

# 2022 QUALITY IMPROVEMENT PROGRAM EVALUATION

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## HIGHLIGHTS OF PLAN ACCOMPLISHMENTS FOR 2022 INCLUDE:

### Continued efforts to improve Access and Availability

- Hiring of Primary Care Providers (Family Medicine) and Specialist, which include Neurosurgery, Orthopedic Surgery, Pediatric Neurology
- Telemedicine continued to be an option for the clinics to address patient's medical needs, and to ensure safety during the COVID-19 pandemic.
- Clinic Managers are required to investigate the access issues for their clinic and report back with their findings on a monthly basis. VCHCP Provider Services Program Administrator monitors their responses.
- VCHCP contracted with Teladoc in November 2019 to provide our members with 24/7 access to a licensed physician. There were 863 visits via Teladoc in 2022 and 2,399 visits since inception. According to Teladoc's 2022 Satisfaction Survey, 97% of the 95 respondents stated that their overall satisfaction with Teladoc was either good or outstanding.

### Effectiveness of Case Management Program:

- The case management (CM) program maintained its acceptance rate above the 20% goal
- 50% inpatient admissions decreased overall for the members enrolled in the program at least 60 days
- 50% reduction in ER visits decreased overall for the members enrolled in the program at least 60 days

### Effectiveness of Disease Management Program:

- Successful health coaching calls to members with diabetes and asthma under the Disease Management Program.

- With the successful health coaching and case management resulted in resulted in higher member compliance with A1c testing and decreased risk stratification.
- Continued identification of members in the moderate and high risk with the availability of Diabetes A1c results, allowing health coaching and case management.
- Health Effectiveness Data Information Set (HEDIS) birthday card re-design to include preventive services care gaps and case management referral information.

### Efficiency in Utilization Management:

- Collaborated with clinic providers and administration to improve care coordination, specialist access and increasing efficiency. In addition, collaborated with the clinics to ensure timely submission of treatment authorization requests to the Plan's UM.
- Annual evaluation and reduction of services requiring prior authorization resulted in efficiencies in the Utilization Management (UM) Department. This resulted in meeting the program resource needs of the UM program. In addition, the reduction in prior authorization of services in UM reduced unnecessary barriers for members getting timely care.
- Reduced the 45-day denial for lack of medical information due to implementation of process improvement in the Utilization Management (UM) department (Calling/communicating on all pended cases for clinical information & Medical Director's intervention by checking all pends and denials for appropriateness).
- Complied with several Department of Managed Health Care (DMHC) and legislative requirements.

## Services:

- Member Services Team met all phone and e-mail customer service response time and quality goals

## Surveys:

- All surveys were completed timely, which included 2 directory assessments, After-Hours Survey, PAAS, and the Provider Satisfaction survey.

## Processes:

- The VCHCP Member Services Department phone and email response time goals were met.
- Achieved 98% to 100% compliance with UM review turnaround time.
- UM physicians and nurses met the passing score of 90% or better on inter-rater testing.

## Communications:

- Distributed member and provider newsletters twice a year, highlighting services offered by the Plan, as well as education about these services, benefits and guidelines.
- Continued to utilize email/fax-blasts to providers to relay important updates to practitioners on a timely basis; for example, the VCHCP drug formulary update (additions and deletions).
- Mailed postcard reminders to members re: needed mammograms, colorectal screenings and reminder on appropriate use of the Emergency Room.

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## WHILE THE PLAN REALIZED MULTIPLE ACCOMPLISHMENTS THROUGHOUT 2022, THERE WERE KEY CHALLENGES FOR THE PLAN IN 2022 THAT CAME TO LIGHT:

- Identification of barriers and interventions that will improve Health Effectiveness Date Information Set (HEDIS) scores overall, with the emphasis on the following measures:
  - Comprehensive Diabetes Care (CDC)
  - Breast Cancer Screening (BCS)
  - Postpartum Care (PPC)
  - Plan All-Cause Readmission (PCR)
- Consistent timeliness of follow up care:
  - After Emergency Room visits
  - After Inpatient hospital admissions
  - Postpartum
- Timely communication of feedback from behavioral health providers to PCPs through increased collaboration between Optum Behavioral Health and VCHCP.
- Increase rates of member participation in the Case Management program.
- Increased A1c testing compliance, decreased A1c level and decreased risk level of members with successful health coaching and case management.
- Maintain volume of members stratified as moderate and high risk to allow health coaching and case management screening and intervention to more members.