Demand for Home and Community-Based Services Pushes NQF to Demand Quality Measures

Home and community-based services (HCBS) account for the biggest bulk of long-term Medicaid spending. For example, in 2014, those services cost the government over $80 billion…more than 53% of spending.

So it's no surprise that the government is seeking measurable reassurance that the services it's paying for are worthy of the payment.

NQF asks HHS to develop performance standards for Medicaid HCBS

Earlier this month the National Quality Forum (NQF) released a report recommending that the U.S. Department of Health and Human Services (HHS) establish core performance benchmarks for home and community-based healthcare services covered Medicaid.

"That really does not exist in this, what I call, new world where there are lots of changes in reimbursement and lots of money g to states to refigure and to develop programs," said Margaret Terry, a senior director at NQF.

Although states are currently required to assess the quality of providers accepting Medicaid, the NQF report revealed that ver few states had reliable guidelines to be used in measuring outcomes or gauging performance—a lack that ultimately results in over 3 million people receiving HCBS without the protection of national quality measures.

HCBS have a "vital role" in healthcare; does reliable quality lag behind?

"Home and community-based services play a vital role in empowering Americans living with disabilities, multiple chronic conditions, serious mental illness, or other conditions, to live meaningful lives in their communities," said Marcia Wilson, NQF' senior vice president of quality measurement. "This work is a much-needed starting point for developing a comprehensive, standardized system for measuring HCBS quality across states, programs, populations, and payers to ensure that individuals receive the highest quality of care possible."

Millions of Americans are already using HCBS, some of them with significant medical needs. Services include medication management, transportation, meal preparation, and assistance with bathing and dressing, with the ultimate goal of helping patients remain in their homes or within the communities of their choosing.

The country's elderly population is growing and is expected to double by the year 2050, bringing it to well over 80 million.

Therefore, the need for these services is only likely to increase. And furthering the demand in the present day: the shift from a fee-for-service payment model to value-based reimbursement.

Report outlines aspects of HCBS in need of standardized assessment

The NQF report addresses 11 areas that merit attention, including patients' ability to make independent choices about the sup they need, the degree of support offered to caregivers, and the level of training and remuneration providers' employees receiv The areas cover a total of 40 measurement topics and include action recommendations (short-term, intermediate, and long-te

"You have to see home and community-based services as really different than healthcare as we know it today," Terry said. "It sort of a combination of what do you need in order to try to keep people where they want to be, which is in the community."

The report acknowledges the realities that currently impede the objective measurement of HCBS quality in a standardized wa instance: the decentralized nature of the HCBS healthcare system; the administrative strain of gathering, reporting, and utilizi data for quality purposes; and the fact that local, state, federal, and privately-funded programs operate under varying reportin dictates.

The forward to the report notes that the amount of public input about these quality-measurement goals was the greatest recei for a project of this kind. In short, there is "tremendous collective interest in moving the state of HCBS forward."

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