Checking the Numbers: Public Reporting of Quality Measures Puts Nursing Homes, HIM Professionals in Spotlight

by Anita J. Slomski

Nursing homes have long been aware of how they stack up to other facilities in terms of clinical quality. Now, with Nursing Home Compare, the public is aware, too. Here's how HIM professionals play a part in getting these data right.

Two years ago, if I had told our CQI team I wanted to look at the integrity of the work their staffs do and assess their standard of practice, the team would have said, 'Who are you? You're just a medical records person.' Now when I talk, people listen."

Rose Marie Grave, RHIT, system director of health information management and privacy officer for the 529-resident Metropolitan Jewish Geriatric Center in Brooklyn and the 360-resident Shorefront Jewish Geriatric Center, credits the quality measures being publicly reported on Nursing Home Compare with bringing HIM professionals "out of the basement," in Grave's words, as long-term care facilities attempt to favorably sway consumers' perceptions.

Nursing Home Compare is part of the Nursing Home Quality Initiative launched nationally in November 2002 amid much fanfare by the Centers for Medicare & Medicaid Services (CMS). The program provides data on how well the more than 17,000 nursing homes across the country are performing on eight quality measures compared against US and state averages. There are five chronic measures—pressure sores, pain, physical restraints, infection, and loss of ability in basic daily tasks—and three post-acute measures—delirium, pain, and improvement in walking. The goal is for consumers to use the information to help make the task of choosing a nursing home easier—and for public scrutiny to force nursing homes to improve in areas where they falter.

The data weren't exactly a surprise to the nursing homes. Since 1996, nursing homes around the country have been submitting vast amounts of patient data to CMS via the Minimum Data Set (MDS), a form with more than 500 data elements that must be completed for each resident at admission to the nursing home and then at least quarterly or whenever there is a significant change in the resident's condition. If Medicare is footing the bill, the MDS assessment has to be completed even more frequently.

From that repository of data, CMS provides nursing homes with data on their performance on 24 quality indicators. State surveyors use those QI reports to pinpoint deficiencies to investigate during on-site inspections conducted every nine to 15 months. In short, nursing homes have long been aware of how they stack up to other nursing homes in clinical quality. Now, with Nursing Home Compare, the public is aware, too.

An Expanded Role for HIM Professionals

An obvious solution for nursing homes concerned about their standing on the state-issued QI reports (and now publicly accessible quality measures) is for their HIM professionals to audit MDS assessments to uncover errors that may skew the numbers. For example, residents who have no pain because they are on pain medications should be coded as pain-free on the MDS assessment. But in some facilities, staff will code pain to validate why the resident is on pain medication, according to Kelli Marsh, RHIA, vice president of support services for Omnicare Pharmacies of Northern and Central Ohio. "Consequently, that nursing home's quality measure for pain is going to be higher than at other facilities," Marsh says. "An HIM professional is in the best position to detect those errors by cross checking the MDS assessment against the medical record. Prior to initiating a corrective plan, nursing homes should attempt to validate the accuracy of the MDS data because they may be trying to fix something that isn't a problem."

Although consultants advise HIM professionals to conduct routine audits of MDS assessments, many nursing homes don't employ full-time HIM professionals and rely instead on consultants to do audits. In Grave's opinion, there's good reason for HIM professionals to do this analytic work. "A good HIM professional actually looks at the charts on the unit and interacts with interdisciplinary teams to identify problems with processes that affect the accuracy of the MDS assessments," Grave says.

One explanation for why HIM professionals don't take a more proactive role in analyzing or auditing the data on QI reports or quality measures is because "they see the MDS assessments as something nurses do," adds Marsh. "Yet what a great opportunity it is for HIM professionals to assume responsibility for auditing MDS documents and ask questions about why the nursing home looks different than others. Fulfilling that role would put HIM professionals in the spotlight."

The quality measures reported on Nursing Home Compare may create the impetus for HIM professionals to expand their role in nursing homes. "Now that Nursing Home Compare is here, HIM professionals may be able to convince nursing homes that they need the skills of people who understand how answers on the MDS assessment drive reimbursement, the focus of the on-site inspection, and the quality measures that affect consumer perception of the long-term-care facility," says Sue Mitchell, RHIA, long-term care consultant with Omnicare Pharmacies. "Consider the extremely high turnover among nurse coordinators who oversee and complete the MDS assessments. The HIM professional with knowledge of MDS rules can provide the stability to counter the effects of that turnover."

No question, Nursing Home Compare "was a wake-up call for everyone," says Grave. "When we heard the program was being launched, we looked even harder at our quality. Nursing homes started relying more on HIM professionals because we're able to put our finger on a lot of the process problems, since so much data pass through our departments."

CMS also acknowledges the important role HIM professionals play in public reporting. "We depend on HIM professionals to translate what happens at the bedside into a data stream so we can assess clinical quality," says Barbara Paul, MD, director of CMS' Quality Measurement and Health Assessment Group. "CMS is hoping that nursing homes will pay more attention to the MDS database and have greater interest in it being more accurate, as well as mine it for their own quality improvement initiatives. Nursing Home Compare provides yet one more reason to get the data right."

Only as Good as the Data

And getting the data right has been the subject of intense debate. On the eve of the national rollout of public reporting of nursing home quality measures, the General Accounting Office issued a report calling for CMS to delay going live with the site until it could offer greater assurances that the quality measures represented a true picture of quality at nursing homes. The GAO report cited conflicting evidence about the accuracy of MDS data. For instance, it noted that a study by the consulting firm and CMS contractor Abt Associates found the MDS data to be reliable in 209 sample facilities in August 2002, but the firm's study 18 months earlier found considerable error rates, ranging from 18 percent for pressure sores to 42 percent for pain intensity.[1]

The news is better from the Hebrew Rehabilitation Center for the Aged in Boston, which conducted the most recent and largest study of MDS reliability. After looking at 5,700 MDS assessments in 209 facilities in six states, the study concluded that in 95 percent of the nursing homes, the "reliability of the MDS data was very good," says the center's senior research associate, Sue Nonemaker, RN.

National statistics aside, experts agree that variation in MDS accuracy can be enormous from facility to facility depending on the training and skills of the nurse assessors and the HIM professionals. "If the nurse is only sitting in a conference room and filling out MDS assessments, the answers will be very different than if she is interacting with a resident and members of the interdisciplinary team the way she's supposed to," says Nonemaker. Adds Malcolm Morrison, PhD, chief executive officer of the consulting firm Morrison Informatics in Mechanicsburg, PA, "There is both very good and very poor coding going on."

Until now, CMS has relied on state surveyors to check the accuracy of a nursing home's MDS assessments by looking both at the medical record and at the resident during the annual on-site survey—with citations and possibly penalties issued if the MDS assessments are in error.

That isn't a perfect way to police the MDS assessments, however. "Frankly, I was concerned that the surveyors didn't necessarily have sufficient resources, time, or knowledge to look at MDS accuracy in any great depth," says Nonemaker, who

was with the Health Care Financing Administration (now CMS) for 15 years. But with the launch of the Data Assessment and Verification (DAVE) project this fall, CMS says its audits of MDS data will be more thorough and that there will be consequences to filing erroneous MDS assessments.

Initially, nursing homes whose MDS assessments don't jibe with the outside assessors' results will be expected to retrain their staffs on MDS rules and procedures. Ultimately, however, failure to make needed improvements to MDS data accuracy can have consequences for facilities, both in terms of adjustments to Medicare and Medicaid payments and review of potential health and safety issues raised by flawed assessment practices.

Rose Marie Grave isn't too worried about the DAVE audits. Even before Nursing Home Compare, Metropolitan and Shorefront Jewish Geriatric Centers were using their HIM professionals to conduct monthly audits of 15 percent of MDS assessments and spot check 10 percent of UB-92 bills against medical records and MDS assessments.

In addition, because of Nursing Home Compare, the facility invited a representative from the HIM department to participate on a CQI committee comprised of a representative of each clinical department at the two facilities. The committee examines a QI report, retrieved monthly from the state MDS server, to determine if the MDS data are accurately depicting each resident's medical status. If not, an HIM professional pulls the MDS assessments and the charts to see where the errors occurred and whether staff needs more training.

For example, when the QI reports began showing that multiple residents were taking as many as nine medications each—which perplexed CQI team members who knew the patients—the HIM department audited the MDS assessments for those patients and found that some staffers had been incorrectly counting items, such as wound dressings, as medications. "We retrained the staff and those numbers went down," says Grave.

HIM and the CQI committee also look beyond the MDS assessments and evaluate each staff member's quality of documentation and how it reflects the care they're administering to the residents. "By first looking at the level of documentation in the charts, you'll find processes that need improvement," says Grave. "Perhaps a staff member isn't documenting well because someone else isn't doing what they are supposed to do. As a result of this committee and Nursing Home Compare, we've made many changes in our internal forms to pull information out of staff to meet our documentation requirements and facilitate good communication between staff members. Those forms have helped us improve the accuracy of our assessments of residents' pain and pressure sores, for example."

If You Build It, Will They Come?

Is Nursing Home Compare making an impact? According to CMS, the answer is yes. As evidence that consumers are aware of Nursing Home Compare, Paul says the site gets 200,000 page views per week, making it the most popular site within medicare.gov. But proof that consumers are actually mining the site to make decisions is limited to "many anecdotes of people using Nursing Home Compare as one additional piece of information in choosing nursing homes," says Paul.

As for nursing homes, Paul quotes survey results that 78 percent of nursing homes involved in the pilot phase of Nursing Home Compare—2,562 facilities—reported making quality improvement changes. "It's too early to tell if the numbers are improving for all nursing homes, since data for the quality measures lag about a year," says Paul. "And in our experience with quality improvement, we find the numbers may get worse before they get better because people are paying greater attention to more accurately coding those measures."

Others aren't convinced Nursing Home Compare will have much influence on consumers. "Many nursing homes see this as the government mandating one more thing and spending money on something that isn't helpful," says Marsh. "And I'm not sure the general population knows about the Nursing Home Compare site or understands how to read and interpret the information. Families still consider geographic location as the primary factor in choosing a nursing home."

"The Nursing Home Compare site gets a huge number of hits, but I don't know that consumers are the ones using it," adds Nonemaker. "The traffic could be from hospital discharge planners or physicians' offices helping people make after-care arrangements."

Yet there is "automatic value in simply publishing quality results," maintains Morrison. "It's the first fundamentally positive thing that CMS has done with the voluminous amount of MDS information," he says. "And, due in part to Nursing Home

Compare, the nursing home chains, nonprofits, and associations have begun several large quality initiatives. In addition, CMS has contracted with Quality Improvement Organizations to provide nursing homes with general quality improvement information and specific interventions. And several state departments of health are sponsoring best practices quality improvement demonstrations in nursing homes."

Although consultant Deborah A. Johnson, RHIT, of Veradale, WA, hasn't seen nursing homes developing quality improvement protocols in reaction to their poor showing on the quality measures, she's reserving judgment on the effectiveness of Nursing Home Compare. "The program is relatively new, so facilities may just need more exposure to the quality measures to begin using them for quality assurance purposes," she says.

Grave admits she looks at the Nursing Home Compare numbers for her two facilities as well as for competitor nursing homes —mostly for fun. "There is nothing they can put in Nursing Home Compare that is a surprise to us because we look at the QI reports continually," she says. "But facilities that don't do well on the quality measures are definitely paying attention." Consumers are a different story, however. "We made a big effort to speak to our local community and our patients' families to explain Nursing Home Compare and invite them to ask us questions," says Grave. "But there has been no response from consumers. Nursing Home Compare for consumers is likeY2K—everyone was waiting for that day, and then nothing happened."

Yet the trend of consumers taking an active role in healthcare decisions and using the Internet to seek out medical information isn't likely to abate. And it appears that public reporting on quality of care is also here to stay. Look for publicly posted quality measures for home health this fall and for hospitals next year, according to CMS. That means that HIM professionals in a variety of facilities will be called upon to play the vital role of managing the data and identifying and correcting quality deficiencies so that their institutions are cast in the most favorable light. "It's a wonderful role for the HIM person," says Mitchell.

Note

1. "Nursing Homes: Public Reporting of Quality Indicators Has Merit, but National Implementation is Premature." *GAO Report* GAO-03-187, October 2002, pp. 11-14.

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