Using Core Measures to Drive Quality Improvement

Facilitated by Karen LLanos
Acting Director, Medicaid Innovation Accelerator Program, CMS
Agenda

• Using the Adult and Child Core Measure Sets for Quality Improvement: The Massachusetts Experience
  – Louise Bannister and Jillian Richard-Daniels

• Measurement and Change: Using Patients’ Experience of Care to Build Medical Homes
  – Charles Gallia
Using the Adult and Child Core Measure Sets for Quality Improvement: The Massachusetts Experience

Louise Bannister
CHIPRA Quality Demonstration Grant Project Manager

Jillian Richard-Daniels
Senior Project Director, MassHealth Quality Office
Agenda

• Overview
• Multi-level approach to using the Core Measure Sets
  – At the statewide level
  – At the MassHealth (MH) and health plan level
  – At the practice/medical group level
  – With patients and families
• Lessons learned and next steps
Core Measure Sets Influence Statewide Measure Alignment in Massachusetts

The Problem

- Lack of alignment between federal, state, and local measurement efforts
- Providers required to create multiple versions of the “same” measure for different insurers

The Opportunity

- Mandated Standard Quality Measures Set (SQMS):
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Centers for Medicaid and Medicare Services’ Hospital Process Measures (for Acute Myocardial Infarction, Heart Failure, Pneumonia, and effective surgical care)
  - Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)

The Quality Improvement

- Statewide Quality Advisory Committee (SQAC)
- Leveraged the Adult and Child Core Sets to supplement the legislatively required measures
  - Pediatric work supported by the MA Child Health Quality Coalition formed under the CHIPRA grant
### Core Measures and Plan Level Quality Improvement

<table>
<thead>
<tr>
<th>The Problem</th>
<th>The Opportunity</th>
<th>The Quality Improvement</th>
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<tr>
<td>No crosscutting, MassHealth-wide quality improvement initiatives</td>
<td>Adult Medicaid Quality (AMQ) Grant presented an opportunity to set agency-wide quality improvement agenda, and Delve more deeply into two quality improvement topics being addressed by managed care entities (MCEs) and behavioral contractor - Postpartum Visit Rates (PPV) - Initiation and Engagement of Alcohol and Other Drug Treatment Rates (IET)</td>
<td>Formed cross MassHealth, multi-agency workgroup to explore and shape quality improvement project (QIP)</td>
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Peeling the Onion – The QIP Process, Part 1

- Process Mapping – Identified the pathways that members can initiate and engage in treatment (IET) and Post Partum visits (PPV)
- Root Cause Analysis – Fishbone diagram and 5 whys to identify drivers impacting alcohol and other drug treatment initiation or PPV rates
  - 4 levels (Provider, Member, Insurer, Systems)
Peeling the Onion – The QIP Process, Part 2

• Intervention Design and Selection
  – Use Decision Matrix to select potential interventions
  – Also considered expansion of existing work and ways to avoid duplication

Example: Postpartum Visit Decision Matrix with Selected Interventions

<table>
<thead>
<tr>
<th>Potential Postpartum Interventions</th>
<th>Benefit</th>
<th>Effort</th>
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<tbody>
<tr>
<td></td>
<td>Amenity</td>
<td>Health Impact</td>
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<tr>
<td>Develop/Identify screening tool for women at high risk</td>
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<td>Develop fact sheets and trainings for MassHealth customer service and outreach workers.</td>
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The Interventions

Initiation and Engagement of Alcohol and other Drug Treatment

• MassHealth Provider Bulletin: Increase awareness of the IET Measure and the primary care provider role in supporting treatment attempts

• Community Health Worker (CHW) Training: Increase CHW capacity to support MH members with accessing and participating in treatment

• Screening Brief Intervention and Referral to Treatment (SBIRT) Training for Primary Care Payment Reform Practices (PCPR): To increase PCPR provider capacity to use SBIRT

Post Partum Visits

• MassHealth Provider Bulletin: Increase awareness of strategies to engage patients to improve postpartum visits rates and ensure proper billing of these services

• CHW Training: Increase CHW capacity to support MH members in attending their postpartum visits

• Text4Baby: Directly engage MH members, educate about postpartum care, connect to resources, and encourage visit attendance through customized texts
Core Measures and Supporting Quality Improvement at the Medical Group Level

The Problem

• Limited capacity to report results at the medical group level
• Quality measure reports received by practices from several different insurers, often with different results
• Difficult for practices to discern variations, identify opportunities for improvement, and understand how to effect change

The Opportunity

• Through the CHIPRA demonstration grant, test the feasibility of calculating rates for the Child Core Set Measures, using multiple data sources, at the medical group level
• Report rates to medical groups and seek feedback on relevance and actionability
Lessons Learned about Supporting Quality Improvement at the Medical Group Level

• Not possible to provide medical group-level results for all measures
  – 16 of the 24 measures from the initial set
• Overall process is time-consuming and resource-intensive
  – In 2014, completed reports containing 2010 data
Core Measures and Supporting Quality Improvement at the Medical Group Level

• Practices found the reports useful overall
  – Variations among practices/medical groups a motivator for action, and enable identification of areas for improvement
    “... the comparison to our group...as well as the comparison to the Massachusetts rate. That’s always helpful to us because in isolation, obviously, it’s hard to discern. Certainly, that’s helpful.” (Practice 4)
  – Topics measured spanned important domains
    • Management of the patient panels (e.g., well-child care)
    • Care for children with special needs (e.g. Follow-up after mental health hospitalization, and ADHD medication follow-up)
    • Care delivered outside of primary care (e.g., dental care and ED visits)
Core Measures and Patients and Families

The Problem

• Quality measurement not understood by most patients and families
• Patients and families often not engaged in supporting improvement efforts

The Opportunity

• Engage families in developing plain language descriptions of quality measures and how to support quality improvement efforts
• Obtain feedback from families on the relevance and actionability of the measure results
The Family-Focused Report

Report Elements

• Why this measure is important
• What this measure looks at
• What you can do
  – Children and youth
  – Families
• What your child’s doctor can do or what your child’s dentist or dental hygienist can do

Examples: Families

• Bring your child to the dentist at least once a year, or more often if needed. Schedule the next appointment before you leave the dentist’s office.
• Ask your dentist or hygienist to show you the right way to brush your child’s teeth. Teach your child to brush that way at home.
• Make sure your child brushes his or her teeth after eating.
• Give your child only water if he or she wants a drink at bedtime.
Lessons Learned about the Core Measures from Patients and Families

• Having this information was seen as ‘empowering’
• Opportunity to become more informed about how health care quality can be measured, and how they can work with providers to improve care for their child
• Families valued some types of measures over others
  – Strong preference for Patient Experience Survey measures
  – Valued measures of services delivered by primary care, over services delivered outside of primary care
  – More valuable topics of interest identified (e.g., follow-up for a positive developmental screen, transition to adult care)
Lessons Learned and Next Steps

- Aligning the measure calculation and reporting work with the needs of the audience is important for making best use of the measure sets to support quality improvement.
- We plan to use the lessons learned from our Adult Core Measures grant and CHIPRA demonstration grant work on child core measures to support improved approaches to quality improvement in the future.
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Measurement and Change: Using Patients’ Experience of Care to Build Medical Homes

Charles Gallia
Principal Investigator, CHIPRA Quality Demonstration Grant, OR, WV and AK
Co-Investigator, Oregon Adult Medicaid Quality Grant
Overview

• Numbers
  – Results at state and managed care level
  – Results at practice level

• Improvements in measures
  – Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan and Clinician and Groups, Patient Centered Medical Home items
  – Shared decision making

• What made this possible?
Oregon’s Commitments to CMS

- Reduce the annual increase in the cost of care by 2 percentage points
- Ensure that quality of care improves
- Ensure that population health improves
- Provide an annual assessment of Oregon’s performance on 33 measures
- Ensure that quality of care and access to care do not degrade during health system transformation
- Financial penalties to the state if we fail to show improvement
- State “test” of quality and access
Incentives and Quality Pool

CCO Incentive Metrics

• Annual Coordinated Care Organization (CCO) performance on 17 measures tied to incentive funding (“quality pool”)

• Measure Specifications and Methodology online at http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx

Quality Pool

• Quality Pool methodology online at: http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx
Number Results

Incentive metrics
- 11 out of 15 CCOs earned 100% of the quality pool
  - One CCO earned 70% and three earned 80%
- Statewide improvement on all 14 of the incentive measures included in the report

Statewide metrics
- Of the 17 other metrics, we saw statewide improvement on 9 measures
- There were just two measures where we did not see any improvement statewide or at the CCO level
Oregon Medicaid Adult CAHPS® Health Status

- Excellent: 9% (2014), 6% (2011)
- Very Good: 20% (2014), 17% (2011)
- Good: 34% (2014), 33% (2011)
- Fair: 26% (2014), 29% (2011)
- Poor: 12% (2014), 15% (2011)
CAHPS® Clinic and Groups, Patient Centered Medical Home Items, Oregon’s Practices:

• Someone at provider’s office talked to you about specific goals for your child’s health.
  – The rate went from 40.9 percent in 2013, to 45.4 percent in 2014.

• Someone at provider’s office asked you if there are things that make it hard for you to take care of your child’s health.
  – The rate went from 17.0 percent in 2013, to 23.2 percent in 2014.
Shared Decision Making

CAHPS® Clinic and Groups, Patient Centered Medical Home Items

• No questions for children
• Adults anchored to pharmaceutical changes

Why is this an important area?

• Shared decision making is the cornerstone of patient centered medical homes
• Shared decision making is shared responsibility
• A story on shared decision making
Why Was This Possible?

• Supportive state and federal administrative environment
  – CHIPRA Quality Demonstration Grant – directly informed Oregon’s Patient-Centered Medical Home standard
  – Adult Medicaid Quality Grant – created the potential for knowledge transfer to behavioral health settings for adults
  – … a dialogue

• Public-private partnerships
  – Oregon Pediatric Improvement Partnership
  – Oregon Rural Practice-based Research Based Network
  – West Virginia Health Improvement Institute
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Question and Answer