



Quality Improvement Webinar Cal Medi-Connect



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Updates to Quality Improvement

September 28, 2016



Welcome and Introductions

- Introduction of L.A. Care presenters
- This webinar is being recorded for future reference
- Attendance by PPG will be noted through the webinar sign-in
- You will receive a copy of the PowerPoint
- Submit questions via the Q&A function.
 - Will address questions at the end of the presentation
- Send a message to the presenter if you cannot hear or cannot see the slides

Agenda

Topic	Presenter
Welcome & Introductions	Raheleh Barznia
Overview of Stars Program	
2016 Performance Improvement Strategy	
HEDIS 2016 Results	Grace Crofton
HEDIS Resources and Data Submission Timetable	
Provider Opportunity Report	Henock Solomon
Key 2016 Interventions	Raheleh Barznia
Year 2 & Year 3 MMP Quality Withhold Measure	
Transitions of Care	Matthew Emons
Questions	Team



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Overview of Stars Program

Raheleh Barznia, MPH
Project Manager, Medicare Star

Overview of Stars Program

- Developed by Centers for Medicare and Medicaid Services (CMS)
- Allows beneficiaries to assess the quality of Medicare Advantage (MA) health plans
- Ratings are displayed on the Medicare Prescription Drug Plan Finder to facilitate beneficiary health plan selection
- Health plan Star ratings are updated annually during the annual enrollment period
- Quality bonus payments determined by Star ratings
- CMS will publicly post the numerical rates for each measure on Medicare Plan Finder (MPF)
 - Beneficiaries may consider both quality and cost in enrollment decisions
 - In lieu of posting Stars

Overview of Stars Program

- The Star Rating System is consistent with CMS' Triple Aim of better care, healthier people/communities, and lower costs through improvements.
- Star measures include five broad categories:
 - **Outcomes** that focus on beneficiary health as a result of care provided
 - **Chronic Condition Outcomes** that assist in bringing members' health closer to desired outcomes
 - **Patient experience** that gauges member perception of their interactions with the health care system
 - **Access** to receiving needed care
 - **Process** measures that assess the method in which health care is provided

Star Measure Data Sources

- **HEDIS**

- Some of the measures in the national Star Ratings report card are calculated based on the collection of HEDIS data from claims and encounters and medical record review

- **CAHPS**

- Annual survey conducted in the spring
- Responses are collected from a sample of Medicare health plan members who receive the survey
- Some star rating measures are based on survey results, such as flu and pneumonia shot rates and satisfaction rates

Star Measure Data Sources

- **Health Outcomes Survey (HOS)**
 - Annual survey of Medicare members
 - Some star ratings are based on survey results, such as questions related to falls risk, physical activity, and urine leakage
- **Health Plan Operational Data**
 - Some of the star ratings are also based on data reported to CMS by health plans
 - Examples include complaints and appeals rates

Part D Measures

- Domain I: Drug Plan Customer Service
- Domain II: Member Complaints, Problems Getting Services, and Improvement in the Drug Plan's Performance
- Domain III: Member Experience with the Health Plan
- Domain IV: Patient Safety and Accuracy of Drug Pricing

2016 Performance Improvement Strategy

- Comprehensive inventory of current interventions
- Root cause analysis to identify barriers towards achieving goals
- Developed intervention(s) for each Star measure
 - Prioritized measures below the average threshold and related to health outcomes
- Develop a continuous improvement strategy
 - Short term interventions: address critical gaps, high priority
 - Long term interventions: system changes
 - Focused on members, providers, and systems
- Enhance tools and information given to physicians to assist in member outreach and monitoring



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HEDIS 2016 Results

Grace Kim Crofton, MPH
Director, Quality Performance Management

HEDIS 2016

- HEDIS 2016 is first year of reporting
- Reflects dates of service from 2014-2015

HEDIS 2016 Stars Ratings

Rate Generated:
06/01/2016

Measure	Measure Name	Submeasure	Measure Type	Stars Wt	Stars Rating	Deno-minator	Reported Rate
ABA	Adult BMI Assessment		Hybrid	1	3	411	87.10%
ART	Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis		Admin	1	2	100	71.00%
BCS	Breast Cancer Screening		Admin	1	2	1616	61.20%
CBP	Controlling High Blood Pressure	Total	Hybrid	3	2	411	56.20%
CDC	Comprehensive Diabetes Care	Eye Exam	Hybrid	1	3	548	65%
CDC	Comprehensive Diabetes Care	HbA1c Poor Control (>9)	Hybrid	3	2	548	47%
CDC	Comprehensive Diabetes Care	HBA1C Testing	Hybrid			548	85.22%
CDC	Comprehensive Diabetes Care	Monitoring for Nephropathy	Hybrid	1	4	548	95%
COA	Care for Older Adults	Advance Care Planning	Hybrid			411	33.58%
COA	Care for Older Adults	Functional Status Assessment	Hybrid	1	2	411	38.44%
COA	Care for Older Adults	Medication Review	Hybrid	1	2	411	58.39%
COA	Care for Older Adults	Pain Assessment	Hybrid	1	2	411	57.91%
COL	Colorectal Cancer Screening		Hybrid	1	1	411	45.26%
FUH	Follow-Up after Hospitalization for Mental Illness	Follow Up within 30 Days	Admin			168	11.90%
OMW	Osteoporosis Management in Women Who Had a Fracture	Osteoporosis Management in Women Who Had a Fracture	Admin	1	2	38	28.95%
PCR	Plan All Cause Readmission		Admin	3	2		12.46%



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HEDIS Resources and Data Submission Timetable

Grace Kim Crofton, MPH
Director, Quality Performance Management

Data Submission Timetable

Data Submission Timetable:

Date Due	Files – refer to “Direct Submission Guidelines”		Dates of Service
9/30/2016	<ul style="list-style-type: none"> • Visits (claims/encounters) • Lab service dates and RESULTS • Vision (if in-house) • Pharmacy (if in-house) 	<ul style="list-style-type: none"> • Provider Demographics • Provider Specialty 	Include services rendered 1/1/2013 through 9/15/2016 (to date)
11/30/2016	<ul style="list-style-type: none"> • Visits (claims/encounters) • Lab service dates and RESULTS • Vision (if in-house) • Pharmacy (if in-house) 	<ul style="list-style-type: none"> • Provider Demographics • Provider Specialty 	1/1/2014 – 11/15/2016 (to date)
1/7/2017	<ul style="list-style-type: none"> • Visits (claims/encounters) • Lab service dates and RESULTS • Vision (if in-house) • Pharmacy (if in-house) 	<ul style="list-style-type: none"> • Provider Demographics • Provider Specialty 	1/1/2015 – 12/31/2016 (to date)
3/15/2017	<ul style="list-style-type: none"> • Visits (claims/encounters) • Lab service dates and RESULTS • Vision (if in-house) • Pharmacy (if in-house) 	<ul style="list-style-type: none"> • Provider Demographics • Provider Specialty 	1/1/2015 – 2/28/2017 (to date)
4/30/2017	<ul style="list-style-type: none"> • Visits (claims/encounters) • Lab service dates and RESULTS • Vision (if in-house) • Pharmacy (if in-house) 	<ul style="list-style-type: none"> • Provider Demographics • Provider Specialty 	1/1/2014 – 4/15/2017 (to date)

Provider Resources

HEDIS Resources:

lacare.org/providers/provider-resources/hedis-resources

- Videos:
 - 6 Steps to HEDIS Success
 - HEDIS Made Easy
- HEDIS 2016 Handout & Office Manager's Guide
- HEDIS-at-a Glance
- CCS Algorithm
- ***Coming soon!***
 - CPT2 Tip Sheet
 - HEDIS Tip Sheet for Hospital Care
 - HEDIS 2017 Updates and Value Set

Additional Resources:

lacare.org/providers/provider-resources/cmc-provider-resources



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Provider Opportunity Report

Henock Solomon, MPH
Manager, Incentives

Provider Opportunity Report

- 2016 Schedule: 9/2016, 11/2016, 2/2017
- How to get gaps in care lists
 - Log on to L.A. Care's Provider Portal at: <https://external.lacare.org/provportal/> and visit the "Reports" section **OR** Email ***lacarestars@lacare.org***
- For virtually all measures, the POR can be used:
 - To monitor progress during the year (and compare to year prior)
 - To check for missed data capture, particularly later in the year
- For most measures, the POR is effective for member outreach

Provider Opportunity Report



L.A. Care Provider Opportunity Report (Cal MediConnect) Provider Group Summary - January - July 2016

LA1347 09/16

PPG

HEDIS and Part-D Measures	Data Received (Count)	Eligible Population (Count)	Rate to Date	4 Star Threshold	5 Star Threshold
PartC-HEDIS					
Colorectal Cancer Screening	343	1278	26.84 %	>= 71% to < 78%	>= 78%
Adult BMI Assessment	462	1101	41.96 %	>= 90% to < 96%	>= 96%
Care for Older Adults- Medication Review	66	2124	3.11 %	>= 77% to < 87%	>= 87%
Care for Older Adults- Functional Status Assessment	98	2124	4.61 %	>= 67% to < 86%	>= 86%
Care for Older Adults- Pain Assessment	104	2124	4.90 %	>= 62% to < 78%	>= 95%
Osteoporosis Management in Women who had a Fracture	2	8	--	>= 51% to < 75%	>= 75%
Diabetes Care- Eye Exam	190	533	35.65 %	>= 75% to < 82%	>= 82%
Diabetes Care- Kidney Disease Monitoring	410	533	76.92 %	>= 93% to < 97%	>= 97%
Diabetes Care- Blood Sugar Control (<=9%)	8	533	1.50 %	>= 71% to < 84%	>= 84%
Rheumatoid Arthritis Management	11	16	68.75 %	>= 82% to < 86%	>= 86%
Breast Cancer Screening	193	431	44.78 %	>= 74% to < 80%	>= 80%
PartD-Pharmacy					
Medication Adherence for Diabetes Medications	412	506	81.42 %	>= 75% to < 82%	>= 82%
Medication Adherence for Hypertension (RAS antagonists)	847	1079	78.50 %	>= 77% to < 81%	>= 81%
Medication Adherence for Cholesterol (Statins)	711	955	74.45 %	>= 73% to < 79%	>= 79%
High Risk Medication	1676	1712	97.90 %	> 6% to <= 8%	<= 6%



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Key 2016 Interventions

Raheleh Barznia
Project Manager, Medicare Star

Improvement Focus

- Areas of focus for Part C improvement:
 - Breast Cancer Screening
 - Colorectal Cancer Screening
 - Osteoporosis Management
 - Rheumatoid Arthritis
 - Plan All-Cause Readmission
- Areas of focus for Part D improvement:
 - Members Choosing to Leave the Plan
 - Getting Needed Prescription Drugs
 - TTY/TDD Call Center Foreign Language Interpreter
 - Medication Adherence

2016 Priority Interventions

- **Current**

- Robocalls for BCS, COL, CDC, and medication adherence
- Open access letter to OB/GYNs stating referral/prior authorization is not needed for preventive care
- Member mailer in collaboration with ACS for Colorectal Cancer Screening

- **Planned for Q4**

- Annual in-home AWEs performed by vendor
- Provider-to-provider outreach for OMW and ART
- Provider group collaboration
- Off-season chart retrieval (Sept-Dec 2016)

Annual Wellness Exam (AWE) Incentive Program

- Designed to incentivize PCPs to:
 - Complete AWE and the Patient Health Questionnaire (PHQ-9) for each member
 - Determine members' health risk status and appropriate care plan
 - Promote members' involvement in their own care
 - Maintain compliance with CMC Model of Care
- Captures STARS/HEDIS measures for members with missing data
- Opportunity to conduct a comprehensive assessment of a member's historical and current health status



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MMP Quality Withhold for Demonstration Year (DY) 2 and 3

Raheleh Barznia, MPH
Project Manager, Medicare Star

MMP Quality Withhold

- Medicare-Medicaid plans (MMP) are subject to core and state-specific quality withhold measures
- CMS releases withhold methodology and benchmarks for measures on a rolling basis
- The Demonstration Year (DY) 2 and 3 measures mainly consist of Star measures
- Demonstration Year Reporting Timeline:
 - DY1: 4/1/14 to 12/31/15
 - DY2: 1/1/16 to 12/31/16
 - DY3: 1/1/17 to 12/31/16

DY 2 & 3 Quality Withhold Measures

Domain	Measure	Source
Plan all-cause readmissions	% of enrollees discharged from a hospital stay who were readmitted within 30 days either from the same condition as their recent hospital stay or for a different reason	NCQA/HEDIS Star Measure
Annual flu vaccine	% of enrollees who got a flu shot	AHRQ/CAHPS Star Measure
Follow-up after hospitalization for mental illness	% of discharges for enrollees who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner	NCQA/HEDIS Display Measure
Screening for clinical depression and follow-up care	% of enrollees ages 18 years and older screened for clinical depression using a standardized tool and follow-up plan documented	CMS-defined process measure

DY 2 & 3 Quality Withhold Measures

Domain	Measure	Source
Reducing the risk of falling	% of enrollees with a problem falling, walking, or balancing who discussed it with their doctor and received treatment	NCQA/HOS Star Measure
Controlling blood pressure	% of enrollees 18-85 years of age with a diagnosis of hypertension whose blood pressure was adequately controlled (<140/90)	NCQA/HEDIS Star Measure
Part D medication adherence for oral diabetes medications	% of enrollees with a prescription for oral diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication	CMS Star Measure
Encounter Data	MMPs are required to submit encounter data at a frequency determined by the number of enrollees, with the exception of PDE data	CMS/State defined process measure CW4 – Encounter Data



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Transition of Care: Reducing Readmissions

Matthew Emons, MD, MBA
Medical Director, Quality Improvement

Update on Transition of Care (TOC) QIP

- Received 10 responses to the TOC Readiness Assessment Tool from MSOs or PPGs, including all major CMC groups
 - Six are using Readmission Risk Screeners
 - Nine include a social worker or pharmacist on the team
 - Nine contact patients prior to or within 48 hours post discharge to coordinate care
- For Action Plans:
 - Two groups added a Readmission Risk Screen to work flow
 - Other reported interventions included dedicated TOC team, enhancements to medication reconciliation, increased use of social services, facilitation of document transfer to receiving clinicians, and increased NP and MD rounds on patients in SNF/LTC
- We identified a key resource to reduce readmissions and unnecessary hospitalizations for patient in SNF/LTC: <http://interact2.net/>
 - Includes a number of tools, including order sets, transfer forms, transfer logs, pocket guides, as well as an implementation guide
- A follow-up analysis of data by group will be performed and shared

Earn 6 CME/CE Credits!

Transition of Care Conference

Hosted by:
L.A. Care and Health Services Advisory Group

Topics for this conference:

- Care Transition from Community Approach
- Communication between Providers
- Role of Medication Management in Care Transition
- Patient Centered Medical Home
- Population Management
- Care Coordination Community Coalitions

Date:

Saturday, November 5, 2016

Agenda:

Registration & Breakfast:

7:30 AM – 8:30 AM

Program & Lunch: 8:30 AM-4:00 PM

Location:

**Almanson Court
Lakeview Room
700 South Almanson Street
Alhambra, CA 91801**

RSVP by November 1st

Register Online: <https://Nov52016cmeconf.eventbrite.com> Or
<http://events.constantcontact.com/register/event?llr=rgyr4fxab&oeidk=a07ed2yn5ad9d0f490d>

Open to MDs, DOs, PAs, NPs, RNs, LCSWs

L.A. Care Health Plan is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. L.A. Care Health Plan designates this live educational activity for a maximum of 6 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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L.A. Care Health Plan is an approved provider of continuing education credits by the California Board of Behavioral Sciences (provider PCE5803). This program is approved for 6 contact hours.



PPG Call to Action

- Remind PCPs that no referral or prior authorization is needed for preventive care services, including mammography
- Promote partnership with imaging centers
- Collaborate with gastroenterologists if member ops for colonoscopy
- Ensure PCPs are completing annual preventive care visits (AWE) and vaccinations (flu and pneumonia) for members
- POR collaboration between L.A. Care and PPGs/PCP sites

L.A. Care Contacts

Department	What do we do?	FAQs this team could help you with
<p>HEDIS Operations</p> <p>HedisOps@lacare.org</p>	Submits to NCQA the overall performance measurement rates to all reporting entities.	<ul style="list-style-type: none"> • What are the specifications for HEDIS Measures? • What is Supplemental data and how do we submit? • Where can I get sources for HEDIS info? • How do I get access to HEDIS related codes?
<p>Medicare Operations</p> <p>lacarestars@lacare.org</p>	Manage CMC performance measures	<ul style="list-style-type: none"> • What are best practices can improve Star ratings? • Where can I access the CMC POR?
<p>Quality Improvement (QI) Clinical Initiatives</p> <p>Quality@lacare.org</p>	Develops and implements interventions to improve preventive health screenings and treatment of chronic conditions.	<ul style="list-style-type: none"> • What best practices can improve HEDIS scores? • What member and/or provider initiatives is L.A. Care implementing? • How can I partner with L.A. Care on initiatives? • What are L.A. Care's clinical practice guidelines and preventive health guidelines?
<p>Potential Quality Issues (PQI)</p> <p>pqi@lacare.org</p>	Investigate submitted PQIs and prepare them for Medical Director review and referral to Peer Review, if indicated.	<ul style="list-style-type: none"> • How do I submit a PQI or critical incident to L.A. Care?



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Questions/Discussion