BLUE CROSS BLUE SHIELD OF ILLINOIS QUALITY IMPROVEMENT PROGRAM

2016 Summary

An evaluation of the BCBSIL 2016 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 2016 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 2016 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 2016 accreditations were as follows:

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<tr>
<th>Plan</th>
<th>Product</th>
<th>NCQA</th>
<th>URAC UM</th>
<th>URAC CM</th>
<th>URAC Health Plan</th>
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<tr>
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<td>HMO</td>
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<td></td>
<td>PPO</td>
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<td>Yes</td>
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<td></td>
<td>Retail HMO</td>
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<td>Retail PPO</td>
<td>Yes</td>
<td>No</td>
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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 2016 BCBSIL HEDIS results reflect plan performance in 2015. For 2016 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 9 measures (PPO)

Illinois Surgical Quality Improvement Collaborative (ISQIC)
The Illinois Surgical Quality Improvement Collaborative (ISQIC) is a collaborative involving participating
Illinois Hospitals, Northwestern Feinberg School of Medicine and BCBSIL. The focus of the program is to improve quality and safety of surgical care in Illinois. The ISQIC initiative will utilize several strategies to engage hospitals and have an impact on improving care. These approaches will include: (1) providing all hospitals with experienced mentors, (2) teaching hospitals how to use their ACS NSQIP data to implement change, (3) providing formal training in quality and process improvement approaches, (4) coaching hospitals on process improvement, (5) and undertaking statewide Collaborative Quality Improvement Projects. There are more than 50 hospitals participating. Over the three years of the program, participating hospitals are required to report surgical data to the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®).

Project activities include:

- Coordinating Center benchmarking, reporting, and custom analyses of surgical data for participating hospitals
- Training the hospitals’ ISQIC Team in quality and process improvement approaches using our formal online and in-person curriculum
- Providing sustained process improvement support to hospitals for consultation during quality improvement initiatives
- Implementing annual Collaborative Quality Improvement Projects across all hospitals
- Providing hospitals with comparative benchmark quality reports comparing them to other Illinois hospitals
- Initiating quality improvement efforts based on the comparative quality reports

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)
In an effort to measurably reduce the burden of Healthcare Associated Infections (HAIs), improve the quality and safety of patient care and avoid unnecessary cost, Blue Cross and Blue Shield of Illinois provides operational support and funding for the Illinois Hospital Quality Initiative (IHQI).

The program consists of:

- data mining and artificial intelligence technologies
- clinical expert consultation and reporting
- performance management training
- educational support
- clinical / financial outcomes measurement
- quarterly “best practices” meetings
HMO Illinois / Blue Advantage HMO (Group)

- HMOI and Blue Advantage HMO maintained its accreditation from the National Committee for Quality Assurance (NCQA).
- BCBSIL reported audited HEDIS 2016 results for HMO. Overall, the HMOs were at or above the national average for 36 of the HEDIS indicators.
- 2016 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 2016 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 Star Report, which is published for members in the HMO Directory and in the online Provider Finder®.
- The 2016 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 and 89% in 2016
  - Completed Written Action Asthma plans from 39% in 2014 to 63% in 2015 and 83% in 2016
  - Diabetes measures screening for depression 78% in 2014 to 85% in 2015 and 88% in 2016
  - Diabetes measure medical attention for nephropathy from 88% in 2014 to 92% in 2015 and 2016

Blue Precision HMO and Blue Choice PPO (Retail)

- BCBSIL reported audited HEDIS 2016 results for Marketplace HMO. Overall, the HMOs were at or above the national average for 15 of the HEDIS indicators.
- The 2016 Quality Rating System (QRS) is a subset of NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS) measures and one Pharmacy Quality Alliance (PQA) measure. For 2016, QHP issuers were required to collect and submit validated data for 43 measures in the QRS measure set which was completed for both products. Overall, 15 were at or above the national average.
- 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 2016 survey, baseline results were obtained:
  - Blue Choice PPO response rate of 19.0%; Rating of All Health Care 82.3%; Rating of Personal Doctor 89.7%
  - Blue Precision HMO response rate of 18.0%; Rating of All Health Care 82.3%; Rating of Personal Doctor 89.1%
- Quality Improvement Projects for Blue Precision performance noted as follows:
  - Postpartum Care was 76% in 2015 and 89% in 2016
  - Asthma Control from 54% in 2015 to 68% in 2016
  - Diabetes HbA1c Control <8.0 was 66% in 2015 and 67% in 2016
  - Childhood Immunization Combination 3 from 66% in 2015 to 73% in 2016

PPO (Group)

- 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 16 HEDIS indicators.
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 an increase in registered users with 102,861 with 66,999 completed Health Assessments. The most used course was weight management with 3,704 completions.
- Special Beginnings referrals decreased for IL 5.47% and decreased Enterprise wide 4.55%. The percentage of members enrolled from outreach increased for IL 19.06% and increased 12.89% Enterprise wide. Percent of multiple gestations increased 1.32% in IL; and decreased Enterprise wide 0.04%. Percent of deliveries ≥ 37 weeks decreased 0.02% for IL and decreased 0.53% Enterprise wide. Percent NICU admissions increased 1.87% for IL and increased 12.65% Enterprise wide.
- Lifestyle Management participation rate saw an increase in 2016 for participation for weight management 58.1% and for smoking cessation 74%. Metabolic syndrome saw a decrease in participation at 44%.
- Blue Care Connection has continued to experience tremendous growth through 2016 with membership reaching 11.6 million, an increase of 1.3 million members from 2015 membership. Blue Care Connection condition management programs participation rates were Asthma 38%, COPD 40%, Congestive Heart Failure 42%, Coronary Artery Disease 45%, Diabetes 62%, Hyperlipidemia 97%, Hypertension 45%, and Low Back Pain 34%.
- Neonatal Intensive Care Unit Care Management program was launched in 2015 with baseline performance established. The NICU Program manages NICU admissions that are triggered by the Inpatient Review List from the time of request and manages all other NICU admissions from day 8. The focus of the program is to be actively involved in the plan of care in order to positively impact length of stay and ensure discharge planning is appropriately addressed for infants requiring specialized care resulting from delivery complications, prematurity, and/or congenital anomalies.
- 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.

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 2016 goals assigned:
• 81 indicators fully met the goal
• 4 indicators did not meet the goal
• 1 indicator for goal status was not applicable

PPO (Commercial)
Of the 39 indicators listed in the Work Plan (applicable to PPO) with 2016 goals assigned:
• 38 indicators fully met the goal
• 1 indicators did not meet the goal

Blue Precision HMO (Marketplace/Exchange)
Of the 91 indicators listed in the Work Plan (applicable to Blue Precision HMO) with 2016 goals assigned:
• 90 indicators fully met the goal
• 1 indicators did not meet the goal

PPO Exchange (Marketplace/Exchange)
Of the 54 indicators listed in the Work Plan (applicable to PPO Exchange) with 2016 goals assigned:
• 54 indicators fully met 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.