

DRAFT MEDICAID MANAGED CARE QUALITY STRATEGY



November 16, 2018



OUTLINE

- Background, timeline, and feedback to date
- Draft quality strategy framework
- Quality measures survey results
- Draft of proposed quality measures
- Open discussion

BACKGROUND

- CMS's 2016 Medicaid Managed Care Final Rule requires each state to develop a Managed Care Quality Strategy to assess and improve the quality of managed care services offered within a state
 - Louisiana's Quality Strategy last updated in 2011
 - Louisiana's revised Quality Strategy aligns with agency priorities and provides a broad framework for quality improvement in the Medicaid managed care program
- Louisiana's new managed care program starts January, 2020
 - Medicaid managed care measures are being updated to align with the revised Quality Strategy, and will become effective January 2020

TIMELINE FOR QUALITY MEASURES UPDATE

Event	Date
Internal Review and Rapid, Preliminary Stakeholder Feedback	October – November, 2018
Presentation to Quality Committee and Measures Refinement	November – December, 2018
Draft Quality Measures Available to Public	January 2019
Statewide Stakeholder Input Process	January – March 2019
Finalize Quality Measures	April – May 2019
MCO Readiness	August – December, 2019
New Managed Care Program Start	January 2020

INITIAL PRELIMINARY FEEDBACK TO DATE

- Quality measures survey released to Medicaid Quality Committee and select provider stakeholders to gain preliminary feedback on what measures should be maintained, those that are missing, and those that should be incentivized
 - Survey closed November 2
 - 35 individual responses received (30% response rate)
- Quality Strategy framework and quality measures approach reviewed with Quality Committee Subcommittee chairs

INITIAL PRELIMINARY FEEDBACK TO DATE

- LDH Secretary and all offices within LDH
 - Medicaid
 - Office of Behavioral Health
 - Office of Public Health
 - Office for Citizens with Developmental Disabilities
 - Office of Aging and Adult Services
- Other states (i.e., NC, OH, TN, WA, MN, OR)
- In-depth reviews of available measure sets:
 - NCQA-HEDIS
 - NQF
 - CMS
 - AHRQ
 - Joint Commission
 - RWJ/Buying Value
- Current MCO quality performance



DRAFT QUALITY STRATEGY FRAMEWORK



GUIDING PRINCIPLES

- Three primary Aims:
 - **Better Care:** Make health care more person-centered, coordinated, and accessible so it occurs at the “Right care, right time, right place.”
 - **Healthier People, Healthier Communities:** Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.
 - **Smarter Spending:** Demonstrate good stewardship of public resources by ensuring high-value, efficient care.
- Each aim has goals and objectives that link to health priorities
- Each objective tied to quality measure(s), with some being HEDIS or other traditional health care measures and others more about structure or financing
- A subset of quality measures will be selected for incentives, to reinforce health priorities

AIM #1: BETTER CARE

Aim	Goals	Objectives
<p>Better Care</p> <p>Make health care more person-centered, coordinated, and accessible so it occurs at the “Right care, right time, right place.”</p>	<p>Ensure access to care to meet enrollee needs</p>	<p>Ensure timely and approximate access to primary and specialty care</p>
	<p>Improve coordination and transitions of care</p>	<p>Ensure appropriate follow-up after emergency department visits, hospitalizations, and institutionalizations</p>
		<p>Link enrollees to effective care coordination and case management</p>
	<p>Facilitate patient-centered, whole person care</p>	<p>Engage and partner with enrollees to improve enrollee experience and outcomes</p>
		<p>Integrate behavioral and physical health</p>

AIM #2: HEALTHIER PEOPLE, HEALTHIER COMMUNITIES

Aim	Goals	Objectives
<p>Healthier People, Healthier Communities</p> <p>Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.</p>	<p>Promote wellness and prevention</p>	<p>Ensure maternal safety and appropriate care during childbirth and postpartum</p>
		<p>Prevent prematurity and reduce infant mortality</p>
		<p>Promote healthy development and wellness in children and adolescents</p>
		<p>Promote oral health in children</p>
		<p>Improve immunization rates</p>
		<p>Prevent obesity and address physical activity and nutrition in children and adults</p>
		<p>Promote reproductive health</p>
		<p>Improve cancer screening</p>
		<p>Improve HIV and Hepatitis C virus infection screening</p>
		<p>Reduce risks of prescribed opioids</p> <p>Promote use of evidence-based tobacco cessation treatments</p>

AIM #2: HEALTHIER PEOPLE, HEALTHIER COMMUNITIES CONT'D

Aim	Goals	Objectives
<p>Healthier People, Healthier Communities</p> <p>Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.</p>	<p>Improve chronic disease management and control</p>	<p>Improve hypertension, diabetes, and cardiovascular disease management and control</p>
		<p>Improve respiratory disease management and control</p>
		<p>Improve HIV control</p>
		<p>Improve quality of mental health and substance use disorder care</p>
	<p>Partner with communities to improve population health and address health disparities</p>	<p>Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities</p>
		<p>Advance specific interventions to address social determinants of health</p>

AIM #3: SMARTER SPENDING

Aim	Goals	Objectives
<p>Smarter Spending</p> <p>Demonstrate good stewardship of public resources by ensuring high-value, efficient care.</p>	Pay for value	Advance value-based payment arrangements
	Incentivize innovation	Support pilot program implementation and evaluation exploring managed care policy innovation
	Minimize wasteful spending	Reduce duplicative health care services
		Reduce low value care



QUALITY MEASURES SURVEY RESULTS



SURVEY QUESTIONS

- Questions focused on what quality measures to maintain, add, and incentivize:
 - What measures from the quality strategy are most useful to you/your practice/your initiative that should be maintained? Why?
 - What measures are missing from our current quality strategy? How would the inclusion of these measures affect your/your practice's/your initiative's ability to pursue quality improvement for the Medicaid population?
 - What are the top 3 measures you would recommend for a subset of incentive-based measures?

RESPONDENT TYPES & RESPONSE RATES

Provider and/or Provider Organization Type	Response Rate*	# of Respondents*
Hospital or Health System	43%	15
Pediatric Practice	29%	10
Primary Care/Family Practice	20%	7
Behavioral Health	11%	4
Specialty Practice	9%	3
Other (FQHC, Dental, Rural Health, Long Term Care, Outpatient Clinic)	29%	10

*Respondents were able to select all categories that applied to their practice

TOP 5 SUGGESTED TO KEEP (BY PRACTICE AREA)

Rank	Adult Medicine	Pediatrics/ Neonatology	OB/Maternal Health	Behavioral Health	Emergency Med.
1	Comprehensive Diabetes Care-HbA1c testing	Adolescent Well Care Visit	Breast Cancer Screening	Follow-up Care for Children Prescribed ADHD Medication-Continuation Phase	Ambulatory Care-ED Visits
2	Controlling High Blood Pressure-Total	Childhood Immunization Status	Chlamydia Screening in Women	Follow-up Care for Children Prescribed ADHD Medication-Initiation Phase	Ambulatory Care-Outpatient Visits
3	Comprehensive Diabetes Care-Medical attention for nephropathy	Child and Adolescents' Access to Primary Care Practitioners	Cervical Cancer Screening	Antidepressant Medication Management	
4	Flu Vaccinations for Adults Ages 18 to 64	Well-child visits in First 15 months of Life	Prenatal and Postpartum Care-Postpartum Care	Follow-up After Hospitalization for Mental Illness-Within 30 days of discharge	
5	Annual Monitoring for Patients with Persistent Medications	Well-child visits in the Third, Fourth, Fifth and Sixth Years of Life	Prenatal and Postpartum Care-Timeliness of Prenatal Care	Follow-up After Hospitalization for Mental Illness-Within 7 days of discharge	

SUGGESTED TO ADD (BY PRACTICE AREA)

Adult Medicine	<ul style="list-style-type: none"> • Transition from pediatric to adult care services and preparation • Preventative measures that focus on disease management 	
Pediatrics/ Neonatology	<ul style="list-style-type: none"> • Developmental screening • Appropriate antibiotic use and infection testing • Breastfeeding/donor milk, incidence of necrotizing enterocolitis, survival rates 	<ul style="list-style-type: none"> • Incidence of Bronchopulmonary Dysplasia, Retinopathy of Prematurity and Intraventricular Hemorrhage • STI testing in adolescents • Blood pressure monitoring in children over age 3 years
OB/Maternal Health	<ul style="list-style-type: none"> • Severe maternal morbidity and mortality rates • Vaginal progesterone initiation • Steroids for prematurity • Third trimester syphilis testing 	
Behavioral Health	<ul style="list-style-type: none"> • Mental and Behavioral Health Assessment (multicomponent) 	
Emergency Med.	<ul style="list-style-type: none"> • Utilizing physical therapy in the Medicaid wellness and disease management strategy to assist with the reduction of ED visits or unnecessary primary care visits 	
Other	<ul style="list-style-type: none"> • Oral health measures • Post hospital care and follow-up • Access care after hours • Inappropriate use of systemic steroids 	<ul style="list-style-type: none"> • How well a physician addressed chief complaint • Percent of members with working contact information



DRAFT OF PROPOSED QUALITY MEASURES



PUTTING MEASURES INTO PRACTICE

- Quality measures help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care
- Medicaid uses quality measures in its:
 - Assessment and public reporting of health outcomes and care experience for the Medicaid population
 - Shaping and implementation of quality improvement projects and activities
 - Implementation of value-based payment programs that encourage MCO partnerships with providers to advance quality and health outcomes through outcome-focused incentives, shared targets for population health improvement, and aligned financial incentives

GUIDING PRINCIPLES FOR MEASURES REVIEW AND SELECTION

Careful balance:

- *Comprehensive versus focused
- *Process versus outcomes-oriented
- *Pre-specified/validated versus “homegrown”

DISCUSSION QUESTIONS

- What measures are not necessary?
- What measures are missing?
- Your thoughts on the use of “homegrown” measures and those proposed?
- Your thoughts on the appropriate number of measures in total and how many should be incentivized vs monitored?



QUESTIONS? FEEDBACK?



**Healthy
Louisiana**



WE LOOK FORWARD TO YOUR CONTINUED FEEDBACK!

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