

Public Input on Georgia Families Quality Strategic Plan

Presentation to:
Board of Community Health
January 10, 2008



DCH Mission

ACCESS



Access
to affordable,
quality health
care in our
communities

RESPONSIBLE



Responsible
health planning
and use of
health care
resources

HEALTHY



Healthy
behaviors and
improved
health
outcomes

DCH Initiatives

FY 2007 and FY 2008

FY 2007

Medicaid Transformation

Integrity of our Programs & Safety Net

Consumerism

Health Improvement & Resolving Disparities

Uninsured: Community Solutions

FY 2008

Medicaid Transformation

Health Care Consumerism

Financial Integrity

Health Improvement

Solutions for the Uninsured

Medicaid Program Integrity

Workforce Development

PeachCare for Kids™ Program Stability

SHBP Evolution

Customer Service and Communication



Federal Requirements



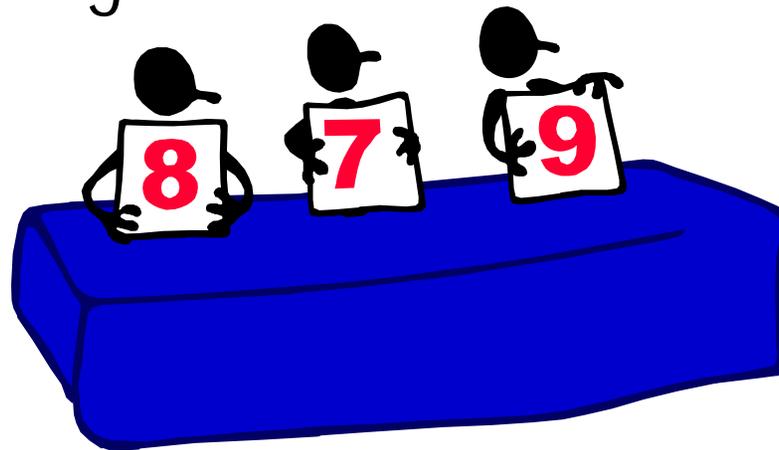
Social Security Act

Section 1932(c)(1) of the Social Security Act sets forth specifications for Quality Assessment and Performance Improvement strategies that states must implement to ensure the delivery of quality health care by all managed care organizations.



Purpose

Explanation of how Georgia will assess the quality of care delivered through the care management organizations (CMO) and how the state, based on this assessment, will improve the quality of care delivered through the CMO.



Centers for Medicare and Medicaid Services (CMS)



**CMS expects the written quality strategies
of each state to:**

Section I: Introduction

Provide an overview/introduction of the managed care program including the history, objectives and performance targets.



CMS expects the written quality strategies of each state to:

Section II: Assessment

Assess quality and appropriateness of care and services delivered to Georgia Families members, level of contract and regulatory compliance of CMOs, and level of impact of Health Information Technology (HIT) changes/evolution on the program.

**CMS expects the written quality strategies
of each state to:**

Section III: Improvement

Share interventions planned to improve the quality of care delivered to Georgia Families members.



CMS expects the written quality strategies of each state to:

Section IV: Review of Quality Strategy

Describe frequency of assessments of strategy performance, frequency of reporting strategy updates to CMS, and summary of evaluation methods and performance targets.

Process



Process for Public Input

- Presentation to Board of Community Health on November 8, 2007 with request for public input
- Strategic Plan, Executive Summary and form for input posted on Georgia Department of Community Health (DCH) Web site
- Request for input solicited through professional societies, medical societies, public interest groups, Emory University, Georgia State University, general public
- Public input accepted through December 6, 2007
- Input analyzed by Review Committee of the Division of Managed Care and revisions made to Strategic Plan



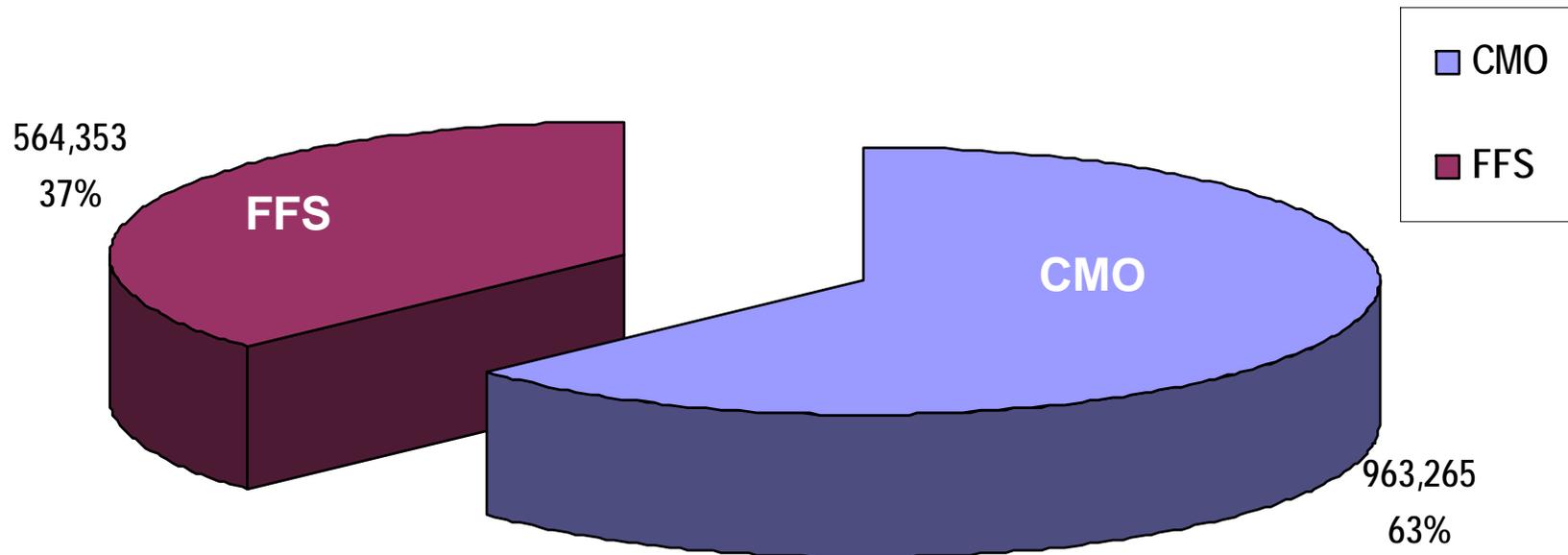
Public Input

- 48 recipients received notice for public input
- 17 responses received
- 35.4 percent response rate



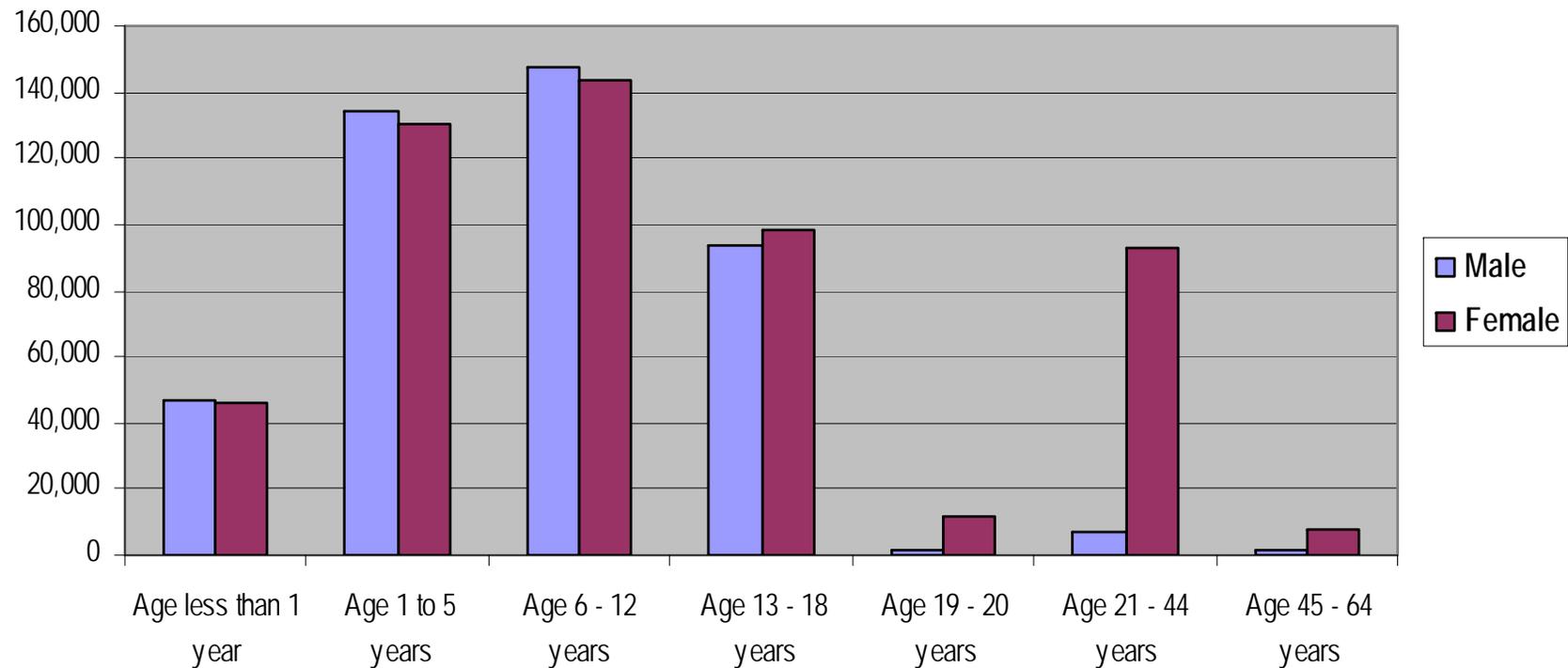
Managed Care by The Numbers

Membership by CMO or FFS



Managed Care by The Numbers

Georgia Families Age and Gender Distribution



Summary of Comments



Objectives: Measurement Methodology

CONCERN

- Immunization Data
 - Reliance on claim/encounter data underreports actual experience

DCH RESPONSE

- Will utilize data from the Georgia Public Health population based data for immunization rates
 - Will shift to reporting from Georgia Registry of Immunizations Transactions and Services (GRITS) when interface is available

Objectives: Measurement Methodology

CONCERN

- Baseline too low
 - Blood lead levels
 - Hemoglobin A1c
- Baseline too high
 - Well child visits first 15 months

DCH RESPONSE

- Reviewed data reporting methodology with Thomson Healthcare



Access

CONCERN

- Geo-access reports not a valid measure of access

DCH RESPONSE

- Utilizing additional access measures:
 - Percentage of children and adults receiving ambulatory visits
 - Percentage of children with dental visits
 - Percentage of members with an ambulatory visit following psychiatric admission
 - Survey of member satisfaction with access to care
 - Hospitalizations for ambulatory sensitive conditions



Use of HEDIS Reference Data

CONCERN

- Use of Healthcare Effectiveness Data and Information Set (HEDIS) Medicaid data as benchmark not appropriate because DCH using HEDIS-like methodology

DCH RESPONSE

- Choice of methodology was a compromise of using standard measures vs. capturing as many members as possible
- Regardless of methodology there are no known apples-to-apples comparisons
- Use of HEDIS and other national normative data represent best possible normative data

Public Reporting

CONCERN

- Key managed care data should be publicly reported in a predictable, regular basis

DCH RESPONSE

- DCH intends to have public reporting of managed care data
 - HIT Transparency Web site
 - DCH Web site
- Need to assure measures and data are valid and reliable

Public Input Suggestions for New Areas of Focus

SUGGESTIONS

- Children's oral health
- Children's mental health
- Children's weight status
- Aggregation of data by geographic location

DCH RESPONSE

- Current planned measures address above suggestions
- Investigating inclusion of appropriate measure of children's weight status

Conclusion

1. Quality assessment of managed care performance is critical, is necessary, is important
2. Public feedback provides important and unique perspectives
3. Division of Managed Care and Quality remains focused on a comprehensive review and assessment of many areas of health performance and health status