

Health Plans and Public Health: What SBHCs Need To Know

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Public Health and SBHCs

- What is public health?
 - Protect and improve the health of the population
 - 200 programs in the Department of Public Health
 - Multiple funding streams



Public Health and SBHCs

- Structure of public health in California:
 - State office
 - Local health departments (61)
 - How Funding Flows (Sec 17000; fed to state; state to county)
- State contracts with local health departments to perform certain functions.



Public Health and SBHCs

Local Health Departments:

- County to county variation
 - Epidemiology and Surveillance
 - Annual County Health Status Profiles
 - Primary Care
 - Environmental Health



Public Health and SBHCs

- How SBHCs can assist local health departments?
 - Childhood Obesity (NEOP \$\$ coming)
 - Oral Health/Fluoridation
 - Immunizations



Questions and Discussion:
SBHCs and Public Health

What is Managed Care?

- Managed Care is a term that is used to describe a health insurance plan or health care system that coordinates the provision, quality and cost of care for its enrolled members.
- It is usually required that patients select health care providers from the managed care plan's network of professionals and hospitals.
- A Primary Care Provider (PCP) is a provider chosen by or assigned to a patient, who both provides primary care and acts as a gatekeeper to control access to other medical services.



Medi-Cal Managed Care in California

- The Department of Health Care Services administers the Medi-Cal Managed Care Program.
- As of August 2011, managed care serves about 4.4 million Medi-Cal beneficiaries in 30 counties. This is about 60% of the total Medi-Cal population.
- The Governor's proposed 2012-2013 budget proposed expanding managed care to all counties.



Medi-Cal Managed Care Models

- Two Plan

There is a “Local Initiative” (LI) and a “commercial plan” (CP). The Department of Health Care Services (DHCS) contracts with both plans.

- County Organized Health System:

DHCS contracts with a health plan created by the County Board of Supervisors. In a COHS county, everyone is in the same managed care plan.

- Geographic Managed Care:

DHCS contracts with several commercial plans. This provides more choices for the beneficiaries, so the health plans may want to try new ways to enhance how they deliver care to members.



Healthy Families Managed Care in California

- The Managed Risk Medical Insurance Board administers the Healthy Families Program.
- The Healthy Families program contracts with 24 health plans (many the same as the Medi Cal plans) and 7 dental plans.
- The Governor's proposed 2012-2013 budget seeks to move all Healthy Families children into Medi-Cal over a nine month period beginning in October 2012.



Health Plan Performance Measures

- Every year, both Medi-Cal and Healthy Families managed care plans are evaluated by the state plans in the areas of quality, access and timeliness.
- Two major sets of measures are:
 - Healthcare Effectiveness Data and Information Set (HEDIS)
 - CHIPRA Quality Measures



HEDIS Measures

- HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.
- HEDIS consists of 76 measures across 5 domains of care.
- Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis.



CHIPRA Quality Measures

- CHIP Reauthorization bill, signed into law February 2009.
- Provisions to develop a standard set of child quality measures to measure and improve the quality of care delivered to children through Medicaid, CHIP and private health plans.
- Goal to allow meaningful comparisons across states and over time.
- Measures available for voluntary reporting now; states must start reporting by 2013.



HEDIS 2012 Measures for Medi-Cal and Healthy Families (School-Aged Children Only)

- Well-Child Visits in the 3rd, 4th, 5th, and 6th years of life (MC, HF, CHIPRA Core)
- Well-Child Visit for 12 to 21 year olds (MC, HF, CHIPRA core)
- Immunization for adolescents 13 and older (MC, HF and CHIPRA Core)
- Access to primary care practitioners for children 1 to 18 years old (MC, HF and CHIPRA core)
- Appropriate testing for children 2 to 18 years old with pharyngitis (HF only, CHIPRA Core)
- Appropriate Treatment for Children with URI (HF only)
- Mental Health Utilization for 13-17 years olds (HF only, CHIPRA core)
- Lead Screening in Children (HF only)
- Identification of Alcohol and Other Drug Services (HF only)
- Chlamydia screening for women for 16 to 18 year olds (HF only, CHIPRA core 16-20)
- BMI documentation for 3 to 17 year olds (MC only, CHIPRA core)
- Ambulatory Care – Outpatient and Emergency Dept Visits (MC only)
- All Cause Readmissions (MC only)

Additional CHIPRA Quality Measures for School-Aged Children

1. Total eligible children 1 through 20 years of age who received preventive dental services
2. Percentage of patients ages 2 months through 12 years with a diagnosis of Otitis media with effusion who were not prescribed systemic antimicrobials
3. Total eligibles who received dental treatment service, ages 1 – 20
4. Ambulatory Care: Emergency Department Visits
5. Pediatric central-line associated blood stream infection
6. Annual number of asthma patients ages 2 through 20 years old with 1 or more asthma-related emergency room visit
7. Follow-up care for children prescribed ADHD medication
8. Follow-up after hospitalization for mental illness, ages 6 and up
9. Percentage of pediatric patients with diabetes who had a hemoglobin A1c test in a 12-month measurement period

Health Plans and SBHCs

- Health plan interests:
 - Triple AIM; Improve patient experience, reduce costs, and improve population health.
 - Improve contracting position with State through Triple AIM.
 - Increase market share in competitive regions.



Health Plans and SBHCs

- Triple AIM
 - Prescriptions, Hospital/ER Admissions, Birth Outcomes

- SBHC Selling Points
 - Appropriate use of ADHD drugs
 - Monitoring asthma and diabetes
 - Prevent teenage pregnancy
 - Increase first trimester prenatal care pregnant teens



Health Plans and SBHCs

- Outcome measures improve contracting position
 - Many Quality Measures
 - Immunization rates
 - ER admits
 - Adolescent Well Visits

- SBHC Selling Points
 - Providing proof of immunizations
 - Monitoring asthma and diabetes
 - Conducting and communicating results of adolescent well visits



Health Plans and SBHCs

- Attracting New Members
 - Good state ratings (back to measurement)
 - Easy access to providers
 - Programs designed for specific populations
- SBHC Selling Points
 - Providing plans information on their own members
 - Easy access for some hard to reach populations
 - Programs targeted at students and their unique health needs



Health Plans and SBHCs

- Providing quality care to improve health
- SBHC Selling Points
 - Better access
 - More preventive care, higher immunization rates
 - More personal care, higher member satisfaction



Questions and Discussion: SBHCs and Health Plans

Measurement is Key!

- Performance measurement in health care is a trend that is here to stay.
- SBHCs can reach and serve health plan members creating a win-win situation.
- To become a fully integrated (and hopefully reimbursed) part of the safety net, SBHCs are going to need to track and measure who they see, what services are provided and what is accessed.



More information?
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