



## MAP Dual Eligible Beneficiaries Workgroup Web Meeting February 17, 2015

The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup on Tuesday, February 17, 2015. An [online archive](#) of the meeting is available.

### Workgroup Members in Attendance:

Jennie Chin Hansen, Workgroup Co-Chair
Alice Lind, Workgroup Co-Chair
Rich Bringewatt, SNP Alliance
Gwendolen Buhr, American Medical Directors Association
Adam Burrows, National PACE Association
Mady Chalk, subject matter expert
Anne Cohen, subject matter expert
Steven Counsell, America's Essential Hospitals
Leonardo Cuello, National Health Law Program
Venesa Day, CMS Medicare Medicaid Coordination Office
James Dunford, subject matter expert
Nancy Hanrahan, subject matter expert
Jamie Kendall, Administration for Community Living
Kata Kertesz, Center for Medicare Advocacy
Charlie Lakin, subject matter expert
Thomas Lutzow, iCare
D.E.B. Potter, Office of the Assistant Secretary for Planning and Evaluation
Susan Reinhard, subject matter expert
E. Clarke Ross, Consortium for Citizens with Disabilities
Gail Stuart, subject matter expert
Gregg Warshaw, American Geriatrics Society
Joan Zlotnik, National Association of Social Workers

### Welcome and Review Meeting Objectives

Session led by Jennie Chin Hansen, and Alice Lind, MAP Dual Eligible Beneficiaries Workgroup Co-Chairs.

Ms. Chin Hansen and Ms. Lind welcomed the group and public audience to the web meeting. Ms. Lind conducted a brief roll call of workgroup members. The primary objectives of the meeting were to:

- 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

Venesa Day from the Medicare-Medicaid Coordination Office also offered a welcome on behalf of HHS. She encouraged the group to continue its open and honest dialogue, to be idealistic and creative with ideas for how to reach an optimal state of measurement, and to continue to be unbiased. She stated that the MMCO is well-supported by MAP's guidance on measure use.

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

Presentation by Sarah Lash, Senior Director, NQF.

Ms. Lash gave a summary of the 2014-2015 MAP Pre-Rulemaking activities and themes, noting that some pre-rulemaking findings have recently been published. She also reviewed the role of the MAP Dual Eligible Beneficiaries Workgroup liaisons to the setting-specific workgroups and invited this year's liaisons to share their thoughts.

- *Clinician Workgroup Liaison:* George Andrews was not able to join the web meeting but shared his thoughts in advance of the meeting. He reflected on the Clinician Workgroup's relative focus on measures that are outcome-oriented, address care coordination across the continuum of care, and incorporate community integration.
- *Hospital Workgroup Liaison:* Nancy Hanrahan shared her experience, noting the focus in this workgroup on the impact of payment on the selection of measures, including readmission and cost of care measures.
- *Post-Acute Care and Long-Term Care (PAC/LTC) Workgroup Liaison:* Clarke Ross provided a verbal and written summary of his experiences. Mr. Ross noted CMS' efforts at this workgroup's meeting to emphasize the program requirements and address measure alignment. He also advocated for the consumer perspective with the workgroup.

The 2014-2015 liaisons generally expressed a positive experience in the setting-specific workgroups and the importance of this role in future pre-rulemaking activities.

Next, Erin O'Rourke, Senior Project Manager, NQF, described the approach for the 2015 MAP Off-Cycle Review, in which MAP is considering measures to support implementation of the IMPACT Act of 2014. Ms. O'Rourke described the statutory requirements for quality measure in the IMPACT Act and the CMS goals to use existing quality measurement programs to meet these requirements. The Dual Eligible Beneficiaries Workgroup considered the PAC/LTC Workgroup recommendations reached on the February 9, 2015 web meeting. The four measures under consideration by the PAC/LTC Workgroup were:

- E0678: Percent of Residents/Patients/Persons with Pressure Ulcers That Are New or Worsened
  - MAP draft recommendation: Support

- E0674: Percent of Residents/Patients/Persons Experiencing One or More Falls with Major Injury
  - MAP draft recommendation: Conditional Support
- X4210: All-cause readmission to hospital from post-acute care
  - MAP draft recommendation: Support
- S2631: Percent of Patients/Residents/Persons with an admission and discharge functional assessment and a care plan that addresses function
  - MAP draft recommendation: Conditional Support

The Dual Eligible Beneficiaries Workgroup was in agreement with these recommendations and reiterated the need to streamline existing assessment tools across post-acute and long-term care settings so that different tools are not used to measure similar issues. Right now there is a lack of comparability and duplication of effort. One member requested that risk adjustment of measures be considered for the readmission measure. The draft off-cycle recommendations, available on the [MAP website](#), and comments received will be reviewed by the MAP Coordinating Committee during a web meeting on February 27, 12-2pm ET.

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

Session led by Megan Duevel Anderson, Project Manager, NQF, and facilitated by Ms. Chin Hansen.

Ms. Duevel Anderson described the approach to the ongoing staff-led research effort to understand measure alignment across programs serving dual beneficiaries and collect feedback about measure use from across stakeholder groups. She also described how this research effort is intended to inform the workgroup decisions and contribute to the 2015 final report. Fundamentally, staff are asking two key questions. First, how well is the family working to promote the use of measures relevant to dual eligible beneficiaries? Second, can the experience of applying measures in the field inform MAP's updates to the family?

Workgroup members expressed their support for these efforts and provided additional guidance. Members would like to see the alignment analysis reflect the program requirements for both Medicaid and Medicare, an issue at the core of serving the dual beneficiaries. They would also like to see how measures correspond to particular domains, including the National Quality Strategy three-part aim and six priorities. Members encouraged views of alignment that examine multiple levels: system, program, and measure-by-measure.

The workgroup was also interested in examining the extent to which measure gaps are shared across programs, so that measure development might be catalyzed in key areas. One member suggested that there are a variety of questions embedded in instruments and surveys that relate to measure gap concepts, but that work needs to be done to identify them and describe a path for conversion to performance measures. Related to filling measure gaps, a participant suggested that stakeholder interviews include the question, "what do you wish you could measure?" to evaluate unmet information needs.

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

Session led by Sarah Lash, and facilitated by Ms. Lind.

Sarah Lash reflected on the history of this workgroup and progress made in the field as a result of the MAP recommendations. Over the last several years, the workgroup contributed to advancing the framework and informing policy on quality issues for dual eligible beneficiaries. Because they were forward-thinking and the pace of change has been slow, many previous recommendations are still relevant. However, more can be done to advance the agenda of person-centered care for dual eligible and other at-risk beneficiaries. Workgroup members were asked to share ideas about ongoing activities in the delivery system to improve the person-centeredness of care for future discussion. Staff will work with workgroup members to prepare presentations and share materials in advance of the in-person meeting.

**Next Steps**

- March 4-5, 2015: In-Person Meeting of Dual Eligible Beneficiaries Workgroup
- Summer 2015: Workgroup review and public comment on draft final report
- August 2015: Next final report due to HHS