Infant Well-Child Visit Learning Collaborative

Webinar 2: Improving Quality and Utilization of Infant Well-Child Visits

September 10, 2021

Jodi Anthony and Alyssa Bosold, Mathematica
Deirdra Stockmann, Centers for Medicare & Medicaid Services (CMS)
Glory Dole, Washington State Health Care Authority
William Golden, Arkansas Medicaid
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
Webinar Slides and Recordings

The slides and recording from today and all Infant Well-Child Visit Learning Collaborative webinars, are available at:

## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housekeeping and Agenda</td>
<td>Alyssa Bosold, Mathematica</td>
</tr>
<tr>
<td>Welcome and Objectives</td>
<td>Deirdra Stockmann, CMS</td>
</tr>
<tr>
<td>Overview of the Infant Well-Child Visits Learning Collaborative</td>
<td>Jodi Anthony, Mathematica</td>
</tr>
</tbody>
</table>
| Improving Infant and Child Health                            | Glory Dole, BSN, MA, RN  
Compliance Section Manager  
Medicaid Programs Division  
Washington State Health Care Authority |
| Moving Measures: Well Child Rates in Arkansas Medicaid       | William Golden MD MACP  
Medical Director  
Arkansas Medicaid |
| Questions and Discussion                                     | Jodi Anthony, Mathematica                                                 |
| Announcements and next steps                                 | Alyssa Bosold, Mathematica                                                 |
Welcome and Objectives

Deirdra Stockmann, CMS
Objectives

• Describe the Infant Well-Child Visit Learning Collaborative

• 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
Infant Well-Child Learning Collaborative Overview

Jodi Anthony, Mathematica
Maternal and Infant Health Initiative Theory of Change

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
  - 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

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
  - Healthier women at start of possible subsequent pregnancy, early initiation of prenatal care

C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity
Focus Areas to Improve Maternal and Infant Health Quality

**Maternal Outcomes**
- Primary aims: Eliminate preventable maternal mortality, SMM, and inequities
  - Increased depression screening and increased breastfeeding competence
  - Improved birth spacing, early initiation of prenatal care, healthy women at start of possible subsequent pregnancy

**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
  - Healthier women at start of possible subsequent pregnancy, early initiation of prenatal care
  - Healthy possible subsequent birth

**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

**Stages**
- Labor and delivery
- Postpartum
- Interpregnancy
- Overall woman’s health status
- Subsequent pregnancy
- Infancy and early childhood
Focus Areas to Improve Maternal and Infant Health Quality

**Maternal Outcomes**
- Primary aims: Eliminate preventable maternal mortality, SMM, and inequities
  - Increased depression screening and increased breastfeeding competence

**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
  - Healthy women at start of possible subsequent pregnancy, early initiation of prenatal care

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

- About Health Care Authority (HCA)
- Washington Apple Health (Medicaid)
- Value-based purchasing (VBP)
- Performance Improvement Projects (PIP)
- Collaborative PIP: Well-child visits
  - Past, current, future work
About HCA
The state’s largest health care purchaser

HCA purchases health care for more than 2.5 million Washington residents through:

- Washington Apple Health (Medicaid)
- The Public Employees Benefits Board (PEBB) Program
- The School Employees Benefits Board (SEBB) Program

We purchase care for 1 in 3 non-Medicare Washington residents.
About Washington Apple Health

2020 statistics

- Over 2 million Apple Health (Medicaid) recipients
  - 85% enrolled in Managed Care
- Five Apple Health managed care organizations (MCO) with varying populations and regions
- Integrated managed care (IMC) fully implemented in January 2020 (physical and behavioral health)
- Through Medicaid expansion under the Affordable Care Act (2014), Washington added more than 650,000 newly eligible adults by the end of 2020.
Value-based purchasing

Value-based Payment
When a health care provider is paid for providing high-quality and high-value care to their patients.
Value-based purchasing (VBP) 2020 measures

- Prenatal care
  - All five managed care plans
  - 2 out of 5 of plans above 75th percentile

- Postpartum care
  - All five managed care plans
  - 4 out of 5 of plans above 75th percentile

- W34 - Well-child visits (3-6 years)
  - All five managed care plans

- Children’s access to primary care practitioners (7-11 years)
  - Integrated Foster Care program
Performance Improvement Projects (PIP)
History related to infant well-visits and immunizations

2015 low rates

- HCA required managed care plans to implement PIPs for rates below the national 75th percentile
  - Resulted in some improvement, but not sustained or sufficient
  - After three years; four out of a possible ten PIPs remained in place
Collaborative well-child visit PIP

2018 actions

- Replaced individual managed care plan PIPs
  - Immunizations and well-child visits

- All five plans participated in PIP
  - WA State Department of Health contracted to facilitate group
  - Collaborative PIP continues today
Childhood Immunization Status - Combo 2 for all plans
Childhood Immunization Status - Combo 10 for all plans
Well-child visits (first 15 months) - 6 or more visits for all plans
Collaborative Workgroup interventions
Clinic Pilot 1
September 2017 through January 2018

- Collaboration with clinics
  - Each plan partnered with one clinic

- Reconciliation of records
  - Clinic data
    - Electronic medical records (EMR) compared to MCO claims

- Raise awareness with clinic
  - Share well-child visit rates

- Focused on ages 3-6
Clinic Pilot 1
Interventions

- Assessed current clinic practice
  - Maintaining lists of patients
    - Patients overdue for a well-visit
- Helped clinic staff understand HEDIS specifications
- Developed understanding of how to build patient panel in their electronic health records (EHR)
- Compared lists in EHR with MCO lists and identified discrepancies
Clinic Pilot 1
Lessons and observations

- Difficult to match records
- Better to assign patients to clinic rather than specific provider
- Patients don’t always go to their “assigned” clinic
- Warm handoffs (MCO to clinic) are effective
Clinic Pilot 1
Lessons and observations

- Patients receive care, but don’t return for timely well-child exams
- Schedule next appointment at time of check-in
- Clinics indicate adding and dropping list of patients to panel monthly
Clinic Pilot 1
Results and trending

Clinic Pilot 1 - Clinic WCV rate results for children (3-6 years)

- MCO1 / Clinic1: Baseline Rate - 41%, Ending Rate - 40%
- MCO2 / Clinic2: Baseline Rate - 81%, Ending Rate - 89%
- MCO3 / Clinic3: Baseline Rate - 67%, Ending Rate - 68%
- MCO4 / Clinic4: Baseline Rate - 85%, Ending Rate - 89%
- MCO5 / Clinic5: Baseline Rate - 64%, Ending Rate - 72%
Parent focus group comments

- Stigma of Medicaid
- Work and school schedules don’t allow time for appt
- Appt is too short and not useful
- Language and culture differences
- Hidden costs—transportation, childcare, etc.
Parent focus groups
Recommendations to providers

- Improve communication by:
  - Give parents a checklist of screenings and procedures (those needed and completed)
  - Offer for parents to ask questions before and in-between visits
  - Train office personnel on tactful and confidential communication about insurance status
  - Provide materials in Spanish

- Add weekend or evening appointments
Clinic Pilot 2
May 2018 through September 2018

- Incorporated lessons learned from Clinic Pilot 1
- Focused on adolescent well-child visits
  - Reconcile the patient list
  - Clinic contacts patient twice
  - MCO contacts patient if clinic unable to reach
Clinic Pilot 3
September 2018 through January 2019

- Focused on W34 well-child visits (3-6 years)
  - Primary goal to spread the impact and share lessons learned from earlier pilots (Clinic Pilots 1 & 2)
- Most successful at that time
  - Showed a 9.3% rate increase of children in participating clinics getting well-child visit in last 12 months
Clinic Pilot 3

- Started social media activities
  - Focused on adolescents

- Training
  - Offer empanelment and value-based payments training to office managers and clinic administrators
  - Partnered with the Washington State Medical Management Association
Clinic Pilot 4
May 2019 through September 2019

- Statewide Children’s Health Promotion Initiative (SCHPI projects)
- Focused on children with chronic conditions
  - Looked at zip code breakdowns for more data
- Social media messages to parents
- Workgroup created a common form for patients to request changing their PCP of record
Clinic project results

Before & After Rate Comparisons for Each Clinic Project

*Hatched pattern indicates project during Covid-19*
More 2020

- Many Department of Health staff working on the collaborative PIP were activated to respond to the COVID-19 pandemic
- Telemedicine use peaked, then began to decline regarding children’s health
- Fall 2020 project continued the previous effective interventions
  - Focus included all ages 0-21
## 2020: Focus on one county

Urban County Well-Visit Rates (Measures Combined-all well-child visit ages) in Washington State

<table>
<thead>
<tr>
<th>County</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spokane</td>
<td>17,366</td>
<td>46,853</td>
<td>37.06%</td>
</tr>
<tr>
<td>King</td>
<td>36,087</td>
<td>136,542</td>
<td>26.43%</td>
</tr>
<tr>
<td>Statewide</td>
<td>190,483</td>
<td>725,860</td>
<td>26.24%</td>
</tr>
</tbody>
</table>
2020: Performance measures for infants (W15)

<table>
<thead>
<tr>
<th>Year</th>
<th>Administrative rate</th>
<th>Final HEDIS rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>57.3%</td>
<td>67.7%</td>
</tr>
<tr>
<td>2019</td>
<td>59.9%</td>
<td>67.4%</td>
</tr>
<tr>
<td>2020</td>
<td>54.1%</td>
<td>(54.08, est.)</td>
</tr>
</tbody>
</table>
Outreach materials

- Variety of flyers
- Distributed Fall 2020
- Translated into:
  - Spanish
  - Russian
  - Vietnamese
Social media messaging
(English and Spanish)
2021 and beyond

- Evaluation of Fall 2020 project
- SCHPI Spring 2021 Clinic project
  - Changes to measure specification by NCQA
  - Developing curriculum for more self-education
- Increasing collaboration with:
  - Schools
  - Childcare
  - Head Start
Conclusion

It is possible to raise rates of well-child visits and immunizations by:

- Making sure providers know the population of patients they are responsible for
- Collaborating with different agencies
- Facilitating providers to learn from each other
- Outreaching to patients and their families in creative and ever-changing ways
- Ongoing analysis to improve quality
Questions?

More Information

Glory Dole, Section Manager
Medicaid Programs Division

glory.dole@hca.wa.gov
Moving Measures

WELL CHILD RATES IN ARKANSAS MEDICAID

WILLIAM GOLDEN, MD MACP
MEDICAL DIRECTOR
ARKANSAS MEDICAID
Arkansas Journey

• Harnessing Big Data
  – Policy Reforms
  – P4P

• Medicaid Expansion
  – Private Option

• Multpayer Payment Reform
  – Episodes of Care
  – PCMH
## Medicaid PCMH Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Practices (PCMHs)</th>
<th>PCPs</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrolled</td>
<td>Total</td>
<td>Enrolled%</td>
</tr>
<tr>
<td>2014</td>
<td>123</td>
<td>259</td>
<td>47%</td>
</tr>
<tr>
<td>2015</td>
<td>142</td>
<td>250</td>
<td>57%</td>
</tr>
<tr>
<td>2016</td>
<td>172</td>
<td>261</td>
<td>66%</td>
</tr>
<tr>
<td>2017</td>
<td>192</td>
<td>252</td>
<td>76%</td>
</tr>
<tr>
<td>2018</td>
<td>207</td>
<td>257</td>
<td>81%</td>
</tr>
<tr>
<td>2019</td>
<td>216</td>
<td>315</td>
<td>69%</td>
</tr>
<tr>
<td>2020</td>
<td>215</td>
<td>303</td>
<td>71%</td>
</tr>
</tbody>
</table>
Providers can then receive support to invest in improvements, as well as incentives to improve quality and cost of care

<table>
<thead>
<tr>
<th>2/3</th>
<th>2 Practice support</th>
<th>3 Shared savings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Invest in primary care to improve quality and cost of care for all beneficiaries through:</td>
<td>Reward high quality care and cost efficiency by:</td>
</tr>
<tr>
<td></td>
<td>▪ Care coordination</td>
<td>▪ Focusing on improving quality of care</td>
</tr>
<tr>
<td></td>
<td>▪ Practice transformation</td>
<td>▪ Incentivizing practices to effectively manage growth in costs</td>
</tr>
</tbody>
</table>

DHS/DMS will also provide performance reports and patient panel information to enable improvement
Activities tracked for practice support payments provide a framework for transformation

<table>
<thead>
<tr>
<th>Activity</th>
<th>Commit to PCMH</th>
<th>Start your journey</th>
<th>Evolve your processes</th>
<th>Continue to innovate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify office lead(s) for both care coordination and practice transformation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assess operations of practice and opportunities to improve (internal to PCMH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Develop strategy to implement care coordination and practice transformation improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Identify top 10% of high-priority patients (including BH clients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Identify and address medical neighborhood barriers to coordinated care (including BH professionals and facilities)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Provide 24/7 access to care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Document approach to expanding access to same-day appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Complete a short survey related to patients’ ability to receive timely care, appointments, and information from specialists (including BH specialists)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Document approach to contacting patients who have not received preventive care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Document investment in healthcare technology or tools that support practice transformation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Join SHARE to get inpatient discharge information from hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Incorporate e-prescribing into practice workflows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Integrate EHR into practice workflows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 - At enrollment; 2 - Three months after the start of each performance period; 3 - At 18 months

Completion of activity and timing of reporting
Using Measures

• Goals
  – Effective Analytics, Culture Change, Transformation

• Effective Incentives
  – Core Activity Metrics (Tied to PMPM) – Minimal Performance
  – Quality Metrics (Tollbooth for Incentive Dollars) – Average Performance
  – Incentive Metrics (Performance Bonuses) – Excellent Performance
PCMH EDU Distribution in CY2019 Performance Period for 2021 Configuration

10% = 0.62  
35% = 0.86

<table>
<thead>
<tr>
<th>Quantile</th>
<th>Observed</th>
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<tbody>
<tr>
<td>Min</td>
<td>0.36</td>
</tr>
<tr>
<td>16%</td>
<td>0.73</td>
</tr>
<tr>
<td>25%</td>
<td>0.78</td>
</tr>
<tr>
<td>50%</td>
<td>0.93</td>
</tr>
<tr>
<td>75%</td>
<td>1.14</td>
</tr>
<tr>
<td>84%</td>
<td>1.19</td>
</tr>
<tr>
<td>Max</td>
<td>2.07</td>
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</table>
Distribution of Infant Wellness\(^1\) (5 or more visits)

PCMH Infant Wellness Distribution in CY2017 Performance Period for 2019 Configuration

### PCMH

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<tr>
<td>Min</td>
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</tr>
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<td>16%</td>
<td>43.8</td>
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<tr>
<td>25%</td>
<td>50.0</td>
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<tr>
<td>50%</td>
<td>63.8</td>
</tr>
<tr>
<td>75%</td>
<td>72.9</td>
</tr>
<tr>
<td>84%</td>
<td>78.9</td>
</tr>
<tr>
<td>Max</td>
<td>91.3</td>
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</table>

### Pool

<table>
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<th>Observed</th>
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<tr>
<td>Min</td>
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</tr>
<tr>
<td>16%</td>
<td>52.5</td>
</tr>
<tr>
<td>25%</td>
<td>52.8</td>
</tr>
<tr>
<td>50%</td>
<td>63.6</td>
</tr>
<tr>
<td>75%</td>
<td>68.5</td>
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<tr>
<td>84%</td>
<td>72.9</td>
</tr>
<tr>
<td>Max</td>
<td>77.9</td>
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Target >= 62
Core Metric 1: Distribution of Well-Child Visits First 15 Months

PCMH Infant Wellness 0 to 1 Visit Distribution in CY2017 Performance Period for 2019 Configuration

Target <= 20

<table>
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<th>Observed</th>
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<td>Min</td>
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<td>16%</td>
<td>4.3</td>
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<tr>
<td>25%</td>
<td>5.6</td>
</tr>
<tr>
<td>50%</td>
<td>8.1</td>
</tr>
<tr>
<td>75%</td>
<td>12.8</td>
</tr>
<tr>
<td>84%</td>
<td>15.4</td>
</tr>
<tr>
<td>Max</td>
<td>28.3</td>
</tr>
</tbody>
</table>

92/97 above

Low performance of 5 PCMHs

1 CY2017 represents performance period of January 1, 2017 – December 31, 2017 (6 month claims run out)
Core Metric 1: Distribution of Well-Child Visits First 15 Months 0 to 1 Visit

1 CY2018 represents performance period of January 1, 2018 – December 31, 2018 (6 month claims run out)
2 Analysis ran for each configuration used the most recent list of enrolled PCMHs from applicable enrollment tracker file. The 2017 configuration used Q1’19 implementation of 2017 enrolled PCMHs, 2018 configuration used Q3’19 implementation of 2018 enrolled PCMHs, and 2019 configuration used Q3’19 implementation of 2019 enrolled PCMHs.

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PCMH Infant Wellness 0 to 1 Visit Distribution in CY2018 Performance Period for 2020 Configuration

Target <= 15

<table>
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<th>Quantile</th>
<th>Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min</td>
<td>0.0</td>
</tr>
<tr>
<td>16%</td>
<td>4.3</td>
</tr>
<tr>
<td>25%</td>
<td>5.4</td>
</tr>
<tr>
<td>50%</td>
<td>6.6</td>
</tr>
<tr>
<td>75%</td>
<td>9.9</td>
</tr>
<tr>
<td>84%</td>
<td>11.2</td>
</tr>
<tr>
<td>Max</td>
<td>24.0</td>
</tr>
</tbody>
</table>

84/93 above

Low performance of 9 PCMHs
PCMH Infant Wellness 0 to 1 Visit Distribution in CY 2019 Performance Period for 2021 Configuration

1 CY2019 represents performance period of January 1, 2019 – December 31, 2019 (3 month claims run out).
2 Analysis on 2021 metric targets was based on 2020 enrolled PCMHs using Q2’20 implementation data with PCMH 2021 program year metric specifications.
PCMH Infant Wellness Distribution in CY2017 Performance Period for 2019 Configuration

23 PCMHs <=50%

50%

Target >= 62

25% 50.0
50% 63.8
75% 72.9
84% 78.9
Max 91.3

PCMH Average 63%

1 CY2017 represents performance period of January 1, 2017 – December 31, 2017 (6 month claims run out)
PCMH Infant Wellness Distribution in CY2018 Performance Period for 2020 Configuration

1 CY2018 represents performance period of January 1, 2018 – December 31, 2018 (6 month claims run out)
2 Analysis ran for each configuration used the most recent list of enrolled PCMHs from applicable enrollment tracker file. The 2017 configuration used Q1’19 implementation of 2017 enrolled PCMHs, 2018 configuration used Q3’19 implementation of 2018 enrolled PCMHs, and 2019 configuration used Q3’19 implementation of 2019 enrolled PCMHs.
PCMH Infant Wellness Distribution in CY2019 Performance Period for 2021 Configuration

1 CY2019 represents performance period of January 1, 2019 – December 31, 2019 (3 month claims run out).
2 Analysis on 2021 metric targets was based on 2020 enrolled PCMHs using Q2'20 implementation data with PCMH 2021 program year metric specifications.
Theoretical construct

• Behavioral Economics
  – Impact of Loss > Value of Gain
Outcomes/Lessons

• Learning System
  – Stretch the Providers Who ----
  – Provide Program Feedback ---
  – That Modifies Requirements/Analytics ---
  – Which Support Practice Transformation ---
  – And Starts New Cycle of Dialogue

  – William.GoldenMD@Arkansas.gov
Questions

Jodi Anthony, Mathematica
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
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 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.