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| Entity Represented | Representative | Company | Present (P)/Call in (C)  |
| MCAC | Kim Schwartz  | Roanoke Chowan Community Health Ctr | P |
| MCAC | Crystal Tillman |  |  |
| MCAC  | Chris DeRienzo | Mission Health | 0 |
| Board-Certified Physician (Internal medicine/family Practice) | Dr. Robert L. Rich Jr.  | Bladen Family Medicine | 0 |
| Board-Certified Physician (Obstetrics & Gynecology) | Dr. Kate Menard | UNC Health Care | P |
| Behavioral Health Psychiatrist | Dr. Charles “Ken” Dunham | Novant Health | 0 |
| Beneficiary | Aaron Ari Anderson |  | P |
| AHEC/Quality | Carol Stanley/Chris Weathington | NC AHEC | P |
| Hospital  | Dr. Robert A. Eberle | Novant |  |
| Hospital  | Dr. Samuel Cykert | UNC School of Medicine | P |
| Academic/University | Dr. Darren A. DeWalt | UNC Population Health | P |
| Academic/University | Dr. Jason Foltz | ECU Physicians | P |
| Crisis/Emergency | Dr. Charles McCormick | Rex Hospital | P |
| Primary MD | Dr. Benjamin Simmons | Atrium Health | P |
| LME-MCO | Elizabeth “Bess” Stanton | Partners Behavioral Health | P |

Others in attendance: Dr. Shannon Dowler, Kelly Crosbie, Sam Thompson, Hope Newsome, Jaimica Wilkins, Taylor Zublena, Sam Sycot, Loul Alvarez, Dr. Sander

**Roll Call- Beth McDermott**

Kim Schwartz welcomed everyone and called the meeting to order. Kelly Crosbie went through the agenda and Dr. Dowler made an introduction on provider connections in and out of the field through quality and improvement

**Quality Management Overview**

Kelly Crosbie gave an overview of how the cycles work and the three aims of the NC Medicaid Quality framework and how they are measured and improved:

1. Better Care Delivery
2. Healthier people and communities
3. Smatter spending

Refresher on activities in relation to Medicaid’s Quality Care Management program.

Many ways to do Medicaid (QAPIs)

Standard plans, Tailored plans, Foster care plans, LME-MCOs, Primary Care Management Programs, Tribal Option

Medicaid Quality Public Reporting of Performance including but not limited to Annual Quality reports, QRS, EQRO Reports, Evaluation of results and Accreditation progress and results.

Quality and Population Health Team which consists of three categories:

1. Medicaid Quality Management- Headed by Jaimica Wilkins
2. Program Evaluation-Headed by Sam Thompson
3. Population Health-Headed by Krystal Hilton

**Quality Strategy Update**

 Jaimica Wilkins presented PIP Alignment for Standard Plans Year 1

Updated framework where Health Disparities included has been changed to Promoting Health Equity and where there was Long Term Support Services, extended to maximize on LTSS and committee inclusion

More addition: Tribal Option, Tailored Plan, Integrated Care for Kids with a new measure set that will reflect when posted in April to include CCNC measure set, Tribal Option measure set and designation department measure calculation

To share updated Quality strategy during the next MCAC meeting.

**Child Immunization Status**

Looks at all the children who have received their vaccinations on their 2nd birthday and the measure calculates the rate for each vaccine

**Annual Quality Report**

Taylor Zublena presented on Quality Annual report provides performance and evaluation on the goals and objectives for the three aims (Better care delivery, Healthier people and communities and Smatter spending)

Performance across all measures in the group was around the national median

Aim 1. NC rate and national rate both slightly increased from 2018-2019

Aim2. Nc performance has consistently improved each year leaving the state about three points above the national median for Asthma medication

Aim 3. Some utilization could have been avoided (to be tracked at the claim level along with related measures for appropriate management)

**CAHPS/ECHO Survey Results**

Experience of Care and Health Outcomes (ECHO) surveys include >60 questions

The report is designed to allow NC Medicaid and the LME/MCOs to identify key opportunities for improving members experiences with adult sample response rate of 14.4% and children at 12.7%

Child survey rating of counseling or treatment; Eastpointe -highest achiever with 78.9% with Cardinal being the 43.2%

Adult survey rating of counseling or treatment; Eastpointe -highest achiever with 78.1% with Trillium at 62.5%

Child survey getting treatment quickly; Partners - highest achiever with 81.4% with Cardinal being the lowest with 58%

Adult survey getting treatment quickly; Vaya – highest achiever 75.1% while Sandhills was at 59% but all dependent on responses

Child survey on how well clinicians communicate; Partners - achiever with 95.1% but overall, all the LME/MCOs performed above 86%

Adult survey on how well clinicians communicate; Eastpointe-highest achiever 94.2% with Partners being at 88.6%. Overall domain score was over 88% and over.

Child survey getting treatment and information from the plan; Trillium -highest achiever with 62.9% while Cardinal was the lowest achiever with 20.6%. Note that the overall response rate was low hence the low rating for all the LME/MCO.

Adult survey getting treatment and information from the plan; Sandhills -highest at 68.7% while Alliance was at 12.6%. Domain overall performance was below 70% and it was all about communication.

Child survey perceived improvement; Partners-high achiever with 65.1% while Cardinal was the lowest with 50.6% and there was a good response rate with every LME/MCO over 50% making it all an average performance in this domain.

Adult survey perceived improvement; Vaya -highest performer with 60.8% while Eastpointe was at 49.4%. Average performance with Vaya being the only one over 60%

Adult survey information about treatment options; Purely adult survey with Sandhills at 62% and Partners at 46%. Could do better in informing beneficiaries about their options.

**LME-MCO Provider satisfaction survey**

Hope Newsome gave a high-level overview of the provider survey-Vendor being Carolinas Center for Medical Excellence

Surveys must be stratified by MHDD&SA for service providers for all 7 PIHPs

Provider satisfaction survey domains:

1. Demographic
2. Quality
3. Describe specific concerns with 3 open ended questions for narrative feedback.

CCME will send out email notifications to the provider networks starting in April 2021 and the survey goes out towards the end of May giving them about a month to fill the survey and have a report in June.

**Keeping Kids Well**

Chris Weathington presented on the KKW campaign which started August 3 2020 and will run through 1st half of 2021 in partnership with DHB, AHEC and CCNC to get Well Child Visit and Immunization rates back after Covid-19 led to a measurable decrease in pediatric preventive care across all populations though persistent with Latinx and Black children

NC NEC and CCNC to help practices reduce care alerts or overdue well child checks to pre-Covid levels through webinars, practice support assistance, media communications and printed resources.

Overdue care alerts have always been an issue with well child checks, but nothing compared to what it is now with Covid-19.

KKW campaign interventions have been implemented together with practices to utilize best practices with using their EHR registry to generate a list of children who are behind on well childcare as the most prominent intervention

Additional results: Improvement on well child check among Latinx and Black children, AHEC/CCNC/DHB partnership with Pfizer to distribute free pediatric immunization postcards to primary care practices (170 practices applied and have so far received 120,000 postcards ad AHEC/CCNC/DHB partnered to distribute $175k ($5K/practice) to target KKW practice. So far 20 practices in 17 counties received $100k with over $75k to be opened for other primary care practices that were not targeted for KKW to pay staff to work in the evening and over the weekends.

**Telehealth:**

Sam Thompson presented on Telehealth, a significant increase in telehealth and telephonic services (telemedicine)

Dramatic decrease in in-person visits at the outset of the Public Health Emergency and a steep increase in telemedicine during the same period between 12/31/2018-12/20/2020

rates peaked in April, after the stay at home order went into effect. In person visit claims have decreased since then, telehealth claims are a partial contributor to that, but it may also be due to apprehension of an office visit during the pandemic.

Beth to move her presentation to April and members to go through telehealth in April

**Adjournment**

Kate Menard & Dr. Simmons motioned for adjournment

**Action points:**

-Attendees to send questions to Beth later

-Minutes to be sent within the next 10 days

Prepared by: Irene A. Okumu