NATIONAL QUALITY FORUM

# Meeting Summary

## MAP Dual Eligible Beneficiaries Workgroup In-Person Meeting
## May 21-22, 2013

The National Quality Forum (NQF) convened an in-person meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup on May 21-22, 2013. An online archive of the meeting audio is available. In addition to the workgroup members listed below, approximately 23 members of the public attended the meeting.

### Workgroup Members in Attendance:

| | |
|---|---|
| Alice Lind (Chair) | Margaret Nygren, American Association on Intellectual and Developmental Disabilities |
| George Andrews, Humana, Inc. | Ruth Perry, [subject matter expert: Medicaid ACO] |
| Gwendolen Buhr, American Medical Directors Association | D.E.B. Potter, Agency for Healthcare Research and Quality |
| Mady Chalk, [subject matter expert: Substance Abuse] | Cheryl Powell, CMS Medicare-Medicaid Coordination Office |
| Tom Clarke and Alyson Essex, Substance Abuse and Mental Health Services Administration (substitutes for Lisa Patton) | Juliana Preston, [subject matter expert: Measure Methodologist] |
| Anne Cohen, [subject matter expert: Disability] (by phone) | Susan Reinhard, [subject matter expert: Home and Community Based Services] |
| Steven Counsell, National Association of Public Hospitals and Health Systems | Rhonda Robinson-Beale, [subject matter expert: Mental Health] (by phone) |
| Leonardo Cuello, National Health Law Program | Clarke Ross, Consortium for Citizens with Disabilities |
| James Dunford, [subject matter expert: Emergency Medical Services] | Gail Stuart, [subject matter expert: Nursing] |
| Daniel Kivlahan, Veteran's Health Administration | Shawn Terrell, Administration for Community Living (substitute for Marisa Scala-Foley) |
| Laura Linebach, L.A. Care Health Plan | Sally Tyler, American Federation of State, County, and Municipal Employees |
| Samantha Meklir, Health Resources and Services Administration | Valerie Wilbur, SNP Alliance (substitute for Richard Bringewatt) |
| Ameeta Mistry, National PACE Association (substitute for Adam Burrows) | Joan Levy Zlotnik, National Association of Social Workers |

### Welcome and Review of Meeting Objectives

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

Ms. Lind welcomed the group to the meeting, introduced new workgroup members, and reviewed the meeting objectives:

- Identify potential measures for use with high-need behavioral/cognitive subgroups

- Discuss related activities and implications for applying measures
- Consolidate measures identified for high-need beneficiaries with Evolving Core Set to form a family of measures for dual eligible beneficiaries
- Finalize meeting themes and action items for HHS

Ms. Lind also summarized progress made during the April 30 workgroup web meeting. The workgroup began its work on measures for dual eligible beneficiaries with disabling behavioral and cognitive conditions by exploring population demographics and known problems in healthcare quality.

### Selection of Measures for High-Need Behavioral and Cognitive Subgroups

Session led by Ms. Lind, with additional presentations by Sarah Lash, Senior Program Director, NQF; D.E.B. Potter, AHRQ; Chas Moseley, National Association of State Directors of Developmental Disabilities Services (NASDDDS);and Beth Mathis, Council on Quality and Leadership (CQL).

Ms. Lash presented a list of key issues for measurement for beneficiaries with disabling behavioral and cognitive conditions. The list of key issues had been updated to reflect input provided by workgroup members during and after the web meeting. The key issues functioned as search terms for available measures for workgroup review. Ms. Lash then provided an overview of the measure table and the rationale NQF staff used in making picks that served as a starting place for discussion.

- Serious Mental Illness (SMI) and Substance Use Disorders (SUD)
    - 50 available measures for key issue areas, 21 staff picks
- Acquired Cognitive Impairment and Intellectual/Developmental Disabilities (ID/DD)
    - 17 available measures for key issue areas, 9 staff picks
- Measures Common Across High-Need Behavioral and Cognitive Subgroups
    - 53 available measures for key issue areas, 13 staff picks

**TABLE 1: AVAILABLE MEASURES RELEVANT FOR HIGH-NEED BEHAVIORAL AND COGNITIVE SUBGROUPS**

| NQF Measure Number and Status | Measure Title |
|---|---|
| 0004 Endorsed | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment |
| 0008 Endorsed | Experience of Care and Health Outcomes (ECHO) Survey (behavioral health, managed care versions) |
| 0027 Endorsed | Medical Assistance With Smoking and Tobacco Use Cessation |
| 0028 Endorsed | Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention |
| 0031 Not Endorsed | Breast Cancer Screening |
| 0032 Endorsed | Cervical Cancer Screening |
| 0034 Endorsed | Colorectal Cancer Screening |
| 0035 Endorsed | Fall Risk Management |
| 0097 Endorsed | Medication Reconciliation |
| 0101 Endorsed | Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls |
| 0105 Endorsed | Antidepressant Medication Management (AMM) |
| 0111 Endorsed | Bipolar Disorder: Appraisal for risk of suicide |
| 0176 Endorsed | Improvement in management of oral medications |
| 0177 Endorsed | Improvement in pain interfering with activity |
| 0201 Endorsed | Pressure ulcer prevalence (hospital acquired) |
| 0202 Endorsed | Falls with injury |

| NQF Measure Number and Status | Measure Title |
|---|---|
| 0204 Endorsed | Skill mix (Registered Nurse [RN], Licensed Vocational/Practical Nurse [LVN/LPN], unlicensed assistive personnel [UAP], and contract) |
| 0205 Endorsed | Nursing Hours per Patient Day |
| 0228 Endorsed | 3-Item Care Transition Measure (CTM-3) |
| 0326 Endorsed | Advance Care Plan |
| 0419 Endorsed | Documentation of Current Medications in the Medical Record |
| 0420 Endorsed | Pain Assessment and Follow-Up |
| 0421 Endorsed | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up |
| 0430 Endorsed | Change in Daily Activity Function as Measured by the AM-PAC: |
| 0538 Endorsed | Pressure Ulcer Prevention and Care |
| 0573 Endorsed | HIV Screening: Members at High Risk of HIV |
| 0576 Endorsed | Follow-Up After Hospitalization for Mental Illness |
| 0640 Endorsed | HBIPS-2 Hours of physical restraint use |
| 0641 Endorsed | HBIPS-3 Hours of seclusion use |
| 0646 Endorsed | Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) |
| 0674 Endorsed | Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) |
| 0680 Endorsed | Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) |
| 0682 Endorsed | Percent of Residents or Patients Assessed and Appropriately Given the Pneumococcal Vaccine (Short-Stay) |
| 0687 Endorsed | Percent of Residents Who Were Physically Restrained (Long Stay) |
| 0688 Endorsed | Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (Long-Stay) |
| 0710 Endorsed | Depression Remission at Twelve Months |
| 0712 Endorsed | Depression Utilization of the PHQ-9 Tool |
| 1388 Endorsed | Annual Dental Visit |
| 1626 Endorsed | Patients Admitted to ICU who Have Care Preferences Documented |
| 1659 Endorsed | Influenza Immunization |
| 1909 Endorsed | Medical Home System Survey (MHSS) |
| 1927 Endorsed | Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications |
| 1932 Endorsed | Diabetes screening for people with schizophrenia or bipolar disorder who are prescribed antipsychotic medications (SSD) |
| 2091 Endorsed | Persistent Indicators of Dementia without a Diagnosis—Long Stay |
| 2092 Endorsed | Persistent Indicators of Dementia without a Diagnosis—Short Stay |
| 2111 Endorsed | Antipsychotic Use in Persons with Dementia |
| 2152 Submitted but not endorsed | Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling |

The workgroup concurred with majority of staff-picked measures and chose to support additional measures that address breast cancer screening, medication safety, pressure ulcers, nurse staffing levels, restraint use, functional status, and oral health. However, workgroup discussion revealed numerous shortcomings and gaps in existing measures. Workgroup members offered suggestions for sharpening, expanding, and improving measures for use within the high-need subgroups.

Guest presenters were given the opportunity to highlight other relevant information and resources for person-centered measurement. Ms. Potter presented on the National Alzheimer's Project Act and the

planned development of quality measures for the care of individuals with Alzheimer's disease and related dementias.

Dr. Moseley presented on the development and use of the National Core Indicators (NCI) as a set of person-centered performance and outcome indicators for states' developmental services systems. The NCI are currently used in 36 states and 22 sub-state regions and counties. The NCI have provided crucial comparative data for strengthening service delivery and identifying system-wide improvement opportunities.

Ms. Mathis presented on the Council on Quality Leadership's (CQL) Personal Outcome Measures (POM). The POM set was developed twenty years ago to define quality as the outcomes that an individual receiving ID/DD services values and considers important. POM emphasizes the service recipients' unique needs instead of compliance with organizational processes or program requirements.

Workgroup members discussed the feasibility of expanding use of the NCI and POM to enhance quality assurance and quality measurement activities for the ID/DD population. Workgroup members communicated their support for plans to modify the NCI so that it can be applied to services systems for older adults.

### Coordination with Related Activities

Session led by Ms. Lind with additional presentations by Warren Taylor, Kaiser Permanente; Sarah Scholle and Jessica Briefer French, National Committee for Quality Assurance (NCQA).

Ms. Lind provided her own perspective from her work with the Integrated Care Resource Center, a group assisting states with selecting and implementing quality measures within new demonstration programs. Products of the MAP Dual Eligible Beneficiaries Workgroup have provided useful guidance for states developing measurement approaches. In particular, the multi-stakeholder format of the MAP provides a thorough and thoughtful process for consensus and other audiences can feel confident that MAP's recommendations are balanced.

Dr. Taylor discussed Kaiser Permanente's efforts to improve behavioral health care. Their integrated health system has developed a standardized tool and process for measuring depression outcomes known as the Adult Outcomes Questionnaire (AOQ). It is based on the Patient Health Questionnaire-9 (PHQ-9) and is enhanced by functional assessment and patient engagement components. The questionnaire can be used with depression, anxiety disorders, bipolar disorder, and in some cases for individuals with psychoses or schizophrenia. All of the system's medical and psychiatric providers in northern California use the AOQ to monitor individuals' symptoms and modify treatment accordingly.

Ms. Scholle and Ms. French presented on NCQA's recent white paper, *Integrated Care for Medicare and Medicaid: A Roadmap for Quality*. The paper describes a strategy for evaluating the quality and person-centeredness of integrated care. The framework uses structure and process assessments of functions and capabilities combined with outcome measures of performance. Workgroup members had many questions and comments related to NCQA's work in measure development, particularly regarding the accountability of health plans for a broad range of non-medical support services, scalability, and data needs.

### Inputs and Methodology for the Family of Measures

Session led by Ms. Lash.

A family of measures is a set of the best available measures that relate to one another in a particular topic area, that address the highest priorities for measurement, in addition to prioritized measure gaps. Ms. Lash reviewed measures previously selected by the workgroup as inputs for constructing the family of measures for dual eligible beneficiaries. To facilitate decision-making and selection of the best possible measures, Ms. Lash also encouraged members to take note of measure characteristics previously highlighted by MAP:

- **NQF Endorsement:** NQF-endorsed® measures are preferred for inclusion because they have met criteria for importance, scientific rigor, feasibility, and usability.
- **Potential impact:** Include measures with the most power to produce improved health, such as outcome measures, composite measures, and cross-cutting measures broadly defined to include a large denominator population.
- **Improvability:** Include measures where quality improvement would be expected to have a substantial effect or address health risks and conditions known to have disparities in care.
- **Relevance:** Include measures that address health risks and conditions that are highly prevalent, severe, costly, or otherwise particularly burdensome for dual eligible beneficiary population.
- **Person-centeredness:** Include measures that are meaningful and important to consumers, such as those that focus on patient engagement, experience, or other patient-reported outcomes. Person-centered care emphasizes access, choice, self-determination, and community integration.
- **Alignment:** Include measures already reported for existing measurement programs to minimize participants' data collection and reporting burden. Consistent use of measures helps to synchronize public and private sector programs around the National Quality Strategy and amplify the quality signal.
- **Reach:** Include measures relevant to a range of care settings, provider types, and levels of analysis.

### Prioritization and Selection of the Family of Measures for Dual Eligible Beneficiaries

Measures previously selected by the workgroup were compiled and mapped to five high-leverage opportunity areas for measurement. This universe of measures formed a starting place for constructing the family of measures:

- Quality of Life: 20 measures
- Care Coordination and Safety: 38 measures
- Screening and Assessment: 15 measures
- Mental Health and Substance Use: 4 measures
- Structural Measures: 4 measures

After review of the available measures and discussion, the workgroup selected 79 measures for preliminary inclusion in the family of measures for dual eligible beneficiaries. In selecting measures, the workgroup preferred measures that were outcome-oriented, inclusive of multiple processes (e.g., both screening and follow-up care), sensitive to beneficiaries' preferences, and broadly applicable within the dual eligible population. The group also documented numerous gaps in available measures.

In an electronic survey following the meeting, the workgroup members will be asked to conduct an additional round of prioritization to hone the family of measures. They will also identify a Starter Set of

measures within the family that are appropriate for immediate use. In doing so, the workgroup will consider:

- **Readiness:** Include measures that are ready to be used as-is, without modifications that may have been previously suggested by MAP. Use of measures should not lead to negative unintended consequences.
- **Feasibility:** Include measures where data required to calculate them is readily available or retrievable without undue burden.
- **Comprehensiveness:** Once compiled, the Starter Set should include measures relevant to each of the five high-leverage opportunity areas identified by the MAP Dual Eligible Beneficiaries Workgroup.

### Finalize Meeting Themes and Action Items for Stakeholders

Each participant was given the opportunity to identify recommendations or action items for stakeholders selecting, using, and reporting measures for the dual eligible beneficiary population. Common themes included:

- The need to continue to emphasize a person-centered approach to care and recognize the importance of the social determinants of health
- Most dual eligible beneficiaries have significant medical needs, yet many of the most important measure gap areas relate to the coordination of clinical care with non-medical services or factors outside of the health system (e.g., autonomy, community integration)
- The continued importance of data integrity and the need to reduce data collection and reporting burden through the alignment of disparate quality measurement activities

### Public Comment and Wrap Up

Public comments were solicited throughout the meeting. Commenters primarily emphasized the importance of the workgroup's special focus on behavioral health populations and the need for measurement of "system-ness."

The meeting concluded with a discussion of next steps. NQF staff will develop and distribute a follow-up exercise to refine and confirm the preliminary selections for the family of measures for dual eligible beneficiaries and the most important measure gap areas.

The memo of preliminary findings from this phase of work will be available on the NQF website following its submission to HHS in mid-July 2013.