



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Considerations for Developing New Measures in CMMI Models

*Highlighting Integrated Care for Kids and Emergency
Triage, Treat, and Transport Models*

AGENDA

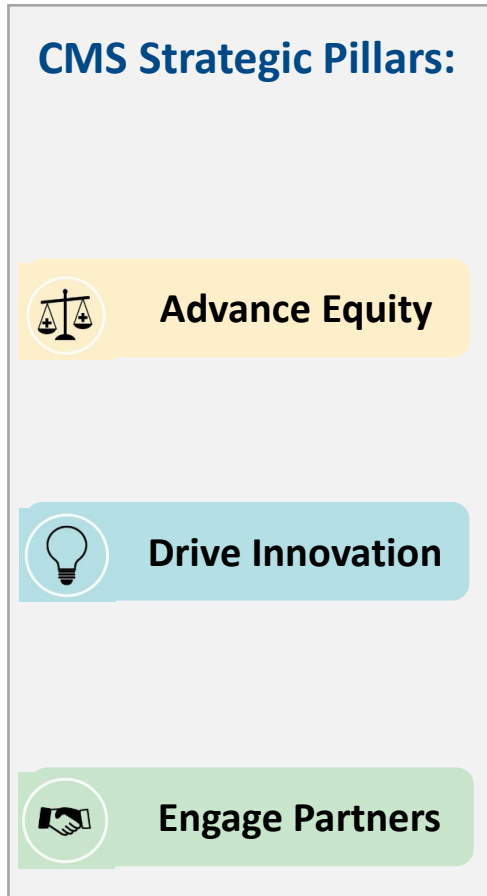


- Overview of Centers for Medicare & Medicaid Innovation Center (CMMI)
 - CMMI use of quality measures in models
 - CMMI strategy refresh and ‘quality pathway’
- Integrated Care for Kids (InCK) Model
 - Out-of-home-placement (OOHP) measure
- Emergency Triage, Treat, and Transport (ET3) Model
 - Post-triage Emergency Department (ED) visit measure
- Lessons Learned

Quality in CMMI Models

- Alternative payment models seek to transform health care by building incentives to improve value and through flexibility to waive traditional payment approaches.
- Each model **establishes financial and quality goals** with defined measures and benchmarks for providers who participate in model (e.g. hospital, practice or ACO).
- A model's **quality strategy** describes the primary quality improvement goals of a model and the quality measures on which participants are assessed and rewarded through performance-based payments.
- Other components of models can **reinforce and support the quality goals** including:
 - Requirements for care delivery re-design
 - Flexibilities in care design afforded by payment waivers
 - Technical assistance and data feedback
 - Learning system highlighting successful strategies
 - Multi-payer alignment
 - Monitoring and improvement data

CMS Innovation Center 2021 Strategy Refresh



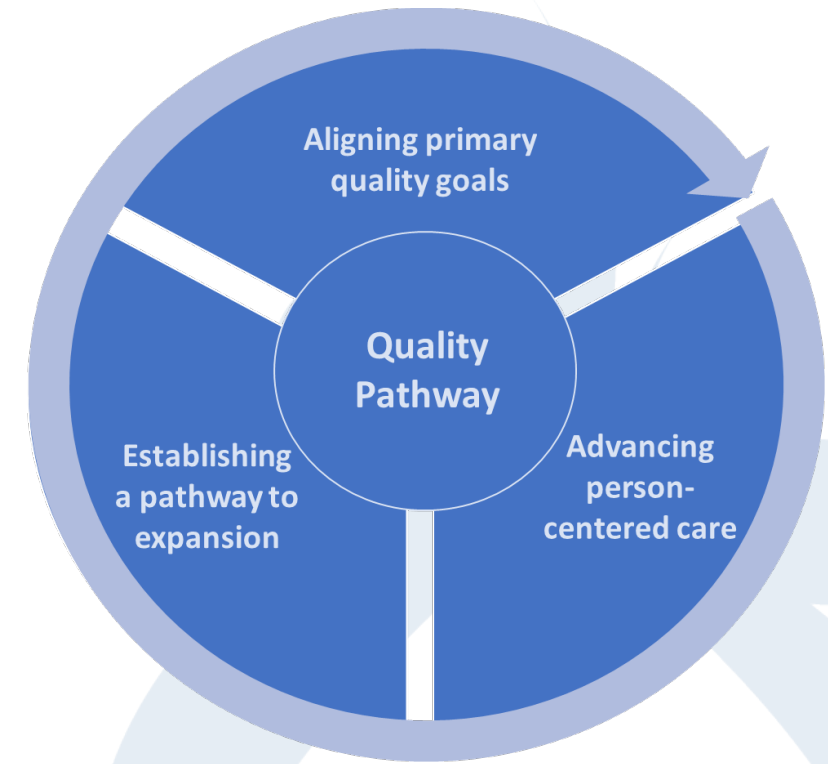
Defining Success:

“A strategy refresh that drives our delivery system toward meaningful transformation, including focusing on equity in everything we do, paying for health care based on value to the patient instead of the volume of services provided, and delivering person-centered care that meets people where they are.”

- October 2021 Strategic Refresh White Paper

Organizing Principles of the Quality Pathway

1. Aligning **primary quality goals** from model design to evaluation
 - Establishing person-centered primary goals for model emphasizing patient outcomes and experiences and aligning across model design.
2. Advancing **person-centered care** by elevating patient-reported outcomes and experience
 - The patient's voice provides critical insight on model impact that cannot be captured through traditional quality measures.
 - The Quality Pathway may include development, testing, and introduction of new measures to bridge gaps in valid measures addressing a model's quality goals.
3. Establishing a **pathway to expansion** based on quality improvement
 - Compare quality including experience and outcomes to comparison group, may require new data collection.





Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Risk-Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure for the Emergency Triage, Treat, and Transport (ET3) Model

Measure Overview

Alexis Lilly, MBA

Marvin Nichols, MHA



ET3 Model

The ET3 Model was a **voluntary payment model**, with a period of performance of January 1, 2021, through December 31, 2023, under which Medicare paid participating ambulance suppliers and providers to:



Transport a beneficiary to a **hospital emergency department (ED)** or other CMS-covered destination



Transport a beneficiary to an **alternative destination (TAD)**, such as an urgent care or medical clinic



Provide **treatment-in-place (TIP)** with a qualified health care partner (QHCP), either in-person or via telehealth

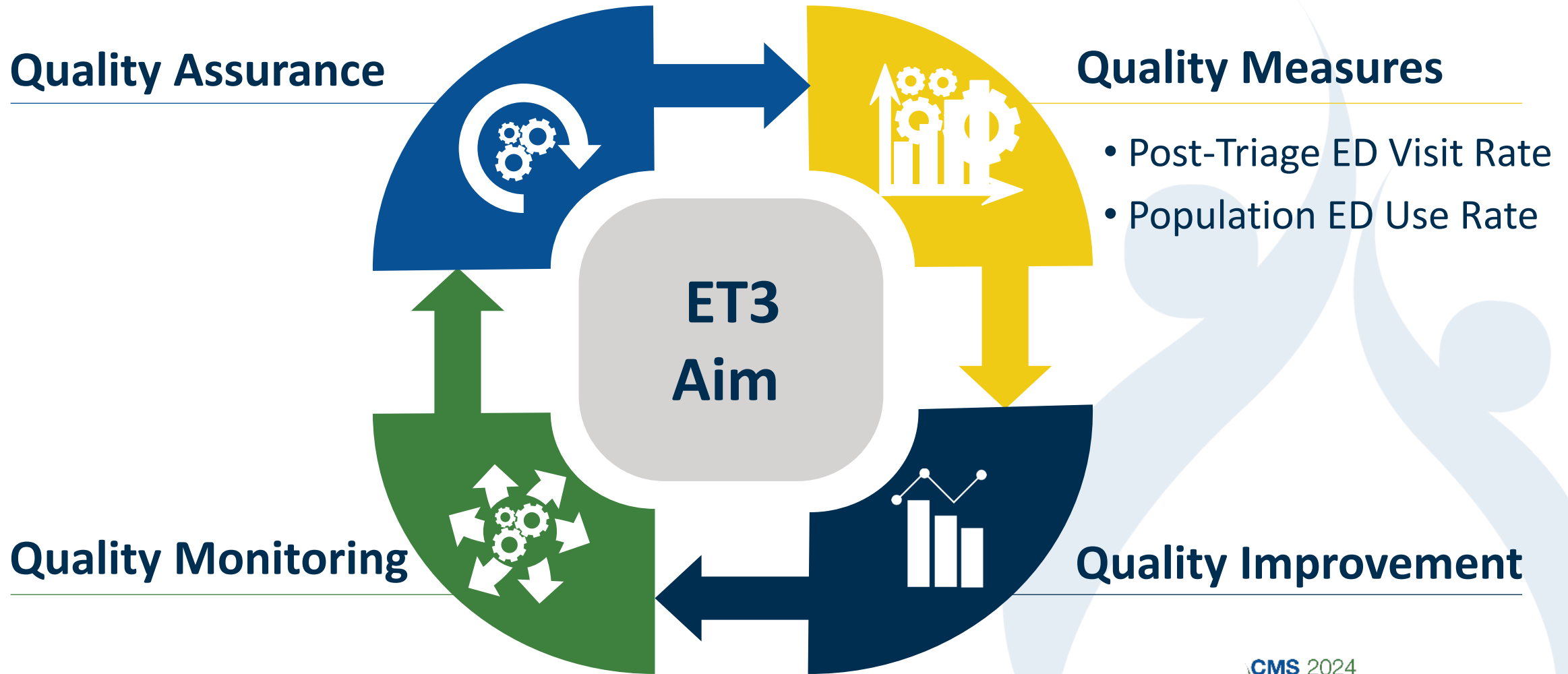
ET3 Model-specific

All ET3 Model services must have resulted from a 911 call, as this model **did not cover non-emergency transports**.

ET3 Model Goals

- The ET3 Model aimed to reduce expenditures and preserve or enhance quality of care by:
 - **Providing person-centered care**, such that beneficiaries received the appropriate level of care delivered safely at the right time and place while having greater control of their health care through the availability of more options.
 - **Encouraging appropriate utilization of services** to meet health care needs effectively.
 - **Increasing efficiency in the EMS system** to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

ET3 Model Quality Strategy



Measure Name: Post-Triage ED Visit Rate Measure (CBE ID: 3751)

■ Measure Description:

- Risk-Adjusted Post-Ambulance Provider Triage Emergency Department (ED) Visit Rate Measure (shorthand: Post-Triage ED Visit Rate Measure)
- Assesses the quality of the triage and decision-making by ambulance providers who:
 - ▲ transport low acuity patients to an alternative destination (non-ED location) or
 - ▲ facilitate Treatment In Place (TIP)
- By identifying whether patients have a subsequent ED visit or death within three days

■ Measure Type: Outcome Measure

■ Data Source: Claims

<https://p4qm.org/measures/3751>

Specifications: Post-Triage ED Visit Rate Measure

■ Measure Specifications:

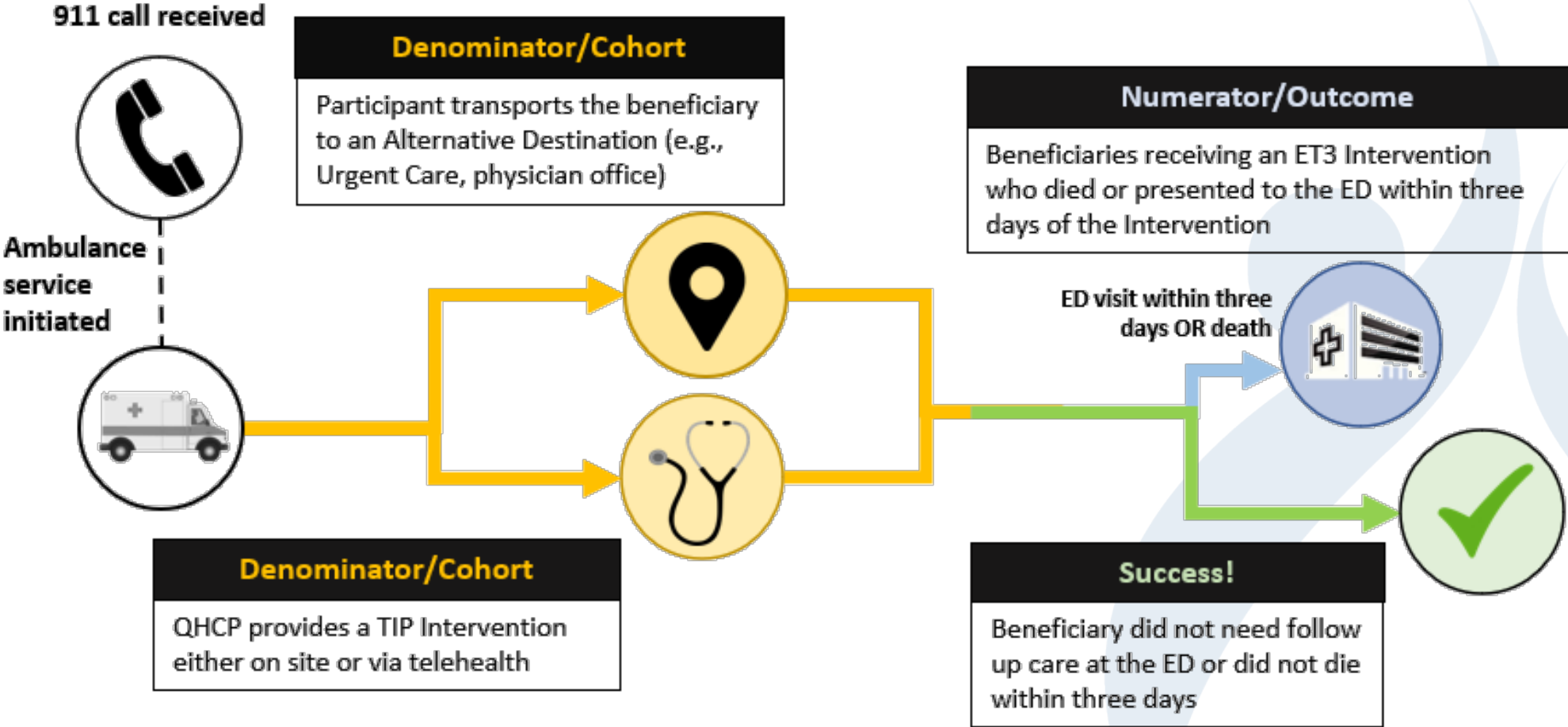
● Numerator

- ▲ The outcome of this measure is an ED visit or death within three days for patients who have been triaged by an ambulance provider to an alternative non-ED destination (TAD) or treated in place (TIP).

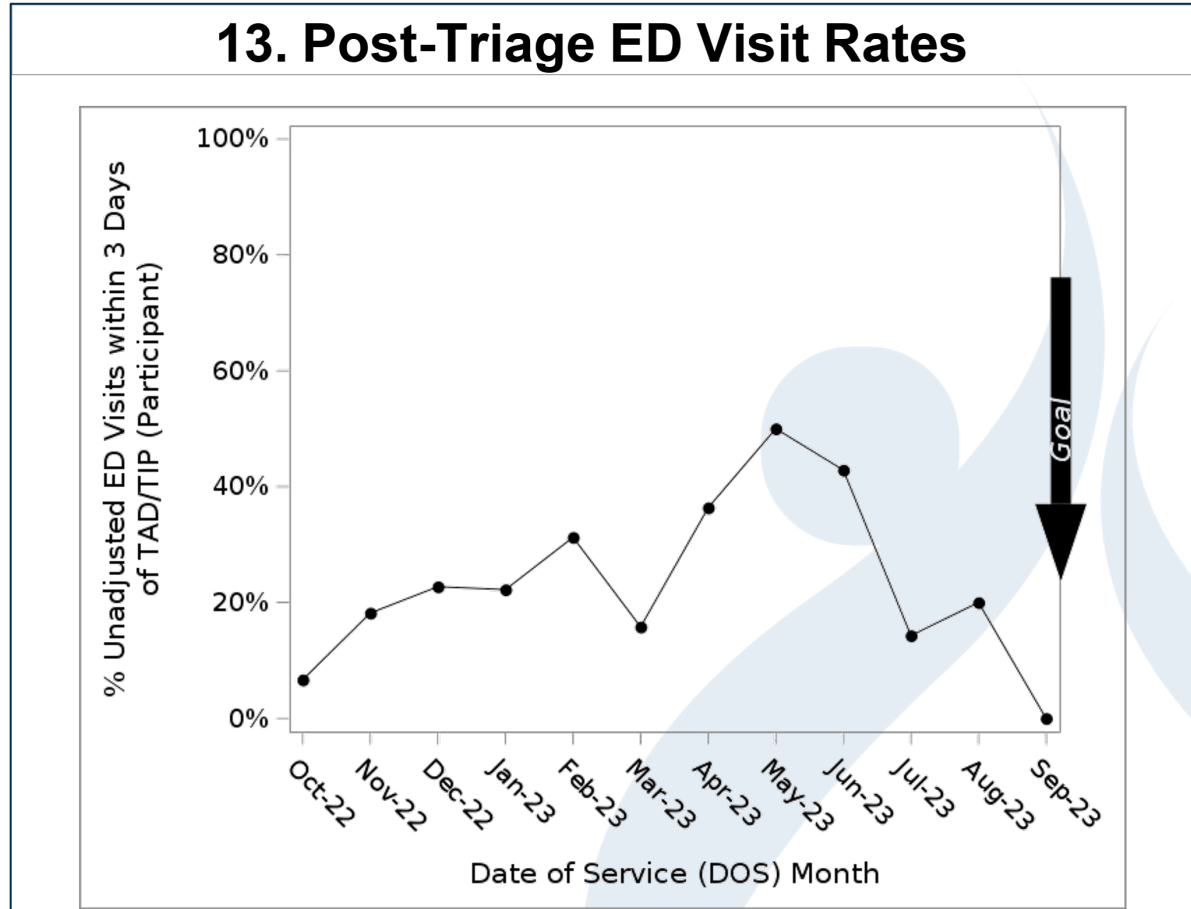
● Denominator

- ▲ The cohort, or denominator, includes patients age 18 or older who have an encounter with an ambulance provider whose triage decision is to either transport them to an alternative non-ED destination (i.e., TAD) or to initiate and facilitate TIP.

Post-Triage ED Visit Rate Measure



Quality Improvement Utilization of the Post-Triage ED Visit Rate Measure in the ET3 Model



Application of the Post-Triage ED Visit Rate Measure

■ For the ET3 Model

- Used as part of the eligibility criteria to receive a performance-based payment.

■ Potential Future Applications

- Project potential cost savings or expected return on investment (ROI) to assess the financial benefit that results from coverage of similar interventions.
- Measure the efficacy of interventions as alternatives to ED transport
 - ▲ May find value in the improvement of patient experience that results from the reduction of both patient wait times and out-of-pocket costs compared to ED transports.
 - ▲ May recognize administrative efficiencies for EMS providers and payers (e.g., ability to save time and resources to focus on high-acuity cases).



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Out-of-Home-Placement (OOHP) Measure for the CMMI Integrated Care for Kids (InCK) Model

Measure Overview

Chadwick Morgan, MPH & Emily Creveling, MSW

InCK Model Co-Leads



InCK Model Overview

The **Integrated Care for Kids (InCK) Model** is a voluntary 7-year pediatric model, with a period of performance of January 1, 2020 through December 31, 2026.

InCK is a child-centered *local service delivery* and *state payment model* aimed at **reducing expenditures** and **improving the quality of care** for children covered by Medicaid and CHIP, especially those with or at risk for developing significant health needs.

Goals:

- 1** Improving performance on priority measures of child health
- 2** Reducing avoidable inpatient stays and out-of-home placements
- 3** Creation of sustainable Alternative Payment Models (APMs)



Why the InCK Model?

EXISTING CHALLENGES

Risk factors for behavioral health challenges start early in life

Child health services **exist in silos**; **late diagnoses** are often treated in **higher cost settings**

Limited infrastructure investments to coordinate across sectors and develop pediatric Alternate Payment Model (APMs)

MODEL INTERVENTIONS

Early identification and treatment of health needs and risk factors by assessing children's needs

Integrated care coordination and case management of physical, behavioral, and other health services

Funding and support for development of **state-specific APMs** and infrastructure

MODEL GOALS

Improving performance on priority measures of child health, like mental illness and substance use

Reduce avoidable out-of-home placement and inpatient stays

Align payment to quality and outcomes to drive child health transformation

Out-of-Home-Placement (OOHP) Measure Origins

Motivation: One of the main goals of the InCK Model is to reduce the occurrence of OOHP.

Purpose: To develop a measure of out of home placement (OOHP) for monitoring and evaluating the Integrated Care for Kids (InCK) Model.

Development Timeline: September 2020 to September 2023

OOHP Definition

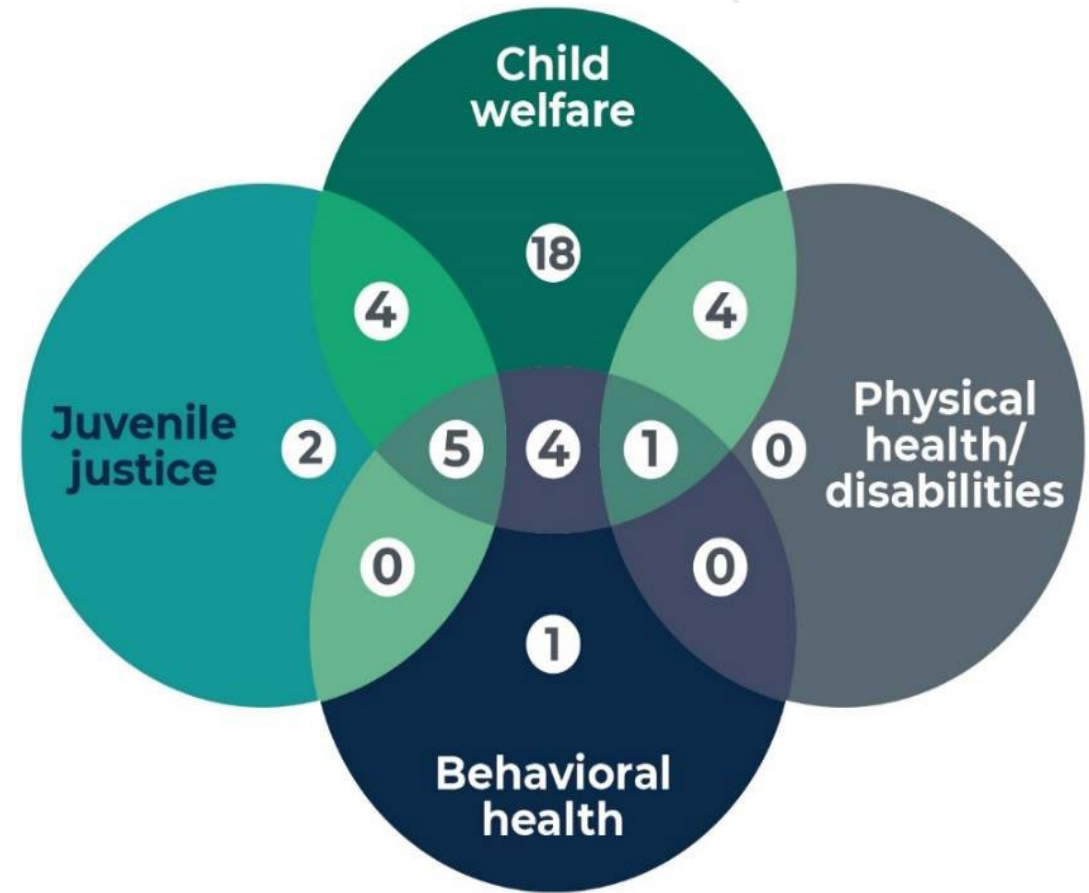
- For the InCK Model, OOHP includes placements in **long term care facilities** (including residential care centers, nursing facilities, intermediate care facilities, and inpatient psychiatric facilities), **inpatient hospitalizations for behavioral health**, and custody episodes in **foster care**.
- A placement within the measure is a **temporary or permanent** transfer of custody to, or receipt of inpatient or residential services in, a predetermined list of locations.
- Placement does not require the **loss of parental custody**, includes voluntary and mandatory placements, and does not assume a **minimum universal amount of time** spent in the placement location.

Cross-Sector OOHP

Most studies of OOHP focus on the child welfare sector; few include health care (physical or behavioral) or juvenile justice.

- The primary goal of the InCK OOHP measure development was to develop a measure for monitoring and evaluating award recipient’s progress towards reducing these placements.
- A secondary goal was to contribute to the larger child welfare community with a measure that could be applied to other state and local child serving systems.

Figure 1. Number of studies identified by sectors included in the OOHP definition



Measure Overview

- **Measure Name:** Rate of out of home placement (OOHP) episodes for the InCK Model
- **Measure Type:** Outcome
- **Measure Level:** Population health
- **Measure Description:** The measure reports the rate of new OOHP episodes per 1,000 attributed beneficiaries.
 - There are two versions of the measure: (1) a health care OOHP version that includes OOHP episodes in long term care and behavioral health admissions, (2) a health care and foster care version that includes episodes in long term care, behavioral health admissions, and foster care.
- **Data Sources:** Administrative data from three sources:
 - InCK Retrospective Attribution File (RAF)
 - InCK Core Child Services (CCS) Data—Foster Care file
 - T-MSIS Analytic File (TAF) Inpatient (IP) and Long term (LT) claims file

Measure Specifications

Specification	Description
Numerator Statement	Number of OOHP episodes that began during the measurement period
Numerator Details	<p>The numerator is the sum of OOHP episodes across up to 3 data sources. To calculate the numerator:</p> <ul style="list-style-type: none"> Count OOHP episodes in the TAF LT claims file to identify episodes in long term care facilities, such as nursing facilities, intermediate care facilities, inpatient psychiatric facilities, and residential care. Count OOHP episodes in the TAF IP claims file to identify inpatient admissions related to behavioral health. Count OOHP episodes in the CCS foster care data. This will identify foster care placement episodes. <p>For the health care OOHP version of the measure, the numerator sums OOHP episode counts from the TAF LT source and TAF IP source only. For the health care and foster care OOHP version of the measure, the numerator sums OOHP episode counts from all 3 data sources.</p>
Denominator Statement	Number of eligible beneficiaries who have at least one month of Medicaid enrollment during the measurement period
Denominator Details	Denominator includes all individuals in the RAF who have at least one TAF Demographic and Eligibility (DE) record during the measurement year
Denominator Exclusions	None

Measure Development Challenges and Solutions

Challenge	Solution
InCK Award Recipients faced challenges and delays submitting the data needed for measure development and testing	Worked with contractor to overhaul the project timeline
Some Award Recipients were unable to submit high quality, usable foster care data	Created two versions of the measure: Health care OOHP (using T-MSIS Analytic File (TAF) only); health care and foster care (using TAF and Core Child Services (CCS) Foster Care data)
Some Award Recipients could only submit de-identified foster care data, which could not be linked to other data sources	Developed an alternate method for identifying foster care episodes that belong to the denominator population using zip codes and county codes
Testing was complicated by the small number of measured entities (n=7) and the differences in available data across them	Tested at the measure level to the extent possible, and tested measure components differently where needed

Application of the Rate of OOHP Measure

■ For the InCK Model

- The OOHP measure will be used to evaluate InCK Award Recipients efforts to reduce out of home placements within their model service areas.

■ Beyond InCK

- The OOHP measure technical specifications can be adapted to state-specific data sources to implement the measure outside of the InCK Model.

Lessons Learned and Next Steps

- **CMMI has a track record of investing in measure development including finding novel options for measures after models end.**
 - **InCK** (OOHP measure) incorporated into state requirements.
 - **ET3** (Post-Triage ED) may be used for future cost savings/ROI ascertainment.
- **When necessary, CMMI will continue to develop measures within models in alignment with CMMI's quality objectives.**

Special Thanks



InCK Award Recipients and Mathematica

- Please visit the InCK website for more information:
 - <https://www.cms.gov/priorities/innovation/innovation-models/integrated-care-for-kids-model>
- Please email the InCK model team if you have any questions:
 - InCKModelQuestions@cms.hhs.gov