IMPROVING THE CMS RATING SYSTEM FOR NURSING HOMES

This brief is a summary of the conversation within [Convergence Dialogue on Reimagining Care for Older Adults](#) and subsequent input by Dialogue members. The recommendations below are intended to encourage feedback on and to test interest in potential reforms. They were agreed to by most participants, but they do not necessarily constitute a consensus view.

The Centers for Medicare and Medicaid Services (CMS) [five-star rating system](#) is the agency's most important tool to help consumers learn about the quality of nursing homes where their loved ones will receive care and live. However, the rating system as currently configured does not provide information about the lived experience of nursing home residents. Rather, it focuses primarily on safety metrics and provides incomplete information about critical staffing issues. Moreover, the rating system does not permit consumers to compare ratings from state-to-state. We therefore suggest reimagining the five-star rating system.

Redesign the CMS rating system for nursing homes

CMS collects multiple types of data from nursing homes. However, much of it measures clinical processes and outcomes, not resident experience and choice. Overall, the rating system fails to truly reflect the quality of life of post-acute patients and long-stay residents. Some measurements also cannot be compared across states.

The rating system's primary audience must be consumers. Thus, it must be improved to be more user-friendly and relevant to their interests and concerns. While underlying data is also important to researchers, stakeholders and policymakers, the rating system itself should focus on those indicators most important to consumers.

We recognize that there are many nursing home challenges that a better rating system cannot directly improve. However, improving the five-star rating system can be a major step forward for consumers. A better rating system would serve two important functions: It would provide information to consumers about two key issues they care about – how adequate the staffing is, and whether resident quality of life is a priority. Enhancing the rating system in these areas would also signal CMS's closer focus on beneficiary and resident well-being at a time when resident morbidity and mortality has been extremely high, and the industry is undergoing substantial change.

Since the quality of long-term care is inextricably tied to staff quality and sufficiency, the rating system should include clear, consumer-friendly information about staffing levels, turnover, and training in relation to best-practice standards, including key staffing study published by CMS in 2001. Specifically, the study established the importance of having a minimum of 0.75 registered nurse (RN) hours per resident day (HPRD), 0.55 licensed vocational or practical nurse (LVN/LPN) HPRD, and 2.8 certified nursing assistant (CNA) HPRD, for a total of 4.1 nursing HPRD to prevent harm and jeopardy for long-stay residents.

The website should also show consumers who -- beyond the administrator and onsite staff -- are invested in the nursing home and are driving spending patterns and priorities. As nursing homes change ownership, CMS should work closely with the U.S. Department of Health and Human Services (HHS) Office of Inspector General, the Department of Justice (DOJ), and Medicaid's Fraud and Control Units (MFCUs) to carefully monitor and assess the consistency of care provided. They can do this with

existing and new metrics that highlight resident choice, experience, staffing, and financial accountability.

Many elements of the current rating system, such as falls, pressure ulcers, and urinary tract infections, have been adopted from hospital-based care. They are easily counted and important indicators of safety. However, the five-star rating system fails to adequately measure quality of care or the lived experience of residents. Thus, it can be misleading for consumers. A better rating system could include metrics such as those initially published by CMS n 2006 in an "Artifacts of Culture Change" tool, which have been refined and expanded in other tools and culture change implementation initiatives that are geared toward providing high-quality, person-centered care.

An augmented Nursing Home Compare website would also recognize socio-economic and cultural factors and highlight the diversity of residents and staff. This work can be grounded in research and in close consultation with residents and their family members, resident advocates, researchers, and a cross-section of current staff.

Proposal:

We recommend that CMS start work on reimagining the rating system in 2022, so that it can be updated to capture and reflect the quality of life and the lived experience of older adults with disabilities who both receive health care and live in our nation's nursing homes. The redesign should include input from diverse residents and diverse family members across different age groups, geographies, and demographics.

Current metrics on Nursing Home Compare do not capture and describe resident quality of life, and they do not clearly inform consumers about whether the staffing in each home is adequate to prevent harm and jeopardy to long-stay residents.

To be maximally useful, the five-star rating system must include this information and enable comparisons both within and across states. This is particularly important at a moment when the nursing home sector has experienced major quality and safety challenges during the pandemic and is being viewed with skepticism by many. A more forthright commitment to quality improvement through rapid deployment of additional metrics, together with ongoing and more comprehensive monitoring at the national level, has enormous potential to benefit those operators who are most committed to providing a meaningful and safe experience to their residents, thus achieving high-quality eldercare.

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