Improving Quality and Patient Experience

THE STATE OF HEALTH CARE QUALITY 2013

NCQA
Measuring quality. Improving health care.
Highlighted measures

- Appropriate use of antibiotics
- Childhood obesity measures
- Childhood immunization
- Medicaid experience of care
First, thanks and congratulations
A record 136 million Americans (43%) are in health plans that report quality results.
Flat performance on antibiotic overuse
Antibiotic resistance remains a problem

- Kills 23,000
- Sickens 2 million
- Main cause: overuse
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

![Graph showing avoidance of antibiotic treatment over years for different types of insurance plans.](image-url)
Continued improvement in childhood obesity
Obesity-Related Measures
Measuring BMI (3-17 Years)
Obesity-Related Measures
Measuring BMI (3-17 Years)
Obesity-Related Measures
Counseling for Physical Activity (3–17 Years)
Obesity-Related Measures
Counseling for Physical Activity (3–17 Years)
Mixed results on childhood immunizations
Good News
Improving Childhood Immunization Status (Medicaid HMOs)
Good News
Improving Childhood Immunization Status (Medicaid HMOs)
Not Good News
Combination 2 rate has not recovered since 2009
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Medicare improvements
Medicare Plans Improving Colorectal Cancer Screening
Medicare Plans Improving Colorectal Cancer Screening
Improving After Stagnating
Potentially Harmful Drug-Disease Interactions in the Elderly (lower is better)
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Potentially Harmful Drug-Disease Interactions in the Elderly (lower is better)
Medicare Plans Lead the Pack
Persistence of Beta-Blockers After a Heart Attack
Medicare Plans Lead the Pack
Persistence of Beta-Blockers After a Heart Attack
Better experience of care in Medicaid
Rating of Personal Doctor: Rating of 9 or 10 (Medicaid HMOs)

9.10
Rating of Personal Doctor: Rating of 9 or 10 (Medicaid HMOs)
Rating of Specialist: Rating of 9 or 10 (Medicaid HMOs)
The importance of patient experience
Assessing consumer experience matters because the results are...

- Useful
- Understandable
- Motivating
- Credible
- Consequential
Quality and consumer experience aren’t always linked
How health plans can affect members’ assessment of providers

- Selection
- Retention
- Training
- Rewards
- Initiatives to improve primary care
Guest Speakers: High-Performing Plans
Guest Speakers: High-Performing Plans

Joseph V. Agostini, MD
Chief Medical Officer for Medicare Collaborations
Aetna
Hartford, CT
Guest Speakers: High-Performing Plans

Mark A. LePage, MD, MBA
Chief Medical Officer
Security Health Plan
Marshfield, WI
Assuring the very best health care for more than 50,000 Wisconsin children and families
A plan with nationally-recognized quality

NCQA Recognition

• First Wisconsin Medicaid health plan accredited (2011)
• Excellent Accreditation status each year
• Ranked #12 of 131 plans in the nation*

Focus on children

High frequency of well child visits with primary care provider

- Age 0-24 months – 98%
- Age 3-6 years – 90%
- Age 7-11 years – 93%
- Age 12-19 years – 92%

Reminders / follow up

- Appointment reminders mailed from providers
- 1st and 2nd birthday cards mailed from Plan remind parents/guardians to get well child exams for their children
- Reminder cards mailed from Plan to parents/guardians when appointments are missed
Focus on children

Childhood immunizations

• 86% of 2-year-olds have received recommended immunizations

Collaboration with providers

• Example: Marshfield Clinic
  • Identify “shared” patients/members to coordinate personalized intervention
  • Reminder letters sent by Security Health Plan but signed by the provider’s clinic department
## Childhood obesity

<table>
<thead>
<tr>
<th>Childhood obesity prevention measures</th>
<th>All Plan providers</th>
<th>Marshfield Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened for BMI</td>
<td>79%</td>
<td>92%</td>
</tr>
<tr>
<td>Counseled for nutrition</td>
<td>71%</td>
<td>82%</td>
</tr>
<tr>
<td>Counseled for physical activity</td>
<td>71%</td>
<td>83%</td>
</tr>
</tbody>
</table>

### Marshfield Clinic success

- Electronic health record
- Patient-centered medical home model for care coordination
Alignment with providers

Encourage members to select and visit PCPs

- Large network throughout 27-county service area
- Regular communication with members

Pay-for-performance

- Aligned with DHS targets
  - Comprehensive diabetes care/HbA1c testing
  - Comprehensive diabetes care/LDL-C screening
  - Use of appropriate medications for people with asthma
  - Childhood immunization status/combo 2
  - Preventive exams / well child and adult
2013 CAHPS Medicaid member survey

Adult members satisfaction with Security Health Plan

• Personal doctor overall – 85%
  • National average 79%
• Health plan overall – 84%
  • National average 75%
• Members receive personal attention
• Customer service right here in central Wisconsin
• Care managers reach out to members with health concerns
Questions?

SecurityHealth Plan
Promises kept, plain and simple.

Thank you
Guest Speakers: Quality Advocates
Guest Speakers: Quality Advocates

Charles Homer, MD
CEO
National Initiative for Children’s Healthcare Quality
Boston, MA
Guest Speakers: Quality Advocates

Nora Wells
Co-Director
Family Voices National Center for Professional Partnerships
Albuquerque, NM
Family Perspectives on Improving Quality of Children’s Healthcare

NCQA Report on the State of Healthcare Quality
October 23, 2013
NCQA Webinar Briefing

Nora Wells, MEd
Co-Director
Family Voices National Center for Family/Professional Partnerships
Families are Critical to Quality Improvement

- Families are key decision makers for their children
- Families are principle caregivers for their children
- Families choose providers for their children
- Families seek effective partnerships with their children’s providers
- Families choose health plans; choices will increase under ACA
- Families care about cost effectiveness
- Families of CYSHCN have years of experience in helping to measure and improve care and services
1. Safety, care options, potential outcomes, *ex vaccines, medications*

2. Influences on child health, *ex BMI, nutrition, antibiotic resistance*

3. Access to care and services, *ex well and sick visits, specialists*

4. Understandable information on providers and settings, *ex physician and practice level*
1. Broadly available
2. Actionable
3. Helps providers understand family needs
4. Helps families share in decision making
5. Helps families get the services their child needs
6. Public data on quality
   www.childhealthdata.org
Families Participate in Quality Improvement

- FV collected survey data for CDC on family attitudes toward flu vaccine – families rely on providers for guidance
- FV developed media toolkit to educate families and providers about the risk of flu to CYSHCN
- FV learned from families of CYSHCN that their providers don’t discuss healthy weight and nutrition
- Families provide peer support about healthy eating, physical activity, peer support, strategies to partner, community resources
Family Roles in Quality Measurement

- Family Voices helped researchers develop CAHPS
- Families work in multiple ways with providers and health plans to improve quality
- Families identify that current family experience questions need expansion
FV Family Centered Care Assessment

- Quality measurement questions created with families in the lead
- Highly reliable/valid across demographic groups
- Enhanced areas of cultural competence/shared decision making/linking to community services
- Demonstrate added value of family perspective in measurement
1. Identifying information needed to “measure what matters”

2. Creating potential for change in areas critical to family-centeredness

3. Contributing to cost effectiveness
1. Making data more user friendly for communities

2. Identifying funding to support family engagement in quality improvement

3. Family orgs willing to partner

4. Increased requirements for quality measurement in ACA
Family Voices: a **cross-disability national network** of family leaders focused on achieving family-centered care for all Children/Youth with Special Health Care Needs (CYSHCN)

- Providing families with tools to make informed decisions and partner for improvement
- **Advocating** for improved policies
- **Building partnerships** among professionals and families
- **Serving as a trusted resource** on health care
About Family Voices

• **Links Family Leaders around the country:** Providing peer support and leadership development to Family-to-Family Health Information Centers in every state;

• **Supports KASA Youth Leaders:** Informing youth about their rights; providing peer support, training, systems change

• **Partners with Professionals who serve CYSHCN:** collaborating to improve services and systems
How are the Children?

African tribal greeting
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