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July 27, 2016

National Quality Forum
MAP Dual Eligible Beneficiary Workgroup
1030 15th Street, NW, Suite 800
Washington, DC 20005

Dear Project Leader,

Community Catalyst respectfully submits the following comments to the National Quality Forum (NQF) in response to the 2016 draft report of the Measure Application Partnership Dual Eligible Beneficiaries Workgroup (MAP Workgroup).

Community Catalyst is a national non-profit advocacy organization dedicated to quality affordable health care for all. Since 1998, Community Catalyst has been working to build the consumer and community leadership required to transform the U.S. health system. Our new Center for Consumer Engagement in Health Innovation is a hub devoted to teaching, learning, and sharing knowledge to bring the consumer experience to the forefront of health. The Center works directly with consumer advocates to enhance their skills and power to establish an effective voice at all levels of the health care system. We collaborate with innovative health plans, hospitals, and providers to incorporate the consumer experience into the design of their systems of care. We work with state and federal policymakers to spur change that makes the health system more responsive to consumers. We have been working to improve Medicaid and Medicare for consumers for more than a decade, producing tools for consumer advocates to use in state-based advocacy as well as tools for use by other stakeholders.

We appreciate the opportunity to provide comments on the 2016 draft report of the MAP Workgroup. Overall, we are very pleased with the report and would like to both reinforce many of your findings and recommendations and strongly urge NQF to move ahead with work on the high-priority measure gaps documented. We are also commenting on the committee's third interim report on measure gaps in Home and Community-Based Services and encourage you to read those comments, which also are relevant for the dual eligible population.

We would like to reinforce some of the important themes noted in this report and provide recommendations to further strengthen these areas:

- We greatly appreciate the MAP Workgroup's interest in addressing healthcare disparities in the dual eligible population, including understanding whether risk adjusting measures for socioeconomic status (SES) factors is warranted. We agree with the MAP Workgroup that robust data on socioeconomic and other factors are limited and therefore **strongly urge the MAP workgroup to continue monitoring** *NQF's Trial*

*Period on Risk-Adjustment for Socioeconomic Factors***.** We also suggest NQF carefully consider the results of the forthcoming report from the Assistant Secretary for Planning and Evaluation with respect to risk adjustment for SES before making any policy changes on this issue.

- The report notes the MAP Workgroup members voted to remove three patient-reported outcome-performance measures (PRO-PMs)[1]. **We recommend the workgroup place stronger emphasis on PRO-PMs, including ones related to health literacy, which was voted to be removed.**[2]

- We appreciate the updates made to the starter set of measures but caution the MAP Workgroup against using too many process-oriented measures. Process measures do not shed light on the gaps in quality of care that is experienced by the dual eligible population, especially older adults with multiple chronic conditions. We recommend the MAP Workgroup **strongly consider endorsing outcome measures that will provide insight into care experiences**. **We urge the Workgroup to continue to consider the high-priority measurement gap area identified in the draft report for future endorsement.**[3]

- We are pleased to see the MAP Workgroup's attention to community supports and services. It is **imperative that NQF continue to support and monitor development of measures that will help collect, track and evaluate performance around connecting health care services and community supports and services**. Community supports and services are critical to quality of life for dual eligibles, including their ability to maintain independence and meaningfully participate in work, relationships and community activities, if desired, as well as live in their preferred setting.[4]

- We understand the concern raised by some MAP Workgroup members about the potential burden of "unfunded mandates," but believe this is not a concern that applies universally. In particular, in capitated payment systems, the issue is far more complex. Serving dual eligible beneficiaries requires an expanded scope of primary care and care coordination practices that should be accounted for in a capitated rate. While these expanded practices do require more resources, they also improve care and reduce costs. Thus, added investments should be borne by the Medicare-Medicaid Plan and/or any downstream risk-bearing provider entities in the normal course of business and should not be viewed as "unfunded mandates." We believe the Workgroup's recommendation that "measurement of quality and care should be decoupled from requirements for which no incentive and/or support is provided" should **clarify that this does not apply to capitated payment approaches.** We also suggest that the recommendation **particularly emphasize the burden that unfunded measurement mandates impose on community-based providers in underserved, ethnically-diverse communities and**

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[1] See page 9 of the 2016 draft report of the Measure Application Partnership Dual Eligible Beneficiaries Workgroup

[2] Community Catalyst presentation at the IOM Roundtable on "*The Intersections Among Health Disparities, Disabilities, Health Equity, and Health Literacy*" June 2016.

[3] See page 12 of the 2016 draft report of the Measure Application Partnership Dual Eligible Beneficiaries Workgroup

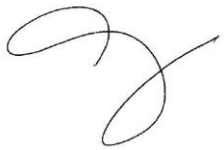
[4] The Bridge Model discussed in the report is a great example of integration of health and community supports.

rural communities. These providers have fewer resources available to them to implement quality measurement and practice change.

We are aware that the development of measures is a multi-year effort and would urge NQF to support additional government funding to move forward on the high priority areas. Further, we hope NQF will continue to take the lessons learned from the Financial Alignment Initiative in measure development.

Please do not hesitate to contact me at ahwang@communitycatalyst.org with any questions. Thank you for your time and attention to these issues.

Respectfully submitted,



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