Comment on Beyond CMS Quality Measure Adjustments

To the Editor:

We wish to compliment Dr Susan D. Horn and colleagues on their clinical trial, “Beyond CMS quality measure adjustments: Identifying key resident and nursing home facility factors associated with quality measures.” Their summary of the controversies surrounding the quality care improvement efforts assist in paving the way for a clearer vision and methodology to positively impact quality measures for care providers and staff in nursing home facilities. We also applaud the need to adjust for resident admission characteristics, facility characteristics, and state reimbursement systems when creating new quality measures.

Quality of care can be measured by using either processes or outcomes. Each method has its strength and limitations. Using processes rather than outcomes, according to Shekelle and colleagues, is a more efficient measure of quality care in vulnerable elders, with interdisciplinary team work as a main frame to be followed in geriatric care, especially in nursing homes and in the post acute care settings.

Defining clear quality care measures continues to face considerable challenges. Lack of clinical geriatric research trials with a focus on quality measures and the rising cost of nursing homes and medical costs continues to have a significant impact on future outlook. However, there are some points that should be highlighted that are relevant to the article.

First, all patients in this study were from for-profit nursing homes. The corporate organization of nursing homes has an affect on quality of care and services provided. Not-for-profit nursing homes may provide higher-quality care than for-profit nursing homes. According to Carter and Porell, nursing home characteristics such as profit status, nurse staffing patterns, facility size, chain affiliation, and percentage of Medicaid- and Medicare-reimbursed days significantly influence nursing home residents’ risk. Broader area market factors also appear to contribute. Not-for-profit homes have less pressure to maximize profits compared with for-profit homes.

Second, the case mix of residents in this study under the general term of nursing homes should be clarified, because many nursing homes have an interest and focus on post acute care, with skilled care provided to a wide range of medically complex patients. Subacute care settings have medical, rehabilitation, and skilled nursing services provided for patients who are in the acute phase of their illness but require a higher level of care than can be provided in a long-term care setting.

Third, most quality measures need to be condition specific, focusing on how care is received by patients during the study. Clarifying details about each of the 3 quality measures used in the article includes the different stages of pressure ulcers used, the severity and type of urinary incontinence, and the level of impairment in activities of daily living. Also, the level of skilled care provided in each nursing home would have added more strength to this study.

Finally, given the trend in standardization of medical care, application of evidence-based medicine in everyday medical practice, and introduction and usage of computerized medical systems in nursing homes clearly could improve the coordination and integration of different quality indicators in the future.

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REFERENCES


DOI:10.1016/j.jamda.2010.09.006

Response to Dr Murad

To the Editor:

We agree with Dr Murad that there is a need to adjust for resident admission characteristics, facility characteristics, and state reimbursement systems when creating new quality measures for nursing homes. However, to address his first point, the purpose of our analysis was to identify key resident and facility factors directly associated with the quality measures; we did not analyze whether there is a difference in quality between not-for-profit and for-profit nursing homes. Although the study sample consisted of for-profit nursing homes, the characteristics that we found to be significant (percentage of admissions with pressure ulcers or incontinence of bladder on admission, percentage of residents with end-stage disease, licensed nurse turnover, state where facility is located, and percentage of residents readmitted) are relevant for both for-profit or not-for-profit facilities.

As to his second point, the Centers for Medicare and Medicaid Services quality measures we examined were by definition related only to long-stay residents. This is described in the Methods section of the article under Data Sources.

Regarding his third point, although one might wish for quality measures to be condition specific, that is not how Centers for Medicare and Medicaid Services has defined its