

Performance Improvement Programs



STATUS REPORT
DECEMBER 10, 2010

Performance Improvement Programs

- **Baseline reporting year for Aetna Better Health**
- **All projects based on HEDIS (Healthcare Effectiveness Data and Information Set) measures**
- **Topics chosen by analyzing plan demographics and recognized health care disparities within the HUSKY population**
- **All projects conducted utilizing the guiding principles of Continuous Quality Improvement**



CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS

- Formulated in the 1950's by W. Edwards Deming
- There are 7 steps involved in implementing the CQI cycle
 - Identify an area where opportunities lie
 - Define the problem in that area
 - Establish the desired outcome
 - Select specific steps to achieve outcome
 - Collect and analyze data about barriers
 - Take corrective action
 - Measure the results

PERFORMANCE IMPROVEMENT PROJECTS 2010

- **Ongoing Frequency of Prenatal Care, Timeliness of Prenatal and Postpartum Care**
- **Well Child Care Ages 3 – 6**
- **Comprehensive Diabetes Care**
- **Breast Cancer Screening**



Ongoing Frequency of Prenatal Care, Timeliness of Prenatal and Postpartum Care 2010 Results

- Ongoing Frequency of Prenatal Care – percentage of members that receive 81% or more of expected prenatal visits – 2010 rate 59.1% - Quality Compass 25th - 50th percentile
- Timely Prenatal Care – percentage of members that receive prenatal care in the 1st trimester – 2010 rate 84.91% - Quality Compass 25th - 50th percentile
- Timely Postpartum Care – percentage of members that receive care within 21 – 56 days after delivery – 2010 rate 71.5% - Quality Compass 75th - 90th percentile

Aetna Better Health Better Babies Program

- Integrated care management approach that includes social services as well as behavioral health services
- Dedicated perinatal care management team
- Multiple methods of identifying pregnant members
- Member educational mailing at each trimester and postpartum period
- Member incentive program to improve engagement
- Member education on well child care
- Community outreach by member advocates when needed
- Aetna Better Health piloted the now mandated collaboration with the dental health partnership



Well Child Care Ages 3 -6

- Percentage of members ages 3- 6 that had a preventive care visit during the measurement year– 2010 rate 73.5% - Quality Compass 50th – 75th percentile
- Interventions implemented to increase compliance with care
 - Monthly reminder mailings to head of households 2 months prior to member’s birthday to schedule an appointment for a preventive care visit including immunizations
 - Educational articles regarding well child care in each member newsletter
 - TeleVox mail and telephonic outreach for immunization outreach
 - Gaps in care identification by care managers to engage members in care
 - EPSDT toolkit on Aetna Better Health provider website



Comprehensive Diabetes Care

- The percentage of members 18 – 75 yrs. of age with Diabetes who had each of the following:
 - HbA1c testing,
 - HbA1c poor control > 9.0% - HbA1c control < 8.0%
 - LDL-C screening
 - LDL-C control < 100mg/dl
 - Eye Exam (retinal) performed
 - Attention to nephropathy

Comprehensive Diabetes Care Results Comparison to Quality Compass

Indicator	2010 Result	Quality Compass Percentile
HbA1c Testing	76.9%	25 th - 50 th
HbA1c Poor Control - > 9.0%	46.2%	50 th
HbA1c Control – < 8.0%	46.7%	50 th
Eye Exam	47.9%	25 th - 50 th
LDL-C Test	72.0%	25 th - 50 th
LDL-C - < 100 mg/dl	34.3%	50 th - 75 th
Attention to Nephropathy	71.1%	10 th - 25 th



Diabetes Intervention Strategies

- Disease management program includes multiple methods of member identification including predictive modeling
- Disease management interventions based on member stratification
- Member education in each member newsletter around aspects of diabetes care
- Focused member mailing 4th q to diabetic members who were non compliant for services end of 3rd q 2010
- Telephonic outreach conducted quarterly by vision vendor to members that are non-compliant for eye exams
- Diabetes provider tool kit on Aetna Better Health provider website



Breast Cancer Screening

- Percentage of members ages 40 – 69 that had a screening mammography during the measurement year – 2010 rate 37.16% *
- From 1975-2005, the rate of women dying from breast cancer has varied, depending on women's race and ethnicity.
- Literature shows that in 2005, African American women were more likely to die of breast cancer than any other group. White women had the second highest rate of deaths from breast cancer, followed by women who are American Indian/Alaska Native, Hispanic, and Asian/Pacific Islander.
- Data demonstrates that African American women are less likely to receive routine mammography screenings than white women.

** 2010 rate is skewed due to 12 month enrollment criteria, HEDIS requires 24 month enrollment and our plan was not operational for 24 months for 2009 measurement year*



Breast Cancer Screening Initiatives

- Member education in member newsletter around the importance of breast cancer screening
- Gaps in care identified via member specific HEDIS data housed in the care management software
- Monthly mailing to members 2 months prior to their birthday reminding them to make an appointment for a screening mammography
- Focused mailing during 4th Qtr 2010 to members that were non-compliant for care at the end of the 3rd Qtr



Questions

