One Care Implementation Council

Cultural Competency Population Specific Quality Metrics Subcommittee

May 29, 2013 11 AM – 1 PM

Boston Public Library

Mezzanine Conference Room

Attendees: Dennis Heaphy (Chair), Suzann Bedrosian, Julie Burns, Ted Chelmow, Anne Fracht, Jocelyn Gordon, Jennifer Haimson, Ave Houston, Nancy Mahan, Dale Mitchell, Liz Olivera-Mustard, John Pirone, Olivia Richard, John Ruiz, Kate Russell, Howard Trachtman, Wendy Trafton, Thomas Wagner, Anne Weaver, Florette Willis

Handouts: Agenda and Discussion Questions

Recommendations to the Implementation Council

- The subcommittee recommends that the Council ask MassHealth to add both sexual orientation and gender identity be added to the assessment conducted by all One Care plans.
- The subcommittee recommends that the Council suggest that all One Care plan assessors receive training on cultural competency and how to interview in a sensitive and appropriate manner.

Welcome and Overview

Dennis Heaphy, One Care Implementation Council Chair, welcomed the subcommittee and led a discussion on collecting population specific data. It was noted that the subcommittee is not a voting body and that recommendations made by the subcommittee will be sent to the Implementation Council for further discussion and, if applicable, a vote.

Types of data were discussed including data from the comprehensive assessment of the member, including the Minimum Data Set – Home Care (MDS-HC), and member and provider surveys. One Care plans are required to complete comprehensive assessments within 90 days of enrollment and must collect data on over 100 quality metrics including measures from:

- National Committee for Quality Assurance/Healthcare Effectiveness Data and Information Set (NCQA/HEDIS)
- Agency for Healthcare Research and Quality/Consumer Assessment of Healthcare Providers and Systems (AHRQ/CAHPS)
- Health Outcomes Survey (HOS)

Discussion Questions

What type of data needs to be collected?

- Access by various populations (disability, ethnicity, sexual orientation, etc.)
- Demographic information
    - Race
    - Ethnicity
    - Principal language
        - It was noted that it is also important to identify those who consider themselves culturally deaf. This may be collected by an individual’s indication of ASL as one’s primary language.
        - Use of braille and large print documents.
    - Gender identity and sexual orientation
        - It was noted that reporting gender identity and sexual orientation should be optional for individuals and it should be clear that all information is confidential.

        - Preferred terminology in regards to gender identity and sexual orientation is fluid. It was suggested that the Fenway Institute, a leader in the field of LGBTQ healthcare, be consulted to clarify correct terminology.
    - Lived Experience
        - Yes/No
        - Type (fill in)
- Recent or current homelessness
- Poverty/financial security
- Safety at home
- Literacy
- Guardianship status
- HIV/AIDS status
- Geography

Comments

- The goal of data collection and purpose of the subcommittee is to make a healthcare system more accountable to the multiple barriers and stigma experienced by the disability community.
- It was noted that data collection can be a burden to an individual and some data should be collected from health outcomes rather than surveys and interviews. People with lived experience are often asked the same questions over and over again.
- Trust with One Care provider and/or interviewer is key. Individuals may not be willing to share personal details unless trust has been established.
- It was noted the gender identity and sexual orientation should be data collected by One Care plans as the ability to come out to providers has been reported to be a significant determinant of healthcare quality.
- Analysis of data should look at how factors like geography impact health care quality and outcomes.

- It was suggested that 90 days to complete a 3 hour plus comprehensive assessment may be a difficult benchmark for One Care plans to reach.
    - It was noted that for certain populations such as individuals with intellectual disabilities, the assessment process may take significantly longer than 3 hours.
    - Additionally, initial enrollment of each One Care plan should not exceed the capacity of the plan to complete comprehensive assessments for all enrollees within 90 days.

Data Sources and Tools

- MassCHIP
- MDS – HC
- HEDIS
- CAHPS
- HOS
- Data collected by an independent entity

Modes of Data Collection to Explore

- Qualitative data can be collected via Community-based Participatory Action Research (PAR). Through this model data, is collected by peers and could be used to capture dialogue with various population groups.
- Quality of Life data should be collected based on the individuals' preference and conception of quality of life.
- It was noted that the venue of data collection is important. Assessments should take place at a person's location of preference.
    - It was noted that the One Care/Duals Demonstration RFR does require that the initial comprehensive assessment be completed in a person's home or place of choice.
- The potential power differential between the provider and/or assessor and the individual should be noted. Individuals should have the option to have a friend, advocate or peer present.

  - It was noted that the One Care/Duals Demonstration RFR states that peers, family members and other individuals requested by the consumer may be present at the time of assessment and may be members of the care team.
  - It was noted that some people may not want a member of their community to join their assessment for privacy reasons.
- The importance of properly training interviewers was noted.
  - Motivational interviewing was provided as one example of training.
  - It was suggested that individuals who indicate ASL as their primary language should be assessed by an individual who uses ASL to help guarantee the confidentiality of the member.
- Self-administered assessment should be considered for gathering certain personal information. Some individuals may be more comfortable filling out a form or submitting survey online as opposed to answering questions in an interview format.
- Data collection through an independent entity could provide the state with independent data on quality on both an individual and aggregate level.

Points for Further Discussion

- The subcommittee would like to discuss more the recommendation that an external consumer entity participate in the assessment and that the individuals be invited to participate in an independent, longitudinal data collection effort by the independent entity. Issues related to confidentiality must be discussed.
  - The premise of the independent entity is that this body could be an integral part of monitoring, the development of quality metrics that reflect the values of the consumer community and provide feedback to One Care plans and the state on how to improve the demonstration.
- The subcommittee would like to review the comprehensive assessment and One Care required quality metrics prior to the next meeting.