

## UNIVERSITY OF UTAH HEALTH PLANS - QUALITY IMPROVEMENT WORKPLAN (Fiscal Year 2009)

Approval Signature Julie Day, MD (Quality Medical Director) Date: 1/9/09  
 (Represents approval by the Quality Improvement Committee - Governing Body)

ACTIVITY / AIM	TYPE *	PLAN **	BACKGROUND	GOAL	METHODS	DATE* !	LEAD
Blood Pressure Control -Diabetes  Aim: To improve blood pressure control with members who have both hypertension and diabetes.	CQI	HU	We did not improve our 2007 HEDIS rates with less enrollees having a blood pressure under the recommended ranges compared to 06 rates. Only 35.77% (95% CL 31.0%–40.5%) of enrollees had a blood pressure <130/80 in 08 compared to 43.07% in 07.  The national Medicaid average in 2007 was 29.62%. The national Commercial rate in 07 was 43.0%.  National and local rates have decreased. The 2008 goal is based on increasing the 2007 rate by one standard deviation to 38.2%.	Improve blood pressure control with members who have both hypertension and diabetes by 2.4%.	Interventions will be more focused on enrollees whose BP is elevated or who show non-compliance with BP medications. 2007 interventions include: <ol style="list-style-type: none"> <li>1. Direct follow up with clients ID during HEDIS chart audits with elevated BP readings.</li> <li>2. Identification of medication compliance issues and follow up by phone by case manager / or pharmacist.</li> <li>3. Development of member profile reports sent every 4 months to members identifying key missed tests including blood pressure and congratulating members on tests completed to date.</li> <li>4. Continued work with the Health Plan Work Group with a focus on improving hypertension and LDL-C testing.</li> <li>5. Explore implementation of population based DM program.</li> <li>6. Continue PCP reminders to members by customer service staff for members with diabetes, hypertension, and hypercholesterolemia (IDX PCP reminder pop up box).</li> </ol>	6/30/09	Elbel/ Day/S errano/
Diabetes LDL -C improvement  Aim: To improve LDL control in Healthy U members with diabetes.	CQI	HU	The percentage of members who had an LDL level less than 100 mg/dl decreased in 2007 to 38.2% (95% CL 33.4%-43.0%) from 43.6% in 2006.  The national HEDIS Medicaid average in 2007 was 31.3. The 50 <sup>th</sup> , 75 <sup>th</sup> and 90 <sup>th</sup> percentile was 33.1, 37.2, and 44.1, respectively.  While our current rate is just above the 75 <sup>th</sup> percentile, our goal is to move the rate back up near the 90 <sup>th</sup> percentile. The goal in 2008 will be to improve by one standard deviation to 40.6%.	Improve the 2008 HEDIS LDL-C control rate by 2.4%.	<ol style="list-style-type: none"> <li>1. Develop member profile reports sent every 4 months to members identifying key missed tests and congratulating them on tests completed.</li> <li>2. Continue work with the Health Plan Work Group with a focus on improving hypertension and LDL-C testing / levels.</li> <li>3. Direct follow up with clients ID during HEDIS chart audits with elevated LDL readings.</li> <li>4. Continue PCP reminders to members by customer service staff for members with diabetes, hypertension, and hypercholesterolemia (IDX PCP reminder pop up box).</li> </ol>	6/30/09	Elbel/ Day/ Serrano/ QI Comm ittee

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Care Coordination  Aim: Identify and address the perceived barriers to communication between medical and mental health providers to improve care coordination and care for members with diabetes and SPMI.	CQI	HU	In FY 07, we conducted a study to determine the barriers to care coordination. The top three shared barriers were 1) nothing in the chart from the other provider, 2) no time, and 3) no contact information for the other provider. In 2007, we assembled a team of stakeholders from the U Health Plan, U Community Clinics, Valley Mental Health, and the Bureau of Managed Care/Medicaid that meets monthly to design and implement provider, member, and policy level interventions to address the identified barriers.	Implement at least three interventions to address the identified care coordination barriers.	<ol style="list-style-type: none"> <li>1. Additional member mailings emphasizing sharing provider contact information with all providers, encouraging communication between providers, and tracking their own medication.</li> <li>2. HIPAA training /clarification with providers regarding sharing of information among members of the treatment team.</li> <li>3. Second care coordination measure conducted to measure improvement since baseline.</li> <li>4. Additional provider workshops – focus on problem solving care and care coordination issues between providers for shared high-risk patients.</li> <li>5. Identification of high cost / high risk / high utilization enrollees with medical and mental health conditions (SPMI) for Health Plan case management intervention.</li> </ol>	6/30/09	Elbel/ Day/ /Stakeholder Committee
Fraud and Abuse Prevention and control Program Refinements.  Aim To continue to improve our fraud and abuse prevention and detection capabilities.	ASQI	HU UHCP	We formalized a fraud and abuse compliance program in 2004 and continue to refine our prevention and detection capabilities. Our most recent refinement has been the implementation of more sophisticated provider profiling software. A team has been assembled to review providers identified as outliers.	Conduct a review on the top three providers profiled as outliers for claims rules violations and practice patterns.	<ol style="list-style-type: none"> <li>1. Implement provider profiling software (i.e., retrospective review of claims data for patterns of fraud and abuse within the provider network).</li> <li>2. Refine investigative processes and staff skills</li> <li>3. Finalize Ingenix iCES implementation.</li> </ol>	6/30/09	Elbel / Serrano / Day
Member Satisfaction  Aim: To maintain a high level of member satisfaction as measured by the percentage of adult members rating the health plan as an 8, 9, or 10.	ASQI	HU UHCP	In FY 2008 our goal was to maintain health plan satisfaction rating within 2 standard deviations of the state average measured using the CAHPS survey). We met the goal and significantly exceeded the state average (82.7%) with 85% of members ranking us as an 8, 9, or 10.  Due to the timing of the data with the CAHPS survey we have elected to create our own survey using two standardized	Increase service satisfaction by one standard deviation on the CAHPS question for Health Plan	<ol style="list-style-type: none"> <li>1. Reduce Member CSR's.</li> <li>2. Improve quality of call interaction.</li> <li>3. Develop and close provider networks in the north and south counties.</li> <li>4. Develop internal survey and conduct survey through mail in October and March/April.</li> </ol>	6/30/09	Peters on/ Ops Committee

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			questions from the CAHPS survey. The goal is based on receiving a health plan satisfaction rating above our 2007 adult CAHPS survey rating of 71.1%.	Rating			
<p>Provider Satisfaction</p> <p>Aim: : To improve the percentage of providers rating the health plan as an 8, 9, or 10.</p>	ASQI	HU UHCP	In FY 06, we began provider satisfaction surveys using an internally developed instrument. Our ratings from providers have steadily improved with fifty nine percent of providers rating us as an 8, 9, or 10 in FY 06, to seventy one percent in FY 07, to 82% in FY 08. During this time, providers have consistently listed the following reasons for rating us less than 10 (from most common to least common): timeliness of payment, responsiveness of staff to concerns, and accessibility of staff.	Increase the percentage of providers rating the health plan as an 8, 9, or 10 by up to 1 standard deviation.	<ol style="list-style-type: none"> <li>1. Reduce provider CSR's</li> <li>2. Reduce claims turnaround time.</li> </ol>	6/30/09	Davis / Ops Comm ittee
<p>Employee Satisfaction</p> <p>Aim: To increase employee satisfaction as measured by the annual employee satisfaction survey.</p>	ASQI	HU UHCP	<p>The organizational behavior / improvement literature suggests there is a correlation between improved employee morale / satisfaction, and improved customer service. Satisfaction is measured using the Employee Survey conducted each year by the U of U Hospitals and Clinics.</p> <p>In 2006, our overall employee satisfaction score improved to 4.13, from 3.85 in 2005. Our score has remained above this level with scores of 4.28 and 4.23 in 2007 and 2008, respectively.</p>	Maintain the overall average score of the annual employee opinion survey at 4.13 or above.	<ol style="list-style-type: none"> <li>1. Continue successful programs/tactics: R&amp;R Team, Community service/sub for Santa and thank-you cards.</li> <li>2. Continue to explore flexible work schedules.</li> </ol>	9/01/09	Larson / Ops commi tee

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<p>HIPAA Administration Simplification Act compliance</p> <p>Aim: To be fully compliant with the HIPAA Administrative Simplification provisions.</p>	ASQI	HU UHCP	<p>UUHP is fully compliant with the Privacy Act. New and existing employees receive required training annually, all members receive a notice of privacy practices, and UUHP maintains P &amp; Ps to protect private information. UUHP is finalizing EDI and code set transaction requirements in the following areas:</p> <ol style="list-style-type: none"> <li>835 – Health Care Claim Payment/Advice Transaction: Currently in internal testing phase. To be completed Q208.</li> <li>270/271 – Health Care Eligibility/Benefit Inquiry and Information Response. Q408</li> <li>276/277 – Health Care Claim Status Request and Response. Q408</li> <li>278 – Health Care Services Review—Request for Review and Response: UUHP does not require prior-authorization and verified with The CMS that this transaction did not apply but will implement it after all other transactions so that providers can requests courtesy pre-authorizations electronically if desired.</li> <li>837 – Encounter Transaction used to send encounter data to Utah Department of Health. All claims, including COB, can now be submitted electronically - completed Q405.</li> </ol>	<p>There is no goal in this area for FY 09. Any additional transaction set implementation will occur in FY 10.</p>	<ol style="list-style-type: none"> <li>Complete internal system testing - late August 2007</li> <li>Develop documentation for internal staff - late August 2007</li> <li>Educate internal staff on changes to existing process via staff meeting - late August 2007</li> <li>Complete pre notification testing with University Physicians and University Hospital - mid October 2007</li> <li>Train responsible staff on new procedures for testing, implementing and maintaining trading partners for 835/EFT - mid October 2007</li> <li>Go live with University Physicians and University Hospital - early November</li> <li>Notify external trading partners of ability to begin testing 835/EFT - early November</li> <li>Update department web site with information on 835/EFT - early November</li> <li>Notify UHIN of change from internal testing to external testing - early November</li> <li>Begin pre notification testing with external trading partners - mid November</li> <li>Go live with external trading partners - early December</li> <li>Continue testing and go lives with external trading partners as they are ready - on going</li> </ol>	N/A	Wilson /Smith / Ops Committee

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<p>Flu / Pneumonia Shot Campaign</p> <p>Aim: All plan enrollees 50 and older will receive a reminder to get their flu and pneumonia vaccinations.</p>	CQI	HU	The University of Utah Hospitals and Clinics has set a goal to improve to the 75 <sup>th</sup> percentile in the JCAHO Pneumonia Core Measure. The Core Measure assesses, among other metrics, the percentage of patients who have had a pneumonia and flu vaccine at the time of discharge. This activity supports this goal by ensuring that Healthy U patients have already had these vaccinations prior to admission, thereby reducing the eligible population at the time of discharge.	All plan enrollees 50 and older will receive a reminder to get their flu and pneumonia vaccinations.	<ol style="list-style-type: none"> <li>1. Member newsletter article</li> <li>2. Focus on Home Health Agencies – Emphasis on encouraging high risk members to get vaccinations.</li> <li>3. Reminder calls to members</li> </ol>	6/30/09	Smith/ Ops Committee
<p>Improved Quality / Patient Care Experience</p> <p>Aim: To ensure that hospital case management understand benefits, resources, and preferred providers for patients with Healthy U and U Health Care Plus.</p>	ASQI	HU UHCP	The University of Utah Hospitals and Clinics has set a goal to improve patient satisfaction. This activity supports this goal by ensuring that hospital case management staff, including discharge planning staff, understand plan benefits, resources, and preferred providers.	At least two educational sessions with U Hospital Case management Staff regarding plan benefits, resources, and preferred providers.	<ol style="list-style-type: none"> <li>1. Relationship building and education with U Hospital Case Managers. <ol style="list-style-type: none"> <li>a. Educational in-services with U Hospital CM staff</li> </ol> </li> <li>2. Home Health, DME, SNF, LTAC listing to be sent to Case Management Department at the U.</li> </ol>	6/30/09	Elbel / Ops Committee

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<p>Quality &amp; Case Management Program Refinements</p> <p>Aim: To improve member outreach by improving our ability to identify member risks and needs.</p>	ASQI	HU UHCP	<p>In 2008 the Quality Department took part in a long term strategic planning session to identify the activities that would have the greatest impact on our ability to provide outreach to members. The top activity identified in the planning session was to continue to improve our ability to identify member risks and needs.</p>	<p>Identify and implement at least one tool or resource to improve the health plan's ability to provide outreach to members who have the greatest risks / needs.</p>	<ol style="list-style-type: none"> <li>1. Know more about members' health risks at the time of enrollment (i.e., health risks). Use info to get members more involved in their care and to help us know where to target our efforts.               <ol style="list-style-type: none"> <li>a. Get detailed info from Medicaid's PRA-Plus survey- all questions asked</li> <li>b. Better idea of HPR role, including HPR alerts</li> </ol> </li> <li>2. Research / identify tools and resources to identify high risk members / manage caseloads / provide member outreach (e.g., InterQual, Predictive Modeling, CM Software, internally developed utilization reports).               <ol style="list-style-type: none"> <li>a. Determine who are highest risk, highest cost, and highest utilizers</li> </ol> </li> <li>3. Understand the availability of services to assist members who have chronic illness and mental health problems before it becomes a crisis situation.</li> </ol>	12/31/09	Elbel / Serrano, Case Managers