

## **Performance Measures Reference Document for Discussion at the DLSS Work Group**

May 22, 2014

The DLSS Work Group staff and chairs developed this document to support the Work Group's discussion on quality and performance measures that would be recommended to the VHCIP Quality and Performance Measures Work Group. This proposal provides background on the quality and performance measurement structure and suggests measures that could be promoted to a new status or newly included in the measure set for the Commercial and Medicaid Shared Savings ACO Programs.

### **1. Background on the quality and performance measurement structure**

There are four types of measures in the measurement structure:

- **Payment:** considered when calculating shared savings (8 measures in Year 1)
- **Reporting:** required but no penalty for not reporting, and not considered when calculating shared savings (20 measures in Year 1); *typically are included as a Reporting measure rather than a Payment measure in Year 1 because there are no baseline data available and/or it may be difficult to accurately collect the required data in Year 1*
- **Pending:** not currently being used; *included as Pending measures in Year 1 for one of the following reasons: target population not included in Medicaid/commercial SSPs, lack of availability of clinical or other required data, lack of clear or widely accepted specifications, or overly burdensome to collect.*
- **Monitoring and Evaluation (M&E):** reported at the plan or state level, not obtained from ACO; are not considered when calculating shared savings; *important to collect to inform programmatic evaluation and policy/planning decisions.*

### **2. Process for identifying measures for DLSS Work Group discussion.**

The staff and chairs reviewed data and definitions as part of their process for identifying recommended measures for DLSS Work Group discussion. Specifically, the staff and chairs used the following lenses with which to screen measures for DLSS Work Group recommendations:

- ***It is expected that the impact of the item being measured will be more significant for individuals with DLSS needs as compared to the broader population being measured.***
  - VHCIP should perform data analyses on the DLSS sub-population for any measures recommended by the DLSS Work Group.
- ***Proposed new measures need to meet the criteria used by the Quality and Performance Measures Work Group to select Shared Savings ACO Program measures. ("QPM Measure Selection Criteria")***

Staff and chairs also reviewed the possible definitions of the DLSS sub-population, the recommendations previously made by the DLSS Work Group to the Quality and Performance Measures Work Group, reviewed those measures suggested by other entities such as Howard Center, and reviewed discussion materials from previous DLSS meetings including survey and measure information. Staff and chairs developed a series of proposals for the DLSS Work Group and these are found in sections 3-9 below.

### **3. Proposal regarding selection of the definition of "DLSS sub-population"<sup>i</sup> to be used when conducting DLSS sub-population analyses for these measures.**

There are two definitions that could be used for these analyses:

- i. Individuals receiving specialized services, or
- ii. Individuals enrolled in Medicaid based on disability aide codes

- **Proposal: Recommend that the DLTSS sub-population analyses be calculated using the following definition: Individuals enrolled in Medicaid based on disability aid categories. The rationale is that this definition is broader and will provide a more comprehensive set of analyses. This definition includes individuals with disabilities who are not eligible for specialized programs.**

**4. Measures previously recommended by the DLTSS Work Group to the QPM Work Group:**

The DLTSS recommended, on April 24<sup>th</sup>, that the following three measures be promoted from ‘Pending’ status to ‘Reporting’ status.<sup>ii</sup> The rationale for this is that there will need to be baseline data collected in Year 2 of the Shared Savings ACO Programs in order for these measures to be considered for payment in Year 3:

Core-35	Influenza Immunization
Core 37	Transition Record Transmittal to Health Care Professional
Core-44	Transition Record with Specified Elements Received by Discharged Patients <i>(proposed replacement for “Percentage of Patients with Self-Management Plans” since no specifications were available for the latter and the proposed measure includes self-management plans)</i>

**5. Proposal to support recommendations made by the Population Health Work Group, the Howard Center and Vermont Legal Aid to the QPM Work Group.**

The Population Health Work Group, Howard Center and Vermont Legal Aid all made recommendations to the Quality and Performance Measures Work Group to promote measures from pending to reporting in Year 2.<sup>iii</sup>

- **Proposal: Endorse the following Population Health Work Group recommendations regarding promotion of the following measures from Pending to Reporting measures in Year 2. The rationale is that it is expected that the impact will be more significant for individuals with DLTSS needs as compared to the broader population being measured:**

		Proposed DLTSS Endorsement
Core-30	Cervical Cancer Screening	
Core-34	Prenatal and Postpartum Care	
Core-35	Influenza Immunization	Yes
Core-36	Tobacco Use Assessment and Tobacco Cessation Intervention	Yes
Core-39	Hypertension (HTN): Controlling High Blood Pressure	Yes
Core-40	Screening for High Blood Pressure and Follow-Up Plan Documented	Yes
Core-44	Percentage of Patients with Self-Management Plans	Yes
Core-45	Screening, Brief Intervention, and Referral to Treatment	Yes

- **Proposal: Endorse Vermont Legal Aid’s recommendation**

Vermont Legal Aid recommended inclusion of the Developmental Screening Measure (Core 8) in the Commercial Shared Savings ACO Program measures. It is currently in the Medicaid measure set. *The rationale is that the impact will be more significant for individuals with DLTSS needs.*

		Proposed DLTSS Endorsement
Core-8	Developmental Screening Measure	Yes

**6. Proposal to promote Reporting measures to Payment measures.**

These measures are currently Reporting measures for Year 1 and would be used for Payment in Year 2.

- **Proposal: Recommend that the following measures be promoted from Reporting to Payment measures in Year 2.** *The rationale is that it is expected that the impact will be more significant for individuals with DLTSS needs as compared to the broader population being measured:*

Core-15	Pediatric Weight Assessment and Counseling
Core-16	Diabetes Composite (D5) (All-or-Nothing Scoring): Hemoglobin A1c control (<8%), LDL control (<100), Blood Pressure <140/90, Tobacco Non-Use, Aspirin Use
Core-17	Diabetes Mellitus: Hemoglobin A1c Poor Control (>9%)
Core-19	Depression Screening and Follow-Up
Core-20	Adult Weight Screening and Follow-Up

**7. Proposal regarding potential new measures that would be added to the measure set.**

These measures are not yet in the measure set and would be added as new measures.<sup>iv</sup>

- **Proposal: Recommend that the following actions be taken:**
  - **Recommend that the following measure be added as a new Reporting measure for Year 2 and Payment measure for Year 3:**
    - **LTSS Rebalancing:** Ratio of Home and Community Based Services (HCBS) utilization to institutional utilization (number of people and expenditures) in identified LTSS sub-populations. *The rationale is that this measure is claims-based measures and is already being used by the State.*
  - **Recommend that measurement strategies be explored by the ACTT Partners for the following.** *The rationale is that valid and reliable measurement for these is complex and/or challenging and requires further study and discussion:*

Percent of new Medicaid LTSS users first receiving services in the community	Proportion of Medicaid LTSS beneficiaries in measurement year who did not receive any LTSS in the previous year who in the first calendar month of receiving LTSS received HCBS only and not institutional services.
Percent of home health patients with a hospital admission	Percent of home health care patients who were hospitalized for an acute condition.

Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities	Proportion of Medicaid LTSS and home health spending for older people and adults with physical disabilities (defined as nursing homes, personal care, aged/disabled waivers, home health, and other programs used primarily by older people and adults with physical disabilities) going to HCBS, including Medicaid and state-funded services.
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community	The number of participant-months (divided by 12) of Medicaid LTSS for adults age 65+ or age 21+ with a physical disability divided per 100 persons age 21+ with a self-care difficulty at or below 250% of the poverty threshold, or of any age living in a nursing home. 250% of poverty was chosen in order to fully capture the effect of state policies extending Medicaid eligibility for LTSS up to 300% of SSI.
Percent of long-stay nursing home residents with a hospital admission	Percent of long-stay residents (residing in a nursing home relatively continuously for 100 days prior to the second quarter of the calendar year) who were ever hospitalized within six months of baseline assessment.
Percent of high-risk nursing home residents with pressure sores	Percent of long-stay nursing home residents impaired in bed mobility or transfer, comatose, or suffering malnutrition who have pressure sores (stage 1–4) on target assessment.
Percent of long-stay nursing home residents who were physically restrained	Percent of long-stay nursing home residents who were physically restrained daily on target assessment.
Percent of Enrollees stratified to medium or high risk with a completed initial assessment within 90 days of enrollment	Proportion of beneficiaries receiving an initial assessment within 90 days of enrollment who were classified as being either medium or high risk.
Reducing the risk of falling	Percent of members with a problem falling, walking or balancing who discussed it with their doctor and got treatment for it during the year.
Percent of home health episodes of care in which interventions to prevent pressure sores were included in the plan of care for at-risk patients	Percent of home health episodes of care in which interventions to prevent pressure ulcers were included in the physician-ordered plan of care for patients assessed to be at risk for pressure ulcers.

## 8. Proposals for specific measures

Members of the DLTSS Work Group have proposed several measures or types of measures for inclusion in the measure set. Proposals regarding these measures are listed below.<sup>v</sup>

### A. Preventable or unnecessary hospital admissions

“Rate of Hospitalization for Ambulatory Care Sensitive Conditions” is an existing Reporting measure (Core 12), and has been recommended by DVHA to be promoted to Payment status

- ***Proposal: The above measure is sufficient with the addition of DLTSS Sub-population analysis***

### B. Preventable or unnecessary hospital readmissions

“All Cause Re-admission” is an existing Payment measure (Core 1)

- ***Proposal: The above measure is sufficient with the addition of DLTSS Sub-population analysis***

### C. Preventable or unnecessary ER visits

“Avoidable ED visits - NYU algorithm” (M&E-14) is an existing Year 1 M&E measure

- **Proposal: Recommend that this measure be promoted to Payment for Years 2 and 3.** The rationale is that this is a key indicator of how well the health care system is functioning overall.

D. Preventable or unnecessary nursing home stays

- **Proposal for DLTSS Work Group Consideration: None.** The rationale is that measurement would be very complex and burdensome.

E. Obesity

Year 1 Reporting measures include “Adult BMI Screening and Follow-Up” (Core 20) and “Pediatric Weight Assessment and Counseling” (Core 15)

- **Proposal: Recommend that these measures be promoted to Payment for Years 2 and 3 with the addition of DLTSS Sub-population analysis.** The rationale is that it has been incorporated under #6 above.

F. High Blood Pressure

- Year 1 Pending Measures include “Hypertension (HTN): Controlling High Blood Pressure” (Core 39) and “Screening for High Blood Pressure and Follow-up Plan” (Core 40)
- Year 1 Reporting Measures include “High Blood Pressure Control” in the Diabetes Composite (Core 16)
- **Proposal: Recommend that the Pending Measures (Core 39 and 40) be promoted to Reporting in Year 2 with the addition of DLTSS Sub-population analysis.** The rationale is that it has been incorporated in #5 above, **and the Reporting measure (Core 16) be promoted to Payment for Years 2 and 3 with the addition of DLTSS Sub-population analysis.** The rationale is that it has been incorporated in #6 above.

G. Shingles

- **Proposal: None.** The rationale is that there currently are no National Quality Forum endorsed measures related to shingles).

**9. Proposal related to DLTSS sub-population analyses.<sup>vi</sup>**

- **Proposal: Recommend that DLTSS subpopulation analyses be conducted in Year 2 for the Year 1 Patient Experience Reporting measures identified in the following Table (i.e., Core Measures 21-26, 28, 29).** The rationale is that these core measures contain elements that are aligned with the DLTSS key principles (see below); these core measures already exist as valid and reliable Reporting measures for Year 1 via the CAHPS PCMH survey; it is too late to recommend that a DLTSS sub-population analysis be conducted in Year 1). The CAHPS PCMH survey is an existing survey that is fielded in Vermont and we have access to the results of that survey for analyses.

Note: This survey is distributed to patients of primary care providers (PCPs); as such, responses by people who primarily rely on specialists or other providers instead of a PCP will not be included.

CAHPS PCMH Survey Patient Experience Composites and Questions in Year 1 ACO Reporting Measures
Core 21 - Access
In the last 12 months, when you phoned this provider’s office to get an appointment for <u>care you needed right away</u> , how often did you get an appointment as soon as you needed?

In the last 12 months, when you made an appointment for a <u>check-up or routine care</u> with this provider, how often did you get an appointment as soon as you needed?
In the last 12 months, how often were you able to get the care you needed from this provider’s office during evenings, weekends and holidays?
In the last 12 months, when you phoned this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?
In the last 12 months, when you phoned this provider’s office <u>after</u> regular office hours, how often did you get an answer to your medical question as soon as you needed?
Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider <u>within 15 minutes</u> of your appointment time?
<b>Core 22 - Communication</b>
In the last 12 months, how often did this provider explain things in a way that was easy to understand?
In the last 12 months, how often did this provider listen carefully to you?
In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?
In the last 12 months, how often did this provider seem to know the important information about your medical history?
In the last 12 months, how often did this provider show respect for what you had to say?
In the last 12 months, how often did this provider spend enough time with you?
<b>Core 23 - Shared Decision Making</b>
When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might want to take a medicine?
When you talked about starting or stopping a prescription medicine, how much did this provider talk about the reasons you might <u>not</u> want to take a medicine?
When you talked about starting or stopping a prescription medicine, did this provider ask you what you thought was best for you?
<b>Core 24 - Self-Management Support</b>
In the last 12 months, did anyone in this provider’s office talk with you about specific goals for your health?
In the last 12 months, did anyone in this provider’s office ask you if there are things that make it hard for you to take care of your health?
<b>Core 25 – Comprehensiveness - Adult Behavioral</b>
In the last 12 months, did anyone in this provider’s office ask you if there was a period of time when you felt sad, empty or depressed?
In the last 12 months, did you and anyone in this provider’s office talk about things in your life that worry you or cause you stress?
In the last 12 months, did you and anyone in this provider’s office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?
<b>Core 26 - Office Staff</b>
In the last 12 months, how often were the clerks and receptionists at this provider’s office as helpful as you thought they should be?
In the last 12 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?
<b>Core 27 - Information</b>
Did this provider’s office give you information about what to do if you needed care during evenings, weekends, and holidays?
Some offices remind patients between visits about tests, treatment and appointments. In the last 12 months, did you get any reminders from this provider’s office between visits?
<b>Core 28 – Coordination of Care</b>
In the last 12 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results?
In the last 12 months, how often did the provider seem informed and up-to-date about the care you got from specialists?
In the last 12 months, did you and anyone in the provider’s office talk at each visit about all the prescription medicines you were taking?
<b>Core 29 – Specialist Care</b>
In the last 12 months, did you try to make any appointment with specialists?
In the last 12 months, how often was it easy to get appointments with specialists?

In the last 12 months, how often did the specialist you saw most seem to know the important information about your medical history?

<b>DLTSS Person-Centered and Person-Directed Services and Supports Key Principles</b>	<b>Year 1 ACO Core Measure</b>
Individuals feel welcome and heard and their choices are supported	22, 23, 24, 25, 26, 28*
Individuals have access to independent supports for informed decision-making and rights protection	None applicable
Availability of stable well-trained workforce and contractor network, including access to alternative providers and peer run services	None applicable
Commitment & capacity to promote self- help and person-directed services for individuals with diverse and multiple disabilities, over time, and across service settings	None applicable
“One size does not fit all”: organizational/systemic capacity to effectively respond to a range of preferences regarding service information & assistance and service coordination	None applicable
Individuals have access to services and supports when needed	21, 28*
Assessment, planning, coordination and service delivery practices are shaped by the interests, needs and preferences of individuals rather than agencies	24, 28*
Written, verbal and/or other form of communication about treatment and services is provided in a manner that is accessible and understandable for the individual	22
Services are coordinated across all the individual’s needs	28, 29
Supports are provided, as needed, to assist individuals to participate in all aspects of society and have a high quality of life	None applicable

\* Core 28 Measure applicable to Key Principle only if the following recommendation is proposed by the DLTSS Work Group to the Quality and Performance Measures Work Group, and it is adopted.

- **Proposal: Recommend adding the following new question to Core 28 in the CAHPS PCMH survey as a Reporting measure for Year 2:**

Performance Measure	Source	Notes
<p><i>If you ask for something, does your case manager / service coordinator help you get what you need?</i></p> <p>Yes <input type="checkbox"/> 1</p> <p>Sometimes <input type="checkbox"/> 2</p> <p>No <input type="checkbox"/> 3</p> <p>Not applicable <input type="checkbox"/> 4</p>	<p><i>National Core Indicators (NCI)</i></p> <ul style="list-style-type: none"> <li>• <i>Question in Systems Performance Indicators, Service Coordination Sub-domain (NCI 2009/10: CS-39)</i></li> </ul>	<p>National Core Indicators (NCI) is a collaborative data collection effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS), state agencies, and the Human Services Research Institute (HSRI). The purpose of the survey, which began in 1997, is to create and monitor performance outcomes on a number of domains that can be used to track performance over time, to compare results across states, and to establish national benchmarks. It is administered in 39 states (but not Vermont). This measure was identified through the National Quality Forum Measurement Application Partnership (NQF-MAP) recommendations for DLTSS populations.</p>

- **Proposal: Recommend adding the following new question to Core 28 in the CAHPS PCMH survey- Coordination of Care as a Reporting measure for Year 2:**
  - In the last 12 months, how often did the provider seem informed and up-to-date about any care you got from other service and support providers (if applicable), such as home health agencies, area agencies on aging, developmental or mental health service agencies, substance abuse providers, vocational rehabilitation, etc.?
- **Proposal: Recommend adding the following new question to Core 29 in the CAHPS PCMH survey- Specialist Care as a Reporting measure for Year 2:**

- In the last 12 months, how often did the specialist you saw seem informed and up-to-date about any care you got from other service and support providers (if applicable), such as home health agencies, area agencies on aging, developmental or mental health service agencies, substance abuse providers, vocational rehabilitation, etc.?

*The rationale for both recommendations is that coordination between traditional medical services and DLTSS is a significant issue that affects the health outcomes, service effectiveness and cost of care for people with DLTSS needs.*

**10. Proposal regarding use of existing survey data to inform work undertaken at the DLTSS Work Group.**

Among the surveys at AHS, there are 6 that provide information that can inform DLTSS Work Group activities.

Program	Survey	Description
DMH: Community Rehabilitation and Treatment (CRT)	CRT client satisfaction survey	Surveys consumers served by CRT programs in Vermont, part of a larger effort to monitor CRT program performance from the perspective of service recipients.
DAIL	Vermont Long Term Care (LTC) Consumer Survey	Surveys consumers receiving the following long-term care programs/services regarding their satisfaction with services and quality of life: <ul style="list-style-type: none"> <li>• Choices for Care (CFC) Case Management</li> <li>• Personal Care Services</li> <li>• Homemaker Services</li> <li>• Adult Day Services</li> <li>• Attendant Services Program</li> <li>• Traumatic Brain Injury Program</li> <li>• Home-Delivered Meals Program</li> </ul>
DAIL: Choices for Care (CFC)	CFC HCBS Consumer Survey ( <i>part of Vermont LTC Consumer Survey</i> )	Surveys consumers of the long-term services system regarding specific CFC services. Several specific questions are included to more fully measure outcomes around choice, personal goals and maintaining health.
	'MyInnerView' Nursing Facility and RCH Resident Satisfaction Survey ( <i>part of Vermont Health Care Association resident satisfaction survey</i> )	Surveys residents in nursing facilities, assisted living facilities, and ERCs to evaluate information dissemination, access, experience with care and quality of life. ( <i>results are used in the CFC Independent Evaluation</i> )
DAIL: Developmental Disability Services	DDS client satisfaction survey	Surveys consumers served by DDS to identify what people feel is important to their quality of life and how the program can provide the best support possible.
DVHA	CAHPS Managed Care Survey	Surveys enrollees covered by the Global Commitment to Health 1115 Demonstration Waiver to assess satisfaction with areas such as access to information about benefits and rights, and access to providers.

- **Proposal: Recommend having the results of each of these surveys presented in a common format to the DLTSS Work Group over the coming year so that this information is more transparent and can be used as a baseline for DLTSS Work Group monitoring over time.** *The rationale for this is that the results of these surveys are currently shared with small audiences and DLTSS Work group review may lead to shared understanding of the survey elements and findings. This information can inform DLTSS Work Group decisions.*

<sup>i</sup> Background information on this issue is found in the April 24, 2014 DLTSS meeting materials found here: [http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/4.24.14.DLTSS\\_.Merged.Meeting.Materials.v2.pdf](http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/4.24.14.DLTSS_.Merged.Meeting.Materials.v2.pdf)

<sup>ii</sup> Additional information can be found here: [http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/4.24.14.DLTSS\\_.Merged.Meeting.Materials.v2.pdf](http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/4.24.14.DLTSS_.Merged.Meeting.Materials.v2.pdf)

<sup>iii</sup> Additional information can be found in the QPM Work Group meeting materials found here: <http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/QPM.4.28.14.Merged.Meeting.Materials.v2pdf.pdf>



<sup>iv</sup> Additional information about these measures can be found here:

[http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/3.20.14.DLTSS\\_.Merged.Meeting.Materials.v2.pdf](http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/3.20.14.DLTSS_.Merged.Meeting.Materials.v2.pdf)

<sup>v</sup> Additional information can be found in the meeting minutes from the April 24<sup>th</sup> DLTSS Work Group meeting, which is included in the May 22, 2014 meeting materials.

<sup>vi</sup> More information can be found here:

[http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/3.20.14.DLTSS\\_.Merged.Meeting.Materials.v2.pdf](http://healthcareinnovation.vermont.gov/sites/hcinnovation/files/3.20.14.DLTSS_.Merged.Meeting.Materials.v2.pdf)