**KanCare Meaningful Measures Collaborative (KMMC) Meeting Notes**
**Friday, June 11, 2021, 1:00PM - 3:30PM**
**Zoom**

## Agenda item: KMMC Progress

Aaron Dunkel, Chair of the KMMC Executive Committee, provided an overview of the meeting agenda and objectives, before handing it off to Kari Bruffett, Kansas Health Institute (KHI) support staff, to give an update on the current status of KMMC efforts and progress made.

Kari highlighted the work that had been completed on the KMMC's priority topics in Cycle 1 (topics: care coordination, network adequacy, pregnancy outcomes, social determinants of health) and Cycle 2 (behavioral health, quality assurance, telehealth). This work has included recommending "meaningful measures" of KanCare for these topics, as well as developing reports that highlight meaningful measures that are currently reported across publicly available KanCare reports.

In addition to recommendations of meaningful measures for KanCare, the group has engaged more than 700 consumers since the start of the KMMC, collaborated with and presented its work to other partners, and was recently accepted to participate in a panel for the 2021 Kansas Telehealth Summit. More information can be found in slides 6-10 of the meeting slide set.

Following the progress update, Kari shared that there will likely be upcoming modifications to KMMC operations based on changing staff capacity at KHI. To provide input on what a sustainable version of the KMMC looks like moving forward, members were then put into breakout rooms to discuss the KMMC currently and in the future. Members were asked to share one word or phrase that comes to mind when they think of the KMMC now, and one word or phrase they would like others to associate with the KMMC moving forward. Following the breakout discussions, members shared the results of that discussion and added their words or phrases to a Jamboard. See *Figure 1* (page 2) for the results of the discussion.

*Figure 1.* **Breakout Activity Jamboard**

Other key discussion points included:

- The KMMC's ability to foster collaboration and be responsive is a current success and should be continued in its work moving forward.
- Finding ways for the group's work to drive meaningful change and further defining the scope of the KMMC's work continues to be critical to the success of the group.
- One benefit, and sometimes challenge, are the diverse and "faceted" interests of those who participate in the KMMC. Finding ways to keep a diverse group of individuals engaged will continue to be an area of growth for the group, as well as finding ways to be responsive to different priorities of members.

**Agenda item: Finalize Cycle 2 Recommendations**

Sydney McClendon, KHI support staff, then reviewed the latest draft of the KMMC Cycle 2 Recommendations covering the topics of behavioral health, quality assurance and telehealth. Following the March 12 KMMC meeting, KHI staff updated the recommendations based on input provided by the full KMMC. Changes made since March were highlighted in blue in the draft.

After providing a brief overview of the changes, KMMC members were asked to provide any final edits to the recommendations. The following edit was proposed for the telehealth section:

- Add a note recommending that in addition to tracking the way that telehealth services are provided (e.g., via video or audio-only modalities), that audio-only modalities continue as a way to maintain access to telehealth services for those who cannot access video telehealth services.

Members were then asked to share their level of support for the current version of recommendations by sharing a number from 0-5 in the Zoom chat box, with 0 indicating no support for the recommendations and 5 indicating full support. All three topics received scores of 3 or above from participating members, with most members selecting a 4 or 5. The recommendations were then considered ratified based on the level of consensus from the group.

Following the meeting, the recommendations will be updated based on the group's feedback and published on the KMMC's website. Next steps then include sharing the recommendations with key partners (e.g., Bethell Committee legislators, state partners) and disseminating to related groups, as well as working to advance the recommendations through developing meaningful measures reports and holding additional discussions for topics for which existing data is limited.

**Agenda item: Social Determinants of Health (SDOH) Efforts**

In the March KMMC meeting, the group received an updated that members of the KMMC SDOH task group would be meeting with managed care organization (MCO) and state representatives to discuss existing SDOH data and potential opportunities to build on the 2020 recommendations from the task group. Since March, three conversations had been held to advance SDOH data for KanCare members

Jean Hall and Melissa Lawson, who have participated in those discussions, provided an update to the full KMMC on progress from the group and next steps. Through the discussions, the group had reached consensus on six priority domains — housing, food, transportation, technology and employment — for which data should be collected for all KanCare members. Within each domain, the group decided on a set of screening questions that could be used to obtain important information on these topics. The group will reconvene later in June to discuss in more detail when the set of questions should be administered to KanCare members, how frequently, who should administer them, and how the data should be reported. More information can be found in slides 13-19 of the meeting slide set.

Other members highlighted the collaborative nature of the group, as well as expressed support for the inclusion of a question focused on technological literacy. Members also expressed support for the state's involvement in the discussions and shared that it was at the request of the state that the group would continue meeting in order to discuss the best ways to collect this data.

Updates on the efforts of this group will be shared in future KMMC meetings, and it provides a model for how to advance KMMC recommendations related to data gaps or limitations.

**Agenda item: Working Group Meetings**

KMMC members then divided into working groups for the remainder of the meeting.

*Stakeholder Working Group (SWG) Meeting*

Tami Allen, Vice Chair of the SWG, kicked off the SWG meeting by providing an overview of the group's two main agenda items:

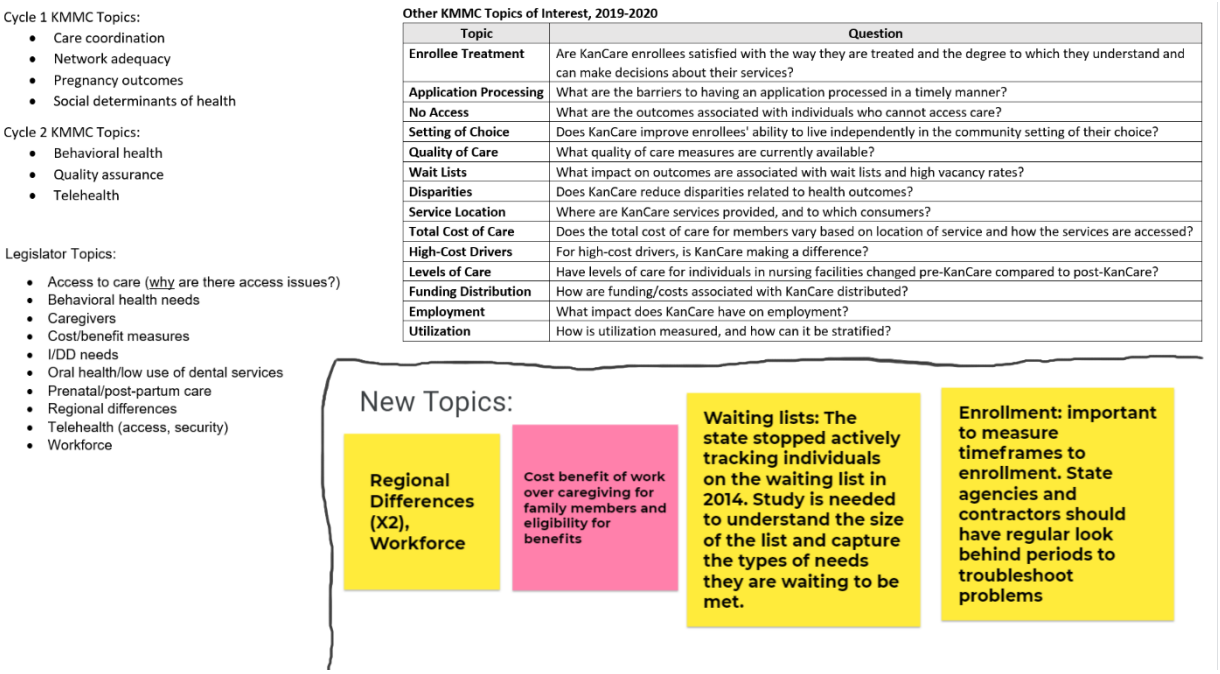
1. Revisit earlier priorities and current issues
2. Discuss next steps for consumer engagement

Kari Bruffett then took the group through a brainstorming exercise that included a review of earlier KMMC priorities, as well as the opportunity to highlight new topics the group could consider for future work. See *Figure 2* (page 5) for the Jamboard the group used for the brainstorming session.

In addition to the information included in the Jamboard, key discussion points included:

- **Caregivers:** Understanding how Kansas accounts for caregivers and the level of support they provide is important, as caregiving responsibilities can keep some individuals from pursuing other employment. Understanding the cost benefit provided by caregivers will be important, even if they are not paid directly by the state for the care they provide. Further, looking at the benefit provided by caregivers would encourage the state to take a broader look at families overall, and not just the individual Medicaid member.
- **Waiting lists:** More information is needed to understand the needs of those who are currently on waiting lists for waivers. This could include looking at how long the list is, as well as the immediate needs of those who are on wait lists. Additionally, understanding best practices and how other states have addressed their wait lists and Intellectual and Developmental Disabilities (I/DD) services could be important.
- **Regional differences:** Understanding differences by region is important for almost all topics the KMMC touches. This could include regional differences in workforce needs, or regional differences in race/ethnicity, which can have implications for care. Consumer experiences will also likely differ by region, which has become apparent in the prior consumer engagement work the KMMC has done. Further, while multiple parts of the state are currently experiencing access to care issues, the reasons for access issues differ by region.
- **Enrollment:** The length of time it takes to process applications once submitted, including the time between initial application and enrollment, is important to track.

*Figure 2.* **KMMC Priority Topic Brainstorm**



Cycle 1 KMMC Topics:

- Care coordination
- Network adequacy
- Pregnancy outcomes
- Social determinants of health

Cycle 2 KMMC Topics:

- Behavioral health
- Quality assurance
- Telehealth

Legislator Topics:

- Access to care (why are there access issues?)
- Behavioral health needs
- Caregivers
- Cost/benefit measures
- I/DD needs
- Oral health/low use of dental services
- Prenatal/post-partum care
- Regional differences
- Telehealth (access, security)
- Workforce

Other KMMC Topics of Interest, 2019-2020

| Topic | Question |
|---|---|
| **Enrollee Treatment** | Are KanCare enrollees satisfied with the way they are treated and the degree to which they understand and can make decisions about their services? |
| **Application Processing** | What are the barriers to having an application processed in a timely manner? |
| **No Access** | What are the outcomes associated with individuals who cannot access care? |
| **Setting of Choice** | Does KanCare improve enrollees' ability to live independently in the community setting of their choice? |
| **Quality of Care** | What quality of care measures are currently available? |
| **Wait Lists** | What impact on outcomes are associated with wait lists and high vacancy rates? |
| **Disparities** | Does KanCare reduce disparities related to health outcomes? |
| **Service Location** | Where are KanCare services provided, and to which consumers? |
| **Total Cost of Care** | Does the total cost of care for members vary based on location of service and how the services are accessed? |
| **High-Cost Drivers** | For high-cost drivers, is KanCare making a difference? |
| **Levels of Care** | Have levels of care for individuals in nursing facilities changed pre-KanCare compared to post-KanCare? |
| **Funding Distribution** | How are funding/costs associated with KanCare distributed? |
| **Employment** | What impact does KanCare have on employment? |
| **Utilization** | How is utilization measured, and how can it be stratified? |

New Topics:

**Regional Differences (X2), Workforce**

**Cost benefit of work over caregiving for family members and eligibility for benefits**

**Waiting lists: The state stopped actively tracking individuals on the waiting list in 2014. Study is needed to understand the size of the list and capture the types of needs they are waiting to be met.**

**Enrollment: important to measure timeframes to enrollment. State agencies and contractors should have regular look behind periods to troubleshoot problems**

Next, the group discussed potential ideas for future consumer engagement (*Figure 3*, page 6). Prior rounds of consumer engagement have not included a focus on younger KanCare members and families, which could be a group to focus on moving forward. Multiple potential partner organizations (e.g., Kansas Youth Empowerment Academy) were also brainstormed and are included in the Jamboard.

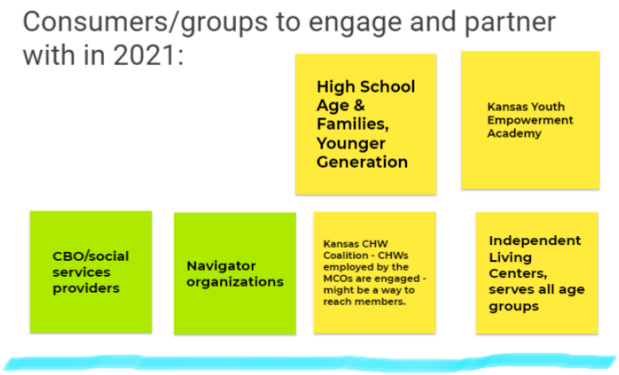
Additionally, one opportunity for collecting input that the group discussed is the upcoming KanCare request for proposal (RFP) process, which will include an stakeholder feedback sessions. The KMMC could see about potential opportunities to leverage feedback collected in that process, as well as opportunities to hold some of its own consumer engagement activities in conjunction with the KanCare processes.

Next steps include taking the input provided in the meeting and sharing it with additional SWG members for input and to identify what areas are of highest priority for the KMMC to pursue next.

*Figure 3.* **Consumer Engagement Brainstorm**

**KMMC Consumer Engagement by Organization**

| Organization | Consumers Engaged |
|---|---|
| Poetry for Personal Power | Behavioral health (BH) consumers |
| Self Advocate Coalition of Kansas (SACK) | Individuals w/ disabilities |
| Three Rivers - KACIL | Individuals w/ disabilities & older adults |
| Aetna | General |
| Central Plains AAA | Older Adults |
| Northwest Kansas AAA | Older Adults |
| CRO Network | BH Consumers |
| KIDS Network | Parents/pregnant women |
| Health Ministries Clinic | BH consumers using telehealth |
| Journey to Recovery | BH consumers using telehealth |
| Family Service & Guidance Center | BH consumers using telehealth |
| HealthCore Clinic | BH consumers using telehealth |
| Hoxie Medical Clinic | BH consumers using telehealth |
| Pawnee Mental Health Services | BH consumers using telehealth |
| The Center for Counseling & Consultation | BH consumers using telehealth |
| Atchison Community Health Clinic | BH consumers using telehealth |




*Data Resources Working Group (DRWG)*

Wen-Chieh Lin, KHI support staff, welcomed folks to the DRWG meeting and provided a brief overview of the two main agenda items for the meeting:

1. Identify groups to share recommendations with and upcoming opportunities
2. Identify volunteers for existing measures reports

Sydney McClendon then provided information about conversations KMMC Executive Committee members and KHI staff had held with members of the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Bethell Committee) during the 2021 legislative session. The goal of the discussions were to surface KanCare topics that were of high priority for the legislators and/or topics where additional information would be helpful. The legislators identified the following topics, some of which have been addressed via prior or current KMMC work:

- Access to care, including the underlying drivers of access issues
- Behavioral health needs and covered services
- Value of caregivers and ways to support them
- Cost/benefit measures to assess the value of policies
- Support for individuals with I/DD and co-occurring behavioral health needs
- Oral health, including reasons for the low use of dental services
- Prenatal/post-partum care utilization

- Regional differences, including access to services in rural areas
- Telehealth, including access, security, and broadband issues
- Workforce issues

Next, the DRWG discussed other groups and opportunities to share the KMMC recommendations that were ratified earlier in the meeting. Key discussion points included:

- Identifying ways that the recommendations can inform the upcoming KanCare RFP process and contract development, which had been mentioned by state agency members previously.
- Sharing the recommendations with the KanCare Advocates Network in their regular meetings.
- Sharing the recommendations with health centers throughout the state through Community Care Network of Kansas' daily newsletter.

The group also discussed the development of existing measures reports for the topics of behavioral health and quality assurance, which would highlight the measures identified in the new KMMC recommendations. The group recommended continuing the reports and keeping them in a similar format to the prior versions focused on care coordination, network adequacy and pregnancy outcomes. Additionally, as the reports are shared with others (e.g., legislators) in the future, ensuring that the information is shared in a short, succinct way will be important. Too much detail could detract from why others should care about the information.

One strategy for presenting the recommendations during future Bethell Committee meetings also could be to have KMMC members mention their work with KMMC during their usual testimony. This would help legislators better understand the breadth of organizations involved in the KMMC, given that not all members participate in the presentations.

No members were able to volunteer to draft the two existing measures reports during the meeting. KHI staff said they would share more information via email after the meeting to identify KMMC members to work on putting together the reports.

**Agenda item: Adjourn**

The KMMC adjourned at 3:30PM, and the next full KMMC meeting is currently scheduled for September 10 at 1pm.