KanCare Meaningful Measures Collaborative (KMMC) Meeting Notes
Friday, March 12, 2020, 1:00PM - 3:00PM
Zoom

Agenda item: Welcome

Sydney McClendon, Kansas Health Institute (KHI) support staff, provided an overview of the meeting agenda and objectives before giving an update on three sets of KMMC activities that had occurred since the November KMMC meeting. All were in response to prior KMMC feedback, either in meetings or in a survey administered to members in November and December of 2020.

1. *Social determinants of health (SDOH) discussion:* To follow up on the recommendations released by the KMMC last April, members of the SDOH task group will be meeting with managed care organization (MCO) and state representatives at the end of the month to discuss existing SDOH data and potential opportunities to build on the recommendations from the task group. An update on this effort will be shared at a future KMMC meeting.
2. *Conference attendance:* To increase understanding of the work of the KMMC and engage new stakeholders, members suggested that the KMMC attend/present at various statewide meetings and conferences. The executive committee will be prioritizing which conferences KMMC representatives will attend, and any suggestions or recommendations on which conferences might be a good fit should be sent to KMMC@khi.org.
3. *Legislator meetings:* Another way KMMC members suggested engaging with key stakeholders was to meet with legislators who are part of the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight to hear about issues of interest to legislators. These meetings are underway with executive committee members and KHI staff and an overview of key topics of interest to legislators will be shared at a future KMMC meeting. Thus far, multiple topics of interest are those that the KMMC is currently tackling (e.g., telehealth, behavioral health).

Agenda item: Discuss Telehealth Task Group Recommendations

Sarah Good, task lead for the telehealth task group, then provided an overview of the draft recommendations provided by the telehealth task group. Following the overview, KMMC members asked a clarifying question about whether stratifying demographic information could include looking at differences by disability status.

Small groups then discussed the telehealth recommendations. Highlights from the discussion include:

- Device access should also consider the number of devices an individual has and the number of minutes of data available.

- Taking a person-centered approach includes understanding what proportion of individuals know how to use their device. Having a device alone is not enough to ensure access to telehealth services.
- Understanding provider comfort with telehealth, including what percentage of providers are comfortable with providing services via telehealth.
- Access is a multi-layered construct, with some factors building on or exacerbating others. For example, having adequate broadband is an important first step, but then devices need to be available to use the broadband, an individual needs to know how to use the telehealth platform specified by their provider and feel comfortable using the platform, etc.
- Functional ability should be considered as to whether an individual can access services and appropriate accommodations are available to ensure accessibility, particularly for those with disabilities or functional impairments. Additional training and resources may be appropriate to ensure access for these individuals.
- Privacy contains multiple elements, including whether the platforms used are secure, confidential and HIPAA compliant, as well as whether an individual has privacy in the physical space they are using to receive their telehealth services (e.g., a private room within a multi-person household).
- Choice of services should be a priority, so that individuals can choose between in-person or telehealth services.
- Awareness of services is also a critical issue. Services may be available, but if an individual is not aware that services are available, they will not be accessed. The group also noted difficulty associated with measuring awareness.
- Given the sharp increase in telehealth utilization during the ongoing COVID-19 pandemic, and the timeliness of this issue, data need to be assessed and collected as soon as possible to inform ongoing policy discussions.

Agenda item: Discuss Behavioral Health Task Group Recommendations
Lori Marshall, task lead for the behavioral health task group, then provided an overview of the draft recommendations provided by the task group. Following the overview, KMMC members asked clarifying questions about the scope of the behavioral health topic and how to narrow the research questions in order to get to a more focused set of meaningful measures.

Small groups then discussed the behavioral health recommendations. Highlights from the discussion include:
- The ability to access services are the most foundational of the research questions, and a clear definition of what constitutes access to behavioral health services is needed. Focusing on access may be one way to narrow the meaningful measures on this topic.
- Access needs to be understood from both provider and patient perspectives.
- Measures should tie as much as possible to the KanCare population, given the focus of the KMMC.

- Knowing where services are provided (e.g., at a school, in a CMHC) could contribute to understanding of how access goals are being achieved.
- The HEDIS measures included are of particular importance, given that they have strong quality control and national benchmarks for comparison.
- A measure(s) from the OneCare Kansas program, such as number of days after enrollment by which services should be provided, could be incorporated.
- Meaningful measures may change if/when Certified Community Behavioral Health Clinics (CCBHC) are more widely available in Kansas, as CCBHCs have a standard set of quality measures that they are required to monitor.

Agenda item: Discuss Quality Assurance Task Group Recommendations

Sydney McClendon, KHI support staff for the quality assurance task group, then provided an overview of the draft recommendations provided by the task group.

The group then discussed the quality assurance recommendations. Highlights from the discussion include:
- A potential gap in the current set of meaningful measures is related to whether a KanCare member knows who their care coordinators are. This is a common issue that some providers hear about from consumers. Not knowing who their care coordinators are makes it difficult for consumers to know who to contact when they have issues they need addressed.
- The group could revisit existing consumer surveys to see if there are additional questions related to communication that could be incorporated and/or the group could consider adding a measure related to the completeness of consumer contact information within the KanCare system.
- A note needs to be added to the recommendations that there are some waiver populations for which no consumer survey measures are currently available (e.g., the SED waiver).
- The major consumer surveys were paused for 2020, so there will be a gap in available data.
- A next step could be to have consumers review the list of meaningful measures to ensure that the measures identified by the KMMC are meaningful to them.

Agenda item: Next Steps

Sydney McClendon then reviewed planned activities for the second quarter of 2021 as outlined in the strategic plan approved by the KMMC during its November meeting. One activity would involve updating the recommendations according to the feedback provided by members during the meeting. KMMC members did not express concern with planned activities.

The group then adjourned. The next KMMC meeting is scheduled for Friday, June 11, at 1pm.