

Medicaid Pathway: Quality & Outcome Framework Update & Timing

June 28, 2016

Purpose

- Aligning measurement and reporting with values, principles and goals
- Overall quality and outcome framework is related to, but broader than, quality metrics that may be used to determine incentive payments
- Quality and outcome framework becomes the foundation for program oversight, provider monitoring, provider reporting, corrective action and quality improvement planning
 - *Accountability*: Confirm that contracted services were delivered. Did you get what you paid for?
 - *Appropriateness*: Were the services delivered based on best practice and State standards (e.g., process and clinical, Model of Care, HCBS, Trauma, Recovery, Reliance, etc.)?
 - *Outcomes*: Did the services delivered produce the expected results?

Key Elements

- Quality indicators should utilize a broad measure set that includes structure, process and experience of care measures.
 - Beneficiary Experience (examples)
 - Involvement in decision-making
 - Satisfaction regarding care coordination and access
 - Support during care transitions
 - Increased overall satisfaction with services and supports
 - Decreased out-of-pocket costs (e.g., fewer co-pays for ER, other services)
 - Increased early intervention options for children, adults and families
 - Access, Structure and Process (examples)
 - Efficiency and timely access
 - Primary Care involvement in comprehensive treatment planning
 - Communication between the medical and specialized systems of care
 - Adherence to State standards and best practice
- Positive Health Outcomes include measures of independence as well as traditional health scores
 - Person and Service Related Outcomes (examples)
 - Decreased emergency room utilization
 - Decreased avoidable hospital admissions / re-admissions
 - Decreased nursing home utilization
 - Health assessment and/or condition specific scores (asthma, diabetes, overall assessment of functioning)
 - Decreased use of residential care for children, youth and adults
 - Stable community living situation
 - Stable employment
 - Attainment of person-centered goals and objectives

- Systemic Outcomes (examples)
 - Decreased Provider Cost-shifting across Payers
 - Due to more service oversight and coordination across all of the individual's medical and specialized needs via a single point of contact, comprehensive care plan, and integrated care team
 - Decreased Overall Costs for Health Care System

Current Frameworks under Review

- Global Commitment to Health Comprehensive Quality Strategy including
 - HEDIS
 - State Specific (Choices for Care, HCBS, MCO Investments)
- DA/SSA Performance Measures & Quality Monitoring
- Blueprint For Health Quality Measures
- IFS Quality Measures
- ACO Quality Measures
- CCBHC Quality Measures

Next Steps: Measures, Reporting and Methods Alignment with Final Model Design and Scope

Who: Subcommittee of key staff and stakeholders

What: Refine and align current work as needed for Medicaid Pathway Planning

- What measures are common across frameworks?
- Which are relevant for MH/DS/SAT Pathway planning?
- Are there emerging best practice measures that should be added (e.g., CCBHC)?

Based on results of alignment, define implementation steps to address items such as:

- Is methodology for data collection, reporting and storage aligned across AHS programs?
- Review and refine HSE/Specialized program analysis on common data elements
- Review and refine VHCIP Data Infrastructure efforts

When: As part of 2016-2017 implementation planning phase, once project scope and model design are finalized