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**MercyCare HMO**  
**Quality Program Evaluation**  
**For 2008**

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## **EXECUTIVE SUMMARY AND INTRODUCTION**

### **Introduction**

MercyCare Insurance Company (MercyCare or MCIC) is dedicated to providing high quality healthcare and personalized service to our members by continually seeking to improve health care quality, safety, availability and transparency in addition to improving our business practices in ways that increase member satisfaction with their healthcare and understanding of their insurance benefits.

This evaluation will provide a detailed review of the overall effectiveness of our QI program by examining the following:

- MercyCare HMO HEDIS® and CAHPS® scores as compared to benchmarks
- Progress with quality initiatives
- Monitoring safety
- Summary of overall findings

### **National Committee for Quality Assurance (NCQA)**

MercyCare has received NCQA accreditation consecutively since 1999. Our most recent survey resulted in a commendable achievement score. That score was revised and improved to an excellent achievement score in August of 2009 due to our increased HEDIS® and CAHPS® results.

### **Quality Performance**

#### **HEDIS®**

Out of 30 HEDIS® clinical measures (including sub measures) in 2009, MercyCare was scored in 24 (not scored in 6 since MercyCare did not have enough eligible members to report). Out of the 24 measures that MercyCare participated in, we demonstrated improvement in more than half of the measures. The measures below contribute to our NCQA score. Bold print indicates those showing improvement over the prior year's score. Medical Assistance with Smoking Cessation and Flu Shots for Adults (50-64) has been included in the chart below even though it is a CAHPS® measure, because it is a specific measure of healthcare quality.

The following measures have several sub-measures that are rolled up into one composite score by NCQA:

- Antidepressant Medication Management Measure
- Childhood Immunization Status
- Comprehensive Diabetes Care
- Follow Up After Hospitalization for Mental Illness
- Use of Appropriate Medications for People with Asthma

<b>Measure</b>	<b>2009 HEDIS® Results</b>	<b>Increase or Decrease from 2008 HEDIS®</b>
Antidepressant Medication Management Measure		
▪ Acute Phase	<b>66.67</b>	<b>2.71</b>

▪ Continuation Phase	<b>56.86</b>	<b>4.61</b>
Appropriate Testing for Children with Pharyngitis	<b>88.11</b>	<b>13.33</b>

<b>Measure</b>	<b>2009 HEDIS® Results</b>	<b>Increase or Decrease from 2008 HEDIS®</b>
Appropriate Treatment for Children with Upper Respiratory Infection	<b>94.35</b>	<b>5.97</b>
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	<b>35.51</b>	<b>8.06</b>
Appropriate Use of Medication for Asthma		
▪ Combined Rate	92.52	-1.81
▪ Ages 18-56	91.57	-2.4
▪ Ages 10-17	Too few eligible members to report	
▪ Ages 5-9	Too few eligible members to report	
Beta-Blocker Treatment After a Heart Attack	Too few eligible members to report	
Breast Cancer Screening-Total	70.92	-2.12
Cervical Cancer Screening	<b>85.82</b>	<b>4.71</b>
Childhood Immunization Status		
▪ Combo 2	80.49	-10.72
▪ Combo 3	76.83	-12.18
Cholesterol Management for Patients with Cardiovascular Disease (LDL-C screening performed)	<b>89.55</b>	<b>6.51</b>
Colorectal Cancer Screening	<b>66.81</b>	<b>5.0</b>
Comprehensive Diabetes Care		
▪ LDL-C Screening Performed	83.3	-.5
▪ HgbA1c Testing	89.33	-1.28
▪ Nephropathy Monitoring	<b>82.44</b>	<b>.05</b>
▪ HgbA1c Poorly Controlled	22.38	-5.71
▪ Eye Exams	62.65	-1.2
Controlling High Blood Pressure	<b>63.31</b>	<b>1.18</b>
Follow-Up After Hospitalization for Mental Illness		
▪ 7 Days	Too few eligible members to report	
▪ 30 Days	Too few eligible members to report	
Medical Assistance with Smoking Cessation (Advising smokers to quit)	73.33	-4.6
Timeliness of Prenatal Visits	93.75	-1.95
Timeliness of Postpartum Care	<b>77.08</b>	<b>7.19</b>
Use of Imaging Studies for Low Back Pain	<b>83.91</b>	<b>5.74</b>
Flu Shots for Adults (50-64)	<b>48.23</b>	<b>1.93</b>
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Too few eligible members to report	

Below is a breakdown of the percentile bands that each measure fell into:

<b>Below 50<sup>th</sup> Percentile</b>	<b>50<sup>th</sup> to 75<sup>th</sup> Percentile</b>	<b>75<sup>th</sup> to 90<sup>th</sup> Percentile</b>	<b>90<sup>th</sup> Percentile and Above</b>
Controlling High blood Pressure	Breast Cancer Screening	Antidepressant Medication Management Measure-Acute Phase	Antidepressant Medication Management Measure-Continuation Phase
Medical Assistance with Smoking Cessation-Advice to Smokers to Quit	Childhood Immunization Status-Combo 2	Colorectal Cancer Screening	Appropriate Testing for Children with Pharyngitis
Timeliness of Postpartum Care	Childhood Immunization Status-Combo 3	Comprehensive Diabetes Care-Eye Exams	Appropriate Treatment for Children with Upper Respiratory Infection
Use of Appropriate Medications for People with Asthma-Combined Rate	Cholesterol Management for Patients with Cardiovascular Conditions-Screening	Comprehensive Diabetes Care-HbA1c Poor Control	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
Use of Appropriate Medications for People with Asthma-18-56	Comprehensive Diabetes Care-LDL-C Screening		Cervical Cancer Screening
Flu Shots for Adults-50-64	Comprehensive Diabetes Care-HbA1c Testing		Use of Imaging Studies for Low Back Pain
	Comprehensive Diabetes Care-Diabetic Nephropathy Timeliness of Prenatal Care		

Our ultimate goal is to have all of the key measures at or above the 90<sup>th</sup> percentile. As a first step to get to that goal, MercyCare will focus on those measures that have fallen below the 50<sup>th</sup> percentile. Last year stronger interventions were put in place for appropriate testing for children with pharyngitis, avoidance of antibiotic treatment in adults with acute bronchitis, and timeliness of postpartum care, which all fell below the 50<sup>th</sup> percentile. This year the appropriate testing for children with pharyngitis, and avoidance of antibiotic treatment in adults with acute bronchitis, went from below the 50<sup>th</sup> percentile to above the 90<sup>th</sup> percentile indicating our interventions were very successful. The timeliness of postpartum care did remain below the 50<sup>th</sup> percentile, but did improve by 7.19%. The interventions for this measure however, were completed in September of 2008 and the measurement year ended in November. Improvements have been made to the Healthy heart Case Management Program and to the Asthma Case Management program including a new case manager for these programs. These improvements should impact the scores for asthma and controlling high blood pressure. We will also continue to analyze our results by physician to reveal any pattern that would result in a stronger intervention. Other overall improvements have enabled MercyCare to surpass our goal of the 90<sup>th</sup> percentile in 6 measures in 2009 versus 4 measures in 2008. Comparisons to our major

regional competitor, Dean Health Plan, revealed that we are currently even in terms of HEDIS® measures that MercyCare was scored in. Each health plan outscored the other in 12 measures.

The above measures will continue to part of our NCQA score in 2010 along with the addition of the following two measures:

- Chlamydia Screening in Women
- Follow-Up for Children Prescribed ADHD Medication

Moving forward, MercyCare will implement interventions to positively impact these measures also.

### **CAHPS®**

CAHPS® scores are a result of surveys sent out in the spring to assess members’ satisfaction with MercyCare from the prior year. Results summarize member experiences through ratings, related to five composite scores (composite scores are made up of several questions) and four overall ratings of consumer experience:

#### **Composite Scores**

- Claims Processing
- Customer Service
- Getting Care Quickly
- Getting Needed Care
- How Well Doctors Communicate

#### **Overall Ratings**

- Rating of All Health Care
- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

The results of these CAHPS® questions are also factored into our NCQA score. MercyCare demonstrated improvement in 6 of the 9 CAHPS 4.0H survey items. Those items that did show improvement are identified as bolded in the table below.

<b>Survey Item</b>	<b>2009 Results</b>	<b>Increase or Decrease from 2008 Results</b>
Claims Processing Composite	<b>89.36</b>	<b>4.84</b>
Customer Service Composite	<b>85.82</b>	<b>8.52</b>
Getting Care Quickly Composite	79.71	-3.26
Getting Needed Care Composite	<b>84.62</b>	<b>1.46</b>
How Well Doctors Communicate Composite	92.71	-3.38
Rating of All Health Care 8+9+10	<b>72.1</b>	<b>2.05</b>

Survey Item	2009 Results	Increase or Decrease from 2008 Results
Rating of Health Plan 8+9+10	64.21	3.08
Rating of Personal Doctor 8+9+10	80.86	-1.27
Rating of Specialist Seen Most Often 8+9+10	82.01	8.24

Below is a breakdown of the percentile bands that each measure fell into:

Below 50th Percentile	50th to 75th Percentile
Getting Care Quickly Composite	Customer Service Composite
Getting Needed Care Composite	Rating of Health Plan 8+9+10
How Well Doctors Communicate	Rating of Specialist Seen Most Often 8+9+10
Rating of All Health Care 8+9+10	Claims Processing Composite
Rating of Personal Doctor or Nurse 8+9+10	

The interventions to date have had some impact improving the number of measures that ranked above the 50<sup>th</sup> percentile versus last years results. In 2008, MercyCare had 7 measures that fell below the 50<sup>th</sup> percentile, whereas 2009 resulted in 5 below the 50<sup>th</sup> percentile. Last years' CAHPS® scores revealed improvement in only 3 measures, while this year indicated improvement in 7 of the measures. Comparison to our regional competitor, Dean Health Plan, indicates that MercyCare falls behind Dean Health Plan scores in all measures. Moving forward, we will continue to work to improve our member's perception of our health plan by increasing direct communications with our membership to promote, the positive aspects of our plan, including MercyCare accessibility standards, our commitment to quality and our commitment to getting the care that they need.

## Safety

The safety of our members is of the utmost importance. Our commitment to ensuring safety is addressed in the following ways:

Safety Mechanism	Description
Providing education to our members	The MercyCare website provides members with information regarding WI CheckPoint, a site sponsored by the Wisconsin Hospital Association in partnership with the State of Wisconsin. We also encourage improved patient-physician communication through the Ask Me 3 website. We educate our member regarding the importance of electronic medical records and notify members of their rights and responsibilities, and give additional quality and safety resources.
Monitoring adverse events	MercyCare identifies possible quality issues during all health plan activities such as member complaints, hospital reviews, or case management. Potential quality issues are referred to a peer review process.

<b>Safety Mechanism</b>	<b>Description</b>
Medical record audit	MercyCare audits medical records to ensure practitioners are keeping with organizational standards for documentation, confidentiality and accessibility of medical records.
Site visits	Prior to a site being credentialed, the provider site is reviewed to ensure the site is in compliance with our safety requirements.
Member complaint review	Member complaints are reviewed routinely to identify complaints related to quality of care, accessibility, and availability.
Pharmacy management	MercyCare implements prior authorization processes and quantity limits on specific drugs to prevent over-utilization, ensure appropriateness of medications, identify poly-pharmacy issues, identify abuse of narcotics, and reduce the exposure of members to new medications with uncertain side-effects.
Continuity and coordination of care	MercyCare reviews psychiatric admission to make certain the psychiatric discharge summary is sent to the members' primary care physician. MercyCare intervenes when possible to ensure the summary is sent.
Clinical Practice Guidelines	MercyCare has clinical practice guidelines in place to ensure the care members are receiving is in keeping with the latest standards. These guidelines are available to all physicians and members.
Electronic Medical Records	MercyCare encourages the use of electronic medical records. Mercy Health System has a timeline in place to implement electronic medical records (EMR) at all sites. Implementation of the EMR will allow practitioners to share information more efficiently and reduce handwritten medical errors.
Safety Improvement Committee	This committee is responsible for reviewing and comparing results of our network hospitals as published by WI CheckPoint. We will interact with our hospitals to encourage appropriate quality improvement efforts when needed. Members will be notified of the availability of comparative results.

### **Overall Summary**

MercyCare continues to exhibit progress in quality measures and customer service. We will continue to maintain our current quality task forces to serve as improvement forums to identify barriers and implement specific interventions. One of our challenges is to change the perception that our members have of the health plan and services. We will work to do this through our website, member newsletters, and annual mailings to members. MercyCare has expanded our effort of improving safety by organizing a Safety Committee. We will interact with our hospitals to encourage appropriate quality improvement efforts when needed, and notify members of the availability of comparative results.

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## **Report and Analysis**

The following report and analysis reviews individual HEDIS® 2009 scores including interventions completed in 2008 to September 2009. The report does not include data for the measures beta-blocker treatment after a heart attack and use of spirometry testing in the assessment and diagnosis of COPD since there was not enough data to report. Follow-up after hospitalization for mental illness is included below even though there was not enough data to report for this year since interventions for this measure are included in our depression case management program.

### **Antidepressant Medication Management**

#### **Measure**

The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.

- Effective Acute Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months).

#### **Quality Improvement Activities and Interventions for Acute Phase and Continuation Phase Treatment October 2008-September 2009**

- Program reviewed at the Depression Task Force and Behavioral Health Quality Improvement Committee
- The depression case management program is designed and managed by a certified case manager/RN
- The depression case manager provides telephonic case management to those members with a diagnosis of depression and/or newly started on an antidepressant, who opts in. The depression case manager works with members and their providers to coordinate care and educate on antidepressant use and length of treatment.
- The depression case manager provides newly redesigned educational materials to members and physicians regarding depression and treatment and reinforces the physician treatment plan
- The depression case manager has one on one contact with practitioner offices and marketing to improve awareness of the program and how to use the PHQ-9 in the EMR.
- Look into how data is captured and entered in to the database to ensure members in the AMM are also in the depression database
- Drug samples removed from Mercy Health System September 15, 2008

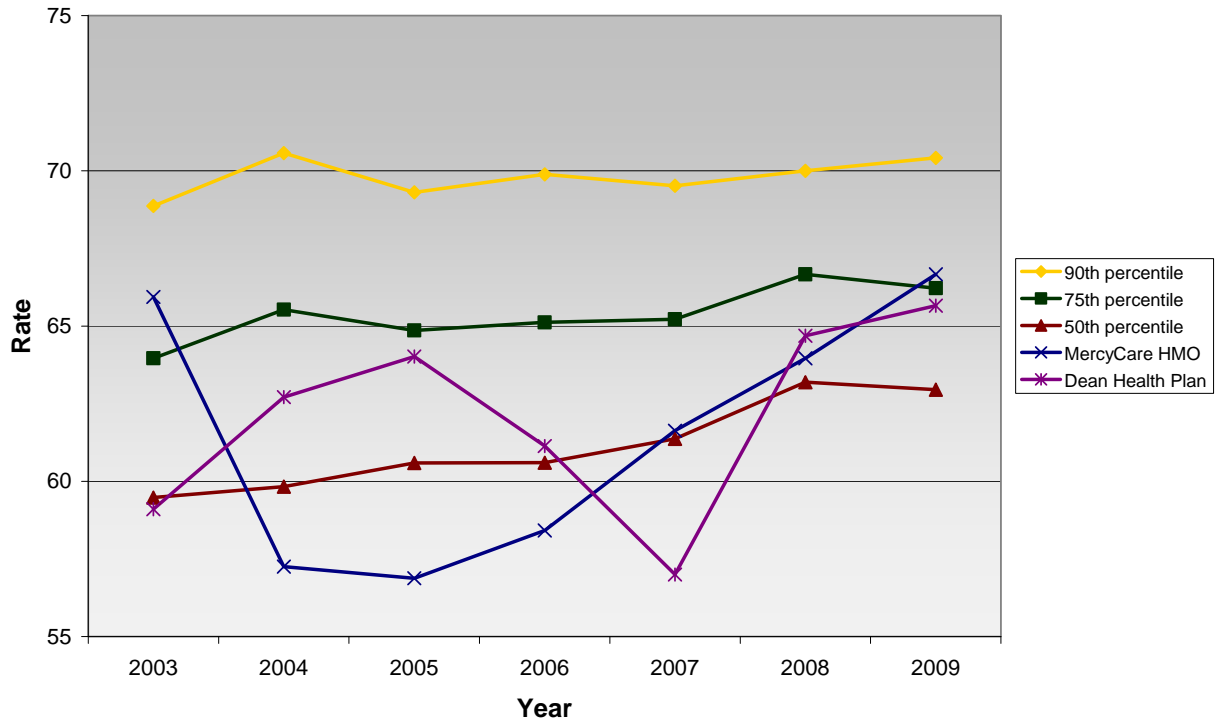
#### **Barriers Identified**

- Inadequate screening and monitoring
- Members need more education on antidepressant use (side effects; length of time to be effective)
- Patient self determines discontinuation
- Physician not taking action when no improvement is made

- Disconnect between member expectation and what PCP is able or willing to provide
- Perceived stigma regarding taking antidepressants
- Physicians need to know more about case management services
- Education to physicians

## Quantitative Analysis

**Antidepressant Medication Management Measure-Acute Phase Treatment**



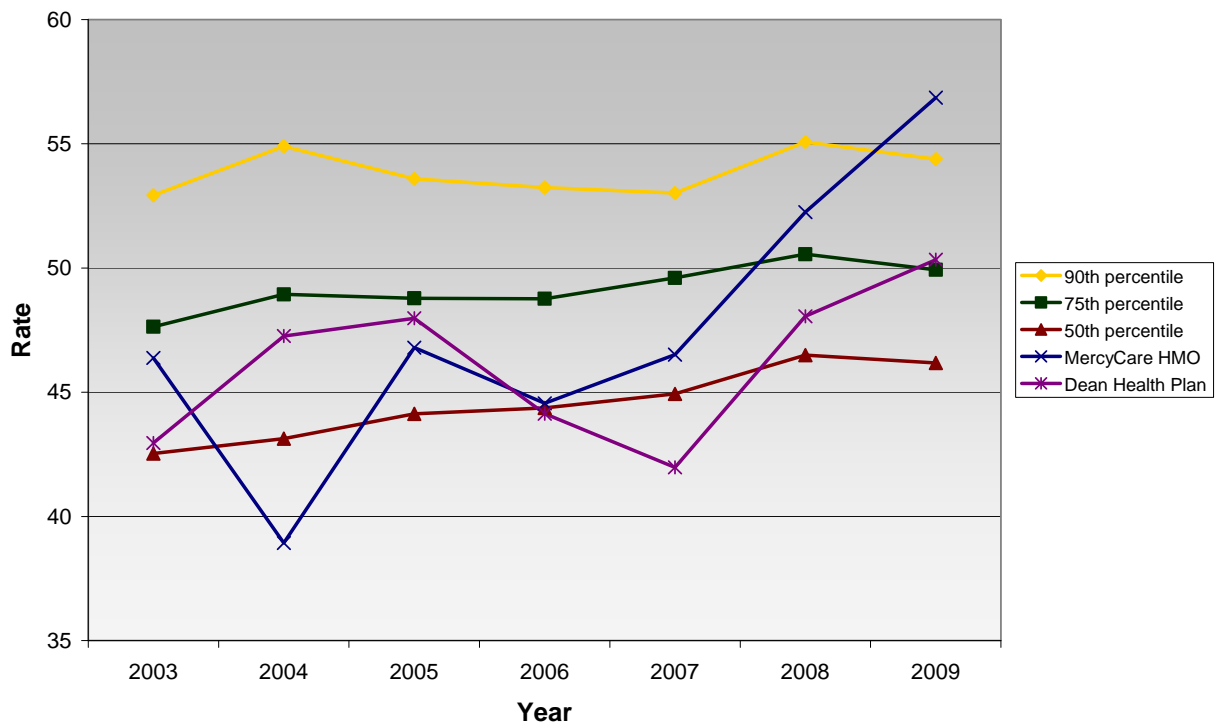
- Goal-90<sup>th</sup> percentile  $\geq 70.42\%$
- Improved from the 50<sup>th</sup> percentile in 2008 to the 75<sup>th</sup> percentile in 2009
- Below the State HMO average (68.84)
- 1.01 points above primary regional competitor
- 3-year trend demonstrates a 5.04 point gain

## Qualitative Analysis

The three-year trend continues to indicate significant improvement, putting MercyCare above the 75<sup>th</sup> percentile for the first time since 2003. It is evident that the depression case management program has had an impact on keeping our members on their antidepressants for recommended treatment lengths.

## Quantitative Analysis

### Antidepressant Medication Management Measure-Continuation Phase



- Goal-90<sup>th</sup> percentile  $\geq$  54.39%
- Improved from between the 75<sup>th</sup> and 90<sup>th</sup> percentile in 2008 to above the 90<sup>th</sup> percentile in 2009
- Above State HMO average (48.21)
- 6.53 points above primary regional competitor
- 3-year trend demonstrates a 10.35 point gain

## Qualitative Analysis

The three-year trend continues to indicate significant improvement, putting MercyCare above our goal of the 90<sup>th</sup> percentile for the first time. Again evidencing that the depression case management program has had a considerable impact on keeping our members on their antidepressants for recommended treatment lengths.

### Appropriate Testing for Children With Pharyngitis (CWP)

#### Measure

The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

#### Quality Improvement Activities and Interventions for October 2008-September 2009

- Reviewed HEDIS® 2009 potential misses to determine reasons why it was a non-hit
- Identified which clinics are not billing for attained strep tests
- Worked with clinics to correct billing

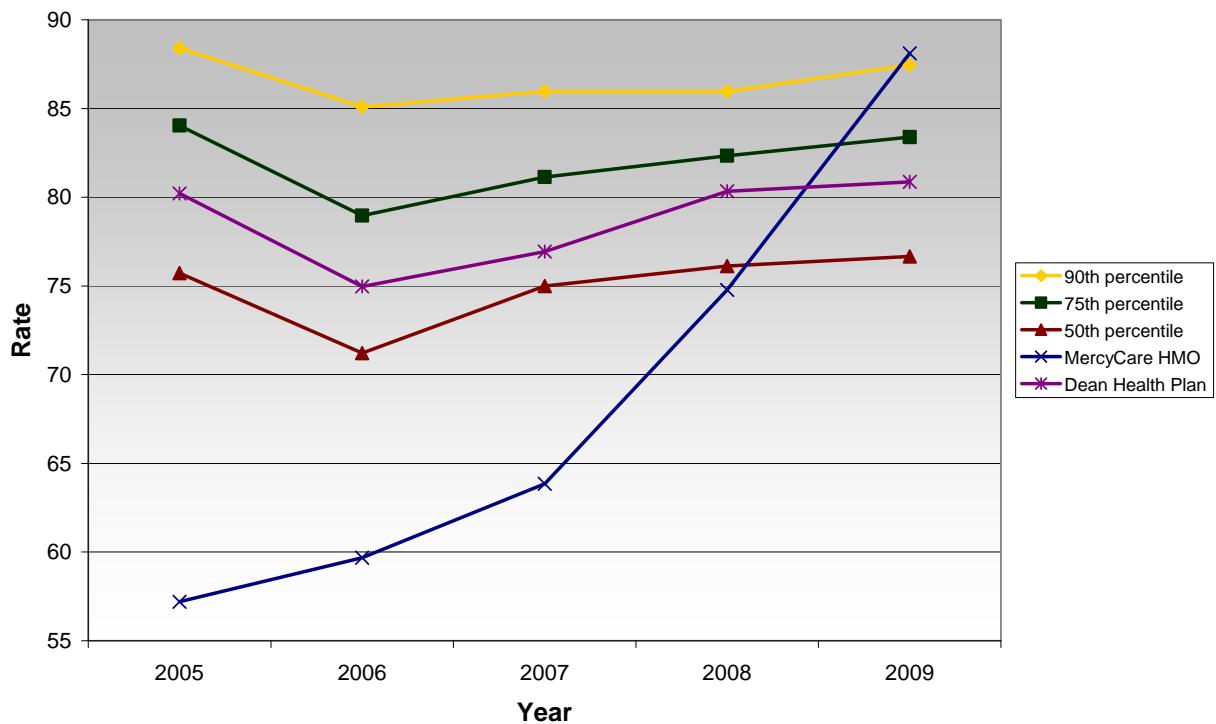
- Will continue to review potential misses on a regular basis
- Performed provider rate comparison of misses
- Providers and members will be notified of MercyCare's 2008 HEDIS® results in their annual notices

### **Barriers Identified**

- Labs are not billed by provider sites for strep tests
- Visits are not being coded correctly

### **Quantitative Analysis**

**Appropriate Testing for Children with Pharyngitis**



- Goal-90<sup>th</sup> percentile  $\geq$  87.45%
- Improved from below the 50<sup>th</sup> percentile in 2008 to above the 90<sup>th</sup> percentile in 2009
- Above State HMO average (83.50)
- 7.24 points above primary regional competitor
- 3-year trend demonstrates a 24.26 point gain

### **Qualitative Analysis**

MercyCare continues to show marked improvement demonstrating success in our analysis of the non-hits for this measure. Correcting several billing and coding errors allowed MercyCare to pass our goal of the 90<sup>th</sup> percentile. Since the measurement year for this measure ended June 30<sup>th</sup> the preliminary data for 2010 was added. After a chart review was done for the non-hits, results showed that some of the non-hits can be changed since the provider did conduct a rapid strep, but the clinic did not bill, and some had an additional diagnosis that was not coded. However, a large percentage of the non-hits can from two provider sites. These two provider sites indicated

in their charting that the diagnosis was based on clinical exam only. These two provider sites will be contacted by our medical director.

### Appropriate Treatment for Children With Upper Respiratory Infection (URI)

#### Measure

The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

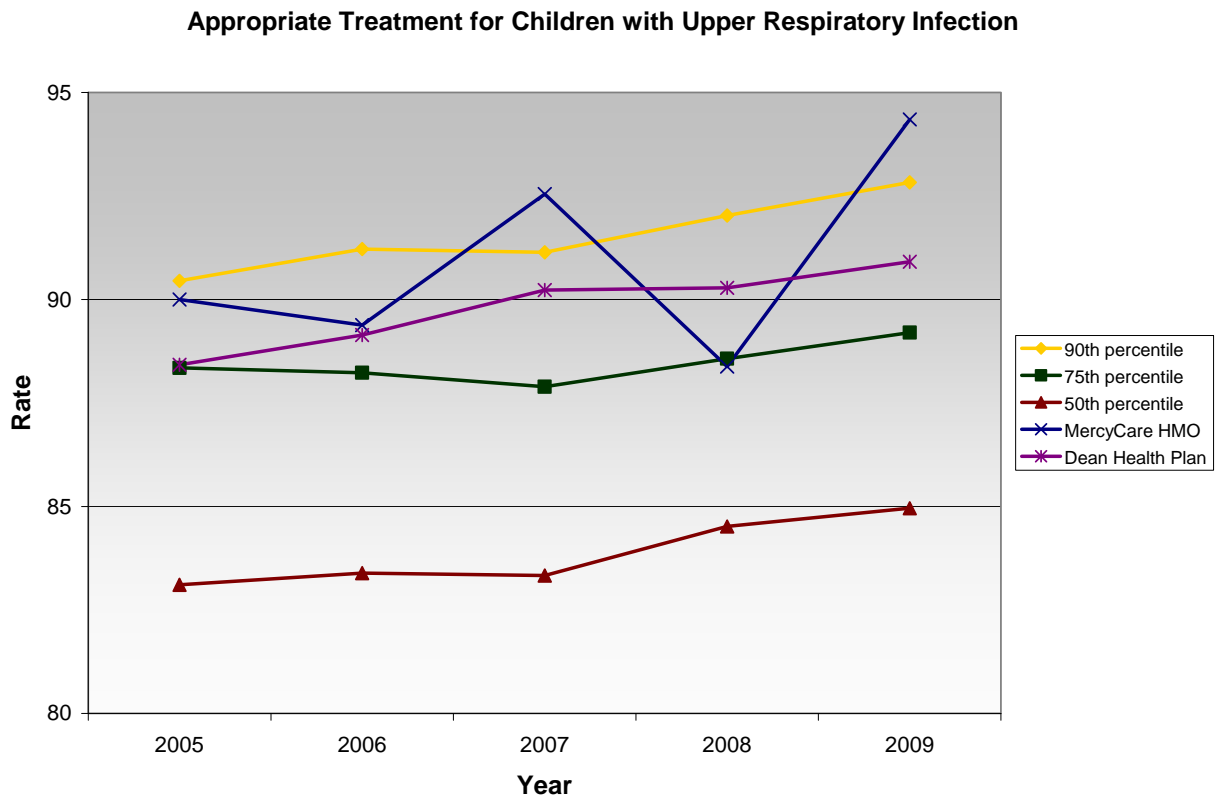
#### Quality Improvement Activities and Interventions for October 2008-September 2009

- Potential non-hits were reviewed to identify a cause or trend
- This measure was presented at the Quality Utilization Management Committee for review and analysis, that includes Dr. Mark Goelzer and Dr. Keith Konkol
- Worked with coders to correct errors

#### Barriers Identified

- Not all diagnoses were being coded

#### Quantitative Analysis



- Goal-90<sup>th</sup> percentile  $\geq 92.83$
- Improved from the 75<sup>th</sup> percentile in 2008 to above the 90<sup>th</sup> percentile in 2009
- Above State HMO average (88.55)
- 3.44 points above primary regional competitor
- 3-year trend demonstrates a 1.8 point gain

## Qualitative Analysis

Significant improvement over last years data indicates that chart review of the potential non-hits was beneficial. Working with coding on implementing improvements was essential in surpassing our goal of the 90<sup>th</sup> percentile.

### **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis**

#### Measure

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

The 2008 measure was inverted and renamed.

#### Quality Improvement Activities and Interventions for October 2008-September 2009

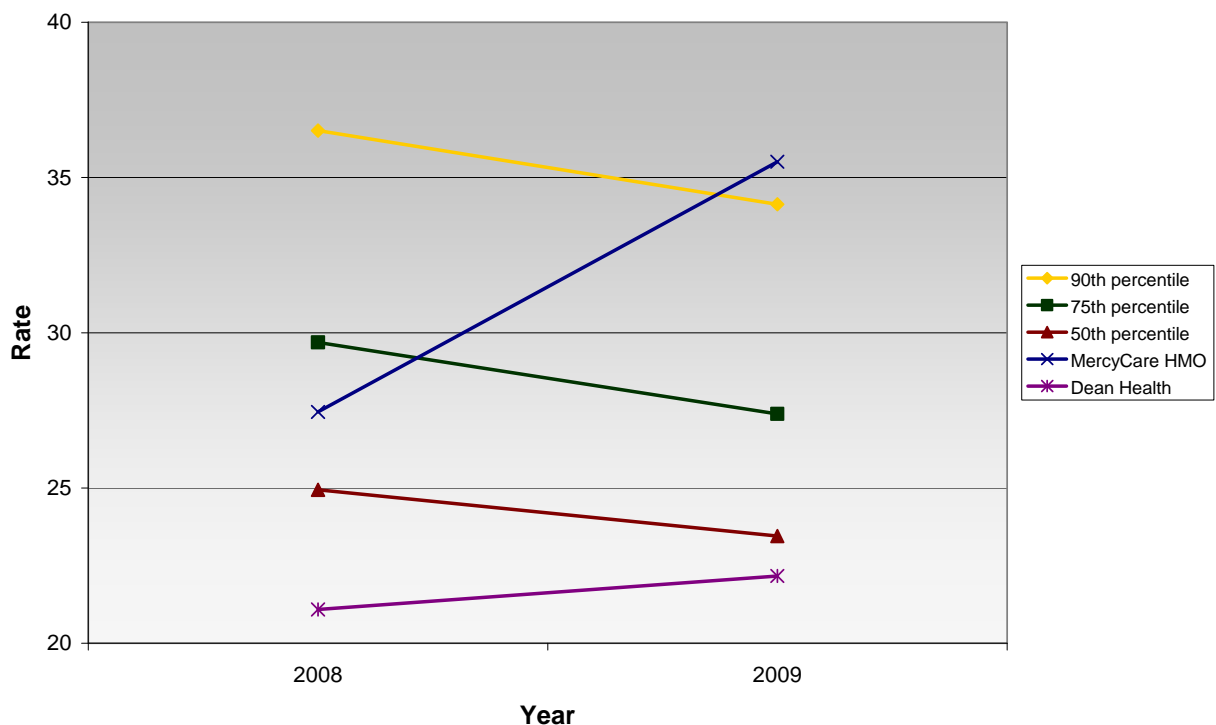
- ✦ Chart review of potential non-hits
- ✦ This measure was presented at the Quality Utilization Management Committee for review and analysis, which includes Dr. Mark Goelzer and Dr. Keith Konkol.

#### Barriers Identified

- ✦ A review of potential non-hits indicated that there were some coding errors

#### Quantitative Analysis

##### **Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis**



- ✦ Goal-90<sup>th</sup> percentile  $\geq 34.14$
- ✦ Improved from between the 50<sup>th</sup> and 75<sup>th</sup> percentile in 2008 to above the 90<sup>th</sup> in 2009
- ✦ Above State HMO average (29.73)
- ✦ 13.34 points above primary regional competitor

- Unable to determine a 3 year trend since the measure was renamed and inverted in 2008

**Qualitative Analysis**

Chart review of potential non-hits to determine coding errors again proved to be of great benefit in surpassing our goal of the 90<sup>th</sup> percentile. MercyCare will continue to review charts and work with coders when needed.

**Breast Cancer Screening (BCS)**

**Measure**

The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.

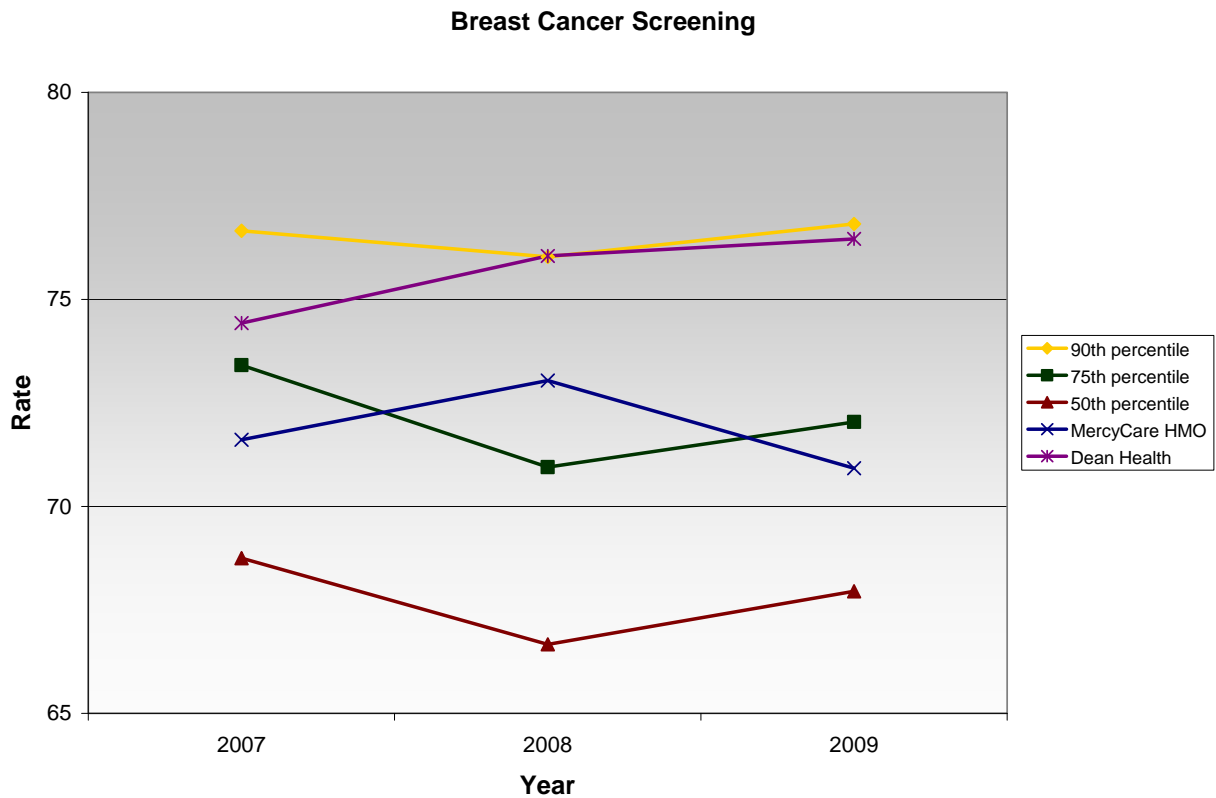
**Quality Improvement Activities and Interventions for October 2008-September 2009**

- Sent letters to member’s age 40-70 who had not had a screening mammogram in the past 2 years (women who had had a mastectomy were excluded) along with educational information and a listing of mammography sites

**Barriers Identified**

- Women not scheduling mammograms

**Quantitative Analysis**



- Goal-90<sup>th</sup> percentile  $\geq$  76.82
- Dropped from between the 75<sup>th</sup> to 90<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> and 75<sup>th</sup> in 2009
- Below the State HMO average (77.02)

- 5.54 points below primary regional competitor
- 3 year trend indicates a .69 point decrease

**Qualitative Analysis**

This measure continues to be difficult to move. Last year when national percentiles declined, MercyCare was able to measure some improvement, however, now that national percentiles have risen some, MercyCare data indicates a slight drop in numbers. This measure will need to be further reviewed to determine how MercyCare can better impact our members.

**Cervical Cancer Screening (CCS)**

**Measure**

The percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.

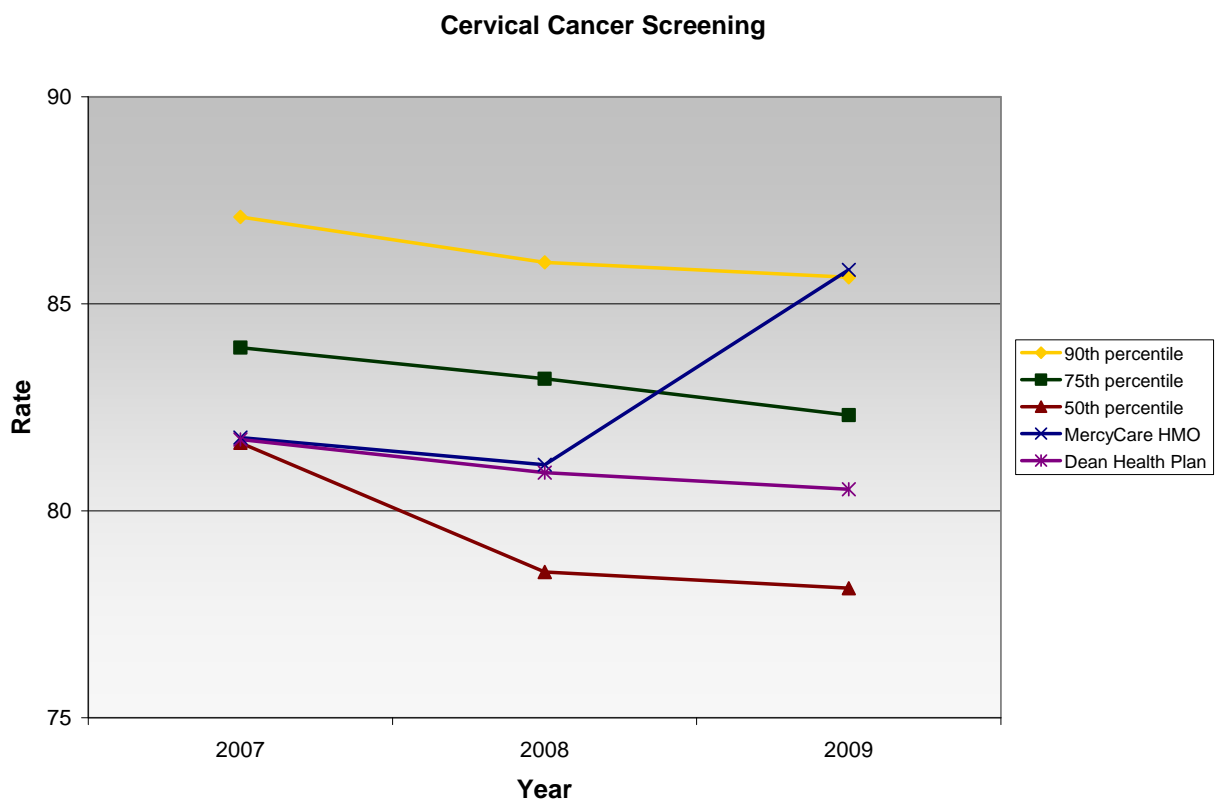
**Quality Improvement Activities and Interventions for October 2008-September 2009**

- Letters sent to members who had not had a pap test to encourage them to obtain one
- Educational inserts on cervical cancer sent to members who had not had a pap test

**Barriers Identified**

- Women are not scheduling appointments for their exams
- New guidelines from the American College of Gynecology allows more infrequent testing if viral serologies are done for HPV

**Quantitative Analysis**



- Goal-90<sup>th</sup> percentile  $\geq$  85.64%
- Improved from between the 50<sup>th</sup> to 75<sup>th</sup> percentile in 2008 to above the 90<sup>th</sup> percentile in 2009
- Above State HMO average (79.51)
- 5.3 points above primary regional competitor
- 3 year trend indicates a 4.05 point increase

### **Qualitative Analysis**

MercyCare showed significant improvement between 2008 and 2009 surpassing our goal of the 90<sup>th</sup> percentile. This could be a result of the meeting between the MercyCare Medical Director and some of the plan OB/GYNs to discuss and review this measure.

## **Childhood Immunizations Status Combo-2**

### **Measure**

The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP), three polio (IPV), one measles, mumps and rubella (MMR), two H influenza type B (Hib), three hepatitis B, one chicken pox (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

### **Quality Improvement Activities and Interventions for October 2008-September 2009**

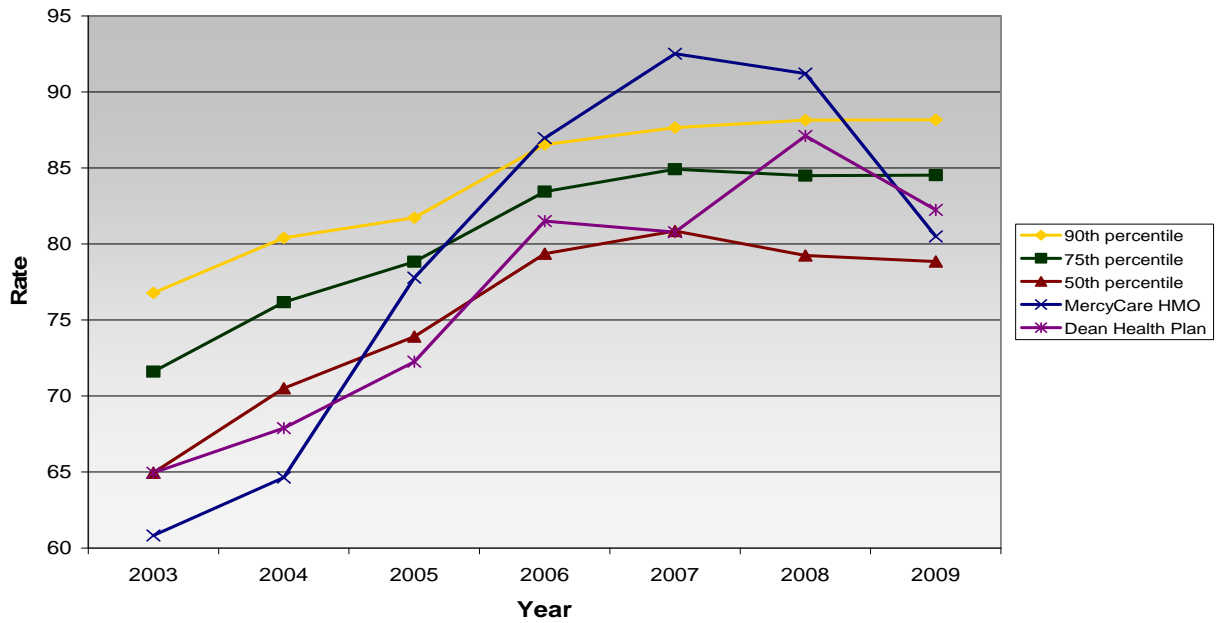
- Case management process
- One on one telephonic communication with provider and member
- Collaboration with the Wisconsin Immunization Registry (WIR)
- Assure newly recommended vaccines are covered in the benefit plan by reviewing at the Benefits Interpretation Committee (BIC)
- Identified billing errors and worked with provider billers to ensure accurate coding and placed age appropriate claim denials for certain immunizations to force providers to bill correctly

### **Barriers Identified**

- Children are missing their 18-month well child visit
- Parental refusals to vaccinate are increasing due to continued coverage by national media of possible risks despite the fact that numerous scientific studies have found no evidence of such risks.
- Cost constraints caused the health plan to eliminate case management process for two quarters
- Staffing shortages at MercyCare and Mercy Clinic East

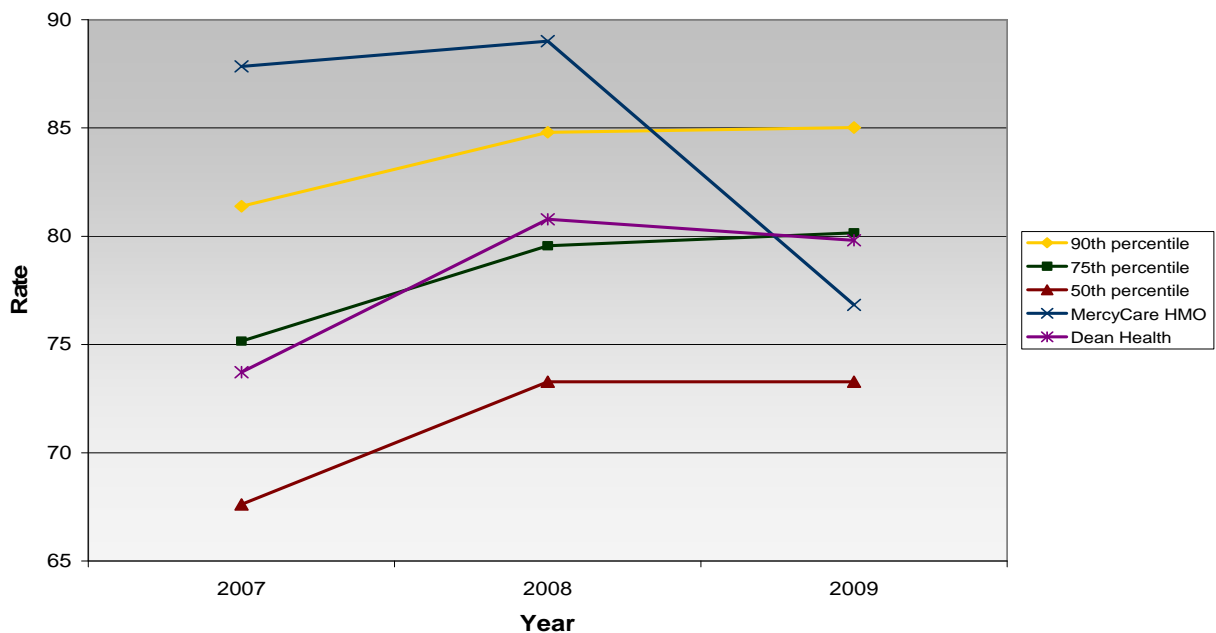
## Quantitative Analysis

### Childhood Immunization Status-Combo 2



- Goal-90<sup>th</sup> percentile  $\geq 88.17\%$
- Dropped from above the 90<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> and 75<sup>th</sup> percentile in 2009
- Below the State HMO average (86.57)
- 1.75 points below primary regional competitor
- 3-year trend demonstrates a 12.03 point loss

### Childhood Immunization Status-Combo 3



- Goal-90<sup>th</sup> percentile  $\geq$  85.02%
- Dropped from above the 90<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> and 75<sup>th</sup> percentile
- Below State HMO average (83.36)
- 2.98 points below primary regional competitor
- 3 year trend indicates 11.02 point loss

### **Qualitative Analysis**

The three-year trend for the combo 2 and 3 indicates a sizeable drop. This drop is a direct result of eliminating the case management process for two quarters of 2008. MercyCare has re-implemented the process and is also working with clinics to be more proactive in scheduling immunizations timely.

## **Cholesterol Management for Patients with Cardiovascular Disease (LDL-C Screening Performed)**

### **Measure**

The percentage of members 18–75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had each of the following during the measurement year.

- LDL-C screening

### **Quality Improvement Activities and Interventions for October 2008-September 2009**

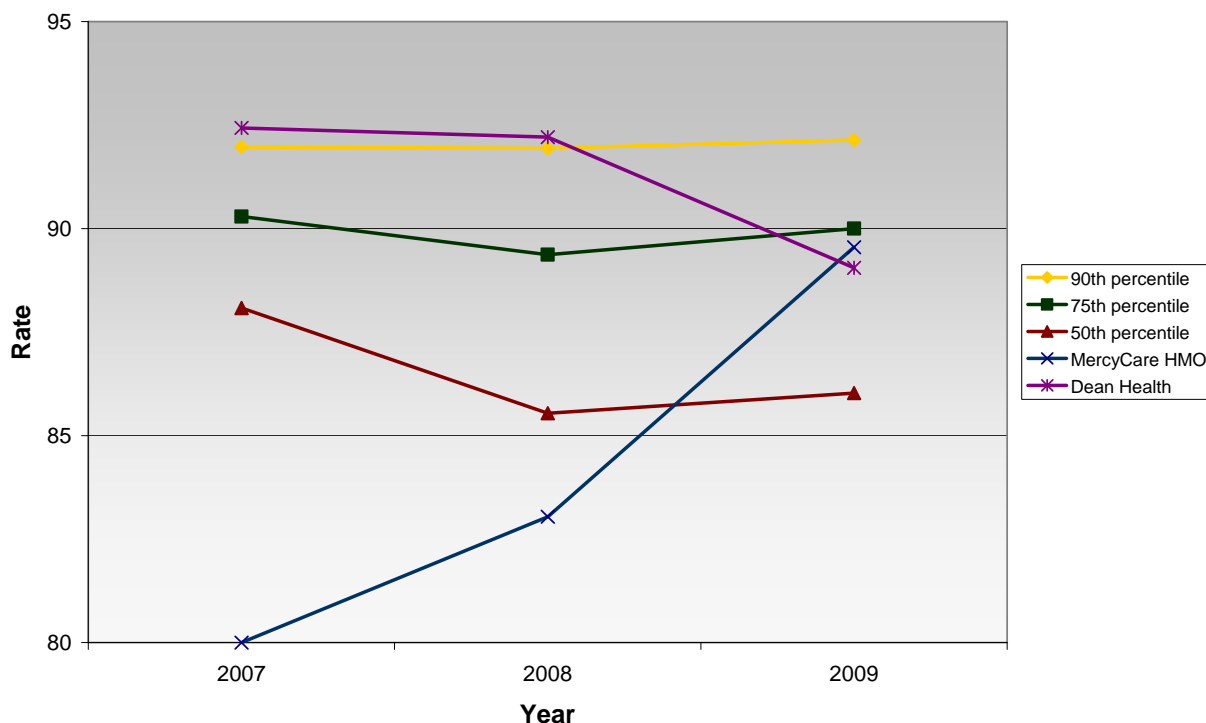
- Healthy heart case management program for cardiovascular health
- Selected members who meet criteria are in telephonic case management
- Helps members determine what changes they are ready to make

### **Barriers Identified**

- Member does not understand risk factors
- Members has difficulty modifying their lifestyle
- Tobacco use

## Quantitative Analysis

### Cholesterol Management for Patients with Cardiovascular Conditions-Screening



- Goal-90<sup>th</sup> percentile  $\geq 91.14$
- Improved from below the 50<sup>th</sup> percentile in 2008 to just below the 75<sup>th</sup> percentile in 2009
- Below State HMO average (92.01)
- .5 points above national regional competitor
- 3 year trend indicates a 9.55 point gain

## Qualitative Analysis

MercyCare improved a whole percentile category and the 3 year trend show great improvement. This progress is a direct result of the case management program. MercyCare will continue to keep the case management program in place and continually work toward our goal of the 90<sup>th</sup> percentile.

## Colorectal Cancer Screening

### Measure

The percentage of members 50–80 years of age who had appropriate screening for colorectal cancer.

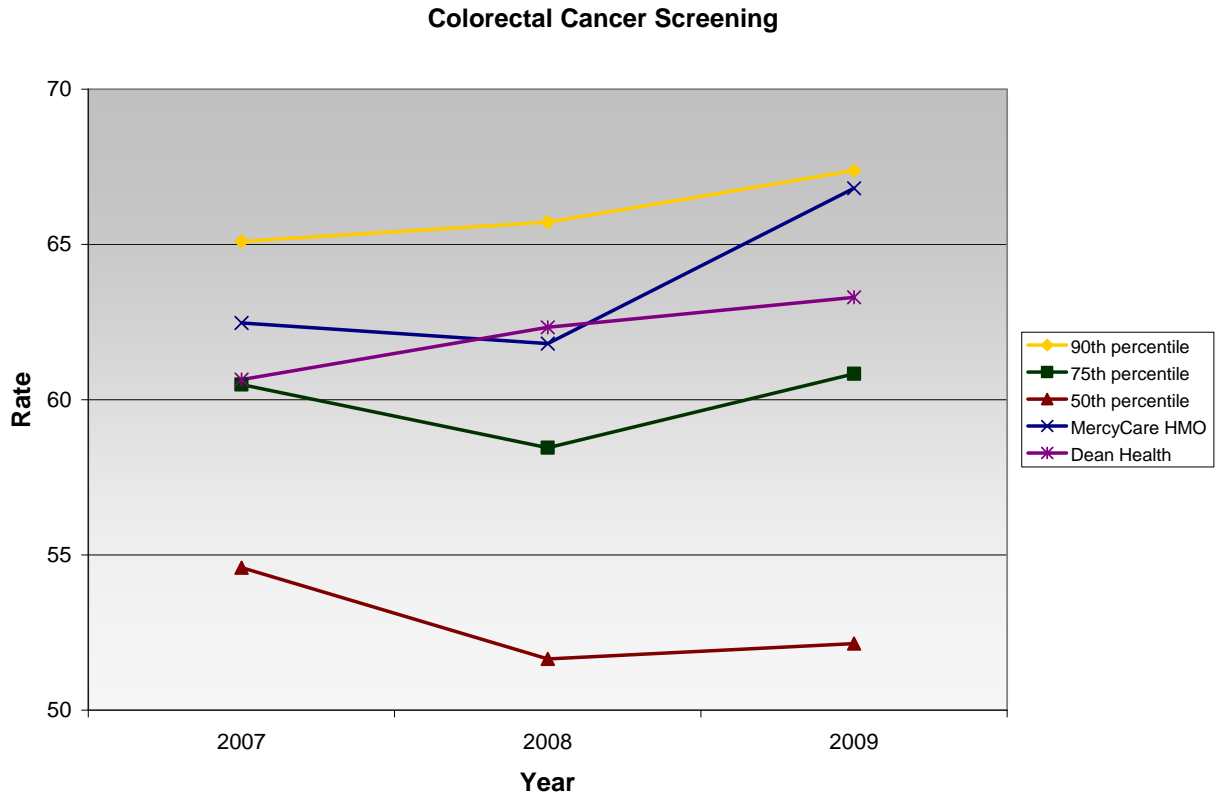
### Quality Improvement Activities and Interventions for October 2008-September 2009

- Send letters to members over 50 who have not had appropriate screening for colorectal cancer offering an at home fecal occult blood test (FOBT)
- Send FOBT kits to members who request them
- FOBT results are sent from the lab to the physician through electronic medical records

## Barriers Identified

- Member does not schedule screening
- Member does not return FOBT request form
- Member not educated on what screenings are needed and the timeframes

## Quantitative Analysis



- Goal-90<sup>th</sup> percentile  $\geq 67.38$
- Remained between the 75<sup>th</sup> to 90<sup>th</sup> from 2008 to 2009
- Above State HMO average (66.08)
- 3.51 points above primary regional competitor
- 3-year trend demonstrates a 4.34 point gain

## Qualitative Analysis

Although MercyCare remained between the 75<sup>th</sup> and 90<sup>th</sup> percentile from 2008 to 2009, we are only .57 points below our goal of the 90<sup>th</sup> percentile. Contacting members about FOBT kits has been a successful intervention. MercyCare will continue to communicate screening opportunities to members and work with members and Mercy lab on test results that were inaccurate.

## Comprehensive Diabetes Care

### Measure

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following.

- Hemoglobin A1c (HbA1c) testing
- HbA1c poor control (>9.0%)
- Eye exam (retinal) performed
- LDL-C screening
- LDL-C control (<100 mg/dL)
- Medical attention for nephropathy
- Blood pressure control (<130/80 mm Hg)
- Blood pressure control (<140/90 mm Hg)
- HbA1c good control (<7.0%)

*The sub measures analyzed below are those that are part of our NCQA score.*

### Hemoglobin A1c (HbA1c) Testing

#### **Quality Improvement Activities and Interventions for October 2008-September 2009**

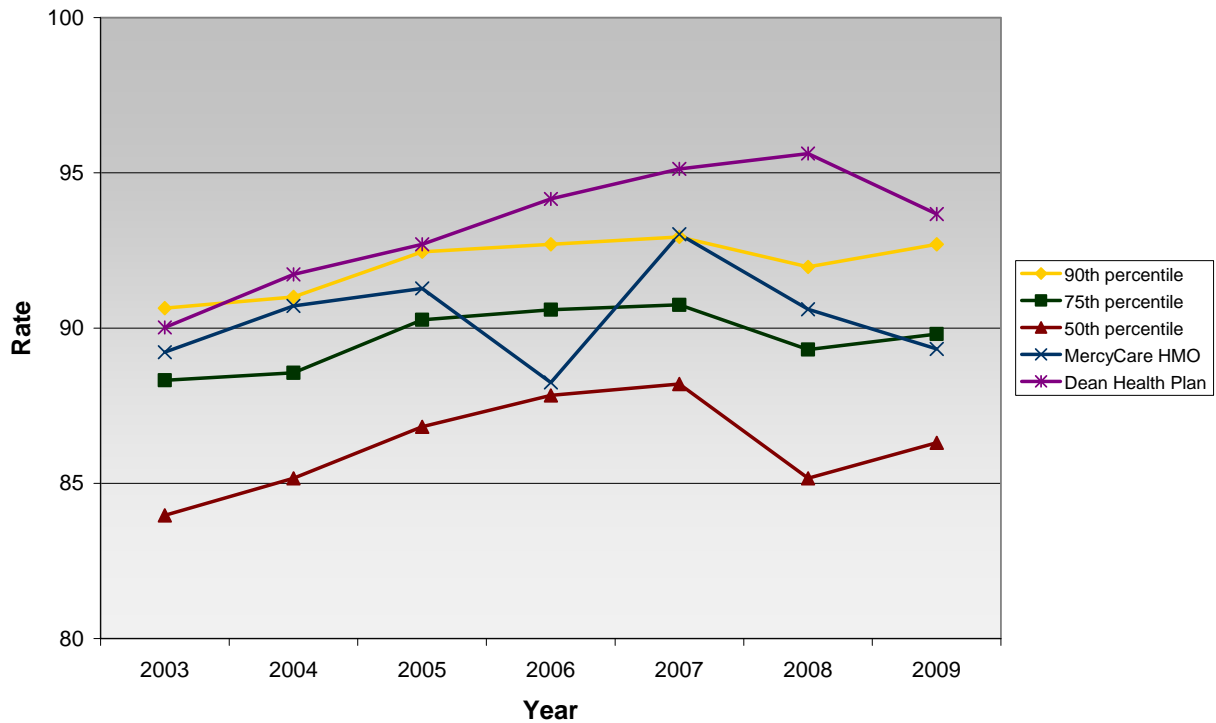
- Process and program continually reviewed and updated in the Diabetes Health Management Task Force, Tim Reid, MD, physician advisor and Steven Bartz, MD, physician advisor.
- Telephonic diabetic case management program managed by a certified case manager, RN, and certified diabetic educator
- Annual physician performance comparative profiles using HEDIS® data
- Quarterly query for members who have not had an A1c, eye exam, or LDL test in the last 9 months
- Letters sent to those identified in the above query and to physician
- Letters sent include LDL and nephropathy verbiage

#### **Barriers Identified**

- Member timeliness of obtaining lab work
- Economic factors may be decreasing screening frequency
- Physicians are not ordering the lab work
- Timeliness of ordering lab work

## Quantitative Analysis

### Comprehensive Diabetes Care-HbA1c Testing



- Goal-90<sup>th</sup> percentile  $\geq 92.70$
- Dropped from between the 75<sup>th</sup> to 90<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> to 75<sup>th</sup> percentile in 2009
- Below State HMO average (92.56)
- 4.34 points below primary regional competitor
- 3-year trend demonstrates a 3.69 point loss

## Qualitative Analysis

MercyCare continues to see a steady decline over the last couple of years. A chart review indicated that members were seeing their physician, but the physician either wasn't ordering the lab work, or ordering it for the next visit where the patient did not always return. Moving forward, MercyCare is looking into implementing a standing lab order to work to correct this barrier.

## Eye Examination

### Quality Improvement Activities and Interventions for October 2008-September 2009

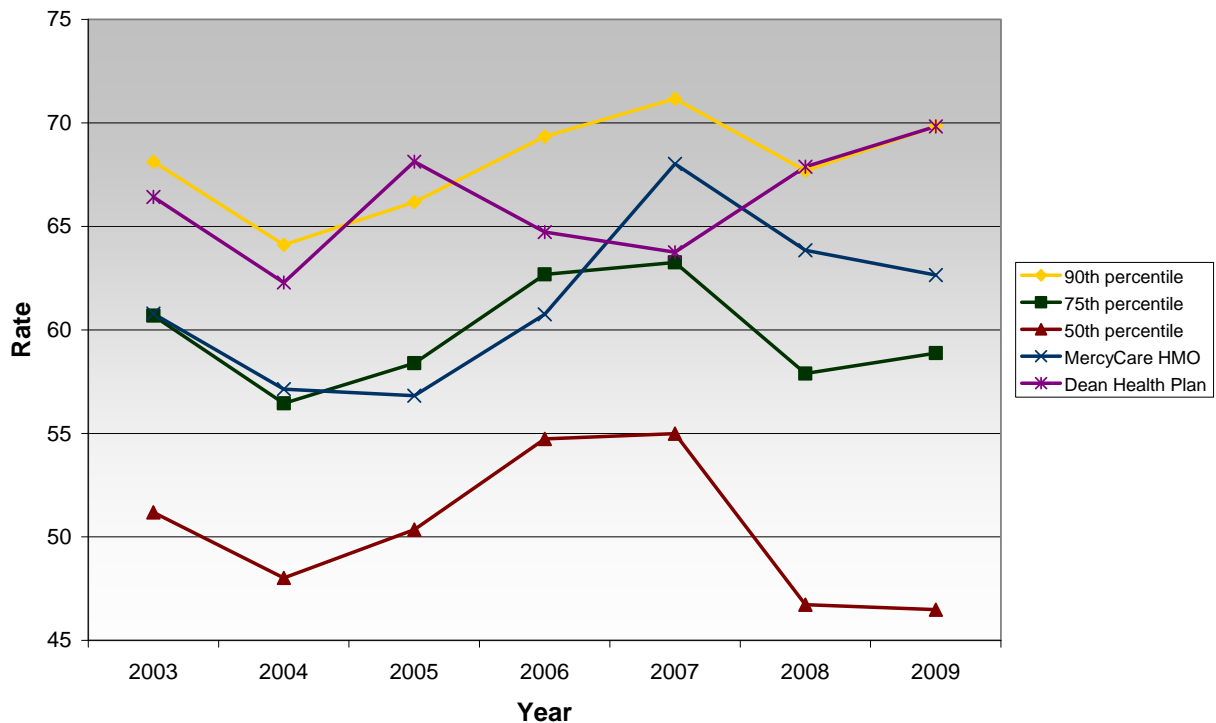
- Process and program continually reviewed and updated in the Diabetes Health Management Task Force, Tim Reid, MD, physician advisor and Steven Bartz, MD, physician advisor
- Quarterly notification to members of missing eye exams
- Implemented an eye care communication form for members to take to their eye care provider

## **Barriers Identified**

- General Motors vision benefit is a separate benefit utilizing non-plan providers therefore, MercyCare does not get a claim
- Patient understanding of the importance of eye exams
- Member lack of knowledge

## **Quantitative Analysis**

**Comprehensive Diabetes Care-Eye Exams**



- Goal-90<sup>th</sup> percentile  $\geq 69.84$
- Remained between the 75<sup>th</sup> to 90<sup>th</sup> percentile from 2008 to 2009
- Below State HMO average (71.59)
- 7.18 points below primary regional competitor
- 3-year trend demonstrates a 5.38 point loss

## **Qualitative Analysis**

MercyCare continues to see a downward trend in this measure also. Reasons for the decline could be attributed to the closing of the General Motors plant. Financial constraints and economic factors could be preventing members from having tests done. In previous years there were extended wait times for appointments. The disease case manager was able to work with one clinic to improve wait times so that the member could be seen within one week. Decrease wait times could improve percentages.

## **HbA1c Poor Control (>9.0%)**

### **Quality Improvement Activities and Interventions for October 2008-September 2009**

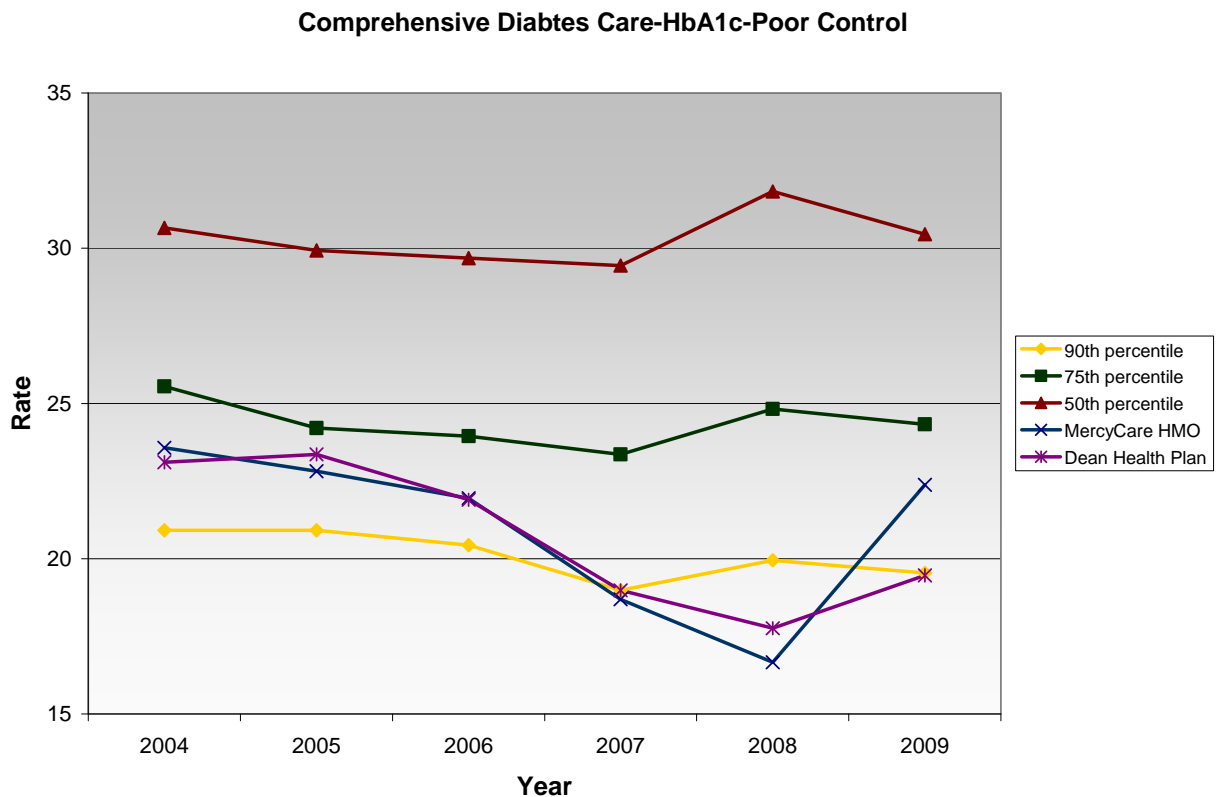
- Process and program continually reviewed and updated in the Diabetes Health Management

- Task Force, Tim Reid, MD, physician advisor, and Steven Bartz, MD, physician advisor
- Telephonic case management program managed by a certified case manager, RN, and certified diabetic educator
- Annual physician performance comparative profiles using HEDIS® data
- Physician and member notification mailings for those members who have not had an A1c in the last 9 months
- Telephonic case management goal increased to calls every 2 months for all members with a HbA1c  $\geq 8.5$
- Targeted educational member mailings for those members that were unreachable by phone
- Changed the working hours of the diabetic case manager to allow more evening phone calls to members

### **Barriers Identified**

- Cost of tests
- Not filling medications due to financial constraints
- Physicians are not ordering the lab work
- Timeliness of ordering lab work

### **Quantitative Analysis-(Reverse Measure)**



- Goal-90<sup>th</sup> percentile  $\geq 19.54$
- Dropped from above the 90<sup>th</sup> percentile in 2008 to between the 75<sup>th</sup> and 90<sup>th</sup> percentile in 2009
- Below the State HMO average (20.41)
- 2.92 points below primary regional competitor
- 3-year trend demonstrates a 3.69 decrease

### Qualitative Analysis

MercyCare saw a significant increase in the number of members that have been identified as having poor control within the last measurement year. The economic impact of the closing of the General Motors plant could be affecting this measure. Members may be having difficulties paying for test or needed medications.

### LDL-C Screening Performed

#### Quality Improvement Activities and Interventions for October 2008-September 2009

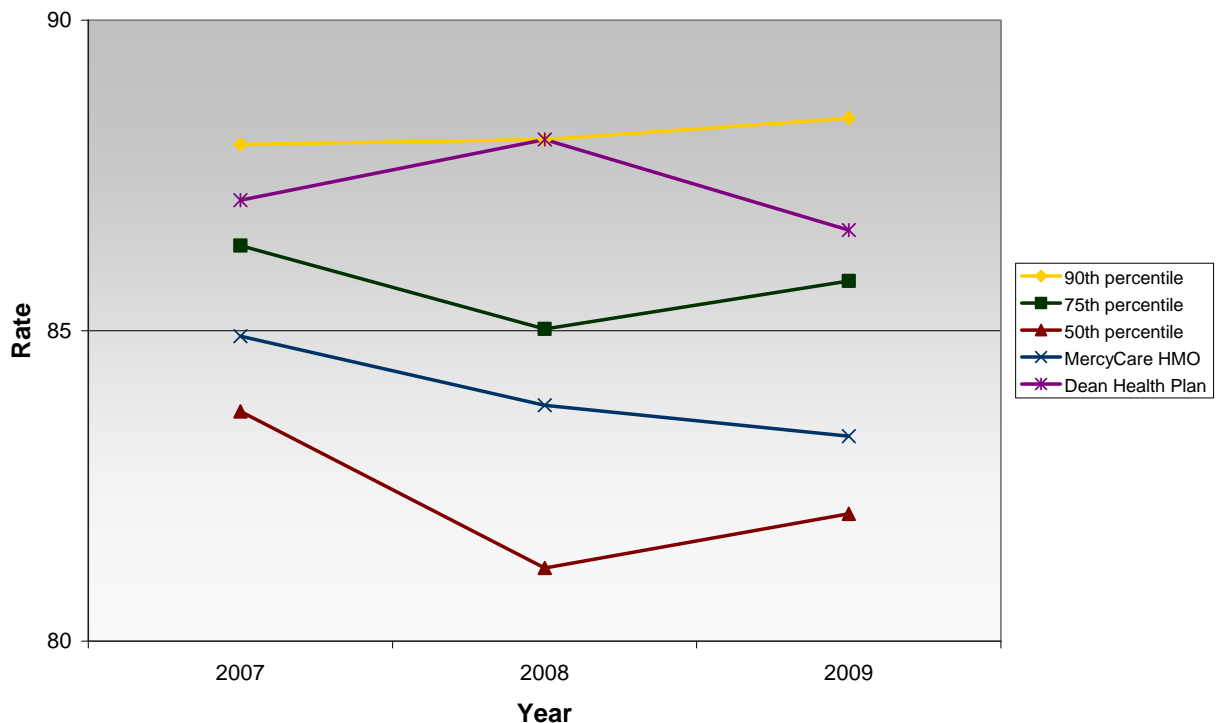
- Process and program continually reviewed and updated in the Diabetes Health Management Task Force, Tim Reid, MD, physician advisor, and Steven Bartz, MD, physician advisor
- Telephonic case management program managed by a certified case manager, RN, and certified diabetic educator
- Annual physician performance comparative profiles using HEDIS® data
- Quarterly physician and member notification mailings of members who have not had their screening in the last 9 months

### Barriers Identified

- Timeliness of physicians ordering lab work
- Economic factors may be decreasing screening frequency

### Quantitative Analysis

Comprehensive Diabetes Care LDL-C Screening



- Goal-90<sup>th</sup> percentile  $\geq 88.42$
- Remained between the 50<sup>th</sup> and 75<sup>th</sup> percentile from 2008 to 2009

- ✦ Below State HMO average (86.60)
- ✦ 3.32 points below primary regional competitor
- ✦ 3 year trend indicates a 1.61 point loss

**Qualitative Analysis**

MercyCare continues to see a steady decline over the last couple of years within this sub measure also. A chart review indicated that members were seeing their physician, but the physician either wasn't ordering the lab work, or ordering it for the next visit where the patient did not always return. Moving forward, MercyCare is looking into implementing a standing lab order to work to correct this barrier.

**Medical Attention for Nephropathy**

**Quality Improvement Activities and Interventions for October 2008-September 2009**

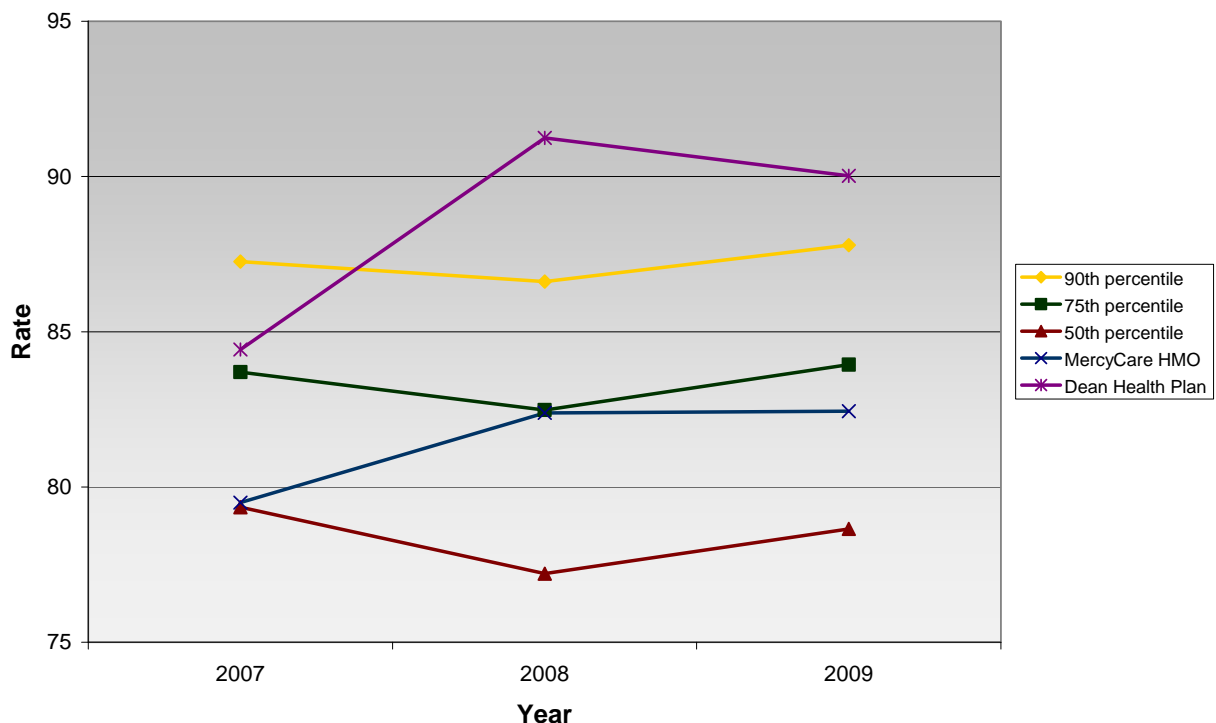
- ✦ Process and program continually reviewed and updated in the Diabetes Health Management Task Force, Tim Reid, MD, physician advisor, and Steven Bartz, MD, physician advisor
- ✦ Telephonic case management program managed by a certified case manager, RN, certified diabetic educator
- ✦ Annual physician performance comparative profiles using HEDIS® data
- ✦ Urine for micro album added to missing lab work sent quarterly
- ✦ Sent letters to physicians if member's eGFR is less than 60 and not on an ACE or an ARB

**Barriers Identified**

- ✦ Timeliness of physicians ordering lab work
- ✦ Physician resistance to ordering an ACE or ARB as prevention
- ✦ Members seeing physician, but the physician is not obtaining the lab work

**Quantitative Analysis**

**Comprehensive Diabetes Care-Monitoring Diabetic Nephropathy**



- Goal-90<sup>th</sup> percentile  $\geq 87.89$
- Remained between the 50<sup>th</sup> and 75<sup>th</sup> percentile from 2007 to 2008
- Below State HMO average (87.89)
- 7.58 points below primary regional competitor
- 3 year trend indicates a 2.94 point improvement

### **Qualitative Analysis**

While the three year trend indicates an increase, not much change occurred since the last measurement year. MercyCare is looking into the possibility of a standing order for lab work to improve outcomes.

## **Controlling High Blood Pressure (CBP)**

### **Measure**

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled ( $<140/90$ ) during the measurement year

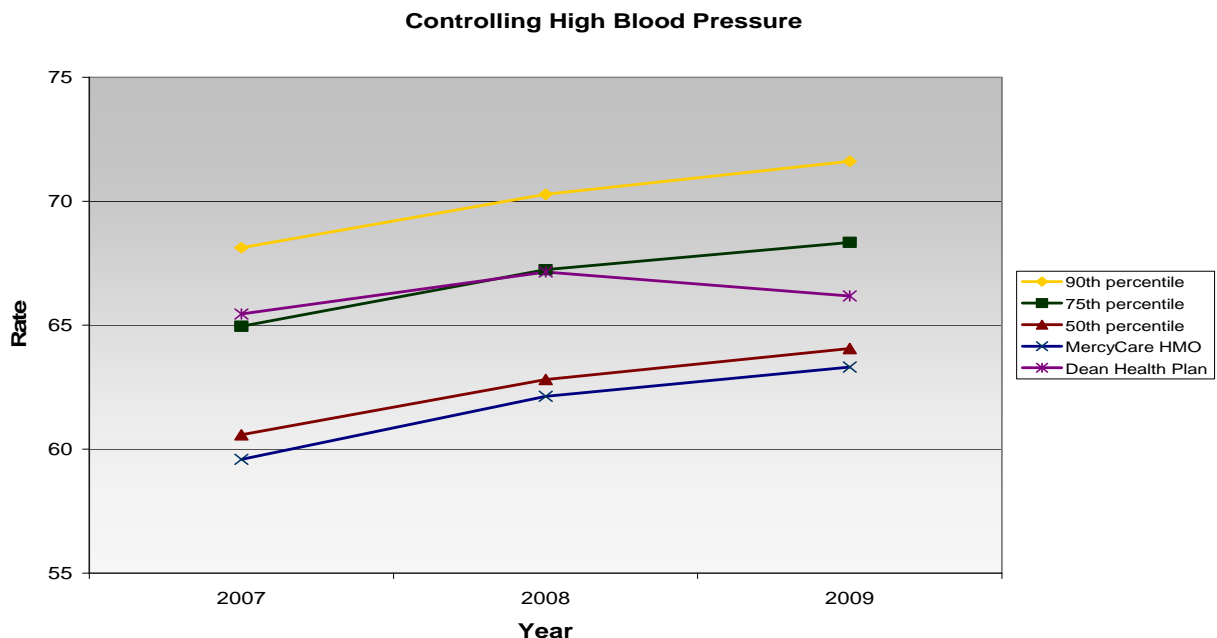
### **Quality Improvement Activities and Interventions for October 2008-September 2009**

- Developed heart healthy case management program for patients that meet specific criteria
- Telephonic case management to those that are in the heart healthy case management program
- Targeted mailings to members to introduce to the Healthy Heart Case Management Program
- Work place screenings for larger employee groups

### **Barriers Identified**

- Physician variation on treatment, monitoring, and diagnosis
- Resource availability for chart review activities to determine control
- Access to employee demographic information for case management follow up activities
- Identified incorrectly into measure
- Patient resistance to medication treatment

### **Quantitative Analysis**



- Goal-90<sup>th</sup> percentile  $\geq$  71.61%
- Remained below the 50<sup>th</sup> percentile from 2008 to 2009
- Below the State HMO average (66.68)
- 2.87 points below primary regional competitor
- 3 year trend indicates a 3.72 point gain

### **Qualitative Analysis**

MercyCare has continued to stay close to even with the 50<sup>th</sup> percentile. A case management program has been implemented although there was some stagnation in the program during mid 2008 to early 2009. Currently members are identified to be contacted through the utilization management cardiovascular utilization. MercyCare will need to investigate resources for expansion. One possibility may be pulling members from the EMR system monthly whose blood pressure was not at adequate levels and send a letter to their physician.

## **Seven Day Follow-Up After Hospitalization for Mental Illness**

### **Measure**

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

1. The percentage of members who received follow-up within 30 days of discharge
2. The percentage of members who received follow-up within 7 days of discharge

### **Quality Improvement Activities and Interventions for October 2008-September 2009**

- This measure is reviewed and analyzed in the Behavioral Health Advisory Committee and in the Behavioral Health Quality Improvement Committee.
- Depression case manager who is an RN and certified case manager facilitates follow up appointment with the outpatient provider if the inpatient provider cannot obtain an appointment for the member
- This measure is addressed in quality meetings with Mercy Hospital and Rogers Hospital
- Utilization review nurses request that the discharge appointment be made and indicated on the utilization form prior to discharge
- Reminder letters are sent to members when they are admitted to the hospital reminding them to follow up with an outpatient provider within seven days of discharge
- Utilization review paperwork includes a section that requests the follow up appointment date

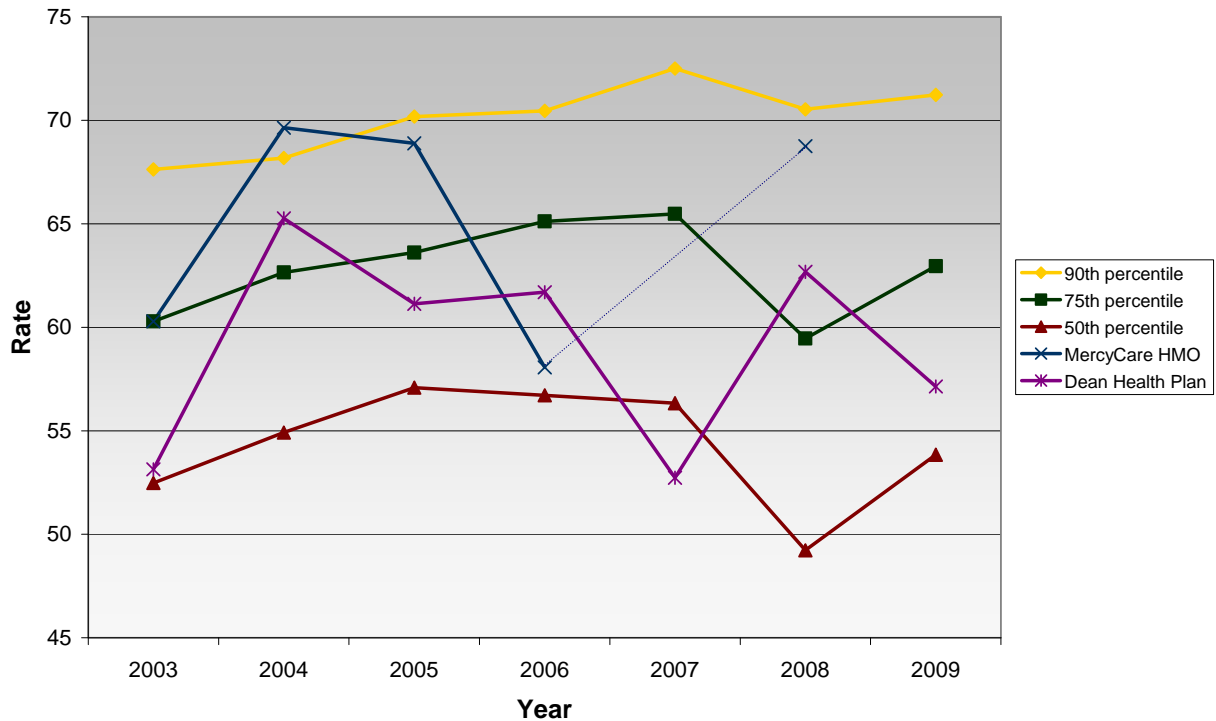
### **Barriers Identified**

- Inpatient providers do not set up a follow up appointment prior to discharge
- Patient reschedules appointment outside of the timeframe
- The member refuses follow up

### **Quantitative Analysis**

Not enough members to report for 2007 or 2009

### Follow Up After Hospitalization for Mental Illness-7Days



- Goal-90<sup>th</sup> percentile  $\geq$  71.23%
- Cannot compare to last years data since the sample size was too small for 2009

### Qualitative Analysis

MercyCare continues to be successful in getting members in to see an outpatient behavioral health practitioner within 7 days of discharge, however our numbers have been too small to report. The support of the Mercy Options Vice President continues to aid in improvement.

### **Prenatal and Postpartum Care (PPC)**

#### Measure

The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
- **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

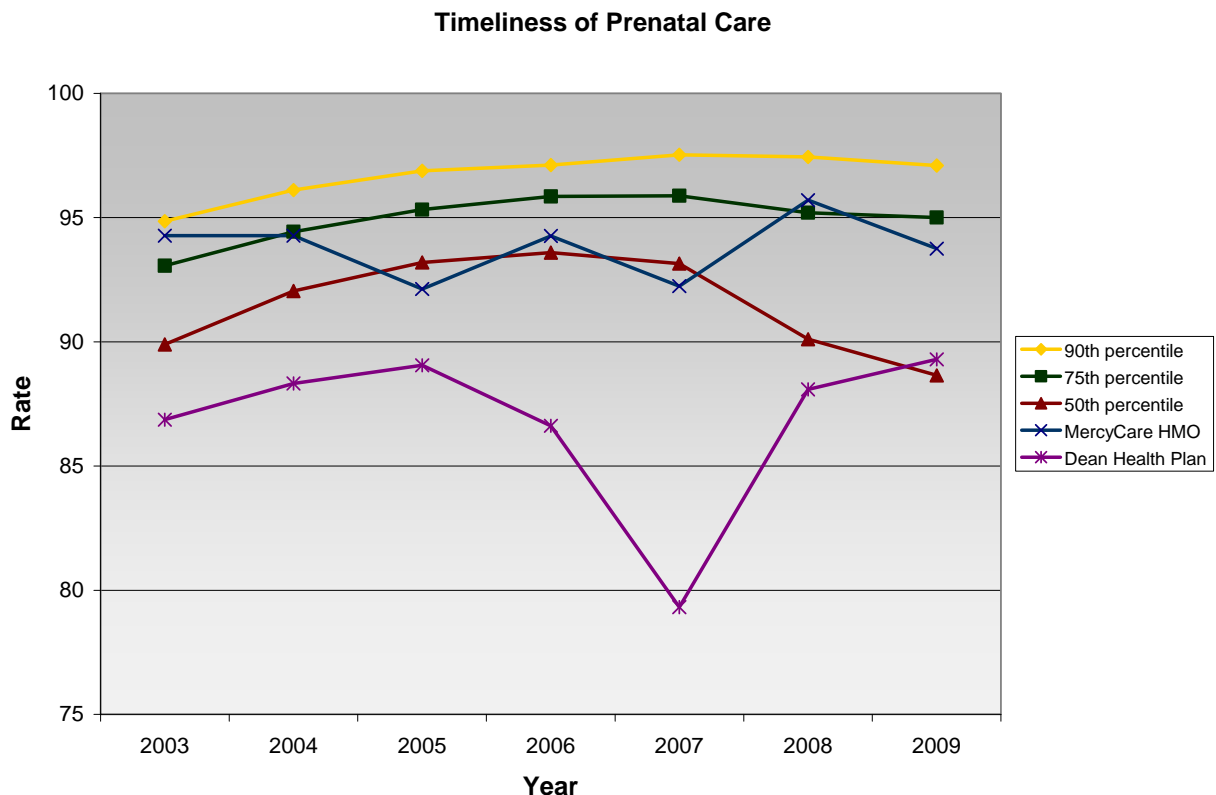
## Quality Improvement Activities (Prenatal Care) and Interventions for October 2008-September 2009

- Main provider continues to manage their scheduling system to allow more time slots for prenatal appointments
- Main provider transfers from reception to the physicians' nurse if an appointment is not available
- Involved main provider in the improvement process to function as an integrated committee

### Barriers Identified

- Appointment accessibility

### Quantitative Analysis



- Goal-90<sup>th</sup> percentile  $\geq 97.10\%$
- Dropped from above the 75<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> and 75<sup>th</sup> percentile in 2009
- Above State HMO average (93.57)
- 4.46 points above primary regional competitor
- 3-year trend demonstrates a 1.51 increase

### Qualitative Analysis

Although the 3 year trend does continue to indicate a slight increase, our percentile ranking dropped from 2008. This measure has been discussed to review potential improvements with our main provider site. It appears this measure may need to be relooked at again with that same group.

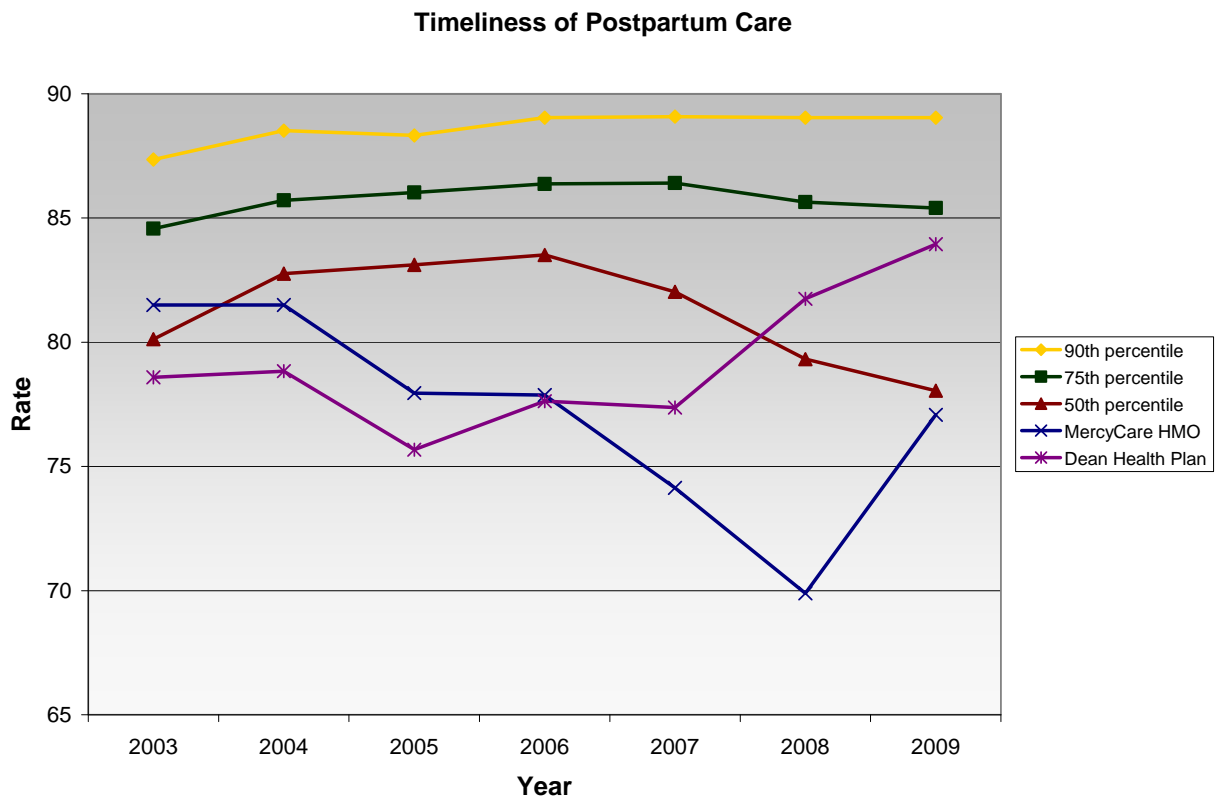
**Quality Improvement Activities (Postpartum Care) and Interventions for October 2008-September 2009**

- Letters sent to members after delivery reminding members to schedule their follow up appointment within 21-56 days of delivery
- Main hospital’s discharge instruction sheet has a section to record their follow up appointment
- Main hospital calls members within 72 hours of delivery and verifies whether or not they have scheduled their 6-week postpartum visit
- Main practice site schedules the patient’s postpartum appointment during a routine prenatal appointment; the appointment date is then sent to the hospital to be recorded on the member’s discharge paperwork
- Main practice site changed the 2 week postpartum visit for c-sections to 2 week post-op visit for less confusion
- Follow up appointments for scheduled c-sections and inductions are made at the time the clinic is scheduling their procedure
- Reviewed HEDIS ® misses to identify practitioner trends
- Involved main provider in the improvement process to function as an integrated committee

**Barriers Identified**

- Members were not attending their follow up appointments
- Members do not schedule follow up appointments
- Members who delivered by c-section had their follow up appointment too soon
- C-section patients perceive their 2 week post-op visit as their postpartum visit

**Quantitative Analysis**



- Goal-90<sup>th</sup> percentile  $\geq$  89.04
- Remained below the 50<sup>th</sup> percentile from 2008 to 2009
- Below the State HMO average (86.53)
- 6.86 points below primary regional competitor
- 3-year trend demonstrates a 2.94 point increase

### **Qualitative Analysis**

MercyCare improved over 7 percentage points from 2008, indicating that our interventions with our main provider site did have an impact. Interventions for that site were fully implemented in September and the measurement year ended in November. HEDIS® results for 2010 should illustrate greater improvement.

## **Use of Appropriate Medications for People With Asthma (ASM)**

### **Measure**

The percentage of members 5–56 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

This measure is measured in the following age categories:

- 5-9-There is no data trending for this measure since the sample size is too small, therefore it is ineligible.
- 10-17 -There is no data trending for this measure since the sample size is too small, therefore it is ineligible.
- 18-56
- Combined Rate

### **Quality Improvement Activities and Interventions for October 2008-September 2009**

- Addressed in the MCHP Asthma Health Management Task Force Committee. Physician advisors include Ronald Rogatzy, MD, and Janet Fechter, MD
- Telephonic case management program managed by a RN case manager, for those that have had inpatient, urgent, or emergency room care
- Sends reports to practitioners to include a case management format that helps identify barriers and concerns
- Moved rescue inhalers asmanex and qvar to tier 1 to reduce co-pays for our members
- Rescue inhalers on tier 2 to discourage inappropriate utilization
- Moved preferred inhaled steroids to tier 1 to improve adherence and encourage appropriate utilization
- Reports are done for case management to identify members that are on too many rescue inhalers
- Asthma action plan and control tests were sent to members on a monthly basis (SAS report) and encouraged to schedule an appointment with their physician
- Telephonically review members who have increased rescue inhaler use

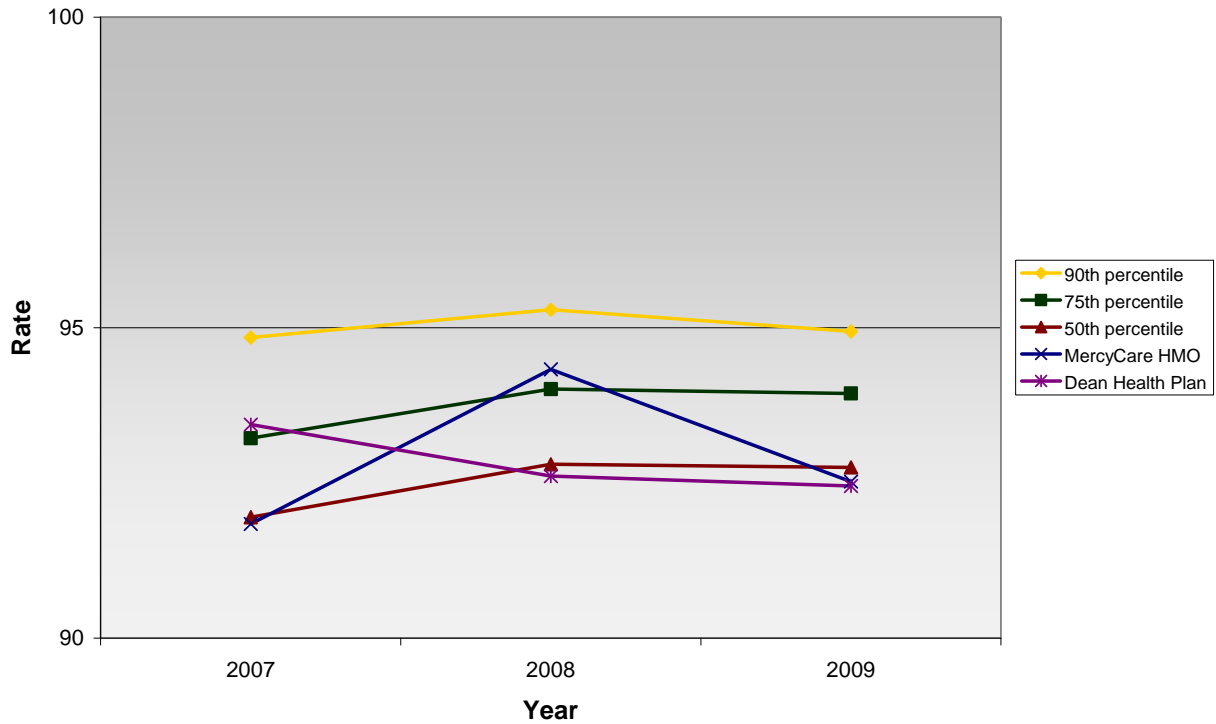
### **Barriers Identified**

- Best practice compliancy with prescribing controller medication
- Treatment adherence to medication regimen
- Tobacco use

➤ Complacency

**Quantitative Analysis**

**Use of Appropriate Medications for People with Asthma-Combined**



- Goal-90<sup>th</sup> percentile  $\geq$  94.94
- Dropped from between the 75<sup>th</sup> and 90<sup>th</sup> percentile in 2008 to just below the 50<sup>th</sup> percentile in 2009
- Below State HMO average (93.56)
- .07 points above primary regional competitor
- 3-year trend .68 point gain

**Qualitative Analysis**

MercyCare’s data indicated a substantial percentile decline from 2008 to 2009. This drop is most likely attributed to the lack of effectiveness of the case manager in place during the measurement timeframe. The program has been reviewed and a new case manager has put changes in place to improve member compliance with their treatment plan.

**Medical Assistance with Smoking Cessation (Advising Members to Quit)**

**Measure**

A rolling average represents the percentage of members 18 years of age and older who are current smokers, who were seen by a practitioner during the measurement year and who received advice to quit smoking.

## Quality Improvement Activities and Interventions for October 2008-September 2009

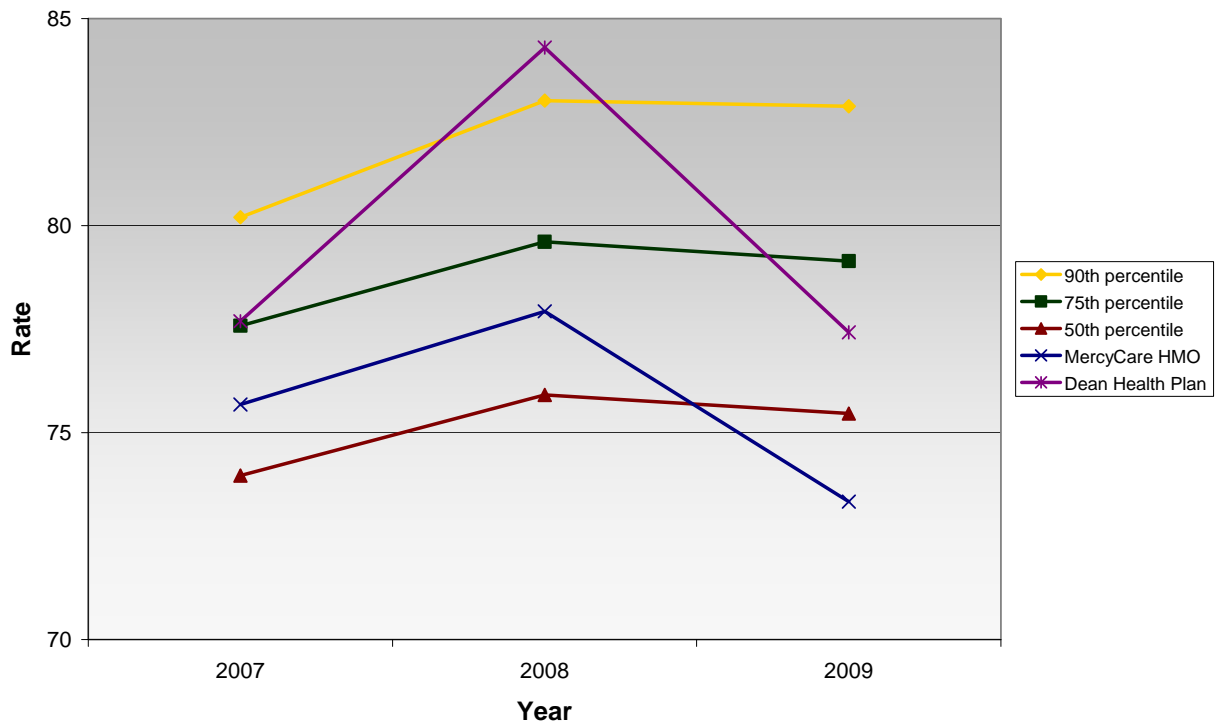
✦ None

### Barriers Identified

- ✦ Physicians feel time pressure
- ✦ Physicians “give up” on telling smokers to quit
- ✦ Physicians are concerned that “nagging” smokers may affect their patient satisfaction scores
- ✦ Implementation of electronic medical records resulted in poorer documentation because of learning curve

### Quantitative Analysis

**Medical Assistance with Smoking Cessation-Advice to Smokers to Quit**



- ✦ Goal-90<sup>th</sup> percentile  $\geq 82.88\%$
- ✦ Dropped from between the 50<sup>th</sup> to 75<sup>th</sup> percentile in 2008 to below the 50<sup>th</sup> percentile in 2009
- ✦ Below State HMO average (78.56)
- ✦ 4.09 points below primary regional competitor
- ✦ 3-year trend demonstrates a 2.35 point decrease

### Qualitative Analysis

Although national percentiles have only shown a slight decrease from 2008, MercyCare and our regional competitor revealed a sharp decline indicating a potential geographical trend. Our participation in CTRI’s action research project should help to improve our rates. The roll out of the electronic medical records (EMR) system should also lead to more success in this measure. The EMR has allowed for more sophisticated point of service notification to physicians of needed interventions such as smoking cessation.

## Use of Imaging Studies for Low Back Pain

### Measure

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, and CT scan) within 28 days of the diagnosis.

### Quality Improvement Activities and Interventions for October 2008-September 2009

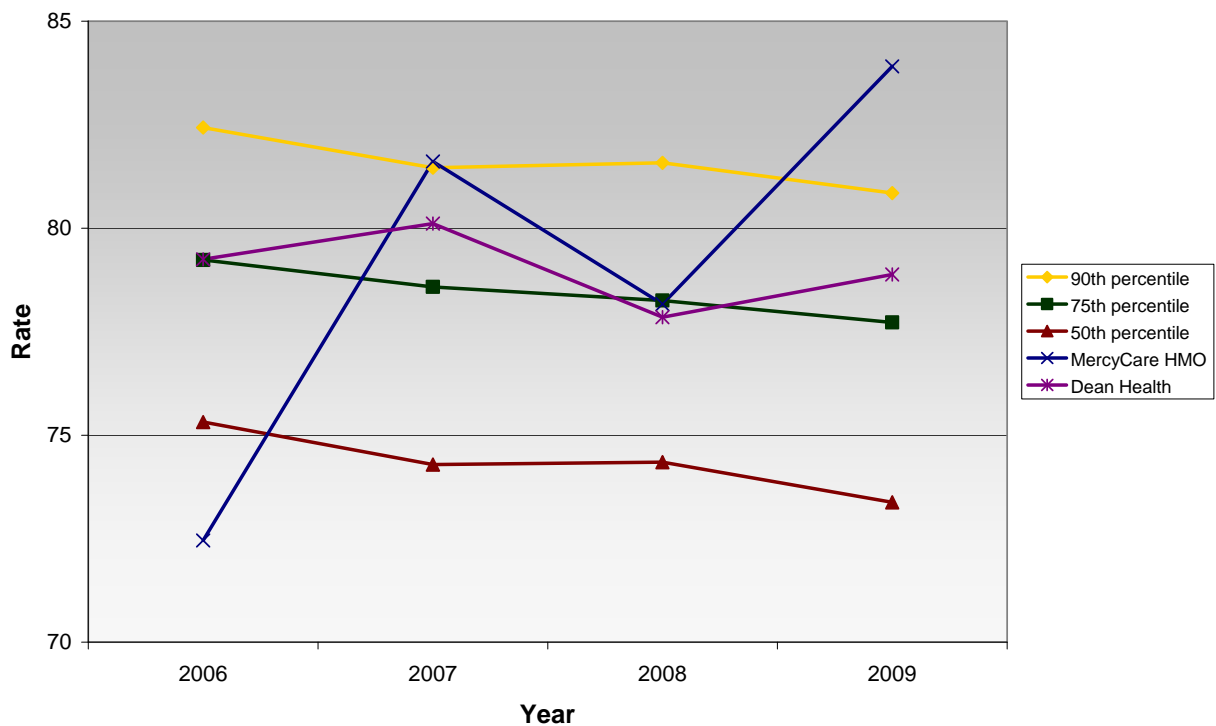
- Prior authorizations for MRI requests
- Prior authorization requirement resulting in frequent educational communications between the medical director and physicians
- Medical Director meets with the radiology department on a regular basis

### Barriers Identified

- Patient requests scan
- PCPs request early scanning for diagnostic reasons when evidence based guidelines recommend conservative care before scanning

### Quantitative Analysis

Use of Imaging Studies for Low Back Pain



- Goal-90<sup>th</sup> percentile  $\geq 80.85\%$
- Improved from the 75<sup>th</sup> percentile in 2008 to above the 90<sup>th</sup> percentile in 2009
- Above State HMO average (78.54)
- 5.03 points above primary regional competitor
- 3-year trend demonstrates a 2.3 point increase

### Qualitative Analysis

National percentiles have shown some decline whereas MercyCare evidenced a sharp increase signifying that the prior auth process has had an impact.

### **Flu Shots for Adults (50-64)**

#### Measure

A rolling average represents the percentage of commercial members 50–64 years of age who received an influenza vaccination between September 1 of the measurement year and the date on which the CAHPS 4.0H survey was completed.

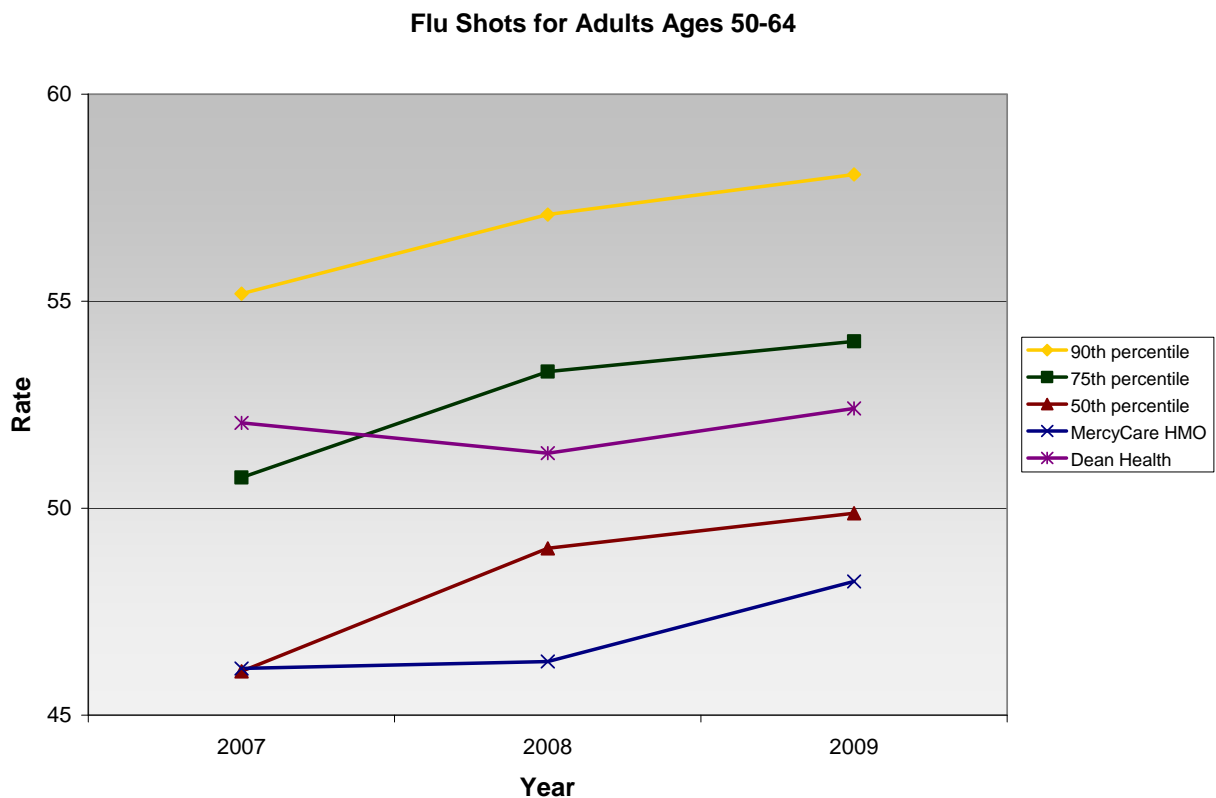
#### Quality Improvement Activities and Interventions for October 2008-September 2009

➤ None

#### Barriers Identified

➤ Members do not want a vaccination

#### Quantitative Analysis



- Goal-90<sup>th</sup> percentile  $\geq$  58.06%
- Remained below the 50<sup>th</sup> percentile from 2008 to 2009
- Below State HMO average (54.92)
- 4.18 points below primary regional competitor
- 3-year trend demonstrates a 2.1 point increase

## **Qualitative Analysis**

MercyCare continues to remain below the 50<sup>th</sup> percentile. Member education regarding the importance of flu shots and to check with their physician about obtaining a flu shot.

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## **CAHPS Report and Analysis**

The following report and analysis reviews individual CAHPS® 4.0H 2008 scores. Since this is a patient survey and statistical analysis provided by our contracted surveyor shows strong correlations between many questions and composite scores, interventions for all survey questions will be included at the end.

### **Claims Processing Composite**

#### **CAHPS® Questions**

**Question #40**-In the last 12 months, how often did your health plan handle your claims quickly?

**Question #41**-In the last 12 months, how often did your health plan handle your claims correctly?

#### **Quality Improvement Activities and Interventions for October 2008-September 2009**

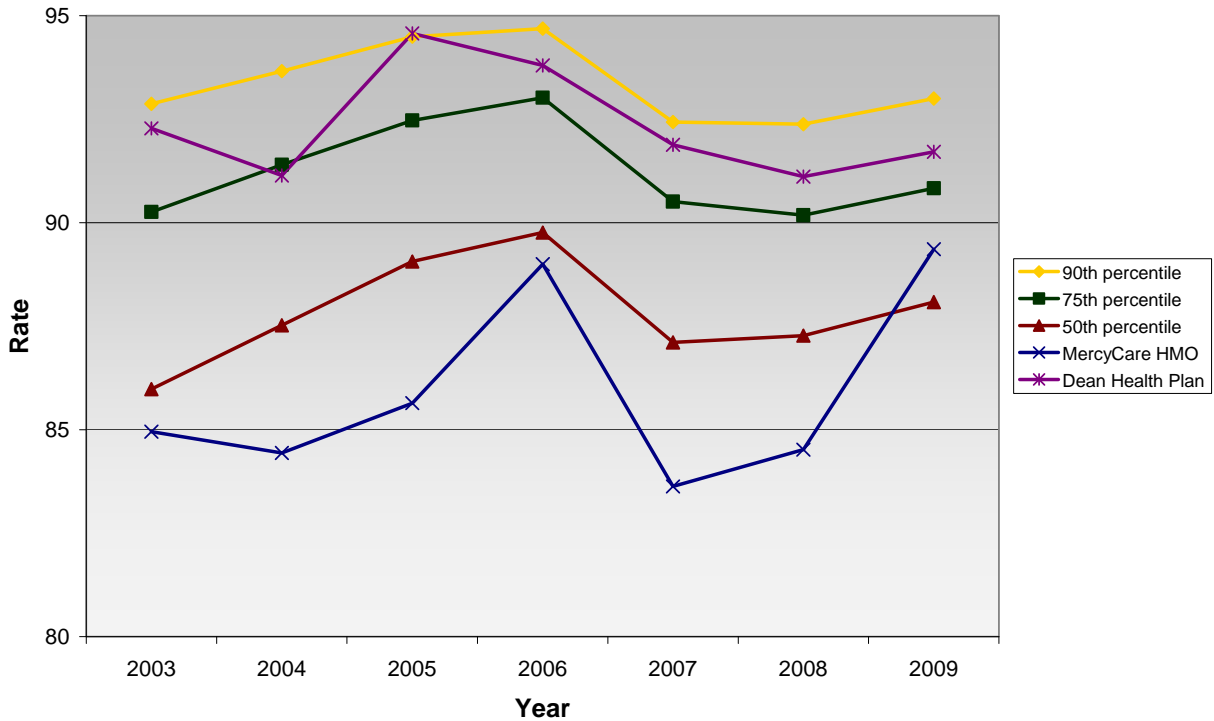
- Reviewed at the Director's Meeting
- Claims department updated the coordination of benefits process
- Claims department identified hold codes that are not clear and either further defined them or removed them if they were no longer valid
- Claims department tracks specific clerical error codes
- Customer service and the claims department implemented a system that teams up a customer service representative and claims personnel to advise them of the types of errors by individual examiner identified through customer complaints
- Restructured the claims department creating more streamlined claims processing to address turn around time and accuracy

#### **Barriers Identified**

- Training and turnover challenges
- Electronic processing
- System set up errors
- Entry errors
- Member perception
- Provider files incorrect claims

**Quantitative Analysis**

**Claims Processing Composite**



- Goal-75<sup>th</sup> percentile ≥ 90.83
- Improved from below the 50<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> and 75<sup>th</sup> percentile in 2009
- Below the State HMO average (90.24)
- 2.35 points below primary regional competitor
- 3-year trend demonstrates a 5.73 point gain

**Qualitative Analysis**

MercyCare has put process improvements in place and organized specific task forces to improve this composite score. These interventions have had some impact by improving our percentile ranking and our score by 4.84% moving MercyCare closer to our goal of the 75<sup>th</sup> percentile.

**Customer Service Composite**

**CAHPS® Questions**

**Question #35**-In the last 12 months, how often did your health plan’s customer service give you the information or help you needed?

**Question #36**-In the last 12 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

**Quality Improvement Activities and Interventions for October 2008-September 2009**

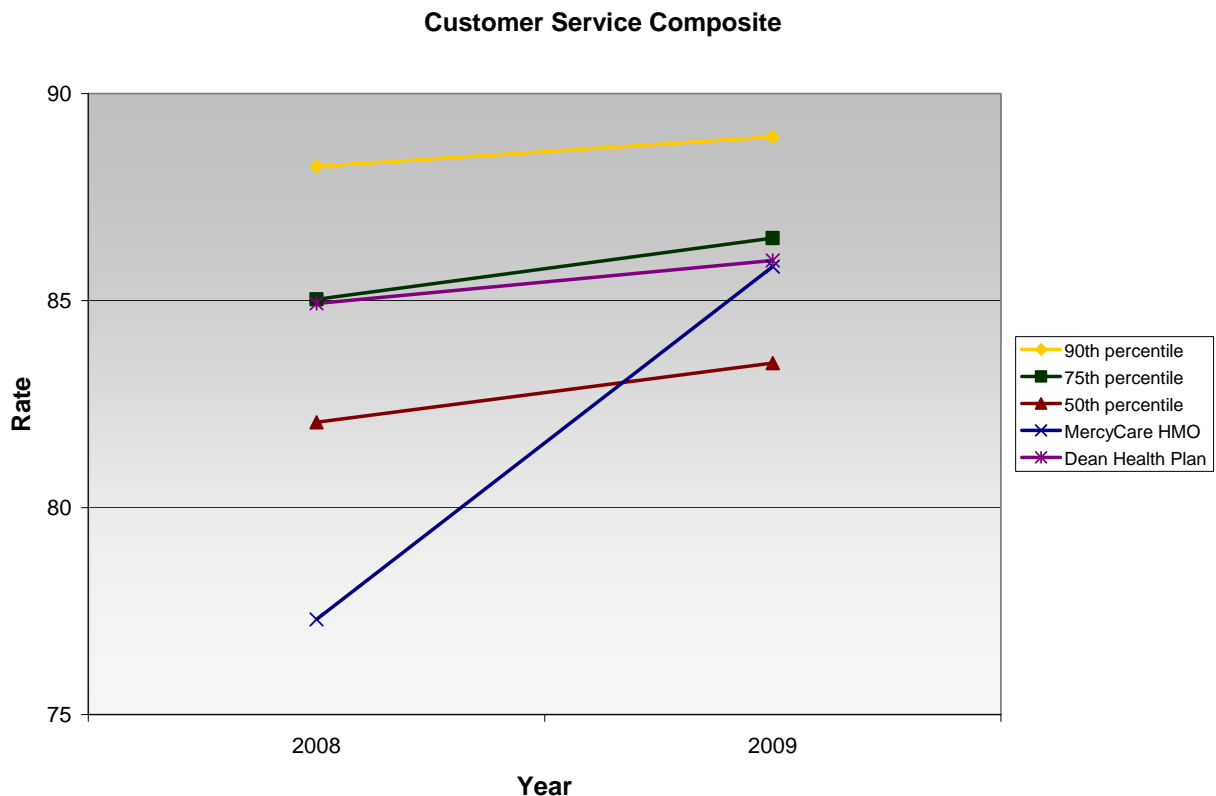
- Reviewed at the Director’s Meetings
- Continuous action plan for customer service that measures the timeliness of turn around times for member complaints

- Track customer service surveys
- Include customer service surveys in the customer service performance evaluation
- Trended phone calls based on one hour increments to determine if additional staff are needed during key timeframes and create a process improvement

### **Barriers Identified**

- Small department
- Newer staff's lack of experience
- Large number of provider calls vs. member calls

### **Quantitative Analysis**



- Goal-75<sup>th</sup> percentile  $\geq$  86.51
- Improved from below the 50<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> and 75<sup>th</sup> percentile in 2009
- Below state HMO average (87.48)
- .15 points below primary regional competitor
- Cannot demonstrate a 3 year trend since data is not available from 2007

### **Qualitative Analysis**

Interventions for this measure have had an impact. Our percentile ranking improved along with our overall score with an improvement of 8.52%. Our score is more in line with our regional competitor and only .69points from placing MercyCare at our goal of the 75<sup>th</sup> percentile.

## Getting Care Quickly

### CAHPS® Questions

**Question #4**-In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?

**Question #6**-In the last 12 months, not counting the times you needed health care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

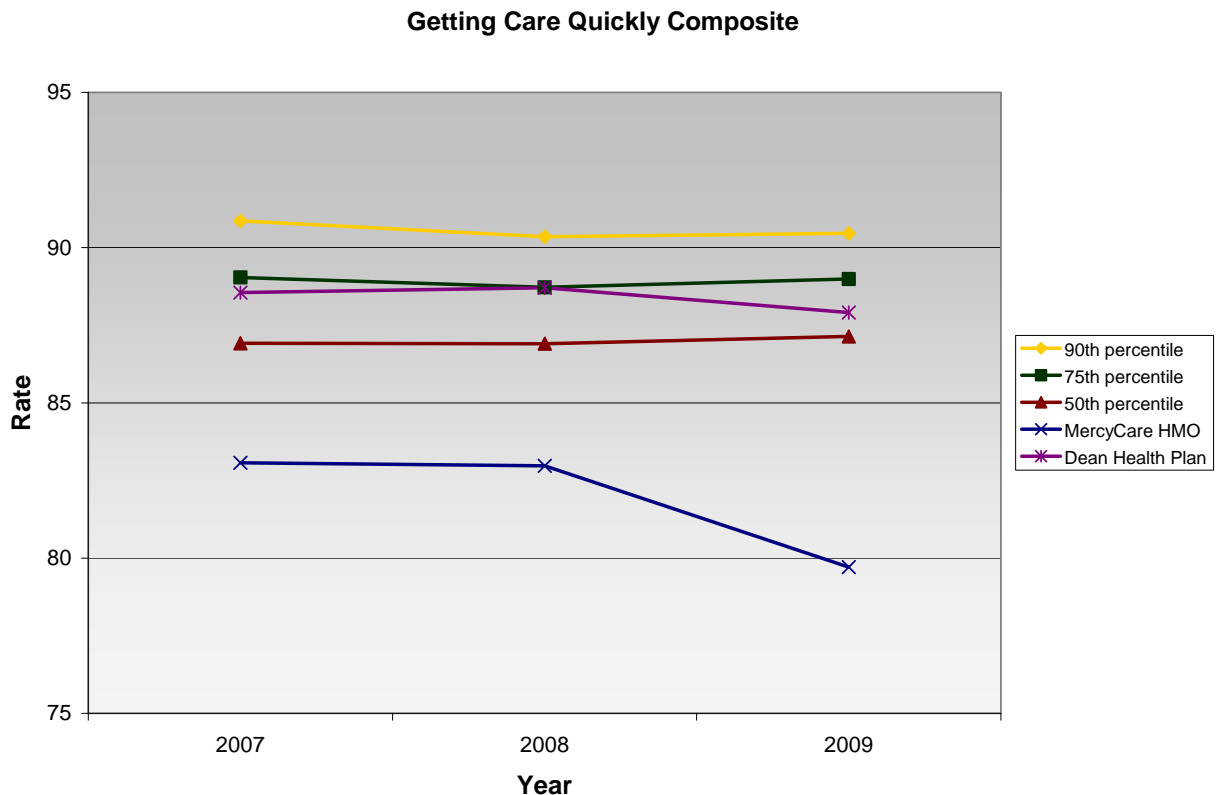
### Quality Improvement Activities and Interventions for October 2008-September 2009

- Reviewed at the Directors Meeting
- Mercy health System aggressively recruits specialist in areas where shortages appear
- Primary care physician accessibility audits
- Implementing an action plan to ask members when they call customer service if they have had a recent appointment and if they felt it was timely or not
- Manager of customer service and vice president of MercyCare will be presenting CAHPS® scores to our largest provider group to work collaboratively on an action plan
- Routinely review and work to resolve all member complaints related to accessibility, availability, and quality

### Barriers Identified

- Member perception of what is considered quickly

### Quantitative Analysis



- Goal-75<sup>th</sup> percentile  $\geq$  88.99
- Remained below the 50<sup>th</sup> percentile from 2008 to 2009
- Below the State HMO average (86.31)
- 8.2 points below primary regional competitor
- 3 year trend demonstrates a 3.36 point loss

**Qualitative Analysis**

Although MercyCare continues to fall below the 50<sup>th</sup> percentile, annual accessibility audits have demonstrated very high compliance results. MercyCare will try to raise member awareness as to what national standards are to improve member perception in the member handbook.

**Getting Needed Care**

**CAHPS® Questions**

**Question #23**-In the last 12 months, how often was it easy to get appointments with specialists?

**Question #27**-In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

**Quality Improvement Activities and Interventions for October 2008-September 2009**

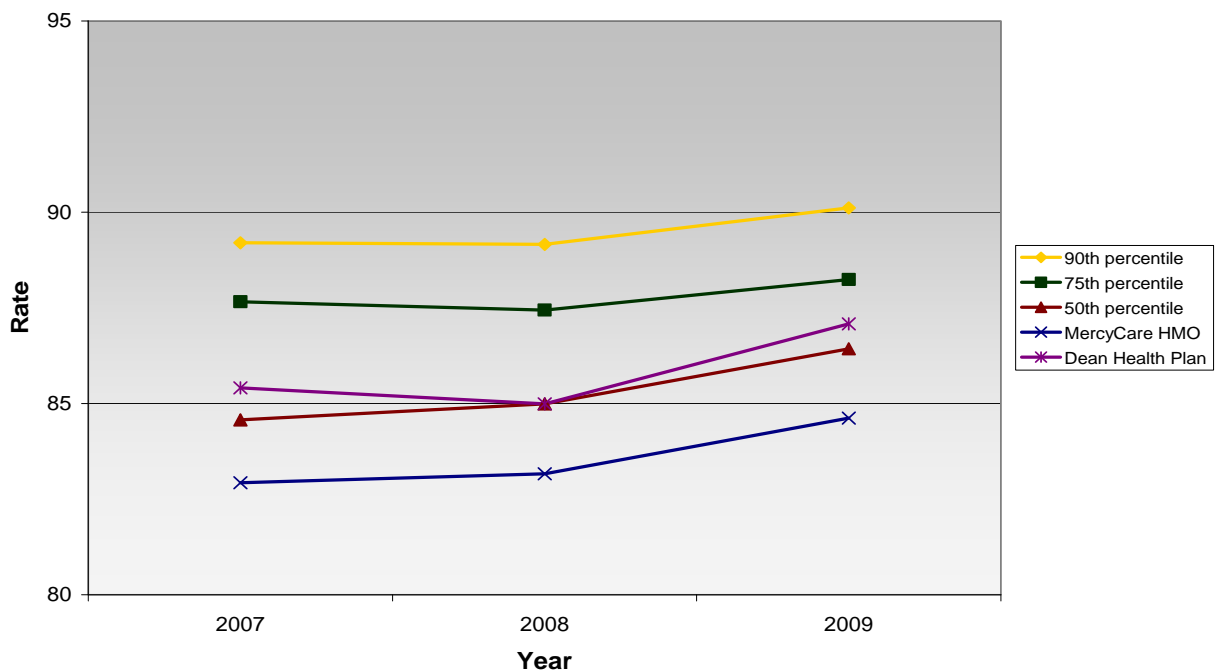
- Reviewed at the Directors Meeting
- Aggressively recruits specialists in areas where shortages appear
- Manager of customer service and vice president of MercyCare will be presenting CAHPS® scores to our largest provider group to work collaboratively on an action plan
- Accessibility audits done at behavioral health provider sites
- Routinely review and work to resolve all member complaints

**Barriers Identified**

- Member perception

**Quantitative Analysis**

**Getting Needed Care Composite**



- Goal-75<sup>th</sup> percentile  $\geq$  88.24
- Remained below the 50<sup>th</sup> percentile from 2008 to 2009
- Below State HMO average (86.40)
- 2.46 points below primary regional competitor
- 3 year trend indicates a 1.86 point gain

### **Qualitative Analysis**

It is difficult to determine why MercyCare continues to score so poorly on this CAHPS® composite, since there are so few denials for referrals to services within the plan. Our three year trend is consistent with national percentiles. To improve member perception MercyCare will provide members with information on accessibility of services in the member handbook.

## **How Well Doctors Communicate**

### **CAHPS® Questions**

**Question #15**-In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

**Question #16**-In the last 12 months, how often did your personal doctor listen carefully to you?

**Question #17**-In the last 12 months, how often did your personal doctor show respect for what you had to say?

**Question #18**-In the last 12 months, how often did your personal doctor spend enough time with you?

### **Quality Improvement Activities and Interventions for October 2008-September 2009**

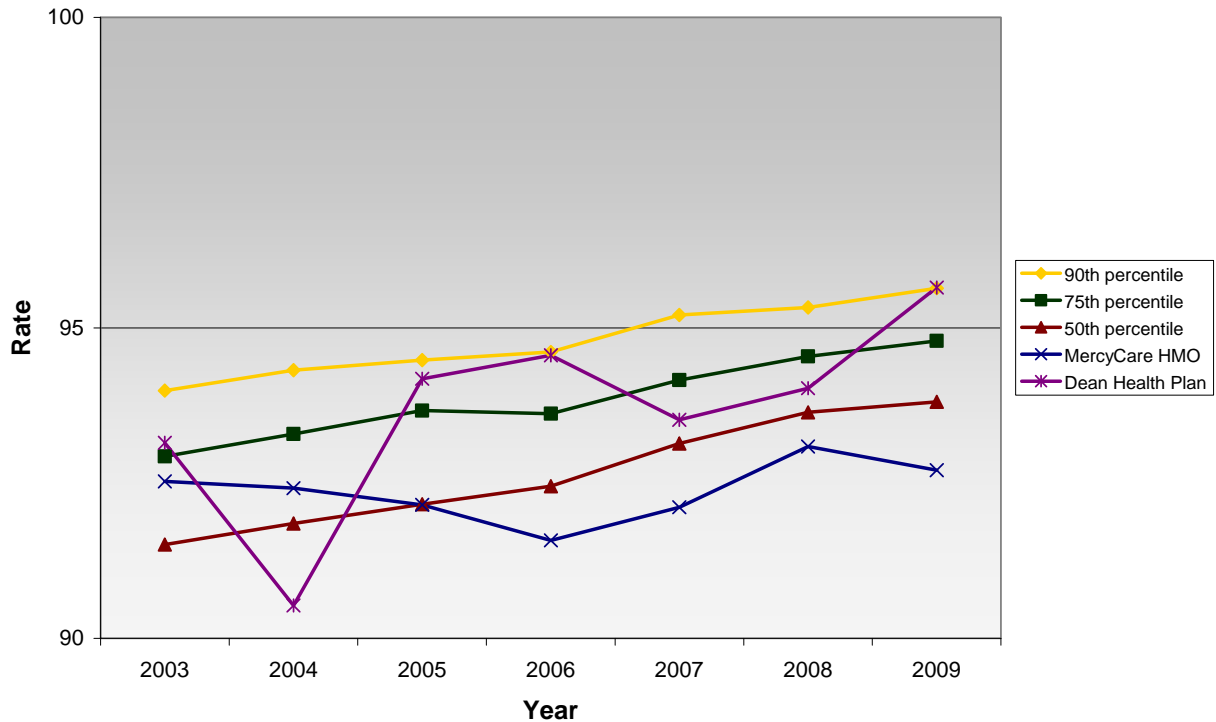
- Reviewed at the Directors Meeting
- Manager of customer service and vice president of MercyCare will be presenting CAHPS® scores to our largest provider group to work collaboratively on an action plan
- Ask me 3 information is located on our website for members as a way to improve communication between the member and their physician
- Routinely review and work to resolve all member complaints related to accessibility, availability, and quality

### **Barriers Identified**

- Physician time constraints

## Quantitative Analysis

### How Well Doctors Communicate



- Goal-75<sup>th</sup> percentile  $\geq$  94.79%
- Remained below the 50th percentile from 2008 to 2009
- Below the State HMO average (94.09)
- 2.94 points below primary regional competitor
- 3-year trend demonstrates a .6 point gain

## Qualitative Analysis

MercyCare has not been able to receive scores above the 50<sup>th</sup> percentile since 2004. MercyCare will continue to promote the Ask Me 3 on our website as a resource for our members. Collaboration with our main provider site should help to improve this score.

### Rating of All Health Care

#### CAHPS® Question

**Question #12**-Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

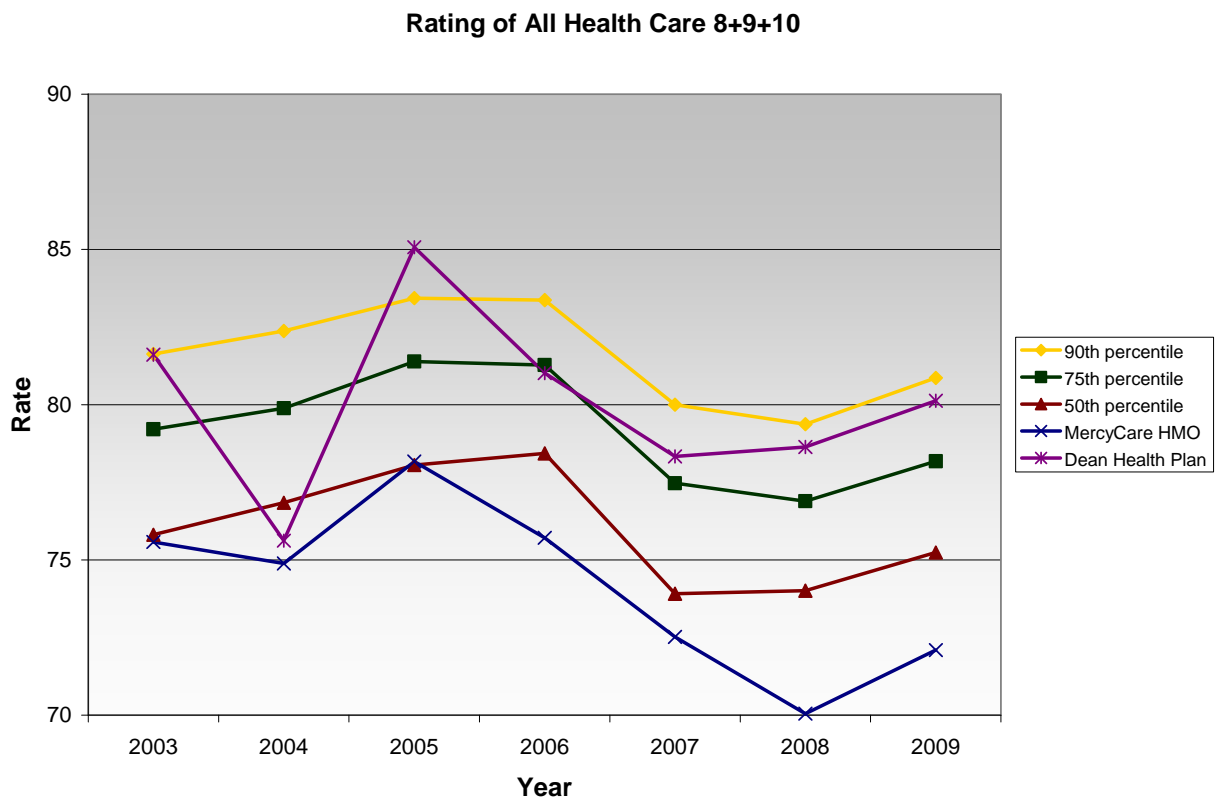
## **Quality Improvement Activities and Interventions for October 2008-September 2009**

- Reviewed at the Directors Meeting
- Manager of customer service and vice president of MercyCare will be presenting CAHPS® scores to our largest provider group to work collaboratively on an action plan
- Routinely review and work to resolve all member complaints related to accessibility, availability, and quality

### **Barriers Identified**

- Communication between physicians and their patients
- Members not educated on choosing the right specialty for their health care needs therefore their expectations are not met

### **Quantitative Analysis**



- Goal-75<sup>th</sup> percentile  $\geq 78.18$
- Remained below 50<sup>th</sup> percentile ranking from 2008 to 2009
- Below the State HMO average (77.49)
- 8.03 points below primary regional competitor
- 3-year trend demonstrates a .42 point loss

### **Qualitative Analysis**

MercyCare improved 2.05 points from 2008, however our percentile ranking is still 3.14 points below the 50<sup>th</sup> percentile. MercyCare will continue to follow up to resolve all member complaints in attempts to improve this score.

## Rating of Health Plan 8+9+10

### CAHPS® Question

**Question #42**-Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

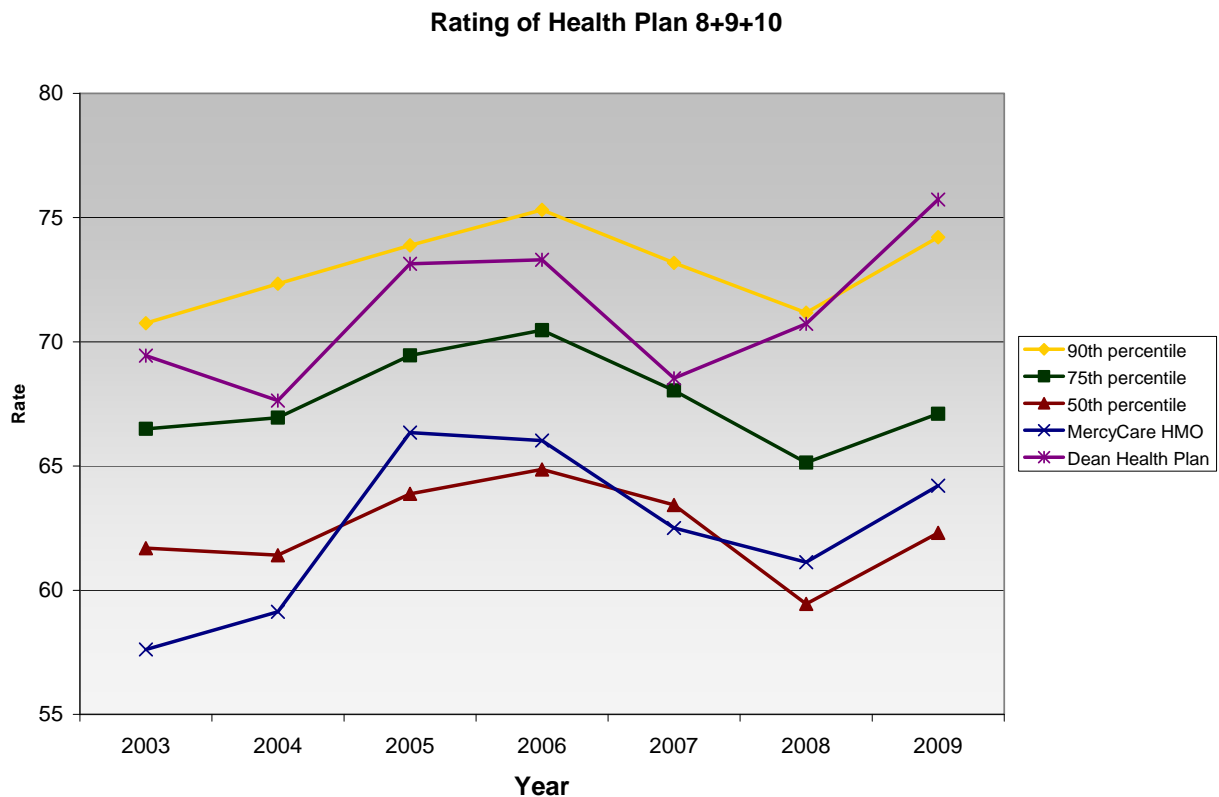
### Quality Improvement Activities and Interventions for October 2008-September 2009

- Reviewed at the Directors Meeting
- Results of this measure will be added to employee evaluation under the service pillar for accountability

### Barriers Identified

- Barriers for the composite scores impact this item

### Quantitative Analysis



- Goal-75<sup>th</sup> percentile  $\geq$  67.10
- Remained between the 50 and 75<sup>th</sup> percentile from 2008 to 2009
- Below the State HMO average (68.22)
- 11.52 points below primary regional competitor
- 3-year trend demonstrates a 1.71 point gain

### Qualitative Analysis

Our three year trend indicates some improvement. MercyCare believes that the results of the composite scores greatly impact the results of this measure. Improvements put in place for the

customer service and claims composite scores, which did show an increase, could have attributed to our 3.08 gain from 2008.

## Rating of Personal Doctor

### CAHPS® Question

**Question #21**-Using any number from 0 to 10, where 0 is the worst possible doctor ever and a 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

### Quality Improvement Activities and Interventions for October 2008-September 2009

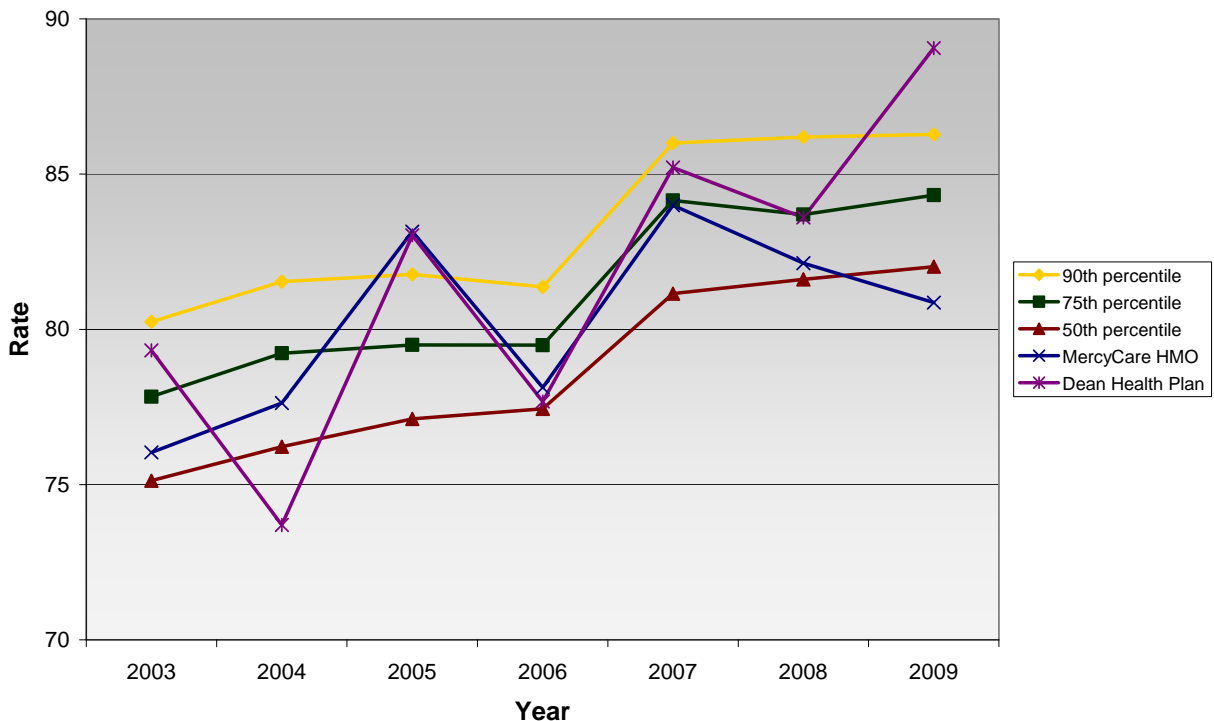
- Reviewed at the Directors Meeting
- Reviewed and analyzed with physicians at the Quality Utilization Management Committee
- Manager of customer service and vice president of MercyCare will be presenting CAHPS® scores to our largest provider group to work collaboratively on an action plan

### Barriers Identified

- Barriers for the composite scores impact this item

### Quantitative Analysis

Rating of Personal Doctor 8+9+10



- Goal-75<sup>th</sup> percentile  $\geq$  84.32
- Dropped from between the 50<sup>th</sup> and 75<sup>th</sup> percentile in 2008 to below the 50<sup>th</sup> percentile in 2009

- ✦ Below the State HMO average (84.13)
- ✦ 8.2 points below primary regional competitor
- ✦ 3-year trend demonstrates a 3.14 point loss

**Qualitative Analysis**

Satisfaction with our member’s personal physician continues to decline since 2007 as referenced by the 3.14 point loss in the 3 year trend. Much improvement is needed in this area. Additional review may be needed to identify specific causes for the decline.

**Rating of Specialist Seen Most Often**

**CAHPS® Question**

**Question #25-**We want to know the rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

**Quality Improvement Activities and Interventions for October 2008-September 2009**

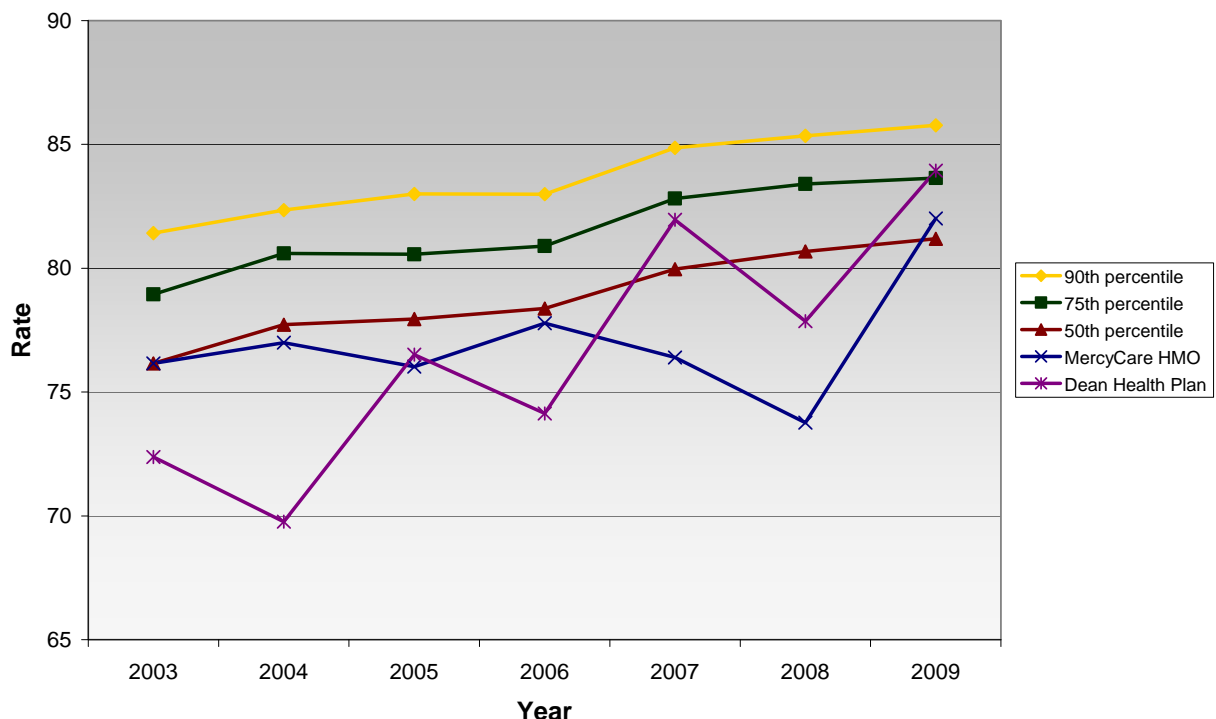
- ✦ Reviewed at the Directors Meeting
- ✦ Reviewed and analyzed with physicians at the Quality Utilization Management Committee
- ✦ Manager of customer service and vice president of MercyCare will be presenting CAHPS® scores to our largest provider group to work collaboratively on an action plan

**Barriers Identified**

- ✦ Barriers for the composite scores impact this item
- ✦ Members influenced by the length of time it takes to see a specialist versus a primary care physician

**Quantitative Analysis**

**Rating of Specialist Seen Most Often 8+9+10**



- Goal-75<sup>th</sup> percentile  $\geq$  83.64
- Improved from below the 50<sup>th</sup> percentile in 2008 to between the 50<sup>th</sup> and 75<sup>th</sup> percentile in 2009
- Above the State HMO average (80.33)
- 1.93 points below primary regional competitor
- 3-year trend demonstrates a 5.61 point gain

### **Qualitative Analysis**

MercyCare has shown significant improvement as evidenced in the three year trend, and by demonstrating an 8.24 point improvement from 2008. We are still below our goal of the 75<sup>th</sup> percentile but have been able to move up in percentile ranking.

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### **Monitoring Safety**

The safety of our members is of the utmost importance. MercyCare is committed to ensuring safety is addressed for our members by focusing on safety in the following ways:

- Educational information to members
- Monitors adverse events
- Medical record audits
- Site visits
- Member complaint resolution process
- Pharmacy management
- Continuity and coordination of care projects
- Clinical practice guidelines
- Electronic medical records

### **Education to Members**

MercyCare provides information to members on our website that offers safety information. This page on safety includes:

- how to access CheckPoint, and what type of information about our network hospitals can be found there
- educates members on the importance of communication with their providers and links them to the Ask Me 3 website
- discusses electronic medical records and Mercy's commitment to implementation
- notifies members of their rights and responsibilities
- gives additional quality and safety resources

MercyCare also provided our members with educational information in the Healthy Living Newsletter on questions to ask your doctor before your next check up.

### **Adverse Events**

MCHP monitors adverse events through identifying possible quality issues during all health plan activities, i.e., customer service complaints, inpatient reviews, case management and possible quality issues are referred to a peer review process if chart review confirms a possible quality issue.

### **Medical Record Audit**

In 2009, MCHP performed a medical record audit for the purpose of:

- Assessing medical record keeping documentation practices against organizational standards
- Monitoring confidentiality of medical records
- Reviewing for documentation of all ancillary, therapeutic, and diagnostic services/tests
- Evaluating medical record keeping systems and standards for availability of medical records
- Quantifying the quality of medical record keeping in comparison with expected performance goals

MercyCare has established quantifiable performance goals for medical record keeping and notifies practitioners of these goals along with medical record standards. MercyCare notifies practitioners of their medical record audit scores and deficiencies along with improvement recommendations. In efforts to improve medical record documentation, re-audits are done for practitioners that do not pass.

### **Site Visits**

MercyCare reviews all practitioner sites prior to credentialing to ensure that site is in compliance with our site requirements. The site visit tool addresses safety by reviewing medical records, accessibility, confidentiality, and physical accessibility and appearance. Two site visits have been done thus far in 2009. No deficiencies were detected.

### **Member Complaint Review**

Member complaint reports are generated routinely to identify member complaints related to accessibility to behavioral health appointments (routine, urgent, and emergent), medical appointment accessibility, availability of behavioral health and medical practitioners, specifically identifying those related to cultural or special needs, and quality of care. All complaints are reviewed and followed up on until fully resolved. For the above categories, the following complaints were reported in 2008:

Accessibility of Medical Appointment	Quality of Medical Care	Availability of Practitioner	Accessibility of a Routine Behavioral Health Appointment
0	1	1	0

The one complaint related to availability had to do with a member who wanted to see a specific primary care physician (PCP) that had listed his practice as closed. MercyCare Customer Service called the PCP who reported they would add that member to their practice. The one complaint related to quality was regarding a letter a member had written about the quality of care she received from a physician. The information was sent to that health systems customer service department for further follow up.

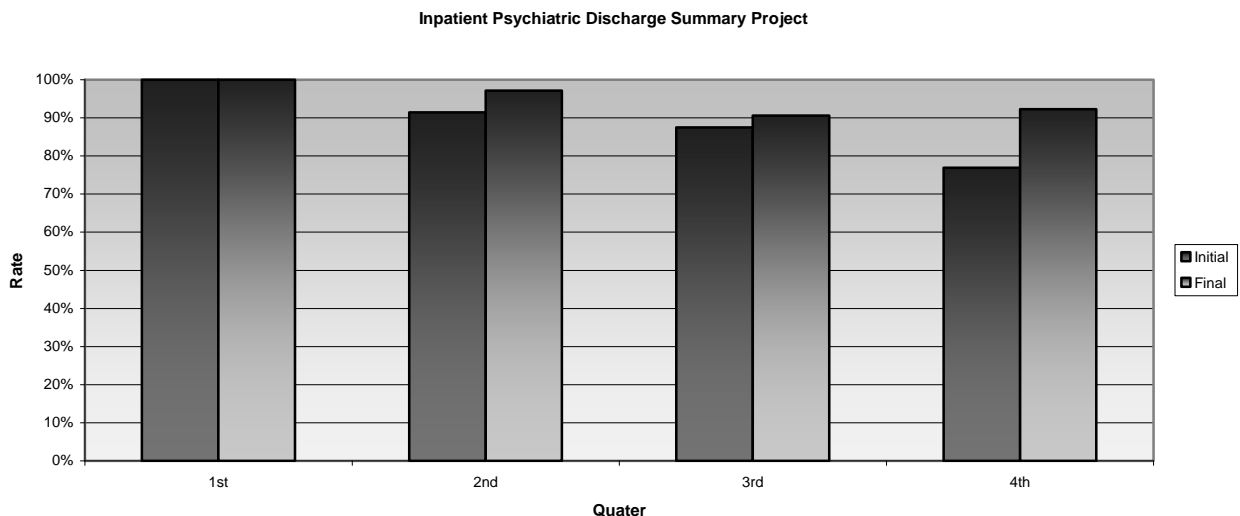
### Pharmacy Management

MercyCare works to improve safety through pharmacy by implementing prior authorizations and quantity limits. These limits and prior authorizations are put in place specifically to:

- Prevent over-utilization
- Ensure appropriate use of medications
- Identify abuse or diversion in the case of narcotics
- Reduce exposure of members to new medications with uncertain side-effects

### Continuity and Coordination of Care

MercyCare strongly supports continuity and coordination of care between behavioral health and primary care physicians. MercyCare reviews inpatient psychiatric admissions to network providers to verify whether or not the psychiatric discharge summary has been sent to the primary care physician. The psychiatric discharge summary is a key piece of correspondence since it includes the member’s diagnosis, discharge medications, and follow-up recommendations.



The initial score represents compliance prior to MercyCare review, and the final score represents compliance after MercyCare review and intervention.

### **Clinical Practice Guidelines**

MercyCare routinely notifies providers of clinical practice guidelines in place as a resource to assist in evaluation, treatment, and follow-up for chronic medical conditions. The following guidelines are available on our website:

- Detection, Evaluation , and Treatment of High Blood Cholesterol
- Major Depression Treatment
- Wisconsin Essential Diabetes Mellitus Guideline
- Practice Guide for the Diagnosis and Management of Asthma
- Pharmacological Management of Alcohol Withdrawal
- Clinical Preventive Services for Normal Risk Adults & Child Preventive Care Timeline
- Treating Tobacco Use
- Attention Deficit and Hyperactivity Disorder Treatment Guideline for Primary Care

Case managers incorporate these guidelines into their disease and case management programs to make certain the care members are receiving is in keeping with the latest standards.

### **Electronic Medical Records**

Electronic medical records (EMR) are available at all Mercy primary care sites and are currently working on implementing EMR at the specialty sites. This will allow practitioners to more efficiently share patient medical information and reduce the number of medical errors caused by handwritten abbreviations. It also serves as an additional safety mechanism for those patients who receive care in multiple medical settings. MercyCare worked with the EMR Committee to make the PHQ-9 depression screening tool available on EMR and are continuing to work on making the cage-aid available.

### **Safety Committee**

In 2009 MercyCare organized a safety committee to review network provider safety data available from CheckPoint and Leapfrog. The committee will review the possibility of distributing this information in the member newsletter. Also reviewed at this committee are all of the above mentioned safety activities for potential improvement recommendations.

### **Summary**

In summary, MercyCare has several activities in place to improve patient safety, and will continually work to monitor and improve these activities.

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## **Overall Summary**

MercyCare continues to exhibit progress amongst quality HEDIS® measures and improvement projects. We will continue to maintain our current quality task forces to serve as improvement forums to identify barriers and implement specific interventions. Our ultimate goal is to have all of the key measures at or above the 90<sup>th</sup> percentile. As a first step to get to that goal, MercyCare will focus on those measures that have fallen below the 50<sup>th</sup> percentile. Last year stronger interventions were put in place for appropriate testing for children with pharyngitis, avoidance of antibiotic treatment in adults with acute bronchitis, and timeliness of postpartum care, which all fell below the 50<sup>th</sup> percentile. This year the appropriate testing for children with pharyngitis, and avoidance of antibiotic treatment in adults with acute bronchitis, went from below the 50<sup>th</sup> percentile to above the 90<sup>th</sup> percentile indicating our interventions were very successful. The timeliness of postpartum care did remain below the 50<sup>th</sup> percentile, but did improve by 7.19%. The interventions for this measure however, were completed in September of 2008 and the measurement year ended in November. Our expectation is that next years HEDIS® score should show an even greater increase. Improvements have been made to the Healthy heart Case Management Program and to the Asthma Case Management program including a new case manager for these programs. These improvements should impact the scores for asthma and controlling high blood pressure. We will also continue to analyze our results by physician to reveal any pattern that would result in a stronger intervention. Other overall improvements have enabled MercyCare to surpass our goal of the 90<sup>th</sup> percentile in 6 measures in 2009 versus 4 measures in 2008.

Our CAHPS scores continue to challenge us to change the perception that our members have of the health plan and services. Our member's perception of many aspects of our health plan and our services has continued to remain well below our goal of the 75<sup>th</sup> percentile. Many of our scores remained below the 50<sup>th</sup> percentile band despite significant efforts last year to better understand our customer's needs. The interventions put in place have had some impact improving the number of measures that ranked above the 50<sup>th</sup> percentile versus last years results. In 2008, MercyCare had 7 measures that fell below the 50<sup>th</sup> percentile, whereas 2009 resulted in 5 below the 50<sup>th</sup> percentile. Last years' CAHPS® scores revealed improvement in only 3 measures, while this year indicated improvement in 7 of the measures. Moving forward, we will continue to work to improve our member's perception of our health plan by increasing direct communications with our membership to promote, the positive aspects of our plan, including MercyCare accessibility standards, our commitment to quality, and our commitment to helping them get the care that they need.

In summary, MercyCare has several activities in place to improve patient safety, and will continually work to monitor and improve these activities.

## Approvals

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Philip Bedrossian, MD  
Medical Director

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Date

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Joseph Nemeth  
Vice President/Chief Operating Officer

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Date

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Stephen VanGalder  
Board of Directors, Chair

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Date of Board Approval