



NATIONAL
QUALITY FORUM

Measure Applications Partnership Web Meeting

Dual Eligible Beneficiaries Workgroup

February 22, 2017

Welcome, Roll-Call, and Review of Meeting Objectives

Meeting Agenda

- Welcome, Roll-Call, and Review of Meeting Objectives
- Review Workgroup Charge and Work to Date
- Strategies to Maintain the Family of Measures
- Introduction to In-Person Meeting Discussion Topics
- Opportunity for Public Comment
- Next Steps
- Adjourn

Meeting Objectives

- Review the Dual Eligible Beneficiaries Workgroup's work and recommendations to date
- Review the process for maintaining the Dual Eligible Beneficiaries Family of Measures
- Discuss topics to explore at the March In-person Meeting

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 Medical Directors Association	Gwendolen Buhr, MD, MHS, Med, CMD
American Occupational Therapy Association	Joy Hammel, PhD, OTR/L, FAOTA
Association for Community Affiliated Health Plans	Christine Aguiar Lynch, MPH
Centene Corporation	Michael Monson, MPP
Consortium for Citizens with Disabilities	E. Clarke Ross, DPA
Homewatch CareGivers	Jennifer Ramona
iCare	Thomas H. Lutzow, PhD, MBA
Medicare Rights Center	Joe Baker, JD
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
SNP Alliance	Richard Bringewatt

Dual Eligible Beneficiaries Workgroup Membership

Subject Matter Experts

Alison Cuellar, PhD
K. Charlie Lakin, PhD
Pamela Parker, MPA
Kimberly Rask, MD, PhD

Federal Government Members

Administration for Community Living	Eliza Bangit, JD
CMS Medicare-Medicaid Coordination Office	Stacey Lytle, MPH
Office of The Assistant Secretary for Planning and Evaluation	D.E.B. Potter, MS

Review Workgroup Charge and Work to Date 2016-2017

The Role of MAP

In pursuit of the National Quality Strategy, the MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Engages in a feedback loop with HHS regarding the implementation of current program measure sets
- Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:
 - *Promote optimal care delivery*
 - *Reduce data collection burden*

MAP Dual Eligible Beneficiaries Workgroup Charge

- Consider the range of measurement issues relevant to consumers with complex medical and social needs, such as:
 - *Persistent gaps in available measures*
 - *Stratification and risk adjustment*
 - *Multiple chronic conditions (MCC)*
 - *Shared accountability*
- Maintain a “family of measures” relevant to dual eligible beneficiaries to promote uptake and alignment of these measures across a variety of programs

Past Topics Addressed by the Duals Workgroup

- Strategies to support improved quality of life outcomes
 - *Considered models and practices*
 - *Discussed indicators and surveys*
- Advancing the agenda of person- and family-centered care
 - *Discussed health disparities and sociodemographic status*
 - *Considered strategies to better address the unique needs of Dual Eligible Beneficiaries*
- Addressing connections across healthcare and community supports and services
 - *Discussed barriers to measuring connectivity*
 - *Considered promising state-level models*

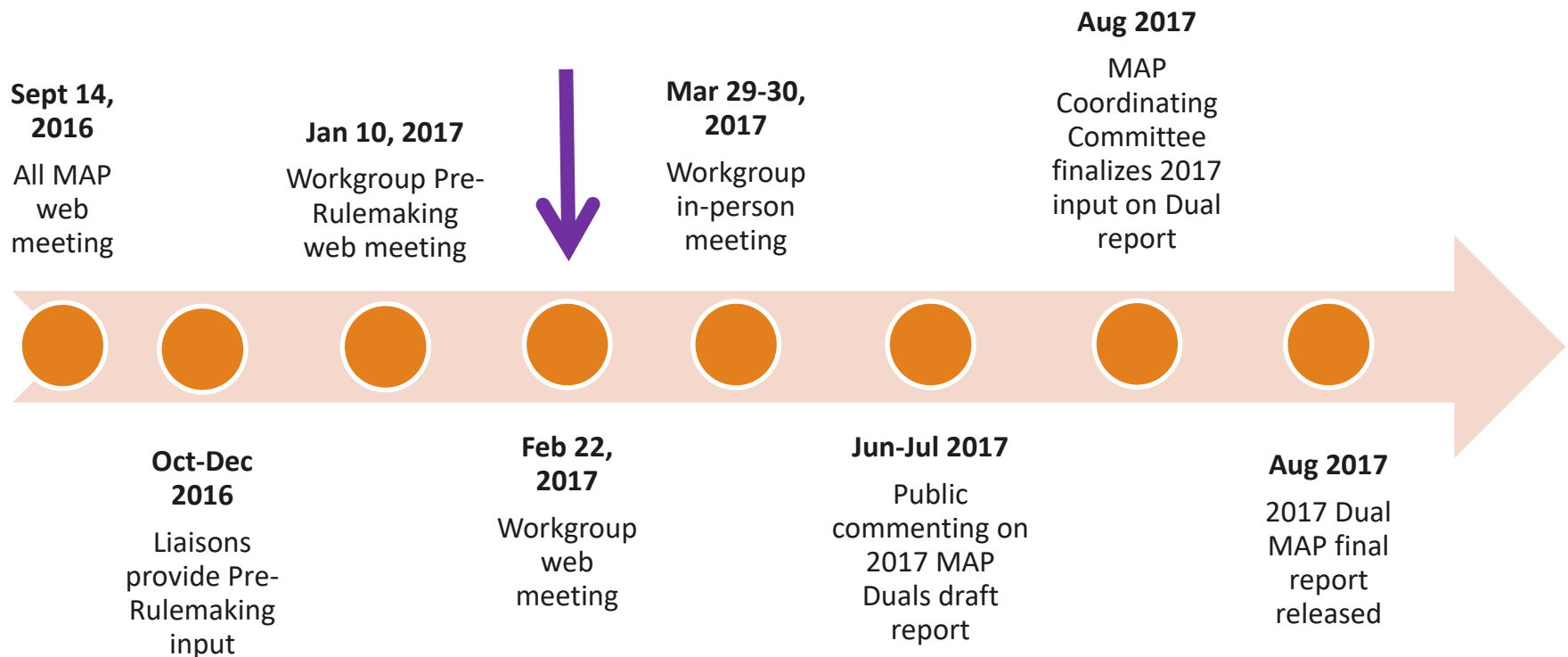
MAP Recommendations To Date

2011

- *Established a vision for high-quality care*
- *Created guiding principles for measurement*
- *Identified five high-leverage opportunities for quality improvement through measurement*
- *Created the first 'core' measure set and a list of measure gaps*
- *Began annual updates to recommended Family of Measures*
- *Explored unique needs of Duals sub-populations*
- *Recommended surveys & other activities that could fill prioritized gaps*
- *Proposed strategies to support improved quality of life outcomes*
- *Gathered stakeholder experience with measure use and assessed alignment of current measures*
- *Pursued measures to support the needs of individuals with MCCs and connections to community resources and community integration*
- *Emphasized role and importance of social determinants of health*

2016

Dual Eligible Beneficiaries Workgroup September 2016 – August 2017



Questions

Strategies to Maintain the Family of Measures

MAP Family of Measures for Dual Eligible Beneficiaries

Overview of current Family of Measures

- Contains 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
- Updated periodically to
 - *Consider changes to the measures*
 - *Identify new measures to address high-leverage opportunities and priority gaps*
 - *Consider MAP Pre-rulemaking program specific recommendations*

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
- Address measurement burden
- Align with programs discussed during MAP Pre-rulemaking

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

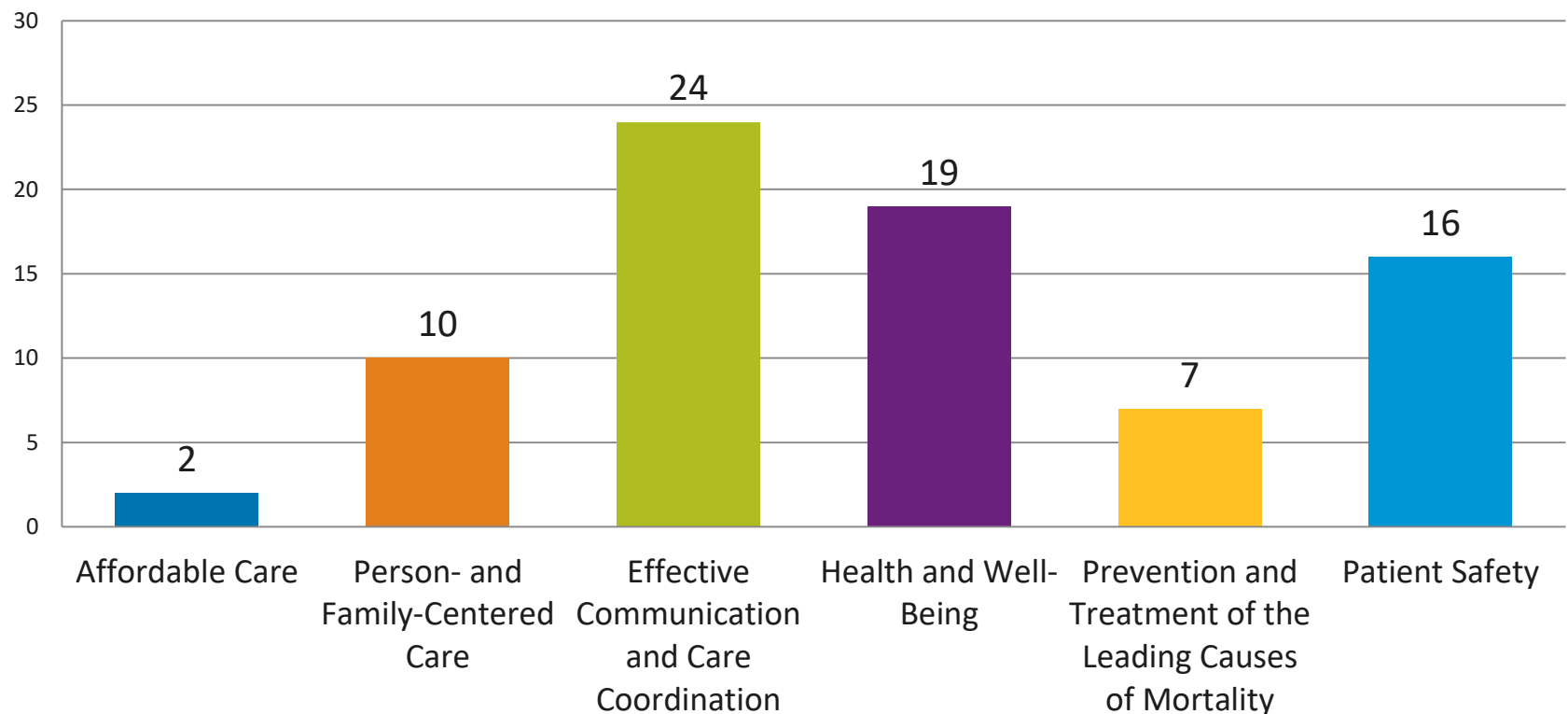
Review of Workgroup Priorities for Measurement

- 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*
 - *Burden reduction-data collection and reporting*

Strategies to Maintain the Family of Measures

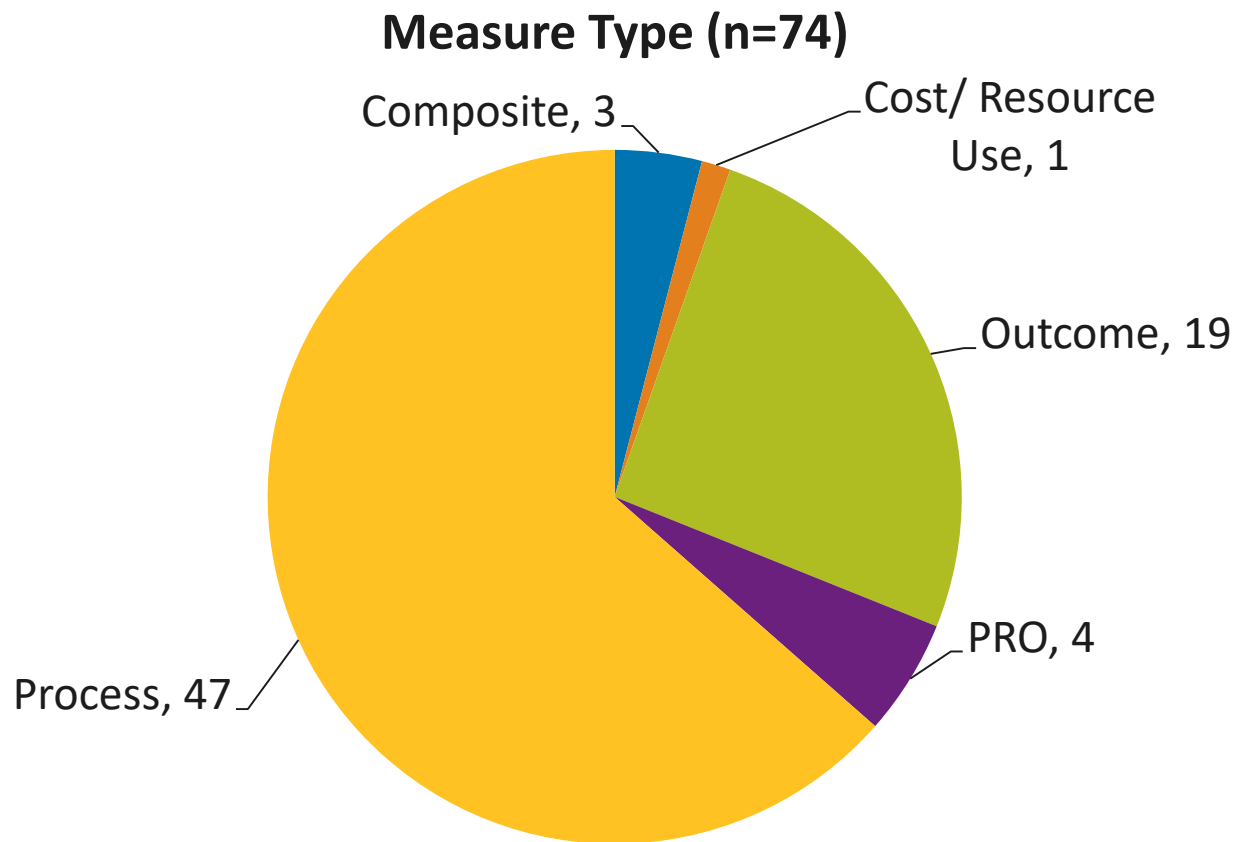
Key Characteristics of the Measures in the Family

National Quality Strategy Priorities



Strategies to Maintain the Family of Measures

Key Characteristics of the Measures in the Family



Strategies to Maintain the Family of Measures

Key Characteristics of the Measures in the Family

Level of Analysis	Measures (n=74)
Health Plan	30
Facility	31
Clinician	20
Integrated Delivery System	19
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=74)
Ambulatory Care	47
Behavioral Health/Psychiatric	24
Hospital/Acute Care Facility	25
Post Acute/Long Term Care Facility	19
Home Health	7
Pharmacy	3
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
- Home and community based services
- Affordable and cost- effective care

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*
- 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)*
- 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

Questions

Introduction to In-Person Meeting Discussion Topics

Discussion Topics

- Social Risk Factors
 - [21st Century Cures Act](#)
 - *Assistant Secretary for Planning and Evaluation (ASPE) [Report to Congress](#)*
 - [ASPE/National Academy of Medicine \(NAM\) Reports](#)
- Patient Voice in Measure Development
- Alignment Across Healthcare System (e.g. programs)

Social Risk Factors – Recent Activities

One Hundred Fourteenth Congress of the United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday,
the fourth day of January, two thousand and sixteen*

An Act

To accelerate the discovery, development, and delivery of 21st century cures, and
for other purposes.

*Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “21st Century
Cures Act”.

(b) TABLE OF CONTENTS.—The table of contents for this Act
is as follows:

Sec. 1. Short title; table of contents.

DIVISION A—21ST CENTURY CURES

Sec. 1000. Short title.

TITLE I—INNOVATION PROJECTS AND STATE RESPONSES TO OPIOID ABUSE

Sec. 1001. Beau Biden Cancer Moonshot and NIH innovation projects.

Sec. 1002. FDA innovation projects.

Sec. 1003. Account for the state response to the opioid abuse crisis.

Sec. 1004. Budgetary treatment.

TITLE II—DISCOVERY



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Planning and Evaluation

Report to Congress:

Social Risk Factors and Performance Under Medicare’s Value-Based Purchasing Programs

A Report Required by the Improving Medicare Post-Acute Care
Transformation (IMPACT) Act of 2014

United States Department of Health and Human Services

Office of the Assistant Secretary for Planning and Evaluation

Washington, D.C.

December 2016

REPORT TO CONGRESS: SOCIAL RISK FACTORS AND PERFORMANCE UNDER MEDICARE’S VALUE-BASED PURCHASING PROGRAMS

Social Risk Factors – 21st Century Cures Act

- Section 15002
 - Hospital Readmissions Reduction Program (HRRP)
 - » After FY 2019, a hospital's adjustment factor for payments will be based on their overall proportion of the inpatients who are:
 - *entitled to or enrolled for benefits under part A and a **full benefit dual eligible** individual*

Social Risk Factors – ASPE Report

- Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs
 - *FINDING 1: Beneficiaries with social risk factors had worse outcomes on many quality measures, regardless of the providers they saw, and dual enrollment status was the most powerful predictor of poor outcomes.*
 - *FINDING 2: Providers that disproportionately served beneficiaries with social risk factors tended to have worse performance on quality measures, even after accounting for their beneficiary mix. Under all five value-based purchasing programs in which penalties are currently assessed, these providers experienced somewhat higher penalties than did providers serving fewer beneficiaries with social risk factors.*

Social Risk Factors – ASPE Report

Strategies for Accounting for Social Risk in Medicare's Value Based Purchasing Program



Social Risk Factors – ASPE Recommendations



Strategy 1

- Enhance data collection and develop statistical techniques to allow measurement and reporting of performance for beneficiaries with social risk factors on key measures.
- Develop and introduce health equity measures or domains into existing payment programs to measure disparities and incent a focus on reducing them.
- Prospectively monitor the financial impact of Medicare payment programs on providers disproportionately serving beneficiaries with social risk factors.



Strategy 2

- Measures should be examined to determine if adjustment for social risk factors is appropriate; this determination will depend on the measure and its empirical relationship to social risk factors.
- Continue to study program measures to determine whether differences in health status might underlie the observed relationships between social risk and performance, and whether better adjustment for health status might improve ability to differentiate true differences in performance between providers.

Social Risk Factors – ASPE Recommendations

Strategy 3

- Create targeted financial incentives within value-based purchasing programs to reward achievement of high quality and good outcomes, or significant improvement, among beneficiaries with social risk factors.
- Use existing or new quality improvement programs to provide targeted support and technical assistance to providers who serve beneficiaries with social risk factors.
- Develop demonstrations or models focusing on care innovations that may help achieve better outcomes for beneficiaries with social risk factors.
- Further research to examine the costs of achieving good outcomes for beneficiaries with social risk factors and to determine whether current payments adequately account for any differences in care.

Discussion

What are the implications of embedding Duals status in measures?

What are some implementation challenges of measures with embedded Duals status as a variable?

ASPE/NAM: Five Reports

- Report 1: Define SES for application to quality, resource use, or other measures used for Medicare payment programs and identify SES and other social factors shown to impact health outcomes of Medicare beneficiaries
- Report 2: Identify best practices of high-performing hospitals, health plans, and other providers that serve disproportionately higher shares of socioeconomically disadvantaged populations
- Report 3: Specify criteria for determining whether an SES or other social factor should be accounted for in Medicare quality, resource use, or other measures used in Medicare payment programs; identify SES factors or other social factors that could be incorporated; and identify methods that could be used
- Report 4: For each SES or other social factor identified, recommend existing or new sources of data and/or strategies for data collection
- Report 5: Synthesize and interpret the four brief reports in one report that will include comprehensive project findings, conclusions, and recommendations

Summary of Data Availability for Social Risk Factor Indicators

SOCIAL RISK FACTOR		DATA AVAILABILITY			
	Indicator	1	2	3	4
SEP					
	Income				
	Education				
	Dual Eligibility				
	Wealth				
Race, Ethnicity, and Cultural Context					
	Race and Ethnicity				
	Language				
	Nativity				
	Acculturation				
Gender					
	Gender identity				
	Sexual orientation				
Social Relationships					
	Marital/partnership status				
	Living alone				
	Social Support				
Residential and Community context					
	Neighborhood deprivation				
	Urbanicity/Rurality				
	Housing				
	Other environmental measures				

1. Available for use now

2. Available for use now for some outcomes, but research needed for improved, future use

3. Not sufficiently available now; research needed for improved, future use

4. Research needed to better understand relationship with health care outcomes and on how to best collect data

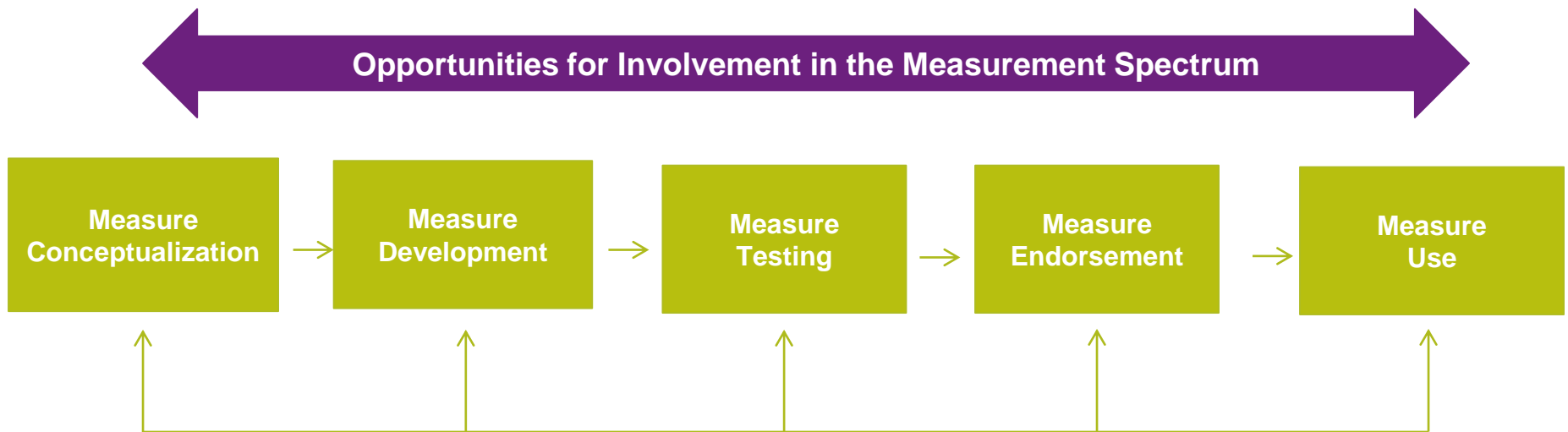
National Academies of Sciences, Engineering, and Medicine. 2017. *Accounting for social risk factors in Medicare payment*. Washington, DC: The National Academies Press.

Discussion

Given the summary of the ASPE/NAM reports, what are the most important social risk factors for Dual Eligible Beneficiaries?

Measurement Development – Patient/Person/Consumer Input

- For the dual eligible beneficiaries, several opportunities for involvement exist across the measurement spectrum.



Discussion

How can we promote the development of Duals appropriate measures through patient, person and consumer involvement?

Measurement Alignment – System of Programs

- Alignment of our measurement in programs across levels can contribute to improvements in the effectiveness and efficiency of the care and services delivered to dual-eligible individuals.



National

Regional/State/Community

Health Plan/Health
System/ACO

Group Practice/Medical Home

Consumer/Individual Provider

Discussion

How can we promote alignment across programs embedded in the healthcare system?

How can we incorporate program-related MAP pre-rulemaking considerations in our deliberations?

Opportunity for Public Comment

Next Steps

Homework and Next Steps

■ Homework

- *Please come to the March 29-30 in-person meeting with your thoughts on the following question:*
 - » “What are five social risk factors most relevant for the duals population that HHS should keep in mind in their work?”
- *Purpose of the homework: The need for parsimony and burden reduction are essential for promoting adoption, especially when a lot of elements can be categorized as social risk factors.*

■ Next Steps

- *Dual Eligible Beneficiaries Workgroup In-Person Meeting*
 - » Wednesday, March 29 and Thursday, March 30, 2017

Contact Us

Project webpage:

- http://www.qualityforum.org/MAP_Dual_Eligible_Beneficiaries_Workgroup.aspx

Committee SharePoint site:

- <http://share.qualityforum.org/Projects/MAP%20Dual%20Eligible%20Beneficiaries%20Workgroup/SitePages/Home.aspx>

Project staff:

- Project email: mapduals@qualityforum.org
- Senior Director: Debjani Mukherjee (dmukherjee@qualityforum.org)
- Senior Project Manager: Rachel Roiland (rroiland@qualityforum.org)
- Project Manager: Kate Buchanan (kbuchanan@qualityforum.org)
- Project Analyst: Madison Jung (mjung@qualityforum.org)

Thank You for Participating!