



*We care for Wisconsin.*

UNDERWRITTEN BY WPS HEALTH PLAN, INC.

# ARISE HEALTH PLAN QUALITY IMPROVEMENT PLAN SUMMARY

## 2011

### I. Goals and Objectives

Arise Health Plan is dedicated to delivering high quality services to members. The following goals are major areas of focus or priority. The objectives include the major plan-wide initiatives that will be undertaken to ensure achievement of the goal. Our guiding principle is to provide services with the following characteristics outlined by the Institute of Medicine: **safe, timely, effective, efficient, patient/member-centered, and equitable.**

#### Goal A: Structure

**Goal Statement: The structure and resources needed to achieve the goals of the QI Program is reviewed at least annually through the Quality Improvement Committee.**

#### Objectives:

1. Monitor Quality Improvement Program yearly to assess progress and resource allocation.
2. Complete year-end evaluation of the Quality Improvement Program and Plan.
3. Develop annual work plan.
4. Review and revise Quality Improvement Program Description.
5. Evaluate effectiveness of delegated activities.
6. Develop and maintain organizational decision-making structure.
7. Support the organizational data dashboard.

8. Oversee process improvement teams.

**Goal B:** Clinical Outcomes

**Goal Statement: Clinical quality and outcomes will exceed regionally and/or nationally established standards.**

**Objectives:**

1. Attain or maintain HEDIS<sup>®</sup> scores at or above the 90<sup>th</sup> National Percentile of the Quality Compass.
2. Maintain NCQA accreditation at an excellent rating.
3. Maintain system-wide disease management initiatives for diabetes, heart failure, and coronary artery disease.
4. Adopt and disseminate new clinical practice guidelines as appropriate and review those in existence.
5. Promote preventive care guidelines to improve HEDIS<sup>®</sup> effectiveness of care measures such as cervical, breast and colorectal cancer screenings.
6. Implement interventions to improve HEDIS<sup>®</sup> effectiveness of care measures.
7. Participate with the Green Bay Area Asthma Coalition to promote the clinical practice guideline and improve the asthma HEDIS<sup>®</sup> measure.
8. Participate with the Wisconsin Diabetes Advisory Group to promote the clinical practice guideline and improve the diabetes HEDIS<sup>®</sup> measures.
9. Participate with the Wisconsin Association of Health Plans Quality Management Committee.
10. Support member wellness through the development of a Wellness/Prevention Program which includes: member-specific reminders for needed care or missed services, information about evidence based care guidelines and diagnostic and treatment options, self-management tools, information about community based resources and affinity programs.
11. Encourage groups to provide incentives to members for completing a Health Risk Appraisal (HRA), access guideline appropriate care or use disease-specific web-based tools.
12. Further develop the HRA tool (in accordance to NCQA specifications) to support members and employers in achieving their health and wellness goals.
13. Support the plan's medical groups in developing the "Patient Center Medical Home" concept of caring for our members.
14. Analyze and address the existence of significant health care disparities in clinical areas.
15. Maintain the case management team to serve members with complex health needs.

## **Goal C: Customer Service Outcomes**

**Goal Statement: Customers will experience excellent and compassionate service.**

### **Objectives:**

1. Attain or maintain CAHPS® scores at or above the 90<sup>th</sup> National Percentile of the Quality Compass.
2. Analyze CAHPS® survey results annually and target improvement initiatives for low scoring areas.
3. Analyze member complaints and grievances semi-annually and initiate improvements as needed.
4. Analyze Member Service and telephone access indicators semi-annually.
5. Use the Arise Rapid Improvement and System Evaluation methodology to develop or improve system process as needed.
6. Conduct annual Practitioner Satisfaction Survey regarding Utilization Management processes and implement improvements as indicated.
7. Survey key leaders of provider networks regarding acceptance of clinical criteria for UM decisions.
8. Maintain a web site offering Health Risk Appraisals (HRAs) and Self Management Tools.
9. Enhance the secure customer web-portal to improve access to claims/benefit information.
10. Continue Health Literacy initiatives to improve customer understanding and satisfaction with services provided.
11. Continue the Living Well with Chronic Disease Program for targeted members.
12. Evaluate the need for culturally competent communication and provide information, training and tools as needed.

## II. Scope

The Scope of the Quality Improvement Program includes all aspects of services provided by health plan practitioners, providers, and staff. Arise Health Plan arranges for the provision of comprehensive health care delivery through a network of primary care and specialty practitioners, behavioral health practitioners and clinicians, ancillary care providers, hospitals, and other health care facilities. The scope of the Quality Improvement Program encompasses all care delivered by these practitioners and providers. All Arise Health Plan departments participate in the Quality Improvement Program. All components of the process are interrelated. The review and evaluation of the components shall be directed by the Quality Improvement Committee and is initiated at the end of each calendar year.

The scope of the Quality Improvement Program incorporates components as outlined below. A description of each aspect is found in the Program Components section that follows:

- Regulatory and professional compliance
- Credentialing and recredentialing
- Medical management
- Behavioral health care
- Disease management
- Pharmacy management
- Quality of care and service
- Member diversity
- Patient safety

### **III. Performance**

To evaluate program effectiveness, AHP uses Healthcare Effectiveness Data & Information Set (HEDIS®) <sup>1</sup> and Consumer Assessment of Healthcare Providers & Systems (CAHPS®) <sup>2</sup>. HEDIS® is developed and maintained by NCQA, a non-profit health care quality organization. Our goal is to exceed the 90<sup>th</sup> percentile nationally based on Quality Compass®<sup>3</sup> statistics in each of the measures. Quality Compass is NCQA's comprehensive national database of health plans' HEDIS and CAHPS results. 82% of 56 HEDIS® and 75% of 12 CAHPS® measures exceeded the national average based on 2011 national benchmark data. One third of those that surpassed the national average met or exceeded the 2011 90<sup>th</sup> percentile. We are proud of our progress and strive for continuous improvement. For the details of the results click on 'how we measure up'.

<sup>1</sup>HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

<sup>2</sup>CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

<sup>3</sup>The source for data contacted in this publication is Quality Compass®2010 and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA.