

# Infant Well-Child Visit Learning Collaborative

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

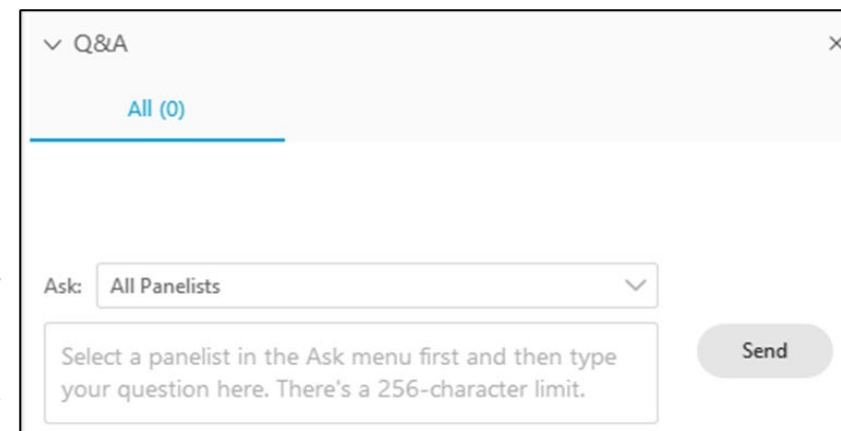
**September 10, 2021**

---

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**



Q&A

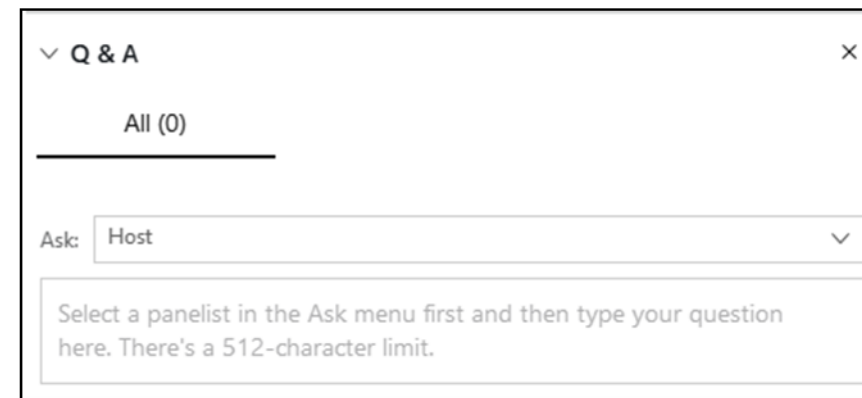
All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

Two red arrows point from the text in the list above to the 'All Panelists' dropdown and the text box in this screenshot.



Q & A

All (0)

Ask: Host

Select a panelist in the Ask menu first and then type your question here. There's a 512-character limit.

A red arrow points from the text in the list above to the 'Host' dropdown in this screenshot.

# Webinar Slides and Recordings

---

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

<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html>

# Agenda

Topic	Speaker(s)
Housekeeping and Agenda	Alyssa Bosold, Mathematica
Welcome and Objectives	Deirdra Stockmann, CMS
Overview of the Infant Well-Child Visits Learning Collaborative	Jodi Anthony, Mathematica
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

---

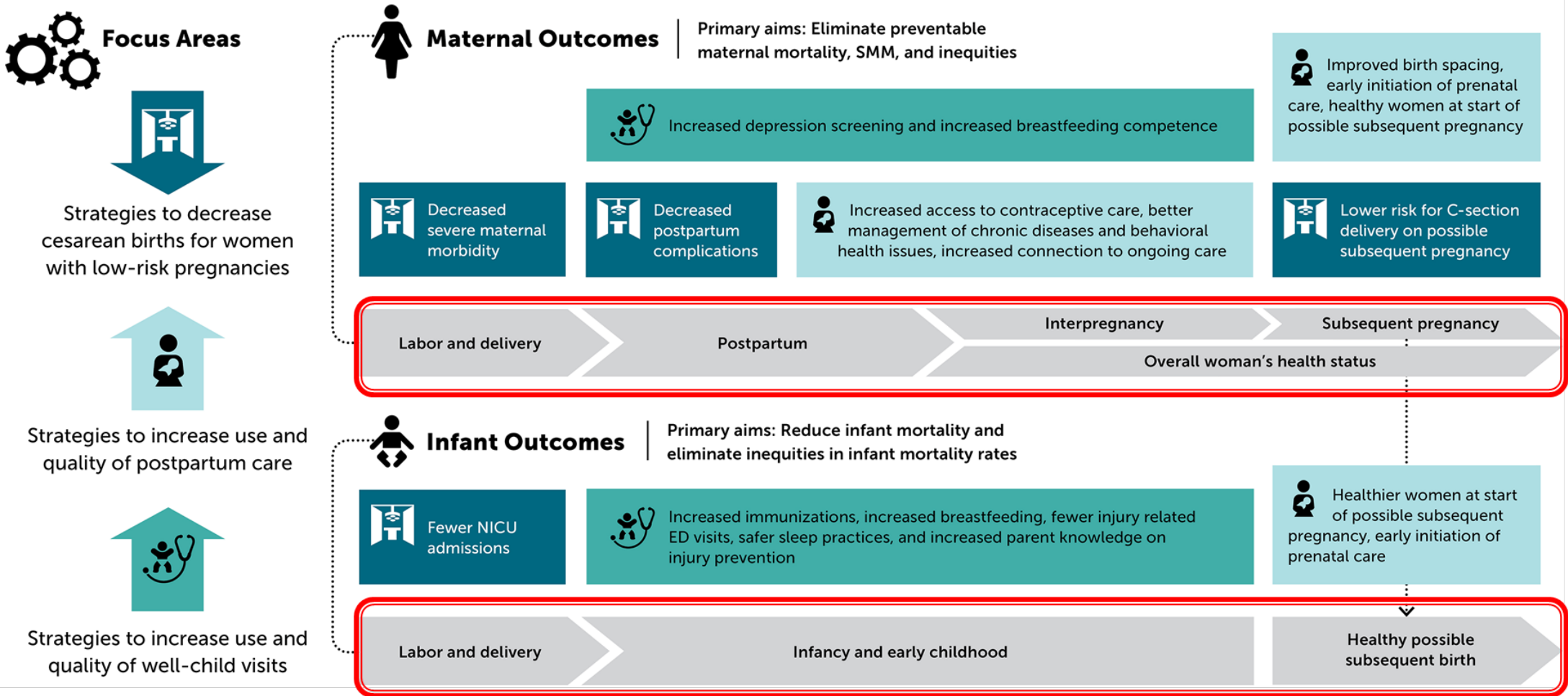
- Describe the Infant Well-Child Visit Learning Collaborative
- Consider state Medicaid and CHIP program high-leverage strategies to improve use and quality of visits
- Learn about specific strategies in two state Medicaid and CHIP delivery systems

---

# Infant Well-Child Learning Collaborative Overview

Jodi Anthony, Mathematica

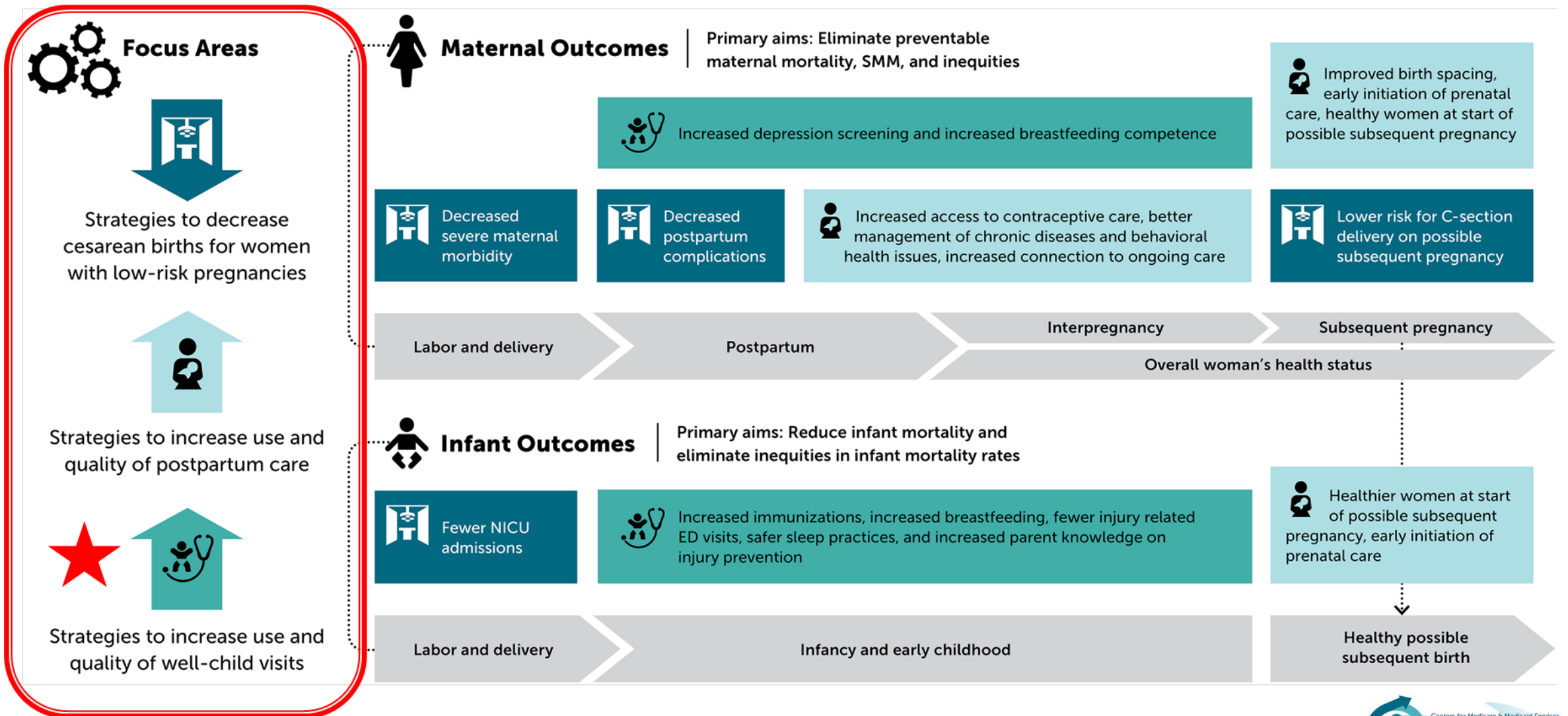
# Maternal and Infant Health Initiative Theory of Change



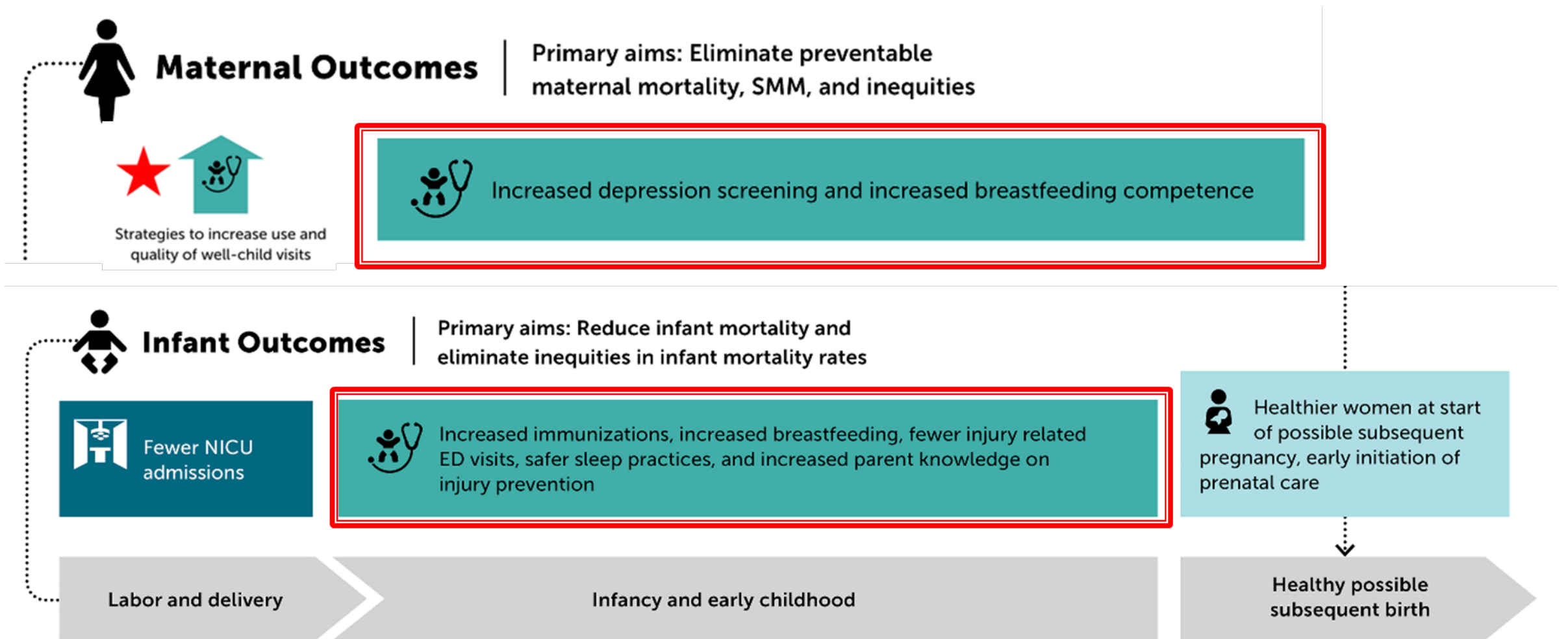
C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity



# Focus Areas to Improve Maternal and Infant Health Quality



# Focus Areas to Improve Maternal and Infant Health Quality



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
- EOI due September 30, 2021 (more information available at the Well-Child Care page on Medicaid.gov, <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html>)

# Improving Infant and Child Health

---

Glory Dole, BSN, MA, RN  
Compliance Section Manager  
Medicaid Programs Division  
September 10, 2021

# 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

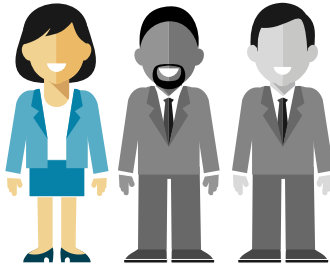
# About HCA

## The state's largest health care purchaser

---

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

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



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

# 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 75<sup>th</sup> percentile
- ▶ Postpartum care
  - ▶ All five managed care plans
  - ▶ 4 out of 5 of plans above 75<sup>th</sup> 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 75<sup>th</sup> 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

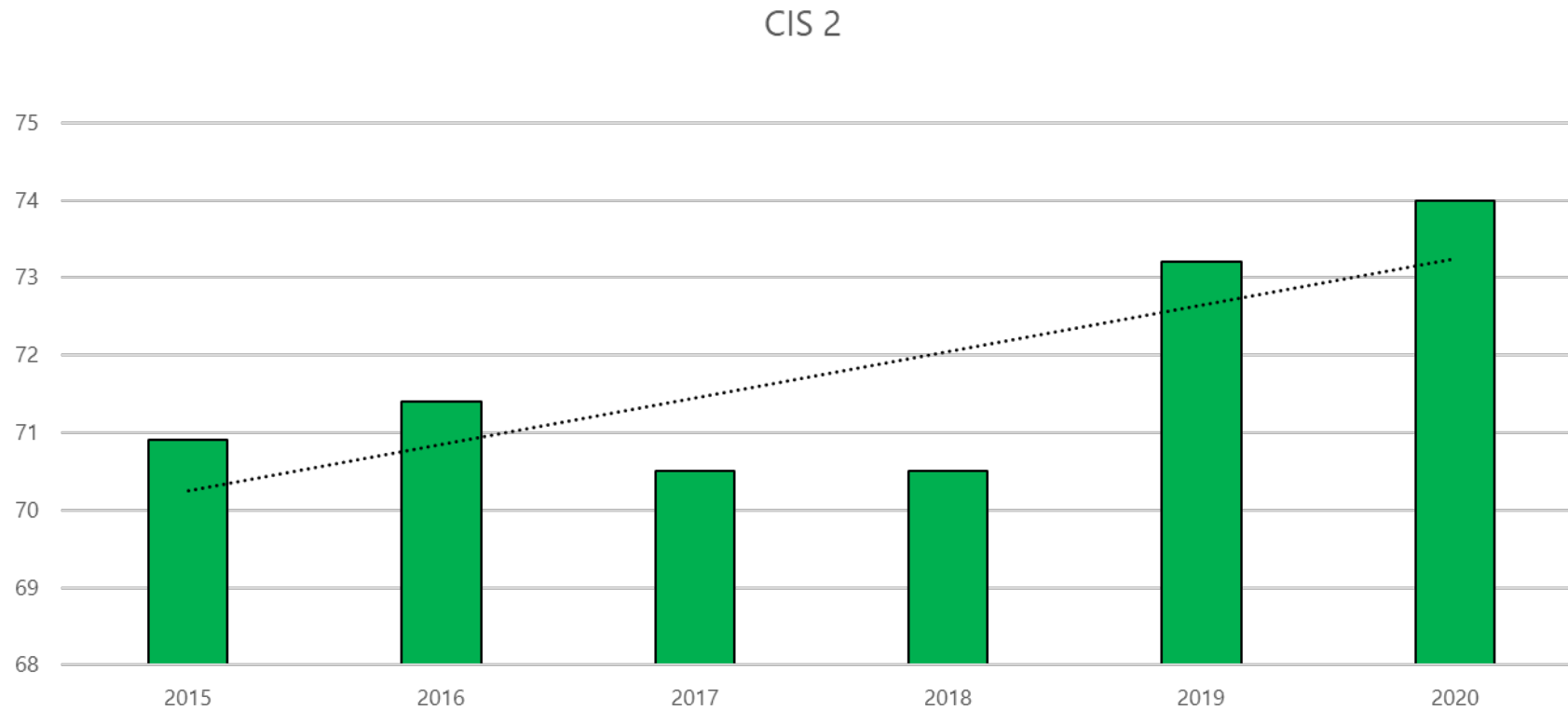
---

## 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

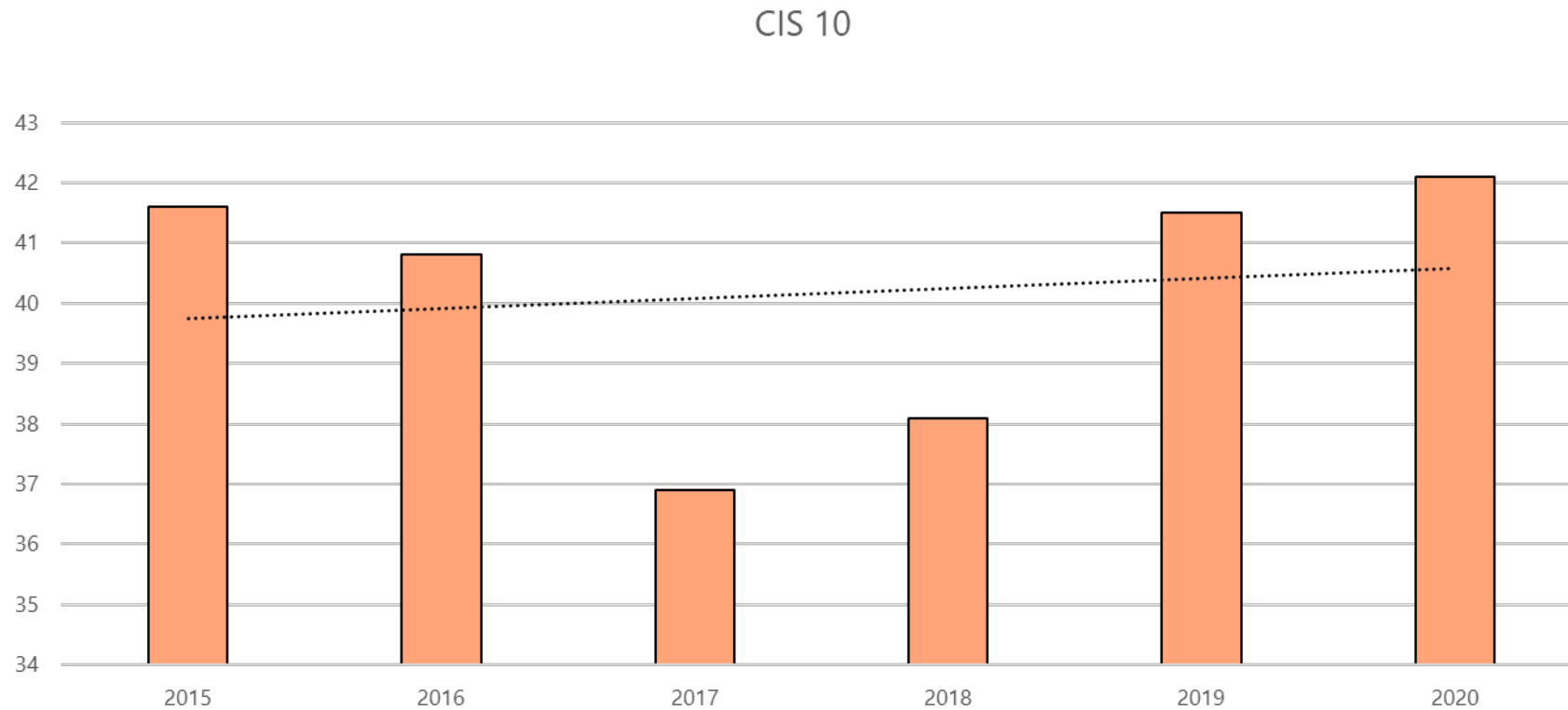
# Childhood Immunization Status - Combo 2 for all plans

---

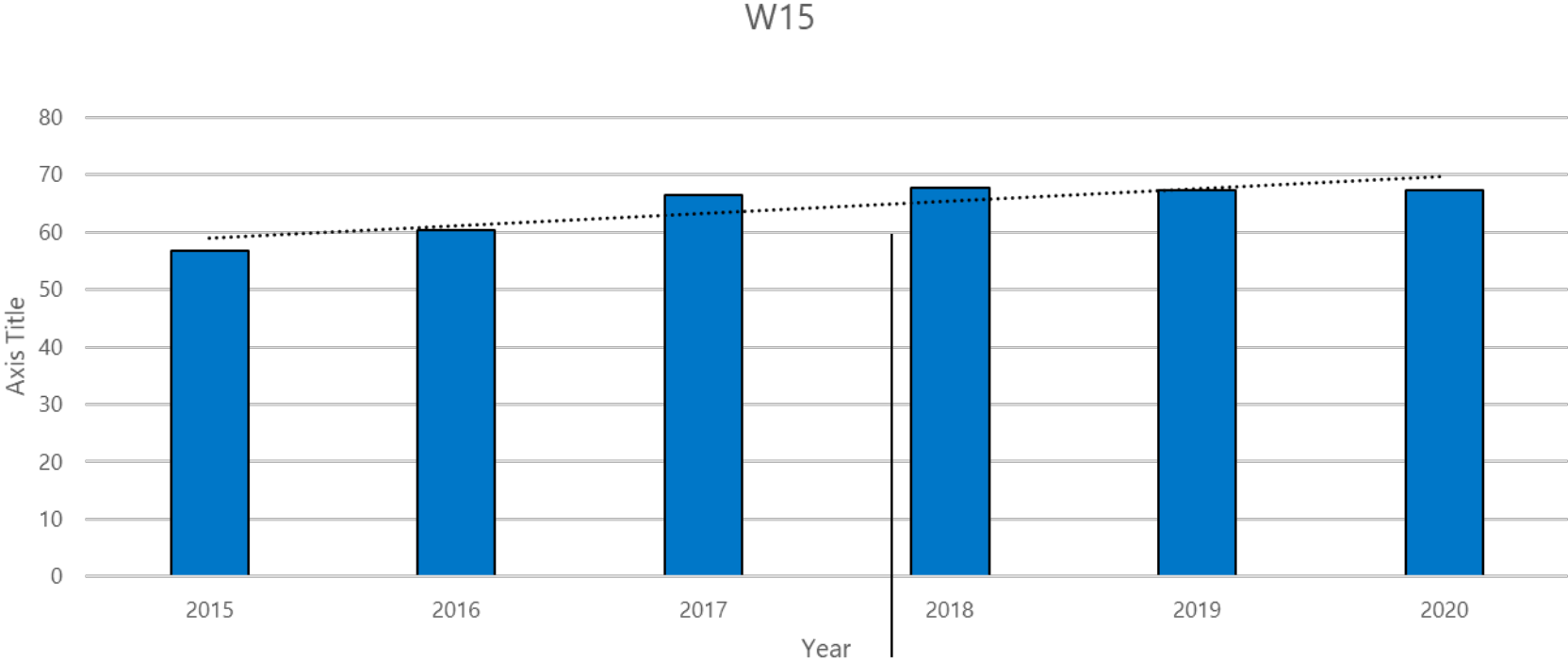


# Childhood Immunization Status - Combo 10 for all plans

---



# 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

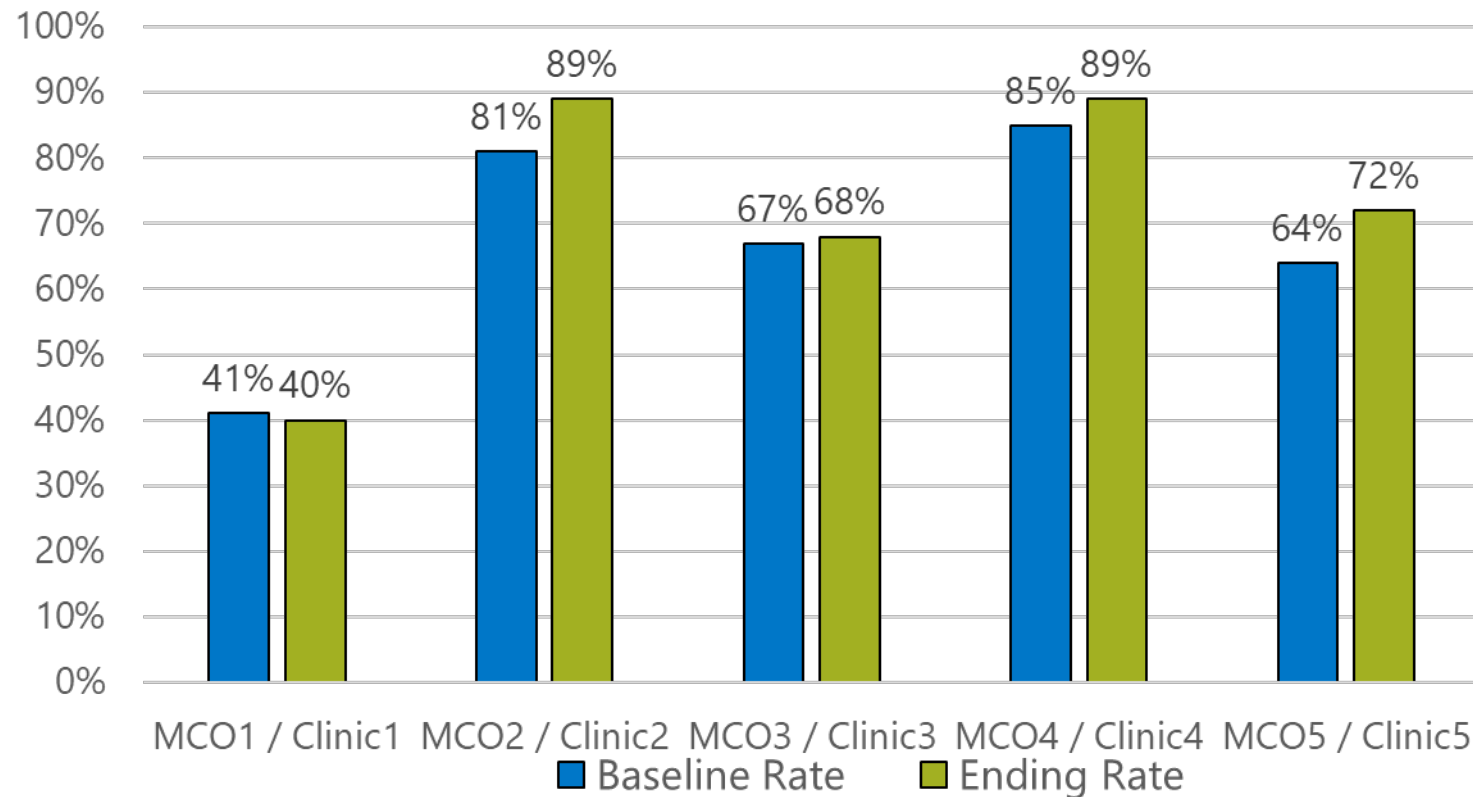
---

- ▶ 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)



# Parent focus group comments

---

**Stigma of Medicaid**

**Appt is too short and not useful**

**Language and culture differences**

**Work and school schedules don't allow time for appt**



**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

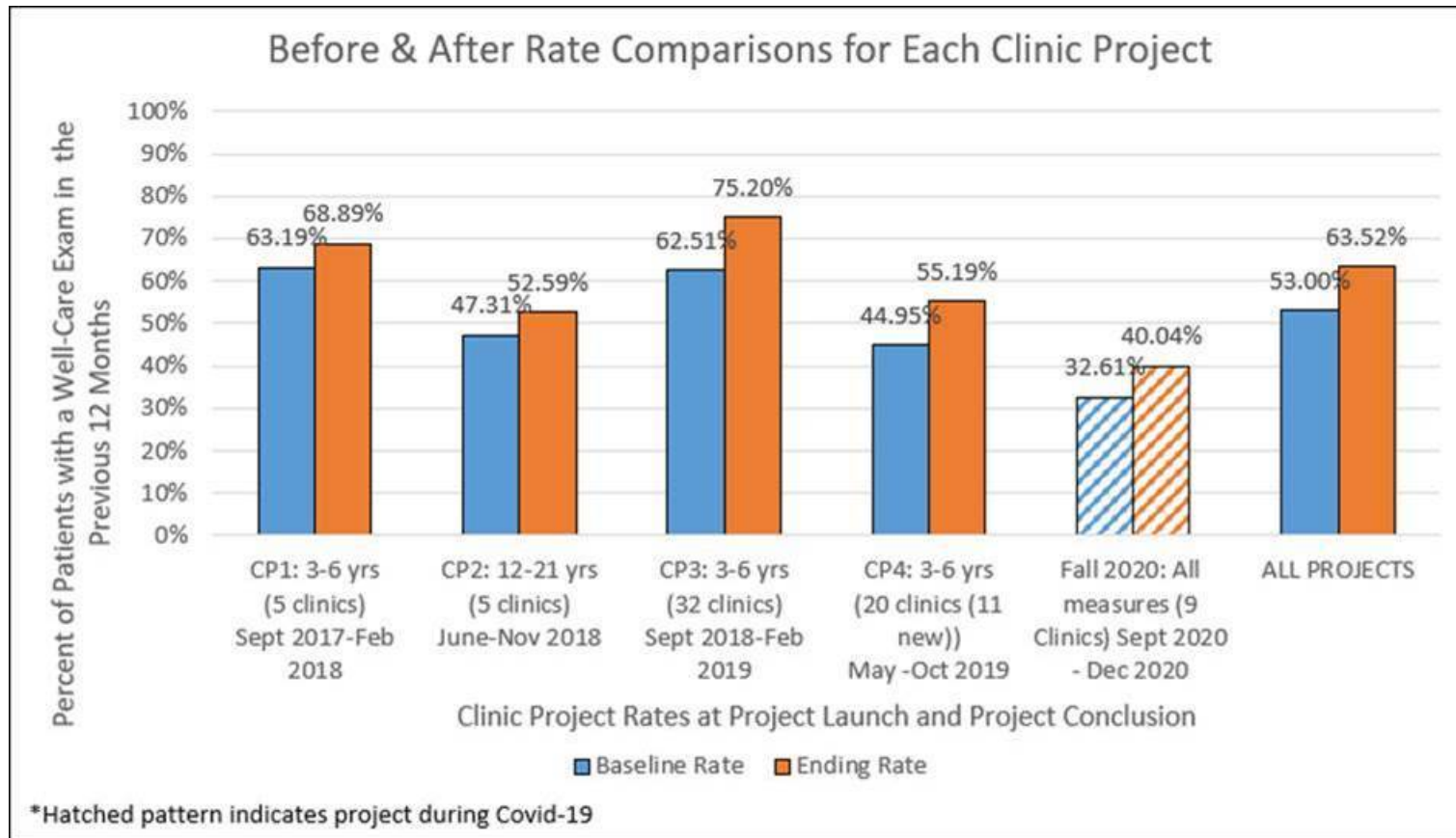
# Clinic Pilot 4

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



# 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

County	Numerator	Denominator	Rate
Spokane	17,366	46,853	37.06%
King	36,087	136,542	26.43%
Statewide	190,483	725,860	26.24%

# 2020: Performance measures for infants (W15)

---

Year	Administrative rate	Final HEDIS rate
2018	57.3%	67.7%
2019	59.9%	67.4%
2020	54.1%	(54.08, est.)

# Outreach materials

- ▶ Variety of flyers
- ▶ Distributed Fall 2020
- ▶ Translated into:
  - ▶ Spanish
  - ▶ Russian
  - ▶ Vietnamese

**WELL-CHILD CARE IS IMPORTANT, EVEN DURING A PANDEMIC**

A well checkup is valuable for **growth, development, and early detection**.

It also helps kids with **learning success and behavioral support**.

Insured children in Washington can get a **free** health check-up every year.

Many clinics in Washington have made changes to protect patients and families during the pandemic. Call your clinic for details.

**Schedule a well checkup today!**

If you need help finding a clinic or scheduling a visit, call your insurance company. If you need help finding insurance go to [wahealthplanfinder.org](http://wahealthplanfinder.org).



Publication 141-026 Sep 2020  
To request this document in another format, call 1-800-825-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

Washington State Health Care Authority

Washington State Department of Health



# Social media messaging (English and Spanish)



 Washington State Department of Health  5 h · 

Did you know insured children in Washington get a FREE health check-up every year? A well-child checkup is valuable for growth, development, and early detection. It also helps kids with learning success, and behavioral support.

If you need help finding a clinic or scheduling a visit, call your insurance company. If you need help finding insurance go to [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).




**IS YOUR CHILD OVERDUE FOR THEIR ANNUAL CHECKUP?**

 Washington State Department of Health  5 h · 

Los niños de Washington con seguro pueden realizarse un chequeo de salud gratuito todos los años. Los chequeos de salud son de gran valor para controlar el crecimiento y el desarrollo, detectar enfermedades de manera temprana, obtener apoyo conductual y lograr el éxito en el aprendizaje.

Si necesita ayuda para encontrar una clínica o programar una visita, llame a su compañía de seguros. Si necesita ayuda para encontrar un seguro, ingrese en [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).



# 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](mailto: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
- **Multipayer Payment Reform**
  - Episodes of Care
  - PCMH

# Medicaid PCMH Program

	Practices (PCMHs)			PCPs			Beneficiaries		
	Enrolled	Total	Enrolled%	Enrolled	Total	Enrolled%	Enrolled	Total	Enrolled%
<b>2014</b>	123	259	47%	659	1074	61%	295,000	386,000	76%
<b>2015</b>	142	250	57%	795	1010	79%	344,000	413,000	83%
<b>2016</b>	172	261	66%	981	1156	85%	326,000	379,000	86%
<b>2017</b>	192	252	76%	928	1068	87%	356,087	420,625	85%
<b>2018</b>	207	257	81%	919	1101	83%	348,257	404,597	86%
<b>2019</b>	216	315	69%	894	998	90%	309,352	365,318	85%
<b>2020</b>	215	303	71%	898	1125	80%	293,906	347,026	85%



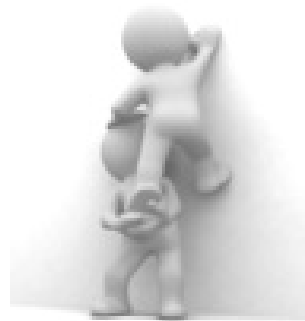
# Providers can then receive support to invest in improvements, as well as incentives to improve quality and cost of care

2/3

## 2 Practice support

Invest in primary care to improve quality and cost of care for all beneficiaries through:

- Care coordination
- Practice transformation



## 3 Shared savings

Reward high quality care and cost efficiency by:

- Focusing on improving quality of care
- Incentivizing practices to effectively manage growth in costs



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

Activity	Commit to PCMH	Start your journey	Evolve your processes	Continue to innovate	
	Month 0-3	Month 6	Month 12	Month 16-18	Month 24
1 Identify office lead(s) for both care coordination and practice transformation <sup>1</sup>	●				
2 Assess operations of practice and opportunities to improve (internal to PCMH)		●			●
3 Develop strategy to implement care coordination and practice transformation improvements		●			●
4 Identify top 10% of high-priority patients (including BH clients) <sup>2</sup>	●			●	
5 Identify and address medical neighborhood barriers to coordinated care (including BH professionals and facilities)		●			
6 Provide 24/7 access to care		●			
7 Document approach to expanding access to same-day appointments		●			
8 Complete a short survey related to patients' ability to receive timely care, appointments, and information from specialists (including BH specialists)			●		
9 Document approach to contacting patients who have not received preventive care			●		
10 Document investment in healthcare technology or tools that support practice transformation			●		
11 Join SHARE to get inpatient discharge information from hospitals			●		
12 Incorporate e-prescribing into practice workflows <sup>3</sup>				●	
13 Integrate EHR into practice workflows					●

● Completion of activity and timing of reporting



# Using Measures

---

- **Goals**

- Effective Analytics, Culture Change, Transformation

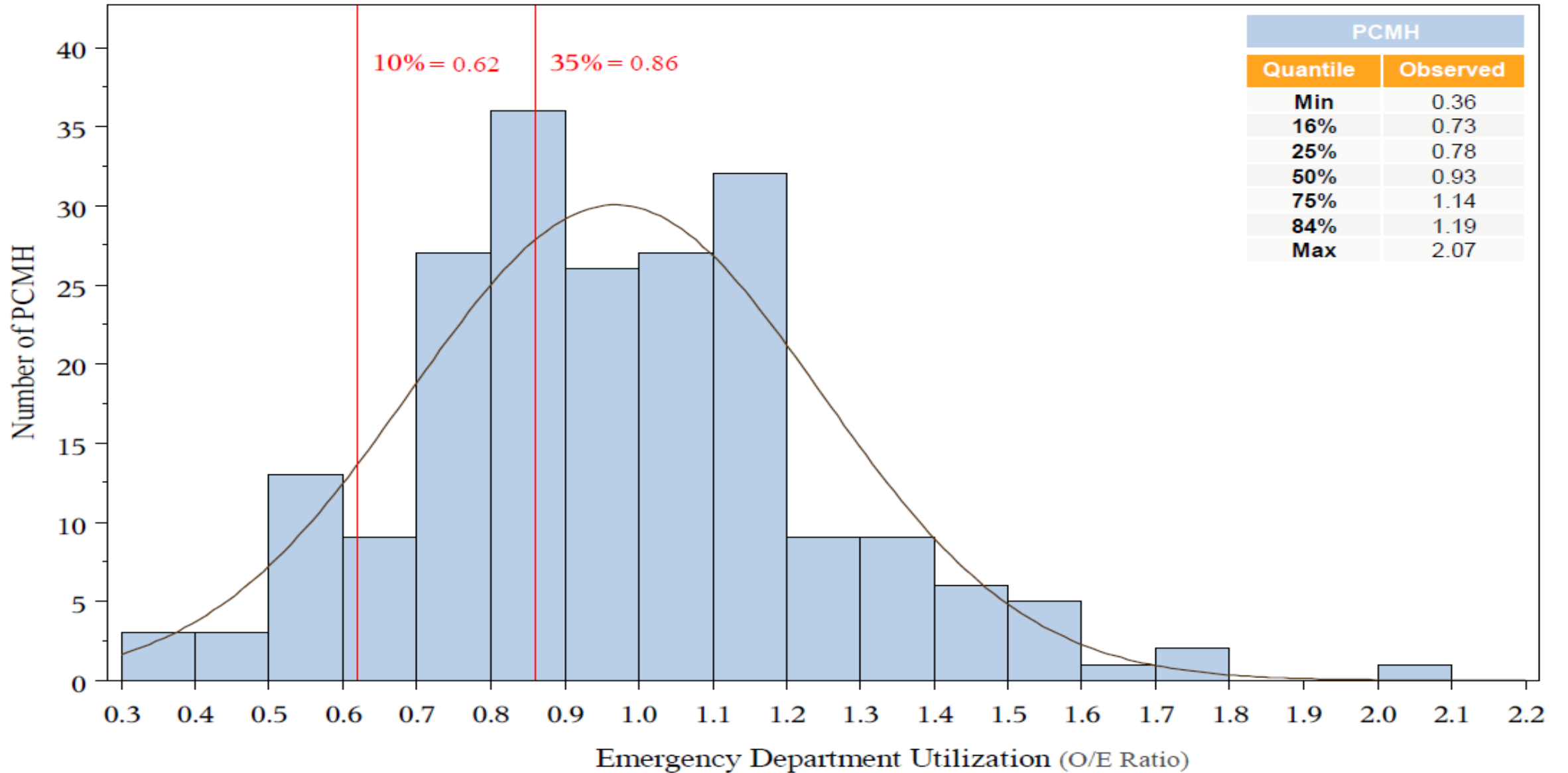
- **Effective Incentives**

- Core Activity Metrics (Tied to PMPM) – **Minimal** Performance

- Quality Metrics (Tollbooth for Incentive Dollars) – **Average** Performance

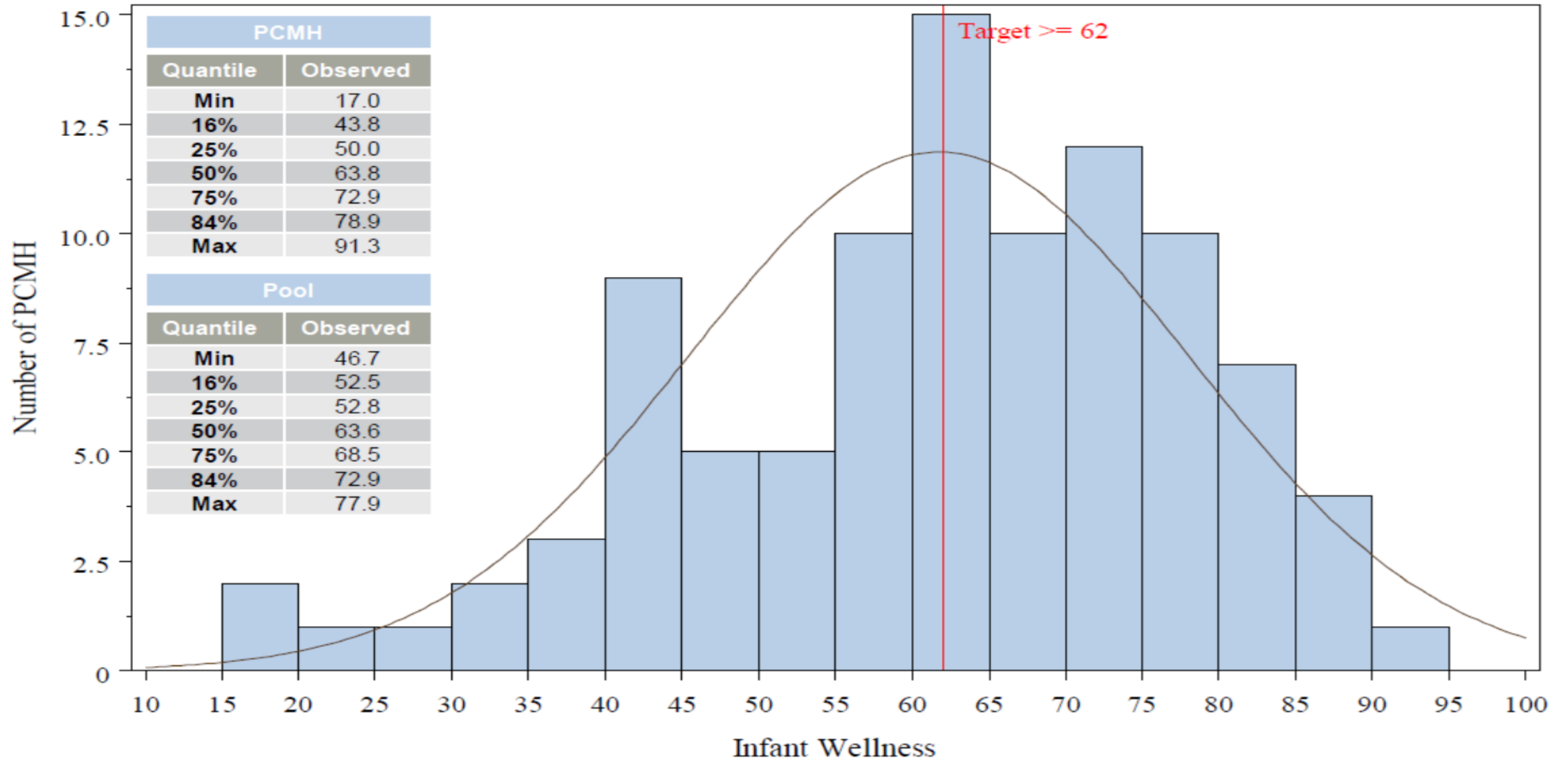
- Incentive Metrics (Performance Bonuses) – **Excellent** Performance

# PCMH EDU Distribution in CY2019 Performance Period for 2021 Configuration

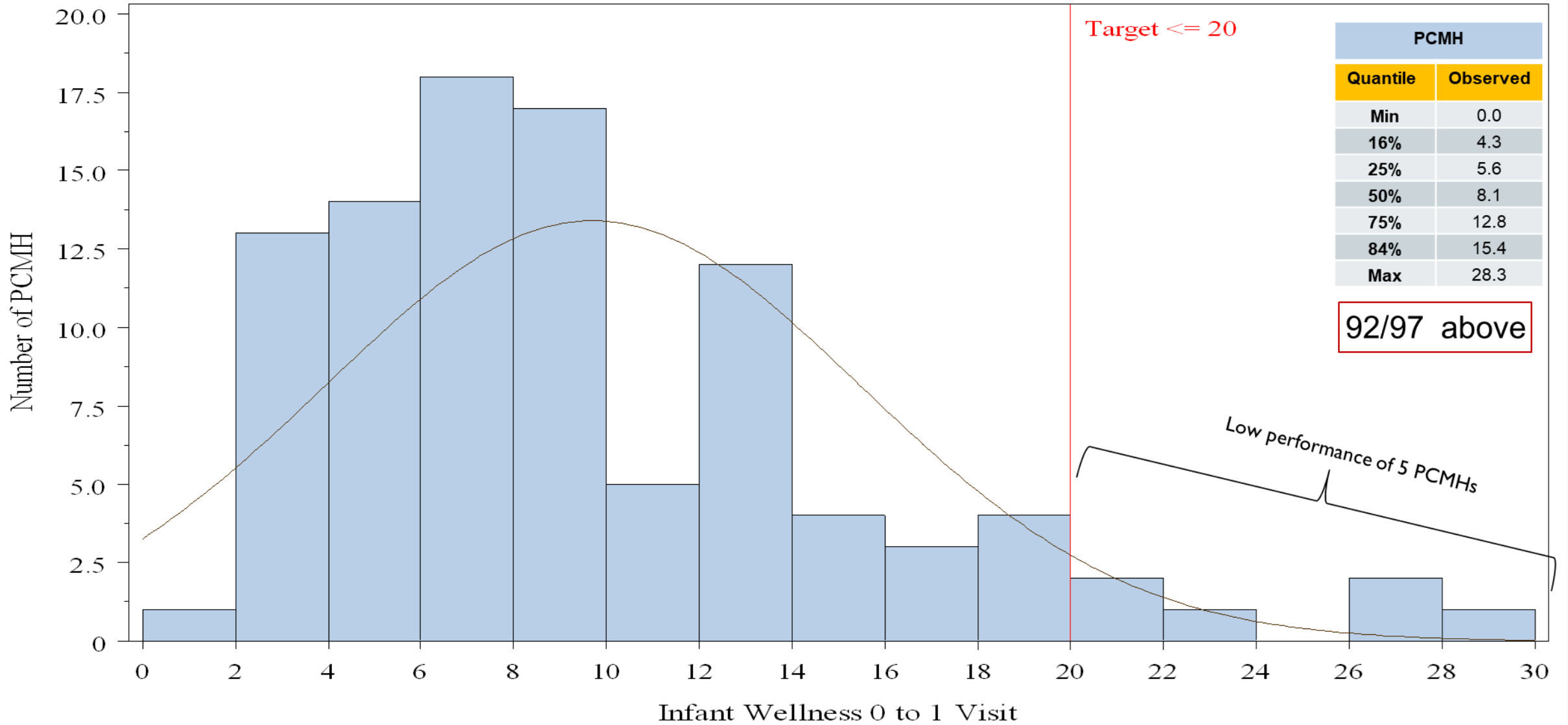


## Distribution of Infant Wellness<sup>1</sup> (5 or more visits)

### PCMH Infant Wellness Distribution in CY2017 Performance Period for 2019 Configuration

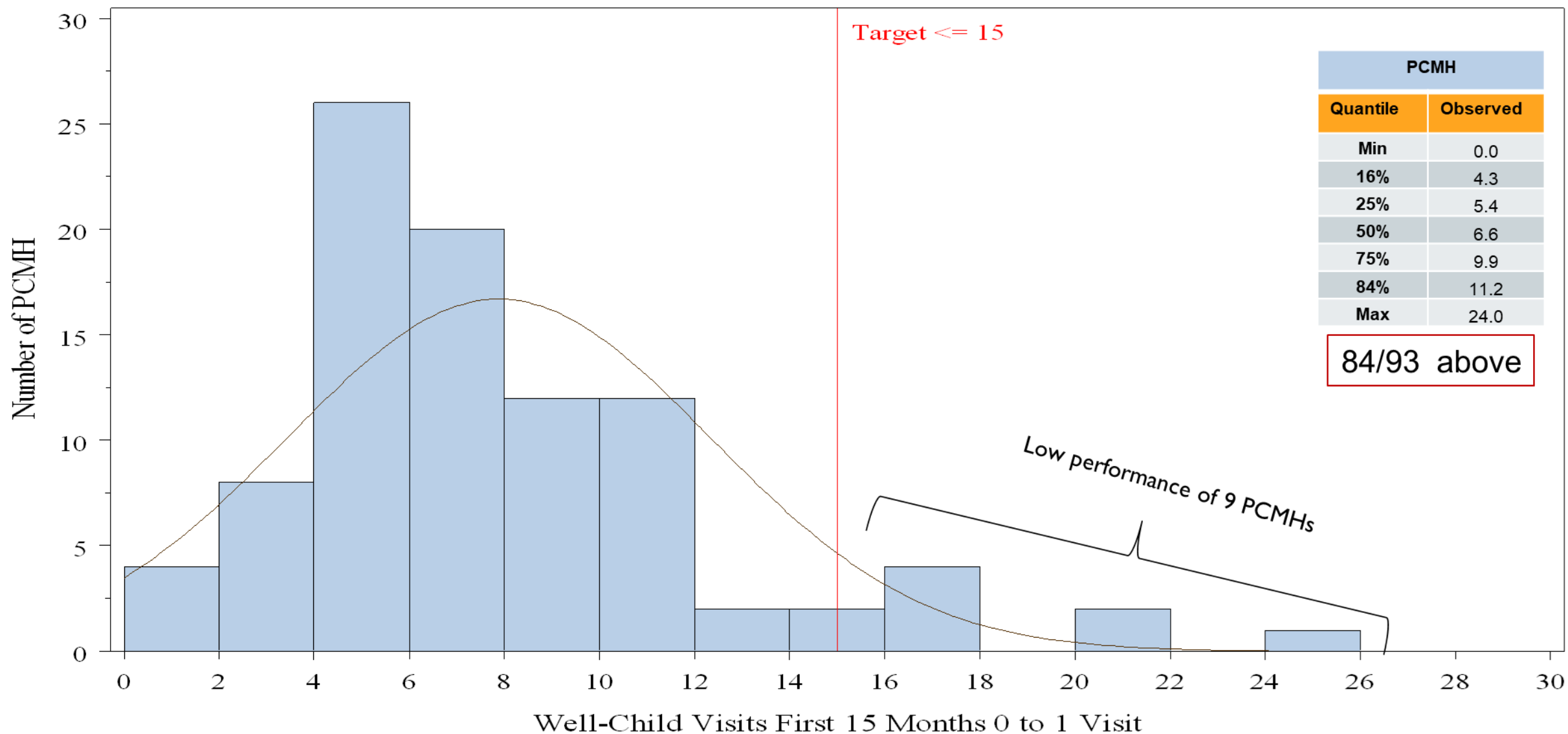


# PCMH Infant Wellness 0 to 1 Visit Distribution in CY2017 Performance Period for 2019 Configuration



1 CY2017 represents performance period of January 1, 2017 – December 31, 2017 (6 month claims run out)

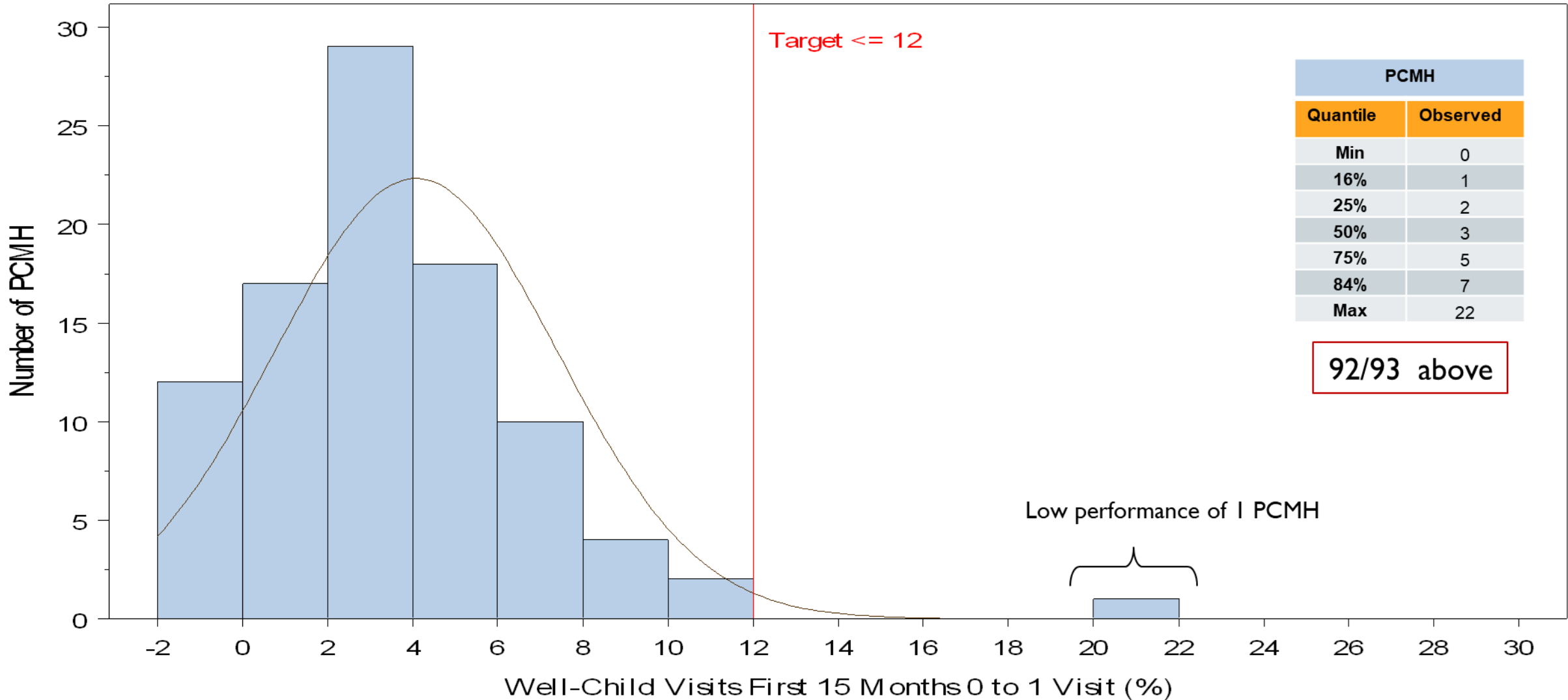
# PCMH Infant Wellness 0 to 1 Visit Distribution in CY2018 Performance Period for 2020 Configuration



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.

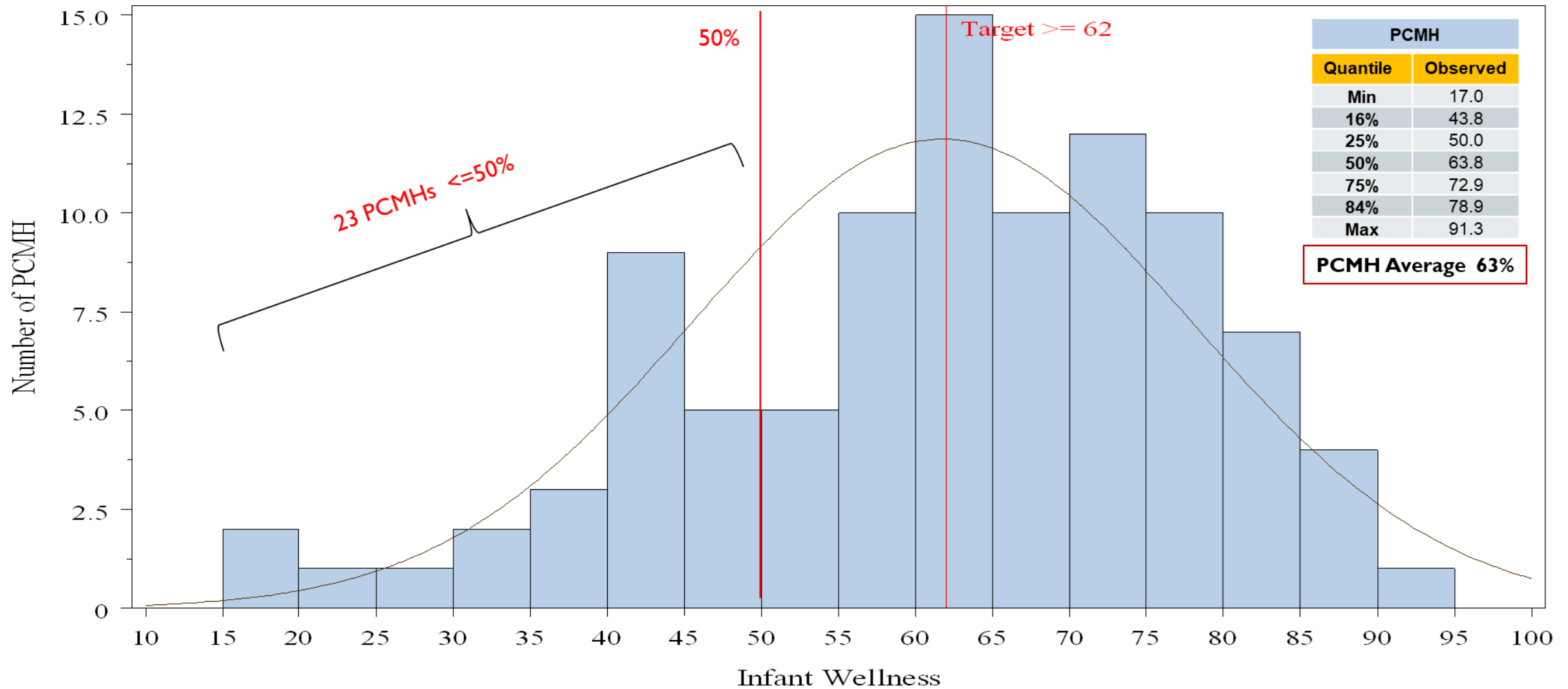
# PCMH Infant Wellness 0 to 1 Visit Distribution in CY 2019 Performance Period for 2021 Configuration



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.



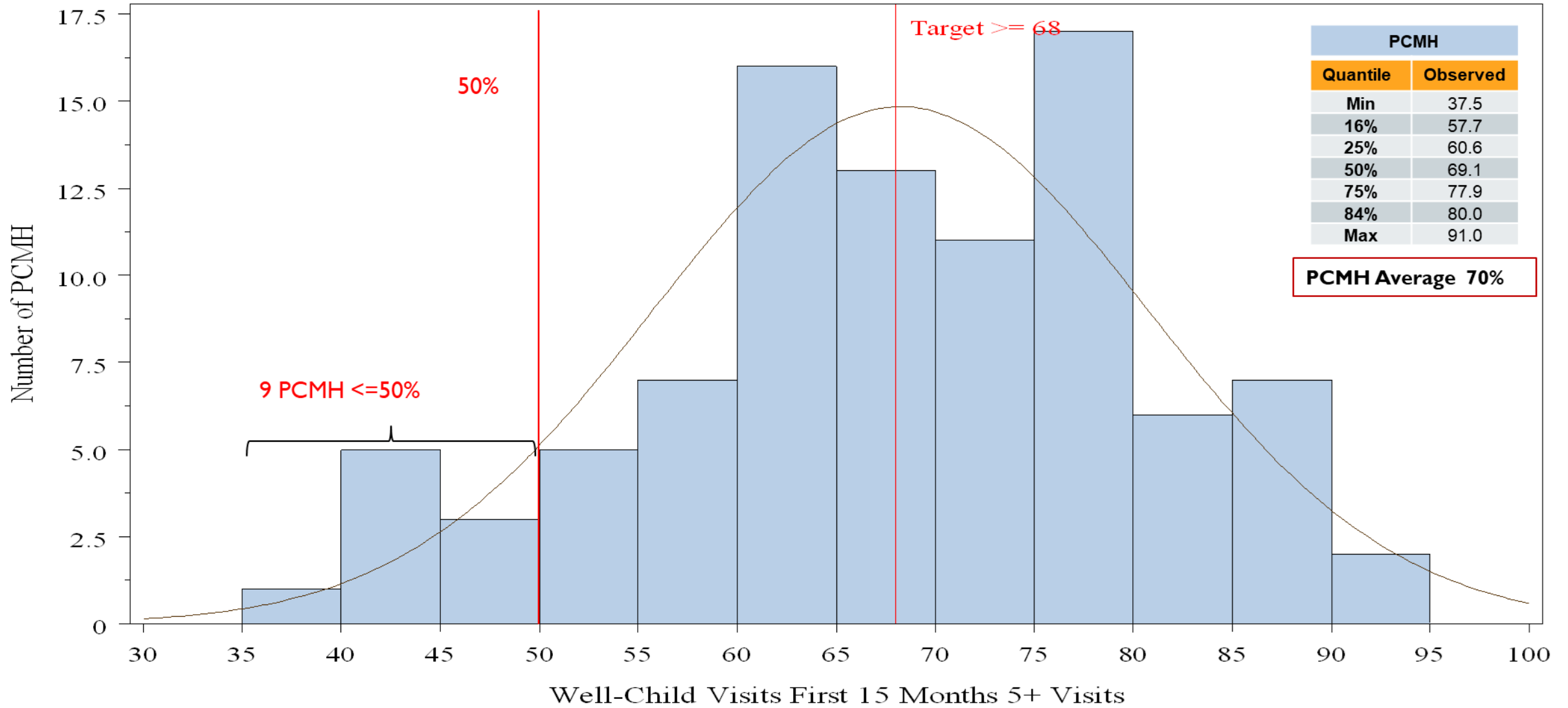
# PCMH Infant Wellness Distribution in CY2017 Performance Period for 2019 Configuration



I CY2017 represents performance period of January 1, 2017 – December 31, 2017 (6 month claims run out)



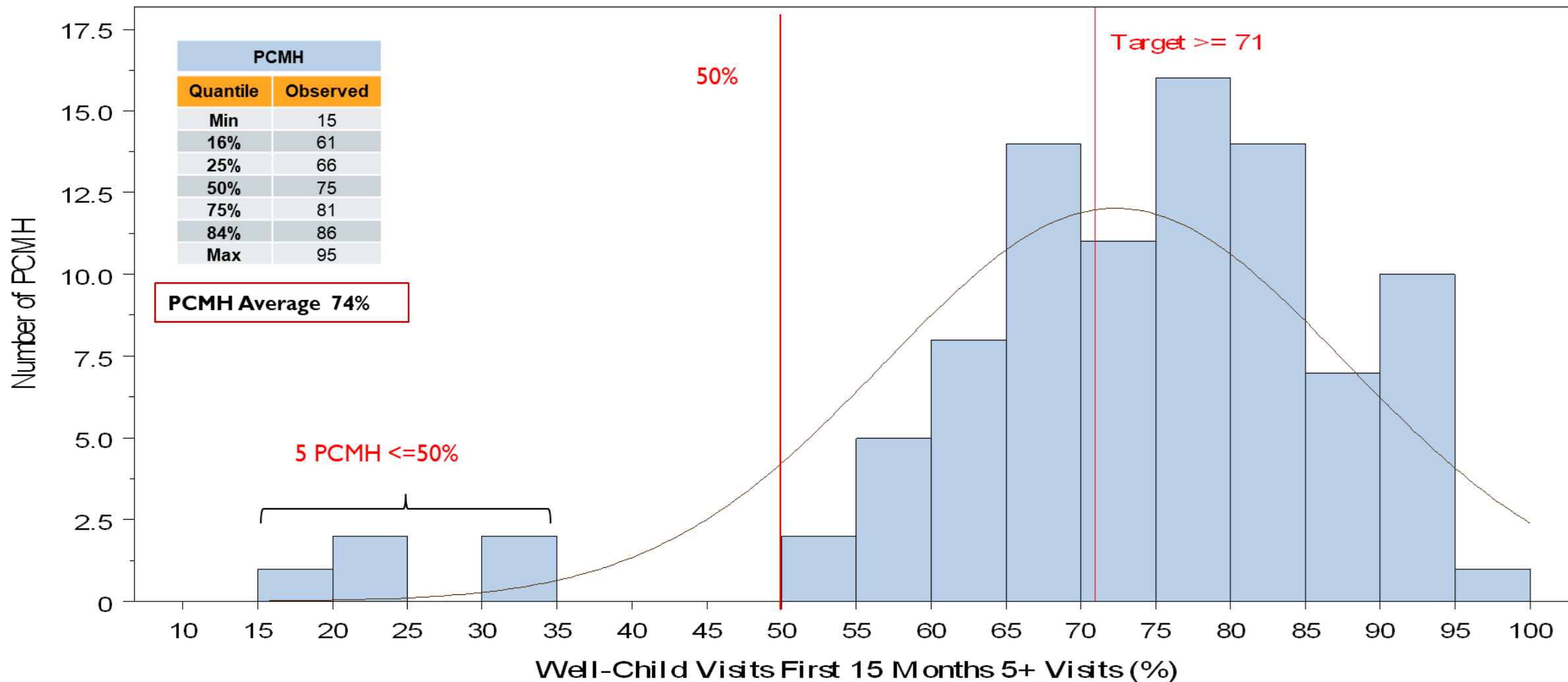
# PCMH Infant Wellness Distribution in CY2018 Performance Period for 2020 Configuration



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 fo 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](mailto: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**

Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

---

# Announcements and Next Steps

Alyssa Bosold, Mathematica

# Medicaid.gov Well-Child Care Landing Page

---

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.

<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html>



# 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

<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/well-child-care/index.html>

# 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](mailto:MACQualityImprovement@mathematica-mpr.com)

