

## CareOregon QI Program Summary

The key objectives of the CareOregon Quality Improvement Program for 2013 remained consistent with those of recent years:

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

CareOregon developed its quality improvement efforts in partnership with the community, providers and our members. This is an important way of fulfilling our mission of “cultivating individual well-being and community health through shared learning and innovation.”

### Quality Improvement efforts and activities

We include the member experience portion (CAHPS, Complaints, Appeals) and quality incentive metrics in our Quality Improvement efforts.

CareOregon defines a member complaint as any expression of dissatisfaction. The complaint may be oral or written. Complaints filed regarding denial of benefits are handled as appeals and processed according to the regulations for their specific line of business. We classify complaints submitted by members into the following categories:

- Access
- Quality of care
- Quality of office site visit
- Attitude and service
- Billing and financial.

A current focus is to reduce the number of billing complaints we receive. This frequently results from receiving a bill in error. We are working with our Network Relations staff on providing more education to provider clinics concerning correct billing practices. We respond to each complaint either in writing or by phone.

We also gain insight into member experience from information in the Consumer Assessment Health Plan Survey (CAHPS). Our goal is to obtain a 4-Star rating for our Medicare plan in this area, which includes the following categories:

Item	Estimated Star Rating
<b>Ratings of health plan responsiveness and care</b>	
Ease of getting needed care and seeing specialists	★★★
Getting appointments and care quickly	★★★
Overall rating of health care quality	★★

Overall rating of health plan	★★
Health plan provides information/help when needed	★★★
Coordination of health care services	★★★
<b>Vaccines</b>	
Flu vaccination	★★★★
<b>Member experience with drug plan</b>	
Ease of getting prescriptions filled	★★
Drug plan provides information/help when needed	★★
Overall rating of prescription drug plan	★★★★

We have learned a great deal about member experiences from this survey. It prompted us to implement a higher volume of call-monitoring/recording. This gives us the opportunity to identify best practices and provide feedback to staff on individual calls.

### Quality efforts

In 2013, CareOregon mailed reminder letters to members about specific tests they may need, and shared clinic-specific lists with providers when we have identified gaps or opportunities. The table below represents 2013 results for the Medicare Line of Business.

Initiative	Aim/Approach	Goal	Actual Performance	Met/Not Met
<b>HEDIS QUALITY MEASURES</b>				
Breast Cancer Screening	Attain Medicare 4 Star Rating	74%	60%	Not Met
<b>Care of the Older Adult:</b>				
Advance Care Planning	Attain Medicare 4 Star Rating		46%	
Medication Review	Attain Medicare 4 Star Rating	75%	85%	Met
Functional Status Assessment	Attain Medicare 4 Star Rating	62%	68%	Met
Pain Screening	Attain Medicare 4 Star Rating	76%	72%	Not Met
Diabetes: LDL screening	Attain Medicare 4 Star Rating	86%	86%	Met
Glaucoma Screening	Attain Medicare 4 Star Rating	70%	62%	Not Met
Osteoporosis Management	Attain Medicare 4 Star Rating	60%	17%	Not Met
Colorectal Cancer Screening	Attain Medicare 4 Star Rating	58%	52%	Not Met
Controlling high blood pressure	Attain Medicare 4 Star Rating	63%	60%	Not Met
Colorectal Cancer Screening	Attain Medicare 4 Star Rating	52%	58%	Met

### Disease Management Efforts

CareOregon began with two conditions when we started offering disease management services to our members: diabetes and depression. Working with our vendor, Health Integrated, we've expanded to more than 20 conditions that could potentially make someone eligible for this service. It includes telephonic outreach to members to provide support in a variety of ways, but primarily to help them improve their health and develop skills to stay healthy.

## **CareManagement**

Our CareManagement Team has been working on enhancing the Transitions program for members who either have been discharged from the hospital or are waiting to be discharged. The program helps them transition from the hospital to home or to a skilled nursing facility.

Among the things we monitor for this program is the number of members we are able to engage in the program. We have seen the number of members who accept these services increase from 28 percent in 2012 to 38 percent in 2013. Planning for the transition to home reduces the likelihood of a readmission to the hospital.