2021 Quality Improvement Program Final Summary

The 2021 Quality Improvement Program has a number of changes and improvements over prior programs. These changes include, renaming sub-focus areas to better align with the spectrum of care, defining measurable goals for all initiatives, and adding Cascade Select. This summary highlights all of the initiatives (new and continuing) proposed for 2021, along with a brief description.

For full details, including initiative specifics and changes in organization structure, please see the *2021 QIP Description.* New initiatives may be added to address opportunities identified in the finalized 2020 QIP Evaluation.

Wellness and Prevention

Core Programs: Initial and Annual Health Appraisals, ChildrenFirst™ Program

2021 Initiatives:

1. All MCO Performance Improvement Project (PIP) - Well Child Work Group: required PIP focused on improving well child visit rates among infants, young children, and adolescents, with a particular focus on 3-11 year olds.
2. Birthday Cards: birthday cards sent to promote well child visits for children aged 1-6.
3. Well Child and Immunization Passport: educational tool to help new parents understand well visit and immunization recommendations for their child's first two years of life.
4. Nurse Family Partnership Referrals: Building referral pathway to evidence-based NFP program for prenatal and postpartum support.
5. *NEW* Learning Collaborative Grant Program—Equitable Pregnancy Care: P4P grant program to support CHCs in improving pregnancy care with an equity lens.
6. *NEW* Pregnancy Identification Reports: Monthly report to CHCs to help identify pregnant members and support timely outreach for prenatal care.
7. HPV Immunization and Chlamydia Screening Outreach: Outreach program to support adolescent health.
8. *NEW* Comprehensive In-Home Screening Strategy: Expand in-home testing capabilities, including HbA1c tests.
9. *NEW* Member Engagement and Communication (HealthCrowd): Comprehensive outreach program targeting gaps in care.
10. *NEW* Population Assessment for Cascade Care: Assess new Cascade Select population to identify appropriate improvement activities.
11. *NEW* COVID-19 Vaccine Distribution and Communication: Support dissemination of COVID-19 vaccine.

Behavioral Health

Core Programs: Mental Health Integration Program (MHIP), WISe Quality Oversight, Behavioral Health Care Management

2021 Initiatives:

1. Behavioral Health Performance Improvement Project (PIP) Child—Collaborative Care in Pediatric Primary Care: Supporting implementation of the collaborative care model in pediatric primary care.
2. Caring Contacts: Implement the evidence-based Caring Contacts intervention for all CHPW members to reduce suicide and suicide attempts.
3. Pharmacy Behavioral Health Adherence Outreach: Outreach to members with schizophrenia to increase medication adherence.
4. Antidepressant Medication Management-Initial Prescription Start Date: Outreach from CHPW pharmacy team to members with a new prescription for antidepressant medication to support adherence.
5. *NEW* Learning Collaborative Grant Program—Equitable Depression Management: P4P grant program to support CHCs in improving depression care with an equity lens.
6. *NEW* Antidepressant Medication Management for Spanish Speaking Members: All MCO Equity Work Group focused on improving AMM for Spanish speakers.
7. *NEW* Non-Clinical PIP - Depression Screening in Preferred Languages: Focused on promoting best practices for screening using telehealth generally and in preferred languages.
8. *NEW* Behavioral Health PIP Adult—Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Primary Care: Supporting implementation of SBIRT in a primary care setting.
9. *NEW* Behavioral Health Data Integration Demonstration Project: Piloting access to the Clinical Integration Solution (CIS) with a behavioral health agency to enhance collaboration with primary care.

2021 Quality Improvement Program Final Summary

Appropriate Utilization

Core Programs: Utilization Management, Nurse Advice Line

2021 Initiatives:
1. Community Health Worker Expansion: Expand Community Health Worker program into Pierce and North Central regions.
2. Telehealth Strategy—Medical Alumni Volunteer Expert Network (MAVEN): Operationalize an organization-wide telehealth strategy, including supporting the MAVEN Project.
3. *NEW* Teladoc Virtual Care Services: Expand access to telehealth services using Teladoc platform.

Condition Management

Core Programs: Care Management, Health Homes, High Risk OB Case Management, In-Home Health Risk Assessment, Colorectal Cancer Screening-FITCHEK, Pay for Performance (P4P), Provider Quality Improvement Support, Quit for Life, ScreenRx Medication Adherence Program, Value-Based Care

2021 Initiatives:
1. Hepatitis C Treatment Engagement: Outreach to members with Hepatitis C to encourage treatment.
2. Health Risk Assessment (HRA) Completion: Increasing HRA completion rates for SNP members using Case Managers.
3. Electronic Clinical Data Access: Maintain EMR access from CHCs to improve HEDIS scores and clinical services programs.
4. Supporting Medication Adherence: Outreach to members and reporting to providers to improve medication adherence and reduce member barriers to adherence.
5. Customer Service Gap in Care Visibility: Enabling Customer Service Representatives to see key gaps in care for members that call into Customer Service and encourage seeking appropriate care.
6. *NEW* Incentives for Improved Member Engagement (NovuHealth): Identifying and outreaching to prioritized Medicare members to close gaps in care using incentives and other engagement strategies.
7. *NEW* Learning Collaborative Grant Program—Equitable Chronic Condition Management: P4P grant program to support CHCs in improving chronic condition management with an equity lens.
8. *NEW* Improving Care of Members with Asthma and Participation in Asthma Affinity Group: Participate in Asthma Affinity Group with HCA, CMS, DOH, Mathematic, and all MCOs to identify an intervention to reduce inequities in outcomes for people with asthma.
9. *NEW* Expanding Access to Value-Based Arrangements: Develop value-based models with behavioral health.

Safe Care

Core programs: Clinical Practice Guidelines; Medication Prescription Safety: Drug Utilization Reviews, Medication Therapy Management (Medicare), and the Personal Medication Coach (Medicaid); Monitor Clinical Quality Concerns, Patient Review and Coordination Program, Medicare Opioid Overutilization Program (MOOP)

2021 Initiatives:
1. Behavioral Health Inpatient Review: Conduct a comprehensive chart review for members admitted to select inpatient or residential behavioral health facilities.

Member and Provider Experience

Core Programs: Crossroads Patient Satisfaction Survey, Health Maps and Member Engagement Workgroups.

2021 Initiatives:
1. CAHPS Proxy member experience survey to identify opportunities for improvement at the clinic, region, or population level.
2. Member Engagement and Outreach Strategy: Operationalize Member Engagement and Outreach Strategic Framework and continue expanded functionality of CHPW Connect to track member preferences.
3. Center to Advance Consumer Partnership (CACP) Early Adopter Program: Operationalize Consumer Partnership Model and find opportunities to improve member experience.
4. *NEW* Learning Collaborative Grant Program—Member Experience: P4P grant program to support CHCs in improving member experience with routine access to care, applying an equity lens.
5. *NEW* CHPW Connect Application: Continue adding member outreach data to ensure that CHPW Connect becomes the single source for all member outreach and engagement efforts.
6. *NEW* Bringing Hope to Every Interaction: Offer training to CHC frontline staff that uses substance use disorder and mental health recovery principles and practical skills to increase knowledge and improve patient experience.

2021 QIP Summary (*continued*)

Equitable Care

Core Programs: Culturally and Linguistically Appropriate Service (CLAS) Standards, CLAS Learning Series, Multicultural Health Care Distinction, and Language and Communication Services

2021 Initiatives:

1. Support Access to Care for Refugee and Immigrant Families: Supporting immigrant and refugee families and addressing concerns regarding Public Charge rule.
2. Advancing Health Equity Learning Collaborative: Continuing partnership with HCA and CHNW to reduce health disparities through integrated payment and health delivery reforms, including the Learning Collaborative Grant program.
3. Optimizing Social Determinant of Health (SDoH) Data: Assess, collect and share pertinent SDoH data to inform development of community programs and quality initiatives.
4. Social Determinants of Health Resource Network: In collaboration with community partners across the state, CHPW will expand verified referral network for members in need of social services.

Measures of Focus for New and Continuing Initiative Goals

Note: This is not inclusive of all measures tracked in the QIP Evaluation.

Wellness & Prevention

- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits (ages 3-21)
- Childhood Immunization Status Combo 10
- Prenatal and Postpartum Care (Timeliness of Prenatal Care and Postpartum Care)
- Immunizations for Adolescents—HPV
- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Comprehensive Diabetes Care (HbA1c Testing)
- Breast Cancer Screening
- Cervical Cancer Screening
- COVID-19 Vaccine Distribution*

Behavioral Health

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Antidepressant Medication Management
- Access to Behavioral Health Services for Children and Adolescents*
- Evidence-based practice implementation*
- Clinical Integration System (CIS) Access for Behavioral Health Providers*

Appropriate Utilization

- Avoidable ED Use*

*Indicates non-HEDIS measures

Condition Management

- Medication Adherence for Hypertension (RAS Antagonists)
- Medication Adherence for Diabetes
- Medication Adherence for Cholesterol
- Comprehensive Diabetes Care—Eye Exam
- Comprehensive Diabetes Care—HbA1c Poor Control
- Asthma Medication Ratio
- Hepatitis C Treatment Initiated*
- SNP Initial Health Risk Assessment (HRA) Completion*
- Electronic Clinical Data Access for CHCs*
- Behavioral Health Value-Based Payment Models*

Safe Care

- Behavioral Health Inpatient Chart Review*

Member and Provider Experience:

- Getting Needed Care
- Getting Care Quickly

Equitable Care:

- Education, Advocacy, and Resources for Immigrant Health Services*
- Education and Learning on Equity for CHNW*
- Addressing Social Determinants of Health*
- Reducing Health Disparities*