Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Robert Wood Johnson Foundation

LESSONS LEARNED

Collaborating with Medicaid to Improve Health Care: Two Multi-Payer Alliances

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Amid the many challenges Medicaid agencies face in 2012, including implementing health reform and addressing unprecedented budget shortfalls, exciting opportunities exist for states to collaborate with other payers to transform how care is provided across the health care system. Participating in multi-payer regional quality improvement efforts offers several benefits for Medicaid. In particular, Medicaid agencies can work together with other stakeholders to ensure that safety-net practices are kept at the forefront of policy consideration and innovation as health care reform advances. In addition, these multi-payer alliances can create economies of scale for Medicaid (and other payers) and reduce the fragmentation of competing and proliferating quality initiatives.

At the same time, participating in these multi-payer efforts affords other payers such as Medicare and commercial plans the opportunity to gain a more complete picture of the quality of care that patients receive across payers and throughout the state, informing the array of services they might choose to provide their beneficiaries. Additionally, as a result of health reform, Medicaid will benefit from opportunities to support the transformation of the health care delivery system through such programs as health homes and the two-year rate increase of Medicaid primary care rates to Medicare levels. Participating in multi-payer efforts with Medicaid can provide other payers the opportunity to affect more patients and providers and even use federal and state resources available for delivery system and payment reform transformation.

About *Aligning Forces for Quality*

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation's commitment to improve health care in 16 AF4Q communities is the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asks the people who get care, give care and pay for care to work together to improve the quality and value of care delivered locally. The Center for Health Care Quality in the Department of Health Policy at George Washington University School of Public Health and Health Services serves as the national program office. Learn more about AF4Q at www.forces4quality.org. Learn more about RWJF's efforts to improve quality and equality of care at www.rwjf.org/goto/af4q.

About the Author

The Center for Health Care Strategies (CHCS) is a nonprofit health policy resource center dedicated to improving health care access and quality for low-income Americans. CHCS is a technical assistance provider for the Robert Wood Johnson Foundation's *Aligning Forces for Quality* regional collaboratives and authored this publication.

This brief from the Center for Health Care Strategies profiles two multi-payer quality improvement alliances that are part of the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) initiative. Through interviews with leaders from these alliances, the brief examines how and why Medicaid agencies are aligning quality improvement strategies with other payers, and what benefits that alignment is yielding. The alliances in Oregon and South Central Pennsylvania offer lessons for other states interested in advancing multi-payer efforts to improve quality across the health care system.

Reporting on Performance, Improving Quality: Oregon

Since it was founded in 2000, the Oregon AF4Q Alliance, led by the Oregon Health Care Quality Corporation (Quality Corp), has had significant successes in collecting and publicly reporting performance information for primary care providers across the state. Quality Corp works with members of the community—including consumers, providers, employers, policy-makers, and health insurers—to improve the health of residents of Oregon. Additionally, Quality Corp partners with multiple payers, including eight commercial plans, two managed Medicaid organizations, and the state's Medicaid agency. Its consumer-friendly public reporting website, www.PartnerForQualityCare.org, is a nationally-recognized standard for public reporting of quality data.

Key Points

- For Oregon, the future of quality data collection and reporting is a hybrid use of administrative claims data and data from electronic medical record systems.
- Oregon is seeking ways to ensure that federally qualified health centers (FQHCs) are included in its performance measurement and quality collection and reporting efforts.
- Tracking outcomes of care, rather than processes of care, is the ultimate aim of performance measurement data collection and use.
- Quality Corp is working through issues associated with aligning its current data collection and reporting efforts with the state's health reform activities.

Performance measurement data from more than 80 percent of Oregon primary care providers are represented in Quality Corp's collection and reporting efforts. Those providers whose data are collected by Quality Corp are eligible to receive Quality Corp's quality and resource use reports. At the same time, people in Oregon now can access quality information about many primary care practices in the state through the Partner for Quality Care website—an important step toward creating a more accountable health care delivery system and a more engaged patient population. After four years of data collection, Quality Corp's database represents care received by more almost two million patients in Oregon.

Quality Corp receives administrative claims data from 12 payers, representing 75 percent of Oregonians with commercial insurance, 71 percent with Medicaid, and 38 percent with Medicare. For public reporting, the data are aggregated across payers at the patient level and then mapped to primary care providers and clinics, which facilitates comparing clinics along multiple performance measures and across payers. Quality Corp also has stratified performance measures by race and ethnicity among the Medicaid fee-for-service population. Physician practices receive biannual reports on the care they provide at the patient, provider, clinic, and medical group levels.

Through Quality Corp, the majority of Oregon's physician practices now can compare their performance on process of care measures with other practices in the state as well as benchmark standards. Providers can track the care they provide and develop action plans to address areas where there is opportunity for improvement. Quality Corp has recently added small provider practices (fewer than four providers), which initially had not been targeted. Since the same metrics are applied to both commercial plans and Medicaid, Oregon benefits from being able to see the quality of care provided by the various payers directly lined up against one another—a comparison not readily available in other states.

The availability of quality data is demonstrating a tangible impact on physician practices in the state. Providers are able to use the quality data they receive to improve quality. In relating the experience of one practice, Mylia Christensen, executive director of Quality Corp, said, "When they got [their] scores back for mammography screening, they realized they weren't doing nearly as well as they thought they were." She said the practice then was able to use the patient lists provided in its data to identify and follow up with the women who had not received mammograms. Through the information Quality Corp provided, practices across the state are using data in similar ways to identify new opportunities to improve health care access and quality.

Quality Corp's successes build on existing health care innovations in Oregon, in which the state Medicaid agency has played a pivotal role. "For the past two decades, the state has contributed to important changes in the delivery system, "said Ms. Christensen. "So having the state participate in the activities of Quality Corp has strengthened the organization." Judy Mohr Peterson, Medicaid director for Oregon, agreed: "The state has engaged in some very active health system transformation efforts being led by our governor, and Medicaid has a central role in those efforts. I think it's important for Medicaid to step up and play a part in the overall health system and the evaluation of quality."

As a next step, Quality Corp is seeking to address issues critical to care delivery within the Medicaid program. For example, Quality Corp includes Federally Qualified Health Centers (FQHCs) that serve a large volume of Medicaid

beneficiaries in their performance reporting initiatives. But one challenge is that these clinics do not submit claims data the same way as practices participating in commercial health plans. This obstacle is one of the reasons Quality Corp is seeking new and better ways to collect data. "The future of what we do [with performance measurement] is a hybrid combination of claims and EMR [electronic medical record] data, and many of the safety-net clinics operate on EMRs," said Ms. Christensen. "If we can use those data as a source for the measures in the future, we think that will mitigate some of these challenges."

Quality Corp also can benefit from a greater focus on outcomes measurement, notes Ms. Mohr Peterson. "We're measuring how often a diabetic test was done, but we don't know the results," she said. "The ultimate goal isn't whether they've done the test or not—it should be to keep the person's diabetes under control, or keep their weight down, or have their cholesterol be at a certain level." Measures of both health processes and outcomes are crucial for increasing health equity and reducing disparities—important issues for Medicaid beneficiaries.

Moving forward, Quality Corp will be exploring strategies to measure performance for Oregon's coordinated care organizations (CCOs). CCOs are the accountable care organization-like entities that are a central feature of the state's reform efforts. Right now there are no Healthcare Effectiveness Data and Information Set (HEDIS) measures specific to CCOs. Quality Corp and its partners, including Oregon's Medicaid agency, will have a role in shaping the measurement process for CCOs.

Collaboration is critical to Quality Corp's work. "[E]verybody comes together at the same table to work through challenging issues, and part of the reason we were able to do that is because we have a joint vision about where we're going," said Ms. Mohr Peterson. "We do want to make a difference, and we want to make the care better. But to make on-the-ground delivery system changes, we really have to work together; it can't be just one entity driving that change."

Key Points

- An expansion of Medicaid associated with the implementation of health reform would impact the racial, ethnic, and language (R/E/L) diversity of Medicaid's beneficiary population. States, communities, and alliances must be ready to understand and work to reduce the variations in access and care that exist for this population.
- Though resources are limited, collecting R/E/L data is a prerequisite to reducing disparities in access and care.
- States, in partnership with other payers and regional quality improvement efforts, can remove barriers to collecting R/E/L data.
- R/E/L data can be used alongside process and outcome measures to inform and impact quality improvement efforts.

Using Data to Reduce Disparities: South Central Pennsylvania

The South Central Pennsylvania AF4Q Alliance (SCPA) was formed in 2007 to address issues of health care quality, access, and cost by bringing together patients, providers, hospitals, community organizations, and others in York and Adams counties. The SCPA works with these stakeholders to: (1) help physicians and hospitals improve the quality of care they provide; (2) improve care at local hospitals; (3) provide more tools and resources to engage the community; (4) educate patients on how to partner better with their providers; and (5) reduce inequalities in health care access and outcomes across the region. In particular, SCPA has focused significant attention on this last priority of reducing disparities.

To achieve its goal of reducing disparities, the SCPA has shepherded efforts to collect patient race, ethnic, and language (R/E/L) data by Medicaid and other payers. According to a 2008 community health assessment, nine percent of York County residents and seven percent of Adams County residents in South Central Pennsylvania have diabetes. To address the impact of this disease, SCPA is analyzing care delivery data for patients with diabetes collected from Pennsylvania's Office of Medical Assistance (its Medicaid agency) and two health system partners: Family First Health, an FQHC, and WellSpan Health, an integrated health system. Data from these health system partners come from multiple payers, including Medicare and commercial plans. They are stratifying the data by patients' R/E/L to determine if health disparities are present in South Central Pennsylvania and, if so, what impact they have. Though challenges exist to stratifying the disparities results by payer source, doing so is a near-term goal for the SCPA.

Beyond identifying disparities in care, SCPA also has sought to use R/E/L data to inform quality improvement efforts. While data have been used for provider-level initiatives, Jenny Englerth, chief executive director of Family First Health, would like to use data at a systems level to stratify patient outcomes by R/E/L. Making that system-level data use possible requires partnerships with the state Medicaid office and SCPA. "It can't be left to the individual providers," said Ms. Englerth. "We can take care of our own systems and meet the criteria set forth by meaningful use. But if we want to

advance community health and the health of all citizens, then we need the partnership to be looking at the broader population."

The SCPA alliance plans to continue collecting and using R/E/L data despite challenges such as the need to collect outcome as well as process measures and the logistics of collecting data within a fragmented health care system. Ms. Englerth notes that Medicaid and regional multi-payer alliances can be extremely valuable in addressing these types of challenges. "State Medicaid agencies want to see their dollars used effectively and targeted to reduce disparities, but they sometimes inhibit that from happening by not sharing their data or by not collecting the appropriate data," she said. "Through the SCPA alliance, we have an opportunity to use those larger systems, particularly the state Medicaid agencies, to really advance this effort."

Conclusion

The opportunities and changes taking place in the health care delivery system, and specifically those happening as a part of the Affordable Care Act (ACA), demand that quality improvement and performance measurement efforts are aligned across payers when possible. Aligning such efforts across multiple payers, including Medicaid, Medicare, commercial insurers, and other health system partners will better serve all of those involved: patients, providers, states, health plans, and others. Multi-payer activities, such as those noted above, highlight how improvements in care and quality are achievable through the partnering of stakeholders. At the same time, in addition to these multi-payer activities, Medicaid agencies should consider taking advantage of the following health reform opportunities through multi-payer collaborative efforts:

- By 2014, 16 million to 20 million additional Americans will be eligible for Medicaid, with the program covering roughly 25 percent of the nation's citizens. As such, Medicaid agencies will oversee quality data for 20 percent to 30 percent of residents in a given region or state, providing ample new opportunities for using multi-payer collaborations to improve health care quality.
- Through ACA provisions, Medicaid agencies are advancing innovations to transform health care delivery, including: a primary care rate increase; health homes (ACA Section 2703) and other accountable care models; and a Medicaid beneficiary incentive program (ACA Section 4108). Other payers may replicate these initiatives for their own enrollee populations.
- Health reform legislation (ACA Section 4302)—as well the earlier Title VI Civil Rights Act of 1964 and Balanced Budget Act of 1997—requires Medicaid agencies to collect race, ethnicity, and language data for beneficiaries upon enrollment using federal standards. As such, Medicaid is a rich source for such data. Regional alliances can tap these data to identify and address disparities in care.

By joining multi-payer alliances and working with other payers to provide more coordinated and higher-quality care for all patients, state Medicaid agencies can accelerate opportunities for improved patient care and quality made possible both outside of and through health reform. Participation will bring significant benefits to both the Medicaid agencies and the larger community.

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