California Dual Demonstration Project
Comments on quality measures (received through July 2)

Comment source/theme	Specific suggestions
Lisa Shugarman The SCAN Foundation: Suggestion for sources of measures; Suggestions for measurement approaches.	• NCQA: structure and process measures under development (for Year 2/3). • AHRQ: HCBS measures,[1] esp. those re consumer choice about provider and services. • Of beneficiaries determined at risk for LTSS (determined by state), 1) proportion who received comprehensive assessment (inc. cognitive); 2) reassessment; 3) care plan in place. • Consumer survey questions: whether they understand their rights and benefits; do they know who to contact if they have questions/concerns/need to appeal a care decision. • ECHO survey, adapted for LTSS, e.g. whether the individual is involved as much as he/she wanted in treatment/service plan decisions.
David Pilon, MHALA Suggestion for measurement approach and specific example.	• Positive measure of mental health recovery. Dimensions: Health, Home, Purpose (meaningful activity) and Community (relationships and social networks). Example: MHA's Milestones of Recovery Scale.
Marilyn Ditty, AGE WELL SENIOR SERVICES, INC. Response to specific questions re proposed measures.	• Year 1: best metric is the access question; whether benes have lost any services they had received before. If so, why and for how long. PCP needs clear guidance on how services will be ordered and delivered by who. • Year 2 & 3: tracking and customer satisfaction tools. How medical history data will be compiled & transmitted. Timeliness of referrals, appointments, and what treatment is now being recommended. (Biggest concern: how long does it take to get a referral to a specialist and how long for the specialist to see the patient and start treatment.)
Eric Schwimmer, SEIU-UHW (Approach)	• Outcomes that reflect social model values and priorities (e.g. consumer control, social participation, caregiver support).
DHCS- LTCD	• For the frail seniors in community settings (those with mobility limitation, incontinence, dementia or combination thereof), need measures of skin ulcer, fall, abuse, significant weight loss, dehydration, medication error.

[1] Agency for Healthcare Research and Quality (AHRQ) 2010. Appendix includes tested measures that reflect beneficiary experience and performance measures. Found at: http://www.ahrq.gov/research/ltc/hcbsreport/

California Mental Health Directors Association (CMHDA) Suggestions for measurement approach	• Important to have BH measures and use for quality withhold. • Process measure in first year, e.g. establishment of care plans and hospitalization notification • Outcome measures in later years, e.g. reduced emergency and inpatient utilization • Tailor traditional MA-SNP measures to subset of the population with SPMI, e.g. medication adherence for beneficiaries with depression tailored for individuals with bipolar disorder; measures related to weight gain and obesity applied to individuals taking atypical medications for psychotic disorders.
California Council of Community Mental Health Agencies (CCCMHA) Mental Health America of California (Both submitted by Rusty Selix, some overlap in comments)	• For services under the Mental Health Services Act, see Welfare and Institutions Code Section 5814. Recovery based outcomes: increased independence in housing, increased income/employment and avoiding institutions (jails, nursing homes and hospitals). Also, measure whether they are engaged in meaningful activity and have adequate social support. • Specific suggestions around utilization measures: • For those not getting served but who have severe mental illnesses, a single measure of the number of psychiatric hospitalizations determines who probably needs the county level services but is not getting them. • For people without severe and disabling mental illnesses, a measure of penetration rate progress – numbers of people receiving outpatient mental health care (including those who are only receiving psychotropic medications but do not require continued therapy) and comparing plans based on improvement and overall penetration rate. • Measures of depression, e.g. PHQ-9. • Other more traditional measures with value: numbers of people successfully completing a treatment program. Not useful are measures relating to inpatient care and 30 day follow up unless that focuses solely on getting people into a System of Care program upon hospital discharge and verifying that they are still in that program 30 days later. (30 day rehospitalization report is of little value. Outpatient appointment shortly after discharge not useful.)
Care First	• More process oriented in first year, then transition to more outcome measures. Specific suggestions: Year 1 measures: • Percentage of behavioral health/substance use members with integrated (medical/behavioral) care plan • Percentage of behavioral health/substance use members under Care Management • Percentage of behavioral health/substance use members completing a HRA

	Year 2 and 3 • Reducing psychiatric bed days • Reducing ER utilization rates • Reducing 30 day readmission rates • Increasing medication adherence • Reducing total cost of care • Improved Behavioral health focused HEDIS measures
California Mental Health Planning Council (Also see separate "Performance Indicator Proposal" document from 2010)	Need more BH measures. For the first year, the metrics should query on: • Whether the plans demonstrated a continuum of substance abuse and mental health rehabilitative services which are sufficient to serve the percentage of serious mentally ill clients enrolled in the demonstration projects. • Health status for people with SMI/SUD. • Benchmarks e.g. psychiatric bed days, ER visits, and re-admits. • Crosswalk developed for integrated plans by MHPC/workgroup.
National Senior Citizen Law Center	Add these LTSS measures: • Degree to which consumers experience an increased level of functioning; • Unmet need in ADLs/IADLs; • Participants reporting unmet need for community involvement; • Degree to which people with identified physical health problems obtain appropriate services and degree to which health status is maintained and improved; • Degree to which consumers report that staff are sensitive to their cultural, ethnic, or linguistic backgrounds and degree to which consumers felt they were respected by staff; • Degree of active consumer participation in decisions concerning their treatment; • Case manager helpfulness; • Service satisfaction scales for home workers, personal care, and home-delivered meals; • Ability to identify case manager; • Ability to contact case manager; • Percent of adults with disabilities in the community usually or always getting needed support; • Percent of caregivers usually or always getting needed support; • Proportion of people with disabilities reporting recent preventive health care visits; and • Proportion of people reporting that service coordinators help them get what they need. DHCS should require a medical loss ratio of a certain percentage to assure that Medicare and Medicaid funding is well utilized Proportion of HCBS spending to LTSS institutional spending.

National Senior Citizen Law Center	Support the two LTSS measures, Care Transition Record Transmitted to Health Care Professional, and Percent of High Risk Residents with Pressure Ulcers (Long Stay). Additional CMS quality measures for nursing facility care: • Percent of long-stay residents who were assessed and given pneumococcal vaccination; • Percent of long-stay residents whose need for help with daily activities has increased; • Percent of residents (short-stay and long-stay) who have moderate to severe pain; • Percent of long-stay residents who were physically restrained; • Percent of long-stay residents who are more depressed or anxious; • Percent of low-risk long-stay residents who lose control of their bowels or bladder; • Percent of long-stay residents who have/had a catheter inserted and left in their bladder; • Percent of long-stay residents who spent most of their time in bed or in a chair; • Percent of long-stay residents whose ability to move about in and around their room got worse; • Percent of long-stay residents who had a urinary tract infection; • Percent of long-stay residents who lose too much weight; and • Percent of short-stay residents who have delirium.
Health Net	• See 10 pages of comments on measures and 2 pages of comments on BH measures. Specific and very helpful.