PUERTO RICO QUALITY MANAGEMENT STRATEGY EVALUATION

GOVERNEMENT OF PUERTO RICO

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INTRODUCTION AND PURPOSE

The Puerto Rico Quality Management Strategy (QMS) provides the guidance to advance island-wide quality improvement through a focus on performance improvement (PI) by providing quality services that are patient-centered and aimed at increasing the use of preventive care and appropriate delivery of care in a timely manner. The QMS has been revised in accordance with the Code of Federal Regulation (CFR) at 42 CFR 438.340. This is the fourth revision of the Quality Strategy which was first developed in 2006 and includes the elements of the QMS required by the Centers for Medicare & Medicaid Services (CMS), as well as Puerto Rico specific quality goals and measures. The Government of Puerto Rico ("the Government" or "Puerto Rico") has delegated the managed care system to the Puerto Rico Health Insurance Administration (PRHIA) (known in Spanish with its acronym as the Administración de Seguros de Salud ("ASES") de Puerto Rico). ASES has the responsibility to implement, administer, and negotiate through contractual arrangements those healthcare services included in the Puerto Rico Government Health Plan (GHP).

In order to demonstrate compliance with CMS's quality strategy evaluation requirements set forth in 42 CFR 438.340, Puerto Rico has evaluated its previous QMS from 2015, to measure the effectiveness and to help shape health care delivery and policy for the program going forward. The newly drafted QMS, along with this quality strategy evaluation is posted publicly on the ASES website for review and comment. Updates to both documents will be made accordingly, dependent on the feedback that is provided. A final copy of both documents will then be submitted to CMS for approval.

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OBJECTIVES AND GOALS

Puerto Rico strongly believes in working closely with its MCOs in a collaborative and proactive manner to improve the quality of care and services received under the GHP program and the nature of a continuous Quality Improvement (QI) program. The contracted MCOs, through several mechanisms, are routinely monitored by ASES to insurance contractual compliance and evaluation the health outcomes for the GHP population.

Specific data is captured to support the quality evaluation process. Data gathered by ASES during the quality survey process is compiled for evaluation and trending to identify areas for improvement. Upon completion, identified areas of improvement are compiled into reports and shared both internally and externally. Monitoring and survey results are compiled, trended, reviewed and disseminated consistent with protocols identified in the Puerto Rico quality improvement strategy. The information that is received and analyzed is used to provide continuing guidance for the overall quality strategy as a roadmap.

The specific goals and objectives that play a significant role in the development of Puerto Rico's quality strategy are outlined below:

1. Improve timely access to primary and preventive care services for all GHP Medicaid, Federal and State, and CHIP Enrollees.

2. Improve quality of care and services provided to all GHP Medicaid, Federal and State, and CHIP Enrollees through a physical and behavioral health integrated approach based on the Colocation and Reverse Colocation model.

3. Improve member's satisfaction with provided services and primary care experience. Rates are expected to reach the average score established by the Agency for Healthcare Research and Quality (AHRQ) in the composite items:

   Consumer Assessment of Healthcare Providers and Systems (CAHPS):

   a. Rating of personal doctor
   b. Rating of all health care
   c. Rating of health plan

Experience of Care and Health Outcomes (ECHO) Survey:

a. Getting treatment quickly
b. How well clinicians communicate
c. Getting treatment and information from the plan
d. Perceived improvement
e. Information about treatment options
f. Overall rating of counseling and treatment
g. Improve member's satisfaction with provided services and primary care experience.

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GOAL #1: IMPROVED ACCESS TO PRIMARY AND PREVENTATIVE CARE SERVICES

Primary and preventative care services promote a healthy lifestyle through avoiding health problems or their early detection. The goal of improving access and maintaining consistent use of these services are crucial to all GHP enrollees. The Healthcare Effectiveness Data and Information Set (HEDIS) Effectiveness of Care and Access/Availability of Care performance measures specific to screening and preventive care were reported and reviewed. The following screenings were successfully utilized as indicated by HEDIS data and provide benchmarking metrics for future improvement initiatives.

- Cervical Cancer Screening (CCS)
- Cholesterol Management for High-Risk Populations
- Comprehensive Diabetes Care (CDC): Comprehensive screenings include Hemoglobin A1c testing, retinal eye exam LDL-C Screening and medical attention for neuropathy
- Antidepressant Medication Management (AMM)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD): including both the Initiation Phase and Continuation & Maintenance (C&M) Phase
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Mental Health Utilization (MPT)
- Prenatal and Postpartum Care (PPC)

The following screenings were compared year over year in aggregate, from 2014 to 2015 with the following overall average comparison:

- Breast Cancer Screening: The percentage of screenings increase by 6% from 2014 to 2015.
- Asthma Management: Rates for Use of Appropriate Medications for People with Asthma made significantly increased 20% for all ages from 2014 to 2015, with an increase in each age band.
- Preventive Care Visits: Adults' Access to Preventive/Ambulatory Health Services increased 5% from 2014 to 2015.

- Preventive Care Visits: Children and Adolescents' Access to Primary Care Practitioners average rate significantly increased 20% from 2014 to 2015.
- Annual Preventive Dental Visits: The average rate increased 8% from 2014 to 2015.
- Follow-Up After Hospitalization for Mental Illness (7 days): The average rate increased from 7% from 2014 to 2015.
- Follow-Up After Hospitalization for Mental Illness (30 days): The average rate increased from 6% from 2014 to 2015.
- Antidepressant Medication Management: The average rate for both the acute phase and the continuation phase remained flat from 2014 to 2015. This measure assisted in identifying medication adherence as metric within the next QMS.

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GOAL #2: PHYSICAL AND BEHAVIORAL HEALTH INTEGRATION

The integration of behavioral health with the physical health aspects of care for all GHP Enrollees was and continues to be an important goal to ensure that care receive is holistic. The goal of integrated care was initially developed to promote valuing the importance of both physical and behavioral equally, and to decrease any stigma associated with behavioral health needs. One avenue to succeed in integrating care is to elevate the access to behavioral health care.

For GHP Enrollees in Puerto Rico a colocation and reverse colocation model was established. The colocation model requires a behavioral health provider embedded within a primary care setting to enable enrollees to receive integrated care at one setting. For reverse colocation, the integrated care model requires certain physical health services are available to Enrollees being treated in behavioral health settings.

Through Performance Improvement Plans (PIPs) that were conducted by APS, the MBHO for GHP and in collaboration with the physical health MCOs behavioral health integration was reviewed. The most recent PIPs focusing on PH-BH integration include the following:

- Obesity and Depression
- Well-being of Members with Autism and ADHD
- Diabetes and Depression

Obesity and Depression

Enrollees were identified for this study by inclusion of those who were 18 years of age and older with a BMI greater than or equal to 30 and had either a depression diagnosis or a PHQ-9 score equal to or greater than 10. The measurement tool used was the depression screening tool, Patient Health Questionnaire (PHQ-9). The process included identifying the membership with obesity and depression and increase mental health services for the identifying population. A PHQ-9 screening was obtained pre- and post- interventions.

Interventions included the enhancement of patient self-care by providing patient education, psychological services, and facilitation of Enrollee access to services including prevention services and prescription drugs as needed.

The PIP concluded that a significant improvement in patient's symptoms was observed with a reduction of symptoms from moderately severe (PHQ-9 mean score of 14) to minimal symptoms (PHQ-9 mean score of 7). The results support the positive effect of an integrated approach and the support for preventive screenings and referrals.

Well-being of Members with Autism and ADHD

The goal of this PIP was to prevent maladaptive behaviors in enrollees with autism and ADHD through parent education. To identify the population any Enrollee that was four years old and older with a combination of diagnosis codes for autism and ADHD.

Once the population was established, patient education was provided to the parents/guardian and the Enrollee as appropriate. The education was aimed to facilitate development and learning, promote socialization, and reduce maladaptive behaviors. Families were guided on behavior modification techniques via follow-up calls, mailings and educational materials.

To measure the results of the education plan, a "pre" and "post" test was given. The results revealed that there was an increased in knowledge of behavior modification strategies and that a subpopulation of the parents utilized supportive groups as an additional support.

Diabetes and Depression

Enrollees were identified for this study by inclusion of those identified with a diagnosis of diabetes through the disease management program and had either a depression diagnosis or a PHQ-9 score equal to or greater than 10. The measurement tool used was the depression screening tool, Patient Health Questionnaire (PHQ-9). The process included identifying the membership with diabetes and depression and increase mental health services for the identifying population. A PHQ-9 screening was obtained pre- and post- interventions.

Interventions included the enhancement of patient self-care by providing patient education, psychological services, and facilitation of Enrollee access to services including prevention services and prescription drugs as needed.

The results indicated a decrease of depressive symptoms as evidences by a "pre" PHQ-9 average score of 16 and "post" PHQ-9 scores averaging 6.

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GOAL #3: MEMBER'S EXPERIENCE AND SATISFACTION

The Puerto Rico program includes surveys for Enrollee experience and satisfaction. Surveys help identify Enrollee experience of care and provider experience working with the MCOs. The most common survey is the National Committee for Quality Assurance's (NCQA) Consumer Assessment of Healthcare Providers and Systems (CAHPS). The CAHPS survey is tailored to adult and child populations, including special supplements for Children with Chronic Conditions.

Analysis and Recommendations for Member Experience Activities

The CAHPS and the ECHO BH Survey data are essential to understanding how the GHP program is operating. Survey data can provide necessary benchmarks, uncover the "why" behind perceptions and give a voice to consumers. However, it should be balanced against the potential for survey fatigue. Survey fatigue is often described as when survey respondents become bored, tired or uninterested, resulting in the survey becoming less valuable. The CAHPS surveys performed in Puerto Rico included both adult and child reports and the ECHO BH Survey included adults. All surveys were offered in both English and Spanish.

Feedback obtained from the CAHPS survey included a summary of the effectiveness of care measures as they relate to smoking cessation, flu vaccinations, aspirin use in the primary prevention of cardiovascular disease and shared decision making. The CAHPS survey also encompasses questions involving provider and MCO satisfaction. Across the MCOs the provider satisfaction of a Personal Doctor and of Specialist have been consistently above the 90th percentile. Satisfaction with the Health Plan has been consistently above the 50th percentile. The charts below summarize the satisfaction scores from the most recent surveys. First Medical results are reported using a 0-3 scales versus a percentage for measures with the exception of shared decision making.

ADULT	MMM 2015	MMM 2016	MHPR 2016	MHPR 2017	TRIPLE-S 2017	FM 2017
Rating of all Health Care	69.70%	67.20%	73.30%	75.40%	75.30%	2.35
Rating of a Personal Doctor	82.80%	79.90%	87.50%	86.00%	82.30%	2.48
Rating of Specialists seem most often	83.60%	86.90%	89.80%	92.10%	84.40%	2.72
Rating of Health Plan	67.10%	68.60%	69.20%	77.30%	76.00%	2.41

ADULT	MMM 2015	MMM 2016	MHPR 2016	MHPR 2017	TRIPLE-S 2017	FM 2017
Getting Needed Care	70.10%	68.10%	79.70%	80.30%	79.10%	2.35
Getting Care Quickly	71.00%	73.10%	79.50%	79.90%	81.60%	2.33
How Well Doctors Communicate	91.40%	89.00%	93.20%	91.40%	89.40%	2.58
Customer Service	85.50%	84.10%	85.50%	89.50%	86.90%	2.43
Shared Decision Making	65.30%	68.40%	75.60%	73.70%	73.60%	75.60%

CHILD	MHPR 2016	MHPR 2017	FM 2017	MHPR CCC 2016	MHPR CCC 2017
Rating of all Health Care	80.70%	82.60%	2.47	79.80%	82.50%
Rating of a Personal Doctor	86.90%	90.40%	2.69	86.80%	88.80%
Rating of Specialists seem most often	88.70%	89.20%	2.73	83.40%	88.40%
Rating of Health Plan	70.90%	79.90%	2.44	66.20%	73.90%
Getting Needed Care	85.10%	83.60%	2.28	80.50%	81.90%
Getting Care Quickly	83.80%	86.50%	2.38	82.90%	86.40%
How Well Doctors Communicate	92.20%	92.60%	2.65	89.40%	92.20%
Customer Service	86.20%	89.60%	2.5	84.70%	90.40%
Shared Decision Making	67%	67.10%	66.50%	70.80%	74.20%

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PUBLIC/STAKEHOLDER COLLABORATION

ASES consistently includes stakeholder feedback into the quality management strategy. Each of the MCOs held quarterly regional advisory boards where all enrollees and providers were invited to participate and the invitation to the meetings were disseminated in the following ways: An open invitation to all enrollees and providers in the region was posted on the MCO Enrollee and provider web portals. The Customer Service Department including the regional office reception desk had available informative flyers for distribution, both in English and Spanish, with the meeting information. An informative script was provided to the Customer Service Representatives, in order to inform enrollees about the advisory board meeting, as needed.

The advisory meetings allow for an educational opportunity to discuss the purpose and process of the various programs and available courses offered by the MCOs. This assists the providers to achieve the required number of training and educations hours. An example is that all MCOs offered trainings regarding the ZIKA virus.

The information shared during the quarterly advisory meetings included updates on utilization and covered services, quality management updates, customer services updates and programmatic updates regarding the integration of behavioral and physical health. Feedback received during the advisory meetings was recorded and incorporated into the ongoing improvement plans. The process for Quality of Care Issues (QCI) investigations is in place for the MCOs to receive and evaluate situations that impact health services and are typically referred through each MCO’s grievances and appeals process. A review is completed by each MCO that includes a medical record review to review for appropriate quality and clinical standards. If unacceptable, a corrective action plan may be initiated. This process was shared during the advisory committees and any reviews that took place were summarized.

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CONCLUSION

The QMS and this evaluation provides guidance and oversight to advance island-wide quality improvement through a focus on performance improvement aimed at increasing the use of preventive care and appropriate delivery of care in a timely manner. The strategies set the course for programmatic changes that will enhance the overall well-being of the GHP membership. The information obtained through the quality strategy and evaluation has helped identify areas of strength and areas for further focus within the GHP program including the goals of preventive care and Enrollee satisfaction as core values to the health care initiatives for GHP. Going forward, Puerto Rico is taking a targeted approach to the membership with high-cost high needs.

Puerto Rico's approach to its QMS for 2018 was revised to focus on the following three goals that will be analyzed as part of the next QMS evaluation:

- Improve preventive care screening, access of care and utilization of health services for all GHP eligible enrollees.
- Improve quality of care and health services provided to all GHP eligible enrollees through the HCHNs program.
- Improve Enrollee's satisfaction with provided services and primary care experience.

It is Puerto Rico's belief that by focusing performance improvement activities on those most in need of intervention, those with high-cost conditions, high need and socioeconomic factors and promoting the use of evidence based practices all under an integrated model will result in meaningful and sustained improvements. As Puerto Rico continues to systemize the quality improvement activities throughout the year, new measures may be added, as needed, to effectuate improvement and to ensure that high quality of care is achieved through an iterative quality improvement process.

Puerto Rico has begun a more intense and methodological process for ensuring quality of care is being delivered. Steps have been taken to reduce the number of reports required by the MCOs, data validation practices, and the development of cross-departmental dash boarding. As the QMS evolves and future monitoring and evaluation occurs, the data will not be completely comparable to earlier iterations of the program as service delivery, participation and network requirements have evolved with the GHP model.

Puerto Rico believes that the alignment of goals and objectives, as well as the collaborative approach to continuous quality improvement, will act as an incentive to achieve goals.