



Quality of Care in Medi-Cal: Understanding HEDIS for children in Foster Care

January 2018



Understanding HEDIS

- Used broadly to measure quality of health care in various systems and care environments
- Associated with payment incentives and disincentives
- Provides consistency to support comparisons
- Alignment with clinical guidelines and best practices



Understanding Systems: Children in Medi-Cal

- Children in Medi-Cal receive services through Managed Care Plans, Fee-For-Service, and Specialty Mental Health Plans
- Managed Care Plans and Specialty Mental Health Plans have a Memorandum of Understanding to work together in the care of members
- Certain groups of children have additional services to coordinate care (e.g., children in foster care)
- For more information about children in Medi-Cal, see the Medi-Cal Children's Health Dashboard at http://www.dhcs.ca.gov/services/Pages/Medi-Cal_Childrens_Health_Advisory_Panel.aspx



Understanding Systems: Children in Foster Care

- Children in Foster Care have a comprehensive team to help facilitate care
 - Social Worker
 - Public Health Nurse
 - Judicial System
- In counties with County Organized Health Systems (COHS), children in Foster Care are in managed care
- In non-COHS counties, children in Foster Care may be in Managed Care Plans or Fee-For-Service
- In all counties, children in Foster Care may receive care in Specialty Mental Health Plans depending on their needs



Assessing Quality of Care in Health Systems

- HEDIS: Healthcare Effectiveness Data and Information Set
- Used by more than 90% of America's health plans to measure performance
- Currently over 80 HEDIS measures address five domains of care
- Designed by expert panels and stakeholders to be relevant, scientifically sound, and feasible
- HEDIS is a registered trademark of the National Committee for Quality Assurance
<http://www.ncqa.org/HEDISQualityMeasurement.aspx#sthash.Xe0X6upv.dpuf>



HEDIS for Quality Improvement

- Measures are structured to capture time periods that align with clinical guidelines
- Inclusion criteria require that patients be enrolled with a given plan/group/provider during the measurement period
- This gives providers equal opportunities to influence the outcome for their patients
- Each measure has inclusion and exclusion criteria which are essential for comparability of results
- There are multiple report cards based on HEDIS – California's Office of the Patient Advocate uses HEDIS <http://www.opa.ca.gov/Pages/ReportCard.aspx>



CMS Child Core Set

- Several HEDIS Behavioral Health Measures are part of the Centers for Medicare and Medicaid Services (CMS) Child Core Set
<https://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>
 - Use of Multiple Concurrent Antipsychotics (APC) was a new measure reported for calendar year 2015
 - Use of First-Line Psychosocial Care for Antipsychotics (APP) is new for calendar year 2016



HEDIS Behavioral Health Measures for Children Reported by DHCS

- ADD: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication includes an initiation phase and a continuation phase
[Reported to CMS 2018] [SB 484, Ch. 540, Statutes of 2015]
- FUH: Follow-Up After Hospitalization for Mental Illness includes a 7 day and a 30 day follow up
[Reported to CMS 2018] [SB 484]
- APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
[Reported to CMS 2018] [SB 484]
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents *[Reported to CMS 2018] [SB 484]*
- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics *[SB 484]*



What we understand from HEDIS Measures

- ADHD measure assesses dose adjustments for new medications
- Follow-up After Hospitalizations measure assesses follow-up care which will assess stabilization and should be used to help prevent re-hospitalization
- Psychosocial Care measure assesses supportive treatments for new antipsychotic medications
- Concurrent Antipsychotic measure assesses medication use for ongoing treatment
- Metabolic Monitoring measure assesses potential risks associated with ongoing treatment



Data For This Report

- Data for 2013 was retrieved from the DHCS Management Information System/Decision Support System in January 2016; data for 2014 in September 2017, and 2015 and 2016 measure data was retrieved in December 2017 (changes in data transmission affected completeness of 2015 data until late in 2017)
- Medi-Cal data was linked to Department of Social Services data to identify children in out-of-home placement
- Previous versions of this report used Medi-Cal aid codes for grouping the foster care population within Med-Cal
- National Medicaid scores given at the bottom of each Table can be found on the new CMS Open Data site:
<https://data.medicaid.gov/Quality/2015-Child-and-Adult-Health-Care-Quality-Measures/7kj7-m9ih/data>



Data For This Report continued

- Scores for subgroups of children that have denominators less than 30 are omitted because such small rates are unreliable and may be subject to re-identification (Result marked as NA)
- Scores for subgroups of children that have numerators less than 11 are suppressed to protect confidentiality (Result marked with asterisk *)
- For more information on data de-identification see: <http://www.dhcs.ca.gov/dataandstats/Pages/PublicReportingGuidelines.aspx>



Follow-Up Care for Children Prescribed ADHD Medication

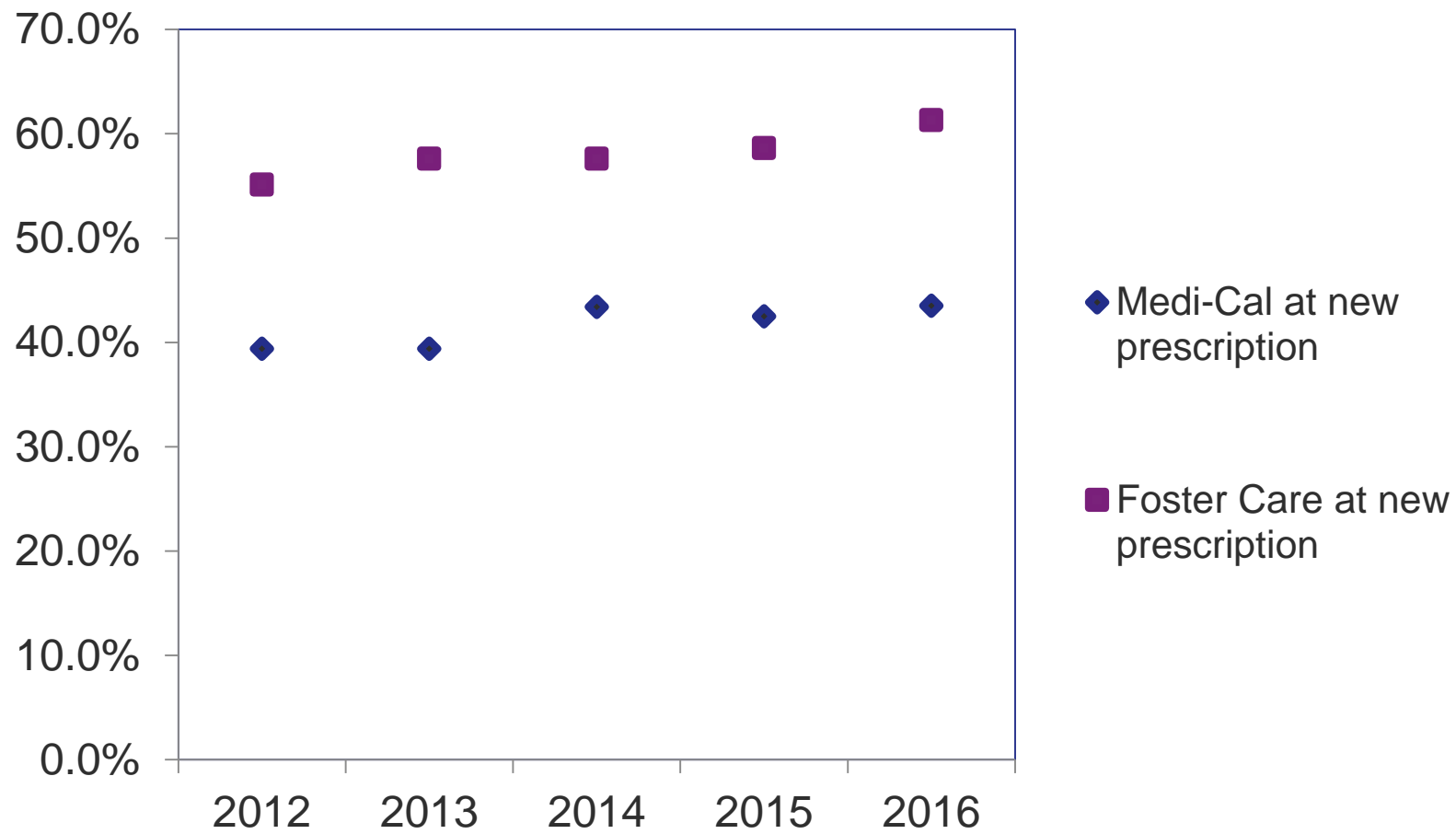
- Visits to adjust doses for the desired effect in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) is very important
- Out-of-home placement when medication was first prescribed defines the foster care group

Initiation Phase

- Must have a new ADHD prescription (none for at least 120 days)
- Be ages 6 to 12 and enrolled 120 days prior to and 30 days after prescription
- Measures a visit with a provider with prescribing authority within 30 days of the new prescription



ADHD Medication Follow-up: Initiation Phase





ADHD Medication Follow-up: Initiation Phase

	2015 Numerator	2015 Denominator	2015 Rate	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal at time of new prescription	8,061	18,961	42.5%	8,316	19,122	43.5%
Foster Care at time of new prescription	423	722	58.6%	495	808	61.3%

2015 Medicaid median: 48.0; 25th percentile: 35.5; 75th percentile: 53.6



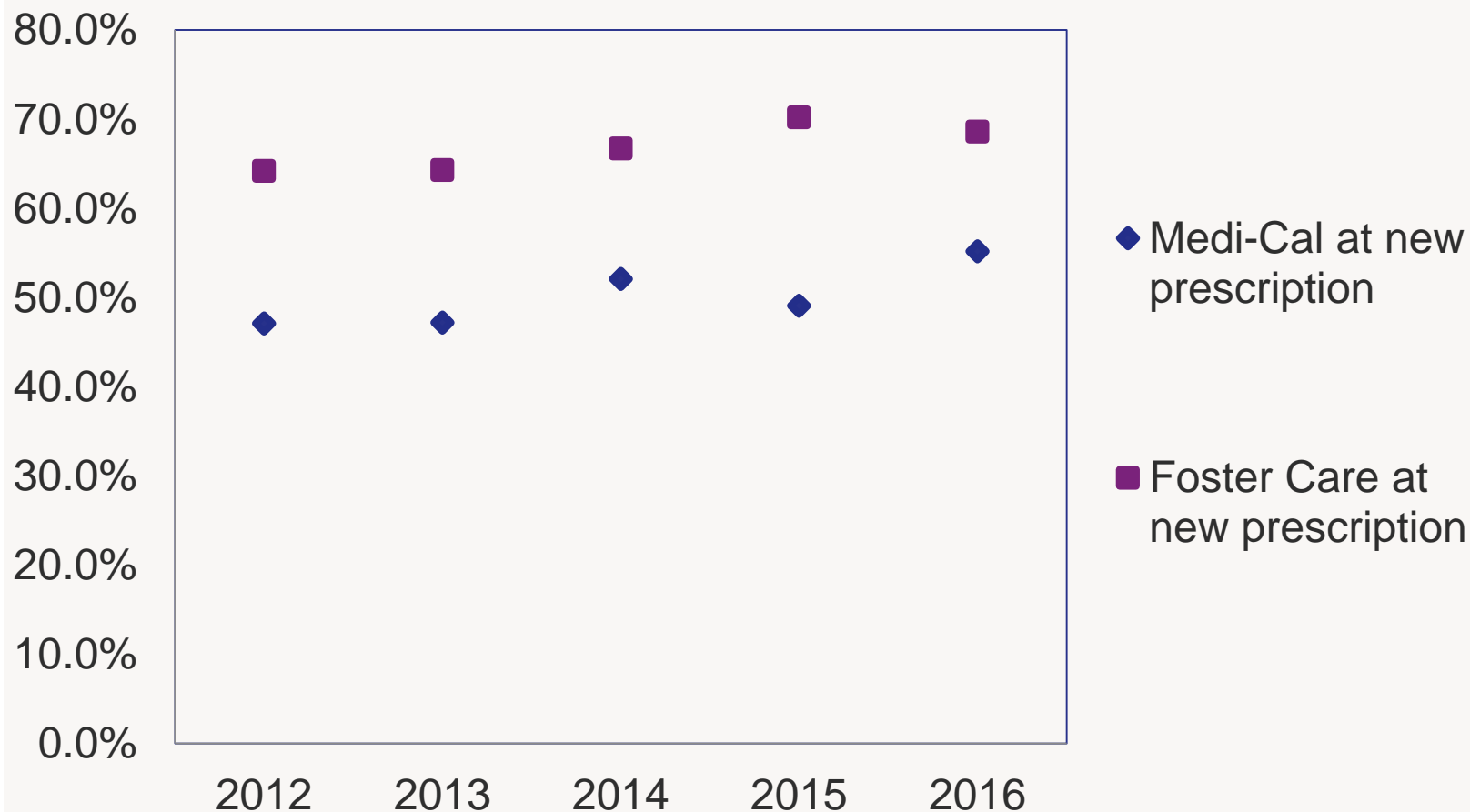
Follow-Up Care for Children Prescribed ADHD Medication

Continuation Phase

- Must have a new ADHD prescription (none for at least 120 days)
- Be ages 6 to 12 and enrolled 120 days prior to and 300 days after prescription
- Meet the criteria for the Initiation Phase of having one visit within 30 days of the new prescription
- Have at least two more follow-up visits between 31 and 300 days after the new prescription



ADHD Medication Follow-up: Continuation Phase





ADHD Medication Follow-up: Continuation Phase

	2015 Numerator	2015 Denominator	2015 Rate	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal at time of new prescription	2,485	5,058	49.1%	2,505	4,540	55.2%
Foster Care at time of new prescription	236	336	70.2%	275	401	68.6%

2015 Medicaid median: 59.0; 25th percentile: 44.4; 75th percentile: 64.2



Considerations for ADHD Medication Follow Up

- ADHD medications represent approximately one-third of paid claims for psychotropic medications prescribed to children, especially in the 6 to 11 year old group
- While performance scores for Initiation and Continuation phases are similar, the number of children who qualify for the Continuation phase decreases as compared to the Initiation phase when:
 - Children are not continuously enrolled in Medi-Cal for the 10 month period after receiving the medication, or
 - Children do not have ongoing medication during the 10 month follow up time period
- Stratifications by Group Homes are not reported as the counts are too small



Follow-up After Hospitalization for Mental Illness

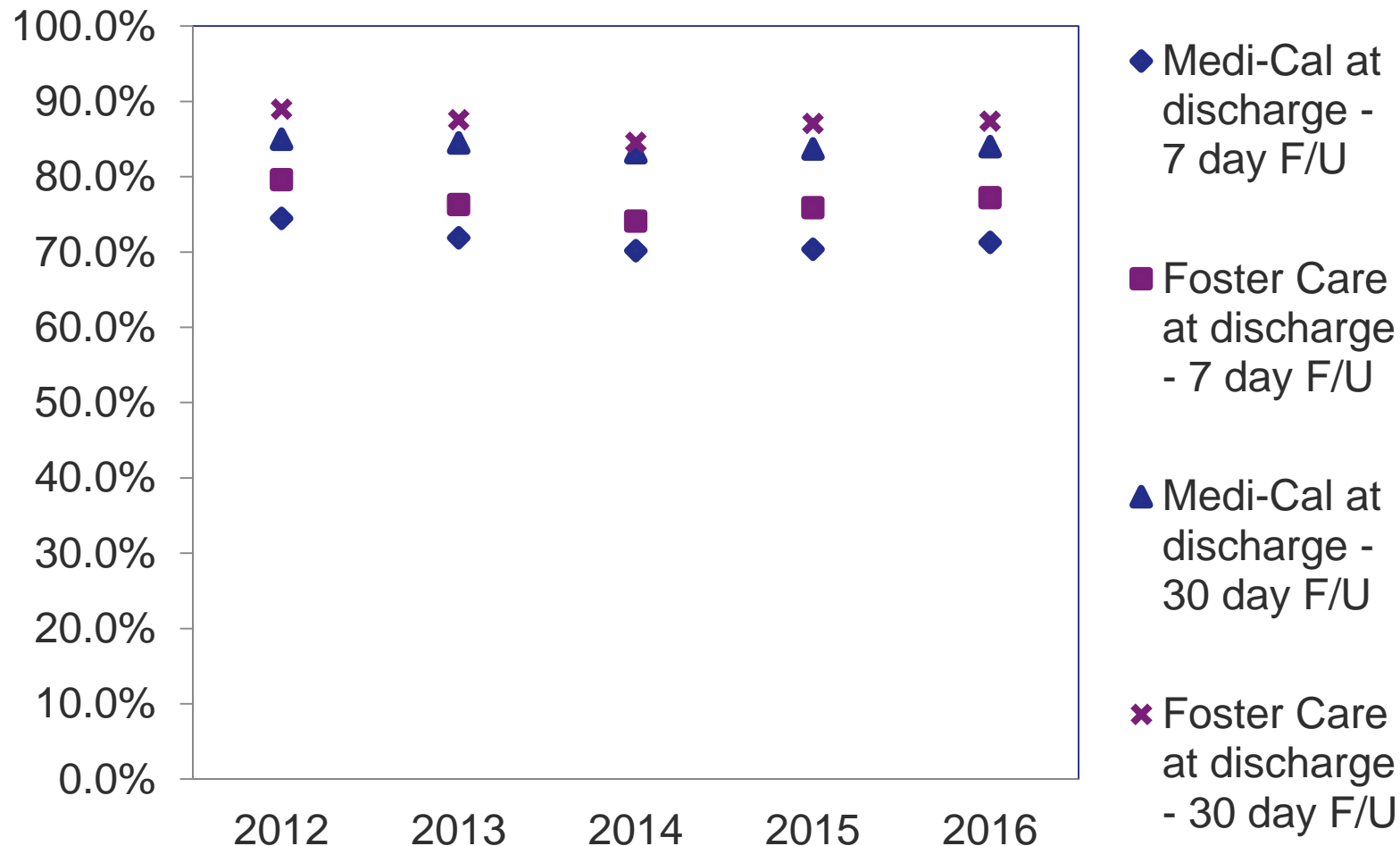
- Children who were hospitalized for treatment of mental illness and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner.

Two rates are collected:

- Percentage of discharges for which children received follow-up within 7 days
- Percentage of discharges for which children received follow-up within 30 days
- Out-of-home placement when hospitalized defines the foster care group



Follow-up After Hospitalization for Mental Illness 6 through 17 year olds at 7 day & 30 day Follow-up





Follow-up After Hospitalization for Mental Illness – 7 day

	2015 Numerator	2015 Denominator	2015 Rate	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal at discharge, 6-20	8,408	12,518	67.2%	8,593	12,724	67.5%
Medi-Cal at discharge, 6-17	6,764	9,611	71.0%	6,801	9,537	71.3%
Foster Care at discharge, 6-17	869	1,145	75.9%	842	1,091	77.2%
Group Home at discharge, 6-17	391	514	76.1%	330	436	75.7%

2015 Medicaid median: 45.7; 25th percentile: 32.7; 75th percentile: 67.0



Follow-up After Hospitalization for Mental Illness – 30 day

	2015 Numerator	2015 Denominator	2015 Rate	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal at discharge, 6-20	10,009	12,518	80.0%	10,154	12,724	79.8%
Medi-Cal at discharge, 6-17	8,045	9,611	83.7%	8,011	9,537	84.0%
Foster Care at discharge, 6-17	997	1,145	87.1%	953	1,091	87.4%
Group Home at discharge, 6-17	452	514	87.9%	377	436	86.5%

2015 Medicaid median: 71.8; 25th percentile: 58.7; 75th percentile: 78.8



Considerations for Follow-up After Hospitalization for Mental Illness

- The measure specification is for 6 to 20 year olds
- To support comparability to other measures reported for children in foster care, the age group of 6 to 17 year olds is also shown
- Children ages 6 to 17 have better follow-up than young adults ages 18 to 20
- For adults, follow up is often 40 to 50 percent
- For Foster Care, the measure is calculated based on being in Foster Care at the time of discharge

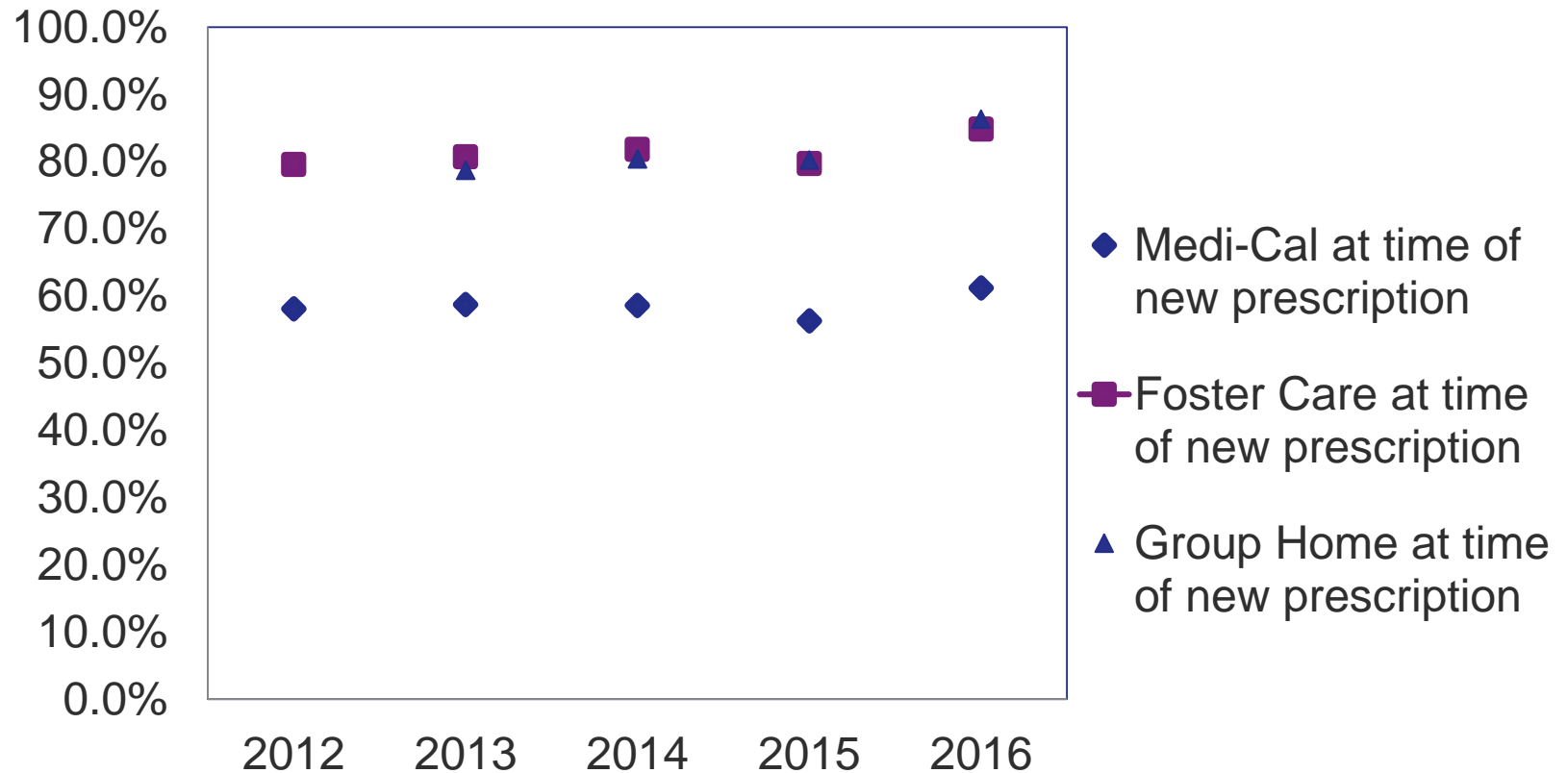


Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- Must have a new antipsychotic prescription with none for at least 120 days prior
- Be ages 1 to 17 and enrolled 120 days prior to and 30 days after new prescription
- Diagnoses for which first-line medication may be appropriate are excluded (schizophrenia, other psychosis, autism, bipolar disorder) – if the diagnosis occurs at least twice during the measurement period
- Receipt of psychosocial services 90 days before through 30 days after the new prescription
- Out-of-home placement when medication was first prescribed defines the foster care group



APP: First-Line Psychosocial Care





First-Line Psychosocial Care

	2015 Numerator	2015 Denominator	2015 Rate	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal at time of new prescription	3,234	5,749	56.3%	3,542	5,784	61.2%
Foster Care at time of new prescription	480	602	79.7%	484	571	84.8%
Group Home at time of new prescription	202	252	80.2%	196	227	86.3%



Age Stratification: First-Line Psychosocial Care

Age Group	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal 1 – 11 years	1,011	1,764	57.3%
Foster Care 1 – 11 years	146	165	88.5%
Medi-Cal 12 – 17 years	2,531	4,020	63.0%
Foster Care 12 – 17 years	338	406	83.3%



Considerations for First-Line Psychosocial Care

- For Foster Care, the measure is calculated based on being in Foster Care at the time of the new paid claim for an antipsychotic medication
- Actual counts of children in the measure for the most recent year may increase as reporting becomes more complete
- This measure was performed using a modification to the HEDIS specification related to the allowed Healthcare Common Procedure Coding System (HCPCS) codes:
 - H2015, a code representing Community Services, is not part of this HEDIS measure value set
 - H2015 was included by CA if the H2015 service was provided by a mental health professional

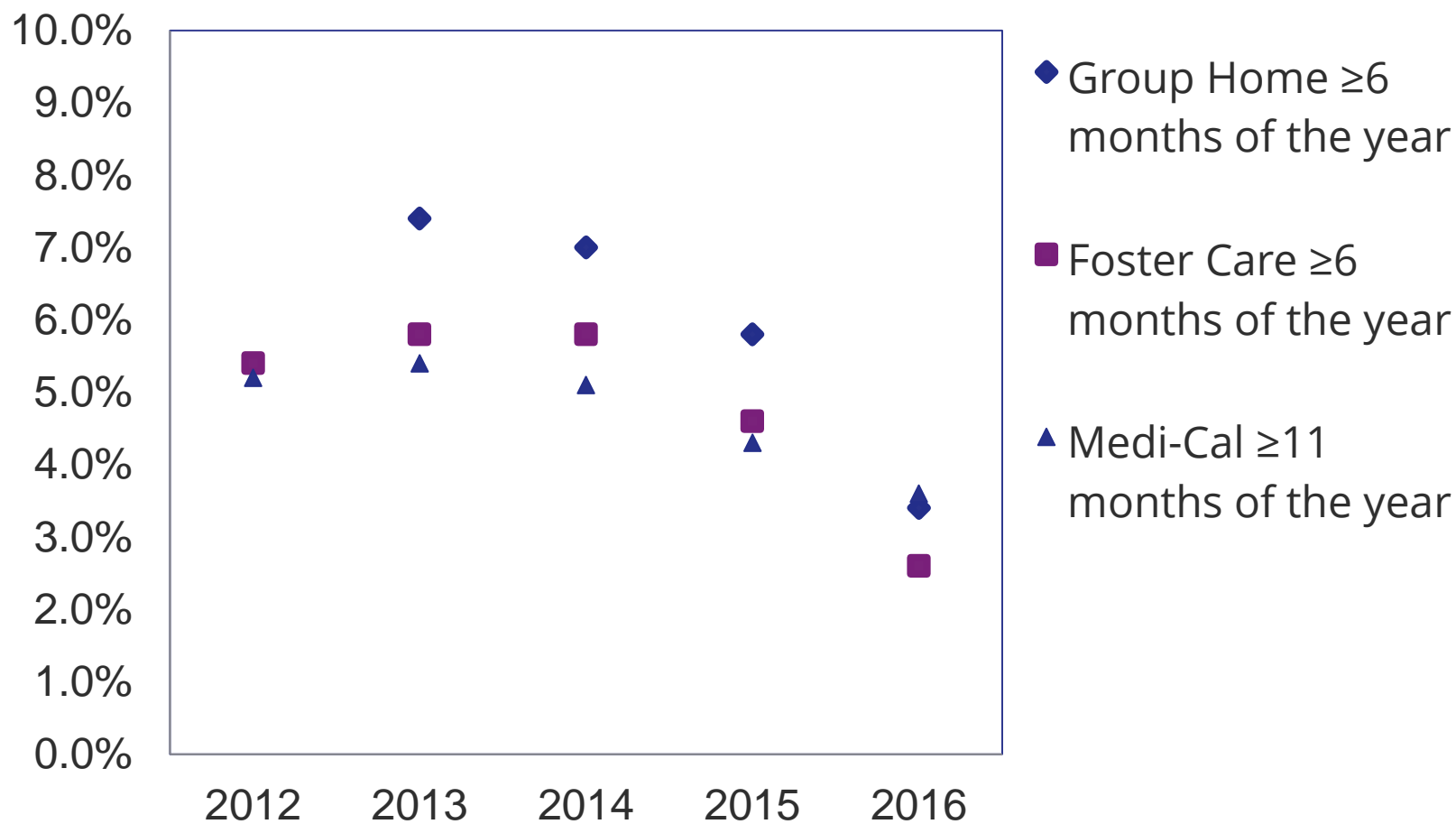


Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- Of children who received one antipsychotic medication for 90 continuous days, provides the percentage of children who had two or more antipsychotic medications during any 90 day period
- Antipsychotics are associated with the potential for significant side effects and two concurrent antipsychotics increases that potential
- Out-of-home placement when medication was first prescribed defines the foster care group



APC: Concurrent Antipsychotics: 1 - 17 years old





Concurrent Antipsychotics: 1 to 17 years old

	2015 Numerator	2015 Denominator	2015 Rate	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal \geq 11 months of the year	661	15,356	4.3%	498	13,707	3.6%
Foster Care \geq 6 months of the year	89	1,923	4.6%	43	1,671	2.6%
Group Home \geq 6 months of the year	45	778	5.8%	20	587	3.4%



Age Stratification: Concurrent Antipsychotics

Age Group	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal 1 – 11 years	97	4,211	2.3%
Medi-Cal 12 – 17 years	401	9,496	4.2%

2016 numerators for Foster Care and Group Home performance are too small to report by age group



Considerations for Concurrent Antipsychotics

- The decrease in the number of children in the denominators for the antipsychotics measures (APC, APM and APP) is likely due to the Treatment Authorization Request (TAR) policy initiated in November 2014 for antipsychotic prescriptions for children through age 17 years old in Medi-Cal
- The number of children on two antipsychotics in the APC measure also decreased
- Children in Foster Care and Group homes have lower rates than children in Medi-Cal, likely due to efforts by the California Department of Social Services

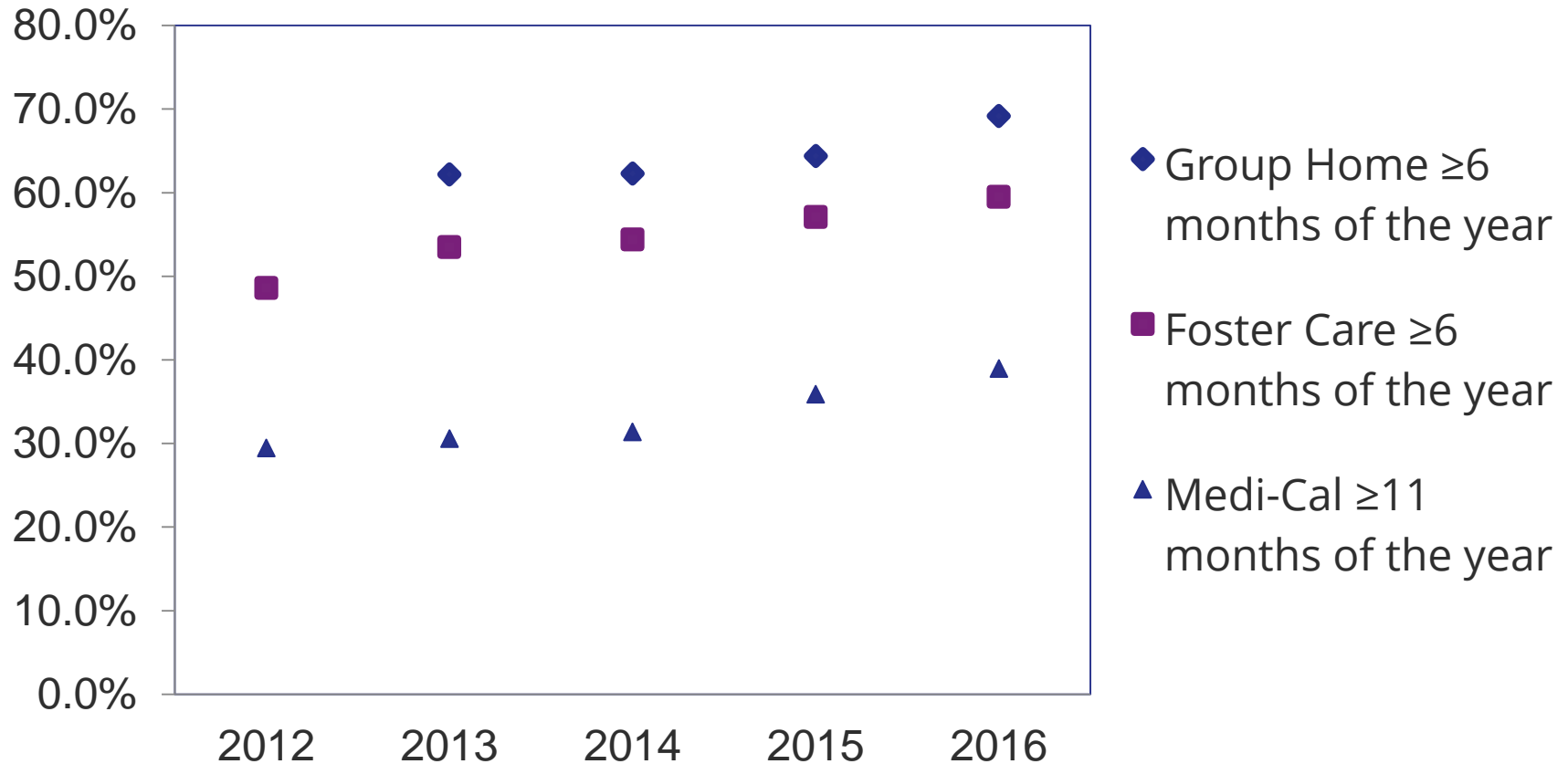


Metabolic Monitoring for Children and Adolescents on Antipsychotics

- Must have at least two antipsychotic medication dispensing events
- Tests performed for glucose or HbA1c **and** lipid or cholesterol
- Use of antipsychotic medications increases the risk for and complications of diabetes, high cholesterol and metabolic syndrome
- This measure assesses the performance of metabolic monitoring for those children exposed to antipsychotic medications beyond a single acute treatment



APM: Metabolic Monitoring





Tabular results: Metabolic Monitoring

	2015 Numerator	2015 Denominator	2015 Rate	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal \geq 11 months of the year	6,866	19,137	35.9%	6,666	17,077	39.0%
Foster Care \geq 6 months of the year	1,271	2,227	57.1%	991	1,665	59.5%
Group Home \geq 6 months of the year	457	710	64.4%	463	645	71.8%



Age Stratification: Metabolic Monitoring

Age Group	2016 Numerator	2016 Denominator	2016 Rate
Medi-Cal 1 – 11 years	1,701	5,145	33.1%
Foster Care 1 – 11 years	230	429	53.6%
Group Home 1 – 11 years	46	64	71.9%
Medi-Cal 12 – 17 years	4,965	11,932	41.6%
Foster Care 12 – 17 years	761	1,226	62.1%
Group Home 12 – 17 years	417	581	71.8%



Considerations for Metabolic Monitoring

- Lab claims data comes from the delivery system caring for the child – approximately 55% fee-for-service and 45% managed care
- Although a psychiatrist may order the labs, the patient may return to a different medical delivery system to have the labs performed
- The Drug Utilization Review Board performed direct outreach to fee-for-service providers in 2015, and likely resulted in better scores in 2015 and 2016 – this increase is expected to continue, as efforts are ongoing
- Assessed the measure by managed care plan and identified plans with unusually low scores resulting in changes to the way data was submitted



What we learn from HEDIS Measures

- ADHD measure
 - Room for improvement for both children in Medi-Cal and Foster Care
- Follow-up After Hospitalizations measure
 - California is performing well although room to improve
 - Significant number of children 6-17 are hospitalized for mental illness with 8,293 in Medi-Cal and 817 in Foster Care in 2016
 - Performance is better for children between 6 and 17 years old and drops off in young adults and adults



What we learn from HEDIS Measures

- Psychosocial Care measure
 - Significant opportunity to improve granularity of coding for psychosocial services to better understand care delivered
 - Opportunity to increase utilization of psychosocial services
- Concurrent Antipsychotic measure
 - California had a steady rate over the three years from 2012 to 2014, but dropped significantly in 2015 due to extension of the requirements for Treatment Authorization for Antipsychotics through age 17 as of November 2014



What we learn from HEDIS Measures

- Metabolic Monitoring measure
 - Significant opportunity for improvements both in reporting and in practice
 - System integration and data sharing among providers are supporting improvements in this measure
- Overall
 - Specific opportunities for improvement and focus are identified for further investigation and quality improvement cycles
 - California is performing comparably or better for children in Medi-Cal when compared to national averages where national averages are available