NATIONAL QUALITY FORUM

Medicaid Adult and Child Workgroup In-Person Meeting

Day 3: May 10, 2018

Highlights from Day #2

Medicaid Section 1115 Initiative to Address Opioid and Other Substance Use Disorders

State Medicaid Director Letter # 17-003

"Re: Strategies to Address the Opioid Epidemic"

Kirsten Beronio
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Overview

1. Background and Context for Section 1115 Substance Use Disorder (SUD) Demonstrations
2. Goals and Milestones for 1115 SUD Demonstrations
3. 1115 SUD Demonstration Monitoring and Evaluation Approach

Prevalence of SUD/OUD and Treatment Gap

- Drug overdose deaths have continued to increase over past 15 years driven by opioid abuse
  - Only 1 in 5 people who need treatment for opioid use disorder (OUD) receive it
- Medicaid beneficiaries are at higher risk for substance use disorders (SUD) but also often do not receive treatment:
  - Beneficiaries have higher rates of OUD than general population – comprising 25% of adults with OUD in 2015
  - Only about 1/3rd of Medicaid beneficiaries with OUD received treatment in 2015

Key Components of Treatment for OUD and other SUDs

- Important to ensure access to a continuum of care and certain critical services:
  - Outpatient, Intensive Outpatient, Residential/Inpatient, Medically Supervised Withdrawal Management, and Medication Assisted Treatment
  - Residential treatment - targeted to those with serious co-morbid medical, cognitive, or mental health conditions, pregnant, or homeless
  - Intensive outpatient programs - transitional post-acute care and community-based alternative to residential/inpatient
- Care Coordination
  - Between levels of care and regarding co-morbid conditions
- Medication assisted treatment (MAT)
  - Highly effective for treatment of opioid use disorder

SUD Treatment Delivery System Issues

- Follow-up after inpatient care for acute withdrawal management
  - Follow-up within 14 days has been shown to reduce readmissions, but most beneficiaries do not receive it
  - Leading to risk of overdose
  - 2 of top 10 reasons for Medicaid hospital readmissions are SUD-related
- Lack of providers – small minority of psychiatrists accept Medicaid
  - 40% of U.S. counties did not have a single outpatient SUD treatment provider that accepted Medicaid in 2009
  - Only 23% of treatment facilities offer two forms of MAT
  - 14 states lack facilities accepting Medicaid that offer all three forms of MAT
- MAT is underutilized
  - Among 500,000 episodes of OUD treatment in 2014, less than 25% included MAT
- People with SUDs often have serious co-morbid conditions that are not identified or treated
  - Most spending on individuals with SUDs is on treatment for co-morbid physical conditions
  - Some evidence of reductions in medical costs for beneficiaries receiving SUD treatment

Overarching Goals of Section 1115 SUD Demonstration Initiative

- Increased rates of identification, initiation, and engagement in treatment;
- Increased adherence to and retention in treatment;
- Reductions in overdose deaths, particularly due to opioids;
- Reduced utilization of emergency departments and inpatient hospital settings through improved access to continuum of care;
- Fewer readmissions to the same or higher level of care for OUD and other SUD treatment; and
- Improved care coordination for co-morbid conditions.

Six Milestones for 1115 SUD Demonstrations

- Elements of an SUD service delivery system that will achieve the demonstration goals:
  - Access to critical levels of care;
  - Evidence-based, SUD-specific patient placement;
  - SUD-specific program standards for residential treatment;
  - Sufficient provider capacity at critical levels of care, including medication assisted treatment (MAT);
  - Comprehensive opioid prevention and treatment strategies; and
  - Improved care coordination and care transitions
- Implementation Plan
  - Once approved, federal Medicaid match for services in specialty inpatient and residential treatment settings becomes available

Monitoring and Evaluation: Process

- Implementation Plan – generally due within 90 days after approval
- Monitoring Protocol - due 150 days after approval of the demonstration
- Three quarterly reports and 1 annual report - every year
- Mid-Point Assessment, performed by an independent assessor – between years 2 and 3
- Interim Evaluation - with renewal request or one year prior to the end of the demonstration
- Summative Evaluation - 18 months after the end of the demonstration period

Relevant Quality Measures

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (NQF #0004)*
- Follow-up after Discharge from Emergency Department for Mental Health or Alcohol or Other Drug Dependence (NQF #2605)*
- Use of Opioids at High Dosage in Persons Without Cancer (NQF # 2940)*
- Concurrent Use of Opioids and Benzodiazepines (PQA)*
- Continuity of Pharmacotherapy for OUD (NQF #3175)
- Use of Opioids from Multiple Providers in Persons Without Cancer (NQF #2950)

*Denotes measures included in the Medicaid Adult Core Measure Set

Other Data of Interest

- Number of beneficiaries receiving outpatient, intensive outpatient, residential treatment, withdrawal management
- Provider availability – including MAT
- Access to physical health care
- Emergency Department utilization for SUD
- Inpatient Admissions for SUD
- Readmissions for SUD
- Overdose death rates

Questions

For Further Information

- The SUD SMD Letter is posted here: https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf
- For more information about the section 1115 SUD opportunity described in the SMD Letter, please email Kirsten.Beronio@cms.hhs.gov

Pennsylvania Medical Assistance's Use of Behavioral Health Measures for Quality Improvement

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Office of Medical Assistance Programs
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Outline

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- Pennsylvania Medical Assistance (Medicaid) background
- Quality improvement activities
- Current Pediatric and Adult Core measure reporting
- Behavioral health measures
- Integrated Care Program
- Assessing opioid use disorder (OUD), medication assisted treatment (MAT) and opioid prescribing metrics

Overview of Pennsylvania Medicaid

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- Pa MA Serves over 2.8 million individuals- 1.1 million children, over 60,000 deliveries per year
- Medicaid expansion of over 700,000 adults starting in 2015
- Mandatory managed care for non-dual eligibles and for duals under age 21
- Five behavioral health Manage Care Organizations (BH-MCOs) carved out from eight physical health Manage Care Organizations (PH-MCOs)
- PH-MCO and provider pay for performance program (P4P) in place since 2006 using mostly HEDIS© measures, Hospital P4P started 2016 (preventable admissions)
- MCO P4P program included 30 day readmission rates and ED visits but no specific focus on behavioral health
- Integrated Care Program (ICP) started in 2016 focused on improving quality across behavioral health and physical health using EQRO to modify five HEDIS© measures

Quality Improvement Activities

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- Quarterly Peoplestat quality meetings with internal senior staff including DHS Secretary
- 14 HEDIS© measures over-sampled to provide regional, race, and ethnicity reporting
- P4P programs- MCO, provider, hospital, dental
  - Benchmark and incremental improvement rewards
- Quarterly Quality Review Meetings with each PH-MCO
  - Focused reviews on quality improvement activities such as developmental screening,ADHD follow-up, diabetes control, hypertension control, readmissions, follow up after hospitalization
  - Quality improvement activities for any measure below the NCQA 50th percentile
- Quarterly Medical Directors' meetings with BH and PH-MCOs
  - Sharing of quality improvement best practices
  - Focused on BH-PH coordination
- Performance Improvement Projects (PIPs)
  - Preventable admissions/readmissions
  - Pediatric dental care
- HIT strategy- e-measures, Meaningful Use (eQCMs)
- Public reporting http://www.healthchoices.pa.gov/cs/groups/webcontent/documents/communication/s_002206.pdf

Current Core Measures Reported by Pennsylvania

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- Pediatric Core Measures- FFY 2017
  - 21 measures reported
  - 4 measures not reported (APP-CH, AUD-CH, CCP-CH, MDD/SRA-CH)
  - 3 of 4 measures require chart review
- Adult Core Measures
  - 21 measures reported
  - 8 measures not reported
  - 2 measures require chart review (CDF-AD, PCO3-AD), HIV measure not feasible because of state confidentiality law, NCQA 30 day readmission rate redundant to current Pa. Performance measure

Barriers to Adopting New Measures

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- Any measure requiring chart review especially hospital chart review
- Measure should look at broad population served
- State regulations around highly protected information (HIV measure)
- Measure not NQF or NCQA endorsed reduces usability
  - No benchmarks, no widespread previous use of measure in broad population
  - Similar but slightly different measures increase inconsistency in comparing results
- Non-alignment of measure to current P4P programs (Asthma measures- retiring MMA and replacing with AMR)
- Redundancy to current Pa. Performance measure (30 day readmissions, dental sealants)
- Measures that require BH and PH claims or chart review
- Measurement fatigue, resistance to e-measures

Solutions

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- EQRO can assure all MCOs are measuring non-NCQA measures consistently and calculates state-wide rates across MCOs
- EQRO uses encounter data to calculate measures that involve both BH and PH providers (EQRO activity 75% federal match)
- Use current chart audits to measure additional quality elements
  - Prenatal care charts audits used to look at depression screening/care and smoking cessation
  - Well child visit, adolescent visit, BMI chart audits used to do depression/suicide risk measures
- Leverage Meaningful Use program to encourage e-measures
- Leverage obstetrical needs assessment (OBNA) cloud based tool to collect obstetrical measures
- Pre-test measures with sub-group analysis (region, race, social determinates)

Behavioral Health Adult Core Measures

•	0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
•	0027	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)
•	0105	NCQA	Antidepressant Medication Management (AMM-AD)
•	0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Age 21 and Older (FUH-AD)
•	1932	NCQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
•	2605	NCQA	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA-AD)
•	2607	NCQA	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)
•	2940	PQA	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
•	NA	NCQA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
•	NA	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD)**

Integrated Care Program (ICP)

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- New value-based purchasing program started in 2016
- Focus on integrated care for those living with Serious Persistent Mental Illness (SPMI) and Substance Use Disorder (SUD)
- Requires specific BH-PH MCO collaboration
- Program builds on prior pilot that was successful
  - Three process activities
  - Five performance measures
- Baseline data for program is CY 2015 with measured incremental improvement in CY 2016
- A total of $20 million is allocated for the ICP Program in CY 2016 for both the PH-MCOs ($10M) and BH-MCOs ($10M)

ICP Program Overview

- In order to be eligible for an incentive payment under the ICP, the PH-MCOs must submit the following specific data requirements for individuals with serious persistent mental illness (SPMI):

    1. **Member stratification** - Initial stratification shall be conducted on all members in the targeted SPMI population. New members shall have an initial stratification level established within **sixty (60) days** of the date of enrollment and identification that a member has SPMI.

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ICP Program Overview

2. **Integrated Care Plan/Member Profile** - At least **750 members** must receive an ICP that has been used in care management activity by both the PH and BH MCO.

3. **Hospitalization Notification and Coordination** - Each PH-MCO and BH-MCO will jointly share responsibility for notification of all inpatient hospital admissions and will coordinate discharge and follow-up. Notification to the partner MCO of hospital admissions shall occur within **one (1) business day** of when the responsible MCO partner learns of the admission. Each PH-MCO will attest on the Operations 17 report that **90%** of the admission notifications occurred within one (1) business day of the PH-MCO learning of the admission.

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Process Results

- Statewide Total Number of Initial/Baseline Stratifications Completed – 181,545 with PSMI
- Statewide Total Number of Members Jointly Case Managed – 6,846
  - **One MCO did not meet target**
- Statewide Overall Percentage of Notifications to BH-MCO of Hospitalizations within 1 Business Day **87.36%**
  - **Three MCOs did not meet 90% threshold**

Performance Measures

1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment *
   i. Initiation rate*
   ii. Engagement rate*

2. Adherence to Antipsychotic Mediations for Individuals with Schizophrenia *

3. Combined BH-PH Inpatient 30 Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI)**

4. Emergency Department Utilization for Individuals with Serious Persistent Mental Illness (SPMI)**

5. Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI)**

*NCQA HEDIS measure ** Pennsylvania Performance measure defined by EQRO

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Results

1. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment *
   - -Initiation rate*- 2015- 27.47%, 2016- 26.16% (-1.31%)
   - -Engagement rate* 2015- **19.09%**, 2016- **17.18%** (-1.91%)
2. Adherence to Antipsychotic Mediations for Individuals with Schizophrenia * 2015- **70.11%**, 2016- **66.73%** (-3.38%)
3. Combined BH-PH Inpatient 30 Day Readmission Rate for Individuals with Serious Persistent Mental Illness (SPMI)** 2015- **16.59%**, 2016- **14.45% (-2.14%)**
4. Combined BH-PH Inpatient Admission Utilization for Individuals with Serious Persistent Mental Illness (SPMI)**
   - **2015- 18.04 events/1000mm**
   - **2016 17.12 events/1000mm (-0.92 events/1000mm)**
5. Emergency Department Utilization for Individuals with Serious Persistent Mental Illness (SPMI)**
   - **2015- 147.12 events/1000mm**
   - **2016 155.10 events/1000mm (7.99 events/1000mm)**

* HEDIS® measure **Pa Performance measure developed by IPRO

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Evaluating Opioid Prescribing and Opioid Use Disorder (OUD)

- Initiation and engagement (IET) and follow up from ED (FUA-AD) measures can be focused on just the OUD population
- Pennsylvania PQA measures
- AHRQ grant focused on increasing medication assisted treatment (MAT) in rural Pennsylvania
- MAT quality measures

PQA Quality Measures

- MCOs required to develop opioid prior authorization based on CDC guidelines for duration and dosage in 2017
- Measurement used to guide implementation of phased in prior authorization
- Measures used to identify those at risk for an overdose event
- Can be used to target interventions with providers and recipients
- MCOs will report two NCQA measures for CY 2017

PQA results from PA 2013-2015

Table 2: Difference in prevalence for Pharmacy Quality Alliance measures between 2013[a] (N=73,082) and 2015 (N=85,710) [b]

	N (%)				
	2013 unadjusted prevalence	2015 unadjusted prevalence	Estimated Adjusted Difference [c] (%)	95% CI [d]	p [e]
High dosage	3,753 (5.1)	4,708 (5.5)	0.2	0.03 ~ 0.4	.02
Multiple providers	5,215 (7.1)	4,311 (5.0)	-1.4	-1.7 ~ -1.2	<.001
Opioid + benzodiazepine	21,244 (29.1)	24,346 (28.4)	-0.5	-0.8 ~ -0.1	.01

[a] Reference group=2013. [b] 30,103 patients were in both the 2013 and 2015 cohorts. [c] GEE models were adjusted for age, sex, race, living area. [d] 95% CI= 95% confidence interval. [e] p=probability value.

PQA results from PA

Behavioral health indicators and number of opioid fills among enrollees with the Pharmacy Quality Alliance indicators, 2015

Characteristics	High dosage			Multiple providers			Opioid + benzodiazepine		
	Yes, N (%)	No, N (%)	p	Yes, N (%)	No, N (%)	p	Yes, N (%)	No, N (%)	p
Total enrollees	4,708	81,002		4,311	76,319		24,346	61,364	
Anxiety disorder	1,692 (35.9)	28,270 (34.9)	.15	2,298 (53.3)	26,256 (34.4)	<.001	14,266 (58.6)	15,696 (25.6)	<.001
Mood disorder	1,919 (40.8)	36,077 (44.5)	<.001	2,580 (59.8)	33,714 (44.2)	<.001	14,785 (60.7)	23,211 (37.8)	<.001
Opioid use disorder	1,028 (21.8)	9,442 (11.7)	<.001	1,053 (24.4)	8,816 (11.6)	<.001	3,789 (15.6)	6,681 (10.9)	<.001
Heroin/opioid overdose	96 (2.0)	862 (1.1)	<.001	115 (2.7)	806 (1.1)	<.001	431 (1.8)	527 (0.9)	<.001
Medication assisted treatment	140 (3.0)	3141 (3.9)	.002	250 (5.8)	2,822 (3.7)	<.001	1,064 (4.4)	2,217 (3.6)	<.001
Antidepressant use	2,558 (54.3)	44,007 (54.3)	.99	2,752 (63.8)	41,484 (54.4)	<.001	17,263 (70.9)	29,302 (47.8)	<.001
Mean (SD) Number opioid fills	22.0 (9.6)	9.0 (6.4)	<.001	16.0 (8.2)	9.4 (7.0)	<.001	13.2 (7.8)	8.3 (6.5)	<.001
Number benzodiazepine fills	-	-	-	-	-	-	10.6 (5.0)	0.9 (2.6)	<.001
Elixhauser Index	3.6 (2.8)	3.5 (2.7)	.04	4.7 (3.2)	3.5 (2.7)	<.001	4.2 (2.8)	3.3 (2.7)	<.001

Overview AHRQ Grant

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- AHRQ grant awarded in 2016 to increase number of PCPs who provide medication assisted treatment (MAT) in very rural counties (Project RAMP)
- Analytics developed to assess opioid use disorder (OUD) in rural Pennsylvania as baseline and during grant
- Results used to assess targeted counties and providers
- Information provided about PCP, ED, behavioral health counseling, and hospital utilization
- Information provided about quality of prescribing of buprenorphine in those counties
- Data looks at calendar year 2015

AHRQ Grant Findings

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- Individuals with OUD in rural areas have higher utilization of inpatient hospitalization, EDs, and behavioral health providers than non-OUD individuals
- The majority of individuals with OUD see their PCP but very few are offered MAT by their PCP
- Data metrics from claims can be developed to assess the OUD population demographics and utilization
- Metrics can be developed to assess the quality of Medication Assisted Treatment
- Data can be used to evaluate the efficacy of interventions over time

Buprenorphine Prescribing Quality (RAMP)

- Buprenorphine Use in Project RAMP Counties, 2015

Number (%) of Beneficiaries with any Buprenorphine Fills among Beneficiaries with OUD	2207 (27.8%)
Percent of Beneficiaries with Buprenorphine Prescriber as their Usual Source of Primary Care	17.4%
Percent with ≥1 Urine Drug Screen	52.2%
Duration of Consecutive Treatment Days	
Mean (SD)	126.4 (108.4)
<1 month	425 (19.3%)
1-3 months	652 (29.5%)
>3 months	1130 (51.2%)
# enrollees with any buprenorphine	2677
# (%) concomitant benzodiazepine use	426 (15.9%)
# (%) concomitant opioid use	275 (10.3%)

Buprenorphine Quality Statewide 2015

Utilization	Enrollees with Buprenorphine Claim and OUD
Total buprenorphine fills, Mean (SD)/ Median (range)	11.1 (10) / 9 (1-109)
30-day fills/year, Mean (SD)/ Median (range)	5.8 (4.5) / 4.7 (0-27.4)
# of prescribers/year, Mean (SD)/ Median (range)	1.7 (1.2) / 1 (1-13)
Duration of consecutive treatment (days)	
Mean (SD)	116.8 (108.4)
< 1 month (%)	4,662 (22.9)
1 – 3 months (%)	6,335 (31.1)
> 3 months (%)	9,345 (45.9)
With behavioral treatment claims (%)	8,426 (41.4)
With urine drug screens (%)	10,973 (53.9)
With other opiates claim (%)	5,135 (25.2)
With benzodiazapine claim (%)	5,585 (27.5)

Buprenorphine Prescribing Quality

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- Only 17% of those prescribed buprenorphine obtain the prescription from their PCP
- The average duration of treatment with buprenorphine is 126 days while 47% are treated for more than 6 months
- Only 52% of patients had at least one urine drug screen during treatment
- A minority of patients were taking opiates (10%) and benzodiazepines (16%)
- Patients had to travel on average 50 miles to obtain treatment with buprenorphine

Conclusions

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- Select behavioral health measures that can be done without additional chart review
- Focus on measures with benchmarks for Medicaid that can be used in value based purchasing
- Gaps include:
  - BH measures for LTSS populations in nursing facilities and HCBS programs
  - MAT duration of therapy
  - MAT quality of treatment
  - OUD treatment for pregnant women
  - Contraceptive care for women with OUD

Questions?

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Questions

Break

Measure by Measure Review: Potential Gap-Filling Measures for Addition to Adult Core Set

Medicaid Decision Categories

SUPPORT

- Addresses a previously identified measure gap
- Ready for immediate use
- Promotes alignment across programs and settings

CONDITIONAL SUPPORT

- Pending endorsement from NQF
- Pending CMS confirmation of feasibility

DO NOT SUPPORT

- Measure and/or measure focus inappropriate or a poor fit for the Core Sets
- Duplication of efforts
- Resource constraints
- State Medicaid agencies will need to tweak and/or vary the level of analysis to increase measure adoption and implementation

MAP's 2017 Recommendations to Address High Priority Gaps

- Behavioral health (integration and coordination with primary and acute care settings and outcomes)
- Assessing and addressing social determinants of health*
- Maternal/Reproductive health
  - Inter-conception care to address risk factors
  - Access to obstetric care in the rural community
  - Postpartum complications
- Long-term supports and services
- New chronic opiate use (45 days)

*** Denotes newly identified gap area**

2018 Workgroup Recommendations for Strengthening the Adult Core Set

NQF #	Measure Name	Measure Steward	Program Alignment
0055	Comprehensive Diabetes Care: Eye Exam (retinal) performed	NCQA	Medicare Shared Savings Program (Implemented), Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals (No Status), Merit-Based Incentive Payment System (MIPS) Program (Finalized), Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0575	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	Qualified Health Plan (QHP) Quality Rating System (QRS) (Implemented)
0061	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	NCQA	N/A

2018 Workgroup Recommendations for Strengthening the Adult Core Set, cont.

NQF #	Measure Name	Measure Steward	Program Alignment
0097	Medication Reconciliation	NCQA	Medicare Physician Quality Reporting System (Implemented), Medicare Shared Savings Program (Implemented), Merit-Based Incentive Payment System (MIPS) Program (Finalized), Physician Compare (Implemented), Physician Feedback/Quality Resource Use Report (Implemented), Physician Value-Based Payment Modifier (Implemented)
0008	Experience of Care and Health Outcomes (ECHO) Survey	AHRQ	N/A

2018 Workgroup Recommendations for Strengthening the Adult Core Set, cont.

NQF #	Measure Name	Measure Steward	Program Alignment
N/A	Treatment of Chronic Hepatitis C: Completion of Therapy	PQA	
0541	Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, Statins	PQA	Medicare Part D Star Rating (Implemented)
2967	CAHPS® Home and Community Based Services (HCBS) Measures	CMMS	N/A
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Centers for Medicare & Medicaid Services	Physician Quality Reporting System
2483	Gains in Patient Activation (PAM) Scores at 12 Months	Insignia Health	N/A

2018 Workgroup Recommendations for Strengthening the Adult Core Set, cont.

NQF #	Measure Name	Measure Steward	Program Alignment
1892	Individual engagement measure derived from the individual engagement domain of the C-CAT	University of Colorado Center for Bioethics & Humanities	N/A
1888	Workforce development measure derived from workforce development domain of the C-CAT	University of Colorado Center for Bioethics & Humanities	N/A
0326	Advance Care Plan	National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)	Home Health Value Based Purchasing (Implemented)

NQF #0055 - Comprehensive Diabetes Care: Eye Exam (retinal) performed

Measure Steward: NCQA

QPS Link: http://www.qualityforum.org/QPS/0055

Discussion Guide Link: http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#22PRO

NQF #0575 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

Measure Steward: NCQA

QPS Link: http://www.qualityforum.org/QPS/0575

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#23PRO

NQF #0061- Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

Measure Steward: NCQA

QPS Link: http://www.qualityforum.org/QPS/0061

Discussion Guide Link: http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#21PRO

NQF #0097- Medication Reconciliation

Measure Steward: NCQA

QPS Link: http://www.qualityforum.org/QPS/0097

Discussion Guide Link: http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#19POLY

NQF #0008 - Experience of Care and Health Outcomes (ECHO) Survey

Measure Steward: AHRQ

QPS Link: http://www.qualityforum.org/QPS/0008

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#15PAT

Opportunity for Public Comment

Lunch

N/A - Treatment of Chronic Hepatitis C: Completion of Therapy

Measure Steward: PQA

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#28PRO

NQF #0541 - Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, Statins

Measure Steward: PQA

QPS Link: http://www.qualityforum.org/QPS/0541

Discussion Guide Link: http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#27PRO

NQF #2967 - CAHPS® Home and Community Based Services (HCBS) Measures

Measure Steward: CMS

QPS Link: http://www.qualityforum.org/QPS/2967

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#11BROT

NQF #0326 – Advance Care Plan

Measure Steward: National Assoc. of State Mental Health Program Directors Research Institute, Inc. (NRI)

QPS Link: http://www.qualityforum.org/QPS/0326

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#14CACO

NQF #1892 – Individual engagement measure derived from the individual engagement domain of the C-CAT

Measure Steward: University of Colorado Center for Bioethics & Humanities

QPS Link: http://www.qualityforum.org/QPS/1892

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#12BROT

NQF #2483 – Gains in Patient Activation (PAM) Scores at 12 Months

Measure Steward: Insignia Health

QPS Link: http://www.qualityforum.org/QPS/2483

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#13BROT

NQF #1888 – Workforce development measure derived from workforce development domain of the C-CAT

Measure Steward: University of Colorado Center for Bioethics & Humanities

QPS Link: http://www.qualityforum.org/QPS/1888

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#29WORK

NQF #0421 – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Measure Steward: CMS

QPS Link: http://www.qualityforum.org/QPS/0421

Discussion Guide Link:
http://public.qualityforum.org/MAP/Medicaid%20Adult%20and%20Child/MAP_Medicaid_Adult_Discussion_Guide.html#26PRO

Opportunity for Public Comment

Adult Workgroup Votes to Recommend Each Measure for Inclusion

- Vote to support inclusion of:
  - #0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
  - #0055: Comprehensive Diabetes Care: Eye Exam (retinal) performed
  - #0061: Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
  - #0541: Proportion of Days Covered (PDC): 3 Rates by Therapeutic Category: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, Statins Would move and discuss with other med measure
  - #0097: Medication Reconciliation
  - N/A Treatment of Chronic Hepatitis C: Completion of Therapy

Adult Workgroup Votes to Recommend Each Measure for Inclusion

- Vote to support inclusion of:
  - #0008: Experience of Care and Health Outcomes (ECHO) Survey
  - #2967: CAHPS® Home and Community Based Services (HCBS) Measures
  - #0326: Advance Care Plan
  - #1892: Individual engagement measure derived from the individual engagement domain of the C-CAT
  - #2483: Gains in Patient Activation (PAM) Scores at 12 Months
  - #1888: Workforce development measure derived from workforce development domain of the C-CAT
  - #0421: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Ranking Measures with Support for Addition

- Workgroup will prioritize measures selected for use. Priority will indicate the order in which MAP recommends CMS add the measures to the set.

- Recommended measures
  - TBD

Promising Tools for Future Measure Development

Surveys/Tools and Future Measure Development Needs

- National Core Indicators (NCI) In Person
- National Core Indicators - Aging and Disabilities (NCI-AD) Adult Consumer Survey
- Personal Outcomes Measures

Discussion

- Lead discussants provide an update on measure development using questions from these surveys and tools.
- What are some barriers to developing measures?
- What are some opportunities for developing measures?

Prioritizing Remaining Measure Gap Areas

MAP's 2017 Recommendations to Address High Priority Gaps

- Behavioral health (integration and coordination with primary and acute care settings and outcomes)
- Assessing and addressing social determinants of health*
- Maternal/Reproductive health
  - Inter-conception care to address risk factors
  - Access to obstetric care in the rural community
  - Postpartum complications
- Long-term supports and services
- New chronic opiate use (45 days)

*** Denotes newly identified gap area**

2017 Recommendations to Address High-Priority Gaps, cont.

- New or Chronic Opiate Use (45 days)
- Efficiency
  - Inappropriate emergency department utilization
- Beneficiary-Reported Outcomes
  - Health-related quality of life
- Access to Primary, Specialty, and Behavioral Healthcare
  - Access to care by a behavioral health professional
- Polypharmacy
- Workforce/Access
- Treatment Outcomes for Behavioral Health Conditions and Substance Use Disorders
- Care Coordination

NQF. Strengthening the Core Set of Healthcare Quality Measures for Adults Enrolled in Medicaid and CHIP, 2017. http://www.qualityforum.org/Publications/2017/08/Strengthening_the_Core_Set_of_Healthcare_Quality_Measures_for_Adults_Enrolled_in_Medicaid,_2017.aspx

Strategy for Filling High Priority Measure Gaps

- Have any of the gap areas been satisfied?
- Are we missing any gap areas?
- Can the Workgroup highlight 2-3 highest-priority measure gaps for future development efforts?
  - Does enough evidence exist?
  - Is there a reliable data source?

Opportunity for Public Comment

Next Steps

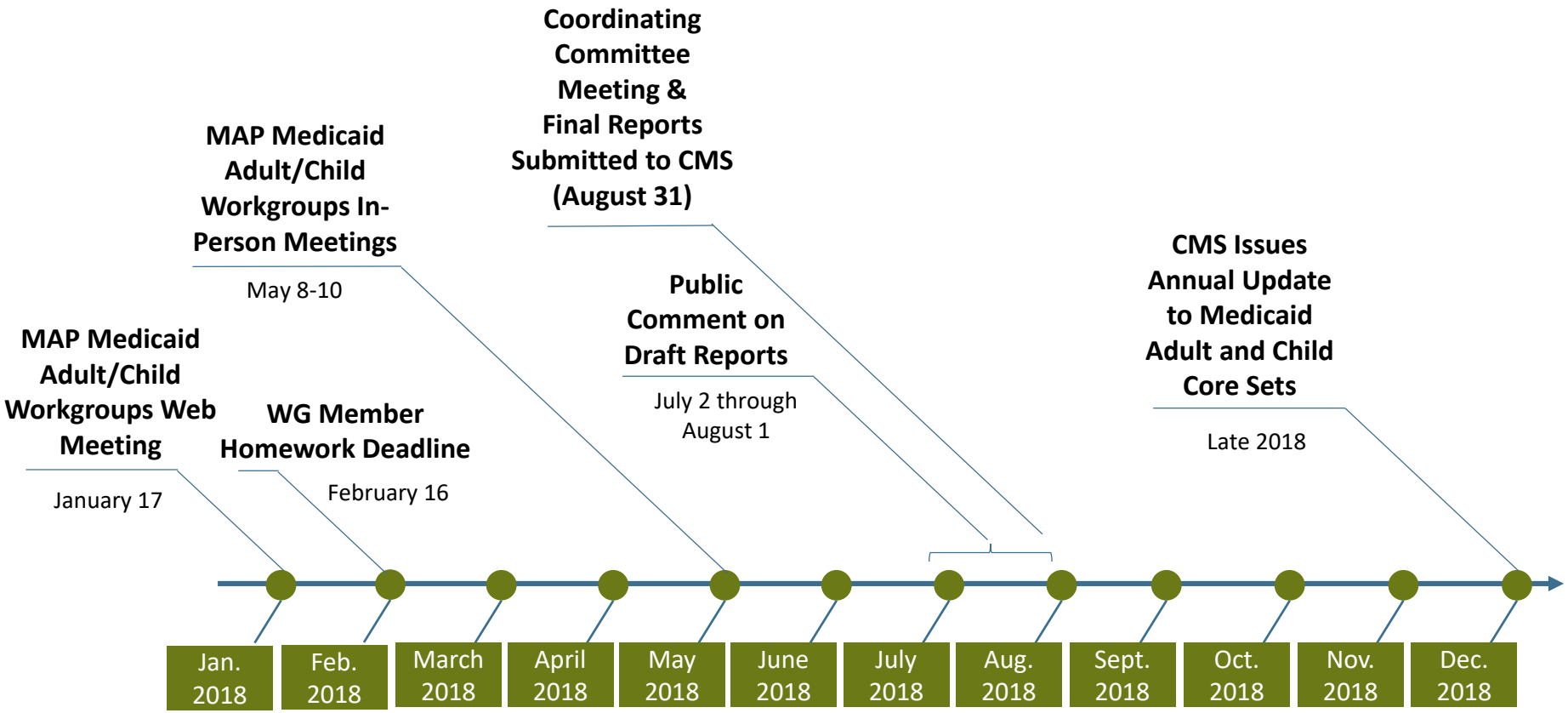
Final Deliverables

- MAP will issue two reports by August 31.
- The Medicaid reports will include:
  - Recommendations on individual measures for addition or removal from the Adult and Child Core Sets.
  - Summaries of selected states' feedback on collecting and reporting measures.
  - Cross-cutting strategic issues that span both the Adult and Child Core Sets, such as opportunities for alignment

Important Dates

- **July 2 - August 1:** 30-day public comment period on draft reports
- **August (Date TBD):** MAP Coordinating Committee review of draft reports
- **August 31:** Final reports due to HHS and made available to the public

2018 Timeline



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- **SharePoint sites**
  - *Adult Workgroup:*
    http://staff.qualityforum.org/Projects/MAP%20Medicaid%20Adult%20Workgroup/SitePages/Home.aspx
  - *Child Workgroup:*
    http://share.qualityforum.org/Projects/MAP%20Medicaid%20Child%20Workgroup/SitePages/Home.aspx

Thank You for Participating!