# Well Sense Health Plan Annual Quality Overview

February 2017

Confidential





#### **Agenda**

- Who we are
- Highlights from Well Sense Annual Report
- Update on Quality Assurance Plan
- Update on Performance Improvement Plan
- Update on Member Engagement and Provider Advisory
- Provider Satisfaction Survey





#### Well Sense - Who We Are

- New Hampshire's only not-for-profit managed care plan
- Part of the BMC Health System and an affiliate of Boston Medical Center
- 72,000 New Hampshire members
- 8,248 providers and 37 hospitals in network
- 60 employees in our Manchester office





## WELL SENSE ANNUAL REPORT HIGHLIGHTS





## 2016 Program and Policy Changes

- In January, the Premium Assistance Program commenced and all but about 4500 'medically frail' Health Protection Program members transitioned to Marketplace health plans
- In February, Well Sense welcomed over 5000 new members who had previously opted out of Medicaid Care Management
- Well Sense launched enhanced care management offerings including training existing staff to be Community Health Workers who meet members where they are for care management activities





## Partnering with Providers on Quality

- Well Sense expanded it's Quality Incentive Program by offering additional funding to providers who achieved metrics in areas like well child checks, diabetes care, asthma care and preventive screenings
- Reviewed individual practice performance and identified best practices enabling them to perform better
- Created and supplied performance reports to practices
- Developed new provider portal and reports on our website
- Developed a HEDIS Billing & Coding Guide for providers to clarify billing and documentation
- Engaged the Provider Advisory Council in the plan's quality activities and strategy





## Partnering with Community Agencies

- Staff across the plan have strong relationships with community service agencies and state agency divisions throughout the state who interact with and support Well Sense members
- Together we work to address member needs such as homelessness, food insecurity, and parenting so that members are better able to achieve healthy living goals





### Well Sense Community Outreach

#### **Sponsorship of Community Events**

- NH Food Bank and Salvation Army
   Mobile Food Pantry WS supported
   200 families with its sponsorship
- Operation School Supplies WS helped provide back packs and school supplies to children in Grafton and Coos counties
- WZID Christmas is for Kids Radiothon, benefitting Child & Family Services –
   WS provided volunteer staff for the event as well as support for CFS programming and holiday gifts for CFS clients

#### **Direct Member Support**

- 1751 infant car seats
- 829 booster seats
- 700 bike helmets
- 1576 dental kits
- 360 breast pumps
- 377 cases of diapers
- 300 personal care kits





## **Care Management Activities**

- Nearly 2000 complex medical and complex newborn members participated in care management in 2016
- Another 3200 members received social, medical or transitionto-home care management
- Nearly half of all those who received outreach for level II disease management participated





### Care Management, cont'd

#### **Social**

A Well Sense member received a call from a Care Gap Outreach Coordinator. She began crying during the call, explaining her daughter recently kicked her out and now she is homeless. This member expressed having severe depression and definitely wanted our help. She was immediately connected with a care manager to help her navigate Section 8 housing and explore options for an at-home visiting nurse to help manage other health issues.

#### **Behavioral Health**

A Well Sense member was contacted regarding diabetes testing. During the course of the call, the member expressed suicidal thoughts. He said that if we were to transferred the call. "he would probably do a swan dive and end it all" multiple times. The Beacon Crisis Representative was immediately engaged and was able to deescalate the member. Stable housing seemed to be his most prevalent issue which was able to be addressed once he was calm and we confirmed he had a safe place to stay for the night.





## Care Management, cont'd

- In 2016 Well Sense increased its ability to connect face-to-face with members in their community
  - Safety evaluations of member homes can be conducted as part of discharge planning
- Care coordinators have received Community Health Worker training and can now do home assessments and in home supports for members with asthma and/or diabetes
- Care manager teams go into communities to find members with care gaps or who have fallen out of contact





#### **Community Health Workers in Action**

#### Laconia

• CHW sent to Laconia to visit a homeless member at the local Salvation Army to deliver him a cell phone and assess his needs. The CHW spoke with him about his readiness to stop drinking. Initially he said he was not interested. By the end of the visit the member hugged the CHW and said he would reach out to Beacon to discuss detox. The member contacted Beacon and attended a 7 day Detox followed by an 28 day residency program and was discharged to a sober living facility.

#### **Manchester**

A new mom with Asthma reenrolled in our Sunny Start Program and was offered assistance with better asthma control. The member was identified as filling only asthma rescue medications rather than control medications. She declined care mgt but did accept the offer of a home visit from a CHW. The CHW went to assess for triggers in the home. During the visit she worked with the member to provide education and identify potential triggers. As part of the visit she worked with the member to contact her pcp, and an appointment and transportation were arranged. This is something the member said she would not have been able to do on her own.





## **Non-Emergent Medical Transportation**

- Continues to be heavily utilized by members
- Incredibly valued benefit yielding high satisfaction among members
- The network includes traditional transportation such as taxi services as well as social service agencies that transport clients to and from covered services
- High utilization of NEMT services means the effective removal of a prime barrier to accessing needed care





#### **Substance Use Disorder Services**

 Starting in July 2016, a comprehensive SUD benefit was launched for all individuals on Medicaid

 Targeted outreach to members details the availability of SUD services and assesses member's readiness for change. Though conclusive data is not yet available, service utilization appears to be within expectations for a new benefit with a developing network





## **QUALITY ASSURANCE**





## **Quality Assurance and Program Improvement Plans**

## **Quality Improvement (QI) Program Goals:**

- Improve the quality of care and coordination of services across the medical, behavioral and psychosocial continuum of person centered care.
- Attain high levels of satisfaction for members and providers.
- Deliver high quality services through the provider network.
- Fulfill National Committee for Quality Assurance (NCQA) accreditation and regulatory requirements.

## Ongoing Evaluation and Oversight of QI project Goals:

- QI Goals are tracked and trended over time.
- Year-end data results are used to adjust and establish performance, monitor progress and establish new goals for the coming year.
- A final analysis for each project is provided to DHHS annually.





## **Quality Assurance and Program Improvement Plans**

#### 2016 QI Work Plan Accomplishments

- Engaged with state-wide collaborates to help align quality improvement activities.
- Implemented Community Health Worker (CHW) home visits for members with social and chronic health needs.
- Monitor the Well Sense membership for the prevalence of conditions and trend data.
- Well Sense Health Plan's HMO is rated 4 out of 5 among Medicaid plans in the US according to NCQA's Medicaid Health Insurance Plan Ratings 2016-2017.





#### PERFORMANCE IMPROVEMENT





#### **Performance Improvement Update**

#### 2016 QI Work Plan Accomplishments:

- Two Quality Outreach Coordinators were utilized to call members to close gaps in care and educate members about the importance of age appropriate visits and screenings.
- Provider Reports were added to the Plan's portal.
- Implemented many activities and established processes to identify and educate members regarding appropriate preventive care and self-management of chronic conditions. Activities included a rewards program for members for diabetes, postpartum visits and well visits.
- Through the Provider Quality Incentive Program (QIP) and overall quality
  activities, the Plan has engaged many providers and provider groups throughout
  the state to promote and collaborate on quality improvement activities, identified
  barriers and educated providers on best practices.



#### Performance Improvement Plan Update

#### 2017 Work Plan Projects\*:

- Diabetes Disease and Care Management Program
- Asthma Disease and Care Management Program
- Well Child Visits 3-6 Years Old
- Women's Preventive Health
- Chlamydia Screening
- Prenatal and Postpartum Care Program
- Reduce Readmissions to NH Hospital
- Cultural and Linguistic Needs
- Member Experience (CAHPS)
- Initiation and Engagement of AOD Dependence Treatment
- Special Needs Care Management Program
- Prescription Drug Monitoring Program

\*QI Work Plan Projects: Projects are based on DHHS quality strategy, performance improvement projects, Healthcare Effectiveness Data and Information Set (HEDIS), and Consumer Assessment of Healthcare Providers and Systems (CAHPS) based projects.

## 2017 Performance Improvement Projects:

- Percent of women ages 16-24 receiving chlamydia screening
- Well Child Visits in children ages 3-6
- Reducing Readmissions to NH Hospital

## 2017 Quality Improvement Project:

Long Term Services and Supports Project





## Member Engagement





## **Member Advisory Board**

- Formal meetings held at the plan with diverse members
- Subject matter experts from the plan provide information about plan operations to increase member understanding of how to get the most of their coverage
- Members are encouraged to discuss pain points and brainstorm possible solutions
- Members are asked to weigh in on materials, policies and processes





#### Cheryl

- Cheryl joined the MAB in spring of 2016 having been recruited by her member services concierge rep, Rose
- Cheryl described difficulty getting a prescription filled and a solution was achieved during the meeting
- But Cheryl cannot drive so would have had to wait another day to get a ride to get her prescription
- Cheryl also won the evening's raffle, which needed to be delivered
- Well Sense staff person picked up the prescription on the way to deliver the raffle basket so that Cheryl would be able take her evening dose of medicine
- Cheryl passed away last summer; several Well Sense staff paid their respects at her calling hours





#### **Regional Member Meetings**

- Held in communities across the state
- In 2016, Well Sense partnered with FQHCs and community agencies to host 4 regional meetings
- Drop in style, by invitation, generally festive environments
- Members are encouraged to speak to health plan representatives about how their experience has been, what they need, and offer suggestions





## **Attendees Make an Impression**

- At Harbor Homes a family that does not speak English came seeking a new wheel chair for their son with CP. The family met with a care manager who quickly realized the young man had not had proper care for quite some time and had long since outgrown his wheelchair. Care management became heavily involved, scheduled a home visit and engaged the family with multiple supports for their son.
- A family caregiver for an older woman with a developmental disability attended a north country regional meeting and shared her family's immigration story and expressed gratitude for the assistance her loved one receives





#### **Attendees are Heard**

- An pregnant attendee in Claremont expressed frustration with CTS
  - Had she not attended, we would not have heard her story nor would we have been able to resolve the issue
- Other pregnant attendees were connected with Sunny Start, our program for high risk pregnancies
- A mom sought guidance from Well Sense staff about managing her school aged child's learning deficits that result from her premature birth





## **Provider Advisory Council**





## **Provider Advisory Council**

- In 2016 the council has diversified to include not just physicians, but also a pediatric physical therapist, GSIL, a home health provider, and now a physician with experience in gerontology and end of life care
- PAC members have provided excellent feedback about how to make care gap reports most useful and as well as other quality reports
- PAC members were riveted by a demonstration of the state's quality website
- PAC members provided constructive feedback on the pharmacy look up tool
- PAC members learned about the State's DSRIP transformation waiver from IDN visionary





#### **Provider Satisfaction Results**





#### 2016 NH Provider Satisfaction Results

#### Methodology

- Survey conducted by phone and fielded September-October 2016
- 184 completed surveys

#### **Results At-a-Glance**

- Score changes overall were typical, with year-over-year non-significant variations Overall Satisfaction (question was revised in 2016, so trending is not available)
  - Overall Satisfaction scores are consistent across provider types, and range from a low of 83.4 (Home Health) to a high of 93.8 (SCP)

#### **Call Center**

- · All measures slipped, though not significantly
- Both PCPs and SCPs report increases in Below Average ratings across all measures

#### **Claims Processing**

- · All measures improved, though not significantly
- · Overall fewer Below Average ratings than last year
- SCPs report slightly more Below Average ratings for Easy to Follow Guidelines and Resolution of Disputes

#### **Utilization Management**

- Aggregate score slipped slightly (-1.0)
- Process of Appealing a UM Denial (-10.4) slipped, due to notably more Below Average ratings by PCPs and slightly more for SPCs
- Access to Knowledgeable UM Staff (-3.0) slipped due to slightly more Below Average ratings for both PCPs and SCPs

#### **Specialist**

- Aggregate score slipped slightly (-2.2)
- Receiving Adequate Clinical Info so you Understand Reason for Referral, Ease of Obtaining Authorization for patients to see Specialist, and Number of BH Clinicians in Network all slipped slightly

#### **Pharmacy**

- Pharmacy (-0.9) slipped slightly
- Availability of Comparable Drugs to Substitute, <u>Timeliness of Obtaining Pharmacy Auths</u>, and <u>Process of Appealing Denied Auths</u> all slipped





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## manchester



north of the notch

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## **QUESTIONS?**





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