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
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

<table>
<thead>
<tr>
<th>Age Group (Years)</th>
<th>Total</th>
<th>&lt; 1</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-14</th>
<th>15-18</th>
<th>19-20</th>
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<tbody>
<tr>
<td>National</td>
<td>76%</td>
<td>99%</td>
<td>100%</td>
<td>82%</td>
<td>66%</td>
<td>62%</td>
<td>52%</td>
<td>28%</td>
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<tr>
<td>Colorado</td>
<td>60%</td>
<td>100%</td>
<td>100%</td>
<td>96%</td>
<td>64%</td>
<td>44%</td>
<td>34%</td>
<td>14%</td>
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EPSDT Well Child Visits, 2017

**National and Colorado Data by Age Group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>National</th>
<th>Colorado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>74</td>
<td>63</td>
</tr>
<tr>
<td>&lt;1</td>
<td>97</td>
<td>100</td>
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<tr>
<td>1--2</td>
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<td>99</td>
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<tr>
<td>3--5</td>
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<td>68</td>
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<td>6--9</td>
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<tr>
<td>10--14</td>
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<td>47</td>
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<tr>
<td>15--18</td>
<td>51</td>
<td>36</td>
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<tr>
<td>19--20</td>
<td>25</td>
<td>15</td>
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</table>
HEDIS Well Child Visits 2017

Statewide Colorado Data by Age Group

- Well Child in the first 15 months of Life
- Well Child visits in the 3rd, 4th, 5th and 6th years of life
- Adolescent Well Care
- Access to Care, age 7-11 years
- Access to Care, age 12-19 years
HEDIS Well Child Visits 2018

Statewide Colorado Data by Age Group

Well Child visits in the first 15 months^^
Well child Visits in the 3rd, 4th, 5th, and 6th years of Life ^
Adolescent Well Care
Access to Care, Ages 7-11 years ^^
Access to Care, Ages 12-19 years ^^

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
Perceived Barriers to Timely Preventive Care

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

- Practice - I don't always know whether I will need to get a prior authorization: 28%
- Practice - I don't always know which specialist will take Medicaid: 42%
- Practice - We cannot schedule patients' next annual exam when they check out (we do not schedule 1 year in advance): 49%
- Family - Parents/caregivers don't understand the importance of the visit: 77%
- Family - Transportation issues: 74%
- Family - Lost time from work: 86%
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
• 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:
  
  o 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
<table>
<thead>
<tr>
<th>Incentive &amp; Educational Mailings</th>
<th>Description</th>
<th>Timing for Mailing</th>
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</thead>
<tbody>
<tr>
<td>Adolescent Well Care</td>
<td>HEDIS Measure is Age 12-21 - $25 incentive</td>
<td>Birthday mailing to start this Summer</td>
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<tr>
<td>New Baby Packet</td>
<td>New baby care: General info, immunization schedule, baby proofing home</td>
<td>Within 30 Days of Birth</td>
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<tr>
<td>12 month Birthday</td>
<td>Well visits/immunizations specific to age group</td>
<td>Birthday mailing</td>
</tr>
<tr>
<td>Well child 3-6</td>
<td>Well visits/immunizations specific to age group</td>
<td>Birthday mailing</td>
</tr>
<tr>
<td>Well child 7-10</td>
<td>Well visits/immunizations specific to age group</td>
<td>Birthday mailing</td>
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</tbody>
</table>
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
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

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)
Map of School Based Health Centers in Region 1
<table>
<thead>
<tr>
<th>NQF #</th>
<th>CMS #</th>
<th>MIPS #</th>
<th>Measure Title</th>
<th>MIPS 70th Percentile</th>
<th>CPC+</th>
<th>RMHP Pediatric</th>
<th>RMHP Primary Care</th>
<th>PRIME</th>
<th>RAE APM</th>
<th>SIM - Adult</th>
<th>SIM - CPC+</th>
<th>SIM - Pediatric</th>
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<tr>
<td>NQF-0064</td>
<td>CMS-163 v5</td>
<td></td>
<td>Diabetes LDL Control</td>
<td>50.20%</td>
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<td>NQF-0068</td>
<td>CMS-164 v6</td>
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<td>IVD: Use of Aspirin or Another Antiplatelet</td>
<td>80.61%</td>
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<td>NQF-0069</td>
<td>CMS-154 v5</td>
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<td>Upper Respiratory Treatment in Children (URI)</td>
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<td>NQF-0075</td>
<td>CMS-182 v6</td>
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<td>IVD LDL Control</td>
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<td>NQF-0101</td>
<td>CMS-139 v5</td>
<td>318</td>
<td>Falls: Screening for Future Fall Risk</td>
<td>81.77%</td>
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<td>NQF-0108</td>
<td>CMS-136 v6</td>
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<td>Follow-up Care for Children Prescribed ADHD Medication</td>
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<td>NQF-0418</td>
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<td>Depression Screening</td>
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<td>NQF-0419</td>
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<td>Medication Reconciliation</td>
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<td>NQF-0421</td>
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<td>Preventive Care and Screening: BMI Screening and Follow-up</td>
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<td>Hospital Follow-up Mental Illness</td>
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<td>NQF-0712</td>
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<td>Depression Utilization of the PHQ-9</td>
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<td>NQF-1348</td>
<td>CMS-177 v5</td>
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<td>Secondhand Smoke Exposure to Children</td>
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<td>NQF-1365</td>
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<td>Child and Adolescent Suicide Risk</td>
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<td>NQF-1392</td>
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<td>Well Child Visits in the First 15 Months</td>
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<td>NQF-1448</td>
<td>CMS-160 v6</td>
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<td>Developmental Screening in the First 3 Years</td>
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<td>NQF-1518</td>
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<td>Well Child Visits (Ages 3-6)</td>
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<tr>
<td>NQF-2372</td>
<td>CMS-125 v5</td>
<td>112</td>
<td>Breast Cancer Screening</td>
<td>63.13%</td>
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<tr>
<td>NQF-2872</td>
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<td>Dementia: Cognitive Assessment</td>
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<td>NQF-2908</td>
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<td>Beta-Blocker Therapy</td>
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<td>CMS347 v1</td>
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<td>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</td>
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