



**Medicaid Quality Committee Quarterly Meeting
November 16, 2018 1:00 PM -3:00 PM
Meeting Minutes**

Committee Attendance		
Marcus Bachhuber, MD, MS	LDH Interim Medicaid Medical Director	Present
Jeanne Abadie	Advocacy Louisiana	Present
Robert Barsley, DDS	LSUHSC	Present
Justin Bennett, NP	Rural Health Nursing	Absent
Gerreida 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
Alexander Billioux, MD	LDH- Office of Public Health	On Phone
Mark Keiser	Access Health Louisiana	Proxy; James Comeaux
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
Floyd Roberts, Jr., MD	Louisiana Hospital Association	Present
Tara Roberts, PT	Louisiana Nursing Home Association	On Phone
Alfred Robichaux III, MD	Ochsner	Proxy; Dr. Scott Barrilleaux
Joe Rosier	The Rapides Foundation	Present
Bryan Sibley, MD	Physicians – Lafayette	Absent
Steve Spedale, MD, FAAP	Infamedics	Present
Shelia Sterling, LMSW	Volunteers of America	Absent
John A. Vanchiere, MD	Physicians – Shreveport	Absent
Marcus Wallace, MD, MBA	Louisiana Healthcare Connections (LHC)	Present
Rodney Wise, MD	AmeriHealth Caritas of Louisiana	Present

Call to Order

- Dr. Mehta called the Medicaid Quality Committee to order.

Welcome, Introductions and Roll Call

- Dr. Mehta made welcome and introductions.
- Kolynda Parker conducted the roll call of Quality Committee members. A quorum was confirmed.

Review and Approval of Minutes of the August 17, 2018 Meeting –The minutes were approved with no opposition.

Presentations of Special Topics or Quality Related Studies/Activities– Dr. Marcus Bachhuber, Dr. Pooja Mehta.

- Introduce Medicaid’s Managed Care Quality Strategy framework and review draft proposed 2020 Managed Care quality measures.
- Presentation by Dr. Marcus Bachhuber on “Draft Medicaid Managed Care Quality Strategy.”
- Review of “Draft Proposed Medicaid Managed Care Quality Measures” document by Drs. Bachhuber and Mehta.

Open Discussion/Feedback/Q&A

- In response to a question about measures to the opioid crisis, Dr. Bachhuber stated the AIMS contained in the draft quality strategy framework comes from federal strategies and are presented around population and priority areas. Dr. Bachhuber identified measures #5, #38 and #48 as opioid-related.
- Dr. Vacherie stated as we move to value-based payment (VBP), be cognitive of the fact that in the academic medical centers, many have moved to relative value unit (RVU) based reimbursement. He stated VBP can be at odds with RVU-based reimbursement. How do we work to ensure this is a good resolution for providers?
 - Dr. Bachhuber responded that many of the measures outlined are primary care and outpatient focused and not many are subspecialist focused. We are interested in hearing more about how the Quality Strategy could be more responsive to hospitals and subspecialty providers.
 - Dr. Vacherie commented there is so much that subspecialist do that has no compensation currently through Medicaid.
- Dr. Mehta stated that this is an opportunity to make sure that the outcomes that are currently of shared values but not reimbursed for directly are reflected in the quality strategy. This should be a lever around which to negotiate for other ways to value the work and time spent to achieve the outcomes. Hence, the narrative leads us to want a quality strategy that is closer to outcomes than utilization.
 - Question, how do we incentivize hospital-based physicians more on the overall outcomes for example decreased mortality?
 - Dr. Bachhuber communicated that Medicaid quality is still in the middle of researching some quality measures that are sensitive to case management and care coordination.
 - Dr. Bowers-Stephens stated that within the physician practice, there are other indirect costs such as case management and outreach. All resources at the physician’s disposal contribute to meeting the benchmarks.
- Dr. Bachhuber responded that the Medicaid Quality team also looked at other structural measures, such as, does the practice certify as a first time medical home.
 - Dr. Bowers-Stephens: Certification as a primary medical home moves in the right direction a number of plans worked to help providers’ practice become certified.
 - Dr. Vacherie noted the Ryan White program and stated that HIV is a good model that guarantees funding to pay for social worker services, case management and other things; this is a huge federal subsidy off the books from Medicaid perspective.
 - Dr. Bachhuber responded they have standards that they apply as far as staffing if you can send any information any information that you have.
- Dr. Poliquit asked if Medicaid is moving towards a more meaningful HIV retention in care or HIV viral load suppression types of measure.
 - Dr. Bachhuber mentioned HIV Viral load suppression is currently a measure. Other issues around prescription of ARVs and retention in care can present challenges.
- Dr. Biggio questioned the intent of stratifying quality measures by race and ethnicity.

- Dr. Bachhuber responded that in general, we want to make sure raising tide lifts all people, stated there are disparities across the country and local improvements in screening rates should reflect overall.
- Dr. Biggio, in reference to low birth weight babies, he suggested we should have something else instead of low birth babies; it is so broad, doing things such as optimize maternal medical management, reduce preterm birth.
 - Dr. Mehta: responded that that she will provide more details on how the measures are calculated.
 - Dr. Mehta stated that the team looked at a large number of measures. They looked at National Committee for Quality Assurance and National Quality Forum recommendations on achieving health equality through quality measures. These measures are defined as disparity sensitive measures that are more responsive to health system intervention. For instance, there is a maternal prenatal measure included in this disparity recommended as well by the National Quality Forum.
- Dr. Mehta voiced that we are open to input on any other quality measures. Goal is to address different aspects of health.
 - Dr. Biggio communicated that there is need to help the plans and providers figure out how to make a difference.
 - Dr. Spedale pointed out that in the measure set nothing looks at provider satisfaction or number of denials that are over turned, some parishes do not enough doctors participating. Medicaid Quality should investigate why providers are not participating and must make efforts to make sure they participate and compensated.
- Dr. Bachhuber stressed that we need to align measures around clinical care however, Medicaid Quality is open to look at other measures that are non-clinical as well.
- Dr. Mehta asked a clarifying question about how Medicaid would measure people who do not participate
 - Dr. Spedale mentioned that we have to start to see what the issues are, whether everyone is following the laws of the state, understand what everyone is doing providers, MCOs and the Medicaid department. Address wasteful spending as a state and talk about it as well.
- Dr. Bachhuber asked member if they have any thoughts about home- grown measures such as HIV, Hepatitis C and Syphilis screening during pregnancy.
- Dr. Bachhuber asked whether we should have HIV and syphilis, perhaps Syphilis or HIV.
 - Dr. Vacherie revealed that HIV testing in pregnancy is quite good as far as the routine because women see the doctor more often hence many women are identified during pregnancy. However, with third trimester syphilis test we are behind less than 50% there is a lot of room for improvement.
- Dr. Mehta- asked Dr. Vacherie's thoughts about the idea of integrated homegrown measure for adequate STI screening during pregnancy. She discussed with OPH about the challenges with syphilis screening that lead to a difference in syphilis infection, it needs to be done with enough time for another to get one month of treatment.
- Dr. Mehta mentioned HIV screening rate is high when done in outpatient setting but in labor and delivery, that approach does not get us the outcome that we want to treat the mother with adequate time before the growth of the baby and high preterm birth among that population.
 - Dr. Vacherie suggested the timing of 34 to 36 weeks would be the best time to do the rapid plasma regain (RPR) test. This enables adequate time to get diagnosis and start treatment.
 - Dr. Vacherie reported that Centers for Disease Control and Prevention (CDC) recommends a patient does not have to the complete the therapy more than a month



prior to delivery but has to start therapy more than month prior. Therefore, this will fit well with the Group B Streptococcus (GBS) screening.

- Dr. Raymond expressed that HIV screening in general is important to our state especially in terms of incidence.
- Dr. Vacherie communicated that Hepatitis C and cytomegalovirus (CMV) screening should not be included in the quality metrics. There is an ongoing national study on cytomegalovirus (CMV). There are no national recommendations for cytomegalovirus (CMV) screening. Also Hepatitis C universal screening rate is too low,
- Dr. Bachhuber asked if there are other measures missing such as dental.

Medicaid Director Update – Jen Steele

- Jen Steele stated that Medicaid has been working on two items since the beginning of the year both have been referred to the summer for implementation:
 - Single Preferred Drug List
 - Diagnosis related group (DRG) hospital reimbursement for hospital.
- Jen Steele mentioned Medicaid has completed the managed care contract. Both are with the Division of Administration and Office of State Procurement pending review and approval.

Subcommittee Reports – Dr. Marcus Bachhuber remarked that he is the acting chair for both Emergency and Adult Medicine Subcommittee. There is a potential Chair for the Adult Medicine Subcommittee. If you know of any interested provider for the ED Subcommittee Chair position, please contact Dr. Bachhuber or Kolynda Parker.

- Emergency Medicine Subcommittee- *Dr. Bachhuber* Focus areas:
 - Looking for new leadership
 - ED utilization
- Adult Medicine Subcommittee- *Dr. Bachhuber*. Focus areas:
 - Looking for new leadership
 - Reviewing what has been done in the past for hypertension and a future direction
- Dental Health Subcommittee – *Dr. Robert Barsley*
 - Reported Dental Medicaid Program completed Request for Proposal (RFP) for a new managed care contract.
- Behavioral Health Subcommittee- *James Hussey, MD*
 - Referral program- to help pediatricians to get more members 2 year olds.
- Neonatology Subcommittee – *Dr. Steve Spedale*
 - Last Subcommittee meeting focused on Diagnosis Related Groups (DRGs), LHA presented on DRGs to the Subcommittee in November.
- Pediatrics Subcommittee – *Dr. Mehta*
 - Last Subcommittee had a presentation from OPH on congenital syphilis rates in the state. Subcommittee has some barriers to address around reimbursement and access to medication.
- Obstetrics Subcommittee – *Dr. Alfred Robichaux (proxy Dr. Barrilleaux)*
 - Subcommittee discussed issues around policy such as ultrasound policy.
 - Cell Free DNA testing
 - Reducing Maternal Morbidity
 - Progesterone and preterm birth prevention.