



Department of
Health Care Services



Developmental Screening Focus Study Results

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Lisa Albers, MD, MC II

Medical Quality Improvement Unit, Supervisor
Managed Care Quality and Monitoring Division

Objectives

- Review performance metric selection process for DHCS Managed Care Quality and Monitoring Division
- Review results of DHCS focused study on developmental screening
- Discuss next steps and possible collaborative opportunities

Managed Care Performance Metric Selection

- Managed Care Plans (MCPs) report yearly on a set of quality measures to evaluate the quality of care delivered by an MCP to its members.
 - Referred to as the External Accountability Set (EAS)
- DHCS selects most EAS measures from the NCQA's HEDIS® measures.
 - Provides DHCS with a standardized method to objectively evaluate an MCP's delivery of services.
- DHCS selects the EAS measures in consultation with MCPs, the External Quality Review Organization, and a variety of stakeholders, and after a detailed internal review.

Managed Care Quality Monitoring

- DHCS re-evaluates the EAS every 3 years
- When considering changes to the EAS, DHCS looks at a number of factors, all geared towards having a high value set of indicators:
 - Medi-Cal population, and population impacted by the indicator
 - Opportunities to improve quality of care (known area of needed improvement, pathways to improving quality known)
 - The feasibility and usability of the indicator (what data is needed, how can it be collected, can it be collected)
 - How the indicator aligns with DHCS, State, and National strategic priorities
 - How the indicator compliments the rest of the EAS as a whole

Criteria for Selection of Performance Measures

1. **Meaningful** to the public, the beneficiaries, the state and the MCPs
2. **Improves quality of care** or services for the Medi-Cal population
3. **High population impact** by affecting large numbers of beneficiaries or having substantial impact on smaller, special populations
4. **Known impact of poor quality** linked with severe health outcomes (morbidity, mortality) or other consequences (high resource use)
5. **Performance improvement needed** based on available data demonstrating opportunity to improve, variation across performance and disparities in care
6. **Evidence based practices available** to demonstrate that the problem is amenable to intervention and there are pathways to improvement
7. **Availability of a standardized measures and data** that can be collected
8. **Alignment** with other national and state priority areas
9. **Healthcare System Value** demonstrated through cost-savings, cost-effectiveness, risk-benefit balance, or health economic benefit.
10. **Avoid negative unintended consequences**

Current EAS

#	Measure Acronym	Measure	Measure Type Methodology	SPD** Stratification Required	Auto Assignment Algorithm ¹
1.	ACR*	All-Cause Readmissions	Administrative (non-NCQA), defined by ACR collaborative	Yes	No
2.	AMB-OP* AMB-ED*	Ambulatory Care: •Outpatient visits •Emergency Department visits (Children)* •Emergency Department visits (Adults) •Emergency Department visits (Total)	Administrative	Yes	No
3.	MPM-ACE MPM-DIU	Annual Monitoring for Patients on Persistent Medications (2 indicators): •ACE inhibitors or ARBs •Diuretics	Administrative	Yes	No
4.	AAAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Administrative	No	No
5.	BOS	Breast Cancer Screening	Administrative	No	No
6.	CCS	Cervical Cancer Screening	Hybrid	No	Yes
7.	CIS-3	Childhood Immunization Status – Combo 3	Hybrid	No	Yes
8.	CAP-1224* CAP-256* CAP-711* CAP-1219*	Children & Adolescents' Access to Primary Care Practitioners (4 indicators): •12-24 Months •25 Months – 6 Years •7-11 Years •12-19 Years	Administrative	Yes	No
9.	CDC-E CDC-HT CDC-H9 CDC-H8 CDC-N CDC-BP	Comprehensive Diabetes Care (6 indicators): •Eye Exam (Retinal) Performed •HbA1c Testing •HbA1c Poor Control (>9.0%) •HbA1c Control (<8.0%) •Medical Attention for Nephropathy •Blood pressure control (<140/90 mm Hg)	Hybrid	No	Yes, for HbA1c Testing only
10.	CBP	Controlling High Blood Pressure < 140/90 mm Hg (except < 150/90 mm Hg for ages 60-85 without diabetes)	Hybrid	No	Yes
11.	IMA-2^	Immunizations for Adolescents (meningococcal, Tdap, HPV)	Hybrid	No	No
12.	AMR	Asthma Medication Ratio	Administrative	No	No

EAS

#	Measure Acronym	Measure	Measure Type Methodology	SPD** Stratification Required	Auto Assignment Algorithm
13.	PPC-Pre PPC-Pst	Prenatal & Postpartum Care (2 indicators): Timeliness of Prenatal Care Postpartum Care	Hybrid	No	Yes, for <i>Prenatal</i> only
14.	DSF*	Depression Screening and Follow-Up for Adolescents and Adults	Electronic Clinical Data Systems (ECDS)	No	No
15.	LBP	Use of Imaging Studies for Low Back Pain	Administrative	No	No
16.	WCC-N WCC-PA	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents Counseling for nutrition Counseling for physical activity	Hybrid	No	No
17.	W-34	Well-Child Visits in the 3rd 4th 5th & 6th Years of Life	Hybrid	No	Yes

http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/EAS_Measure_List_RY_2018%20F1.pdf

Focused Study Overview

- In 2016 DHCS commissioned its External Quality Review Organization (EQRO) to perform a focused study to determine if *Developmental Screening in the 1st Three Years of Life* is a reasonable surrogate for developmental screening in California's Medi-Cal program
 - CMS Child Core Set Measure, though not an NCQA measure and no longer endorsed by the National Quality Forum (NQF)
 - Measure relies on use of Current Procedural Terminology (CPT) code 96110
 - Concerns about lack of knowledge about and use of 96110 by providers

Methodology

- EQRO performed the following key activities as part of the study:
 - Two questionnaires
 - For Stakeholders
 - For MCPs
 - Administrative analysis of calendar year 2015 data utilizing encounter data
 - Administrative rates for the *Developmental Screening in the First Three Years of Life* measure based on the specification (i.e., based on CPT Code 96110) for calendar year (CY) 2015
 - Measure specification: <http://www.oregon-pip.org/focus/Measurement%20Specifications.pdf>

Administrative Analysis

- 4 Study Indicators:
 - Administrative rates for Developmental Screening for CY 2015 based on CPT 96110
 - Percentage of active providers who submitted CPT Code 96110, stratified by provider type and/or specialty
 - Modified rates for CY 2015 based on *additional procedure codes* provided by MCPs in their questionnaires
 - Compare rates (i.e., rates based on CPT Code 96110) from the *campaign versus non-campaign regions* based on the responses to the questionnaires from stakeholders.

Stakeholder Questionnaire

- 7 stakeholder responses
- 8 questions regarding:
 - Interest in developmental screening
 - Historical studies related to developmental screening/CPT code 96110
 - Interventions/campaigns aimed at improving rates for developmental screening
 - Known barriers to Medi-Cal beneficiaries receiving developmental screening
 - Known barriers for providers administering developmental screening and/or coding with CPT 96110
 - How would the results of the study assist the organization?

MCP Questionnaire

- 20 MCP responses
- 12 questions regarding:
 - Has managed care plan (MCP) provided guidelines to providers on use of CPT 96110 and conducting developmental screening?
 - Does MCP use any additional CPT codes?
 - Any provider incentives for CPT 96110 or providing developmental screening?
 - MCP provide any funding to providers for developmental screening tools?
 - Any interventions planned or ongoing to improve rates in developmental screening?
 - Any known barriers to beneficiaries receiving or providers providing developmental screening?

Focused Study Results

- Questionnaires identified similar barriers:
 - Lack of education on the importance of children receiving developmental screening (provider and beneficiary)
 - Resource constraints (e.g., personnel and tools)
 - Lack of referral services and/or pathways
 - Inconsistent use of standardized tools
 - Inconsistent use of CPT 96110
 - Data reporting issues such that it can't be accurately assessed whether or not a child has received developmental screening
 - No standardized approach to administering and coding for developmental screenings so rate may be under-reported

Focused Study Results

- Data analysis:
 - Statewide coding rate for CPT 96110 at 1, 2 and 3 years of age (CY 2015):

Age Group	Rate
1 Year of Age	54.8%
2 Years of Age	41.1%
3 Years of Age	30.8%
Total	36.3%

- Rates varied considerably among reporting units
- Additional codes (4) – for developmental screening - provided by MCPs increased rates by only 1.6%

Age Group	Rate	Change
1 Year of Age	54.9%	0.1%
2 Years of Age	41.2%	0.1%
3 Years of Age	30.9%	0.1%
Total	36.5%	0.2%

Focused Study Results

- Data analysis:
 - Intervention campaigns
 - 1st campaign region: Orange County
 - 2nd campaign region: Santa Clara and Los Angeles Counties
 - Remaining counties classified as non-campaign regions
 - Comparison of rates from campaign vs non-campaign regions:
 - Rates for all age groups from Orange County more than 50% higher than those from the non-campaign regions
 - Rates from Los Angeles and Santa Clara Counties for all age groups within 3.1% of the non-campaign regions
 - Percentage of active providers who submitted CPT Code 96110
 - 18.0 percent, 11.9 percent, 12.0 percent, and 7.5 percent for CNP, Clinic, Physicians/PG: PCP, and RHC/FQHC, respectively
 - Highest for 2 year old age group

Report Recommendations

- CPT 96110 may not reflect the true developmental screening services provided in CY 2015 for all reporting units
 - CPT Code 96110 should not be used as the sole source to evaluate MCPs' performance for developmental screening
 - DHCS could consider developmental screenings as a quality measure and/or reporting standard after:
 1. All MCPs begin submitting/using CPT Code 96110 in a consistent way
 2. DHCS verifies that using CPT Code 96110 is a reliable way of identifying developmental screenings from encounter data
 3. Issue surrounding the continuous enrollment criteria for age group "1 Year of Age" is solved.

Report Recommendations

- Work with MCPs to identify and evaluate interventions and/or campaigns implemented to improve developmental screening rates and/or use of CPT Code 96110
- Encourage MCPs to consider the inclusion of incentives for administering developmental screenings
- Collaborate with MCPs and stakeholders to establish educational efforts to ensure that parents of eligible children recognize the importance of screenings and understand how to navigate referral pathways when intervention services are identified as a need

Recommendations from other States

- Track and report a measure of developmental screening
- Improve and clarify policies, including payment
- Include as contract requirement
- Practice-Based Quality Improvement
 - Identify standardized screening tools and train physicians on how to implement them without disrupting the workflow of their practices
 - Build providers' knowledge of referral pathways
- Partner with non-health system-based efforts
 - Establish working relationships with community agencies

How DHCS Aligns

- Contract Requirements:
 - It is a DHCS-MCP contractual requirement that the MCPs ensure providers follow AAP Bright Futures guidelines
 - Includes developmental screening at 9, 18 and 30 months of life
 - Coordination of care/services by the MCPs is also contractually mandated

How DHCS Aligns

- Monitoring and Education:
 - Medical Record Review (MRR) conducted by MCPs of its providers includes the well-child visit standard; which requires review for developmental surveillance at each visit and screening for developmental disorders at the 9th, 18th and 30th month visits, per AAP Bright Futures.
 - MCP nurses spend time educating providers on this requirement when deficiencies are found
 - DHCS also conducts random MRRs of MCP providers and educates both MCPs and providers during this review, including on the importance of development screening

Next Steps

- Discussing the focus study results with MCPs to identify ways to work collaboratively on developmental screening
 - Shared MCP specific data with each MCP
- Exploring ways to share best practices
- Learn from success of prior interventions (e.g., previous campaigns, recent MCP Performance Improvement Project)
- Talking to potential partners

Thank you.

Questions: Elizabeth.albers@dhcs.ca.gov