The BCBSIL Quality Improvement Program Summary was sent to all HMO representatives, members and providers who requested additional information about the QI program in 2015. If you have any questions about the Quality Improvement Program, please contact the Clinical Outcomes Management Department at 312-653-3465.

Examples are attached.
An evaluation of the BCBSIL 2015 Quality Improvement (QI) 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 2015 Quality Improvement Program Description and Quality Improvement Work Plan were reviewed and approved by the BCBSIL QI Committee and the HCSC Public Policy Committee. The 2015 Quality Improvement Work Plan was implemented in accordance with the plan. The indicators measured cover a broad spectrum, including quality of clinical care, quality of service and safe clinical practices. The utilization statistics have been monitored, analyzed, trended and reported throughout the year. The QI initiatives are relevant to the needs of the membership of the commercial and retail HMO and PPO products. A summary of key accomplishments are as follows:

Accreditation
The BCBSIL QI Program is designed to meet all applicable state and federal requirements. BCBSIL staff, in cooperation with the HCSC Quality, Compliance and Legal Departments, monitors state and federal laws and regulations related to quality improvement and reviews program activities to assure compliance. Maintenance of accreditation/certification is monitored through the QI program. Applicable 2015 accreditations were as follows:

<table>
<thead>
<tr>
<th>2015</th>
<th>PRODUCT</th>
<th>NCQA</th>
<th>URAC UM</th>
<th>URAC CM</th>
<th>URAC Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSIL</td>
<td>HMOI/Blue Advantage</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BCBSIL</td>
<td>Broad PPO</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BCBSIL</td>
<td>Blue Precision HMO</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>BCBSIL</td>
<td>Blue Choice PPO</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Health Care Effectiveness Data and Information Set (HEDIS)
HEDIS is a tool developed by the National Committee for Quality Assurance (NCQA) to measure performance on areas of care and service. These measures are nationally standardized, audited and reported annually. The 2015 BCBSIL HEDIS results reflect plan performance in 2014. For 2015 audited HEDIS results were reported for HMO Illinois and Blue Advantage HMO combined and PPO separately. Overall, BCBSIL performance was at or above the national average for 20 measures (HMOs) and the 13 measures (PPO)
Illinois Surgical Quality Improvement Collaborative (ISQIC)
ISQIC is a collaborative partnership of Illinois hospitals, the Illinois and Metropolitan Chicago Chapters of the American College of Surgeons, the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), the Surgical Outcomes and Quality Improvement Center (SOQIC) at Northwestern University, and Blue Cross Blue Shield of Illinois. Our mission is to work together to improve the quality of surgical care in Illinois. ISQIC was initiated on September 1, 2014 and to year to date there are 55 member hospitals. The first year of ISQIC ended successfully and all hospitals met their expected goals. Hospitals were provided with Illinois-specific and ACS NSQIP benchmarking reports and were provided with tools to enact meaningful improvements when problems were identified (e.g., curriculum, mentors, coaches, etc.). The second year ISQIC hospitals are engaged in a Collaborative Quality Improvement Project (CQIP) for venous thromboembolism (VTE). In addition, Rural hospitals participating in ISQIC are focusing on glycemic control for their CQIP.

The Illinois Hospital Quality Initiative (IHQI)
IHQI is an effort to measurably reduce the burden of healthcare-associated infections (HAIs), improve the quality of patient care and avoid unnecessary cost. BCBSIL provides operational support and funding for the Illinois Hospital Quality Initiative (IHQI). The participating hospitals represent 40% of all acute care hospital admissions in Illinois and 83% of all admissions to rehabilitation hospitals. In the 12 months ending December 31, 2015, thirty-eight IHQI participating hospitals with greater than 2 years of service protected 573 Illinois patients from acquiring a NIM. Through prevention, these 33 hospitals avoided 548 days in BCBSIL patients’ length of stay and reduced BCBSIL payments by $1.8 million. Across all payor groups, the total initiative-wide savings amounted to more than $6.7 million in hospital direct costs avoided and more than 4,000 days in patient days avoided.

Preference-Aligned Communication and Treatment (PACT)
PACT, a statewide collaborative focused on improving the culture of advance care planning for patients and families facing serious illness, launched April 1, 2015 with a cohort of 10 hospitals located throughout the state. Project achievements in 2015 were as follows:

- 48 core team members received intensive skills training at the two-day kick-off skills development conference hosted at Northwestern University on April 15, 2015. An additional 172 physicians, nurses, social workers, and chaplains received training at their host institutions.
- The first cohort of hospitals completed 75 conference calls and hosted 13 educational site visits with the PACT Mentor, Physician Champion, core team members, and senior leadership.
- Of patients who were admitted to primary PACT units, 66% were screened for unmet advance care planning needs, exceeding the year 1 benchmark of 30%. Of patients who triggered positive, goals of care conversations were completed with 52% of patients, already meeting the year 2 benchmark of 50%.

Blue Distinction Centers of Excellence
Blue Distinction Centers are part of a national designation program that recognizes hospitals that demonstrate expertise in delivering quality specialty care safely and efficiently. Building on this foundation of recognizing quality specialty care, is the Blue Distinction Centers+ designation. To earn this designation, hospitals must meet the same quality criteria as Blue Distinction Centers but go an extra step to demonstrate they do so efficiently y thus include cost of care measures. BCBSIL in partnership with the Blue
Cross and Blue Shield Association, have developed national Blue Distinction Centers. Blue Distinction Centers can be identified using the Blue Distinction Center Finder. This easy-to-use tool helps members find hospitals that provide high-quality specialty care where and when they need it most.

<table>
<thead>
<tr>
<th>2015 BCBSIL Blue Distinction Centers</th>
<th># of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Surgery+</td>
<td>14</td>
</tr>
<tr>
<td>Complex and rare cancers</td>
<td>4</td>
</tr>
<tr>
<td>Knee and Hip Replacement+</td>
<td>11</td>
</tr>
<tr>
<td>Spine Surgery+</td>
<td>7</td>
</tr>
<tr>
<td>Cardiac Care+</td>
<td>12</td>
</tr>
<tr>
<td>Transplants+</td>
<td>7</td>
</tr>
</tbody>
</table>

HMO Illinois / Blue Advantage HMO (Commercial)

- HMOI and Blue Advantage HMO maintained its accreditation from the National Committee for Quality Assurance (NCQA).
- BCBSIL reported audited HEDIS 2015 results for HMO. Overall, the HMOs were at or above the national average for 20 of the HEDIS indicators.
- 2015 HMO Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results show that satisfaction with the health plan exceeds the Quality Compass HMO National Average.
- The 2015 HMO Member Survey by Medical Group was completed and IPA-specific results were reported to the IPAs. The results are used for the IPA Blue Ribbon Report, which is published for members in the HMO Directory and in the online Provider Finder®.
- The 2015 Diabetes Care Survey show that 86% of HMI/Blue Advantage diabetics overall rating of health care in the last 12 months remains high
- Quality Improvement Projects statistically significant improvements in care were noted as follows:
  - Timeliness of Prenatal Care improved from 81% in 2014 to 88% in 2015
  - Completed Written Action Asthma plans from 39% in 2014 to 63% in 2015
  - Diabetes measures screening for depression 78% in 2014 to 85% in 2015
  - Diabetes measure medical attention for retinopathy from 88% in 2014 to 92% in 2015
- Focused quality initiatives with multiple interventions specific to care coordination continued in 2015
  - Preventing Readmissions
  - Improve Coordination PCP/Specialists
  - Improve Communication Hospitalists/PCP
  - Improve Communication Behavioral Health/PCP
  - Improve Antidepressant Medication Management with New Episode of Major Depression
  - Improve Coordination of Medical and Behavioral Health Care Children/Adolescents
  - Improve Coordination PCP/Eye Care Provider

PPO (Commercial)

- The PPO maintained its URAC accreditation for Utilization Management
- BCBSIL reported audited HEDIS 2015 results for PPO. Overall, the PPOs were at or above the national average for 13 HEDIS indicators.
The 2015, BCBSIL Practitioner Profile was sent to 188 PPO High Volume Mixed Specialty providers. The Profiles included results for up to five clinical quality indicators. The purpose was to provide feedback to physicians to motivate improvements in quality care and to increase consumer engagement in healthcare decision-making by publicly displaying physician clinical performance information nationally on the Blue Cross Blue Shield Association (BCBSA) website. Of the 188 practices, 9 opted out of public reporting.

Blue Choice PPO & Blue Precision HMO (Retail)

- The 2015 Quality Rating System (QRS) Beta Test measure set is a subset of NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS) measures and one Pharmacy Quality Alliance (PQA) measure. For 2015, QHP issuers were required to collect and submit validated data for 29 (19 clinical and 10 survey) of the 43 measures in the QRS measure set which was completed for both products.

- The Qualified Health Plan Enrollee Experience Survey (EES), a requirement of the Affordable Care Act Legislation, is designed to obtain enrollees perspectives on services provided by Qualified Health Plans. For the 2015 survey, baseline results were obtained:
  - Blue Choice PPO response rate of 24.4%
  - Blue Precision HMO response rate of 21.5%
  - Compared to other HCSC states, IL scored the highest for Overall Health Plan rating, matched only by Oklahoma PPO.
  - Blue Choice PPO and Blue Precision HMO shared their strongest performance on provider evaluations including Quality Rating System (QRS) composites Personal Doctor and Specialist Seen Most often.

- Quality Improvement Projects for Blue Precision performance noted as follows: For Blue Precision HMO, the goal (> 50%) for Timely Postpartum Care was exceeded at 76%

- Quality Improvement Project baseline established for the following QI Projects:
  - Asthma Control (54%)
  - Diabetes HbA1c Control (66%)
  - Cardiovascular Condition Management Blood Pressure (81%)
  - Childhood Immunization Combination 3 (66%) and Combination 10 (42%)
  - Pediatric Wellness and Prevention (69%)
  - Influenza Vaccination (39%)

Health Care Management

Medical Management, Behavioral Health and Pharmacy services for BCBSIL are managed by HCSC’s Enterprise Health Care Management division. Core Programs include Blue Care Connection, Special Beginnings and Lifestyle Management. A detailed summary of programs has been provided in the Enterprise QI Evaluation. BCBSIL highlights include:
Well on Target, a component of BCC, had 94,229 registered users with 51,740 completed Health Assessments. The most used course was nutrition with 2170 completion.

- Special Beginnings referrals for IL increased to 17.37% and the percentage of members enrolled from outreach decrease to 2.84%
- Lifestyle Management participation rate for 2015 was 48% for weight management, 47.1% for metabolic syndrome and 54.0% for tobacco cessation.
- Blue Care Connection condition management programs participation rates were Asthma 37.2%, COPD 44.4%, Congestive Heart Failure 40.80%, Coronary Artery Disease 39.6%, Diabetes 43.5%, Hyperlipidemia 74.9%, Hypertension 37.2%, and Low Back Pain 39.2%
- Neonatal Intensive Care Unit Care Management program was launched in 2015 with baseline performance established.
- Behavioral Health Care Management met the goal of decreasing the Unable to Reach rate to < 20%. The rate increased from baseline (58.9%) to 62.2%.
- For Pharmacy, the Controlled Substance Integration (CSI) Program identified instances of high volume controlled substance usage/dispensing to assess appropriateness and intervene in cases of suspected misuse, abuse, and/or opportunities for coordination. There were 50 CSI cases for all plans in 2015.
- Pharmacy Guided Health programs added for 2015 decreasing polypharmacy for psychotropic drugs, adherence for depression medications and gaps in care for depression treatment as areas of focus

Access

BCBSIL assessed the availability of practitioners for HMOI (Commercial), Blue Advantage HMO (Commercial), Blue Precision HMO (Retail), Blue Choice PPO (Retail), and PPO (Commercial), against the Practitioner Availability and Geographical Accessibility QI 20 policy. The actual ratio of enrollees to practitioner met the standard for all primary care, specialty care and behavioral health practitioners in each network.

Culturally Linguistic and Diverse Membership

BCBSIL is meeting the racial, ethnic, and linguistic needs of its HMOI, Blue Advantage HMO and Blue Precision HMO members. HMO members are pleased with the overall health plan and the services they receive from a medical group or customer service. BCBSIL will continue to analyze the HMO Member Survey by IPA and CAHPS results annually, evaluating any trends regarding the data on the Spanish speaking population. BCBSIL will continue to offer the language line for customer service calls, and will continue to offer the language line for customer service calls, and will continue to publish languages spoken by PCP, PSP and BH physicians in the physician directory and online.

Quality Improvement Goals

Goals are established for many QI initiatives. Most 2015 goals were met, as reflected in the following summary:
HMO Illinois/Blue Advantage HMO (Commercial)
Of the 86 indicators listed in the Work Plan (applicable to HMO/BA HMO) with 2015 goals assigned:
- 83 indicators fully met the goal
- 3 indicators did not meet the goal

PPO (Commercial)
Of the 29 indicators listed in the Work Plan (applicable to PPO) with 2015 goals assigned:
- 27 indicators fully met the goal
- 2 indicators did not meet the goal

Blue Precision HMO (Marketplace/Exchange)
Of the 54 indicators listed in the Work Plan (applicable to Blue Precision HMO) with 2015 goals assigned:
- 46 indicators fully met the goal
- 8 indicators did not meet the goal

PPO Exchange (Marketplace/Exchange)
Of the 35 indicators listed in the Work Plan (applicable to PPO Exchange) with 2015 goals assigned:
- 17 indicators fully met the goal
- 18 indicators did not meet the goal

This report demonstrates that the BCBSIL Quality Improvement program was effective in improving the quality of care, quality of service and safe clinical practices in 2015. Overall the annual evaluation demonstrates the ongoing QI activities performed to address the quality and safety of clinical care and quality of service with the network.