Recommendations on Meaningful Measures of KanCare, June 2021

KANCARE MEANINGFUL MEASURES COLLABORATIVE

This report was developed on behalf of the KanCare Meaningful Measures Collaborative (KMMC). The KMMC would like to thank KanCare consumers, stakeholders, researchers and state agency staff for making the work of the KMMC possible. Additionally, the KMMC thanks the following individuals for their contributions on the KMMC task groups:

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Note: In this draft, text highlighted in blue reflect indicate places where changes were made based on feedback received from the KMMC on March 12.

Recommendation Summary

The Charter Statement of the KanCare Meaningful Measure Collaborative (KMMC) states that one purpose of the KMMC is to "establish consensus on metrics that already exist, and new metrics that can be created, to better understand the performance of the KanCare program in relation to the whole person." In the spirit of that purpose, this report includes a list of measures that have been identified as meaningful, as well as recommendations to address limitations in existing data, for three priority topics: telehealth, behavioral health and quality assurance. See *Figure 1* (page 5) for a summary of the recommendations.

The priority topics included in this report were first identified by the Stakeholder Working Group (SWG). Following the identification of priority topics, members of the Data Resources Working Group (DRWG) conducted an initial scan of available measures for the three topics (i.e., telehealth, behavioral health and quality assurance). SWG and DRWG members then collaborated via topic-specific task groups to review the available measures, discuss data gaps, and ultimately develop recommendations of meaningful measures.

This document summarizes the work of the task groups and is arranged by priority topic. Recommendations for each topic cover existing meaningful measures, new meaningful measures, and other topics, defined in the text box below.

Types of KMMC Recommendations:

Existing Meaningful Measures: These meaningful measures already exist across public reports. A summary report can be developed to gather these measures for each priority topic in one place and disseminate to the public.

New Meaningful Measures: These measures are not currently available in public reports and can be classified into three groups (bulleted below).

- Data are available in KanCare but require additional resources to construct the measures.
- Data are not available in KanCare but could be adapted from existing measures developed for the federal program or in other states.
- Data are not available in KanCare and measures have not been developed for the federal program or in other states. Methodology for these new meaningful measures can be developed to ensure consistency and transparency.

Other Recommendations: Further study and investment in these areas are strongly encouraged to address data limitations and other issues related to methodology.

Figure 1. **Summary of KMMC Recommendations by Topic**

KMMC Topic & Stakeholder Questions	KMMC Recommendations
Telehealth. Are KanCare members able to access telehealth services, including tele-behavioral health services? How does use of telehealth services differ by region and service?	• *Existing Meaningful Measures:* None were identified, due to emerging nature of the topic. • *New Meaningful Measures:* Measures that track factors necessary for access to telehealth services should be developed. • *Other Recommendations:* Measures should be stratified where possible, and the ability to track service delivery modality (e.g., audio-only services) should be developed. Detailed recommendations on page 6.
Behavioral Health. Are KanCare consumers able to access appropriate behavioral health services when needed?	• *Existing Meaningful Measures:* Multiple existing measures using varied data sources (e.g., surveys, claims) were identified, across a variety of service lines. • *New Meaningful Measures:* Measures that highlight prevalence of behavioral health disorders should be developed, to understand the scope of behavioral health needs. • *Other Recommendations:* Recommendations related to understanding the extent of homelessness in the KanCare population and prevention efforts for those in (or at risk of entering) the child welfare system were also developed. Detailed recommendations on page 10.
Quality Assurance. Are quality assurance measures in place to ensure that individuals receive the level of services they need?	• *Existing Meaningful Measures*: Measures that highlight consumer experiences with their services and information from state record reviews were identified. • *New Meaningful Measures:* A measure or measures that capture availability of direct care workers should be developed. • Other Recommendations: Recommendations on survey administration and other data sources to explore were also developed. Detailed recommendations on page 14.

Telehealth Recommendations

Stakeholder Questions:

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?

Research Questions:

1. Who (beneficiary populations) is using telehealth services and who (providers, by specialty) is providing telehealth services, at what frequency, and for what services?
    a. Where possible, stratify by different populations to identify disparities (i.e. race, age, socioeconomic, geography, education)
3. What factors (e.g., internet or device access) have facilitated or impeded access to telehealth services?

Note: The task group focused on research question #2, as research question #1 is being addressed via an annual analysis as part of the KanCare evaluation.

Recommendations:

The Health Resources Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

With the onset of COVID-19, the use of telehealth broadly — and within the KanCare program — increased dramatically. Given the explosion of telehealth use, and few existing measures to understand its role in the KanCare program, the task group developed recommendations to monitor access of telehealth services. These recommendations were in response to the stakeholder and research questions described above, and some of the elements described in *Figure 1* (page 8) could be captured in a yet-to-be-developed survey of providers and/or consumers.

In addition to the recommendations, the task group discussed the importance of monitoring the rollout of remote patient monitoring (RPM) technologies, which could support other telehealth modalities and in-person services, as well as the need for education so that KanCare consumers understand what services are available via telehealth, how to use them, and when they might be most appropriate to use.

Recommendations from the task group are:

Telehealth 1: Develop measures to track the telehealth concepts outlined in *Figure 1* (page 8), to understand factors influencing consumer access and provider ability to administer telehealth services in KanCare.

Telehealth 2: In addition to measuring access of telehealth services, KanCare could adopt measures from the other three domains outlined by the National Quality Forum in its telehealth framework, including:

a) Financial Impact/Cost
b) Experience
c) Effectiveness

Telehealth 3: Where possible, stratify telehealth measures by geography, race/ethnicity, age, disability status, etc. to understand differences in experience by populations.

Telehealth 4: Develop a way to track whether telehealth services are provided via video or audio-only modalities, such as by adding a modifier to claims to indicate how the service was delivered.

Figure 1. **Factors that Impact Consumer Access to Telehealth Services**

Factor	Notes from Task Group
Device Access	
Device is adequate to be used for telehealth	American Community Survey (ACS) includes a question on type of device.
Household has enough devices to meet needs	
Affordability	Also impacts providers.
Internet/broadband access	
Internet available: • Public access options • Geography • Patient aware of public access options • Living situation (e.g., in a congregate living arrangement)	Also impacts providers.
Internet affordable	
Adequate speed	ACS includes a question on speed of service. Also impacts providers.
Stability of service	Also impacts providers.
Limitations with data	
Type of service issued	
Modality	
Audio-only option available	
Platform accessibility	
Platform is accessible to those with functional impairments or disabilities	
Patient factors	
Educated on how to use the technology	Also impacts providers.
Knowledge of/confidence in how to use technology	Also impacts providers.
Age (e.g., parent involvement needed during service)	
Provider factors	
Provider hesitancy	
Skills in engaging via telehealth	
Privacy	
Living situation (e.g., in a congregate living arrangement)	
Knowledge of telehealth privacy issues	Also impacts providers.
Confidentiality, HIPAA compliance of platforms	
Technical support	
Informal supports available (e.g., family at home who can help)	

Formal technical support is available and accessible (e.g., multiple languages)	Also impacts providers.

Note: While the majority of these factors were initially developed from the consumer perspective, specific factors that could pertain to providers have been noted in the "Notes from Task Group" column.

Behavioral Health Recommendations

Stakeholder Questions:

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?

Research Questions:

1. Are KanCare members able to access behavioral health services when needed?
    a. Are KanCare adult members with SPMI able to access mental health services when needed?
    b. Are KanCare youth experiencing SED able to access mental health services when needed?
    c. Are KanCare members with SUD able to access SUD services when needed?
2. What is the quality of behavioral health services received by KanCare consumers?
    a. What is the quality of mental health services received by KanCare consumers?

    What is the quality of substance use disorder services received by KanCare consumers?

3. Has telemedicine increased access for KanCare members experiencing SPMI, SED or SUD?

Note: given the breadth of measures available for behavioral health, in its meeting on March 12, 2021, the KMMC chose to focus on measures related to access for its first set of behavioral health meaningful measures (i.e., measures to address research questions 1a-1c above). Subsequent work may focus on other important issues, such as quality and outcomes. Measures identified in earlier phases of this work related to quality and outcomes of behavioral health services are provided in Appendix A.

Recommendations:

The KMMC recommends that meaningful measures in *Figure 1* and *Figure 2* (page 12) be considered for understanding behavioral health needs and experiences within KanCare. These measures consider the prevalence of behavioral health disorders in KanCare and whether services can be accessed, including in a timely manner. These topics were chosen to better understand the prevalence of behavioral health needs within KanCare and how well those needs are being met.

In discussions, KMMC task group members highlighted the need to delineate differences by data source, as not all data sources covering similar topics may be directly comparable. Task group members also highlighted that the services individuals are eligible to receive are often limited by their diagnosis, which may restrict access to other needed services.

The group noted that the Mental Health Statistics Improvement Program (MHSIP) — the mental health consumer survey used in Kansas since 2010 — will be replaced by the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Experience of Care and Health Outcomes (ECHO) Survey in 2021. The survey questions in ECHO are applicable to both mental health and substance use disorder (SUD) services. Given this upcoming change, the KMMC chose to focus on recommending meaningful measures related to ECHO instead of MHSIP but noted that the MHSIP is still a meaningful data source given the amount of longitudinal information available.

Specific recommendations from the KMMC include:

Behavioral Health 1: Develop a summary report of meaningful measures for behavioral health that include information on the prevalence of behavioral health disorders (*Figure 1*, page 12*)* and access to services (*Figure 2*, page 12).

a) Prevalence of behavioral health disorders: proportion of KanCare members with mental health disorders, SUDs or co-occurring diagnoses of varying levels of severity.
b) Access to services: KanCare member ability to access services, with a focus on receiving services in a timely manner.

Behavioral Health 2: Explore the ability to incorporate additional metrics related to the effectiveness of prevention efforts in the state, including a focus on children in the child welfare system or at-risk of entering the child welfare system.

Behavioral Health 3: Identify and report additional information on the extensiveness of homelessness within the behavioral health population in KanCare, expanding beyond information currently reported for those with serious and persistent mental illness (SPMI).

a.) Consistent definitions of homelessness should be used across populations.

Figure 1. **Meaningful Measures for Prevalence of Behavioral Health Disorders**

Meaningful Measures	Data	Reported?
Any Mental Illness in the Past Year among Adults Aged 18 or Older	SAMHSA - NSDUH	?
Serious Mental Illness in the Past Year among Adults Aged 18 or Older	SAMHSA - NSDUH	?
Substance Use Disorder in the Past Year among Individuals Aged 12 or Older	SAMHSA - NSDUH	?
Percentage of consumers with a behavioral health diagnosis	Claims	?
Percentage of consumers with co-occurring mental health and SUD diagnoses	Claims	?

Figure 2. **Meaningful Measures for Access to Behavioral Health Services**

Service	Meaningful Measures	Data	Reported?
General	Positive responses to: "In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	ECHO	Not available until 2022
General	Ratio of population to mental health providers.	NPI Registry*	County Health Rankings
Inpatient	Wait time to access state hospital services	?	?*
Crisis	In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?	ECHO	Not available until 2022
Crisis	Percentage of children/adolescents, age 17 or younger, that received crisis intervention services (30) calendar days prior to a screen resulting in inpatient psychiatric admission, excluding PRTF.	CTS** & AIMS**	FY 2021 Mental Health Block Grant Report*
Crisis	Percentage of adults, age 18 and older, that received crisis intervention services (30) calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF)	CTS** & AIMS**	FY 2021 Mental Health Block Grant Report*
Mental Health	Received Mental Health Services in the Past Year among Adults Aged 18 or Older	SAMHSA - NSDUH	?

Service	Meaningful Measures	Data	Reported?
Mental Health	Follow-Up after hospitalization for mental illness, within seven days of discharge (FUH)	HEDIS	KanCare EQR Report
Mental Health	Follow-Up After Emergency Department Visit for Mental Illness	HEDIS	KanCare EQR Report
Mental Health	Antidepressant Medication Management – Effective Acute Phase Treatment	HEDIS	KanCare EQR Report
Mental Health	Antidepressant Medication Management – Effective Continuation Phase Treatment	HEDIS	KanCare EQR Report
Mental Health	Adherence to Antipsychotic Medications for Individuals With Schizophrenia Age 18 and older	HEDIS	KanCare EQR Report
Mental Health	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	HEDIS	KanCare EQR Report
SUD	Needing But Not Receiving Treatment at a Specialty Facility for Substance Use in the Past Year among Adults Aged 12 or Older	SAMHSA - NSDUH	?
SUD	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Age 13 and older	HEDIS	KanCare EQR Report
SUD	Follow-Up After High-Intensity Care for Substance Use Disorder Age 13 or older	HEDIS	KanCare EQR Report
SUD	Percentage of individuals receiving MAT, including for alcohol, opioid, tobacco disorders	Claims	?
SUD	Initiation of Alcohol or Other Drug Abuse or Dependence Treatment (Total)	HEDIS	KanCare EQR Report
SUD	Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (Total)	HEDIS	KanCare EQR Report
SUD	Medical Assistance with Smoking and Tobacco Use Cessation	CAHPS	KanCare EQR Report

Note: Given the way that behavioral health services are currently funded, and corresponding reports are generated, not all existing measures only include KanCare members. Measures that include/impact more than just KanCare members have been flagged with an asterisk (*).

Measures that include data from KanCare consumers who received services from Community Mental Health Centers (CMHC) — a subset of all behavioral health consumers — have been flagged with two asterisks (**). CMHC data is submitted via Contractor of the Crisis Triage & Screening (CTS) contract and Automated Information Management System (AIMS).

Quality Assurance Recommendations

Stakeholder Questions:

- Are quality assurance measures in place to ensure that individuals receive the level of services they need?

Research Questions:

- Are home and community-based services (HCBS) populations receiving the level of services they need? Includes the intellectual and developmental disabilities (I/DD), physical disability (PD), frail elderly (FE), brain injury (BI), technology assisted (TA), serious emotional disturbance (SED), and Autism waivers.

Recommendations:

The KMMC quality assurance task group recommends that meaningful measures in *Figure 1* (page 15) be considered for understanding whether HCBS populations are receiving the level of services they need. These measures include information from record reviews, which include an examination of the connection between service plans, assessment results and service utilization, in conjunction with self-reported consumer experiences of whether needs are being met. To improve the meaningfulness of measures, limitations with key consumer surveys could be addressed, information on the availability of direct care workers could be compiled and additional data sources to supplement the existing meaningful measures could be explored.

Specifically, the recommendations from the task group are:

Quality Assurance 1: Develop a summary report of existing meaningful measures for quality assurance (*Figure 1*, page 16) that include findings from record reviews and consumer experiences receiving services.

a) Record reviews: connection of service plans to participant goals and assessment results, level of self-direction, whether services outlined in the service plan were provided.
b) Consumer experience: whether service plans meet goals and covers things that are important to them, ability to change care as needed or desired, able to receive care when needed. Consumer experience measures are grouped into three categories, including overall needs, specific needs, and communication & service changes.

Quality Assurance 2: Develop a measure (or measures) that captures the availability of direct care workers, as consumer ability to receive needed care is contingent upon availability of workers to provide services. Two potential options for how this could be accomplished:

a) Add a survey question to existing surveys that asks about availability of direct care workers how often they're looking for a worker, turnover

b) Compare service utilization to the number of services an individual was approved for, and when discrepancies occur, investigate the underlying reason.

Quality Assurance 3: Address limitations of key consumer surveys, to improve meaningfulness and representativeness of results.

a) KanCare could consider increasing the number of Home and Community-Based Services (HCBS) Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys conducted for each waiver to allow for sub-group analysis. Increasing the number of surveys conducted would require additional resources, and a less resource-intensive approach could include alternating years in which additional sampling is conducted for specific waiver populations and/or implementing a hybrid approach (phone and in-person interviews) as seen in other states.
b) KanCare could improve the accessibility of consumer surveys for individuals with disabilities. For example, the task group is aware of individuals not completing the HCBS CAHPS survey due to speech issues.
c) The two key consumer surveys identified by the KMMC (CAHPS and NCI-AD) do not have data available for consumers on the serious emotional disturbance (SED) waiver, autism waiver, or the technology assisted (TA) waiver, in part because these surveys were developed for adult populations. KanCare could consider opportunities to develop measures that capture perception of services from these consumers.

Quality Assurance 4: Consider whether additional data sources could be used to identify meaningful measures for quality assurance, including MCO member surveys, data from AuthentiCare and reports filed with adult and child protect services.

a) Aggregate reports using AuthentiCare data could be produced to better understand what services are being provided by direct care workers.

Figure 1. **Meaningful Measures Related to Quality Assurance**

Meaningful Measures	Data	Reported?
Record Reviews		
Service Plan (SP) Performance Measure (PM) 1: Number and percent of waiver participants whose service plans address participants' goals	MCO record review	HCBS Quality Review Report, July-Sept 2019
SP PM 2: Number and percent of waiver participants whose service plans address their assessed needs and capabilities as indicated in the assessment	MCO record review	HCBS Quality Review Report, July-Sept 2019
SP PM 5: Number and percent of waiver participants (or their representatives) who were present and involved in the development of their service plan	MCO record review	HCBS Quality Review Report, July-Sept 2019
SP PM 8: Number and percent of waiver participants who received services in the type, scope, amount, duration, and frequency specified in the service plan	MCO record review	HCBS Quality Review Report, July-Sept 2019
SP PM 13: Number and percent of waiver participants whose record contains documentation indicating a choice of either self-directed or agency-directed care	MCO record review	HCBS Quality Review Report, July-Sept 2019
Consumer Experience - Overall Needs		
SP PM 9: Number and percent of survey respondents who reported receiving all services as specified in their service plan	Customer interview	HCBS Quality Review Report, July-Sept 2019
Members' service plan included all of the things that were important to them. (Q56)	HCBS CAHPS	Annual EQR Report
Graph 18. Proportion of people whose long-term care services meet all their current needs and goals	NCI-AD	NCI-AD 2018-2019 Kansas Results
Consumer Experience – Specific Needs		
Members who needed help to get dressed, take a shower, or bathe ***always*** got dressed, took a shower or bathed when needed to. (Q17)	HCBS CAHPS	Annual EQR Report
Members who needed help with meals were ***always*** able to get something to eat when hungry. (Q21)	HCBS CAHPS	Annual EQR Report
Members who needed help taking their medicine ***always*** took medicine when supposed to. (Q24)	HCBS CAHPS	Annual EQR Report
Members who needed help with toileting got all the help with toileting when they needed it. (Q27)	HCBS CAHPS	Annual EQR Report
Graph 102. Proportion of people needing at least some assistance with everyday activities who always get enough of that assistance when they need it	NCI-AD	NCI-AD 2018-2019 Kansas Results
Graph 104. Proportion of people needing at least some assistance with selfcare who always get enough of that assistance when they need it	NCI-AD	NCI-AD 2018-2019 Kansas Results

Meaningful Measures	Data	Reported?
Consumer Experience – Communication & Service Changes		
Graph 13. Proportion of people who know whom to contact if they want to make changes to their services.	NCI-AD	NCI-AD 2018-2019 Kansas Results
Graph 14. Proportion of people who know whom to contact if they need help with services or have a complaint.	NCI-AD	NCI-AD 2018-2019 Kansas Results
Graph 23. Proportion of people who can reach their case manager/care coordinator when they need to (if know they have case manager/care coordinator).	NCI-AD	NCI-AD 2018-2019 Kansas Results
Graph 19. Proportion of people whose case manager/care coordinator talked to them about services that might help with their unmet needs and goals (if have unmet needs and goals and know they have case manager/care coordinator)	NCI-AD	NCI-AD 2018-2019 Kansas Results
Member knows who their Targeted Case Manager is.	HCBS CAHPS	Annual EQR Report
Members could contact their Targeted Case Manager when needed. (Q49)	HCBS CAHPS	Annual EQR Report
The Targeted Case Manager worked with member when member asked for help with getting or fixing equipment. (Q51)	HCBS CAHPS	Annual EQR Report
The Targeted Case Manager worked with member when member asked for help with getting other changes to their service. (Q53)	HCBS CAHPS	Annual EQR Report
Member knows who their MCO Care Coordinator is.	HCBS CAHPS	Annual EQR Report
Members could contact their MCO Care Coordinator when needed. (Q49B)	HCBS CAHPS	Annual EQR Report
The MCO Care Coordinator worked with member when member asked for help with getting or fixing equipment. (Q51B)	HCBS CAHPS	Annual EQR Report
The MCO Care Coordinator worked with member when member asked for help with getting other changes to their service. (Q53B)	HCBS CAHPS	Annual EQR Report

Notes on data sources:

HCBS CAHPS: The HCBS CAHPS survey is currently only administered for adults, and in 2019 was conducted for the FE, I/DD, PD, and BI waivers. Data are collected via face-to-face interviews with consumers, and results are not currently reported by waiver or health plan. HCBS CAHPS measures are not associated with any waiver performance measures, and it was not conducted in 2020 due to the COVID-19 pandemic.

NCI-AD: NCI-AD stands for National Core Indicators—Aging and Disabilities and in KanCare includes respondents from the FE, PD and BI waivers. Data is collected via an in-person survey and documented on paper, with appropriate accommodations if necessary. Survey results are available online, with data broken down by waiver but not health plan. NCI-AD measures are not associated with any waiver performance measures, and it was not conducted in 2020 as the survey was paused throughout the country due to the COVID-19 pandemic.

Customer interviews: Data is collected by KDADS via a paper survey, with data available by waiver and health plan. It is not a performance measure for the SED waiver, so data is not available for that waiver.

Appendix A: Other Behavioral Health Measures

The measures included in Figure 1 were considered by the behavioral health task group but ultimately removed to focus specifically on access to services for this first set of KMMC work around behavioral health. The measures are included here as a record for future work.

Figure 1. **Behavioral Health Quality & Outcomes measures**

Population	Measures	Data
General	Mortality estimates of individuals with behavioral health diagnoses	?
General	Disease burden of behavioral health diagnoses	?
General	Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	ECHO
General	Compared to 12 months ago, how would you rate your problems or symptoms now?	ECHO
General	Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	ECHO
Adult, SPMI	Number and percent of KanCare Adults, diagnosed with SPMI, who were competitively employed	AIMS
Adult, SPMI	Number and percent of adults with SPMI who were homeless at the beginning of the reporting period that were housed by the end of the reporting period	AIMS
Youth, SED	Number and percent of youth experiencing SED who experienced improvement in their residential status	AIMS
Youth, SED	Number and percent of KanCare youth receiving MH services with improvement in their Child Behavior Checklist (CBCL Competence T-scores)	AIMS
SUD	The number and percent of members receiving SUD services whose living arrangements improved	TEDS/KSURS
SUD	The number and percent of members receiving SUD services whose drug and/or alcohol use decreased	TEDS/KSURS
SUD	The number and percent of members receiving SUD services whose employment status was improved or maintained (P4P 2014–2016)	TEDS/KSURS