

Ohio Medicaid Quality Strategy

Medicaid Aims

1. Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
2. Healthy People/Healthy Communities: Improve the health of the Ohio Medicaid population by supporting proven interventions to address behavioral, social and, environmental determinants of health.
3. Practice Best Evidence Medicine: Facilitate the implementation of best clinical practices to Medicaid providers through collaboration and improvement science approaches.

Medicaid Priorities, Goals, & Initiatives

Priorities:				
Make Care Safer	Improve Care Coordination	Promote Evidence-Based Prevention and Treatment Practices	Support Person and Family Centered Care	Ensure Effective and Efficient Administration
Goals:				
Eliminate preventable health-care acquired conditions and errors.	Create a delivery system that is less fragmented, where communication is clear, and patients and providers have access to information in order to optimize care.	Prevent and reduce the harm caused by high cost, prevalent conditions. These Clinical Focus Areas* include: 1. High Risk Pregnancy / Premature Births 2. Behavioral Health 3. Cardiovascular Disease 4. Diabetes 5. Asthma 6. Upper Respiratory Infections	Integrate patient/ family feedback on preferences, desired outcomes, and experiences into all care settings and delivery.	Sustain a quality focused, continuous learning organization.
Current Initiatives Supporting Goals*:				
<ul style="list-style-type: none"> • Change hospital payment policy for never events & hospital-acquired infections (P) • Eliminate blood stream catheter infections in Neonatal Intensive Care Units (QIS) • Human milk feeding to premature infants (QIS) • Solutions for Patient Safety (SPS) <ul style="list-style-type: none"> - Adverse Drug Events - Surgical Site Infections - Serious Safety Events (QIS) • Retrospective Drug Utilization Review (AF) • Meaningful Use: <ul style="list-style-type: none"> - Electronic Prescribing - Drug Interaction - Drug Allergies - Computerized Provider Order Entry (I) 	<ul style="list-style-type: none"> • Managed Care Plan Delivery System <ul style="list-style-type: none"> - Access to services in a timely manner - Availability of a robust provider network - Care management - 24/7 Nurse Advice Line (AF) - IMPROVE Collaborative (QIS) - Behavioral Health Collaborative (COL) • Health Homes – Intense care management of chronically ill consumers using <i>Patient-Centered Medical Homes</i> as the foundation (COL) • Integration of dual eligibles (UD) • Accountable Care Organizations (UD) • MC enrollment efficiency (P) • Presumptive eligibility for pregnant women and newborns (P) • Meaningful Use: <ul style="list-style-type: none"> - Facilitating appropriate medical information communication (DSS) 	<ul style="list-style-type: none"> • MCP Quality Accountability System: <ul style="list-style-type: none"> - Process & outcome measures for each of the six Clinical Focus Areas above (NRM) - Pay-for-Performance (I) • Age appropriate preventive services <ul style="list-style-type: none"> - Adult Preventive Visit Benefit (P) - EPSDT Performance Improvement Project (QIS) • Obstetrical <ul style="list-style-type: none"> - Eliminating scheduled deliveries prior to 39 weeks - Antenatal steroids for high-risk mothers (QIS) • Implementation and spread of Pediatric Psychiatric Network (QIS) • Safety net consortium to improve diabetes care and outcomes (QIS) • QI Infrastructure Investment <ul style="list-style-type: none"> - Information System for data collection, analysis, & feedback - Quality improvement coordinators (QIS) • Meaningful use: <ul style="list-style-type: none"> - Clinical Decision Support (DSS) 	<ul style="list-style-type: none"> • NCQA CAHPS Consumer Satisfaction Survey (CS) • Review MCP Grievance/ Appeals/ Complaints / State Hearings (AF) • MCP Consumer Quality of Life Surveys (CS) • MCP Consumer Care Management Survey (CS) • Ohio Family Health Survey (CS) • Engage Patient in QI Process (CS) <ul style="list-style-type: none"> - OPQC - SPS - IMPROVE • Meaningful use: <ul style="list-style-type: none"> - Patient empowerment/ access to medical information (DSS) 	<ul style="list-style-type: none"> • Quality Assessment and Performance Improvement (QAPI) Program: <ul style="list-style-type: none"> - Performance Improvement Projects (QIS) - Performance Measure reporting (NRM) - Over/under utilization Assessment (AF) - Special health care needs quality and appropriateness of care assessment (AF) • MCP Compliance Monitoring (AF) • Member Services (AF) • Provider Services (AF) • Program Integrity (AF) • MITS (AF) • Meaningful Use: <ul style="list-style-type: none"> - Consumer Decision Support - Provider Decision Support (DSS)
Cross Cutting Issues: Integration of Physical and Behavioral Health, Elimination of Health Care Disparities				
How:	P = Policy QIS = Quality Improvement Science COL = Collaborative	I = Incentives CS = Consumer Survey DSS = Decision Support System	NRM = Nationally Recognized Measurement Sets AF = Administrative Function UD = Under Development	

* The Clinical Focus Areas and Current Initiatives were developed for the CFC & ABD consumers who are not on a waiver, in an institution, or dually eligible. A separate evaluation will be completed to determine the Clinical Focus Areas and Current Initiatives for these populations.