



# Youth Advisory Group for Substance Use Disorder (SUD) Services

October 6, 2017

9:30 am – 3:00 pm

Department of Health Care Services



# Agenda

- Opening Remarks and Introduction
- Quality Measures
- Break
- Workgroup Reports
- Morning Session Wrap Up
- Workgroup Activities



# Medi-Cal Managed Care and Quality Improvement

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October 6, 2017



# Outline

- Discuss development of Quality Strategy Report
- Describe establishment of quality metric set
- Introduce quality improvement processes and efforts to improve quality of care for managed care populations
- Discuss quality in SUD



# Abbreviations

- BHT: Behavioral Health Therapy
- CAIR: California Immunization Registry
- CAP: Corrective Action Plan
- CDPH: California Department of Public Health
- CFR: Code of Federal Regulations
- CMS: Centers for Medicare and Medicaid
- EAS: External Accountability Set
- EQRO: External Quality Review Organization
- HEDIS: The Healthcare Effectiveness Data and Information Set
- HSAG: Health Services Advisory Group
- MCP: Medi-Cal managed care health plan
- MCQMD: Managed Care Quality and Monitoring Division
- MHP: County Mental Health Plan
- MOU: Memoranda of Understanding
- MPL: Minimum Performance Level
- NCQA: The National Committee for Quality Assurance
- NGA: National Governors Association
- PDSA: Plan-Do-Study-Act
- PIP: Performance Improvement Project
- PRIME: Public Hospital Redesign & Incentives in Medi-Cal
- QSR: Quality Strategy Report
- SBIRT: Screening, Brief Intervention, and Referral to Treatment



# Quality Strategy Report (QSR)



# QSR Background

- Federal regulations 42 CFR 438.202(e)
  - States that contract with managed care organizations are responsible for submitting revised quality strategies to the Centers for Medicare & Medicaid (CMS).
  - States must obtain input from beneficiaries, key stakeholders and the public in the development of the quality strategy.
- QSR is intended to serve as a blueprint or road map for states and their contracted health plans in assessing the quality of care that beneficiaries receive, as well as for setting measurable goals and targets for improvement.



# QSR Background

- QSR is developed every 3 years, with an Annual Assessment in the alternate years
- Reports on status of quality, sets specific goals for improvement, assess progress toward goals
- CMS encourages states, as appropriate, to consider aligning their quality strategies with:
  - The Health and Human Services National Quality Strategy
  - The CMS Quality Strategy





# QSR Alignment

- Other Opportunities for alignment:
  - DHCS Strategic Plan and Quality Strategy
  - DHCS Waivers (Medi-Cal 2020, Drug Medi-Cal, Mental Health)
  - Let's Get Healthy California
  - California Department of Public Health
  - National Prevention Strategy
  - Healthy People 2020
  - Institute of Medicine
  - Institute for Healthcare Improvement
  - Integrated Healthcare Association
  - Centers for Disease Control and Prevention
  - Private Purchasers (Covered California, Pacific Business Group on Health, CalPERS)

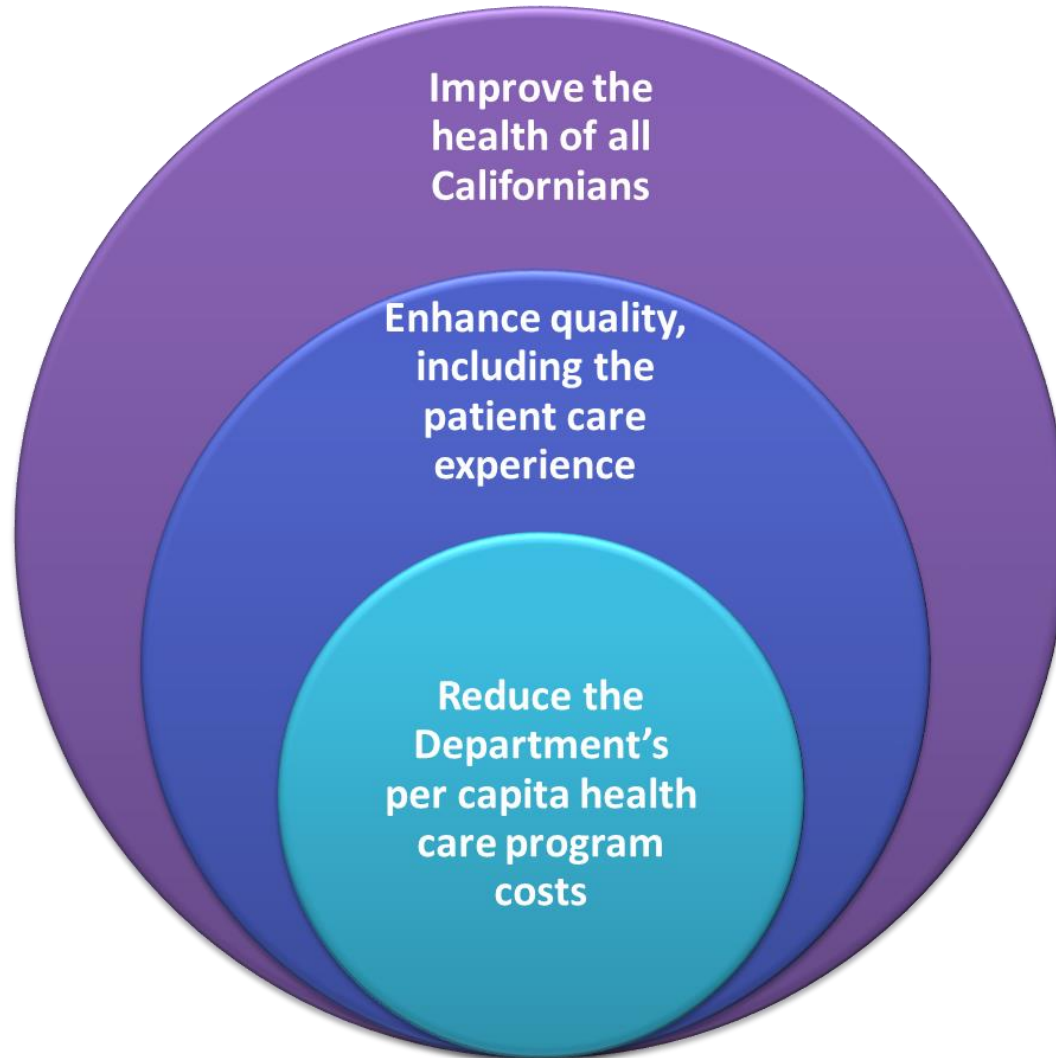


# DHCS Mission Statement

- **The Department's Mission**
  - To provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care
- **The Department's Vision**
  - To preserve and improve the overall health and well-being of all Californians.
- **The Department's Core Values**
  - Integrity
  - Service
  - Accountability
  - Innovation

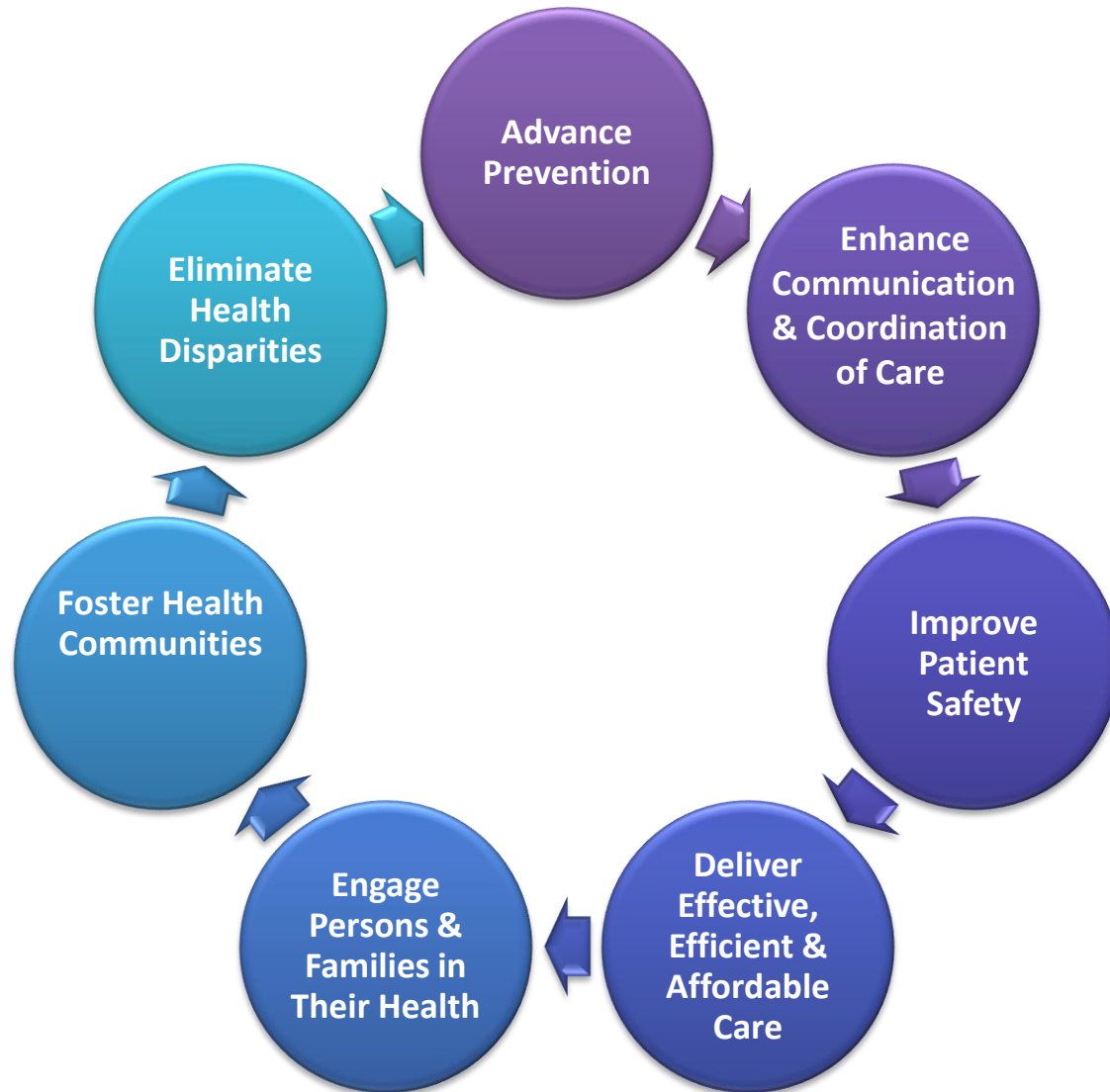


# The Triple Aim



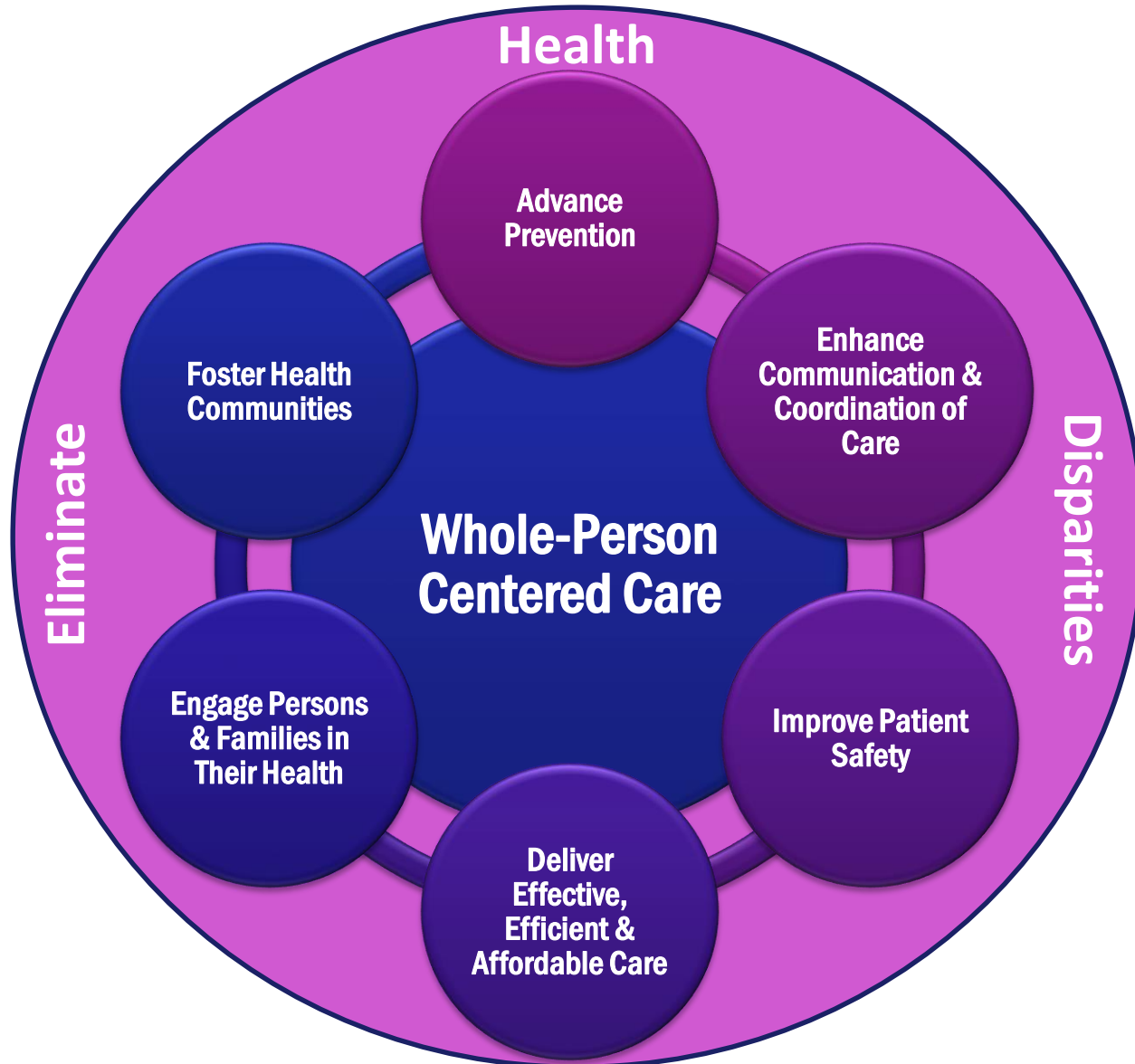


# DHCS Strategic Priority Areas





# Managed Care Strategic Priority Areas





# Selection Criteria for Focus Areas

1. **Meaningful** to the public, the beneficiaries, the state and the health plans
2. **Improves quality of care** or services for the Medi-Cal population
3. **High population impact** by affecting large numbers of beneficiaries or having substantial impact on smaller, special populations
4. **Known impact of poor quality** linked with severe health outcomes (morbidity, mortality) or other consequences (high resource use)
5. **Performance improvement needed** based on available data demonstrating opportunity to improve, variation across performance and disparities in care
6. **Evidence-based practices available** to demonstrate that the problem is amenable to intervention and there are pathways to improvement
7. **Availability of standardized measures and data** that can be collected
8. **Alignment** with other national and state priority areas
9. **Healthcare System Value** demonstrated through cost savings, cost-effectiveness, risk-benefit balance, or health economic benefit.
10. **Avoid negative unintended consequences**



# 2016 QSR

## Maternal & Child health:

- ❑ Postpartum care
- ❑ Childhood immunizations

## Chronic disease management:

- ❑ Diabetes care
- ❑ Control of hypertension

## Tobacco cessation

## Fostering healthy communities:

- ❑ Reducing opioid misuse and overuse

## Reducing health disparities



# Considerations

- Finding accurate and accessible data sources is often first hurdle to quality improvement work
- Opportunities to build on what already exists
- Successful work involves collaborations and alignment with other efforts





# Behavioral Health Integration

- Medi-Cal Programs that involve behavioral health integration, utilize behavioral health metrics, and have identified data sharing activities
  - Whole Person Care
  - Health Homes for Patients with Complex Needs
  - Public Hospital Redesign & Incentives in Medi-Cal (PRIME)



# Behavioral Health in the QSR

- Focus areas on tobacco cessation and reducing opioid misuse and overuse
- Integration of behavioral health
  - Expanded outpatient mental health services program
  - Memoranda of Understanding (MOUs) between MCPs and with the county mental health plans (MHPs)
  - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
  - Behavioral Health Treatment (BHT) benefit for autism spectrum disorders
- Improved monthly data sharing with the MCPs



# For More Information

MCQMD's Quality Strategy can be found online at:

[http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/Studies\\_Quality\\_Strategy/Quality\\_StrategyRpt\\_2016.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/Quality_StrategyRpt_2016.pdf)



# External Accountability Set (EAS)



# Monitoring Quality

- MCPs are required to report yearly on a set of quality indicators referred to as the EAS to evaluate the quality of care delivered by an MCP to its beneficiaries.
- DHCS establishes EAS and benchmarks, and reevaluates regularly
- DHCS engages in stakeholder process when establishing the EAS



# Establishing EAS

- When considering changes to the EAS, DHCS looks at a number of factors, all geared towards having a high value set of indicators.
  - Medi-Cal population and population impacted by the indicator
  - Opportunities to improve quality of care (known area of needed improvement, pathways to improving quality known)
  - The feasibility and usability of the indicator (what data is needed, how can it be collected, can it be collected)
  - How the indicator aligns with DHCS, State, and National strategic priorities
  - How the indicator compliments the rest of the EAS as a whole



# Establishing EAS

- DHCS selects most EAS indicators from HEDIS®
  - Provides DHCS with national Medicaid information that can be utilized for establishing benchmarks
- DHCS contracts require MCPs to perform at least as well as the lowest 25% of Medicaid plans in the US
  - Minimum Performance Level (MPL)
- MCPs not held to MPL for some indicators:
  - New indicators or indicators with significantly changed technical specifications
  - Indicators with small range of variability
  - MCP reporting units in first year of reporting
- Stratifications required for some indicators
  - Ex: SPD, age, MLTSS



# EAS

- All Cause Readmissions
- Ambulatory Care Outpatient and Emergency Department
- Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors/ARBs and Diuretics)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunizations Status
- Children & Adolescents' Access to Primary Care Practitioners
- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Immunizations for Adolescents
- Asthma Medication Ratio
- Prenatal & Postpartum Care
- Screening for Clinical Depression and Follow-up Plan
- Use of Imaging Studies for Low Back Pain
- Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents
- Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> Years of Life





# Reporting Year 2017-2018

- Eliminated 2 indicators
  - Monitoring Persistent Medications – Digoxin
  - Weight Assessment and Counseling in children - BMI
- Added 2 new indicators including our first behavioral health indicator
  - Breast Cancer Screening
  - Screening for clinical depression and follow up in children (12 years of age and older) and adults
- Substituted a new asthma indicator
- Adopted a new combination indicator to address additional immunizations in adolescents



# Considerations

- Use of nationally recognized quality metrics enhances ability to operationalize metric
  - NCQA HEDIS Measures: <http://www.ncqa.org/hedis-quality-measurement/hedis-measures>
  - CMS Adult Cores Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-adult-core-set.pdf>
  - CMS Pediatric Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf>
  - National Quality Forum: [http://www.qualityforum.org/Measures\\_Reports\\_Tools.aspx](http://www.qualityforum.org/Measures_Reports_Tools.aspx)
- Compare with metrics being used in PRIME, Integrated Systems of Care, Behavioral Health Divisions, or other Department areas



# For More Information

MCQMD's current list of quality metrics  
can be found online at:

[http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD\\_Qual\\_Rpts/Studies\\_Quality\\_Strategy/Quality\\_StrategyRpt\\_2016.pdf](http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/Quality_StrategyRpt_2016.pdf)



# Quality Improvement Efforts



# Quality Improvement Efforts

- When a rate is below the MPL, MCPs are required to participate in quality improvement work focused on that indicator
  - Plan-Do-Study-Act (PDSA) cycles
  - Performance Improvement Projects (PIPs)
- MCPs complete PDSA cycles quarterly for any quality indicator where performance falls below the MPL
  - Submitted to DHCS
- MCPs complete 2 PIPs over the course of 12 months, may replace a PDSA cycle requirement
  - External Quality Review Organization (EQRO)



# Quality Improvement Efforts

- Ongoing one-on-one technical assistance
- Identify opportunities for sharing of Promising Practices
- Quality Improvement Highlights
- Quality Improvement Collaboratives
- Annual Quality Conference
- Annual Quality Awards - Innovation Award
- Facilitating External Collaborations
- Continued data exploration
  - Health Disparities Report
  - Focus Studies



# Additional Information

- Dashboards

<http://www.dhcs.ca.gov/services/Pages/MngdCarePerfDashboard.aspx>

- Reports

<http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx>

- Quality Awards

<http://www.dhcs.ca.gov/services/Pages/QualityAwards.aspx>



Quality improvement requires five essential elements for success: developing and sustaining a culture of change, building an understanding of the problem, working with stakeholders, testing different strategies, and continuous monitoring and reporting to sustain the change.

But change takes time.





# Questions?



# SUD Quality Measures





# Youth Advisory Group Workgroups

- Workforce Development Workgroup
- Assessment Process Workgroup
- Access to Care Workgroup



# Workforce Development Workgroup

- Pete Nielsen, Chairperson





# Access to Care Workgroup

- Margie Hieter, Representative





# Assessment Process Workgroup

- Adam Balto, Chairperson





# Morning Session Wrap Up







# Workgroups

- Workforce Development Workgroup
  - Room 155
  - Call in number: 1-877-211-7469
  - Passcode: 5414811
- Access to Care Workgroup
  - Room 154
  - Call in number: 1-877-441-8953
  - Passcode: 6870584
- Assessment Process
  - Room 146
  - Call in number: 1-888-557-8511
  - Passcode: 612066





*Merci beaucoup*  
*Thank You*  
お疲れ様  
*Danke*  
*Gracias*  
*Grazie*  
谢谢你  
*Thanks*  
*Dank u*  
*Obrigado*