



## MAP Dual Eligible Beneficiaries Workgroup In-Person Meeting October 11-12, 2012

An in-person meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup was held on Thursday and Friday, October 11-12, 2012. An [online archive](#) of the meeting is available.

### Workgroup Members in Attendance:

Alice Lind (Chair)	
Richard Bringewatt, SNP Alliance	Joan Levy Zlotnik, National Association of Social Workers
Adam Burrows, National PACE Association	Laura Linebach, L.A. Care Health Plan
Mady Chalk, Subject Matter Expert: Substance Use	Samantha Meklir, Health Resources and Services Administration (HRSA)
Jennie Chin Hansen, American Geriatrics Society	David Polakoff, American Medical Directors Association
Alfred Chiplin, Jr., Center for Medicare Advocacy	D.E.B. Potter, Agency for Healthcare Research and Quality (AHRQ)
Anne Cohen, Subject Matter Expert: Disability	Cheryl Powell, CMS Federal Coordinated Healthcare Office
Frances Cotter, Substance Abuse and Mental Health Services Administration (SAMHSA)	Juliana Preston, Subject Matter Expert: Measure Methodologist
Steven Counsell, National Association of Public Hospitals and Health Systems	Susan Reinhard, Subject Matter Expert: Home and Community Based Services
Leonardo Cuello, National Health Law Program	Rhonda Robinson Beale, Subject Matter Expert: Mental Health
James Dunford, Subject Matter Expert: Emergency Medical Services	Clarke Ross, Consortium for Citizens with Disabilities
Thomas James III, Humana	Gail Stuart, Subject Matter Expert: Nursing
Daniel Kivlahan, Veterans Health Administration	Sally Tyler, American Federation of State, County & Municipal Employees (AFSCME)

### Welcome and Review of Meeting Objectives

Session led by Alice Lind, MAP Dual Eligible Beneficiaries Workgroup Chair. Additional presentations by Ann Hammersmith, National Quality Forum (NQF) General Counsel, and Cheryl Powell, Deputy Director, Centers for Medicare and Medicaid Services (CMS) Federal Coordinated Healthcare Office (FCHCO).

The primary objectives of the meeting were to:

- Update MAP's core measure set for dual eligible beneficiaries in the context of newly available measures and the experience of stakeholders in applying the set;
- Use core measures to provide pre-rulemaking input to MAP workgroups and consider program-specific measurement opportunities;
- Discuss States' application of core set to demonstration programs and develop targeted guidance;
- Establish quality issues, measures, and measure gaps for high-need subpopulations of medically complex older adults and adults 18-65 with physical disabilities; and
- Explore targeted activities to fill measure gaps.

Ms. Lind welcomed the workgroup to the first in-person meeting of the second year of MAP. Ms. Hammersmith conducted the annual process of disclosures of interest. Ms. Powell reflected on the impact and importance of the first year of work and how it is being used at CMS. MAP's June 2012 report informs quality measurement plans being executed by the FCHCO.

### **Review and Update MAP's Dual Eligible Beneficiaries Core Measures Set**

Session led by Alice Lind. Additional presentation by Sarah Lash, Senior Program Director, NQF.

- Ms. Lind reviewed the current Dual Eligible Beneficiaries core set of 26 measures and summarized key accomplishments of the workgroup to date. The workgroup reviewed responses to the web meeting homework exercise, including suggested modifications to the core set based on feedback from users of measures.
- After discussion, members chose to remove a structural measure that is no longer NQF-endorsed (The Ability to Use Health Information Technology to Perform Care Management at the Point of Care). Members also chose to replace an un-endorsed measure of alcohol use with a measure anticipated to be submitted to NQF by the American Medical Association-convened Physician Consortium for Performance Improvement (PCPI) (Unhealthy Alcohol Use: Screening and Brief Counseling). The substitution will be made contingent on endorsement.
- Members reviewed measures newly endorsed by NQF since the group's last deliberations to identify any that would fill previously noted gaps. The group chose to support seven additional measures.
  - Three measures from the Disparities and Cultural Competency Endorsement Project: NQF #1904 Clinician/Groups' Health Literacy Practices Based on CAHPS Item Set for Addressing Health Literacy, NQF #1909 Clinician/Groups' Cultural Competence Based on CAHPS Cultural Competence Item Set, NQF #1919 Cultural Competency Implementation Measure
  - Two measures from the Palliative and End-of-Life Care Endorsement Project: NQF #1626 Patients admitted to the ICU who have care preferences documented, and NQF #1641 Hospice and Palliative Care – Treatment Preferences

- One measure from the Surgery Endorsement Project: NQF #1741 Patient experience with surgical care based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- One measure from the Pulmonary and Critical Care Endorsement Project: NQF #1825 COPD – management of poorly controlled COPD

### **Pre-Rulemaking Input Part 1: Using Core to Inform Guidance and PAC/LTC Program Example**

Session led by Alice Lind. Additional presentations by Allen Leavens, Senior Director, NQF; Mitra Ghazinour, Project Manager, NQF; Louis Diamond, MAP PAC/LTC Workgroup Member

- Ms. Lind presented the workgroup’s updated approach to providing pre-rulemaking input across MAP and introduced workgroup members who will be serving as liaisons across MAP.
- Dr. Leavens presented the results of the workgroup’s first year of pre-rulemaking input. It showed that rules published by CMS have been generally concordant with MAP recommendations initiated by the Dual Eligible Beneficiaries Workgroup.
- Ms. Ghazinour reviewed the scope of work of the Post-Acute Care/Long Term Care (PAC/LTC) Workgroup during pre-rulemaking. Workgroup members considered the End-Stage Renal Disease (ESRD) Quality Initiative Program and whether stratification of measures by dual eligible status should be pursued. Dr. Diamond shared his perspective and cautioned that the ESRD community sees a need for further research on underlying population demographics and disparities before ESRD measures are stratified.
- The workgroup discussed the issue of stratification and agreed that it shows promise but requires further investigation and testing of measures to ensure that results would be valid.

### **Pre-Rulemaking Input Part 2: Hospital and Clinician Program Examples**

Session led by Alice Lind. Additional presentations by Lindsay Lang, Senior Program Director, NQF, and Aisha Pittman, Senior Program Director, NQF.

- Ms. Lang reviewed the scope of work of the Hospital Workgroup during pre-rulemaking, with a focus on the Inpatient Quality Reporting (IQR) and Hospital Value-Based Purchasing (VBP) programs.
- Members then considered a list of measures in IQR that are eligible for adoption into VBP with the goal of identifying those with special importance to the dual eligible beneficiary population. The workgroup supported several IQR measures for inclusion in VBP, including measures of emergency department use and throughput, participation in a registry for nursing, catheter-associated urinary tract infections, and pressure ulcers.
- Ms. Pittman reviewed the scope of work of the Clinician Workgroup during pre-rulemaking, with a focus on the Value-Based Payment Modifier (VBPM) Program and the Medicare/Medicaid EHR Incentive Program for Eligible Professionals (MU-EP).
- Members then considered a list of measures from the core set for Dual Eligible Beneficiaries specified for clinician-level reporting to identify opportunities for alignment. Members recommended two measures in use across other programs be added to VBPM: NQF #0022 Use

of High Risk Medications in the Elderly and NQF #0418 Screening for Clinical Depression. Members also supported the idea that any clinician-level measure in the core set be included in the cores for PQRS and MU-EP programs.

### **State Experience Applying Core Measures in Context of Demonstration Programs**

Session led by Alice Lind. Additional presentations by Jane Ogle, Deputy Director, Health Care Delivery Systems, California Department of Health Care Services; Neal Kohatsu, Medical Director, California Department of Health Care Services; Cheryl Powell; Sarah Lash; and Tom Valuck, Senior Vice President, Strategic Partnerships, NQF.

- Ms. Ogle and Dr. Kohatsu reflected on the experience of planning California's state demonstration program and the use of MAP's recommendations in defining an approach to quality measurement.
- Discussion between presenters and workgroup members emphasized beneficiary protections, cultural competency, and the importance of selecting a relatively small number of measures that will be tied to an incentive payment under the demonstration. Discussion also raised gaps in measures and the need to move forward with testing new metrics or otherwise account for key quality issues in program design.

### **Data-Related Feasibility of Implementing Core Measures**

Presentations by Cheryl Powell and Sharon Donovan, CMS, and Mady Chalk, Subject Matter Expert on Substance Use

- Ms. Powell and Ms. Donovan described how to access linked Medicare and Medicaid claims data and new condition flags through the CMS Chronic Condition Warehouse. The first batch of data containing 2008 claims will be available within a month and other data years will soon follow.
- Dr. Chalk provided an overview of a behavioral health confidentiality law (§42 CFR, Part II) and discussed data exchange challenges that it poses in addition to clarifying some common misconceptions.

### **Review List of Medically Complex Older Adults and Adults 18-65 with Physical Disabilities**

Session led by Sarah Lash.

- Ms. Lash reviewed the methodology used to identify quality issues and associated measures for the high-need subpopulations of dual eligible beneficiaries.
- Members discussed options for measurement within these subgroups and the implications for MAP's scope. Relatively few quality issues were identified as distinct to either medically complex older adults or adults 18-65 with physical disabilities.
- Members discussed that separating high-need groups and their associated quality issues is too limiting and the current catalog of measures does not easily support measurement at the subpopulation level. The majority of members preferred to focus on quality issues shared between the high-need populations.

## **Day 2: October 12, 2012**

### **Confirm Previous Day's Recommendations on Core Measure Set**

Session led by Alice Lind.

- Members discussed and finalized the previous day's proposed additions, deletions, and substitutions to the MAP Dual Eligible Beneficiaries Core Measure Set.
- From among the core measures, members also suggested categorizing additional measures as part of the MAP Dual Eligible Beneficiaries Starter Set:
  - "Tobacco Use Assessment and Tobacco Cessation Intervention" (NQF #0028)
  - "Follow-Up After Hospitalization for Mental Illness" (NQF #0576)
  - PCPI's "Unhealthy Alcohol Use: Screening and Brief Counseling," pending NQF endorsement

### **Specialized Measures for Medically Complex Older Adults and Adults 18-65 with Physical Disabilities**

Session led by Alice Lind. Additional presentation by Sarah Lash.

- Members reviewed an array of available measures that apply to quality issues faced by medically complex older adults and adults 18-65 with physical disabilities.
- Members supported several measures for further consideration.
- Members emphasized measure gaps and the need for measures that are cross-cutting (i.e., applicable across multiple settings) and inclusive of all ages (i.e., not restricted to above or below 65 years of age).

### **Small Group Activity: Gap-Filling Pathways and Report Out from Small Group Activity**

- Members were asked to review the group's previously prioritized measure gap list and propose any changes or updates that would more accurately reflect the unique needs of high-need beneficiaries. Additionally, members were asked to review and modify proposed measure ideas for gap-filling across settings of care.
- In response to the activity, members identified additional measure gap areas as top priorities. These gaps included independent living skills and the appropriateness of care and care setting.

### **Measure Gap-Filling Opportunities: Experience of Care Survey Tool for Community-Based Long-Term Supports and Services (LTSS)**

Presentations by Anita Yuskauskas, CMS; Sara Galantowicz, Truven Health Analytics; Elizabeth Frentzel, American Institutes for Research.

- Presenters discussed their process and experience of developing a consumer experience survey for recipients of home and community-based services (HCBS). The survey was developed using CAHPS principles and the team will be seeking a CAHPS trademark from AHRQ once development and testing are complete.
- The draft survey will soon be field tested in several states and multiple disability populations. Members expressed interest in learning about the results of the field testing.

- Presenters and workgroup members discussed and clarified elements of the methodology, timeline, and terminology used by the team.

### **Measure Gap-Filling Opportunities: Prior Development of Quality Measures for People with Disabilities**

Presentations by Margaret Mastal, RN, PhD; Sue Palsbo, PhD; and Anne Cohen, Subject Matter Expert on Disability.

- Presenters discussed their prior grant-funded work developing quality measures specific to people with disabilities. Presenters highlighted the detailed specifications for a series of administrative measures and the results of testing data collection and analysis with health plans.
- Members discussed how these measures warrant further development and testing. They may be used to fill gaps in available measures if a steward can be identified.

### **Wrap Up**

Session led by Alice Lind.

- Members will be reviewing measure prioritization and ideas for gap-filling during a follow-up exercise.
- The chair reviewed the major headings anticipated for use in the interim report. A draft, timeline, and expectations for review will be shared with workgroup members in November.
- Members were provided with dates of future MAP activities for pre-rulemaking, including:
  - All MAP Web Meeting to be held December 4 from 11:00 AM to 1:00 PM Eastern
  - Workgroup Web Meeting to be held December 19 from 3:00 PM to 5:00 PM Eastern