

HEALTH EQUITY & QUALITY CARE SUBCOMMITTEE (HEQC) MEETING

Aug 15, 2023

VIRTUAL WebEx Meeting

3:00 PM – 5:00 PM



HFS

Illinois Department of
Healthcare and Family Services



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OUR VISION FOR THE FUTURE

We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

- ▶ **We value our staff as our greatest asset.**

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

- ▶ **We are always improving.**

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

- ▶ **We inspire public confidence.**

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

Staying focused on our goals.

Welcome To Health Equity & Quality Care Subcommittee

The Health Equity and Quality Care subcommittee is established to advise the Medicaid Advisory Committee concerning strategies to improve customer outcomes by ensuring that populations covered under Healthcare and Family Services' Medical Assistance program have efficient, cost effective, and timely access to quality care that meets their need without discrimination based on race/ethnicity, gender, primary language, disability, sexual orientation, or socio-economic status.

- *This subcommittee shall:*
- Identify and Review evidence-based practices and programs that can improve patient care, population health outcomes by addressing strategies supporting the social determinants of health.
- Examine barriers that impact customer access to care and utilization of health care services and recommend strategies to mitigate these barriers.
- Recommend Improvements to quality metrics and indicators.
- Assess streamlined approaches to identifying gaps in the delivery of services to Medicaid Customers.
- Identify methods that can be modified or adapted to strengthen continuity of care.
- Develop data informed recommendations to improve program implementation and evaluation metrics.
- Recommend methods to improve provider participation and network adequacy.
- Review and provide recommendations on how the Department can mitigate health disparities and the impact on communities disproportionately affect by COVID-19.
- Consider and make recommendations on the definition of a "community" safety-net designation of certain hospitals
- Make recommendations on the establishment of a regional partnership to bring additional specialty services to communities.
- Review and make recommendations to address equity and healthcare transformation.



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House Keeping

- Meeting basics:
 - Please note, this meeting is being recorded.
 - To ensure accurate records, please type your name and organization into the chat.
 - If possible, members are asked to attend meetings with their camera's turned on, however, if you call in & need materials, please email Melishia.Bansa@Illinois.gov & Kyle.Daniels@illinois.gov as soon as safely possible.
 - Please be sure to mute your audio except when speaking.
 - Please note that HFS staff may mute participants to minimize any type of disruptive noise or feedback.
- Comments or questions during the meeting:
 - If you are a committee member and wish to make a comment or ask a question during the meeting, please use the WebEx feature to raise your hand, contact the host/co-host, or unmute yourself during QA sections facilitated by chair.
 - If you are a member of the general public and wish to make a comment, please register to make a public comment prior to the meeting. Instructions to make public comments have been provided for you in the public meeting posting located on the MAC webpage.
 - If you have a question during the meeting please utilize the Webex chat feature to send your question directly to the Subcommittee chair or any of the host or co-host.

House Keeping

Meeting basics Cont.

- The chair will try to address as many questions as possible during designated sections of the meeting. We recognize that due to the limited allotted time, your question may not be answered during the meeting, therefore be sure to visit the HFS Webpage for a list of helpful resources. Your questions are important to us and will help inform the development of future presentations and informational materials.
- HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning will be provided. Please email Kyle.Daniels@illinois.gov & Melishia.Bansa@Illinois.gov in advance to report any requests or accommodations you may require or use the chat to alert me of challenges you may have encountered during the meeting.
- Patience, please – many meeting attendees may be new to MAC proceedings.
- Minutes of the prior meeting have been circulated to subcommittee members in advance of this session. Once approved, they will be posted to the website.

Agenda

- I. Call to order**
- II. Roll Call of Subcommittee Members**
- III. Introduction of HFS staff**
- IV. Review and Approval of Meeting Minutes**
- V. Telehealth Feedback**
- VI. HFS review of balancing measures and selection of measures**
- VII. Public Comments**
- VIII. Additional Business: Old & New**
- IX. Adjournment**

I. Call to Order

II. Roll Call of Subcommittee Members



III. Introduction of HFS Staff

IV. Review and Approval of Meeting Minutes



V. Telehealth Feedback





Telehealth Feedback



ANY QUESTIONS?



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VI. HFS Review of Balancing Measures and Selection of Measures



Quality Strategy

Using the Comprehensive Medical Programs Quality Strategy as a framework for quality improvement activities, HFS continues to focus on equity and other quality strategy objectives to improve health outcomes and health equity for all customers.



Quality Strategy Requirements

- The Illinois Department of Healthcare and Family Services (HFS) develops its Comprehensive Medical Programs Quality Strategy (Quality Strategy) in accordance with the Code of Federal Regulations (CFR) at 42 CFR §438.340 et seq.
- The HFS Quality Strategy, aligns with the Centers for Medicare and Medicaid (CMS) Quality Strategy and the broader aims of the National Quality Strategy.
- The quality strategy identifies HFS measures, objectives, and initiatives.
- HFS is working to complete the 2024 Quality Strategy for submission to CMS.



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Quality Strategy and Performance Measures

- HFS is committed to improving lives by addressing Health related social needs (Formerly SDOH), by empowering customers to maximize their health and well-being, and by maintaining the highest standards of program integrity on behalf of Illinoisans. HFS is committed to making equity the foundation of quality improvement.
- A major part of the Quality Strategy Centers around performance measures.
- Performance Measures are attached to most (if not all) programs and initiatives.



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It is important to use a balanced set of measures for quality improvement.

We consider 3 types of measures which each add value to our overall quality improvement strategy.





Balancing Quality Performance Measures

Process Measures

Evaluates what providers do to maintain or improve customer health; these types of measures make up most of the publicly reported health measures.

Balancing Measures

Evaluate the system from a different perspective than the process measure, provides a means to identify any potential negative effects of a quality improvement action.

Outcome Measures

Evaluate the system impact or value add to overall customer health and wellbeing.



Process Measures

- ✓ Can inform customers about the quality of medical care they can expect from health plans
- ✓ Provides a way to track improvement in a health plan
- ✓ Example - Childhood Immunization Status (CIS-10) which is a HEDIS measure



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Balancing Measures

- ✓ Helps to indicate if an intervention/improvement is working correctly or if the intervention caused an unintended negative impact.
- ✓ Example - Long-Term Services and Supports
Minimizing Facility Length of Stay (LTSS LOS) which is a CMS measure meant to balance the LTSS-TRAN measure.



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Outcome Measures

- ✓ Often thought of as the gold standard of measures, but are only valuable if part of a balanced quality improvement program
- ✓ Outcome measures in HEDIS look at follow up, health monitoring, and treatment persistence over time.
- ✓ Example- Follow-up After Hospitalization for Mental Illness (FUH) which is a HEDIS measure.



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MY 2024 Quality Withhold and HEDIS

The majority of MY2024 measures are HEDIS.

- Healthcare Effectiveness Data and Information Set (HEDIS) measures have been around for a long time but continue to play a vital role in measuring performance of health plans against national quality benchmarks and measuring performance against each other here in IL
- National Committee for Quality Assurance (NCQA) noted recently that 42 states + territories require HEDIS reporting by their health plans. This means they are likely using HEDIS in their quality programs in some way (non-duplication of PMV protocol with EQR, monitoring, evaluation, improvement, etc.).
- HEDIS measures are more than just Process Measures, they include Outcome Measures that indicate health plans impact on a customer's health and wellbeing.



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MY 2024 Quality Withhold and IL Custom Metrics

- While standardized measures like HEDIS and CMS, are an important part of the quality improvement measure strategy, tailoring a measure to evaluate specific programs, populations, and customer health initiatives is also vital to quality improvement.
- Custom measures can be a means of incentivizing health plan performance that aligns with HFS' focus on equitable outcomes for all customers.



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Monitoring Performance

- HFS works with the health plans at least quarterly to dig into performance measure analysis, prompting plans to identify and target interventions to reduce disparities and other gaps in care .
- HFS requires health plans to regularly report on quality performance using race, ethnicity, gender, and DIA data in their analytic reviews.



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Balancing Quality Improvement & Equity

- HFS continues to work with health plans to improve customer health outcomes. Over the past several quarters, the plans have been asked to focus on not just improving quality numbers, but to look for and address disparities where they find them.
- Digging into the demographic data and looking at DIA zip codes versus non-DIA zip codes, while working with HFS the health plans have identified health care disparities and are targeting interventions to address those disparities.
- HFS also requires health plans to *report how HRSNs (formerly SDOH) are woven into the plan's quality program.*

Pay For Performance (P4P) Pay For Reporting (P4R)

- Pay for Performance requires MCOs to meet set benchmarks on identified measures.
- Pay for Reporting requires MCOs to report on identified measures by race, ethnicity, gender, and zip code.
- HFS has identified 5 pillars of improvement.



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5 Pillars

- Adult Behavioral Health
- Child Behavioral Health
- Maternal Child Health
- Equity
- Community and Health Promotion



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Adult Behavioral Health P4P/P4R

P4P

- Follow Up After Hospitalization for Mental Illness (FUH)
- Follow Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- Pharmacotherapy for Opioid Use Disorder (POD)

P4R

- Follow Up After High-Intensity Care for Substance Use Disorder (FUI)
- Clinical Depression Screening and Follow Up (CDF)



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Child Behavioral Health P4P/P4R

P4P

- Follow Up After Hospitalization for Mental Illness (FUH)
- Follow Up After Emergency Visit for Mental Illness (FUM)

P4R

- Mobile Crisis Response (MCR)
- Clinical Depression Screening and Follow Up (CDF)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Follow Up Care for Children Prescribed ADHS Medications (ADD)



Maternal and Child Health P4P/P4R

P4P

- Timeliness of Prenatal Visit (PPC)
- Timeliness of Postpartum Visit (PPC)
- Childhood Immunization Status (CIS-10)

P4R

- Well-Child Visits (WCV)
- Family Planning
- Unexpected Complications in Term newborns (PC06)
- Oral Evaluation, Dental Services (OED)
- Prenatal Depression Screening (PND-E)
- Postpartum Depression Screening (PND-E)



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Equity P4P/P4R

P4P

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)
- Controlling High Blood Pressure (CBP)

P4R

- Breast Cancer Screening with disparity focus
- Emergency Department Utilization with a DIA focus
- Asthma Medication Ratio (AMR)
- Colon/Rectal Cancer Screening (COL)



Community and Health Promotion

P4P

- Adult Access to Preventative/Ambulatory Health Services (AAP)

P4R

- Long Term Services and supports Successful Transition After a Long-Term Stay (LTSS Tran)
- Long Term Services and Supports Minimizing Facility Length of Stay (LTSS LOS)



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What is behind a Measure

- Improve management of behavioral health services and supports for adults.
- Improve management of behavioral health services and supports for children.
- Improve the outcomes, health, and wellness of new mothers, babies, and children.
- Promote health equity for all customers.
- Foster access to primary and preventive care services.
- Promote best health practices for healthy living.
- Encourage the coordination/integration of customer care activities to ensure appropriate care.



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Current Quality Strategy:
[2021-2024 Comprehensive Medical Program Quality Strategy](#)

THANK
YOU



ANY QUESTIONS?



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VII. Public Comments



Public Comments

Update:

A. None



VIII. Additional Business: Old & New





A. Items For Future Discussion



HFS Announcements



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ANY QUESTIONS?



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IX. Adjournment

THANK YOU

