

RCO Incentive Measure Selection Process



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MANAGED CARE QUALITY ASSURANCE

May RCO QA Meeting

- During the May RCO Quality Assurance Meeting, the Committee voted to adopt 42 Quality Assurance Measures to evaluate the performance of the RCOs
- The Committee suggested that a smaller subset of 5 – 10 measures should be tied to financial incentives
- The Medicaid Agency would choose the measures in support of the 1115 Waiver and the implementation of the RCOs with CMS

How Do You Choose 10 Measures?

- Committee Input
 - “If you could pick 10 measures which ones would you select?”
- While not all members submitted responses, most of the various representative specialties did.
- Internal Agency staff met to choose as well

Initial RCO Quality Measures Approved RCO QA Committee

Topic Category	Measure	AMA	ALAHA	Stiegler	Perkins	Thotakura	Benton	Smalley	McInnish	Sellers	Prevallet	Bell-Shambley	TOTAL
Access to Care/ Equitable Health Outcomes	Ambulatory Care, ED Visits		X	X		X		X	X	X	X	X	8
Internal Medicine	Comprehensive Diabetes Care	X	X	X		X		X	X	X	X		8
Pediatrics	Childhood Immunization Status		X	X	X	X	X		X			X	7
Pediatrics	Well-Child Visits in the First 15 Months of Life		X		X	X	X	X		X	X		7
Pediatrics	Adolescent Well-Care Visits	X					X	X	X	X			5
Inpatient Care	Plan All-Cause Readmission			X	X			X	X			X	5
Inpatient Care	Elective Delivery		X		X	X	X				X		5
Maternity/ Infant Mortality	Prenatal and Postpartum Care	X	X					X		X	X		5
Mental Health / Behavioral Health	Screening for Clinical Depression and Follow-up		X	X		X			X			X	5
Internal Medicine	ER Utilization Rate for Asthma Patients				X		X	X	X				4
Internal Medicine	Cervical Cancer Screening	X		X					X		X		4
Transition of Care	Care Transition – Transition Record Transmitted to Health care Professional	X			X	X						X	4
Chemical Dependency	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	X	X							X		X	4

How Do You Choose 10 Measures

- The Agency knew whichever measure we selected had to be defensible and objective
 - How does one take what appears to be a purely subjective selection and defend it through a quantitative analysis?
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KT Analysis

➤ **Kepner-Tregoe Analysis:**

- Rational model developed by Dr. Charles Kepner and Dr. Benjamin Tregoe, both of the RAND Corporation in the 1960s
- Process of weighing alternatives and assigning numerical weights to a series of values in the attempt to select the most appropriate options
- Provides a quantitative analysis for a subjective selection

How Do You Objectively Choose 10 Measures?

- KT Analysis:
 - We took the top 25 measures that received votes
 - The Sets of Weighted Variables
 - Guiding Principles of the RCOs
 - Clinical Goals of the RCOs
 - Guiding Principles of the RCO QA Committee
 - Other Criteria

KT Analysis Criteria

RCO GUIDING PRINCIPLES (15%)

- Improved access to providers and Medicaid services
- Improved clinical quality measures and member experience
- Increased access to quality care coordination and case management services, considering actions needed for a smooth transition from current programs

RCO CLINICAL OUTCOMES (10%)

- Decreased emergency department utilization
- Decreased inpatient hospital service utilization
- Better birth outcomes

RCO QA COMMITTEE PRINCIPLES (5%)

- Readily available data (10%)
- National benchmarks available
- Sufficient denominator population
- RCO has ability to impact outcome

KT Results

- The average weight of the measures was 72% (65 – 82%)
- The Distribution of Measure Domains:
 - 3 Mental Health/Behavioral Health
 - 2 Maternity
 - 3 Internal Medicine (Includes 1 female-specific measure)
 - 1 Pediatrics
 - 1 Transition of Care

10 RCO INCENTIVE MEASURES

1. *Comprehensive Diabetes Care:* 1) HbA1c Testing; 2) Eye Exams
2. Medication Management for People with Asthma
3. Cervical Cancer Screening
4. *Prenatal and Postpartum Care:* 1) Timeliness of Prenatal Care; 2) Postpartum Care
5. Percentage of Live Births Weighing Less Than 2,500 Grams
6. Follow-Up After Hospitalization (within 30 days) (BH-related primary diagnosis)
7. *Antidepressant Medication Management:* 1) Effective Acute Phase Treatment (12 weeks); 2) Effective Continuation Phase Treatment (6 months)
8. *Well-Child Visits:* 1) Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; 2) Adolescent Well-Care Visits
9. Ambulatory Care-Sensitive Condition Admission
10. Care Transition – Transition Record Transmitted to Health Care Professional

Questions???
