

Quality Improvement Program

AlohaCare's Quality Improvement Program is built on a foundation of dedication to high quality collaborative relationships with providers, practitioners, members, and commitment to continuous improvement in effective, efficient and timely care and service. AlohaCare's commitment to continuous improvement in care and services is the underpinning for the quality improvement program.

Goals

AlohaCare's primary quality improvement goal is to improve members' health status through a variety of activities implemented across all care settings and aimed at improving quality of care delivered and quality of services provided while promoting safe clinical practices.

Scope

The scope of AlohaCare's quality improvement program is comprehensive and encompasses all clinical care and service aspects of the organization. Components addressed include:

- Accessibility of services
- Availability of services
- Behavioral Health Services
- Clinical quality improvement
- Service quality improvement
- Member experience
- Practitioner experience
- Clinical practice guidelines
- Preventive health guidelines
- Continuity and coordination of care
- Patient safety
- Practitioner performance
- Effectiveness of the quality improvement program

Quality Improvement Activities

Collaboration was a primary focus of the Quality Improvement department through the 2016 year. Multiple organizational initiatives were undertaken to both improve organizational processes and to work collaboratively with external providers to help improve quality outcomes. Initiatives included a partnership between Quality and the Transition of Care team to look at improved transitions for hospital discharges and to reduce readmission rates. Provider Services, Member Services, Care Coordination and Service Coordination teams were also all engaged in outreaching to members and providers to improve Pay for Performance (P4P) outcome measures.

AlohaCare saw a number of new staff employed within the Quality department during 2016, including a new Manager of Organizational Quality Improvement & Accreditation. This role had been vacant for the majority of 2016 but is critical to ensuring Grievance & Appeal and NCQA Accreditation compliance moving forward into the 2017 calendar year.

The following are highlights of our achievements in 2016:

- Improving HEDIS and Quality Outcomes: AlohaCare's Quality department has worked collaboratively with other internal departments to develop and implement a HEDIS plan that is focused on maximizing performance in the HEDIS season. There were a number of lessons learned from the

previous HEDIS season, and that has enabled AlohaCare to be much more proactive and ahead of the game in preparations for the current HEDIS season.

A major focus for HEDIS has also been on improving data completeness to ensure that we are able to score as highly as possible in externally validated Quality metrics. AlohaCare continued to work actively with multiple Community Health Centers (CHCs) during 2016 to have data from their Electronic Medical Record (EMR) accepted as supplementary data files for HEDIS. We were able to successfully double the number of EMR data sources from two CHCs in 2015 to four for 2016. In addition to this, flat data files from 3 additional CHCs contributed to improved data completeness.

Increased data completion helped improve HEDIS scores for the majority of measures audited.

- Member & Provider Engagement with Quality Program: AlohaCare continued a multi-year pay-for-performance plan (CY2015-CY2017) that incentivizes providers based on relative improvement for CY2016 and CY2017. The program payment methodology was overhauled for the 2016 calendar year to try and improve the incentive for continued quality improvement. Program data identified that program participation was higher than it has been in any year previously. The payment methodology will be further refined for the 2017 calendar year to ensure sustainability of the program moving forward.

The Quality Improvement Program focused on ensuring that quality improvement initiatives and programs contain member, provider, and internal engagement components. Key HEDIS and Star rating measure improvement plans, state and federal performance improvement projects, and internal quality improvement projects contain activities that are designed to encourage provider participation (e.g. pay-for-performance), encourage member engagement (e.g. education, tools, rewards and incentives), and encourage internal participation (e.g. directly tying improvements to operational areas, for example connecting improvements with diabetes measures to the disease management program). Additionally, the Quality Improvement Department actively solicited provider and member feedback through on-site meetings at CHCs and high volume private providers and member surveys.

Additional successes of the 2016 QAPI program include:

- Gained a 100% compliance mark for CMS Medicare Data Validation
- Improved the timely performance of Medicare SNP health risk assessments by over 10% from 2015 performance levels to 96% initial and 90% annual reassessments.
- Completed provider and member UM experience surveys, and member behavioral health survey. Survey findings reported positive member perceptions about the program and interactions with AlohaCare staff.
- AlohaCare achieved a 98% Grievance and Appeal resolution timeliness, which was an improvement from 2015 (95%).

As part of the 2017 Quality Program, we will be working to improve additional areas:

- Internal Process Improvements: Continue to improve internal collaboration, coordination and integration among AlohaCare programs that support members. Example: Work in concert with Behavioral Health, Quality Improvement and Health Services to integrate BH, medical and chronic care management programs. A coordinated approach will promote member engagement in self-care and may result in improved outcomes in HEDIS, Star Ratings, CAHPS and HOS measures.
- Access to services: AlohaCare's provider network adequacy analysis showed that we lack a sufficient number of Dermatology providers on Hawaii Island. Provider Services is continuing to target recruitment efforts to new providers as they become available, and members are being transported to Oahu for treatment as necessary.
- Timely monitoring: Continue to be proactive in closely monitoring progress of key Quality metrics and implementing corrective action plans as necessary to ensure continuous improvement
- Improving Preventive Screening Rates: Increasing preventive health visits including Breast Cancer Screening/Cervical Cancer Screening/Colorectal Cancer Screening

If you have any questions or feedback, please contact Brad Clarke, Director of Quality Improvement at bclarke@alohacare.org