



statewide quality assurance program



Delmarva Foundation — Florida

# *Using Multiple Data Sources*

**Florida Statewide Quality Assurance Program  
Delmarva Foundation**

**Reinventing Quality Conference  
August 2004  
Philadelphia**





# *Overview*

- **Update on Florida**
- **Using data to impact quality**
- **New directions !**



## ***An Independent QA Approach***

- **Delmarva Foundation implemented statewide program of independent quality assurance for Florida DD HCBS Waiver in September 2001**
- **Contract with Florida Agency for Health Care Administration (Medicaid) in cooperation with the state DD program (Agency for Persons with Disabilities effective 7/2004).**



## ***Who is Delmarva Foundation ?***

- **A Quality Improvement Organization (QIO) (formerly known as a Peer Review Organization or PRO).**
- **Subcontractors include The Council on Quality and Leadership, Joint Commission Resources, and Medstat.**



# ***What Have We Been Doing?***

**November 2001 - June 2004**

**More than **6000** Provider Performance Reviews of about 3800 providers.**

**More than **7000** Person Centered Reviews conducted with persons who receive services through the DD HCBS Waiver.**



## ***Provider Performance Reviews***

- **Review of provider compliance with DD HCBS Waiver requirements through onsite reviews and desk reviews.**
- **Uniform Statewide monitoring protocols**



## ***Person Centered Reviews***

- **Review of waiver participants that provides valid data that is aggregated and analyzed at local and state level for systems review.**
- **Review includes a Personal Outcome Measures interview, Central Record Review, and Medical/Health Review.**



## ***Data Sources***

- **Florida Medicaid Management Information System (FMMIS)**
- **DD Allocation, Budget and Contract Control System (ABC)**



## **FMMIS**

- **Claims data available for ALL Medicaid services provided to Waiver participants. (State Plan, Waiver, other)**
- **Claims data regularly updated through direct access to Florida FREEDOM Data Warehouse**
- **Data analysis and evaluation activities conducted by Delmarva and Medstat**



## ***ABC System***

- **Consumer demographic database maintained by support coordinators**
- **Includes eligibility status, cost plans and authorizes expenditures**
- **Maintains expenditure data for individuals and providers by service type, unit and total cost**
- **Interfaces with FMMIS**



## ***How Data is Used ?***

- **In Review Process**
- **Special Studies**
- **Targeted Interventions**



## ***Using Data in Review Process***

- **Identify Consumer sample**
- **Identify demographic characteristics**
- **To verify cost plan information**
- **Verify authorizations and billing**
- **Verify provider eligibility**



## ***Using Data in Review Process***

- **Used to populate review tools**
- **All claims data identified for person-centered reviews**
- **Web-based access to claims data for individual providers**



# ***Special Studies***

## **Psychotherapeutic Drug Use**

- **Conducted in 2001-02 & 2002-03 in cooperation with Medstat**
- **Analysis of drug claims for DD HCBS Waiver population**
- **Use of anti-seizure, anti-psychotic, sedative, anti-depressant, and stimulant drugs.**



# ***Special Studies***

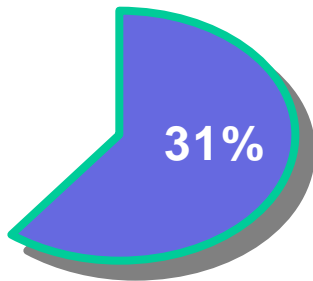
## **Psychotherapeutic Drug Use**

**About 12,600 people,  
or 52% of the DD waiver participants  
were prescribed at least one  
psychotherapeutic drug.**

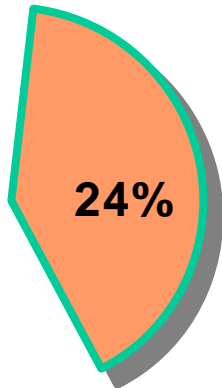


# *Special Studies*

## **Psychotherapeutic Drug Use**



**31% of consumers had at least one prescription for an anti-seizure medication filled**



**Across the entire waiver population, 24 % received an anti-psychotic prescription**



# *Special Studies*

## **Psychotherapeutic Drug Use**



- **About 1/3 of children (ages 3 to 17) in the waiver program were prescribed an anti-seizure drug.**



- **Those over 65 were the most likely to receive any psychotherapeutic drug (66 percent)**



## ***Special Studies***

### **Selected multiple medications profiles**

- **On two or more sedative/hypnotic medications concurrently**
- ✓ **On two or more antipsychotic drugs concurrently**
- ✓ **On Phenobarbital and other anti-seizure medication concurrently**
- ✓ **On two or more Selective Serotonin Reuptake Inhibitors (SSRI)**
- ✓ **On Mellaril – greater than 25 milligrams**



## ***Special Studies***

### **Selected multiple medications profiles**

**Use for DD Waiver population ranged from  
1/2% to 3%**

**Except for.....**

**people living in paid residential settings**

- ✓ **6% were prescribed 2 or more anti-psychotics**
  - ✓ **4% were prescribed Phenobarbital and  
2<sup>nd</sup> anti-seizure medication**



# ***Quality Improvement Initiatives***

- **Quarterly Drug Profiles from claims for consumers in paid residential settings with specific drug profiles.**
- **Provided to District Medical Case Management Teams for use in monitoring people in paid residential supports**
- **Established quality standard for waiver service, *Medication Review***
- **Provided training and proposed revised process to district medical case managers.**



## ***Quality Improvement Initiatives***

- **Data from Personal Outcome Measures interviews to report Program Effectiveness Measurement to State Legislature**
- **Use of Outcome data to support Employment Initiatives.**



## ***Moving Forward***

- **Data identified need to refocus to have greater impact on systems change**
- **Blending review processes with a stronger focus on the person**
- **Move towards consultative approach that examines provider**
  - awareness of the person
  - implementing supports based on the person's desired outcomes
  - extent to which personal outcomes are being achieved



## ***Remodel and Refocus***

### **Blends review processes for Waiver Support Coordination Consultation (WiSCC) for Support Coordinators**

- o **Continued focus on outcomes and supporting people using the Personal Outcome Measure Interview**
- o **Development of a FOCUS plan**



## ***Remodel and Refocus***

**Collaborative Outcome Review and Enhancement (CORE) for other services reviewed on site.**

- **Uses Data Sets from POM interviews**
- **Focus is on consumer input and review**
- **Opportunity for Expanded Review of Specific Elements**



## ***Remodel and Refocus***

**Both processes will continue to include review of minimum service requirements including background screening, training, authorization and billing**



# *Opportunities*

- **Analysis of data collected from reviews enhanced by larger data base**
- **Assess to all FMMIS data**
- **Population specific demographic data that can be crosswalked and analyzed against Medicaid claims data.**
- **Data collected from reviews provides more specific data that can be linked back to larger database**



# *Challenges*

- **Inaccuracies in data**
- **Inconsistencies in claims data due to timeliness and lack of edit checks**
- **Incomplete data**
- **Data not available from other payment sources**
- **Understanding and correctly linking and using data**



# ***Using Data Responsibly and Appropriately***

- ***Understanding the limitations of data***
- ***Appropriate use at appropriate levels***
- ***Know what the data says***
- ***Rely on knowledgeable experts***
- ***Awareness of impacting factors***