

KanCare Meaningful Measures Collaborative (KMMC) Meeting Notes
Friday, November 13, 2020, 1:00PM - 3:00PM
Zoom

Agenda item: Welcome

Aaron Dunkel, Chair of the KMMC Executive Committee, opened the KMMC meeting by providing an overview of the agenda. Sydney McClendon, Kansas Health Institute (KHI) support staff, then highlighted three sets of recently released reports for the group.

1. The KMMC meaningful measures reports, which highlight measures recommended by the KMMC in April of 2020 on the topics of pregnancy outcomes, care coordination and network adequacy were published and are available [here](#).
2. The Centers for Medicare & Medicaid Services (CMS) released the latest version of the Medicaid and Children's Health Insurance Program (CHIP) Scorecard. The Scorecard includes measures voluntarily reported by states, as well as national measures in three pillars. It can be accessed [here](#).
3. The newly developed KanCare dashboard, which highlights KanCare performance on quality measures relative to others states, is available [here](#).

Agenda item: Discuss DRWG Initial Assessments

Wen-Chieh Lin, KHI support staff, then provided an overview of work that data resources working group (DRWG) members had completed since the August KMMC meeting. DRWG members volunteered to work on one of four stakeholder working group (SWG) priority topics — behavioral health, communication, quality assurance and telehealth — and compiled an initial assessment for each topic. Initial assessments included translating SWG questions into researchable questions, identifying existing data sources, identifying existing measures to answer the research questions and documenting strengths and challenges with existing data sources.

DRWG members then gave an overview of their initial assessments and posed the following discussion questions to the full KMMC:

1. Do the research questions address the interest of the SWG and KMMC more broadly?
2. Are there additional challenges or benefits associated with the existing data sources or measures, beyond what we have listed?
3. Are there additional existing data sources or measures missing from what is presented? Are there any known industry standards or benchmarking available?

Behavioral Health: Lori Marshall, Association of Community Mental Health Centers of Kansas, provided an overview of the initial assessment she had completed on the topic of behavioral health, available [here](#). KMMC members expressed overall support for the research questions and topic. It was suggested that research question #7, which

focuses on access to services via telemedicine, should also include substance use disorder (SUD) services.

Quality Assurance: Carrie Wendel-Hummell, University of Kansas School of Social Welfare, provided an overview of the initial assessment she had completed on the topic of quality assurance, available [here](#). KMMC members expressed support for the research question (“Are home and community-based services (HCBS) populations receiving the level of services they need?) and indicated that it captured the interest of the SWG.

Members asked about the availability of Healthcare Effectiveness Data and Information Set (HEDIS) measures for the HCBS population. Some HEDIS-like measures were included in the initial assessment (pg. 3), but these measures focus on preventive care and dental care. Additional HEDIS measures could be considered in further analysis of this topic, depending on data availability and sample size for each waiver population.

Members also asked about measures pertaining to emergency plans and the adequacy of emergency plans. Measures on emergency plans are currently reported by the state but were not included in the initial assessment. These measures could be considered if the KMMC decides to make recommendations on meaningful measures for quality assurance, and it was suggested that KMMC members connect with KDADS to see if any other measures the state currently collects could be considered to address the research question.

Finally, the group discussed challenges with assessing whether needs are met by reviewing claims data for specific services. While examining utilization is an important way to assess what services were provided, linking them to “need” is more difficult. Further, publishing data for some waiver services can be a challenge given how small the sample is.

Telehealth: Sarah Irsik-Good, Kansas Foundation for Medical Care (KFMC), provided an overview of the initial assessment on the topic of telehealth, available [here](#). Most of the information included in the initial assessment is based on what measures and analyses were proposed in the [KanCare 2.0 Evaluation Design](#), which was developed prior to COVID-19.

Encounter data would allow stakeholders to understand what services are being used relative to those that are offered. KMMC members discussed the importance of considering multiple factors that influence access to telehealth, including internet and device access. Providing patients with education and support was another important element to consider, to ensure consumers are able to receive services and to navigate different platforms and technology. KMMC members also noted that accessibility is dependent upon the needs of individual consumers.

KMMC members asked whether any of the data listed in the initial assessment is currently available. Because most of the information included in the assessment was proposed for the next KanCare evaluation, some data (e.g., provider survey data) has not yet been collected but will be.

Members asked whether it would be possible to consider how access to telehealth helps meet overall access to care needs in the state, as well as to measure the impact that telehealth has on health outcomes. One consideration around accessibility would be tracking which originating sites have been used during COVID-19, given that one major policy change during the pandemic was to allow the consumer's home to be an originating site.

Finally, it was discussed that any information KMMC members could share related to potential benchmarks for telehealth measures would be helpful, as that is missing from the initial assessment and could be added in future work on the topic.

Communication: Sydney McClendon, KHI support staff, then discussed the topic of Communication with the group. Communication had been prioritized by the SWG, but due to capacity constraints an initial assessment on the topic was not conducted by DRWG members ahead of the meeting. The questions of interest by the SWG were:

1. How effectively does KanCare communicate with consumers?
 - a. How effectively has KanCare communicated with consumers during COVID19?
2. Are members satisfied with the degree to which they understand and can make decisions about their services?

Sydney asked the group to consider whether there was still interest in pursuing this topic in light of the other topics the group had covered, as well as overlap on this issue with past efforts. KMMC members highlighted that past work on the topic of care coordination included measures related to communication, which could make communication less of a pressing issue to address now. Other stakeholders highlighted that communication had been a particular topic of interest in the last round of consumer engagement, and for that reason could still be considered a high priority. Given the current meaningful measures on communication identified via the topic of care coordination, the group decided to ask the Executive Committee to still discuss communication as a potential topic for the KMMC, particularly the effectiveness of communication to consumers during COVID-19.

Agenda item: Update on KMMC Consumer Engagement on Telehealth

Following the discussion of the DRWG initial assessments, Scott Wituk, Wichita State University Community Engagement Institute, reviewed initial findings from the fall 2020 round of consumer engagement conducted in collaboration with the SWG.

The latest round of consumer engagement captured the experience of roughly 700 KanCare consumer who had received behavioral health services via telehealth since the onset of the COVID-19 pandemic. The initial findings are available [here](#).

After providing an overview of the findings, Scott asked KMMC members to consider:

1. Do these findings align with or contradict what you have heard or seen from the consumers you interact with?
2. Do these findings raise any additional questions?
3. How can these findings inform potential KMMC research questions or measures related to telehealth?

KMMC members asked if additional patterns or analyses would be conducted with the findings, as well as if there are any similar surveys or discussions happening that include providers. Additional analyses are currently underway, including an assessment of open-ended responses from consumers, and other groups have been surveying providers about experiences with telehealth and will be releasing findings in December.

The group highlighted that the findings only cover those who were actually able to receive telehealth services and excludes those who may have experienced accessibility issues that prevented them from receiving any telehealth services. The group also noted that the high satisfaction level with services, while positive, may also be due to consumers feeling grateful to receive any services during the pandemic.

Moving forward, the group indicated that it would be important to look beyond telehealth access and focus on other issues related to effectiveness (e.g., how can telehealth support recovery?) and consumer choice in measurement, as well as how telehealth can support other in-person care. Existing studies could point to potential measures for consideration.

Finally, understanding how telehealth can address other determinants that prevent access to care (e.g., lack of transportation) will be important moving forward.

Agenda item: KMMC Planning

Finally, Kari Bruffett, KHI support staff, walked the KMMC through the draft KMMC strategic plan for 2021. The strategic plan was developed based on feedback in the August 2020 KMMC meeting and in collaboration with the KMMC Executive Committee. The draft reviewed in the meeting is available [here](#).

KMMC members were broadly supportive of the goals outlined in the strategic plan, but acknowledged that COVID-19 will likely continue to have an impact on all work done in 2021 and should be acknowledged in the document.

Regarding the focus of effort on previous priorities versus exploring new priority topics, the group discussed the importance of beginning work by examining measures that already exist, and only looking at new measures as a way to fill existing gaps. An additional activity that was recommended for 2021 was to find a way to communicate progress from the KMMC back to consumers, particularly to share how consumer input has informed the work of the group. Finally, the group expressed interest in continuing to meet on a quarterly basis with additional task group meetings occurring between meetings.

The group was not able to address all questions related to the strategic plan during the meeting, and Kari indicated that a survey would be sent to the group following the meeting to obtain additional input from KMMC members.

Agenda item: Adjourn

The next KMMC meeting will be scheduled for the first quarter in 2021 based on input from KMMC members.