

Quality Measurement and Improvement in Medicaid and CHIP: A New Journey

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A New Reality

New Leadership

New Policy

New Authority

New Funding

New and Continuing
Partnerships

New Canvas



The Center for Medicaid, CHIP and Survey & Certification: Our Mission

- ❖ To help States make Medicaid and CHIP the **best programs** they can be and to contribute to the broader goal of improving health care for **all Americans**
- ❖ **Beneficiaries** are our focus
- ❖ **Partnerships** are critical to success – and a new look at provider level contributions

CMCS Priorities

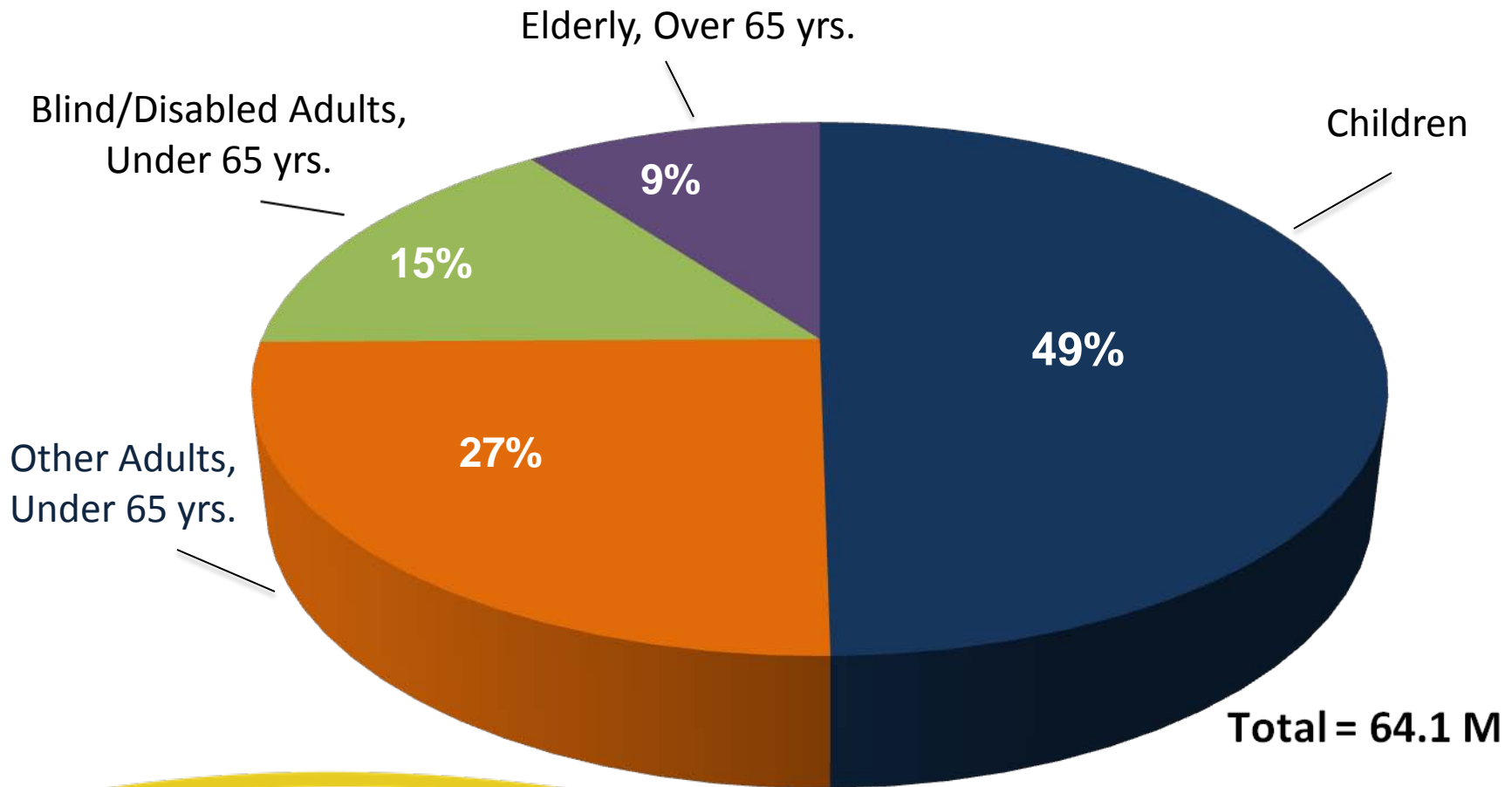
- ❖ Enrolling all eligible individuals
- ❖ Assuring access to care
- ❖ Assisting States to be effective payors
- ❖ Promoting national delivery system improvements
- ❖ Improving data and systems
- ❖ Ultimately improving care delivery and health outcomes

Children's Coverage Does Not Need to Wait

The Secretary's Challenge: Enroll the 5 million uninsured children who are currently eligible for Medicaid or CHIP over the next five years

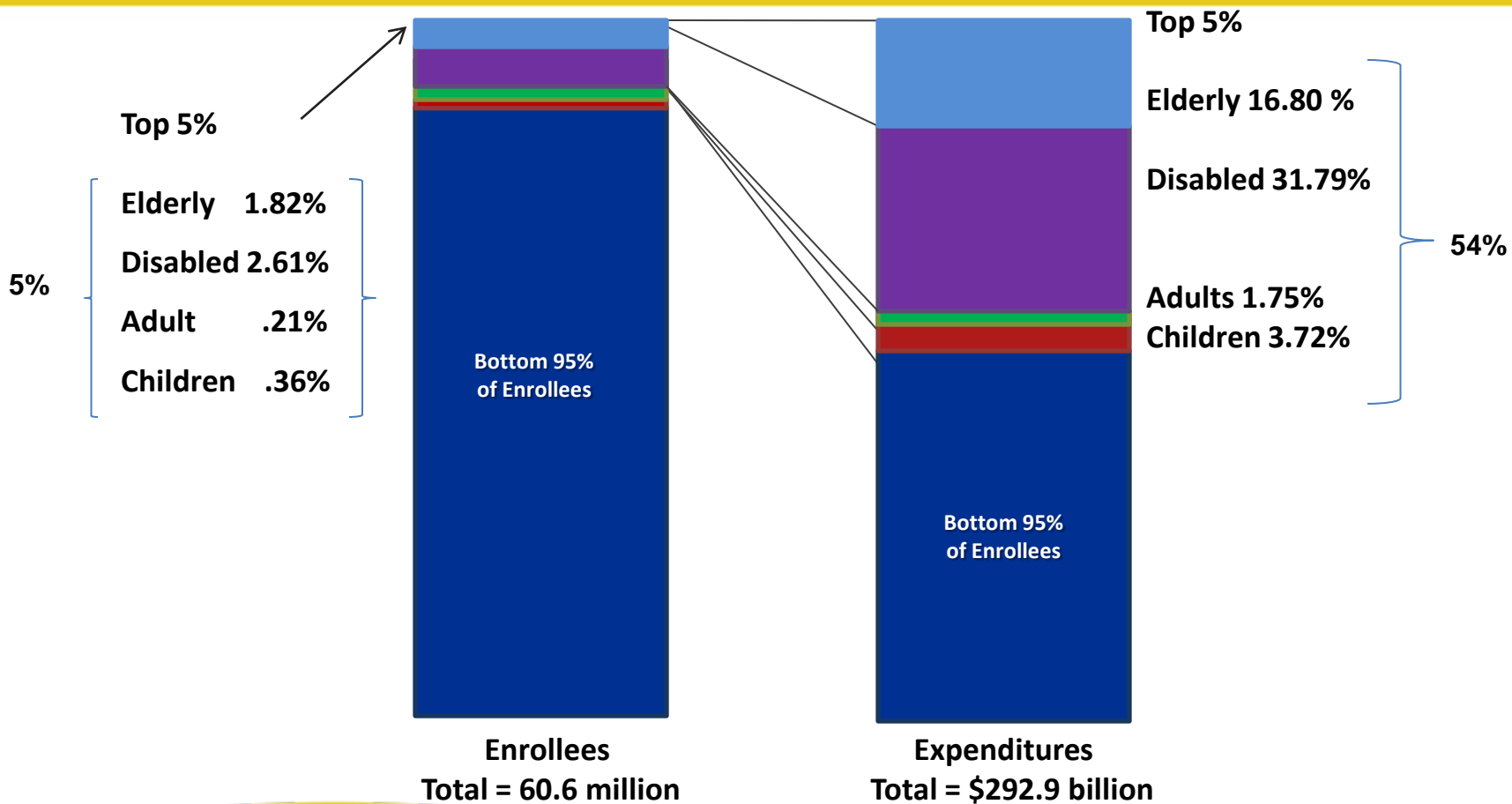


Medicaid and CHIP Enrollment by Eligibility Category, FY 2009 (Unduplicated annual enrollment)



Source: US Dept of Health and Human Services, 2009 CMS
Statistics; CMS Pub. No.034497 08/2009

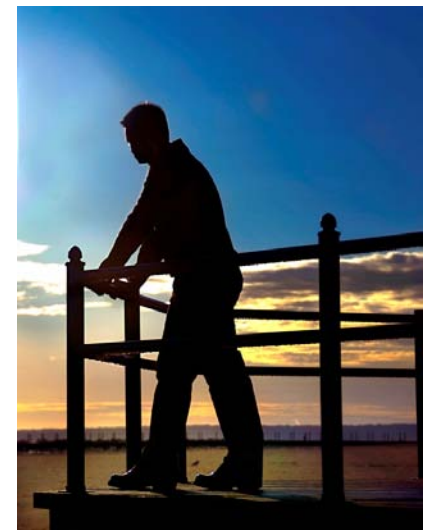
Top 5% of Enrollees Accounted for More than Half of Medicaid Spending in FY 2008



A New Reality - CHIPRA

“In a decent society, there are certain obligations that are not subject to tradeoffs or negotiation. Health care for our children is one of those obligations.”

President Barack Obama, February, 2009



A New Reality – HITECH

“For years, health policy leaders on both sides of the aisle have urged adoption of electronic health records throughout our health care system to improve quality of care and ultimately lower costs. Today, with the leadership of the President and the Congress, we are making that goal a reality.”

DHHS Secretary Sebelius, July, 2010

“This is a turning point for electronic health records in America, and for improved quality and effectiveness in health care, ... we have sought and received extensive input from the health care community, and we have drawn on their experience and wisdom to produce objectives that are both ambitious and achievable.”

David Blumenthal, M.D.

National Coordinator for Health Information Technology

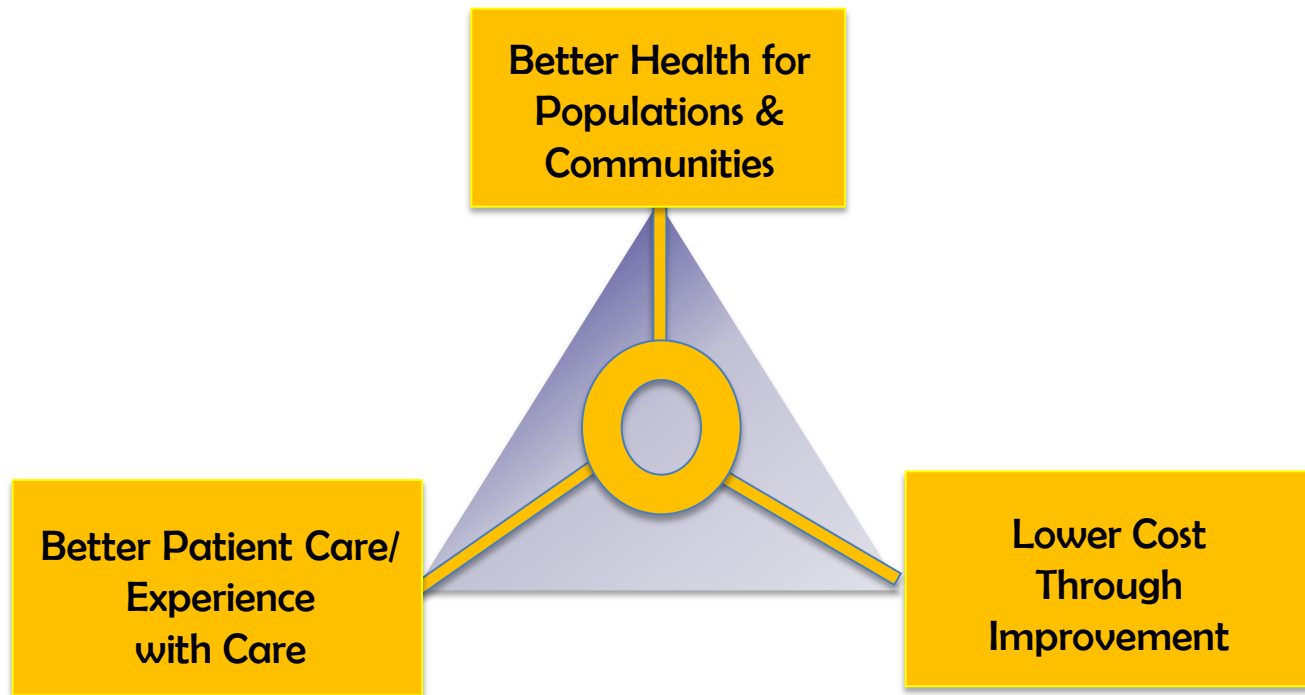
A New Reality – The Affordable Care Act

“After a year of striving, after a year of debate, after a historic vote, health care reform is no longer an unmet promise. It is the law of the land.”

President Barack Obama, March 23, 2010



Add the Vision of Dr. Berwick – You Achieve the “Triple Aim”



Payment & Delivery System Reforms

- ❖ No payment for Healthcare Acquired Conditions
- ❖ Medical and health homes/Coordinated Care
- ❖ Accountable Care Organizations
- ❖ Community-based efforts
- ❖ Primary care provider increase (2013)

Additional Focus on Quality and Prevention

- ❖ National Quality Strategy
- ❖ National Prevention Strategy
- ❖ Eliminating Disparities in Care and Health Outcomes

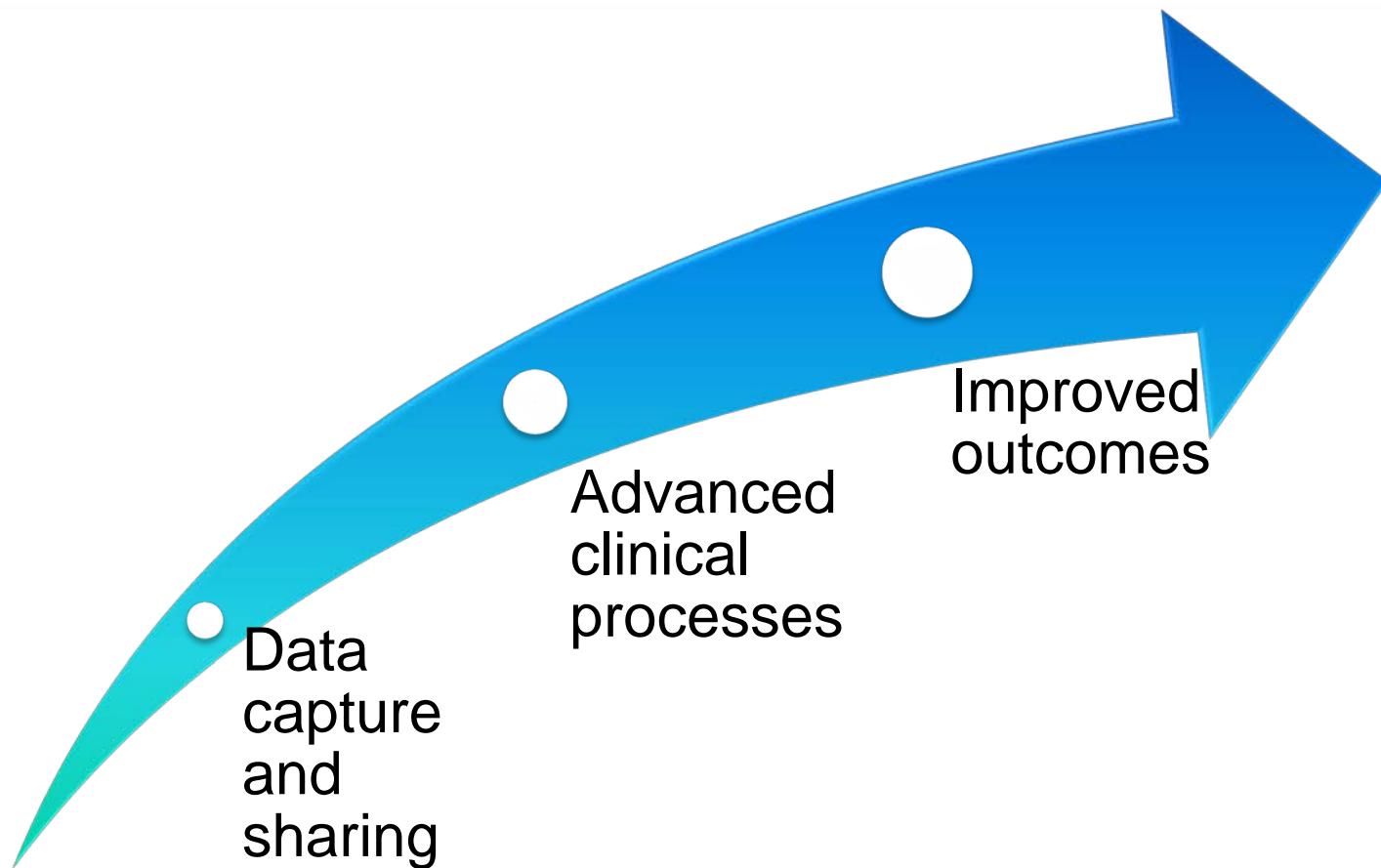


Integrating Recovery Act and CHIPRA Efforts into Health Reform

Creating a high performing Medicaid program

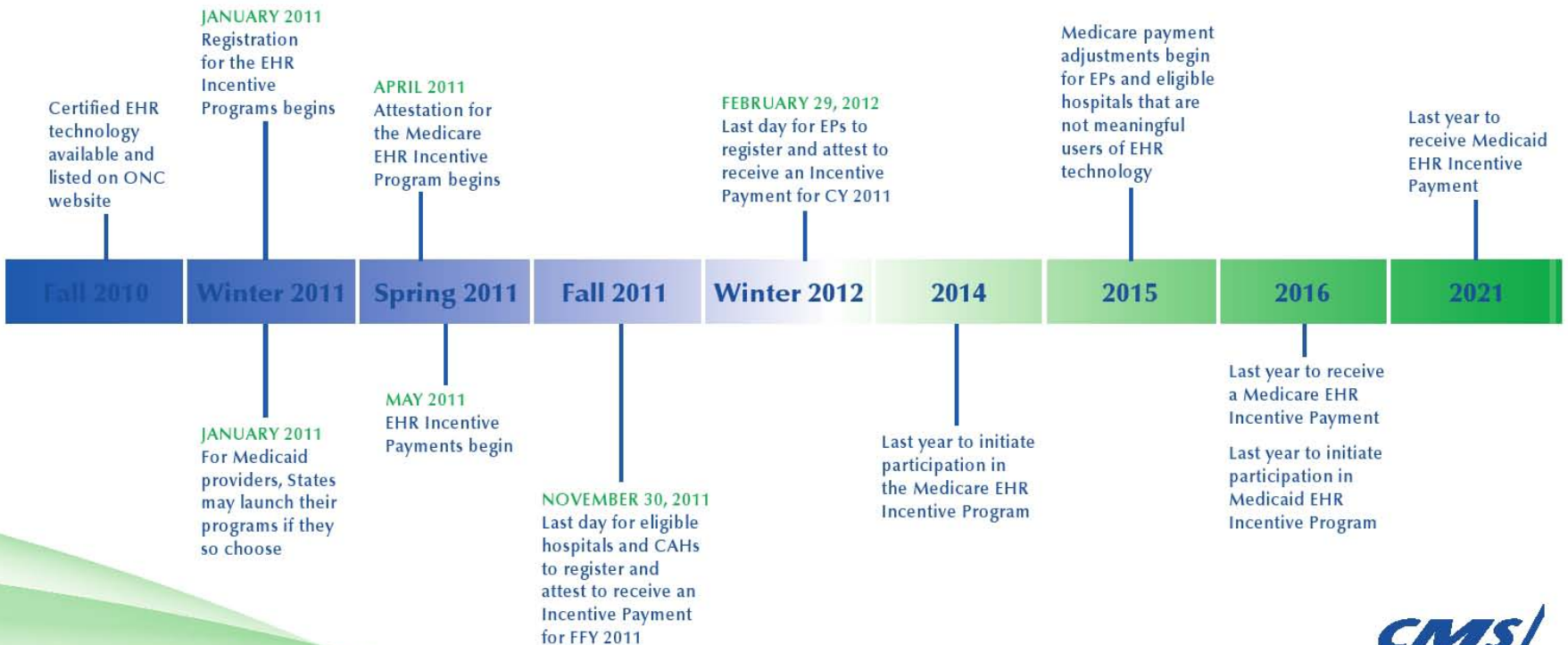
- ❖ Systems upgrades and data/performance standards
 - ✓ Integration with the Exchange
 - ✓ Interoperability with other programs/data sources
 - ✓ Data enhancements, analysis, performance measures and transparency

Integrating CHIPRA and ARRA Efforts into Reform





CMS Medicare and Medicaid EHR Incentive Programs Milestone Timeline



Building on the Foundation of CHIPRA

- ❖ Continued Partnership with AHRQ in developing the Pediatric Quality Measures Program
 - Measure Enhancements
 - Measure Development
 - Measure Testing and Implementation

Building on the Foundation of CHIPRA

- ❖ State Voluntary Reporting of Initial Core Measures
(see handout)
- ❖ Implementing a National Technical Assistance Program on quality management and improvement – targeting a national conference 2011
- ❖ Institute of Medicine Study – Available in 2011

Building on the Foundation of CHIPRA

- ❖ Implementation of a Pediatric Electronic Health Record Program
- ❖ New External Quality Reporting for CHIP Programs that have managed care delivery systems



Building on the Foundation of CHIPRA

Opportunities for States to Test Innovations in Quality Improvement

\$100 million dollars across 10 Grants involving 18 States to test and evaluate:

- CHIPRA Quality measures
- HIT impact on care for children
- Provider delivery model impact on care for children
- New CHIPRA electronic health record format for children
- Special innovations related to medical home, EPSDT, promising practices in State partnership QI initiatives

CHIPRA QUALITY DEMONSTRATION SUMMARY FOR STATE GRANTEEES

(see handout)

GRANT	States	CHIP Program Alignment to Medicaid	Initial Core Quality Measures Testing	HIT Initiative	Provider Delivery Model Initiative	CMS EHR Format Testing	Summary of Quality Initiatives (including non-core quality measure and non-CMS driven EHR activities)
1	ME	Combo	√	√	√		Improve exchange of child health data to expedite and coordinate services, especially for children in foster care and rural areas. Test impact of payment reform and implement Bright Futures clinical guidelines with medical home model. Lead learning network to share practices with non-grantee states. Improve EPSDT data collection and test core set and supplemental measures.
	VT	Separate	√	√	√		
2	FL	Combo	√	√	√		Test core and other quality measures with improved data sharing with enhanced HIT initiatives. Incorporate practice re-design with coordination networks particularly for children with special needs. Also will support QI initiative to improve birth outcomes in both states.
	IL	Combo	√	√	√		
3	MA	Combo	√		√		Apply & evaluate quality performance information for providers, families, and policy makers. Use learning collaboratives and practice coaches to share information for transforming pediatric health care practices into multi-payer medical homes - particularly for targeted conditions (asthma, childhood obesity, attention deficit disorder). Develop registry links and a centralized data warehouse repository. Test core set and supplemental measures.
4	PA	Separate	√	√		√	Use quality measures and pre-assessment questionnaires to promote use of HIT and maximize early identification of children with developmental delay, behavioral issues, and complex medical conditions. Provide medical homes, specialists, social service agencies, and families with access to care plans and referral status via use of electronic tracking system and registry links. Test CMS EHR format for children.
5	UT	Separate		√	√		Use EHRs, HIE, portal, and medical home coordinators to improve regional coordination of care for children with special health care needs and clinical decisions. Use learning collaboratives to share QI tools and resources. Use results to inform payment reforms.
	ID	Combo		√	√		
6	CO	Separate				√	Integrating school-based health centers with medical home model to enhance prevention focus, access, chronic care management, and consumer self-management.
	NM	Expansion				√	
7	NC	Combo	√	√	√	√	Use public-private partnership of professional/community organizations to test core set measures and provider models. Focus will be on children with developmental/behavioral/mental health challenges. Test CMS EHR format for children and incorporate Bright Futures guidelines.
8	OR	Separate	√	√	√		Use personal and electronic health records and health information exchange to evaluate medical home model, with a focus on rural areas and tribal populations. Test core set and supplemental measures.
	AK	Expansion	√	√	√		
	WV	Separate			√		
9	SC	Combo	√	√	√		Use of medical home model to effectively coordinate care and integrate behavioral health into primary care and EPSDT screenings in 18 diverse pilot practices. Support NCQA medical home certification for practices. Use HIE and interactive coaching to provide practices with evidence-based clinical information and <i>continuous feedback</i> .
10	MD	Expansion				√	Improve clinical, functional, and social outcomes and avoid institutional placement for children with serious behavioral health needs through a contractor-supported Care Management Entity provider model using specialized services, intensive care coordination, and peer support. Use HIT to support clinical decision making.
	GA	Separate				√	
	WY	Separate		√	√	√	

Building on the Foundation of CHIPRA

- ❖ Implementing a National EPSDT Improvement Workgroup
- ❖ Implementing a National Oral Health Improvement Strategy with State Medicaid and CHIP programs

A Path Forward: CMS' Oral Health Strategy for Medicaid and CHIP

- Establishing new oral health goals for Medicaid and CHIP
- CMS reviews of 23 states' dental programs
- State Health Official letter
- Technical assistance with States and external partners
- Development of state action plans
- Working with providers
- Strengthening understanding of preventive oral health
- Quality measurement and data collection
- Health Information Technology



Building on the Foundation of CHIPRA

❖ Expanding upon the CMS Neonatal Outcomes Improvement Project

*Nearly 2/3 of adult women covered by Medicaid are in their reproductive years.

*Medicaid covers 4 of 10 births and approximately 2 of 3 publically-funded family planning services.



Building on the Foundation of CHIPRA

- ❖ Assessing new quality improvement opportunities with managed care and External Quality Review Organizations



Managed Care & External Quality Review

- Why Important? About 57% (29 million) Medicaid enrollees in managed care requiring quality reviews; CMS pays ~ 70% of cost
- Currently updating EQRO review protocols through NCQA contract
- Developing plan for TA to states on managed care regulatory requirements and review of States EQRO annual reports
- Partner with accrediting organizations (e.g., NCQA, URAC) to cross walk their accreditation standards that comply with MCO regulations under CFR Part 438
- Developing EQRO & QIO joint initiative

Building on the Foundation of CHIPRA

- ❖ Annual Secretary's Report on Child Health Quality Reporting by States – 1st Report released September 30th
- ❖ Report to Congress on Secretary Efforts to improve the Quality of Children's Health Care – Jan 2011

Building on the Foundation of CHIPRA

- ❖ Incorporating other HHS priorities and health reform quality improvement initiatives – obesity, asthma, tobacco prevention and cessation, reducing readmissions, eliminating disparities in care
- ❖ Continue to expand upon our collaborative efforts with partners dedicated to improving care



Understanding the Adult Medicaid Population: Overall Adult Health

- Medicaid enrollees ages 21-64:
 - Majority had at least one potentially serious health condition.
 - 57 % were overweight, had diabetes, high cholesterol, high blood pressure, or a combination of these conditions.
- Medicaid enrollees with disabilities are more likely to have 3+ chronic conditions (cardiovascular, psychiatric) than enrollees w/o disabilities.
- People eligible for both Medicaid/Medicare are referred to as the “Duals”:
 - 3 in 5 dually-eligible have multiple chronic conditions
 - Roughly 37% have cardiovascular disease ; 20% have 1+ mental cognitive condition (e.g., Alzheimer's disease)

Sources: KFF: Low-Income Adults Under Age 65, June 2009.

GAO: Study on Medicaid Preventive Services, August 2009.

Identifying a Core Set of Quality Measures for Adults in Medicaid



Web Reference Links for More Info

❖ CHIPRA

❖ <http://www.cms.gov/chipra/>

❖ 1st Secretary's Report on Quality of Care for Children in Medicaid & CHIP

http://www.cms.gov/MedicaidCHIPQualPrac/02_Spotlight.asp

❖ AHRQ information on the CHIPRA Core Measure Set

<http://www.ahrq.gov/chipra/>

Web Reference Links for More Info

❖ CHIPRA

- ❖ CMS Technical Assistance - email inquiries to CHIPRAQualityTA@cms.hhs.gov
- ❖ HHS Overview information on CHIPRA Quality Efforts <http://www.insurekidsnow.gov/professionals/CHIPRA/index.html>

Web Reference Links for More Info

- ❖ **HITECH Electronic Health Records and Meaningful Use**

<http://www.cms.gov/EHRIncentivePrograms/>

- ❖ **Affordable Care Act**

<http://www.healthcare.gov/law/introduction/index.html>

- ❖ **HHS National Quality Strategy**

- ❖ <http://www.hhs.gov/news/reports/quality/nhcqsap.html>

NEXT STEPS - We Have the Levers to Do It

- ❖ A President, Secretary of Health, CMS Administrator, Center Director, and National Partners with motivation to improve the health of the nation
- ❖ New authorities and funding to address technology, payment, certification, technical assistance and public reporting improvement needs
- ❖ The initiation of a new national quality improvement infrastructure for Medicaid and CHIP that has never existed before

WOULD YOU ENROLL IN MEDICAID?

WORTH REPEATING:

- ❖ Medicaid and CHIP should be programs that providers are proud to participate in.
- ❖ CMS recognizes the need to work with our partners to understand lessons learned, ongoing challenges, successes, and opportunities to improve the health of the nation.

Achieving the Triple Aim:

- **Person-Centered/Better Care**
 - * **Improved Population Health**
 - * **Cost-Effective Health Care**

