

# Improving the Health & Wellbeing of Children & Youth through Health System Transformation

Mary Applegate, MD, FAAP, FACP

Medical Director

Ohio Department of Medicaid

National Academies of Sciences, Engineering and Medicine

September 7, 2023

# Levers to Guide Innovation & Transformation within the Health Care System

## **Next Generation Medicaid Managed Care: Population Health Management approach**

- » Person-centered
- » Innovative

## **Quality programs such as Ohio's Quality Withhold (QW)**

## **Collective work across Managed Care Organizations (MCOs)**

- » May include workforce considerations extending beyond traditional health system (schools)
- » May address underlying social and personal determinants of health
- » Quality collaboratives
  - Pediatric –MCO Learning Network

## **Community Reinvestment**

## **Alternative Payment Models**

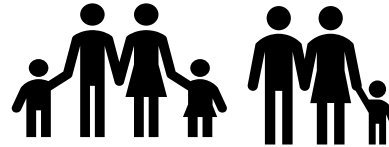
- » With standards for MCOs
- » Glide paths of incentives, operational supports
- » Attention to consolidation of care

# Simplified “Stairstep” Framework for Population Health Management: How Well Does Our Health System Work for Youth?

**Develop System**



**Get/Keep Individuals in the System**



**Identify Higher Risk (sub) Populations**



**Provide Best-evidenced Care and Enhanced Services**



**Maintain and Support Lifecourse Continuity**



Resist the urge  
to only focus here  
For improvements



# Alignment Framework to Improve Population Outcomes

## Macrosystem- State and Federal

### Role-

Set priorities;  
Direct resources;  
Regulation;  
Financing

## Mesosystem- Managed Care Entities, Large Health Systems

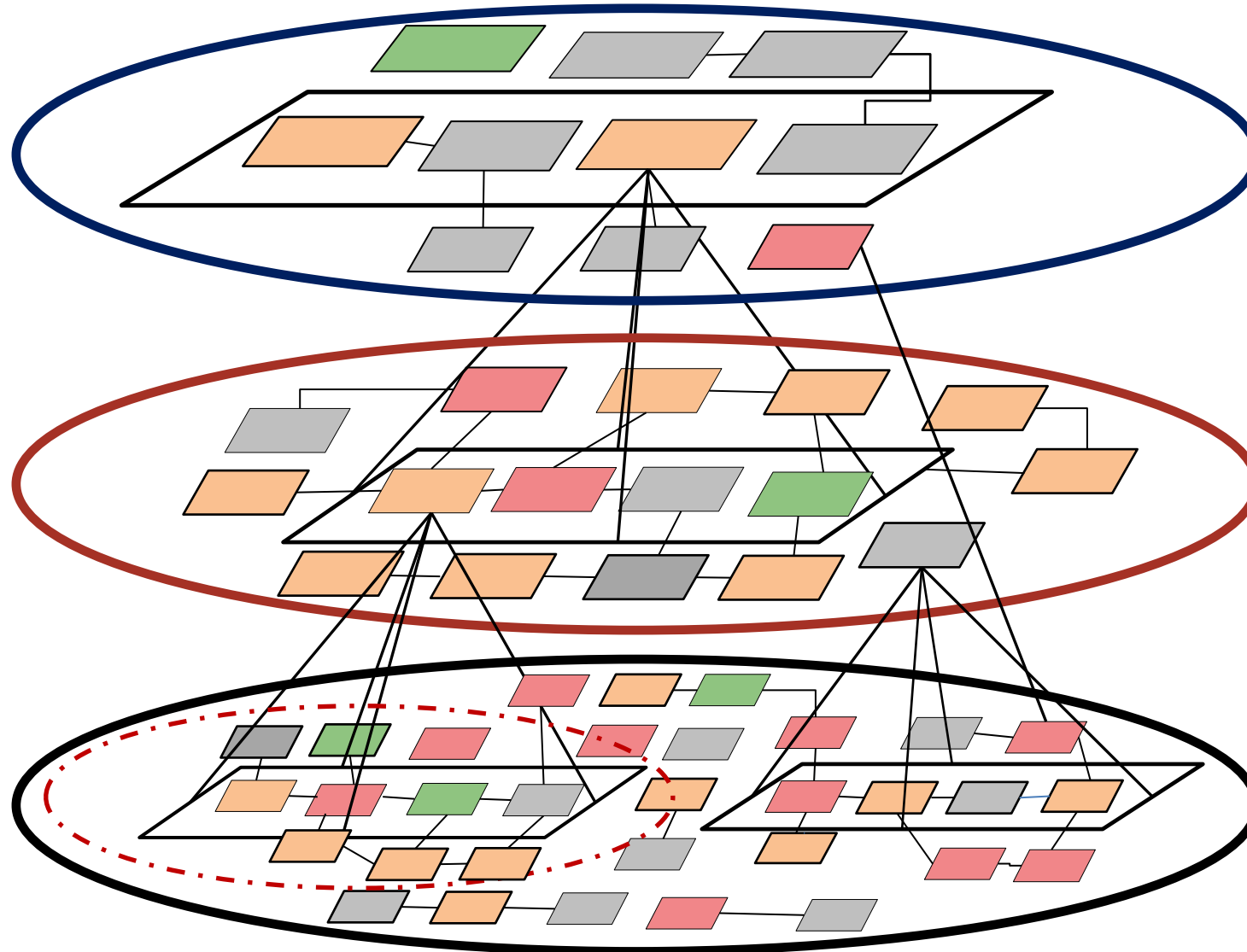
### Role-

Manage delivery of  
evidence-based care  
across systems

## Microsystem- Local (e.g., Community & Providers)

### Role-

Give health guidance,  
diagnosis;  
Provide evidence-based  
treatment & services

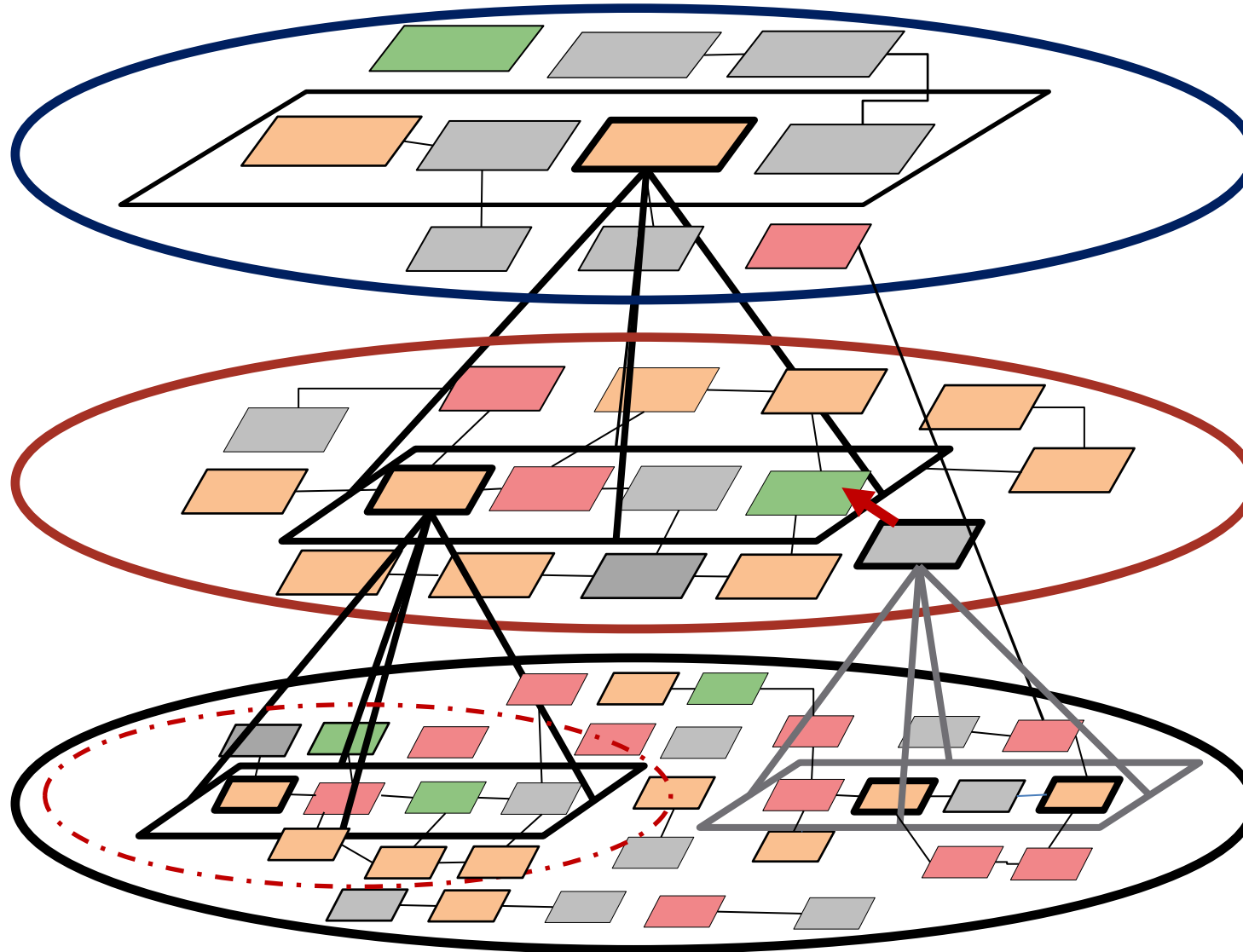


# Alignment of Measures & Roles to Improve Health: Infant Mortality Disparity

**Macrosystem-**  
Preterm Birth  
Infant Mortality  
Disparity

**Mesosystem-**  
HEDIS: Prenatal &  
Post-partum Care  
CHIPRA Low Birth  
Weight

**Microsystem-**  
Well checks  
Clinical OB care  
Care Management  
Safe Sleep  
Identify Risk & Refer



Joining forces at the  
Meso- system level = a  
**Multiplier of Impact**  
On Specific Goal

A vertically aligned  
cross-sector  
engages **critical mass of**  
**health partners** in  
improving “Big Dot” goal  
(e.g., Infant Mortality or Youth  
Mental Health Measure)

# Alignment of Measures & Roles to Improve Health: Infant Mortality Disparity

## Macrosystem-

Preterm Birth  
Infant Mortality  
Disparity

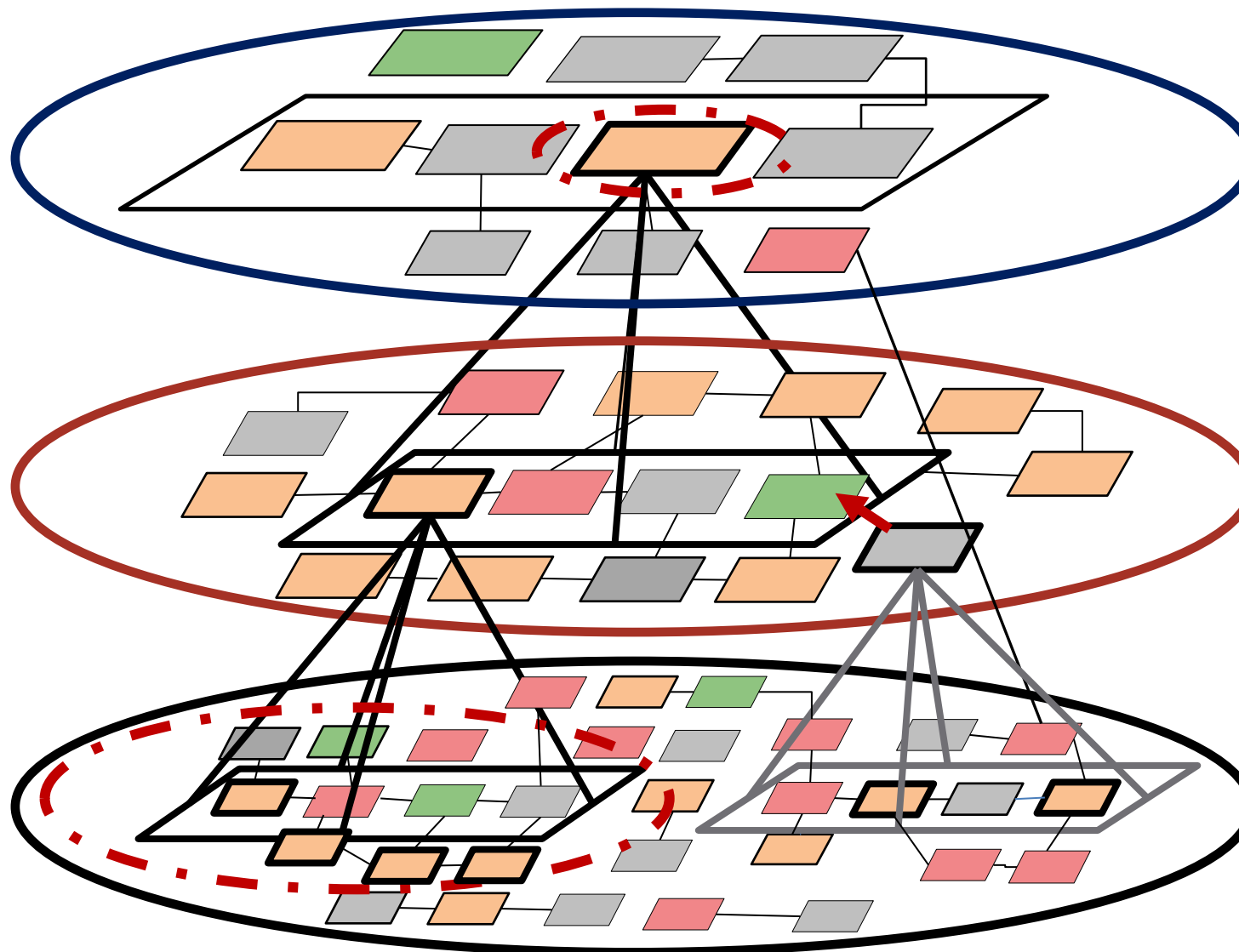


**Mesosystem-**  
HEDIS: Prenatal &  
Post-partum Care  
CHIPRA Low Birth  
Weight



## Microsystem-

Routine care  
Clinical OB care  
Home visits,  
CHWs, Doulas  
Local coalitions  
Identify Risk & Refer



### Consider:

Same day access for  
clinical & non-clinical  
needs  
with continuity  
of relationship (trust)

Collaboration at this level  
beyond health system  
brings  
**greater focus to mission,  
enhanced engagement,  
different innovation**  
(e.g., Perinatal Quality  
Collaborative: new  
partners: county  
workers, pharmacies,  
home health, parents,  
neighborhood leaders)

## Ohio's Quality Withhold (QW): Collective Action

- Ohio Medicaid's Quality Withhold (QW) system holds back ~3% of managed care organization (MCO) capitation payments which the managed care plans can earn back by improvement in health outcomes
- QW funds were previously tied to NCQA's Healthcare Effectiveness Data and Information Set (HEDIS) performance based on a Pay-For-Performance Infrastructure
- Since this was not possible during the pandemic, the Quality Withhold program was reshaped to minimize the harm caused by COVID-19 in 2020, and remained thereafter
- Introduced a collective impact approach with MCOs, leveraging QW to incentivize action, and using QI science to build the approach

# Ohio's Quality Withhold: Quality Improvement Governance

- **Managed Care Organization (MCO) CEO** served as executive sponsor for each effort (SMART aim)
- **MCO Core team** roles (twice weekly)
  - » MCO Team Lead
  - » MCO QI Lead
  - » Lead Analyst
  - » Health Equity Lead
  - » Note Taker
- **Steering Committee** of MCO QI Directors and Ohio Department of Medicaid Quality staff (weekly)
- **Executive Committee** (including Medicaid Director) approval of 5 Milestones linked to QI process
  - » 1-Planning & Scope; 2- Current state & Theory of Change; 3-Testing & Small-Scale Implementation;
  - » 4- Spread & Sustainability; 5-Statewideness
- **Program Integrity** team reviews validity of data as tied to the Quality Withhold
- **Key Results to date:** 3% Closing Covid vaccination rates in areas of low opportunity; Improved Use of Continuous Glucose Monitors and Diabetes Self-Management Education (DSME) for individuals with diabetes; Improved submission of Pregnancy Risk Assessment Forms

**Executive Sponsor:**

- Focus on eliminating disparities
- Emphasis on the voice of the customer

**Medical Director:**

- Focus on eliminating disparities
- Emphasis on the voice of the customer

**MCP Lead:**

- One per team
- Ensures MCPs are working collaboratively

**ODM Liaison:**

- Serves as the single point of contact for the MCP Lead

**MCP QI Lead:**

- One per team
- Serves as the primary team resource for applying QI science to the process of selecting and evaluating SMART Aims, drivers, and interventions
- Leads the identification of SMART Aims, interventions, process goals through research (e.g., consult national experts, talking to corporate) and use of QI tools, e.g., failure mode analysis, voice of the customer, Pareto charts.
- Serves as the lead for obtaining the voice of the customer for drivers and interventions
- Monitors interventions for effectiveness and impact using QI science is applied to interventions and that they are monitored for effectiveness and impact
- Ensures interventions are effective through PDSAs
- Meets frequently with the MCP Intervention Leads
- Maintains the working copy of the Key Driver Diagram
- Responsible for finding backup if needed – also notifies MCP Lead
- Should escalate barriers as needed, in a timely manner, including direct communication to the Executive Sponsor

**ODM QI SME:**

- One per team
- Serves as the primary state agency resource for applying QI science to the process of selecting and evaluating SMART Aims, drivers, and interventions.
- Review and provide feedback to the team on key documents
- Responsible for finding backup if needed – also notifies ODM Liaison



# Ohio's Managed Care Community Reinvestment Requirements

- Support population health strategies
- Contribute a percentage of its annual after-tax underwriting margin
  - » 3% for CY 2023
  - » 4% for CY 2024
  - » 5% for CY 2025
- Maximize the collective impact by working collaboratively with other MCOs
- Use available population health data and existing local community health assessments
- Prioritize community reinvestment opportunities generated from community partners
- MCOs must submit a *Community Reinvestment Plan and Evaluation* annually

# Ohio's Pediatric System-Managed Care Learning Network: A Long-Term Partnership to Accelerate Children's Outcomes

**FOCUS on seven** (NOT 44) pediatric measures in the short term and two outcomes-based measures in the long term, harnessing the best of implementation & health system science, nested in community

**GOAL:** Transformational impact for all of Ohio's children including associated health equity standards

## **PROCESS & ACCOUNTABILITY:**

- Modified Delphi process to choose measures
- Set more challenging standards (15% improvement/3 years) for the seven short term measures to accelerate improvement
- Remaining measures will be "Report Only"
- At least one pediatric measure will be in the Managed Care Quality Withhold Program
- The remaining short-term measures will be subject to financial sanctions
- The short-term measures will meet the Meaningful Quality criteria for the HCP LAN (Health Care Payment Learning & Action Network) Category 4, helping the MCOs meet their APM standards

# Summary: Strengthen Vertical & Horizontal Design of Health System

Intentional shift from Fee-For-Service, one-size-fits-all, transactional system to Next Generation Population Health Management Approach resulting in direct Operational changes at care sites

## Horizontal supports:

- Collective impact model across payers
- Collective focus across state agencies
- Infrastructure support for local coalitions

## Vertical Supports:

- Alignment of focused measures
- Alignment of roles and responsibilities
- Alignment of financing, alternative payment models
- Health system-payer collaboration with bolder goals & shared processes
  - » E.g. Pediatric ACO -Accelerate Children's Outcomes- Learning Network
  - » Health system- community collaboration & shared processes (Community reinvestment (Schools); Quality Hubs and Collaboratives with prominent community engagement)

