



 Managed Care Organizations' Quality Improvement (QIP) & Performance Improvement (PIP) Projects



Jodi Doody, MS Senior Quality Improvement Specialist NH Healthy Families Susan Vermette, RN Quality Improvement Manager Well Sense Health Plan Area Agencies Partnership with Managed Care Organizations NH Healthy Families 2 Well Sense Health Plan

# MCOs to each develop an LTSS Quality Improvement Project (QIP)

- Reportable to NH DHHS
- Supported by the NH Bureau of Developmental Services (BDS)
- Data Reflects an Area for Improvement in Health Promotion
- Identify Educational Opportunity for Members/Clients, Care Givers, Guardians and Health Care Providers across the continuum of care

## **Collaborative Approach - BDS**



- Cooperative analysis with BDS.
- Selection of Colorectal Cancer Screening for members 50-75 yrs. of age in BDS Area Agencies with DD or ABD waiver.

### **Collaborative Approach - AA**



- Engagement with 10 Area Agencies (AA) was split between both MCOs.
  - Consistent curriculum and messaging
  - Care gap list distribution/tracking

### **Collaborative Approach – AA – Tool Kit**

#### SCREENING HELPS PREVENT



Of cancers that affect both men and women, colorectal (colon) cancer is the  $2^{\rm col}$  lading cancer killer in the United States. But this is one cancer you can prevent! Screening helps find polys (abnormal growths) in the colon or rectum **before** they turn into cancer.

Several tests are recommended to screen for colorectal cancer. If you're between 50 and 75, get screened using one or a combination of these tests:

1	2	3	4
STOOL TESTS Stool tests you can do at home include the FIT, the grCeT, and the FIT. DNA Test. They look for blood or attend DNA in the stool and are recommanded every year or every three years, depending on the test.	FLEXIBLE SIGMOIDOSCOPY Flexible sigmoidoecopy lets the doctor voew the lower third of your colon. It is done in a doctor's office every the years, along with the FIT done every year.	COLONOSCOPY Colonoscopy lets the doctor view the antite colon and servous most polyps and some cancers. It is done in the doctor's office or a clinic overy 10 years. It is also used as a follow up if anything unusual is found using one of the other tests.	VIRTUAL COLONOS COPY Virtual colonoscopy uses x-rays and lets a doctor see images of the colon on a computer screee. It is recommended every five years.

TALK TO YOUR DOCTOR ABOUT WHICH TEST OR TESTS ARE RIGHT FOR YOU. If you'ng 76 to 85, the decision to be screened should be made with a doctor, after looking at your health and screening history. If you're over \$\$; screening a hori recommended.



www.cdc.gov/screenforlife 1-800-CDC-INFO



### WHICH TEST IS COLORE



RESOURCES For more information: Visit www.cdc.gov/screenforlife Call 1-800-CDC-INFO (1-800-232-4636) For TTY, call 1-888-232-6348



leading cancer killer—but it doesn't have to be.

> Screen "life



CDC Publication #99-6948, Revised February 2017

#### BOTH MEN AND WOMEN ARE AT RISK FOR COLORECTAL CANCER.

SCREENING SAVES LIVES

Among cancers that affect both men and women, colorectal cancer is the 2nd leading cancer killer in the U.S. But it doesn't have to be. There is strong scientific evidence that screening for colorectal cancer beginning at age 50 saves lives!

WHAT IS COLORECTAL CANCER? Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it stars, even if it spreads to other parts of the body later. Colonectal cancer is cancer that occurs in the colon or rectum. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.





a colorectal cancer screening test could save your life.

#### HERE'S HOW:

 Colorectal cancer usually starts from precancerous polytic (ahormmal growtha) in the color or return. A polytic is growth that shoulch to there.
Over time, some polytic can turn into cancer.
Screening tests can find precancerous polytics they can be nervowed before they can be cancer.
Screening tests can find precancerous polytics.
Screening tests can find pr





WELL SENSE



#### Presentation Date:

Presenter (check box below):

\_\_\_\_\_ Sue Vermette, RNC (Well Sense Health Plan)

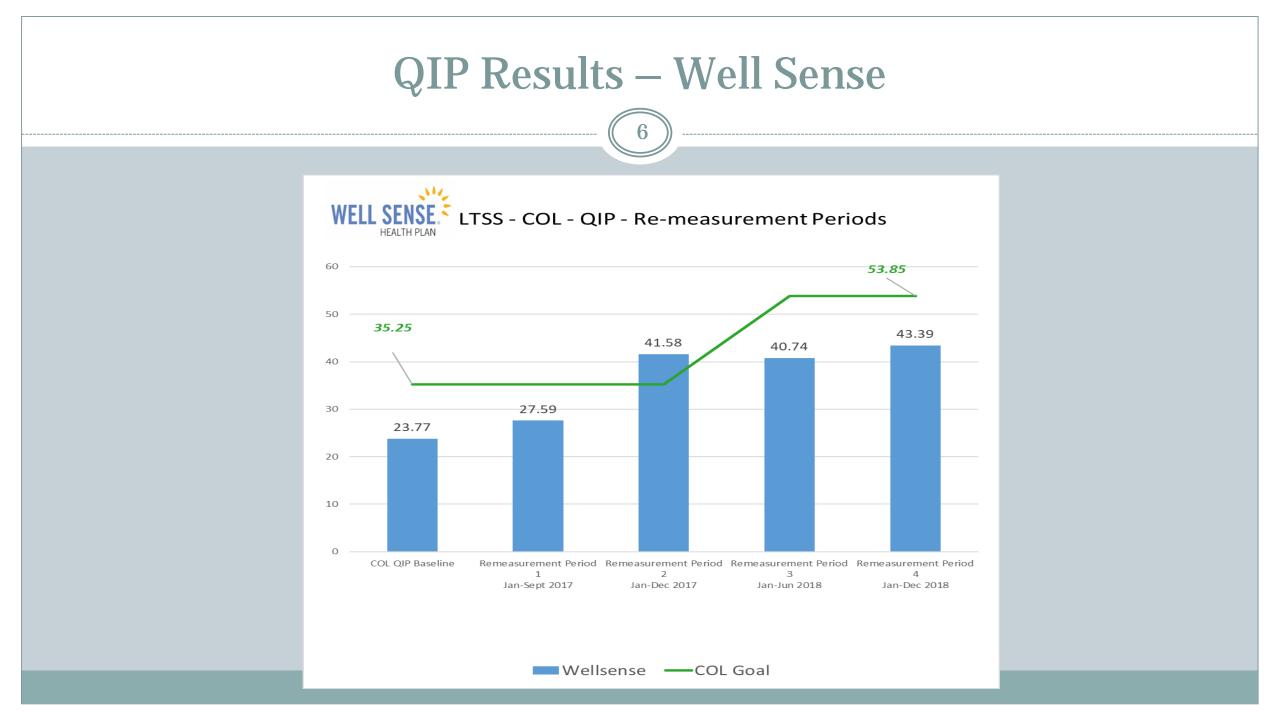
Nancy Sullivan, RN (NH Healthy Families)

#### Please put an X in the column that best answers the question.

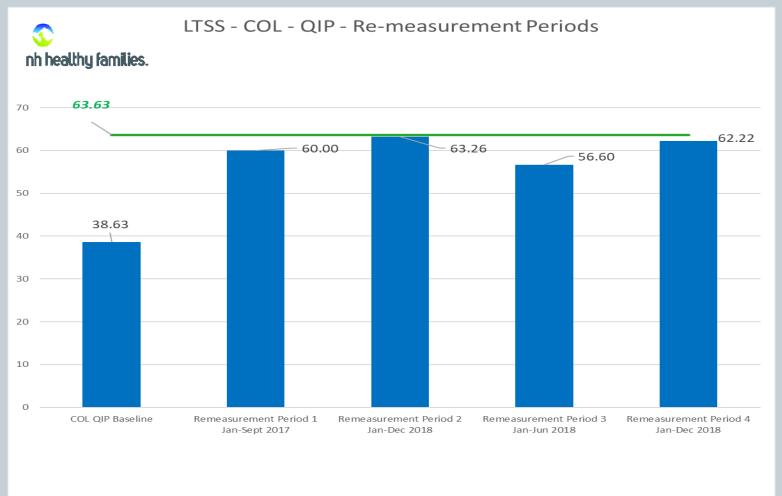
	YES	NO	NOT SURE
Did this presentation achieve the goal of explaining that the Area			
Agencies and both Medicaid insurers are working collaboratively			
to increase the rate of colorectal cancer screenings for their members?			
Did this presentation adequately explain			
Adults age 50-75 should be screened for colorectal cancer?			
Why adults should be screened for colorectal cancer?			
The tests available and considerations for each test for			
colorectal cancer screening?			
The next steps or your role in getting your client screened			
for colorectal cancer?			
Will you bring the flyer "Talk to Your Doctor About Which Test or			
Tests are Right For You" to your clients next doctor's			
appointment?			

Additional comments or suggestions are appreciated.

4/2017



### **Results - NHHF**



NH Healthy Families —COL Goal

### **QIP Lessons Learned**

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Gain buy-in from various stakeholders.

### **QIP Lessons Learned**

## **Screening Complexities**



- Members displayed various residential settings and levels of independence.
- Each Area Agency was unique in its capacity to engage and execute awareness of the screening.

### **QIP Lessons Learned**



- The process was successful due to step-wise approach.
- Opened the door to expand working with the AAs on other projects, involving other measures needing attention.