

Accountability for Person-Centered Care Planning: Performance Measurement and Accreditation

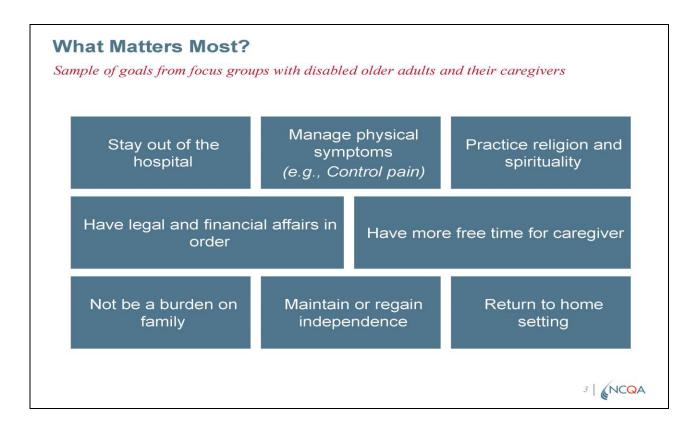
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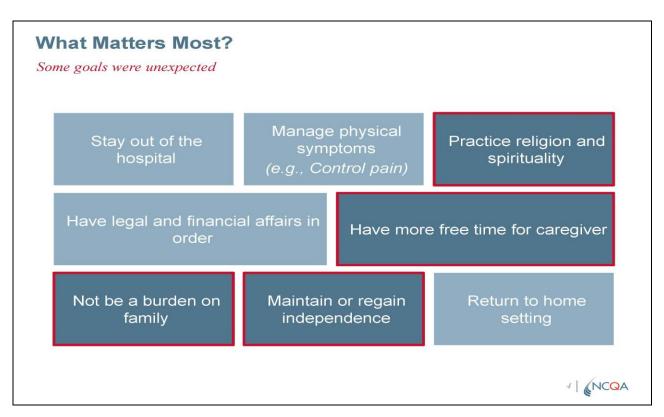
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Quality Measurement: One Size Does Not Fit All



2 | (NCQA





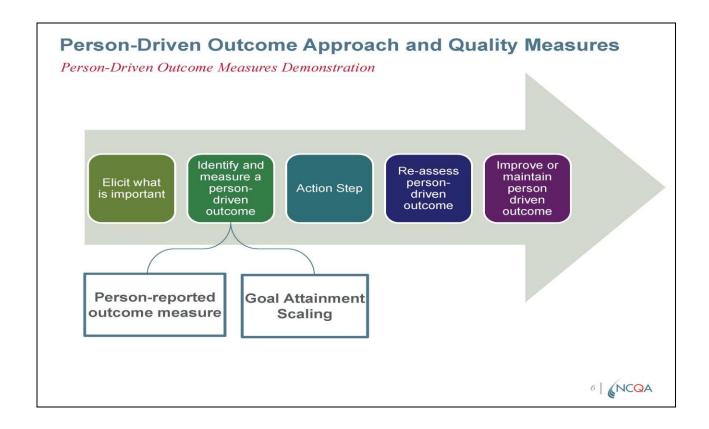
Our Vision: Person-Driven Outcomes

Person-Driven Outcomes

Outcomes identified by the individual (or caregiver) as important that can be used for care planning and quality measurement







Pilot and Demonstration Project

Why do we think this will work?













PILOT FINDINGS

Approach was feasible and added value to care planning

Adds on average 20 min to an encounter

Potentially increased patient activation

Providers felt it fit well within their current practice

Feasible metric for showing improvement in outcomes





Patient activation

Well-being

Shared-decision making

Experience of care

Caregiver strain

Hospitalization

Emergency department

Skilled nursing facility





Demonstration Objectives

Future of Quality Measurement

% of individuals with a goal and plan of care

% of individuals with follow-up on goal

% of individuals who achieve goal





HEDIS® 2019: Technical Specifications for Long-Term Services and Supports Measures

Long-Term Services and Supports Comprehensive Assessment and Update (LTSS-CAU)

Long-Term Services and Supports Comprehensive Care Plan and Update (LTSS-CPU)

Long-Term Services and Supports Shared Care Plan with Primary Care Practitioner (LTSS-SCP)

Long-Term Services and Supports Re-Assessment/Care Plan Update After Inpatient Discharge (LTSS-RAC)

Available at:

http://store.ncga.org/index.php/catalog/product/view/id/3419/s/hedis-2019technical-specifications-for-ltss-organizations-epub/



LTSS Comprehensive Care Plan and Update

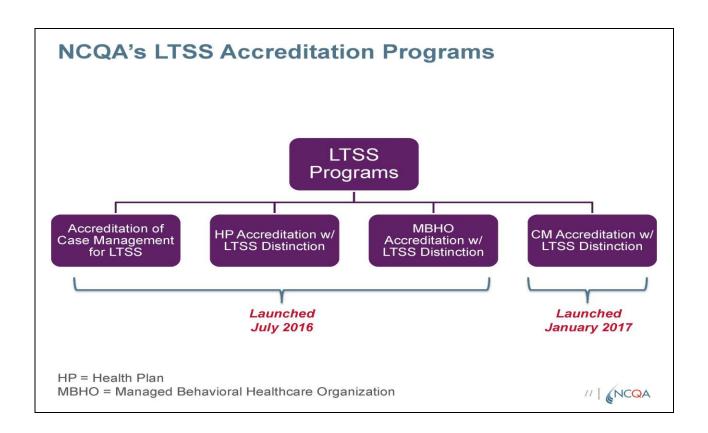
Numerator Rate 1

Members who had a comprehensive LTSS care plan completed during calendar year 2018 (within 120 days of enrollment for new members), with 9 core elements documented.

Rate 1: Core Elements

- 1. Member goal
- 2. Plan for medical needs
- 3. Plan for functional needs 7. Emergency need plan
- Plan for cognitive needs
- List of all LTSS services
- Follow-up & communication plan
- 8. Caregiver involvement
- 9. Member agreement to plan

10 | (NCQA



Program Requirements at a Glance

CM-LTSS Accreditation Standards

LTSS 1: Program Description

LTSS 2: Assessment Process

LTSS 3: Person-Centered Care Planning and Monitoring

LTSS 4: Care Transitions

LTSS 5: Measurement & Quality Improvement

LTSS 6: Staffing, Training and Verification

LTSS 7: Rights and Responsibilities

LTSS 8: Delegation

LTSS 3: Person-Centered Care Planning

Coordinate person-centered services for individuals by developing of individualized case management plans and monitoring progress against the plans.

Element A - Person-Centered Assessments

The organization has a process to:

Assess individuals' prioritized goals. *

Assess individuals' preferences. *

Assess individuals' life planning activities. Identify individuals' preferred method of communication.





