



Data Sharing & Integration: A Case Example: Children in Foster Care

Linette T Scott, MD, MPH, FACPM
Chief Medical Information Officer
Deputy Director, Information Management Division
Department of Health Care Services



Children in Foster Care

- Understanding the System
- Quality Improvement Project
- System Performance
 - ADHD Treatment
 - Follow-up after Severe Mental Illness
 - Antipsychotic Medication Monitoring
- Next Steps



Understanding the System



Understanding Systems: Children in Medi-Cal

- Children in Medi-Cal receive services through Managed Care Plans, Fee-For-Service, and Specialty Mental Health Plans
- Managed Care Plans and Specialty Mental Health Plans have a Memorandum of Understanding to work together in the care of members
- Certain groups of children have additional services to coordinate care (e.g., children in foster care)
- For more information about children in Medi-Cal, see the Medi-Cal Children's Health Dashboard at http://www.dhcs.ca.gov/services/Pages/Medi-Cal_Childrens_Health_Advisory_Panel.aspx



Caring for Children in Foster Care

- Children in Foster Care are children removed from their homes and under the care custody of the county child welfare agencies
- 79,166 children under 18 years old were in foster care for at least 30 days during SFY 2014-15, including children supervised by either child welfare and probation agencies



Understanding Systems: Children in Foster Care

- Children in Foster Care have a comprehensive team to help facilitate care
 - Social Worker
 - Public Health Nurse
 - Judicial System
- In counties with County Organized Health Systems (COHS), children in Foster Care are in managed care
- In non-COHS counties, children in Foster Care may be in Managed Care Plans or Fee-For-Service
- In all counties, children in Foster Care may receive care in Specialty Mental Health Plans depending on their needs



Quality Improvement Project



Quality Improvement Project (QIP)

Initiated in 2013 after CDSS and DHCS met with federal partners to address use of psychotropic medications for children in foster care

- Clinical Workgroup
 - Developed and distributed "Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care"
 - Submitted recommendations to the Judicial Council for improvements to the J220 process
- Youth, Family, and Education Workgroup
 - Youth Bill of Rights in a youth-friendly brochure
 - Questions to Ask about Medications document in a youth-friendly brochure
 - Wellness Workbook



QIP Workgroups Continued

<http://www.dhcs.ca.gov/services/Pages/qip.aspx>

- Data and Technology Workgroup
 - Distributed case-level J/220 reconciliation reports
 - Publically posted two measures: Use of Psychotropic and Antipsychotic Medications
 - Developed seven child welfare measures
- Medication Protocol Development Workgroup
 - Resource Guide - Medications in Group Homes
- Psychotropic Medication Legislation Implementation Workgroup
- Expert Panel



Data Sharing to Support Outcomes

- Global Interagency Agreement
 - California Department of Social Services
 - California Department of Health Care Services
 - County Government (potentially 58 counties)
- Authorizes data sharing for the care of children in child welfare
- Provides process to identify data to share and document data sharing activities



Global Data Sharing

- Agreement signed between DHCS and CDSS in Spring 2015
- Counties have been signing on to the agreement since then
- Matched data is used to accurately identify children in foster care under the care and supervision of the child welfare system
- Counties have received client-specific reports



Counties participating in Global Data Sharing

- Butte
- Contra Costa
- Humboldt
- Kern
- Lake
- Madera
- Modoc
- Placer
- Sacramento
- San Diego
- San Francisco
- San Luis Obispo
- San Mateo
- Santa Clara
- Sonoma
- Yuba



System Performance



HEDIS: Healthcare Effectiveness Data and Information Set

- Used broadly to measure quality of health care in various systems and care environments
- Associated with payment incentives and disincentives
- Provides consistency to support comparisons
- Alignment with clinical guidelines and best practices
- Used by more than 90% of America's health plans to measure performance
- Consists of 81 measures across 5 domains of care
- Takes approximately 28 months for a measure to be developed, assessed and added to the HEDIS set



HEDIS for Quality Improvement

- Inclusion criteria require that patients be enrolled with a given plan/group/provider for the entire measurement period
- This gives providers equal opportunities to influence the outcome of the measure for the patients they are responsible for serving
- Each measure has inclusion and exclusion criteria which are essential for comparability of results
- There are multiple report cards based on HEDIS
Example: <http://www.opa.ca.gov/Pages/ReportCard.aspx>
- More on HEDIS: <http://www.ncqa.org>



CMS Child Core Set

- Several HEDIS Behavioral Health Measures are part of the Centers for Medicare and Medicaid Services (CMS) Child Core Set
- Use of Multiple Concurrent Antipsychotics is a new measure in the 2016 Child Core Set
- States will report this new measure to CMS for the first time in February 2017

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>



HEDIS Behavioral Health Measures for Children Reported by DHCS

- ADD: Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication includes an initiation phase and a continuation phase
[Reported to CMS2016] [SB 484, Ch. 540, Statutes of 2015]
- FUH: Follow-Up After Hospitalization for Mental Illness includes a 7 day and a 30 day follow up
[Reported to CMS2016]
- APP: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics *[SB 484]*
- APC: Use of Multiple Concurrent Antipsychotics in Children and Adolescents *[SB 484]*
- APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics *[SB 484]*



What we understand from HEDIS Measures

- ADHD measure assesses dose adjustments for new medications
- Follow-up After Hospitalizations measure assesses follow-up care which will assess stabilization and should be used to help prevent re-hospitalization
- Psychosocial Care measure assesses supportive treatments for new antipsychotic medications
- Concurrent Antipsychotic measure assesses medication use for ongoing treatment
- Metabolic Monitoring measure assesses potential risks associated with ongoing treatment



Follow-Up Care for Children Prescribed ADHD Medication

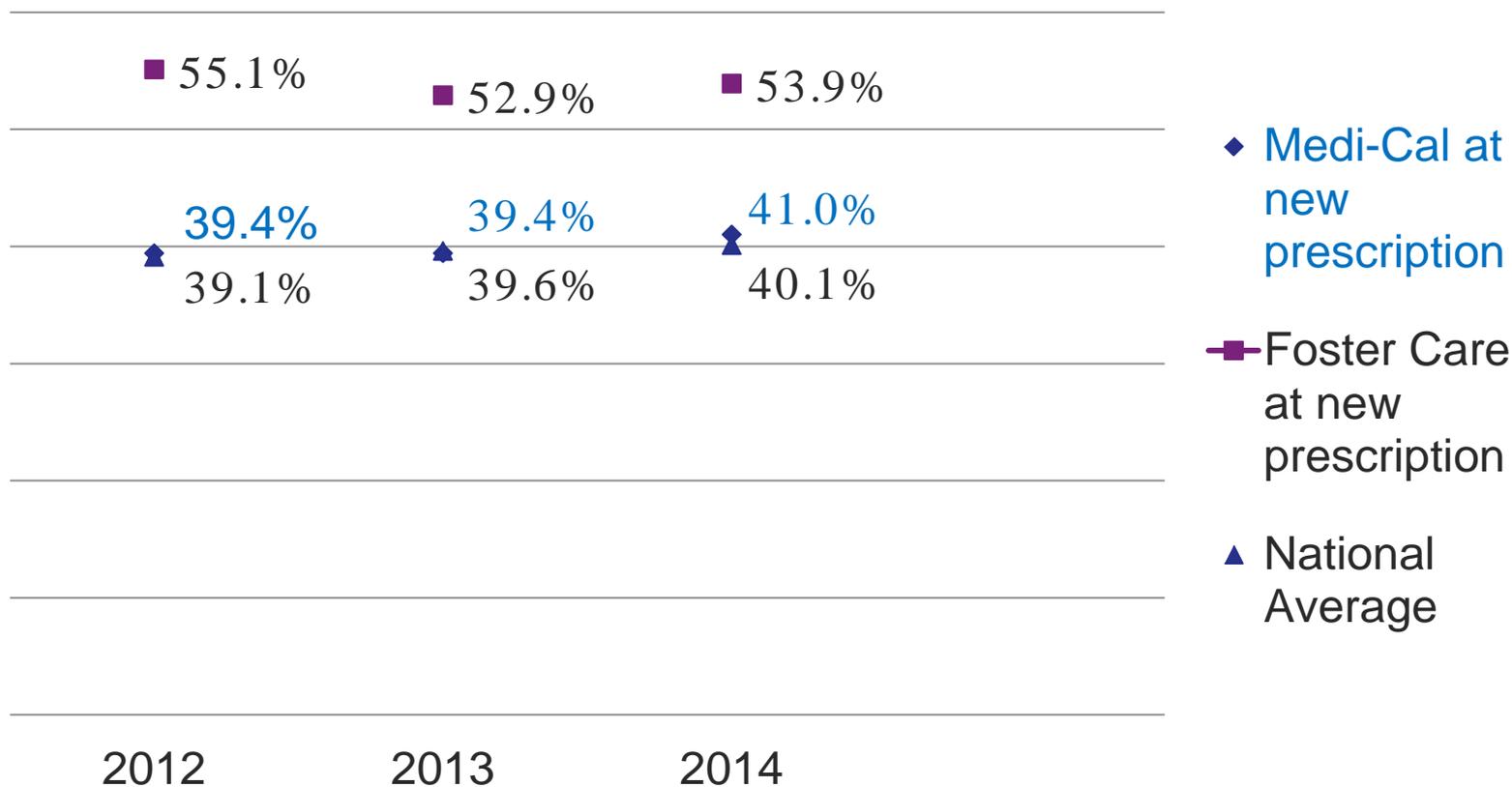
- Visits to adjust doses for the desired effect in the treatment of ADHD is very important

Initiation Phase

- Must have a new ADHD prescription (none for at least 120 days)
- Be ages 6 to 12 and enrolled 120 days prior to and 30 days after prescription
- A visit with a provider with prescribing authority within 30 days of the new prescription



ADHD Medication Follow-up: Initiation Phase





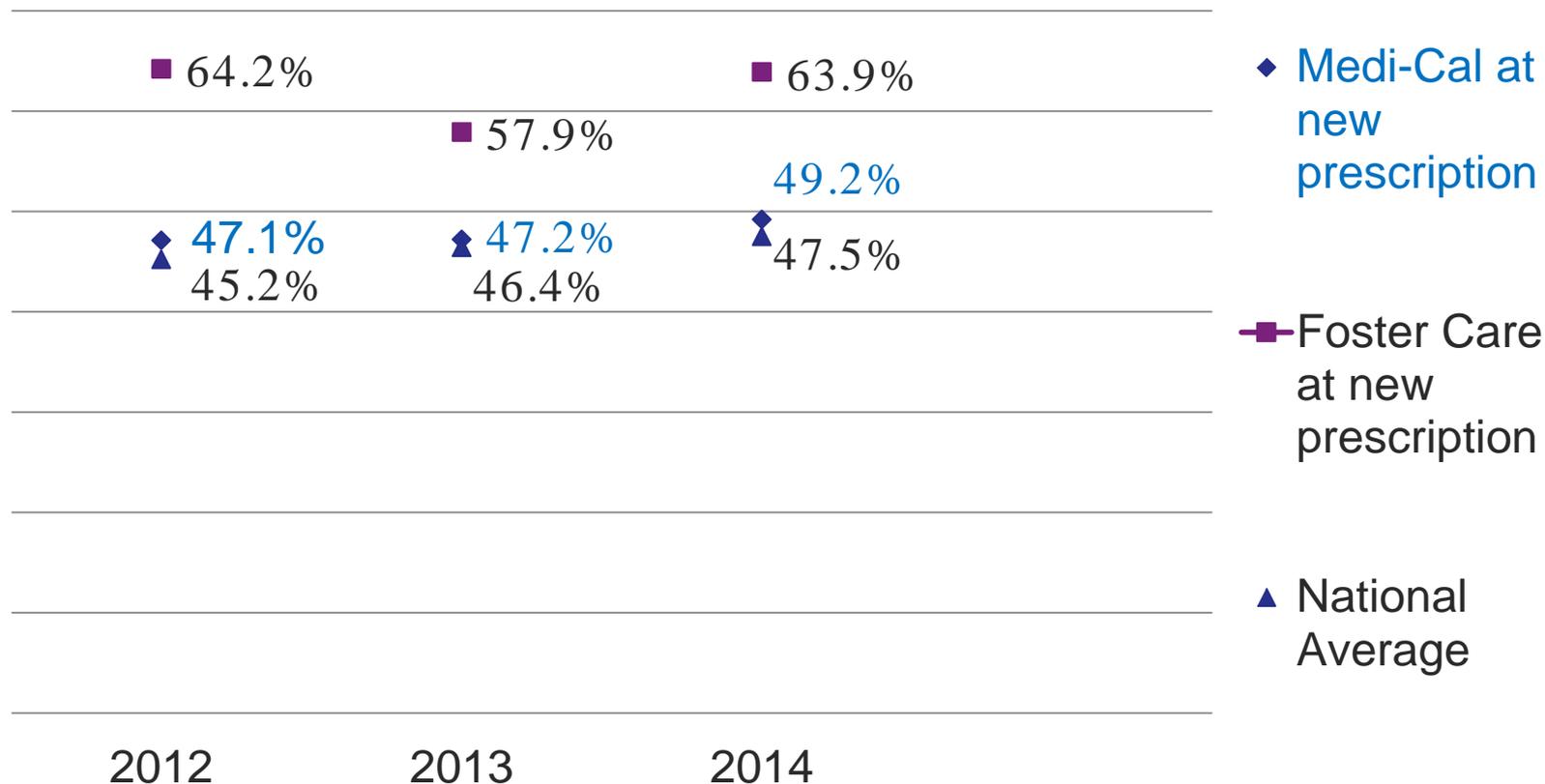
Follow-Up Care for Children Prescribed ADHD Medication

Continuation Phase

- Must have a new ADHD prescription (none for at least 120 days)
- Be ages 6 to 12 and enrolled 120 days prior to and 300 days after prescription
- Meet the criteria for the Initiation Phase of having one visit within 30 days of the new prescription
- Have at least two more follow-up visits between 31 and 300 days after the new prescription



ADHD Medication Follow-up: Continuation Phase





Considerations for ADHD Medication Follow Up

- ADHD medications represent approximately one-third of paid claims for psychotropic medications prescribed to children, especially in the 6 to 11 year old group
- While performance scores for Initiation and Continuation phases are similar, the number of children who qualify for the Continuation phase decreases to about half for Foster Care, and to about one-fourth for children in Medi-Cal
- This decrease occurs when :
 - Children are not continuously enrolled in Medi-Cal for the 10 month period after receiving the medication, or
 - Children do not have ongoing medication during the 10 month follow up time period

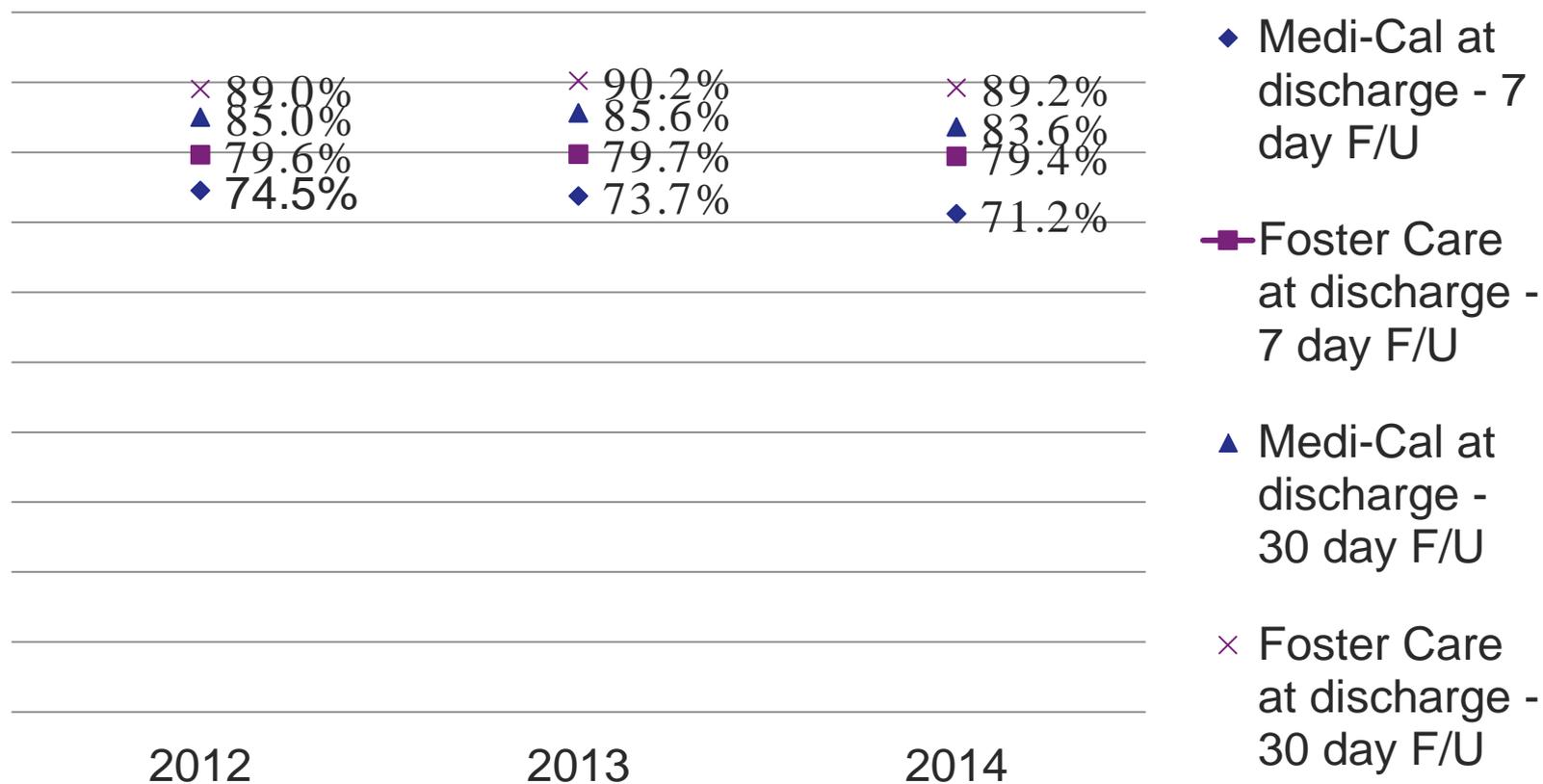


Follow-up After Hospitalization for Mental Illness

- Children who were hospitalized for treatment of mental illness and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates for ages 6 to 20 are collected:
 - Percentage of discharges for which children received follow-up within 7 days
 - Percentage of discharges for which children received follow-up within 30 days



Follow-up After Hospitalization for Mental Illness 6 through 17 year olds at 7 day & 30 day Follow-up





Considerations for Follow-up After Hospitalization for Mental Illness

- The measure specification is for 6 to 20 year olds
- To support comparability to other measures reported for children in foster care, the age group of 6 to 17 year olds is also shown
- Children ages 6 to 17 have better follow-up than young adults ages 18 to 20
- For adults, follow up is often 40 to 50 percent
- For Foster Care, the measure is calculated based on having a Foster Care aid code at the time of discharge



System Performance: Antipsychotic Medication



Drug Utilization Review (DUR) Board

- Designed to optimize recipients' medical and pharmaceutical care, and to reduce the costs of this care
- DUR reviews outpatient prescribing patterns, alerts pharmacists to potential prescribing hazards and educates all providers, enabling them to render the best possible care to recipients
- Antipsychotics are primarily paid for in fee-for-service (FFS) independent of whether the child is in FFS or managed care for their care
- FFS pharmacy claims are now being shared with MCPs for their members

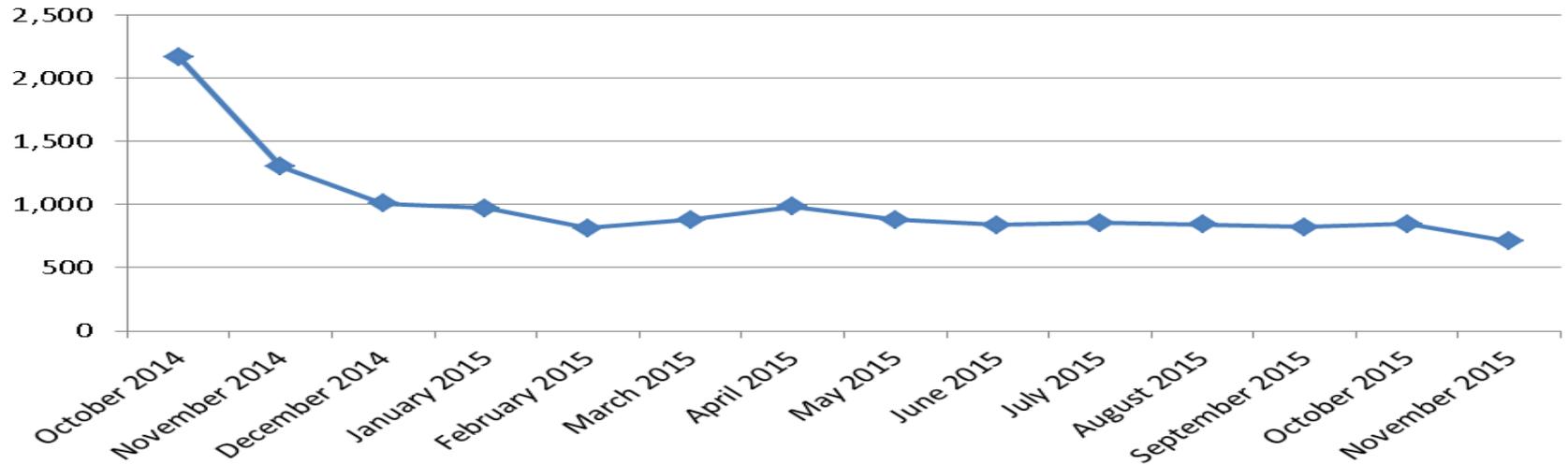
<http://www.dhcs.ca.gov/provgovpart/Pages/Medi-CalDURMeetingPackets.aspx>



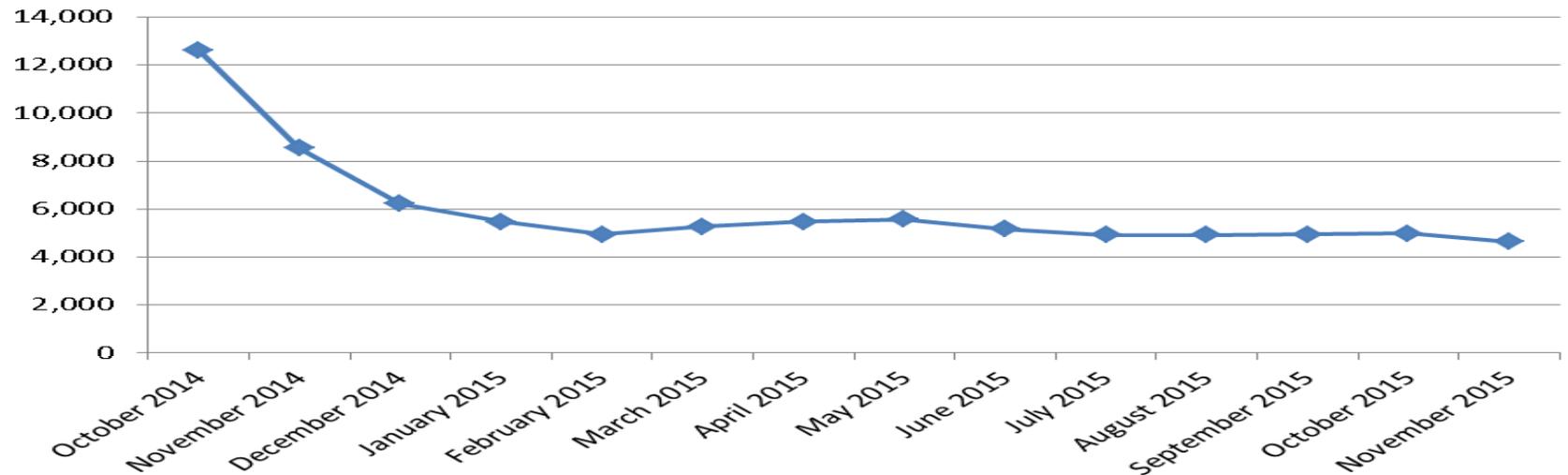
Treatment Authorization Requests (TARs) for Antipsychotics

- May, 2006: TAR required for 0 to 5 year olds in Medi-Cal receiving antipsychotics
- October, 2014: TAR required for 0 to 17 year olds in Medi-Cal receiving antipsychotics
- TARs are reviewed by clinical pharmacists at DHCS
- TARs are submitted by the pharmacies on behalf of the child and the prescriber
- TARs may approve usage of a medication for a period of days and up to a year

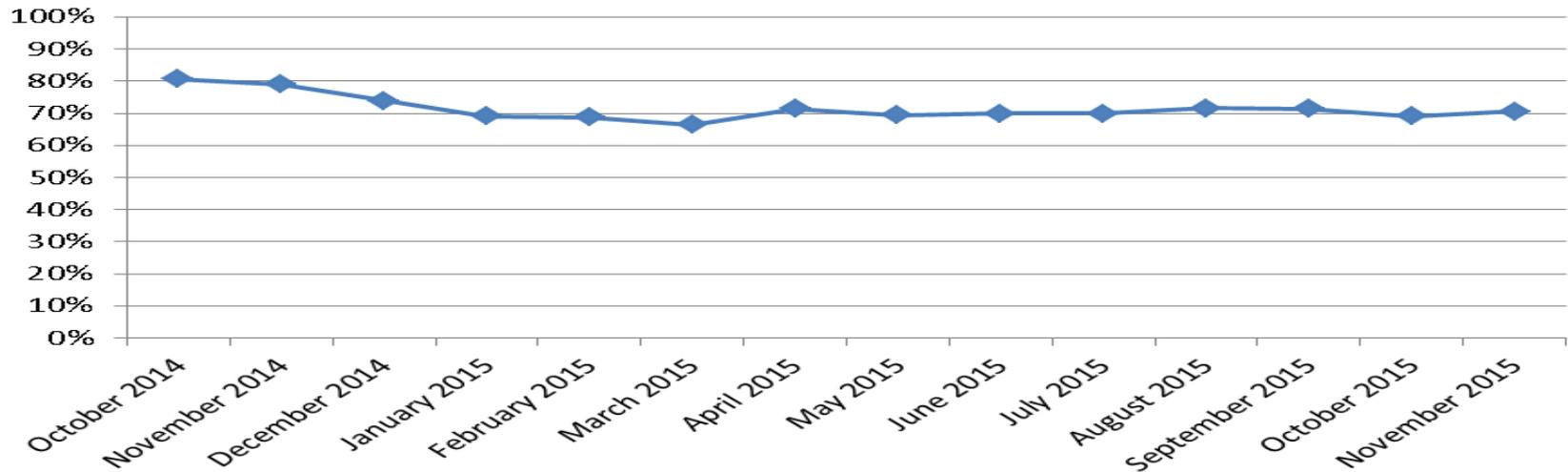
Unique number of children in foster care for whom TARs were submitted



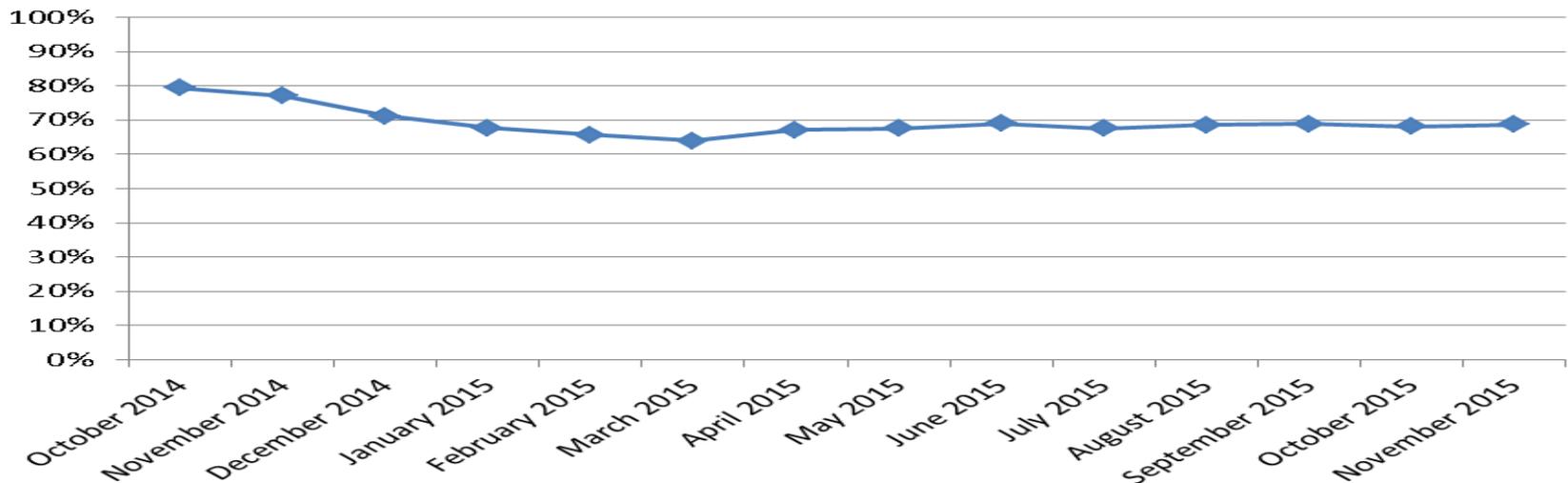
Unique number of children in Medi-Cal for whom TARs were submitted



Percentage of TARs for children in foster care approved on first submission



Percentage of TARs for children in Medi-Cal approved on first submission



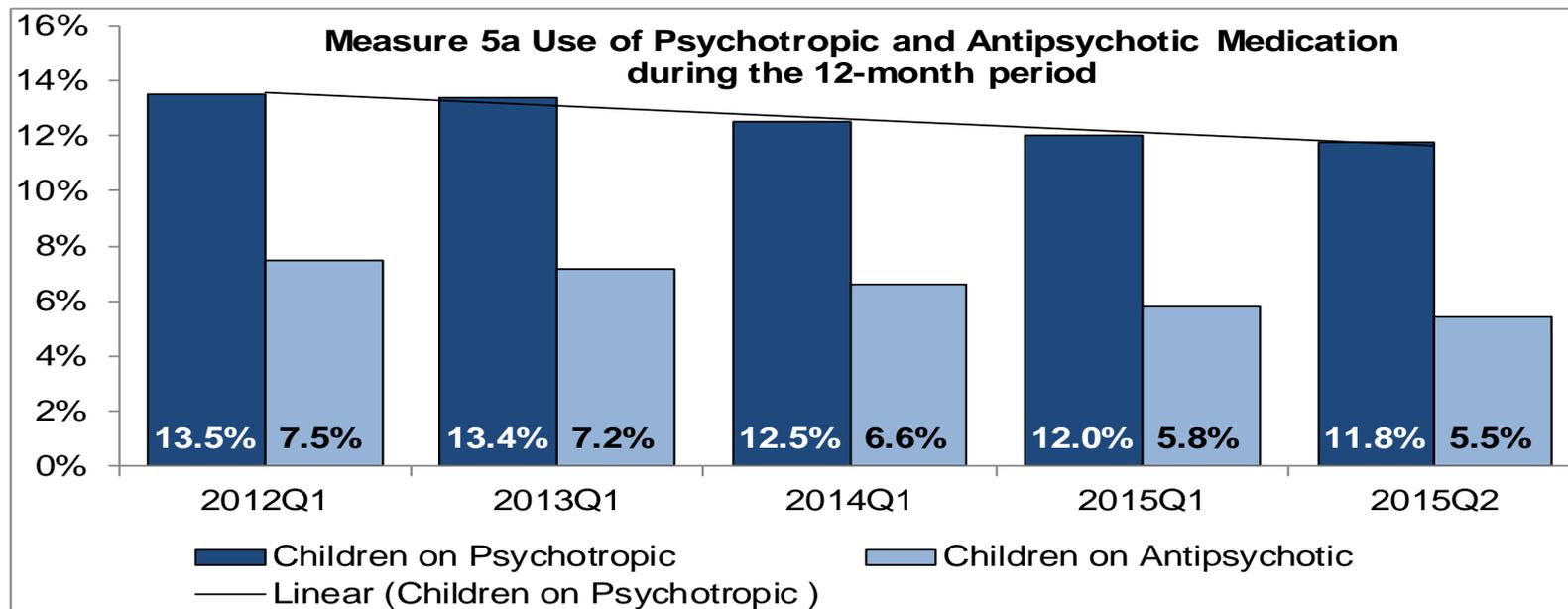


Impact of TARs

- In part, there were initially a large number of TARs because all antipsychotic medications needed a TAR
- Many TARs may be approved for 6 months which is seen with a slight increase in March and April for the number of TARs requested
- After the first few months, the approval on 1st submittal has been approximately 70%
- Reasons TARs not approved upon submission include requests for additional information, duplicate requests, etc.
- Now, a year after implementation of the TAR policy, we continue to see decreases in TARs requested



Use of medications over time in Foster Care



	Children on Psychotropic			Children on Antipsychotic		
	Children on Psychotropic	Children in Foster Care	%	Children on Antipsychotic	Children in Foster Care	%
2012Q1	10,515	77,653	13.5%	5,815	77,653	7.5%
2013Q1	10,226	76,576	13.4%	5,487	76,576	7.2%
2014Q1	9,792	78,049	12.5%	5,169	78,049	6.6%
2015Q1	9,512	79,303	12.0%	4,595	79,303	5.8%
2015Q2	9,317	79,166	11.8%	4,326	79,166	5.5%

Note: Results are preliminary for most recent time periods

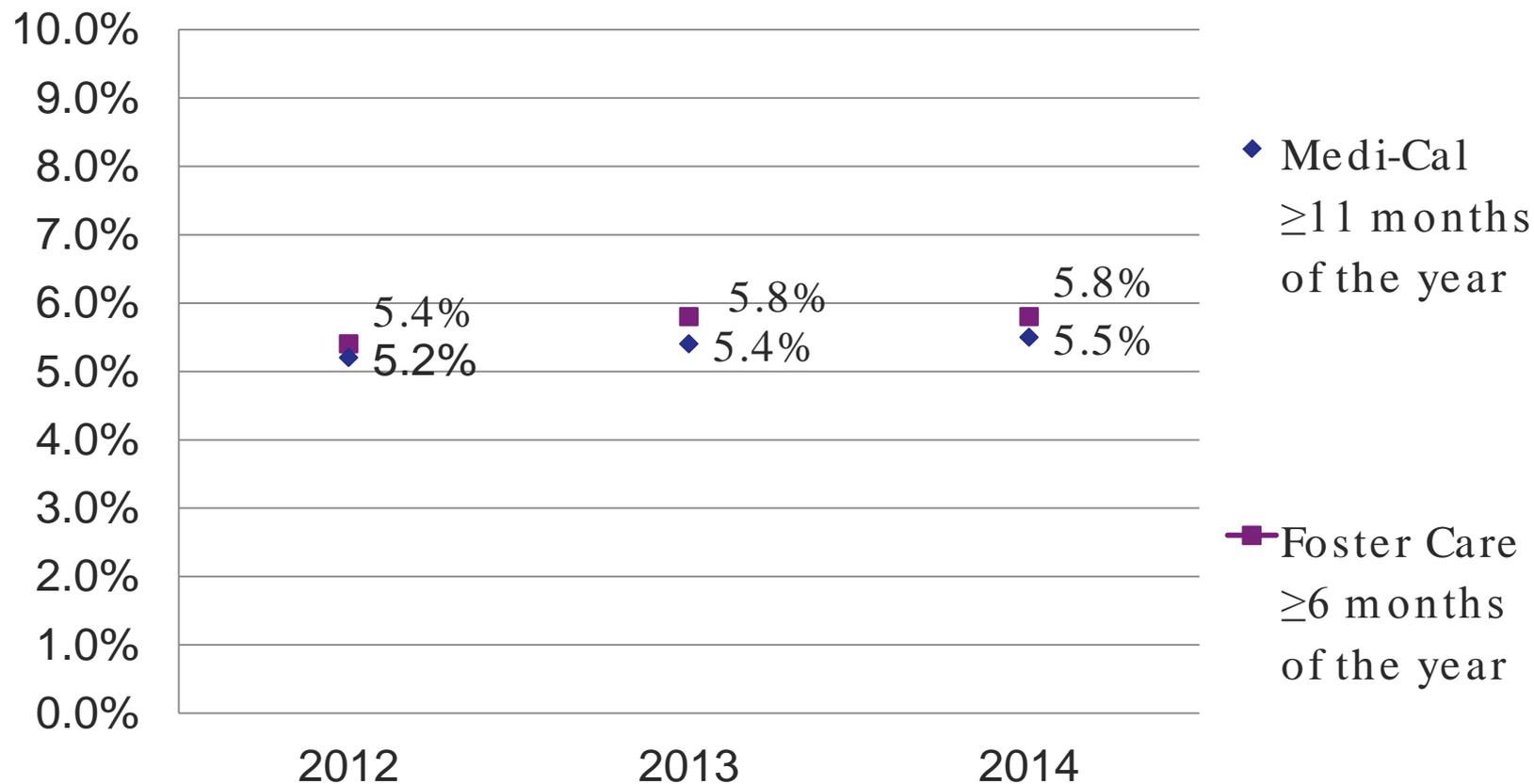


Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

- Of children who received one antipsychotic medication for 90 days, provides the percentage of children who had two or more antipsychotic medications during any 90 day period
- Antipsychotics are associated with the potential for significant side effects and two concurrent antipsychotics increases that potential



APC: Concurrent Antipsychotics: 1 - 17 years old





Age Stratification: Concurrent Antipsychotics

Age Group	2014 Numerator	2014 Denominator	2014 Rate
Medi-Cal 1 – 5 years	Less than 11	203	NS
Foster Care 1 – 5 years	0	Less than 30	NS
Medi-Cal 6 – 11 years	247	6,353	3.9
Foster Care 6 – 11 years	35	778	4.5
Medi-Cal 12 – 17 years	789	12,333	6.4
Foster Care 12 – 17 years	143	2,260	6.3



Considerations for Concurrent Antipsychotics

- Performance is consistent for children in Foster Care as compared to all children in Medi-Cal
- The number of children on two antipsychotics has remained consistent over the past 3 years
- In field testing of this measure, the average score was 6.0% among a sample of Medicaid programs and 6.7% for children in foster care among a sample of Medicaid programs
- The impact of a new Treatment Authorization Request policy is most likely to be seen next year for calendar year 2015

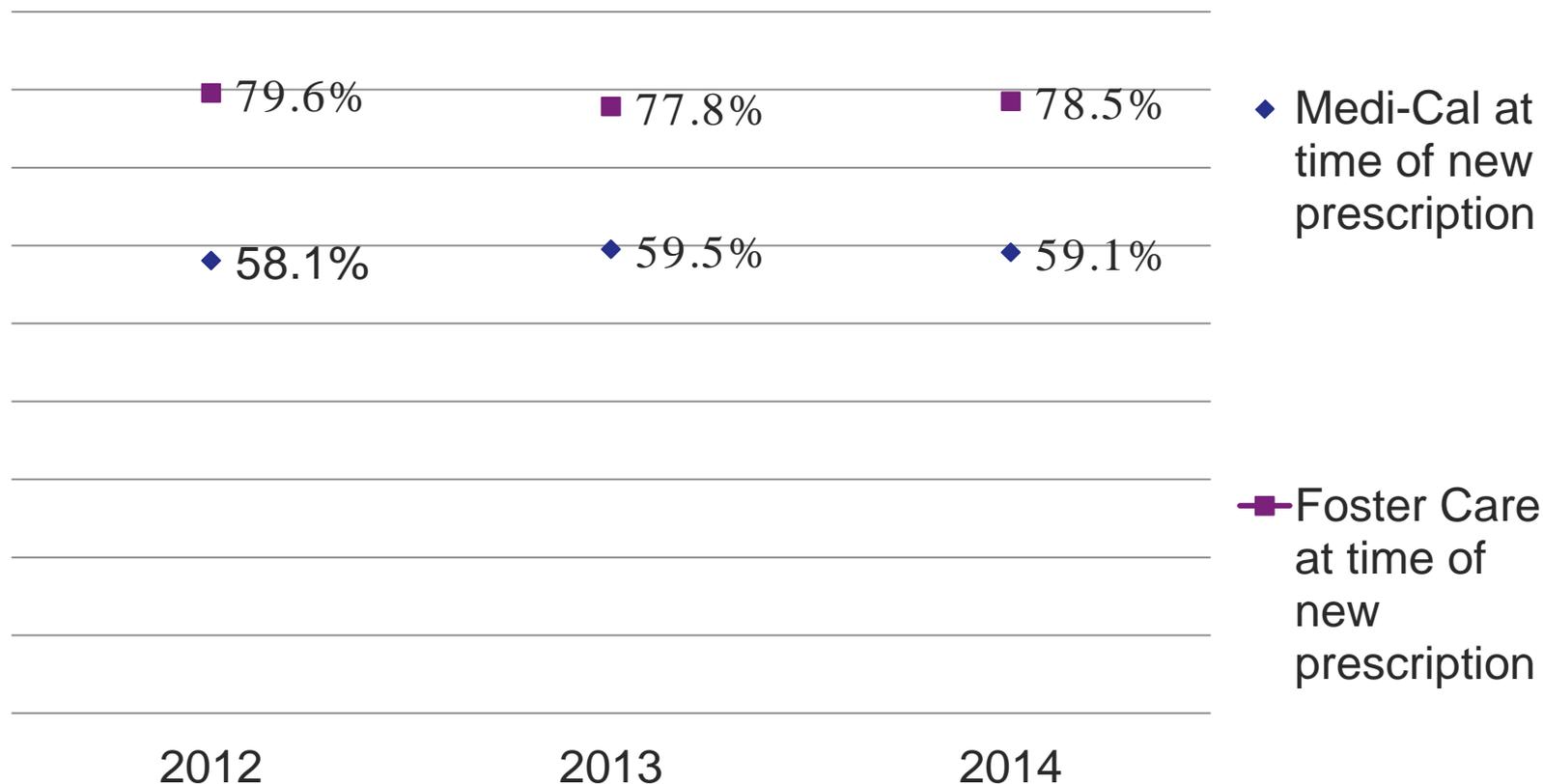


Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- Must have a new antipsychotic prescription with none for at least 120 days prior
- Be ages 1 to 17 and enrolled 120 days prior to and 30 days after new prescription
- Diagnoses for which first-line medication may be appropriate are excluded (schizophrenia, other psychosis, autism, bipolar disorder) – exclusion occurs if the diagnosis occurs at least twice during the measurement period
- Receipt of psychosocial services 90 days before through 30 days after the new prescription



APP: First-Line Psychosocial Care





Considerations for First-Line Psychosocial Care

- For Foster Care, the measure is calculated based on having a Foster Care aid code at the time of the new paid claim for an antipsychotic medication
- Actual counts of children in the measure for the most recent year may increase as reporting becomes more complete
- This measure was performed using a modification to the HEDIS specification related to the allowed Healthcare Common Procedure Coding System (HCPCS) codes:
 - H2015, a code representing Community Services, is not part of this HEDIS measure value set
 - However, H2015 was included by CA if the H2015 service was provided by a mental health professional



Performance Outcomes System

Medi-Cal Specialty Mental Health Services (SMHS)

- Developed in accordance with legislative mandates to improve outcomes and inform decision-making for children and youth receiving Medi-Cal SMHS
- Measures to be reported on include:
 - penetration rates
 - mental health service use
 - average time to step down services post inpatient discharge
 - snapshot data
 - demographic characteristics (i.e., age, race/ethnicity, gender)

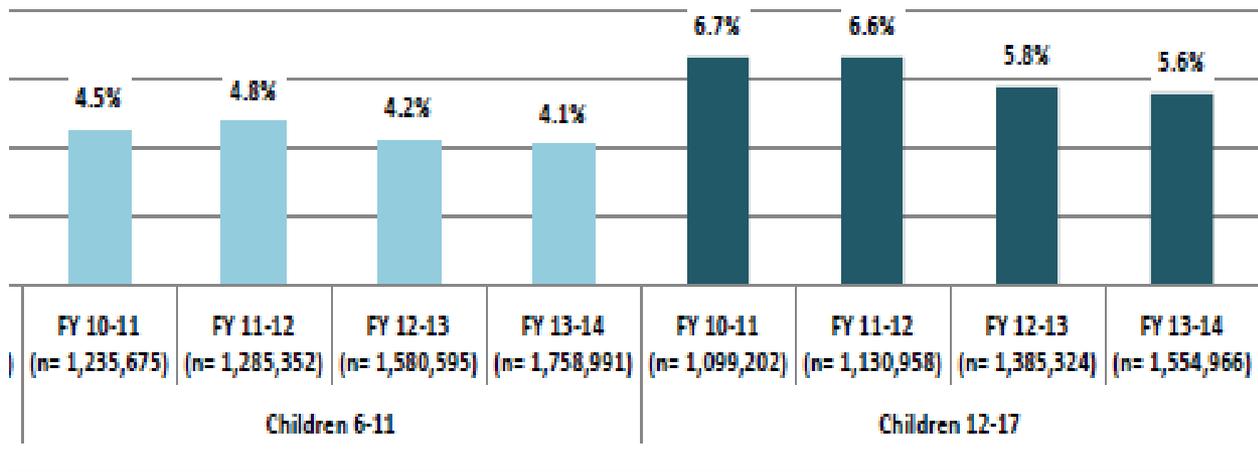


Performance Outcomes System

Medi-Cal Specialty Mental Health Services (SMHS)

Developed in accordance with legislative mandates to improve outcomes and inform decision-making for children and youth receiving Medi-Cal SMHS

Penetration Rates by Age
Children and Youth With Five or More SMHS Visits**, By Fiscal Year



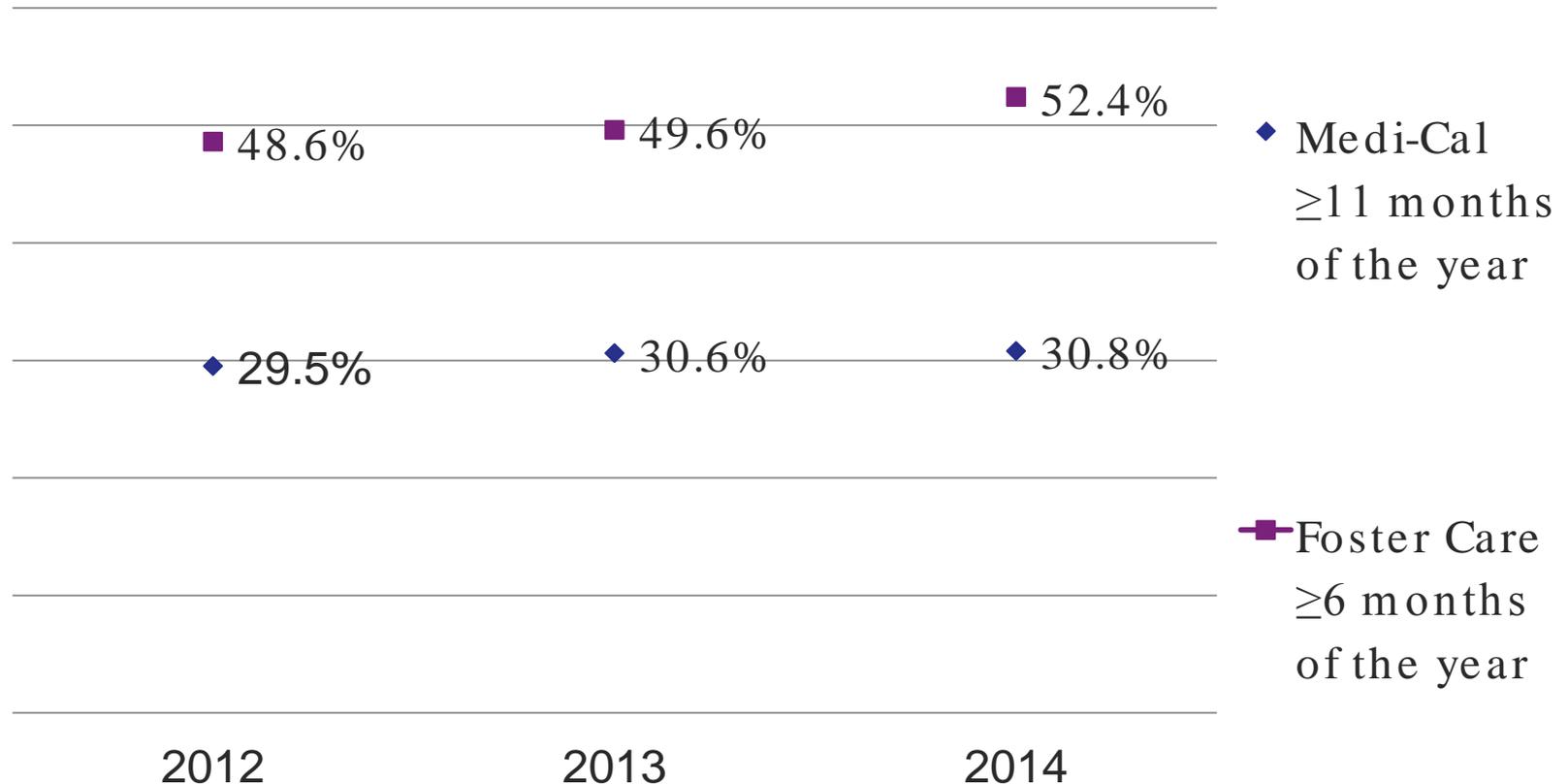


Metabolic Monitoring for Children & Adolescents on Antipsychotics

- Must have at least two antipsychotic medication dispensing events
- Tests performed for glucose or HbA1c and lipid or cholesterol
- Use of antipsychotic medications increases the risk for and complications of diabetes, high cholesterol and metabolic syndrome
- This measure assesses the performance of metabolic monitoring for those children exposed to antipsychotic medications beyond a single acute treatment



APM: Metabolic Monitoring





Considerations for Metabolic Monitoring

- Lab claims data comes from the delivery system caring for the child – approximately 55% FFS and 45% managed care
- Although the psychiatrist may order the labs, the patient may be returned to the medical delivery system to have the labs performed
- Some managed care plans appear to be recording lab data in a way not captured by Medi-Cal which would result in this being an under-reporting
- The results for this measure are impacted both by data inconsistencies as well as clinical performance



Lessons Learned



What we learn from HEDIS Measures

- ADHD measure
 - Room for improvement for both children in Medi-Cal and Foster Care
- Follow-up After Hospitalizations measure
 - California is performing well although room to improve
 - Significant number of children are hospitalized for mental illness with 7,467 in Medi-Cal and 997 in Foster Care in 2014
 - Performance is better for children between 6 and 17 years old and drops off in young adults and adults with the national average for all plans for all ages at 73% at 7 days and 86% at 30 days



What we learn from HEDIS Measures

- Psychosocial Care measure
 - Significant opportunity to improve granularity of coding for psychosocial services to better understand care delivered
 - Opportunity to increase utilization of psychosocial services
- Concurrent Antipsychotic measure
 - California has had a steady rate over the past three years from 2012 to 2014, which is consistent with the national average
 - Most concurrent paid claims for antipsychotic medication occurs in teens, with 2,260 teens in Foster Care compared to less than 800 non-teens in Foster Care



What we learn from HEDIS Measures

- Metabolic Monitoring measure
 - Significant opportunity for improvements both in reporting and in practice
 - System integration and data sharing among providers are important to support improvements in this measure
- Overall
 - Specific opportunities for improvement and focus are identified for further investigation and quality improvement cycles
 - California is performing comparably or better for Medi-Cal children when compared to national averages where national averages are available



Data Sharing and Integration

- Common goals to support outcomes
- Identify result to be achieved from data sharing
- Create environments to support data sharing
 - Legal and Policy
 - Technical
- Monitor processes and outcomes





References

- Quality Improvement Project:
<http://www.dhcs.ca.gov/services/Pages/qip.aspx>
- Berkeley Child Welfare Site:
http://cssr.berkeley.edu/ucb_childwelfare/
- Core Child Measures:
<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>
- Specialty Mental Health – Performance Outcome System:
<http://www.dhcs.ca.gov/individuals/Pages/POSMaterials.aspx>
- Quality of Care in Medi-Cal: Understanding HEDIS for children in Foster Care, March 2016 Presentation:
<http://www.dhcs.ca.gov/services/Pages/qip-data-w.aspx>



DUR Board Materials for Providers

- Educational Articles
 - [Improving the Quality of Care: Antipsychotic Use in Children and Adolescents](#) – March 2015
 - [Clinical Review: Concomitant Use of Anticholinergics and Antipsychotics](#) – November 2015
- Educational Outreach to Providers
 - Update: Metabolic Testing in Children and Adolescents
Date of Mailing: August 18, 2015
Part of [Medi-Cal DUR Board Meeting Packet 2015-09-15](#)
A150818_APMonitoringLettersUpdate
 - Retrospective DUR Review – Antipsychotic medications in adults - [Medi-Cal DUR Board Meeting Packet 2015-05-12.zip](#)