



Adult Medicaid Quality Grant

Grantee Agency: Department of Health and Hospitals (DHH), Bureau of Health Services Financing, Bayou Health Louisiana Medicaid Program

Grant Period: December 21, 2012–April 19, 2015

(No-Cost Extension: December 21, 2014–April 19, 2015)



QUALITY IMPROVEMENT PROJECT #1

TOPIC

Improving Maternal Health Outcomes by Reducing Early Elective Deliveries

TARGET POPULATION

Pregnant women enrolled in Bayou Health (Medicaid) Managed Care Organizations (MCOs).

SETTING

MCOs and 34 hospitals participating in the Institute for Healthcare Improvement (IHI) Perinatal Improvement Community.

GOALS

- Reduce the rate of Medicaid-covered, non-medically indicated early elective deliveries (EEDs) in Louisiana from a 2011 baseline of 18% to less than 2% as measured by PC-01: Elective Delivery, from the Medicaid Adult Core Set of Adult Health Care Quality Measures (referred to as the Medicaid Adult Core Set).
- Reduce the rate of EEDs in hospitals participating in the IHI Perinatal Improvement Community to less than 2%.

INTERVENTIONS

- Recruited three cohorts for the IHI Perinatal Improvement Community, which focused on reducing EEDs. Cohort I began in 2010 under the Birth Outcomes Initiative prior to the Adult Medicaid Quality (AMQ) Grant, and, building on

the success of Cohort I, Louisiana continued the project with Cohorts II and III through AMQ Grant funding and staffing.

- Held monthly coaching calls between IHI and participating hospitals on topics tailored to each hospital's quality improvement (QI) needs.
- Collected performance monitoring data from participating hospitals.
- Hosted a 2-day conference on EEDs led by IHI and attended by 31 nurses and physicians representing 31 Louisiana hospitals.
- Changed state birth certificate to remove the "other" category from the list of medically indicated reasons for EEDs.
- Stopped payment for non-medically indicated EEDs before 39 weeks gestation for both Medicaid beneficiaries and Blue Cross and Blue Shield of Louisiana members beginning in September 2014. Partnering with a large private payer increased the visibility and impact of this intervention.
- Shared the rates of non-medically indicated EEDs with hospital obstetricians, highlighting their significant rate improvement over the past 3 years as a means to encourage participation in the IHI Perinatal Improvement Community Cohort III.
- Trained participating hospitals on the Association of Women's Health, Obstetric and Neonatal Nurses toolkit *Assessment and Care of the Late Preterm Infant*.

RESULTS AND SUCCESSES

- Statewide, the rate of Medicaid beneficiaries receiving non-medically indicated EEDs before 39 weeks gestation declined from a 2011 baseline of 18.03% to 7.70% in 2012, 5.50% in 2013, and 5.48% in 2014.
- A significant decrease in EEDs in hospitals participating in the IHI EED reduction initiative has driven down the overall state rate. Hospitals in Cohorts I and II began with a baseline EED rate of 15% and 40%, respectively, and after the 2-year initiative, the hospitals had a sustained mean of 1.21% and 2.60%, respectively.

- This EED quality improvement project (QIP) benefited from partnerships for QI developed through Louisiana's Birth Outcomes Initiative that preceded this grant program.

CHALLENGES AND BARRIERS TO SUCCESS

- Recruiting new hospitals to participate in Cohort III of the initiative and eliciting their full engagement was much more challenging than finding hospitals to participate in Cohorts I and II.
- Received strong pushback from physicians and patients in some areas of Louisiana who opposed limiting EED to only those that were medically necessary. In response, the state Medicaid Medical Director held face-to-face meetings with obstetricians and hospital leaders across the state about EED QI.



QUALITY IMPROVEMENT PROJECT #2

TOPIC

Reducing Plan All-Cause Readmissions among Adults with Mild to Moderate Mental Health Conditions

TARGET POPULATION

Medicaid beneficiaries with mild to moderate mental health conditions.

SETTING

Bayou Health MCOs (Medicaid MCOs) in one geographic area with two to three hospitals and community partners.

GOALS

Reduce the Plan All-Cause Readmission Rate among Medicaid beneficiaries with mild to moderate mental health conditions by 0.9 percentage points, from 15.9% at baseline to 15% in 2015.

QUALITY IMPROVEMENT PROJECT IMPLEMENTATION

- Partnered with IHI to design a pilot project aimed at reducing readmissions among adults with mild to moderate mental illness in Baton Rouge-area hospitals by focusing on improved identification upon emergency department admission and by focusing on more effective discharge planning.
- The Centers for Medicare & Medicaid Services (CMS) granted Louisiana a no-cost extension in January 2015. The remaining grant funds were used to host the Improving Care Transitions Summit with an emphasis placed on highlighting approaches to improve care for those with behavioral health and substance abuse challenges, an aspect of the broader care transitions work

deemed particularly challenging among stakeholders and fundamental to the reduction of hospital readmissions. The conference was hosted by IHI, Quality Insights, and the Louisiana Hospital Association.

RESULTS AND SUCCESSES

- The pilot was not implemented because of the loss of hospital partners.

CHALLENGES AND BARRIERS TO SUCCESS

- Hospital partners dropped out of the pilot because of competing priorities and the transitioning of key hospital staff to other positions.
- Payment and policy barriers required changes in the topic of this QIP. In the second half of 2013, Louisiana Medicaid changed the topic of QIP #2 from care transitions to readmissions among the sickle cell disease (SCD) population. Because the proposed intervention for the SCD population was not funded in the final state Medicaid budget, the focus of this QIP shifted to the current topic in the second year of the grant.

PARTNERSHIPS



INTERNAL

- Louisiana DHH Office of the State Registrar and Center for Records and Statistics collaborated with Louisiana Medicaid to develop a data-matching system to validate whether deliveries before 39 weeks are medically indicated.



EXTERNAL

- Blue Cross and Blue Shield of Louisiana implemented a stop payment policy for non-medically necessary EEDs.
- In an effort to reduce readmissions and improve care transitions, Louisiana Medicaid partnered with the Louisiana Hospital Association's Research & Education Foundation Hospital Engagement Network (LHAREF HEN) to expand the development of regional coalitions. The coalitions included stakeholders from across the acute and post-acute payer communities and have engaged with hospitals, nursing homes, physicians, and other provider types to improve care transitions for all patient populations. The regional coalitions will continue through 2016.

PARTNERSHIPS (CONTINUED)

- The Louisiana Hospital Association’s LHAREF HEN promoted hospitals’ participation in the EED QI initiative.
- The Louisiana Chapter of the March of Dimes and the Louisiana Medical Mutual Insurance Company collaborated with Medicaid to provide continuing medical education on EEDs and prematurity prevention using the Medicaid Medical Director as faculty.
- Bayou Health MCOs implemented QIPs with Louisiana Medicaid.
- The University of Louisiana at Monroe (ULM) conducted chart reviews for the HIV Viral Load Suppression and Postpartum Care Rate measures during Year 2 of the grant program. This partnership allowed Louisiana Medicaid to report hybrid Adult Core Set measures that it could not otherwise report.



DEVELOPING STAFF CAPACITY AND INFRASTRUCTURE

STAFF CAPACITY

- Hired a Medicaid Quality Program Director.
- Conducted extensive capacity-building training in QI science and performance measurement for Medicaid department staff as part of QIP #1.
- Contracted with IHI to lead QI trainings for Medicaid staff and to work on the Perinatal Improvement Community.
- Trained 10 Medicaid staff members in Lean Six Sigma, a data-driven business improvement approach, with the goal of spreading QI science through the department and

applying it to all aspects of Medicaid management. Staff that participated in the trainings continue to work on projects to improve Medicaid administrative operations.

- Contracted with Ashraf Solutions, LLC, to develop an electronic chart review tool to obtain data on postpartum care visits for QIP #1.
- Contracted with ULM to analyze and report on claims data and improve Louisiana Medicaid’s data surveillance and functionality.
- Contracted with Southeast Louisiana Area Health Education Center and the Island Peer Review Organization on data collection and validation.
- Increased staff capacity through grant-funded training in the following areas: SAS analytics, Esri geographic information systems health workshop, effective technical writing, Lean Six Sigma, data visualization, and project management.

INFRASTRUCTURE

- Developed a Medicaid high-risk pregnancy registry using the vital records matching process developed as part of the grant. This innovative patient registry enables the identification of female beneficiaries with a prior history of pre-term births, facilitating accelerated case management and interventions by the Bayou Health MCOs to improve birth outcomes.

LESSONS LEARNED

- The hiring of a Medicaid Quality Program Director with experience in managed care QI represents a new focus on quality for Louisiana Medicaid.



DATA COLLECTION AND ANALYTICS

DATA COLLECTION

- Louisiana successfully reported 19 and 21 of the Adult Core Set measures to CMS for both the 2013 and 2014 performance years, respectively, exceeding the minimum requirement of 15 measures.
- Implemented a data-matching system to determine for the Medicaid population which deliveries before 39 weeks were medically indicated.
- Louisiana Medicaid and ULM shared best practices and jointly collected and reported baseline data on core grant measures.
- Augmented clinical and quality data capacity through work with partners to conduct and validate medical chart reviews.

- Obtained laboratory test data from the DHH Office of Public Health to determine HIV viral load for Medicaid participants as part of QIP #1.

DATA ANALYTICS

- Reported on the stratification of three Adult Core Set measures (Hemoglobin A1c Testing, Postpartum Care Rate, Cervical Cancer Screening) by race/ethnicity, sex, and urban/rural variables.
- Louisiana sorts its Medicaid data by parish instead of county. Forty of the 64 parishes in the state are considered rural, and DHH stratified three Adult Core Set measures by urban/rural using this classification system.

LESSONS LEARNED

- Including variables such as race/ethnicity, sex, and urban/rural in Medicaid administrative claims data facilitates stratifying measures according to those variables.
- The information gleaned from data stratification is key to promoting health equity because it enables policymakers to focus resources on the specific populations with the most need.



PROMISING PRACTICES

QUALITY IMPROVEMENT

Direct, face-to-face education on QI has proven effective for internal staff and hospital partners.

QUALITY MEASUREMENT

The development of a high-risk pregnancy registry using the vital records matching process developed as part of grant activities enables Louisiana Medicaid to target female beneficiaries with a history of pre-term births for enhanced case management and interventions.

Working with partners who have access to different data sources on similar populations can enrich and validate Medicaid's data and improve policymaking.

PLANS FOR SUSTAINABILITY

The state will continue collecting and reporting the Adult Core Set measures after the conclusion of the grant period. Louisiana Medicaid will also continue incorporating QI into managed care contracting after the conclusion of the grant. In their new 2015 contracts, all Bayou Health MCOs are required to address health equity, and the state will continue to monitor improvement in health disparities using Adult Core Set stratified measures as a baseline. The Postpartum Care Rate and the Diabetes Short-Term Complications Admission Rate were included as incentive-based measures in the new Medicaid MCO contracts.

The one project staff member hired to manage this grant has transitioned to other roles within DHH. The position has not been filled and will not continue after the grant period.

QUALITY DIFFUSION

The Louisiana Medicaid QI Unit partnered with IHI on extensive Medicaid staff development with a goal of disseminating QI science throughout all aspects of the Medicaid program, including the eligibility and enrollment processes.