<u>Coming Together: Community Partnership Uses</u> <u>Data Registry to Improve Preventive Service Delivery</u> <u>& Child Health Outcomes for Medicaid Children</u>



DC Partnership to Improve Children's Healthcare Quality: Robert Zarr, MD, MPH, Unity Health Care Nathaniel Beers, MD, Children's National Medical Center Matthew Levy, MD, Georgetown University Hospital Mark Weissman, MD, Children's National Medical Center

> 5128.0: Wednesday, November 07, 2007: 12:30 PM-2:00 PMOralQuality Improvement: Product Safety, Workers Compensation, & Community Efforts

Learning Objectives

- 1. DC CHILD HEALTH STATISTICS
- 2. DESCRIBE THE PROCESS OF CREATING STANDARD MEDICAL RECORD FORMS (SMRF) TO PROMOTE & ACCURATELY DOCUMENT COMPREHENSIVE EPSDT VISITS.
- 3. ILLUSTRATE HOW PROVIDERS ARE REWARDED THROUGH PAY-FOR-PERFORMANCE TO INCORPORATE SMRF INTO DAILY PRACTICE.
- 4. DEMONSTRATE HOW INFORMATION TECHNOLOGY (EPSDT REGISTRY ACCESS) IMPROVES DELIVERY OF PREVENTIVE CARE AT INDIVIDUAL PROVIDER AND POPULATION QUALITY IMPROVEMENT LEVELS

Key Indicators of Child Well-being

Of the 112,000 children who live in the District:

- 1 in 3 DC children live in poverty:
 - 32% (US: 19%)
- 1 in 5 DC children live in extreme poverty:
 - 20% (US: 8%)
- > 1 in 2 DC children live in low-income families (< 200% poverty level):
 - 54% (US 40%)
- 2 in 3 DC children live in single parent households:

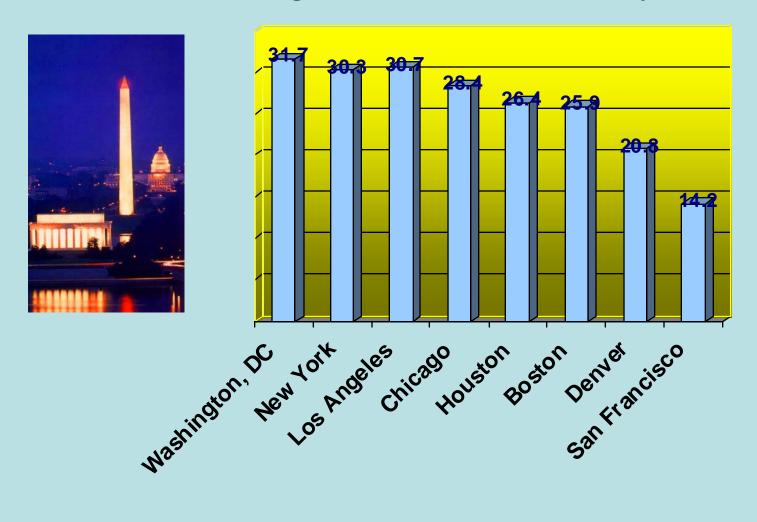


- 65% (US = 32%)
- 1 in 10 DC children have no health insurance:
 - 9% (US = 11%)

Source: KIDS COUNT/Census 2003-2005/Annie E. Casey Foundation

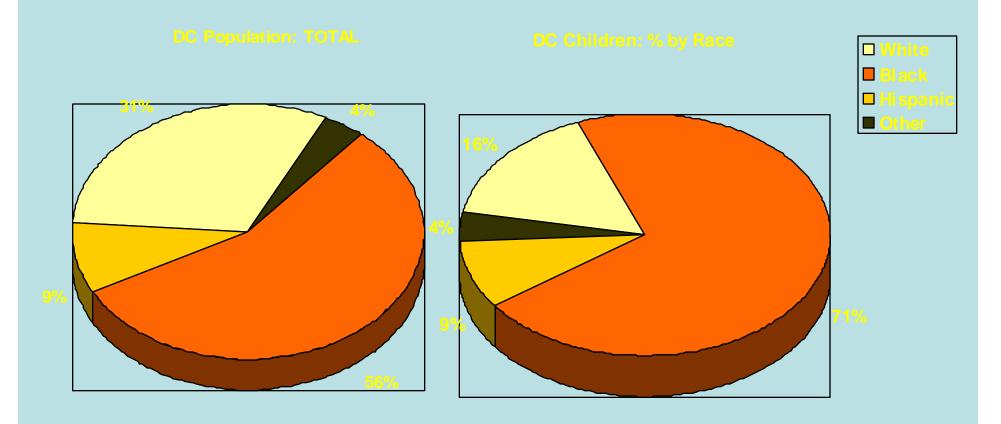
Washington, DC: Urban & Poor

Percentage of Children Below Poverty (2000 Census)



DC Total Population: 541,420 >80% children are minority background

(US CPS 2005 - 2006)



DC Lacks Key Health Data to Coordinate Care or

Guide Improvement for Children in the City

- The majority (> 70%) of DC's children are Medicaid-enrolled or eligible
- DC's children are not receiving all required Medicaid services
 - DC is under court order (Salazar vs DC) to improve delivery & documentation of required CODT (Carly

services for its enrollees (80% target)

- Existing system (provider education & claims & chart audit) has led to small improvements in provider performance & documentation- but still is below target
- Key patient health data is not available to providers, MCO's or DOH for clinical care or local/system analysis & quality improvement







Improving Healthcare & Health Outcomes for Children in the District of Columbia



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District of Columbia Department of Health District of Columbia Chapter

American Academy of Pediatrics















THE HSC HEALTH CARE SYSTEM Health Services for Children with Special Needs, Inc. (HSCSN/NET) Georgetown University Hospital J



HOWARD UNIVERSITY HOSPITAL

VERMONT CHILD HEALTH IMPROVEMENT PROGRAM







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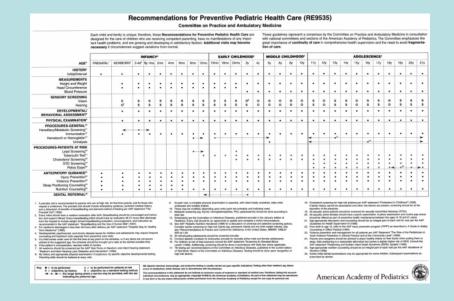
EPSDT Periodicity Schedule

- Meet reasonable standards of medical practice
- Must consult with recognized medical organizations involved in child health care & pediatric dental health care
 - Dental schedule not set by medical schedule
- DC Medicaid (DOH) has adopted AAP and AAPD periodicity schedules

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American Academy of Pediatrics





SMRF = Standardized Medical Record Form

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- Goal: Use SMRFs citywide for all well-child visits provided under DC Medicaid
- Capture health data to:
 - Improve care delivery & documentation
 - Improve health outcomes for DC's children

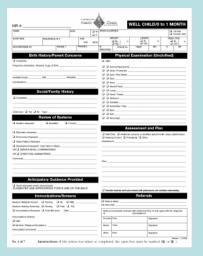


SMRFs Up Close

- Seven (7) age-specific forms document the content of well-child visits for children ages 0 to 21 years
- Front side (submitted to Registry) documents all components of a well-child visit
- Reverse side (not submitted to Registry) contains:
 - Age-appropriate developmental milestones
 - Bright Futures anticipatory guidance
 - Additional space for nursing and medical staff comments
 - Pain Scale (for JCAHO- hospital-based practices)
- Appropriate completion of *front side* will ensure compliance with DC HealthCheck Standards for EPSDT documentation and ensure "pay for performance"

Purpose of SMRFs

- **Ensure** that DC children receive all recommended health care services
- **Promote** standards of care set forth by DC HealthCheck and federal EPSDT program
- Help providers streamline documentation and maximize reimbursements
- Improve and standardize data collection and establish linkages with the DC Registry
- Provide a mechanism to support review activities (MAA/MCO Audits) and quality improvement initiatives (anticipated for recertification with many Specialty Boards)





SMRF Data Populates Innovative Child Health Registry

	•Document comprehensive FPSDT care
MR #:	 Document comprehensive EPSDT care Identify special health needs of DC's children Securely provide real-time patient clinical information at "point of care" (your practice) New Provide Intermet Additional Concerns or identified special health needs (detail below): Dental Dev Delay Behavior/MH Concern Epilepsy/Seizure(son Asthma Obesity Other: Assessment:
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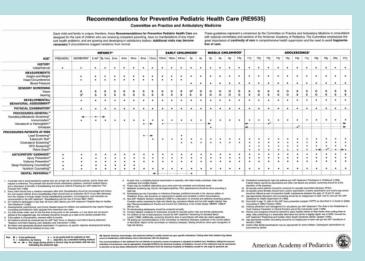
SMRFs Designed to Meet Regulations & Promote "Best Practices"

- The SMRFs are in compliance with federal regulations 42 U.S.C. 1396d(r) and are based on the standards of care outlined in:
 - CMS Medicaid Manual
 - The DC Health Check (MAA) Periodicity Schedule
 - based on *The American* Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care
 - Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents
 - Developed & piloted by the local pediatric community

Centers for Medicare & Medicaid Services

District of Columbia Chapter







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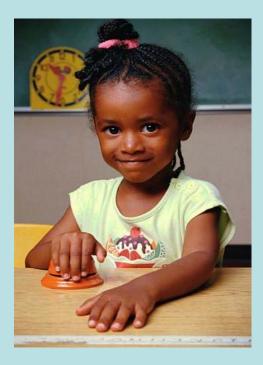
"DC expert pediatrician panel":

- Nathaniel Beers, MD (Children's Hospital)
- Kathleen Kadow, MD (Children's Hospital)
- Matt Levy, MD (Georgetown)
- Lavdena Orr, MD (Chartered Health)
- Mark Weissman, MD (Children's Hospital)
- Robert Zarr, MD (Unity Healthcare)
- Henry Ireys, Ph.D. (facilitator)

DC Medicaid, MCO's and Attorneys for Salazar actively participated

Pilot practice sites:

- Chartered Family Health Center
- Children's Health Centers (Children's Hospital)
- Georgetown University Pediatrics
- Upper Cardozo Health Center (Unity)
- Children's Pediatricians & Associates at Foggy Bottom



QI & P4P:

Quality Improvement & Pay-for-Performance

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Pay for Performance (P4P)

- According to Medicaid and Medicare:
 - P4P is a collaboration with providers and other stakeholders to ensure that valid quality measures are being used and that providers have support for improving.

PERFORMANCE METRICS OVERVIEW

Journal of Pediatrics Volume 149, Issue 1, Pages 120-124 (July 2006)

- Performance measures
- Utilization management
- Clinical quality
- Patient satisfaction
- Administrative/structural measures
- Patient safety

Components of P4P

- Overarching Principles:
 - Data driven
 - Beneficiary centered
 - Transparent
 - Developed through partnerships
 - Administratively flexible

Components of P4P

Quality Components:

- Evidence-based
- Consistent measures
- Coordinated care programs
- Technology

- Incentive Structure:
 - Equitable and fair
 - Timely
 - Sufficient to motivate
 - Flexible enough to recognize innovation
 - Structured to avoid unintended consequences

P4P in Pediatrics

- Most of the initiatives are in adult medicine.
 - Including a voluntary reporting system for providers on the adult side.
- Some private sector initiatives in states like MA.
- DC is at the forefront for pediatrics with this new initiative with SMRFs.
 - Starting to see more initiatives around immunization rates, asthma, obesity and mental health issues.
 - DC PICHQ (DC Partnership to Improve Children's Healthcare Quality) is a new initiative to promote improvements in children's healthcare in DC.

DC P4P Philosophy: From "Pay-for-Participation" to "Pay-for-Performance"

- Implementation based on participation
 - Promote early widespread provider participation
 - Achieve early data registry "critical mass"
- Establish QI feedback focus & culture
- Transition to pay-for-<u>performance</u> based on meaningful measures & benchmarks
 - EPSDT visit compliance documentation thresholds
 - Health measures & outcomes "TBD"

Pay For Performance Quality Improvement Initiative

- DOH & DC PICHQ produce quarterly provider performance reports.
 - Provider given regular feedback reports on performance (& areas not completed).
- Medicaid MCO's pay quarterly.
 - Only appropriately completed forms will be paid.
 - Patient insurance eligibility verified.
 - Three dollars (\$3) per completed form.
- Goal of 100 percent completion of HealthCheck Guidelines.

How Providers Benefit

Improved comprehensive care & documentation

- Developed by providers specifically for providers
- SMRFs guide & improve effective documentation of care recommended & provided for each well-child visit.
- Define EPSDT data elements for local EMR implementation

• Improved quality of care

- Assists in educating providers in the latest recommended & evidence-based practice
- Individual provider performance feedback to further improve care in your practice

How Providers Benefit

Improved reimbursement

 Provides a PAY-FOR-PERFORMANCE incentive for each <u>completed</u> SMRF (3 dollars per form for the first year).

• Improved system & child health outcomes

- Improves practice data collection and reporting for more efficient resource management and audits.
- Reinforces partnership with provider colleagues & DC Government to achieve a new innovative approach to tracking & improving health

Move EPSDT Beyond Documentation (to QI)

Pioneering P4P in Medicaid-EPSDT

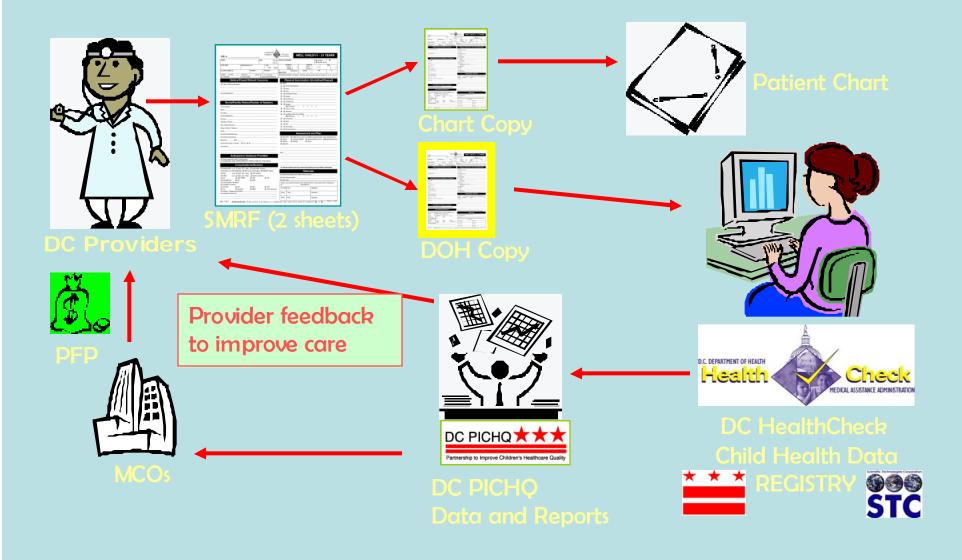
- Opportunities to identify & improve quality of well-child care visits/elements:
 - Bright Futures training (CME credit)
 - Comprehensive EPSDT services & documentation
 - Anticipatory guidance & counseling
 - Well-child visit screening: BMI, hearing, vision, TB, etc.
 - Define special needs cohorts (asthma, obesity, developmental delay, etc): identification & interventions
- Providers will receive "report card" feedback with P4P reconciliation (DC PICHQ)
 - Provider/practice performance (individual vs aggregate DC benchmark) to identify opportunities for improvement
 - Annual training/CME conference on practice improvements



Leveraging IT Innovations: Tools for Success

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DC PICHQ Model: Transforming Care through Linked QI, IT & P4P

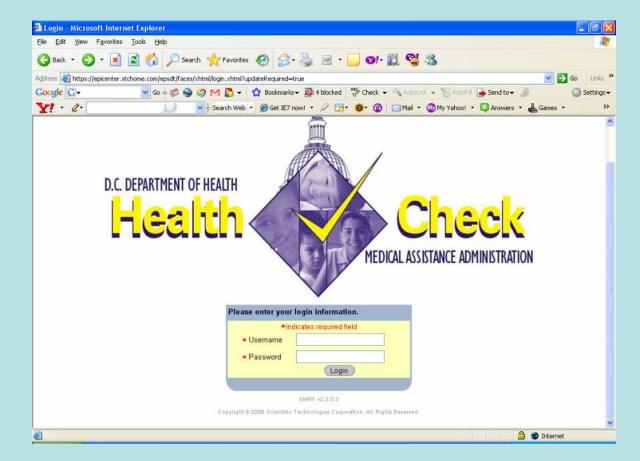


Confidentiality & Security of Data

- DC Child Health Registry and its contents are strictly confidential
- Data secure & passwordprotected (modeled on DC Immunization Registry)
 - Any unauthorized or authorized party using the registry for inappropriate use will be prosecuted to the fullest extent of DC and Federal laws.



DC HealthCheck Provider Training & Data Registry



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Online Access to Pediatric Resouces

Electronic Resources are now available to download! Trouble downloading PDFs? HealthCheck Resources Standard Medical Record Forms (SMRFs) SMRF # 1: 0 to 1 month (460 KB) SMRF # 2: 2 to 4 months (460 KB) nimm) E E m.g. SMRF # 3: 6 to 9 months (460 KB) SMRF # 4: 12 to 18 months (460 KB) SMRF # 5: 2 to 5 years (464 KB) SMRF # 6: 6 - 10 years (456 KB) BMRF # 7: 11 - 21 years (448 KB) NEW! Download a PDF of the SMRF cover letter, which includes 5 key points and directions for incorporationg the SMRFs into your practice! You may also download a Powerpoint slide show (4.4 MB) of the training carried out by Drs. Zarr, Levy, and other local pediatric providers as they pilot tested the SMRFs. What's New? Read expanded <u>Guidelines on Dental Health</u>, including the DC HealthCheck <u>dental periodicity schedule</u> (PDF), information on the dental inspection/evaluation, referrals, anticipatory guidance and patient education topics, documenting the dental evaluation and oral assessment, and additional resources. New information available on Reducing Language Barriers, including downloads of translated materials and 10 tips for working with professional interpreters. 2007 Recommended Childhood and Adolescent Immunization Schedule Released! Printable schedule (2 page pdf; includes catch-up immunization schedule) Spanish-language printable schedule (pdf) Palm Handheld schedule (requires Palm OS® 3.1 or higher and 400KB of memory) Standard Medical Record Forms (SMRFs) Developed and Being Piloted A collaborative work group of local pediatric providers, in consultation with DC MAA, has developed the SMRFs, These forms are being pilot tested at select sites across the city. HealthCheck Manual PDF Version: Entire document (excluding appendices; 528 KB) Part 1 (Front Matter; 300 KB) Part 2 (Section 1.1 - 4.12; 120 KB) Part 3 (Section 4.12.2 - 7.2; 96 KB)

Immediate, electronic access to:

•SMRFs

- •HealthCheck Manual & Transmittals
- •Periodicity Schedules
- Immunization Schedules
- •Growth Charts
- •DC resouces
- •Topical Information (dental, developmental)
- Bright Futures tools



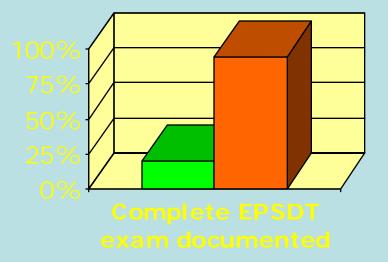
Early Returns and Next Steps

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Improving Quality & Documentation of Preventive-EPSDT Exams

- Improved complete medical record documentation of comprehensive EPSDT exam
 - 2002: 20% by EQRO chart audit
 - 2006: > 94% of 21,000+
 submitted SMRF's
 - detailed registry analysis
 & QI underway

Comprehensive EPSDT Exams

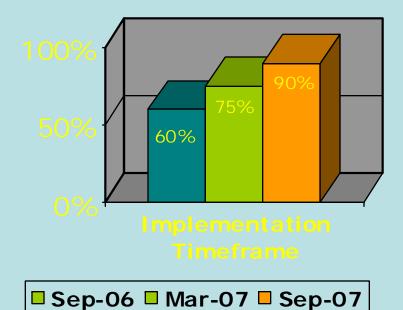


2002 2006 (Post-SMRF)

City-wide SMRF Implementation: Most Medicaid children now benefiting

- Majority of DC Medicaid children now receiving SMRF EPSDT exams
 - Initial launch in key DC pediatric practices (covers 60% of Medicaid enrollees)
 - 75% of Medicaid children by March 2007
 - Anticipate > 90% by
 September 2007

DC Medicaid Children Receiving SMRF Exams



DC childhood obesity epidemic: survey data



The Obesity Epidemic

and District of Columbia Students

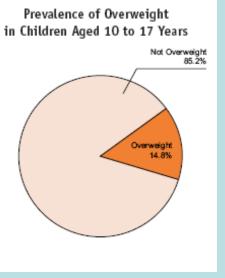
What is the problem?

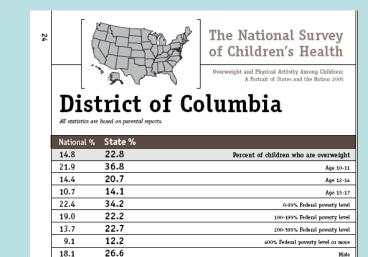
The 2005 Youth Risk Behavior Survey indicates that among District of Columbia high school students:

Overweight

- 11% are overweight. (1)
- · 21% are at risk for becoming overweight. (2)





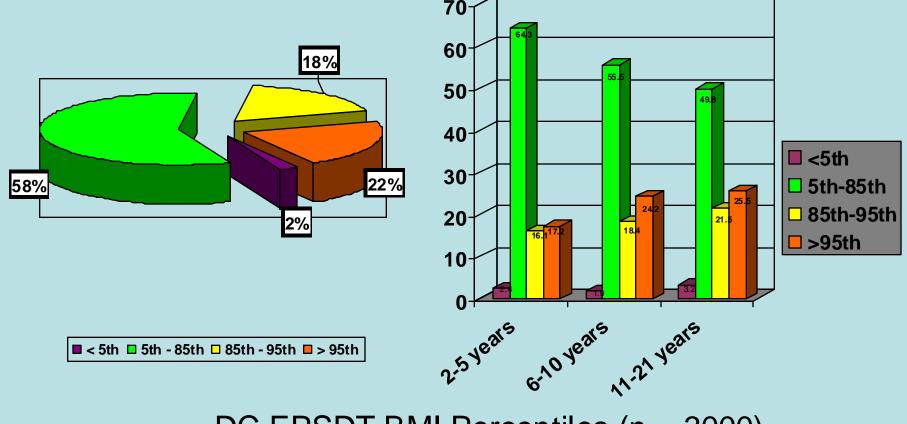


Female

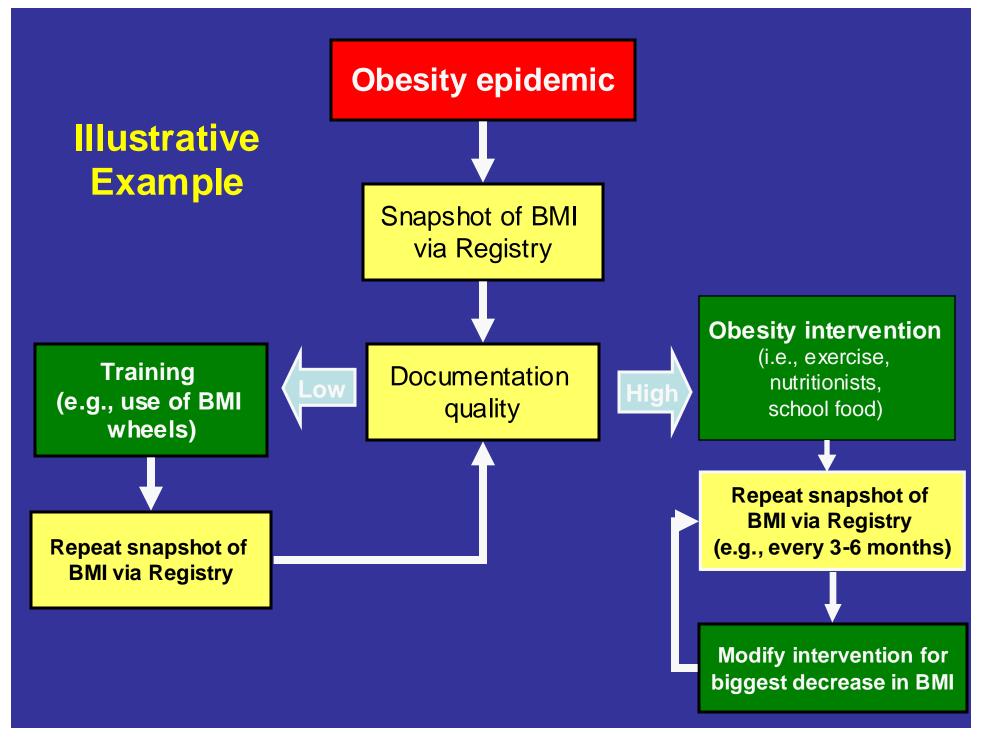
11.5

18.9

From Survey Samples to DC 2006 EPSDT Registry Population Data



DC EPSDT BMI Percentiles (n = 3000)



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Next Steps for IT: Integrating Child Health Data

- Link DC data silos into integrated DC Child Health Data registry
 - DC Immunization Registry
 - DC HealthCheck (EPSDT) data
 - Lead screening
 - Newborn screening
 - Vital Statistics
- Interface & populate DC Child Health Certificate for school & daycare entry

Looking Ahead

- City-wide use & registry population
- Data analysis & QI
- BMI's analysis & obesity identification
- Referral tracking (eg developmental screening & early identification)
- Data linkage & integration
- Assess & pilot quality metrics: measurable & meaningful
- P4P (participation to performance)