

PERSPECTIVES OF STAKEHOLDERS & STATE POLICYMAKERS ON THE FIVE STAR QUALITY RATING SYSTEM FOR NURSING HOMES

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TABLE 1. KEY THEMES FROM QUALITATIVE INTERVIEWS

STATE & REGIONAL DIFFERENCES	- IL, MN, & PA approach surveys with different attitudes - Bell-curve inequitable <i>"In the current system, some providers have to be bad."</i>
POSSIBILITY FOR GAMING	- MDS Coordinator training isn't regulated - Gaming makes up roughly 10% of facilities <i>"[MDS Coordinators] don't even get the manual; the guidebook on how to do it."</i>
STAFFING	- Temporary staff is detrimental to quality outcomes - Who provides the care is important <i>"Using temporary staff not only is a detriment to the residents, but, I think more existing staff... get demoralized and upset by the use of agency staff"</i>
ROLE OF SURVEY	- Survey is too heavily weighted in overall FSQRS - Quality improvement is hard to measure due to weight <i>"[It's] difficult to see significant changes in... quality measures"</i>
QUALITY DOMAINS	- Many vital measures of quality are unaddressed - How quality is measured is unfair based on population being served <i>"CMS wants to believe that all [of the residents ailments] should be able to be resolved in a skilled nursing facility"</i>

BACKGROUND

- Centers for Medicare and Medicaid (CMS) created a web-based rating system called Nursing Home Compare (NHC) in 1998
- CMS introduced the Five-Star Quality Rating System (FSQRS) in 2008, which was published on the NHC website
- FSQRS uses three domains to rate NHS; health inspections, staffing, and quality measures

RESEARCH QUESTIONS

What are the general perceptions among different stakeholders and national policymakers about the CMS's Five Star Quality Rating System and its current use?

What role do these stakeholders perceive the CMS Five Star Quality Rating System play in consumer choice?

METHODOLOGY

- Secondary qualitative analysis on existing data collected by T. Shippee & Team
- Inductive & deductive analysis
- Coded 18 transcribed interviews which included 32 respondents across 3 states
- 18 sub-themes were organized into 6 main themes

CONCLUSIONS / RECOMMENDATIONS

PROVIDERS

- Providers seem frustrated by the system; it's lack of clarity, non-uniformity in calculations, weight of survey
- Need to develop support for training, root cause analysis on how to improve quality

CONSUMERS

- FSQRS provides insight but not a full picture of quality of care
- Supplement by visiting the space, talking with loved ones, and reviewing organizational changes in response to their rating

STAKEHOLDERS

- Advocate for defining "quality" in FSQRS; revolve measures around the term
- Center FSQRS on *all* aspects of quality

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