Quality Improvement Program  
Annual Summary  
2016

During the 2016 calendar year, Total Health Care (THC) continued to strive toward improvement in the quality and safety of care our members receive. On an annual basis, THC evaluates its internal structures and processes and makes changes based on results of surveys, audits, and feedback from its members, providers, and staff.

Some of THC’s key accomplishments in 2016 include:

- Achieved accreditation status for all lines of business including initial accreditation for the marketplace product line in combination with the commercial HMO/POS products. This accreditation was achieved through both online and onsite surveys. The accreditation is effective August 24, 2016 through August 24, 2019.

- Received the Michigan Association of Health Plans (MAHP) Pinnacle award in the Integration in Medicaid category. The campaign that THC called, “Beating Depression with Primary Care”, integrated behavioral health (BH) services in the primary care setting to increase depression screening and improve medication adherence for those diagnosed with depression. Because Primary Care Physician (PCP) offices are in a unique position to identify and intervene with patients who may be experiencing a mental health issue, we partnered with our BH vendor, Beacon Health Options® to “virtually embed” behavioral health in our PCP offices. PCPs have telephonic access to a BH provider 24/7, with the ability to conduct virtual BH visits while the patient is in the PCP office. Our Provider Relations department led an educational campaign introducing webinars, lunch and learn sessions and a PCP Tool kit that includes both the PHQ-2 and PHQ-9 screening tools. As a result, THC’s HEDIS® 2016 scores more than doubled from HEDIS® 2015. Both the Acute Phase and Continuation Phase measurements were in the 90th percentile.

- Implemented a multi-year population health management strategy based on plan management, partner engagement and care management that utilizes known information and predictive modeling to stratify members for targeted interventions based on their risk. Our population health strategy will be evaluated annually and is built on evidence based interventions that address social, economic, familial, cultural and physical environmental needs of our members. Members are assigned to a risk tier during the assessment phase in order to ensure interventions are targeted and address factors that may impact member health outcomes. This strategy works in partnership with the 3-tiered care management approach that is already in place at THC.
In a continued effort to address health disparities based on race and ethnicity, THC participated in a community collaboration project where we partnered with local health departments to improve chlamydia screening and treatment rates. During the project, many barriers were identified and interventions were put into place to educate providers and members on the importance of screening and treatment, including expedited partner treatment. Local Health Departments were provided with a process flow to verify insurance and educate members on the privacy of their testing data. Through this project, we successfully signed a contract with the Wayne County Health Department for STD/HIV service in conjunction with Quest Labs for collection and process. 300 additional CHL screenings were identified in a data match with Wayne, Oakland and Macomb county Health Departments. These screenings were found for the age cohorts of 16 to 18 year old males and 16 to 24 year old females. This was one of the most significant improvements. We also implemented a process with Oakland County Health department to pay for all codes billable to the health plan through a data use agreement.

Demonstrated continued overall improvement in HEDIS® rates for the Commercial, Marketplace and Medicaid lines of business. A cross functional HEDIS® Improvement Committee was formed and meets on a bi-monthly basis to develop strategies and analyze data with a common goal to continuously improve the access to care and quality of care for our members. A new provider portal was implemented that allowed physicians timely access to actionable data regarding gaps in care measures for their HEDIS cohort of patients, as well as specific goal setting to improve performance.

Participated in the Michigan Health Information Network Shared Services (MiHIN) Physician-Payer Quality Collaborative (PPQC) which is a multi-stakeholder initiative including physicians, commercial payers, state Medicaid, and the statewide health information network who are focused on the alignment and streamlining of quality measure processes. It is led by the Michigan State Medical Society (MSMS) with support from the MiHIN. The goal is to improve the statewide exchange of health information. THC was the first health plan to execute all of the requirements to participate in the PPQC and the first plan ready to accept data.
THC continued participation in multiple community and regional quality improvement efforts including the Southeastern Michigan Health Association (SEMHA) Partnering for Immunizations Steering Committee and Health System Engagement Action Team, Southeastern Michigan Perinatal Quality Improvement Coalition (SEM PIC), Michigan Department of Health and Human Services (MDHHS) Clinical and Quality Improvement, Michigan Association of Health Plans Clinical and Quality Improvement, Michigan Quality Improvement Consortium (MQIC), and the Michigan Health Information Network Shared Services Physician-Payer Quality Collaborative (MiHIN PPQC).

THC increased provider engagement by utilizing performance and value based contracting, co-management of high-risk members and increasing provider education and support. The provider relations team had a greater presence in provider offices to offer guidance on coding and billing practices and assist providers with member outreach for access to preventive care services. THC improved physician engagement under a physician lead and directed Pay for Performance Committee to formalize the P4P metrics. THC additionally awarded Practice Transformation Grants to aid practices in adoption and or optimization of HIT tools and PCMH capabilities.

THC showed significant improvements in CAHPS measurement for Healthy Michigan Members with THC receiving a top box score of Excellent for Getting Care Quickly and How Well Doctor Communicates, and Very Good scores for Rating All Health Care, Rating Personal Doctor, Getting Needed Care and Customer Service. These scores are representational of the concerted efforts put forth to work with this population and our PCP network to emphasize the importance of completion of HRAs. As a result, THC improved our rate of completed HRAs above the State’s goal.

THC changed vendors in two major areas to address issues of member satisfaction. 1) Transportation. Our contract with our new transportation vendor includes performance guarantees regarding on-time arrivals, grievances and call center performance to address the high volume of patient complaints we had with our previous vendor. During the short time we have had the new vendor, the number of grievances have dropped below 0.3%, which represents over a 55% improvement. 2) After Hours Nurse Line. THC made this change to provide members’ access to a health coach, whereas our prior vendor did not provide member’s the ability to speak to someone with clinical expertise.
These accomplishments in various quality initiatives reflect Total Health Care’s continued progress towards promoting network-wide safe clinical practices and improving the quality of care for our members.