

Web Conferences

The Medicare Health Outcomes Survey:
Data Driven Strategies for Quality Improvement

Seminar # 3: June 28, 2005



Medicare Advantage QIOSC Learning Series

- Lumetra, the California Quality Improvement Organization (QIO), is pleased to host this collaborative learning series with our partners from the Health Services Advisory Group (the Arizona QIO), and Florida Medical Quality Assurance, Inc. (the Florida QIO).
- Goal of Medicare Advantage (MA) QIOSC: provide technical support, spread knowledge, and clarify regulations related to the managed care community.

The Web Conference Series at-a-Glance

PURPOSE

Demonstrate practical uses of the Health Outcomes Survey (HOS) data by MA plans and QIOs

CONTENT

1. Strategies for using the Medicare HOS data
2. Resources available to plans and QIOs
3. Questions and answers

Today's HOS Web Conference Topics

"Using the Medicare HOS Data to Evaluate
Disease Management Programs"

"Using the Medicare HOS Data for the Pharmacy
Management of Depression"

Today's Faculty

- Elaine Krantzberg, RN
*Florida Medical Quality Assurance, Inc.,
the Florida Quality Improvement Organization*
- Kathie McDonald, RN, MPH, CIC, LHRM
*Florida Medical Quality Assurance, Inc.,
the Florida Quality Improvement Organization*
- Merry Tantaros, MA, RN, CPHQ
*Lumetra,
the California Quality Improvement Organization*

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Overview

- Survey launched in 1998
- First outcomes measure used in Medicare managed care
- Over 1.5 million Medicare beneficiaries surveyed
- National participation from Medicare Advantage plans
- Mail survey with telephone follow up
- Longitudinal survey: Beneficiaries are surveyed at baseline and again two years later
- Assesses each health plan's ability to maintain or improve the physical and mental health functioning of its Medicare beneficiaries over a two-year period
- Plan reports are distributed through the Health Plan Management System (HPMS). QIO reports are distributed through the QualityNet Exchange application

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The QIO's Role

- Initiate quality improvement projects with MA plans where the QIO has identified opportunities to improve care
- Collaborate with MA plans that may approach QIOs with ideas for using HOS data
- Provide technical assistance to MA plans

*Source: SDPS Memorandum Number 04-509-OD
December 14, 2004*

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Using the Medicare HOS Data to Evaluate Disease Management Programs

Kathie McDonald, RN MPH CIC LHRM

Nurse Epidemiologist



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CMS and Disease Management (DM)

- Chronic diseases are a new target for CMS “because of the burden they impose on patients, particularly racial and ethnic minorities.”
- “Many high-cost beneficiaries are chronically ill with certain common diagnoses, and most of the Medicare expenditures for their care are for repeated hospitalizations.”

Press Release: CMS Seeking Health Care Groups For Chronic Disease Management Project. Vol. 8 No 40, Friday, Feb 28, 2003. ISSN 1091-4021 Medicare News

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CMS and Disease Management (DM)

- Dennis Smith, acting administrator of CMS, was quoted as saying that disease management “uses the best of managed care techniques of coordinating care that may not have been available in a fee-for-service delivery system.”

Medicaid News, Thursday, February 26, 2004

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What is Disease Management?

Disease management is a set of interventions designed to improve the health of individuals by working more directly with them and their physicians on their treatment plans regarding diet, adherence to medicine schedules and other self-management techniques.

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Self Management Tools Can Improve Patient Outcomes

- "With simple graphical measurement tools, physicians can teach patients to measure and empower themselves to learn to improve both their health and their health care."

Staker LV. Changing clinical practice by improving systems: the pursuit of clinical excellence through practice-based measurement for learning and improvement. Qual Manag Health Care. 2000 Fall;9(1):1-13.

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Chronic Care Improvement Program Goals

- "Assist individuals utilizing the latest in evidence-based care management and information technology, as well as personal interactions with caregivers to ensure better outcomes."
- "Utilize these proven measures not only to improve the fiscal outlook of the program, but also to more adequately assist our beneficiaries in living healthier lives."

Testimony of Mark McClellan, MD PhD, Administrator for CMS, on chronic care improvement initiatives before the subcommittee on Health of the House Committee on Ways & Means, Tuesday, May 11, 2004

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Benefits of DM Programs

- Example of an MA plan's DM program benefits:
 - 70% decrease in hospital CHF admissions
 - Each \$1 invested realized a \$3 savings
 - 45% decrease in amputations made necessary by advanced conditions of the disease
 - 20% decline in new cases of retinopathy
 - The 10 year benefit will save \$1,500/patient, or \$30 million over 10 years

Testimony of Mark McClellan, MD PhD, Administrator for CMS, on chronic care improvement initiatives before the subcommittee on Health of the House Committee on Ways & Means, Tuesday, May 11, 2004

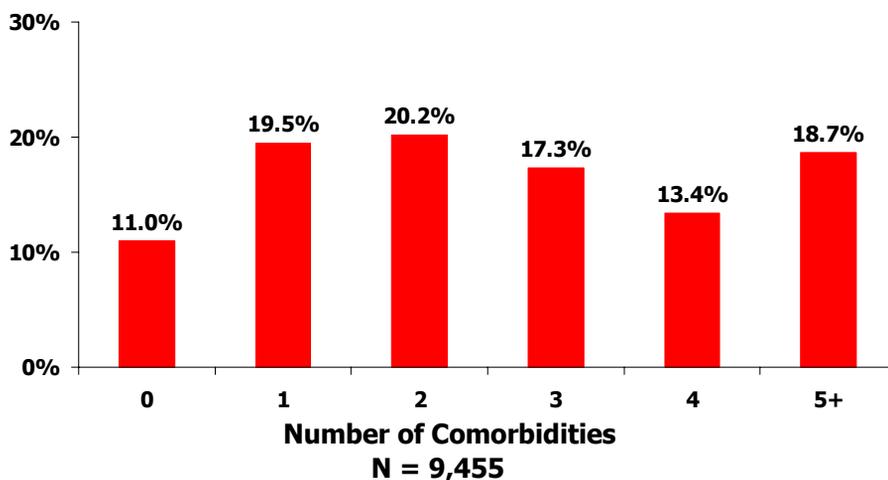
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Managed Care Plans and DM Programs

- Can we measure the effectiveness of a plan's disease management programs using HOS data?
- Do patient outcomes improve for enrollees in disease management programs?

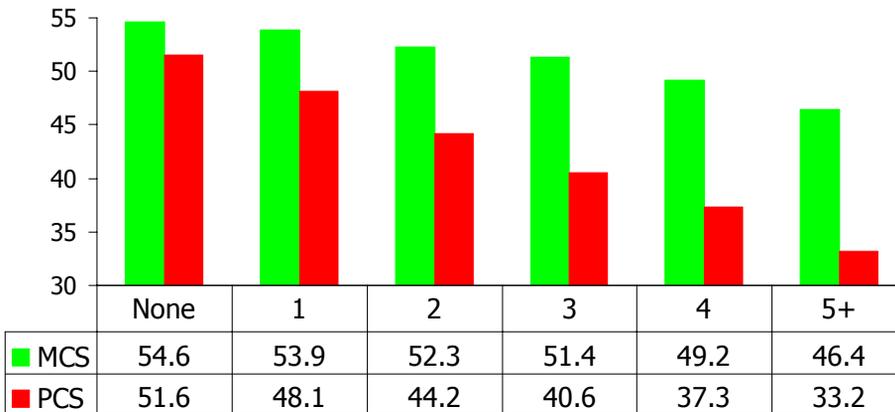
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Percentage Comorbidities: Florida 2001



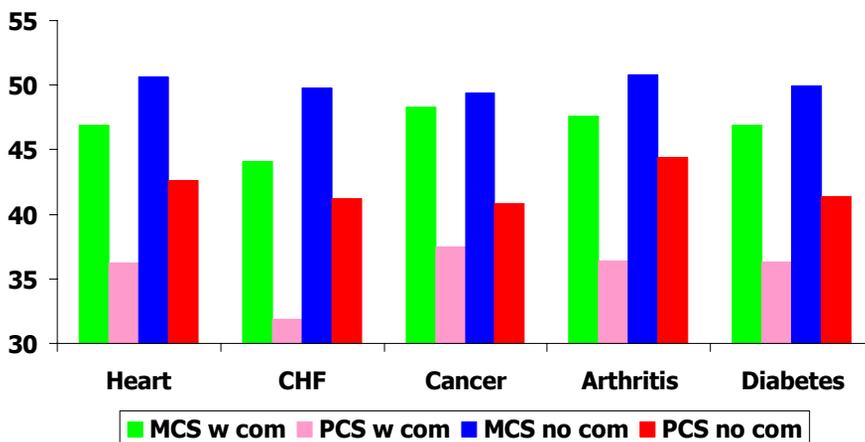
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PCS and MCS Scores by Number of Comorbidities: Florida 2001



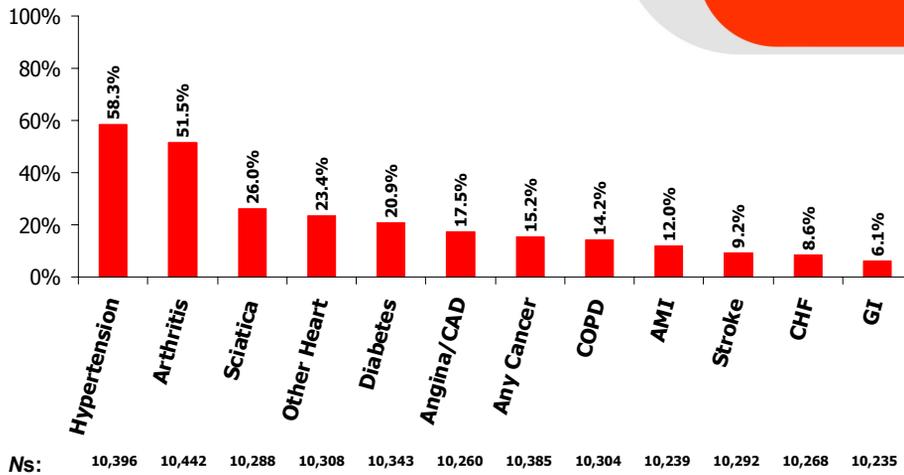
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PCS and MCS Scores with and without Comorbidities: Florida 2001

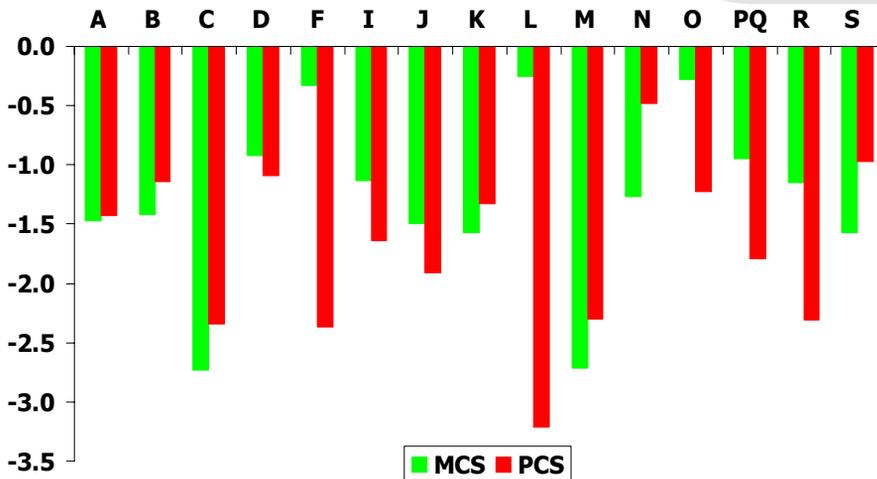


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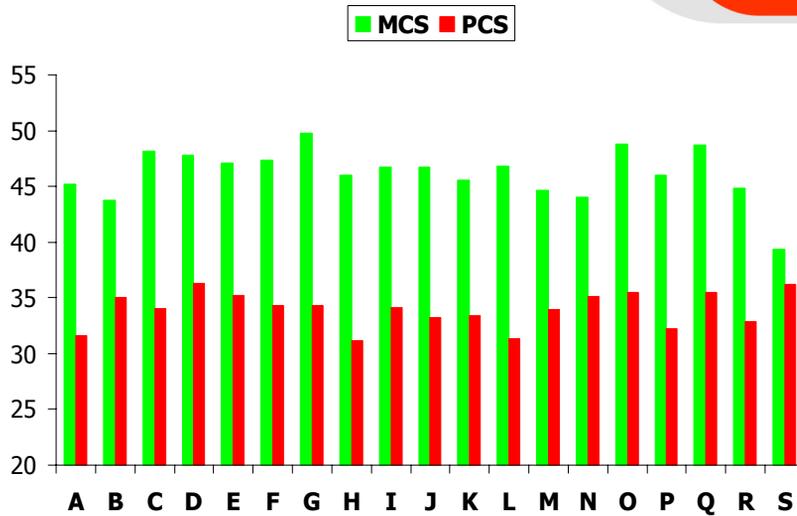
Top Dozen Comorbidities: Florida 2001



PCS and MCS Change Scores by Plan



PCS and MCS Scores by Plan: CHF



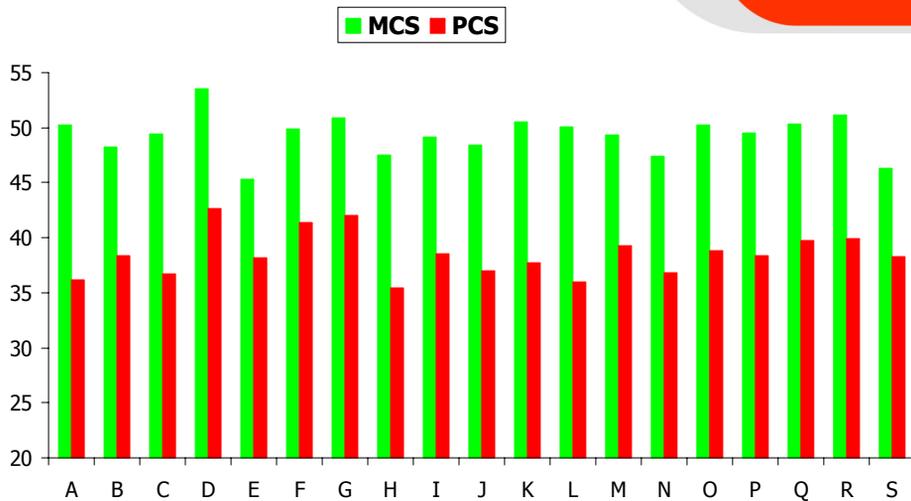
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CHF Outcomes Over Time

- CHF PCS scores improved over time
 - 2001 QAPI CHF project began
 - CHF national standardization of CHF treatment
 - Other QI efforts not related to national project
- CHF MCS scores declined
 - Lack of depression screening and treatment by providers
 - Lack of depression DM programs

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PCS and MCS Scores by Plan: Diabetes



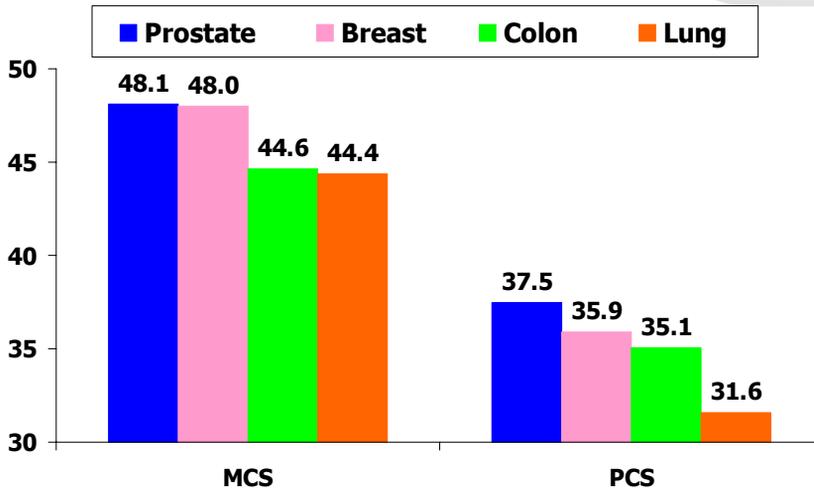
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Variations in Diabetes Outcomes Over Time

- In 1999, MA plans could report on 1 to 6 QAPI diabetes indicators
- MA plans could choose its own study versus the 1999 national diabetes QAPI project
- Lack of standardization occurred across plans resulting in data variation
- The QAPI diabetes project was repeated in 2004 because improvement was still needed

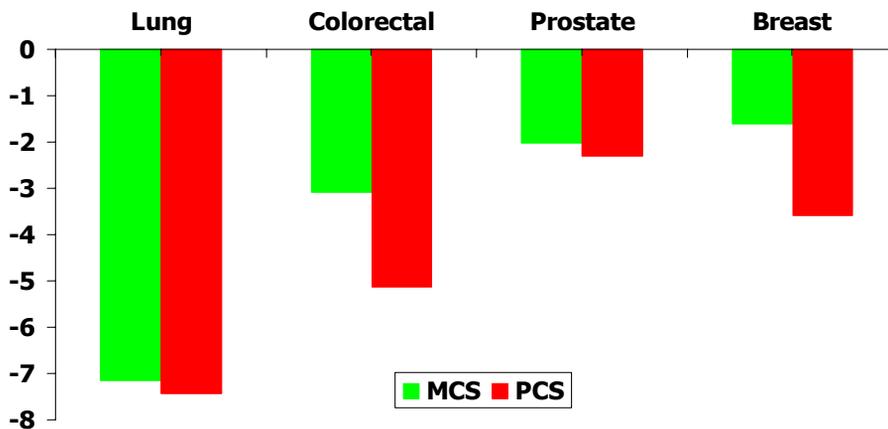
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MCS and PCS Scores by Cancer Type



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PCS and MCS Change Scores by Cancer Type



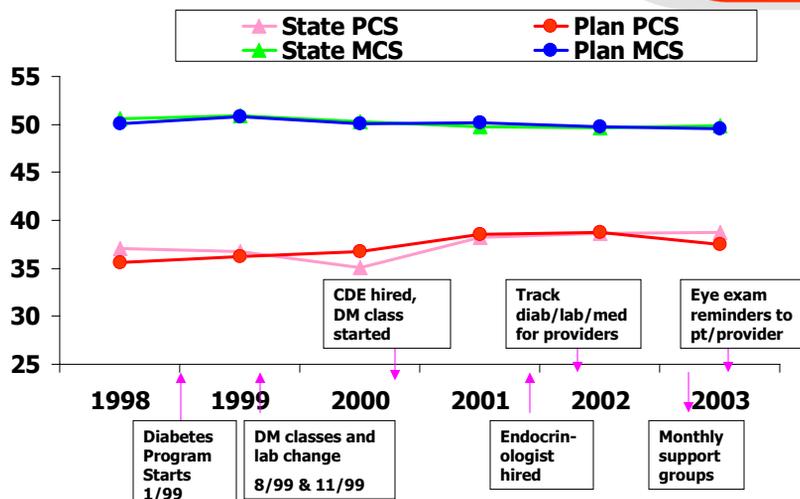
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Initial Findings on DM Programs in Florida

- FMQAI invited MA plans to share information about the types of DM programs offered along with specific interventions and timelines.
- 9 MA plans reported on the DM programs they offered.
 - 9 had CHF DM programs.
 - 8 had Diabetes DM programs.
- There was no significant difference in PCS/MCS scores between the 9 plans with a diabetes DM program and the 1 plan without such a program.

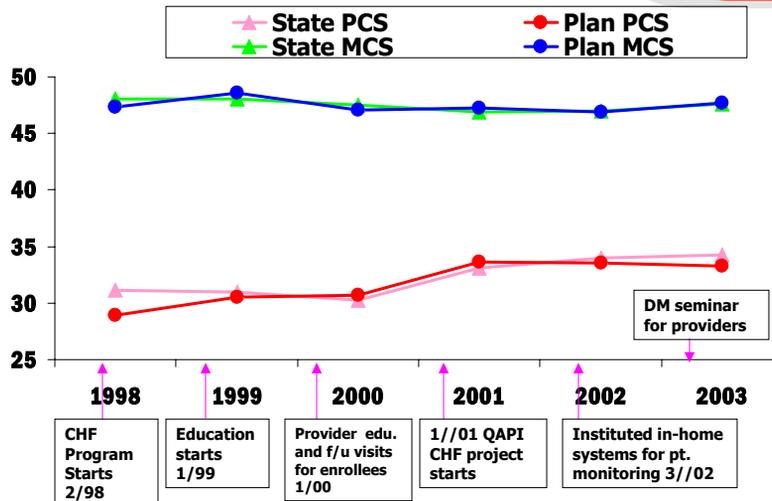
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Adjusted PCS and MCS Scores for Diabetes: Plan I and State



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Adjusted PCS and MCS Scores for CHF: Plan I and State



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Conclusions

- HOS scores are a way for plans to measure the effectiveness of their DM programs.
- HOS scores can identify areas in need of improvement, e.g. depression screening, exercise programs.
- QIOs can work with individual plans to analyze HOS scores of interest.
- If plans can produce accurate timelines of their DM interventions, then plan-to-plan comparisons could be made and best practices determined.

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Depression and Pharmacy Management: 2005 QAPI Project

*Elaine Krantzberg, RN
Community of Practice Leader*



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Depression and Pharmacy Management

- 2005 QAPI project development
- Original focus – avoidable drugs in the elderly
- Revised focus based on HEDIS and HOS scores
- QIO and MA plan collaboration

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Depression and Pharmacy Management

- Project background
- HEDIS and HOS scores for Florida
- Chronic conditions and depression
- Anti-depressants/anxiolytics – high on list for Adverse Drug Reactions

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Depression and Pharmacy Management

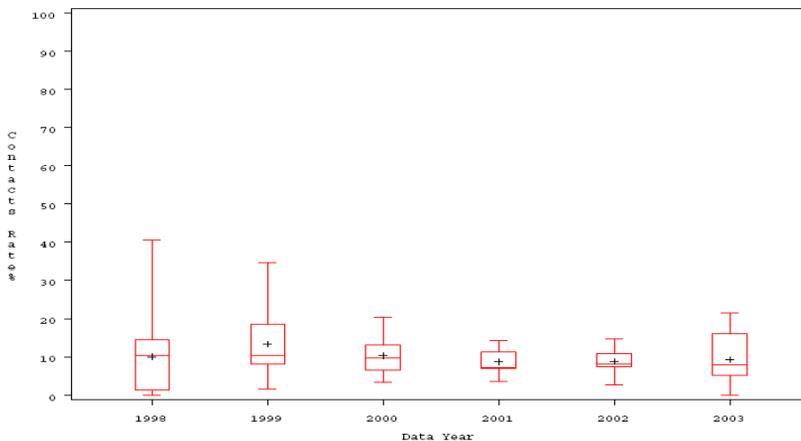
- Quality of Care Indicators
 - Increase HEDIS measures for acute and continuation phases of treatment
 - Increase referrals for behavioral health interventions
 - Increase use of appropriate medication
 - Increase screening for people with chronic conditions
 - Increase PCS and MCS scores

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Depression and Pharmacy Management

Practitioner Contacts Rate(%) for Medication Management

All FL M+CO Plans

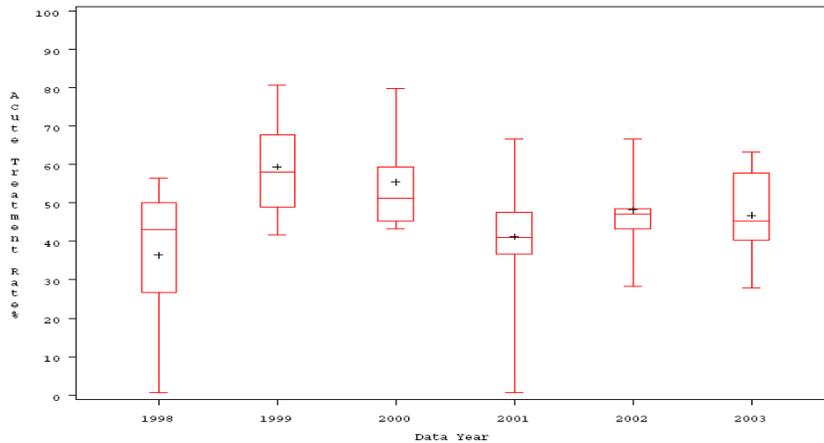


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Depression and Pharmacy Management

Effective Acute Phase Treatment Rate(%) for Medication Management

All FL M+CO Plans

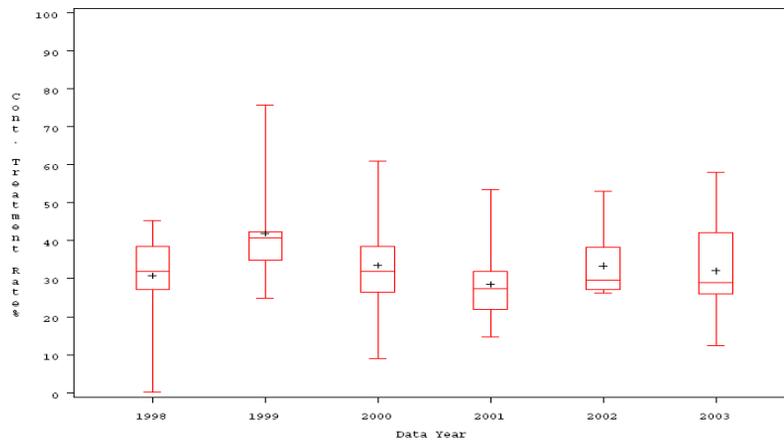


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Depression and Pharmacy Management

Effective Continuation Phase Treatment Rate(%) for Medication Management

FL M+CO Plans



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Data Sources for Baseline & Remeasurement

- Plan claims
- Pharmacy data
- HEDIS
- HOS

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Interventions

- Guidelines
- Educational materials
- Depression screening in DM programs
- Medication compliance
- Member education

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Players

- Five MA plans formally adopted project
- Average of 13 MA plans on teleconferences
- Stakeholders

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Agency for Health Care Policy and Research (AHCPR). *Depression in Primary Care: Volume I. Detection and diagnosis*. (AHCPR Publication No. 93-0550). 1993.

Beers M, Ouslander JG, Rollinger I, et al. Explicit Criteria for Determining Inappropriate Medication Use in Nursing Home Residents. *Archives of Internal Medicine* 1991;151:1825-32.

Kobak, KA, Taylor, L vH, Katzelnick, DJ et al. Antidepressant Medication Management and Health Plan Employer Data Information Set (HEDIS) Criteria: Reasons for Nonadherence. *Journal of Clinical Psychiatry* 2002; 63: 727-732

McDonald K., Ma, J., Dulabone, E. Use of HOS Data in Florida. *Health Care Financing Review*, 2004; 25(4):93-104

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References

Roberts, K, Cockerham, TR, Waugh, WJ. An Innovative Approach to Managing Depression: Focus on HEDIS Standards. *Journal for Healthcare Quality*, 2002; 24: 11-17

U.S. General Accounting Office (GAO) Prescription Drugs and the Elderly: Many Still Receive Potentially Harmful Drugs Despite Recent Improvements (Publication GAO/HEHS-95-152) 1995.

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For More Information

- A recording of today's Web conference will be posted at: <https://ifmcevents.webex.com/>
- HOS Technical Support
 - Medicare HOS information and technical support telephone line: 1-888-880-0077
 - E-mail: hos@azqio.sdps.org

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Questions and Comments

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