

Measure Applications Partnership

Dual Eligible Beneficiaries Workgroup

Convened by the National Quality Forum

Summary of Web Meeting: December 16, 2011

A web meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup was held on Friday, December 16, 2011 from 1:00-3:00 PM Eastern. You may access an online archive of the web meeting at <http://www.myeventpartner.com/QualityForum/E954D681824F>. The next meeting of the Dual Eligible Beneficiaries Workgroup will occur February 21-22, 2012 in Washington, DC.

Workgroup Members in Attendance:

Alice Lind (Chair)

Adam Burrows, National PACE Association

Mady Chalk, Subject Matter Expert: Substance Use

Ian Corbridge, Health Resources and Services Administration (substitute for Samantha Meklir)

Steven Counsell, National Association of Public Hospitals and Health Systems

Leonardo Cuello, National Health Law Program

Jennie Chin Hansen, American Geriatrics Society

Lawrence Gottlieb, Subject Matter Expert: Disability

Thomas James, Humana, Inc.

Daniel Kivlahan, Veterans Health Administration

Patrick Murray, Better Health Greater Cleveland

Patricia Nemore, Center for Medicare Advocacy

D.E.B. Potter, Agency for Healthcare Research and Quality

Cheryl Powell, CMS Medicare-Medicaid Coordination Office

Juliana Preston, Subject Matter Expert: Measure Methodologist

Susan Reinhard, Subject Matter Expert: Home and Community-Based Services

Rhonda Robinson Beale, Subject Matter Expert: Mental Health

Gail Stuart, Subject Matter Expert: Nursing

Sally Tyler, American Federation of State, County and Municipal Employees

Rita Vandivort, Substance Abuse and Mental Health Services Administration

The primary objectives of the web meeting were to:

- Review and discuss the results of the MAP Hospital, Clinician, and Post-Acute Care/Long-term Care Workgroup deliberations on pre-rulemaking input to HHS;
- Provide additional cross-cutting input to the MAP Coordinating Committee regarding the applicability and appropriateness of measures for dual eligible beneficiaries.

Sarah Lash, Program Director, NQF, briefly informed listeners of progress made earlier that same week on MAP's pre-rulemaking deliberations. Further input from the MAP Dual Eligible Beneficiaries Workgroup to the pre-rulemaking process can improve the quality of care delivered to Medicare-Medicaid enrollees in a range of existing federal measurement programs.

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Alice Lind, Chair of the MAP Dual Eligible Beneficiaries Workgroup, welcomed participants to the meeting, called roll, and offered introductory remarks. She provided context for the day's meeting and described the process by which the progress of the other MAP workgroups would be addressed. She reiterated the layered approach taken to identify core measures, measure gaps, and evaluate measures under consideration by HHS for specific public reporting and payment reform programs. Each workgroup made decisions about whether they fully support, support the direction of, or do not support individual measures for inclusion in rulemaking. The other workgroups were also asked to consider if there was adequate representation of the five high-leverage areas identified by the Dual Eligible Beneficiaries Workgroup and the measures on the group's draft core list. The group can now consider the adequacy of the other workgroups' actions and make further recommendations to the MAP Coordinating Committee, if necessary.

Aisha Pittman, Senior Program Director, NQF, first presented the progress of the Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup. Measures are under consideration for addition to Inpatient Rehabilitation Facility Quality Reporting, Long-Term Care Hospital Quality Reporting, End Stage Renal Disease Quality Improvement, and Hospice Quality Reporting. The PAC/LTC Workgroup also evaluated measure sets for the Home Health Quality Reporting program and the Nursing Home Quality Initiative, for which no measures were included in HHS' list of measures under consideration.

Ms. Pittman noted the significant overlap between the PAC/LTC and Dual Eligible Workgroups with regards to core concepts, gaps, and discussion themes. Many dual eligible beneficiaries use long-term supports and services, so this overlap is expected and serves to reinforce the content. In particular, the same measure gaps are relevant to both topic areas. Based on feedback from the Dual Eligible Beneficiaries Workgroup, the PAC/LTC Workgroup decided to consider Mental Health a major gap for their settings. In terms of specific measures relevant to dual eligible beneficiaries, the PAC/LTC Workgroup supported for inclusion in rulemaking the process measure *Assessment of Health-related Quality of Life (#0260)* in the ESRD set and *Family Evaluation of Hospice Care (#0208)* in the hospice set. Other measures in the draft core measure set for dual eligible beneficiaries were discussed. The workgroup conceptually agreed with many of them and asked that potential modifications be explored to increase their applicability across settings.

Following this presentation, the workgroup had an opportunity to ask questions and offer suggestions. In response to a question about the PAC/LTC workgroup's assessment of the measures used for Dialysis Compare, Ms. Pittman clarified that the workgroup was generally in support of the current measures but that they would like to see further measurement of broader aspects of care in addition to clinical indicators. Discussion also emphasized the importance of the gap in measures of potentially avoidable hospitalizations from long-term care facilities, a highly relevant issue for the dual eligible beneficiary population.

Workgroup members noted that none of the measures under consideration for rulemaking have consideration of potential stratification approaches. Without stratification of selected measures by dual eligible status, it's not possible to understand how this population is faring compared to others. A workgroup member representing a health plan emphasized that stratification of dual eligible beneficiaries is an essential element of their current quality monitoring approach for Medicare Advantage plan members.

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Ms. Pittman continued by presenting the progress of the Clinician Workgroup. Measures are under consideration for addition to the Value-Based Payment Modifier, the Physician Quality Reporting System (PQRS), the Medicare and Medicaid EHR Incentive Program, and the Medicare Shared Savings Program. Many measures in the draft core measure set for dual eligible beneficiaries had already been finalized for use in clinician measurement programs. Many gaps identified by the Dual Eligible Beneficiaries Workgroup were reinforced by the Clinician group. Such gap areas included resource use, total cost of care, patient activation, functional and cognitive status, health risks, and measures that incorporate patient reported data. In terms of specific measures relevant to dual eligible beneficiaries, the Clinician Workgroup supported for inclusion in rulemaking the measure *Optimal Diabetes Care (#0729)* in the PQRS set and *Screening for Clinical Depression and Follow-Up Plan (#0418)* in the Meaningful Use set.

Following this presentation, workgroup members discussed that many clinician-level measures are appropriate to use in both public programs and private sectors. Health plans' pay-for-performance initiatives and medical boards' maintenance of certification programs were offered as potential alignment opportunities. Ms. Pittman noted that the Clinician Workgroup prioritized measures that are used in multiple reporting programs in order to reduce the duplication and burden of measurement faced by clinicians.

Lindsay Lang, Senior Program Director, NQF, introduced the programs under the Hospital Workgroup, including Inpatient Quality Reporting (IQR), Hospital Value-Based Purchasing (VBP), Inpatient Psychiatric Facility Quality Reporting, the Medicare and Medicaid EHR Incentive Program, Outpatient Quality Reporting (OQR), Ambulatory Surgical Center Quality Reporting, and PPS-Exempt Cancer Hospital Quality Reporting. There was limited overlap in the core concepts, measure gaps, and discussion themes between the Hospital Workgroup and the Dual Eligible Beneficiaries Workgroup. The measures for hospitals are predominantly condition-specific, while measures emphasized in the duals work have been cross-cutting. In terms of specific measures relevant to dual eligible beneficiaries, the Hospital Workgroup supported for inclusion in rulemaking *HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (#0558)* in the psychiatric set and *3-Item Care Transition Measure (CTM-3) (#0228)* in the IQR set.

Given the limited topical overlap in hospital measures, workgroup members were encouraged to give their opinions regarding priorities for measurement around an inpatient hospitalization. After discussing the issues, workgroup members generally felt that two general areas deserved further emphasis. The first is around care transitions, discharge planning, medication reconciliation, and coordination of follow-up care. The second concept for measurement was to assess functional status at admission and again at discharge to account for decline associated with a hospitalization. Members referenced recent work in JAMA that found a third of adults over 70 will experience a decline in one or more activities of daily living (ADLs) during a hospitalization.

Following the workgroup-specific discussions, Ms. Lash briefly noted the overall impact of the guidance from the Dual Eligible Beneficiaries Workgroup on the ongoing deliberations. All measures in the draft core set already finalized for use in federal programs continued to be supported. All but one measure in the draft core set under consideration was supported for addition or for further exploration and refinement. One measure which had not been under consideration was explicitly added, and many other measures which relate to the five high-leverage opportunity areas were discussed and supported. Based on findings from MAP's ongoing work, the workgroup will continue to consider changes to its draft core set at the next in-person meeting.

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The meeting concluded with Alice Lind reviewing the next steps in the MAP's pre-rulemaking process. The next meeting of the MAP Dual Eligible Beneficiaries Workgroup is February 21-22, 2012 in Washington, DC.