

KanCare Meaningful Measures Collaborative (KMMC) Meeting
Friday, November 1, 2019, 1:00PM - 4:00PM
Kansas Health Institute (KHI) & Zoom

KMMC Meeting Notes

Agenda item: KMMC Meeting (Committee of the Whole; 1:00pm - 3:20pm)

Welcome & Introductions

Aaron Dunkel, chair of the KMMC Executive Committee (EC), welcomed the group to the November KMMC meeting. Dunkel provided an overview of the agenda.

Update from Executive Committee

Dunkel invited EC members to provide an update on their most recent meetings. Since the September KMMC meeting, the EC has selected three priority issues for initial work from the nine identified by the Stakeholder Working Group (SWG) and consumer engagement process. The three priorities are network adequacy, pregnancy outcomes and care coordination. These measures were selected by the EC after a review of the stakeholder priority score and the discussed readiness of the topic and related measures for further analysis. For example, it was discussed that enrollee treatment and social determinants were identified as and continue to be high-priority topics for which appropriate data are not currently available.

Carlie Houchen, KHI and KMMC staff support, described for the group the work done by Data Resources Working Group (DRWG) volunteers on each of the identified priorities. Additionally, the group discussed that the other six identified priorities (e.g., eligibility determination, no access, setting of choice, enrollee treatment, social determinants and quality assurance) remain and will be addressed as time and opportunity allow.

Discuss Potential Health Risk Assessment Recommendation

Next Jean Hall, KMMC EC member, described a potential recommendation regarding health risk assessments (HRA) that was initially discussed by the KMMC EC. Potential components of this recommendation may include the utilization of a standard HRA across MCOs for all members. Additionally, it was initially discussed that data from the HRA would not only inform care, but also be reported back to the state to inform programmatic priorities. Interest was also expressed for a recurring – potentially annual – reassessment to allow for trend analysis. The group discussed that measures regarding enrollee treatment and social determinants may be made available through this tool depending on the final components and implementation of the instrument.

The group discussed that there are a variety of assessments currently conducted, so the group emphasized the importance of understanding all existing tools to prevent duplication. If it is possible to obtain the instruments, a crosswalk of the current HRA,

health screening tool, functional eligibility instrument and/or additional existing assessments may be helpful. The group discussed the importance of ensuring that any proposed tool does not compromise care delivery or compliance. Additionally, the group discussed the possibility of incentives to increase participation in an assessment.

A task group will convene to discuss this potential recommendation further.

Discuss and Provide Feedback on Work Completed on Priority Areas

Wen-Chieh Lin, KHI and KMMC staff support, then provided an overview of the assessment tool that each task group completed for network adequacy and pregnancy outcomes. A next step for care coordination will be completing this tool when appropriate. The reporting table components include – measures under consideration, data sources, reports that include the measures, availability of the measures, methods by which data are collected, standards by which data are collected or benchmarks are set, resources or efforts required to generate the measure and any limitations to the measure.

Network Adequacy: Lin then presented the draft reporting tool for network adequacy. The reporting tool is available online here:

https://www.khi.org/assets/uploads/news/14860/2019.10.31_netadreporting.pdf

Members suggested that measures assessing the network adequacy for HCBS providers be included. Specifically, the group noted the lack of availability of personal care attendants.

Members discussed including measures for the availability of beds in institutional and assisted living facilities. The group noted that data may not exist and if data are not available the gap should be noted.

In the tool, the group flagged Performance Measure 8 (Number and percent of waiver participants who received services in the type, scope, amount, duration and frequency specified in the service plan) as a measure that stands out as meaningful.

Pregnancy Outcomes: Anna Purcell, UnitedHealthcare, presented the draft reporting tool for pregnancy outcomes. The reporting tool is available online here:

https://www.khi.org/assets/uploads/news/14860/2019.10.31_pregoutreporting_v2.00.pdf

The group discussed the importance of including measures in the list related to maternal morbidity.

Also, the group discussed PRAMS and several other public health initiatives and data sources that have valuable information related to pregnancy outcomes. Generally, the group noted that the discussed efforts are not specific to KanCare only. The group also noted potential limitations with KanCare data, given that the coverage period for some new mothers is limited and longer-term outcomes may not be captured.

Care Coordination: Carrie Wendel-Hummell, University of Kansas, described the work-to-date on care coordination. This task group has primarily focused on rewriting questions to account for the variety of definitions and subsequently services that may be included under care coordination. A document summarizing this work can be found here:

https://www.khi.org/assets/uploads/news/14860/2019.10.31_carecoordinationworking.pdf

This task group broke out research questions and draft measures by care coordination that is provided generally, care coordination that is provided by an MCO and targeted case management services available to those on the Intellectual / Developmental Disability (I/DD) and Serious Emotional Disturbance (SED) waivers.

The group discussed interest in exploring additional measures that are appropriate for older adults. Also, the group discussed that there may be data available regarding care coordination for KanCare members who are dually eligible for Medicare.

Houchen informed the group that the materials discussed in the meeting will be made available on KMMCdata.org. Additionally, written feedback on the three priority areas and the work completed to-date is welcome. Feedback regarding the three primary discussion questions (listed below) should be sent to kmmc@khi.org.

- Are there other limitations, beyond those listed, that should be considered for each data source?
- Of the measures discussed for each priority topic, is there a measure(s) that stands out as most meaningful?
- What measures, if any, are missing for each priority topic?

Review Long-term KMMC Vision/Work Plan

Kari Bruffett, KHI and KMMC staff support, outlined a draft KMMC work plan. This work plan was drafted after interest from the REACH Healthcare Foundation in funding the KMMC beyond the initial project period. This specific opportunity may no longer be available. However, the group discussed the work plan to ensure that it is reflective of the goals and priorities of the group. The work plan outlines the KMMC interest to offer recommendations on meaningful measures of the KanCare program and clear presentation of these measures to ensure an ongoing, shared understanding of the program. Additionally, Bruffett highlighted for the group the continued intention to look for ongoing or recurring KanCare activities that may benefit from KMMC engagement. Also, as the KMMC considers its long-term sustainability, opportunities for public-private partnerships to support key KMMC functions will be considered.

Agenda item: Stakeholder Working Group (SWG) Meeting (3:30pm - 4:00pm)

Ratification of Vice Chair and Executive Committee Positions

The group discussed that the SWG currently has a vacancy in its allotted positions on the KMMC EC. The group voted unanimously to have Audrey Schremmer, current SWG Chair, fill this position. In discussing other EC vacancies, the group indicated an interest to continue to have a representative from the Kansas Medical Society (KMS) fill one position to offer the perspective of health care providers. Bruffett will reach out to KMS to identify the individual to fill this position.

Additionally, the group voted to have Tami Allen, Families Together, fill the previously vacant role of SWG vice chair.

Consumer Engagement Update

Scott Wituk, Community Engagement Institute, provided an update on the status of KMMC consumer engagement. A handout highlighting the information provided in the update can be found here:

https://www.khi.org/assets/uploads/news/14860/2019.11.01_kmmc_consumerengagementupdate.pdf

This update summarizes feedback on nine key questions posed to consumers. The group discussed that additional consumer engagement will occur. In the meantime, the group will work to identify themes in the information provided in the previous round. The group may share these themes with the task groups working on network adequacy, pregnancy outcomes and care coordination as appropriate.

Additional volunteers are needed for subsequent consumer engagement work.

Agenda item: Data Resources Working Group (DRWG) Meeting (3:30pm - 4:00pm)

Debrief and Next Steps

The DRWG met to debrief on the discussion of the work-to-date and to identify next steps. The group discussed the next steps related to the following task groups:

- Health risk assessment
- Network adequacy
- Pregnancy outcomes
- Care coordination

Each of these task groups will convene ahead of the next KMMC meeting to address the additional limitations or measures identified and to begin to draft recommendations.

Agenda item: Adjourn

Look for information regarding 2020 meeting dates for the KMMC in the coming weeks.