

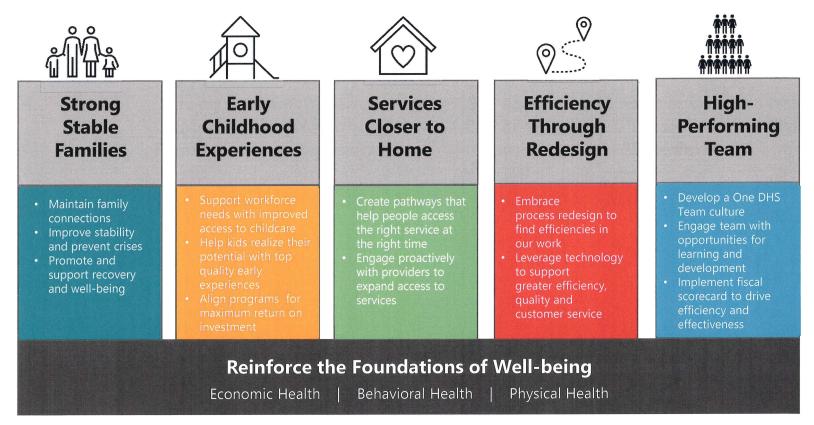
# Medical Services Budget- House Bill 1012 **Quality** House Appropriations Human Resources Division, Chairman Nelson

Caprice Knapp, PhD Medical Services Director

Be Legendary.<sup>™</sup>

Human Services

## DHS 2021 - 2025 **KEY PRIORITIES:**



## North Dakota Medicaid OUR VALUES:



#### In the United States...



Medicaid covers 45% of adults with disabilities



Medicaid covers 6 in 10 nursing home residents

Medicaid and Medicaid Expansion covers low-

income families and nonelderly adults with income up to 138% FPL

Medicaid covers 43% of all births





4 in 10 Medicaid enrollees are Children



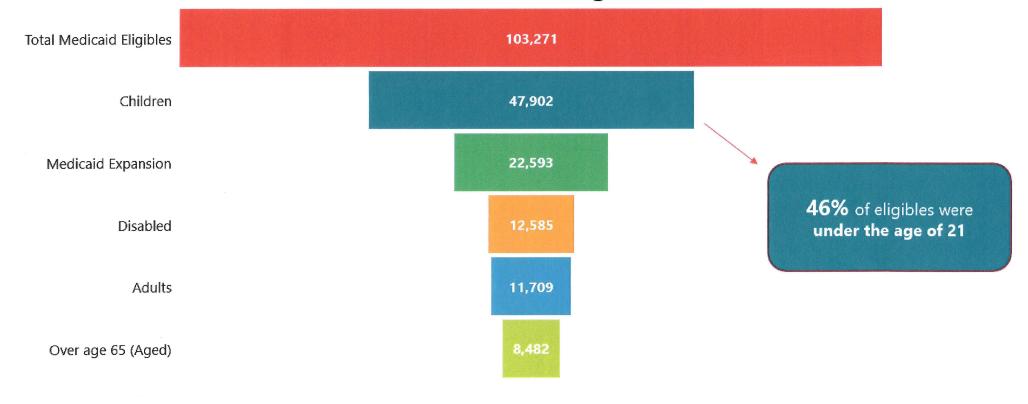
Medicaid covers 1 in 5 Americans

## Who does Medicaid cover?

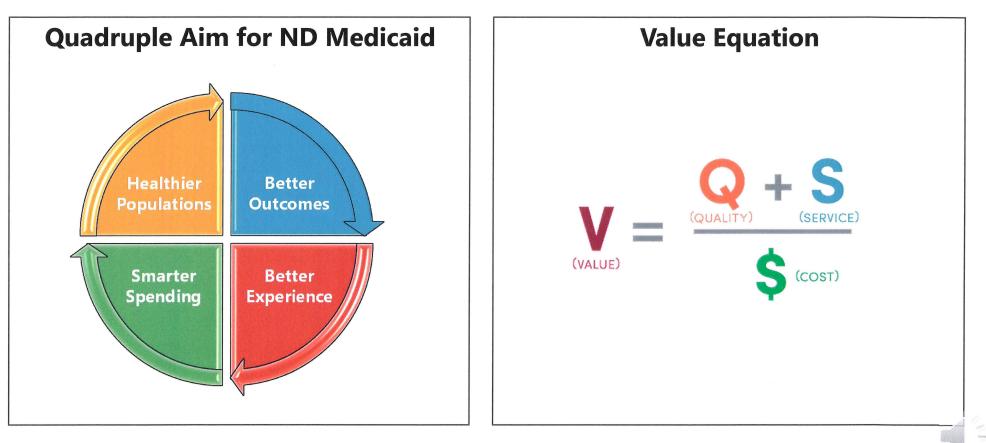
Medicaid provides health and long-term care for **millions** of America's poorest and most vulnerable people.

\*Data retrieved from Kaiser Family Foundation (2019) 10 Things to Know about Medicaid: Setting the Facts Straight and MACPAC (2020) Factsheet Medicaid's Role in Financing Maternity Care

## North Dakota Medicaid Eligibles



## **HOW TO DRIVE QUALITY**



\*Institute for Healthcare Improvement Triple Aim

\*University of Utah & Harvard Business School's Michael Perter value equation

## **HOW TO IMPROVE**

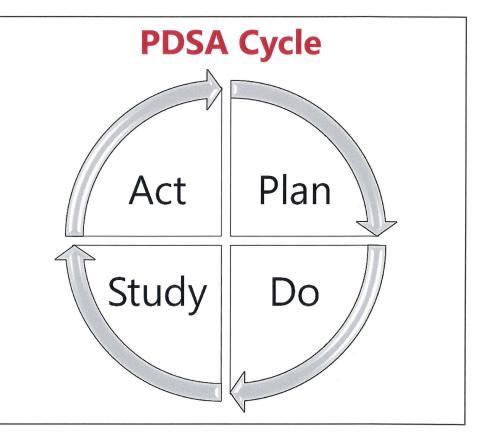
#### **Continuous Quality Improvement**

Is a quality management process that encourages all health care team members to continuously as the questions:

- 1. How are we doing?
- 2. Can we do it better?

The Institute for Healthcare Improvement Model for Improvement is a simple strategy that use **PDSA cycle** that accelerates improvement by seeking answers to three questions:

- 1. What are we trying to accomplish?
- 2. How will we know that a change is an improvement?
- 3. What changes can we make that will result in improvement?



\*National Learning Consortium (2013) Continuous Quality Improvement Strategies to Optimize your Practice \*The W. Edwards Deming Institute PDSA Cycle

## **HOW QUALITY IS MEASURED**

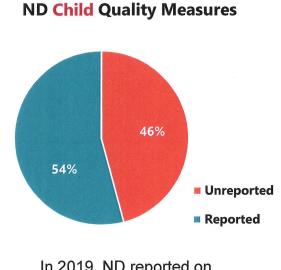
## Health Care Quality Measures for Medicaid:

**Child Core Set** is a set of **24** measures encompassing: preventative health, maternal health, mental health, dental health, and experience of care.

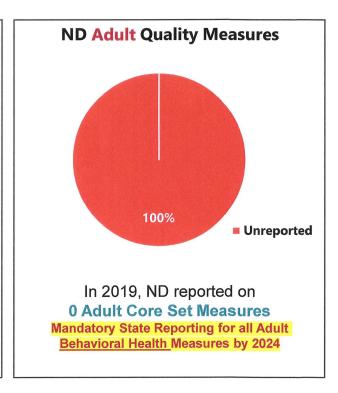
https://www.medicaid.gov/medicaid/quality-ofcare/downloads/performance-measurement/2020child-core-set.pdf

Adult Core Set is a set of 33 measures encompassing: preventative health, maternal health, mental health, dental health, and experience of care.

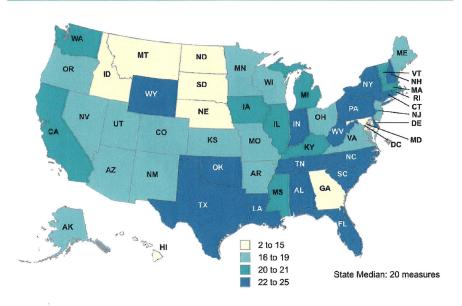
https://www.medicaid.gov/medicaid/quality-ofcare/downloads/performance-measurement/2020adult-core-set.pdf



In 2019, ND reported on **13 Child Core Set Measures** Mandatory State Reporting for <u>all</u> Child Core Set Measures by 2024



\*Retrieved from Medicaid.gov Adult and Child Health Care Quality 2020 Measures



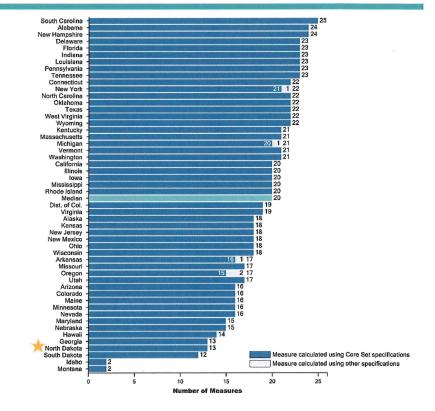
Geographic Variation in the Number of Child Core Set

Measures Reported by States, FFY 2019

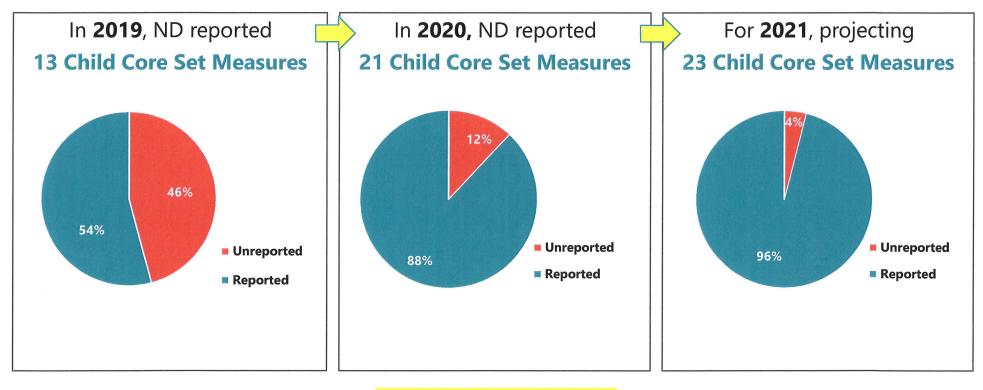
Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020; Form CMS-416 reports for the FFY 2019 reporting cycle as of July 1, 2020; and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.
Notes: The term "states" includes the 50 states and the District of Columbia. The 2019 Child Core Set includes 26 measures. This chart excludes the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network.

\*Data retrieved from Medicaid.gov (2020) Child Chart Pack

#### Number of Child Core Set Measures Reported by States, FFY 2019

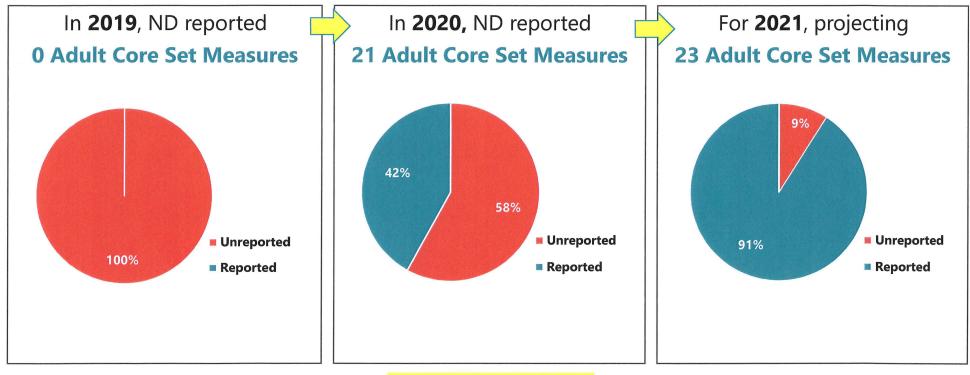


## Number of Child Core Set Measures Reported by North Dakota



Mandatory State Reporting for <u>all</u> Child Core Set Measures by 2024

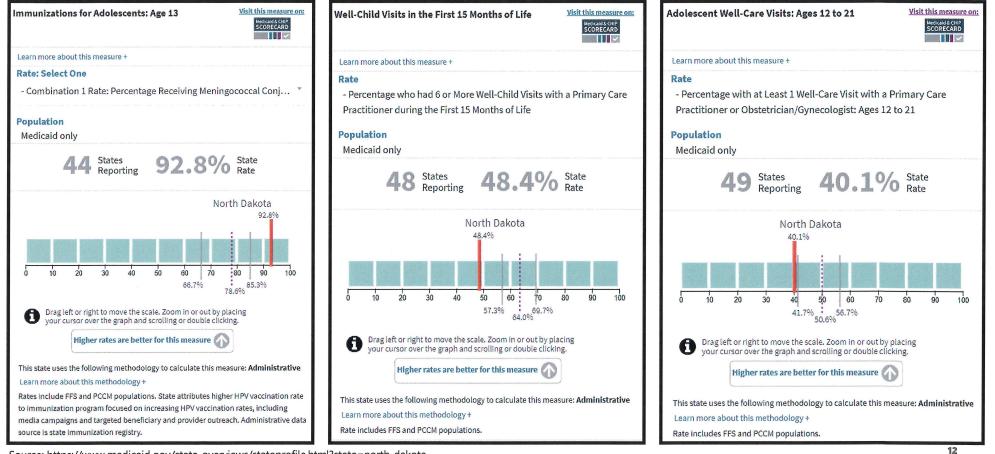
## Number of Adult Core Set Measures Reported by North Dakota



Mandatory State Reporting for <u>all</u> <u>Behavioral Health Measures in</u> Adult Core Set by 2024

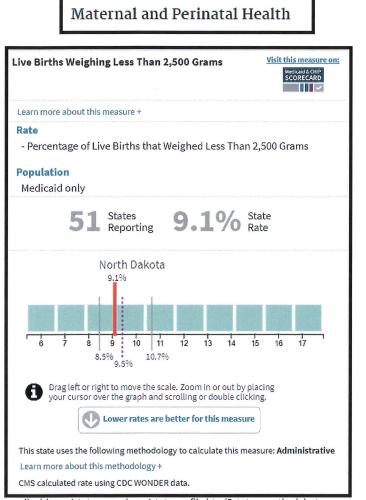
## Medicaid & CHIP Scorecard FFY 2019

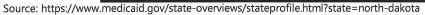
#### Primary Care Access and Preventive Care



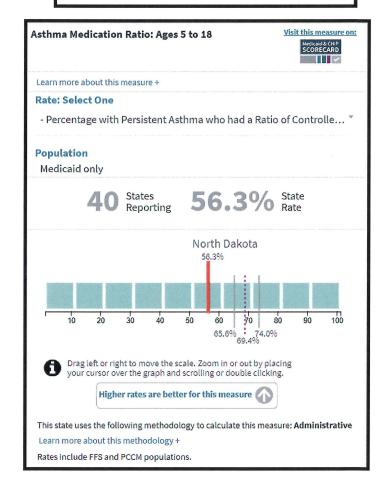
Source: https://www.medicaid.gov/state-overviews/stateprofile.html?state=north-dakota

#### Medicaid & CHIP Scorecard FFY 2019



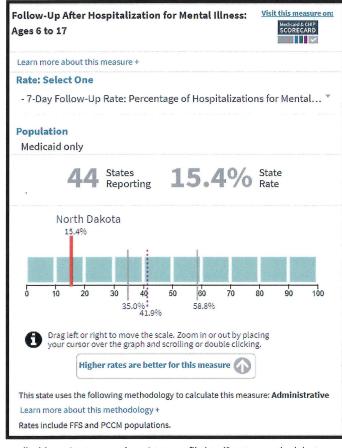


Care of Acute and Chronic Conditions

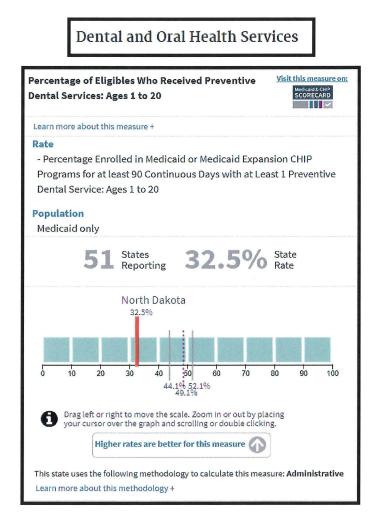


#### Medicaid & CHIP Scorecard FFY 2019

#### Behavioral Health Care



Source: https://www.medicaid.gov/state-overviews/stateprofile.html?state=north-dakota



## **Quality Performance for Medicaid Expansion**

North Dakota Medicaid Expansion Performance Measurement Scorecard Data Measurement Year (MY) 2017 - 2019							
Measure	мсо му	MCO MY 2018 Rate (%)	MCO MY 2019 Rate (%)	MY 2019 MCO Rate Compared to			
Adult Body Mass Index Assessment	93.40	93.33	94.17				
Flu Vaccinations for Adults, Ages 18-64	41.75	38.93	38.60	•			
Breast Cancer Screening	50.35	54.97	54.69	•			
Cervical Cancer Screening	42.61	43.60	44.79	٠			
Chlamydia Screening in Women, Upper Age Stratification, Ages 21-24	37.50	40.52	46.03	•			
Comprehensive Diabetes Care: Blood Pressure Controlled <140/90 mm Hg	77.86	76.86	73.97	<b>* * *</b>			
Comprehensive Diabetes Care: Eye Exam	50.09	51.12	49.64	•			
Comprehensive Diabetes Care: Eye Exam Comprehensive Diabetes Care: HbA1c Control (<8%)	55.01	55.96	60.83	****			
Comprehensive Diabetes Care: HbA1c Control (<5%)	30.58	32.12	28.71	***			
				**			
Comprehensive Diabetes Care: HbA1c Testing	92.62	92.57	90.27				
Comprehensive Diabetes Care: Medical Attention for Nephropathy	91.21	93.61	89.05	•			
Controlling High Blood Pressure	73.43	68.37	70.00	• • •			
Annual Monitoring for Patients on Persistent Medications: Total Rate	86.11	88.29	NR	NC			
Asthma Medication Ratio: Ages 19-50	NR	NR	55.00	**			
Asthma Medication Ratio: Ages 51-64	NR	NR	51.72	•			
Asthma Medication Ratio: Ages 19-64 (Total)	NR	NR	53.93	•			
PQI 01: Diabetes Short-Term Complications Admission Rate (denominator is total member months x100,00 for ages 18-64, Rate is numerator events/100,000 member months)* <i>Lower is better</i>	45.07	40.85	46.53	٠			
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate (denominator is total member months x100,00 for ages 40-64, Rate is numerator events/100,000 member months)* <i>Lower is better</i>	45.26	28.97	48.58	***			
PQI 08: Congestive Heart Failure (CHF) Admission Rate (denominator is total member months x100,00 for ages 18-64 and 65+, Rate is numerator events/100,000 member months)* <i>Lower is better</i>	23.91	29.07	27.11	**			
PQI 15: Asthma Admission Rate in Younger Adults (denominator is total member months x100,00 for ages 18-39, Rate is numerator events/100,000 member months)* <i>Lower is better</i>	8.29	3.47	2.90	•••			
Plan All-Cause Readmissions Rate: Ages 18-44* Lower is better ^^	NR	NR	1.5441	NC			
Plan All-Cause Readmissions Rate: Ages 45-54* Lower is better ^^	NR	NR	1.5655	NC			
Plan All-Cause Readmissions Rate: Ages 55-64* Lower is better ^^	NR	NR	1.1399	NC			
Plan All-Cause Readmissions Rate: Total* Lower is better ^^	NR	NR	1.4182	•			

## **Scorecard LTSS System Performance**

		Number of	Number of indicators showing:			
Dimension	Rank	indicators	Substantial	Little or no	Substantial	
		with trend*	improvement	change	decline	
OVERALL	28	21	7	13	1	
Affordability & Access	30	6	1	4	1	
Choice of Setting & Provider	25	6	2	4	0	
Quality of Life & Quality of Care	20	2	1	1	0	
Support for Family Caregivers**	34	4	2	2	0	
Effective Transitions	22	3	1	2	0	

The **Scorecard** aims to empower state and federal policy makers and consumers with information they need to effectively assess their state's performance across multiple dimensions and indicators, learn from other states, and improve the lives of older adults, people with physical disabilities, and their families.

\*Data used for this Scorecard was analyzed in 2019, **prior to the COVID-19 outbreak**. Therefore, performance on this Scorecard does not include the impact of the pandemic on the LTSS system, which is considerable.

Source: http://www.longtermscorecard.org/~/media/Microsite/State%20Fact%20Sheets/North%20Dakota%20Fact%20Sheet.pdf

## **ABOUT FREE THROUGH RECOVERY**

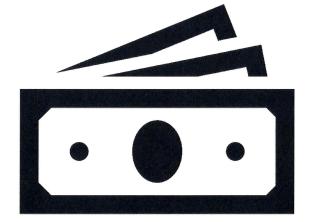
Free Through Recovery is a community based behavioral health program designed to increase recovery support services for individuals involved with the criminal justice system who have behavioral health concerns.

> THE MISSION OF FREE THROUGH RECOVERY IS TO IMPROVE HEALTHCARE OUTCOMES AND REDUCE RECIDIVISM BY DELIVERING HIGH-QUALITY COMMUNITY BEHAVIORAL HEALTH SERVICES LINKED WITH COMMUNITY SUPERVISION.

## Pay for Performance Model



• Providers are paid a monthly base rate for each participant with the opportunity to receive performance pay if the participant meets at least 3 out of 4 monthly outcomes.



## **Outcome Monitoring**



#### **Stable Housing**

Is the person living in a residence that is supportive of their recovery?



#### **Stable Employment**

Is the person actively seeking or participating in employment?



#### **Recovery**

Is the participant demonstrating effort to reduce their substance use or the harm associated with their use and/or improve their mental health functioning.



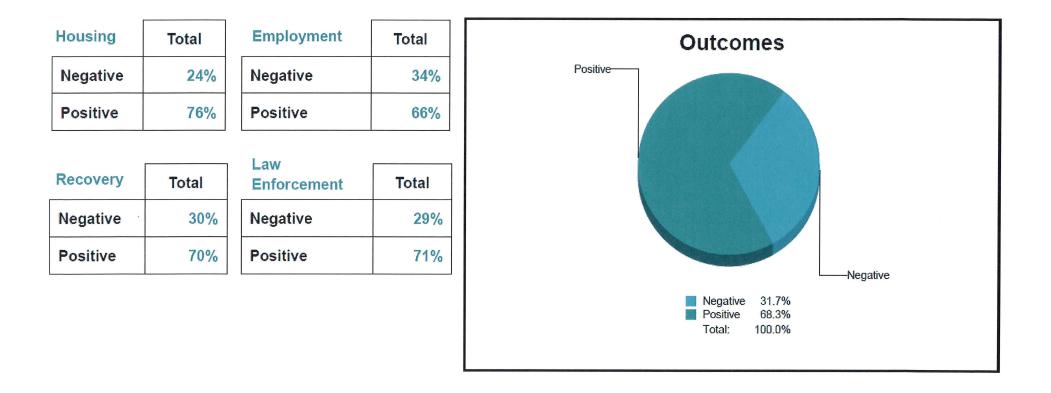
#### **Criminal Justice**

Did the participant avoid law enforcement involvement resulting in arrest, criminal charge, or probation violation resulting in initiation of revocation?

## FREE THROUGH Recovery

## **FTR Data Dashboard**

Report Dates: 02/01/2018 thru 12/31/2020



# Thank You!

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