

Brief Summary of Jan. 22, 2009 Meeting  
CMS/AHCA/AAHSA/AQNHC

Attendees included identified members of AHCA, AAHSA, and the Alliance, and staff from each association. From CMS attendees were: Thomas Hamilton, Dr. Paul McGann, Cindy Graunke, Ed Mortimore. Jean Scott, and Mary Pratt. Abt & Associates listened to the meeting via conference call.

Information was presented to Thomas Hamilton/CMS consistent with the Discussion Guide.

**Key Take-Aways**

Hamilton committed to take the associations' concerns to the new administration; no decisions regarding removing the Five Star Rating System from the CMS Web site will be made by current staff.

- Quality Measures
  - Hamilton stated
    - There is more that CMS can do to explain the decision-making process for choice of QMs
    - Decision for QMs used was based on looking at work completed by CMS in preparation for the Value-Based Purchasing pilot
    - There may need to be more work on the risk adjustment for QMs – Dr. Teigland's paper is an excellent start
    - He understands the associations want information provided to consumers about what facilities do well and also what they do not do so well
- Staffing
  - Hamilton stated
    - CMS needs to know about errors in staffing data and will correct
    - Central Office will work with State Agencies to ensure consistent definitions are used related to the 671
    - 671 needs updating to better reflect the current way facilities are staffed (e.g., shahbaz; universal worker; therapists)
    - There is a need for updating technical capacity at CMS – will need to present this to the new administration
- Survey
  - Hamilton stated
    - CMS needs to know if there are instances where IDRs have resulted in lowered scope & severity and this is not reflected in OSCAR

- If there is a negative incentive for facilities to self-report incidents, this should be corrected
  - He believes that facilities should be rewarded for having Quality Assurance programs that identify and correct problems. CMS has asked Congress to fund a Demonstration Project that would evaluate facilities with a QA program and assess their improvement
- Consumer Satisfaction
  - Hamilton stated
    - There is value in including patient satisfaction but additional questions must be answered:
      - What form would be used?
      - What criteria would be assessed and compared?
      - What is the purpose for the information
- Impact on Facilities
  - There is no acknowledgement in the system for facilities with a troubled history that have been taken over by a quality provider and significant improvements are shown within one year – facility is still saddled with the 2 previous years of poor survey, staffing and QM history

Final Comments:

CMS will review and respond to the discussion paper and specific examples submitted in two weeks. Also, at that time, there will be a proposal for moving forward with the associations. The proposal will likely include:

Development of four workgroups including representatives from CMS and each association to discuss and make specific recommendations for improving Five Star in the following areas: (1) Quality Measures; (2) Staffing; (3) Survey; and (4) Consumer Satisfaction.

Workgroups would develop specific ideas and recommendations in each area and CMS would need to determine final “trade-offs” and decisions about each.

Focus of recommendations would be on what CMS can do “easily and quickly” and what is more long term. Resources (staff and financial) will be factors in determining what can actually be done.

Concern was raised about use of Five Star by lawyers litigating against nursing homes. Hamilton requested suggested language to publish on the Five Star Web site to make Five Star less useful to lawyers.