KanCare Meaningful Measures Collaborative (KMMC) Meeting
Friday, May 17, 2019, 1:00PM-4:00PM
Kansas Health Institute

KMMC Notes

Agenda Item: Stakeholder Working Group Welcome

Audrey Schremmer, Kansas Association of Centers for Independent Living and Chair of the Stakeholder Working Group (SWG), welcomed the group and asked members to introduce themselves and any organization whose behalf they attend. Then Kari Bruffett, KHI, provided an overview of the agenda.

Agenda Item: Discuss Consumer Engagement Pilot Results

Scott Wituk, Community Engagement Institute at WSU, provided an overview of the consumer engagement efforts of the KMMC to date. This process has been led by a Consumer Engagement (CE) Design Team. This CE Design Team reviewed the notes from engagements to date and created common themes throughout. A document outlining common themes identified in the consumer engagement pilot can be found at the following link:

https://www.khi.org/assets/uploads/news/14860/2019.05.17_consumer_engagement_pilot_themes.pdf

It was noted that consumer engagement so far has been a pilot, so the group expects to make changes. The group discussed the process for the "initial" questions vs. "additional" questions. It was noted that the additional questions were of-interest to specific partners. Some other pilot hosts indicated interest to incorporate the additional questions in the future. SWG members asked for the themes to clearly indicate whether a comment is negative or positive. For example, if a comment reads, "durable medical equipment" it is not clear whether this is a negative or positive comment. The group indicated interest to maintain context for the answers whenever possible. There is an interest to unpack the themes for each question.

Then volunteers were requested to participate in the CE Design Team. This group meets monthly to discuss logistics related to the consumer engagement. When data comes in from consumer engagement opportunities, the Design Team will work to identify themes within the data. Jeff Stafford, United Healthcare, requested that someone contact him as he had a colleague to volunteer for Design Team participation. Annette Graham, Central Plains Area Agency on Aging, also volunteered to be a CE Design Team member. It was announced that anyone else who might be interested to participate on the Design Team should contact Sydney McClendon, KHI.

It was also announced that there are funds set aside as "mini-grants" to off-set costs associated with consumer engagement. The amount per organization is $2,000.

The Area Agencies on Aging/Aging and Disability Resource Centers would like to volunteer to host additional consumer engagement opportunities. The importance of hearing from older adults and caregivers was emphasized.

It was also stated that the there is a self-advocate conference in Topeka at the end of June. It was anticipated that this conference would have approximately 300 individuals from across the state with intellectual and/or developmental disabilities (IDD). Another opportunity for

consumer engagement may be the SOAR Disability Leadership & Advocacy Conference in Independence, MO. This is a four-state conference.

The group discussed the data gathering process and the extent to which this process could be standardized. Scott Bruner, Aetna, may be able to host an event. It was noted that the CE Design Team would like to revisit the seven initial questions and check-in to make sure that they are still useful. It was also cautioned that flexibility and keeping the tool or process short are likely key.

The group also discussed additional KanCare consumer populations with which they would like to engage. An example of this may include expectant women. The group is interested to identify key contacts to connect with that group. The group is also interested to engage with kids more generally.

Nannette Perrin, Sunflower Health Plan, volunteered to partner with the consumer engagement process and noted that she would be at the self-advocacy conference. She also described baby showers for KanCare members that may be opportunities to engage with this key population.

Carrie Wendel-Hummel, University of Kansas, volunteered to reach out to some colleagues about additional consumer engagement opportunities. She asked for some materials that could serve as a description of what would be expected of partners.

One group member asked if PACE (Program of All-Inclusive Care for the Elderly) was part of this discussion. It was noted that they might be a good partner. It was also noted that PACE is not a KanCare program.

Decisions:
- Reach out to additional partners about joining the consumer engagement Design Team
- Reach out to additional partners about partnering on consumer engagement activities

Action item(s):	Responsible party:
• Draft an overview of information needed to partner with consumer engagement process	• Scott Wituk, CEI & CE Design Team
• Review questions from consumer engagement pilot	• CE Design Team

Agenda Item: Review Consolidated List of Research Questions

Schremmer then initiated conversation on the consolidated list of questions from the approx. 90 questions identified by Qualtrics survey. McClendon provided additional detail on the process taken to consolidate the list. The list of questions discussed by the group in the meeting can be found at the following link:

https://www.khi.org/assets/uploads/news/14860/051719_stakeholder_pre_meeting.pdf

Regarding Question 3, it was noted that the group needs a bias for independence and community. It was said that in consolidating items here that key point has been lost. The suggested alternative was, "Level of service necessary to support individuals in the community of their choice." It was noted that Items 51 and 10 – contain the notes of

independence and community, but that gets lost in the consolidated Question 3. It was also discussed that Question 2 might address this in terms of preserving the value of independence. Others present thought it was two issues – finding services in community of choice and providing adequate oversight and quality assurance to live in their community of choice.

It was noted that the questions have almost become research questions. It was also noted that many questions are requests for information, not measures. The group noted that the goal of the KMMC is to get to meaningful measures. It was discussed that "meaningful measures" are things to look at over time. It was noted that each of these research questions have multiple components. It was discussed that part of the challenge is how many current measures are in the current evaluation (approximately 180 measures).

The group also acknowledged that some things are missing, such as oral health questions. It was noted that DRWG may be able to identify a number of measures that answer the many components within each question.

It was noted that some questions are specific to populations and that should be noted.

The group discussed that care coordination and case management are separate services and so consolidated questions may not be appropriate. It was noted that care coordination in this context is defined in the broadest sense.

Members of DRWG who were present said that it would still be necessary to consolidate questions. It was also discussed that the domains are helpful in capturing the intent of what SWG is interested in. It was discussed that one option could be to look at the KMMC Charter and make a judgment on what may be outside of the scope of this effort. DRWG also encouraged the use of precise language in questions when possible. Key questions for limiting the number of questions include: Does it fit in the scope? Does it use precise language?

Other key questions suggested included: Is a question relevant? Is it necessary? The group also noted the importance of knowing about the intent behind questions too.

Then the group spent time moving questions around that were consolidated incorrectly. The updated question list based on the meeting discussion can be found at the following link: https://www.khi.org/assets/uploads/news/14860/swg_questions_2019.05.22.pdf

It was discussed that the group hasn't yet eliminated any questions, but that may need to be a next step. A follow up task the group discussed was applying criteria to each of the consolidated questions. This would be done via an online survey after the meeting.

Decisions:
- SWG questions will be characterized by – importance to consumers; importance to SWG; desire for more clarity; number of people impacted; level of impact on the consumer; fiscal impact to the state/taxpayer; actionability

Action item(s):   **Responsible party:**

| Complete survey to describe each question by the agreed upon criteria | All SWG members |

Agenda item: Committee of the Whole

Aaron Dunkel welcomed everyone who joined for the Committee of the Whole portion of the KMMC meeting. Bob St. Peter introduced the presentation from Wen-Chieh Lin. St. Peter reminded the group that several months ago they identified key measures that they wanted to learn more about.

Agenda Item: Presentation of Pilot Results

Lin presented on priority measures starting with utilization. Lin showed utilization measures from August 2018 and noted that it was based on claims/encounter data and reported at a high level. Lin outlined the possible variability in unit.

A KMMC member asked if the utilization data is considered validated. Another member said that the State has an encounter validation system that checks each transaction from the MCOs. It was noted that Kansas has among the most stringent validation standards in the country. An additional KMMC member said that the external quality review organization (EQRO) data are essentially double validated. It has an NCQA-certified auditor which the MCO is required to have. Then the Kansas Foundation for Medical Care (KFMC) validates the information as well. Consumer Assessment of Healthcare Providers and Systems (CAHPS) data and consumer satisfaction information are nationally certified surveys that have to follow certain standards. Pay for performance measures are all validated by KFMC, including the coding and programming. KFMC follows Centers for Medicare & Medicaid Services (CMS) protocol for EQROs.

Lin then described eligibility determinations, another priority measure. Lin noted the three primary eligibility groups (family medical, elderly and disabled, and long-term care). Then noted the federal regulations these review timelines are subject to and the exceptions to these regulations. Lin clarified the "true backlog" as the active line in the measures commonly presented to the Bethell Oversight Committee.

A KMMC member said that other states do have different standards for the timeliness of this eligibility review. It was noted that other states might have real time information.

Lin next described network adequacy, another priority measure. He showed the slide previously presented by the state and noted the challenges of that reporting format. Lin showed maps of providers and highlighted challenges associated with access to specialty care across the state.

KMMC members noted that the map does not note if providers are accepting patients, and it was noted that this comes up frequently concerning dentistry. The group noted that there are remaining questions about network adequacy.

A copy of the presentation can be found at the following link:
https://www.khi.org/assets/uploads/news/14860/2019.05.17_pilot_results.pdf

Agenda Item: Discussion of KMMC

St. Peter then transitioned to discussing a few items regarding the timeline and expectations for the KMMC. He noted that the initial measures discussed begin to move toward the KMMC goal of a shared understanding of the KanCare program. He discussed the desire to quickly

get to the discussion of what more meaningful measures may be. He encouraged the group to have patience for the process required to get to this point. St. Peter noted the progress that SWG has made in brainstorming initial questions and also referenced challenges associated with making progress at this stage in the DRWG. Regarding these challenges, St. Peter noted the value in balancing inclusiveness of collaboration with efficiency of meetings on technical issues. He said that the group has gained additional clarity on the initial priority measures, but key questions remain about what "should" be measured. St. Peter expressed the goal of streamlining some of the more technical work of DRWG into smaller task-based groups with broad participation. He then offered the reminder that the KMMC Executive Committee is designed to be an arbiter within the KMMC.

McClendon then outlined the timeline for upcoming KMMC work.

Recommended Next Steps	Timeline
a. SWG: Finalize first set of research questions	June 2019
b. DRWG: Assess data availability and quantify resources needed to address first set of research questions	June 2019
c. Executive Committee: Prioritize first set of research questions for DRWG analysis	July 2019
d. DRWG: Task group members with analysis of research questions	July 2019
e. Complete Year One Report	August 2019
f. Identify and engage national consultant	September 2019
g. SWG: Expand consumer engagement to additional populations	June-Sept 2019
h. SWG: Develop next set of research questions, incorporating input from expanded consumer engagement	Oct-Nov 2019

KMMC members questioned whether there would be enough time for the DRWG to complete tasks in June. Another KMMC member offered that a good outcome may be prioritizing questions based on when an answer may be expected. For example, some may be answerable in a month, others in a quarter and some not for years. It was also clarified that the report planned for August would be a status-update or interim report.

To close the meeting a KMMC member asked what the charge was for the group. Further it was asked if the group was tasked to clarify available data or if the group aims to take on analysis. It was noted that this is a key question and the meeting closed.

Decisions:
- DRWG moving to small task-based group to move forward the technical aspects of their work with more efficiency.

Action item(s):   **Responsible party:**
- N/A   - N/A