

# 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](mailto:Abigail.Averbach@umassmed.edu) or Frederick Perro, Senior Director, Data Management Services, [Rick.Perro@umassmed.edu](mailto: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”)

Measure	MDS-HC Question	Corresponding State Assessment Question
<b>Prevalence of unintended weight loss</b>	W24. Unintended weight loss of 5% or more in last 30 days (or 10% or more in last 180 days)	Q.1243 Unintended weight loss of 5% or more in last 30 days
<b>Prevalence of delirium</b>	C3.1. Sudden or new onset/change in mental function -OR- Client has become agitated or disoriented	Q.1148 Sudden or new onset/change in mental function -OR- Q.1149 Client has become agitated or disoriented

# 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

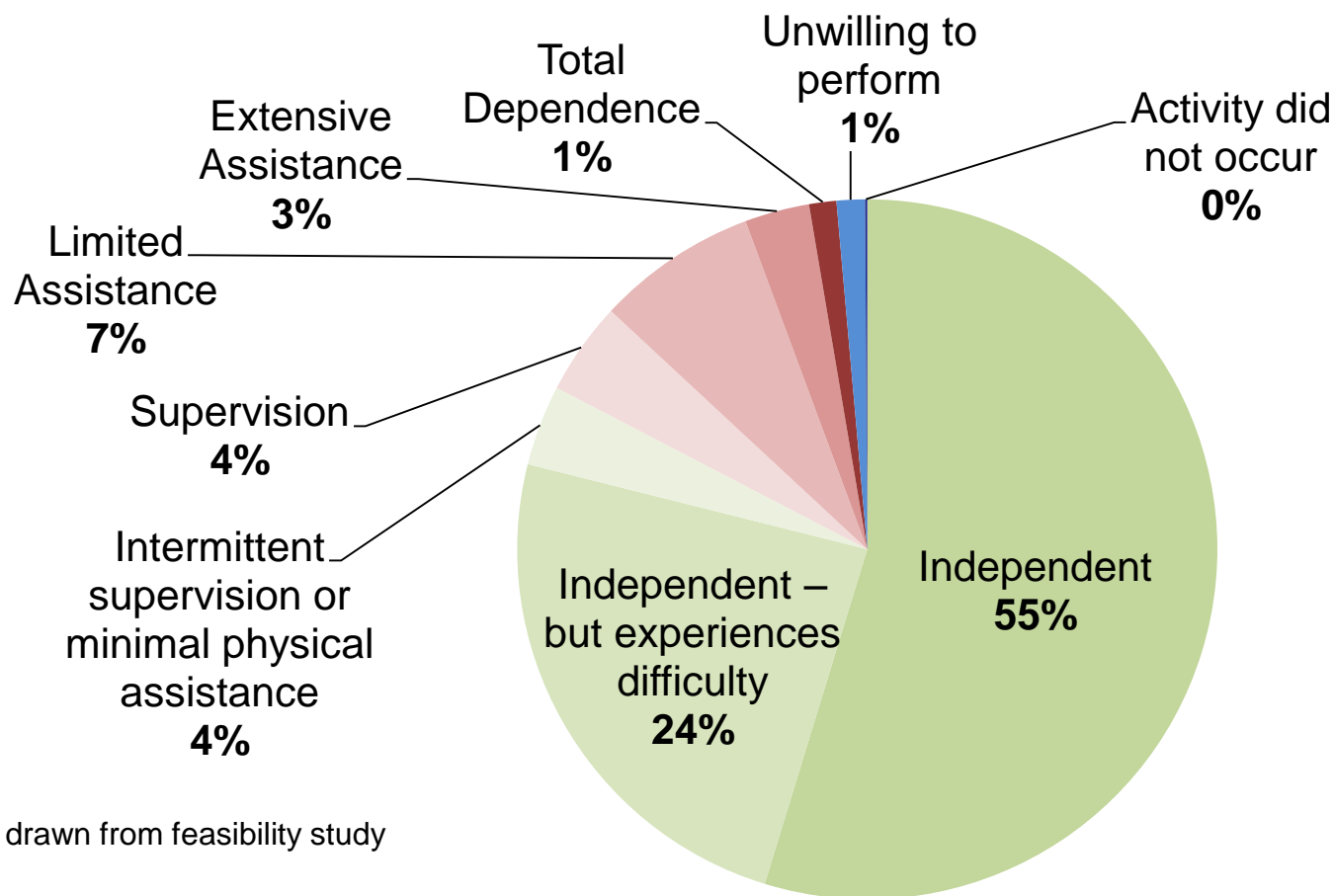


# Analyze results

- **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*



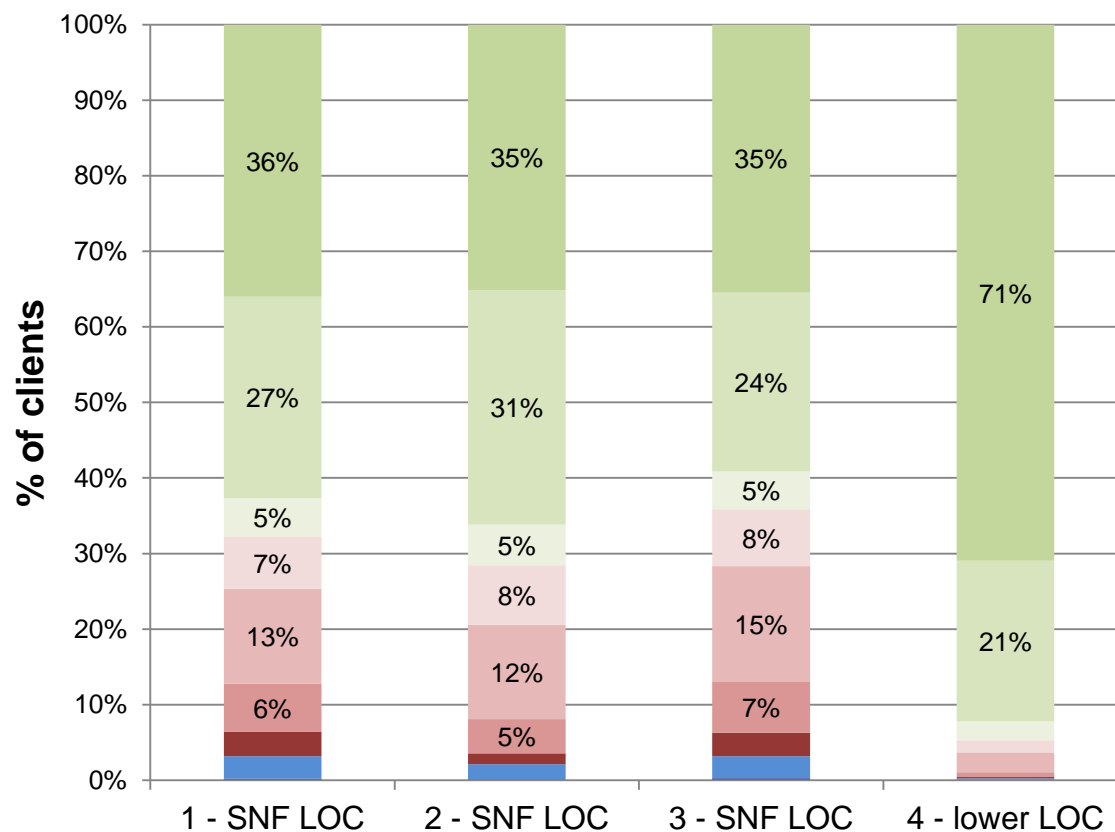
Figures drawn from feasibility study



# 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)

(mock data for illustrative purposes)



**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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