

DRWG – Next Steps on Stakeholder Priorities

Step 1. Refine stakeholder questions into researchable questions

Step 2. Identify measures that address the research questions

Step 3. Describe the data sources for each measure

Step 1. Refine stakeholder questions into researchable questions

Category	Stakeholder Question(s)	Research Question(s)	Informational Question(s)
<p>Telehealth (highest priority)</p> <p>Volunteers: Sarah Good (lead), Audrey Dunkel, Lori Marshall, Wen-Chieh Lin</p>	<ol style="list-style-type: none"> 1. Are KanCare members able to access telehealth services, including tele-behavioral health services? <ol style="list-style-type: none"> a. Do KanCare consumers have access to phones, internet or other technology to allow for use of telehealth services? b. Are there disparities in KanCare related to access to internet and technology? 2. How does use of telehealth services differ by region and service? - 	<ol style="list-style-type: none"> 1. Who (beneficiary populations) is using telehealth services and who (providers, by specialty) is providing telehealth services, at what frequency, and for what services? <ol style="list-style-type: none"> a. Where possible, stratify by different populations to identify disparities (i.e. race, age, socioeconomic, geography, education) 2. What factors (e.g., internet or device access) have facilitated or impeded access to telehealth services? 	<ol style="list-style-type: none"> 1. Are telehealth services a provider benefit for all KanCare members? <ol style="list-style-type: none"> a. What supports are required to be available to waiver populations to ensure appropriate access to telehealth services (including technologies)?

Step 2. Identify measures that address the research questions

Research Question	Measures	Data Sources
<p>Who (beneficiary populations) is using telehealth services, who (providers, by specialty) is providing telehealth services, at what frequency, and for what services?</p> <p>a. Where possible, stratify by different populations to identify disparities (i.e. race, age, socioeconomic, geography, education)</p>	<p>% of telemedicine services received by the members living in rural or semi-urban areas.</p>	<ul style="list-style-type: none"> • MMIS Encounter database. • MMIS Eligibility and Enrollment database. • Other data sources to be identified
	<p># of receiving sites for telemedicine services in rural or semi-urban areas</p>	
	<p>% of members living in rural or semi-urban areas who received telemedicine services</p>	
<p>What factors (e.g., internet or device access) have facilitated or impeded access to telehealth services?</p>	<p># of paid claims with selected procedure codes, stratified by area, mode of delivery, and service type.</p>	<ul style="list-style-type: none"> • MMIS Encounter database.
	<p># of members with selected diagnosis (e.g., speech-language pathology) per 1,000 members.</p>	
	<p><u>Qualitative:</u> Barriers encountered in using telemedicine and/or telemonitoring services for the Medicaid members. <u>Qualitative:</u> Recommendations about how to further improve the use of telemedicine and/or telemonitoring services. <u>Qualitative:</u> Recommendations about how to remove barriers encountered in using telemedicine and/or telemonitoring services. <u>Qualitative:</u> Observations about why the use of telemedicine and/or telemonitoring services succeeded or did not succeed in increasing the access to care for the Medicaid members in rural and semi-rural areas.</p>	

Step 3. Describe the data sources for each measure

Data Source	Description	Feasibility	Standard	Resource
MMIS Encounter Database For Measures (list)	Data owner: KDHE DHCF Study population: All enrollees	Data Access: ??? Collection frequency: Quarterly Type of Analysis: Data quality: See Below	Industry standard: Benchmarks:	Levels of resources needed to derive and report:

Data Source	Type of Data Provided by the Data Source	Description of Data Source	Efforts for Cleaning/Validation of Data	Quality/Limitations of Data Source
Medicaid Management Information System (MMIS) Encounter database.	Claims and Encounters.	Encounter/claims data submitted to the State by MCOs used to support HEDIS® and HEDIS®-like performance, Medication Assisted Treatment, service utilization, and cost metrics for all enrollees.	<ul style="list-style-type: none"> • MMIS member demographics, enrollment, & encounter data obtained from the database will be reviewed for missing values, duplicate values, inconsistent patterns, & outliers to ensure quality & appropriateness of data for analyses of performance measures required by the evaluation design. • Encounter data related pay-for-performance metrics are validated annually by KFMC as a part of their validation of all pay-for-performance metrics. • For applying statistical procedures for analysis of performance measures, a final dataset with all required variables will be created by merging data variables obtained from the MMIS database with data from other data sources. 	<ul style="list-style-type: none"> • Encounters submitted to the State by MCOs are records of the billed claims MCOs receive from providers for service payment. Administrative claims and encounter data are routinely used in HEDIS and other performance measurement. These data sources will be used in the evaluation to determine changes in access to services, quality of care, and health outcomes. Most of the measures selected for assessment of the evaluation questions are validated and widely used for this purpose. • Data are generally considered complete if one quarter is allowed for claims processing and encounter submission. • There are known gaps in MCO submission of pharmacy encounters. • There is known inconsistency in the population of the MCO claim status field for zero-dollar paid claims.

Data Source		Description	Feasibility	Standard	Resource
MMIS Eligibility and Enrollment Database		Data Owner: KDHE DHCF	Data Access: ??? Collection frequency: Quarterly Type of Analysis: Data quality: See Below	Industry standard: Benchmarks:	Levels of resources needed to derive and report:
For Measures: (list)					
Data Source	Type of Data Provided by the Data Source	Description of Data Source	Efforts for Cleaning/Validation of Data	Quality/Limitations of Data Source	
MMIS Eligibility and Enrollment database.	Medicaid Eligibility & Enrollment data.	Eligibility & enrollment detail for Medicaid members used to determine enrollee aid category and stratify data into subgroups.	<ul style="list-style-type: none"> Data variables obtained from MMIS Eligibility and Enrollment database will be merged with data from other data sources to create a final database for applying statistical procedures for analysis of performance measures. 	<ul style="list-style-type: none"> Enrollment records include beginning and end dates for eligibility periods. MCOs receive updated MMIS Eligibility and Enrollment data daily. 	

Data Source		Description	Feasibility	Standard	Resource
Online providers survey to collect qualitative information from providers using telemedicine services (identified through claims submitted for telemedicine services) For Measures: (list)		Data owner: ? Study population: ?	Data Access: Collection frequency: Type of Analysis: Data quality: See Below	Industry standard: Benchmarks:	Levels of resources needed to derive and report:
Data Source	Type of Data Provided by the Data Source	Description of Data Source	Efforts for Cleaning/Validation of Data		Quality/Limitations of Data Source
Online Provider Survey to collect qualitative information from the providers using telemedicine &/or telemonitoring services	Qualitative data on facilitators & barriers in using telemedicine &/or telemonitoring services & how the use of these services increases access to care in rural or semi-urban areas.	Online Provider Survey will be conducted to collect qualitative information on facilitators & barriers encountered by the providers in using telemedicine &/or telemonitoring services among members living in rural or semi-urban areas; & how the use of these services increases the access to care in rural or semi-urban areas.	<ul style="list-style-type: none"> Information from the Online Provider Survey will be reviewed for completeness & clarity. Themes will be identified to understand facilitating factors & barriers and ways make the program successful in achieving its goal. 		<ul style="list-style-type: none"> Few providers may participate in the survey. Time consuming process. As providers may not start using telemedicine &/or telemonitoring services at the same time, therefore may not have same amount of time and experience in using these services. This may cause complexity in identifying similar and dissimilar themes from the survey data.

Data Source		Description	Feasibility	Standard	Resource
Key informant interviews from a sample of the providers using telemedicine services (identified through claims submitted for telemedicine and telemonitoring services)		Data Owner: ? Study population: ?	Data Access: ? Collection frequency: ? Type of Analysis: Data quality: See Below	Industry standard: Benchmarks:	Levels of resources needed to derive and report:
For Measures: (list)					
Data Source	Type of Data Provided by the Data Source	Description of Data Source	Efforts for Cleaning/Validation of Data		Quality/Limitations of Data Source
Key informant interviews from a sample of the providers using telemedicine &/or telemonitoring services	Qualitative data to explore reasons why use of telemedicine &/or telemonitoring was succeeded or not succeeded in increasing the access to care.	Key Informant interviews will explore further in-depth the themes identified through provider survey to assess the reasons why telemedicine &/or telemonitoring was succeeded or not succeeded in increasing the access to care.	<ul style="list-style-type: none"> Information from the key informant interviews will be reviewed for completeness & clarity. The in-depth information on the themes identified through provider interviews will be summarized. 		<ul style="list-style-type: none"> Inadequate number of providers participating in the survey. Time-consuming process. As all three MCOs may not start the program at the same time, therefore all providers may not have same amount of time and experience with the program. This may cause complexity in exploring in-depth information of the program.

Appendix A. KanCare 2.0 Telehealth Evaluation Hypotheses and Research Questions

Kan Care 2.0 Evaluation Hypothesis 3:

The use of telehealth (e.g., telemedicine, telemonitoring, and telementoring) services will enhance access to care for KanCare members living in rural and semi-urban areas. Specifically:

- a. Telemedicine will improve access to services such as speech therapy.
- b. Telemonitoring will help members more easily monitor health indicators such as blood pressure or glucose levels, leading to improved outcomes for members who have chronic conditions.
- c. Telementoring can pair rural and semi-urban healthcare providers with remote specialists to increase the capacity for treatment of chronic, complex conditions.

Research Questions being used to evaluate improved access attained through telehealth:

1. Did ***use of telemedicine services increase over the five-year period*** for KanCare members living in **rural or semi-urban areas**?
2. Did ***use of the tele-monitoring services increase over the five-year period*** for KanCare members with chronic conditions living in **rural or semi-urban areas**?
3. **Evaluation question related to *telementoring***: Data sources for describing the baseline and five-year status of the use of telementoring to pair rural and semi-urban healthcare providers with remote specialists are currently not known; therefore, **the related evaluation question and design will be developed later.**
4. Did ***use of telemedicine increase access to services over the five-year period*** for KanCare members living in **rural or semi-urban areas**?

More information available here: https://kancare.ks.gov/docs/default-source/default-document-library/kancare-evaluation-design-2020.pdf?sfvrsn=60be4e1b_0