

Referral to Local Contact Agency Measure Methodology

Overview

California legislation requires the California Department of Public Health (CDPH) and the California Department of Health Care Services (DHCS) to implement a Skilled Nursing Facility (SNF) Quality and Accountability Supplemental Program (QASP). CDPH contracted with HSAG to develop a process measure relevant to community discharge. The selected process measure captures the percentage of long stay residents who were referred for community discharge, noted in a Minimum Data Set (MDS) assessment during the selected year.

Methodology

The MDS 3.0 was the data source used for this measure, and HSAG included only long-stay residents who stayed at the facility more than 100 days within an episode.¹ HSAG used two years' worth of data (July 1, 2013 through June 30, 2015) to identify long-stay residents. The denominator was limited to those residents who were deemed fit for discharge, which is described in more detail below. The numerator was computed by using the Q0600 variable in the MDS data, which indicates whether a referral has been made to a Local Contact Agency (LCA). HSAG used all assessments found within a 1-year time period (July 1, 2014 through June 30, 2015) for calculation of the numerator (i.e., LCA referral).

Q+ Index Method

HSAG applied a method referred to as the “Q+ Index” to generate results for this measure. HSAG followed the methodology outlined in a research article titled “Beyond section Q: prioritizing nursing home residents for transition to the community” and the author’s recommendations to prepare the data and compute the score using MDS 3.0 data.² The Q+ Index score is computed by using a combination of clinical and non-clinical conditions. Stepwise logistic regression models were used to identify resident characteristics associated with individuals who have been transitioned to the community.

¹ An episode is defined as multiple stays that are apart by less than 30 days.

² Fries B.E. and James M.L. Beyond Section Q: Prioritizing nursing home residents for transition to the community. *BMC Health Services Research*. 2012; 12:186-198.

The derivation work was performed by the authors of the article using historical information from MDS 2.0. The following variables were used to build the logistic regression model and compute the Q+ Index score: age, activities of daily living (ADL) hierarchy category (independent, somewhat dependent, dependent), task segmentation, quadriplegia/hemiplegia/paraplegia, Cognitive Performance Scale (CPS) category (intact, impaired, severely impaired), communication problem, involvement in activities (greater than 1/3 of the time), behavior problem (any), schizophrenia, RUG-III category, length of stay (LOS) category, resident prefers return to community (Q1a), and support person positive about discharge (Q1b).

For use of the Q+ Index with the MDS 3.0 dataset, MDS 2.0 variables included in the algorithm (which are listed above) were mapped to MDS 3.0 variables, while some variables were dropped. The following conditions were used to compute the Q+ Index score using the MDS 3.0 dataset: age, cognitive performance, paralysis (quadriplegic/hemiplegic/paraplegic conditions), schizophrenic condition, RUG-IV category, LOS, resident prefers return to community, ADL, communication problems, and behavioral problems.

The MDS 3.0 Q+ Index score ranges from 0 to 18 and achieves optimal range of sensitivity and specificity at 11. Per the authors' recommendations, only residents with a Q+ Index score of 11 or higher were included in the denominator for this measure, as the residents with scores higher than 11 should be more carefully considered for referral to a LCA and ultimately transitioned to community.³

Measure Specifications

The numerator and denominator criteria for the referral to LCA measure are provided below.

Numerator: The number of long-stay nursing home residents with any assessment indicating a referral had been made to a LCA (Q0600 = 2) within the performance period.

Denominator: The total number of long-stay residents at SNFs with any assessment deemed fit for discharge indicated by the Q+ Index score.

In addition, facilities with less than 30 eligible residents in the denominator were excluded.

Point Allocation

The results for the referral to LCA measure are informational only. Points will not be allocated to facilities for this measure in the 2016-2017 Annual Report.

³ Please note, no formal testing was performed from the developers of the Q+ Index using actual MDS 3.0 data.