

KanCare Meaningful Measures Collaborative (KMMC) Meeting
Monday, March 2, 2020, 2:00PM - 5:00PM
Kansas Health Institute (KHI) & Zoom

KMMC Meeting Notes

Agenda item: Discuss and Affirm Recommendations from DRWG Task Groups

Welcome & Introductions

Sydney McClendon, Kansas Health Institute (KHI) staff support, welcomed the group to the KMMC meeting and led the group in introductions. McClendon then provided an overview of the recent written-only testimony submitted on behalf of the KMMC to the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight for their February 28 meeting.

The testimony is available here: <https://bit.ly/381Tvnd>

Review Structure of Recommendation Summary Document

Carlie Houchen, KHI staff support, then provided an overview of the recommendation summary document, which summarizes the work of the Data Resources Working Group (DRWG) task groups in each of the priority topics (network adequacy, care coordination, pregnancy outcomes and social determinants of health).

Each task group reviewed questions from the SWG, developed research questions, assessed the available data sources and corresponding technical information (e.g., methods, benchmarks, resources and limitations). Recommendations were developed regarding existing meaningful measures, new meaningful measures, and other topics (e.g., data limitations). The full recommendation summary document discussed in the meeting is available here: <https://bit.ly/2ToHG6L>

Houchen then described how the group would be reviewing and discussing the recommendations. For each topic, a task group member would report on the process for developing recommendations and a summary of the draft recommendations. Small discussion groups would then discuss the recommendations to see if additional background information on the recommendations was needed, if the recommendations contributed to the intended purpose of the KMMC and if there were any gaps in the recommendations that the KMMC could consider for future work. After discussion, each small group then reported a summary of their discussion to the full KMMC.

Discuss Network Adequacy Recommendations

Wen-Chieh Lin, member of the network adequacy task group, then provided an overview of the network adequacy recommendations, which can be found on page 5 of the [summary document](#).

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

- It would be helpful to see a comparison of whether needed services were received. This could be done by comparing care plan information to services received. This would be particularly important for those receiving home and community based services (HCBS).
- Some of the network adequacy information currently reported is not clear, both in how it's reported (e.g., clearly delineating when a network standard is distance vs. time) and where network adequacy reports are available.
- More information on how network adequacy is assessed would be helpful, as would understanding the use of "secret shopper" data for network adequacy.
- It would be helpful to understand how unlicensed providers fit within the context of the network adequacy standards, specifically care attendants.
- While network adequacy concerns are often a reaction to a specific situation in which an individual is not able to access care, it is important to understand the full picture of the network of providers across the state. It would also be important to consider how providers are defined and think about key Medicaid provider types.
- There was general support for how the recommendations were framed, by capitalizing on already existing tools and metrics.

Discuss Care Coordination Recommendations

Carrie Wendel-Hummel, member of the care coordination task group, then provided an overview of the care coordination recommendations, which can be found on page 8 of the [summary document](#). The recommendations were sorted into three categories by type of care coordination: general care coordination provided by providers and MCOs; care coordination for consumers receiving HCBS waiver services; and targeted case management for consumers receiving Intellectual/Developmental Disability (I/DD) waiver services. "Other recommendations" from the care coordination task group focus on gaps in data, addressing data limitations and monitoring new programs with care coordination components (e.g., OneCare Kansas).

Small groups then discussed the care coordination recommendations. Highlights from the discussions include:

- The accessibility of survey questions was raised as potential concern for consumers, and information on if there is consumer confusion around specific questions would be beneficial.
- Consumers who are answering questions in surveys (e.g., CAHPS) about their experience with care coordination services might benefit from additional education about what is meant by the term "care coordination."

- Making it transparent who collects survey information from consumers and where that data is kept would be beneficial.
- To allow for subgroup analysis of the HCBS CAHPS waiver results, while being conscious of resource constraints needed to scale up survey distribution, the group could consider proposing an option that would create a multi-year cycle in which every few years specific waiver populations are targeted for increased sampling.
- The group discussed that the proposed recommendations are likely to help with transparency and visibility of issues around care coordination.

Discuss Pregnancy Outcomes Recommendations

Anna Purcell, member of the pregnancy outcomes task group, then provided an overview of the pregnancy outcomes recommendations, which can be found on page 11 of the [summary document](#).

Small groups then discussed the pregnancy outcomes recommendations. Highlights from the discussions include:

- For the new measures that are recommended to be developed for KanCare (e.g., birth weight), technical specification for clinical outcome measures will be important. The KMMC could consider leveraging specifications and metrics used by other groups in the state considering pregnancy issues (e.g., the Kansas Healthcare Collaborative).
- Having few measures currently reported on maternal and pregnancy issues is a large gap and might make this an area for immediate action.
- Other measures could be considered in the future, including rates of emergency cesarean delivery and early elective deliveries.
- Monitoring the PRAMS data, as included in the recommendations, will provide a nice supplement to the recommended new measures that utilize claims data, since PRAMS relies on survey data.
- Monitoring outcomes by race and geography is an important component of this recommendation, and future work could include comparing network adequacy data to pregnancy outcomes to assess if gaps in the network impact outcomes.

Discuss Social Determinants of Health Recommendations

Jean Hall, member of the social determinants of health (SDOH) task group, then provided an overview of the SDOH recommendations, which can be found on page 12 of the [summary document](#). Given an identified lack of SDOH data for KanCare consumers, the SDOH task group formed out of interest to assess the possibility of collecting SDOH data from the already administered Health Risk Assessments (HRA) and Health Screening Tools (HST).

The group then discussed the SDOH recommendations. Highlights from the discussion include:

- SDOH of health data for the state is needed, although there are multiple options as to where the data could be collected. Scaling up the collection of SDOH data in the state will take time and will likely be an incremental process. It also has the potential to be one of the largest areas of impact for the KMMC.
- The task group strongly recommended collecting SDOH for KanCare members and proposed that the HST might be one tool to collect SDOH from. Additional recommendations from the task group could make data collected from the HST more meaningful. The response rate on the HST was approximately 21% for Sunflower in 2019, and the response to the HST is higher for certain KanCare populations, particularly those receiving case management.
- Beyond capturing data from the HST, SDOH data could be collected via providers, potentially through Z-codes. This could be an additional recommendation option added to the summary document. KDHE is currently receiving some information on Z-codes from hospitals, but the collection of that information is in an early stage.
- Some safety net clinics around the state are already collecting SDOH information for their clients, which could be another source of information to tap into. Safety net clinic often identify opportunities to collect this information following a missed appointment.
- Kansas Health Matters might be a resource or starting point when considering existing SDOH data to build on. Other partnership options include Kansas State Department of Education.
- There were disagreements among the group about the potential burden on consumers if the HST is used as the major source of data for SDOH. While the HST is an existing tool that is being used currently across all three MCOs, there are gaps in what information can be compiled from it. Other options, like Z-codes, could be utilized to minimize the burden on consumers and address gaps in the HST, although Z-codes are not without their own challenges. Limitations of using the HST and Z-codes should be highlighted in the KMMC recommendation summary document.

Agenda item: Discuss Next Steps and Dissemination of Recommendations

Sydney McClendon outlined three options for disseminating KMMC recommendations:

- Option 1: Publish as summary reports on KMMCdata.org and linked to from partner sites. When data are available and appropriate, develop into a dashboard.
- Option 2: Publish as part of the KMMC Annual Report (August)
- Option 3: Publish on partner websites.

Of these approaches, the group discussed preference for Option 1, as it may make data available quickly.

Another suggestion in the group was to pursue additional funding opportunities to support the work of the group regarding the Social Determinants of Health, as well as to work with partners to share information compiled from the KMMC. This could include working with groups like the KanCare Advocates Network (KAN).

Agenda item: Adjourn

The next KMMC meeting will be Friday, May 15 from 1pm-4pm at the Kansas Health Institute and via Zoom.