

Homes to Neighborhoods Learning Community Meeting :

Lessons from Oregon: Leveraging the Medicaid Managed Care Performance Improvement Projects to Engage Communities



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Agenda

- 1. Highlight how and why Performance Improvement Projects (PIP) were leveraged in Oregon as part of the ABCD III efforts**
- 2. Describe community engagement processes used as part of PIP process**
- 3. Describe key, relevant learnings for you in your medical home efforts**

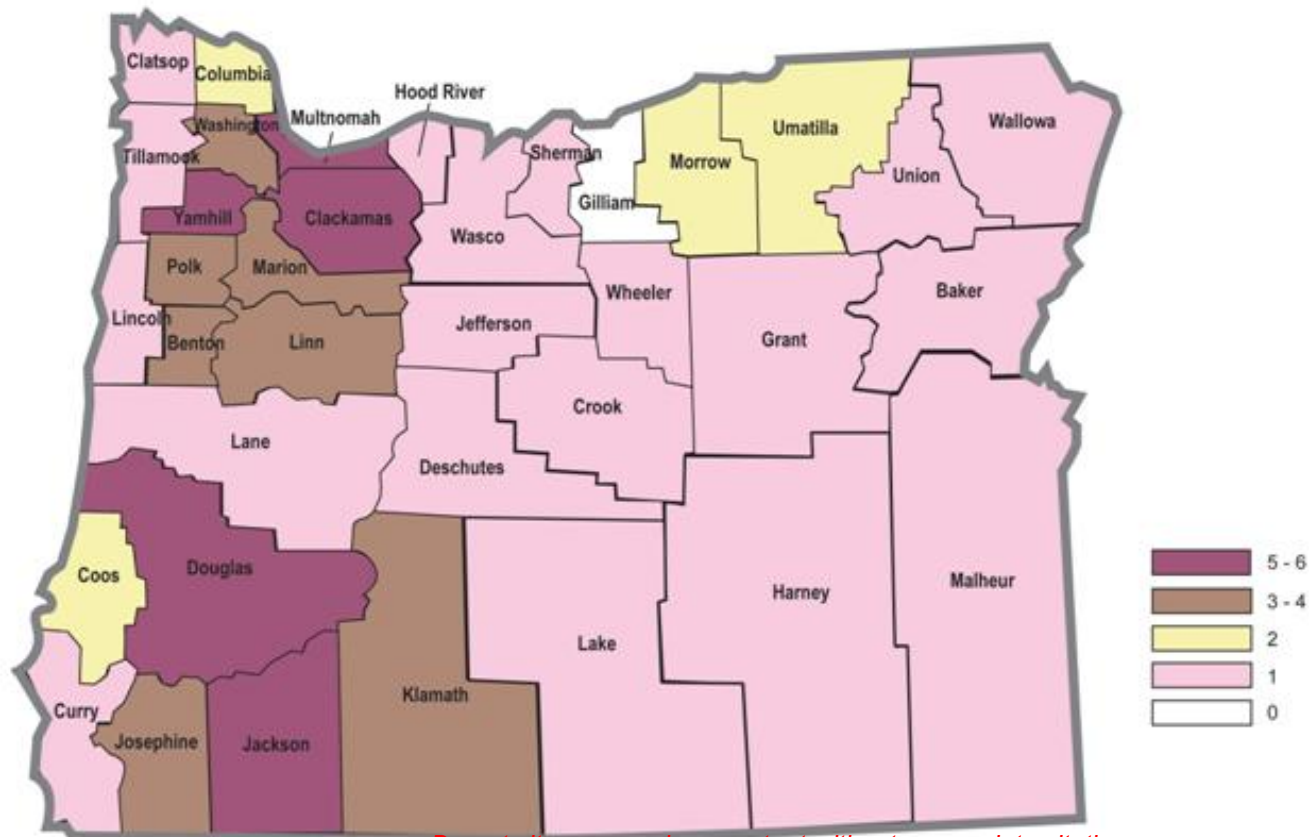
Oregon's Unique Spin on Assuring Better Child Health and Development (ABCD) III

1. Leverage Medicaid External Quality Review requirements by having the project fit within the structure of a **Performance Improvement Project (PIP)**
2. Implement a process of **community engagement** in order to guide and inform the development of the PIP
 - ❖ Side goal is to get community-level engagement and participation in the PIP.

PIP Participants

1. Eight MCOs
 - Was supposed to be three instead of eight
2. Cover 1 in 5 children in Oregon

DMAP Fully Capitated Health Plan Count by County

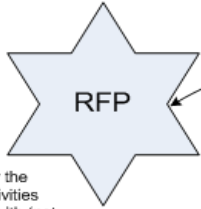


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External Quality Review Regulations

BBA – Section 438: Managed Care

Subpart D – Quality Assessment & Performance Improvement
 (§438.200 – 438.242)
 Final Rule June 14, 2002



Procedures used for the mandatory EQO activities must be consistent with (not identical) w/ the specified 3 protocols

Subpart E – External Quality Review
 (§438.310 – 438.364)
 Final Rule Jan 24, 2003

This is the outline of specific components that must be included in the State's MCO contracts re: quality assessment & performance measurement

A) Each State must have written quality strategy
 B) The elements of State quality strategies must include at a minimum:

- MCO/PIHP contract provisions that incorporate the standards specified in this subpart.
- Procedures that:
 1. Assess quality & appropriateness of care for all Medicaid enrollees AND individuals with SHCN
 2. Identify race, ethnicity, primary language of each enrollee (State must provide to MCO)
 3. Regularly monitor/evaluate MCO compliance with standards:
 - annual EQR of services covered in MCO contract
 - info system that supports review of State's quality strategy
 - standards as least as stringent as described in rest of subpart for:

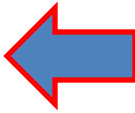
- ACCESS TO CARE STANDARDS**
 - availability of services
 - assurance of adequate capacity/services
 - coordination & continuity of care
 - id SHCN (State must id to MCO)
 - assess SHCN (MCO must do for id grp)
 - id mechanisms must be specified in State quality improvement strategy
 - coverage & authorization of services
- STRUCTURE & OPERATIONS STANDARDS**
 - provider selection
 - enrollee information
 - confidentiality
 - enrollment/disenrollment
 - grievance systems
 - subcontractual relationships
- QUALITY MEASUREMENT & IMPROVEMENT STANDARDS**
 - practice guidelines
 - MCO have quality assessment & performance improvement program
 - health information systems

Access to care
 Operations & structure
 Quality meas/improvement

- Mandatory activities – EQRO must use information from:
1. Validation of performance improvement projects required by State – annually
 2. Validation of MCO performance measures reported as required by State OR calculated by State -- annually
 3. Review conducted within previous 3 yr period to determine MOC compliance w/ standards set forth in Subpart D; except with respect to those related to quality improvement projects

EQRO may provide tech assistance to MCOs re: to assist in conducting activities re: to mandatory and optional activities

- EQRO results shall include at least:
- detailed tech report
 - assessment of each MCO's strengths/ weakness re: quality, timeliness, access
 - recommendations re: how to improve quality of services / care
 - as State determines, methodologically appropriate comparative info about all MCOs
 - assessment of the degree to which MCOs addressed QI recs by EQRO from last EQR



External Quality Review Organization (EQRO)

- Contracted with an EQRO-Like Entity to Facilitate Process
 - Allows enhanced match to be drawn down for quality measurement and improvement work
- Contracted with Oregon Pediatric Improvement Partnership
 - EQRO-like entity, housed at OHSU
 - Improvement partnership model anchored to ensuring public/private synergy
 - Builds off “trusted” broker between state and front-line

OPIP Mission

The Oregon Pediatric Improvement Partnership (OPIP) is a public/private partnership dedicated to building health and improving outcomes for children and youth by:

- collaborating in quality measurement & improvement activities across the state,
- supporting evidence-guided quality activities in clinical practices,
- incorporating the patient and family voice into quality efforts, and
- informing policies that support optimal health and development for all children and youth.

OPIP part of National Improvement Partnership Network (NIPN) facilitated by the Vermont Child Health Improvement Program.

ABCD III

Performance Improvement Project Goals

GOAL #1:

Early identification of children at-risk for developmental, behavioral or social delays.

GOAL #2:

Children identified at-risk for developmental, behavioral delays and/or with developmental disabilities **referred** to Early Intervention

GOAL #3:

Children at-risk or with disabilities **receiving EI Services or other community-based services.**

GOAL #4:

Care Coordination between the primary care provider/primary care sector and community based-services

Improved Linkages in Oregon

- Medicaid
- Managed Care Organization
- Primary Care Provider
- Early Intervention
 - State-level
 - County-Level
 - » 5 counties of community engagement
 - » Counties of Performance Improvement Project (PIP) focus
 - 5 Counties + 18 Additional Counties included in PIP
 - Requiring a possible focus in Idaho

**In the context
of a community**

Community Engagement Process to Inform Development of the PIP

1. Community Café's (CC) with Parents

“Harvest” from café of potential solutions, current perceptions of process and barriers, anchored to principles of ABCD III

2. Strategic Interviews/Surveys and Engagement with Community Providers

Participants include Early Intervention and other community providers *(including home visit nurses and mental health agencies)*, front-line PCPs and **MCOs**- *Baseline assessment of current processes, barriers and opportunities for the PIP*

-- Feedback to parents who participated in the community café's (cc)

3. Engagement/Group Meeting of Community Providers

Participants are those who participate in Stages 1 and 2
Blended model of community café/Infrastructure meeting

-- Feedback to parents who participated in the community café's (cc)

PIP: Community Engagement



PIP: OPIP-Led Community Engagement

- Parents: Community Café's
- Primary Care Providers
 - Strategic interviews
 - Provider surveys
- Other Providers
 - Strategic interviews led by Dept of Family Health
 - Home visit nurses (e.g., CaCoon), Mental health agencies (MCOs), Head Start
- Early Intervention
 - Local contractor interviews
 - State-level interviews
 - Early Intervention Data
 - For evaluation
 - For data linkages and care coordination

Key Lessons About Leveraging the PIP

- PIPs are a valuable way to leverage resources and focus in Managed Care Organizations
 - If you don't use a PIP, consider other ways to leverage EQR regulations and the related match rates
- For PIPs that require a focus and engagement with PCPs, consider contracting with an Improvement Partnership
 - If you don't have one, consider ways in which you can help build one
- PIPs focused on improving non-HEDIS like measures will be a mindshift for MCOs
- Do NOT do a PIP focused on improving care coordination UNLESS you have commitment from community agencies
 - Plan and budget for partner participation (in our project it was Early Intervention)
- Plan data activities to be in synergy with other required data collection (e.g. HEDIS)

Key Lessons About Value of Community Engagement

- Community engagement is **INVALUABLE to meaningful information to guide improvement and enhanced medical homes and care coordination**
 - Similarities across communities, but there were **IMPORTANT** and **DRAMATIC** differences across the communities
 - Use a community anchored & strength-based approach, anchor work to barriers in the community
- **Challenges to Consider Now:**
 - Labor intensive and high-touch, but worthwhile
 - Still room for improvement in parent-level engagement given the plan-level focus
 - Sustaining the momentum is key (and hard!)
 - Creating communities to be engaged- usually not how it is done
 - Feedback vs. Engagement
 - Managing mixed expectations and priorities

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