KMMC
KANCARE MEANINGFUL MEASURES COLLABORATIVE

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KMMCdata.org

ISSUE BRIEF

CARE COORDINATION: MEANINGFUL MEASURES IN KANCARE

According to the Agency for Healthcare Research and Quality, "Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care."

The KanCare Meaningful Measures Collaborative (KMMC) has identified care coordination as a priority topic area. In particular, stakeholders who selected the topic were interested to better understand whether care coordination is available for consumers who need it, as well as whether care coordination services are effective for those who receive them.

This brief provides information on some of the data that are available related to care coordination in KanCare and also offers recommendations to address gaps in the information reported. Data are included as *examples* of information currently available; therefore, this brief does not seek to interpret the data or to address the programmatic implications of the findings. Instead, it focuses on opportunities to improve the quality of information available on the topic with the assumption that meaningful data collection and analysis are foundational to all work to improve care coordination for KanCare members.

Meaningful Measures for Care Coordination

The types of services referred to as 'care coordination' can differ. To assess the availability and efficacy of care coordination in KanCare, KMMC examined measures for three distinct types of care coordination:

1. General care coordination for all KanCare consumers;
2. Care coordination for KanCare consumers receiving home and community-based services (HCBS); and
3. Targeted case management (TCM) for KanCare consumers receiving Intellectual/Developmental Disability (I/DD) waiver services.

Some Meaningful Measures for care coordination identified by KMMC are already publicly reported and are described in this brief, while others could be developed but are not yet available. Additionally, many measures identified as meaningful for HCBS waiver services and TCM are available for the first time in 2020.

ABOUT KMMC

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KANCARE MEANINGFUL MEASURES COLLABORATIVE

The KanCare Meaningful Measures Collaborative (KMMC) was created out of a desire to better understand how KanCare is performing. KanCare is the state's comprehensive managed care program that combines Medicaid and the Children's Health Insurance Program (CHIP). While it has been in existence since 2013, there are differing views of how well KanCare is meeting its goals from the perspective of the state, the consumers enrolled in the program and other key stakeholders. One purpose of KMMC is to establish consensus around a set of measures — Meaningful Measures — that are important to better understanding KanCare performance. Please note that the KMMC is a volunteer effort of many stakeholders but is not an official activity of the KanCare program or the State of Kansas. Visit the KMMC website to learn more about the recommended Meaningful Measures: https://bit.ly/2Diax7B

Figure 1. **Examples of Meaningful Measures for Care Coordination**

Existing Meaningful Measures	New Meaningful Measures	Other Recommendations
• Personal doctor seemed informed and up-to-date about your (you child's) care received from other providers. • Proportion of people who felt comfortable and supported enough to go home (or where they live) after being discharged from a hospital or rehabilitation facility in the past year.	• Measures from home and community-based services Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. • Targeted case management measures.	• Develop measures for member experience on the Serious Emotional Disturbance (SED) waiver. • Monitor substance use disorder (SUD) member survey for changes in sampling.

Note: Check out the supplemental tables to see the other Existing Meaningful Measures selected for care coordination not reported in this brief. The full set of recommendation for care coordination, including those in the "other recommendations" category, are here: https://bit.ly/2Diax7B.

This brief highlights a subset of the existing measures selected for general care coordination that are reported in the *2018 KanCare Evaluation Report* with supplemental tables reporting the other Existing Meaningful Measures selected for care coordination. *Figure 1* shows examples from the full set of Meaningful Measures and recommendations on care coordination.

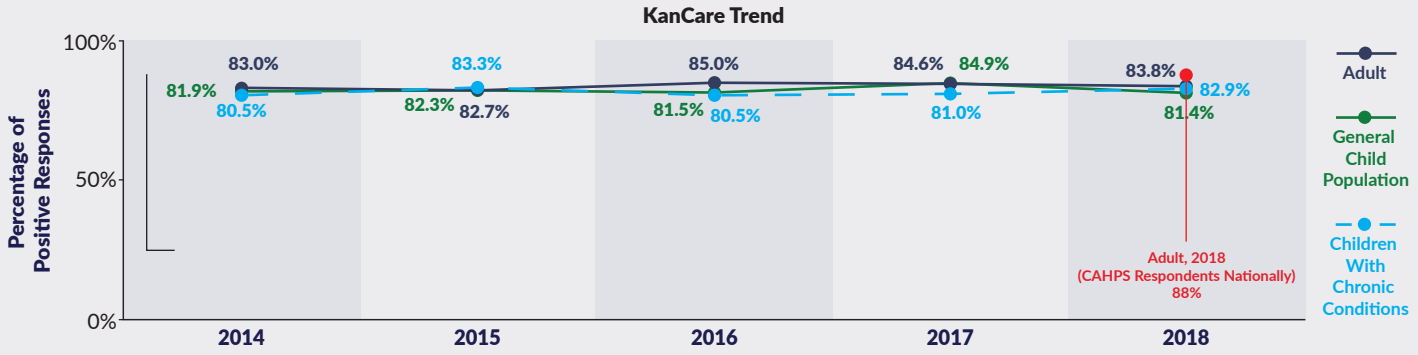
Understanding Data Sources for Existing Meaningful Measures

In this brief, two data sources underpin the Existing Meaningful Measures presented for general care coordination in KanCare: the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the Healthcare Effectiveness Data and Information Set (HEDIS).

CAHPS measures capture consumer experiences in a variety of settings and are derived from consumer survey responses . The CAHPS program was developed by the Agency for Healthcare Research and Quality (AHRQ), and each KanCare managed care organization (MCO) is required to conduct the CAHPS Health Plan Survey via third-party survey vendors and submit the results to the National Committee for Quality Assurance (NCQA). In the KanCare evaluation reports, CAHPS measures are reported for the adult population, general child population and for children with chronic conditions. Due to the current required sample size of the CAHPS survey in Kansas, CAHPS measures cannot be reported for each waiver population or other sub-groups (e.g., geography, race/ethnicity). Increasing the sample size of CAHPS was of high interest to KMMC members, to be able to assess differences in consumer experience.

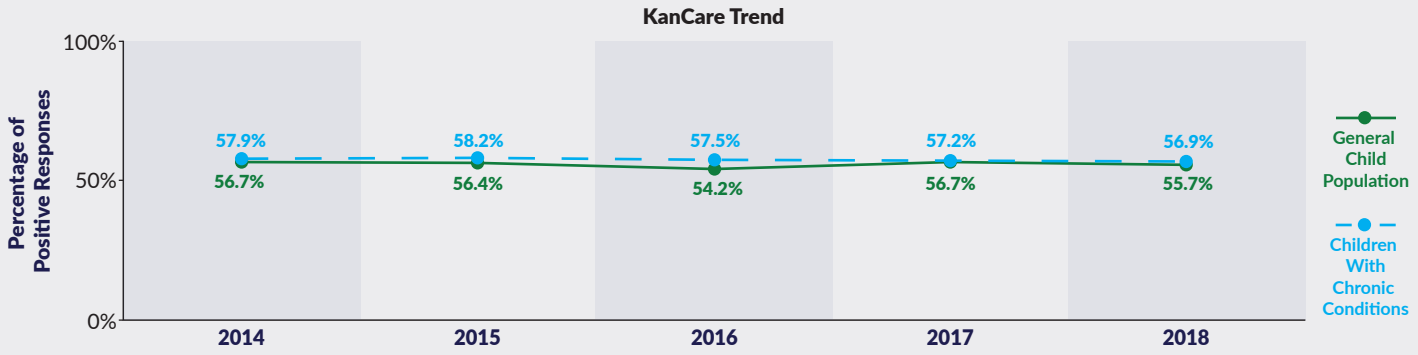
HEDIS measures are developed by NCQA to measure health care performance and are derived from administrative data (e.g., claims data) alone or a combination use of administrative data and chart reviews.

Figure 2. **Percent of KanCare or National respondents with positive response to: In the last 6 months, how often did your (child's) personal doctor seem informed and up-to-date about the care you (your child) got from these doctors or other health providers?**



Source: The KanCare data was reported by the Kansas Foundation for Medical Care and is available in Table 30 (page 147) in the 2018 KanCare evaluation report: https://bit.ly/2XCDGB4. The national consumer data was reported by the Agency for Healthcare Research and Quality and is available here: https://bit.ly/35LrzGV. Data is voluntarily submitted and is not restricted to Medicaid consumers. Children's national data not available.

Figure 3. **Percent of KanCare respondents with positive response to: In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?**



Source: The KanCare data was reported by the Kansas Foundation for Medical Care and is available in Table 30 (page 146) in the 2018 KanCare evaluation report: https://bit.ly/2XCDGB4.

Definitions of the Existing Meaningful Measures presented in this brief follow. The performance of KanCare MCOs on each of the measures has been aggregated and is provided in *Figures 2-5*. Where possible, national rates on the same measures have been provided for comparison. The most recently available data has been used throughout the brief.

Select Existing Meaningful Measures

CAHPS Measures

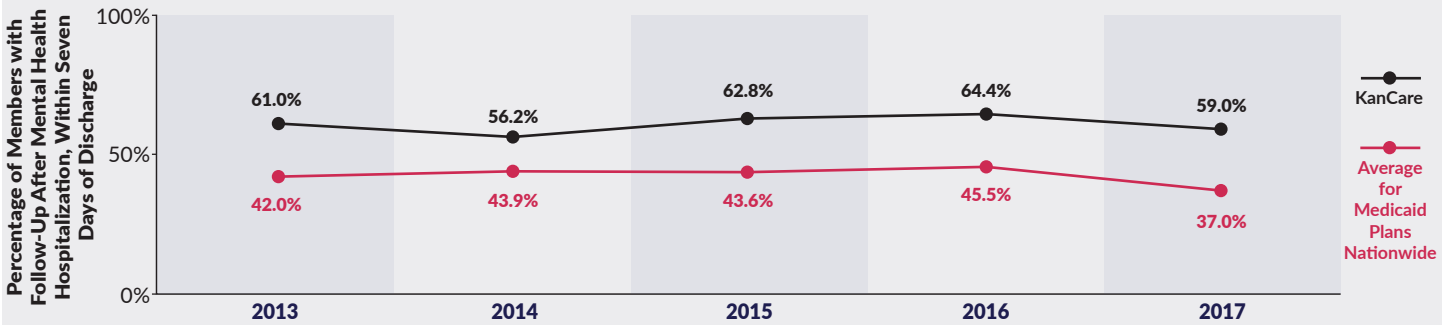
Consumers who complete the CAHPS survey are asked whether they or their child received care from a doctor or other health providers besides their personal doctor. For those who respond "Yes," that they or their child had received care from another doctor, they were asked, "how often did your (child's) personal doctor seem informed and up-to-date about the care you (your child) got from these doctors or other health providers?" In 2018, approximately 8 in 10 individuals in KanCare, regardless of population (i.e., adult, general child or children with chronic conditions) felt that their personal doctor seemed informed and up-to-date (*Figure 2*). This is compared to 88 percent of adults nationally, regardless of insurer type.

Consumers who complete the CAHPS survey are asked whether their child received care from more than one kind of health provider or used more than one kind of service. For those who responded "Yes," that their child had received care from more than one kind of provider or used more than one kind of service, they are asked, "in the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?" In 2018, 55.7 percent of the general child population and 56.9 per-cent of the children with chronic conditions population felt that there had been coordination among these different providers or services.

HEDIS Measures

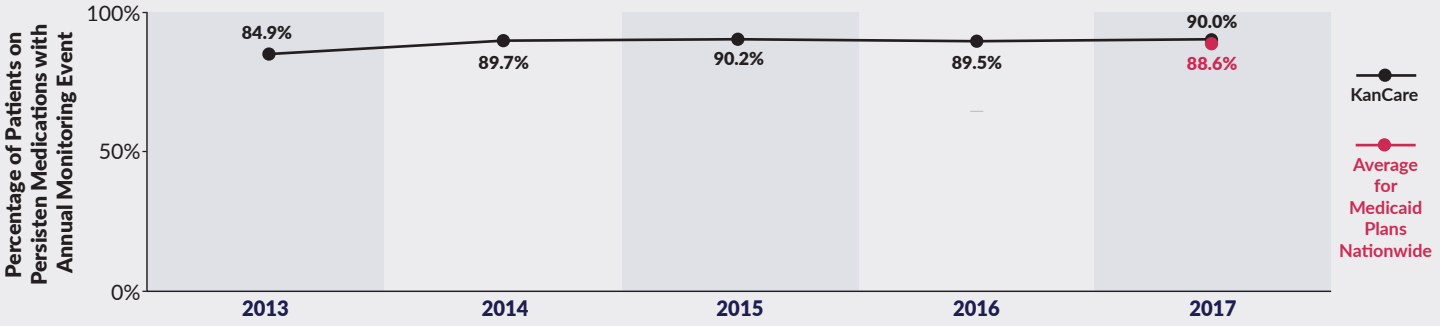
Two existing HEDIS measures identified as meaningful for understanding general care coordination in KanCare are presented in this brief:

Figure 4. **Follow-Up After Hospitalization for Mental Illness, Within Seven Days of Discharge**



Source: The KanCare data was calculated by the Kansas Foundation for Medical Care and is available in Table 2 (page 109) in the 2018 KanCare evaluation report: https://bit.ly/2XCDGB4. The Medicaid plan nationwide data was reported by NCQA and is available here: https://bit.ly/31pJqPY.

Figure 5. **Annual Monitoring for Patients on Persistent Medications**



Source: The KanCare data was calculated by the Kansas Foundation for Medical Care and is available in Table 2 (page 110) in the 2018 KanCare evaluation report: https://bit.ly/2XCDGB4. The 2018 KanCare data was reported by the Kansas Foundation for Medical Care and is available in Table B1 (page 108) in the KanCare Program Annual External Quality Review Technical Report, available here: https://bit.ly/2Ec07XI. The Medicaid plan nationwide data for 2018, the only year available, was reported by NCQA and is available here: https://bit.ly/2XwY2eX.

1. *Follow-Up After Mental Health Hospitalization, Within Seven Days of Discharge*: Assesses adults and children 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within seven days of discharge.

2. *Annual Monitoring for Patients on Persistent Medications*: Assesses adults age 18 years and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and received at least one therapeutic monitoring event for the therapeutic agent during the measurement year. Specific therapeutic agents include: angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARB) and diuretics.

In 2017, 59.0 percent of adults and children with KanCare who were hospitalized for treatment of a mental health illness or intentional self-harm received follow-up care within seven days of discharge, compared to 37.0 percent for Medicaid plans nationwide (*Figure 4*).

In 2018, 90.4 percent of adults who received an ambulatory medication therapy received at least one medication monitoring event during the year, compared to the average rate of 88.6 percent for Medicaid plans nationwide (*Figure 5*).

Considerations

Among many of the measures presented in this brief, KanCare performance on care coordination largely appears to be similar to national benchmarks. While a number of existing measures related to care coordination have been designated as "meaningful" by KMMC stakeholders, stakeholders highlighted that these measures are only reliable for the KanCare population as a whole and do not capture the lived experience of specific KanCare populations. KMMC members indicated a high level of interest in measures that assess how care is coordinated for members of individual KanCare waivers or for others with complex needs, as well as differences in care coordination by other sub-groups, such as those living in urban or rural areas. This would require sampling for these populations, increasing the overall sample size for some current measures.

Additionally, there are no measures that capture the full range of services that care coordination can entail. For example, targeted case management (TCM) is considered a distinct service from MCO care coordination, but measures may focus on one and not the other, or may not adequately distinguish between them. Stakeholders have interest in understanding how effectively care is coordinated for those who receive TCM as well as for those who do not. More specific information on the KMMC's recommendation related to KanCare data and measures can be found here: https://bit.ly/2Diax7B.

ABOUT THIS ISSUE BRIEF

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This brief is based on work completed by the KanCare Meaningful Measures Collaborative (KMMC) task group on care coordination. It was written by Kansas Health Institute staff who support the work of the KMMC and the task groups. It is available online at http://bit.ly/KMMC2020.

KANCARE MEANINGFUL MEASURES COLLABORATIVE

The KMMC is comprised of stakeholders — including KanCare consumers, advocates, providers, state agency staff, researchers and others — from across Kansas, who volunteer their time and effort to participate in the collaborative. Supported by a grant from the REACH Healthcare Foundation. Learn more at KMMCdata.org.