Infant Well-Child Visit Learning Collaborative

Webinar 1: Using Payment, Policy, and Partnerships to Improve Infant Well-Child Care

August 26, 2021

Jodi Anthony and Alyssa Bosold, Mathematica
Kristen Zycherman, Center for Medicare and Medicaid Services
David Kelley, Pennsylvania Department of Human Services, Office of Medical Assistance Programs
Denbigh Shelton, Texas Health and Human Services Commission
How to Submit a Question

• Use the Q&A function to submit questions or comments.
  – To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
  – Type your question in the text box and click “Send”
  – Only the presentation team will be able to see your questions and comments

• For technical questions, select “Host” in the “Ask” menu
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Objectives

• Familiarize audience with the CMS Maternal and Infant Health Initiative
• Describe the Infant Well-Child Visit Learning Collaborative
• Review the need to improve the use and quality of infant well-child visits for Medicaid and CHIP beneficiaries
• Consider state Medicaid and CHIP program high-leverage strategies to improve use and quality of visits
• Learn about specific strategies in two state Medicaid and CHIP delivery systems
Maternal and Infant Health Initiative and Infant Well-Child Visit Learning Collaborative

Kristen Zycherman, CMCS
Maternal and Infant Health Initiative

• In 2019, the Centers for Medicare & Medicaid Services (CMS) convened an expert workgroup to recommend priorities where Medicaid and CHIP have a significant opportunity to improve Maternal and Infant Health. The workgroup identified aims, focus areas, and cross cutting strategies.

Aims

• Eliminate preventable maternal mortality, SMM, and inequities
• Reduce infant mortality and eliminate inequities in infant mortality rates

Focus Areas

• Increase the use and quality of postpartum care visits
• *Increase the use and quality of well-child visits for infants 0 to 15 months*
• Decrease the rate of cesarean births in low-risk pregnancies

Cross Cutting Strategies

• Achieve health equity
• Enhance quality improvement systems, infrastructure, and data systems
• Standardize maternal and infant health quality measures
Focus Areas to Increase the Use and Quality of Infant Well-Child Visits: 2021

• Commitment to high-quality, comprehensive infant well-child visits

• Address disparities in use and quality of infant well child visits

• Build on efforts to correct forgone care due to the COVID pandemic
  – Use and share data to identify and serve families
  – Collaborate with partners across sectors and providers
  – Address systemic barriers to equitable care
Infant Well-Child Visit Learning Collaborative

• Webinar Series
  – Webinar 1: Using Payment, Policy, and Partnerships to Improve Infant Well-Child Care
  – Webinar 2: Improving Quality and Utilization of Infant Well-Child Visits
  – Webinar 3: Models of Care that Drive Improvement in Infant Well-Child Visits
  – Information Session Webinar: Infant Well-Child Visit Affinity Group and Expression of Interest Process

• Infant Well-Child Visits Affinity Group
  – Action-oriented affinity group that will support state Medicaid and CHIP programs and their partners in the design and implementation of a data-driven Infant Well-Child Visits QI project in their states
  – Opportunity for states to expand their knowledge of policies, programs, and practices to improve infant well-child visits and advance their knowledge of and skills in quality improvement and address inequities
Why focus on infant well-child visits in Medicaid and CHIP?

Jodi Anthony, Mathematica
Benefits of High-quality Well-child Visits

• Prevention
  – Immunization
  – Lead, vision, hearing
  – Oral health
  – Parental depression

• Track growth and development

• Encourage healthy practices
  – Increased breastfeeding
  – Improved/increased safe sleep practices and general safety

• Reduced emergency department visits

• Provide parental support
Well-child Visits (Ages 0–15 months): 6 or more Well-child Visits by Payor

Source: Child Trends' original analysis of data from the National Health Interview Survey, 2000-2019.
Geographic Variation in the Percentage of Children Enrolled in Medicaid or CHIP Receiving Six or More Well-Child Visits in the First 15 Months of Life, FFY 2019
(n = 48 states)

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

State Median: 64.0%
Percentage of Children in the United States with Combined 7-Vaccine Series Completed by 24 Months, by Race/Ethnicity, 2016-2018

Notes: The combined 7-vaccine series includes ≥4 doses of DTaP (diphtheria, tetanus toxoids, and acellular pertussis vaccine), ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, the full series of Hib (Haemophilus influenzae type b conjugate vaccine), ≥3 doses of hepatitis B vaccine, ≥1 dose of varicella vaccine, and ≥4 doses of PCV (pneumococcal conjugate vaccine). Source: CDC. Morbidity and Mortality Weekly Report. Vaccination Coverage by Age 24 Months Among Children Born in 2015 and 2016 — National Immunization Survey-Child, United States, 2016–2018. Available at: https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6841e2-H.pdf
Impact of the COVID-19 Public Health Emergency: Forgone Care


Comparing the PHE period (March – October 2020) to the same period in 2019, the data show ~9% fewer (1.8 million) vaccinations for children under age 2.

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Source: Medicaid & CHIP and the COVID-19 Public Health Emergency: Preliminary Medicaid and CHIP Data Snapshot
Equitable Access and Use of High-quality Well-child Visits:
High-leverage Strategies

• Align payment to support high quality well-child visits and reduce disparities
• Use data to drive improvements
• Cultivate cross-sector, provider, and beneficiary partnerships
• Leverage Quality Improvement tools
Using Payment, Policy and Partnerships to Improve Infant Well-Child Care in Pennsylvania Medicaid

Commonwealth of Pennsylvania’s Office of Medical Assistance Programs
HealthChoices Medicaid Managed Care Program
David K. Kelley, M.D., M.P.A.
c-dakelley@pa.gov
August 26, 2021
• Background
• Focus on infant care quality measures
• Managed Care Organization (MCO) incentives
• Provider incentives and partnerships
• Maternal Infant Home Visitation program
• Conclusions
Overview of Pennsylvania Medicaid

- Pennsylvania Medical Assistance serves over 2.9 million individuals- 1.1 million children, over 50,000 deliveries per year
- HealthChoices- mandatory managed care for children under 21 (including dual eligibles) and adults under 65 meeting Medical Assistance eligibility requirements
- Eight physical health Managed Care Organizations (MCOs) operate in up to five zones
- Each MCO must have a Special Needs Unit focused on participants with special needs
- Five behavioral health Manage Care Organizations carved out from eight physical health Manage Care Organizations
- Increasing focus on Value Based Purchasing (VBP) models
### Value Based Purchasing

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<th>Year 2</th>
<th>Year 3</th>
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<td>VBP Requirement</td>
<td>7.5%</td>
<td>15%</td>
<td>30%</td>
<td>50%</td>
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#### Value Based Purchasing Models

1. **Pay for Performance**
   - 7.5% may be from any combination of models 1, 2, 3, 4 or 5

2. **Patient Centered Medical Home**
   - At least 50% of the 15% must be from any combination of models 2, 3, 4 or 5

3. **Shared Savings**
   - At least 50% of the 30% must be from any combination of models 3, 4 or 5

4. **Bundled Payments**

5. **Full Risk / Accountable Care Organizations**
   - At least 50% of the 50% must be from any combination of models 3, 4 or 5
Pediatric Quality Measures

• Focus on infant care-
  – Well child visits in the first 15 months of life (WCV-15)- 73.4%*, 71.6%, 69.9%,
  – Lead screening- 83.6%*, 81.6%, 80.3%,
  – Developmental screening- 61.0%*, 57.1%, 55.6%,
  – Annual dental visit- 65.8%*, 63.9%, 63.0%,
  – Three-year trend 2018 to 2020 shows significant improvement.
    – * equals 2020 result
Managed Care Incentives

• Focus on infant care-
  – WVC-15, Lead screening, Developmental screening, Annual dental visits

• MCO incentives
  – 2% of capitation revenue split between 12 measures
  – NCQA Benchmark payments (1%), Incremental improvement (1%) payments
  – Penalty if not reaching NCQA 50th percentile
  – Perinatal infant bundle- prenatal care, postpartum care and WCV-15 bonus if NCQA 75th or 90th percentile for all three measures
  – WCV15 Equity payment based in incremental improvement
Provider and Participant Incentives

• Provider incentives mirror MCO incentive program- WCV-15, Lead screening, Developmental screening, Dental visits
• New maternity care bundle incentive program
  – Includes rewarding obstetricians to coordinate WCV-15 care with pediatric providers
  – Requires and rewards for screening of moms for social determinates of health (SDoH)
• MCOs annually assess programs and submit revisions
• Participant incentives
Provider Partnerships

• Perinatal Quality collaborative
  – Over 60 high volume Obstetrical and NICU health system providers statewide
  – Concentration on screening/treatment of pregnant women with opioid use disorder, treatment of substance exposed infants, and reducing maternal/infant mortality
  – Focus on WCV-15 quality measures especially for high-risk infants

• Patient Centered Medical Homes (PCMHs)
  – Over 1,000 practices
  – Focused and incented on infant quality measures
  – Requires annual screening for SDoH

• Maternal Infant Home Visitation Program
  – Implemented in 2021 with community-based providers through MCO contract
The objective of the Home Visiting program is to **improve maternal and infant health outcomes** and reduce maternal and infant morbidity and mortality, especially in individuals identified to be at risk.

Home visits available for:
- First-time parents/caregivers
- Parents/caregivers of infants who have been identified as having additional risk factors which may include social, clinical, racial, economic or environmental factors
- Any parent/caregiver who requests home visiting

Services must be available from the prenatal period through the child’s **first 18 months of life**.
Home Visitation Program

• Home Visiting programs will include licensed and/or non-licensed staff with an emphasis on expanding the use of non-licensed providers
  – Home visitors must meet the requirements of nationally recognized home visiting programs. Home visitors must be provided initial and ongoing training, supervision and professional development. High quality supervision, including reflective supervision, must be implemented for all home visitors
  – The home visitor must have knowledge about resources in the family’s community and be able to link the family to needed services and local health care organizations
Home Visitation Activities

- Maternal and **Infant Health** promotion and prevention.
- Parent/caregiver education and support.
- **Healthy child development.**
- **Child safety** (Infant sleep safety, car seat safety, crib and changing table safety, environmental lead, accident prevention, environmental safety).
- Reducing disparities in **perinatal health**.
- Increasing screenings and referrals to community resources for SDOH (food insecurity, health care access/affordability, housing, education transportation, **childcare**, employment, utilities, clothing, financial strain).
- Identification and mitigation of social determinants of health (SDOH).
- Prevention of intimate partner violence.
Home Visitation Activities

- Strengthening family economic self-sufficiency
- Increasing screenings for Maternal/Caregiver depression and anxiety
- Increasing screenings for substance use disorder (SUD)
- Increasing follow up care on positive postpartum depression screenings and/or other behavioral healthcare needs
- **Increasing rates of well-child visits and follow up on Early and Periodic Screening, Diagnostic and Treatment (EPSDT) appointments**
- Increasing plans of safe care for all infants born affected by substance abuse, NAS and FASD.
Conclusions

• Use MCO contracts to drive quality improvement for infants
  – MCO, provider, participant incentives,
  – Align incentives.
• Establish health provider and community-based programs
  – Perinatal Quality Collaborative,
  – PCMHs,
  – Maternal Infant Home Visitation Program.
• Improve quality with a focus on equity and social determinants of health.
• Evaluate performance of programs.
Using Payment, Policy and Partnerships to Improve Infant Well-Child Care in Texas

August 26, 2021
Six or more well-child visits in the first 15 months of life

- Percentage who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life
- Rate: 68.2%
- Population: Select One
  - Medicaid only

Texas Medicaid: 69.2%
HEDIS 50th Percentile: 64.0%
Additional Quality Indicators

Developmental Screening in the First Three Years of Life: Ages 0 to 3 (FFY 2019)

Rate
- Percentage Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool: Ages 0 to 3

Population: Select One
Medicaid only

28 States Reporting 47.9% State Rate

Childhood Immunization Status: Age 2 (FFY 2019)

Rate: Select One
- Percentage Up-to-Date on Immunizations (Combination 3) by th...

Population: Select One
Medicaid only

43 States Reporting 68.8% State Rate
Initiatives to support infant well-child visit use and quality
Performance Improvement Projects 2017 and 2018

• In 2017 there were 20 PIPs across 10 MCOs with the goal of improving rates of W15.
  o Four PIPs demonstrated sustained improvement
  o Successful interventions included:
    ✓ Provider and member education
    ✓ Home health care coordinator outreach after delivery
    ✓ New mom kit (diaper bag, baby items, resources)
    ✓ Breastfeeding support and home wellness visits after delivery
    ✓ Provider surveys and focus groups
Medical Pay-for-Quality Program

• W15 at-risk in STAR in 2018 and 2019
  o MCOs could earn or lose up to 0.75% of their capitation depending on their performance on this measure

• 12 out of 16 MCOs improved on this measure in 2018

• 8 out of 16 MCOs improved on this measure in 2019
MCO Report Cards

• Report Cards since 2014
• 62 unique report cards
• Report card ratings used for value-based enrollment beginning in 2020
Enhanced Public Reporting

- Use of web portal to access and track quality data
- Stratification on administrative measures by service area, sex, race, and health status
Resources

Texas Healthcare Learning Collaborative Portal
https://thlcportal.com/home

Texas HHS Medicaid and CHIP Quality and Efficiency improvement Webpage
https://www.hhs.texas.gov/about-hhs/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement
Thank you

Denbigh Shelton
Denbigh.Shelton@hhs.Texas.gov
Questions

Jodi Anthony, Mathematica
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Announcements and Next Steps

Alyssa Bosold, Mathematica
Visit the Medicaid.gov Well-Child Care landing page for information about the Infant Well-Child Visit Learning Collaborative’s upcoming webinars and affinity group.

Well-Child Care Landing Page Contents

- Recording and transcript of this webinar
- Registration for upcoming webinars
  - September 10, 2:30-3:30 PM ET
    - Improving Quality and Utilization of Infant Well-Child Visits
  - September 22, 1:00-2:00 PM ET
    - Models of Care that Drive Improvement in Infant Well-Child Visits
  - September 27, 3:00-4:00 PM ET
    - Affinity Group Information Session
- Infant Well-Child Visit Affinity Group Fact Sheet
- Infant Well-Child Visit Affinity Group EOI Form
  - EOI forms are due September 30 at 8:00 PM ET

Thank you for participating!

- Please **complete the evaluation** as you exit the webinar
- If you have any **questions**, or we didn’t have time to get to your question, **please email** MACQualityImprovement@mathematica-mpr.com
Focus Areas to Improve Maternal and Infant Health Quality

**Focus Areas**

- Strategies to decrease cesarean births for women with low-risk pregnancies
- Strategies to increase use and quality of postpartum care
- Strategies to increase use and quality of well-child visits

**Maternal Outcomes**

- **Primary aims:** Eliminate preventable maternal mortality, SMM, and inequities
  - Increased depression screening and increased breastfeeding competence
  - Decreased severe maternal morbidity
  - Decreased postpartum complications
  - Increased access to contraceptive care, better management of chronic diseases and behavioral health issues, increased connection to ongoing care

**Infant Outcomes**

- **Primary aims:** Reduce infant mortality and eliminate inequities in infant mortality rates
  - Fewer NICU admissions
  - Increased immunizations, increased breastfeeding, fewer injury related ED visits, safer sleep practices, and increased parent knowledge on injury prevention

**C-section** = cesarean section; **ED** = emergency department; **NICU** = neonatal intensive care unit; **SMM** = severe maternal morbidity

- **Improved birth spacing,** early initiation of prenatal care, healthy women at start of possible subsequent pregnancy
- **Lower risk for C-section delivery on possible subsequent pregnancy**
- **Healthier women at start of possible subsequent pregnancy,** early initiation of prenatal care
- **Healthy possible subsequent birth**