

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

**Summary of In-Person Meeting: July 25-26, 2011
Washington, DC**

The Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup met in person on Monday, July 25, and Tuesday, July 26, 2011. An [audio archive](#) of the meeting is available on the NQF website, www.qualityforum.org.

Workgroup Members Attending

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	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
Lawrence Gottlieb [subject matter expert: disability]	Susan Reinhard [subject matter expert: home and community-based services]
Thomas James, Humana, Inc.	Rhonda Robinson Beale [subject matter expert: mental health]
Daniel Kivlahan, Veterans Health Administration	Marisa Scala-Foley, Administration on Aging/HHS Office on Disability (substitute for Henry Claypool)
Joan Levy Zlotnik, National Association of Social Workers	Gail Stuart [subject matter expert: nursing]
Laura Linebach, L.A. Care Health Plan	Sally Tyler, American Federation of State, County and Municipal Employees
Samantha Meklir, Health Resources and Services Administration (Ian Corbridge, Day 2 substitute)	Rita Vandivort, Substance Abuse and Mental Health Services Administration

This was the second in-person meeting of the MAP Dual Eligible Beneficiaries Workgroup. The primary objectives of the meeting were to:

- finalize vision, guiding principles, and strategic approach to performance measurement;
- discuss strengths and weaknesses of current applications of measures;
- identify current measures that apply to high-leverage opportunities for improvement; and
- develop themes, recommendations, and questions for public comment to include in the interim report to the Department of Health and Human Services (HHS).

After the workgroup chair offered opening remarks, Wendy Vernon, Senior Director, Strategic Partnerships, NQF, provided an overview of the opportunities for the MAP to align with the ongoing work of the National Priorities Partnership (NPP) on the National Quality Strategy. Following the presentation, workgroup members commented on engaging resources beyond the health care system (e.g., Department of Housing and Urban Development, Department of Labor, etc.). Members also suggested that alcohol or substance abuse be presented as a chemical dependency rather than as a behavioral flaw.

Aisha Pittman, Senior Program Director, Strategic Partnerships, NQF, then described NQF's progress on constructing a measurement framework for assessing the quality of care provided to individuals with multiple chronic conditions (MCCs). She discussed the scope of the work, the expert panel's draft definition of MCCs, an initial framework of domains and key measurement areas, and how the work may inform the MAP Dual Eligible Beneficiaries Workgroup's deliberations. Workgroup members suggested refinements to the draft definitions and framework, such as ensuring access to community services and clarifying terms such as *functional*, *clinical*, *cognitive*, and *limitations of life expectancy*.

Ms. Alice Lind led the workgroup members in discussing revisions to their vision for high-quality care, incorporating suggestions from the pre-meeting assignment and offering a final opportunity for more input. She then led a discussion on updating the workgroup's initial guiding principles and high-leverage opportunities for improvement. Workgroup member and public feedback was incorporated into the final guiding principles and themes:

- A person- and family-centered plan of care forms the foundation for delivering high-quality care and supports.
- The dually eligible population is a byproduct of payment policy, characterized more by its heterogeneity and diversity rather than any inherent similarity.
- Many shortfalls in the quality of care delivered to this population can be traced back to fragmentation of care delivery and payment between the Medicare and Medicaid programs. Fragmentation also damages ongoing efforts to promote efficient, affordable care.
- Measurement should drive clinical practice and provision of community supports toward desired models of integrated, coordinated care.
- The measurement strategy should encourage data exchange across providers through portable, interoperable electronic health records; a feedback loop to enable continuous improvement; as well as gathering information from and sharing it with the individual receiving care and his or her caregivers.
- Clarifying the level of analysis and specific use of a measurement strategy or measure set related to the care experience of dual eligible beneficiaries is necessary, as the appropriateness of specific measures depends on their purpose.

Following the discussion, Ms. Lind presented the results from the workgroup's assignment to identify the highest-need subgroups within the dual eligible population and opportunities to improve the affordability of care. Responses from the workgroup members focused on aspects of comorbidity, functionality, disability, and vulnerability. Results suggested there is no established taxonomy for classifying the dual eligible population; rather, combinations of particular risk factors lead to high levels of need in an additive or

synergistic manner. Examples of these factors are: limitations in one or more activities of daily living (ADLs) resulting from sensory or physical impairments, mental health or substance use disorder, intellectual or developmental disability, social factors like health disparities, and having multiple chronic conditions.

Members then discussed multiple strategies related to improving care affordability. From a primary care perspective, it is important to connect individuals to a usual source of care or medical home to promote prevention, early detection, and compliance with treatment. From a care management perspective, it is important to recognize the relationship of disability to affordability and to identify vulnerable individuals who are less able to manage for themselves, and then mobilize appropriate support resources for them. Members also suggested monitoring medication access, use, and adherence, as well as the concurrent use of multiple prescriptions, as critical elements of coordinated care. In addition, major cost drivers for the population (e.g., emergency department [ED] use, hospitalization, and institutionalization) can be examined; intensity of services and care settings should be reduced when appropriate. Finally, a member of the public commented that the strategy must focus on effectiveness rather than just efficiency.

The workgroup then considered current applications of quality measurement in the Medicare and Medicaid programs. Three sets of panelists presented information about ongoing and planned activities relevant to capturing the experience of care for dual eligible beneficiaries.¹

- Edward Garcia and Shari Ling from the Office of Clinical Standards and Quality at CMS presented on Medicare's quality reporting and public reporting initiatives for Parts A and B.
- Elizabeth Goldstein from the Division of Consumer Assessment and Plan Performance at CMS provided information on measurement of Medicare Advantage plans and the Medicare Part D benefit.
- Karen Llanos from the Division of Quality, Evaluation and Health Outcomes at CMS provided an introduction to the ongoing process of selecting quality measures for assessing the quality of healthcare delivered to Medicaid-eligible adults. A list of proposed measures had been published for comment in the *Federal Register*.
- Anita Yuskas from the Disabled and Elderly Health Programs Group at CMS presented an overview of quality measures used to evaluate home and community-based services (HCBS).
- D.E.B. Potter from the Agency for Healthcare Research and Quality presented the agency's performance measurement activities related to Medicaid and the dual eligible population. Work to date has included an environmental scan of Medicaid HCBS measures, a care coordination atlas, the creation of indicators of potentially avoidable hospitalizations, CAHPS® surveys, and a National Quality Report with state-specific hospital outcome measures organized by primary payer.
- Marsha Davenport from the Division of Policy, Analysis, and Planning at CMS presented on the development of a chronic care improvement program along with quality improvement projects within the Medicare Advantage program and its Special Needs Plans (SNPs).

¹ Presentations are available on the NQF website at <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=67746>.

- Adam Burrows described the Program for All-inclusive Care for the Elderly (PACE), an integrated delivery model that primarily serves frail, disabled, medically and social complex elders. He highlighted the personalized, coordinated care that PACE participants receive from interdisciplinary care teams and from ongoing work to expand performance measurement within PACE.
- Rich Bringewatt, President, National Health Policy Group and Chair of the SNP Alliance, presented on the SNP approach to delivering integrated care to enrollees. He identified current barriers to integration and measurement and recommended several ways to address the issues.
- Larry Gottlieb offered a perspective from the field on the measurement difficulties faced by fully integrated special-needs plans that serve dual eligible beneficiaries, such as mismatches in population-level measures, patient-level measures, and benchmarks. He also discussed the burden resulting from lack of alignment in reporting requirements across public programs.

In response to the series of presentations, workgroup members discussed the feasibility of segmenting current measures in order to assess the quality of care being provided to dual eligible beneficiaries. In particular, members suggested that states report proposed measures related to alcohol misuse, hospital readmissions, follow-up after hospitalization for mental illness, management of schizophrenia, and patient experience of care in a manner that would allow for identification of dual eligible beneficiaries.

A second issue was the appropriate level of analysis for the measurement framework. The workgroup discussed a balanced approach to including population-level measures as well as more specific levels, such as a health plan or provider population. Members also considered specific uses of the measurement approach and how such uses would influence the appropriateness of particular measures for a defined purpose.

The group also discussed fragmentation between the Medicare and Medicaid programs. Benefit structures, provider networks, reimbursement levels, and quality measurement activities all are markedly different. In addition, a mix of managed care and fee-for-service models complicates care delivery and, ultimately, the ability to aggregate data. For example, CMS lacks information on dual eligible beneficiaries who are enrolled in managed care plans.

The workgroup ended the first day of the meeting with a discussion of data sources and health information technology. Floyd Eisenberg, Senior Vice-President, Health Information Technology, NQF, presented NQF's *Health Information Framework* and its four domains of individual characteristics, clinical characteristics, community/environmental characteristics, and health-related experience. He highlighted potential data sources for the different types of information required to gain a comprehensive view of health status. In response, workgroup members gave feedback on how information about environmental factors and community-based services could be integrated as data sources.

Heidi Bossley, Vice President, Performance Measures, NQF, opened the second day of the meeting by providing an overview of NQF-endorsed[®] performance measures that relate to the four high-leverage quality improvement opportunities identified by the workgroup: 1) quality of life, 2) care coordination, 3) screening and assessment, and 4) mental health and substance use. She also provided information about current and upcoming NQF endorsement activities in those four areas. The discussion following her presentation focused on the need for further measurement of patient-reported information, population-based indicators, community and social supports, and appropriateness of treatment.

Connie Hwang, Vice President, Measure Applications Partnership, NQF, provided an update on the current state of development of the MAP measure selection criteria that will be used to evaluate performance measures for federal programs as a part of the MAP's pre-rulemaking deliberations in December. Members then used this information to evaluate the appropriateness of available quality measures within each of the high-leverage opportunity areas. The exercise revealed that, in general, some current measures are appropriate for use with the dual eligible beneficiary population but that significant gaps remain between available measures and ideal measures.

In assessing appropriateness, workgroup members considered age specifications, whether a measure was applicable across clinical conditions and settings of care, whether measures reflected an individual's experience of care, and to what level they might be especially meaningful to the dual eligible beneficiary population. The group documented gaps in available measures related to caregiver assessment and experience, functional status outcomes, psycho-social supports, dementia screening, health-related quality of life, and resiliency and recovery, among others.

The group concluded the meeting with a discussion of major themes for the interim report. Workgroup members emphasized that the report should highlight the dual eligible beneficiary population's heterogeneity because the group is an artifact of policy. A second major theme for the report is the importance of alignment and care coordination to linking clinical and social services. The workgroup members also commented that their input should balance short-term and long-term goals.

The Dual Eligible Beneficiaries Workgroup will next convene in person on November 15, 2011, in Washington, DC.