

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE**

**MCAC QUALITY STRATEGY SUBCOMMITTEE MEETING
April 19, 2018**

Anderson Bldg., 695 Palmer Drive, Conference Room 139 Raleigh, NC 27699

DIAL-IN: +1 (510) 365-3231 /ACCESS CODE: 817-600-551

The (MCAC) Quality Strategy Subcommittee met on Thursday April 19, 2018 at 1:00 pm – 3:00 pm

ATTENDEES

The following people were in attendance: Linda Burhans (chair) Ann Lefebvre, Mariann Daly, Kelly Crosbie, Debra Farrington, Jaimica Wilkins, Nancy Henley, David Kammer, Samuel Cykert, Peter Charvat, Taylor Griffon, Kate Hobbs, Kevin Hutchenson **The following people participated via the Web-Ex/Phone:** Ari Anderson, Holly Atkins, Andy Bowman, Sam Clark, Chris DeRienzo, Darren DeWalt, Kristen Dubay, Jason Flotz, Jason Higginson, Sara Pfau, Robert Rich, Sheila Platts, Kim Schwartz, Bryan Schwartz, Calvin Tomkins, Robert Eberle, Marti Wolf, Ken Dunham, Kenneth Lewis, John Newton

CALL TO ORDER

LINDA BURHANS QUALITY CHAIR

KIM SCHWARTZ QUALITY CHAIR

JAIMICA WILKINS SENIOR PROGRAM ANALYST QUALITY DHB

- Jaimica opened the floor for introductions of everyone in the room and on the call. Jaimica then went over the documents that were attached to the invite.
 - Background
 - Major Transformation Milestones
 - Expectation of the subcommittee Members
 - Represent the group
 - Provide input and make recommendations
 - Avoid Conflicts
 - Disclose potential conflicts of interest
- The Subcommittee Process
- Conflict of interest information

- Jaimica went over the Charter in detail.

- Overall mission and Responsibility
 - The Quality Committee (QC) provides guidance on metrics and processes to promote evidence-based medicine, coordination of care and quality of care for health and medical care services that may be covered by the NC Medicaid Program. The QC does not set policy. Meetings are open to the public.
- Responsibilities
 - Jaimica went over the specific responsibilities of the Quality Subcommittee in detail.
- Meetings

- Jaimica stated the QC will meet on a quarterly basis.
 - Dates are listed at the bottom of the agenda.
 - All meetings can be attended in person or via Webinar.
 - Agendas will be sent out in advance.
 - Meeting minutes will be taken by our coordinators and will be sent out after the meeting.
 - Meeting minutes will be approved at the next meeting once they have been reviewed
- Eight members present, or half of the current membership, which is about 24 members; shall constitute a quorum. We have a quorum today
 - Debra suggested that at least one chair person should be present at the meetings. Jaimica got approval to make this a requirement and stated it would be reflected in the meeting minutes and in the Charter.
- Jaimica went over the membership section
 - MCAC will appoint chairperson, the chairperson will champion the subcommittee and present recommendations to MCAC and NC DHHS for approval. Appointment and membership approved by committee Co-chairs and Jaimica and Kelly from DHB.
 - Members shall be appointed on a rotating basis for a 3-year periods with overlapping terms for continuity. Initial terms may be made for 1, 2 and 3-year terms to provide for planned rotation and reappointment. Members may not serve more than 3 consecutive terms and if a member resigns or is removed or dies a replacement will be appointed by the Secretary. Terms have not been assigned to each spot that's represented on the committee, the chairs and DHB representatives will meet later to come up with a process. Jaimica advised the group of a slide with all the contact information. Jaimica ask that any MCAC member who knows when their term is ending or if you are a non-MCAC member and want a shorter term please email us so we can take that into consideration. Jaimica will send out terms in conjunction with the meeting minutes so that you all are not bombarded with emails.

Debra stated she was wondering if we wanted to have the replacement to be by the Secretary or the MCAC. Debra then described in detail how the members for the subcommittee were selected. Debra stated that the members were identified and approved by the MCAC committee. Kelly then stated that we should follow suite with the other subcommittees. Debra then stated this committee has a higher level of responsibility and to that extent we may want to involve the Secretary. Jaimica went over the various positions and gave the positions that have a vacancy.

QUALITY STRATEGY KELLY CROSBIE Project Lead- Quality & Population Health DHB

- Kelly introduced herself and give us some history of how she came to the Department of Health Benefits.
- Kelly started by talking about quality strategy:
 - Required by Federal regulation for States that offer Managed Care plans.
 - There is a laundry list of Federal regulations that say what has to be in the quality strategy
 - Forces States to have a decent quality improvement model for Manage Care
 - It is our blue print of how thorough plans are going to measure quality and what is the quality improvement process.

- Kelly stated that a copy of the Quality Strategy was given to the subcommittee and posted for public comments in March.
- The Quality Strategy was informed by the taskforce on Health Care Analytics
- Kelly stated the Quality Strategy is a blue print:
 - Must be negotiated and approved with CMS
 - Must be evaluated every three years
 - If we make significant changes CMS must approve it all over again.

Kelly Crosbie Project Lead – Quality & Population Health

Kelly gave an overview of the Quality Strategy framework.

- Kelly went over slide 4 the Overview of Quality Framework aims and goals. She stated we will go over objectives, measures and interventions at the meetings to follow.
- Better Care Delivery
 - Ensure appropriate access care
 - Drive patient-centered, whole person care
- Healthier People and Communities
 - Promote Wellness and prevention
 - Improve chronic condition management
 - Work with communities to improve population health
- Smarter spending
 - Pay for Value

Interventions and Objectives

Kelly went over slide 5 Interventions and Objectives

- Kelly stated if you think about this in a unique way; these are the very specific areas that we are calling the plans out to focus on.
 - They are priorities for the Medicaid program and priorities we want to work with our health team on. The Quality Strategy goes into some detail, about each of them.
 - The opioid strategy, we will be asking our plans to support the opioid strategy
 - Social Determinants of Health strategy. There will be more in the future of the many ways we are addressing or asking the plans how to address social determinants of health through the contract.
 - Advanced medical homes. The advance medical homes concept papers came out a couple of weeks ago. It is our goal to continue our commitment to primary care, to prevention to the medical home model and to evolve it.
 - We intend to continue to support care management for pregnancy as well as Care management for at risk children. We think these are vital in driving our continued growth and improvement across the system.
 - Behavioral health integration - still a lot of negotiations around how the systems going to look in the future.
 - Providers supports - we have talked in the policy papers we have provided so far around our continued investment in provider supports
 - There are priorities around work force development. We are invested in working with the some of our partners to do a Medicaid analysis of the Medicaid workforce and working with the plans to improve the Medicaid workforce.

- Telemedicine - we have special initiative for telemedicine we want to get into. We want to use telemedicine to promote additional access to care delivery in ways that our current policy does not promote. So how do we open that and encourage the plans to be creative? Patient choice is paramount but how are we talking about creating, innovation and access using telemedicine
- Value based purchasing, we will talk about that in more detail later.
- Centers for Disease Control and Prevention: Medicaid and the Department of Health benefits is working with the CDC on a 6/18 initiative (six conditions and eighteen efforts based preventions) the state of North Carolina has chosen, are the three conditions we are focusing on.
 - Diabetes prevention
 - Tobacco attestation
 - Pregnancy intendedness
- Kelly stated we would talk about Accreditation, Disparities and Reporting and tracking later.

Quality Measure Reporting Framework

Kelly stated there was also another paper that was published, the Quality Accountable paper.

Kelly stated there are three nesting measure sets proposed:

- 65 Quality Measures Aligned with National, State and PHP Reporting
- The first is a set of measures. The vast majority are measures claim based measures are already calculating and reporting for accreditation.
 - Vitally important that we get baseline performance. This is our assurance set.
- 33 Priorities Measure aligned with DHHS Policies
 - Things we expect the plans to work on
 - Things that directly tie to the initiative
 - Areas that need improvement
 - Areas that we are doing well and we don't want to lose them.
 - Chosen for a variety of reasons
- 8 Quality Withhold Measures;
 - The plans that are most important to us for rewarding incentives.
 - The plans will be able to get a certain amount of money if they meet certain measures, plans will have other things they may get rewarded for.
- 1 Measure for Hypertension- required for Accreditation requires a clinical component;

Most of them are claims based and some are survey based.

Kelly stated the information on slide seven will be reviewed later, Quality Measure we have a nest set of 65 33 and 6 to 8, we added another opioid measure that we will explain next time after we get some analysis in house.

Kelly stated we want to have a collaborative relationship around quality with the plans, and we want the plans to have collaborative relationships with their providers. We at the state don't want to lose touch with providers.

The plans must give us a quality improvement plan every year. They must assess where they need improvement. They must assess the drivers and why they need improvement around certain measures and they must propose intervention strategies of how they can do better. Some of which will be

provider incentive or provider support. This should be a collaborative effort with us and the provider networks.

Kelly reviewed slide 8

- We are working on synching up our Quality Management/ Improve Cycle

- The Federal requirements state that we have an External Quality Review Organization (EQRO) which will:
 - Monitor the plans
 - Validate certain measures
 - Look at our quality strategy
 - Look at plans quality strategy and their quality improvement project
- We will ask the External Quality Review Organization (EQRO) to
 - Administer our CAHPS surveys and providers surveys
 - Polling and reports for us and annual report cards
 - Network validation around secret shopper
- The EQRO contract can be as small or as big as you make it, depending on how much money you have.
 - There are required functions the Federal government says the EQRO has to do and optional.

Jaimica went over the tentative meeting schedule and what the meetings will consist of.

- April 19, 2018 – Quality Strategy / Charter and the role of the Committee
- July 19, 2018 – Measures set/ CAHPS and provider surveys
- October 18, 2018– EQRO functions and planning
- January 17, 2019 - PHP quality reporting cycle / EQRO cycle / Reporting through utilization and access

Jaimica then went into detail with Debra Farrington about the recommendation for the OB/GYN subcommittee member Dr Kate Menard. Debra stated that she has accepted the recommendation. Jaimica concluded the presentation.

Public Comment- No comments

Next Steps – Linda Burhans (Chair)_Next meeting July 19, 2018, Jaimica will send out the meeting minutes and the AMH white paper, terms after we receive information on whether your term is expiring or if you have a request for a shorter term, as well as any Quality themes from the comments.

Adjournment

Linda Burhans (chair) Thanked everyone for their participation, she stated the interested involvement is gratifying and the next meeting is July 19, 2018. The meeting is now adjourned.

Minutes submitted by: Sharlene Mallette

Minutes approved by: