Quality Improvement Strategy: Summary

Issuer Name: Kaiser Foundation Health Plan of the Northwest

QHPs to which this Quality Improvement Strategy (QIS) applies: All QHP's in the Exchange

QIS Title: Improving Care and Outcomes for Members with Diabetes

QIS Topic Area: Improve health outcomes, Implement wellness and health promotion activities, Reduce health and healthcare disparities

QIS Description: The aim of the QIS is to improve health outcomes, implement wellness and health promotion activities and decrease disparities for members with diabetes through a provider incentive program. Specifically, the focus will be to improve diabetes by implementing a proactive diabetes management protocol for members whose HbA1c is less than 8%; providing closer monitoring and medication titration to prevent HbA1c elevation. The 2017 QIS will focus on expansion of a team based care model utilizing primary care practitioners, clinical pharmacists and a centralized medical assistant process to all primary care practices. The team will outreach to members with an HbA1c between 7.0% and 7.9%. The QIS will also look to decrease disparities for Latino/Hispanic members with elevated HbA1c levels leveraging Spanish speaking staff, culturally appropriate education and nutrition classes and community health workers and patient navigators.

Rationale for QIS: All measures of glycemic control are worsening across all populations. According the Centers for Disease Control 21.9 million people are currently diagnosed with diabetes--a disease that is costly and contributes to poor health outcomes. Many programs aimed at improving diabetes control and performance focus on on poor control with HbA1c levels greater than 9.0%. Marketplace members comprise about 1% of the organizations overall membership in Washington. Of the 1% Marketplace membership, roughly 6% have a diabetes diagnosis. The aim of this work is to stop progression of the disease and improve outcomes by preventing patients with diabetes from progressing to A1c >/= 8.0%.

Activities that Will Be Conducted to Implement the QIS:

Implement the "7.0-7.9 DM2M" work flow across all primary care locations, including a centralized medical assistant work flow to identify patients in the qualifying range for outreach. - - Conduct small tests of change within work flows to optimize identification and outreach efforts.

- Embed Concept Unique Identifiers (CUI) in electronic medical record to ensure documentation standards are met.

- Provide education to providers and support staff regarding the program.

-Increase efforts to provide health engagement and wellness services via kp.org including external websites designed to offer enhanced diabetes education in a culturally appropriate manner.

- Utilize Spanish speaking Patient Navigators and Community Health Workers to provide outreach and inreach to Hispanic/Latino and Spanish speaking membres.

- Monthly performance monitoring and feedback reports to providers.

Market based provider incentives are based on meeting or exceeding a performance target of 72.8%. The activities listed above enhance providers' ability to meet the set performance target for diabetes HbA1c control.

Implementing work flows focusing on outreach and conducting tests of change help ensure work is optimized and efficient.

Embedding CUI's in the medical record will ensure documentation and coordination between providers working with the patient.

Providing on-going education support to providers and patients will help to achieve compliance with the strategy and measure goal.

Implementing work flows with primary care providers as well as in a centralized outreach area work to improve health outcomes. Focusing on patients who meet criteria, providing case management and medication titration will improve health outcomes for members with diabetes before Hba1c levels become out of control.

Enhancing diabetes education for providers as well as members provides an opportunity to implement wellness and health promotion activities. Embedding wellness activities into the structure of the diabetes program by engaging members in a whole person perspective serve to support patients in their journey toward wellness and living with diabetes. Ensuring this is done in a culturally appropriate manner and tailoring outreach and resources accordingly should support a decrease in health disparities among members with diabetes

QIS Goal 1: QIS goal 1 is focused on meeting or exceeding a target of 72.8% of Marketplace members with diabetes whose Hba1c is less than 8.0%

Measure(s) used to track progress of Goal 1: Diabetes Hba1c <8.0%

This measure is based on HEDIS 2016 technical specifications
Denominator = all marketplace members with a diagnosis of diabetes
Numerator= Marketplace members with a diagnosis of diabetes whose Hba1c <8.0%.

How measure reflects progress toward Goal 1: Reports for Measure 1a are calculated on a monthly basis according to HEDIS specifications. Measure 1a support the tracking of performance related to Goal 1 by calculating the percentage of Marketplace members who have a recent HbA1c level less than 8.0%. Tracking performance on this measure enables providers to make changes in the program to achieve improvement on the measure.

QIS Goal 2 (if applicable): QIS goal 2 is focused on enrollment of primary care practitioners in the diabetes management program,"DM2M", focusing on lowering Hba1c levels and titrating medications in the Marketplace population.

Measure(s) used to track progress of Goal 2: Physician participation in DM2M.

Denominator= all primary care providers

Numerator = primary care providers participating in program

How measure reflects progress toward Goal 2: Measure 2 supports tracking of goal 2 performance by measuring the number of providers who choose to participate in the program.