



Quality Improvement program:

How we measure up

Our mission

To improve the lives of the people we serve and the health of our communities.

Our goals

Help our members learn ways to take an active role in staying well and managing their health care. Improve the quality of care and services accessed by our members. Focus on specific measures and managing programs, such as our Quality Improvement program, to understand how we measure up.

The Quality Improvement program is an ongoing comprehensive program that we use to monitor and evaluate the quality, safety and appropriateness of the medical care and services provided to our members. The program is updated as the needs of our members, providers and the health care community change.

What we focus on

- **Chronic disease and prevention:** focuses on chronic health conditions (e.g., asthma, heart disease and diabetes) and preventive health services (e.g., immunizations and cancer screenings)
- **Behavioral health:** focuses on improving the coordination between medical and behavioral health care providers. Addresses behavioral and mental health conditions such as alcohol and drug/substance abuse, depression, attention deficit and bipolar disorders
- **Patient safety:** addresses ways to prevent and reduce medical errors in inpatient and outpatient settings
- **Continuity and coordination of care:** focuses on using health plan information to facilitate continuity and coordination of medical care across the health care delivery system
- **Community health:** programs such as our State Health Index that support our mission to improve the overall health of the people in the communities where we live and serve.
- **Service quality:** includes the many activities underway to support our core value Customer First – our commitment to member and provider satisfaction
- **Utilization management:** includes projects directed to improve provider satisfaction and to monitor for over-utilization issues
- **Care management:** programs addressing member satisfaction with case management services, as well as ensuring members are compliant with recommended care services

Programs to rate our performance

We care about what our members think about our services. We also want to know how we compare to other health plans and find areas we can improve. To help us understand how we measure up, we rely on data from these surveys and programs:

Member Health Index (MHI)

The MHI program tracks the quality of care our members receive and how our care management, health improvement and wellness programs are helping to improve the health of our members. The MHI program also focuses on prevention and screening, care management, clinical outcomes and patient safety. Teams from across the company work to find ways to educate our members about the importance of health and wellness.

State Health Index (SHI)

The SHI program helps us track and focus on improving public health in the 14 Blue states we serve. We promote improvements in community health by advocating for public health-related legislative initiatives, providing expertise and support to community coalitions, and providing financial support through our foundation and social responsibility programs. The SHI measures focus on maternity and prenatal care, adult preventive care and wellness and chronic conditions such as diabetes and heart disease.

Healthcare Effectiveness Data and Information Set (HEDIS®)

HEDIS is a tool used by health plans to measure performance related to care and service. Some of the measures include effectiveness of care for preventive screenings; care of chronic conditions such as heart disease, diabetes, and respiratory and behavioral health conditions. Performance is measured once a year to identify areas for improvement for Commercial, Medicare and Medicaid plans.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

The CAHPS survey measures patient satisfaction with the experience of care. The survey rates satisfaction with: getting care quickly, getting needed care, claims processing, customer service, how well doctor communicates, rating of health plan, rating of health care and rating of personal doctor.

Resources to maintain quality improvement

We have staff and dedicated resources to help us to work on quality activities and initiatives. They work closely with our members, providers, health care experts and community agencies to provide outreach support. We also have committees and departments to manage, evaluate and participate in quality improvement activities. They recommend and approve performance improvement activities when such areas have been identified.

Program goals and effectiveness

We assess our programs all year long but complete a formal evaluation once a year. We assess how well the program performed during the year and based on the results, we create an action plan for the next year. Action plans are created, as needed, to refine program goals and improve overall effectiveness.

In 2009, we focused on seven measures to set the framework and guide the program for quality within our organization. We met all seven goals:

1. Developed and maintained a system to improve quality outcomes
2. Responded to the needs and expectations of our customers by improving performance
3. Maintained compliance with regulatory requirements and accreditation standards
4. Promoted processes to reduce medical errors and improve patient safety
5. Promoted high quality of care and service and effective utilization of service to all members
6. Identified educational opportunities for members, health practitioners and other health care professionals (behavioral health providers and practitioners)
7. Promoted collaborative activities among other insurers, employers groups and health care providers (including behavioral health providers and practitioners)

The evaluation for 2010 is based on 2009 performance. The following areas showed the most improvement:

- Overall HEDIS scores showed the following results for the enterprise:
 - Almost all states saw an increase in well-child visits for adolescents and children ages 3-6.
 - Preventive healthcare tests improved (tests for breast and colorectal cancer, and chlamydia).
 - Behavioral health treatment and follow-ups (30-day follow-up and attention deficit hyperactivity disorder initiation) improved in most states.
 - Medicare HEDIS scores improved in these areas: tests for colorectal cancer, breast cancer and glaucoma; comprehensive diabetes care and annual monitoring of persistent medications to ensure patient safety and appropriate medication management.
- CAHPS scores improved in the areas of processing of claims timely and accurately.
- Medicare customer service calls answered in a timely manner.
- We improved in each of the four MHI clinical domains: screening and prevention, care management, clinical outcomes and patient safety, and in 13 of the 19 clinical areas measured in the MHI.

Additional key accomplishments included successful accreditation surveys and regulatory audits, focused member outreaches impacting their health and continued collaboration across health plan departments to improve efficiency.

We've identified and included the following goals in our current Quality Improvement program and will assess them in the 2010 program evaluation:

- Health disparities trends for our members on key clinical quality metrics, and respond to those needs with appropriate services including equitable treatment, standards of care and appropriate culturally and linguistically enhanced services.
- Maximize health status, help improve health outcomes and help reduce health care costs of members through effective Case Management and Disease Management programs addressing complex care needs.

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