NCQA Consumer Advisory Council – Member Updates
AAHD-Lakeshore Foundation Issue List
November 22, 2022; Clarke Ross

Overall Theme: promoting whole person health and wellness, for each individual. People with disabilities and mental illnesses are typically served in publicly funded silo programs: ID/DD; MH; SUD; Medicaid HCBS. AAHD promotes, at a minimum – coordination, and, ideally – integration of services and supports. Recent quality measures are modestly addressing primary care/general health integration with disability, aging, and behavioral health. Many persons have co-occurring conditions which further complicate whole person health and wellness in a largely siloed system. We try to improve the transparency, appropriateness, and individual engagement and responsiveness of all public programs while also advocating whole person health and wellness.

10 Issues:

1. **Medicaid HCBS (Home-and-Community-Based Services) Core Quality Measure Set**

2. **Medicaid and CHIP Core Quality Measures**

3. **Adherence to Medications/Unrelenting Follow-up Practice**

4. **NQF PRO-PM TEP**

5. **NQF Risk Adjustment TEP**

6. **ACO/PCMH/PC workgroups**

7. **Digital Quality Measurement Strategic Roadmap**

8. **NQF MAP Coordinating Committee**

9. **AHRQ RFI on application of CAHPS and PRO-PMs to inpatient mental health settings**.

10. **NQF Opioid-Related Outcomes Among Individuals with Co-Occurring Behavioral Health Conditions**

1. **Medicaid HCBS (Home-and-Community-Based Services) Core Quality Measure Set**

[DAC and CCD] [Disability and Aging Collaborative; Consortium for Constituents with Disabilities]

a. Urgent need to develop better tracking mechanisms of state progress toward a sustainable and equitable direct care workforce,
b. a quality improvement and oversight strategy focused on ensuring access to care for older adult and people with disabilities, reducing disparities, and building accountability so HCBS recipients can count on consistent, high-quality services that meet their needs wherever they might live.
c. Work to elevate the transparency of Medicaid's HCBS quality and oversight system with an eye toward public accountability and increased opportunity for informed decision-making.
d. We appreciate and support the elements of the HCBS quality framework that call for required measure reporting for a subset of measures and required oversampling and stratification of some or all of those measures. Prioritizing race/ethnicity/language, geography, age, and disability population could be a realistic starting point, but CMS should aim to include HCBS setting type; sexual orientation, gender identity, and sex characteristics (SOGISC); and other factors over time.
e. Person-centered planning lies at the core of an effective, high-quality HCBS delivery system. We have previously expressed our concerns that some person-centered planning measures in the recommended measure set are too process oriented. In short, they may require that a plan has been updated, but reflect little on the quality of the plan developed or its adherence to person-centered principles.
f. Some of the composite measures based on experience of care surveys like NCI/NCI AD, POM, and HCBS CAHPS provide a deeper picture of how HCBS recipients perceive their role in the person-centered planning process and how well it meets their needs.
g. We also think the measure set should include attention to the integration of HCBS, behavioral health, and other healthcare systems. Measuring the percent of care plans that are shared with an individual's primary care provider could be one way to promote integration across healthcare silos.

2. Medicaid and CHIP Core Quality Measures

[DAC and CCD] [Disability and Aging Collaborative; Consortium for Constituents with Disabilities]

a. We support efforts to strengthen data collection and reporting on core quality in the Medicaid and CHIP programs, including mandatory state reporting of outcome measures important to individuals using the services. It is essential to include policy changes that identify health disparities and improve health equity across these vital programs. We support robust, quality improvement practices and performance oversight in these programs, and recognize the urgent need to improve the identification and tracking of health disparities as a necessary first step to building a more equitable health system.
b. Standardized reporting of required measures should be a mandatory floor for quality measurement, and expectations for reporting should increase over time;

c. Equity should be a central goal and priority of quality improvement programs. CMS should act with greater urgency to require reporting of quality measures separated by key demographics and then design interventions that hold providers, health plans, and states accountable to its equity goals;
d. CMS should improve and standardize data collection to identify beneficiaries with disabilities. A methodology based on disability questions from the American Community Survey would improve on current procedures that rely on eligibility groups to define this population. Quality reporting should reflect the whole range of beneficiaries with disabilities;
e. The process for updating and defining core measures must include meaningful representation from beneficiaries of all ages and their advocates, including people with disabilities and behavioral health disorders;
f. CMS should continue to improve quality reporting for groups that have historically been more challenging to measure, such as the 12.3 million persons dually eligible for Medicare and Medicaid, people who use long-term services and supports, people with mental illnesses and substance use disorders, and people in FFS Medicaid in states that cover most people through managed care.
g. AAHD and the Lakeshore Foundation have advocated: It is also equally important to promote and support whole-person health and wellness for all Medicaid and CHIP beneficiaries, while recognizing the co-occurrence of multiple and significant health challenges that many beneficiaries live with.

3. Adherence to Medications/Unrelenting Follow-up Practice

Schizophrenia and Psychosis Action Alliance and Janssen/Johnson & Johnson upcoming recommendation to the NQF MAP: inclusion of NCQA's Adherence to Antipsychotic Medications for Persons with Schizophrenia within the C/D Stars measure set.

AAHD and Lakeshore: While we fully recognize the positive clinical outcomes of consistent medication use, we also recognize that many in the historic mental health consumer movement view "adherence" as "compliance" and ultimately a gateway to "coerced" treatment. AAHD and the Lakeshore Foundation will only publicly support medication adherence measures if NAMI, DBSA, and MHA also publicly support such measures. NQF behavioral health leader – Dr. Harold Pincus (Columbia University) observation – "unrelenting follow-up" practice and measures importance. AAHD and Lakeshore are very supportive of both unrelenting follow-up and shared decision making.

4. NQF PRO-PM TEP

AAHD and Lakeshore suggested that the TEP include a discussion of proxy responses and that if proxy responses are used, they be separately reported from beneficiary/patient self- responses.

5. NQF Risk Adjustment TEP

Developers should also consider the impact that variation in the availability of community-based resources and state policy have on a measure entity's ability to mediate social risk. Community-based resources and state policy also have an impact to mediate functional risk. Need clarity on the Interface between functional and social risk.

6. **ACO/PCMH/PC workgroups**

a. Replace post-discharge medication reconciliation with NCQA's transitions of care measure
b. PRO-PMs in primary care
c. Primary Care Continuity of Care measure.
d. MUC21-136 – screening for social drivers of health
e. MUC21-134 – screen positive rate for social drivers of health

7. **Digital Quality Measurement Strategic Roadmap**

Challenge: community behavioral health systems and providers and Medicaid home-and-community-based services (HCBS) systems and providers, generally and typically, do "not" have the digital technology to meet these evolving expectations.

8. **NQF MAP Coordinating Committee**

a. Remove "Left Emergency Department Unseen" Measure

b. Unsuccessful Proposal to Delete CAHPS in MIPS.

9. **AHRQ RFI on application of CAHPS and PRO-PMs to inpatient mental health settings**.

10. **NQF Opioid-Related Outcomes Among Individuals with Co-Occurring Behavioral Health Conditions**

AAHD and Lakeshore Comments focused on persons with co-occurring BH & ID-DD; co-occurring BH and disability; co-occurring BH and chronic health conditions; and integrated BH-general health programs.

American Association on Health and Disability
And
Lakeshore Foundation

E. Clarke Ross, D.P.A.
AAHD Public Policy Director
Lakeshore Fd Washington Representative