

2025 PRMR Roundtable Measure Summary

Measure Title
Discharge Function Score
Measure Steward
Centers for Medicare & Medicaid Services
Administration and National Health Care Priority
<p>Priority Topic Area: Physical Activity</p> <p>Rationale for Consideration: CMS is considering this measure because it could fulfill the Administration’s priorities, including those outlined under the Making America Healthy Again (MAHA) initiative. MAHA reflects a shift toward patient-centered care, emphasizing primary, secondary, and tertiary prevention; patient empowerment; nutrition and physical activity; and improvements in overall well-being and quality of life.</p>

Measure Overview
<p>Measure rationale: This measure is under consideration for expansion into the IQR, OQR, ASC, and PCH programs. This is a measure that has been submitted for comment to support measures for physical activity. This measure as submitted represents a measure that was developed for IRFs under the PAC QRPs. This measure was developed to meet the intent of the IMPACT Act of 2024, which required the development of standardized functional outcome measures. This measure has also been developed and implemented in the SNF, HH, and LTCH QRPs.</p>
<p>Measure history: This measure is currently in use as Cross-Setting Discharge Function Score in the following programs:</p> <ul style="list-style-type: none"> • Home Health Quality Reporting Program • Inpatient Rehabilitation Facility Quality Reporting Program • Long-Term Care (LTC) Hospital Quality Reporting Program • Skilled Nursing Facility Quality Reporting Program.
<p>Numerator: The numerator is the number of patients in an IRF (or setting tailored for the measure) with a discharge function score that is equal to or higher than the calculated expected discharge function score.</p> <p>The function items under consideration for a measure for the IQR, OQR, ASC, and PCH programs that could be used to determine the observed function score are Eating (GG0130A3), Oral Hygiene (GG0130B3), Toilet transfer (GG0170F3), Walk 10 feet (GG0170I3) if not wheelchair-bound, or Wheel 50 feet with two turns (GG0170R3) if wheelchair-bound.</p> <p>The expected discharge function score is a risk-adjusted estimate that accounts for patient characteristics. The numerator is the number of patients with a discharge function score that is equal to or higher than the calculated expected discharge function score.</p>

Measure Overview	
Exclusions: N/A	
<p>Denominator: The denominator is the total number of patient stay-level Inpatient Rehabilitation Facility Patient Assessment Instrument IRF-PAI (or setting tailored for the measure) records with a discharge date in the measure target period, which do not meet the exclusion criteria. The total number of patient stay-level IRF-PAI records (or setting tailored for the measure) with a discharge date in the measure target period, which do not meet the exclusion criteria. The total number of patient stay-level IRF-PAI records (or setting tailored for the measure) with a discharge date in the measure target period, which do not meet the exclusion criteria.</p> <p>Exclusions: A patient’s stay-level record is excluded if:</p> <ul style="list-style-type: none"> (i) Patient had an incomplete stay which is that the length of stay is less than 3 days, or the patient was discharged against medical advice, or the patient died while in the setting of care, or the discharge destination indicates the patient had a medical emergency. (ii) Patient has the following medical conditions: Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema or compression of brain. (iii) Patient is younger than age 18. (iv) Patient is discharged to hospice. <p>Exceptions: N/A</p>	
<p>Measure is a composite: No</p> <p>Measure is a paired measure: No</p> <p>Measure is a survey measure: No</p> <p>Measures is a digital measure and/or an eCQM: No</p>	<p>Measure type: Outcome</p>
<p>Level of analysis: Facility</p> <p>Settings where measure was tested:</p> <ul style="list-style-type: none"> • Home health • Inpatient rehabilitation facility • Long-term care hospital • Skilled nursing facility 	<p>Data source(s): Digital-Other</p>
<p>CBE endorsement status: Not Endorsed</p>	<p>CBE endorsement history: Never Submitted</p>

Evidence
<p>Type of evidence to support the measure: Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines; Empirical Data; Peer-Reviewed Original Research</p>

Evidence

Summary of evidence (excerpt from submission): Literature indicates that IRFs can influence functional outcomes at discharge; variations in functional status of IRF patients at discharge could be measured and monitored through the Cross-Setting Discharge Function Score Measure. Since function outcomes vary based on patient characteristics, the Cross-Setting Discharge Function Score measure adjusts for relevant risk factors. Study limitations are summarized in an evidence attachment due to character constraints.

The Academy of Orthopaedic Physical Therapy of the American Physical Therapy Association created clinical practice guidelines to identify evidence-based physical therapy outcomes and interventions to address functional impairment, among other goals, for individuals above the age of 65 with hip fracture. These guidelines directly relate to the Cross-Setting Discharge Function Measure by identifying evidence-based interventions that can be used to improve functional mobility for patients throughout the continuum of care, including post-acute and home-based care. While these findings target rehabilitation after hip fractures specifically, the authors highlight that hip fractures cause more than 316,000 hospital admissions annually and are a common cause of poor functional mobility, disability, long-term complications, and mortality. As such, these guidelines are relevant to a large proportion of post-acute care patients and are especially pertinent to the proposed Cross-Setting Discharge Function Measure.

The guidelines include two types of recommendations: outcome measures for patient examination and evidence-based intervention strategies for physical therapy practice. The master list of 40 outcome measures, including sit-to-standing, gait speed, and endurance, was previously compiled in 2013 through a comprehensive search. A literature review on the properties of each measure was updated in May 2019. Measures were graded based on metrics of reliability and validity. This literature was further graded based on the level of evidence. To identify intervention recommendations, the authors conducted a systematic review of published literature from 2004 through 2020. They identified 51 studies, including randomized control trials, systematic reviews, and meta-analyses. They assessed clinical practice guidelines for inclusion using the Appraisal of Guidelines for Research & Evaluation II (AGREE II) instrument, then graded individual clinical research articles using an adapted version of the criteria from the Centre for Evidence-Based Medicine (Oxford, UK). Finally, they posted the final guidelines for public comment, and they were reviewed by a group of consumer and clinician stakeholders to solicit and incorporate feedback. The guidelines include evidence-based best practices to improve physical function among patients after a hip fracture to meet their individual goals for recovery. The included literature cites a range of supported interventions that can be used to improve function, including specific physical activities, motivational interviewing, home-based exercise, structured exercise routines, multidisciplinary care teams, and patient-tailored intensity and frequency levels.

Feasibility

eCQM feasibility testing/analysis conducted: Not an eCQM

Feasibility: Measure developers report that all data elements for this measure are in defined fields in electronic sources. Additionally, they report that some data elements align with United States Core Data for Interoperability (USCDI/USCDI+) Quality standard definitions. Workflows during testing did not need modification to collect additional data needed to report the measure.

Performance in Program

For this measure, the Battelle reviewed the publicly available datasets:

- Home Health Quality Reporting Program (One year of data are available.)
 - [HH Provider Jul2025.csv](#) contains the most recent data. The columns Numerator for Discharge Function Score, Denominator for Discharge Function Score, and Discharge Function Score were used.
- Inpatient Rehabilitation Facility Quality Reporting Program (Two years of data are available.)
 - [Inpatient Rehabilitation Facility-Provider Data Sep2025.csv](#) contains data from January 2024 to December 2024. Rows associated with Measure Code I_026_01 were used.
 - [Inpatient_Rehabilitation_Facility-Provider_Data_Sep2024.csv](#) from the file [inpatient_rehabilitation_facilities_09_2024.zip](#) contains data from January 2023 to December 2023. Rows associated with Measure Code I_026_01 were used.
- Long-Term Care (LTC) Hospital Quality Reporting Program (One year of data are available.)
 - [Long-Term Care Hospital-Provider Data Sep2025.csv](#) contains data from January 2024 to December 2024. Rows associated with Measure Code L_027_01 were used.
- Skilled Nursing Facility Quality Reporting Program (Not quite 2 years of data are available.)
 - [Skilled Nursing Facility Quality Reporting Program Provider Data Sep2025.csv](#) contains data from October 2023 to September 2024. Rows associated with Measure Code S_042_01 were used.
 - [Skilled_Nursing_Facility_Quality_Reporting_Program_Provider_Data_Nov2024.csv](#) from the zip file [nursing_homes_including_rehab_services_11_2024.zip](#) contains data from January 2023 to December 2023 (a 3-month overlap with the most recent dataset). Rows associated with Measure Code S_042_01 were used.

About Figure 1: Figure 1 is a boxplot that shows the distribution of scores by program and (when data are available) how they have changed over the past 2 years. Each box consists of lines and dots to help visualize the range and distribution of scores. The dots represent the points where the lowest 5% and highest 5% of scores fall, and the line connecting them shows where 90% of the scores are located. The box itself covers the middle half of the scores, from the 25th to the 75th percentile. Inside the box, a horizontal line marks the median score, which is the middle value, while a “+” sign shows the average score. This type of graph makes it easier to see overall trends in the scores over time and to understand how spread out or consistent the results have been.

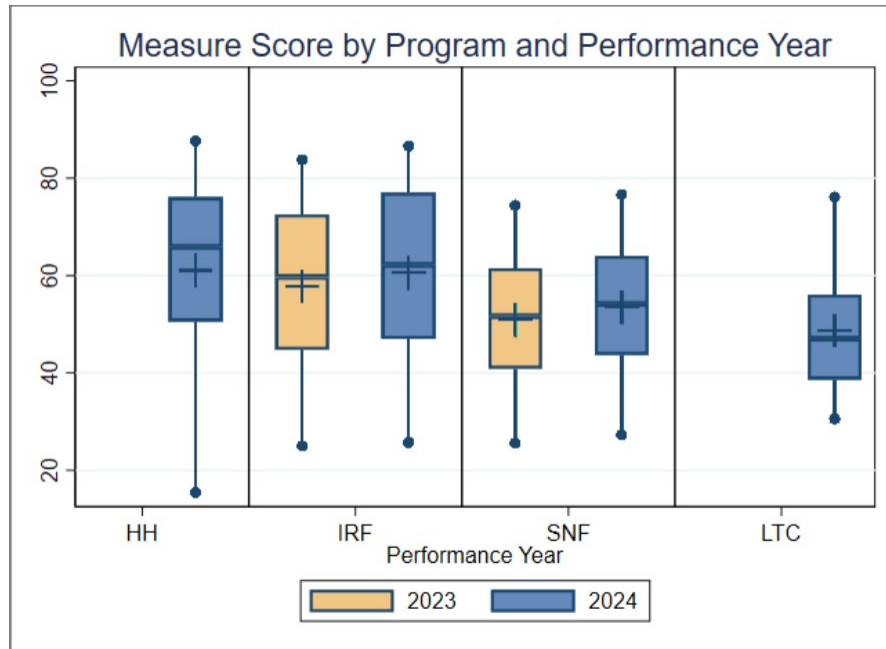


Figure 1. Boxplot of Measure Score by Program and Year

Figure 1 Interpretation: For this measure, a higher score indicates better quality of care. In the boxplot above, the median score for 2024 is highest for home health (66%) followed by inpatient rehabilitation facilities (62%), skilled nursing facilities (54%), and long-term care facilities (47%). The interpretation of these results is limited by the single year of data available for HH and LTC programs compared to the 2 years of data for IRF and SNF programs. Median score for IRFs increased slightly from 60% to 62% between 2023 and 2024. Median score for SNFs increased slightly from 52% to 54% between 2023 and 2024.

About Table 1: Table 1 illustrates the distribution of scores and the number of patients represented within each group. It is important to note that the groups with the lowest or highest scores (referred to as deciles, each comprising 10% of the organizations) may contain more or fewer patients than other groups. For example, if the lowest-scoring decile includes only 5% of the total patient population, this smaller group size may be associated with lower performance scores. For each of the programs shown below, there is a wide spread of performance across entities, indicating that there is still room for improvement on this measure.

Table 1a. Importance (Decile by Measure Score, 2024) - Home Health Quality Reporting Program

Lowest Performers  Highest Performers

	Overall	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Mean Score	61.0	14.6	37.9	50.4	58.3	63.7	68.0	71.8	76.0	80.8	88.9
Number of Organizations	7,902	791	790	790	790	790	791	790	790	790	790
Number of Patients	5,171,196	104,908	219,477	297,227	473,276	651,597	650,176	779,693	717,313	790,616	486,913

Table 1b. Importance (Decile by Measure Score, 2024) - Inpatient Rehabilitation Facility Quality Reporting Program

Lowest Performers  Highest Performers

	Overall	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Mean Score	60.6	24.4	39.8	47.1	53.1	59.3	65.4	71.9	76.9	81.0	87.1
Number of Organizations	1,126	113	113	112	113	112	113	113	112	113	112
Number of Patients	545,985	30,404	44,371	42,145	51,867	46,922	43,320	59,022	76,968	81,054	69,912

Table 1c. Importance (Decile by Measure Score, 2024) - Long-Term Care (LTC) Hospital Quality Reporting Program

Lowest Performers  Highest Performers

	Overall	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Mean Score	48.7	28.1	34.6	39.1	42.9	45.7	48.8	52.6	56.0	62.4	77.2
Number of Organizations	310	31	31	31	31	31	31	31	31	31	31
Number of Patients	75,465	7,477	8,116	8,534	8,751	6,593	6,097	6,487	7,460	9,017	6,933