Monitor, Evaluate and Respond: Use Measurement to Demonstrate Performance
Wednesday, September 25, 2019

Good afternoon and thank you for joining the webinar: Monitor, Evaluate and Respond: Use Measurement to Demonstrate Performance. I'm Erica Lindquist Senior Director at ADvancing States, formally known as the National Association for Aging and Disabilities or NASUAD. This webinar is presented through the Business Acumen Center a part of the business acumen for disability organizations grant ran by ADvancing States and made possible by the Administration for Community Living. After the session you will find the PowerPoint and recording of this webinar along with the archive of all disability network business acumen webinars that HCBSbusinessacumen.org/webinar. There will be time for Q&A at the end of the presentation. Please enter your questions in the Q&A on the lower right hand corner of the screen throughout the session.

Today's presenter is Torshira Moffett, Director of Product Development at the National Committee for Quality Assurance (NCQA). She will describe the difference between structure process and outcome measures and discuss how CBO's can impact measures to help use to evaluate their performance. With that I will hand the presentation over to Torshira. >>

Thank you Erica and thank you for inviting me to participate on today's call. I'm excited to be here today to talk about quality measurement and provide feedback and insight to you all about how to go about this and how to work with plans and others you may be contracting with so hopefully you will find this information really valuable and something you can implement in your organization. >>

Our agenda today is going to focus on an overview of quality measurement and give you the tools and resources to show your contracted partners that you can support some of their organizational goals. Additionally, I will share some information about standards and measures and how those can be applied to your organization and the people your serve. To wrap up our discussion today we will share some additional resources as you think about the measurements. It does not stop today so we want to make sure you have all the tools and resources you need.

For those of you who are not necessarily familiar with NCQA I wanted to share a little bit about what we do. We are nonprofit organization that focuses on improving quality of care and we have been in the space for 30 years so we are excited to celebrate that next year. As everyone is impacted by healthcare people need to know where to find good care so we evaluate the quality provided by organizations such as health plans, practices, and community-based organizations etc. How we go about that framework is creating standards performance measures that gives us, but also those that work with you, some insight on what you are doing well. All of this helps drive improvement, saves lives and keeps people healthy, and hopefully reduce this cost. Today we will focus on the measurement piece and dive into that a little bit more.

As I go through the next few slides I want you to keep in mind the care and service that you provide, as well as the things you offer, and think about if there are areas you want to improve. I also want you to start

thinking about how you would approach describing how well you do what you do and how you would approach measuring the impact of your services. So keep that in mind as we continue down the path of this. To give you an overview, the quality measurement framework addresses three parts: structure, process, and outcome. For structure we really are looking at what resources systems and staffing etc. do you have in place to set up your organization? For the process this is where we are looking at what activities are performed, how do you do what you do. Lastly, but also important, is what results have you seen, so looking at the outcomes. As we talk today you will be able to see how these pieces fit together and then towards the end we can talk more specifically about LTSS and the programs we have that support the quality measurement framework around that space.

When you are working with health plans or other organizations or first thing you want to know is how you are organized. That is where the structural requirements come into play. For example, do you have requirements for your case managers to be credentialed or trained, do you have staffing or resources to support client needs, what technology or systems do you have in place and then if this is relevant to your organization do you have governance committees or panels that support how you function as an organization? For this the structures you have in place will support many of the processes you can implement as well as the outcomes that you can achieve.

Now to look at the process measures. Process measures help you assess whether certain activities are policies and procedures have a direct or indirect impact on the well-being of the people you serve. For example, you may have a process for conducting an initial assessment within 30 days of a person joining your program. To look at that a little bit more, you may want to review how many people joined your program within a certain timeframe. So say you want to look at one year and say we want to see how many people joined the program in the past year and then locking at how many of those people have received their initial assessment within 30 days of joining. So taking a look at a measure like that you would be able to help assess whether you are consistently following the process you've outlined. So that the intent of a process measure, gives you a check on what you are doing.

Outcomes measures assess how well your programs or inventions have made improvements in a person's well-being. You will see here there are a few examples of types of outcomes measures that you might use as part of your program and we want to make sure that we did not just highlight the clinical outcomes but there are some other aspects on the social side you may want to take a look at see what impact they are having. For example, let's say you're interested in seeing what percentage of clients are engaging in the social activities they mentioned they wanted to do. To help with that you may have implemented a new program to expand services you offer to help clients achieve the goal of participating in more activities. So as part of this you would want to measure and assess how well the program is helping your client achieve that goal, so what is going to be the outcome of doing that? To look at another example from the measures on the slide here is say you want to see the percentage of clients who are achieving their goals within six months. You and take a

look at what goals those clients have set and then tracking what their progress has been but also looking to see what percentage of them have actually started to make progress to achieving those goals within that specified timeframe. So hearing these words about specified timeframes and what do you want to achieve, what are you trying to measure, what are you thinking about, so keep all those things in mind as you think about what structural measures you want to look at what processes you want to a set but also how those drive towards those outcomes.

You have heard the high-level information which is great and you're like "all right that's fine". How do you apply this to my organization? How do I apply this? I would like to say no one can tell you what to track but given that you likely have a program that is shaped by a plan or state you may have some specific requirements you have to meet. That's fine, that's perfect because it gives you a starting point on where to identify measures you may want to select and track for your organization that will help support what a state may look for or what a health plan may look for you to do and so that would create some of the alignment between what their expectations are for you and also gives you a nice snapshot into how you can think about what it is you do and how you frame it so it really meets what the state, health plan, or other contracted partners are looking for. So that's one instance where they may tell you what to track. However, there may be instances where you need to demonstrate how you're performing on other activities to show you can be a good partner. So as part of that this is where the framework I've outlined on the slide comes into play so this is where you will start to think about identifying a measure that is relevant to your organization or the program or service you are delivering. Is there a specific process you want to highlight or really showcase that you do that particular activity really well? Maybe you've implemented a new process to increase completion of care plans or you have looked at increasing the number of clients who access specific services, really focus on the areas where, whether it's a process measure or an outcome, that has had an impact on your clients are your program. So that gives you a starting point to think about what's important to your organization and where do you want to begin to start to make some of those impacts.

After you identify your measure then you want to think about what is your performance goal going to be. Is there a place where you are today and is there a place you want to go to in the future? What level of performance do you want to achieve, is there anything you have done in the past you can compare it to? Really taking a look at where you want to go and essentially your vision for where you want to think about quality improvement and how you want to drive your program or your service or your organization forward.

The last piece of this is to that's really the big part is doing an analysis. Did you achieve the results you wanted? And what potentially lead to the results you received? Did you see places where you could make adjustments so you can make some improvements, or did you feel like okay we have done a great job so let's figure out opportunities to sustain what it is that we achieved as part of this? These pieces all relate and really just keep in mind what your organization does and how you want to drive the direction of your organization or your program and thinking

about the clients you are serving and what impacts you want to make because all of this really helps you think about where there are opportunities. There are some instances where there are places where you might say okay we have this set of services that we want to provide, we have a general sense of the people we are working with but maybe there are some gaps we can take a look at peer if that's a lens you're working in that gives you an opportunity to think about how you might want to measure that and how you want to make potential adjustments to your program if that is something you are able to do.

As I said before, the analysis piece is really the meat of the measure. Yes, you can identify the measure but then you get a result, so you have your number and then what do you do with that number? How do you think about what changes you want to make and how do you analyze that? So over the next few slides I'll spend some time helping you think through the analysis of these results, so in many of our programs health plans often have to review both quantitative and qualitative results if you are a community-based organization we have those type of requirements as well so now you'll be able to speak some of those similar words and phrases and when someone says quantitative analysis you can say okay I get what you are looking for and here's what we have.

For quantitative data this allows you to compare the benchmarks or baseline or goals, and also allows you to compare your performance before you implemented something and after you have implemented. You can do that comparison and see what those numbers look like. Then you also can review trends over time so where were you in 2016 versus 2017 versus 2019 and where do you want to go in 2020 or 2025? So really thinking about looking at those trends over time so the numerical data and quantitative data will give you that piece of it. So for example you may want to look at over a period of time how you of improved the timeliness for completing the development of a case management service plan. That has some impacts on what you are providing to your clients so you want to make sure you are doing those in a timely fashion. So that might be one area that you think about as an example you may have numbers to compare.

For the qualitative data at this allows you to start to really dig into what those numbers mean and translate those into words so this is where a lot of your reporting comes from and that sort of thing in this allows you to highlight what themes you have potentially seen as part of the data that you've received. You can capture quotes from your clients if there is something that really is illustrative of what has occurred or what may give you some additional insight on the numbers you have gotten. It also gives you the qualitative data gives you an opportunity to identify and describe barriers or root causes, so it gives you that opportunity to step back and translate what those numbers mean into potential actions.

To illustrate this a little more but also in a visual way the measure that a potential organization looks at was the percent of clients that were able to reach their care manager when needed. So, say organization is interested in looking at that and how well your clients could connect with her care manager when needed, you might decide to play with a few different options for the qualitative piece. You might want to think

about the question you want to answer, what are you trying to achieve by looking at this, what questions do you want to start to think about a solution for? That will help you select what and how you would analyze the measure results. On the left this slide looks at the performance against the goal so looking at that approach. So say your organization's goal was to reach 80 percent of your clients being able to reach their care manager when needed but then your actual performance was 60 percent so that gives you that side-by-side look and if you wanted to see specifically that question answered in that way saying did we achieve the goal we set for completing clients being able to reach us?

On the right you may have had the question of okay we want to get a sense of if there is something we want to look at across her care managers, we want to see how they are performing and what is their performance rating or what have you as it relates to the percentage of clients being able to reach their care manager. So this would give you a snapshot and saying okay we see Sue here got 80 percent, and Jean has 60 percent, Mary has 55, and Joe has 70 so maybe there is something we can look at their with a few other things so it gives you a few different ways to look at the information depending on the question you want to answer. >>

Depending on how you decided to look at the information you received in the question you wanted an answer to, the findings you might come up with might be different. This is where we get into the qualitative piece on the prior slides, we had the quantitative and now we want to dig deeper into what the qualitative piece looks like. So, depending on the approach you took out looking at the numerical or quantitative data you may have noticed different trends. Maybe there was a caseload imbalance in the scenario where we looked at it by care manager. Maybe there were some potential technology issues or if there were instances where the client might have contacted their case manager when the case manager was supporting another client so that might tie back into caseload issues. Is there a peak season where your clients reach out more frequently? When this particular organization looked at this there are a few different scenarios that could have come into play that might have had an impact on the performance that they achieved. >>

All right now that you have gone through the whole qualitative and quantitative data analysis piece now what? What do you do next? I think most people may be familiar with the PDSA cycle but for those of you who are not it's the "plan, do, study, act" process. This is where you think about what changes you can make that will result in an improvement in what your organization is doing. So, where you would start out is to think about what changes you can make to improve the result, so this is where your beginning to think to what opportunities are available for you to look at and consider. This is where I would recommend starting with just one area to focus on because if you focus on five things you may not be able to see the results of your changes clearly and so if you have a lot of ideas you may want to work with your team to prioritize where you want to focus your opportunities for improvement and then you will be able to start the plan of action of what you want to do and begin to implement that change. Once you've done that implementation you take the next step in the process which is to measure and study the impact of what that change has done for your process or your program. Then, based on

that you would make any adjustments if any are needed. So thinking about that whole cycle and how it fits together you go back through it again and so on the next slide you will be able to see that there is opportunity or it's helpful to start with one place because you want the ability to make small sets of change, and you might have new ideas about how you adjust your processes and make changes to your program if that's allowed.

So being able to share this kind of information will be invaluable in discussion with health plans and others because if you can speak the measurement lingo that goes a long way with your partners. So, thinking about what activities you want to implement for your organization and think about how you want to make those areas improvements, what ideas you have and if there is a certain area where you are out from that you want to explore more. Using that process I think that will give you at least a framework to work from so that you can start to build out what your plan is going to be , what resources do you need to involve in implementing thatt, who else do you need to engage, does this really demonstrate what you are doing and how can you communicate that to the various partners you are working with? The plans are doing a lot of the same activities because they have to do HEDIS measures, but they also have some of the quality improvement type of standards they have to meet for either states, or us, or other evaluators for them. So being able to show how you can support them in doing that and achieving those goals I think that will go a long way in beginning to become more familiar with the structure process outcomes, process, thinking about how you organize the information you have and being able to show your organization is doing a lot of great things. This puts a lot more structure around that for you to be able to go into those conversations and feel more confident in what you are presenting. It gives the partners more confidence in you being able to show more about what you do. So I think that is a big thing about being able to speak the measurement piece and then also beginning to think about how you select the measures you want to choose and how you also begin to think about what makes sense in the context of the clients you are serving and also the programs you have in place.

I said a lot and I think that was a lot of information to digest. So as I go to the next portion of our agenda today that will give you time to let all that information sink and so I will share a bit about NCQA LTSS standards and measures and how that fits into the measurement framework that we discussed. I will share additional insight to what those programs look like.

And thinking about the LTSS landscape and to be more specific in this segment of our agenda today is that NCQA was monitoring this particular space and seeing what the changes in evolution for home and community-based services and how those are delivered to those people with complex care needs whether they are dually eligible, elderly, have intellectual or developmental disabilities, or serious illness so those components that may lead a person to need home and community-based services. We are taking a look at that and how we could be able to support quality improvement in the space. Also, there is was a shift among the states for moving the coordination of LTSS to managed care from fee-for-service and states are beginning to work more with health plans and community-based

organizations and encouraging that collaboration. There was a need for more integration of common framework and being able to speak the same language and being able to support each other in moving towards quality improvement for those who may need LTSS.

So the programs we have related to this and these are the standards is that we created the programs to support organizations that are looking to demonstrate their value to health plans are states so we created the suite of evaluation programs to help organizations refine their exisintg processes. And please note I said "refined" because you are doing a lot of these things and it's important to be able to show and being able to speak the same language of quality improvement . We created the accreditation of case management for long-term services and supports which is for community-based organizations and then we have a subset of similar requirements for health plans, managed care organizations, and clinical case management organizations. These programs have aligned requirements whether you are a community organization supporting and IDD are aging population or a health plan are coordinating those medical or LTSS benefits, our intent was to help community-based organizations and plans establish a common language and be able to navigate and speak with each other and be able to engage in support of the people they serve in a better unified way.

Just to share a little bit of details about the adoption of the programs, as of August 2019 over 100 organizations have either have accreditation which is the option for community-based organizations, have the distinction, which is the option for health plans, or are in the process of receiving those designations. We have organizations accredited or with distinction across 16 states and the types of organizations that have come through the programs are Area Agencies on Aging, Centers for Independent Living, and adult foster care organizations, among others, so we have a nice mix of organizations come through serving a variety of different populations. >>

I think the most relevant piece for the community-based organizations on this slide is where the state opportunities are and where the states have shown interest in these programs and thinking about the relationship of either community-based organizations or plans that are engaging in supporting their beneficiaries receiving LTSS. Massachusetts is one I want to highlight because they require accreditation for their adult foster care agencies and so that one was really interesting for us to engage with. We also support and work with Alabama who has supported all their area agencies on aging and pursuing accreditation and then Kansas, Pennsylvania, Tennessee, Virginia, and North Carolina have requirements for LTSS distinction for their plans. At least in Virginia or North Carolina there may be some opportunities to engage with the health plans in those states if you provide services in those areas.

To go a little bit more and connect it back to our discussion of the structural process of outcomes, this is a snapshot of the standards we have in the accreditation program. The program description LTSS one and six: staffing, training, and verification, and seven: rights and responsibilities, would align with that structure framework, so do you have, how does your program organize, how is your staff trained, what

rights do your participants have as members of your program? Those pieces are things that are important to plans and states in thinking about how you are functioning as an organization. LTSS 2 the assessment process and LTSS three: person-centered care planning and LTSS four: care transitions, focus on the process type of requirements. What is your process for conducting comprehensive assessments? Then you may identify measures that might support how you do that. For LTSS 3 the care planning process, we use a person-centered language. We aligned with the federal language using that terminology but our intent for these requirements is that the person goals and preferences are captured in their words and that their care is being directed by them, not the case manager. So this might be another area where you may think about measurement and how you are implementing your processes for developing care plans that really capture your client's needs. LTSS 5 is a mix of outcome and process measures so this is where all of our quality improvement and measurement activities occur so we might look at you identifying a few measures to assess how effectively your operating your program and that is really what is likely the most important part beyond the structures that you have in place that are important to states and plans in their curiosity. So thinking about all those pieces fit together, I think that gives you a sense of how this can apply to not just our accreditation program but others you might be considering or looking out to help you think through how you align your processes and think about measurement and so that gives you some additional context there in the relationship to an accreditation program.

We also have our HEDIS LTSS measures released last fall and developed under contract in CMS and in partnership with Mathematica. These measures align with the standards particularly the comprehensive assessment and update in the comprehensive care plan and update measures. The nice thing about measures is that gives you additional guidance on what to capture and how. What is great about it in that sense is it says here are the 10 things you should, I'm using this as an example, here are the 10 things that you need to make sure that you include in a comprehensive assessment and here is how you go about doing these particular activities and here is who you should include as you are thinking about conducting the data analysis and all of that. Both health plans and community-based organizations can use these measures. Week concluded a learning collaborative which included 17 health plans and eight organizations that had to commit reporting at least one of the measures you see here. They are optionally reported to NCQA but there is no public reporting of them at this time.

To pull all of this together, the standards and measures that provide a quality framework for people with complex care needs. Additionally, our LTSS measurement framework includes processes to deliver person centered or directed care and support contracting between states plans and other organizations. Before I close out for today and turn it over to Erica I have a few more things I want to share a few resources in case you are interested in learning more about the standards and measures.

We as part of a learning collaborative we launched a few years ago or and developed the Road Map to Success in LTSS while it primarily focuses on the aspects related to the accreditation program it is a really great

resource that's free and provides insights on how to do things like managing care transitions or what you might do to complete a person-centered care assessment, what tools you might use to assess social determinants of health so it give some examples of what people in the industry are using so it's not necessarily NCQA-specific things but ones we pulled from across the industry that we thought would be useful resources for organizations that are implementing or delivering LTSS. We also have a web-based training on the standards if you want more details than what I provided today. Then lastly we have a learning community called the LTSS Best Practices Academy that has webinars on a semi-monthly basis. So I think with that I'll turn it over to Erica.

Thank you. We wanted to share through the business acumen center that there are other resources as well, NCQA is a leader in quality metrics and accreditation programs, but for more information you can look to the national indicators, NCI or the NCI for aging disabilities(NCI-AD), the Council on Quality and Leadership, CARF International, National Quality Forum, and the Centers for Medicaid & Medicare Services all have current information on quality programs in the healthcare landscape. >>

If you want to contact Torshira you can reach her there. Otherwise this opens us up for our questions and answer segment so again please enter any questions you may have into the lower right-hand corner of the screen. We did have one that came in I believe you answered this already but it was about North Carolina specifically in the use of the LTSS accreditation program there.

Yes, that was recent, North Carolina is doing a lot of interesting things, it's exciting to watch them I'm from North Carolina but I don't live there now, so it's exciting to see my home state taking on more effectively managing the medical piece, behavioral health, and LTSS. They are looking at opportunities to configure how they do that in the state and they have requirements for at least the distinction for health plans. So if you're in North Carolina I would say keep an eye on what the state is doing and how they are rolling out their activities over the next few months. Then just begin to think about what conversations you want to have with key stakeholders in your estate to showcase what it is you are doing and what processes you have and what you can do to support those initiatives that are happening.

Great. I think a lot of our disability organizations have a history of tracking their organization's success in implementing this program and client satisfaction and things of that sort. If they wanted to transition to partnerships with health plans or other health payers what would be the very first recommendation you would give them as it relates to demonstrating their quality?

So that's a very interesting question. I have had conversations with other organizations to get a sense of how they engage with health plans and how they make those connections and contacts and a lot of it is through forums like this or in person meetings like the HCBS conference where there is a health plan present. I would say, my starting place would be taking a look at what the state is requiring the plans to do. If there is opportunity for you to support what it is a do, that the state

is requiring that the plans do. There might be some nuances are some very specific things that lend your skill set to what the plans are familiar with those in your community but you really know who is in your community so I think being able to show how you are able to engage with them. I know a lot of requirements really want plans to look at how they are making an impact on the overall population of the various segment. It might be the serious mental illness area or it might be behavioral health broadly or something else, and so being able to show how you connect them to the various resources in the community helping them with that connection, I think those are good starting point but definitely getting a sense of what the states are asking the plans to do and doing preliminary research. Then if there are other agencies in your area that are starting to have relationships with the plans, this community seems like a very collaborative community so I would say talk to your colleagues that there because they are likely engaging in some of the conversations and you may be able to get together and come up with a game plan that supports all of you. That would be another angle to pursue.

Thank you. We have a question about the HEDIS measures the for new LTSS measures that are more process oriented. Have there been considerations of outcome related measures?

So I won't speak for the performance measurement team and product-development side, but I know they are exploring other opportunities. It's very tricky in the HCBS space on some of the areas but we felt that at least the process measures were good starting point and I think the performance measurement team here is really thinking about what opportunities there are and how we might go about moving more towards outcomes because that's really where everyone wants to go.

This may be for the other side of the company but for aging people with intellectual or developmental disabilities living with dementia are you familiar with standards of care metrics you would recommend to determine quality persons who are dementia services or support.

There is so many people here at NCQA that could answer that one. I don't but I think that would be a worthwhile question to take back to our team and we can share that if there is anything there with you all.

Thank you. There is somebody that has an audience member who has three years of NCQA accreditation in case management assume they have been audited three years but one of their MCOs requested their policies to review so the MCO could prepare their own NCQA accreditation process and their question is that a requirement or something the plan might be requesting?

That sounds like something the plan may be requesting. Hopefully not too in the weeds of accreditation for this group but there are some requirements in both the requirements at the health plan has to do and, some requirements a health plan has to do if they contract with another organization to do LTSS on their behalf. For their LTSS distinction requirements they may want to make sure they are aligning their policies and procedures with what they are asking you to do. It is not our requirement for them to get that information specifically from you but if

they are delegating to you in one of the things we ask the plans to do is to make sure your organization is adhering to the requirements that the plan is doing. So I guess it is kind of a requirement is that we want to make sure the plans are doing their own oversight of whoever they are working with. If they delegated it out they are responsible for the activities being done by another organization on their behalf. So it is helpful for the plan to be able to see what you are doing and making sure it aligns with what we are asking them to do.

Very good. I do not have any other questions in the queue I will give it a moment to see if anyone has a list and final question.

There is one. I think this is a follow-up to that one, it says the MCO stated it was required by their health plan standard to review policies of external entities they contracted with and I think that goes into your oversight comment.

Yes that goes into the delegation oversight, yes.

If they want to follow up with me after this please feel free.

Absolutely. The slides for this webinar will be posted on the website shortly after the presentation. Questions can be sent to Torshira at moffett@ncqa.org. With that we do not have any other questions in the queue so I want to thank you Torshira for presenting today's webinar and I want to remind everyone one final time to always check out hcbsbusinessacumen.org. We are in the process of finalizing key interesting material so if you're not on our distribution list please sign up to receive updates of documents or reports we have coming out. As always feel free to email us at businessacumen@advancingstates.org should you have any questions. Thank you all for attending today's webinar. Have a great afternoon. >> [Event concluded]