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

DC Partnership to Improve Children's Healthcare Quality:

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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

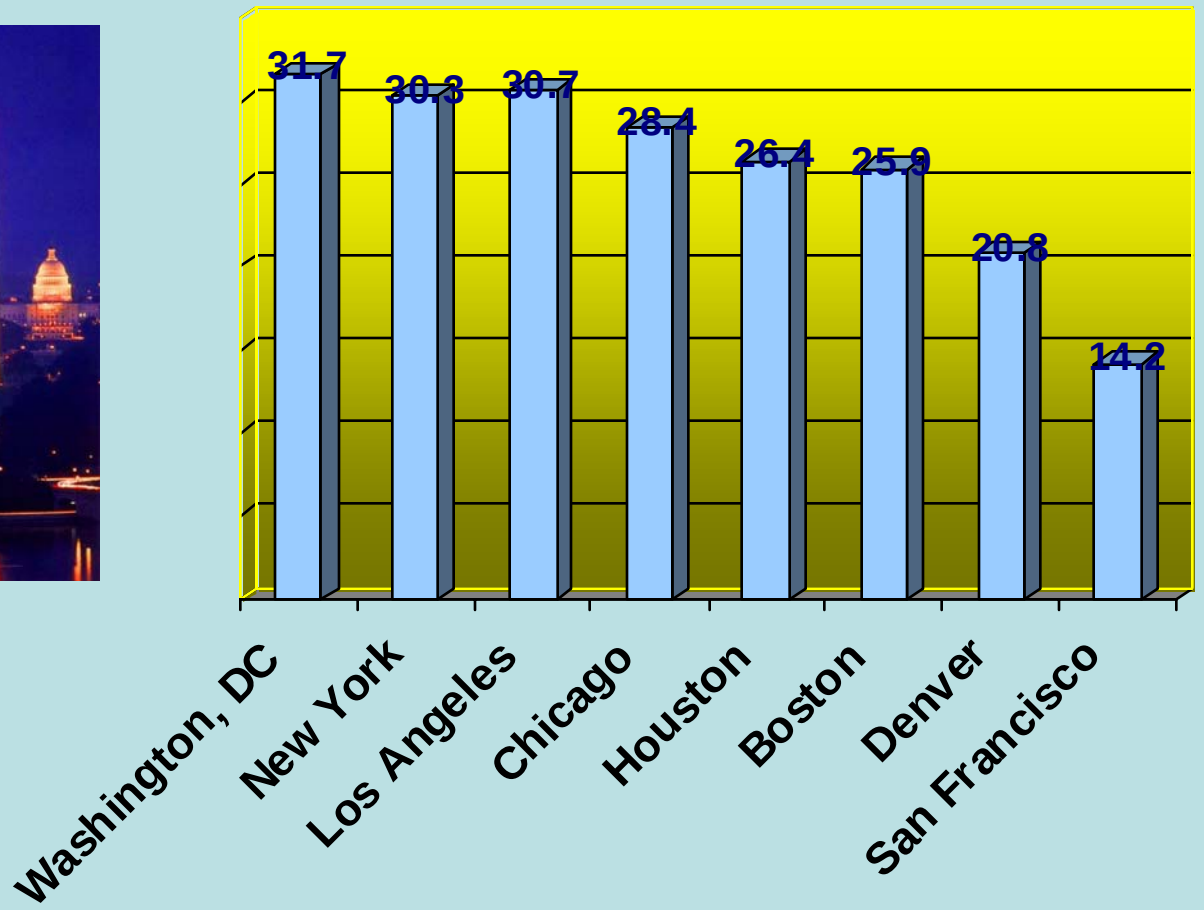
Key Indicators of Child Well-being

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%)

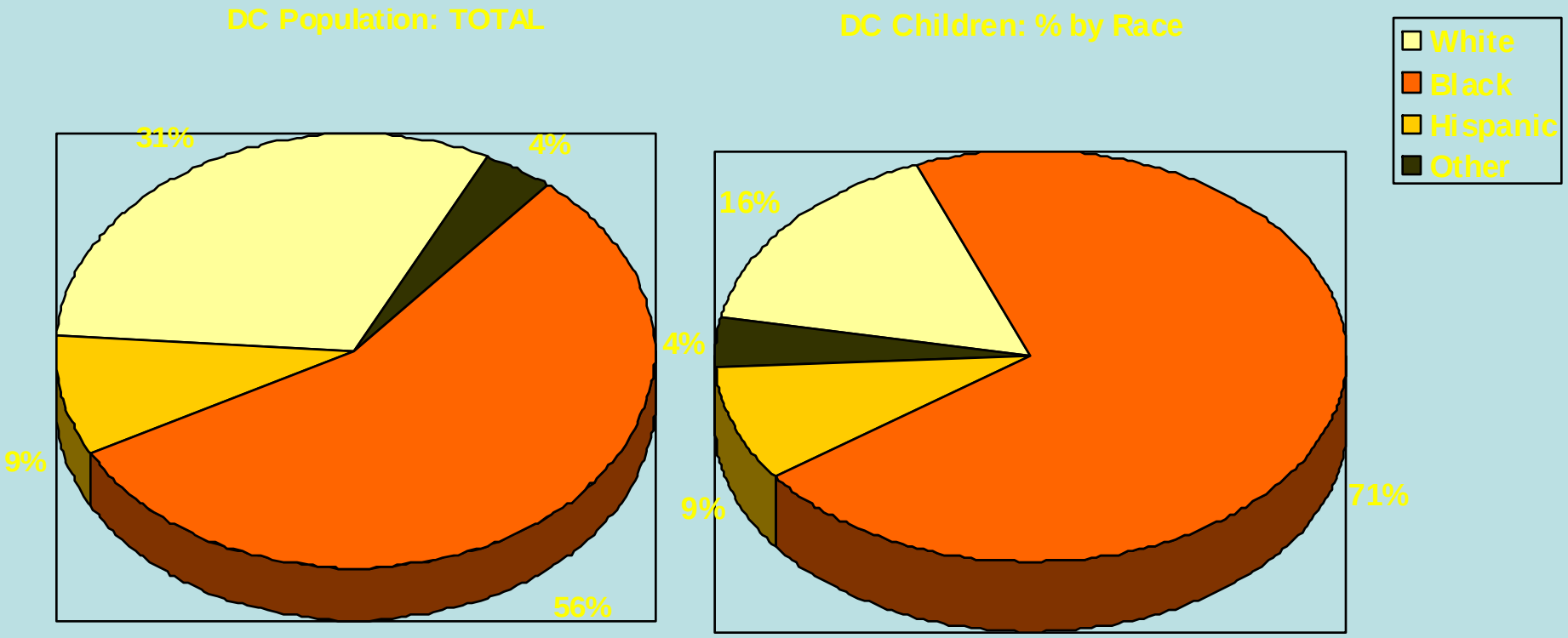
Source: KIDS COUNT/Census 2003-2005/Annie E. Casey Foundation

Washington, DC: Urban & Poor



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 **EPSDT (Early Periodic Screening, Diagnosis & Treatment)** 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

DC PICHQ

Partnership to Improve Children's Healthcare Quality

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

District of Columbia
Department of Health

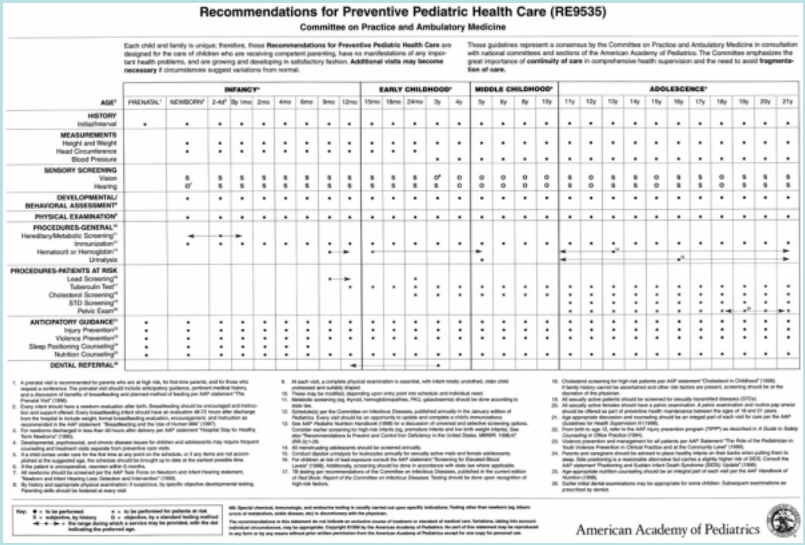
HOWARD UNIVERSITY HOSPITAL

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

District of Columbia Chapter

American Academy of Pediatrics



Recommendations for Preventive Pediatric Health Care (RE9535)

Committee on Practice and Ambulatory Medicine

SMRF = Standardized Medical Record Form

MR #: _____

Health Check

WELL CHILD/0 to 1 MONTH

NAME | DOB | ❑ M ❑ F | DRUG ALLERGIES | ❑ 1st Visit ❑ Periodic Visit

DATE/TIME | INSURANCE ID # | AGE YRS MOS | WEIGHT ❑ lb. ❑ kg. % | HEIGHT ❑ in. ❑ cm. % | HEAD CIRC. ❑ in. ❑ cm. %

ACCOMPANIED BY | PHONE 1 | PHONE 2 | IF INDICATED: PULSE Ox | TEMP | RR | P | BP

Birth History/Parent Concerns

❑ Completed

Pregnancy (medication, illnesses, drugs, ETOH) _____

Gestational age: _____ BW: _____ APGARS: _____

Complications: _____

Social/Family History

❑ Completed _____

Child Care: ❑ Yes ❑ No Type: _____

Review of Systems

❑ Nutrition Assessed: ❑ Breastfed ❑ Formula _____

❑ Elimination Assessed _____

❑ Environment Assessed _____

❑ Sleep Patterns Assessed _____

❑ Development Assessed: (Use Table on Back) _____

OR ❑ DENVER DEVEL. II ADMINISTERED

OR ❑ OTHER TOOL ADMINISTERED: _____

Comments: _____

Anticipatory Guidance Provided

❑ Topics discussed and/or handout given

SUGGESTED AGE APPROPRIATE TOPICS ARE ON THE BACK

Immunizations/Screens

Newborn Metabolic Screen: ❑ Pending ❑ NL ❑ ABN _____

Newborn Hearing Screening: ❑ Pending ❑ Pass ❑ Fail

❑ Immunizations Reviewed: ❑ First HBV given Date: _____

Immunizations Ordered:

❑ HBV

❑ Medical / Religious Exemptions: _____

Immunization Comments: _____

Physical Examination (Unclothed)

NL ABN

❑ ❑ General Appearance _____

❑ ❑ Head / Fontanelle _____

❑ ❑ Eyes / Red Reflex _____

❑ ❑ Ears _____

❑ ❑ Nose _____

❑ ❑ Mouth/Throat _____

❑ ❑ Lungs _____

❑ ❑ Heart / Pulses _____

❑ ❑ Abdomen _____

❑ ❑ Genitalia _____

❑ ❑ Extremities / Hips _____

❑ ❑ Back _____

❑ ❑ Skin _____

❑ ❑ Neurologic _____

Assessment and Plan

❑ Well Child ❑ Additional concerns or identified special health needs (detail below):

❑ Hearing Concern ❑ Prematurity ❑ Other:

Assessment: _____

Plan: _____

❑ Education handouts and/or plan reviewed with patient/parent, who verbalizes understanding

Referrals

❑ Referral Made: _____

F/U Next Visit: _____

History and physical reviewed with resident at time of visit, agree with the diagnosis of and treatment		
Provider	Print	Signature
Nurse	Print	Signature
Other	Print	Signature

Version 1.1 (10/05)

No. 1 of 7 **Instructions:** If the action was taken or completed, the open box must be marked (☒ or ☑).

- Goal: Use SMRFs city-wide 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)


WELL CHILD/0 to 1 MONTH

Birth History/Parent Concerns

Physical Examination (Undressed)

Social/Family History

Review of Systems

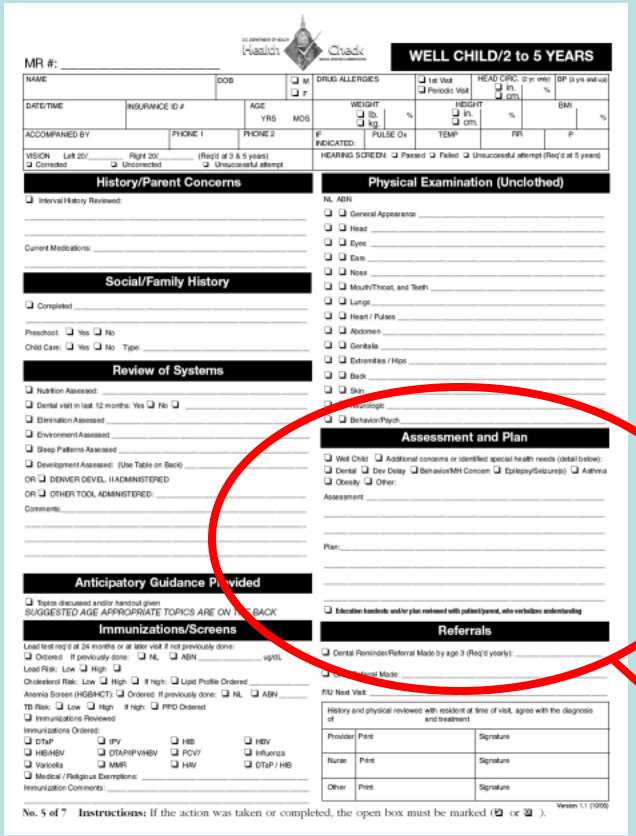
Assessment and Plan

Anticipatory Guidance Provided

Immunizations/Screens

Referrals

SMRF Data Populates Innovative Child Health Registry



WELL CHILD/2 to 5 YEARS

MR #: _____

History/Parent Concerns

Social/Family History

Review of Systems

Anticipatory Guidance Provided

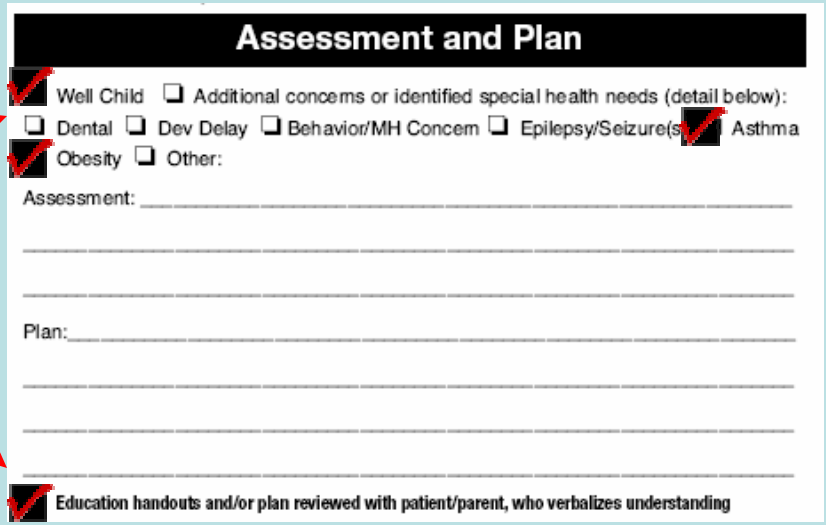
Immunizations/Screens

Physical Examination (Unclothed)

Assessment and Plan

Referrals

- **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)**



Assessment and Plan

☑ Well Child ☐ Additional concerns or identified special health needs (detail below):

☐ Dental ☐ Dev Delay ☐ Behavior/MH Concern ☐ Epilepsy/Seizure(s) ☑ Asthma

☑ Obesity ☐ Other:

Assessment: _____

Plan: _____

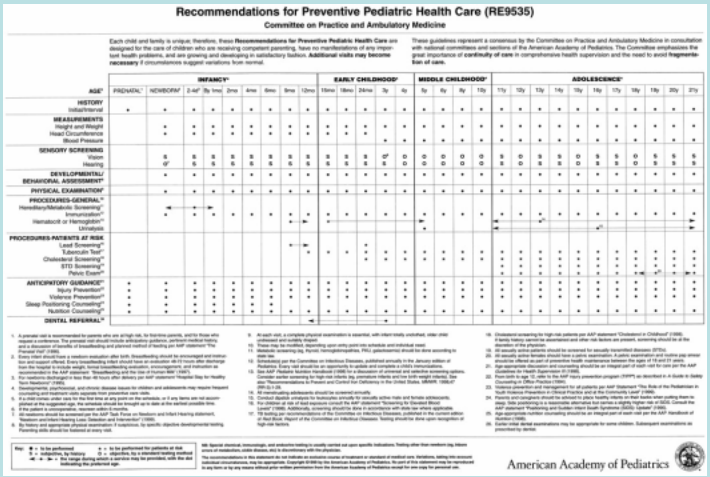
☑ Education handouts and/or plan reviewed with patient/parent, who verbalizes understanding

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

CMS Centers for Medicare & Medicaid Services

District of Columbia Chapter
American Academy of Pediatrics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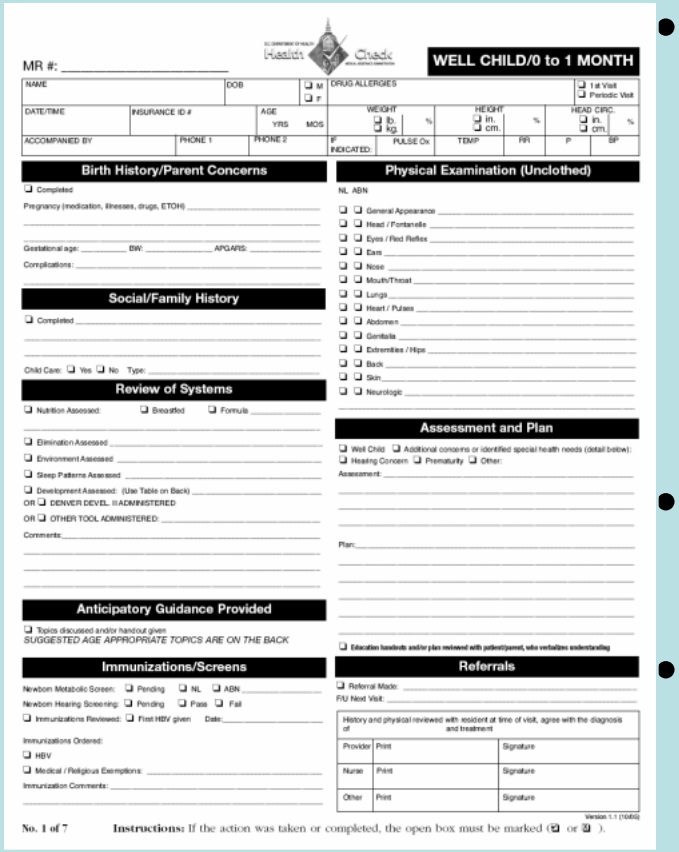
Bright Futures at Georgetown University

Standardized Medical Record Form (v. 3.0):



MR #: _____

Health Check

WELL CHILD/0 to 1 MONTH

NAME	DOB	❑ M ❑ F	DRUG ALLERGIES	❑ 1st Visit ❑ Periodic Visit
DATE/TIME	INSURANCE ID #	AGE YRS MOS	WEIGHT ❑ lb. ❑ kg. %	HEIGHT ❑ in. ❑ cm. %
				HEAD CIRC. ❑ in. ❑ cm. %
ACCOMPANIED BY	PHONE 1	PHONE 2	IF INDICATED: PULSE Ox	TEMP RR P BP

Birth History/Parent Concerns

❑ Completed

Pregnancy (medication, illnesses, drugs, ETOH): _____

Gestational age: _____ BW: _____ APGARS: _____

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Social/Family History

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Child Care: ❑ Yes ❑ No Type: _____

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❑ ❑ Nose _____

❑ ❑ Mouth/Throat _____

❑ ❑ Lungs _____

❑ ❑ Heart / Pulses _____

❑ ❑ Abdomen _____

❑ ❑ Genitalia _____

❑ ❑ Extremities / Hips _____

❑ ❑ Back _____

❑ ❑ Skin _____

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❑ Referral Made: _____

F/U Next Visit: _____

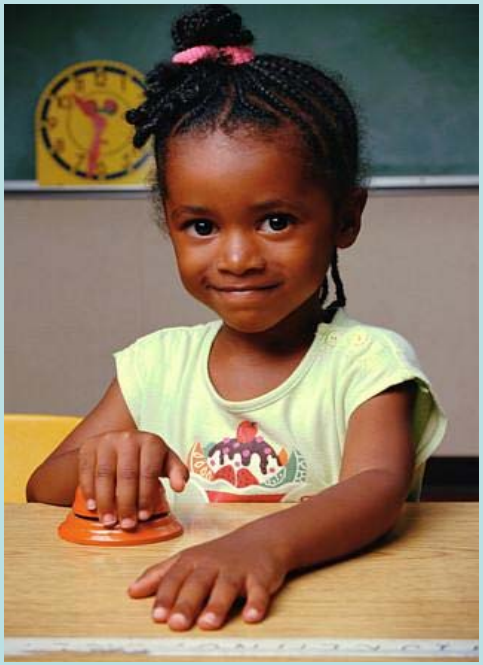
History and physical reviewed with resident at time of visit, agree with the diagnosis and treatment

Provider	Print	Signature
Nurse	Print	Signature
Other	Print	Signature

Version 1.1 (10/05)

No. 1 of 7 **Instructions:** If the action was taken or completed, the open box must be marked (☑ or ☒).

- "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

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-performance 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

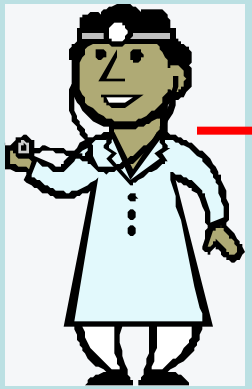
- Improved reimbursement
  - Provides a PAY-FOR-PERFORMANCE incentive for each *completed* SMRF (3 dollars per form for the first year).
- Improved system & child health outcomes
  - Improves practice data collection and reporting for more efficient resource management and audits.
  - Reinforces partnership 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

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



DC Providers

SMRF (2 sheets)

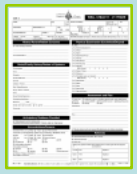
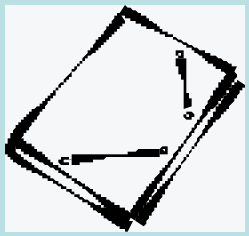


Chart Copy



Patient Chart

DOH Copy

PFP

Provider feedback to improve care

MCOs

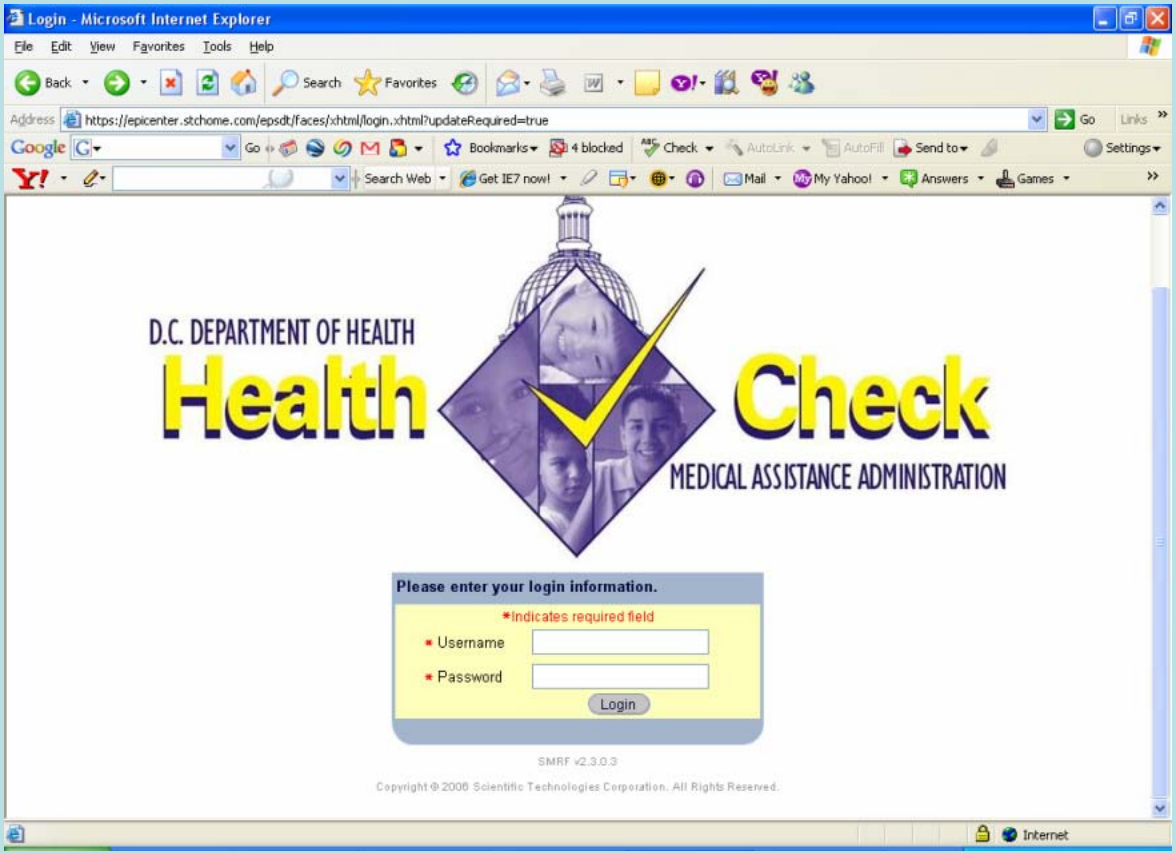
DC PICHQ
Data and Reports

DC HealthCheck
Child Health Data
REGISTRY

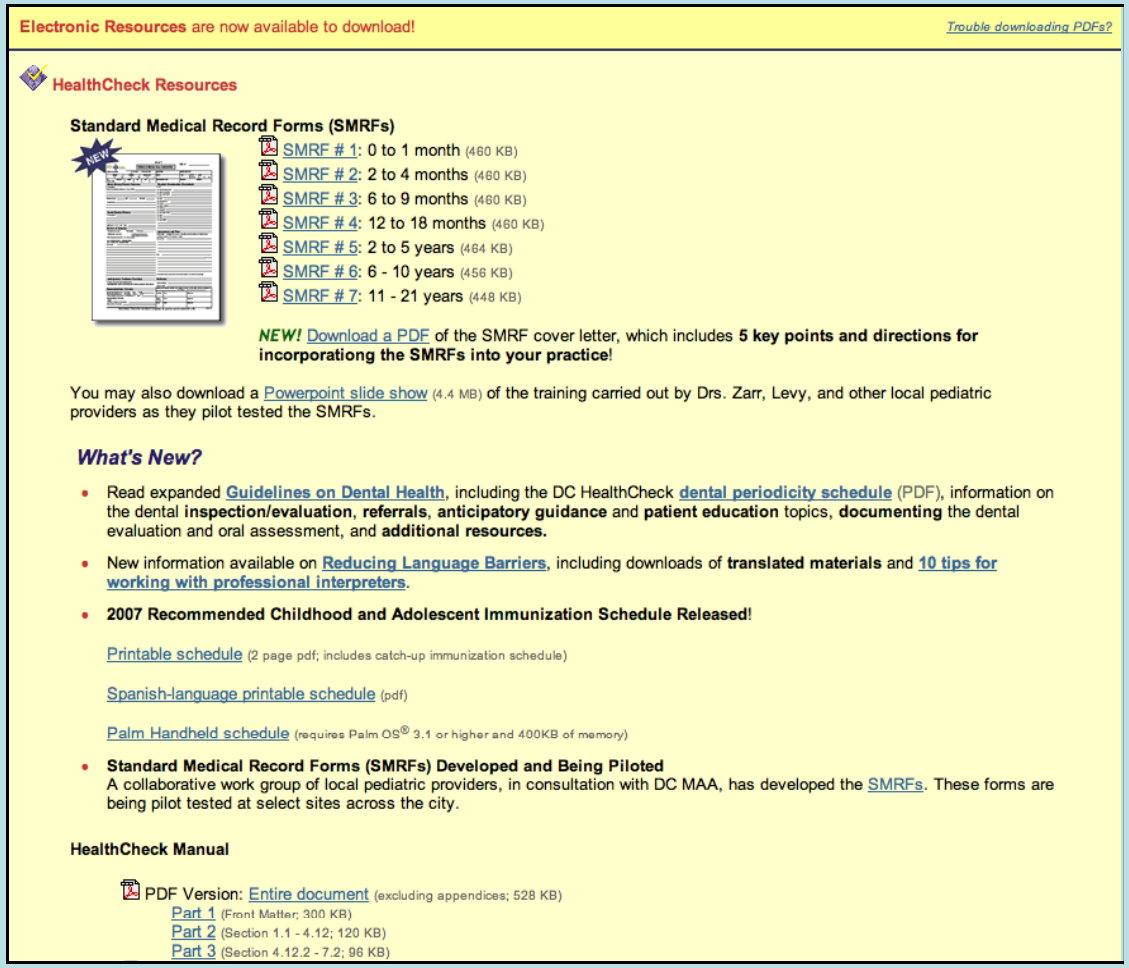
Confidentiality & Security of Data

- DC Child Health Registry and its contents are strictly confidential
- Data secure & password-protected (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



Online Access to Pediatric Resouces



Electronic Resources are now available to download! *Trouble downloading PDFs?*

HealthCheck Resources

Standard Medical Record Forms (SMRFs)

NEW

SMRF # 1: 0 to 1 month (460 KB)
SMRF # 2: 2 to 4 months (460 KB)
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)
SMRF # 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 Guidelines on Dental Health, including the DC HealthCheck dental periodicity schedule (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)

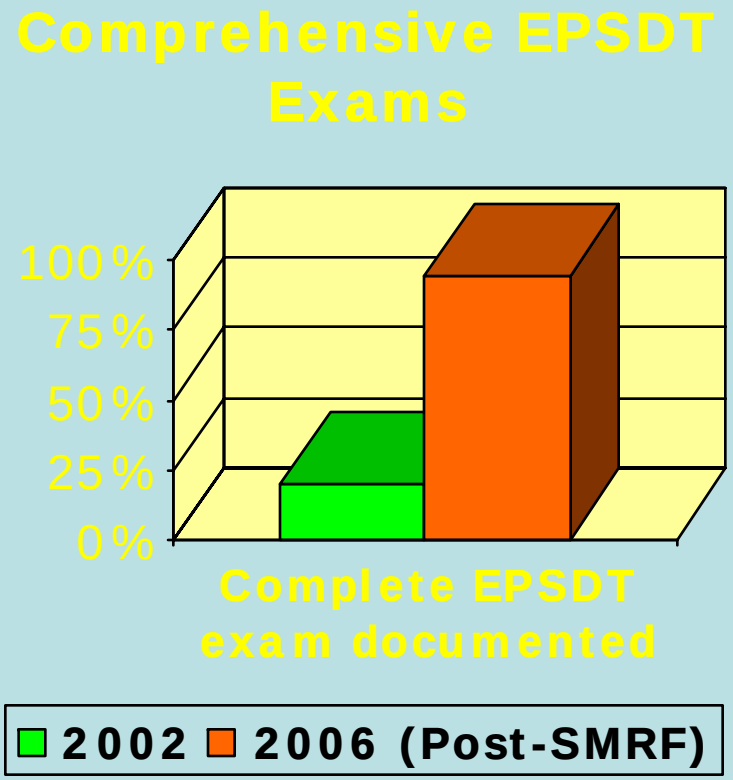
Immediate, electronic access to:

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

Early Returns and Next Steps

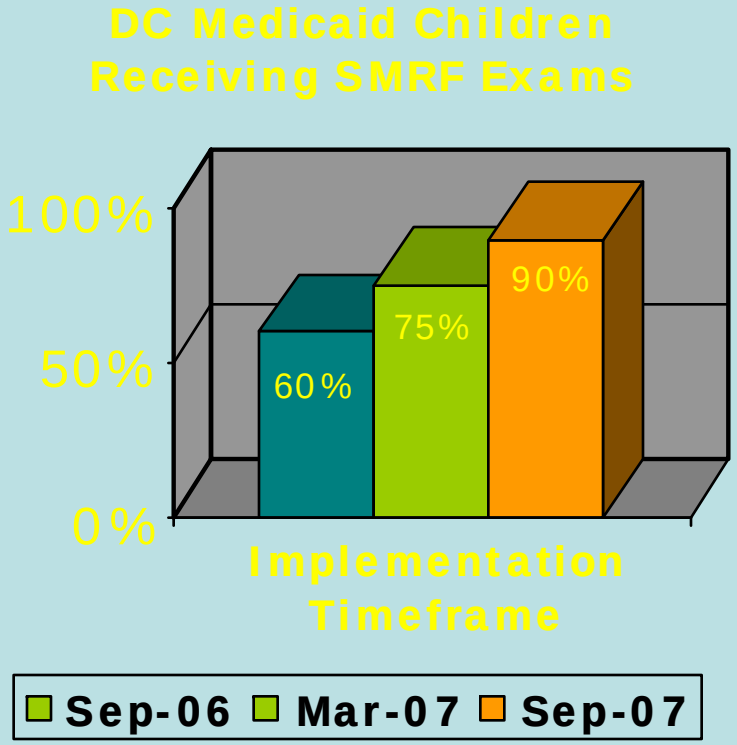
Improving Quality & Documentation of Preventive-EPSDT Exams

- 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

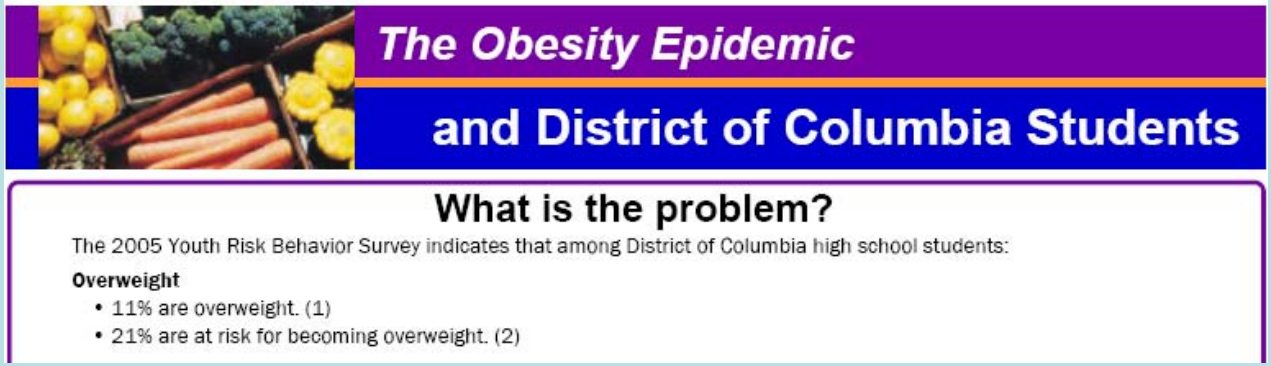


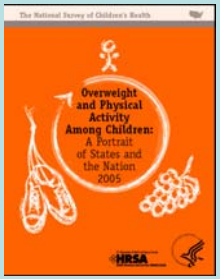
City-wide SMRF Implementation: Most Medicaid children now benefiting

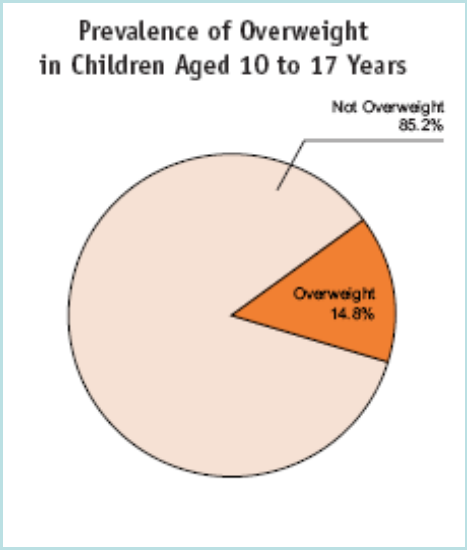
- Majority of DC Medicaid children now receiving SMRF EPSDT exams
  - Initial launch in key DC pediatric practices (covers 60% of Medicaid enrollees)
  - 75% of Medicaid children by March 2007
  - Anticipate > 90% by September 2007

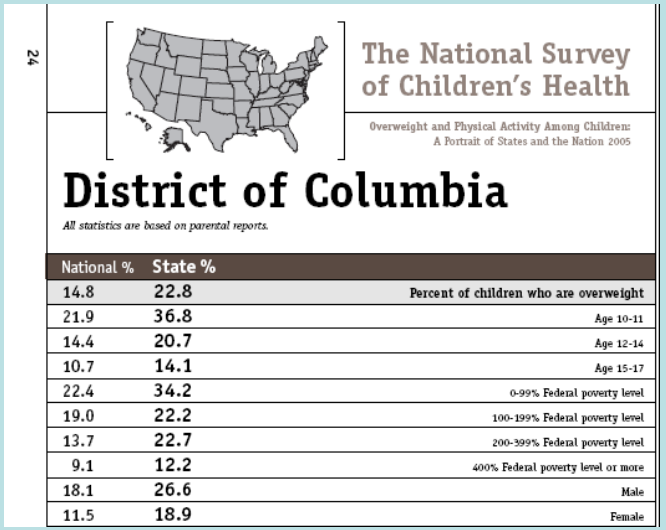


DC childhood obesity epidemic: survey data



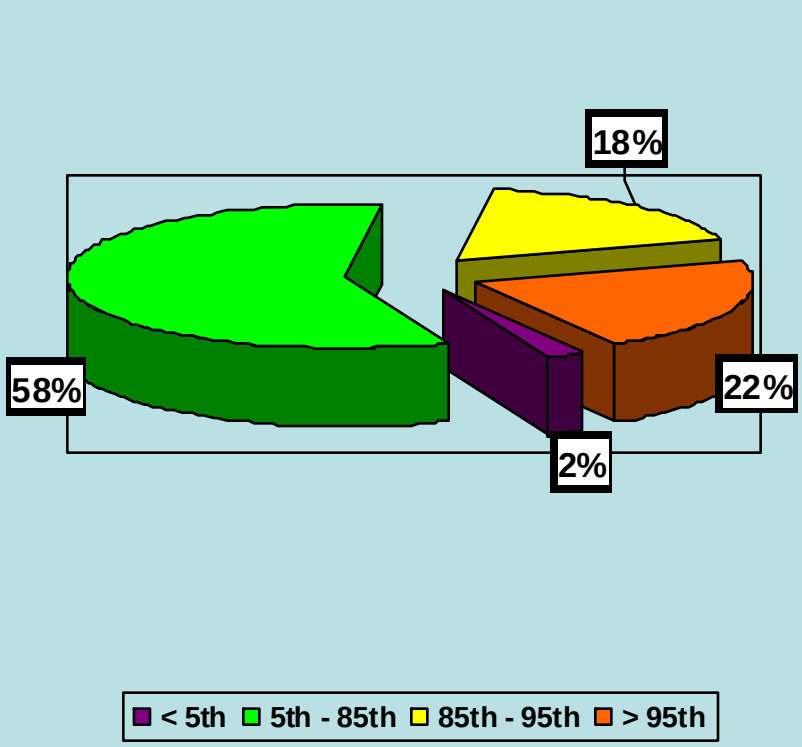


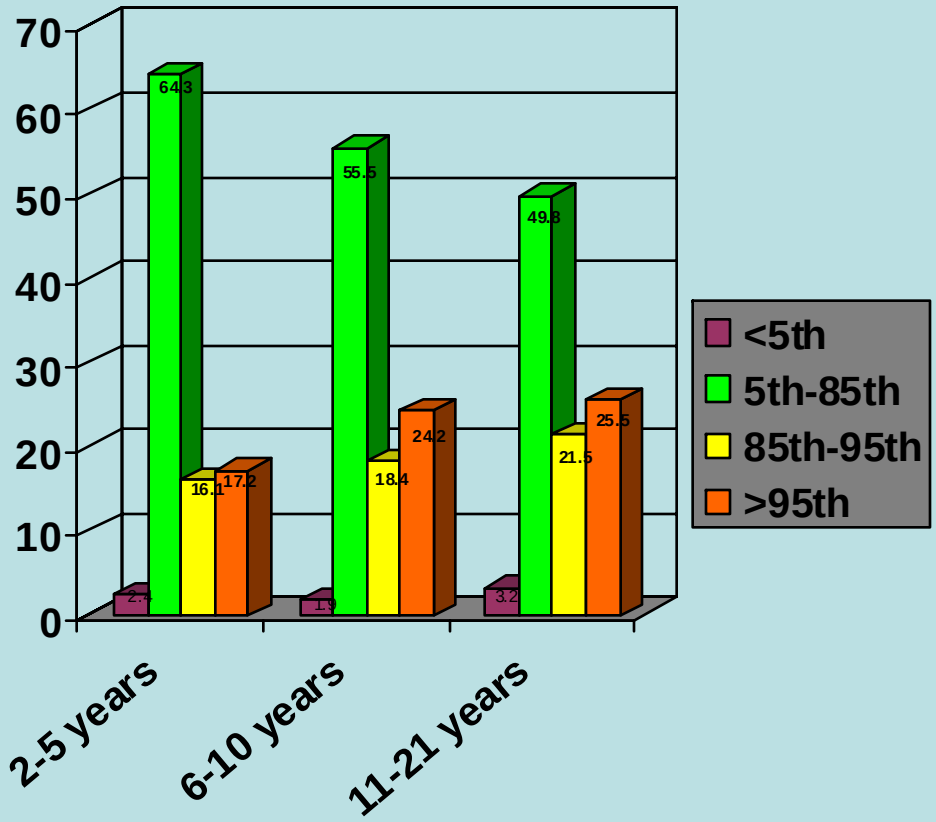




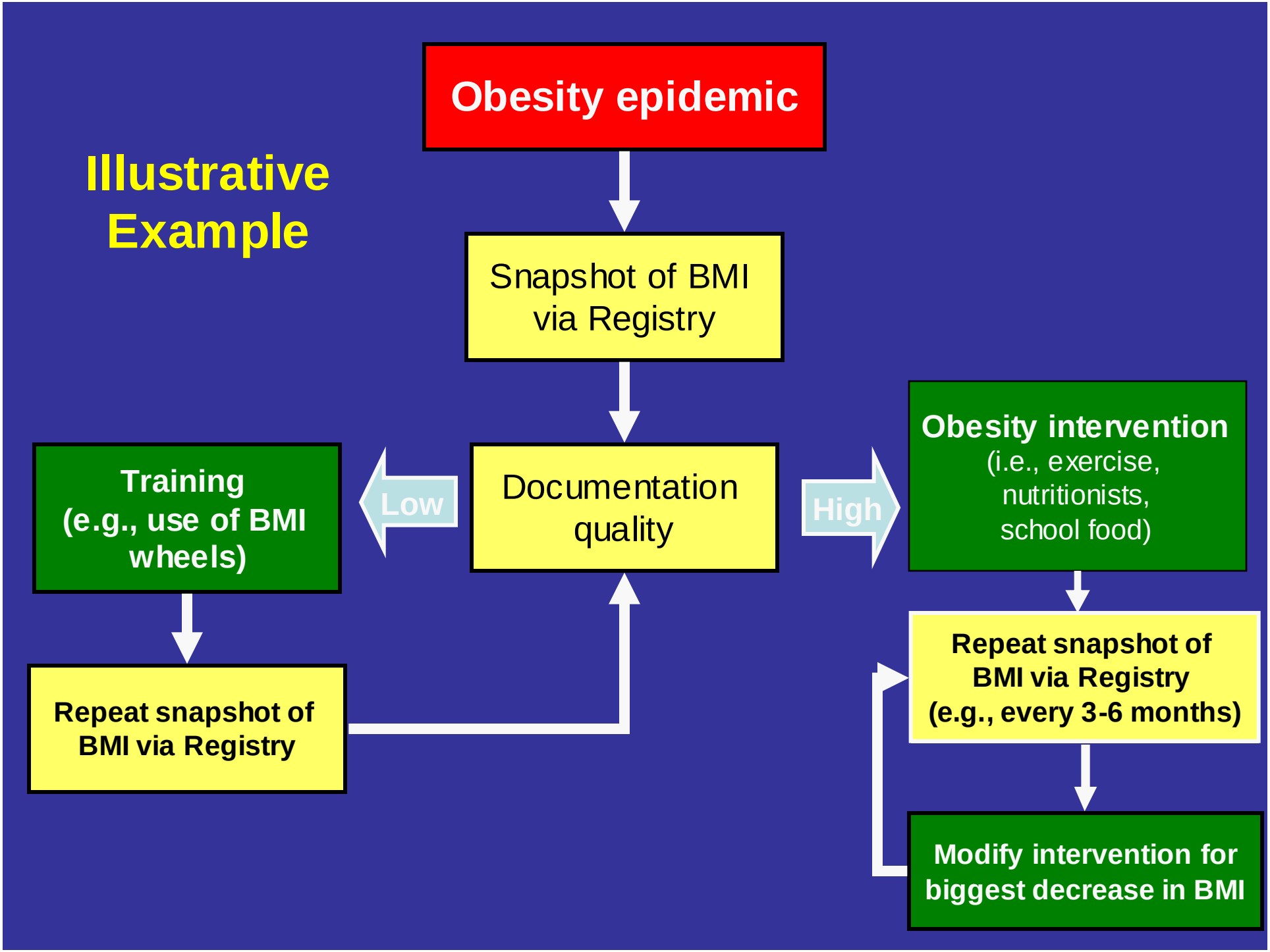
National %	State %	
14.8	22.8	Percent of children who are overweight
21.9	36.8	Age 10-11
14.4	20.7	Age 12-14
10.7	14.1	Age 15-17
22.4	34.2	0-99% Federal poverty level
19.0	22.2	100-199% Federal poverty level
13.7	22.7	200-399% Federal poverty level
9.1	12.2	400% Federal poverty level or more
18.1	26.6	Male
11.5	18.9	Female

From Survey Samples to DC 2006 EPSDT Registry Population Data





DC EPSDT BMI Percentiles (n = 3000)



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)