

**Committee on Family Care Quality
Wisconsin Council on Long Term Care**

Meeting of June 12, 2008

Approved Minutes

Members present: Paul Cook, Myra Enloe, Carol Eschner, Pete Esser, Michelle Goggins, Stephanie Griggs, Joan Hansen, Chris Hess, George Potaracke

Members absent: Karen Avery, Mary Clare Carlson, Michael Lubner, Martha McVey, Jennifer Ondrejka

Others present: Lorraine Barniskis, Karen McKim, Judith Frye, Ann Marie Ott, Heather Bruemmer, Rebecca Murray, Lincoln Burr

Meeting call to order. Chair Carol Eschner called the meeting to order at 9:30 AM.

Introductions, review of mission and purpose of Committee

Carol Eschner and Heather Bruemmer (Chair of the LTC Council) welcomed members and thanked them for their participation. Judith Frye noted that the Committee's parent LTC Council is focused on ADRC quality and the establishment of regional LTC advisory committees and felt the need for a committee to focus on managed care quality. Karen McKim said that she was hoping also for informal advice on the structure, content and dissemination of reports on Family Care (including Partnership) quality. Judith said that the Department remains committed to the best quality care, and believes that the best care for people is the best way to save money. Paul Cook noted that Partnership programs have the added complexity of Medicare rules and quality indicators, which are not always in sync with Medicaid rules.

Members expressed their goals and interests in serving on this committee, which included:

- Better understanding of quality strategies for improved programs and to help consumers make good choices.
- Gaining information to share with others.
- Learning how to move the whole system forward.
- Peer-to-peer information sharing.
- Disseminating information about a program that is a national model, where the primary goal is quality care rather than financial savings.
- Gaining information about quality standards and oversight that will make people more comfortable with private MCOs and non-traditional public MCOs.
- Assurance of accountability and the local and state levels.
- Keeping the focus on personal outcomes as opposed to compliance with a lot of rules; a good balance is needed between assuring personal outcomes and concern with the financial viability of the MCO.
- Defining and clarifying our "product."

Other issues that were raised included:

- A belief that if we serve everyone and address all of each individual's personal outcomes, the money will take care of itself.
- Workforce issues are creating a financial pressure; we need to show how these issues are affecting quality.

- There is a concern with organizations growing so fast with expansion; we need to keep businesses (public or private) healthy while not losing the “social justice” mission of these organizations.

Concepts of managed care quality measurement

Karen McKim provided background about concepts used in quality management of managed long-term care. Federal managed care regulations define “quality” as the extent to which something “increases the likelihood that desired outcomes will be achieved.” MCOs need flexibility in how to deliver care for maximum cost-effectiveness (i.e. effective care at a reasonable cost). Under a federal regulation, all managed care must be reviewed by an External Quality Review Organization (EQRO); in Wisconsin, MetaStar is the contractor that serves as the EQRO. She noted that quality indicators can be grouped in several areas: Inputs and process are mainly the business of MCOs, while outputs and outcomes are the primary focus of the state.

Paul Cook noted that there are a variety of quality indicators, including compliance with contract requirements and personal outcomes for members. Michelle Goggins said that she hopes for information about quality in consumer language that will help consumers to understand all parts of the system so that they can make informed choices (e.g., between competing MCOs). In contrast to quality assurance systems, the approach of quality improvement efforts is as collaborative as possible. The goal is to add value, not administrative burden. The state aims for a balance between standardization and local creativity. In response to a question, it was noted that Family Care (including Partnership) members and potential members are the “customer” of this committee. Karen said that she hopes the committee will keep DHS focused and keep pressure on to coherently present information on quality of MCOs and Family Care. A system is needed for looking at trends and following through on findings.

Karen noted that there are a number of sources of different kinds of information about quality, including the following:

- Aggregate data from the functional screen
- Personal experience outcomes (an interview tool, developed through the PEONIES project, is soon to be validated and implemented)
- Encounter data (service information)
- Appeals and grievances and complaints (gathered through several sources)
- Incident reporting
- Medicaid fee-for-service claim information
- Medicare expenditure data (the state has access to this data, but has not actually used it)
- MDS data on nursing home residents
- Satisfaction surveys
- Hospital discharge data
- HEDIS data (outcome indicators)
- Electronic medical records
- Quality alert systems (internal to MCOs)
- The EQRO reviews

Karen said that she would follow up with more information about various data sources at a future meeting.

Annual Report of the Family Care EQRO

Ann Marie Ott (MetaStar) provided a PowerPoint handout and described the processes used by MetaStar, the External Quality Review Organization (EQRO) for overseeing quality in Family Care and Partnership programs. Copies of the Annual EQRO report for state fiscal year 2006-07 were also distributed. Key points included the following:

- The EQRO uses a federally required protocol for monitoring several Medicaid and Medicare programs, including DHS contracted organizations providing Family Care, PACE and Partnership.
- The EQRO also monitors the quality of administration of the functional screen, supports DHS (BADR) with respect to monitoring access to Family Care in Milwaukee County, and conduct appeals and grievance investigations. They have recently combined previously separate reviews to get a fuller picture of the whole organization under review. Key activities include:
 - Quality compliance review – to assure that MCOs comply with federal Medicaid managed care regulations. This process reviews, identifies and documents practices of the MCO that affect quality of care, timeliness, and access to services.
 - Care management/member record review – evaluates MCO effectiveness in supporting member outcomes and preferences, safeguards health and welfare of members, and determines compliance with contract requirements. Four categories of care management are assessed: assessment, care planning, service coordination and delivery, and participant-centered focus of the MCO.
 - Validation of performance improvement projects – to assess the validity of project design and results. The process is designed to determine if the MCO is using proper technique and project design and to assure that the MCO can use the project's data and findings for its organizational decision-making.
 - Annual quality review report – provides analysis of strengths, areas for improvement, and recommendations. MCOs are required to provide a follow-up plan to the report's findings. DHS may impose correction action if needed. The report provides a compilation of all MCO AQR reviews and compares MCOs across all review areas.
 - Performance measure validation – review and validation of data on several quality indicators, including immunization rates, care management staff turnover, pay for performance projects (recently diabetes and dementia) and dental health.

Ann Marie highlighted some of the findings of the most recent annual report. In response to her request for feedback on the report, the following suggestions were made:

- Best practices in various areas should be identified and systematically shared. (Karen noted that regional DHS staff will be member care quality specialists, and their job will include communication of the good things they observe. Paul Cook noted that Family Care and Partnership organizations are getting better at sharing information among themselves.)
- Consumer-friendly language should be used in the report, or in a summary to be shared with consumers and the public.
- Certain key benchmarks could be pulled and combined with some from other sources, including customer satisfaction surveys.
- Consumers and potential consumers need to know information about what to be watchful for (weak areas). They also need to know what the information means and which points are important.

- In sharing information with the public, care needs to be taken with the timeliness of the information. (Often identified problems are fixed before the report is even published.)
- Thresholds for quality need to be established to catch serious problems and intervene before there is a crisis.
- The Department is working on improving its follow-up with individual MCOs to findings in the EQRO reports. Consistency across the state is a goal.

Comments from the public

There were no public comments.

Committee business

- Future meeting dates in 2008 were set for July 25, September 26 and November 21.
- Future agenda items. Members suggested the following topics for future meetings:
 - Additional information about the sources of quality data available to the Department and about quality indicators already measured.
 - What should be done with available data? What information is useful to whom, and how should it be disseminated?
 - What quality indicators do MCOs use?
 - Information on PEONIES and how it will be used.

Meeting adjourned at 3:00 PM.