Welcome and Introductions: Dr. Marcus Bachhuber

- Dr. Marcus Bachhuber made welcomes and introductions.

Health Equity Presentation: Dr. Earl Nupsius Benjamin-Robinson

- Dr. Earl Nupsius Benjamin-Robinson from the LDH Office of Community Partnerships and Health Equity presented on the LDH Health Equity Plans: Phase I and Phase II. Presentation slides are available on the Quality Committee website at https://ldh.la.gov/index.cfm/page/2175.
- Dr. Benjamin-Robinson stated that implementation of the Health Equity Plan began in August 2020. The theme of the plan is to be aware of the environments of the people we serve and using that information about those environments to inform the work that we do, improving health outcomes.
- Dr. Benjamin-Robinson said that many practices at the Office of Public Health and other LDH agencies are centered on health equity.
- Dr. Benjamin-Robinson stated that the phase I of the Health Equity Plan has six action steps, including the development of Health Equity Action Teams (HEAT), a data/needs repository, and a community engagement framework.
- Phase II will launch a Review, Advise, and Inform (RAI) Board. This board will review reported HEAT activities to advise, inform, and make suggestions to LDH. The board will also support the State Health Assessment and state health improvement planning process.
- Dr. Benjamin-Robinson discussed the following topics based on meeting attendee questions:
  - How health equity work is about continuously looking at disparities that lead to poorer health outcomes and figure out how to disrupt that and make a difference in the results
  - How health equity work requires identification of barriers, getting everyone involved, and being better informed

Medicaid Program Updates: Dr. Marcus Bachhuber

- Dr. Bachhuber stated that there is an upcoming RFP that LDH will use to procure the managed care organizations that cover about 90% of Medicaid enrollees. Comments and suggestions can be submitted online.
- Dr. Bachhuber informed attendees that the HEDIS 2020 results are in for care that occurred in 2019, prior to COVID. The data will be added to the Quality Dashboard.
- Dr. Bachhuber said LDH is working on a report of the CAHPS survey, which is a patient experience survey.
- Dr. Bachhuber stated that LDH continues to develop the Quality Rating System (QRS), also known as the health plan report card. A new federal managed care rule has slightly impacted this development.
- Dr. Bachhuber informed the attendees that LDH will be using a new quality measure set as part of the 2021 MCO contract extension for 2021.
- Dr. Bachhuber discussed the following incentivized measures for 2021: childhood and adolescent immunizations, Caesarean rate for low risk first births, colorectal cancer screening,
cervical cancer screening, HIV viral load suppression, follow up after mental illness emergency department visits, HbA1c poor control, and blood pressure control.

- Dr. Bachhuber discussed the following updates to benefits and covered services:
  - Medicaid is required to cover COVID testing, treatment, and vaccination under the Families First Coronavirus Response Act. COVID-19 treatment and vaccinations are available to providers free of charge and the administration will be reimbursed.
  - Medicaid now covers bariatric surgery for children and adults that meet certain BMI criteria.
  - Beginning in January 2021, maternal fetal medicine specialists will be excluded from the previous OB ultrasounds limit.
  - Effective December 1, 2020, noninvasive prenatal testing will be covered.
  - Effective January 1, 2021, medically necessary criteria for various breast surgeries has been made clearer.

- Dr. Bachhuber spoke about the following LDH policy revisions:
  - Effective January 1, 2021, the inpatient concurrent care policy has been revised. Previously, subspecialist visits during a patient’s hospitalization could only be billed as a subsequent hospital visit even though they were being seen for the first time. Now, each provider from different subspecialties can be reimbursed for one initial hospital visit per admission. Only one provider within the same specialty and subspecialty can be reimbursed for an initial hospital visit, and only one provider can be reimbursed for a maximum of one subsequent hospital visit per day. For discharge services, only one provider can be reimbursed.
  - Effective January 1, 2021, the following screenings will be reimbursed separately from a well-child visit: mother/caregiver depression screening (billed under the child’s coverage) and developmental and autism screening (two separate units).

- Dr. Bachhuber discussed the following ongoing and future initiatives:
  - Pediatric concurrent hospice: LDH is working to make documentation clearer that pediatric Medicaid members can receive both hospice services and life prolonging care.
  - Improving breastfeeding support services
  - Collaboration on a multi-state project, coordinated by the CDC, to look at syphilis testing in pregnant people and chlamydia, syphilis, and gonorrhea testing in people receiving PrEP for HIV.

- Dr. Bachhuber discussed that nationally a significant proportion of low value care originates from inappropriate use or overuse of technology, such as medical devices like pacemakers, stents, implants or surgical procedural devices that are used by physicians on patients.

- Dr. Bachhuber informed attendees that the federal COVID-19 public health emergency was renewed effective October 23, 2020 and is set to expire 90 days later unless renewed.

Presentations of Special Topics or Quality Related Studies/Activities: Dr. Joseph Biggio

- Dr. Joseph Biggio discussed the use of 17P for the prevention of pre-term birth. The use of 17P is a pay for performance measure with Medicaid.

- Dr. Joseph Biggio presented a trial published in 2003 that was viewed as practice changing. The trial found that usage of 17P led to about a 35% reduction in pre-term birth for patients that received several doses. A study in Shreveport found that patients who did not receive the amount of required dosages (weekly from 16 to 36 weeks gestation) led to an increase in pre-term birth. As a result, the usage of 17P in Louisiana remains controversial among some providers.

- Based on an attendee question, Dr. Biggio said that a larger study that looks at people with risk factors like short cervixes (in addition to the social or race factors that have been looked at in past studies) would be helpful.
Subcommittee Reports and Updates

- Quality Reporting Subcommittee: Dr. Bachhuber asked for feedback on how to improve the reporting of quality results.
- Obstetrics Subcommittee: Dr. Biggio discussed updates to the ultrasound policy for maternal fetal medicine specialists and work to streamline the ultrasound policy for general OB/GYN providers.
- Neonatology Subcommittee: Dr. Steven Spedale stated that the subcommittee has been discussing how to expand telemedicine for neonatology since neonatologists can be hard to find outside of the two New Orleans centers. Meeting attendees discussed the use and challenges of telemedicine in neonatology and other specialties.
- Behavioral Health Subcommittee: Dr. Lee Tynes discussed how collaborative care using evidenced based protocols is now being used in 17 states to offer behavioral health services in primary care clinics.
- Pediatrics Subcommittee – Dr. Ashley Dumas spoke on behalf of Dr. John Vanchiere on the Echo Project, which is a learning collaborative that includes a case study and conversation among providers, mostly focusing on different aspects of telemedicine.

Open Forum: There were no comments.

Announcements

- Dr. Bachhuber introduced a new nomination form for the Medicaid Quality Committee and its subcommittees. The nomination form is available online.
- Kolynda Parker provided the schedule for the upcoming 2021 year. The next meeting will be held on Friday, February 19, 2021 at 1 PM – 3 PM.

Adjourn: Meeting adjourned at 2:55 PM.

2021 Medicaid Quality Committee Schedule

- February 19, 2021
- May 21, 2021
- August 20, 2021
- November 19, 2021