



Quality of Care in Medi-Cal: Understanding HEDIS for children in Foster Care

March 2016



Understanding HEDIS

- Used broadly to measure quality of health care in various systems and care environments
- Associated with payment incentives and disincentives
- Provides consistency to support comparisons
- Alignment with clinical guidelines and best practices



Understanding Systems: Children in Medi-Cal

- Children in Medi-Cal receive services through Managed Care Plans, Fee-For-Service, and Specialty Mental Health Plans
- Managed Care Plans and Specialty Mental Health Plans have a Memorandum of Understanding to work together in the care of members
- Certain groups of children have additional services to coordinate care (e.g., children in foster care)
- For more information about children in Medi-Cal, see the Medi-Cal Children's Health Dashboard at http://www.dhcs.ca.gov/services/Pages/Medi-Cal_Childrens_Health_Advisory_Panel.aspx



Understanding Systems: Children in Foster Care

- Children in Foster Care have a comprehensive team to help facilitate care
 - Social Worker
 - Public Health Nurse
 - Judicial System
- In counties with County Organized Health Systems (COHS), children in Foster Care are in managed care
- In non-COHS counties, children in Foster Care may be in Managed Care Plans or Fee-For-Service
- In all counties, children in Foster Care may receive care in Specialty Mental Health Plans depending on their needs



Assessing Quality of Care in Health Systems

- HEDIS: Healthcare Effectiveness Data and Information Set
- Used by more than 90% of America's health plans to measure performance
- Currently 81 HEDIS measures addressing five domains of care
- Designed by expert panels and stakeholders to be relevant, scientifically sound, and feasible
- HEDIS is a registered trademark of the National Committee for Quality Assurance
<http://www.ncqa.org/HEDISQualityMeasurement.aspx#sthash.Xe0X6upv.dpuf>



HEDIS for Quality Improvement

- Measures are structured to capture time periods that align with clinical guidelines
- Inclusion criteria require that patients be enrolled with a given plan/group/provider during the measurement period
- This gives providers equal opportunities to influence the outcome for their patients
- Each measure has inclusion and exclusion criteria which are essential for comparability of results
- There are multiple report cards based on HEDIS – California’s Office of the Patient Advocate uses HEDIS
<http://www.opa.ca.gov/Pages/ReportCard.aspx>



CMS Child Core Set

- Several HEDIS Behavioral Health Measures are part of the Centers for Medicare and Medicaid Services (CMS) Child Core Set
- Use of Multiple Concurrent Antipsychotics is a new measure in the 2016 Child Core Set
- States will report this new measure to CMS for the first time in February 2017

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>



HEDIS Behavioral Health Measures for Children Reported by DHCS

- ADD: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication includes an initiation phase and a continuation phase
[Reported to CMS2016] [SB 484, Ch. 540, Statutes of 2015]
- FUH: Follow-Up After Hospitalization for Mental Illness includes a 7 day and a 30 day follow up
[Reported to CMS2016]
- APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics *[SB 484]*
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents *[SB 484]*
- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics *[SB 484]*



What we understand from HEDIS Measures

- ADHD measure assesses dose adjustments for new medications
- Follow-up After Hospitalizations measure assesses follow-up care which will assess stabilization and should be used to help prevent re-hospitalization
- Psychosocial Care measure assesses supportive treatments for new antipsychotic medications
- Concurrent Antipsychotic measure assesses medication use for ongoing treatment
- Metabolic Monitoring measure assesses potential risks associated with ongoing treatment



Medi-Cal Data For This Report

- Data was retrieved from the DHCS Management Information System/Decision Support System in January 2016
- Aid codes used to define foster care were 40, 42, 43, 45, 46, 49, 4H, 4L, 4N and 5K
- For the two measures that require enrollment for the entire calendar year, children were included in the foster care group if they were in a foster care aid code for 6 months or more
- Future analyses will use Medi-Cal data linked to Department of Social Services data to identify children in foster care subgroups



Follow-Up Care for Children Prescribed ADHD Medication

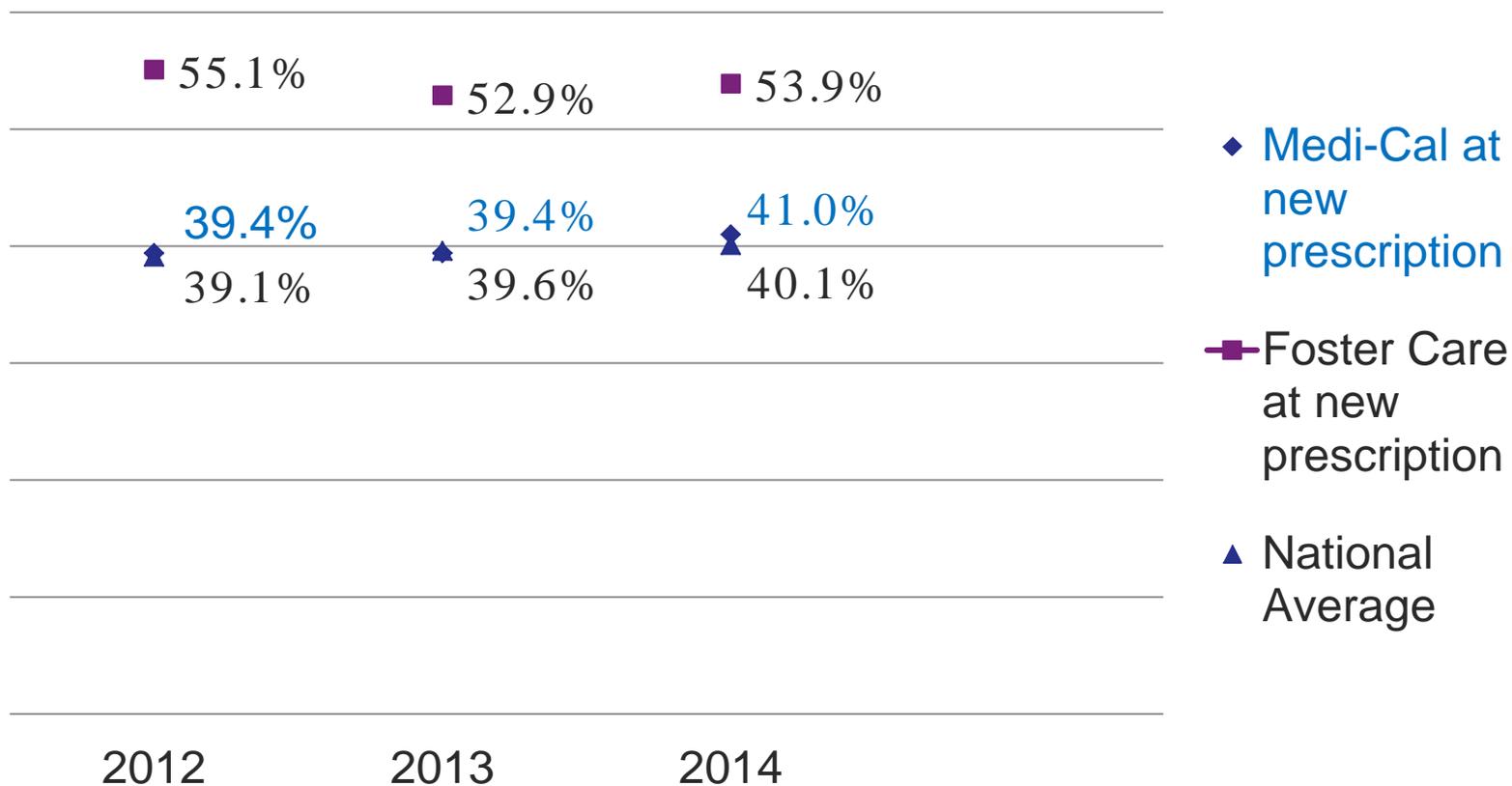
- Visits to adjust doses for the desired effect in the treatment of ADHD is very important

Initiation Phase

- Must have a new ADHD prescription (none for at least 120 days)
- Be ages 6 to 12 and enrolled 120 days prior to and 30 days after prescription
- A visit with a provider with prescribing authority within 30 days of the new prescription



ADHD Medication Follow-up: Initiation Phase





Tabular results: ADHD Medication Follow-up: Initiation Phase

	2013 Numerator	2013 Denominator	2013 Rate	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal at time of new Prescription	6,646	16,889	39.4%	7,686	18,729	41.0%
Foster Care at time of new Prescription	429	811	52.9%	487	904	53.9%
National			39.6%			40.1%



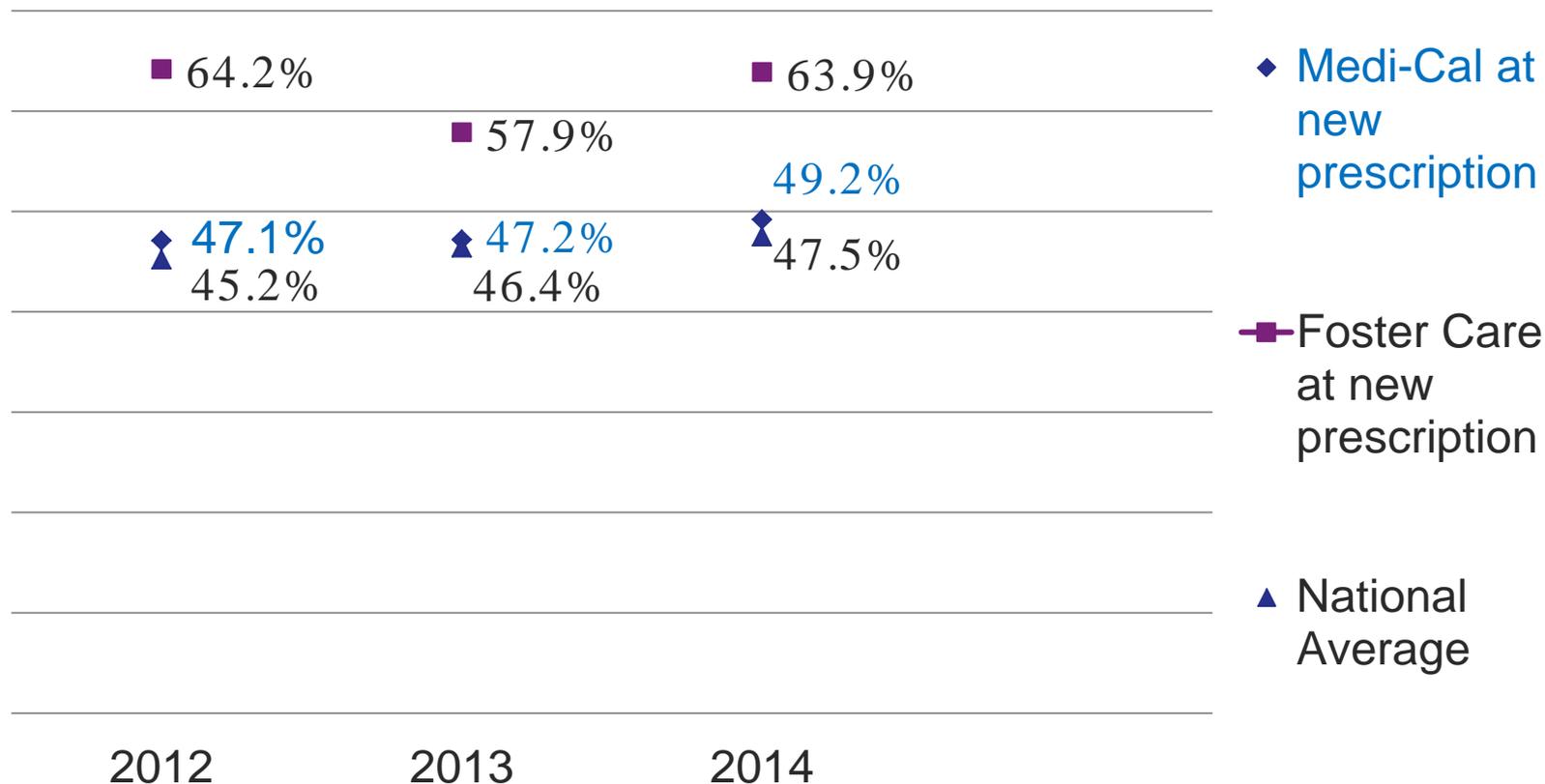
Follow-Up Care for Children Prescribed ADHD Medication

Continuation Phase

- Must have a new ADHD prescription (none for at least 120 days)
- Be ages 6 to 12 and enrolled 120 days prior to and 300 days after prescription
- Meet the criteria for the Initiation Phase of having one visit within 30 days of the new prescription
- Have at least two more follow-up visits between 31 and 300 days after the new prescription



ADHD Medication Follow-up: Continuation Phase





Tabular results: ADHD Medication Follow-up: Continuation Phase

	2013 Numerator	2013 Denominator	2013 Rate	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal at time of new prescription + 9 months	2,121	4,497	47.2%	2,331	4,741	49.2%
Foster Care at time of new prescription + 9 months	228	394	57.9 %	276	432	63.9%
National			46.4%			47.5%



Considerations for ADHD Medication Follow Up

- ADHD medications represent approximately one-third of paid claims for psychotropic medications prescribed to children, especially in the 6 to 11 year old group
- While performance scores for Initiation and Continuation phases are similar, the number of children who qualify for the Continuation phase decreases to about half for Foster Care, and to about one-fourth for children in Medi-Cal
- This decrease occurs when :
 - Children are not continuously enrolled in Medi-Cal for the 10 month period after receiving the medication, or
 - Children do not have ongoing medication during the 10 month follow up time period

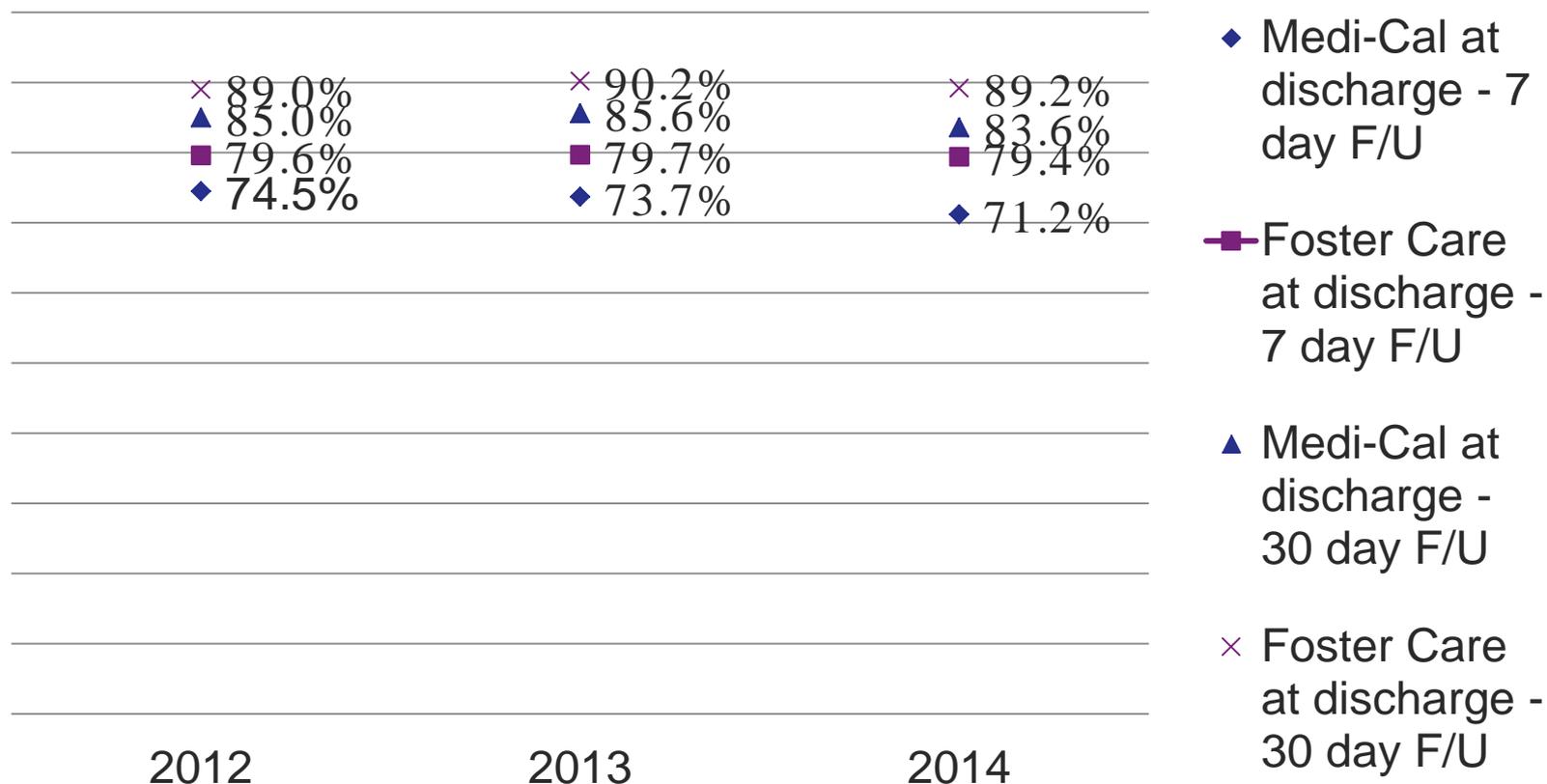


Follow-up After Hospitalization for Mental Illness

- Children who were hospitalized for treatment of mental illness and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates for ages 6 to 20 are collected:
 - Percentage of discharges for which children received follow-up within 7 days
 - Percentage of discharges for which children received follow-up within 30 days



Follow-up After Hospitalization for Mental Illness 6 through 17 year olds at 7 day & 30 day Follow-up





Follow-up After Hospitalization for Mental Illness – 7 day

	2013 Numerator	2013 Denominator	2013 Rate	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal at discharge, ages 6-20	5,934	8,285	71.6	7,374	11,154	66.1
Medi-Cal at discharge, ages 6-17	5,175	7,017	73.8	5,316	7,467	71.2
Foster Care at discharge, ages 6-17	785	985	79.7	792	997	79.4
National – all ages			42.0%			43.8%



Follow-up After Hospitalization for Mental Illness – 30 day

	2013 Numerator	2013 Denominator	2013 Rate	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal at discharge, ages 6-20	6,918	8,285	83.5	8,785	11,154	78.8
Medi-Cal at discharge, ages 6-17	6,010	7,017	85.7	6,240	7,467	83.6
Foster Care at discharge, ages 6-17	888	985	90.2	889	997	89.2
National – all ages			60.9%			63.0%



Considerations for Follow-up After Hospitalization for Mental Illness

- The measure specification is for 6 to 20 year olds
- To support comparability to other measures reported for children in foster care, the age group of 6 to 17 year olds is also shown
- Children ages 6 to 17 have better follow-up than young adults ages 18 to 20
- For adults, follow up is often 40 to 50 percent
- For Foster Care, the measure is calculated based on having a Foster Care aid code at the time of discharge

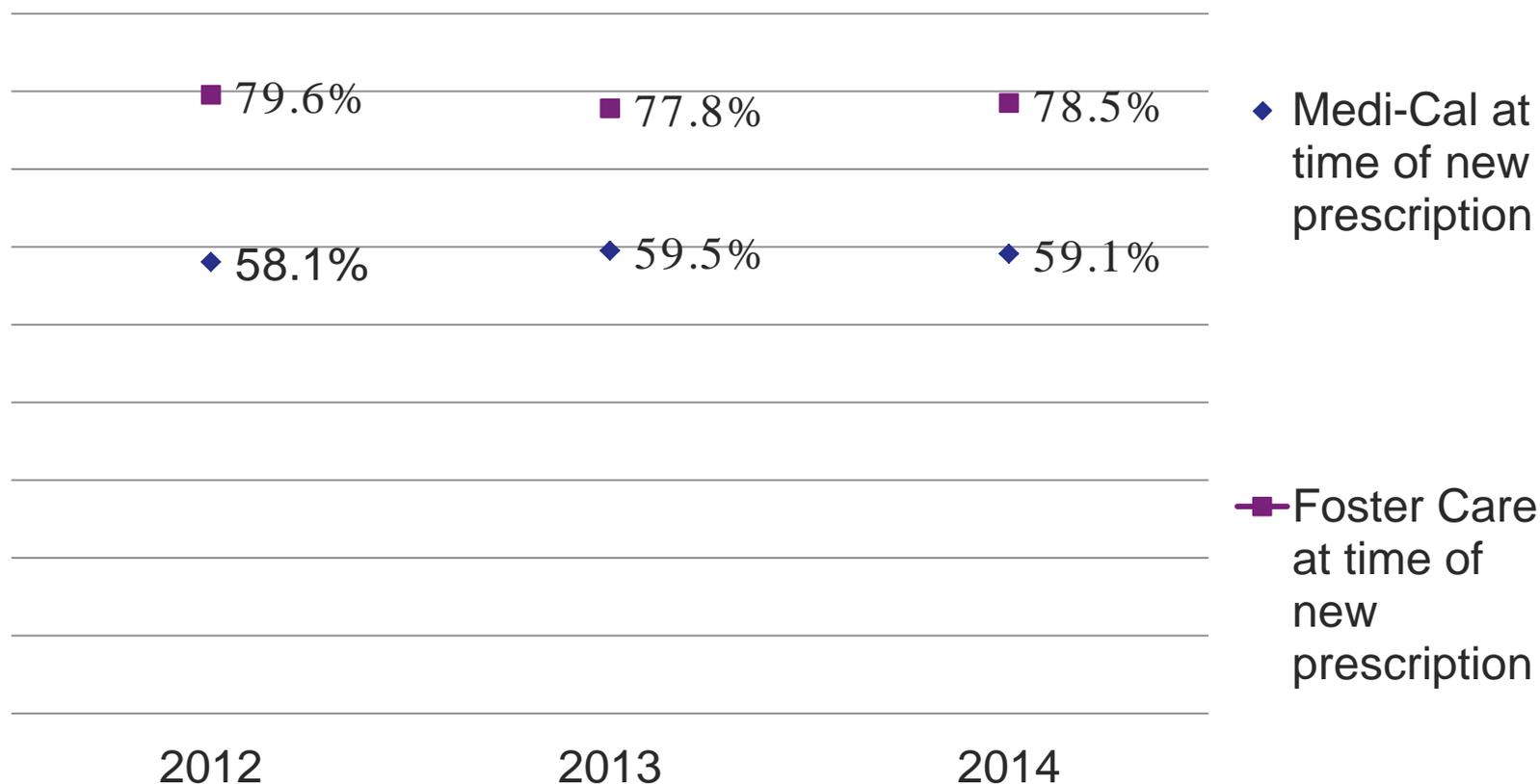


Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- Must have a new antipsychotic prescription with none for at least 120 days prior
- Be ages 1 to 17 and enrolled 120 days prior to and 30 days after new prescription
- Diagnoses for which first-line medication may be appropriate are excluded (schizophrenia, other psychosis, autism, bipolar disorder) – exclusion occurs if the diagnosis occurs at least twice during the measurement period
- Receipt of psychosocial services 90 days before through 30 days after the new prescription



APP: First-Line Psychosocial Care





Tabular results: First-Line Psychosocial Care

	2013 Numerator	2013 Denominator	2013 Rate	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal at time of new prescription	5,602	9,412	59.5 %	5,156	8,721	59.1%
Foster Care at time of new prescription	965	1,240	77.8%	840	1,070	78.5%
National			new			



Age Stratification: First-Line Psychosocial Care

Age Group	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal 1 – 5 years	89	197	45.2%
Foster Care 1 – 5 years	Less than 30	Less than 30	NS
Medi-Cal 6 – 11 years	1,655	2,996	55.2%
Foster Care 6 – 11 years	248	306	81.1%
Medi-Cal 12 – 17 years	3,412	5,528	61.7%
Foster Care 12 – 17 years	575	741	77.6%



Considerations for First-Line Psychosocial Care

- For Foster Care, the measure is calculated based on having a Foster Care aid code at the time of the new paid claim for an antipsychotic medication
- Actual counts of children in the measure for the most recent year may increase as reporting becomes more complete
- This measure was performed using a modification to the HEDIS specification related to the allowed Healthcare Common Procedure Coding System (HCPCS) codes:
 - H2015, a code representing Community Services, is not part of this HEDIS measure value set
 - However, H2015 was included by CA if the H2015 service was provided by a mental health professional

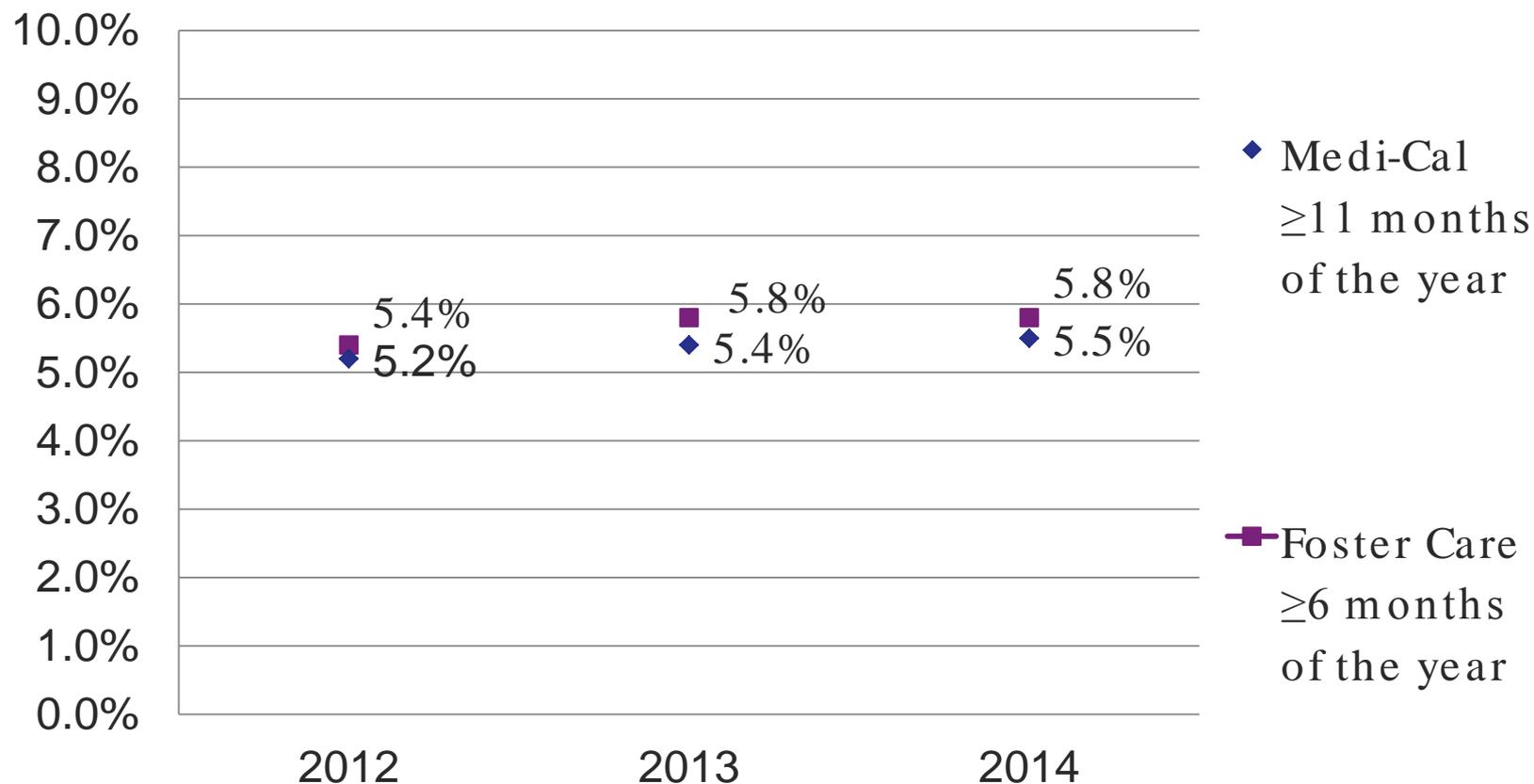


Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- Of children who received one antipsychotic medication for 90 days, provides the percentage of children who had two or more antipsychotic medications during any 90 day period
- Antipsychotics are associated with the potential for significant side effects and two concurrent antipsychotics increases that potential



APC: Concurrent Antipsychotics: 1 - 17 years old





Tabular results: Concurrent Antipsychotics: 1 to 17 years old

	2013 Numerator	2013 Denominator	2013 Rate	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal ≥ 1 months of the year	1,027	19,175	5.4%	1,038	18,901	5.5%
Foster Care ≥ 6 months of the year	199	3,406	5.8%	178	3,061	5.8%
National			6.0%			



Age Stratification: Concurrent Antipsychotics

Age Group	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal 1 – 5 years	Less than 11	203	NS
Foster Care 1 – 5 years	0	Less than 30	NS
Medi-Cal 6 – 11 years	247	6,353	3.9
Foster Care 6 – 11 years	35	778	4.5
Medi-Cal 12 – 17 years	789	12,333	6.4
Foster Care 12 – 17 years	143	2,260	6.3



Considerations for Concurrent Antipsychotics

- Performance is consistent for children in Foster Care as compared to all children in Medi-Cal
- The number of children on two antipsychotics has remained consistent over the past 3 years
- In field testing of this measure, the average score was 6.0% among a sample of Medicaid programs and 6.7% for children in foster care among a sample of Medicaid programs
- The impact of a new Treatment Authorization Request policy is most likely to be seen next year for calendar year 2015

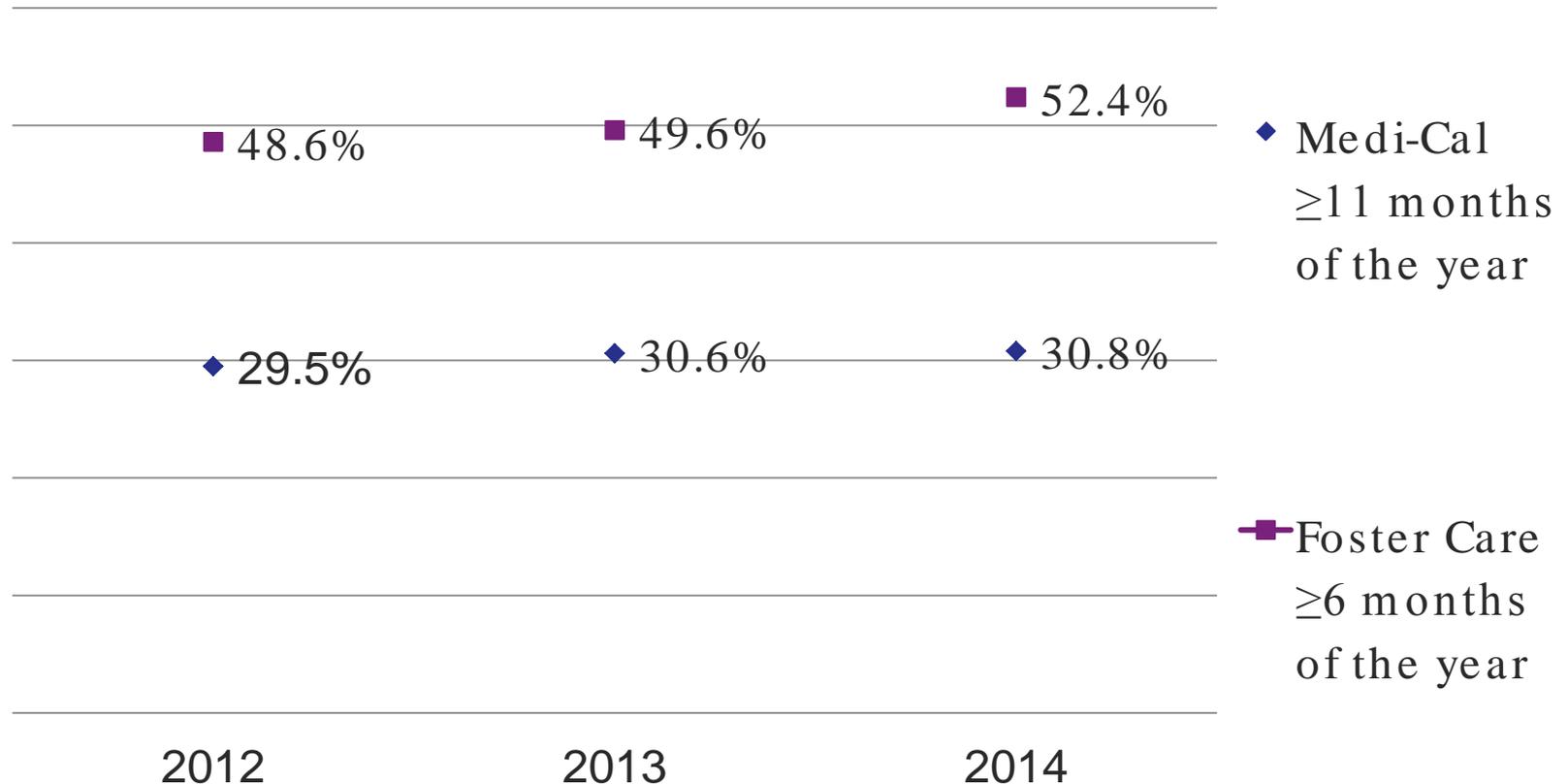


Metabolic Monitoring for Children & Adolescents on Antipsychotics

- Must have at least two antipsychotic medication dispensing events
- Tests performed for glucose or HbA1c and lipid or cholesterol
- Use of antipsychotic medications increases the risk for and complications of diabetes, high cholesterol and metabolic syndrome
- This measure assesses the performance of metabolic monitoring for those children exposed to antipsychotic medications beyond a single acute treatment



APM: Metabolic Monitoring





Tabular results: Metabolic Monitoring

	2013 Numerator	2013 Denominator	2013 Rate	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal ≥ 1 months of the year	7,386	24,150	30.6%	7,295	23,674	30.8%
Foster Care ≥ 6 months of the year	1,969	3,973	49.6%	1,876	3,579	52.4%
National						new



Age Stratification: Metabolic Monitoring

Age Group	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal 1 – 5 years	66	292	22.6%
Foster Care 1 – 5 years	11	31	35.5%
Medi-Cal 6 – 11 years	2,044	7,788	26.3%
Foster Care 6 – 11 years	414	899	46.1%
Medi-Cal 12 – 17 years	5,185	15,594	33.3%
Foster Care 12 – 17 years	1,451	2,649	54.8%



Considerations for Metabolic Monitoring

- Lab claims data comes from the delivery system caring for the child – approximately 55% FFS and 45% managed care
- Although the psychiatrist may order the labs, the patient may be returned to the medical delivery system to have the labs performed
- Some managed care plans appear to be recording lab data in a way not captured by Medi-Cal which would result in this being an under-reporting
- The results for this measure are impacted both by data inconsistencies as well as clinical performance



What we learn from HEDIS Measures

- ADHD measure
 - Room for improvement for both children in Medi-Cal and Foster Care
- Follow-up After Hospitalizations measure
 - California is performing well although room to improve
 - Significant number of children are hospitalized for mental illness with 7,467 in Medi-Cal and 997 in Foster Care in 2014
 - Performance is better for children between 6 and 17 years old and drops off in young adults and adults with the national average for all plans for all ages at 73% at 7 days and 86% at 30 days



What we learn from HEDIS Measures

- Psychosocial Care measure
 - Significant opportunity to improve granularity of coding for psychosocial services to better understand care delivered
 - Opportunity to increase utilization of psychosocial services
- Concurrent Antipsychotic measure
 - California has had a steady rate over the past three years from 2012 to 2014, which is consistent with the national average
 - Most concurrent paid claims for antipsychotic medication occurs in teens, with 143 teens in Foster Care compared to less than 35 non-teens in Foster Care



What we learn from HEDIS Measures

- Metabolic Monitoring measure
 - Significant opportunity for improvements both in reporting and in practice
 - System integration and data sharing among providers are important to support improvements in this measure
- Overall
 - Specific opportunities for improvement and focus are identified for further investigation and quality improvement cycles
 - California is performing comparably or better for Medi-Cal children when compared to national averages where national averages are available