

Quality Measures for People with Disabilities

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Funders

- National Institute for Disability and Rehabilitation Research

- 5 year award
- #H133A040016



- California HealthCare Foundation

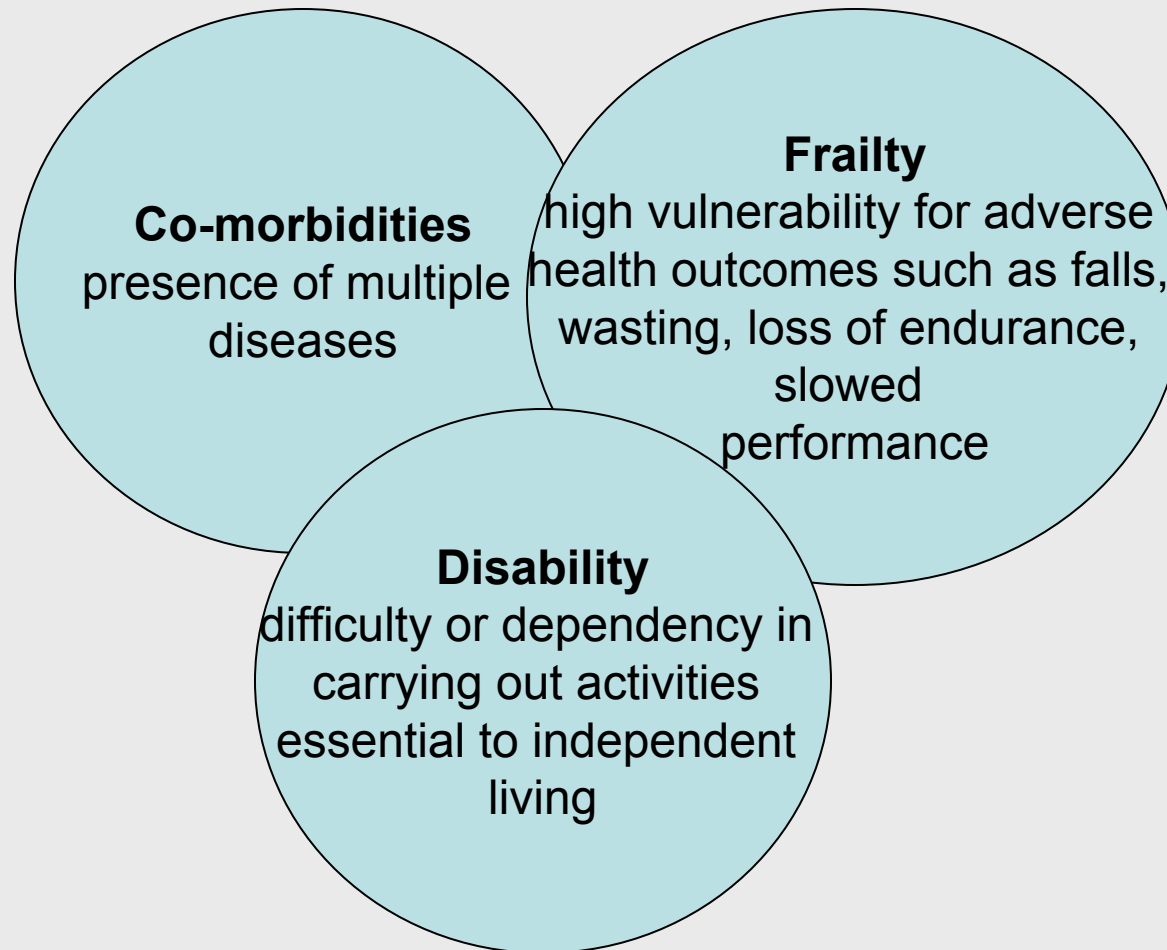
- #07-1085



- Center for Health Care Strategies



Why Develop New Measures?



Fried LP, Ferrucci L, Darer J, Williamson JD, Anderson G. Untangling the concepts of disability, frailty, and comorbidity: implications for improved targeting and care. *The Journal of Gerontology* Series A, Biological Sciences And Medical Sciences. 2004;59(3):255-63.

Desired Attributes

- Minimize additional reporting burden
- Clinically meaningful and actionable measures
- Mark progress towards public health and public policy goals
 - Healthy People 2010
- Street credibility
 - Accepted by “Measurement brokers”
 - Adopted by national sponsor

Strategic Approach

- Administrative measures
 - Claims and membership data collected in the course of doing daily business
- Survey measures
 - Measures using data that not reported electronically
 - Measures for which the respondent is the best or only source of information

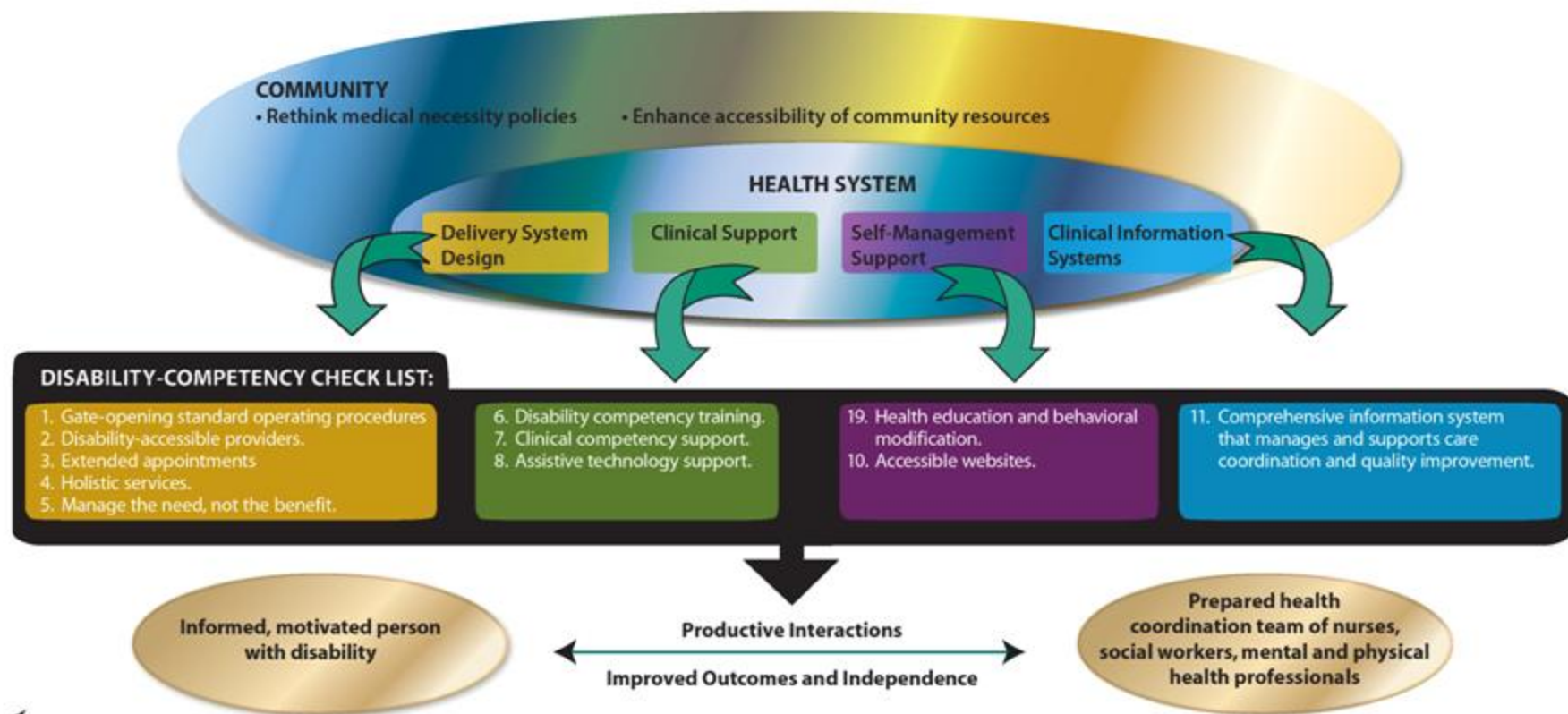
History of the Study

- 5 years; 2 tracks
 - Delmarva Foundation for Medical Care
 - Quality Improvement Organization
 - NCQA certified HEDIS auditor
 - George Mason University
 - Center for Study of Chronic Illness & Disability
- Focus groups
 - Medicaid beneficiaries across a wide variety of disabilities

Technical Advisory Panel

- Medical Directors and CEOs of Medicaid delivery systems
- Statisticians
- Experts in providing health care to people with disabilities
- Some of the panelists had personal experience in living with disability

DISABILITY-COMPETENT HEALTH SYSTEMS



Candidate Measurement Set

- 41 measures
- Access to care
- Access to care coordination
- Effectiveness of care and care coordination
- Use of selected services

Comparison of Candidate to Existing Measures

- 17 existing HEDIS measures
- 4 existing CMS measures
- 18 new measures
 - Living arrangements
 - Timely assessment screens and individual service plans
 - Encounters with different types of physicians
 - Hospital and ER utilization
 - Appropriate wheelchairs
 - Pressure ulcers, Urinary tract infections, bowel disorders, spasticity management, screening for osteoporosis for wheelchair users

Field Test of Candidate Administrative Measures

- Large California HMO and a small niche Wisconsin HMO.
- DFMC
 - wrote HEDIS-like specifications for numerator and denominator
 - Reviewed site's ability to collect and report data to compute the measures
 - NCQA's BAT
- Problems!

Problems

- Sites serve same target population, but:
 - Different missions
 - Different data sophistication
 - Different benefit delivery systems
 - Carve-outs
- No specific CPT-codes for development of ISPs.
- Different approaches to care coordination
 - Defining it
 - Who does it
 - How it is done

Findings

- Of the 18 new candidate administrative measures, reasonable to report:
 - Pressure ulcer management
 - Bowel disorder management
 - Spasticity management
 - Screening of high-risk beneficiaries for osteoporosis
 - Timely assessment screens and individual service plans, but will need to set up specific code
- Depending on target population, number of people in denominator may be very small

Self-reported Measures

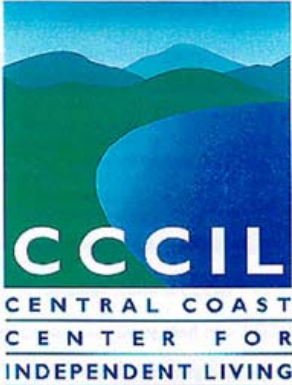
- Based on Medicaid CAHPS survey
 - www.cahps.ahrq.gov
- Collect information for which the beneficiary is the best or only source
- Analysis of Focus Group data
 - Medicaid CAHPS and M-CAHPS were missing important content areas
- Assessment of Health Plans and Providers by People with Activity Limitations

Research and Development Team

Disability Health Access LLC



**Alameda
Alliance
for Health**



Reporting CAHPS Data

- Three types
 - Global measures
 - Composite measures
 - Specific measures
- Adjusted for “systematic biases”
 - E.g., Age, sex, health status, education
 - Response modality (phone/mail)
- Proxy respondents

CAHPS vs. AHPPPAL Composites

- CAHPS

- Getting appointments and health care when needed
- How well doctors communicate
- Courteous and helpful office staff

- AHPPPAL

- Getting appointments and health care when needed
- How well doctors communicate
- Health knowledge
- Benefits management
- Case management services
- Quality of daily life (surveillance)

Can We Compare Different Disability Delivery Systems?

- Created a “functional complexity” index
- Very clear that one site’s program had specific eligibility criteria
 - No SPMI
 - Significantly lower ADL/IADL abilities
- Another site had significantly more deaf
- Implications for comparative dashboards

Systematic Bias on Global Ratings

	Health Plan	Personal MD	Specialist	Counseling	Case Manager
Better physical health	↑	↑	↑	↑	
Better mental health	↑	↑	↑		
Older	↑	↑		↑	
Non-white	↑	↑			
Spanish survey	↑	↑			
Phone	↑	↑			
Proxy			↓		
Higher Education			↓		
Female				↑	
Better functional ability				↑	

Dashboard of Global Ratings*

Global ratings*	Site A	Site B	Site C
Health plan	8.12	8.31	8.28
Physician	8.22	8.68	8.57
Specialist	8.02	8.50	8.02
Counseling	7.06	7.05	7.13

*Weighted mean rating on a scale of 0 to 10 adjusted for age, education, gender, proxy, modality, and language, when there is a systematic bias for those variables. (The biasing variables vary with the thing being rated).

Dashboard of Composite Measures

	Site A	Site B	Site C
Health Knowledge	48%	41%	41%
Doctors who usually or always communicate well	82%	88%	89%
Easy to get appointments	72%	83%	76%
Easy to get therapy	60%	69%	50%
Easy equip/supplies	61%	67%	70%
Accessible transport	65%	68%	Not covered

Dashboard of Quality of Life Measures

- Community participation 43%
- Treated with respect 81%
- Discuss worries 59%
- Do things in private 63%
- Purposeful life 78%
- Self direction in meal choices 81%

Derived from the National Core Indicators, www.hsri.org/nci/

Actionable Information from the Field Test

- Depression/anxiety screening
- Reproductive health
- Illiteracy
- Quantified anecdotes
- Using the AHPPPAL, survey sponsors can compare beneficiaries in:
 - fee-for-service *to* capitated systems
 - Fully managed *to* partially managed *to* unmanaged care systems

Materials on Your CD

- AHPPPAL Survey (in English)
- Narrative report of development and field-testing of the AHPPPAL
- Specifications for the administrative measures

For Updates, Spanish version, User Guide, Contact:

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