

Measure Applications Partnership

Pre-Rulemaking Web Meeting



NATIONAL
QUALITY FORUM

Dual Eligible Beneficiaries Workgroup

January 13, 2016

Meeting Agenda

- Welcome and Review of Meeting Objectives
- MAP 2015-2016 Pre-Rulemaking Overview
- MAP Pre-Rulemaking In-Person Meeting Themes
- Discussion of Cross-Cutting and Recurring Themes
- Opportunity for Public Comment
- Summarize, Next Steps, and Adjourn

Meeting Objectives

- Review recommendations by other MAP workgroups during pre-rulemaking deliberations
- Consider strategic issues for federal measurement programs relevant to dual eligible beneficiaries
- Develop cross-cutting pre-rulemaking input from the MAP Dual Eligible Beneficiaries Workgroup to the Coordinating Committee



Introductions

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
Ann Lawthers, ScD
Ruth Perry, MD
Kimberly Rask, MD, PhD
Gail Stuart, PhD, RN

Federal Government Members

Administration for Community Living	Elisa Bangit
CMS Medicare Medicaid Coordination Office	Carolyn Milanowski
Office of the Assistant Secretary for Planning and Evaluation	DEB Potter, MS



MAP 2015-2016 Pre-Rulemaking

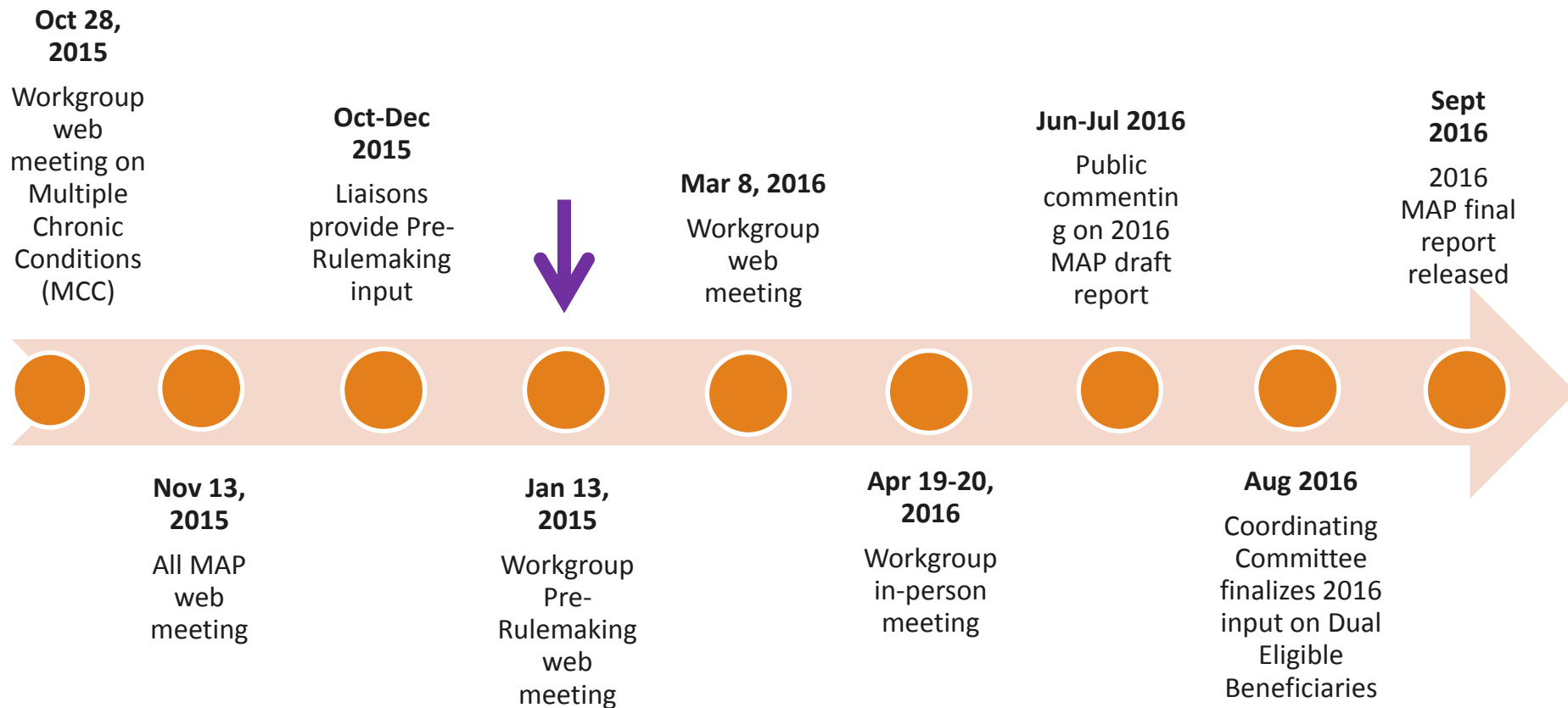
The Role of MAP

- In pursuit of the National Quality Strategy, MAP provides input to HHS on the use of performance measures to achieve the goals of improvement, transparency, and value
 - Dual Eligible Beneficiaries Workgroup identifies performance measures for use in dual beneficiary and sub-populations (family of measures), prioritizes gap areas, and provides strategic input
- MAP also helps identify gaps in measure development, testing, and endorsement
- MAP encourages measure alignment across public and private programs, settings, levels of analysis, and populations

MAP Family of Measures and Priority Gap Areas for Dual Eligible Beneficiaries

- Family of Measures for Dual Eligible Beneficiaries includes 76 best-available measures to address high-leverage opportunities
- Family of measures recognizes the following priority gap areas:
 - 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)

2015-2016 Dual Eligible Beneficiaries Workgroup: General Timeline



What is Rulemaking?

- Rulemaking refers to the process that government agencies (such as HHS) use to create regulations
 - In general, Congress sets broad policy mandates in statutes
 - Agencies create more detailed regulations through rulemaking
 - Proposed rules are available for public comment, then considered by the agencies
- MAP input is considered in advance of proposed rules
 - Multi-stakeholder dialogue that includes HHS representatives
 - Active, transparent, consensus-building process among stakeholders
 - Input brings laws “closer to the mark” and reduces the effort required by individual stakeholder groups

Role of the Dual Eligible Beneficiaries Workgroup in Pre-Rulemaking

- Medicare-Medicaid dual eligible beneficiaries access all types of healthcare; therefore, their care is measured in all of the programs reviewed during pre-rulemaking
 - *No federal program exists for dual beneficiaries, therefore no measures under consideration are specific to this workgroup*
- Workgroup members participate in the setting-specific workgroups as non-voting liaisons to share their perspectives
- The workgroup meets to consider cross-program and cross-setting measurement issues relevant to complex consumers (e.g., care transitions, person-centered care)
- Input directly to the Coordinating Committee in-person meeting

MAP Structure

MAP Clinician Workgroup

Liaison: *Mady Chalk*

In-Person Meeting: December 9-10

MAP PAC/LTC Workgroup

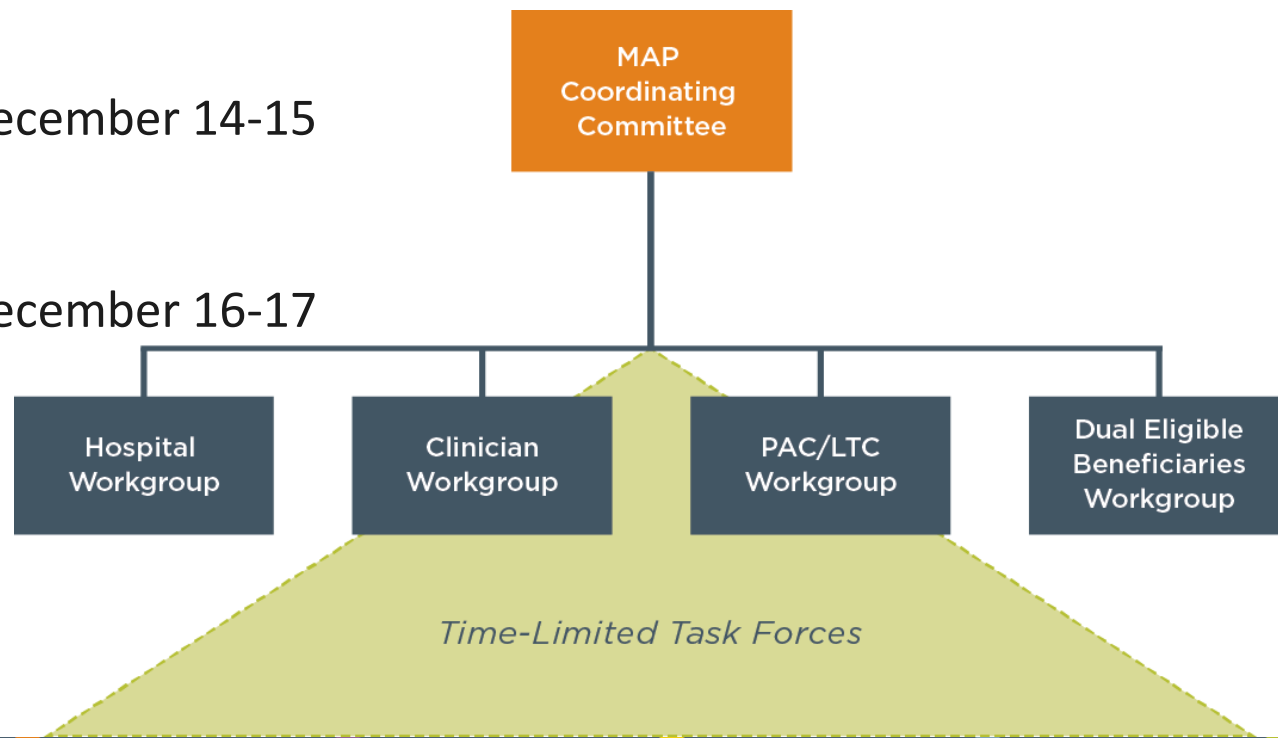
Liaison: *Clarke Ross*

In-Person Meeting: December 14-15

MAP Hospital Workgroup

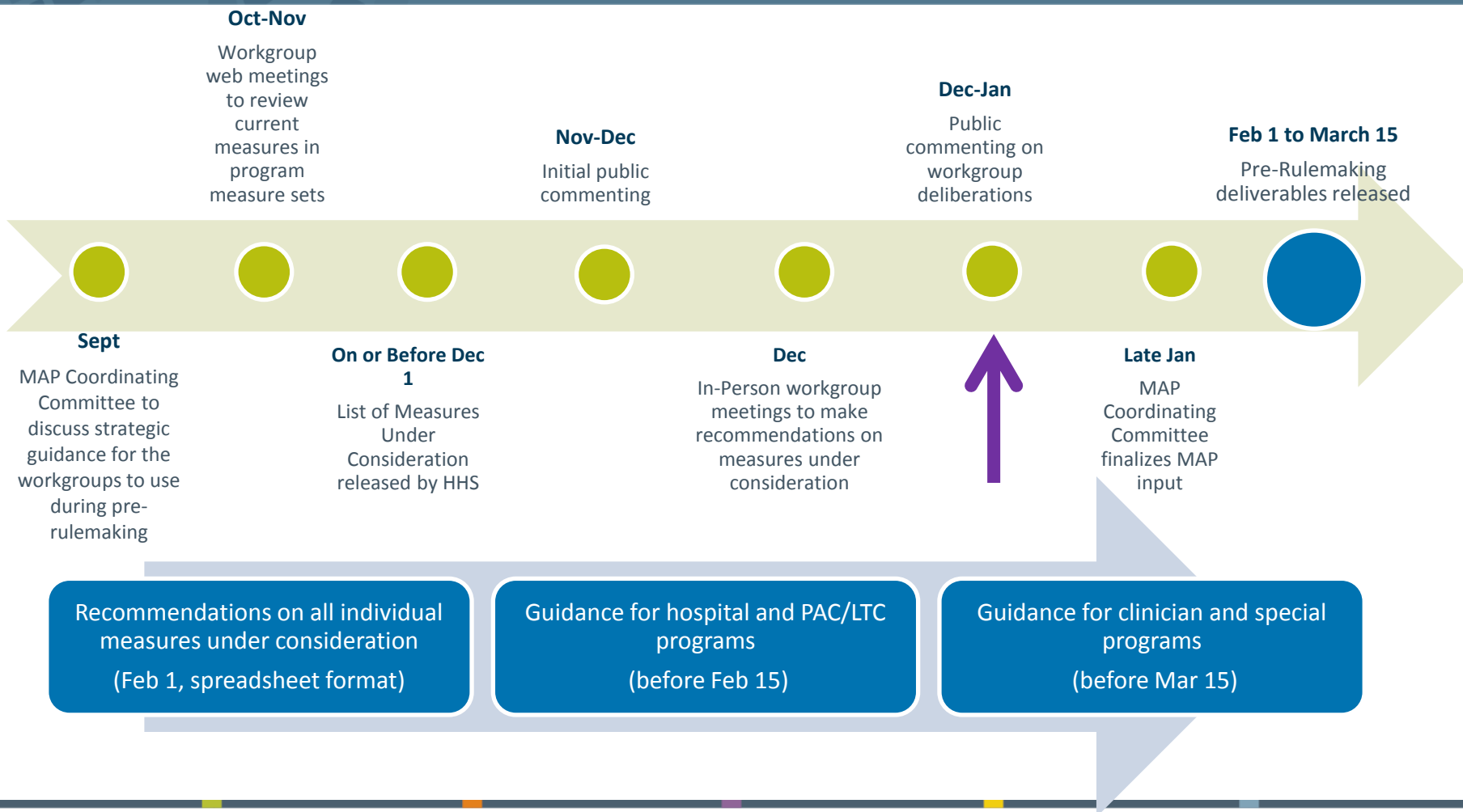
Liaison: *Tom Lutzow*

In-Person Meeting: December 16-17



MAP Approach to Pre-Rulemaking

A look at what to expect



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

MAP Decision Categories for Fully Developed Measures and Example Rationales

MAP Decision Category	Rationale (Examples)
Support	<ul style="list-style-type: none">• Addresses a previously identified measure gap• Core measure not currently included in the program measure set• Promotes alignment across programs and settings
Conditional Support	<ul style="list-style-type: none">• Not ready for implementation; should be submitted for and receive NQF endorsement• Not ready for implementation; measure needs further experience or testing before being used in the program.
Do Not Support	<ul style="list-style-type: none">• Overlaps with a previously finalized measure• A different NQF-endorsed measure better addresses the needs of the program.

MAP Decision Categories for Measures Under Development and Example Rationales

MAP Decision Category	Rationale (Examples)
Encourage continued development	<ul style="list-style-type: none">• Addresses a critical program objective, and the measure is in an earlier stage of development.• Promotes alignment, and the measure is in an earlier stage of development
Do not encourage further consideration	<ul style="list-style-type: none">• Overlaps with finalized measure for the program, and the measure is in an earlier stage of development.• Does not address a critical objective for the program, and the measure is in an earlier stage of development.
Insufficient Information	<ul style="list-style-type: none">• Measure numerator/denominator not provided

2015-2016 Draft MAP Recommendations on Measures Under Consideration

MAP Decision Category	MUCs (n=141)
Support	11
Conditional Support	23
Do Not Support	16
Encourage Continued Development	78
Do Not Encourage Further Consideration	13
Insufficient Information	0

2015-2016 Pre-Rulemaking Cross-Cutting Themes Related to Dual Beneficiaries

- Comprehensive care planning and transition follow-through
- Appropriate accountability and ability to impact care
- Person- and family-centered care and consumer autonomy
- Balance
 - Risk adjustment
 - Desire to drive quality improvement with risk of unintended consequences
 - Importance of meaningful measures for providers and consumers
 - Expectations of outcomes considering disparities in availability of resources
 - Measures across the care continuum and specific to provider practice

Background on Socio-Economic Status (SES)

Risk Adjustment of Quality Measures

- NQF has been working to identify and examine the issues related to risk adjusting measures for SES or related demographic factors
- NQF is currently executing a two-year trial period prior to a permanent change in NQF policy
 - During the trial period each measure must be assessed individually to determine if SES adjustment appropriate
- Several measures under consideration included risk adjustment or risk-standardization

Workgroup Prior Discussion on SES Risk-Adjustment

- Workgroup previously considered risk adjustment in relation to the NQF trial period:
 - Acknowledged importance of the issue for dual beneficiary population and providers and health plans serving the population
 - Recognized impact of social, economic, demographic, geographic, functional, and clinical factors in care for dual beneficiaries
 - Expressed viewpoints ranging from encouragement to discouragement of risk adjustment for SES factors in the dual beneficiary and at-risk populations
 - Intended to follow issue, trial period results, and changes relevant to dual beneficiaries and other vulnerable populations

Key Issues for Post-Acute Care and Long-Term Care Programs

PAC/LTC Workgroup Programs

- Skilled Nursing Facility Quality Reporting Program
- Home Health Quality Reporting Program
- Inpatient Rehabilitation Facility Quality Reporting Program
- Long-Term Care Hospital Quality Reporting Program
- Hospice Quality Reporting Program
- Skilled Nursing Facility Value-based Purchasing Program

Relevant Themes from the PAC/LTC Workgroup

- IMPACT Act provides both opportunities for gap-filling measure development but also some constraints
- Many measures under consideration did not have complete development or testing
- Several PAC/LTC MUCs include risk-adjustment or standardization
- Discharges to community setting are not all equal

Brief Background on PAC/LTC Programs

- Expanding requirements since 2005, starting with CAHPS for home health settings
- Implementation of pay for reporting in 2010
- Measurement of new topics, including discharge to community and potentially preventable conditions
- IMPACT Act of 2014 instituted required reporting of
 - Standard patient assessment data
 - Data on quality measures in five domains
 - Data on resource use and other measures

PAC/LTC High-Leverage Opportunities and Core Measure Concepts

Highest-Leverage Areas for Performance Measurement	Core Measure Concepts
Function	<ul style="list-style-type: none">• Functional and cognitive status assessment• Mental health
Goal Attainment	<ul style="list-style-type: none">• Achievement of patient/family/caregiver goals• Advanced care planning and treatment
Patient and Family Engagement	<ul style="list-style-type: none">• Experience of care• Shared decision-making• Patient and family education
Care Coordination	<ul style="list-style-type: none">• Effective transitions of care• Accurate transmission in information
Safety	<ul style="list-style-type: none">• Falls• Pressure ulcers• Adverse drug events
Cost/Access	<ul style="list-style-type: none">• Inappropriate medicine use• Infection rates• Avoidable admissions
Quality of Life	<ul style="list-style-type: none">• Symptom Management• Social determinants of health• Autonomy and control• Access to lower levels of care

Current Program Measures by MAP PAC/LTC Core Concepts

PAC/LTC Core Concepts	IRF QRP	LTCH QRP	HH QRP	SNF QRP
Falls				
Functional and Cognitive Status Assessment				
Inappropriate Medicine Use				
Infection Rates				
Pressure Ulcers				
Shared decision making				
Transition Planning				
Mental Health Assessment				
Establishment and attainment of patient/family/caregiver goals				
Advanced Care Planning and Treatment				
Experience with Care				
Adverse Drug Events				
Avoidable Admissions				

Current Program Measures by IMPACT Act Domains

IMPACT Act Domains	IRF QRP	LTCH QRP	HH QRP	SNF QRP
Skin integrity and changes in skin integrity				
Functional status, cognitive function, and changes in function and cognitive function				
Medication reconciliation				
Incidence of major falls				
Transfer of health information and care preferences when an individual transitions				
Resource use measures, including total estimated Medicare spending per beneficiary				
Discharge to community				
All-condition risk-adjusted potentially preventable hospital readmissions rates				

MUC for PAC/LTC Programs with Risk Adjustment or Standardization

- 12 MUCs for PAC/LTC programs included risk adjustment or risk-standardization
 - All encouraged for continued development
 - Several concerns were raised across these measures
 - » Potential unintended consequences
 - » Differences between risk adjustment for both socio-economic factors as well as severity of illness or impairment and functional status
 - » Overlapping readmission measures could lead to multiple penalties
 - Validity and burden of methodology
 - » Impact on patients and consumers
 - » Access to community resources recognized as an important factor for several measures of hospital (re)admission after discharge to community from PAC/LTC setting

Workgroup Discussion

- Thoughts from PAC/LTC Liaison: Clarke Ross
- How could the quality measures required in the IMPACT Act advance priority issues for dual beneficiaries?
- What do workgroup members recommend to the Coordinating Committee specific to risk-adjustment of the measures under consideration for PAC/LTC programs?

Key Issues for Hospital Programs

Programs Considered by Hospital Workgroup

- Hospital Inpatient Quality Reporting (IQR)/ Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs (Meaningful Use or MU)
- Hospital Value-Based Purchasing (VBP)
- Hospital Outpatient Quality Reporting (OQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Prospective Payment System (PPS)- Exempt Cancer Hospital Quality Reporting (PCHQR)
- Hospital Acquired Condition (HAC) Reduction Program
- End Stage Renal Disease Quality Incentive Payment (ESRD-QIP)

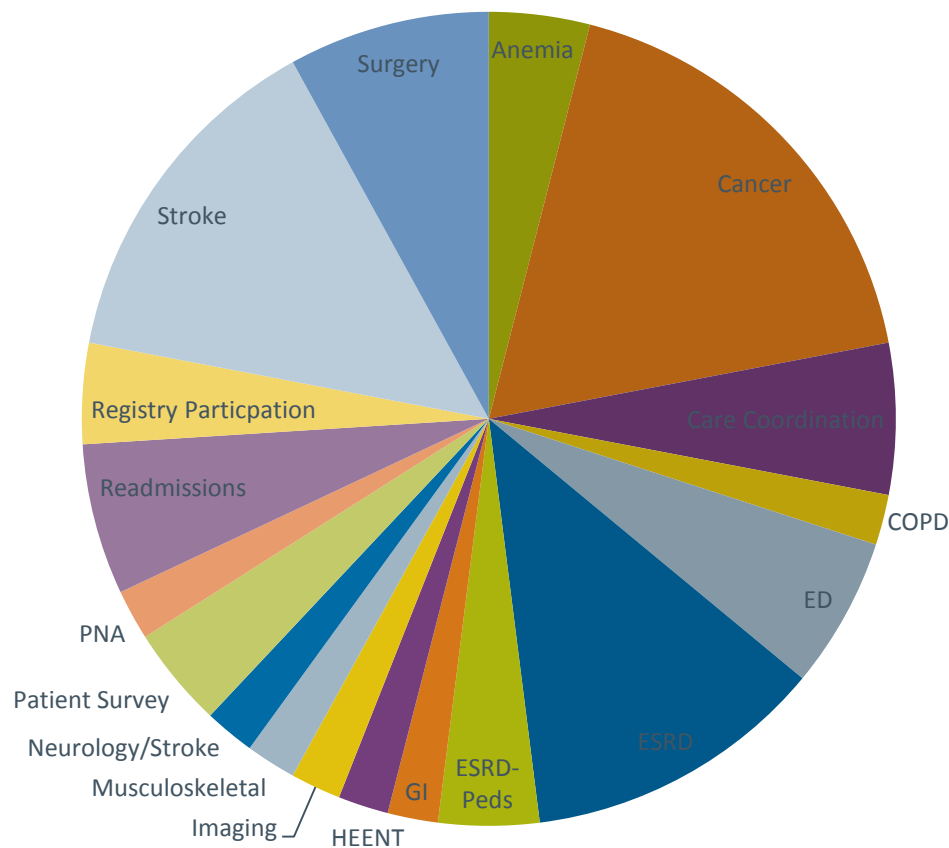
Hospital Workgroup Meeting Themes

- Improving quality across the patient-focused episode of care
- Engaging patients and families as partners in care
- Driving improvement for all
- Adjusting appropriately for outliers such as dual beneficiary and other vulnerable populations
- Addressing variation among measures and reconciling similar measures
- Developing a MAP Core Concept framework to guide measure selection

Intersection between Hospital Measures and Dual Eligible Beneficiaries

- Dual Eligible Beneficiaries and Hospital Workgroups recognize the importance community integration for health
- 51 measures of care coordination currently in use or scheduled for implementation in federal hospital programs
 - Measures of follow up after diagnosis or treatment
 - Plan of care
 - Stroke care
 - Emergency department timeliness
 - Pain management
 - Appropriate use
- Measures of population health are relevant and informative; however level of analysis needs to be considered

Current Hospital Measures of Effective Communication and Care Coordination



Communication and Care Coordination MUCs for Hospital Programs

- 22 MUC for hospital programs address the NQS priority of Communication and Care Coordination
 - 3 measures were supported
 - » MUC15-1136 Measurement of Phosphorus Concentration
 - » MUC15-395 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery
 - » MUC15-982 Risk-standardized hospital visits within 7 days after hospital outpatient surgery
 - 9 conditionally supported pending NQF endorsement
 - » 6 were recommended for NQF SES/SDS review
 - 10 measures were not supported due to issues of validity or burden of measurement, among others

Workgroup Discussion

- Thoughts from Hospital Liaison: Tom Lutzow
- Discuss how the current measures in Hospital programs and measure under consideration address community integration and consumer engagement for hospitals
- Identify strategies for the Coordinating Committee consideration to foster quality measurement of these topics across the continuum of care

Key Issues for Clinician Programs

Programs Considered by the Clinician Workgroup

- Merit-based Incentive Payment System (MIPS)
- Medicare Shared Savings Program
- Physician Compare

Clinician Workgroup Meeting Themes

- Challenge of balancing provider accountability and consumer autonomy
 - Include shared decision-making throughout measurement
- Difficulty identifying measures that are meaningful to consumers and relevant to clinical quality
 - Measures tend to be too narrow and not appropriate for certain populations - consider risk adjustment or stratification
- Controversy and risk of unintended consequences due to specific cut off points within measures
 - Workgroup previously cautioned against pressing measures of control in dual beneficiary and other at-risk populations

Medicare Shared Savings Program

- Authorized by the Affordable Care Act
- Designed to facilitate coordination and cooperation among providers of Medicare FFS patients
- Participants are Accountable Care Organizations (ACOs)
- ACOs may earn shared savings by meeting program requirements and quality standards
- Beneficiaries are assigned to an ACO based on utilization of primary care services provided by ACO professionals
- ACA specified following measures for the MSSP:
 - Clinical processes and outcomes
 - Patient and caregiver experience of care
 - Utilization

MSSP – 33 measures

- Divided into 4 domains specified by ACA:
 - Patient/caregiver experience
 - Care Coordination/Patient safety
 - Preventive Health
 - Clinical Care for At Risk Populations
- Measure selection for MSSP emphasized prevention and management of chronic diseases that have a high impact on Medicare FFS beneficiaries, such as heart disease, diabetes, and COPD
- 1 new measure finalized in 2016:
 - Statin therapy for the prevention and treatment of cardiovascular disease

MSSP Program by NQS Domains

Domain	MSSP Current Measures	Measures in Dual Eligible Beneficiaries Family
Care Coordination/ Safety	10	4
Clinical Care for At-Risk Population		
- Coronary Artery Disease	1	
- Depression	1	1
- Diabetes	3	
- Heart Failure	1	
- Hypertension	1	
- Ischemic Vascular Disease	1	
Patient & Caregiver Experience	8	8
Preventive Health	8	4
Grand Total	34	17

Crosswalk of MSSP and Family of Measures for Dual Eligible Beneficiaries

- Good portion of the MSSP measures also in the Family of Measures
- 8 measures in the Patient & Caregiver Experience domain
 - Workgroup generally supported CAHPS measures
- Nearly one third of MSSP measures in the Care Coordination/Safety domain
 - 4 measures in the family
 - 3 measures of all-cause unplanned admission for specific chronic conditions and 3 for ambulatory-sensitive care

Clinician Workgroup Recommendations

- Two measures under consideration from the family:
 - 0326 Advance Care Plan
 - » Recommendation: Support
 - 0579 Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls
 - » Recommendation: Support
- Three additional measures under consideration
 - MUC15-576 Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)
 - » Recommendation: Conditional support pending NQF review of similar measures
 - MUC15-576 Prevention Quality Indicators 92 Prevention Quality Chronic Composite
 - » Recommendation: Encourage Continued Development
 - MUC15-577 PQI 91 Prevention Quality Acute Composite
 - » Recommendation: Encourage Continued Development

Workgroup Discussion

- Thoughts from Clinician Liaison: Mady Chalk
- How could MSSP meet the priorities to support care for dual eligible beneficiaries?
- How could the program be improved to support vulnerable populations?



Cross-Cutting Themes

2015-2016 Pre-Rulemaking Cross-Cutting Themes Related to Dual Beneficiaries

- Comprehensive care planning and transition follow-through
- Appropriate accountability and ability to impact care
- Person- and family-centered care and consumer autonomy
- Balance
 - Risk adjustment
 - Desire to drive quality improvement with risk of unintended consequences
 - Importance of meaningful measures for providers and consumers
 - Expectations of outcomes considering disparities in availability of resources
 - Measures across the care continuum and specific to provider practice

Workgroup Discussion of Cross-Cutting Themes

- Recap of workgroup discussion themes
- Recommended steps for advancing key issues in measurement for annual pre-rulemaking process
- Additional recommendations to the Coordinating Committee



Opportunity for Public Comment



Summarize, Next Steps, and Adjourn

Next Steps

- Coordinating Committee 2-Day In-Person Meeting
 - January 26 – 27, 2016 (*Optional for workgroup members*)
- Dual Eligible Beneficiaries Workgroup Web Meeting
 - Tuesday, March 8, 2016 11:30AM-1:30PM ET
- Dual Eligible Beneficiaries Workgroup 2-Day In-Person Meeting
 - April 19 – 20, 2016 8:00AM-5:00PM ET

Contact Us!

Project webpage:

- <http://www.qualityforum.org/MAP>
- General information
- Current and archived reports
- Register and attend meetings, access materials and recordings of past meetings

Project staff:

- Project email: mapduals@qualityforum.org
- Senior Director: Debjani Mukherjee (dmukherjee@qualityforum.org)
- Project Manager: Megan Duevel Anderson (mduevelanderson@qualityforum.org)
- Project Analyst: Janine Amirault (jamirault@qualityforum.org)



Thank You for Participating!