Deadline looms for comments on measures for dual eligibles

by Clarke Ross, D.P.A.

Editor’s Note: January 30 is the deadline for comments on quality measures for persons dually eligible for Medicare and Medicaid.

The National Quality Forum (NQF), a nonprofit membership organization created to develop and implement a national strategy for healthcare quality measurement and reporting, builds consensus on national priorities and goals for performance improvement. The NQF has released its interim report to the Centers for Medicare & Medicaid Services (CMS) on quality measures for persons dually eligible for Medicare and Medicaid.


The September 17, 2012 Mental Health Weekly column “Disability inclusion in the National Quality Forum” provided an introduction to the NQF and its workgroup on persons dually eligible for Medicare and Medicaid. Roughly 3.4 million of the 9 million people dually eligible are people with disabilities under the age of 65.

According to the NQF interim report, the NQF workgroup on persons dually eligible for Medicare and Medicaid is “population-centered,” compared with other federal measurement programs focused on “single settings of care or types of services.” Here are other highlights of the report (pp.9–30):

1. The NQF workgroup recognizes the importance of “quality measurement in long-term services and supports” rather than long-term “care.”

2. The NQF workgroup uses stratification, “a method used to examine the results associated with distinct groups within a broader population.”

3. The NQF workgroup is working on an “Evolving Core Measure Set” focusing on “families of measures” (related measures and measure gaps that span programs, care settings, levels of analysis and populations)

4. The NQF workgroup has identified four “high-need” populations: persons with physical and sensory disabilities; persons with medically complex conditions age 65 and over; persons with serious mental illness and/or substance abuse disorders; and persons with cognitive disabilities, including those with intellectual and other developmental disabilities. The workgroup also recognizes the co-occurrence and connection between persons with these labels. These are areas to be developed, not areas with solid existing standardized measures.

5. The NQF workgroup recognized the importance of “self-direction.”

6. The NQF workgroup recognized the importance of the following “measure gaps.” (These are considered “measure gaps” because they generally lack a “strong empirical evidence base” and are not currently administered in a standardized way):

- Home and community-based settings.
- Sensitive to healthcare disparities.
- Independent living skills.
- Stable housing.
- Self-determination.
- Goal-directed person-centered planning and implementation.
- Connect health system to long-term services and supports (LTSS).

7. The NQF workgroup is working with another NQF workgroup to use “patient/consumer/person” terminology in reference to “patient reported outcome measures;” however, it has been largely unsuccessful in convincing them of that change.

8. The NQF workgroup believes the most important measure gaps are coordination of clinical care and factors outside the health system.

9. Role of proxy responses.


14. Parsimony. Ideally, a set should include the smallest possible number of measures to achieve a program’s objectives. The NQF does recognize a point made by the Consortium for Citizens with Disabilities (CCD): “Using too few measures will leave stakeholders with only an unclear picture of results and insufficient information.”

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With the exception of employment, the NQF interim report addresses the CCD objectives.

Clarke Ross, D.P.A., is a member of the National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (www.qualityforum.org); an NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports (www.cc-d.org); policy associate for the American Association on Health and Disability (www.aahd.us); and member of the SAMHSA Wellness Campaign National Steering Committee (http://promoteacceptance.samhsa.gov/10by10).