



Medicaid IAP National Learning Webinar

Using Quality Improvement to Determine Whether Your Medicaid Delivery System Reform is Effective

June 14, 2018

3:00-4:00 PM ET

A Few Quick Notes...

- To send a **text question**: Click the green Q&A icon in the lower left-hand corner of your screen
- To view in **full screen**: Click full screen button in the lower right-hand corner of the screen.
- To return to the **original view**: Press the “Escape” key on your keyboard.
- For **technical support**: Click the “Support” option in the upper right-hand corner of your screen.



Please note that today's session is being recorded.

Our Plan For Today

1

Learn or review **key concepts** of quality improvement.

- What is quality improvement and the Model for Improvement?
- Introduce the driver diagram as one important quality improvement tool.

2

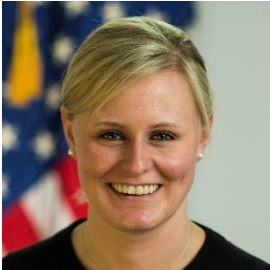
Consider opportunities to **apply quality improvement** techniques and tools in your delivery system reform work.

- What does effective implementation of quality improvement look like?
- How can quality improvement help state Medicaid agencies like yours?

3

Find out **how to get started and use driver diagrams** in your Medicaid delivery system reform efforts.

Our Facilitators



Katherine Griffith

- Senior Advisor, Medicaid Innovation Accelerator Program (IAP)



Jim Jones

- Project Director, Medicaid Innovation Accelerator Program (IAP) Performance Improvement
- Former Deputy State Medicaid and CHIP Director

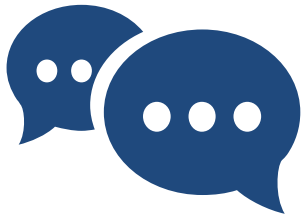
Our Guest Speaker



Dr. Mary Applegate, MD

- Medical Director, Ohio Department of Medicaid
- Pediatrics and Internal Medicine

Your Perspective: Quality Improvement



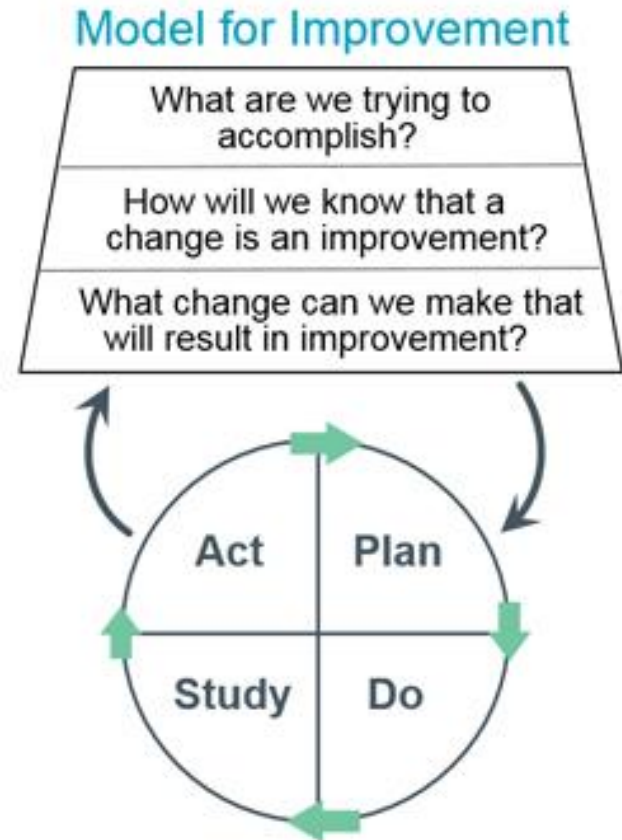
Poll: We want to hear from you.

What comes to mind when you hear the words “quality improvement”?

- A. Performance reviews.
- B. A broad term used to describe processes and tools to set goals, establish measures, select changes, and test actions.
- C. I don’t have time for it.
- D. All of the above.

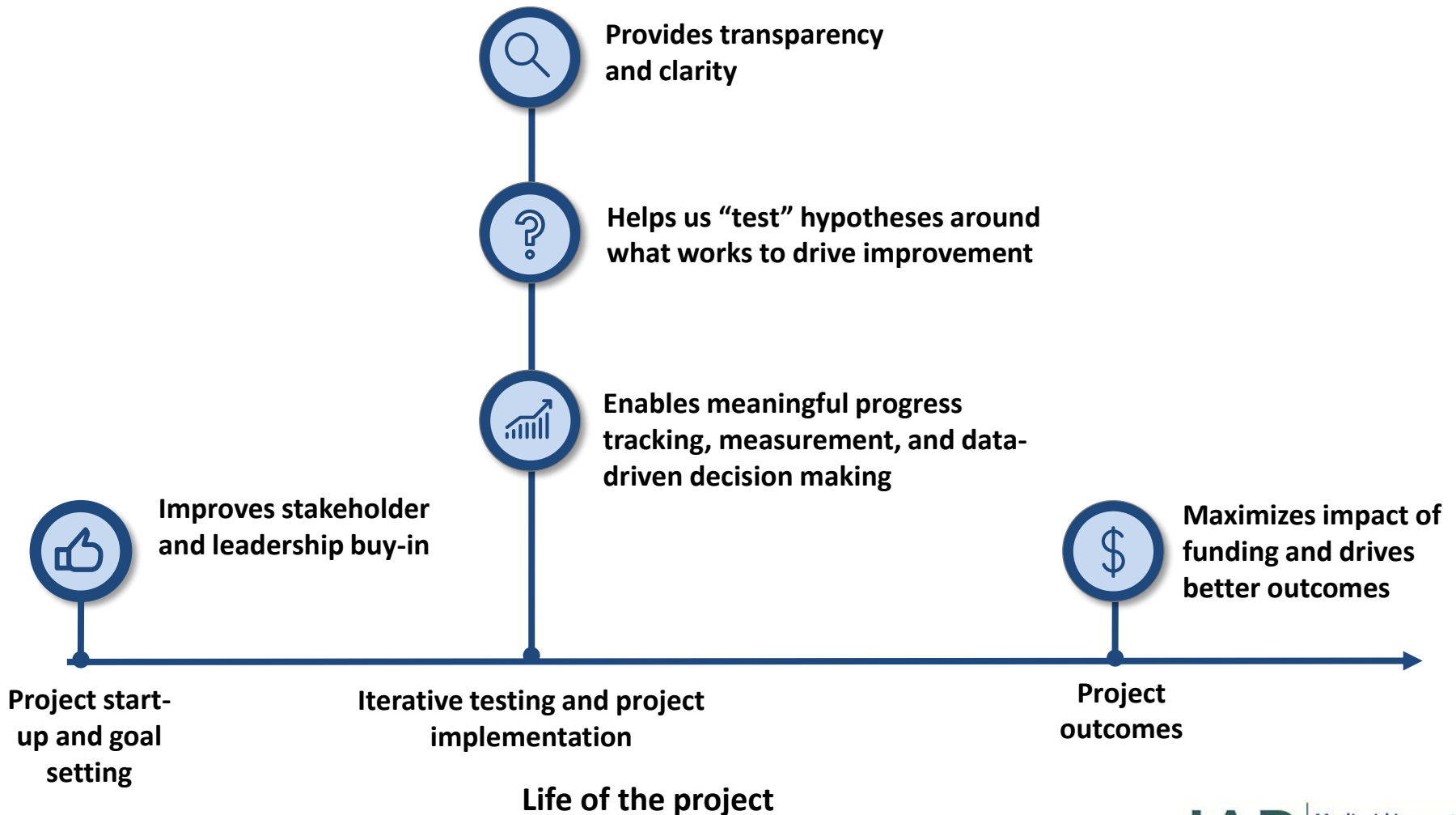
What is Quality Improvement?

- The **processes and tools** to set goals, establish measures, select changes, and test actions
- Quality improvement helps us to **identify and improve best practices** for delivery system reform
- Our learning opportunities will align with the **Institute for Healthcare Improvement's (IHI) Model for Improvement**



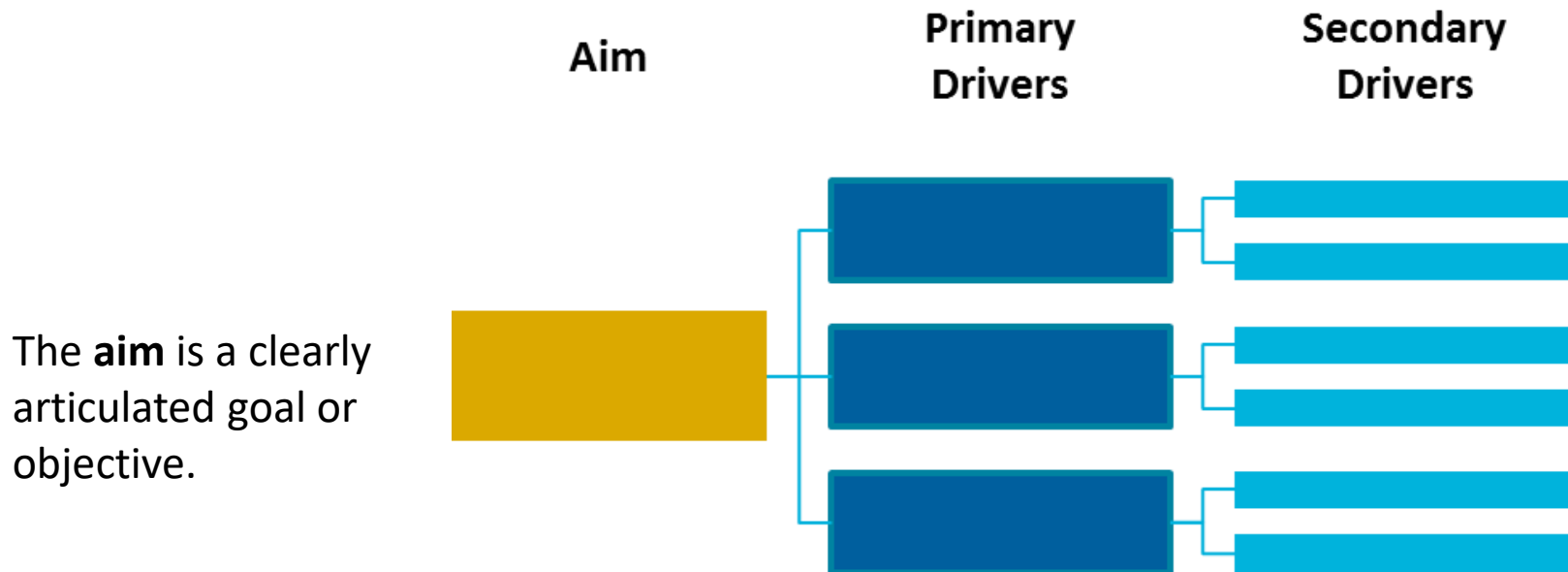
IHI's Model for Improvement

How Does Quality Improvement Help Your Work?



Quality Improvement Tool: The Driver Diagram

A **driver diagram** is a visual tool. It shows what contributes to an improvement aim.



Primary drivers are system components or factors that contribute directly to achieving the aim.

Secondary drivers are actions, interventions, or lower-level components necessary to achieving the primary drivers.

Building a Driver Diagram: Step-by-Step

- 1 Agree on the project “aim.”
- 2 Brainstorm all of the system elements, or drivers, that team members feel are necessary to achieve the aim.
- 3 Logically group the drivers and define high-level “headers” that summarize the groups.
- 4 Check the drivers for duplicates, clarity, missing elements, and team consensus.
- 5 Use arrows to show cause-and-effect relationships.
- 6 Define the interventions or strategies that the project will use to have an impact on the drivers.
- 7 Define project measures for tracking progress.
- 8 Review and update driver diagrams regularly.

Questions?



**Please send us
any questions
through the text
box feature.**

Progesterone Project Clinical Diagram

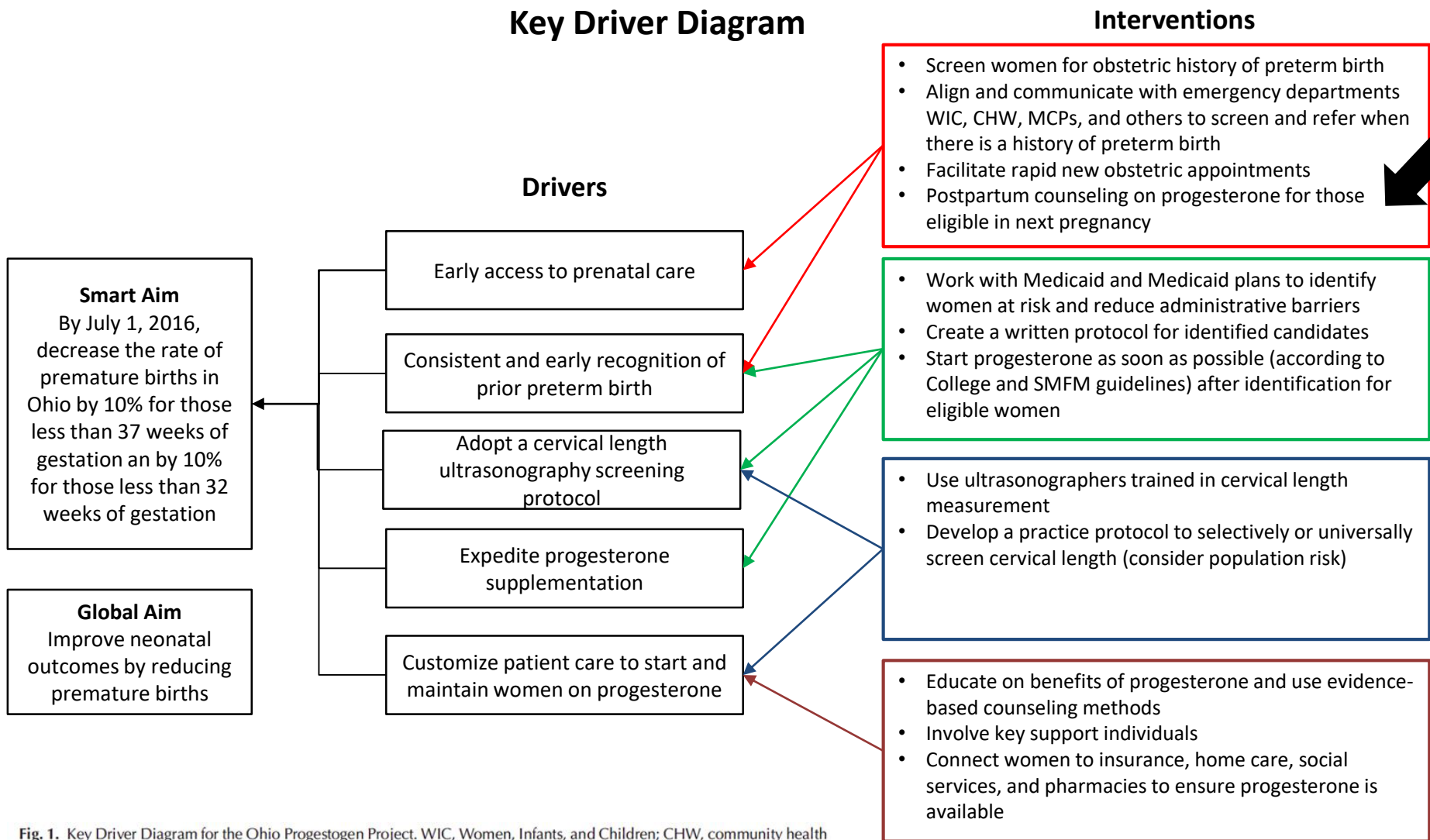
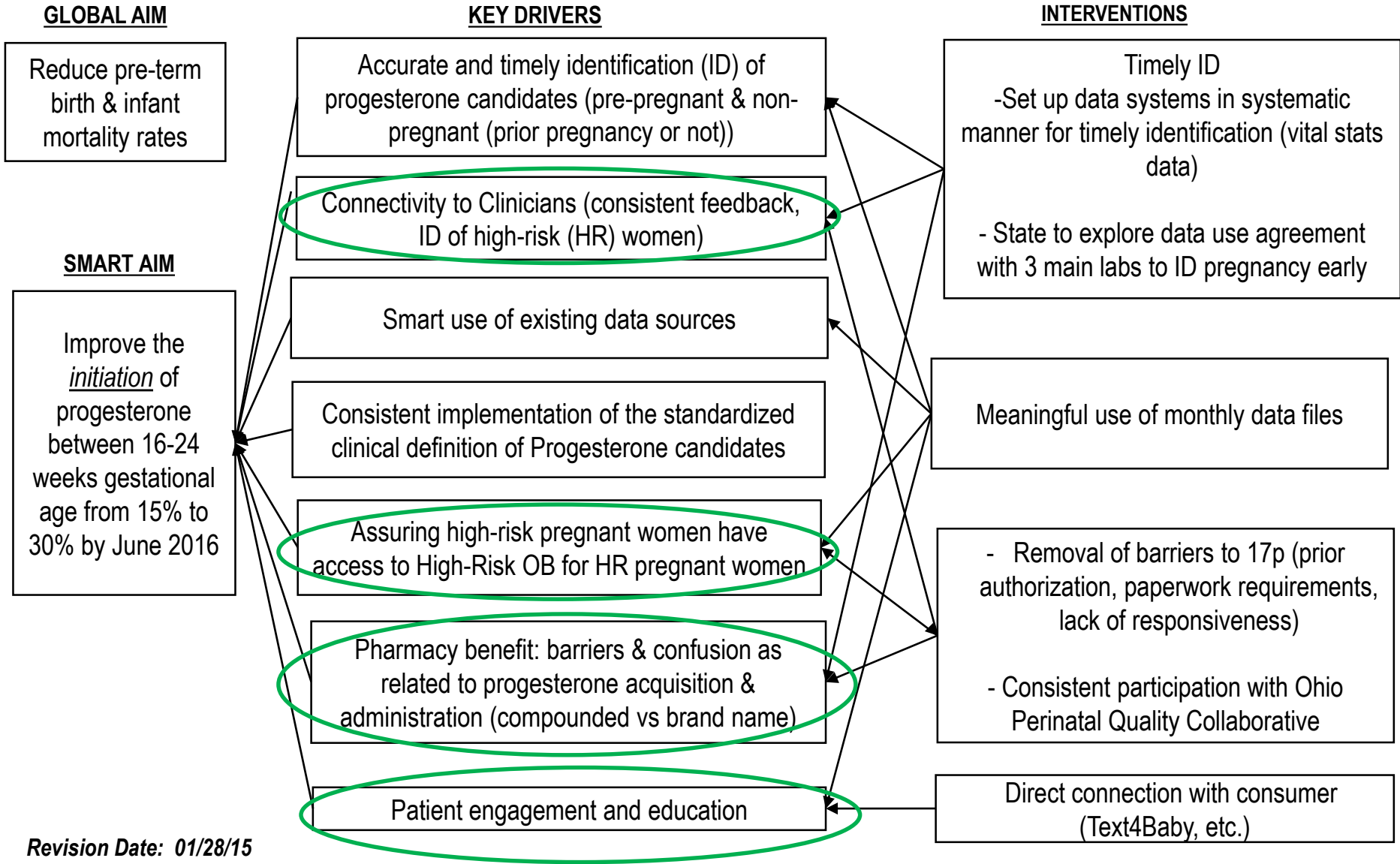


Fig. 1. Key Driver Diagram for the Ohio Progesterone Project. WIC, Women, Infants, and Children; CHW, community health workers; MCP, managed care plan; College, American College of Obstetricians and Gynecologists; SMFM, Society for Maternal-Fetal Medicine.

Jama. A Statewide Progesterone Promotion Program. Obstet Gynecol 2017.

State-level Progesterone Initiation Performance Improvement Project (PIP)



Revision Date: 01/28/15

State-level Progesterone Initiation Performance Improvement Project (PIP)

GLOBAL AIM

Reduce pre-term birth & infant mortality rates

KEY DRIVERS

Accurate & timely identification of progesterone candidates

Connectivity to clinicians

Data support

Confusion related to progesterone acquisition & administration (compounded vs brand name)

Patient engagement & education

Ensuring insurance coverage

INTERVENTIONS

Standardized communication between provider & managed care plans (MCP)

Meaningful use of monthly data files (e.g. redetermination file; vital statistics-claims linkage)

Consistent & standardized clinical definition of progesterone candidates

FAQ Sheet for providers re: Medicaid Redetermination

Verification of insurance status at registration

Removal of prior authorization on progesterone

MCP assistance in managing eligibility continuity during pregnancy

Provider education regarding 340 B pricing

Provider education regarding progesterone coverage (FFS and MCPs)

SMART AIM

Improve the *initiation* of progesterone between 16-24 weeks gestational age from 15% to 30% by **December 31, 2016**

Revision Date: 09/21/15

Key
 White box = Planned intervention
 Green shaded = What we're working on right now
 Grey shaded = Completed interventions

State-level Progesterone Performance Improvement Project (PIP)

GLOBAL AIM

Reduce pre-term birth & infant mortality rates

KEY DRIVERS

Accurate & timely ID of progesterone candidates

Build trusting partnerships

Patient engagement & education

Outreach to & involvement of unconventional partners

Ensuring insurance coverage

Rx acquisition & administration simplification

INTERVENTIONS

Web-based Pregnancy Risk Assessment Form & Standardized Communication (PRAF 2.0) between Provider, County & MCP

- Streamlined
- ID of social determinants of health
- Prescription
- Home Health referral
- MCP feedback to provider

Meaningful use of data

ID & appropriate follow-up for progesterone candidates identified prior to 16 weeks gestation ("early birds")

- Notification of County Department of Job and Family Services Pregnancy Related Services coordinators of member pregnancy to delay redetermination
- Dedicated County staff & mailboxes

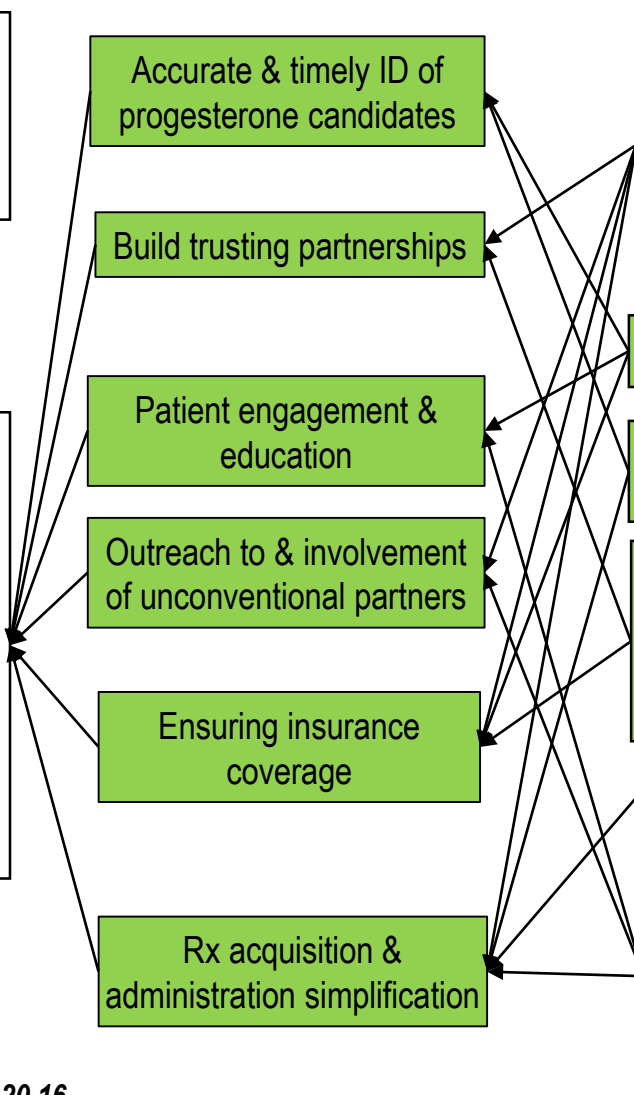
Education around billing, acquisition & administration

Coordination between Provider, MCP-contracted Home Health Agencies, & Specialty Pharmacy

- Warm handoffs
- In-office scheduling
- Combining calls for scheduling

SMART AIM

Improve the *initiation* of progesterone between 16-24 weeks gestational age from 15% to 30% by December 31, 2016



Revision Date: 10.20.16

Intervention Key

White box = Planned Grey shaded = Completed
 Green shaded = Current

Pregnancy Risk Assessment Form and Notification System (PRAF 2.0)

System Changes

Develop System

Medicaid Expansion

Get everyone in the system

Presumptive Eligibility

Identify Risk

Linked Claims-Vital Statistics Files to MCPs

Provide Enhanced Services

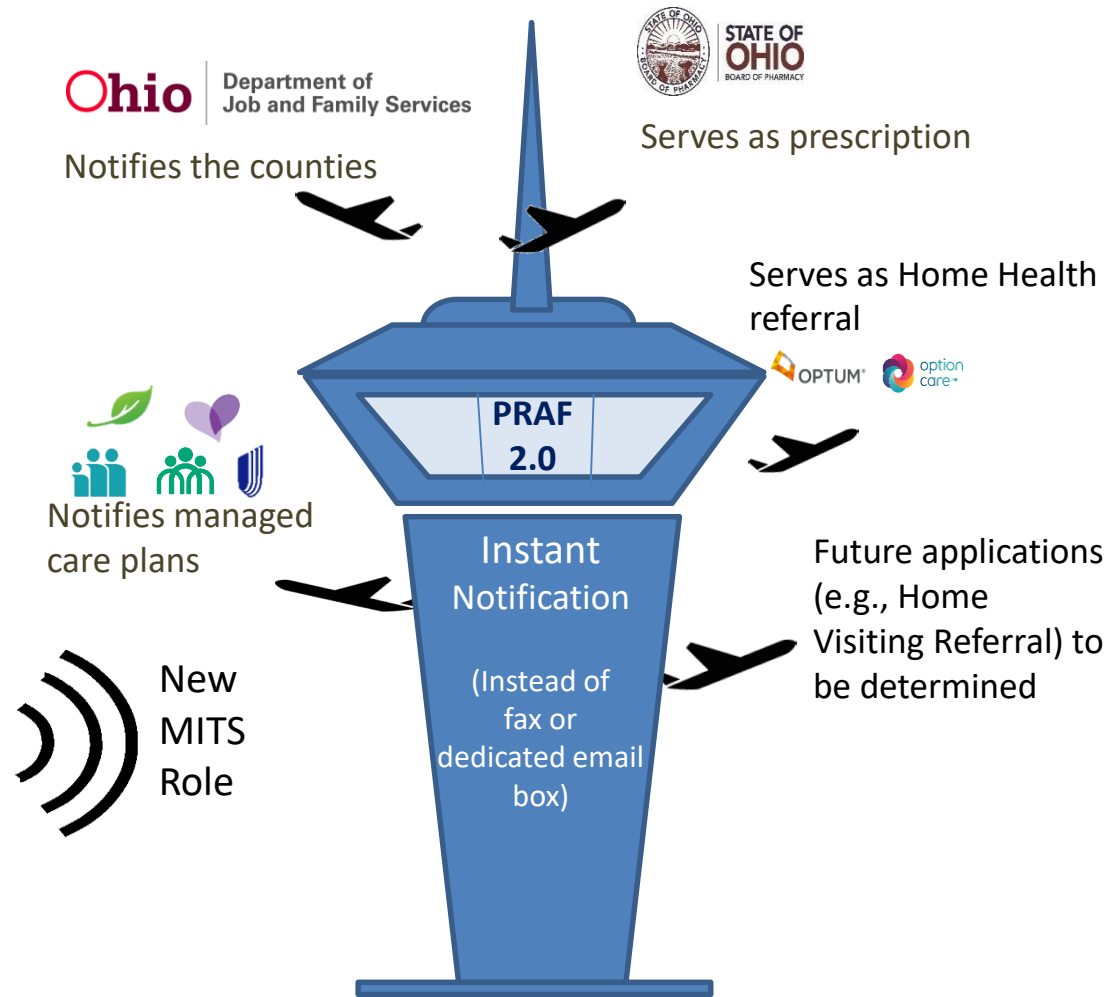
Enhanced Care Management

Improve Communication

Single "Skinny Form"

Build Trust

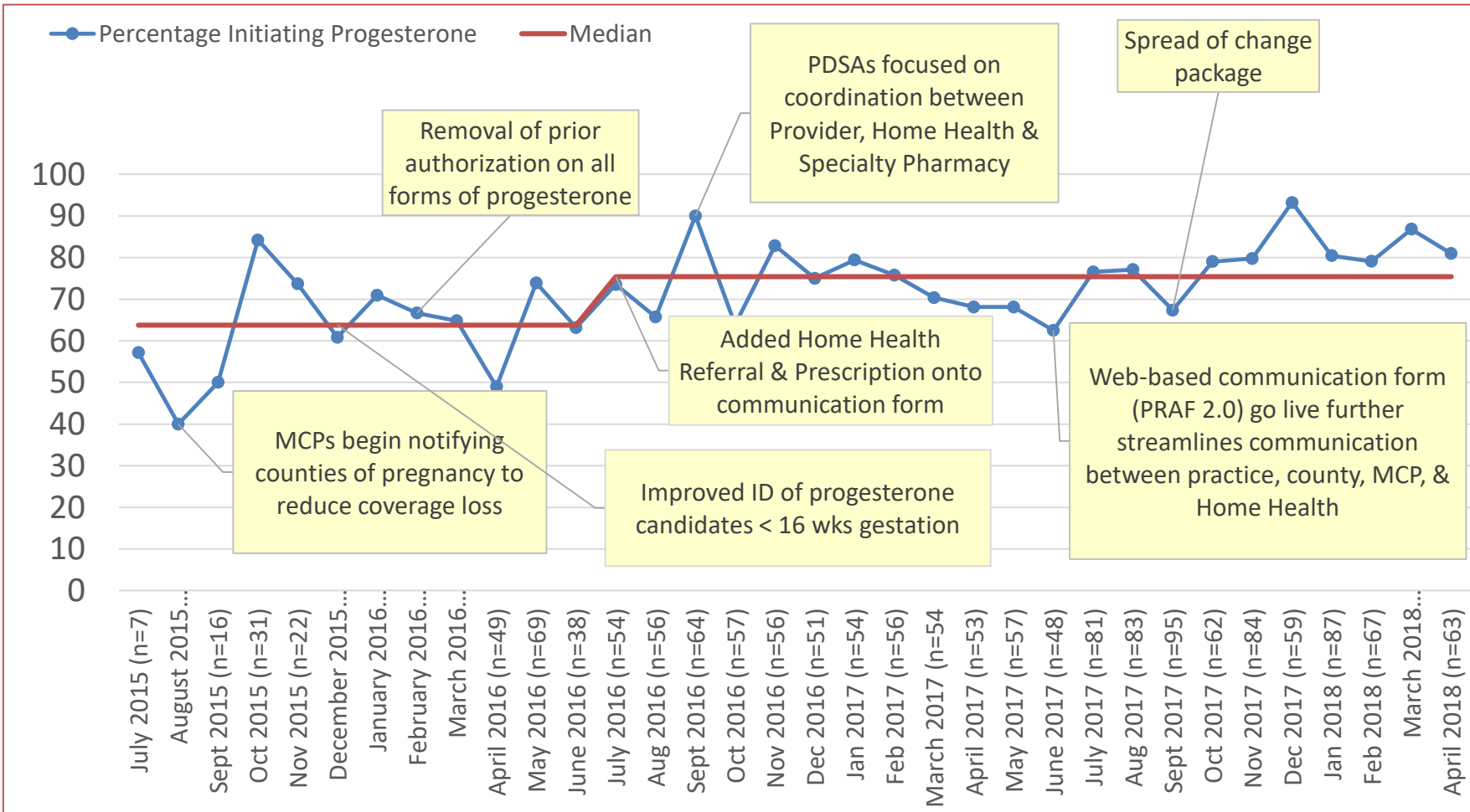
Removal of Prior Authorization
Standardized Coverage



Measures

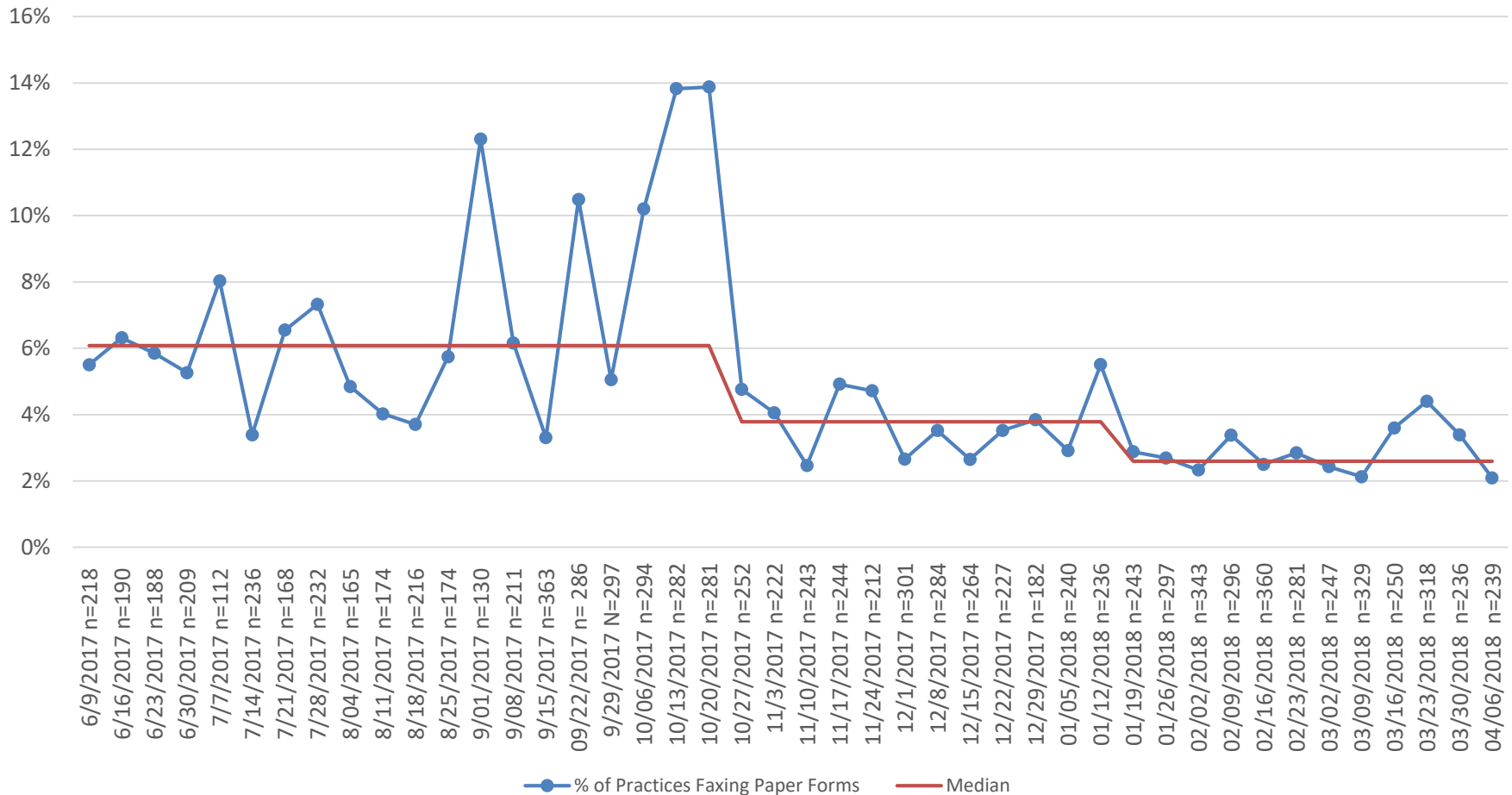
- Outcome measure
 - The percentage of women eligible for progesterone who receive progesterone between 16 and 24 weeks gestational age
- Process measures
 - % of PRAF forms received that are still being faxed rather than completed online
 - # of days from ordering progesterone to receipt (home health injection, prescription filled, appointment made)—MCPs receive from contracted home health entities
 - # of pregnant women losing coverage during pregnancy

Percentage of Progesterone Candidates who Accepted Progesterone by Month (July 2015-March 2018)



Process Measure Example: Percent of forms that are paper (rather than PRAF 2.0)

Percent of Forms that are Paper (rather than PRAF 2.0) by Week



Lessons Learned

- QI tools like key driver diagrams (KDDs) are not static, but iterative
- Using the same standardized tools and language helps the effort/communication with multiple partners
- A one-page KDD helps parties see the work, including gaps, duplication, and parts that may not be assigned to the partner.
- Gaining deeper understanding of all the issues through QI efforts is helpful before developing policy (e.g., removal of PA for progesterone)
- The rapid cycle is weekly iterative testing and monthly data interpretation and broader discussion

Questions and Answers



Q&A: What do you think?

What questions do you have for Dr. Applegate?

How can your team get started?

These are a few questions we often ask teams that are new to quality improvement. Try taking these back to your workgroup or team:

1. **What is the problem that we are trying to solve with this delivery system reform?**
2. **Who is the target population of improvements or changes?**
3. **What is the success that we hope to report to leadership and after how long (e.g. 2 years, 5 years, etc.)?**
4. **How will we know whether we were successful or not? What data or information would we look at to know?**

Now it's your turn! Try talking to your team about these questions and the other quality improvement ideas that we've discussed today!

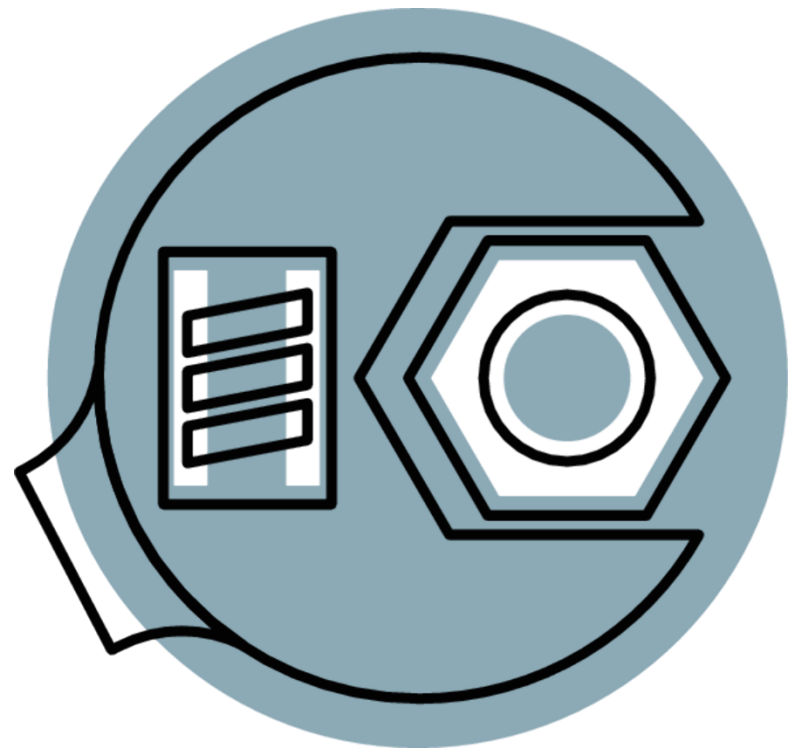
Join us in September for Part 2!

Learn more about **HOW** we can use quality improvement in delivery system reform:

- What types of work might we want to use quality improvement?
- How can we begin measuring what is working and what is not?

During Part 2, you can expect to:

- Learn more from your **other states' experience** using quality improvement tools and methodologies
- Learn how to use a driver diagram to develop an **iterative testing or PDSA plan**
- Discuss **opportunities to use quality improvement** in the work you are already doing



Thank you for joining! We want to hear from you!

- Complete the survey that appears at the conclusion of this event.
- Reach out with any additional questions. We are here to help support your learning.
- Let us know if you have ideas for additional quality improvement learning opportunities!

