

**MEASURE APPLICATIONS PARTNERSHIP
DUAL ELIGIBLE BENEFICIARIES WORKGROUP
Convened by the National Quality Forum**

Summary of Web Meeting: July 6, 2011

A web meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup was held on Wednesday, July 6, 2011. You may access an online archive of the web meeting at <http://www.myeventpartner.com/NQFwebinar/E951D8868248>

The next meeting of the Dual Eligible Beneficiaries Workgroup will take place on July 25-26, 2011 in Washington, DC.

Workgroup Members in Attendance at the July 6, 2011 Web Meeting:

Alice Lind (Chair)	Patrick Murray, Better Health Greater Cleveland
Adam Burrows, National PACE Association	Patricia Nemore, Center for Medicare Advocacy
Jennie Chin Hansen, American Geriatrics Society	Margaret Nygren, American Association on Intellectual and Development Disabilities
Henry Claypool, HHS Office on Disability	Juliana Preston, Subject Matter Expert: Measure Methodologist
Steven Counsell, National Association of Public Hospitals and Health Systems	David Polakoff, American Medical Directors Association
Leonardo Cuello, National Health Law Program	D.E.B. Potter, Agency for Healthcare Research and Quality
James Dunford, Subject Matter Expert: Emergency Medical Services	Cheryl Powell, CMS Medicare-Medicaid Coordination Office
Thomas James, Humana, Inc.	Susan Reinhard, Subject Matter Expert: Home and Community-Based Services
Daniel Kivlahan, Veterans Health Administration	Rhonda Robinson Beale, Subject Matter Expert: Mental Health
Joan Levy Zlotnik, National Association of Social Workers	Patricia Santora, Substance Abuse and Mental Health Services Administration (substitute for Rita Vandivort)
Laura Linebach, L.A. Care Health Plan	Gail Stuart, Subject Matter Expert: Nursing
Samantha Meklir, Health Resources and Services Administration	Sally Tyler, American Federation of State, County and Municipal Employees

The primary objectives of the web meeting were to:

- review the Dual Eligible Beneficiaries Workgroup progress to date;
- discuss and refine the 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; and
- prepare for the July 25-26 in-person meeting of the workgroup.

Alice Lind, Workgroup Chair, welcomed participants to the meeting and offered introductory remarks. Alice provided the workgroup with an overview of the progress to date, including the initial vision for high-quality care, high-leverage improvement opportunities and the feedback received from the MAP Coordinating Committee. Alice asked for workgroup members' feedback on the draft outputs in order to ensure that all concepts were captured accurately. She underscored that the initial input from the Coordinating Committee was largely supportive and affirmed the workgroup's early outputs. The Coordinating Committee also offered additional areas for exploration and emphasis, such as improving the affordability of care.

Workgroup members responded with comments and questions.

- Susan Reinhard commented that the use of the term 'inter-professional' instead of multi-disciplinary would align with recent work from HRSA. Susan further discussed the importance of not only screening for the availability of family and community supports, but also assessing the family caregiver's own needs, especially if they're an essential part of the care plan.
- Jennie Chin Hansen mentioned that the workgroup may want to emphasize individuals with multiple chronic conditions and who have multiple medications as a potential high need population subgroup.
- Henry Claypool commented that the workgroup could think of stratification approaches for the population that differ from an individual being older or younger than 65. He elaborated that an age-based approach may not be as reflective of the service needs of the population segments. Henry also discussed the importance of the data and resource sharing between community-based and clinical providers.
- Patrick Murray then posed a question to the workgroup members about considering measures of community support services that are not funded by Medicaid, such as state aging and developmental disability services.
- Alice Lind supported the notion of including services which are important from the vantage point of the dually eligible beneficiary and his/her family. Alice also communicated comments from the Coordinating Committee regarding the need to have a realistic measurement framework that considers current Medicare and Medicaid program boundaries as well as data availability.
- Rhonda Robinson Beale and Adam Burrows affirmed that they would like to include measures in the framework that push toward desired models of care and further integration.
- Diane Stollenwerk, Vice President, Community Alliances, NQF, offered a step-wise approach that the workgroup may take in order to acknowledge the short- and long-term goals of measurement.

Following the discussion, Diane Stollenwerk provided an explanation of the workgroup's homework assignment. This exercise was a response to the Coordinating Committee's recommendation that the Dual Eligible Beneficiaries Workgroup more directly address the affordable care aspect of the National Quality Strategy. Workgroup members were asked to identify the highest-need subgroups within the dual eligible population and provide areas for quality improvement through measurement which are specific to each sub-group. Results from the assignment will be used to guide future work.

Sarah Lash, Program Director, NQF, presented on the ongoing progress across the MAP workgroups including the Clinician, Ad Hoc Safety, and Post-Acute/Long-Term Care Workgroups and how each workgroup considered the unique needs of the dual eligible population within their work. The presentation also underscored some cross-cutting themes that have emerged across the Measure Applications Partnership to date.

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, provided a progress update on the development of the MAP Measure Selection Criteria. As a part of the criteria development, the following considerations were raised with regard to measuring the dual eligible population:

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

Tom finished by presenting next steps for finalizing the measure selection criteria. The NQF staff is in the process of operationalizing the Coordinating Committee's proposal, anticipating final review and approval at the next Coordinating Committee meeting in August.

In response, workgroup members commented on the fragmented nature of the current system and the importance of having a set of measures that will capture the total picture of care for the dual eligible population. A workgroup member also inquired about using a standard definition of "affordable care." It was determined that a follow-up discussion on this topic will take place at the next in-person meeting.

The meeting concluded with a discussion of next steps and objectives for the upcoming in-person meeting. The next meeting of the MAP Dual Eligible Beneficiaries Workgroup is July 25-26 in Washington, DC.