Health Equity Confidential Feedback Reports Education & Outreach Recording -Transcript to the October 16, 2023 Online Webinar

Hello, everyone, and thank you all for listening to the "Health Equity Confidential Feedback Reports Education and Outreach Webinar" today. My name is Yuki Hayashi, and I am a health equity lead for post-acute care projects at Acumen.

Today we will be presenting about the Centers for Medicare & Medicaid Services' new Health Equity Confidential Feedback Reports for the Home Health, Inpatient Rehabilitation Facility, or "IRF," Long-Term Care Facility, or "LTCH," and Skilled Nursing Facility, or "SNF," quality reporting programs which were released for the first time on October 16, 2023.

There are a couple individuals who will be joining me in presenting about the PAC Health Equity Confidential Feedback Reports. For today's presentation, we have Alex Laberge, from the Division of Chronic and Post-Acute Care at CMS, and Mikhail Pyatigorsky, Acumen's technical lead for this work.

The next slide contains the agenda for this webinar. Our goal is to begin by providing an overview of the purpose and basics of the PAC Health Equity Confidential Feedback Reports. We will then take a deeper dive into the provider comparisons shown in the reports. After this, we will walk through some example report tables to demonstrate what the report results may look like. We will wrap up this webinar by touching on CMS's future plans for health equity measurement in PAC QRP.

Next, we have listed a number of acronyms that will be used throughout this presentation.

I will now hand over the presentation the Alex Laberge, who will describe the background and purpose of the PAC Health Equity Confidential Feedback Reports.

Thank you, Yuki. And I would like to thank all of you for joining us today for this webinar.

Before we review the confidential feedback report, we would like to provide how CMS is defining "health equity." CMS defines health equity as "the attainment of the highest level of health for all patients, where everyone has a fair and just opportunity to attain their optimal health regardless of

race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes."

In fall 2023, CMS is releasing stratified Health Equity Confidential Feedback Reports for two Post-Acute Care measures so providers can use these results to develop strategies to reduce the impact of the social risk factors for their patients. The measures include the Discharge to Community and Medicare Spending per Beneficiary, and the confidential feedback report will be provided to Home Health Agencies, Inpatient Rehab Facilities, Long-Term Care Hospitals, and Skilled Nursing Facilities. The stratifiers include Medicare-Medicaid dual-enrollment status. That includes patients who are dually enrolled in both Fee-for-Service Medicare and Medicaid at any point during their PAC stay or episode. And race/ethnicity, which includes the following groups: White, Asian American, Native Hawaiian, Pacific Islander, Black, and Hispanic patients. The report includes a Non-White group which consists of Asian Americans, Native Hawaiians, Pacific Islander, Black, Hispanic, and American Indian and Alaska Native patients. Next slide.

What is the rationale for stratifying Health Equity Confidential Feedback Reports? For stratifiers, the research suggests that certain social risk factors, such as having a low-income background or being of a particular race/ethnicity, may be associated with increased risk of poor health outcomes. Stratified Health Equity Confidential Feedback Reports will provide data on whether differences in measure outcomes for patients with social risk factors are occurring at your facility or agency. Providers can use these results to develop strategies to reduce the impact of social risk factors on their patients.

We selected the Medicare Spending per Beneficiary and the Discharge to Community measures, as measures to stratify. The Medicare spending per Beneficiary is a Medicare spending per post-acute care treatment period and for 30 days after. The Discharge to Community measure is the rate of successful discharge to community, with successful discharge to community including no unplanned re-hospitalizations or death in the 31 days following discharge. We selected these measures because the DTC and MSPB measures are important, valid, and reliable cross-setting post-acute care quality reporting measures. The Discharge to Community measure captures an important patient outcome, successful discharge to community. The Medicare Spending Per Beneficiary measure captures the efficiency of care, that is, care used to achieve successful discharge as well as the costs of negative events such as emergency room stays or hospital admissions.

Note that for fall 2023, Post-Acute Care Health Equity Confidential Feedback Reports are confidential, and they're not publicly reported. Measure performance period for the fall 2023 reports represent Home Health Agencies for the calendar years 2021 to 2022, and Inpatient Rehab Facilities, Long-Term Care Hospitals, and Skilled Nursing Facilities per fiscal years 2021 and 2022. The Health Equity Confidential Feedback Reports will be updated annually.

And now I'll hand it back to Yuki.

Thank you, Alex.

Next, we're going to cover the data sources we used to calculate the results in the PAC Health Equity Confidential Feedback Reports.

Data for the reports come from three main sources; we use Medicare Part A and B claims to calculate the DTC and MSPB measure outcomes and conduct risk adjustment. We use Medicare Enrollment Database data to determine beneficiaries' Medicare-Medicaid dual-enrollment status. Finally, we apply the RAND Corporation's Medicare Bayesian Improved Surname Geocoding method to estimate beneficiaries' race and ethnicity.

Moving on to the next slide, we'll now go through the steps to take to access your PAC Health Equity Confidential Feedback Reports.

First, log into iQIES using your HCQIS credentials. Then, from the reports menu, select “My Reports.” From the “My Reports” page, please locate and select a folder named “Health Equity Confidential Feedback Reports.” By taking that step, the website should display a list of reports available for you to download. Lastly, select the report name to view your Confidential Feedback Report.

If you have any questions regarding accessing your report, please contact the iQIES Service Center over e-mail or phone using the contact information provided on this slide.

We'll now move on to the next section of this presentation, which provides a description of the Across- and Within-Provider comparisons presented in the reports.

Slide 13 introduces the concept of Across- and Within-Provider comparisons at a high level. First, Across-Provider comparisons compare a given provider to all other providers in their care setting. So, for example, if you are an LTCH facility, your performance is compared to the performance of all LTCHs nationwide.

Additionally, Within-Provider comparisons compare stratified patient populations within the individual provider's care. So, for example we would compare your LTCH's duals' outcomes to your LTCH's non-duals' outcomes. We would like to note that in our slides, we use LTCHs as an example, but the same concepts apply to Home Health, IRF, and SNF providers.

On the right-hand side of the slide, we have included a figure legend in order to orient you to some visuals that will depict each of the comparisons in subsequent slides. The building icon indicates your facility or agency whereas the U.S. map icon indicates facilities and agencies nationwide in your care setting. We also have different colored human shaped icons, indicating different patient populations included in a given comparison, such as duals and non-duals.

Let's now move on to the next slide.

Now that we have spoken about the overall concept of Across- and Within-Provider comparisons, we would now like to present about the specific Across- and Within- comparisons shown in the Health Equity Confidential Feedback Reports.

The reports include two types of Across-Provider comparisons and one type of Within-Provider comparison. Specifically, the first Across-Provider comparison compares risk adjusted outcomes at your facility or agency to the national performance among all patients. The second type of Across-Provider comparison compares risk adjusted outcomes at your facility or agency to the national performance among the same population. Finally, Within-Provider comparisons compare risk-adjusted outcomes between populations at your facility and agency.

We'll now delve into each of these comparisons in detail.

On this next slide, we describe the Across-Provider comparison to the national performance among all patients in detail. The goal of this comparison is to compare the measure outcome for your facility or agency's patient population to the national performance across all patients in your care setting. Specifically, this Across-Provider difference is calculated as your patients' performance minus the national performance. So, for example, we would compare your LTCH's duals' DTC rate with the national DTC rate across all LTCH patients. This allows providers to see how a specific patient population in your care performed relative to the national measure performance.

Next on this slide we describe the Across-Provider comparison to the national performance among the same population in detail. The goal of this comparison is to compare the measure outcome for your facility or agency's patient population to the national performance among the same population in your care setting. Specifically, this Across-Provider difference is calculated as your patients' performance minus the national performance among the same population. So, for example, we would compare your LTCH's duals' DTC rate with the national DTC rate among all duals in LTCHs, nationwide. This allows providers to see how a specific patient population in your care performed relative to the national measure performance for the same population.

Finally, on Slide 17, we describe the Within-Provider comparisons in detail. Unlike the Across-Provider comparisons, the goal of this comparison is to compare measure outcomes between populations at the same facility or agency. Specifically, the Within-Provider difference is calculated as your patients' performance for one population minus your patients' performance for another population. So, for example, we would compare your LTCH's duals' DTC rate with your LTCH's non-duals' DTC rate. This allows providers to identify measure outcome differences between patient populations within your care.

So, this brings us to the next section of this presentation in which we will walk through some example report tables and talk about how to interpret them.

The upcoming slides include example Health Equity Confidential Feedback Reports tables for a fictitious LTCH provider located in an urban area in Washington, D.C., which is in the South Atlantic region. Please

note that examples include dummy data and are shown for educational purposes only. Again, while we use LTCHs in the examples, the same set of tables is included in the Home Health, IRF, and SNF Health Equity Confidential Feedback Reports. Furthermore, most of the examples will focus on the DTC report, but we will call out some important interpretation differences for the MSPB report.

The Health Equity Confidential Feedback Report is organized in four sets of tables, and the subsequent example slides will follow the structure. As discussed, the first is an Across-Provider comparison against the national rate for all patients. The second is an Across-Provider comparison against the national rate among patients of the same population. The third is the Within-Facility comparison. And the fourth is a comparison to facilities with similar geographic locations and similar patient compositions. Now, I will hand it over to Mikhail Pyatigorsky to conduct the example walkthrough.

Thank you, Yuki.

The first table in the DTC reports shows the summary of the Across-Provider comparison of your facility or agency to the national rate for all patients in the setting. For each population, the table shows how your facility or agency performed compared to the national rate for all patients.

“Better” indicates that your facility or agency's DTC rate for the specific population, for example, dual, is statistically significantly higher than the national rate for all patients at the 5 percent significance level. “Worse” indicates that your provider's DTC rate for the specific population is statistically significantly lower than the national rate for all patients. “No different” indicates that your facility or agency's DTC rate for the specific population is not statistically significantly different from the national rate. And “N/A” would indicate that your facility or agency did not meet the minimum required case count for the specific population; 10 stays for the Home Health setting, and 12 stays for the IRF, LTCH, and SNF settings. Results for the American Indian/Alaska Native population are not shown in the Health Equity Confidential Feedback Reports due to small overall size. This population is included in the Non-White group.

Next slide, please.

A table showing the details of an Across-Provider comparison of your provider to the national rate for all patients in the setting is also included in the report. This table shows a national DTC rate, the DTC rate for the 90th percentile facility or agency, and the DTC rates for each population in your facility or agency.

Additionally, for each population, the table shows the difference between the rate in your facility or agency and the national rate, the confidence interval around this difference, and the statistical significance of this difference.

Using duals as an example, the “Difference” column is calculated as the DTC rate for duals at this LTCH minus the DTC rate for all LTCH patients. For DTC, a negative difference means that the DTC rate at this facility is lower or worse, than the national rate. A positive difference would mean that the DTC rate at this facility is higher, or better, than the national rate.

The confidence interval includes the lower bound of the 95 percent confidence interval of the difference, followed by the upper bound. If the lower bound of the confidence interval is greater than zero, and the category of the difference is better outcome than the national rate. For example, the confidence interval for the Asian American and Native Hawaiian or Pacific Islander population is 6 percent to 8 percent. Since the lower bound of the confidence interval is greater than zero, indicating that this population had a greater or better DTC rate than the national rate, the category of the difference for this population is “better outcome than national rate.”

If the upper bound is smaller than zero, then the category of the difference is “worse outcome than national rate.” Here, for example, the confidence interval for the dual population is minus 13 percent to minus 7 percent. Since the upper bound of the confidence interval is smaller than zero, indicating that this population had a worse, or smaller, DTC rate than the national rate, the category of the difference for this population is “worse outcome than national rate.” If the confidence interval range contains “zero” between the lower and upper bounds, then the category of the difference is “outcome is no different than national rate.”

Here, for example, the difference for the non-dual population is minus 3 percent. However, the confidence interval for the non-dual population is minus 7 percent to positive 1 percent. Since the

confidence interval range contains zero between the lower and upper bounds, the category of the difference for this population is “outcome is no different than national rate.”

Next slide, please.

The report also includes the Across-Provider comparison against the national rate among patients in the same population. “Difference,” ”Confidence Interval,” and “Category of Difference” can be interpreted in a similar way to the previous table. The only distinction is that each DTC rate at this LTCH is being compared to the national rate for the same population. In other words, duals of this LTCH compared to duals nationally, Non-White patients at this LTCH to Non-White patients nationally, et cetera.

Next slide, please.

In these tables, outcomes are compared between populations within each facility or agency. For example, the Difference column in the dual status table is calculated as the DTC rate for duals at this LTCH minus the DTC rate for non-duals at this LTCH. A negative difference means that the duals at this LTCH had a lower or worse DTC rate than non-duals at this LTCH. A positive difference would mean that the DTC rate for duals is higher or better than the DTC rate for non-duals within a facility or agency. Just as with Across-Provider comparisons, the 95 percent confidence interval determines the statistical significance of the difference, which is described in the “Category of Difference” column.

Next slide, please.

The next several tables show additional information about groups of providers that are similar to your facility or agency in some way. For example, this table shows information about providers in similar geographic locations.

Unlike other tables in the report which focus on measure outcomes, this table shows patient composition at a given provider as well as the patient composition in the provider's geographic location, like the CBSA, state, or region. This information helps shed light on the types of patients a given provider's treating compared to the types of patients seen in similar geographic locations.

Next slide, please.

Building on the previous table, this table shows measure outcomes among patients at facilities or agencies in similar geographic locations. Information in the “Your Facility” and the “National” columns is the same as the information in previous tables, where outcomes for these patient groups were shown.

Next slide, please.

The reports also group providers into risk brackets and quintiles based on the proportion of dual and Non-White patients.

Risk brackets are determined by first calculating the average risk score across all stays for each provider based on the predicted measure outcome for each stay in the risk adjustment model. Providers are then divided into 10 equal size groups based on their average risk, resulting in 10 risk brackets. Bracket 1 has the lowest average sized risk, bracket 10 has the highest average risk. Facilities with a similar proportion of duals as you are determined by first calculating the proportion of the stays at each provider that belong to dually eligible patients. Providers are then divided into five equally sized groups, or quintiles, based on their dual proportion. Quintile 1 has the lowest dual proportion, and quintile 5 has the highest dual proportion. Facilities with a similar proportion of Non-White patients as you, is calculated in the same manner.

Next slide, please.

This table then shows how a given facility or agency's measure outcomes compare to outcomes among facilities with similar average patient risk proportion of dual patients and proportion of Non-White patients.

Next slide, please.

Now we're going to quickly discuss the MSPB measure. The MSPB and DTC Health Equity Confidential Feedback Reports contain the same sets of tables. The example tables shown in the previous slides are applicable to the MSPB report as well. However, we will talk through an example MSPB table in the next slide in order to demonstrate one important difference between the MSPB and DTC reports. While for the DTC measure, a greater rate indicates better performance, for the MSPB measure, a greater dollar amount indicates poor performance.

This slide will demonstrate how this affects the interpretation of the MSPB report tables.

Using duals as an example, the “Difference” column is calculated as the average MSPB amount for duals at this LTCH minus the average MSPB amount for all LTCH patients. For the MSPB measure, a negative Difference means that the MSPB outcome, average MSPB amount, measured in dollars, is lower or better at your facility or agency than the national average.

A positive Difference means that the average MSPB amount, measured in dollars, is higher or worse at your facility or agency than the national average. If the lower bound of the confidence interval is greater than zero, then the category of the Difference is “worse outcome than national average,” indicating that your provider's average MSPB amount for the specific population is statistically significantly higher than the national average.

If the upper bound is smaller than zero, then the category of the Difference is “better outcome than national average,” indicating that your provider's average MSPB amount for this specific population is statistically significantly lower than the national average.

If the confidence interval range contains zero between the lower and upper bounds, then the category of the Difference is “outcome is no different than national average,” indicating that your provider's average MSPB amount for the specific population is not statistically significantly different from the national average.

I will now pass the slides back to Alex to discuss some future steps.

Thank you, Mikhail.

To summarize the material that has been covered today, we provided an overview of the Post-Acute Care Health Equity Confidential Feedback Reports for Home Health Agencies, Inpatient Rehab Facilities, Long-Term Care Hospitals, and Skilled Nursing Facilities. We provided a description of the Across- and Within-Provider comparisons, and we provided an example walkthrough of the report tables.

Looking ahead, CMS is making a change towards greater health equity by providing data and information to help you, our care partners, to provide the highest quality care to all your patients. Stratified Health Equity Confidential Feedback Reports will provide data on whether differences in measure outcomes for patients with social risk factors are occurring at your facility/agency. Providers can use these results to develop strategy to reduce the impact of social risk factors for their patients.

CMS is continuing to explore the potential of expanding this confidential feedback report approach to other measures and other social risk factors and/or demographic variables for future reporting. CMS is also exploring the use of post-acute care assessments as a source for social risk factors and demographic variables.

And now I'll pass it back to Yuki. Thank you.

Thank you, Alex.

To wrap up this presentation, we would like to highlight a few education and outreach resources you can refer to in order to find further information regarding the 2023 PAC Health Equity Confidential Feedback Reports. A number of educational materials such as a fact sheet, a question and answers webinar, an FAQ document, and a methodology summary will be available on each PAC QRP training website listed here.

Additionally, please refer to the iQIES Report User Manual if you would like additional information regarding how to access your Health Equity Confidential Feedback Reports. If you would like to request a 508 compliant version of your PAC Health Equity Confidential Feedback Report, or if you have questions about the report, please e-mail the help desk e-mails listed here.

This concludes our presentation. We thank you for listening, and we wish you all a great day. Thank you.