

Embracing a Culture of Accountability: How we Measure Success in Achieving our Mission



Joan Hatem-Roy, LICSW
Chief Executive Officer
Elder Services of the Merrimack Valley



3 YEARS

Who Are We

- One of the largest AAA/ASAP's in MA
- Serve over 25,000 consumers annually
- 335+ employees and 375+ volunteers
- 40+ programs
- \$70 million annual budget
- Designations: AAA, ASAP, PS, ADRC, LTSS CP
- Statewide network for evidence-based programs (Healthy Living Center of Excellence)
- Age Friendly Workplace
- Leader on local, state and national level



Who We Are

Mission Driven and Innovative

- Provide the highest quality choices to consumers, families, customers, community partners and others to whom we are accountable by empowering staff and fully supporting them in their work.
- Adapt to and address the changing needs of our diverse community, including clients, families, community partners, and other we serve by providing innovative products and services.
- Foster and promote financially, legally, and socially responsible practices within our agency and community.



Elder Services of the Merrimack Valley, Inc.



Choices for a life-long journey

Organizational Successes

- Committed and passionate staff
- NCQA-First AAA in MA
- Certified LTSS Community Partner for Mass Health
- Significant Growth with Managed Care Duals plans and expansion of services
- First AAA in the nation to achieve accreditation from AADE and recognition from CMS
- Medicare provider for Mental Health Counseling and MNT
- Nationally Recognized for Leadership and Innovation
- Financially Secure



“Accountability and Quality” Strategy

- Align our work with the priorities, and fiscal imperatives of hospitals, health care systems, Accountable Care Organizations (ACO)
- Understand the fiscal incentives and Quality measures driving those organizations – HEDIS Measures, capitation, pay-for-performance withholds, financial penalties for avoidable admissions
- Redefine products and services to support their goals
 - Prevention & chronic disease management
 - Population Health
 - Patient activation and education
 - Reduced unnecessary utilization of health care
 - Improved access to care
 - Reduced incidence of avoidable hospitalizations
 - Improved overall patient experience and satisfaction
 - Addressing Social Determinants of Health



Social Determinants of Health (SDOH)

“Studies suggest that nonmedical factors play a substantially larger role than do medical factors in health”

- **GENETICS : 20%**
- **HEALTH CARE: 20%**
- **SOCIAL, ENVIRONMENTAL, BEHAVIORAL FACTORS: 60%**

(Chiu et al., 2009; Lee & Paxman, 1997)



New Focus on the Social Determinants of Health (SDOH)



LEVERAGING THE SOCIAL DETERMINANTS OF HEALTH: WHAT WORKS?

JUNE 2015



prepared for the Blue Cross Blue Shield of Massachusetts Foundation by
Lauren A. Taylor, Caitlin E. Coyle, Chima Ndumele, Erika Rogan,
Maureen Canavan, Leslie Curry, and Elizabeth H. Bradley

Yale Global Health Leadership Institute

Elder Services of the Merrimack Valley, Inc.

Choices for a life-long journey



HEDIS Measures

Healthcare Effectiveness Data and Information Set

Used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

HEDIS consists of 81 measures across 5 domains of care.

What data do you already collect and can they be captured as HEDIS measures?

- Falls Risk
- Advanced Directives
- Tobacco use
- Alcohol Substance Use
- Immunizations
- Self-Reported BMI (i.e. we ask height and weight-calculate BMI)



Demonstrating and Measuring Quality in the New Paradigm

National Committee for Quality Assurance
(NCQA)
CM-LTSS Accreditation



Elder Services of the Merrimack Valley, Inc.
Choices for a life-long journey

Benefits of Accreditation

- Provides a roadmap for improvement: Aligns our quality improvement efforts with our statewide designation as an Aging Service Access Point.
- Improves efficiency: Reduces errors and duplicated services.
- Integrates care: Helps improve communication between individuals, caregivers, providers, payers and other organizations coordinating care.
- Provides person-centered care: Standards focus on person-centered services, which can lead to better care, planning and monitoring.
- Supports contracting needs: Standards align with the needs of states, health systems and MCOs.
- Demonstrates capacity to be trusted partners in coordinating LTSS services by adhering to standardized, efficient high quality care and maintain compliance with National Standards .
- Increases our “marketability” to health care partners and creates consumer trust.



NCQA: Where to Begin and Why?

STEPS TO ESTABLISH PERFORMANCE MEASUREMENTS

- Determine Program(s) to be accredited
- Assess Organizational/Program(s) readiness
- Clearly defining outcomes (agency, state, contracted partners)
- Determining Quality metrics
- Establishing reporting mechanisms (what, how, who's of data collection)
- Developing a process for quality review/quality improvement



Performance Metrics

- **Direct Service Provider Quality Metrics**
 - Accessibility
 - Coordination, Effectiveness, Productivity, Consistency, Timeliness of services
- **Consumer Satisfaction Quality Metrics**
 - Direct Service Provider Quality and Outcomes
 - Consumer Satisfaction with Care Manager, Direct Service Provider
- **Staff Satisfaction Quality Metrics**
 - Direct Service Provider availability
 - Service Coordination
 - Provider responsiveness
- **Program Quality Metrics**
 - Program specific metrics (EOEA designation review)



Care Management - Long Term Support Services (CM-LTSS) Measures

- Analyze Medicare Utilization data/measures (New England QIN/QIO)
- Develop NEW measures
 - Reduce Incidences of Falls
 - Reduce Unmet Needs for ADL/IADL Functioning
 - Improve Medication Adherence
 - Reduce Intensity of Depression and Anxiety and Improve Self-Declared Well-Being
 - Improve Self-Management of Substance Use Disorder
 - Reduce All Cause Hospitalizations
 - Reduce 90 day Hospital Readmissions
 - Reduce Emergency Room Visits
 - Increase Community Tenure
- Design and run reports



Measure Specifications

Name of Measure:	Long Term Community Tenure
Activity Objective:	Increase the % enrolled individuals residing in the community (non-institutional)
Quantifiable Measure:	% of individuals residing in the community
Population Included:	100% of enrolled program participants
Data Source:	Care management record, field, current residence
Numerator:	Enrollees residing in a community setting (non-institutional)
Denominator:	All individuals enrolled in the program
Exclusions:	Short term institutional stays (e.g. rehabilitation)
Baseline goal:	>80%
Timeframe :	January 1, 2017- December 31, 2017





- Merrimack Valley Community Partnership (MVCP)
- Elder Services and the Northeast Independent Living Program (NILP)
- The Long-Term Services and Supports Community Partner (LTSS-CP) initiative is part of a statewide effort to transform the MassHealth (Medicaid) system by promoting care planning centered on the consumer to improve the coordination of care for MassHealth recipients, especially those with complex needs.
- As a certified LTSS-CP, we have contracts with Accountable Care Organizations (ACOs) that will allow us to engage consumers and streamline their access to community resources, programs and services. The overall goal is to improve health and the quality of life while reducing duplication of effort, service gaps and costs to Medicaid.



Sample of ACO Risk Payment Structure

1. Serving “two masters’—9 ACO/2 MCO and Medicaid
2. Payment Model consist of 3 Payment Types:
 1. Base PM/PM for LTSS Coordination
 2. Infrastructure and Capacity Payment
 3. Outcome-Based payments-(P4P) (Yrs 3-5)
3. Infrastructure payments have a significant portion at Risk.
Risk increases each year of the contract.

	PBP	BP 1	BP 2	BP 3	BP 4	BP 5	Total
At Risk Portion	0%	0%	25%	44%	63%	81%	

- Year 2: Quality is “pay-for-reporting” only –Based only on REPORTING on QUALITY MEASURES
- Year 3-5: Quality Measures will be “pay-for-performance (P4P)” will be based on the performance and measured on an “Accountability Score”



Payment Models and Quality

- Understand Scope of Service requested and Quality Outcomes required up front
- Negotiate to Broaden (or limit) the Scope of Service based on experience
- Cost out unit of service –estimate time, labor costs, administrative overhead, and margin
- Be open to sharing risk



<i>Cost Reimbursement</i>	<i>(FTE)</i>	<i>Traditional Fee-For-Service (FFS)</i>	<i>PMPM Case Rate Unit Rate</i>	<i>Value-Based Purchasing (VBP)</i>	<i>Risk Based Accountable Care Organizations (ACOs)</i>	<i>Hybrid</i>
<p><u>DESCRIPTION</u></p> <p>Based on actual expenses according to a prescribed budget.</p> <p><u>Quality Incentive</u></p> <p>No \$ incentive for efficient use of dollars or quality performance</p>	<p><u>DESCRIPTION</u></p> <p>Based on functions, task and predetermined volume.</p> <p><u>Quality Incentive</u></p> <p>No \$ incentive for efficient use of dollars or quality performance</p>	<p><u>DESCRIPTION</u></p> <p>Payment based on volume of service</p> <p><u>Quality Incentive</u></p> <p>No \$ incentive for efficient use of dollars or quality performance</p>	<p><u>DESCRIPTION</u></p> <p>Based on a blended rate to cover an array of services.</p> <p><u>Quality Incentive</u></p> <p>No \$ incentive for efficient use of dollars or quality performance</p>	<p><u>DESCRIPTION</u></p> <p>Pay-for-performance Payment based on performance against outcomes measures</p> <p><u>Quality Incentive</u></p> <p>Creates incentives between reimbursement and quality</p>	<p><u>DESCRIPTION</u></p> <p>Network of providers collectively accountable for the total cost and quality of care for a population of patients. Payment for reducing total cost of care for patients through prevention, disease management & care coordination</p> <p><u>Quality Incentive</u></p> <p>Incentivized to share in the savings</p>	<p><u>DESCRIPTION</u></p> <p>Payors are combining aspects of all these models in an effort to balance quality and cost incentives. LTSS CP model in MA blends a PMPM case rate with quality incentives and penalties based on performance.</p> <p><u>Quality Incentive</u></p> <p>Balances cost and quality incentives</p>
<p><u>ESMV Contracts</u></p> <p>Mass DPH Contracts</p>	<p><u>ESMV Contracts</u></p> <p>PACE CHART</p>	<p><u>ESMV Contracts</u></p> <p>Care Transitions, Medicare Billing for Counseling, MNT, Technical Assistance, MOW</p>	<p><u>ESMV Contracts</u></p> <p>LTSS Care Coordination for Managed Care plans (SCO's/OneCare-6)</p> <ul style="list-style-type: none"> • 5100 consumers <p>Mass HCBS-Care Management contract</p> <ul style="list-style-type: none"> • 3500 consumers <p>PCA – 1200</p>	<p><u>ESMV Contracts</u></p> <p>HLCE/EBP-Hybrid between FFS/ VBP</p>	<p><u>ESMV Contracts</u></p> <p>CP-LTSS Engagement, Navigation and Care Planning for Medicaid only members (age 3-64) (ACO's-8)</p>	<p><u>ESMV Contracts</u></p> <p>See ACO/Risk Anticipated Volume</p> <ul style="list-style-type: none"> • 1200 consumers

Lessons Learned

- Determine your organizations “quality culture”
- Assess what data is available and don’t rely on health systems to give you data
- Enhance your organizations analytics capacity
- Assess IT and dedicate resources



Questions

Joan Hatem-Roy, LICSW

Chief Executive Officer

Elder Services of the Merrimack Valley

jhatemroy@esmv.org