

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

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

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

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

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

**ATTENDEES**

**The following people were in attendance:** Chris DeRienzo (MCAC), Jaimica Wilkins (DHB), Kelly Crosbie (DHB), Taylor Griffin, Linda Burhans (MCAC/chair), Marianna Daly, Kim Schwartz (MCAC/chair), Peter Charvat, Eugenie Komives, Aaron Scheichl, Chris Van Antwerp, Samuel Cykert, Kristen Dubay

**The following people participated via the Web-Ex/Phone:** Ari Anderson, Holly Atkins, Andy Bowman, Charles Dunham, Jason Higginson, David Kammer, Calvin Tomkins, Debra Farrington (DHB)

**CALL TO ORDER**

**KIM SCHWARTZ QUALITY CHAIR** -Acknowledged guest Chris Van Antwerp and Aaron Scheich representing Meridian. Roll Call

**JAIMICA WILKINS SENIOR PROGRAM ANALYST QUALITY DHB**

Quality Committee Charter:

- There was one change to the Charter:
  - At least one subcommittee chairperson or MCAC designee must be present at the meeting (in person or via web/phone). Chris DeRienzo moved to and Kim Schwartz 2<sup>nd</sup> approved and the committee so approved the change. The approved change will be updated in the Charter and sent out to the members.
- Methodology of who would receive what terms was discussed by the chairs and Jaimica. There was no indication from anyone on wanting a shorter term. A random methodology was done for each member using numbers to assign the terms. The terms were evenly disbursed across the membership. Terms are not limited to one term and can be renewed as the term ends. There are no vacant seats on the committee. Dr. Kate Menard accepted the vacant seat for Board-certified physician obstetrics & gynecology.
  - Taylor Griffin moved to approve terms for subcommittee, Kim Schwartz 2<sup>nd</sup> the motion and the committee approved.

Taylor Zublena was due to present the Quality Concept Papers: Public Comments. Taylor Zublena was not able to be present, so Jaimica Wilkins reviewed the slides for Taylor's portion of the presentation. The Provider Health Plan Quality Performance and Accountability Papers and DRAFT Medicaid Managed Care Quality Strategy Papers posted March 20, 2018 for public comment. The themes from those comments include:

- Commended the Dept. on alignment of those measures for HEDIS and CMS core and how helpful that would be to reduce administrative burden and how they align with the Aims, goals and objectives of the Quality Strategy
- Concerns of feasibility to report and extract measures and it was recommended that a single source be available in the future through the HIE.
- A few commenters suggested provider support and technical assistance for data infrastructure will be needed for accurate and timely reporting.
- Many expressed concerns that this will add administrative burden if not supported appropriately.
- A few other comments about health disparities and concerns that the population would be too small for accurate results.
- Discussion around measures when using hybrid specs
- There was feedback benchmarked measures in value-based payment are too aggressive for early years.
- Some thought there were too many measures
- There was also a counter comment saying do not cut any of the measures.

### **Kelly Crosbie Project Lead- Quality Population Health**

#### Quality framework

- Better Care Delivery
- Healthier People and Communities
- Smarter Spending

The vast majority of the way that performance is being measured against these aims is through the measures being talked about today. The quality measures and additional administrative reports, that are done to analyze how things are going across these aims.

#### Better care delivery aim

- Appropriate access to care
- Whole person Care

#### Healthier People and communities

- Wellness and prevention
- Improve chronic conditions
- Have more community based population health focus
  - Opioid Crisis
  - Health disparities

#### Smarter spending

- Use limited resources wisely
- Paying for high value care

How we are measuring against these aims, goals and objectives. There was previous discussion on the interventions already lined up that should drive quality

- Advance medical home program
- Ongoing support for pregnancy and at-risk children management
- Addressing the opioid crisis
- Multi quality approach for addressing unmet resource needs

And these are all in an effort to improve quality.

Reference the priority measure set draft handout;

- 65 Measures that will be tracked across the health community, just for populations enrolled in Managed Care.
  - Set of 33 they may go down a little (Priority measure set)
    - Measures that will be benchmark setting targets for a smaller sub set that will aim for the withholds. These are the measures based on the objectives and current North Carolina performance, a priority measure is needed.
  - The bigger set is maintaining a lot of the measures that are already being reported.
  - A lot of measures are being reported to CMS on core child and adult measures. That should not be lost, it still needs to be tracked on how it is faring from fee for service to managed care
    - It will be required that plans are accredited and for accreditation a lot of measures have to be reported.
- Objective 1:1 Ensure Timely Access to care
  - Getting Care Quickly
  - Getting needed care
- Objective 1:2 Maintain Medicaid provider Engagement
  - Overall Provider satisfaction with PHP
    - The EQRO will administer a standardized provider survey
      - What questions are in the survey
      - How the survey is administered

CMS released a paper called the meaningful measures, (how does it affect the quality strategy and the measures, it doesn't yet because there is no guidance yet as to what they want.

3 base lines to come up with our measure set

- The first, what we currently calculate, which is largely based around the child health core set
- The second is HEDIS, and the Core and HEDIS overlap.
- The third is based on IOM with a couple measurements added

Updating the measures and the quality strategy as new population

- As the coverage gap is closed and new beneficiaries are added in the CAP waivers there is a lever that has been promised to CMS to update and add new measures.
- The annual CQI cycle has an adopt, abandon, amends process
- Tracking of things that are working, and things that need work

#### Review of slide 12

- For all quality measures, DHHS will calculate baselines to understand historic performance and areas of strength and weakness
  - For all 65 measures now there are 2016 baselines, 2017 fee for service baselines in October
    - Comparing fee for service baselines to national HMO benchmarks (not the same thing but the closest approximation)
      - Where are we in fee for service and what percentage do we fall in
        - Currently we are in priority measures 45<sup>th</sup> percentile

#### Review of slide 13 Addresses disparities

- The calendar year 2016 measures result which have been stratified to 5
  - Race and Ethnicity
  - Primary language spoken
  - Rural or Urban county
  - Age banded all
  - Gender
    - 3 gender categories
      - Using the methodology for assigning individuals based on the self-report
- Plans will be asked to stratify the Merle to try and get baselines
- Looking at health disparities at the measure level and asking plans to work on meeting the target

#### Development stage

- Working on creating the specification manual between now and award
  - Specification on how it is expected for measures to be stratified
  - Analyzing current data for benchmarking against nation measures
  - Setting realistic markets
- Once we have the specification manual and reporting schedules are done we will have to work closely with the quality and data team at the health plans to negotiate
- It is planned to talk about other component parts of the quality program that will be discussed with the subcommittee
  - Talk about the value-based payment strategy
  - Talk about the EQRO
    - What is the EQRO
    - What is expected of them to do

Will kick off EQRO planning starting in September using market research the was done earlier this year

- Will talk about EQRO a little more in the October meeting.

Kim Schwartz requested a list of the terms (abbreviations) being used and she also wanted a heat map of the committee.

Kim Schwartz requested a heat map of the committee

The Goal at award will be to have the specification manual to start getting everything ready, and to signal what the withhold measures are going to be.

**Public Comment**- No comments

**Next Steps** – Next meeting October 18, 2019

**Adjournment**

Kim Schwartz (chair)

Minutes submitted by: Sharlene Mallette

Minutes approved by: