



National HCBS Quality Enterprise



Centers for Medicare & Medicaid Services

An Individual Experience Survey for HCBS Participants

Consortium Members:

Thomson Reuters

*Human Services
Research Institute*

Boston College

Sara Galantowicz, Thomson Reuters

**Interagency Committee on Disability Research
State of the Sciences Conference
Arlington, VA**

July 13, 2011

Today's Agenda

- Medicaid Long-Term Services and Supports
- Recent Legislation and Trends
- Measuring Quality in Home and Community-Based Services

Centers for Medicare & Medicaid Services

- Administers the Medicare, Medicaid, and State Children's Health Insurance Programs

CMS' Mission

- To ensure effective, up-to-date health care coverage and to promote quality care for beneficiaries

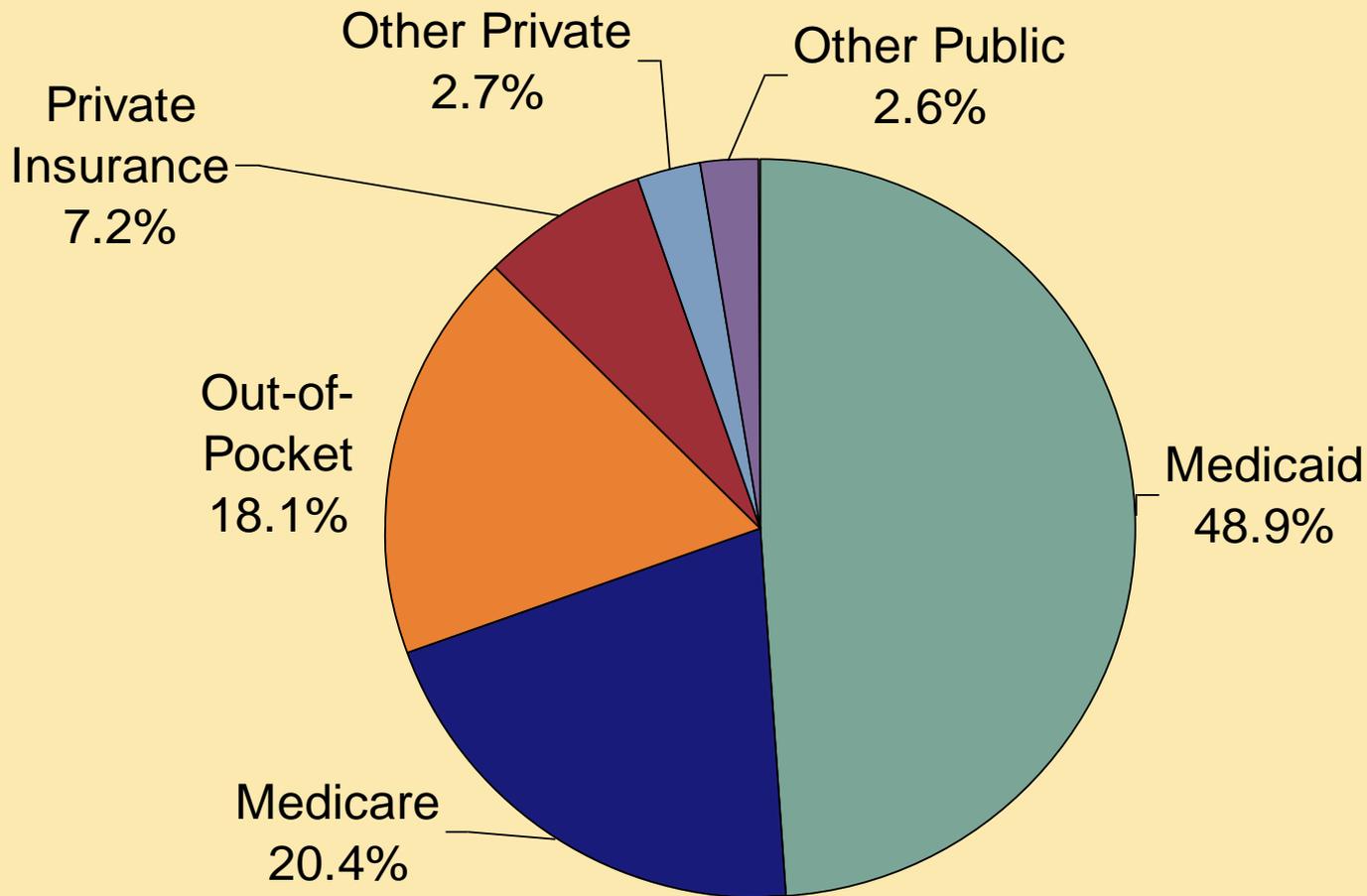
CMS' Vision

- To achieve a transformed and modernized health care system
- CMS will accomplish this mission by continuing to transform and modernize America's health care system

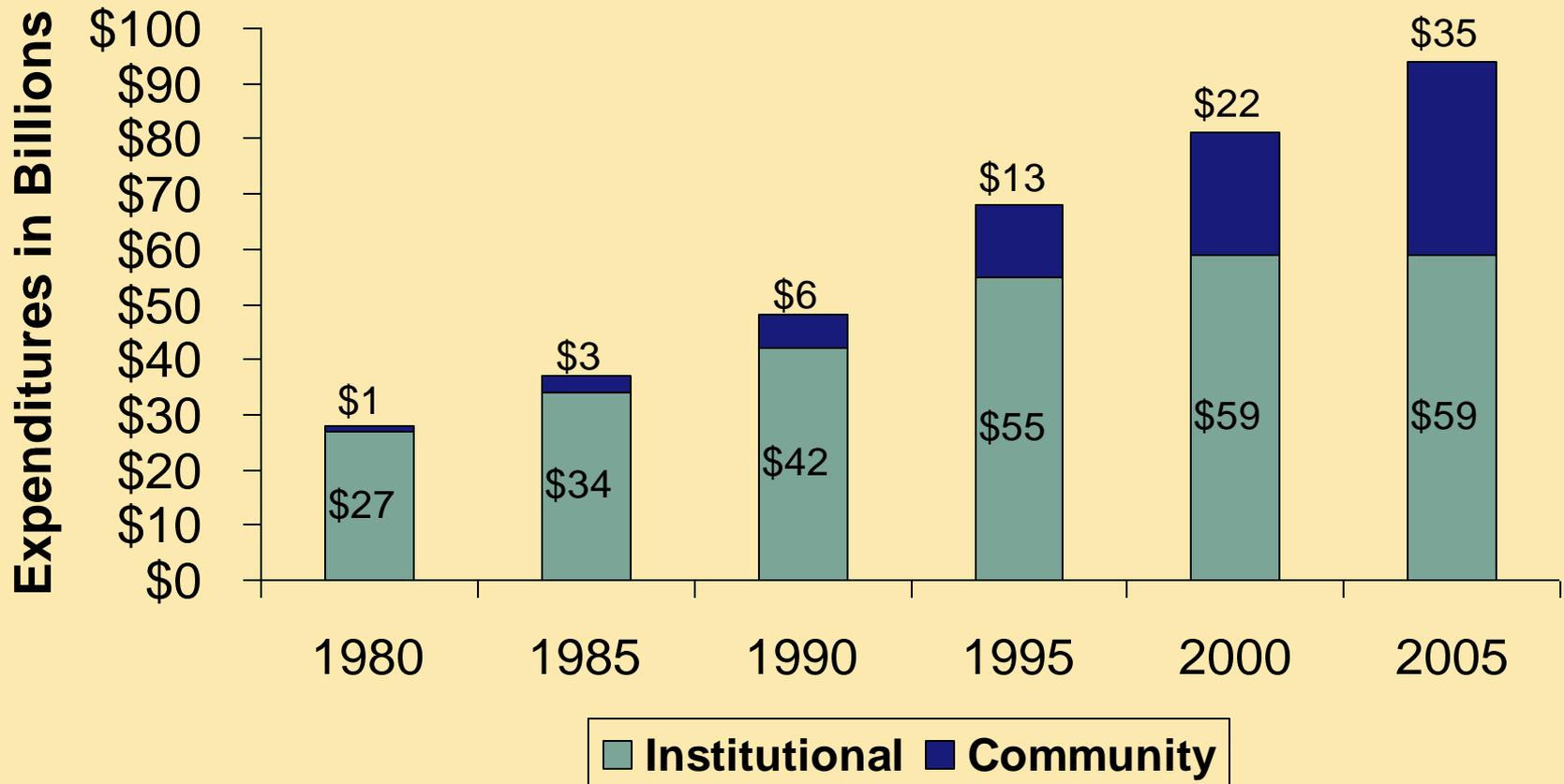
Medicaid

- ❖ **Medicaid** = \$344.3 billion in 2008, or 15 percent of total NHE.
 - ✓ 50+ million beneficiaries
 - ✓ 16 million more on the way in health reform
 - ✓ **Long-term care** accounts for 32% of total Medicaid expenditures.

Long-Term Care Expenditures by Payer: United States



Medicaid Institutional and Community-Based Expenditures in 2005 Dollars: FFY 1980-2005



Medicaid Vehicles for Delivering Home and Community Based Services

- Section 1915(c) Home and Community Based Services Waivers : 66% of all HCBS spending
- State Plan Personal Care Services & Home Health Services: 31% of HCBS spending
- Other: 3%
 - PACE
 - Section 1915(i) HCBS as a State Plan Option
 - Section 1915(j) Self-Directed Personal Assistance Services
 - Various managed care authorities
 - 1115 Demonstration Programs

RECENT LEGISLATIVE TRENDS

- The Deficit Reduction Act
- The American Recovery & Reinvestment Act (ARRA)
- Children's Health Insurance Program Reauthorization of 2009 (CHIPRA)
- Affordable Care Act (ACA)



DEFICIT REDUCTION ACT PROMOTED GROWTH IN HCBS

- 1915j Self-direction/“Cash and Counseling”;
- 1915i “Delinked Institutionalization”;
- Money Follows the Person Grants;
- Real Choice Systems Change Grants;
- Medicaid Infrastructure Grants

YEAR OF COMMUNITY LIVING

June 22, 2009

- *"I am proud to launch this initiative to reaffirm my Administration's commitment to vigorous enforcement of civil rights for Americans with disabilities and to ensuring the fullest inclusion of all people in the life of our nation."*
- President Obama



THE AFFORDABLE CARE ACT



The National HCBS Quality
Enterprise, a Grant Funded by CMS

AFFORDABLE CARE ACT: QUALITY

- **National Strategy for Quality Improvement in Health Care:** *potential for improving the health outcomes, efficiency, and patient-centeredness of health care for all populations, including children and vulnerable populations*
 - Sec. 3011. National strategy.
 - Sec. 3012. Interagency Working Group on Health Care Quality.
 - Sec. 3013. Quality measure development.
 - Sec. 3014. Quality measurement.
 - Sec. 3015. Data collection; public reporting.

AFFORDABLE CARE ACT: QUALITY

- ***Section 2701: Adult Health Quality Measures:***
 - Development of core set of health quality measures for adults eligible for benefits under Medicaid
 - Development of a standardized format for reporting information based on the initial core set of adult health quality measures
 - Annual reporting
 - Establishment of a Medicaid Quality Measures Program
 - Reports to Congress every three years

QUALITY IMPROVEMENT

*Not all change is
improvement, but all
improvement is change*

Three Goals for Quality

Better Health for the Population

- Risk Factors
- Vitality

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

Better Care for Individuals

- Government
- All Payers

Lower Cost through Improvement

CMS QUALITY ARCHETYPE:

The story we want to tell



Are people better off?



Are we providing quality services?

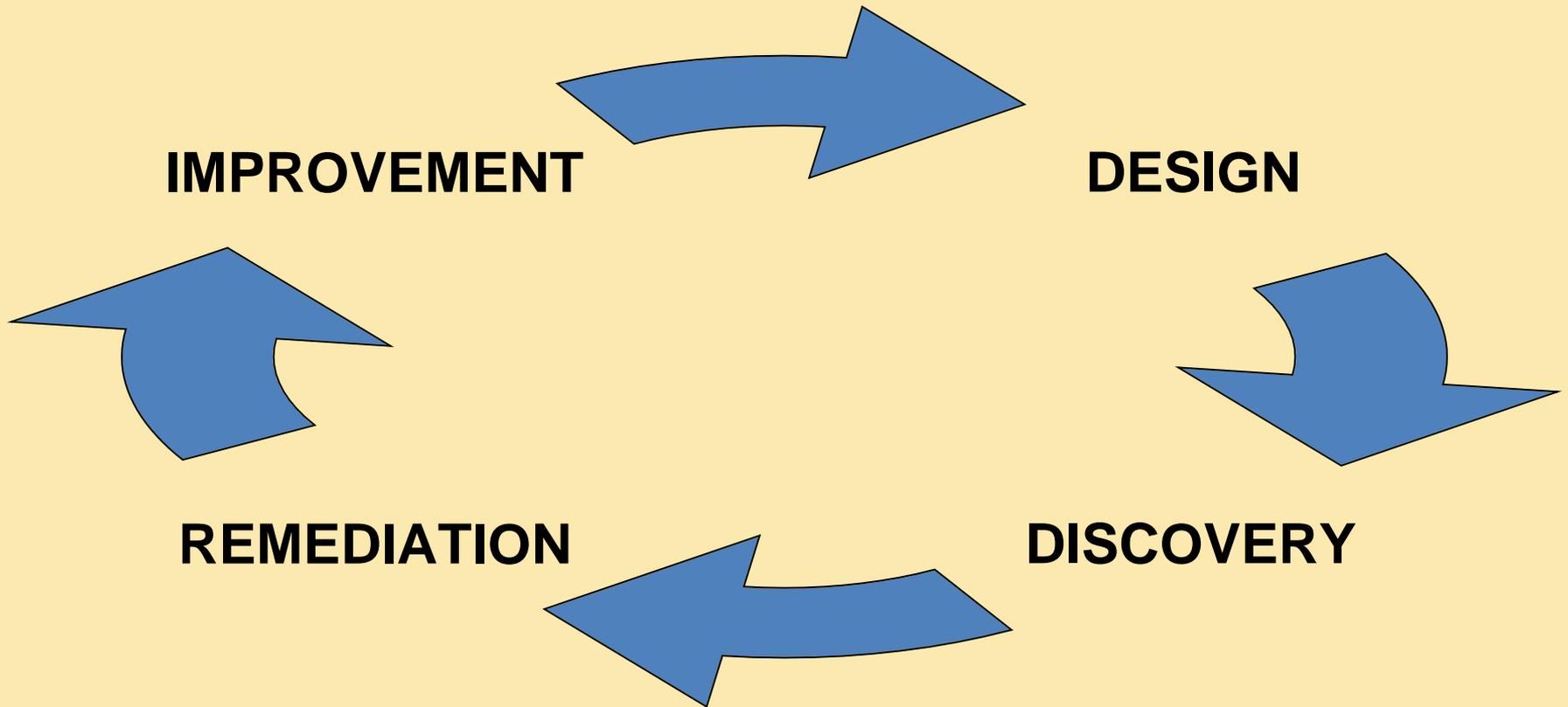


Are we good stewards of resources?
doing what we are paid to do
efficiently?

Customer Focus (Beneficiary Focus)

- Whom do you serve?
- What do they need?
- How are you doing at meeting their need?
- How do you know?
- Get the customer “in the room” – always.

Continuous Quality Improvement CQI Cycle for HCBS Programs

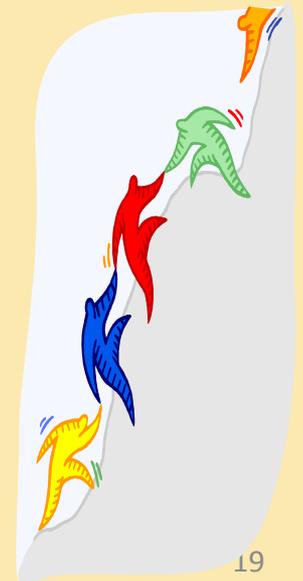


Using Performance Measures in CQI

Performance measures don't only tell your quality story; they help you move your whole quality agenda forward

Continuous quality improvement requires data to:

- Articulate goals & improvements
- Measure progress against these metrics
- Assess the impact of improvements

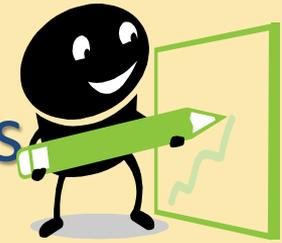


Are People Better Off?

- Individual outcomes – the experience with and effect of programs - can be assessed using multiple data sources
 - Claims data
 - Assessment data
 - Survey data
 - Other administrative data, e.g. wages, critical incidents



Measuring Individual Outcomes



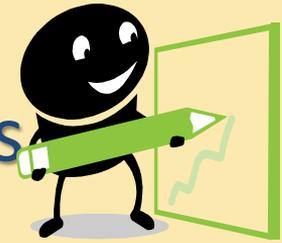
Survey data

- Direct feedback from service recipients about their experiences with services and support

Administrative data

- Increased individual earnings, more earners
- Prevalence, incidence of serious incidents

Measuring Individual Outcomes



Claims data

- Preventable/avoidable hospitalizations
- Emergency room use

Assessment data

- Changes in functional need/independence
- “Recovery” - mental health model

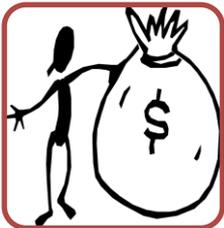
Examples of Individual Outcome Measures



Percent of participants with an ER visit related to swallowing/choking.



Percent of participants who report their PCAs listen carefully to what they are asked to do or who report they receive all needed services.



Percent of participants receiving supported employment services who earn more than \$250/ month.

Measuring Individual Outcomes: The HCBS Experience Survey

- New optional tool to solicit direct feedback from HCBS participants about the experiences with services and supports.
- Funded by the CMS and being developed by the National Quality Enterprise (Thomson Reuters and The American Institutes for Research)
- Intended to complement other quality initiatives and address Section 2701, national quality strategy ACA 3011

The HCBS Experience Survey: Scope

- Adults receiving Medicaid-funded HCBS
- Cross-disability
- Participant self-report (no proxies)
 - In-person interview
 - Telephone interview
 - Spanish translation
- Designed according to the principals of the Consumer Assessment of Healthcare Providers and System (CAHPS®)

Survey Design Principles

- Data for which the participant is the best or only source
 - Direct experience
 - Other information can come from administrative data
- Actionable measures valued by consumers
- Rigorous testing
 - Formative research
 - Cognitive and field testing
 - Psychometrics
- Will apply for CAHPS[®] and NQF endorsement
 - CMS currently uses multiple CAHPS[®] tools

The HCBS Experience Survey: Domains

- Getting Needed Services
 - Unmet Need
- How Well Support Staff Communicate
 - Respect and Dignity
- Case Management
- Choosing Services
- Transportation
- Personal Safety
- Community Inclusion and Empowerment
- Demographics

Current Project Status

- Formative interviews with a variety of HCBS program participants on several programs
- Two rounds of cognitive testing completed
- Input from Technical Expert Panel and expert consultants
- Additional testing summer/fall
- Field testing in 2012, following OMB approval

Findings to Date

- Core quality constructs are shared across disability groups
 - Respect
 - Choice
 - Having personal support needs met
 - Community integration
- Accommodations in wording and responses necessary to make survey accessible
- Cognitive screening needs to be done on a real-time basis

Maintaining a Commitment to Quality in Medicaid HCBS: Questions & Next Steps

- Continue to Ask the Question: What changes can we make that will result in an improvement?
 - What we are trying to accomplish?
 - What are the means by which we will identify improvement
 - What are effective changes that will lead to improvements
- Transparency
- Rapid Cycle Learning