

RE: NQF MAP Strategic Plan and Proposed Families of Measures Feedback

To: measureapplications@qualityforum.org

CC: Connie Hwang, M.D., M.P.H., Vice President, Measure Applications Partnership
Sarah Lash, MS, Senior Program Director, Strategic Partnerships and Staff to the
Workgroup on Persons Dually Eligible for Medicare and Medicaid

July 27, 2012

I am submitting these comments as a new member of the NQF MAP Workgroup on Persons Dually Eligible for Medicare and Medicaid.

My participation in the workgroup is on behalf of the Medicaid Disability Managed Care Collaborative, Consortium for Citizens with Disabilities (CCD) ad hoc Task Force on State Medicaid Implementation co-chairs, and CCD Task Force on Long Term Services and Supports (LTSS) co-chairs. Because of the short turn-around time (learned of the comment deadline on Monday's MAP webinar meeting - with comments due Friday), I have shared these comments with these colleagues but given vacation schedules and short times frames, these are my personal observations and not Collaborative or Consortium endorsed comments. These comments are consistent with our previously developed and agreed-upon principles and approaches. These organizations are listed at the end of these comments.

Commend 2013 Proposed Families of Measures

The recommended 2013 proposed families of measures are important, timely, and relevant – affordability, population health, patient-and-family centered care, and mental health.

The organization that I work for – American Association on Health and Disability (AAHD) (www.aahd.us) - is a CDC (Centers for Disease Control and Prevention) funded partner to improve the health and wellness of persons with disabilities. I will bring these resources into the MAP discussions.

I serve on the SAMHSA Wellness Campaign national steering committee. I will bring these resources into the MAP discussions.

MAP Identification of Gaps

The Collaboration and Consortium have identified six gaps in existing quality standards as they directly relate to persons with disabilities. These are:

1. Consumer Choice and Participant-Directed Services
2. Satisfaction: Individual Experience with Services and Supports
3. % in employment or meaningful day activity

4. % in independent housing – Consumer choice, housing appropriateness, stability
5. Integrated primary and specialty care
6. Access to timely and appropriate care

Two existing measurement systems are utilized by some programs that provide long term services and supports for persons with intellectual and other developmental disabilities. The National Core Indicators (NCI) is a project of the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and Human Services Research Institute (HSRI). The Personal Outcome Measures is a product of the Council on Quality and Leadership (CQL). The indicators included in these products may provide investigators with building blocks toward development of quality measures that could ascertain whether services ensure consumer choice, participant-direction, and individual satisfaction. These systems ask consumers appropriate questions about consumer-choice, participant directed services, and consumer experience and satisfaction. These systems address the six gaps listed above.

We suggest use of a CCD Task Force on Health and CCD Task Force on LTSS endorsed recommendation - health plans use of third-party, independent, consumer and family operated monitoring teams to assist in determining individual experience with services and supports. These programs are operational in Maryland, Massachusetts, Pennsylvania, and Wisconsin in the area of mental illness. **The process for engaging consumers and their families and obtaining program and system feedback is as important as the actual measures themselves.**

On behalf of the Collaborative and Consortium, I am committed to bringing a cross-disability perspective into the work of NQF MAP. I have recently outreached to the Centers for Independent Living movement to learn their consumer and family engagement around quality experience. I am studying the “Cash and Counseling Program” experience for implications of consumer engagement and quality and working with the National Resource Center for Participant-Directed Services (NRCPDS).

MAP Framework for Aligned Performance Measurement

I commend:

1. “Working with communities to promote”...”healthy living” and “best practices.” I commend to you the SAMHSA Wellness Campaign.
2. “Ensuring that each person and family is engaged as partners in their care.”
3. “Promoting effective communication and coordination of care.”
4. “Making quality of care more affordable for....by spreading new health care delivery models.”

The Collaborative and Consortium will strive to assist NQF to “determine if MAP recommendations are meeting stakeholder needs.” We agree with the MAP goal to “achieve improvement, transparency, and value.”

Care Coordination Measure Family

We agree with the six proposed MAP elements for care coordination. However, our frame of reference is different than the traditional medical model and academic orientation and we plan to bring a different frame of reference to these elements. Our framework is the independent living model and we will be sharing the differences in these paradigms. Specifically:

1. Avoidable admissions and readmissions – we will bring the context of the Olmstead Supreme Court Americans with Disabilities Act (ADA) requirements into this element.
2. System and Infrastructure Support – we will bring the context of Olmstead into this element.
3. Patient Surveys related to Care Coordination – we will bring the independent, 3rd party, consumer and family monitoring teams into this element.
4. Care transitions – we will bring the context of Olmstead into this element.
5. Communication - we will bring the independent, 3rd party, consumer and family operated monitoring teams into this element.
6. Care Planning – we will bring consumer choice and participant-directed service approaches into this element.

Medicaid Disability Managed Care Collaborative:

Maureen Fitzgerald - the Arc

Denise Rozell - Easter Seals

Laura Summer – Georgetown University Health Policy Institute working with Easter Seals

Sita Diehl – NAMI (National Alliance on Mental Illness)

Angela Kimball - NAMI

Clarke Ross - AAHD (American Association on Health and Disability)

Roberta Carlin - AAHD

Consortium for Citizens with Disabilities (CCD)

CCD ad hoc Task Force on State Medicaid Implementation Co-Chairs:

Joe Caldwell – National Council on Aging

Meg Cooch – Lutheran Services in America

David Heymsfeld – American Association of People with Disabilities (AAPD)

Theresa Morgan – ACCSES

Consortium for Citizens with Disabilities (CCD)

CCD Task Force on Long-Term Services and Supports Co-Chairs:

Meg Cooch – Lutheran Services in America

Maureen Fitzgerald – the Arc

Lee Page – Paralyzed Veterans of America

Thank you for your consideration.

Sincerely,

Clarke Ross, D.P.A.

Policy Associate, American Association on Health and Disability

CCD Task Force on LTSS representative to the NQF workgroup on persons dually eligible for Medicare and Medicaid

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Editorial FYI: I serve on the SAMHSA Wellness Campaign national steering committee. I briefed the committee to the work of the NQF “Dual eligible beneficiaries workgroup.” Several peer wellness specialists prefer “person first” language – “persons dually eligible for Medicare and Medicaid.” Thus, my use of the person first language.