Measuring Quality in MLTSS

2017 Aging in Texas

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Trends in MLTSS

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NASUAD: Who We Are

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- **State Association:** 56 members, representing state and territorial agencies on aging and disabilities
- **Our Mission:** To design, improve, and sustain state systems delivering home and community based services and supports for people who are older or have a disability, and their caregivers.

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NASUAD: Who We Are

- Our members include:
  – State Unit on Aging directors
  – Medicaid Long-term Services and Supports directors
  – Developmental Disabilities Services directors

- 8 staff manage Federal policy (congressional and executive branch), administer 6 Federal and Foundation grants, and publish Medicaid Integration Tracker and Friday Update

- Conveners of the National Home and Community Based Services Conference – largest conference of its kind with over 1,400 attendees, 5 plenaries, 5 all-day preconference intensives and 100 sessions over 3 ½ days

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NASUAD's MLTSS Work

- MLTSS Institute
  - Provide intensive technical assistance to states
  - Gather state and health plan thought leaders to discuss policy issues
  - Publish research papers
- Published new research paper 'Demonstrating the Value of Medicaid MLTSS Programs' in May 2017
- Deeply engaged with National Quality Forum and CMS as they develop and/or recommend HCBS quality measures for use by states

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States with MLTSS or Implementing

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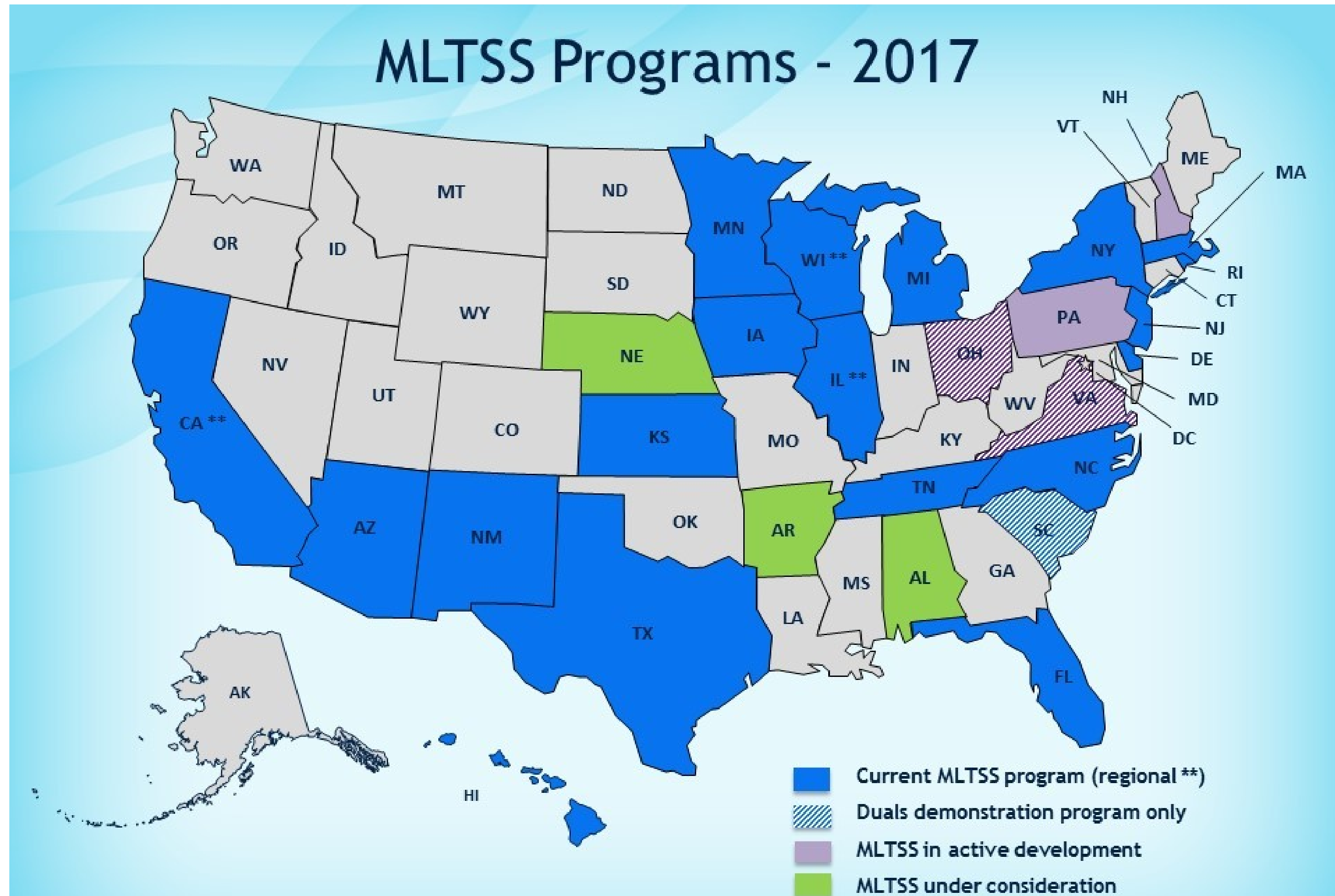

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Why MLTSS?

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- Accountability rests with a single entity
  - Integrating acute and long-term care makes the consumers (rather than their ‘services’) the focus
  - Financial risk for health plan provides opportunity to incentivize/penalize performance for health outcomes and quality of life
- Administrative simplification
  - Eliminates need to contract with and monitor hundreds/thousands of individual LTSS providers
  - Can build on managed care infrastructure to provide support to members

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Why MLTSS?

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- Budget Predictability
  - Capitation payments greatly minimize unanticipated spending
  - Better accuracy in projecting costs (especially with LTSS as enrollment doesn't have as much variation based on economic circumstances)
- Shift focus of care to community settings
  - Most consumers express preference for community-based services
  - Health plans may be able to effectuate transfers from institutions to community more easily

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Challenges in Measuring LTSS Quality

- LTSS does not have widely adopted or evidence-based guidelines, protocols or training standards
- State programs vary significantly depending upon the populations enrolled and the services offered
- States' data systems may be outdated; health plans use different technology from either providers or states
- These factors = lack of standardization in LTSS programs and barriers to effective QM

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Challenges in Measuring LTSS Quality

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- What are the ‘right’ outcomes?
  - Person-specific based on individual needs, desires and goals
- Consumer’s perspective even more critical in LTSS than in acute care settings
  - Quality of life equally if not more important than ‘satisfaction’
- Health plans offer better technology and data systems, but collecting and reporting remains significantly challenging
- Tension between individual outcomes and system performance

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Considerations for MLTSS Quality Measures

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- Should be defined relative to the ultimate goals/outcomes of LTSS
- Must be as applicable as possible to as many populations as possible
- Should be valid and reliable (ie. audited or otherwise vetted), and address waiver assurances
- Should address both quality of life and service delivery
- Need to be ‘doable’ for health plans, and focus on what the health plans can control
- Minimize case/record review to the maximum extent possible; focus on administrative data

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Current State

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- States are attempting to translate FFS waiver PMs to managed care environment but is very challenging
- Waiver performance measures are almost all structure and process measures:
  - # of providers trained
  - # of assessments completed
  - % of care plans timely completed
  - # of critical incidents reported and remediated
- While important, they do not lead to meaningful quality improvement
- Consumer and advocacy groups – especially disability communities – want to see outcome measures

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Current State

- Functional assessments are important source of data to benchmark improvements, but assessment tools vary by population
- "Easiest" measures focus on improved health outcomes
  - ↓ ED visits
  - ↓ Inpatient admits
  - ↑ preventative services
- About half of MLTSS states are using quality of life surveys to assess quality

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Forward Progress

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- All MLTSS states have reporting requirements which could be converted to performance measures
- Increasing use of quality of life surveys (NCI-AD, HCBS CAHPS)
- Inventory of contract requirements done by ASPE in 2013 (https://aspe.hhs.gov/report/environmental-scan-mltss-quality-requirements-mco-contracts)
- UnitedHealthcare issued quality framework for their MLTSS plans in 2016

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Collaborating to Address Quality

Samantha O'Leary
Director, Strategy & Health Policy
UnitedHealthcare Community & State

National Quality Conversation

- Shifting quality of care to focus on outcomes, particularly within Medicaid, has become a **focus area for regulators** at the state and federal levels.
- Recent examples include the **Core Quality Measure Collaborative**, led by the America's Health Insurance Plans, CMS, and the National Quality Forum.
- Such efforts are primarily focused on developing quality **measure sets for clinical domains** (e.g., cardiology, gastroenterology, etc.).
- The **non-clinical supports** and services that comprise the majority of MLTSS have largely not been addressed.
- National Quality Forum is leading an effort to develop quality frameworks for **home and community-based services**.
- Absent a framework states are developing their own measures, which often **change year-to-year and differ state-to-state** creating **significant, inherent challenges** in evaluating the quality of these services across states and over time.

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The Benefits of a Consistent Quality Framework

Consumers	• Using a consistent framework will pave the way for improved support and quality of life, and more informed decision-making by individuals and their caregivers.
Advocates	• Consistent frameworks offer information to guide advocacy efforts and assurances that the complex needs of constituents are being uniformly and meaningfully addressed.
State Policymakers	• Medicaid agencies will have an important tool for advancing the well-being of their aging and disabled citizens. • A consistent framework provides a benchmark for performance against other states and over time.
MCOs	• A consistent framework will offer a meaningful blueprint for monitoring and improving the services delivered to members using MLTSS.

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National Advisory Board Members

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Challenges in Developing a Consistent Framework

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- The needs of the aged and disabled populations can exist on a continuum, which brings about challenges ensuring that quality measures uphold a **person-centered approach**.
- Individuals and interested parties (e.g., advocacy groups) may advance **competing initiatives**, making consensus difficult.
- Monitoring and regulatory requirements across states and settings impact the development of quality measures that address **quality of life vs. traditional provider performance.**
- Numerous factors (e.g., age, disorder/diagnosis, co-morbid/co-occurring conditions, placement or setting, and gender) impact the specific quality measures **appropriate for sub-populations** within the broad population accessing LTSS.

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The Value of the National Advisory Board's Quality Framework

Person-centered

The quality frameworks consider individual goals and needs and the social, functional, behavioral and clinical supports uniquely meaningful to individuals accessing MLTSS.

Outcome-focused

The measures go beyond quantifying the need for and use of services to assessing the effect on health status, employment, routine tasks and quality of life.

Developed by experts

An independent panel of leading aging and disability experts, advocates and consumer representatives developed the frameworks over the course of a year.

Practical

The measures included in the framework can be instituted by states and managed care organizations with the data systems and tools they already have in place.

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The MLTSS Quality Framework

Domains	Example Measure
Access	• Proportion of individuals who indicate that their service plan includes things that are important to them (HCBS Experience Survey).
Health Status / Medical Care	• Percentage of MLTSS members who transitioned from nursing facility to the community (State Measure).
Living Independently / Choice and Decision-Making	• Proportion of people who have adequate support to perform activities of daily living and IADLs (NCI-AD).
Service / Care Coordination	• Proportion of people who know how to manage their chronic conditions (NCI-AD).
Community Integration	• Proportion of individuals who report they can see or talk with family as often as they want to (NCI-AD).

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Experience from Texas

Leah Rummel
Vice President, Strategic Accounts
UnitedHealthcare Community Plan of TX

Texas MLTSS Landscape

- Medicaid and the Children's Health Insurance Program (CHIP) provide medical coverage for more than 4 million low-income Texans.
- The programs cover half of all children in the state and help provide care for two-thirds of people in nursing homes.
- Established Medicaid Managed Care program inclusive of most Medicaid eligible populations.
- State has not expanded Medicaid.
- Texas does have several Home and Community Based Waivers that support people who are elderly or have disabilities.

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Long Term Supports and Services

STAR+PLUS – Primary health care delivery model for individuals age 65 or older and individuals with disabilities in Medicaid

- Pilot MLTSS Program in 1998 in Limited Geography
- Expanded Statewide
- September 2014 - Acute Care for Adults with ID/DD Included
- March 2015 Nursing Homes Included
- June 2015 Community First Choice Implemented
- Current – Integration of Acute and LTSS for Children with Special Health Care Needs
- Planning – Integration for Individuals with ID/DD

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Education in managed care with LTSS

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Common Practices of Interest

- Service coordination – the holistic approach to the members
- Person centered strategies
- Coordination of resources – housing, employment, DSNP
- Quality Reporting
- Managing membership

What's New with MCOs In Texas

- MBCC,
- Adoption Assistance
- IDD

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Working Together

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- **Care transitions**
  - Hospitals back home
  - Nursing facilities or Institutions to community
  - Hospitals to nursing facilities
- **Building community based provider capacity**
  - Diversifying LTC providers' portfolio
  - Increasing access so more individuals get needed community based services
- **Improving access to care in the community and nursing facilities**
  - Behavioral health
  - Telehealth
  - RN programs
- **Areas of interest**
  - Ability to locate members
  - Member Retention
  - Cross educational opportunities
  - Aligned quality measures

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Lessons Learned

- Understanding both functions of MCOs and AAA/CILs
- Aligning functions
- Understanding how MCOs contract and moving past barriers
- Willingness to change functions, billing, and outcomes
- Sharing data between MCOs and LTSS providers, and the necessity of looking at how we will collect quality data when we are in the planning stages of working together
  - Process for data sharing is not well established, and there can be HIPAA challenges
- Importance of involving not just the member, but caregivers as well, and the challenges that may come from that with caregiver turnover, etc.

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Thank You