



# A Closer Look at Quality Measures

April 9, 2013



# Discussion of Measures

- Core Quality Measures (Required by CMS)
- State-Specific Process Measures
- Strategic Vision of LTSS Quality Measurement
- State-Specific Demonstration Measures (Proposed Choices)



## Core Quality Measures (Required) DRAFT

Measure	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
All Cause Hospital Readmissions	Percentage of acute inpatient stays followed by an acute readmission for any diagnosis within 30 days	Care coordination Outcome measure  Centers for Medicare and Medicaid Services (CMS)	Report	Benchmark	Benchmark
Condition that Could Be Treated on an Outpatient Basis (re: Hospital Admission)	Percentage of hospital admissions where appropriate outpatient care prevents or reduces the need for admission to the hospital	Access to primary care Outcome measure  Agency for Healthcare Research and Quality (AHRQ)	Report	Benchmark	Benchmark
Condition that Could Be Treated on an Outpatient Basis (re: Emergency Room (ER) Visit)	Percentage of ER visits where appropriate outpatient care prevents or reduces the need for an ER visit	Access to primary care Outcome measure  AHRQ	Report	Benchmark	Benchmark
Follow-up after Hospitalization for Mental Illness	Percentage of enrollees who received treatment for mental health condition and saw a practitioner within 30 days of hospital discharge	Care coordination Process measure  National Committee for Quality Assurance (NCQA) / Healthcare Effectiveness Data and Information Set (HEDIS)	Report	Benchmark	Benchmark



## Core Quality Measures (Required) DRAFT

Measure	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
Depression Screening and Follow-up Care	Percentage of enrollees positively screened for clinical depression and received a follow-up care plan	Preventive health Outcome measure  HEDIS		Report	Benchmark
Care Transition Record Transmitted to Health Care Professional	Percentage of enrollees discharged from any inpatient facility to home or other site of care for whom a transition record was transmitted to the facility or primary physician within 24 hours of discharge	Care coordination Process measure  CMS		Report	Benchmark
Screening for Fall Risk	Percentage of enrollees aged 65 and older who are screened for future fall risk	Preventive health Outcome measure  HEDIS			Report
Initiation and Engagement of Alcohol and other Drug Dependent (AOD) Treatment	Percentage of enrollees with a new episode of alcohol or other drug dependence who: A) Initiated AOD treatment within 14 days of diagnosis, B) Engaged in two or more additional services within 30 days of the initiation visit	Care coordination/ Client experience Outcome measure  HEDIS			Report



## State-Specific Process Measures (Required) DRAFT

Measure	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
Care Coordination/ Plan of Care	Percentage of enrollees with a Plan of Care within 60 days of connecting with a Regional Care Collaborative Organization (RCCO)	Process measure	Report	Benchmark	Benchmark
Training on Disability, Cultural Competence, and Health Action Planning	Percentage of providers within a RCCO that have participated in training for disability, cultural competence, or health action planning	Structure measure	Benchmark	Benchmark	Benchmark



## State-Specific Process Measures (Choose one) DRAFT

Measure	Measure Description	Measure Type and Source	Year 1	Year 2	Year 3
<p>Hospital Discharge and Follow-up</p>	<p>Percentage of enrollees who received first follow-up visit within 30 days of hospital discharge</p>	<p>Care coordination Process measure</p>	<p>Benchmark</p>	<p>Benchmark</p>	<p>Benchmark</p>
<p>Hospital Admission Notifications</p> <p><i>No current access to universal “real-time” information</i></p>	<p>Percentage of hospital admissions in which a notification of admission occurred within 24 hours</p>	<p>Care coordination Structure Measure</p>	<p>Benchmark</p>	<p>Benchmark</p>	<p>Benchmark</p>
<p>Percentage of medical homes with an agreement to receive data from enrollees’ Medicare Part D plans</p> <p><i>Does not apply to the current managed fee-for-service environment</i></p>	<p>Percentage of Primary Care Medical Providers (PCMPs) with access to Part D benefit data</p>	<p>Care coordination Structure Measure</p>	<p>Benchmark</p>	<p>Benchmark</p>	<p>Benchmark</p>

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# Strategic Vision of Long-Term Services and Supports

## Quality Measurement

The Department is incorporating quality measurement into its LTSS strategic planning and redesign efforts. This includes stakeholder feedback, assessment of current literature and best practices, improved and new systems, programs such as Colorado Choice Transitions, and many other factors. The Department is committed to a thoughtful, deliberate approach and recognizes that including LTSS quality measures in the Demonstration may not be feasible. Below are some areas to be considered as we move forward.

<p><b>Client Functioning</b></p> <ul style="list-style-type: none"> <li>• Change in daily activity function.</li> <li>• Availability of support with everyday activities when needed</li> <li>• Employment status</li> <li>• Community integration</li> </ul>	<p><b>Client Experience</b></p> <ul style="list-style-type: none"> <li>• Degree of individual's active participation in decisions</li> <li>• Satisfaction with choice regarding residential setting</li> <li>• Opportunities to make choices about providers/services</li> </ul>
<p><b>Quality of Life and Quality of Care</b></p> <ul style="list-style-type: none"> <li>• Satisfaction with life</li> <li>• Meaningful activity, and relationships</li> <li>• Autonomy, individuality, privacy, and dignity</li> <li>• Sense of safety, security, and order</li> </ul>	<p><b>Health, Functional, and Healthcare-Related Outcomes</b></p> <ul style="list-style-type: none"> <li>• Health status including mental health and functional abilities</li> <li>• Injuries or secondary health conditions such as falls, burns, skin ulcers, involuntary weight loss</li> <li>• Maintaining community living (i.e., avoiding unnecessary institutionalization)</li> </ul>
<p><b>Family and Family-Caregiver Focused Outcomes</b></p> <ul style="list-style-type: none"> <li>• Adequacy of caregiving support services</li> <li>• Caregiver physical injuries</li> <li>• Caregiving-related financial and emotional stresses</li> <li>• Interface between family caregiving and paid help</li> </ul>	<p><b>Paid Personal Assistance and Workforce-Related Outcomes</b></p> <ul style="list-style-type: none"> <li>• Wages, benefits, work hours, conditions, and turnover</li> <li>• Training and/or certification</li> <li>• Injuries</li> <li>• Job satisfaction</li> </ul>



## State-Specific Demonstration Measures (Proposed Choices) DRAFT

- CMS will ask the Department to choose at least 3 but no more than 5 State-Specific Demonstration measures
- Choices are in order based upon QHI's recommendations (**see Handout 3**):
  1. Client Experience
  2. Flu Immunization
  3. Adult Weight Screening and Follow-up
  4. Care for Older Adults
  5. Pneumonia Immunization
  6. Annual Monitoring for Individuals on Persistent Medications
  7. Controlling High Blood Pressure
  8. Diabetes: Hemoglobin A1c Testing
  9. Adherence to Antipsychotics for Individuals with Schizophrenia
  10. Medication Reconciliation

