Medi-Cal Excellence in Early Childhood Outcomes Collaborative (MEECOC) Learning Community Meeting

July 12th, 2023

https://www.childrennow.org/blog/meecoclc
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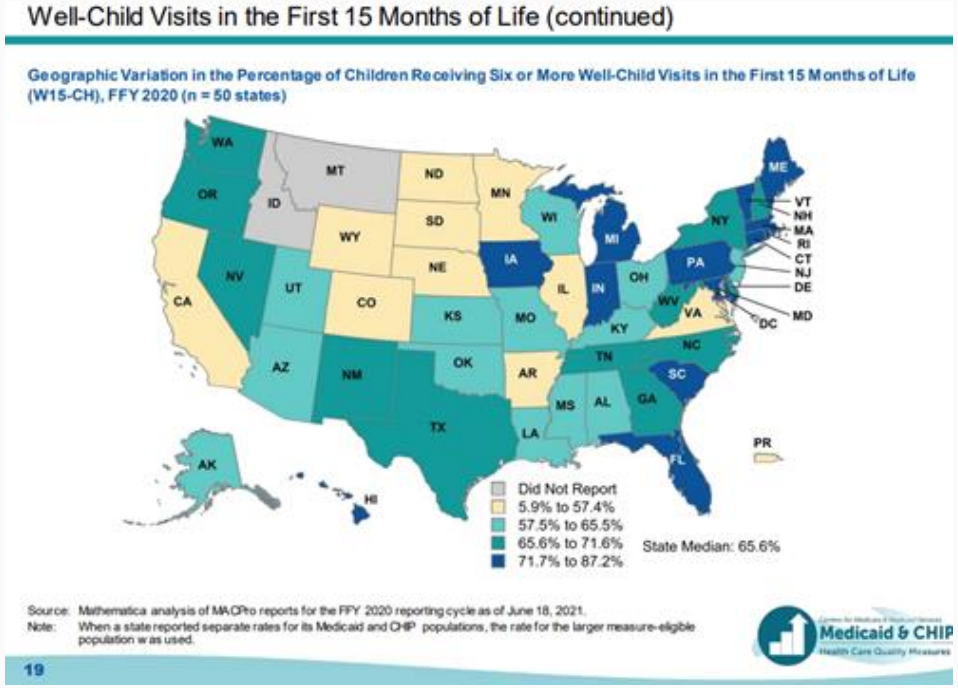
About



GOALS:

Increase the rates of infant well-visits and preventive services in Medi-Cal, in line with the Bold Goals: 50x2025 set by DHCS and the specific strategies laid out in *Medi-Cal's Strategy to Support Health and Opportunity for Children and Families*.

Decrease the rate of disparities for at least one racial/ethnic group by 10 percent from the 2021 baseline.

Through regular meetings, MEECOC partners share learnings, make connections, and align strengths to test and improve quality of care for infants. To join our email list, click here.

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About

- Department of Health Care Services
- Health Net
- Health Plan of San Joaquin
- Partnership Health Plan
- Children Now

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Agenda

- ❑ Welcome
- ❑ Data, Policy and Other Updates from Dept. of Health Care Services
- ❑ Small group discussions
  - Member incentives
  - Data sharing
- ❑ Closing

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Data Update - Well Child Visits in the First 6 Months of Life

To view the dashboard, visit DHCS' Quality Measures & Reporting website: https://www.dhcs.ca.gov/dataandstats/Pages/Quality-Measurement-And-Reporting.aspx

Under "Monitoring Reports" click on the link "DHCS Infant Well Child Visits in the First Six Months"

Preventative Services Report (PSR)

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Quality & Health Equity Transformation Branch Chief

DHCS

Background Summary

- The 2022 Preventive Services Report (PSR) presents statewide and regional results for a total of 21 indicators that assess utilization of preventive services by MCMC (*Medi-Cal Managed Care program*) children and adolescents during measurement year 2021, and includes regional and demographic trends, findings, and recommendations.
- DHCS requested that Health Services Advisory Group, Inc. (HSAG) produce an annual Preventive Services Report beginning in 2020; to analyze child and adolescent performance measures.
- Data was captured from 25 full scope MCPs (*Manage Care health Plans*) for measurement year (MY) 2021
- the Preventive Services Report is an additional tool that DHCS can use to identify and monitor appropriate utilization of preventive services for children in MCMC.

PSR Measures

Indicator	Measurement Year 2020 Statewide Rate	Measurement Year 2021 Statewide Rate	Measurement Year 2021 National Benchmark
MCP-Calculated Indicators			
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6)	37.70%	40.23%	55.72%
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 to 30 Months—Two or More Well-Child Visits (W30–2)	66.40%	60.28%	65.83%
Child and Adolescent Well-Care Visits—3 to 11 Years (WCV)	47.84%	55.24%	51.35%
Child and Adolescent Well-Care Visits—12 to 17 Years (WCV)	41.57%	49.91%	45.05%
Child and Adolescent Well-Care Visits—18 to 21 Years (WCV)	20.89%	23.34%	24.63%
Child and Adolescent Well-Care Visits—Total (WCV)	41.13%	47.51%	48.93%
Childhood Immunization Status—Combination 10 (CIS–10)	39.84%	37.81%	34.79%
Chlamydia Screening in Women—16 to 20 Years (CHL–1620)	57.94%	59.23%	50.14%
*Developmental Screening in the First Three Years of Life—Total (DEV)**	23.11%	28.83%	35.60%
Follow-Up After Emergency Department Visit for Mental Illness—30-Day Follow-Up—6 to 17 Years (FUM–30)	—	43.47%	67.79%
Immunizations for Adolescents—Combination 2 (Meningococcal; Tetanus, Diphtheria Toxoids, and Acellular Pertussis [Tdap]; and Human Papillomavirus [HPV]) (IMA–2)	41.05%	37.96%	35.04%
Screening for Depression and Follow-Up Plan (CDF)	16.52%	19.25%	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Body Mass Index (BMI) Percentile Documentation—Total (WCC–BMI)	79.12%	82.92%	79.68%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Nutrition—Total (WCC–N)	71.29%	77.94%	72.26%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—Counseling for Physical Activity—Total (WCC–PA)	68.71%	76.17%	68.61%

PSR Measures

Indicator	Measurement Year 2020 Statewide Rate	Measurement Year 2021 Statewide Rate	Measurement Year 2021 National Benchmark
HSAG-Calculated Indicators			
Alcohol Use Screening (AUS)	1.83%	2.31%	N/A
Dental Fluoride Varnish (DFV)	19.35%	22.62%	N/A
Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—6 to 17 Years (FUH–7)	59.60%	58.80%	47.65%
Tobacco Use Screening (TUS)	2.54%	3.83%	N/A
DHCS-Calculated Indicators			
Blood Lead Screening—Test at 12 Months of Age (BLS–1)	46.21%	43.98%	N/A
Blood Lead Screening—Test at 24 Months of Age (BLS–2)	34.50%	34.50%	N/A
Blood Lead Screening—Two Tests by 24 Months of Age (BLS–1 and 2)	24.15%	21.26%	N/A
Blood Lead Screening—Catch-Up Test by 6 Years of Age (BLS–316)	34.99%	32.29%	N/A
Lead Screening in Children (LSC)	58.21%	52.06%	63.99%
COVID-19 Cases Per 100,000— 0 to 17 Years	164.85	285.00	N/A
Received at Least One Dose of COVID-19 Vaccine—12 to 17 Years	—	50.48%	N/A

Key Findings

Key Finding 1

- Performance for measurement year 2021 improved from measurement year 2020, and the majority of indicators that could be compared to national benchmarks exceeded the national benchmarks for measurement year 2021. A majority of the measures for Well-Child visits and blood lead screenings decreased.
  - From measurement year 2020 to measurement year 2021, 11 of 20 (55.00 percent) indicator rates that had reportable rates in both years increased
- Conclusion & Considerations
  - It will be important for DHCS to assess how CalAIM impacts the utilization of preventive pediatric services.
  - MCPs should continue their efforts to provide educational materials and make calls to parents/guardians of MCMC children to help them understand the services, including preventive care (e.g., well-child visits and blood lead screenings) available to them.

Key Finding 2: Performance is Regional

- From measurement year 2020 to measurement year 2021, performance in the Central Coast and San Francisco Bay/Sacramento geographic regions continued to be high, with more than half of county rates in the top two quintiles

- Conclusion & Considerations
  - MCPs operating in lower-performing rural counties should consider expanding the use of telehealth visits, where appropriate, and assess ways to expand the managed care provider networks to improve performance.

Key Finding 3

- Statewide performance varies based on race/ethnicity and primary language
- For the eight indicators considered to be key findings, five of eight (62.50 percent) indicator rates for the Asian racial/ethnic group and two of eight (25.00 percent) indicator rates for the Hispanic or Latino racial/ethnic group were above the statewide aggregate by more than a 10 percent relative difference.
- For measurement year 2021, all eight indicator rates for the American Indian or Alaska Native racial/ethnic group were below the statewide aggregate by more than a 10 percent relative difference.
- For the Black or African American, Native Hawaiian or Other Pacific Islander, and White racial/ethnic groups, rates were below the statewide aggregate by more than a 10 percent relative difference for six, five, and five indicators, respectively.

Key Finding 3 Cont.

- From measurement year 2020 to measurement year 2021, rates for the Lead Screening in Children indicator declined by more than a 10 percent relative difference for five of eight (62.50 percent) racial/ethnic groups (Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other, and Unknown/Missing).
- Majority of reportable rates for the Chinese, Farsi, Hmong, Spanish, and Vietnamese primary language groups were higher than the statewide aggregate by more than a 10 percent relative difference, while the majority of reportable rates for the Russian primary language group were lower than the statewide aggregate by more than a 10 percent relative difference
- Conclusion & Consideration
  - MCPs have opportunities to use this information to address lower rates in their population needs assessment (PNA) process.
  - MCPs should leverage information from the Preventive Services Report to assist in their PIP processes.

Key Finding 4

- Overall performance across California's six largest counties (Los Angeles, San Bernardino, Riverside, San Diego, Orange, and Sacramento counties) was high for a majority of indicators, but improvement is needed for well-child visits, childhood immunizations, and blood lead screenings.
- Conclusion & Consideration
  - Given that the six largest counties continued to have low performance related to well-child visits and blood lead screenings and saw a decline in childhood immunizations during measurement year 2021, implementing efforts to improve well-child visits within the six largest counties may contribute to substantial improvement for California overall.
  - DHCS should continue to monitor the rates for well-child visits, childhood immunizations, and blood lead screenings for measurement year 2022, as these are expected to improve.

Key Finding 5

- More than half of younger children received well-child visits and received immunizations at higher rates than seen nationally.
- Conclusion & Considerations
  - MCPs should continue to ensure children and adolescents receive all their necessary Well-Child visits, especially for children 15 months and younger. Well-Child visits
  - MCPs should leverage best practices shared through the CMS Infant Well-Child Visit learning collaborative group on improving rates of infant Well-Child visits during the first 30 months of life.

Key Finding 6

- Adolescent rates for well-care visits are lower than rates for younger children, but adolescents do receive immunizations at higher rates than seen nationally.
- Conclusion & Considerations
  - Given that adolescents ages 12 to 21 years account for approximately 47 percent of the pediatric MCMC population, there are opportunities for MCPs to work with providers to ensure that as children get older, they continue to receive comprehensive well-care visits and recommended screenings.
  - MCPs should leverage information from the Preventive Services Report to assist in their PIP processes.

Key Finding 7

- Over half of MCMC children received a blood lead screening by their second birthday, but MCMC children received blood lead screenings at lower rates than seen nationally
- Conclusion & Considerations
  - MCPs should continue their efforts to provide educational materials and make calls to parents/guardians of MCMC children to help them understand the services, including preventive care (e.g., well-child visits and blood lead screenings) available to them.
  - MCPs will be required to report the Lead Screening in Children indicator for measurement year 2022 and will be held to a minimum performance level. This will help encourage MCPs and their providers to ensure provision of necessary blood lead screenings for MCMC children.

Questions?

DHCS

Update – Equity and Practice Transformation Payments

Discussion Groups

Member Incentive Strategies to Increase Infant WCV

Discuss experiences and learnings with member incentive programs, including promising strategies/successes, challenges, and efforts aimed at addressing or eliminating disparities. Additional questions to consider:

- With respect to infant well-visits, what multi/intergenerational incentives have you found to be effective?
- What types of organizations/agencies should health plans partner with to implement member incentive programs?
- How do you engage your intended population in member incentive program design, implementation, evaluation, etc.?

Data Sharing Strategies to Increase Infant WCV

Discuss experiences and learnings with data sharing (e.g., obtaining data, sharing data b/t entities, data quality efforts, etc.), including promising strategies/successes, challenges, and efforts aimed at addressing or eliminating disparities. Additional questions to consider:

- What successful data-sharing strategies have you seen/implemented between entities to promote increased attendance at and reporting of WCV?
- What are the opportunities and challenges with sharing data across systems?
- What actionable data sharing would help facilitate increased well-visit attendance among 6 month olds?

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Discussion Groups

Process:

- Introductions via chat
- 20 minutes of discussion – Dedicate 6-7 min to discuss successes, challenges, and disparities reduction
- 5 mins report out in full group

Jamboards:

- Member Incentives
- Data Sharing

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Next Meeting: September 13th from 3:30 - 4:30pm

Online hub: https://www.childrennow.org/blog/meecoclc
Questions/Feedback? meecoc@childrennow.org
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