BLUE CROSS & BLUE SHIELD RHODE ISLAND

Annual
Quality Management Program Evaluation
2009

February 2010
The 2009 Quality Management Program was effective in that all regulatory and accreditation requirements were met. HEDIS results for 2009 demonstrated fourteen significant increases. The Quality and Customer Experience Council (QCEC) and the Clinical Quality Oversight Committee (CQOC) with input from the Medical Peer Review Committee (MPRC) continued their oversight of the QM Program. The Compliance and Ethics Department continued their management of the corporate policy and procedure process.

HIPAA, general compliance and ethics training/retraining as well as training in the Medicare Advantage product and Medicare compliance continued for the plan staff during 2009.

The Administrative/Service Improvement Oversight Committee (ASIOC) was disbanded in 2009 as the corporation prepared to pursue continuous improvement (CI) under the direction of a corporate CI department. A representative of the CI Department will be appointed to the Quality and Customer Experience Council (QCEC). Ongoing improvement to the Member Touchpoint Measures (MTM), Blue Cross Association metrics to evaluate customer service in a number of areas such as the Call Centers, Membership and Claims, remained a major focus in 2009. MTM status reports were forwarded quarterly to the QCEC. The overall MTM score through September 2009 was 86%, below the performance goal of 90%, and the Service Quality Measurement (SQM) Member Satisfaction score through September 2009 was 78%.

The 2009 performance data from the Customer and Provider Services Department demonstrated a 12% increase in customer service and a 2.7% increase in provider service call volume over 2008. Although the Medicare member call volume for 2009 experienced a significant increase during the last 2 months of 2009, the Medicare overall call volume decreased by 3.15% from 2008. Two areas representing opportunities for improvement include the average speed to answer for both customers and providers call centers as both rates were significantly unfavorable to the 2009 goal. Causes include an increased volume of Provider calls due to changes to the interactive voice response (IVR), increased number of member calls due to Facets changes and billing issues and the deployment of existing, experienced staff to assist with the BlueTransIT project.

The established Clinical Quality Oversight Committee continued to monitor the appropriateness/effectiveness of clinical care (including patient safety) by reviewing the results of:

- medical and facility site reviews conducted during the credentialing process and as part of on-going monitoring for selected high volume physician practices,
- coordination of care between medical and behavioral health clinicians,
- coordination of care between medical and specialist providers,
- clinical practice compared to established standards, and
- quality of care complaints investigations and follow-up.

When appropriate, recommendations were made to address opportunities for improvement.

BCSRI has well established Disease Management Programs that provide a comprehensive, integrated approach based on the natural course of a given disease. The population with the targeted condition is identified, and members at specific risk or classification levels, have their care managed using a number of techniques including: educational materials, newsletters, compliance programs, telephonic health coaching, self management kits and the BCBSRI website with featured pages on targeted conditions. The goal of disease management is to continuously promote improvement in the patient’s health and reduce disease progression through optimal use of a variety of interventions and resources.
In 2009 we continued to work with providers to enroll appropriate members into our Asthma, Chronic Obstructive Pulmonary Disease (COPD), Congestive Heart Failure (CHF), Coronary Artery Disease (CAD), Depression, Diabetes, Hyperlipidemia, Hypertension, Low Back Pain and Maternity & Pregnancy Planning Programs. (See Attachment B.)

The BCBSRI Utilization Management (UM) Plan is reviewed annually and approved by the QCEC. McMillan's InterQual Acute Care Criteria (adult and pediatric) 2009 release was reviewed as required by the DOH, R23-17.12-1-UR. The Health Management & Integration (HM&I) division continues to be responsible for managing member health needs and reporting and analyzing the results of these care management efforts. The division continues to use McKesson's Care Enhanced Clinical Management System (CCMS) which provides the platform to manage the member through the full continuum of health care in one system. The Custom Account Unit (CAU) continues to meet the specific account needs.

BCBSRI demonstrated its commitment to improving patient safety with initiatives, such as the Fall Prevention Program, the Quality of Care Complaint Reviews, Coordination of Care Studies, the Polypharmacy Program as well as specific indicators within the Site and Medical Record Reviews (see Attachments C and D for details on all safety initiatives), as well as partnering with state-wide collaboratives and other community organizations. In 2009, staff attended and participated with both the ICU and Rhode Island Chronic Care (RICC) Collaboratives.

The ICU Collaborative is improving the quality and safety of patient care in adult ICUs. One hundred percent of the hospitals in the state with ICUs participate in this collaborative. Significant gains continue to be made in reducing the rate of catheter-related blood stream infections and pneumonias in patients on ventilators as well as improving the culture of safety within all ICUs. In 2009 the collaborative committed to a new Palliative Care initiative to be implemented in 2010. The program will improve ICU patients’ palliative care such as pain management, families support and developing/employing improved communication skills and tools to address palliative care and end of life issues. Preparatory work for this project, completed in 2009, included a baseline assessment to determine current practices, a gap analysis to identify appropriate process measures, development of 10 quality measures, and staff training.

In 2009, all of the Patient Centered Medical Home (PCMH) teams belonging to the RICC collaborative, who’s healthcare improvement efforts are supported by BCBSRI, received NCQA Recognition. These practices will continue their work in 2010 to attain level 2 and 3 recognition. The collaborative conducted a staff survey in August to identify training needs and assess staff’s perception of the PCMH transformation. Two opportunities for improvement cited by the professional staff included needing more web/computer based tools for patient self management support and waiver of co-pays for behavioral health and nutritionist visits to improve compliance. The nonprofessional staff identified the need for assistance with setting up electronic medical records (EMR), potential prompts to assist in gathering the correct information for chronic conditions and a desire to network with other teams to identify what they are doing to support their physicians. RICC will research mechanisms to address these concerns as future projects.

In addition to internally initiated clinical quality and service improvement activities, several network providers reported clinical improvement initiatives addressing quality of patient care at the annual Healthcare Quality in Rhode Island conference sponsored by Quality Partners of RI in the fall of 2009. Several initiatives received awards in 2009, including (1) Hillside Avenue Family and Community Medicine’s quality project which improved communication between patients and care givers as well as within departments of the physician practice for 4 current initiatives: Utilizing EMR to improve patient care, minimizing patient ER visits, patient satisfaction surveys and E-communication via practice website; (2) Elmhurst Extended Care Facility’s project which consisted of a multidisciplinary team implementing a number of specific interventions to achieve the following goals: No one should die alone; staff, family and residents need time and space to grieve; keep every death sacred and honor the life of every person who passed away; (3) VNA of Care New England’s development of a Pulmonary Rehabilitation Program that responds to unique and
complex needs of patients with chronic pulmonary diseases by successfully integrating communication at multiple organizational levels, including among co-workers from different disciplines, patient and family education and interaction with other healthcare providers; and Miriam’s Hospital’s quality project decreasing hospital acquired pressure ulcers (HAPUS) by 26.7% in 6 months to a level of 0%.

BCBSRI continues to support the Rhode Island Health Literacy Project (RIHLP) as it continued its work in 2009. The project is comprised of a state-wide coalition of public health, adult education and medical organizations whose goal is to make health care information more understandable to BCBSRI members and members of the community. The Rhode Island Health Literacy Project’s health curriculum assists patients better understand health care information and be more equipped to make appropriate health care decisions. This curriculum is designed to be used as a resource for community educators, adult education teachers and peer leaders. The individual units can function as stand-alone presentations, be combined with other units to create a mini-curriculum or remain as one integrated topic within the whole curriculum. The curriculum is available on the RIHLP web site and the coalition is working to get it into the hands of local organizations and agencies. The project held curriculum trainings for several long term care/senior representatives and held a forum, “Health Literacy and the Elderly Population”, for elder service providers. In addition, Amica Insurance, Walgreens and Pfizer joined the organization’s steering committee to contribute new ideas. Lastly, the project partnered with Roger Williams Medical Center on a pilot program, “Bring Health Literacy to the Bedside” assessing a patient’s health literacy level within 24 hours of admission and adapting communication/interventions accordingly.

In 2009, Blue Cross Blue Shield of Rhode Island (BCBSRI) committed to a major corporate transformation initiative to address the quality and affordability of healthcare. The corporation will employ an Integrated Health Management (IHM) strategy which will be launched in January 2010. IHM is a customized whole person approach with a new integrated model bringing together benefits, health management, consumer engagement and provider engagement to improve the quality, affordability and accessibility of healthcare. Details regarding the progress and outcomes of this integrated health management approach will be reported in future QM Program Evaluations.