

Clinical Preventive Services



Actions taken to improve care -
focus on children

Overview



- Preventive care data
- Actions taken to improve care
 - Managed care organizations
 - State Medicaid program
 - Documentation, performance feedback, quality initiative
- Present status of work
- Learnings
- DOH Initiative – Improving 4th DTaP
- What is needed to achieve lasting improvement in care

Data on Preventive Healthcare



- MAA funds chart review study of well-child care
 - Three age categories assessed
 - Rates of both quantity and quality of well-child care calculated
- MAA requires health plans to report 2-year old HEDIS immunization rates
- Rates for both well-child care and 2-year old immunization remains relatively static


Well-Child Care and Immunization Rates

Reported and Qualifying Well-Child Visits (Statewide Median)	1998	1999	2000	2001	2002
0 – 18 months – reported	46%	58%	62%	66%	63%
0 – 18 months - qualifying	18%	33%	32%	37%	34%
3 – 6 year olds – reported	37%	37%	42%	42%	41%
3 – 6 year olds – qualifying	15%	19%	20%	20%	21%
12 – 18 year olds – reported	26%	23%	35%	38%	38%
12 – 18 year olds qualifying	9%	9%	14%	18%	20%

HEDIS 2 year old Immunization Rates (Statewide Median)	1998	1999	2000	2001	2002
2 year olds	53.6%	57.9%	52.5%	58.6%	59.9%

Actions to improve care - MCO

Contract Language and Interventions



- Managed Care Contract Requirements
 - MCOs report HEDIS 2 year old immunization measure
 - Health plans required to complete quality improvement initiatives if rates below 60%
- MCO Actions
 - Postcard and telephone reminders
 - Parent - child incentives
 - Periodicity reminders to parents/providers
 - Performance incentives to providers and clinics

Actions at state level



- Well-Child Exam Forms
 - Developed collaboratively with WAAP, DOH, Head Start/ECEAP
 - Forms unique to each age category
 - Two-page NCR form
 - Forms available and can be ordered FREE of charge from MAA and on web
 - www.wa.gov/dshs/dshsforms/forms/eforms.html

Actions continued...

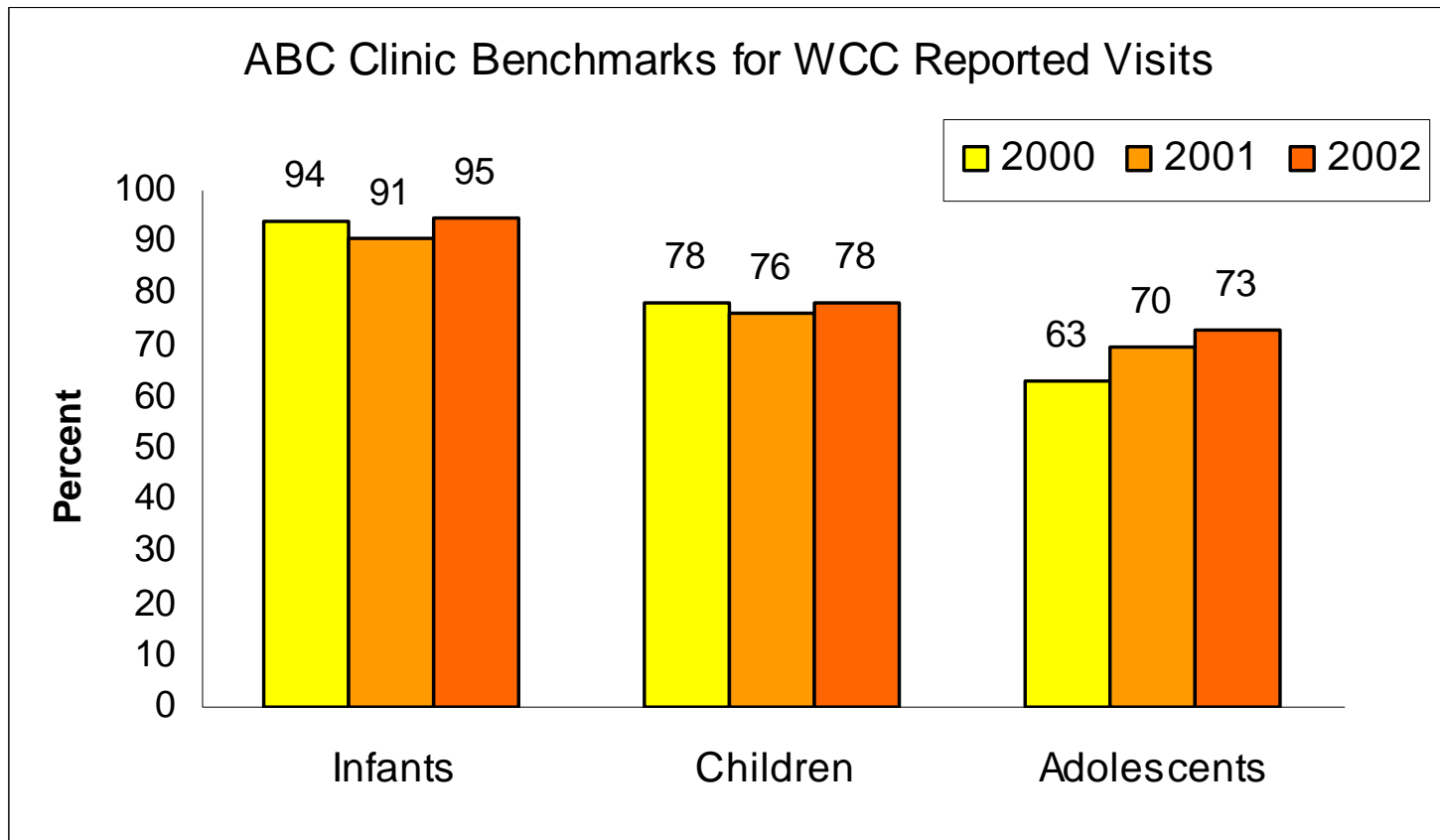


- EPSDT rate increase for foster children
 - Rates have shown some improvement
- Children's Preventive Healthcare Initiative
 - Recruit and train clinics on quality improvement methods
- Performance feedback using ABC™ method

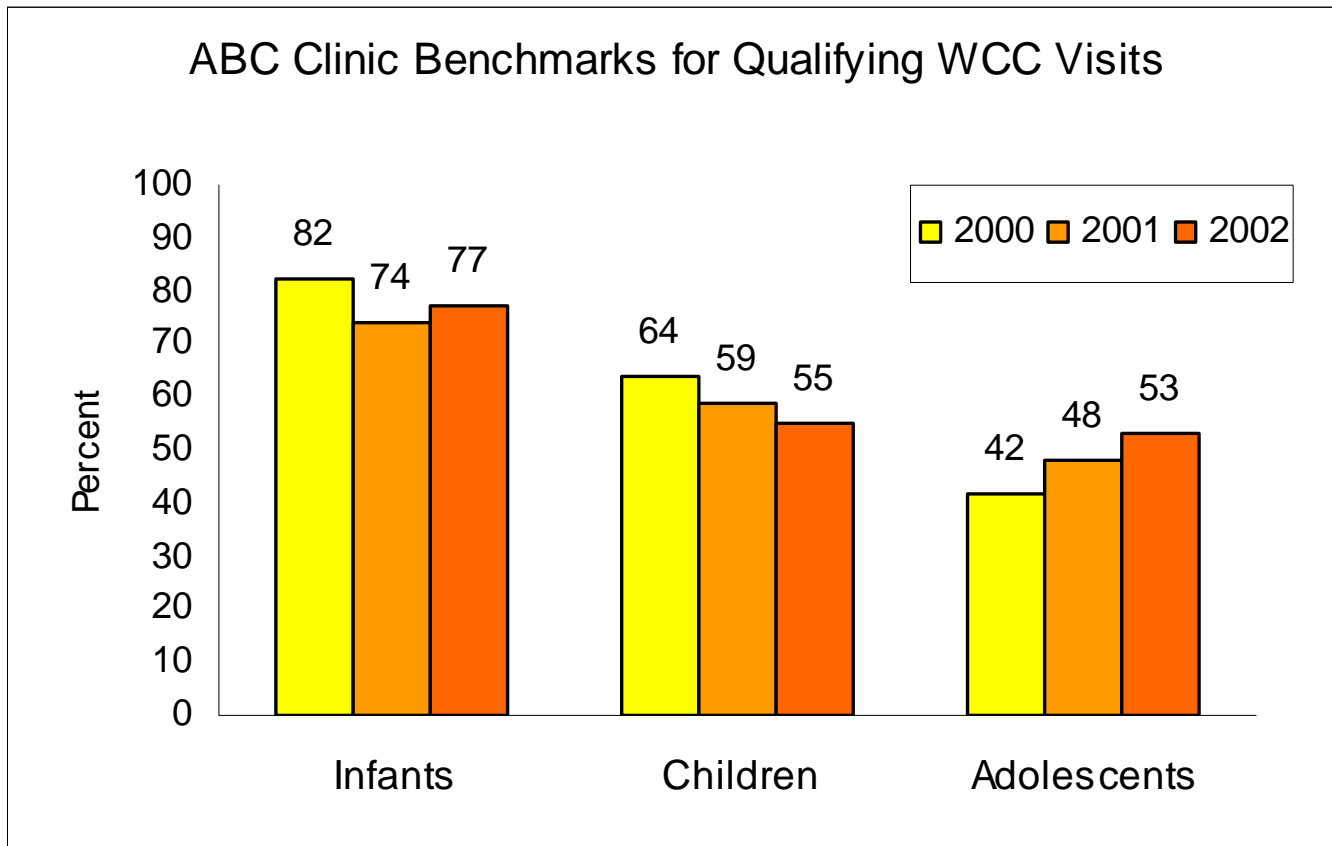
Achievable Benchmarks of Care (ABC™)

- Performance feedback using ABC™ method
 - Using EPSDT and later, immunization data, calculated benchmark from the best rates (the top 10%) among actual clinic performance
 - Allows clinics to compare themselves against state-generated benchmark and use information for improvement activities

ABC™ Data - Reported Visits 2000 - 2002

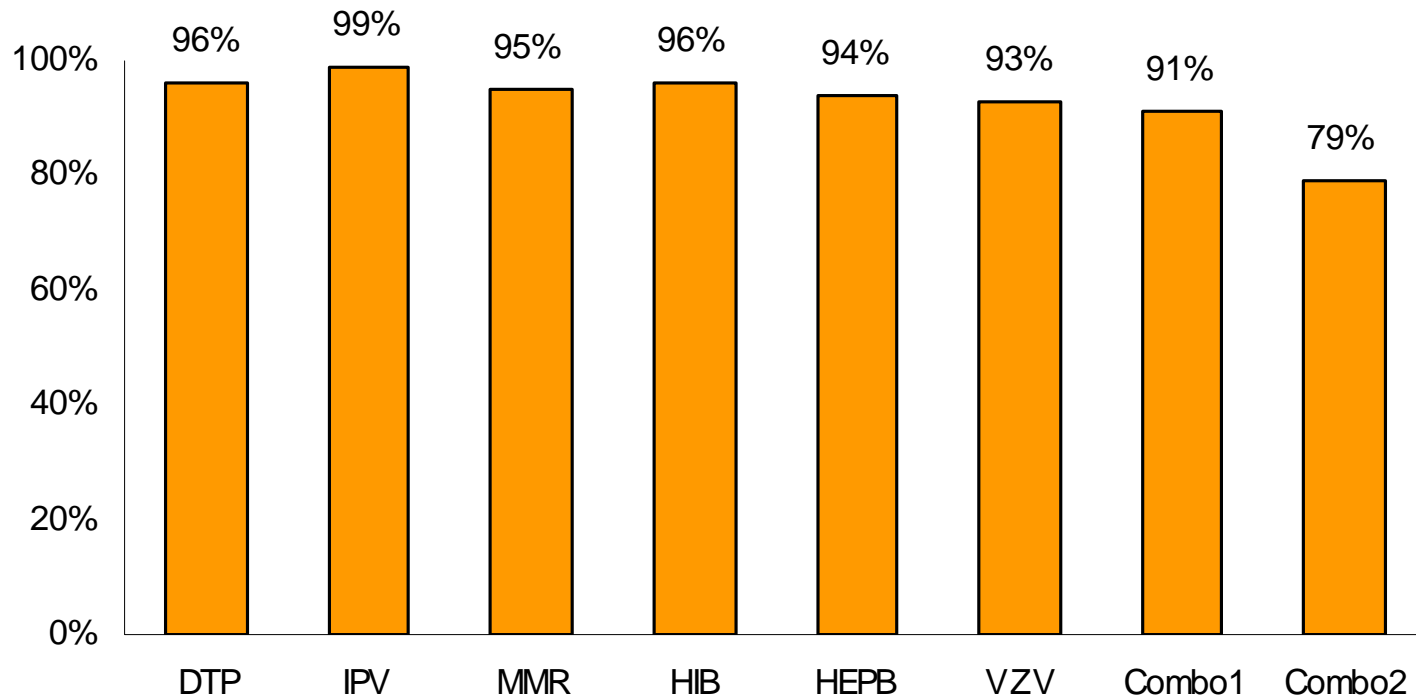


ABC™ Data - Qualifying Visits 2000 - 2002



ABC™ Data – Immunizations - 2002

ABCs for HEDIS Immunization Rates



Children's Preventive Health Initiative (CPHI)



- Four training sessions on quality improvement methods and strategies
 - Help clinics design and implement rapid cycle change within clinic system
 - Train on continuous process improvement
 - Help clinics define aim statement and measures, then use information to revise or improve upon change.

Clinic Project Examples



- Increase immunization rate in 24 – 36 month olds by 20% in one year
 - 4.5% overall increase in 6 months; with increases at individual clinics from 0.1 to 16%
- Increase WCC visit rate until 70% of infants age birth to 18 months are up to date on WCC
 - 52% success rate in scheduling appointments for WCC visit

Learnings



- Data registries are helpful
 - A source of current data
 - Can be integrated into clinic processes
- Data crucial to population-based care management
 - Clinics don't know who they are serving; IS systems vary in their sophistication; and staff don't necessarily know how to access or use IS systems to really 'manage care'

Learnings...continued



- Incentives get old after awhile
 - Bicycle helmets used to work – now Hollywood video or Music CD cards are the thing
 - Personal contact – i.e., a telephone call was more successful than mailed reminders; combination of two even better
- Rewarding staff is crucial
 - Candy bar incentive for keeping Child Profile up to date
 - Friendly competition between satellite clinics

Present status...



- 2004 - Learning labs in Yakima – six clinics recruited thus far – start date - May
- Learning lab training modified
- Early assessment of IS capability
- Identification of target population prior to first training

DOH Initiative - Improving 4th DTaP



- DOH-formed committee to improve rates
- Outreach efforts by DOH to raise awareness that 4th DTaP most often missed vaccine.
- Request de-identified immunization data from both MAA and HCA managed care organizations
 - Run GIS-analysis and
 - Provide performance feedback to clinics and if possible, individual providers

What is needed to achieve lasting improvement in care...



- ALL kids need a medical home
- Invest in infrastructure – Good quality IS crucial to successful population-based management
- Staff training on measurement and quality improvement
- Pay for performance
- More money BUT only if:
 - Care is improved and
 - It is used to design care to improve client satisfaction and efficiency