



Medicaid Quality Committee Quarterly Meeting
 February 17, 2017 1:00 PM -3:00 PM
Meeting Minutes

Committee Attendance		
SreyRam Kuy, MD, MHS, Chair	DHH	In Person
Bryan Sibley, MD, Vice Chair	Physicians – Lafayette	Absent
Robert Barsley, DDS	LSUHSC	Absent
Justin Bennett, NP	Rural Health Nursing	In Person
Sandra Blake, MBA, PhD	University of Louisiana at Monroe	In Person
Harold Brandt, MD	The Baton Rouge Clinic, AMC	In Person
Rita Finn, RN	Medicaid Provider Outreach Initiative	Absent
Michael Giorlando, DDS	MCNA	In Person
Rep. Frank Hoffmann/on his behalf:Drew Murray	La House of Representatives	In Person
Robin Hogue, MD	LSUHSC-Shreveport	On Phone
Michelle Hurst, RN	LA Development Disab Council	On Phone
Dr. James Hussey	Louisiana Behavioral Health Partnership	In Person
Mark Keiser	Access Health Louisiana	In Person
Lyn Kieltyka, PhD	CDC	On Phone
Mary Gauthier-Lewis, MD	ULM College of Pharmacy	Absent
Ann Kay Logarbo, MD	UnitedHealthcare Community Plan	In Person
Senator Fred Mills	LA State Senator	Absent-session
Mary Noel	HCA Louisiana	In Person
Raymond Poliquit, MD	Amerigroup	In Person
Charles Powers, MD	Chf Med Ofcr, Willis-Knighton Bossier City	Absent
Laura Richey, MD, FACEP	LSUHSC - Baton Rouge	Absent
Floyd Roberts, Jr., MD	VP Clinical Affairs, LHA	In Person
Alfred Robichaux III, MD	Ochsner	On Phone
Joe Rosier	Rapides Foundation - Central Louisiana	On Phone
Ramam Singh, MD	CMO, LA Dept of Corrections	In Person
Steve Spedale, MD	Infamedics	In Person
John A. Vanchiere, MD	Physicians – Shreveport	On Phone
Marcus Wallace, MD, MBA	Louisiana Healthcare Connections (LHC)	In Person
Madhavi Rajulapalli, MD	Aetna	In person
Rodney Wise, MD	Amerihealth Caritas	In Person
Jeanne Abadie	Advocacy Louisiana	In Person
Beth Scalco	Asst. Secretary, Office of Public Health	In Person

Call to Order

- The Medicaid Quality Committee was called to order at 1:03pm by Dr. SreyRam Kuy.

Welcome, Introduction of New Committee Members and Roll Call

- Dr. Kuy welcomed any new committee members. Beth Scalco with OPH was recognized and then proceeded with the roll call. The roll call was conducted by Piia Hanson. Piia Hanson asked that all those present please sign the sign-in sheet and anyone on the phone to identify

themselves. Attendees on the phone included: Dr. Hogue, Dr. Jabari from OPH, OBH proxy for Candace Grace, Michelle Hurst with the DD Council, Dr. Robichaux, Dr. Vanchiere, Joe Rosier, Lyn Kieltyka, Joan Wightken and Paula Nevels with Amerigroup.

Review and Approval of the Meeting Minutes

- The previous quarterly meeting was held on Friday, September 9, 2016 at 1:00pm at the Louisiana Department of Health, 628 N. Fourth Street, Baton Rouge, LA 70802 in Room 118. The meeting minutes were distributed prior to the meeting and could be found in the Louisiana Medicaid Quality Committee binder. After review, a motion for the minutes to be approved was tendered from the floor and a second was made to approve from the floor. No discussion was had. The minutes were approved unanimously as proposed.

Medicaid Director's Update-Jen Steele

a.) Managed Care Program Procurement

- Medicaid is on track to complete the RFP later this year. The goal is to finish the RFP in the summer and go into the State approval process in the fall.
- This is relevant for the Quality Committee because LDH-Medicaid is looking to do a handful of things that overlaps.
 - Would like to include in the RFP, Value Based Purchasing
 - Not only incremental improvements to the program based on the Quality Committee's experience with how it works today, Medicaid's purchasing plan experience, how to improve it and where we are but would like to include Value Based Purchasing.
 - Medicaid is working technically through the different stakeholder groups to understand where they are, what their interest and readiness is with different forms of Value Based Purchasing.
 - Later this spring, Medicaid will be reaching out and offering different opportunities for individuals to participate and think through what this Value Based Purchasing option will look like. One thought is to put some type of group threshold requirements around value based purchasing comparable to what CMS has done such as value based purchasing rates and defining how they are met.

b.) Quality Strategy Development

- We want to focus people's efforts around achieving alignment with the MCO plans and certain outcome objectives. There is a realization that at this point we have process measures and have not historically provided focus on how these are used to incentivize.
- The Quality team has been asked put together a complete inventory of :
 - The measures that we used, HEDIS measures and others, from the beginning of the program and data on what performance has been over time.
 - A listing of not only HEDIS measures which narrows the scope to only HEDIS but a complete set of information we track.
 - A starting point for discussion about what those health outcomes, objectives, measures and targets should be going into the future.

- The Quality Team will orient the committee members to the materials and then will solicit input for those present and those of you elsewhere, who want to help Medicaid do a little more of a deep dive into what is here and where we think about going into the future.
 - Medicaid is organizing a set of regional meetings that will allow broader participation into the measures and the decision-making around them. The meeting dates and locations are still to be determined.
 - Medicaid want the perspectives from the Quality Committee, subcommittees, LDH sister agencies and other key focus groups.
 - Over the past year, Dr. Brandt has worked on the fairly new population that has not traditionally been represented in this program. He was asked to help Medicaid develop Adult population measures.
 - Medicaid is ready to take a fairly focused look at what we put forward and we want feedback.
 - Medicaid wants to ensure we have the right focus for the long-term. More specifically, the contract term period that begins at the beginning of 2019 which almost two years from now and extends up to 3-5 years beyond that. Where do we want to be in the next 5-7 years? That forward thinking is why it is really important for Medicaid to have input from key focus groups.

c.) Clinical Services Policy Modernization

- Medicaid will be asking for help with the modernization of our clinical covered services policy.
 - The clinical covered services policy must be evidence-based and consistent with current best practice.
- Through reorganization, Medicaid created a set of positions called Clinical Policy Nurses.
 - The clinical policy nurses are designated to perform research any time there is a request for a service change or addition. Any change or addition will always be based on: who we contract with, Medicaid agency's literature reviews and the nurses will provide digested information on best practices.
 - Medicaid will prioritize, work through a step wise process to review the existing policy and figure out a manageable way to approach modernizing the policy.
 - Will most likely start with the two largest areas, Specialty Services and Hospital manual.
 - This is a long-term undertaking for Medicaid.
 - Medicaid will be looking for input from clinicians, as a primary resource, regarding the modernization of covered services.

d.) Administrative Simplification Committee

- One of the objectives with this program is to make sure patients have access to quality care.
- Along the same lines of streamlining the performance and HEDIS measures, Medicaid want to ensure that the program is aligned based on what gets covered and how it gets paid.
- Moving forward, the Administrative Simplification Committee will meet in the morning on the same day as the Quality Committee meeting.
 - Participation is not exactly the same as the Quality Committee. There are representatives from the business offices in the morning meeting and clinicians in the afternoon Quality Committee meeting.
 - The goal is to create synergy between these two committees to create a feedback loop between the two groups on both sides.

- Jen Steele opened the floor for questions and comments

Overview of where we are with Medicaid and Medicaid Expansion-Dr. SreyRam Kuy (*PowerPoint presentation attached*)

- The purpose of this presentation is provide background on how the state of Louisiana is doing and how Medicaid is trying to move forward in terms of collaborating and bringing together stakeholders across the state that will produce a Healthy Louisiana.
- Updates of how are a doing with Medicaid Expansion.
 - In 7 months, 400,000 people has enrolled in Medicaid; 50,000 participated in preventive care; 5,000 breast cancer screenings 5,400 cancer screenings-colonoscopies; 1,500 adults colon polyps removed.
 - A big focus is looking at primary care.
 - More than 1000 adults were newly diagnosed with diabetes and now are able to get treatment.
 - Nearly 3,000 adults were diagnosed with hypertension and now getting treatment.
 - People across the country are trying to learn from Louisiana and how to do this. It has been our Medicaid Quality Team with Dr. Brandt who worked to develop these quality metrics which are being copied by Ohio and California.
 - There is room for improvement
 - Louisiana ranks 49th in the 2016 America's Health Rankings Report. The only state that we do better than is Mississippi.
 - Louisiana is ranked in the bottom 5 in terms of obesity, chlamydia, low birth weight, preventable hospitalizations, cancer, diabetes, infant mortality, cardiovascular deaths, mental distress and premature death.
 - How we are doing with our existing quality metrics
 - MCO Performance Metrics section in the Medicaid Quality Committee binder list areas the state have seem improvement, progress being made and those that require more work.
 - Medicaid has asked the Quality Committee for input what are the truly important incentivized performance metrics we need to focus on, what are the other non-incentivized metrics we need to still monitor, how do we engage stakeholders in the process and what should our quality strategy include? This is your opportunity to provide feedback.
 - Medicaid will use the quality subcommittees to help achieve clinical, evidence-based policies for our provider manuals.
 - Healthy Louisiana MCOs HEDIS performance compared to the South Central Quality Compass 50th percentile
 - Performed above 50th percentile on 11 metrics
 - Below the 50th percentile but made substantial improvements on 9 metrics
 - Worsened with ED visits
 - Quality Strategy Development. The Medicaid Quality team has been:
 - Surveying the Medicaid quality subcommittees
 - Conducting one-on-one meetings with quality committee members

- In consultation with Dr. Brandt, re-invigorating the quality subcommittees and asking the members to drive this process
- Holding “*Deep Dive into Quality*” regional town hall meetings across the state
- Drafted Proposed Metrics
 - Drafted Proposed Metrics section in the Medicaid Quality Committee binder is a starting place for our subcommittees and stakeholders. This Proposed Metrics flyer is divided by Women’s and Maternal Health, Adult Behavioral Health, Pediatric Behavioral Health, STIs, Adult Health/Primary Care and Pediatric Health.
- Integrating quality with covered services
 - The Administrative Simplification Committee meeting will be on the same day prior to the Quality Committee meeting.
 - Utilizing the subcommittees to provide input and guidance on policy and make sure the policies are evidence-based.
 - Integrating Quality with Covered Services so to ensure alignment operationally.
- For questions, please contact SreyRam Kuy, MD, MHS, FACS, Chief Medical Officer, Medicaid Louisiana Department of Health at SreyRam.Kuy@la.gov or Piia Hanson, Section Chief for Quality Improvement at Piia.Hanson@la.gov

Dr. Kuy opened the floor for questions and comments.

Proposed 2017 Bylaw Amendments – Dr. Harold Brandt

- The changes to the By-Laws is an attempt to allow things to work more efficiently for the committee and expanding our opportunity to add other members. Dr. Brandt asked the committee members to turn to **Appendix C, Article III-Subcommittees, page 4 in the Medicaid Quality Committee binder** to review the current by-laws.
- By-Law Changes:
 - Included language **Members of Subcommittee** shall be appointed by chairman. Language correction.
 - Included language “**appropriate subcommittee chair and removed language “officers of the quality committee.”** Language correction.
 - Removed word “**large**” populations and changed to **various sizes**. The word “large” was too exclusionary because smaller practices serving the Medicaid population would not be represented.
 - **At least one relevant patient**. Changed word from **shall to may** because now we are getting into technical elements of the quality subcommittees that there may not always be a representative available based upon what we are doing. For example Dr. Spedale’s discussion on NAS or early admission protocols. An average individual may not have the expertise in a particular area.
 - Last two sentences- changed language to “**appointed by the chair of the quality committee and ratified by the majority vote of the Quality committee.**” Allowing the Quality Committee to have some input on the final recommendations.
 - We are **adding a Dental Subcommittee** now that it is part of the MCO product line for our Medicaid members. We need a direct focus and address quality.
- Dr. Brandt asked for a motion to approve the changes to the By-law Amendment in Article III. The motion to accept and approve recommendations for change was made by Dr. Mark Kieser and seconded by Justin Bennett. No opposition was noted and the motion passed as presented.

Welcoming sister agencies to Quality Committee membership-Dr. SreyRam Kuy

-Beth Scalco, Assistant Secretary represents OPH

-James Hussey, Assistant Secretary represents OBH

Subcommittee reports-Dr. Harold Brandt

- a. Adult Medicine -*Dr. Harold Brandt (PowerPoint presentation)*
 - Considered Quality Measures that may align with some other health organizations for better outcomes. The subcommittee is all looking at HEDIS measures
 - Considered diseases in terms of cost and translation of cost 10 years from now.
 - The two major focus areas for the Adult Medicine Subcommittee are:
 - **Comprehensive hypertension care**
 - **Comprehensive diabetes care.**
 1. These two were selected because in both instances individuals could end up downstream in nursing homes which is an increased cost; have amputations with cost of prosthetics; peripheral vascular disease; strokes with other additional burdens of rehab and care; and other additional care that can be costly.
 2. These measures are paralleled to HEDIS and blends into the background.
 - The Adult Medicine Subcommittee last met on January 30, 2017, had quorum and a vote for these two items to be selected by the Quality Committee to move forward as specific high priority metrics.
 - Dr. Brandt opened the floor for questions and comments.
 - As a follow up to the medical quality items presented and discussed, Dr. Brandt sought the Quality Committee acceptance of the recommendations as presented by the Adult Medicine Subcommittee. The motion to accept the recommendations as presented was made by Dr. Steve Spedale and seconded by Justin Bennett. The motion passed.
- b. Pediatrics -*Dr. John Vanchiere*
 - Met 4 times in the past 6 months and will continue to meet on a monthly basis
 - Major focus areas for the Pediatric subcommittee are:
 - **Use of ADHD medications in children.** Newer meds are very costly, there is a lack of mental health providers and referral sources.
 - **Pediatric Obesity.** Obesity has consequences of hypertension and diabetes as mentioned by the Adult Medicine Subcommittee. There needs to be behavior changes in families and strong interventions.
 - **Availability of data.** The 5 MCOs are providing data to LDH on a regular basis. The subcommittee would like to have and review data relevant to pediatrics and adolescent populations. The data will help the subcommittee understand the HEDIS measures and limitations of the data.
- c. Neonatal -*Dr. Steve Spedale*
 - The subcommittee met this week by conference call and the majority of members were on the call.
 - Accomplishment :
 - The subcommittee now has everyone's permission to be included in the state aggregate data in the Vermont Oxford Network (VOI). Clinical data elements are submitted. At the committee level, we agreed to unbind our data so that we can share Women's, Ochsner and Lafayette data at the committee level only.

This will allow us to show state and national data. It is a back step for NICUs Level 3 and above. A new report was received a week ago and the state aggregate report is reviewed. There is now 3 year's worth of data. As a subcommittee we ask, what are the clinical issues in the NICU that are of concern to Neonatologists?

- The major focus areas for the Neonatal subcommittee are:
 - **Neonatal Abstinence Syndrome**-we will try to move forward in a standardized approach in the state. Standardization allows better outcomes
 - **Discharge process**-safe environment for baby, adequate pediatric follow-up, specialty level, compliance with MCO rules, etc.
- d. Fetal Maternal -*Dr. Al Robichaux, proxy Dr. Brandt (PowerPoint presentation)*
 - The major focus areas for the Fetal Maternal subcommittee are:
 - The **administration of 17-P** to patients with a history of pre-term delivery
 - **Improving prenatal care** for the lower socio-economic patient
 - Continue to **improve care of patients with Opioid Use Disorder**
 - The subcommittee will also look at perinatal care more specifically elective deliveries and postpartum hemorrhage initiatives
- e. Behavioral Health -*Candace Grace proxy Dr. James Hussey*
 - In the process of establishing this subcommittee and are looking at membership.
 - Looking to identify key behavioral health quality metrics
- f. Emergency Medicine -*Dr. Laura Richey proxy Dr. Brandt*
 - Working to reconstitute the committee and looking for a group of physicians for membership
 - Potential areas of focus are:
 - **Overall review of ED care**
 - **Reduce the number of ED visits for non-emergent care**
 - Integrating those who visit the ED back into primary care
- g. Long Term Supports and Services –*TBD, proxy Dr. Harold Brandt*
 - In the process of establishing this subcommittee
 - Potential areas of focus are:
 - **Transportation**
 - **Access to care**
- h. Dental –*Dr. Robert Barsley proxy Dr. Brandt*
 - Dr. Barsley prepared a written report to be distributed to the Quality Committee members
 - The major focus areas for the Dental subcommittee are:
 - Fluoridation
 - Protective dental health measures
 - Dr. Giorlando-the subcommittee would also like to investigate:
 - The state of the overall oral health of our state and how can we improve it
 - Have quantitative data on sealants, EPSDT and adult dentures

Presentations of special medical topics of interest or clinical studies/activities that improve quality, or detailed subcommittee reports or findings – Dr. Joan Wightkin/Addie Imseis (PowerPoint presentation)

- In 2015, 9.7% of Louisiana Medicaid women who had a prior singleton, preterm birth received 1 or more 17P injections between 16.21 weeks gestation. This is a 44% increase in utilization from 2014

- Data shows that 44 of the 200 Louisiana Medicaid obstetric providers fell below the state average 9.7% utilization
- Louisiana Medicaid is performing provider outreach. The 17P ordering and billing guide has been updated and posted to the Medicaid website, the guide will be emailed to subscribers of Healthy Louisiana email updates and the Pharmacy helpline is now available to assist providers
- Dr. Barrileaux has agreed to reach out to the 44 providers that fell below the state average on how to improve utilization
- LDH working with LAMMICO, malpractice insurance provider to market free CME on 17P. Participants who complete 2 LAMMICO designated CME courses can qualify for a 10% discount on insured's premium
- Dr. Wightkin is meeting with the MCO's case management team to identify current barriers, determine what is working well and what we can improve on

- Addie Imseis opened the floor for questions and comments to Dr. Wightkin on the phone

Dr. Kuy announced that the next meeting will be on **May 19, 2017 at 1:00pm at the Louisiana Department of Health, 628 N. Fourth Street, Baton Rouge, LA 70802 in Room 118**

Dr. Kuy assured attendees the meeting dates will be posted on the Medicaid Quality website and distributed by email. Attendees on the sign-in sheet will be added to the email distribution list.

Dr. Kuy announced the remaining meeting dates for the year: **May 19, 2017, August 18, 2017 and November 17, 2017 at 1:00pm**

Dr. Kuy adjourned the meeting at 3:15pm