



## American Association on Health & Disability

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**AAHD** - Dedicated to better health for people with disabilities through health promotion and wellness



# LAKESHORE

July 5, 2018

### **Re: National Quality Forum: Strengthening the Core Set of Healthcare Quality Measures for Adults Enrolled in Medicaid, 2018: July 2 Draft Report for Public Comment**

Dear National Quality Forum Colleagues:

Comments submitted into the NQF draft report comment web portal:

<https://login.qualityforum.org/login.aspx?ActionId=&ReturnUrl=http%3a%2f%2fwww.qualityforum.org%2fcommenting%2fpubliccommentform.aspx%7cproject%3d75346%5eform%3d154>

The American Association on Health and Disability and the Lakeshore Foundation appreciate the opportunity to provide comments.

The American Association on Health and Disability (AAHD) ([www.aahd.us](http://www.aahd.us)) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. Since 2012, AAHD has served as the liaison between the NQF and the Consortium for Citizens with Disabilities (CCD), Task Force on Long Term Services and Supports (LTSS).

The Lakeshore Foundation ([www.lakeshore.org](http://www.lakeshore.org)) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and

Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

**NQF Measure #2967 – CAHPS HCBS Experience Measures – Consumer Assessment of Healthcare Providers and Systems (CAHPS), Home and Community-Based Services (HCBS) Experience Survey**

We commend the report for including this item and its discussion in the report (pages 3, 4, 13, 14, 19, and 39). We commend the NQF MAP workgroup for recommending that the CAHPS HCBS Experience Survey be the number one ranked “measures recommended for phased addition to the Adult Core Set.”

One of the National Quality Strategy triple aim is improving the patient experience of care (including quality and satisfaction).

In July 2012, the Consortium for Citizens with Disabilities (CCD) Task Force on Long-Term Services and Supports (LTSS) identified six gaps in existing quality standards as they directly relate to persons with disabilities and persons dually eligible for Medicare and Medicaid. Two were/are:

1. Consumer Choice and Participant-Directed Services
2. Satisfaction: Individual Experience with Services and Supports

In its July 12, 2013 National Quality Forum (NQF) to CMS Preliminary Findings report on quality measures and persons dually eligible for Medicare and Medicaid, reaffirmed in the February 28, 2014 NQF Interim Report to CMS, and further reaffirmed in 2015 & 2016 NQF reports to CMS on persons dually eligible for Medicare and Medicaid) – 7 High Priority Measure Gaps for Persons Dually Eligible for Medicare and Medicaid were identified, explained, and shared. Three of these were/are:

1. Shared decision-making
2. Beneficiary sense of control/autonomy/self-determination
3. Community integration/inclusion and participation

Two of the 13 high priority gap areas identified by the NQF Medicaid adult workgroup in this draft report for public comment (page 11) are:

1. Patient-Reported Outcomes
2. Patient Engagement and Activation

One of the remaining high priority gaps identified by the NQF Medicaid adult workgroup in this draft report for public comment (pages 16-17) is: Beneficiary-Reported Outcomes

This draft report observes that 16 state Medicaid programs are currently using the CAHPS HCBS experience survey.

We reinforce the report's recognitions, recommendations, and discussion.

### **Integration of Behavioral Health and Primary Care; Interface Between Medical and Behavioral Health (pages 19 and 43)**

We appreciate the pages 19 & 43 recognition of the need for quality measures on the integration of behavioral health and physical health. We appreciate the continuing focus throughout the report on behavioral health quality measures. As documented in NQF committee on behavioral health reports, existing behavioral health quality measures are inadequate and modest, as well as almost exclusively clinically focused. We appreciate that behavioral health is an identified high priority gap (pages 11 and 16-17).

We ask NQF to clarify and provide examples of the following page 19 statement: "Some measurement needs are community-based and outside the purview of healthcare." Continuing community behavioral health services and supports are intended to promote health and wellness. Please clarify.

We request that the report include a summary of the potential, need, and implementation frustrations discussed at the workgroup meeting regarding ECHO (Experience of Care and Health Outcomes in Behavioral Health) (page 41).

### **Pennsylvania Integrated Care Program (Behavioral Health and Physical Health) (pages 7-8)**

This is an outstanding initiative and outstanding summary. Thank you for inclusion.

We recommend that the NQF MAP and the larger NQF discuss how to more effectively pull out and highlight state-specific use of measures (possibly a new website page?). State innovations should be more visible and accessible to NQF members and NQF website users.

### **Social Determinants of Health**

The report discusses, throughout, the challenges and gaps of social determinants of health measures. Thank you. Thank you for the pages 8-10 discussion of Minnesota initiatives. We recommend that the NQF MAP and the larger NQF discuss how to more effectively pull out and highlight state-specific use of measures (possibly a new website page?). State innovations should be more visible and accessible to NQF members and NQF website users.

Thank you for the opportunity to comment. If you have any questions please contact Clarke Ross at [clarkross10@comcast.net](mailto:clarkross10@comcast.net).

Sincerely,

*E. Clarke Ross*

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Member, National Quality Forum (NQF) workgroup on Medicaid adult measures (December 2017-present). Member, National Quality Forum (NQF) workgroup on persons dually eligible for Medicare and Medicaid (July 2012-July 2017) and NQF population health task force (2013-2014) (<http://www.qualityforum.org/>) and NQF representative of the Consortium for Citizens with Disabilities (CCD) Task Force on Long Term Services and Supports ( <http://www.c-c-d.org/>). 2017 member, NQF MAP workgroup on Medicaid adult measures. 2016-2017 NQF duals workgroup liaison to the NQF clinician workgroup. 2015-2016 and 2014-2015 NQF duals workgroup liaison to the NQF PAC/LTC workgroup. Member, ONC (Office of the National Coordinator for Health Information Technology) Health IT Policy Committee, Consumer Workgroup, March 2013-November 2015; Consumer Task Force, November 2015-April 2016. (<http://www.healthit.gov/policy-researchers-implementers/federal-advisory-committees-facas/consumer-empowerment-workgroup>). Member, SAMHSA Wellness Campaign National Steering Committee – January 2011-September 2014. (<http://promoteacceptance.samhsa.gov/10by10/>).

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