Medi-Cal Managed Care and Quality Improvement

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Outline

- Discuss development of Quality Strategy Report
- Describe establishment of quality metric set
- Introduce quality improvement processes and efforts to improve quality of care for pediatric populations

Abbreviations

- CAIR: California Immunization Registry
- CAP: Corrective Action Plan
- CDPH: California Department of Public Health
- CFR: Code of Federal Regulations
- CMS: Centers for Medicare and Medicaid
- EAS: External Accountability Set
- EQRO: External Quality Review Organization
- HEDIS: The Healthcare Effectiveness Data and Information Set
- HSAG: Health Services Advisory Group
- MCP: Medi-Cal managed care health plan
- MCQMD: Managed Care Quality and Monitoring Division
- MPL: Minimum Performance Level
- NCQA: The National Committee for Quality Assurance
- NGA: National Governors Association
- PDSA: Plan-Do-Study-Act
- PIP: Performance Improvement Project
- QSR: Quality Strategy Report

Quality Strategy Report (QSR)

QSR 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 & Medicaid (CMS).
 - States must obtain input from beneficiaries, key stakeholders and the public in the development of the quality strategy.
- QSR 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.

QSR Background

- QSR is developed every 3 years, with an Annual Assessment in the alternate years
- Reports on status of quality, sets specific goals for improvement, assess progress toward goals
- CMS encourages states, as appropriate, to consider aligning their quality strategies with:
 - The Health and Human Services National Quality
 Strategy
 - The CMS Quality Strategy

QSR Alignment

- Other Opportunities for alignment:
 - 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
 - National Prevention Strategy
 - Healthy People 2020
 - Institute of Medicine
 - Institute for Healthcare Improvement
 - Integrated Healthcare Association
 - Centers for Disease Control and Prevention
 - Private Purchasers (Covered California, Pacific Business Group on Health, CalPERS)

DHCS Mission Statement

The Department's Mission

 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

The Department's Vision

 To preserve and improve the overall health and well-being of all Californians.

The Department's Core Values

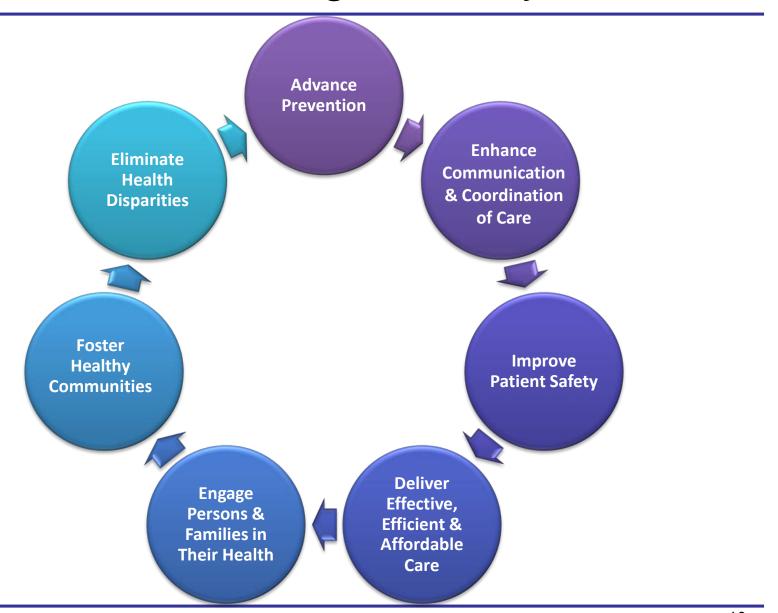
- Integrity
- Service
- Accountability
- Innovation

The Triple Aim

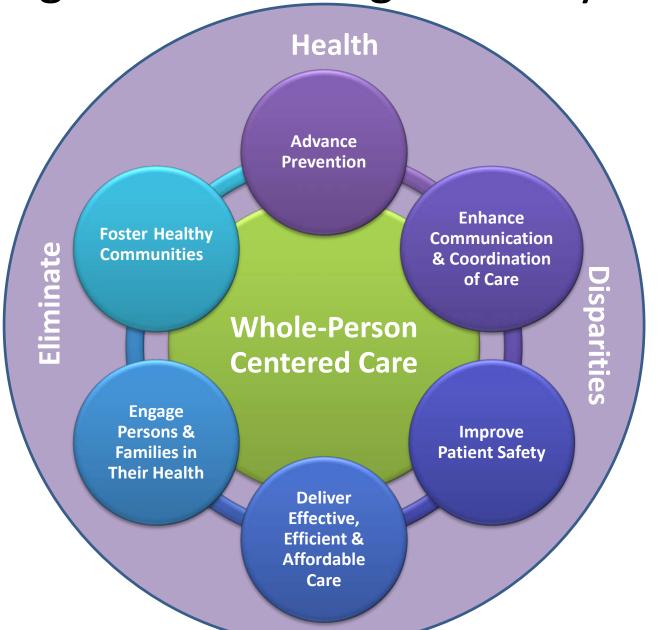




DHCS Strategic Priority Areas



Managed Care Strategic Priority Areas



Selection Criteria for Focus Areas

- 1. <u>Meaningful</u> to the public, the beneficiaries, the state and the health plans
- 2. Improves quality of care or services for the Medi-Cal population
- 3. <u>High population impact</u> by affecting large numbers of beneficiaries or having substantial impact on smaller, special populations
- **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
- **Evidence-based practices available** to demonstrate that the problem is amenable to intervention and there are pathways to improvement
- 7. Availability of standardized measures and data that can be collected
- **8.** Alignment with other national and state priority areas
- **Healthcare System Value** demonstrated through cost savings, cost-effectiveness, risk-benefit balance, or health economic benefit.
- 10. Avoid negative unintended consequences

2016 QSR

Maternal & Child health:

- Postpartum care
- Childhood immunizations

Chronic disease management:

- Diabetes care
- Control of hypertension

Tobacco cessation

Fostering healthy communities:

Reducing opioid misuse and overuse

Reducing health disparities

Childhood Immunizations

- The percentage of children two years of age who had all recommended vaccines completed by their second birthday.
 - 17,000 more two-year olds in Medi-Cal managed care health plans (MCPs) than in 2015 compared to 2014.
- In 2015, immunization coverage for two-year-old members in MCPs fell from 74% to 71%.
 - About 56,000 two-year olds without one or more recommended immunizations.
- The continuing declining trend in immunization rates means more children are vulnerable to measles, pertussis, and other vaccine-preventable diseases.
- Target for 2018 will continue to be 80%.

Focus Study

- Rates rely largely on medical record review
 - More than half of the reporting units identified greater than 30 percent of their immunized children, and about a quarter identified at least 50 percent of their immunized children, through medical record review
- Rates positively correlate with results on other quality measures such as adolescent immunizations, timeliness of prenatal care and timeliness of postpartum care
- Rural reporting units had consistently lower performance

Examples of DHCS Interventions

- Collaboration with the California Department of Public Health (CDPH) to increase MCP providers' use of the California Immunization Registry (CAIR).
- DHCS Priority Performance Improvement Project (PIP) Topic.
- Participation in the National Governors Association (NGA), focusing on three MCPs in Sacramento County.

For More Information

MCQMD's Quality Strategy can be found online at:

http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/QualityStrategy_Rpt_2016.pdf

External Accountability Set (EAS)

Monitoring Quality

- MCPs are required to report yearly on a set of quality indicators referred to as the EAS to evaluate the quality of care delivered by an MCP to its beneficiaries.
- DHCS establishes EAS and benchmarks, and reevaluates regularly
- DHCS engages in stakeholder process when establishing the EAS

Establishing EAS

- When considering changes to the EAS, DHCS looks at a number of factors, all geared towards having a high value set of indicators.
 - Medi-Cal population and population impacted by the indicator
 - Opportunities to improve quality of care (known area of needed improvement, pathways to improving quality known)
 - The feasibility and usability of the indicator (what data is needed, how can it be collected, can it be collected)
 - How the indicator aligns with DHCS, State, and National strategic priorities
 - How the indicator compliments the rest of the EAS as a whole

Establishing EAS

- DHCS selects most EAS indicators from HEDIS®
 - Provides DHCS with national Medicaid information that can be utilized for establishing benchmarks
- DHCS contracts require MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US
 - Minimum Performance Level (MPL)
- MCPs not held to MPL for some indicators:
 - New indicators or indicators with significantly changed technical specifications
 - Indicators with small range of variability
 - MCP reporting units in first year of reporting
- Stratifications required for some indicators
 - Ex: SPD, age, MLTSS

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

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Reporting Year 2017-2018

- Eliminated 2 indicators
 - Monitoring Persistent Medications Digoxin
 - Weight Assessment and Counseling in children BMI
- Added 2 new indicators including our first behavioral health indicator
 - Breast Cancer Screening
 - Screening for clinical depression and follow up in children (12 years of age and older) and adults
- Substituted a new asthma indicator
- Adopted a new combination indicator to address additional immunizations in adolescents

For More Information

MCQMD's current list of quality metrics can be found online at:

http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/QualityStrategy Rpt_2016.pdf

Quality Improvement Efforts

Quality Improvement Efforts

- When a rate is below the MPL, MCPs are required to participate in quality improvement work focused on that indicator
 - Plan-Do-Study-Act (PDSA) cycles
 - Performance Improvement Projects (PIPs)
- MCPs complete PDSA cycles quarterly for any quality indicator where performance falls below the MPL
 - Submitted to DHCS
- MCPs complete 2 PIPs over the course of 12 months, may replace a PDSA cycle requirement
 - External Quality Review Organization (EQRO)

Quality Improvement Efforts

- Ongoing one-on-one technical assistance
- Identify opportunities for sharing of Promising Practices
- Quality Improvement Highlights
- Quality Improvement Collaboratives
- Annual Quality Conference
- Annual Quality Awards Innovation Award
- Facilitating External Collaborations
- Continued data exploration
 - Health Disparities Report
 - Focus Studies

Additional Information

Dashboards

http://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx

Reports

http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx

Quality Awards

http://www.dhcs.ca.gov/services/Pages/QualityAwards.aspx

Questions?

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