NATIONAL QUALITY FORUM

Medicaid Innovation Accelerator Project 2016-2017

Technical Expert Panel In-Person Meeting - Day 1

April 18-19, 2017

Welcome

Introduction of Technical Expert Panel (TEP) Members and Disclosures of Interest

Reducing Substance Use Disorders

Technical Expert Panel Chair	Sheryl Ryan, MD, FAAP, Yale School of Medicine

Technical Expert Panel Members
• Christina Andrews, PhD, University of South Carolina
• Richard Brown, MD, MPH, University of Wisconsin School of Medicine and Public Health
• Dennis McCarty, PhD, Oregon Health & Science University
• Tiffany Wedlake, MD, MPH, Maryland Department of Health and Mental Hygiene

Improving Care for 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.

Promoting Community Integration through Community-Based Long-Term Services and Supports

Technical Expert Panel Chair	Barbara McCann, BSW, MA, Interim HealthCare, Inc.

Technical Expert Panel Members
• Diane McComb, MSEd, Delmarva Foundation
• Judit Olah, PhD, MS, UCHealth
• Robert Schreiber, MD, Hebrew SeniorLife
• Janice Tufte, Engaged Patient

Supporting Physical and Mental Health Integration

Technical Expert Panel Chair	**Maureen Hennessey, PhD, CPCC, Precision Advisors**

Technical Expert Panel Members
• Angela Kimball, National Alliance on Mental Illness
• Virna Little, PsyD, LCSW-r, MBA, CCM, SAP, The Institute of Family Health
• David Mancuso, PhD, Washington State Department of Social and Health Services
• James Schuster, MD, MBA, UPMC Insurance Division

Meeting Objectives and Agenda

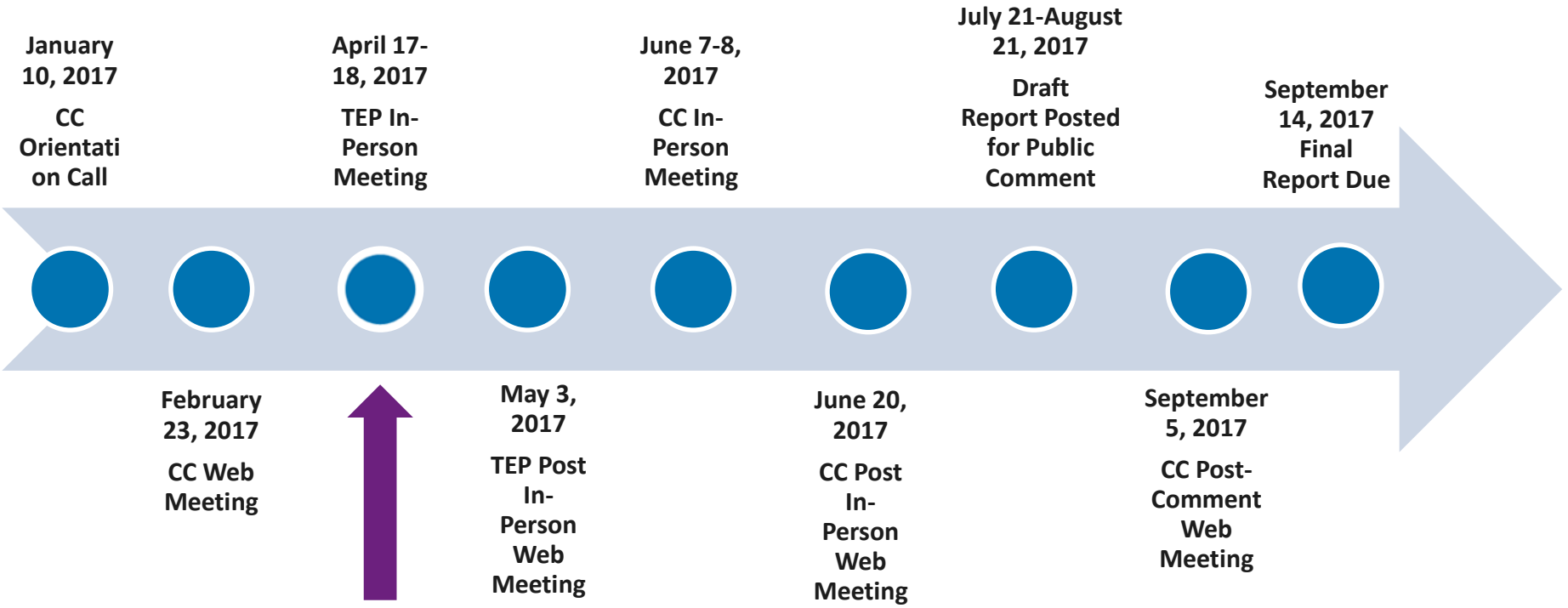
Meeting Objectives

- Analyze measures/concepts relevant to the four topics covered in the CMS Medicaid Innovation Accelerator Program (IAP) program areas:
  - *Reducing Substance Use Disorders (SUD)*
  - *Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN)*
  - *Promoting Community Integration through Community-Based Long-Term Services and Supports (LTSS)*
  - *Supporting Physical and Mental Health Integration (PMH)*
- Develop recommendations for strengthening states' Medicaid delivery system reform efforts through identification of measures related to the four program areas of CMS Medicaid IAP

Day 1 Agenda

- Welcome
- CMS Opening Remarks
- Overview of Project Goals and Key Points from Staff Literature Review
- Overview Measure Selection Process
- Review Medicaid IAP Program Area Measures (Breakout Session)
- Summary of the Day (Breakout Session)
- Adjourn

Timeline and Deliverables



Medicaid Innovation Accelerator Program

Karen LLanos

Director, Medicaid IAP

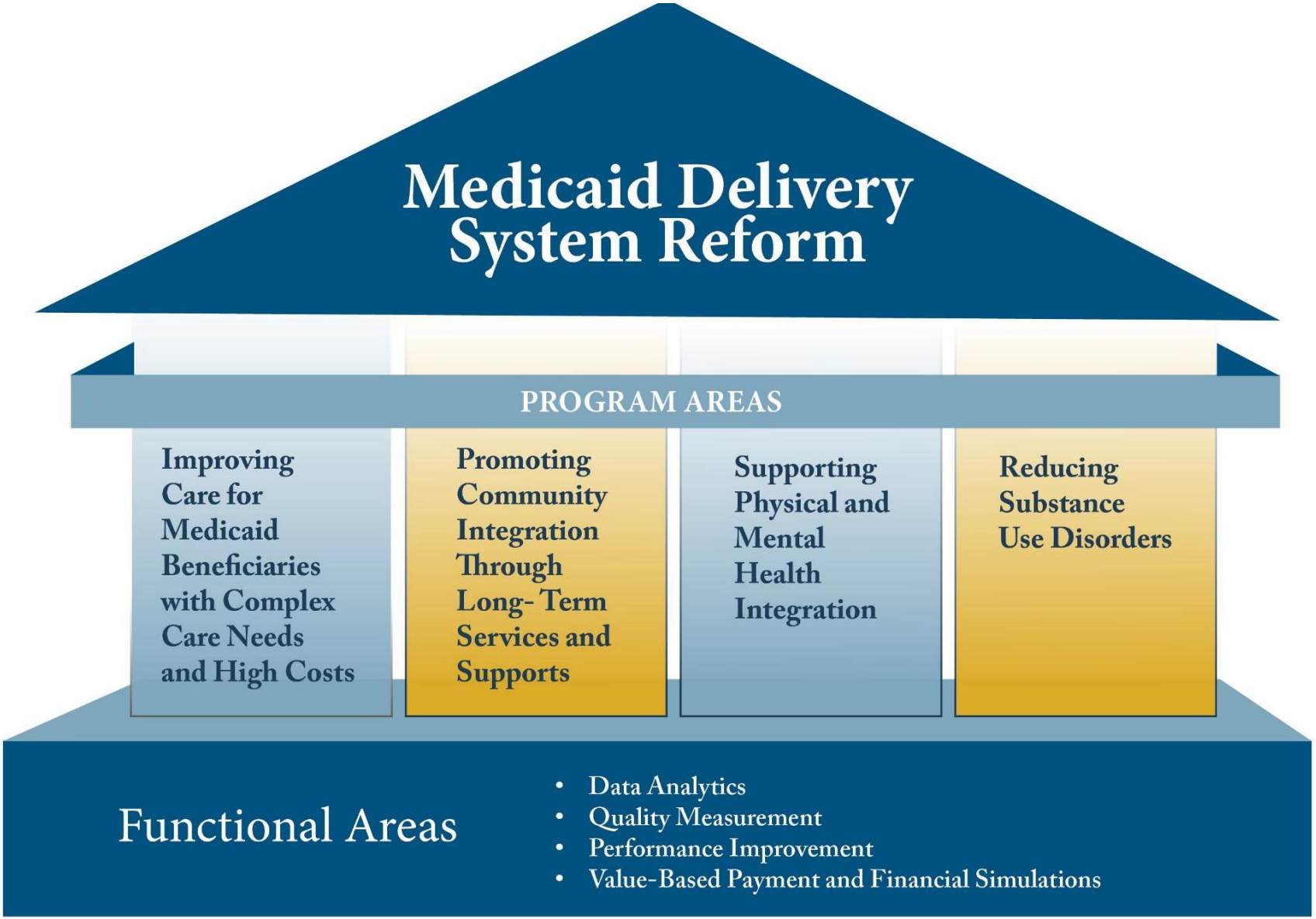
Center for Medicaid and CHIP Services, CMS

NQF Meeting

April 18, 2017

Background: Medicaid IAP

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


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 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

Medicaid IAP Quality Measurement Efforts

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

- Filling critical Medicaid-relevant quality measurement gaps through the development and/or refinement of measures
- **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
- Addressing challenging measurement issues
- Spreading best practices and innovations in quality measurement issues

Goals for the IAP-NQF Measure Set Project

The resulting listing/set of measures 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

CMS Quality Measurement Domains

The CMS Quality Measurement domains should serve as an organizing framework for today's discussions and resulting measurement sets:

- Access
- Clinical Care
- Care Coordination
- Safety
- Patient/caregiver experience
- Prevention and Population Health

What will IAP do with the Measure Sets from this Project?

- Which states are our audience for these measure sets?
  - All states whether or not they are participating in IAP
- Who will have access to the measures sets?
  - IAP will post sets online for interested states & stakeholders
- How can states use these measure listings?
  - Resource for state Medicaid agencies developing measurement strategies for their delivery system reform efforts
- This project differs from other federal measurement sets
  - Not part of a requirement or reporting program, but should consider alignment with relevant measure sets
  - Helpful resource for states and CMCS

Questions?

Overview of Project Goals and Key Points from Staff Literature Review

NQF-Medicaid Innovation Accelerator Project Goals

- Identify and recommend measure sets related to the four program areas of CMS's Medicaid Innovation Accelerator Program (IAP)
  - *Reducing Substance Use Disorders (SUD)*
  - *Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN)*
  - *Promoting Community Integration – Community-Based Long-Term Services and Supports (CI-LTSS)*
  - *Supporting Physical and Mental Health Integration (PMH)*
- Measure sets will support states' ongoing efforts related to Medicaid delivery system reform
- Measure sets should include measures that can be implemented immediately and represent the full continuum of care
- All state Medicaid agencies, regardless of whether they participate in CMS' IAP, will have access to the measure sets

Reducing Substance Use Disorders (SUD)

- This program 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.*

* 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

Reducing Substance Use Disorders (SUD)

- Research shows that Medicaid-only patients had the highest combined rate of both illicit drug use and use of prescription drugs when compared to patients with commercial insurance, patient on Medicare, or dually eligible patients.

- Medicaid Patient Review and Restriction programs (or "Lock-in" programs) have previously been used to curb substance use disorders in the Medicaid system as early as the 1970s. Lock-in programs are again being considered to address opioid misuse

Am J Drug Alcohol Abuse. 2015 Jan;41(1):1-6. doi: 10.3109/00952990.2014.988339.
Keast SL[1], Nesser N, Farmer K.

Reducing Substance Use Disorders (SUD)

- Measure sets should focus on CMS quality domains:
  - *Access*
  - *Clinical care*
  - *Care coordination*
  - *Safety*
  - *Patient and caregiver experience*
  - *Population health and prevention*

- Examples of a theme or issue raised during project deliberations to-date:
  - *Identification of people with substance use disorders or co-occurring conditions*

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs

- This program area focuses on supporting states' efforts to design and implement Medicaid delivery reforms for Medicaid beneficiaries who, because of their health and/or social conditions, are likely to experience high levels of costly but preventable service utilization and whose care patterns and costs are potentially "impactable."
- 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**

*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.

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs

- There is evidence of effective strategies to improve care and reduce costs. For instance, studies found that areas served by Federally Qualified Health Centers (FQHCs) have lower rates of emergency department use and lower rates of hospitalizations for ambulatory care–sensitive conditions.*

- But, there is difficulty in appropriately addressing this population:
  - *Variations in design, focus, and setting among care management interventions make comparisons challenging. As a result, the literature has not identified specific best practices for wide implementation***
  - *There is a lot of churn among individuals characterized as high utilizers of healthcare. The majority of individuals experience brief periods of increased utilization and then return to lower rates of utilization. Changes in status are likely due to multiple factors including the natural history of illness, the impact of care, and mortality****

*Wright B, Potter AJ, Trivedi A. Federally Qualified Health Center Use Among Dual Eligibles: Rates Of Hospitalizations And Emergency Department Visits. *Health Affairs.* 2015; 34(7): 1147-1155.

**Lynch CS, Wajnberg A, Jervis R, et al. Implementation Science Workshop: a Novel Multidisciplinary Primary Care Program to Improve Care and Outcomes for Super-Utilizers. *J Gen Intern* Med. 2016;31(7):797-802.

***Johnson TL, Rinehart DJ, Durfee J, et al. For Many Patients Who Use Large Amounts Of Health Care Services, The Need Is Intense Yet Temporary. *Health Affairs.* 2015;34(8):1312-1319.

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs

- Measure sets should focus on CMS quality domains:
  - *Access*
  - *Clinical care*
  - *Care coordination*
  - *Safety*
  - *Patient and caregiver experience*
  - *Population health and prevention*

- Examples of themes and issues raised during project deliberations to-date:
  - *Identifying people with complex care needs*
  - *Promoting coordination of care*
  - *Identifying types of services or social supports appropriate for this population*

Promoting Community Integration through Community-Based Long-Term Services and Supports

- This program area focuses on supporting states' efforts to design and implement Medicaid delivery system reform for Medicaid beneficiaries living in the community and using home and community-based services and social supports. It does not focus on institutional care.

- Measure sets should focus on:
  - *Access*
  - *Clinical care*
  - *Care coordination*
  - *Safety*
  - *Patient and caregiver experience*
  - *Population health and prevention*

- Examples of themes and issues raised during project deliberations to-date:
  - *Having the right measures to address this changing and growing service area*
  - *Examining ways to align measures in use across multiple states and programs*

Promoting Community Integration through Community-Based Long-Term Services and Supports

- Evidence shows that planning for care following transition from an institution to community living should focus on personal medical and mental health needs and home selection that patients like and from which they can participate in the community in order to improve life satisfaction
  - *Predictors of reinstitutionalization include mental health disability, difficulties with family members before transition, and not exercising choice and control in daily life. These predictor present opportunities for possible intervention to reduce reinstitutionalization.*

Health Aff (Millwood). 2015 Oct;34(10):1628-36. doi: 10.1377/hlthaff.2015.0244.
Robison J, Porter M, Shugrue N, et al.

Supporting Physical and Mental Health Integration

- This program area focuses on supporting states' efforts to design and implement Medicaid delivery system reform efforts around the integration of care and services for Medicaid beneficiaries with mental and physical health conditions.

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

- 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.*

* 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.

Supporting Physical and Mental Health Integration

- Effective integrated care models exist, but are not widely implemented. Barriers to the implementation of integration include:*
  - *Payment – in 24 states there are limits on same-day Medicaid billing for behavioral and mental health services ***
  - *Budget cuts - Numerous states reduced mental health service budgets during the recession*[ɣ]
  - *Workforce issues - There is a significant workforce shortage in many parts of the country. An estimated 91 million people live in areas without enough mental health professionals*[ɣ]
  - *EHR capabilities - Many EHRs have limited ability to document relevant behavioral health and physical health information and to support communication and coordination of care among integrated teams*[ɣɣ]

*Goldman ML, Spaeth-Rublee B, Puncus HA. Quality Indicators for Physical and Behavioral Health Care Integration. *JAMA.* 2015;314(8):769-770

**Roby DH, Jone EE. Limits on Same-Day Billing in Medicaid Hinders Integration of Behavioral Health into the Medical Home Model. *Psychol Serv*. 2016;13(1):110-119.

[ɣ]Crowley RA, Kirschner N. The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: Executive Summary of an American College of Physicians Position Paper. *Ann. Intern. Med.* 2015;163(4):298-299.

[ɣɣ]Cifuentes M, Davis M, Fernald D, et al. Electronic Health Record Challenges, Workarounds, and Solutions Observed in Practices Integrating Behavioral Health and Primary Care. *JABFM.* 2015;28:S63-S72.

Supporting Physical and Mental Health Integration

- Measure sets should focus on CMS quality domains:
  - *Access*
  - *Clinical care*
  - *Care coordination*
  - *Safety*
  - *Patient and caregiver experience*
  - *Population health and prevention*

- Examples of themes and issues raised during project deliberations to-date:
  - *Knowledge of integration occurring*
  - *Enhanced coordination*
  - *Enhanced collaboration*
  - *Is care occurring at primary care physician's office or remotely?*
  - *Is care coordination the same as integration?*

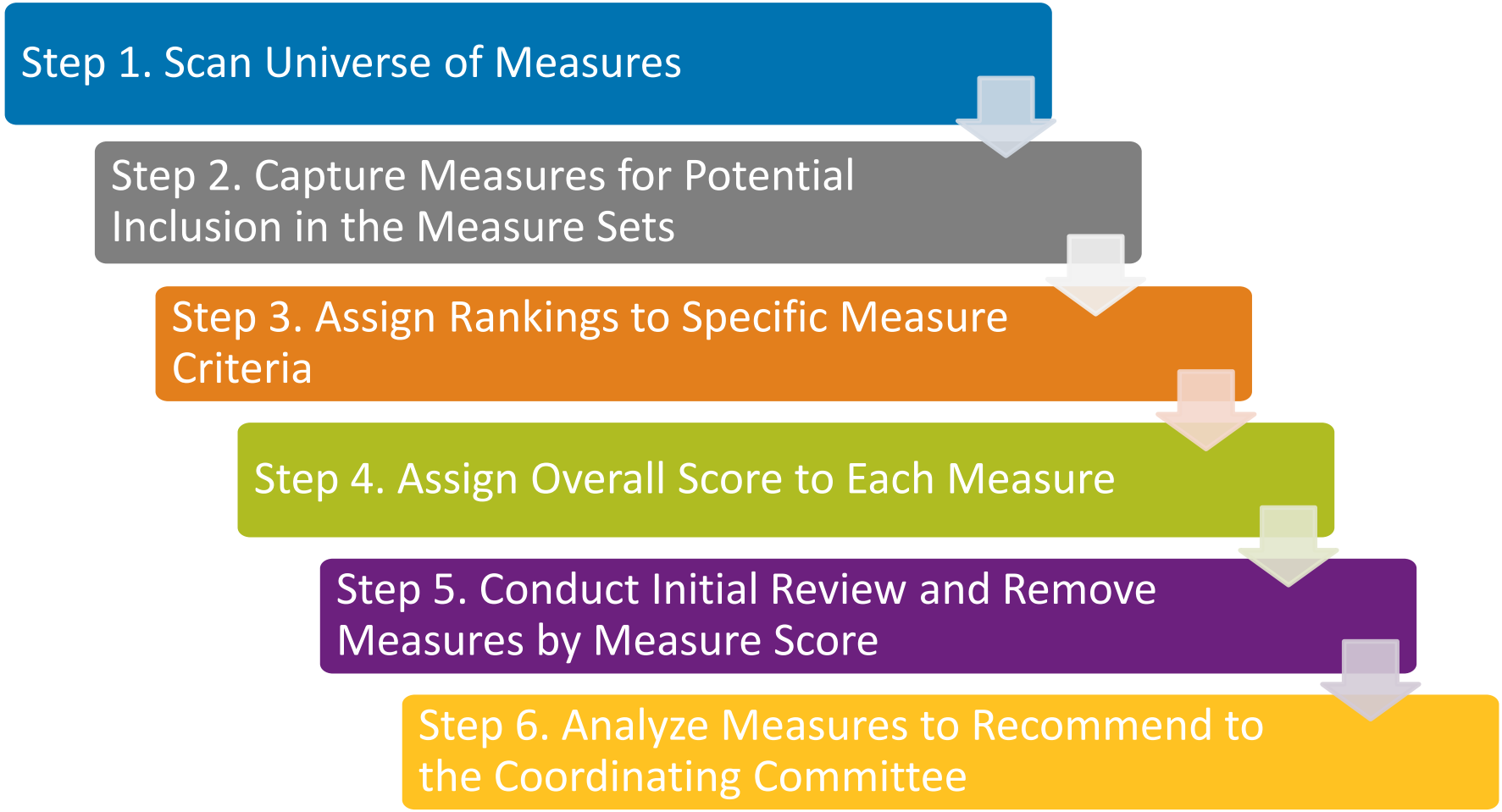
Questions?

Overview Measure Selection Process

TEP Measure Selection Process

- The measure selection process is a standardized approach for selecting “best-available” measures for each IAP program area measure set
- During the in-person meeting, TEP members will use this standardized approach to build consensus and vote on measures to include in their measure set recommendations to the CC
- Using a similar standardized approach, the CC will discuss the recommendations made by each TEP and finalize recommendations for measure sets in each IAP program area during an in-person meeting on June 7-8, 2017

Process for Identifying Measure Sets



Step 1: Scan Universe of Measures

- NQF staff performed a comprehensive search for measures using relevant measure sources
- NQF staff identified measures based on feedback from CMS and multi-stakeholder experts regarding the goals of each program area and the current measurement activities of states' delivery system reform efforts

Step 2: Capture Measures for Potential Inclusion in the Measure Sets

- NQF staff captured measure details on each IAP program area measure summary sheet
- Measures have been grouped by CMS quality measurement domain (e.g. access, clinical care, care coordination, safety, patient and caregiver experience, population health and prevention)
- Measures can be organized by type, NQF endorsement, key words, etc.

Step 3: Assign Rankings to Specific Measure Criteria

Measure scores are based on four measure components

- **Feasibility -** the extent to which the specifications require data that are readily available or could be captured without undue burden
  - *High (3): Administrative/Claims*
  - *Medium (2): Paper Record/Medical record/EHR/ Registry data*
  - *Low (1): PRO-PM*
  - *Unsure (0)*

- **Usability** - the extent that potential audiences are using or could use performance results for both accountability and quality improvement
  - *High (3): Use in federal program or use in multiple states for accountability/quality improvement*
  - *Medium (2): Use by state/local/health plan for accountability/quality improvement or planned use in state Medicaid programs*
  - *Low (1): No indication of use in field or any programs*
  - *Unsure (0)*

Step 3: Assign Rankings to Specific Measure Criteria (cont.)

- **Scientific Acceptability** - the extent to which a measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care
  - *High (3): Currently NQF endorsed OR evidence of reliability/validity testing in the Medicaid population*
  - *Medium (2): Any evidence of reliability/validity testing OR testing in Medicaid project is underway*
  - *Low (1): No evidence of testing*
  - *Unsure (0)*

- **Evidence** - the extent to which the specific measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance
  - *Yes (1): There is evidence of data or information resulting from studies and analyses of the data elements and/or scores for a measure as specified, unpublished, published, or NQF endorsed without exception to evidence*
  - *No (0): There is no evidence of importance to measure*
  - *Unsure (0)*

Step 4: Assign Overall Score to Each Measure

- NQF staff used the criteria to assign an *overall measure score* to each measure in order to rank and organize measures within the measure summary sheets

- The following describes the weight of each of the four criteria in the overall measure score calculation:
  - *Feasibility - 30%*
  - *Usability - 30 %*
  - *Scientific Acceptability - 25%*
  - *Evidence - 15%*

- The overall measure score will be used to begin to eliminate measures

Step 5: Conduct Initial Review and Remove Measures by Measure Score

- In March 2017, TEP members completed a survey to provide feedback on the initial measures captured by staff. The survey included the following questions:
  - *Do these measures capture the most important issues in the program area? If not, are there other measures you think should be added to this list? Please identify.*
  - *Are there measures that you think should NOT be on this list? Please identify.*
  - *Did you identify any measures that would be best placed in a different program area?*
  - *Do you have additional information on any of the measures listed?*

- Staff updated the measure summary sheets based on TEP feedback

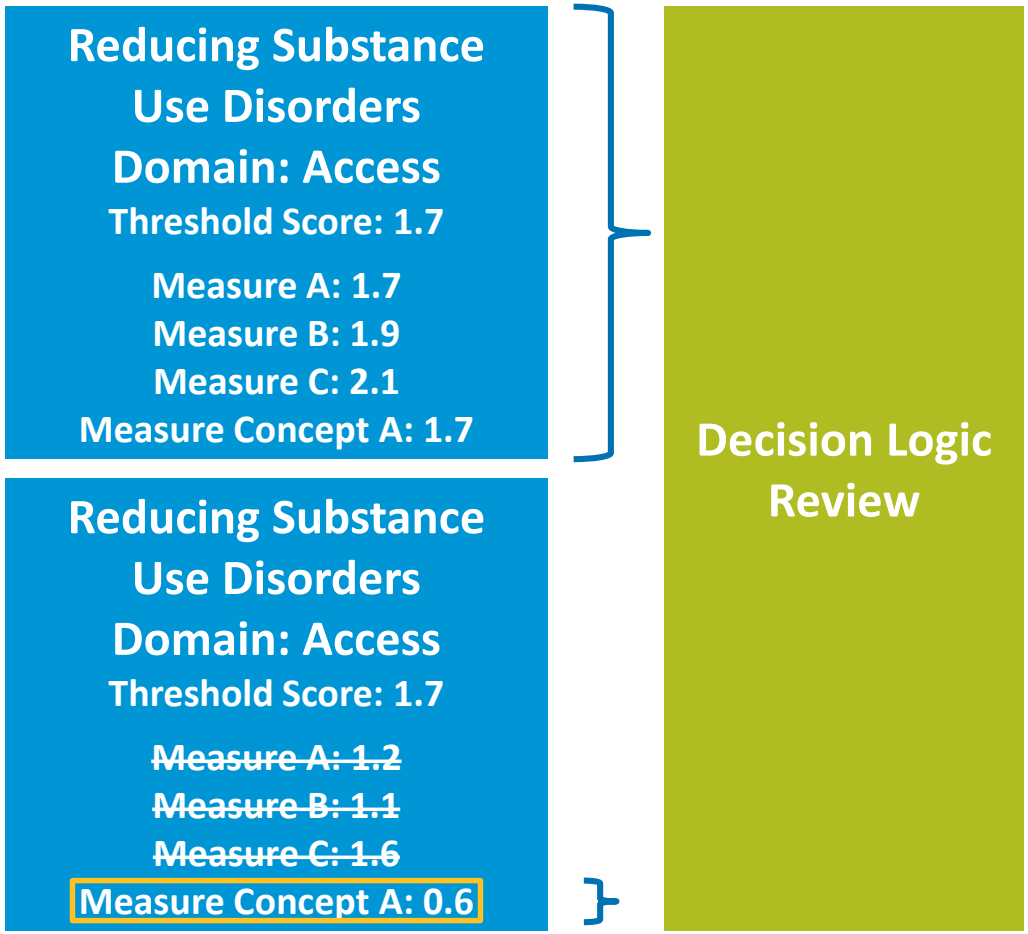
Step 5: Conduct Initial Review and Remove Measures by Measure Score

- Prior to the in-person meeting, TEP members reviewed their program area measure summary sheet
  - *Summary sheets included overall measure scores as well as the mean score for all measures/concepts in the program area*

- Measures/measure concepts with scores under the mean will not be considered by the TEPs during the in-person meeting with the following exception:
  - » Exception: TEP members can identify measures/concepts that scored under the threshold that they want to retain. TEP members are responsible for providing a rationale for retaining the measure/concepts for consideration. These measures/concepts will then be added to the list of measures for further review.

TEP Decision Process

- ✓ **Measures/Concepts that meet or exceed the threshold score (total program area-specific mean) automatically continue to the decision logic review**
- ✓ **Only Measures/Concepts with scores that fall below the mean that TEP members choose to retain in advance of the meeting will move on to the decision logic review**
- ✓ **Note: TEP members may only select up to 3 measures to retain**



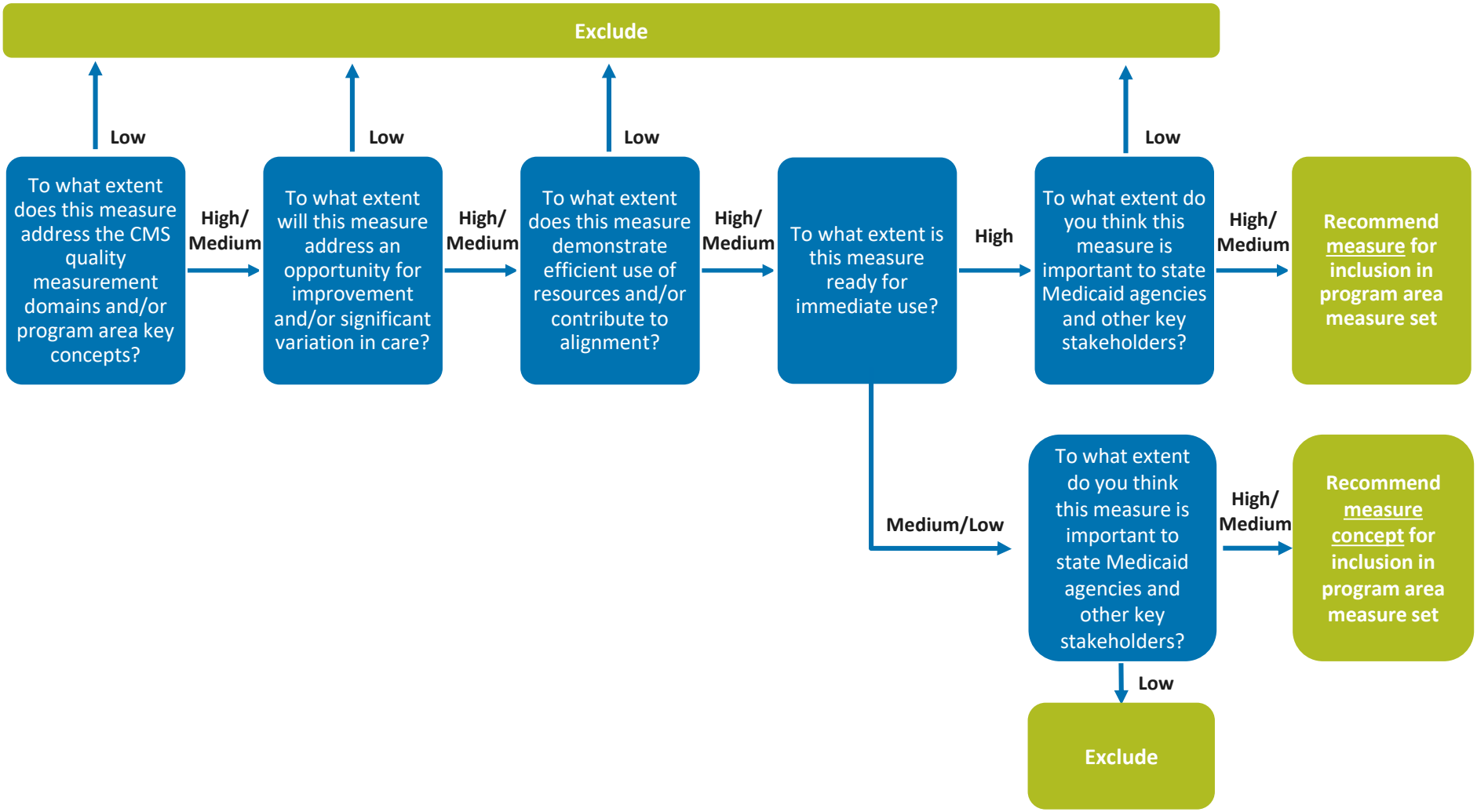
Step 6: Analyze Measures to Recommend to the Coordinating Committee (CC)

- TEPs will evaluate the remaining measures individually against criteria of the decision logic
  - *TEPs will leverage discussion questions to guide their conversation*

- Each measure will be considered against specific criteria (questions) using the following indicators: High (H); Medium (M); and Low (L)

- The indicators describe the degree to which the measure fits each criterion. The measures/concepts will continue through the decision logic based on the TEP vote of High (H); Medium (M); and Low (L)

Decision Logic



Step 6: Analyze Measures to Recommend to the CC – Decision Logic

- To what extent does this measure address critical quality objectives of the CMS quality measurement domains and/or identified program area key concepts?
  - *High: Measure addresses a CMS quality measurement domain(s) and program area key concepts*
  - *Medium: Measure addresses CMS quality measurement domains but does not address program area key concepts*
  - *Low: Measure does not clearly address CMS quality measurement domains or program area key concepts*

- To what extent will this measure address an opportunity for improvement and/or significant variation in care evidenced by quality challenges (e.g. readmissions, access to care) for each program area?
  - *High: Addresses multiple quality challenges and opportunities for improvement within a program area*
  - *Medium: Measure has the potential to address variation in care and quality challenges*
  - *Low: Measure does not address quality challenges or opportunities for improvement within a program area*

Step 6: Analyze Measures to Recommend to the CC – Decision Logic (cont.)

- To what extent does this measure demonstrate efficient use of measurement resources (data collection processes, performance improvement activities, etc.) and/or contribute to alignment of measures across programs, health plans, and/or states? The measure is not duplicative of existing measures within the measure set, captures a broad population (encompasses population of different ages, multiple conditions, etc.).
  - *High: Measure demonstrates efficient use of measurement resources, addresses broad populations, is not duplicative of existing measures and contributes to alignment across states/programs and health plans*
  - *Medium: Measure is not duplicative of other measures and does address some areas of alignment but does not encompass broad populations*
  - *Low: No evidence that the measure demonstrates/addresses any of the above criteria (e.g., does not demonstrate efficient use of measurement resources, address a broad population, nor contribute to alignment. There are other measures similar to this one already in use*

Step 6: Analyze Measures to Recommend to the CC – Decision Logic (cont.)

- To what extent is this measure ready for immediate use?
  - *High: Already in use in the Medicaid populations*
  - *Medium: Measure has a specified numerator and denominator and has reported testing*
  - *Low: Measure has a numerator and denominator but there is no evidence of testing*

- To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders (consumers/families, Medicaid managed care organizations, and providers)?
  - *High: Important to state Medicaid agencies and consumers/families*
  - *Medium: Important to two stakeholders including state Medicaid agencies*
  - *Low: Important to one stakeholder*

Step 6: Analyze Measures to Recommend to the Coordinating Committee (CC)

- The decision logic results for each measure/concept will yield the following:
  - *The measure/ measure concept should be excluded from the recommended measure set;*
  - *The measure is recommended for inclusion in the measure set; or*
  - *The measure concept is recommended for inclusion in the measure set*

TEP Voting

- TEP members will utilize a hand vote
  - *State panelists will not vote*
- A vote requires at least 60% agreement to move forward
  - *Each decision to support or not support will be accompanied by one or more statements of rationale as to how and why each decision was reached.*
- TEPs will review potential measures/measure concepts by CMS quality measurement domain
- The measure sets will be recommended to the Coordinating Committee for consideration

Questions?

Opportunity for Public Comment

Breakout Session Logistics

- TEP members will move to their assigned break-out rooms.

- The public audience can participate:
  - *Remotely by web and/or phone. A dial-in number and streaming link have been provided for each TEP break-out session*
  - *In-person. Please join the break-out session of interest.*

Breakout Session Locations

- Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
  - *8 Small- Staff will escort TEP members to the 8th floor*
- Community Integration– Community-Based Long-Term Services and Supports
  - *Remain in the 9th floor conference room*
- Reducing Substance Use Disorders
  - *Remain in the 9th floor conference room*
- Integration of Physical and Mental Health
  - *8 Large- Staff will escort TEP members to the 8th floor*

Breakout Information – Day 1

- **Reducing Substance Use Disorders**
  - *Dial (877) 224-4655 - Conference Code 574 573 6954*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?968682*
- **Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs**
  - *Dial 877-224-4655 - Conference Code 115 727 4771*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?577838*
- **Promoting Community Integration through Community-Based Long-Term Services and Supports**
  - *Dial (877) 303-9138 *no conference code required*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?103219*
- **Supporting Physical and Mental Health Integration**
  - *Dial (877) 224-4655 0 Conference Code 328 348 7278*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?410647*

Break

Review Medicaid IAP Program Area Measures (Breakout Session)

NATIONAL QUALITY FORUM

Medicaid Innovation Accelerator Project 2016-2017

Technical Expert Panel In-Person Meeting - Day 2

April 18-19, 2017

Welcome & Breakfast

Breakout Session Locations

- Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs
  - *8 Small- Staff will escort TEP members to the 8th floor*
- Community Integration– Community-Based Long-Term Services and Supports
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- Reducing Substance Use Disorders
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- Integration of Physical and Mental Health
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Breakout Information – Day 2

- **Reducing Substance Use Disorders**
  - *Dial (877) 224-4655 - Conference Code 574 573 6954*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?160727*
- **Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs**
  - *Dial 877-224-4655 - Conference Code 115 727 4771*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?824195*
- **Promoting Community Integration through Community-Based Long-Term Services and Supports**
  - *Dial (877) 303-9138 *no conference code required*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?219880*
- **Supporting Physical and Mental Health Integration**
  - *Dial (877) 224-4655 0 Conference Code 328 348 7278*
  - *Streaming: http://nqf.commpartners.com/se/Rd/Mt.aspx?968678*

Review Medicaid IAP Program Area Measures (Breakout Session)

Reconvene in 9th Floor Conference Room to Review TEP Recommendations to Coordinating Committee

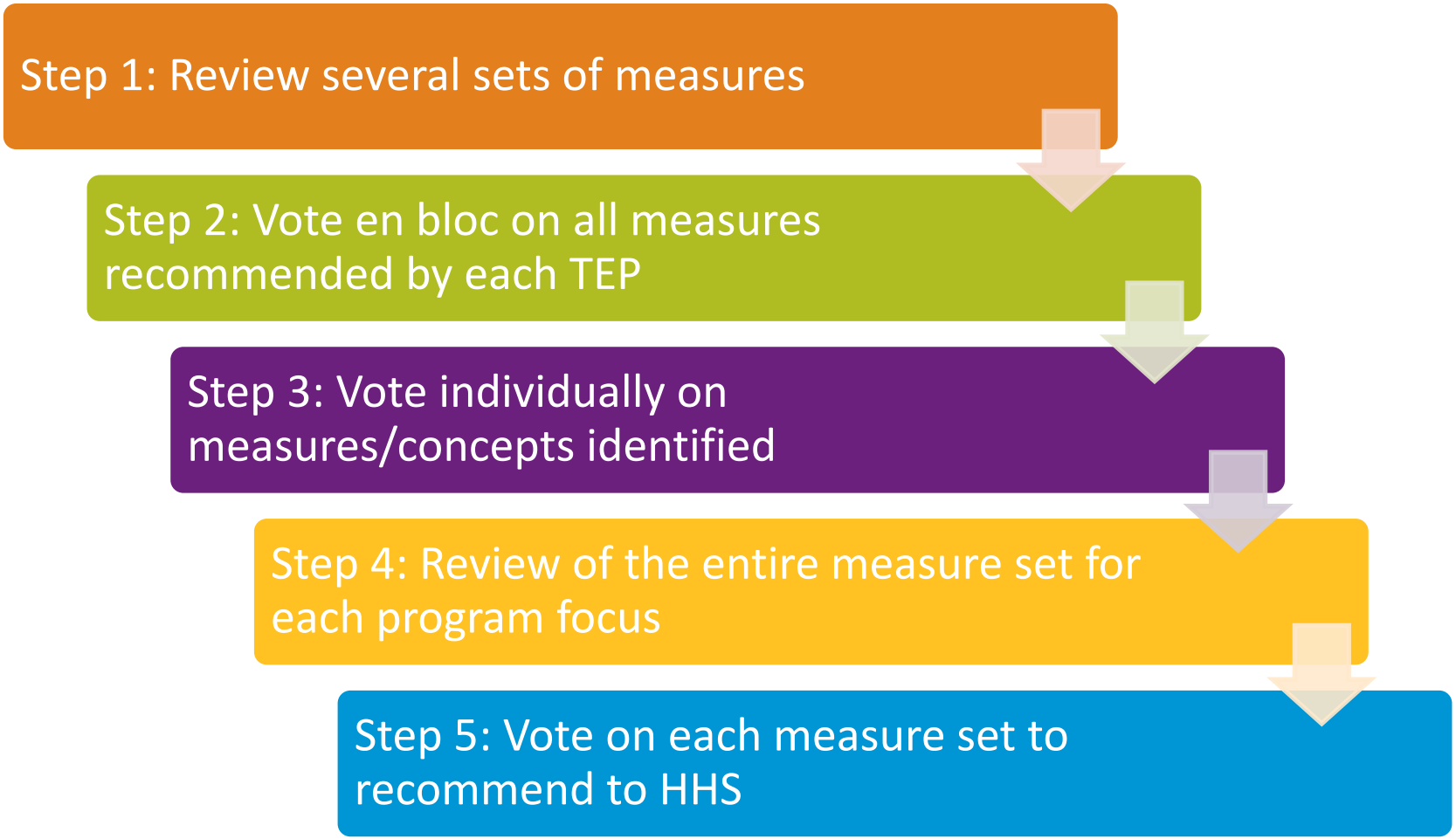
9th Floor Conference Room Streaming and Teleconference Information

- *Streaming Audio Online*
  - *Direct your web browser to: http://nqf.commpartners.com/se/NQFLogin/*
  - *Under "Enter a Meeting" type in the meeting number: **103219** for Day 1 and **219880** for Day 2.*
  - *In the "Display Name" field, type in your first and last names and click "Enter Meeting."*

- *Teleconference*
  - *Dial (888) 802-7237 for Committee members or (877) 303-9138 for public participants.*

Review TEP Recommendations to Coordinating Committee

Next Steps for the Measure Sets: Coordinating Committee Measure Selection Process



Next Steps for the Measure Sets

Coordinating Committee Measure Selection Process

- The objectives of the Coordinating Committee process:
  - *To review up-to-date information on each measure to assure agreement with recommendations from each TEP.*
  - *To evaluate measures submitted from the TEPs through an additional process of reconsideration.*
  - *To recommend the final set of measures to HHS for consideration.*

- The review by the CC will not be duplicative of the TEP but will provide a broader lens taking into consideration Medicaid at large (Managed Care and Fee-For-Service) to determine if measures are suitable to be recommended to CMS.

- The measure sets will be used as a resource for all states when thinking about available measures to use in terms of quality improvement and payment activities related to their delivery system reform efforts.

Next Steps for the Measure Sets

Coordinating Committee Measure Selection Process cont.

- Step 1: Review several sets of measures:
  - *The measure sets the TEPs recommend for each program area*
    - » CC members can ask for additional discussion and vote on measures they regard as inappropriate for the final set of recommended measures/concepts.
  - *The measures that were analyzed in each program area using the decision logic but were not recommended*
    - » CC members will be able to call out a maximum of two measures they feel should be reexamined for possible recommendation.
- Step 2: Vote en bloc on all measures recommended by each TEP except for those identified for further review by a Coordinating Committee member.

Next Steps for the Measure Sets

Coordinating Committee Measure Selection Process cont.

- Step 3: Vote individually on measures/concepts identified as inappropriate from the measure sets recommended by the TEP and measures not recommended by the TEP

- Step 4: Review of the entire measure set for each program focus
  - *Purpose of the final review is to assess measure set for balance of measure type, domains, measures that are immediately ready for implementation*

- Step 5: Vote on each measure set to recommend to HHS

Questions?

Opportunity for Public Comment

Next Steps

Next Steps

May 3, 2017

- TEP post in-person web meeting 2 – 4pm ET

July 21-August 21, 2017

- Draft Report Posted for Public Comment

September 14, 2017

- Final Report Due

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

Closing Remarks

Adjourn