KanCare Meaningful Measures Collaborative (KMMC) Meeting
Friday, August 7, 2020, 1:00PM - 3:00PM
Zoom

KMMC Meeting Notes

Agenda item: Panel Discussion: Using the National Core Indicators – Aging and Disabilities (NCI-AD)

The KMMC meeting began with a panel conversation on the [National Core Indicators – Aging and Disabilities](#) (NCI-AD), a nationwide, voluntary effort by State Medicaid, aging, and disability agencies to track a core set of indicators that assess quality of life, community integration, and person-centered services. NCI-AD data are typically gathered through annual in-person surveys administered to consumers in each participating state. In the 2019-2020 data collection cycle, 24 states (including Kansas) participated in the NCI-AD. NCI-AD is a collaborative effort between ADvancing States and the Human Services Research Institute (HSRI).

The panel conversation was intended to facilitate learnings from national and state partners around an existing data source in Kansas. Panelists included:

- April Young, ADvancing States
- Stephanie Giordano, HSRI
- Amy Penrod, Kansas Department for Aging and Disability Services
- Naomi Sacks, Oregon Department of Human Services

Following a short presentation on the NCI-AD, panelists answered questions from KMMC members. The following are themes from the panelists' responses, by question:

How have you used the NCI-AD measures?
- Oregon: The NCI-AD has been administered in Oregon for the last two years. Oregon has been using the data to inform project on their agency strategic goals, to increase transparency among stakeholders and to better understand service utilization and experiences. Data is currently assessed by setting of care (e.g., foster home, nursing facilities), and in future years the state plans to assess differences in services by geography (e.g., differences in rural vs. urban areas).
- Kansas: Surveys are conducted each year across three waiver populations (i.e., the frail elderly waiver, the physical disability waiver and the traumatic brain injury waiver). The number of surveys collected from each of the three waiver populations is proportional to the enrollment in that waiver, and a total of four hundred surveys are collected. The data has been used in past legislative testimony, and in the future the state would like to increase the number of surveys administered when resources allow.

Who typically uses the NCI-AD data? Are state agencies predominately responsible for generating reports using the NCI-AD data, or do state agencies rely on others (e.g., universities) to generate reports?

- The data for each state is publicly available and published online. Some states have partnered with universities to conduct additional analyses.

Does the NCI-AD data work effectively for all populations, or is the data better for certain populations over others?
- The NCI-AD has been fully vetted for all populations for whom it has been approved.

Would it be possible to increase the sample size surveyed in Kansas?
- Not at this time. The state does not currently have the resources, including funding and staff, to expand the current number of surveys administered.

How many states use the surveys for the Older Americans Programs?
- It varies year to year. States are responsible for selecting which populations it would like to include in its surveys, as well as what years it would like to participate in the program.

How does the NCI-AD compare to the HCBS CAHPS surveys?
- The NCI-AD generates more data than the HCBS CAHPS survey, and states that do the CAHPS survey are responsible for tracking and reading the data themselves.

Is Kansas one of the 10 states participating in the remote survey pilot for the 2020-2021 data collection cycle? (Note: standard NCI-AD data collection via in-person surveys is not happening in 2020 due to COVID-19.)
- No, Kansas is not participating in the pilot. The state has been focused on the new data being collected via the HCBS CAHPS survey, as well as other changes that have been happening since the onset of the pandemic. The remote survey pilot is collecting data online and via phone.

I've heard that some state survey to support subgroup analysis by MCO, geography - what are other common subgroups states have prioritized?
- Some states have stratified their data by provider type, setting of care, race/ethnicity and region.

What strategies have some states used for additional funding to increase the sample size?
- Most states utilize Medicaid match funds at a 50% match rate.

What are your experience and suggestions regarding communicating findings to consumers and stakeholders?
- Some states have utilized webinars or have attended provider meetings to share data and information collected via the NCI-AD. Others have reached out to media outlets or held meetings to let stakeholders know the data is available. Oregon created fact sheets highlighting specific data points from their NCI-AD.

Agenda item: KMMC Report Release

Following the panel discussion, Carlie Houchen (KHI) provided an update on the status of a handful of upcoming KMMC publications. At the May 15 KMMC meeting, it was decided that the KMMC executive committee would review and approve the 2020 annual report ahead of its publication in September 2020. The goal of the annual report is to compile all KMMC products and work that have occurred from August 2019-July 2020.

In addition to the annual report, the first set of existing measures report will also be released in September. The reports will highlight some of the recommended meaningful measures for three of the priority topics from the first cycle of KMMC work, including: pregnancy outcomes, care coordination and network adequacy. KMMC members, including task group members, will be peer reviewing those reports later in August. Additional KMMC members interested in peer reviewing the existing meaningful measure reports were asked to email KMMC@khi.org.
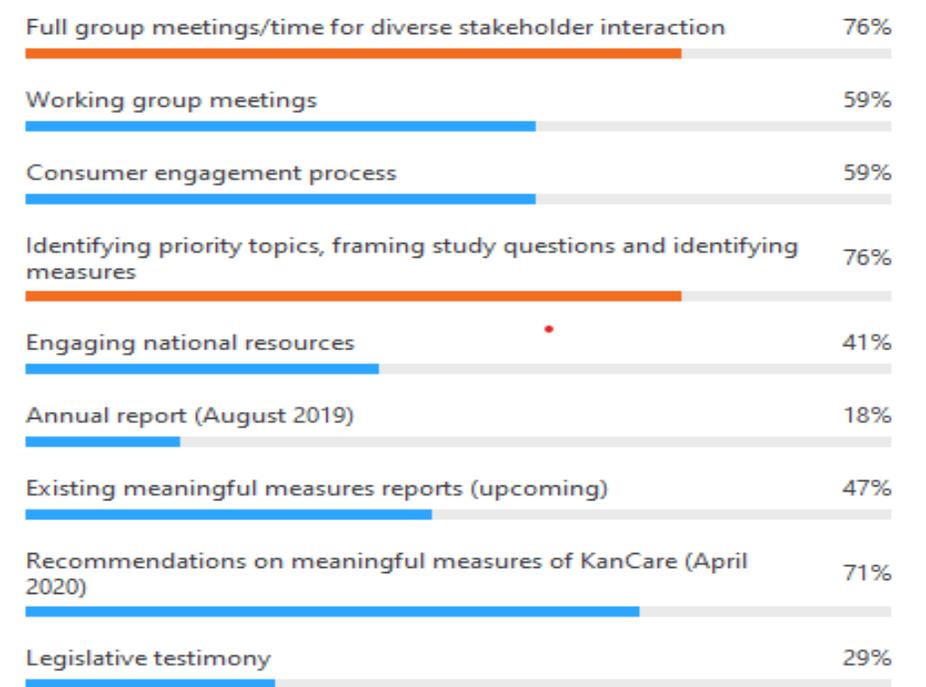
Agenda item: Long-Term KMMC Planning

The KMMC then began a discussion about long-term planning and sustainability for the group. Bob St. Peter (KHI) began the discussion by reviewing the purpose and scope of work for the group as laid out in the KMMC charter statements. As the KMMC approaches the close of its second year of effort, St. Peter asked the group to consider what activities over the last two years have provided high value to the group, what would need to continue in order for members to continue participating in the group, and what challenges need to be addressed moving forward.

To begin providing feedback, KMMC members were asked to complete a poll:

Poll Question: What activities/products have or will provide high value to the KMMC? (select all that apply)

Activity/Product	Percentage
Full group meetings/time for diverse stakeholder interaction	76%
Working group meetings	59%
Consumer engagement process	59%
Identifying priority topics, framing study questions and identifying measures	76%
Engaging national resources	41%
Annual report (August 2019)	18%
Existing meaningful measures reports (upcoming)	47%
Recommendations on meaningful measures of KanCare (April 2020)	71%
Legislative testimony	29%

After reviewing the results from the poll, KMMC members offered the following feedback:

- The KMMC offers an important opportunity for individuals from different backgrounds and organizations to connect and work together, which is beneficial and does not often happen in other efforts. It also provides a venue for additional input on the types of measures that are meaningful beyond those prescribed by CMS.
- Because of its novelty, members acknowledge that it took a while for the KMMC to get up and running, but the group now has some solid processes in place to work from moving forward.
- The level of commitment expected of members has been reasonable so far, as has the meeting frequency.
- An important consideration for members moving forward is whether the recommendations and work completed by the KMMC is having an impact. Members want confirmation that the work is going to be utilized outside of the KMMC.
- Members would like to continue participating in the KMMC, particularly if the work of the KMMC is utilized by the state and other partners.
- The group affirmed interest again in further work on data and measures related to the social determinants of health.
- Members acknowledged issues with connecting actual patient/provider experience to health outcomes derived from uniform data collection.

Agenda item: Working Group Meetings

KMMC members then split into two breakout rooms for working group meetings.

Stakeholder Working Group (SWG) Meeting:
Scott Wituk, WSU CEI, updated the SWG on ongoing conversations that have been happening regarding a next round of KMMC consumer engagement, which will likely focus on telehealth, one of the potential new priority areas for the KMMC in light of COVID-19. SWG members were asked about knowledge they had of other consumer engagement efforts around the state focused on telehealth, as well as the types of information that would be helpful to obtain from consumers.

SWG members indicated that telehealth service needs will likely vary by population and that technology and internet access is not adequately available in all parts of the state to be able to implement telehealth. Learning from consumers about their comfort level with accessing benefits via telehealth would be important, including needed education on how to utilize various telehealth platforms. Additionally, understanding how having increased access to telehealth has changed consumer thinking about how their care is delivered (e.g., once the pandemic ends, would they prefer to continue doing visits via telehealth that previously had only been done in person).

Some SWG members are involved with efforts within their organizations to obtain data and anecdotal information on the use of telehealth services throughout the pandemic. For example, the Community Care Network of Kansas has been hosting monthly telehealth roundtables with their membership to explore issues and questions that have come up. One anecdotal limitation shared by a SWG member was that the large variety of telehealth platforms currently used can make it difficult for individuals with intellectual and development disabilities (I/DD) to adapt and fully utilize the technology. Additionally, individuals who rely on cell phones to access telehealth services may be limited by the amount of data or minutes they have each month. A limitation acknowledged for any consumer engagement during COVID-19 would be reaching individuals who do not currently have access to technology.

The recently approved [KanCare 2.0 evaluation](link) also includes a set of questions and measures directly related to telehealth, although they were developed prior to the onset of COVID-19. The measures in the KanCare 2.0 evaluation will include assessing differences in telehealth by geography (e.g., comparing urban utilization to rural utilization), in addition to a survey directed at providers.

Following the discussion, the SWG agreed that obtaining consumer input on telehealth would be important for the KMMC, given that most were not aware of ongoing current efforts to obtain consumer feedback. Next steps will include Scott and KHI staff continuing conversations with various partners about ways to implement another round of consumer engagement, including potential questions for consumers, timing and methodology. Once established, that information will be shared with the full SWG and those interested in assisting with consumer engagement can volunteer to assist.

Data Resources Working Group (DRWG) Meeting:
The DRWG discussed the four new SWG priority topic areas, including: telehealth, behavioral health, communication and quality assurance. DRWG members were asked to identify initial potential measures/data sources for each of the four topics, as well as to volunteer to assist with a more in-depth scan of potential measures and data sources. The scan of measures and data sources will later inform the KMMC executive committee's decision as to which topics to focus on for a new set of KMMC recommendations. *Table 1* highlights volunteers and potential measures/data sources discussed for each topic during the meeting.

Table 1. **DRWG Volunteers and Initial Data Sources by SWG Topic**

Topic	Stakeholder Question(s)	Potential Measures/Data Sources

Telehealth (highest priority)
 	
Volunteers:
Sarah Good, Audrey Dunkel, Lori Marshall, Wen-Chieh Lin, Trisa Hosford
	1. Are KanCare members able to access telehealth services, including tele-behavioral health services?
	   a. Do KanCare consumers have access to phones, internet or other technology to allow for use of telehealth services?
	   b. Are there disparities in KanCare related to access to internet and technology?
	
	2. How does use of telehealth services differ by region and service?
		Potential Data Sources:
		CMHCs – submitted to state.
		State agency data – access question
		Resource: Heartland Telehealth Resource Center
		ACS Data (Census Bureau)
		KDHE Claims Data
		MCO data combined? Using procedure codes – to understand before, during, after COVID-19.
		
		Potential Measures:
		TBD.

Behavioral Health **Volunteers**: Lori Marshall, Wen-Chieh Lin	1. Are KanCare consumers able to access appropriate behavioral health services when needed? a. Does access vary by geography, race/ethnicity, etc.? 2. What is the quality of behavioral health services received by KanCare consumers?	Potential Data Sources: CMHCs Consumer surveys Sunflower Behavioral Health Survey (Echo CAHPS survey in 2020). May differ by MCO. State has Mental Health Survey. SUD Survey (under revision) both managed by KFMC as EQRO. Potential Measures: TBD. Note: Group to define 'quality.'

Table 1 (continued). **DRWG Volunteers and Initial Data Sources by SWG Topic**

Topic	Stakeholder Question(s)	Potential Measures/Data Sources
Communication **Volunteers**: Jon Hamdorf	1. How effectively does KanCare communicate with consumers? a. How effectively has KanCare communicated with consumers during COVID-19? 2. Are members satisfied with the degree to which they understand and can make decisions about their services?	Potential Data Sources: State has contact information from eligibility process. [Gaps in knowledge here to understand Potential Measures: TBD. Note: Group to review care coordination and enrollee treatment notes for relevant items.
Quality Assurance **Volunteers**: Trisa Hosford, Carrie Wendel-Hummell, Aaron Dunkel	1. Are quality assurance measures in place to ensure that individuals are authorized for and receive the level of services they need?	Potential Data Sources: HCBS Quality Review Report KanCare Evaluation HEDIS CMS Core Quality Measures CAHPS Survey National Outcome Measurement system Mental Health Survey SUD Survey Grievances in quarterly report to CMS Provider Survey P4P Measures Potential Measures: TBD

Agenda item: Adjourn

The next KMMC meeting will be Friday, November 13 beginning at 1pm.