Medicaid Quality Strategy
Medicaid Advisory Committee (MAC)
May 26, 2021

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Medicaid Quality Strategy

As a refresher, in February we discussed a variety of quality strategies currently used:

- Medicaid Managed Care Quality Strategy
- Adult Long Term Care Quality Strategy
- Children's Long Term Care Quality Strategies
- Behavioral Health Quality Strategies

Medicaid Quality Strategy

What we were missing is a comprehensive, coordinated, sustainable quality strategy across all service delivery models

Medicaid Quality Strategy

In order to improve lives through high value programs and services that increase well-being and promote independence equitably, DMS needed to have a comprehensive quality strategy, which:

- Allows us to measure important outcomes
- Aligns quality goals to focus across the whole person
- Develops interventions and levers to improve outcomes
- Develops a sustainable structure for continuous quality improvement
- Integrates the National Standards for Culturally and Linguistically Appropriate Services (CLAS) and equity frameworks in outcomes and policies to promote health equity
- Addresses drivers of health to the extent possible through the Medicaid program

Medicaid Quality Strategy

- As a start, in February we presented 39 measures.

- We have since decided to focus on four desired outcomes to start implementing our new approach to Medicaid Quality.

- The purpose of this discussion is to get your feedback on:
  - Measures associated with these outcomes,
  - Interventions to achieve these outcomes, and
  - Additional thoughts to improve these outcomes.

Four Desired Outcomes
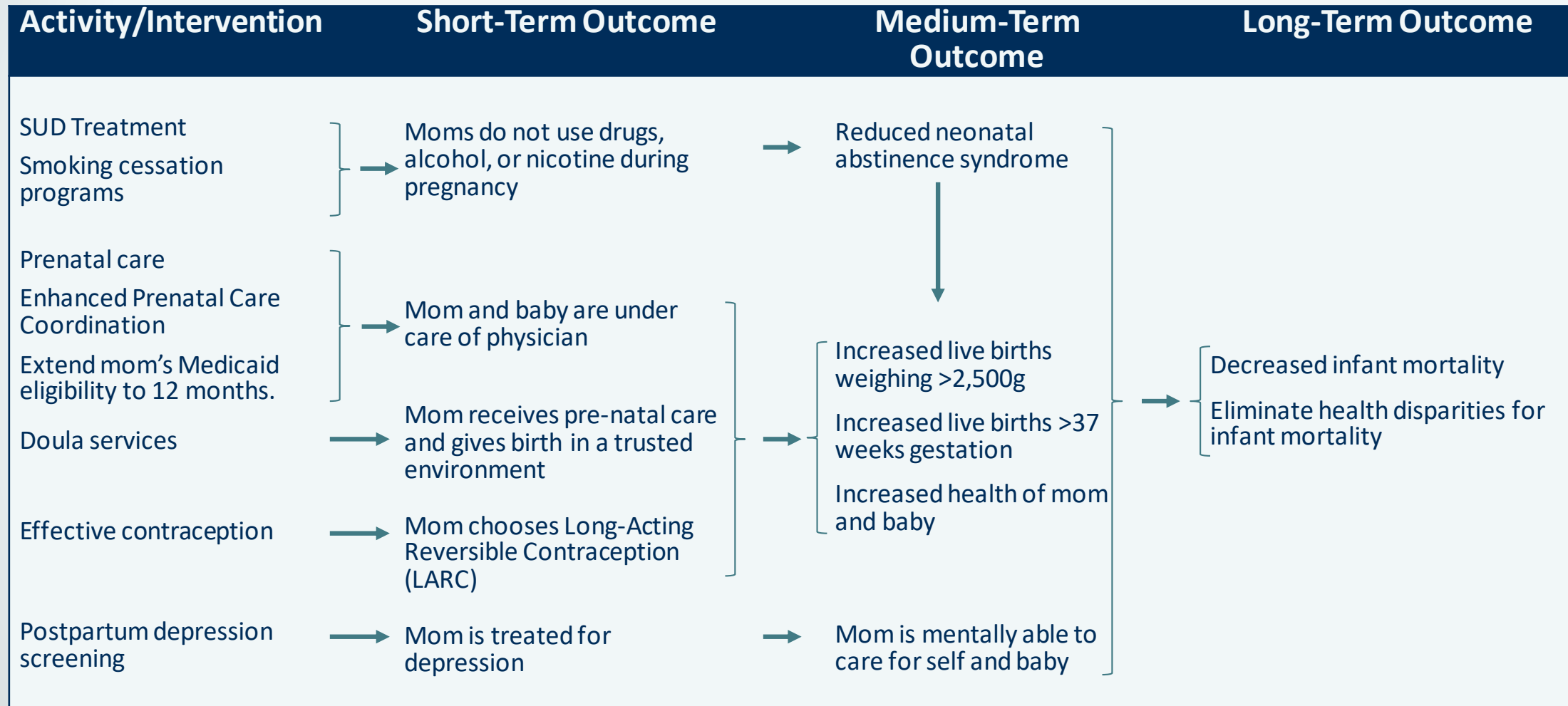
1. Reduce infant mortality
2. Reduce blood lead poisoning
3. Improve high blood pressure control
4. Reduce emergency department visits for behavioral health needs

- Measures for all of these outcomes will be stratified by various categories to identify populations with higher risk
- The following slides show ideal interventions and measures; we may not have access to all of those shown

1. Infant Mortality

- **Desired Outcome:** Reduce Infant Mortality
- **Outcome Measure:** Infant Mortality Rate
- **Definition:** The number of infants who die before their first birthday per 1000 live births
- **Justification:**
  - Wisconsin rate is 6.3 per 1000 vs. 5.8 nationally
  - Wisconsin African American rate is 15 per 1000, the worst in the nation
  - See 2019 DPH Annual Birth and Infant Mortality Report (2017 data)

1. Infant Mortality

Logic Model

Activity/Intervention	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
SUD Treatment Smoking cessation programs	Moms do not use drugs, alcohol, or nicotine during pregnancy	Reduced neonatal abstinence syndrome	
Prenatal care Enhanced Prenatal Care Coordination Extend mom's Medicaid eligibility to 12 months.	Mom and baby are under care of physician	Increased live births weighing >2,500g Increased live births >37 weeks gestation Increased health of mom and baby	Decreased infant mortality Eliminate health disparities for infant mortality
Doula services	Mom receives pre-natal care and gives birth in a trusted environment		
Effective contraception	Mom chooses Long-Acting Reversible Contraception (LARC)		
Postpartum depression screening	Mom is treated for depression	Mom is mentally able to care for self and baby	

1. Infant Mortality

- **Outcome measure:**
  - Infant Mortality Rate
- **Leading and lagging indicators related to reducing infant mortality:**
  - Low birth weight (<2500 grams)
  - Preterm births (<37 weeks)
  - Birth to birth interval (<18 months)
  - Neonatal abstinence syndrome
  - Prenatal Care (PPC-CH)
    - *BC+ HMO 2019 rate 89.2% compared to national 75th percentile of 89.1%*
  - Postpartum Care (PPC-AD):
    - *BC+ HMO 2019 rate: 76.5% compared to national 75th percentile of 76.4%*
  - Postpartum depression screening and follow-up
  - Contraceptive care – all women ages 15 to 44
  - Contraceptive care – postpartum women ages 15 to 44
  - Long Acting Reversible Contraception (LARC) uptake

1. Infant Mortality – Questions

Referring back to the activities/interventions/levers on slide 8:

- **What activities/interventions/levers are we missing?**
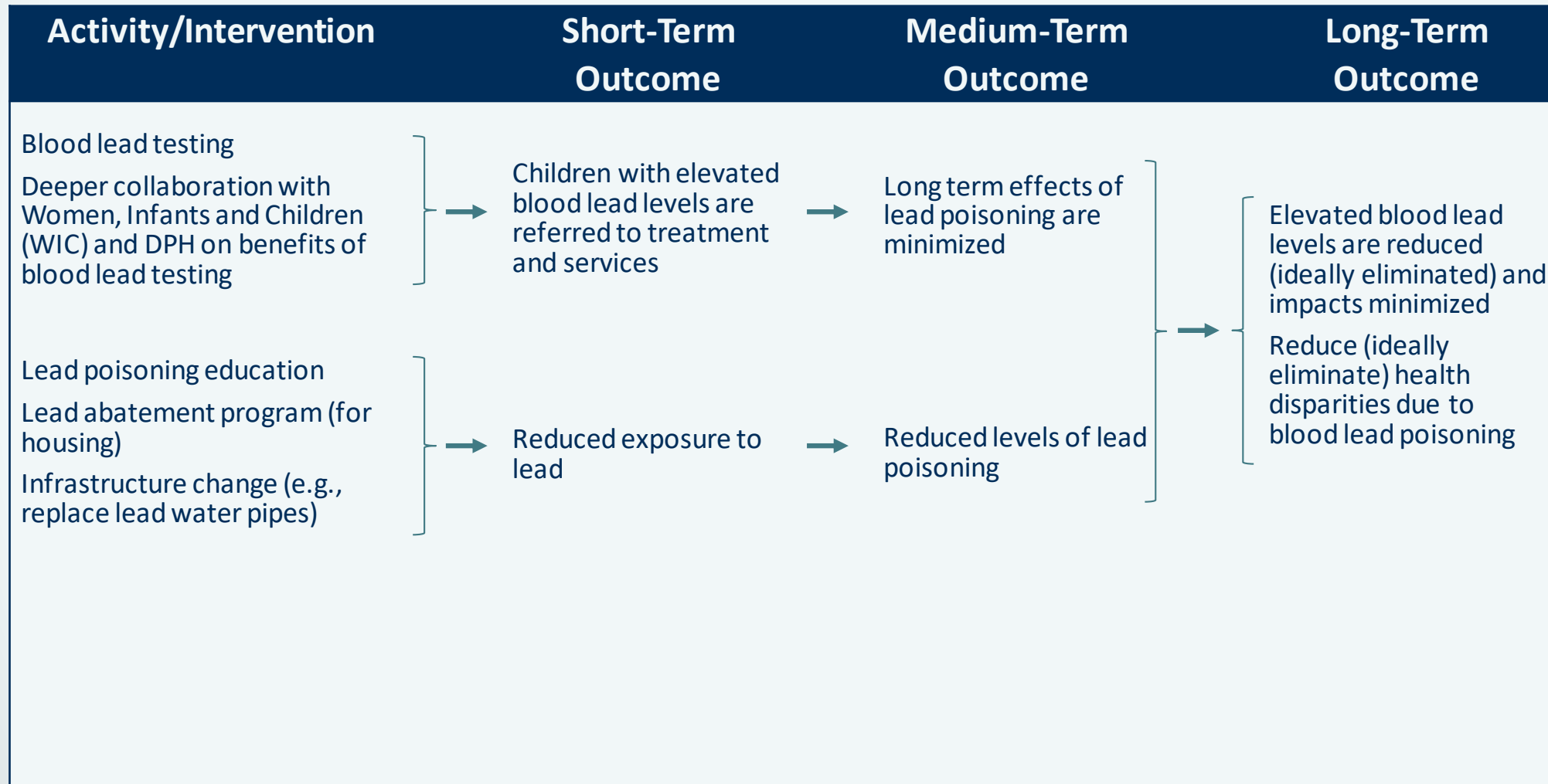
Referring back to slide 9:

- **What leading or lagging indicators are we missing?**

2. Blood Lead Poisoning

- **Desired Outcome:** Prevent, detect, and mitigate lead poisoning in children in communities with the highest risk
- **Outcome Measure:** Blood Lead Level (>5 µg/dL)
- **Definition:** The percentage of children who were screened with a blood lead level >5 µg/dL
- **Justification:**
  - Elevated blood lead levels in childhood leads to learning disabilities and is correlated with violent crime in adulthood
  - No blood level is safe; CDC classifies 5µg/dL as poisoned
  - Percent of Wisconsin children under 6 who tested above 5µg/dL:
    - 4.5% statewide (2018) (DPH measure)
    - 9.2% Milwaukee County (2018) (DPH measure)
    - Compare to 4.9% Flint Michigan (2015)
    - Statewide is higher than nationwide
      - CDC measures differently: Wisconsin 2.2% rate compared to 2.0% nationwide
    - Testing in Wisconsin for blood lead was 75% less in April '20 than April '19

2. Blood Lead Poisoning

Logic Model

Activity/Intervention	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
Blood lead testing Deeper collaboration with Women, Infants and Children (WIC) and DPH on benefits of blood lead testing	Children with elevated blood lead levels are referred to treatment and services	Long term effects of lead poisoning are minimized	Elevated blood lead levels are reduced (ideally eliminated) and impacts minimized Reduce (ideally eliminate) health disparities due to blood lead poisoning
Lead poisoning education Lead abatement program (for housing) Infrastructure change (e.g., replace lead water pipes)	Reduced exposure to lead	Reduced levels of lead poisoning	

2. Blood Lead Poisoning

- **Outcome measure:**
  - Blood lead level (>5 µg/dL)

- **Leading and lagging indicators related to reducing blood lead poisoning:**
  - Blood lead testing – the percentage of children who had one or more capillary or venous blood lead tests for lead poisoning by their second birthday (HEDIS LSC):
    - *BC+ HMO 2019 rate 80% compared to national 75th percentile 73.1%*

2. Blood Lead Poisoning - Questions

Referring back to the activities/interventions/levers on slide 12:

- **What activities/interventions/levers are we missing?**
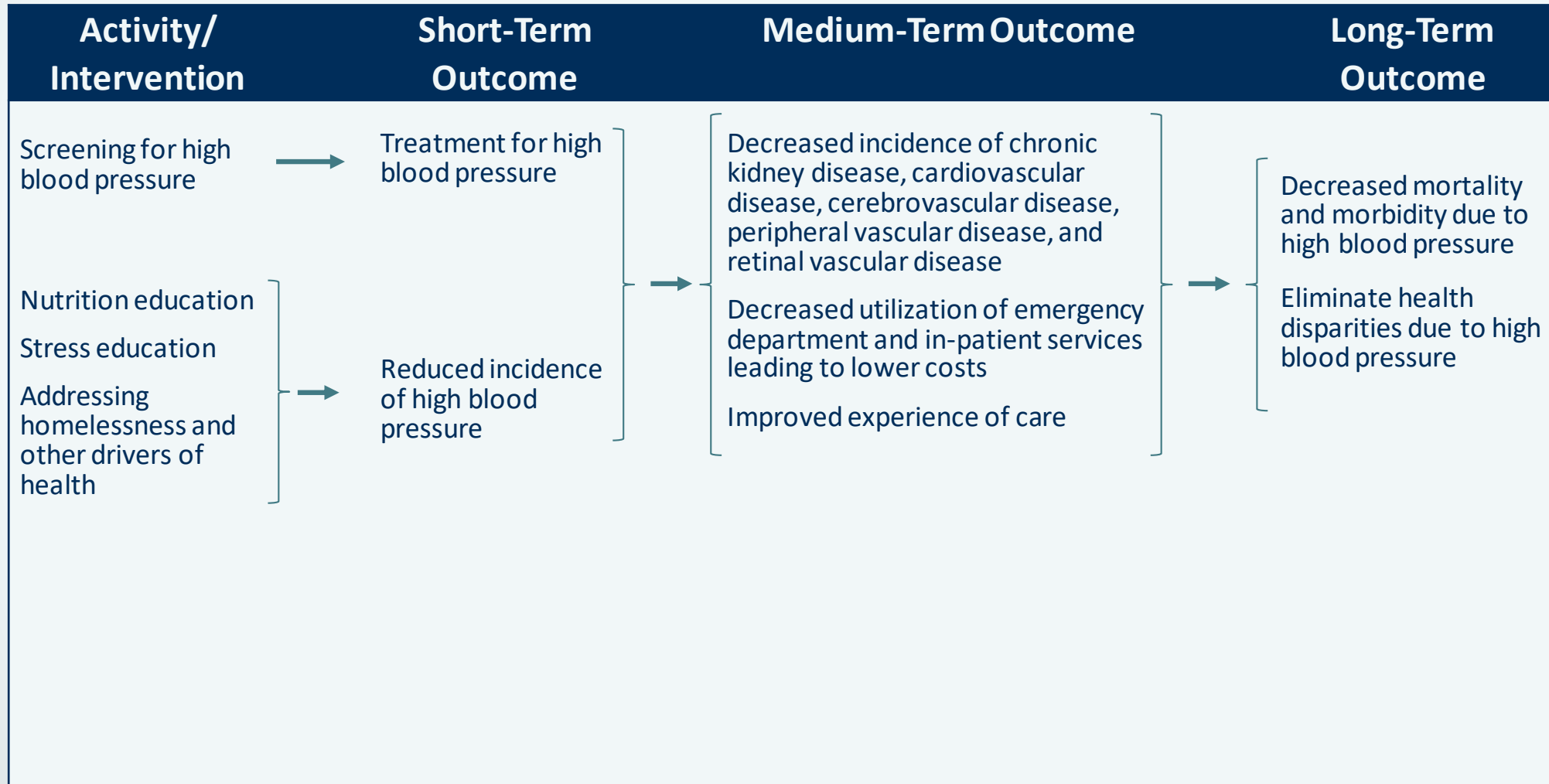
Referring back to slide 13:

- **What leading or lagging indicators are we missing?**

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3. High Blood Pressure

- **Desired Outcome:** Improve High Blood Pressure Control
- **Outcome Measure:** High Blood Pressure Control (< 140/90 mmHg)
- **Definition:** The percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period. (CBP-AD)
- **Justification:**
  - High blood pressure is a high prevalence condition, particularly impacting vulnerable populations.
  - Improved blood pressure control leads to decreased incidence of chronic kidney disease, cardiovascular disease, cerebrovascular disease, peripheral vascular disease, and retinal vascular disease.
  - High blood pressure especially impacts the health of black women.
  - Wisconsin Medicaid 2019 CBP-AD rate is 64% compared to a national 75th percentile of 61.8%

3. High Blood Pressure
Logic Model

Activity/ Intervention	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
Screening for high blood pressure	Treatment for high blood pressure	Decreased incidence of chronic kidney disease, cardiovascular disease, cerebrovascular disease, peripheral vascular disease, and retinal vascular disease	Decreased mortality and morbidity due to high blood pressure
Nutrition education Stress education Addressing homelessness and other drivers of health	Reduced incidence of high blood pressure	Decreased utilization of emergency department and in-patient services leading to lower costs Improved experience of care	Eliminate health disparities due to high blood pressure

3. High Blood Pressure

- **Outcome Measure:**
  - High Blood Pressure Control

- **Leading and lagging indicators related to high blood pressure control:**
  - High Blood Pressure

3. High Blood Pressure - Questions

Referring back to the activities/interventions/levers on slide 16:

- **What activities/interventions/levers are we missing?**
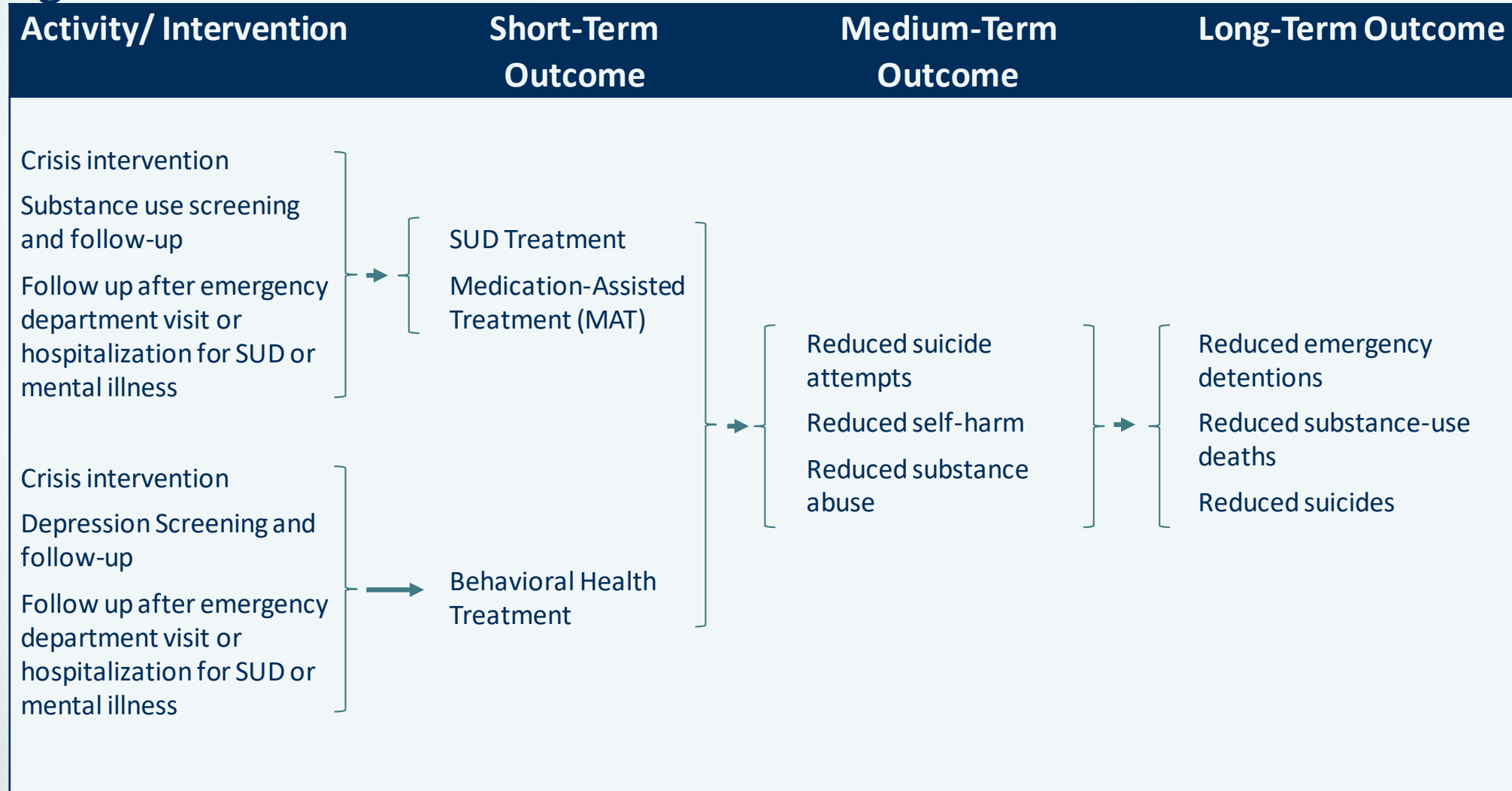
Referring back to slide 17:

- **What leading or lagging indicators are we missing?**

4. Emergency Department Visits for Behavioral Health Needs

- **Desired Outcome:** Reduce the rate of emergency department visits due to behavioral health needs
- **Outcome Measure:** Rate of emergency department visits due to self-harm, suicide attempts, or substance use
- **Definition:** Emergency Department visits per 100,000 due to self-harm, suicide attempts, or substance abuse
- **Justification:**
  - Suicide attempts, self-harm, and substance abuse have all increased in the past decade. Rates are especially increased among youth.
  - Self-harm: 68.1 ED visits per 100,000 (2016)
  - Opioid: 43.9 ED visits per 100,000 (2019)

4. Emergency Department Visits for Behavioral Health Needs

Logic Model

Activity/ Intervention	Short-Term Outcome	Medium-Term Outcome	Long-Term Outcome
Crisis intervention Substance use screening and follow-up Follow up after emergency department visit or hospitalization for SUD or mental illness	SUD Treatment Medication-Assisted Treatment (MAT)	Reduced suicide attempts Reduced self-harm Reduced substance abuse	Reduced emergency detentions Reduced substance-use deaths Reduced suicides
Crisis intervention Depression Screening and follow-up Follow up after emergency department visit or hospitalization for SUD or mental illness	Behavioral Health Treatment		

4. Emergency Department Visits for Behavioral Health Needs

Outcome Measure:

- Rate of emergency department visits due to self-harm, suicide attempts, or substance use

Leading and lagging indicators (part 1 of 2)

- Access to psychiatrists
- Access to certified peer specialists and recovery coaches
- Access to providers trained in trauma-informed care and cultural competence
- Depression screening and follow-up
- Substance use screening and follow-up
- Anti-depressant medication management (AMM):
  - *HMO 2019 rate 49.7% BC+; 47.8% SSI; compared to national 75th percentile 38.2%*
- Initiation and Engagement in AODA Treatment (HEDIS IET):
  - *HMO 2019 rate 18.5% BC+; 11.7% SSI; compared to national 75th percentile of 14.2%*

4. Emergency Department Visits for Behavioral Health Needs

Leading and lagging indicators (part 2 of 2)

- Follow-up after a mental health inpatient discharge (HEDIS FUH-30):
  - *HMO 2019 rate 64.2% BC+; 58.9% SSI; compared to national 50th percentile 53.9% and 75th percentile 59.2%*
- Follow-up after ED visit or hospitalization for substance use
- Usage of crisis intervention services
- Substance use treatment
- Medication-assisted treatment
- Opioid-related hospital encounters
- Crisis services per emergency detention (a proxy for ability of crisis intervention to divert EDs)
- Opioid related overdose deaths
- Suicide

4. Emergency Department Visits for Behavioral Health Needs – Questions

Referring back to the activities/interventions/levers on slide 20:

- **What activities/interventions/levers are we missing?**

Referring back to slides 21 and 22:

- **What leading or lagging indicators are we missing?**

Additional Questions?