

Measure Applications Partnership

Dual Eligible Beneficiaries Workgroup
Web Meeting

July 6, 2011

Welcome and Introductions

Meeting Objectives

Review Dual Eligible Beneficiaries Workgroup progress to date

Discuss and refine workgroup's early outputs

React to guidance from MAP Coordinating Committee

Consider high-need population subgroups and opportunities to improve affordability

Coordinate with ongoing work of other MAP groups

Prepare for the July 25-26 in-person meeting of the workgroup

3

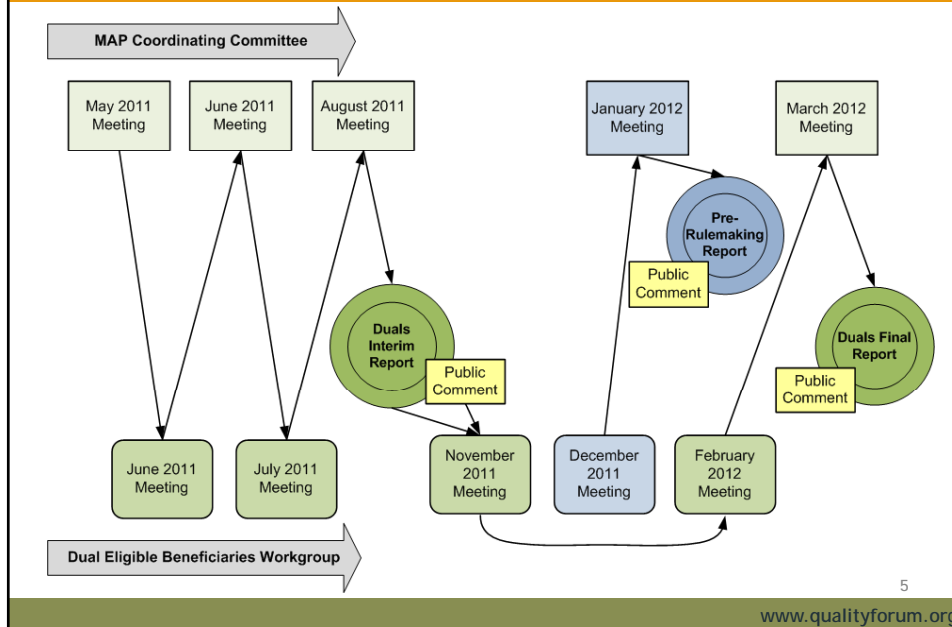
Dual Eligible Beneficiaries Workgroup Charge

To advise the MAP Coordinating Committee on performance measures to assess and improve the quality of care delivered to Medicare/Medicaid dual eligible beneficiaries. The Workgroup will:

- Develop a strategy for performance measurement for this unique population and identify the quality improvement opportunities with the largest potential impact.
- Identify a core set of current measures that address the identified quality issues and apply to both specific (e.g., Special Needs Plans, PACE) and broader care models (e.g., traditional FFS, ACOs, medical homes).
- Identify gaps in available measures for the dual eligible population, and propose modifications and/or new measure concepts to fill those gaps.
- Advise the Coordinating Committee on a coordination strategy for measuring readmissions and healthcare-acquired conditions across public and private payers and on pre-rulemaking input to HHS on the selection of measures for various care settings.

4

Flow of Information to Inform Reports



5

Analytic Strategy – Web Meeting

- Establish vision for improved quality of care and strategic approach to performance measurement ★
- Align with broader initiatives and guiding frameworks ★
- Prioritize high-leverage quality improvement opportunities for dual eligible population ★
- Consider data source and HIT implications
- Identify measures currently in use and map them to high-leverage opportunities
- Refine core measure set, identify gaps, and propose modifications or new measure concepts

In addition, all other MAP groups will be considering the implications of their specific tasks for dual eligible beneficiaries.

6

Workgroup Progress to Date

7

Initial Vision for High-Quality Care

Individuals should have reliable access to a **person- and family-centered, culturally competent** support system that helps them reach their **personal goals** through access to a range of **healthcare services and community resources.**

8

Guiding Principles

- The population is defined by its heterogeneity and diversity; the group is best segmented by functional status or position on a trajectory spanning from health/wellness to disability/illness
- Culturally competent care must incorporate many dimensions, including race/ethnicity, language, level of health literacy, accessibility of the environment for people with disability, etc.
- Strategy for performance measurement should emphasize:
 - data exchange through portable, interoperable electronic health records
 - gathering and sharing information with the beneficiary
 - providing feedback to providers in order to facilitate continuous improvement
 - risk adjustment / stratification strategy to mitigate potential unintended consequences (e.g., adverse selection, overuse)
- Research needs and information gaps related to quality of care (e.g., high cost/high need patients, patient-reported outcomes, MCCs)

9

High-Leverage Improvement Opportunities

- **Care Coordination**
 - Should take place across and within settings where care and community support is provided, across provider types, and across Medicare and Medicaid benefit structures
 - Include process measures, such as presence of a person-centered plan of care and medication reconciliation
 - Include measures of access to multi-disciplinary care team
 - Include measures related to advance planning and/or palliative care
- **Quality of Life**
 - Care and supports are provided to enhance quality of life and enable individual to reach his/her self-determined goals
 - Include measures of functional status, to be evaluated over time
 - Include measures of an individual's ability to participate in his/her community
- **Screening and Assessment**
 - Screening should be thorough and tailored to address the many complexities of the dual eligible beneficiary population to enable effective care
 - Assess home environment and availability of family and community supports
 - Screen for underlying mental and cognitive conditions, drug and alcohol history, HIV status, risk of falling, etc., and modify care plan as needed

10

Questions Posed to Coordinating Committee

Should the Workgroup consider additional guiding principles for its strategic approach to performance measurement?

Are there additional high-leverage opportunities for performance improvement which should be considered by the Workgroup for prioritization?



11

Guidance From Coordinating Committee

Comments from the Coordinating Committee were largely supportive of the workgroup's early outputs, affirming the approach and offering additional areas for exploration and emphasis.

- **Guiding Principles for Performance Measurement Strategy**
 - Dysfunction that duals experience in the system is driven by lack of integration
 - Outside of health policy, patients and providers don't identify as "dual eligibles"
 - Stakeholders often have Medicaid information or Medicare information, not both
 - Very small number of duals served in integrated delivery models; need measures that will work in FFS and other models
 - Measures must be appropriate to context of current program parameters
 - Consider IOM's Life Course Framework – optimization of potential and quality of life at various stages
- **Quality Improvement Opportunities Through Measurement**
 - Monitor number of hospitalizations over the course of a year (not just readmissions)
 - Account for the different needs/wants of younger adults with disabilities regarding directing care and support services

12

Guidance from Coordinating Committee

- **National Quality Strategy (NQS) Elements**
 - Address “affordable care” aspect of NQS – important to target intense interventions
 - As part of “better care” aspect of NQS, continue to ensure access to basic level of care/supports
- **Assessment and Screening / Care Coordination**
 - Monitor medication adherence and intervene early if a problem is detected
 - Not enough to screen for mental health and substance abuse issues, must incorporate these factors into plan of care and follow up
 - Word usage: “multi-disciplinary” vs. “inter-professional”, “person and family-centered”
- **Data Needs**
 - Agreed with workgroup’s aspirations to broaden the use of patient-reported data and expand the availability of real-time data for care coordination purposes
 - Heartened by CMS’s actions to make Medicare data more readily available to states, but the process is not yet operating efficiently
- **Multiple Chronic Conditions**
 - Disease-specific quality measures can be counterproductive
 - Workgroup may want to recommend investment in clinical research to support measure development for MCC populations

13

Follow-Up Discussion Questions

- Does the strategic approach to performance measurement seem complete?
 - Does the vision statement need refinement?
 - Do the guiding principles need further expansion or specification?
 - Are the high-impact areas for quality improvement sufficient?
- Are there concerns, questions, or need for further discussion of the feedback from the MAP Coordinating Committee?

Person and Family-Centeredness

Medication Reconciliation
& Polypharmacy

Preferences of younger
adults with disability

Affordability

14

Quality and Value: Focus on Affordability

15

High-Need Population Sub-Groups

Age and Functional Status Approach

>65 'Independent'

>65 Institutional Level of Care

<65 'Independent'

<65 Institutional Level of Care

Functional Status Approach

0 ADLs

1-3 ADLs

3+ ADLs

Cognitively Impaired

Categorical Approach

'Independent' Elderly

Frail Elderly

Physical Disability

Cognitive Disability

Mental Illness / Substance Abuse

16

Homework Assignment

Using your expertise, identify the highest need sub-groups within the dual eligible population. What are the potential opportunities for increasing value and affordability through performance measurement?

- Are there prominent issues which are specific to one or more sub-groups? Measure set should account for population heterogeneity.
- Provide your rationale for selecting sub-groups as “highest need” and why you believe certain opportunities will lead to more efficient care.
- Provide written edits to draft vision and/or guiding principles, if desired.

Highest Need Sub-Groups	Care Coordination	Quality of Life	Screening and Assessment	OTHER MEASURE CONCEPTS
<i>Institutionalized frail elderly</i>	<i>POLST</i>	<i>pain management</i>	<i>fall risk management</i>	<i>Pneumococcal vaccination</i>

17

Homework Assignment

Homework is due to NQF on Tuesday, July 12

Kindly return to:

Sarah Lash

slash@qualityforum.org

FAX (202) 783-3434

18

Workgroup Discussion and Questions

19

Ongoing Progress Across the MAP

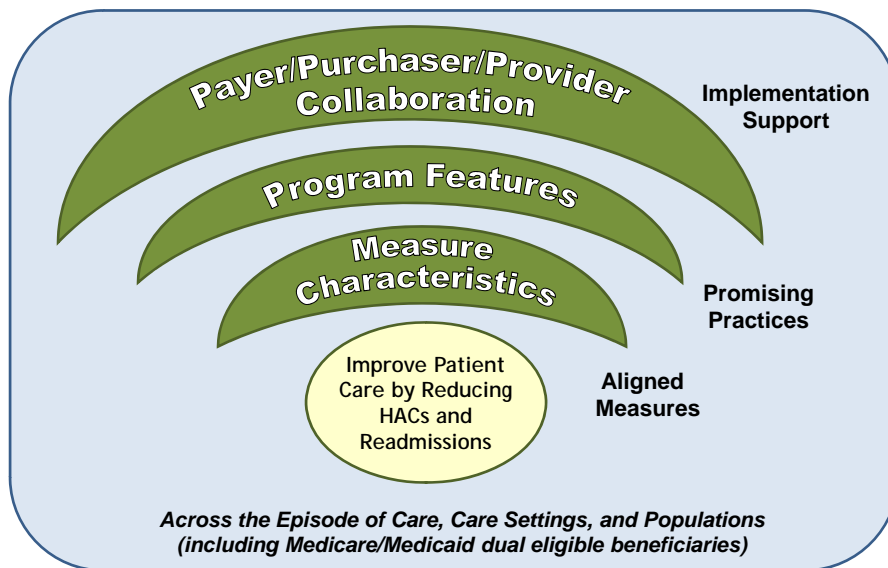
20

Task: Provide input to HHS on a coordination strategy for clinician performance measurement across public programs

Considerations Related to Duals:

- Identified measure gaps that differentially impact duals:
 - Patient reported measures, including health risk and functional status for individuals and populations
 - Mental illness
 - Physical and mental disabilities
 - Multiple chronic conditions
 - Measures that assess care across settings
 - Measures of the adequacy of community support
 - Cultural competence, language, health literacy
- Elevated the importance of measures related to maintaining or improving functional status and the use of patient-reported outcomes

21



Task: Provide input to HHS on a coordination strategy for readmission and healthcare-acquired conditions (HACs) measurement across public and private payers

Considerations Related to Duals:

- Create joint accountability between hospitals, other providers, and community entities
 - Open communication lines between healthcare facilities and community supports
 - Consider impact of patient's home environment and social determinants
- Share data and information across providers and settings
 - Provide real-time data to improve the care process (e.g., track admissions to different facilities, detect HAC post-discharge, notify whether prescriptions are filled, avoid drug-drug interactions and drug allergies)
 - Identify high-risk patients via predictive modeling and communicate to providers
- Anticipate and monitor for consequences
 - Beyond unintended consequences, such as cost shifting/cherry picking
 - Length of stay and observation status as balancing measures
 - Optimum rate of readmissions may not be zero

23

www.qualityforum.org

Task: Provide input to HHS on measures for use in quality reporting for post-acute care programs under Medicare and identification of measures for use in performance measurement for hospice programs and facilities.

Considerations Related to Duals:

- Agreed with considering population based on functional status and position on 'risk trajectory'
- Shared concern about capacity and quality of care continuum and community supports, noting difficulty of finding placement for some patients
- Noted some duals' lack of ongoing primary care and relationship to hospitalizations from the E.R. and poor downstream outcomes
- Interested in group's recommendations on risk adjustment and stratification, noting some factors (cognitive status, environmental factors) may not be adequately accounted for with current methodology
- Interested in the group's discussion of the impact of differences in state policies on the ability to compare results; for example, eligibility requirements or minimum levels of care for certain settings

24

www.qualityforum.org

- Organize around all National Quality Strategy priorities and goals
- Alignment
- Data source and HIT considerations
- Programmatic considerations: transparency, level of analysis, shared accountability
- Importance of promoting communication and coordination across settings & into community

Workgroup Discussion and Questions

Opportunity for Public Comment

27

MAP Measure Selection Criteria

28

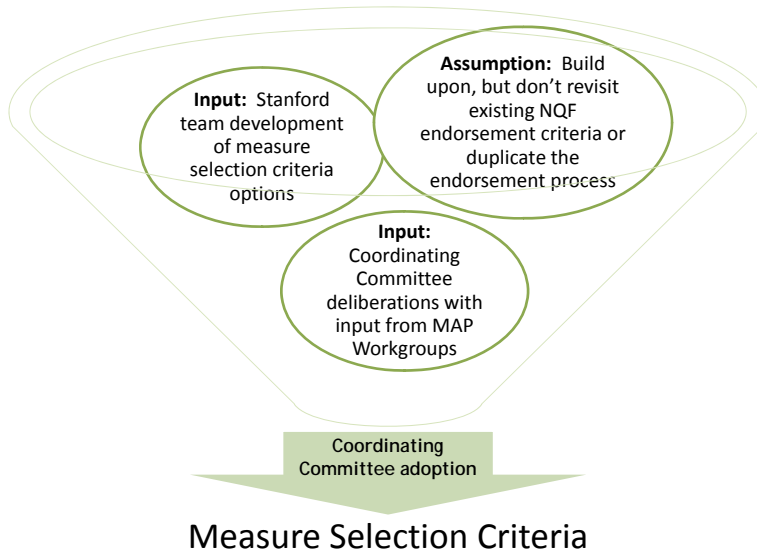
Purpose

- Measure selection criteria will equip MAP with an evidence base to select measures for:
 - Public reporting
 - Payment programs
 - Program monitoring and evaluation



29

Measure Selection Criteria Development



30

Identifying Candidate Selection Criteria

Step 1

- Scan existing criteria for new application-relevant concepts
- Research team scanned 35+ existing historical criteria sets to identify new concepts for application-specific measure selection criteria that are not addressed in the NQF endorsement criteria



Step 2

- Perform use cases through population lens (ambulatory, inpatient, LTC, duals)
- Research team identified measures selection requirements for each setting and suggested additional measure selection criteria needed to meet those requirements



Step 3

- Perform use cases through application lens (payment, reporting, monitoring)
- Key informants to identify additional measure selection criteria for each of the 3 target applications
- Reconcile conflicts by adopting a "primary user" for each application and prioritizing their requirements

Step 4

- Synthesize and reconcile proposed measure selection criteria for selection to recommend to MAP
- Research team synthesizes proposed measure selection criteria into a candidate set for applications

31

Duals Measure Selection Criteria Considerations

- 1) Recognize, as part of deciding whether care delivery is efficient, that the care must first be appropriate, taking into account patient preferences and prognosis.
- 2) Recognize that patient experience and preferences may be difficult to obtain in patients with cognitive impairment. This could be addressed by use of surrogates.
- 3) Recognize that measures of care quality across sites have specific importance to dually eligible patients.

32

CC Guidance on Measure Sets

Measure sets for specific public reporting and payment programs should:

- Align with the priorities in the National Quality Strategy (safe care; patient and family engagement; effective prevention and treatment; effective communication and care coordination; working with communities to enable healthy living; and affordable care) and consider high impact conditions with the greatest burden and potential gain to patients and the overall population.
- Address health and health care across the lifespan while promoting:
 - seamless care across transitions;
 - system-ness; and
 - individual and shared accountability among patients, providers, purchasers, health plans, and settings.

33

www.qualityforum.org

CC Guidance on Measure Sets - Continued

Measure sets for specific public reporting and payment programs should:

- Include measures of total cost of care, efficiency, and appropriateness.
- Be understandable, meaningful, and useful to the intended audiences:
 - Focus on outcome measures and measures with a clear link to improved outcomes
 - Balance issues of feasibility and evidence with users' needs.
 - Have ability to aggregate measures so that they provide meaningful interpretation of results for the given application.
- Core and advanced measure sets should be parsimonious and foster alignment between public and private payers to achieve a multidimensional view of quality.

34

www.qualityforum.org

Measure sets for specific public reporting and payment programs should:

- Have safeguards in place to detect or mitigate unintended consequences, such as adverse selection, through the use of “balancing measures” or other mechanisms to detect exclusion of high risk patients.
- Address specific program features including target population, setting, level of analysis, transparency and availability of data from various sources.

35

www.qualityforum.org

Individual measures within measure sets for specific public reporting and payment programs should be:

- NQF-endorsed, or if not endorsed, meet conditions for consideration of endorsement (e.g., measures should have been tested).
- Build on measure endorsement thresholds including:
 - Magnitude of the improvability gap;
 - Ability to discriminate to allow for meaningful comparisons; and
 - Proximity to outcomes, including patient-reported outcomes.
- Measures tested for the setting and level of analysis in which it will be implemented.
- Ensure measures have broad applicability across populations and settings.
- Ensure an adequate sample size for stable and meaningful comparison across the intended accountable entities (e.g., ACOs, hospitals, nursing homes, clinicians).

36

www.qualityforum.org

Workgroup Discussion and Questions

37

Next Steps

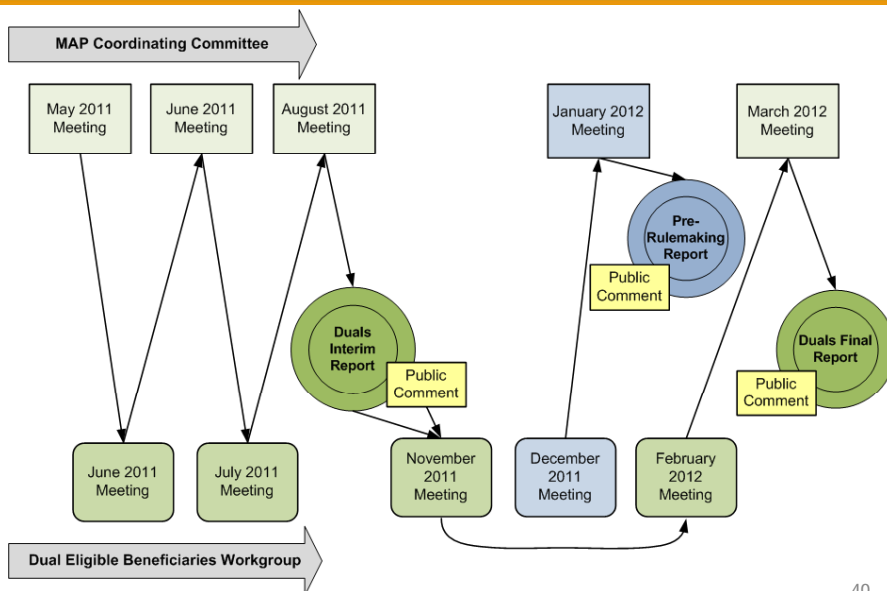
38

Objectives for July In-Person Meeting

- Finalize strategic approach to performance measurement for dual-eligible population
- Receive an update on measurement framework for Multiple Chronic Conditions
- Consider data source and HIT issues
- Hear from CMS representatives about current Medicare and Medicaid quality measurement activities
- Review and assess NQF-endorsed measures that apply to the workgroup's identified high-impact areas
- Review and assess other current measures and measure sets
- Achieve consensus on themes and recommendations for interim report to HHS

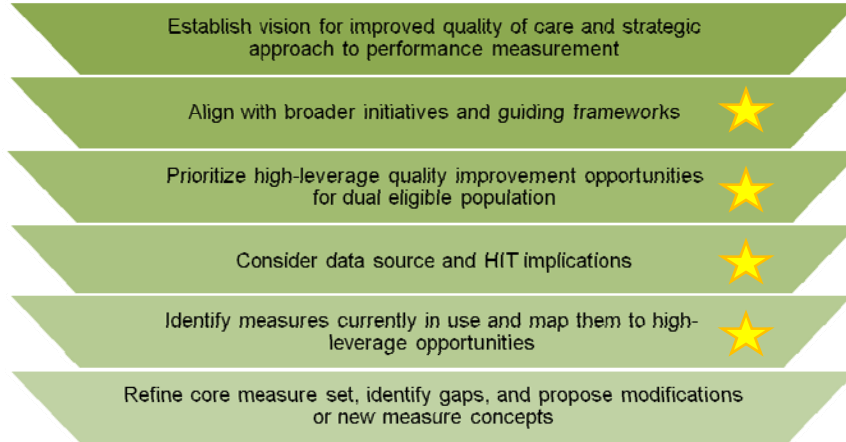
39

Flow of Information to Inform Reports



40

Analytic Strategy –In-Person Meeting



In addition, all other MAP groups will be considering the implications of their specific tasks for dual eligible beneficiaries.

41

Upcoming Meetings

Dual Eligible Beneficiaries Workgroup In-Person Meeting #2

July 25-26, 2011

Embassy Suites – Convention Center

Washington, DC

Dual Eligible Beneficiaries Workgroup In-Person Meeting #3

November 15, 2011

Washington, DC

42

Workgroup Discussion and Questions

43

Opportunity for Public Comment

44

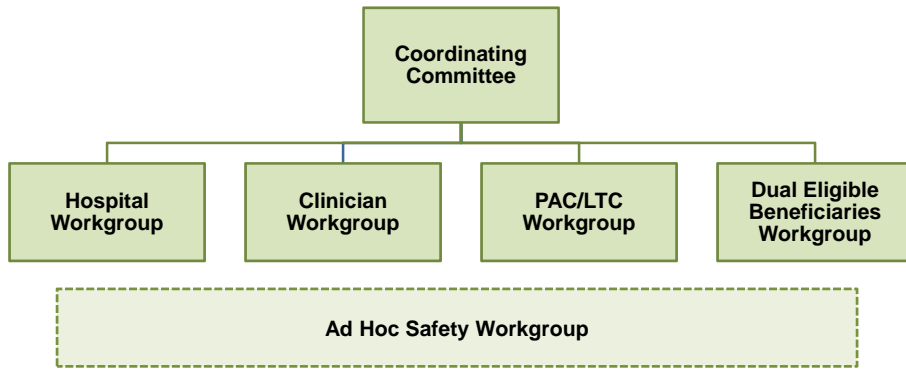
Thank you for your participation

45

Appendix

46

MAP Two-Tiered Structure



Dual Eligible Beneficiaries Workgroup Membership

Chair Alice Lind, MPH, BSN

Organizational Members	American Association on Intellectual and Developmental Disabilities	Representatives	Margaret Nygren, EdD
	American Federation of State, County and Municipal Employees		Sally Tyler, MPA
	American Geriatrics Society		Jennie Chin Hansen, RN, MS, FAAN
	American Medical Directors Association		David Polakoff, MD, MsC
	Better Health Greater Cleveland		Patrick Murray, MD, MS
	Center for Medicare Advocacy		Patricia Nemore, JD
	National Health Law Program		Leonardo Cuello, JD
	Humana, Inc.		Thomas James, III, MD
	LA Care Health Plan		Laura Linebach, RN, BSN, MBA
	National Association of Public Hospitals and Health Systems		Steven Counsell, MD
	National Association of Social Workers		Joan Levy Zlotnik, PhD, ACSW
	National PACE Association		Adam Burrows, MD

Dual Eligible Beneficiaries Workgroup Membership

Subject Matter Experts	Mady Chalk, PhD, MSW	Substance Abuse
	James Dunford, MD	Emergency Medical Services
	Lawrence Gottlieb, MD, MPP	Disability
	Juliana Preston, MPA	Measure Methodologist
	Susan Reinhard, PhD, RN, FAAN	Home and Community-Based Services
	Rhonda Robinson Beale, MD	Mental Health
	Gail Stuart, PhD, RN	Nursing

Federal Government Members	Agency for Healthcare Research and Quality	Representatives	D.E.B. Potter, MS
	CMS Medicare-Medicaid Coordination Office		Cheryl Powell
	Health Resources and Services Administration		Samantha Wallack, MPP
	HHS Office on Disability		Henry Claypool
	Substance Abuse and Mental Health Services Administration		Rita Vandivort-Warren, MSW
	Veterans Health Administration		Daniel Kivlahan, PhD

Coordinating Committee Co-Chairs	George Isham, MD, MS
	Beth McGlynn, PhD, MPP

49

Membership Terms

Chair	Term Length	Subject Matter Experts	Term Length
Alice Lind, MPH, BSN	3	Mady Chalk, PhD, MSW	2
Organizational Members	Term Length	James Dunford, MD	2
American Association on Intellectual and Developmental Disabilities	3	Lawrence Gottlieb, MD, MPP	1
American Federation of State, County and Municipal Employees	1	Juliana Preston, MPA	3
American Geriatrics Society	2	Susan Reinhard, PhD, RN, FAAN	3
American Medical Directors Association	2	Rhonda Robinson Beale, MD	3
Better Health Greater Cleveland	1	Gail Stuart, PhD, RN	2
Center for Medicare Advocacy	1	Federal Government Members	Term Length
National Health Law Program	3	Agency for Healthcare Research and Quality	1
Humana, Inc.	2	CMS Medicare-Medicaid Coordination Office	1
LA Care Health Plan	3	Health Resources and Services Administration	3
National Association of Public Hospitals and Health Systems	1	HHS Office on Disability	2
National Association of Social Workers	2	Substance Abuse and Mental Health Services Administration	3
National PACE Association	1	Veterans Health Administration	2