

2006 HMO QI Fund Project Summary

1. 2006 CHILDHOOD IMMUNIZATION QI FUND PROJECT

The purpose of the HMO Childhood Immunization QI Fund Project is to increase the percentage of children receiving timely and complete immunizations by their 2nd birthday. The 2006 goals for this project were a Combination 2 Rate of $\geq 72\%$ and to establish a baseline rate for Combination 3 which includes all immunizations in Combination 2 and four pneumococcal conjugate vaccinations.

Year	# of Members Identified	Exclusions	Final # of Members for all IPAs	# of Members with Complete Immunizations Combination 2	Combination 2 Rate	Combination 3 Rate
2004	7,796	188	7,608	5,208	68.5%	NA
2005	8,018	177	7,841	6,029	76.9%	NA
2006	8,159	227	7,932	6,342	80.0%	68%

Identified Barriers to Childhood Immunizations:

Members:

- Missed appointments
- Caregiver's lack of familiarity with the pediatric vaccination schedule and the importance of timely and complete childhood immunizations
- Competing priorities
- Lack of transportation/child care
- Inconvenient clinic hours
- Caregiver's concern with vaccine side effects

Physicians:

- Failure to identify children who are behind in their immunizations
- Ineffective interventions
- Lack of reminder and recall programs
- Combination vaccines can be difficult to track if an electronic system is not used.

Interventions Implemented to Address Identified Barriers:

Members:

- Distributed the BCBSIL *Children's Wellness Diaries* to parents of newborns.

2006	HMO
Wellness Diary	14,073

- Mailed monthly reminders to parents of 15 month old members.

2006	HMO
Parent Reminders	10,931

- Published the Annual Guide to Preventive Care in the fall 2006 issue of *Blue Prints for health* for HMO members. The special edition included articles that encourage members to take charge of their health with information on the Preventive Care Guidelines for all age groups, including childhood immunization.
- Included accessibility standards in the 2006 Medical Service Agreement requiring evening and weekend clinic availability.

Physicians:

- Continued the Childhood Immunization QI Project and provided IPAs with feedback.
- Provided Childhood Immunization Reminder Cards to IPAs for distribution to PCPs.
- Sent quarterly lists of 12 month old members to IPAs for outreach.
- IPAs with a Combination 2 rate of $\geq 70\%$ will receive a Childhood Immunization Blue Star.

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Analysis of the data for the Childhood Immunization QI Fund Project demonstrates that children in the Plan are receiving complete and timely immunizations by the age of 2 years, as reflected in the upward trend of the QI Project Combination 2 rate. The QI Fund Project and interventions implemented have had a positive effect on the clinical care of children, which should reduce the occurrence of childhood diseases.

2. 2006 HMO DIABETES FLOWSHEET QI FUND PROJECT

The purpose of the HMO Diabetes QI Fund Project is to improve the quality of diabetes care by increasing the percentage of physicians who provide recommended diabetes preventive services and track diabetes care using diabetes flowsheets. The 2006 goals for the diabetes indicators were:

- HbA1c Screening: ≥85%
- HbA1c Control: ≥70%
- Eye Exam: ≥55%
- LDL-C Screening: ≥65%
- Screening for Depression: ≥30%
- Overall Diabetes Care: ≥25%
- Screening for Nephropathy: establish baseline (2006 measure includes treatment with ACE inhibitor or ARBs)

Diabetes Indicator	2003	2004	2005	2006
HbA1c Testing	73% (14,084/19,272)	78% (15,335/19,664)	81% (15,381/18,895)	86% (16,201/18,862)
HbA1c Testing with a Value <9.0	N/A	65% (12,738/19,664)	68% (12,905/18,895)	71% (13,454/18,862)
Eye Exam by an Eye Care Professional	44% (8,404/19,272)	50% (9,790/19,664)	52% (9,858/18,895)	58% (10,923/18,862)
LDL-Cholesterol <130 mg/dL	60% (11,467/19,272)	68% (13,328/19,664)	74% (14,020/18,895)	76% (14,301/18,862)
Screening for Depression	N/A	29% (5,386/18,580)	49% (8,543/18,895)	58% (10,222/17,647)
Screening for Nephropathy	N/A	N/A	66% (12,476/18,895)	75% (14,182/18,862)
Overall Diabetes Care	N/A	N/A	30% (5,729/18,895)	36% (6,762/18,862)

Identified Barriers to Diabetes Care:

Members:

- Members may not be aware of importance of diabetes management in reducing the risks of complications.
- Members may not be aware of national recommendations for diabetes care.
- Members may not be aware that diabetes services (i.e., eye exam, glucose meter supplies, etc.) are a covered benefit.
- Members may be non-compliant with PCP recommendations.
- Some members with diabetes do not seek routine care.

Physicians:

- Physicians may lack systems to promote recommended diabetic care for members.
- Some physicians do not provide care in accordance with BCBSIL Diabetes guideline.

IPAs:

- It is difficult to motivate physician to utilize a flowsheet or one page summary.

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Interventions Implemented to Address Identified Barriers:

Members:

- Educational materials are distributed to members identified with a diagnosis of diabetes through quarterly reminder cards. The topics covered in 2006 and the number of members who received the information are summarized in the following table.

2006	HMO
Heart Disease	29,744
Annual Eye Exam	29,740
Flu Shot with Diabetes Care Program	29,517
Foot Care with Diabetes Care Card	30,612
High Strata mailing: Glucose Monitoring & Heart Smarts	7,175

- Glucose meters are offered to members identified with a diagnosis of diabetes free of charge. The number of meters distributed in 2006 is summarized below.

2006	HMO
Total # of Glucose Meters Distributed	1,744

Physicians/IPAs:

- The BCBSIL Guidelines for the Prevention and Early Detection of Complications of Diabetes Mellitus were updated and distributed to all network physicians.
- A sample flowsheet for tracking diabetes care is available on the Provider section of www.bcbsil.com
- Conducted IPA-specific trainings for IPAs with poor performance
- Continued the Diabetes QI Project and provided IPAs with feedback

Analysis of the Diabetes QI Fund Project data demonstrates that the clinical care of diabetic members has improved over time when tracked on a flowsheet or one page summary, which should reduce the complications of diabetes. The QI Fund Project and interventions have had a positive effect on the clinical care of diabetic members by educating members and providers on the current guidelines for diabetes care.

3. 2006 HMO MANAGEMENT OF MEMBERS WITH CARDIOVASCULAR CONDITIONS QI FUND PROJECT

The focus of the project is to improve the outcomes for members with cardiovascular conditions by increasing the percentage for whom cardiovascular risk factors are assessed and controlled. Because of the substantive changes in the project compared to 2005, the data are not trendable. These include changes in the HEDIS 2006 Technical Specifications, eliminating the flowsheet and screening for depression requirements, and the addition of advice to quit smoking and blood pressure control as indicators. The 2006 goals for each indicator were to establish baselines.

2006 Network Performance

Network Performance	2006
LDL-C Screening Rate	87% (1344 / 1539)
LDL-C Control <130mg/dL	76% (1175 / 1539)
LDL-C Control <100mg/dL	58% (892 / 1539)
BP Control ≤140/90	83% (1283 / 1539)

2006 Network Smoking Prevalence Rate

# or Identified Smokers	# Members not assessed for smoking	Project Smoking Population	Smoking prevalence rate for 2006 project
367	229	367	20% (367 / 1803)

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2006 Network Advice to Quit Smoking Rate

# or Identified Smokers	# Members who had Smoking Cessation Advice	Smoking Cessation Advice rate
367	185	52%

Identified Barriers to Management of Members with Cardiovascular Conditions:

Members:

- Members may not be aware that the risk of another coronary event is reduced if cardiovascular risk factors including LDL-C are controlled.
- Members may be non-compliant with PCP recommendations regarding control of cardiovascular risk factors.
- Some members with cardiovascular disease may not seek follow-up care.

Physicians:

- Physicians may lack systems to promote care for patients with cardiovascular disease.
- Some physicians do not provide care in accordance with BCBSIL Guideline for Primary and Secondary Prevention of Atherosclerotic Cardiovascular Disease.

Interventions Implemented to Address Identified Barriers:

Members:

- Offered the *Hearts Smarts Preventing heart disease* brochure through the member newsletter, at worksite wellness programs and health fairs
- Sent a mailer about cholesterol management to all members in the Management of Members with Cardiovascular Conditions QI Project population

Physicians:

- Distributed the BCBSIL Guideline for Primary and Secondary Prevention of Atherosclerotic Cardiovascular Disease
- Offered IPAs/PCPs the *Hearts Smarts Preventing heart disease* brochure by means of the Educational Provider Information Request Form and on the BCBSIL website
- Enhanced the 2006 Management of Members with Cardiovascular Conditions QI Project to include blood pressure control and smoking cessation

The data collected in 2006 for the Management of Members with Cardiovascular Conditions QI Fund Project is not comparable to previous years due to changes in project specifications. It is anticipated that the changes implemented will improve the outcomes for members with cardiovascular conditions.

4. 2006 HMO FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

The purpose of the HMO Follow-up After Hospitalization for Mental Illness QI Fund Project is to increase the rate of follow-up care for members, age 6 and older after hospitalization for mental illness. The 2006 project goal for the 7-day follow-up rate was ≥63%.

Mental Health Indicator*	2003	2004	2005	2006
Follow-up visit with Behavioral Health Practitioner within 7 days of Discharge	64.7% (1,382/2,135)	64.0% (1,407/2,198)	65.5% (1,577/2,406)	69.7% (1,636/2,346)

*Note: The HMO Follow-up After Hospitalization for Mental Illness QI Fund Project uses methodology similar, but not identical, to the HEDIS methodology.

Identified Barriers to Follow-Up After Hospitalization for Mental Illness:

Members:

- May not have the ability to self-schedule a follow-up appointment
- May feel better and not believe follow-up care is needed
- May not understand the importance of follow-up care with a behavioral health practitioner

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- May prefer to be treated by his/her PCP
- May feel there is a stigma associated with mental health diagnosis and/or treatment

Physician (PCP and/or Behavioral Health Practitioner):

- May not utilize home health services for members with a history of non-compliance
- May not routinely use Partial Hospital Programs or Intensive Outpatient Programs for follow-up care
- May not arrange follow-up visit prior to discharge
- May not arrange for follow-up visit within seven days of discharge

IPAs:

- May not be aware of mental health admission
- Mental Health vendor contracts may not contain performance guarantees related to follow-up care
- May not utilize home health services for members with a history of non-compliance
- May not routinely use Partial Hospital Programs or Intensive Outpatient Programs for follow-up care
- May not arrange follow-up visit with a behavioral health practitioner
- May not work with the hospital discharge planner to arrange for follow-up care

Interventions Implemented to Address Identified Barriers:

Members:

- Published information in the HMO member newsletter *Blue Prints for health* reminding members of the importance of keeping their PCP informed of any mental health services.
- Published information on expanded Serious Mental Illness Benefits on Blue Access for Members

Physician/IPAs:

- Continued the Follow-up after Hospitalization for Mental Illness QI Project and provided feedback to IPAs
- Provided information on scheduling follow-up appointments with a behavioral health specialist and obtaining an authorization for release of information prior to the member's discharge from the hospital at the annual IPA QI Fund Project training
- Posted "Tips for Improving Mental Health Follow-up" on the BCBSIL Provider website
- Posted a sample letter to educate members on the importance of follow-up treatment after hospitalization for mental illness on the BCBSIL Provider website

Analysis of the data for the Follow-Up after Hospitalization for Mental Illness QI Fund Project demonstrates an increase in the 7-day follow-up rate over time. The QI Fund Project and the interventions implemented have had a positive effect on the 7-day follow-up rate. However, there continues to be opportunities for improvement to ensure the safety of members following a hospitalization for mental illness.

5. 2006 HMO ASTHMA ACTION PLAN QI FUND PROJECT

The purpose of the Asthma Action Plan QI Project is to improve asthma self-management by increasing the percentage of asthmatic members (5 - 56 years of age) who receive written asthma action plans. The goal for the 2006 Asthma Action Plan project was $\geq 70\%$.

Percentage of Members with Asthma who Received a Written Asthma Self-Management Plan

2003	2004	2005	2006
59%	69%	73.7%	80%
(5,090/8,651)	(7,875/11,396)	(8,469/11,490)	(7,006/8,723)

Identified Barriers to Asthma Care:

Members:

- Members may not take their medications as prescribed
- Some asthmatic members do not seek routine follow-up care when they are asymptomatic

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- Members may not monitor their peak flows and/or understand monitoring

Physicians:

- May lack systems to promote non-symptomatic care
- While written asthma action plans are recommended by the NAEPP, physicians may not understand the effectiveness of written asthma action plans.

IPAs:

- It is difficult to motivate physicians to provide care in accordance with asthma guidelines.

Interventions Implemented to Address Identified Barriers:

Members:

- Offered Asthma Care Kits to identified asthmatics free of charge.

2006	HMO
Asthma Care Kits Distributed	316

- Mailed an Asthma Care Diary to identified asthmatics.

2006	HMO
Asthma Care Diary	15,141

- Mailed 3,888 [(6/06: 2,083 Adult; 979 Pediatric), (12/06: 557 Adult, 269 Pediatric)] Asthma Control Tests to high risk members (identified as having an ER visit or inpatient stay with a primary diagnosis of asthma) encouraging them to take the test and share the results with their practitioner

Physicians/IPAs:

- Continued the Asthma Action Plan QI Project and provided feedback to IPAs
- Updated and distributed the Guidelines for the Diagnosis and Management of Asthma to all network physicians
- Provided IPAs with a list of possible high risk asthmatics using inpatient, ER and pharmacy claims data
- Provided IPAs with training on the QI Fund Project, the importance of an Asthma Action Plan and how to obtain Asthma Care Kits, Asthma Care Diaries and Asthma Action plans

Analysis of the data for the Asthma QI Fund Project demonstrates that the percentage of members who receive an asthma self-management plan has significantly increased over time. The QI Fund Project and interventions implemented have had a positive effect on the clinical care of asthmatic members by educating members and providers on the current guidelines for asthma and self management through the use of an agreed upon self management plan.

6. 2006 Breast Cancer Screening QI Fund Project

The purpose of the 2006 Breast Cancer Screening QI Fund Project is to improve the breast cancer screening rate in women 50 to 69 years of age. The HEDIS 2006 Technical Specifications for breast cancer screening changed and now require submission of claims data only. The 2006 goal was to establish a baseline. The 2006 Breast Cancer Screening QI Fund Project rate was 70%.

Year	Initial Population	Total Number of Exclusions	Final Population	# Mammograms Performed	Breast Cancer Screening Rate
2006	34,201	133	34,068	23,920	70%

Identified Barriers to Breast Cancer Screening:

Members:

- Some members are not aware that mammograms are a covered benefit
- Some women do not have accurate information about screening recommendations
- Some women dislike the pain/discomfort during the mammogram procedure

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Physicians:

- Some physicians do not routinely recommend mammograms to their patients
- Many physicians lack a systematic method to track preventive services

Interventions Implemented to Address Identified Barriers:

Members:

- Sent member reminder cards to women age 40-69 years

2006	HMO
Reminder Mailings	174,072

- Revised and published the mammography brochure
- Provided computerized phone reminders (in English or Spanish) for Pap smear and mammography screenings for women age 50-69 in October of 2006. These calls reached 47.5% (32,471) of the members with the message.

2006	HMO
Telephone Calls	68,360

Physicians/IPAs:

- Continued the Breast Cancer QI Project and provided feedback to IPAs
- Updated and published the Preventive Care Guidelines
- Sent a listing to IPAs of their female members, age 52 to 69, to target for outreach

7. 2006 Cervical Cancer Screening QI Fund Project

The purpose of the Cervical Cancer Screening Project is to increase the rate of cervical cancer screening in women 18-64 years of age.

Identified Barriers to Cervical Cancer Screening:

Members:

- Some members are not aware that Pap Smears are a covered benefit
- Some women do not have accurate information about screening recommendations
- Some women are concerned about the potential for discomfort and/or embarrassment associated with the Pap Smear procedure

Physicians:

- Some physicians do not routinely recommend Pap Smears to their patients
- Many physicians lack a systematic method to track preventive services

Interventions Implemented to Address Identified Barriers:

Members:

- Sent member reminder cards to women age 18-69 years

2006	HMO
Reminder Mailings	325,667

- Provided computerized phone reminders (in English or Spanish) for Pap smear and mammography screenings for women age 50 to 69 in October of 2006. The calls reached 47.5% (32,471) of the members with the message

2006	HMO
Telephone Calls	68,360

Data were not available for the HMO 2006 Cervical Cancer Screening QI Fund Project.

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8. 2006 Colorectal Cancer Screening QI Fund Project

The HMO implemented a new Colorectal Cancer Screening Project to promote screening for early detection of colorectal cancer in members age 51 to 80. For 2006, the IPAs had the option to participate in the 2006 Colorectal Cancer Screening QI Project. The goal is to establish a baseline.

The Colorectal Cancer Screening project is based on submissions from 40 of 77 IPAs that participated. No overall rate is reported because this represents 40 random samples combined. Results for the 40 IPAs that participated in the project are summarized in the following table:

Year	Initial Sample	Total Number of Exclusions	Final Sample	# Members Screened for Colorectal Cancer
2005	7,989	263	7,726	3,107

*Note: No overall rate is reported because data is based on 40 random samples combined.

Identified Barriers to Colorectal Cancer Screening:

Members:

- May be unaware that colorectal cancer screening tests are a covered benefit
- May have inaccurate information about screening recommendations
- May fear discomfort experienced during the procedure
- May dread the preparation required for a colonoscopy
- May deny risk of colorectal cancer
- May have insufficient information on importance of screening
- May be unaware that colorectal cancer screening can prevent colorectal cancer

Physicians:

- May not routinely recommend colorectal cancer screening to their patients
- May lack a systematic method to track preventive services

Interventions Implemented to Address Identified Barriers:

Members:

- Included information about colorectal cancer screening guidelines in the member newsletter, *Blue Prints for health*

Physicians/IPAs:

- Implemented the Colorectal Cancer Screening QI Project and provided feedback to IPAs
- Updated and published the Preventive Care Guidelines

Analysis of the data from the Colorectal Cancer Screening QI Fund Project demonstrates that there are opportunities to improve colorectal cancer screening, which should improve colorectal cancer outcomes.

9. 2006 Influenza Vaccination QI Fund Project

The purpose of the 2006 Influenza Vaccination QI Fund Project is to assess and improve the influenza vaccination rate for high risk members (members with asthma, diabetes, age 65 and older, or members with cardiovascular conditions) who are at a greater risk of complications from influenza.

For 2006, IPAs had the option to participate in the Influenza Vaccination QI Project. Thirty-seven (37) IPAs elected to participate. The goal for the 2006 Influenza Vaccination Project was 46%. Since participation in the 2006 Influenza Vaccination QI Project was optional, the results are not comparable to the goal of 46%.

Year	Sampled Members for Participating IPAs	Exclusions	Final Number of Sampled Members	Number of Flu shots
2005	6,317	415	5,902	2,694

*Note: No overall rate is reported because data is based on 37 separate random samples.

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Identified Barriers to Influenza Vaccination QI Fund Project:

Members:

- May feel getting a flu shot could cause the flu
- May state PCP did not recommend a flu shot
- May not have enough information about the flu shot
- May not have been able to obtain a flu shot due to limited availability of vaccine

Physicians/IPAs:

- Distribution of influenza vaccine was delayed from manufacturers
- Some physicians were unable to obtain adequate supplies of influenza vaccine
- By the time physicians obtained vaccine, some high risk members had received flu shot elsewhere, making documentation difficult.

Interventions Implemented to Address Identified Barriers:

Members:

- Members with Coronary Artery Disease (i.e., Acute Myocardial Infarction, Coronary Artery Bypass Graft, and Percutaneous Transluminal Coronary Arteriogram) were added to outreach efforts in 2006.
- Mailed annual reminders to >60,000 high risk members

Physicians/IPAs:

- Provided a list of high risk members to IPAs to facilitate outreach to members who would benefit from a flu shot
- Provided flu shot stickers and reminder mailer cards to IPAs
- Disseminated multiple CDC influenza vaccination updates to IPAs