

Best Practices Submissions Technical Assistance Webinar

Ashley A. H. Gray, MPP

and

Expert Review Panel for Best Practices Submissions

Today's Speakers



Anne De Biasi

Trust for America's Health



Andrew Sperling

*National Association for
Mental Illness*



Ashley A. H. Gray

*Institute for Medicaid
Innovation*



Caroline Grossman

*Mirepoix, LLC
Chair, Expert Review Panel*



Christine Beck

*Cardinal Innovations
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Fred Goldstein

Accountable Health, LLC



Greg Howe

*Center for Health Care
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Agenda



- 1. Overview of Best Practices Submission Process and Changes**
- 2. Introduce Expert Review Panel**
- 3. Review of Submission Form Elements**
 - Goal of Implementing Initiative
 - Population Focus & Significance of Initiative
 - Detailed Description
 - Culturally Appropriate Approaches
 - Methods & Outcomes
 - Challenges & Advice
- 4. Hear from the 2016 Winner of the Best-in-Best: Cardinal Innovations Healthcare**
- 5. Question and Answer**

Overview of Best Practices Submission Process

- Submission period opened February 1. Forms can be accessed [here](#).
- Submission period ends: **April 10**.

If you do NOT receive an emailed confirmation of receipt within 24 hours of submission, please call Shawnise (202-857-5773) or Ashley (202-857-5726).

- The annual Medicaid Managed Care Best Practices Compendium is released at the IMI's Annual Awards Luncheon held at the [MHPA Conference](#).

Changes to Best Practices Submission Form

The **2017 Submission Form** is slightly modified from last year:



Category: Oral Health



Focus on social determinants of health throughout submission form.



Focus on sustainability and replicability of your initiative.



Streamlined challenges and successes questions.

Expert Review Panel



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Trust for America's Health

Meg Booth, MPH

Executive Director
Children's Dental Health Project

Stacy Collins, MSW

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Senior Medical Director
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National Dental Director
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Review of Submission Form Elements

Goal of Implementing Initiative

Instructions: Please list the primary goals that were identified prior to the implementation of the initiative, including those tied to social determinants of health.

Use SMART goals:

- Specific
- Measurable
- Attainable or Achievable
- Relevant
- Time-Bound

Example:

Cardinal Innovations Healthcare: Partnering for Excellence

- Develop effective strategies and interventions for working with youth and trauma.
- Ensure youth in the child welfare system receive timely and quality services.
- Build partnership between key stakeholders.
- Decrease entry into the custody of social services and/or out of placement homes.

Goal of Implementing Initiative

Lofty, multifaceted goals may be difficult to achieve and are not easily measurable.

Examples:

- Reduce unplanned, poorly coordinated care, drug seeking and/or doctor-shopping.
- Decrease radiation exposure and costs from unwarranted CT scans, primarily in the ED.
- Improve disease and health outcomes.

Goal of Implementing Initiative

Examples of specific goals:

Behavioral Health

- Assist health plan's members in removing social barriers to healthcare.

LTSS

- Analyze aggregated data from all care manager performances to identify individual issues and improve performance.

Women's Health

- Increase the number of pregnant members vaccinated against influenza.

Children's Health

- Document the incidence of PTSD in families of infants hospitalized in a NICU.

Population Focus

Briefly describe (**LIMIT: 50 words**) why you focused on this population (i.e., high-cost group, responsive to local, state or national priorities, etc.).

- Think about ***the members*** your plan is serving through the initiative and tell us why the group warranted special attention through development of the program.
- High-scoring entries provided ***concrete, logical reasons***:
 - “Selection criteria initially identified 8,000 members with chronic diseases, including asthma, diabetes, congestive heart failure, and hypertension, with a combined medical loss ratio of 230%. Members did not have effective disease control as evidenced by 56% higher inpatient admission rates than a control group”
 - “Members with medically complex conditions recently discharged from an inpatient setting were targeted for this program, as they were more likely to experience adverse events or hospital readmissions”

Significance of Initiative

*Describe the issue (**LIMIT: 100 words**) this initiative is addressing and why it is important to the target population, specifically identifying the social determinants of health.*

Let us know how this initiative actually matters – explain the problem/barrier the population is facing and what the consequences are because of it.

Example:

1. “Medicaid-eligible adult super users of mental health and substance use disorder services face multiple barriers to care and recovery. Mobile devices facilitate contact between the members and their providers as well as our Recovery Care Management team. Most of these members lack the resources for cell phones and mobile services, and may don’t have access to land lines. This results in missed (or not scheduled) appointments, low engagement with providers and care managers/health coaches, leading to higher rates of hospitalization and readmission rates.”

Significance of Initiative

Let us know how this initiative actually matters – explain the problem/barrier the population is facing and what the consequences are because of it.

Example:

2. “In the U.S. in 2012, 11.5% of births occurred in less than 37 weeks’ gestation and 8% of babies were born at low birth weight. Inpatient costs associated with preterm births exceed \$6 billion annually, representing half of all costs associated with infant births. Increasing access to traditional prenatal care services has not resulted in reductions in preterm birth and low birth weight, calling into question payers’ substantial financial investment of approximately \$10 billion per year in prenatal care services. There are many published studies describing the advantages of group prenatal however very limited analysis on Centering Pregnancy’s financial impact on birth outcomes.”

Significance of Initiative

Let us know how this initiative actually matters – explain the problem/barrier the population is facing and what the consequences are because of it.

Example:

3. “Bullying is a significant problem in the United States:
 - Every seven minutes a child is bullied
 - Over 3.2 million students are victims of bullying
 - One out of 10 students drop out of school because of repeated bullying
 - Harassment and bullying have been linked to 75 percent of school-shooting incidents
 - Despite these numbers, few parents, teachers, and other authorities are educated on how to intervene and stop bullying. As a result, children suffer from negative side effects, such as significant grade decline, increased anxiety, loss of friends, and poor social life.”

Detailed Description

*Instructions: Please provide a detailed description (**LIMIT: 300 WORDS**) highlighting the core components of the initiative. The description should explain how this initiative is unique and innovative, addresses key health issues in the Medicaid population, and addresses social determinants of health, engagement of community partners, and coordination of community services.*

- Provide a narrative of how your innovative program is unique in its approach. How does it differ from “treatment as usual”?
- Describe how your approach addresses the unique needs of the Medicaid population you are focusing on.
 - Social determinants of health
 - Culturally appropriate approaches
 - Service coordination
 - Engagement of community partners
 - Achieving measurable outcomes

Culturally Appropriate Approaches

*How did you integrate culturally appropriate approaches to delivering care and improving health equity as a part of this initiative? (**LIMIT: 50 WORDS**).*

Why address cultural disparities in health care?

- Racial and ethnic minorities have higher morbidity and mortality from chronic diseases.
- Individuals without access to a regular provider are less likely to obtain preventive services, or diagnosis, treatment, and management of chronic conditions.
- Language and communication barriers can affect the amount and quality of health care received.

Sources of Information:

- Cultural Linguistically Appropriate Services (CLAS) Standards
- Substance Abuse and Mental Health Services Administration (SAMHSA) Guidelines
- NIH's National Institute on Minority Health and Health Disparities

Culturally Appropriate Approaches

There are multiple facets of cultural competency:

- Socioeconomic status
- Ethnic/Racial background
- Sexual orientation and gender identity
- Age
- Disabilities
- Health literacy in physical and behavioral health

Methods

*Instructions: Please briefly describe (**LIMIT: 100 WORDS**) how your organization utilized predictive modeling, quality improvement techniques, hot spotting, geocoding, or other methods (e.g., peer-to-peer, use of social networks, train-the-trainer) to develop and enhance the success of your initiative.*

- Provide a summary of how the project was conducted from start to finish.
 - Model your answer to the submission form against what you would provide for a submission to a research journal.
- Methods should provide enough information for another person to replicate general concepts, including:
 - Population sample
 - Interventions, including resources and partnerships
 - Procedures for data collection

Methods

Excerpt: *Cardinal Innovations, Partnering for Excellence* ([pg. 70](#) of 2016 compendium)

PFE is a program that provides quality, evidence-based trauma assessments and treatment to youth and families and works to reduce behavioral health care costs associated with children in the child welfare system through training and education. Partnerships between the Medicaid behavioral health system and child welfare are an innovative approach to holistic early interventions for children. For youths involved with in-home services or foster care, the DSS social worker screens the youth for exposure to and symptoms of psychological trauma. In late 2015, this was expanded to screen children being seen at the Child Advocacy Center.

After the screening, the youth receives a timely, trauma-informed comprehensive clinical assessment (TiCCA) from a qualified clinician. Trauma-informed care includes cultural and linguistic competency, one of the key principles of a system of care model that integrates providers, managed care, and community stakeholders. The comprehensiveness of this assessment makes it an invaluable tool for DSS social workers and child and family teams to provide appropriate treatment recommendations as well as caregiver recommendations. Seasoned clinicians receive extensive training, coaching, and weekly support to ensure the assessment is completed with fidelity.

Following the TiCCA, comprehensive treatment recommendations are made. A youth may receive evidence-based behavioral health treatment such as trauma-focused cognitive behavioral therapy (TF-CBT) to reduce trauma symptoms and support recovery. The TiCCA and the TF-CBT are standardized across network provider agencies, and the clinician must be rostered by the Child Treatment Program. These clinicians are reimbursed at a higher rate to support this in-depth assessment and treatment, which requires using standardized measures and fidelity to the model. As part of TF-CBT, the parent or caregiver must take part in the therapy.

PFE continues to research trauma assessments for adults to address untreated, generational trauma, a need identified through this project. Prior to implementation, baseline focus groups were conducted and staff regularly train and education the child welfare system staff, community stakeholders, and provider networks. Process and output data is regularly reviewed by the leadership team to identify implementation barriers and strategies for addressing these barriers.

Methods

- Highlight unique or innovative approaches used in your initiative.

Examples:

- Predictive modeling to identify high-risk patients.
 - Data analytics of large data sets or social data from social networks and platforms.
 - Use of technology and wearables.
- We are **NOT** requesting your proprietary methods or information.

Outcomes

*Instructions: Provide a brief description (**LIMIT: 100 WORDS**) for each outcome category below... For items in which you have data, describe specific outcomes, both quantitative and qualitative. Identify the year(s) that the data represents. Please include p-values if applicable. Submit tables, graphs, or charts highlighting key outcomes as a separate excel file.*

- In order to understand the impact of your intervention, it is necessary to understand the outcomes.
- Outcomes provided in the submission form should be relevant to your goals and methods.

Outcomes

Example: UPMC's Community Team Program ([p. 96-97](#) of 2016 compendium)

Patient/Family Outcomes: Early findings in outcome data span May 1, 2015 through March 10, 2016. Most of the members (87 percent) had a face-to-face visit within two weeks of case identification; of these members, about half had home visits within two weeks. The average case length in the engaged members was 85 days (median of 76 days). Members identified physical health care needs (54 percent) and care coordination (29 percent) as the key drivers of care.

Clinician Outcomes: Staff engaged members effectively, shown by the following statistics:

- 71 percent of members engaged had a medication reconciliation completed within 30 days of discharge.
- 79 percent of members had coordination of care between the CT staff and primary care provider (PCP) within 30 days of discharge.
- CT staff also identified physical health care needs (64 percent) and care coordination (50 percent) as the key drivers of care. Staff tended to identify these slightly higher than the members. These were followed by caregiver/ in-home support needs, behavioral health needs, and self-management skills.

Community Impact: Community health workers are focused on connecting members with other community resources. Members of a Community Team Advisory Board composed of community health care leaders; physical health, behavioral health, palliative care experts; and community and social services leaders have provided valuable feedback about effective approaches for this work.

Cost Savings: Cost savings not yet calculated for this initiative. However, early results suggest a reduction in 30-day readmission rates. **Quality Improvement Efforts:** The team continues to develop strategies to increase engagement, shared decision-making, and address gaps in care.

Outcomes

Outcomes are organized by four areas. You can choose which areas to submit outcome information.

Patient/Family Outcomes

- HEDIS scores, patient satisfaction scores, rate of retention in initiative, feedback from families and communities, addressing social determinants of health.

Clinician Outcomes

- Percent participation, satisfaction, changes in referrals, rates of engagement in initiative.

Community Impact

- Participation rates in community groups, referral rates for community services, engagement of stakeholders and partners.

Cost Savings

- Return on investment, near term savings, lower emergency department visits, adherence to medical management.

Outcomes

There are three types of measures for each outcome area to consider: process, balance, and outcomes.

Outcomes Measures: High-level clinical or financial outcomes that concern health care organizations.

- Clinical measures (e.g., change in BMI, change in A1c)
- Utilization measures (e.g., hospital readmissions, primary care visits)

Balance Measures: Metrics a health system tracks to ensure improvement in one area is not negatively impacting another area.

- Patient satisfaction scores

Process Measures: A specific step in a process that contributes to an outcome metric.

- Number of beneficiaries enrolled or contacted
- Number of sessions attended
- Length of time for discharge

Challenges

What challenges did you encounter during implementation and how did you address them and/or how are you continuing to address them?

Why is it important to know about challenges?

- Challenges are inherent in any program.
- Important to acknowledge the challenges and roadblocks that occurred during implementation.
- Identifying challenges allows the public to understand the breadth of issues involved in implementation and how the health plan addressed and overcame those challenges.
- Innovation often occurs as organizations are revising their programs and trying new approaches to overcoming barriers.

What NOT to do:

- Leave this section blank or provide only limited information.

If health plans cannot articulate challenges then it begs the question of whether health plans are truly innovating.

Advice

*What advice would you give to other plans that are interested in replicating this initiative? In other words, what are the lessons learned? (**LIMIT: 100 words**)*

Why is it important to share advice?

- Providing advice about your intervention demonstrates to reviewers that you are able to be self-critical and learn from their efforts
- Advice on implementing a new program is critical to helping other organizations replicate a successful program
- Thoughtful advice also supports innovation among other health plans

While advice should reflect on challenges encountered during the implementation of your program and the key elements of success in your initiative, they should not repeat your responses for both questions.

Advice from the 2016 Winner of
the Best-in-Best:

Cardinal Innovations Healthcare

Christine Beck
Vice President of Clinical Operations



Questions?

If you have further questions about the submission form or process, please contact Ashley Hernandez Gray at AGray@MedicaidInnovation.org.