Cultivating a data-driven culture to improve the quality of Health Home care management services

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BACKGROUND

- Brooklyn Health Home (BHH) is a network of care management agencies (CMAs) that provides services for chronically ill Medicaid beneficiaries with social risk factors.
- As New York's Health Home Program shifts to focus on value-based payment, demonstrating outcomes and value of Health Home services is increasingly important.
- BHH developed and implemented a quality management program to monitor and evaluate performance for CMAs. Performance data is used to drive strategic planning, the development of training and education, and to support various continuous quality improvement (CQI) activities.

METHODS/KEY PROGRAM COMPONENTS

- **Qualitative Method:** A retrospective chart review is conducted each performance period to assess the quality of services administered throughout a member's enrollment history relative to their chronic condition(s) and social determinants of health.
- **Quantitative Method:** Performance data is collected monthly by extracting quantitative measures (actions that must be performed from enrollment through discharge) from patient records in the EHR. Reports are then distributed to help CMAs monitor and improve performance.
- **Communication and Collaboration:**
  - Monthly operations reports
  - Biannual performance scorecard (see Figure 1)
  - Monthly Quality Committee meetings
- **Corrective Action Process:** Low-performing CMAs participate in a structured and closely-monitored process through which additional support and resources are provided in addition to the typical quality management oversight.

RESULTS

- Between April 2017 and December 2018, the BHH network's overall performance increased by 11.79% (see Figure 2).
- The most notable improvements were made in measures concerning management of critical events (e.g. ER visits, homelessness, incarceration) and care transitions (e.g. disenrollment, case transfers), with increases of 18% and 22% respectively (see Figure 3).
- CMAs that participated in the corrective action process between Quarter 2 2017 and Period 1 2018 had a higher percent change in performance (20%) than CMAs that did not participate (8%) (See Figure 4).

A data-driven quality management program improves the delivery of community-based care coordination.

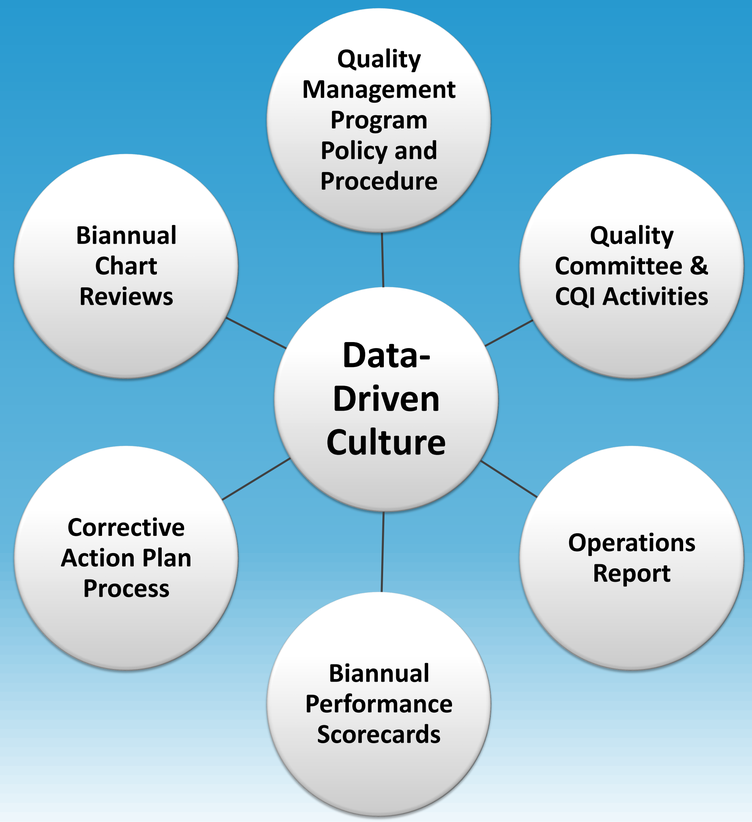
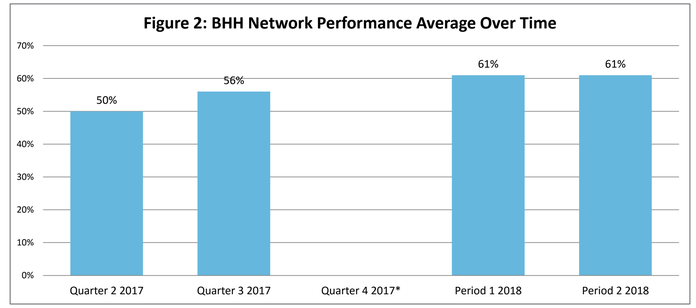


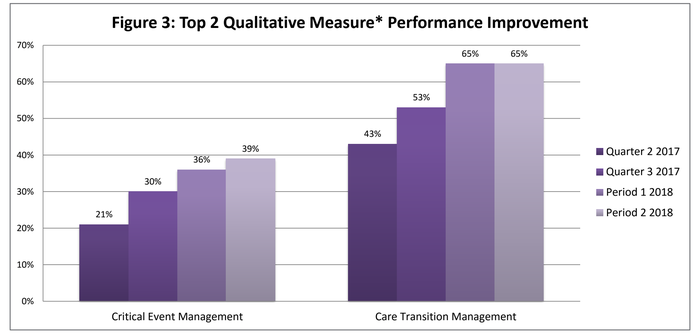
Figure 1: BHH Performance Measures	
Qualitative Measures	**Quantitative Measures**
Plan of Care	Member Engagement
Critical Event Management	Critical Alert Response Rate
Care Transition Management	Completion of Coordinated Care Plan
Outreach Activities	Timely Update of Coordinated Care Plan
Enrollment & Consenting	Timely Completion of Assessments
Assessments	Billing Compliance
Case Notes	

Figure 2: BHH Network Performance Average Over Time



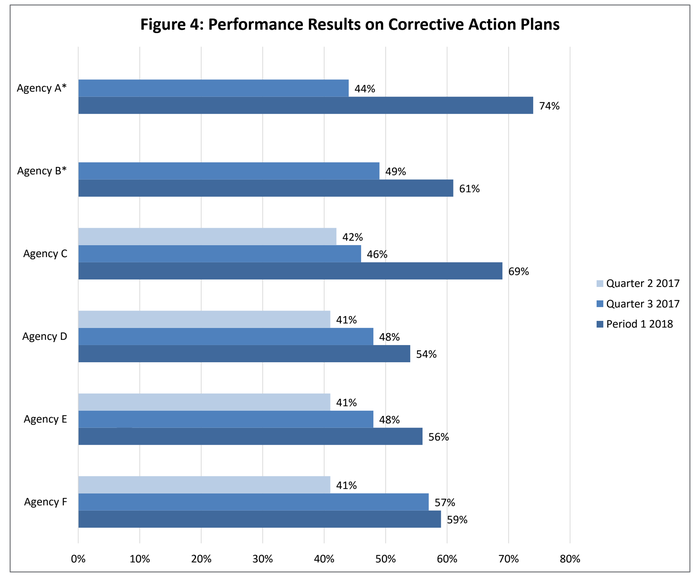
***BHH performance periods changed from quarterly to biannually to leave sufficient time to implement performance improvement activities following the release of each performance scorecard. Quarter 4 2017 was used to update the Quality Management Program and plan 2018 implementation.**

Figure 3: Top 2 Qualitative Measure* Performance Improvement



***These measures are 2 out of 7 qualitative measures that are evaluated through the biannual chart review process.**

Figure 4: Performance Results on Corrective Action Plans



***Agency A and Agency B began participating in the Corrective Action Process in Q3 2017.**

Maimonides Medical Center

BROOKLYN HEALTH HOME