

**ALABAMA HEALTHCARE IMPROVEMENT AND QUALITY ALLIANCE (AHIQA) MEETING**

**February 1, 2012**

**1:30 P.M. - 3:30 P.M.**

**4<sup>TH</sup> FLOOR BOARDROOM and WEBINAR**

**Attendees:**

**Medicaid Staff Present:**

Dr. Melinda Rowe (Chair), Dr. Robert Moon, Kathy Hall, Theresa Richburg, Sharon Moore-Grimes, Nancy Headley, Ron Macksoud, Sylisa Lee-Jackson

**Others Present:**

Dollie Hambrick, Alabama ARISE; Rosemary Blackmon, ALAHA

**Present Via Telephone:**

Bart Prevallet, AQAF; Renita Rigney, BCBS; Christopher Sellers, ALL Kids; Dr. Wes Smith, AQAF; Valerie Cochran, ADPH

Dr. Moon welcomed everyone and thanked all for their presence at this meeting.

**Roll Call/ Introductions/Updates:**

Dr. Moon called for introductions from attendees around the table followed by introductions from phone participants. He informed the group of the Agency's recent reorganization and that AHIQA Group will be moving under the administration of Nancy Headley and under the supervision of Dr. Rowe. Theresa Richburg was recognized with a certificate of appreciation in recognition of valuable contributions to the AHIQA Committee. Dr. Moon then turned the meeting over to Dr. Rowe.

**Minutes:**

Dr. Rowe called for a review of the minutes from the November 2, 2011 meeting; there were no changes to the minutes requested. A move was made and seconded; the group voted for the minutes to be accepted as written.

**Discussions:**

Dr. Rowe emphasized the goal of this group (as referenced in the minutes of the last meeting) is for stakeholders to come together, discuss and develop a unified quality matrix set that would not conflict and overlap in any significant way. Dr. Rowe thanked the group for all the work that has been done so far to accomplish this goal. She asked the group to keep in mind that different payers may chose to use the matrix in a variety of ways with the goal of not trying to dictate how the matrix is used but if a payer decides to use a measure everyone will pick from the same set of measures.

Dr. Rowe referenced the Unified Set and asked Theresa to speak to the addition of the BCBS measures to the Unified Set. Theresa stated BCBS measures were not included initially, because we did not think they were required. In the last meeting, it was recommended that BCBS measures be added since some providers are required to report on certain BCBS

measures. Renita stated the BCBS measures are not required by accreditation, but they are done for ALL Kids and some for FEP population.

Dr. Rowe informed the group that CMS released the initial set of Adult Core Measures in the Federal Register published 1/4/12. This is in addition to the Pediatric Core Measures already developed and being used by CHIPRA. Both the Pediatric and Adult Core Measures are voluntary for state Medicaid agencies at this time.

The group reviewed and discussed measures/specifications. The following actions are noted below:

### **I. Diabetes Care**

- Recommendation/Approved: Affordable Care Act Adult Quality Measure: Hgb A1c testing--% of adults (18-75yo) with diabetes receiving one or more Hgb A1c test(s) per year.
- Recommendation/Approved: CHIPRA--% of pediatric patients (5-17yo) with diabetes receiving one or more Hgb A1c test(s) per year

### **II. Ambulatory Care-Outpatient/ED visits**

- Recommendation/Approved: CHIPRA #1 --# ED visits for children < 21yo per member per year as function of all children enrolled and eligible during measurement year
- Recommendation/Approved: CHIPRA #2-- # asthma patients 2-20yo with one or more asthma related ED visits and diagnosis of asthma during measurement year
- Recommendation/Approved: AQAF--other goals to be defined by communities and are data driven and tracked for improvement

Bart Prevallet explained other goals as defined by the community and the 10th Scope of Work. Dr. Wes Smith provided a general overview about the 10<sup>th</sup> Scope of Work. Renita Rigney provided information about the Hospital Engagement Contractors and suggested to add Hospital Engagement Network (HEN) as a stakeholder.

### **III. Breast Cancer Screening**

- Recommendation/Approved: AQAF--% women 40-69yo who had a mammogram to screen for breast cancer within 24 months {using HEDIS specifications}

### **IV. Cervical Cancer Screening**

- Recommendation/Approved: BCBS-- to ensure that all women 21-64yo receive cervical cancer screening test during measurement year or two years prior

## **V. Colorectal Cancer Screening**

- Recommendation/ Approved AQAF--% of patients 50-75yo who receive appropriate colorectal cancer screening-one of more screenings during past 12 months reporting period with the addition of HEDIS Specification

Dr. Moon explained to the group that a colorectal cancer screening may have been done appropriately 5 years ago (for example), but not meet this measure specification. He asked Bart Prevallet how it would affect AQAF if they considered using the HEDIS measure. Bart stated he will make a note and look at this specific measure. Dr. Moon recommended the HEDIS Measure. The group agreed to adopt the measure with the addition of the HEDIS specification.

## **VI. Medical Assistance with Smoking/Tobacco Use Cessation**

- Recommendation/Approved: MU #1 --% patients 18yo and older who were current smokers/tobacco users and were seen by practitioner during year and received advice to quit smoking/tobacco use or whose practitioner recommended/discussed smoking/tobacco use cessation medications, methods, or strategies
- Recommendation/Approved: MU #2 (a) % patients 18yo and older seen for at least 2 office visits and who were asked about tobacco use one or more times within past 24 months; (b) % patients 18yo and older identified as tobacco users within past 24 months and seen for at least 2 office visits and who received cessation intervention
- Recommendation/Approved: ALMA--# women who quit smoking while pregnant/number of smokers

Dr. Moon stated there is no similar measure for BCBS. ALMA has a similar measure for Maternity Care patients only. Medicaid will choose from one of these measures with the renewal of the Maternity Care Contract.

## **VII. Prenatal and Postpartum Care**

- Recommendation/Approved: CHIPRA #1--Timeliness of Prenatal Care--% deliveries of live births between 11/6 of year prior to measurement year and 11/5 of measurement year who received prenatal care visit in first trimester or within 42 days of enrollment in organization
- Recommendation/Approved: CHIPRA #2--Frequency of Ongoing Prenatal Care--% Medicaid deliveries between 11/6 of year prior to measurement year and 11/5 of measurement year that received less than 21% expected visits, 21 -40% expected visits, 41-60% expected visits, 61-80% expected visits and 81% or greater of expected visits

No payer can currently obtain this information without doing a record review. The group agreed that these are good measures to keep. The goal would be to use these measures when information is available, as electronic medical records are available.

- Recommendation/Approved: ALMA #3--% of women identified as breast feeding at post partum visit; ALMA # 4--Percentage of women who completed family planning/post partum visit prior to 60<sup>th</sup> day post delivery; ALMA # 5--Prenatal Visit Elements; ALMA #6--Blood group determination-These are Alabama Medicaid Measures which are obtained by review of a certain percentage of medical records. BCBS looks at breast feeding through their "Baby Yourself" Program, but does not use any of the other measures. ALL Kids will be glad to see if they can apply these measures to their teen population.
- Recommendation/Approved: MU #7--Rhogam Injection--% of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12 month period who received anti-D immune globulin at 26-30 weeks gestation
- Recommendation/Approved: ALMA # 8--Asymptomatic Bacteria urine screening
- Recommendation/Approved: CHIPRA #9--% of low birth weight babies (<2500gm) (# resident live births < 2500 gms per number of resident live births in state reporting period)
- Recommendation/Approved: ALMA #10--% of very low birth weight babies (<1500gm)

Rosemary Blackmon asked how you really affect low birth weight babies. Are these measures used to benchmark and track overall outcomes, or are we trying to look at providers? Dr. Rowe stated it is a combination of the two, again providers can chose which measures to use.

- Recommendation/Approved: ALMA # 11--Percentage of babies born prior to 37wks gestation and ALMA # 12--% of diabetic women who have at least one session with registered dietician

#### **VIII. HIV Screening in Prenatal Care**

- Recommendation/Approved: MU-- % patients regardless of ages who gave birth during 12 month period and who were screened for HIV during first or second prenatal care visit

#### **IX. Appropriate Testing/Antibiotic Treatment for Children with Pharyngitis**

- Recommendation/Approved: BCBS #1-- appropriate testing--Appropriate testing—to ensure that children 2-18yo diagnosed with pharyngitis and treated with antibiotics receive appropriate testing for streptococcal pharyngitis; Denominator—continuously enrolled children 2-18yo diagnosed with only pharyngitis in outpatient or ED setting during 1 year period starting 6 months prior to measurement year and who filled antibiotic prescription during 0-3 days after index date
- Recommendation/Approved: BCBS #2-- Use of narrow spectrum antibiotics for patients with Acute Streptococcal Pharyngitis; Denominator—continuously enrolled children with diagnosis of acute streptococcal pharyngitis or who received an injected antibiotic on index date.

These are HEDIS measures and will only change if HEDIS changes.

#### **X. Childhood Immunizations**

- Recommendation/Approved: CHIPRA--% patients who turned 2yo during measurement year who had four DTaP/DT, three IPV, one MMR, three HIB, three HepB, one chicken pox VZV, four pneumococcal conjugate PCV, two Hep A, two or three rotavirus, and two influenza vaccines by child's second birthday; Measure calculates rate for each vaccine and nine separate combination rates

There are combination rates as well as individual rates. Valerie asked if the measure could be changed in case immunization schedule changes. This is a CHIPRA measure and it will change when CHIPRA changes. BCBS uses this measure also, and all measures listed are included in HEDIS and BCBS follows HEDIS.

#### **XI. Chlamydia Screening**

- Recommendation/Approved: CHIPRA-- % of women 16-20 identified as sexually active who had at least one test during the measure year; and MU %-- women 21-24 identified as sexually active who had at least one test during the measurement year

These are HEDIS measures with two different age groups; CHIPRA reports the lower age rate. BCBS also uses these measures; their age group is 16-24 identified as sexually active.

#### **XII. Flu Shots for Adults**

- Recommendation/Approved: MU--% patients 50yo and older who received influenza immunization during flu season (September – February)

HEDIS measure; captured on the CAHPS Survey not on claims.

#### **XIII. Pneumococcal Immunization--Older Adults**

- Recommendation/Approved: MU--% patients 65yo and older who have ever received a pneumococcal vaccine

HEDIS measure; captured on the CAHPS Survey not on claims.

#### **XIV. Persistence of Beta Blocker Treatment after a Heart Attack**

- Recommendation/Approved: BCBS--to ensure that members/patients who have been discharged alive from acute inpatient setting with acute myocardial infarction (AMI) receive an adequate supply of beta blockers for at least 75% coverage during six month period following date of discharge

Renita stated, "you have to have pharmacy data in order to run it, we will have to remove a few groups if we do not have pharmacy data. We have to physically look to see if they had a MI then look for the beta blocker prescriptions as well." Dr. Rowe stated that there are a lot of measures and asked if everyone in the group was okay with this measure. The answer was 'yes'.

## **XV. Coronary Artery Disease (CAD) Drug Therapy for Lowering LDL-Cholesterol and Antiplatelet Therapy**

- Recommendation/Approved: MU #1--% patients 18yo and older with diagnosis of CAD who were prescribed lipid lowering therapy
- Recommendation/Approved: MU #2--% patients 18yo and older with diagnosis of CAD who were prescribed oral Antiplatelet therapy

Renita stated, "BCBS has this measure but it does not include the Antiplatelet therapy." The group voted to keep it as part of menu.

## **XVI. Controlling High Blood Pressure (HBP)**

- Recommendation/Approved: MU #1 and MU #2--Controlling HBP--% patients 18-85yo who had diagnosis of hypertension (HTN/HBP) and whose blood pressure (BP) was adequately controlled during the measurement year
- Recommendation/Approved: MU #2--Ischemic Vascular Disease (IVD): BP management--% patients 18yo and older who were discharged alive for AMI, CABG, PTCA from Jan 1- Nov 1 of year prior to measurement year or who had dx IVD and whose BP is in control (BP < 140/90 mm Hg)

## **XVII. Comprehensive Ischemic Vascular Disease (IVD) Care: Complete Lipid Profile and LDL Control rates**

- Recommendation/Approved: MU--% patients 18yo and older discharged alive for AMI, CABG, PTCA from Jan 1-Nov 1 of year prior to measurement year or who had dx of IVD during measurement year who had complete lipid profile performed during measurement year and whose LDL-cholesterol < 100 mg/dl

## **XVIII. Diabetes: Lipid Profile**

- Recommendation/Approved: BCBS--to ensure that all members/patients with diabetes receive LDL monitoring at least annually

## **XIX. Use of Appropriate Medications for People with Asthma**

- Recommendation/Approved: MU #1--% patients 5-50yo identified as having persistent asthma and appropriately prescribed medication during measurement year. Report three stratifications--5-11yo, 12-50yo, and total
- Recommendation/Approved: MU #2-- patients 5-40yo with dx mild, moderate, or severe persistent asthma prescribed either preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment

**XX. Follow-up (F/U) after hospitalization for Mental Illness/Mental Health Utilization**

- Recommendation/Approved: CHIPRA #1--% discharges for members 6yo and older hospitalized for treatment of selected mental health disorders and who had outpatient visit, intensive outpt encounter, or partial hospitalization with mental health practitioner. Report two rates:% members who receive f/u within 7 days of discharge and 30 days of discharge
- Recommendation/Approved: CHIPRA #2--F/U care for children prescribed ADHD medications--% children newly prescribed ADHD meds who had at least three f/u visits within 10 month period, one of which was within 30 days of when ADHD meds dispensed. Two rates reported: Initiation Phase and Continuation and Maintenance
- Recommendation/Approved: CHIPRA #3--Developmental Screening in First Three Years of Life--% children screened for risk of developmental, behavioral, and social delays using standardized screening tool in first three years of life. This is a measure of screening in first three years of life that includes three age-specific indicators assessing whether children are screened by 12 months, by 24 months, and by 36 months of age

The next meeting will be held on May 16<sup>th</sup> and the group will resume with measure number 21, Adult Weight Screening/ Follow Up. Dr. Rowe asked for comments and updates. There were no additional comments or updates. Dr. Rowe called the groups attention to the next meeting dates; May 16, July 18, and November 7, 2012. November's meeting was changed to the first Wednesday of the month to avoid conflicting with the Thanksgiving holidays. Dr. Rowe thanked everyone for their participation. The meeting was adjourned at 3:20 p.m. by Dr. Rowe.

Respectfully submitted by:

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Sylisa Lee-Jackson, RN, ASN, BSMHR

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Date

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Sharon Moore-Grimes, RN, BSN

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Date