

NATIONAL QUALITY FORUM

MEASURE APPLICATIONS PARTNERSHIP

MAP Dual Eligible Beneficiaries Workgroup *Convened by the National Quality Forum*

Summary of Meeting: February 21-22, 2012

An in-person meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup was held on February 21-22, 2012, in Washington, DC. You may access an [online archive](#) of the web meeting materials and audio.

Workgroup Members in Attendance:

Alice Lind (Chair)

Adam Burrows, National PACE Association

Steven Counsell, National Association of Public Hospitals and Health Systems

Leonardo Cuello, National Health Law Program

Jennie Chin Hansen, American Geriatrics Society

James Dunford, Subject Matter Expert: Emergency Medical Services

Thomas James, Humana, Inc.

Daniel Kivlahan, Veterans Health Administration

Laura Linebach, L. A. Care Health Plan

Samantha Meklir, Health Resources and Services Administration

Patricia Nemore, Center for Medicare Advocacy

D.E.B. Potter, Agency for Healthcare Research and Quality

Cheryl Powell, CMS Medicare-Medicaid Coordination Office

Susan Reinhard, Subject Matter Expert: Home and Community-Based Services

Rhonda Robinson Beale, Subject Matter Expert: Mental Health

Sally Tyler, American Federation of State, County and Municipal Employees

Rita Vandivort, Substance Abuse and Mental Health Services Administration

The primary objectives of the meeting were to:

- Refine and finalize the core measure set for dual eligible beneficiaries
- Ensure alignment of the core measure set with other measurement initiatives and environmental drivers
- Document potential measure modifications, prioritize measure gaps, and delineate potential new measures for development to meet the quality measurement needs for the dual eligible population
- Establish themes and recommendations for the final report

Alice Lind, Chair of the MAP Dual Eligible Beneficiaries Workgroup, welcomed participants to the meeting, called roll, and offered introductory remarks. Ms. Lind then provided an overview of the workgroup's progress to-date and reviewed the final report outline. Workgroup members discussed the importance having strong connectivity between the clinical and community care settings. The members also discussed other initiatives that are beginning to look for measures to assess system "connectedness."

Using the Core Measure Set: HHS Applications

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Jordan VanLare, Value-Based Purchasing Program Lead, CMS Office of Clinical Standard and Quality, presented on the office's quality measurement and value-based purchasing activities. Dr. VanLare discussed how they are operationalizing the three part aim of the National Quality Strategy (NQS) by developing domains of quality measurement around the six NQS priorities.

Cheryl Powell offered insights on how the MAP's work is assisting the strategic thinking and focus of many projects within the Medicare-Medicaid Coordination Office. She acknowledged that measurement has historically been better developed in clinical areas. Much work remains to be done in identifying and prioritizing gaps in high-value areas for duals and other vulnerable populations. In response, workgroup members discussed the importance of including community services in performance measurement approaches. Additionally, members encouraged measurement of success in meeting patients' personalized goals. Measurement approaches should motivate greater coordination and alignment.

Using the Core Measure Set: Applications Beyond HHS

Diane Stollenwerk, Vice President, Community Alliances, NQF, discussed implications for the work of the MAP at the state and community levels. Ms. Stollenwerk noted that variation in payment and delivery structures, data collection strategies, and gaps greatly impact the measurement approaches taken by states and communities.

Dr. Foster Gesten, Medical Director, Office of Health Insurance Programs, NYS Department of Health, and Dr. Patrick Roohan, Director, Division of Quality and Evaluation at NYS Department of Health, presented on New York State Department of Health's perspective and experience with performance measurement for duals. Dr. Gesten discussed the complexities of measurement attribution and accountability. He concluded his presentation by saying that the recommendations of the MAP are assisting their approach. The workgroup had a clarifying discussion about specific measurement implications including the ability to obtain cost figures from Medicare and Medicaid data, confidentiality issues when accessing substance abuse information, and risk adjustment for safety net hospitals.

Finalizing the Initial Core Set

Sarah Lash, Senior Program Director, Strategic Partnerships, NQF, described the development of the initial core set of measures for the dual eligible beneficiary population. The workgroup considered several potential revisions to the measure set that surfaced during exploratory research and the pre-ulemaking process. Insights from the workgroup's discussion included:

- Several types of medication issues are important quality concerns: poly-pharmacy, appropriate prescribing behaviors, reconciliation after a care transition
- Pain management and measurement are needed in settings beyond hospice
- Reference periods for CAHPS® Medicare & Medicaid health plan versions are different so the data cannot be combined
- Inappropriate use of "observation status" may be unintended consequence of measuring readmission rates

Alignment with Medicaid Adult Core Measures

Karen Llanos, Technical Director, Division of Quality, Evaluation, and Health Outcomes; Children and Adult Health Program Group, CMS, provided an overview of the development of the Initial Core Set of Medicaid Adult Measures. Highlights from Ms. Llanos' presentation included:

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- Considerations for narrowing the set included measurement burden, data gaps for States
- The set includes 'reach' measures and supplemental questions for Medicaid CAHPS that address care coordination, shared decision-making, care transitions
- CMS may have resources to develop measures to address gaps in core set
- CMS will work with States in 2012 to understand implementation issues and provide technical assistance in measurement and reporting.

The workgroup's discussion underscored the importance of synchronizing measures across the core lists. Workgroup members would like the system to develop the capability to assess whether health outcomes are affected when a person transitions from having only Medicaid to Medicaid and Medicare.

Potential Approaches to Stratification of Dual Eligible Beneficiaries vs. Other Groups

Helen Burstin, Senior Vice President, Performance Measures, NQF, presented the methodological issues surrounding stratification and risk adjustment, data collection challenges, and potential measurement approaches for the dual eligible population. Dr. Burstin discussed a recent project within the NQF Performance Measures Department on disparities-sensitive measures as a case study in which stratification was explored. Dr. Burstin offered two potential approaches for stratification: 1) stratify by dual eligible status to indicate if overall improvement is happening, 2) stratify within the dual eligible population to support targeted quality improvement strategies within the strata.

Addressing Measure Gaps in Home and Community-Based Services (HCBS)

Anita Yuskauskas, Technical Director for HCBS Quality, Disabled and Elderly Health Programs Group, CMS, provided a presentation on the current measures and measure gaps in HCBS. Ms. Yuskauskas discussed how HCBS systems are state-specific and centered on the care needs of individuals, which has made standardization of measures difficult. Themes from the workgroup's discussion included:

- Individualized care plans are core here as well as for the dual eligible population more broadly
- National Health Information Exchange's social / human services domain may be of interest and assistance to developers working on HCBS measures
- Measuring the capacity and quality of paid and unpaid providers of long-term care is important
- High-priority HCBS measure gaps include access and connectedness of long-term supports and services to health care

Understanding the Measure Development Process

Sarah Scholle, Assistant Vice President for Research and Analysis, NCQA, presented the process of measure development to the workgroup. NCQA is beginning work to develop measures for the dual eligible population. In 2011, an environmental scan characterized care for the population with respect to existing programs, efforts and measures. After discussions were held with stakeholders to understand concerns, a framework was drafted to show the expectations of care for the population. Current efforts are focused on drafting measures and testing them in organizations with different service delivery models. Ms. Scholle spoke about the challenges of assigning accountability to multiple entities in the health system as well as difficulties in establishing sufficient evidence for measurement and the availability of needed data.

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Karen Sepucha, Director of Health Decision Sciences Center at Massachusetts General Hospital and Assistant Professor at Harvard Medical School, next discussed the importance and challenges of measuring patient-reported outcomes. She emphasized that patient-centered care involves ensuring the patient has goals that are regularly reviewed and updated by all caregivers, allowing the patient to play a role in decisions regarding his own health, and having treatments that reflect the patient's needs and preferences. Sampling, timing, survey logistics, and standardization are common challenges.

Heidi Bossley, Vice President, Performance Measures, NQF, explained NQF's Consensus Development Process (CDP) and the potential for MAP's input to influence different points in measure development and endorsement. The endorsement maintenance process ensures the currency and relevance of NQF-endorsed consensus standards, review of endorsed measures, and the consideration of implementation comments. The annual updates of measures ensure accuracy and currency of data while giving developers the opportunity to submit specifications and changes to measures' numerator and denominator statements.

Findings from Environmental Scan L&M Presentation

Lisa Green, Founding Principal, and Julia Doherty, Senior Research Director, both from L&M Policy Research, LLC presented the findings of their environmental scan. Under contract with NQF, they held discussions with a range of experts and conducted a literature scan in parallel with the workgroup's activities. Findings reinforced recommendations emerging from the workgroup:

- Identify key components of "system-ness" that are critical to capture in a measure set
- Limit the number of measures so that those responsible for focusing on improving quality have particular areas of focus
- Develop clear and specific criteria so that each measure can be used to compare different entities
- Account for the data source of each measure
- Apply consistent requirements across programs

Measure Prioritization Exercise

The workgroup conducted a series of prioritization exercises to rank measures within the core set. Members considered which measures would be best to use as-is versus which measures would be best to use after suggested modifications are made. The workgroup ranked measures related to depression screening, medical home adequacy, patient experience, and initiation of drug dependence treatment high in the category of being ready for short-term implementation. The high-ranking measures needing modification included all-cause hospital readmission, psychiatric discharge plan created and submitted, and a health-related quality of life survey. The exercise resulted in a Starter Set of measures to consider for use in the short term and an Expansion Set of measures that could be used at a later date, pending modification.

Potential Measures to Address High-Priority Gaps

Gaps in currently available measures have been documented throughout MAP's work. An extensive list of more than 40 specific gap concepts was presented to the workgroup and further additions were discussed. Members of the workgroup then prioritized the measure gaps to give a sense of direction to the measure development community. The highest rated gaps are as follows:

- Goal-directed person-centered care planning/implementation
- System structures to connect health system and long-term supports and services
- Appropriate prescribing and medication management
- Screening for cognitive impairment and poor psychosocial health

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These topics are emblematic of the comprehensive, coordinated care that would benefit dual eligible beneficiaries.

Workgroup Feedback on Progress to Date and Future Direction

Connie Hwang, Vice President, MAP, NQF recapped the meeting by presenting the day's themes to all listeners. In closing, Alice Lind provided each member of the workgroup time to share their impressions about the work to date and offer suggestions for future improvements.