NATIONAL QUALITY FORUM

Meeting Summary

HHSM-500-2012-00009I – Task Order 11

Joint In-person Meeting of the MAP Medicaid Adult and Child Task Forces

June 9-11, 2015

The National Quality Forum (NQF) convened the Measure Applications Partnership (MAP) Medicaid Adult and Child Task Forces on June 9-11, 2015. An online archive of the meeting is available. The list of Task Force members in attendance is available in Appendix A.

Welcome and Review of Meeting Objectives

Marcia Wilson, Senior Vice President, NQF, offered welcoming remarks to MAP members, state panelists, and members of the public. Marsha Lillie-Blanton, Director of the Centers for Medicare & Medicaid Services (CMS) Center for Medicaid and CHIP Services (CMCS) Division of Quality, Evaluation and Health Outcomes also conveyed her appreciation of the Task Forces' work. Sarah Lash, Senior Director, NQF, led the Task Force members' introductions and several disclosures of interest. The three-day meeting's objectives were to:

- Consider states' experiences implementing the Medicaid Child and Adult Core Sets
- Develop concrete recommendations for strengthening the Medicaid Child and Adult Core Sets through identification of:
    - Most important measure gaps and potential measures to address them
    - Measures found to be ineffective, for potential removal
- Formulate strategic guidance to CMS about strengthening the measure set over time to meet program goals.

Later in the meeting, Dr. Foster Gesten and Dr. Harold Pincus, chairs of the Child and Adult Task Forces respectively, greeted the task force members.

Review of the Medicaid Core Sets — FFY 2014 Participation

Shaconna Gorham, Senior Project Manager, NQF, led the review of the FFY 2014 Medicaid Child and Adult Core Sets. The Child Core Set was discussed on June 9 and the Adult Core Set was discussed on June 11. Ms. Gorham presented the states' participation in reporting measures, which was followed by the Task Forces' discussion on any measures for potential removal.

Child Core Set

- The Child Core Set participation is strong, with room for improvement on the number of states reporting each measure;
- All 22 measures in the Core Set were reported by at least four states;
- *Well child visits, Adolescent well-care visits*, and *Access to primary care practitioners* are the most frequently reported measures;
- Most commonly cited reason for not reporting most measures was "data not available";
- CMS received relatively few Technical Assistance (TA) requests (0-3 requests per measure);
- No measures were recommended for removal; instead the Task Force encourages continued focus on data fidelity and strategies to improve the completeness of data reported by states on an annual basis.

Adult Core Set

- The Adult Core Set participation is strong, with room for improvement in both the total number of states submitting measurement data and the number of states reporting each measure. Because the Adult Core Set is newer than the Child Core Set, lower participation is expected.
- *Diabetes care management, Postpartum care visits*, and *Women's preventive health care* are the most frequently reported measures;
- CMS received fewer TA requests in FFY 2014 than in the prior reporting year (0-5 requests per measure);
- MAP recommended one measure for removal from the Adult Core Set:
    - NQF #0648 *Care Transition – Timely transmission of transition record* due to difficulty in collecting data, lack of actionability at the state level, and consistently low levels of state reporting.

State Perspectives Panel

Guest panelists from state Medicaid agencies were invited to share their states' experiences in selecting measures for reporting, challenges in data collection, and accomplishments in improving quality. They also provided MAP with suggested gap areas for strengthening the Adult and Child Core Sets.

Dr. Jeff Schiff, Minnesota Department of Human Services

Jeff Schiff presented Minnesota's perspective on reporting measures in the Medicaid Child Core Set. He highlighted aspects of Minnesota's measurement journey from the state being an early adopter of managed care to their current success in reducing early elective delivery rates. Currently, Minnesota annually reports on three Medicaid Child Core Set measures. He observed that making a concerted effort to improve quality on 3-4 measures at a time is all the state can realistically prioritize, though they could report additional measures. Dr. Schiff emphasized the need for vertical integration of measures across levels of analysis and advised MAP to support measures that are meaningful to providers. He identified opiate exposure for neonates, behavioral health functional outcomes stemming from trauma-informed care, and care coordination/case management to address social determinants as measure gaps in the Child Core Set.

Dr. Rebekah Gee, Louisiana Department of Health and Hospitals; Sandra Blake and Eddy Myers, University of Louisiana at Monroe

Rebekah Gee presented Louisiana's perspective on reporting measures in the Medicaid Child Core Set. She and her colleagues, Sandra Blake and Eddy Myers, described Louisiana's current Medicaid managed care delivery model and noted the relatively poor health status of their states' residents. Dr. Gee described a number of successful activities implemented to improve Louisiana's ability to submit measures, including linkages of data from vital records and partnering with public health agencies. These efforts required investment but have greatly enhanced their capacity to participate in reporting measures. Dr. Gee identified measure gap areas for MAP's consideration:

- Access to progesterone to prevent prematurity , which is a risk factor for a lifetime of poor health outcomes and financially costly to Medicaid;
- Inappropriate/overuse of ADHD medications; and
- Cross-sector measures, such as those that would foster joint accountability with the education and criminal justice systems.

Dr. Beverly Court, State of Washington Department of Social and Health Services

Beverly Court presented Washington's perspective on reporting measures in the Medicaid Adult Core Set. Among the state's quality improvement activities are a focus on building cross system integration, including reducing re-hospitalizations from both psychiatric facilities and nursing homes. Both initiatives have resulted in system-wide savings and fewer readmissions. Additionally, Dr. Court recommended that measure specifications be examined to ensure that inclusion/exclusion criteria are clear and fairly constructed. She also discussed the importance of risk adjusting measures to account for the complexity of consumers being served across facilities/providers and to direct quality improvement energy appropriately. Dr. Court identified home and community-based long term services and psychiatric outcome measures as two measure gaps in the Adult Core Set.

Dr. David Kelley, Pennsylvania Department of Human Services

David Kelley provided an overview of the current Pennsylvania managed care landscape, with a total of 1.6 million enrollees in their Health Choices Program, which is expected to grow due to the state's Medicaid expansion. As a result of the Adult Medicaid Quality Grant, the state has been able to improve measurement on behavioral health and obstetrical care. Because most of Pennsylvania's managed care plans are currently NCQA-accredited and using a statewide core set called the Pennsylvania Performance Measures, they do not experience many reporting inconsistencies. In addition, he recommended to MAP that any measures added to the Core Set be aligned with Medicare and Meaningful Use requirements and able to be reported through electronic extraction to reduce data collection burden.

Measure-Specific Recommendations on Strengthening the Core Sets

Guided by MAP's Measure Selection Criteria (MSC), the group reviewed and selected measures to fill identified gap areas and ranked measures selected for phased addition to the Core Sets. For the Child Core Set, six measures passed the consensus threshold to gain MAP's support or conditional support for phased addition (Table 1). Measures that are not currently NQF endorsed are supported conditionally; MAP recommends that CMS add them to the programs once endorsement review is complete. For the

Adult Core set, nine measures passed the consensus threshold to gain MAP's support or conditional support (Table 2). MAP is aware that additional federal and state resources are required for each new measure; immediate addition of all measures supported by MAP is highly unlikely. Therefore, the Task Forces ranked the recommended measures for phased addition to provide a clear sense of priority:

Table 1: Measures Recommended for Phased Addition to the Child Core Set

Ranking	Measure Number and Title	MAP Recommendation
1/2 (tie)	#0477: Under 1500g Infant Not Delivered at Appropriate Level of Care *Not NQF endorsed:* Use of multiple concurrent antipsychotics in children and adolescents	Support Conditional Support, pending successful NQF endorsement
3	*Not NQF endorsed:* Effective Postpartum Contraception Access	Conditional Support, pending successful NQF endorsement
4	*Not NQF endorsed:* Use of Contraceptive Methods by Women Aged 15-20 Years	Conditional Support, pending successful NQF endorsement
5/6 (tie)	#1360: Audiological Evaluation no later than 3 months of age (EHDI-3) #2393: Pediatric All-Condition Readmission Measure	Support Support

Table 2: Measures Recommended for Phased Addition to the Adult Core Set

Ranking	Measure Number and Title	MAP Recommendation
1	*Not NQF endorsed*: Use of Contraceptive Methods by Women Aged 21-44 Years	Conditional Support, pending successful NQF endorsement
2	#2602: Controlling High Blood Pressure for People with Serious Mental Illness	Support
3/4/5 (tie)	#1927: Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications #1932: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) *Not NQF endorsed:* Effective Postpartum Contraception Access	Support Support Conditional Support, pending successful NQF endorsement

Ranking	Measure Number and Title	MAP Recommendation
6	*Not NQF endorsed:* Multi-provider, High Dosage	Conditional Support, pending successful NQF endorsement
7	*Not NQF endorsed:* Multiple Prescribers and Multiple Pharmacies	Conditional Support, pending successful NQF endorsement
8/9	#1799: Medication Management for People with Asthma (MMA) *Not NQF endorsed:* Opioid High Dosage	Conditional Support pending update from NQF annual review Conditional Support, pending successful NQF endorsement

Prioritizing Remaining Measure Gap Areas

MAP recommended that the Core Sets be strengthened by the addition of measures in key areas. Although the Core Sets include measures pertaining to some of these topics, MAP did not perceive them as comprehensive. Some gaps identified during this review were also identified during MAP's 2014 deliberations. An asterisk (*) denotes newly identified gap areas.

Child Core Set Measure Gaps

- Care coordination
    - Home- and community-based care
    - Social services coordination
- Screening for abuse and neglect
- Injuries and trauma
- Mental health
    - Access to outpatient and ambulatory mental health services
    - ED use for behavioral health
    - Behavioral health functional outcomes that stem from trauma-informed care*
- Overuse/medically unnecessary care
    - Appropriate use of CT scans
- Durable medical equipment (DME)
- Cost measures
    - Targeting people with chronic needs
    - Families' out-of-pocket spending
- Sickle-cell condition*
- Patient-reported outcome measures*
- Dental care access for children with disabilities – could stratify current measures*
- Cross-sector measures that would foster joint accountability with the education and criminal justice systems*

Adult Core Set Measure Gaps

- Access to primary and specialty care
- Beneficiary-reported outcomes
    - Health-related quality of life*
- Care coordination
    - Integration of medical and psychosocial services
    - Primary care and behavioral health integration
- Cultural competency of providers
- Efficiency
    - Inappropriate emergency department utilization
- Long-term supports and services
    - Home and Community-Based Services*
- Maternal health
    - Inter-conception care to address risk factors
    - Poor birth outcomes (e.g. premature birth)
    - Postpartum complications
- Promotion of wellness
- Treatment outcomes for behavioral health conditions and substance use disorders
    - Psychiatric re-hospitalization*
- Workforce
- New chronic opiate use (45 days)*
- Polypharmacy*
- Engagement and activation in healthcare*
- Trauma-informed care*

Measure Alignment

Ms. Lash described current alignment between the Adult and Child Core Sets, with three shared measures (NQF #0033 Chlamydia screening, NQF #0576 Follow-up after hospitalization for mental illness, and NQF #1517 Timeliness of prenatal care/postpartum care), all reported with rates split across different age groups. The Task Forces agreed that it is critical for the measures in both Core Sets to align with other programs such as HEDIS, Meaningful Use, Joint Commission accreditation, and the Health Insurance Marketplace. Task Force members also emphasized the importance of considering the relationship of the measures across the Child and Adult Core Sets, especially regarding high-impact conditions like perinatal care and behavioral health. Aligned measures will result in less burdensome data collection, and ultimately better rates of state reporting.

Measurement of Perinatal Care

Perinatal care and reproductive health is the most frequently measured topic area across the Child and Adult Core Sets. However, MAP members continue to regard this as a gap area, specifically measures that would spur action to reduce poor birth outcomes. The group deliberated on critical topic areas that

affect neonatal health outcomes and a woman's lifespan from puberty to menopause. These included breastfeeding and long-acting reversible contraception (LARC) and other methods to reduce unintended pregnancies, low birth weight, and prematurity. As noted above, measures of contraceptive use were strongly supported for phased addition to both Core Sets.

Data Collection, Balancing Process and Outcome Measurement, Motivating Quality Improvement Action within States, Supporting States' Ability to Report Measures

States would like to move towards the use of effective outcome measures, but acknowledged the utility of other measure types. Discussion emphasized the principle of parsimony; that the use of fewer but more effective measures would be superior to the use of more, potentially mediocre measures. Inability (or lack of capacity) to collect data is the most commonly reported barrier to participation in submitting data for the Core Sets, and often outcome measures require information that is only contained within medical records. Without easily accessible, valid, high-quality data, the intention of measuring performance to inform and motivate improvement is stymied. MAP Task Force members provided the following recommendations to select measures that are a good fit for the Core Sets and to maximize future state participation:

- Focus on meaningful measures, including structure and process measures strongly linked to outcomes
- Establish risk-adjustment methodology
- Facilitate infrastructure that leads to data transparency and trust
- Ensure feasibility of reporting by reducing measurement burden
- Enable data interoperability
- Prioritize outcome measurement about functional status, as reported by the enrollees

Opportunity for Public Comment

Throughout the three-day deliberations, several comments from members of the public provided helpful feedback along with clarifications on the measures as they were being discussed by Task Force members. There was also strong support voiced for measure alignment across the Core Sets and consistency in reporting on the same measure.

Next Steps

NQF staff noted important upcoming events for the Task Forces' review including:

- July 6-August 5: 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

Appendix A. MAP Task Force Members in Attendance

Task Force	Name	Organization or MAP Affiliation
Child	Foster Gesten, MD - *Task Force Chair*	
Adult	Harold Pincus, MD - *Task Force Chair*	
Child	Terry Adirim, MD, MPH, FAAP	American Academy of Pediatrics
Adult	George Andrews, MD, MBA, CPE, FACP	Humana, Inc.
Child	Andrea Benin, MD	Children's Hospital Association
Child	Luther Clark, MD	Subject Matter Expert
Child/Adult	Anne Cohen, MPH	Subject Matter Expert
Child	Jeff Convissar, MD	Kaiser Permanente
Child	Denise Cunill, MD, FAAP	American's Essential Hospitals
Adult	Kirstin Dawson	America's Health Insurance Plans
Child	Denise Dougherty, PhD	Agency for Healthcare Research and Quality
Child	Carole Flamm, MD, MPH	Blue Cross and Blue Shield Association
Adult	Nancy Hanrahan, PhD, RN, FAAN	Subject Matter Expert
Child	Ashley Hirai, PhD	Health Resources and Services Administration
Adult	Sue Kendig, JD, WHNP-BC, FAANP	American Academy of Nurse Practitioners
Child	Susan Lacey, RN, PhD, FAAN	American Nurses Association
Child	Kevin Larsen, MD, FACP	Office of the National Coordinator for Health IT
Child/Adult	Marc Leib, MD, JD	Subject Matter Expert
Adult	Daniel Lessler, MD, MHA, FACP	National Association of Medicaid Directors
Adult	Lisa Patton, PhD	Substance Abuse and Mental Health Services Administration
Child/Adult	Cynthia Pellegrini	March of Dimes
Child	Carol Sakala, PhD, MSPH	National Partnership for Women and Families
Adult	Marissa Schlaifer	Academy of Managed Care Pharmacy
Child/Adult	Alvia Siddiqi, MD, FAAFP	American Academy of Family Physicians
Adult	Brock Slabach, MPH, FACHE	National Rural Health Association
Adult	Marsha Smith, MD, MPH, FAAP	Centers for Medicare and Medicaid Services
Adult	Ann Marie Sullivan, MD	Subject Matter Expert
Child	Sandra White, MD, MBA	Aetna