THE AMERICAN GERIATRICS SOCIETY
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LINDA HIDDEMEN BARONDESS
Executive Vice President

March 24, 2005

The Honorable Mark McClellan, MD, PhD.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8012
Baltimore, MD 21244-8012

Dear Dr. McClellan:

The American Geriatrics Society (AGS), an organization of nearly 7,000 geriatrics' healthcare professionals who are specially trained in the management of care for frail, chronically ill older patients, appreciates the opportunity to provide both general and specific comments on the "Action Plan for Nursing Home Quality."

In general, the report utilizes a regulatory approach. We would suggest enhancing the regulatory approach through quality improvement efforts that identify and resolve individual and systemic problems. Without a comprehensive and ambitious agenda that includes proper resources, strong teaching, specific quality improvement approaches, and explicit staffing and training guidelines, the new reporting envisioned provides only benchmarking, without a comprehensive roadmap to quality improvement.

The AGS believes that CMS will achieve better results in the nursing home when the root causes of neglect and abuse are identified and eliminated. Several important action items associated with improving care are not contained in the action plan, including such important areas as risk adjustment, and increased understanding of links between process and outcomes. Although parts of the action plan consider the use of QIOs to work with individual facilities to deliver continuous improvement of quality of care, independent and rigorous evaluation of the content and scope of this approach is not mentioned. We anticipate, however, that the legislatively mandated IOM review of the QIO role will help further this approach.

In addition, we are concerned that inordinate attention to system outliers that care for complex patients, as proposed in the action plan, not only will result in the closure of

some marginal facilities, but also the closure of some excellent facilities that serve a very high-risk population. Thus, patients will likely have prolonged stays in acute hospitals while awaiting placement in preferred skilled nursing facilities. While benchmarking may stimulate conformity among outliers, there is not evidence that it alone establishes good standards of care. We believe the best system would utilize a number of approaches in addition to benchmarking.

The following specific comments are provided below.

A. Consumer Awareness and Assistance. The extent to which consumers access and use publicly reported data, particularly at the time of nursing facility choice, remains to be documented. In addition, the action plan fails to address implementation of the Nursing Home Consumer Assessment of Health Plans. Satisfaction information from families and residents may aid consumers in navigating nursing facilities.

A 1: Improving Staffing Data on the CMS Web Site. This segment acknowledges the lack of a consistent set of definitions and facility reporting within nursing homes. In addition, it notes that achieving a minimum staffing level fails to address the variability of facility staffing based upon patient acuity and program services. Therefore, the public requires comprehensive information in order to draw meaningful conclusions; mere staffing numbers are not enough to make appropriate decisions. We believe that creating a "stronger edit and correction system", as envisioned by the plan, does not provide the context necessary to properly use staffing information. Our organization lauds your stated intent to look beyond basic ratios to consider staff retention, training, wages and benefits and types of staff. We would urge CMS, in addition to mandating reporting, to consider approaches that would help facilities identify resources and organizational structures to maximize staffing inputs.

A 3: Public Reporting of the Weight Loss Quality Measures on Nursing Home Compare Web Site. This section suggests the use of weight loss as a measurement of quality, as recommended by the NQF. While the AGS does not defend unintended weight loss, we believe that the mere reporting of such will not alone improve quality. Weight loss information, much like the nurse staff ratio, will be taken out of context and be difficult to interpret. Without a clinical context, information on weight loss can easily be misused or misconstrued. Worse, public reporting may drive over-reliance on unproven and costly interventions such as inserting feeding tubes or other use of artificial nutrition in persons with advanced cognitive impairment. Instead, the AGS recommends the development of systems that focus on improved feeding.

A 4: Improving Public Reporting of Enhanced Pressure Ulcers Quality Measures on the Nursing Home Compare Web Site. This section presumes that the number of pressure ulcers in a facility determines good care. Again, we do not believe that pressure ulcers should be accepted as an inevitable consequence of nursing home placement. However, the present reporting system does not eliminate or distinguish between "present on admission" wounds rather than “facility acquired wounds.” Anecdotal evidence suggests that some facilities are becoming more and more resistant to taking patients with chronic

wounds, since it upsets their public reporting under Nursing Home Compare. At most, we should report facility-acquired lesions only. Although facilities do not track by "facility acquired" vs. "present on admission" currently, we believe facilities could easily move to a system that tracks pressure ulcers in this manner.

B 1: Complaint Investigations. This section contemplates a survey system that would enhance complaint investigation. In addition, we suggest that it is equally important to create a performance improvement initiative focused on improved service delivery and customer response. This approach could review and emulate the manner in which complaints and concerns are addressed in other health sectors, such as the IHI performance initiatives. In addition, such a system would use interdisciplinary review panels and process improvement teams to review system issues.

B. 11 Special Focus Facilities. Since, 1999, CMS has chosen two facilities for "special focus". We believe this approach is not productive for several reasons. Why choose two? What if some years there were actually no problem facilities? Most importantly, we believe this approach does not use the systems-based, quality improvement goals suggested earlier.

B. 18 Training. This section focuses on training surveyors rather than nursing home staff. In addition to training surveyors, we believe that staff training is a critical component of any successful quality improvement effort and, at a minimum, should supplement surveyor training.

C. 3 Minimum Data Set The AGS supports CMS' intent to revise and validate the MDS. We believe this important effort will result in improved outcomes.

C. 4 Standardized Terminology We are concerned that the push to CHI, SNO-MED not further reduce the clinical relevance of the MDS to actual facility staff. Although it may perform adequately in the hands of developers or researchers, the actual performance of this terminology in the hands of nursing home staff should be carefully evaluated to avoid a negative influence on patient care. Nursing facilities are currently one of the least resourced settings in the medical care system. While we recognize the potential value of unified electronic health records, we are also concerned that, in the absence of significant testing and infrastructure development, nursing facilities should not serve as the first rollout site for this approach.

D. Quality Through Partnerships Section. We suggest that the discussion contained in this section be broadened to include the possibility of new resources to address the problems rather than merely "working together on techniques that will help increase staff satisfaction and autonomy."

We believe work force discussions should include physicians as well as other long term care providers. Nursing home physicians are an integral component of the nursing home care team. We believe better data collection about their role is merited. In this regard,

we suggest that CMS modify OSCAR so that it captures accurate physician staffing data. We believe the current physician queries in OSCAR are not significant.

The AGS appreciates the opportunity to comment on this document. If you should have questions or comments on this letter, please contact Susan Emmer in our Washington office at (301) 320-3873.

Sincerely,

Meghan Gerety, MD, AGSF
President
American Geriatrics Society