding quality measures and the proposed payment approach, the Nursing Facility survey asked detailed questions related to how the QuILTSS program has been operationalized, and how it can be improved going forward to help ensure it is achieving its goal of improving quality of care and quality of life for nursing home residents, while also minimizing administrative burden on facilities.

Overall Summary:

At a high level, it is clear from the responses from nursing facilities that the QuILTSS process has been beneficial but burdensome. According to the respondents, QuILTSS is having a positive impact on their facilities by helping them to increase resident/family engagement, focus more on their residents and their needs, and advance culture change and person-centered care. At the same time, the current process-based approach is too complex, cumbersome and inefficient, and needs to be simplified in order to reduce the administrative burden. Facilities want the QuILTSS process to move quickly to a more outcome based approach, which would allow them to innovate and tailor their improvement efforts to their unique needs. While they want clearly defined performance benchmarks, they also want expectations to start at a reasonable level and increase over time, allow flexibility for adjustment when needed, and reward facilities for improvement as well as performance against established benchmarks. Most insightful, the majority of responding facilities (like resident/family council respondents) think the quality component of the rate should be higher than provided in the proposed rule in order to incentivize facilities to focus efforts on quality improvement. A more detailed summary of responses follows.

Section 1 – General Information

1. Does your nursing facility consistently participate in QuILTSS?



Summary:

All Nursing Facility respondents indicated that they have **participated in QuILTSS**, with almost all (98%) indicating that they have **participated in ALL QuILTSS submissions**. All but one (1) Nursing Facility respondents indicated that they have participated in every QuILTSS submission but were still able to identify reasons why some facilities might not participate in every cycle.

For the QuILTSS submission(s) you did not participate in, please explain why. (Check all that apply)*	
Lack of staff to manage submission	4
Too much administrative burden	3
Change in staff responsible for submission	2
Quality expectations too high	2
Potential quality payment not sufficient for the time investment	1
Other	10

*Only 1 respondent should have answered this question

2. How has participating in QUILTSS helped your facility improve the quality of care to residents you serve?

Summary:

Responses for this question were overwhelmingly positive. Most important was **increased involvement of residents and families** and an **improved focus on resident needs and choices**. Facilities noted that they have benefited from engagement in quality measurement and improvement activities and processes and from collaboration with other nursing facility partners. Importantly, facilities reported that participation in QUILTSS has **significantly advanced their efforts around person-centered care and culture change**, with multiple facilities noting **improvements in resident choice and homelike environment**. Also of note, facilities reported that they have benefitted from the retrospective quality-based rate adjustments, **purchasing better equipment and supplies** that also help to improve the quality of services they provide.

A small number of responding Nursing Facilities commented that they had previously been doing most of the activities required under QUILTSS, with five (5) of the 84 facilities responding indicating that the administrative burden has taken staff time from other tasks, including patient care.

3. Are there changes that you think would help QUILTSS be more beneficial to your facility, the residents you serve, and their families?

Summary:

Several facilities suggested that they should get **credit for continuing and/or expanding previously implemented activities**, rather than constantly having to implement new improvements, especially for initiatives that are longer in duration than a single measurement period. There were also multiple recommendations to **compare “like” facilities**, e.g., SNFs to SNFs, NFs to NFs, Eden to Eden and non-profit to non-profit, etc.

Training recommendations included **increasing measures related to staff training and education** and **“mandatory continuing education programs and oversight** to insure quality improvements are taking place.”

Two respondents recommended **reducing the frequency of submission to once per year**, and two recommended that **payments be directed to resident activity or used for the residents**.

Multiple responses regarding surveys reinforced that new measurement tools which ensure that satisfaction is consistently measured in the same way would be beneficial.

The largest volume of recommendations by far was around **making the reporting process simpler and less time consuming** in order to reduce administrative burden on facilities. Facilities noted in particular the challenge of compiling evidence to support process-related (rather than outcome-based) measures. They also voiced concerns over the constant change in measures as we ramp up to outcomes and the lack of clear expectations.

4. What do you think is the best way to measure performance on specified quality measures?



Summary:

Half (**50%**) of Nursing Facility respondents indicated that the best way to measure performance on specified quality measures is for TennCare to create **performance benchmarks that each facility is compared against**. Forty percent (**40%**) would prefer to be **compared against other nursing homes in Tennessee**, and eight percent (**8%**) **with other nursing homes across the country**.

Note that in order to compare performance with other nursing homes across the country, measures would be limited to measures that are nationally reported.

Section 2 – Quality Informed Rate Components

5. Do you think that components of the rate for nursing home services should be "quality informed"? This means that this component of a nursing home's rate will depend in part on the nursing home's performance on quality measures.

5a. Please explain your answer (i.e., why you think components of the rate for nursing home services should (or should not) be quality informed), and offer any other feedback you feel is useful related to quality-informed components of the proposed rate methodology.



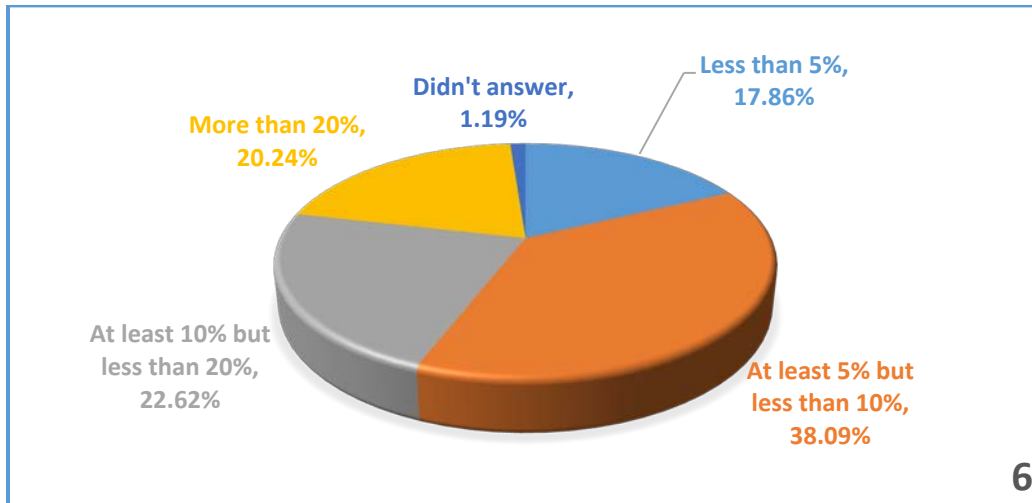
Summary:

More than three-fourths (**76%**) of Nursing Facility respondents **support quality informed components** in the proposed new nursing home payment methodology. Some qualified their responses with conditions such as making sure goals are reasonable, and that measures are true representations of what is important to the resident and their health. One expressed concern about how low performing facilities will have an opportunity to improve if their payment is lower and suggested paying for improvement as well as outcomes, while another explicitly voiced opposition to “grading on the curve.”

A number of comments also expressed concern about accounting for acuity—both as part of the reimbursement approach and in measuring quality, and a number also expressed concern about the accuracy of MDS coding used to establish acuity-based components of the rates. There were numerous comments with respect to auditing and ensuring the accuracy of all quality and acuity related data used in the rate setting process. A few also noted concern with factors they perceive to be outside of their control (including consistency of quality expectations with regulatory requirements).

Section 3 – Quality Pool

6. What percentage of NF expenditures do you feel is sufficient to incentivize facilities to improve quality?



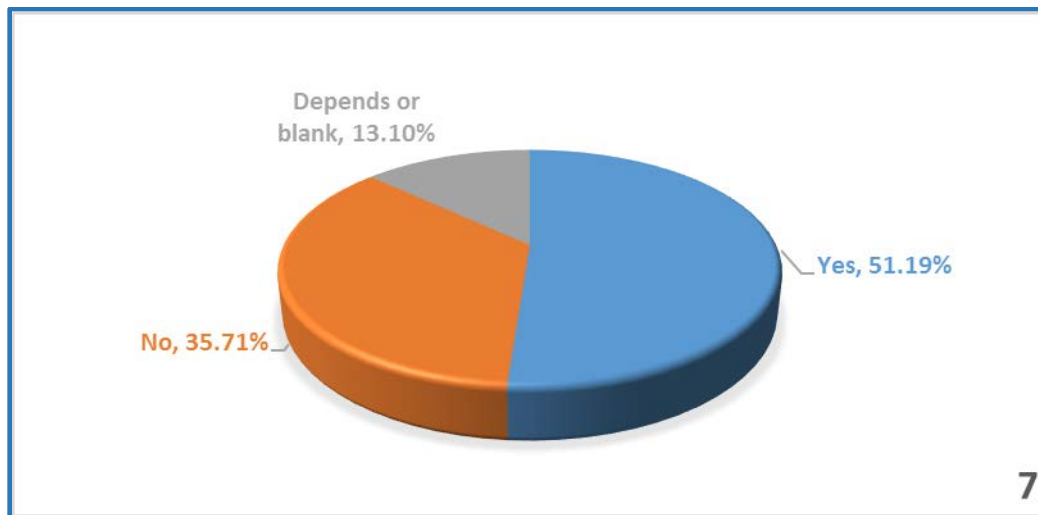
Summary:

More than 80% of respondents felt that the percentage of NF expenditures sufficient to incentivize facilities to improve quality should be **at least 5%**. **Nearly 45%** felt it should be **at least 10%**. And a **fifth** of respondents felt it should be **greater than 20%**. Of concern to respondents was the unique nature of each facility and how that is taken into account when determining a facility's quality component of their rate.

6a. If you answered "Less than 5%" what percent do you think it should be?

Percentage of NF Expenditures to Incentivize Facilities	# of Responses
0%	6
2%	4
3%	3
4%	2

7. Do you think a higher percentage or amount would create more incentive for nursing homes to focus on improving quality? If so, what percentage?



Summary:

Just **over half** of Nursing Facility respondents said that **a higher percentage or amount would create more incentive for nursing homes to focus on improving quality**. Of the respondents specifying a percentage of 10% or more, the vast majority (all but 2) were at least 15%. The highest response rate (8 respondents) was greater than or equal to 25%, with 3 respondents indicating 50%.

Individual comments affirmed that the 4% reflected in the proposed rule is not sufficient to incentive quality e.g., *"I think 6-8% is a realistic and needed percentage. Given inflation, rising taxes, etc. is eating into the current 4% rate and is not enough of an incentive."* Multiple respondents suggested that a higher percentage is needed and said it should be directed specifically to support staff and/or resident quality. The largest number of comments reinforced that a higher percentage would create more incentive to improve quality, but perhaps to a point, e.g., *"The higher the percentage, the more incentive a facility may feel to improve overall quality. I feel that 25% should be the cap."*

Of the facilities indicating that the percentage of reimbursement based on quality should not be higher, some said that facilities should focus on quality because it is the right thing to do, and not because of any payment incentive. Others noted that measures would need to be objective and outcome-based. And two facilities noted that a higher percentage could result in facilities misrepresenting actual performance in order to receive the higher level of reimbursement.

8. Please explain your answers related to the quality pool and offer any other feedback you feel is useful related to the quality pool.

Summary:

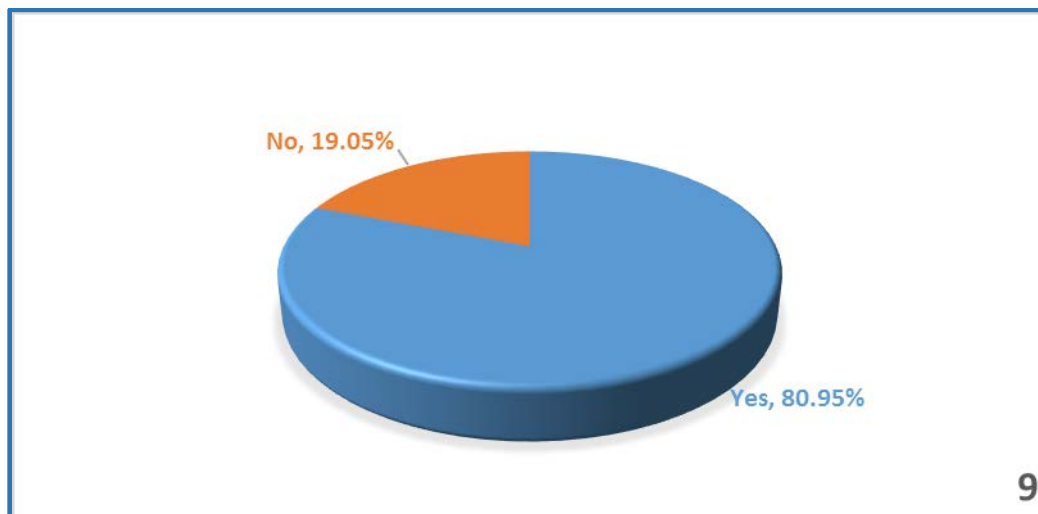
Responses to this question were provided in narrative format and run the gamut of perspectives.

Examples of common themes include:

- The level of incentive needs to be sufficient to drive improvement, while also ensuring that facilities who are working to improve are adequately reimbursed to provide good care.
- Many factors are driving a higher acuity level of nursing home residents, which can impact quality performance.
- Higher quality facilities should not be held back by poor performing facilities that are not able to achieve quality performance thresholds.
- A higher percentage of reimbursement based on quality is needed to drive improvement, e.g., *"I feel that at least 5% but less than 10% is a very good starting area with perhaps gradual increases as time goes on and the QAPI process evolves..."* and *"My take: if TN wants to see true change in SNFs it is going to cost more than 4% incentive. Further, the change will happen quicker if more \$ is set aside. Bigger incentive pool = more interest = more competition for the pooled money."*
- The administrative burden of reporting needs to be reduced, with objective outcome-based measures and performance targets that are consistent and clearly communicated.
- CMS surveys and reporting are burdensome enough and sufficient to ensure quality.

Section 4 – Quality Measures/Measurement Approaches

9. Do you think that resident, family and staff satisfaction are good indicators of quality?



10. Do you think having an outside party conduct the survey helps respondents feel free to answer honestly and provides for more objective results?



Summary (questions 9 and 10):

Overwhelmingly (80%), respondents agreed that **resident, family, and staff satisfaction are good indicators of quality**. However, with respect to whether or not surveys should be conducted by an outside party in order to help respondents to feel free to answer honestly and provide for more objective results, the responses were relatively evenly split, with a little less than half (48%) responding “Yes,” and a little more than half (51%) indicating “No.” Comments reveal facilities’ frustration with getting families to complete surveys and perceived use of surveys as retaliation by residents and family members.

11. Is there any information related to resident, family and staff satisfaction as quality measures that you would like to add?

Summary:

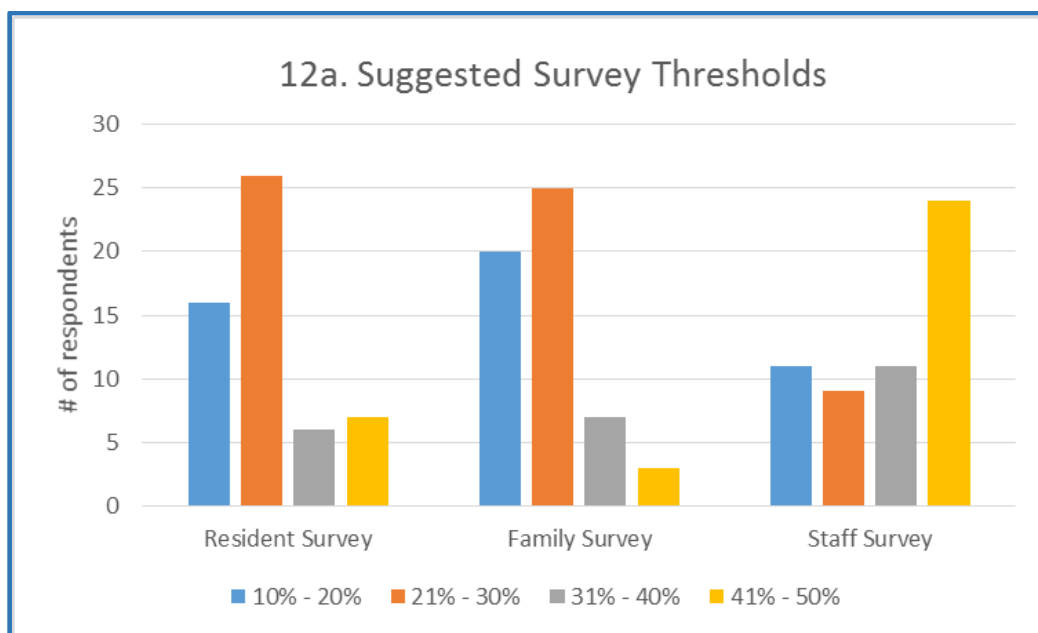
Responses to this question were provided in narrative format, and while diverse, could be generally grouped as follows:

- Most reiterated that satisfaction is an important measure, with several facilities suggesting it should account for a larger percentage of points.
- Some facilities voiced that residents, families and staff are hard to please/have unrealistic expectations, which could negatively impact results.
- There are challenges with meeting sample size requirements for residents, many of whom are not able to be interviewed, and it can be difficult to get families to complete surveys.
- Uninvolved family members may not provide responses that are reflective of actual care provided. Suggested questions that might be added to the family survey include: *How often do you visit your loved one? When was the last time you scheduled a meeting with the Care Plan Team? Have you spoken to facility management regarding your concerns?* (Note: While it is not clear that these could be taken to account in measuring overall satisfaction, the latter two questions might suggest actions a family member could take to address concerns.)
- Surveys need to be simplified and easy to complete.
- Third party surveys help to minimize bias, but it is critical that the facility is able to receive and use the information for quality improvement.

12. Do you think facilities should be required to survey a minimum number (or percent) of residents, family and staff?



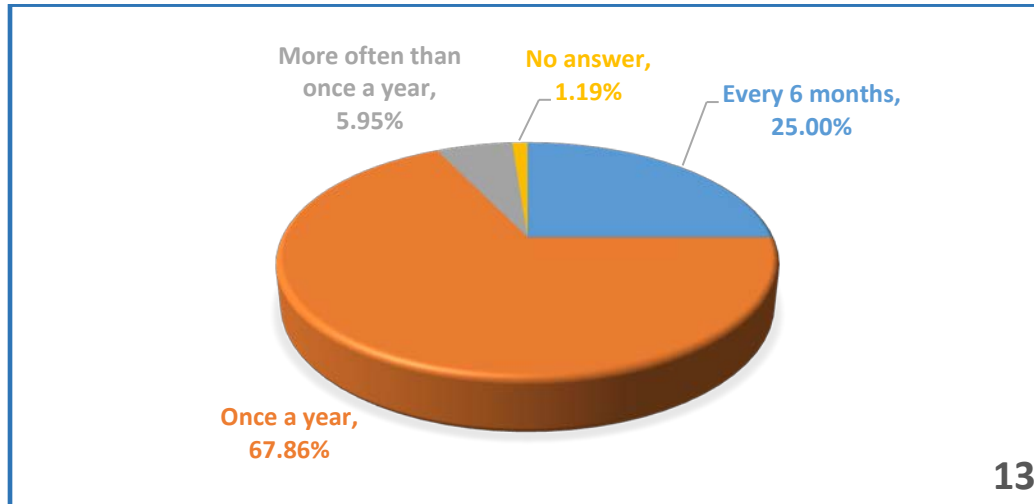
12a. If you answered "Yes," please tell us what percentage.



Summary:

More than 2/3 of respondents (65%) support a minimum number of satisfaction surveys. In fact, the thresholds for all three (3) survey types align with requirements in the proposed rule.

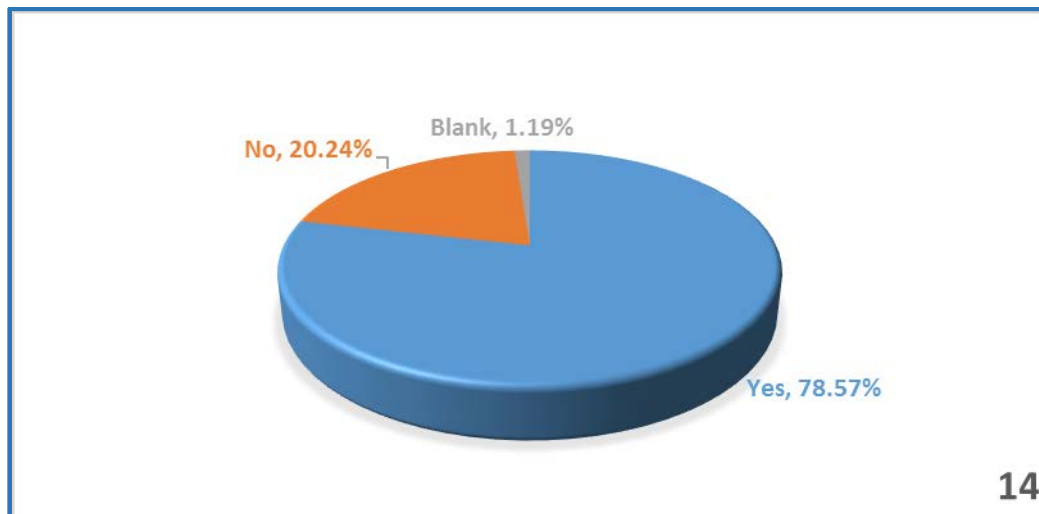
13. How often should we require resident, family, and staff surveys to be completed?



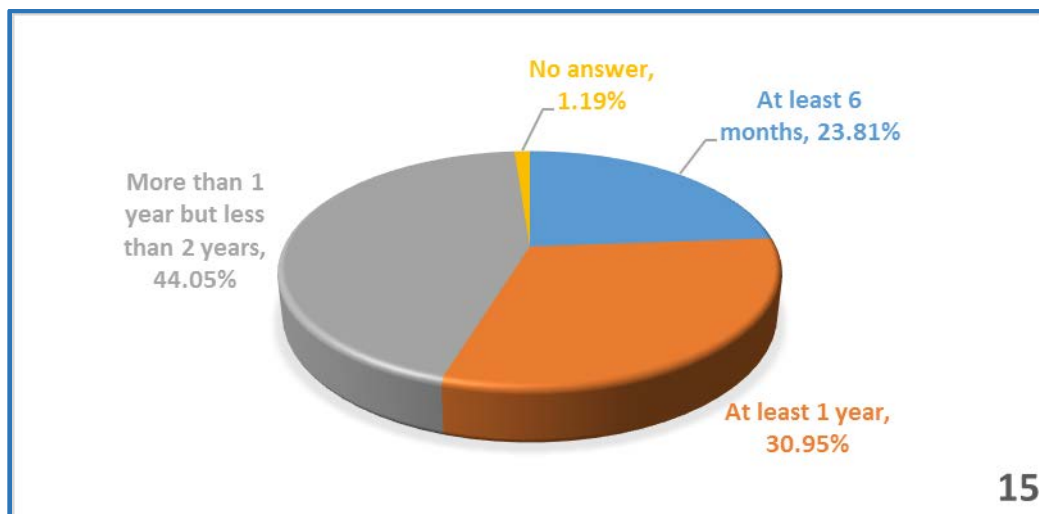
Summary:

Over 2/3 of respondents (**68%**) feel satisfaction surveys should be completed once a year. Only a quarter of respondents supported satisfaction surveys every 6 months.

14. Do you think the use of a standardized survey tool and process (selected or developed with NF stakeholders) across the whole industry would make the quality represented by the satisfaction measures more consistent?



15. If moving to standardized tools, how long do you think TennCare should allow for facilities to transition from whatever approach they may currently be using to standardized survey tools?



Summary (questions 14 and 15):

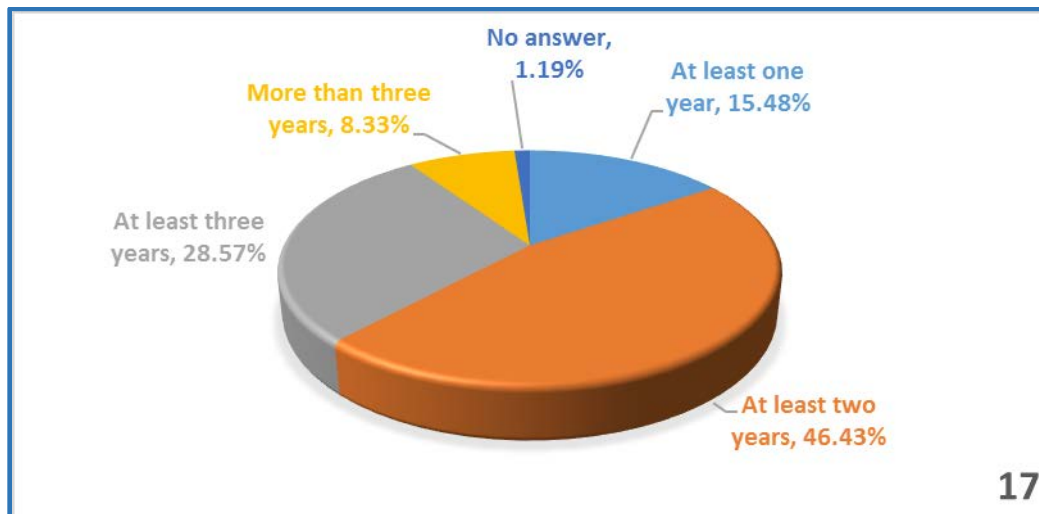
Most of the respondents (**79%**) support a standardized survey tool and process. Three fourths (**75%**) also believe that it will take **at least a year to complete the transition** from current survey processes to consistently using standardized tools. Almost half (**44%**) think it will take **longer than a year** but less than 2 to complete the transition.

16. Do you have any other feedback, ideas, or concerns in standardizing satisfaction surveys and methodology?

Responses to this question were provided in narrative format. General categories of responses include:

- Several facilities noted their current contractual relationships with or recommended specific survey vendors, primarily AbaQis and My InnerView.
- A large number of facilities reinforced the importance of using standardized assessment instruments, but did not specify any particular vendor; however a few responded that facilities are too different to use the same survey instruments.
- Facilities noted the importance of training on surveys/survey tools.
- Facilities noted the importance of reporting accuracy and validation audits.
- Surveys need to be brief.
- Consider a longer period between surveys to allow time for improvement.
- Recommended adjustments in sample size/approach.

17. Once we begin measuring satisfaction in the same way for all facilities, how many years of data do you think we should collect before we set benchmarks that facilities are expected to meet in order to receive points?



Summary:

Nearly 85% of facilities indicated that **two or more years** of data is needed in order to establish reasonable benchmarks. Five (5) respondents commented that we should collect 5 years of satisfaction data before we set benchmarks

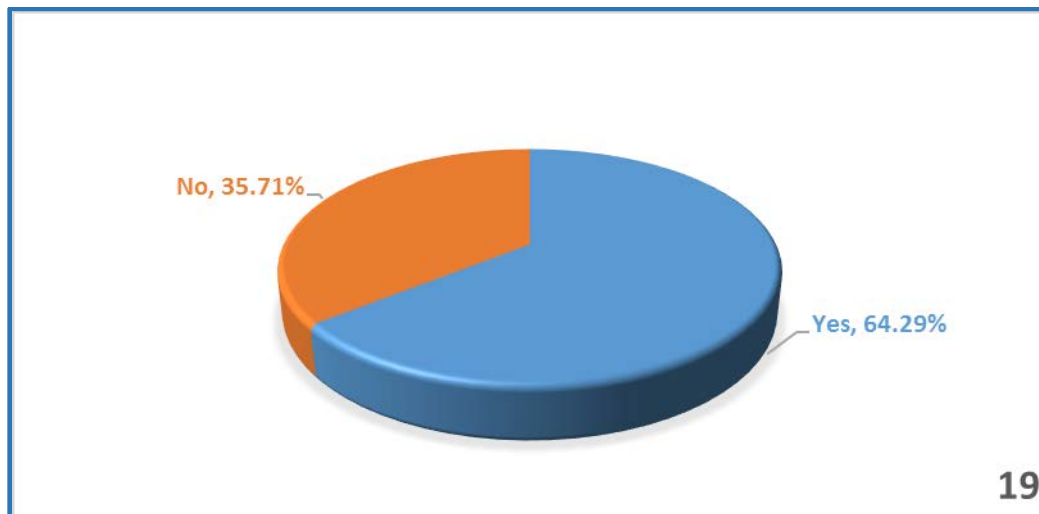
18. Do you have any other feedback related to benchmarking satisfaction data?

Summary:

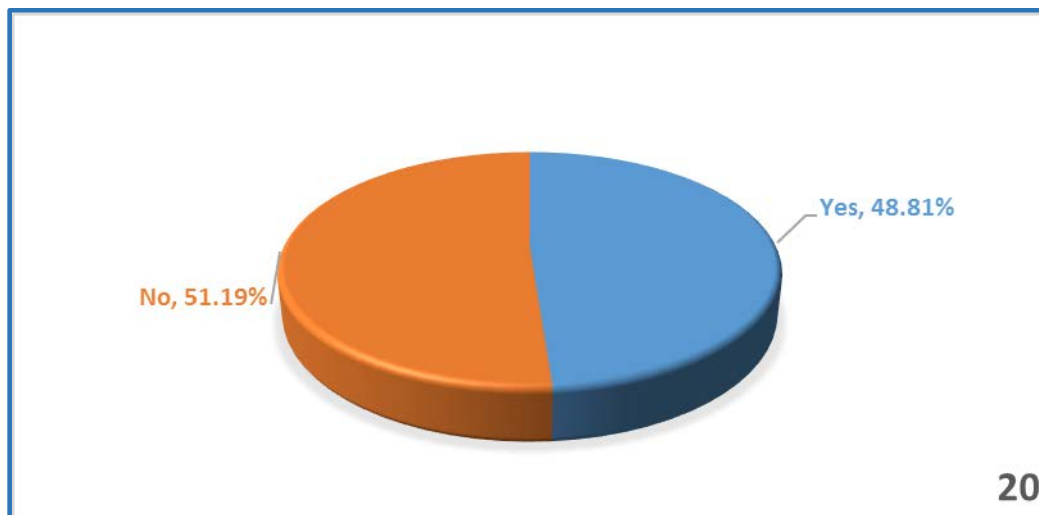
Responses were provided in narrative format. Important takeaways include:

- Time is needed for facilities to learn and implement survey tools and use them for quality improvement.
- Benchmarks should start out lower and increase over time.
- Benchmarks should be regularly reviewed and adjusted as needed.
- Reward improvement as well as achievement.
- Results should be shared right away.

19. Do you feel that creating a standardized tool (with the assistance of stakeholders) to measure culture change/quality of life would help ensure consistency across the state in the way culture change/quality of life is measured?



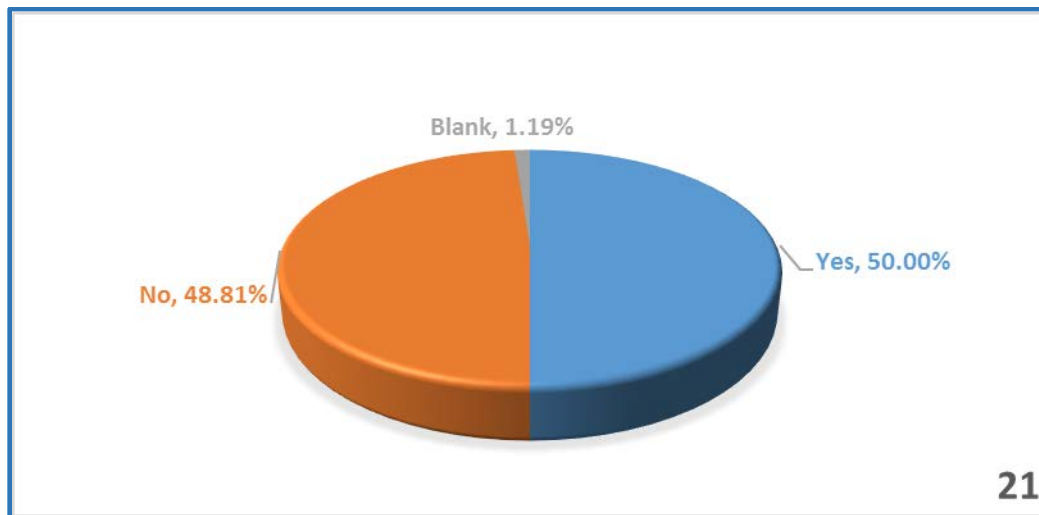
20. If such a tool were created do you feel that having a neutral third party conduct the non-punitive review would aid in ensuring that the data is consistent and accurate?



Summary:

Well over half of respondents (64%) indicated that **creating a standardized tool to measure culture change/quality of life would help ensure consistency across the state**. Respondents were less sure that having a neutral third party conduct a non-punitive review and provide guidance on how to improve performance in this area would aid in ensuring data is consistent and accurate. Responses were relatively evenly split at 51% “No” and 49% “Yes.”

21. Would it be helpful for the neutral third party to also provide guidance in how your nursing home could improve your performance on culture change and quality of life measures?



Summary:

Respondents were also less certain about whether it would be helpful to have the neutral third party provide guidance on how their facility could improve performance on culture change and quality of life measures. Responses were again relatively evenly split at **50% “Yes”** and **49% “No.”**

22. Do you have any recommendations regarding a neutral third party that could conduct these reviews?

Summary:

Suggestions included AbaQIS, My InnerView, THCA, Eden Alternative, peer reviews by other nursing homes, LTC Ombudsman, and state surveyors. Regardless of the specific entity, facilities noted the importance that any third party must have knowledge of the industry, including regulations. One specified *“NOT A BUREAUCRAT.”*

Several facilities again voiced support for self-review and reporting, and additional facilities noted that measuring culture change and person-centered care should be unique to each facility and not standardized.

23. Are there entities you think should NOT conduct these reviews?

The largest volume of responses to this question indicated that **the State or government** should not conduct the reviews. The importance of LTC experience was again reinforced—both in the individual responses and in comments that were provided. One facility also noted the importance that the reviews be conducted face-to-face, and not remotely.

24. How could those reviews be done in a way that is least intrusive and most helpful to your facility?

Summary:

Narrative responses reinforced concerns about third parties being in the facility to conduct assessments, and the stress it could create for residents and staff. Facilities also expressed concern that the survey process align with efforts to improve person-centered care and not penalize facilities for accommodations made based on the needs and preferences of residents.

The largest number of responses recommended that the process rely on MDS, state surveys, or other tools/data sources already in place, with almost as many facilities suggesting that the facility itself be allowed to conduct the review. Other responses suggested conducting the review off-site, reviewing residents after they have been discharged, or using focus groups. Comments also noted the importance of the review including suggestions for improvement. Again, the need for simplicity and clear instructions was raised. Of note, several respondents felt that attempting to standardize the measurement of culture change/quality of life would stifle innovation.

25. Do you have any ideas for how we could measure facilities' progress in implementing culture change to improve person-centered care practices in an objective way using a standardized tool without utilizing a neutral third party?

Summary:

Some facilities suggested creating an assessment tool or objective checklist that could be completed and submitted by the facility, with supporting documents. Others more generally suggested “self-reporting” without specifying a tool. Still others suggested relying solely on satisfaction surveys, conducting resident/family interviews, or making it part of the state survey process and/or using MDS.

26. Are there any existing quality processes this could be added to?

Summary:

Suggestions included various satisfaction surveys, including AbaQIS and MyInnerview, QAPI, MDS discharge assessment, CMS 5-Star.

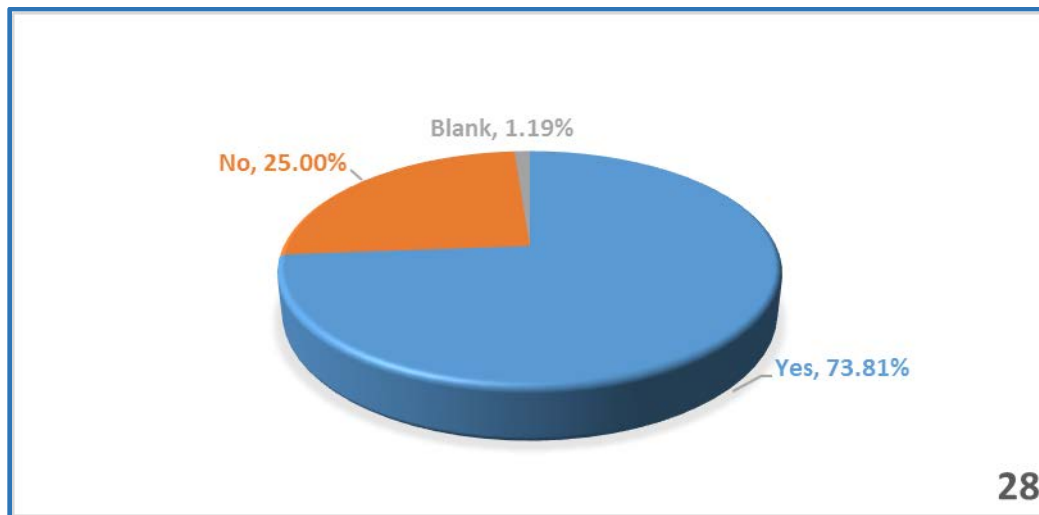
27. Do you have any other feedback related to the culture change/quality of life measurements?

Summary:

Narrative responses included:

- Award more points to culture change/quality of life.
- Include base line surveys to measure performance improvement over time.
- Include more front line staff.
- Establish benchmarks with beginner-to-mastery level criteria.
- Challenges of culture change, including physical plant and staffing.
- Diversity of facilities and difficulty standardizing the measure of culture change and quality of life.

28. Do you think that three years of standardized culture change/quality of life data is sufficient for creating satisfaction benchmarks which would be memorialized in the state rules?



Summary:

Nearly three-fourths (**74%**) of respondents felt 3 years was sufficient to set a benchmark for this measure.

29. Do you have any other feedback related to benchmarking culture change/quality of life data?

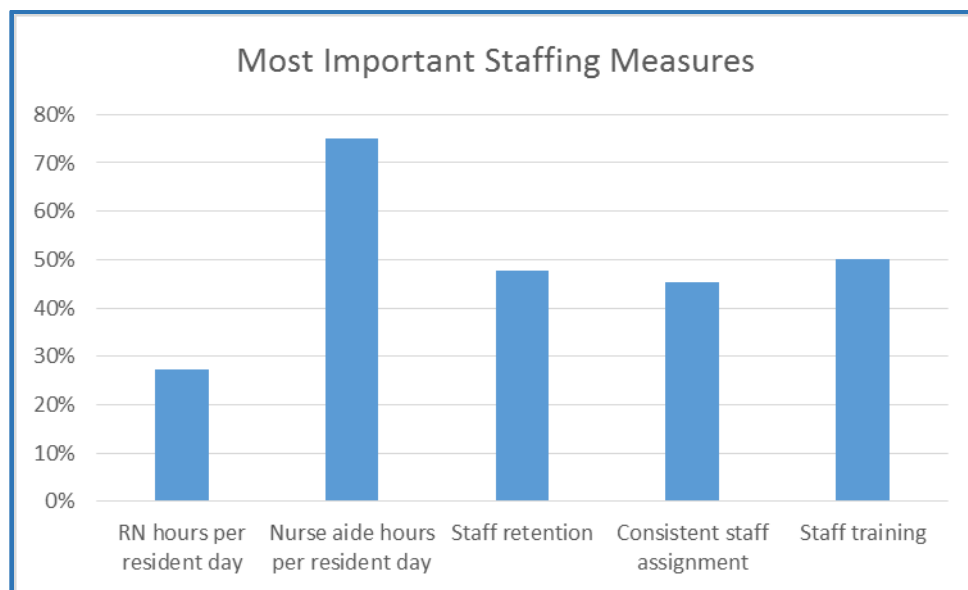
Summary:

Narrative responses included an array of concerns and recommendations, with many respondents voicing concerns with measuring culture change/quality of life at all, and/or in a standardized way. Others reinforced the importance of clear, objective criteria, leveraging existing tools and processes where possible, allowing adequate time to establish benchmarks, and establishing “levels” of attainment, tied to increasing levels of reimbursement.

30. Regarding the staff-related measures, please select the best option below:



31. Which of these measures do you think most impact residents' experience of daily care in your facility? (Check all that apply)



Summary (questions 30 and 31):

Summary:

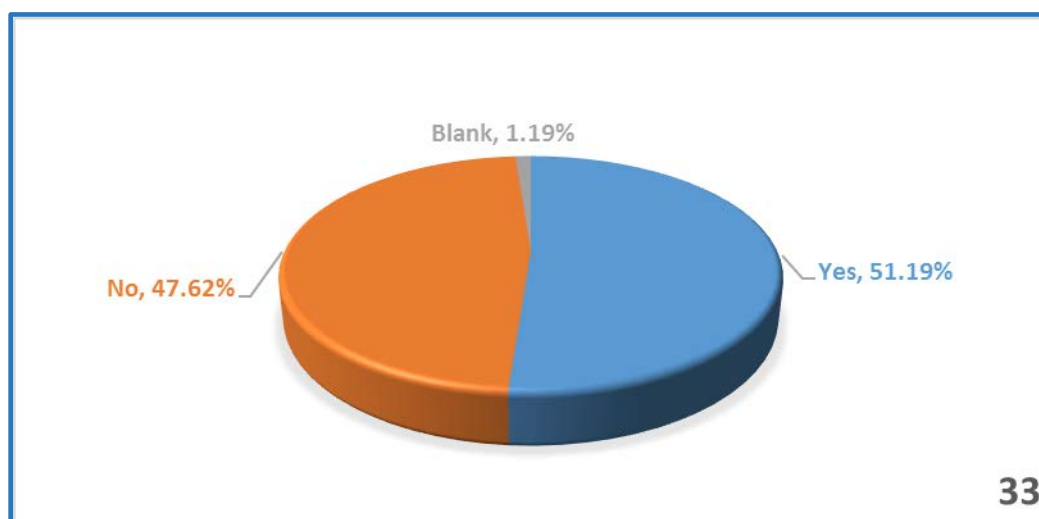
Almost all respondents (96%) indicated that **all of the staff related measures are needed**, but three-fourths (75%) of respondents felt they **should be weighted differently**. Over 70% of respondents felt **nurse aide hours per resident day impacts residents' experience of daily care the most**. Half of respondents felt **staff training** makes a significant impact. **Only 27%** of respondents saw RN hours per resident day as making a significant impact.

32. Do you have any other feedback related to staff measures?

Summary:

Some of the comments were specific to certain staffing measures. For example, a few facilities suggested measuring LPN staff in addition to RN staff hours per resident day. Others suggested more weight for NA staff, as well as consideration for respiratory therapists (likely from a facility contracted to receive enhanced respiratory care reimbursement, since note was made of 24/7 presence). Multiple facilities noted the challenge and unrealistic expectations of consistent staffing and staff retention in light of the nurse and other staff shortages nationwide. Several facilities expressed concern with the approach to measuring consistent assignment. Staff pay and training were also noted.

33. Should TennCare explore (with the assistance of stakeholders) an approach to measuring consistent staffing through a separate tool or data management system?



Summary:

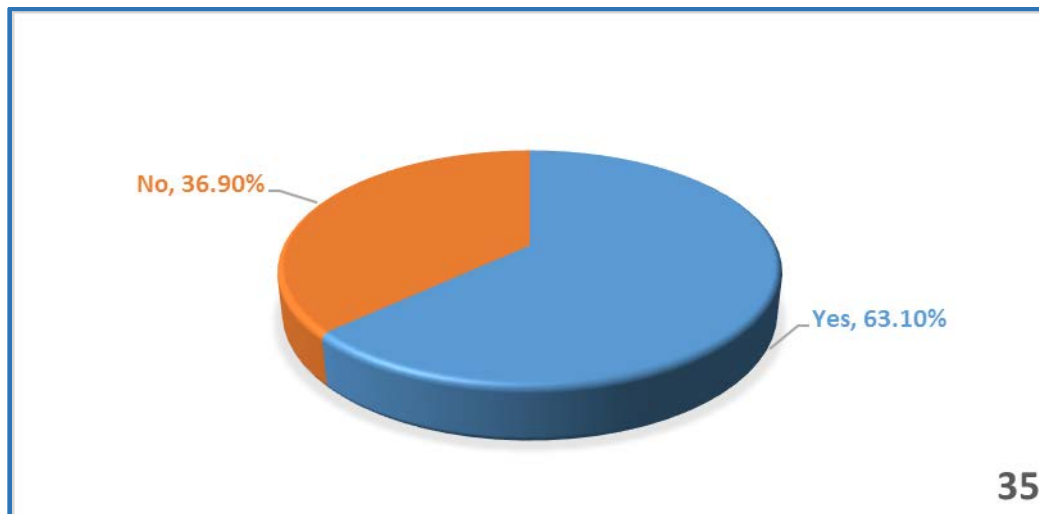
When asked about using a separate tool or data measurement system to measure consistent staff assignment responses were relatively evenly split, with just over half (**51%**) saying “**Yes;**” just under half (**48%**) saying “**No;**” and **1% not responding** to the question.

34. Do you have any feedback related to consistent staff assignment?

Summary:

Responses were varied. Many expressed the importance of consistent staffing and its impact on culture change and resident satisfaction. A number of facilities reiterated concerns regarding the current measurement approach, noting administrative burden and that a minimum of 12 caregivers per month is challenging to achieve and may be impacted by a facility’s staffing approach (8 vs 12-hour shifts). The importance of staff pay in reducing staff turnover was noted by several facilities, as well as recommendations to compare performance with other facilities, not a standard benchmark, or rewarding points as consistent staff assignment is expanded across a facility—to more and more residents. A few facilities also noted the importance of monitoring to ensure that facilities are reporting accurately and consistently.

35. Do you think that three years of standardized quality data is sufficient for creating staffing benchmarks which would be memorialized in the state rules?



Summary:

Nearly two-thirds (**63%**) felt that three years of data is sufficient to establish benchmarks.

36. Do you have any other feedback related to benchmarking staffing data?

Summary:

Narrative responses here reiterated the challenge of standardizing expectations across different facility types, staffing models, etc., allowing time for facilities to make changes and improvements, and concerns regarding the impact of staffing shortages on facility performance.

37. What would be the most helpful to your facility as it relates to training programs for staff?



38. What method of training delivery would be preferred?



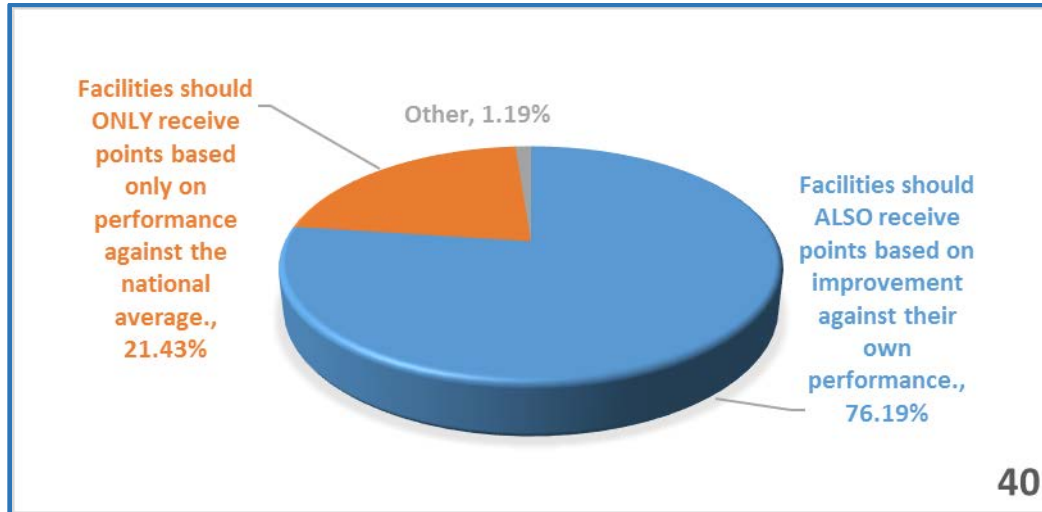
39. Do you have any other feedback related to training requirements?

Summary (questions 37, 38 and 39):

Almost two-thirds of respondents (64%) preferred **an array of training programs from which staff can select with points awarded based on the percentage of staff who have completed training components**, rather than prescribed training requirements.

Almost half of the respondents (49%) preferred an **online web-based** delivery of said training. Of note, several respondents felt in-person training is the most effective but said online training can reach the most staff more quickly. Concerns were raised about who funds the training, cost and time constraints, duplicative training requirements, the need for an assessment of competency, and that each facility has unique training needs which need to be taken into account before prescribing a one-size-fits-all training plan.

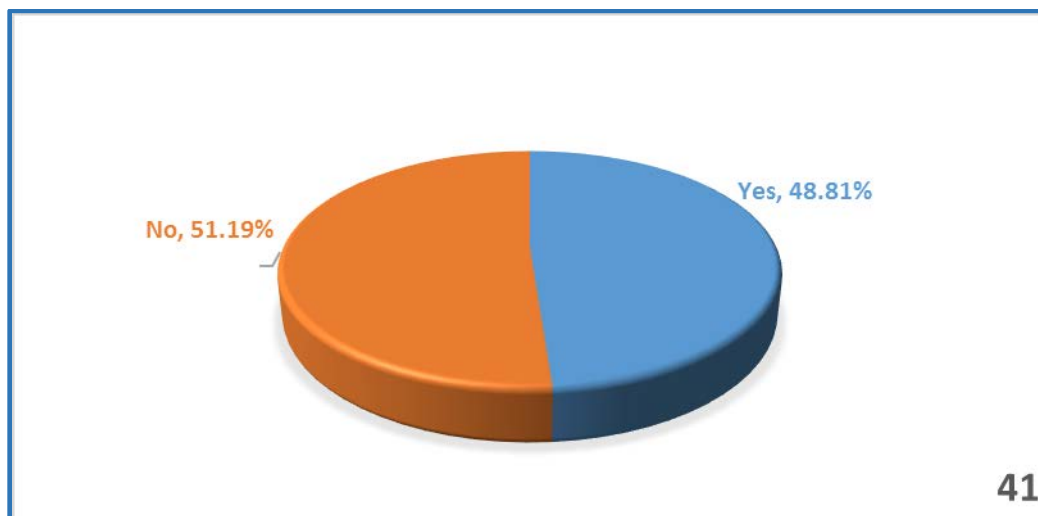
40. Do you think facilities should receive points based only on performance as measured against the national average, or should facilities also receive points based on marked improvement against their own previous performance?



Summary:

More than three-fourths of respondents (**76%**) prefer to ALSO receive points based on **improvement against their own performance** as well as receiving points for performance as measured against the national average. One respondent did not answer this question.

41. The current clinical measures in QuILTSS are percentage of residents taking antipsychotic medications and the percentage of residents who contract urinary tract infections. Do you feel that these are the most important clinical performance measures?



42. If no, what measures would you suggest?

Summary (questions 41 and 42):

The responses to this question were relatively evenly split, with just over half (**51%**) indicating that the percentage of residents taking antipsychotics and the percentage of residents with UTIs are **not the most important clinical measures**, and **49%** agreeing that they **are the most important clinical measures**.

Of those who said no, there were a range of recommendations for other measures. Those garnering the highest number of responses are below.

skin integrity/pressure ulcers	11	13%
falls with injury	8	10%
facility acquired wounds	7	8%
avoidable weight loss	7	8%
pain	5	6%

Additional comments suggested using a broader range of clinical measures, all long-stay measures, and survey findings. Several facilities commented on the challenge of reducing inappropriate use of antipsychotic medications and/or incidence of UTIs or recommended changes in the measurement approach or the way clinical performance is valued in QuILTSS.



BUREAU OF TENNCARE

Attachment A.

Stakeholder Input Memo

IMPORTANT MEMO

DATE: March 16, 2017

TO: Medicaid Nursing Facility (NF) Administrators
TennCare Managed Care Organizations

FROM: Jeremiah Morton, Director of Value Based Purchasing
Long Term Services and Supports

C: Patti Killingsworth, Assistant Commissioner
Chief of Long Term Services and Supports

Michelle Morse Jernigan, Deputy Chief
Long Term Services and Supports Quality & Compliance

QuILTSS Stakeholder Group

SUBJECT: TIME-LIMITED Opportunity for Input Regarding Nursing Facility Quality Payments

As you know, TennCare is in the process of developing a new reimbursement methodology for nursing facility services. The proposed new methodology will incorporate both acuity and quality-related components.

We have been working closely with the Tennessee Health Care Association for quite some time to develop the payment approach, and have drafted proposed new rules that would implement the proposed reimbursement methodology, including quality-related components. We are grateful for the collaborative way we have been able to work together with THCA throughout this process.

As we get closer to finalizing the draft rule and beginning the rulemaking process, it is important to us that we hear directly from nursing facility providers and from people who receive nursing facility services and their families.

To that end, **we are asking your assistance with two tasks:**

1. We ask that you review quality-related components of the proposed new rule and provide your input regarding these quality-related components via an online survey.

The survey related to these rules is located

here: https://stateoftennessee.formstack.com/forms/nf_quiltss_stakeholder_feedback_q1_2017

The sections pertaining to quality are highlighted. Excerpts are also included in the online survey. Please note that this survey is **only** about the quality components of the draft proposed rule. **This survey will close at 11:59 PM on March 31, 2017** However, once we have reviewed the feedback we receive and made appropriate adjustments, there will be additional opportunities for input as part of the rulemaking process.

2. In addition, we ask that you ensure prompt delivery of the attached memo to your facility's resident/family council and strongly encourage them to complete a separate survey that has been specifically designed to gather input from residents and family members. The resident/family survey is similarly time limited, so please ensure that this information is conveyed to them as quickly as possible.

You can find a copy of the resident council survey survey at this location: <https://tinyurl.com/quilttss-resident-rules>.

Additionally a paper copy and flier for this survey is attached.

If you have questions regarding the survey, you can also e-mail us at: LTC.Operations@tn.gov

REMEMBER: We need your facility response AND your resident/family council's response to your respective surveys by midnight CST on **March 31st, 2017**.

We sincerely appreciate your time and input. Thank for you taking the time to share your thoughts and ideas.

Sincerely,

Jeremiah Morton
Director of Value Based Purchasing
Long Term Services and Supports

March 16, 2017

IMPORTANT MEMO for Nursing Home Resident/Family Councils

We need to hear from you right away to help improve nursing home quality!

TennCare is changing the way we pay for nursing home care. How much a nursing home is paid will depend in part on the quality of care they provide. Quality is measured from the view point of residents who receive care and their families.

We are getting ready to put these measures into a TennCare rule. The rule will affect how every Medicaid nursing home in Tennessee is paid.

We want to hear from you about how to write these rules. We want to make sure we are measuring the right things.

To get your input, we've put together a survey. A copy of the questions in the survey is attached.

Please ask your resident and family council these questions. Then send us your answers. If you can, please enter them into the electronic form located here: <https://tinyurl.com/quilttss-resident-rules>

If you need help to put your answers in the survey, call us at (877) 224-0219.
If you have questions, you can e-mail us at: LTC.Operations@tn.gov

So we can get your comments in time to help us write the rule, **please enter your responses by midnight on March 31th, 2017.** After we review all of the feedback we get and make changes, we will have a hearing on the rules. You can provide more input then.

THANK YOU for taking the time to share your thoughts and ideas.

Nursing Facility Resident/Family Survey for QUILTSS Rules

TennCare is changing the way we pay for nursing home care. How much a nursing home is paid depends in part on the quality of care they provide. Quality is measured from the view point of residents who receive care and their families.

In 2013, we went around the state. We asked people who get nursing home care and their families to tell us what most impacts the quality of care they receive. Based on what they told us, we put together a set of quality measures. Here are those measures. They are divided into groups. The points for each measure and for each group are based on what people said matters most.

Don't worry about memorizing this list. In the next few pages, we will discuss each group and each measure.

A. Satisfaction (35 points)

1. Member/Resident (15 points)
2. Family (10 points)
3. Staff (10 points)

B. Culture Change/Quality of Life (30 points)

1. Respectful Treatment (10 points)
2. Resident Choice (meals, wake times, bath time & type, room decor) (10 points)
3. Member/Resident and Family Input (5 points)
4. Meaningful Activities (5 points)

C. Staffing/Staff Competency (25 points)

1. RN hours per day (5 points)
2. CNA hours per day (5 points)
3. Staff Retention (5 points)
4. Consistent Staff Assignment (5 points)
5. Staff Training (5 points)

D. Clinical Performance (10 points)

1. Antipsychotic Medication (5 points)
2. Urinary Tract Infection (5 points)

We are getting ready to put these measures into a TennCare rule. The rule will affect how every Medicaid nursing home in Tennessee is paid. **We want to hear from you** about how to write these rules. We want to make sure we are measuring the right things.

Please have your resident and family council members answer these questions. Then enter your answers to this survey on our website at: <https://tinyurl.com/quiltss-resident-rules>

This survey will close on **11:59 PM March 31, 2017 CST**.

If you have questions, please contact TennCare at lrc.operations@tn.gov.

Nursing Facilities – Satisfaction

First we measure satisfaction. It's worth a total of 35 points. This is the most points of any group. We measure satisfaction from 3 different view points.

1. **Resident satisfaction:** We want to know how satisfied residents are with the care they receive. This is worth 15 points.
2. **Family satisfaction:** We want to know how satisfied family members are with the care their loved ones receive. We also want to know if the facility does a good job of keeping family members informed. This is worth 10 points.
3. **Staff satisfaction:** Finally, we want to know how satisfied staff are with their job. If staff like their job, it helps them do a better job of providing care. And they will be less likely to leave and take a different job. This is also worth 10 points.

Q1: How important is it that every nursing home asks the same questions about satisfaction - so people know how their nursing home compares with other nursing homes? (Circle 1)

- a. Very Important
- b. Somewhat important
- c. A little important
- d. Not important at all

Q2: How important is it that someone besides the nursing home asks the questions -- so people can answer without anyone knowing who they are? (Circle 1)

- a. Very Important
- b. Somewhat important
- c. A little important
- d. Not important at all

Nursing Facilities -- Person Centered Care / Culture Change

Next we measure what care looks and feels like in the facility. Is care focused on what each resident wants and needs? Does care in the nursing home feel more like home (and not a hospital)? This is sometimes called “person-centered care.” Making changes to be more person-centered is sometimes called “culture change.” Culture change and person-centered care are worth a total of 30 points. There are 4 measures:

1. **Respectful treatment:** Do the people who provide your care treat you with respect? Do they listen to what you say and provide your care the way you want? Do you have privacy? This is worth 10 points.
2. **Resident choice:** Do you make choices about everyday things like when you get up and go to bed, when and what you eat, and when and how you bathe? This is worth 10 points.
3. **Resident and family input:** Do people ask your input about your care? Do they ask family members and involve them in making care decisions (if you want them to)? This is worth 5 points.
4. **Meaningful activities:** Do you get to do things you enjoy and spend time with people you care about? Do you feel like you have meaning and purpose in your life—a reason for living? This is worth 5 points.

Q1: Do you think a nursing home should be able to tell us how they're doing on these measures without someone else verifying what they say? OR do you think someone else should assess how well a nursing home does these things? (Circle 1)

- a. I think a nursing home can measure these things (without someone else verifying).
- b. I think someone else should come look at how well a nursing home is doing these things.
- c. I think I should be able to say how well my nursing home is doing these things.

Nursing Facilities - Staff and Staff Competency

The third group of measures is about the staff who provide your care. It's worth a total of five points.

1. **Registered nurse hours per day:** On average, how many hours of care by a Registered Nurse are provided to each resident each day? We compare each nursing home to the average of nursing homes across the country. This is worth 5 points.
2. **Nurse aide hours per day:** On average, how many hours of nurse aide care are provided to each resident each day? We compare each nursing home to the average of nursing homes across the country. This is worth 5 points.
3. **Staff retention:** How many of your nursing home's staff stay there for at least a year? This is worth 5 points.
4. **Consistent Staff Assignment:** Does your nursing home try to assign the same staff to provide your care each day? This lets you get to know each other, and helps them know how you want care to be provided. This is worth 5 points.
5. **Staff Training:** Are the staff who provide your care well trained? This includes being trained when they are hired, and getting more training each year so they keep giving better care. This is worth 5 points.

Q1: Which staffing measures do you think are most important? (Circle as many as you would like)

- a. Nurse hours per day
- b. Nurse aide hours per day
- c. Staff retention
- d. Consistent staff assignment
- e. Staff training

Nursing Facilities -- Clinical Measures

The last area we measure is certain health care needs.

1. Antipsychotic Medication

We count the percent of residents in the nursing home who take drugs that are made to treat serious mental illness. These are called anti-psychotic drugs. They affect the brain, mood, and behavior. But, they are not made to treat behavior for people who don't have mental illness. If a person who doesn't have mental illness takes these drugs, it can cause health problems. Anti-psychotic drugs can be harmful to people who have dementia. We want people in nursing homes to get these drugs only if they have a mental illness and need them. This is worth 5 points.

2. Urinary Tract Infection

We count the percent of residents in the nursing home who get a urinary tract infection. This is one of the most common infections for people in nursing homes. And it can cause serious health problems. This is worth 5 points.

Q1: Do you think these are the most important things to measure about health care needs? If no, tell us what you think we should measure.

Q2: Do you think we should look at infection control more broadly (and not just urinary tract infections)?

Nursing Facilities -- Summary

Here is what we are measuring:

A. Satisfaction (35 points)

1. Member/Resident (15 points)
2. Family (10 points)
3. Staff (10 points)

B. Culture Change/Quality of Life (30 points)

1. Respectful Treatment (10 points)
2. Resident Choice (meals, wake times, bath time & type, room decor) (10 points)
3. Member/Resident and Family Input (5 points)
4. Meaningful Activities (5 points)

C. Staffing/Staff Competency (25 points)

1. RN hours per day (5 points)
2. CNA hours per day (5 points)
3. Staff Retention (5 points)
4. Consistent Staff Assignment (5 points)
5. Staff Training (5 points)

D. Clinical Performance (10 points)

1. Antipsychotic Medication (5 points)
2. Urinary Tract Infection (5 points)

Q1: Do you think we are measuring the right things? (Circle 1)

- a. Yes, I wouldn't change anything
- b. Mostly yes
- c. I would change a lot of the measures
- d. I don't think you are measuring the right things

Q2: Are there other things that you think we should measure? If yes, please tell us what we should measure. (Write in your answer)

Q3: Are we measuring anything you don't think is important (that you don't think we should measure)? If yes, tell us what we should STOP measuring.

Q4: Do you think any measures should be worth more points than they have now? If yes, please tell us which measure(s) and how much you think each measure should count. (Write in your answer)

Q5: Do you think any measures should be worth less points than they have now? If yes, please tell us which measure(s) and how much you think each measure should count. (Write in your answer)

Q6: How much of a nursing home's payment should be based on how well they perform on quality measures? (Circle 1)

- a.** Less than 5%
- b.** At least 5% but less than 10%
- c.** At least 10% but less than 20%
- d.** More than 20%
 - a.** If you selected "more than 20%" what percentage of a nursing home's payment should be based upon quality measures?