

Reports Jennifer Clark

Jennifer Clark:

Good afternoon. I know you all are so excited about this being the last session of the day, right? So I know you are very excited to be here, but there are two reasons why I'm excited to be here. First of all, I feel very honored to be able to be here and have so many people involved with this particular improvement and quality type of sessions, but I'm also glad because I have met some colleagues that I have not seen in many years. And it is a great -- gives me a great deal of pleasure to know that people who have seen the evolution of this process over many years, as you've seen slides from 1997, 1998 -- some of us have been involved with it for that long.

And we have had to go through each change and I know none of these changes have been that challenging, right? We haven't had any challenges at all over the last ten years. But we have to ask a question, and I think once we see my objectives, there are three questions that come to my mind, as a person who is involved in this, not only from the standpoint of just gathering the information, but also implementing it, right?

So what does all of this mean to me, and what does it mean to you, as an organization? Also, in the back of my mind you're going, "How are we going to achieve all of this? What does it mean? How are we going to do all of this?" Another question that comes to my mind is, "How can this be integrated into business strategies that actually work?" So let us look at, and try to see how we can recognize, how we can apply performance assessment data for quality improvement, not only for us as CMS, but also for you. Also recognize opportunities of partnering with stakeholders to improve performance and quality. What stakeholders? We'll talk about that a little bit. Who are the stakeholders? We also want to look at an outline and just touch on -- and the other members of the panel are going to give you more details that you might be able to hang your hat for implementation, but you want to look at the outline of data that can be used for cost-containment, as well as improve member outcomes and satisfaction, as well as increased compliance, which is where I come into the picture, unfortunately.

Now let's get an overview. What does this mean? How does this have an impact on -- what does it mean when I have low performance scores on my composite scores? What does that really mean to me? We can look at it in several different perspectives, in a business perspective. You can look at it in a clinical perspective, and many nurses now are involved with business. So we understand that there is -- we have to weigh it out, business and clinical type of ramifications.

But you know, we found that surveys and reports show that poor performance scores mean organizations are not doing well in areas that are important to consumers. That's one of your stakeholders. Who is your consumer? Your members. How old are these consumers? They are the Medicare eligible population. That is who we're talking about today. As a result, poor performance has affected all the stakeholders of the organizations, which is you. As well as you, you're a stakeholder, too, so don't forget that.

Also research has related areas of poor performance scores -- it shows that the mean, voluntary disenrollment rate is four times higher for plans in the lowest 10 percent of overall plan ratings, as measured by the CAHPS Health Plan Survey. You lose money. Where's your accounts receivable? If we want to talk business, that's your enrollment. Where do you get your money? From your enrollment. If you have a lot of disenrollment, how are you going to pay for your services? How are you, as a clinical person, going to be paying and be able to authorize your services? That's a question we have to ask, as clinical personnel.

Also it shows that CAHPS, when associated with HEDIS scores, show significant association with the clinical area. How can that be? What are you talking about? Well, some of the researches show that hospital, cardiac patients in New Hampshire show that those that have a positive report -- now what do we mean by a positive report? You give them a survey. You get back that their clinical care -- oh, they just had great things to say about the plan, the hospital, everything was great; I got all this great care. What does that mean to the patient? It means that they have found that they have better health outcomes a year after discharge from the hospital. So this may indicate that an organization with poor patient reports have problems that affect outcomes.

Now we can assume or make assumptions that overall ratings are related to voluntary disenrollment, which is money, equates to money, loss of money, decreased market credibility, because that person is going to go talk to their families and friends and when the marketing agents are on the phone, they are not going to want to enroll in your plan. If you have decreased market credibility, it can mean poor health outcomes and ultimately, it's going to impact your costs implications. So that is the reason why I think that all of us as stakeholders need to be very, very well aware of what these poor composite scores can do to you as an organization.

Now let us look at what this means to me as a CMS plan manager, quality reviewer, whatever my role is at the moment, and you as an organization. Now you look at this and you think, "Oh goodness, they're looking at these composite scores and they do a pre-audit type focus review, and then they look at regional trends for low composite percentile ranks nationally. Does that mean that's the only thing they look at?" No, it isn't. We take it into perspective, and I think that there's three examples that I can give you as to how we can look at this. If I'm going out on a pre-site visit audit to your plan, I'm going to look at your composite scores. And if they are low, I'm going to be looking at the findings I get on those sample sheets, and that means particularly in Chapter 13 with appeals and grievances and claims payment. Then I'm going to be looking at the scores, and I might see a trend in the grievances that might show me that there is an ongoing problem with this.

So that's one way. But we also look at CTM cases, Maximus results and other things when we go out on site. So as you can see, we're getting not only the composite scores, which may be two years old data, but we're also looking at present data for the information. But it does help us to focus.

Say for instance I'm in the plan and I'm in the office and it's ongoing. It's not your site visit audit period, but I am getting bombarded with multiple source complaints. Now what do I mean by multiple source complaints? I'm getting Congressionals; members are calling me. I am getting calls from the state. I am getting calls from all over the place that something is wrong. I'll look at this. Then I'm beginning to look at other sources, CTM data. I might look at Integra Board [spelled phonetically], information probe studies. I may start looking at Maximus complaints. I might be looking at the quarterly Maximus data that I get, and it looks like there is a problem. I guarantee you, those composite scores come in handy. If you're in the lower 15 percent percentile in the nation, it tells me there is an ongoing problem. And yes, we probably will have to have a discussion.

[laughter]

But there's other things, too. Say if you have low composite scores, but I don't have any complaints. I don't have any of that. What does that mean? That means there are collaborative efforts. So you see, those are examples of three areas that we've looked at that we can use in the regional offices just to help you out. It's not only dinging you. That is not what it's there for. It's telling us where we need to work with you also. So it's an open door policy. It's a two-way street. If you're having problems and we don't get in touch with you, then we're at fault. If you have low composite scores, you need to be well aware of why. And you need to be able to help us out to help you out. And that is a very important, significant solution.

Now why do we do this? Why do we use performance in improving quality? These are four good reasons that we see in research as to the reason why you need to be concerned about using these performance to improve your quality.

Now what does that mean? Well, the purpose of these initiatives, and this is listed in Chapter 5, if you ever look for the source. You as an organization -- you're always looking about cost-benefit analysis. You're also looking at goals. You're trying to set goals for quality, for measurable outcomes. You're always looking for operational definitions that have quantifiable terms of what to measure for consistency to recognize trends. You're looking for improvement. You're looking for measurements of performance. And you're looking at quality initiatives so that you can not only give the best and highest performance and care to the members, but also to have potential benefits that exceed costs. You have to balance the costs out with those benefits because you want to survive as an organization, right? That's a very important quality of all of this.

So let's look at an example of the first objective, which is how CMS tries to identify some of the things that we want to look at for these performance assessments. I'm going to give you an example of the pre-site preparation for routine audit. That was the first thing we kind of looked at. How do we look at that? Well, we correlate performance scores with potential worksheets and review findings and operational areas and inter-departmental areas. Now how is that defined? Well, you know the performance

assessment data was viewed by our agency many years ago to supply the staff with useful, timely and accurate data tools to assist us with ongoing, auditing efforts. And that's how we use it. We collaborate it with or we correlate it with all the other data that we have to see if it's an ongoing issue. It may not be. You may have already initiated things to help you improve that. And we take that into consideration when we're on site. We may already see it in the samples when we do the samples, as we're working through it.

We look at, we're looking at -- and these are just some examples of what some of the HEDIS and HOS and CAHPS will give us. We look at effectiveness of care through appeals and grievances, Maximus reports, Tames [spelled phonetically] HEDIS and HOS results. This includes some things that Abby Block [spelled phonetically] went through, disease management for chronic conditions, disease management for mental health management, access and availability of care, which includes adult access to preventative, ambulatory and health services, inpatient utilization, which is general hospitalization and acute care, and how they use the services, which is frequency of selected procedures and inpatient utilization. So that gives you a good idea of how the first objective is achieved by us, as an agency.

Another example of the second objective is what would you do if your organization had performance scores that show a low composite score nationally? I doubt very seriously if you are going to do nothing. I don't know of any plan that's not going to do anything with those scores and be concerned and to try to do some kind of quality assurance activity that's going to have some kind of affect on it. I think that there is going to be some in internal collaboration with your organizational components to come up with an action plan, and I think that that will be implemented, right? Because that's pretty much what you will do so that you will have better market credibility, right? And people will want to buy your product because basically that's what happens. That is the outcome of it.

We also -- part of CMS, we also look at collaboration with other stakeholders, which means the regional office, the quality improvement organizations, the accrediting organizations and the state agencies. So you see, these performance assessments scores can help you realize opportunities for collaboration with your stakeholders. And these are all stakeholders, too, to what we're trying to do with our program.

Now I also want to bring to light some things that have already been brought to your attention: the CAHPS Improvement Guide, the Medicare Advantage Chapter 5, and the NCQA Bridge of Excellence and other tools that are out there that can help you achieve your goals. For the purpose of this, for my presentation I've used some parts of the CAHPS Improvement Guide as examples. But they all are going to give you the beneficial effect on health outcomes and enrollee satisfaction that will improve your scores in all of these that we have discussed today. And we as a regional office look at these trends of these assessments scores because we need to evaluate the compliance that you, as an organization, have with CMS expected standards and that's really very important. That is my perspective. That is my perspective, as a stakeholder.

An example of objective three, what I did was I took this directly out of the guide, the CAHPS Improvement Guide, and I want you to see here -- there are some -- this is an accountability. This is actually an accountability guide right out of the guide itself, and you can see some operational components there that we look at in Chapter 13, claims processing. I can also look at some other things that are affected by Chapter 4.

Now there was a question earlier about adherence or compliance to certain -- I think it was hypertensive drugs. At the very bottom of this slide you will see that even though providers in large part are responsible for adherence and/or compliance to certain drug regimens or to certain disease management regimens, but you as a plan, have an impact on that by education and other means. So that's why this guide is so good because it will give you some ideas of how to improve a lot of your operational areas also. And this is where your interventions come in, and that's why I thought it was very important for you to see, this is kind of how we integrate some of the things that we look at when we're on a monitoring visit. When we see problems in Chapter 13, we begin to think about all those areas and look at your composite scores to see where this fits into it, okay? And you can do the same thing. These are areas that you in quality can very easily do for yourself, in compliance plans, compliance audits, as well as in quality assurance programs. And I thought that that was a good example of that.

Now how do we look at it globally? Well, we want to make sure that your infrastructure shows that you have a conducive environment for improvement performance. Does your culture allow you to get down to this level at the very bottom, which equates to what? The items that are asked on the HEDIS and HOS that give us the information that we achieve to get your composite scores.

So your whole entire organization will be completely absorbed with this. And that's another reason why I used the CAHPS Improvement Guide as an example. This chart came directly out of that guide. And it shows you the whole entire involvement of your entire organization. And I think this was the best example of how, and how we're talking about it and how it impacts you as an organization, and how it impacts you as a quality assurance and utilization management personnel and other people that are involved with the organization. You are so important, and I don't think that anybody can tell you how important you are than people who have to do the surveys and come in and look at your organizations. This is so important. This concept to me tells me right exactly where the rubber meets the road, and that's why it is so important for you to understand how important you are and how important these performance standards are to your organizations.

These are some collaborative with stakeholders that we've done in the past, with different plans. We have collaborated with our quality improvement programs and plans, our States, our accrediting organizations and CMS and all of us have seen this evolve as years have gone by. And this is kind of what it looks like at least in our region. A lot of the MAOs will integrate their collaborative efforts just like this, and sometimes there's errors going in all directions. It's going back and forth so I put you in the middle because this is

about you, right? It's not about me. This is about you, and it is also about your members.

Now to re-cap this, and please remember, you're going to get a lot more detail from the other members of the panel. Please understand that I want us to re-cap the objectives. Recognition, to recognize the applicability of performance assessment data for quality improvement by us and by you is very important. We need to recognize opportunities of partnering with stakeholders to improve performance and quality. We need to outline data that can be trended for cross containment, as well as improve the outcomes and satisfaction of the members and increase compliance opportunities for you. We also need to understand the impacts on business versus clinical ideals and standards that all the clinical people in this room hold dear.

Cost containment occurs as a result of, better business translates into higher patient and customer satisfaction. As in other service industries, satisfied customers create value over the course of a lifetime of an industry by manifesting itself in repeat visits, trusting relationships and credibility in the marketplace, as opposed to generating new costs by noncompliance, worse outcomes and negative market credibility. Existing populations are invaluable sources of data that assist organizations understand how to improve operations and reduce waste, by eliminating services that are unnecessary or not valued, and Lord knows quality assurance is the route to go, right? Right. Thank you.

[applause]

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