TennCare Health Plan Meeting Highlights Report

February 23, 2023

Division of TennCare

Qsource®

Meeting Objectives

As Tennessee's designated External Quality Review Organization (EQRO), Qsource facilitates health plan meetings to benefit TennCare and its managed care contractors (MCCs). These triannual meetings provide opportunities for learning from guest subject matter experts who can share success stories and best practices, for earning nursing and the Certified Professional in Healthcare Quality (CPHQ) continuing education units (CEUs), and for networking to stay abreast of pertinent topics to Medicaid and managed care. Objectives for February attendees were the following:

- Understand the Community Health Access and Navigation in Tennessee (CHANT) program and how they can help bridge gaps in care for the local communities;
- Learn how to better develop optimal Performance Improvement Projects (PIP);
- Increase understanding of the importance of dental health, the inequities of dental care, and discuss strategies to bridge those gaps; and
- Increase understanding of health equity in Tennessee and how MCCs can leverage HEDIS measurements to track and close the gaps.

While our shared goal has always been to improve the quality of care and services provided to TennCare members, this program was informed by your feedback and suggestions, and carefully designed by Qsource and TennCare to cover topics relevant to the requirements, needs and concerns of your health plan. It is our hope that you will find the presentations both helpful and informative when preparing procedures and crafting policies. This document contains highlights for a quick refresher on the day's speakers and topics.

Community Health Access and Navigation in Tennessee (CHANT) Brief

Deshnell Cobbin, Program Director
Tennessee Department of Health

- CHANT is a program model that helps identify and address risk factors at the individual, family, and community levels. The teams in CHANT engage directly with the individuals and families that have been referred to them and help those individuals and families to navigate their specific medical and social needs. In doing so, the goal is to create a measurable impact on children, families, and communities within Tennessee.
- CHANT has partnered with a number of other major outreach programs throughout Tennessee, to help all programs meet their goals: to help the population that needs it most. These internal partners include Help Us Grow Successfully (HUGS) and TennCare Kids.
- As of 2019, CHANT was available in Montgomery, Sumner, and Mid-Cumberland Counties. Currently, CHANT operates in all 95 counties in Tennessee. In the September 2022 CHANT quality report, which measured Year 4 of the program, CHANT currently has 7,322 families enrolled and successfully closed 1,516 cases, with a total of 8,838 families served.
- CHANT operates primarily through a referral process. All referrals will go through an electronic referral system which will notify the team leader who operates within the referred family's region. The team leader will then assign that family to a care coordinator. Once a family has been partnered with a care coordinator, a meeting will occur where the care coordinator will learn of the family's specific needs, help the family to set goals based on their specific medical and/or social needs, and help the family to reach their goals, allowing the family to successfully exit the program.
- Target populations for CHANT include children and youth with special health care needs (CYSHCN) 0-21 years old, all children 0-5 years old, TennCare eligible 6–21-year-olds, Prenatal and Postnatal/Postpartum mothers. It should also be noted that any members in a household that includes a target population also qualify for CHANT Care Coordination Services.
- CHANT goals:
    - Referrals will be more evenly distributed among care coordinators;
    - All CHANT care coordinators will manage diverse caseloads, i.e., by race, ethnicity, Limited English Proficiency (LEP), family size, service level, and CYSHCN;
    - Engage all families by phone or in person;
    - Navigate families through CHANT by helping them set and reach goals and exit the program; and
    - Participate in at least one Community Engagement Activity per month to increase community awareness of CHANT services and identify potential CHANT referrals.

Developing Optimal Performance Improvement Projects (PIP)

Frances Richardson, Clinical QI Specialist
Leslie Shelton, Clinical QI Specialist
Qsource

- As outlined in Amendment 34 and Section A.2.15.3 of the Statewide TennCare MCO and TSA contracts, MCOs must conduct at least two clinical and three nonclinical PIPs. The clinical PIPs must include one in the area of behavioral health and one in the area of either child or prenatal health. Of the three nonclinical PIPs, one must be in the area of long-term services and supports (LTSS). Likewise, section A.54 of the PBM contract and Amendment 4 Section A.143 of the DBM contract requires one clinical and one nonclinical PIP. Additionally, MCOs are required to conduct a PIP if their CMS-416 rates are below 80%.
- Qsource, as the External Quality Review Organization (EQRO) for TennCare, provides all MCCs with the PIP Summary Form and PIP Summary Form Instructions which ensure that each validation step of the PIP is covered.
- Each step to developing a good PIP is discussed, as are improvement strategies and methods for assessing sustained improvement over remeasurement years of the PIP.

The Intersections of Oral and Overall Health – Challenges and Opportunities

Sarah Shannon, MS, Associate Director, TN
Dr. Katrina Eagilen, DDS, Senior Clinical Director, TN
Dentaquest

- "The benefits of maintaining good dental health extend far beyond just your mouth" (Chicago School of Dentistry, 2009). Studies show connections between poor oral health and cardiovascular disease, diabetes, respiratory illnesses, strokes, kidney disease, dementia, and obesity.
- Dental caries is one of the most common ailments in children, and ongoing, untreated caries will lead to the destruction of tissues that support the teeth, including alveolar bone and ligaments. This leads to periodontal diseases, a common ailment in adults. Untreated periodontal disease can result in alveolar bone loss that is irreversible.
- Maternal periodontal disease has been associated with adverse pregnancy outcomes. Pregnancy/pyogenic granuloma, enamel erosion, pregnancy gingivitis can all develop into periodontal disease. Maternal periodontal diseases have shown to have an impact on infant health as well as to the mothers, whether directly or indirectly. Lack of access to prenatal care overall, both dental and medical, results in more premature births (preterm birth is the largest cause of infant mortality in Tennessee). There is a higher rate of

preterm deliveries of women living in poverty or rural areas, due to this lack of care. In addition, in 2020, approximately 1 in 8 women were uninsured.

- In Tennessee, 14.9% of the adult population has diabetes, 1.7 million are pre-diabetic, and an additional 161,000 are undiagnosed. Diabetes reduces the body's resistance to infection, leading to a rise in periodontal disease among diabetic patients. Studies have also shown that patients with periodontal disease have more difficulty controlling their blood sugar levels.
- Alzheimer's disease accounts for 60-80% of dementia diagnoses. Tennessee has the second highest age-adjusted mortality rate from dementia in the United States, with 3,500 annual deaths due to Alzheimer's. Alzheimer's has been linked to periodontal disease and tooth loss; in addition, a 2019 study in mice that were exposed to periodontal disease bacteria developed neuroinflammation, neurodegeneration, and senile plaque formation similar to that in humans who are developing or have developed Alzheimer's. The outcome of this study suggests that chronic bacterial infection can initiate senile plaque formation and may be a risk factor for the sporadic form of Alzheimer's disease.
- Tennessee is ranked 38th in the United States for oral health: 59.9% adults (aged 18+) have had a dental visit in the last year, 39.1% of adults aged 65+ have lost six or more teeth, and 19.5% of adults aged 65+ have lost all of their natural teeth.
- Tennessee ranks 45th in the United States for ratio of population to dentists with 89 counties designated as health professional shortage areas. Tennessee will need approximately 700 additional dentists to meet the needs of the entire population of the state. This is compounded by the fact that less than 30% of Tennessee dentists accept TennCare Dental.
- As of January 1, 2023, all TennCare adults aged 21+ are automatically enrolled in the comprehensive adult dental program under DentaQuest. This will benefit 750,000 adult TennCare members. The new benefit has no maximum benefit and is largely comprehensive coverage based on medical necessity.
- TennCare and DentaQuest Program Improvement Strategies:
    - Advocate for increased preventive and decay arresting technique implementation;
    - Simplification of administrative processes
    - Direct outreach to current and potential providers to help fill the need for more patients seen;
    - Education and outreach to TennCare members;
    - Navigation and care coordination for members; and
    - A 6.5% TennCare fee increase implemented in July 2022.

An Exploration of Health Equity in Tennessee: Managed Care Approaches to Leverage HEDIS Quality Measurement to Close the Gap

Stephanie Lambert, BA, PMP
Health Equity SME
X4 Health

- According to the Robert Wood Johnson Foundation, "Health equity means that ***everyone has a fair and just opportunity*** to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care…Health disparities are ***preventable*** differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."
- Social determinants of health (SDOH) are the "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."
- Everyone experiences implicit, or unconscious, bias. These biases affect judgment, decision-making, and behavior. Frequently these biases become prevalent, which leads to systematic problems.
- There are four levels of racism: internalized racism (lies within the individual), interpersonal racism (occurs between individuals), institutional racism (occurs within institutions and systems of power), and structural racism (racial bias among institutions and across society).
- Limited English Proficiency (LEP) patients have a 30% higher readmission rate, 4.3-day longer hospitalizations, 30% longer emergency department visits, a greater risk of surgical infections, falls, and pressure ulcers, a greater risk of surgical delays due to difficulty understanding instructions, including how to prepare for a procedure, and difficulty understanding how to manage their conditions and take their medications, as well as which symptoms should prompt a return to care or when to follow up.
- Urban patients versus rural patients have serious health disparities as well, which is especially important to note, as 21.8% of Tennessee residents reside in rural areas. Nationally, the age-adjusted death rates for the five leading causes of death are higher in rural areas—heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke. Opioid deaths are 45% higher in rural areas, twice as many rural youths smoke compared to their urban peers, and rural areas have higher rates of maternal and infant mortality.
- Nationally, one in four working-aged adults have at least one disability; in Tennessee, one in three adults have a disability. People with a disability are twice as likely to experience poverty.
- Life expectancy varies substantially across US states, with ranges that exceed those of other developed nations. State-level life expectancy at birth ranged from 73.1 years in

Louisiana to 80.7 years in Hawaii. Life expectancy at birth in Tennessee was 73.8 years (45th in the nation), according to 2020 statistics. There is almost a 24-year life expectancy difference between Washington County, Tennessee, and Rutherford County, Tennessee, according to 2018 data, with Washington County at 64.3 years and Rutherford County at 88.0 years.

- Age-based disparities also exist. Societal norms typically see older people as set in their ways and unwilling to change. According to 2023 data from the University of Michigan, 82% of adults aged 50-80 experienced one or more forms of everyday ageism in their day-to-day lives.
- In 2020, 98 women in Tennessee died during pregnancy or within a year after the end of their pregnancy, with 47% of these determined to be pregnancy related; 1 in 3 of these cases were also related to discrimination. Eighty-nine percent of white mothers start prenatal care in the first trimester of pregnancy, while only 75% of black mothers and 79% of Hispanic mothers do so. A lack of prenatal care can lead to preterm birth: the second leading cause of infant mortality in the United States overall, and the leading cause for black infants. Black women consistently experience premature births 1.5 times more often than their white counterparts.
- The above statistics regarding prenatal care translate into mothers who are more likely to take infants to well-baby visits after they are born. Nationally, 71.4% of white children born in 2016 were up to date on the combined 7-vaccine series, while only 64.0% of black children and 69.0% of Hispanic children were up to date. In terms of postpartum care for mothers, all women of color are less likely to be screened for postpartum depression and/or anxiety.
- The priority for MCCs who are attempting to close some of the health equity gaps is to have an organizational plan that includes:
    - Designating a Health Equity Champion,
    - Developing an organizational Health Equity Plan,
    - Ensuring MCO staff reflect the communities served,
    - Establishing a Health Equity Scorecard,
    - Sharing health equity data with providers and communities, and
    - Community collaboration to connect members with SDOH to needed resources.