

2007 HMO QUALITY IMPROVEMENT PROGRAM EVALUATION

An evaluation of the HMO 2007 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 HMO products. In summary, this report and supporting attachments demonstrate that the HMO Quality Improvement program was effective in improving the quality of care, quality of service and safe clinical practices in 2007.

Significant accomplishments include:

- The Blue Cross and Blue Shield Association and Harvard Medical School researchers chose the Illinois HMO Medical Group Advisory Committee as a winner of the Blue Works award in the category of "Partnering with Providers to Improve Member Services".
- The Diabetes QI program was selected by America's Health Insurance Plans (AHIP) to be featured at the 2007 Medical Leadership Forum:
 - "Diabetes Flowsheet – A GPS to Better Diabetes Care" which demonstrates the impact of the BCBSIL HMO Diabetes Quality Improvement Program which shows improvement in quality of care and decreased utilization.
- The BCBSIL Preventive Care Guidelines and five clinical guidelines were updated based on a review of current literature and the recommendations of network physicians and expert organizations.
- Dr. Carol Wilhoit was invited to participate in an Agency for Healthcare Research and Quality (AHRQ) Steering Committee addressing the Healthcare Cost and Utilization Project (HCUP), a Federal-State-Industry partnership established to develop and maintain a national resource of health care data and tools.
- The HMOs received a Commendable Accreditation from NCQA which was elevated to Excellent based on the 2007 HEDIS scores.
- Of the twenty-six HEDIS Effectiveness of Care and Access/Availability of Care indicators reported in 2007(2006 reporting year) for HMO for which comparative results are available, six indicators had changes to the 2007 HEDIS specifications. Of the remaining twenty indicators:
 - Sixteen indicators showed improvement. Five of these had statistically significant improvement.
 - One indicator did not show improvement.
 - Three indicators were rotated with 2006 results reported for 2007.
 - In addition, results were reported for the first time for thirteen 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 2007 Blue Cross Blue and Shield of Illinois Blue StarSM Hospital and Medical Group Reports are available on the BCBSIL Web site and were published in the fall issue of *blueprints for health*SM.
 - The 2007 Blue StarSM Hospital Report provides performance information about ninety-two contracted urban Illinois hospitals, utilizing data summarized from the annual BCBSIL Hospital Profile.
 - The 2007 Blue StarSM HMO Medical Group Report recognizes contracting Medical Groups/IPAs that have documented high levels of performance in providing patient care.
- The 2007 HMO Member Satisfaction 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[®].

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

A. Utilization Data:

- HMO Illinois Admissions/1,000 was below the goal of $\leq 49.23/1,000$ at 48.82/1,000.
- BlueAdvantage HMO Admissions/1,000 was below the goal of $\leq 49.23/1,000$ at 40.23.

B. Telephone Access:

- The HMO 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 1.5%.

2007 Quality Improvement Program and Workplans

The 2007 Quality Improvement Program and Workplan for HMO were reviewed and approved by the Managed Care QI Committee and Emerging Issues Committee in December 2006. The 2007 QI Workplans for the HMOs were implemented in accordance with the plans.

Outcomes from QI Activities

A. HMO Clinical QI Projects

1. Childhood Immunization: 2 of 2 goals met 3/08
2. Diabetes: 7 of 8 goals met 3/08
3. Management of Members with Cardiovascular Conditions: 4 of 4 goals met 3/08
4. Follow-up After Hospitalization for Mental Illness: Goal met 3/08
5. Asthma: Goal met 2/08
6. Breast Cancer Screening: Goal met 9/07
7. Cervical Cancer Screening: Goal met 12/07
8. Colorectal Cancer Screening Goal met 1/03
9. Influenza Vaccination: Goal met 9/07
10. Controlling High Blood Pressure: Goal met 3/08

B. HMO Service QI Projects

1. Improving Member Satisfaction with Customer Service: Goal met
2. Improving Member Satisfaction with Claims Payment/Specialist Claim Payment <4 weeks: Goal met
3. Improving Member Satisfaction with the Referral Process: Goal met