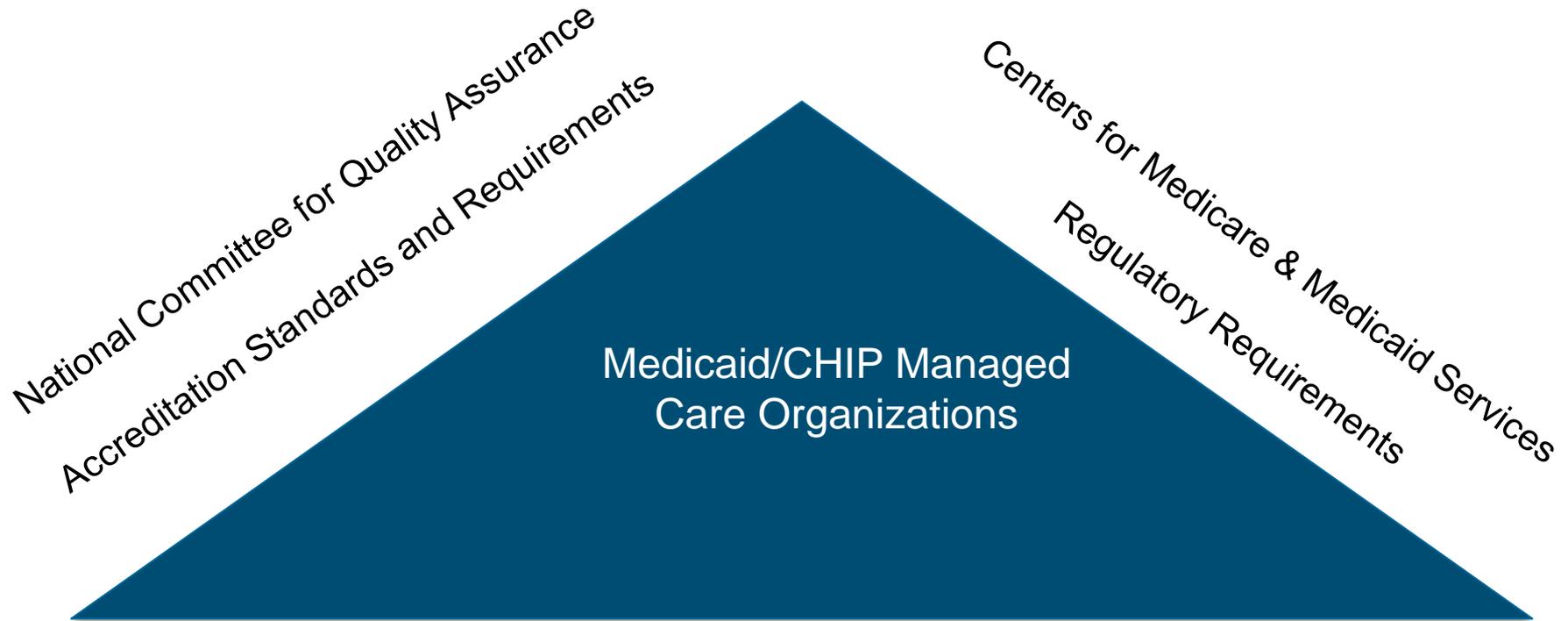


# MCO Quality Collaborative: Using an Optional External Quality Review-Focused Study on Adolescent Health to Address a State Population Health Need

2nd Annual CMS National Medicaid/CHIP Quality Conference  
June 14-15, 2012

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# Virginia's Medicaid/CHIP Managed Care Quality Structure



State Agency (Department of Medical Assistance Services)

Contractual Requirements

# Managed Care Quality Collaborative Member Roles

State Agency	EQRO	MCOs
Virginia Department of Medical Assistance Services	Delmarva Foundation for Medical Care	Amerigroup Anthem CareNet MajestaCare Optima Virginia Preier
Participant Facilitator Convener	Participant Technical Advisor Forecaster	Participant Synergizer Risk Taker

# Collaborative Approach to Selecting Adolescent Health as a Priority for Improvement

- Collaborative established a short-list of HEDIS measures needing improvement
- Measures were prioritized based on a list of criteria agreed upon by the collaborative members
- The criteria (listed in order of most important first) included:
  - High volume of enrollees are affected by condition/service
  - Improvements to topic would have high impact
  - Significant return on investment if improvements are made
  - Availability of clinical guidelines to support QI for this topic
  - Needs to be a non-controversial topic

# Collaborative Approach to Selecting Adolescent Health as a Priority for Improvement (con't)

- The collaborative identified the HEDIS/CHIPRA measure for Adolescent Well Visits as a primary measure for improvement
- Subject matter experts are continuously being tapped to assist the collaborative in the improvement efforts for adolescent health
- So long as the State Agency, the EQRO, and the MCOs fulfill their roles for a collaborative approach to quality improvement, we anticipate seeing improvements in measures of adolescent health
- In alignment with the Managed Care Quality Strategy, the bold goal for select measures is to at least attain the 75<sup>th</sup> percentile in quality compass

# What's In Our Tool-Box?

- 12 month rolling calendar enables transparency on upcoming quality improvement activities (maintained by EQRO)
- Secure Web-portal (developed and maintained by EQRO)
- NCQA accreditation – Virginia requires all Medicaid/CHIP MCOs to be accredited
- Annual best practice presentations with certificates of excellence presented by the director of the State Agency
- Active participation from the MCOs and EQRO in ascertaining which CHIPRA (and Adult) measures to report to CMS
- DMAS calculated interim measures on high-priority measures

# Keys to Successful Collaboration

## State Agency's Collaborative Keys

Occasional “checking in” phone calls to collaborative members

Initiate and travel to meet new QI staff when there is staff turnover at MCOs

Do something with it or do not require it

Be inclusive when making decisions

Communicate in a way that enables perspective taking among all participants

Compliment, compliment, compliment

Respect proprietary information

Seek and share relevant evidence based literature and studies

**NO  
Surprise  
Expectations**

# Collaboration Among Competitors

- Strategies
  - Leadership
  - Knowledge Management: experiences, insights, guidelines
- Common goals
  - Defined as improved performance
  - Sharing of lessons learned (best practices)
  - Impact both individual MCOs and overall population
  - Objective information
    - Useful for the group to use problem solving as team activity
    - Trending data over time compares history and changes
    - Shared success promotes system changes to impact future results.

# Strategies and Techniques

## Encourage Individual Improvement and Group Sharing

- Leadership describes expectations of team
- Each MCO responsible for improvement of their enrollees
- All MCOs have a stake in the improvement of the entire enrollee population
- Expect 1st meetings as “competitors” reluctant to share
- Often new role for both State agency and MCOs
- Integrate State Quality Strategy into goal-setting
- Expand MCO group to include external stakeholders
- Align MCO initiatives with other State priorities if “common” goals

# Strategies and Techniques

## Encourage Individual Improvement and Group Sharing

- Provide technical assistance and consultative recommendations
- Encourage each MCO to “stretch” improvement goals
- Share both local + national examples of “best practices”
- Analyze specific demographics (population + MCO)
- Example: Adolescent results by age: F/U MH hospitalization

F/U after MH hospitalization	Age: 6-11 yrs	Age: 12-20 yrs
F/U in 7 days	50.1%	39.9%
F/U in 30 days	74.7%	67.1%

# Guidance for Performance Improvement

- MCOs expected to describe interventions strategies:
  - Content (what)
  - Criteria (why)
  - Use or distribution (where)
  - Number of member receiving intervention (how many)
- Necessary to assess effectiveness/impact of action
- Technical assistance: did it work?...did changes occur?  
Did intervention cause the change?...should it continue  
or is something different needed?

# Strategies for Success

Goals for collaborative team and performance outcomes

- Success may be measured
  - Individual MCOs cooperate as members of a team
  - MCOs become excited to share “best practices”
  - Improvement in population results
  - Administrative initiatives that impact all MCOs or all providers
- Patience: progress is evolving process, achieved unevenly, over period of time
- Consistent messages develop level of trust among team
- Previous competitors—as members of group effort—address common goals for overall improvement.