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DEPARTMENT OF HUMAN SERVICES

Annual Evaluation Report:

State Comprehensive Quality Strategy

July 2019

Contact Information

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Contents

Introduction and Overview

In June 2018, the State of Minnesota Department of Human Services (DHS) published an updated version of the State Quality Strategy in response to changes in the Federal Code of Regulations. 42 CFR §438.340 outlines the requirements for the State Quality Strategy, and DHS strives to produce a strategy that adequately presents the various quality initiatives across the Department in accordance with federal law. The DHS quality strategy:

> Acts as a written plan for assessing and improving the quality of managed care services offered by all MCOs.
> Solicits input of recipients, stakeholders and MCOs on the effectiveness of the quality strategy
> Ensures MCO compliance with state and federal law.
> Requires periodic reviews to evaluate strategy effectiveness and make revisions.
> Results in regular internal and public reports on the implementation and effectiveness of the strategy.

The following evaluation will assess several identified high-impact quality initiatives and review how effectively they are contributing to achieving the goals for quality of care improvement as laid out in the State Quality Strategy. The evaluation will cover a 6 month time period from the most recent strategy's publication to the end of 2018 (July 2018 – December 2018). Based on the findings of this evaluation, a determination will be made as to whether or not the Strategy itself is in need of revision and/or updates. Any updates to the Strategy will be completed in time for public comment and submission to CMS by the annual July 1st deadline.

SQS Objectives and Essential Outcomes

DHS aims to ensure access to affordable, high quality health care for all Medicaid managed care enrollees and to work with enrollees, the state's External Quality Review Organization, managed care organizations, providers and other state agencies, such as the Minnesota Department of Health, to improve access, quality and continuity of care. To achieve quality health care services, there must be measurable improvement in enrollee health outcomes to affect cost.[1]

DHS based its comprehensive quality strategy on these continuous quality improvement principles:

> **Accountability and transparency**: As stewards of public funds, DHS must hold the managed care organizations (MCOs) accountable for the quality of the health care services provided. The quality strategy holds MCOs accountable through the use of consistent quality and performance measures reported to DHS, enrollees and the public. The measures review many aspects of care and service with a particular focus on the ability to obtain the greatest health improvement at the lowest cost, balanced by conformity with social and cultural preferences.

[1] In special needs populations, improvement measurement may focus on maintenance or efforts to slow the decline in status which is a commonly expected outcome of a chronic condition.

Value: The worth of services provided will be determined in relation to long-term health care outcomes and satisfaction of principal consumers, the managed care enrollees. The quality strategy will repeatedly ask and evaluate findings to the question: "Did the delivery system provide care and services in the appropriate quantity, quality and timing to realize the maximum attainable health care improvement at the most advantageous balance between cost and benefit?"
Consumer informed choice and responsibility: The most effective and efficient health care delivery system includes the patient in the health care decision process. In order for patients to participate, they must be provided with the prerequisite health care information. Patients must also assume responsibility as informed consumers to make responsible choices and reduce high-risk behaviors in order to realize optimum outcomes. A measured, thoughtful, strategic and systematic patient-centered approach must be employed to achieve sustained improvement.

DHS strives to achieve results in seven essential outcomes through its Medicaid Managed Care Comprehensive Quality Strategy:

Purchase high quality health care services.
Protect the health care interests of managed care enrollees through monitoring of care and services.
Assist in the development of affordable health care.
Review and realign any DHS policies and procedures that act as unintended barriers to the effective and efficient delivery of health care services.
Focus health care improvements on enrollee demographics and cultural needs.
Improve the health care delivery system's capacity to deliver desired medical care outcomes though process standardization, improvement and innovation.
Strengthen the relationship between patients and health care providers.

Programs of Interest

This evaluation will consider progress made in several important quality initiatives currently underway at DHS, including:

Integrated Care for High Risk Pregnant Women,
Behavioral Health Homes Model,
Opioid Prescribing Improvement Project,
Delivery System and Payment Reform: Value-Based Payment Program.

Integrated Care for High Risk Pregnant Women

In 2015 the Minnesota Legislature directed the Department of Human Services to implement a pilot program to improve birth outcomes, the Integrated Care for High Risk Pregnancies (ICHRP) Initiative. The program uses grant funds to promote integrated care and enhanced services to women at risk for adverse outcomes of pregnancy, through the use of perinatal care collaboratives. These care collaboratives support interdisciplinary, team-based needs assessments, infrastructure planning, and implementation of integrated care and enhanced

services for pregnant mothers in targeted populations. Teams include community-based healthcare, social service, and paraprofessional providers.

Eight grantees and their many partners are implementing ICHRP. They are daily showing the value of community-led collaborative care to mitigate psychosocial risks during pregnancy. In the northern half of the state ICHRP addresses maternal opiate use among American Indian women residing on or adjacent to the five tribal reservations. In the Twin Cities, ICHRP reduces low birth weight births to African American women.

The ICHRP Initiative shows that community-based leadership can be identified and engaged, and that community leaders and clinicians can guide evidence-based collaborative care for high-risk pregnancies. The collaborative care model is working in both Native American and African American communities.

In light of this high concentration of maternal risk, targeted use of a collaborative care model such as ICHRP supports proactive case-finding and risk assessment, including detection of previously unknown substance use. The collaborative care model identifies and mitigates the constellation of other psycho-social risks associated with risk for prematurity and low birth weight in the African American community. ICHRP provides comprehensive, wrap-around support and services in a short period of time, which serves to reduce stigma, improve coping skills, stabilize critical aspects of the clients' living situations, and align supports with supervision and compliance. The ICHRP Initiative has been successful in developing a community-led project that translates directly to improved service models for women at risk.

Behavioral Health Homes Model

Behavioral Health Homes (BHH) is Minnesota's health home benefit under Sec. 1945 of Title XIX of the Social Security Act. The goals of the BHH framework are to:

> Improve health outcomes (preventative, routine, treatment of health conditions) of individuals enrolled.
> Improve experience of care for the individual.
> Improve the quality of life and wellness of the individual.
> Reduce health care costs.

Behavioral Health Home services will be made available to Medicaid-eligible adults diagnosed serious mental illness; and children and youth diagnosed with a serious emotional disturbance.[2] Minnesota has selected the population with serious mental illness because of the known barriers of health care access, high co-occurrence of chronic health conditions, and early mortality. DHS will build on this framework to serve other complex populations in the future.

In Minnesota, within the MA population, individuals with serious mental illness, and children and youth with serious emotional disturbance are two to three times the medical cost risk and use more impatient services. In 2012, of the adults with serious mental illness, 25 percent had at least one chronic health condition and 13

[2] 58 Fed. Reg. 96 (May 20, 1993)

percent had at least two. BHH offers an opportunity to provide more person-centered care in order to deliver better health outcomes for adults and children with serious mental illness.

Under Sec. 1945 of Title XIX of the Social Security Act, health home services must include the following services:

Comprehensive care management, using team-based strategies,
Care coordination and health promotion,
Comprehensive transitional care between health care and community settings,
Individual and family support, including authorized representatives,
Referral to community and social support services, and
The use of health information technology to link services, as feasible and appropriate.

DHS is currently conducting a statewide evaluation of BHH services. The final report from DHS' contractor, Wilder Research, will be made available. Based on extensive contact with BHH providers and stakeholder groups including people who are receiving BHH services, or who have a family member receiving BHH services, the following anecdotal findings have been made:

BHH services providers have been successful in connecting individuals to physical health care including primary care and dental services;
BHH services providers have been successful in providing education and health coaching to reduce unnecessary emergency department utilization;
BHH services providers have been successful in connecting individuals to social services and supports; and these connections tend to build rapport and trust between the provider and the individual receiving BHH services.

Minnesota will continue monitor avoidable hospital admissions, cost savings from improved care management, and the use of health information technology. Quality measures for this initiative include CMS core set of measures and additional Minnesota state measures.

Opioid Prescribing Improvement Project

The Minnesota Legislature established the Opioid Prescribing Improvement Program (OPIP) in 2015. The aim of the OPIP is to reduce opioid dependency and substance use by Minnesotans due to the prescribing of opioid analgesics by health care providers. This will be accomplished by developing statewide guidelines on appropriate opioid prescribing for acute pain, post-acute pain and chronic pain; developing educational resources for providers for communicating to patients about pain; and implementing an opioid prescribing quality improvement program among Minnesota Health Care Program-enrolled providers whose prescribing behaviors are found to be outside of community standards.

State staff spent the second half of 2018 developing the opioid prescriber education campaign, and the quality improvement program. The state worked with a national communications firm to create the Flip the Script campaign—a prescriber education campaign director towards health care providers who prescribe opioid analgesic therapy. The campaign launched in March 2019, and includes a pod cast with continuing education

credits for physicians, nurses, dentists and pharmacists developed in collaboration with the University of Minnesota. It also offers a 3-part webinar series on the quality improvement program with continuing medical education, developed in collaboration with the Minnesota Medical Association.

Significant development work was completed for the Opioid Prescribing Reports in the second half of CY2018. The reports are one-page overview of an individual provider's opioid prescribing rates across seven sentinel measures. The measures were developed by the program's expert advisory task force, and are consistent with national opioid prescribing measures. The purpose of the reports is to support quality improvement among providers at the local and the state level by increasing awareness among providers about their own prescribing behavior, as well as how they compare to their peers. The reports also identify providers whose prescribing rates are currently outside of community standards. Providers who stay outside of community standards in future reporting cycles will be required to participate in the OPIP quality improvement program. The state is on track to release the first set of opioid reports in spring 2019, with the quality improvement program set to begin after the second set of reports are released in spring 2020.

Delivery System and Payment Reform: Value-Based Payment Program

In October of 2018, the first cohort of thirteen Integrated Health Partnerships (IHPs) 2.0s submitted their population health reports to DHS. In those reports, IHPs explained successes and challenges they experienced during the first months of implementing equity interventions focused on addressing social determinates of health. For example, the Hennepin Health System IHP, explained how their Human Services partnership has bridged the connection between the health system and the housing Coordinated Entry System; the Integrity IHP, talked about their successes identifying patients with depression that seemed asymptomatic at home or in other social situations; and the Lakewood IHP explained how their intervention helped a home care nurse recognize food as a barrier for medication adherence for one of their patients.

In the 2019 calendar year, eight Legacy IHPs successfully transitioned to the IHP 2.0 edition and one new IHP joined the IHP payment model. The new IHP's equity intervention is focused on the problem of inappropriate opioid use in rural Minnesota.

In an effort to enhance care coordination with the use of technology, the DHS staff worked closely with the Minnesota Medicaid Promoting Interoperability Program (MPIP) vendor to open the MPIP portal for IHP attestation. IHPs should be able to start attesting health information technology measures in April of 2019.

The integration with the MPIP program may present some challenges for IHPs due to CMS's divergent policy for the Medicaid and Medicare programs. The IHP program follows policies and regulations set for the Medicaid program.

The recent legislative changes to the Minnesota Statewide Quality Reporting and Measurement System moved the burden of surveying patients from providers to the State. MN DHS has been working to administer the patients' experience of care survey to IHP patients. The survey will be launched in April of 2019 to gain insights about patients' satisfaction of care under this value based payment arrangement.

Conclusions

Based on based on review of these major initiatives, the State has determined that the current Quality Strategy is sufficiently achieving and/or working towards meeting its goals and essential outcomes. Therefore, no updates to the Strategy will be made for the July 1st, 2019 update deadline. The State will continue to monitor these and other quality program projects, programs, and initiatives, and assess the reasonableness and effectiveness of the Strategy's approaches to improving quality.

Notes

The 2019 Strategy includes new language and new descriptions of certain programs. These additions have been made due to changes in CMS reporting requirements. While this language is new to the Strategy, these initiatives and programs have been in effect for some time, and will continue to be. The State has determined that, since these programs and initiatives are merely being newly discussed in the Strategy and do not constitute a material change in our recipients' experiences of care, they do not constitute a significant change to the State's quality framework.