

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



NATIONAL
QUALITY FORUM



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

NQF

- Sarah Lash, MS
 - Senior Director
- Margaret Terry, RN PhD
 - Senior Director
- Rachel Roiland, RN, PhD
 - Senior Project Manager
- Andrew Anderson, MHA
 - Project Manager
- Kim Ibarra, MS
 - Project Manager
- Laura Ibragimova, MPH
 - Project Analyst

HHS

- Jamie Kendall, ACL
- Coretté Byrd, CMS
- Ellen Blackwell, CMS
- Mike Smith, CMS
- Venesa Day, CMS
- D.E.B. Potter, ASPE
- Lisa Patton, SAMHSA

The Measurement Imperative

**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

National Quality Forum (NQF)

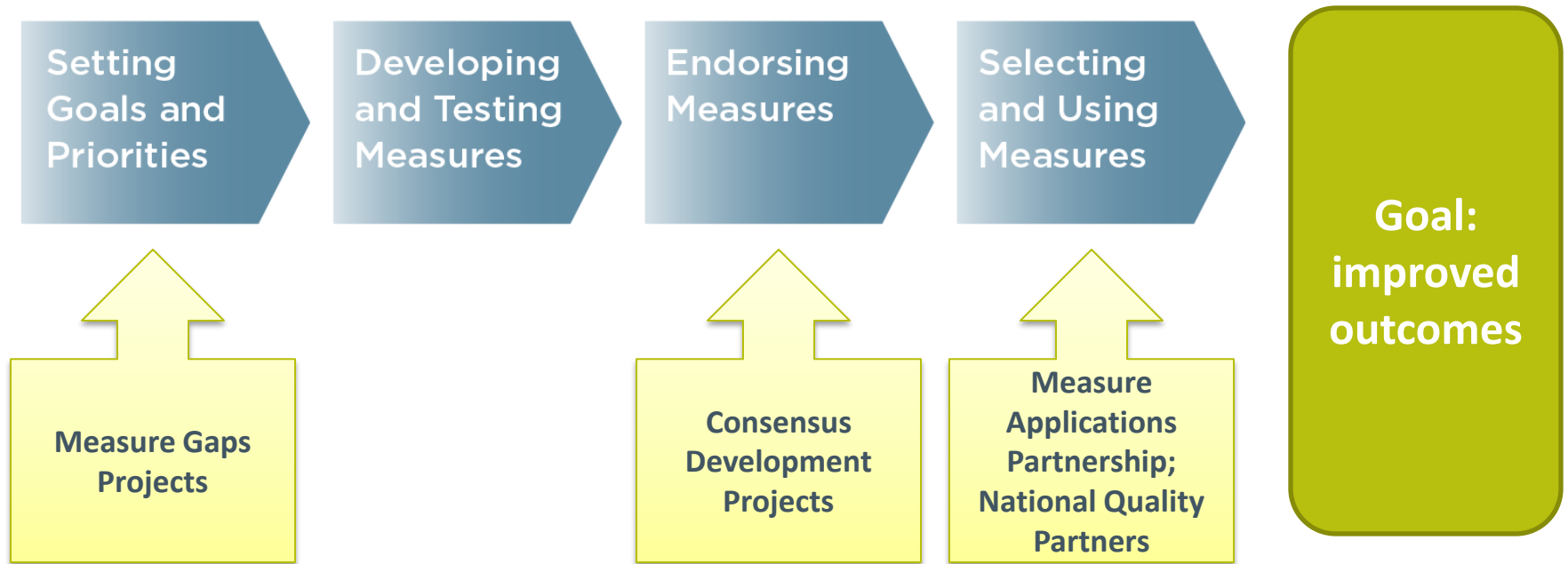
NQF's work catalyzes improvement and innovation

- 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

NQF and Measurement

The Performance Measurement Enterprise



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.

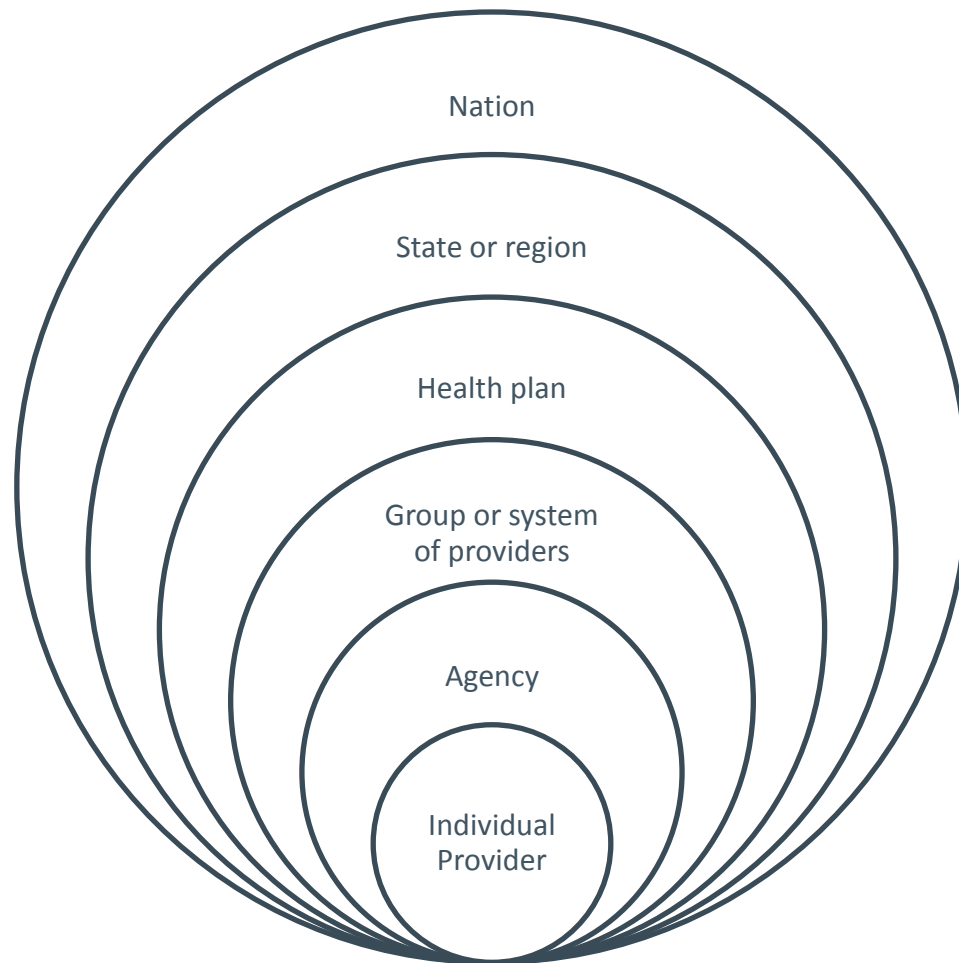
Components of a Measure

- 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



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

HCBS Quality

- 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)

HCBS Quality Measurement Project

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 Morrissey
- Ari Ne'eman
- Andrey Ostrovsky
- Mike Oxford
- Lorraine Phillips
- Mary Smith
- Anita Yuskauskas

Project Components

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

Project Components

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

Activities	Dates
Committee web meeting	February 20, 2015
In-Person Committee meeting (2-day)	April 29-30, 2015
Committee web meeting	August 28, 2015
In-Person Committee meeting (2-day)	March 2016
Public webinar	July 2016

All meetings are open to the public

Meetings are webcast and recordings are posted on the project page

Project Reports and Public Comment Periods

Reports	Due Dates
1st Interim Report: Operational Definition and Draft Conceptual Framework for HCBS Performance Measurement	July 15, 2015
2 nd Interim Report: Environmental Scan of Measures and Synthesis of Evidence for HCBS	November 15, 2015
3 rd Interim Report: Recommendations on HCBS Measure Concepts for Translation and Advancing Measurement	July 15, 2016
Final Report: Recommendations on Addressing Performance Measure Gaps in HCBS to Support Community Living Quality	September 4, 2016

Public comment periods (30-day) to follow each draft report

Project Timeline 2015-2016





Interim Report:
**“Addressing Performance Measure Gaps in Home and
Community-Based Services to Support Community
Living: Initial Components of the Conceptual
Framework”**

HCBS Operational Definition

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

HCBS Domains and Subdomains

Domain	Subdomains
Workforce/Providers	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
Consumer Voice	Meaningful mechanism for input (e.g., design, implementation, evaluation); consumer-driven system; breadth and depth of consumer participation; level of commitment to consumer involvement; diversity of consumer and workforce engagement; and outreach to promote accessible consumer engagement
Choice and Control	Choice of program delivery models and provider(s) including self-direction, agency, particular worker(s), and setting(s); personal freedoms and dignity of risk; achieving individual goals and preferences (i.e., individuality, person-centered planning); self-direction; shared accountability

HCBS Domains and Subdomains

Domain	Subdomains
Human and Legal Rights	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
System Performance	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
Full Community Inclusion	Enjoyment or fun; employment, education, or productivity; social connectedness and relationships; social participation; resources to facilitate inclusion; choice of setting; accessibly built environment

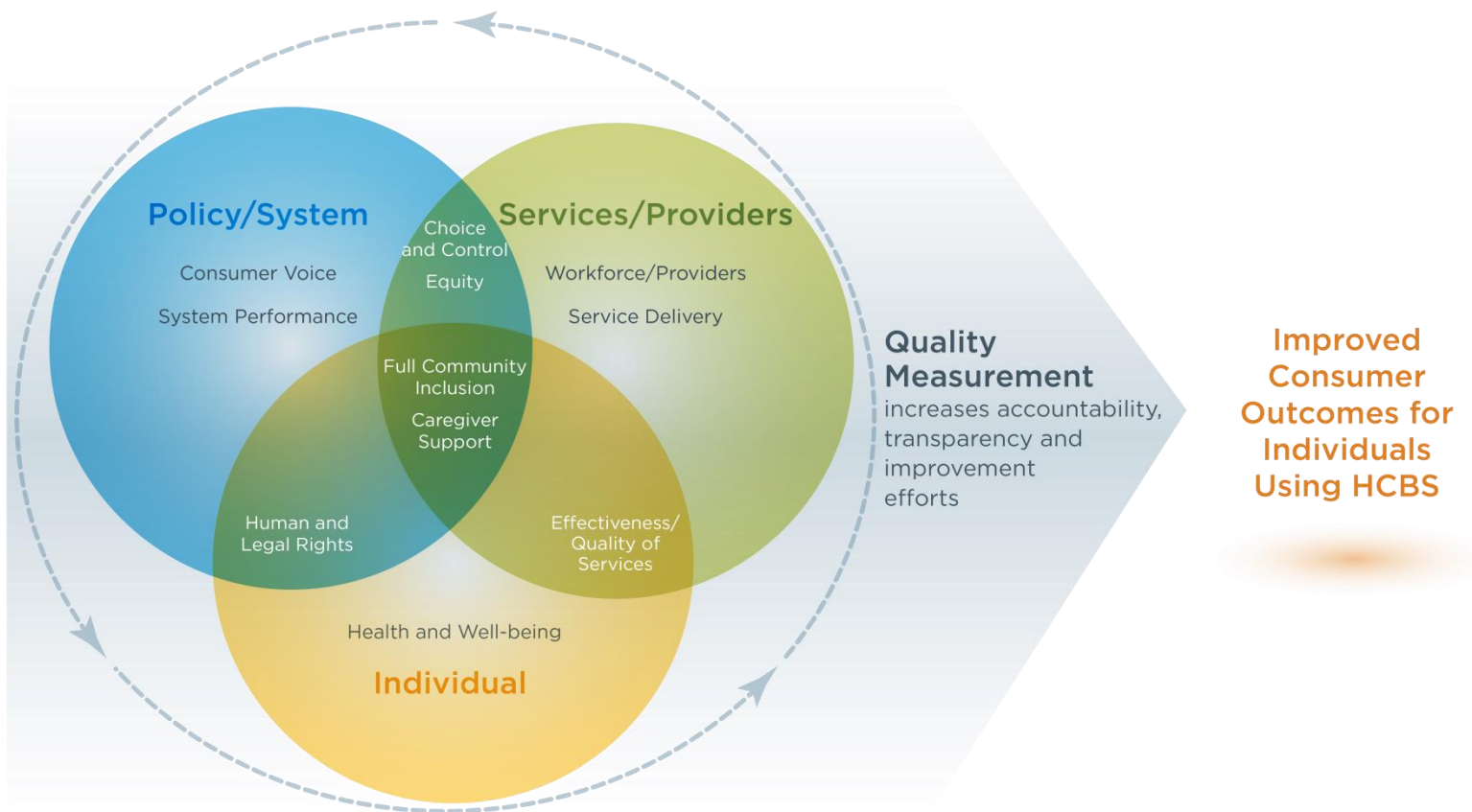
HCBS Domains and Subdomains

Domain	Subdomains
Caregiver Support	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
Effectiveness/Quality of Services	Goals and needs realized; preferences met; health outcomes achieved; technical skills assessed and monitored; technical services delivered; team performance; rebalancing
Service Delivery	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)

HCBS Domains and Subdomains

Domain	Subdomains
Equity	Reduction in health and service disparities; transparency of resource allocation; access or waiting list; safe, accessible, and affordable housing; availability; timeliness; consistency across jurisdictions
Health and Well-Being	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

Conceptual Framework



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 2nd 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.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Planning and Evaluation

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:
 - <http://event.on24.com/wcc/r/1025399/2B079896CC4EBBA407C3A5297E7A4FB4>
- 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>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Assistant Secretary for Planning and Evaluation



Q&A with Audience

Questions or Comments?

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