

# Measure Applications Partnership

## Dual Eligible Beneficiaries Workgroup Web Meeting

*March 8, 2016*



NATIONAL  
QUALITY FORUM

# Meeting Agenda

- Welcome and Review of Meeting Objectives
- Review Workgroup Charge and Work to Date
- Snapshot of Strategies to Maintain the Family of Measures
- Overview of Progress Towards Addressing Issues Related to MCCs
- Discussion of Community Integration Topics to Explore at the In-Person Meeting
- Opportunity for Public Comment
- Summarize, Next Steps, and Adjourn

# Meeting Objectives

- Review previous recommendations from the Dual Eligible Beneficiaries Workgroup
- Refine priorities for measurement of Multiple Chronic Conditions in dual beneficiaries
- Introduce and generate discussion topics related to healthcare linkages to the community to be explored at the upcoming in-person meeting



# *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



# ***Review of Workgroup Charge and Work to Date***

# The Role of MAP and the Dual Eligible Beneficiaries Workgroup

- 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
- 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



# Dual Eligible Beneficiaries Workgroup Charge

## Dual Eligible Beneficiaries Workgroup:

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

# MAP Recommendations To Date

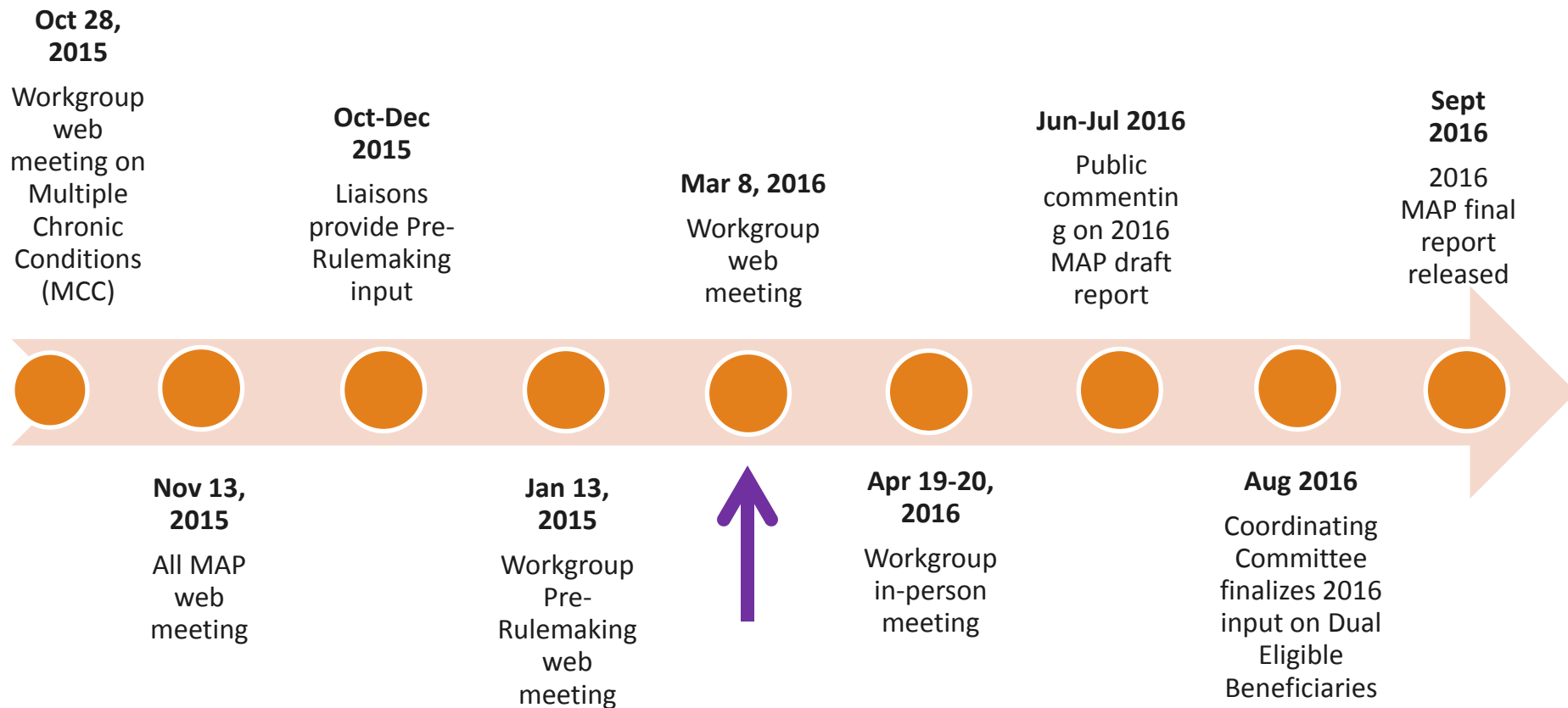
2011

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

2016

- *Pursue measures to support the needs of individuals with MCCs and connections to community resources and community integration*

# 2015-2016 Dual Eligible Beneficiaries Workgroup: General Timeline



# Recent Coordinating Committee Recommendations and Themes

- Considered all MAP Workgroups' Pre-Rulemaking recommendations
- Identified themes consistent with this Workgroup's recommendations, including:
  - Encouraged evaluation of measures that support and assess shared accountability and appropriate attribution among multiple entities involved in the care process
  - Reinforces support for the SDS trial period to assess risk adjustment for these factors during endorsement review of each measures
  - Noted the need to continue to review measures as they are implemented to monitor the effect and performance



# *Strategies to Maintain the Family of Measures*

# 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
  - Includes a starter set of essential measures for implementation
- Intended as a resource to assist the field in the selection of measures for programs, to promote alignment, and define high-priority gaps
- Workgroup periodically considers updates to the family
  - Consider changes to the measures
  - Identify relevant newly NQF-endorsed measures to address high-leverage opportunities and priority gaps

# Strategies to Maintain the Family of Measures

## Overview of Activities

- Review of Measure Selection Criteria (MSC) and the Workgroup high-leverage opportunities for measurement
- Consider features of the current Family of Measures and priority gap areas
- Evaluate measures that are no longer NQF endorsed and available alternatives to address the priority area
- Identify newly-endorsed measures that address a high-leverage opportunity or gap area
- Maintain the starter set by prioritizing measures in each high-leverage opportunity

# 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



# Strategies to Maintain the Family of Measures

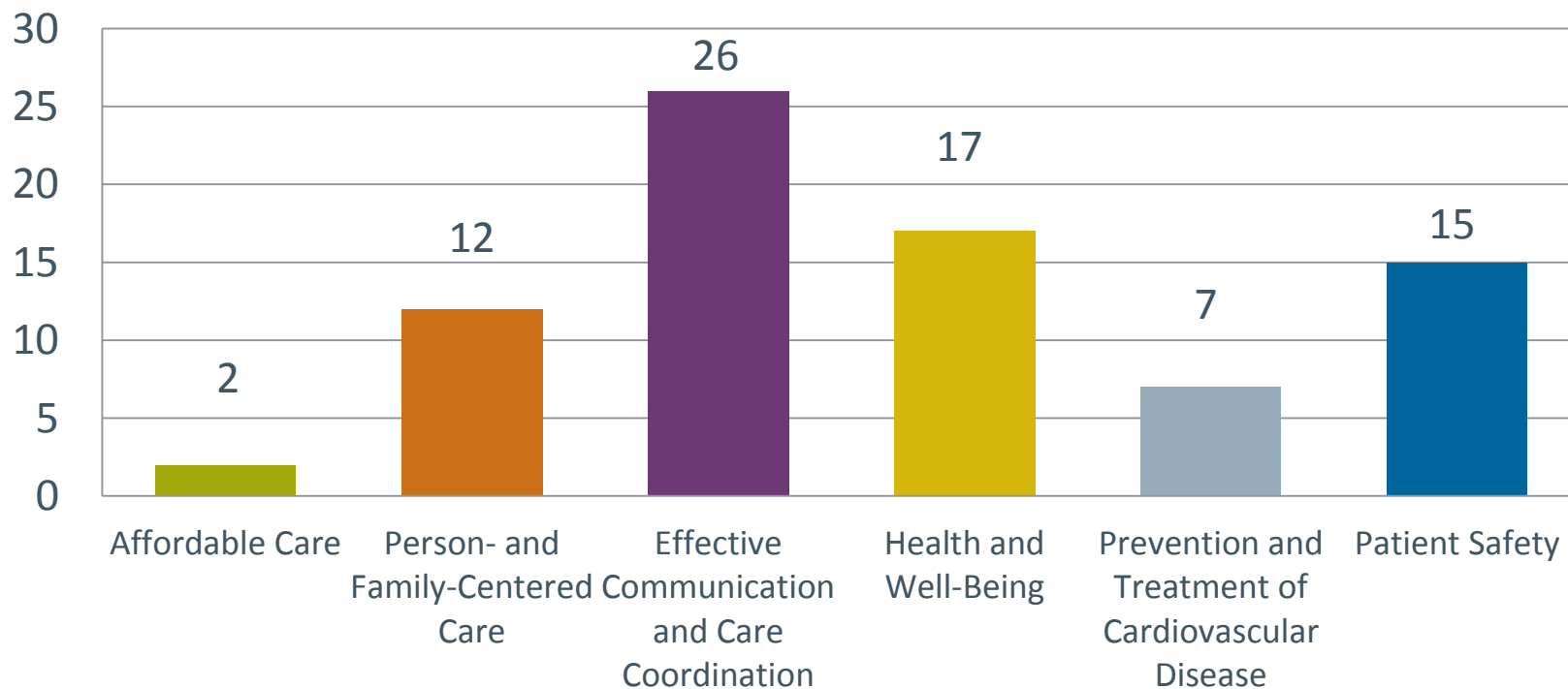
## **Review of Workgroup Priorities for Measurement**

- Established in 2012 and implemented to identify and refine selection of best available measures for dual beneficiaries:
  - Quality of Life
  - Care Coordination
  - Screening and Assessment
  - Mental Health and Substance Use
  - Structural Measures

# Strategies to Maintain the Family of Measures

## Key Characteristics of the Measures in the Family

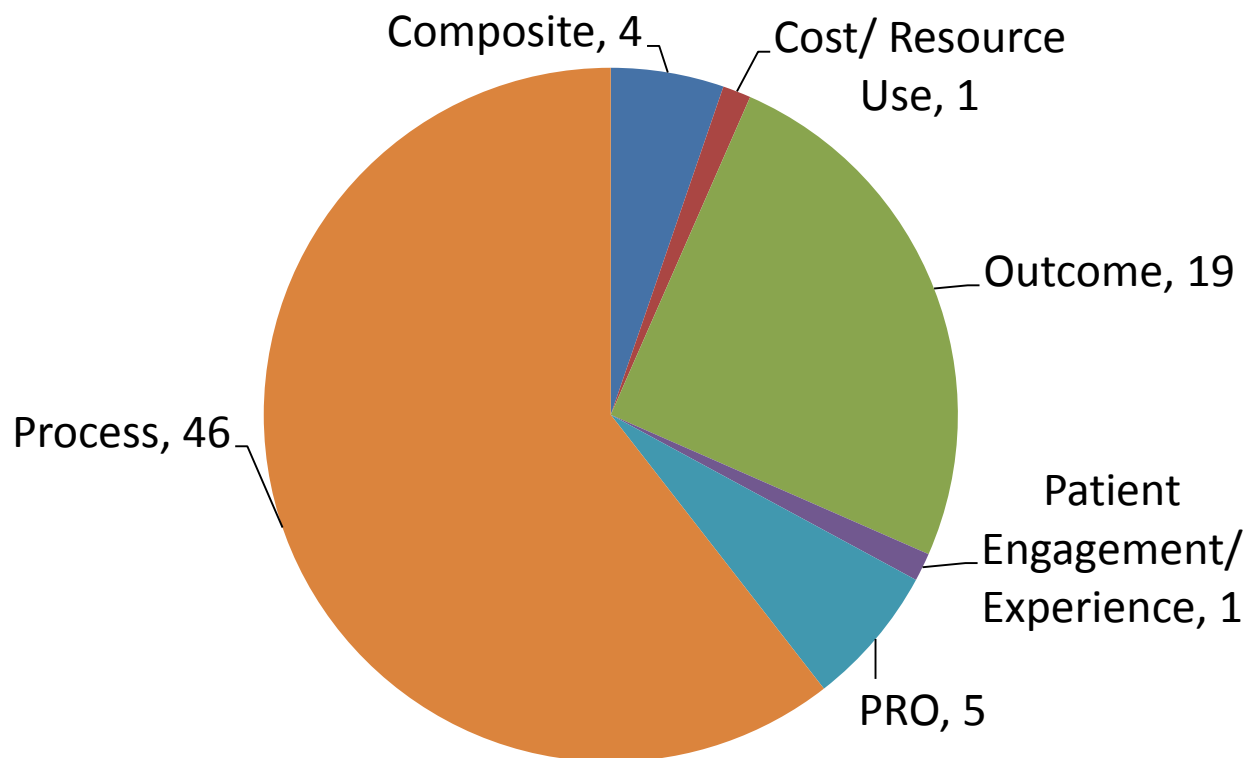
### National Quality Strategy Priorities



# Strategies to Maintain the Family of Measures

## Key Characteristics of the Measures in the Family

### Measure Type (n=76)



# Strategies to Maintain the Family of Measures

## Key Characteristics of the Measures in the Family

Level of Analysis	Measures (n=76)
Health Plan	32
Facility	31
Clinician	22
Integrated Delivery System	15
Population	13
Hospital/facility/agency	1

# Strategies to Maintain the Family of Measures

## Key Characteristics of the Measures in the Family

Care Setting	Measures (n=76)
Ambulatory Care	49
Behavioral Health/Psychiatric	24
Hospital/Acute Care Facility	22
Post Acute/Long Term Care Facility	18
Home Health	6
Pharmacy	4
Hospice	1
Emergency Medical Services/Ambulance	1

# Strategies to Maintain the Family of Measures

## 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)

# Strategies to Maintain the Family of Measures

## Workgroup Activity Instructions

- Workgroup review and prioritization of measures in the family and the measures in the starter set
  - Complete measure prioritization activity after web meetings, review results at in-person meeting
  - Consider measures by the NQS priorities and MSC
  - Express prioritization of measures for their immediate use to inform workgroup deliberations and voting to update the starter set
- Email from [mapduals@qualityforum.org](mailto:mapduals@qualityforum.org) NLT March 21
  - **Submit results NLT March 31**

# Strategies to Maintain the Family of Measures

## Overview of In-Person Activities

- Using NQS priority, Workgroup priorities, and MSC, the Workgroup will consider measures:
  - Currently in the family
  - Newly endorsed
  - No longer endorsed
- Brief update on the NQF SDS Risk Adjustment Trial Period
  - Standing Committee recommendations on measures in the family
- Staff will provide preliminary analysis and justification
  - Measures no longer endorsed (e.g. Maintain, update pending)
  - Newly endorsed (e.g. Include in family, addresses priority area)



# Strategies to Maintain the Family of Measures

## Overview of In-Person Activities

- Workgroup will vote to maintain the family of measures at the in-person meeting
  - Vote to remove measures from or add measures to family
    - » 60% threshold for workgroup consensus
  - Prioritization of measures in the family to update the starter set

# Strategies to Maintain the Family of Measures

## MAP Dual Eligible Beneficiaries Workgroup Discussion

*Questions from the workgroup on in-person meeting procedures?*

*Questions about upcoming homework assignment?*



# *Progress Towards Measuring Issues Related to MCCs*

# Measuring Issues Related to MCCs

## Building on the Workgroup's Prior Input

- MAP emphasized key measurement concepts aligning with high-leverage opportunities specific to high-need subgroups
- Identified the clinical distinctness of many subgroups but the overlapping concerns for high quality of care
  - Measurement needs were found to be more common than dissimilar across subgroups
  - Basic tenets of high quality care and measurement needs spanned all high-need subgroups
  - Differences between measurement needs were more a matter of emphasis or degrees than clear boundaries

# Measuring Issues Related to MCCs

## Building on the Workgroup's Prior Input

- Measure gaps persist, while progress has been made
  - Workgroup has been monitoring progress on measures of person-centered care planning
- Review of literature in 2012 uncovered dearth of foundational research on dual beneficiaries and high-need subgroups on which to build quality measures
  - Frustration across stakeholders with the lack of progress towards priority measurement development
  - Challenge to overcome barriers to understanding and improving care needs for these populations

# Measuring Issues Related to MCCs

## Building on the Workgroup's Prior Input

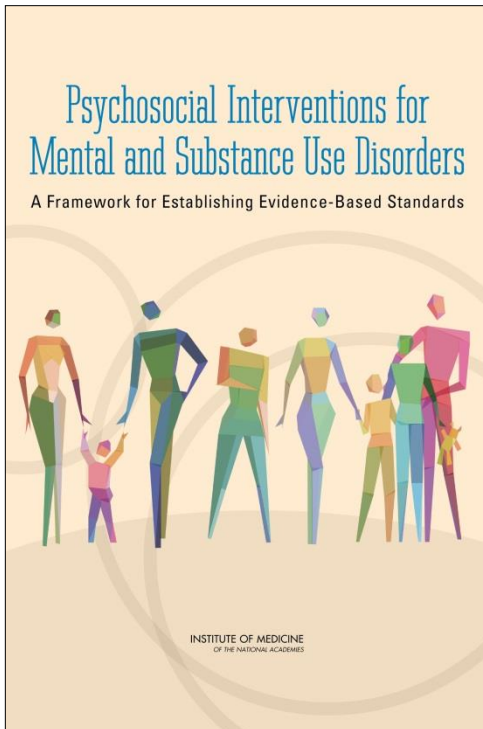
- Prior work considered the NQS, CMS Strategic Framework, and the NQF MCC Framework
- Found the frameworks stop short of connecting importance of **wellness, quality of life, and community integration**
  - Members emphasized that high-level functioning does not equate to a high quality of life
  - Clinical outcomes of physical health are not indicative of living well
  - Access to physical health services do not prevent loneliness

# Measuring Issues Related to MCCs

## Building on the Workgroup's Prior Input



# Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards



**Suggested citation:** IOM (Institute of Medicine). 2015. *Psychosocial interventions for mental and substance use disorders: A framework for establishing evidence-based standards*. Washington, DC: The National Academies Press.

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# Measuring Issues Related to MCCs

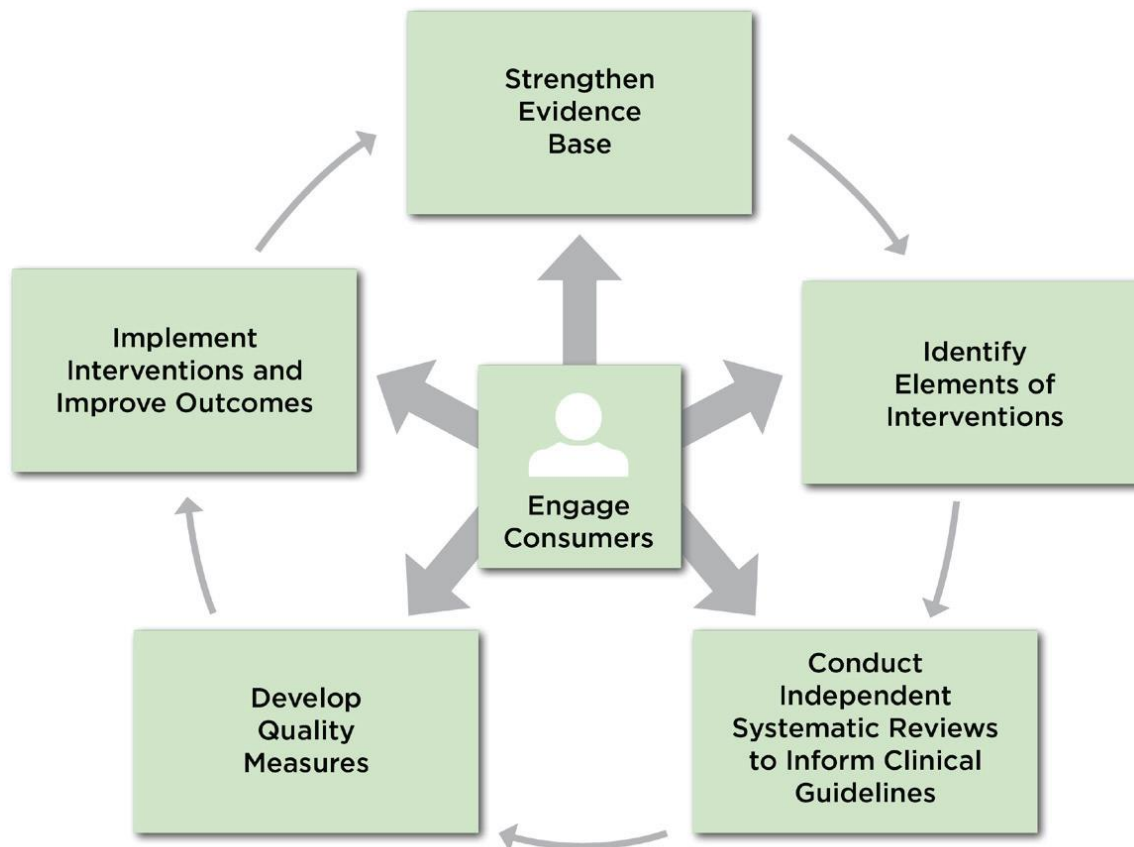
## **IOM Psychosocial Interventions for Substance Use Disorders: A framework for establishing evidence-based standard**

Recommendation from 2015 report:

- 1) Support research to strengthen the evidence base on the efficacy and effectiveness of psychosocial interventions;
- 2) Identify the key elements that lead to improved health outcomes;
- 3) Conduct systematic reviews to inform clinical guidelines that incorporate these key elements;
- 4) Develop quality measures of the structures, process, and outcomes of interventions; and
- 5) Establish methods for successfully implementing, sustaining, and improving psychosocial interventions in regular practice.

# Measuring Issues Related to MCCs

## IOM Psychosocial Interventions for Substance Use Disorders



# Measuring Issues Related to MCCs

## MAP Dual Eligible Beneficiaries Workgroup Discussion

*Does the IOM Psychosocial Interventions model support the needs of the dual eligible beneficiaries population?*

# Measuring Issues Related to MCCs

## IOM Psychosocial Interventions for Substance Use Disorders

- Consider adopting a definition to discuss Psychosocial issues  
Psychosocial interventions are defined as *interpersonal or informational activities, techniques, or strategies that target biological, behavioral, cognitive, emotional, interpersonal, social, or environmental factors with the aim of improving health functioning and well-being.*

*Does this definition of psychosocial interventions support the workgroup thinking and serve as foundation for future discussion?*

# Measuring Issues Related to MCCs

## Identify MCC Priority Areas for Measurement

- There are a number of potential high-leverage opportunities for addressing needs of dual eligible beneficiaries with MCCs
- Assessing improvements in quality of life and care for dual eligible beneficiaries with MCCs requires prioritization of topic areas and identification of appropriate measures

# Identifying Priority Measurement Areas for Dual Eligible Beneficiaries with MCCs

## High-Leverage Opportunities

## Quality Issues Common Across Subgroups

Quality of Life	<ul style="list-style-type: none"><li>• Consumer and family engagement in and experience of care</li><li>• Pain management</li><li>• Preventing abuse and neglect</li><li>• Maintaining community living and community integration; length of stay</li><li>• Meaningful activities and involvement in community life</li></ul>
Care Coordination and Safety	<ul style="list-style-type: none"><li>• Avoidable admissions, readmissions, and complications</li><li>• Care transitions and discharge planning</li><li>• Communication between providers</li><li>• Communication between provider and beneficiary/caregiver; shared decisionmaking</li><li>• Medication management: access, appropriateness, reconciliation, adherence, reducing polypharmacy</li><li>• Safety: catheter-associated urinary tract infections (CAUTI), pressure ulcers, and falls</li><li>• Over-utilization and under-utilization</li><li>• Timely initiation and delivery of services and supports in the plan of care</li><li>• Cultural sensitivity; cultural competence</li></ul>

# Identifying Priority Measurement Areas for Dual Eligible Beneficiaries with MCCs

## High-Leverage Opportunities

## Quality Issues Common Across Subgroups

Screening and Assessment	<ul style="list-style-type: none"><li>• Person-centered planning</li><li>• Functional abilities including ADLs and IADLs (change in abilities, improvement, managing decline)</li><li>• Preventive services, immunizations</li><li>• Nutrition, dehydration, and weight management</li></ul>
Mental Health and Substance Use	<ul style="list-style-type: none"><li>• Screening for depression and other mental illness</li><li>• Screening for substance use, primarily alcohol and tobacco</li><li>• Social relationships</li></ul>
Structural Measures	<ul style="list-style-type: none"><li>• Workforce adequacy, stability, and training</li><li>• Provider access (home health, primary care, specialty care, HCBS, dental care, vision care, durable medical equipment, rehabilitation)</li><li>• Provider linkages to community resources such as non-medical supports</li><li>• Caregiver support and training (formal and informal)</li><li>• Understanding and accessing available services (ADA compliance, physical accessibility)</li></ul>

# Identifying Priority Measurement Areas for Dual Eligible Beneficiaries with MCCs

## MAP Dual Eligible Beneficiaries Workgroup Discussion

*Which issues and topics are most important to assess for improvements among Dual Eligible beneficiaries with MCCs?*



# Discuss Approaches for the In-Person Meeting

## In-Person Meeting Topics for Discussion

- Presentations of current context and emerging policy issues  
Small group exercise to explore issues related to MCCs, potential topics include
  - Overcoming barriers to measurement and measure development for complex populations
  - Depicting shared accountability and measurement for populations with MCCs
  - Measuring fragmentation to push care coordination forward
- Opportunity to prioritize available measures for MCCs



# ***Community Integration Topics to Explore at the In-Person Meeting***

# Discuss the Priority Measure Gap Areas in Community Integration

## Overview of Previous Recommendations

- IOM Vital Signs report of 2015 recently listed Engaged People as a critical domain, including Individual and Community Engagement elements
  - Recognizes the interrelatedness of these elements with others such as health and wellbeing
  - Acknowledges involvement of range of stakeholders and wide variation in individual and community interests and resources

# Consider Models of Connecting Individuals with Complex Needs to Community Resources

## Available Models

- Workgroup has discussed diverse models and strategies to improve and measure performance
- Managed care strategies have offered insight, but not the likely solution for a majority of beneficiaries
  - 20% of dual beneficiaries were enrolled in managed care in 2010
  - Remaining were enrolled in FFS or limited benefit managed care
- Care coordinators/case managers may be more available to beneficiaries in managed care, but not universally accessible

# Consider Models of Connecting Individuals with Complex Needs to Community Resources

## Available Models

- Financial Alignment Initiative for Dual Eligible Beneficiaries
  - Participating State Models: 10 Capitated, 2 FFS, 1 other
  - 400,000 enrollees of the 10 million dual beneficiaries
  - Implementing measures from HEDIS, Health Outcomes Survey, CAHPS, and state-developed(structural/standards)
  - Require aspects to improve care coordination: Health assessments, individualized care plans, interdisciplinary care teams, and continuity of care
  - Limited early results from focus groups
  - Quality measure reporting planned for 2020

# Generate and Discuss Topics and Strategies to Explore at the In-Person Meeting

## **Potential topics for the in-person meeting to inform discussion**

- NQF National Quality Partners Population Health Framework
  - Action guide to improving population health with measures
- NQF Home and Community Based Services Project
  - Update on ongoing work, including measurement priorities
- State Integration of Health and Social Services
  - Report by Center for Health Care Strategies for RWJ
- AHRQ Clinical-Community Relationship Measure Atlas
  - Catalogue of measures and gaps of care coordination for preventive services outside of healthcare settings
- The Eden Alternative
  - Domains for culture change for the aging and others with unique health conditions

# Identifying Priority Measurement Areas for Dual Eligible Beneficiaries with MCCs

## MAP Dual Eligible Beneficiaries Workgroup Discussion

*Workgroup recommendations on additional foundations or resources for gap-filling measure development to explore at the in-person meeting?*



# *Opportunity for Public Comment*





# *Summarize, Next Steps, and Adjourn*

# Next Steps

- Dual Eligible Beneficiaries Workgroup 2-Day In-Person Meeting
  - April 19 – 20, 2016 8:00AM-5:00PM ET
- Public Comment on Draft Report
  - June, 2016
- Coordinating Committee Review of Report and Comments
  - August, 2016, TBD
- Final Report Due to CMS
  - August 31, 2016

# 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](mailto:mapduals@qualityforum.org)
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- Project Manager: Megan Duevel Anderson ([mduevelanderson@qualityforum.org](mailto:mduevelanderson@qualityforum.org))
- Project Analyst: Janine Amirault ([jamirault@qualityforum.org](mailto:jamirault@qualityforum.org))



***Thank You for Participating!***