

VENTURA COUNTY HEALTH CARE PLAN

2015 QUALITY IMPROVEMENT PROGRAM EVALUATION

Each year, the Health Plan evaluates its success in accomplishing identified goals for the prior year, including, but not limited to, its ability to meet regulatory standards specified by the Department of Managed Health Care (DMHC) and accreditation standards required by the National Committee for Quality Assurance (NCQA). For 2015, the Plan is pleased to share that it succeeded in achieving multiple identified goals.

Highlights of Plan accomplishments for 2015 include:

On July 15, 2015, VCHCP achieved NCQA First Option Accreditation, a significant accomplishment and Health Plan stamp of quality.

In September, 2015, VCHCP underwent and completed a comprehensive Department of Managed Health Care (DMHC) Medical Survey.

SYSTEM ENHANCEMENTS

- Updated the VCHCP Website to improve the provider and member experience when they visit the Plan's website
- Enhanced the E-referral process for Treatment Authorization Request (TAR) submissions from the County Health Care Agency clinics, which has increased efficiencies for clinic providers.

SERVICES

- One new member-only urgent care facility and three new member-only clinics were opened to assist members with timely access to Primary Care Physicians
- Added "care gap" information to letters to members in both Disease Management Programs to inform these members of needed preventive health screenings that have not yet been done
- Implemented Wellness Program Challenges to increase awareness of and participation in wellness activities for adult members

SURVEYS

- Conducted the annual member Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, evaluated its findings, identified opportunities for improvement particularly surrounding timely access to care
- Completed a Provider Access Survey, which was conducted by the Industry Collaboration Effort (ICE) on behalf of the Plan
- Conducted a Member Survey relative to Access

PROCESSES

- Achieved 97-100% compliance with UM review turnaround time
- UM physicians and nurses achieved 100% on inter-rater audits
- A new quality monitoring process was implemented in Q4 2014 within the Member Services department. The 2015 overall quality results continued to improve each quarter, and in Q4 2015 the goal of 92% call quality was met.

COMMUNICATIONS

- Distributed quarterly member and provider newsletters highlighting services offered by the Plan as well as education about these services, benefits and guidelines
- Used EverBridge (telephonic) Messaging as a means to relay important announcements to members
- Continued to utilize fax-blasts to providers to relay important updates to practitioners on a timely basis; for example, the VCHCP Policy on Screening for Autism which specifies provider autism screening practices required by VCHCP
- Mailed postcard reminders to members re: needed mammograms, colorectal screenings and to remind members of the Plan's Wellness Program website

COLLABORATIONS

- Continued monthly meetings (NCQA Steering Committee) with Health Care Agency (HCA) partners as a venue to discuss concerns impacting services to Plan members, as well as identify viable solutions and provide accountability to ensure concerns are remediated.
- An Access to Care Task Force was created in August of 2015 to identify and track access to care barriers and collaborate with County partners to identify and implement potential solutions.
- Customer Service "Care" Program was implemented at Magnolia Family Medical Center and Mandalay Bay Women's and Children's Medical Group with emphasis on improvement in service to Plan members
- Continued successful collaboration with Optum Behavioral Health Network which has resulted in robust, productive quarterly meetings to promote continuity and coordination between medical and behavioral healthcare
- Continued quarterly Joint Operations Committee meetings with each of the Plan's delegates to ensure a venue of robust oversight of delegate activities with resultant quality services offered to Plan members

While the Plan realized multiple accomplishments throughout 2015, there were Key Challenges for the Plan in 2016 that came to light:

- Timely Access to Care – the Plan needs to better identify and track access to care barriers and collaborate with County partners, VCHCP delegates, Access to Care Taskforce members and non-County partners to identify and remediate the identified barriers
- Identification of barriers and interventions that will improve HEDIS scores overall, with emphasis on the following measures:

- Comprehensive Diabetes Care (CDC)
 - Antidepressant Medication Management (AMM)
 - Follow up after Hospitalization for Mental Illness (FUH)
 - Postpartum Care (PPC)
- Consistent timeliness of follow up care after:
 - Emergency Room visits
 - Inpatient hospital admissions
 - Postpartum
- Timely exchange of Information, in particular the timeliness of initial consultation reports sent from Specialist to PCP
- Improve the anti-depressant medication adherence of Plan members through increased collaboration between Optum Behavioral Health and VCHCP
- Increase rates of member participation in the Complex Case Management program and in the Disease Management Program