Making an Impact on Population Health: Utilizing a State-wide Health Information Exchange to Promote the National Diabetes Prevention Program

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Maryland Medicaid

Fiscal Impact
- Approximately $13.5 billion in state and federal funds
- Typically accounts for about 24% of State budget

Reach
- Provides benefits for approximately 1.7 million people
  - 1.47 million (86%) are enrolled in HealthChoice
  - 427,356 adults are enrolled as a result of the ACA Medicaid expansion
Maryland Medicaid Managed Care Organizations (MCOs)

Under HealthChoice, Maryland requires most Medicaid beneficiaries to enroll in 1 of 9 participating MCOs (including individuals with disabilities and children in foster care):

<table>
<thead>
<tr>
<th>Aetna Better Health of Maryland</th>
<th>AMERIGROUP Community Care</th>
<th>CareFirst Blue Cross BlueShield Community Plan of Maryland</th>
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</thead>
<tbody>
<tr>
<td>Jai Medical Systems</td>
<td>Kaiser Permanente</td>
<td>Maryland Physicians Care</td>
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<tr>
<td>MedStar Family Choice</td>
<td>Priority Partners</td>
<td>UnitedHealthcare</td>
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Demonstration to Coverage Timeline

**July 2016**
- Medicaid and National DPP Demonstration Begins

**Jan. 2018**
- Demonstration Enrollment Ends
- New DPP Provider Type Requested

**Nov. 2018**
- Demonstration Debrief
- Coverage 2.0 Begins

**Jan. 2019**
- DPP Provider Type Established
- Capstone Meeting
- Executive Summary Available
- Demonstration Ends

**Sept. 2019**
- HealthChoice DPP Starts

*April 2019*
- 1115 Waiver Amendment approved
HealthChoice DPP

Statewide implementation of the National DPP through HealthChoice MCOs

Required changes to Maryland Medicaid regulations

Built into MCO capitation rates

Aligns with CDC Diabetes Prevention Recognition Program (DPRP) eligibility criteria

Closely aligns with the Medicare Diabetes Prevention Program (MDPP) Expanded Model

Includes both in-person and virtual CDC-recognized organizations

Effective Date: September 1, 2019
Maryland Total Cost of Care Model

Statewide Goals Across Three Domains

Hospital Quality
- Reduce avoidable admissions
- Improve Readmission Rates by Reducing Within-Hospital Disparities

Care Transformation Goals
- Increase the amount of Medicare TCOC or number of Medicare beneficiaries under value-based care models*
- Improve care coordination for patients with chronic conditions
Maryland Total Cost of Care Model

Statewide Goals Across Three Domains

Total Population Health Goals

- **Priority Area 1 (Diabetes)**: Reduce the mean BMI for adult Maryland residents
- **Priority Area 2 (Opioids)**: Improve overdose mortality
- **Priority Area 3 (Maternal and Child Health Priority Area)**:
  - Reduce severe maternal morbidity rate
  - Decrease asthma-related emergency department visit rates for ages 2-17

Hospital Quality

Total Population Health

Care Transformation Across the System
Domain 3: Total Population Health

Priority Area 1: Diabetes

- Identified as a statewide priority by Maryland State Secretary of Health & the statewide Diabetes Action Plan is now available on MDH website

Priority Area 2: Opioids

- Identified as a statewide priority by Lieutenant Governor through the Maryland Heroin and Opioid Emergency Task Force in 2015
- State of Emergency declared by Governor Hogan in 2017

Priority Area 3: Maternal & Child Health

- Maternal and Child Health identified as a SIHIS recommendation by the Maternal and Child Health Task Force formed by House Bill 520/Senate Bill 406
Diabetes Impact

- Healthy Weight: 1,340,868
- Overweight and Obese: 2,846,799
- Prediabetes: 1,624,807
- Diabetes and Diabetes Complications: 521,239

**Statewide Integrated Health Improvement Strategy Goal:** Through 2026, achieve a more favorable change from baseline mean BMI than a group of control states.

**Outcomes-Based Credit Goal:** Through 2026, increase the number of averted cases of diabetes (difference in diabetes incidence rate between Maryland and a group of control states).

**Diabetes Action Plan Goal:** By 2024, reduce the age-adjusted diabetes mortality by 5 percent.
State Agency Collaboration: Prediabetes Flag

MDH-Public Health

MDH-Medicaid

Health Services Cost Review Commission

Hilltop Institute at UMBC

CRISP tools
Regional Health Information Exchange (HIE) serving Maryland, West Virginia, the District of Columbia, Connecticut, and Alaska

**Vision:** To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration.
Health Information Exchange

CRISP Data Sources

- Hospitals and Health Systems
- Medicaid
- LabCorp Quest

ADT Data
Demographics, Diagnoses, Labs, BMI

Claims
Diagnoses

Labs
HgbA1C, FG, OGTT
Identifying Eligible Populations

• **Goal**: Use the available data sets to identify patients who are likely eligible for health choice DPP and ensure appropriate members of the care team know who they are.

• **How**:
  • Two-tiered process:
    • Tier 1: Identify Prediabetes
    • Tier 2: Apply HealthChoice DPP eligibility
**Tier 1**

**Identify Prediabetes and GDM**

- Apply American Diabetes Association guidelines to available data
- Gestational Diabetes (GDM) identified using diagnosis codes

Diagram:

1. Diabetes diagnosis from ICD-10 code(s)?
   - Yes: Diabetes (exclude)
   - No:
     1. Labs* meet diabetes threshold?
        - Yes: Predicateabetes (include)
        - No:
          1. Prediabetes ICD-10 code(s)?
             - Yes: Prediabetes (include)
             - No:
               1. Labs meet prediabetes range
                  - Yes:
                  - No: Normal glycemic control (exclude)

*Labs include HgbA1c, OGTT, Fasting Glucose*
Apply HealthChoice DPP Eligibility

HealthChoice DPP adds a layer of eligibility aligned with National Diabetes Prevention Program

- Age
- BMI
- Lab timing
Two distinct populations

- Tier 1 and 2 criteria met
  - Medicaid DPP Eligible

- Tier 1 criteria only
  - Medicaid DPP Eligible Missing Data
Informing the Care Team

Care Alerts

MEDICAID (2021-05-04)
Medicaid DPP Eligibility: This patient likely meets eligibility criteria for the National Diabetes Prevention Program, an evidence-based year-long lifestyle change program designed to prevent or delay the onset of type 2 diabetes. Please note that pregnancy is an exclusion for DPP programming. You may refer this patient by contacting [MCO_name] (https://mmcp.health.maryland.gov/Pages/HealthChoice-DPP.aspx), or through the CRISP referral tool. The MCO will help the patient enroll. Please encourage your patient to participate in the program.
Informing the Care Team

ENS - SmartAlerts

INPUT
- ELIGIBLE FOR DPP FILE
- PATIENT/MEMBER PANELS

OUTPUT
- LIST OF ALL ELIGIBLE MEMBERS/PATIENTS

PATIENT MATCHING
- HOSPITALS + HEALTH SYSTEMS
- PHYSICIANS + CLINICS
- HEALTH PLANS
- POST ACUTE
- BEHAVIORAL HEALTH
Actionable Data

- During the last quarter of 2021, Care Alerts were generated for members of all 9 MCOs as follows:
  - Members who have received a new DPP likely eligible alert: 909
  - Members who have received a new DPP likely eligible but missing data alert: 1750
- Subscribing MCOs receiving monthly, continuously updated SmartAlerts

June 2021 went live

~75,000 initially identified

~86,500 active alerts as of 12/31/21

7 MCOs receiving SmartAlerts
Actionable Data

Extensible technology like Care Alerts and ENS-SmartAlerts can help identify high priority patient populations

- Leverage existing data sets
- Other Smart Alerts
  - Population health management
  - HIE can help identify populations and send to the most appropriate member of the care team to take action
CRISP e-Referrals

- CRISP identified a need to create a referral system that notifies providers of their patient’s program enrollment

Referrals Workgroup

- MDH Center for Chronic Diseases
- Maryland Medicaid
- Health Services Cost Review Commission (HSCRC)
- Maryland Primary Care Program (MDPCP)
DPP Intermediaries

Manual Workflow

Regional Partnerships
- Baltimore Metropolitan Diabetes Regional Partnership
- Nexus Montgomery
- Western Regional Partnership
- Saint Agnes and Life Bridge Diabetes Health Collaborative
- Full Circle Wellness for Diabetes in Charles County
- Totally Linking Care

Medicaid MCOs
- Aetna Better Health of Maryland
- AMERIGROUP Community Care
- CareFirst BCBS Community Plan of Maryland
- Jai Medical Systems
- MedStar Family Choice
- Priority Partners
- UnitedHealthcare

Automated Workflow

Workshop Wizard Integration
manual workflow

- Manual workflow for intermediary involves case manager working with individuals with prediabetes

- Case manager identifies appropriate program to send individuals to

- Case manager works with DPP to close the loop to referring clinician
Automated Workflow - Workshop Wizard

What CRISP Sends to WW
- Participant’s name, address, contact info
- Provider notes

What WW Sends Back to CRISP
- Enrollment status
- Workshop leader info
Send Referral to Intermediary

**Referrals Webform**

- Referral Webform captures patient demographics and clinical information
  - BMI
  - HbA1c
  - Blood pressure
  - Cholesterol
  - Fasting glucose

- Intermediary identified
Intermediary Manages Referral

Intermediary Worklist

- Intermediary tracks incoming referrals via their Worklist queue
- Intermediary closes the loop to referring providers via their CBO portal
E-Referral Tool

Referrals Portal

- Referring clinicians are able to track their patient’s enrollment info via CRISP
Referrals History Subtab

- Any member of this participant’s care team can view their referral history information under the Social Needs tab in CRISP.

- Will also display referrals that originate outside of CRISP once ingested.
At a Glance

• **13 DPP intermediaries managing diabetes referrals in the tool**
  • 7 Managed Care Organizations
  • 6 Regional Partnerships
  • Workshop Wizard

• **Average of 100 referrals/week in 2022**

• **Scale Targets**
  • RPs targeted to receive 33,000 referrals in 2022
Key Medicaid Resources

National DPP Program

- CDC Diabetes Prevention Program

Maryland Program

- HealthChoice Diabetes Prevention Program

Program and Policy Guidance

- Policy Transmittal 09-20 Coverage of National Diabetes Prevention Program for HealthChoice Enrollees (Last Updated 09.30.19)
- Frequently-Asked Questions - HealthChoice DPP Implementation
Contact

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