9. Health Outcomes

Describe what measures beyond traditional Healthcare Effectiveness Data and Information Set (HEDIS) scores the Contractor would recommend to determine that its Care Management, Care Coordination, and Utilization Management services and policies are having a meaningful impact on the health outcomes of Kentucky SKY Enrollees.

To ensure that our Care Management, Care Coordination and Utilization Management services and policies have a meaningful impact on the health outcomes of Kentucky SKY children and youth and comply with requirements in Sections 19 and 42, we have designed a program specifically to meet the goals of the DMS and SKY children and youth. Improving quality of care and health care outcomes, empowering individuals to improve their health and engage in their health care, and reducing or eliminating health disparities is our goal. To achieve this, our local SKY medical director and our chief medical officer will lead the Kentucky clinical team in delivering a holistic approach, which integrates physical, social, behavioral, and community engagement support. Our team of care coordinators, behavioral health professionals, specialists and Nurse Care Managers will provide well-coordinated services to improve the health of children and youth in the SKY program. This highly qualified team will determine and deliver the right level of integrated service for each setting of care, from transitions to an inpatient setting to chronic condition management. We will focus on EPSDT, preventing overuse of psychotropic medications, and behavioral health and social determinant of health concerns to be most effective in addressing the particular needs of the SKY population.

Our comprehensive quality program begins with our Quality Improvement Committee (QIC), which oversees the Quality Assessment and Performance Improvement Program (QAPI) and is accountable for the implementation, coordination and integration of all QAPI activities. The QIC is under the direction our SKY medical director, our chief medical officer and our SKY quality director and is supported by CEO Amy Johnston Little. The QIC will analyze and evaluate the results of quality improvement activities, recommend policy decisions, verify that providers and DCBS are involved in the QAPI program, institute needed action and make certain appropriate follow-up occurs. The QIC is a multidisciplinary team consisting of medical and behavioral health clinical staff and operational leaders from the clinical team, utilization management (UM), risk management, enrollee services, behavioral health, grievances and appeals, population health management, provider credentialing, ombudsmen services, pharmacy services and provider services. This integrated team of local and national experts works together to closely monitor emerging quality issues and address them proactively. Through these relationships, we deliver clear, concise processes and programs to confirm a high level of individual satisfaction with our comprehensive and holistic quality approach.

Throughout the year, our written Quality Improvement Work Plan guides the activities we perform as part of our QIC and is an integral part to developing interventions and monitoring health outcomes. We successfully integrate quality in a way that positively influences the wellbeing of every SKY child and youth. As part of this plan, our quality coordinator will meet with the various agencies including DMS, DCBS and DJJ to discuss baseline data from which we are starting. We are proposing quarterly quality meetings with DMS and look to engage DCBS in a session dedicated to SKY where continuous quality outcomes, performance improvement projects (PIPs) and opportunities can be discussed collaboratively with not only UnitedHealthcare but also the other MCOs in the Commonwealth. We will then monitor the results of the following proposed metrics, and any others deemed appropriate by DMS, and report on these metrics including the evaluation of:

- Operational measures (e.g., timely completion of required assessments, submission of required reporting, percent of crisis calls answered timely)

- Monitoring of decertification of services (e.g., for adoptive parents who de-certify we will conduct surveys about reasons why and develop improvement plans)
- Appropriate utilization of psychotropic medications including the evaluation of prescribing patterns related to diagnosis, patient age, polypharmacy, dosage and psychosocial therapy and interventions
- Deployment and utilization of evidence-based practices applicable to the Kentucky SKY populations (e.g., functional family therapy, multi-systemic therapy, parent-child interaction therapy)

HEDIS measures are an integral part of measuring an individual's health outcomes and the quality of services delivered. In addition to these standard measures, we have developed the following quality metrics to measure the effect of our clinical model and services specific to foster care child and/or youth. We selected these measures due to our experience working with foster care children and seeing the affect that meeting these outcomes has on improving the lives of children and youth in foster care.

Goal	Outcomes	Measured Metric	Source
Utilization and Financial			
Cost Effective	Reduction of the inappropriate utilization of ED and inpatient stays	▪ Reduction in ED visits. ▪ Reduction in length of stay in inpatient facilities	Claims data
Cost Effective	Reduction of behavioral health pharmacy expenditures through enhanced training and utilization management	▪ Training sessions offered and attended for prescribers ▪ Number of pharmacy reviews completed on child and/or youth as part of UM and training prescribers	▪ Providers trainings ▪ Tracking of pharmacy reviews for children on psychotropic medications
Psychotropic Medication			
Improving Health and Wellness	Reduction in the number of children under the age of 6 receiving a psychotropic medication	Number of children under the age of 6 receiving a psychotropic medication	Claims data
Improving Health and Wellness	Reduction in the number of children receiving more than one antidepressant	Number of children under the age of 18 receiving more than one anti-depressant at the same time	Claims data
Improving Health and Wellness	Reduction in the number of children under the age of 3 receiving an antipsychotic	Number of children under the age of 3 receiving an antipsychotic medication	Claims data
Improving Health and Wellness	Reduction in the number of children receiving more than four psychotropic medications in 1 month	Number of children under the age of 18 receiving more than four psychotropic medications in 1 month	Claims data

Goal	Outcomes	Measured Metric	Source
Tobacco use in Adolescents			
Improving Health and Wellness and Engaging Beneficiaries	Enrollees targeted for outreach and education regarding the risks of tobacco use and tools to quit if contemplating quitting	Enrollees who meet the criteria set for age ranges that have a positive response to tobacco use	We can include a question in our Health Risk Assessment (HRA) regarding tobacco use
Training and Education			
High Quality Services and Supported Providers	Numbers of staff interacting with foster care children or youths are trained on Trauma-informed Care	Number of internal staff trained in Trauma-informed Care	*LearnSource* (our online education portal)
High Quality Services and Supported Providers	Outpatient behavioral health providers interacting with foster care children or youths are trained on transitions	Number of outpatient providers trained in transitions	Providers trainings
High Quality Services and Supported Providers	Prescribers are trained about the use of psychotropic medications for children in foster care	Number of prescribers trained about using psychotropic medications for children in foster care	Providers trainings
High Quality Services and Engaged Beneficiaries	Foster parents are trained about health care and well-being of children in foster care	Number of foster parents trained in the health and well-being in foster care	Number of Foster Parents Trained through NFPA on-site trainings
NPS/Satisfaction			
Robust Partnerships	Improved satisfaction with the state partner	Improved satisfaction score related to foster care	Satisfaction survey

Performance Improvement Projects

We have in-depth experience operating various integrated and coordinated physical and behavioral state managed care programs with demonstrated outcomes and proven results. With national and local experience gained from operating these programs, we access best practices, national clinical experts and resources to successfully develop and implement innovative PIPs. We will use the same method to develop PIPs that improve the quality of care for Kentucky SKY enrollees. For quality measures that need improvement, we will collaborate with DMS, DCBS and DJJ to design and implement PIPs that result in continuous quality improvement for children and youth served. For children and youth served through the SKY program, we will reduce unnecessary utilization of high-end services, ensure children are not prescribed medications when they are not deemed appropriate or are used off label, and have a network of professionals that are trained in meeting the needs of this unique population. As we begin to measure these outcomes, for any not met, we will develop a PIP to quickly improve the outcomes.

Our QAPI team will design PIPs for the entire Kentucky SKY population. We design our PIP studies to include performance measurement, interventions, e performance and systematic improvement and periodic follow-up on the effect of the interventions. Performance improvement indicators are objective, clearly defined, and based upon current clinical knowledge or health services research. We also will measure the outcomes of changes in health status, functional status and enrollee satisfaction, or valid proxies of those outcomes. Interventions are evaluated and refined to achieve demonstrable improvement.

Performing interventions is important, but evaluating the effectiveness of those interventions is critical so that any needed changes in the interventions can be initiated to achieve the goal of improved outcomes. The QAPI team reviews the PIP data at least quarterly – viewing the results of each intervention while assessing baseline data. We use data and reporting to determine whether specific interventions have been effective. Once a PIP has been determined to be successful, the next step includes a plan with action to steps to institute this as a permanent change in operations and determine how that improvement can be sustained over time. The sustainability may require new resources or a redeployment of resources that have been focused on other areas where they are no longer needed. If an intervention is found not to be effective for a particular targeted quality goal, that intervention will be modified or replaced to achieve the goal. Successful interventions identified may be used in other projects when appropriate.