

Measure Applications Partnership

Review of 2016
Recommendations for Medicaid
and Dual Eligible Beneficiaries



NATIONAL
QUALITY FORUM

Coordinating Committee Web Meeting

August 19, 2016

Meeting Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- MAP Overview
- 2016 MAP Dual Eligible Beneficiaries Workgroup Report
- Opportunity for Public Comment
- 2016 Medicaid Child Task Force Report
- 2016 Medicaid Adult Task Force Report
- Opportunity for Public Comment
- Cross-Cutting Strategic Issues
- Opportunity for Public Comment
- Summarize and Adjourn

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

2

Meeting Objectives

- Review public comments on three draft MAP reports
- Finalize 2016 MAP Dual Eligible Beneficiaries Workgroup Report, 2016 MAP Medicaid Child Task Force Report, and 2016 MAP Medicaid Adult Task Force Report
- Examine cross-cutting issues affecting low-income Medicaid and dual eligible beneficiaries, including measurement gaps

Role of the Coordinating Committee in MAP Workgroups and Taskforces

MAP Coordinating Committee Members

- Elizabeth McGlynn, PhD, MPP (Co-Chair)
- Harold Pincus, MD (Co-Chair)
- Lynda Flowers, JD, MSN, RN
- Marissa Schlaifer, RPh, MS
- Steven Brotman, MD, JD
- Shaun O'Brien
- Aparna Higgins, MA
- R. Barrett Noone
- Amir Qaseem, MD, PhD, MHA
- Frank G. Opelka, MD, FACS
- David Gifford, MD, MPH
- Rhonda Anderson, RN, DNSc, FAAN
- Carl Sirio, MD
- Sam Lin, MD, PhD, MBA
- Marla J. Weston, PhD, RN
- Trent T. Haywood, MD, JD
- Lisa McGiffert
- Chip N. Kahn, III, MPH
- Richard Gundling, FHFMA, CMA
- Mark R. Chassin, MD, FACP, MPP, MPH
- Melissa Danforth
- Gail Hunt
- Foster Gesten, MD, FACP
- Steve Wojcik
- Mary Barton, MD, MPP
- Carol Sakala
- Elizabeth Mitchell
- William E. Kramer, MBA
- Christopher M. Dezii, RN, MBA, CPHQ
- Richard Antonelli, MD, MS
- Bobbie Berkowitz, PhD, RN, CNAA, FAAN
- Marshall Chin, MD, MPH, FACP
- Richard Kronick, PhD/Nancy J. Wilson, MD, MPH
- Chesley Richards, MD, MH, FACP
- Patrick Conway, MD, MSc
- Kevin Larsen, MD, FACP

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

5

Measure Applications Partnership

The Affordable Care Act (ACA) requires HHS to contract with the consensus-based entity (i.e., NQF) to **“convene multi-stakeholder groups to provide input on the selection of quality measures” for public reporting, payment, and other programs.** (ACA Section 3014).

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

6

The Role of MAP

In pursuit of the National Quality Strategy, the MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:
 - Promote coordination of care delivery
 - Reduce data collection burden

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

7

MAP Structure



Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

Charge of the MAP Dual Eligible Beneficiaries Workgroup

Dual Eligible Beneficiaries Workgroup:

- Identifies performance measures for use in dual beneficiary and sub-populations (family of measures)
- Prioritizes measurement gap areas
- Provides strategic input for maximizing quality of life for Medicare-Medicaid enrollees
 - » Focus this year on measurement topics for individuals with multiple chronic conditions
 - » Explore topics of community integration and connection to resources

Charge of the MAP Medicaid Adult and Child Task Forces

- Each year, the Medicaid Task Forces advise HHS on strengthening the Adult and Child Core Sets of measures by:
 - Reviewing states' experiences voluntarily reporting measures
 - Refining previously identified measure gap areas and recommending potential measures for addition to the sets
 - Recommending measures for removal from the sets that are found to be ineffective
- Reports to HHS are released by September 1 of each year

Charge of the Coordinating Committee

- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategic direction for the Measure Applications Partnership; and
- Give direction to and ensure alignment among the MAP advisory workgroups.

2016 MAP Dual Eligible Beneficiaries Workgroup Report

Dual Eligible Beneficiaries Workgroup Membership

Workgroup Chairs: Jennie Chin Hansen, RN, MS, FAAN and Nancy Hanrahan, PhD, PN, FAAN

Organizational Members

AARP Public Policy Institute	Susan Reinhard, RN, PhD, FAAN
American Geriatrics Society	Gregg Warshaw, MD
American Medical Directors Association	Gwendolen Buhr, MD, MHS, MEd, CMD
Association for Community Affiliated Health Plans	Christine Aguiar
Centene Corporation	Michael Monson
Consortium for Citizens with Disabilities	E. Clarke Ross, DPA
Easter Seals	Cheryl Irmiter, PhD
Homewatch CareGivers	Jette Hogenmiller, PhD, MN, APN, CDE, TNCC
Humana, Inc.	George Andrews, MD, MBA, CPE
iCare	Thomas H. Lutzow, PhD, MBA
National Association of Medicaid Directors	Alice Lind, BSN, MPH
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
New Jersey Hospital Association	Aline Holmes, DNP, MSN, RN

Dual Eligible Beneficiaries Workgroup Membership

Subject Matter Experts

Mady Chalk, MSW, PhD
James Dunford, MD
K. Charlie Lakin, PhD
Ruth Perry, MD
Kimberly Rask, MD, PhD
Gail Stuart, PhD, RN

Federal Government Members

Administration for Community Living	Eliza Bangit
CMS Medicare Medicaid Coordination Office	Venesa Day
Office of the Assistant Secretary for Planning and Evaluation	DEB Potter, MS

Who are Dual Eligible Beneficiaries?

- Individuals who are dually-eligible for Medicare and Medicaid benefits
 - Usually have a combination of complex clinical conditions compounded by social disadvantages; all are low-income
 - Typically considered “vulnerable” or “high need”
 - Highly diverse with most social, ethnic, and geographical groups represented
- Spending for dual beneficiaries is disproportionately high. Annually:
 - 20% of Medicare beneficiaries and 1/3 of spending = \$498.9 billion
 - 14% of Medicaid beneficiaries and 1/3 of spending = \$340.5 billion
- Little is known about the quality of care for these beneficiaries, as distinct from other groups of consumers

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

15

MAP Recommendations To Date

2011

- Vision for high-quality care and guiding principles for measurement
- Five high-leverage opportunities for improvement through measurement
- First ‘core’ measure set + lengthy list of measure gaps
- Began annual updates to recommended Family of Measures
- Explored unique needs of sub-populations
- Surveys and other activities that could fill prioritized gaps
- Strategies to support improved quality of life outcomes
- Gathering stakeholder experience with measure use and assessed alignment of current measures
- *Pursue measures to support the needs of individuals with MCCs and connections to community resources and community integration*

2016

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

16

MAP Family of Measures for Dual Eligible Beneficiaries

What is the Family of Measures?

- Measures identified as best-available to address quality issues across the continuum of care for dual eligible beneficiaries and high-need subgroups
- Intended as a resource to assist the field in the selection of measures for programs, to promote alignment, and define high-priority gaps
- A “pick list”—not appropriate for one entity to use all
- Maintained as measures and science change
 - Variety of measure types, care settings, levels of analysis
 - Increasing use in federal programs

Maintaining the MAP Family of Measures for Dual Eligible Beneficiaries

- MAP monitors the NQF portfolio of endorsed measures for updates
 - Consider removal of measures no longer endorsed
 - Identify newly endorsed measures to address high-leverage opportunities and high-priority gaps
- MAP voted to remove a total of 6 measures
 - These 6 measures in the family had changes to endorsement since last review
- MAP voted to add a total of 4 measures
 - One functional status measure from the Person-and-Family-Centered Care Project, two measure that address pressure ulcers, and one measure addressing gaps in clinical practice guideline adherence for patients with high disease burden.
- Total of 74 measures in the updated 2016 family

Maintaining the Family of Measures: New Additions

NQF #	Measure Title	Steward
0678	Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay)	CMS
0679	Percent of High Risk Residents with Pressure Ulcers (Long Stay)	CMS
1662	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	Renal Physicians Association
2624	Functional Outcome Assessment	CMS

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

19

Maintaining the Family of Measures: Removals

NQF #	Measure Title	Steward
0007	NCQA Supplemental items for CAHPS® 4.0 Adult Questionnaire (CAHPS 4.0H)	NCQA
0201	Pressure ulcer prevalence (hospital acquired)	The Joint Commission
0554	Medication Reconciliation Post-Discharge (MRP)	NCQA
0692	Consumer Assessment of Health Providers and Systems (CAHPS®) Nursing Home Survey: Long-Stay Resident Instrument	AHRQ
1902	Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy	AHRQ
1909	Medical Home System Survey (MHSS)	NCQA

CONVENED BY THE NATIONAL QUALITY FORUM

20

Starter Set

**indicates a newly added measure*

NQF #	Measure Title	Steward
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	NCQA
0008	Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions) Composite	AHRQ
0018*	Controlling High Blood Pressure	NCQA
0028	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	AMA-convened Physician Consortium for Performance Improvement
0097*	Medication Reconciliation Post-Discharge	NCQA
0101	Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls	NCQA

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

21

Starter Set

**indicates a newly added measure*

NQF #	Measure Title	Steward
0228	3-Item Care Transition Measure (CTM-3) PRO	University of Colorado Denver Anschutz Medical Campus
0326*	Advance Care Plan	NCQA
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	CMS
0419	Documentation of Current Medications in the Medical Record	CMS
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CMS
0576	Follow-Up After Hospitalization for Mental Illness (FUH)	NCQA

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

22

Starter Set

**Indicates a newly added measure*

NQF #	Measure Title	Steward
0647*	<i>Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/ Self Care or Any Other Site of Care)</i>	AMA-PCPI
0648*	<i>Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/ Self Care or Any Other Site of Care)</i>	AMA-PCPI
1768	Plan All-Cause Readmissions (PCR) Process	NCQA
2111*	<i>Antipsychotic Use in Persons with Dementia</i>	Pharmacy Quality Alliance
2510*	<i>Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)</i>	CMS
Measures Removed from Starter Set		
0022	Use of High-Risk Medications in the Elderly (DAE)	NCQA

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

23

Maintaining the MAP Family of Measures for Dual Eligible Beneficiaries

Priority Gap Areas for Dual Eligible Beneficiaries

- Home and community-based services*
- Affordable and cost-effective care*
- Goal-directed, person-centered care planning and implementation
- Shared decisionmaking
- Systems to coordinate acute care, long-term services and supports, and nonmedical community resources
- Beneficiary sense of control/autonomy/self-determination
- Psychosocial needs
- Community integration/inclusion and participation
- Optimal functioning (e.g., improving when possible, maintaining, managing decline)

*Denotes newly identified gap areas

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

24

Strategic Issues for Dual Eligible Beneficiaries.

- Unfunded Mandates
- Role of Nontraditional Care Providers

Unfunded Mandates

- Workgroup members discussed the concept of unfunded mandates, which they defined as an expectation that services to be provided based on the application of measures without any reimbursement.
 - i.e. patient follow-up and care coordination efforts that are expected of providers as standards of care but are not paid for as additional services
- Workgroup members expressed concern that unfunded mandates will burden providers, especially those with limited resources.
 - i.e. telehealth becomes an unfunded mandate where currently available resources are not sufficient to allow healthcare providers to follow patients remotely
- Workgroup members suggested that requiring unfunded mandates should be based on feasibility of adapting, stretching, and maximizing resources to address needs, and that performance measurement should not include unfunded mandates.

Role of Nontraditional Care Providers

- Novel community partnerships use social workers and community paramedics as a new type of healthcare worker who facilitate connections within and across the medical and community settings.
- The role of nontraditional providers in optimizing health and accessing resources in the community may currently be underutilized in many communities.
- Communities and social services may feel stretched by the increased demand for their services and resources, especially given the needs of the population.

Nontraditional Care Providers— Field Examples

■ ***Ambulatory Integration of the Medical and Social (AIMS) Model***

The AIMS model addresses fragmentation of care and promotes care coordination by focusing on the patient's needs. The AIMS model assesses psychosocial needs and provides risk-focused care coordination, where social workers act as facilitators and assist with any sociodemographic and or biopsychosocial issues that may affect the attainment of health and well-being, while empowering and supporting patients in a patient-centric manner .

■ ***The Bridge Model—Social Work-Based Transitional Care***

The Bridge Model addresses integration and coordination, but focuses on transitional care and the hospital-community connection where social workers ensure that the care continuum is seamless between hospitals and community-based providers, supports, and services. This interdisciplinary model is led by social workers and provides patient-centric transitional care.

Summary of Public Comments

- Volume
 - 21 comments from 8 organizations
 - Variety of stakeholder perspectives
 - » Consumer advocates (e.g., Consortium for Citizens with Disabilities, Center for Medicare Advocacy, Inc.)
 - » Health plans (e.g., AHIP)
 - » Specialty providers (e.g., American Psychiatric Association, American Academy of Family Physicians)
 - » Others (e.g., SCAN Foundation, Paone and Associates)
- Tone
 - Generally positive, with suggestions to add detail/nuance

Summary of Public Comments: Themes

- **Family of Measures and measure gaps**
 - Consumer groups and health plans were supportive but concerned about the level of analysis and intent of the measure
 - General agreement that critical measure gaps need to be filled, but differences in preferred approaches
 - General agreement regarding the importance and the need for addressing integration of care across clinical, non-clinical and social services and supports
 - General agreement that measures in the family should be scientifically sound, reliable, valid and actionable

Summary of Public Comments: Themes

- **Risk adjustment and stratification**
 - Health plans and hospitals strongly promoting more research and application of adjustment
 - Others expressed concern that evidence is insufficient and risk adjustment may disadvantage consumers directly (in addition to safety net providers)
- **Care Integration and Integrated Care:** Widespread agreement regarding need for care integration and call for measure development
- **Additional feedback on specific measures and gaps:** opportunities and difficulties in capturing experience of care and patient-reported outcomes through measurement; and antipsychotic use in persons with dementia

MAP Coordinating Committee Discussion

- Does the Coordinating Committee have specific responses to public commenters or direction to reflect comments in the final report?
- How can MAP support the development of new measures and/or methodologies to address persistent gaps such as care integration or experience of care?

Opportunity for Public Comment

MAP Coordinating Committee Approval

- *Co-chair will ask for objections from Coordinating Committee members.*
 - *If there are any objections, they will be addressed through brief discussion and the Coordinating Committee will vote.*
 - *If there are no objections, the report and recommendations will be considered approved.*
- Are there objections to the MAP's 2016 recommendations for measurement in the dual eligible beneficiary population?

2016 MAP Medicaid Child Task Force Report

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

35

Medicaid Child Task Force Membership

Task Force Chair (Voting): Foster Gesten, MD, FACP

Organizational Members (Voting)

American Academy of Pediatrics	Terry Adirim, MD, MPH, FAAP
American Nurses Association	Susan Lacey, RN, PhD, FAAN
America's Essential Hospitals	Kathryn Beattie, MD
Association for Community Affiliated Plans	Margaret (Meg) Murray, MPA
Blue Cross and Blue Shield Association	Reed Melton
Children's Hospital Association	Andrea Benin, MD
Kaiser Permanente	Robert Riewerts, MD
March of Dimes	Cynthia Pellegrini
National Partnership for Women and Families	Carol Sakala, PhD, MSPH
Patient-Centered Primary Care Collaborative	Fatema Salam, MPH

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

Medicaid Child Task Force Membership

Subject Matter Experts (*Voting*)

Richard Antonelli, MD

Luther Clark, MD

Organizational Member (*Non-Voting*)

National Association of Medicaid Directors
--

Deidre Gifford, MD, MPH

Federal Government Members (*Non-voting*)

Agency for Healthcare Research and Quality (AHRQ)	Kamila Mistry, PhD, MPH
---	-------------------------

Centers for Medicare & Medicaid Services (CMS)	Laura de Nobel, JD, RN
--	------------------------

Health Resources and Services Administration (HRSA)	Gopal Singh, PhD
---	------------------

Office of the National Coordinator for Health IT (ONC)	David Hunt, MD
--	----------------

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

MAP Medicaid Child and Adult Task Forces Charge

- The Medicaid Task Forces advise HHS on strengthening the Child and Adult Core Sets of measures by:
 - Reviewing states' experiences reporting measures to date
 - Refining previously identified measure gap areas and recommending potential measures for addition to the sets
 - Recommending measures for removal from the sets that are found to be ineffective
- The task forces consist of current MAP members from the MAP Coordinating Committee and MAP workgroups with relevant interests and expertise.

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

38

CMS Goals Child and Adult Core Sets

- Three-part goal for Child and Adult Core Sets:
 1. Increase number of states reporting Core Set measures
 2. Increase number of measures reported by each state
 3. Increase number of states using Core Set measures to drive quality improvement
- CMS uses the Core Set data to obtain a snapshot of quality and to inform policy and program decisions.

Medicaid and the Child Core Set

Background

- Medicaid and the Children's Health Insurance Program (CHIP) cover more than 43 million children
- 48% of births in the US are financed by Medicaid
- Children with complex health needs
 - Account for 6% of the total number of children covered by Medicaid
 - Incur nearly 40% of total Medicaid costs
- Health issues for children in Medicaid /CHIP
 - Chronic diseases (e.g., sickle cell disease, Asthma)
 - Poor birth outcomes
 - Behavioral health
 - Preventive care
 - Developmental disability

Medicaid and the Child Core Set, Continued

- The Children's Health and Insurance Program Reauthorization Act of 2009 (CHIPRA) provided for the identification of a core set of measures for children enrolled in Medicaid and CHIP
 - Beginning January 2013, CHIPRA required CMS to update the initial core set annually
- Measures in the Core Set are relevant to children ages 0-18 as well as pregnant women
- Annually, states **voluntarily** submit data to CMS
- 2016 Child Core Set measures were informed by MAP's 2015 review and input.

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

CMS. Medicaid by topic: quality of care: CHIPRA initial core set of children's health care quality measures website.
<https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topic/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>. Last accessed July 2016

41

Medicaid Child Core Set Measures for FFY 2016 Use

NQF #	Measure Name	Measure Steward
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Body Mass Index Assessment for Children/Adolescents	NCQA
0033	Chlamydia Screening in Women	NCQA
0038	Childhood Immunization Status	NCQA
0108	Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication	NCQA
0139	Pediatric Central-line Associated Bloodstream Infections—Neonatal Intensive Care Unit and Pediatric Intensive Care Unit	CDC
0471	Cesarean Rate for Nulliparous Singleton Vertex (PC-02)	Joint Commission
0576	Follow-up After Hospitalization for Mental Illness	NCQA
1360	Audiological Evaluation No Later Than 3 Months of Age (AUD)*	CDC
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA)	AMA-PCPI
1382	Live Births Weighing Less than 2,500 Grams	CDC
1391	Frequency of Ongoing Prenatal Care	NCQA
1392	Well-Child Visits in the First 15 Months of Life	NCQA
1407	Immunization Status for Adolescents	NCQA

CONVENED BY THE NATIONAL QUALITY FORUM

*This measure was added to the 2016 Child Core Set based on MAP's 2015 recommendation.

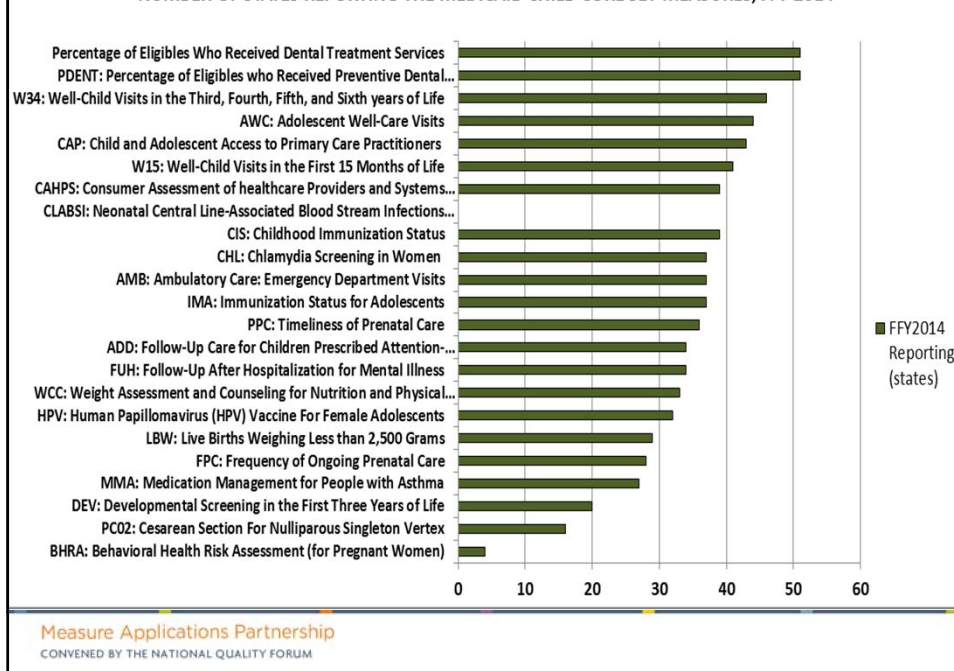
Medicaid Child Core Set Measures for FFY 2016 Use - Continued

NQF #	Measure Name	Measure Steward
1448	Developmental Screening in the First Three Years of Life	OHSU
1516	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA
1517	Timeliness of Prenatal Care	NCQA
1799	Medication Management for People with Asthma	NCQA
1959	Human Papillomavirus (HPV) Vaccine for Female Adolescents	NCQA
2508	Prevention: Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL)	DQA (ADA)
n/a	Ambulatory Care - Emergency Department (ED) Visits	NCQA
n/a	Adolescent Well-Care Visit	NCQA
n/a	Behavioral Health Risk Assessment (for Pregnant Women)	AMA-PCPI
n/a	Child and Adolescents' Access to Primary Care Practitioners	NCQA
n/a	Consumer Assessment of Healthcare Providers and Systems® CAHPS 5.0H (Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items)	NCQA
n/a	Percentage of Eligibles That Received Preventive Dental Services	CMS
n/a	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)*	AHRQ-CMS CHIPRA NCINQ

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

*This measure was added to the 2016 Child Core Set based on MAP's 2015 recommendation.
n/a = Measure is not NQF-endorsed

NUMBER OF STATES REPORTING THE MEDICAID CHILD CORE SET MEASURES, FFY 2014



States' Experiences Collecting and Reporting the Child Core Set

Representatives from two Medicaid agencies shared their perspectives with the Task Force

- **Successes related to reporting**
 - Developing quality improvement initiatives for accountability, population comparison, and addressing disparities
 - Engaging providers in QI that is actionable and meaningful to them
 - Stratifying data to identify differences due to disability and disparities
- **Challenges to reporting**
 - Burden of measurement reporting for both the state and the provider community due to the proliferation of measures
 - Difficulty in analysing trends based on administrative and hybrid data because stratification results in very small sample sizes

States' Experiences Collecting and Reporting the Child Core Set, Continued

- **Recommendations for strengthening the Child Core Set measures**
 - Proactive technical assistance (e.g., precise technical specifications).
 - Support meaningful measures that are aligned and can be used at multiple levels to drive quality improvement efforts.
 - Ensure all measurement is "actionable"
 - Improve IT infrastructure for measurement to facilitate data sharing

Process of Task Force Measure Review for Child and Adult Core Sets

- MAP used the Measure Selection Criteria (MSC) to review currently available measures and identify those with the best potential to fill gaps
- Using 2015 measure gap areas, NQF staff compiled and presented measures in the following topic areas: asthma, mental and behavioral health, care coordination, dental care, maternal/perinatal care, overuse, sickle cell disease, and patient-reported outcomes.
- All MAP Task Force members had the opportunity to suggest additional measures for discussion and consideration
- MAP discussed the measures judged to be a good fit for the core set based on their specifications, the MAP MSC, and the feasibility/utility of implementing them at the state level
- Measures required support of >60% of voting members to move forward

Task Force Measure- Specific Recommendations

- MAP supports 24 of 26 measures in the FFY 2016 Child Core Set for continued use
- MAP recommends the removal of two measure:
 - **NQF #1391 – Frequency of Ongoing Prenatal Care**
 - » Reflects challenges women face when trying to obtain prenatal care (e.g., taking time off work, transportation, and childcare)
 - » Information collected is less actionable by state Medicaid programs
 - » Insufficient evidence to support the relationship between visit frequency and improved outcomes for mothers and babies
 - **Non-NQF Endorsed – Child and Adolescents' Access to Primary Care Practitioners**
 - » Little variation between programs presenting a limited opportunity for improvement
 - » There are other, more meaningful measures of access which include questions regarding access to care

Task Force Measure-Specific Recommendations

- MAP recommended 5 measures for phased addition to the Child Core Set:
 - Measures not yet reviewed by NQF for endorsement received conditional support, pending successful endorsement review

Rank	Measure name and NQF number, if applicable
1	NQF #2797: Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell Anemia NQF #0480: PC-05 Exclusive Breast Milk Feeding (Conditional Support*) NQF #2830: PC-05 Exclusive Breast Milk Feeding (e-measure) (Conditional Support*)
2	NQF #2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
3	NQF #2902: Contraceptive Care – Postpartum (Conditional Support*)

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

49

High-Priority Gaps in Child Core Set

- Care coordination
- Screening for abuse and neglect
- Injuries and trauma
- Mental health
- Exposure to Adverse Childhood Experiences (ACEs)
- Overuse/medically unnecessary care
- Durable medical equipment (DME)
- Cost measures
- Sickle-cell disease
- Substance abuse
- Patient-reported outcome measures
- Dental care access for children with disabilities – could stratify current measures

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

50

Policy Issues for State-Level Medicaid Reporting for Adult and Child Core Sets

- Nature of Core Sets
 - » Measures addressing quality improvement versus accountability
 - » 3 types of measures: Analytic, Quality Improvement, Accountability
- Mandatory versus Voluntary reporting
 - » Opportunities of being a voluntary reporting program, i.e. quality improvement
 - » Mandatory reporting changes focus to reporting
- Innovation

Themes from Public Comments

35 comments from 18 organizations

Measure-Specific Comments

- Commenters were equally in support of or against Task Force recommendations for phased addition to the Child Core Set
 - #2801 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - #0480 PC-05 Exclusive Breast Milk Feeding
 - #2830 PC-05 Exclusive Breast Milk Feeding
 - #2902 Contraceptive Care – Postpartum
 - #2797 Transcranial Doppler Ultrasonography Screening Among Children with Sickle Cell
- Commenters were both for and against the Task Force recommendation to remove #1391 Frequency of Ongoing Prenatal Care and the non-NQF Endorsed Child and Adolescents' Access to Primary Care Practitioners

Themes from Public Comments

- Comments supported MAP's identified measure gap areas, including a few new areas (i.e., inpatient psychiatric access to care, and measures assessing the schools systems, etc.)
- Encouraged continued focus on: disability, community linkages, value based performance
- Requested actions from CMS related to the addition of new measures:
 - Providing federal definitions (care coordination)
 - Building and maintaining the infrastructure to use data
 - Prioritizing the addition of measures that are aligned across other reporting programs (parsimony and alignment)
 - Resource needs (financial and structural) to develop and test child health measures
- Recommendations for MAP process improvement

Themes from Public Comments

Policy and Strategic Issues Comments

- Data challenges(i.e., missing data, accuracy of data)
- Concerns regarding attribution policy
- Continuum of care for children with special needs as they transition to adulthood
- Proactively address developmental, behavioral and mental health issues before they reach a diagnostic threshold
- Impact of sociodemographic characteristics (e.g., housing, behavioral issues, co-morbid health issues)
- Two measure sets for reporting (i.e., a mandatory "foundational set" and a "supplemental set" from which States might choose measures based on their priorities)
- Feasibility of recommended measure(s)
- Burden of measurement

MAP Coordinating Committee Discussion

- Does the MAP Coordinating Committee have specific responses to public commenters or direction to reflect comments in the final Child Core Set report?
- Does the Coordinating Committee suggest any changes for next year's approach?

2016 Medicaid Adult Task Force Report

Medicaid Adult Task Force Membership

Task Force Chair: Harold Pincus, MD

Organizational Members

Academy of Managed Care Pharmacy	Marissa Schlaifer, RPh
American Association of Nurse Practitioners	Sue Kendig, JD, WHNP-BC, FAANP
American College of Physicians	Michael Sha, MD, FACP
America's Health Insurance Plans	Grant Picarillo
Association for Community Affiliated Health Plans	Jenny Babcock
Humana, Inc.	George Andrews, MD, MBA, CPE, FACP
March of Dimes	Cynthia Pellegrini
National Association of Medicaid Directors	Kathleen Dunn, RN, MPH
National Rural Health Association	Diane Calmus

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

57

Medicaid Adult Task Force Membership

Subject Matter Experts

Kim Elliott, PhD, CPHQ
Ann Marie Sullivan, MD

Federal Government Members

Substance Abuse and Mental Health Services Administration (SAMHSA)	Lisa Patton, PhD
--	------------------

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

58

Medicaid Adult Population Background

- Medicaid provided coverage to 44.3 million adults in FFY 2014
- Medicaid served 27.1 million non-elderly adults, 6.3 million adults age 65 and over, and 10.9 million individuals who are blind/disabled.
- Working age adult Medicaid enrollees are the most rapidly growing segment of the Medicaid population
- 57% of adults ages 21-64 covered by Medicaid are overweight, have diabetes, hypertension, high cholesterol, or a combination of these conditions
- 2 of 3 adult women on Medicaid are in their reproductive years (19-44)

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

¹<http://kff.org/health-reform/issue-brief/low-income-adults-under-age-65-many-are-poor-sick-and-uninsured/> and
<http://www.gao.gov/assets/300/294002.pdf>

Medicaid Adult Core Set

- The Affordable Care Act (ACA) called for the creation of a core set of quality measures for adults enrolled in Medicaid.
 - Initial Adult Core Set of measures was published in 2012
- The Core Set is a relatively new program, the early years focused on helping states understand the set of measures and refine the reporting guidance provided.
- Annually, states **voluntarily** submit data to CMS
 - Two years of state data has been collected.
- MAP's 2016 report is its fourth set of annual recommendations on the Adult Core Set for HHS.

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

Centers for Medicare and Medicaid Services (CMS). Adult health care quality measures website.
<http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html>. Last accessed June 2015.

60

Medicaid Adult Core Set Measures for FFY 2016 Use

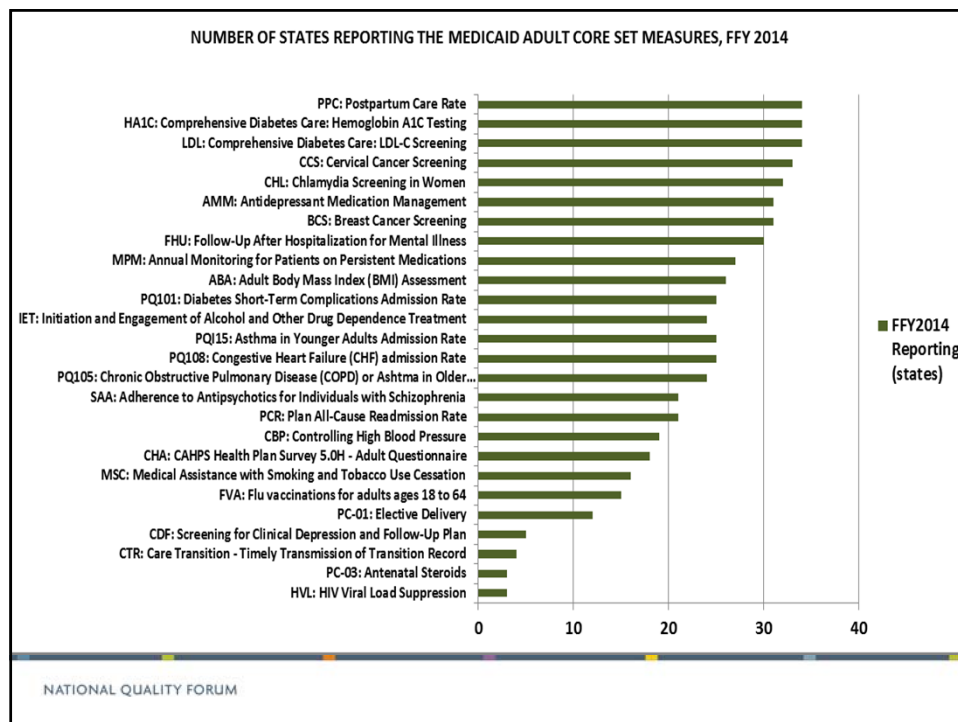
NQF #	Measure Name	Measure Steward
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA
0006	CAHPS Health Plan Survey v 4.0—Adult Questionnaire with CAHPS Health Plan Survey v 5.0 (Medicaid)	AHRQ
0018	Controlling High Blood Pressure	NCQA
0027	Medical Assistance with Smoking and Tobacco Use Cessation	NCQA
0032	Cervical Cancer Screening	NCQA
0033	Chlamydia Screening in Women Ages 21-24	NCQA
0039	Flu Vaccinations for Adults Age 18 and Older	NCQA
0057	Comprehensive Diabetes Care: Hemoglobin A1c Testing	NCQA
0059	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	NCQA
0105	Antidepressant Medication Management	NCQA
0272	PQI 01: Diabetes, Short-Term Complications Admission Rate	AHRQ
0275	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	AHRQ
0277	PQI 08: Congestive Heart Failure (CHF) Admission Rate	AHRQ
0283	PQI 15: Adult Asthma Admission Rate	AHRQ

NATIONAL QUALITY FORUM

Medicaid Adult Core Set Measures for FFY 2016 Use - Continued

NQF #	Measure Name	Measure Steward
0418	Screening for Clinical Depression and Follow-Up Plan	CMS
0469	PC-01: Elective Delivery	Joint Commission
0476	PC-03 Antenatal Steroids	Joint Commission
0576	Follow-Up After Hospitalization for Mental Illness	NCQA
0648	Care Transition—Transition Record Transmitted to Health Care Professional	AMA-PCPI
1517	Prenatal and Postpartum Care: Postpartum Care Rate	NCQA
1768	Plan All-Cause Readmission Rate	NCQA
1932	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)**	NCQA
2082	HIV Viral Load Suppression	HRSA
2371	Annual Monitoring for Patients on Persistent Medications	NCQA
2372	Breast Cancer Screening	NCQA
n/a	Adherence to Antipsychotics for Individuals with Schizophrenia	NCQA
n/a	Adult Body Mass Index (BMI) Assessment	NCQA
n/a	Use of Opioids from Multiple Providers or at High Dosage in Persons Without Cancer: Opioid High Dosage**	PQA

NATIONAL QUALITY FORUM



States' Experiences Collecting and Reporting the Adult Core Set

Representatives from two Medicaid state agencies shared their perspectives with the Task Force

- **Successes related to reporting and state's quality improvement activities**
 - Developing quality improvement initiatives around clinical priority areas, integration of care, care coordination, and high-utilizers of care
 - Aligning programs across payers
 - Focusing across physical, behavioral and mental health including issues such as housing
- **Barriers to reporting**
 - Lack of seamless data transmission and sharing data between providers/organizations
 - Validation of measures-reporting measures that are reliable and accurate

States' Experiences Collecting and Reporting the Adult Core Set, Continued

- **Recommendations for strengthening the Adult Core Set**
 - Flexibility to modify measures, i.e., modification of specifications from technical specifications provided
 - Ensure all measurement is “actionable”
 - Including NQF-endorsed measures and HEDIS measures are useful due to benchmarks and predetermined thresholds of performance

Task Force Measure- Specific Recommendations

- MAP supported continued use of all 28 measures in the 2016 Adult Core Set.
- MAP supported or conditionally supported six measures for addition to the Core Set

Measures for Recommended for Addition

Measure Name and NQF Number, if applicable

NQF #2152 – Preventive Care and Screening: Unhealthy Alcohol Use

NQF #0541 – Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category

NQF #2607 – Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

NQF #2605 – Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence

NQF #2829 – Elective Delivery (Conditional Support*)

NQF #1799 – Medication Management for People with Asthma

High Priority Gaps in the Adult Core Set

- Access to primary, specialty, and behavioral health care
- Behavioral health and integration with primary care*
- Beneficiary-reported outcomes
- Care coordination
- Cultural competency of providers
- Efficiency
- Long-term supports and services
- Maternal/Reproductive health
- Promotion of wellness
- Treatment outcomes for behavioral health conditions and substance use disorders
- Workforce
- New chronic opiate use (45 days)
- Polypharmacy
- Engagement and activation in healthcare
- Trauma-informed care

Policy Issues for State-Level Medicaid Reporting for Adult and Child Core Sets

- Nature of Core Sets
 - » Measures addressing quality improvement versus accountability
 - » 3 types of measures: Analytic, Quality Improvement, Accountability
- Mandatory versus Voluntary reporting
 - » Opportunities of being a voluntary reporting program, i.e. quality improvement
 - » Mandatory reporting changes focus to reporting
- Innovation

Review of Public Comments

33 comments submitted by 23 organizations;

- Most commenters supported medication adherence measure #0541; one commenter cited additional improvements needed to enhance the measure
- Commenters were equally in support of or against Task Force recommendations for phased addition to the Adult Core Set
 - #2607 Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
 - #2605 Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence
 - 1799 Medication Management for People with Asthma
- Commenters suggested MAP recommend measures to address gap areas such as wellness, inter-conception care and poor birth outcomes, specifically measures #2903 Contraceptive Care- Most and Moderately Effective Methods and #2902 Contraceptive Care – Postpartum

Themes from Public Comments

- Supported MAP's discussions addressing measurement burden and encouraged parsimony and alignment across measure sets (i.e., HEDIS and Core Quality Measure Collaborative)

Coordinating Committee Discussion on Issues Spanning Adult and Child Core Sets

- *Nature of comments does not warrant changing any of the Task Force recommendations.*
- Does the MAP Coordinating Committee wish to provide further guidance for the potential use of asthma measures in Adult Core Sets?
- Does the MAP Coordinating Committee have specific responses to public commenters or direction to reflect the comments in the final Adult Core Set report?

Opportunity for Public Comment

MAP Coordinating Committee Approval

- *Co-chair will ask for objections from Coordinating Committee members.*
 - *If there are any objections, they will be addressed through discussion and the Coordinating Committee will vote.*
 - *If there are no objections, the report and recommendations will be considered approved.*
- Are there objections to the MAP's Child Core Set recommendations?
- Are there objections to the MAP's Adult Core Set recommendations?

Cross-Cutting Issues Affecting Low-Income Populations Across TO11

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

75

Cross Cutting Issues

- Linkages across the care spectrum including clinical, non-clinical and social services and supports
- Care Coordination
- Measure Gaps & Data

Measure Applications Partnership
CONVENED BY THE NATIONAL QUALITY FORUM

76

Cross Cutting Issues

- Linkages across the care spectrum including clinical, non-clinical and social services and supports
 - Capturing care across clinical, non-clinical and social services and supports
 - Transitions of Care across clinical, non-clinical and social services
 - Growing recognition of the importance of integrated care
 - Measurement development needs in capturing care integration

Cross-Cutting Issues: Gap areas for Medicaid enrollees and Dual Eligible Beneficiaries

- Need measure development in persistent gap areas, such as:
 - Care Integration
 - » Inclusion of psychosocial services
 - » Primary care and behavioral health integration
 - » Integration of community services
 - Experience of care planning
 - Maternal/Reproductive Health
- Data
 - Availability and Access, Infrastructure, Quality and Cost.

MAP Coordinating Committee Discussion

- How can MAP continue to recommend measures that best capture community integration and or integration of services across clinical, non-clinical and social services?
- Can the Coordinating Committee members identify any organizations working to develop new measures in the identified gap areas?

Opportunity for Public Comment

Next Steps: Reports Finalized and Submitted

- **August 31:** MAP reports on Dual Eligible Beneficiaries, Medicaid Adult Core Set, and the Medicaid Child Core Set due to HHS
- Visit the project pages for updates and to download the final reports:
 - MAP Dual Eligible Beneficiaries Workgroup:
http://www.qualityforum.org/MAP_Dual_Eligible_Beneficiaries_Workgroup.aspx
 - MAP Medicaid Task Forces:
http://www.qualityforum.org/MAP_Task_Forces.aspx

Thank You for Participating!