Measure Applications Partnership

Multiple Chronic Conditions in Dual Eligible Beneficiaries

Dual Eligible Beneficiaries Web Meeting

October 28, 2015

Meeting Agenda

- Welcome and Review of Meeting Objectives
- Introductions and Disclosures of Interest
- MAP 2015-2016 Activities
- Addressing Multiple Chronic Conditions in Dual Eligible Beneficiaries
- Opportunity for Public Comment
- Prioritizing Areas for Measurement and Tools for Dual Eligible Beneficiaries with Multiple Chronic Conditions
- Opportunity for Public Comment
- Summarize, Next Steps, and Adjourn

Meeting Objectives

- Obtain an overview of MAP 2015-2016 Activities
- Consider the impact of Multiple Chronic Conditions (MCC) on Dual Eligible Beneficiaries
- Identify measurement priorities and potential tools for Dual Eligible Beneficiaries with MCCs

Introductions and Disclosures of Interest

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

MAP 2015-2016 Activities

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
- 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 in order to:
  - Promote coordination of care delivery
  - Reduce data collection burden
  - Send consistent messages about high priority issues

MAP Dual Eligible Beneficiaries Workgroup

The Dual Eligible Beneficiaries Workgroup provides:

» Strategic guidance to CMS and other Federal partners on performance measurement for Dual Eligible Beneficiaries
  - Requires balanced expertise to identify the best available measures, prioritization of measure gaps, and ideas for new measures to fill gaps

» Input on various issues related to application of measures for use with vulnerable populations

Workgroup Activities

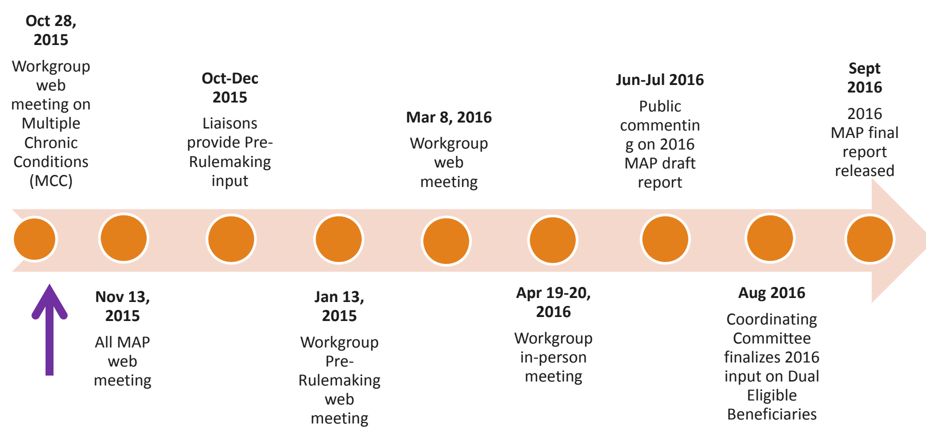
The Workgroup engages in various tasks throughout the year:

- Monitoring and informing other NQF projects and activities (e.g., pre-rulemaking input)
- Maintaining the Dual Eligible Beneficiaries Family of Measures
  - Informed by changes to measures and scientific developments
  - Includes identifying newly endorsed measures to address high-leverage opportunities and high-priority gaps, and potential removal of measures no longer endorsed
  - Next update to the family at spring 2016 meetings
- Offering strategic input on specific topics (e.g., MCCs)

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)

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

http://en.wikipedia.org/wiki/Rulemaking

Role of the Dual Eligible Beneficiaries Workgroup in Pre-Rulemaking

Cross-Program and Cross-Setting Measurement Considerations for Complex Consumers

- 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*
- Members of the workgroup 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)

Pre-Rulemaking Activities

Dual Eligible Beneficiaries Workgroup Liaisons

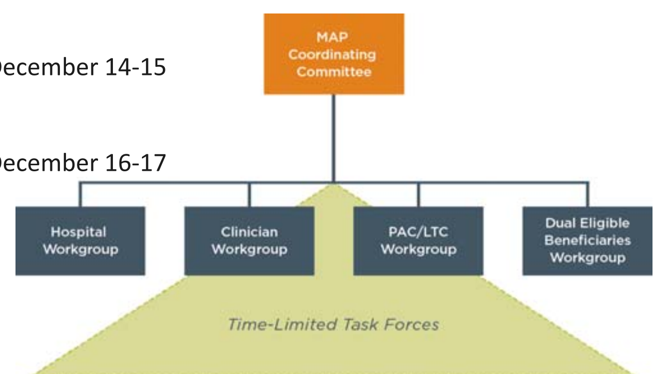
- One workgroup member participates as a non-voting representatives to each setting-specific workgroup
- Liaisons share their knowledge of disparities and the care for individuals with complex medical and social situations

Dual Eligible Beneficiaries Web Meeting

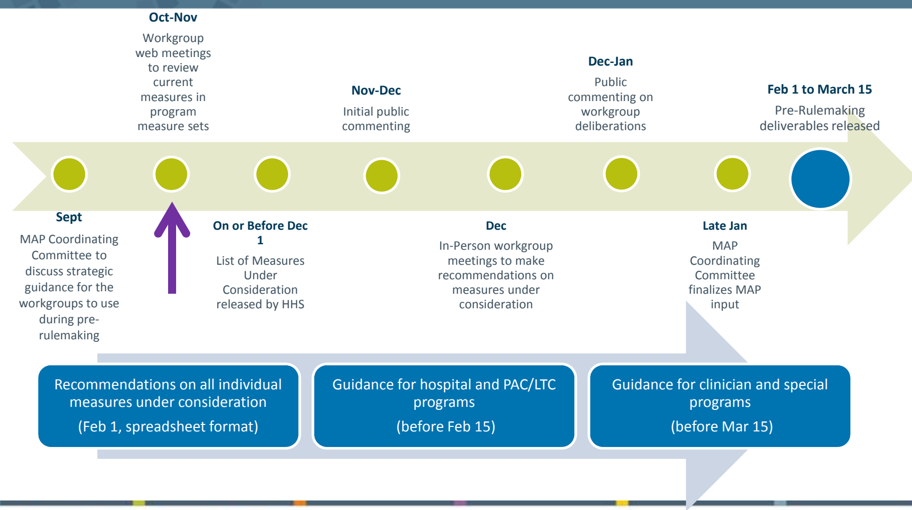
- Workgroup to convene in January 2016 to develop cross-cutting input on the selection of measures for the specific programs and strategic issues
- Recommendations are provided to the Coordinating Committee

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



Addressing Multiple Chronic Conditions in Dual Eligible Beneficiaries

Addressing Multiple Chronic Conditions (MCCs) in Dual Eligible Beneficiaries

- Impact of MCCs on Dual Eligible Beneficiaries
- Building on prior recommendations
- Review of relevant frameworks
- Workgroup Discussion
  - *What are the greatest needs of Dual Eligible Beneficiaries with MCCs, and among their families and caregivers? What opportunities exist for addressing high-risk beneficiaries?*
  - *Are there MCC framework components that are particularly important to consider for Dual Eligible Beneficiaries?*

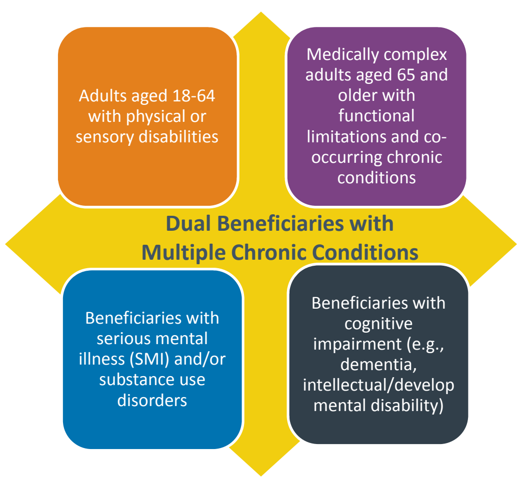
Who are Dual Eligible Beneficiaries?

- 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

Building on the Workgroup's Prior Input

- The MAP Dual Eligible Beneficiaries workgroup previously considered four high-need subgroups:
  - Adults aged 18-64 with physical or sensory disabilities
  - Medically complex adults aged 65 and older with functional limitations and co-occurring chronic conditions
  - Beneficiaries with serious mental illness (SMI) and/or substance use disorders
  - Beneficiaries with cognitive impairment (e.g., dementia, intellectual/developmental disability)
- While valuable insights were obtained for each subgroup, priority measurement areas tended to be more common across subgroups than unique to any one subgroup

Building on the Workgroup's Prior Input



Multiple Chronic Conditions in Dual Eligible Beneficiaries

- MCCs are common among Medicare-Medicaid beneficiaries:
  - 77% of beneficiaries have documented diagnoses across two or more condition groups of physical or mental illness
  - 41% have diagnoses across four or more condition groups
  - 25% have diagnoses across five or more condition groups
- FFS per member per month costs are higher in beneficiaries with MCCs than those without documented conditions:
  - Expenditures were found to be about twice as high for beneficiaries with 2 or more co-morbid conditions
  - Expenditures were over four times as high for those with 5 or more comorbid conditions

Centers for Medicare & Medicaid Services. Physical and Mental Health Condition Prevalence and Comorbidity among Fee-for-Service Medicare-Medicaid Enrollees. Baltimore, MD: CMS. September 2014.
Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission. *Data book: Beneficiaries dually eligible for Medicare and Medicaid. January 2015*

Multiple Chronic Conditions in Dual Eligible Beneficiaries

- The five most common co-occurring condition groups include: **heart conditions, mental health conditions, anemia, musculoskeletal disorders, and diabetes**
  - 2/3 of individuals with any condition also have a heart condition
  - Mental health conditions are the 2nd most common co-occurring disease

Centers for Medicare & Medicaid Services. Physical and Mental Health Condition Prevalence and Comorbidity among Fee-for-Service Medicare-Medicaid Enrollees. Baltimore, MD: CMS. September 2014.

Social and Demographic Status in Beneficiaries with MCCs

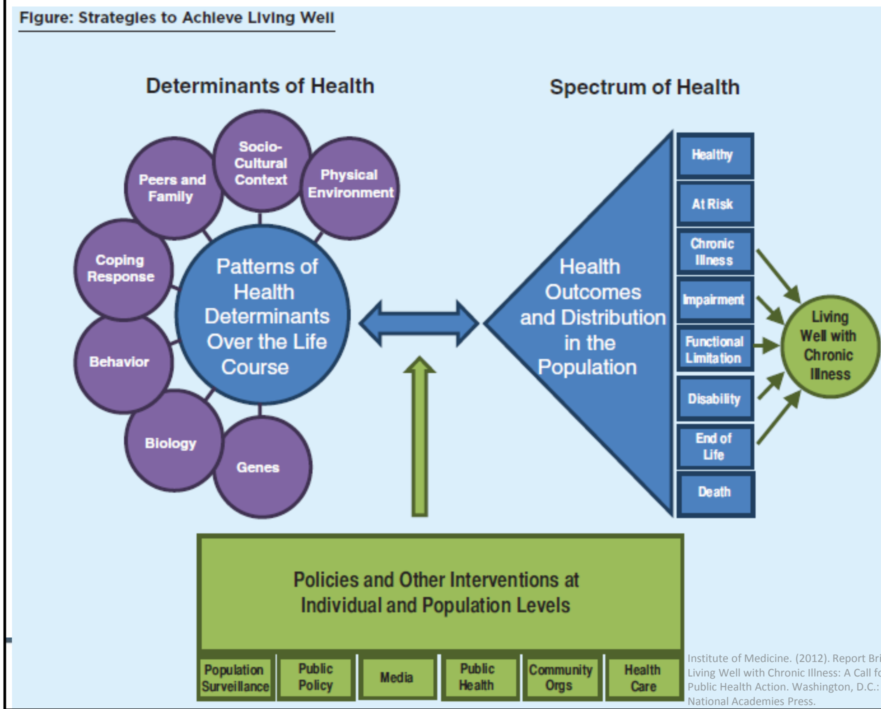
- Women have a higher prevalence of chronic conditions
  - Also have higher rates of 3 or more conditions
- White non-Hispanic, African Americans, and Hispanic groups have the highest rates of 4 or more condition categories
- Population under age 40 consistently has the highest proportion of mental health conditions and the lowest proportion of physical health conditions

Centers for Medicare & Medicaid Services. Physical and Mental Health Condition Prevalence and Comorbidity among Fee-for-Service Medicare-Medicaid Enrollees. Baltimore, MD: CMS. September 2014.
Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission. *Data book: Beneficiaries dually eligible for Medicare and Medicaid. January 2015*

Institute of Medicine - Living Well with Chronic Illness

- A 2012 report from the Institute of Medicine (IOM) examined the burden of chronic illness, and public health actions that could help reduce disability and improve function and quality of life
- The report makes recommendations for policies, strategies, and interventions to promote healthy living, including:
  - The aim should be to help each person and the population achieve the best state of health (physical, mental, and social well-being) regardless of their specific illnesses or current state of health
  - Supporting development of comprehensive, population-based plans
  - Consider a “health in all policies” approach

Institute of Medicine. (2012). Report Brief: Living Well with Chronic Illness: A Call for Public Health Action. Washington, D.C.: Institute of Medicine.



Institute of Medicine. (2012). Report Brief: Living Well with Chronic Illness: A Call for Public Health Action. Washington, D.C.: National Academies Press.

27

Institute of Medicine - Living Well with Chronic Illness

- Measurement can plan an important role in addressing chronic illness
  - There is a need to determine whether program or community goals are being met
  - May promote opportunities for public health and healthcare to collaborate on surveillance and interventions
- However, surveillance systems and measures are often complex
  - Incentives are needed for individuals and organizations to participate
  - Multiple determinants of health and dimensions of outcomes relevant to patients need to be considered
  - Further research needed, though a composite of relatively simple measures may be a starting point

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Institute of Medicine. (2012). Living Well with Chronic Illness: A Call for Public Health Action. Washington, D.C.: National Academies Press.

28

Department of Health and Human Services: Multiple Chronic Conditions – A Strategic Framework

Multiple chronic conditions can contribute to frailty and disability; conversely, most older persons who are frail or disabled have MCCs. The confluence of MCC and functional limitations, especially the need for assistance with activities of daily living, produces high levels of spending.

- 2010 report calls for:
  - Identification of subgroups of those with MCCs to support effectively addressing needs
  - Action to address disparities in healthcare, public health, and other services
  - Attention to the services and supports that individuals with MCCs need, with a goal of enabling individuals "to live in the community as well as possible"

U.S. Department of Health and Human Services. *Multiple Chronic Conditions—A Strategic Framework: Optimum Health and Quality of Life for Individuals with Multiple Chronic Conditions.* Washington, DC. December

Department of Health and Human Services: Multiple Chronic Conditions – A Strategic Framework

- Four domains to benefit the individual:
  - Strengthening the health care and public health systems;
  - Empowering the individual to use self-care management;
  - Equipping care providers with tools, information, and other interventions; and
  - Supporting targeted research about individuals with MCC and effective interventions

U.S. Department of Health and Human Services. *Multiple Chronic Conditions—A Strategic Framework: Optimum Health and Quality of Life for Individuals with Multiple Chronic Conditions.* Washington, DC. December 2010.

NQF MCC Measurement Framework

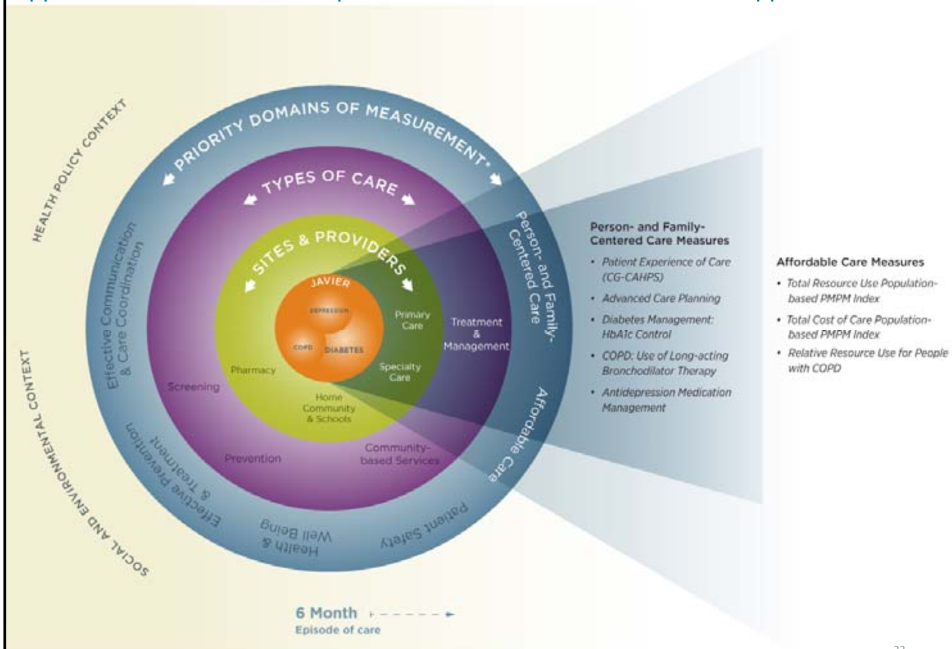
- Builds on work in the CMS MCC Strategic Framework and the National Quality Strategy
- Primary challenges:
  - Clinical practice guidelines (CPG), and measures based on the same evidence, rarely consider multiple conditions
  - Following CPGs rigidly for an individual with MCCs may be impractical or undesirable
- Recognizes the need for:
  - Identifying and filling measure gaps
  - Standardizing data collection, measurement, and reporting
  - Payment and delivery system reform

NQF. (2012). Multiple Chronic Conditions Measurement Framework. Washington, DC: NQF. Retrieved from http://www.qualityforum.org/Publications/2012/05/MCC_Measurement_Fr

NQF MCC Framework Key Measurement Priorities and Concepts

- Optimize function, maintain function, or preventing further decline in function
- Seamless transitions between multiple providers and sites of care
- Access to usual source of care
- Shared accountability across patients, families, and providers
- Patient important outcomes (includes patient-reported outcomes and relevant disease-specific outcomes)
- Avoiding inappropriate, non- beneficial care, including at the end of life
- Transparency of cost (total cost)
- Shared decision-making

Application of the MCC Conceptual Model to Javier: Measurement Opportunities



33

Building on the Workgroup's Prior Input

- Prior work considered the NQS, CMS Strategic Framework, and the NQF MCC Framework
- MAP emphasized key measurement concepts aligning with high-leverage opportunities specific to high-need subgroups
  - Need for measures of seamless transitions between multiple providers and sites of care
  - Optimizing function
  - Avoiding inappropriate and non-beneficial care
  - Access to care
  - Shared decision-making

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34

MAP Dual Eligible Beneficiaries Workgroup Discussion

- What are the most prominent quality of care issues of Dual Eligible Beneficiaries with MCCs, and among their families and caregivers? What opportunities exist for addressing their needs?
- Are there MCC framework components that are particularly important to consider for Dual Eligible Beneficiaries?

Opportunity for Public Comment

Applying Specific Tools and Measures for Dual Beneficiaries with MCCs

Applying Specific Tools and Measures for Dual Beneficiaries with MCCs

- Identifying priority measurement areas for dual beneficiaries with MCCs
- Available tools
  - Workgroup previously considered several disability-specific tools: National Institute of Disability and Rehabilitation Research (NIDRR), National Core Indicators (NCI), Personal Outcome Measures (POM), and more
- Presentation of the National Core Indicators- Aging and Disability (NCI-AD) tool
- Workgroup Discussion

Which issues and topics are most important to measure?

What specific types of measures and tools should be explored further?

Building on the Workgroup's Prior Input to 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	• Consumer and family engagement in and experience of care • Pain management • Preventing abuse and neglect • Maintaining community living and community integration; length of stay • Meaningful activities and involvement in community life
Care Coordination and Safety	• Avoidable admissions, readmissions, and complications • Care transitions and discharge planning • Communication between providers • Communication between provider and beneficiary/caregiver; shared decisionmaking • Medication management: access, appropriateness, reconciliation, adherence, reducing polypharmacy • Safety: catheter-associated urinary tract infections (CAUTI), pressure ulcers, and falls • Over-utilization and under-utilization • Timely initiation and delivery of services and supports in the plan of care • Cultural sensitivity; cultural competence

Identifying Priority Measurement Areas for Dual Eligible Beneficiaries with MCCs

High-Leverage Opportunities	Quality Issues Common Across Subgroups
Screening and Assessment	• Person-centered planning • Functional abilities including ADLs and IADLs (change in abilities, improvement, managing decline) • Preventive services, immunizations • Nutrition, dehydration, and weight management
Mental Health and Substance Use	• Screening for depression and other mental illness • Screening for substance use, primarily alcohol and tobacco • Social relationships
Structural Measures	• Workforce adequacy, stability, and training • Provider access (home health, primary care, specialty care, HCBS, dental care, vision care, durable medical equipment, rehabilitation) • Provider linkages to community resources such as non-medical supports • Caregiver support and training (formal and informal) • Understanding and accessing available services (ADA compliance, physical accessibility)

MAP Dual Eligible Beneficiaries Workgroup Discussion

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

Available Tools to Address Quality Issues

- MAP regularly reviews available tools with the potential to address high-leverage opportunities or priority gap areas
- 2013 review of NCI survey for individuals with developmental disabilities
  - Encouraged continued development of survey for aging and disabilities populations
- Opportunity to consider how the NCI-AD survey can address quality of care for dual beneficiaries
  - Additional opportunities to provide input on how other tools could address the population needs

NCI-AD
NATIONAL CORE INDICATORS-
Aging and Disabilities

National Core Indicators-Aging and Disabilities (NCI-AD)

NASUAD National Association of States United for Aging and Disabilities

HSRI Human Services Research Institute

What is NCI-AD?

- Quality of life survey for older adults and adults with physical disabilities
- Assess outcomes of state LTSS systems
  - Skilled nursing facilities
  - Medicaid waivers
  - Medicaid state plans
  - MLTSS populations
  - State-funded programs, and
  - Older Americans Act programs
- Gathers information directly from consumers through face-to-face interviews
- State-developed initiative
- Launched nationally June 1, 2015

Measures

Consumer Outcomes:

- Community Participation
- Choice and Decision-making
- Relationships
- Satisfaction
- Service and Care Coordination
- Access
- Self-Direction of Care
- Work/Employment
- Rights and Respect
- Health Care
- Medications
- Safety and Wellness
- Everyday Living and Affordability
- Planning for the Future
- Control

Validity and Reliability

Validity

- Face validity
- Content validity
- Concurrent validity

Reliability

- Internal consistency
- Inter-rater

How does NCI-AD Work?

- Commit to technical assistance year and 1 year of surveying
- Develop a project team and contact state agency partners (Medicaid, Aging, and Disability)
- Monthly technical assistance calls
- Determine target populations and sample design
- Contract with vendor or develop team to conduct interviews
- Gather background information from administrative records
- In-person interviewer training
- Send data to HSRI through ODESA
- HSRI provides state and national report
- Data is published on www.nciad.org

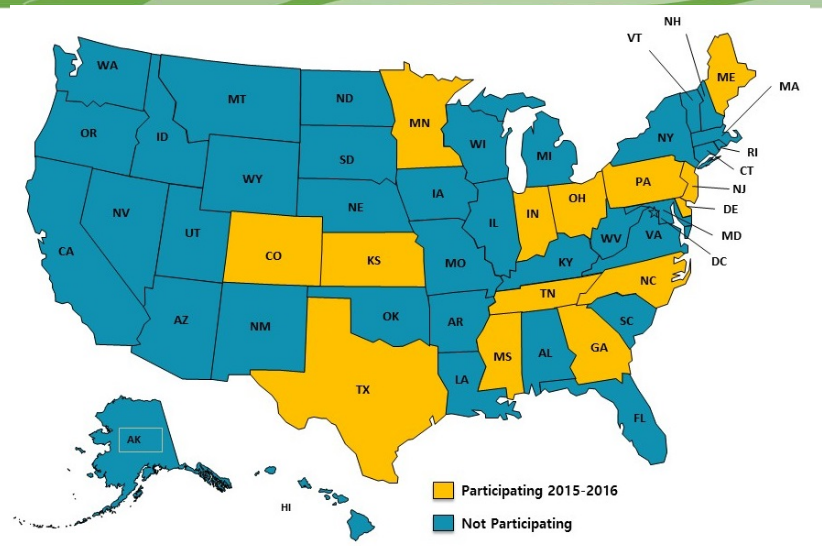
Using NCI-AD Data

NCI-AD
NATIONAL CORE INDICATORS-
Aging and Disabilities

- Quality improvement efforts (CQI framework)
- Identifying service needs and gaps
- Allocating services
- Budget justifications to state legislatures
- Describing the state's service delivery system
- Communicating with family and advocates
- Benchmarking and comparing data nationally
- Quality assurance in managed care
- Compliance – waiver performance, Olmstead planning, BIP, HCBS settings rule

State Participation 2015-2016

NCI-AD
NATIONAL CORE INDICATORS-
Aging and Disabilities



State Samples – Makeup

NCI-AD
NATIONAL CORE INDICATORS-
Aging and Disabilities

	Waiver	Waiver – MCO	MFP	OAA	State plan	PACE	SNF
State A	X			X			
State B	X			X			
State C	X			X			
State D	X			X	X		
State E	X			X	X	X	
State F	X			X	X		
State G	X	X		X	X		
State H	X						
State I	X		X	X			X
State J		X		X		X	X
State K	X			X			
State L	X			X			
State M		X					
State N		X			X	X	

Pilot Results

Sample Overview

State 1: Total N = 806

- Waiver: Under 65, classified as disability in waiver: N = 110 (14%)
  65 and older, classified as older adults in waiver: N = 245 (30%)
- OAA and some state services: N = 394 (49%)

State 2: Total N = 357

- Disability in waiver: N = 118 (33%)
- Older adults in waiver: N = 170 (48%)
- OAA: N = 67 (19%)

State 3: Total N = 409

- Disability in waiver: N = 94 (23%)
- Older adults in waiver: N = 272 (66%)
- OAA: N = 37 (9%)

Coordination of Care

54

- Person felt ready/comfortable to go home after rehab/hospital stay:

	No	In-between	Yes
State 1	5%	4%	91%
State 2	13%	4%	83%
State 3	8%	8%	85%

- After leaving rehab/hospital, someone followed-up to make sure the person had the services/supports they needed:

	No	Yes
State 1	8%	70%
State 2	16%	79%
State 3	18%	73%

Choice and Decision Making

55

- Person can eat meals when they want to

	No	Sometimes	Yes
State 1	23%	3%	75%
State 2	9%	2%	88%
State 3	4%	4%	93%

- Person can get up and go to bed when they want to

	No	Sometimes	Yes
State 1	5%	2%	93%
State 2	2%	5%	93%
State 3	1%	2%	97%

Satisfaction/Needs

56

- Services meet needs:

	No	Some needs/services	Yes
State 1	3%	6%	90%
State 2	2%	12%	84%
State 3	3%	16%	80%

- All service needs met, by program:

	OAA	PD Waiver	Aging Waiver
State 1	92%	91%	91%
State 2	81%	81%	88%
State 3	83%	63%	85%

Data powered by HSRI
Project managed by NASUAD

For Additional Information:

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MAP Dual Eligible Beneficiaries Workgroup Discussion

- How could stakeholders implement the NCI-AD tool to assess priority issues for individuals with MCCs and their family members and caregivers?
- What specific types of measures and tools should be explored further?

Opportunity for Public Comment

Summarize, Next Steps, and Adjourn

Next Steps

- Meeting Summary
- All MAP web meeting
  - Nov 13, 2015 2:00-4:00PM ET
- Dual Eligible Beneficiaries Workgroup Pre-Rulemaking Web Meeting
  - Wednesday, January 13, 2016 11:00AM-1:00PM ET
- 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:

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- Project Manager: Megan Duevel Anderson (mduevelanderson@qualityforum.org)
- Project Analyst: Janine Amirault (jamirault@qualityforum.org)

Thank You for Participating!