**Wisconsin Nursing Home**

**Clinical Performance Scorecard**

**Phase II: Pilot Testing\***

**Recruiting Information and Materials**

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**You Should be Interested If:**

* You use the Wisconsin Clinical Resource Center (<https://wcrc.chsra.wisc.edu/>),
* You would like additional resources to comply with CMS’s Quality Assurance & Performance Improvement (QAPI) program,
* You would like to know where your outcomes stand among those of your peers,
* You would like to know if your standing is changing over time,
* You would like to have access to clinical resources to help you improve your outcomes, and,
* You would like to play an active role in testing a new clinical performance reporting and quality improvement system designed to address these issues.

**Introduction:**

Wisconsin needs high quality nursing homes to meet the needs of its most vulnerable citizens.  In order to achieve high quality nursing home care and to continuously improve it, the Wisconsin Department of Health Services (WI DHS) must first define quality and determine how to measure it.  In Phase I of this initiative, WI DHS engaged the University of Wisconsin Center for Health Systems Research and Analysis (CHSRA), with input from the nursing home associations and other long term care stakeholders, to produce a nursing home quality performance measurement scorecard tested for credibility and ready for statewide implementation.  Phase II will recruit several Wisconsin nursing homes to pilot test the scorecard, selecting which measures are most useful and identifying appropriate WCRC resources and protocols to employ to improve or maintain a high level of measured performance.  A final report will recommend next steps to make the scorecard available throughout Wisconsin (Phase III).  As with the prior phase, the ultimate outcome of Phase II is to improve clinical outcomes for Wisconsin nursing home residents, which will also improve their quality of life.

Appendix A provides an overview of the scorecard developed in Phase I of this project.

**Specific Goals for Phase II:**

Phase II will pilot test the Phase I scorecard with 20 to 30 nursing homes over one year.  This project will be coordinated with efforts by the DHS staff and will solicit the support and participation of the two large provider associations, LeadingAge Wisconsin and the Wisconsin Health Care Association (WHCA).  The key objectives include:

1. Assess the usefulness of the QIQM scorecard as a tool for nursing home staff to identify areas for quality improvement, especially within the context of current or future quality improvement initiatives sponsored by the provider associations or other stakeholders, such as QAPI.
2. Build linkages to follow-up resources in the Wisconsin Clinical Resource Center (WCRC) to review when a QIQM identifies an area of concern.  Suggest, if necessary, additional WCRC content that would be useful in such situations.
3. Determine which QIQM values should be retained, removed or modified for future use in the scorecard.  Determine which nursing home peer groups should be retained, removed or modified.
4. Estimate the cost and resources necessary to roll out and maintain the scorecard statewide.  Suggest approaches to funding the statewide operational system.
5. Recommend strategies for improving and expanding the scope of the scorecard.

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| TIMELINE | |
| Aug - Oct 2015 | 1. Each association recruits 10-15 pilot facilities, with support from CHSRA and DHS 2. CHSRA works with associations to clarify their role in assessing pilot NH use of the QIQM reports and related WCRC content 3. Generate baseline QIQM reports for each pilot facility for 1Q2011 through 1Q2015 4. Assemble links for each QIQM (or domain) to related WCRC content, as available |
| Nov 2015 | 1. Distribute baseline (1Q2011-1Q2015) QIQM reports to pilot facilities and associations 2. Kickoff webinar with CHSRA, associations, DHS and pilot NHs    1. Discuss roles and responsibilities of pilot NHs and associations    2. Training on use of baseline QIQM report content and WCRC linkages    3. Example demonstrating use of the scorecard within the context of the CMS Quality Assurance Performance Improvement (QAPI) process 3. Make CHSRA Help Desk available (through end of pilot) |
| Dec - Jan 2016 | 1. Associations meet with their pilot NHs to assess the role of the QIQM reports and WCRC resources in facilitating the QAPI process (what works well and what could be changed in the QIQMs, the report layout, the linkages to WCRC and the WCRC resources) 2. CHSRA staff available, if needed, to address questions about QIQM report/WCRC content 3. Summarize results and recommendations prior to next webinar |
| Feb 2016 | 1. Distribute 2Q2015 QIQM results (i.e., append an additional quarter to the baseline set of results) 2. Follow-Up Webinar #1    1. Review new statewide 2Q2015 QIQM results    2. Discuss efforts by pilot NHs to integrate reports and WCRC resources into QAPI    3. Solicit feedback on needed report/linkage changes |
| Mar - Apr 2016 | 1. Associations meet with their pilot NHs to assess the role of the QIQM reports and WCRC resources in facilitating the QAPI process (what works well and what could be changed in the QIQMs, the report layout, the linkages to WCRC and the WCRC resources) 2. CHSRA staff available, if needed, to address questions about QIQM report/WCRC content 3. Summarize results and recommendations prior to next webinar |
| May 2016 | 1. Distribute 3Q2015 QIQM results 2. Follow-Up Webinar #2 |
| Jun 2016 | 1. Conduct survey of pilot NH’s    1. Partly standardized questions    2. Partly questions tailored to QI results of the facility (e.g., “How did you assess/address QI #7’s flagging values?”) 2. CHSRA interviews with association and DHS staff |
| Jul 2016 | CHSRA Final Report   1. Summarize feedback from webinars, surveys, Help desk and other contacts with pilot NHs 2. Summarize changes in QIQMs reported (changes in any QIQM definitions and the resulting impact on reported QIQM values) 3. Estimate the resources and costs associated with rolling out and maintaining the system statewide; discuss ongoing funding options 4. Outline recommendations in final report and present to DHS and the NH associations |

**Phase II: Roles & Responsibilities:**

**Associations:**

1. Recruitment of 10-15 NHs by each association (with support from DHS and CHSRA)
2. Serve as primary coordinator/contact to provide support to pilot NHs. Includes regular and as-needed communication (e.g., emails, telephone calls, site visits).
3. Participate in scheduled webinars
   1. November: Kickoff Webinar to review baseline QIQM report content and linkages, as available, to WCRC content
   2. February: Follow-Up Webinar #1 to discuss efforts to integrate reports into NH quality improvement programs (e.g., QAPI), solicit feedback on WCRC linkages, and review new quarter of QIQM results
   3. May: Follow-Up Webinar #2
4. Prior to each follow-up webinar and with CHSRA support, solicit pilot NHs’ experiences using the scorecard (e.g., utility of the QIQMs, selection of quality improvement topics, use of WCRC resources); share overall findings during webinar (10 minutes); encourage a pilot NH to share experience during webinar (10 minutes)
5. Assist with a survey of pilot NHs
6. Provide review/input for final report/recommendations

**Pilot Test Nursing Homes:**

1. Designate a primary contact person responsible for communication and facilitating/supporting NH pilot team in using the scorecard (Estimated Level of Effort: 3-5 staff days)
2. Agree to allow association access to the QIQM reports during the pilot study
3. Agree to be identified to other pilot nursing homes (Your data will not be shared with other NHs.)
4. Participate in scheduled webinars
   1. November: Kickoff Webinar to review baseline QIQM report content and linkages to WCRC content
   2. February: Follow-Up Webinar #1 to discuss efforts to integrate reports into NH quality improvement programs (e.g., QAPI), solicit feedback on WCRC linkages, and review new quarter of QIQM results
   3. May: Follow-Up Webinar #2
5. Prior to each follow-up webinar, share experiences using the scorecard (e.g., utility of the QIQMs, selection of quality improvement topics, use of WCRC resources) with association
6. Participate in a survey of pilot NHs

**Appendix A: Phase I Scorecard**

Data from resident MDS 3.0 assessments is used to construct the performance measures presented in the scorecard.  All of the performance measures take the form of quality indicators / quality measures (QIQM's).  Each QIQM is the ratio of the number of residents exhibiting a characteristic of interest (the numerator) to the number of residents in a population of interest (the denominator).  For example, CMS.0674 is the percentage of long-stay residents who experienced a fall with a major injury during the reporting period.

The QIQMs in the scorecard are based on those used by CMS on the Nursing Home Compare web site or as part of the CASPER reports, those used by Minnesota in its nursing home reporting system, or the MDS-based QCLIs used in the new QIS nursing home survey system.  There are 69 QIQM's currently included in the scorecard.

Of the 69 QIQMs, 26 are risk-adjusted based on characteristics ("factors") of the residents in the denominator.   Three of the CMS measures are adjusted in this way and all 23 of the Minnesota QIQMs are risk-adjusted.  None of the QIS measures are regression-adjusted, although many are defined for very specific populations that are less likely to warrant such adjustment.

The QIQMs are grouped into 15 domains:

* Accident (3 QIQMs)
* Behavioral and Emotional Status (6)
* Continence (11)
* Dental (1)
* Functioning (11)
* Hydration (1)
* Immunization (4)
* Infection (5)
* Nutrition (3)
* Pain (6)
* Psychotropics (5)
* Quality of Life (3)
* Rehab (1)
* Sensory (2)
* Skin (7)

Some domains contain a single measure, while others have several.  The scorecard allows the user to collapse or expand the displayed contents for each domain.

See Figure 1 below for a partial example of the QIQM scorecard layout. QIQMs are computed for each quarter starting with 2011Q1.  In addition to quarterly values, annual QIQM values are computed by summing the numerators and the denominators of the corresponding quarterly values.  These annual values provide a more reliable measure that can be used if the quarterly QIQM denominators are small.  The report also displays the change in annual QIQM values for the most recent two years.  This provides an indication of whether performance is improving or declining and the resulting change can be compared to that of other facilities.  In addition to the three standard reporting periods (most recent quarter, most recent year and the most recent annual change), the entire history of quarterly QIQM values and percentiles are available to the user.

Most of the QIQMs are oriented such that larger values are undesirable, e.g., the fall rate with major injury.  There are some QIQMs, however, that have the reverse orientation, e.g., the percent of residents appropriately receiving flu immunization shots.  To quickly distinguish between the two orientations, QIQM headings in the first group are highlighted in light red, while those in the other group are highlighted in light green.

The scorecard Executive Summary compares the selected facility's values (quarterly, annual and change in annual) to other facilities by displaying each QIQM value's percentile ranking.  The percentile ranking is the percentage of facilities in the peer group with more desirable ("better") values than the current facility's value.  If there are ties with the current facility, then half of the tied facilities are included in the count of "better" results.

Three peer groups are used to compute percentile rankings for each QIQM value on the report.  The first two peer groups are fixed and the third can be selected from 16 options available to the user.  The first fixed peer group is "Statewide", which includes all facilities with QIQM denominators of at least five residents.  The second fixed peer group is "4/5-Star", which is composed on all facilities with a 4-star or 5-star overall rating on the CMS Nursing Home Compare web site.

Large percentile rankings are highlighted in red (e.g., values greater than 90%), while small values are highlighted in green (e.g., values less than 10%).  The user can adjust the threshold for each of these highlighting formats.  This helps to identify areas where the facility appears to be performing well vs. those possibly needing attention.

**Figure 1: Sample QIQM Scorecard (Partial View of Executive Summary)**



**Wisconsin Nursing Home Clinical Performance Scorecard**

**Phase II: Pilot Testing**

**Nursing Home Interest Form**

Thank you for your interest in participating in the pilot test of the Wisconsin Nursing Home Clinical Performance Scorecard. Please provide the following contact information to CHSRA and we will pass your interest on to LeadingAge Wisconsin and the Wisconsin Clinical Resource Center. We will be in touch with you after the pilot selection process is completed.

**Nursing Home**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Contact Person**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wisconsin Clinical Resource Center Membership** (Please see <https://wcrc.chsra.wisc.edu/>)

User Name**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to CHSRA no later than October 27, 2015**

Mail: CHSRA Help - WCRC Scorecard

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