



BUILDING THE FRAMEWORK FOR IDD QUALITY MEASURES

CONCEPTS FOR VALUE-BASED QUALITY MEASURES FOR USE IN
MEDICAID MANAGED CARE PROGRAMS RESPONSIBLE FOR PEOPLE
WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES

January 2019

Today's Speakers

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 - The Institute on Public Policy for People with Disabilities (IPP)
- Carli Friedman, PhD
 - CQL | The Council on Quality and Leadership

Why do States Want to “Manage” Long-Term Services and Supports (LTSS)?



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- Re-balance Medicaid LTSS Spending toward home and community settings
- Improve member experience, quality of life and health outcomes
- Reduce Waiver waiting lists and increase access to services
- Increase budget predictability and manage costs

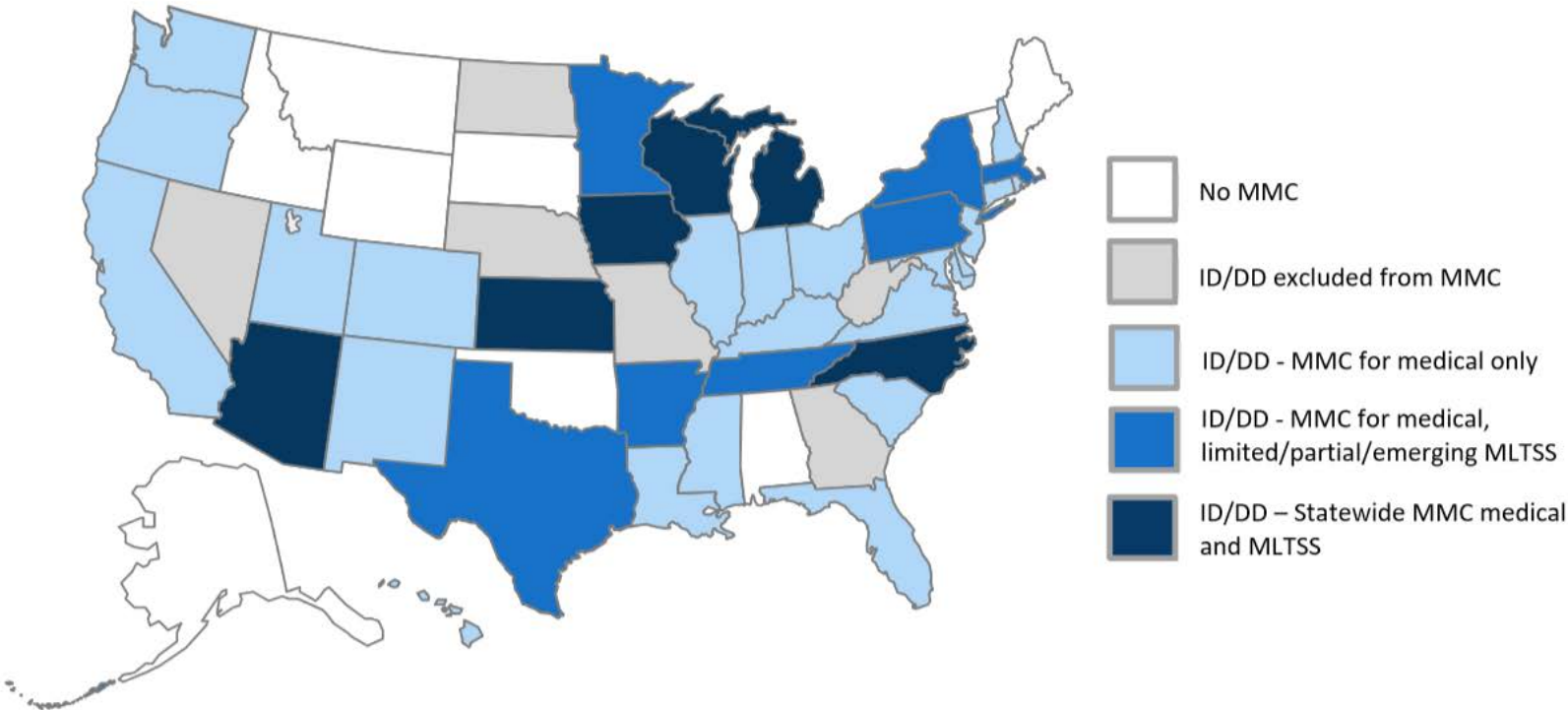
Source: Demonstrating the Value of Medicaid MLTSS Programs. MLTSS Institute. 2017

How Does MLTSS Work?

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- There is no single approach states follow in “managing” long-term services and supports (MLTSS) for people with I/DD and/or other populations.
- Commercial insurance companies, public agencies, private non-profit organizations and quasi private/public entities are among the types of organizations that “manage” LTSS.
- MLTSS for other populations, such as elders and people with physical disabilities, is more common than services to people with I/DD.

A Snapshot of MLTSS



Why are I/DD Services Slower in Moving to a Managed Care Model than Other Populations?



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- Lack of potential cost savings
- Limited MCO experience in serving people with I/DD
- Limited state experience in rate-setting for I/DD MLTSS
- Need for meaningful quality measures
- Lack of managed care experience among I/DD providers
- Unique role of I/DD case management and supports coordination
- Strong advocacy networks and relationships

Source: Current Landscape: Managed Long-Term Services and Supports for People with Intellectual and Developmental Disabilities. Prepared for ANCOR by Health Management Associates. 2018

Value vs. Volume: Moving from Fee for Service to Other Payment Models



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- Increasingly, the traditional fee-for-service (FFS) reimbursement model in most sectors of healthcare including LTSS, is being replaced with other methodologies intended to achieve specific goals such as enhance efficiency, coordination of care, attainment of identified public policy objectives and/or quality outcomes, to name a few of the motivating factors.
- FFS payment models are based on volume, or units of service, rather than value, or the outcomes the service achieves

Pay-for-Performance: CMS' Perspective



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- Pay-for-Performance improves efficiency, quality and value of care by:
 - Shifting the focus away from volume of care and incentivizing providers to improve coordination of care efforts
 - Using quality metrics to measure and improve quality of care
 - Reducing healthcare costs by reducing preventable visits and/or repeat visits to hospitals or institutions
 - Providing financial incentives to providers for meeting stated goals, desired outcomes and/or milestones
- States can begin to move toward a more proactive, population-based service delivery system rather than reactive, individual-focused care. (CMS)

Measuring Value in LTSS for Other Populations



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- Health Effectiveness Data and Information Set (HEDIS)
 - Reduced hospital visits
 - Medication Adherence
- Social Determinants of Health (SDOH)
 - Stable housing
 - Employment
- System Design
 - Integrated care clinic
 - Crisis intervention

How Can I/DD Organizations Prepare for the Future?



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- Explore and understand the culture, values, language and rules of non-state payors
- Define, demonstrate and “dataize” the value in your services
- Develop/enhance data collection systems to drive decision-making
- Establish partnerships with other sectors of the health care industry
- Assess and address organizational capacity for success in an alternate payment system
- Learn from other sectors of the health care industry
- Determine demand/interest for what you do – people are much more selective about what they buy than what they get
- Technology, Technology, Technology



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Value-Based Quality

What does the data tell us?

Social Determinants of Health and Value Based Services



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Institute on Public Policy
for People with Disabilities



Data and Variables



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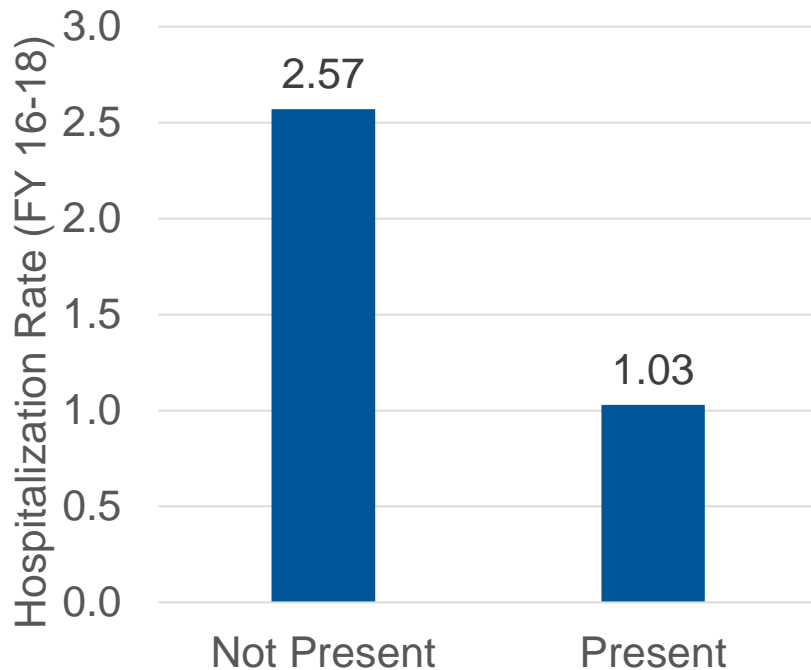
28 Mosaic agencies who support 3,000 people (FY 16-18)

- **All Basic Assurances** data
- **Hospitalizations** – all visits to the hospital, both admitted and not admitted
- **Medication errors** – all medication errors
- **Injuries** – all types of injury events
- **Behavioral Issues** – anytime there was a behavioral event/issue
- **Agency size** – number of people supported (control; built in)

Hospitalization Rate

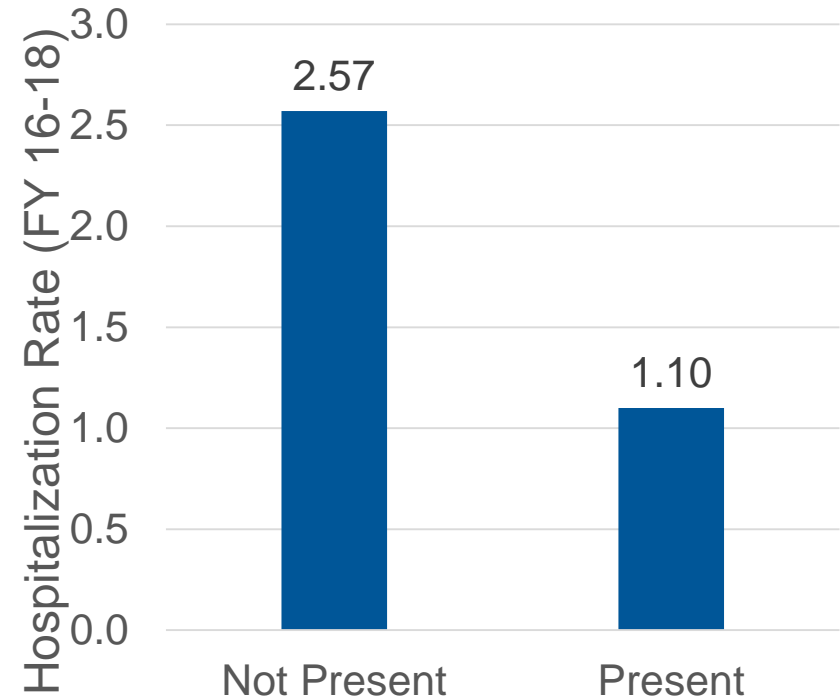
(Per person, over a three-year period)

The Organization Respects People's Concerns and Responds Accordingly (Systems)



$U = 16, p \text{ (exact)} = .01$

Supports and Services Enhance Dignity and Respect (Systems)

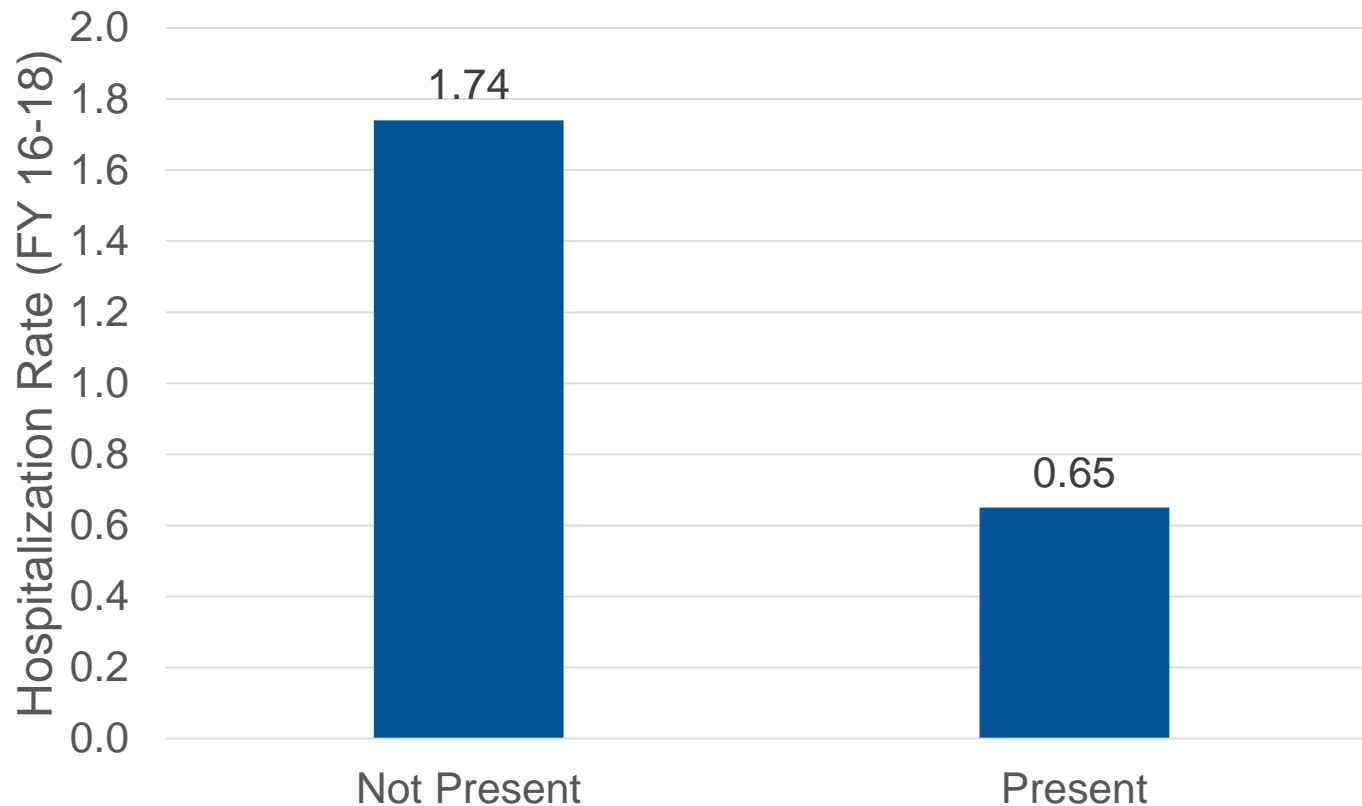


$U = 6, p \text{ (exact)} = .01$

Hospitalization Rate

(Per person, over a three-year period)

People Have Meaningful Work And Activity Choices (Systems)

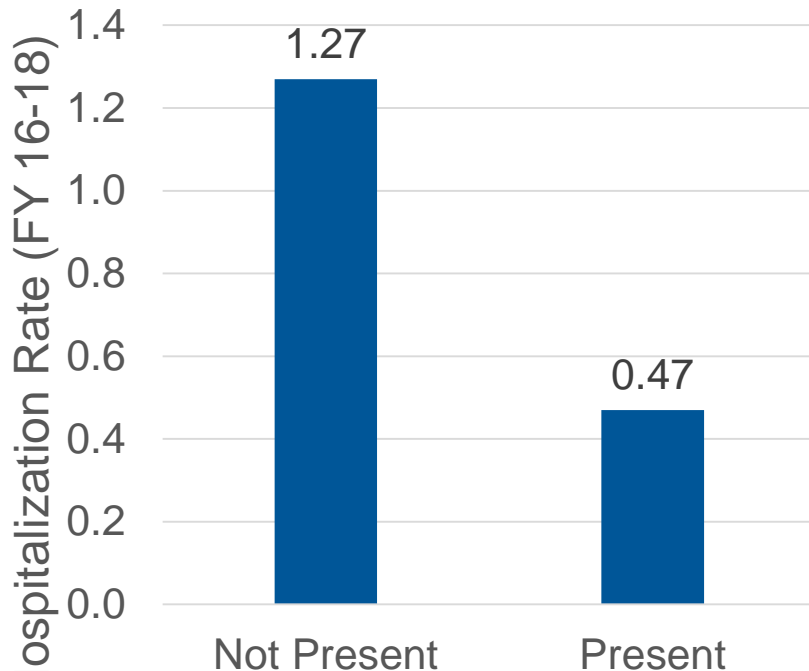


$U = 36, p \text{ (exact)} = .003$

Hospitalization Rate

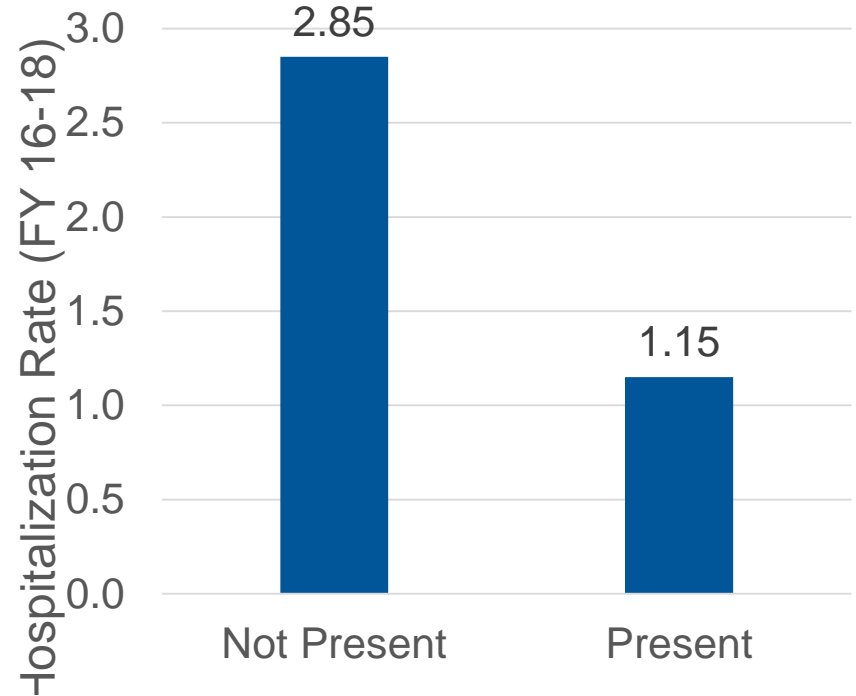
(Per person, over a three-year period)

Policies and Practices Facilitate Continuity of Natural Support Systems (Systems)



$U = 5, p \text{ (exact)} = .03$

The Organization Facilitates Each Person's Desire For Natural Supports (Systems)

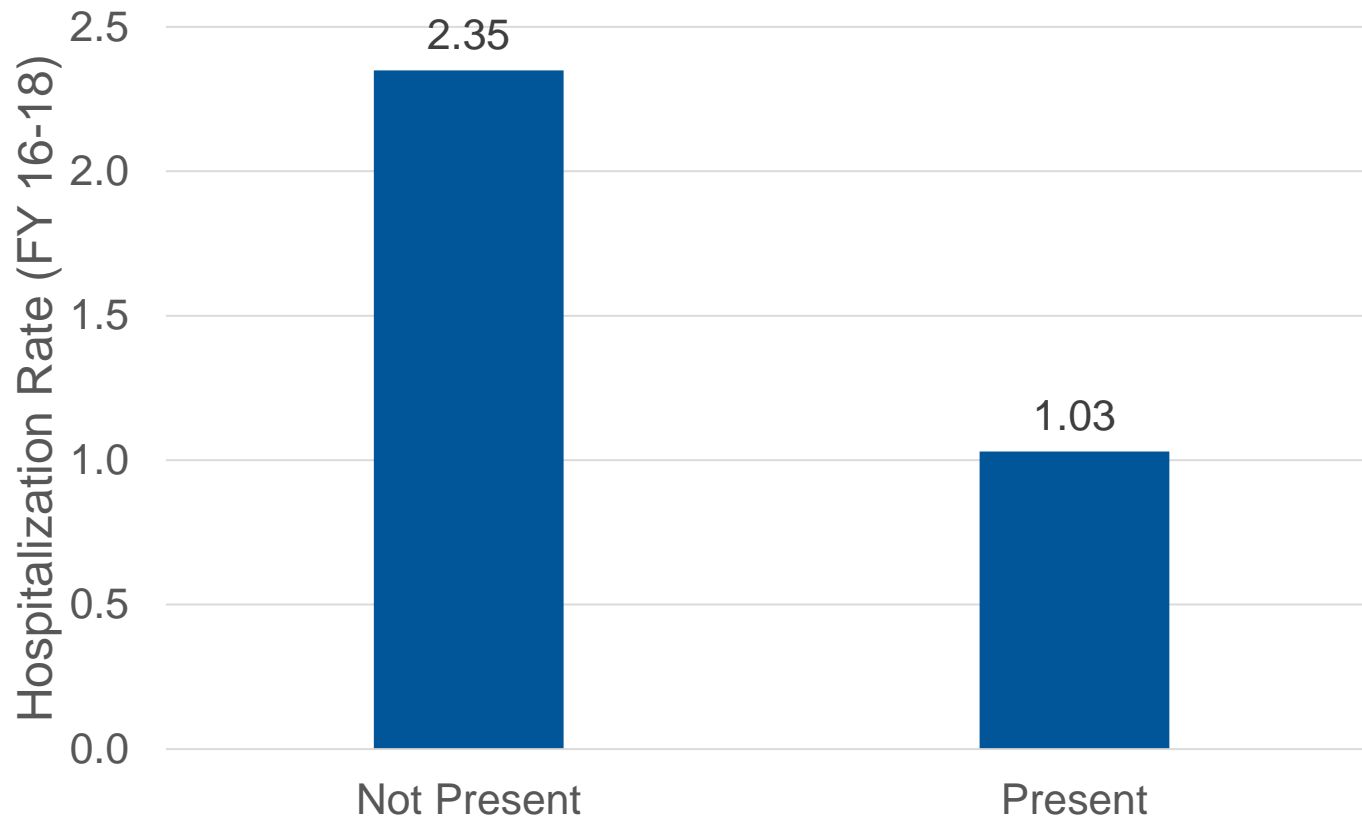


$U = 3, p \text{ (exact)} = .02$

Hospitalization Rate

(Per person, over a three-year period)

The Organization Has Individualized Emergency Plans (Systems)



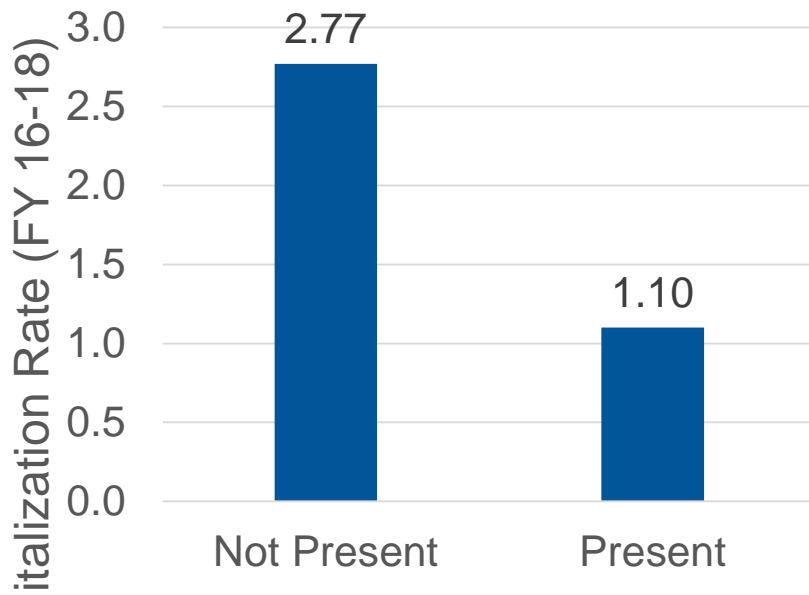
$U = 38, p \text{ (exact)} = .001$

Hospitalization Rate

(Per person, over a three-year period)

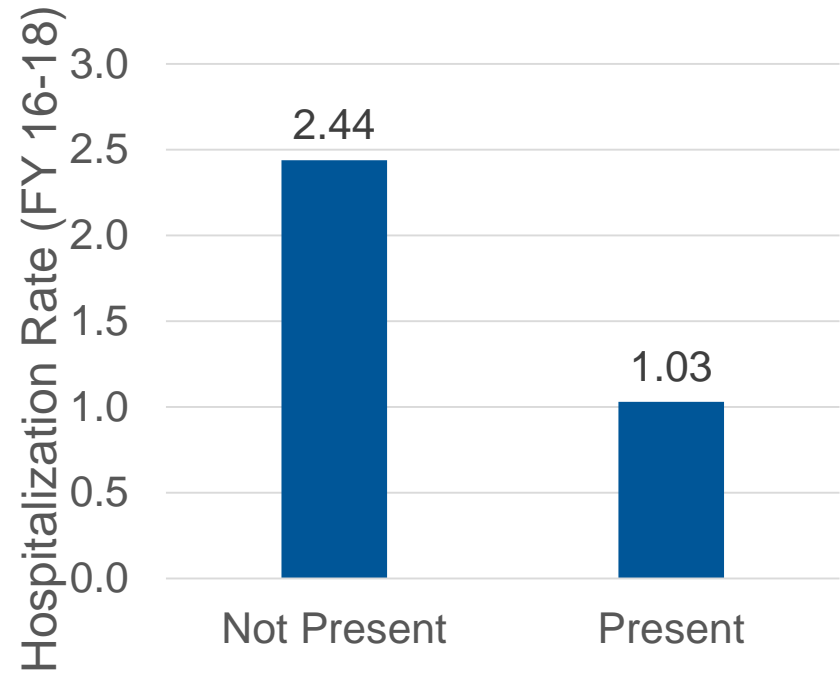


The Organization Treats People With Psychoactive Medications For Mental Health Needs Consistent With National Standards Of Care. (Practice)



$U = 14, p \text{ (exact)} = .05$

People Are Free From Unnecessary, Intrusive Interventions (System & Practice)



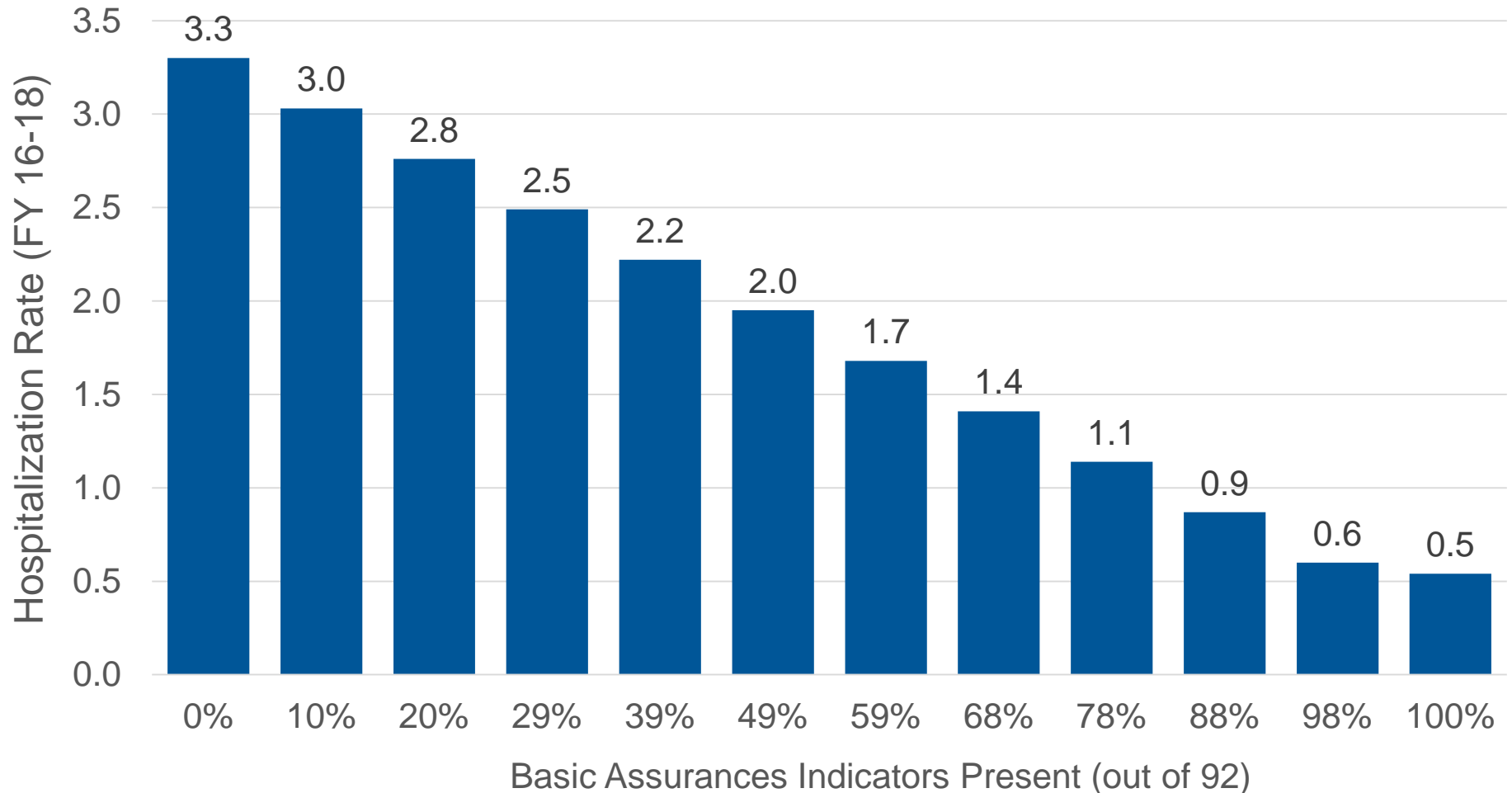
$U = 24, p \text{ (exact)} = .02$

Hospital Visits *Without* Admission

(Per person, over a three-year period)



19



$F(1,27) = 5.02, p = .034, R^2 = 0.16$

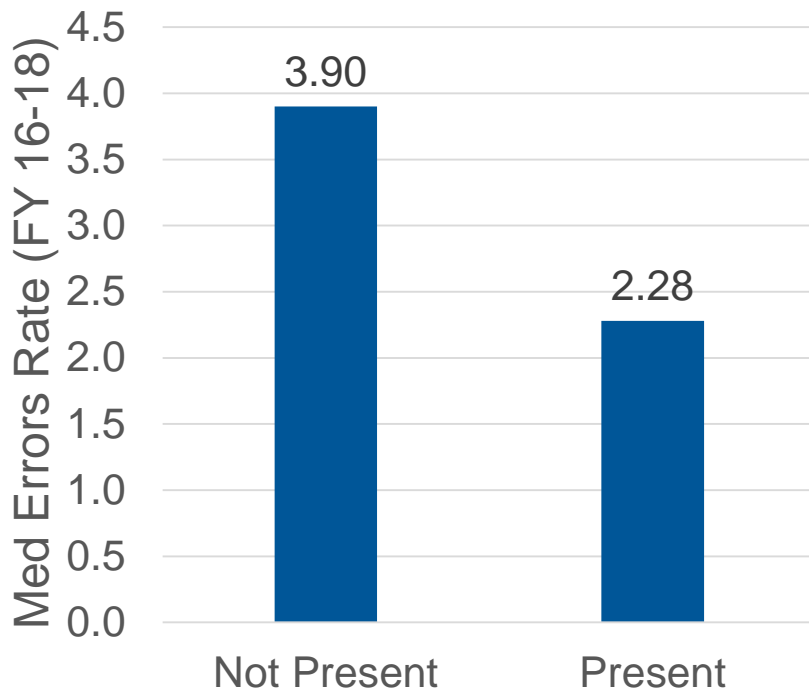
Medication Errors Rate

(Per person, over a three-year period)



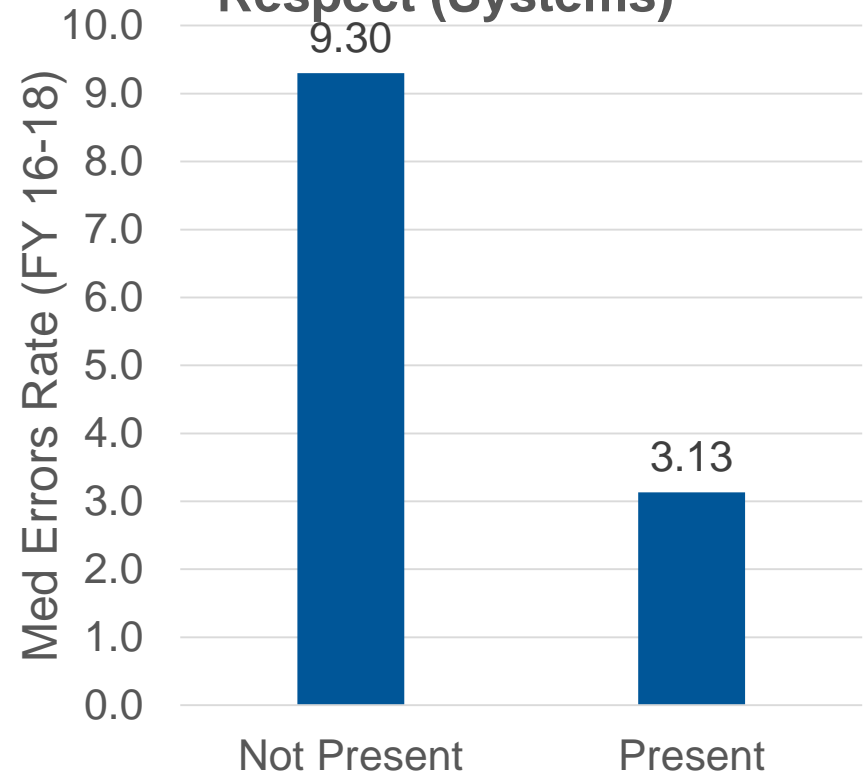
20

The Organization Respects People's Concerns and Responds Accordingly (Practice)



$U = 36, p \text{ (exact)} = .02$

Supports and Services Enhance Dignity and Respect (Systems)



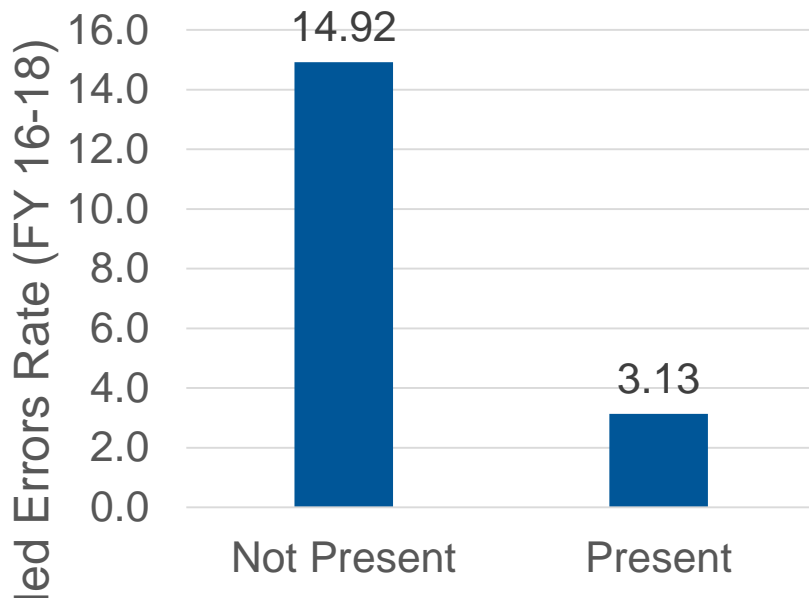
$U = 14, p \text{ (exact)} = .045$

Medication Errors Rate

(Per person, over a three-year period)

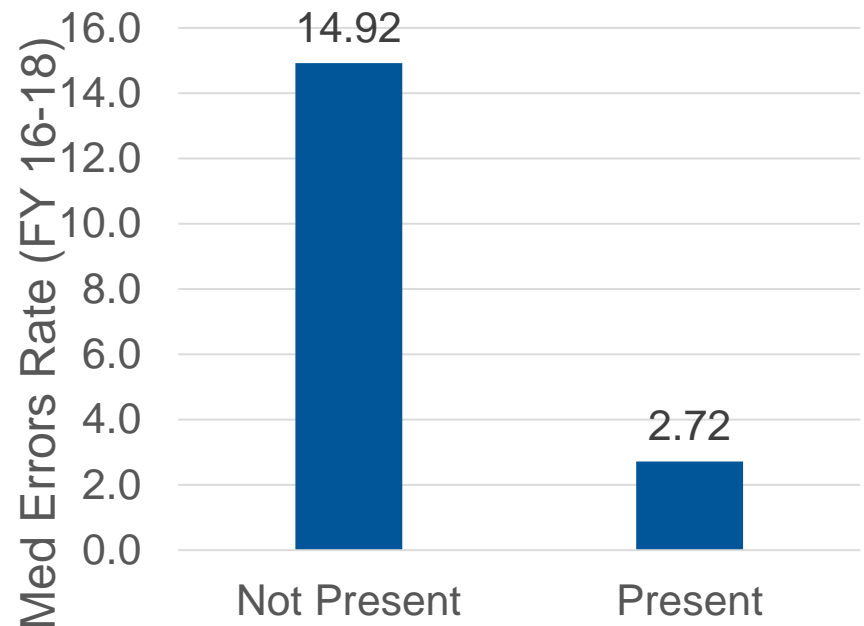


The Organization Treats People With Psychoactive Medications For Mental Health Needs Consistent With National Standards Of Care (Practice)



$U = 4, p \text{ (exact)} = .004$

People Are Free From Unnecessary, Intrusive Interventions (System & Practice)



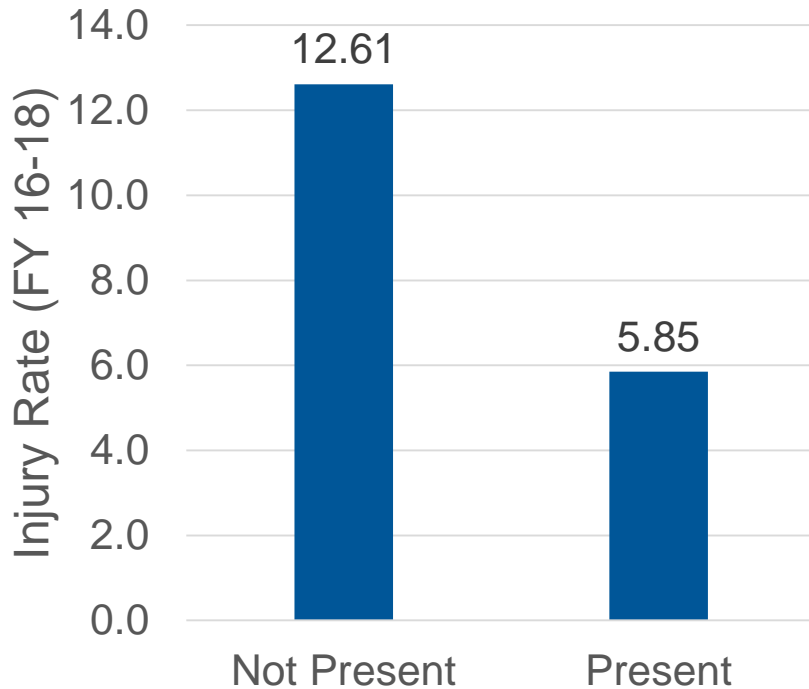
$U = 13, p \text{ (exact)} = .003$

Injury Rate

(Per person, over a three-year period)

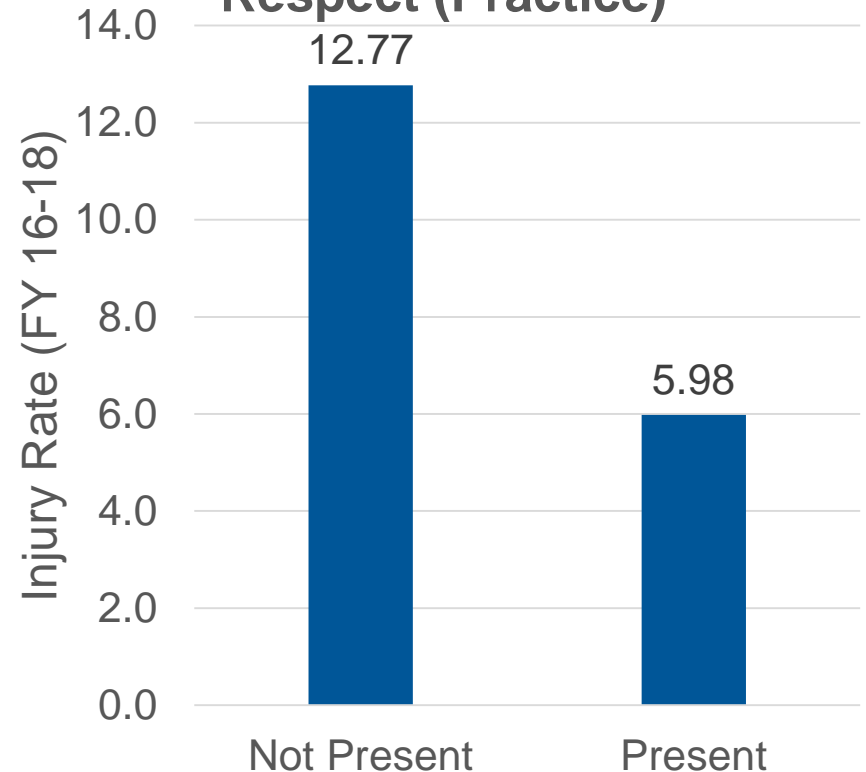


The Organization Respects People's Concerns and Responds Accordingly (System & Practice)



$U = 18, p \text{ (exact)} = .008$

Supports and Services Enhance Dignity and Respect (Practice)



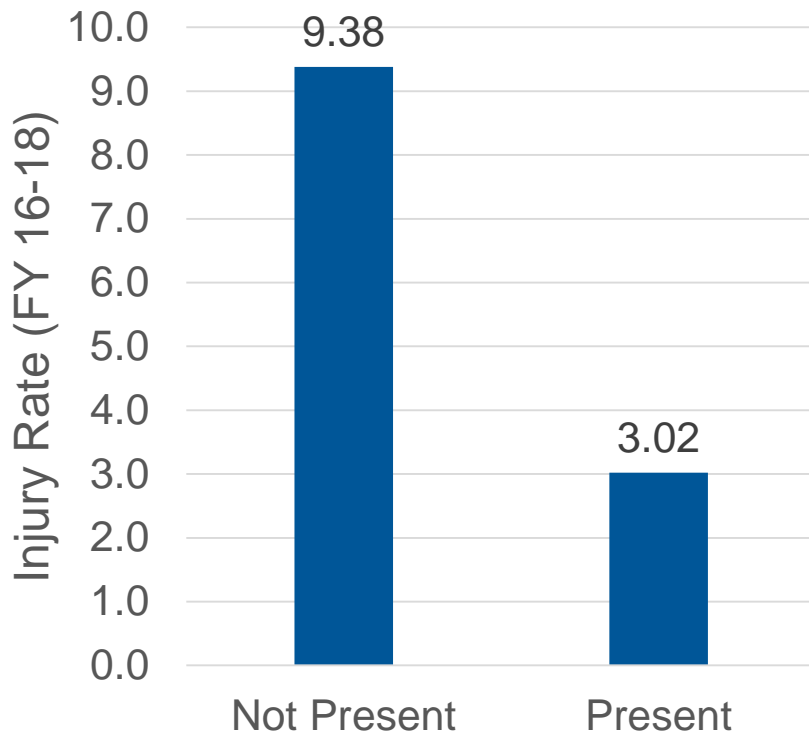
$U = 20, p \text{ (exact)} = .035$

Injury Rate

(Per person, over a three-year period)

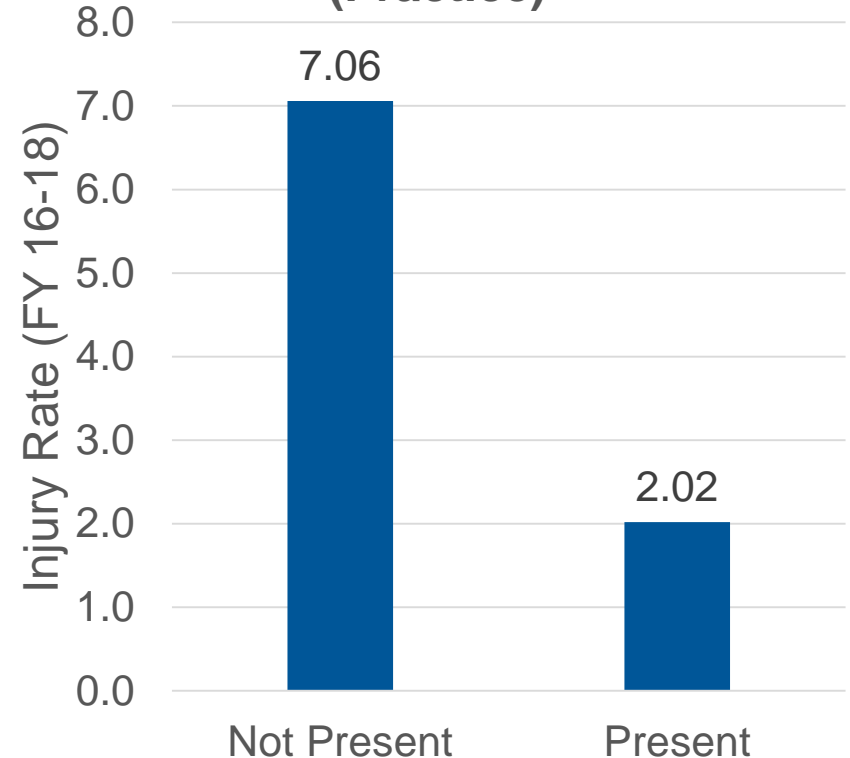


People Have Meaningful Work And Activity Choices (System)



$U = 38, p \text{ (exact)} = .04$

People Have Meaningful Work And Activity Choices (Practice)

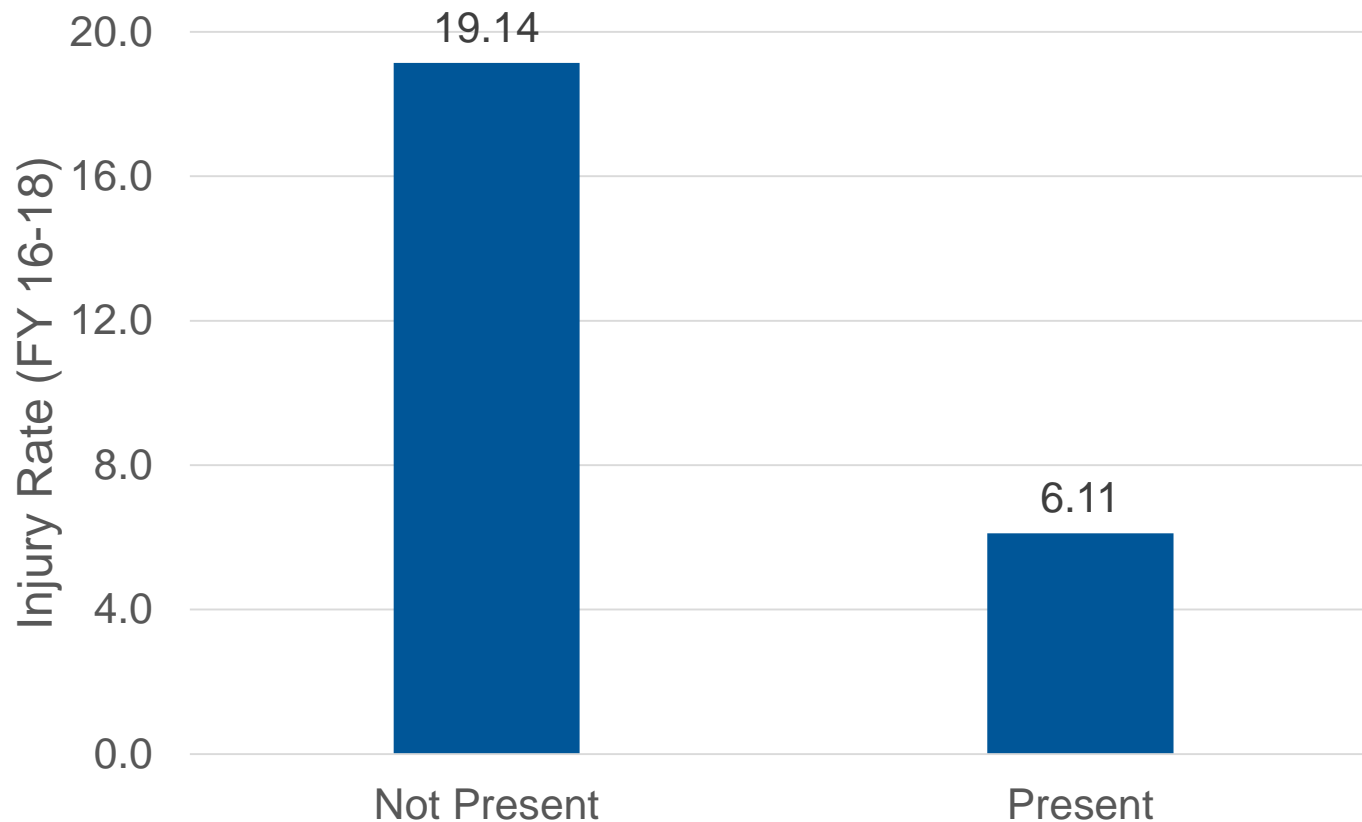


$U = 3, p \text{ (exact)} = .002$

Injury Rate

(Per person, over a three-year period)

The Organization Facilitates Each Person's Desire For Natural Supports (Systems)



$U = 5, p(\text{exact}) = .03$

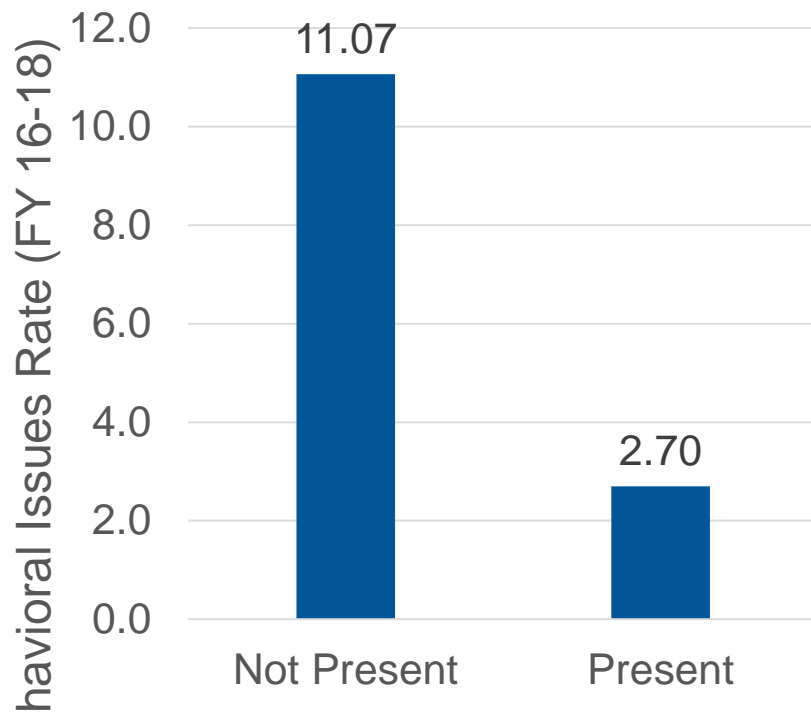
Behavioral Issues Rate

(Per person, over a three year period)



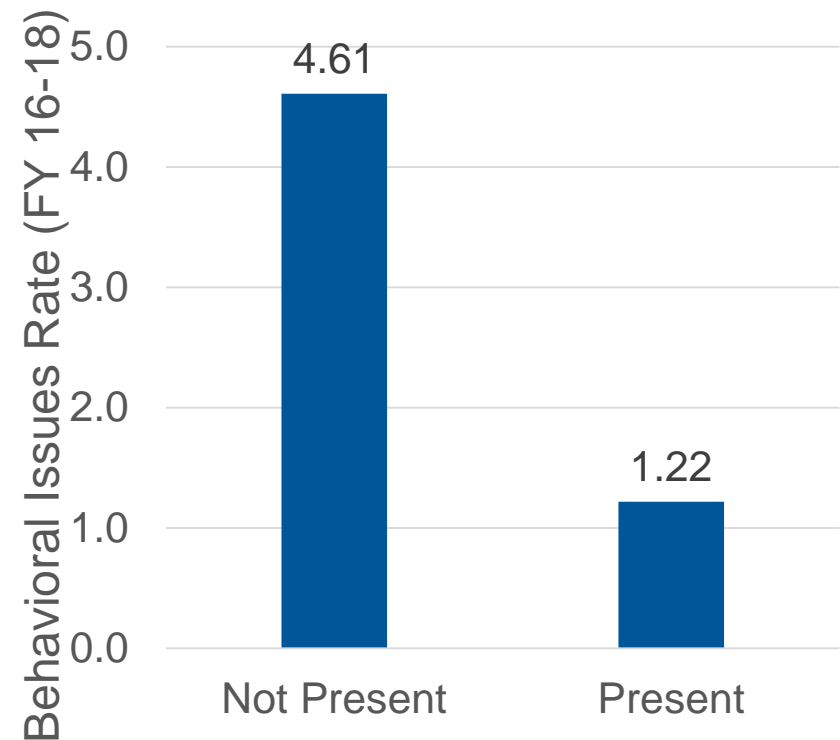
25

The Organization Respects People's Concerns and Responds Accordingly (Practice)



$U = 35, p \text{ (exact)} = .02$

People Have Meaningful Work and Activity Choices (Practice)



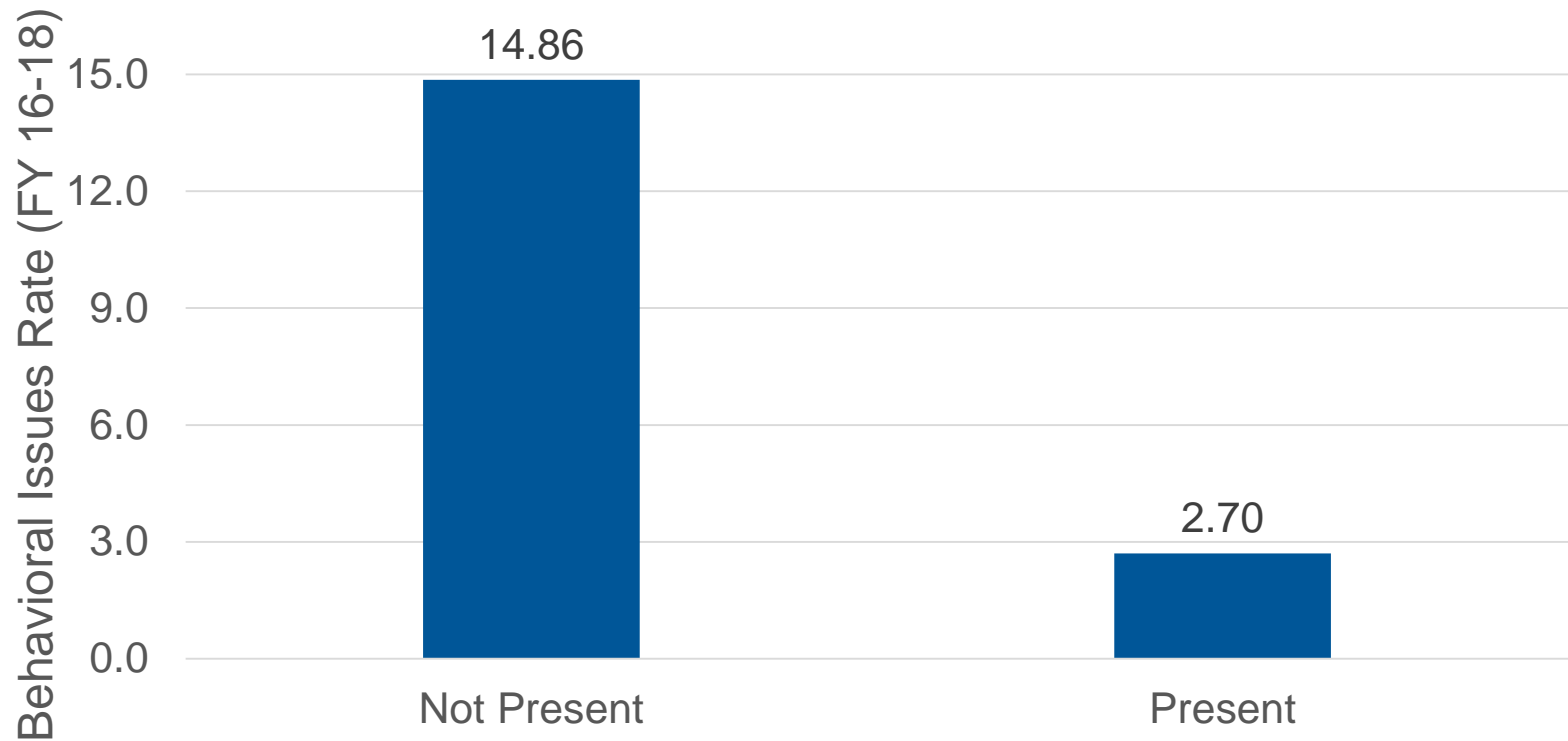
$U = 14, p \text{ (exact)} = .05$

Behavioral Issues Rate

(Per person, over a three year period)



The Organization Ensures Thorough, Appropriate and Prompt Responses To Substantiated Cases of Abuse, Neglect, Mistreatment and Exploitation, and To Other Associated Issues Identified In The Investigation (Practice)



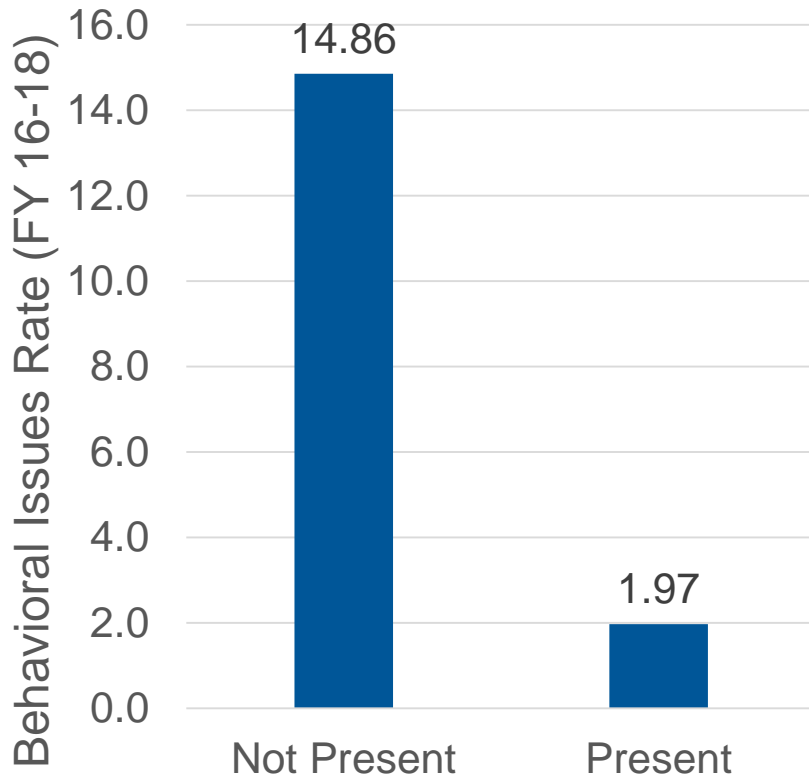
$U = 18, p \text{ (exact)} = .03$

Behavioral Issues Rate

(Per person, over a three year period)

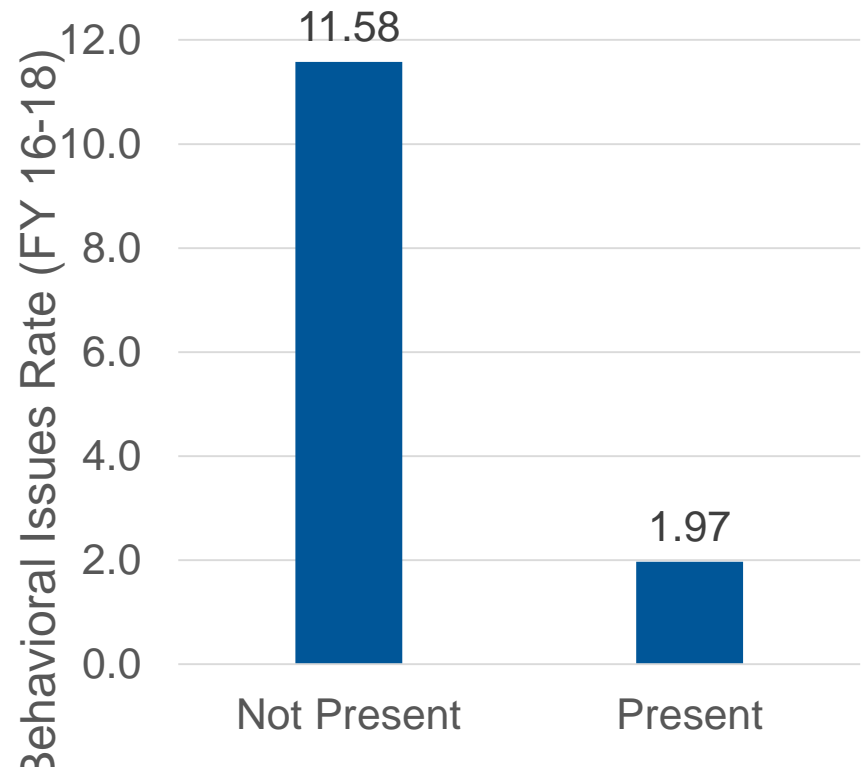


The Organization Implements An Ongoing Staff Development Program (Practice)



$U = 34, p \text{ (exact)} = .003$

The Organization Treats Its Employees With Dignity, Respect And Fairness (Practice)



$U = 35, p \text{ (exact)} = .011$

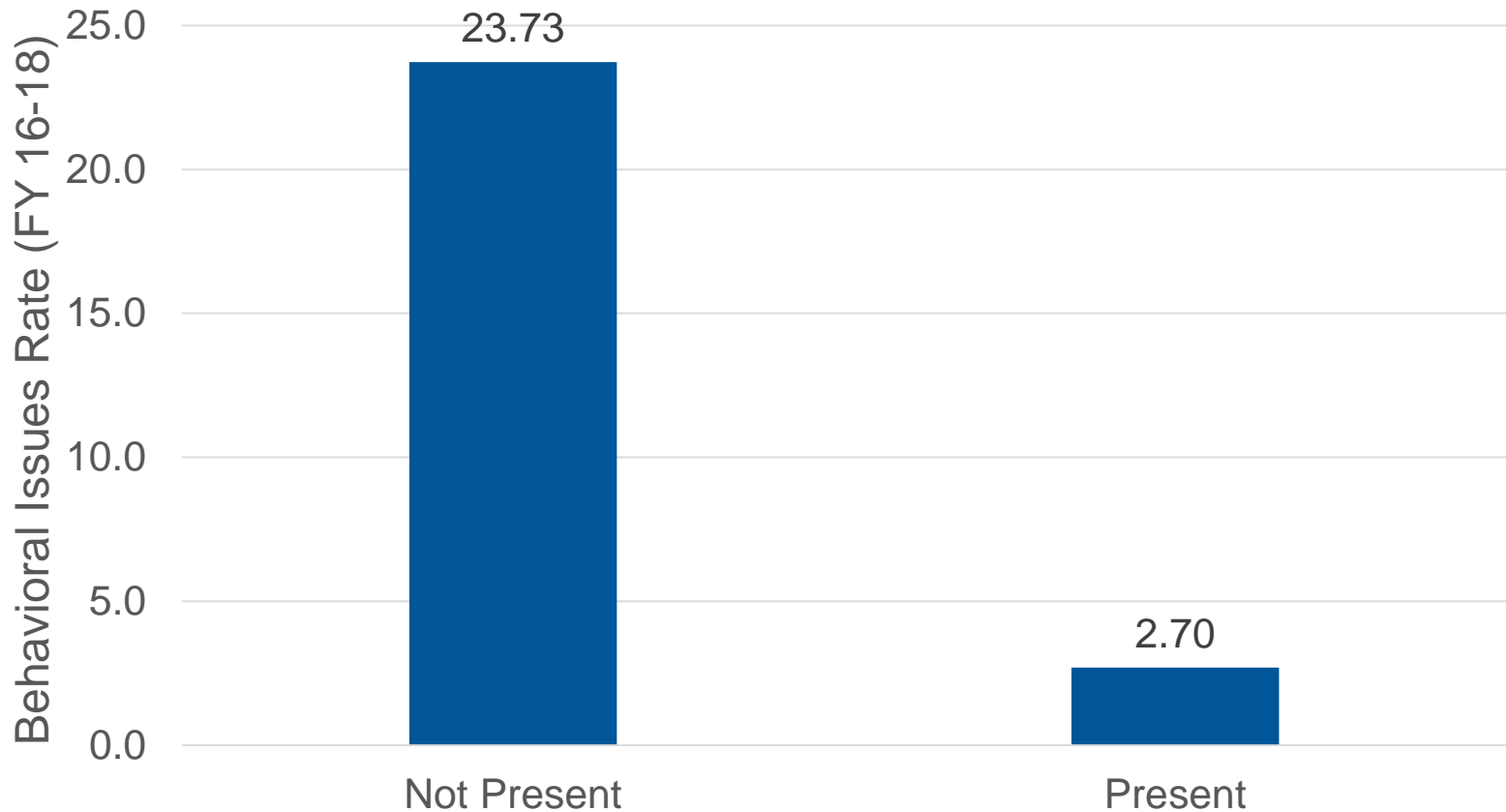
Behavioral Issues Rate

(Per person, over a three year period)



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People Are Free From Unnecessary, Intrusive Interventions (System & Practice)



$U = 11, p \text{ (exact)} = .002$



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Value-Based Quality

What's the framework and how do we get there?

What is Quality?



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- Health and safety in and of themselves do not wholly encompass quality; however, they are foundational
- Quality requires a robust holistic wrap-around service delivery system
- Attention should be paid to social determinants of health

What is Quality?



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- Informed choice
- Person-centered practices and meaningful goals
- Community living
- Meaningful days
- Relationships
- Dignity and respect
- Continuity and security
- Technology

Building Quality Frameworks



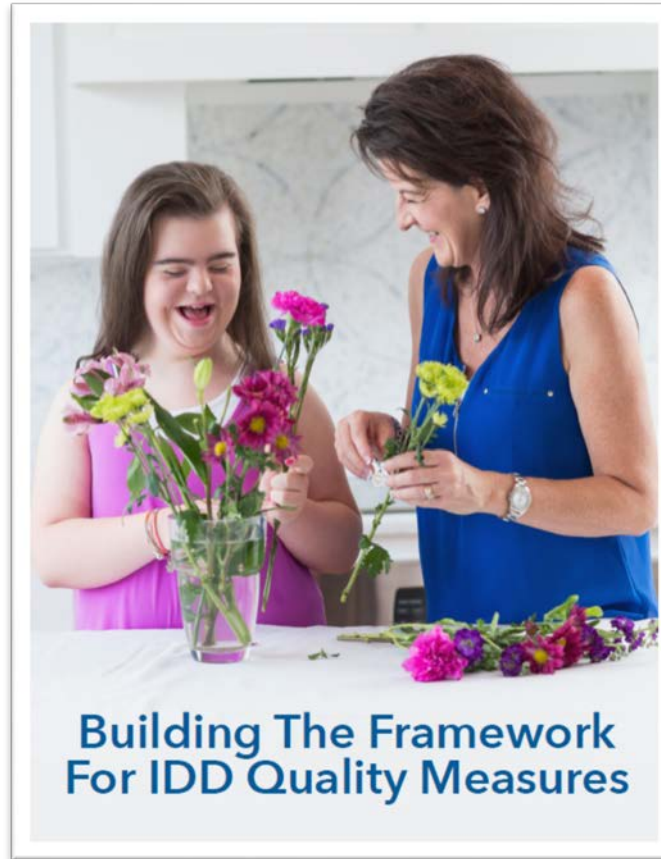
32

- Creating quality standards
- Producing cultural change
 - Legacy of fee-for-service
 - Need to create 'buy-in'
 - Ensure person-centered services and supports are a practice, rather than just a philosophy
- Quality is an investment, requires a robust and adequately funded service delivery system

Interested In Finding Out More?



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**Building The Framework
For IDD Quality Measures**

<https://c-q-i.org/MMCReport>

Thank You!



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