

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

**Summary of In-Person Meeting: November 15, 2011  
Washington, DC**

The Measure Applications Partnership (MAP) Dual Eligible Beneficiaries Workgroup met in person on Tuesday, November 15, 2011. Meeting materials and an [audio archive](#) are available on the NQF website, [www.qualityforum.org](http://www.qualityforum.org).

**Workgroup Members Attending**

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| Alice Lind (Chair)   | Samantha Meklir, Health Resources and Services Administration                        |
| Adam Burrows, National PACE Association                                      | Patrick Murray, Better Health Greater Cleveland (phone)                              |
| Mady Chalk [subject matter expert: substance abuse]                          | Patricia Nemore, Center for Medicare Advocacy  |
| Jennie Chin Hansen, American Geriatrics Society                              | Margaret Nygren, American Association on Intellectual and Developmental Disabilities |
| Steven Counsell, National Association of Public Hospitals and Health Systems | David Polakoff, American Medical Directors Association                               |
| Henry Claypool, Administration Aging/HHS Office on Disability                | D.E.B. Potter, Agency for Healthcare Research and Quality                            |
| Leonardo Cuello, National Health Law Program                                 | Cheryl Powell, CMS Medicare-Medicaid Coordination Office                             |
| Lawrence Gottlieb [subject matter expert: disability] (phone)                | Juliana Preston [subject matter expert: measure methodologist]                       |
| Thomas James, Humana, Inc.   | Susan Reinhard [subject matter expert: home and community-based services]            |
| Daniel Kivlahan, Veterans Health Administration                              | Gail Stuart [subject matter expert: nursing]   |
| Joan Levy Zlotnik, National Association of Social Workers                    | Rita Vandivort, Substance Abuse and Mental Health Services Administration            |
| Laura Linebach, L.A. Care Health Plan (phone)                                |  |

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

- discuss central themes from the Interim Report to HHS and input from external stakeholders;
- understand potential short-term and long-term approaches to measurement for the dual eligible beneficiary population;
- examine candidate measures in five high-leverage opportunity areas and document gaps; and
- understand MAP progress on pre-rulemaking activities and the workgroup’s role in providing input.

After the workgroup chair offered opening remarks and conducted introductions, Sarah Lash, Program Director, NQF, presented an overview of the input received during the public comment period for the interim report. Multiple commenters highlighted the importance of promoting alignment with the National Quality Strategy, across Medicare and Medicaid, and between current reporting programs. Commenters also emphasized the need to improve the affordability of care and the need to correctly assign accountability for quality. In response, workgroup members discussed the importance of having a clear definition of “affordability of care” and creating a distinction between individual patient affordability of care and health system sustainability.

Additionally, Ms. Lash highlighted input received from HHS that included strong support for the report’s major themes and messages, a request for more emphasis on data sources and potential solutions in the second phase of work, and interest in high-need population subgroups such as individuals with mental health and/or substance use disorders.

### **Design of Potential Measurement Initiatives**

Cheryl Powell, Deputy Director, CMS Medicare-Medicaid Coordination Office, presented on the Office’s current activities and highlighted short-, intermediate-, and long-term objectives for their measurement initiatives. These include:

- establishing baseline data that will help define quality care for the dual eligible beneficiary population, considering where stratification of current measures may be meaningful (short-term);
- identifying measures of success for use in state demonstration programs and for serving specific sub- populations (intermediate-term);
- promoting integrated care and aligning measure development within CMS (long-term).

Ms. Powell also discussed the need to build on the framework proposed in the interim report with strategic, concrete steps toward these objectives. She acknowledged that measurement is better developed in clinical areas and much work remains to be done in evaluating the quality of home- and community-based services (HCBS).

Workgroup members examined the final rule regarding measures to be used in the Medicare Shared Savings Program for accountable care organizations to identify care coordination measures for potential alignment. Workgroup members also discussed the status of measurement in HCBS, including earlier work performed by the Agency for Healthcare Research and Quality. A public attendee representing The Arc also expressed interest in measure development for HCBS.

### **MAP Measure Selection Criteria**

Connie Hwang, Vice President, Measure Applications Partnership, NQF, presented the finalized MAP measure selection criteria. Dr. Hwang discussed the importance of the measure selection criteria as a tool for MAP’s pre-rulemaking task. Feedback from MAP groups and public comment were used to refine the criteria. An interpretive guide accompanies the measure selection criteria to provide clarity and assistance with applying them.

Discussion clarified that the Dual Eligible Beneficiaries Workgroup will not be applying the measure selection criteria to an existing set of measures for a Federal program, as no such program exists for the dual eligible population. Rather, if the Workgroup is able to propose a core set of measures for use with the dual eligible population, measures found in that core set may be introduced into existing programs over time (e.g., Physician Quality Reporting System [PQRS], Hospital Value Based Purchasing, HIT incentive programs).

### Selecting Candidate Measures in High-Leverage Opportunity Areas

Attendees were organized into five small groups corresponding to the high-leverage opportunity areas of Quality of Life, Care Coordination, Screening and Assessment, Mental Health and Substance Use, and Structural measures. Each group reviewed a list of available measures for its assigned topic area with the goal of identifying the best measures for use with the dual eligible population. Results of the exercise narrowed the universe of potential measures to a manageable size and provided an initial draft list of potential core measures. The list will be vetted further in future MAP activities.

| NQF Measure Number and Status | Measure Title  |
|-------------------------------|--|
| 0005 Endorsed                 | CAHPS® Adult Primary Care Survey: Shared Decision Making   |
| 0006 Endorsed                 | CAHPS® Health Plan Survey v 4.0 - Adult Questionnaire: Health Status/Functional Status                   |
| 0490 Endorsed                 | The Ability to Use Health Information Technology to Perform Care Management at the Point of Care         |
| 0494 Endorsed                 | Medical Home System Survey   |
| 0523 Endorsed                 | Pain Assessment Conducted  |
| 0420 Endorsed                 | Pain Assessment Prior to Initiation of Patient Therapy   |
| 0098 Endorsed                 | Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women                 |
| 0101 Endorsed                 | Falls: Screening for Fall Risk   |
| 0076 Endorsed                 | Optimal Vascular Care  |
| 0729 Endorsed                 | Optimal Diabetes Care  |
| 0421 Endorsed                 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up                             |
| 0418 Endorsed                 | Screening for Clinical Depression and Follow-up Plan   |
| 0028 Endorsed                 | Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention                               |
| 0004 Endorsed                 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement |
| 0111 Endorsed                 | Bipolar Disorder: Appraisal for Risk of Suicide  |
| 0640 Endorsed                 | HBIPS-2 Hours of Physical Restraint Use  |
| 0558 Endorsed                 | HBIPS-7 Post discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon              |

|                     |  |
|---------------------|--|
|                     | Discharge  |
| 0576 Endorsed       | Follow-up After Hospitalization for Mental Illness   |
| 0228 Endorsed       | 3-Item Care Transition Measure (CTM-3)   |
| 0647 Endorsed       | Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) |
| 0329 Endorsed       | All-Cause Readmission Index (risk adjusted)  |
| 0167 Endorsed       | Improvement in Ambulation/Locomotion   |
| 0208 Endorsed       | Family Evaluation of Hospice Care  |
| 0260 Endorsed       | ESRD: Assessment of Health-related Quality of Life (Physical & Mental Functioning)   |
| 0430 Endorsed       | Change in Daily Activity Function as Measured by the AM-PAC  |
| <b>Not Endorsed</b> | SNP 6: Coordination of Medicare and Medicaid Coverage  |
| <b>Not Endorsed</b> | SNP 4: Care Transitions  |
| <b>Not Endorsed</b> | Bipolar I Disorder 2: Annual Assessment of Weight or BMI, Glycemic Control, and Lipids   |
| <b>Not Endorsed</b> | Schizophrenia 2: Annual Assessment of Weight/BMI, Glycemic Control, Lipids   |
| <b>Not Endorsed</b> | Screening and Brief Intervention for Alcohol Misuse  |
| <b>Not Endorsed</b> | Modular Survey (Patient Experience Survey for Behavioral Health)   |
| <b>Not Endorsed</b> | Potentially Harmful Drug-Disease Interactions in the Elderly   |
| <b>Not Endorsed</b> | Improvement in Anxiety Level   |
| <b>Not Endorsed</b> | Dementia: Caregiver Education and Support  |
| <b>Not Endorsed</b> | Dementia: Cognitive Assessment   |
| <b>Not Endorsed</b> | Dementia: Functional Status Assessment   |

Workgroup members also documented many gaps in measures and potential modifications to improve the utility of current measures. Members discussed the fact that many measures touch on important topics, but are too narrowly specified. For example, age ranges should be expanded to be as inclusive as possible. They also identified measures where a beneficial practice, e.g., BMI screening or suicide risk assessment, was only measured for a specific clinical population and urged that this be expanded to all patients.

The workgroup continues to emphasize the lack of measures related to functional status, risk assessment, and quality of life issues. They encouraged measurement take a broader orientation to settings of care beyond hospitals and clinics, considering issues faced in HCBS and patient/family needs for social supports.

### **Identifying “Duals-Sensitive” Measures**

Nicole Williams McElveen, Senior Project Manager, Performance Measures, NQF, presented NQF’s ongoing work in healthcare disparities. Development of an algorithm that can be used to identify measures that are sensitive to healthcare disparities is underway. Workgroup members explored the methodology and discussed the potential for using a similar approach to identify measures which are sensitive to the needs of the dual eligible beneficiary population. The workgroup decided that a measure is sensitive to the population if it is related to care coordination, the chronicity of ongoing care, cultural competency, or access to care.

Workgroup members also debated approaches to measure stratification, such as which population to use as a reference group. In the process, the limitations of current data sources were explored. Data are generally scarce or unreliable; there is great variation across programs and across States. Most stakeholders could not even answer the basic question of, “How many people in your program are Duals?” Some members stated that fundamental questions about patterns of care need to be answered before stratification should be explored.

### **Pre-Rulemaking Activities**

Tom Valuck, Senior Vice President, Strategic Partnerships, NQF, explained the proposed approach and the roles of the Coordinating Committee and MAP workgroups for the upcoming pre-rulemaking task. Other MAP workgroups and the Coordinating Committee have begun work on setting a vision for alignment across measurement programs. MAP also has started compiling core measure concepts for use in specific settings of care, such as hospitals. The vision and the cores will be used as reference points when reviewing measures under consideration by CMS for rulemaking for specific programs.

Workgroup members reviewed the draft core sets from the Hospital, Clinician, and PAC/LTC workgroups and offered additional input on measure gaps from the perspective of dual eligible beneficiaries:

- Hospital: level of patient focus, medication errors, assessing prior level of function before hospitalization, geriatric conditions (avoidance of delirium, level of mobilization while admitted), restraint-free care, care plan transmitted to the next setting, affordability
- Clinician: screening, assessment, and referral to services for use of alcohol and other drugs; communication with patient and family, communication with other providers, pain management, access to care, medication adherence, affordability
- PAC/LTC: community-based setting measures, connection to HCBS from institutional care, successful transitions out of facilities, chemical restraints

After the meeting, workgroup members participated in a survey exercise to refine the draft core set of measures and provide more detailed input to the pre-rulemaking process. The Dual Eligible Beneficiaries Workgroup will next convene via web meeting on December 16, 2011.