Introduction to Quality Measures in Managed Long-Term Services and Supports

November 30, 2012
With support from The SCAN Foundation, NCOA leads a coalition of national aging and disability organizations working to protect and strengthen Home and Community-Based Services.

For more information about The SCAN Foundation visit: www.TheSCANFoundation.org
Friday Morning Collaborative

- American Association on Health and Disability
- American Association of People with Disabilities
- AARP
- Alliance for Retired Americans
- American Network of Community Options and Resources
- The Arc of the United States
- Association of University Centers on Disabilities
- Alzheimer’s Association
- Balezon Center for Mental Health Law
- Community Catalyst
- Direct Care Alliance
- Disability Rights Education & Defense Fund
- Easter Seals
- Families USA
- Leading Age
- Lutheran Services in America
- National Association of Area Agencies on Aging
- National Association for Home Care and Hospice
- National Committee to Preserve Social Security and Medicare
- National Council on Aging
- National Council on Independent Living
- National Consumer Voice for Quality Long-Term Care
- National Disability Rights Network
- National Domestic Workers Alliance
- National Health Law Program
- National PACE Association
- National Senior Citizens Law Center
- Paralyzed Veterans of America
- Paraprofessional Healthcare Institute
- Service Employees International Union
- United Spinal Association
- VNAA – Visiting Nurse Associations of America
Webinar Overview

• Introduction
  – Joe Caldwell (National Council on Aging)

• Speakers
  – Sarah Scholle (National Committee for Quality Assurance)
  – Alice Lind (Center for Health Care Strategies)

• Questions and Answers
  – 20 – 30 minutes
Questions and Comments

All Lines Will Be Muted During the Call
To Ask A Question Use the Chat Function

We Will Take Live Questions at the End
Power Point

• Can I get a copy of the Power Point?
• Will an Archive of the webinar be available?

YES!    YES!    YES!

• You will received copies in a follow up e-mail early next week. Please share wit others!
Importance of Quality Measures

Quality and performance measures are critical tools for consumers and states to:

– ensure protections
– enhance choice and plan performance
– align incentives to meet desired goals
  (e.g. rebalancing, promoting options for self-direction, ensuring an adequate direct care workforce)
Challenges

• Knowledge among Medicaid HCBS advocates about quality measures, structures, and terminology commonly used in managed care

• Medical model (clinical) orientation of existing quality measures and structures
  – Need to adopt a non-medical, person-centered framework for quality in HCBS

• Gaps in HCBS measure development
  – Who will develop measures, and funding?
Challenges

• Lack of federal guidance on a core set of HCBS quality and performance measures
  – Despite diversity an opportunity to promote common vision and goals in HCBS
  – Need for additional population-specific and state-specific measures

• Awareness of promising practices in states on HCBS quality and performance measures
Webinar Series

• First webinar in a series
  – Will provide a basic overview
  – Additional webinars will highlight measures currently in development and promising practices

• May produce more questions than answers but hope to promote greater dialogue and conversation
Introduction to Quality Measurement

Sarah Hudson Scholle, Vice President Research and Analysis
November 30, 2012
NCQA

- A non-profit that for 21 years has worked with federal, state, consumer and business leaders to measure, improve and hold plans accountable for quality

Our Mission: Improve health care quality

Our Vision: Transform healthcare through measurement, transparency, and accountability
Objectives

- Describe the quality landscape
- Introduce HEDIS, CAHPS
- Understand measure development process
- Review what makes a good quality measure
Context

• Current measures focus on acute care services, little related to HCBS
• Familiar words can mean different things
• Quality issues differ
• Still, the approach and methods may be helpful
What Is Quality Health Care?

- Right care in right amount at right time
  - **Right care**: Safe, effective, fits patient values & situation
  - **Right amount**: What you need without waste
  - **Right time**: To stay healthy, get well, avoid preventable problems

- Quality problems are widespread
  - **Underuse** – People don’t get needed care
  - **Misuse** – People get the wrong care
  - **Overuse** – People get care that doesn’t help or costs more than effective options
Why Measure Quality?

• In order to know where and how to improve, first you need to know how you are doing
• Transparency helps foster accountability
• We need to expose quality
  – To facilitate consumer/patient choice
  – To incentivize improvement
  – To manage costs
What Gets Measured Gets Improved

Changes in Select HEDIS Measures, 2001-2010
Accredited (solid) vs. Non-Accredited (dotted) Commercial HMOs

- Children Chicken Pox Vaccination
- Controlling High Blood Pressure
- Colorectal Cancer Screening
- Hba1c control (lower is better)
Types of Quality Measures

**Structure**
Do plans have systems to support good care?

**Process**
Do patients received recommended care?

**Outcomes**
Are outcome improved? Is care patient-centered?

Health Plan Accreditation
Patient-Centered Medical Home

HEDIS
CAHPS, Health Outcomes Survey
Example: Care Coordination

Structure

PRACTICE
• Uses a standard referral form
• Tracks referrals

Process

PRIMARY CARE
• % of referrals where information was sent to specialist
• % of referrals where specialist report was returned

Outcomes

PATIENT
• “provider was informed & up to date”
• Able to return to work/social activities

SYSTEM:
Readmissions
Uses of Quality Measures

- Accountability
- Public Reporting
- Quality Improvement
Structure & Process Standards

• Health plans (from accreditation)
  – Do plans provide accurate marketing material?
  – Do they give clear information to members on coverage and denial decisions?
  – Do the providers in their networks have proper credentials?

• Primary care practices (from patient-centered medical home recognition)
  – Do practices provide access after hours?
  – Do they track patients with chronic conditions?
  – Do they coordinate care with specialists?
What Is HEDIS?

Healthcare Effectiveness Data & Information Set®

• The most widely used and respected tool for measuring quality
• 70+ measures of proven, effective care
• Continuously updated for new scientific evidence and to “raise the bar”
Effectiveness of care: Do hypertension patients have their blood pressure under control?

Access: Were patients able to get an appointment with their Primary Care Physician?

Utilization: What was the average length stay in a hospital for a chronic condition?

Relative Resource Use (RRU): Measures examine the intersection of quality and cost to measure value and efficiency
What Is CAHPS?

Consumer Assessment of Health Providers & Systems®

- Survey asks how well plans and providers meet patient needs (‘experience of care’)
  - How often did you get appointments/care as soon as you thought you needed?
  - Did customer service give you help you needed? Treat you with courtesy and respect?
  - Did your doctor listen carefully? Explain things in a way that was easy to understand? Spend enough time with you?
### Who Develops and Uses Quality Measures?

<table>
<thead>
<tr>
<th>EVIDENCE DEVELOPMENT</th>
<th>GUIDELINE DEVELOPMENT</th>
<th>MEASURE DEVELOPMENT</th>
<th>MEASURE ENDORSEMENT</th>
<th>MEASURE IMPLEMENTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create the evidence base for what is effective treatment</td>
<td>Use evidence to create guidelines for practitioners</td>
<td>Use guidelines to create performance measures of adherence to guidelines</td>
<td>Provide assurance that performance measures are evidence-based, methodologically sound</td>
<td>Implement/use measures to understand and improve quality</td>
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</table>

Researchers  

- US Preventive Services Task Force  
- American Diabetes Association  

NCQA  
- CMS  
- Joint Commission  
- AMA-PCPI  

National Quality Forum  

CMS  
- NCQA  
- State Coalitions
Measure Development Process

Set Priorities

Review Evidence

Draft Specifications

Conduct Field Testing

Revise Specifications

Final Measure

INPUT FROM MULTIPLE STAKEHOLDERS
## What Makes A Good Measure?

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Importance</strong></td>
<td>Impact on health, costs of care&lt;br&gt;Potential for improvement, existing gaps in care, disparities</td>
</tr>
<tr>
<td><strong>Evidence</strong></td>
<td>Scientific evidence for what is being measured</td>
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<tr>
<td><strong>Validity</strong></td>
<td>Does the measure capture the intended content?</td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
<td>Precision, repeatability</td>
</tr>
<tr>
<td><strong>Meaningful Differences</strong></td>
<td>Is there variation in performance? Is there room for improvement?</td>
</tr>
<tr>
<td><strong>Feasibility</strong></td>
<td>Susceptibility to errors or unintended consequences</td>
</tr>
<tr>
<td><strong>Costs of data collection</strong></td>
<td>Burden of retrieving and analyzing data</td>
</tr>
<tr>
<td><strong>Usability</strong></td>
<td>Testing to see if users understand the measure</td>
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Components of Quality Measures

• **Eligible Population/ Initial Patient Population**
  – Defines the broadest group of population for inclusion in the measure

• **Denominator**
  – Describes the population evaluated by the individual measure. This may or may not be the same as the initial population.

• **Exclusions**
  – Individuals who are in the denominator, but who are not eligible for the outcome for some specific reason, particularly where their inclusion may bias results.

• **Numerator**
  – Describes the process, condition, event, or outcome that satisfies the measure focus or intent
Plan Report Cards & Rankings

- **Report Cards**: NCQA translate HEDIS/CAHPS results into terms consumers care about and understand:
  - Access and Service
  - Qualified Providers
  - Staying Healthy
  - Getting Better
  - Living with Illness
  - By state/product line @ [reportcard.ncqa.org](http://reportcard.ncqa.org)

- **Plan Rankings**: in Consumer Reports
Summary

• Quality care is the right care in right amount at right time
• Measuring quality leads to improvement
• HEDIS and CAHPS are widely used
  • Rigorous development process
  • National endorsement and implementation
• Existing measures focus on outpatient medical care but NCQA is working to apply methodology and expertise to measuring quality for people with dual eligibility
For More Information

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Quality Measurement in Long-Term Services and Supports

Alice Lind
Senior Clinical Officer

November 2012
CHCS Mission

To improve health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

Our Priorities

- Enhancing Access to and Coverage of Services
- Improving Quality and Reducing Racial and Ethnic Disparities
- Integrating Care for People with Complex and Special Needs
- Building Medicaid Leadership and Capacity
Today’s presentation

• Current state of LTSS quality measurement
• The National Quality Forum and Measure Applications Partnership
• Action you can take:
  ► Resources for quality measurement
  ► Financial alignment demonstrations for Medicare-Medicaid enrollees
  ► In the near future
State of Quality Measurement for Complex Populations: Fragmented Measurement Approaches

• Few cross-cutting measures
  ► Most are utilization-based, e.g., admits, readmits

• State interviewees work in silos
  ► Measurement approaches are not unified; QI efforts may leave out critical stakeholders

• Innovation in cross-population measurement found in health plans
  ► Main focus on the 2-5% highest risk/intensive care management
State of Quality Measurement for Complex Populations

• HEDIS shortcomings
  ► Exceptions are not made for subpopulations (e.g. the “old-old population”)
  ► Medicaid poses special challenges to measurement (monthly disenrollment/plan and eligibility changes)

• Yet, most states fall back on HEDIS
  ► Preventive care measures
  ► Utilization measures, e.g. all cause readmits

• Health plans are looking beyond standardized approaches for complex populations
State of Quality Measurement in Long-Term Services and Supports (LTSS)

- Structural Measures build off 1915c assurances
  - Level of care
  - Service plan
  - Qualified providers
  - Health and welfare
  - Financial accountability
  - Administrative authority

- Gaps
  - Health information system supports cross-waiver measurement and improvement
LTSS Measures

- Process Measures (may be setting-specific)
  - Falls Assessment
  - Drug Regimen Review
  - Depression Screening
  - Influenza Vaccinations
  - Pneumococcal Vaccinations

- Gaps
  - Mental Health Assessment
  - Functional Assessment
  - Level of Care Determination
LTSS Measures

• Outcome Measures (builds on OASIS)
  ➤ Improvement or stabilization in: Ambulation, Transferring, Bathing, Managing Medications, Bladder Control, Pain, Breathing
  ➤ Rate of hospitalization for LTSS beneficiaries
  ➤ Rate of beneficiaries able to live in their own homes

• Gaps
  ➤ Percent of beneficiaries meeting self-defined goals on care plan
  ➤ Care Transition Measures specific to Medicaid LTSS
  ➤ Functional Status
States Can Borrow from HHS’ National Quality Strategy

• Aims
  1. Better Care
  2. Healthy People and Communities
  3. Affordable Care

• Priorities
  1. Make care safer by reducing harm caused in the delivery of care.
  2. Ensure that each person and family is engaged as partners in care.
  3. Promote effective communication and coordination of care.
  4. Promote the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
  5. Work with communities to promote wide use of best practices to enable healthy living.
National Quality Forum and Measure Applications Partnership

The National Quality Forum (NQF) is a nonprofit organization that operates under a three-part mission to improve the quality of American healthcare by:

- Building consensus on national priorities and goals for performance improvement and working in partnership to achieve them;
- Endorsing national consensus standards for measuring and publicly reporting on performance; and
- Promoting the attainment of national goals through education and outreach programs.

NQF work is guided by the National Quality Strategy.
NQF and MAP

• MAP informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all. MAP’s objectives are to:
  ► Improve outcomes in high leverage areas
  ► Align performance measurement across programs
  ► Coordinate measurement efforts to accelerate improvement, enhance system efficiency, and reduce provider data collection burden.

• Two MAP work groups have discussed LTSS measures:
  ► Post-Acute/Long Term Care
  ► Dual eligible Beneficiaries
Appropriate Measures for Dual Eligible Beneficiaries

• MAP examined hundreds of currently available measures, both NQF-endorsed and outside measures
  ▶ Narrowed to a core set

• Identified subsets of measures within core set:
  ▶ Starter Set – best available measures for use
  ▶ Expansion Set – measures require modification for use
### Appropriate Measures for Dual Eligible Beneficiaries: Measure Topics

<table>
<thead>
<tr>
<th>High-Leverage Opportunity Area</th>
<th>(Evolving) Core Measures</th>
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</table>
| Quality of Life               | • Family Evaluation of Hospice Care (0208)  
                                 • Comfortable Dying: Pain Brought to a Comfortable Level Within 48 Hours of Initial Assessment (0209)  
                                 • Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys (all applicable versions, multiple numbers endorsed) |
| Care Coordination             | • Medication Reconciliation (0097)  
                                 • 3-Item Care Transition Measure (0228)  
                                 • HBIPS-6 Post Discharge Continuing Care Plan Created (0557)  
                                 • HBIPS-7 Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge (0558)  
                                 • Transition Record with Specified Elements Received by Discharged Patients (0647)  
                                 • Timely Transmission of Transition Record (0648)  
                                 • Plan All-Cause Readmissions (1768)  
                                 • Hospital-Wide All-Cause Unplanned Readmissions (1789) |
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| **Screening and Assessment**  | • Use of High-Risk Medications in the Elderly (0022)  
  • Screening for Fall Risk (0101)  
  • Assessment of Health-related Quality of Life (Physical and Mental Functioning) (0260)  
  • Adult Weight Screening and Follow-Up (0421)  
  • Change in Daily Activity Function as Measured by the AM-PAC (0430)  
  • Optimal Diabetes Care (0729) |
| **Mental Health and Substance Use**  | • Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (0004)  
  • Tobacco Use Assessment and Tobacco Cessation Intervention (0028)  
  • Screening for Clinical Depression (0418)  
  • Follow-Up After Hospitalization for Mental Illness (0576)  
  • Unhealthy Alcohol Use: Screening and Brief Counseling (contingent upon endorsement) |
| **Structural Measures**        | • Cultural Competency Implementation Measure (1919)  
  • Medical Home System Survey (1909)  
  • SNP 6: Coordination of Medicare and Medicaid Coverage (not endorsed) |
### Major Measure Development Gap Concepts

| Goal-directed, person-centered care planning and implementation of care plan |
| System structures to connect health system and long-term services and supports |
| Appropriate prescribing and comprehensive medication management |
| Screening for cognitive impairment, poor psychosocial health, poor health literacy |
| Appropriateness of hospitalization (e.g., avoidable admission/readmission) |
| Optimal functioning (e.g., improving when possible, maintaining, managing decline) |
| Sense of control-autonomy/self-determination |
| Independent living skills |
| Appropriateness of care and care setting |
| Level of beneficiary assistance navigating Medicare/Medicaid |
| Utilization benchmarking (e.g., outpatient/ED/nursing facility) |
MAP PAC/LTC High Leverage Areas

- Function: Functional and cognitive status assessment; Mental health
- Goal Attainment
  - Establishment of patient/family/caregiver goals
  - Advanced care planning and treatment
- Patient Engagement
  - Experience of care; Shared decision-making
- Care Coordination/Transition planning
- Safety: Falls, Pressure ulcers, Adverse drug events
- Cost/Access: Inappropriate medicine use, Infection rates, Avoidable admissions
MAP PAC/LTC Measure Gaps

- Goal-directed, person-centered care planning and implementation
- System structures to connect health system and LTSS
- Appropriate prescribing/comprehensive medication management
- Screening for cognitive impairment, poor psychosocial health, poor health literacy
- Appropriateness/avoidance of hospitalization; readmission
- Optimal functioning (e.g., improving when possible, maintaining, managing decline)
- Sense of control/autonomy/self-determination
- Independent living skills
- Appropriateness of care and care setting
- Level of beneficiary assistance navigating Medicare/Medicaid
- Utilization benchmarking (e.g., outpatient/ED/nursing facility)
Action Steps: Resources in all 50 states

Existing Resources:

• Use the AARP Scorecard
  ► The full report, along with an interactive map that displays state-by-state information, is available at www.longtermscorecard.org.

• AHRQ State Snapshots
  ► The State Selection Map allows you to choose your State to explore the quality of your State's health care against national rates or best performing States.
Action Steps: Financial alignment demonstrations for Medicare-Medicaid enrollees

• CMS is requiring a set of core measures:
  ► Most states are integrating long term supports and services, so LTSS measures will be included in core

• Each demonstration state will have state-specific measures:
  ► Stakeholders are interested in including LTSS measures currently captured by the state

• Examples:
  ► Consumer direction training; NF avoidance
Follow-up: Coming soon!

- CMS updates on HCBS:

- HCBS specific version of CAHPS survey:
  - CHCS Webinar coming up December 11

- Ongoing work of NQF MAP:
  - Meetings and background materials are posted at [http://www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx](http://www.qualityforum.org/Setting_Priorities/Partnership/Measure_Applications_Partnership.aspx)
Thank you!

Questions?
Visit CHCS.org to…

► **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services.

► **Subscribe** to CHCS eMail Updates to find out about new programs and resources.

► **Learn** about cutting-edge efforts to improve care for Medicaid’s highest-need, highest-cost patients.

www.chcs.org
Questions
Continue the Conversation

Join to discuss what you learned today!

www.NCOACrossroads.org/HCBS

• Online community with over 300 aging and disability advocates across country interested in home and community-based services
  – Listserv and message board functions
  – Share information and resources with others
  – Post questions and discuss issues

• Please complete follow up survey