

Quality Care in Medicaid & CHIP – Developing & Expanding Our Potential

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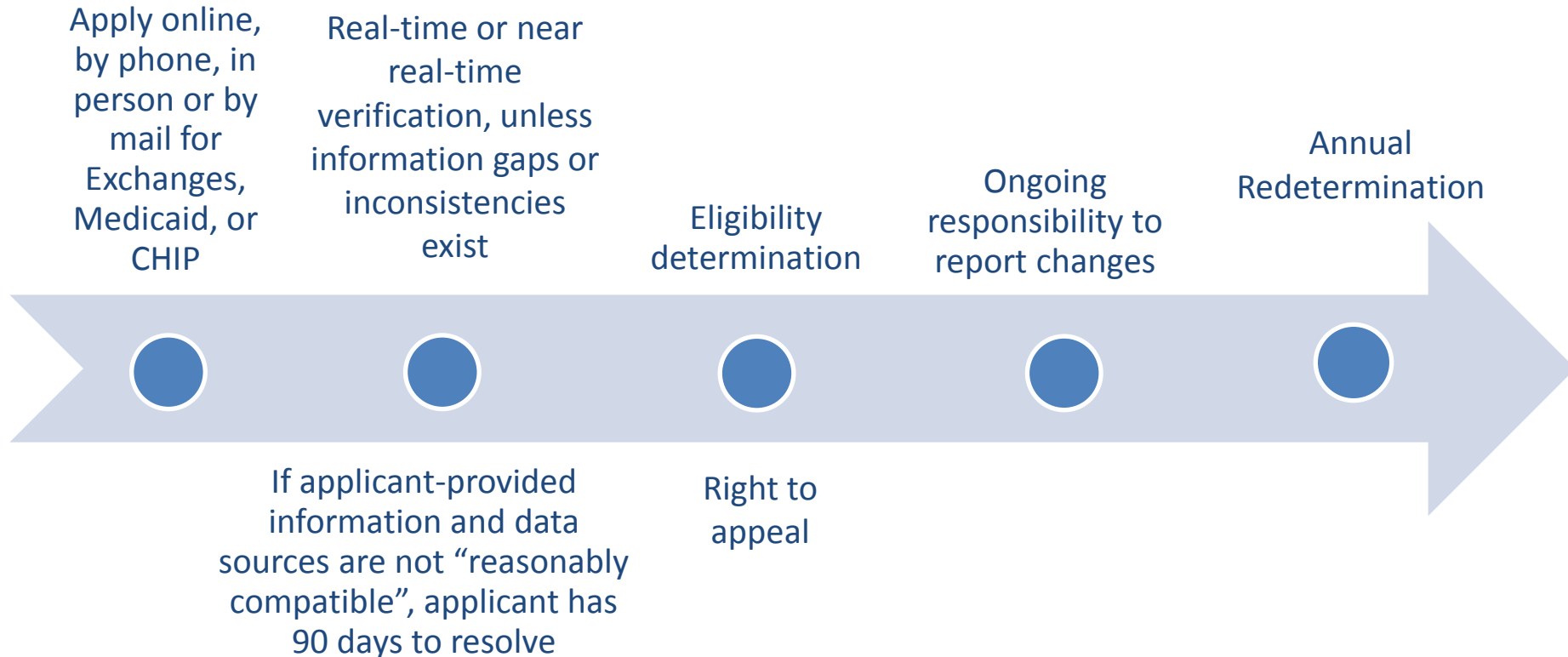
Centers for Medicare & Medicaid Services



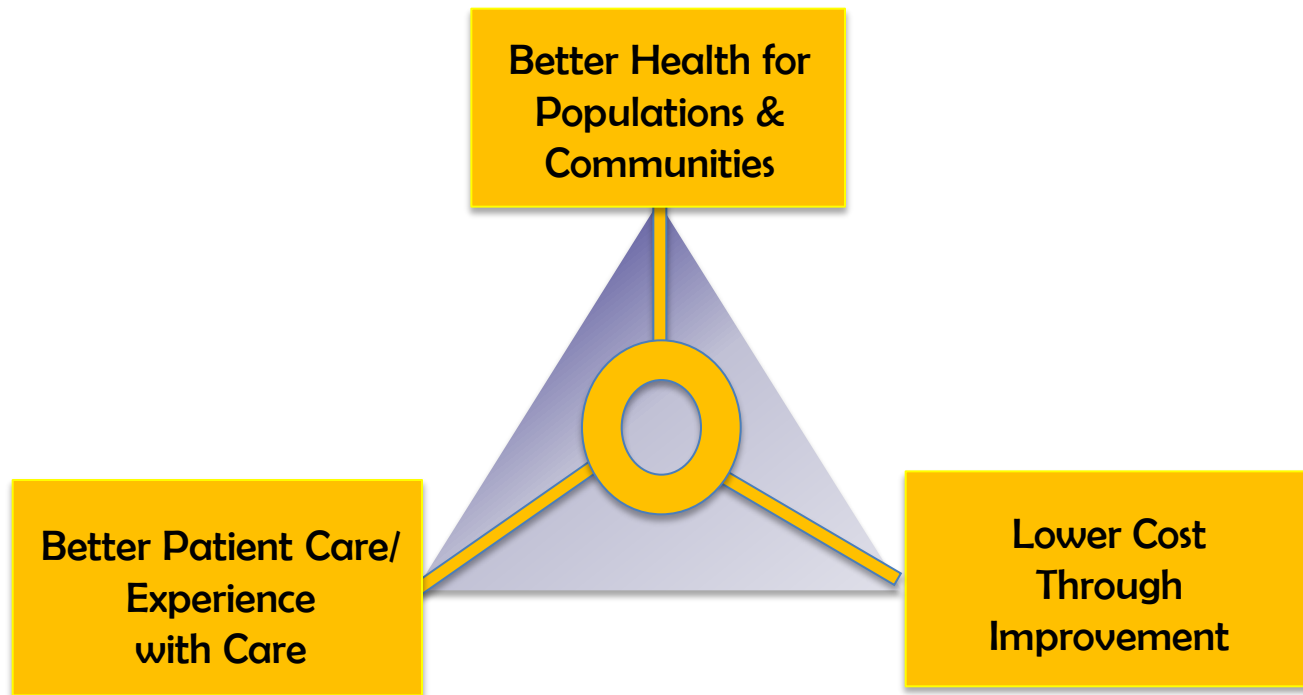
The Center for Medicaid and CHIP Services

- ❖ 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

Streamlining the Eligibility Determination Process (for Exchange, Medicaid and CHIP)



The Three Part Aim – More important than ever before



The National Quality Strategy

❖ Three Part Aim establishes Pillars for the Strategy

❖ 6 Priorities:

- Safer care - reducing harm in the delivery of care
- Engaged patients and families as partners in care
- Promoting effective communication and coordination of care
- Promoting most effective prevention and treatment for leading causes of mortality (Million Hearts Campaign)
- Working with communities to promote wide use of best practices to enable healthy living
- Affordable , quality care through new delivery models and improved health outcomes

Using Quality Measures For Accountability & Quality Improvement in Medicaid

Doing What Counts & Measuring What We Are Doing

- ❖ Assess national and state needs
- ❖ Design and evaluate interventions
- ❖ Evaluate progress and setbacks
- ❖ Foster competition among providers/plans
- ❖ Inform choices of states and enrollees to obtain greater value for their dollars

Managed Care Opportunities – Enrollment 2010

- **Medicaid population at 54,612,393**
- **Managed care almost 71.5%** (from 56.82% in 2001).
- **Medicaid only MCOs - 14,696,779**
- **Medicaid duals – 9,325,792**

Managed Care Sets the Stage

- **External Quality Review Opportunities**
 - Performance Measurement
 - Performance Improvement Projects
 - Access and Operational Standards
 - Validation of Encounter Data
 - Surveys and Focused Studies
- **Accredited Health Plans demonstrate improved trends in care**

Initial Core Sets of Health Quality Measures for Children and Adults in Medicaid

Goal of the Core Sets:

- ❖ Reflect priority issues for the populations
- ❖ Provide national estimate of performance
- ❖ Provide State-level information for reporting to Congress - opportunities for quality improvement
- ❖ Offer relevant technical assistance in data collection and reporting
- ❖ Align with other regulatory requirements where possible

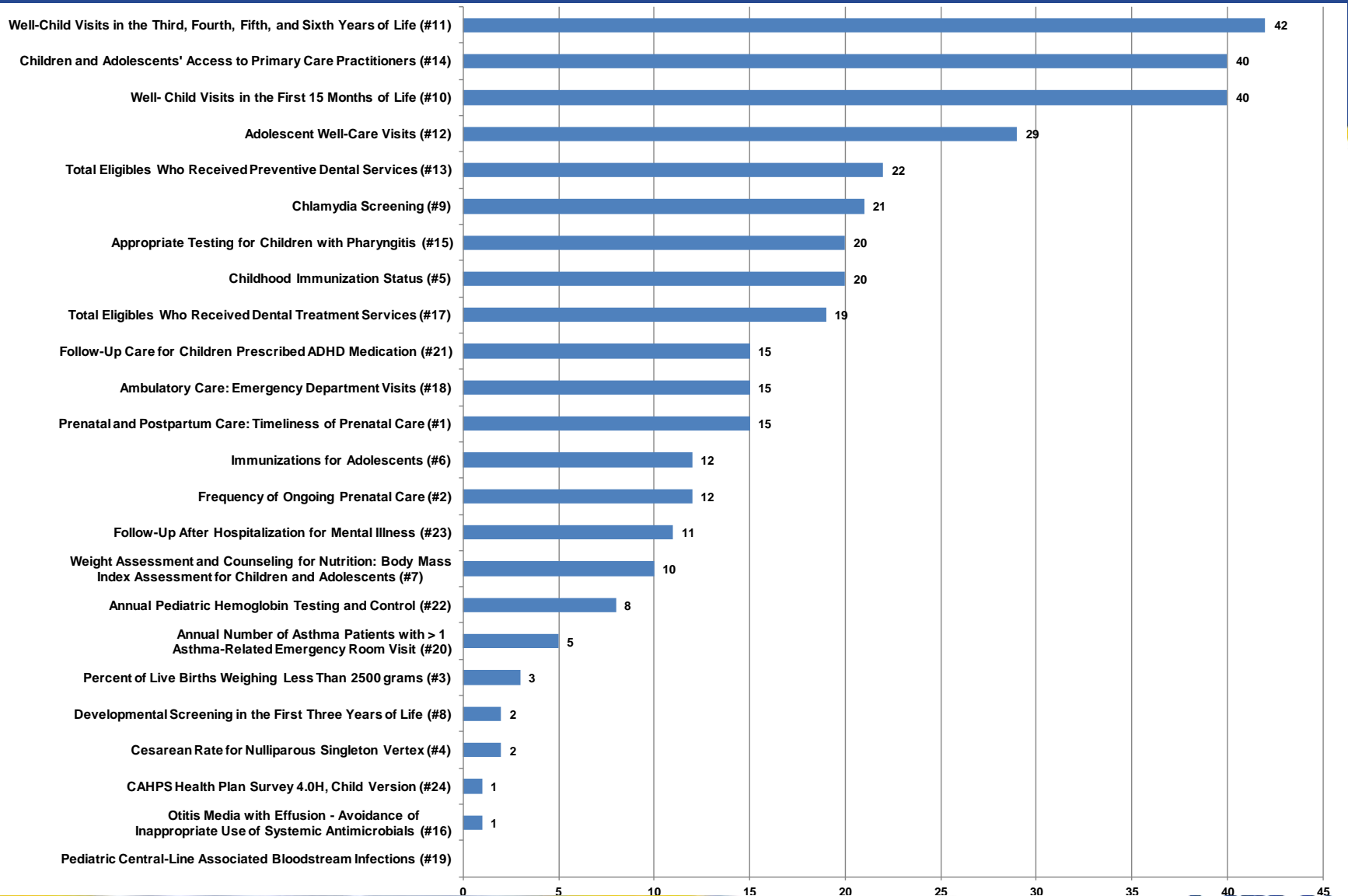
The Secretary's Annual Report on Quality: Starting with the Children ...

- ❖ First Annual Secretary's Report released in 2010
- ❖ CHIPRA Initial Core Set of 24 Voluntary Child Measures released January 2011 – technical assistance to States
- ❖ The 2011 Secretary's Report - first experience of States and voluntary reporting on initial child measures

What we are learning ...

- ❖ 42 States and DC Reported 1 or more Child Health Quality Measures in FFY 2010
- ❖ At least half of these states reported on seven or more measures.
- ❖ States were not able to report on all 24 measures - zero States reported on Pediatric Central Line Associated Bloodstream Infections

Number of States Reporting Each Measure



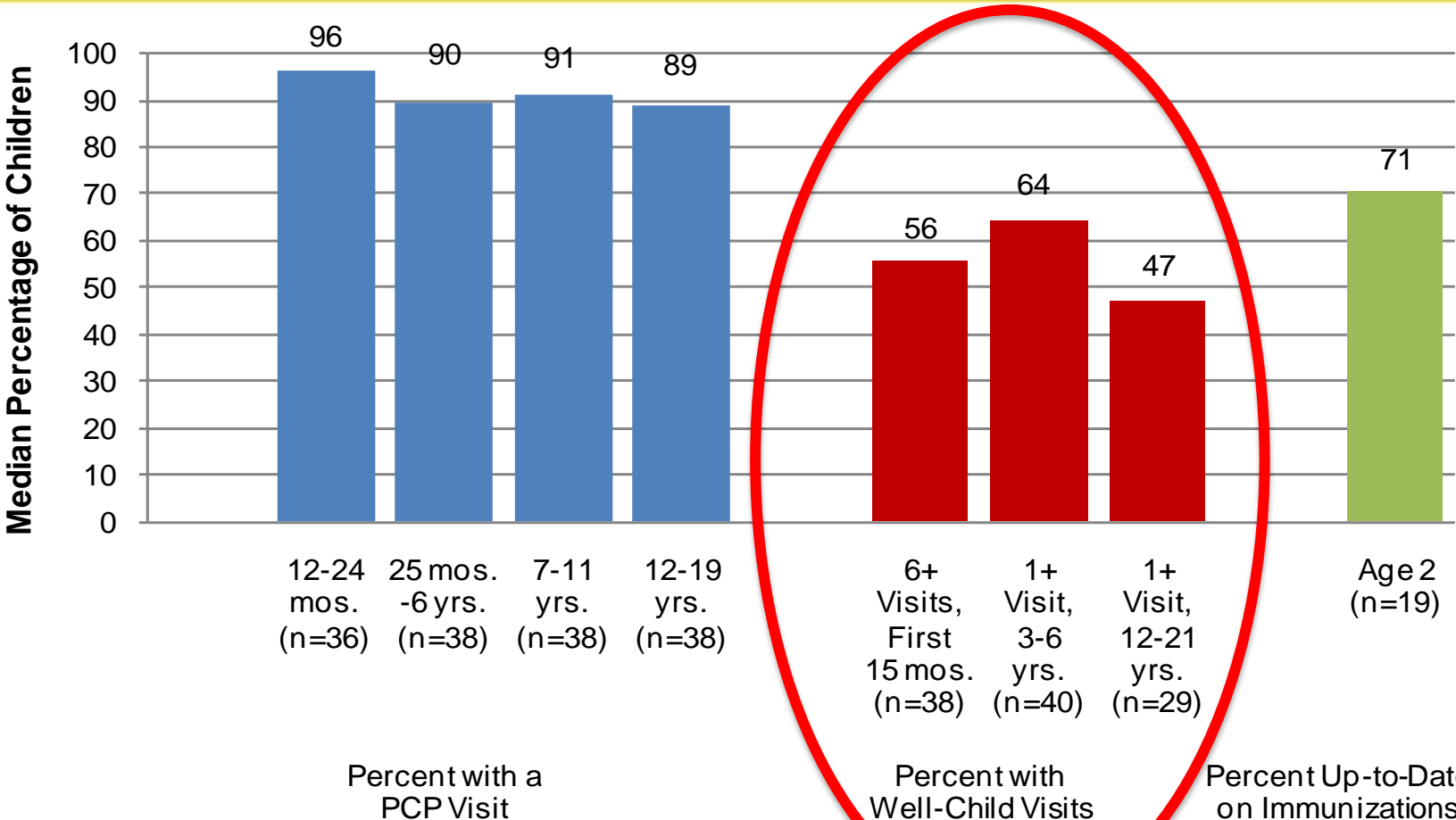
What we are learning ...

- ❖ States had generally **high performance on the primary care practitioner access measure.**
- ❖ The median rate of children with a visit to a primary care practitioner over the course of a year **ranged from a high of 96% among children ages 12 to 24 months to 89% for children ages 12 to 19.**

What we are learning ...

- ❖ Rates of access to a primary care practitioner were **comparable for children with public and private coverage**; however, well-child visit rates were slightly lower for children with public than private coverage.
- ❖ Children in the **first 15 months had the highest rate** of well-child visits, and adolescents had the lowest rate.

Adolescents had the Lowest Rate of Well-Child Visits

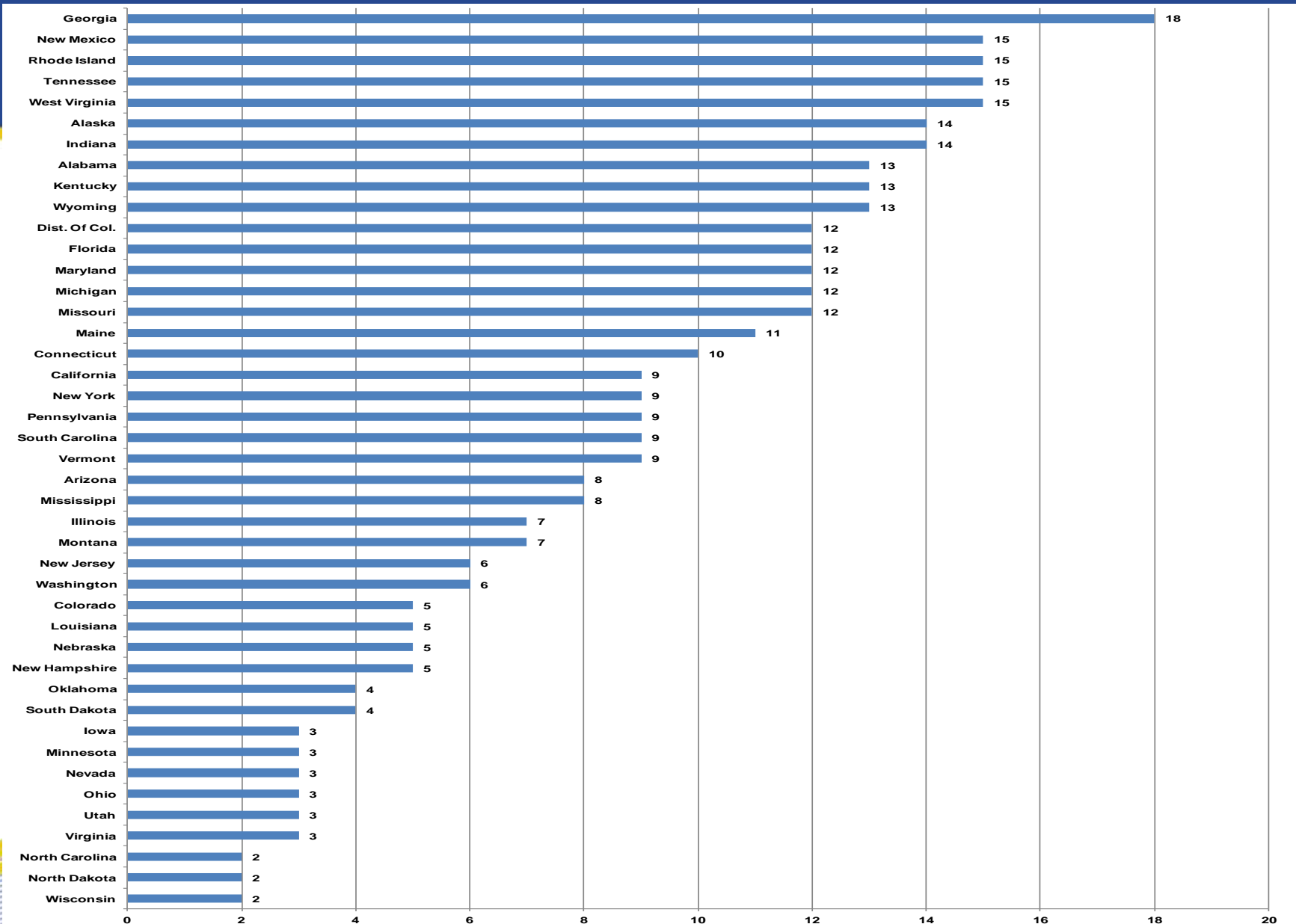


The Variation Among States in Well-Child Visits is Substantial

Table 5. Percentage of Children Receiving Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life, as Reported by States in their FFY 2010 CARTS Reports (n= 42 States)

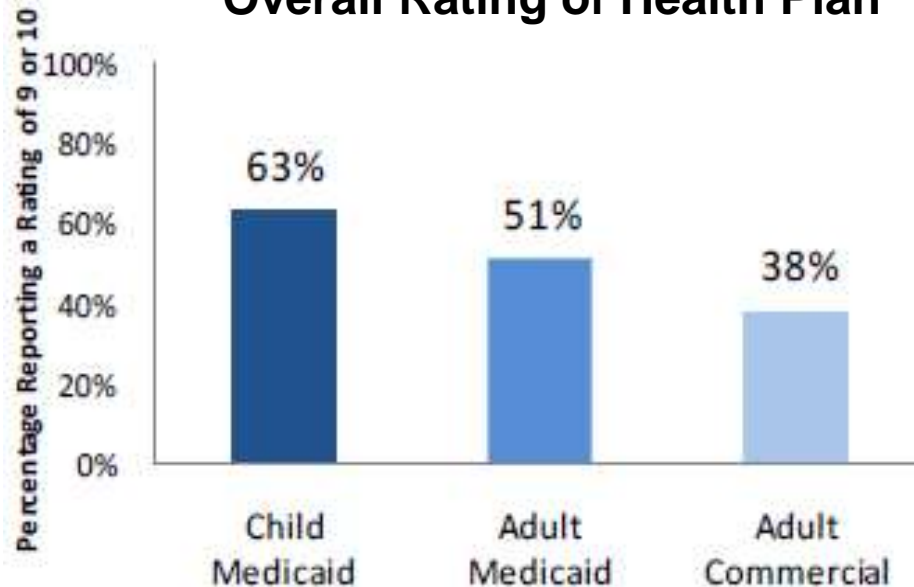
State	Year of Data	Population Included in Measure		Percentage of Children Receiving 1+ Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
		CHIP	Medicaid (Title XIX)	
Alabama	2010	√		46.4
Alaska	2009	√	√	51.0
Arizona	2009	√		74.1
California	2009	√		76.8
Colorado	2010	√		61.1
Connecticut	NR	√	√	77.0
District of Columbia	2009	√	√	73.6
Florida	2010	√		63.3
Georgia	2009	√	√	53.4

Number of Measures Reported by Each State

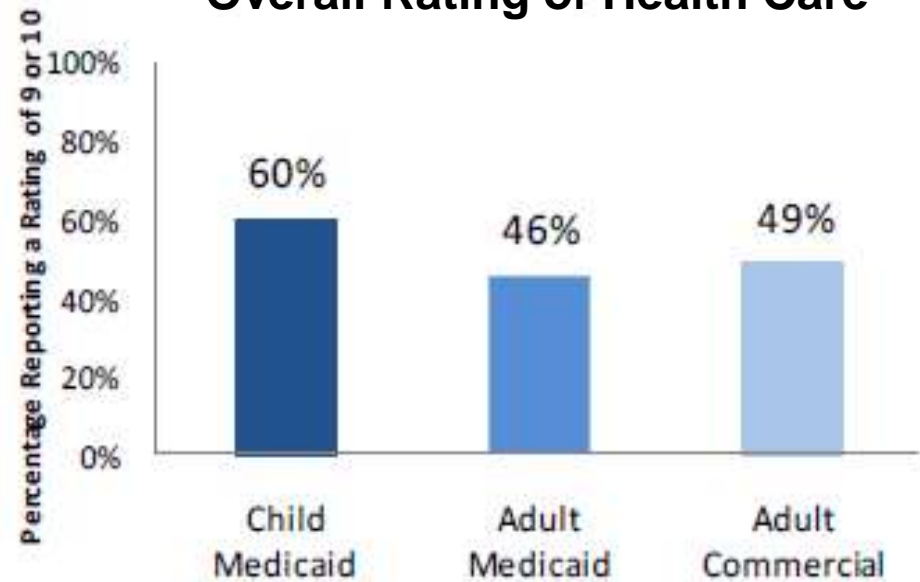


Parents of Children in Medicaid are More Satisfied with their Children's Health Care, Health Plans, and Providers than Adults in Medicaid or Commercial Health Plans

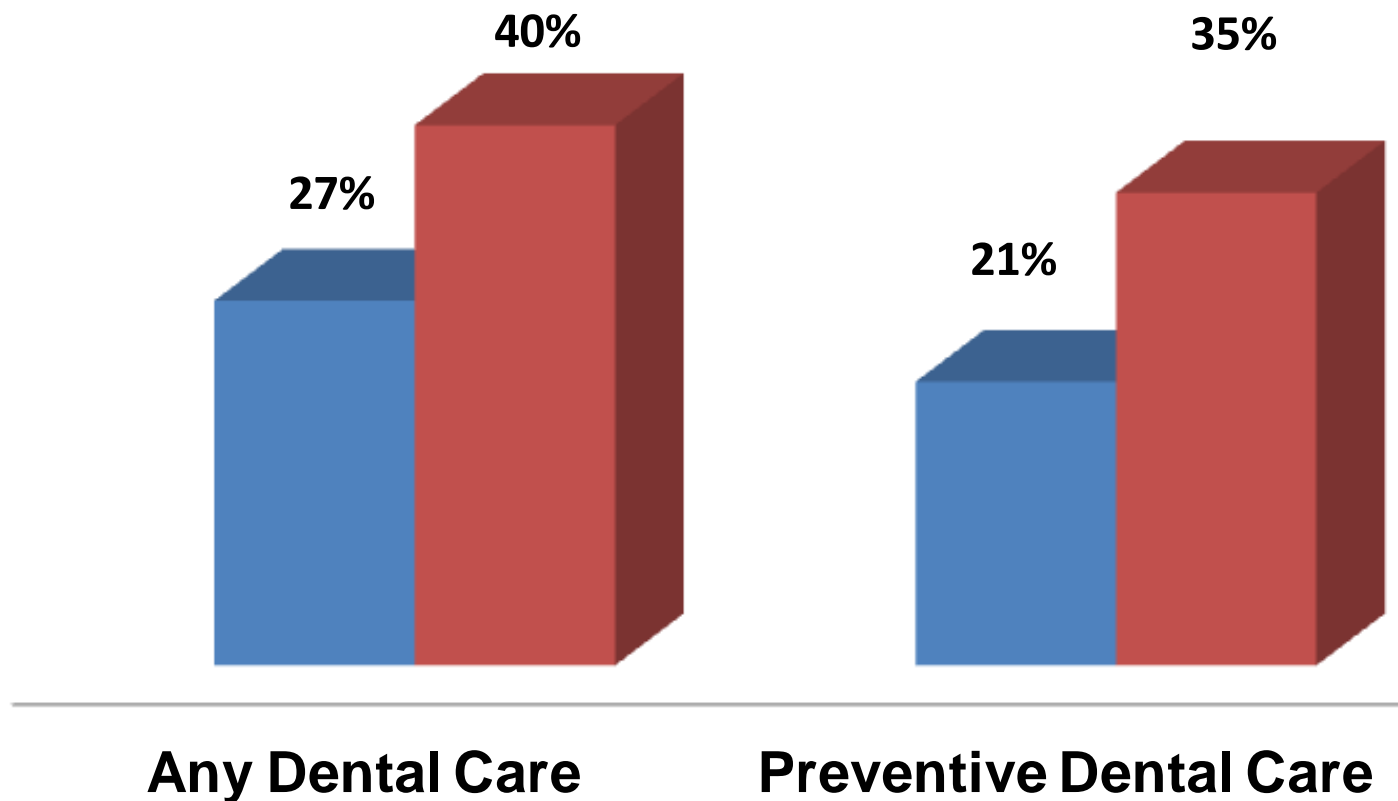
Overall Rating of Health Plan



Overall Rating of Health Care

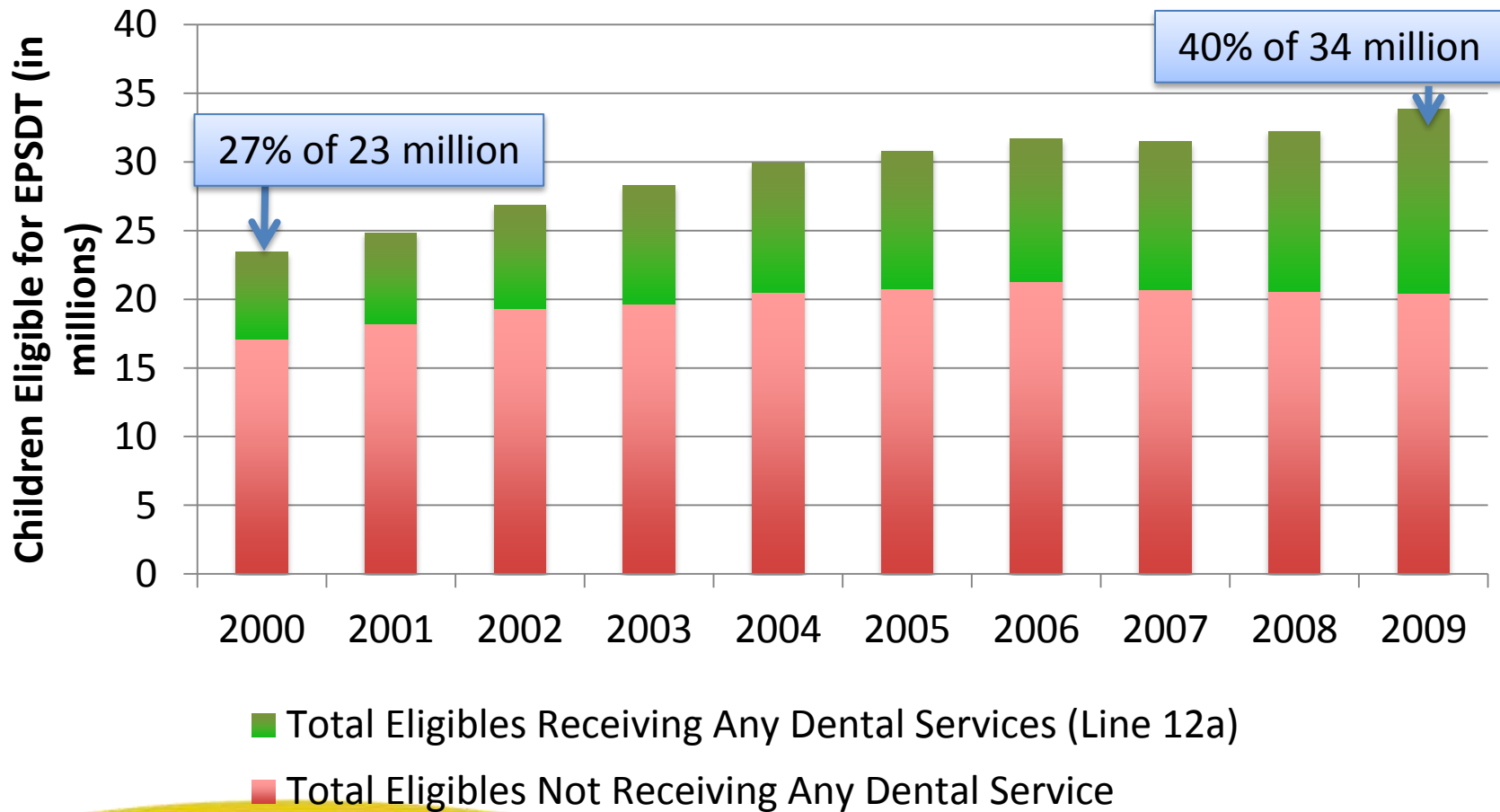


More Medicaid Children Are Receiving Dental Care, 2000 to 2009



■ 2000 ■ 2009

Use of Any Dental Services Improved Even While Enrollment Increased



Source: CMS-416 2000-2009 reports. National figures.

Plans for Further Improvement

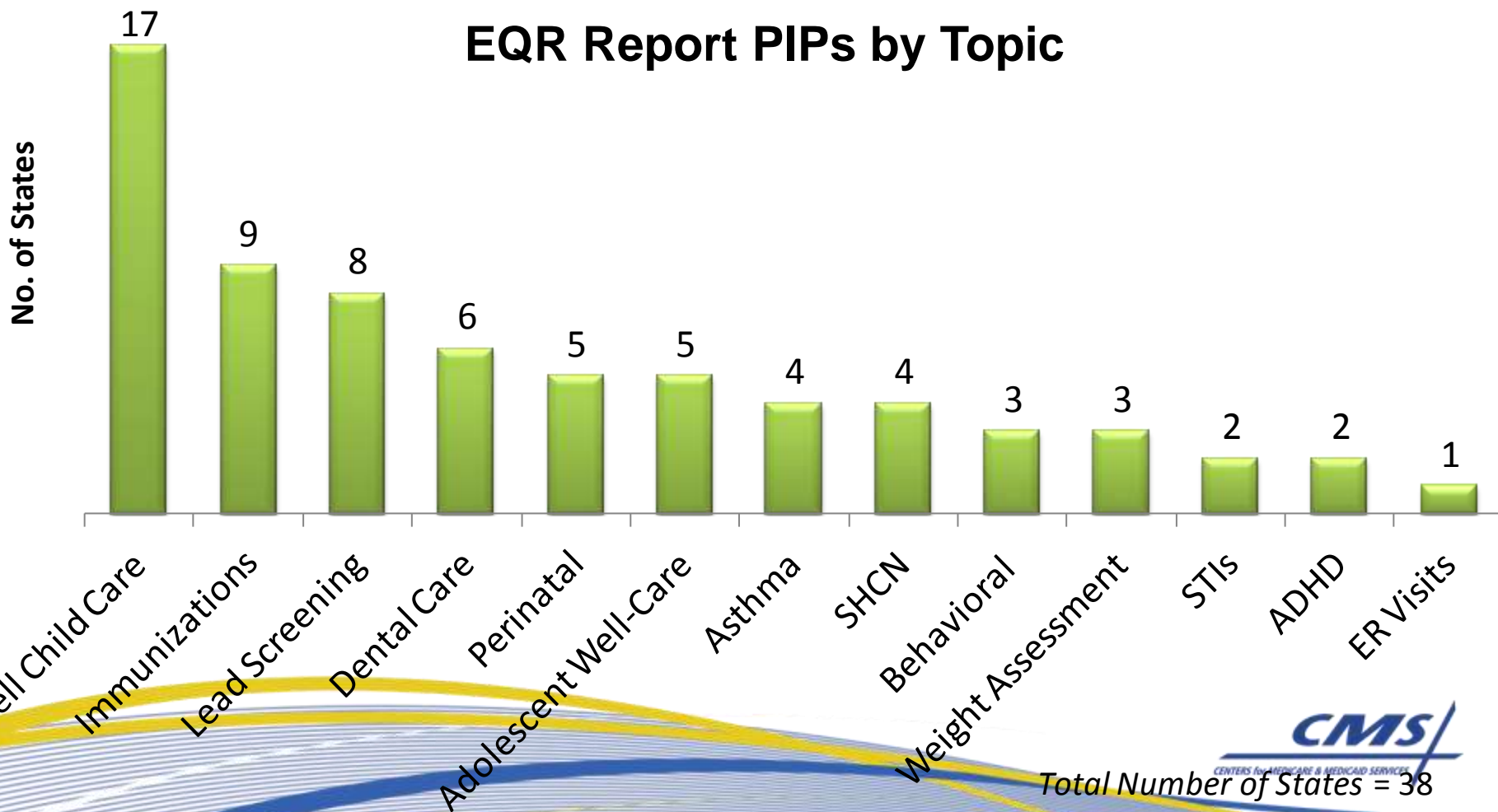
- **CMS Oral Health Strategy**
 - Goal: Improving receipt of preventive dental services by 10 percentage points by 2015
 - Will assist States in developing improvement plans
- **Improving Quality Measurement**
 - Working with ADA to develop new quality indicators
 - AHRQ, ONC, Meaningful Use

Managed Care

- **61% of Children obtain care through full-risk managed care arrangements in 43 States and DC**
- **All States that use managed care delivery for Medicaid and CHIP are required to have a system-wide quality program**
- **In 2010, 18 different EQROs held contracts with States to conduct annual quality reviews**

31 State Programs Required or Engaged in Performance Improvement Projects Specific to Children or Adolescents

EQR Report PIPs by Topic



What we Can't Assess in Managed Care - Yet

- ❖ Trends in improvement for PIPs – what interventions are working
- ❖ How performance measurement and improvement are being used to enhance and revise State Quality strategies
- ❖ State use/benefits of managed care tool kits
- ❖ How states leverage 75% match for improving care

CMS Initiatives to Improve Children's Health

- ❖ CMS continues to examine opportunities to improve utilization of services available to children under the EPSDT benefit
- ❖ Assessing immunization administration rates – State experiences with Vaccines for Children's program
- ❖ Broadening measurement development for care delivery and health outcomes with AHRQ and seven National Centers of Excellence

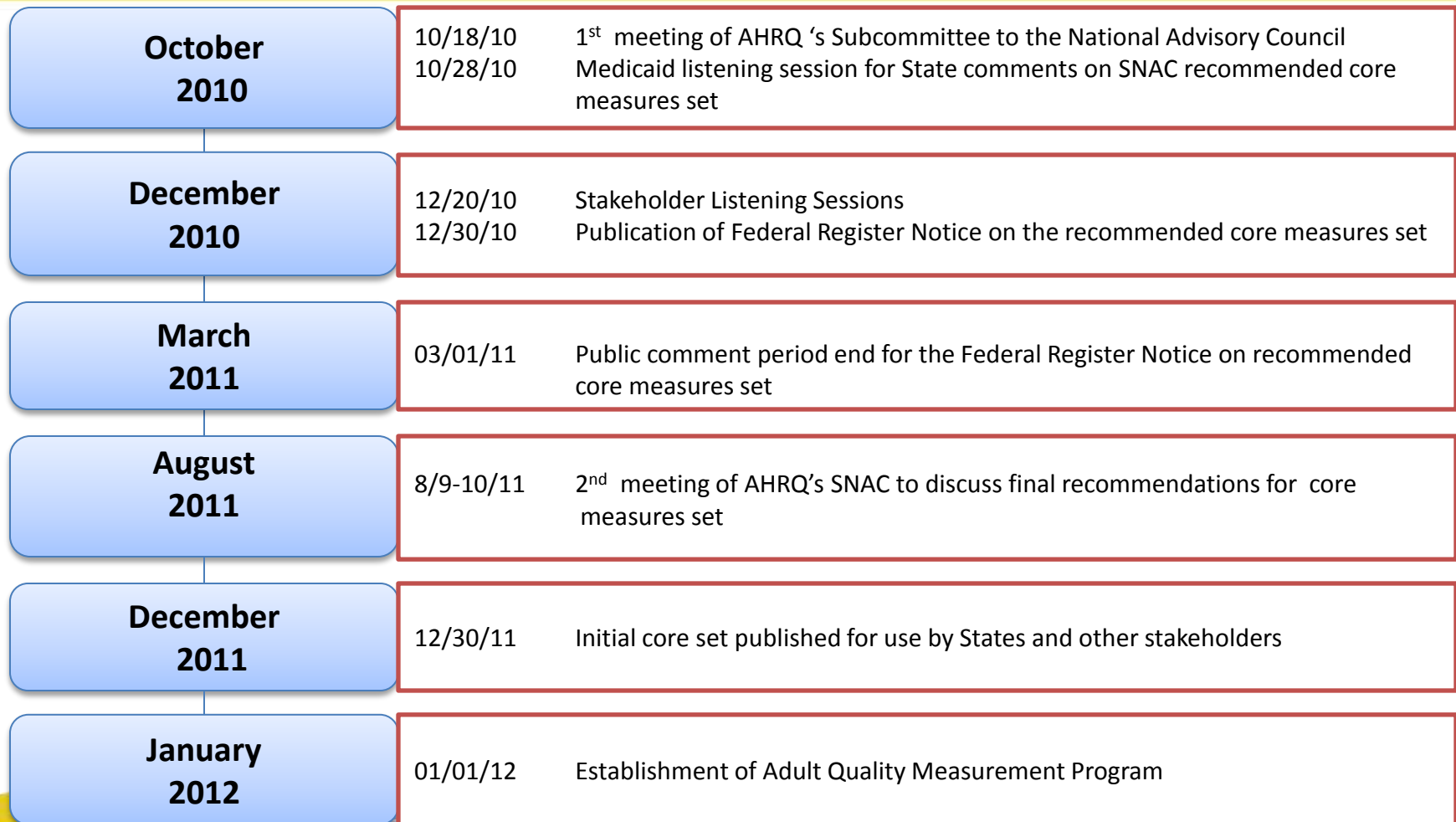
CMS Technical Support

- ❖ To support State efforts in quality measurement, CMS launched a CHIPRA Technical Assistance and Analytic Support Program in May 2011
- ❖ First ever National CMS Quality Conference was held in August 2011; ***if managed care track was offered in 2012 – MHPA recommendations?***
- ❖ CMS is exploring opportunities for increased External Quality Review Organization quality improvement support to States

Identifying a Core Set of Quality Measures for Adults in Medicaid

- ❖ Target population is Medicaid adults 18-64
- ❖ Collaboration with AHRQ - Subcommittee to the National Advisory Council (SNAC)
 - Four groups: adult health, maternal & reproductive health, substance use/behavioral health, and people with complex health care needs
- ❖ Measures that address complex health care needs a major gap - disabilities, multiple-morbidities, quality of life and functional status

Identifying a Core Set of Quality Measures for Adults in Medicaid



Quality Improvement: Future

- ❖ Use of quality measurement for CMS programs has grown rapidly, creating complex environment
- ❖ Significant effort underway within CMS to align, coordinate and improve development process, maintenance and implementation of quality measures
 - ❖ CMS, ONC, AHRQ, HRSA

Maternity Care

Focused look at maternity care:

- Nearly 2 of 3 adult women on Medicaid are in their reproductive years (19-44)
- Medicaid covers 4 of 10 births
- Variation in coverage for lactation services
- Family planning services often include:
 - Prenatal and postpartum care
 - Gynecological services
 - Testing and treatment of sexually transmitted diseases

Maternity Care

- **CHIPRA Core Set:**
 - Frequency of ongoing prenatal care
 - Timeliness of prenatal care
 - Cesarean rate for low-risk first birth women
 - % of live births weighing < 2500 grams

Maternity Care

- **Proposed for the Medicaid Adult Core Set:**
 - Elective delivery prior to 39 completed weeks gestation
 - Appropriate Use of Antenatal Steroids
 - Postpartum Care

Maternity Care

2011 Activities:

- ❖ Perinatal care Symposium – June 2011
 - Primary preventive strategies/health homes
 - Linking data across systems
- ❖ New partnership with March of Dimes and National Association of Public Hospitals

Partnership for Patients

- ❖ Reduce healthcare acquired conditions and preventable readmissions.
- ❖ Potential impact:
 - ❖ Preventing injuries for 270,000 Medicaid enrollees; avert 10,000 Medicaid enrollee deaths
 - ❖ Direct cost reduction to State Medicaid programs of \$350 million over three years
 - ❖ Improved care transitions for over 250,000 Medicaid enrollees
 - ❖ State Medicaid programs could save additional \$2.3 billion over three years

Moving toward true assessment of Disparities in Healthcare

- ❖ 9/23/11 - Report to Congress on the evaluation of approaches for identifying, collecting, evaluating data on health care disparities on basis of ***race, ethnicity, gender, primary language, and disability status*** under Medicaid and CHIP
- ❖ States collect data on many of these, but not uniformly.
- ❖ Rarely on primary language and disability

Moving toward true assessment of Disparities in Healthcare

- ❖ Updates to Federal Systems
- ❖ Updates to State Systems
- ❖ Revisions to quality measurements and survey tools
- ❖ Expanded analyses and reporting

Advancing The Quality Mission

- ❖ CHIPRA Quality State Demonstrations, Pediatric Quality Measures Program, Pediatric Electronic Health Record Format
- ❖ Affordable Care Act - Adult Medicaid Quality, Prevention and Safety Initiatives
- ❖ Continue integration of CHIPRA, HITECH, ARRA, Affordable Care Act Quality
- ❖ Developing Medicaid Quality Business Intelligence Tools for States and their Partners

Achieving the Three Part Aim:

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

