



IlliniCare

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AETNA BETTER HEALTH of ILLINOIS

Medicaid Advisory Committee
Quality Performance Review
January 10, 2014

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Quality Program Overview

- 50 quality metrics comprised of 22 Pay for Performance and 28 Quality Monitoring measures (8 were N/A for 1st year)
- Comprised of a combination of HEDIS, HEDIS-like (Hybrid) and State specific measures
- Measures include clinical preventive care, drug monitoring and adherence to therapy, access to care and utilization of services
- Baselines are established from FFS program for year 1
- Programs based on national standards
 - HEDIS – Health Effectiveness Data & Information Set
 - NCQA- National Committee for Quality Assurance



Quality – A Story of Progress

2012- First year of Integrated Care Program

- Results were mixed – some measures improved, some declined
- Primary focus on connecting with the members
 - Assessments
 - Services
- Many changes for members, providers and MCOs
- Data challenges



2013- Second year of Integrated Care Program

- Results look better – almost all measures improved, data still preliminary
- Primary focus expanded to the providers
- Better understanding of the population and unique challenges
- Better at scrubbing the data
- Lessons learned
 - PCP, facilities and community providers – working together helps maximize the impact and care (FQHCs, PCPs, large integrated delivery systems)



Illinicare Year 1 Results

P4P

- Improved over baseline in 12 of 21 measures
- Achieved stretch target in 8 measures where improvement over baseline was shown
- 10 measures that qualified for year 1 measurement were HEDIS specific of which 6 improved in percentile ranking, 4 stayed the same
- Readmission and follow up after hospitalizations showed declines
- Utilization and medication adherence rates showed improvement

Quality Monitoring

- Improved over baseline in 13 measures, declined in 7 and 8 were NA for year 1
- Achieved stretch target in 12 of 13 measures where improvement over baseline was shown
- 11 measures that qualified for year 1 measurement were HEDIS specific – 9 improved in percentile ranking, 2 stayed the same
- Of 10 measures which declined, 4 were BH related, 1 was dental for DD population, 1 was for HbA1C for DD population and the other was cervical cancer screening



Aetna Better Health Year 1 Results

- P4P
 - Improved over baseline in 20 of 21 measures (1 measure did not have enough continuous enrollment therefore not included)
 - Achieved stretch target in 12 of the 20 measures where improvement over baseline was shown
 - 10 measures that qualified for year 1 measurement were HEDIS defined of which 8 improved in percentile ranking, 2 stayed the same
 - One element which declined was 30 day follow up after hospitalization for mental illness
- Quality Monitoring
 - Results: 17 measures improved, 4 declined, and 7 were NA for year 1
 - Reached stretch target in 13 of 17 measures where improvement over baseline was shown
 - 11 measures that qualified for year 1 measurement were HEDIS specific – 8 improved in percentile ranking, 2 stayed the same and 1 fell
 - Of 4 measures which declined, 2 were BH related, 1 was dental for DD population and the other was cervical cancer screening*



ICP Year 1 Measures Compared to National Medicaid HEDIS Benchmarks

- At least one ICP plan was:
 - At or above 50th Percentile in 18 out of 28 measures
 - At or above the 90th Percentile in 7 out of 28 measures
 - At the bottom 10th Percentile in 4 out of 28 measures
- ICP's SPD population compared to National Medicaid population



2014 Focus on these areas will further improve our results

- Increasing BH capacity to more effectively drive quality
- Continue implementing innovative programs with community based organizations to impact health outcomes
- Reaching and engaging members is a critical success factor
- Utilizing contract models to better align reimbursement with quality performance is important
- Addressing confusion in the provider community when national practice guidelines differ from community practice standards for vulnerable populations
- Improving data management



Aetna Current and Potential Interventions (1)

What we are doing:

- Co-location of Case Managers
- On going monthly monitoring – see sample report
- Implemented physician pay for performance program
- Ramped up member outreach to address care gaps and provide education – utilize member mailers, phone calls and web resources
- Waive authorization requirements for Rule 132 services
- ICT follows up with members who had potential ED visits on daily basis
- Utilize disease management resources to provide follow up coaching on therapy regimens
- Implemented drug adherence programs and education through PBM
- 100% follow up post discharge after hospitalization for mental illness



Aetna Current and Potential Interventions (2)

What we will be doing:

- Increase collaboration with community based organizations in care coordination
- Provide more services in home –
 - mobile dentistry;
 - home physicians;
 - sending BH providers to see members in their environment
- Leverage telemedicine – especially to improve BH capacity
- Refine physician P4P program to better align with State and Plan quality goals and to improve performance
- Rolling out new physician reimbursement models to impact quality results
- Evaluate vendor relationships to improve results – i.e. Collaborate with PBM on medication therapy management initiatives



Illinicare Interventions

- We must spend time and resources to remove barriers and encourage members' healthy behaviors
 - Outreach calls to members to educate about quality measures
 - Home visits by physicians to draw labs (i.e. Cholesterol testing)
 - Arrange for prescriptions to be filled, then picked up at pharmacy and delivered to home
- Encourage Providers/PCPs to connect with their members, provide access to and manage clinical services and encourage healthy behaviors
 - Outreach calls to providers to educate about quality measures
 - Identify provider barriers to meeting quality measures
 - Eg - review and elimination of step therapy for certain IM antipsychotics for members in a pharmaceutical study
 - Provider incentives to close quality gaps
- Help Members to accept or buy in to services/healthy behaviors
 - Member education regarding the importance of certain tests, taking their medicines, the need for immunizations
 - Helping members identify where to get their medications, tests, immunizations (i.e. breast cancer screenings)
- Data Management
 - Work with quality software to ensure the specifications are entered correctly – the right members are identified and the right codes are pulled
 - Identify when members access care that isn't captured through our systems (i.e. DD dental care)



Conclusion

- For first year of a program, many positive developments – improvement over baseline in over half of the measures
- Focused on improvement in all measures, but special emphasis on those metrics where we saw a decline
- Both health plans utilize continuous monitoring of quality results and adjust resources as necessary based on what we are seeing
- Preliminary 2013 results shows further improvement
- Plans are actively working with HFS to implement a program to invest in Community Mental Health Centers to develop capacity in ACT and CST programs
- Maintain our commitment to promoting the highest quality outcomes of the program

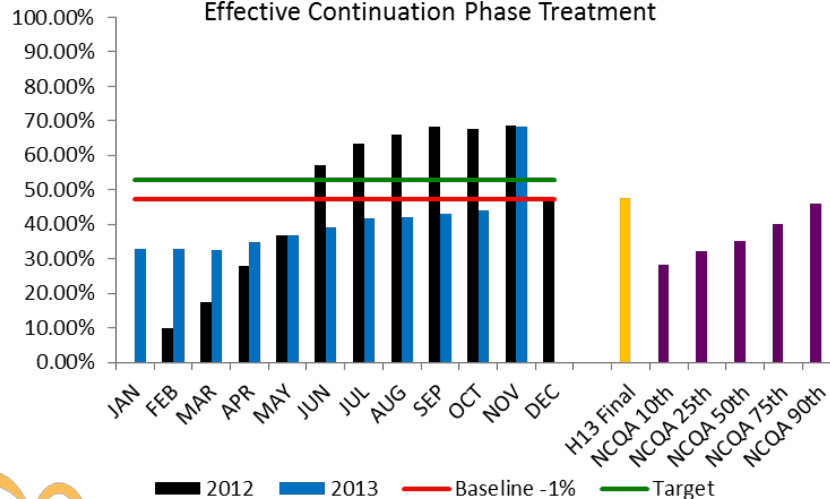


Aetna Sample Monitoring Report

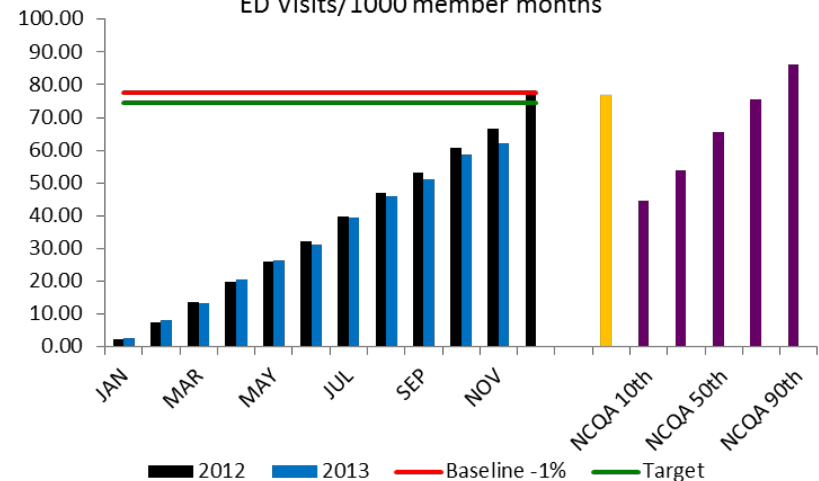
IL P4P Rates for MY 2013: Current to 11-30-13

QSI ID	HFS #	HFS ID	Tech Spec	P4P Measure	Outreach Group	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	minus 1%
APE15IL	1.5	APE	State	Ambulatory Care Follow-up with a Provider within 14 Days of Emergency Department (ED) Visit <i>(Does not include mental health or chemical dependency services)</i>	Time Limited P/U	0.00%	30.91%	35.35%	38.29%	39.75%	40.57%	39.15%	39.38%	39.78%	40.45%	40.88%		40.31%
API15IL	1.5	API	State	Provider within 14 Days of Inpatient Discharge <i>(Does not include mental health or chemical dependency services; Does not include hospitalizations for OB deliveries)</i>	Time Limited P/U	0.00%	40.55%	45.75%	48.18%	50.03%	49.35%	48.63%	46.28%	47.75%	48.01%	49.76%		53.36%
AMB15	1.2	AMB	HEDI3	Ambulatory Care [Lower # is better] - ED Visits/1000 member months - ED Visits - ED Only <i>(Does not include mental health or chemical dependency services)</i>	Utilization Management	2.75	8.17	13.35	20.55	26.43	31.24	39.33	45.88	50.94	58.56	61.94		77.70
AMM15	8.1.1	AMM	HEDI3	Antidepressant Medication Management - effective Acute Phase Treatment	Time Limited P/U Rx	54.19%	55.33%	54.85%	57.39%	55.74%	57.79%	57.92%	57.44%	57.44%	57.68%	79.34%		54.89%
AMM15	8.1.2	AMM	HEDI3	Antidepressant Medication Management - effective Continuation Phase Treatment	Time Limited P/U Rx	32.96%	32.99%	32.55%	34.78%	36.89%	35.25%	41.67%	42.15%	42.98%	43.98%	68.18%		47.19%

Antidepressant Medication Management
Effective Continuation Phase Treatment



Ambulatory Care*
ED Visits/1000 member months



2012 2013 Baseline -1% Target

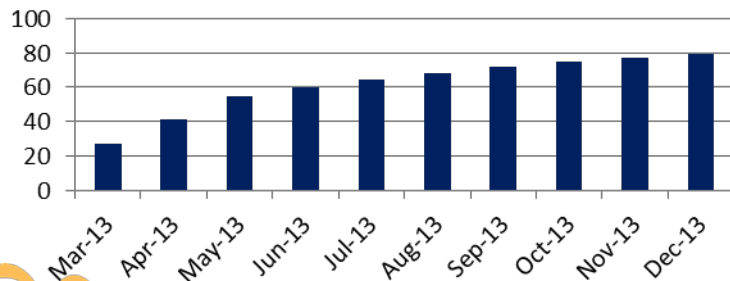
2012 2013 Baseline -1% Target

Illinicare Sample Monitoring Report

HEDIS 2014

Population	Measure	Submeasure	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
ALL	Comp Diabetes 13 (CDC13)	HBA1C Testing	26.97	41.41	54.59	59.72	64.44	68.34	72.11	74.78	77.46	79.77
ALL	Cholesterol Mgmt 13 (CMC13)	LDL-C Screening	28.25	41.45	53.76	57.45	63.47	66.47	69.13	71.89	75.05	77.95
ALL	Persist B Blocker 13 (PBH13)	Persist B Blocker	67.86	72.41	87.88	81.4	83.33	87.76	90.74	96.3	96.43	96.49
ALL	Antidepress Meds 13 (AMM13)	Effective Acute Phase Treatment	44.9	47.13	47.25	49.82	51.6	51.79	51.8	51.97	52.31	52.31
ALL	Pharm Mgmt COPD 13 (PCE13)	Systemic Corticosteroids	79.45	81.9	81.66	80.83	80.63	75.77	75.0	76.38	76.73	75.06

**Comp Diabetes 13 (CDC13)
HBA1C Testing**



**Antidepress Meds 13 (AMM13)
Effective Acute Phase Treatment**

