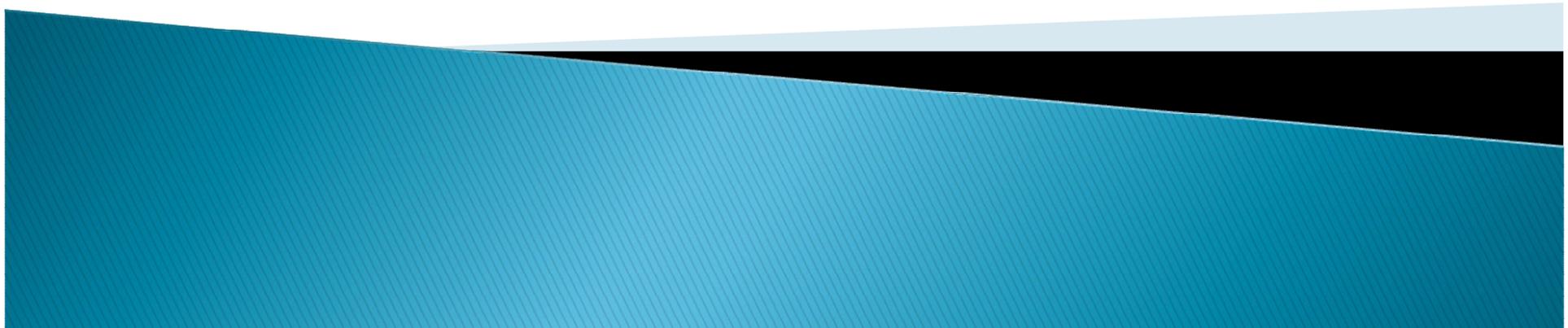


Rhode Island's “Adult Quality Measures” Grant January 2013–December 2014



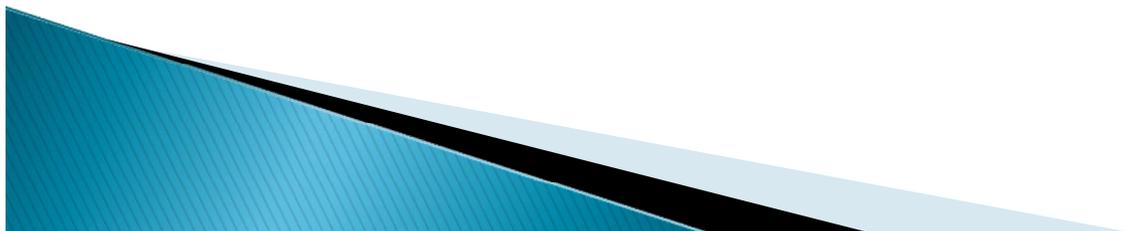
Grant Description

- Develop State capacity in the measurement, reporting and analysis of health care quality;
- Establish a core set of regularly reported Adult Quality Measures across Medicaid populations
- Enhance the communication of these measures within and among state agencies and stakeholders;
- Improve the quality of care delivered to Medicaid members.



Three Main Objectives

1. Collect, Analyze and Report a sub-set of the “Initial Core Set of Adult Quality Measures” for Medicaid
2. Establish a systematic, agency-wide strategy and structure for using quality measurement, analysis and reporting to inform programmatic and budgetary decisions
3. Improve quality of care in two specific areas



1. Collect, Analyze and Report a sub-set of the “Initial Core Set of Adult Quality Measures”

Test and evaluate methods for collection and reporting of the Initial Core Set measures

- ▶ Align Rhode Island Medicaid measurement activities with other significant statewide quality efforts:
 - Insurance Exchange, All Payer Claims Data Base, UHIP, CSI, Medicare Advanced Primary Care Practice Demonstration, Commercial quality and payment initiatives
- ▶ Define Rhode Island sub-set of measures for initial reporting.
 - Identify 3 measures to include for disparities reporting
- ▶ Evaluate selected measurement, analysis and reporting strategies by studying the cost and feasibility of the following:
 - Expand CAHPS® collection to all populations; include PCMH CAHPS®
 - Expand measures collected beyond current MCO-based HEDIS® strategy
 - Expand provider-specific data collection and reporting, including at medical home, hospital and LTC, HCBS facility level
 - Expand the use of the MMIS for quality measurement and reporting functions
 - Evaluate the validity of self-reported quality measures in EHR Measurement portal



2. Establish a systematic, agency-wide strategy and structure for using quality measurement, analysis and reporting to inform programmatic and budgetary decisions

Further develop staff capacity to report, analyze and use the data for monitoring and improvement

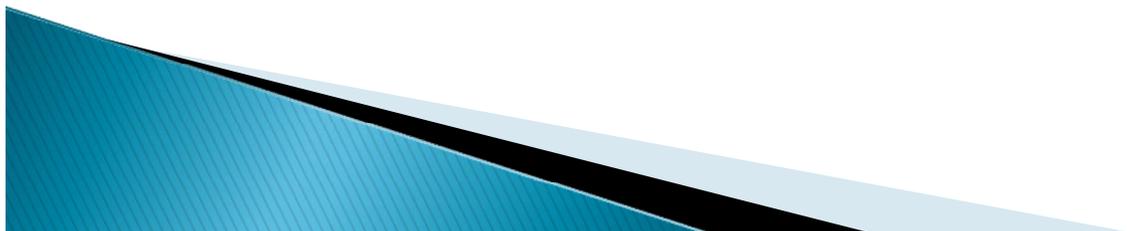
- ▶ Establish the Medicaid “Quality and Evaluation Unit”
- ▶ Provide advanced training to unit staff on:
 - Oversight and management of sub-contractors
 - Interpretation, analysis and recommendations based on quality measurement
 - Use of RI Data Warehouse to support Core Measure collection and analysis
 - Join national PCMH Evaluation Collaborative
- ▶ Develop Medicaid Measures Dashboard
 - Inform programmatic decisions
 - Emphasize areas in need of performance improvement



3. Improve quality of care in two specific areas

- ▶ **Conduct two Medicaid quality improvement projects**

- Conduct Learning collaborative with hospitals, CMHOs, LTC and PCPs on transitions of care; focus on transmittal of record measure (#25)
- Improve performance on selected behavioral health measure



Prevention	Flu Shots for Adults Ages 50-64		
	Adult BMI Assessment	54%	
	Breast Cancer Screening	57%	
	Cervical Cancer Screening	78%	
	Medical Assistance with Smoking and Tobacco Use Cessation (Collected as part of HEDIS CAHPS Supplemental Survey)		
	Screening for Clinical Depression and Follow-up Plan		
	Plan All-Cause Readmission		
	PQI 01: Diabetes, Short-term Complications Admission Rate		
	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate		
	PQI 08: Congestive Heart Failure Admission Rate		
	PQI 15: Adult Asthma Admission Rate		
	Chlamydia Screening in Women age 21-24 (Same as CHIPRA core measure, however, the State would report on the adult age group)	68%	
	Management of Acute Conditions	Follow-up After Hospitalization for Mental Illness	83%/66%
		PC-01: Elective Delivery	
PC-03: Antenatal Steroids			
Management of Chronic Conditions	Annual HIV/AIDS medical visit		
	Controlling High Blood Pressure	64%	
	Comprehensive Diabetes Care: LDL-C Screening	79%	
	Comprehensive Diabetes Care: Hemoglobin A1c Testing	88%	
	Antidepressant Medication Management	48%/30%	
	Adherence to Antipsychotics for Individuals with Schizophrenia		
	Annual Monitoring for Patients on Persistent Medications	86%	
	CAHPS Health Plan Survey v 4.0 - Adult Questionnaire with CAHPS Health Plan Survey v 4.0H - NCQA Supplemental		
Family Experiences of Care			
	Care Transition - Transition Record Transmitted to Health care Professional		
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	60%/23%	
Care Coordination Availability	Prenatal and Postpartum Care: Postpartum Care Rate		

Next steps

- ▶ Hire new staff
- ▶ Sub-contracts for QIPs and analysis of EHR measures
- ▶ Select RI measures
 - First report due January 2014

