



PQO Update: Performance Measurement



Presentation to: Care Management Subcommittee of the
DCH Board

Presented by: Janice Carson, MD, Deputy Director
Performance, Quality and Outcomes Unit



Mission

The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and **oversight**.

We are dedicated to A Healthy Georgia.

Bright Futures Periodicity Schedule Services for Children



Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

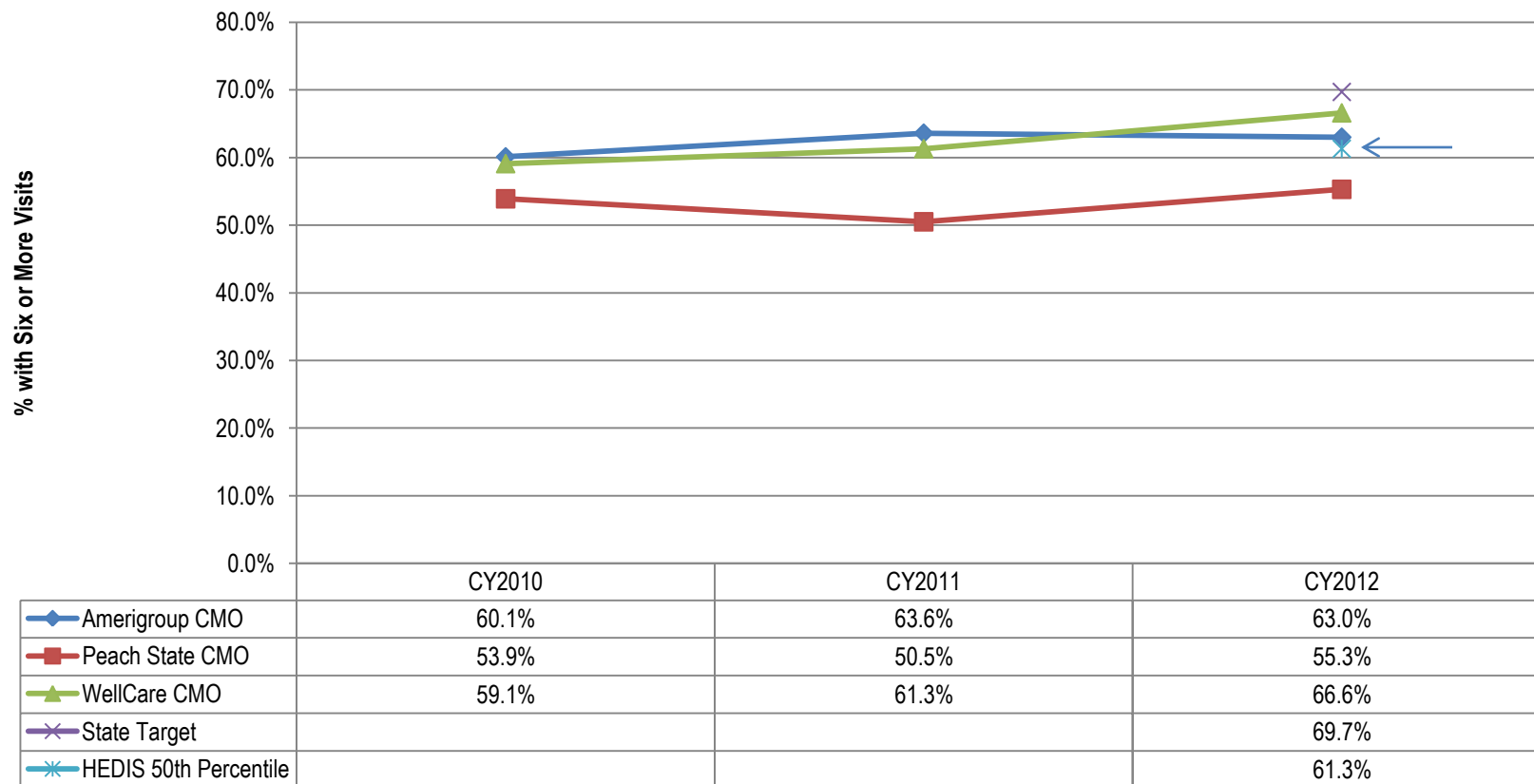
The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
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AGE ¹	INFANCY								EARLY CHILDHOOD				MIDDLE CHILDHOOD					ADOLESCENCE														
	PRENATAL ²	NEWBORN ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index																																
Blood Pressure ⁵		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing		★ ⁶	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental Screening ⁸								●																								
Autism Screening ⁹																																
Developmental Surveillance ⁸		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment																							★	★	★	★	★	★	★	★	★	★
PHYSICAL EXAMINATION¹⁰		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹¹																																
Newborn Metabolic/Hemoglobin Screening ¹²		←	●	●	→																											
Immunization ¹³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin ¹⁴						★					★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead Screening ¹⁵						★					★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Tuberculin Test ¹⁷			★																													
Dyslipidemia Screening ¹⁸																																
STI Screening ¹⁹																																
Cervical Dysplasia Screening ²⁰																																
ORAL HEALTH²¹																																
Anticipatory Guidance ²²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

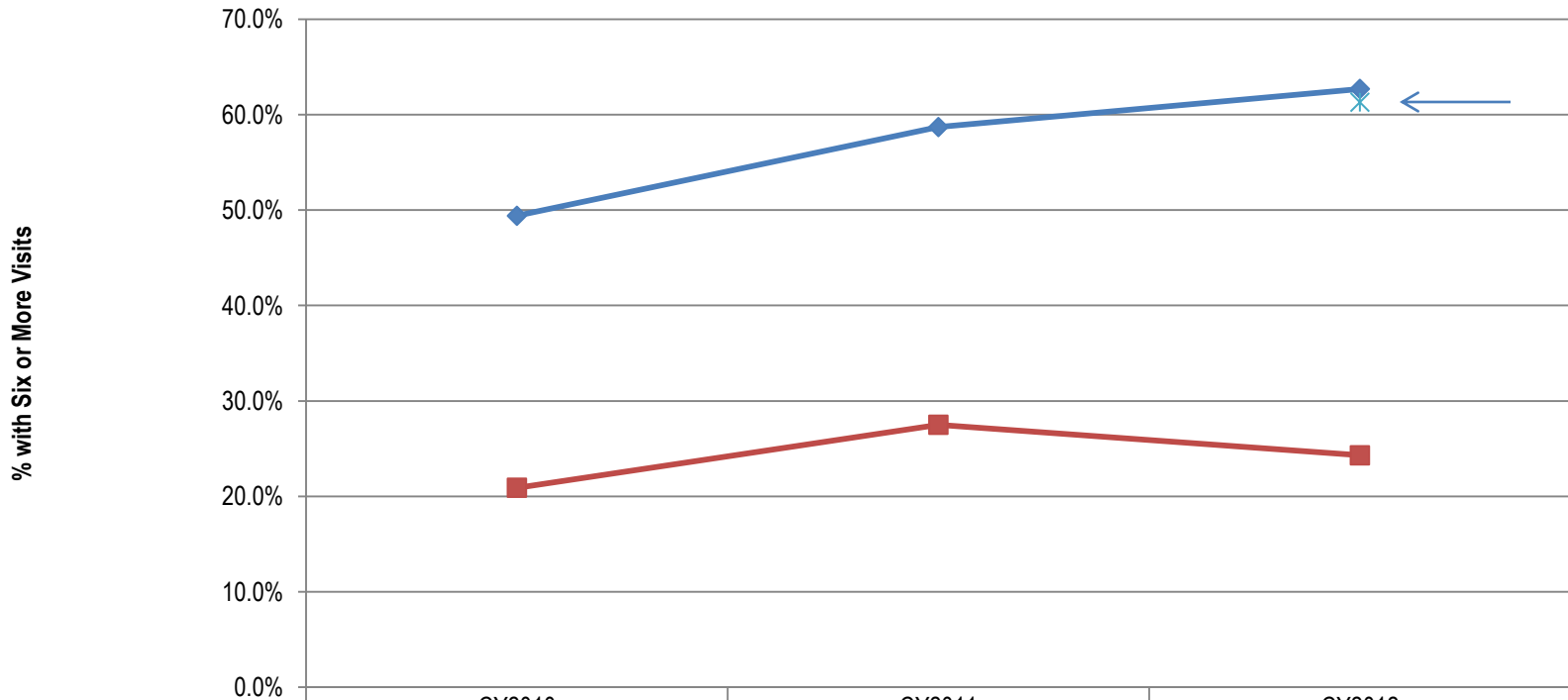
1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456>].
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434>].
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902>].
7. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798>]. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007;120:898-921.
8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118:405-420 [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>].
9. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics*. 2007;119:152-153 [URL: <http://pediatrics.aappublications.org/cgi/content/full/119/1/152>].
10. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
11. These may be modified, depending on entry point into schedule and individual need.
12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
13. Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
14. See AAP *Pediatric Nutrition Handbook*, 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR*. 1998;47(RR-3):1-36.
15. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2003) [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036>]. Additionally, screening should be done in accordance with state law where applicable.
16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done on recognition of high-risk factors.
18. "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: <http://circ.ahajournals.org/cgi/content/full/106/25/3143>] and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity," Supplement to *Pediatrics*. In press.
19. All sexually active patients should be screened for sexually transmitted infections (STIs).
20. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
21. Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
22. At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
23. Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006.)

KEY
● = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ← ● → = range during which a service may be provided, with the symbol indicating the preferred age

Well-Child Visits in the First 15 Months of Life: Six or More Visits



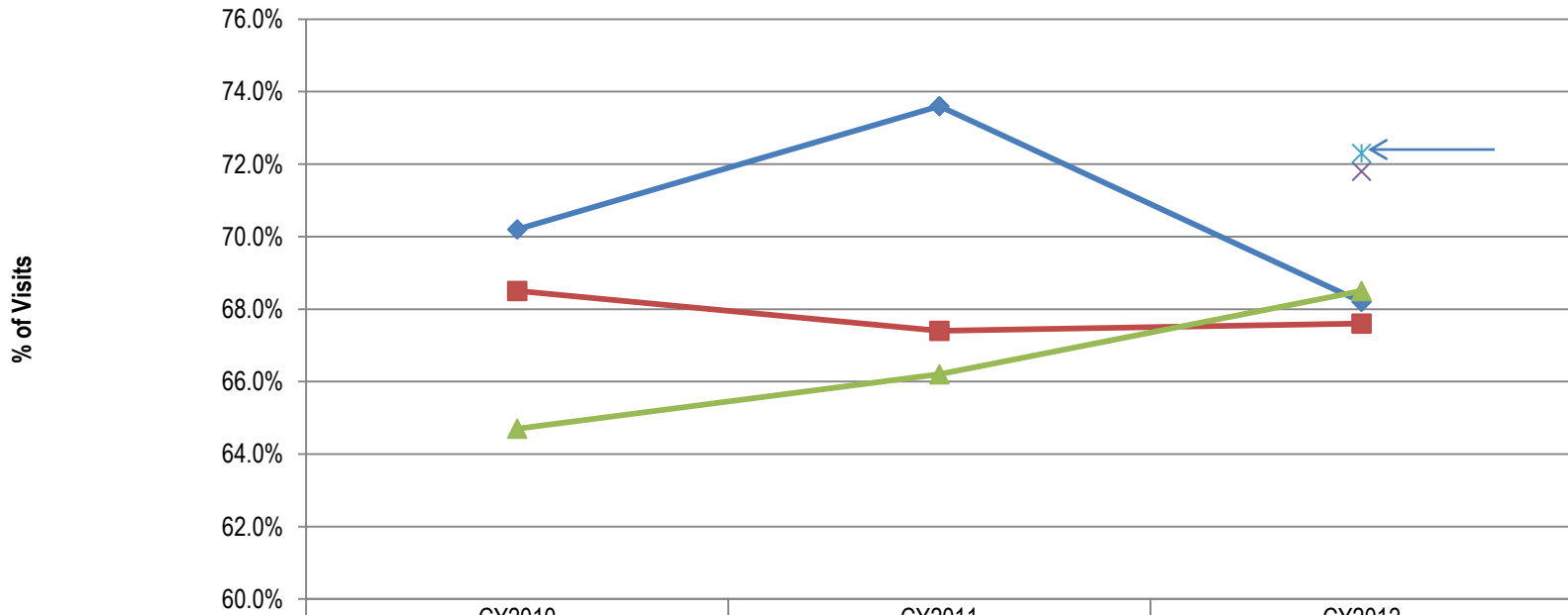
Well-Child Visits in the First 15 Months of Life: Six or More Visits



	CY2010	CY2011	CY2012
GA Families CMO	49.4%	58.7%	62.7%
Fee For Service	20.9%	27.5%	24.3%
HEDIS 50th Percentile			61.3%

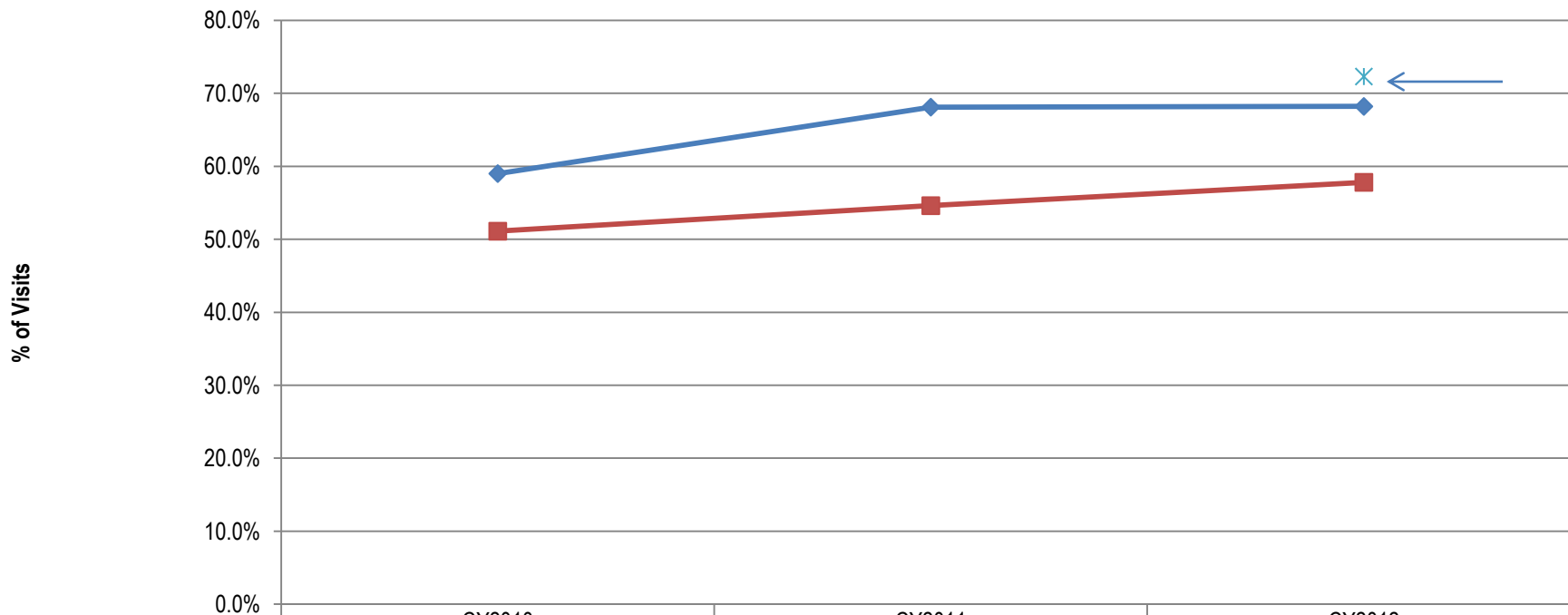


Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



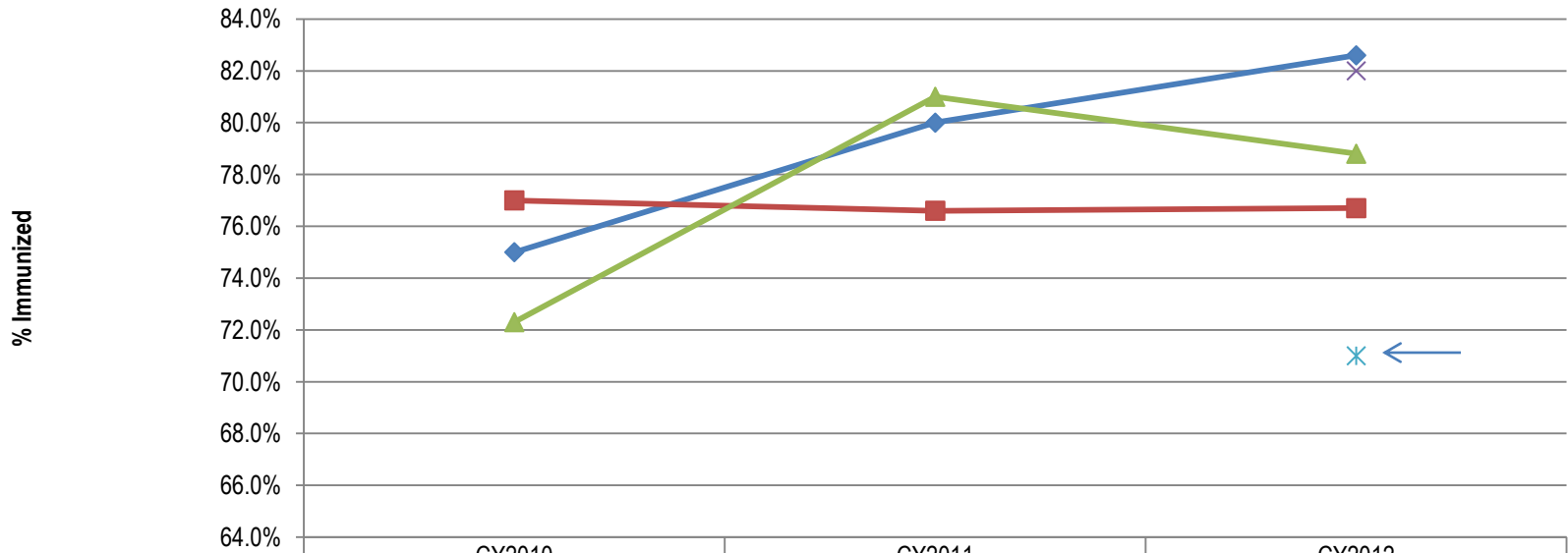
	CY2010	CY2011	CY2012
◆ Amerigroup CMO	70.2%	73.6%	68.2%
■ Peach State CMO	68.5%	67.4%	67.6%
▲ WellCare CMO	64.7%	66.2%	68.5%
× State Target			71.8%
* HEDIS 50th Percentile			72.3%

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life



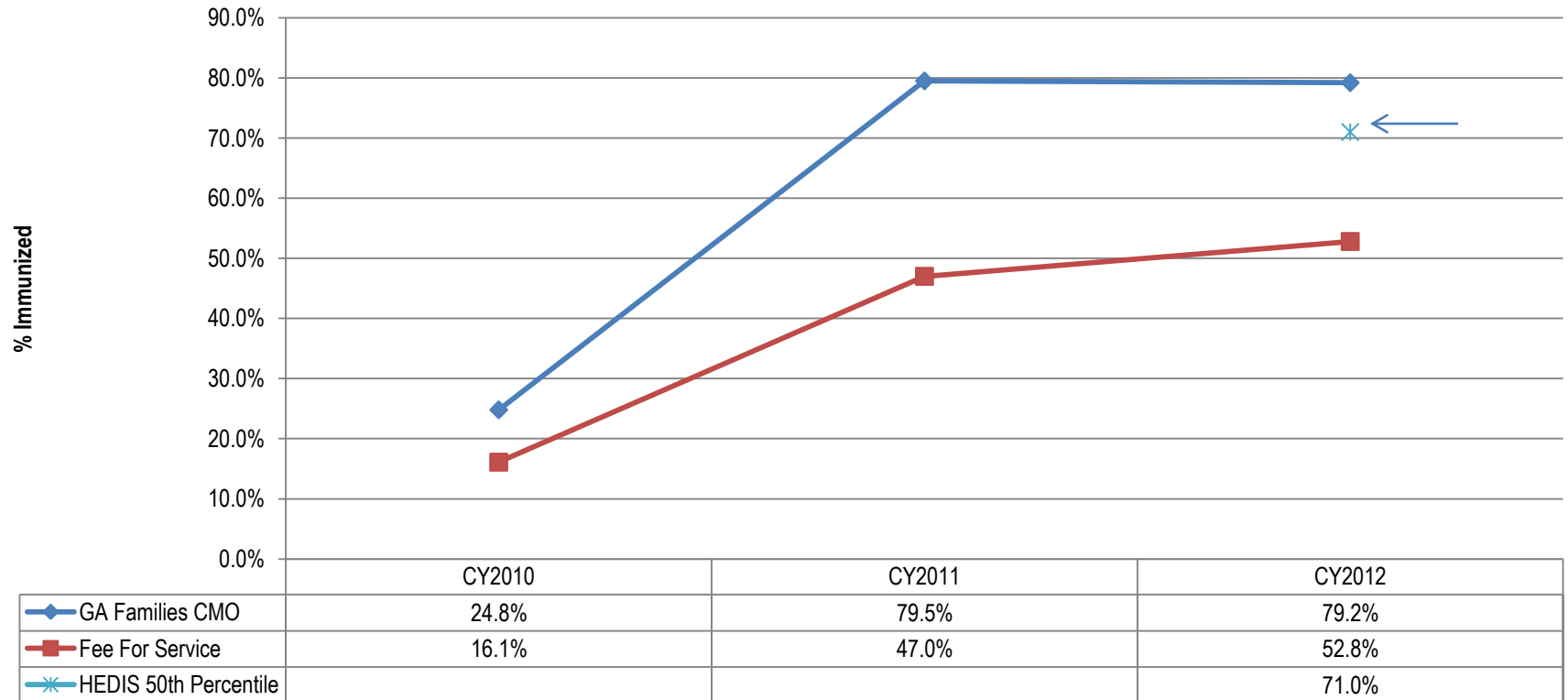
	CY2010	CY2011	CY2012
GA Families CMO	59.0%	68.1%	68.2%
Fee For Service	51.1%	54.6%	57.8%
HEDIS 50th Percentile			72.3%

Childhood Immunization Status: Combo 3

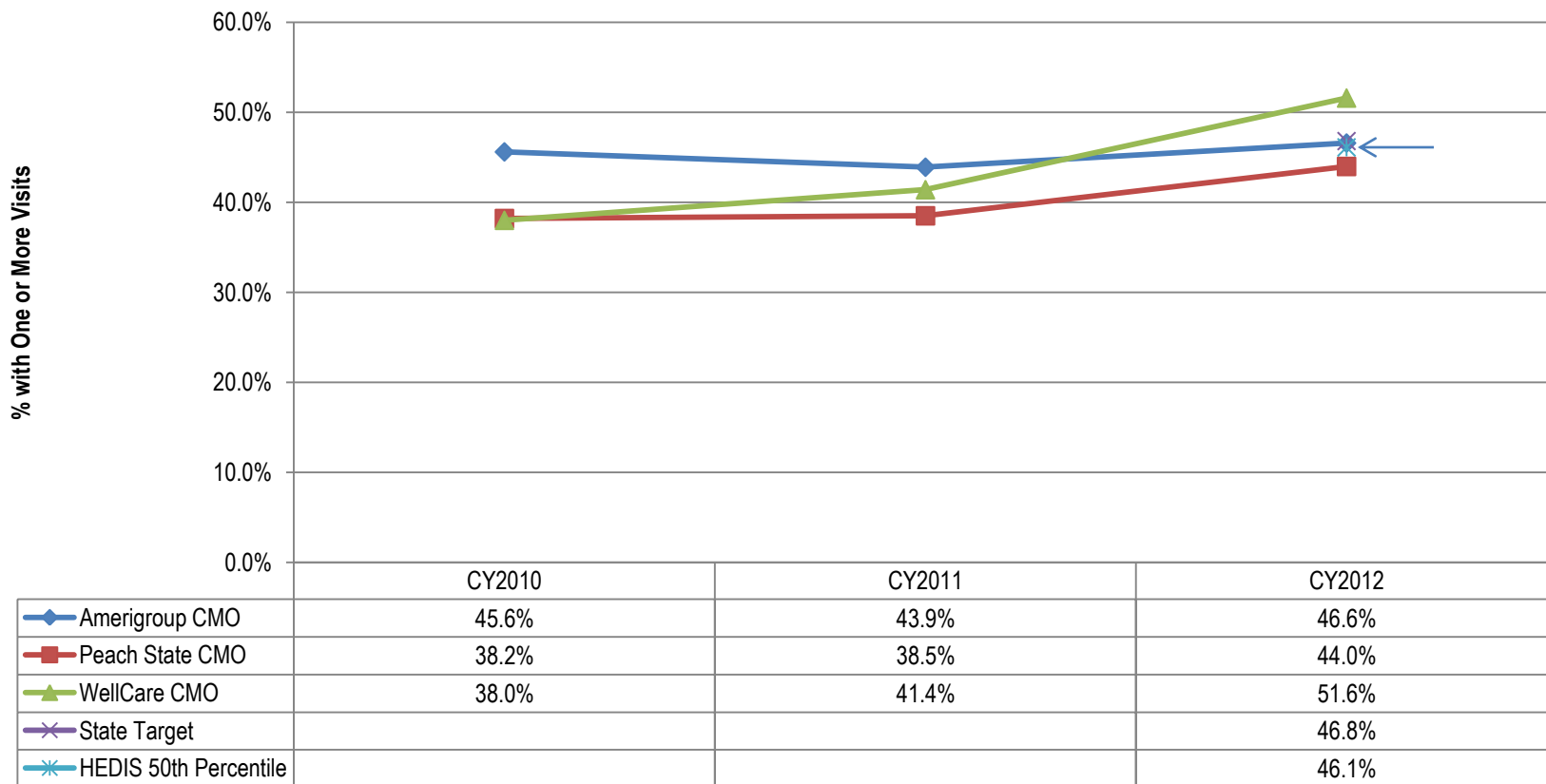


	CY2010	CY2011	CY2012
◆ Amerigroup CMO	75.0%	80.0%	82.6%
■ Peach State CMO	77.0%	76.6%	76.7%
▲ WellCare CMO	72.3%	81.0%	78.8%
✕ State Target			82.0%
✧ HEDIS 50th Percentile			71.0%

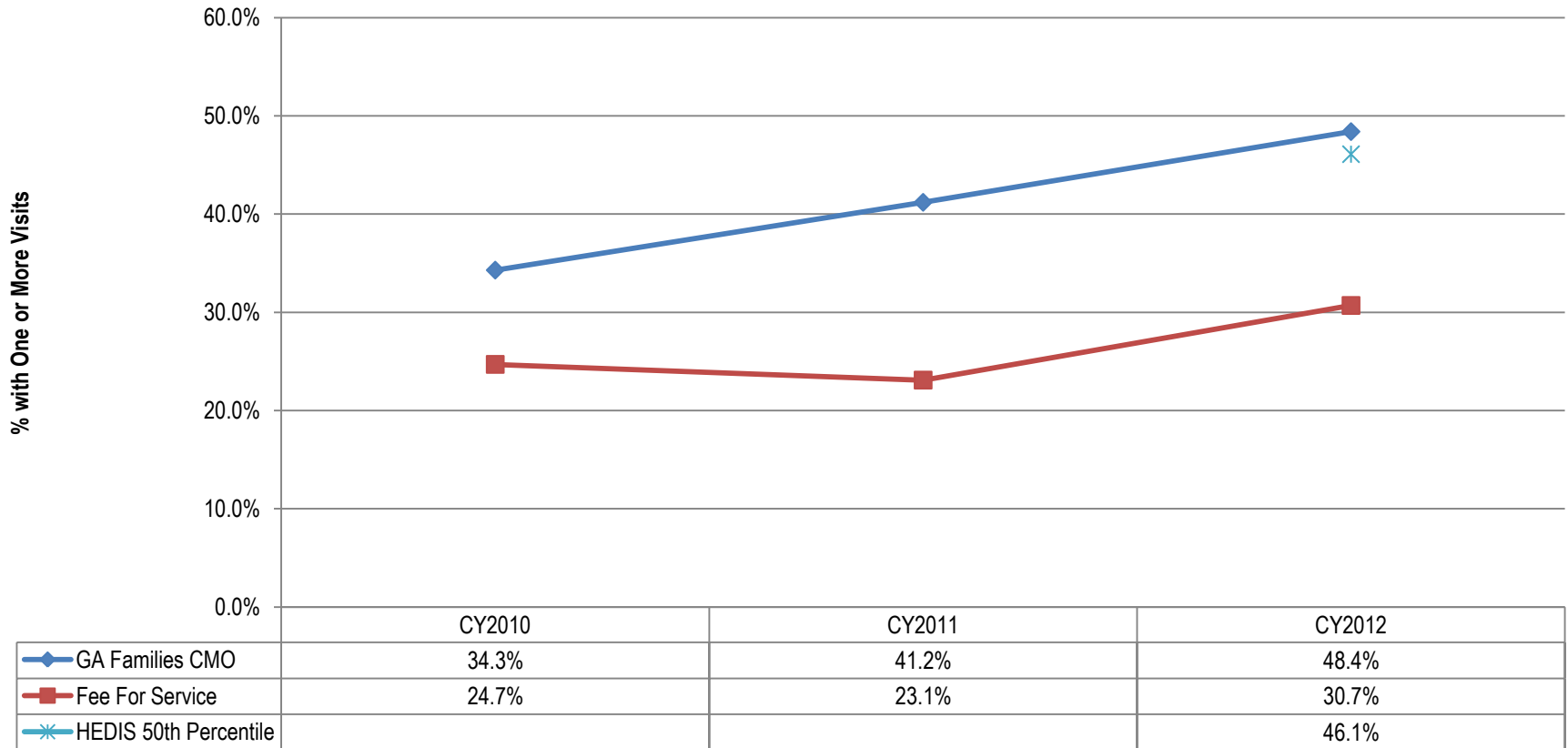
Childhood Immunization Status: Combo 3



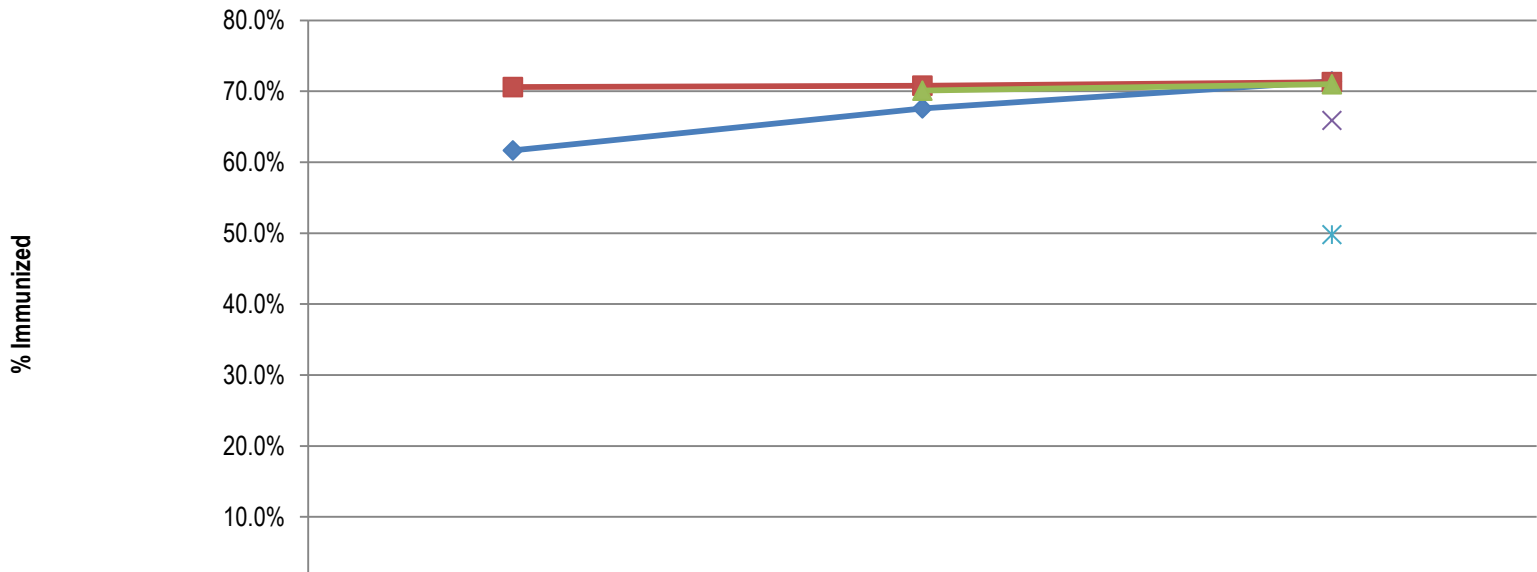
Adolescent Well-Care Visits



Adolescent Well-Care Visits

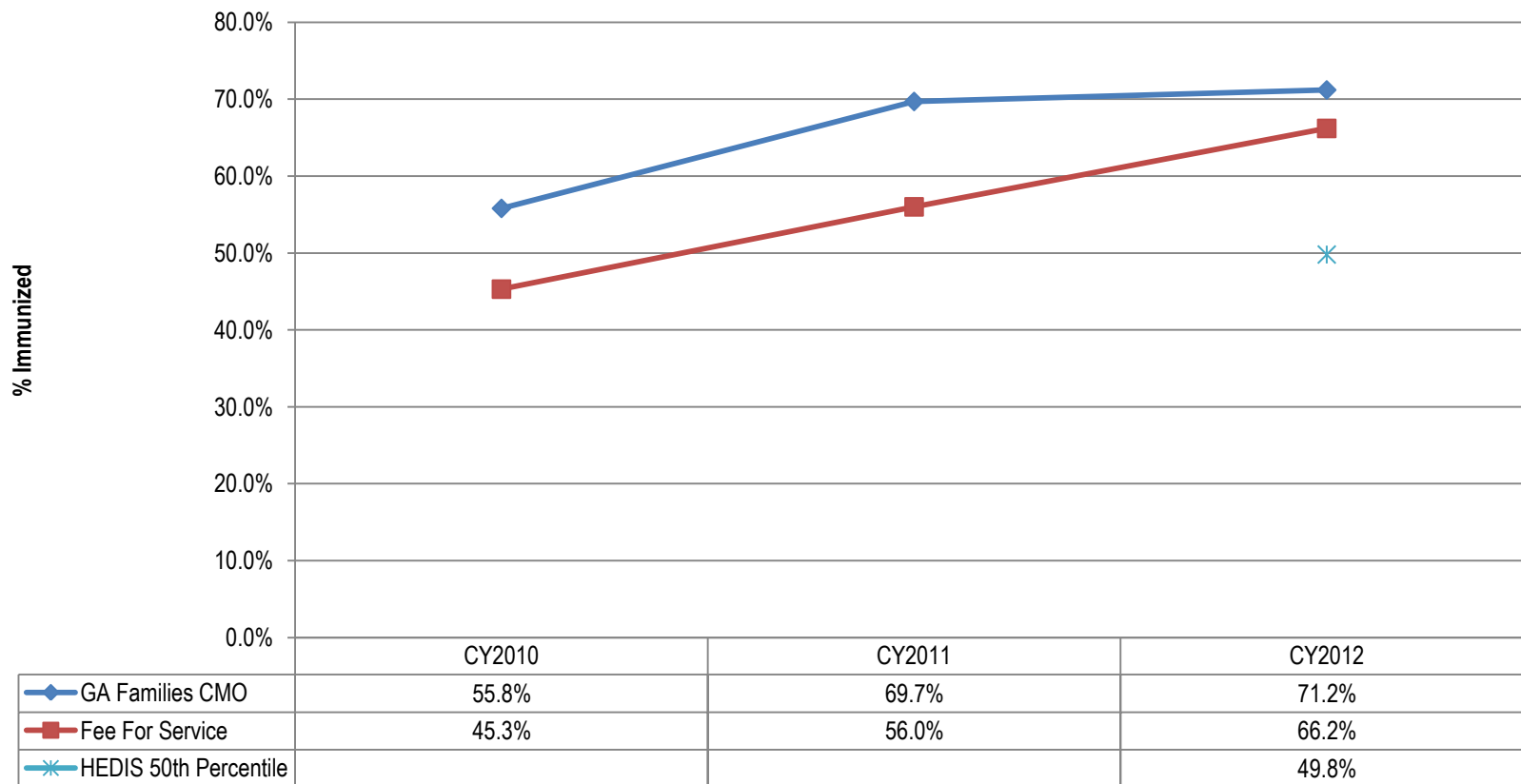


Adolescent Immunizations: Combo 1



	CY2010	CY2011	CY2012
◆ Amerigroup CMO	61.7%	67.6%	71.4%
■ Peach State CMO	70.6%	70.8%	71.3%
▲ WellCare CMO		70.1%	71.0%
✕ State Target			65.9%
* HEDIS 50th Percentile			49.8%

Adolescent Immunizations: Combo 1

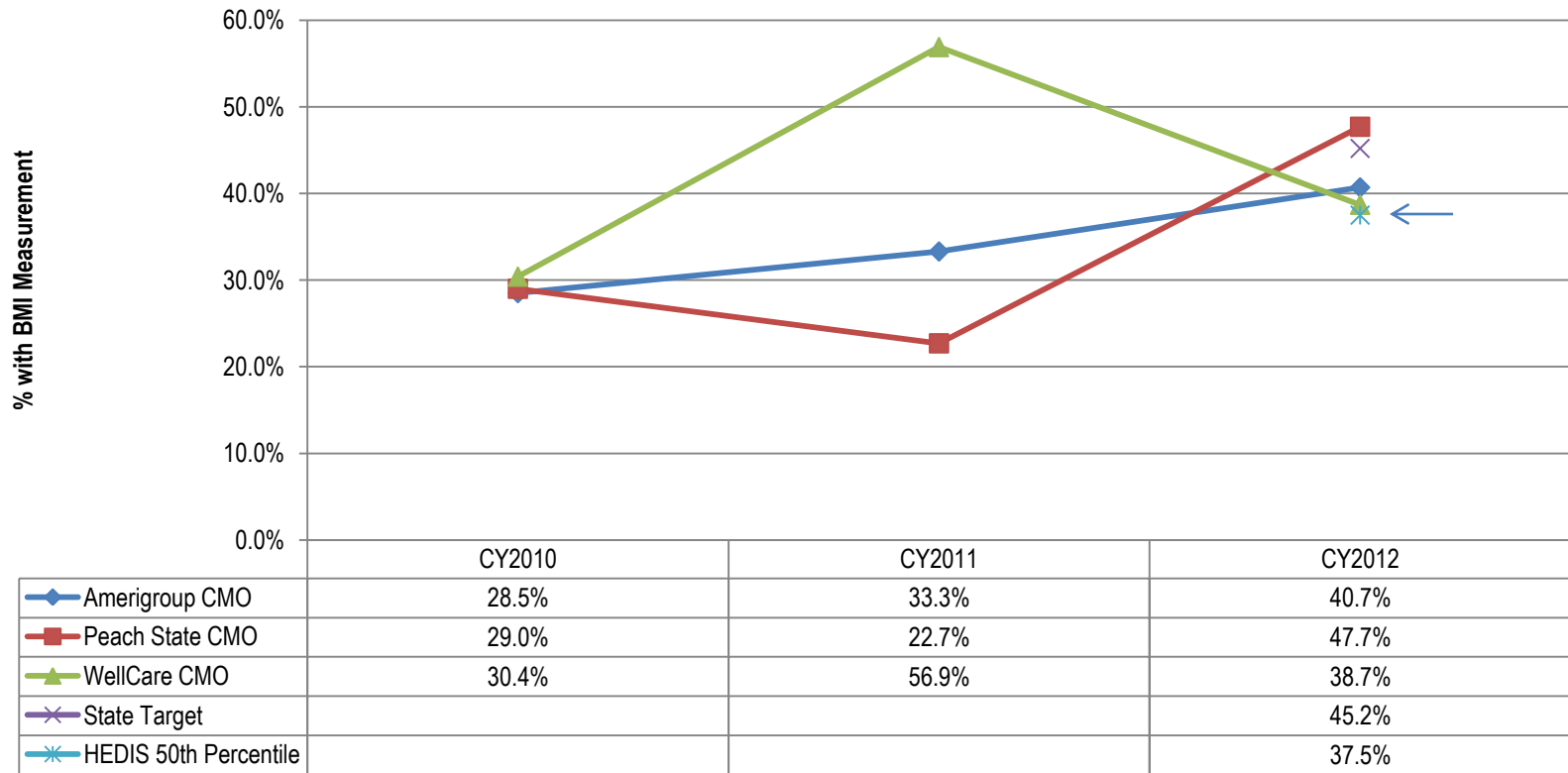


Human Papillomavirus Vaccine (HPV) for Female Adolescents CY2012

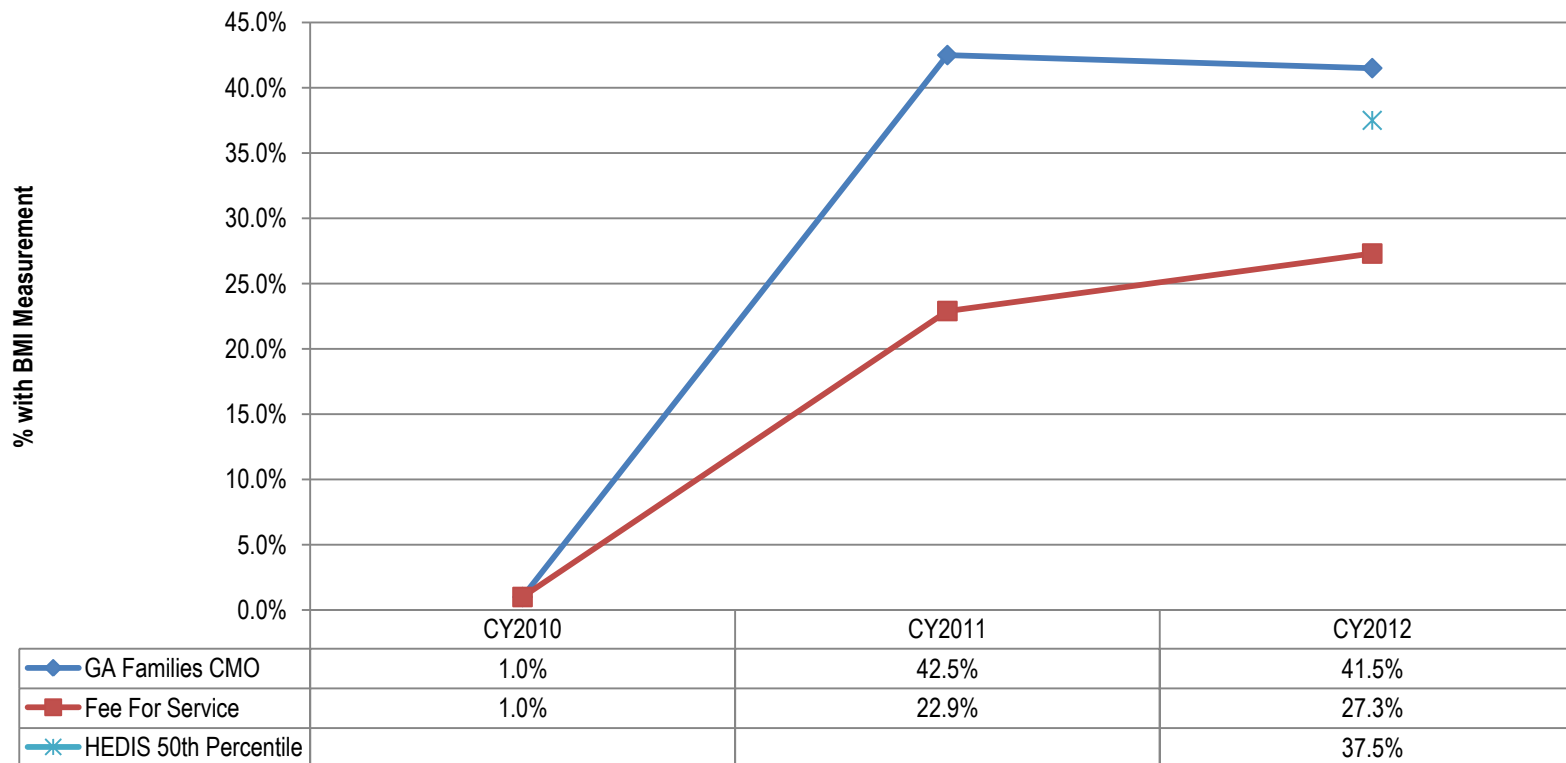
Amerigroup	16.71%
Peach State	17.82%
WellCare	19.95%
HEDIS 50 th Percentile	18.09%



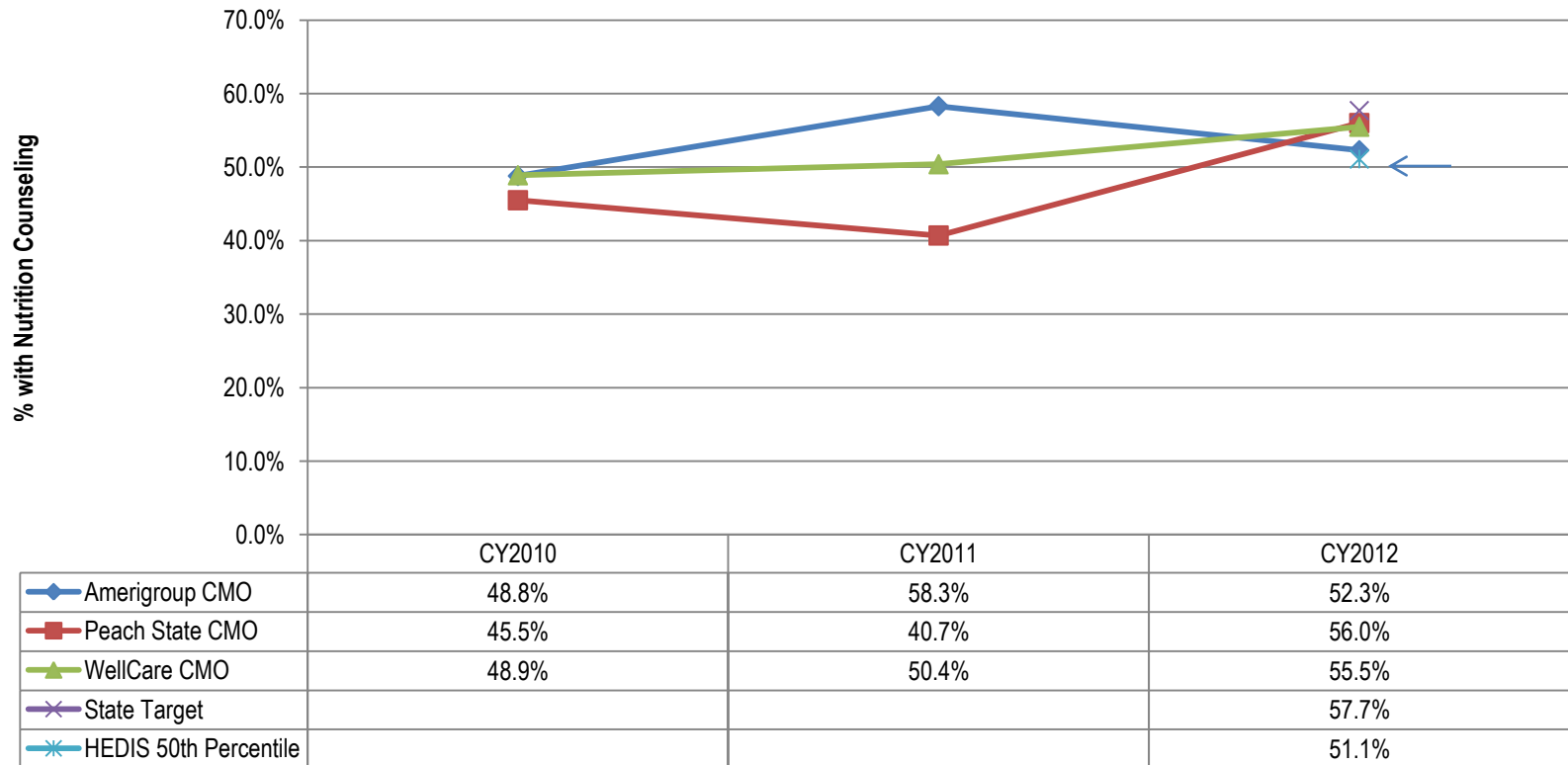
Weight Assessment for Children and Adolescents: BMI Percentile



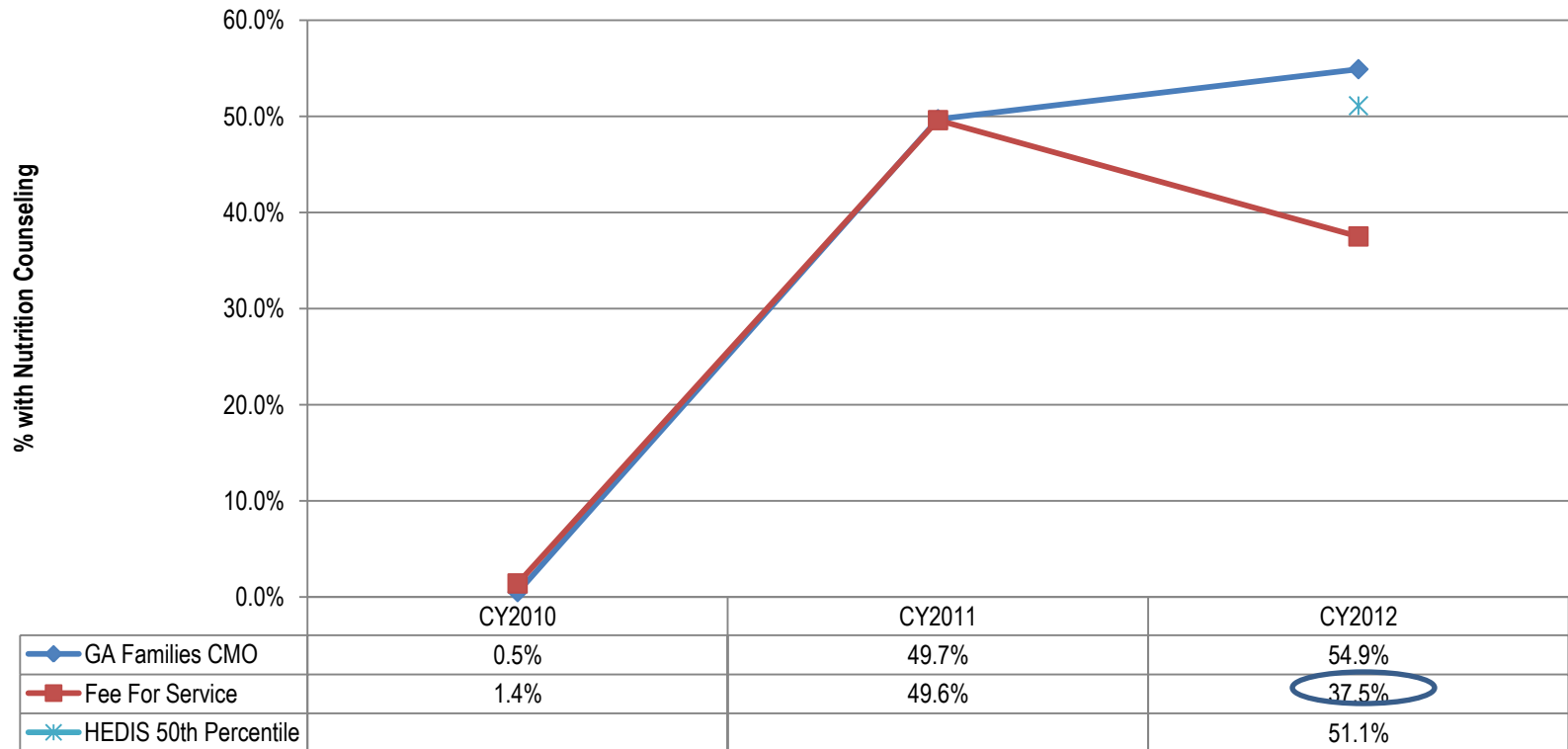
Weight Assessment for Children and Adolescents: BMI Percentile



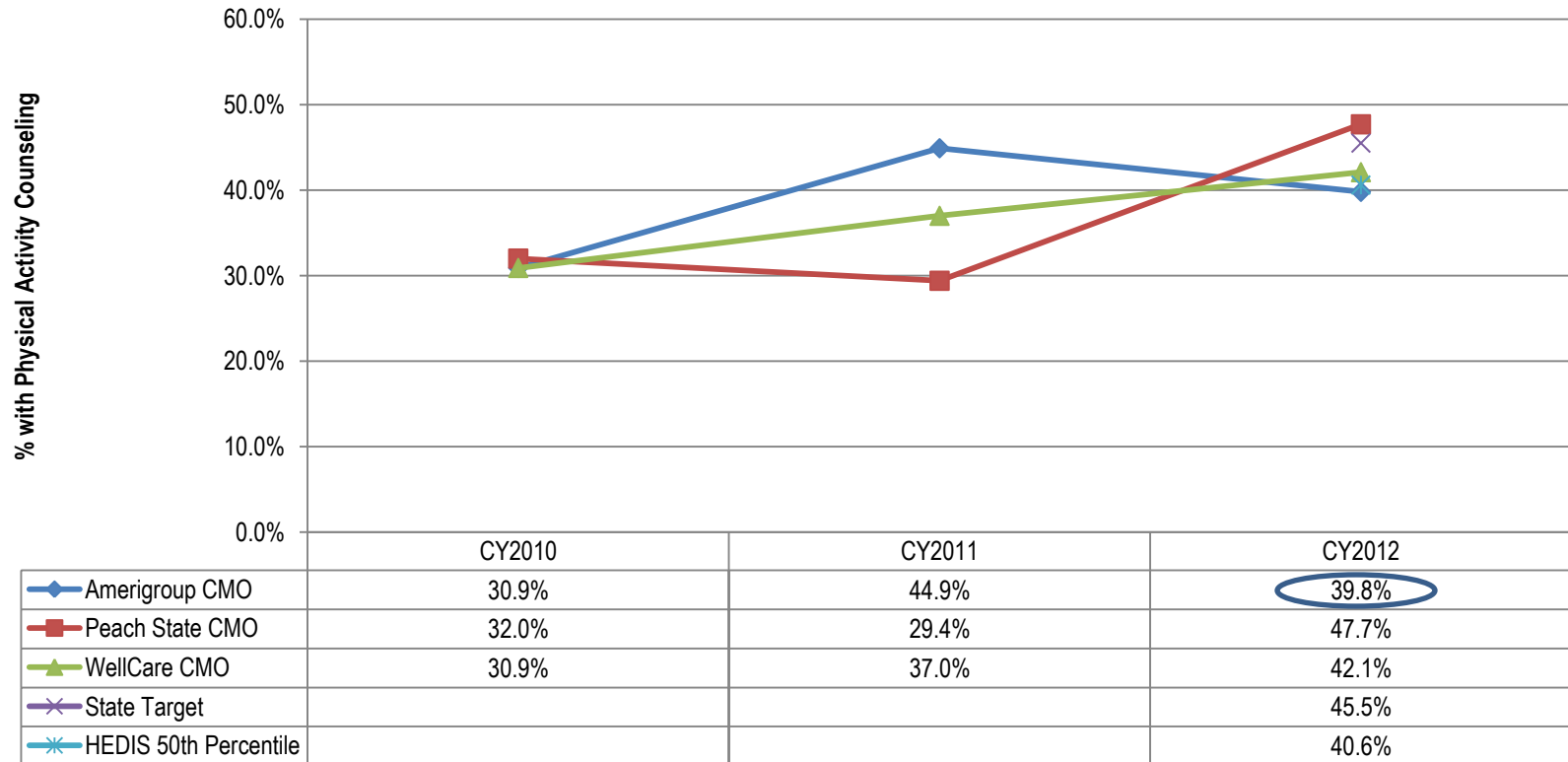
Counseling for Nutrition for Children and Adolescents



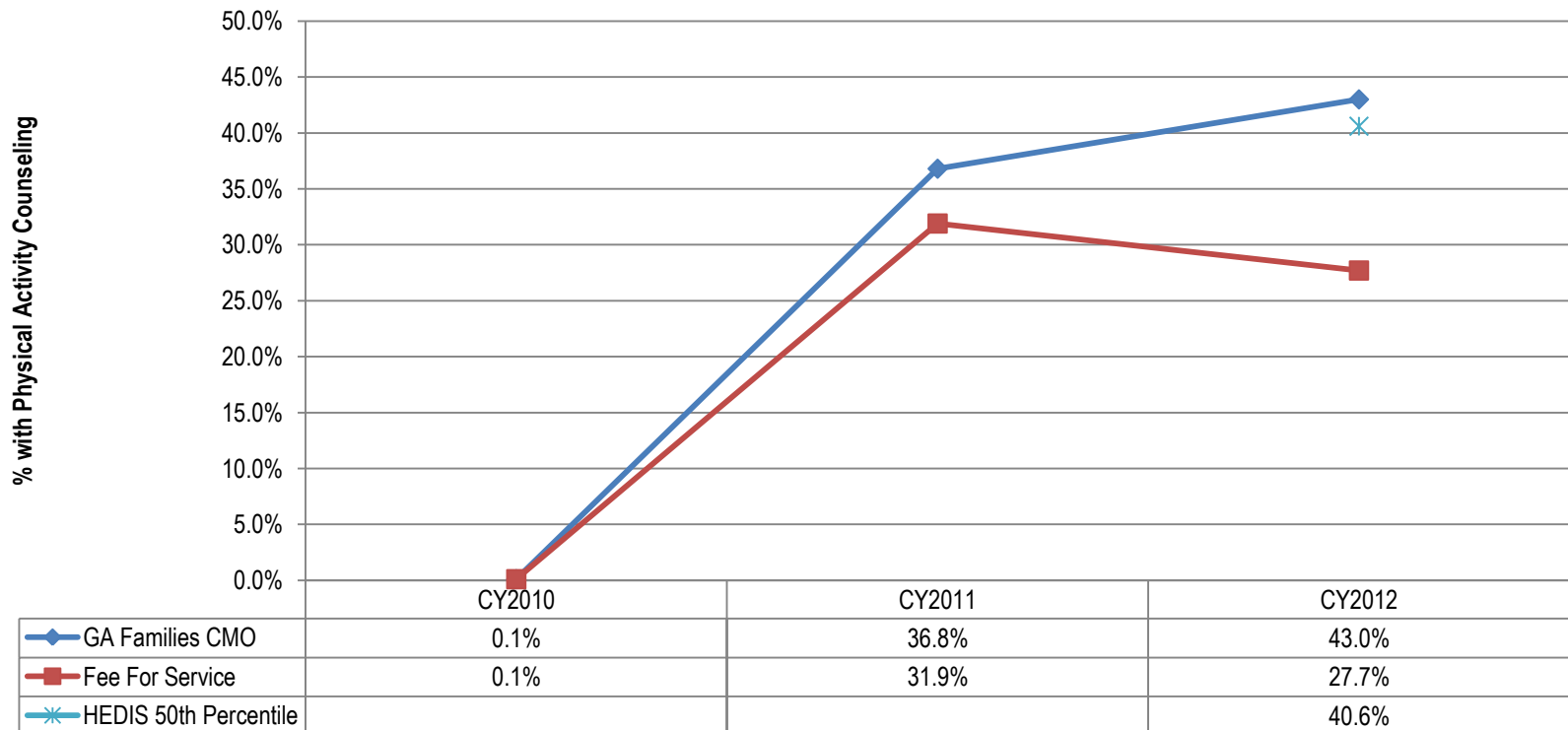
Counseling for Nutrition for Children and Adolescents



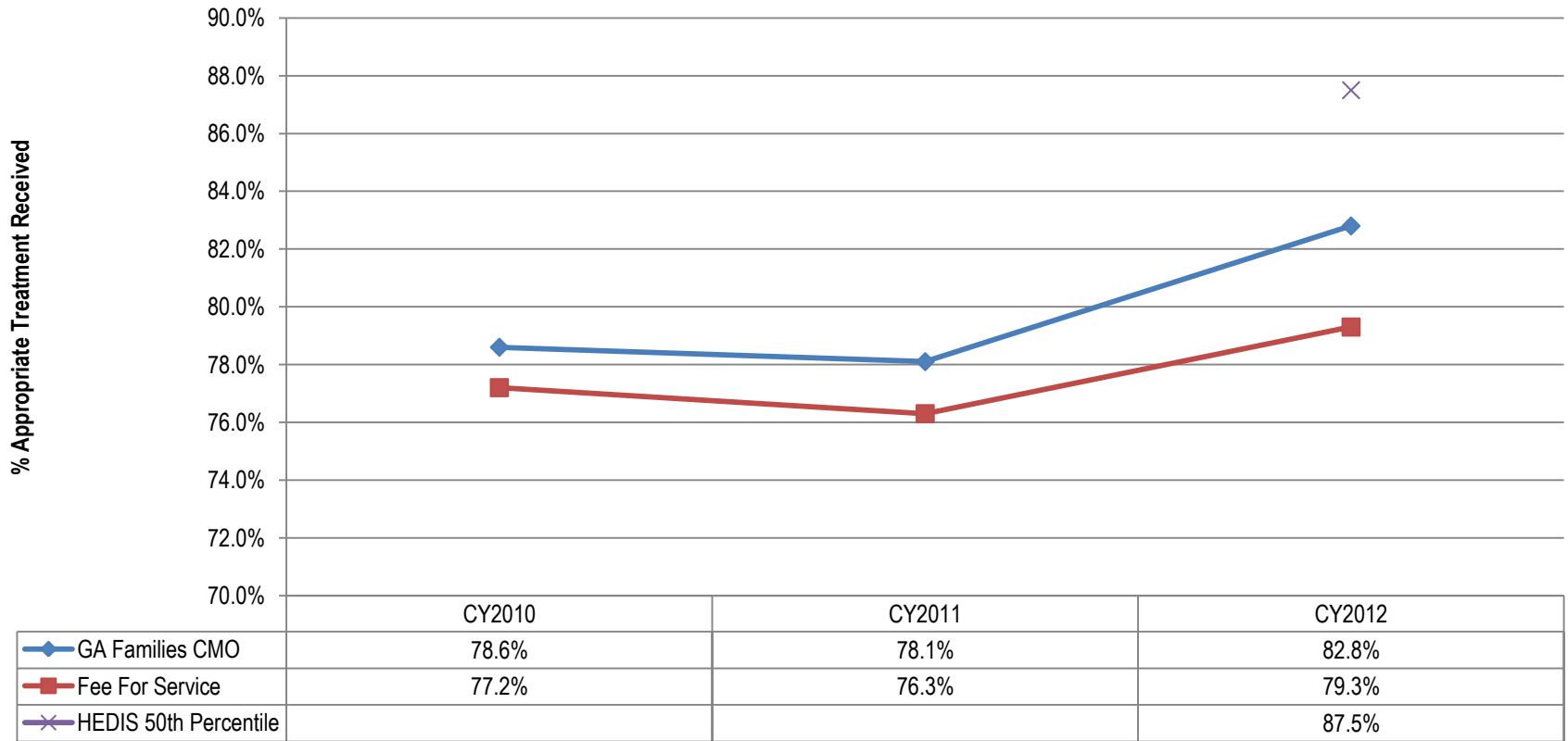
Counseling for Physical Activity for Children and Adolescents



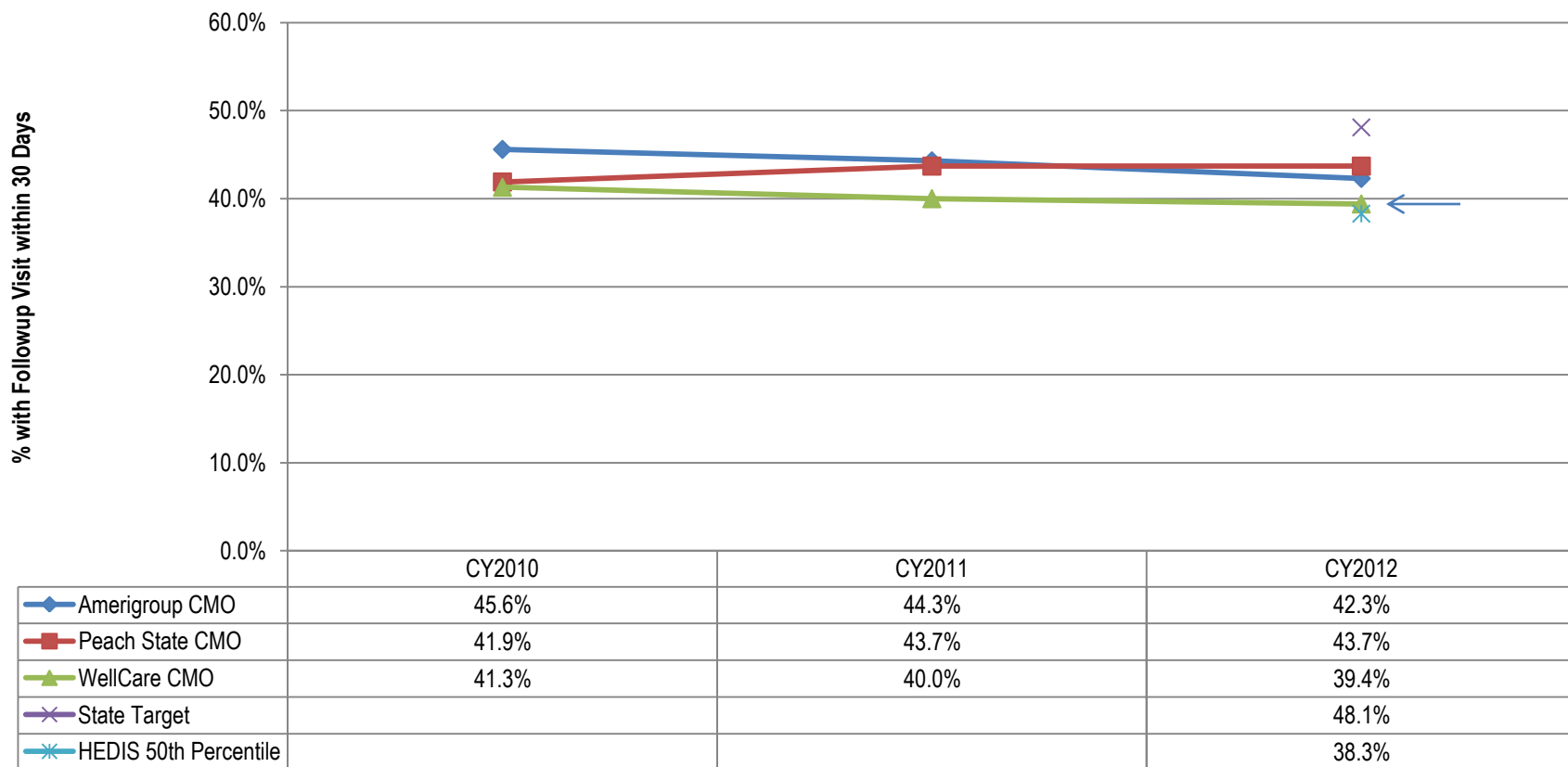
Counseling for Physical Activity for Children and Adolescents



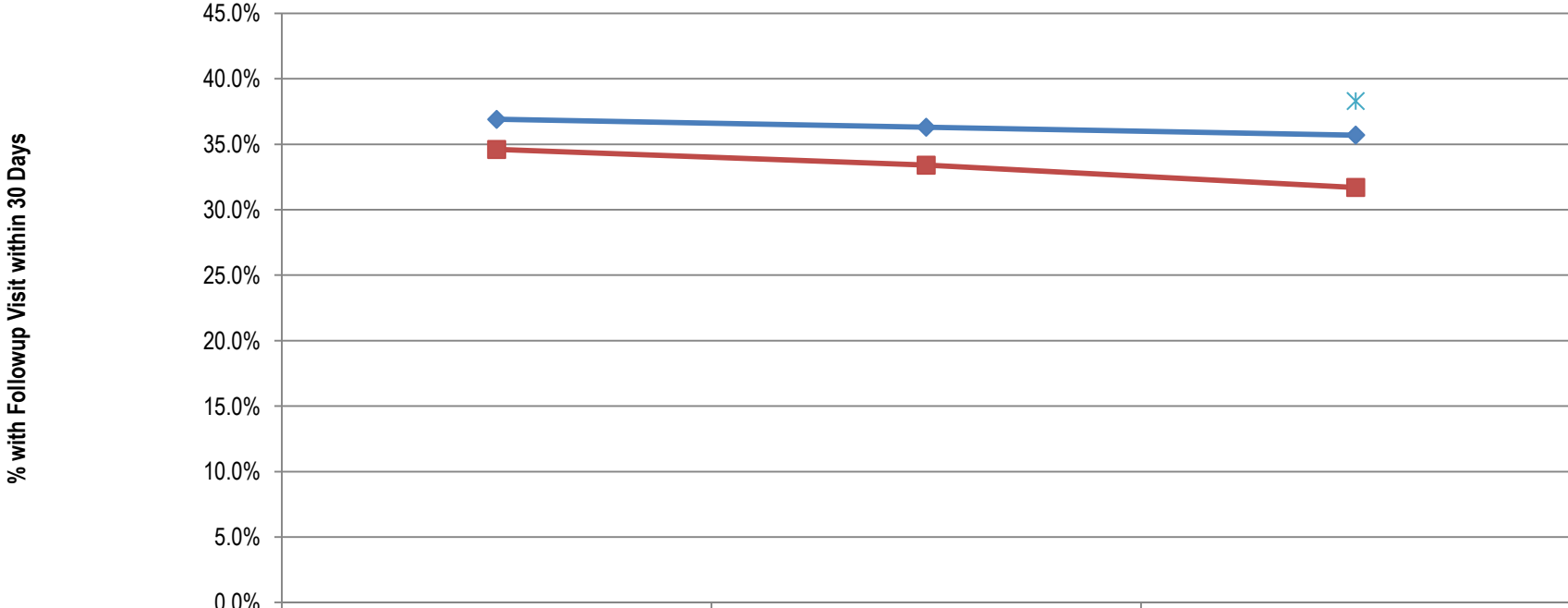
Appropriate Treatment for Children with Upper Respiratory Infection



Followup Care for Children Prescribed ADHD Medication: Initiation Phase

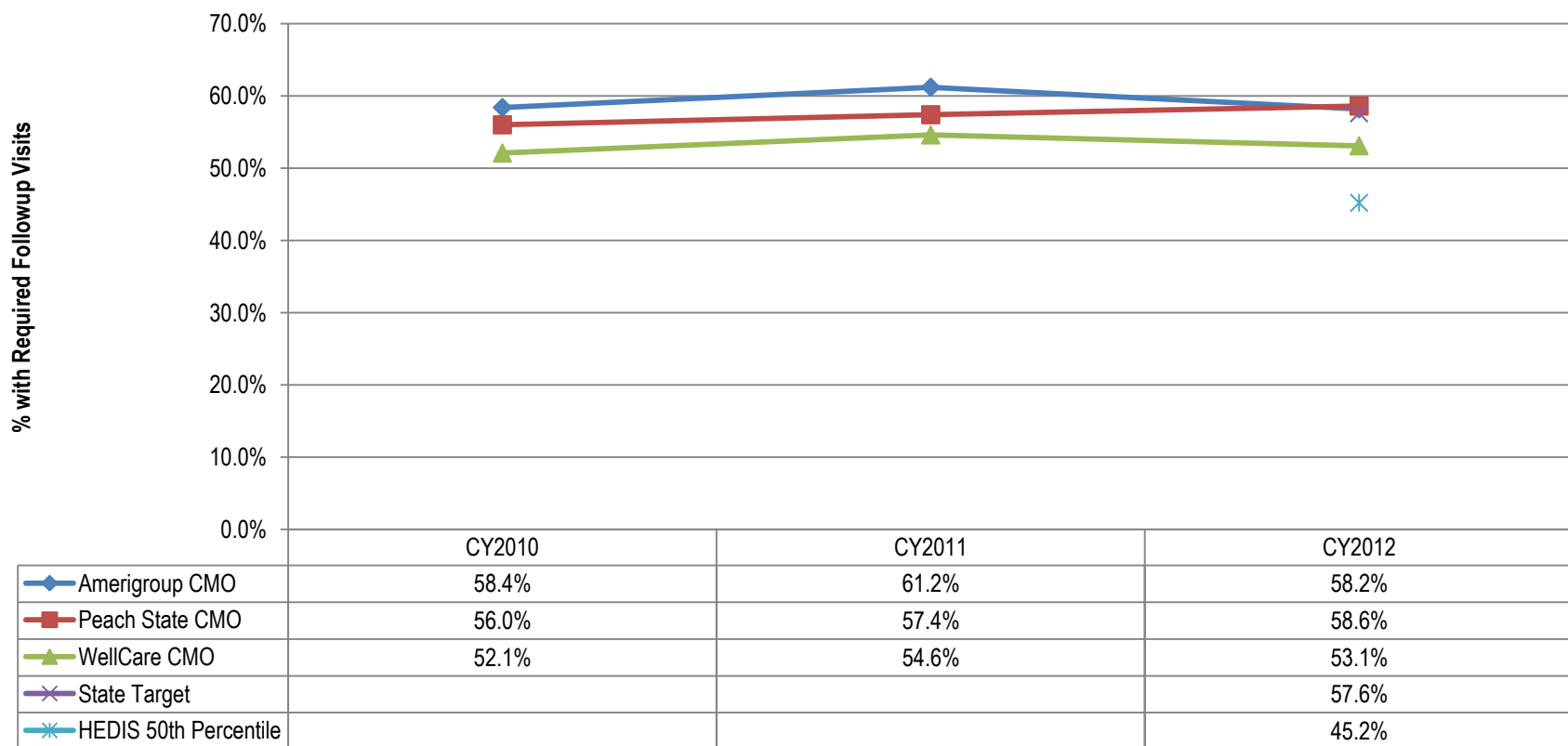


Followup Care for Children Prescribed ADHD Medication: Initiation Phase

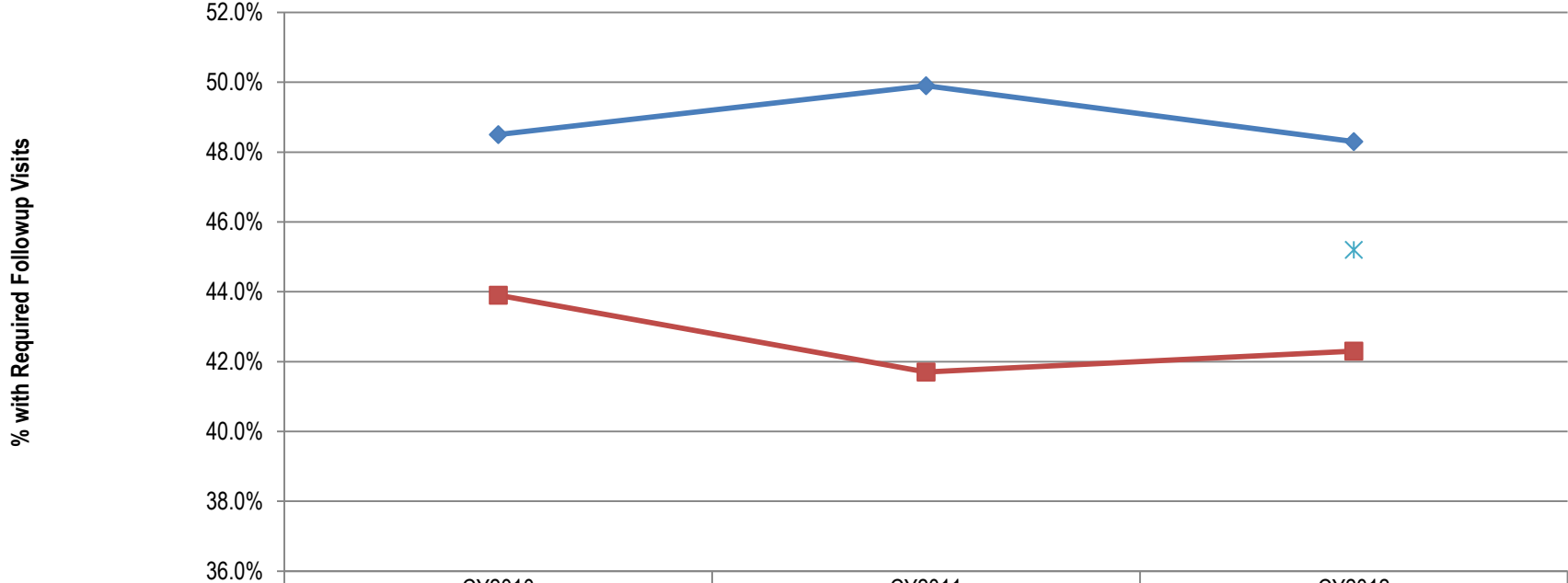


	CY2010	CY2011	CY2012
GA Families CMO	36.9%	36.3%	35.7%
Fee For Service	34.6%	33.4%	31.7%
HEDIS 50th Percentile			38.3%

Followup Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase

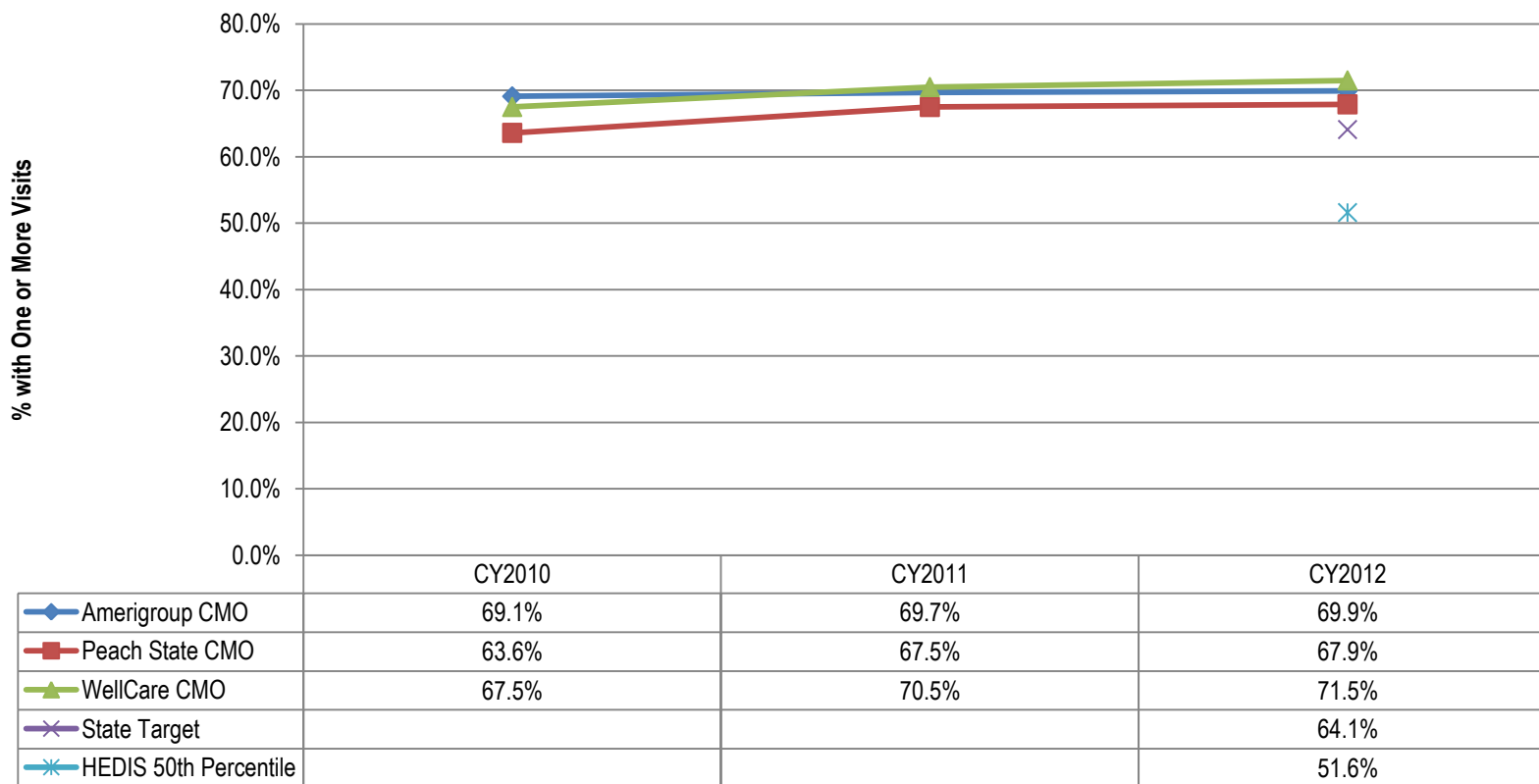


Followup Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase

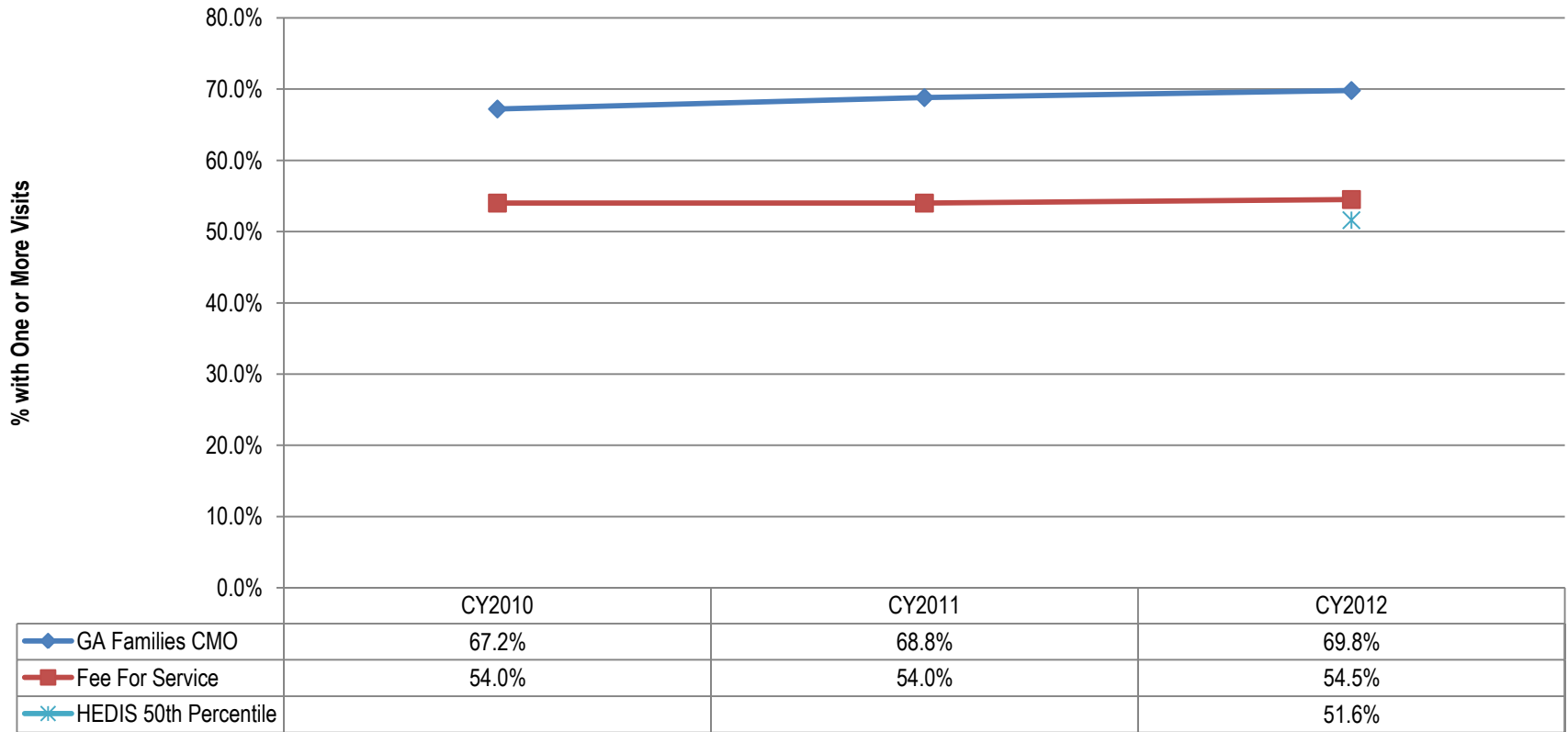


	CY2010	CY2011	CY2012
GA Families CMO	48.5%	49.9%	48.3%
Fee For Service	43.9%	41.7%	42.3%
HEDIS 50th Percentile			45.2%

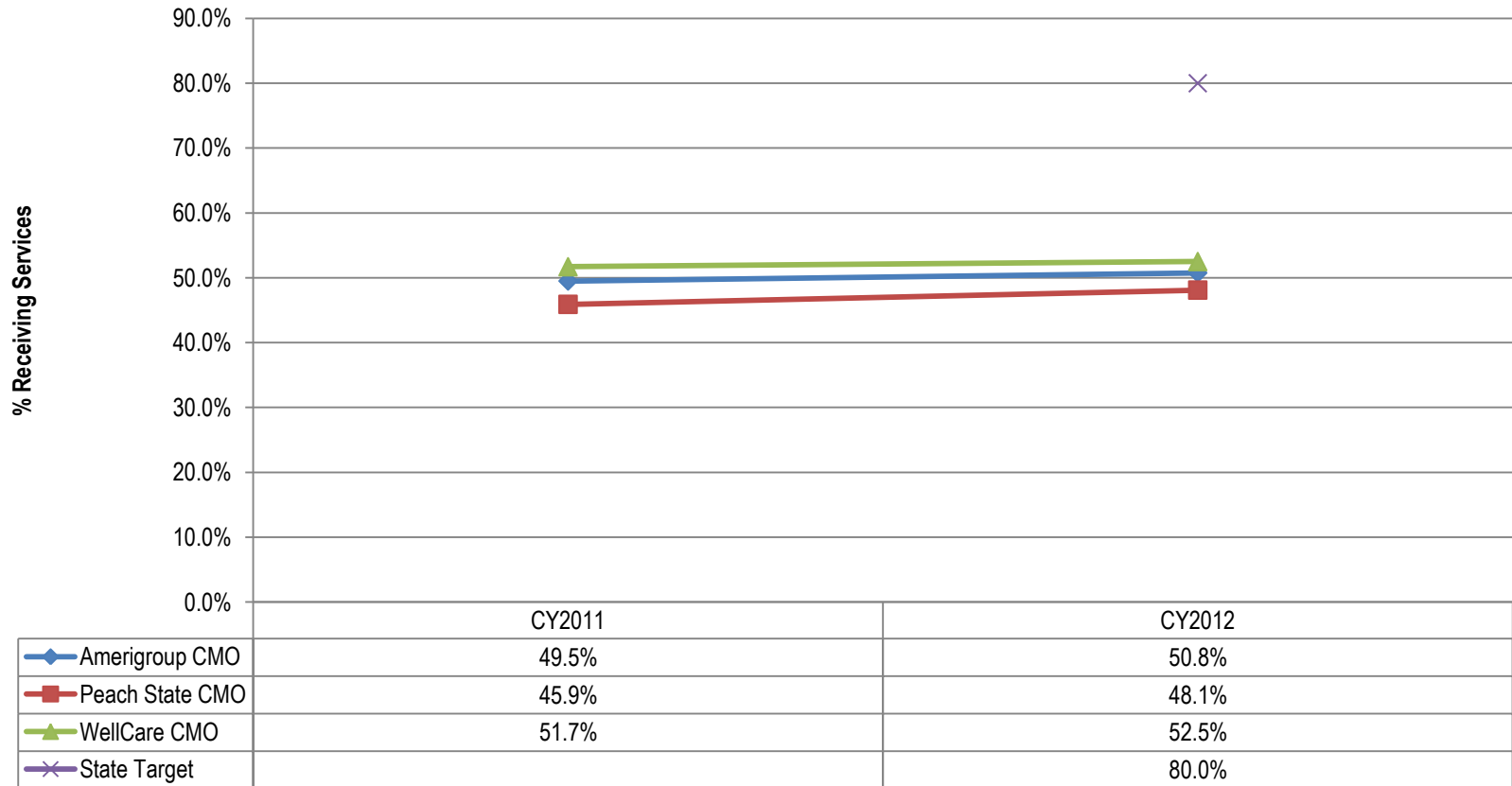
Annual Dental Visit: Ages 2 to 21 Years



Annual Dental Visit: Ages 2 to 21 Years



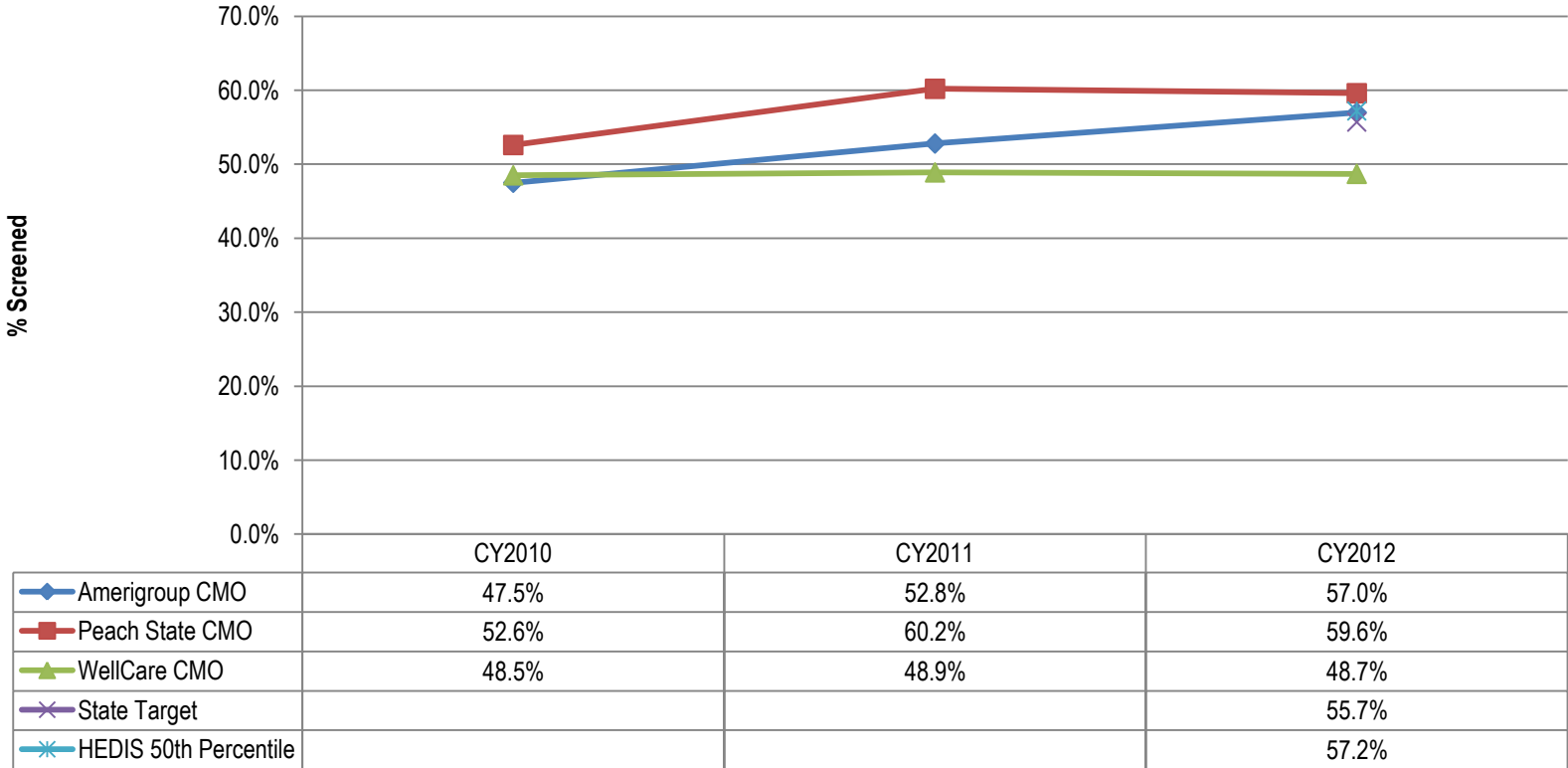
Total Eligibles Receiving Preventive Dental Treatment Services



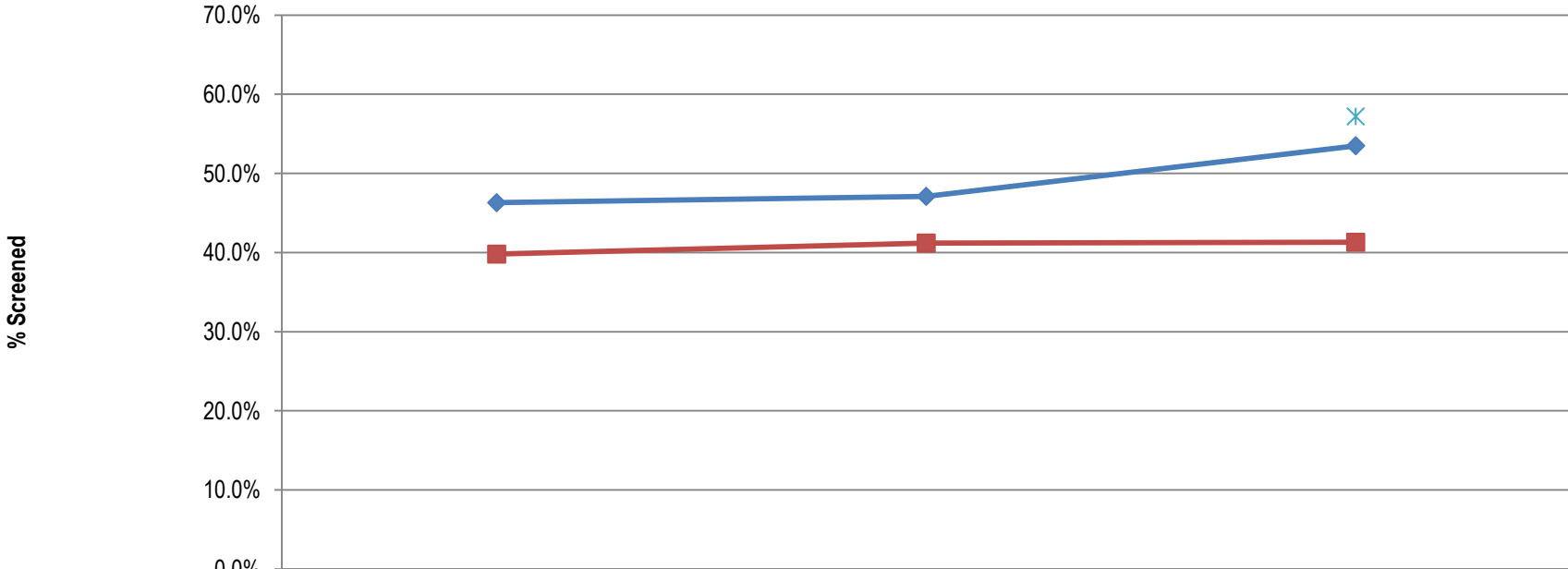


Services for Adults

Chlamydia Screening in Women: Age 16 to 24 Years

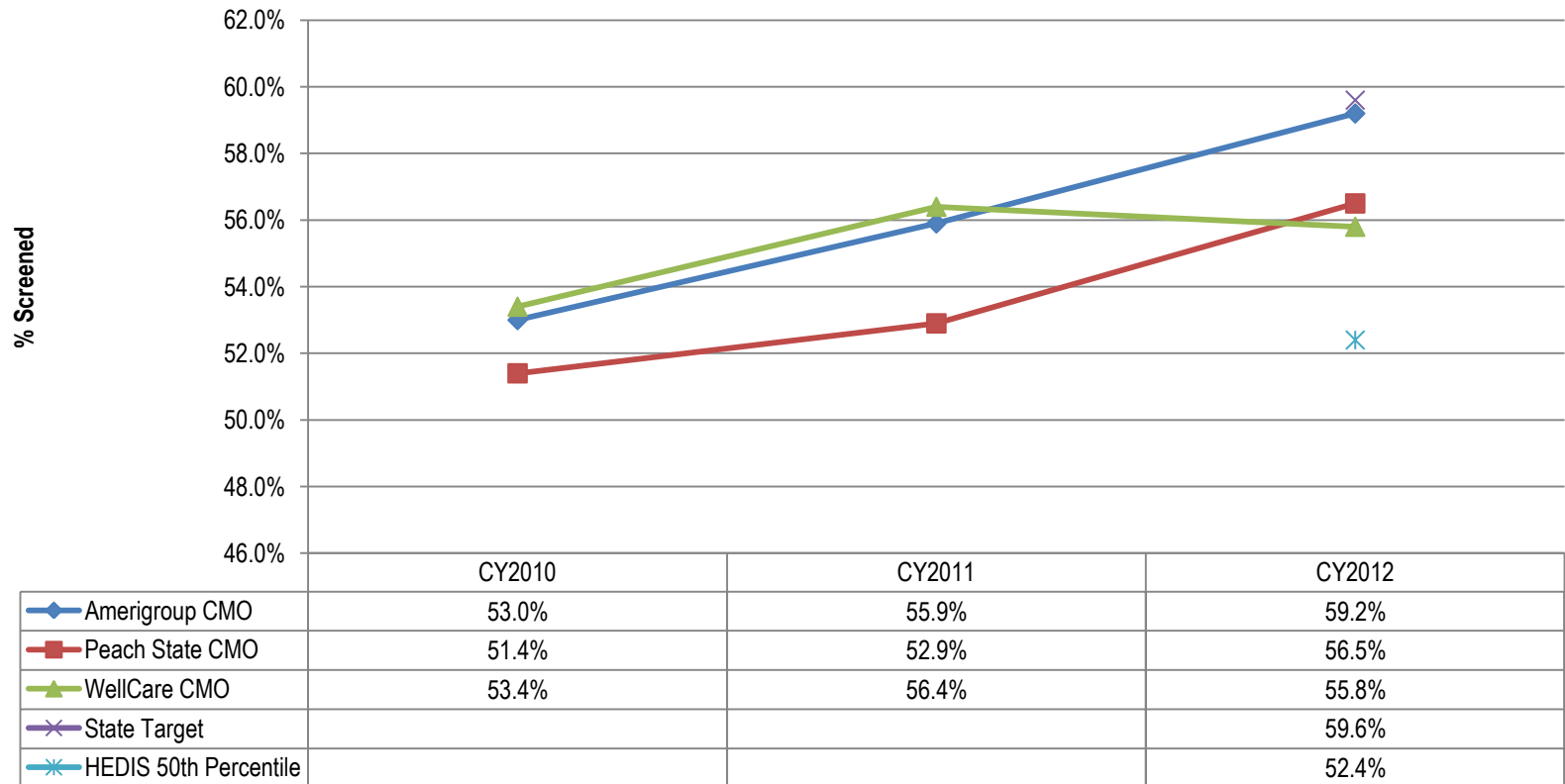


Chlamydia Screening in Women: Age 16 to 24 Years

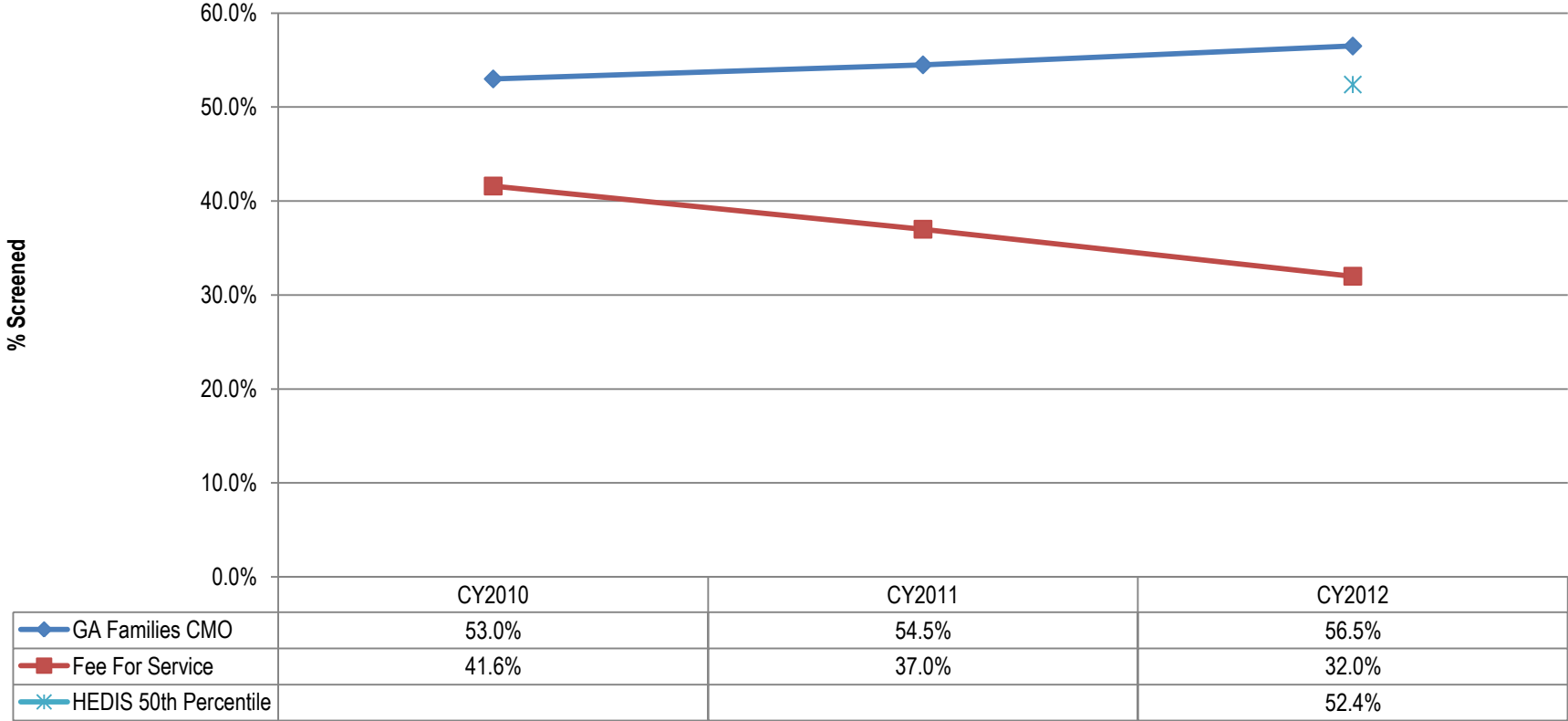


	CY2010	CY2011	CY2012
GA Families CMO	46.3%	47.1%	53.5%
Fee For Service	39.8%	41.2%	41.3%
HEDIS 50th Percentile			57.2%

Breast Cancer Screening: Age 40 to 69 Years



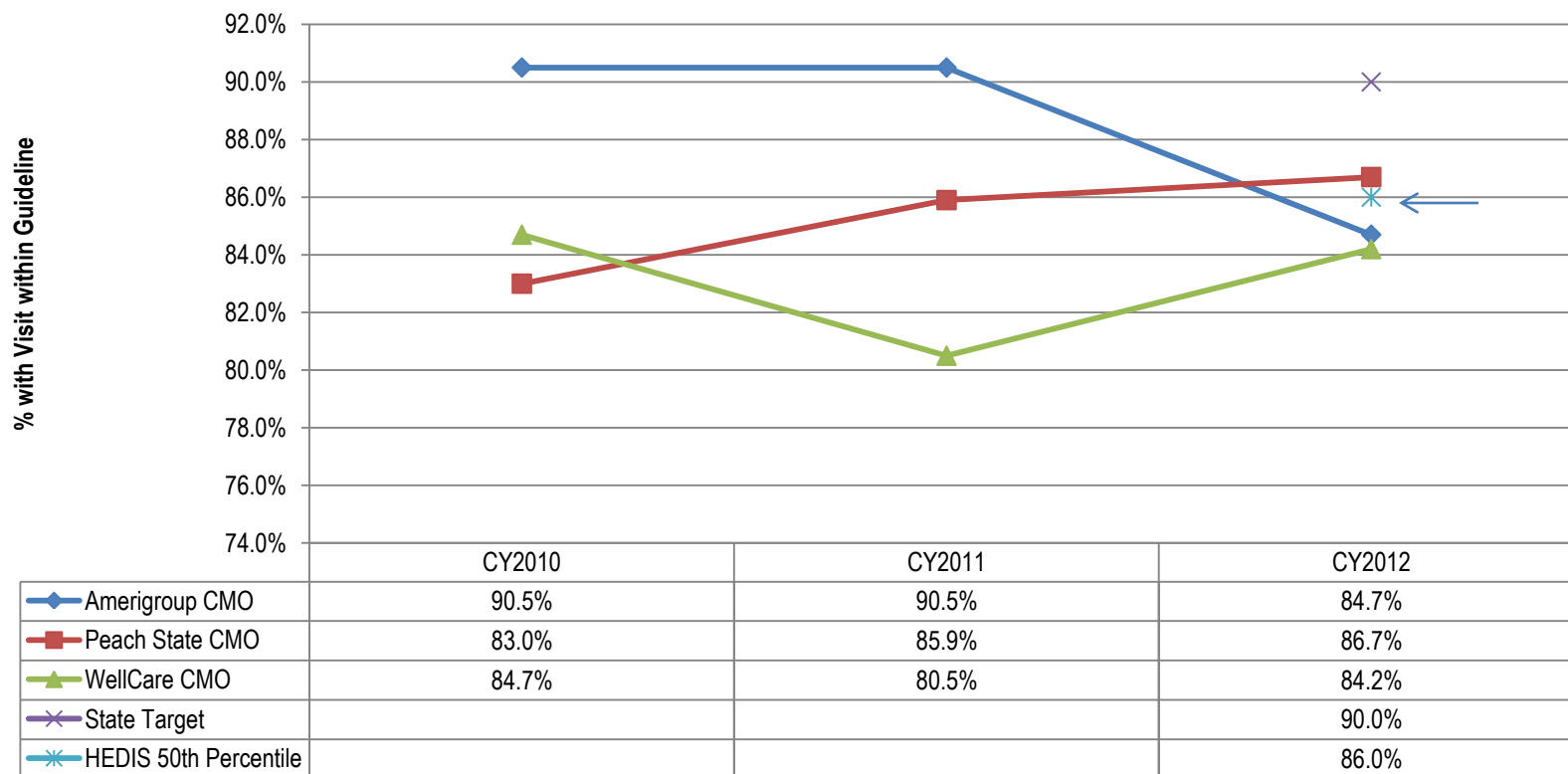
Breast Cancer Screening: Age 40 to 69 Years



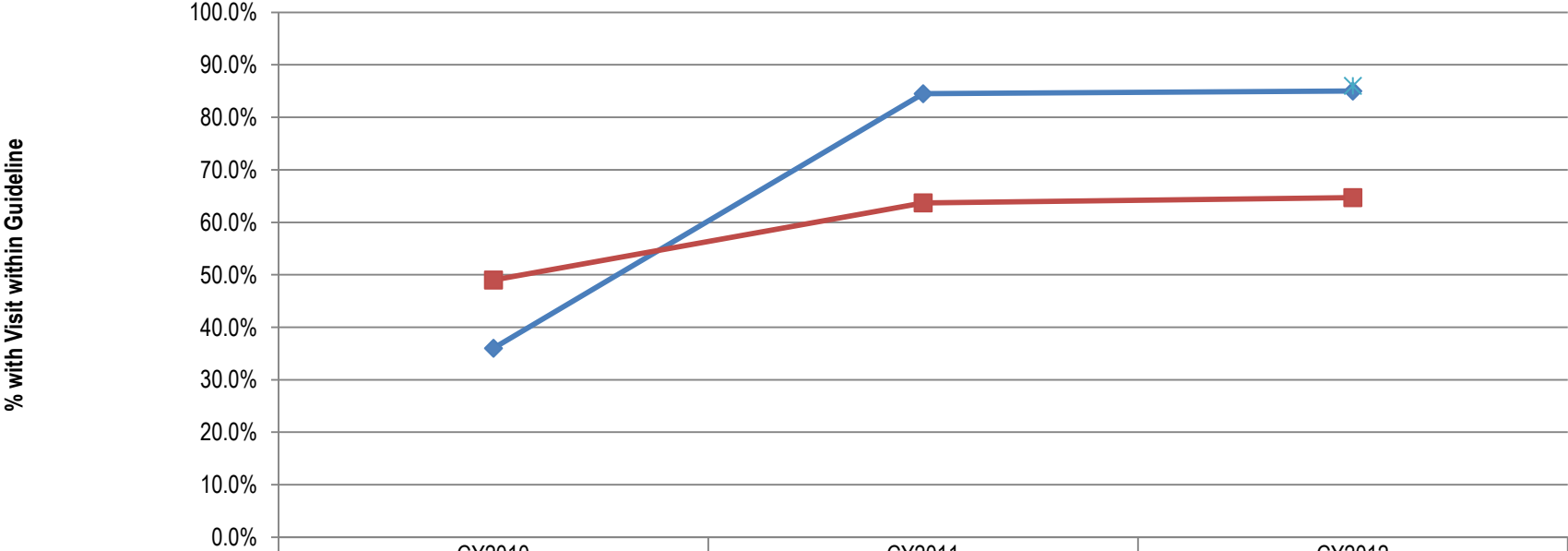


Pregnancy and Birth Outcomes

Timeliness of Prenatal Care

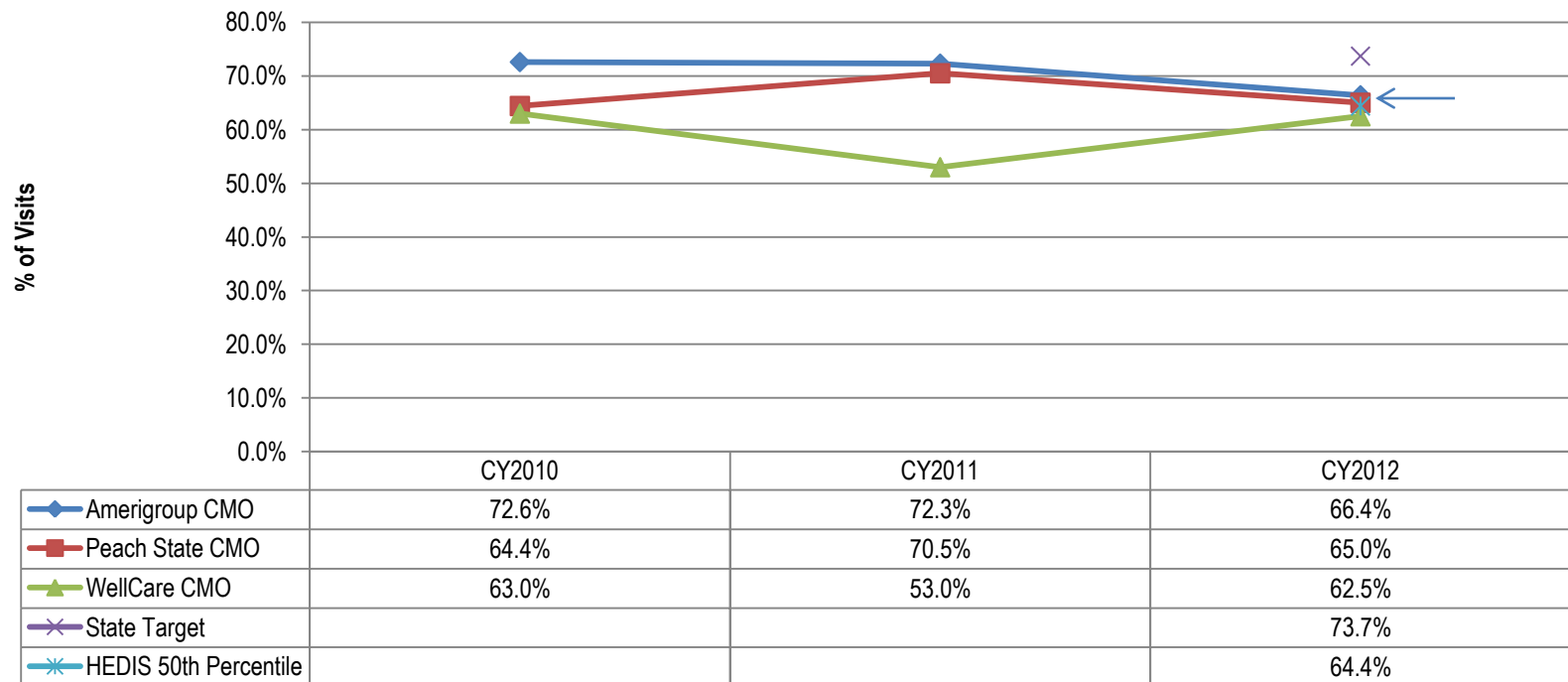


Timeliness of Prenatal Care

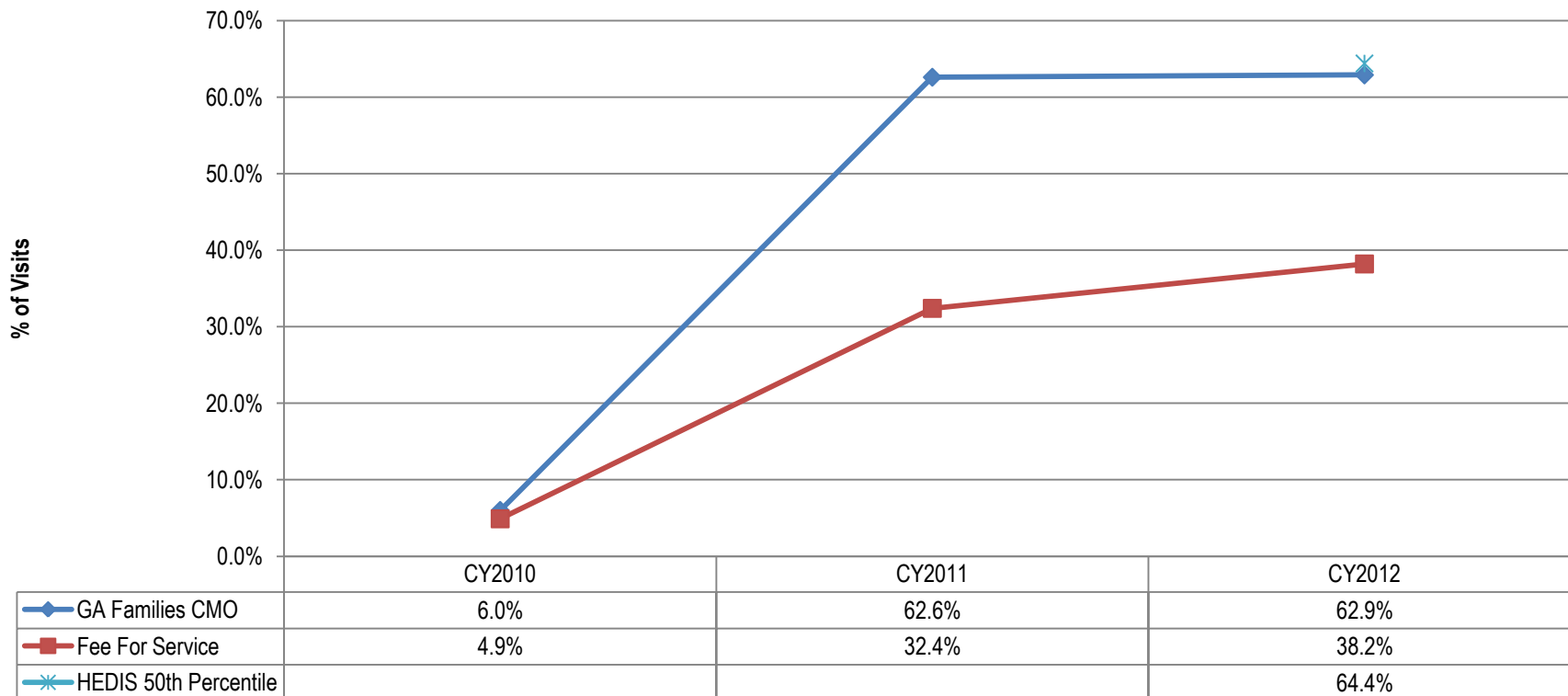


	CY2010	CY2011	CY2012
GA Families CMO	36.0%	84.5%	85.0%
Fee For Service	49.0%	63.7%	64.7%
HEDIS 50th Percentile			86.0%

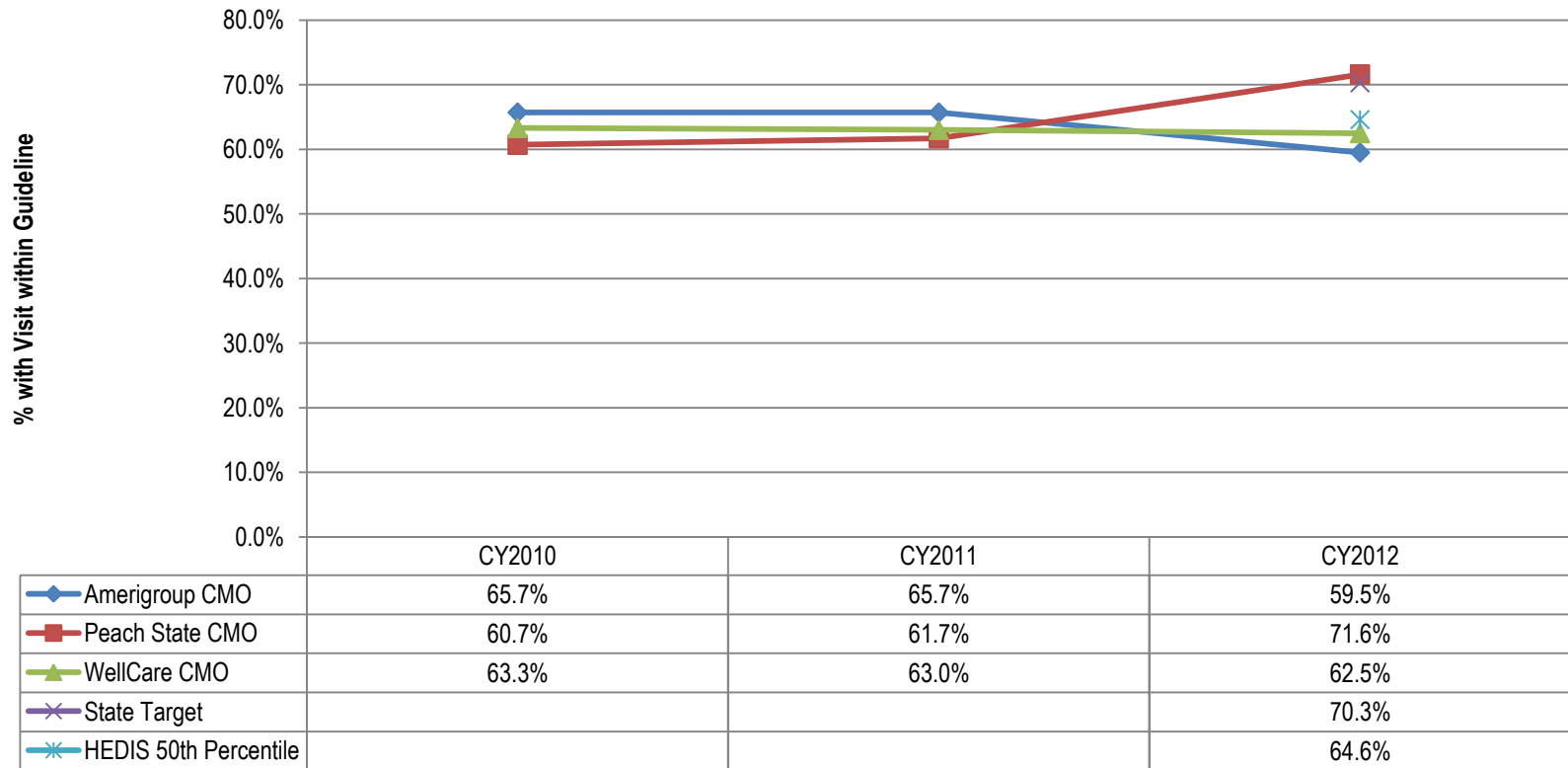
Frequency of Ongoing Prenatal Care: More Than 81% of Expected Visits



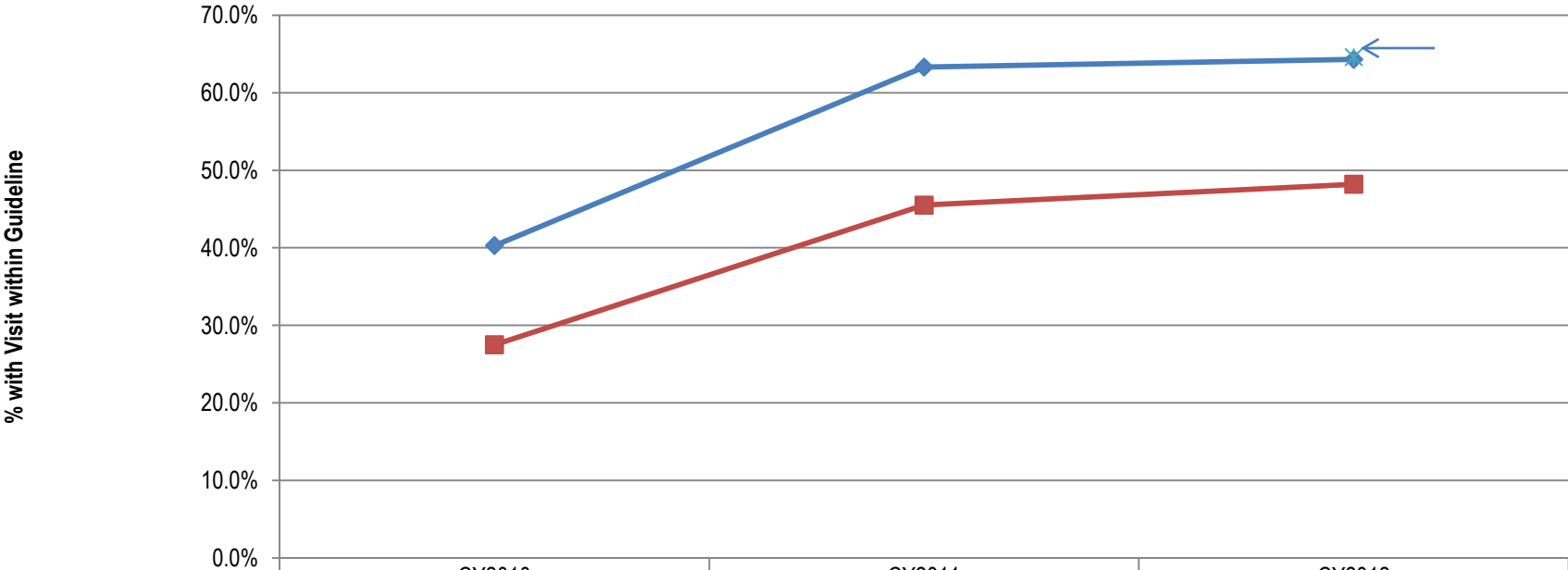
Frequency of Ongoing Prenatal Care: More Than 81% of Expected Visits



Postpartum Care

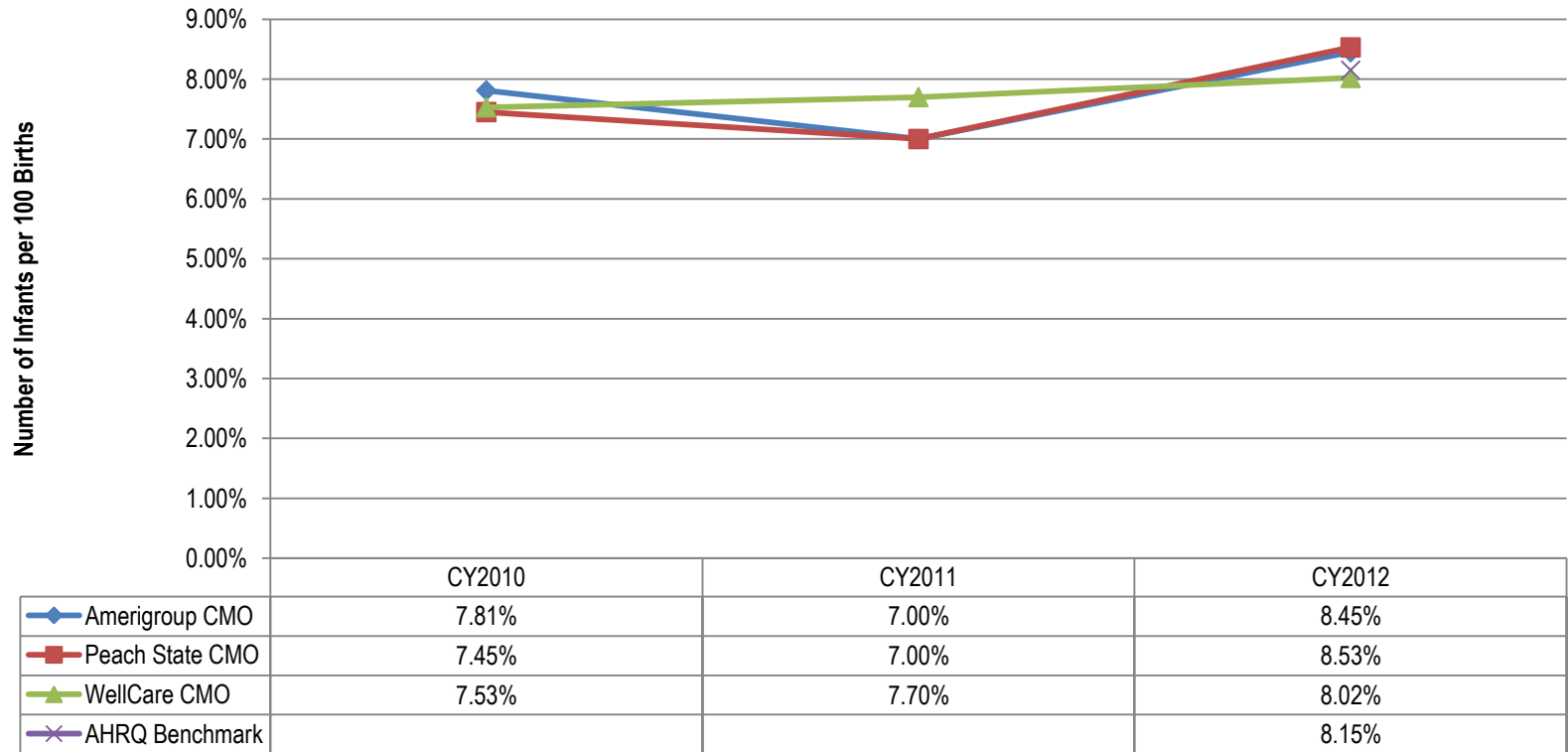


Postpartum Care



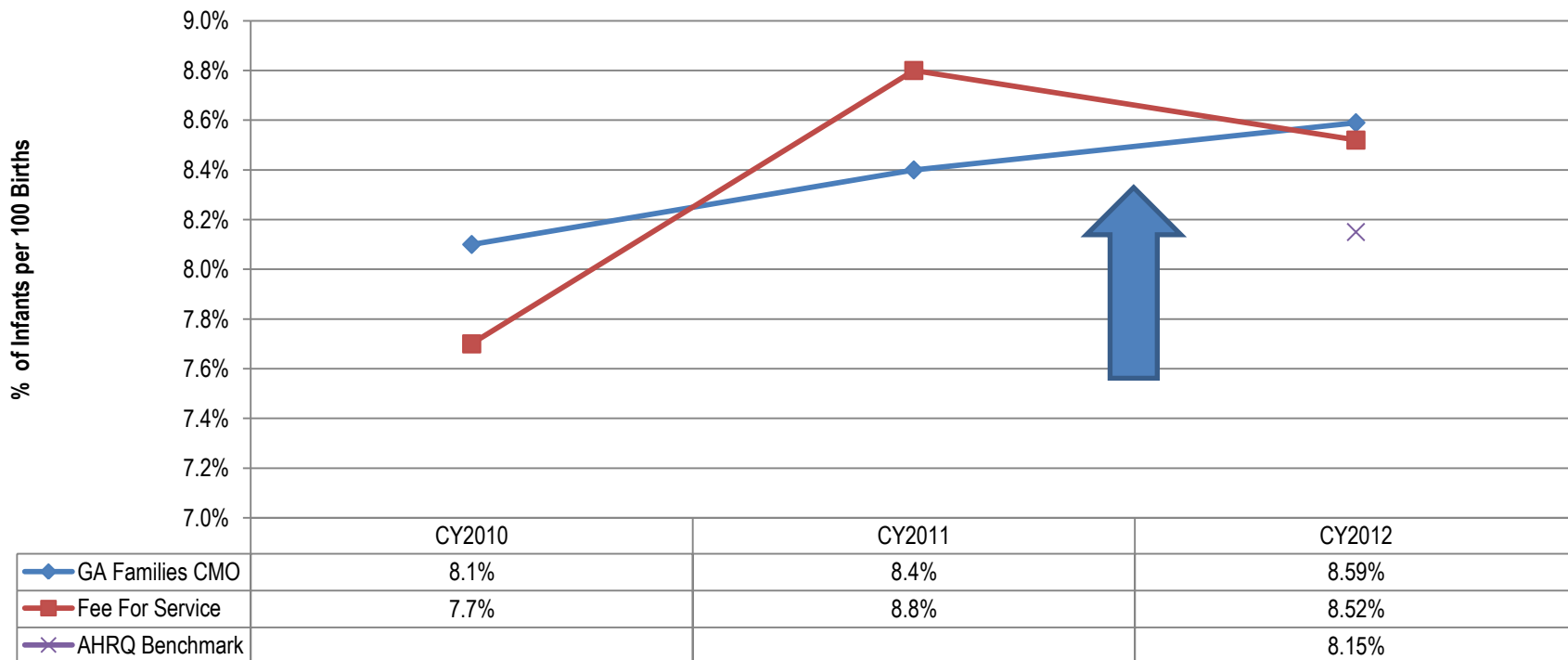
	CY2010	CY2011	CY2012
GA Families CMO	40.3%	63.3%	64.3%
Fee For Service	27.5%	45.5%	48.2%
HEDIS 50th Percentile			64.6%

Rate of Infants with Low Birth Weight



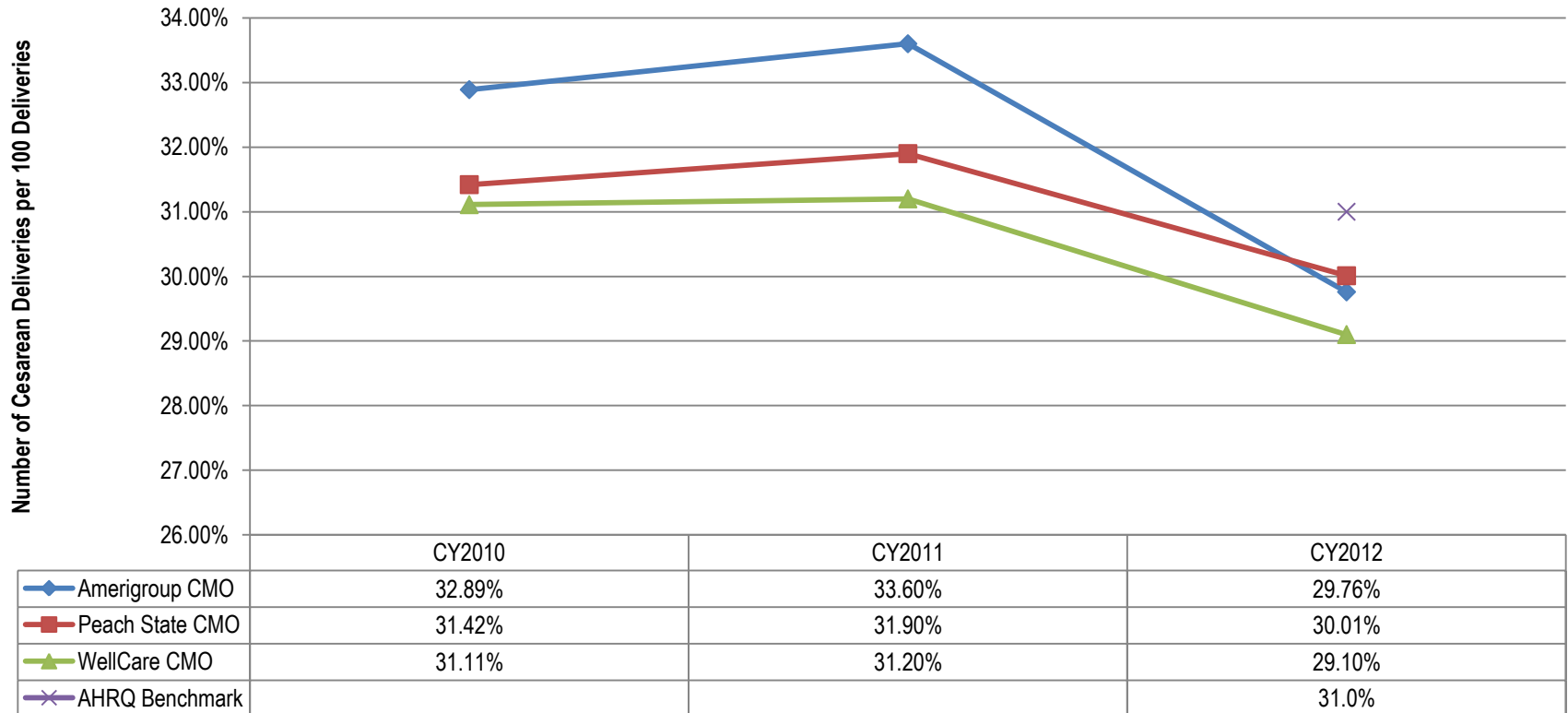
Note: A Lower Rate is Better

Rate of Infants with Low Birth Weight



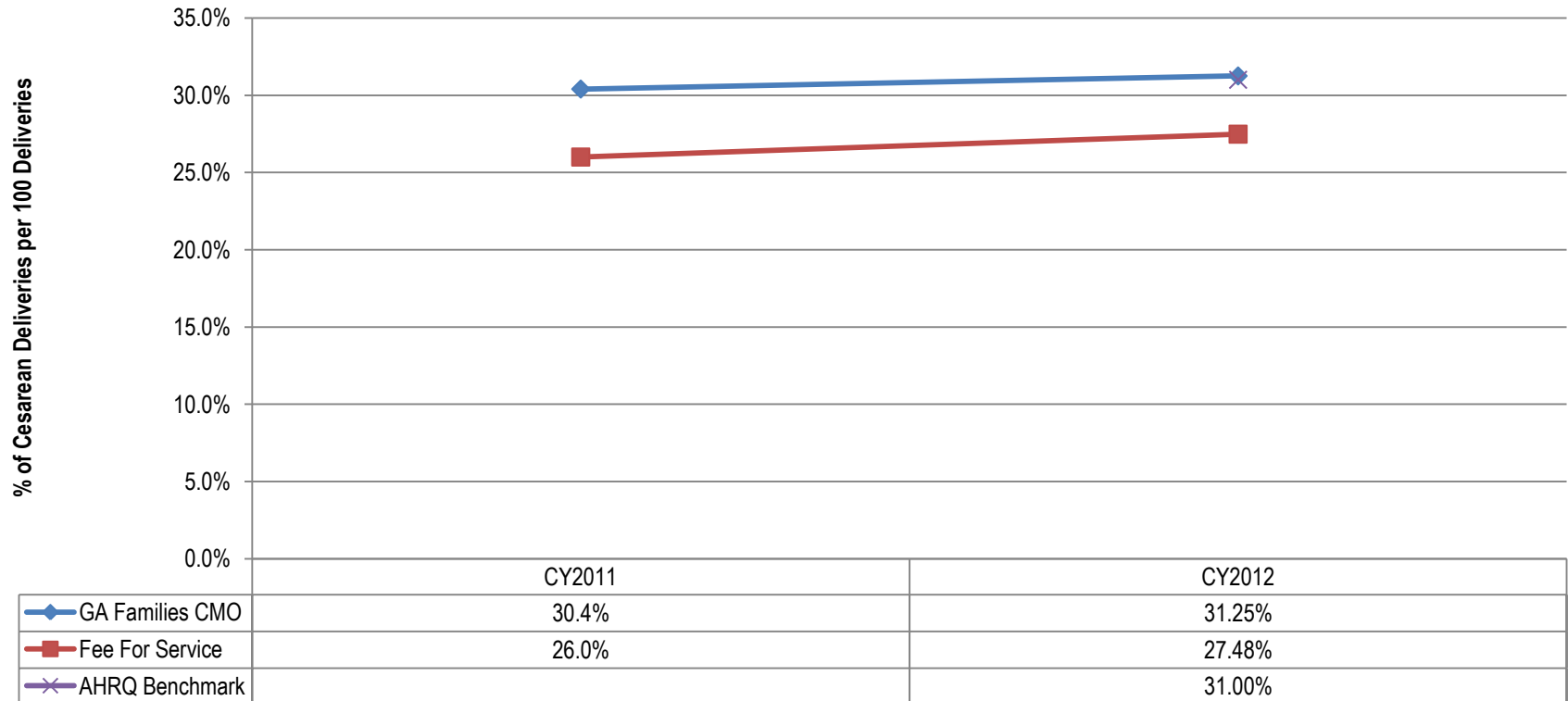
Increasing GA Families LBW rate despite higher prenatal care visit rates than FFS and earlier entry into prenatal care compared with FFS

Cesarean Delivery Rate



Note: A Lower Rate is Better

Cesarean Delivery Rate

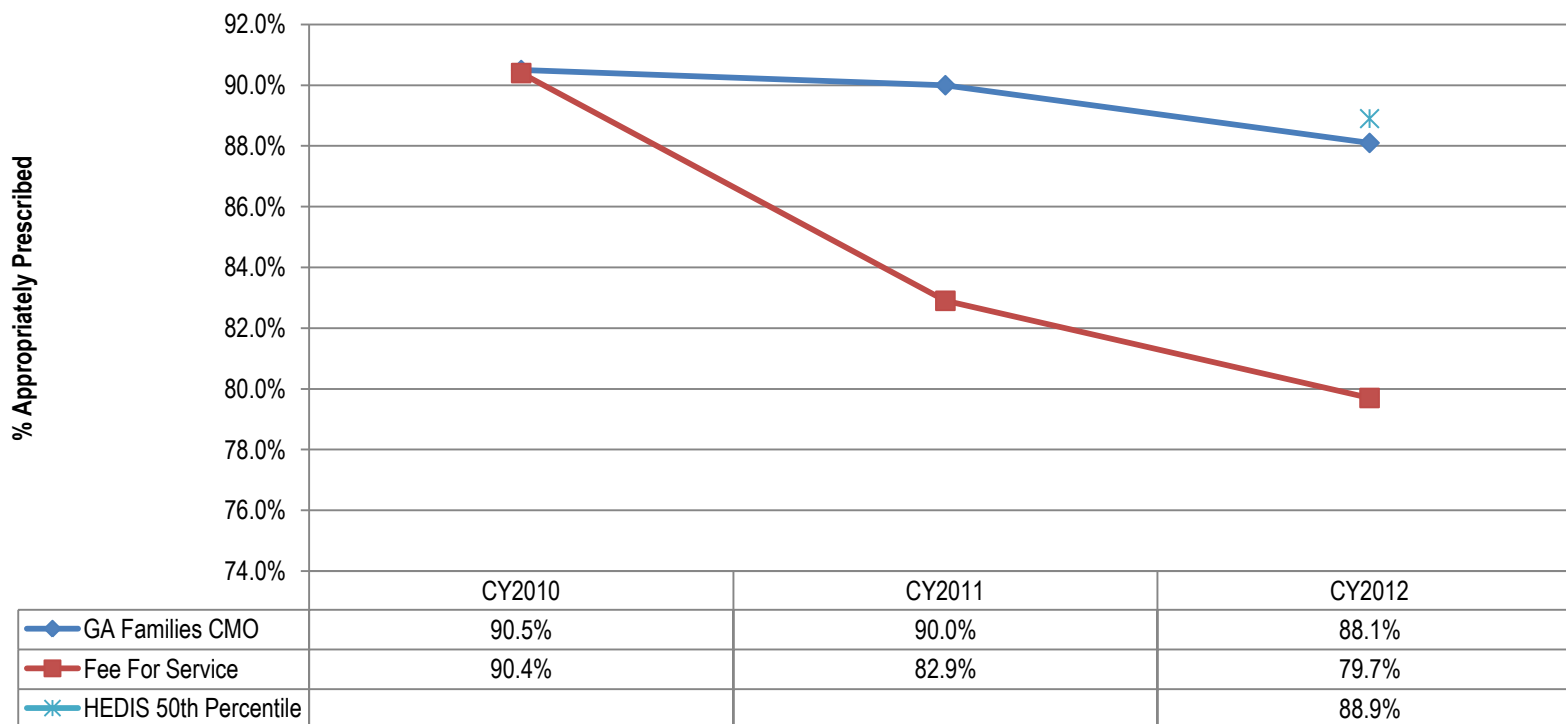


Expect to see improvements in the C-sec rate following implementation of our EED Policy October 1, 2013

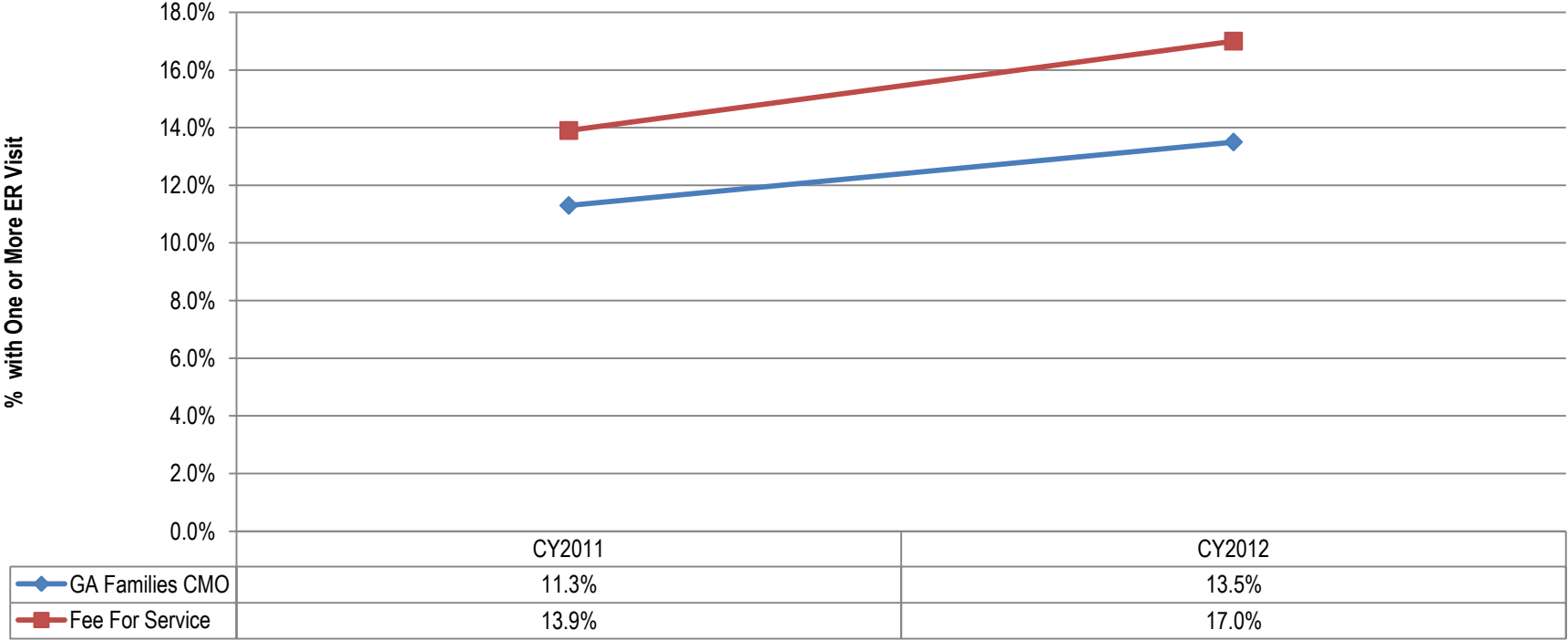


Asthma

Use of Appropriate Medications for People with Asthma: Age 5 to 64 Years



Annual Percentage of Asthma Patients with One or More Asthma-Related ER Visit

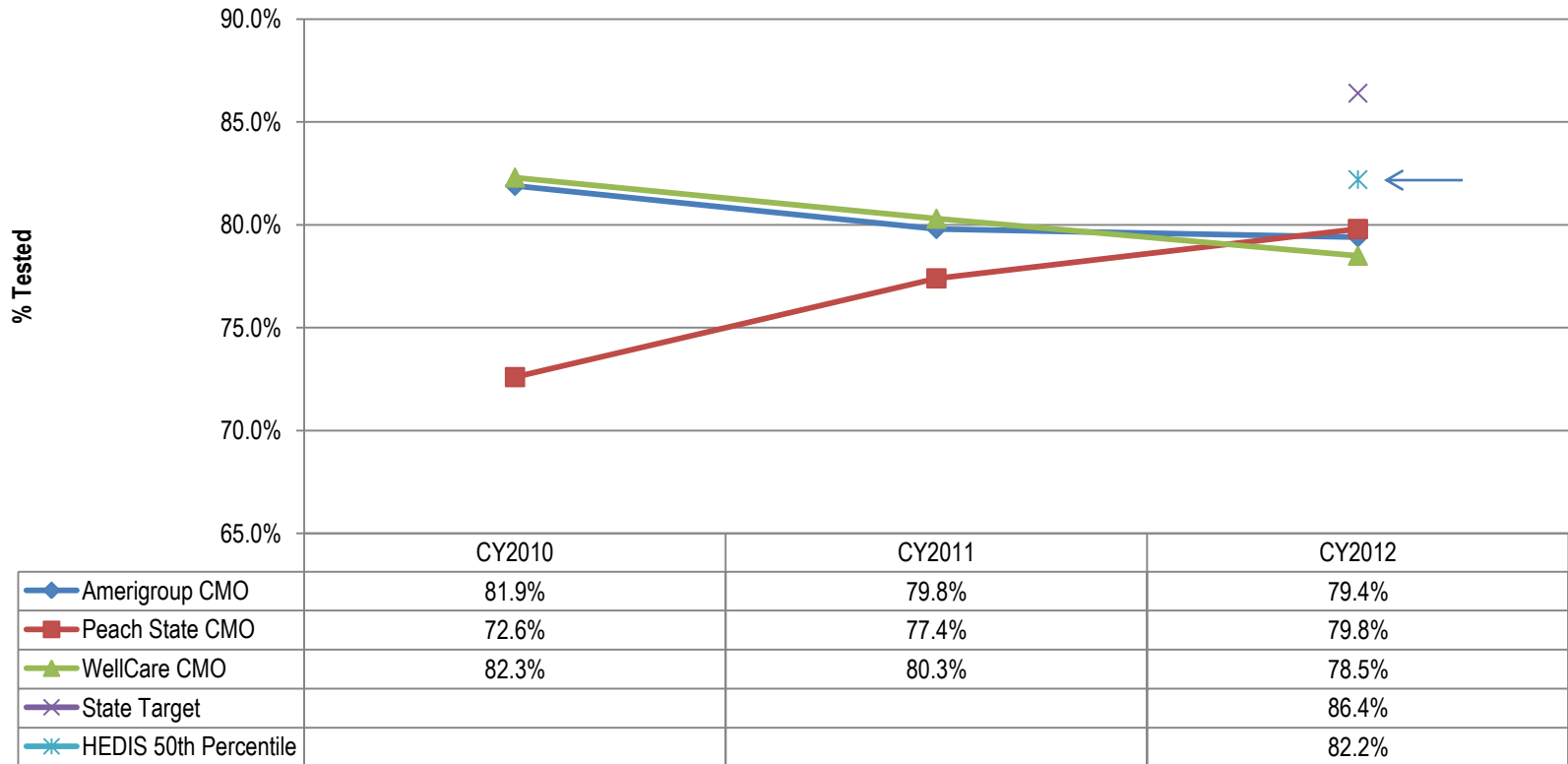


Note reductions in appropriate medication use with increases in ER use

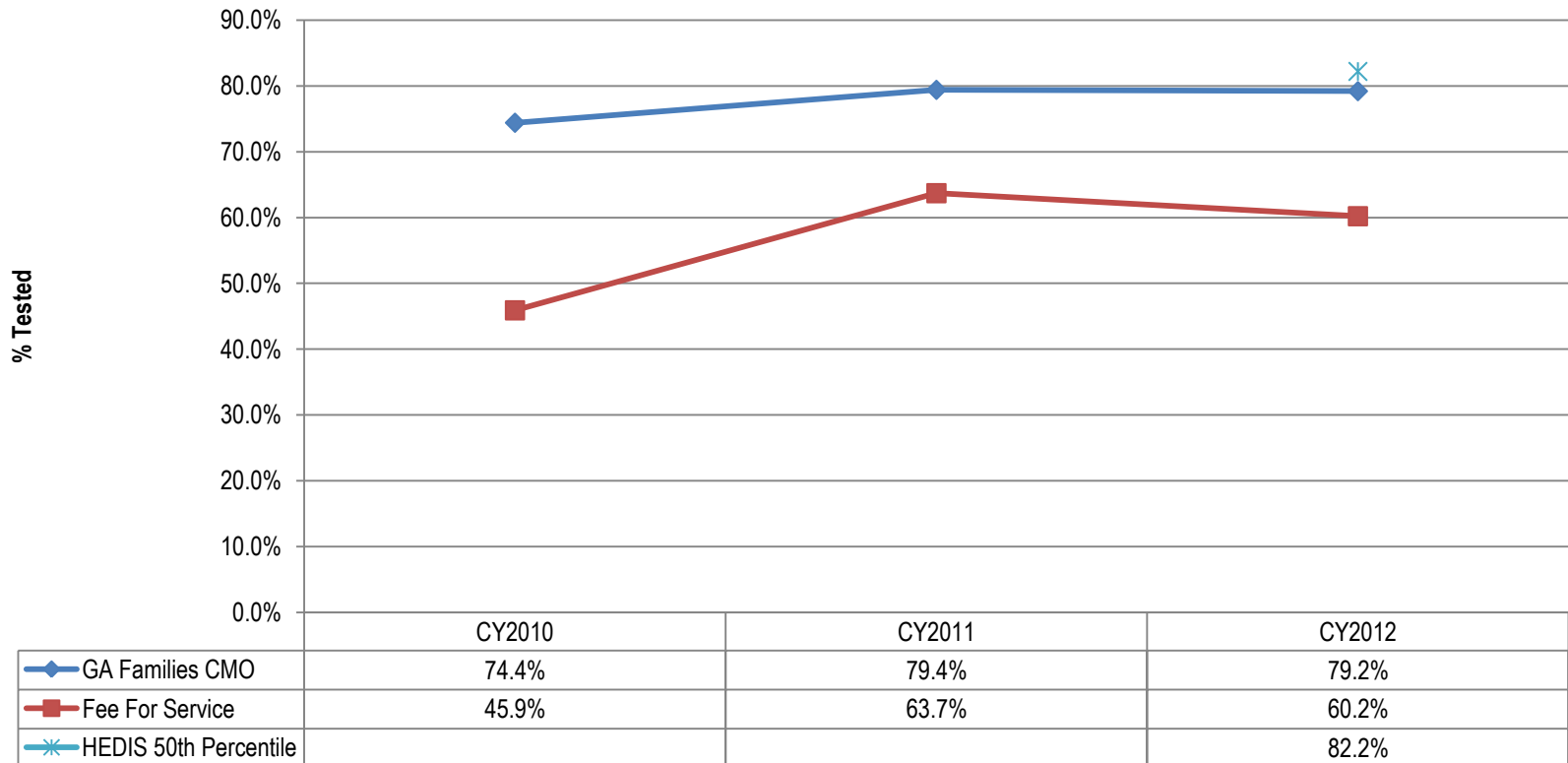


Diabetes

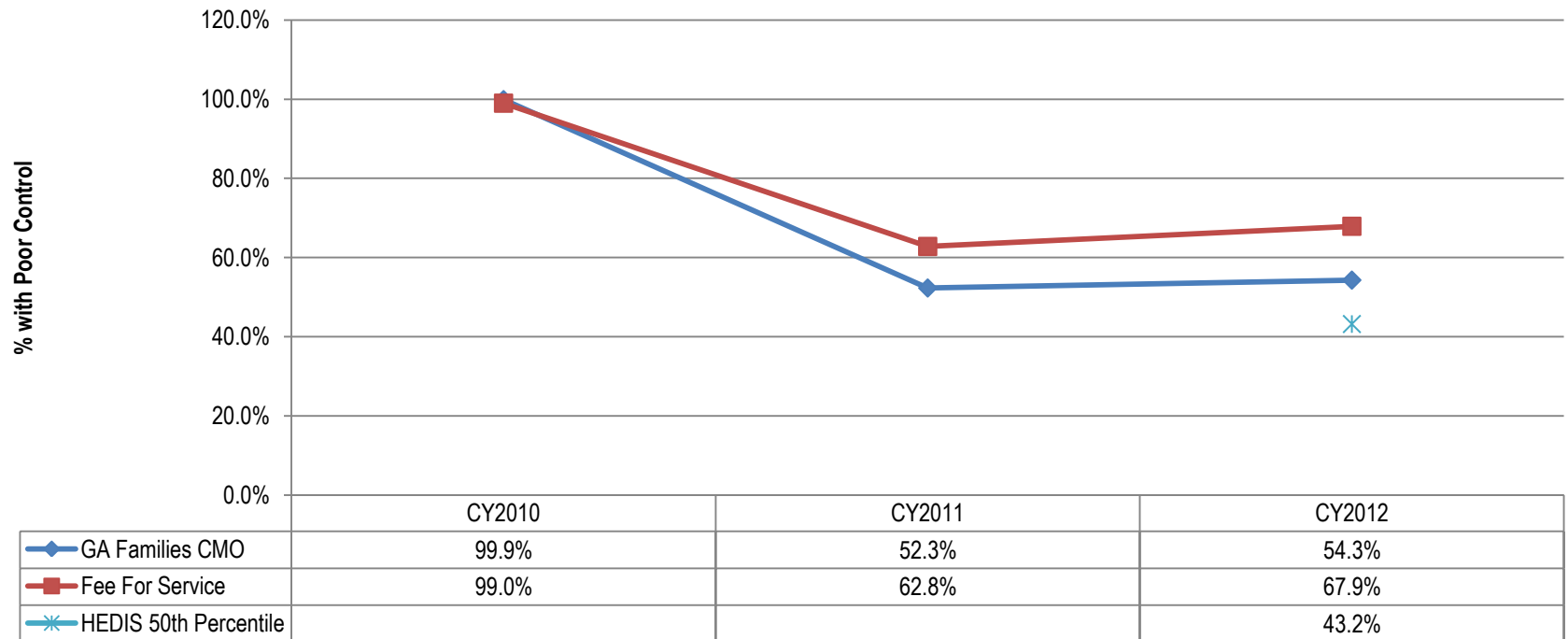
Comprehensive Diabetes Care (Ages 18-75): HbA1c Testing



Comprehensive Diabetes Care (Ages 18-75): HbA1c Testing

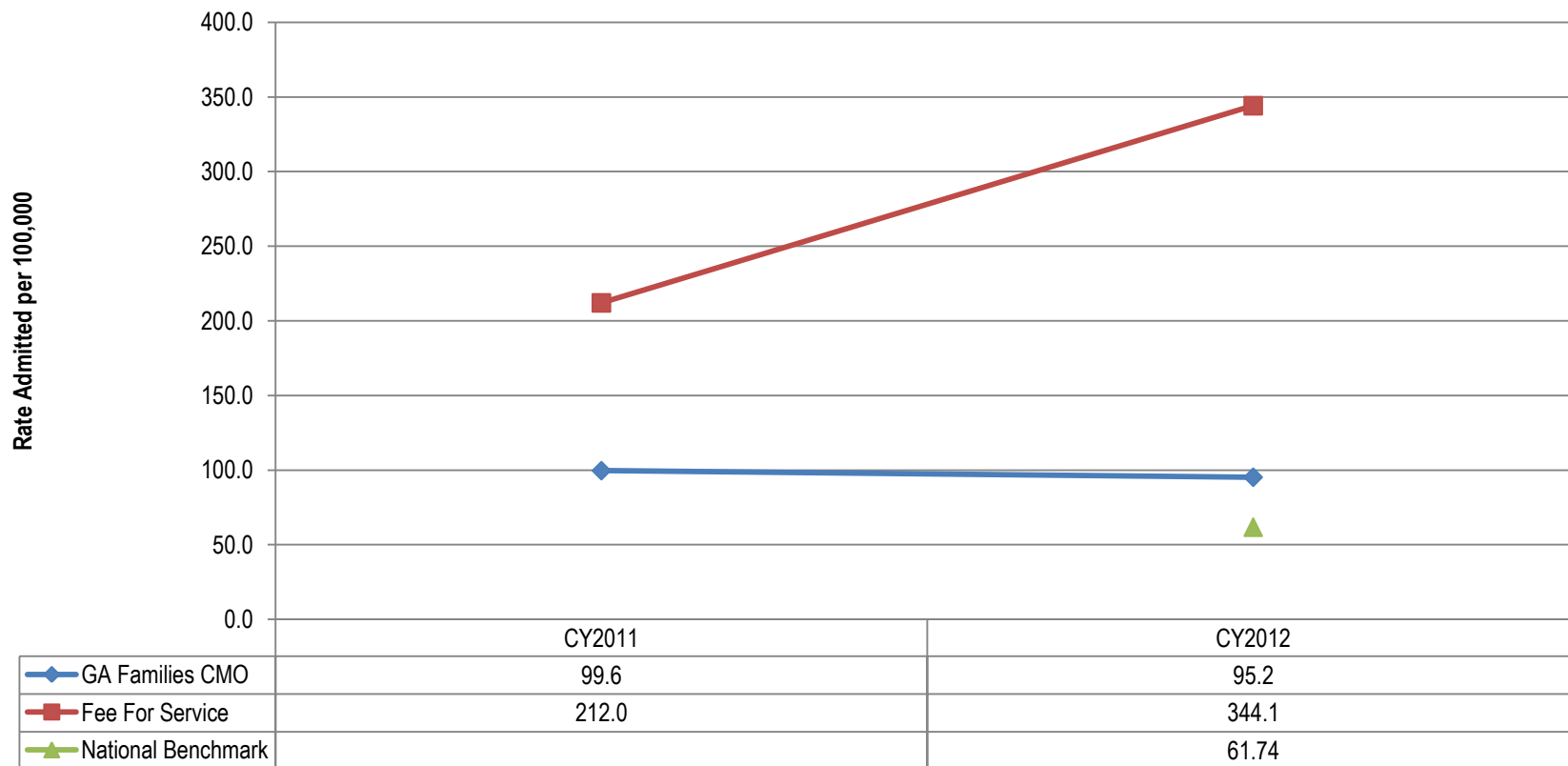


Comprehensive Diabetes Care (Ages 18-75): HbA1c Poor Control (>9.0%)



Note: Results in CY2010 were administrative while results in CY2011 and CY2012 were calculated with medical record reviews. A lower rate is better.

Diabetes Short-Term Complications Admission Rate





Cardiovascular Conditions

Controlling High Blood Pressure (BP < 140/90)

CY2012

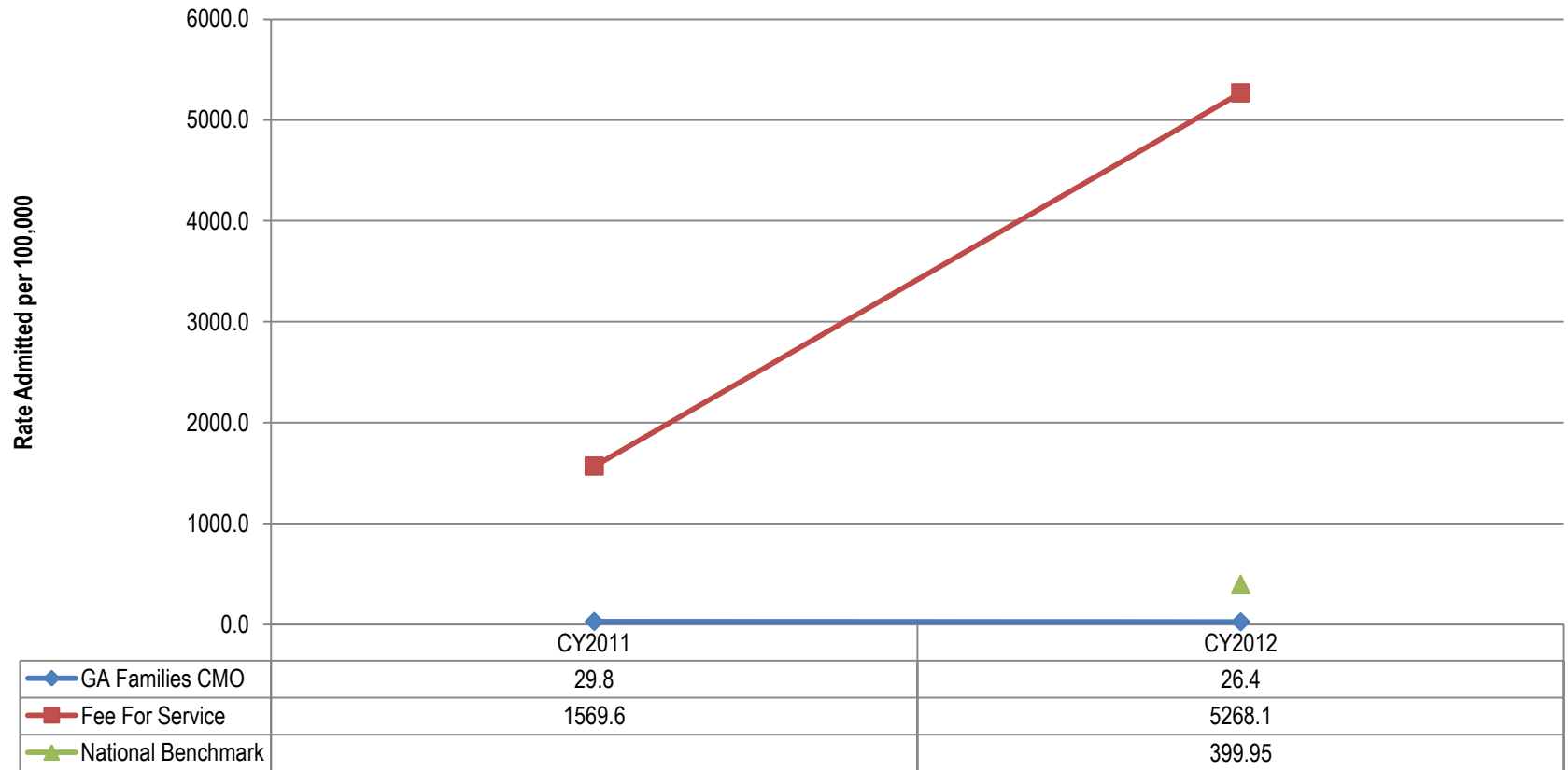
Amerigroup	38.72%
Peach State	49.78%
WellCare	49.64%
HEDIS 50 th Percentile	56.40%

Congestive Heart Failure Admission Rate (per 100,000)

CY2012

Amerigroup	29.64
Peach State	25.53
WellCare	41.04
National Benchmark	399.95

Congestive Heart Failure Admission Rate





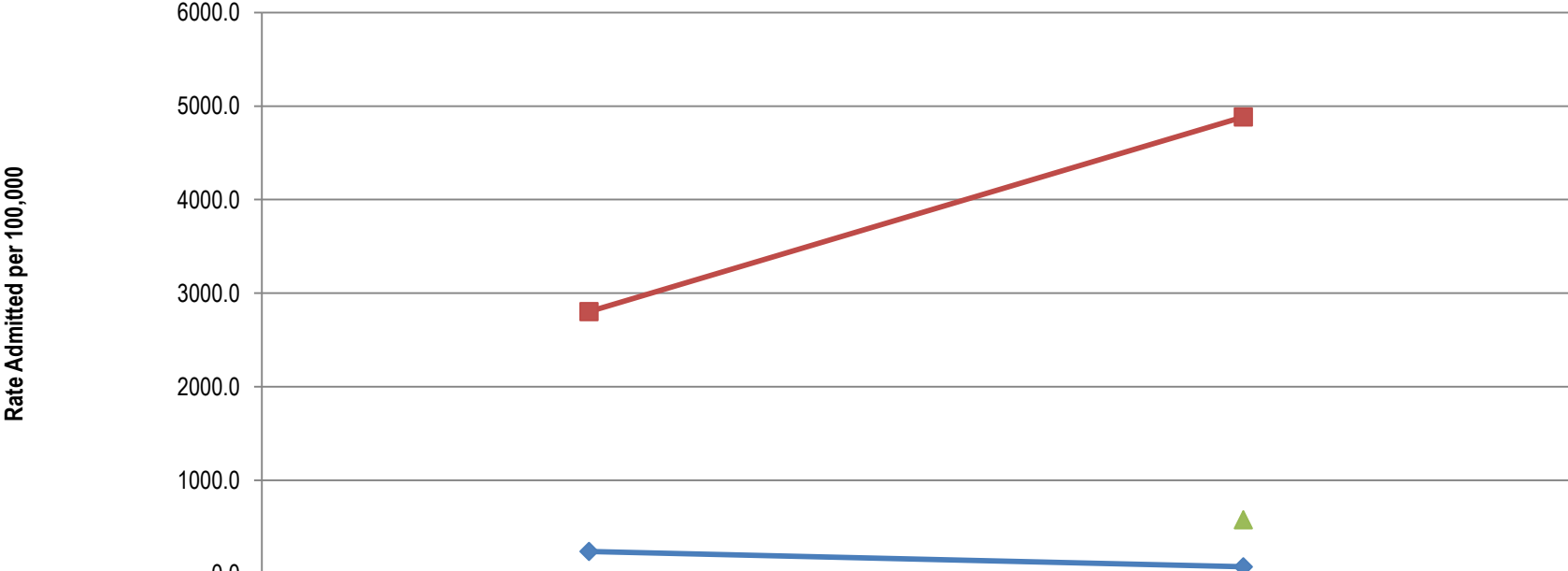
Chronic Obstructive Pulmonary Disease

COPD Admission Rate per 100,000

	<u>CY2012</u>
Amerigroup	76.56
Peach State	18.87
WellCare	19.24
National Benchmark	578.39



COPD Admission Rate

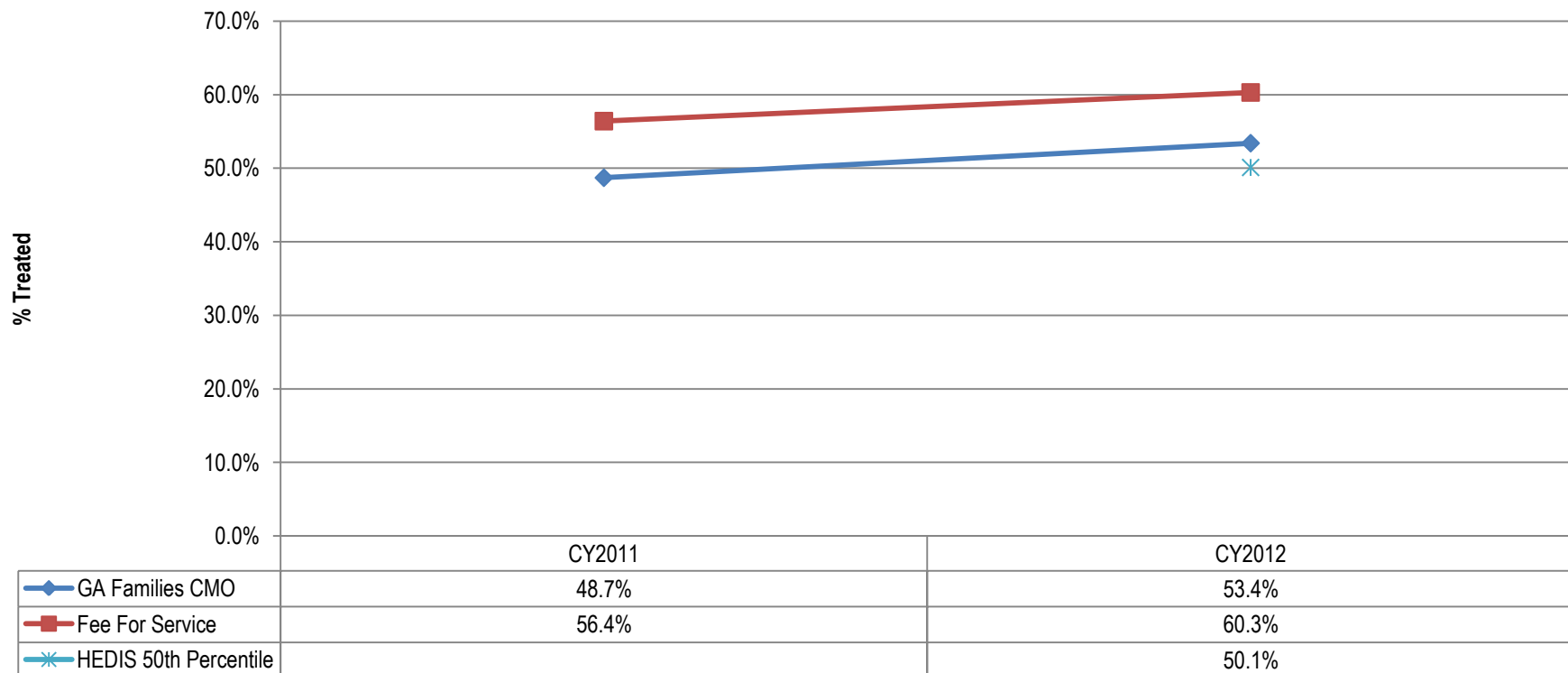


	CY2011	CY2012
GA Families CMO	239.9	75.5
Fee For Service	2803.0	4884.1
National Benchmark		578.39

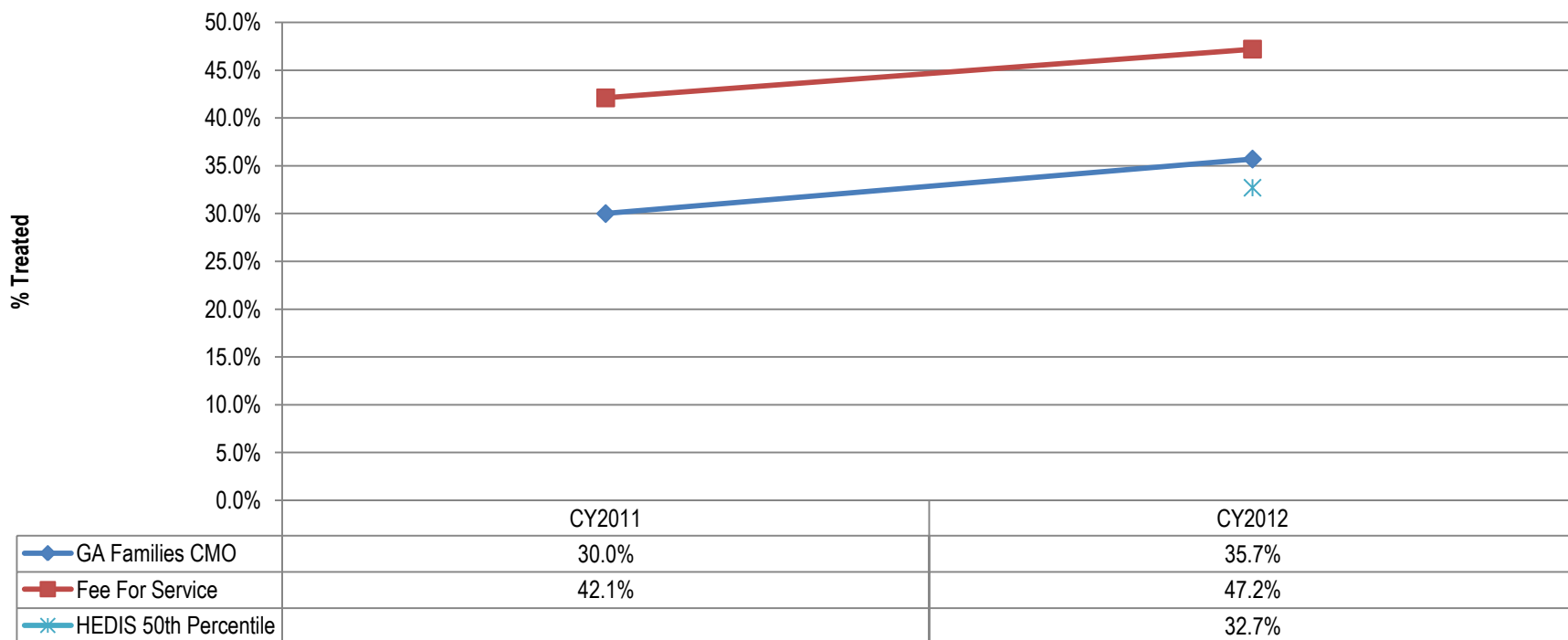


Behavioral Health

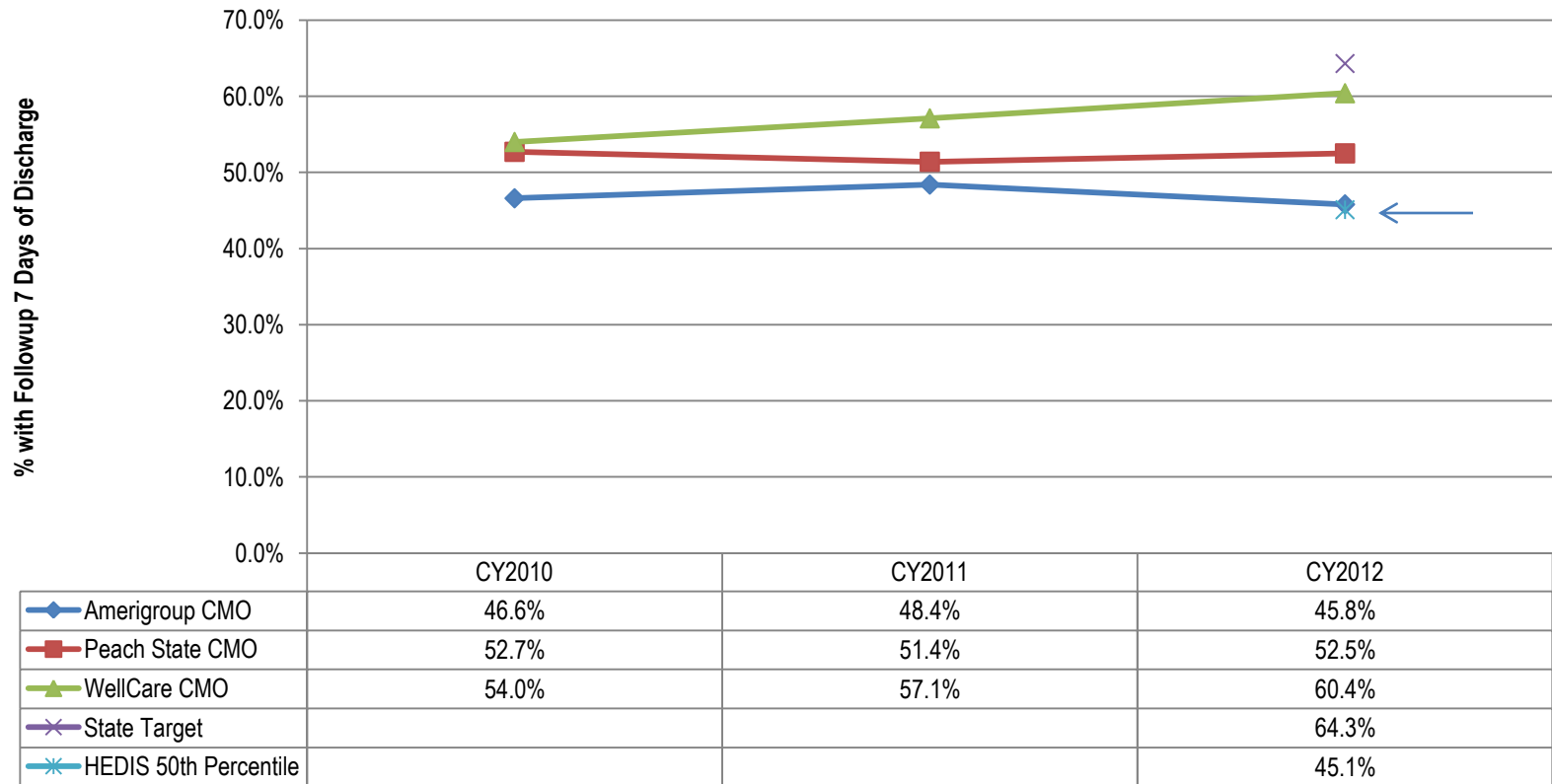
Antidepressant Medication Management: Effective Acute Phase Treatment



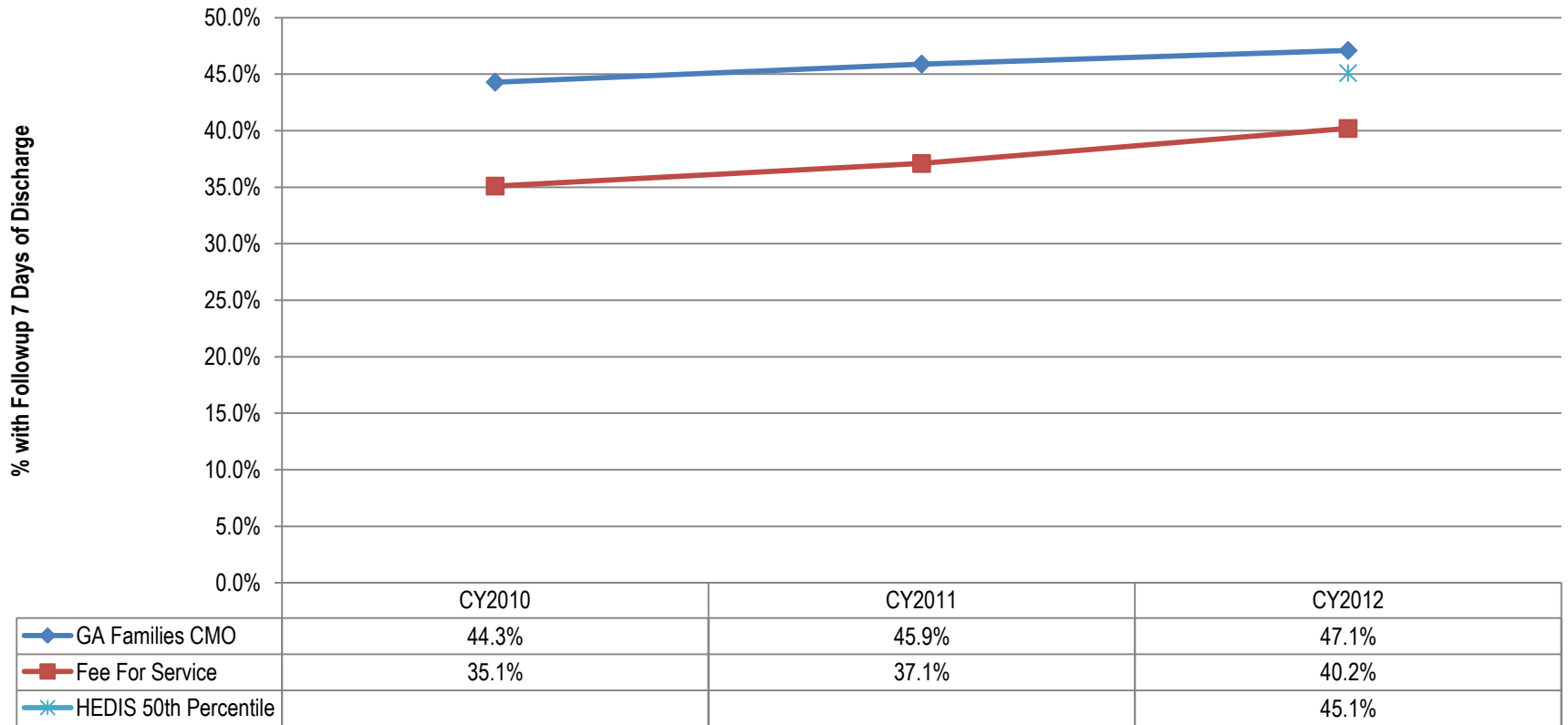
Antidepressant Medication Management: Effective Continuation Phase Treatment



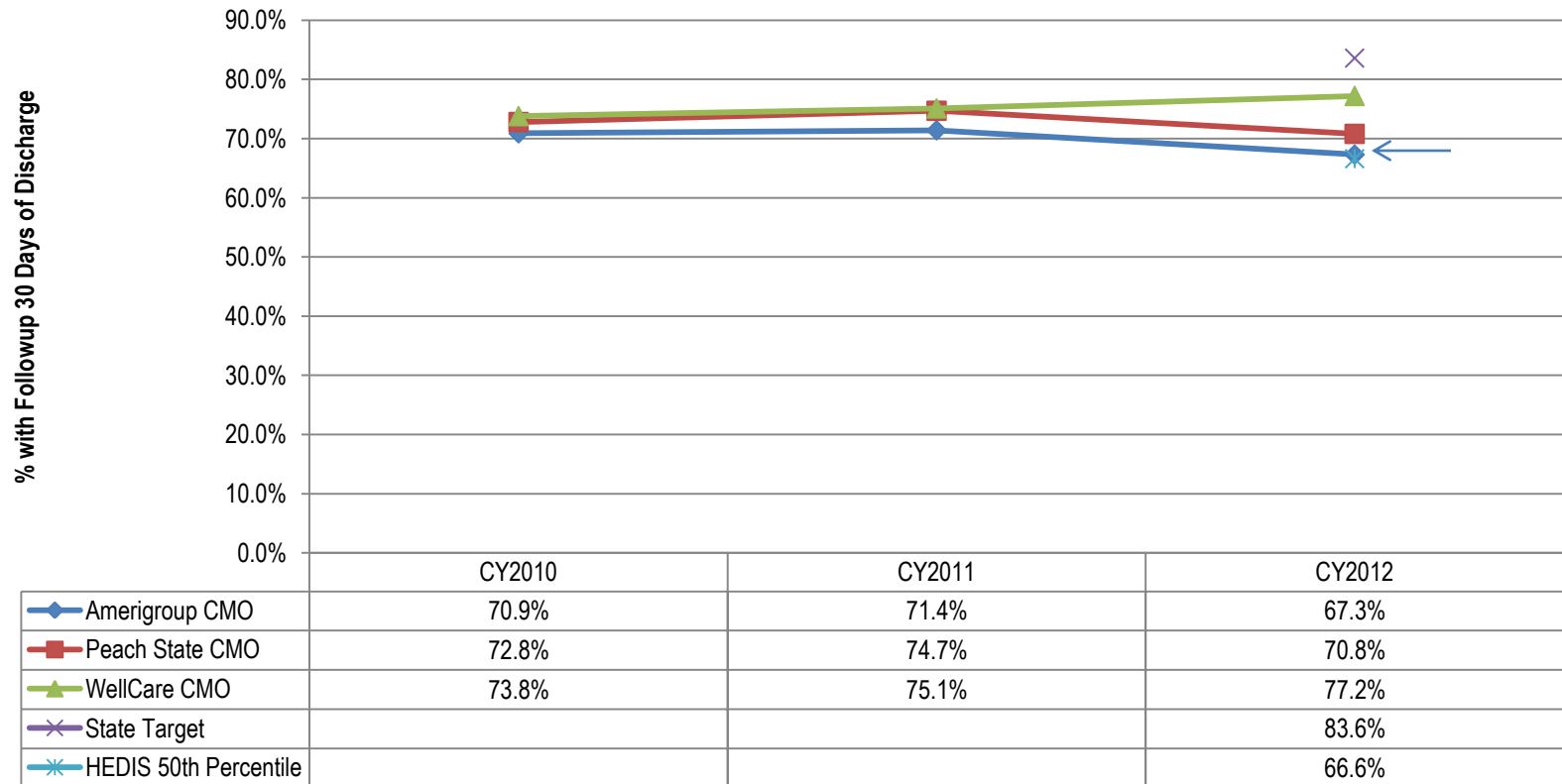
Followup After Hospitalization for Mental Illness: 7 Day Followup



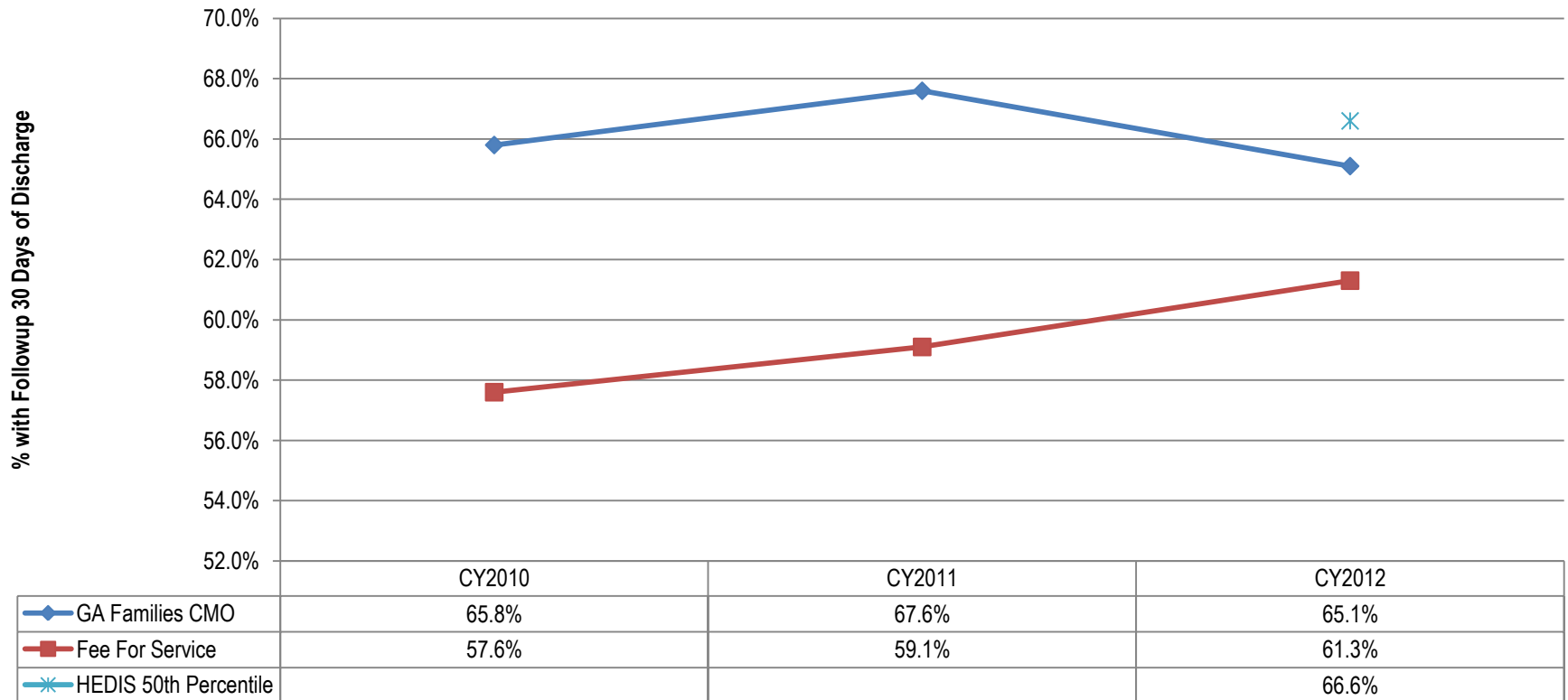
Followup After Hospitalization for Mental Illness: 7 Day Followup



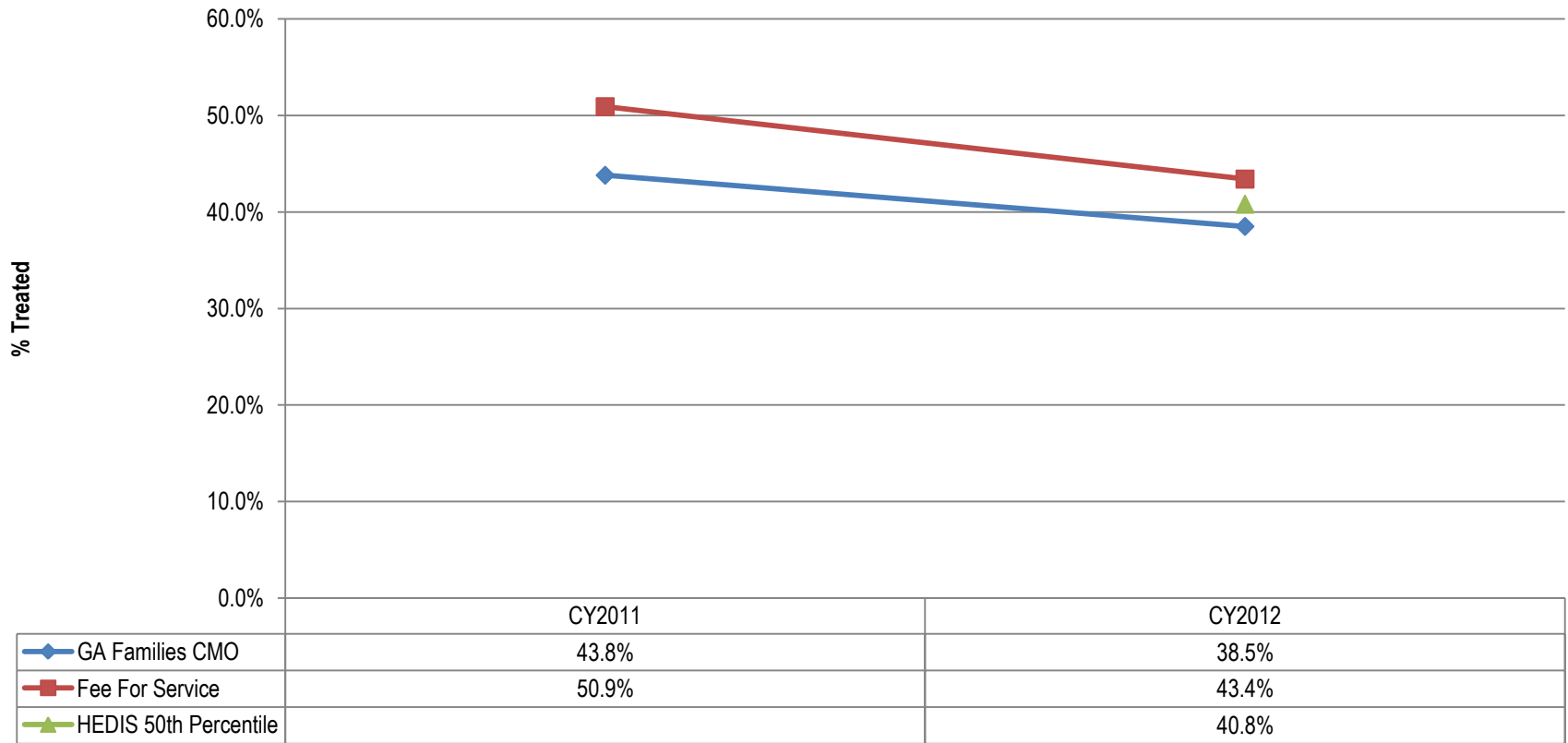
Followup After Hospitalization for Mental Illness: 30 Day Followup



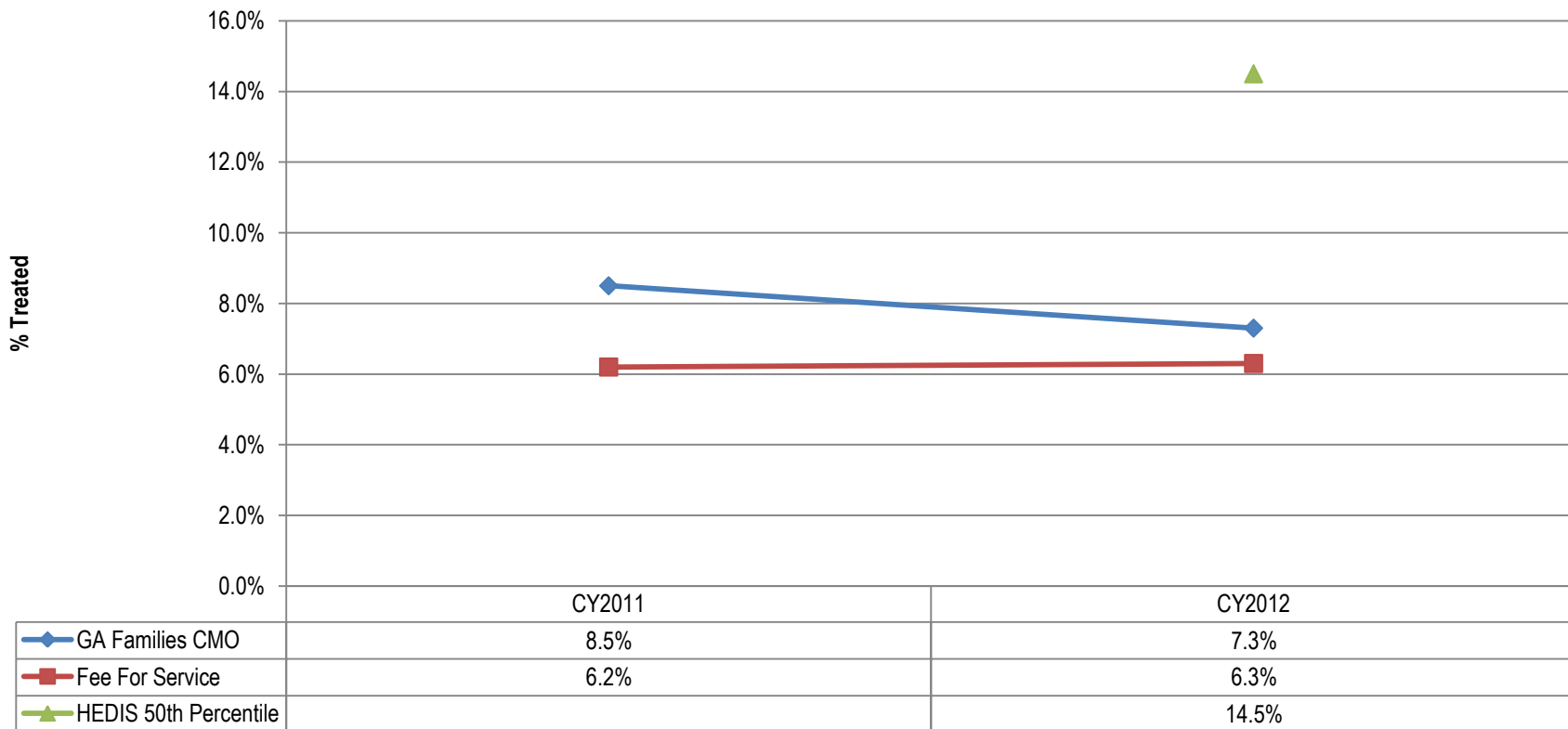
Followup After Hospitalization for Mental Illness: 30 Day Followup



Initiation of Alcohol and Other Drug Dependence Treatment



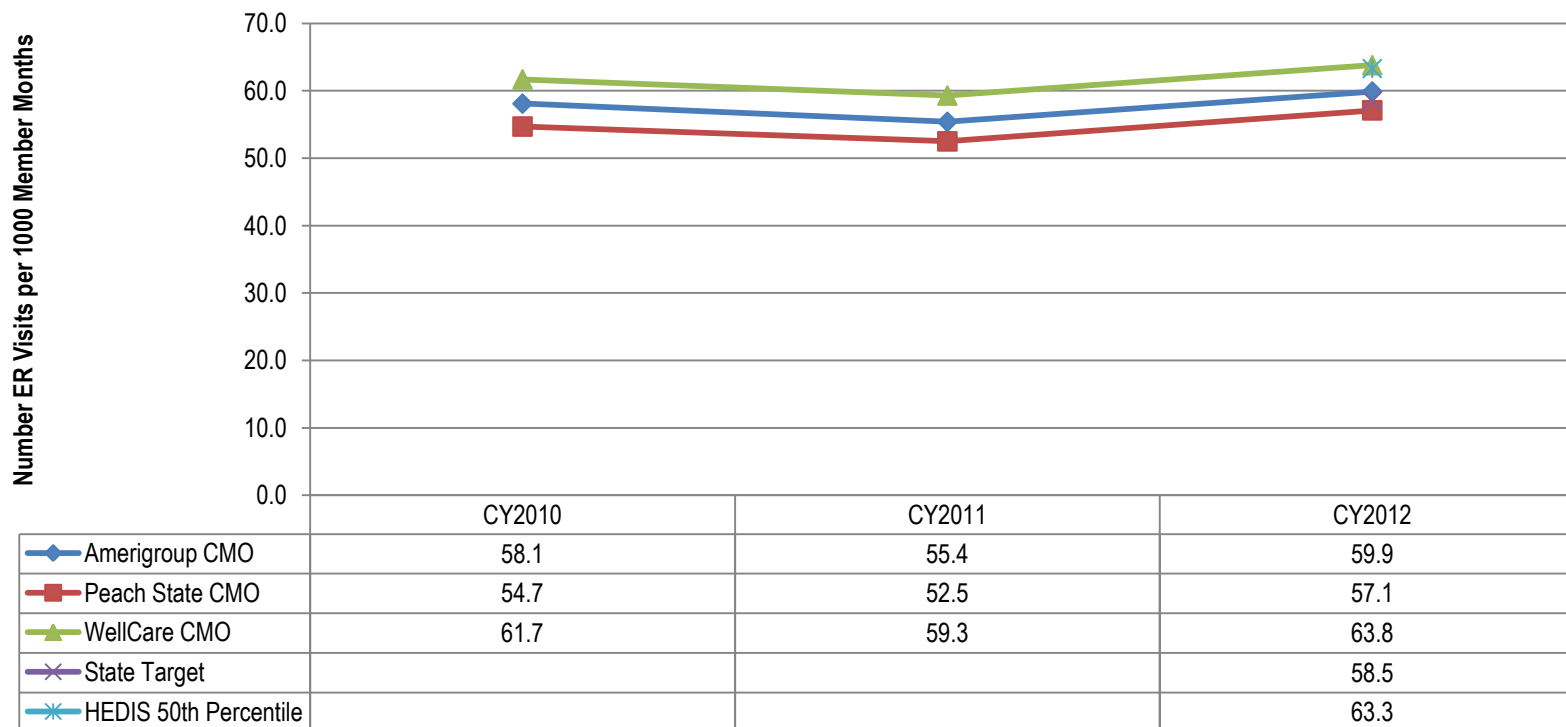
Engagement of Alcohol and Other Drug Dependence Treatment





Utilization

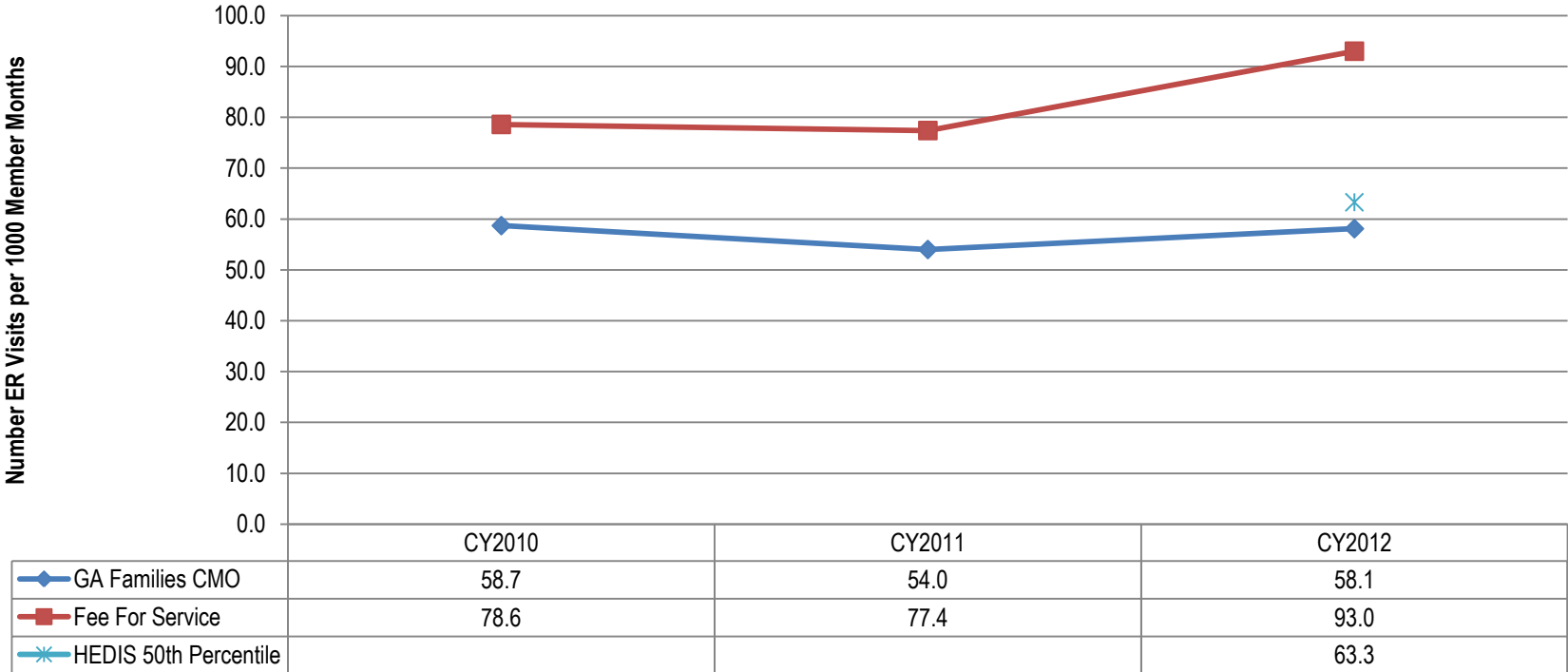
Ambulatory Care: Emergency Room Visits



Note: A Lower Rate is Better



Ambulatory Care: Emergency Room Visits

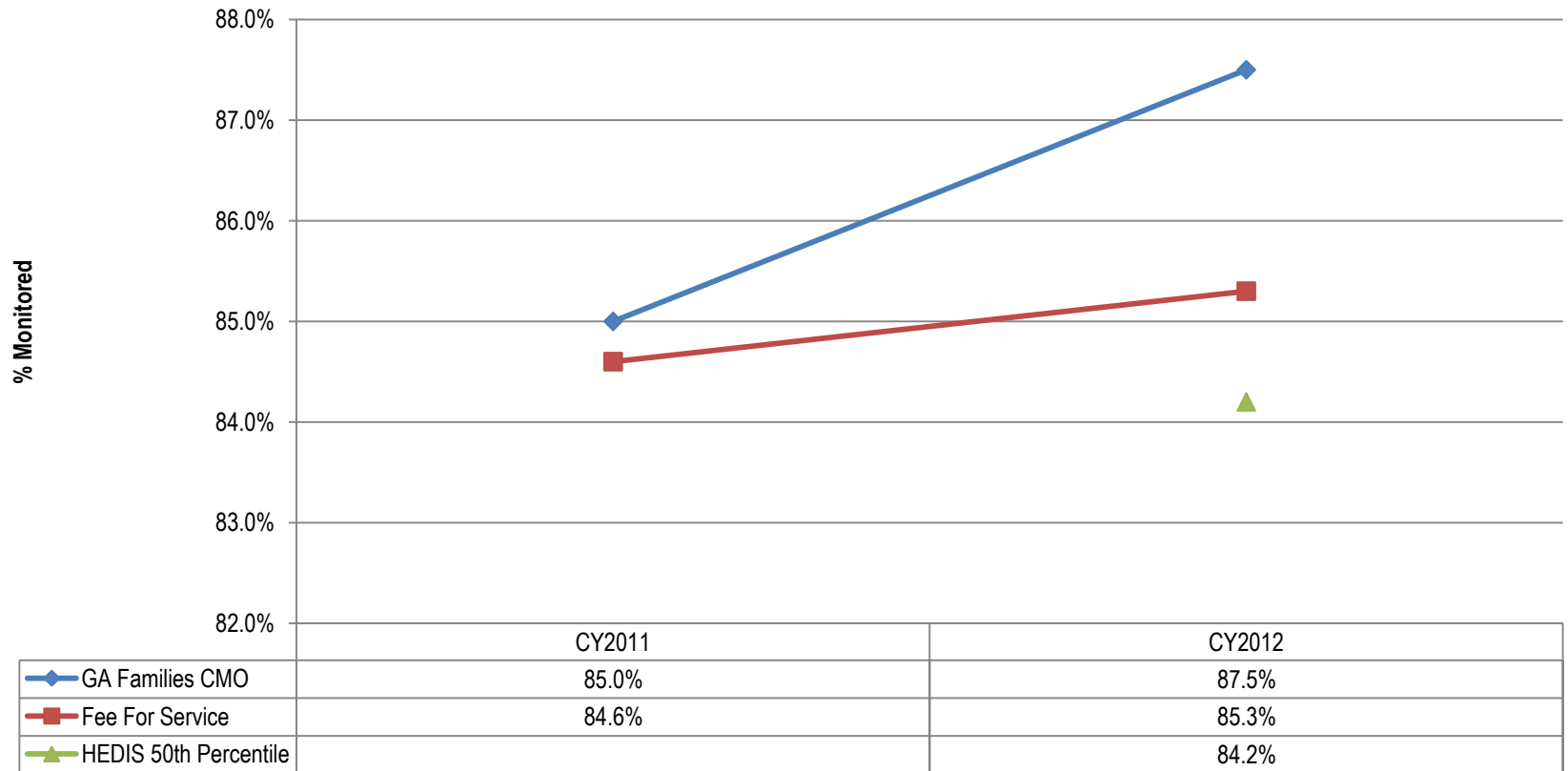


Note: A Lower Rate is Better



Medication Management

Annual Monitoring for Patients on Persistent Medications



CAHPS Survey Results

	Adult	Child	PCK
Rating of all health care	70.3%	82.6%	88.1%
Rating of personal doctor	78.1%	89.4%	89.6%
Rating of specialist seen most	76.9%	93.5%	84.8%
Rating of program	72.1%	84.9%	84.0%

Questions

