

Quality Improvement Organization Partnerships with Private Medicare Managed Care Organizations

QIOs are actively working with private managed care plans to improve the safety and effectiveness of health care in a number of states. Some examples as of 2004:

Arizona

Health Services Advisory Group (HSAG), the Arizona QIO, has been actively and continuously involved in the improvement of diabetes management since it established the Arizona Managed Care Quality Enhancement Program (AMCQEP) in 1993. AMCQEP is a permanent collaboration between HSAG and Arizona's Medicare MCOs that has become HSAG's primary vehicle for working with managed care firms.

By 2004 there were 28 Managed Care Organizations (MCOs) participating in the program. The first task of AMCQEP was improving diabetes management. The program increased the provision of needed services to diabetes patients from an average of 35% in 1994 to 58% in 1996. The proportion of patients with HbA1c values below 8.0% rose from 21% in 1994 to 44% in 1997 and the mean HbA1c for six MCOs dropped from 8.5% to 7.5%. HSAG reported that 70% of this improvement was attributable to patient education, particularly instruction on diet and exercise. The same diabetes improvement project was adopted by the Arizona Health Care Cost Containment System (Arizona's name for Medicaid) with results similar to those in the Medicare project. The successful collaboration between the QIO and managed care organizations has produced several contributions to the diabetes and quality improvement literature.

California

Lumetra, the California QIO, has worked with 100% of the Medicare plans in the state for several years. In 2004, 13 Medicare managed care plans provided care to nearly 1.3 million (32%) California Medicare beneficiaries.

Lumetra has been extremely successful at bringing together a competitive industry to work on quality in a non-competitive way. This has been cited by plans as one of the greatest assets of working with the QIO. One result has been Lumetra's selection by Medicare to serve as the support contractor for all of the QIOs in their work with Medicare managed care plans. In this capacity, the organization will work to provide other QIOs with guidance and support in engaging plans in quality improvement efforts.

Lumetra works to make quality improvement projects easy for Medicare managed care plans and to minimize burden on providers with data collection and analysis and assistance in development of interventions. The 13 plans in California are invited to participate in all of the quality improvement efforts sponsored by Lumetra.

Most of the Medicare managed care plans shared pharmacy claims data with Lumetra for projects related to the use of medications for heart attack and heart failure. Lumetra

worked with half the plans in California to develop a tool for plans to assess their organizational ability to provide culturally appropriate services to disparate populations. This assessment tool will ultimately be made available to any health care plan.

Colorado

The Colorado Foundation for Medical Care (CFMC), the Colorado QIO, has worked with Medicare managed care plans for the last six years. One major CFMC effort has involved helping Medicare managed care plans work with community providers on an influenza project. CFMC facilitated a formal collaboration between plans and community providers in Colorado and distributed informational letters to managed care plan members reminding them to be vaccinated and alerting them of the times and locations.

The project achieved a clinically important increase in vaccination rates among Medicare beneficiaries by reducing barriers to vaccination (i.e., allowing members to go out of plan to receive a no-cost flu shot at a supermarket or shopping mall, rather than making an appointment to see a primary care provider). Every year the number of community providers contracting with the Medicare managed care plans in Colorado has increased. In 2004, CFMC expects to have as many as 11 community mass immunizers contracting to provide influenza vaccines statewide.

Florida

Florida Medical Quality Assurance, Inc. (FMQAI), the Florida QIO, began working with Florida Medicare contracting managed care plans in 1988--initially doing case review and participating with them on projects. Medicare managed care quality improvement projects from 1999-2003 addressed clinical quality problems in the care of diabetes, pneumonia, depression, CHF, breast cancer, and aided practitioners and plans in improv-

ing cultural competency. Since 1999, FMQAI has been working with 100% of Florida's Medicare managed care plans, providing the following services:

- Technical support: data abstraction, data analysis, quality improvement plan development and implementation, and feedback
- Assistance with sampling methodologies, targeting methodologies using HEDIS, HOS, and CAHPS data sources
- Development of collaborate intervention materials
- Publications, newsletters, articles for education of Medicare managed care plans, their providers, and enrollees
- Annual Quality Improvement in Managed Care conference and yearly individualized site visits with each Medicare managed care plan
- Organization of statewide/regional/local quality improvement activities

The Florida QIO worked on Medicare managed care quality improvement projects from 1999-2003 addressing clinical diabetes, pneumonia, depression, CHF, and breast cancer.

New York

IPRO, the New York QIO, works with all of New York's 14 Medicare managed care plans on quality improvement projects.

IPRO began work on the Medicare Managed Care Quality Improvement Project in 1992. IPRO started working with Medicaid and commercial plans prior to 1996 -- currently around 40 HMOs. IPRO holds Medicaid

managed care External Quality Review contracts for several states. It also provides independent external review for a number of states and health plans. Some major projects include:

- Quality Improvement in Managed Care project on congestive heart failure (2001). Twelve Medicare managed care plans collaborated on this project. IPRO provided record collection, data abstraction and analysis, intervention tools, and CME programs via telephone and internet.
- National Pilot study on Depression (1999-2002) IPRO participated with four plans in a national pilot on depression. It used pharmacy and claims data and survey information to create risk profiles for beneficiaries at risk for depression. IPRO then provided technical assistance regarding screening methods, disseminated best practices and facilitated collaboration between plans.
- IPRO is working with the four PPO demonstrations in New York.
- IPRO helped Empire BC/BS recover from the attack on September 11, 2001 by providing backup data and records to identify Medicare managed care plan participants.

The Pennsylvania QIO helped develop a diabetes collaborative including representatives from four managed care organizations, two pharmaceutical companies, several universities, community health organizations, the American Diabetic Association, and the Philadelphia Department of Public Health.

Pennsylvania

Quality Insights of Pennsylvania (QIP), the Pennsylvania QIO, develops and maintains partnerships with MCOs to improve performance on quality indicators. One example is the partnership between QIP and Health Partners, a Philadelphia area MCO, to reduce health disparities:

- **Each party assessed areas of need.** Each organization individually identified a health indicator for which a disparity existed. The assessment resulted in a realization that diabetes care indicators represented an area of need.
- **Together, they identified and prioritized areas of common interest.** By discussing specific diabetes care indicators, opportunities for improvement and population most affected, both parties have prioritized HbA1c utilization.
- **Each party identified available resources within respective companies.** Each party decided on the type and amount of resources to be dedicated the project.
- **Together, they developed a plan.** By coordinated efforts, each organization's physician and community interventions in Pennsylvania will be complimentary. That is, rather than both organizations implementing different tracking and monitoring systems, the intention is to use one system that meets both organizations' needs.

In another major partnership, QIP provided technical assistance to Independence Blue Cross (IBC), including analyzing performance data for IBC's investigation of an incentive program; and assisting IBC in identifying potential quality improvement projects and evaluation strategies.

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Additionally, QIP is helping to develop a collaborative that addresses diabetes care in the Greater Philadelphia area by promoting coalition in meetings, inviting participation of stakeholders, and assisting in the identification of action steps. To date, this collaborative has representation from four managed care organizations, two pharmaceutical companies, several universities, community health organizations, the American Diabetic Association, and the Philadelphia Department of Public Health. As a neutral, independent participant, Quality Insights helps to facilitate discussions and identification of opportunities to not only coordinate efforts, but to work collaboratively.

The American Health Quality Association is dedicated to improving the safety and effectiveness of health care. AHQA represents the national network of Quality Improvement Organizations (QIOs) that work with hospitals, medical practices, health plans, long-term care facilities, home health agencies, and employers to encourage the spread of best clinical practices and improve systems of care delivery.