



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

Presentation of results for public release

April 2020



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 includes more than 90 measures across six 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 <https://www.opa.ca.gov/reportcards/Pages/default.aspx>



CMS Child Core Set

- Several HEDIS Behavioral Health Measures are part of the Centers for Medicare and Medicaid Services (CMS) Child Core Set
 - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)
 - Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH)
 - Use of Multiple Concurrent Antipsychotics (APC), which is being retired by HEDIS and replaced with Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) next year
 - Use of First-Line Psychosocial Care for Antipsychotics (APP)

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.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 CMS 2020] [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 CMS 2020]
- APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics *[Reported to CMS 2020] [SB 484]*
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents *[Reported to CMS 2020] [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



Data For This Report

- Data for calendar year 2018 was retrieved from the DHCS Management Information System/Decision Support System between November and December 2019
- Medi-Cal data was linked to Department of Social Services data (April 2020) to identify children in out-of-home placement
- In the tables in this presentation:
 - Foster Care is a subset of Medi-Cal
 - Group Home is a subset of Foster Care
- National Medicaid scores given at the bottom of each table can be found on the Medicaid & CHIP Open Data site
<https://data.medicaid.gov/>



Data For This Report continued

- Scores for subgroups of children that have denominators less than 30 are omitted because such small rates are unreliable and may be subject to re-identification
 - Result marked as NA
- Scores for subgroups of children that have numerators less than 11 are suppressed to protect confidentiality in accordance with the DHCS Data De-identification Guidelines
(<https://www.dhcs.ca.gov/dataandstats/Pages/PublicReportingGuidelines.aspx>)
 - Result marked with asterisk *



Follow-Up Care for Children Prescribed ADHD Medication

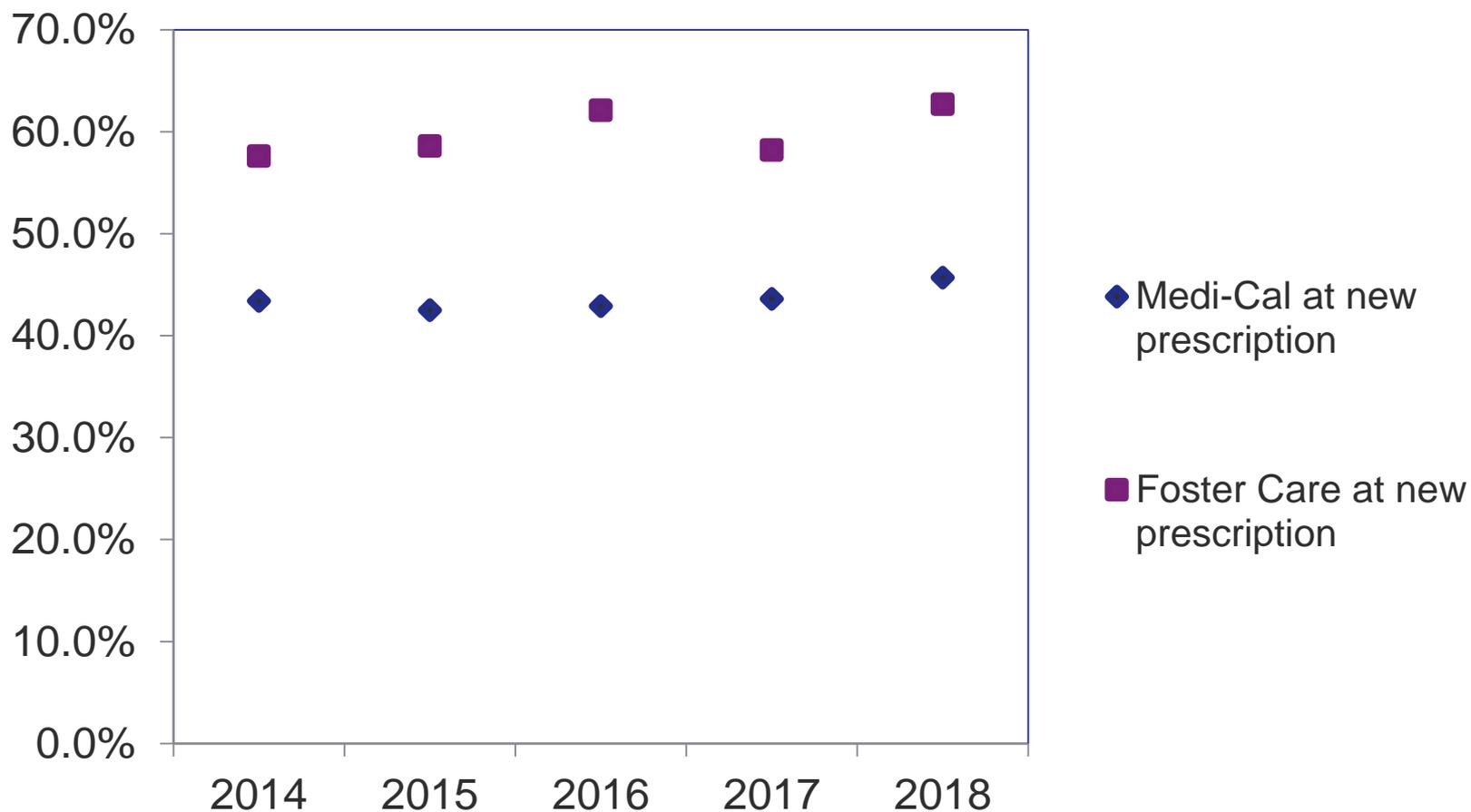
- Visits to adjust doses for the desired effect in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) is very important
- Out-of-home placement when medication was first prescribed defines the foster care group

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
- Measures a visit with a provider with prescribing authority within 30 days of the new prescription



ADHD Medication Follow-up: Initiation Phase





ADHD Medication Follow-up: Initiation Phase

	2017 Numerator	2017 Denominator	2017 Rate	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal at time of new prescription	11,825	27,105	43.6%	12,358	27,073	45.6%
Foster Care at time of new prescription	567	974	58.2%	613	977	62.7%

2017 Medicaid median: 48.7; 25th percentile: 43.0; 75th percentile: 56.3



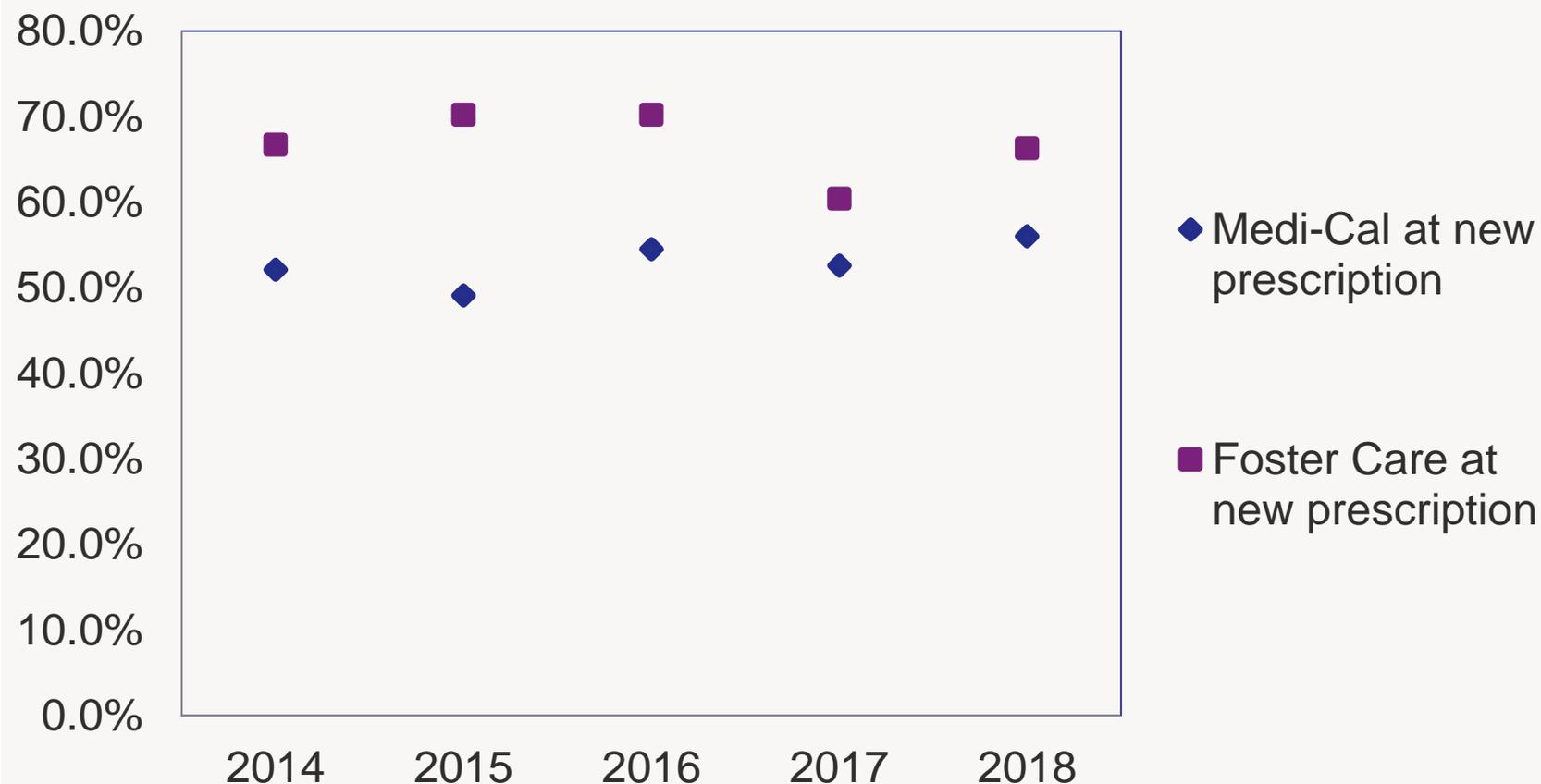
Follow-Up Care for Children Prescribed ADHD Medication

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





ADHD Medication Follow-up: Continuation Phase

	2017 Numerator	2017 Denominator	2017 Rate	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal at time of new prescription	3,706	7,053	52.6%	3,978	7,100	56.0%
Foster Care at time of new prescription	311	515	60.4%	345	520	66.3%

2017 Medicaid median: 61.1; 25th percentile: 55.0; 75th percentile: 65.4



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 12 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

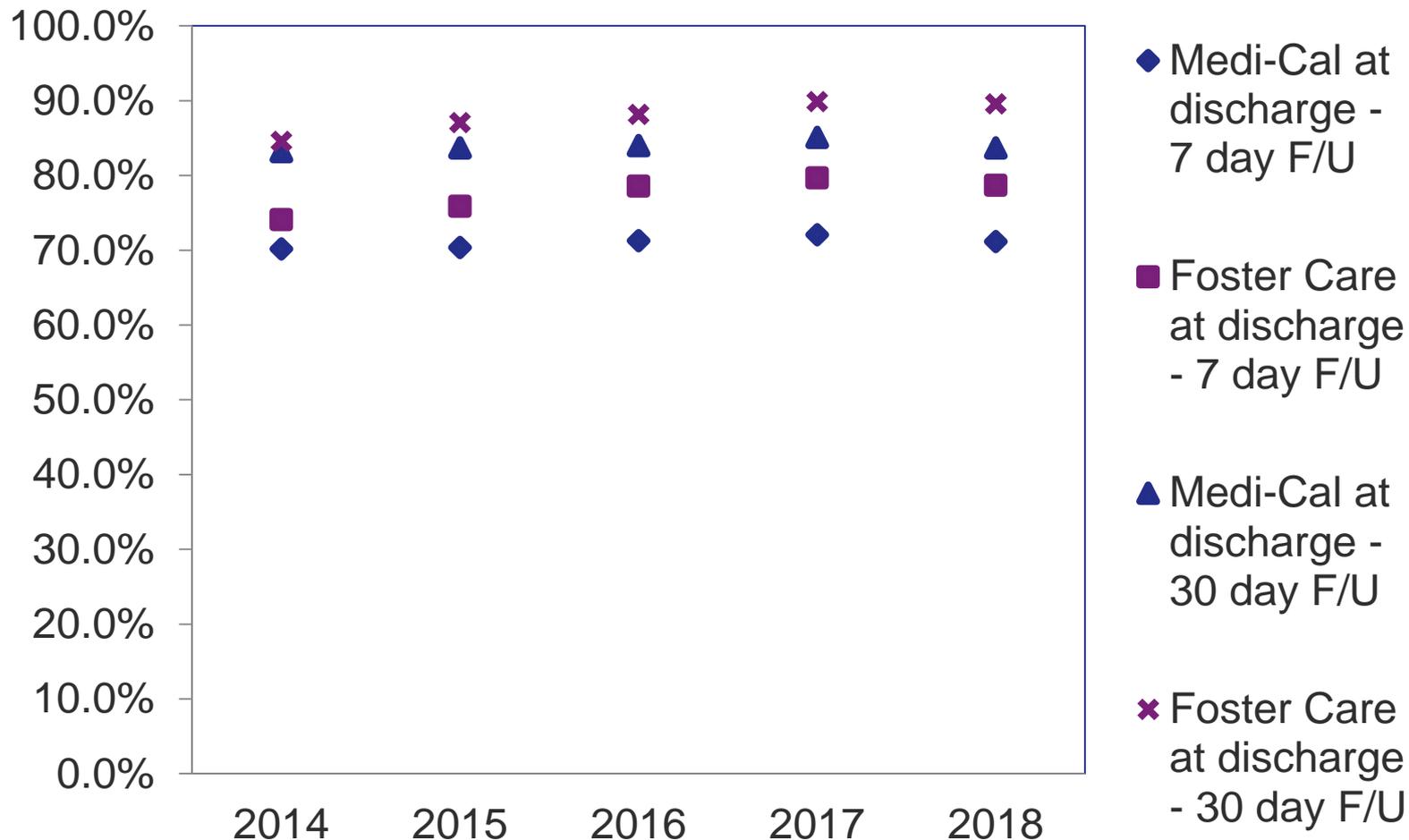


Follow-up After Hospitalization for Mental Illness

- 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 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
- Out-of-home placement when hospitalized defines the foster care group



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





Follow-up After Hospitalization for Mental Illness – 7 day

	2017 Numerator	2017 Denominator	2017 Rate	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal at discharge, 6-17	7,317	10,146	72.1%	6,848	9,619	71.2%
Foster Care at discharge, 6-17	701	880	79.7%	568	722	78.7%
Group Home at discharge, 6-17	235	299	78.6%	103	133	74.4%

2017 Medicaid scores not available for 6-17 years age group



Follow-up After Hospitalization for Mental Illness – 30 day

	2017 Numerator	2017 Denominator	2017 Rate	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal at discharge, 6-17	8,633	10,146	85.1%	8,055	9,619	83.7%
Foster Care at discharge, 6-17	791	880	89.9%	647	722	89.6%
Group Home at discharge, 6-17	267	299	89.3%	120	133	90.2%

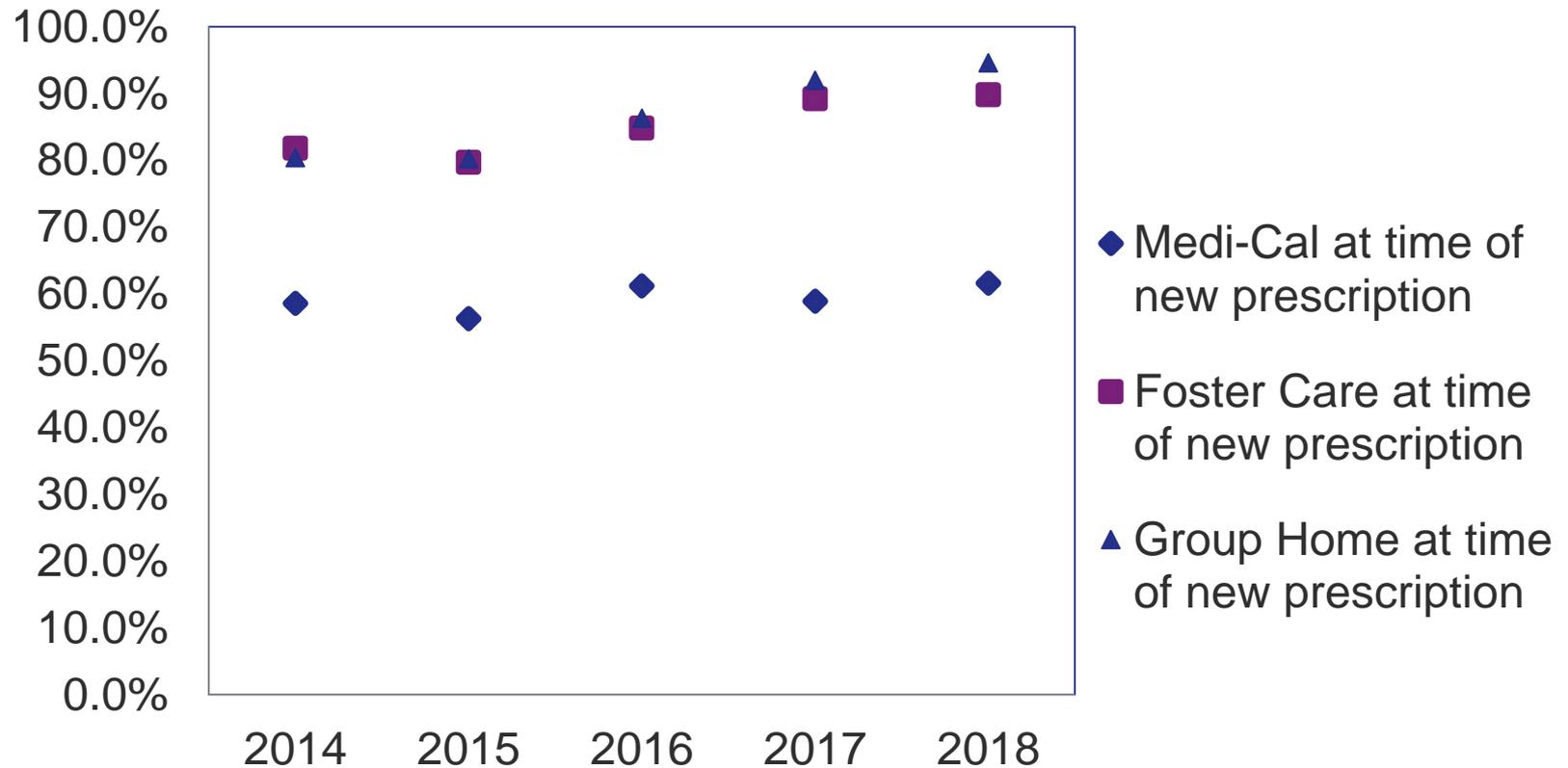


Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- 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) – 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
- Out-of-home placement when medication was first prescribed defines the foster care group



APP: First-Line Psychosocial Care





First-Line Psychosocial Care

	2017 Numerator	2017 Denominator	2017 Rate	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal at time of new prescription	3,485	5,919	58.9%	3,370	5,474	61.6%
Foster Care at time of new prescription	460	516	89.2%	404	450	89.8%
Group Home at time of new prescription	92	100	92.0%	70	74	94.6%



Age Stratification: First-Line Psychosocial Care

Age Group	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal 1 – 11 years	900	1,525	59.0%
Foster Care 1 – 11 years	130	144	90.3%
Medi-Cal 12 – 17 years	2,470	3,949	62.5%
Foster Care 12 – 17 years	274	306	89.5%



Considerations for First-Line Psychosocial Care

- For Foster Care, the measure is calculated based on being in Foster Care 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
 - H2015 was included by CA if the H2015 service was provided by a mental health professional

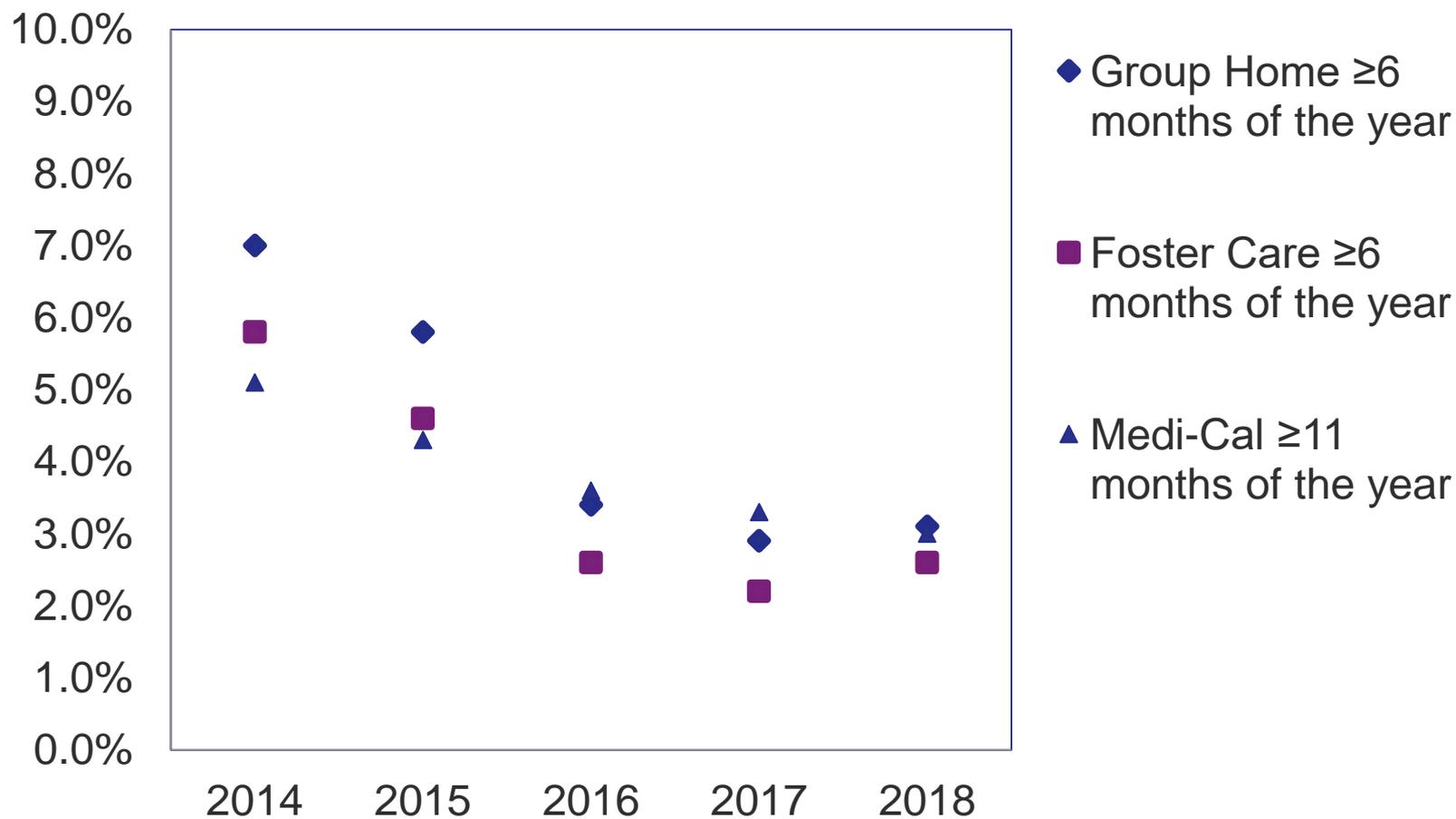


Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- Of children who received one antipsychotic medication for 90 continuous 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
- Out-of-home placement when medication was first prescribed defines the foster care group



APC: Concurrent Antipsychotics: 1 - 17 years old





Concurrent Antipsychotics: 1 to 17 years old

	2017 Numerator	2017 Denominator	2017 Rate	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal \geq 11 months of the year	412	12,495	3.3%	358	12,003	3.0%
Foster Care \geq 6 months of the year	37	1,666	2.2%	28	1,080	2.6%
Group Home \geq 6 months of the year	11	382	2.9%	*	64	*

2017 Medicaid median: 2.9; 25th percentile: 3.6; 75th percentile: 1.9



Age Stratification: Concurrent Antipsychotics

Age Group	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal 1 – 11 years	59	3,300	1.8%
Medi-Cal 12 – 17 years	299	8,703	3.4%

2018 numerators for Foster Care and Group Home performance are too small to report by age group



Considerations for Concurrent Antipsychotics

- The decrease in the number of children in the denominators for the antipsychotics measures (APC, APM and APP) is likely due to the multi-factor approach to education, outreach, and policy driven changes
- Example of a policy driven change: Treatment Authorization Request (TAR) policy change in November 2014 for antipsychotic prescriptions for children
- The number of children on two antipsychotics in the APC measure also decreased
- Children in Foster Care and Group homes have lower rates than children in Medi-Cal, likely due to recent efforts by the California Department of Social Services

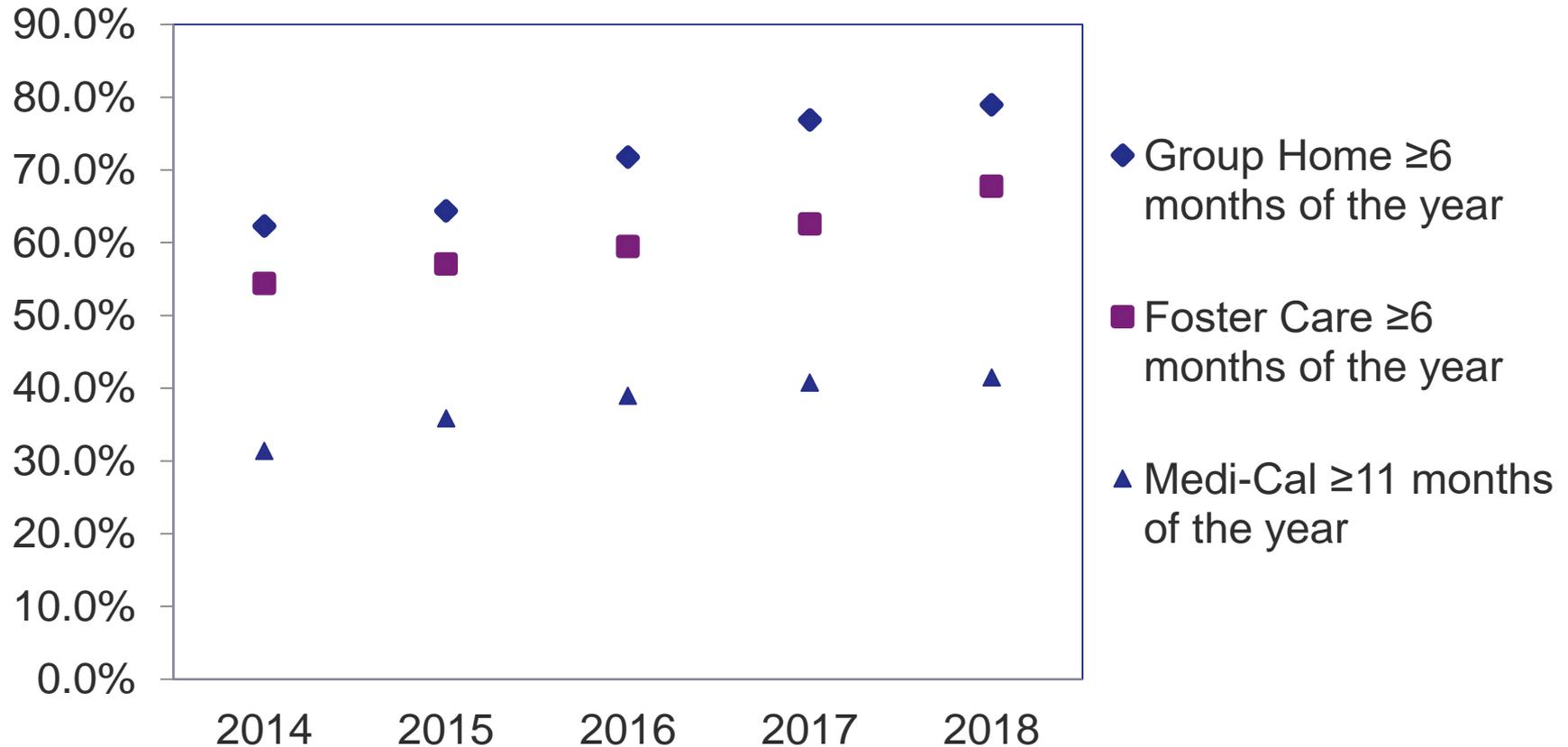


Metabolic Monitoring for Children and Adolescents on Antipsychotics

- 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

	2017 Numerator	2017 Denominator	2017 Rate	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal \geq 11 months of the year	6,477	15,874	40.8%	6,301	15,172	41.5%
Foster Care \geq 6 months of the year	830	1,325	62.6%	853	1,258	67.8%
Group Home \geq 6 months of the year	198	278	71.2%	158	200	79.0%



Age Stratification: Metabolic Monitoring

Age Group	2018 Numerator	2018 Denominator	2018 Rate
Medi-Cal 1 – 11 years	1,410	4,149	35.6%
Foster Care 1 – 11 years	194	314	61.8%
Group Home 1 – 11 years	18	24	75.0%
Medi-Cal 12 – 17 years	4,891	11,023	44.4%
Foster Care 12 – 17 years	659	944	69.8%
Group Home 12 – 17 years	140	176	79.5%



Considerations for Metabolic Monitoring

- Lab claims data comes from the delivery system caring for the child – approximately 55% fee-for-service and 45% managed care
- Although a psychiatrist may order the labs, the patient may return to a different medical delivery system to have the labs performed
- The Drug Utilization Review Board performed direct outreach to fee-for-service providers in 2015, and likely resulted in better scores since 2016 – this increase is expected to continue, as efforts are ongoing



What we learn from HEDIS Measures

- ADHD measure
 - Room for improvement for both children in Medi-Cal and Foster Care
- Follow-up After Hospitalization measure
 - California is performing well although room to improve
 - A significant number of children 6-17 are hospitalized for mental illness although numbers declined this year
- 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



What we learn from HEDIS Measures

- Concurrent Antipsychotic measure
 - California's rate dropped significantly in 2015 due to extension of the requirements for Treatment Authorization for Antipsychotics through age 17, which occurred in November 2014, and appears to be at a stable lower rate
- Metabolic Monitoring measure
 - Significant opportunity for improvements both in reporting and in practice
 - System integration and data sharing among providers are supporting improvements in this measure



What we learn from HEDIS Measures

- Overall
 - Specific opportunities for improvement and focus are identified for further investigation and quality improvement cycles
 - California is performing comparably or better for children in Medi-Cal when compared to national averages where national averages are available