

Measure Applications Partnership

Review of 2015
Recommendations for Medicaid
and Dual Eligible Beneficiaries

Coordinating Committee Web Meeting
August 20, 2015



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Meeting Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- 2015 MAP Dual Eligible Beneficiaries Workgroup Report
- Opportunity for Public Comment
- 2015 Medicaid Child Task Force Report
- 2015 Medicaid Adult Task Force Report
- Opportunity for Public Comment
- Cross-Cutting Issues Affecting Low-Income Populations
- Opportunity for Public Comment
- Summarize and Adjourn

Meeting Objectives

- Review public comments on three draft MAP reports
- Finalize 2015 MAP Dual Eligible Beneficiaries Workgroup Report, 2015 MAP Medicaid Child Task Force Report, and 2015 MAP Medicaid Adult Task Force Report
- Examine cross-cutting issues affecting low-income Medicaid and dual eligible beneficiaries, including measurement gaps and fit-for-purpose

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MAP Coordinating Committee Members

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

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2015 MAP Dual Eligible Beneficiaries Workgroup Report

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Dual Eligible Beneficiaries Workgroup Membership

Workgroup Chairs: Jennie Chin Hansen, RN, MS, FAAN and Alice Lind, MPH, BSN

Organizational Members

AARP Public Policy Institute	Susan Reinhard, RN, PhD, FAAN
American Federation of State, County and Municipal Employees	Sally Tyler, MPA
American Geriatrics Society	Gregg Warshaw, MD
American Medical Directors Association	Gwendolen Buhr, MD, MHS, MEd, CMD
America's Essential Hospitals	Steven Counsell, MD
Center for Medicare Advocacy	Kata Kertesz, JD
Consortium for Citizens with Disabilities	E. Clarke Ross, DPA
Humana, Inc.	George Andrews, MD, MBA, CPE
iCare	Thomas H. Lutzow, PhD, MBA
National Association of Social Workers	Joan Levy Zlotnik, PhD, ACSW
National PACE Association	Adam Burrows, MD
SNP Alliance	Richard Bringewatt

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Dual Eligible Beneficiaries Workgroup Membership

Subject Matter Experts

Mady Chalk, MSW, PhD
Anne Cohen, MPH
James Dunford, MD
Nancy Hanrahan, PhD, RN, FAAN
K. Charlie Lakin, PhD
Ruth Perry, MD
Gail Stuart, PhD, RN

Federal Government Members

Office of the Assistant Secretary for Planning and Evaluation	DEB Potter, MS
CMS Medicare Medicaid Coordination Office	Venesa Day, MPA
Administration for Community Living	Jamie Kendall, MPP

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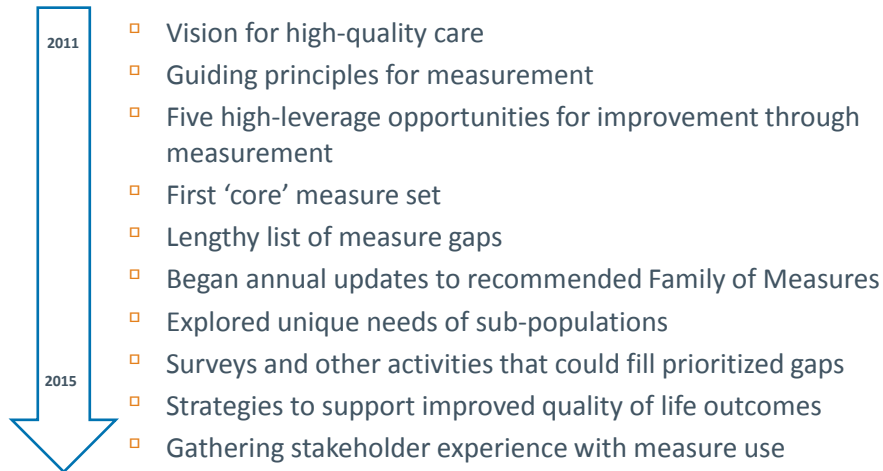
Who are Dual Eligible Beneficiaries?

- 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

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MAP Recommendations To Date



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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

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Maintaining the Family of Measures

- 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
- 2 measures in the family had endorsement removed at steward request
 - CAHPS measure retained, update currently under development
 - Measure of suicide assessment replaced with similar (#0104 Adult Major Depressive Disorder: Suicide Risk Assessment), but remains a gap
- MAP voted to include a total of 18 newly endorsed measures
 - 11 new behavioral health measures, 1 care coordination measure, and 5 admission/readmission measures
- Total of 76 measures in the updated 2015 family
- Alignment analysis and measure feedback could inform future updates

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Maintaining the Family of Measures: New Additions

NQF #	Measure Title	Steward
0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (replaced #0111: Bipolar Disorder: Appraisal for Risk of Suicide)	AMA-PCPI
2380	Rehospitalization During the First 30 Days of Home Health	CMS
2456	Medication Reconciliation: Number of Unintentional Medication Discrepancies per Patient	Brigham and Women's Hospital
2502	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs)	CMS
2505	Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health	CMS
2510	Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	CMS
2512	All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)	CMS
2597	Substance Use Screening and Intervention Composite	American Society of Addiction Medicine
2599	Alcohol Screening and Follow-Up for People with Serious Mental Illness	NCQA
2600	Tobacco Use Screening and Follow-Up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	NCQA

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Maintaining the Family of Measures: New Additions

NQF #	Measure Title	Steward
2601	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	NCQA
2602	Controlling High Blood Pressure for People with Serious Mental Illness	NCQA
2603	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	NCQA
2604	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	NCQA
2605	Follow-Up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	NCQA
2606	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	NCQA
2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA
2608	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA
2609	Diabetes Care for People with Serious Mental Illness: Eye Exam	NCQA

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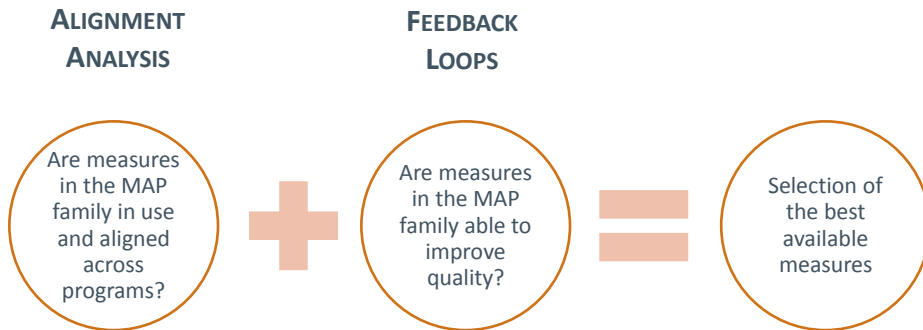
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MAP Priority Gap Areas for Dual Eligible Beneficiaries

- 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)

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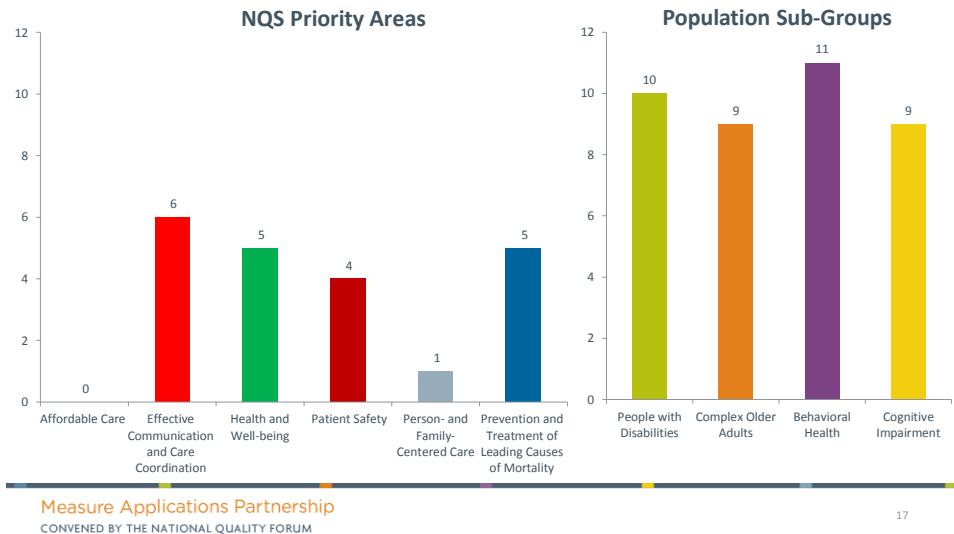
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Alignment Analysis

- Measure Alignment: when sets of measures work well across settings or programs to produce meaningful information without creating extra work for those responsible for the measurement
 - Facilitated by the use of the same measures across multiple programs
- Analysis of uptake of the family of measures:
 - Evaluated measures use across 11 State Financial Alignment Demonstrations
 - Demonstrations include ~60% of the family of measures
 - Capitated demonstrations in 9 states include 18-25 measures from the family
 - Fee-for-service demonstrations in 2 states include 6-8 measures from the family

Alignment Analysis: 16 Most-Used Measures



Measure Use Feedback

- NQF currently collects limited measure use information
- New effort directly gathered 8 stakeholder organizations' feedback on measures MAP has recommended
 - Semi-structured interviews, across stakeholder groups
 - Questions focused on adoption, alignment, usability, and implementation challenges
 - Open, in-depth conversations focused on the participants' experiences and perspectives
 - Detailed feedback about using specific measures in the family
 - Relevant concepts to address population needs and gap areas
 - Visions for the future of measurement

Measure Use Feedback

- Measure selection: primarily driven by requirements
 - Little capacity or resources for additional measures or analysis of specific populations
 - General improvement efforts expected to also improve care for high-risk individuals
- Related and competing measures: confusing
 - Perceived as diverting resources from gap-filling development
- Concerns about applying measures to complex populations
 - Recommended adjusting clinical targets, including additional exclusions (e.g., preference-sensitive care), and considering ways to share accountability across a broader system of care
- Data Limitations

Advancing Person- and Family-Centered Care

- Transformational change is needed to make current practice more person- and family-centered
- The healthcare and LTSS system should mirror the needs of consumers, empower self-direction and self-help when possible, and provide for continuity of care
- Unmasking and targeting health disparities is core to improving quality of care and outcomes for dual eligible beneficiaries
 - Depending on the measures in use and the manner in which they are applied, risk adjustment and stratification are both necessary to understand and address potential disparities
 - Measurement must improve quality without reducing the system's willingness to enroll or treat complex consumers
- We need rapid dissemination of best practices for targeted QI

Advancing Person- and Family-Centered Care

How are safety net providers and plans responding to the complex needs of beneficiaries?

- Promote health resilience through trauma-informed care (CareOregon)
- Reduce polypharmacy and break the cycle of medication misuse (CareOregon)
- Integrate behavioral health and primary care (IMPACT)
- Wraparound services and community partnerships (Denver Health)
- Team-based care for geriatric conditions (GRACE)

Strategic Issues

- Examining quality for a population challenges MAP to make consumer-centered recommendations
- Supporting measure development in persistent gap areas
 - Overcoming communication challenges to capturing consumer experiences and outcomes
 - Financial and scientific support for measure developers
- Further identification and spread of scalable strategies to enhance quality of care for vulnerable populations
 - Measurement is an important tool, but it is the underlying system changes that ultimately improve quality and consumer outcomes
 - Enhance connections between healthcare system and community-based supports and services that support people with disabilities, mental illness, and older adults

Summary of Public Comments

- **Volume**
 - 35 comments from 14 organizations
 - Variety of stakeholder perspectives
 - » Consumer advocates (e.g., Community Catalyst)
 - » Health plans (e.g., AHIP, WellCare)
 - » Hospitals (e.g., Henry Ford Hospital, Adventist Health System)
 - » Specialty providers (e.g., American Psychiatric Association)
 - » Supplier/Industry (e.g., Otsuka Pharmaceuticals)
 - » Others (e.g., SCAN Foundation)
- **Tone**
 - Generally positive, with suggestions to add detail/nuance

Summary of Public Comments: Themes

- **Alignment across programs**
 - Most supported the push for greater alignment; some cautioned that too much emphasis on alignment may cause measures to lose nuance needed for duals
 - Focus on a smaller set of highly reliable measures correlated with meaningful consumer outcomes and efficient use of resources
- **Family of Measures and measure gaps**
 - Consumer groups strongly supported moving ahead with (and even expanding upon) the recommended measures, while health plans and hospitals were somewhat supportive but concerned about the need for parsimony
 - General agreement that critical measure gaps need to be filled, but differences in preferred approaches

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)
- **Person- and family-centered care:** Widespread agreement with this approach and call for better measures to support it
- **Additional feedback on specific measures and gaps:** shorten follow-up window on post-discharge measure; concern about gaming readmission results by liberal use of “outpatient” label liberally; defining psychosocial needs as a measure gap more precisely

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 affordability or person- and family-centered care?
- Workgroup will discuss multiple chronic conditions during a fall web meeting. Are there areas of strategic importance in this topic ripe for input?

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 2015 recommendations for measurement in the dual eligible beneficiary population?

2015 MAP Medicaid Child Task Force Report

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Medicaid Child Task Force Membership

Task Force Chair: Foster Gesten, MD, FACP

Organizational Members

Aetna	Sandra White, MD, MBA
American Academy of Family Physicians	Alvia Siddiqi, MD, FAAFP
American Academy of Pediatrics	Terry Adirim, MD, MPH, FAAP
American Nurses Association	Susan Lacey, RN, PhD, FAAN
America's Essential Hospitals	Denise Cunill, MD, FAAP
Blue Cross and Blue Shield Association	Carole Flamm, MD, MPH
Children's Hospital Association	Andrea Benin, MD
Kaiser Permanente	Jeff Convissar, MD
March of Dimes	Cynthia Pellegrini
National Partnership for Women and Families	Carol Sakala, PhD, MSPH

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Medicaid Child Task Force Membership

Subject Matter Experts

Luther Clark, MD
Anne Cohen, MPH
Marc Leib, MD, JD

Federal Government Members

Agency for Healthcare Research and Quality	Denise Dougherty, PhD
Health Resources and Services Administration (HRSA)	Ashley Hirai, PhD
Office of the National Coordinator for Health IT (ONC)	Kevin Larsen, MD, FACP

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.

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 45 million children
- >40% 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 with a strong effect on children in Medicaid /CHIP
 - 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
- 2015 Child Core Set measures were informed by MAP's 2014 review and input.

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CMS. Medicaid by topic: quality of care: CHIPRA initial core set of children's health care quality measures website.
<http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>. Last accessed July 2015

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Medicaid Child Core Set Measures for FFY 2015 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
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment*	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

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* This measure was added to the 2015 Child Core Set. AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CDC = Centers for Disease Control and Prevention; NCQA = National Committee for Quality Assurance

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Medicaid Child Core Set Measures for FFY 2015 Use - Continued

NQF #	Measure Name	Measure Steward
1407	Immunization Status for Adolescents	NCQA
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*	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

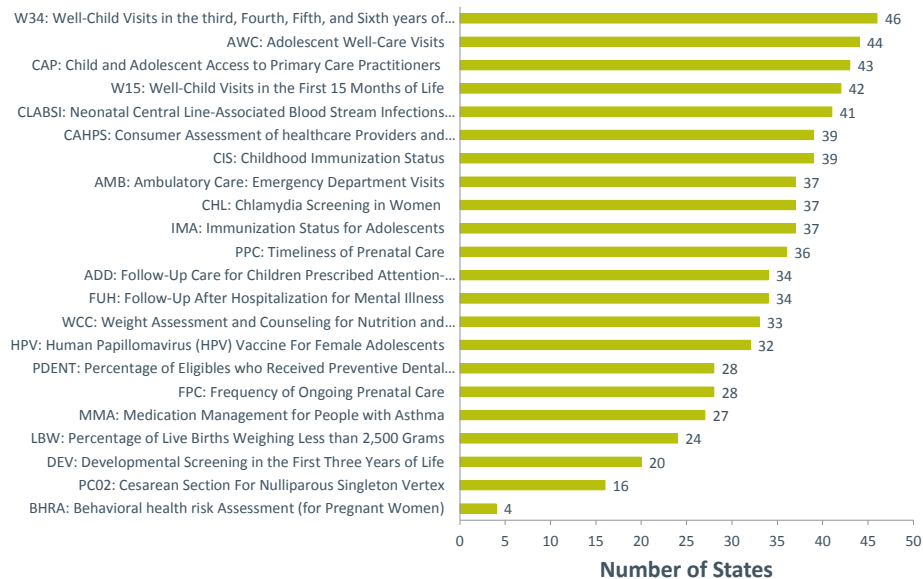
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*This measure was added to the 2015 Child Core Set.
n/a denotes measure is not NQF endorsed

DQA (ADA) = Dental Quality Alliance (American Dental Association); OHSU = Oregon Health and Science
1 Include the

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



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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**

- Building partnership with public health agencies and other entities
- Linking vital records and immunization registry information to Medicaid data to improve reporting
- Developing quality improvement initiatives for accountability, population comparison, and addressing disparities
- Engaging providers in QI that is actionable and meaningful to them

- **Challenges to reporting**

- Chart review process is expensive and time-consuming
- Difficulty in obtaining data

Process of Task Force Measure Review

- MAP used the Measure Selection Criteria (MSC) to review currently available measures and identify those with the best potential to fill gaps
- Using measure gap areas identified in the 2014 review to begin, NQF staff compiled measures of: cost as represented by hospital readmissions, care coordination, measures in the inpatient care setting, maternal/perinatal care, and behavioral health with a focus on antipsychotic medication use
- MAP discussed a small number of measures staff judged to be a good fit for the Core Set based on their specifications, the MAP MSC, and the feasibility/utility of implementing them for statewide improvement
- All MAP Task Force members also had the opportunity to raise other available measures for discussion and consideration
- Measures required support of >60% of voting members to move forward

Task Force Measure-Specific Recommendations

- MAP supported continued use of the current Child Core Set; no measures recommended for removal.
- MAP recommends CMS consider up to six measures for phased addition. Measures not yet reviewed by NQF for endorsement received conditional support.

Rank	Measure Name and NQF Number	MAP Recommendation
1/2 (tie)	NQF #0477: Under 1500g Infant Not Delivered at Appropriate Level of Care	Support
	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Conditional Support, pending NQF endorsement
3	Effective Postpartum Contraception Access	Conditional Support, pending NQF endorsement
4	Use of Contraceptive Methods by Women Aged 15-20 Years	Conditional Support, pending NQF endorsement
5/6 (tie)	NQF #1360: Audiological Evaluation No Later Than 3 Months of Age	Support
	NQF #2393: Pediatric All-Condition Readmission Measure	Support

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High-Priority Gaps in Child Core Set

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

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Strategic Issues for State-Level Medicaid Reporting

- Alignment of measures across programs
 - Between Child and Adult Core Sets and HEDIS, health insurance exchanges, Medicaid health homes, Meaningful Use incentive programs
 - Use of same measurement specifications in each of the programs
- Reproductive health
 - Most frequently measured topic across the Child and Adult Core Sets
 - Well-timed, intentional pregnancies are associated with better health outcomes for both mother and child
- Increasing state-level capacity for quality improvement
 - Enhance peer-to-peer learning and collaboration by increasing states' opportunities to collaborate
 - Strategies to understand and address disparities
 - Setting appropriate performance benchmarks

Themes from Public Comments

48 comments from 25 organizations

Measure-Specific Comments

- Strong support for the inclusion of the multiple antipsychotic use and contraception measures, pending NQF endorsement
- Requested reconsideration of several measures MAP reviewed but failed to reach the consensus threshold for support (e.g., PC-05 Exclusive Breastmilk Feeding, Antipsychotic Use in Children Under 5 Years Old)
- Requested consideration of measures that do not relate to one of MAP's identified gaps (i.e., Otitis Media with Effusion)
- Suggested a substitution of the existing asthma measure (#1799 Medication Management for People with Asthma) for a similar one (#1800 Asthma Medication Ratio). Not considered by the Task Force.

Themes from Public Comments

Cross-Cutting Comments

- Suggestions to further acknowledge alternate viewpoints in the reproductive health discussion to mitigate some of the resistance MAP/CMS might face with the adoption of contraceptive use measures.
- Encouragement to enhance future focus on areas of importance: contraception, behavioral/mental health, and disability.
- Requested actions from CMS related to the addition of new measures:
 - Establishing benchmarks for the contraceptive measures
 - Providing detailed technical specifications for the non-endorsed measures
 - Prioritizing the addition of new measures which are part of the HEDIS measure set
 - Enhancing comparability of results across states

MAP Coordinating Committee Discussion

- *Comments on asthma and contraception measures are also relevant to the Adult Core Set and will be taken up in the following section.*
- Does the MAP Coordinating Committee have specific responses to public commenters or direction to reflect the comments in the final Child Core Set report?
- Does the Coordinating Committee suggest any changes for next year's approach?

2015 Medicaid Adult Task Force Report

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Medicaid Adult Task Force Membership

Task Force Chair: Harold Pincus, MD

Organizational Members

Academy of Managed Care Pharmacy	Marissa Schlaifer
American Academy of Family Physicians	Alvia Siddiqi, MD, FAAFP
American Academy of Nurse Practitioners	Sue Kendig, JD, WHNP-BC, FAANP
America's Health Insurance Plans	Kirstin Dawson
Humana, Inc.	George Andrews, MD, MBA, CPE, FACP
March of Dimes	Cynthia Pellegrini
National Association of Medicaid Directors	Daniel Lessler, MD, MHA, FACP
National Rural Health Association	Brock Slabach, MPH, FACHE

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Medicaid Adult Task Force Membership

Subject Matter Experts

Anne Cohen, MPH
Nancy Hanrahan, PhD, RN, FAAN
Marc Leib, MD, JD
Ann Marie Sullivan, MD

Federal Government Members

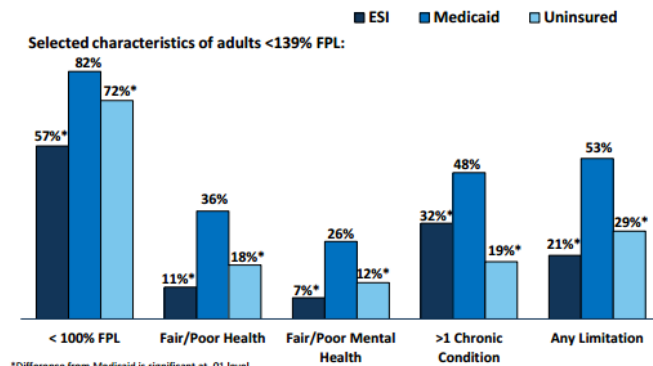
Centers for Medicare & Medicaid Services (CMS)	Marsha Smith, MD, MPH, FAAP
Substance Abuse and Mental Health Services Administration (SAMHSA)	Lisa Patton, PhD

Medicaid Adult Population Background

- Medicaid served 72.8 million individuals in 2013, about half of whom were adults
- 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)

Medicaid Provides Vital Access to Healthcare

Adults with Medicaid are both poorer and sicker than low-income adults with private health insurance.



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Kaiser Commission on Medicaid and the Uninsured. *What is Medicaid's impact on Access to Care, Health Outcomes, and Quality of Care? Setting the record straight on the evidence.* August 2013.

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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 2015 report is its third set of annual recommendations on the Adult Core Set for HHS.

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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.

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Medicaid Adult Core Set Measures for FFY 2015 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

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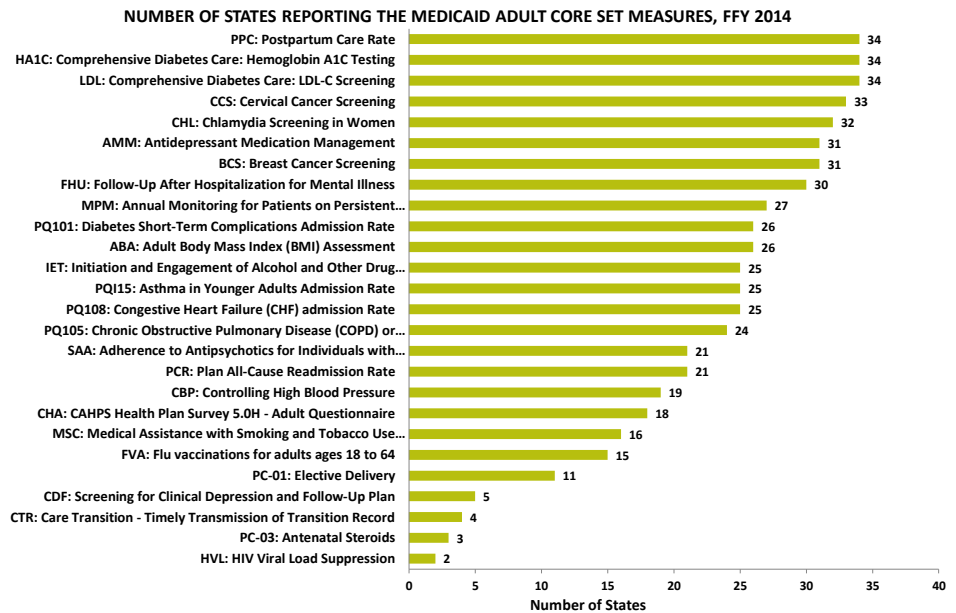
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Medicaid Adult Core Set Measures for FFY 2015 Use - Continued

NQF #	Measure Name	Measure Steward
0277	PQI 08: Congestive Heart Failure (CHF) Admission Rate	AHRQ
0283	PQI 15: Adult Asthma Admission Rate	AHRQ
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
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

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Source: Medicaid Adult Health Care Quality Measures. Available at: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/adult-health-care-quality-measures.html> 55

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**
 - Building cross-system integration
 - Improvements on measurement and quality outcomes for behavioral health and obstetrical care
 - System-wide savings as a result of improvement in health care outcomes
- **Barriers to reporting**
 - Managing multiple reporting requirements, including Child Core Set, Health Homes, and State Innovation Model
 - Difficulty in collecting data (e.g., low response rates for CAHPS surveys)
 - Measures that require chart audit are less feasible and more costly for states

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

- **Recommendations for strengthening the Adult Core Set**
 - Ensure uniform set of measure specifications, inclusion/exclusion criteria are clear and fairly constructed
 - Risk adjust measures used for comparative performance assessment
 - Convert measures into eMeasures and report using the Quality Reporting Data Architecture (QRDA) standardized format
 - Align measures with other programs' measure sets (e.g., Meaningful Use, HEDIS, etc.)

Task Force Measure- Specific Recommendations

- MAP supports 25 of 26 measures in the FFY 2015 Adult Core Set for continued use
- MAP recommends the removal of one measure:
 - [NQF #0648](#) – Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/ Self Care or Any Other Site of Care)
 - » Low feasibility evident in consistently low levels of state reporting
 - » Too facility-centric for the state Medicaid agency to take action
- MAP recommended 9 measures for phased addition:
 - Recommended measures would fill gaps in the measure set
 - Measures not yet reviewed by NQF for endorsement received conditional support, pending successful endorsement review

Measures for Phased Addition: Prioritized Additions to Fill Gaps

Rank	Measure Name and NQF Number, if applicable
1	Use of Contraceptive Methods by Women Aged 21-44 Years (<i>Conditional Support, not NQF endorsed</i>)
2	#2602: Controlling High Blood Pressure for People with Serious Mental Illness
3/4/5 (tie)	#1927: Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications
	#1932: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
	Effective Postpartum Contraception Access (<i>Conditional Support, not NQF endorsed</i>)
6	Use of Opioids from Multiple Providers at High Dosage in Persons Without Cancer: Multiple-provider, high dosage (<i>Conditional Support, not NQF endorsed</i>)
7	Use of Opioids from Multiple Providers at High Dosage in Persons Without Cancer: Multiple prescribers and multiple pharmacies (<i>Conditional Support, not NQF endorsed</i>)
8/9 (tie)	Use of Opioids from Multiple Providers at High Dosage in Persons Without Cancer: Opioid High Dosage (<i>Conditional Support, not NQF endorsed</i>)
	#1799: Medication Management for People with Asthma (<i>Conditional Support, pending update from NQF annual review</i>)

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High Priority Gaps in the Adult Core Set

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

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Strategic Issues

- **Alignment of measures across programs**
 - Between Child and Adult Core Sets and HEDIS, health insurance exchanges, Medicaid health homes, Meaningful Use incentive programs
 - Use of same measurement specifications in each of the programs
- **Reproductive health**
 - Most frequently measured topic across the Child and Adult Core Sets
 - Well-timed, intentional pregnancies are associated with better health outcomes
- **Increasing State-Level Capacity for Quality Improvement**
 - Enhance peer-to-peer learning and collaboration by increasing states' opportunities to communicate
 - Strategies to understand and address disparities
 - Set appropriate performance benchmarks

Review of Public Comments

35 comments submitted by 16 organizations; many similar to Child Core Set

- Comments supported MAP's strategic recommendations and identified measure gap areas.
- Amplified MAP's discussion that encouraged use of measures derived from administrative and survey data, rather than chart review.
- Commenters generally agreed with the Task Force recommendation to remove #0648: Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) due to low feasibility and lack of reporting, one dissented because of the importance of care coordination.

Review of Public Comments

- Requested consideration of measures that do not relate to one of MAP's identified gaps (i.e., Topical and Antibiotic Therapy)
- Most commenters supported contraception measures; a minority did not and cited the need for more detail on specifications and to be reviewed by NQF for endorsement
- Suggested a substitution of the recommended asthma measure (#1799: Medication Management for People with Asthma) for a similar one (#1800: Asthma Medication Ratio). #1800 was not discussed by the Task Force.

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 contraception measures in both Core Sets, pending NQF endorsement?
- Should the Task Forces consider a substitution of measure #1800: Asthma Medication Ratio (AMR) for #1799: Medication Management for People with Asthma (MMA) during the next annual review?
- 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

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Cross-Cutting Issues Affecting Low-Income Populations: Fit for Purpose

- Thorough understanding of a program's structure, HHS policy objectives, and how measured entities perceive a given program are highly informative to MAP's recommendations
 - Incentivized vs. voluntary reporting
 - Alignment across programs
- Measures displaying poor fit-for-purpose should be removed to promote better use of resources
 - Adult Core Set #0648: Timely Transmission of Transition Record was developed to fit facilities, not state Medicaid agencies
 - Difficult for states to collect data and influence changes in care transitions occurring at the local level, results in low # of states reporting this measure

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Cross-Cutting Issues Affecting Low-Income Populations: Measure Gaps

Gap areas relevant for Medicaid enrollees and Dual Eligible Beneficiaries

- Need measure development in persistent gap areas, such as:
 - Care coordination/ mental health
 - » Inclusion of psychosocial services
 - » Primary care and behavioral health integration
 - Person-centered care planning and implementation
 - Maternal health
 - » Inter-conception care to address risk factors
 - » Poor birth outcomes (e.g., prematurity)

MAP Coordinating Committee Discussion

- How can MAP continue to recommend measures that best fit a program's design and intended purpose?
- 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](#)
 - [MAP Medicaid Task Forces](#)

Next Steps: September 18th In-Person Coordinating Committee Meeting

- The Coordinating Committee will be meeting to discuss three main topics: defining impact, goals for alignment, and an approach to identifying measure gaps.
- **Homework:**
 - MAP Coordinating Committee members will be receiving a survey this week to gather preliminary thoughts on these topics prior to the in-person meeting.
 - We ask that you complete the survey by ***COB Friday, Sept. 4.***
 - Lead discussants will be identified to facilitate the discussion items.

Thank You for Participating!