



Medicaid Quality Committee Quarterly Meeting
 May 18, 2018 1:00 PM -3:00 PM
Meeting Minutes

Committee Attendance		
Pooja Mehta, MD	LDH Interim Medicaid Medical Director	Present
Jeanne Abadie	Advocacy Louisiana	Present
Robert Barsley, DDS	LSUHSC	Absent
Justin Bennett, NP	Rural Health Nursing	On phone
Harold Brandt, MD, FACP	The Baton Rouge Clinic AMC and LDH	Present
Gerrelda Davis, MBA	Louisiana Primary Care Association	Absent
Yvonne Domingue, MS, RN	Department of Children and Family Services	Present
Michael Giorlando, DDS	MCNA	Present
Pam Hearn, MD	Louisiana Department of Corrections	Absent
Rep. Frank Hoffmann	LA House of Representatives	Absent
Larry Humble, PharmD, PhD	University of Louisiana Monroe	Present
James Hussey, MD	LDH-Office of Behavioral Health	Present
Parham Jaber	LDH- Office of Public Health	Absent
Mark Keiser	Access Health Louisiana	Present
Lyn Kieltyka, PhD	Office of Public Health/CDC	On phone
Julie Morial, MD	United Healthcare Community Plan	Present
Senator Fred Mills, Jr.	LA State Senate	Absent
Mary Noel	HCA Louisiana	Absent
Raymond Poliquit, MD	Healthy Blue	Present
Charles Powers, MD	Willis-Knighton Health System, Bossier City	Absent
Madhavi Rajulapalli, MD	Aetna	Present
Laura Richey, MD, FACEP	LSUHSC - Baton Rouge	Absent
Floyd Roberts, Jr., MD	Louisiana Hospital Association	On phone
Tara Roberts, PT	Louisiana Nursing Home Association	Present
Alfred Robichaux III, MD	Ochsner	Absent
Joe Rosier	The Rapides Foundation	Present
Bryan Sibley, MD	Physicians – Lafayette	Absent
Steve Spedale, MD, FAAP	Infamedics	Absent
Shelia Sterling, LMSW	Volunteers of America	On phone
John A. Vanchiere, MD	Physicians – Shreveport	Absent
Marcus Wallace, MD, MBA	Louisiana Healthcare Connections	Present
Rodney Wise, MD	AmeriHealth Caritas of Louisiana	Present

Welcome and Introductions

- Announcements from Dr. Rebekah Gee
 - Hepatitis C Campaign
 - The state has over 35,000 uninsured, underinsured, Medicaid or incarcerated individuals with Hepatitis C. Last year, less than 3 percent of people with the infection in Medicaid received treatment. To treat all of these individuals would cost the state over \$700 million.
 - Louisiana will lead the charge with the National Governor’s Association (NGA) and twelve other states to expand access to Hepatitis C medications and eventually eliminate Hepatitis C as a public health problem. Recommendations from this group will be published this month from NGA. One recommendation is a subscription-based payment model for Hepatitis C drugs. The logistics of this concept are ongoing and

Louisiana could become the pioneer state. There will be a need for a very aggressive statewide Hepatitis C diagnosis campaign.

- A Cancer Summit was held in Baton Rouge to kickoff “Taking Aim at Cancer in Louisiana”
 - This is a collaborative effort with other organizations beyond Medicaid
 - The effort will be all-payer, with a focus on colon and breast cancers
 - LDH requests your participation in clinical and policy committees. The committees will make recommendations to address gaps in cancer treatment. If anyone is interested in joining, please alert a Medicaid team member and later a link to a registration website will be shared.
 - LDH is interested in creating a statewide clinical trials network, and plans to submit an application to the National Cancer Institute. This is a collaborative effort with other organizations. The intent of this effort is to improve the reach of cancer trials access to patients statewide and offer opportunities to look at primary care linkages to cancer care.
- Dr. Gee is visiting nursing homes to deliver letters and talk to residents regarding the proposed budget cuts that affect Medicaid redeterminations.
- Dr. Gee made two requests to the Medicaid MCO Medical Directors:
 - Ensure that tissue samples from breast tumor are not only tested for HER2/NEU but also for progesterone and estrogen. Also, the MCOs should be covering two medications, not just one.
 - Jen Steele will address feedback/updates regarding glucometers for children.

Roll Call and Call to Order

- The meeting was called to order by Jen Steele and roll call conducted by Kolynda Parker. A quorum was confirmed.

Review and Approval of Minutes of the February 16, 2018 Meeting – Jen Steele

- Motion to adopt minutes from February was made and seconded. The minutes were approved with no opposition.

Medicaid Director Update – Jen Steele

- Erin Campbell replaced Piia Hansen as Section Chief for Quality Improvement and Innovations.
- The search for a Medicaid Medical Director continues. It has been challenging because a state ethics law prohibits a physician from practicing medicine concurrent with serving in this role. A bill passed this session that will allow a practicing physician to serve in the role of Medicaid Medical Director. Dr. Mehta, LDH Director of Maternal & Women’s Health Policy, is currently serving as Interim Medicaid Medical Director. A position description for the Medicaid Medical Director is included in each member’s packet for today.
- Later in the meeting, Dr. Mehta will share outcomes from recent 1:1 meetings with individual Quality Committee members to gain feedback on the Committee and areas for improvement. Today, LDH provided members with an evaluation form to be completed after the meeting. The purpose is to reconnect with every member of the committee and better understand member experiences, desires, or frustrations to ensure the committee is mutually beneficial to everyone involved.
- Dr. Richey resigned as the Emergency Medicine Subcommittee Chair. If anyone is interested or has someone to recommend as a replacement, please inform the Quality team.
- The “Paving the Way to a Healthier Louisiana” whitepaper was published online on March 1, 2018 regarding the next MCO RFP procurement cycle.
 - The whitepaper outlines Medicaid policy areas of interest for public feedback to shape RFP content development. Medicaid held eight road shows across the state and heard from over 500 people who provided feedback on the whitepaper and Medicaid program in general. Medicaid also received over 30 written responses to the whitepaper and continues to accept feedback. Currently, Medicaid is in the process of requesting permission from the submitters to publish comments as part of summary report of stakeholder feedback.

- Information regarding the road shows and whitepaper can be accessed at: <http://www.ldh.la.gov/index.cfm/page/2997>. This is also the location where the public report will be posted.
- LDH is currently in the blackout period with regards to MCO RFP development. LDH can still receive feedback but currently cannot answer any questions regarding the content of the RFP. Medicaid has finalized the work plan and will be working in eight cycles of meetings to address topics covered but not limited to the whitepaper. In July, the Medicaid leadership team will be in lockdown to go over final content decisions for RFP. The team will spend time through August finalizing documents for submission to the Office of State Procurement in September. The RFP will be sent through the state approval channels to be ready for January.

Purpose of Today's Agenda – Dr. Pooja Mehta

- Erin Campbell and I met with Quality Committee members to gain feedback on how to improve the quarterly meetings. Feedback themes included:
 - Members expressed a desire for a stronger sense of mission/purpose; feel conversations do not move forward beyond the meeting; requested relevant quality data to review to move population health forward; asked LDH to work harder to harness the expertise of committee members; requested more collaborative communication with MCOs regarding innovation efforts for improvement and sharing data.
- Current plan of action/response to feedback:
 - For today's presentation, we picked one measure (17P) to systematically present progress and MCO efforts to evaluate and further improve upon, with the hopes that future efforts and meetings will continue to focus on a structured process to address quality performance measures, data sharing, and collaboration between providers and MCOs to drill down on successes and barriers for improving overall health outcomes/population health. We will continue to revise this plan as needed and respond to feedback from committee members on how to improve this process.

Presentations of Special Topics of Interest or Quality Related Studies/Activities

- Prematurity Prevention and Louisiana Medicaid: Progress to date and the path forward – *Dr. Pooja Mehta (Powerpoint presentation)*
 - Objectives: model potential format and forum for future Quality Committee meetings, present plan-stratified data/action on Quality Strategy measures, present and collect feedback on preliminary evaluation of population health impact, present subcommittee/Committee feedback obtained prior to this meeting, and facilitate discussion on optimizing improvement in next Performance Improvement Project (PIP) cycle, providing medical provider input to plans.
- Comments from MCO Medical Directors
 - Dr. Marcus Wallace, Louisiana Healthcare Connections (LHC)
 - Feedback received from OB physicians directly that if they find someone with a prior pre-term delivery, they ship them to maternal/fetal medicine and do not know what happens afterwards (i.e., they do not know if they received 17P).
 - Dr. Wallace met face-to-face with the top 20 providers starting last year and they are not aware of provider incentives. The information stops with the office manager. LHC shared information about incentives with providers that are being left on the table for 17P, Postpartum, STI screenings and C-section rates and are now starting to see if outcomes are improving. Hoping to see change in 2018 but the Alexandria area continues to be a challenge.
 - Dr. Raymond Poliquit, Healthy Blue
 - The intervention that works best is provider engagement. Dr. Poliquit and an OB practice consultant engage providers to discuss incentives and barriers such as: the insertion of LARC immediately after delivery is not a common practice; there

is a struggle with programs such as Centering because only Healthy Blue covers this service and it is not financially viable for the provider; other issues are discussed, as well.

- Dr. Rodney Wise, AmeriHealth Caritas (ACLA)
 - In addition to provider engagement, ACLA utilizes a case management program called Bright Start (nurse outreach to high risk members) and provides education to the provider regarding incentives (i.e. NOP, postpartum care, 17P administration) to follow recommendation.
- Dr. Madhavi Rajulapall, Aetna
 - Aetna uses a biopsychosocial model to engage providers and value-based incentives similar to those mentioned from other plans (prenatal, postnatal and 17P administration).
 - There is also a strong focus on preconception health for the members which include OB case managers for every pregnant member in the plan if they opt-in. Aetna also provides community resources and linkages, in concert with the member and the provider.
- Dr. Julie Morial, UnitedHealth
 - UHC uses case management; however, one of the biggest challenges is early engagement in pregnancy. UHC is working on outreach programs to engage pregnant members early. Currently, UHC is looking at high risk pregnancies, employing a 17P incentive program, reviewing episodes of care across the prenatal spectrum and developing incentives around episodes of care. UHC also uses value-based incentives.
- Open Forum/Questions for the MCO Medical Directors
 - *Can each plan point to a specific intervention that showed a significant improvement? For those plans that did not improve as much as the others, explain why not?* Discussion centered on differences in outcomes seen between plans. The belief is this is more a regional issue than a plan issue when it comes to differences in outcomes.
 - *Do you think there is a cohesive approach to managing outliers? What does a unified strategy look such as an education campaign?* Discussion centered on how plans support the tracking of patients and outliers between providers and how plans can connect providers to each other in the interest of the patient. Several stated that incentives alone are not driving changes in outcomes. There was discussion about disincentives as an option.
 - *How do you measure how effective a provider regarding members who do not want to engage and have those outliers not affect provider outcome incentives?* Discussion centered on the need for more collaboration between MCOs and providers in order to educate the community and address physician outliers. Transportation struggles are a theme throughout. There is a need for improved home administration of 17P injections and preeclampsia monitoring.
 - Suggested next steps included collaboration on the validation of data across MCO claims, provider datasets and Medicaid, a focus on member engagement to ensure that procedures and opportunities are presented to patients in a way that is supportive and repeatedly offered to patients, and focus in the prematurity PIP to look beyond the first dose and at how many average doses a patient receives.

Subcommittee Reports – Dr. Harold Brandt

- Adult Medicine Subcommittee – Dr. Harold Brandt
 - The Adult medicine subcommittee received and reviewed data from the ULM team related to hypertension and diabetes.
- Dental Health Subcommittee – Dr. Michael Giorlando
 - The subcommittee is researching data and awaiting information from the state board. They are also organizing a meeting with the MCNA Quality and Dental Management Director and planning to meet and collaborate with other subcommittees/clinicians in the next six weeks to discuss the fluoride project and oral conditions in the state.

- Neonatology Subcommittee – Dr. Steve Spedale
 - No report
- Pediatrics Subcommittee – Dr. John Vanchiere
 - No report
- Emergency Medicine Subcommittee – Dr. Laura Richey
 - Working on gathering ED utilization data with assistance from Dr. Couk of LSU.
- Behavioral Health Subcommittee – Dr. James Hussey (Powerpoint presentation)
 - Introduced Dr. Lee Tynes from our Lady of the Lake who recently agreed to lead the Behavioral Health Subcommittee.
 - Reviewed midyear 2018 targets for select behavioral health HEDIS measures, specifically “Follow-up for Hospitalization for Mental Illness both the 7 day and 30 days of discharge (FUH).” All health plans are below the target. The presentation focused on the FUH measure.
 - OBH requested from each health plan the identification of barriers that are causing the rates for FUH to fall below the target. Compiled feedback includes:
 - Inadequate discharge planning;
 - Availability, awareness, accessibility of behavioral health outpatient services and providers
 - Inadequate care/failure to stabilize members prior to release (premature discharges)
 - Failure to ensure appropriate outpatient contacts are established prior to discharge
 - Failure to coordinate and reconcile medications at- or post-discharge; inadequate communication with patients’ community supports (family, outpatient providers, etc.)
 - Changes in HEDIS technical specifications
 - Unable to locate member, missed appointments
 - Lack of family/caregiver involvement
 - Membership expansion
 - Current and planned interventions expressed by the health plans are:
 - Care and case management (i.e. embed case managers in hospitals, outreach to members in inpatient facilities, intensive care management for high utilizers/high risk members, integration of utilization management and clinical management rounds)
 - Peer navigators
 - Contract with providers to conduct follow-up after hospitalization assessments
 - Provider incentives and education
 - More referrals to community treatment facilities with serious mental illness
 - Subcommittee recommendations:
 - Strengthen communication between MCOs utilization and care management departments
 - Look at strong interventions with providers
 - Connect members with behavioral health needs to outpatient services early
 - Member education
 - Adopt the FUH-7 day HEDIS measure as an incentive-based measure

Reminders: Complete Quality Committee evaluation form

Meeting adjourned by Dr. Brandt

2018 Medicaid Quality Committee Meeting Schedule

August 17, 2018
November 16, 2018