



External Quality Review

Fiscal Year 2013 - 2014

**Healthy Birth
Outcomes -
Medical Home
Enrollees**

Prepared for

**Department
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Calendar Year 2012 Report

Prepared by

M E T A S T A R

Healthy Birth Outcomes - Medical Home Enrollees
CY 2012 Report

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**Healthy Birth Outcomes – Medical Home Enrollees
CY 2012 Report**

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OVERVIEW

This report summarizes key results of the review of medical records for pregnant women enrolled in a Medical Home through one of four health maintenance organizations (HMOs) participating in the Department of Health Services (DHS) Medical Home Pilot in southeast (SE) Wisconsin. The counties included in this service area are Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha.

The Medical Home Pilot 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/>.

The HMOs participating in the Medical Home initiative in SE Wisconsin are Children's Community Health Plan (CCHP), CommunityConnect (CC), Molina Healthcare of Wisconsin (MHWI), and UnitedHealthcare (UHC). UHC terminated its contract with DHS in the SE region effective November 1, 2012. Information about each HMO's enrollment during 2012 can be found here:

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

According to the DHS-HMO contract for SE Wisconsin, each of the four HMOs was expected to enroll a minimum of 100 pregnant women meeting eligibility requirements in calendar year (CY) 2011, and 200 women in CY 2012.

DHS contracted with its external quality review organization (EQRO), MetaStar, Inc., to gather information from medical records to verify that each HMO and its providers are meeting Medical Home requirements described in the DHS-HMO contract for SE Wisconsin. 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, 2012.

REVIEW METHODOLOGY

On a quarterly basis, DHS provided the HMOs and MetaStar with a dataset identifying members enrolled in HMO Medical Homes and with delivery dates between January 1, and December 31, 2012. The datasets were compiled primarily from information available to DHS through the HMO's Medical Home data registry. DHS holds HMOs accountable for securing records from providers to submit to MetaStar.



HMOs and providers submitted paper and scanned member records to MetaStar. Where possible, MetaStar developed arrangements with some clinics with electronic health records (EHR) to secure remote, direct access to the EHR to conduct the record reviews. MetaStar enhanced its Medical Record Tracking System to document submissions and manage the medical records. MetaStar continued to use a review tool and guidelines for Medical Home reviews developed in partnership with and approved by DHS in the prior year and evaluated records using these resources. Reviewers abstracted relevant data from medical records, regardless of whether the entire medical record or a partial medical record was submitted by the HMOs.

In April 2013, Hewlett Packard (HP), the DHS Medicaid Management Information System vendor, deployed a new system to capture the data abstracted from the reviews. Per direction from DHS, MetaStar provided HP with a file containing data from reviews conducted during the time period prior to system implementation and then entered data on an ongoing basis. MetaStar identified some HP system elements that did not appear to align with the review requirements. As a result, MetaStar worked with DHS to secure agreement to an alternate approach for recording results for those data elements. DHS plans to work with HP to address the functionality of the system, where needed and also to enhance the system to further improve data collection, retrieval and analysis for the future.

DHS directed HP to provide MetaStar with a data extract for the CY 2012 results because HP had not yet transferred the data to the DHS data warehouse. MetaStar identified some discrepancies in the data and reconciled the inconsistencies prior to compiling this report.



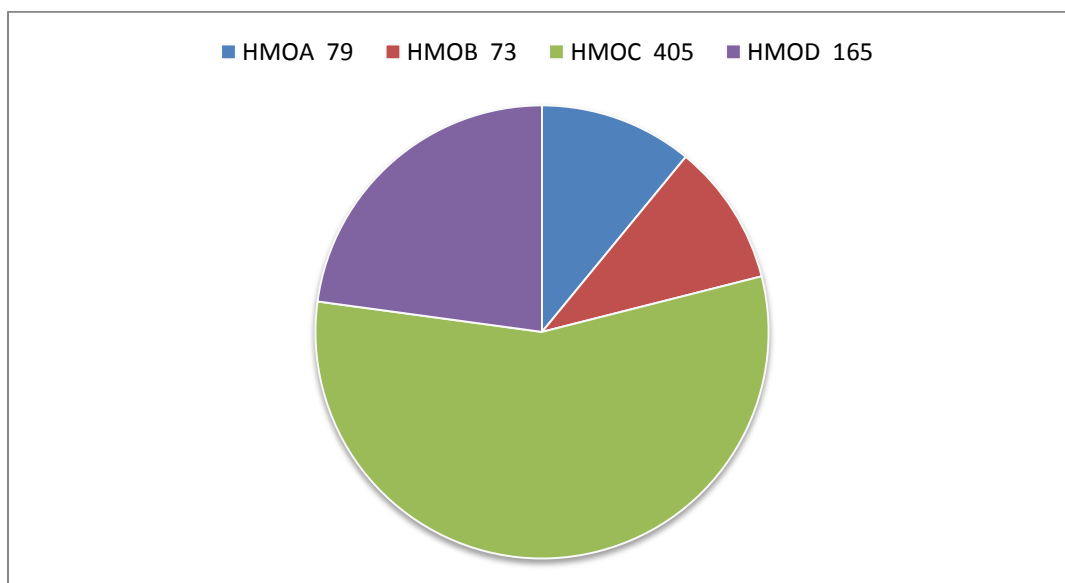
REVIEW FINDINGS

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 HMO, in aggregate, and for some requirements, compared to the results documented for 2011.

DATASET AND RECORD SUBMISSION SUMMARY

DHS requested a total of 722 records from the HMOs for mothers who gave birth in 2012. The number of mothers and their HMO affiliations are depicted in the pie chart below:



From the 722 record requests, MetaStar received full and partial medical record information for 693 enrollees (96 %). The review results exclude enrollees for whom no information was submitted (29 enrollees). Therefore, the total number of women in the dataset for the report period is 693.

The following table identifies the number of pregnant women affiliated with each medical home clinic and HMO. The clinic list was compiled by DHS. Some clinics are affiliated with more than one HMO, as noted in the table.

Table 1: Medical Home and HMO Enrollment

| Medical Home Clinic | HMOA | HMOB | HMOC | HMOD | Total |
|----------------------------|-------------|-------------|-------------|-------------|--------------|
| Clinic A | 10 | 3 | 41 | 21 | 75 |
| Clinic B | 0 | 1 | 0 | 0 | 1 |
| Clinic C | 0 | 0 | 1 | 0 | 1 |
| Clinic D | 0 | 14 | 49 | 27 | 90 |
| Clinic E | 0 | 0 | 0 | 0 | 0 |
| Clinic F | 0 | 0 | 0 | 0 | 0 |
| Clinic G | 0 | 0 | 0 | 0 | 0 |
| Clinic H | 0 | 0 | 2 | 0 | 2 |
| Clinic I | 14 | 3 | 77 | 7 | 101 |
| Clinic J | 0 | 0 | 0 | 0 | 0 |
| Clinic K | 29 | 6 | 91 | 35 | 161 |
| Clinic L | 0 | 1 | 0 | 0 | 1 |
| Clinic M | 0 | 0 | 0 | 0 | 0 |
| Clinic N | 0 | 0 | 0 | 0 | 0 |
| Clinic O | 17 | 5 | 50 | 26 | 98 |
| Clinic P | 4 | 14 | 32 | 15 | 65 |
| Clinic Q | 0 | 5 | 19 | 12 | 36 |
| Clinic R | 2 | 10 | 30 | 20 | 62 |
| Total | 76 | 62 | 392 | 163 | 693 |

VERIFICATION OF ENROLLMENT REQUIREMENTS

Article III., R., of the DHS-HMO contract for SE Wisconsin, dated September 1, 2010, through December 31, 2013, establishes that:

- Women enrolled *before* December 31, 2011, had to make the first medical home visit within the first 20 weeks of pregnancy.
- Women enrolled *after* December 31, 2011, had to make the first medical home visit within the first 18 weeks of pregnancy.
- Members must attend a minimum of 10 appointments with the obstetric (OB) care provider.
- Members must remain enrolled and receiving services through the 60 days associated with the post-partum period.

MetaStar reviewed records to verify the enrollment requirements described above. The table below notes the number of records that met the criteria for each HMO and the total percentage of all four HMOs that met requirements. In addition, the table notes the number and percentage of records where MetaStar was unable to verify the criteria due to missing or incomplete record submissions. Following each table, the rates of compliance with requirements for CY 2012 is compared to CY 2011.

Table 2A: Enrolled at 18/20 Weeks

| HMO/Number of Records | Met | Not Met | Unknown |
|------------------------------|--------------|----------------|----------------|
| HMOA/76 | 50 | 3 | 23 |
| HMOB/62 | 53 | 3 | 6 |
| HMOC/392 | 325 | 13 | 54 |
| HMOD/163 | 132 | 1 | 30 |
| Total/693 | 560 | 20 | 113 |
| Total Percentage | 80.8% | 2.9% | 16.3% |

HMOs met the enrollment requirement at nearly the same rate in 2011 and 2012. The enrollment requirement changed from 20 weeks in 2011 to 18 weeks in 2012. The rates are compared in the following bar graph:

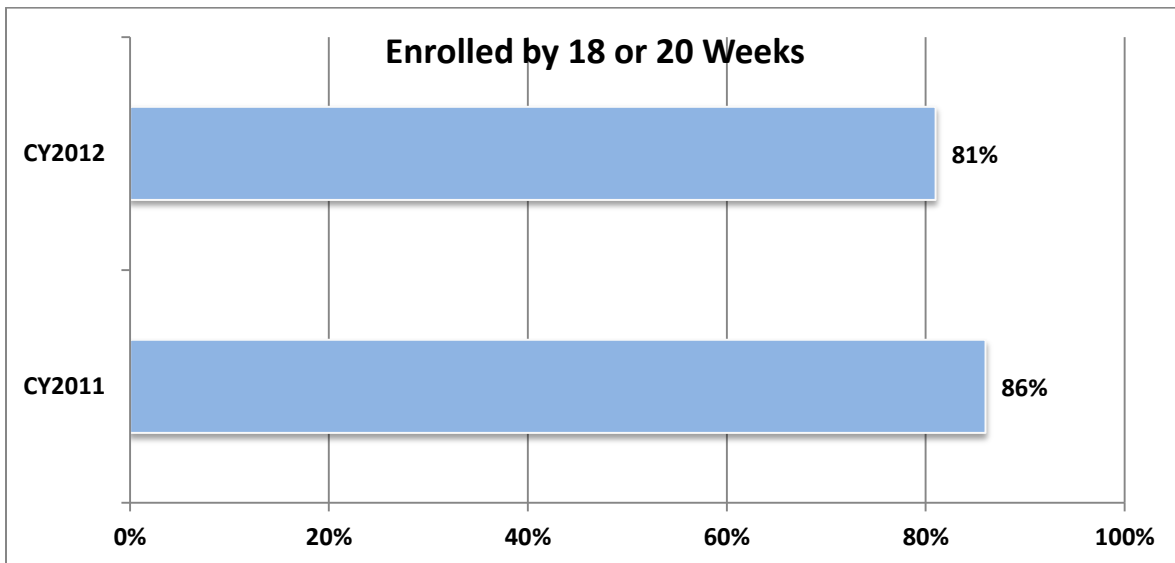


Table 2B: 10 Appointments

| HMO/ Number of Records | Met | Not Met | Unknown |
|-------------------------|------------|------------|-----------|
| HMOA/76 | 42 | 27 | 7 |
| HMOB/62 | 45 | 17 | 0 |
| HMOC/392 | 269 | 123 | 0 |
| HMOD/163 | 122 | 40 | 1 |
| Total/693 | 478 | 207 | 8 |
| Total Percentage | 69% | 30% | 1% |

HMOs met the 10 appointments requirement at nearly the same rate in 2011 and 2012. The rates are compared in the following bar graph:

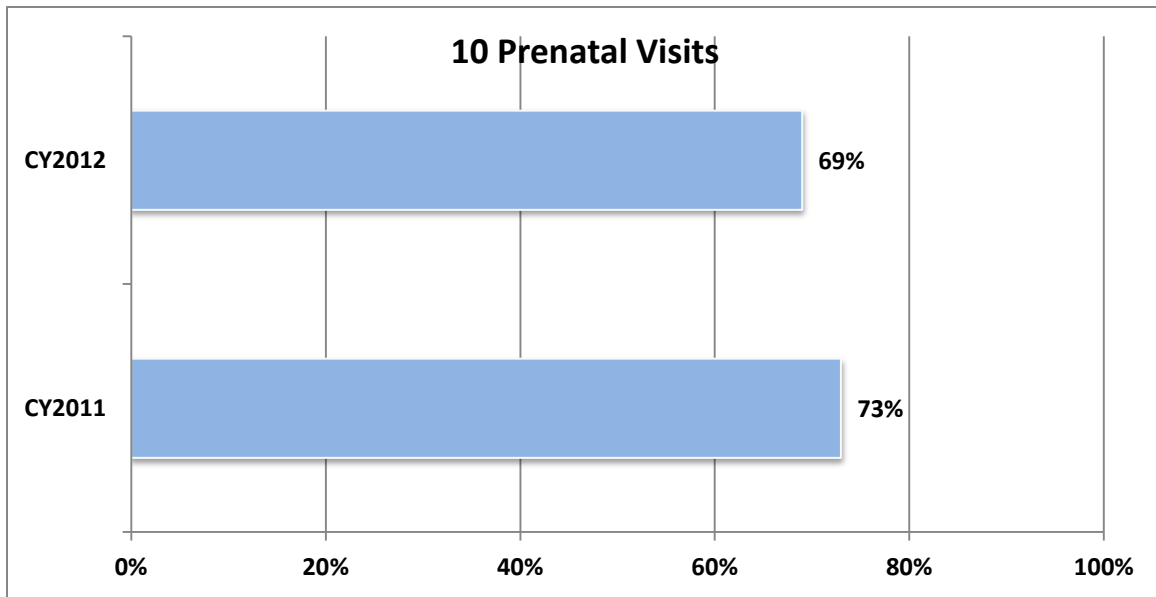
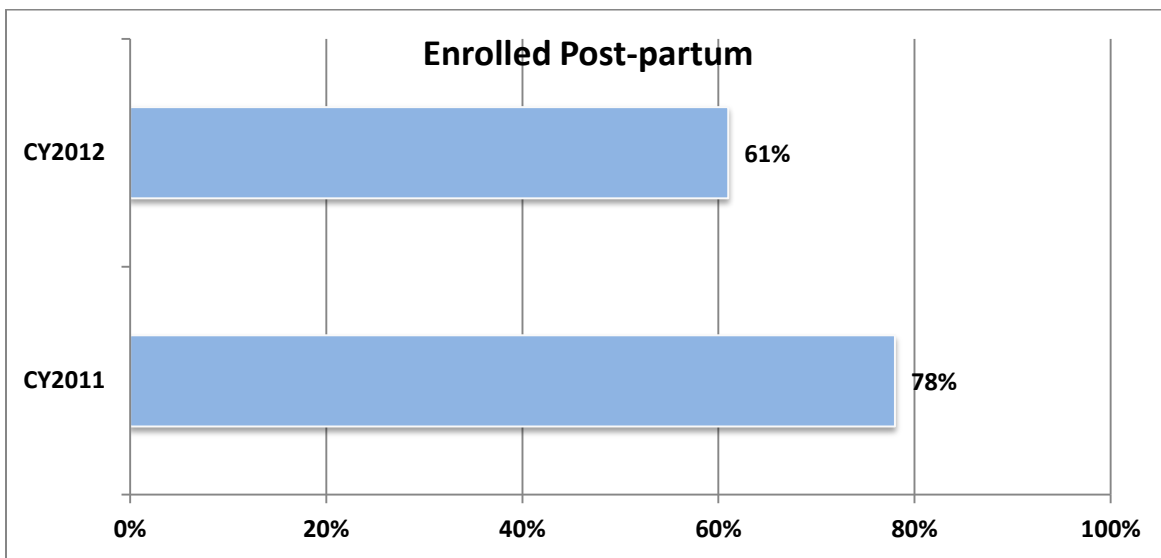


Table 2C: Enrolled Post-partum

| HMO/ Number of Records | Met | Not Met | Unknown |
|-------------------------|------------|------------|------------|
| HMOA/76 | 39 | 8 | 29 |
| HMOB/62 | 37 | 10 | 15 |
| HMOC/392 | 239 | 63 | 90 |
| HMOD/163 | 107 | 24 | 32 |
| Total/693 | 425 | 102 | 166 |
| Total Percentage | 61% | 15% | 24% |

The post-partum enrollment rate declined in 2012. The results were influenced by the volume of incomplete medical records submitted for some members. The rates are compared in the following bar graph:



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;

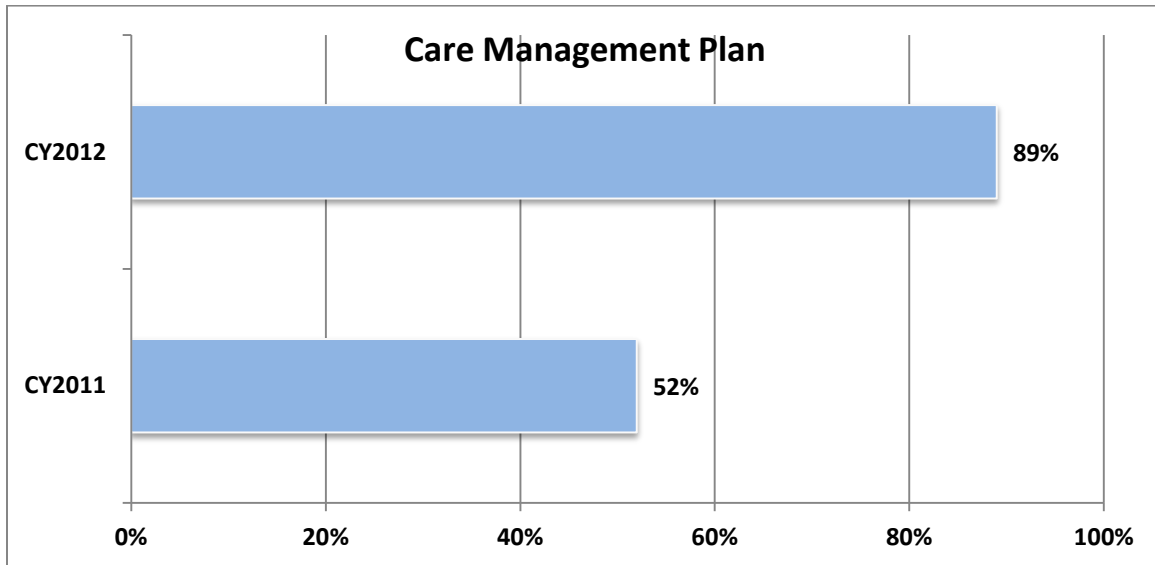
- Regular care coordination communications took place between the OB care provider, the PCP, and the Care Coordinator.

The review results for this set of requirements are documented in Tables 3A and 3B below. Rates are also compared for CY 2011 and 2012 births.

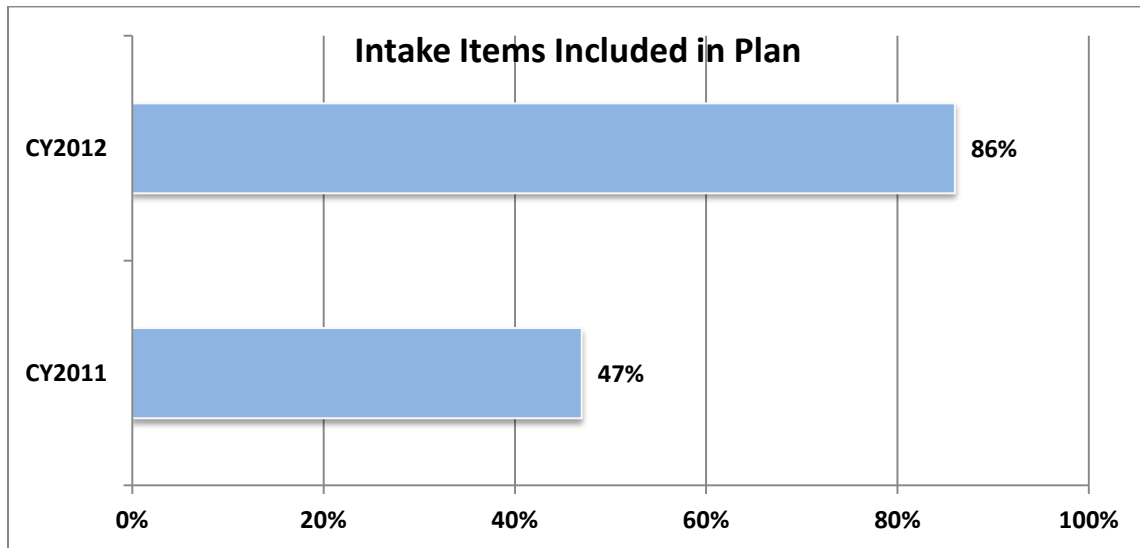
Table 3A: Care Coordination

| | Care Management Plan | Intake Items Included in Plan | Collaborative Care Plan Development |
|------------------------------|----------------------|-------------------------------|-------------------------------------|
| HMO/Number of Records | Met | Met | Met |
| HMOA/76 | 72 | 61 | 4 |
| HMOB/62 | 59 | 59 | 13 |
| HMOC/392 | 334 | 332 | 77 |
| HMOD/163 | 149 | 144 | 33 |
| Total /693 | 614 | 596 | 127 |
| Total Rate | 89% | 86% | 18% |

Care management plans were found in member records at a much higher rate in 2012 than in 2011. The rates are compared in the following bar graph:



The rate at which care management plans contained all required intake items also greatly improved in 2012. The rates are compared in the following bar graph:



While the rate of collaboration in developing care plans increased in 2012, the rate remains very low and was negatively impacted due to missing portions of members' medical records. The rates are compared in the following bar graph:

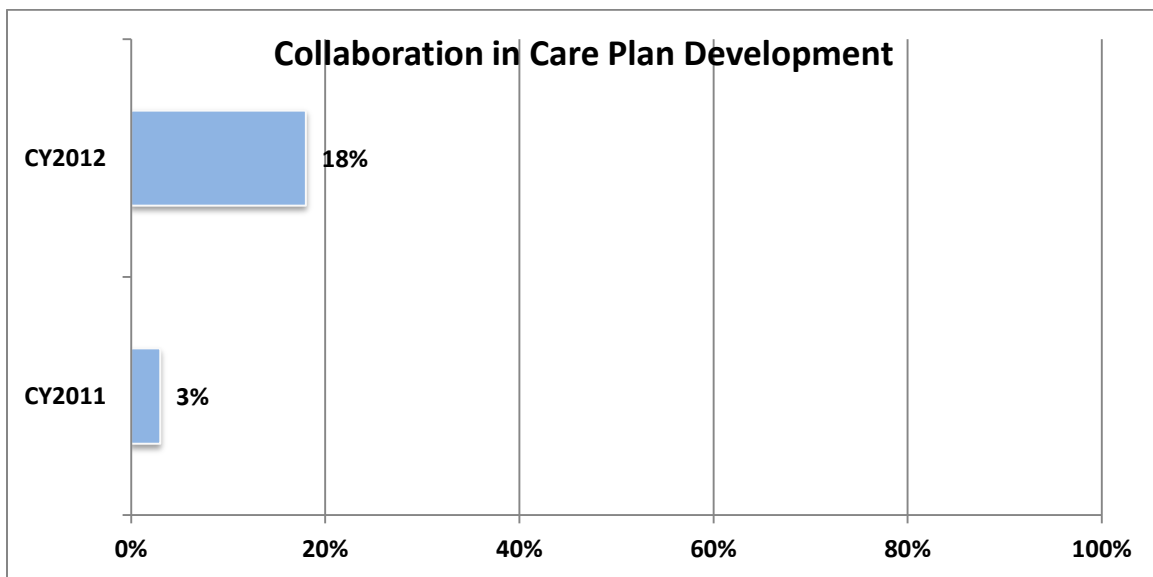
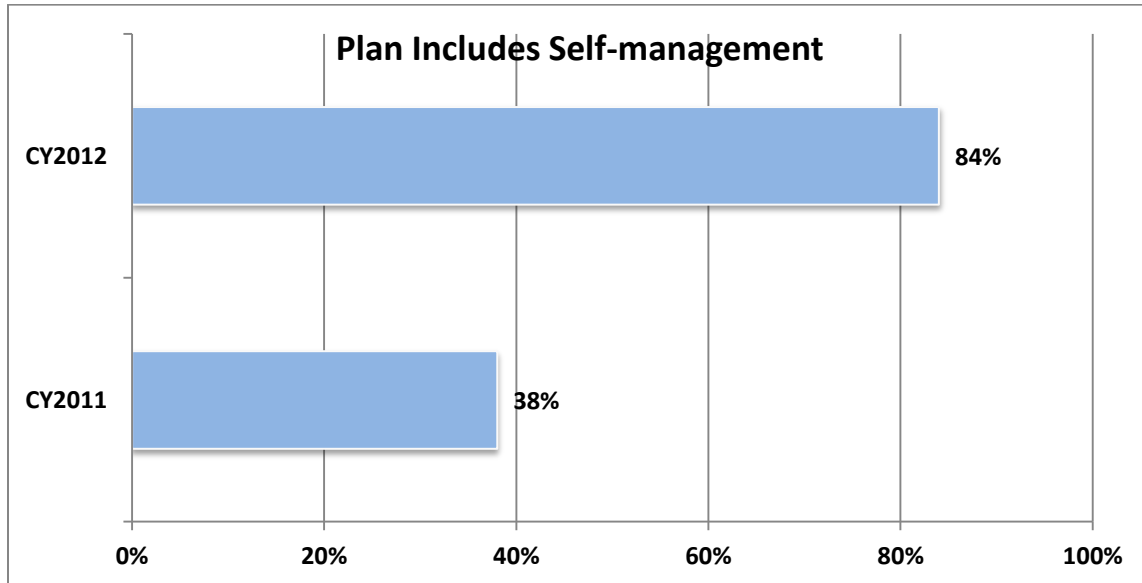


Table 3B: Care Coordination

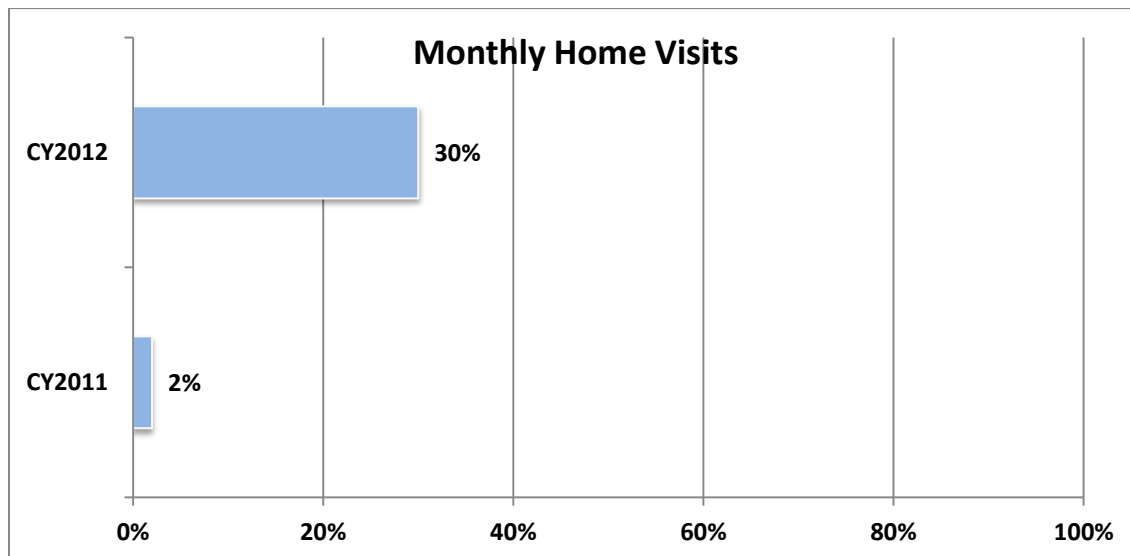
| | Plan Includes Self-Management/Care | Monthly Home Visits | Communications Between Providers and Members |
|------------------------------|---|-------------------------------|---|
| HMO/Number of Records | Met | Met or Member Declined | Met |
| HMOA/76 | 58 | 29 | 7 |
| HMOB/62 | 54 | 20 | 20 |
| HMOC/392 | 326 | 98 | 116 |
| HMOD/163 | 146 | 59 | 49 |
| Total/693 | 584 | 206 | 192 |
| Total Rate | 84% | 30% | 28% |

The results for the indicator, “Communications Between Providers and Members,” were impacted by the lack of some portions of the medical record, especially care coordination notes. In addition reviewers were unable to identify the primary care provider in 416 of the 693 records (60%).

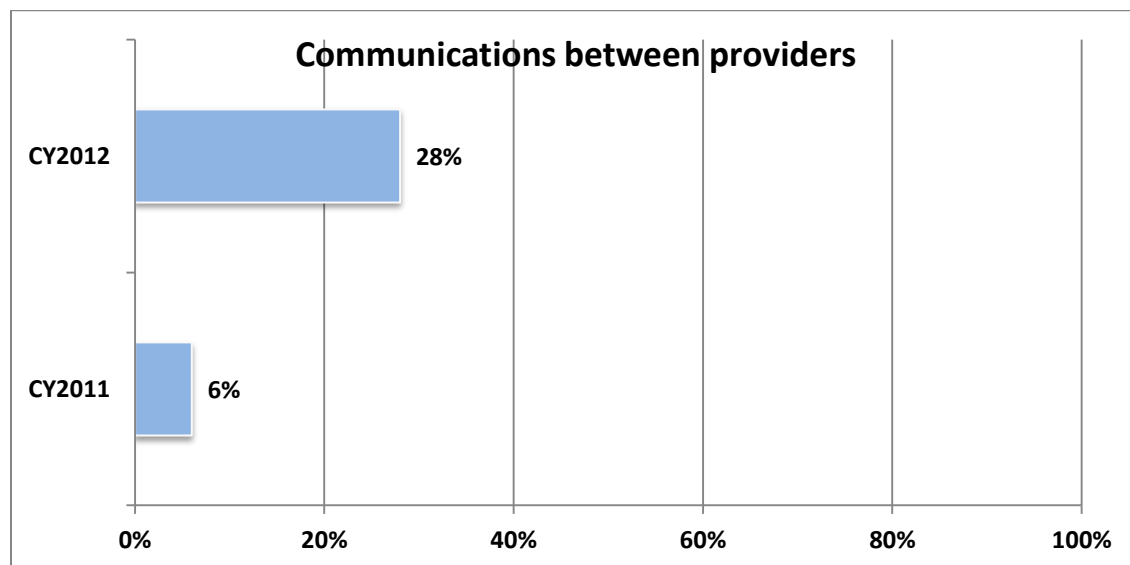
Self-management documentation was present in care plans at a much higher rate in 2012 than in 2011. The rates are compared in the following bar graph:



The monthly home visit rate increased in 2012; however the rate remains very low. The rate may be impacted by the lack of care coordination documentation in records submitted for the review. The rates are compared in the following bar graph:



Communications between providers is another area where the rate improved in 2012, but is substantially less than desired. The rate may reflect a lack of documentation in records submitted for the review. As noted above, reviewers were unable to identify a PCP for 416 of the 693 members (60%) in the dataset associated with the report. The rates are compared in the following bar graph:



VERIFICATION OF POST-PARTUM CARE COORDINATION AND DISCHARGE

PLANNING

Article III., R., of the DHS-HMO 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.

Table 4A documents the results of the record review for most of the requirements noted above. Rates are also compared for CY 2011 and 2012.

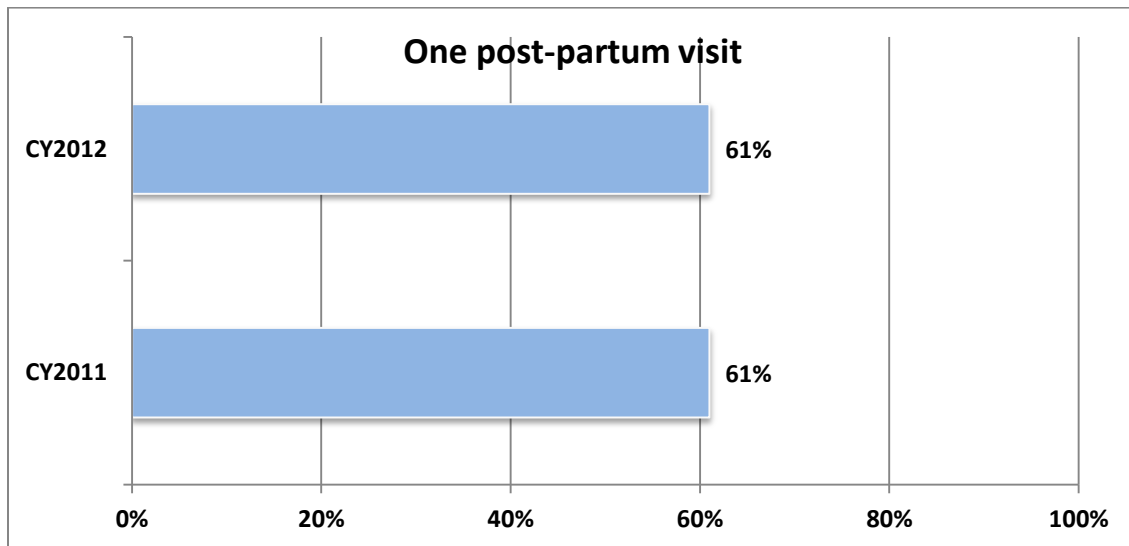
Table 4A: Post-delivery Requirements

| | One Post-partum Visit | Communication with PCP | Family Planning Education | Breastfeeding Education |
|------------------------------|------------------------------|-------------------------------|----------------------------------|--------------------------------|
| HMO/Number of Records | Met | Met | Met | Met |
| HMOA/76 | 39 | 4 | 61 | 55 |
| HMOB/62 | 37 | 19 | 58 | 50 |
| HMOC/392 | 239 | 116 | 317 | 292 |
| HMOD/163 | 107 | 50 | 138 | 124 |
| Total/693 | 422 | 189 | 574 | 521 |
| Total Rate | 61% | 27% | 83% | 75% |

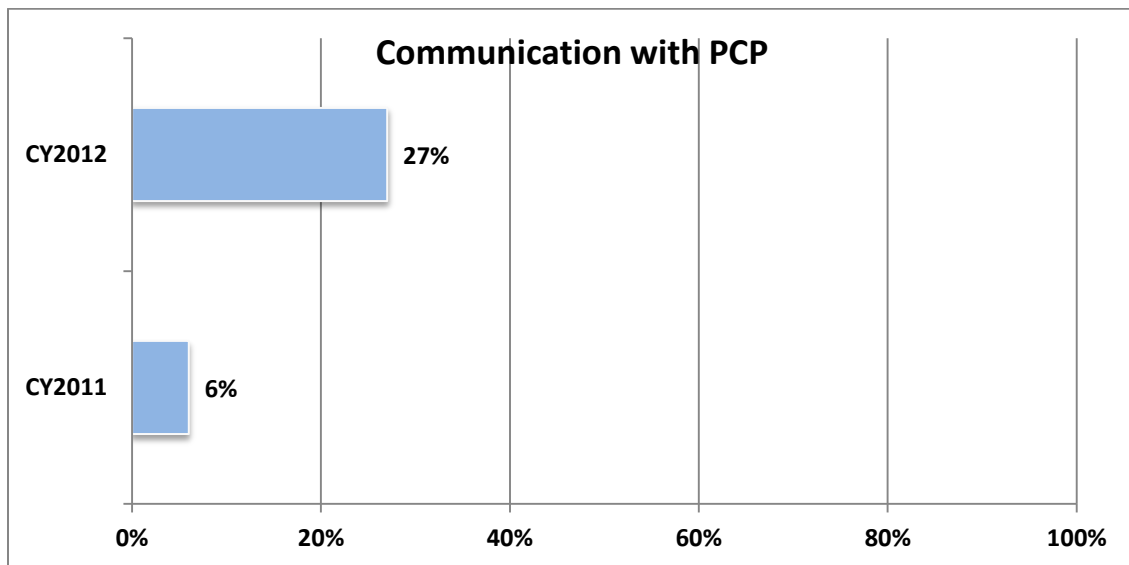
Ninety-nine records did not meet the criteria for the indicator, “One Post-partum Visit,” because the visit was beyond the 60 day post-partum period; the visits for the 99 members took place between 61 and 195 days after delivery. In 2011, 49 members had post-partum visits that took place beyond the 60 day timeframe.



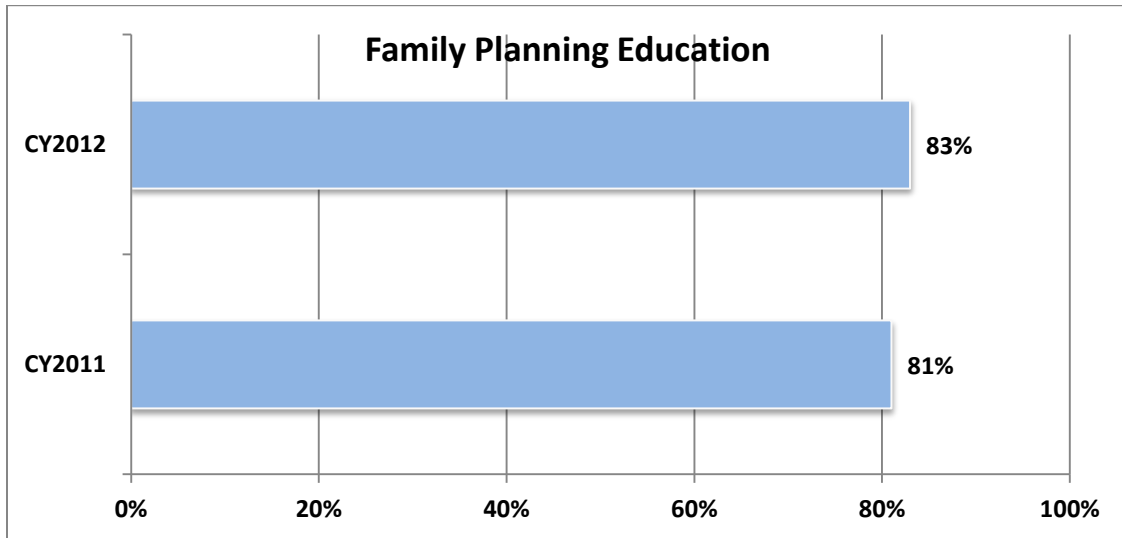
HMOs met the post-partum visit requirement at nearly the same rate in 2011 and 2012. The rates are compared in the following bar graph:



While the rate of performance in the communication with PCP focus area improved, the rate remains low. As noted earlier in the report, reviewers were unable to identify any PCP for 416 of the 693 members (60%) in the dataset. In some instances, the obstetric care provider may also be providing primary care; however, this fact was not able to be verified in all records due to missing information. The rates are compared in the following bar graph:



HMOs met the education requirements related to family planning at nearly the same rate in 2011 and 2012. The rates are compared in the following bar graph:



The rate of education of members about breastfeeding was found in more records in 2012 than in 2011. The rates are compared in the following bar graph:

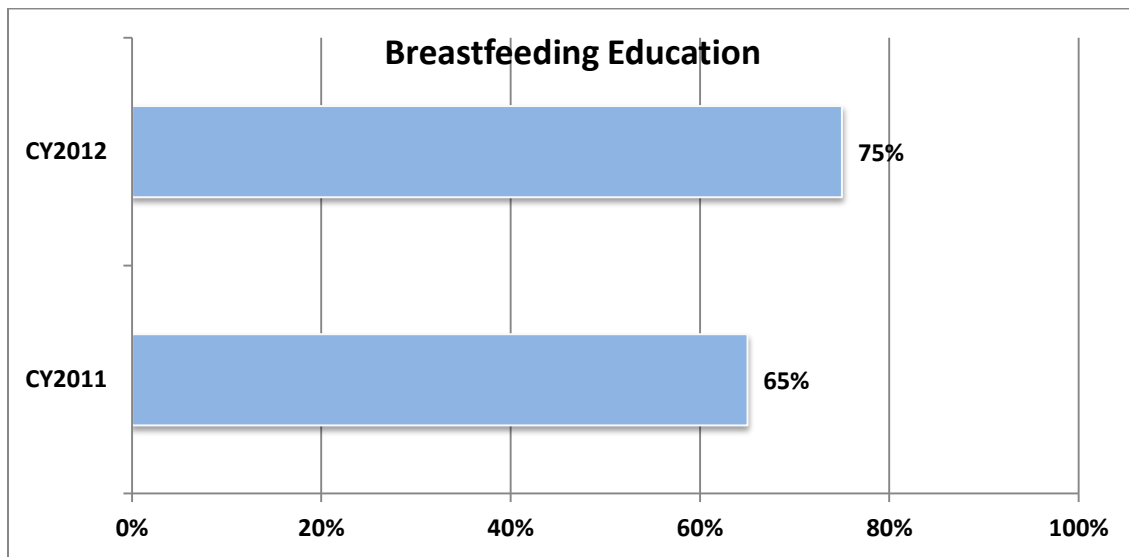
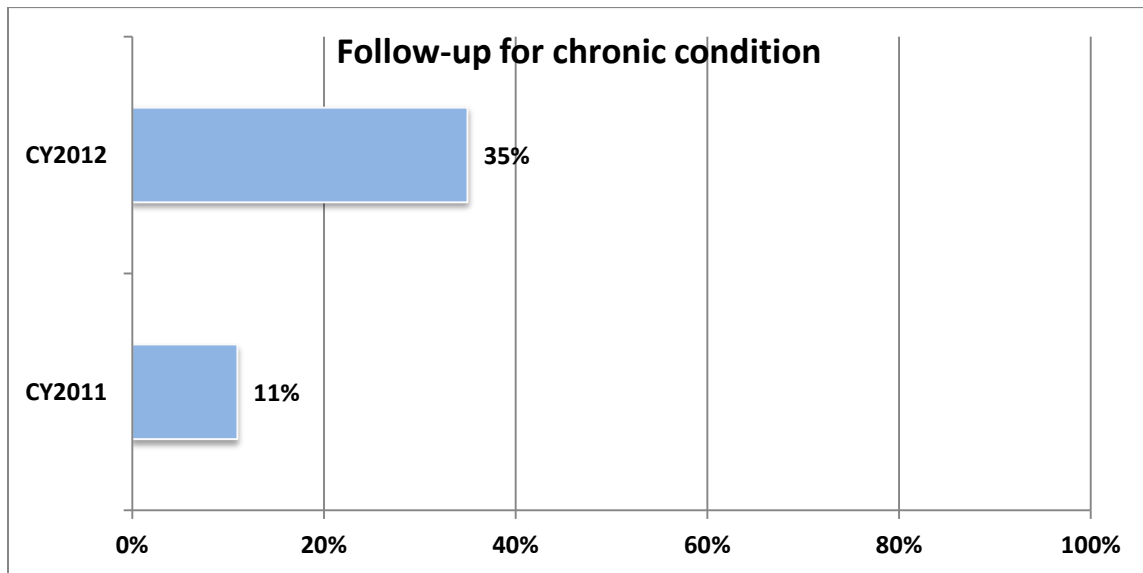


Table 4B identifies the number of members who received follow-up related to their chronic conditions, the number who did not receive follow-up, and the number of members who were not identified as subjects for this review criterion.

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

| HMO/Number of Records | Met | Not Met or Did not Have Chronic Condition(s) |
|------------------------------|------------|---|
| HMOA/76 | 14 | 62 |
| HMOB/62 | 30 | 32 |
| HMOC/392 | 122 | 270 |
| HMOD/163 | 80 | 83 |
| Total/693 | 246 | 447 |
| Percent | 35% | 65% |

More documentation about follow-up on chronic conditions was found in records submitted for the 2012 review when compared to the rate for 2011, as depicted the following bar graph:



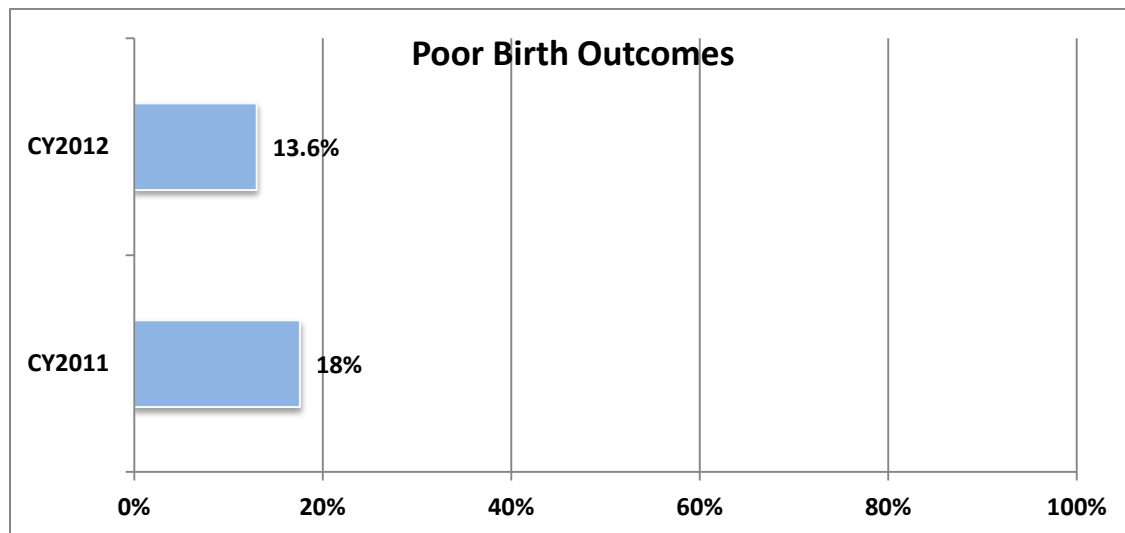
IDENTIFICATION OF POOR BIRTH OUTCOMES

Insufficient information was available to determine the birth outcomes for 136 women. MetaStar identified 76 poor birth outcomes among the remaining women in this reporting group, for a rate of 13.6 percent (76 of 557 women).

| HMO/Number of records | Poor Birth Outcome | Not a poor birth outcome | Unknown due to incomplete record submissions |
|-------------------------|--------------------|--------------------------|--|
| HMOA/76 | 9 | 61 | 6 |
| HMOB/62 | 4 | 47 | 11 |
| HMOC/392 | 45 | 243 | 104 |
| HMOD/163 | 18 | 130 | 15 |
| Total/693 | 76 | 481 | 136 |
| Percent (N= 557) | 13.6% | 86.4% | N/A |

Note: The percentage of poor birth outcomes was calculated excluding the records that did not contain information about the birth outcome.

The reasons related to the rate of poor birth outcomes are not captured in the HP system and, as a result, are not included in this report. The rate of poor birth outcomes identified for 2012 was almost 5 percentage points lower than in 2011.



Note: For 2012, birth outcomes were identified in 76 of 557 records. For 2011, birth outcomes were identified in 46 of 261 records.

OBSERVATIONS AND RECOMMENDATIONS

Since January 2012, DHS, HMOs, providers, and MetaStar staff identified a number of challenges and made changes to the record submission process. Some of the observations and improvements include:

- DHS met with, and secured feedback from, providers and HMOs to improve the medical record request list.
- MetaStar worked directly with providers to provide information about the HBO initiative and reduce workload as much as possible for providers, including securing remote access to EHRs wherever possible.

Recommendations for next steps, some of which have been discussed at DHS/MetaStar HBO workgroup meetings, include:

- Review the processes for HMO recruitment, enrollment, and documentation of women in the Medical Homes using the data registry to ensure accuracy and consistency of information.
- Continue to encourage HMOs to work with providers to submit all medical records for women in the request list. Develop and disseminate guidelines to HMOs and medical home provider clinics for documentation of key elements of pre-natal care with a focus on care coordination and best practice.
- Facilitate completion of necessary and desired enhancements to the HP portal that houses review data for the Medical Home reviews.

