External Quality Review

Fiscal Year 2015-2016

Healthy Birth Outcomes - Medical Home Enrollees

Calendar Year 2014 Report

Prepared for

Department of Health Services

Division of Healthcare Access and Accountability

Prepared by

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External Quality Review Organization

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OVERVIEW

This report summarizes calendar year (CY) 2014 quarterly results of the review of medical records for pregnant women enrolled in a Medical Home through a managed care organization (MCO) participating in the Department of Health Services (DHS) Medical Home initiative for pregnant women in Wisconsin.

The Medical Home model is part of DHS' Healthy Birth Outcomes (HBO) initiative, focused on eliminating racial and ethnic disparities in birth outcomes and infant mortality. Information about the initiative can be found on this DHS website:

http://www.dhs.wisconsin.gov/healthybirths/

Three MCOs contracted with clinics willing to implement Medical Homes in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties to serve pregnant women during the time period under review; Anthem Blue Cross and Blue Shield (Anthem), Children's Community Health Plan (CCHP), and Molina Healthcare of Wisconsin (MHWI). The Anthem MCO was previously known as CommunityConnect. Information about each MCO's enrollment during 2014 can be found here:

www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/managed%20care%20organization/reports_data/monthlyreports/index.htm.spage

The Medical Home model and HBO initiative was expanded to Dane and Rock counties effective July 1, 2014. Due to low initial enrollments and few births in CY 2014, members' care will be reviewed and results included in subsequent reports, per a directive from DHS.

According to the DHS- MCO contract for southeast Wisconsin, each of the three MCOs was expected to enroll a minimum of 200 pregnant women meeting eligibility requirements in CY 2013. No enrollment thresholds were established in 2014 for MCOs serving members in the southeastern part of Wisconsin where the Medical Home model and HBO initiative was first implemented. MCOs serving members in Dane and Rock counties worked with DHS to establish initial outreach and enrollment plans.

DHS contracted with its external quality review organization (EQRO), MetaStar, Inc., to gather information from medical records to verify that each MCO and its providers are meeting Medical Home requirements as described in the DHS-MCO contract. The requirements are specifically noted in the "Review Findings" section of this report.

This report provides information about women who delivered newborns between January 1, and December 31, 2014.

Review Methodology

The review methodology and criteria are described in Attachment A.

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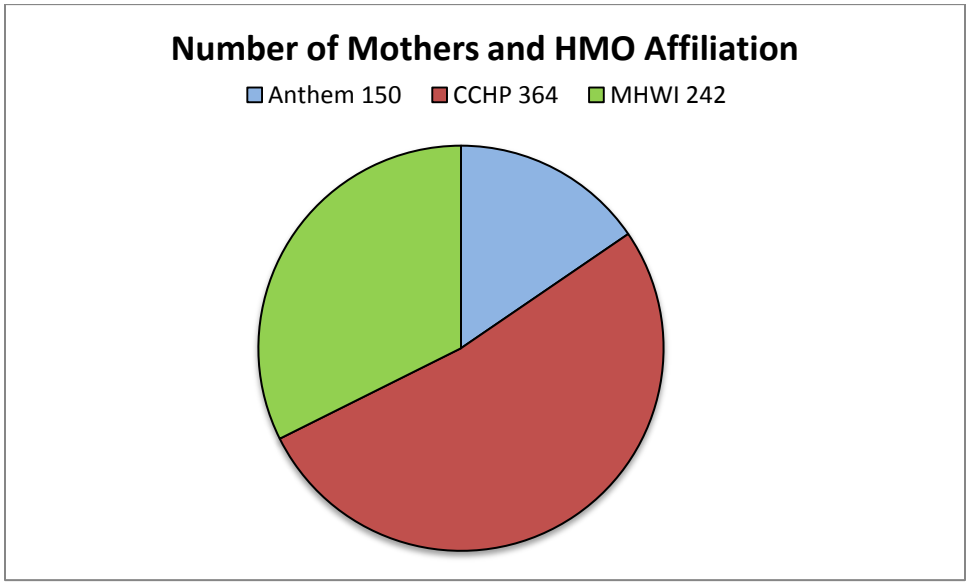
REVIEW FINDINGS

This section of the report describes the dataset for this report, the requirements verified, and the results of key review elements included for data abstraction in the DHS-EQRO contract. Results are reported for each MCO, in aggregate, and for some requirements, compared to the results documented for 2013.

DATASET AND RECORD SUBMISSION SUMMARY

DHS requested a total of 766 records from the MCOs for mothers who gave birth in 2014. Based on communications with MCOs, DHS removed nine members from the dataset. MetaStar received full and partial medical record information for 756 enrollees. The review results exclude the one enrollee for whom no information was submitted. Therefore, the total number of women in the dataset for the report period is 756. The number of mothers in the dataset and their MCO affiliations are depicted in the pie chart below:



The following table identifies the number of pregnant women affiliated with each medical home clinic and MCO for the records reviewed. The clinic list aligns with the most recent information compiled by DHS and may not exactly match the names of the clinics in the previous, 2014 quarterly reports, Some clinics are affiliated with more than one MCO, as noted in the table on the next page.

Table 1A: Medical Home and MCO Enrollment – Records Reviewed

Medical Home Clinic	Anthem	CCHP	MHWI	Total
Aurora Midwifery and Wellness Center	22	48	43	**113**
Columbia St. Mary's Family Health Center	23	54	28	**105**
Froedtert East OB/GYN Residency Clinic	0	62	0	**62**
Isaac Coggs Heritage Health Center (MHS)	1	1	0	**2**
LifeTime OB/GYN*****	25	36	46	**107**
Lisbon Avenue Health Center	6	2	3	**11**
Marquette Neighborhood Community Health Center	3	9	7	**19**
MLK Heritage Health Center (MHS)	3	0	1	**4**
St. Joseph's Women's Health Center*	15	22	38	**75**
Sixteenth Street Community Health Center*	8	35	23	**66**
Waukesha Family Medicine Center	14	25	8	**47**
Wheaton Franciscan All Saints	16	27	33	**76**
Wheaton Franciscan Glendale Family Care Center	14	43	12	**69**
Total	**150**	**364**	**242**	**756**

Notes: The LifeTime OB/GYN Medical Home has two clinic sites; however, insufficient information is present in the medical record to accurately identify the location. MHS is the acronym for Milwaukee Health Services.
* Indicates Electronic Health Record

Hewlett-Packard Enterprise Services (HP), the state's Medicaid management information system vendor, enhanced the DHS system to include documentation of whether a full or partial medical record was submitted for review (see Attachment A for more information). The medical record is considered complete when clinic, care coordination, and hospital or other records documenting the infant delivery are submitted to MetaStar, or are available to reviewers in an electronic health record (EHR). Table 1B on the next page documents the number of complete and incomplete medical record submissions by clinic, and notes the overall rate of complete submissions.

Table 1B: Complete Medical Records Submissions

Medical Home Clinic	Total Number of Records	Complete	Incomplete	Rate Complete
Aurora Midwifery and Wellness Center	113	26	87	**23%**
Columbia St. Mary's Family Health Center	105	75	30	**71%**
Froedtert East OB/GYN Residency Clinic	62	49	13	**79%**
Isaac Coggs Heritage Health Center (MHS)	2	2	0	**100%**
LifeTime OB/GYN*****	107	71	36	**66%**
Lisbon Avenue Health Center	11	0	11	**0%**
Marquette Neighborhood Community Health Center	19	13	6	**68%**
MLK Heritage Health Center (MHS)	4	3	1	**75%**
St. Joseph's Women's Health Center*	75	3	72	**4%**
Sixteenth Street Community Health Center*	66	49	17	**74%**
Waukesha Family Practice	47	22	25	**47%**
Wheaton Franciscan All Saints	76	6	70	**8%**
Wheaton Franciscan Glendale Family Care Center	69	3	66	**4%**
Total/756	**756**	**322**	**434**	**43%**

* Indicates Electronic Health Record

COMPARATIVE DATA

Each section of the report describing contract requirements and related results contains comparisons of data for 2014 and 2013. The number of records reviewed in 2013 was 787.

VERIFICATION OF ENROLLMENT REQUIREMENTS

Article III., R., of the DHS-MCO contract for southeast Wisconsin, dated September 1, 2010, through December 31, 2013, and in the contract dated January 1, 2014, through December 31, 2015 establishes that:

- Women enrolled after December 31, 2011, had to make the first medical home visit within the first 18 weeks of pregnancy.
- Women enrolled on or after January 1, 2014, had to make the first medical home visit within the first 16 weeks of pregnancy.
- Members must attend a minimum of 10 appointments with the obstetrics (OB) care provider.
- Members must remain enrolled and receiving services through the 60 days associated with the post-partum period.

The review results for this set of requirements are documented in Tables 2A, 2B and 2C. Table 2A below shows, for each MCO, the number of records reviewed, and how many records met the criteria that enrollees make an initial Medical Home visit within the first 16 or 18 weeks of pregnancy. The rate at which all MCOs met the criteria is also shown. In addition, the table notes the number and percent of records where MetaStar was unable to verify the criteria due to missing information or incomplete record submissions.

Table 2A: Enrolled at 16/18 Weeks

MCO/Number of Records	Met	Not Met	Unknown
Anthem/150	137	12	1
CCHP/ 364	339	24	1
MHWI/242	219	18	5
Total/756	**695**	**54**	**7**
Total Rate	**91.9%**	**7.4%**	**.9%**

Note: Percentages may not equal 100 percent due to rounding.

The rate of compliance with the enrollment requirement declined only slightly, despite the change from the 18 week to the 16 week enrollment date requirement in 2014. The rates are compared in the bar graph on the following page:

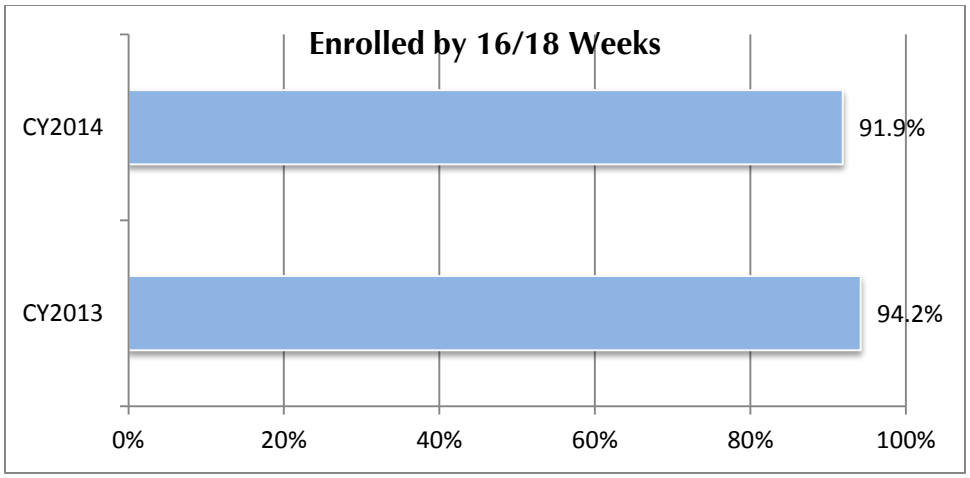


Table 2B identifies, for each MCO, the number of records reviewed; the number of records that documented the members had attended 10 or more appointments with an OB provider; the number of records where members did not meet this requirement; and the number of records where the information was not found.

Table 2B: 10 Appointments

MCO/ Number of Records	Met	Not Met	Unknown
Anthem/150	113	36	1
CCHP/364	294	69	1
MHWI/242	176	61	5
Total/756	**583**	**166**	**7**
Total Rate	**77.1%**	**22.0%**	**.9%**

The rate for MCOs meeting the 10 prenatal visit requirement declined slightly, by less than two percentage points in 2014. The rates are compared in the following bar graph:

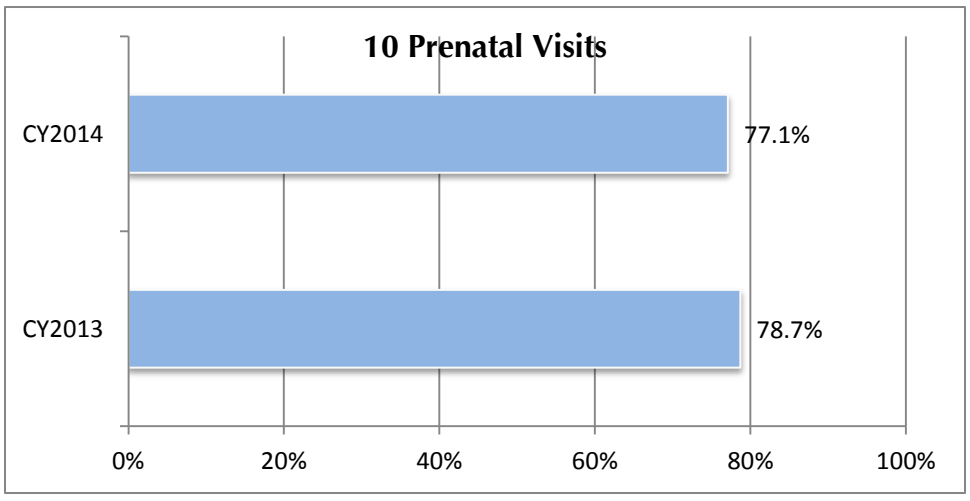
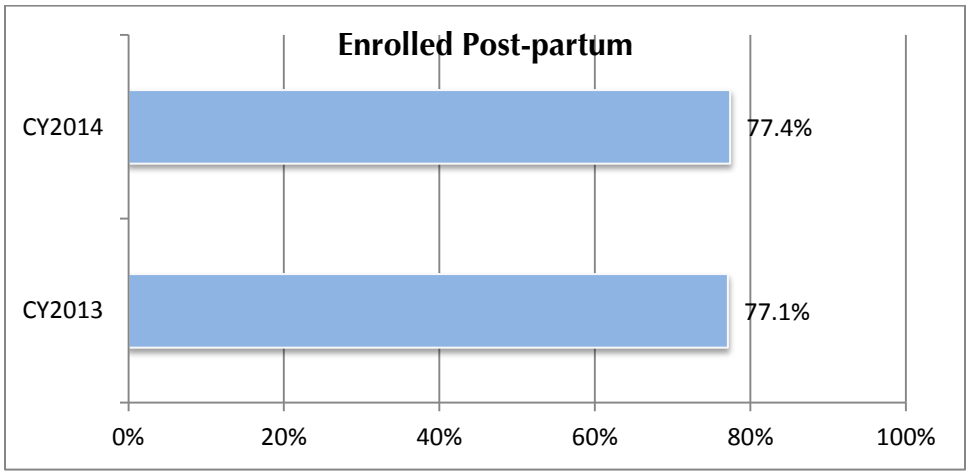


Table 2C documents the number of records that met the Enrolled Post-partum requirement. The Enrolled Post-partum indicator includes women who had any postpartum visit (beyond 60 days) as well as women who did not appear for scheduled appointments or did not schedule appointments despite encouragement from staff.

Table 2C: Enrolled Post-partum

MCO/ Number of Records	Met	Unknown
Anthem/150	116	34
CCHP/364	303	61
MHWI/242	166	76
Total/756	**585**	**171**
Total Rate	**77.4%**	**22.6%**

The post-partum enrollment rate remained nearly the same as the rate in 2013. Fifty-seven members among the 585 that met the criteria did not show up for a scheduled post-partum appointment or did not respond to encouragement from clinic staff to do so. However, the results were still influenced by the volume of medical records that did not include information about the post-partum visit. The number of records that did not contain information about the post-partum visit was also nearly the same in 2014 as it was in 2013.



Verification of Care Coordination Requirements

Article III., R., of the contract referenced above also describes the following requirements related to documentation of care coordination:

- A care management plan developed as a result of an initial intake process where all needs are identified;
- The OB care provider developed the care management plan in conjunction with the care coordinator, the primary care physician (PCP), and the member;
- A care management plan that includes a self-management/self-care component;
- A care management plan that includes information regarding monthly home visits by nurse/social worker /care coordinator;
- Regular care coordination communications took place between the OB care provider, the PCP, and the Care Coordinator.

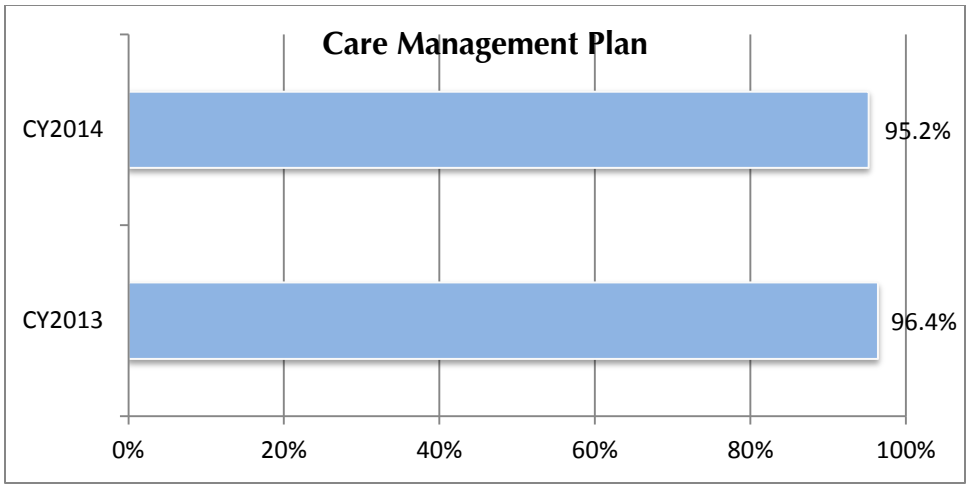
The review results for this set of requirements are documented in Tables 3A and 3B. Rates are also compared for CY 2013 and 2014 births.

Table 3A below shows, for each MCO, the number of records reviewed, and how many records met the criteria to develop a care plan that documents all of a member's identified needs; reflects participation of the member, care coordinator, and PCP in its development; and includes a self-care component.

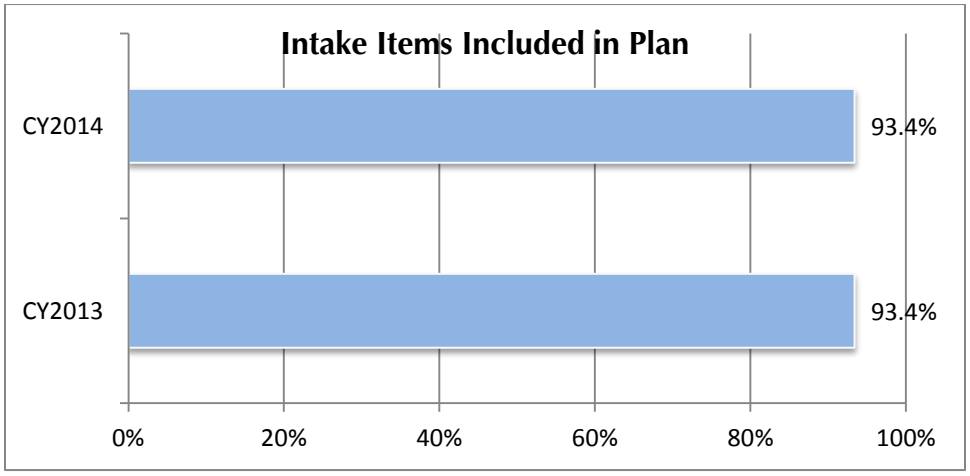
Table 3A: Care Plan

MCO/Number of Records	Care Management Plan	Intake Items Included in Plan	Collaborative Care Plan Development	Plan Includes Self-Management/ Care
Anthem/150	141	138	26	142
CCHP/364	357	353	61	359
MHWI/242	222	215	20	226
Total/756	**720**	**706**	**107**	**727**
Total Rate	**95.2%**	**93.4%**	**14.2%**	**96.2%**

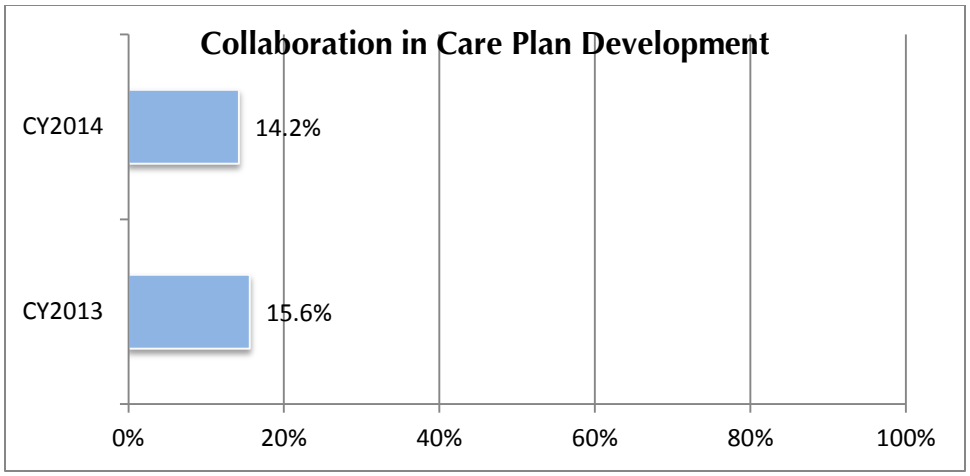
Care management plans were found in member records at nearly the same rate in 2014 than in 2013. The rates are compared in the following bar graph on the following page:



The rate at which care management plans contained all required intake items remained the same. Rates are compared in the following bar graph:



The rate of collaboration in care plan development remains low and declined by less than two percentage points from the 2013 rate. This criterion may be negatively impacted due to missing portions of members' medical records, documentation practices, and incomplete documentation. The rates are compared in the bar graph on the following page:



Self-management documentation was present in care plans at a higher rate in 2014 than in 2013. The rate increased by nearly six percentage points for the second year in a row. The rates are compared in the following bar graph:

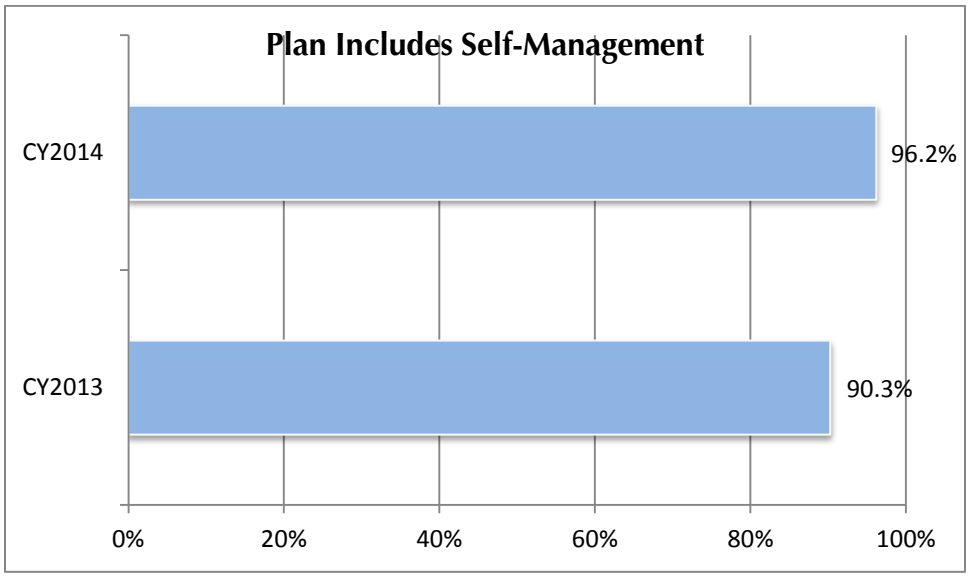
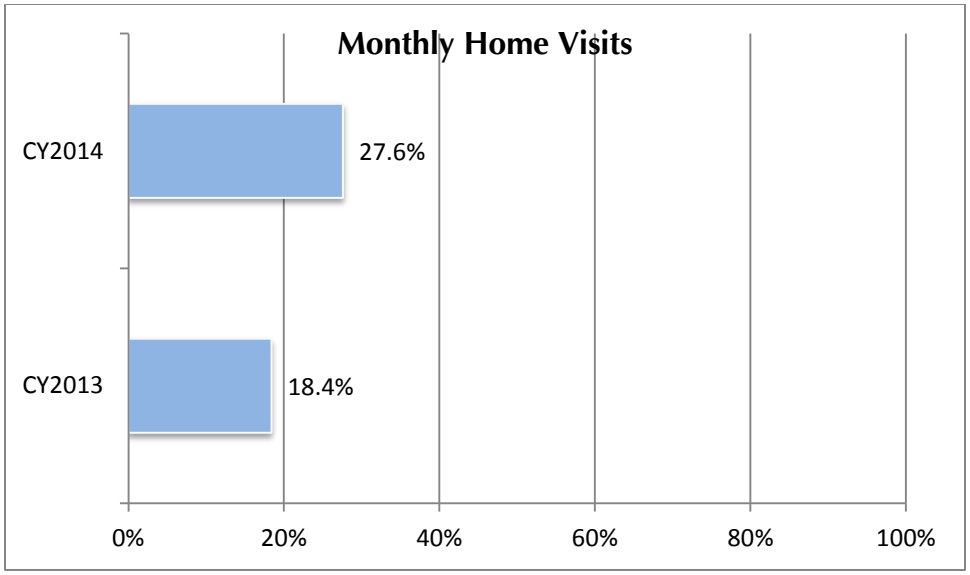


Table 3B shows, for each MCO, the number of records reviewed, and the number of records that documented members received home visits or were offered home visits but declined. The table also shows the number of records that met requirements for regular communication between the member, care coordinator, and medical providers.

Table 3B: Care Coordination

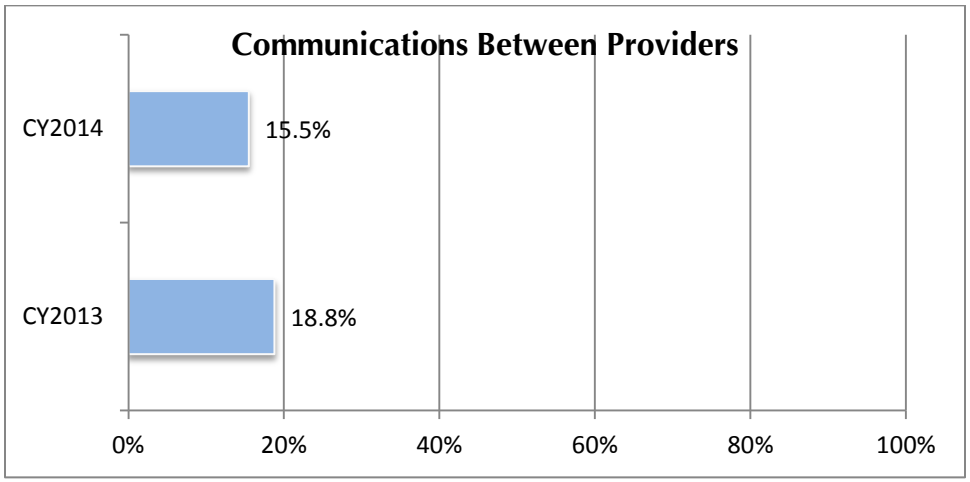
MCO/Number of Records	Monthly Home Visits	Communications Between Providers and Members
Anthem/150	44	29
CCHP/364	102	66
MHWI/242	63	22
Total/756	**209**	**117**
Total Rate	**27.6%**	**15.5%**

The monthly home visit rate increased by nearly 10 percentage points in 2014, though remains very low. The rate may be impacted by the lack of care coordination documentation in records submitted for the review or due to documentation practices. In addition, reviewers observed that many clinics did not appear to offer home visits during the pre-natal period. Some staff documented that the mother was ineligible for pre-natal care coordination (PNCC). Some women received a home visit during the post-partum period, but those visits were not included in determining compliance with this contract requirement. The rates are compared in the following bar graph:



Communications between providers is another area where the rate declined in 2014. The rate declined by a little more than three percentage points when compared to 2013.

The results were impacted by the lack of some portions of the medical record and documentation practices, especially related to care coordination notes. In addition, reviewers were unable to identify the primary care provider in 484 of the 756 records (64%). Reviewers were unable to identify the PCP in 491 of the 787 records (62%) in 2013. The rates are compared in the bar graph on the following page:



Verification of Post-Partum Care Coordination and Discharge Planning

Article III., R., of the DHS-MCO contract includes the following requirements related to documentation of discharge planning and post-partum care. DHS asked MetaStar to evaluate records to determine whether members received satisfactory care defined by the Healthy Birth Outcomes Care Guide which includes these items:

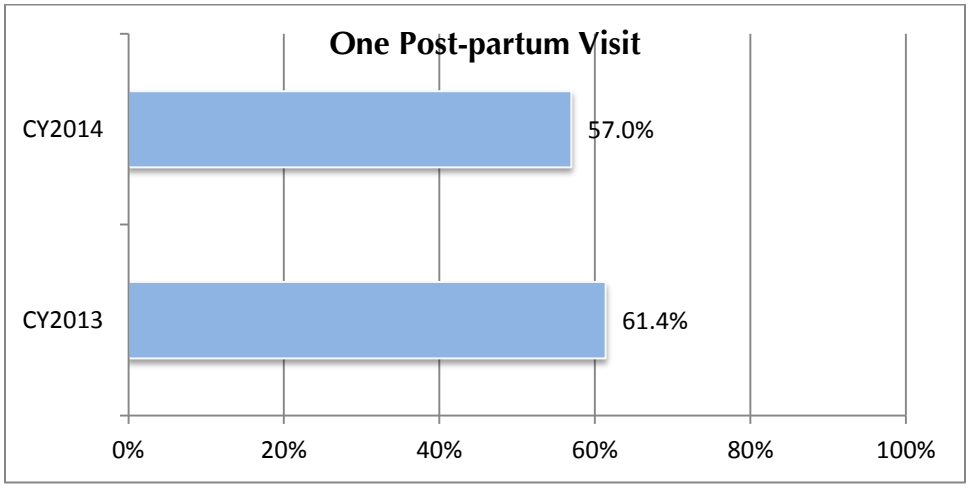
- At least one post-partum visit within 60 days post-delivery if the member had a healthy birth outcome;
- Communication with the PCP post-delivery if the PCP is other than the OB provider;
- Member education on inter-conception care specific to the member's needs, family planning preferences, and depression screening;
- Member education regarding breastfeeding and newborn care;
- Follow-up care for any member with a chronic condition.

Tables 4A, 4B and 4C document the results of the record review for most of the requirements noted above. Rates are also compared for CY 2013 and 2014 for some post-delivery requirements. As a result of HP system changes where more detailed information is now captured in the system, rates for post-partum education and depression screening found in Table 4B are not compared to those in 2013 where some education and screening elements were combined.

Table 4A: Post-delivery Requirements

MCO/Number of Records	One Post-partum Visit	Communication with PCP
Anthem/150	88	35
CCHP/364	221	75
MHWI/242	122	26
Total/756	**431**	**136**
Total Rate	**57.0%**	**18.0%**

Ninety-seven records did not meet the criteria for the indicator, "One Post-partum Visit," because the visit was beyond the 60 day post-partum period (12.8%); the visits for the 97 members took place between 61 and 150 days after delivery. Forty-three of the 97 mothers had a post-partum visit between 61 and 69 days after delivery. As previously documented in Table 2C, 57 members did not appear for scheduled appointments, and reviewers were unable to identify a post-partum date for 171 mothers due to incomplete documentation or record submissions. The rate for post-partum visits within 60 days of delivery decreased almost five percentage points when compared to 2013. The rates are displayed in the following bar graph:



The Communication with PCP rate declined about two percentage points in 2014 and remains very low overall. As noted earlier in the report, reviewers were unable to identify any PCP for 484 of the 756 records (64%) in the dataset. In some instances, the OB care provider may also be providing primary care; however, not all records included sufficient information for reviewers to verify this. The rates are compared in the following bar graph:

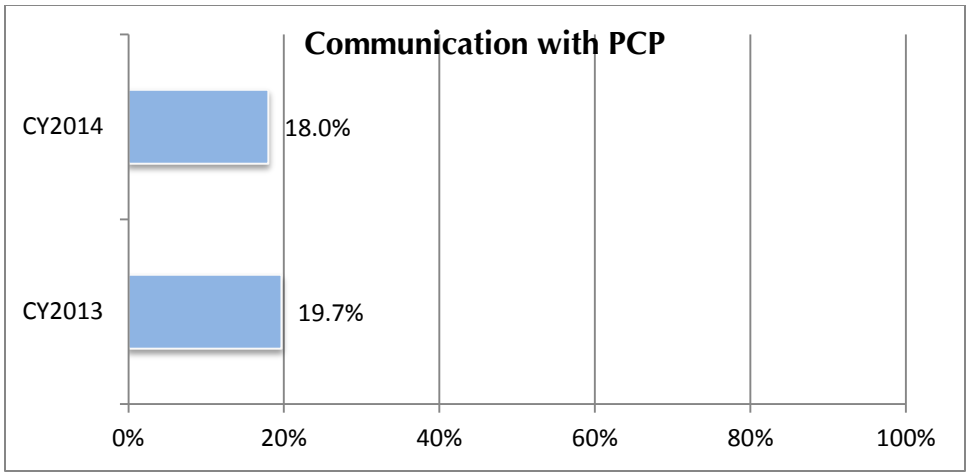


Table 4B: Post-Partum Education and Care

MCO/Number of Records	Family Planning Education	Depression Screening	Breastfeeding Education	Newborn Care Education
Anthem/150	127	121	98	101
CCHP/364	330	324	269	273
MHWI/242	194	194	157	160
Total/756	**651**	**639**	**524**	**534**
Total Rate	**86.1%**	**84.5%**	**69.3%**	**70.6%**

The total combined rate for the Family Planning Education and Depression Screening review elements in 2013 was 85.5 percent. This combined rate is similar to the average of the two elements reported in the table above.

The total combined rate for the Breastfeeding and Newborn Care Education review elements in 2013 was 78.8 percent. The rates for these elements appear to have declined since 2013.

Table 4C identifies the number of members who received follow-up related to their chronic conditions, and the number who did not receive follow-up or who were not identified as subjects for this review criterion. Changes were made to the HP system which now allow MetaStar to differentiate between those mothers who had a chronic condition and those who did not, when calculating the results for the Follow-up on Chronic Condition(s) criterion.

Table 4C: Post-delivery Requirements – Follow-up on Chronic Condition(s)

MCO/Number of Records	Met	Not Met	Did Not Have a Chronic Condition(s)
Anthem/150	39	32	79
CCHP/364	108	58	198
MHWI/242	59	54	129
Total/756	**206**	**144**	**406**
Total Rate (N=350)	**58.9%**	**41.1%**	**53.7%**

Note: The rates for "met and not met" were calculated excluding the members who did not have a chronic condition. The rate for those without chronic conditions was calculated using the total dataset.

The majority of the "not met" findings (138 of 144 records) are due to incomplete documentation.

Identification of Birth Outcomes

Addendum VI., B. of the DHS-MCO contract provides information about payments related to the Medical Home initiative and indicates DHS will define poor birth outcomes. For 2014, DHS no longer considered babies weighing more than 4,500 grams at the time of birth as a poor birth outcome. For this reporting period, DHS defined poor birth outcomes as:

- A birth that took place prior to 37 weeks gestation, or "pre-term birth;"
- A baby that weighed less than 2500 grams at the time of birth, or "low birth weight;"
- and
- An infant death within 28 days of birth, or "neonatal death."

Insufficient information was available in the medical record to determine the birth outcomes for 100 women. DHS directed MetaStar to review MCO self-declared information in the DHS registry to determine whether the woman experienced a poor birth outcome. Reviewers found sufficient information in the registry for 99 of the 100 women. Of those 99 women, seven had poor birth outcomes. MetaStar identified 87 poor birth outcomes in the medical records for the remaining women in this reporting group, for a total rate of 12.5% percent (94 of 755 women).

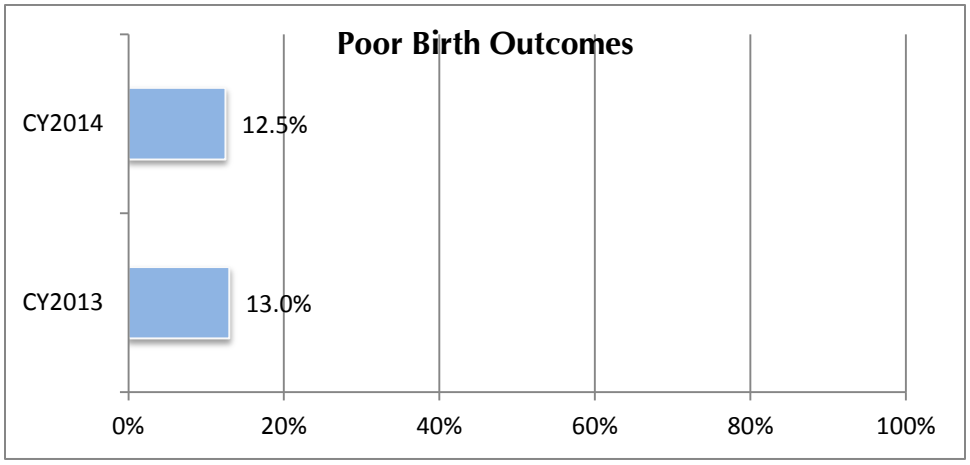
The table below shows the rates of healthy birth outcomes and poor birth outcomes, as defined by DHS for this initiative.

Table 5A: Birth Outcomes

MCO/Number of records	Healthy Birth Outcome	Poor Birth Outcome	Unknown
Anthem/150	128	21	1
CCHP/364	325	39	0
MHWI/242	208	34	0
Total/756	**661**	**94**	**1**
Rate (N=755)	**87.5%**	**12.5%**	**<1%**

Note: The percentage of poor birth outcomes was calculated excluding the record that did not contain information about the birth outcome and that was not found in the DHS registry.

The poor birth outcome rate declined one-half of a percentage point when compared to the 2013 rate. In 2012, the poor birth outcome rate was also 13 percent.



Note: For 2013, poor birth outcomes were identified in 90 of 691 records. For 2014, poor birth outcomes were identified in 94 of 755 records.

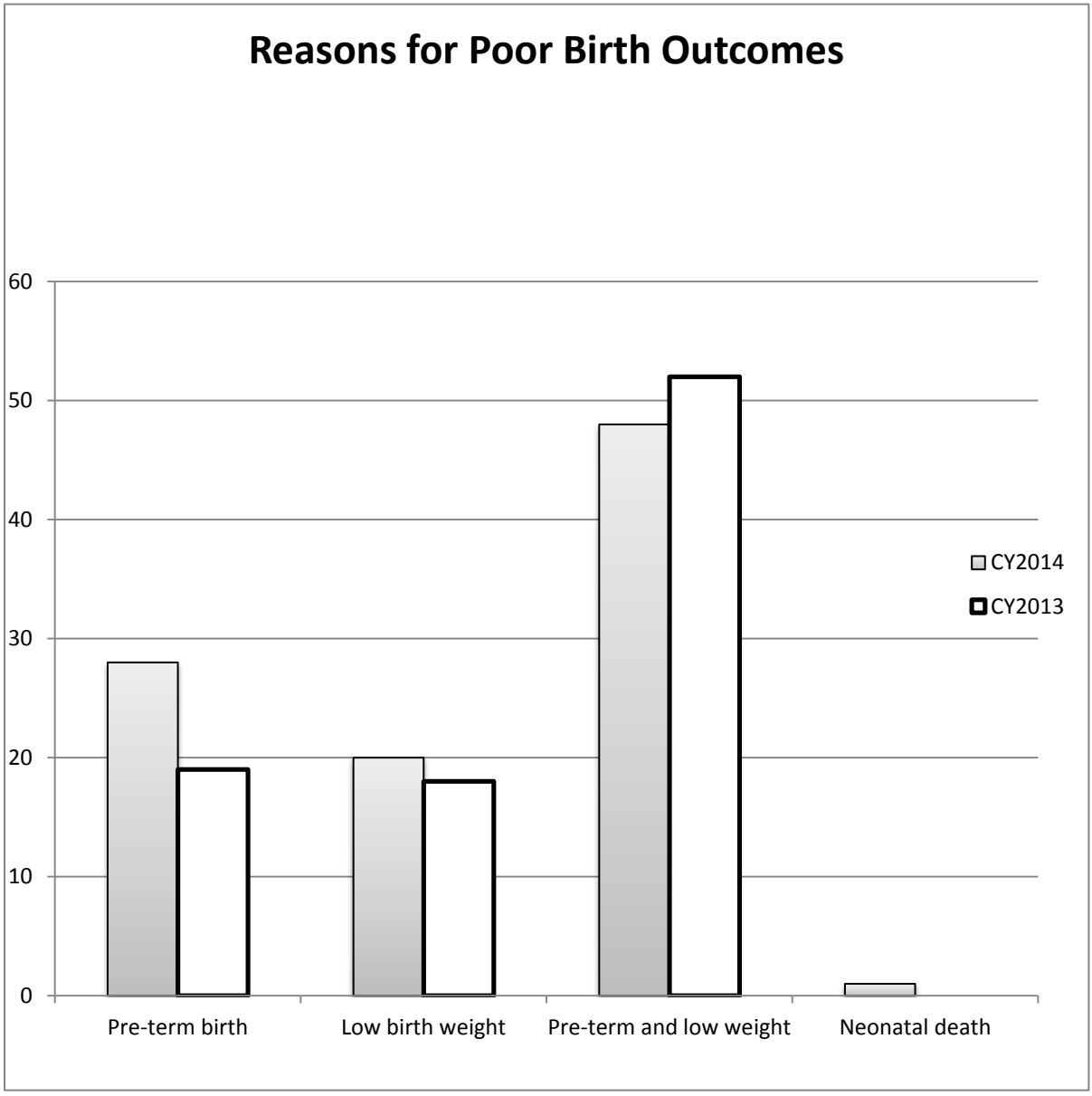
The reasons associated with the poor birth outcomes in 2014 are documented in the chart below. The total number of outcomes exceeds the number of poor birth outcomes because the results include poor birth outcomes for infants associated with multiple births.

Table 5B: Reasons for Poor Birth Outcomes –2014

Poor Birth Outcome Reason	Anthem	CCHP	MHWI
Pre-term birth	6	11	11
Low birth weight	8	4	10
Pre-term birth and low birth weight	6	26	13
Neonatal death	1	0	0
Total Poor Birth Outcomes	**21**	**41**	**34**

Notes: Anthem – Two sets of twins; one infant in each set had a poor birth outcome.
CCHP – One stillbirth at 36 weeks in the "pre-term and low birth weight" birth category.
CCHP – Two sets of twins, with both infants in each set with poor birth outcomes.
CCHP – The one neonatal death was due to co-sleeping.

The reasons associated with the poor birth outcomes for 2014 and 2013 are compared in the chart below. The totals include infants associated with multiple births in each reporting period.



OBSERVATIONS AND RECOMMENDATIONS

OBSERVATIONS

Following data abstraction for each clinic, reviewers record their observations about patterns of care and related documentation. These observations are not compared or analyzed relative to the other results in the report at this time. Some of the observations include:

The MCOs have improved their response to providing all records requested by DHS. Only one of the records requested by DHS was not submitted for review. In 2013, seven percent of the records requested by DHS were not submitted. The overall rate of complete medical record submissions remains low and makes reviews difficult. Due to this fact, some results in the report must be interpreted with caution.

Care coordination models and documentation of PNCC continue to vary by clinic:

- Four clinics serving 234 members consistently documented offers of and actual home visits, and/or visits with the members in an alternate location, i.e., coffee shop or fast food restaurants.
    - One clinic's approach to offering home visits should be explored further to ensure that it emphasizes home visits first and in-office PNCC as a secondary option. Reviewers noted a standard medical record note that documented, "PNCC in office with home visits, as needed."
- Four clinics serving 460 rarely or never documented offers of home visits. Reviewers noted one additional clinic during the year that did not consistently document offers of home visits in some quarterly reporting periods (62 members). Some of these clinics offered post-partum home visits.
- One clinic that conducted all PNCC telephonically also placed routine calls whenever members did not appear for scheduled appointments.
- In the third and fourth quarterly reporting periods, reviewers noted that one clinic did not appear to be using a team model for care delivery. A Certified Nurse Midwife (CNM) provides OB care and PNCC services. No PCPs were documented for these members.

Sixty-four percent of records did not provide information about the members' PCPs.

RECOMMENDATIONS

- DHS should prioritize work with the MCO liaisons to identify the reasons for incomplete medical record submissions, in order to verify the actual rate of poor birth outcomes. In addition, complete record submissions will support evaluation of whether clinics providing care to mothers who had poor outcomes met the requirements for pre-natal care.
- Examine documentation practices related to PCP involvement in pre-natal care and determine if MCOs are meeting contract requirements associated with PCP assignment.
- Continue to evaluate care coordination models and strategies related to the occurrence and frequency of home visits. In particular, explore the reasons some clinics offer home visits and others do not document or offer this option.
- Engage clinics and MCOs in dialogue about the benefits of providing pre-natal care during home visits with members.
- Determine whether the clinic using only CNM practitioners to provide care is eligible for payment under the Medical Home initiative.
- Conduct a best practice seminar with MCOs and providers focusing on documentation practices, in order to foster improvement and support effective evaluation of the Medical Home initiative.