NATIONAL QUALITY FORUM

Measure Applications Partnership In-Person Meeting: Day 1

Dual Eligible Beneficiaries Workgroup

March 29-30, 2017

Welcome

Disclosures of Interest

Dual Eligible Beneficiaries Workgroup Membership

Workgroup Chairs: Jennie Chin Hansen, RN, MS, FAAN and Michael Monson, MPP

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 *(Day 1)* Beverly Court, PhD *(Day 2)*
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

Meeting Objectives and Agenda

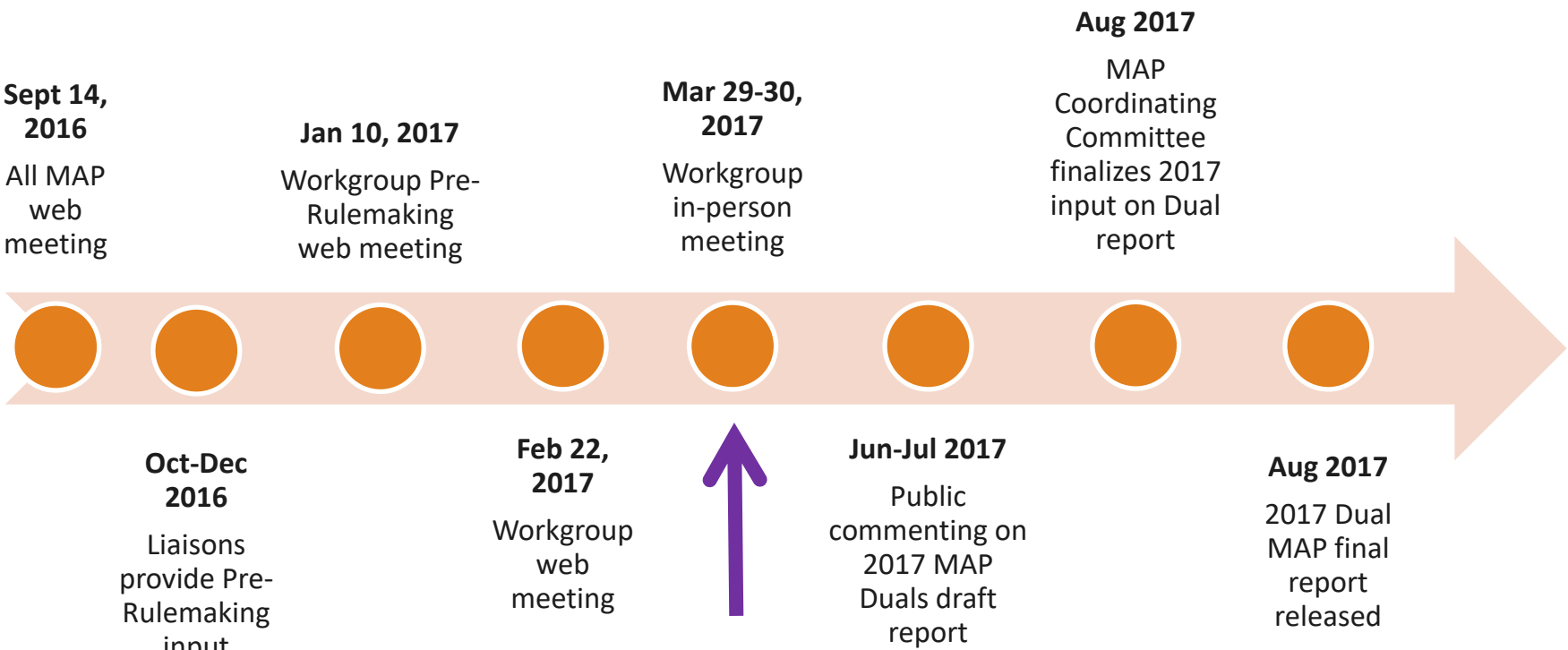
Meeting Objectives

- Complete the annual update to the Family of Measures for Dual Eligible Beneficiaries
- Identify and discuss social risk factors to consider when measuring quality in the dual eligible beneficiary population
- Identify opportunities to develop and disseminate quality measures that are applicable to the dual eligible beneficiary population

Day 1 Agenda

- Welcome
- Thoughts from CMS Colleagues
- Workgroup Discussion
- Maintaining the Family of Measures: Current State
- Maintaining the Family of Measures: Measures with Changes to Endorsement Status
- Maintaining the Family of Measures: Measures Under Review
  - *NQF Behavioral Health Project Update*
- Adjourn

Dual Eligible Beneficiaries Workgroup September 2016 – August 2017



Thoughts from CMS Colleagues

Workgroup Discussion

Review of Workgroup's work to-date

Past Topics Addressed by the Duals Workgroup

- Strategies to support improved quality of life outcomes
  - *Considered models and practices*
  - *Discussed indicators and surveys*
- Advancing 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*

Past Recommendations from the Duals Workgroup

- Emphasize the role of community in keeping the population healthy
- Recognize that consumers' health outcomes and quality of life should be the primary driver of an integrated system
- The delivery system should put consumers in control of setting health-related goals
- Align current reporting requirements by focusing on measures from the Family of Measures
- Eliminate nonessential measurement, attestation, and regulatory requirements to free up the system for innovation
- Stratify measures using variables of interest to better understand the impact of disparities in the dual eligible population

Break

Maintaining the Family of Measures: Current State

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 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
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  - *Considered promising state-level models*

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
- 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

Priority Gap Areas for Dual Eligible Beneficiaries

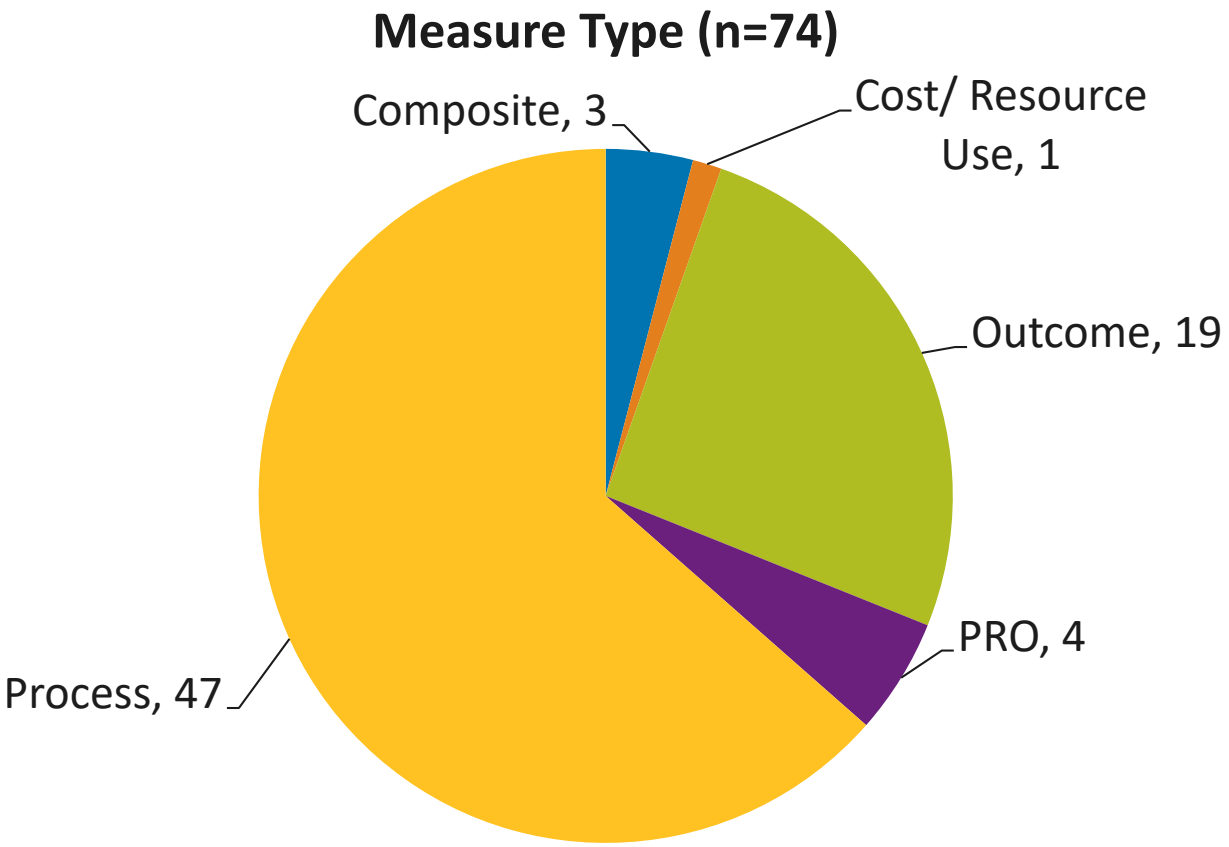
- Goal-directed, person-centered care planning and implementation
- Shared decisionmaking
- Systems to coordinate acute care, long-term services and supports, and nonmedical community resources
- Beneficiary sense of control/autonomy/self-determination
- Psychosocial needs
- Community integration/inclusion and participation
- Optimal functioning
- Home and community based services
- Affordable and cost- effective care

Strategies to Maintain the Family of Measures

Key Characteristics of the Measures in the Family

Strategies to Maintain the Family of Measures

Key Characteristics of the Measures in the Family



Current Starter Set – 17 Measures

- **NQF 0004** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- **NQF 0008** Experience of Care and Health Outcomes Survey
- **NQF 0018** Controlling High Blood Pressure
- **NQF 0028** Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention
- **NQF 0097** Medication Reconciliation Post-Discharge
- **NQF 0101** Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls
- **NQF 0228** 3-Item Care Transition Measure
- **NQF 0326** Advance Care Plan
- **NQF 0418** Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- **NQF 0419** Documentation of Current Medications in the Medical Record
- **NQF 0421** Preventive Care and Screening: Body Mass Index Screening and Follow-Up
- **NQF 0576** Follow-Up After Hospitalization for Mental Illness
- **NQF 0647** Transition Record with Specified Elements Received by Discharged Patients
- **NQF 0648** Timely Transmission of Transition Record
- **NQF 1768** Plan All-Cause Readmissions
- **NQF 2111** Antipsychotic Use in Persons with Dementia
- **NQF 2510** Skilled Nursing Facility 30-Day All-Cause Readmission Measure

Strategies to Maintain the Family of Measures

- Using NQS priority areas, Workgroup priorities, and MSC, the Workgroup will consider measures:
  - *Currently in the family*
  - *Newly endorsed*
  - *No longer endorsed*

- Workgroup will vote to maintain the Family of Measures
  - *Vote to remove measures from or add measures to family*
    - » 60% threshold for workgroup consensus

Discussion

Lunch

Maintaining the Family of Measures: Measures with Changes to Endorsement Status

Maintaining the Family of Measures: Measures with Changes to Endorsement Status

Considering 4 Measures with Endorsement Removed

- 0043: Pneumococcal Vaccination Status for Older Adults (PNU)
  - *Developer did not resubmit this measure for maintenance review*

- 0682: Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay)
  - *Developer submitted request to NQF with intent not to submit*

Maintaining the Family of Measures: Measures with Changes to Endorsement Status

- 0558: HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge
  - *Withdrawn by developer*

- 0557: HBIPS-6 Post discharge continuing care plan created
  - *Withdrawn by developer*

Newly Endorsed Measures for Consideration: Identification Process

- Review all completed NQF projects since the April 2016 Dual Eligible Beneficiaries workgroup in-person meeting
- Identify all newly endorsed measures within those projects that are relevant to the dual eligible population
- Create a shortened list of newly endorsed measures that address the workgroup's high-priority measure gaps.

Newly Endorsed Measures for Consideration

NQS Priority Area

- Health and Well Being
  - *1 measure to consider*
- Effective Communication and Care Coordination
  - *1 measure to consider*
- Person- and Family-Centered Care
  - *6 measures to consider (1 measure reviewed on Day 2)*
- Affordability, Prevention and Treatment of Leading Causes of Mortality, and Patient Safety
  - *None to consider*

Newly Endorsed Measures for Consideration: Health and Well Being

NQF 3086: Population Level HIV Viral Load Suppression

- Description
  - *Percentage of persons > 13 years of age with diagnosed HIV infection*
- Numerator
  - *Number of HIV-diagnosed persons, aged =13 years and alive at the end of the measurement year, whose most recent viral load test showed that HIV viral load was suppressed*
- Denominator
  - *Number of persons >= 13 years with HIV infection diagnosed by previous year and alive at year end.*

Newly Endorsed Measures for Consideration: Health and Well Being

NQF 3086: Population Level HIV Viral Load Suppression

Staff Preliminary Analysis (PA)

- Currently, the Family has one HIV-relevant measure - process measures #2079 HIV Medical Visit Frequency. Measure #3086 is an intermediate clinical outcome measure and would be a good complement to measure #2079.
- Is specified for a wide age range - older than 13 years

Newly Endorsed Measures for Consideration: Effective Communication and Care Coordination

NQF 2858: Discharge to Community

- **Measure Description:**
  - *Determines the percentage of all new admissions from a hospital who are discharged back to the community alive and remain out of any skilled nursing center for the next 30 days. The measure, referring to a rolling year of MDS entries, is calculated each quarter. The measure includes all new admissions to a SNF regardless of payor source.*

- **Numerator Statement:**
  - *The outcome measured is the number of new admissions from an acute care hospital discharge to community from a skilled nursing center. More specifically, the numerator is the number of stays discharged back to the community (i.e. private home, apartment, board/care, assisted living, or group home as indicated on the MDS discharge assessment form) from a skilled nursing center within 100 days of admission and remain out of any skilled nursing center for at least 30 days.*

Newly Endorsed Measures for Consideration: Effective Communication and Care Coordination

NQF 2858: Discharge to Community

- **Denominator Statement:**
  - *The denominator is the total number of all admissions from an acute hospital to a center over the previous 12 months, who did not have a prior stay in a nursing center for the prior 100 days.*

    Please note, the denominator only includes admissions from acute hospitals regardless of payor status.

- **Exclusions:**
  - *The denominator has three exclusions*
    - » Stays for patients less than 55 years of age are excluded from the measure.
    - » Stays for which we do not where the patient entered from, or for which we do not observe the patient's discharge, are excluded from being counted in the denominator.
    - » Stays with no available risk adjustment data (clinical and demographic characteristics listed in Section S.14) on any MDS assessment within 18 days of SNF admission are excluded from the measure.

Newly Endorsed Measures for Consideration: Effective Communication and Care Coordination

NQF 2858: Discharge to Community

Staff Preliminary Analysis (PA)

- Addresses a high priority gap area:
  - *Systems coordinating with acute care, LTSS, and nonmedical community resources.*
- Is an outcome measure

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2614: CoreQ: Short Stay Discharge Measure

- **Measure Description:**
  - *The measure calculates the percentage of individuals discharged in a six month time period from a SNF, within 100 days of admission, who are satisfied. This patient reported outcome measure is based on the CoreQ: Short Stay Discharge questionnaire that utilizes four items.*
- **Numerator:**
  - *The measure assesses the number of patients who are discharged from a SNF, within 100 days of admission, who are satisfied. The numerator is the sum of the individuals in the facility that have an average satisfaction score of =>3 for the four questions on the CoreQ: Short Stay Discharge questionnaire.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2614: CoreQ: Short Stay Discharge Measure

- Denominator Statement:
  - *All of the patients that are admitted to the SNF, regardless of payor source, for post-acute care, that are discharged within 100 days; who receive the survey and who respond to the CoreQ: Short Stay Discharge questionnaire within the time window.*
- Exclusions (made at the time of sample selection):
  - *Patients discharged to a hospital, another SNF, psychiatric facility, inpatient rehabilitation facility or long term care hospital*
  - *Patients with court appointed legal guardian for all decisions*
  - *Patients discharged on hospice*
  - *Patients who left the nursing facility against medical advice*
  - *Patients who have dementia impairing their ability to answer the questionnaire defined as having a BIMS score on the MDS as 7 or lower*
  - *Patients who responded after the two month response period*
  - *Patients whose responses were filled out by someone else*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2614: CoreQ: Short Stay Discharge Measure

Staff Preliminary Analysis

- Addresses the several priority measurement and gap areas:
  - *Systems to coordinate acute care, LTSS, and nonmedical community resources;*
  - *Screening and assessment;*
  - *Beneficiary sense of control/autonomy/self-determination.*
- Is a patient reported-outcome measure
- Not age or condition specific

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2615: CoreQ: Long-Stay Resident Measure

- Measure Description:
  - *Calculates the percentage of long-stay residents, those living in the facility for 100 days or more, who are satisfied. This patient reported outcome measure is based on the CoreQ: Long-Stay Resident questionnaire that is a three item questionnaire.*

- Numerator:
  - *The numerator is the sum of the individuals in the facility that have an average satisfaction score of =>3 for the three questions on the CoreQ: Long -Stay Resident questionnaire.*

Newly Endorsed Measures for Consideration Person- and Family-Centered Care

NQF 2615: CoreQ: Long-Stay Resident Measure

- Denominator:
  - *All of the residents that have been in the SNF for 100 days or more regardless of payer status; who received the CoreQ: Long-Stay Resident questionnaire, who responded to the questionnaire within the two month time window, who did not have the questionnaire completed by somebody other than the resident, and who did not have more than one item missing.*

- Exclusions (made at the time of sample selection):
  - *Residents who have poor cognition defined by the BIMS score*
  - *Residents receiving hospice*
  - *Residents with a legal court appointed guardian*
  - *Residents who have lived in the SNF for less than 100 days.*

- Exclusions (after the survey is administered):
  - *Surveys from residents who indicate that someone else answered the questions for the resident.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2615: CoreQ: Long-Stay Resident Measure

Staff Preliminary Analysis

- Addresses the several priority measurement and gap areas:
  - *Systems to coordinate acute care, LTSS, and nonmedical community resources;*
  - *Screening and assessment;*
  - *Psychosocial needs;*
  - *Person-and family-centered care.*
- Is a patient-reported outcome measure
- Is not age or disease specific

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2616: CoreQ: Long-Stay Family Measure

- Measure Description:
  - *The measure calculates the percentage of family or designated responsible party for long stay residents (i.e., residents living in the facility for 100 days or more), who are satisfied. This consumer reported outcome measure is based on the CoreQ: Long-Stay Family questionnaire that has three items.*

- Numerator:
  - *The numerator assesses the number of family or designated responsible party for long stay residents that are satisfied. Specifically, the numerator is the sum of the family or designated responsible party members for long stay residents that have an average satisfaction score of =>3 for the three questions on the CoreQ: Long-Stay Family questionnaire.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2616: CoreQ: Long-Stay Family Measure

- Denominator:
  - *The target population is family or designated responsible party members of a resident residing in a SNF for at least 100 days. The denominator includes all of the individuals in the target population who respond to the CoreQ: Long-Stay Family questionnaire within the two month time window who do not meet the exclusion criteria.*

- Exclusions (made at the time of sample selection):
  - *Family or designated responsible party for residents with hospice*
  - *Family or designated responsible party for residents with a legal court appointed guardian*
  - *Representatives who reside in another country*
  - *Representatives of residents who have lived in the SNF for less than 100 days*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2616: CoreQ: Long-Stay Family Measure

Staff Preliminary Analysis

- Addresses the several priority measurement and gap areas:
  - *systems to coordinate acute care, LTSS, and nonmedical community resources;*
  - *screening and assessment;*
  - *psychosocial needs;*
  - *person-and family-centered care*
- Is a patient-reported outcome measure
- Is not age or disease specific

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2775: Functional Change: Change in Motor Score for Skilled Nursing Facilities

- Measure Description:
  - *Change in rasch derived values of motor function from admission to discharge among adult short term rehabilitation skilled nursing facility patients aged 18 years and older who were discharged alive. The time frame for the measure is 12 months. The measure includes the following 12 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, Memory, Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2775: Functional Change: Change in Motor Score for Skilled Nursing Facilities

- Numerator:
  - *Average change in rasch derived motor functional score from admission to discharge at the facility level for short term rehabilitation patients. Average is calculated as (sum of change at the patient level/total number of patients). Cases aged less than 18 years at admission to the SNF or patients who died within the SNF are excluded.*

- Denominator:
  - *Facility adjusted expected change in rasch derived values, adjusted for SNF-CMG (Skilled Nursing Facility Case Mix Group), based on impairment type, admission functional status, and age.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2775: Functional Change: Change in Motor Score for Skilled Nursing Facilities

Staff Preliminary Analysis

- Addresses the several priority measurement and gap areas:
  - *systems to coordinate acute care, LTSS, and nonmedical community resources and optimal functioning*
  - *quality of life*
  - *screening and assessment*
  - *outcome measures*

- Current Family only has one function-related measure #2624, a process measure focused on document of the assessment and care plan. Measure #2775 is an outcome measure providing information on the actual functional status of an individual.

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2776: Functional Change: Change in Motor Score in Long Term Acute Care Facilities

- Measure Description:
  - *Change in rasch derived values of motor function from admission to discharge among adult long term acute care facility patients aged 18 years and older who were discharged alive. The timeframe for the measure is 12 months. The measure includes the following 12 items: Feeding, Grooming, Dressing Upper Body, Dressing Lower Body, Toileting, Bowel, Expression, Memory, Transfer Bed/Chair/Wheelchair, Transfer Toilet, Locomotion and Stairs.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2776: Functional Change: Change in Motor Score in Long Term Acute Care Facilities

- Numerator:
  - *Average change in rasch derived motor functional score from admission to discharge at the facility level for short term rehabilitation patients. Average is calculated as (sum of change at the patient level/total number of patients). Cases aged less than 18 years at admission to the LTAC or patients who died within the LTAC are excluded.*

- Denominator:
  - *Facility adjusted expected change in rasch derived values, adjusted for CMG (Case Mix Group), based on impairment type, admission functional status, and age.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2776: Functional Change: Change in Motor Score in Long Term Acute Care Facilities

Staff Preliminary Analysis

- Address several priority gap areas or priorities for measurement:
  - *systems to coordinate acute care, LTSS, and nonmedical community resources*
  - *optimal functioning.*
  - *quality of life*
  - *screening and assessment*
  - *Outcome measures.*

- Current Family only has one functional related measure #2624, a process measure focused on document of the assessment and care plan. Measure #2775 is an outcome measure providing information on the actual functional status of an individual.

Should any of the newly endorsed measures be included in the family?

- NQF 3086: Population Level HIV Viral Load Suppression
- NQF 2858: Discharge to Community
- NQF 2614: CoreQ: Short Stay Discharge Measure
- NQF 2615: CoreQ: Long-Stay Resident Measure
- NQF 2616: CoreQ: Long-Stay Family Measure
- NQF 2775: Functional Change: Change in Motor Score for Skilled Nursing Facilities
- NQF 2776: Functional Change: Change in Motor Score in Long Term Acute Care Facilities

Family Measures Currently Under Review

- Currently, 6 Consensus Development Projects (CDPs) are reviewing measures within the Family
- The final status of measures will be decided during the July 2017 Consensus Standards Approval Committee (CSAC) meeting
- Staff will communicate any changes in endorsement status to workgroup following the CSAC meeting

Family Measures Currently Under Review

- Patient Safety
  - *0022 Use of High-Risk Medications in the Elderly (DAE)*
- Care Coordination
  - *0326 Advance Care Plan*
  - *0646 Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/ Self Care or Any Other Site of Care)*
  - *0647 Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/ Self Care or Any Other Site of Care)*
  - *0648 Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/ Self Care or Any Other Site of Care)*
  - *0649 Transition Record with Specified Elements Received by Discharged Patients (Emergency Department Discharges to Ambulatory Care [Home/ Self Care] or Home Health Care)*

Family Measures Currently Under Review

- Health and Well-Being
  - *0032 Cervical Cancer Screening (CCS)*
  - *1659 Influenza Immunization*
- Infections Disease
  - *2079 HIV medical visit frequency*
- Cost and Resource Use
  - *2158 Payment-Standardized Medicare Spending Per Beneficiary (MSPB)*
- Behavioral Health
  - *0008 Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions)*
  - *0027 Medical Assistance With Smoking and Tobacco Use Cessation (MSC)*
  - *0576 Follow-Up After Hospitalization for Mental Illness (FUH)*

NQF Member and Public Comment

Break

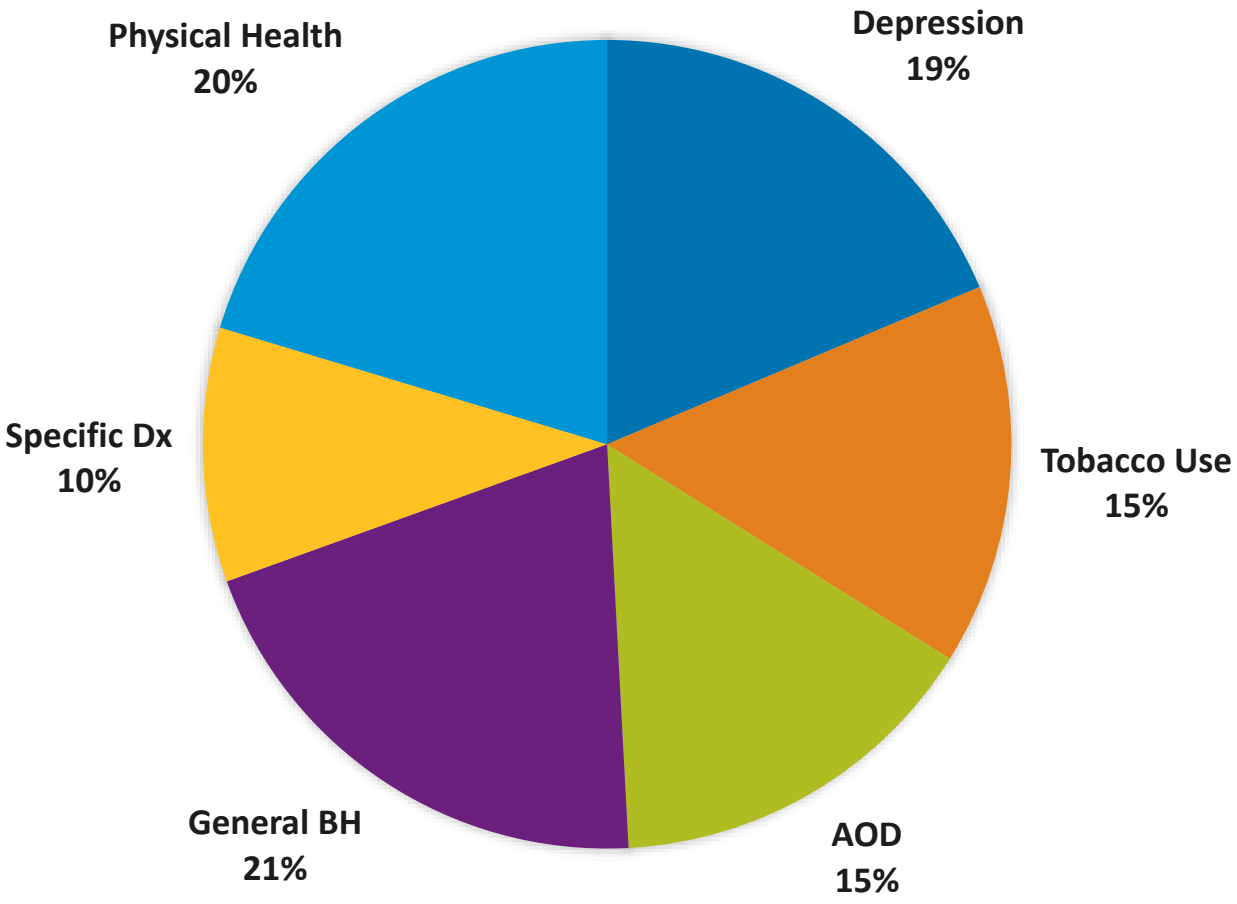
NATIONAL QUALITY FORUM

Behavioral Health Project Update

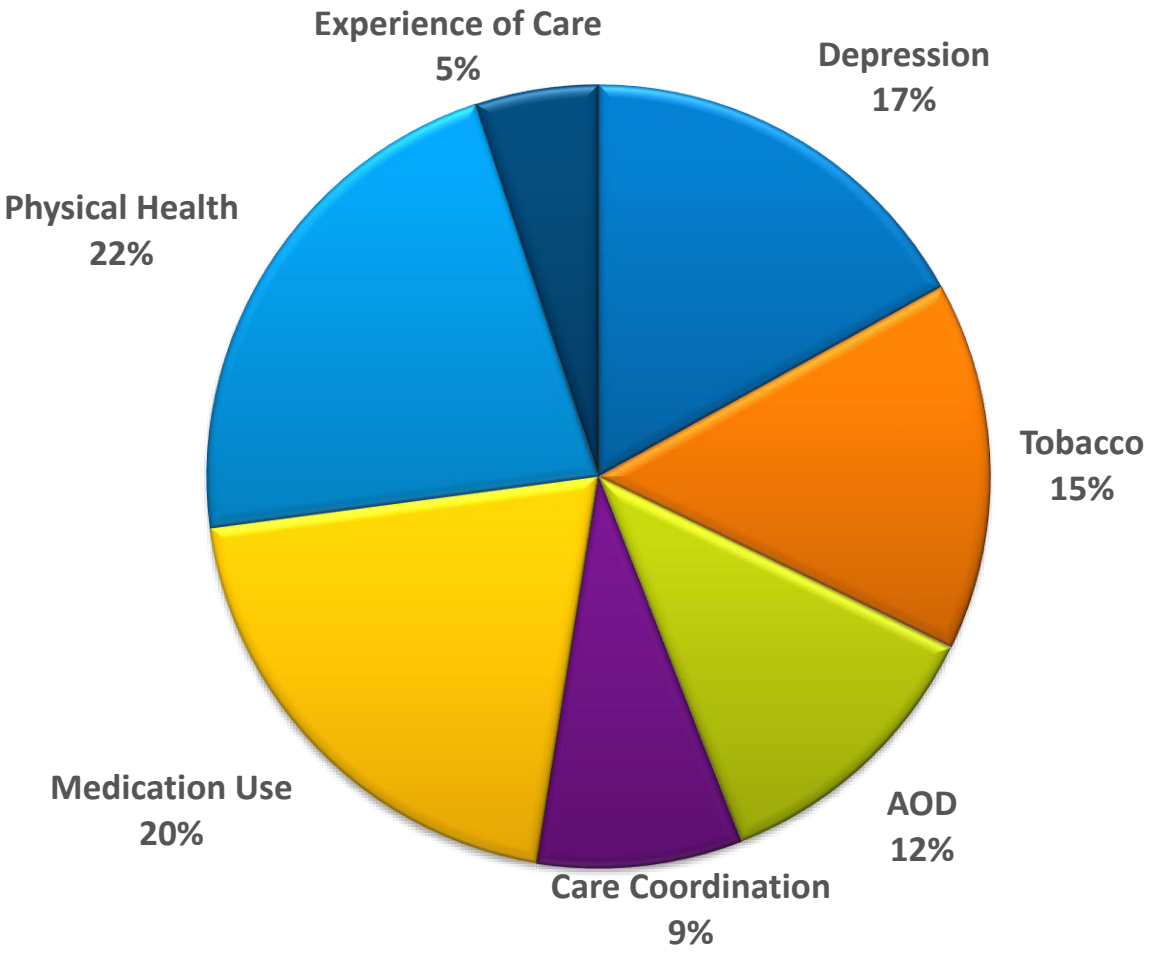
Behavioral Health Portfolio of Measures

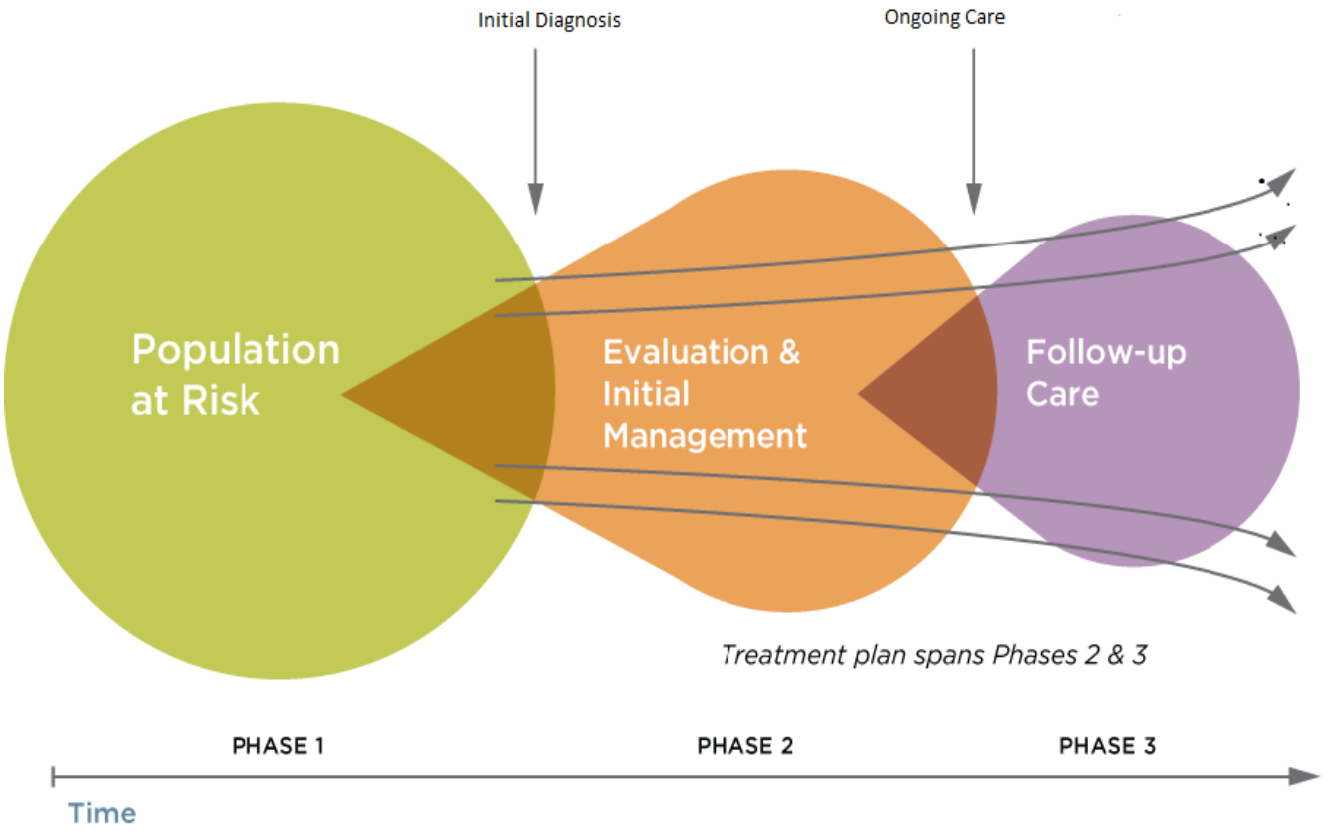
- This project evaluates measures related to behavioral health conditions that can be used for accountability and public reporting for all populations and in all settings of care.
- Common topic areas include:
  - *Alcohol and substance use*
  - *Tobacco use*
  - *Attention deficit/hyperactivity disorder*
  - *Depression*
  - *Schizophrenia*
- NQF currently has more than 50 endorsed measures within the area of behavioral health.

Behavioral Health Portfolio of Measures

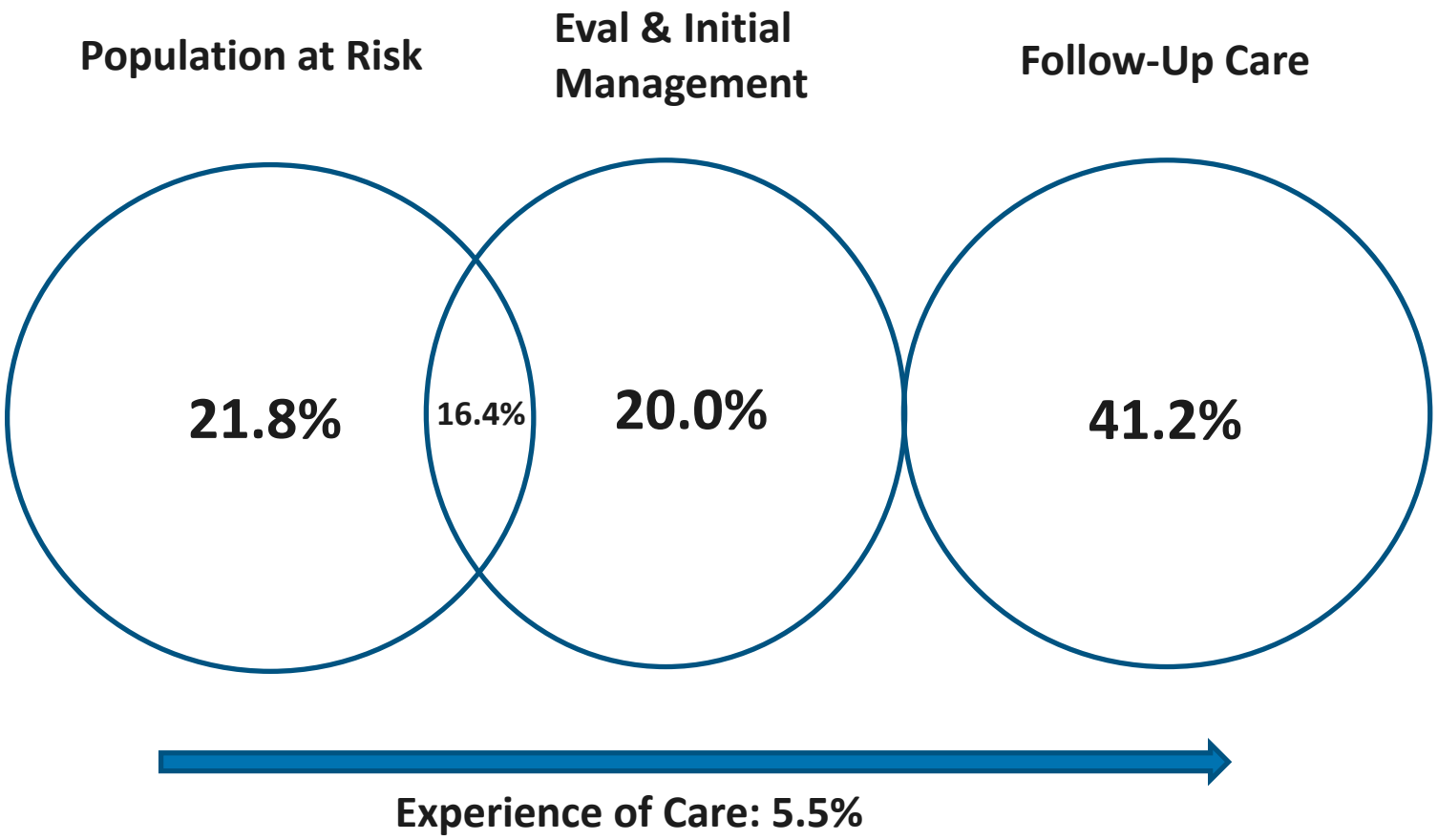


Behavioral Health Portfolio of Measures




Initial Diagnosis
Ongoing Care
Population at Risk
Evaluation & Initial Management
Follow-up Care
Treatment plan spans Phases 2 & 3
PHASE 1
PHASE 2
PHASE 3
Time

Behavioral Health Portfolio of Measures



Behavioral Health Project Update

- Reconvened the Standing Committee for a fourth phase of work in October 2016

- Reviewed 7 new measures and 6 maintenance measures which focused on:
  - *Tobacco use*
  - *Alcohol and substance use*
  - *ADHD*
  - *Depression*
  - *Medication continuation and reconciliation*
  - *Follow-up for after hospitalization for mental illness*

Behavioral Health Project Update

- Recommended:
  - *0027 Medical Assistance with Smoking and Tobacco Use Cessation (NCQA)*
  - *0576 Follow-Up After Hospitalization for Mental Illness (NCQA)*
  - *3132 Preventive Care & Screening: Screening for Clinical Depression and Follow-Up Plan (eMeasure) (CMS)*
  - *3148 Preventive Care & Screening: Screening for Clinical Depression and Follow-Up Plan (CMS)*
  - *3175 Continuity of Pharmacotherapy for Opioid Use Disorder (RAND Corporation)*
  - *3205 Medication Continuation Following Inpatient Psychiatric Discharge (Health Services Advisory Group, Inc.)*
  - *3185 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (eMeasure) (PCPI Foundation)*
  - *3225 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (PCPI Foundation)*
- Not Recommended:
  - *0108 Follow-Up Care for Children Prescribed ADHD Medication (NCQA)*
  - *3172 Continuity of Pharmacotherapy for Alcohol Use Disorder (RAND Corporation)*
  - *3207 Medication Reconciliation on Admission (Health Services Advisory Group, Inc.)*
  - *3229 Patient Panel Adult Smoking Prevalence (CMS)*
- Deferred:
  - *0008 Experience of Care and Health Outcomes (ECHO) Survey (AHRQ)*

0008: Experience of Care and Health Outcomes (ECHO) Survey

- Patient-reported outcome measure was initially endorsed in 2007
- No current data on performance scores and use
- Proposing a revamping of ECHO to potentially call it Mental Health CAHPS
- Several studies underway for new field testing
- Testing mode effects (phone vs. mail)
- Would also focus on substance abuse
- Committee agreed that measures that captures patient experience are very important, especially as this is one of the few patient experience measures for behavioral health
- Recommendations from the Committee:
  - *Gave ideas for partners who may be able to provide them with needed data (ACORN, state programs)*
  - *Develop a clear logic model that helps explain the various patient-reported outcomes included within the measure*
  - *Reconsider the exclusion of patients treated in primary care settings*
- NQF expects to review this measure for consideration during an annual review

0027: Medical Assistance with Smoking and Tobacco Use Cessation

- **Description**: The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:
  1. *Advising Smokers and Tobacco Users to Quit: A rolling average represents the percentage of patients 18 years of age and older who are current smokers or tobacco users and who received advice to quit during the measurement year.*
  2. *Discussing Cessation Medications: A rolling average represents the percentage of patients 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.*
  3. *Discussing Cessation Strategies: A rolling average represents the percentage of patients 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year*
- Long-standing health plan measure that uses patient-reported data from the CAHPS survey to assess if patients have received assistance from a doctor or health care provider to stop smoking and tobacco use.
- Performance rates continue to demonstrate room for improvement
- Expressed concern around ensuring that the questions in the measure are clearly defined and that patients are able to differentiate between each of the questions
- Recognized how high tobacco use and substance abuse is within the mental illness population and how useful this measure is

0576: Follow-Up After Hospitalization for Mental Illness

- Originally endorsed in 2009 and most recently endorsed in 2012.
- Update included several new clinical guidelines supporting follow-up after hospitalization and cited evidence that follow-up reduces suicide attempts and readmissions and improves functioning.
- Variability in performance exists among health plans, and there are statistically significant differences in the rates among various racial and ethnic groups
- Concern that coordinating follow-up care in a system that is fragmented could put hospitals in a challenging position
- Adding video conferencing for follow-up visits and if approved, will be included in their annual update
- Committee recommendations:
  - *Consider expanding the definition of 'mental health practitioner' since many people receive mental health services in primary care settings*
  - *Add hospitalizations for drug and alcohol disorders*
  - *Inclusion of a composite measure that measures engagement post-discharge*

Questions?

NQF Member and Public Comment

Adjourn for the Day

NATIONAL QUALITY FORUM

Measure Applications Partnership In-Person Meeting: Day 2

Dual Eligible Beneficiaries Workgroup

March 29-30, 2017

Day 2 Agenda

- Welcome, Recap of Day 1
- Risk Adjustment for Sociodemographic Factors
- Review of Homework Exercise
- Workgroup Discussion
- NQF Disparities Project and SDS Trial Update
- University of Minnesota Presentation
- HCBS Experience of Care Survey Presentation
- Maintaining the Family of Measures: Measures with Changes to Endorsement Status (Day 1 continuation)
- Strategic Direction for the Duals Population
- Next Steps
- Adjourn

Welcome and Recap of Day 1

Recap of Day 1 – Duals Family of Measures

- Removed measures
- Replacement measures
- New measures

Risk Adjustment for Sociodemographic Factors

Review of Homework Exercise

Social Risk Factors

- During the February 22nd web meeting the workgroup began discussion of the ASPE/NAM reports and social risk factor indicators.

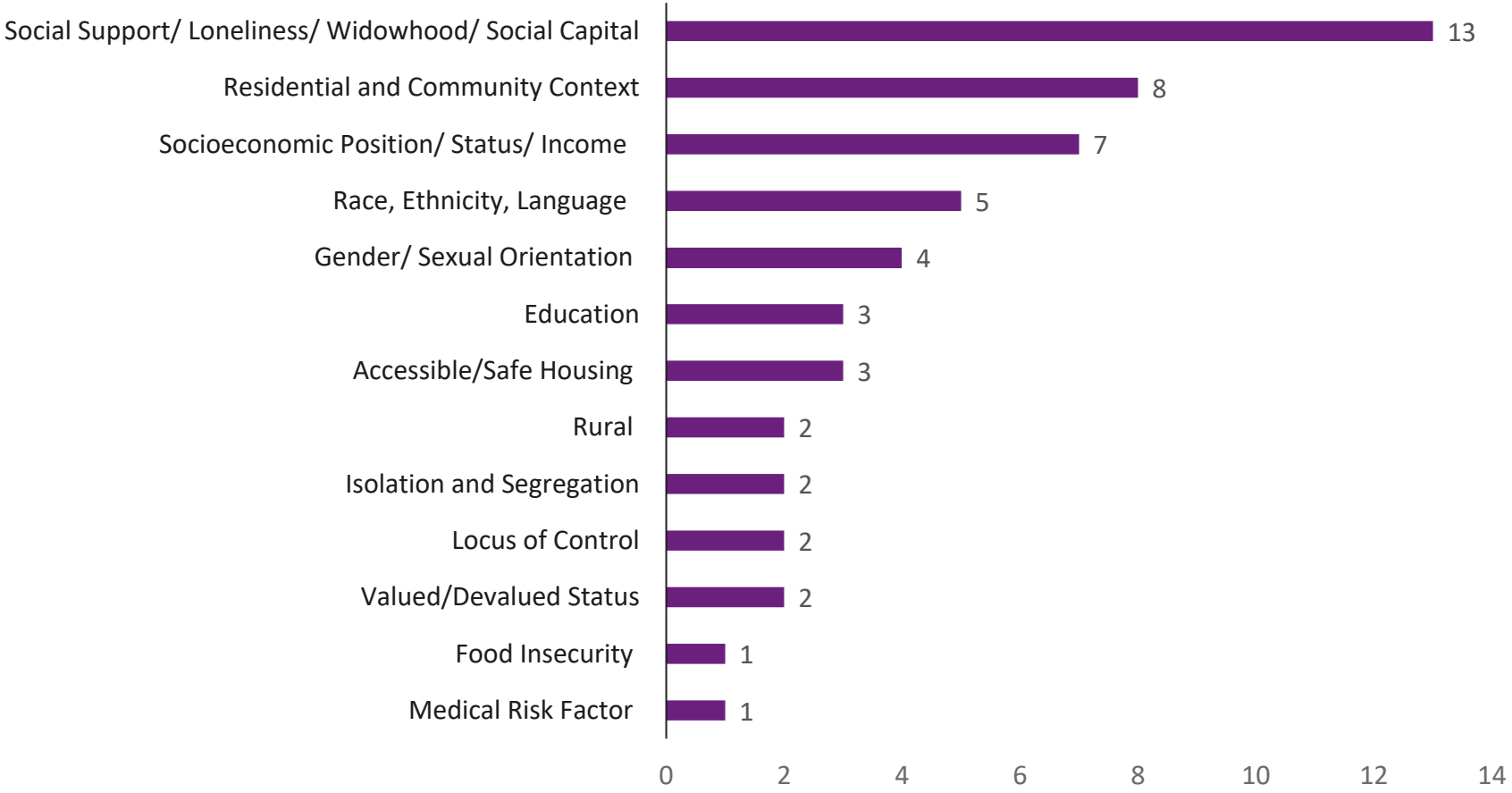
- In preparation for the continuation of the conversation at the in-person meeting, staff asked the workgroup:

  - *What are five social risk factors most relevant for the duals population that HHS should keep in mind in their work?*

  - *For each social risk factor identified, is there information on the availability of data capturing these social risk factors?*

Homework Responses

What are five social risk factors most relevant for the duals population that HHS should keep in mind in their work?



Homework Responses

Current and potential data sources to capture social risk factor data

- Full Benefit Dual Eligible (FBDE)
  - *Proxy for income*
- HIPxChange – Area Deprivation Index Datasets
  - *Neighborhood deprivation*
- Medicare Advantage plans
  - *Primary language – proxy for race and ethnicity*
- Medicaid Agencies
  - *Race*
  - *Marital status*
  - *Living alone*
- County infrastructure
  - *Community context*
- Census track proxies
  - *Socioeconomic Status*
  - *Residential Context*
  - *Community Context*
- Health Record
  - *Social support*
  - *Education*
  - *Race*
  - *Ethnicity*
  - *Primary language*

Homework Responses

Current and potential data sources to capture social risk factor data

- NIDILRR funded University of Minnesota & University of California, San Francisco CA Projects
  - *Community context*
  - *Isolation and loneliness*
  - *Poverty*
  - *Medical Risk Factor*
- National Core Indicators
  - *Communication skills*
  - *Devalued/valued status*
  - *Social capital*
  - *Isolation/ segregation*
- LTSS/ Medicaid-Medicaid Plan (MPP)
  - *Affordable housing*
  - *Social supports*
  - *Unsafe housing*
  - *Food insecurity*
  - *Access to transportation*
- CAPHS
  - *Devalued/valued status*
  - *Social capital*
- HCBS
  - *Devalued/valued status*
  - *Social capital*

Workgroup Discussion

Guidance for measure developers

Gaps discussion and input to measure developers and CMS

Break

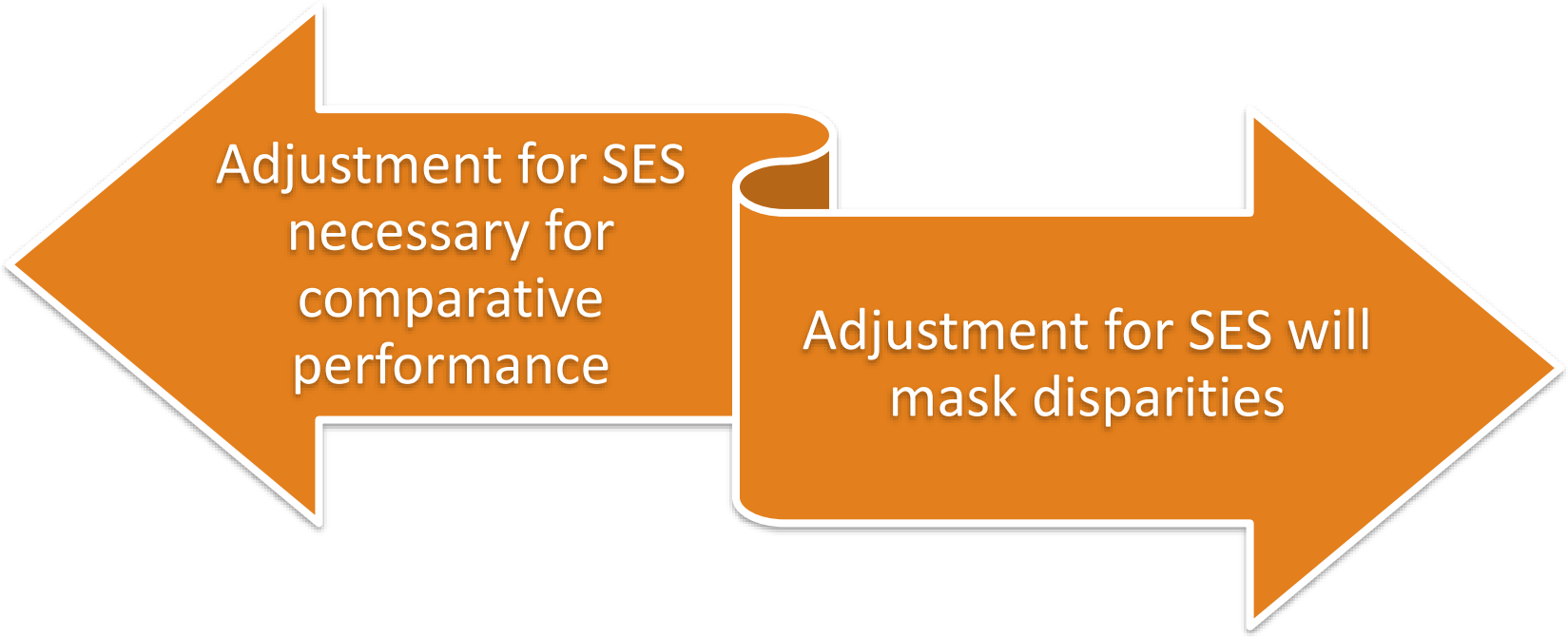
NQF Disparities project and SDS Trial Update

Background
Why risk adjust?

- Patients are not randomly assigned to healthcare units and the characteristics of the patients treated varies across healthcare unit
- Avoid incorrect inferences
- In the context of comparative performance assessment, the general question being addressed is:
  - ***How would the performance of measured entities compare if, hypothetically, they had the same mix of patients?***

Background
Why consider adjustment for SDS?

- Overall quality has improved, but disparities have not
- Growing evidence regarding role of SDS factors on many outcomes
- Evidence-based interventions that could help close the gap require additional resources
- Stratification has largely failed to materialize
- Shift from process to outcomes reporting
- Higher financial stakes has heightened concern, especially for safety net providers


Adjustment for SES necessary for comparative performance
Adjustment for SES will mask disparities

NQF Trial Period

- In April 2015, NQF began a two-year trial of a policy change that allows risk-adjustment of performance measures for SES and other demographic factors.
- Prior to this, NQF criteria and policy prohibited the inclusion of such factors in its risk adjustment approach and only allowed for inclusion of a patient's clinical factors present at the start of care.
- During the trial period, NQF policy restricting the use of SDS factors in statistical risk models was suspended and NQF implemented the Risk Adjustment Expert Panel's recommendations related to the appropriate use of SDS risk factors.

NQF Trial Period

- Each measure must be assessed individually to determine if SDS adjustment is appropriate.
- Not all outcomes should be adjusted for SDS factors (e.g., central line infection would not be adjusted)
  - *Need conceptual basis (logical rationale, theory) and empirical evidence*
- The recommendations apply to any level of analysis including health plans, facilities, and individual clinicians.

NQF Trial Period

- During the trial period, NQF's topical Standing Committees evaluated each individual measure to determine whether adjustment for SDS factors was appropriate.
- The Standing Committees considered both the conceptual and empirical basis for SDS adjustment utilizing standard guidelines for selecting risk factors.
- If SDS adjustment is determined to be appropriate for a given measure, NQF endorses one measure with specifications to compute the SDS-adjusted measure and stratification of the non-SDS adjusted measure. As recommended, specifications for stratification should always accompany an SDS-adjusted measure to provide transparency for disparities.

Role of the Disparities Standing Committee

- Develop a roadmap for how measurement and associated policy levers can be used to proactively eliminate disparities;
- Review implementation of the revised NQF policy regarding risk adjustment for SDS factors and evaluate the SDS trial period;
- Provide a cross-cutting emphasis on healthcare disparities across all of NQF's work.
- At the conclusion of the trial period, Disparities Standing Committee will make a recommendation to the CSAC and the Board to:
  - *make the change in policy (or some modification) permanent;*
  - *extend the trial period; or*
  - *rescind the temporary change in policy.*

NQF Standing Committee Consideration of SDS Adjustment

- *Questions for Standing Committees to consider when reviewing SDS-adjusted measures:*
  - Is there a conceptual relationship between the SDS factor and the measure focus?
  - Is the SDS factor present at the start of care?
  - Is there variation in prevalence of the SDS factor across measured entities?
  - Does empirical analysis (as provided by the measure developer) show that the SDS factor has a significant and unique effect on the outcome in question?
  - Is information on the SDS factor available and generally accessible for the measured patient population?

Findings to Date

- Since April 2015, NQF's Standing Committees were asked to consider the potential role of SDS risk factors in their evaluation of all submitted outcome measures.
- Readmission and cost/resource use measures that were endorsed with the condition that additional analyses be performed to determine the need for inclusion of SDS factors in risk adjustment models were also considered.

Findings to Date

- Although a significant number of outcome measures have been submitted with a conceptual basis for SDS adjustment, empirical analyses frequently have not supported the inclusion of those factors.
- To date, a relatively small number of measures have been endorsed with risk adjustment for SDS factors.
- To date, a relatively small number of measures have been endorsed with risk adjustment for SDS factors

Findings to Date

- Limited availability of patient-level data
  - *9-digit ZIP Code/census block data not easily accessible*
- Risk models using currently available SDS adjustors are not demonstrating an association for measures with a clear conceptual basis for SDS adjustment
- Concerns about factors selected/analyzed to date
  - *Available proxies may not be adequate*
  - *Inclusion of race questioned*
- Call for a more prescriptive approach
  - *Empirical methods*
  - *Variables tested*

Implications for the Dual Eligible Beneficiaries Family of Measures

- Five measures in the family were reviewed in the trial:
  - *#2380 Rehospitalization During the First 30 Days of Home Health*
  - *#2502 All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs)*
  - *#2505 Emergency Department Use without Hospital Readmission During the First 30 Days of Home Health*
  - *#2510 Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)*
  - *#2512 All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (LTCHs)*
- All maintained endorsement without social risk factors included in their models

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

Next Steps

- **March 27-28: Disparities Standing Committee Meeting**
  - *Committee will review and provide feedback on the evaluation plan*
- **June 14-15: Disparities Standing Committee Meeting**
  - *NQF staff will present the results of the trial period evaluation.*
  - *The Disparities Standing Committee will make a recommendation to make the change in policy (or some modification) permanent, extend the trial period, or rescind the temporary change in policy.*
- **July 11-12: Consensus Standards Approval Committee**
  - *The Disparities Standing Committee will provide their input and recommendations on the SDS trial period to CSAC.*
  - *CSAC will make a recommendation to the NQF Board of Directors*
- **July 20, 2017**
  - *The NQF Board will decide whether to make the change in policy (or some modification) permanent, extend the trial period, or rescind the temporary change in policy.*

Discussion

- Does the Workgroup have any input to the Disparities Standing Committee?
- Does the Workgroup have any guidance on the use of dual eligibility as a variable?

NQF Member and Public Comment

Lunch

rtc on home and community based services outcome measurement

ICI
INSTITUTE on COMMUNITY INTEGRATION
UNIVERSITY OF MINNESOTA
Driven to Discover℠

RRTC/OM partners and funding

- Primary partners
  - University of Minnesota – Institute on Community Integration
  - Temple University
  - University of California–San Francisco
  - The Ohio State University
  - National Council on Aging
- Funded by
  - National Institute on Disability, Independent Living and Rehabilitation Research NIDILRR/ACL

RRTC/OM primary goals

- Undertake a program of research designed to provide the data necessary to be able to report to end-users *specific measures that are psychometrically sound* for use with...
  - Specific populations
    - Intellectual and developmental disabilities
    - Physical disabilities
    - Psychiatric disabilities
    - Traumatic brain injury
    - Age-related disabilities
  - In specific settings, and contexts
    - Relevant risk adjusters
- Provide training and technical assistance to stakeholders on outcome measurement

RRTC/OM research overview

- Determine whether we are currently measuring ***what's most important to measure*** as far as HCBS outcomes are concerned;
- ***Identify gaps*** between current measures and both the NQF framework and federal and state policy operational drivers.
- Identify which ***current measures are sufficiently psychometrically robust*** across populations to be utilized in their current form;
- Provide evidence, through extensive field-testing, to ***support the utilization of refined and newly developed measures***.

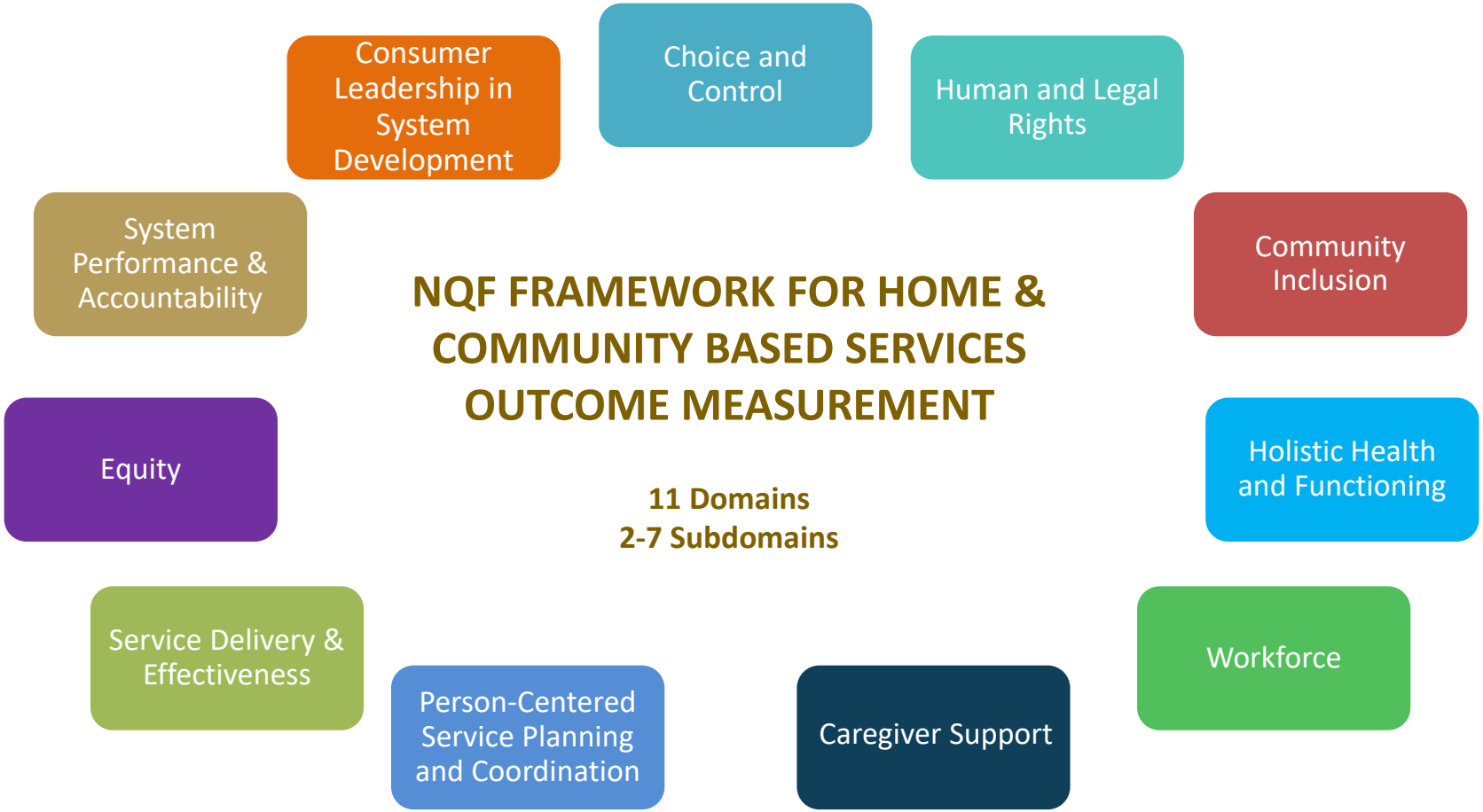
RRTC/OM Proposed Research Studies

- The goal is:
  - ***Not to create a master instrument***, but rather to...
  - Undertake a program of research & measure development designed to provide the data necessary to be able to report to end-users the specific measures that are psychometrically sound for use with...
    - Specific populations;
    - In specific settings, and contexts; as well as
    - Relevant risk adjusters
  - Eventual objective of NQF endorsement

RRTC/OM research studies

- **Study 1**: Soliciting broad stakeholder input – NQF Measurement Framework
- **Study 2**: Gap analysis – NQF Measurement Framework & Current Instruments
- **Study 3**: Identification of high quality/fidelity implementation practices
- **Study 4**: Refinement and development of measures
- **Study 5**: Ascertaining Reliability, Validity & Sensitivity to Change of Measures
- **Study 6**: Identification & testing of risk adjusters

National Quality Forum Updates



NQF HCBS domains and subdomains

Caregiver Support

- Family caregiver/natural support involvement
- Family caregiver/natural support well-being
- Training and skill-building
- Access to resources

Choice and Control

- Choice of services and supports
- Personal choices and goals
- Personal freedoms and dignity of risk
- Self-direction

Community Inclusion

- Resources and settings to facilitate inclusion
- Social connectedness and relationships
- Meaningful activity

Consumer Leadership in System Development

- Evidence of meaningful consumer involvement
- System supports meaningful consumer involvement
- Evidence of meaningful caregiver involvement

Equity

- Equitable access and resource allocation
- Reduction in health disparities and service disparities
- Transparency and consistency
- Availability

Holistic Health and Functioning

- Individual health and functioning
- Population health and prevention

NQF HCBS Domains and Subdomains

Human and Legal Rights

- Freedom from abuse and neglect
- Informed decision-making
- Optimizing preservation of legal & human rights
- Privacy
- Supporting exercise of human & legal rights

Person-Centered Planning & Coordination

- Assessment
- Coordination
- Person-centered planning

Service Delivery and Effectiveness

- Delivery
- Person's identified goals realized
- Person's needs met

System Performance & Accountability

- Data management and use
- Evidence-based practice
- Financing and service delivery structures

Workforce

- Adequately compensated with benefits
- Culturally competent
- Demonstrated competencies when appropriate
- Person-centered approach to services
- Safety of and respect for the worker
- Workforce engagement and participation
- Sufficient workforce numbers dispersion and availability

Study 1: Gaining the Input of Critical Stakeholders

Participatory Planning and Decision-Making Process

Purpose of Study 1

- Stakeholder input for NQF Framework:
  - Persons with disabilities
  - Family members
  - Providers
  - Program administrators
- Disability populations:
  - ID/DD, PD, TBI, MH, AR

Participatory planning & decision making

Providing stakeholders with a voice

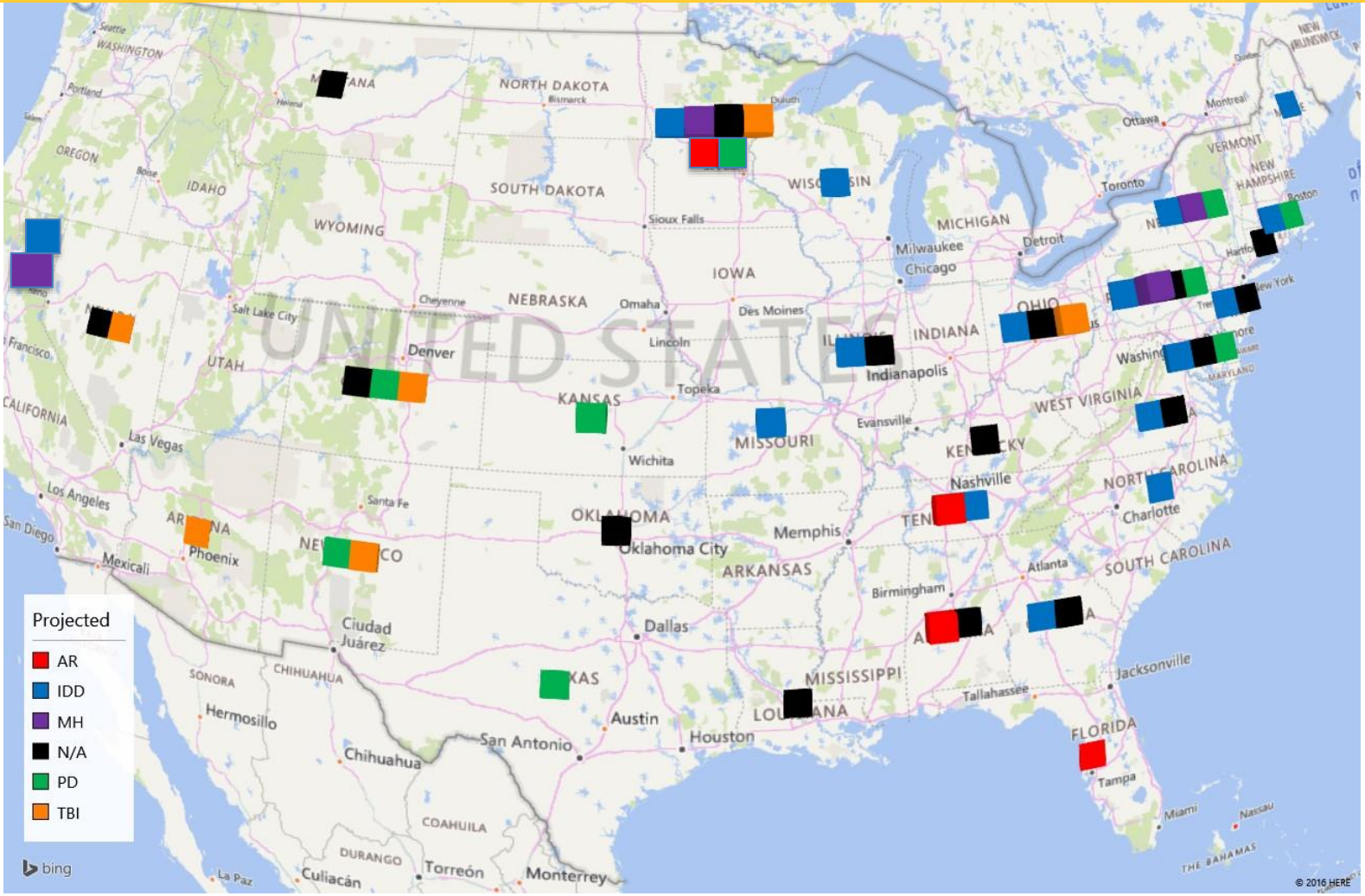
- Five basic phases of the PPDM process.
- In each phase stakeholders contribute ideas to framework under discussion
- Phases
  - Add to new domains (broad criteria) and/or subdomains
  - Suggest removal of domains/subdomains viewed as unimportant
  - Provide importance weightings for each domain and subdomain
  - Discuss their thinking while undertaking importance weightings
  - Provide 2nd round of importance weightings
- Following weighting of both subdomains and domains, proportional importance weights assigned to each subdomain

Study 1 Progress

- 54 groups completed as of 3/20/2017
  - 280 participants
- Total expected groups: 57

Participant Residence

By Disability Population



Measurement Framework Question

- Which NQF domains & subdomains are viewed as most important to measure
- Do stakeholder groups or disability populations differ in how they prioritize NQF domains and subdomains?
- To what degree to stakeholders support the current NQF framework (is it missing anything they view as important)

PPDM Priority Ratings for NQF Domains

Instrument	PPDM	SE
1. Choice and Control	95.62	0.53
2. Person-Centered Planning and Coordination	95.53	0.57
3. Service Delivery and Effectiveness	95.37	0.55
4. Human and Legal Rights	95.27	0.54
5. Equity	93.19	0.68
6. Workforce	92.81	0.99
7. Community Inclusion	92.47	0.61
8. Consumer Leadership in System Development	90.71	0.77
9. System Performance and Accountability	90.71	1.01
10. Holistic Health and Functioning	90.29	1.03
11. Caregiver Support	88.93	1.11

Note: Data collection is ongoing; PPDM *n* = 242

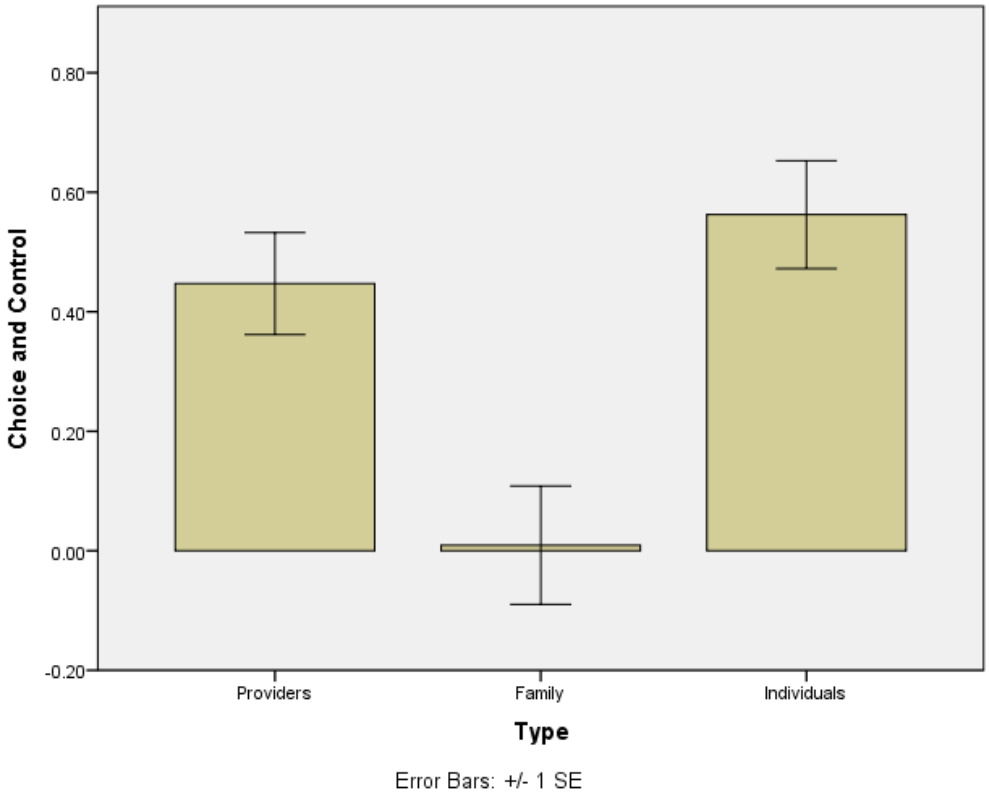
Plan of Analysis

- Multivariate Analysis of Variance (MANOVA)
  - All domains evaluated by disability population and stakeholder type
    - Full factorial design
    - Post-hoc comparisons with Tukey's LSD
  - Subdomain analyses as indicated by significant effects at the domain level

Significant Effects

- Significant differences in how stakeholders groups rated the importance of measurement of the various domains of the NQF framework
  - Choice and Control
  - Consumer Leadership in System Development
  - Human and Legal Rights
  - Community Inclusion
  - Service Delivery and Effectiveness

Choice and Control

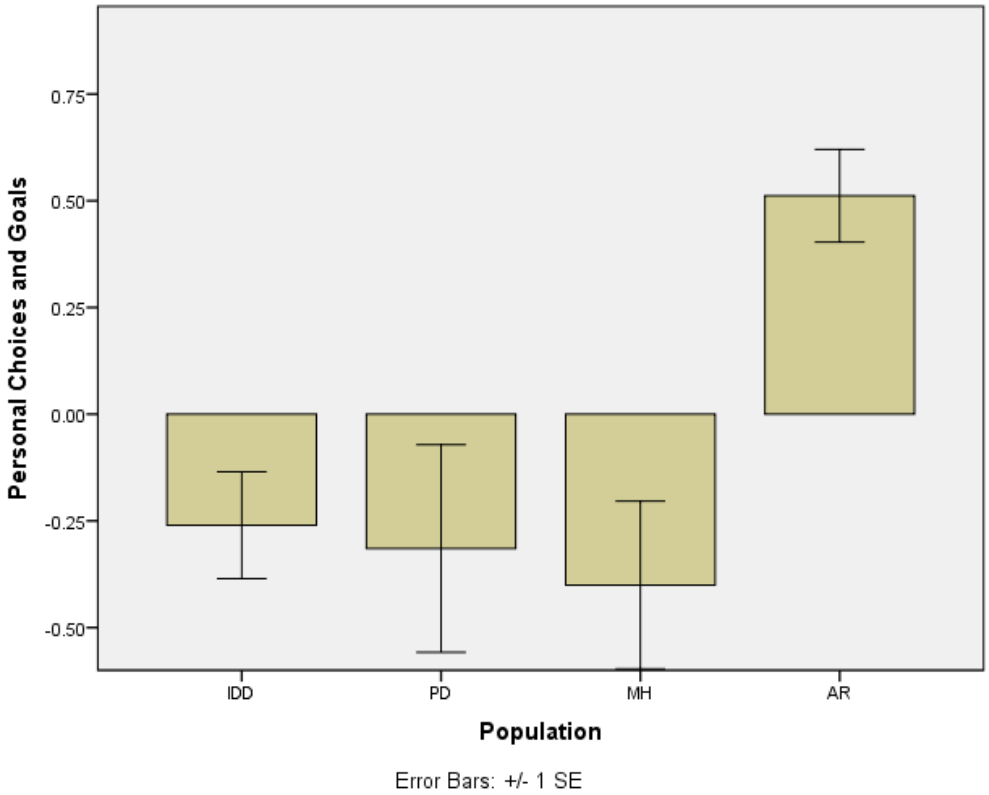


The *Family* group rated measurement of Personal Choice and Control significantly lower in importance than *Providers* (p = .001) and *Individuals w/ disabilities* (p < .001)

Choice and Control Subdomains

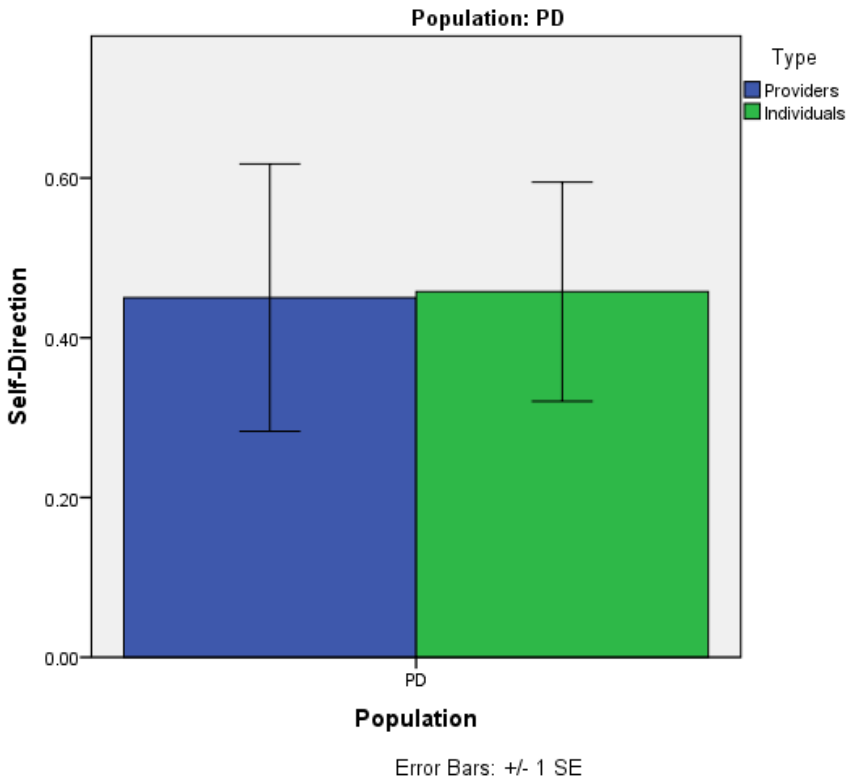
- Personal Freedoms and Dignity of Risk
- Choice of Services and Supports
- **Personal Choices and Goals**
- **Self-Direction**

Choice and Control: Personal Choices and Goals



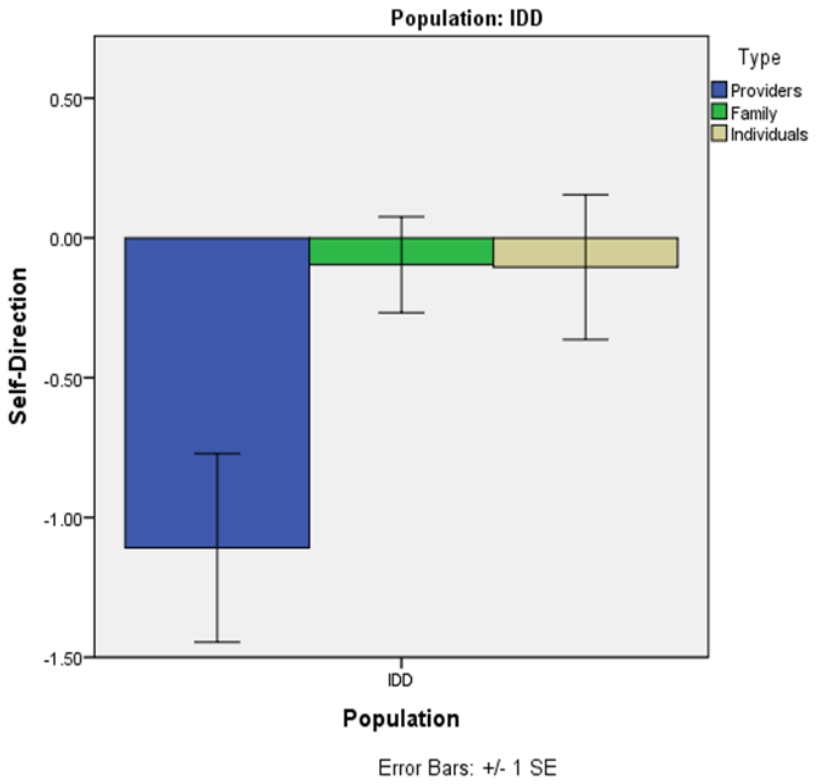
At the subdomain level, persons with age-related disabilities rated Personal Choice as significantly more important to measure than other disability groups ($p < .006$).

Choice and Control:
Self-Direction - Persons with physical disabilities



- For Self-Direction there was a significant interaction between Stakeholder group and Disability Type (p = .02).
- Persons with physical disabilities, for example, rated Self-Direction as relatively important.

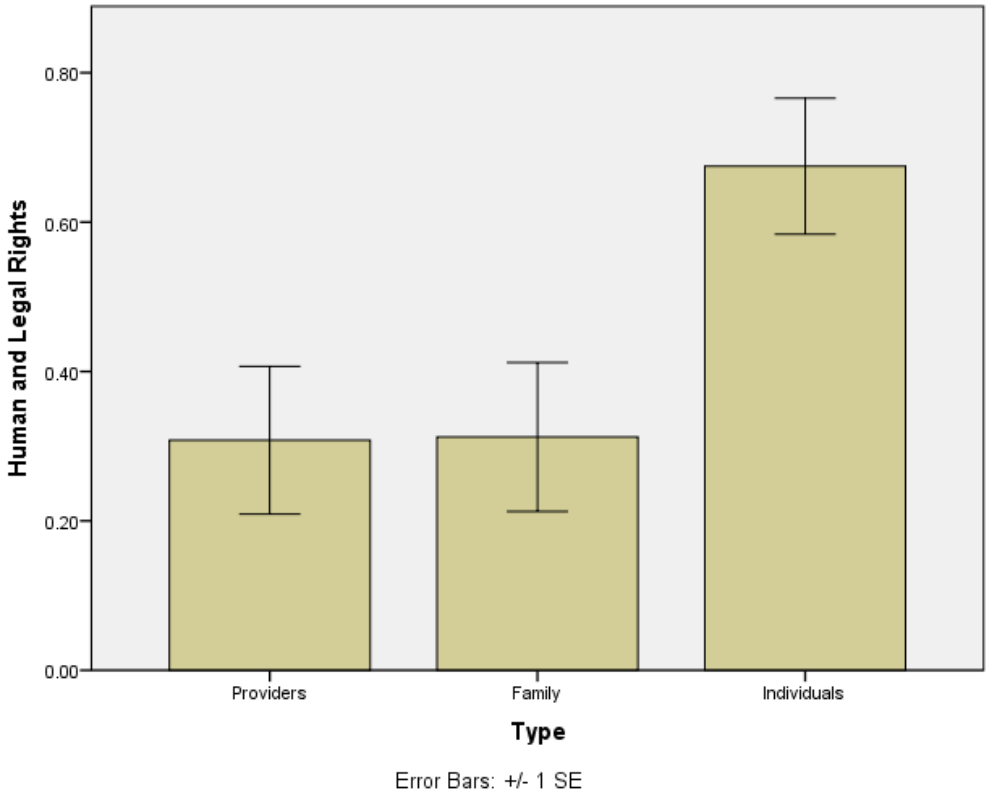
Choice and Control: Self-Direction for IDD



Providers for IDD rated Self-Direction as below average importance to measure.

Family and Individuals with disabilities rated Self-Direction as average importance.

Human and Legal Rights

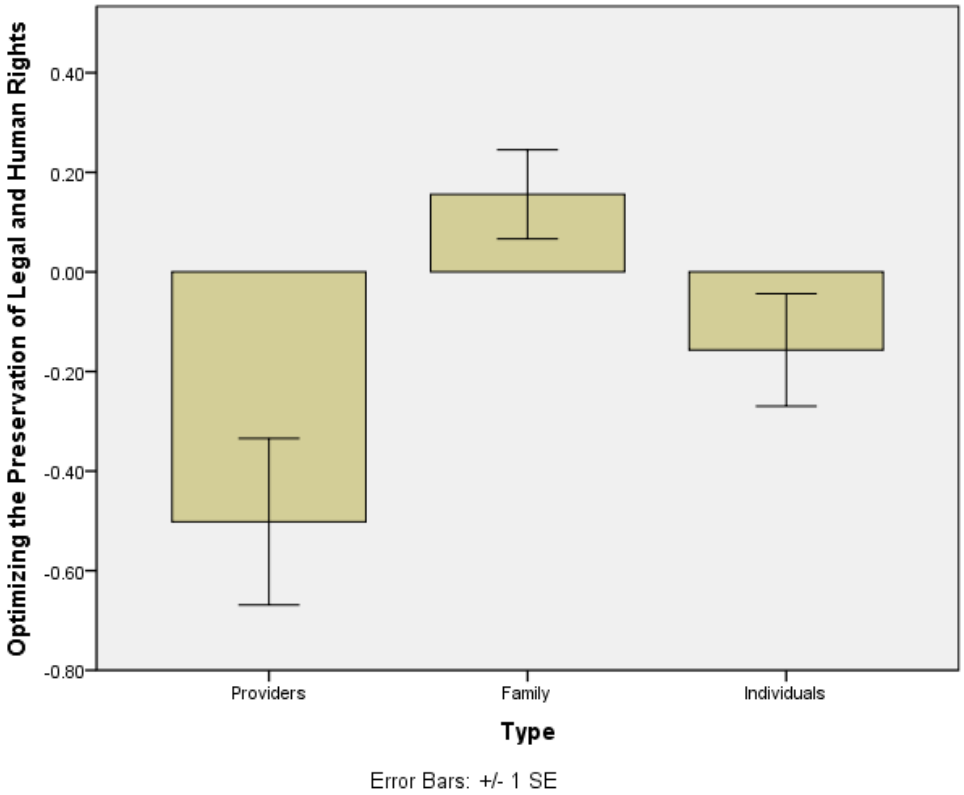


All groups rated Human and Legal Rights as important but Individuals w/ disabilities rated it as significantly more important than Providers (p = .01) or Family (p = .01)

Human and Legal Rights Subdomains

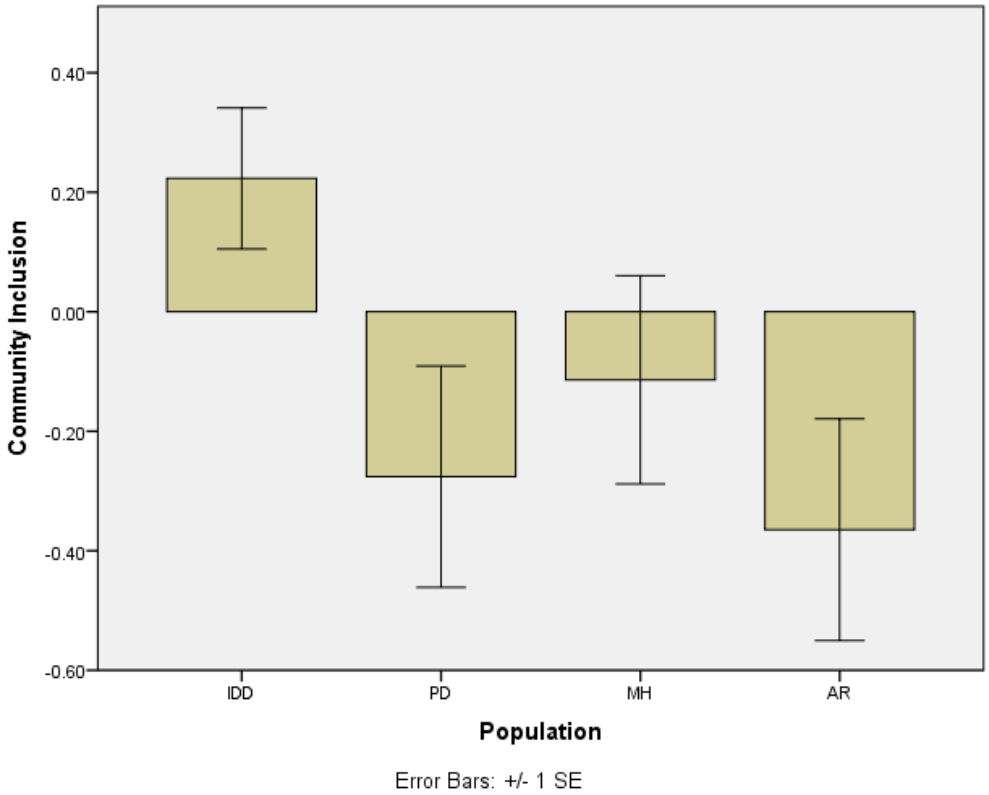
- **Optimizing the Preservation of Legal and Human Rights**
- **Freedom from Abuse and Neglect**
- **Privacy**
- Supporting Individuals in Exercising their Human and Legal Rights
- Informed Decision Making

Human and Legal Rights: Optimizing the Preservation of Legal and Human Rights



Providers rated Optimizing Legal and Human Rights as significantly less important than Family Members ($p < .001$)

Community Inclusion

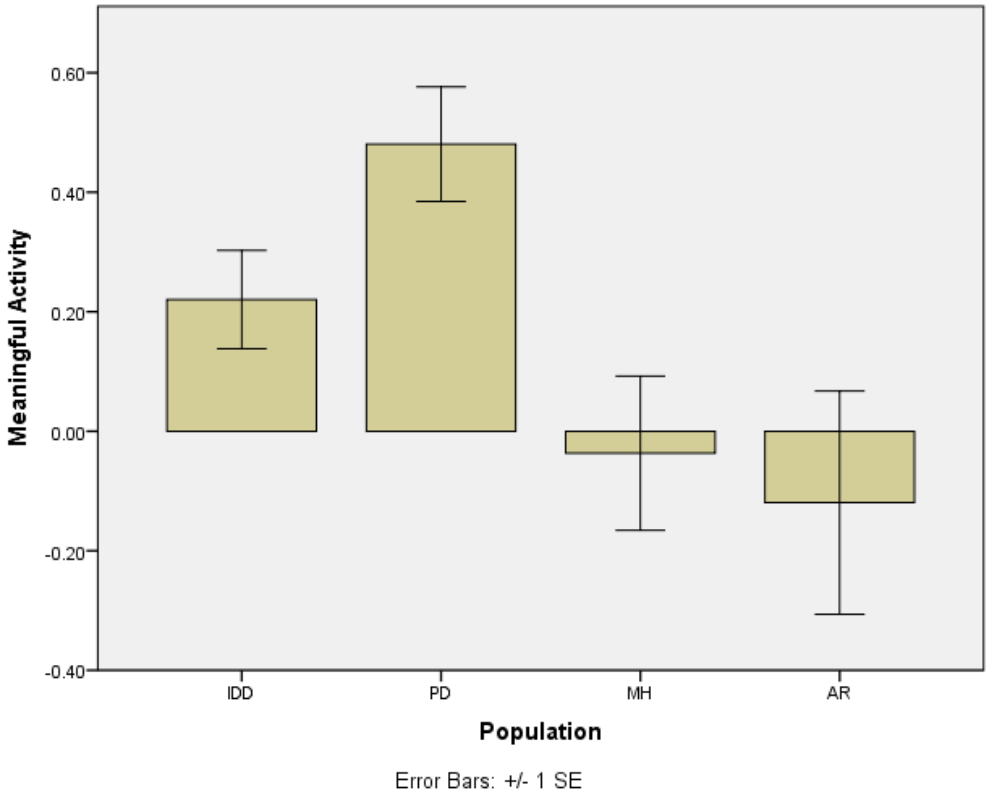


Persons with IDD rated Community Inclusion as significantly more important to measure than all other groups.

Community Inclusion Subdomains

- **Meaningful Activity**
- Social Connectedness and Relationships
- Resources and Settings to Facilitate Inclusion

Community Inclusion: Meaningful Activity



The subdomain of Meaningful Activity was rated as significantly more important by persons w/ PD (p = .004) and IDD (p = .047) compared to the Aging population.

Proposing Revisions to the NQF: New Subdomain Recommendations

- The majority of new subdomains recommended by groups focused on the following domains:
  - Community Inclusion (13)
  - Choice and Control (9)
  - System Performance and Accountability (9)
  - Holistic Health and Functioning (9)

Proposing Revisions to the NQF: New Community Inclusion Subdomains

- Recommendations for the domain of Community Inclusion included the following broad themes:
  - Diversity and Cultural Sensitivity
  - Community Outreach and Education
  - Feeling Welcomed and Valued

Proposing Revisions to the NQF: New Choice and Control Subdomains

- Recommendations for Choice and Control indicated the need to better measure how effectively individuals are being supported so they can exercise Choice and Control:
  - Support and Empowerment
  - Choices are Available

Proposing Revisions to the NQF: New Domain Recommendation

- A new domain (Employment) was recommended
  - Questions about Employment were also raised in multiple other domains
  - The question of employment came up often as a conspicuous absence from the NQF framework

Study 2: Gap Analysis

Between HCBS Domains & Subdomains and Existing Measures

Study #2: Purpose

- Conduct detailed review of existing assessments and measures across target populations and catalog their characteristics
- Conduct comparative analysis between identified NQF domains and subdomains & measures to identify the gaps between the domains/subdomains and the measures for each target population
  - Comparative analysis takes into consideration existing federal and state HCBS policies and regulations

Study #2: Measurement Questions

1) How do the existing measures map onto specific NQF domains and subdomains?
2) What are the reported psychometric properties (reliability and validity) and characteristics in terms of response options, respondent type, level of data, and person-centeredness of current measures?
3) How do measures for different NQF domains and subdomains, and disability populations differ with respect to the number of measures used to evaluate a domain or subdomain (less or more measures per domain per population) and quality (usability and psychometric characteristics)?

Instruments Currently Coded

1. National Core Indicators Adult Consumer Survey (NCI-ACS)
2. National Core Indicators Aging and Disability Survey (NCI-AD)
3. National Core Indicators Adult Family Survey (NCI-AFS)
4. National Core Indicators Child Family Survey (NCI-CFS)
5. National Core Indicators Family Guardian Survey (NCI-FGS)
6. Participant Experience Survey - Elderly and Disabled (PES-ED)
7. Participant Experience Survey - Mental Retardation/ Developmental Disabilities Version (PES-MRDD)
8. Participant Experience Survey – Home and Community-Based Services (PES-HCBS)
9. Money Follows the Person Quality of Life Survey (MFP)
10. Perceived Autonomy Support - Mental health climate questionnaire (PAS-MHCQ)
11. Quality of Life Interview (QLI)
12. Personal Life Quality Protocol (PLQ)
13. Social Acceptance Scale (SAS)
14. Recovery Assessment Scale (RAS)
15. Social Inclusion Scale (SIS)
16. UCLA Loneliness Scale (UCLA LS)
17. HSC: Hopkins Symptom Checklist-25 item version
18. Empowerment Scale (ES)
19. PEONIES

Gap Analysis Method

- 95 assessments instruments across the 5 target populated have been coded so far (out of 170 reviewed)
- 5445 items coded across all surveys
  - Items coded into domains / subdomains
    - Based on NQF framework (Final revision)
  - Items were coded by two research assistants
- 6075 codes were assigned to items
  - Some items (1678) not assigned to a domain
    - Demographic questions, N/A
  - Some items (993) received multiple subdomain codes

What are We Coding?

- On item-by-item basis for each measure/measure construct codes are assigned to identify
  - NQF domain
  - NQF subdomain
  - Respondent
  - Available response options
  - Person-centeredness of measure/measure construct
  - Target Population
  - Purpose for which tool was developed
  - Data collection method(s) used
  - Psychometrics (reliability; validity; sensitivity to change)
  - Where psychometrics are available
  - Coverage area: Where is instrument currently being used?

Main gap analysis takeaways thus far

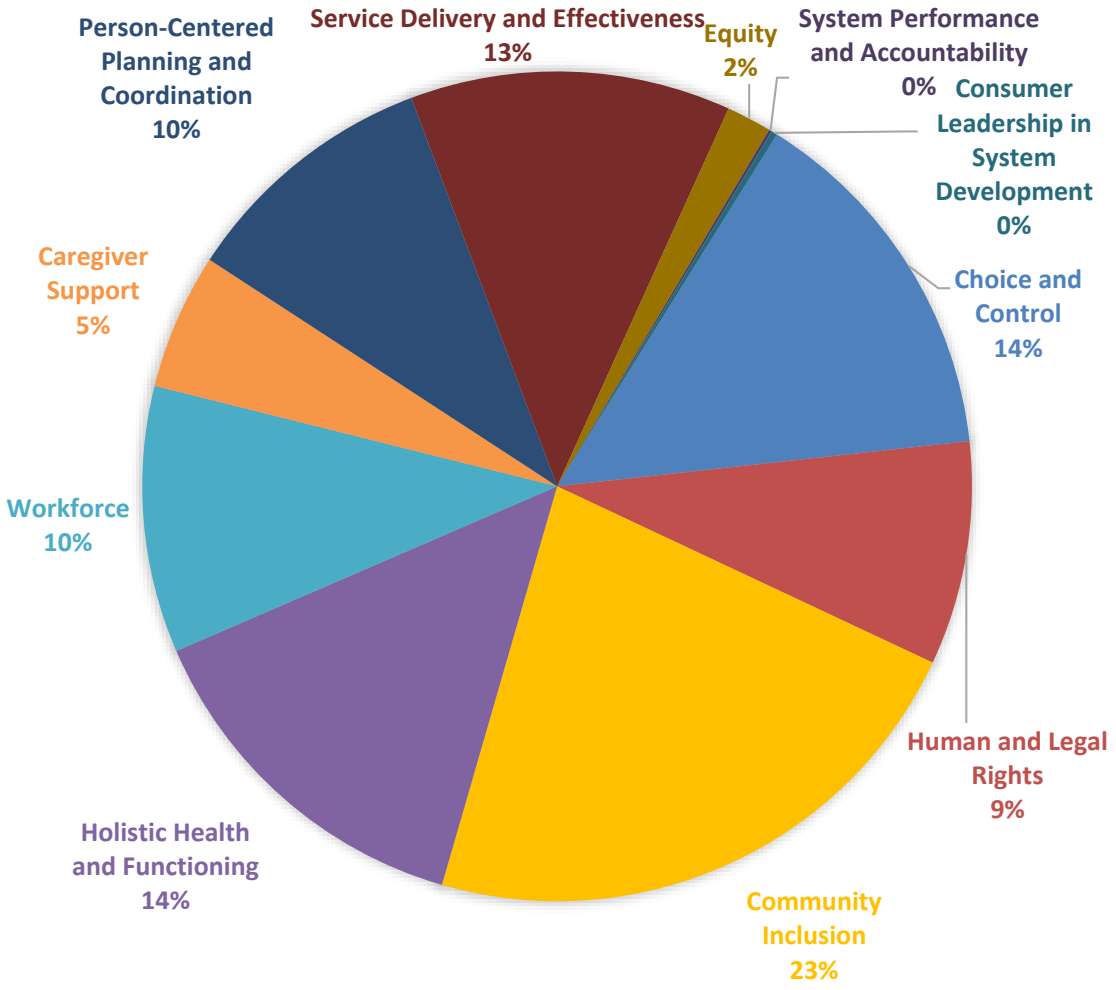
1. Items frequently address issues that span multiple domains and/or subdomains of the NQF framework.
2. The purpose or intention of many items is unclear.
3. Subdomains frequently overlap within larger domain categories
   (e.g., service delivery and effectiveness, choice and control).
4. Few items currently target ***system performance and accountability*** & ***equity***
5. No items currently target ***caregivers and caregiver support*****.**
6. No items currently relate to ***consumer leadership in system development*****.**

Study #2: Product

- Interactive database of domains, measures, and policies:
  - Database will include items coded by NQF domains and subdomains, psychometrics, and descriptions of how the items are used (e.g. respondent type, population, etc.)
  - What functions or additional information would be useful to include in the database?
  - What would be useful to the work of others?
  - Base for the refinement and development of new measures in Study #4.

Preliminary Results

Instrument	Codes
Community Inclusion	972
Choice and Control	621
Holistic Health and Functioning	606
Service Delivery and Effectiveness	540
Workforce	449
Person-Centered Planning and Coordination	436
Human and Legal Rights	377
Caregiver Support	229
Equity	76
Consumer Leadership in System Development	10
System Performance and Accountability	5



Instrument Heat Map

Instrument	NCI AD	NCI ACS	PEONIES	PLQ	PES-HCBS	TUCPM	PES-MRDD	MFP
Choice and Control	26	26	32	38	14	26	21	16
Human and Legal Rights	22	18	33	6	16	0	9	14
Community Inclusion	15	56	34	71	8	78	11	9
Holistic Health and Functioning	56	29	33	6	5	0	2	14
Workforce	18	9	2	0	32	0	21	12
Caregiver Support	0	0	0	0	0	0	0	0
Person-Centered Planning and Coordination	42	4	10	11	13	0	13	9
Service Delivery and Effectiveness	56	10	10	0	21	0	14	13
Equity	11	11	2	0	2	0	0	0
System Performance and Accountability	0	0	0	0	0	0	0	0
Consumer Leadership in System Development	0	0	0	0	0	0	0	0
Total Items	**246**	**163**	**156**	**132**	**111**	**104**	**91**	**87**

Combined Stakeholder Input *and* Gap Analysis

Instrument	Items	PPDM	SE
Choice and Control	621	95.62	0.53
Person-Centered Planning and Coordination	436	95.53	0.57
Service Delivery and Effectiveness	540	95.37	0.55
Human and Legal Rights	377	95.27	0.54
Equity	76	93.19	0.68
Workforce	449	92.81	0.99
Community Inclusion	972	92.47	0.61
Consumer Leadership in System Development	10	90.71	0.77
System Performance and Accountability	5	90.71	1.01
Holistic Health and Functioning	606	90.29	1.03
Caregiver Support	229	88.93	1.11

Note: Data collection is ongoing; PPDM *n* = 242

Study #3: Measurement Program Fidelity

Case Studies of
Implementation Procedures & Mechanisms
to Maximize Outcome Measurement
Implementation Fidelity

Study #3: Purpose

- Identify existing outcome measurement programs used in which NQF-Related HCBS outcome measures are being implemented.
- Conduct case studies of varied existing quality measurement approaches and programs
- Identify the similarities and differences across procedures and mechanisms used

Study #3: Research Questions

- What components need to be in place to ensure measure administration fidelity in the implementation of HCBS outcome measures?
- What are the strengths and challenges of various outcome measurement programs and how do these impact measure administration fidelity?
- What are the similarities and differences of implementing various outcome measurement programs?
- What factors most facilitate or distract from effective implementation of programs regarding community living and participation outcome measurement?

Study #3: Methods

- Remain open-ended
- Draw on various sources of information including:
  - documents and written materials,
  - existing data,
  - in-depth interviews, and
  - observations
- Inductive analysis of information from different sources
- Field notes, interview summaries, and documents (NVivo 10)

Study #3: Methods (cont)

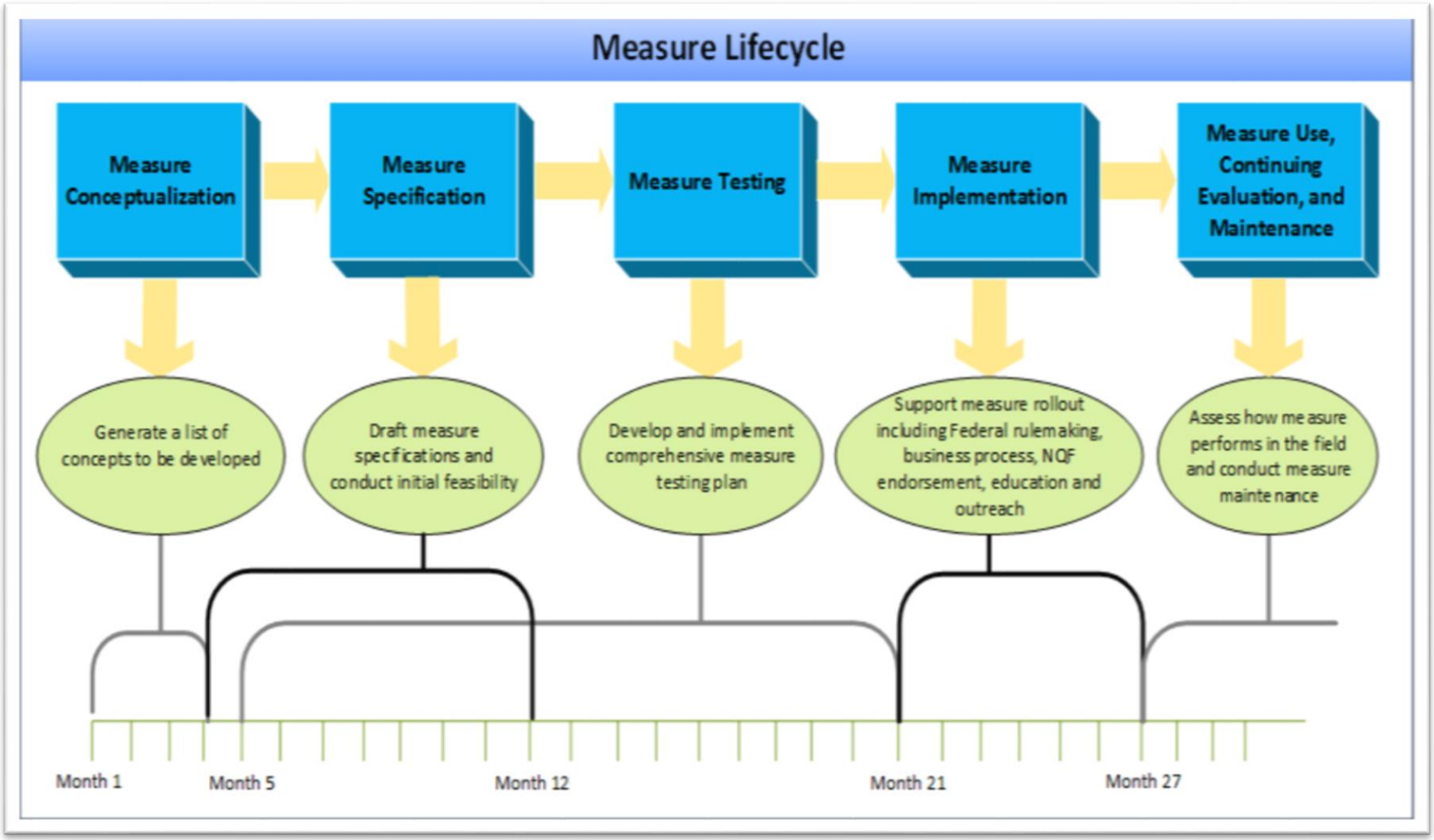
- Instrumentation
  - An interview guide and protocol
- Sample and Recruitment
  - 3 to 4 case studies (varied)
- Possible sites
  - National Core Indicators and National Core Indicators – AD.
  - Personal Outcome Measures (POM).
  - CAHPS HCBS Experience of Care Survey

Study 4: Revision, Refinement, & Development of HCBS Outcome Measures

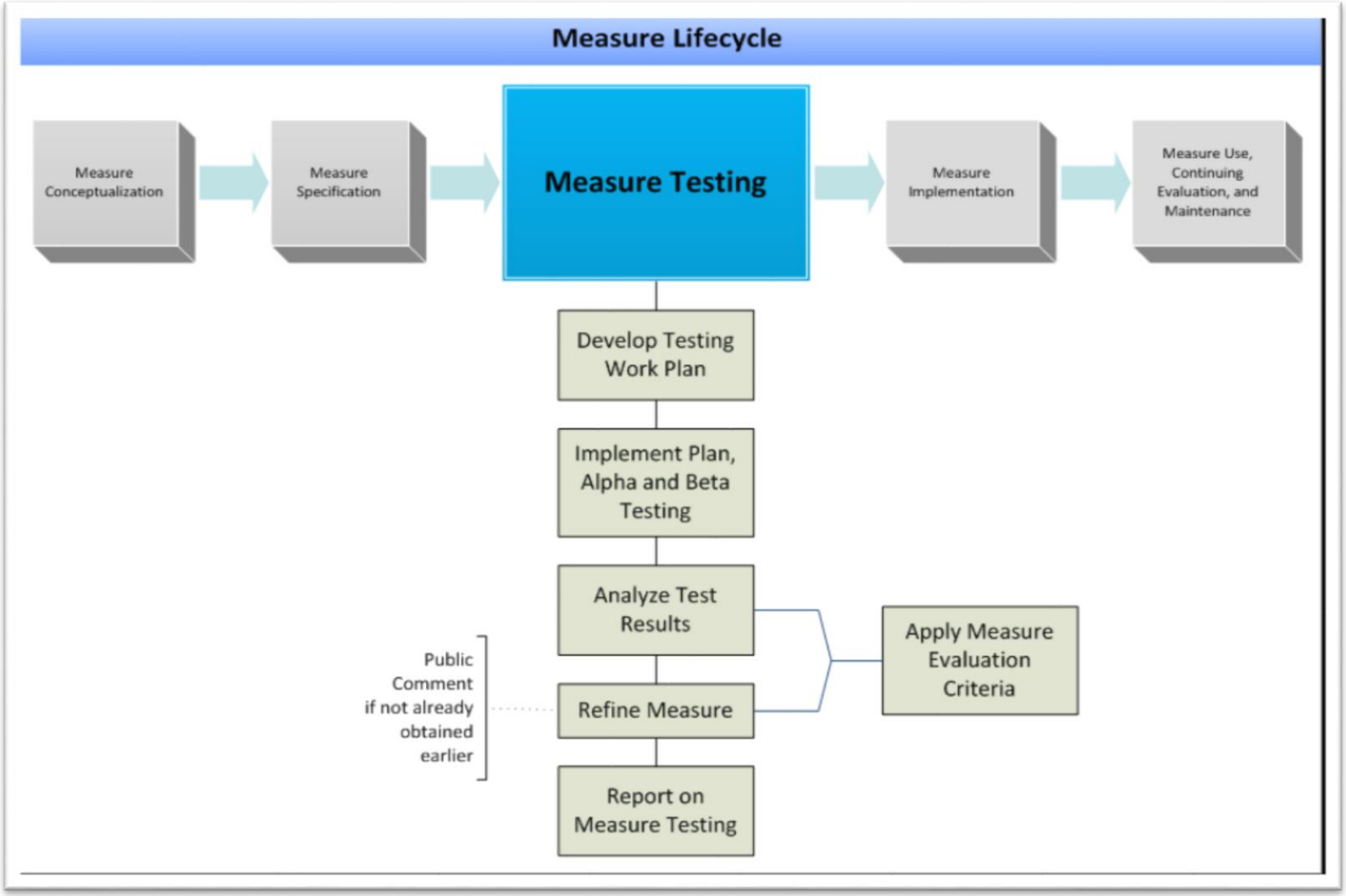
Study 4: Revision, Refinement, & Development of HCBS Outcome Measures

- Refine, revise or develop new measures that align with NQF domains.
  - What items need to be developed to address gaps in stakeholder prioritized NQF domains and subdomains?
  - Are measures meaningful feasible and usable across population groups?
  - What is the psychometric quality of newly developed & refined measures?

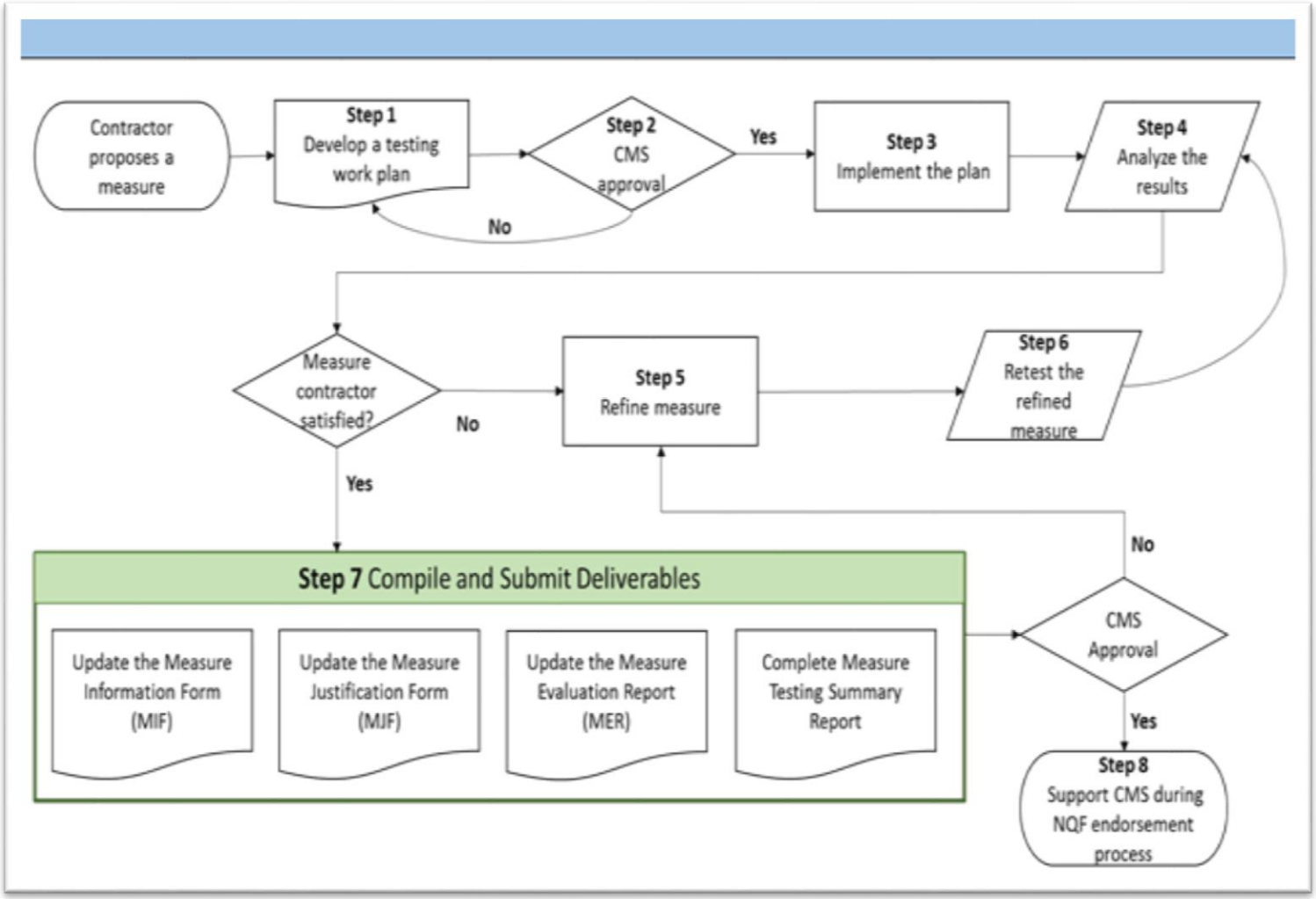
Measure Lifecycle



Measure Testing



Measure Testing Steps



Measure Evaluation Criteria

1. ***Importance***: *Impact & Performance Gap*
2. ***Feasibility:*** *Barriers to implementation (burden, cost; likelihood of missing data; data availability)*
3. ***Usability****: Determined by Technical Expert Panel (TEP)*
4. ***Harmonization:*** *Alignment of measures across programs & sharing of specifications*
5. ***Scientific Acceptability:*** *Reliability & Validity*

Scientific Acceptability

- ***Reliability***
  - Inter-rater
  - Test-retest
  - Internal consistency
- ***Validity***
  - Construct
  - Discriminant
  - Predictive
  - Convergent
  - Criterion
  - Face

Study 4: Methodology

- Iterative process will be used to develop or revise items addressing gaps in measures identified in studies 1 and 2.
  - Items prioritized based on stakeholder input in Study 1.
  - Research team members with content expertise develop and/or revise items.
    - Need for proxy reports addressed
    - Possibility of extracting information from administrative data sets explored
  - Iterative validation process of items and response formats
    - Content expert review
    - Cognitive testing
    - Small pilot study

Study 4: Methodology (cont)

- Pilot Study (n = 100) will be used to:
  - Identify issues or concerns with administration and scoring
  - Determine acceptability of measures HCBS recipients
  - Obtain feedback on response formats and wording of new/refined items to support fidelity
  - Determine the variability in each of the items

Study 5: Ascertaining Reliability, Validity & Sensitivity To Change of HCBS Outcome Measures

Study 5: Ascertaining Psychometric Quality of Measure Constructs

- Conduct multi-site investigation of psychometric properties of prioritized HCBS measure constructs based on previous RTC/OM studies including:
  - ***Reliability*** (inter-rater, test-retest, inter-source, internal consistency)
  - ***Validity*** (concurrent, predictive, discriminant, content, construct, inter-source)
  - ***Item discrimination***
  - ***Sensitivity to change***
- Stratified random sample of 1,000 individuals (16+ years) receiving HCBS drawn from the target populations with PD, IDD, TBI, MH challenges, and ARD

Study 5: Data Collection

- Data collection will take place across 3-years and produce 3 data points for each participant
- RTC/OM staff work closely with data collection sites to train data collectors, monitor fidelity of measure administration and data entry.
- A number of collaborating organizations will support the robust, national, data collection activities across disability populations.

Study #5: Data Analysis

- ***Reliability***
  - Descriptive and correlational analysis (parametric and non-parametric; Cohen's Kappa; Cronbach's Alpha)
- ***Validity***
  - Descriptive and correlational analysis (parametric and non-parametric); project advisory committee
- ***Item discrimination***
  - Differential item functioning (DIF)
- ***Sensitivity to change***
  - Repeated measures Analysis of Covariance (ANCOVA)

Study 6: Identification & Testing of Promising Risk Adjusters

Study 6: Identification & Testing Risk Adjusters

- Study focus is on ***identification and evaluation*** of ***risk adjusters*** used in research with populations of interest:
  - **Phase 1: Initial identification and analysis** of risk adjusters used with HCBS recipient groups through systematic literature review
  - **Phase 2: Prioritization** of a set of promising risk adjusters to be used in RTC/OM data collection
  - **Phase 3: Development of risk adjusted models** to predict specific HCBS outcomes to increase validity of the measure estimates.

Phase 1: Risk Adjuster Identification

- Consists of the following steps:
  1. Literature search
  2. Application of quality criteria
  3. Risk adjuster extraction
  4. Thematic coding

Coding Progress

- March 20, 2017
  - 949 variables from 59 studies
    - 502 at system level
    - 447 at individual level

- Thematic coding has identified 42 risk adjusters

Examples of Risk Adjusters Categories

- **Functional disability** – level of functionality in daily life due to short or long-term limitations
- **Chronic conditions** - Long-term physical or mental conditions which have implications for mortality (e.g. diabetes, cancer, epilepsy)
- **Risky behaviors** - Behaviors with implications for the development of undesirable health-related conditions (e.g. smoking, self-injury)

Current Takeaways

- Most risk adjusters not well matched to HCBS outcomes;
- Strong tendency to focus on risk adjusters that focus on personal characteristics or recipient behavior
- Much less research undertaken on systems level and organizations risk adjusters.

Next Steps

- Prioritizing risk adjusters
  - CMS criteria: importance, feasibility, usability
- Coding quantitative results
  - Ratio of significant to non-significant effects
- Literature search
  - Linking risk adjusters to HCBS outcomes

Break

CAHPS® Home and Community-Based Services Survey and Related NQF Endorsed Measures

NQF Dual Eligibles Workgroup
March 30, 2017

Kerry Lida, PhD, CMS, TEFT Team Lead
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Coretta Mallery, PhD, AIR, Survey Developer Team

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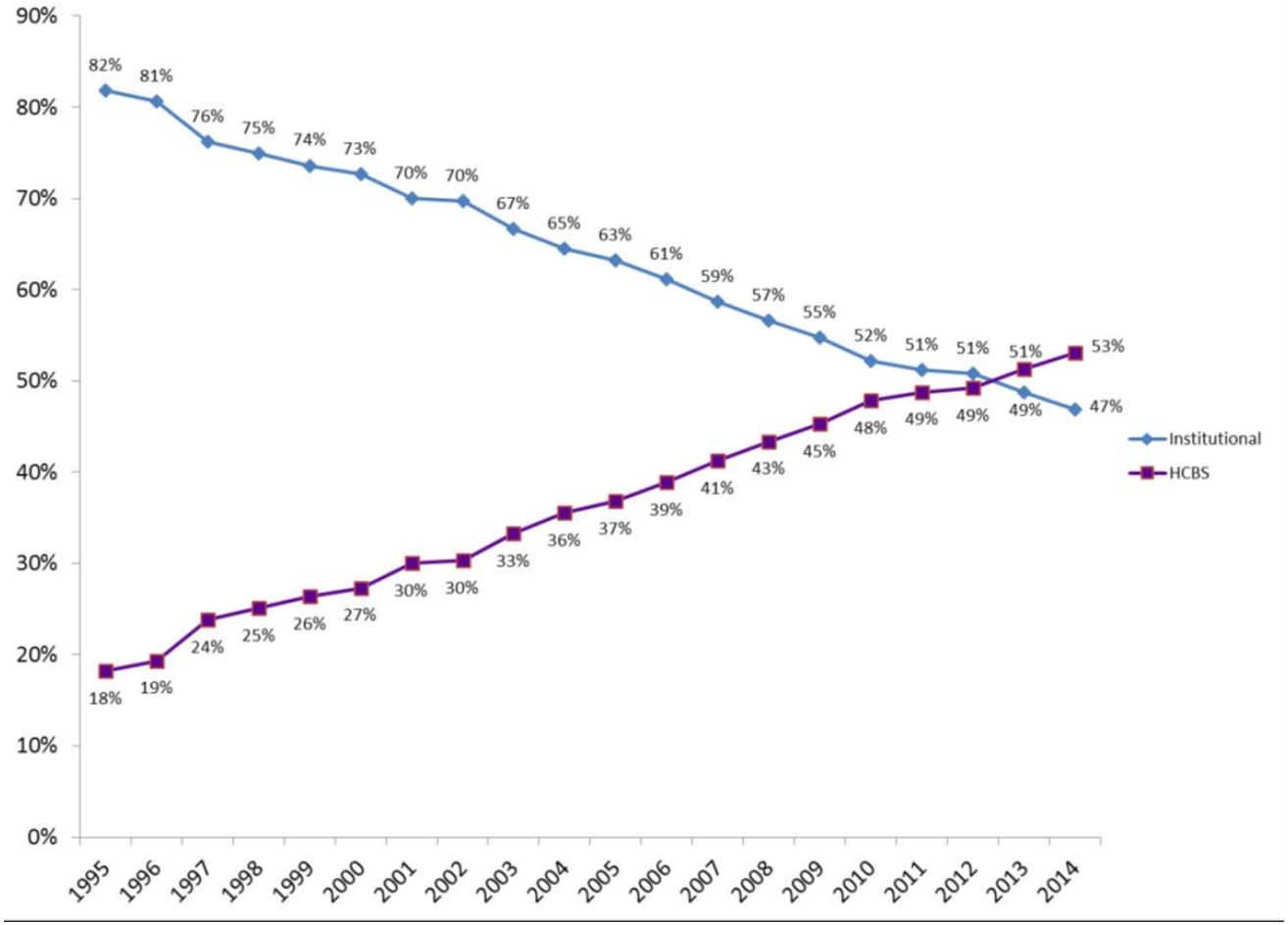
Agenda

- Development of the HCBS CAHPS Survey
  - Need for a CAHPS® survey for home and community-based services (HCBS)
- Key features of the survey
- National Quality Forum (NQF)–endorsed measures derived from the survey
- State use of the survey
- Resources available

Development of the HCBS CAHPS Survey

Medicaid HCBS Expenditures as a Percentage of Total Medicaid Long-Term Services and Supports (LTSS) Expenditures, FY 1995–2014



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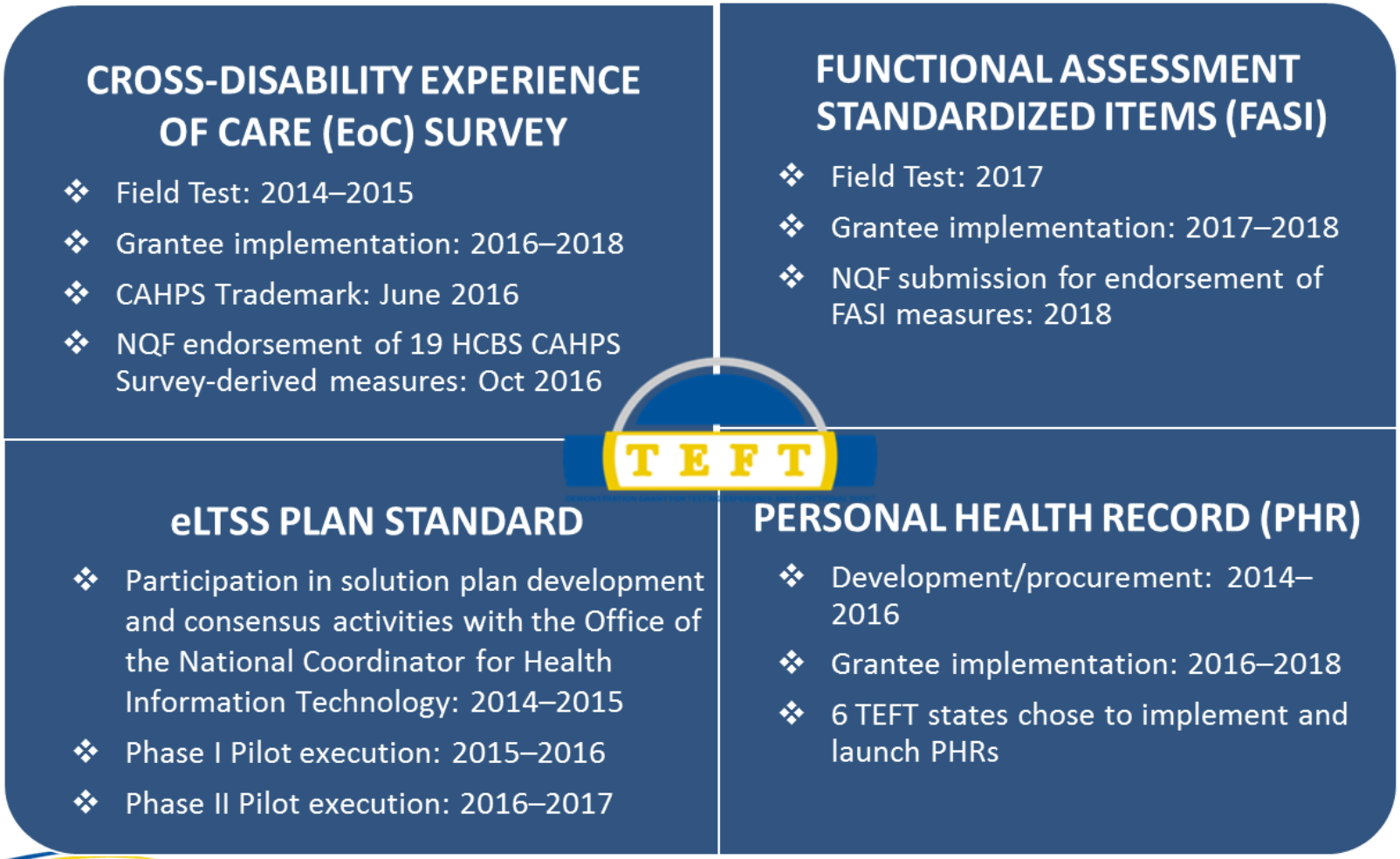
TEFT Components and Key Updates



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Populations Participating in HCBS CAHPS Pilot & Field Tests by State

State	Individuals Who Are Frail Elderly	Individuals With a Physical Disability	Individuals Who are Frail Elderly and/or With a Physical Disability	Individuals With an Intellectual or Developmental Disability	Individuals With a Brain Injury	Individuals With Serious Mental Illness
Arizona			X	X		
Colorado			X	X		
Connecticut	X				X	X
Georgia		X	X			
Kentucky			X	X	X	
Louisiana			X	X		
Maryland			X			
Minnesota	X				X	X
New Hampshire			X	X	X	X
Tennessee			X			

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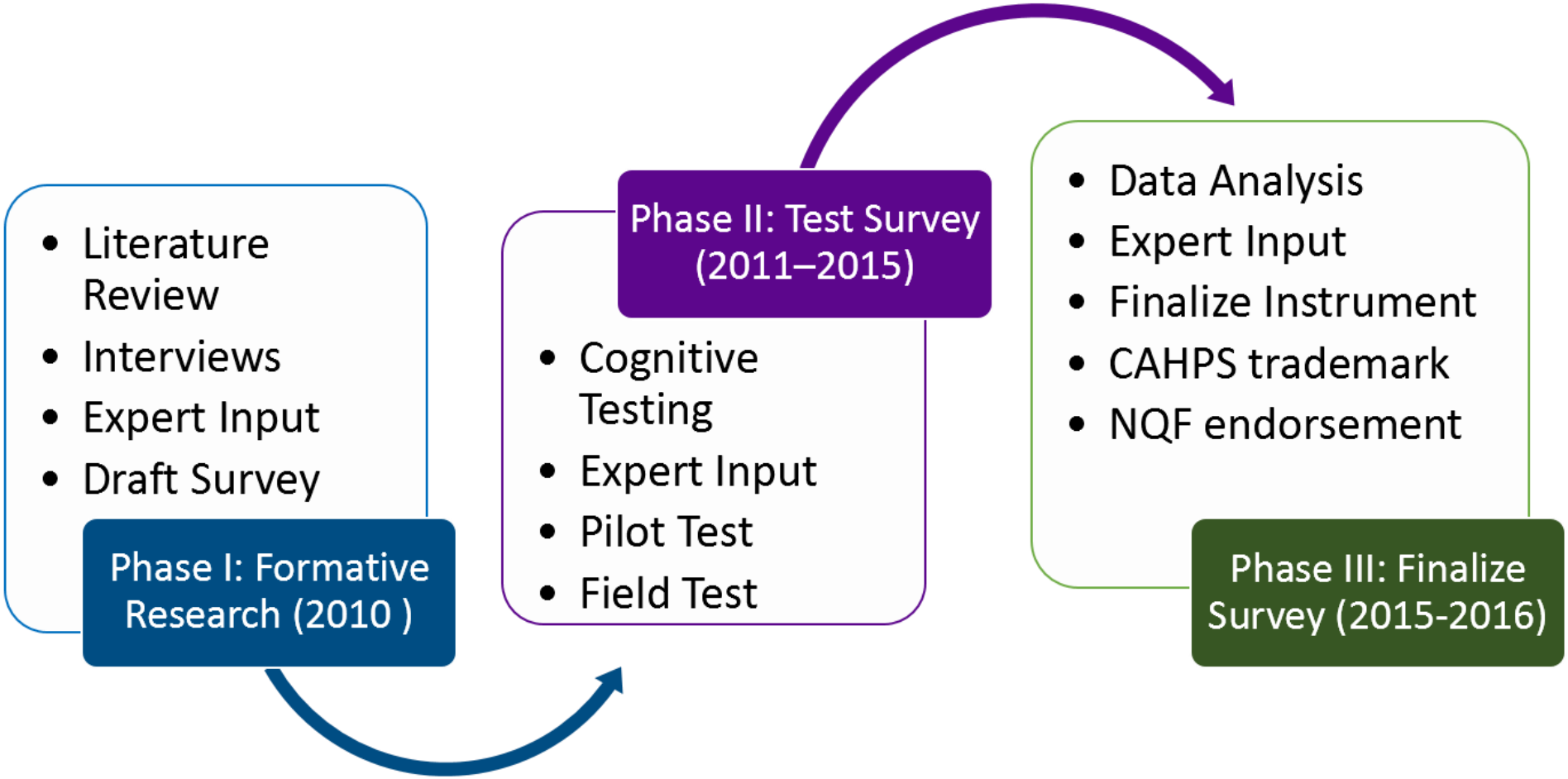
Overview of the HCBS CAHPS Survey

- Cross-disability consumer experience survey for eliciting feedback from beneficiaries receiving Medicaid HCBS services and supports
  - Focus on participant experience, not satisfaction
- Allows for comparisons across programs serving different target populations
  - Individuals who are frail elderly
  - Individuals with a physical disability
  - Individuals with an intellectual or developmental disability
  - Individuals with a brain injury
  - Individuals with serious mental illness

HCBS CAHPS Survey Development Process



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Key Features of the HCBS CAHPS Survey

Sample Design

- Unit of analysis = HCBS program or accountable entity
- Accountable entity = operating entity responsible for managing and overseeing a specific HCBS program within a given state (e.g., managed care organization [MCO])
- Focus of analysis can vary
  - Program
  - MCO
  - Case management agency
  - County
  - State

Common Services and Providers

- Common services
  - Personal care and behavioral health care
  - Transportation
  - Home care
  - Case management
  - Employment assistance
- Common providers
  - Personal assistant and behavioral health staff
  - Medical transportation services
  - Case manager
  - Homemaker
  - Job coach

Items and Measures in the HCBS CAHPS Survey

- Cognitive screener items
- Service identification items
- Screening items—dictate skip patterns in survey
- Composite measure items
- Items that the TEP identified as important, although they were not included in a composite measure
- Global rating items and recommendation items
  - Personal assistant and behavioral health staff, homemaker, case manager
- Demographic and administration items—for case-mix adjustment and other purposes
- Separate and optional: employment module

Cognitive Screening Questions

1. Does someone come into your home to help you?

   1☐ YES
   2☐ NO → END SURVEY
   -1☐ DON'T KNOW → END SURVEY
   -2☐ REFUSED → END SURVEY
   -3☐ UNCLEAR RESPONSE → END SURVEY

2. How do they help you?

   _____

   [EXAMPLES OF CORRECT RESPONSES INCLUDE]

   - HELPS ME GET READY EVERY DAY
   - CLEANS MY HOME
   - WORKS WITH ME AT MY JOB
   - HELPS ME DO THINGS
   - DRIVES ME AROUND

3. What do you call them?

   _____

   [EXAMPLES OF SUFFICIENT RESPONSES INCLUDE]

   - MY WORKER
   - MY ASSISTANT
   - NAMES OF STAFF (JO, DAWN, ETC.)

Program- and Provider-Specific Terms

4. In the last 3 months, did you get {program specific term for personal assistance} at home?

   1 ☐ YES
   2 ☐ NO → GO TO Q6
   -1 ☐ DON'T KNOW → GO TO Q6
   -2 ☐ REFUSED → GO TO Q6
   -3 ☐ UNCLEAR RESPONSE → GO TO Q6

5. What do you call the person or people who gave you {*program-specific term for personal assistance*}? For example, do you call them {*program-specific term for personal assistance*}, staff, personal care attendants, PCAs, workers, or something else?

   _____

   [ADD RESPONSE WHEREVER IT SAYS "*personal assistance/behavioral health staff*"]

Alternate Response

28. In the last 3 months, how often did {*personal assistance/behavioral health staff*} treat you with courtesy and respect? Would you say . . .

1 ☐ Never,
2 ☐ Sometimes,
3 ☐ Usually, or
4 ☐ Always?
-1 ☐ DON'T KNOW
-2 ☐ REFUSED
-3 ☐ UNCLEAR RESPONSE

ALTERNATE VERSION: In the last 3 months, did {*personal assistance/behavioral health staff*} treat you with courtesy and respect? Would you say . . .

1 ☐ Mostly yes or
2 ☐ Mostly no?
-1 ☐ DON'T KNOW
-2 ☐ REFUSED
-3 ☐ UNCLEAR RESPONSE

Skip Patterns

16. In the last 3 months, did you need help from {*personal assistance/behavioral health staff*} to get dressed, take a shower, or bathe?

    1 ☐ YES
    2 ☐ NO → GO TO Q20
    -1 ☐ DON'T KNOW → GO TO Q20
    -2 ☐ REFUSED → GO TO Q20
    -3 ☐ UNCLEAR RESPONSE → GO TO Q20

17. In the last 3 months, did you **always** get dressed, take a shower, or bathe when you needed to?

    1 ☐ YES → GO TO Q19
    2 ☐ NO
    -1 ☐ DON'T KNOW → GO TO Q19
    -2 ☐ REFUSED → GO TO Q19
    -3 ☐ UNCLEAR RESPONSE → GO TO Q19

18. In the last 3 months, was this because there were no {*personal assistance/behavioral health staff*} to help you?

19. In the last 3 months, how often did {*personal assistance/behavioral health staff*} make sure you had enough personal privacy when you dressed, took a shower, or bathed? Would you say. . .

Pilot and Field Test Response Rates by Mode and Program Type

Program	Overall %	In-Person %	Phone %
Overall	22	22.3	20.9
Programs serving individuals who are frail elderly	22.7	24.3	18
Programs serving individuals with a physical disability	16	16.6	14
Programs serving individuals who are frail elderly, individuals with a physical disability, or both	31.1	33.3	24.8
Programs serving individuals with an intellectual or developmental disability	9.8	9.3	11.4
Programs serving individuals with a brain injury	19.5	17.9	26.4
Programs serving individuals with serious mental illness	24.7	24.7	25

Source: AIR analysis of HCBS Experience of Care Survey Field Test, TEFT Demonstration, May 2015.

Proxy Respondents in Pilot and Field Tests

Population	Proxy Complete, N	Proxy as % of Total Completes	State Range in % Proxy
Individuals with an intellectual or developmental disability	192	50	36–86
Individuals who are frail elderly, have a physical disability, or both	414	20	5–37
Individuals with a brain injury	53	21	6–39
Individuals with serious mental illness	8	<3	0–5
Overall	667	22	5–47

Use of Proxies

- Sponsoring entities decide on whether and which proxies to include
  - Guardians
  - Friends or family who are unpaid
  - Individuals with regular contact
- IRB suggestions and requirements
  - Consent
  - Assent
- Need for introductory script to account for role in survey
- While fielding survey, consider monitoring percentage of surveys that are completed by proxy
- Adjust for proxy responses in analyses

The most reliable respondents are HCBS beneficiaries

Proxy Respondents

100. DID SOMEONE HELP THE RESPONDENT COMPLETE THIS SURVEY?

1 ☐ YES
2 ☐ NO → END SURVEY

101. HOW DID THAT PERSON HELP? [MARK ALL THAT APPLY.]

1 ☐ ANSWERED **ALL** THE QUESTIONS FOR RESPONDENT
2 ☐ ANSWERED **SOME** OF THE QUESTIONS FOR THE RESPONDENT
3 ☐ RESTATED THE QUESTIONS IN A DIFFERENT WAY OR REMINDED/PROMPTED THE RESPONDENT
4 ☐ TRANSLATED THE QUESTIONS OR ANSWERS INTO THE RESPONDENT'S LANGUAGE
5 ☐ HELPED WITH THE USE OF ASSISTIVE OR COMMUNICATION EQUIPMENT SO THAT THE RESPONDENT COULD ANSWER THE QUESTIONS
6 ☐ HELPED THE RESPONDENT IN ANOTHER WAY, SPECIFY_____

NQF-Endorsed Measures Derived from the HCBS CAHPS Survey

Domains Addressed by the HCBS CAHPS Survey

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Composite: Staff Are Reliable and Helpful

Survey Item #	Composite Measure: Staff Are Reliable and Helpful
13	Staff come to work on time
14	Staff work as long as they are supposed to
15	Someone tells you if staff cannot come
19	Staff make sure you have enough privacy for dressing, showering, bathing
37	Homemakers come to work on time
38	Homemakers work as long as they are supposed to

Composite: Staff Listen and Communicate Well

Survey Item #	Composite Measure: Staff Listen and Communicate Well
28	Staff treat you with courtesy and respect
29	Staff explanations are easy to understand
30	Staff treat you the way you want them to
31	Staff explain things in a way that is easy to understand
32	Staff listen carefully to you
33	Staff know what kind of help you need with everyday activities
41	Homemakers treat you with courtesy and respect
42	Homemaker explanations are easy to understand
43	Homemakers treat you the way you want them to
44	Homemakers listen carefully
45	Homemakers know what kind of help you need

Composite: Case Manager Is Helpful

Survey Item #	Composite Measure: Case Manager Is Helpful
49	Able to contact this case manager when needed
51	Case manager helped when asked for help with getting or fixing equipment
53	Case manager helped when asked for help with getting other changes to services

Composite: Choosing the Services That Matter to You

Survey Item #	Composite Measure: Choosing the Services That Matter to You
56	Person-centered service plan included all of the things that are important
57	Case manager knows what's on the service plan, including the things that are important

Composite: Transportation to Medical Appointments

Survey Item #	Composite Measure: Transportation to Medical Appointments
59	Always have a way to get to your medical appointments
61	Able to get in and out of this ride easily
62	Ride arrives on time to pick you up

Composite: Personal Safety and Respect

Survey Item #	Composite Measure: Personal Safety and Respect
64	Have someone to talk to if someone hurts you or does something to you that you don't like
65	None of the staff take money or things without asking
68	None of the staff yell, swear, or curse

Composite: Planning Your Time and Activities

Survey Item #	Composite Measure: Planning Your Time and Activities
75	Can get together with nearby family
77	Can get together with nearby friends
78	Can do things in community
79	Needs more help to do things in community
80	Takes part in deciding what to do with their time
81	Takes part in deciding when they do things each day

Global Ratings and Recommendations

Survey Item #	Global Ratings
35	Global rating of personal assistance/behavioral health staff
46	Global rating of homemaker
54	Global rating of case manager

Survey Item #	Recommendations
36	Recommendation of personal assistance/behavioral health staff
47	Recommendation of homemaker
55	Recommendation of case manager

Single-Item Measures

Survey Item #	Unmet Needs
18	There are no staff to help dress, shower, or bathe
22	Sufficient staff to help you with meals
25	Sufficient staff to help you with medications
27	Sufficient staff to help you with toileting
40	Sufficient homemakers to help you with household tasks

Survey Item #	Physical Safety
71	Do any staff hit or hurt you

Potential State Uses of the HCBS CAHPS Survey

Considerations for Using the HCBS CAHPS Survey

1. Person-centered
2. Cross-disability
   - Ability to compare programs
3. Increased accessibility via in person and phone modes, alternate response options, proxy respondents
4. Development aligned with CAHPS
   - Reflects what is important to beneficiaries
   - Rigorous methods, for example, psychometric testing
   - Trademark that providers recognize
5. Measures available (National Quality Forum-endorsed
6. Flexibility to tailor the survey by adding questions
7. Publicly available from CMS
   - Free of charge to access
   - Resources for help in using survey

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Using the Survey for Program Quality Management

- Assess program performance
  - Point-in-time snapshot
  - Track changes over time
- Document successes
- Identify areas for program improvement
- Assess impact of program improvement initiatives and projects
- Provide information to stakeholders on program performance
  - Internal staff, providers, and managed care organizations, beneficiaries, legislators, and the general public
  - Measures align with some CMS quality requirements

TEFT Grantees' Planned Use of the HCBS CAHPS Survey and/or Demonstration

State	Planned Use
Arizona	Facilitate discussion with stakeholders about findings, lessons learned, and next steps. The Arizona Health Care Cost Containment System and managed care organizations will isolate and address improvement opportunities identified by the data.
Colorado	Inform services and delivery; determine usability, accessibility, and functionality features of multiple survey administration modes; and develop beneficiary messaging and notification about survey participation.
Connecticut	Implement as a single quality improvement survey for all Medicaid HCBS programs and to set and measure quality benchmarks for Access Agencies and LTSS providers across all LTSS programs. Connecticut hopes to provide web-based access to the survey through the Personal Health Record (PHR) in the future.
Georgia	After analysis of demonstration data, Georgia and its stakeholders will discuss the possibility of using the survey with the Georgia customized questions to augment the current surveys being conducted by the state's Medicaid waivers.
Kentucky	To compare content and survey results with the Money Follows the Person Quality of Life Survey.
Maryland	Inform whether to implement the survey through the PHR/Client Profile solution and possibly to guide what information is in the Client Profile; and determine the survey's effectiveness in other waiver programs and what areas could be improved.
New Hampshire	Possibly introducing the survey into the state's LTSS information system, seeking to compare survey results across LTSS programs, and requiring Medicaid Care Management Programs to use the survey when they begin managing LTSS services.

Connecticut State Demonstration

- Participants from three HCBS waivers
  - Older adults
  - Personal Care Assistance
  - Acquired Brain Injury
- 400 surveys needed from each for representative samples and cross-group comparisons
  - Connecticut fielded pretrademark version of instrument because of timing of implementation
- Participants choose: telephone or in-person
- Assisted or proxy allowed if needed

Connecticut Response So Far

Category	PCA	Older Adult
Total available to call	828 (all)	982 (random sample)
Attempted to contact	620	874
Ineligible*	48	189
TOTAL ELIGIBLE	572	685
Refused	57	179
Not reached	115	106
Completed	400	400
Response Rate	70.0%	58.4%

Abbreviation: PCA, personal care assistant.

*Died, institutionalized, non-English/Spanish speaker, wrong contact information, or cognitively incompetent.

Connecticut Interview Breakdown

Category	PCA	Older Adult
Total Completed	400	400
English	385	320
Spanish	15	80
Participant alone	348	304
Assisted	27	41
Proxy alone	25	55
Telephone	392	379
In-Person	8	21

Abbreviation: PCA, personal care assistant.

Resources Available

HCBS CAHPS Survey Resources

- CMS webpage on HCBS CAHPS Survey
  - Full URL: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/cahps-hcbs-survey/index.html
  - Survey instruments in English and Spanish
  - Technical assistance documents
- HCBSCAHPS@Truvenhealth.com mailbox for questions
- NQF #2967 in the NQF Quality Positioning System

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Maintaining the Family of Measures: Measures with Changes to Endorsement Status (Day 1 continuation)

Newly Endorsed Measures for Consideration

NQS Priority Area

- Health and Well Being
  - *1 measure to consider*
- Effective Communication and Care Coordination
  - *1 measure to consider*
- Person- and Family-Centered Care
  - *6 measures to consider (1 measure reviewed on Day 2)*
- Affordability, Prevention and Treatment of Leading Causes of Mortality, and Patient Safety
  - *None to consider*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2967: CAHPS® Home- and Community-Based Services Measures

- Measure Description:
  - *CAHPS measures derive from a cross disability survey to elicit feedback from adult Medicaid beneficiaries receiving HCBS about the quality of the LTSS they receive in the community and delivered to them under the auspices of a state Medicaid HCBS program. The unit of analysis is the Medicaid HCBS program, and the accountable entity is the operating entity responsible for managing and overseeing a specific HCBS program within a given state.*

- Numerator:
  - *CAHPS measures are created using top-box scoring. This refers to the percentage of respondents that give the most positive response. HCBS service experience is measured in the following areas: Scale Measures, Global Rating Measures, Recommendation Measures, Unmet Needs Measures, and Physical Safety Measure.*

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2967: CAHPS® Home- and Community-Based Services Measures

- **Denominator:**
  - *The denominator for all measures is the number of survey respondents. Individuals eligible for the CAHPS Home- and Community-Based Services survey include Medicaid beneficiaries who are at least 18 years of age in the sample period, and have received HCBS services for 3 months or longer and their proxies. Eligibility is further determined using three cognitive screening items, administered during the interview.*
    - » Does someone come into your home to help you? (Yes, No)
    - » How do they help you?
    - » What do you call them?

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2967: CAHPS® Home- and Community-Based Services Measures

- **Exclusions:**
  - *Individuals less than 18 years of age and individuals that have not received HCBS services for at least 3 months should be excluded.*
  - *Individuals that failed any of the cognitive screening items mentioned in the denominator statement.*
    - » NOTE: There were 227 beneficiaries excluded due to not passing the cognitive screener (53 Aged/Disabled, 59 ID/DD, 25 TBI, and 90 SMI). Allowing proxy respondents in future administrations has the potential to further reduce these numbers.

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

NQF 2967: CAHPS® Home- and Community-Based Services Measures

Staff Preliminary Analysis

- Addresses several priority gaps areas:
  - *goal-directed, person-centered care planning and implementation*
  - *beneficiary sense of control/autonomy/self-determination*
  - *community integration/inclusion and participation*
  - *and psychosocial needs.*
- Is a patient-reported outcome measure
- The measure is specified for a wide age range - 18 and older.

Newly Endorsed Measures for Consideration: Person- and Family-Centered Care

- Should NQF 2967: CAHPS® Home- and Community-Based Services Measures be included in the family?

Strategic Direction for the Workgroup

Future Directions

- How can the measurement developments discussed today be leveraged by CMS/HHS to improve the quality of care for this population?

NQF Member and Public Comment

Next Steps

Next Steps

- June – July 2017: 30 day public commenting period for draft report
- August 2017: Final Report Due

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

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Adjourn