



Addressing Best Practices for Timely Preventive Care for Children

EPSDT webinar 1

Spring 2019



AGENDA

- Comprehensive EPSDT Benefit
- Where We Are Today
- Provider Survey Results
- Best Practices
- Value-based Payment
- Thank You



EPSDT is a Comprehensive Benefit

A stylized graphic of a mountain range in shades of brown and tan, positioned in the lower right quadrant of the slide. The mountains are composed of several peaks of varying heights and widths, with some peaks having smaller, more detailed shapes on top. A large, thin, dark brown arc curves over the top of the mountain range, extending from the left side towards the right edge of the slide.

Comprehensive EPSDT Benefit

Who gets the EPSDT Benefit? All children covered by Health First Colorado (Colorado's Medicaid program) and age birth through 20 years old Starts with Preventive Care & is *COMPREHENSIVE*

- **Health & Developmental** history
- **Physical exam**
- **Immunizations**
- **Labs & Blood lead screening***
- **Anticipatory guidance** and education
- **Behavioral health** screening & treatment
- **Vision and hearing** screening and treatment of concerns
- **Oral health** screening & treatment
- **Advanced Diagnostics** when developmental delays are suspected
- **Treatment** that cures or ameliorates acute or long term developmental concerns and illnesses

* New CDPHE data shows that there is high risk for lead exposure in drinking water in parts of the following counties: Moffat, Rio Blanco, Delta, Pitkin, Gunnison, Montezuma, Montrose, Dolores, San Juan, San Miguel, La Plata, Archuleta, Hinsdale, Eagle, Summit, Larimer

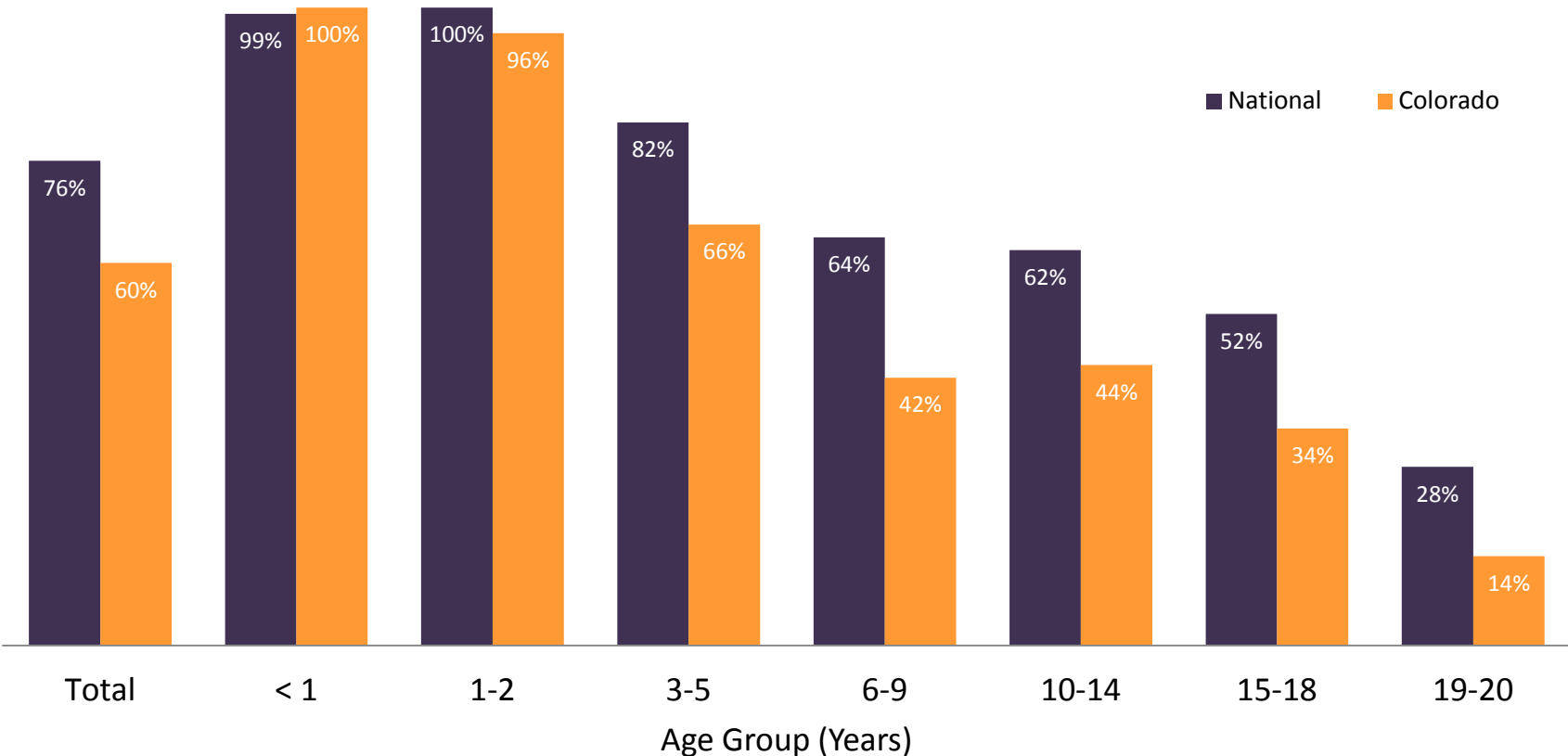


WHERE WE ARE TODAY



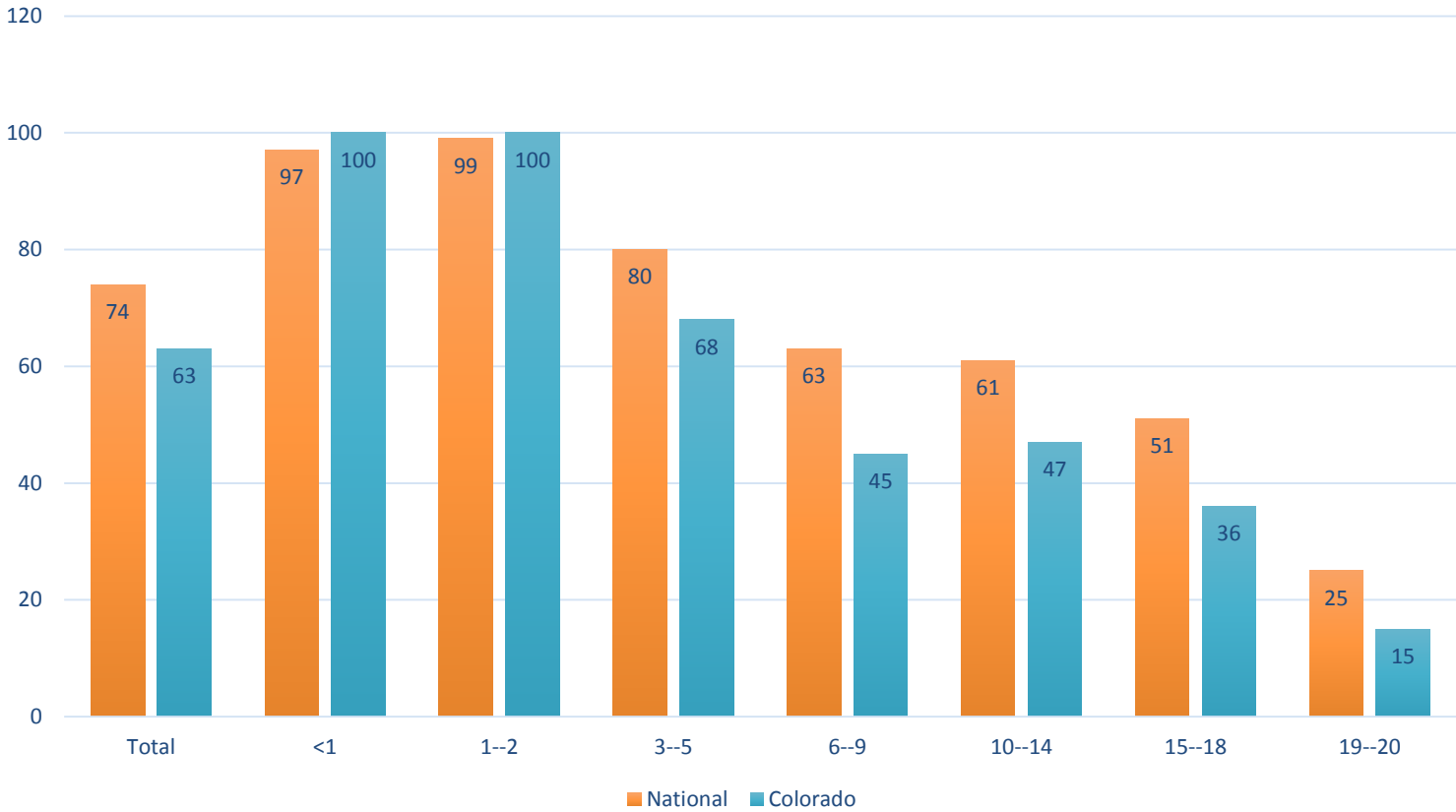
EPSDT Well Child Visits, 2016

National and Colorado Data by Age Group



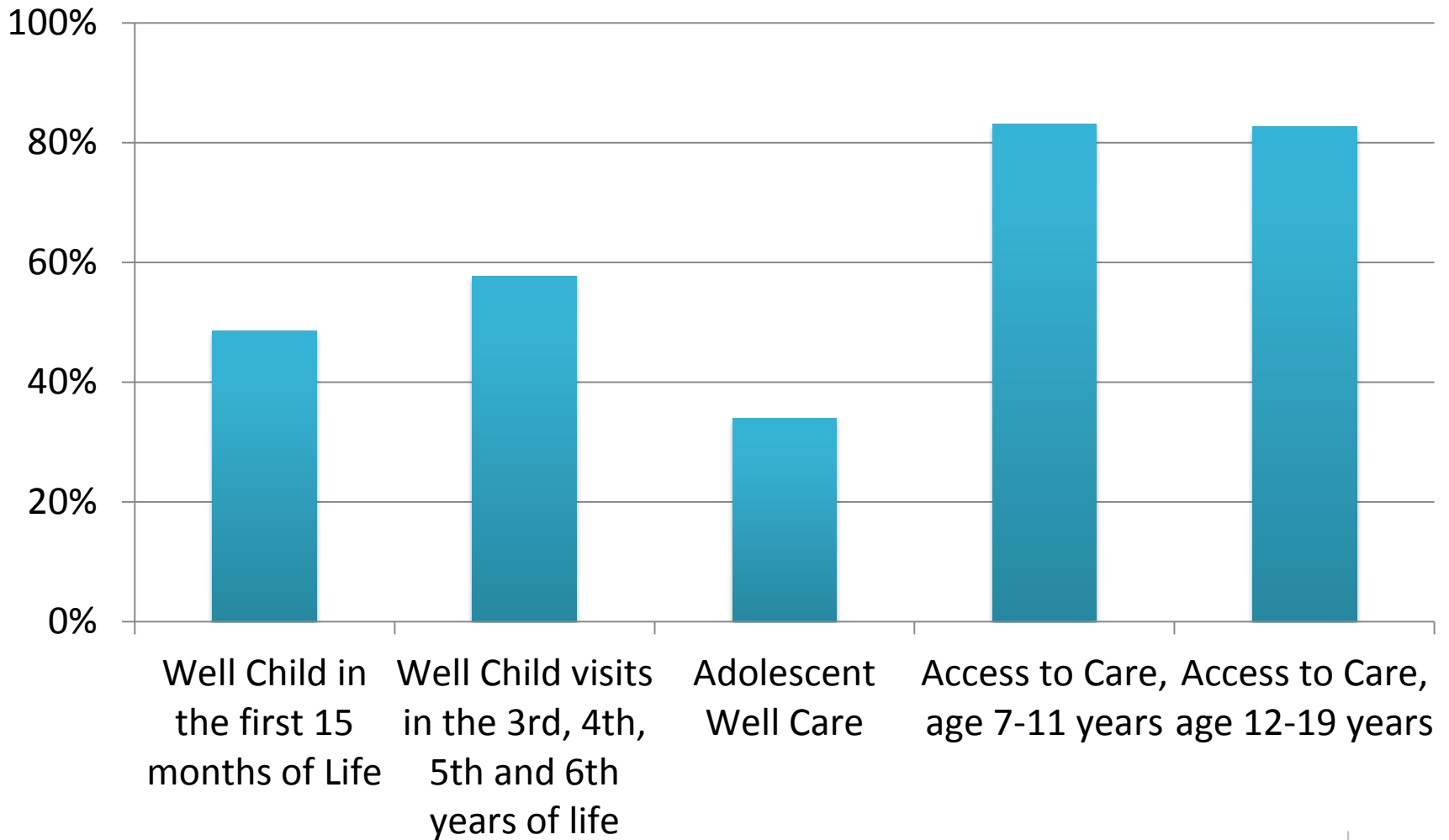
EPSDT Well Child Visits, 2017

National and Colorado Data by Age Group



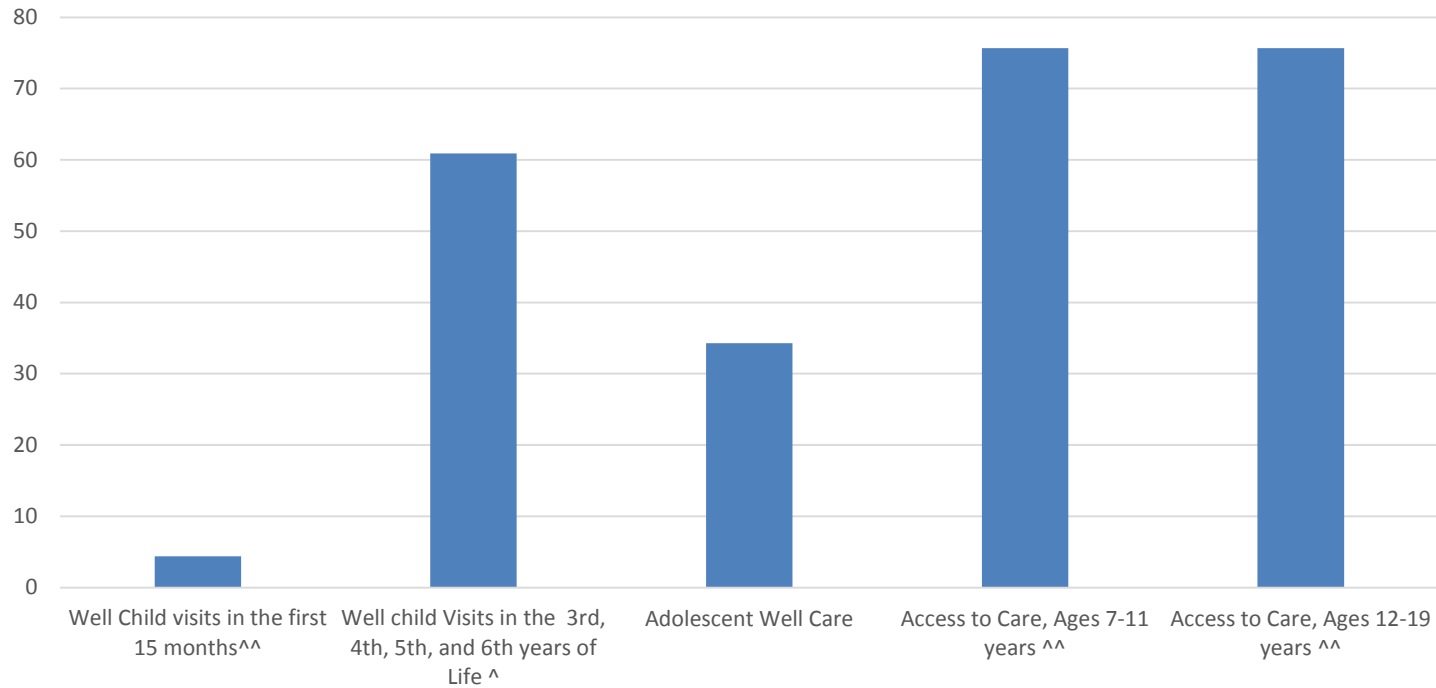
HEDIS Well Child Visits 2017

Statewide Colorado Data by Age Group



HEDIS Well Child Visits 2018

Statewide Colorado Data by Age Group



One caret (^) indicates a significant improvement in performance from 2017 to 2018. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

Two carets (^^) indicates a significant decline in performance from 2017 to 2018. Changes in the rates should be interpreted with caution due to a change in the Department's reporting requirement from hybrid in 2016 to administrative for 2017.

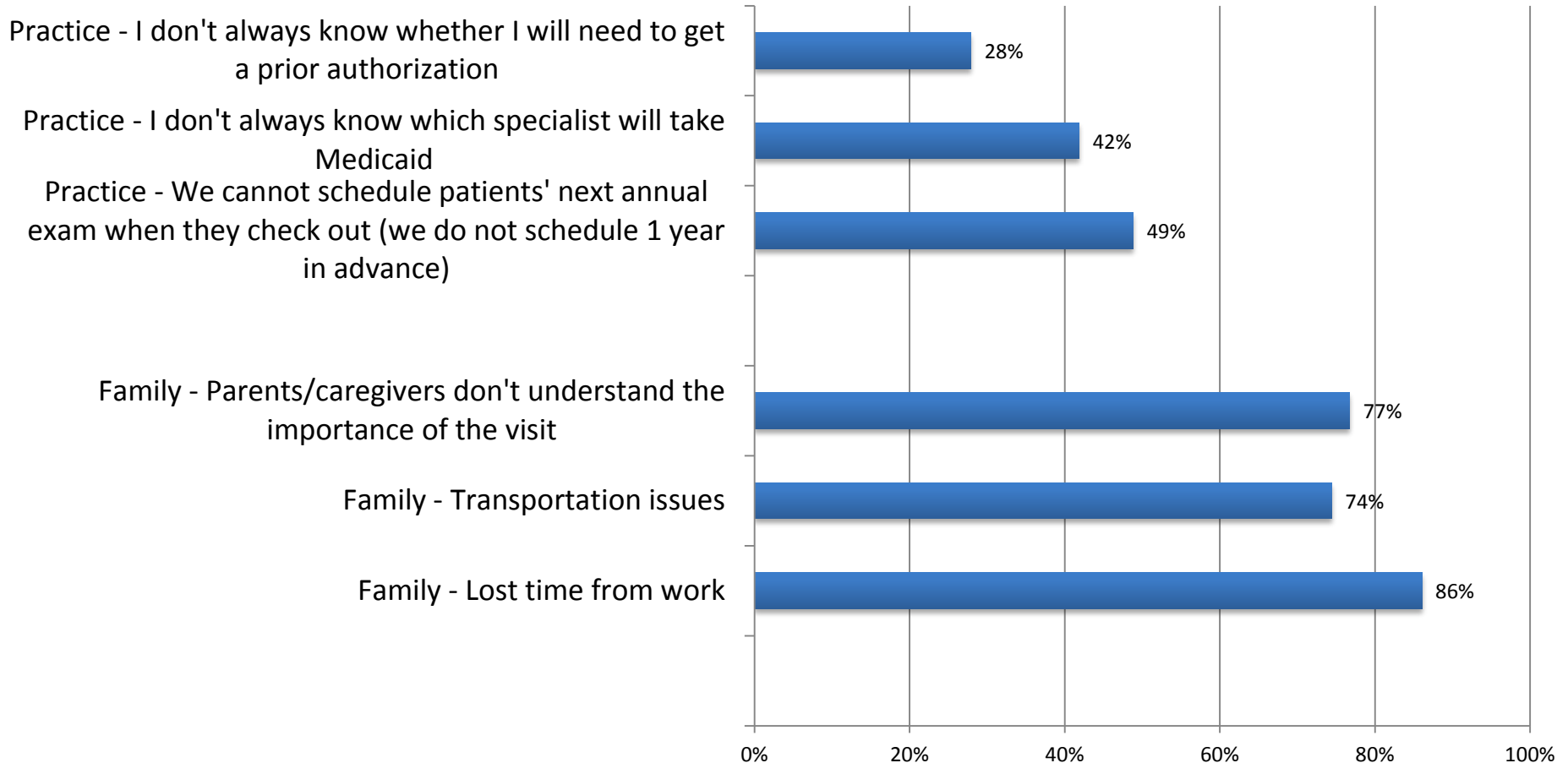


PROVIDER SURVEY RESULTS

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Perceived Barriers to Timely Preventive Care

October 2017 Provider Survey - Barriers that Practices and Families Face in Getting Timely Preventive Care



51%

of Providers surveyed wanted to learn more about best practices for addressing barriers to getting patients in for timely well care



Best Practices & Strategies for your Practice



Promising Practices¹

- ***Accommodate group well visits for families with multiple kids***
- ***Allow for well-visits in your open scheduling strategy*** – many are open to walk-in acute care but not well care
- ***Use multiple approaches to ask families about barriers to care and what may help:***
 - *Patient & Family Advisory Committees, short surveys, routine questions asked by “rooming” staff (MA, RN, etc.), Advisory councils open to community groups that work with kids, educators, etc.*
- ***Employ Population Health Management tools for patient recall to target high risk groups:*** Adolescents, Children with special healthcare needs, frequent ER visitors, School age populations
- ***Combine comprehensive well-child visit with sports/school physicals***



Community Based Support

Integrated Community Care Teams – funded by RMHP, will help Members to find a medical home; a great resource for managing the needs of very complex Members; can help with finding specialists, behavioral health resources, transportation, food, other needs

School Based Health Centers (SBHCs) – May have behavioral health resources, great resource for sports physicals, brief acute care, etc. Can refer to primary care providers for more complex needs

Community Mental Health Centers (CMHCs) – May staff SBHCs, great resource for further BH screening and treatment, Mental Health 1st Aid, resilience programs and training



Rocky Mountain Health Plans Support

- *RMHP Customer Service will ask and connect family with PCMP during outbound Welcome calls*
- *CS representatives will remind of need for well-child visit during outbound Welcome calls*
- *The RAE Getting Started Guide – information for Members about how to navigate Health First Colorado and find a provider*
- *Working with County Healthy Communities programs*
- *Community-based Care Management staff ensure Members have a PCMP and encourage preventive care*



RMHP Member Communications

Incentive & Educational Mailings	Description	Timing for Mailing
Adolescent Well Care	HEDIS Measure is Age 12-21 - \$25 incentive	Birthday mailing to start this Summer
New Baby Packet	New baby care: General info, immunization schedule, baby proofing home	Within 30 Days of Birth
12 month Birthday	Well visits/immunizations specific to age group	Birthday mailing
Well child 3-6	Well visits/immunizations specific to age group	Birthday mailing
Well child 7-10	Well visits/immunizations specific to age group	Birthday mailing



Value-Based Payment



Incentives & Value Based Payment

Provider Tiering: Payment for ALL Members attributed to your practice

Practice Transformation: PDSA Cycles to try out some of the promising practices

Alternative Payment Model: 11 Pediatric Measures in the APM model



Thank you and Questions

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THANK YOU!

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Upcoming Webinars



Upcoming Lunchtime EPSDT Webinars

May 20, 2019, 12:30 – 1:00

EPSDT Billing & Coding

June 7, 2019, 12:30 – 1:00

*Comprehensive Overview of
the EPSDT Benefit and Prior
Authorization*



RESOURCES



Resources

Advisory Board Company - <https://www.advisory.com/research/market-innovation-center/resources/posters/how-consumers-health-care-preferences-vary-by-age>

Parent Google Searches <http://www.chicagotribune.com/lifestyles/parenting/sc-google-parenting-family-0531-20160527-story.html>

**AAP – What do families Want From Well-Child Care
www.pediatrics.org/cgi/doi/10.1542/peds.2008-2352**

**CMS – Improving Adolescent Well-Care
<https://www.medicaid.gov/medicaid/benefits/downloads/paving-the-road-to-good-health.pdf>**

**AAFP – Remove Roadblocks and Improve Access to Preventive Care
<https://www.aafp.org/fpm/2011/0900/p26.html>**

**RMHP Health First Getting Started Guide
<https://www.rmhp.org/medicaid-chp-plus/understand-health-first-co/regional-organization>**



Resources

RMHP Provider Resources & Support

<https://www.rmhpcommunity.org/acc/resources>

Map of School Based Health Centers

<https://www.colorado.gov/pacific/cdphe/sbhc-locations>

Information on Behavioral Health Services for Children, Adolescents and Families in Colorado

<https://www.colorado.gov/pacific/cdhs/mental-health-children-families>

Map of and information about Health First Regional Accountable Entities

<https://www.colorado.gov/pacific/hcpf/accphase2>

RMHP Practice Transformation Resources

<https://www.rmhpcommunity.org/practice-transformation>

Colorado Department of Public Health & Environment info on Targeted Lead Testing (w map)

<https://www.colorado.gov/pacific/cdphe/lead-outreach-tool>

Information on HCPF Alternative Payment Model (APM)

<https://www.colorado.gov/pacific/sites/default/files/12.01.17%20Alternative%20Payment%20Model%20Survival%20Guide.pdf>



NQF #	CMS #	MIPS #	Measure Title	MIPS 70th Percentile	CPC+	RMHP Pediatric	RMHP Primary Care	PRIME	RAE APM	SIM - Adult	SIM - CPC+	SIM - Pediatric
NQF-0064	CMS-163 v5		Diabetes LDL Control	50.20%			X		X			
NQF-0068	CMS-164 v6		IVD: Use of Aspirin or Another Antiplatelet	80.61%	X				X			
NQF-0069	CMS-154 v5		Upper Respiratory Treatment in Children (URI)	96.00%		X			X			
NQF-0075	CMS-182 v6		IVD LDL Control				X		X			
NQF-0101	CMS-139 v5	318	Falls: Screening for Future Fall Risk	81.77%	X		X		X	X	X	
NQF-0108	CMS-136 v6		Follow-up Care for Children Prescribed ADHD Medication			X			X			
NQF-0418	CMS-002 v6		Depression Screening	42.31%	X	X	X	X	X	X	X	X
NQF-0419	CMS-068 v6		Medication Reconciliation	98.88%			X		X			
NQF-0421	CMS-069 v6.1		Preventive Care and Screening: BMI Screening and Follow-up	49.19%			X	X	X	X		
NQF-0576			Hospital Follow-up Mental Illness			X			X			
NQF-0712	CMS-160 v6		Depression Utilization of the PHQ-9	8.33%	X				X			
NQF-1346			Secondhand Smoke Exposure to Children			X			X			
NQF-1365	CMS-177 v5		Child and Adolescent Suicide Risk			X			X			
NQF-1392			Well Child Visits in the First 15 Months			X			X			
NQF-1448			Developmental Screening in the First 3 Years			X			X			X
NQF-1516			Well Child Visits (Ages 3-6)			X			X			
NQF-2372	CMS-125 v5	112	Breast Cancer Screening	63.13%	X		X		X			
NQF-2872	CMS-149 v5	281	Dementia: Cognitive Assessment	86.90%	X				X			
NQF-2908	CMS-144 v5		Beta-Blocker Therapy	85.96%			X		X			
	CMS347 v1		Statin Therapy for the Prevention and Treatment of Cardiovascular Disease		X				X			