Implementing Outcome-Based Quality Measures Using the MDS-HC

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The Long Term Services and Supports (LTSS) Policy Lab is a resource to aid Executive-level decision-makers in program planning, policy evaluation and fiscal forecasting in the LTSS arena and is an outgrowth of UMass Medical School’s long-standing partnership with the family of state agencies in the Commonwealth of Massachusetts. For more information on the LTSS Policy Lab, contact: Abbie Averbach, Director, Office of Data Analytics, Abigail.Averbach@umassmed.edu or Frederick Perro, Senior Director, Data Management Services, Rick.Perro@umassmed.edu.
Overview

• Need for Outcome Measures for Community-Based Services

• Study Methodology

• Implementing Quality Measures
Need for Outcome Measures for Community-Based Services

• Current measures: process, medical, consumer survey

• Need reliable and objective outcome measures community services
  - Help improve program services
  - Support alternative payment models
Need for Outcome Measures, con’t

• **Measures based on MDS-HC**
  - Outcome-based
  - Validated
  - Existing data
  - Used in Ontario, Manitoba and Michigan
  - Population-level analysis

• **Research question**
  Can State use its assessment data to implement *interRAI’s outcome measures*?
Set up analysis

• Map MDS-HC to assessment questions
  - Identify any textual differences between questions (e.g., “last 30 days” vs. “last 2 weeks”)

<table>
<thead>
<tr>
<th>Measure</th>
<th>MDS-HC Question</th>
<th>Corresponding State Assessment Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of unintended weight loss</td>
<td>W24. Unintended weight loss of 5% or more in last 30 days (or 10% or more in last 180 days)</td>
<td>Q.1243 Unintended weight loss of 5% or more in last 30 days</td>
</tr>
<tr>
<td>Prevalence of delirium</td>
<td>C3.1. Sudden or new onset/change in mental function -OR- Client has become agitated or disoriented</td>
<td>Q.1148 Sudden or new onset/change in mental function -OR- Q.1149 Client has become agitated or disoriented</td>
</tr>
</tbody>
</table>
Set up analysis, con’t

• Create study protocols
  – Link client assessments to program enrollment date
  – Develop filters *(age, target programs, etc.)*

• Gain in-depth understanding of how assessments are given

• Utilize iterative process
Analyze results

• **Response Rates per question (%)**
  – Overall response rates
  – Longitudinal questions
  – Response rates overall vs. by program

• **Response Patterns per question (answer options)**
  – Examined face validity of patterns
  – Compared patterns for low vs. high LOC programs
Response pattern for entire population

Ability to use the toilet

- Independent: 55%
- Unwilling to perform: 1%
- Activity did not occur: 0%
- Limited Assistance: 7%
- Supervision: 4%
- Intermittent supervision or minimal physical assistance: 4%
- Extensive Assistance: 3%
- Total Dependence: 1%
- Unwilling to perform: 1%
- Activity did not occur: 0%

Figures drawn from feasibility study
Response pattern by program

Ability to use the toilet

- 1. Independent
- 2. INDEPENDENT - but experiences difficulty
- 3. Intermittent supervision or minimal physical assistance
- 4. Supervision
- 5. Limited Assistance
- 6. Extensive Assistance
- 7. Total Dependence
- 8. Unwilling to perform
- 9. Activity did not occur

Figures drawn from feasibility study

Programs based on level of Care (LOC) – Skilled Nursing Facility (SNF) vs. lower level
Implementing Quality Measures

• Complete additional data work
  – Apply interRAI’s member-level screens (e.g., filter out cancer patients from measure on weight loss)
  – Re-analyze questions overall and by program

• Implement measures
  – 5 ready for use

• Resolve data issues
  – Additional 8 - 11 measures may be ready after data issues resolved
Potential application: Using quality measures to compare providers

Prevalence of unintended weight loss (rate of negative outcomes)

Boxes show average score per provider; horizontal lines show range of scores with confidence intervals.
Green boxes show 75th %ile achievability level. Successful providers can share best practices.
Questions?

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