

Georgia DCH Quality Strategy Update 2024 – 2026

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DCH Quality Strategy Update Team



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 Director/Senior Medical Director, Performance & Care
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- Gloria Beecher, DNP, RN, CPHQ, Director, Population Health & Quality Planning Care Management Office
- DCH office and department subject matter experts

Supported by Health Services Advisory Group

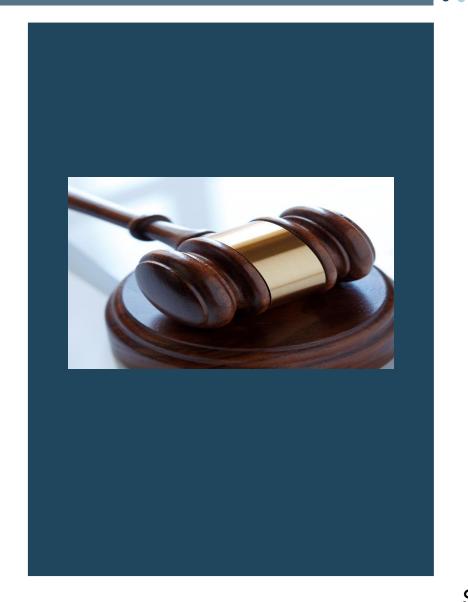


Why DCH is Updating the Quality Strategy

42 CFR §438.340 includes:

States contracting with managed care organizations must draft and implement a written quality strategy for assessing and improving the quality of health care and services furnished by the managed care entities.

The State must review and update its Quality Strategy as needed, but no less than once every three years.





CMS Quality Strategy Guidelines



Background and history of Medicaid in Georgia

SMART Measurable goals, objectives, and performance targets for continuous quality improvement

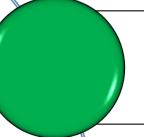
SMART Performance improvement projects and interventions to improve access, quality, and/or timeliness of care for care management organization (CMO) members

Plan to identify, evaluate, and reduce health disparities



CMS Quality Strategy Guidelines (cont.)

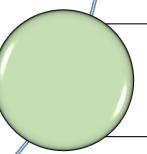




State monitoring and evaluation of CMOs of standards for access, structure, operations, measurement, and improvement



Public comment including Medical Care Advisory Committee, members, and other stakeholders



Independent external quality review of quality, access, and timeliness of services



Research

planning

Participation in DCH QI

meetings, activities, and

Quality Strategy Logic Model



Inputs **Outputs Outcomes** Resources to improve **Activities Participation Community Health Status** outcomes are · Georgia health reports Managed care, FFS, Analyze data Short Term streamlined and aligned CDC Reports available to and community and targeted to most stakeholders may determine effective strategies **Existing Community Assets** areas requiring share: Resources are targeted Local initiatives improvement to the most effective Public Health Initiatives And become interventions Determine notable Stakeholder groups and educated on interventions and duplicative partnerships More interventions to strategies that have initiatives improve population Medium Term demonstrated the health outcomes can be **DCH Assets** greatest (positive) Successes and implemented · QI meetings impact on the impediments · CQI Additional conditions population in quality Health care delivery models: and populations improvement Determine Managed Care, FFS, LTSS may be targeted for activities already alignment of public improvement undertaken health initiatives **EQRO** Assets Improve access to and with managed care And become Clinical and analytic expertise quality of care and and FFS initiatives · Data from CMOs' PMs and educated on health outcomes for the Long Term effective strategies PIPs Participate in population served in the

and assist in

facilitating DCH

QI activities and

committee meetings

or effective

entities

interventions put

in place by other

Medicaid program

Health status of the

improves

Medicaid population



2024–2026 Quality Strategy Content

- Purpose, scope, and goals of the Quality Strategy
- Background and structure of Georgia's Medicaid program
- Quality Strategy development, review, and revision process





- 2024–2026 Quality Strategy Content (cont.)
- Georgia's Quality Assessment and Performance Improvement Program
- Oversight and governance of the Quality Strategy
- Assessment
- State standards for access, structure, and operations





2024–2026 Quality Strategy Content (cont.)

- Quality Strategy appendices
 - Quality Strategy and regulatory crosswalk
 - Performance measure metrics
 - Performance improvement topics
 - Goals tracking table
 - EQRO findings and recommendations table
 - Effectiveness of the State's prior Quality Strategy*



* Final closeout of 2021 – 2023 QS Effectiveness Evaluation will occur 4Q2024



- Stakeholder Input and Involvement
- Seek input from the DCH Board Managed Care Committee, Medical Care Advisory Committee, Quality Oversight Committee, beneficiaries, and other stakeholders
 - Goals and objectives
 - Performance metrics and targets
 - Quality improvement initiatives
 - Plan to identify, evaluate, and reduce health disparities





Quality Strategy Goals, Objectives, and Pillars



Goals, Objectives, Pillars*

Goal 1: Improve Access to Care

Objective 1.1: (Pillars One and Three): Increase the number of children receiving well-child and preventive visits

Objective 1.2: (Pillars One and Three): Increase the number of adults receiving well- and preventive visits

Objective 1.3: (Pillars One and Four): Increase the percentage of members Getting Needed Care

Goal 2: Improve Wellness and Preventive Care

Objective 2.1: (Pillars One and Three): Increase the percentage of children that receive preventive oral health services

Objective 2.2: (Pillars One and Three): Increase the overall rate of immunizations and vaccinations across all ages and populations

Objective 2.3: (Pillar One): Increase the percentage of children/adolescents that receive weight assessment and counseling for nutrition and physical activity

Objective 2.4: (Pillar One): Increase the percentage of children who receive developmental screening in the first three years of life

*Pillars

Pillar One: QualityPillar Two: Stewardship

Pillar Three: Access

Pillar Four: Experience

Quality Strategy Goals, Objectives, and Pillars, (cont.)

Goals, Objectives, Pillars*

Goal 3: Improve Outcomes for Chronic Diseases

Objective 3.1: (Pillars One and Two): Decrease the annual hospital admission rate for members with heart failure

Objective 3.2: (Pillar One): Increase the number of members participating in a remote monitoring program for management of chronic conditions

Objective 3.3: (Pillar One): Increase the percentage of members achieving appropriate asthma medication ratios

Objective 3.4: (Pillar One): Increase the number of members with a diagnosis of diabetes mellitus receiving nutritional counseling

Objective 3.5: (Pillar One): Increase the number of members with hypertension who are provided a blood pressure device to monitor blood pressure

Goal 4: Improve Maternal and Newborn Care

Objective 4.1: (Pillar One and Three): Increase the annual number of postpartum care visits

Objective 4.2: (Pillar One, Two, and Three): Decrease the number of live births weighing less than 2,500 grams

Objective 4.3: (Pillar One): Increase the number of hospitals implementing the severe HBP pregnancy safety bundle

Objective 4.4: (Pillar One): Increase the number of pregnant persons receiving prenatal services within 30 days of enrollment

Objective 4.5: (Pillar One and Two): Increase the number of postpartum persons with a diagnosis of SUD or cardiovascular condition who had a provider contact within 10 days post discharge

*Pillars

- Pillar One: Quality
- Pillar Two: Stewardship
- Pillar Three: Access
- Pillar Four: Experience



Quality Strategy Goals, Objectives, and Pillars, (cont.)



Goals, Objectives, Pillars*

Goal 5: Improve Behavioral Health Care Outcomes

Objective 5.1: (Pillar One and Two): Decrease the annual behavioral health 30-day readmission rate

Objective 5.2: (Pillar One): Increase the number of adolescents and adults screened for follow-up for depression

Objective 5.3: (Pillar One and Three): Increase follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication

Objective 5.4: (Pillars One and Three): Increase the number of children and adolescents on antipsychotics receiving metabolic monitoring

Objective 5.5: (Pillars One and Two): Increase the percentage of children, adolescents, and adults receiving follow-up after an emergency department visit for substance use

Objective 5.6: (Pillars One and Two): Increase the percentage of children, adolescents, and adults receiving follow-up care after an emergency department visit for mental illness

Objective 5.7: (Pillars One): Increase the use of first-line psychosocial care for children and adolescents on antipsychotics

Objective 5.8: (Pillar One and Three): Increase the percentage of members that initiate and engage in substance use disorder treatment

Objective 5.9: (Pillars One): Increase the percentage of individuals receiving appropriate antidepressant medication management

*Pillars

Pillar One: Quality

Pillar Two: Stewardship

Pillar Three: Access

Pillar Four: Experience



Quality Strategy Goals, Objectives, and Pillars, (cont.)



Goals, Objectives, Pillars*

Goal 6: Improve Utilization of Care and Services

Objective 6.1: (Pillars One and Two): Decrease hospital readmission rate for LTSS population

Goal 7: Improve Member Experience

Objective 7.1: (Pillar Four): Increase annual CAHPS overall Rating of Health Plan

*Pillars

Pillar One: Quality

Pillar Two: Stewardship

Pillar Three: Access

Pillar Four: Experience



Quality Strategy Timeline



 Quality Strategy update kick-off

10/2023

10/2023-2/2024

 Write draft Quality Strategy Obtain input of DCH
 Managed Care Committee,
 Medical Care Advisory
 Committee, Quality
 Oversight Committee,
 beneficiaries, and other
 stakeholders

3/2024

6/2024

 Submit final Quality Strategy to CMS and post to DCH website





THANK YOU!

QUESTIONS/

COMMENTS?



