WHAT MATTERS TO YOU? CREATING SHARED FOCUS ON QUALITY IN MEDICAID

February 15, 2019

Discussion Facilitated by:
Marcus Bachhuber, MD, MS, FACP
Medicaid Chief Medical Officer

Pooja Mehta, MD, MSHP, FACOG,
Medicaid Chief Clinical Innovation Officer

Healthy Louisiana

OUTLINE

- Review of handouts
- Background and process to date
- Quality strategy framework
- Proposed quality measures
- Open discussion

Healthy Louisiana

WHY QUALITY MATTERS

- The quantity of health care received (number of tests, number of visits) is not always correlated with effectiveness or impact
- Some health care services are very impactful and their delivery should be ensured
- Some insurance companies support providers in providing high quality care better than others

Healthy Louisiana

HOW DO WE MEASURE QUALITY?

$$\text{Quality measure} = \frac{\text{Number of people that received a service or had an outcome (numerator)}}{\text{Number of people eligible for a service or outcome (denominator)}}$$

*Definitions of the numerator and denominator can be controversial, measures are typically vetted and endorsed by national organizations

Healthy Louisiana

LDH AND QUALITY MEASURES

- **Monitored measures:** Quality measures that are reported by Medicaid managed care organization to LDH

- **Incentivized measures:** Quality measures with direct financial implications to Medicaid managed care organizations
  - 1% (~$60 million) withhold, can be earned back for meeting targets or improving from previous year

Healthy Louisiana

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	**February 2019**
Finalize Quality Measures	April – May 2019
New Managed Care Program Readiness	August – December, 2019
New Managed Care Program Start	January 2020

Healthy Louisiana

QUALITY OUTREACH

LDH Secretary and all Sister Agencies within LDH

One-On-One Meetings with Committee Members, Providers and Stakeholders

Electronic Quality Measures Survey to Quality Committee and Several Providers

Medicaid Quality Committee and Subcommittees Members

Medicaid Quality Public Forums held in Alexandria, Baton Rouge, New Orleans, and Shreveport throughout February

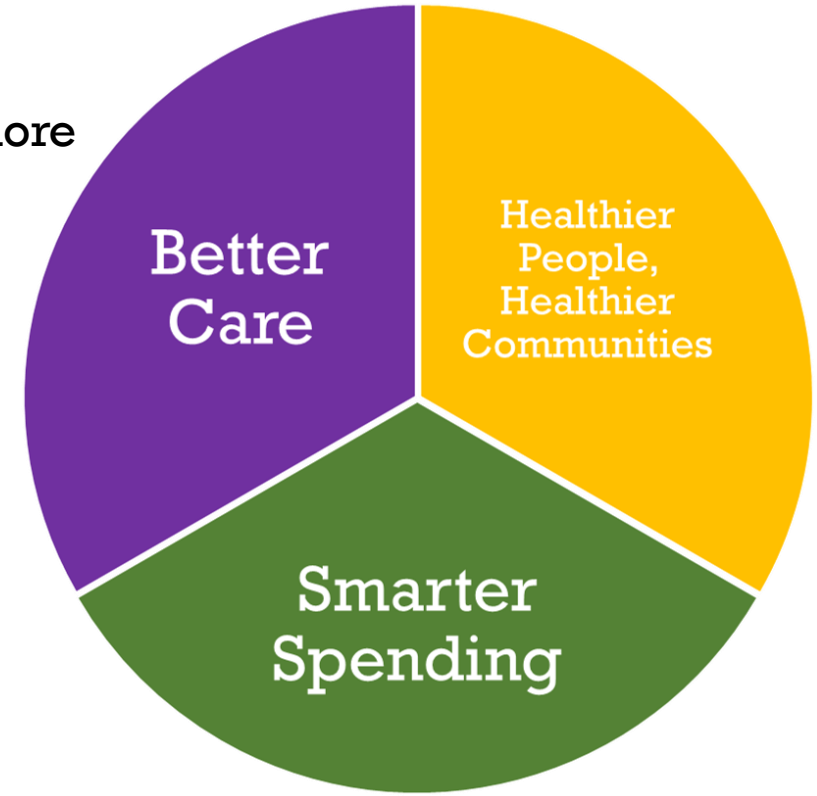
Healthy Louisiana

QUALITY MEASURES FRAMEWORK

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.

Healthy Louisiana

PROPOSED QUALITY MEASURES

GOALS FOR TODAY'S DISCUSSION

- Engage providers to build shared focus on quality
- Identify which measures should be included in the quality measure set
- Identify measures to be incentivized

Healthy Louisiana

GUIDING PRINCIPLES FOR MEASURE SELECTION

Careful balance:

*Comprehensive versus focused

*Process/treatment versus outcomes-oriented

*Pre-specified/validated versus "homegrown"

Healthy Louisiana

POPULATION GROUPS

- Adult
- Pediatric
- Reproductive and Maternal Health
- Behavioral Health Measures
- Emergency Medicine Measures
- Care Process Measures

Healthy Louisiana

DISCUSSION QUESTIONS

- What measures are missing?
- What measures are not necessary?
- What do you think about the use of "homegrown" measures in addition to those proposed?
- What do you think about the number of measures (62) in total?
- How many measures should be incentivized?

Healthy Louisiana

Adult Measures

Measures	Measure Description	Measure Steward	Aim
Adult Access to Preventive/Ambulatory Services	The percentage of members age 20 years and older who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported: • 20-44 years • 45-64 years • 65 years and older • Total	NCQA	Better Care
Flu Vaccinations for Adults Ages 18 to 64	The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period.	NCQA	Healthier People, Healthier Communities
Adult Body Mass Index Assessment	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement or the year prior to the measurement year.	NCQA	Healthier People, Healthier Communities
Chlamydia Screening in Women	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	NCQA	Healthier People, Healthier Communities
Cervical Cancer Screening	Percentage of women 21–64 years of age who were screened for cervical cancer: • Women 21-64 who had cervical cytology performed every 3 years. • Women 30-64 who had cervical cytology/HPV co-testing performed every 5 years.	NCQA	Healthier People, Healthier Communities
Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	NCQA	Healthier People, Healthier Communities

Adult Measures

Measures	Measure Description	Measure Steward	Aim
Colorectal Cancer Screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	NCQA	Healthier People, Healthier Communities
HIV Screening *	The percentage of eligible members who had appropriate screening for HIV infection.	State	Healthier People, Healthier Communities
HCV Screening *	The percentage of eligible members who had appropriate screening for HCV infection.	State	Healthier People, Healthier Communities
Medical Assistance With Smoking and Tobacco Use Cessation	Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Advising Smokers and Tobacco Users to Quit • Discussing Cessation Medications • Discussing Cessation Strategies	NCQA	Healthier People, Healthier Communities
Controlling High Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year	NCQA	Healthier People, Healthier Communities
Diabetes Short-Term Complications Admission Rate	Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older. *Note: A lower rate indicates better performance.*	AHRQ	Healthier People, Healthier Communities

Adult Measures

Measures	Measure Description	Measure Steward	Aim
Diabetes Short-Term Complications Admission Rate	Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older. *Note: A lower rate indicates better performance.*	AHRQ	Healthier People, Healthier Communities
Statin Therapy for Patients with Cardiovascular Disease	• The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received statin therapy (were dispensed at least one high or moderate-intensity statin medication during the measurement year.) • The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who had statin adherence of at least 80% (who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.)	NCQA	Healthier People, Healthier Communities
Heart Failure Admission Rate	Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).	AHRQ	Healthier People, Healthier Communities

Adult Measures

Measures	Measure Description	Measure Steward	Aim
Comprehensive Diabetes Care	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: • Hemoglobin A1c (HbA1c) testing • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • HbA1c control (<7.0%) for a selected population* • Eye exam (retinal) performed • Medical attention for nephropathy. • BP control (<140/90 mm Hg)	NCQA	Healthier People, Healthier Communities
Asthma in Younger Adults Admission Rate	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39.	AHRQ	Healthier People, Healthier Communities
Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate	This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older.	AHRQ	Healthier People, Healthier Communities
HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200.	HRSA	Healthier People, Healthier Communities

Adult Measures

Measures	Measure Description	Measure Steward	Aim
Measures for stratified data: Adult: Colorectal Cancer Screening, HIV Viral Load Suppression, Controlling High Blood Pressure	Refer to individual measures, will be stratified by race/ethnicity and urban/rural status.	Various	Healthier People, Healthier Communities
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis *	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	NCQA	Smarter Spending
Use of Imaging Studies for Low Back Pain *	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	NCQA	Smarter Spending

Pediatric Measures

Measures	Measure Description	Measure Steward	Aim
Well-Child Visits in the First 15 Months of Life	The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	NCQA	Better Care
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	NCQA	Better Care
Adolescent Well-Care Visits	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.	NCQA	Better Care
Developmental Screening in the First Three Years of Life *	The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.	OHSU	Healthier People, Healthier Communities
Lead Screening in Children *	The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.	NCQA	Healthier People, Healthier Communities
Percentage of Eligibles Who Received Preventive Dental Services *	The percentage of individuals ages 1 to 20 who are enrolled for at least 90 continuous days, are eligible EPSDT services, and who received at least one preventive dental service during the reporting period.	CMS	Healthier People, Healthier Communities

Pediatric Measures

Measures	Measure Description	Measure Steward	Aim
Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	NCQA	Healthier People, Healthier Communities
Immunizations for Adolescents	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations.	NCQA	Healthier People, Healthier Communities
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents	Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender. The percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner, with evidence of : • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity	NCQA	Healthier People, Healthier Communities

Pediatric Measures

Measures	Measure Description	Measure Steward	Aim
Measures for stratified data: Child: Developmental Screening in the First Three Years of Life, Percentage of Eligibles Who Received Preventive Dental Services, Immunizations for Adolescents	Refer to individual measures, will be stratified by race/ethnicity and urban/rural status	Various	Healthier People, Healthier Communities
Appropriate Treatment for Children With Upper Respiratory Infection *	The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.	NCQA	Smarter Spending

Reproductive and Maternal Health Measures

Measures	Measure Description	Measure Steward	Aim
Syphilis Screening During Pregnancy – 3rd Trimester *	The percentage of pregnant members who received appropriate syphilis screening	State	Healthier People, Healthier Communities
Prenatal and Postpartum Care: Timeliness of Prenatal Care	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.	NCQA	Healthier People, Healthier Communities
Elective Delivery or Early Induction Without Medical Indication	This measure assesses patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed	TJC	Healthier People, Healthier Communities
Cesarean Rate for Low-Risk First Birth Women	The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions). *Note: A lower rate indicates better performance.*	TJC	Healthier People, Healthier Communities
Prenatal and Postpartum Care: Postpartum Care	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	NCQA	Healthier People, Healthier Communities
Unexpected Complications in Term Newborns *	The percentage of infants with unexpected newborn complications among full term newborns with no preexisting conditions.	TJC	Healthier People, Healthier Communities

Reproductive and Maternal Health Measures

Measures	Measure Description	Measure Steward	Aim
Initiation of Injectable Progesterone for Preterm Birth Prevention	The percentage of women 15-45 years of age with evidence of a previous preterm singleton birth event (24-36 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation for deliveries during the measurement year.	State	Healthier People, Healthier Communities
Appropriate Use of Antenatal Steroids *	Percentage of women at risk of preterm delivery at ≥24 and <34 weeks gestation that received antenatal steroids prior to delivering preterm newborns.	JCAHO	Healthier People, Healthier Communities
Percentage of Low Birthweight Births	Percentage of live births that weighted less than 2,500 grams in the state during the reporting period.	AHRQ	Healthier People, Healthier Communities
Contraceptive Care – All Women Ages 21–44 *	The percentage of women ages 21-44 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.	OPA	Healthier People, Healthier Communities
Contraceptive Care – Postpartum Women Ages 21–44	The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery or were provided a LARC within 3 and 60 days of delivery. Four rates are reported.	OPA	Healthier People, Healthier Communities

Reproductive and Maternal Health Measures

Measures	Measure Description	Measure Steward	Aim
Measures for stratified data: Pregnancy: Percentage of Low Birthweight Births, Contraceptive Care – Postpartum Women Ages 21–44, Initiation of Injectable Progesterone for Preterm Birth Prevention	Refer to individual measures, will be stratified by race/ethnicity and urban/rural status	Various	Healthier People, Healthier Communities
Non-recommended Cervical Cancer Screening in Adolescent Females*	The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer. *Note: A lower rate indicates better performance.*	NCQA	Smarter Spending

Behavioral Health Measures- Adult

Measures	Measure Description	Measure Steward	Aim
Follow-Up After Hospitalization for Mental Illness	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: • The percentage of discharges for which the member received follow-up within 30 days after discharge. • The percentage of discharges for which the member received follow-up within 7 days after discharge.	NCQA	Better Care
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	NCQA	Better Care
Concurrent Use of Opioids and Benzodiazepines *	Percentage of beneficiaries age 18 and older with concurrent use of prescription opioids and benzodiazepines. Patients with a cancer diagnosis or in hospice are excluded.	PQA	Healthier People, Healthier Communities

Behavioral Health Measures- Adult

Measures	Measure Description	Measure Steward	Aim
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment *	The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following. • Initiation of AOD Treatment. The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis. • Engagement of AOD Treatment. The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.	NCQA	Healthier People, Healthier Communities
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The measure calculates the percentage of individuals 19 years of age or greater as of the beginning of the measurement year with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC)] of at least 0.8 during the measurement year (12 consecutive months).	NCQA	Healthier People, Healthier Communities
Antidepressant Medication Management	The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.	NCQA	Healthier People, Healthier Communities

Behavioral Health Measures-Pediatric

Measures	Measure Description	Measure Steward	Aim
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics *	The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	NCQA	Healthier People, Healthier Communities
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. • Initiation Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. • Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	NCQA	Healthier People, Healthier Communities

Behavioral Health Measures- Both Adult and Pediatric

Measures	Measure Description	Measure Steward	Aim
Depression Screening and Follow-Up for Adolescents and Adults *	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. • *Depression Screening*. The percentage of members who were screened for clinical depression using a standardized instrument. • *Follow-Up on Positive Screen*. The percentage of members who received follow-up care within 30 days of screening positive for depression.	NCQA	Better Care
Depression Remission or Response for Adolescents and Adults *	The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score. • *Follow-Up PHQ-9*. The percentage of members who have a follow-up PHQ-9 score documented within the 4–8 months after the initial elevated PHQ-9 score. • *Depression Remission*. The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score. • *Depression Response*. The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.	NCQA	Better Care

Emergency Medicine Measures

Measures	Measure Description	Measure Steward	Aim
Ambulatory Care: Emergency Department Visits	This measure summarizes utilization of ambulatory care ED Visits per 1,000 member months. *Note: A lower rate indicates better performance.*	NCQA	Better Care
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence *	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). • The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	NCQA	Better Care
Potentially Preventable ED Visits *	The rate of ED visits resulting in diagnoses that indicate that the visit may potentially have been preventable (3M software)	State	Better Care

Care Process Measures

Measures	Measure Description	Measure Steward	Aim
Plan All-Cause Readmissions	For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.	NCQA	Better Care
Potentially Preventable Readmissions *	The rate of hospital readmissions that may have been preventable (3M software)	State	Better Care
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version (Medicaid)	This measure provides information on parents' experience with their child's Medicaid organization.	NCQA	Better Care
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid)	This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations.	NCQA	Better Care
Percentage of members who complete the initial health needs assessment within 90 calendar days of the enrollee's effective date of enrollment *	Refer to measure name	N/A	Healthier People, Healthier Communities
Provider payments tied to incentivized quality measures *	Refer to measure name	N/A	Smarter Spending

DISCUSSION QUESTIONS

- What measures are missing?
- What measures are not necessary?
- What do you think about the use of "homegrown" measures in addition to those proposed?
- What do you think about the number of measures (62) in total?
- How many measures should be incentivized?

Healthy Louisiana

THANK YOU!

WE LOOK FORWARD TO YOUR CONTINUED FEEDBACK

Marcus Bachhuber, MD, MS, FACP, Medicaid Chief Medical Officer

Email: Marcus.Bachhuber@la.gov

Pooja Mehta, MD, MSHP, FACOG, Medicaid Chief Clinical Innovation Officer

Email: Pooja.Mehta@la.gov

OR

QualityCommittee@la.gov

www.ldh.la.gov/medicaidquality

Healthy Louisiana