

CareOregon Quality Improvement Program Summary 2010

The three key objectives of CareOregon's Quality Improvement Program for 2010 were to:

- *Improve the health of the population*
- *Enhance member experience*
- *Reduce or at least control cost*

Quality Improvement Efforts

Disease management—Diabetes and depression remain two of the most frequently seen chronic diseases. CareOregon partners with Health Integrated and some of the primary care clinics to provide disease management services for these two conditions.

Member complaints—We continue to look at member complaints as an opportunity to improve on the member experience with the health plan and our providers. We look at Complaints in these categories:

- Access
- Quality of Care
- Quality of Office Site
- Attitude and Service
- Billing and Financial

CareOregon recognizes that Attitude and Service is the most frequent complaint by our members. We regularly collaborate with our clinics to develop customer-friendly processes and improve the member experience with their health care providers and health plan.

Consumer Assessment of Health Plan Survey

CareOregon also uses a survey process to better understand members' experience. It's called the Consumer Assessment of Health Plan Survey (CAHPS). We have set a goal to reach the 75th percentile nationally in each of the main areas. We continue to make progress towards that goal.

Medicaid CAHPS Results (Adult)			
	CareOregon 2010 Results	CareOregon 2011 Results	National 75 th Percentile
How well doctors communicate	87.6%	90.2%	87.2%
Getting Care Quickly	79.9%	77.7%	80.1%
Customer Service	80.0%	82.1%	84%
Getting Needed Care	73.3%	75.9%	79%

We also survey our Medicare members using the same process. Those results will be available from CMS later this fall.

Understanding of CareOregon processes

During 2010 we also began to survey members' understanding of CareOregon-based processes; such as complaints and appeals. We want to know how we are doing so we can better meet member needs.

Our data from this initial survey is limited, but it has helped us toward a first step in one area. We made changes to our survey questions based on what we learned from our members which included making it more clear as to the type of call being assessed: complaint or appeal.

Quality Outcomes:

We continue to work with providers and members to make sure members receive the highest quality of care. That includes taking steps to prevent illness. It is important that our members receive preventive screenings recognized as essential.

This includes breast cancer screening, cervical cancer screening and testing for diabetes management and childhood immunizations. Our goal is to reach the 75th percentile nationally for each of the measures, which are part of the Healthcare Effectiveness Data and Information Set (HEDIS), a set of performance measures developed and maintained by the National Committee for Quality Assurance (NCQA).

Here's how we did for these measures:

HEDIS Results, Medicaid			
Measures	Measurement Year 2010 Results	Measurement Year 2009 Results	Our Goal: National 75TH Percentile
Breast Cancer Screening	54.6%	57.2%	59.6%
Cervical Cancer Screening	65.0%	61.6%	72.9%
Diabetes			
• Eye Exam	50.1%	59.1%	63.7%
• HbA1c Testing	90.0%	86.6%	86.4%
• LDL Screening	80.5%	74.4%	80.1%
• Nephropathy Testing	83.2%	81.3%	82.7%
Childhood Immunizations			
• Combo 2	71.3%	60.1%	81.6%

HEDIS Results, Medicare			
Measures	Measurement Year 2010 Results	Measurement Year 2009 Results	Our Goal: National 75 TH Percentile
Breast Cancer Screening	57.5%	60.5%	75.6%
Diabetes			
<ul style="list-style-type: none"> • Eye Exam • HbA1c Testing • LDL Screening • Nephropathy Testing 	56.4% 92.0% 82.5% 87.6%	67.4% 86.4% 80.0% 83.0%	73.3% 93.6% 91.5% 91.2%
Ambulatory Follow-up After Hospitalization (mental health)			
<ul style="list-style-type: none"> • 7-day follow-up rate • 30-day follow-up rate 	53.2% 70.2%	51.6% 64.2%	51.4% 70.1%

Case Management

Transitions—CareSupport, CareOregon’s case management program, includes the Transitions Program. “Transitions” is for members who have been discharged after hospitalization or admission to a skilled nursing facility. Members are monitored for 30 days following discharge. This program primarily has focused on our Medicare Advantage members to help reduce readmissions for this population. Of the 611 discharges in 2010, just 16.4% of the members were readmitted.

Congestive heart failure—also known as CHF has also been a focus for Care Support. CHF Management includes an assessment of physical, social, environmental and behavioral issues. The program has seen an overall reduction in the number of CHF admissions from 2008 through 2010.

CHF Hospital Admissions, CareOregon Members Enrolled in CareSupport			
	2010	2009	2008
Number of members	83	88	86
Number admitted during calendar year	49	60	82
Percentage admitted during calendar year	59%	68%	96%