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

Presentation of results for public release

April 2019

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 over 80 HEDIS measures address 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 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
  - Use of Multiple Concurrent Antipsychotics (APC) was new for calendar year 2015
  - Use of First-Line Psychosocial Care for Antipsychotics (APP) was new for calendar year 2016
  - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)
  - Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH)

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 2019] [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 2019]*
- APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics *[Reported to CMS 2019] [SB 484]*
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents *[Reported to CMS 2019] [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 2017 was retrieved from the DHCS Management Information System/Decision Support System between December 2018 and April 2019
- Medi-Cal data was linked to Department of Social Services data to identify children in out-of-home placement
- National Medicaid scores given at the bottom of each Table can be found on the Medicaid & CHIP Open Data site

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
(Result marked with asterix *)

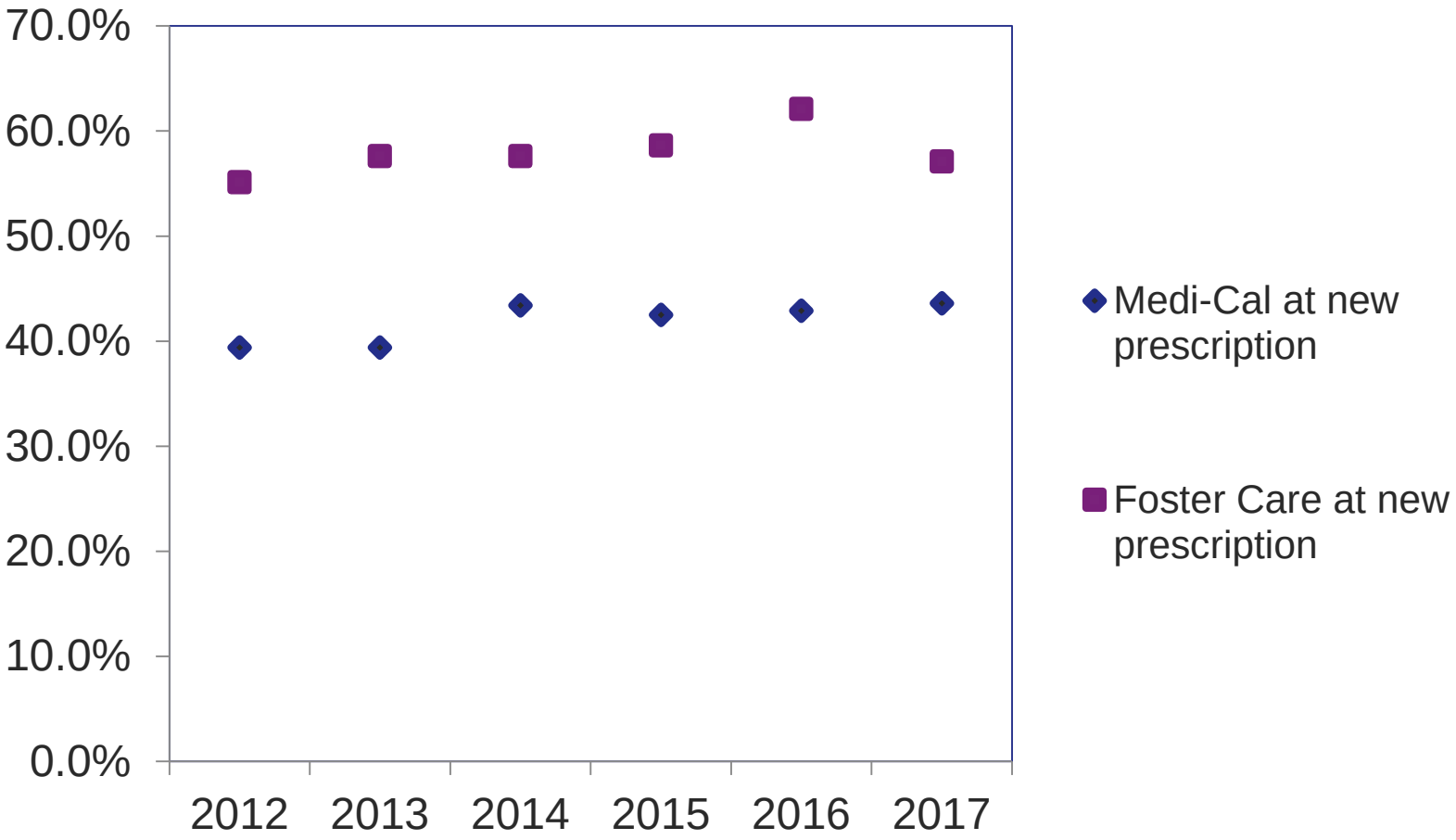
Follow-Up Care for Children Prescribed ADHD Medication

- 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

	2016 Numerator	2016 Denominator	2016 Rate	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal at time of new prescription	10,909	25,417	42.9%	11,825	27,105	43.6%
Foster Care at time of new prescription	612	986	62.1%	583	1,021	57.1%

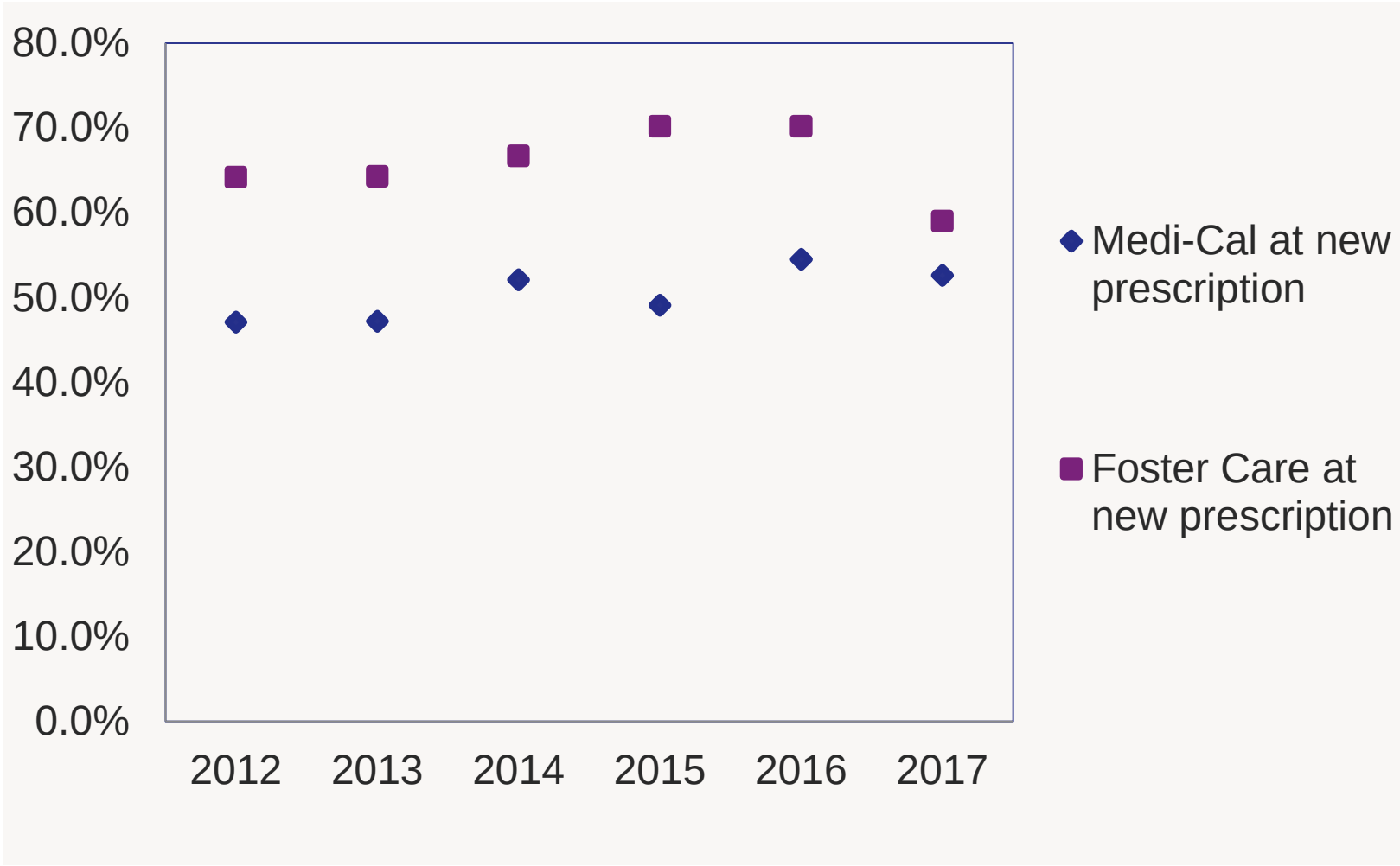
2016 Medicaid median: 50.0; 25 th percentile: 42.1; 75 th percentile: 55.3

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

	2016 Numerator	2016 Denominator	2016 Rate	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal at time of new prescription	3,053	5,604	54.5%	3,706	7,053	52.6%
Foster Care at time of new prescription	335	477	70.2%	318	539	59.0%

2016 Medicaid median: 61.5; 25 th percentile: 55.0; 75 th percentile: 65.4

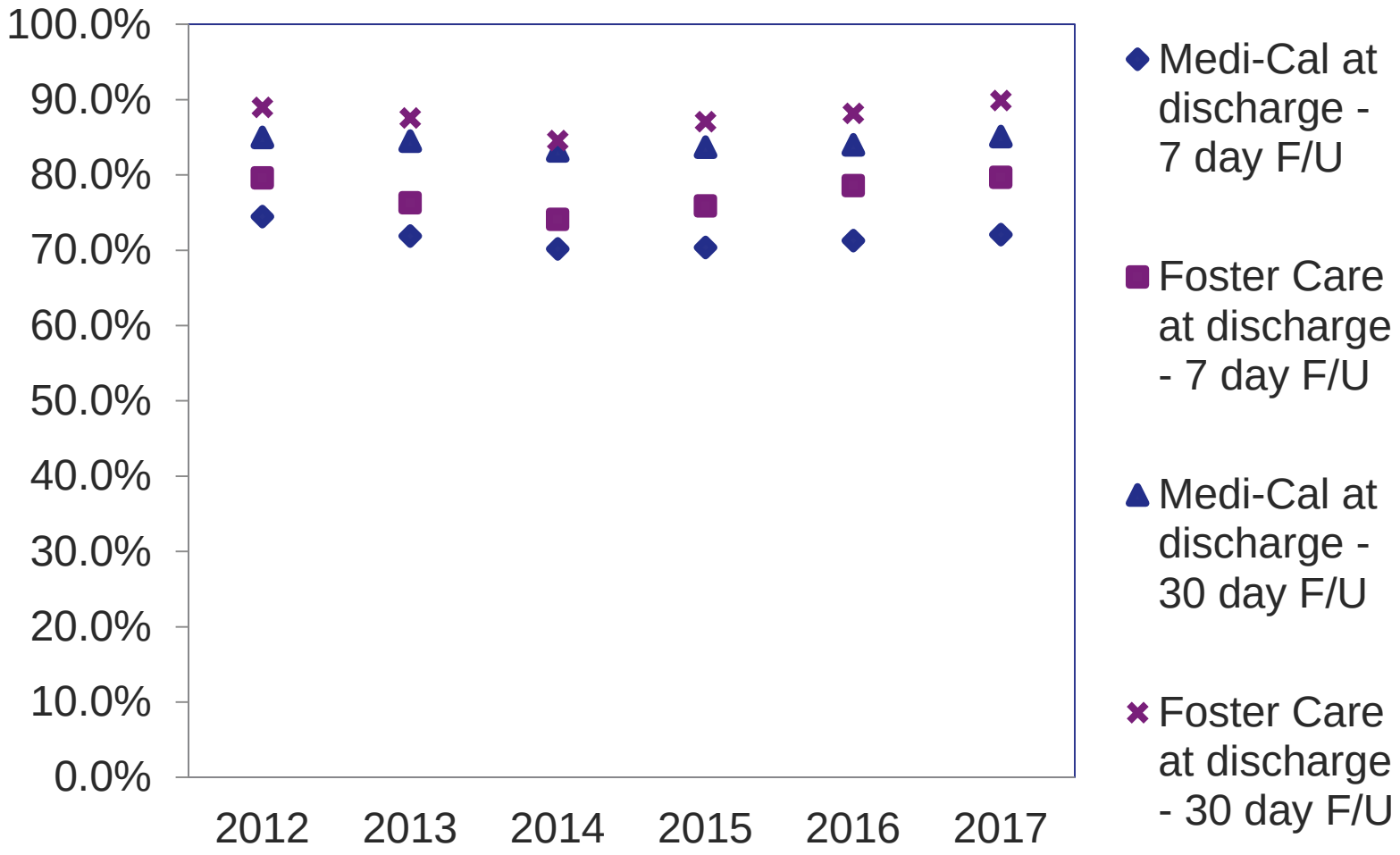
Considerations for ADHD Medication Follow Up

- 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 & 30 day Follow-up



Follow-up After Hospitalization for Mental Illness – 7 day

	2016 Numerator	2016 Denominator	2016 Rate	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal at discharge, 6-20	8,593	12,724	67.5%	9,368	13,826	67.8%
Medi-Cal at discharge, 6-17	6,801	9,537	71.3%	7,317	10,146	72.1%
Foster Care at discharge, 6-17	842	1,091	77.2%	701	880	79.7%
Group Home at discharge, 6-17	330	436	77.9%	235	299	78.6%

2016 Medicaid median for 6-20: 47.8; 25th percentile: 39.7; 75th percentile: 64.0

Follow-up After Hospitalization for Mental Illness – 30 day

	2016 Numerator	2016 Denominator	2016 Rate	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal at discharge, 6-20	10,154	12,724	79.8%	11,116	13,826	80.4%
Medi-Cal at discharge, 6-17	8,011	9,537	84.0%	8,633	10,146	85.1%
Foster Care at discharge, 6-17	953	1,091	87.4%	791	880	89.9%
Group Home at discharge, 6-17	377	436	86.5%	267	299	89.3%

2016 Medicaid median for 6-20: 69.2; 25th percentile: 62.5; 75th percentile: 79.6

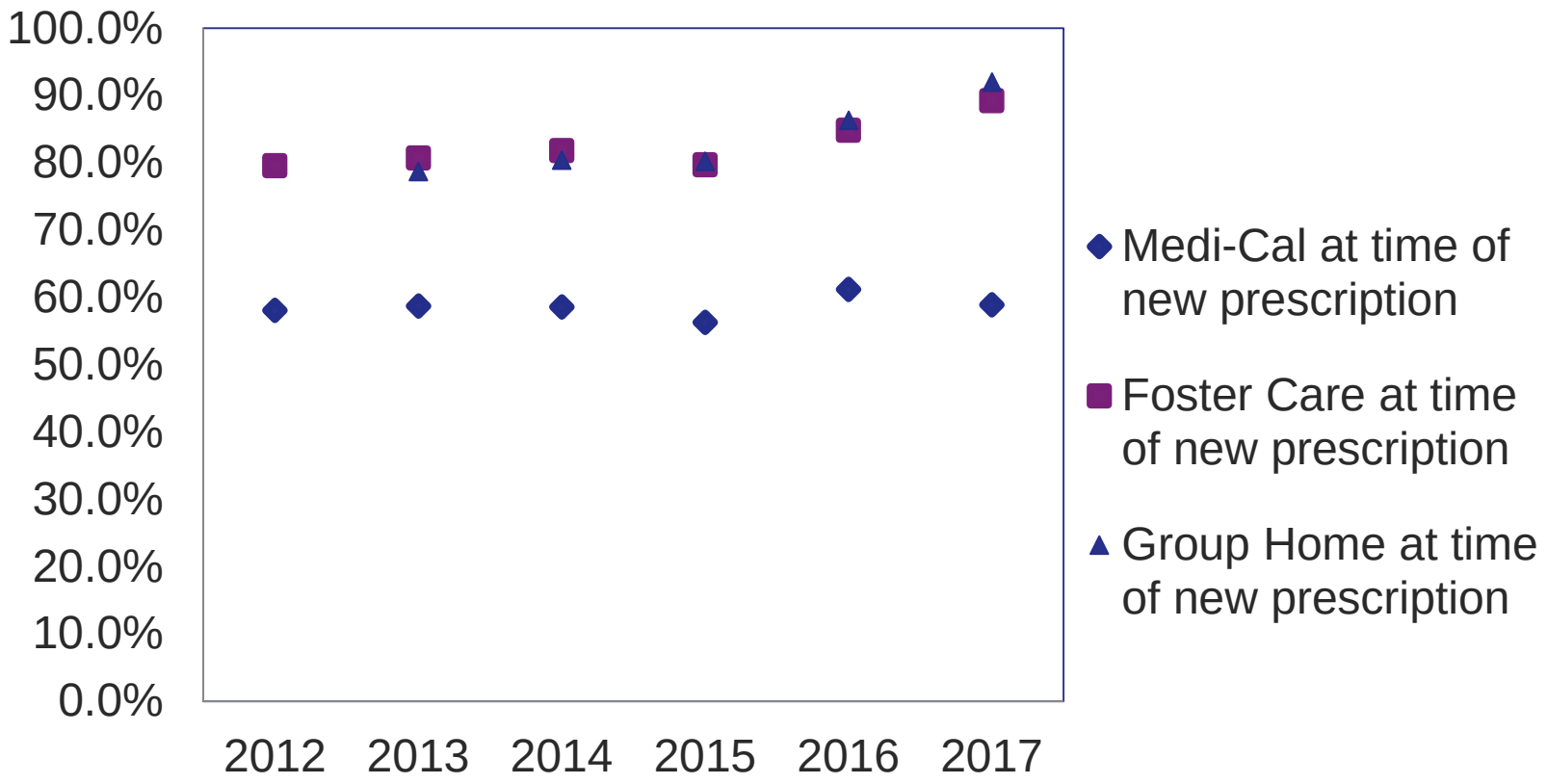
Considerations for Follow-up After Hospitalization for Mental Illness

- 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 ages 18 to 20 in Medi-Cal, 7 day follow-up is 56 percent, and 30 day follow-up is 69 percent
- For Foster Care, the measure is calculated based on being in Foster Care 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) – 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

	2016 Numerator	2016 Denominator	2016 Rate	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal at time of new prescription	3,542	5,784	61.2%	3,485	5,919	58.9%
Foster Care at time of new prescription	484	571	84.8%	460	516	89.2%
Group Home at time of new prescription	196	227	86.3%	92	100	92.0%

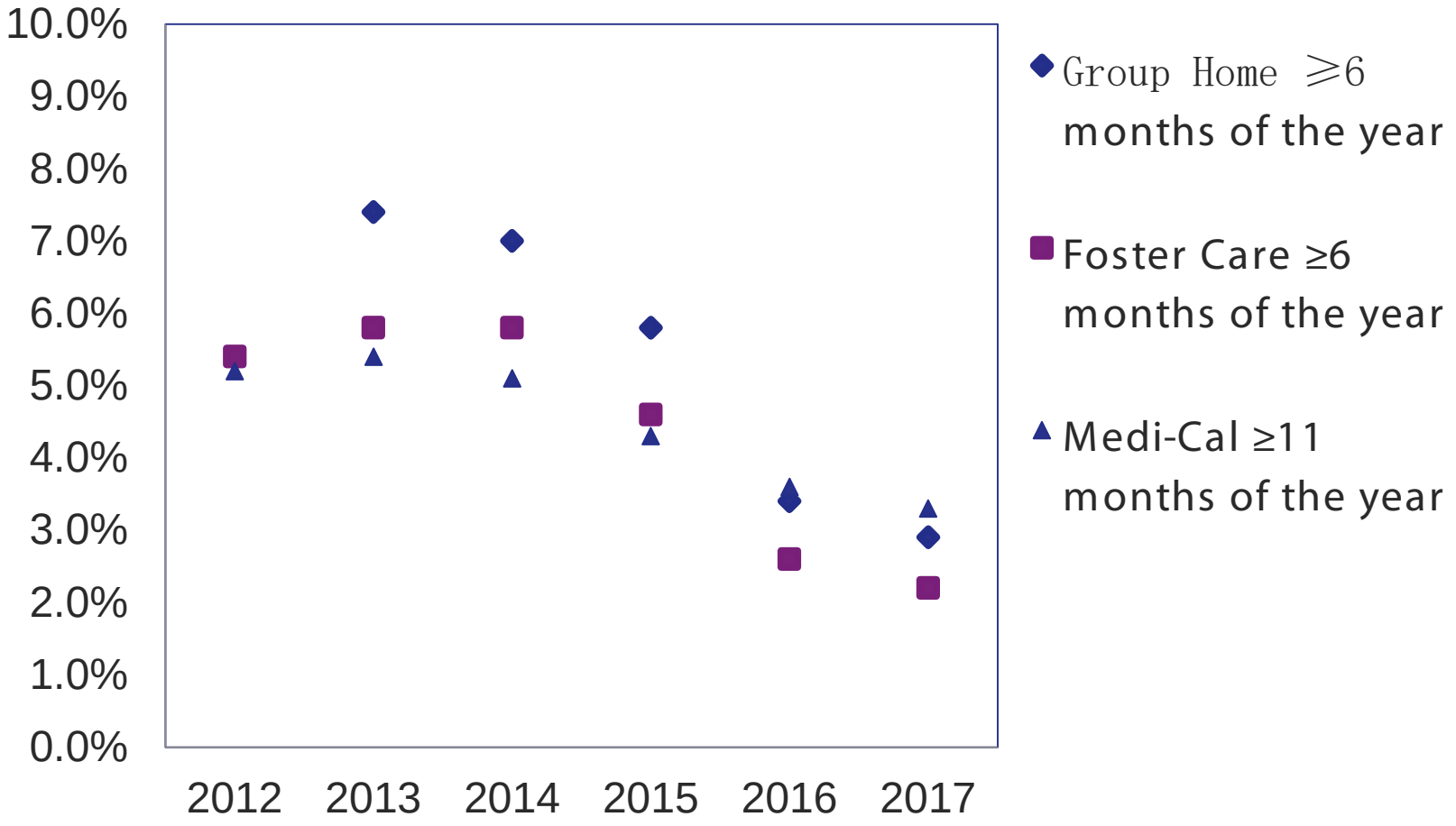
Age Stratification: First-Line Psychosocial Care

Age Group	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal 1 – 11 years	1,001	1,760	56.9%
Foster Care 1 – 11 years	158	175	90.3%
Medi-Cal 12 – 17 years	2,484	4,159	59.7%
Foster Care 12 – 17 years	302	343	88.1%

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

APC: Concurrent Antipsychotics: 1 - 17 years old



Concurrent Antipsychotics: 1 to 17 years old

	2016 Numerator	2016 Denominator	2016 Rate	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal ⩾11 months of the year	498	13,707	3.6%	412	12,495	3.3%
Foster Care ≥6 months of the year	43	1,671	2.6%	37	1,666	2.2%
Group Home ≥6 months of the year	20	587	3.4%	11	382	2.9%

2016 Medicaid median: 2.7; 25th percentile: 3.6; 75th percentile: 1.6

Age Stratification: Concurrent Antipsychotics

Age Group	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal 1 – 11 years	78	3,736	2.1%
Medi-Cal 12 – 17 years	334	8,759	2.7%

2017 numerators for Foster Care and Group Home performance are too small to report by age group

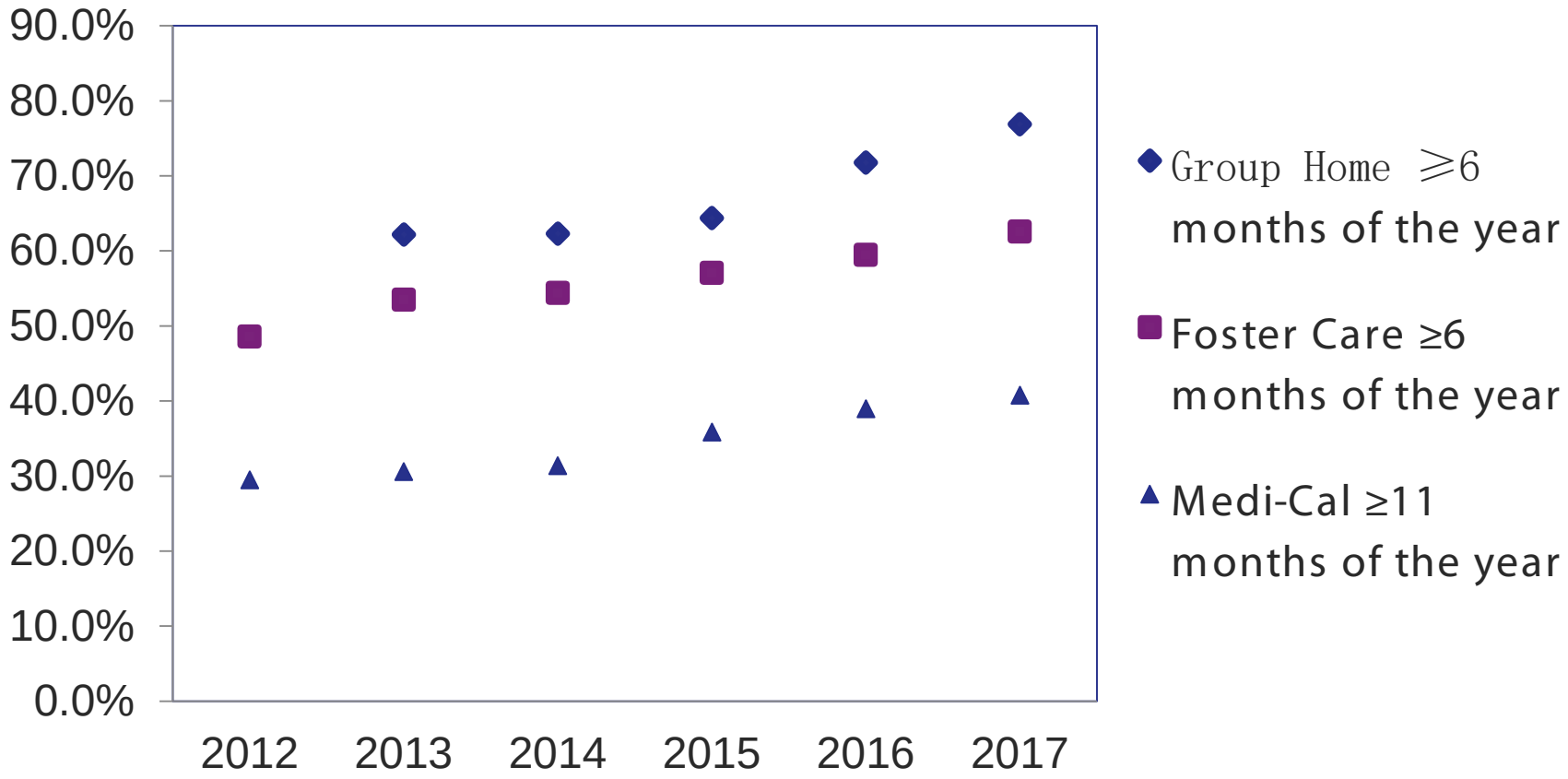
Considerations for Concurrent Antipsychotics

- The decrease in the number of children on two antipsychotics as well as the denominators for all the antipsychotics measures (APC, APM and APP) have decreased yearly since 2014
- Several factors may have contributed to this decrease - the Treatment Authorization Request (TAR) policy initiated in November 2014 by DHCS, the intense national conversation surrounding antipsychotic use in children, and providers being more conscientious about prescribing this class of medication.
- Children in Foster Care and Group homes have better rates than children in Medi-Cal, likely due to many efforts across the ecosystem caring for children in Foster Care

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

	2016 Numerator	2016 Denominator	2016 Rate	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal ⩾11 months of the year	6,666	17,077	39.0%	6,477	15,874	40.8%
Foster Care ≥6 months of the year	991	1,665	59.5%	830	1,325	62.6%
Group Home ≥6 months of the year	463	645	71.8%	198	278	71.2%

Age Stratification:
Metabolic Monitoring

Age Group	2017 Numerator	2017 Denominator	2017 Rate
Medi-Cal 1 – 11 years	1,655	4,644	35.6%
Foster Care 1 – 11 years	202	372	54.3%
Group Home 1 – 11 years	17	30	56.7%
Medi-Cal 12 – 17 years	4,822	11,230	42.9%
Foster Care 12 – 17 years	628	953	65.9%
Group Home 12 – 17 years	181	248	73.0%

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 in 2016 and 2017 – 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 Hospitalizations measure
  - California is performing well although room to improve
  - Significant number of children 6-17 are hospitalized for mental illness with over 10,000 in Medi-Cal and 880 in Foster Care in 2017
  - Performance is better for children between 6 and 17 years old and drops off in young adults and adults

What we learn from HEDIS Measures

- Psychosocial Care measure
  - Significant opportunity to improve granularity of coding for psychosocial services to better understand care delivered
  - There has been a steady increase for children in foster care over the past three years while this has remained consistent for children in Medi-Cal
- Concurrent Antipsychotic measure
  - California had a steady rate over the three years from 2012 to 2014 , but dropped significantly in 2015 due to extension of the requirements for Treatment Authorization for Antipsychotics through age 17, which occurred in November 2014

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 supporting improvements in this measure
- Medi-Cal 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

What we learn from HEDIS Measures

- Foster Care Overall
  - Across all of the behavioral health measures, children in Foster Care are performing better than children in Medi-Cal at large
  - These measure scores provide a strong argument to continue to fund oversight functions for Foster Care

References

- DHCS Data De-identification Guidelines http://www.dhcs.ca.gov/dataandstats/Pages/PublicReportingGuidelines.aspx
- Centers for Medicare and Medicaid Services (CMS) Child Core Set https:// www.medicaid.gov/Medicaid -CHIP-Program -Information/By -Topics/Quality -of-Care/CHIPRA-Initial -Core-Set-of -Childrens -Health -Care-Quality -Measures.html
- Medicaid & CHIP Open Data site: https://data.medicaid.gov/browse?category=Quality&limitTo=datasets&sortBy=newest