



MAP Dual Eligible Beneficiaries Workgroup Web Meeting December 19, 2012

The National Quality Forum (NQF) convened a web meeting of the Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup on Wednesday, December 19, 2012. An [online archive](#) of the meeting is available.

Workgroup Members in Attendance:

Alice Lind (Chair)	Joan Levy Zlotnik, National Association of Social Workers
George Andrews, Humana, Inc.	Laura Linebach, L.A. Care Health Plan
Richard Bringewatt, SNP Alliance	Samantha Meklir, Health Resources and Services Administration
Mady Chalk, [subject matter expert: Substance Abuse]	David Polakoff, American Medical Directors Association
Anne Cohen, [subject matter expert: Disability]	D.E.B. Potter, Agency for Healthcare Research and Quality
Steven Counsell, National Association of Public Hospitals and Health Systems	Cheryl Powell, CMS Federal Coordinated Healthcare Office
Leonardo Cuello, National Health Law Program	Juliana Preston, [subject matter expert: Measure Methodologist]
James Dunford, [subject matter expert: Emergency Medical Services]	Clarke Ross, Consortium for Citizens with Disabilities
Daniel Kivlahan, Veterans Health Administration	Marisa Scala-Foley, Administration for Community Living (substitute for Henry Claypool)

Welcome and Review Meeting Objectives

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

Ms. Lind welcomed the group to the web meeting, reviewed the contents of the Evolving Core Measure Set for Dual Eligible Beneficiaries, and described the MAP pre-rulemaking activities underway. A workgroup membership update and roll call were completed. The primary objectives of the meeting were to:

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

Clinician Workgroup Progress

Session led by Ms. Lind, with additional presentation by Aisha Pittman, Senior Director, NQF.

- Ms. Pittman reviewed the input to the Clinician Workgroup from the Dual Eligible Beneficiaries Workgroup for pre-rulemaking activities:
 - Focus on management of chronic conditions, including mental illness;
 - Facilitate successful care coordination and transitions;
 - Address the high-leverage opportunity area “Screening and Assessment”; and
 - Work with individuals to understand their goals and manage symptoms, medications, and risks.
- The MAP Clinician Workgroup reviewed more than 700 measures under consideration or currently finalized for four clinician programs: Physician Quality Reporting System (PQRS), Physician Compare, Value-Based Payment Modifier, Meaningful Use for Eligible Professionals, and the Medicare Shared Savings Program.
- Due to the volume of measures, the Clinician Workgroup focused on the types and qualities of measures important to programs.
 - The Clinician Workgroup developed guiding principles for pre-rulemaking activities, which will be available in the forthcoming 2013 MAP Pre-Rulemaking Report.
 - Based on the guiding principles, the four measures under consideration for PQRS from the Evolving Core Measure Set for Dual Eligible Beneficiaries would be supported by the Clinician Workgroup.
 - Many of the other measures in the Evolving Core Set are already used in clinician-level programs.
- The Clinician Workgroup identified the need for both specialty-specific measures and a specialty-neutral core set of measures across programs.

Hospital Workgroup Progress

Session led by Ms. Lind, with additional presentations by Lindsay Lang, Senior Director, NQF, and James Dunford, liaison to the Hospital Workgroup.

- Ms. Lang reviewed the input from the Dual Eligible Beneficiaries Workgroup to the Hospital Workgroup:
 - Ensure safe and appropriate care;
 - Develop relationships between health systems and community services to reduce readmissions from community and long-term care settings;
 - Address challenges of emergency department over-utilization; and
 - Consider the dual eligible beneficiary population’s heterogeneity and choose broad measures of care coordination, patient experience, and outcomes.
- Consistent with the Clinician Workgroup’s approach, the Hospital Workgroup also developed guiding principles for the selection of measures for federal programs for hospital settings.
- The Hospital Workgroup reviewed 10 federal programs: Inpatient Quality Reporting, Hospital-Acquired Conditions Payment Reduction, Hospital Readmissions Payment Reduction, Value-

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Based Purchasing, Meaningful Use for Hospitals and Critical Access Hospitals, PPS-Exempt Cancer Hospital Quality Reporting, Inpatient Psychiatric Facility Quality Reporting, Outpatient Quality Reporting, Ambulatory Surgical Center Quality Reporting, and the Medicare Shared Savings Program.

- From the Evolving Core Measure Set for Dual Eligible Beneficiaries, four measures were under consideration for one or more hospital programs. The Hospital Workgroup supported three of these measures and supported the direction of the remaining measure.
- Dr. Dunford shared his experience as liaison to the Hospital Workgroup.
 - Participation was informative to and appreciated by the Hospital Workgroup.
 - The workgroups agreed on many of the high-priority gap areas, such as cost, patient and family centered care plans, and patient and family experience of care.
 - For specialized types of care (e.g., cancer, psychiatric), measures of patient and family experience should be sensitive to the unique aspects of that care. More advanced collection and reporting of person-centered outcomes is also necessary to improve care.
 - There was not enough attention to the effect of disparities and hospital-based outpatient care in the discussion of measures under consideration.

Post-Acute Care/Long-Term Care Workgroup Progress

Session led by Ms. Lind, with additional presentations by Mitra Ghazinour, Project Manager, NQF, and Joan Levy Zlotnik, liaison to the PAC/LTC Workgroup.

- Ms. Ghazinour reviewed the input from the Dual Eligible Beneficiaries Workgroup to the PAC/LTC Workgroup:
 - Person-centeredness and responsiveness to an individual's care goals;
 - Delivery of services in the least intense care setting possible for beneficiaries;
 - Common emphasis on functional status and quality of life; and
 - Interest in research to enable stratification of the ESRD population by dual eligible beneficiary status.
- The PAC/LTC Workgroup reviewed 5 federal programs:
 - Long-Term Care Hospital (LTCH) Quality Reporting, Inpatient Rehabilitation Facility Quality Reporting, End-Stage Renal Disease Quality Reporting, Nursing Home Quality Reporting, Home Health Quality Reporting, and Hospice Quality Reporting.
- From the Evolving Core Measure Set for Dual Eligible Beneficiaries, seven measures were under consideration for a PAC/LTC program.
 - The PAC/LTC Workgroup supported two measures and supported the direction of the remaining five measures for LTCHs.
- Dr. Levy Zlotnik shared her experience as the Dual Eligible Beneficiaries Workgroup liaison to the PAC/LTC Workgroup.
 - The PAC/LTC Workgroup meeting's purpose, structure, and approach differed significantly from the Dual Eligible Beneficiaries Workgroup because it addressed setting-specific care instead of focusing on a population.

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- Echoing earlier comments, she observed measurement of disparities and cultural sensitivity was not fully addressed.
- The PAC/LTC Workgroup discussed the reporting burden of a large number of structural measures and conditions of participation. There is a lack of measure alignment across care settings and no electronic health record infrastructure to support reporting.
- D.E.B. Potter and Juliana Preston, members of both workgroups, supported the observation of fragmented measurement across PAC/LTC care settings and shared the PAC/LTC Workgroup's concerns regarding burden and lack of measures in high-leverage opportunity areas.
- PAC/LTC Workgroup members discussed prominent measure gaps across PAC/LTC programs including care coordination, advanced directive planning, and advanced illness/hospice/palliative care.

Public Comment, Wrap Up, and Summary

Session led by Ms. Lind, with additional presentation by Sarah Lash, Senior Program Director, NQF.

- Ms. Lash highlighted how viewing measurement from a population perspective enhances alignment. MAP has made clear and tangible progress on increasing the use of measures relevant to dual eligible beneficiaries across federal measurement programs.
- Inclusion of measures in the Evolving Core Measure Set for Dual Eligible Beneficiaries was effective in distinguishing them as important. Twenty measures from the Evolving Core Set were under consideration this year, and all were supported or supported in direction by MAP workgroups.
- One member of the public commented that the gaps in measurement perceived by the workgroup are more a function of the data and methods used to address quality concerns than an absence of measures. He suggested that these types of gaps could be further documented and addressed systematically by strategies such as better utilizing existing administrative and public health data resources and coordination with community providers.
- Another commenter stated that using measures of care coordination for medical conditions and behavioral health issues are very important but should only be used to evaluate health plans that manage both medical and behavioral health benefits.
- The recommendations from the Dual Eligible Beneficiaries Workgroup will be presented to the MAP Coordinating Committee during its January 8-9, 2013 in-person meeting.
- A draft of MAP's final report on pre-rulemaking activities will be available for public comment in January 2013 and will be submitted to the Department of Health and Human Services by February 1, 2013.