

UnitedHealthcare®

AmeriChoice®



Connecticut Performance Improvement Projects Status Report

Presented January 14, 2011

Selection of Performance Improvement Projects



- Worked collaboratively to identify performance improvement opportunities with both the State and the other plans (Q4 2009). Projects considered:
 - Member demographics
 - Local and national trends / data
 - Opportunities with impact to a substantial proportion of the plan's membership
- Selected a total of 4 performance improvement projects (PIPs), using the Healthcare Effectiveness and Data Information Set (HEDIS®) measures for capturing baseline data.
- Implemented use of the NCQA Quality Improvement Activity (QIA) form for tracking performance on each measure over time, as well as for capturing the rationale, activities and interventions implemented, barriers / challenges, and stakeholder feedback / input.
- The PIPs were presented to Mercer, the health plan's Provider Advisory Committee (PAC), AmeriChoice National Quality Management staff, and health plan quality subcommittees for input / feedback and identification of next steps.
- Activities to improve performance rely on mining existing data to assure completeness, working with providers for access to medical records, and implementing member and provider initiatives as well as internal plan programs.

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2009 - 2010 Performance Improvement Projects



- **Breast Cancer Screening***
- **Adolescent Well-Care Visits**
- **Prenatal Care (Timeliness / Frequency) and Postpartum Care**
- **Comprehensive Diabetes Care**

**Modified HEDIS® measure with one year look-back*

Performance Improvement Selection: Breast Cancer Screening (BCS)



Rationale for Selection:

- 2nd most common type of cancer among Americans
- Approximately 178,000 new cases reported each year.
- Mammography screening shown to reduce mortality by 20% - 30% among women 40 and older.
- Screening rates are lower in populations defined by economic status and access.
- As of 10/1/2009, there were approximately 2,500 female members between the ages of 40-69 were enrolled in AmeriChoice of Connecticut, Inc.

Performance Goal:

- Increase the percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

Measure of Performance:

- HEDIS 2010 Breast Cancer Screening measure.
- Used a modified version of the HEDIS measure with 12-month enrollment criteria given that the health plan was not operational during all of CY 2009.
- This is an administrative measure - relies on claims information only.

Baseline Performance and Activities: Breast Cancer Screening (BCS)



Performance:

- **32.13%** of members ages 40-69 had a breast cancer screening during the measurement year (CY 2010)
- This was a “HEDIS-like” measure modified to capture 12 months vs. 24 months.
- Goal for HEDIS 2011: 2010 QC 75th percentile

Health Plan Activities:

- Distribution of clinical practice guidelines to network providers in 2009 and 2010.
- Member newsletter, *Health Talk*, included an article about the importance of mammograms entitled, “*The Secret to Survival: Mammograms Save Lives.*”
- Telephonic outreach to those members identified as requiring necessary services within 90 days, according to HEDIS specifications using the Universal Tracking Database (UTD).
- A women’s health birthday card / reminder is sent to all active, females age 16 and older reminding them of the importance of key preventive health screenings including mammography for breast health.
- A bi-fold reminder developed to send to members who have not received screening.

Performance Improvement Selection: Adolescent Well-Care Visits (AWC)



Rationale for Selection:

- Adolescents have unique physical, emotional and social needs. Adolescence represents a time of transition between childhood and adult life. The leading causes of adolescent deaths are accidents, homicide and suicide. Sexually transmitted diseases, substance abuse, pregnancy and antisocial behavior are important causes of or can result from physical, emotional and social adolescent problems.
- American Medical Association's (AMA) Guidelines for Adolescent Preventive Services, the American Academy of Pediatrics' (AAP's) guidelines and Bright Futures program all recommend comprehensive annual check-ups for adolescents.
- Significant percentage of members are between the ages of 12 and 21.

Performance Goal:

- Increase the percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Measure of Performance:

- HEDIS 2010 Adolescent Well-Care Visits measure
- This is a hybrid measure - relies on claims and medical record information.

Baseline Performance and Activities: Adolescent Well-Care Visits (AWC)



Quality Compass 2010				
10 th Percentile	25 th Percentile	50 th Percentile	75 th Percentile	90 th Percentile
34.37	38.76	46.74	55.84	63.17

- **52.55%** of members ages 12-21 years had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
- Goal for HEDIS 2011: 2010 QC 75th percentile

Health Plan Activities:

- Distribution of clinical practice guidelines to network providers.
- Telephonic outreach to those members identified as requiring necessary services within 90 days, according to HEDIS specifications using the Universal Tracking Database (UTD).
- One of the health plan's network physicians specializing in Pediatric and Adolescent Medicine recorded a holiday message encouraging families to bring their children in for a wellness exam as part of their holiday 'to do' list.
- A bi-fold reminder developed to send to members who have not had a visit.
- School uniform events held in Bridgeport, Hartford, New Britain, Norwich, Waterbury: members received a discount for school uniforms when evidence of a well-care visit was provided.

Performance Improvement Selection: Timely & Frequent Prenatal Care & Postpartum Care (PPC and FPC)



Rationale for Selection:

- Early and ongoing prenatal care reduces the risk of perinatal morbidity and mortality. Preterm infants are at increased risk for serious health problems, including neurodevelopmental handicaps, congenital anomalies and respiratory illness.
- Prenatal and postpartum health care visits provide the opportunity for health care providers to assess and educate parents on important components of newborn care as well as manage identified risk factors.
- American College of Obstetricians and Gynecologists recommends that women see their health care provider at least once between four and six weeks after giving birth.
- Many women experience some degree of emotional liability in the postpartum period making timely care and assessment critical for both the mother's & newborn's health.

Performance Goal:

- Increase the percentage of moms who have ≥ 81 percent of expected prenatal visits.
- Increase the percentage of moms who receive a prenatal care visit in the first trimester, or within 42 days of enrollment into the health plan.
- Increase the number of new moms that had a postpartum visit on or before 21 and 56 days after delivery.

Measure of Performance:

- HEDIS Prenatal and Postpartum Care measure
- HEDIS Frequency of Ongoing Prenatal Care measure
- This is a hybrid measure - relies on claims and medical record information.

Baseline Performance and Activities: Timely & Frequent Prenatal Care & Postpartum Care (PPC and FPC)



Measure	Quality Compass 2010				
	10 th Percentile	25 th Percentile	50 th Percentile	75 th Percentile	90 th Percentile
Timely Prenatal	70.56	80.33	85.92	89.89	92.70
Frequent Prenatal	31.58	52.13	65.44	70.29	74.39
Postpartum	53.04	58.70	65.44	70.29	74.39

- **73.24%** of members had a timely prenatal visit.
- **50.12%** of members had <81% of prenatal visits.
- **58.64%** of members had a postpartum visit.
- Goal for HEDIS 2011: 2010 QC 75th percentiles

Health Plan Activities:

- Healthy First Step program implementation; article in the Spring 2009 Provider Newsletter
- Member newsletter articles explaining the availability of the Healthy First Steps Program
- The health plan is presently working on office materials for high volume pediatric and OB/GYN practices emphasizing the importance of post partum visits for women who have recently delivered.
- Members who deliver receive a call to remind/ assist them with post-partum appointments
- Delivery packet to new moms; contains newborn (EPSDT) and post partum depression info
- Availability of “Hi Mom!” member education books announced to the provider network
- Text 4baby : members sign up to receive 3-4 free text messages a week on prenatal care, health education (smoking), mental health information, etc.
- Outbound reminder calls by Silverlink to schedule postpartum visits.

Performance Improvement Selection: Comprehensive Diabetes Care (CDC)



Rationale for Selection:

- Diabetes can affect many parts of the body and can lead to serious life-threatening complications such as heart disease, blindness, kidney damage, and lower-limb amputations.
- Heart disease and stroke accounts for 65% of deaths in people with diabetes. Risk for stroke and heart disease is about 2-4 times higher in adults with diabetes than adults without diabetes
- Diabetic retinopathy causes 12,000 to 24,000 new cases of blindness each year making diabetes the leading cause of new cases of blindness in adults 20-74 years of age.
- Diabetes is the leading cause of kidney failure

Performance Goal:

- Increase the percentage of members 18-75 years of age with diabetes (type 1 and type 2 who had each of the following: HbA1c testing and control (<8.0%); LDL-C screening and control (<100mg/dL); retinal eye exam performed; medical attention for nephropathy.

Measure of Performance:

- HEDIS 2010 Comprehensive Diabetes Care measure
- This is a hybrid measure - relies on claims and medical record information.

Baseline Performance and Activities: Comprehensive Diabetes Care (CDC)



Measure Name	Health Plan Performance
Eye Exams	32.14%
HbA1c Control (<8%)	23.21%
HbA1c Control (Poor Control)	71.43%
HbA1c Testing	71.43%
LDL-C Control (LDL-C<100 mg/dL)	13.93%
Medical Attention for Nephropathy	68.93%

- Distribution of clinical practice guidelines to network providers.
- Telephonic outreach to those members identified as requiring necessary services within 90 days, according to HEDIS specifications using the Universal Tracking Database (UTD).
- Two educational member newsletter articles for members in the Summer 2009 edition, namely: “Know Your Numbers” and “Check Your Senses” which specifically target important preventive health activities for members with Diabetes. An educational article about the importance of HbA1c testing entitled “Control Your Blood Sugar” was included in the Spring 2009 newsletter edition.
- Disease management program implementation, including diabetes care.

Conclusion:



New Initiatives / Current Status: Moving Beyond the Baseline....

2008 - 2009	2009 - 2010	2010 - 2011
<p>Building the Foundation: Implement Quality Committees, Program Description and activities, seeking stakeholder feedback, interim HEDIS reporting, building the network / processes and workflows, etc.</p>	<p>Evaluating Opportunities: Assess the results of baseline year measurement and design specific outreach and interventions; assess the data to assure completeness; monitor interim reports</p>	<p>Realize Performance Improvement: Collaborate to develop member and provider interventions to realize results and address outlier performance.</p>

- HEDIS 2011 Interim performance – shows improvement
- New medical record review vendor for 2011
- Close collaboration with provider sites, DSS and the health plans
- Utilize program models and Best-in-Class initiatives developed nationally

Questions?

For more information:

*Danielle R. Denis, MS CHES
AmeriChoice by UnitedHealthcare
danielle_r_denis@uhc.com*