

CoreQ | Debunking CoreQ Myths

Background: In April 2023, CMS proposed the CoreQ Short-Stay (SS) Discharge measure to be added to the SNF Quality Reporting Program (QRP). On July 31, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that updates Medicare payment policies and rates for skilled nursing facilities under the Skilled Nursing Facility Prospective Payment System (SNF PPS) for fiscal year (FY) 2024 which did not include the CoreQ SS Discharge measure. After consideration of the public comments received by the public and industry leaders, CMS decided not adopting the CoreQ: Short Stay Discharge (CoreQ: SS DC) measure for inclusion in the SNF QRP. AHCA/NCAL has been an ardent supporter of a SNF patient satisfaction measure and continues to support the adoption of the endorsed CoreQ: SS DC measure. As we continue to promote CoreQ, it's best to stop the spread of misinformation about CoreQ by those who oppose it.

- 1. Myth:** Development of a satisfaction measure by the primary trade association of the nursing home industry is not set up for objectivity.

Fact: The CoreQ satisfaction measures are very objective. Nick Castle, Ph.D., from the University of Pittsburgh led an effort with input from an AHCA/NCAL workgroup to develop a short, reliable and valid questionnaire that could be added to existing survey instruments or used by itself to collect information to calculate a set of quality measure(s) related to individuals discharged following short-term rehabilitation services, for long-stay resident and their family members and for residents and their families in assisted living.
- 2. Myth:** The questions in the measures are too vague to provide useful information.

Fact: The draft questionnaire was administered to over 25,000 skilled nursing, both short-term and long-stay residents, and assisted living residents across several organizations and states with approximately 10,000 responses. Dr. Castle and Dr. Matt O'Connor conducted extensive psychometric testing of all the responses. The results identified three core questions that were reliable and valid across skilled nursing and assisted living. There was one extra question about the discharge process for the short-stay discharges and one extra question for assisted living. These questions yielded the same information when aggregated together and summed at the center/community level as analyses using additional questions. Additional questions did not change a score or ranking. Additional questions did help identify areas needing improvement but from a quality measure's standpoint – added no additional information.
- 3. Myth:** The wording of the measures encourages each respondent to assign their own meanings to the questions, thereby rendering their response useless to CMS and consumers.

Fact: A team of five satisfaction survey experts in an iterative process consisting of six rounds of consultation to identify individual items that should be included in each

satisfaction domain (e.g. food, staffing, etc.). For example, the item “rate your overall satisfaction with food” was chosen over the item “how was the temperature of the food.” In each round of consultation, there was 100% agreement on the wording of the questions within the measures.

4. **Myth:** The CoreQ grading system inappropriately skews the results towards positive responses.

Fact: A total of 14 different response scales were identified. These 14 different response scales were examined using the opinions of 100 residents from five local facilities near the research team developing the questionnaire. This included a process of cognitive testing, identifying which scales were most understood. A semi-structured interview guide consisting of open-ended questions and probes was used. A five-item Likert-type scale using responses of poor, average, good, very good, and excellent was identified as most advantageous.

5. **Myth:** The process for selecting discharged residents who receive the CoreQ survey allows for significant provider gaming.

Fact: All residents admitted from a hospital to a skilled nursing facility regardless of payor who were discharged back to the community within 100 days of admission are initially eligible. Discharged back to the community includes discharges to home or an assisted living community.

6. **Myth:** The CoreQ short-stay discharge survey excludes former residents who may be likely to have been dissatisfied with the care they were receiving.

- a. For example, it excludes residents who go to another skilled nursing facility, psychiatric facility, inpatient rehabilitation facility, or long-term care hospital. Those former residents may have chosen to leave the facility for another post-acute facility providing what they perceive as better care.
- b. The process also excludes residents who left against medical advice or who were on hospice, again reflecting former residents who may have been dissatisfied with their care at the facility or who believed they received poor care.
- c. The process also excludes residents with dementia, eliminating a large category of people, at least some of whom could give meaningful opinions about their nursing home stay.

Fact: Exclusions include:

- Residents who discharge to another skilled nursing facility, psychiatric facility, inpatient rehabilitation facility, or long-term care hospital are excluded because they did not discharge home or to assisted living care but to another facility. Thereby making them ineligible to complete the survey.
- Leaving the facility against medical advice is choosing to leave before the discharge team recommends deeming those residents' ineligible to complete the survey.
- Residents who have dementia impairing their ability to answer the questionnaire defined as BIMS score of 7 or lower or MMSE score of 12 or lower. [Note: we

understand that many assisted living communities may not have information on cognitive function. We suggest administering the survey to all AL residents and assume that those with cognitive impairment will not complete the survey or have someone else complete on their behalf which in either case will exclude them from the analysis.]

7. **Myth:** The measure has not been thoroughly tested for reliability nor has it been tested to determine if it produces valid data or that the data are meaningful.
Fact: The CoreQ surveys measured reliability at the: (1) data element level; (2) the person/questionnaire level; and (3) at the measure (i.e., facility) level. The CoreQ measures are all endorsed by the Partnership for Quality Measurement (PQM), the certified consensus-based entity (CBE) for CMS.
8. **Myth:** Significant portions of eligible residents will be excluded from the measure because an adult child or neighbor assisted with the completion of the survey.
Fact: If a resident had help answering the questions such as reading the questions or writing down their responses those surveys should not be excluded.
9. **Myth:** The CoreQ survey is not timely or accurate nor does it provide actionable information.
Fact: The frequency in which the questionnaires should be administered can be left up to the provider or vendor except for the CoreQ short-stay discharges but should at least be administered once a year. CoreQ short-stay discharge surveys should be initially administered within two weeks of discharge from the center. The data collection should continue for the next six months, or you may stop once you receive 125 or more valid responses. CoreQ has been utilized as a customer satisfaction measure to allow providers to benchmark their performance, residents and families in decision-making, and states and others to use for accountability or state quality initiative programs.
10. **Myth:** The CoreQ surveys do not focus on rating the quality of resident experience.
Fact: The CoreQ measures have been shown to be moderately associated with numerous other quality indicators. These indicators include the Quality Measures in Nursing Home Compare, Five-Star ratings, staffing levels, re-hospitalization rates, and deficiency citations. This would seem to further add to the robustness of the CoreQ measure.