Ohio medicaid QUALITY MONITOR

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Study steps:
Data collection and analysis

In last issue's column, we described some key aspects of health care study design—developing the purpose, objectives, quality indicators, and sampling methodology. This column will detail the next steps in study design—data collection and analysis. The analysis plan, which is completed prior to sampling and data collection, outlines the details for obtaining and analyzing the data needed for the study. It also includes numerators and denominators for the quality indicators and any additional indicators for demographic profiles of the study population.

The study team then turns its focus to collecting the required data. A data collection tool is designed to record abstracted information needed for calculating quality indicators. When designing a tool, the team must consider the following: information needed; type of format; level of detail sought; how to report information; and how much analysis will be needed.

Each tool includes a data dictionary, which provides RN reviewers with detailed instructions for each question. The data dictionary serves as a reviewer training resource and as a reference during data collection.

Once the study tool and data dictionary are completed, RN reviewer training and data collection begin. We will review these aspects of health care studies in the Spring 2002 newsletter.

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PERMEDION

Pain management study finds good care along with areas for improvement

Chronic pain is defined as pain lasting or recurring for more than six months. When considering costs related to medical treatment, lost income, lost productivity, and compensation payments, the total financial impact of chronic pain exceeds $50 billion per year. In spite of available knowledge regarding effective pharmacological and non-pharmacological approaches to managing chronic pain, unrelieved pain continues to be documented in many clinical settings.

The Ohio Department of Job and Family Services (ODJFS) and Permedion conducted a chronic pain management study to determine the quality of care delivered to Ohio Medicaid recipients according to guidelines of the American Society of Anesthesiologists. The study population included pain management clinic patients who were between 18 and 64 years old, were enrolled in Ohio Medicaid fee-for-service (FFS) or managed care (MC), and had two or more visits during the one-year study period (July 1, 1998, to June 30, 1999).

Quality and utilization indicators included history of present and past medical illnesses and/or surgeries, pertinent physical examination, documentation of comorbidities, allergies and/or drug reactions, and current medication. A total of 469 patient records were reviewed to assess the documentation of the above indicators. Nurse reviewers also looked for documentation of plans for treatment and follow-up care, including whether the plans were multi-modality, multi-disciplinary, or a combination of both.

Goals of Pain Management

- optimize pain control
- minimize adverse outcomes and costs
- enhance the quality of life for the patient with chronic pain

RESULTS

Of the 469 charts reviewed, 385 (82%) had documentation of each indicator. Individually, present medical illness was documented in 99%, past

Pain management *continued on p. 3*

Medical Director *dialogue*

by T.J. Redington, MD
Ohio Department of Job and Family Services

Disease prevention is a mainstay of maintaining the public's health.

We generally think of children when we speak about vaccines, and for good reason. Childhood vaccines are essential to prevent disease, not only in the child receiving the vaccine, but also in unimmunized children and adults with whom they may interact. Potential exposure risks include children younger than a year old that can be infected with the measles virus, but are too young to be vaccinated, and people with leukemia, who also cannot receive vaccines.

Newborns are especially vulnerable to childhood infections for a number of reasons. For example, the immune system may not be strong enough to fight certain diseases. After a month, an infant loses the immunity they received from their mother in utero. And in some illnesses, like whooping cough, there is no maternal immunity.

Vaccines are responsible for the control of many infectious diseases that were once common in the United States, such as polio, measles, chicken pox, rubella, mumps, tetanus, and haemophilus influenzae type B. The hepatitis B vaccine will reduce the incidence of chronic active hepatitis, cirrhosis from hepatitis B, and the frequently ensuing hepatocellular carcinoma. Cancer of the liver, caused by hepatitis B, is the most common form of cancer worldwide.

The most frequent vaccine-preventable death is pneumonia in adults, yet the national data on the administration of this vaccine are disappointing. Some estimates are that one in five patients who meet the indications for the vaccine actually receive it. Furthermore, adults and children with chronic illnesses need to be immunized against influenza. Everyone has a part to play in the improvement of immunization rates. Parents, physicians, health departments, schools, and the media all can help educate and inform others about the imperative of preventing these preventable diseases.

Collaborating to improve childhood immunization

The ODJFS Office of Ohio Health Plans is working with the Ohio Department of Health (ODH) to develop strategies to improve immunization rates among children in Ohio. One joint activity is applying for federal funding to develop and implement processes to enable the two agencies to share ODJFS data, namely Medicaid claims and enrollment information, and data from ODH's statewide immunization registry. Under these arrangements, the registry will be updated regularly with new Medicaid enrollees, and ODJFS will receive regular updates regarding children's immunization status. By using the immunization registry, providers will help ODJFS and ODH develop strategies to maintain up-to-date immunization information on Ohio children and to identify best practices for targeting and immunizing at-risk populations. The information below, which was obtained from the ODH Immunization Program, describes the immunization registry and the tracking system developed and administered by ODH.

Immunization registries are confidential, computerized information systems that provide a single source of immunization records for children. Information is entered either through a linkage with electronic birth records or at a child's first contact with the health care system. Provider participation is important because the usefulness of registries is directly proportional to the level of participation by providers and patients. To be fully successful, all health care providers—both public and private—must participate actively in the registry.

Ohio's IMPACT Statewide Immunization Information System (SIIS) is a web-based application developed by ODH to link the state's immunization registry to medical practices. Medical practices will be able to:

- track infant immunization histories from a centralized location;
- manage immunization inventories and instantly produce online reports for HEDIS, schools, and parents;
- find new patient information quickly and efficiently;
- learn about new immunization protocols in a timely manner; and
- send immunization reminder/recall notices automatically.

Benefits to medical practices

Increased accuracy of immunization delivery translates into time and financial savings and fewer administrative hassles for medical practices. Fewer missed immunizations, reduced incidences of over-immunization,

Immunization *continued on back*

Pain management *continued from p. 1*

history in 93%, comorbidities in 90%, allergies in 94%, and current medication in 97% of the medical records. Multi-disciplinary plans were noted in 48%, multi-modality plans in 94%, and both types of plans were documented in 45% of charts reviewed. Documentation of a scheduled follow-up visit or a follow-up phone call was found in 92% of charts.

Opioid medication was specified in treatment plans of 69% of the patients. Of those receiving opioids, 40% had documentation in their charts of prior failed treatment with non-opioid medications, 31% had documentation of around the clock dosing, and 60% had a signed informed consent for the use of opioid medication.

Specific medication usage by quantity and category is documented in *Figures 1* and *2*.

DISCUSSION

The findings indicate a high level of compliance with documentation of the current and past medical history, physical examination, comorbidities, allergies, and current medications. The documentation of the multi-modality treatment plan was excellent. However, documentation of the multi-disciplinary plan and documentation of utilizing both plans were less than 50%, indicating an opportunity for improvement. In those patients receiving opioids, documentation of failed treatment with other medications, evidence of around the clock dosing, and informed consent all could be improved.

Opportunities for further study include examining pain management for specific illnesses, looking for end-points of success of treatment, determining improvement and return of functional capability, and applying similar indicators to different care settings.

Figure 1: ***Medications in Treatment Plan***

Quantity of medication types specified
in treatment plans of patients with chronic pain

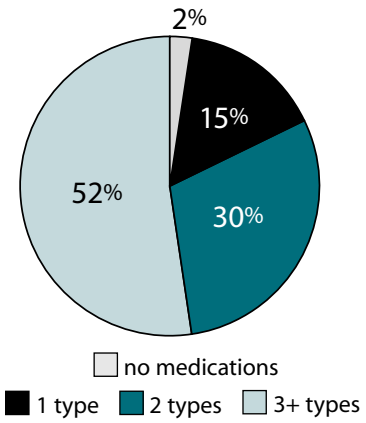
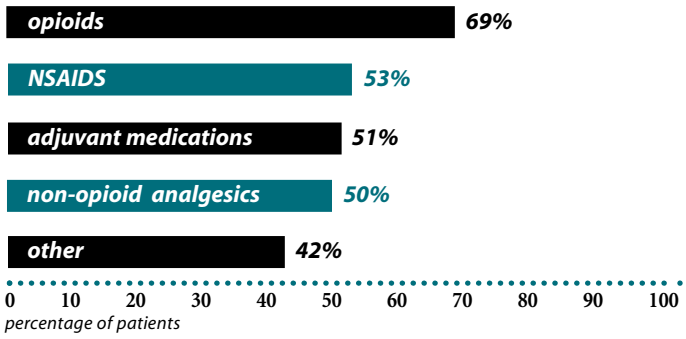


Figure 2: ***Medications in Treatment Plan***

Types of medications specified
in treatment plans of patients with chronic pain
(some plans may indicate more than one type of medication)



CODING CORNER

Pain management and palliative care

To complement the story on our Pain Management Study, this issue's Coding Corner offers insight and specific information regarding the correct coding and identification of pain management and palliative care for the terminally ill patient.

Coding Clinic for ICD-9-CM defines a palliative care encounter as an alternative to aggressive treatment for patients in their terminal phase of illness. This type of care focuses on the management of pain and symptoms in patients with incurable diseases. End-of-life, hospice, or terminal care services should be documented first with a code identifying the terminal illness (e.g. carcinoma, AIDS, etc.) and an additional or secondary code for the palliative care (V66.7). Accurate use of the palliative care code as a secondary diagnosis requires that the care was given only to relieve pain and discomfort.

An Example:

A 60-year-old female with ovarian cancer in the terminal phase is admitted to hospice for palliative care. Her treatment is solely for pain management. In this case the code assignment is (183.0) malignant neoplasm of ovary and (V66.7) encounter for palliative care.

Physician documentation in the medical record must confirm that palliative care is being given to support the use of code V66.7. Terminology such as comfort care, hospice, and end-of-life care are all synonymous with palliative care. If the documentation is unclear, query the physician and request additional clarifying documentation.

Immunization *continued from p. 2*

quick access to immunization histories, electronic vaccine inventory management, and electronic reporting all help practices achieve operational efficiencies.

The immunization registry provides record consolidation that: **1)** combines immunizations from all providers into one record to provide a reliable immunization history—with fewer calls to past providers; **2)** electronically stores all required immunization documentation, including Vaccine for Children (VFC) status and HEDIS information; and **3)** produces standard reports for managed care, day-care centers, schools, and camps, including annual physical forms with printed immunization dates. The registry also serves as a reminder/recall system that automatically sends patient reminder notices for immunizations due or overdue. Patient reminder notices are automatically sent to parents and are paid for by the state. As a valuable information source, the registry enables providers to access information from an online bulletin board on product recalls, immunization news, patient education materials, disease outbreak warnings, and new immunization protocols.

Benefits to the community

A collaborative, statewide registry is essential to maintaining current high immunization rates in Ohio. High-risk areas of the community can be identified and action can be taken to prevent or contain disease outbreaks. With record low disease, registry data is important to encourage continued community effort and remind parents of the importance of timely immunization.

If you have internet access, or plan on having access soon, and want more information on how to get started, contact IMPACT SIIS at **1-866-349-0002**.

Ohio's Medicaid immunization measurement plan submitted to CMS

In September 2001, the ODJFS Office of Ohio Health Plans submitted its immunization measurement plan to the Centers for Medicare & Medicaid Services (CMS, formerly HCFA) as part of the national effort for performance improvement mandated by the Government Performance Review Act (GPRA) of 1999.

The measurement plan specifies sampling and data collection methods that will generate the statewide immunization rate for 2-year-old children enrolled in Medicaid. The methodology complies with national immunization standards and National Committee for Quality Assurance reporting standards for sample selection and measurement. Data sources are Medicaid claims and encounter data, the statewide immunization registry, medical records, and parental reports.

Baseline rates for the Ohio state fiscal year (SFY) 2001 (July 1, 2000 - June 30, 2001) reporting period will be calculated by September 2002. The sampling frame will be children who turned age 2 during the reporting period and who had at least 6 months of Medicaid eligibility with no more than a 45-day break between eligibility spans. The sample will be divided into urban and rural groups, and results for each group will be weighted to obtain a statewide measure of the immunization rate for 2-year-old children. Measures will be repeated annually through SFY 2007.

This effort is part of a comprehensive strategy to improve immunization rates; collaborators include ODJFS, the state and local health departments, managed care plans, and health care providers. For information on Ohio's GPRA immunization initiative, contact Rosemary Chaudry at ODJFS at 614-995-1721.

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