

Fallon Health

2016  
Quality Programs  
Quality Improvement Work Plan  
Fallon Health Weinberg (FHW)

The Quality Improvement (QI) Work Plan is the foundation for quality improvement activities at Fallon Health Weinberg (FHW). The Work Plan is developed by Quality Programs (QP) and is based on a comprehensive needs assessment. This needs assessment examines current program effectiveness, analyzed utilization, cost, HEDIS and quality data, reviewed outcomes from the work plan, and determined compliance with 2016 NCQA standards and SCO contract requirements.

**Objective:** To facilitate the continuous improvement of quality of care, quality of service, practitioner/provider access and availability, enrollee safety and education provided to enrollees, practitioners and providers.

The work plan will be reviewed on an ongoing basis, it is a dynamic document. Systematic quality improvement processes, will be deployed to insure timely identification of critical variables and their root causes (barriers), and the determination of interventions. This process occurs primarily through the QI committee structure.

FHW uses Medicare-HMO benchmarks as applicable when setting targets for evaluation of specific goals.

## 2016 Quality Programs Quality Improvement Work Plan

<b>QUALITY OF CARE IMPROVEMENT ACTIVITIES CLINICAL SERVICES</b>
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### I. Clinical Improvement Activities-HEDIS Initiatives

Achieve National Medicare 75<sup>th</sup> percentile on all HEDIS measures

#### Goal 1: Establish preliminary baseline HEDIS rates

##### Star Rating Measures

Medicare		
Measure	Benchmark	
Goal 1. A. Adult BMI Assessment (ABA)	97.14% (National 75 <sup>th</sup> Percentile)*	
Goal 1. B. Colorectal Cancer Screening (COL)	73.48% (National 75 <sup>th</sup> Percentile)	
Goal 1. C. Care for Older Adults (COA) <ul style="list-style-type: none"> <li>• Advance Care Planning</li> <li>• Medication Review</li> <li>• Functional Status Assessment</li> <li>• Pain Screening</li> </ul>	80% (FH NaviCare SNP 2015 Rate) 94.1% (FH NaviCare SNP 2015 Rate) 100% (FH NaviCare SNP 2015 Rate) 100% (FH NaviCare SNP 2015 Rate)	
Goal 1. D. Controlling High Blood Pressure (CBP)	79.15% (National 75 <sup>th</sup> Percentile)	
Goal 1. E. Osteoporosis Management in Women who have suffered a fracture (OMW)	49.48% (National 75 <sup>th</sup> Percentile)	
Objectives/Activities	Owner	Status at Evaluation
Establish baseline rates in the Star rated measures in 2016 by outreach to enrollees and providers: <ul style="list-style-type: none"> <li>• Enrollee reminders through direct mailings upon enrollment and annually through birthday card reminders</li> <li>• Enrollee education through FHW Care Managers and Navigators</li> <li>• Enrollee education through population management mailings</li> <li>• Provider education via provider newsletter and web links to resources on FHW website Provider tab</li> </ul>	K. Manning Director of Quality  P. Tayler Program Manager, Government Services, Quality  K. Curtis Program Director  Clinical Pharmacist	

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<ul style="list-style-type: none"> <li>• Provider reminders focused on evidenced-based recommended care through direct mailings</li> <li>• Collaboration between Quality Programs, FHW Clinical Program Team and FH Outpatient Disease Management</li> </ul>	Publications Manager
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### Goal 2: Establish preliminary baseline HEDIS rates

Measure	Benchmark
<b>Medicare</b>	
Goal 2. A. Use of High Risk Medications in the Elderly <ul style="list-style-type: none"> <li>• One prescription</li> <li>• Two or more prescriptions</li> </ul>	9.19% (National 75 <sup>th</sup> Percentile) 0.90% (National 75 <sup>th</sup> Percentile)
Goal 2. B. Statin Therapy for Patients With Diabetes (SPD)	New Measure (National 75 <sup>th</sup> Percentile)
Goal 2. C. Stating Therapy for Patients With Cardiovascular Disease (SPC) <ul style="list-style-type: none"> <li>• Received Statin Therapy</li> <li>• Statin Adherence 80%</li> </ul>	New Measure (National 75 <sup>th</sup> Percentile) New Measure (National 75 <sup>th</sup> Percentile)
Goal 2. C. Breast Cancer Screening (BCS)	79.37% (National 75 <sup>th</sup> Percentile)
Goal 2. D. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	41.72% (National 75 <sup>th</sup> Percentile)
Goal 2. E. Pharmacotherapy Management of COPD Exacerbation (PCE) <ul style="list-style-type: none"> <li>• Bronchodilator</li> <li>• Systemic Corticosteroid</li> </ul>	86.96% (National 75 <sup>th</sup> Percentile) 76.72% (National 75 <sup>th</sup> Percentile)
Goal 2. F. Persistence of Beta Blocker Treatment (PBH)	94.12% (National 75 <sup>th</sup> Percentile)
Goal 2. G. Comprehensive Diabetes Care (CDC) <ul style="list-style-type: none"> <li>• Blood Pressure Control</li> <li>• Eye Exams</li> <li>• HbA1c Testing</li> <li>• HbA1c Control</li> <li>• Medical Attention for Nephropathy</li> </ul>	73.77% (National 75 <sup>th</sup> Percentile) 77.27% (National 75 <sup>th</sup> Percentile) 95.62% (National 75 <sup>th</sup> Percentile) 73.08% (National 75 <sup>th</sup> Percentile) 94.68% (National 75 <sup>th</sup> Percentile)
Goal 2. H. Annual Monitoring for Patients on Persistent Medications (MPM)	93.79% (National 75 <sup>th</sup> Percentile)

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<b>Goal 2. I. Asthma Medication Ratio (AMR)</b>	65.01% (National 75 <sup>th</sup> Percentile – Medicaid - Total)	
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
Establish baseline rates in 2016: <ul style="list-style-type: none"> <li>• Enrollee education via FHW Care Managers and Navigators</li> <li>• Enrollee education via the enrollee newsletter</li> <li>• Enrollee education through population management mailings</li> <li>• Diabetes management offered to enrollees by Health Educators to educate members stratified as moderate or high risk</li> <li>• Monitoring member compliance of diabetes testing/screenings by the Navigator or Care Manager</li> <li>• Monitoring diabetic member medication compliance to statin medications</li> <li>• Provider education via provider newsletter and web links to resources on FHW website Provider tab</li> <li>• Provider reminders focused on evidenced-based recommended care through direct mailings</li> <li>• Collaboration between Quality Programs, FHW Clinical Program Team and FH Outpatient Disease Management</li> </ul>	K. Manning Director of Quality  P. Tayler Program Manager, Government Services, Quality  K. Curtis Program Director  C. Yates Medical Director FHW  D. Simmons Director Wellness Programs	

### Goal 3: Establish preliminary baseline HEDIS rates

#### Medication Management

<b>Medicare</b>	
<b>Measure</b>	<b>Benchmark</b>
<b>Goal 3. Medication Reconciliation Post-Discharge (MRP)</b>	52.80% (FH NaviCare SNP 2015 Rate)
<b>Objectives/Activities</b>	<b>Owner</b>
Establish baseline rate in 2016 by outreach to enrollees and providers: <ul style="list-style-type: none"> <li>• Telephonic outreach to perform Transition of Care</li> </ul>	K. Manning Director of Quality
	<b>Status at Evaluation</b>

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assessment, including medication reconciliation to enrollees by Care Managers following a transition of care <ul style="list-style-type: none"> <li>• Enrollee education via the enrollee newsletter</li> </ul>	P. Tayler Program Manager, Government Services, Quality  K. Curtis Program Director Publications Manager
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### Goal 4: Establish preliminary baseline Influenza vaccination rates

#### Infectious Diseases

<b>Medicare</b>		
<b>Measure</b>	<b>Benchmark</b>	
Goal 4. Establish baseline immunization rate of enrollees receiving the Influenza Vaccine	74.1% (FH NaviCare SNP 2015 Rate)	
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
Establish baseline rates in 2016: <ul style="list-style-type: none"> <li>• Enrollee reminders through direct mailing</li> <li>• Enrollee education through Care Manager and Navigator outreach</li> <li>• Vaccine education for enrollees via enrollee newsletter</li> <li>• Evaluate TruCare Key Metrics or claims results to determine percentage of enrollees vaccinated in 2015-2016 flu season</li> </ul>	K. Manning Director of Quality  P. Tayler Program Manager, Government Services, Quality  K. Curtis Program Director Publications Manager	

## II. Enrollee Satisfaction Survey

### Goal 5: Establish preliminary Satisfaction Survey baseline results

<b>Medicare</b>		
<b>Measure</b>	<b>Benchmark</b>	
Goal 5. Establish enrollee Access to Care rates	90%	
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
<ul style="list-style-type: none"> <li>• Solicit enrollee feedback</li> </ul>	K. Manning	

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<ul style="list-style-type: none"> <li>• Analyze enrollee feedback</li> <li>• Identify opportunities for improvement</li> <li>• Implement corrective measures for all identified opportunities</li> </ul>	Director of Quality P. Tayler Program Manager, Government Services, Quality K. Curtis Program Director Customer Service Market Research Analyst	
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### III. Clinical Practice Initiatives and Clinical Practice Guidelines

<b>Medicare</b>		
<b>Measure</b>	<b>Benchmark</b>	
<b>Goal 6. Update and implement FHW Clinical Practice Initiatives</b>	100% of Clinical Practice Initiatives posted on FHW website by end of 4 <sup>th</sup> Quarter 2016	
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
Monitor compliance to Clinical Practice Initiatives <ul style="list-style-type: none"> <li>• Review and revise Clinical Practice Initiatives as needed</li> <li>• Post Clinical Practice Initiatives on the FHW website</li> <li>• Notify providers of availability of Clinical Practice Initiatives annually via provider newsletter</li> </ul>	C. Yates Medical Director FHW P. Tayler Program Manager, Government Services, Quality	

### IV. Culturally and Linguistically Appropriate Services

**Goal 7: Establish the identification of cultural and linguistic diversities to serve Fallon Health Weinberg enrollees**

<b>Medicare</b>	
<b>Measure</b>	<b>Benchmark</b>
<b>Goal 7. Identify Cultural and Linguistic diversities to improve</b>	100% of FH Quality reporting will

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outreach	include an analysis of Race, Ethnicity and Language	
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
<ul style="list-style-type: none"> <li>• Develop at least one intervention to identify and document members cultural and linguistic preferences</li> <li>• Provide delivery of services based on members race, ethnicity and language</li> <li>• Perform failure analysis to identify any cultural variances</li> <li>• Maintain, develop and implement strategies to serve the cultural and linguistic diversities among the FHW membership using information provided in QNXT and other systems for identification ongoing 2016</li> </ul>	K. Curtis Program Director  X. Wu Senior Data Analyst  L. Regh Principle Analyst and Manager Data Analysis	

### V. Delegation Oversight

#### Goal 8: Ensure contract compliance of all delegated vendors

Medicare		
<b>Measure</b>	<b>Benchmark</b>	
<b>8. Monitor and Evaluate Performance of Delegated Vendors</b>	100% of reports from delegated vendors will be reviewed	
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
<ul style="list-style-type: none"> <li>• Delegation vendors will be monitored by the Delegation Oversight Committee through 2016</li> <li>• Performance and adherence to delegated functions will be monitored through reports and review of the delegate's program descriptions and policies and procedures through 2016</li> </ul>	K. Manning Director of Quality  R. Byrne Senior Manager, Accreditation	

### VI. Quality Management Regulatory Compliance

#### Goal 9: Ensure compliance for all regulatory requirements

Medicare		
<b>Measure</b>	<b>Benchmark</b>	

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<b>9. Ensure compliance with all regulatory requirements</b>	100% of projects will be submitted within required timeline	
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
<ul style="list-style-type: none"> <li>• Develop a repository of CMS requirements</li> <li>• Maintain compliance to all regulatory quality requirements, including, CMS in compliance with required timeline for 2016</li> <li>• Submit Chronic Care Improvement Project (CCIP) and Quality Improvement Project (QIP) documentation to CMS in October, 2016</li> <li>• Submit New York State Performance Improvement Plan in compliance with required timeline for 2016</li> </ul>	K. Manning Director of Quality  P. Tayler Program Manager, Government Services, Quality  K. Curtis Program Director  C. Yates Medical Director FHW	

### VII. Safety: Never Events/Serious Reportable Events (SREs)

#### Goal 10: Monitor Safe Care Practices

<b>Medicare</b>		
<b>Measure</b>		
<b>10. Increase Patient Safety</b>		
<b>Objectives/Activities</b>	<b>Owner</b>	<b>Status at Evaluation</b>
<ul style="list-style-type: none"> <li>• Track Serious Reportable Events (SREs), document SREs and provide feedback at CQIC through 2016</li> <li>• Identify trends for quality improvement or corrective action follow-up to ensure patient safety through 2016</li> </ul>	K. Manning Director of Quality  R. Byrne Senior Manager, Accreditation  K. Curtis Program Director	