

Spring 2014

Molina Healthcare's Commitment to Healthy Members and Quality Services

Moling Healthcare of Ohio is committed to ensuring our members receive recommended preventive care based on age, health status, and medical conditions. Our goal is to help members take better care of themselves and their children through HEDIS[®] guidelines.

We also want to give our members the best service possible. That is why we use the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) survey, which covers important topics and quality aspects that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. Providers and organizations can use the survey results to improve the quality of health care services.

The following articles can be used as tools to assist with HEDIS[®] and CAHPS[®] measures. Through further education on these measures, we hope to increase understanding, emphasize importance, and provide guidance on ways to positively influence the member's experiences.

2nd Quarter Health Messages

April: Awareness and understanding on behavioral health in support of *Alcohol Awareness Month* **May:** Know your heart healthy numbers in support of *National High Blood Pressure Education Month* **June:** Managing your asthma in support of *Asthma and Allergy Awareness Month*

VFollow-Up after Hospitalization for Mental Illness (FUH)

Molina annually monitors the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within seven and 30 days of discharge.

HEDIS [®] Measure	2011 Rate	2012 Rate	Goal*
Follow-up within 30 days	72.91%	43.85%	77.47%
Follow-up within 7 days	55.71%	30.54%	57.68%

How to Improve HEDIS[®] Scores

- Schedule the follow-up appointment before the patient leaves the hospital. Same-day outpatient visits count.
- ✓ Try to use Molina care managers or care coordinators to set up appointment.
- \checkmark Visits must be with a mental health provider.
- \checkmark Code <u>T1015</u> can be used by FQHCs for this measure if grouped with modifier <u>U3.</u>

Initiation and Engagment of Alcohol and Other Drug Dependence Treatment (IET)

Molina annually monitors the percentage of adolescent and adult members 13 years of ageand older with a new episode of alcohol or other drug (AOD) dependence who received the following:

• Initiation of AOD Treatment: Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis.

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• *Engagement of AOD Treatment:* Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

HEDIS [®] Measure	2011 Rate	2012 Rate	Goal*
Follow-up within 30 days	72.91%	43.86%	77.47%
Follow-up within 7 days	55.71%	30.54%	57.68%

How to Improve HEDIS[®] Scores

- ✓ Clinical Practice Guidelines for Adults are provided at <u>www.MolinaHealthcare.com</u>.
- ✓ Use standardized templates in charts and in EMRs that allow checkboxes for standard counseling activities.
- ✓ Provide patient reminders and materials to assist in upcoming care visits.

Controlling High Blood Pressure (CBP)

Molina annually monitors patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose last BP of the year was adequately controlled (<140/90) during the measurement year (the most recent BP is used).

HEDIS [®] Measure	2011 Rate	2012 Rate	Goal*
Controlling High Blood Pressure	48.79%	59.38%	69.11%

How to Improve HEDIS[®] Scores

- ✓ Calibrate the sphygmomanometer annually.
- ✓ Select appropriately sized BP cuff.
- ✓ If the BP is 140/90 or greater, take it again. (HEDIS allows the lowest systolic and lowest diastolic readings in the same day). Often, the second reading is lower.
- ✓ Do not round BP values up. If using an automated machine, record exact values.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months.
- Current guidelines recommend two BP drugs started at first visit if initial reading is very high and unlikely to respond to a single drug and lifestyle modification.
- ✓ Molina has pharmacists available to address medication issues.

Use of Imaging Studies for Low Back Pain (LBP)

Molina annually monitors the percentage of members with a primary diagnosis of low back pain, who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

HEDIS [®] Measure	2011 Rate	2012 Rate	Goal*
Use of Imaging Studies for Low Back Pain	70.40%	63.08%	83.00%

How to Improve HEDIS[®] Scores

- Avoid diagnostic studies within 30 days of diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- ✓ Provide patient education on comfort measures (e.g., pain relief), stretching exercises, and activity level.
- ✓ Use correct exclusion codes if applicable (e.g., cancer).
- ✓ Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, etc.).

Lead Screening in Children (LSC)

Molina monitors the percentage of children who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

HEDIS [®] Measure	2011 Rate	2012 Rate	Goal*
Lead Screening in Children	67.82%	67.13%	81.86%

How to Improve HEDIS[®] Scores

- ✓ Take advantage of every office visit (including sick visits) to perform lead testing.
- ✓ Provide in-office testing (capillary). Consider a standing order for in-office lead testing.
- Educate parents about the dangers of lead poisoning and the importance of testing.

Childhood Immunization Status (CIS)

Molina Healthcare monitors the percentage of children 2 years of age who had who had four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; three H influenza type B; three hepatitis B, one chicken pox; four pneumococcal conjugate; one hepatitis A; two or three rotavirus; and two influenza vaccines by their second birthday.

HEDIS [®] Measure	2011 Rate	2012 Rate	Goal*
Childhood Immunization – Combination 2	68.06%	69.91%	80.79%

How to Improve HEDIS[®] Scores

- ✓ Review a child's immunization record before every visit and administer needed vaccines.
- ✓ Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations, (e.g., MMR causes autism, which is now completely disproven).
- ✓ Have a system for patient reminders.

Members' Satisfaction with Coordination of Care

The annual CAHPS[®] survey measures members' satisfaction with their health care and their health plan. One area of satisfaction that is measured relates to the coordination of care in the past six months.

✓ In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from [other] doctors or other health providers?

Results on a three-point scale for "Usually" or "Always" responses are listed below:

CAHPS [®] Measure – Coordination of Care	2011 Result	2012 Result	2013 Result	Goal**
Adult – CFC	2.20	2.29	2.35	N/A
Adult – ABD	2.29	2.39	2.35	N/A
Child	2.26	2.38	2.46	N/A

While there are no national benchmarks for this measure, we strive to reach the highest possible rating. Following up with referrals to other health providers, providing the patient with timely service, appropriate diagnoses, friendly customer service, and proper education on their health are all ways you can positively impact the patient's experience. We appreciate all you do to make your patient's experience a positive one.

Questions?

If you have any questions, please call Molina Healthcare's Provider Services at (855) 322-4079. Representatives are available to assist you from 8 a.m. to 5 p.m. Monday through Friday.

*National NCQA 75th percentile for Medicaid HMO plans.

** There are currently no national benchmarks for this CAHPS® measure.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).