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Meeting Notes

Client: Nevada DHCFP

Meeting Date: September 3, 2020

Subject: Improving Health Outcomes, Performance Improvement and Maternal Health Public Workshop

Location: WebEx

Notes

- **Improving Health Outcomes Discussion**
  - There are an insufficient number of HEDIS measures that are specific to children and with meaningful age stratification. HEDIS measures do not address wait time or timely access to services. While there are benefits to national comparison with HEDIS measures, for practical use in the community, additional measures for access to and quality of services should be considered.
  - Consideration to evaluate incremental performance against HEDIS measures (year-over-year or quarter-over-quarter) in addition to the final HEDIS outcomes for the performance year. Provider indicates they do trending to track performance on a quarter-to-quarter basis to assess if annual measures will be met. Mercer indicated there is a way to track incremental increases year-over-year. Mercer asked if there are particular measures that should be a focus of the managed care program — where performance is lagging or performance is good and it is not being recognized — and no specific feedback was provided during the workshop.
  - Systemic issue with accurate member contact info at the provider level to conduct outreach and get patients in for appointments to support HEDIS reporting.
  - Sample of behavioral health indicators include population served (with stratification based on age, race/ethnicity, gender, locality and involvement in public child-serving systems); behavioral health service utilization (patterns and cost, outliers, use of home- and community-based settings, patterns by category of aid and locality, appointment wait times and treatment satisfaction); service quality (use of evidence-based practices, adherence to family-centered and systems of care approach, inclusion of natural supports in care plans); cost (total, per child served and for each aid category); outcome at the child, program and system level, to be determined in conjunction with DHCFP to be reported by the second year of the contract.
  - For primary care, track behavioral health and developmental screenings and connections to appropriate services.

- **Performance Improvement Projects (PIPs) Discussion** (note, a number of the comments address network adequacy concerns)

  - Provider accessibility for members with any disability (behavioral, physical and cognitive) should be a focus for PIPs.

  - Access challenges particularly for school age children due to limited availability for appointments compared to physician office hours. Weekend and evening office hours would help with access issues.

  - Children often have co-occurring conditions and providers may not want to treat an individual with autism in addition to physical and behavioral health needs. Telehealth is an option to address this issue, but cannot address all service needs.

  - The transition from pediatric to adult care should be the focus of a PIP, especially for members with complex co-morbid conditions (e.g., physical health needs and IDD). It is important to close the gap in services and to ensure the relationship with and patient knowledge of the pediatrician is not lost when transitioning to adult care.

- **Maternal and Infant Outcomes Discussion**

  - Individuals experience racism and discrimination in seeking and receiving health care, which results in delayed or absence of health care service utilization. Suggested partnership with faith based community and providers to build trust. Use of community health workers could also build trust between members and the provider community.

  - Accountability for cultural competency at the MCO and provider level needs to go beyond completion of training.

  - Focus should also be on contraceptive management and pre-pregnancy education to support improved maternal and infant health outcomes.