NATIONAL
QUALITY FORUM

Meeting Summary

MAP Dual Eligible Beneficiaries Workgroup Web Meeting

March 17, 2014

The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup on Monday, March 17, 2014. An online archive of the meeting is available.

Workgroup Members in Attendance:

Alice Lind, Workgroup Chair
Rhonda Robinson Beale, subject matter expert: Mental Health
Rich Bringewatt, SNP Alliance
Gwendolen Buhr, American Medical Directors Association
Adam Burrows, National PACE Association
Mady Chalk, subject matter expert: Substance Abuse
Anne Cohen, subject matter expert: Disability
Steven Counsell, National Association of Public Hospitals and Health Systems
Leonardo Cuello, National Health Law Program
James Dunford, subject matter expert: Emergency Medical Services
Jennie Chin Hansen, American Geriatrics Society
Jamie Kendall, Administration for Community Living
Dan Kivlahan, Veteran's Health Administration
Lisa Patton, Substance Abuse and Mental Health Services Administration
D.E.B. Potter, Agency for Healthcare Research and Quality
Cheryl Powell, CMS Federal Coordinated Healthcare Office
Juliana Preston, subject matter expert: Measure Methodologist
Susan Reinhard, subject matter expert: Home & Community Based Services
Clarke Ross, Consortium for Citizens with Disabilities
Joan Zlotnik, National Association of Social Workers

Welcome and Review Meeting Objectives

Session led by Alice Lind, MAP Dual Eligible Beneficiaries Workgroup Chair.

Ms. Lind welcomed the group and public audience to the web meeting and conducted a brief membership update and roll call. The primary objectives of the meeting were to:

- Continue exploration of strategies to promote best possible quality of life among dual eligible beneficiaries
- Discuss expectations for shared accountability related to quality of life

- Prepare for upcoming in-person meeting

Ms. Lind also mentioned two major deliverables released since the group's last meeting: the annual MAP Pre-Rulemaking Report submitted on February 1, 2014 and the MAP Dual Eligible Beneficiaries Workgroup Interim Report submitted on February 28, 2014.

Recap Themes from Previous Discussions with HCBS Example

Presentation by Sarah Lash, Senior Director, NQF:

- Ms. Lash provided a recap of previous workgroup discussions on key issues in quality of life measurement including the importance of capturing firsthand experiences of the beneficiary population through patient-reported outcomes (PROs), well-known surveys and tools available to evaluate quality of life, and the potential components for measurement drawn from existing surveys and tools.
- Ms. Lash also presented highlights related to supporting improved quality of life outcomes from a recent Federal rule, the Medicaid Program for State Plan Home- and Community-Based Services (HCBS) Final Rule. It describes specific requirements intended to support beneficiaries' quality of life through payment and quality requirements emphasizing person-centered planning and service delivery.

Ms. Lind facilitated a workgroup discussion on how the HCBS rule matched the group's thinking about opportunities to support dual eligible beneficiaries in achieving the best possible quality of life and what additional guidance to states and providers might be necessary to advance person-centeredness.

- The HCBS rule, many years in the making, is strongly supported by the advocacy community.
- Workgroup members discussed the complexity of respecting individuals' "dignity of risk" while considering accountable providers' needs to have clear parameters for managing those risks.
- The workgroup suggested that the person-centered planning process should be the start of a dialogue to explore whether potential risks and consequences are communicated. Provisions should be in place to protect people who are not adequately aware of risks (due to cognitive impairment or other factors) while at the same time allowing for individuals who can appreciate the potential negative consequences of their actions to exercise choice and personal freedoms.
- As more managed care organizations become involved in delivering HCBS, there is an opportunity to educate them about some of the resources already developed by community-based service providers.

Discuss Shared Accountability for Quality of Life Outcomes

Session led by Alice Lind, MAP Dual Eligible Beneficiaries Workgroup Chair.

- Ms. Lind provided a summary of the workgroup's previous discussions on shared accountability for quality of life outcomes by referencing specific sections of the MAP Dual Eligible Beneficiaries Interim Report.
- Ms. Lind emphasized the complex nature of the dual eligible beneficiary population and the presence of collective responsibility of stakeholder groups for improving quality of life outcomes.

Workgroup members then answered a series of polling questions to explore the idea that all parts of the health and human services system have some responsibility for quality of life outcomes. For purposes of the discussion, the NQF team picked five groups that contribute to quality of life domains. The groups and polling responses are as follows:

- Individuals and their Families/Caregivers: The majority of workgroup members (89%) agreed that individual beneficiaries and their families/caregivers are the people most responsible for the social relationships domain. Interventions might involve helping individuals to become more engaged in their community; lack of social relationships is considered a significant problem.
- Health Professionals and Provider Systems: The majority of workgroup members (79%) agreed that health professionals and providers are the entities most responsible for the physical health of the beneficiary. For example, these groups can work to encourage use of community health resources and reduce hospital and nursing facility use. Some workgroup members noted that health professionals and providers would have different opportunities to influence quality of life and should not be lumped together; both direct and episodic measures would be needed.
- Health Plans: Workgroup member responses varied, indicating that responsibility is spread across various domains and depends on other parties involved. However, almost half (49%) agreed that health plans contribute to the physical health of the beneficiary and almost one third (29%) thought that they would contribute to the mental and psychological health component of quality of life.
- Community/Human Services: Workgroup members thought that the range of community providers was too broad to attach their influence to just one component of quality of life. For example, some focus on nutrition and others focus on socialization. In general, workgroup members discussed that community and human services had relatively more responsibility for environmental factors (34%), social relationships (31%), and mental and psychological health (20%) components.
- State and Federal Governments: The majority of workgroup members agreed that, as payers and policymakers, state and federal governments were responsible for environmental (50%) and other (32%) components.

Participants felt that more clarity is needed around the operational definitions of the components of quality of life. The distinctions made for polling purposes do reflect the complex reality of providing services to dual eligible beneficiaries. Dual eligible individuals vary in how much they are at-risk for poor quality of life outcomes and this would relate to accountability and measurement structures. Members discussed many examples of overlapping responsibilities and for contributing to quality of life outcomes.

Next Steps

- April 10-11: In-Person Meeting of Dual Eligible Beneficiaries Workgroup
- June: public comment on draft final report
- July: MAP Coordinating Committee review of draft final report
- July/August: Dual Eligible Beneficiaries Workgroup teleconference to consider public comments and Coordinating Committee feedback
- August: Next final report due to HHS