



## MDwise Quality Improvement Program Evaluation 2010

### Introduction

The overarching goal of the MDwise Quality Improvement Program is to assure that members have access to high quality health services that are safe, effective, and responsive to their needs. Each year, the MDwise Quality Management Team (with input from MDwise delivery systems) identifies priority activities for driving improvement in key functional areas. Many of these activities are multiyear efforts requiring significant investment of resources and time to achieve and sustain desired outcomes. Improvement opportunities are identified through review of performance measures (e.g., annual HEDIS scores, Member and Provider Satisfaction Surveys, the MDwise Management Report), OMPP and federal program requirements or priorities, or other issues deemed important by the MDwise Quality Management Team. MDwise performance improvement activities are designed to achieve, through ongoing measurements and intervention, significant improvement in health outcomes for members and satisfaction for both MDwise members and providers.

### Brief Overview

2009 was the third year in the current Hoosier Healthwise contract cycle. MDwise saw a stabilization of membership, following the more than doubling of its membership and expanding from a regional plan to a statewide plan. Our QI Work Plan incorporated all of the monitoring, evaluation and improvement activities planned for 2009. Many of those activities were multiyear initiatives to achieve ongoing improvement in performance in key clinical and service areas relevant to the Hoosier Healthwise program.

Our Quality programming includes member and provider outreach, incentives, and health promotion information. MDwise utilizes best practices in designing and evaluating those programming efforts to achieve the desired results.

### Clinical Quality Improvement Activities in 2009

#### Preventive Care

1. Well Child Care 0–15 Months (6 or more visits)
2. Well Child Care 3–6 Years
3. Well Care Adolescents
4. Cervical Cancer Screening
5. Breast Cancer Screening (HEDIS only)

#### Pregnancy and Prenatal Care

1. Prenatal Timeliness
2. Frequency of Ongoing Prenatal Care
3. Postpartum Timeliness

### Health/Disease Management

1. Asthma Medication Use (HEDIS only)
2. Comprehensive Diabetes Care LDL-C Screening
3. Readmission to Behavioral Health Treatment within 7 Days of Discharge
4. Follow-Up for Children Prescribed ADHD Medication

### Medical Management

1. Disease Management

### Appropriate Utilization of Care

1. ER Utilization—See highlights below
2. Appeals and Grievances

### Patient Safety and Coordination of Care

1. Primary Care/Behavioral Health Continuity and Coordination
2. Medication Safety
3. Potential Quality Issues

## Service Quality Improvement Activities for 2009

### Access to Health Plan

1. Customer Service Call Center Efficiency and Abandonment
2. Language Line Usage
3. Potential Quality Issues

### Access to Services

1. Availability Audit
2. Spanish Speaking PMPs
3. Network Geographic Access

### Member Satisfaction

1. Member Inquiries and Complaints
2. CAHPS Adult and Child Member Satisfaction Surveys

### Provider Satisfaction

1. Provider and Office Manager/Nurse Satisfaction Surveys

## 2009 Quality Improvement Activities Highlights

**MDwise NCQA New Health Plan Accreditation** – In 2009 MDwise's Hoosier Healthwise product line earned NCQA New Health Plan (NHP) Accreditation and was the first health plan for Hoosier Healthwise to receive such distinction. The NHP Accreditation evaluates how well a new health plan manages all parts of its delivery system—physicians, hospitals, other providers and administrative services—to continuously improve health care for its members.

**MDwise Network Improvement Program Team** – In 2009 MDwise created our Network Improvement Program (NIP) Team and this team immediately began providing the needed and desired assistance to our providers. NIP is a comprehensive program designed to improve the quality and utilization of healthcare services rendered to MDwise members. Through robust reporting applications as well as face-to-face meetings with delivery system administrators, PMP groups, and providers, MDwise has positioned our organization to impact the quality and cost of medical care in the Indiana Medicaid program by understanding the behaviors and trends existing among providers, groups and regions of the state. One of the NIP Team goals is to assist MDwise delivery systems and providers in addressing performance in Reach Out for Quality and HEDIS measures.

**2008–2009 Reach Out for Quality (HEDIS Measures)** – MDwise maintained its Reach Out for Quality (ROQ) incentive program for its delivery systems in 2009. Delivery systems met 81% of their goals among 14 measures for the ROQ year, most at the 100% level which was an improvement. The ROQ program analysis reaches down to the provider and member levels as each delivery system designed its own interventions in addition to the support of the newly formed NIP team complemented by member-oriented interventions at the MDwise level. The Well Child First Campaign was developed to address the well child care measures which continue to be the greatest challenge. The measure set for the ROQ year beginning in July 2009 was reduced to 10 measures which included two new behavioral health measures.

**Web-based Access to Claims Base Reporting** – ManagedCare.com (MCC) is the web-based comprehensive reporting application MDwise utilizes for managing and tracking member populations. In 2009, data was transferred from the MDwise Data warehouse into ManagedCare.com and our first reports were produced. Access to usable data is the key to being able to identify where opportunities exist for improvement to ensure appropriateness of services and the effectiveness of medical management activities. MCC enables delivery systems to be connected through a single medical reporting application that has ad hoc reporting capabilities and also supports access to data down to the level of individual member and provider.

**Behavioral Health Care** – As the first IHCP managed care plan to integrate our behavioral health care management and claims payment, and start transformational efforts to integrate behavioral health clinical services with the primary care medical home, MDwise has applied significant resources to support clinical services and training opportunities to ensure this effort's success. MDwise leads the way in Indiana Medicaid with pro-integration policies and treatment protocols for clinicians and providers, integrated physical and behavioral health medical management functions and case management to promote a seamless coordinated approach to managing members with co-existing behavioral and medical diagnoses. In 2009 MDwise engaged growing numbers of providers in transforming how care is delivered through a number of primary care-behavioral health integration grants awarded across the state.

**2009 Member Satisfaction (HEDIS CAHPS) Adult and Child** – How members rate their health plan is an important indicator of plan quality. MDwise adult (77.1%) and child (84.3 %) 2009 CAHPS member satisfaction survey summary rate results were significantly above the Quality Compass (71.5%) and TMG Medicaid Child Book of Business (80.6%) summary rates respectively. MDwise showed significant improvement in health plan satisfaction when compared to its 2008 Summary Rate of 69.1% for Adults and 79.3% for Child.

**2009 Provider Satisfaction Survey** – Overall, the scores for the 2009 Provider Satisfaction Survey were up by nearly 14%. The goal of improving provider satisfaction levels was achieved. The survey pointed out some areas that correlate with satisfaction where MDwise will focus resources and incorporate actions into the 2010 Workplan.

**Call Center Access** – 2009 was a challenging year for the MDwise call center which included a physical move. Changes to phone functionality, staff skill levels and workgroup activation made it easier to activate when more assistance was needed which improved service and efficiencies. During 2009 the groundwork was established for the new Customer Relationship Management (CRM) system that will house member and provider data, loaded from the MDwise data warehouse, to support functions within Customer Service and Outreach, Provider Relations, Medical Affairs and Quality Improvement, Compliance, and Information Services departments. This comprehensive compilation of data and information enables positive interactions and services provided to our members and providers.

**ER Utilization** – In 2009, MDwise received timely notifications via Indiana Health Information Exchange (IHIE) regarding any MDwise member who was seen in the ER at a significant number of hospitals in Indianapolis metropolitan area. The ED notifications were reviewed to identify members seeking emergency room services for potentially life threatening illness or symptoms vs. members seeking ER services for non-emergent reasons or for services that could have been managed by the PMP. Members seeking services for non-emergent reasons were referred for an automated call that reminded members about calling their doctor and/or NURSEon-call. Members were asked if a call was made to their doctor prior to going to the ER. Also, MDwise Member Advocates receive referrals to contact members who go to the ER for non emergent care, the wrong hospital or during PMP hours. These ER referrals come from sources including PMPs and hospitals. Member Advocates identify any barriers to seeking care, educate members about calling their PMP whenever possible, reminding the member how to contact the PMP and the availability of NURSEon-call. Members with chronic conditions resulting in ED visits (i.e. diabetes, COPD, CHF, chronic pain etc) were referred for Case Management. Member Advocate interventions demonstrated a reduction of ER usage when interaction and education with the member occurred.

**Disease Management** – In 2009, metrics used by MDwise to measure the efficacy of our asthma and diabetes programs trended upward. MDwise utilizes several measures to evaluate the efficacy of the asthma and diabetes disease management program. These measures are designed to evaluate the strength of the disease management interventions and measure member outcomes specific to asthma. Measures of efficacy focus on the improving health and preventing disease complications through improved compliance of both members and providers with the clinical practice guideline recommendations.

**Health Guidelines** – Both Preventive Guidelines and Clinical Practice Guidelines were adopted and updated in 2009. The clinical guidelines span both medical and behavioral health. As part of the behavioral health integration in 2009, MDwise developed comprehensive evidence-based, relevant and functional behavioral health guidelines. Guidelines included: Attention Deficit Hyperactivity Disorder, Anxiety Disorders in Adults and Children, Bipolar Disorder in Adults, Developmental Testing, Eating Disorders, Major Depression Adults, Metabolic Status, Neuropsychological Testing, Pervasive Developmental Disorders, Substance Abuse Disorders Adults, and Psychological Testing.

**Delegation Oversight** – MDwise has an active and comprehensive delegation oversight process for all of its delegated functions. Annual or more frequent oversight of claims payment, medical management, credentialing, medical record review, quality activities are reported to the MDwise Compliance Team then to the Quality Management Team. For 2009, all delivery systems and subcontractors were found to be substantially in compliance with expectations.

### **Recommendations for the 2010 Quality Work Plan:**

- HEDIS
  - ✓ Maintain momentum with the MDwise Well Child First Campaign
  - ✓ Develop an analogous prenatal/postpartum campaign
  - ✓ Continued outreach to BH inpatient and outpatient provider on FUH
  - ✓ Redouble efforts to impact diabetes measures through provider and member interventions
  - ✓ Incorporate care gaps into new CRM
- Expand role of MDwise Network Improvement Program Team
  - ✓ Disease Management
  - ✓ Prenatal/postpartum care
  - ✓ CAHPS and smoking cessation
  - ✓ ER utilization
  - ✓ Practice Management
  - ✓ Quality improvement tools (PDSA)
- Pilot and roll-out of provider access through ManagedCare.com
- Develop disease registries including stratification criteria and outcomes measures in ManagedCare.com
- Coordination with Behavioral Health providers in roll-out of MRO Benefit packages
- Implementation of Customer Relationship Management (CRM) System