



**COVERED**  
**CALIFORNIA**

**Attachment 7 Refresh Workgroup**

July 31, 2019

# Agenda

Time	Topic	Presenter
9:00-9:30	<ul style="list-style-type: none"><li>◆ Welcome and Introductions</li><li>◆ Workgroup Objectives</li></ul>	Taylor Thai
9:30-10:00	<ul style="list-style-type: none"><li>◆ Overview of Attachment 7 Refresh Development, Approach &amp; Guiding Principles</li><li>◆ Quality Care &amp; Delivery Reform Framework</li></ul>	James
10:00-10:10	Break	
10:10-11:00	<ul style="list-style-type: none"><li>◆ Report Presentation: <i>Current Best Evidence and Performance Measures for Improving Quality of Care and Delivery System Reform</i><ul style="list-style-type: none"><li>▪ Selected Sections to be Discussed:<ul style="list-style-type: none"><li>● Health Equity: Reducing Disparities</li><li>● Mental Health and Substance Use Disorder Treatment</li><li>● Promotion of Effective Primary Care</li></ul></li></ul></li></ul>	Taylor Margareta Lance
11:00-11:30	<ul style="list-style-type: none"><li>◆ Wrap Up &amp; Next Steps</li><li>◆ Discussion on Future Workgroup Topics &amp; Dates</li></ul>	Thai

# Workgroup Objectives

1. Listen and learn from expert and community representatives about realistic changes and metrics that will result in the greatest impact.
2. Develop recommendations on specific areas of Attachment 7 that will inform Covered California's contract language refresh.

# ATTACHMENT 7 REFRESH DEVELOPMENT & APPROACH

# Guiding Principles for Developing Expectations of Health Plans

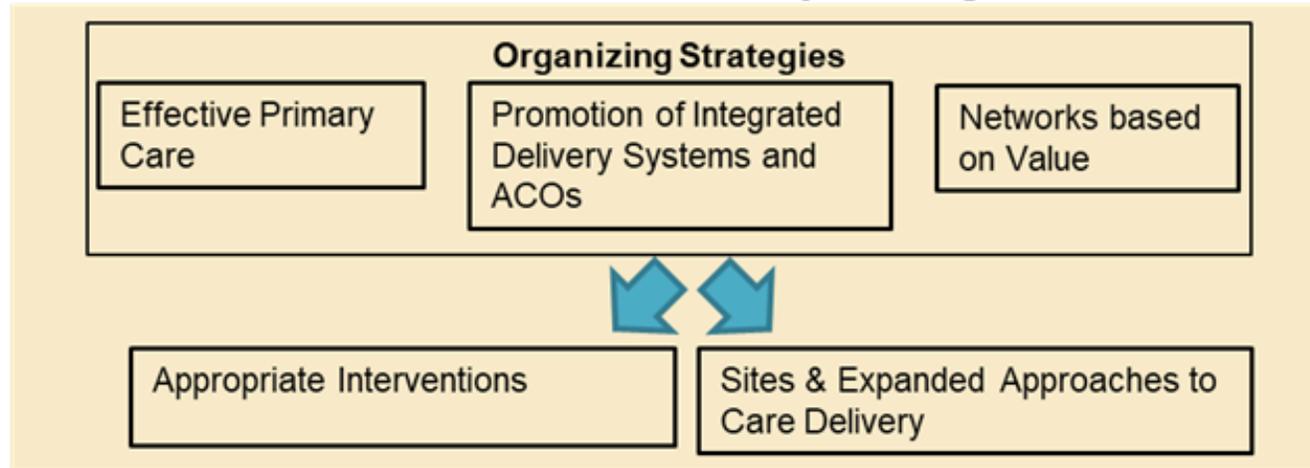
1. Driven by the desire to meet two complementary and overlapping objectives:
  - **Assuring Quality Care:** Ensure our members receive the right care, at the right time, in the right setting, at the right price.
  - **Effective Care Delivery:** Promoting value-enhancing strategies that have the potential to reform the delivery system in the near and long term.
2. Seek to improve the health of the population, improve the experience of care, reduce the cost of care, reduce administrative burden, and reduce health care disparities.
3. Success will be assessed by outcomes, measured at the most appropriate level, in preference to adoption of specific strategies.
4. We will promote alignment with other purchasers as much as possible.
5. Consumers will have access to networks offered through the QHP issuers that are based on high quality and efficient providers.
6. Enrollees have the tools needed to be active consumers, including both provider selection and shared clinical decision making.
7. Payment will increasingly be aligned with value and proven delivery models.
8. Variation in the delivery of quality care will be minimized by ensuring that each provider meets minimum standards.

# Quality Care & Delivery Reform Framework

## Assuring Quality Care Domains

- Individualized Equitable Care
- Health Promotion and Prevention
- Mental Health and Substance Use Disorder Treatment
- Acute, Chronic and other Conditions
- Complex Care

## Effective Care Delivery Strategies



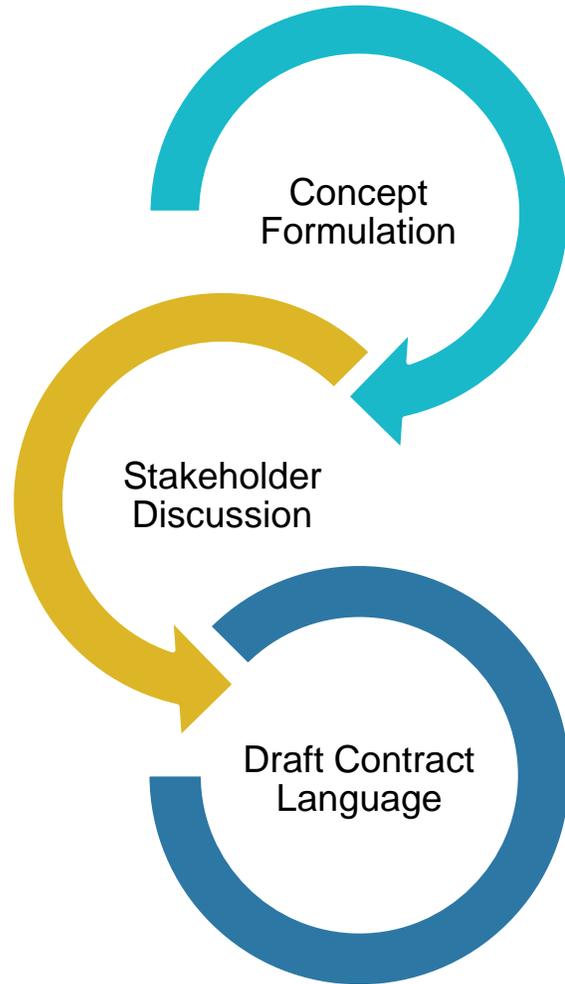
## Key Drivers of Quality Care and Effective Delivery

Covered California recognizes that promoting change in the delivery system requires aligning with other purchasers and working with all relevant payers to reform health care delivery in a way that reduces the burden on providers

- Benefit Design & Network Design
- Measurement & Public reporting
- Payment
- Patient-Centered Social Determinants
- Patient and Consumer Engagement
- Data Sharing and Analytics
- Administrative Simplification
- Quality Improvement
- Certification, Accreditation & Regulation
- Learning & Technical Assistance

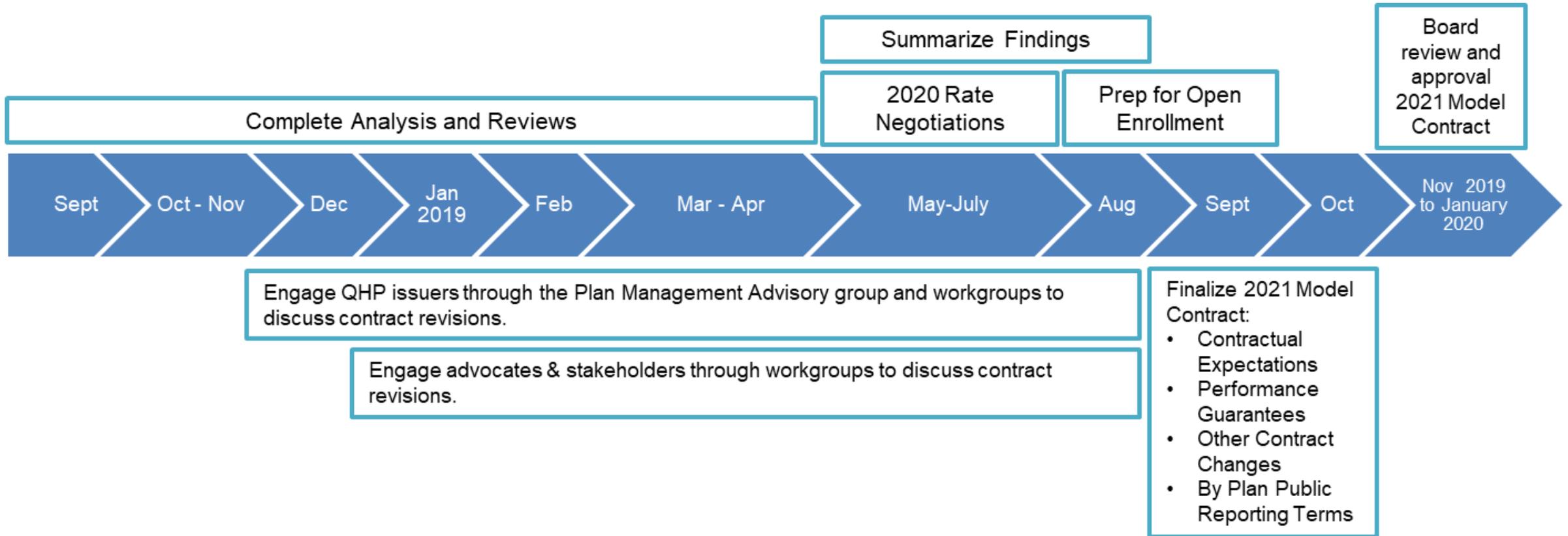
Community Drivers: Workforce, Community-wide Social Determinants, Population & Public Health

# Process for Updating Covered California's Expectations



- Covered California staff develops a concept proposal per strategy (e.g. Promotion of Integrated Delivery Systems and ACOs) and receives internal input.
- Covered California staff presents the concept to QHP issuers and stakeholders for feedback. Staff updates the concept proposal based on feedback, receives internal input, and finalizes the concept.
- Covered California staff drafts contract language based on the approved concept, receives internal input, and finalizes the draft contract language.
- Contract language for all strategies and key drivers will be developed through this process.

# Timeline

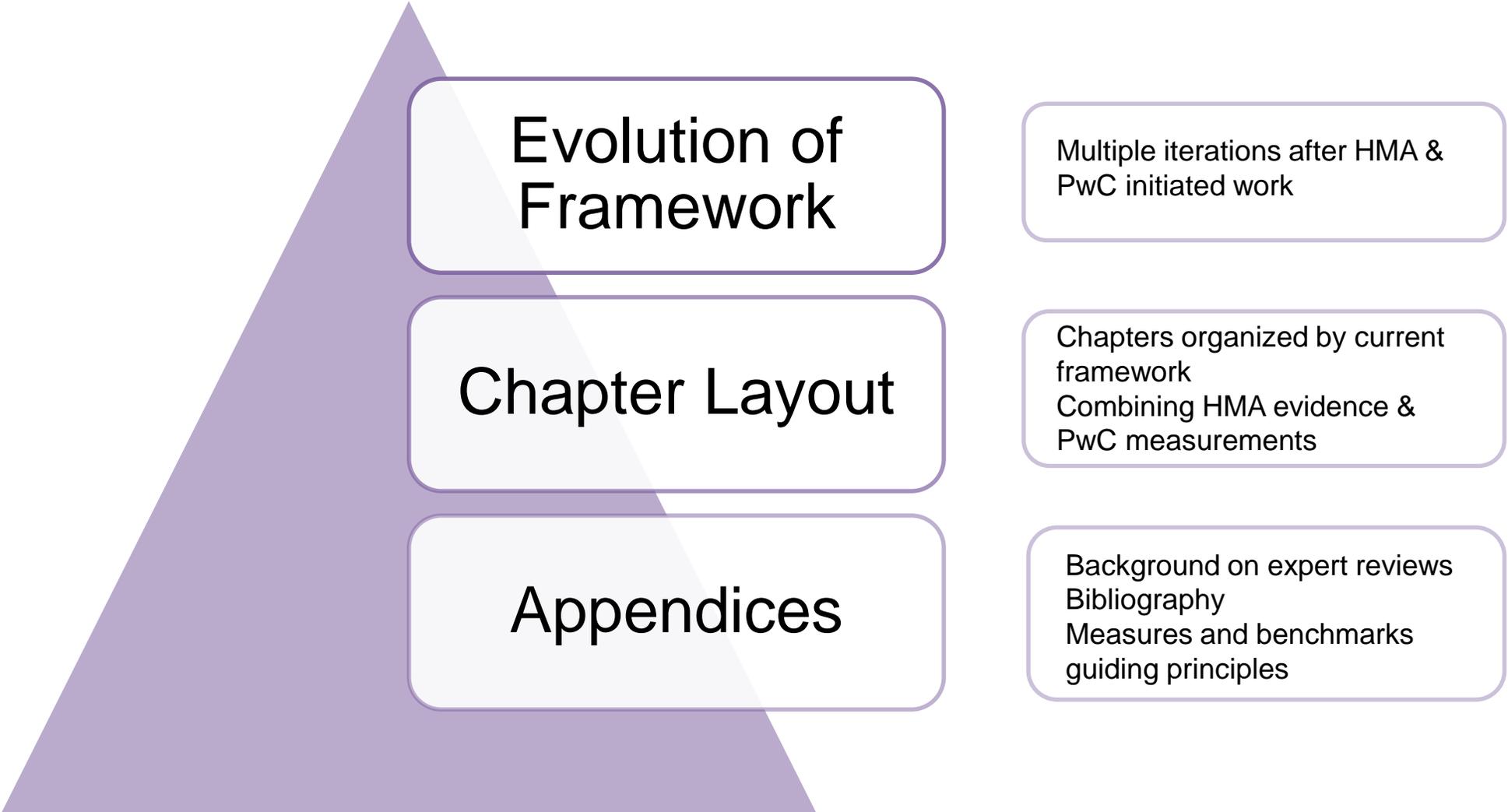


# CURRENT BEST EVIDENCE AND PERFORMANCE MEASURES FOR IMPROVING QUALITY OF CARE AND DELIVERY SYSTEM REFORM

# Introduction

- HMA: Evidence Review
  - Reviewed relevant literature, case studies, other evidence for specified strategies.
  - Evaluated potential effectiveness of each strategy in terms of **savings, quality of care, improved health, provider burden, administrative burden and potential to reduce health disparities.**
  - Identified value-enhancing strategies for Covered California to consider adopting based on evidence or value of potential impact.
- PwC: Measures & Benchmarks
  - Identified measures & benchmarks, state & national comparison points, and data sources for current expectations and performance standards.
- PwC: Review of Purchaser Strategies
  - Reviewed activities and initiatives of other large health purchasers to identify key areas of focus, strategies and performance measures for Covered California to consider adopting.

# Navigating the Report



## Evolution of Framework

Multiple iterations after HMA & PwC initiated work

## Chapter Layout

Chapters organized by current framework  
Combining HMA evidence & PwC measurements

## Appendices

Background on expert reviews  
Bibliography  
Measures and benchmarks  
guiding principles

# Health Equity: Reducing Disparities

- HMA Current Best Evidence Review Findings
  - Incorporating equity into overall quality strategy will enhance ability to achieve equity gains
  - Using payment to improve quality shows mixed results on disparities
  - Screening can provide an entry to better care
  - Disparities reduction requires a multi-pronged approach
  - Engaging supportive service providers enhances outcomes
  - Patient engagement improves outcomes and patient satisfaction
- HMA Suggested Considerations for Covered California
  - Align disparities data collection and analysis with other state efforts as part of its requirement of issuers to collect relevant demographic and clinical data needed to assess access, quality and outcomes by race, ethnicity, gender, and other patient characteristics.
  - Engage with issuers and their providers to align with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).
  - Utilize the Mapping Medicare Disparities tool created by the HHS Office of Minority Health; the tool's interactive map identifies areas of disparities between subgroups of Medicare beneficiaries (e.g., racial and ethnic groups) in health outcomes, utilization, and spending.
  - Require issuers to use their contracting mechanisms to require providers to implement organizational-level efforts to implement a culture of equity and utilize culturally specific models that promote equity in health care outcomes.
  - Implement multiple strategies to reduce health disparities.

# Health Equity: Reducing Disparities

- PwC Measures & Benchmarks Takeaway
  - There are a wide range of measures available to assess health equity, although many have significant issues with credibility and data quality. PwC recommends Covered California maintain its current measures that focus on high volume conditions and consider expanding its scope of areas for measurement beyond race and ethnicity.
- PwC Measures & Benchmark Recommendations for Covered California
  - Recommend Covered California maintain its current health equity measures.
  - Continue to improve demographic and socioeconomic status member data collection.
  - Continue to track disease control by race/ethnicity and other demographic factors, such as income.
  - To increase QHP disparity measure credibility, consider multiple year averaging or rolling year average reporting. Examples of existing measures that use multiple years of data include:
    - Quality Rating System
    - Medicare Shared Savings Program
  - Consider adding tracking measures beyond racial/ethnic disparity:
    - Stratified outcome analysis by socioeconomic status
    - Provider access measures by region/geographic sub area
    - Consideration of rural and urban geographies and market characteristics

# Mental Health & Substance Use Disorder Treatment

- HMA Current Best Evidence Review Findings
  - Increasing the use of evidence-based practices, including consistent utilization of screening, assessment tools (such as PHQ-9), and performance measurement standards improves the quality of mental health and substance use disorder identification and treatment processes
  - Telehealth modalities, from apps to computer-assisted treatments and virtual visits, have been regarded as potential solutions to behavioral health access issues
  - Integrated behavioral healthcare, especially in primary care settings, increases behavioral health access and improves treatment outcomes
- HMA Suggested Considerations for Covered California
  - Improve access to behavioral health services: Covered California can encourage issuers to remove or decrease prior authorizations, step therapy and other treatment limits, consistent with MHPAEA requirements. Covered California could also require issuers to monitor behavioral health penetration rate.
  - Enhance behavioral health treatment quality: Covered California can enhance treatment quality by enforcing more stringent reporting requirements for issuers of provider network quality and performance measures.
  - Increase the prevalence of integrated behavioral health services: Covered California can encourage issuers to remove administrative barriers to integrating mental health and substance use disorder services into primary care by decreasing burdensome documentation requirements and adopting the proposed billing codes for Collaborative Care services.

# Mental Health & Substance Use Disorder Treatment

- PwC Measures & Benchmarks Takeaway
  - While there are some Healthcare Effectiveness Data Information Set (HEDIS) clinical measures, there are not yet established measures to evaluate behavioral health integration in primary care that are reliable for improving quality.
- PwC Measures & Benchmark Recommendations for Covered California
  - Continue to report QRS mental health and substance use disorder measures.
  - Track additional HEDIS mental health and substance use disorder endorsed measures:
    - Opioid safety, prescribing, and treatment, adherence
    - Follow-up after Emergency Department visits
  - Adopt new measures:
    - Access to mental health/substance use disorder providers
    - HEDIS measure: Mental Health Utilization (MPT)
  - Consider analyzing QHP data to develop baseline values:
    - Utilization and expenditure of mental health and substance use disorder services
    - Prevalence of mental health and substance use disorder diagnoses and comorbid conditions
    - Formulary tiering
  - Consider potential of telehealth to expand access to mental health and substance use disorder treatment.
  - Consider strategies to increase provider use of mental health/substance use disorder screening tools, such as educating providers on reimbursable screening and collaborative care procedure codes.
  - Consider future development of behavioral health parity measures, e.g., time/distance and reimbursement level.

# Promotion of Effective Primary Care

- HMA Current Best Evidence Review Findings
  - Primary care is foundational to an effective health care system and evidence supports that more primary care is associated with lower health care spending and higher quality.
  - Some Advanced Primary Care models have demonstrated the potential of effective primary care to improve health and reduce costs and have played a key role in ACO efforts to reduce the total costs of care. Since not all primary care promotion efforts have demonstrated success, the focus should be on supporting those elements of advanced primary care that show the greatest impact and potential.
  - The percent of total US health care spending on primary care is estimated to be below 8%; the average primary care spending rate across other developed countries is 12%. Some states, like Oregon and Rhode Island, have established primary care spending targets, which have led to increased primary care spending.
- HMA Suggested Considerations for Covered California
  - Covered California should continue to require issuers to contract with providers that meet advanced primary care standards and report on the cost, quality and patient experience of those enrollees in such practices compared to those who are not.
  - Covered California should continue to require issuers to utilize alternative payment models that support advanced primary care and set standards for payment to advanced primary care providers, allowing flexibility to recognize a range of advanced primary care models such as national accreditation or practices that meet standards set by Covered California.

# Promotion of Effective Primary Care

- PwC Measures & Benchmarks Takeaways
  - Covered California's current required measures are largely structural measures that may be insufficient for evaluating primary care effectiveness.
  - Covered California should consider analysis of its own administrative data to develop resource and utilization baseline values for future benchmarking.
- PwC Measures & Benchmark Recommendations for Covered California
  - Use QHP national benchmarks reported from QRS.
  - For measures that Covered California compares to Quality Compass commercial scores, set QHP benchmark at the 50th, 75th, or 90th percentiles for commercial and Medicaid.
  - Recommend Healthcare Effectiveness Data Information Set (HEDIS) measures: Adult Access to Care and Hospitalization for Potentially Preventable Complications; Integrated Healthcare Association (IHA) Align Measure Perform (AMP) measure: Encounter Rate by Service Type.
  - Consider analyzing QHP data to develop baseline values:
    - Utilization and expenditure of services;
    - Prevalence of diagnoses and comorbid conditions;
    - PCP visits per thousand; % enrollees with PCP or no visit; and
    - Emergency Department visits and admits with ambulatory care sensitive conditions.

# Next Steps

- ❖ Upcoming workgroup dates: (dates TBD; changing to monthly meetings due to refresh extension)
  - ❖ ~~Aug 14~~
  - ❖ ~~Aug 28~~
  - ❖ ~~Sept 11~~
  - ❖ ~~Sept 25~~
  
- ❖ Priority topics to be discussed:
  - Health Equity
  - Mental Health and Substance Use Disorder Treatment
  - Effective Primary Care
  - Others?

# Proposed New Timeline



# Thank You

## Contact information:



Thai Lee, DO, MPH  
*Senior Quality Specialist*  
[thai.lee@covered.ca.gov](mailto:thai.lee@covered.ca.gov)  
916.228.8478



Taylor Priestley, MPH  
*Health Equity Officer*  
[taylor.priestley@covered.ca.gov](mailto:taylor.priestley@covered.ca.gov)  
916.228.8397