

Health Homes Quality: Goals and Performance Measures



Background- ACA

- The requirements for quality measurement in health homes are varied
 - Monitor use of HIT to improve service delivery
 - Independent Evaluation
 - Provide data to CMS for interim report to Congress

Background- ACA

- Required Data for CMS:
 - Hospital admission rates
 - Chronic disease management
 - Coordination of care for individuals with chronic conditions
 - Assessment of program implementation
 - Processes and lessons learned
 - Assessment of quality and clinical outcomes
 - Estimates of cost savings
 - Admissions to Skilled Nursing Facilities
-

SMD Requirements

- November 2010-
 - Requires states to develop quality program
 - States must report on HH Core measures when released by CMS
 - Measures must capture information in three areas:
 1. Clinical Outcomes
 2. Quality of Care
 3. Experience of Care

SMD Requirements

- January 2013
 - Released “recommended” core measures
 - States must report on HH Core measures in addition to state-specified goals and measures
 - Core measures align with other CMS initiatives
 - Technical specifications not yet released

Core Health Homes Measures

- Adult Body Mass Index (BMI) Assessment
- Ambulatory Care-Sensitive Condition Admission
- Care Transition – Transition Record Transmitted to Health care Professional
- Follow-Up After Hospitalization for Mental Illness

Core Health Homes Measures

- Plan- All Cause Readmission
- Screening for Clinical Depression and Follow-up Plan
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- Controlling High Blood Pressure

Quality Sub-Group

- KDHE and KDADs
- KanCare Health Plan Representatives
- KUMC Partners
- Stakeholders
- Advised by Kansas EQRO

Kansas Approach

- Meet requirements
 - Learn from other States
 - Keep it simple
 - No “new” measures
 - Leverage existing metrics
 - Existing requirements for providers
 - KanCare metrics
 - Health Homes Core Measures
 - Appropriate for SMI/other chronic diseases
-

Health Home Goals

1. Reduce Utilization Associated with Inpatient Stays
2. Improve Management of Chronic Conditions
3. Improve Care Coordination
4. Improve Transitions of Care Among Primary Care and Community Providers and Inpatient Facilities

Quality Measures- Goal 1

- Decrease in Institutional Care Utilization
 - Clinical Outcomes/KanCare requirement
- Inpatient Utilization—General Hospital/Acute Care
 - Clinical Outcomes/HEDIS

Quality Measures- Goal 1

- Plan- All Cause Readmission
 - Quality of Care/ CMS Core Measure
- Ambulatory Care- Sensitive Condition Admission
 - Quality of Care/ CMS Core Measure

Quality Measures- Goal 2

- HbA1C Testing for Diabetics
 - Clinical Outcomes/HEDIS P4P
- LDL-C Screening
 - Clinical Outcomes/HEDIS
- Follow-up after Hospitalization for Mental Illness
 - Quality of Care/ HEDIS

Quality Measures- Goal 2

- Adult Body Mass Index (BMI) Assessment
 - Clinical Outcomes/ HH Core
- Screening for Clinical Depression and Follow-up Plan
 - Quality of Care/ HH Core
- Controlling High Blood Pressure
 - Clinical Outcomes/ HH Core

Quality Measures- Goal 3

- Increased Integration of Care
 - Quality of Care/ KanCare P4P
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
 - Quality of Care/ HH Core
- Tobacco Use Assessment
 - Quality of Care/ HRSA

Quality Measures- Goal 4

- Inpatient Utilization—General Hospital/Acute
 - Clinical Outcomes/ HEDIS
 - Care Transition- Transition Record Transmitted to Health Care Professional
 - Quality of Care/ HH Core
 - Follow-up after Hospitalization for Mental Illness
 - Quality of Care/ HEDIS
-

Experience of Care

- No experience of care quality measures-yet
- Challenges:
 - SMI Population is difficult to survey via phone
 - CAHPS- (KanCare requirement) does not easily translate and cannot be substantially modified
 - Confusion re: multiple surveys

Experience of Care

- Potential Solutions:
 - The previous forum feedback strongly cautioned against using modified CAHPS survey questions
 - Analyze MCO grievances/appeals and compare health homes participants to a similar control group
 - Utilize the office of the KanCare Ombudsman to track health home participants' experiences
 - Develop a short, personalized (confidential) post card survey to be distributed at health home provider offices



www.kancare.ks.gov