June Meeting Notes

Medical Director Meeting

Kentucky Medicaid Managed Care Plans

Tuesday, June 17, 2014

1:00 p.m. – 3:00 p.m.

Location

CoventryCares

9900 Corporate Campus Drive, Suite 1000

Bluegrass Conference Room

Attendees (MCO's): Dr. Vaughn Payne (Humana/CareSource), Dr. Stephen Houghland (Passport), Dr. Howard Shaps (WellCare), Dr. Fred Tolin (CoventryCares/Aetna), Dr. Jerry Caudill (Avesis), Dr. Fred Sharpe (Avesis)

Attendees (CHFS): Dr. Allen Brenzel (BHDID), Dr. Connie White (DPH), Andrea Adams (OHP), Patricia Biggs (DMS), Adi Mitrache (UKMC), Dr. John Langefeld (DMS)

Agenda Discussion Items

- **Update from past meetings**
  - **Behavioral Health – Update**
    - **Impact Plus**

      Dr. Brenzel updated the future plans around Impact Plus and the need to have historic enrolled as active providers under managed care services. It is currently anticipated a transition July 1.
    - **AG Grant Funds update**

      An update of the current active evaluation of proposals from providers regarding development of adolescent substance abuse resources utilizing AG grant funds was given. These proposals are being actively evaluated with a desire to make selections and disperse the funds within the next 60-90 days.
    - **Behavioral Health Project Plan Team/Workgroup**

      The first meeting of the BH project team was yesterday, Monday morning (June 16th). Good participation and much discussion around Impact Plus transition. Next meeting scheduled June 23rd, 8:15 am.
    - **Institutional De-certifications**

      The first meeting focused on detailed discussion of "decertification's" is schedule for Wednesday, June 18. The first meeting is with CoventryCares/Aetna. All other MCO's are on schedule at this point as well. This meeting will focus on review of current cases and status; current protocols and criteria utilized; case management, discharge planning, and care coordination. It will also review contractual obligations and CHFS (DMS/DBHDID/DCBS) expectations.

Summary as of 5/16/2014

CoventryCares: 11
WellCare: 5
Passport: 5
Humana: 2

- **ER Super-Utilizer Meeting Debrief**
  Work around phase 1 of Super-utilizer initiative continues. There are early plans for adding additional acute care facilities. Additionally, all MCO's were thanked for rapid response to a request by UKMC around an application for grant supported program utilizing Telehealth services in more effective ER utilization.

- **Health Home Planning Update**
  Andrea Adams provided an update regarding the Health Home planning activities. The group is starting to evaluate data as it becomes available. There is a planned meeting for June 23rd that includes presentation and discussion with Community Care of North Carolina and an active program focused on pharmacy utilization.

- **Dental Items:**
  - **Fluoride Varnish**
    There continues to be a system issue with the delivery of fluoride varnish to children in Physician's offices. Some initial response indicates that these services are covered, but not much specific feedback from MCO's at this point. Another request was made that the MCOs work within their systems to correct this oversight and reimburse the Physicians for the delivery of these services.
  - **CT Mandible Criteria**
    It has been noted that the medical personnel who review these scans do not feel qualified to read CT scans of the mandible. Therefore, it has been requested that a qualified individual with expertise in this area be secured to review these cases.
  - **Oral Pathology**
    Oral Pathologists have not been reimbursed for their services for several years. They are qualified and trained in this specialty but, presently no mechanism exists to reimburse them in Medicaid. It was requested that such a reimbursement mechanism be found. There are two possible suggestions as to how this can be accomplished: 1) Change the dental regulation to include payment of these services or 2) Pay them on the Medical side as the rest of the pathologists.
  - **Mobile Van Services**
    The monitoring of mobile vans for continuity of care, and for "cherry picking" has and continues to be an issue. There has been some initial analysis which reveals that there are currently at least 25 mobile providers in the state and largely unregulated. Will continue to collect data and discuss again next month.

- **Public Health Dental Hygienists**
  It is has been nearly a year now that DPH has been "working with" the MCO's to get the services of public health dental hygienists covered. The codes for Preventative Services have been added to the DPH contracts with the MCO's. Current status is that there is still some MCO's that have not responded and resolved this issue.

  In this legislative session, the Governor funded a $3.2 Million oral health project to get the public health hygienist program up and running in several LHD's. DPH is ready to request proposals from interested LHD's with a goal of beginning implementation July 1, but at this point, LHD's are not interested in making substantial investments in time, equipment and staff if there is no sustainability for the project.

  Dr. White is actively discussing this coverage and hopes to have resolution soon.

- **MAC meeting follow up**
  By contract all MCO's are required to submit plans for 2 Performance Improvement Plans (PIP's) annually, focused on quality improvement initiatives. Commissioner Kissner has requested that one of the PIP's be a singular focus across all the MCO's and that the MAC make a recommendation for the topic.

  At the May meeting a presentation was made by Dr. Langefeld regarding options for consideration as a common quality performance improvement plan (PIP) initiative. It resulted in a request by MAC that DMS (Dr. Langefeld) bring one specific recommendation to the group for approval. The topic currently selected is psychotropic medication utilization in Medicaid, KCHIP, and Foster children. This will be presented at the next MAC meeting.

- **New Discussion Items**

  - **Immunizations in Kentucky**
    Robert Brawley, MD (Chief, Infectious Disease Branch, Division of Epidemiology and Health Planning, Department for Public Health) along with other DPH staff (Margaret Jones & Laura Howard) came to discuss the current status of immunizations in Kentucky and the challenges with providers and the VFC program.

    Dr. Brawley began the discussion with a presentation highlighting some current trends of concern:

    - The number of Pertussis Cases Reported in Kentucky is escalating
    - The second highest number of cases in Kentucky in the last decade was reported in 2013

- This year (Jan-June 13) 477 cases of Measles have been reported in 20 states. This includes the surrounding states Illinois, Missouri, Ohio, Tennessee, & Virginia. This is more than double any previous year in the last decade.
- Estimated vaccination coverage for Ky. Children aged 19months-35months has declined from 78% to less than 70% 2011 to Q4 2012.
- Rates are relatively highest (>90%) for MMR & HepB, but much more variable and significantly lower for other recommended immunizations.
- Data was reviewed for VFC Vaccine coverage by ADD district.
- Overall there is heightened concern that the waning levels of immunization rates for our citizens and especially our children is creating a risk for future outbreaks and associated morbidity and mortality.

With this as context there was an active discussion (which included several pediatric faculty members from U of L School of Medicine) regarding current barriers, concerns and opportunities.

Among the barriers articulated was the current "high-volume" nature of private practice and the common practice of many pediatricians performing exams and sending children to local health departments for immunizations. This sometimes has the consequence of lack of follow up and/or lack of communication between providers.

Another specific barrier/concern was that many providers seeing children were not active participants in the VFC program (**V**accines **F**or **C**hildren program-vaccines supplied "free" by DPH to providers for administration in their office). The many challenges surrounding this program were discussed; one primary issue is the administrative requirements surrounding the program (documentation, refrigeration and storage, inventory management, etc.), which has been expressed as "not worth it."

There was general agreement among all that this was an area of elevated concern and that we all should focus on strategies to address it effectively.

Dr. Brawley brought forward some specific thoughts/recommendations/goals for consideration:

- ✓ Enrollment in the VFC Program of at least 95% of MCO providers that have 100 or more Medicaid eligible children, aged 0 through 18 years, in their practice
- ✓ Partnerships between DPH, LHDs, and MCOs to improve the immunization coverage in Kentucky for children aged 24 through 35 months
- ✓ Partnerships between DPH, LHDs, and MCOs to improve the immunization coverage in Kentucky for adolescents aged 11 through 18 years, particularly related to Tdap, meningococcal, and HPV vaccinations. We could also discuss seasonal influenza vaccinations, and catch-up vaccinations for hepatitis A, hepatitis B, and varicella.

The group agreed that this is a concern we will continue an active dialog around and formulate potential solutions.

- **Psychotropic Medications in Children**

High rates of use of psychotropic medications among children (including children in foster care system) in the United States, often in multidrug combinations, have aroused a national debate. Such medications may be beneficial to these children in ameliorating symptoms of aggression, mood swings, and psychotic thinking. Many mental health professionals believe that psychotropic medications may be life-saving and may relieve disabling symptoms. However, in contrast to studies in adults that have provided evidence for potentially serious side effects, much less is known about the effects of the long-term use of psychotropic medications in children.

Initial data analysis on Ky. Kids on psychotropic drugs in Kentucky compared to other States:

- ✓ 14% of Kentucky children in Medicaid received prescriptions for psychotropic medication compared to 7% in other states.
- ✓ 42% of Kentucky children in Foster care received prescriptions for psychotropic medication compared to 27% in other states.
- ✓ 19% of children in Ky. were told they had diagnosis of ADHD compared to 11% nationally.
- ✓ 10% of children in Ky. were reported taking medication for ADHD compared to 6.1% nationally.
- ✓ Among all US states, Kentucky ranked 2nd highest in children on prescription medication for ADHD.
- ✓ 3% of Ky Medicaid children were taking very potent anti-psychotic medication compared to 1.8% nationally.

Key Points

- ➢ Psychotropic medications are being prescribed to very young children, at levels above those approved for use in adults, and often in combination with other medications.
- ➢ Rate of use for foster children is nearly ***six times*** that of TANF children in Medicaid

Clinical Concerns

- ➢ Serious risks and side effects have been documented for adults, and there are clearly implications for adverse effects in children.
- ➢ Few of these medications are approved for use in children; however, off-label use is legal and common.
- ➢ Polypharmacy is a common - and sometimes necessary - practice but also occurs unnecessarily.
- ➢ Insufficient monitoring by - and lack of coordination of care among - providers, is particularly likely and problematic for children in foster care.

The currently available information certainly reinforces the need for national and state initiatives to be developed for monitoring systems to improve the judicious use of these medications. With this as context and as noted in the meeting previously, this issue is being presented as a clinical quality improvement focus across all Ky. Medicaid MCO's. Concurrent and related is an active initiative already in process with the Pediatric Faculty from the University of Louisville School of Medicine. The group has been engaged to facilitate this important initiative in several ways including;

- ✓ Further analysis of available data
- ✓ Exploration of evidence-based clinical information available in medical literature clinical guidance around best treatment practices
- ✓ Programmatic development recommendations (including effective messaging, education, monitoring, and metrics reflecting outcomes)

Several Pediatric Faculty members from U of L joined the group for an update and discussion (see below). They reinforced that from a clinical perspective based on currently available data there does appear to be areas of concern and opportunities for significant clinical quality improvement.

U of L Pediatric Faculty Involved in discussion

- Charles R. Woods, MD, MS --Professor of Pediatrics (Infectious Diseases), Vice Chair for Faculty Development, Director, Child & Adolescent Health Research Design & Support Department of Pediatrics
- David Lohr, MD – Faculty member in Pediatric Psychiatry and the Bingham Clinic
- John Myers, PhD – Biostatistician, faculty member in Pediatrics for the Child & Adolescent Health Research Design & Support Unit
- Gil Liu, MD, MS – Division Chief, General Pediatrics, co-director of Child & Adolescent Health Research Design & Support Unit

Next steps include further refinement of current data, and outlining potential next steps. We will plan to discuss this again in our July meeting.

Next Meeting: Scheduled July 15th, 1-3pm
(***Tentative*** **Location: Passport Health Plan;** 5100 Commerce Crossings Drive, Louisville, KY. 40229)