NEW YORK STATE | Department of Health | Medicaid Redesign Team

Value Based Payment Advisory Group – Services for the Intellectually/Developmentally Disabled

I/DD VBP Advisory Group Meeting 4

Meeting Date: July 6, 2016

July 2016

Tentative Meeting Schedule & Agenda

Depending on the number of issues address during each meeting, the meeting agenda for each Clinical Advisory Group (CAG) meeting will consist of the following:

Meeting 1

- VBP Advisory Group Overview
- Role of VBP in Achieving Quality, Cost Effective Care
- I/DD Services in Transition
- System Platforms - High value care in a I/DD context

Meeting 2

- Review themes from first meeting
- Introducing new themes
- Exercise: Reflections on Value
- Special considerations for measuring quality
- Previewing Quality Measures

Meeting 3

- VBP Overview
- Group Exercise – Recap and Reflections
- I/DD VBP---the larger picture
- Quality Measures
- The IDD-FIDA framework

Meeting 4

- CAG objectives review
- Value opportunities/pathways discussion
- Quality Measure review & selection

Content Overview

Part I:

- CAG objectives review

Part II:

- Value opportunities/pathways discussion

Part III

- Quality Measure review & selection

Part I

A. CAG objectives review

- Covered items & next steps

I/DD VBP Advisory Group (I/DD VBP AG): Objectives review

- [x] Understand the State's visions for the Roadmap to Value Based Payment
- [x] Discuss the specific characteristics of the I/DD population & the challenges in the transition to managed care
- [x] Review total cost of care VBP arrangement for people with I/DD receiving services
- [ ] Make recommendations to the State on:
  - Quality measures
  - Data and other support necessary for providers to be successful
- [ ] **Reconvene I/DD VBP AG to:**
  - **Update pilot progress**
  - **Review lessons learned**
  - **Evaluate selected quality measures**

Part II

A. Value opportunities/pathways discussion

Potential Value Opportunities & Pathways

Four possibilities initially identified:

Customized/Individualized Supports

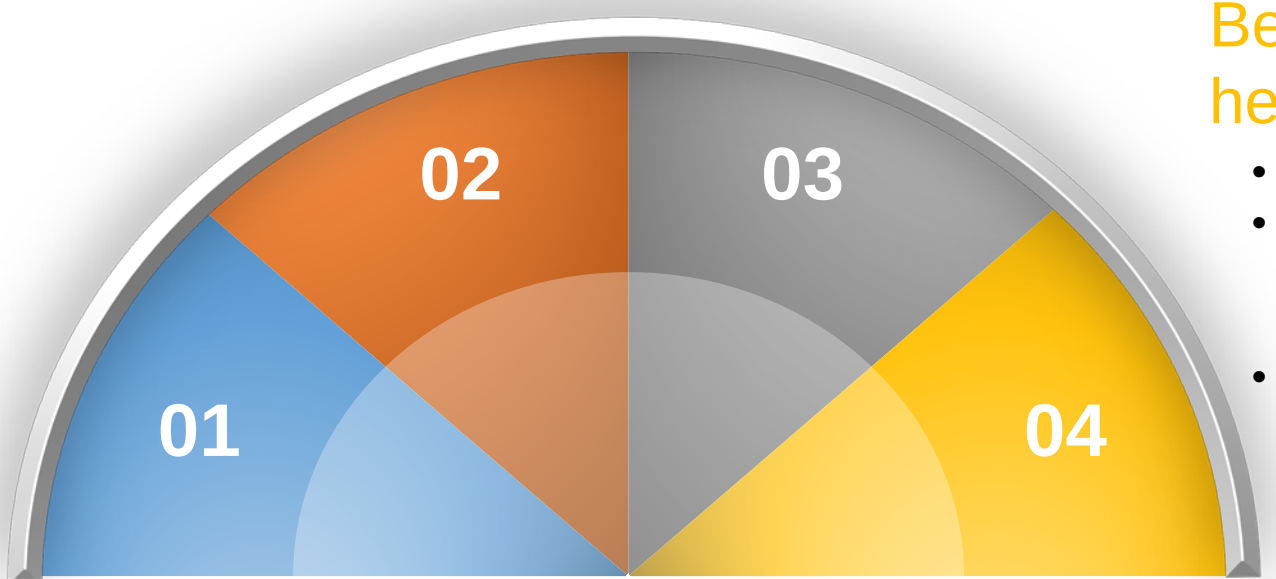
- Fully integrated care coordination – improved linkages across the care continuum
- Elimination of duplicative services
- Unbundled/flexible menu of services

Improvement/Retention of Functioning

- Intensive assessment to identify improvement areas
  - Meet individual goals/prevent decline in functioning
- Family unification/support
- Community relationships/social supports

Hospital Use Prevention

- Behavioral crisis prevention/intervention
- Telemedicine/More expert triage
- Adverse events
  - Sepsis
  - Choking
  - Other – Pneumonia, UTI, etc.



Better physical/mental health

- BMI
- Preventive care – Mammograms, gynecological exams, Blood pressure, etc.
- Medication review/reconciliation

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A Thematic, Schematic Interpretation of Results

The word cloud below is a visual presentation of qualitative data—words with greater prominence are words that appeared more frequently in the written submissions of the group exercise.

Group Exercise – Quality Measure Domains

Want employment/ Personal goals/ Meaningful day/ Activities	Life in Community	Social Roles	Life Goal Attainment/ Satisfaction
• Do I have a job? • Am I satisfied with my job? • Satisfying work • Increase employment opportunities. • Satisfying work.	• Effectiveness – Time in community. • Friends not paid to be with them. • Do you have friends? Do you want friends? • Are you apart of your community (society)?	• Do I have friends? • Have relationships with and outside of paid staff. • Participation & activities with non-paid staff.	• What makes you happy? • Achievement of personal goals. • Self-image & confidence. • Person satisfaction: - Likes day/ employment - Where they live - Social life - Happy with staff

Group Exercise – Quality Measure Domains

Choice & Self-Determination/ Flexibility	Safety & Health	Service Matching Need/Flexibility

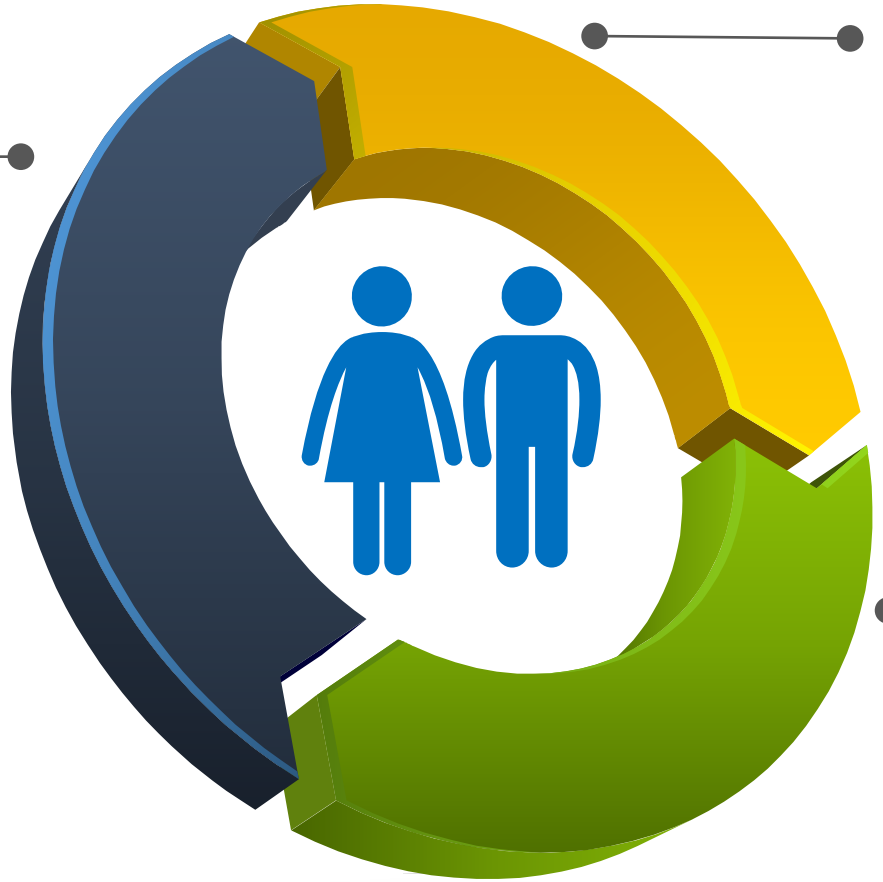
• Care in a least restrictive environment (LRE).
• Voice choice.
• Does staff listen to me?
• Can I do what I want to do in my life?
	• Have you received all/most recommended preventive health services or screenings?
	• Stability of care.
	• Well-trained workforce.
	• Avoidance of over-treatment.
		• Most complex & challenged persons have as much opportunity as others.
		• Acuity of need complexity with need.
		• Assessment of needs
		  • Complexity
		  • Behavioral Health

Biggest challenges facing a person with I/DD

Social Roles

Rights, duties, expectations, norms and behaviors that a person has to face and fulfill.

Emphasize supporting and empowering people with I/DD to be full participants in community and their lives



Behavioral Health

Focusing on the reciprocal relationship between the holistic view of human behavior and the well-being of the body as a whole entity.

Emphasize use of positive behavior supports to develop skills needed for successful behavioral outcomes.

Physical Health

Focusing on good physical health to to maximize health and well-being.

Emphasize leveraging healthcare services to effectively manage and treat multiple conditions (co-morbidities)

Part III

A. Quality Measure review & selection

- Reviewing frameworks & categorize measures

CQL: Personal Outcome Measures® set

- **My Self** - *Who I am as a result of my unique heredity, life experiences and decisions.* Person-Centered Life Plans
- People are connected to support networks
- People have intimate relationships
- People are safe
- People have the best possible health
- People exercise rights
- People are treated fairly
- People are free from abuse and neglect
- People experience continuity and security
- People decide when to share personal information

Measures in **bold** overlap with group exercise
Underline = first time to review measure

My Dreams - How I want my life (self and world) to be.

- **People choose personal goals**
- People realize personal goals
- **People participate in the life of the community**
- **People have friends**
- People are respected

My World - Where I work, live, socialize, belong or connect.

- **People choose where and with whom they live**
- **People choose where they work**
- People use their environments
- People live in integrated environments
- **People interact with other members of the community**
- People perform different social roles
- People choose services

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CQL Database: Presence of Outcome

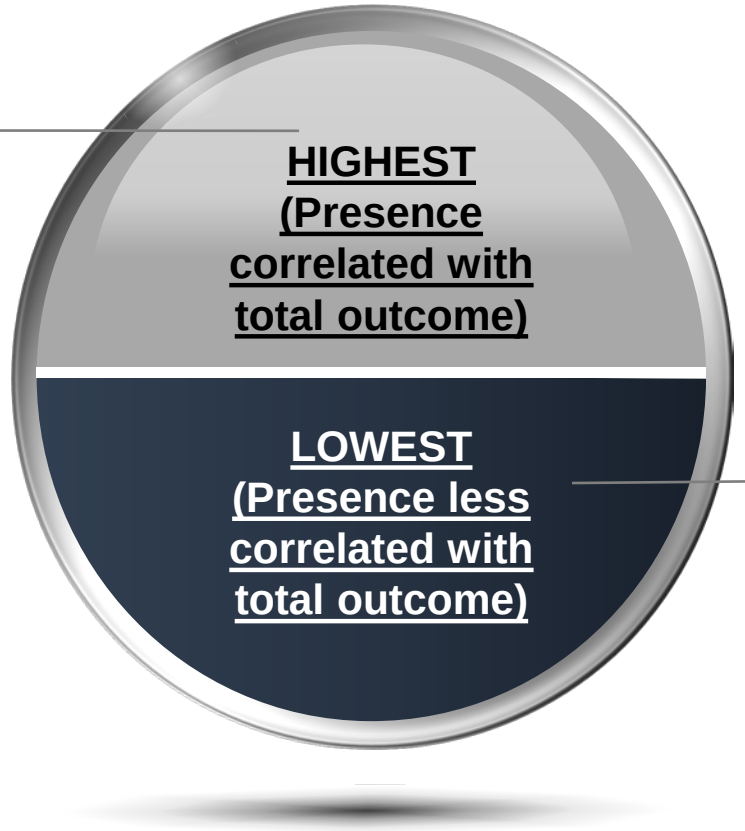
Personal Outcome Measures® January 2010 (N=7,879)	
People are Safe	86.5%
People are Free From Abuse and Neglect	84.0%
People Realize Personal Goals	82.7%
People are Respected	78.7%
People Experience Continuity and Security	78.5%
People Decide When to Share Personal Information	78.2%
People Use Their Environments	76.7%
People have the Best Possible Health	74.4%
People Interact with Other Members of the Community	72.2%
People have Intimate Relationships	70.4%
People Participate in the Life of the Community	70.0%
People Remain Connected to Natural Support Networks	61.7%
People have Friends	56.3%
People are Treated Fairly	55.7%
People Choose Personal Goals	51.3%
People Choose Services	50.3%
People Exercise Rights	49.8%
People Choose Where and With Whom they Live	46.2%
People Choose Where they Work	40.6%
People Live in Integrated Environments	37.5%
People Perform Different Social Roles	32.5%

Source: CQL data compendium available at http://www.c-q-l.org/app/webroot/files/DOCUMENTS/DQ%20-%20Personal%20Outcome%20Measures%20National%20Database.pdf

CQL Analysis: Some Outcomes Correlate Better with Total Care

Exercise rights	.537
Choose where and with whom they live	.528
Treated fairly	.521
Choose where to work	.507
Interact with other members of the community	.500
Perform different social roles	.487

*Not a surprising result as these are reported with lower frequency and are typically harder to achieve



Decide when to share personal information	.332
Have the best possible health	.309
Free from abuse and neglect	.287
Experience continuity and security	.276
Are safe	.189

CQL POMS – Example of Connection to CMS Requirements for HCBS Waiver Settings

REQUIREMENT 4: Optimizes individual initiative, autonomy and independence in making life choices (including daily activities, physical environment, and with whom to interact).

- **CQL Personal Outcome Measures® Data**
  - · POM 5: People exercise rights.
    - *Does the person exercise their right as a citizen to: voice his/her opinion, vote, move about the community, associate with others, practice their religion, access his/her money, make personal decisions, and other rights that are important to him/her*
    - *Have the rights that are important to the person been identified or are there efforts being made to learn about the person's preferences?*
    - *Is the person provided with the support needed to exercise his or her rights?*
    - *Are individualized organizational supports present to support this outcome?*
  - POM 16: People choose services.
    - *Does the person select the services and/or supports that he or she receives?*
    - *Is this outcome present for the individual?*
    - *Are individualized organizational supports present to support this outcome?*

Operational Considerations with CQL POMs

- Use of survey tools in VBP
  - Ensuring adequate sample size
  - Attributing specific group of individuals at the provider level

- Ensuring validity and reliability of the tool
  - Interviewer credentialing and expertise
  - Use of the common data platform

- Minimizing the burden/cost for providers
  - Pay for reporting opportunities
  - Leveraging/Building systemic capability

VBP: Criteria for Selecting Quality Measures

I/DD RELEVANCE

- **Focused on key outcomes of integrated care process**
  - *Outcome measures are preferred over process measures*
  - *Outcomes of the total care process are preferred over outcomes of a single component of the care process*
    - *i.e. the quality of one type of professional's care*
- **For process measures: crucial evidence-based steps in integrated care process that may not be reflected in the person-centered outcome measures**
- **Existing variability in performance and/or possibility for improvement**

RELIABILITY AND VALIDITY

- **Measure is well established by reputable organizations and/or used on a large program scale**
  - *By focusing on established measures in existing programs (e.g., CMS ACO, FIDA-IDD, etc.) the validity and reliability of measures can be assumed to be acceptable.*
- **Outcome measures are adequately risk-adjusted**
  - *Measures without adequate risk adjustment make it impossible to compare outcomes between providers.*

VBP: Criteria for Selecting Quality Measures

FEASIBILITY

- **Claims-based measures are preferred over non-claims based measures (e.g., provider-reported, survey data)**
- **When provider reporting or surveys are required, existing sources must be available**
- **Preferably, data sources be person-level data**
  - *This allows drill-down to person level and/or adequate risk-adjustment.*
  - *When such a measure is deemed crucial, and the infrastructure exists to gather the data, these measures could be accepted.*
- **Data sources must be available without significant delay**
  - *Data sources should not have a lag longer than the claims-based measures (which have a lag of six months).*

KEY VALUES

- **I/DD transformation focus**
  - *Advisory Group Brainstormed Domains:*
    - *Physical Health & Safety*
    - *Behavioral Health*
    - *Personal Goals*
    - *Meaningful Day*
    - *Employment Activities*
    - *Life in the Community*
    - *Social Roles*
    - *Life Goal Attainment*
    - *Satisfaction*
    - *Choice and Self Determination*
    - *Service Matching Need*
    - *Flexibility*

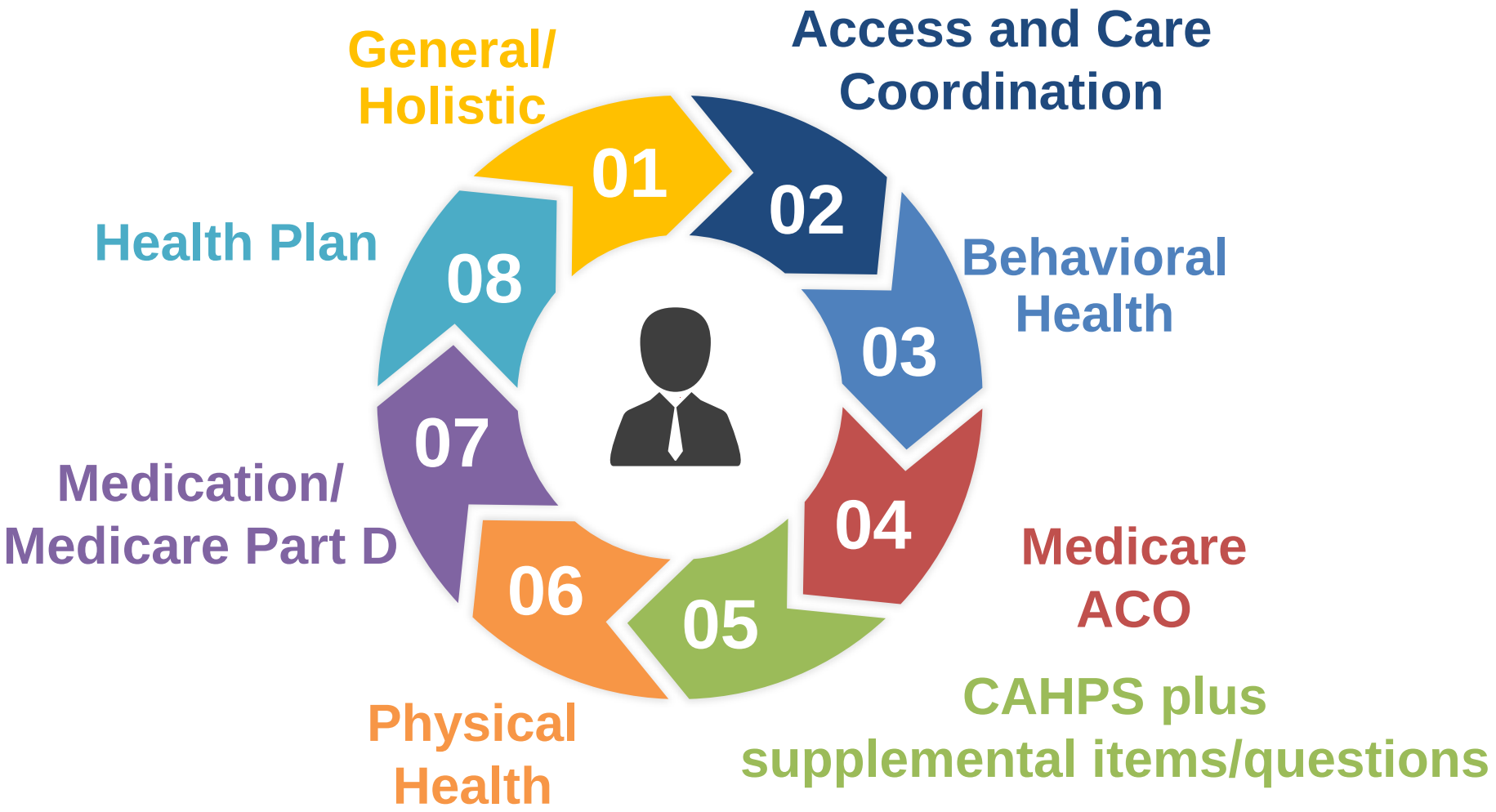
Categorizing and Prioritizing Measures by Category (or 'Buckets')

CATEGORY 1
Approved quality measures that are determined to be both I/DD relevant, reliable and valid, and feasible.

CATEGORY 2
Measures that are I/DD relevant, valid and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the pilot phase.

CATEGORY 3
Measures that are insufficiently relevant, valid, reliable and/or feasible.

FIDA I/DD helps us look at other domains



Note: KPMG defined domains for categorization purposes only

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Other measures considerations

Avoidable Hospitalization

- Acute Care Hospitalization (Percentage of home health episodes of care that ended with the patient being admitted to the hospital)
- Emergency Department Use without Hospitalization
- Emergency Department Use with Hospitalization
- Potentially Avoidable Hospitalizations
    - Primary diagnosis: respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection

Other At-Risk population measures

- Percent of beneficiaries with hypertension whose BP < 140/90 (ACO #28)
- Percent of beneficiaries with IVD with complete lipid profile and LDL control < 100mg/dl (ACO #29)
- Percent of beneficiaries with IVD who use Aspirin or other antithrombotic (ACO #30)
- Beta-Blocker Therapy for LVSD (ACO #31)
- ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD (ACO #33)

Other measures considerations

Medical

- Development of Urinary Tract Infection
- Increase in Number of Pressure Ulcers

Dental

- Oral Evaluation, Dental Services
- Annual Dental Visit (ADV)
- Children Who Have Dental Decay or Cavities
- Children Who Received Preventive Dental Care

Seizure

- Seizure Type(s) and Current Seizure Frequency(ies)

Feeding/Choking

- Improvement in Eating

Other measures considerations

Preventive Health

- Pneumococcal Vaccination (ACO #15)
- Tobacco Use Assessment and Cessation Intervention (ACO #17)
- Depression Screening (ACO #18)
- Colorectal Cancer Screening (ACO #19)
- Proportion of Adults who had blood pressure screened in past 2 years (ACO #21)

Diabetes Composite

- Hemoglobin A1c Control (HbA1c) (<8 percent)* (ACO #22)
- Low Density Lipoprotein (LDL) (<100 mg/dL)* (ACO #23)
- Blood Pressure (BP) < 140/90 (ACO #24)
- Tobacco Non Use (ACO #25)
- Aspirin Use (ACO #26)

Other measures considerations

Weight Control/BMI

- Body Mass Index (BMI) in adults > 18 years of age
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (ACO #16)

OB/GYN

- Mammography Screening (ACO #20)
- Annual cervical cancer screening or follow-up in high-risk women

Other measures considerations

Medication

- Drug Education On All Medications Provided To Patient/Caregiver
- Potential Medication Issues Identified And Timely Physician Contact
- Emergent Care for Improper Medication Administration or Medication Side Effects
- Antipsychotic Polypharmacy Monitoring of three or more agents
- Psychotropic polypharmacy Monitoring

Care Coordination

- Care Transition Record Transmitted to Health Care Professional
- Real Time Hospital Admission Notifications
- Risk stratification based on LTSS or other factors
- Discharge follow –up
- Long Term Care Overall Balance Measure
- Nursing Facility Diversion Measure
- Long Term Care Rebalancing Measure

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Appendix

Measure Descriptions

National Core Indicators™ framework

Topic	Measure Name	Measure Description	Measure Steward
Avoidable Hospitalization	Acute Care Hospitalization	Percentage of home health episodes of care that ended with the patient being admitted to the hospital	CMS
	Emergency Department Use without Hospitalization	Percentage of home health stays in which patients used the emergency department but were not admitted to the hospital during the 60 days following the start of the home health stay.	CMS
	Emergency Department Use with Hospitalization	Percentage of home health episodes of care during which the patient needed urgent, unplanned medical care from a hospital emergency department, immediately followed by hospital admission.	CMS
	Potentially Avoidable Hospitalizations	The Hospitalization is identified as potentially avoidable if the primary diagnosis is any one of the following conditions: heart failure, respiratory infection, electrolyte imbalance, sepsis, anemia, or urinary tract infection.	OQPS
Other At-Risk population measures	Percent of beneficiaries with hypertension whose BP < 140/90 (ACO #28)	The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	NCQA
	Percent of beneficiaries with IVD with complete lipid profile and LDL control < 100mg/dl (ACO #29)	The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had each of the following during the measurement year.	NCQA

Topic	Measure Name	Measure Description	Measure Steward
Other At-Risk population measures	Percent of beneficiaries with IVD who use Aspirin or other antithrombotic (ACO #30)	The percentage of patients 18 years of age and older who were discharged from an inpatient setting with an acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of routine use of aspirin or another antiplatelet during the measurement year.	NCQA
	Beta-Blocker Therapy for LVSD (ACO #31)	Percentage of patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge	AMA-PCPI
	ACE Inhibitor or ARB Therapy for Patients with CAD and Diabetes and/or LVSD (ACO #33)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy	American College of Cardiology

Topic	Measure Name	Measure Description	Measure Steward
Medical	Development of Urinary Tract Infection	Percentage of home health episodes of care during which patients developed a bladder or urinary tract infection.	CMS
	Increase in Number of Pressure Ulcers	Percentage of home health episodes of care during which the patient had a larger number of pressure ulcers at discharge than at start of care.	CMS
Dental	Oral Evaluation, Dental Services	Percentage of enrolled children under age 21 years who received a comprehensive or periodic oral evaluation within the reporting year.	American Dental Association on behalf of the Dental Quality Alliance
	Annual Dental Visit (ADV)	Percentage of patients 2-21 years of age who had at least one dental visit during the measurement year. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract	NCQA
	Children Who Have Dental Decay or Cavities	Assesses if children age 1-17 years have had a toothache, tooth decay or cavities in the past 6 months	The Child and Adolescent Health Measurement Initiative
	Children Who Received Preventive Dental Care	Assesses how many preventive dental visits during the previous 12 months	The Child and Adolescent Health Measurement Initiative
Seizure	Seizure Type(s) and Current Seizure Frequency(ies)	All visits for patients with a diagnosis of epilepsy who had the type(s) of seizure(s) and current seizure frequency for each seizure type documented in the medical record.	American Academy of Neurology

Topic	Measure Name	Measure Description	Measure Steward
Feeding/ Choking	Improvement in Eating	Percentage of home health episodes of care during which the patient got better at feeding self.	CMS
Preventive Health	Pneumococcal Vaccination (ACO #15)	Percentage of patients who ever received a pneumococcal vaccination	NCQA
	Tobacco Use Assessment and Cessation Intervention (ACO #17)	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-convened Physician Consortium for Performance Improvement
	Depression Screening (ACO #18)	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented	CMS
	Colorectal Cancer Screening (ACO #19)	The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer.	NCQA
	Proportion of Adults who had blood pressure screened in past 2 years (ACO #21)	The percentage of adolescents 13 years of age who had a blood pressure screening with results during the measurement year or the year prior to the measurement year.	NCQA

Topic	Measure Name	Measure Description	Measure Steward
Diabetes Composite	Hemoglobin A1c Control (HbA1c) (<8 percent) (ACO #22)	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	NCQA
	Low Density Lipoprotein (LDL) (<100 mg/dL) (ACO #23)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent LDL-C test is <100 mg/dL during the measurement year.	NCQA
	Blood Pressure (BP) < 140/90 (ACO #24)	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	NCQA
	Tobacco Non Use (ACO #25)	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	AMA-convened Physician Consortium for Performance Improvement
	Aspirin Use (ACO #26)	The percentage of patients 18 years of age and older who were discharged from an inpatient setting with an acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of routine use of aspirin or another antiplatelet during the measurement year.	NCQA

Topic	Measure Name	Measure Description	Measure Steward
Weight Control/BMI	Body Mass Index (BMI) in adults > 18 years of age	Percentage of adults 18 years old or older with valid BMI documentation in the past 24 month.	City of New York Department of Health and Mental Hygiene
	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Adult Weight Screening and Follow-up (ACO #16)	Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter. Normal Parameters: Age 65 years and older BMI > or = 23 and < 30 Age 18 – 64 years BMI > or = 18.5 and < 25	CMS
OB/GYN	Mammography Screening (ACO #20)	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	NCQA
	Annual cervical cancer screening or follow-up in high-risk women	This measure identifies women age 12 to 65 diagnosed with cervical dysplasia (CIN 2), cervical carcinoma-in-situ, or HIV/AIDS prior to the measurement year, and who still have a cervix, who had a cervical CA screen during the measurement year.	Resolution Health, Inc.

Topic	Measure Name	Measure Description	Measure Steward
Medication	Drug Education On All Medications Provided To Patient/Caregiver	Percentage of home health episodes of care during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (since the previous OASIS assessment).	CMS
	Potential Medication Issues Identified And Timely Physician Contact	Percentage of home health episodes of care during which the patient's drug regimen was assessed to pose a risk of significant adverse effects or drug reactions and whose physician was contacted within one calendar day (since the previous OASIS assessment).	CMS
	Emergent Care for Improper Medication Administration or Medication Side Effects	Percentage of home health episodes of care during which the patient required emergency medical treatment from a hospital emergency department related to improper medication administration or medication side effects.	CMS
	Antipsychotic Polypharmacy Monitoring of three or more agents	Percentage of individuals on three or more antipsychotics for longer than 90 days	Under development
	Psychotropic polypharmacy Monitoring	Percentage of individuals receiving 4 or more psychotropic's for longer than 90 days	Under development

Topic	Measure Name	Measure Description	Measure Steward
Care Coordination	Care Transition Record Transmitted to Health Care Professional	Percentage of Participants, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge.	AMA-PCPI
	Real Time Hospital Admission Notifications	Percent of hospital admission notifications occurring within specified timeframe.	CMS/State defined process Measure
	Risk stratification based on LTSS or other factors	Percent of risk stratifications using behavioral health (BH)/LTSS data/indicators.	CMS/State defined process measure
	Discharge follow –up	Percent of Participants with specified timeframe between discharge to first follow-up visit.	CMS/State defined process measure
	Long Term Care Overall Balance Measure	Reporting of the percent of Participants who did not reside in a nursing facility for a long stay at the time of enrollment and did not reside in a nursing facility for a long stay during the reporting period.	State-specified measure
	Nursing Facility Diversion Measure	Reporting of the number of nursing home certifiable Participants who lived outside the nursing facility (NF) during the current measurement year as a proportion of the nursing home certifiable Participants who lived outside the NF during the previous year.	CMS
	Long Term Care Rebalancing Measure	Reporting of the number of Participants who were discharged to a community setting from a NF and who did not return to the NF during the current measurement year as a proportion of the number of Participants who resided in a NF during the previous year.	State-specified measure

Group Exercise

Group Exercise – Quality Measure Domains

	Identified Domains	
	Want employment/Personal goals/Meaningful day/Activities	**Life in Community**
Identified Value	Increase employment opportunities.	Effectiveness – amount of time a person is engaged in community.
	Do I have a job?	Transition to less restrictive settings.
	Employment vocation.	Are you apart of your community (society)?
	Satisfying work.	Patterns of care.
	Am I satisfied with my job?	Time in community.
	Want employment.	Increased time in community integration (patterns of care).
		Friends not paid to be with them.
		It least restrictive desired
		Am I feeling included in a community of my choosing?
		Friends – true relationships.
		Friendships/ employment/ community investment.
		Do you have friends? Do you want friends?

Group Exercise – Quality Measure Domains

	Identified Domains	
	Social Roles	**Life Goal Attainment/Satisfaction**
Identified Value	3rd level facility, social network & connect.	Person satisfaction: - Likes day/employment - Where they live - Social life - Happy with staff
	Participation & activities with non-paid staff.	Self-image & confidence.
	Have relationships with and outside of paid staff.	What makes you happy?
	Do I have friends?	It is about well-being outcomes for an individual: - Positive emotion - Engagement - (Positive) relationships - Meaning - Accomplishments
	4th level social role development, employment, volunteer-associated life.	Life goal attainment.
	People should be happy: - Treated with respect - Job is volunteer experience	Achievement of personal goals.
		Customer satisfaction.
		Happiness/well-being.
		Satisfaction (via CAHPS from NCQA).
		Constantly stretching & re-evaluating with circle on the goals & desired outcomes & learning what's possible.

Group Exercise – Quality Measure Domains

	Identified Domains	
	Choice & Self-Determination/Flexibility	**Safety & Health**
Identified Value	Care in a least restrictive environment (LRE).	Workforce performance measures/stability.
	Live where they choose.	Well-trained workforce.
	Voice choice.	Have you received all/most recommended preventive health services or screenings?
	Informed decision-making.	Have you, through the care coordination & services received, ben able to avoid a preventable hospitalization or visit to the E.R.?
	Connected to job of choice & satisfaction.	Happy, comfortable & safe people.
	Skills acquired that person elects.	Use of IOM quality measure – safe, timely, effectiveness, efficiencies, equitable, patient-centered.
	Provider creativity.	HEDIS.
	Can I do what I want to do in my life?	1st level foundational supports – housing, safety nutrition.
	2nd level degree to which we act in partnership with the person.	Reduction in unnecessary hospitalizations.
	Self-determination.	Have a healthy life.
	People should be provided with experiences they enjoy.	Stability of care.
	Does staff listen to me?	People should be healthy; receive coordinated health.
	People should have (informed) choice/community choice involvement.	Health – avoidance of over-treatment.
	Am I living where I want to?	
	Peoples' rights are honored.	
	Live in place of choice either alone or with others.	
	Real choice People should have individual rights.	

Group Exercise – Quality Measure Domains

	Identified Domain
	Service Matching Need/Flexibility
Identified Value	Assessment of needs – measure of: - Complexity - Behavioral Health
	Most complex & challenged persons have as much opportunity as others.
	Acuity of need complexity with need.
	Equity.
	(Reporting) How many providers are meeting quality metrics?
	(Reporting) In Year 2019-2020, how many providers receive an upside shared savings? What is the amount of shared savings?

Member Feedback

Member Feedback

Provider Organizations: the Context of Quality and Value

"The traditional view of quality has been what professionals and government determine what quality looks like. Another approach to quality is emerging in human services, and it is being re-defined by those who rely on the services. The principal value of this person-centered alternative compared with professionally defined quality is that all people, including those who receive services, have the right to define and control their own quality of life to the extent that they are able to do so.

A provider organization which embraces this value looks at quality principally from the perspective of the customer of their services. Under this rubric, organizational success is defined not as generating greater fees for more services or simply meeting standards compliance defined by outside experts, but rather by a collection of personal outcome measures.

The steps to success in enabling personal outcomes are a process of learning and discovery about what is important to a person, using a person-centered planning process that ensures rights, organizes resources and supports to facilitate an outcome, and measuring if and how-well an outcome is achieved.

Viewing quality as achieving personal outcomes answers the fundamental question: 'What difference do your services mean to me?'"

Member Feedback (continued)

Provider Organizations: the Context of Quality and Value (continued)

By extension, the commitment to a person-by-person-centered definition of quality can change the organization itself. Like individual people, organizations become what they pay attention to. Focusing on service recipients as people whose lives can be as self-determined as anyone else's becomes what matters.

If culture is the personality of an organization and its style of group behavior exemplifies person centeredness as that which matters, then culture development becomes a deliberate exercise.

In an organization that decides that its success rests on personal outcomes, there will be a concomitant shift in the locus of power from executive to person supported. In this sense, the person with a disability becomes the most important person in the system. Logically and strategically, the next most important person is the one rendering direct support, and so on as supports are more remote from the person with a disability.

Such a culture shift is an act of courageous leadership. This change is not simply virtuous but also necessary for organizational success. Good intentions, fashionable rhetoric, and mountains of data are irrelevant if leaders do not make personal outcomes happen.

Old style quality assurance that measures things—units of service, qualifications of staff, compliance with industry standards and record-keeping—will become, at best, secondary.

Being seen as a valued organization requires more than meeting bank covenants, industry ratios and growing market share. It means exceeding service expectations through a can-do inclusive culture that equips staff with the ethics and skills to provide high quality supports.

Strategically aligning organizational performance with attaining personal outcomes is the definition of success. It is also our mission—helping people lead richer lives.

Member Feedback (continued)

Draft Performance Measures

- Domain Thinking and Practice
  - Council on Quality and Leadership (CQL) Personal Outcome Measures (POMs) Domains
  - National Core Indicators (NCI) Domains
    - Individual information (includes acuity factors for risk adjustment)
    - Personal Satisfaction
    - Proxy respondent, circle of support
    - Workforce stability metrics
  - OPWDD Quality Oversight Measures by Domains
    - Individual Level- Health, Functional Status, POMs
    - Provider Organizational Level - Survey / Certification Protocols; Agency Quality Performance
    - Managed Care Organizational Level - Care Coordination Review Measures; Satisfaction; National Core Indicators
    - System Level- Waiver Assurances; Transformation Agreement; Quality Strategy; Accountability Plan
  - CMS Domains for acute care- CMS released Value Based Purchasing in 2011
    - For 2017, CMS released 21 measures in 4 Domains worth 100 points
      - 30% for Clinical Outcomes (25) and Clinical Process (5)
      - 25% for Patient Experience with Care (HCAHPS) satisfaction (e.g., communication, cleanliness, pain management)
      - 25% for Fiscal Efficiency
      - 20% for Safety

Member Feedback (continued)

Draft Performance Measures (continued)

- Assuming a forthcoming decision on how managed care entities take on risk and assign risk, consider VBP for IDD services using a 100-point domain-based measurement. For example,
  - 40% for person-served satisfaction measures (e.g., create a core indicators tool that combines the concepts in the NCI Adult Survey combined with CQL POMs interview questions that cover individual outcomes, satisfaction, self-determination, community inclusion, employment, health, rights, and system performance) because satisfaction is a high level indicator of performance in outcome areas;
  - 20% for national accreditation achievement and maintenance (e.g., CQL, COA, CARF, and Joint Commission demonstrate a willingness to be measured against inter/national standards relevant to the services);
  - 20% for workforce metrics (e.g., using the Univ. of MN staff stability instrument coupled with the DSP core competencies performance records; other competency-based credentials, licensures and certifications because quality services are defined by the staff who deliver them); and
  - 20% for proportional metrics demonstrating on-going performance achievement in key areas such as HCBS rule, person-centered planning/services/system, alternatives to congregate housing and day services, and other performance measures that align with OPWDD's current system transformation goals.

Member Feedback (continued)

Draft Performance Measures (continued)

Creating measures within each of the domains, consider including

- Individual information that registers acuity factors for risk adjustment - Types and intensity of developmental disabilities; Level of physical health; Level of behavioral health
- Process measures, such as
  - Organizational quality improvement plan
  - Collecting POMs data
  - Training staff to be certified CQL reviewers
  - Use of POMs data to inform PC plan
  - Use of electronic record keeping – Health; Service data; Care coordination; System of nursing triage
- Outcome measures, such as
  - POMs data report and achievements
  - Percent of self-direction
  - Percent of competitive employment
  - Percent of credentialed DSP workforce
  - Percent of DSP 6-months and annual turnover
  - Rate of falls and injuries
  - Rate of confirmed abuse / neglect
  - Rate of restrictive interventions
  - Rate of ER usage and hospitalizations
  - Number and severity of medication errors

Member Feedback (continued)

VBP Recommendations

For the purposes of Value Based Payments individuals there should be two different groupings of individuals with each group having its own outcomes. Group 1 is for those who are significantly dependent on nursing care. Group 2 is for all other individuals.

The suggestions below pertain to Group 1 but could also apply to Group 2. Given the range of capability in this group some factor should be built in for acuity, i.e. getting a job for an individual with complex needs should have a higher value.

Value Based Payments should be given based on factors specified in the domains of Living, Working and Relationships. These domains reflect Long Term Supports and Services only. Here too there should be an acuity factor built, i.e. given the difficulties in finding housing changes which reduce the size of home should be rated highly. Health and Safety components should also be included. Listed below are measures to be considered in VBP.

Member Feedback (continued)

Listed below are measures to be considered in VBP

1. Living
    a. Individuals have chosen where and with whom to live
    b. Average number of people a provider has living together
    c. Average number of hours of staff time an individual has
    d. Individuals exercise their rights
2. Working
    a. Number of hours an individual works in a week
    b. The person chose where to work
3. Relationships
    a. The amount of time people spend with other people who are not paid to be with them
    b. People perform a variety of social roles

Member Feedback (continued)

A tiered baseline for payment

Reward payments would be based on improvement. A baseline should be created upon which each provider will be gauged. This baseline will reveal that providers are at different places. A series of ranges would then be developed for high, medium and low performing providers. Those providers who are more exemplary (in the high range) should not have to improve as much to gain a VBP. Some providers may have already reached a place where they have gotten as far as can be expected (i.e. a one to one staffed Day Hab Without Walls program) and some consideration should be given to them in looking at payment.