Adolescent Healthcare in Medi-Cal Managed Care

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Outline

• Overview of Children and Adolescents Served by Managed Care

• Monitoring Care for Children and Adolescents

• Promising Strategies and Opportunities to Improve Quality of Care for Children and Adolescents
Who Managed Care Serves

• As of December 2016
  – Medi-Cal served 13.5 million beneficiaries
  – 10.8 million of those beneficiaries are in a Medi-Cal managed care health plan (MCP)
  – About 1.6 million of these managed care beneficiaries are categorized as Seniors and Persons with Disabilities (SPDs)
  – Beneficiaries between the ages of 0 to 18 years old make up 20% of the SPD population
Managed Care by Age

- 41% of Managed Care beneficiaries are under age 18
Managed Care by Gender

- In Managed Care, 51% of beneficiaries are male compared to 49% female up to age 17.
- Between the ages of 18 to 20, the percentage switches to 51% female compared to 49% male.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt; 1</td>
<td>86,779</td>
<td>82,739</td>
</tr>
<tr>
<td>Ages 1-5</td>
<td>632,619</td>
<td>605,688</td>
</tr>
<tr>
<td>Ages 6-11</td>
<td>808,607</td>
<td>770,711</td>
</tr>
<tr>
<td>Ages 12-17</td>
<td>724,737</td>
<td>694,676</td>
</tr>
<tr>
<td>Ages 18-20</td>
<td>282,475</td>
<td>295,176</td>
</tr>
<tr>
<td>Ages 21-44</td>
<td>1,314,384</td>
<td>1,752,156</td>
</tr>
<tr>
<td>Ages 45-64</td>
<td>902,848</td>
<td>1,063,404</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>305,172</td>
<td>499,045</td>
</tr>
</tbody>
</table>
MCP Services

- MCPs provide medically necessary services to children and adolescents, such as:
  - Preventive Services
  - Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
  - Care for Children with Special Health Care Needs
  - Services for Persons with Developmental Disabilities
  - Early Intervention Services
  - Case Management and Care Coordination
  - Health Education and Translation
  - Non-Emergency Medical Transportation and Non-Medical Transportation
DHCS Monitoring

• DHCS monitors MCPs in a number of ways, such as:
  – Network Access
  – Network Composition
  – Audits and Surveys
  – Quality Review
  – Facility Site and Medical Record Reviews
  – Grievances and Appeals
  – Data Monitoring
  – Additional monitoring for population transitions, new benefits, continuity of care, or areas of concern
External Accountability Set (EAS)

- All Cause Readmissions
- Ambulatory Care Outpatient and Emergency Department
- Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors/ARBs and Diuretics)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunizations Status
- Children & Adolescents’ Access to Primary Care Practitioners
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Immunizations for Adolescents
- Asthma Medication Ratio
- Prenatal & Postpartum Care
- Screening for Clinical Depression and Follow-up Plan
- Use of Imaging Studies for Low Back Pain
- Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents
- Well Child Visits in the 3rd, 4th, 5th & 6th Years of Life
Include Children & Adolescents

- All Cause Readmissions
- **Ambulatory Care Outpatient and Emergency Department**
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Exclusive to Children & Adolescents

- All Cause Readmissions
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## 2016 EAS Results

### Table 5.6—Multi-Year Statewide Medi-Cal Managed Care Weighted Average Performance Measure Results for Full-Scope Managed Care Health Plans

<table>
<thead>
<tr>
<th>Measure</th>
<th>RY 2013 Rate1</th>
<th>RY 2014 Rate2</th>
<th>RY 2015 Rate3</th>
<th>RY 2016 Rate4</th>
<th>RYs 2015-16 Rate Difference5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care for Children and Adolescents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Immunization Status—Combination 3</td>
<td>77.25%</td>
<td>75.07%</td>
<td>73.84%</td>
<td>70.59%</td>
<td>-3.25^^</td>
</tr>
<tr>
<td>Children and Adolescents' Access to Primary Care Practitioners—12–24 Months</td>
<td>94.42%</td>
<td>95.25%</td>
<td>93.54%</td>
<td>92.40%</td>
<td>-1.14^^</td>
</tr>
<tr>
<td>Children and Adolescents' Access to Primary Care Practitioners—25 Months–6 Years</td>
<td>84.89%</td>
<td>86.27%</td>
<td>85.39%</td>
<td>84.20%</td>
<td>-1.19^^</td>
</tr>
<tr>
<td>Children and Adolescents' Access to Primary Care Practitioners—7–11 Years</td>
<td>85.89%</td>
<td>86.08%</td>
<td>87.24%</td>
<td>87.21%</td>
<td>-0.03</td>
</tr>
<tr>
<td>Children and Adolescents' Access to Primary Care Practitioners—12–19 Years</td>
<td>85.62%</td>
<td>82.90%</td>
<td>84.19%</td>
<td>84.56%</td>
<td>0.37^</td>
</tr>
<tr>
<td>Immunizations for Adolescents—Combination 1</td>
<td>72.66%</td>
<td>74.44%</td>
<td>73.51%</td>
<td>74.20%</td>
<td>0.69^</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile—Total</td>
<td>71.55%</td>
<td>71.17%</td>
<td>77.47%</td>
<td>78.39%</td>
<td>0.92^</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total</td>
<td>72.53%</td>
<td>71.37%</td>
<td>73.42%</td>
<td>73.43%</td>
<td>0.01</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total</td>
<td>58.28%</td>
<td>59.53%</td>
<td>63.64%</td>
<td>64.57%</td>
<td>0.93^</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</td>
<td>74.50%</td>
<td>73.29%</td>
<td>72.78%</td>
<td>71.30%</td>
<td>-1.48^^</td>
</tr>
</tbody>
</table>
Care for Children and Adolescents

- **Reporting Year (RY) 2016:**
  - For metrics MCPs are held to the Minimum Performance Level (MPL), all weighted averages were above the MPL.
  - Childhood and Adolescents Access to Primary Care Providers (CAP) metrics were below the MPL.

- **Examples of high performing MCPs:**
  - Kaiser NorCal
  - Kaiser SoCal
  - San Francisco Health Plan
2017 EAS Results

• For RY 2017: Care for Children and Adolescents
  – For metrics MCPs are held MPL, all weighted averages were above the MPL
  – 2 CAP metrics were also above the MPL
    • 12 to 24 months
    • 25 months to 6 years
  – 2 CAP metrics remained below the MPL
    • 7 to 11 years
    • 12-19 years

• Further analysis is ongoing, including analysis of possible disparities
Opportunities

• In adolescence there is an opportunity to address health behaviors and chronic conditions at a time when utilization often decreases

• Adolescent engagement in healthcare
  – Youth Engagement with Health Services
  – 'Got Transition' Program's Assessment Tools
  – Peer Health Educators
  – Advisory Group Participation
  – Advancing Technology and Use of Social Media
MCP Promising Practices

• Member Incentives: Many MCPs have identified member incentive program to target teen preventive care and adolescent immunizations, including focusing on HPV vaccinations.

• Partnerships: Many MCPs are collaborating with external partners to better target adolescent health
Peer Health Exchange

• Mission is to empower young people with the knowledge, skills, and resources they need to make healthy decisions.

• Demonstrate the value of health education, bringing together the health and education systems to achieve better outcomes for young people.
“Welltopia was created to encourage and inspire you to find your best self. Welltopia is a place where you can connect directly to credible resources that empower healthy personal, family, and community development.”
Think, Act, Grow® (TAG)

• TAG is a national call to action to improve adolescent health in the United States

• Five Essentials for Healthy Adolescence
  – Positive connections with supportive people
  – Safe and secure places to live, learn and play
  – Access to high-quality, teen-friendly health care
  – Opportunities for teens to engage as learners, leaders, team members, and workers
  – Coordinated, adolescent- and family-centered services

• Resource for promising practices through shared successful strategies
Additional Information

- California Health and Human Services Open Data Portal
  https://data.chhs.ca.gov/
- Managed Care Dashboards
  http://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx
- Managed Care Reports and External Accountability Set
  http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx
- Medi-Cal Managed Care Health Plan Boilerplate Contracts
  http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx
- Medi-Cal Managed Care All Plan Letters, Policy Letters and Dual Plan Letters
  http://www.dhcs.ca.gov/formsandpubs/Pages/MgdCareAPLPLSubjectListing.aspx
- Adolescent Health: Think, Act, Grow®
  https://www.hhs.gov/ash/oah/tag/index.html
- Peer Health Exchange
  http://www.peerhealthexchange.org/
- Eliminating Health Disparities in Medi-Cal
  http://www.dhcs.ca.gov/dataandstats/reports/Pages/HealthDisparities.aspx
- Welltopia
  http://mywelltopia.com/
Abbreviations

- CAP: Childhood and Adolescents Access to Primary Care Providers
- EAS: External Accountability Set
- HPL: High Performance Level
- MCP: Medi-Cal managed care health plan
- MPL: Minimum Performance Level
- RY: Reporting Year
- SPD: Seniors and Persons with Disabilities
- TAG: Adolescent Health: Think, Act, Grow®
Questions

advisorygroup@dhcs.ca.gov