USING DATA TO IMPROVE PATIENT-CENTERED OUTCOMES: A PERSPECTIVE FROM THE MEDICAID MEDICAL DIRECTORS

Forum on Promoting Children's Cognitive, Affective, and Behavioral Health of the IOM/National Research Council

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A time of incredible promise

- We should be impatient
- Today’s focus: The linkage of data and policy and on the journey

Take-aways

Nationally organized, state-led quality improvement

- Measurement and quality improvement (QI) must be relevant to families and front line providers
- State-level QI can be linked to policy
- Data and quality improve together
- Resources and a resourced infrastructure are needed

Medicaid Medical Directors

- Meeting since 2005 as a knowledge transfer project of AHRQ; now part of the National Association of Medicaid Directors
- "Steal shamelessly; share senselessly"
- Goals
  - Maintain the network
  - Represent our collective viewpoint
  - Engage in collaborative work
- Our vision: "Improving the lives of Medicaid patients through excellent health stewardship"


AMERICAN WHITEWATER

Three projects of national significance

- Antipsychotic medication use in children
- Hospital readmissions
- Early elective deliveries

Antipsychotic medication use (16 states)

- In 2007, pooled results of State analyses indicate that ~193,000 children or adolescents received an AP prescription, representing 1.6% of the total FFS population under 19 years of age
- Much higher in the foster care population

MMDLN/Rutgers (2010)

Hospital readmissions (19 states)

- 30 Day readmissions represented 9.4% of all admissions
- Mental and behavioral health readmission rate 17.9%
  - 10.9% ages 0-12
  - 11.7% ages 13-20

Trudnak (2014)

Early Elective Delivery: An example in more detail

- Clearly not supposed to happen
- Momentum around the issue
  - American College of Obstetrics and Gynecology
  - Medicaid adult core set
  - MCHB Collaborative Improvement and Innovation Network (CoIIN)
  - CDC National Center for Health Statistics

Decrease/Stop Early Elective Delivery

- "Easy" to identify
- Clear literature on effective interventions
- Improvement can be tracked
- Relevant to families and front line providers
- Relevant to policy makers

Project processes

- Organizational – getting enough folks on board
  - Proof of concept – that this type of work can be done/ needs to be done
    - Federal agencies (AHRQ, CMS, MCHB, CDC)
    - National organizations (NAMD, NAPHSIS, AMCHIP, ASTHO, SACIM)
    - States (22)

  Academy Health as project organizational home

Project processes

- Research process
  - Agree on research questions
    - Defined by input from MMDs and staff
    - Important and actionable
  - Define parameters of data with state data staff
  - Set up data submissions
    - Technical assistance to states
  - Data analysis
  - Report production/linkage to policy

Results

Main results in December *Health Affairs*

- Additional analysis, including a chart book with data on trends and more demographics, will be available on the Data Resource Center for Child and Adolescent Health Web site.

Fowler (in press)

Results: Key features

- Share results with states
- Each state owns its own results
  - Like any QI program, the goal is improvement over time
- Measuring variation

Data and Medicaid

- A quick trip through the steps of developing and using measures

Data and quality improve together

- Data examples
  - Defining a Medicaid birth
  - Reliability of data on the birth certificate

Measure criteria and development

- Importance
- Scientific soundness
  - Clinical soundness (process outcome relationship)
  - Measurement soundness (reliability and validity)
- Usability
- Feasibility of data collection

"The challenge with many outcome measures is that evidence about how to improve those outcomes is lacking and by the time serious outcomes occur, the opportunity to improve care for those patients has been lost."

McGlynn (2014)

Measure adoption and use

- Measure adoption
  - Where and when
    - “What gets measured gets done” vs. measurement fatigue
- Measure collection and aggregation
  - State level challenges
    - Enrollment, claims (managed care and fee for service) Data definitions and collection methods

Data linkage (a subset): Challenges and opportunities

- Existing records at Medicaid
  - Claims (service use)
    - And now encounter (managed care) data
  - Enrollment (race, level of poverty)
- Linking platforms
  - Matching records (identifiers, process, roles)
  - Availability of data (timeliness of data)

Data linkage (a subset): Challenges and opportunities

- Common definitions in comparative systems
  - Basic issues (how long enrolled)
  - Changing definitions (new diagnostic codes)
- New linkage opportunities
  - Improvements in all of the above
  - Patient reported outcomes
  - Electronic health records

Use of measures for quality improvement/policy development

- Actionable data where policy is developed
  - At the state level
    - Timely
    - Invested in the data
    - Linkage to patients, providers and policy
- Patient involvement
  - Addressing disparities
  - Using patient accessible systems to improve care

What topics would this group consider?

- Ideas—vertically relevant at all levels of the system
  - Foster care and educational outcomes
  - Autism treatment and outcomes registry
  - ADHD diagnosis and educational outcomes
  - Psychotropic meds and race/ethnicity
  - Behavioral health screening and mental health services
  - Impacting social complexity and improved well being

Resources: Sustained support

- Infrastructure for
  - Project development
  - Process steps
    - Data definitions, analysis, etc.
- State staff and time
  - State data staff
  - State policy staff
- Integrated support
  - Network maintenance

Nationally organized, state-led QI

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So…..

Sources

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