Neighborhood Health Plan of Rhode Island

2013 Quality Improvement

Annual Evaluation: Executive Summary
I. Executive Summary

A. Introduction

Neighborhood Health Plan of Rhode Island’s (the Plan) Quality Improvement (QI) Program strives to ensure that its members have access to high quality health care services that are responsive to their needs and result in positive health outcomes. The QI Program extends to all departments within the organization, at all levels, in recognition that teamwork and collaboration are essential for quality improvement.

The Plan produces the QI Annual Evaluation to assess the effectiveness of its QI Program. During 2013, the QI Program encompassed 42 initiatives covering the broad performance areas of Clinical Quality Improvement (21 initiatives), Service and Operations Quality Improvement (15 initiatives), and Patient Safety and Coordination of Care Quality Improvement (6 initiatives). For each initiative, this Evaluation summarizes the progress and achievements during the year, including:

- A description of the quality improvement activities undertaken;
- Measurable performance achievements, with trended data when available;
- Identification of those issues and barriers preventing achievement of the goals;
- Interventions adopted or identified to overcome these barriers;
- Goals identified for the upcoming year;
- Proposed interventions for goal achievement in the upcoming year; and
- Summary of the overall effectiveness of the program.

The Quality Improvement Program Annual Evaluation is reviewed by the Clinical Affairs Committee, which serves as the Plan’s Quality Improvement Committee, prior to being submitted for review and acceptance by the Board of Directors. The Clinical Affairs Committee and the Board likewise review and approve the Quality Improvement Program Description and Workplan for the upcoming year.

B. Overview of Our Work in 2013

Operational Recognition and Achievements

- Ranked the 4th best among America’s Medicaid Health Plans in the national ranking performed by the National Committee for Quality Assurance (NCQA) Health Insurance Plan Ranking.
- Maintained the highest accreditation ranking of “Excellent”, held since 2001, based on its document submission to NCQA, annual HEDIS rates and CAHPS performance.
- Conducted an NCQA Mock Survey with Health Value Solutions, the Plan’s NCQA consultant. The overall result identified minimal areas for improvement.
- Attained the highest level of performance incentives from the RI Medicaid Performance Goal Program (PGP) since the beginning of the Program 16 years ago, representing achievement of either full or partial payments on 20 of the 24 HEDIS measures, and 12 of the 13 operational measures.
- Hosted a Quality Improvement Forum titled “Implementing Lean Six Sigma at Lifespan” with Cathy Duquette, PhD, RN, NEA-BC, CPHQ.
- Hosted three Quality Improvement trainings with focus on using the Plan Do Study Act (PDSA) as the quality improvement methodology. The trainings were well received.
- Developed two Quality Improvement Story Boards.
- Evaluated the 2013 HEDIS performance against the HEDIS Long Term Improvement Plan priorities and identified new priority measures.
• Hired a HEDIS Improvement Team Lead and a HEDIS Specialist, with focus on leading the improvement for the HEDIS Long Term Plan priority measures.
• Continued to distribute the HEDIS provider site-specific reports via the “provider portal” for four community health centers involved in the beta-testing of the provider portal.
• Developed “Click for Quality”, a new HEDIS incentive program for selected providers. This Program will be implemented in early 2014.
• Developed and implemented a Diabetes registry, with focus on consistent identification of diabetics and gaps and trends in care.
• Integrated lab data from several labs including Lifespan, Care New England, Quest and East Side Clinical Lab covering approximately 55% of all lab tests for 51,521 members. Uploaded over 700,000 lab results to our HEDIS vendor during the 2013 HEDIS data collection. This addition has improved our rates on several key measures.

HEDIS Performance:
• Neighborhood achieved or maintained the 2013 Medicaid Quality Compass (QC) 90th Percentile in the following clinical measures:
  o Effectiveness of Care Measures
    ▪ Childhood Immunizations (Combos 5-10)
    ▪ Cervical Cancer Screening
    ▪ Use of Spirometry Testing in the Assessment and Diagnosis of COPD
    ▪ Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroid
    ▪ Comprehensive Diabetes Care: Eye Exam
    ▪ Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Medication: Initiation and Continuation and Maintenance Phases
    ▪ Follow-Up after Hospitalizations for Mental Illness: Within 7 and 30 days of discharge
    ▪ Medical Assistance with Smoking & Tobacco Cessation:
      o Discuss Tobacco Cessation Medications
      o Discuss Tobacco Cessation Strategies
  o Access and Availability of Care Measures
    ▪ Children and Adolescents’ Access to Primary Care Practitioners (ages 25 months to 6 years, 7 to 11 years, and 12-19 years)
    ▪ Adults’ Access to Preventive / Ambulatory Health Services (ages 20-44 and 45-64)
    ▪ Timeliness of Prenatal Care
    ▪ Initiation & Engagement of Alcohol and Other Drug Dependence Treatment
  o Utilization of Services Measures
    ▪ Well Child Visits in the First 15 Months of Life (6+ visits)
    ▪ Well Child Visits in the 3rd, thru 6 Years of Life
    ▪ Adolescent Well Care Visit
    ▪ Frequency of Ongoing Prenatal Care (81+ percent of visits)

• Measures presenting opportunity for improvement:
These measures are included in the HEDIS Long Term Plan and are further detailed in the Management / Monitoring of Select HEDIS Measures of the Evaluation, see pages 20 – 32.
Health Management

- Offered performance-based incentives to selected high-volume primary care sites for specified effectiveness of care and access and availability of care measures.
- Offered incentives to members for timely completing their post-partum care visits.
- Made extensive efforts to improve the Health Risk Assessment (HRA) completion process. Improvements included designating a program coordinator as the DCYF liaison to enhance the HRA completion, training all staff on the completion of the HRA to ensure consistency, and in addition to telephonic outreach, mailing of a paper copy of the HRA was introduced to enhance completion rates to efforts to reach members telephonically.
- Operationalized the Grievances and Appeals Unit to streamline the appeals process.
- Continued to provide members and providers education on the Plan’s Disease Management and Case Management Programs through Provider and Member Newsletters.
- Implemented changes to risk stratification related to ER for the “Control for Life” DM.
- Incorporated lab data into the process for identifying members for “Control for Life” DM.

Patient Safety

- Conducted site assessments at ninety six (96) practices in accordance with the Plan standards for safety, cleanliness, medical record keeping, patient education, access to care and patient satisfaction.
- Provided timely notification to patients and their practitioners of voluntary and/or FDA safety mandated drug recalls/withdrawals.
- Expanded the Medication Therapy Management Program. The goal of the program is to ensure that member’s medication is appropriate, effective for the medical condition, safe given the comorbidities and other medications being taken, and that member can take the medication as prescribed.
- Completed drug utilization review on members with high volume and/or complex prescription drug therapy.
- Successfully identified and outreached to patients and their prescribing practitioners concerning pharmaceutical recalls and withdrawals.
- In the area of medical and behavioral health continuity and coordination of care, improvements were noted with the primary care providers receiving feedback from behavioral health providers (81% in 2012 to 84% in 2013), and Beacon’s behavioral health network (20% in 2012 to 28% in 2013).

Improvements in Service to Members and Providers

- Achieved performance above CAHPS 2013 Medicaid QC 90th percentile in following measures:
  - Rating of Health Plan
- Provided performance-based incentives to community health centers to improve patient satisfaction relative to wait time and overall satisfaction.
- Conducted member focus groups to gain better insight on members’ knowledge of their benefits and general recommendations for the Plan.

C. Challenges and Barriers to Improvement

The Plan identifies the challenges and barriers to improvement encountered within each specific quality improvement activity undertaken; these are reflected in the text for each activity / area of focus described in the Annual Evaluation. Recommended activities and interventions for the upcoming year consider these challenges and barriers in working towards success and achievement of the Plan’s goals. Some of the challenges encountered across two or more of the quality improvement activities undertaken throughout 2013 included, but were not limited to:
• Quality improvements activities competed with the organization-wide reallocation of resources for readiness work associated with the Plan’s new business opportunities as well as the continued effects of the implementation of the new claims system.
• Significant reliance on HEDIS for outcome measurement and performance improvement activities is disadvantageous for rapid and strategic PDSA cycles. The Plan continues to assess alternative ways to measure/monitor outcome measures for rapid cycle improvement in addition to HEDIS.
• Despite continual education and efforts undertaken by the Plan to impart the importance of an established relationship between members and their primary care practitioners, members often miss important preventive care milestones and frequently access the emergency room.
• Limited / incomplete demographic information, including contact information and race / ethnicity data, makes targeted outreach, education and case/disease management difficult or impossible for some members. The Plan’s members are transient and do not always contact the Plan to inform us of address changes. The Plan initiated a quality improvement project with focus on improving the race and ethnicity data collection and retention for both members and providers.

D. Overall Program Effectiveness

The Plan’s QI improvement efforts strive to impact the quality of care and service provided to its members and practitioners. Annually, the Plan assesses the overall effectiveness of its QI Program through the production of the QI Annual Evaluation to ensure that there is adequacy of resources, including the QI committee structure, practitioner participation and leadership involvement, and makes changes to its QI program as necessary for the upcoming year. In 2013, the Plan continued to be focused and committed to its QI structure for organization-wide quality improvement activities. Participating network practitioners, the Plan’s QI staff, staff from the Chief Medical Office and staff throughout the organization are members of the QI committees and sub-committees thus contributing to the QI Program. As part of its focus on continuous quality improvement, the Plan continues to look for opportunities to improve how it resources its QI activities, structure as well as physician participation and makes adjustments when warranted. In 2013, the Plan demonstrated improvements in its HEDIS performance, contributing to the Plan being ranked the 4th best among America’s Medicaid health plans in the national ranking performed by the NCQA Health Insurance Plan Ranking, an improvement from our 2012 ranking of #5.

Review of the Plan’s quality improvement activities as described herein demonstrates that the Plan was successfully able to achieve the following:
• Maintained the Plan’s focus on the importance of preventive care, health management, and accessing appropriate care in our initiatives to educate and connect with members, work with providers, and enhance our internal operations.
• Continued to promote the use of the Plan Do Study Act (PDSA cycle) as the improvement methodology through training and by publishing quality improvement story boards.
• Continued expansion and creation of a deeper integration of the medical and behavioral health case and disease management programs available to members.
• Demonstrated our continued commitment to and appreciation of collaborative partnership with both members and providers by seeking new members for our quality improvement and Board-level committees as well as workgroups.
• Continued to promote the awareness and concepts of inter-departmental organizational quality improvement to create greater operational efficiency and capacity.
• Conducted several focused quality improvement projects in the areas of: Race / Ethnicity data collection and integration, Chlamydia Screening in Women 16-24 years of age, Antidepressant Medication Management, Use of Imaging Studies for Low Back Pain, Timeliness of Post-Partum Care, and Initial Health Screens for Special Populations.