Quality Improvement Program Summary

BlueCross BlueShield of Western New York programs provide health care services to help our members get and stay healthy.

We promote quality, affordable health care for all ages. We give our providers the most up-to-date information and patient resources so they can provide the best care.

Participation in National Proven Quality Programs

National Committee for Quality Assurance (NCQA) Accreditation

We are accredited by the NCQA, a national agency that evaluates us for quality and safety. This helps keep health care costs lower.

Our 2018 NCQA accreditation status was “Commendable” for our Commercial, Medicare PPO, and Medicare HMO products.

Healthcare Effectiveness Data and Information Set (HEDIS)®

Developed and maintained by the NCQA, HEDIS is a standardized tool used by more than 90% of America’s health plans to measure performance on important areas of care and service:

- Effectiveness of care
- Access and availability of care
- Experience of care
- Utilization and risk-adjusted utilization
- Relative resource use
- Health plan descriptive information
- Measures collected using electronic clinical data systems

HEDIS results are collected and reported separately for populations covered by Commercial, Medicaid, Medicare, and Marketplace lines of business. HEDIS results are used to identify opportunities for improvement in the health care provided to our members, and used to evaluate the effectiveness of existing quality programs.

Because many plans collect HEDIS data and the measures are so specifically defined, HEDIS makes it possible to do an “apples-to-apples” comparison of health plan performance.

Quality Assurance Reporting Requirements (QARR)

QARR consist of measures from the NCQA, HEDIS, and New York State (adolescent preventive care, HIV/AIDS comprehensive care, and colorectal and lead screening). QARR are reported to the New York State Department of Health.

In 2018, QARR was publically reported for our Commercial, Medicaid, and Marketplace lines of business. QARR performance results assist our members and prospective members in choosing a health plan and identify service-improvement opportunities for evaluating existing and potential quality programs.

Medicare Star

The Centers for Medicare and Medicaid Services (CMS) created the Part C and Part D star ratings to measure how well Medicare Advantage and prescription drug plans (PDPs) perform. Star ratings range from one to five stars, with five being the highest score and one being the lowest.

This five-star rating system provides Medicare beneficiaries and their families a way to compare plan performance and quality. Star ratings are calculated each year and published in the fall. They're also used to determine the plan's quality bonus payment.

Star ratings are consistent with CMS' quality strategy of optimizing health outcomes by improving quality and transforming the health care system. The CMS quality strategy goals reflect the six priorities set out in the National Quality Strategy. These priorities include safety, person- and caregiver-centered experience and outcomes, care coordination, clinical care, population/community health, and efficiency and cost reduction.

Quality Programs

Hospital Quality

We work collaboratively with our acute care hospitals, specialty hospitals (oncology and behavioral health), and some ambulatory care centers to improve quality and provide safe care. Programs promoting good care such as preventing infections, surgical complications, and incorrect medications exist at all participating hospitals.

Blue Distinction Centers (BDCs) for Specialty Care®

Blue Distinction Specialty Care is a national designation program honoring health care providers who demonstrate expertise in safely, effectively, and cost-efficiently delivering quality specialty care. BDCs are recognized for excellent clinical outcomes and processes in the areas of bariatric (weight-loss) surgery, transplants, cardiac care, maternity care, cancer care, spine surgery, knee and hip replacement, and fertility care.

Provider Quality

We recognize the importance of the member/provider relationship and its significance in delivering high-quality care. We work with primary care providers who use innovative programs that focus on quality-based health care.

Culturally and Linguistically Appropriate Services (CLAS)

CLAS standards are designed to enhance the member/provider/health plan relationship from a cultural and linguistic perspective.

Language Line Services are used to assist with any language barriers that may exist in order to improve understanding and compliance for all parties and ultimately improve the health and care of our members.

Educational programs designed to decrease ethnic disparities are provided to promote culturally competent care. Health plan employees complete annual training on how culture and language barriers affect our members and how to make the member health care experience a positive one, while promoting increased compliance and wellness.

Continuity and Coordination of Care

Continuity and coordination of care between the hospital/urgent care/specialist and the primary care provider ensures safe and appropriate care and can prevent unnecessary treatments and tests for members. Through an annual survey, we assess how well our providers communicate with each other when treating the same member and identify areas of opportunity. Other health care programs and projects (e.g., case management, radiation safety awareness, etc.) also measure and work toward improving coordinated care for our members.

Medical Record Review for Standards

Primary care provider medical records are reviewed and scored against proven record standards. We assist providers to improve information and conversations in the following areas: body mass index (BMI), health care proxy, cultural needs of patients, assessment of depression in an adolescent record, adult vaccines, and substance-use disorders.

Quality Investigations

Whenever a member contacts us with a concern about the care they received from one of our providers, we look into it. We review member medical records to make sure good care was provided and work with providers and facilities to improve on any concerns we find.

After-Hours Access to Care Audit

We ensure the provision and maintenance of appropriate access to primary care services, member services, and some specialty services (behavioral health and OB-GYN) for BlueCross BlueShield members. All credentialed providers and those who notify us of a new office location undergo an on-site review and must meet the plan's access-to-care standards of compliance by 100%.

We audit our primary care offices (including pediatricians) and behavioral health offices to make sure our members have 24-hour access to care. We follow up with any office not meeting the standards, review our access-to-care policy with them, and require them to submit written documentation on how they are going to meet the standard.

Population Health Management Programs

A variety of clinically based programs are in place for addressing the needs of members across the continuum of care. These include multiple health management programs for members with complex health care needs, physical or developmental disabilities, multiple chronic conditions, and severe mental illness.

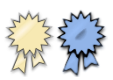
These programs are designed to meet the care needs of the member population through identification, participation, engagement, and targeted interventions aimed at active engagement in health care services. The goal is to maintain or improve the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored health solutions.

Asthma

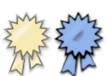
The goal of the asthma management program is to:

- Improve the health status for members using a multidisciplinary, population-based approach
- Manage health care costs by promoting evidence-based treatment while assisting members to achieve optimal control of their illness

Interventions are individualized and targeted to specific member needs based on the member's level of self-management.

Attention Deficit Hyperactivity Disorder (ADHD) 

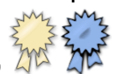
The ADHD management program aims for proper screening, diagnosis, treatment, and management of ADHD in children. We work closely with our pediatric and behavioral health providers to develop activities and educational materials that encourage parents to get the right help for their children.

Chronic Obstructive Pulmonary Disease (COPD) 

The goal of the COPD program is for members to control their symptoms and maintain an active lifestyle. An individual's quality of life can be seriously affected if COPD is poorly managed. We provide tools to assist in controlling symptoms and staying healthier longer. Spirometry testing and medication management (corticosteroids and bronchodilator) rates are measured to determine program success.

Depression

The primary focus of the depression management program is to improve the quality of life for our members with depression by assisting them in getting the right treatment, medications, and follow-up care. We want to ensure our members receive appropriate office follow-up after an antidepressant medication has been prescribed or following hospitalization.

Diabetes (Sugar in the Blood) 

The diabetes program is designed to promote compliance with diabetic care and raise awareness of the effects of poorly controlled diabetes. Appropriate and timely screening and treatment can significantly reduce the long-term complications of diabetes. We continue to educate and encourage members to participate in recommended tests (e.g., blood sugar and cholesterol, eye exams, etc.) to monitor their diabetes.

Cardiac Program

The cardiovascular health program was developed to address growing concerns about cardiac disease. The program addresses members at higher risk for complications associated with cardiovascular diagnosis.

Hip and Knee

This program was developed in July 2017. It is designed to raise awareness and improve outcomes related to the cause, treatment, and management of osteoarthritis of the hip and knee, with both our physicians and members.

Patient self-care education starts as soon as possible after osteoarthritis diagnosis of the hip or knee to prevent life-changing complications. One-on-one health coaching is an integral part of the process. Health professionals are specifically trained to provide coaching over the phone.

As part of this member-centered approach, the health coach actively listens and works collaboratively to achieve desired health goals and enhance the overall quality of life for every member. Identified members are encouraged to participate in preventive visits with providers. Education is focused on conservative treatment options and lifestyle techniques for improved health, including exercise, smoking cessation, and weight loss, as needed.

Holistic Health Program

Holistic health care is an integrated approach that treats the whole person, not simply a disease state or symptom. Members choosing to engage in holistic health care are encouraged to take responsibility and actively engage in the process of health improvement and wellness. The focus is not only on treating the cause of the disease, which can lead to long-term sustainable healing, but also on optimum levels of positive well-being. Specifically, holistic health focuses on the balance of five aspects of health that can affect one another: physical, nutritional, emotional, spiritual, and environmental.

Spine Program

The program goal is to raise awareness and improve outcomes related to the cause, treatment, and management of back-related conditions with both our providers and members.

Stroke Prevention Program

The stroke prevention program is aimed to reduce the incidence of strokes through primary prevention and improve secondary prevention efforts to further lower risks of stroke-related morbidity. Through this quality-based integrated care model, collaboration, provider and community support, and partnerships are incorporated to promote best practices. This includes:

- Integrated validated risk-modeling and stratification
- Focused health coaching
- Case and disease management outreach
- Medical protocols
- Pharmacy management to significantly expand screening for atrial fibrillation (AFib) and broaden the prophylactic use of oral anticoagulants (OACs) in members at risk

Substance-Use Disorder (SUD)

The SUD care management program includes strategies to treat existing dependency among members and prevent future addiction. The comprehensive care management approach includes prevention, treatment, recovery, and specialized services. Substance-use treatment can be characterized as a continuum, dependent on things such as magnitude of the substance-use problem, level of care (inpatient, residential, intermediate, or outpatient), or intensity of services. The continuum ranges from case finding and pretreatment to primary treatment and aftercare.

Case Management Programs

The case management program assumes responsibility for the coordination of all aspects of care for members identified with chronic or high-risk conditions. This includes high-risk maternity, palliative, chronic kidney disease, behavioral health, oncology, HIV/AIDS, and members awaiting a transplant. The role of the case manager is to promote quality care and meet the member's needs while maximizing benefits and assuring proper use of services in the most appropriate setting.

Chronic Kidney Disease

The target audience for this program includes members with chronic kidney disease in slowing the progression of their illness through member education and coordination with a nephrologist. Targeted interventions are offered for different stages of illness and care managers work with primary care physicians to encourage nephrologist referrals for appropriate members.

Right Start Prenatal Program

The emphasis of this maternity and newborn care program is to promote full-term births among participants. Right Start assumes responsibility for the coordination of all aspects of care for pregnant members identified as high-risk.

The case manager follows the member throughout the pregnancy. The role of the case manager is to promote quality care and meet members' needs while maximizing benefits and assuring proper use of services in the most appropriate setting. The program uses New York State Department of Health Medicaid prenatal guidelines in an effort to standardize and improve prenatal care.

Palliative Care

The palliative care program is designed for members with an end-stage illness who are not ready to enter hospice. The program has a dedicated case manager to interact with members, their families, and their health care providers to assist members in achieving their goals during a difficult time.

Transplant

The case management and utilization management teams work collaboratively to improve care for transplant candidates. Targeting providers from centers of excellence for increased interaction and early identification of potential candidates has resulted in increased member satisfaction and quality care.

HIV/AIDS

Our HIV/AIDS case management program's goal is to promote adequate and timely care, manage comorbid conditions, adhere to medications and treatment plans, and address high-risk behaviors to prevent the spread of infection. Linking proper care, support services, and home care promotes improved outcomes.

Obstructive Sleep Apnea

Sleep apnea is a chronic condition that requires long-term management. Lifestyle changes such as weight loss and avoiding alcohol before bedtime may decrease the severity of the apnea. Positive airway pressure (PAP) therapy often is the best treatment for moderate to severe

obstructive sleep apnea. Other treatments such as oral appliances, surgery, and breathing devices (CPAP, BiPAP, etc.) may be required to effectively manage the disorder. Our respiratory therapists call members and assist them in adapting to their therapy.

Behavioral Health Case Management

A specialized staff of licensed behavioral health clinicians provides behavioral health case management services to members with significant mental health and/or substance use disorders. Diagnoses include major depressive disorder, substance abuse, psychosis, and bipolar disorders, in addition to risk for suicide. This specialized team facilitates linkages between behavioral health treatment providers (e.g., counselor, psychiatrist, and psychologist), primary care providers, and other needed treatment providers.

Through close follow-up with members, continued treatment adherence and support group utilization is encouraged. Due to the high comorbidity of behavioral health and chronic medical conditions, the Behavioral Health Case Management and Medical Case Management teams collaborate to ensure continuity of care.

Oncology Case Management

The oncology case management program provides members and their families with education, support, and advocacy. Case managers assist members in coordinating necessary health care services, while maximizing health care benefits. The case managers act as a resource for information, community resources, and care options and assist with the transition to palliative/hospice care, when appropriate. Oncology case management has demonstrated positive outcomes for better control of the patient's conditions and completion of treatment regimen, along with reduction in length of stay and potential complications.

Patient Safety Program

This program supports and promotes clinical safety for our members through collaborative efforts with internal departments and our practitioners, providers, and community organizations. It includes fall prevention in older adults, radiation safety awareness, and medication safety.

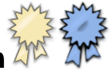
Fall prevention in older adults is a population-based, goal- and outcome-oriented initiative that aligns the member, health care delivery system, and planned interventions to decrease the incidence of falls among community members age 65 and older.

We work with our doctors and medical facilities to order X-rays and scans for members only when needed and keep track of testing to prevent unnecessary duplication. The radiation safety program provides ordering doctors with member-specific information regarding accumulated radiation exposure and promotes coordination of care between the primary care doctor, radiologist, and other specialists with the aim to reduce radiation exposure from unneeded tests.

Our pharmacy's vendor, Express Scripts®, provides information and tools to doctors to help them prescribe medications safely by informing them of potentially serious drug interactions or improper dosing. We encourage members to review their medications with health care providers on a regular basis. Improved medication safety can help reduce hospitalizations and falls in older adults and result in increased overall quality of care for our members.

Preventive Health Programs

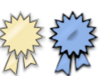
Preventive health is a key component to keeping our members healthy. Recommended screenings, immunizations, and other assessments are outlined in the preventive health guidelines posted on provider and member websites. Members and providers are also educated on preventive health requirements through newsletters, websites, fax, phone calls, and mailings.

Adult Preventive Health 

The adult preventive health program educates adult members 21 years of age and older on the importance of preventive health visits, recommended health screenings (such as a colorectal cancer screening), and important vaccinations (including flu and pneumonia).

Women's Preventive Health

The women's preventive health program educates women on the importance of receiving recommended preventive health visits and screenings for breast and cervical cancer, osteoporosis, and chlamydia (a sexually transmitted disease).

Child/Adolescent Preventive Health 

The child and adolescent preventive health program educates parents on the importance of making sure their children receive age-appropriate well care, including recommended well child and adolescent visits, screenings, and vaccinations.

Health Promotion Programs

Community Wellness Program

A community network of health educators offers wellness programming to eligible members free of charge. These educational programs provide members with the information and skills necessary to assist them in making positive lifestyle changes. Topics include nutrition, fitness, weight management, stress reduction, and diabetes education.

Worksite Wellness Program

This comprehensive wellness program centers on the needs of an employer. It includes access to a customized wellness website, on-site wellness workshops and lectures, and interactive campaigns and challenges, as well as expert planning, support, and advice from a health promotion specialist.

Discount Network

Members have access to a comprehensive list of local and national fitness facilities. Benefits include flexible memberships and travel privileges, as well as transfer and freeze options. Members also have the ability to purchase fitness and nutrition services at a discounted rate. Services are searchable by ZIP code.

Tobacco Cessation

Roswellness InhaleLife is a scientifically based program that has helped members quit tobacco successfully through telephone counseling for more than 10 years. The program uses a comprehensive approach to effectively address all three aspects of tobacco dependence: physical, psychological, and behavioral. Quit coaches work with the member to develop a

customized quit plan tailored to their needs. Overall member satisfaction with this program remains high at 95%.

The Roswellness InhaleLife program includes up to four scheduled phone-based treatment sessions in English or Spanish with a professional quit coach as well as fulfillment of nicotine replacement therapy for eligible members. *Break the Habit*, offered at the employer group level, is a four-week program is aimed at helping participants succeed at leading a tobacco-free lifestyle by providing education and motivation.

Health Coaching

Our health coaches work with members to help identify their wellness needs, provide them with the tools and resources to succeed, and motivate them to make long-term health or lifestyle changes. A health coach can actively support, encourage, and educate members in the areas of:

- Weight management
- Exercise
- Nutrition
- Stress management
- Tobacco cessation

A health coach's role can include working with a participant to set goals, establish a treatment plan, and follow up on compliance as needed. Health coaching is provided over the phone.

Wellness Website

MyHealth, our digital health management tool, engages employees by leveraging health plan data to populate an individualized Personal Health Itinerary® — a unique health optimization plan created specifically for employees to improve their health. This website is secure and private. *MyHealth* provides a multitude of interactive wellness tools, and all content is available through mobile devices.

Collaborative Participation

We actively join other organizations to improve the health and well-being of the local community. Our health experts participate in many programs throughout the year with the goal of engaging as many members as possible. More details on collaborative participation are available in the Summary of Collaborative and Coalition Activities document.

Customer Satisfaction Program

Our call-monitoring program improves the accuracy of the information given to members when they call Customer Service. Frequent modifications are made to our program to improve the service we offer our members. The call-monitoring program includes an evaluation of eight call behavior strategies that have been taught to all of our customer service representatives. This behavior strategy program, called the Ulysses Learning Program, was implemented to improve and provide excellent customer service to our members, providers, and partners.

Customer Satisfaction Monitoring

This program monitors the quality of our Customer Service department, including making sure information given by our staff is accurate and that members do not have to wait long for a response to their question. This allows us to investigate and track issues in order to identify areas for improvement when our members contact us with quality-of-care complaints.

We also survey our members on how well they like our service. Results from surveys and member complaints are monitored and data are shared with a team that focuses on member satisfaction.

One of the surveys is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The same questions are asked to members across the nation to measure satisfaction with their health plan and provider. This survey allows us to compare ourselves with other health plans and focus on specific areas of improvement.

Pharmacy Benefits Satisfaction

In 2018, our pharmacy benefits manager (PBM) and Express Scripts met all operations performance standards.

If you would like a paper copy of this report or need additional information, contact us at 1-877-878-8785, option 3. You may also write to us at the following address:

BlueCross BlueShield of Western New York
Attn: Quality Improvement
PO Box 80
Buffalo, New York 14240

All measures in this category exceed the 2018 national average in one or more lines of business.

All measures in this category exceed the 2018 New York State average in one or more lines of business.

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