NATIONAL QUALITY FORUM

Medicaid Innovation Accelerator Project 2016-2017

Medicaid Beneficiaries with Complex Care Needs and High Costs Technical Expert Panel Orientation Web Meeting

January 12, 2017

Welcome and Review of Meeting Objectives

Meeting Objectives

- Welcome members to NQF's Medicaid Innovation Accelerator Project
- Orient members to the role of the Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN) Technical Expert Panel (TEP)
- Review process for identifying Medicaid Innovation Accelerator Program (IAP) priority area measures

Introductions of Technical Expert Panel Members

Technical Expert Panel - Medicaid Beneficiaries with Complex Care Needs and High Costs

Technical Expert Panel Chair	Andrea Gelzer, MD, MS, FACP, AmeriHealth Caritas Family of Companies

Technical Expert Panel Members
• James Bush, MD, FACP, Wyoming Office of Health Care Financing
• Dan Culica, MD, PhD, Texas Health and Human Services Commission
• David Moskowitz, MD, MAS, Alameda Health System
• Howard Shaps, MD, MBA, WellCare Health Plans, Inc.

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IAP Medicaid Innovation Accelerator Program

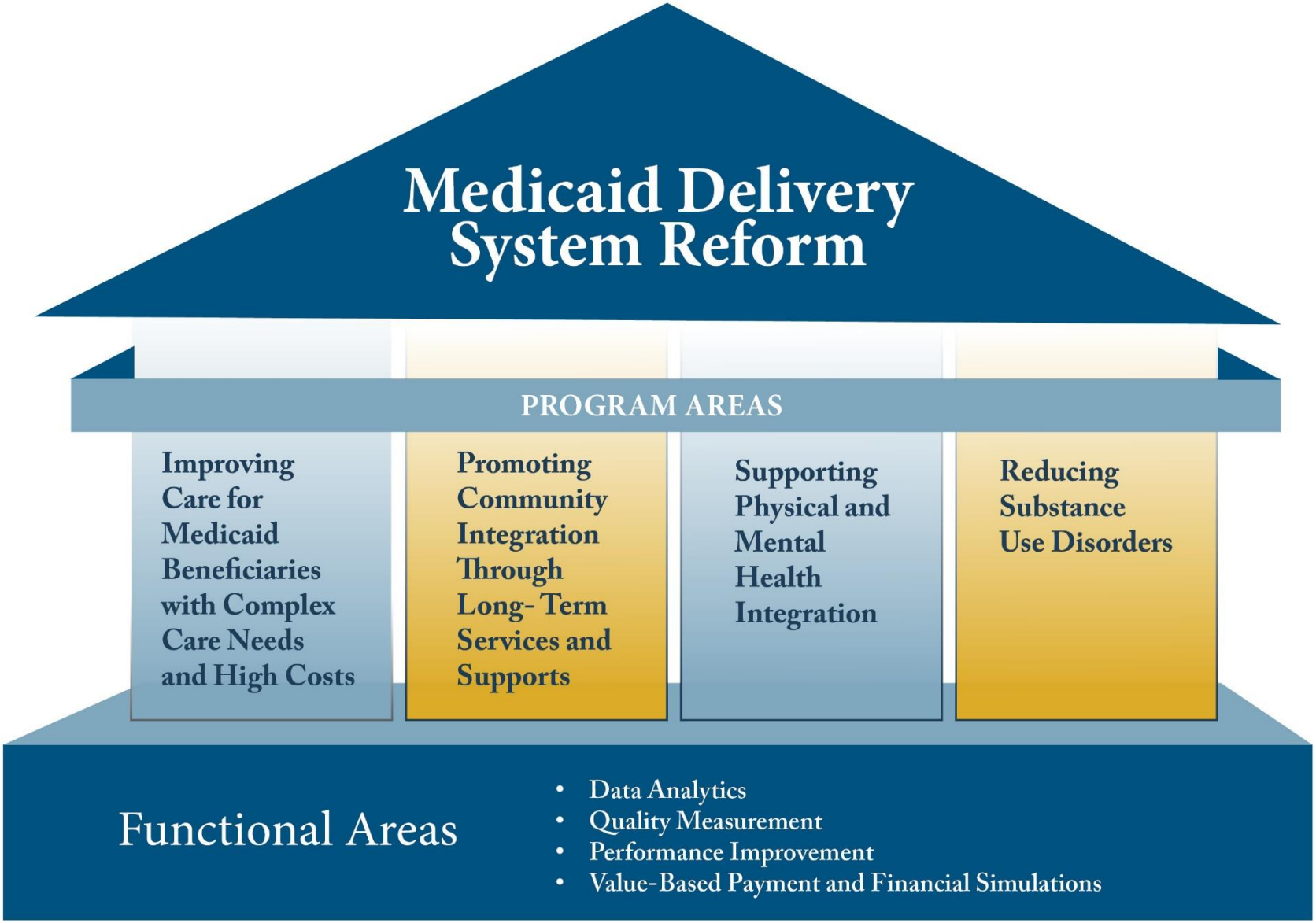
Overview of the Medicaid Innovation Accelerator Program (IAP)

Karen LLanos
Director, Medicaid IAP
Center for Medicaid and CHIP Services

January 2017

Medicaid IAP

- Four year commitment by CMS to build state capacity and support ongoing innovation in Medicaid through targeted technical assistance
- A CMMI-funded program that is led by and lives in CMCS
- Supports states' and HHS delivery system reform efforts
  - The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities
- Not a grant program; targeted technical assistance


Medicaid Delivery System Reform
PROGRAM AREAS
Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
Promoting Community Integration Through Long-Term Services and Supports
Supporting Physical and Mental Health Integration
Reducing Substance Use Disorders
Functional Areas
• Data Analytics
• Quality Measurement
• Performance Improvement
• Value-Based Payment and Financial Simulations

IAP Program Priority Areas

- Reducing Substance Use Disorders
- Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
- Promoting Community Integration through Long-Term Services and Supports
- Supporting Physical and Mental Health Integration

How Does Medicaid IAP Work With State Medicaid Agencies?

Targeted technical support to Medicaid agencies through:

- Multi-month learning collaboratives
- Web-based learning series
- One-on-one technical support
- National webinars
- Tools and resources for all states

How Do We Define Success Across IAP?

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in:
  - Better care, smarter spending, healthier people?
- Has IAP built states' capacity in the following areas:
  - Data analytics, quality measurement, performance improvement, value-based payment & financial simulations?

Medicaid IAP Quality Measurement Efforts

Goal is to improve states' capacity related to quality measurement for their Medicaid delivery system reform efforts, by:

1. Supporting states' efforts to select, use/report, and align standardized quality measures
   - Collaboration with NQF to identify sets of existing, standardized measures for states Medicaid agencies' use

2. Developing technical resources to address challenging quality measurement issues
   - Work underway with developers of readmission measures to explore methodological issues specific to Medicaid populations

Medicaid IAP Quality Measurement Efforts

Goal is to improve states' capacity related to quality measurement for their Medicaid delivery system reform efforts, by:

3. Filling critical Medicaid-relevant quality measurement gaps through the development and/or refinement of measures
   - Multi-year measure development activities underway to develop/refine small number of measures in key gaps areas related to four IAP program areas

4. Spreading best practices and innovations on quality measurement issues

CMS's Goals for the IAP-NQF Measure Sets Project

Produce a listing/sets of measures that will:

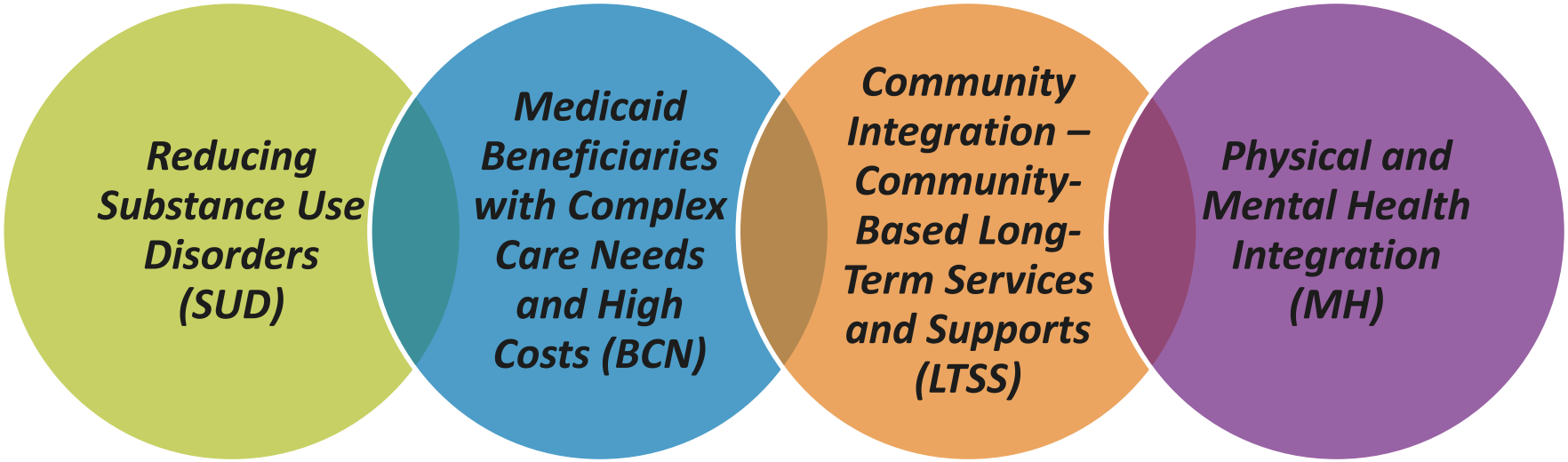
- Reflect the various quality domains related to IAP's four program areas
- Be of value to state Medicaid agencies in their delivery system reform efforts
- Focus on existing, standardized measures that can be collected by states "tomorrow"
- Reflect input from wide range of stakeholders and perspectives
- Consider measure alignment across payers and settings

Questions?

Goal and Objectives of NQF's Medicaid Innovation Accelerator Project

Goal of the Medicaid Innovation Accelerator Project

Identify and recommend measure sets of Medicaid-relevant performance measures in four priority areas for the Medicaid Innovation Accelerator Program (IAP). They include:



Project Approach

- To accomplish the task of identifying and recommending measures for each of the four IAP priority areas, NQF will:
  - *Convene a multi-stakeholder Coordinating Committee (CC) and Technical Expert Panels (TEPs) beginning January 2017, with a report due to CMS by September 2017*
  - *Conduct a measure search to identify Medicaid-relevant performance measures that align with each IAP priority area, drawing from existing NQF projects, existing measure scans, etc.*
  - *Develop a measure selection process designed as a standardized approach to selecting "best-available" measures for each IAP priority area measure set*

- The measure sets identified and recommended in this project are limited to the four IAP priority areas identified by CMS

Committee Structure

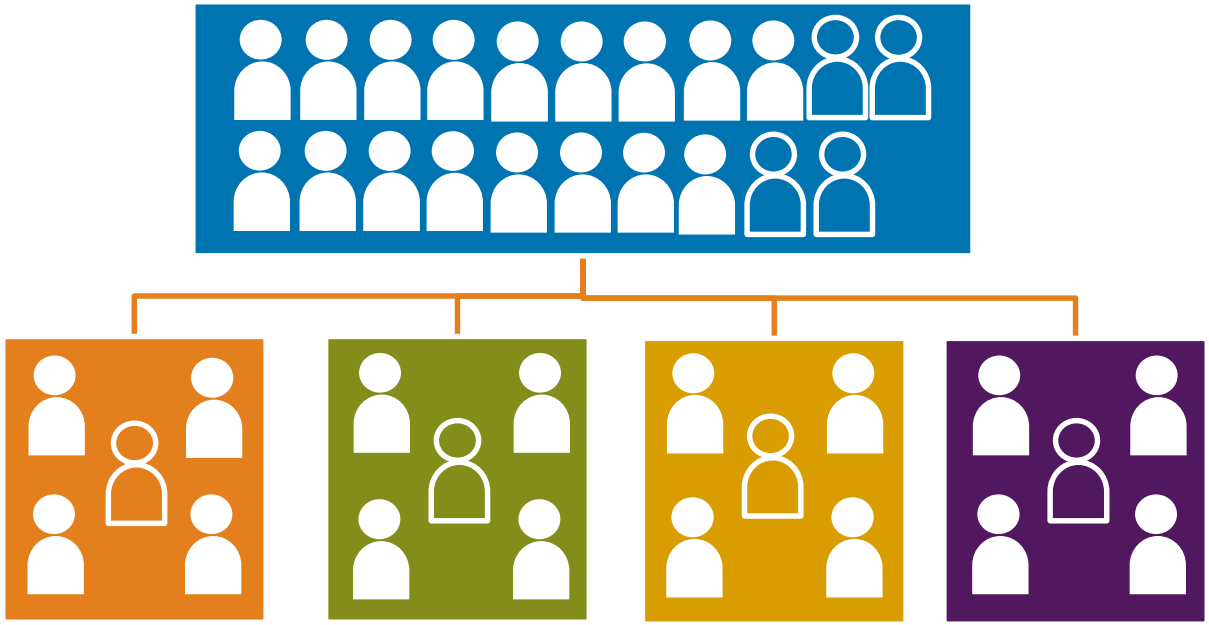
Medicaid IAP Coordinating Committee Charge

- ✓ **Approve the measure search and selection processes that will be used to identify measure sets in each IAP priority area**
- ✓ **Finalize recommendations to HHS for measure sets in each IAP priority area**

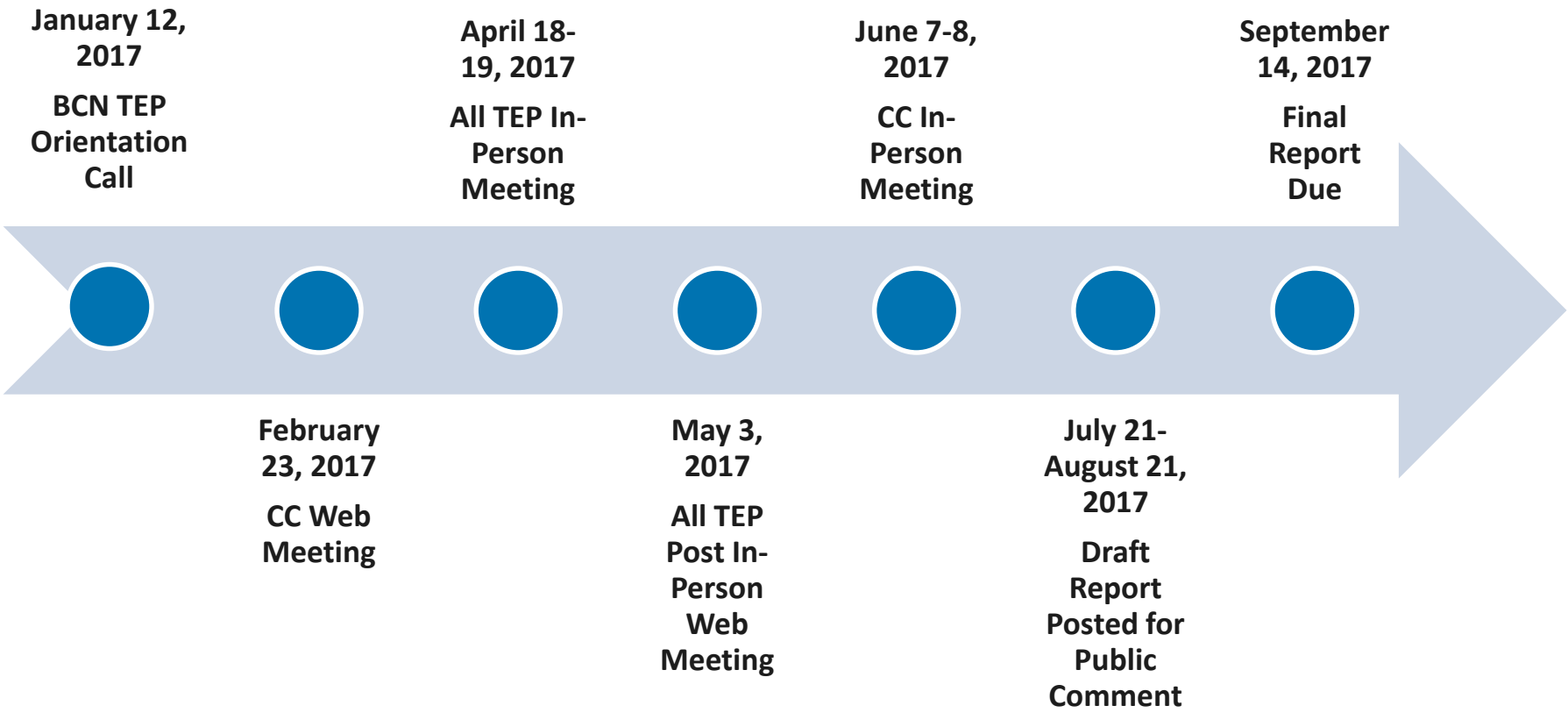
- The CC consists of key stakeholders with relevant interest and expertise related to Medicaid and the four priority areas
- To promote coordination of work of the CC and the TEPs, the chair of each TEP is also a member of the CC

Medicaid IAP Technical Expert Panel (TEPs) Charge

- The charge of the Medicaid IAP TEPs is to make initial recommendations on the measure sets for each priority area to the CC
- The four TEPs consist of members with subject matter expertise in each respective IAP priority area
- To promote coordination of work of the CC and the TEPs, the chair of each TEP is also a member of the CC



Timeline and Deliverables



Questions?

Identifying IAP Priority Area Measures

IAP Priority Area – Reducing Substance Use Disorders

- This priority area focuses on Medicaid beneficiaries who experience significant impairment such as health problems, disability, and failure to meet major responsibilities.
- Substance abuse, specifically alcohol and substance use diagnoses, are two of the top ten reasons for hospital readmissions among Medicaid beneficiaries.*
- An estimated 12% of adult and 6% of adolescent Medicaid beneficiaries have a substance abuse issue.*
- Individuals with substance use disorders are #5 and #10 cost drivers among Medicaid beneficiaries**

* Center for Medicare and Medicaid Services. Reducing Substance Use Disorders. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/reducing-substance-use-disorders/reducing-substance-use-disorders.html. Last accessed December 2016. **IAP Learning Collaborative: Substance Use Disorder. Webinar presented on November 7, 2014 by Medicaid Innovation Accelerator Program. Accessed December 2016. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/iap-sud-webinar.pdf

IAP Priority Area – Reducing Substance Use Disorders (cont.)

- In 2009, health insurance payers spent $24 billion treating Substance Use Disorder, 21% of which was accounted for by Medicaid.*
- Given the prevalence of SUDs and the associated clinical and societal costs for individuals, their families, and the healthcare system at large, the focus on efforts to reduce SUDs is an important step in improving overall population health for Medicaid beneficiaries.

*Center for Medicaid and CHIP Services. Informational Bulletin. Medication Assisted Treatment for Substance Use Disorders. https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-11-2014.pdf. Last accessed December 2016.

IAP Priority Area – Medicaid Beneficiaries with Complex Care Needs and High Costs

- This priority area includes Medicaid beneficiaries with health and/or psycho-social conditions who are likely to have high levels of costly, but preventable service utilization.
- They are a relatively small portion of the Medicaid population, but account for a significant amount of Medicaid expenditures.
  - *Five percent of beneficiaries account for 54% of total expenditures and 1% of beneficiaries account for 25% of total expenditures.*
- This sub-population within Medicaid is an extremely heterogeneous group with varying medical, behavioral, and psycho-social needs.
  - *Within this 1% of beneficiaries, 83% have at least 3 chronic conditions and more than 60% have 5 or more chronic conditions.*

Source: Centers for Medicaid and CHIP Services (CMCS). *Informational Bulletin. Targeting Medicaid Super-Utilizers to Decrease Costs and Improve Quality.* Baltimore, MD; July 2013. Available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib-07-24-2013.pdf . Last accessed December 2016.

IAP Priority Area – Medicaid Beneficiaries with Complex Care Needs and High Costs (cont.)

- Examples of complex needs:*
  - *Multiple chronic conditions*
  - *Functional limitations requiring LTSS*
  - *Mental health/behavioral health needs*
  - *Housing instability, limited social support*

- These beneficiaries are characterized by:*
  - *Multiple emergency department visits*
  - *Multiple hospitalizations/re-admissions*
  - *High rates of medication use*
  - *Use of LTSS*
  - *High total health care spending*

IAP Information Session: Improving care for Beneficiaries with Complex Needs and High Costs (BCN). Webinar presented on June 29, 2015 by Medicaid Innovation Accelerator Program. Available at https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/iap-downloads/bcn-information-webinar-06292015.pdf. Last accessed December 2016.

IAP Priority Area – Community Integration – Community-Based Long-Term Services and Supports

- The Community Integration- Long-Term Services and Supports priority areas encompasses an array of services for Medicaid beneficiaries living in the community and using home-and community-based services.

- Approximately 4.8 million Medicaid beneficiaries received long-term services and supports (LTSS) in 2011. People with LTSS needs account for about one third of all Medicaid expenditures.*

- People with LTSS needs account for about one third of all Medicaid expenditures.

Center for Medicare and Medicaid Services. Promoting Community Integration Through long-Term Services and Supports. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/community-integration-ltss/ci-ltss.html. Last accessed December 2016.

IAP Priority Area – Community Integration – Community-Based Long-Term Services and Supports

- Total federal and state LTSS spending was $152 billion in FY2014, including $80.6 billion for Home and Community-Based Services (HCBS) and $71.2 billion for institutional LTSS.
  - *HCBS accounted for a majority of Medicaid LTSS expenditures during FY2014.*

- In the future, these expenditures are expected to grow dramatically in concert with demand, with growth specifically occurring within HCBS

Center for Medicare and Medicaid Services. Promoting Community Integration Through long-Term Services and Supports. https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/community-integration-ltss/ci-ltss.html. Last accessed December 2016.

IAP Priority Area – Physical and Mental Health Integration

- Individuals with mental health conditions have some of the greatest health care needs, but the health care system can be too fragmented to effectively and efficiently serve them. The focus is on integrating the assessment and treatment of patients with both mental and physical diagnoses.

- 20% of Medicaid enrollees live with a diagnosed mental health condition or substance use disorder and account for a disproportionate share of Medicaid expenditures.*
  - *Over 50% of the Medicaid-only enrollees in the top 5% of expenditures had a mental health condition, and one-fifth had a substance use disorder*

- Individuals with mood disorders or schizophrenia and other psychotic disorders represented the top two most common diagnoses for re-hospitalizations among Medicaid beneficiaries. **

* US Government Accountability Office (GAO). *Medicaid: A Small Share of Enrollees Consistently Accounted for a Large Share of Expenditures, U.S.* Washington, DC: GAO; 2015. Available at http://www.gao.gov/assets/680/670112.pdf. Last acceded December 2016.

**Centers for Medicare and Medicaid Services. Physical and Mental Health Integration IAP Website. Available at https://www.medicaid.gov/state-resource-center/innovation-accelerator-program/physical-and-mental-health-integration/physical-and-mental-health-integration.html. Last accessed on December 2016.

IAP Priority Area – Physical and Mental Health Integration (cont.)

- Individuals with mental health needs often have comorbid physical health conditions that require medical attention.*
  - *Over 50% of the Medicaid-enrollees in the top 5% of expenditures who had asthma or diabetes also had a behavioral health condition.*

- There are many barriers to the integration of physical and mental health services. In most states, responsibility for the oversight of Medicaid physical health, mental health, and substance use disorder services is contained within two or more separate agencies.**

* GAO.gov, Medicaid: A Small Share of Enrollees Consistently Accounted for a Large Share of Expenditures, U.S. Government Accountability Office, http://www.gao.gov/assets/680/670112.pdf

** Bachrach D, Anthony S, Detty A. *State strategies for integrating physical and behavioral health services in a changing Medicaid environment.* Washington, DC: The Commonwealth Fund; August 2014. Available at http://www.commonwealthfund.org/publications/fund-reports/2014/aug/state-strategies-behavioral-health. Last accessed December 2016.

Measure Search Process

Definitions

- Measure:
  - *Healthcare performance measures are based on scientific evidence about processes, outcomes, perceptions, or systems that relate to high-quality care*, have a specific numerator and denominator and has undergone scientific testing for reliability and validity***
- Measure Concept:
  - *A metric that has a specific numerator and denominator, but has not undergone scientific testing***

*National Quality Forum (NQF). Phrase Book: A Plain Language Guide to NQF Jargon. Available at http://public.qualityforum.org/NQFDocuments/Phrasebook.pdf. Last accessed December 2016.
**National Quality Forum (NQF). Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living: Priorities for Measure Development INTERIM REPORT. Washington, DC: NQF; 2016. Available at http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=82630. Last accessed December 2016.

Search Process for Identifying Medicaid IAP Measures

- Search for measures that align with each IAP priority area by:
  - Drawing from various measure sources
  - Following a decision logic for measure inclusion (Visio Diagram)

- Collect measures that align with each IAP priority area on a measure summary sheet with designated data fields

Measure Sources

- Relevant NQF Measure Sets
  - *Duals*
  - *Medicaid Core Sets*
- NQF Projects
  - *HCBS*
  - *Behavioral Health*
  - *Health and Well-being*
  - *Person-Family Centered Care*
  - *Population Health*
  - *Care Coordination*
  - *Others*
- AHRQ's National Quality Measures Clearinghouse
- NQF Quality Positioning System (QPS)
- CMS Measures Inventory
- Center for Quality Assessment and Improvement in Mental Health (CQAIMH)
- Center for Quality Assessment and Improvement in Mental Health
- Healthcare Effectiveness Data and Information Set (HEDIS)
  - *Consider plan, physician, PCMH, ACO measurement sets*
- American Society of Addiction Medicine (ASAM)
- Marketplace Quality Measure Environmental Scan
- The National Academies Press-Vital Signs (Core Measures)

Measure Sources (cont.)

- Pharmacy Quality Alliance (antipsychotics and opioids)
- The Kennedy Forum report on Core Set of Outcomes Measures for Behavioral Health
- CMMI Behavioral Health Integration projects
- Outcomes measures for early intervention with schizophrenia projects (RAISE)
- IMPACT Act measures and FASI (Functional Assessment Standardized Items-LTSS)
- MACRA and the Core Quality Measure Collaborative --(not Medicaid measures)
- Measures utilized by select states
  - *Vermont (all-payer model; SUD measures)*
  - *Minnesota (IHPs)*
  - *Washington (LTSS measures)*
  - *New York (DSRIP; PMH measures)*
  - *Colorado (RCCOs)*
  - *Oregon (CCOs)*
  - *Other potential states: Ohio or Arkansas (episode-based payments, comprehensive primary care); Massachusetts (ACO)*

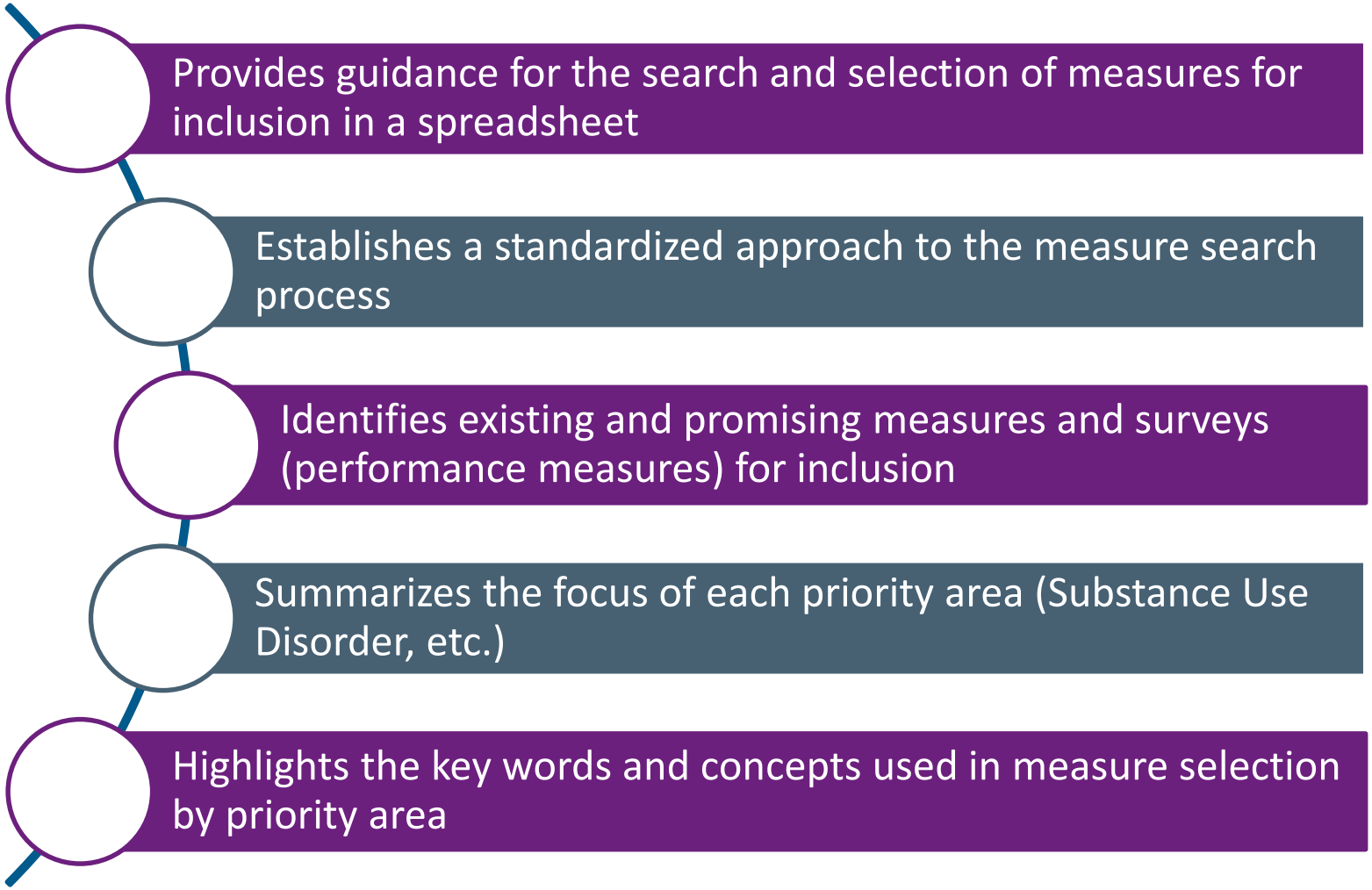
Additional Information Requested – Measure Sources

- Measures utilized by select states
  - *Can you share any knowledge of measure sets developed, in use and/or available performance data within a state?*
  - *Best state contact. Can you share contact information for the state representative(s) most likely to direct NQF staff to information regarding measures relevant to the IAP priority areas?*
  - *Besides the states listed on the previous slide, what other states are utilizing measure sets relevant to the IAP priority areas?*

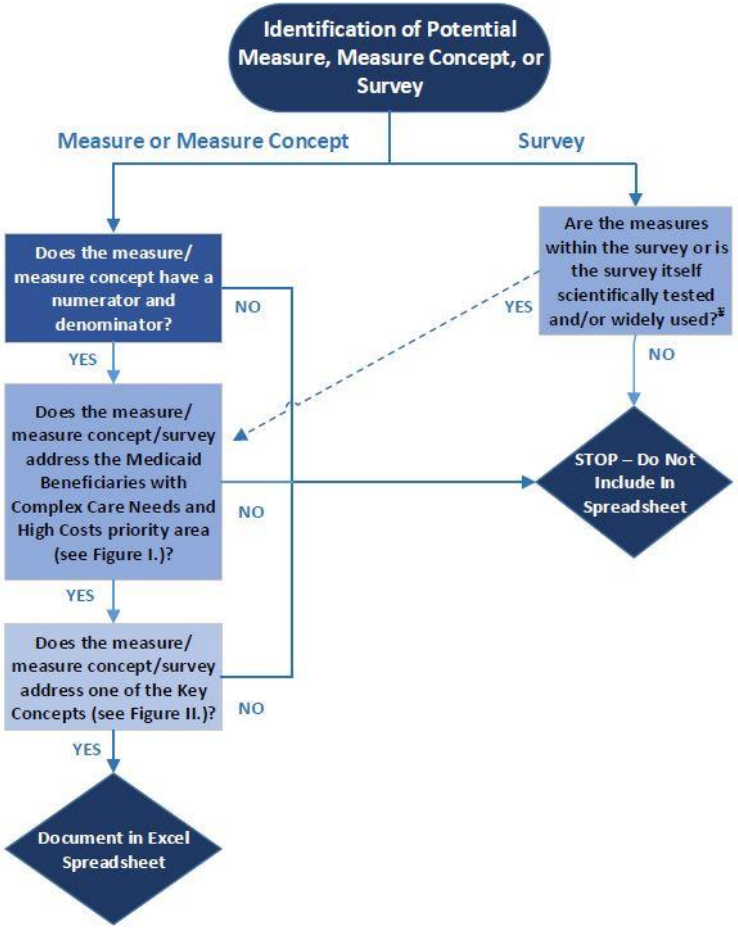
- Are there additional measure sources that the project team should leverage to identify relevant measures?

* Please submit information via email: medicaidaccelerator@qualityforum.org by January 19.

Visio Diagram – Decision Logic for Medicaid IAP Inclusion



Visio Diagram – Decision Logic for Medicaid IAP Beneficiaries with Complex Care Needs and High Costs Priority Area



Priority Area Description: Medicaid Beneficiaries with Complex Care Needs and High Costs

Figure I.

- This priority area includes Medicaid beneficiaries with health and/or psycho-social conditions who are likely to have high levels of costly, but preventable service utilization. This definition covers a heterogeneous population of beneficiaries with varying medical, behavioral, and psychosocial care needs that can be broken down further into subpopulations, each facing unique health care challenges.

Medicaid Beneficiaries with Complex Care Needs and High Costs Key Concepts

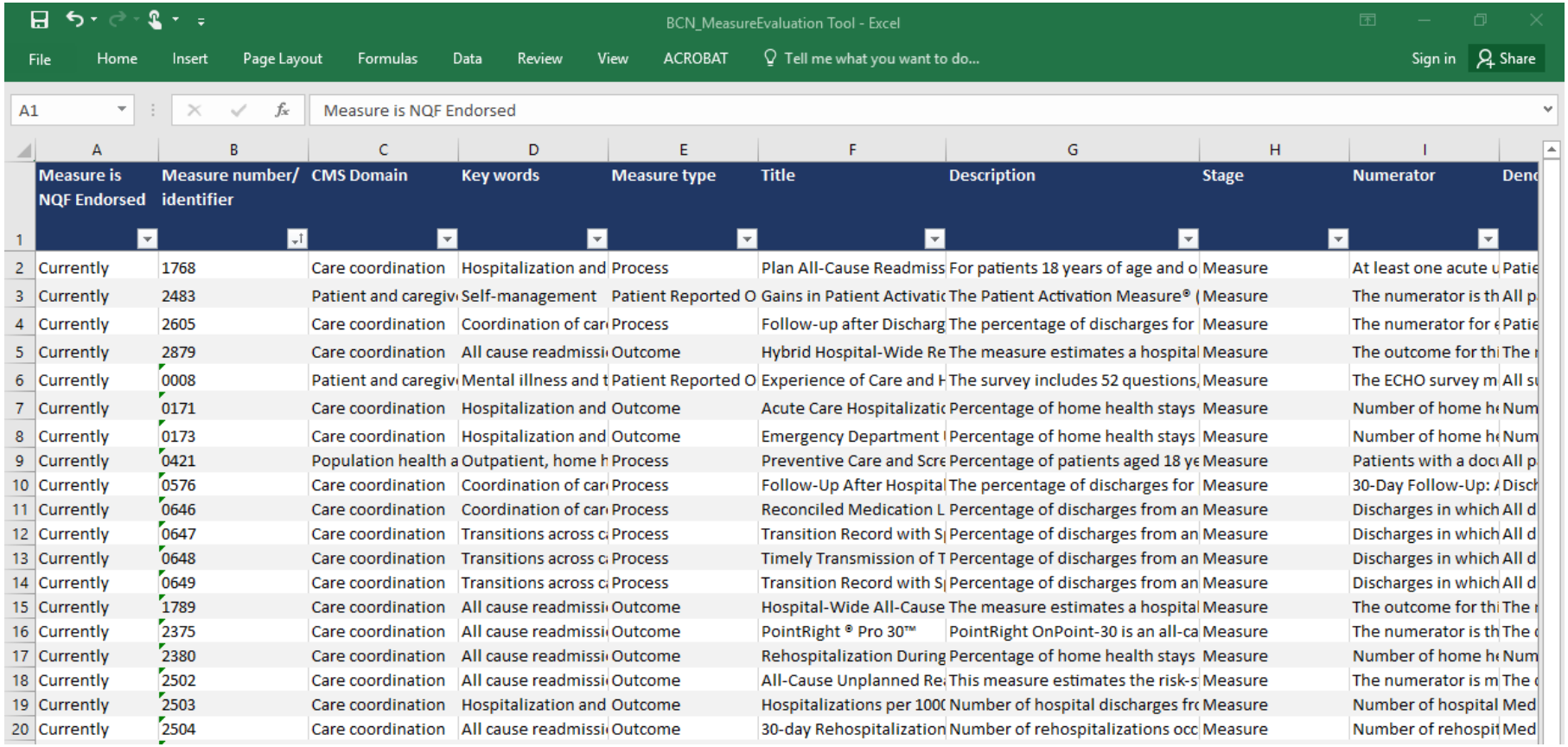
Figure II.

- All cause measures
- Self-management
- Coordination of care, continuity of care
- Underuse of primary care
- All cause follow-up for ED or hospitalizations
- Outpatient, home health and other post-acute care preventive services
- Potentially avoidable hospital and ED utilization
- Hospitalization and ED use
- Transitions across care settings
- Mental illness and multiple chronic conditions
- Super-utilizers
- Relationship between care/case manager, physician, and beneficiary
- Self-management of chronic diseases
- Outpatient preventive services for multiple conditions
- Access to care
- Quality of Life
- Person-centered care/planning
- Shared decision making
- Safety
- Care coordination
- Patient and caregiver experience of care
- Population health and prevention

Measure Summary Sheet

- Each priority area will have a separate spreadsheet used to collect identified measures
- The measure summary sheet will be used to capture pertinent measure-specific information that will be used to sort & classify measures (i.e., measure type—structure, process and outcome)
- The summary sheet will also rank measures such as levels of scientific acceptability –high -endorsed, medium evidence of R/V testing, etc.
- Initially measures may be on more than one spreadsheet prior to selecting the priority area best suited for the measure

Measure Summary Sheet Values



BCN_MeasureEvaluation Tool - Excel

File Home Insert Page Layout Formulas Data Review View ACROBAT Tell me what you want to do... Sign in Share

A1 | Measure is NQF Endorsed

	A	B	C	D	E	F	G	H	I	
1	Measure is NQF Endorsed	Measure number/ identifier	CMS Domain	Key words	Measure type	Title	Description	Stage	Numerator	Denc
2	Currently	1768	Care coordination	Hospitalization and	Process	Plan All-Cause Readmiss	For patients 18 years of age and o	Measure	At least one acute u	Patie
3	Currently	2483	Patient and caregiv	Self-management	Patient Reported O	Gains in Patient Activatic	The Patient Activation Measure® (	Measure	The numerator is th	All p
4	Currently	2605	Care coordination	Coordination of car	Process	Follow-up after Discharg	The percentage of discharges for	Measure	The numerator for e	Patie
5	Currently	2879	Care coordination	All cause readmissi	Outcome	Hybrid Hospital-Wide Re	The measure estimates a hospital	Measure	The outcome for thi	The
6	Currently	0008	Patient and caregiv	Mental illness and t	Patient Reported O	Experience of Care and H	The survey includes 52 questions,	Measure	The ECHO survey m	All s
7	Currently	0171	Care coordination	Hospitalization and	Outcome	Acute Care Hospitalizatic	Percentage of home health stays	Measure	Number of home he	Num
8	Currently	0173	Care coordination	Hospitalization and	Outcome	Emergency Department	Percentage of home health stays	Measure	Number of home he	Num
9	Currently	0421	Population health a	Outpatient, home h	Process	Preventive Care and Scre	Percentage of patients aged 18 ye	Measure	Patients with a doc	All p
10	Currently	0576	Care coordination	Coordination of car	Process	Follow-Up After Hospital	The percentage of discharges for	Measure	30-Day Follow-Up: A	Disch
11	Currently	0646	Care coordination	Coordination of car	Process	Reconciled Medication L	Percentage of discharges from an	Measure	Discharges in which	All d
12	Currently	0647	Care coordination	Transitions across c	Process	Transition Record with S	Percentage of discharges from an	Measure	Discharges in which	All d
13	Currently	0648	Care coordination	Transitions across c	Process	Timely Transmission of T	Percentage of discharges from an	Measure	Discharges in which	All d
14	Currently	0649	Care coordination	Transitions across c	Process	Transition Record with S	Percentage of discharges from an	Measure	Discharges in which	All d
15	Currently	1789	Care coordination	All cause readmissi	Outcome	Hospital-Wide All-Cause	The measure estimates a hospital	Measure	The outcome for thi	The
16	Currently	2375	Care coordination	All cause readmissi	Outcome	PointRight ® Pro 30™	PointRight OnPoint-30 is an all-ca	Measure	The numerator is th	The
17	Currently	2380	Care coordination	All cause readmissi	Outcome	Rehospitalization During	Percentage of home health stays	Measure	Number of home he	Num
18	Currently	2502	Care coordination	All cause readmissi	Outcome	All-Cause Unplanned Re	This measure estimates the risk-s	Measure	The numerator is m	The
19	Currently	2503	Care coordination	Hospitalization and	Outcome	Hospitalizations per 100(	Number of hospital discharges fr	Measure	Number of hospital	Med
20	Currently	2504	Care coordination	All cause readmissi	Outcome	30-day Rehospitalization	Number of rehospitalizations occ	Measure	Number of rehospit	Med

Measure Details Captured

Fields included on the Measure Summary Sheet

- Measure is NQF endorsed
- Measure number/identifier
- CMS domain
- Key concepts
- Measure type
- Title
- Description
- Stage
- Numerator
- Denominator
- Data source
- Level of analysis
- Care Setting
- Importance to measure/Evidence
- Evidence link/Description
- Scientific acceptability
- Usability
- Use in related programs
- Measure steward/developer
- Measure source
- Notes

Opportunity for Public Comment

SharePoint Overview

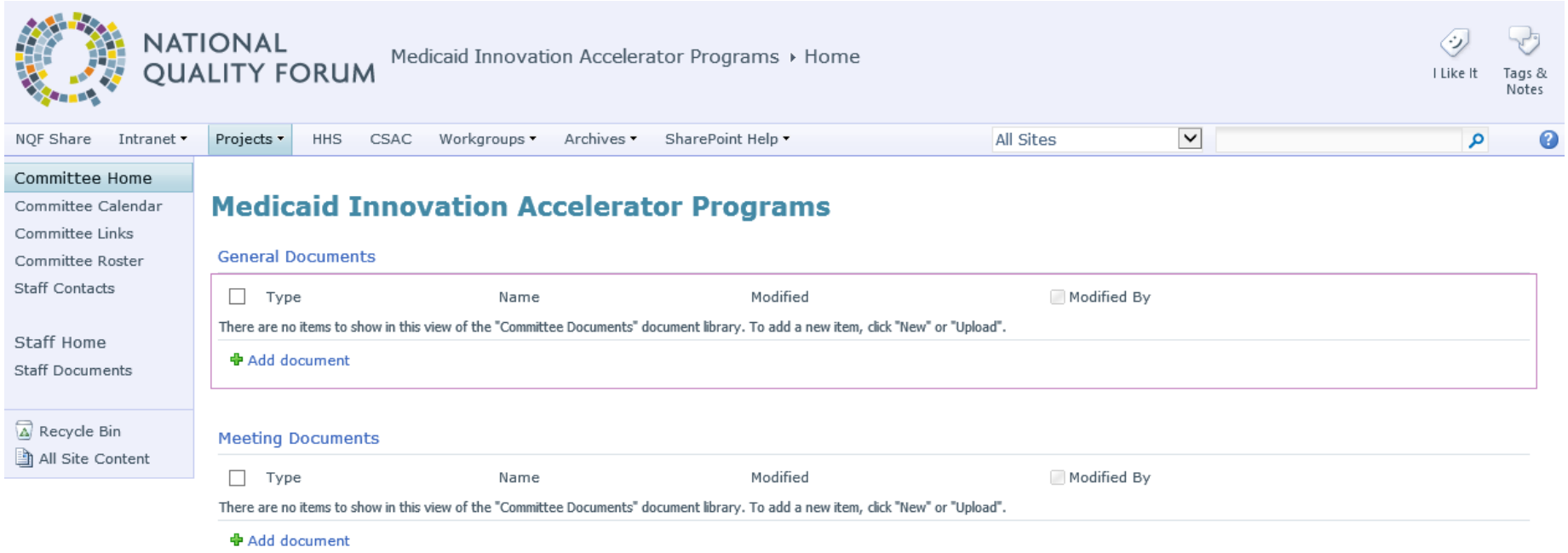
SharePoint Overview

http://share.qualityforum.org/Projects/Medicaid%20Innovation%20Accelerator%20Programs/SitePages/Home.aspx

- Accessing SharePoint
- Standing Committee Policy
- Standing Committee Guidebook
- Measure Document Sets
- Meeting and Call Documents
- Committee Roster and Biographies
- Calendar of Meetings

SharePoint Overview

- **Screen shot of SharePoint Homepage**



SharePoint Overview

- **Please keep in mind:**
  - **(+) and (-) symbols**

Next Steps

Next Steps

- Additional information on measure sources – due January 19, 2017
- Input on measure summary sheets – due February 2017
- Upcoming Meetings
  - *April 18-19, 2017- TEP in-person meeting*
  - *May 3, 2017 – TEP post in-person web meeting 2pm-4pm ET*

Contact Information

- Email: medicaidaccelerator@qualityforum.org

- NQF Project Staff
  - *Margaret (Peg) Terry, Senior Director*
  - *Shaconna Gorham, Senior Project Manager*
  - *Kate Buchanan, Project Manager*
  - *Tara Rose Murphy, Project Manager*
  - *Miranda Kuwahara, Project Analyst*

- Project Webpage: http://www.qualityforum.org/Medicaid_Innovation_Accelerator_Project_2016-2017.aspx

Thank you for participating!