



Department of
Health Care Services



2016 Managed Care Quality Strategy

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Background

- Federal regulations 42 CFR 438.202(e)
 - States that contract with managed care organizations are responsible for submitting revised quality strategies to the Centers for Medicare and Medicaid (CMS).
 - States must obtain input from beneficiaries, key stakeholders and the public in the development of the quality strategy.
- This quality strategy is intended to serve as a blueprint or ***road map*** for states and their contracted health plans in assessing the quality of care that beneficiaries receive, as well as for setting measurable goals and targets for improvement

Alignment

- CMS encourages states, as appropriate, to consider aligning their quality strategies with
 - The Health and Human Services National Quality Strategy
 - Better Care
 - Healthy People/Healthy Communities
 - Affordable Care
- The CMS Quality Strategy
 - Identification of shared goals and aims
 - Selection of interventions that achieve these goals and aims
 - Measurement and monitoring of progress toward these goals and aims
 - Definitions for the starting point and targets for performance
 - Feedback loops and transparency

Alignment

- Other Opportunities for alignment for DHCS to consider:
 - DHCS Strategic Plan and Quality Strategy
 - DHCS Waivers (Medi-Cal 2020, Drug Medi-Cal, Mental Health)
 - Let's Get Healthy California
 - California Department of Public Health (CDPH)
 - National Prevention Strategy
 - Healthy People 2020
 - Institute of Medicine (IOM)
 - Integrated Healthcare Association (IHA)
 - Centers for Disease Control and Prevention (CDC)
 - Private purchasers, such as Covered California, CalPERS, and Pacific Business Group on Health

DHCS Mission

Mission

The Department's mission is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.

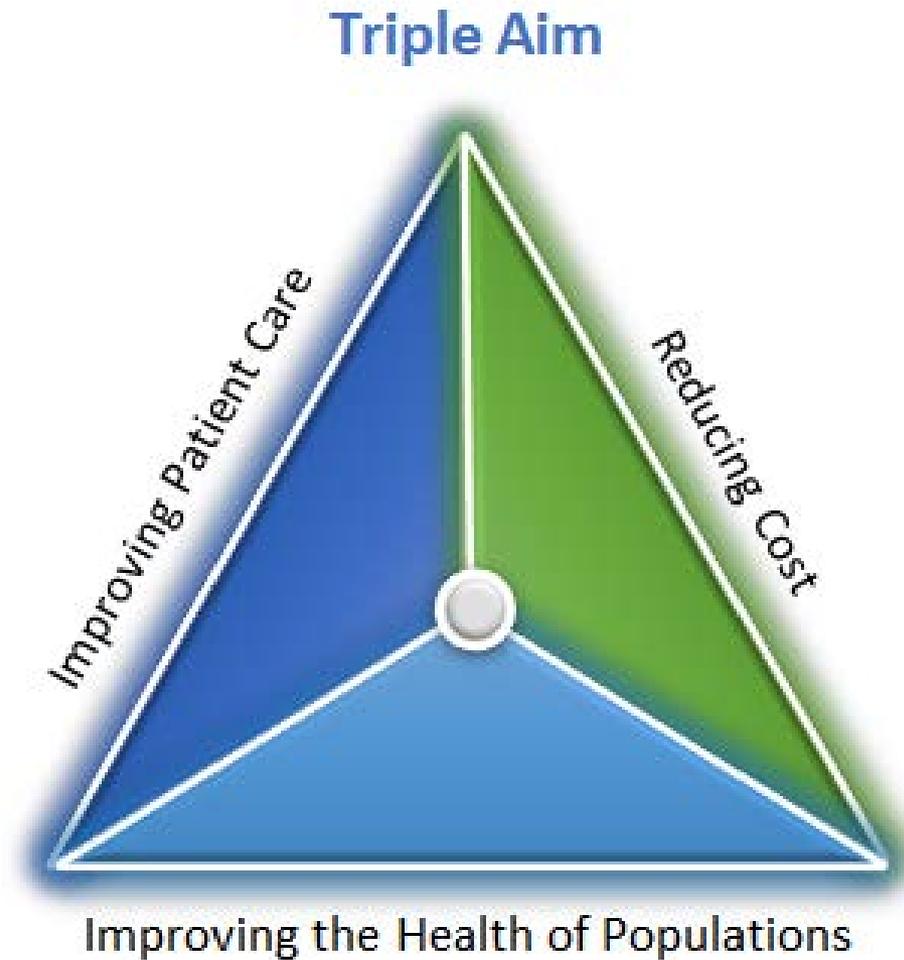
Vision

Our vision is to preserve and improve the overall health and well-being of all Californians.

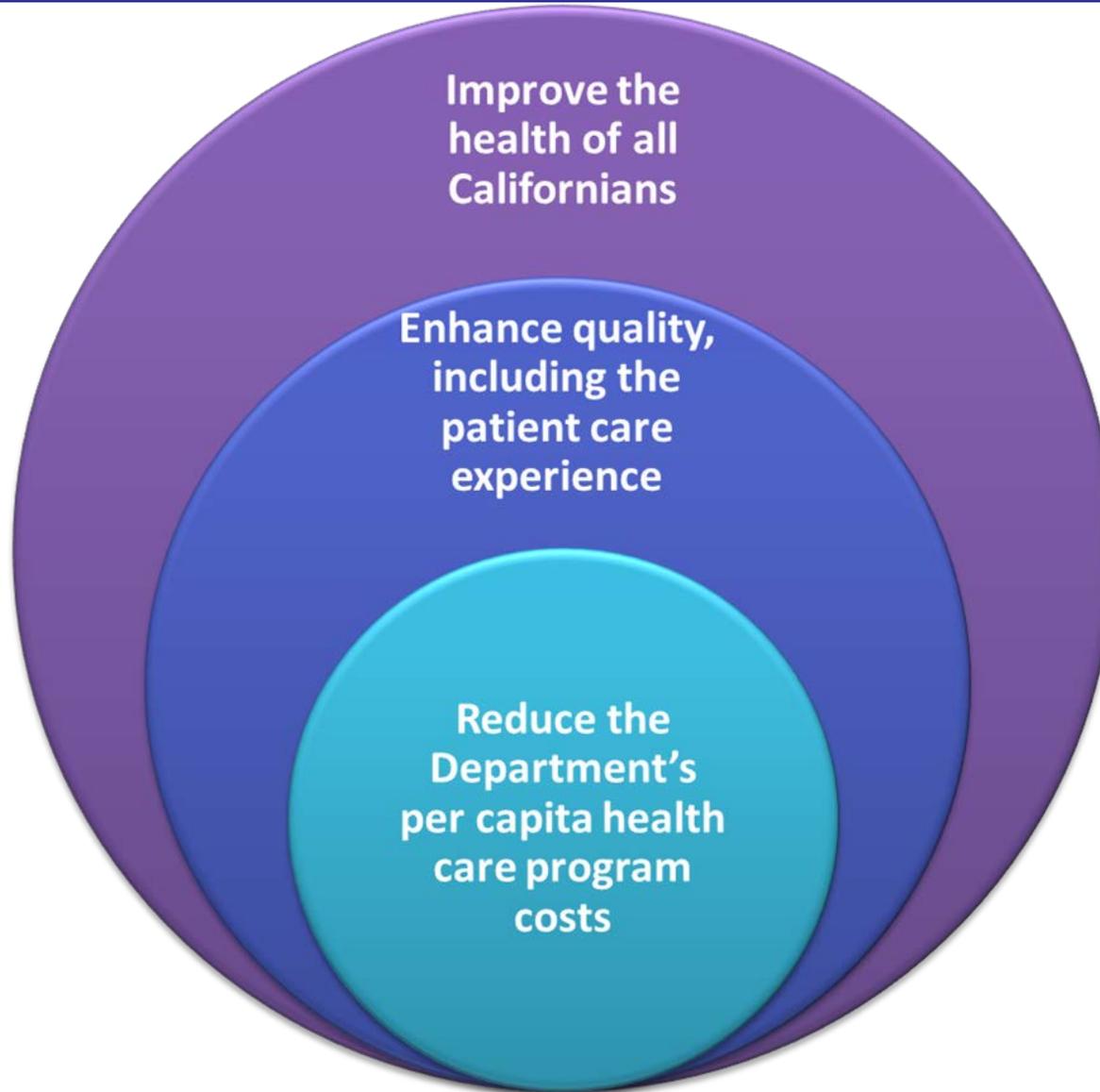
Core Values

*Integrity
Service
Accountability
Innovation*

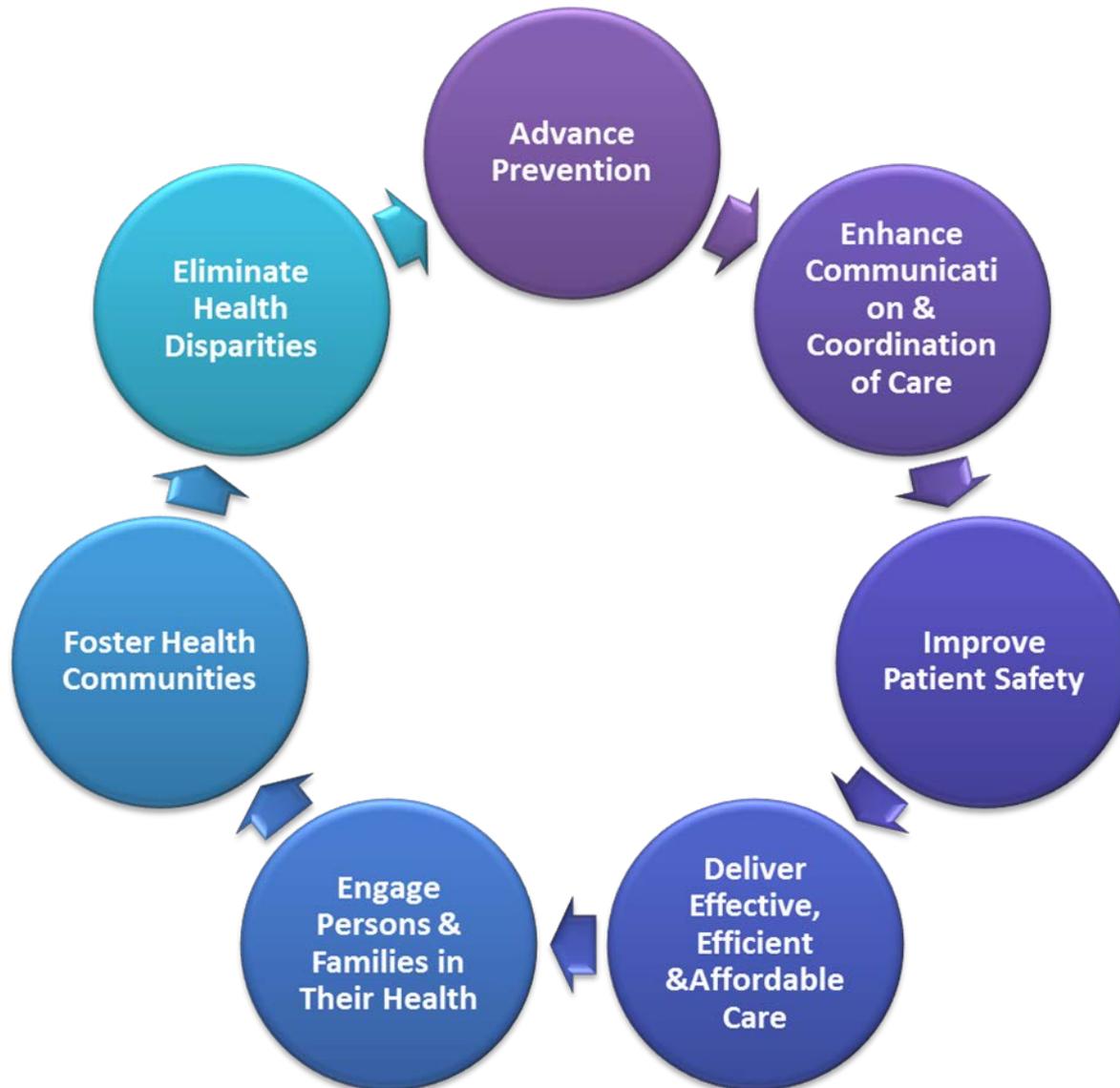
CMS Triple Aim



The Triple Aim



DHCS 7 Strategic Priority Areas



Managed Care Quality Strategy

- Evaluate the performance of the MCPs
- Update progress towards measurable objectives on key metrics or indicators
- Assess past interventions to improve performance
- Discuss future interventions
- Describe changes in service delivery and contractual standards
- Outline enhancements in oversight and monitoring of managed care

Managed Care Quality Strategy

- 2013-2015 Quality Strategy focus areas:
 - Childhood Immunizations (CIS-3)
 - Hypertension (CBP)
 - Diabetes (CDC)
 - Postpartum care (PPC-Post)
 - Smoking cessation
- Improvements achieved in hypertension, diabetes and postpartum care for RY 2015
- No improvements in childhood immunizations
- Smoking cessation progress will be evaluated via the upcoming 2016 CAHPS survey

Quality Strategy Focus Areas

- Opportunity to continue work on existing focus areas and/or identify new focus areas
- Important to continue discussions with the State, MCPs, Stakeholders, Members and the Public during this process
- Focus areas may be addressed through quality metrics (e.g., HEDIS measures), or through other efforts (e.g., collaborative projects with other partners)

Member Input

- We asked the MCPs to take two questions to their Member/Consumer Advisory Committees this winter/spring:
 1. What is most important to you about your health and well-being?
 2. What is most important to you about your health care?

Member Input Results

- Question 1:
 - Access to information, medicine and services
 - Doctor taking time to explain and listen
 - Open minded doctors
 - Coordination of care
 - Staying healthy
 - Having an excellent PCP
 - Being able to get Western Medicine to compliment holistic remedies
 - Clean water, shelter, and clothing
 - Knowing how to select a provider, understanding terms like ACA and Obamacare

Member Input Results

- Question 2:
 - Medical providers and support staff communicate, follow guidelines
 - Having routine medication fulfilled by pharmacy in a timely manner
 - Opportunity to get regular checkups for kids and adults
 - Seeing the same doctor for all appointments
 - Getting in to see the doctor in a timely manner
 - Having access to appointments for kids after school and after work hours
 - Timely access to referrals and authorizations
 - Timely response by health plan to providers for authorizations purposes
 - Access to care
 - Being treated with empathy and respect and in a culturally sensitive manner

Proposed 2016-2018 Focus Areas

- Continue the focus areas from 2013 - 2015 (measure linked)
 - Hypertension
 - Diabetes
 - Childhood Immunizations
 - Post partum Visits
 - Smoking Cessation

Proposed 2016-2018 Focus Areas

- Add new focus areas (non-measure linked)
 - **Reducing Health Disparities**
 - **Fostering Health Communities**

Reducing Health Disparities

- How to address this focus area?
 - MCQMD Focus Study on Health Disparities
 - Analyze all HEDIS measures on the EAS by demographic factors (e.g., race/ethnicity, age, gender and primary language), as well as geography
 - Health Disparities focused Performance Improvement Project (PIP) for 2016 - 17
 - Health Disparities Quality Award
 - New award as part of DHCS annual MCP Quality Awards

Fostering Healthy Communities

- How to address this focus area?
 - Focus on Opioid misuse/overuse
 - DHCS and CDPH Opioid Workgroup
 - Collaboration between multiple divisions w/in DHCS and CDPH to reduce opioid overuse
 - » Successes include Increasing access to opioid treatment (e.g., increasing number of buprenorphine providers across the state)
 - MCPs also adopting strategies to combat opioid overuse (e.g., pharmacy lock-in programs)
 - DHCS, Covered CA, CalPERS targeting opioids as a part of a statewide workgroup focusing on reducing overuse

External Accountability Set

- Contracts and APL:
 - DHCS selects a set of performance measures, referred to as EAS measures, to evaluate the quality of care delivered by an MCP to its members.
 - DHCS selects most EAS measures from HEDIS[®], which provides DHCS with a standardized method to objectively evaluate an MCP's delivery of services. MCPs must annually collect and report rates for EAS measures.
 - DHCS selects the final EAS measures after consulting with MCPs, the EQRO, and stakeholders.
 - Also engage in discussion internally at DHCS with other divisions

Minimum Criteria for Selection of Performance Measures

1. **Meaningful** to the public, the beneficiaries, the state and the MCPs
2. **Improves quality of care** or services for the Medi-Cal population
3. **High population impact** by affecting large numbers of beneficiaries or having substantial impact on smaller, special populations
4. **Known impact of poor quality** linked with severe health outcomes (morbidity, mortality) or other consequences (high resource use)
5. **Performance improvement needed** based on available data demonstrating opportunity to improve, variation across performance and disparities in care
6. **Evidence based practices available** to demonstrate that the problem is amenable to intervention and there are pathways to improvement
7. **Availability of a standardized measures and data** that can be collected
8. **Alignment** with other national and state priority areas
9. **Healthcare System Value** demonstrated through cost-savings, cost-effectiveness, risk-benefit balance, or health economic benefit.
10. **Avoid negative unintended consequences**

External Accountability Set

- Proposed changes to EAS for Reporting Years 2017-2018
 - Proposed Removal of 3 indicators:
 - Utilization of imaging studies in low back pain (LBP)
 - Monitoring of Persistent Medications – Digoxin (MPM-Dig)
 - Weight Assessment and Counseling in Children and Adolescents – BMI (WCC-BMI)

External Accountability Set

- Proposed Substitution:
 - Replace Medication Management of Asthma (MMA) with Asthma Medication Ratio (AMR)
 - Better measure of asthma outcomes
- Proposed Combination:
 - Adopt the proposed NCQA combination of Immunizations for Adolescents (IMA) with HPV for Female Adolescents
 - IMA/HPV will incorporate HPV for both boys and girls, age 13

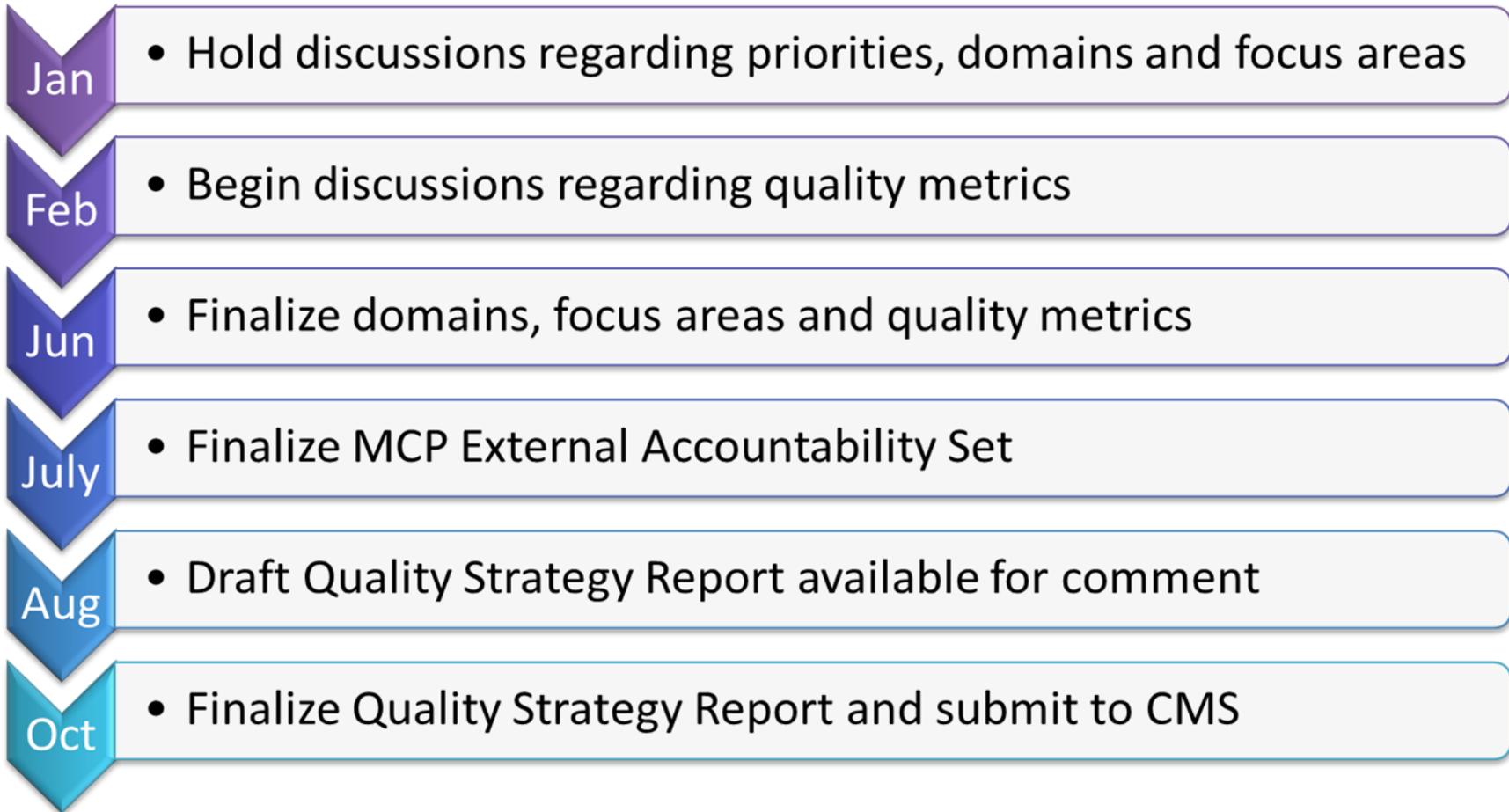
External Accountability Set

- Proposed Addition of 3 to 4 indicators:
 - Screening for Clinical Depression and follow up plan (ages 12 and up)
 - Breast Cancer Screening (BCC)
 - Colorectal Cancer Screening (COL)
 - Chlamydia Screening in Women, ages 15 – 24 (CHL)

Next Steps

- Continue to hold discussions with State, MCPs, Stakeholders, Members and Public
- Coordinate Quality Strategy with External Accountability Set
- Consider other avenues to address Priority Areas that may not be suitable for External Accountability Set
 - Projects, Outreach, Interventions, Monitoring at state and local levels

Timeline



Questions?

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