



## MAP Dual Eligible Beneficiaries Workgroup Web Meeting February 17, 2015 | 12:00– 2:00 pm ET

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### Participant Instructions:

#### *Streaming Audio Online*

- Direct your web browser to: <http://nqf.commpartners.com>.
- Under “Enter a Meeting” type in the meeting number: **815404**.
- In the “Display Name” field, type in your first and last names and click “Enter Meeting.”

#### *Teleconference*

- Dial **(877) 303-1293** for workgroup members or **(877) 333-2078** for public participants.

If you need technical assistance, you may press \*0 to alert an operator or send an email to [nqf@commpartners.com](mailto:nqf@commpartners.com).

### Meeting Objectives:

- Welcome new members to the MAP Dual Eligible Beneficiaries Workgroup
- Consider alignment analysis and feedback loop approaches to collect data for maintaining the Family of Measures
- Introduce and generate person-centered care discussion topics to be explored at the upcoming in-person meeting

#### **12:00 pm Welcome and Review of Meeting Objectives**

*Jennie Chin Hansen, Workgroup Co-Chair*

*Alice Lind, Workgroup Co-Chair*

*Venesa Day, Centers for Medicare & Medicaid Services*

#### **12:15 pm MAP Pre-Rulemaking Activities for 2014-2015**

*Sarah Lash, Senior Director, NQF*

*Nancy Hanrahan*

*Clarke Ross*

*NQF Staff from MAP PAC/LTC Workgroup*

- Summary of current deliberations and recommendations
- Brief remarks from liaisons to other MAP workgroups
- Update on off-cycle MAP review of IMPACT measures for PAC/LTC settings

#### **12:40 pm Approach to Family of Measures Alignment Analysis and Measure Use Feedback**

*Jennie Chin Hansen*

*Megan Duevel Anderson, Project Manager, NQF*

- Methodology for analyses being performed by NQF staff
- Workgroup discussion

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- 1:25 pm**      **Charting a Path Forward for Providing and Measuring Person-Centered Care**  
*Alice Lind*  
*Sarah Lash*
- Status of MAP recommendations to date
  - Improving health outcomes for dual eligible beneficiaries through specialized approaches designed to engage low-income populations
  - Workgroup suggestions
- 1:45 pm**      **Opportunity for Public Comment**
- 1:55 pm**      **Next Steps**  
*Zehra Shahab, Project Analyst, NQF*
- 2:00 pm**      **Adjourn**

# Measure Applications Partnership

Dual Eligible Beneficiaries  
Workgroup Web Meeting

*February 17, 2015*



NATIONAL  
QUALITY FORUM

# *Welcome*

# Agenda

- Welcome and Review of Meeting Objectives
- MAP Pre-Rulemaking Activities for 2014-2015 Cycle
- Approach to Family of Measures Alignment Analysis and Measure Use Feedback
- Charting a Path Forward for Providing and Measuring Person-Centered Care
- Opportunity for Public Comment
- Next Steps

# Meeting Objectives

- Welcome new members to the MAP Dual Eligible Beneficiaries Workgroup
- Consider alignment analysis and feedback loop approaches to collect data for maintaining the Family of Measures
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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

# 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



# ***MAP Pre-Rulemaking Activities 2014-2015***

# MAP's Fourth Year of Pre-Rulemaking Input

**MAP makes recommendations to HHS about the use of performance measures in federal programs.**

- In this cycle, MAP reviewed ~200 performance measures for use in 20 programs.
- Because some measures were considered for multiple programs, MAP collectively made more than 600 decisions about how specific measures were suited for specific programs.
- During this process, MAP received 1,100 public comments—more than double the comments received in 2013—from more than 110 unique commenters.

# Moving Towards Measures that Matter: Summary of MAP Discussions this Year

- Process improvement activities a success
- Continuing emphasis on measure alignment across programs
- Defining characteristics of measures that matter:
  - Assessing an important health issue
  - Addressing an opportunity for improvement
  - Potential to change performance
- Progress in filling measure gaps:
  - Moving to outcome measures
  - Patient-reported outcomes
  - Cost/resource use
  - Appropriate use
  - Care coordination
  - Safety

# Schedule of MAP Products

## Pre-Rulemaking Final Report

*February 1, 2015*

### **MAP 2015 Considerations for Implementing Measures in Federal Programs: Hospital and Post-Acute/Long-Term Care Programs**

*February 15, 2015*

### **MAP 2015 Considerations for Implementing Measures in Federal Programs: Clinician Programs and Cross-Cutting Challenges Facing Measurement**

*March 15, 2015*

# Themes from MAP Pre-Rulemaking Activities

**Members of the Dual Eligible Beneficiaries Workgroup participated in the meetings of the other groups to represent the perspective of at-risk populations.**

- Clinician Workgroup Liaison: George Andrews
- Hospital Workgroup Liaison: Nancy Hanrahan
- Post-Acute Long-Term Care Workgroup Liaison: Clarke Ross

# ***MAP Off-Cycle Review of Measures for IMPACT Act***

# MAP Off-Cycle Review Approach

- In exceptional circumstances, HHS may ask MAP to perform “off-cycle” reviews of measures outside of the annual pre-rulemaking process.
  - These reviews are on expedited timelines and must be accomplished within a 30 day period.
- HHS has requested that MAP perform an off-cycle review of four measures under consideration to implement provisions of the IMPACT Act of 2014.
- Off Cycle Review Process:
  - February 9: PAC/LTC Workgroup Met to Provide Initial Input
  - February 11-19: Public Comment Period
  - February 27: Coordinating Committee Meeting to Finalize Input
  - March 6: Final Recommendations due to HHS

# IMPACT Act of 2014

- Currently, patients can receive post-acute care from four different settings:
  - Skilled nursing facilities (SNFs)
  - Inpatient rehabilitation facilities (IRFs)
  - Long-term care hospitals (LTCHs)
  - Home health agencies (HHAs)
- PAC providers are now required to report standardized patient assessment data as well as data on quality, resource use, and other measures.
- The IMPACT ACT aims to enable CMS to:
  - compare quality across PAC settings
  - improve hospital and PAC discharge planning
  - use standardized data to reform PAC payments
- The IMPACT Act is an important step toward measurement alignment and shared accountability across the healthcare continuum, which MAP has emphasized over the past several years.



# IMPACT Act Reporting Requirements

- The standardized quality measures will address several domains including:
  - Functional status and changes in function;
  - Skin integrity and changes in skin integrity;
  - Medication reconciliation;
  - Incidence of major falls; and
  - The accurate communication of health information and care preferences when a patient is transferred.
- The IMPACT Act also requires the implementation of measures to address resource use and efficiency such as total Medicare spending per beneficiary, discharge to community, and risk-adjusted hospitalization rates of potentially preventable admissions and readmissions

# Requested MAP Input

- CMS has requested MAP input on four measures under consideration to meet requirements of the IMPACT Act that could be potentially used across settings to provide standardized quality data.
  - E0678: Percent of Residents/Patients/Persons with Pressure Ulcers That Are New or Worsened
  - E0674: Percent of Residents/Patients/Persons Experiencing One or More Falls with Major Injury
  - X4210: All-cause readmission to hospital from post-acute care
  - S2631: Percent of Patients/Residents/Persons with an admission and discharge functional assessment and a care plan that addresses function
- While CMS will use the existing quality reporting programs to gather this data, MAP is asked to consider the requirements of the IMPACT Act as an overlay to the existing programs.

# Measure: E0678 Percent of Residents/Patients/Persons with Pressure Ulcers That Are New or Worsened

## Domain: Skin integrity and changes in skin integrity

- **Measure: E0678** Percent of Residents/Patients/Persons with Pressure Ulcers That Are New or Worsened
- **PAC/LTC Workgroup Recommendation:** Support.
  - The measure addresses an IMPACT domain and a MAP PAC/LTC core concept. The measure is NQF-endorsed for the SNF, IRF and LTCH settings (NQF #0678).
  - The measure is currently in use in the IRF and LTCH quality reporting programs.
  - In the 2015 MAP pre-rulemaking cycle, MAP conditionally supported X3704 Percent of Residents/Patients/Persons with Pressure Ulcers That Are New or Worsened for the HHQR program.
  - The Workgroup recommended that CMS continue to work to refine the adaption of this measure for the home health setting to ensure proper risk adjustment and exclusions.

# Measure: E0674 Percent of Residents/Patients/Persons Experiencing One or More Falls with Major Injury

## Domain: Incidence of major falls

- **Measure: E0674** Percent of Residents/Patients/Persons Experiencing One or More Falls with Major Injury
- **PAC/LTC Workgroup Recommendation:** Conditional Support.
  - The measure addresses an IMPACT domain and a MAP PAC/LTC core concept.
  - This measure is currently in use in the Nursing Home Quality Initiative and finalized for use in the LTCH QRP.
  - MAP conditionally supported this measure pending proper risk adjustments and attribution for the home health setting.

# Measure: X4210: All-cause Readmission to Hospital from Post-Acute Care

**Domain: All-condition risk-adjusted potentially preventable hospital readmission rates**

- **Measure: X4210:** All-cause readmission to hospital from post-acute care
- **PAC/LTC Workgroup Recommendation:** Support.
  - The measure addresses an IMPACT domain and a MAP PAC/LTC core concept. NQF has recently endorsed these readmission measures for all four settings (IRF #2502; SNF #2510; LTCH #2512; HH #2380.)
  - Skilled Nursing Facilities: In the 2015 pre-rulemaking cycle, MAP supported #2510 for the SNF Value-Based Purchasing Program. Measure #2510 was also recently finalized for use in MSSP in the 2015 PFS rule.
  - The IRFQR, LTCHQR and HHQR programs currently include an all-cause unplanned readmission measure.
  - The measures are all harmonized in the approach to capturing readmissions.

# Measure: S2631 Percent of Patients/Residents/Persons with an admission and discharge functional assessment and a care plan that addresses function

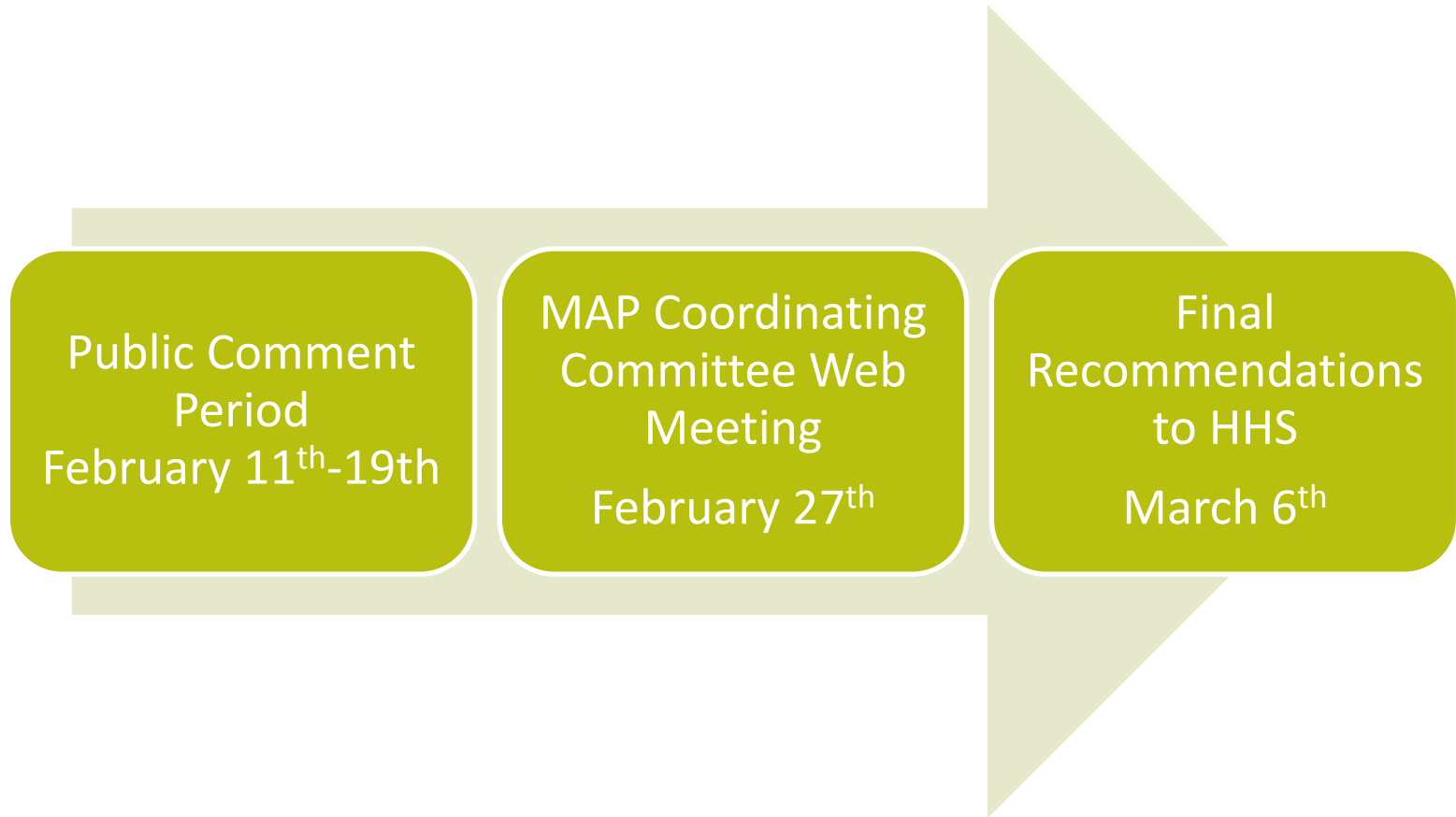
**Domain: Functional status, cognitive function, and changing in function and cognitive function**

- **Measure: S2631** Percent of Patients/Residents/Persons with an admission and discharge functional assessment and a care plan that addresses function
- **PAC/LTC Workgroup Recommendation:** Conditional Support.
  - The measure addresses an IMPACT domain and a MAP PAC/LTC core concept.
  - MAP conditionally supported this measure pending NQF-endorsement and resolution of concerns about the use of two different functional status scales for quality reporting and payment purposes.
  - AP reiterated its support for adding measures addressing function, noting the group's especial interest in this PAC/LTC core concept.

# Dual Eligible Beneficiaries Workgroup Input

- Does the Duals Workgroup generally agree with the recommendations of the PAC/LTC Workgroup?
- Are there special concerns for dual eligible beneficiaries that should be considered if these measures are implemented?

# MAP Off-Cycle Review Next Steps





*Questions?*

# ***Approach to Family of Measures Alignment Analysis and Measure Use Feedback***

# MAP Family of Measures for Dual Eligible Beneficiaries

## Overview of current 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
- Current family has 58 measures
  - Variety of measure types, care settings, levels of analysis
  - Increasing use in federal programs
- Workgroup will consider updates to the family at March meeting
  - Considering changes to measures in the family and relevant newly NQF-endorsed measures

# 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)

# Current MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. **Program measure set promotes parsimony and alignment**

**How well is the family working to promote the use of measures relevant to dual eligible beneficiaries?**

**Can the experience of applying measures in the field inform MAP's updates to the family?**

# Alignment and Feedback Loop Definitions

- **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
- **Feedback Loop:** method to collect and share insights about measurement successes, impact, and opportunities for revision
  - Sharing information between NQF and groups using measures promotes continuous learning and improvement across the system

# Alignment Analysis and Feedback Loops

## Targeted Activities and Goals

- Alignment Analysis: Document the use of measures across relevant programs with the goal of understanding the uptake of the family of measures and the degree of alignment
- Feedback Loops: Collect feedback on the ability of measures in the MAP Family of measures to drive quality improvement.
- Goal: Provide meaningful and actionable information to all stakeholders participating in measurement efforts



## ALIGNMENT ANALYSIS

Are measures  
in the MAP  
family in use  
and aligned  
across  
programs?



## FEEDBACK LOOPS

Are measures  
in the MAP  
family able to  
improve  
quality?



Selection of  
the best  
available  
measures

# Alignment

## Efforts to Document and Address Alignment

- NQF's Community Tool to Align Measures
  - Developed in collaboration with the 16 Robert Wood Johnson Foundation - Aligning Forces for Quality (AF4Q) communities
  - Illustrates measure use across programs and identifies measures for possible alignment or expansion
- Buying Value Initiative
  - Research on alignment of existing measure sets spanned hundreds of measure sets across 48 states
  - Key questions included: to what extent are measures used and which are the most frequently shared measures across programs?
- Internal HHS Efforts
- MAP families of measures and annual pre-rulemaking input

# Alignment: Current NQF Research and Data Collection

- Building on previous efforts, **organize information around the Family of Measures** and viewpoint of the dual beneficiary population
  - Using similar format to the NQF Community Alignment Tool
- **Scope of planned data collection on measure use:**
  - 15 State Financial Alignment Demonstration agreements with CMS as of January 2015, measures for quality reporting and financial incentives
  - Buying Value results from 48 State and regional measure sets, key features of those programs
  - More than 22 National and Federal programs

# Alignment

## Information Targeted in Analysis

- Purpose of the quality measurement program
  - Is the measure reported voluntarily, in pay-for-performance, or public reporting programs?
- Level of data collection/reporting and scale of use
  - Is the measure reported by providers to a state, or hospitals to a federal program?
- Relevance to high-need subpopulation(s)
  - Is the measure in a program targeting individuals with behavioral health needs?
- Qualitative and quantitative summary of measure use across included programs
  - Are different versions of the measure being used, increasing the burden to those reporting and analyzing the results?

# Alignment

## Using Results to inform MAP Decision-Making

- March in-person meeting presentation of preliminary results
  - Qualitative and quantitative summary provided by staff
  - Draft of detailed alignment analysis spreadsheet
  - Further guidance from the workgroup
  - Alignment information to inform updates to the family
- Incorporated into the 2015 report

# *Workgroup Discussion*

- Is the scope of data collection sufficient?
- Are the research questions relevant?
  - If not, how would you suggest we use information on measure use and alignment?
- Aside from a detailed spreadsheet that cross-walks measure use across programs, are there other ways you would like to see the alignment information presented?

# Measure Use Feedback

## How can information on the experience of using measures be collected?

- NQF currently collects limited measure use information
  - Endorsement submission requires planned and current measure use
  - MAP Pre-Rulemaking activities track use in federal programs
  - “Submit Feedback” feature on QPS (NQF online measure database)
- Public comments on NQF reports and HHS proposed rules
- Direct, targeted outreach to measure users

# Measure Use Feedback

## Collecting feedback on the family of measures

- What is the implementation experience of measures?
  - Focus on widely used measures from “starter set”
  - Detailed feedback on using specific measures
  - General feedback on using measures with different features (e.g., data source, measure type)
- Scope of data collection:
  - Interviews with measure users from a mix of stakeholder groups
  - Semi-structured questions
  - Targeting 5-10 participants
  - Potential to refine and expand



# Measure Use Feedback

## Collecting feedback on the family of measures

- Topics of inquiry
  - Adoption: Which measures from the family are you collecting?
  - Alignment: Why are you collecting these measures?
  - Usability: Which measures inform your internal efforts to improve quality?
  - Implementation challenges: Have any measures been particularly difficult to use in the dual eligible beneficiary population?

# Measure Use Feedback

## Using Results to inform MAP Decision-Making

- March in-person meeting presentation of preliminary results
  - Summary of engagement
  - Sample feedback received
  - Preliminary themes
  - Further guidance from the workgroup
- Plan to share final results with all stakeholder participants
- Pursue avenues to communicate feedback with developers and stewards
- Incorporated into the 2015 report

# *Workgroup Discussion*

- Are there other issues regarding measure use that should be explored during these interviews?
- In what ways would measure feedback be useful to you in MAP decisionmaking?
- In what ways would you like to see this information presented?

# ***Charting a Path Forward for Providing and Measuring Person-Centered Care***

# MAP Recommendations To Date

2011

- Vision for high-quality care
- 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

2015

# Recognizing MAP's Successes in Shaping Quality Measurement Approaches

## Setting a high bar for quality

- Advancing person-centered approaches
- Providing a forum for strategic discussions with HHS
- Making explicit the unique needs of the dual eligible beneficiary population – for care as well as measurement
- Identifying and publicizing the measures with the best 'fit for purpose'
- Recognizing opportunities to stratify measure results by duals status to explore potential disparities
- Planting the seeds for development of new measures

**How can MAP make progress in advancing the agenda of high-quality, person-centered care for dual eligible beneficiaries?**


**It's the quality improvement that matters most.**

**Measurement provides evidence of the underlying success.**

# Low Income Is the Only Common Factor Across All Dual Eligible Beneficiaries

- We can regard as fact that dual eligible beneficiaries experience disparities in quality and continuity of care.
  - Medical and social complexity
  - Fragmentation between payers, providers
  - Vast majority in uncoordinated fee-for-service system
- Measures can help reveal the extent of disparities and opportunities for quality improvement
- **What on-the-ground strategies can plans, providers, and others use to engage these consumers and produce better health outcomes?**



- 
- **We want to hear from you, the MAP members.**
    - » Lessons emerging from CHCS “PRIDE” Consortium?
    - » Integrated Behavioral Health?
    - » IOM model of Living Well with Chronic Illness?
    - » Totally Accountable Care Organizations (TACO)?
    - » Community outreach and engagement?

# Workgroup Discussion

- Questions?
- What strategies do workgroup members use to advance high-quality, person-centered care within their own organizations?
- Who would be willing to share their experience in more detail at the in-person meeting?

# *Opportunity for Public Comment*

# Next Steps

- Contact the NQF staff if interested in showcasing your work in person-centeredness at the next meeting
- In-Person Meeting: March 4-5, 2015 at NQF offices in Washington, DC
- Draft Report for workgroup review and commenting: spring/summer 2015
- Final Report: by August 31, 2015

***Thank You!***

## **NQF PAC-LTC December 12, 2014 Meeting**

Clarke Ross summary

CMS presented a number of proposed quality measures for post-acute and long-term care programs. ONC was actively involved in the meeting. There's only one consumer representative on the workgroup- Robyn Grant, National Consumer Voice for Quality Long-Term Care.

### **Inpatient Rehabilitation Facilities**

4 new measures focused on functional outcomes were proposed by CMS. The inpatient rehabilitation representatives opposed the measures as burdensome and unnecessary. The MAP ultimately supported the IRF measures, conditioned upon their endorsement.

I spoke in favor of the proposed measures - the advantage for consumer understanding and clarity, the value of measure alignment across settings, the potential role of electronic health records, and the importance of promoting coordination of services and supports, continuity of services and supports, and community inclusion. **Measure alignment is a priority of CMS & NQF MAP.**

In the discussion, the inpatient rehabilitation representatives also stated they are opposed to the statutory requirement that CMS is implementing – CARE (continuity assessment record and evaluation) across long term services and support settings. CARE was not an agenda item but they made this observation.

### **Medicare Value-Based Purchasing Program**

CMS proposed a post discharge readmission measure. After listening to the discussion, I observed, whatever the outcome on post discharge readmission, discussion reinforced for me the need to accelerate our focus on care coordination process, continuity of care, and transition planning.

### **End Stage Renal Disease (Kidney Dialysis) Quality Measurement**

CMS proposed a quality measure that all medications a patient is taking be documented in the medical record. There was strong opposition by the kidney dialysis representatives to this requirement. All agreed that documenting all medications was important; the industry representatives and their professionals argued that this was a burdensome new requirement. They only provide kidney dialysis and associated medications and should not be expected to document all medications the individual is taking. I argued in favor of the measures - best medical practice is to document and review all medications taken by an individual before prescribing additional substances. Consumer protection requires such documentation.

Discussion of four of the ESRD measures had to continue in the MAP coordinating community because the workgroup could not come to consensus. The Coordinating Committee did not ultimately support their use. For example, they decided against use of the medication documentation measure because they felt it would hinder the later adoption of a medication

*reconciliation* measure, which would be more desirable. MAP does support the use of measures of dialysis adequacy in the ESRD quality incentive program.

### **Medicare Shared Savings Program (ACOs)**

CMS and MedPAC proposed 4 new outcome measures - acute care hospitalization, SNF and hospital readmission, documentation of current medications prescribed the individual in the medical record, and documentation of antipsychotic medication use and persons with dementia. The two medication measures have been endorsed by the NQF MAP clinician workgroup and the NQF MAP duals workgroup.

Some of the PAC-LTC representatives expressed concern of these medication documentation requirements across all settings. These measures would be applied to ACOs and the ACOs would determine how to meet the requirement. I endorsed both medication measures. The clinician group has already endorsed as a best medical practice and the duals workgroup has already endorsed as a consumer protection.

### **Home Health Quality Reporting Program**

CMS proposed a measure that home health workers look for pressure ulcers and for persons with a history of pressure ulcers, closely examine. This is a required OASIS measure, beginning July 1, 2015. Several committee members argued that this was burdensome. One physician argued that because only 5-to-6% of current home health recipients have pressure ulcers, that such a measure is burdensome and not cost-effective. Dr. Levitt of CMS argued that the IMPACT Act requires such a measure. Clarke observed that persons with paralysis are frequently highly concerned that any skin change could become a pressure ulcer. The MAP also conditionally supported the pressure ulcer measure, contingent upon further development and endorsement.

### **Hospice Care Reporting**

The focus to date has been on pain management and timely responsiveness. Missing from the discussions to date are mental health and shared decision-making.