ILLINOIS DEPARTMENT OF Healthcare and Family Services

JB Pritzker, Governor
Theresa A. Eagleson, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

Medicaid Advisory Committee
Quality Care Subcommittee

February 26, 2020
10:00 AM – 12:00 PM

401 S. Clinton Ave.
1st Floor Video Conference Room
Chicago, IL 60607

And

201 South Grand Avenue East
1st Floor Video Conference Room
Springfield, Illinois 62763

Agenda

I. Welcome and Call to order
II. Introductions
III. Review of July 23, 2019 Minutes
IV. 2018 HealthChoice IL Quality Report Cards: MCO Panel (State-wide and Cook County)
V. Adjournment

Illinois Department of Healthcare and Family Services
Quality Care Subcommittee Meeting Minutes
July 23, 2019

Members Present
Ann Lundy, Chair, Access Community Health Network
Jennifer Cartland, Lurie Children's Hospital
Jason Korkus, Sonrisa Family Dental

Members Absent

Andrea McGlynn, Cook County Health Plan
Beverly Hamilton-Robinson, Human Services Consultant
Barrett Hatches, Chicago Family Health Center
Catina Latham, University of Chicago
Kathy Chan, Cook County Health and Hospitals System
Maryam Hormonzy
Traci Powell

HFS Staff Present
Arvind K. Goyal
Kyle Daniels

Interested Parties
Laurel Chadde, County Care
Natalie Finn
Myan Voyles, Health News Illinois
Aleksandra Brzys

I. **Call to order**: The regular bi-monthly meeting of the Medicaid Advisory Committee Quality Care Subcommittee was called to order July 23, 2019 at 10:35am by Ann Lundy.

II. **Introductions:** The Chair took roll call for all Committee Members.

III. **Review of April 16, 2019 Minutes:** The minutes from April 2019 were discussed but could not be approved because a quorum wasn't available.

IV. **Moving the needle on quality: Lessons learned from Washington State – Laura Pennington:** Laura Pennington's presentation is attached.

V. **Adjournment:** The meeting was adjourned at 12:27pm.

VI. **Next meeting:** October 8, 2019 at 10:00am. THIS MEETING WAS CANCELLED

Washington State Health Care Authority

Moving the Needle on Quality: Lessons learned from Washington State

Laura Pennington, Practice Transformation Manager
Washington State Health Care Authority
Illinois Medicaid Quality Sub-Committee
July 23, 2019

Washington State Health Care Authority

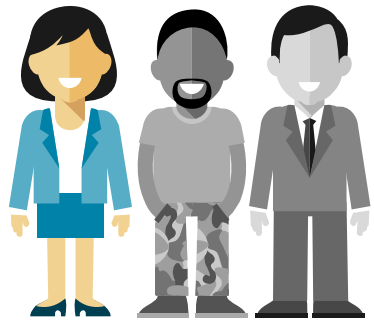
Why Washington?

Washington State Health Care Authority
The state's largest health care purchaser

We purchase health care for more than 2 million Washington residents through:

- Apple Health (Medicaid)
- The Public Employees Benefits Board (PEBB) Program
- The School Employees Benefits Board (SEBB) Program (beginning 2020)

We purchase care for 1 in 3 non-Medicare Washington residents.



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Laying a Foundation for Quality

- Early 2000s: Jack Wennberg, Dartmouth Institute presented to leaders in Washington on clinical variation across regions of the state
- Resulted in key legislation:
  - 2007: Shared Decision Making Pilot/Informed Consent liability protections
  - 2011: Dr. Robert Bree Collaborative
- 2014: CMMI State Innovation Model Grant

Dr. Robert Bree Collaborative

Purpose:

"to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State."

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Healthier Washington

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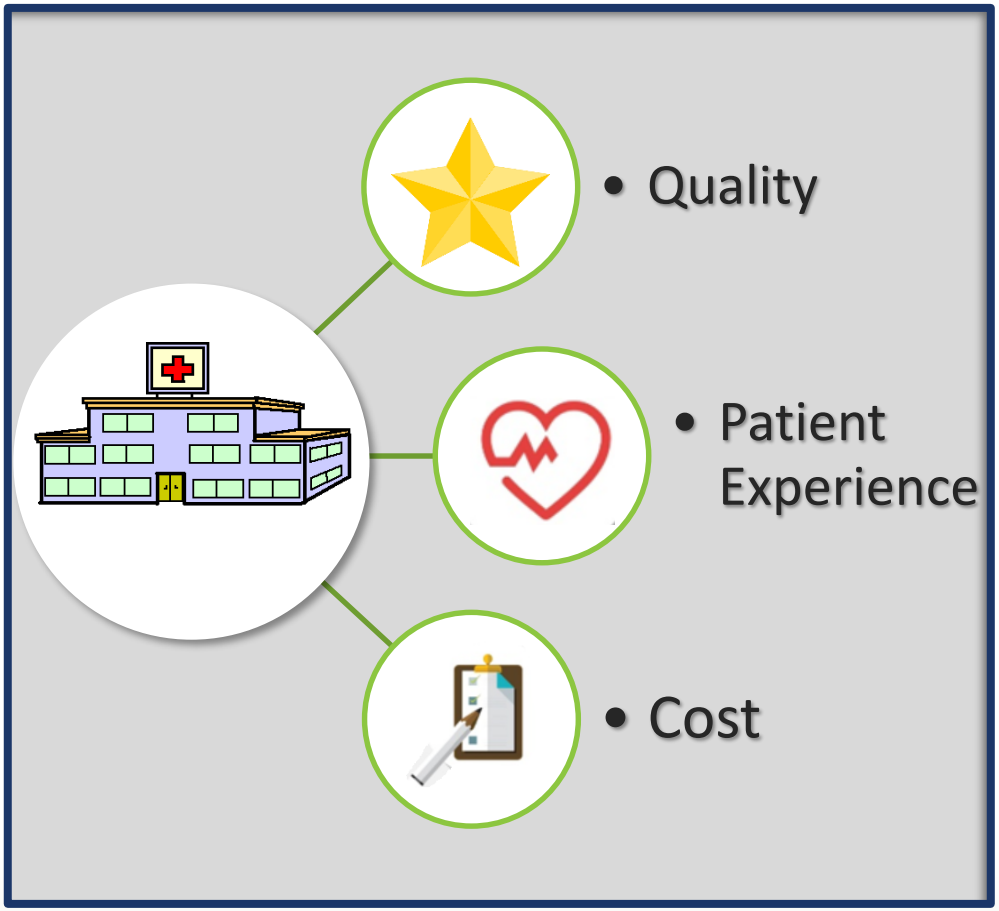
Paying for Value



Not too much

Not too little

How much (SDoH)

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Why a Common Measure Set?

- Legislative mandate
- To standardize the way we measure performance
- Promote voluntary alignment of measures
- Publicly share results on an annual basis through an All Payer Claims Database (APCD)

Additional Purposes of the Measure Set: Making the Data Actionable

- Leverage role as largest purchaser of healthcare in state
  - Use measures in contracts to drive payment and deliver system reform
- A path to performance-based payment arrangements
  - "North star" for how we select incentive-based measures
- Ensure equal access to high-quality health care
  - Identification of opportunities to improve value of health care provided through delivery systems

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Development of Common Measure Set

- Stakeholder driven process
  - Governor-appointed Performance Measures Coordinating Committee
  - Early input from physicians is critical!
- Convening partner – state accountable for measure set
- Standard set of measure selection criteria
  - Align with nationally-vetted measure sets
- Multi-workgroup approach, depending on topic
- Full transparency is very important!
  - Allowing for public input at all times, as well as a formal public comment period

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Washington State Common Measure Set on Health Care Quality and Cost

Washington State Common Measure Set, 2019 (PMCC Approved, December 2018)

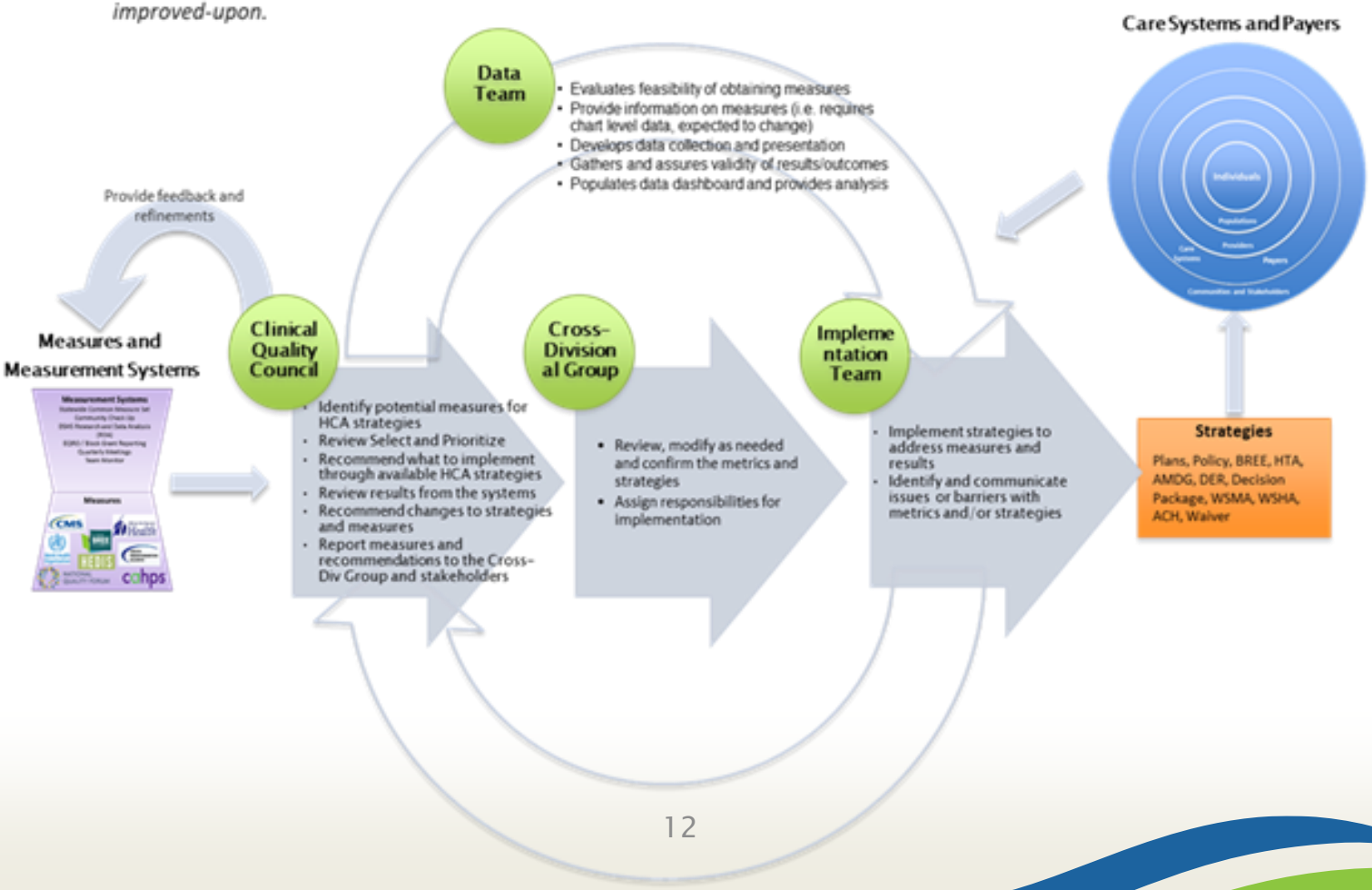
The following 46 measures are appropriate for Population Health Monitoring AND Value-Based Contracting for Payment.

#	Measure Name	Measure Steward[1]	NQF-Endorsed	Type of Data	Data Source in WA[2]	Measure Description	Required Units for Public Reporting in 2019				
							State	Counties/ ACHs	Health Plans[3]	Medical Groups/ Clinics[4]	Hospitals
IMMUNIZATIONS											
1	Childhood Immunization Status (CIS) Combination 10	NCQA (HEDIS)	Yes 0038	IIS Registry	DOH	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Yes	Yes	Yes		
2	Immunizations for Adolescents (IMA)	NCQA (HEDIS)	Yes 1407	IIS Registry	DOH	The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, dipththeria toxoids and acellular pertussis (Tdap) vaccine and three does of the human papillomavirus (HPV) vaccine by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Yes	Yes	Yes		
PRIMARY CARE AND PREVENTION - CHILDREN/ADOLESCENTS											
3	Children and Adolescents' Access to Primary Care Practitioners (CAP)	NCQA (HEDIS)	No	Claims	APCD	The percentage of members 12 months - 19 years of age who had a visit with a PCP. Report four separate rates: 12-24 months of age; 25 months - 6 years of age; 7-11 years of age; 12-19 years of age.	Yes	Yes	Yes		
4	Oral Health: Primary Caries Prevention Offered by Primary Care	HCA	No	Claims	HCA	Total number of patients (Age ≤ 6), who received a Fluoride Varnish(FV) application during a routine health visit with any non-dental health care provider who has received the appropriate training to apply FV. **Measured and reported for Medicaid insured population only.**	Yes	Yes	Yes - MCOs only		
5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	NCQA (HEDIS)	Yes 0024	Claims and Clinical	Health Plans[3]	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: (1) BMI percentile documentation; (2) counseling for nutrition; and (3) counseling for physical activity. Report three separate rates.	Yes		Yes		
6	Well Child Visits in the First Fifteen Months of Life (W15)	NCQA (HEDIS)	Yes 1392	Claims	APCD	The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	Yes	Yes	Yes	Yes	
7	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	NCQA (HEDIS)	Yes 1516	Claims	APCD	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Yes	Yes	Yes	Yes	

https://www.hca.wa.gov/about-hca/healthier-washington/performance-measures

Quality Measurement & Monitoring Improvement (QMMI)

The Quality Measuring, Monitoring and Improving (QMMI) process ensures that the right quality measures are selected and prioritized, statewide actions and implementation activities are coordinated, and measures are continually refined and improved-upon.



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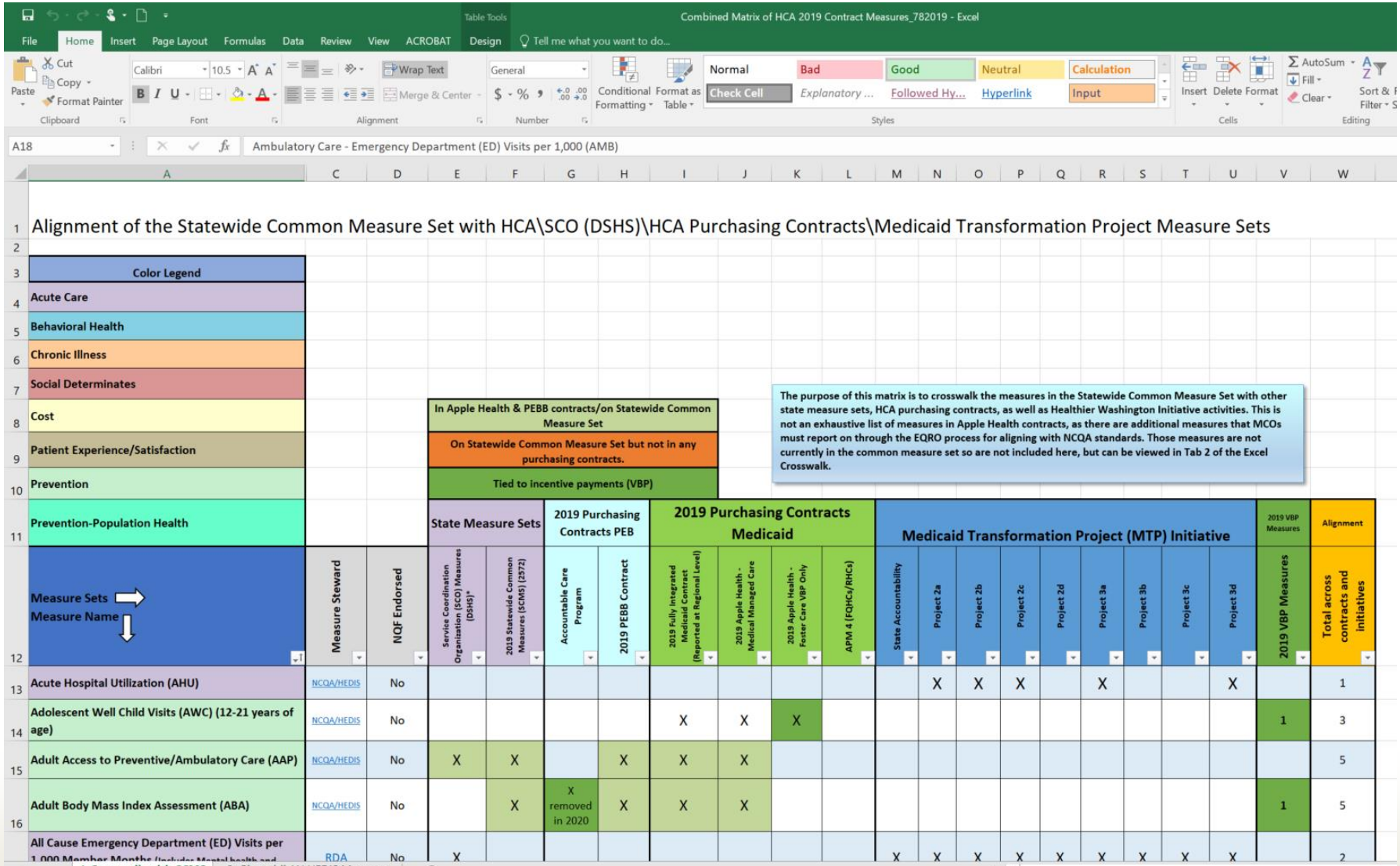
Crosswalk of Common Measures in State Contracts



Combined Matrix of HCA 2019 Contract Measures_782019 - Excel

A18: Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB)

Alignment of the Statewide Common Measure Set with HCA\SCO (DSHS)\HCA Purchasing Contracts\Medicaid Transformation Project Measure Sets

Color Legend
Acute Care
Behavioral Health
Chronic Illness
Social Determinates
Cost
Patient Experience/Satisfaction
Prevention
Prevention-Population Health

In Apple Health & PEBB contracts/on Statewide Common Measure Set

On Statewide Common Measure Set but not in any purchasing contracts.

Tied to incentive payments (VBP)

The purpose of this matrix is to crosswalk the measures in the Statewide Common Measure Set with other state measure sets, HCA purchasing contracts, as well as Healthier Washington Initiative activities. This is not an exhaustive list of measures in Apple Health contracts, as there are additional measures that MCOs must report on through the EQRO process for aligning with NCQA standards. Those measures are not currently in the common measure set so are not included here, but can be viewed in Tab 2 of the Excel Crosswalk.

Measure Sets / Measure Name	Measure Steward	NQF Endorsed	State Measure Sets: Service Coordination Organization (SCO) Measures (DSHS)*	State Measure Sets: 2019 Statewide Common Measures (SCMS) (2572)	2019 Purchasing Contracts PEB: Accountable Care Program	2019 Purchasing Contracts PEB: 2019 PEBB Contract	2019 Purchasing Contracts Medicaid: 2019 Fully Integrated Medicaid Contract (Reported at Regional Level)	2019 Purchasing Contracts Medicaid: 2019 Apple Health - Medical Managed Care	2019 Purchasing Contracts Medicaid: 2019 Apple Health - Foster Care VBP Only	2019 Purchasing Contracts Medicaid: APM 4 (FQHCs/RHCs)	Medicaid Transformation Project (MTP) Initiative: State Accountability	Project 2a	Project 2b	Project 2c	Project 2d	Project 3a	Project 3b	Project 3c	Project 3d	2019 VBP Measures	Alignment: Total across contracts and initiatives
Acute Hospital Utilization (AHU)	NCQA/HEDIS	No										X	X	X		X			X		1
Adolescent Well Child Visits (AWC) (12-21 years of age)	NCQA/HEDIS	No					X	X	X											1	3
Adult Access to Preventive/Ambulatory Care (AAP)	NCQA/HEDIS	No	X	X		X	X	X													5
Adult Body Mass Index Assessment (ABA)	NCQA/HEDIS	No		X	X removed in 2020	X	X	X												1	5
All Cause Emergency Department (ED) Visits per 1,000 Member Months [includes Mental health and	RDA	No	X								X	X	X	X	X	X	X	X	X		2

1-Crosswalk with SCMS | 2- Plus addl AH HEDIS Measures

Ready

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Alignment of Common Measures Across HCAs Value-Based Payment (VBP) Contracts

"6" measures are common to all HCA's VBP contracts:

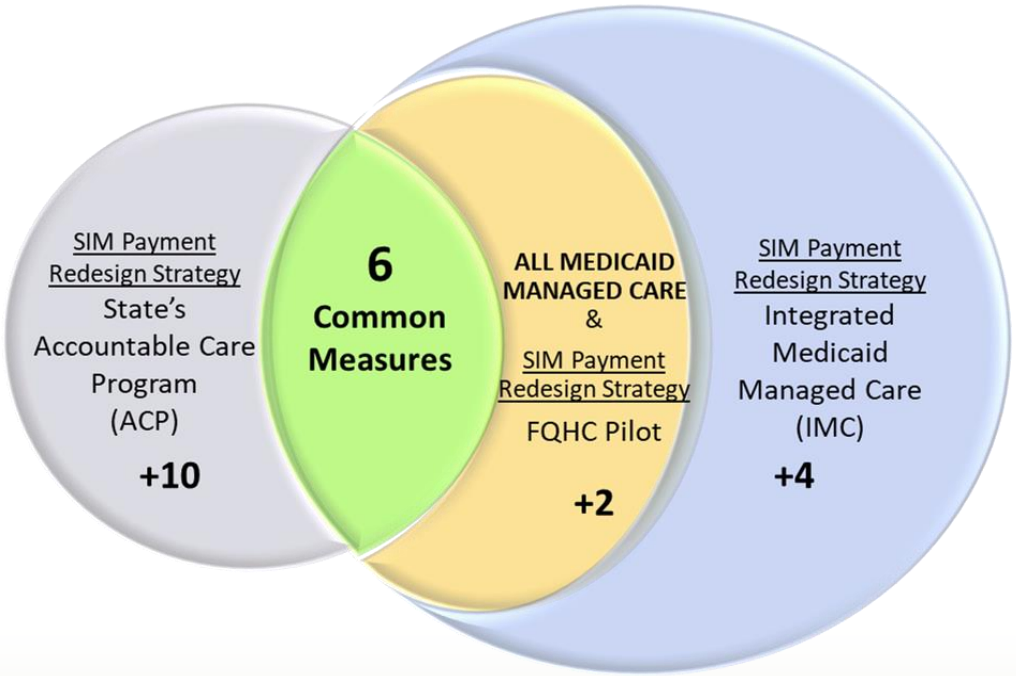
"6" measures are common, or included in all HCA's VBP contracts:

1. Antidepressant Medication Management - Effective Acute Treatment
2. Antidepressant Medication Management - Continuous Phase Treatment
3. Childhood Immunization Status
4. Comprehensive Diabetes Care: Blood Pressure Control
5. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
6. Controlling High Blood Pressure

ACP Contracts

Have "16" quality measures tied to VBP. The 6 common measures plus the 10 below:

7. Comprehensive Diabetes Care: eye exam
8. CVD Statin Prescribed
9. CVD Statin Adherence
10. Adult BMI Measurement
11. Cervical Cancer Screening
12. Chlamydia Screening
13. Breast Cancer Screening
14. Colorectal Cancer Screening
15. NTSV C-Section
16. Member satisfaction with (4 items):
    - A. Timely Care (always)
    - B. Provider Communication (always)
    - C. Office Staff (always)
    - D. Overall Provider Rating (9/10)



Medicaid Managed Care & FQHC Pilot Contracts

Have "8" quality measures tied to VBP. The 6 common measures plus the 2 below:

7. Medication Management for People with Asthma: Medication Compliance 75% (Ages 5-18)
8. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life

IMC Contracts

Have "12" quality measures tied to VBP. The 6 common measures plus the 2 listed above for Medicaid Managed Care plus the 4 below:

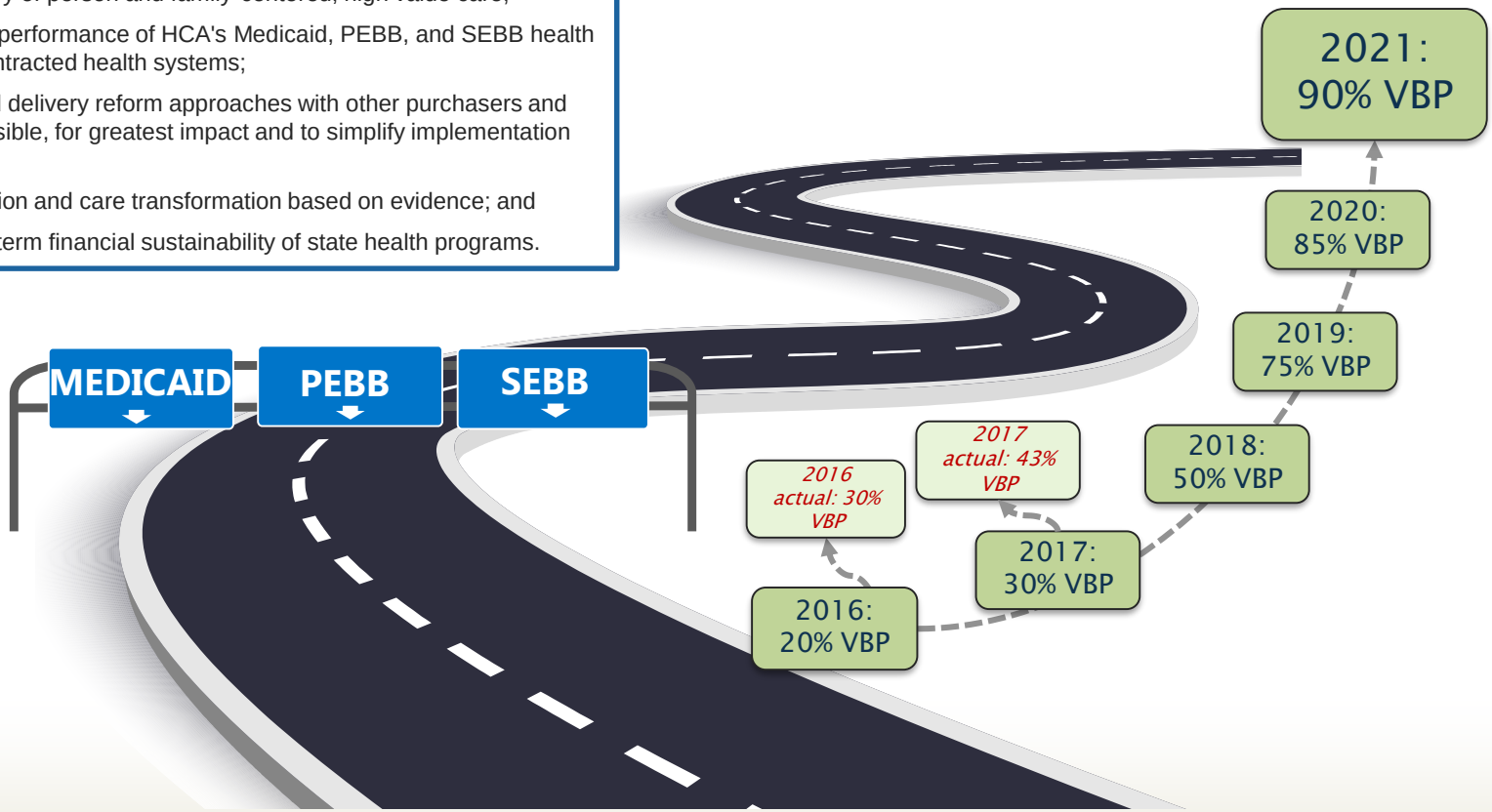
9. Alcohol and Drug Treatment (Service) Penetration
10. Substance Use Disorder Initiation
11. Substance Use Disorder Engagement
12. Mental Health Treatment (Service) Penetration

Source: UW SIM Evaluation Final Report, Jan 2019.

Value-based purchasing roadmap

HCA's VBP Guiding Principles:

1) Continually strive for the quadruple aim of lower costs, better outcomes, and better consumer and provider experience;
2) Reward the delivery of person and family-centered, high value care;
3) Reward improved performance of HCA's Medicaid, PEBB, and SEBB health plans and their contracted health systems;
4) Align payment and delivery reform approaches with other purchasers and payers, where feasible, for greatest impact and to simplify implementation for providers;
5) Drive standardization and care transformation based on evidence; and
6) Increase the long-term financial sustainability of state health programs.



VBP Accountability

- MCO contracts – 1.5% withhold (*Medicaid*)
- Regence TPA contract – VBP PG (*Public/School Employees*)
- SEBB fully-insured plans – VBP PG (*Public/School Employees*)
- MTP – VBP incentives (*Medicaid*)
- Alternative Payment Methodology 4 for FQHCs (*Medicaid*)
- Rural Multi-payer Model – global budget for CAHs and rural health systems (*One-HCA*)
- Annual health plan & provider surveys (*One-HCA*)

Other Quality Initiatives

- Medicaid Quality Incentive
  - Washington State Hospital Association
- ER is for Emergencies
- Preventing Opioid Use Disorder
  - Opioid Policy for Providers
  - Report to providers on prescribing patterns
- Eliminating hepatitis C

Other Quality Initiatives (Cont.)

- Washington Health Alliance Waste Calculator
  - Identifies areas of potential overuse
- Washington prescription drug price and purchasing summit series
- Generics First
  - Provider report cards
- NCQF Primary Care Initiative

Other Quality Initiatives (Cont.)

- Medicaid Transformation Project
  - Foundational Community Supports (FCS)
  - SDoH Focused P4P
- OB Outcomes
  - Reducing Unnecessary C-sections
  - SDM Pilot: Certified decision aids
- Shared Decision Making
  - Certification and implementation of Patient Decision Aids

Washington is Prioritizing SDM

- To address regional clinical variation
- Goal is appropriate utilization based on patient preferences, rather than decreased utilization
  - Evidence suggests SDM decreases overutilization, but helps correct underutilization

- It is recognized in many Washington policy initiatives, and afforded special status in Washington law

Ibrahim SA, Blum M, Lee GC, et al. Effect of a decision aid on access to total knee replacement for black patients with osteoarthritis of the knee: a randomized clinical trial. JAMA Surg 2017; 152(1): e164225

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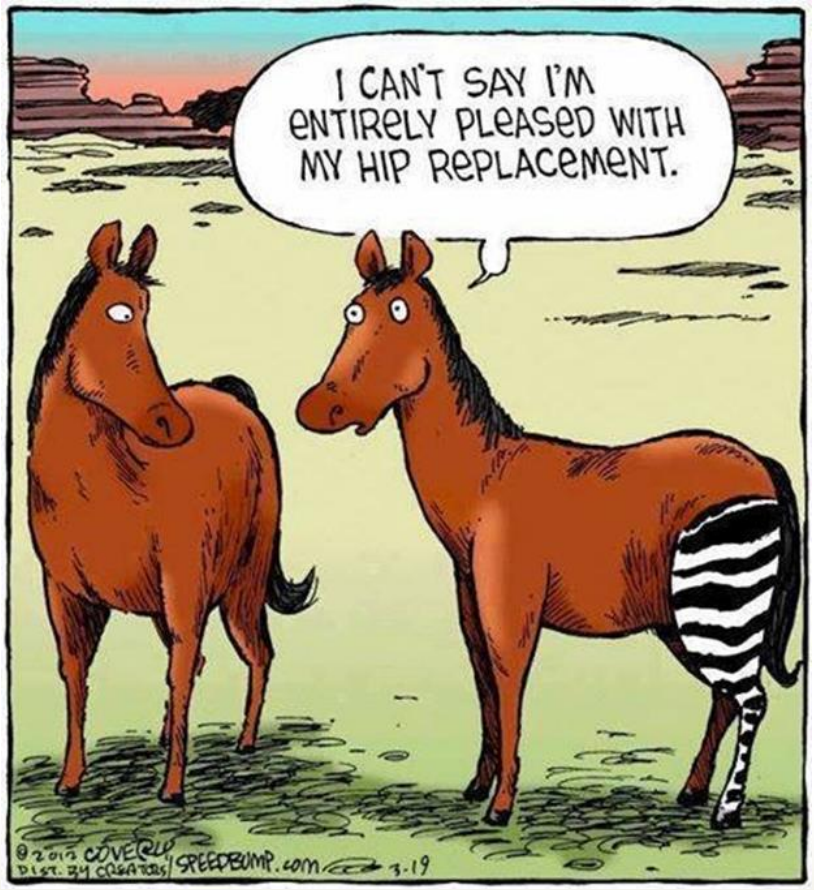
Why is SDM important?



- Honors patient personal choices
- Reduces variation
- Patient safety
- Supports informed consent
- Is a key component of patient-centered care

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Definition of Patient-Centered Care

"Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."

Institute of Medicine (IOM)

Six Strategies for Successful SDM

1. Invite the patient to participate
2. Present options
3. Provide information on the benefits and risks
4. Assist patient in evaluating options based on their goals and concerns
5. Facilitate deliberation and decision making
6. Assist with implementation

Health Care Authority role in SDM

- Leverage our role as purchaser (1.8M Medicaid lives, 200K PEB) to support clinicians in the use of SDM and PDAs
- Certification of Patient Decision Aids
  - NCQA Health Plan Accreditation Guidelines
- In Washington, enhanced liability protections are activated in part by PDA certification

Beyond certification – translating research into practice

- Accountable Care Program SDM initiative
- Bundled contracting arrangements
- Clinician training through online skills course
- Convening statewide discussions around spread and sustainability
  - Bree Collaborative SDM Workgroup

What have we learned?

- SDM and the use of patient decision aids:
  - Is critical to delivering patient-centered care
  - Can address inequity in the delivery of care
  - Help patients understand what is most important to them
  - Increases patient satisfaction with their delivery system
  - Leads to more appropriate utilization of services
  - Can reduce variance in healthcare

Ibrahim SA, Blum M, Lee GC, et al. Effect of a decision aid on access to total knee replacement for black patients with osteoarthritis of the knee: a randomized clinical trial. JAMA Surg 2017; 152(1): e164225

The Road Ahead

- Spreading shared decision making
- Clinical integration of physical and behavioral health care
- MCO Quality Focus Measures
- Addressing social determinants of health and substance use disorder
- WA-All Payer Claims Database - Pricing data
- Incentivizing primary care
- Accountability for total cost of care

Recommendations – Leverage purchaser role

- Leverage role as largest purchaser of healthcare in state
  - Use a set of *core* measures in contracts to drive payment reform, aligning measures and evidence, where possible
  - Tie incentives to performance, but allow time to integrate into systems
  - Incorporate SDM into contracts to drive quality and value, while supporting patient-centered care
- Use data to drive decisions and tell powerful stories

Recommendations – Cont.
Look for Opportunities for Collaboration

- Have payers and providers at the table from the beginning – work collaboratively!
- *Always* allow for opportunities for input from MCOs & providers prior to implementation into contracts. Then listen!
- Consider forming an SDM collaborative that includes purchasers, payers, providers, and patients to identify opportunities

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In Summary…

- Alignment, alignment, alignment… is key to reducing burden on providers if you want them to succeed!
- Data is your friend! Use it to monitor your progress and engage your data and measurement experts early
- Transparency is crucial!
- Listen to all feedback, no matter how critical
- Lastly, don’t be afraid to begin engaging providers early in the discussion!

Questions?

Contact:
Laura Pennington
laura.Pennington@hca.wa.gov
360-725-1231

More Information:

SDM webpage: http://bit.ly/2d4ozZm

Performance Measures webpage: https://bit.ly/2JoBFRn