MCAC Quality Subcommittee

April 19, 2018

Kelly Crosbie, MSW, LCSW
Project Lead—Quality & Population Health

Jaimica Wilkins, MBA
Senior Program Analyst—Quality

Agenda

AGENDA

TIME	ITEM	PRESENTER
1:00 PM – 1:15 PM	Call to Order Roll Call	Linda Burhans, Quality Chair Kim Schwartz, Quality Chair
1:15 PM – 1:45 PM	Role of Subcommittee Quality Subcommittee Charter Membership, Terms, Vacancies	Jaimica Wilkins Senior Program Analyst- Quality, DHB
1:45 PM – 2:30 PM	Quality Strategy	Kelly Crosbie Project Lead—Quality & Population Health, DHB
2:30 PM – 3:00 PM	Discussion – Public Comment Next Steps, Next Meeting	Quality Committee Chairs

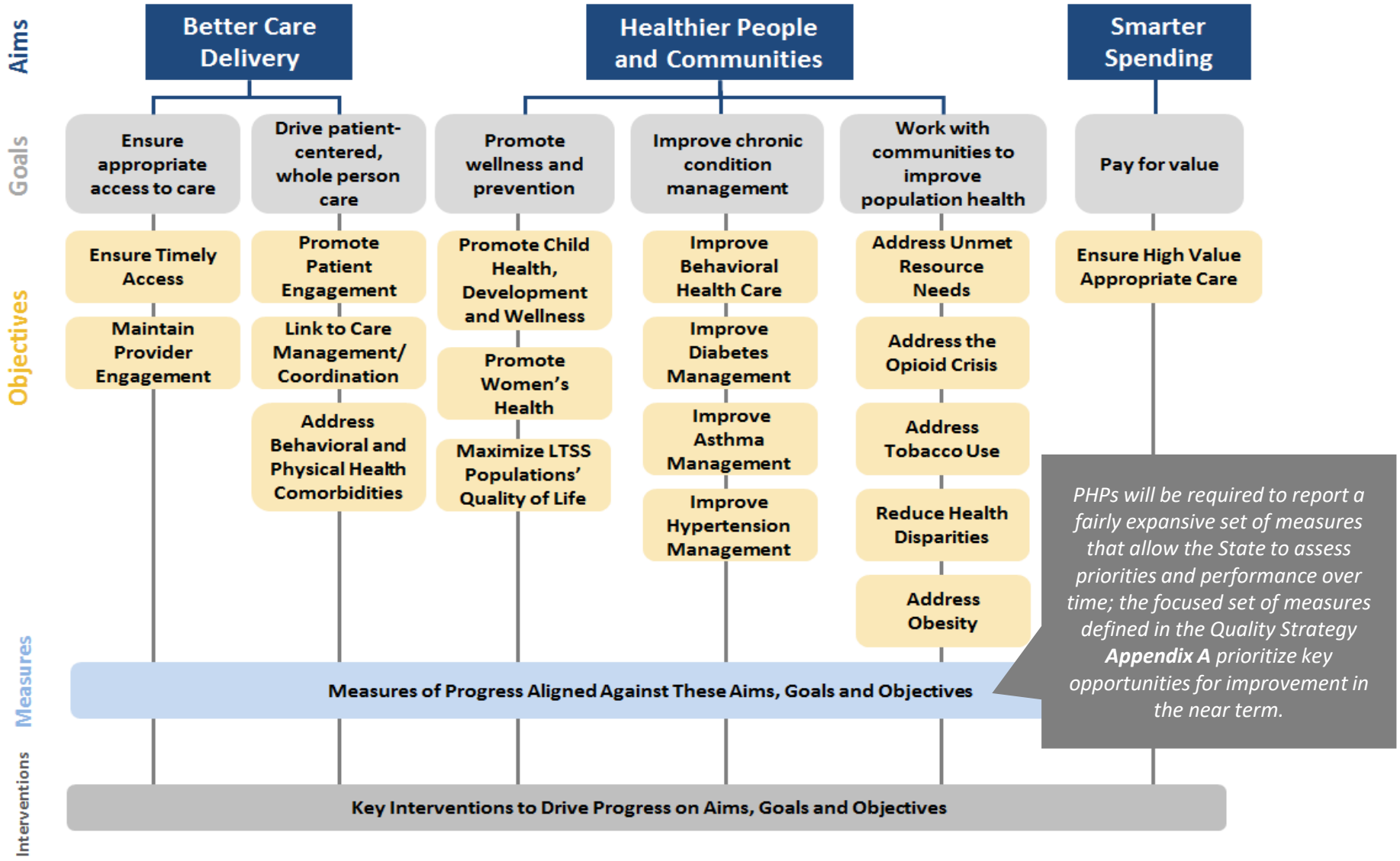
State Medicaid Managed Care Quality Strategy

States are required to implement a Quality Strategy to assess and improve the quality of managed care services offered within the state.

The Quality Strategy is "intended to serve as a blueprint or road map for states and their contracted health plans in assessing the quality of care beneficiaries receive, as well as for setting forth measurable goals and targets for improvement" (Medicaid.gov)

Source: State Quality Strategies. https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/state-quality-strategy/index.html

Overview of the Quality Framework



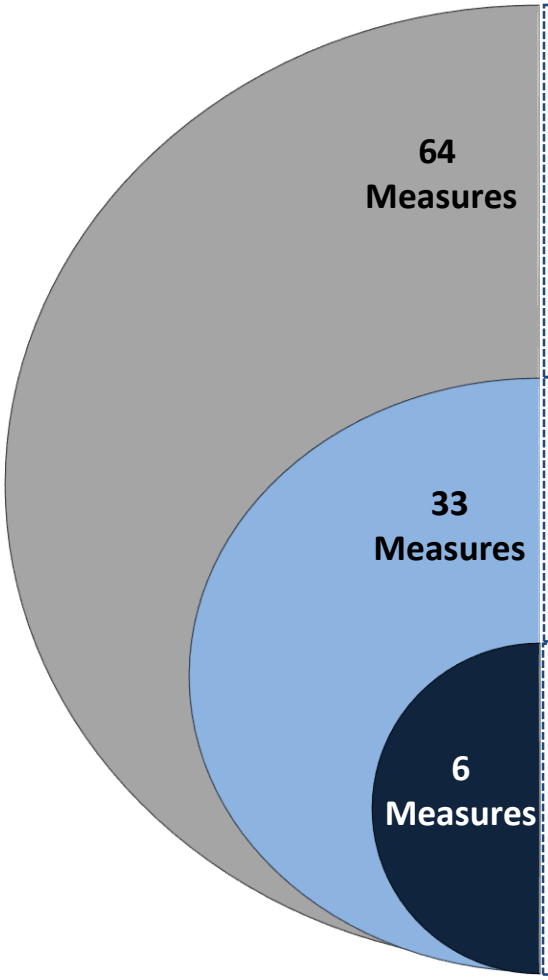
Interventions and Objectives

Figure 5. Linking Interventions to Objectives

Intervention	1.1: Timely access to care	1.2: Provider Engagement	2.1: Patient engagement	2.2: Care mgmt. & coordination	2.3: Coordinated physical & BH care	3.1: Child health, development, & wellness	3.2: Women's health	3.3: LTSS quality of life	4.1: Behavioral health care	4.2: Diabetes management	4.3: Asthma management	4.4: Hypertension management	5.1: Unmet resource needs	5.2: Opioid crisis	5.3: Tobacco use	5.4: Reduce health disparities	5.5: Obesity	6.1: High value care
(1) Opioid Strategy		◆			◆				◆				◆	◆				◆
(2) Social Determinants of Health Strategy	◆		◆	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
(3) Advanced Medical Homes (AMHs)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆				◆	◆
(4) Care Management for High-Risk Pregnancy	◆	◆	◆	◆	◆	◆	◆											◆
(5) Care Management for At-Risk Children			◆	◆		◆							◆			◆		◆
(6) Behavioral Health Integration	◆	◆		◆	◆		◆		◆				◆					
(7) Provider Supports		◆		◆	◆								◆					◆
(8) Workforce	◆	◆														◆		
(9) Telemedicine	◆	◆	◆													◆		◆
(10) Value-Based Payment (VBP)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
(11) Centers for Disease Control and Prevention (CDC) 6|18 Initiative							◆			◆					◆			◆
(12) Accreditation	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆	◆	◆	◆	◆
(13) Disparities Reporting & Tracking	◆												◆			◆		

Quality Measure Reporting Framework

There are three measure sets designed to baseline PHP performance, set future priorities, and hold PHPs accountable to achieve quality outcomes for their enrollees.



Quality Measures Aligned with National, State and PHP Reporting

- *Quality measures are used by the DHHS to baseline PHP performance and set priorities in future years; DHHS may also elect to report on these measures publicly*
- *No measures require clinical data from EMRs/EHRs/HIE (will change, over time)**

***Vision*: Report on quality measures broadly in initial years, and streamline the measure set over time to priority areas**

Priority Measures Aligned with DHHS Policies ("Appendix A" of the Quality Strategy)

- *Priority measures are aligned with the Quality Strategy and reflect NCIOM stakeholder input*
- *Priority measures will :*
  - *Be tied to the State Quality Strategy, AMH performance incentive programs, and withholds*
  - *Be the minimum set of measures that are publicly reported*

***Vision*: Leverage Priority Measures to Promote DHHS' Key Quality Areas**

Quality Withhold Measures*

- *Quality withhold measures are used to financially reward and hold PHPs accountable against a sub-set of measures included in the **priority measure set***
- *Quality withholds account for 30% of the total withholds in Year 1 and 60% in subsequent years*
- *Quality measures are the only component of the measure universe where performance (as opposed to reporting) is tied to PHP financial outcomes.*

***Vision*: Make annual updates and changes to Quality Withholds Measures based on assessment of PHP readiness to move from process measures to outcome and population health measures**

* 1 measure- Hypertension- required for Accreditation requires a clinical component; Withholds related to areas outside of quality measures comprise the rest of the withhold program.

Summary of Primary Levers for Quality Performance

1. **Quality Measure Reporting**

2. **Quality Baselining, Benchmarking, and Performance Target Development**

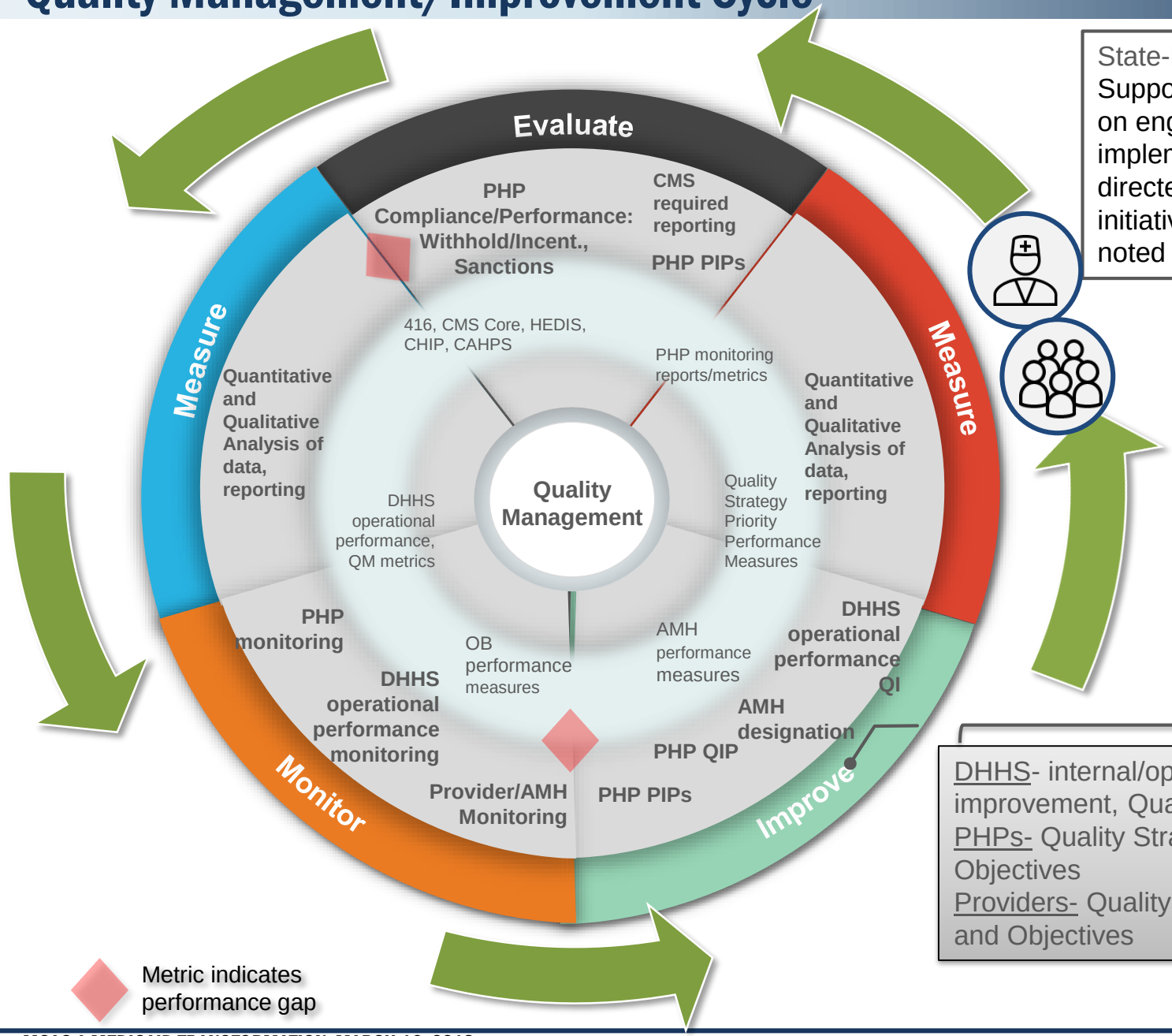
3. **Disparities Reporting and Tracking**

4. **Quality Assessment and Performance Improvement Programs (QAPIs)**
   - PHPs must develop a QAPI aligned to NC DHHS goals, and annually approved by NC DHHS
   - Key components include internal-to-PHP processes for monitoring and correcting performance, conducting performance improvement projects, and addressing disparities in care

5. **Value-Based Payment/Provider Incentives**
   - PHPs are required to develop a provider incentive program for AMH Tier 3 providers; incentives must be based on AMH quality measure list (a subset of the measures used for Quality reporting)
   - PHPs are given flexibility to develop provider incentives – a tool for: (1) meeting NC DHHS-set minimums for payments attributed to alternative payment models; and (2) meeting NC DHHS-set quality targets

6. **Cross-Cutting Quality Levers**
   - Accountability for quality performance is layered into accreditation requirements, member auto-assignment processes, and provider credentialing decisions

Quality Management/Improvement Cycle



State-Led Transformation- Support PHPs and providers on engagement in and implementation of State-directed transformation initiatives and interventions noted in the Quality Strategy

DHHS- internal/operational quality improvement, Quality Strategy CQI revision
PHPs- Quality Strategy Aims, Goals and Objectives
Providers- Quality Strategy Aims, Goals and Objectives

Metric indicates performance gap

Quality Measurement: The Art of the Possible

DHHS Quality Goal: Develop a data-driven, outcomes-based continuous quality improvement process that focuses on rigorous outcome measurement against relevant targets and benchmarks, promotes equity, and appropriately rewards PHPs for advancing quality goals.

Now Through Launch

- **Establish Quality Vision and Set Expectations for Role of PHPs in Advancing Quality**
- **Finalize State Baselines and Set Quality Withhold Targets and Benchmarks**
- **Release Quality Strategy, Quality Measures and Quality Withhold Details**

Years 1 – 2 Approach

- **Collect Broad Set of Quality Measures for Baselining**
- **Adjust Quality Measures/ Withholds Annually**
  - Collect Process Measures
  - Set statewide targets
- **Reward Achievement Against Quality Withholds**
- **Integrate Disparities Tracking into PHP Reporting**

Improve Tools for Data Reporting/Collection and Risk Adjustment at State level; Refine CQI Process

Allow PHPs Time to Invest in Systems, Build Performance Improvement Programs and Establish Provider Relationships

Years 3 – 5 Approach

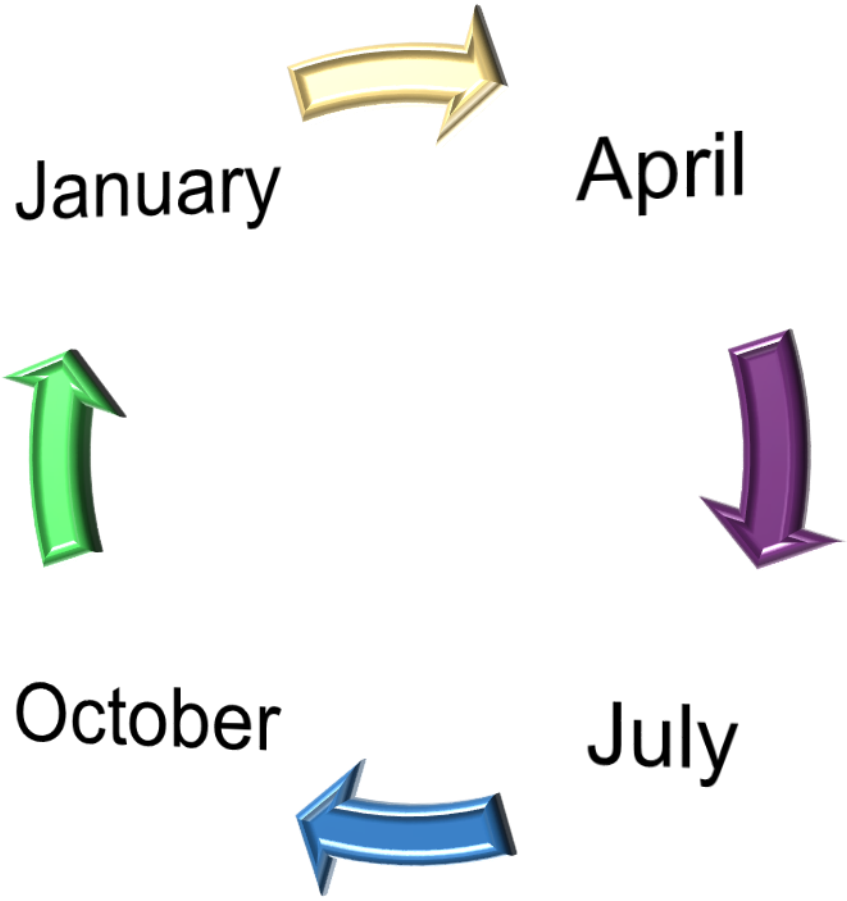
- **Streamline Quality Measure Reporting**
- **Adjust Quality Measures/ Withholds Annually**
  - Advance Toward Outcomes Measurement
  - Set Targets Against Stratified Data (e.g. Regional)
- **Reward Achievement Against Quality Withholds**
- **Incorporate Disparities into Targets and Benchmarking (as feasible)**

MCAC Quality Committee Meetings

Meeting Topics (TENT)

- April 2018 - 1st Meeting, Quality Strategy Overview, Charter and Role of Subcommittee
- July 2018 – PHP Measure Set, Provider Survey, CAHPs Surveys
- October 2018 - EQRO Functions & Planning
- January 2019 – PHP Quality Reporting Cycle, EQRO Cycles, Planned Quality Reports (Utilization, Disparity, Access, etc.)

CQI/Meeting Cycle



Quality Subcommittee Members

- Provide guidance on processes to promote evidence-based medicine, coordination of care and quality of care for health and medical care services that may be covered by the NC Medicaid Program.
- Review and advise on Quality Strategy (QS), Metrics, and Priorities
- Review and advise NC DHHS on quality policies and recommend any needed changes
- Discuss measure reporting and timeline
- Discuss targeted quality initiatives (PIPs, approach for special populations and/or conditions)

Slot Represented	Proposed Individual	Company
MCAC	Kim Schwartz	Roanoke Chowan Community Health Ctr
MCAC	Linda Burhans	
MCAC	Chris DeRienzo	Mission Health
Board-certified physician internal medicine/family practice	Genie Komives	Duke Primary Care
Board-certified physician internal medicine/family practice	Robert L. Rich, Jr	Bladen Family Medicine
Board-certified physician pediatrics	Calvin Tomkins	Mission Health Partners
Board-certified physician pediatrics	Jason D. Higginson	Maynard Children's Hospital
Board-certified physician obstetrics & gynecology	Kate Menard (recommended)	UNC Health Care
Behavioral health professional (or psychiatrist)	Charles “Ken” Dunham	Novant Health

Quality Subcommittee Members

Slot Represented	Proposed Individual	Company
Beneficiary	Aaron Ari Anderson	
Health Plan Association	Ken Lewis	NCHP
AHEC/Quality in the Field	Ann Lefebvre	NC AHEC
Hospital	Robert A. Eberle	Novant
Hospital	Samuel Cykert	UNC School of Medicine
Pharmacy	Andy Bowman	NC Board of Pharmacy
Provider Association	Michelle F. Jones	Board Member, NC Medical Society/ Wilmington Health Assoc.
Provider Association-Hospital	Karen Southard	NC Healthcare Association
Local Health Departments	Marianna TePaske Daly	Madison County Health Department
	Peter Charvat	Johnston Health
Academic/University	Darren A. DeWalt	UNC Population Health
Academic/University	Jason Foltz	ECU Physicians
Crisis/Emergency	David Kammer	Wake Emergency
Primary MD	J. Thomas (Tommy) Newton	Clinton Medical Center
LME-MCO	Katherine Hobbs Knutson	Alliance Behavioral Healthcare