North Dakota Legislative Health Care Task Force

Subcommittee on Improving Access to Care

July 16, 2024

bailit health

Background and Context

- In previous Task Force meetings, members discussed having subcommittees to dive deeper into specific issues identified as priorities
- Three topics emerged as priorities based on input from the Task Force:
  - **Quality** will define what is meant by quality as a state, catalogue quality measures used in the state, and consider ways to align quality
  - **Improving Access to Care** will identify initiatives to increase patient engagement in and use of preventive and primary care, and improve chronic disease management
  - **Understanding Health Care Costs** will identify what data would be helpful to allow for understanding of health care spending and trends, and develop a fact sheet on Medicaid Expansion financing
- Subcommittees will meet two to three times over the summer; the first two meetings on Improving Access to Care have been scheduled for the following:
  - Tuesday, **July 16, 2024, 2:00pm — 3:30pm**
  - Tuesday, **July 30, 2024, 2:00pm — 3:30pm**

Subcommittee Members

- Senator Judy Lee
- Dr. Nizar Wehbi
- Alyson Kornele
- Dr. Josh Ranum
- Dr. Doug Griffin, Sanford Health, designee of Tiffany Lawrence
- Dylan Wheeler
- Todd Forkel
- Senator Ryan Braunberger
- Sara Hanson, BCBSND Director of Population Health, designee of Stacie Heiden
- Representative Alisa Mitskog
- Maria Neset

Subcommittee – Potential Focus Areas

Potential Focus Areas

- Primary Care
- Preventive Care
- Chronic Disease Management

Considerations:

- Does the topic sit within the purpose of this Subcommittee?
  - Access to Care (excluding workforce)
- Is the topic one where North Dakota has a significant potential for impact?
- Is the topic one that the State may have the ability to take on?
  - May want both broad strategies and specific interventions

Subcommittee Goals and Objectives

In Scope

- Consider existing programs among providers, health plans, and state programs
- Identify areas where commonality exists (eg quality measure underperformance across populations)
- Determine where measures and interests align

Out of Scope

- Workforce, there is a separate Legislative Task Force on this issue

Information presented at Task Force meetings over the past year

SEE FOLLOWING SLIDES

North Dakota Health Care System Performance

Commonwealth Fund 2023 Scorecard on State Health System Performance

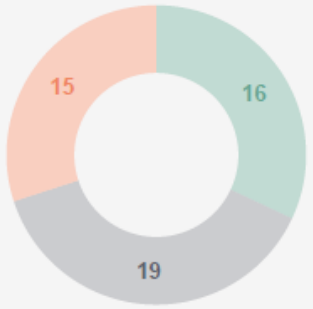
North Dakota

Ranking Highlights[a]

	National Rank	Rank Among Plains States*
Overall	**28** of 51	**4** of 7
Reproductive & Women's Health	17	3
Access & Affordability	24	6
Prevention & Treatment	30	6
Avoidable Hospital Use & Cost	19	5
Healthy Lives	21	3
Income Disparity	25	5
Racial & Ethnic Health Equity	43	5

* Plains states include IA, KS, MN, MO, NE, ND, SD

How Health Care Performance Changed in North Dakota[b]



How North Dakota Compares to All States

The Best and Worst in North Dakota

Best Performance

Primary care spending as share of total, ages 18–64

Central line-associated blood stream infection (CLABSI)

Adults with inappropriate lower back imaging

Improved the Most

Hospital 30-day mortality

Preventable hospitalizations ages 18–64

Adults with inappropriate lower back imaging

Worst Performance

Nursing home residents with an antipsychotic medication

Home health patients with a hospital admission

Hospitals with better-than-average patient experience ratings

Worsened the Most

Employer-sponsored insurance spending per enrollee

Home health patients with a hospital admission

Children who did not receive needed mental health care

Source: 2023 Scorecard on State Health System Performance, The Commonwealth Fund.

Commercial Market Performance on Select Quality Measures for the Adult Population, 2021

Measure	Score	< 25th Pctl	25th to 50th Pctl	50th to 75th Pctl	> 75th Pctl
Primary Care Access and Preventive Care					
Cervical Cancer Screening	71.9				
Colorectal Cancer Screening	66.0				
Flu Vaccinations for Adults Ages 18 to 64	60.7				
Breast Cancer Screening	71.1				
Maternal and Perinatal Health					
Prenatal and Postpartum Care: Postpartum Care	82.1				
Care of Acute and Chronic Conditions					
Controlling High Blood Pressure	61.9				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	41.9				
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	65.9				
Plan All-Cause Readmissions*	0.64				
Asthma Medication Ratio: Ages 19 to 50	83.7				
Asthma Medication Ratio: Ages 51 to 64	88.5				
Behavioral Health Care					
Medical Assistance with Smoking and Tobacco Use Cessation	9.7				
Antidepressant Medication Management - Effective Acute Phase Treatment (12 weeks)	78.7				
Antidepressant Medication Management - Effective Continuation Phase Treatment (6 months)	62.2				
Follow-Up After Hospitalization for Mental Illness: Age 18 + (7 days)	40.1				
Follow-Up After Hospitalization for Mental Illness: Age 18 + (30 days)	67.1				
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 + (7 Days)	14.5				
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 + (30 Days)	20.0				
Follow-Up After ED Visit for Mental Illness: Age 18 + (7 days)	47.6				
Follow-Up After ED Visit for Mental Illness: Age 18 + (30 days)	64.0				

Commercial Market Performance on Select Quality Measures for the Child Population, 2021

Measure	Score	< 25th Pctl	25th to 50th Pctl	50th to 75th Pctl	> 75th Pctl
Primary Care Access and Preventive Care					
Childhood Immunization Status (Combo 3)	77.9				
Childhood Immunization Status (Combo 10)	55.3				
Well-Child Visits in the First 30 Months of Life (First 15 Months)	75.0				
Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	81.3				
Care of Acute and Chronic Conditions					
Asthma Medication Ratio: Ages 5 to 11	89.5				
Asthma Medication Ratio: Ages 12 to 18	83.2				
Behavioral Health Care					
Follow-Up After ED Visit for Mental Illness: Age 6 to 17 (7 days)	63.4				
Follow-Up After ED Visit for Mental Illness: Age 6 to 17 (30 days)	80.5				

* Lower rate is better for the measure.
Source: Quality Compass (purchased license from NCQA).

Medicaid Market Performance on Select Quality Measures for the Adult Population, 2021

Measure	Score	< 25th Pctl	25th to 50th Pctl	50th to 75th Pctl	> 75th Pctl
Primary Care Access and Preventive Care					
Cervical Cancer Screening (Ages 21 to 64)	41.3				
Colorectal Cancer Screening (Ages 21 to 24)	41.3				
Flu Vaccinations for Adults Ages 18 to 64	NA				
Breast Cancer Screening (Ages 50 to 64)	36.3				
Maternal and Perinatal Health					
Prenatal and Postpartum Care: Postpartum Care	43.8				
Care of Acute and Chronic Conditions					
Controlling High Blood Pressure	67.8				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	54.4				
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	35.8				
Plan All-Cause Readmissions*	0.85				
Asthma Medication Ratio: Ages 19 to 64	86.6				
Behavioral Health Care					
Medical Assistance with Smoking and Tobacco Use Cessation	NA				
Antidepressant Medication Management - Effective Acute Phase Treatment (12 weeks)	59.3				
Antidepressant Medication Management - Effective Continuation Phase Treatment (6 months)	40.4				
Follow-Up After Hospitalization for Mental Illness: Age 18 + (7 days)	29.1				
Follow-Up After Hospitalization for Mental Illness: Age 18 + (30 days)	53.2				
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 + (7 Days)	24.4				
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 + (30 Days)	33.9				
Follow-Up After ED Visit for Mental Illness: Age 18 + (7 days)	44.6				
Follow-Up After ED Visit for Mental Illness: Age 18 + (30 days)	62.7				

Medicaid Market Performance on Select Quality Measures for the Child Population, 2021

Measure	Score	< 25th Pctl	25th to 50th Pctl	50th to 75th Pctl	> 75th Pctl
Primary Care Access and Preventive Care					
Childhood Immunization Status (Combo 3)	65.6				
Childhood Immunization Status (Combo 10)	44.1				
Well-Child Visits in the First 30 Months of Life (First 15 Months)	36.5				
Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	39.3				
Care of Acute and Chronic Conditions					
Asthma Medication Ratio: Ages 5 to 18	91.6				
Behavioral Health Care					
Follow-Up After ED Visit for Mental Illness: Age 6 to 17 (7 days)	58.0				
Follow-Up After ED Visit for Mental Illness: Age 6 to 17 (30 days)	76.0				

* Lower rate is better for the measure.
Source: Centers for Medicare & Medicaid Services published data based on Mathematica analysis of MACPro and FORM CMS-416 reports.

Combined areas of underperformance Commercial and Medicaid

Measure	Medicaid Score	PercentileL/ML/MH/H	Commercial Score	PercentileL/ML/MH/H
Primary and Preventive				
Well-Child Visits in the First 30 Months of Life (First 15 Months)	36.5	Low	75.0	Low
Well-Child Visits in the First 30 Months of Life (15 Months-30 Months)	39.3	Low	81.3	Low
Cervical Cancer Screening (Ages 21 to 64)	41.3	Low	71.9	ML
Colorectal Cancer Screening (Ages 21 to 24)	41.3	Low	66.0	MH
Breast Cancer Screening (Ages 50 to 64)	36.3	Low	71.1	MH
Prenatal and Postpartum Care: Postpartum Care	43.8	Low	82.1	ML
Chronic Disease Management				
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	35.8	High	65.9	Low
Plan All-Cause Readmissions*	0.85	High	0.64	Low

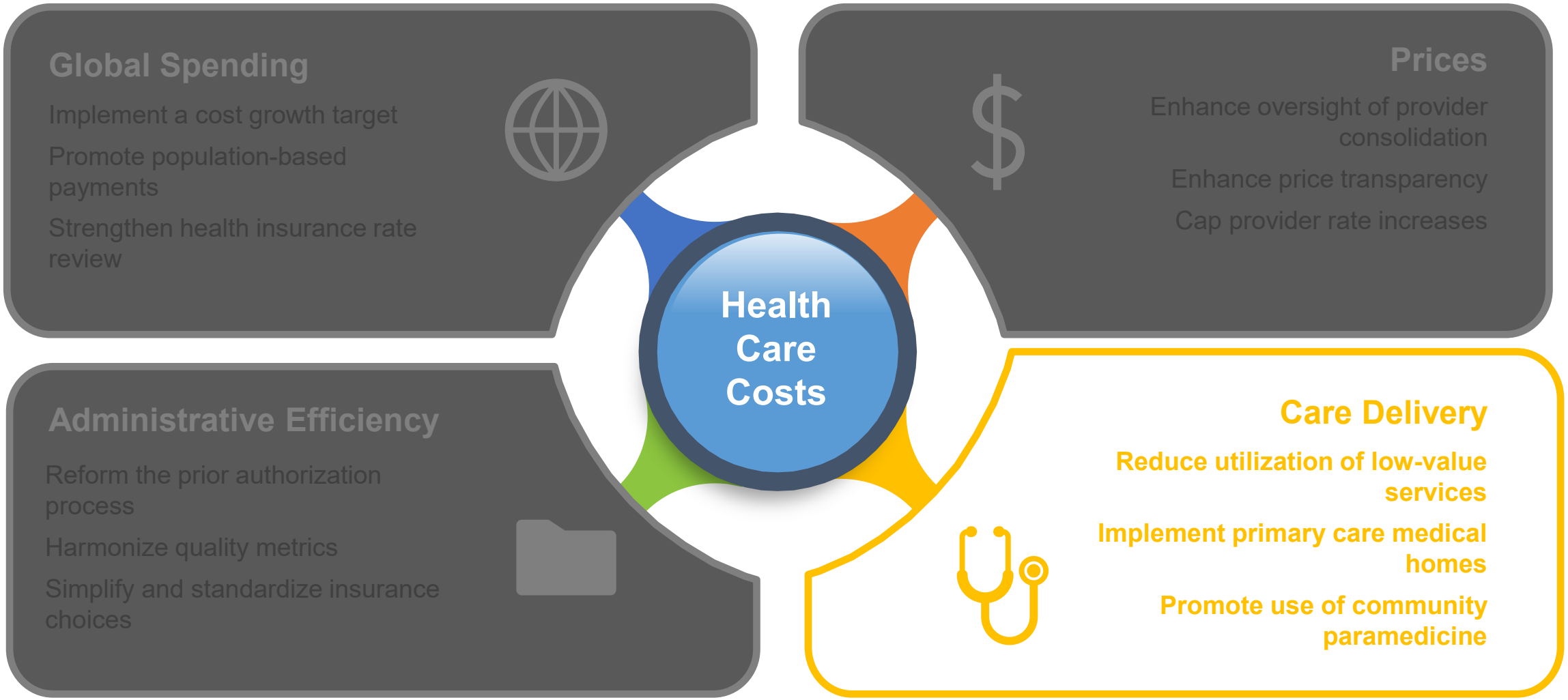
* Lower rate is better for the measure.
Source: Centers for Medicare & Medicaid Services published data based on Mathematica analysis of MACPro and FORM CMS-416 reports.

Common Areas of Focus Across All Payers (Medicaid, NDPers, Commercial)

- Payers have areas of commonality among: high expense and utilization categories, high growth areas, areas where episodes are in use, and areas where HEDIS measures are being used to track outcomes and to support value-based programs.

Chronic	**Non-Chronic**
• Diabetes • Inflammatory bowel disease • Psoriasis • Mental health conditions including depression • Adult rheumatoid arthritis • Cancers including screening and treatment	• Routine exams/Administrative visits including well child visits • Pregnancy with normal delivery including prenatal and postpartum care • Infections including other inflammation of skin

Examples of State Strategies to Slow Health Care Cost Growth



Discussion – Potential Solutions

Primary Care

- Technology to support consumer access to care
- Primary Care Medical Homes
- Community Paramedicine
- VBP for wellchild visits
- Learning focused on improving well child visits under 15 and 15-30 months across Medicaid and Commercial payers

Chronic Disease Management

- VBP on readmissions, diabetes
- Services to keep elders in their homes and prevent nursing home admissions

Preventative Care

- Use of Certified Community Behavioral Health Centers and peer supports
- Community Paramedicine
- VBP for cancer screenings
- Learning focused on improving cancer screening rates; cervical, colorectal, and breast

Discussion

- Does the data presented here and provided previously tell the entire story? If no, what is missing?
- Are there clear and compelling pathways where coordination is both warranted and possible in the near term?
- How best to proceed? Select two – three things to do in the coming year?
- What additional information is needed?

Discussion:

- Does the group need information presented at the next meeting?
- Did recommendations rise to the top that everyone can support?
- Is there value in discussing a process for aligning access initiatives outside of workforce to improve quality and outcomes?
- Does it make sense to consider long term alignment of access initiatives consciously tied to quality measures?