

BCBSIL QUALITY IMPROVEMENT PROGRAM 2008 ANNUAL EVALUATION EXECUTIVE SUMMARY

I. 2008 QUALITY IMPROVEMENT PROGRAM EVALUATION

An evaluation of the BCBSIL 2008 Quality Improvement activities has been completed. Notable improvements were achieved in many of the QI initiatives, both clinical and service. Barrier analyses were completed and appropriate interventions were identified and implemented. The Quality Improvement Program Description was reviewed and approved by the Managed Care QI Committee and the Emerging Issues Committee. The indicators measured cover a broad spectrum, including quality of clinical care, quality of service and safe clinical practices. Corporate structure and resources are adequate and supportive of the QI process. The utilization statistics have been monitored, analyzed and reported throughout the year. The QI initiatives are relevant to the needs of the membership of the HMOs, BlueChoice and the PPO/FEP products. In summary, this report and supporting attachments demonstrate that the BCBSIL Quality Improvement program was effective in improving the quality of care, quality of service and safe clinical practices in 2008.

Significant accomplishments include:

- BCBSIL received a Silver Award in URAC's Best Practices in Health Care Consumer Empowerment and Protection Awards competition for The Positive Impact of Written Asthma Action Plans. URAC developed the awards to recognize outstanding programs that enhance patient safety and give consumers more control over their health care.
 - The 2008 BCBSIL PPO Physician Profile was mailed to 3,778 practitioners in eight specialties (Internal Medicine, Family Practice, OB/Gynecology, Pediatrics, Mixed Specialties Groups, Ophthalmology, Orthopedic Surgery, and Cardiology). The Profile contained practice-specific results for cost efficiency, administrative efficiency, and up to 27 clinical quality indicators.
 - BlueChoice primary care physicians received their 2008 BlueChoice Profile.
 - BCBSIL continued its second year in the Bloomington-Normal Diabetes Checks & Balances Program. BCBSIL is collaborating with Country Insurance & Financial Services, Mitsubishi Motors, State Farm Insurance and numerous other local employers and health care providers to improve diabetes care in the Bloomington-Normal area.
 - The BCBSIL Preventive Care Guidelines and four clinical guidelines were updated based on a review of current literature and the recommendations of network physicians and expert organizations.
 - The 2008 Annual BCBSIL Hospital Profiles were disseminated to 176 contracted hospitals, 91 urban and 85 rural. The purpose of the profile is to provide hospitals with feedback about their performance on indicators related to patient safety, quality and efficiency and to provide them with comparison data for the BCBSIL hospital network.
 - The HMOs remains at an Excellent Accreditation from NCQA based on the HEDIS 2008 scores.
 - Of the forty HEDIS Effectiveness of Care and Access/Availability of Care indicators reported in 2008 (2007 reporting year) for HMO for which comparative results are available:
 - Twenty-three indicators showed improvement. Ten of these had statistically significant improvement.
 - Of the 15 indicators that did not show improvement, thirteen had a difference of <1 percentage point.
 - Two indicators were rotated with 2007 results reported for 2008.
- In addition, results were reported for the first time for four HEDIS Effectiveness of Care and Access/Availability of Care indicators.
- Blue Cross and Blue Shield of Illinois remains committed to helping members make informed health care decisions. As part of BCBSIL's transparency initiative, the 2008 Blue Cross Blue and Shield of Illinois Blue StarSM Hospital and Medical Group/IPA Reports are available on the BCBSIL Web.
 - The 2008 Blue StarSM Hospital Report provides performance information about contracted urban Illinois hospitals, utilizing data summarized from the annual BCBSIL Hospital Profile.
 - The 2008 Blue StarSM HMO Medical Group/IPA Report recognizes contracting Medical Groups/IPAs that have documented high levels of performance in providing patient care.
 - The 2008 HMO Member Survey by Medical Group was completed and the results reported to the IPAs in September. Results from the Survey are used for the IPA Blue Ribbon Report, which is published for members in the HMO Directory and in the online Provider Finder®.

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- Two new HMO QI Fund Projects were introduced in 2008.
 - The purpose of the Wellness and Prevention project is to promote the health and wellness of HMO members. The project was based on submission of data for at least 90% of the IPA sample. Indicators included documenting Body Mass Index (BMI), assessment of and/or recommendation regarding physical activity and smoking status for members age 18 years or older with advice to quit smoking for members who were identified as smokers.
 - The 2008 American Board of Medical Specialties (ABMS) Patient Safety Physician Education Program was offered as a QI Fund Project to HMO IPAs. The purpose of the program is to provide physicians with the tools and knowledge needed to improve patient safety and the quality of care offered in their practices.
- The Medical Management Utilization Management QI Project “Improving Care Coordinator Identification of Cases Referred to Case Management” successfully met the goal of 80% held for three consecutive quarters (80%, 92% and 91%) and was closed in the 2nd Quarter 2008.

Additional Quality Improvement results noted to be substantially better than goals include:

A. Utilization Data:

1. HMO Illinois/BlueAdvantage HMO:

- HMO Illinois Admissions/1,000 was below the goal of $\leq 47.8/1,000$ at $43.5/1,000$.
- HMO Illinois Days/1,000 was below the goal of $\leq 207.5/1,000$ at $191.4/1,000$.
- HMO Illinois ALOS/1,000 met the goal of 4.3.

- PPO/FEP/ BlueChoice Admissions/1,000 was below the goal of < 51.5 at $46.3/1,000$.
- PPO/FEP/ BlueChoice Days/1,000 was $175.9/1,000$ which was below the goal of $< 220.1/1,000$.
- PPO/FEP/ BlueChoice ALOS was below the goal of < 4.3 at 3.8 .

B. Telephone Access:

- The PPO/BlueChoice telephone access average speed of answer was below the established goal of < 30 seconds at 29 seconds and the call abandonment rate was below the goal of $< 5\%$ at 1.9%.
- The HMO 2008 telephone access average speed of answer was below the established goal of < 30 seconds at 25 seconds and the call abandonment rate was below the goal of $< 5\%$ at 1.6%.

II. 2008 QUALITY IMPROVEMENT PROGRAM AND WORKPLANS

The 2008 Quality Improvement Program and Workplans for HMO and PPO/FEP were reviewed and approved by the Managed Care QI Committee and Emerging Issues Committee in December 2007. The 2008 QI Workplans for the HMOs and PPO/FEP were implemented in accordance with the plans.

III. UTILIZATION MANAGEMENT PLANS

The Utilization Management Plans were reviewed and updated with approval as follows:

- The 2009 HMO Illinois/BlueAdvantage HMO Utilization Management Plan was approved in December 2008.
- The 2008 Medical Management Utilization Management Program Description (PPO/FEP) was approved in March 2008.
- The Medical Management Case Management Program Description (PPO/FEP) was approved in April 2008.