Medicaid Quality Strategy Overview
Medicaid Advisory Committee (MAC)
February 24, 2021

Medicaid Quality Strategy Overview

- Quality: the degree to which a product or service meets requirements
- Driven by DMS Vision, Mission, and Values (shown earlier)
- Seeking continuous improvement:

Define ➡ Measure ➡ Analyze ➡ Improve ➡ Control
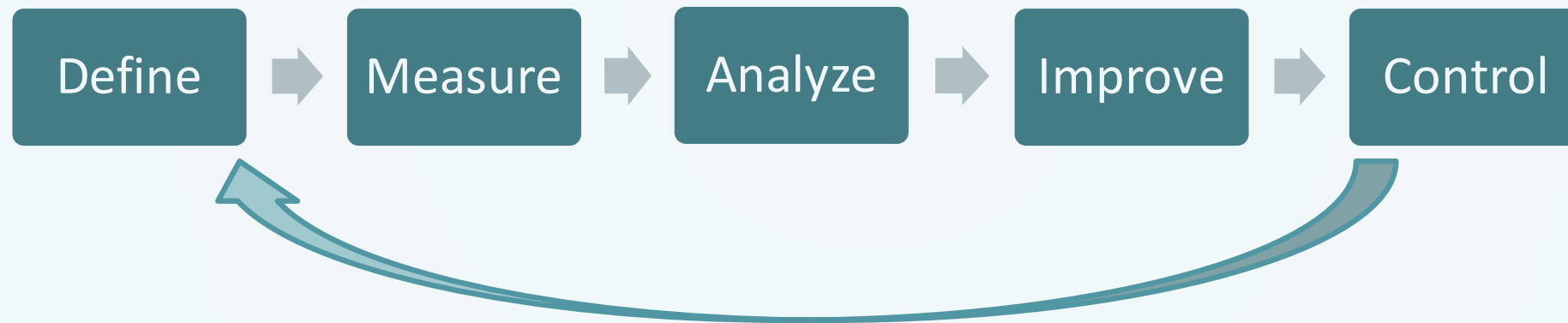
- We are seeking input from the MAC on our quality approach and priorities

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Medicaid Quality Strategy Overview

Where we are:

- Many quality strategies are already in place related to specific programs or populations

Where we want to go:

- A comprehensive, coordinated, sustainable quality strategy

How we get there:

- Develop a DMS-wide Quality Strategy

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Where We Are

Medicaid Managed Care Quality Strategy

- Programs include: BadgerCare+, Medicaid SSI, Care4Kids, Children Come First, Wraparound Milwaukee, Family Care, Family Care Partnership

- Submitted to CMS every three years, meets the federal requirements of 42 C.F.R. §438.340

- The strategy outlines managed care quality goals, objectives, strategies, and programs intended to achieve the overarching vision of DMS, as well as to establish a process for monitoring progress toward these goals.

- The first strategy was published in 2018 and is available on the DHS website. The 2021 Strategy and Effectiveness Evaluation will be posted for public comment before submitting to CMS summer 2021.

- The Medicaid Advisory Committee will be invited to provide comments.

Where We Are

Adult Long Term Care Quality Strategy

- Programs include: Family Care, Family Care Partnership, PACE, and IRIS
- Developed in 2019 and used internally to inform bureau priorities, policies, and strategies
- The strategy includes:
  - Surveys (National Core Indicators – Aging & Disability, National Core Indicators – In Person Survey, satisfaction)
  - Reviews (compliance, care management, record)
  - Reports (CMS 372)
  - Scorecards (AARP, consumer)
  - Performance Improvement Projects (PIPs)
  - Prioritized improvement initiatives within DMS

Where We Are

Children's Long Term Care Quality Strategies

- Programs include: Birth to Three Program, Children's Long Term Support Waiver, Katie Beckett Program, Children's Community Options Program
- The strategies include:
  - Wisconsin Medicaid Scorecard on Serving Children with Disabilities and/or Delays
  - Office of Special Education Programs (OSEP) report for Birth to Three
    - "State Performance Plan/Annual Performance Report"
  - National Core Indicators
  - Family Surveys
  - Council for Children with Long-Term Support Needs
  - Statewide Performance Improvement Projects

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Where We Are

Behavioral Health Quality Strategies

- Collaborating with Wisconsin Division of Care and Treatment Services (DCTS) for quality performance indicators

- Advancing innovative approaches to crisis intervention and stabilization efforts

- Developing new benefit areas to enhance access to Substance Use Disorder (SUD) services (e.g. Residential SUD, Hub and Spoke Integrated Recovery Support Services)

Where We Want To Go

In order to improve lives through high value programs and services that increase wellbeing and promote independence in an equitable way, we need to have a comprehensive quality strategy that will:

- Allow us to measure important outcomes
- Align quality goals to focus across the whole person
- Develop interventions and levers to improve outcomes
- Develop a sustainable structure for continuous quality improvement
- Integrate the National Standards for Culturally and Linguistically Appropriate Services (CLAS) and equity frameworks in objectives and policies to promote health equity
- Address drivers of health to the extent possible through the Medicaid program
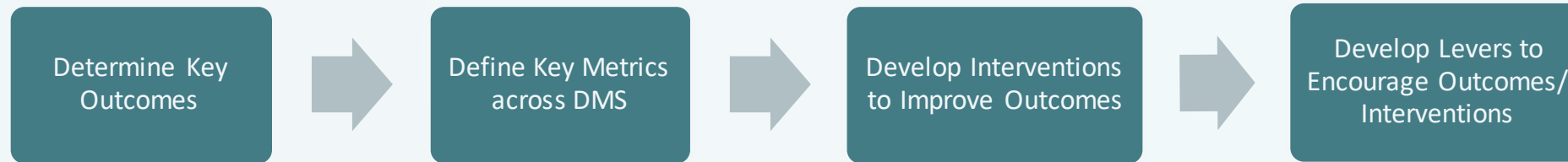
Where We Want To Go

DMS Quality Strategy Goal

- Develop a comprehensive, coordinated, sustainable quality strategy across DMS.
  - Develop metrics, interventions, and levers
  - Develop a sustainable management structure (vertical)
  - Develop a sustainable cycle of improvement (horizontal)

How We Get There

DMS Quality Strategy

- Develop outcomes, metrics, interventions, and levers

| Determine Key Outcomes | → | Define Key Metrics across DMS | → | Develop Interventions to Improve Outcomes | → | Develop Levers to Encourage Outcomes/ Interventions |

- A work group has identified 39 metrics for further investigation
- The work group is interacting with bureaus to refine and validate the metrics on which to focus

Key Outcomes and Metrics (DRAFT)

Quality Domain: Health Equity and Reducing Disparities

- Close the gap in health outcomes between different groups of members
- Address root causes when possible and appropriate.
- All our metrics will be stratified by race, ethnicity, etc.
- The metrics below are especially important for African Americans

Outcome	Metric
Reduce infant deaths	Infant mortality
Reduce infant deaths and improve infant health	Low birth weight
	Neonatal Abstinence Syndrome
	Preterm births
Reduce maternal deaths	Pregnancy related mortality
Reduce health impacts of asthma	Asthma medication ratio
	Medication management for people with asthma

Key Outcomes and Metrics (DRAFT)

Quality Domain: Wellness and Prevention

- Prevent illness and disease, promote health and well-being, and allow our members to thrive.

Outcome	Metric
Improve child and adolescent health	Annual wellness visit for children and adolescents
	Blood lead testing
	Childhood immunizations
	Immunizations for adolescents
	Childhood obesity
	Children receiving at least one preventive dental service during the measurement year
Improve maternal and infant health	Birth to birth interval
	Contraceptive care – all women ages 15 to 44
	Contraceptive care – postpartum women ages 15 to 44
Improve maternal health	Postpartum depression screening and follow up

Key Outcomes and Metrics (DRAFT)

Quality Domain: Access to Care and Services

- Our members can access the care and services they need and know how to do so.

Outcome	Metric
Improve child and adult dental health	Adults receiving at least one dental service in the measurement year
	Children receiving a restorative dental service in the measurement year
	Dental provider participation in Medicaid
Improve child and adolescent health	Children's and adolescent's access to primary care practitioners
Improve mental health	Follow up after hospitalization or ER visit for mental illness or substance use
	Members receiving Medication-Assisted Treatment
Increase caregivers providing natural supports	Percent of caregivers receiving respite services
Improve health	Emergency detentions

Key Outcomes and Metrics (DRAFT)

Quality Domain: Effective Clinical Care

- Our members receive quality, effective care to manage their health and avoid unnecessary emergency department and inpatient hospital admissions.

Outcome	Metric
Improve health and decrease costs through primary care rather than emergency or hospital care	Adults' access to preventive/ambulatory health services
	Hemoglobin A1c poor control (>9%)
	High blood pressure control (<140/90 mmHg)
	Alcohol and other drug use treatment
	Opioid-related hospital encounters
	Emergency department visits (ages 18 and over)
	Emergency department visits for non-traumatic dental complaints
	Plan all-cause readmissions
	Potentially preventable admissions
	Potentially preventable emergency department visits
	Potentially preventable readmissions/Potentially preventable ED revisits

Key Outcomes and Metrics (DRAFT)

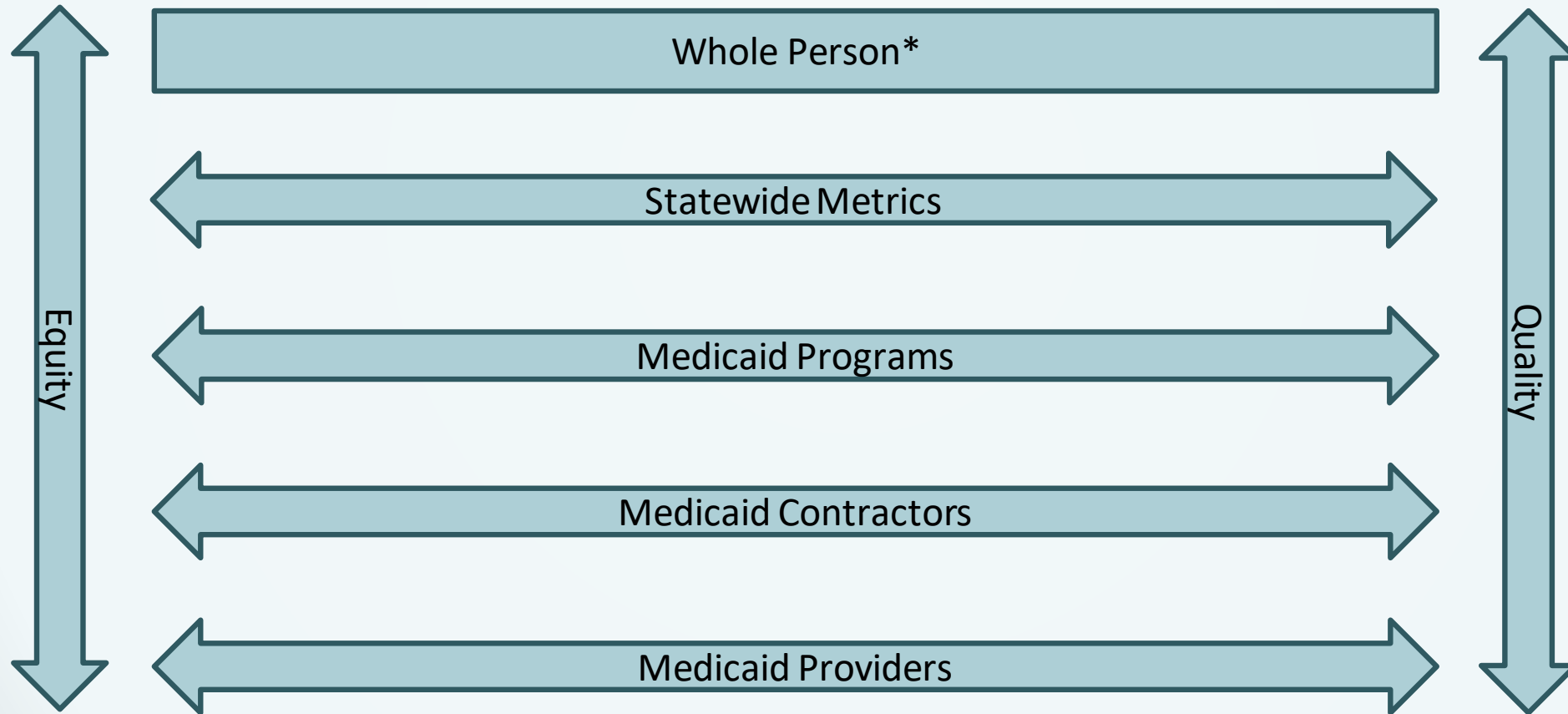## Quality Domain: Independence and Self-Sufficiency

- Put the needs, interests, and limitations of our members and their families first.

Outcome	Metric
Improve independence and self-sufficiency	Percent of people who are engaged in their communities
	Percent of people with competitive, integrated employment
Improve continuity of care	Percent of youth transitioning out of CLTS, Katie Beckett, or CCOP who were screened for adult LTC programs

- A detailed description for each metric is provided in the additional document.
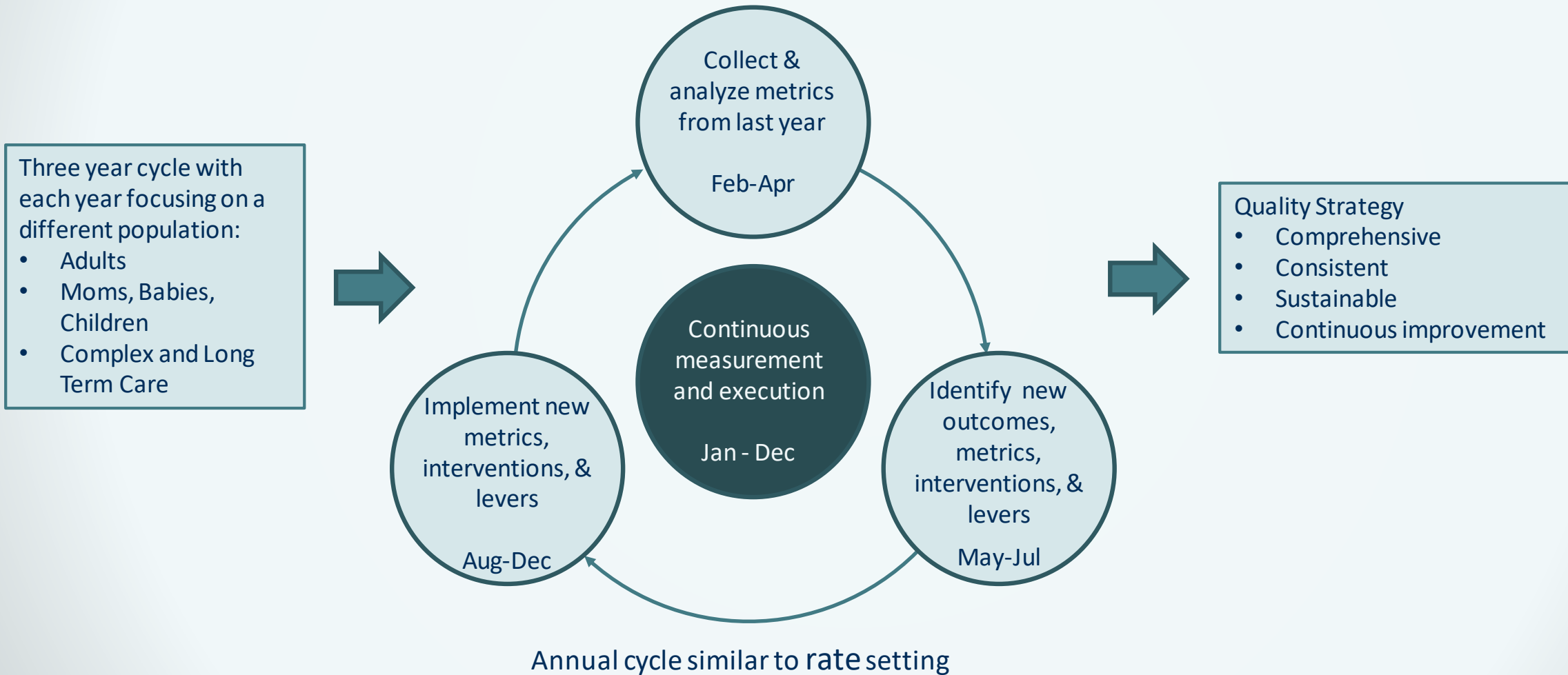
How We Get There

Quality Strategy for People in Medicaid

Whole Person*

Statewide Metrics

Medicaid Programs

Medicaid Contractors

Medicaid Providers

Equity

Quality

* Focus on the whole person – eliminate silos

How We Get There

Develop a sustainable schedule framework:

Three year cycle with each year focusing on a different population:
- Adults
- Moms, Babies, Children
- Complex and Long Term Care

Collect & analyze metrics from last year

Feb-Apr

Continuous measurement and execution

Jan - Dec

Identify new outcomes, metrics, interventions, & levers

May-Jul

Implement new metrics, interventions, & levers

Aug-Dec

Quality Strategy
- Comprehensive
- Consistent
- Sustainable
- Continuous improvement

Annual cycle similar to rate setting

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Medicaid Quality Strategy Overview

The Role of the MAC

- Provide feedback on the Managed Care Quality Strategy

  (CMS Report for year 2021)

- Help to prioritize outcomes, metrics, interventions, and levers as we develop a DMS Quality Strategy.

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Charge to MAC

1. Review the material presented today
2. Come back to the next MAC prepared to provide feedback:
   - Right outcomes
   - Right metrics
   - Right interventions
   - Right levers