

2017/2018 PacificSource Quality Program Highlights and Progress

GOALS OF OUR QUALITY IMPROVEMENT PROGRAM:

1. Provide superior customer service for our member and practitioners through continuous improvement and analysis of internal and external measures using benchmarks.
2. Assure the accessibility and availability of high quality medical and behavioral healthcare through annual assessment and analysis of the network.
3. Monitor and improve timeliness and accuracy of communications.
4. Use HEDIS and CAHPS as benchmarks to identify, select and improve underperforming measures.
5. Involve Montana, Idaho and Oregon network physicians and practitioners in clinical and utilization management committees and decisions.
6. Identify members to enroll in Population Health Management Programs including Condition Support, Transitions of Care, Complex Care Management and Wellness and Prevention programs.
7. Participate with doctors to improve coordination and quality of care throughout the delivery system.

Asking Our Members and Providers

To help accomplish our Quality Work Plan's goals, we have continued our focus and outreach to our members and providers regarding their opinions, what they value or dislike, and their overall satisfaction with our service and their care. This has included increased resources to focus on HEDIS and CAHPS improvement. Through enhanced analysis of our 2017 HEDIS and CAHPS scores, (see our [2018 HEDIS and CAHPS Report](#)), we identified several opportunities for improvement. We have designated internal workgroups to increase awareness and collaboration with the provider community in an effort to improve our scores and ultimately the healthcare and follow-up care that our members are receiving. We have engaged in new vendor relationships and have increased awareness of our HEDIS and CAHPS goals and will continue these efforts well into 2019.

We are continuing our efforts to improve our current call tracking system to identify comments and concerns gathered via phone call, email and social media to better measure and report issues. Although we continue to enhance the system, we are able to identify the most common complaints and follow up with our internal departments. By using process improvement techniques, such as Lean visual and issue boards, we are working to become more efficient, measuring key performance indicators, and auditing for timeliness and accuracy of processes and communications.

We have responded to member and provider feedback by:

- Continuing to enhance our Provider Directory to improve functionality, ease of usability and additional detailed information about network providers to ensure accuracy of information.
- Continuing an ongoing effort to make our written communications clearer and more understandable, including newly enrolled member materials, denial and appeal letters, and notices and newsletters.
- Using tracking and recording software to audit timeliness, accuracy and quality of Customer Service Representative's responses, for improvement and training opportunities.
- Examining the preauthorization and referral process in an effort to make it easier to understand.
- Continuing to increase awareness of our Condition Support Program for members with chronic conditions, focusing on controlling high blood pressure and comprehensive diabetes care, and measuring those results using HEDIS benchmarks.
- Identifying members who are transitioning from an acute care setting to a lower level of care or home and introducing them to our Transitions of Care Program to assist in care coordination.
- Identifying members who have several health issues and introducing them to our Complex Care Management Program while coordinating their care with doctors, caregivers, family members, other support programs and community resources.
- Promoting preventive care and healthy living by providing reminders for check-ups, informational newsletters, at-home kits, and measuring preventive screening results against HEDIS benchmarks.
- Maintaining a 24-Hour Nurseline for immediate healthcare advice.
- Promoting utilization of InTouch to members, our secure personalized website.

Working with Our Providers to Improve Quality and Coordination of Care

Initiatives to foster quality of care through Patient Centered Medical Homes

The Patient-Centered Primary Care Medical Home (PCPCMH) is a key to improving health and healthcare in the communities we all serve. The features and the accountabilities of the PCPCMH actively address the known failings and inefficiencies of our current system. This approach is centered on the needs of the patient and coordinates the resources of the healthcare delivery system, the health plan, and the community. These attributes are:

- **Access to care:** Patients get the care they need, when they need it, in the most efficient mode: e.g., telemedicine, patient portal, or face-to-face visit.
- **Accountability:** Clinical teams are responsible for demonstrating how they ensure that their patients receive the care that achieves high quality outcomes.
- **Comprehensive:** Clinics provide patients the large majority of the care, information, and services they need.
- **Continuity:** Clinical teams work with patients and their community to improve patient and population health over time.
- **Coordination and integration:** Clinical teams help patients navigate the system to meet their needs in a safe and timely way during critical and specialty transitions of care. They also promote open communication between the medical home, patient, and family.
- **Patient-and family-centered:** Clinics recognize that patients are the most important members of the healthcare team; they have unique needs, cultures, values, and preferences and are ultimately responsible for their overall health and wellness.

PacificSource has had medical home pilots in place in Oregon, and medical home collaborative efforts in Idaho and Montana for the past several years to focus on population health initiatives with the entire PacificSource member population. There are different models, with involvement of many clinics statewide. These models have had success in sharing and collaboration and overall community-based improvements in how care is delivered and made available.

Community Health Excellence Program (CHE)

Playing a role in patient care improvements and having a positive impact on community health is important to us here at PacificSource. Through our Community Health Excellence (CHE) program, PacificSource continues to make financial and other contributions toward innovative, provider-driven health improvement initiatives that have a significant impact for all members, regardless of their insurance status. The CHE program has attracted ideas from hospitals and physician group practices, resulting in funding of over 90 initiatives across Oregon, Idaho, and Montana. These initiatives have had a direct impact on improving care delivery in the domains of infection control, best practices in acute care, preventative care and chronic disease management, and the Integration of Care. 2018-2019, we anticipate 14 new initiatives will be funded throughout Oregon, Idaho and Montana.