

Perspectives on Quality, Data and the Medical Director

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Medical Director's Link to Quality

- **Effective Quality Assurance/Risk Management Committee meetings**
- **Aware of the quality of care and quality of life issues and involved in resolution**
- **Know what surveyors are looking for and communicate realistic expectations**
- **Know the high risk residents/families and communicate realistic expectations**

Medical Director Links To Quality

- Ensure good physician oversight/documentation
- Understand and use data sources
- Promote quality through peer mentoring and consultative services
- Influence the implementation of new or revised policies and procedures, and introduce "Best Practices" for clinical management
- Identify unmet needs within the continuum and assist with the development of programs and services

Overview of the Data links to Quality

- Using data means translating it into information to draw conclusions about a facility's performance
- Current focus – Consumer information?
- Methodology – Multiple data sources with Quality Measures/Quality Indicators/Survey outcomes/ Customer Satisfaction surveys
- Partnership between state affiliate/QIO/AHCA/FMDA to improve communication of best practices and understanding of Quality Measures

History

- CMS Nursing Homes Branch in collaboration with consumer, professional, industry, and state survey representatives created SIQ website -1998
- Nursing Home Guide website developed by Fla.'s Agency for Health Care Administration - 2001
- Watch List quarterly/Gold Seal for the top 5%
- April 2002 – CMS Nursing Home Compare – Quality Measures reporting on six states
- Goal: To enhance access to survey, staffing, and how quality data related to quality of care of nursing home residents

Quality Indicators

Identify concerns that will need further investigation;

They should not be used to make final judgments about the Quality Of Care.

- The final decision of whether or not there is a Quality problem requires careful and skillful Investigation by clinical experts.

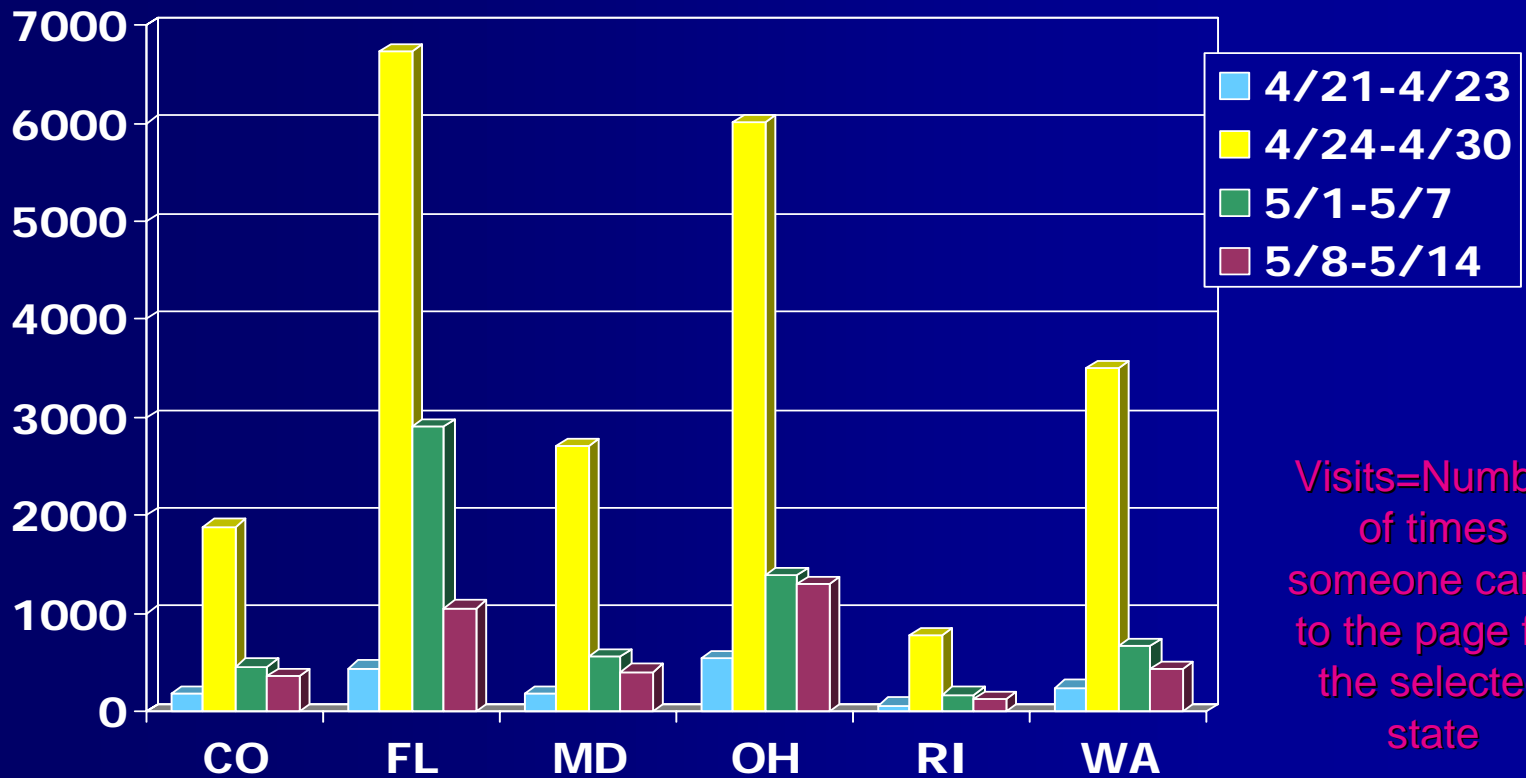
Quality Measures Pilot Project

- Providers largely support the development of measures specific to chronic care and post-acute care patient populations to better define the characteristics and expected outcomes of the two distinct patient populations.
- FHCA assisted member facilities in understanding the measures and working with public/family members

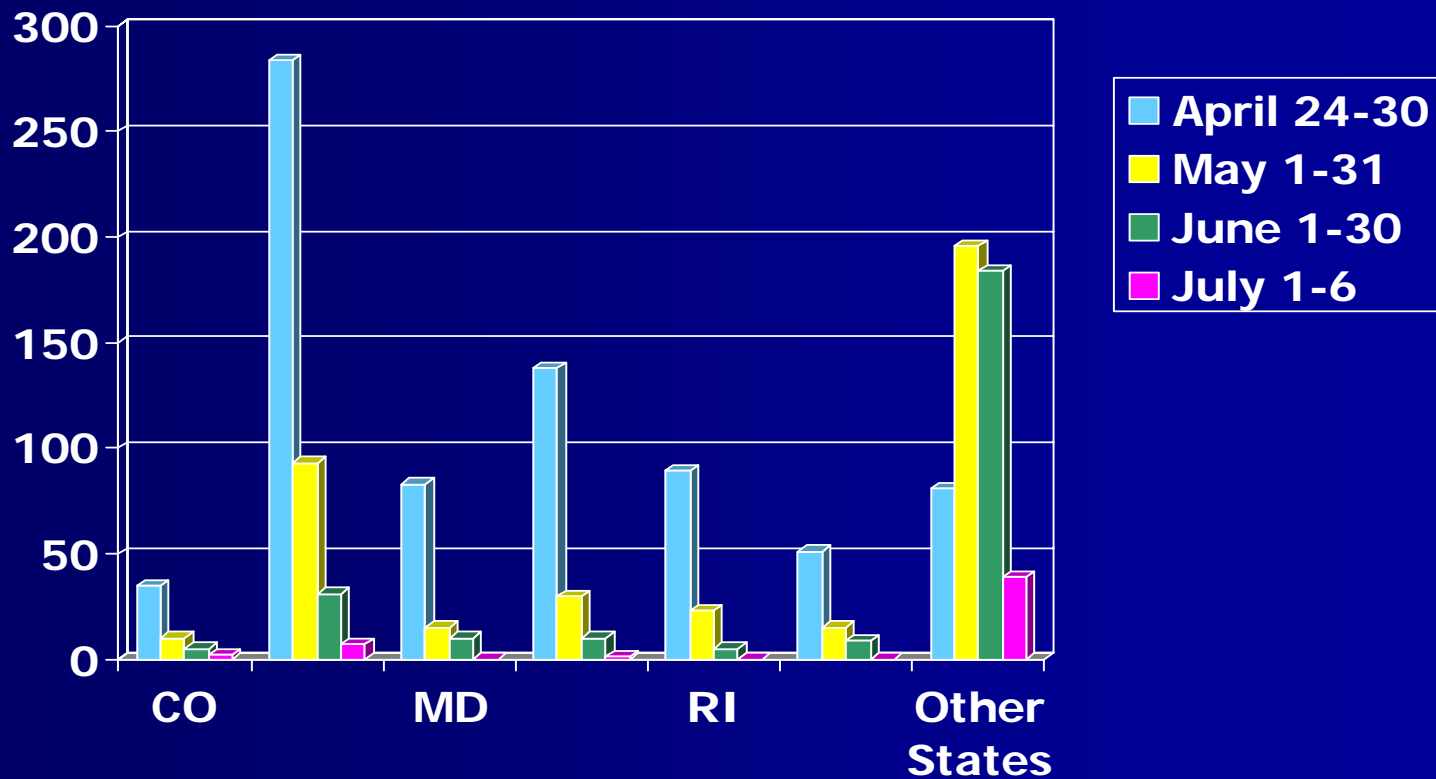
CMS' Purpose in Quality Measures Reporting?

- Incentives for nursing homes to improve quality of care
- Share information with beneficiaries and their families on nursing home quality of care for informed selection.
- Provide nursing homes with technical support through the QIOs to upgrade clinical and organizational systems.

Nursing Home Compare Web site Visits



1-800-MEDICARE Calls Re NHQI



November 2002 Quality Measures

Chronic Care:

- Late-loss ADLs
- Pressure sores (with and without FAP)
- Inadequate pain management
- Physical restraints
- Infections

Short-Stay:

- Delirium (with and without FAP)
- Pain
- Improvement in Walking (with FAP)

No Weight Loss Measure

- Failed the pilot study validation
- CMS will continue working with survey agencies to ensure a focus on nutrition. Food-related deficiencies remain at the top of citation frequency
- Weight loss/nutrition measure may be added in future

Medical Director and Weight Loss...

- **Physician documentation is critical. Does the clinical record adequately reflect the following scenarios (as pertinent to resident care)?**
 - **The impact of a resident's diagnosis on weight loss (or gain)**
 - **Significant change/new diagnosis**
 - **Alzheimer's, ex.: weight loss can be expected with functional decline**

Documentation Requirements Include Identification Of:

- Lab values that indicate nutritional status; abnormal results may be influenced by diagnosis/age**
- Protein absorption problems – immobility and illness = muscle atrophy/protein depletion**
- Informed consent with emphasis on personal choice or non-compliance and discussions with resident/family**

What is Quality?

- Quality extends beyond data and may only be defined when we listen to the voice of our customers...
- Our role is to be sure we present them with meaningful information and use data, feedback, actions to drive changes at the bedside.

Provider Concerns with Quality Measures Pilot

- **Media quick to highlight the negative information in newspaper articles**
- **Families and residents voiced concerns**
- **Quality measures considered “absolutes” rather than “indicators”**
- **Measures not always a fair representation of care outcomes especially with pain measure**

What About Anticipated Decline?

There is little reference anywhere in the scientific and quality measure information on the chronic, progressive nature of disease related to diminishing physical and cognitive abilities resulting from the irreversible affects of aging. Education of the public is needed on “normal” disease progression that does occur in a nursing home.

Is this not a role for the medical director?

What is needed?

- *Educate/train* member facility staff and residents/families/public
- Share information with members of the medical community
- *Verify* currency and accuracy of standards and guidelines in facility policies/procedures
- *Update* data as necessary
- *Expand* clinical practice guidelines aligned with quality measures – build into continuous quality improvement

F-501: Charge of the Medical Director

- **Assuring facility provides appropriate care as required**
- **Monitor/ensure implementation of resident care policies**
- **Oversight/supervision of all medical care**
- **Oversee all clinical care**

Responsible for Resident Care Policies Related to:

- Admission/transfer/discharge
- Infection control
- Restraints use
- Physician practices
- Nonphysician health care workers
- Ancillary services
- Medications' use
- Accident/incident reports
- Adverse incident reports (Florida)
- Release of clinical information
- Overall quality of care
- Provision of appropriate services to meet the needs of the resident

How/Why has the Medical Director's Role Changed?

- Increasing acuity level of residents (We have suggested to CMS that they be referred to as patients)
- Medical director's deposition taken when care issues are an issue
- Named in lawsuits since physician oversight is a major role
- Legislatively prescribed role in risk management
- Successful IDRs usually have physician involvement (anecdotal)

How to Better Involve the Medical Director*

- During the admission process
- Communicating bad news
- Unexpected decline
- Special families identified
- Dispute with attending physician
- Unrealistic expectations of residents/and or families
- Palliative/end-of-life care
- Provider error identified
- Quality assurance
- Survey resource

QIO/FHCA Joint Training

FHCA sponsored statewide training by the QIO in eight locations in spring 2002 to inform providers of the quality measures

-No medical directors involved-

Focus on Pain as an Example



- Pain management is complex
- Presence of pain should be appropriately assessed with ongoing pain management
- Misunderstanding of coding the MDS came to light
- No common instrument for assessing pain.
- What is the role of the medical director?

Pressure Ulcers

- **“Bed sore” is misleading but it has heightened the sensitivity to the quality measure**
- **Renewed focus on best practice**
- **MDS does not distinguish between a developing and a healing ulcer...but hopefully will be addressed in the next change of MDS according to CMS**
- **Assumes a pressure ulcer at admission will be healed in 90 days**

Documentation Issues

- **MDS SECTION M-STAGES ALL ULCERS REGARDLESS OF TYPE**
- **NECROTIC ESCHAR A STAGE IV, NOT “UNSTAGEABLE”**
- **NO DIFFERENTIATION BETWEEN VENOUS, ARTERIAL, DIABETIC ULCERS**
- **REVERSE STAGING ISSUE**

Basic Documentation

- Description of problem or concern
- Nursing assessment
- Lab and x-ray info
- Physician assessment
- Physician findings
- Physician orders

Physician

documentation:

-all communications with resident/family on diagnoses and prognoses with expected clinical changes

-agreement with nursing plan of care

Quality Measures as Tools

- **Providers: To compare outcomes with others – Understand, Explain, Improve**
- **Consumers: To better understand a facility's focus or to rate a facility's care?**

Ongoing Communication with Members on the Quality Measures and the Indicators - Examples

- “Proportion of residents with symptoms of depression ...and who are not taking antidepressant medications” - have to look at the individual resident to determine appropriateness of care.
- Incidence of decline in late loss ADLs –
May be unexpected decline in late loss ADLs?
Again the focus must be on the individual assessment.

Focus on Best Practices

- **FHCA's Quality Credentialing Foundation has collected audit tools and best practice information around the Quality Measures – make it positive with a focus on improving care**
- **AMDA's guidelines on pressure ulcers, pain, immunizations, and falls**
- **Information being disseminated upon request and to “Early Warning” system participants**
- **Needs the involvement of medical directors**

Importance of the MDS as the Source Document

- **Timing of the assessments**
- **Definitions such as “pain” and staging of pressure ulcers**
- **Use of the MDS with the postacute patients**
- **Accuracy of the MDS as the source document of Quality Measures**
- **MDS coding practices and the hundreds of Q/As that accompany the RAI manual today**
- **MDS is a tool for payment/services/quality measurement/federal and state audits**

MDS and the Medical Director???

- **MDS data triggers the RAPs and leads to the care plan**
- **Calculates the Quality Indicators and Quality Measures**
- **Sets the reimbursement under SNF PPS**
- **Reliability and validity = quality care**

What about Falls?

- **30% FALL RATE OVER 65**
- **50% FALL RATE OVER 80**
- **HISTORICALLY VIEWED AS “ACCIDENTS” -- THEREFORE UNPREDICTABLE/UNAVOIDABLE**
- **NOW PART OF GERIATRIC SYNDROME and ADVERSE INCIDENT REPORTING IN FLORIDA**

RISK FACTORS

- **MUSCLE STRENGTH**
- **BALANCE**
- **GAIT**
- **VISION**
- **POSTURAL HYPOTENSION**
- **MEDICATIONS**

Approach to Systemic Quality Improvement

- Use data to identify improvements needed
- Use indicator rates to form sub teams such as Pressure Ulcers or Falls
- Policy and procedure reviews and determination of education to drive process improvements
- Discuss facility rates, establish benchmarks, and identify residents that would benefit from further review
- Identify positive rates and review the processes that have driven positive outcome

Coordination with FHCA's Quality Credentialing Program

- **QIOs**
 - Project goals – learning from the pilot nursing homes
 - QI topics – ex. Working to improve pain assessment/management through directed inservices
- **Survey Process Outcomes/Agency's watch list and FHCA's Early Warning System**
- **Mentoring and Peer Review Assistance**

FHCA's Quality Summit: What is Wanted???

- Relevant standards that are understood by consumers, providers, advocates, regulators, researchers, media, etc.
- Evaluation criteria that is reflective of good care
- Different definitions of “quality” addressed



Quality Measures' Impact

- Nursing home providers in Florida are leery of “one more attempt to focus on nursing homes in the media” but they now accept the Quality Measures reporting and have built in resident/families and staff education
- State Survey agency is focusing on pain programs in nursing homes
- QIO's special focus is on pain in Florida.
- FHCA working with the QIO to share best practices/better inform the public

Quality Credentialing Foundation

- **Working toward Continuous Quality Improvement**
- **Helping facilities in trouble**
- **Focus on Best Practices and Audit Tools upon request**
- **Targeted training**
- **Developing a Mentoring Process**

Commitment to Quality

- **Even when regulatory and market pressures collide, SB 1202 provides a clear direction**
- **Facilities are managing their risks**
- **Increasing their staffing**
- **Mentoring facilities in trouble**
- **Trying to get insurance**
- **Implementing the 1202 requirements**
- **sCaring for Florida's elders, disabled persons with compassion**
- **Supporting Quality Credentialing**