Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living

HCBS Conference
Washington, DC

September 1st, 2015
10:15-11:30am
Introductions and Opening Remarks from HHS Sponsors
Today’s Session

- Introduce the National Quality Forum (NQF)
- Provide a “crash course” in quality measurement
- Describe NQF’s Home and Community Based Services (HCBS) Quality Project
- Review project findings outlined in the July 2015 Interim Report
- Note previous and concurrent related work
- Engage the audience in Q&A
# NQF and HHS Project Participants

<table>
<thead>
<tr>
<th><strong>NQF</strong></th>
<th><strong>HHS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Lash, MS</td>
<td>Jamie Kendall, ACL</td>
</tr>
<tr>
<td>▪ Senior Director</td>
<td>▪ Coretté Byrd, CMS</td>
</tr>
<tr>
<td>Margaret Terry, RN PhD</td>
<td>▪ Ellen Blackwell, CMS</td>
</tr>
<tr>
<td>▪ Senior Director</td>
<td>▪ Mike Smith, CMS</td>
</tr>
<tr>
<td>Rachel Roiland, RN, PhD</td>
<td>▪ Venesa Day, CMS</td>
</tr>
<tr>
<td>▪ Senior Project Manager</td>
<td>▪ D.E.B. Potter, ASPE</td>
</tr>
<tr>
<td>Andrew Anderson, MHA</td>
<td>▪ Lisa Patton, SAMHSA</td>
</tr>
<tr>
<td>▪ Project Manager</td>
<td></td>
</tr>
<tr>
<td>Kim Ibarra, MS</td>
<td></td>
</tr>
<tr>
<td>▪ Project Manager</td>
<td></td>
</tr>
<tr>
<td>Laura Ibragimova, MPH</td>
<td></td>
</tr>
<tr>
<td>▪ Project Analyst</td>
<td></td>
</tr>
</tbody>
</table>
Not everything that counts can be counted, and not everything that can be counted counts

But....

You can’t improve what you don’t measure
NQF’s work catalyzes improvement and innovation

- Gold Standard for Quality—selects & endorses best health and healthcare quality measures
- An Essential Forum—420+ organizational members and more than 800 volunteer leaders that span all perspectives and sectors
- Quality Leadership—convenes private and public sector leaders to reach consensus on complex issues

This project on HCBS is NQF’s most significant foray into non-medical services to date
The Performance Measurement Enterprise

- Setting Goals and Priorities
- Developing and Testing Measures
- Endorsing Measures
- Selecting and Using Measures

Goal: improved outcomes

Measure Gaps Projects
Consensus Development Projects
Measure Applications Partnership; National Quality Partners
Why Measure?

For many reasons, including:

- Measures drive improvement.
- Measures inform consumers and other stakeholders.
- Measures influence payment.

*It’s important to keep performance measurement in context – measurement is not an end in itself.*

*A performance measure is a way to calculate whether and how often the system does what it should.*
Components of a Measure

- The result of a measure is usually shown as a ratio or a percentage.
- Performance measures *allow for comparison* to other entities and benchmarking

**Numerator - # of consumers with a person-centered plan of care**

**Denominator - # of consumers enrolled in a program**

- Not every number is a measure. Performance measures are NOT:
  - Raw counts or totals (e.g., Agency ABC provided 15,000 hours of personal care services)
  - Point-in-time assessment results (e.g., Ms. Smith needs assistance with three ADLs)
Who Can Be Measured?
Levels of Analysis

- Nation
- State or region
- Health plan
- Group or system of providers
- Agency
- Individual Provider
How Measures Drive Change: Accountability Programs

Accountability programs tie rewards to performance on quality measures.

- When incentives such as payment, reputation, and market competition are on the line, measurement programs have more impact and also come under more scrutiny.
- **Private reporting:** sharing results with internal stakeholders only, such as within a state Medicaid agency
- **Public reporting:** sharing results with the general public, such as through a website or printed report.
- **Performance-based payment:** payment for services that is contingent on performance measurement results.
Project Overview
Why Measure Quality of HCBS?

- Home and community-based services (HCBS) are critical to promoting independence, wellness, and self-determination for people with long-term care needs
  - Most people prefer to live in community-based settings
  - Examples of HCBS services include personal care, supported employment, and family caregiver supports
- States continue to shift resources from institutional care to HCBS
- Data from FY 2013 show that HCBS outlays are over half of Medicaid's long term care expenditures, continuing a trend from recent years
  - Beyond Medicaid, HCBS are also provided for by other federal agencies, a significant “private pay” market, and informal supports of family members and friends
A high-quality HCBS system is needed to support older adults, people with multiple chronic conditions, and people with disabilities of all ages

Established frameworks and quality domains for evaluating long-term supports and services (LTSS) and HCBS exist

Availability and uptake of performance measures remains limited and lacks uniformity across states and other accountable entities (e.g., providers, managed care organizations)
Provide multistakeholder guidance on the highest priorities for measurement of home and community-based services that support high-quality community living

- Offers an opportunity to address the gaps in HCBS measurement and provide direction for future performance measurement
- Supports the aims of the Affordable Care Act, the National Quality Strategy, and HHS’ Community Living Council
- Will maintain a broad and inclusive orientation to community living and maximize opportunities for public input
HCBS Quality Committee

- Joe Caldwell (Co-Chair)
- Stephen Kaye (Co-Chair)
- Robert Applebaum
- Kimberly Austin-Oser
- Suzanne Crisp
- Jonathan Delman
- Camille Dobson
- Sara Galantowicz
- Ari Houser
- Patti Killingsworth
- Charlie Lakin

- Clare Luz
- Sandra Markwood
- Barbara McCann
- Sarita Mohanty
- Gerry Morrisey
- Ari Ne’eman
- Andrey Ostrovsky
- Mike Oxford
- Lorraine Phillips
- Mary Smith
- Anita Yuskauskas
Under contract with the Department of Health and Human Services (HHS), this two-year project will entail:

1. Creating a conceptual framework for measurement, including a definition for HCBS
2. Performing a synthesis of evidence and environmental scan for measures and measure concepts
3. Identifying gaps in HCBS measures based on framework and scan
4. Making recommendations for HCBS measure development
This project will NOT:

- Emphasize a clinical point of view
  - The medical system is measuring itself. Healthcare can be an important part of good person-centered care and outcomes, but our emphasis is on how to measure the other supports and services that enable community living

- Review specific measures for NQF endorsement
  - While the committee may identify measures or quality improvement strategies it would like to promote, endorsement review is conducted through a separate formal process
### Project Meetings

<table>
<thead>
<tr>
<th>Activities</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee web meeting</td>
<td>February 20, 2015</td>
</tr>
<tr>
<td>In-Person Committee meeting (2-day)</td>
<td>April 29-30, 2015</td>
</tr>
<tr>
<td>Committee web meeting</td>
<td>August 28, 2015</td>
</tr>
<tr>
<td>In-Person Committee meeting (2-day)</td>
<td>March 2016</td>
</tr>
<tr>
<td>Public webinar</td>
<td>July 2016</td>
</tr>
</tbody>
</table>

All meetings are open to the public. Meetings are webcast and recordings are posted on the project page.
# Project Reports and Public Comment Periods

<table>
<thead>
<tr>
<th>Reports</th>
<th>Due Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Interim Report: Environmental Scan of Measures and Synthesis of Evidence for HCBS</td>
<td>November 15, 2015</td>
</tr>
</tbody>
</table>

*Public comment periods (30-day) to follow each draft report*
Project Timeline 2015-2016

Committee Web Meeting (Feb 2015)
First Interim Report: Definition and Framework (July-Aug 2015)
Committee In-Person Meeting (April 2015)

Second Interim Report: Env. Scan and Synthesis (Nov – Dec 2015)
Committee Web Meeting (Aug 2015)

3rd Interim Report: Priorities (July – Aug 2016)
Committee In-Person Meeting (March 2016)

Final Report (Sept. 2016)
Interim Report:
“Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living: Initial Components of the Conceptual Framework”
The term “home and community-based services” (HCBS) refers to an array of long-term supports that promote the independence, well-being, and choices of an individual of any age who has physical, cognitive, and/or behavioral health needs and that are delivered in the home or other integrated community setting.
Characteristics of High-Quality HCBS

- Provides for a person-driven system that optimizes individual choice and control in the pursuit of self-identified goals (e.g., employment, enjoying life)
- Promotes social connectedness by including people who use HCBS in the community to the same degree as people who do not use HCBS
- Includes a flexible range of services that are accessible, appropriate, effective, sufficient, dependable, and timely to respond to individuals’ strengths, needs, and preferences
- Integrates healthcare and social services to promote well-being
Characteristics of High-Quality HCBS

- Protects the individual’s human and legal rights, including privacy; dignity; freedom from abuse, neglect, and exploitation; respect; and independence
- Ensures each individual can achieve the balance of personal safety and dignity of risk that he or she desires
- Utilizes and supports a workforce that is trained, adequate, and culturally competent
- Supports family caregivers
- Engages individuals who use HCBS in the design, implementation, and evaluation of the system and its performance
Characteristics of High-Quality HCBS

- Reduces disparities by offering equitable access to and delivery of services
- Coordinates and integrates resources to maximize affordability and long-term sustainability
- Supplies valid, meaningful, integrated, aligned, and accessible data
- Fosters accountability through measurement and reporting of quality and outcomes
<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce/Providers</td>
<td>Sufficient numbers and appropriately dispersed; dependability; respect for</td>
</tr>
<tr>
<td></td>
<td>boundaries, privacy, consumer preferences, and values; skilled; demonstrated</td>
</tr>
<tr>
<td></td>
<td>competencies when appropriate; culturally competent, sensitive, and mindful;</td>
</tr>
<tr>
<td></td>
<td>adequately compensated, with benefits; safety of the worker; teamwork, good</td>
</tr>
<tr>
<td></td>
<td>communications, and value-based leadership</td>
</tr>
<tr>
<td>Consumer Voice</td>
<td>Meaningful mechanism for input (e.g., design, implementation, evaluation);</td>
</tr>
<tr>
<td></td>
<td>consumer-driven system; breadth and depth of consumer participation; level</td>
</tr>
<tr>
<td></td>
<td>of commitment to consumer involvement; diversity of consumer and workforce</td>
</tr>
<tr>
<td></td>
<td>engagement; and outreach to promote accessible consumer engagement</td>
</tr>
<tr>
<td>Choice and Control</td>
<td>Choice of program delivery models and provider(s) including self-direction,</td>
</tr>
<tr>
<td></td>
<td>agency, particular worker(s), and setting(s); personal freedoms and dignity</td>
</tr>
<tr>
<td></td>
<td>of risk; achieving individual goals and preferences (i.e., individuality,</td>
</tr>
<tr>
<td></td>
<td>person-centered planning); self-direction; shared accountability</td>
</tr>
</tbody>
</table>
## HCBS Domains and Subdomains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human and Legal Rights</strong></td>
<td>Consumer engagement; participatory program design; reliability; publicly available data; appropriate and fair resource allocation based on need; primarily judged by the aggregate of individual outcomes; waiting lists; backlog; financing and service delivery structures; availability of services; efficiency and evidence based practices; data integrity</td>
</tr>
<tr>
<td><strong>System Performance</strong></td>
<td>Sufficient numbers and appropriately dispersed; dependability; respect for boundaries, privacy, consumer preferences, and values; skilled; demonstrated competencies when appropriate; culturally competent, sensitive, and mindful; adequately compensated, with benefits; safety of the worker; teamwork, good communications, and value-based leadership</td>
</tr>
<tr>
<td><strong>Full Community Inclusion</strong></td>
<td>Enjoyment or fun; employment, education, or productivity; social connectedness and relationships; social participation; resources to facilitate inclusion; choice of setting; accessibly built environment</td>
</tr>
</tbody>
</table>
## HCBS Domains and Subdomains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Support</td>
<td>Training and skill-building; access to resources (e.g., respite, crisis support); caregiver well-being (e.g., stress reduction, coping); caregiver and/or family assessment and planning; compensation</td>
</tr>
<tr>
<td>Effectiveness/Quality of Services</td>
<td>Goals and needs realized; preferences met; health outcomes achieved; technical skills assessed and monitored; technical services delivered; team performance; rebalancing</td>
</tr>
<tr>
<td>Service Delivery</td>
<td>Accessibility (e.g., geographic, economic, physical, and public and private awareness or linkage); appropriate (e.g., services aligned with needs and preferences, whether goals are assessed); sufficiency (e.g., scope of services, capacity to meet existing and future demands); dependable (e.g., coverage, timeliness, workforce continuity, knowledge of needs and preferences, and competency); timely initiation of services; coordination (e.g., comprehensive assessment, development of a plan, information exchange between all members of the care team, implementation of the plan, and evaluation of the plan)</td>
</tr>
</tbody>
</table>
# HCBS Domains and Subdomains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subdomains</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity</strong></td>
<td>Reduction in health and service disparities; transparency of resource allocation; access or waiting list; safe, accessible, and affordable housing; availability; timeliness; consistency across jurisdictions</td>
</tr>
<tr>
<td><strong>Health and Well-Being</strong></td>
<td>Physical, emotional, and cognitive functioning; social well-being, spirituality; safety and risk as defined by the consumer; freedom from abuse, neglect, and exploitation; health status and wellness (e.g., prevention, management of multiple chronic conditions); behavioral health</td>
</tr>
</tbody>
</table>
Conceptual Framework

Policy/System
- Consumer Voice
- System Performance

Services/Providers
- Choice and Control
- Equity

Quality Measurement increases accountability, transparency and improvement efforts

- Workforce/Providers
- Service Delivery

Human and Legal Rights
- Full Community Inclusion
- Caregiver Support

Effectiveness/Quality of Services

Health and Well-being

Individual

Improved Consumer Outcomes for Individuals Using HCBS
Important Feedback from Comments Received

- Overall, very supportive of the Committee’s work and approach
  - Recognized importance and urgency
- Definition & Characteristics:
  - Questioned the use of the term “integrated” and “independence”
  - Suggested several additions to the characteristics but overall supportive
- Domains & Subdomains:
  - Numerous comments suggested additions to the list of domains/subdomains, relatively few comments that a concept was not important to measure
  - Noted the “subjective” nature of some of the measurement domains (e.g. how measurement thresholds may be determined
- Illustration:
  - Suggested highlighting the intermediate step “quality improvement” and the questioned the mapping of domains to areas of measurement
Next Steps

- NQF will conduct an environmental scan of measures/measure concepts and synthesis of supporting evidence
  - Interested in collecting measures that states are using for HCBS quality and rebalancing
  - Contact us if you know of promising measures!
- The 2$^{nd}$ Interim Report containing the scan and synthesis will be posted for comment by mid-November
- 2-day HCBS Committee in-person meeting March 2016
Development of Quality Measures for Medicaid Beneficiaries Using Home- and Community-Based Services (HCBS)

D.E.B. Potter, M.S.
Office of the Assistant Secretary for Planning and Evaluation

September 1, 2015
2015 HCBS Conference, Washington, D.C.
**Background**

- **Joint project between:**
  - Centers for Medicare & Medicaid Services (CMS)
  - Assistant Secretary for Planning and Evaluation (ASPE)
  - Agency for Healthcare Research and Quality (AHRQ) (earlier phase)
  - With Mathematica Policy Research

- **AHRQ recommended two sets of outcome measures:**
  - Serious reportable events (including Pressure Ulcer)
  - Ambulatory care sensitive conditions (ACSCs)
  - AHRQ measures did not adjust for case-mix differences in HCBS populations
Background (cont’d)

• **CMS, ASPE & Mathematica have been working to:**
  – Refine the initial HCBS measures
  – Develop risk adjustment methodology
  – Establishing approaches for addressing low reliability from small sample sizes
  – Identifying strategies for benchmarking & understanding performance

• **Work now completed**
  – For the quality measures for HCBS fee-for-service population
Webinar on HCBS Measures

- September 9, 2015, 12:00 p.m. to 1:30 p.m. ET
- Register for the web meeting at:
- Final project materials will include reports w/ state tables, programming software and associated resources
- Webinar recording and project materials will be posted on this website:
  - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Balancing/Money-Follows-the-Person.html
Q&A with Audience
Questions or Comments?

HCBS@qualityforum.org

Andrew Anderson, Project Manager: aanderson@qualityforum.org

Peg Terry, Senior Director: mterry@qualityforum.org