

HEALTH MANAGEMENT ASSOCIATES

*Essential Attributes of a
High-Quality System of
Care for Adults with
Complex Care Needs*



What Matters Most: Essential Attributes of a High-Quality System of Care for Adults with Complex Care Needs

+ [Full Report](#)

+ [Policy Brief](#)

■ WEBINAR SPEAKERS

- + Bruce Chernof, MD, FACP, *President & CEO, The SCAN Foundation*
- + Sarah Barth, JD, Principal, *Health Management Associates*
- + Tracy A. Lustig, MPH, DPM, *Senior Director, National Quality Forum*
- + Kathleen Giblin, RN, Senior Vice President of Quality Innovation, *National Quality Forum*
- + Jessica Briefer French, Assistant Vice President, Research, *National Committee for Quality Assurance*

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Q&A

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▼ Q&A

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■ AGENDA

- +Introductory Remarks from The SCAN Foundation
- +The Essential Attributes
- +Essential Attributes in Practice & Moving Forward
- +Discussion and Q&A



Introductory Remarks

Bruce Chernof, MD, FACP

President & CEO, The SCAN Foundation



Essential Attributes

Sarah Barth, JD

Principal, Health Management Associates

ESSENTIAL ATTRIBUTES WORKING GROUP



- + The SCAN Foundation convened diverse experts representing the interests of adults with complex care needs
- + Federal officials working on relevant programs and representatives of other foundations with related interests participated as ex-officio members



■ WORKING GROUP GOAL & KEY DEFINITION

+Goal:

+*Develop consensus on the Essential Attributes of a high-quality system of care that supports system transformation and evaluation, and is from the vantage point of adults with complex care needs*

+Adults with Complex Care Needs:

+Individuals having two or more mental and/or physical chronic conditions, and additional functional limitations that collectively have an effect on health status and quality of life

■ WORKING GROUP PROCESS



- + Included:
 - + A comprehensive literature review
 - + Individual interviews with each working group member and select ex-officio members
 - + Three meetings of the working group and ex-officio members to develop consensus around the Essential Attributes
- + Identified the importance of formalizing approaches to considering the needs of family/caregivers as essential

■ WORKING GROUP MEMBERS

Name	Role, Agency
G. Lawrence Atkins	Executive Director, Long Term Quality Alliance
Melanie Bella	Independent Consultant
Rich Bringewatt	Co-Founder & CEO, National Health Policy Group Co-Founder & Chair, SNP Alliance
Helen Burstin	Chief Scientific Officer, National Quality Forum
Jennifer Dexter	Assistant Vice President, Government Relations, Easter Seals
Lynn Friss Feinberg	Senior Strategic Policy Advisor, AARP Public Policy Institute
Allison Hamblin	Vice President for Strategic Planning, Center for Health Care Strategies, Inc.
Jennifer Goldberg	Directing Attorney, Justice in Aging
Alice Lind	Manager, Grants and Program Development, Washington State Health Care Authority
Debra Lipson	Senior Fellow, Mathematica Policy Research
Deidre Gifford	Director of State Policy and Programs, National Association of Medicaid Directors
Margaret E. O’Kane	President, National Committee for Quality Assurance
Pam Parker	Medicare-Medicaid Integration Consultant, Minnesota Department of Human Services
Carol Regan	Senior Advisor, Community Catalyst, Center for Consumer Engagement in Health Innovation

EX-OFFICIO MEMBERS & ADDITIONAL PARTICIPANTS

Name	Role, Agency
Gretchen Alkema	Vice President of Policy & Communications, The SCAN Foundation
Eliza Navarro Bangit	Director, Office of Policy Analysis and Development, Administration for Community Living, Department of Health and Human Services (HHS)
Stephen Cha	Director, State Innovations Group, Centers for Medicare & Medicaid Services (CMS)
Bruce Chernof	President & CEO, The SCAN Foundation
Tim Englehardt	Director, State Innovations Group, CMS
Marcus Escobedo	Senior Program Officer, The John A. Hartford Foundation
Susan Mende	Senior Program Officer, Robert Wood Johnson Foundation
MaryBeth Musumeci	Associate Director, Kaiser Commission on Medicaid and the Uninsured
Lisa Patton	Division Director, Center for Behavioral Health Statistics & Quality, Substance Abuse and Mental Health Services Administration (SAMHSA)
Nidhi Singh Shah	Health Policy Analyst, CMS/Center for Clinical Standards and Quality
Stephanie Gibbs	Senior Program Officer, Center for Health Care Strategies, Inc.
Erin Giovanetti	Research Scientist, Performance Management, National Committee for Quality Assurance
Ann Hwang	Director, Community Catalyst, Center for Consumer Engagement in Health Innovation ¹⁴

■ EX-OFFICIO MEMBERS & ADDITIONAL PARTICIPANTS

Name	Role, Agency
Wally Patawaran	Program Officer, The John A. Hartford Foundation
Kali Peterson	Program Officer, The SCAN Foundation
Diane Rowland	Executive Vice President, Kaiser Family Foundation Executive Director, Kaiser Commission on Medicaid and the Uninsured
René Seidel	Vice President of Programs and Operations, The SCAN Foundation
Emily Zyborowicz	Manager, Research & Identification, Peterson Center of Healthcare

■ WORKING GROUP SIGN-ON

- + A majority of the working group members signed onto the Essential Attributes, meaning that they:

Affirm their support and commit to advancing the Essential Attributes produced through the consensus process



ESSENTIAL ATTRIBUTES OVERARCHING GOAL STATEMENT



+ *Individuals are able to live their lives with services and supports reflecting their values and preferences in the least restrictive, most independent setting possible with access to a delivery system that respects and supports their choices and decisions*

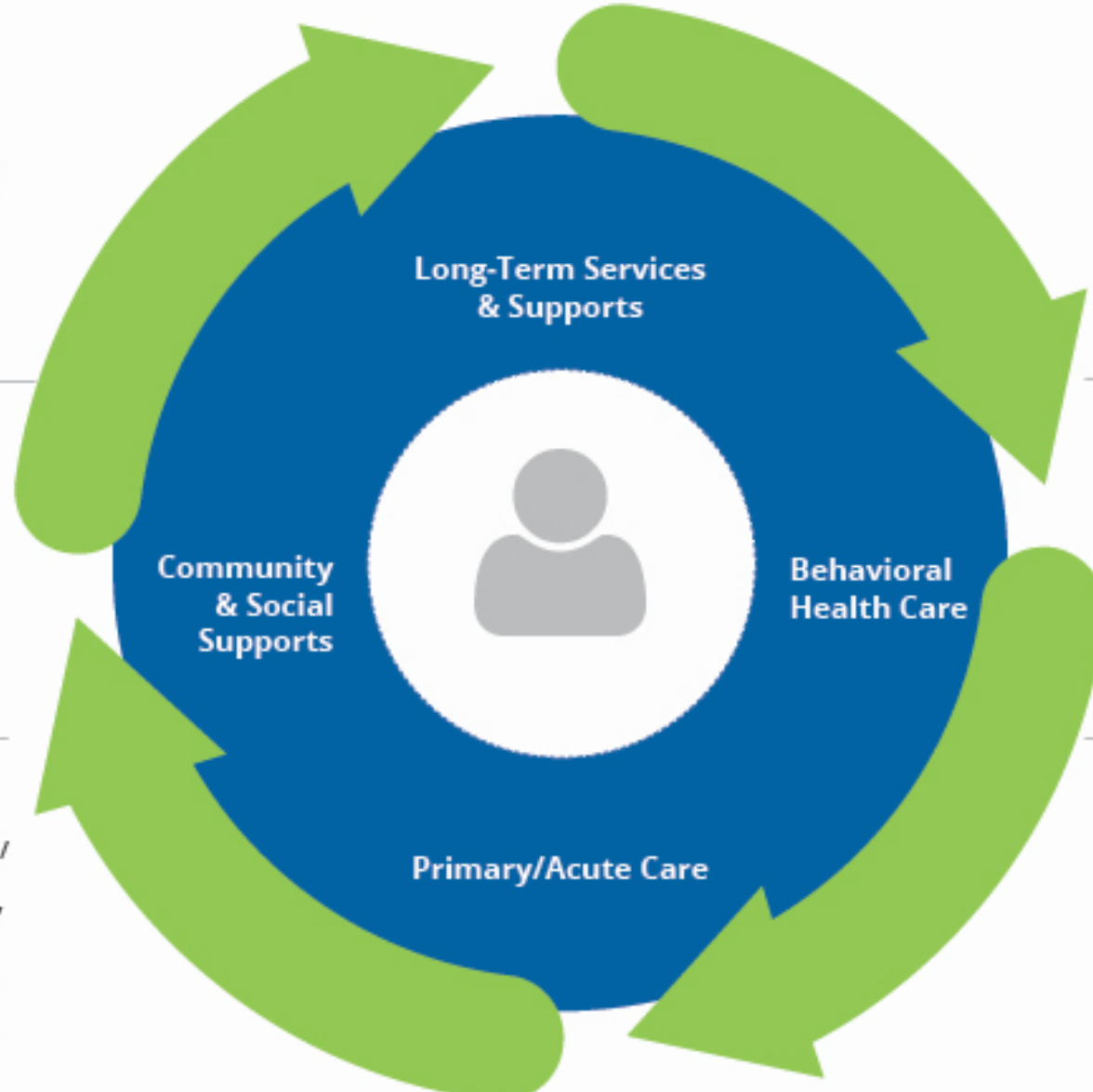
HIGH-QUALITY SYSTEM FOR ADULTS WITH COMPLEX CARE NEEDS

Attribute 1:

Each individual's range of needs and goals, both medical and non-medical, as well as for family/caregivers, are identified and re-evaluated on an ongoing basis to drive care plans.

Attribute 2:

Each individual's needs are addressed in a compassionate, meaningful, and person-focused way and incorporated into a care plan that is tailored, safe, and timely.



Attribute 4:

Individuals and their family/caregivers continually inform the way the delivery system is structured to ensure that it is addressing their needs and providing resources tailored to them.

Attribute 3:

Individuals have a cohesive, easily navigable delivery system so that they can get the services and information they want by themselves or with support when needed, and avoid the services they do not need or want.

■ ATTRIBUTE 1

What Matters Most: Essential Attribute 1



Each individual's range of needs and goals, both medical and non-medical, as well as for family/caregivers, are **identified and re-evaluated** on an ongoing basis to drive care plans.

#HealthCareQuality

■ ATTRIBUTE 2

What Matters Most: Essential Attribute 2



Each individual's needs are addressed in a compassionate, meaningful, and **person-focused way** and incorporated into a care plan that is tailored, safe, and timely.

#HealthCareQuality

■ ATTRIBUTE 3

What Matters Most: Essential Attribute 3



Individuals have a cohesive, **easily navigable delivery system** so that they can get the services and information they want by themselves or with support when needed, and avoid the services they do not need or want.

#HealthCareQuality

■ ATTRIBUTE 4

What Matters Most: Essential Attribute 4



Individuals and their family/caregivers **continually inform** the way the delivery system is structured to ensure that it is addressing their needs and providing **resources tailored** to them.

#HealthCareQuality

■ ESSENTIAL ATTRIBUTES

The
Essential
Attributes
aim to:

- Support system transformation and evaluation, as well as core elements in the functioning of such a system
- Help guide future efforts to develop quality measures that capture the goals, preferences, and desired life outcomes of adults with complex care needs

■ ESSENTIAL ATTRIBUTES IN PRACTICE

Attribute	Practical Example
1. Needs and Goals Drive Care Plans	<ul style="list-style-type: none"> • NQF Case Studies Project • NQF Home & Community-Based Services Project • NCQA Case Management - LTSS Accreditation Standards: Assessment Process
2. Address Needs in a Compassionate, Meaningful, and Person-Focused Way	<ul style="list-style-type: none"> • NQF Case Studies Project • NCQA Case Management - LTSS Accreditation Standards: <ul style="list-style-type: none"> • Person-Centered Care Planning & Monitoring
3. Cohesive, Easily Navigable Delivery System	<ul style="list-style-type: none"> • NCQA Case Management - LTSS Accreditation Standards: <ul style="list-style-type: none"> • Person-Centered Care Planning & Monitoring • Care Transitions
4. Individual & Family Caregiver Input	<ul style="list-style-type: none"> • NCQA Case Management - LTSS Accreditation Standards: <ul style="list-style-type: none"> • Measurement & Quality Improvement • Rights & Responsibilities • State Specific Initiatives: <ul style="list-style-type: none"> • Financial Alignment Demonstrations • AZ ALTCS RFP, released November, 2016 • Colorado Access Town Hall Meetings



Essential Attributes in Practice and Moving Forward

--Tracy A. Lustig, MPH, DPM

Senior Director, NQF

--Kathleen Giblin, RN

Senior Vice President, Quality Innovation, NQF

--Jessica Briefer French, MHSA

Assistant Vice President, Research, NCQA

■ WHAT IS THE NATIONAL QUALITY FORUM (NQF)?

NQF is an independent, nonprofit, membership organization that brings together all stakeholders working to improve health and health care through **quality measurement**.

■ HOW DOES NQF IMPROVE QUALITY?

- + Reviews, prioritizes, and endorses measures
- + Recommends measures for federal programs
- + Serves as a trusted advisor to the U.S. government on federal policy development
- + Identifies what works and what doesn't in measurement
- + Identifies measure gaps
- + Accelerates measure development

■ CASE STUDIES PROJECT: OBJECTIVES

- + Examine how communities serving adults with complex care needs collect, analyze, and combine health system and social services system data to support one of the Essential Attributes
- + Identify exemplar communities
- + Outline lessons learned

■ CASE STUDIES PROJECT: FINDINGS

- + Many communities are working to improve quality, but most are only in the early stages of learning how to access or integrate various sources of data and not yet at the point of measuring quality
- + Most of the communities examined focus on identifying individual needs and goals, both medical and nonmedical (Essential Attribute 1), and some are beginning to address these needs through person-centered care plans (Essential Attribute 2)
- + Very little evidence of communities addressing Essential Attributes 3 or 4

■ CASE STUDIES PROJECT: LESSONS LEARNED

+ Previous NQF Work

- + Home and Community-Based Services (consumer voice)

+ Key Informants

- + Pressing need for measure development in this area

+ Overall Themes

- + Many communities are using data in innovative ways
- + Data-sharing capabilities vary
- + **Community collaboration is essential**
- + Medically-oriented outcomes dominate
- + ****Great opportunities for growth in measure development**

POTENTIAL NQF MEASURE INCUBATOR PROJECT

Despite the widespread use of healthcare measures, there are many areas that still do not have enough or the right kinds of quality measures to drive improvement

The Measure Incubator™ nurtures the development of needed measures by connecting groups interested in particular measure concepts with measure development experts, patients, financial and technical resources, and data



EXISTING PROJECTS WITH POTENTIAL CROSSOVER

- Social Determinants of Health (coming in 2017)
- Advanced Illness Care (coming in 2017)
- *Or...a new Measure Incubator project*

POTENTIAL NATIONAL QUALITY PARTNERS EFFORT

NQP collaborates through “action teams” to catalyze and accelerate improvement on the priorities and goals of the National Quality Strategy to improve quality, improve health, and reduce health care costs



It maximizes the impact of high-leverage drivers—payment, public reporting, consumer engagement, accreditation, certification, and quality measurement—that each organization brings to bear

ACTION TEAMS WITH POTENTIAL CROSSOVER

Focus on action and implementation using a multistakeholder, collaborative approach

- Advanced Illness Care (current)
- Depression (coming in 2017)
- Shared Decision-Making (coming in 2017)
- *Or... a new Action Team*

WHAT IS THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)?

Private, independent non-profit health care quality oversight organization
founded in 1990

MISSION

To improve the quality of health care.

VISION

*To transform health care through
quality measurement, transparency, and accountability.*

ILLUSTRATIVE PROGRAMS

- * HEDIS – Healthcare Effectiveness Data and Information Set
- * Health Plan Accreditation * Multicultural Healthcare Distinction
- * Disease Management * Utilization Management & Credentialing Certification
- * Wellness & Health Promotion Accreditation * Health Plan Rankings * Case Management –LTSS Accreditation
- * ACO Accreditation * Patient-Centered Medical Home * Patient-Centered Specialty Practice
- * Patient-Centered Connected Care * Diabetes Recognition * Heart/Stroke Recognition

■ TWO WORK STREAMS

Building capacity



Disseminating best practices

Person-driven outcome measures assess individualized outcomes

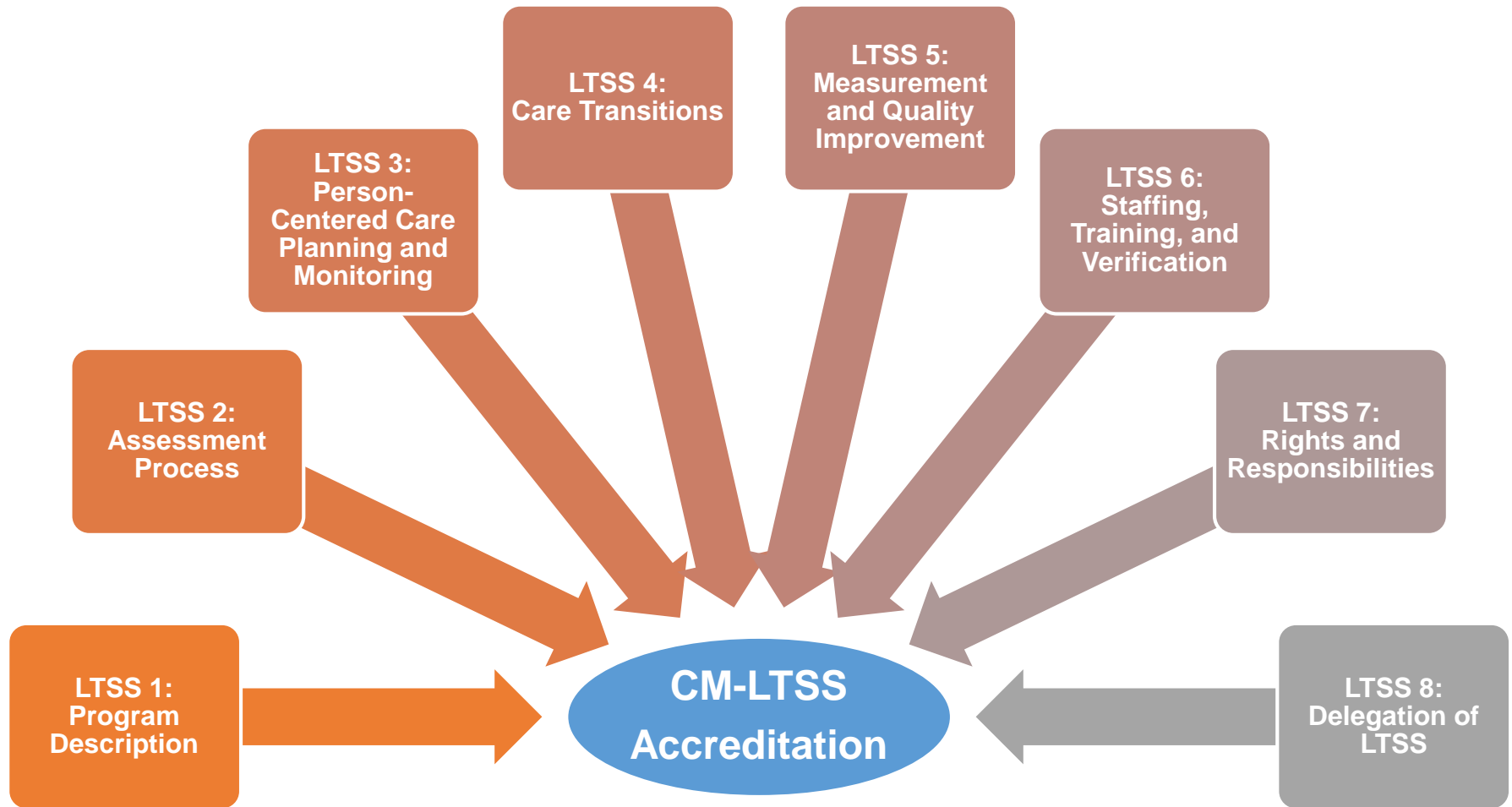
Performance measures assessing person-centered and evidence based care

Accreditation standards to support integrated care



Measuring what matters

CASE MANAGEMENT – LTSS ACCREDITATION & STANDARDS



■ CASE MANAGEMENT LTSS STANDARDS

+ Program description

+ Assessment process

+ Person-centered care planning and monitoring

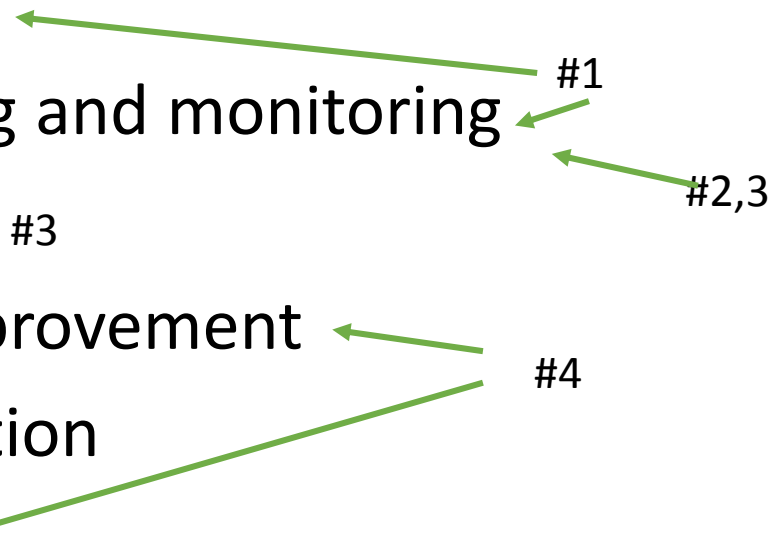
+ Care transitions

+ Measurement and quality improvement

+ Staffing, training, and verification

+ Rights and responsibilities

+ Delegation of LTSS



PERSON-DRIVEN OUTCOME APPROACH AND QUALITY MEASURES



- **Percent individuals with person-driven outcome documented**
- **Percent individuals with assessment of progress on person-driven outcome**
- **Percent individuals who show improvement (or maintain) in a person-driven outcome**

NEXT STEP: DEMONSTRATE PERSON-DRIVEN OUTCOME MEASUREMENT

How do we take what we've built and implement it on a larger scale?



+ Is it feasible?

+ What is the impact?

+ Does it solve the quality measurement problem?



Questions

For more information, view the report at:
<http://www.thescanfoundation.org/quality>

webinars@healthmanagement.com