

Measuring and Improving Quality for New York Medicaid Beneficiaries with Developmental Disabilities

Background information for meeting participants

Context Setting:

The Centers for Medicare and Medicaid (CMS) adopted the [Institute for Healthcare Improvement's](#) (IHI) *Triple Aim* framework which outlines an approach to optimizing health system performance around the following three goals:

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of health care

New York State's broad objectives are consistent with the Centers for Medicare and Medicaid Services' (CMS) policy direction and New York has used the Medicaid Redesign Team's work to address these goals and pursue the Triple Aim.

Some of the key quality strategies being addressed by the MRT include:

- Major investments to expand access to high quality primary care
- Grants to establish Health Homes to improve the quality of care for the state's highest need/highest costs patients
- **Positioning and preparing health care providers and consumers for long term care integration to managed care**
- Strategies that will reduce hospital readmissions and help protect patients from getting sick during their hospital stay

The purpose of today's discussion is to focus on the positioning and preparation for long term care integration into managed care for the New Yorker's with developmental disabilities. In an effort to move ahead this important conversation we have brought to the table key quality experts to share their unique perspectives and to begin considering how their independent approaches fit together within the larger quality improvement framework.

There are unique challenges to measuring quality in the provision of LTSS as described in an AARP's article titled ***Keeping Watch: Building State Capacity to Oversee Medicaid Managed Care Long-Term Services and Supports***,

http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-ltss-AARP-ppi-health.pdf)

nationally recognized measures are available to measure the quality of acute and primary care so state Medicaid agencies can compare managed care plan performance. "These are drawn from two primary sources: (1) the Healthcare Effectiveness Data and Information Set (HEDIS) measures, which include numerous clinical care indicators, and (2) the Consumer Assessment of Healthcare Providers and Systems (CAHPS)", which surveys plan members on how well doctors

communicate, whether members can get care without long waits and get the care they need, health plan customer service, and overall satisfaction.

However, standardized measures of the quality of LTSS have not been developed. Today, a unique opportunity and challenge exist in determining the most effective way to structure quality measurement in this new world of managed care for a group of individuals who do not recover, whose goal is to have quality of life where quality can mean a different experience for each person.

Overview of Panelist's Organizations:

Sarah Scholle, National Committee for Quality Assurance (NCQA)

The National Committee for Quality Assurance is, a private, 501(c)(3) not-for-profit organization dedicated to improving health care quality. Since its founding in 1990, NCQA has been a central figure in driving improvement throughout the health care system, helping to elevate the issue of health care quality to the top of the national agenda.

NCQA did not create the field of health care performance measurement, but NCQA has refined the process and led the development of objective measures since the mid-1990s when their standardized measurement tool, the Healthcare Effectiveness Data and Information Set (HEDIS), was broadly adopted by the industry.

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 75 measures across 8 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.

Beth Mathis, Council on Quality and Leadership (CQL)

For more than 40 years the Council on Quality and Leadership has worked with human service organizations and systems to measure and improve people's quality of life. CQL has developed a specific method that stands out for its effectiveness in measuring someone's quality of life and the support areas in which improvements may be needed through the identification of 21 Personal Outcome Measures that identify the areas of greatest importance to a person receiving supports.

Numerous provider agencies in New York are using POMs, and OPWDD is embracing CQL's POMs as a valid and reliable way to look at individual outcomes. In the months ahead, OPWDD will design ways to incorporate the POMs into the new managed care infrastructure taking shape for the developmental disabilities service system. Using POMs, OPWDD will begin to assess how well supports and services help people achieve outcomes that are important to them.

Valerie Bradley, National Core Indicators

National Core Indicators (NCI) is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services

Research Institute (HSRI). The purpose of the program, which began in 1997, is to support NASDDDS member agencies to gather a standard set of performance and outcome measures that can be used to track their own performance over time, to compare results across states, and to establish national benchmarks.

The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.

Question for Panelists:

- 1) Please describe your organization's quality improvement/assessment elements and process and how these are used today in assessing the quality of services and supports for people with developmental disabilities.

- 2) How can these quality elements and processes be used to assess quality within a managed care system of supports for individuals with developmental disabilities?

- 3) As New York State prepares for comprehensive managed care requiring functional, clinical and acute health assessments and measures, how can OPWDD draw from these different quality approaches to develop a comprehensive and efficient system for assessing quality in an integrated service system?