



## Quality Improvement Initiatives

*The HealthPartners Quality Improvement Program advances the Institute of Medicine's Six Aims of Quality Healthcare. These aims align with our mission and vision to provide services that are patient and member-centered, timely, effective, efficient, equitable, and safe.*

### Our Philosophy

HealthPartners mission is to improve health and well-being in partnership with our members, patients and community. We base our philosophy on a framework called the Triple Aim, which is founded on improving health, providing a better experience and making health care more affordable.



Everything we do works toward achieving this goal. Our goals and objectives shine through in our organizational vision: health as it could be, affordability as it must be, through relationships built on trust.

#### Components of our Quality Program

1. Clinical Quality Improvement
2. Patient Safety
3. Behavioral Health
4. Patient Experience
5. Access and Availability of Services
6. Provider Satisfaction

Each year, HealthPartners conducts an assessment of our programs which summarizes the quality of services we provide to our members to ensure we are meeting our goals around quality care. [The 2015 Annual Evaluation can be found here.](#)

HealthPartners offers coverage for Minnesota Health Care programs, including Medicaid, MNCare, MSHO and MSC+. Examples of quality initiatives for these members can be found here.



## Appropriate Emergency Room Use

Non-urgent use of Emergency Department (ED) services drives high health care costs and interrupts continuous primary care. The lack of coordination and continuity of care between EDs and the member's primary care physician (PCP) can lead to lack of follow-up care, redundant testing, and even medical errors. HealthPartners data suggests that 70 percent of all ED visits fit the categories of either non-urgent or primary care treatable. In addition, some members have a pattern of repeat ED use for non-urgent care. Ensuring that members seek a place of care that is appropriate for their condition is directly related to all three objectives of the Triple Aim. Coordination of care and access to the right care at the right time will promote health and improve the member's quality of experience. By providing the best care in the most appropriate situation, costs reflect care received.

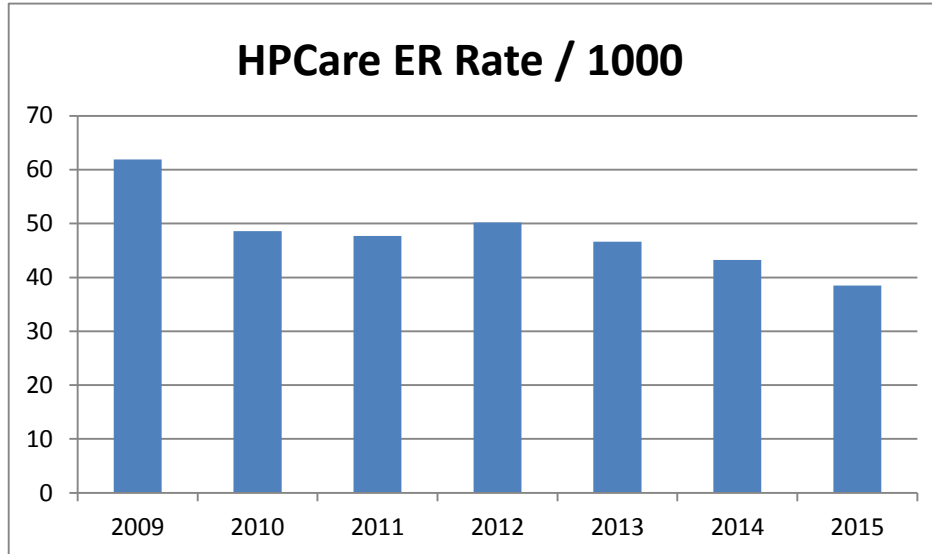
To address this issue, HealthPartners implemented a multi-pronged approach that addresses the key drivers of avoidable ED visits, while encouraging members' use of services in an appropriate setting and development of a relationship with a PCP.

By targeting interventions to those areas where the greatest impact can be seen, we have achieved a reduction in our ED use rate. This has a positive effect on our members as they receive care in the most appropriate setting resulting in reduced costs.

One measure of the success of these multi-faceted interventions is the decrease in the overall rate of ED visits over the past five years. Since 2009, we have seen a 38.5 percent decrease in ED use among our HPCare population. While reductions have been more modest in the commercial population, the rate is much lower overall.



**HealthPartners Emergency Room Monitoring**  
**Medicaid/MinnesotaCare rate = visits per 1000**



**How did we do it?**

**Member Education**

In 2012, our member survey results (CAHPS scores) showed that more than 25 percent of Medicaid members did not know where they should go for after-hours care. To address this lack of awareness, HealthPartners implemented numerous member education initiatives in partnership with our clinics and community organizations.

- We identified members with low intensity ED claims or were related to problems that could have been treated in either primary care or an urgent care setting. We sent mailings offering alternatives to the ER to members with one ER visit, and did phone outreach to those with multiple ER visits which could have been treated somewhere besides the ER.
- HealthPartners sent mailings to targeted members about other options such as Urgent Care and virtuwell. HealthPartners developed a web site that contained an engaging, interactive quiz to raise awareness of ED versus urgent care appropriateness. Our direct-mail campaigns included information about accessing this quiz on the web site.
- HealthPartners used social media to promote appropriate ED use which also utilized the Urgent vs. Emergent quiz. Of the 68,435 individuals who received the message, 868 clicked the link to either take the quiz or find an urgent care near them.
- HealthPartners offered the *What to Do When Your Child Gets Sick* book to all new moms in the PMAP Program. Our ER Outreach nurses called each member who requested the book to educate the family on how to use the book to make appropriate care decisions.



- CareLine is HealthPartners' 24 hours a day, seven days a week nurse advice line. Many members are unaware of CareLine services or that CareLine nurses will help them make decisions about the best place to go for care.
  - HealthPartners developed multiple CareLine promotions to educate members about the support provided and how to access it. For example, we send new mothers a postcard introducing them to a CareLine nurse specially trained about the needs of new parents and encouraging parents to contact the nurse with questions.
  - Sometimes CareLine nurses encourage members to visit the ED as the most appropriate option for their care needs. Following these ED referrals, nurses conduct loyalty calls to the family to seek the outcome of the visit and assist with any needed follow-up.
  - CareLine nurses call members who have more than one low-intensity visit to the ED within three months. The nurse offers advice on alternatives to ED care, educates the member on the importance of establishing a primary care relationship, and answers any questions the member may have.

### **Improve Access**

- HealthPartners recognizes that many people choose the ED at times when clinics are open because of the convenience in not having to schedule an appointment. To create a different option, we offered a part-time Nurse Practitioner (NP) at HealthPartners Medical Group St. Paul Clinic to offer walk-in care. NPs treat a wide range of common conditions that patients would want same day access for, but do not rise to the level of needing an ED. The option has been successful enough that the hours have been increased to full time, five days per week.
- virtuwel is HealthPartners' on-line care provider, available 24 hours a day, seven days a week. Members can access virtuwel instantly without an appointment and certified NPs typically provide treatment plans within just 30 minutes. We promote this care delivery option in member materials and in a variety of plan communications and have seen steady increases in usage.

### **Lessons Learned**

We have learned that some people who utilize the ED for low intensity reasons as a usual source of care are open to more appropriate alternatives when these options are offered.

Refining our educational messages about alternatives to the ED, in a way targeted to member beliefs and motivations, has been an effective way to help members find the right care, at the best place at the time they need it. We will continue to look at options to partner with our clinical care providers, community organizations, and other partners to ensure this message is spread universally.



### **Sustainability of the Activity**

HealthPartners is committed to continuing these efforts and adding new initiatives to ensure that members are receiving care in the most appropriate setting. We will continue to explore and offer creative options such as virtuwell and clinic walk-in hours to meet the needs of our members in accessing the most appropriate care at the time of need. We will continue to support and engage members in decision making that leads to the best health outcomes for themselves and their families.



## Postpartum Care

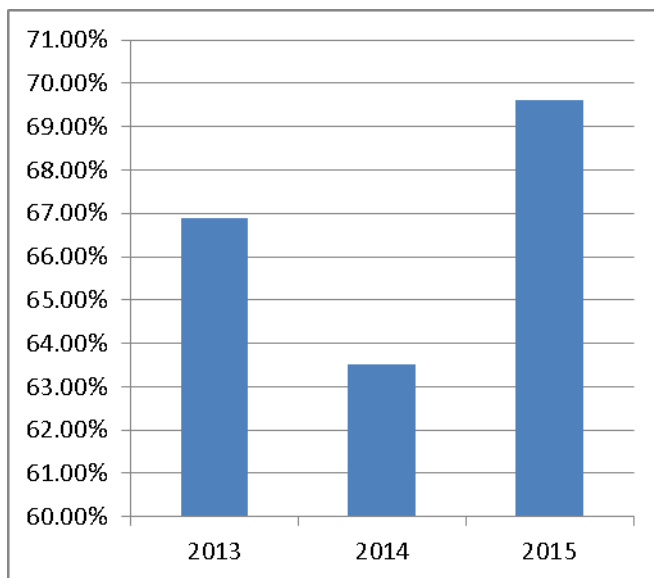
Postpartum health care is an often overlooked area of perinatal health. Clinical guidelines stress the importance of the postpartum visit for assessing the mother's physical and psychosocial well-being and addressing issues such as contraceptive care, postpartum depression, breastfeeding, nutrition and sexuality. Postpartum visits are key to identifying risk factors and supporting women on a healthy life by discussing interconception care. However, postpartum visit rates are often low, particularly among high risk populations.

HealthPartners identified a drop in the postpartum visit rate among our Medicaid members for 2012 dates of service. The disparity in rates between our commercial members and our Medicaid members was a significant 18.7 percent gap.

Because of economic and social stressors and competing demands for their time and attention, low-income women often put the health care needs of their baby ahead of their own. The same women who take their baby to newborn visits may not make or keep their own post-partum appointments.

### Results and Outcomes

The initiatives we implemented to improve post-partum visit rates resulted in an improvement in our overall 2015 HEDIS rate by 6.1 percent to a rate of 69.6 percent; our highest rate in at least 5 years. In addition, this decreased the disparity between Medicaid members and Commercial members by 3.4 percent to a gap of 15.3 percent.





## How did we do it?

### Member Outreach, Education and Support

- HealthPartners implemented a post-partum mailing to new moms to educate them about the importance of their own health, what they should expect to happen at the visit, and a checklist of items they should be sure to ask their health care provider about.

To further stress the importance of this visit, we provided a \$20 gift card incentive to members for completing the visit between 3 and 8 weeks post-partum. The incentive information is included with the checklist, which encouraged women to bring the checklist along to their visit and have the important conversations with their provider. In 2016, this incentive increased to \$25.

- HealthPartners promotes Text4Baby in our member materials and our clinics. This free service sends women text messages during their pregnancy and following delivery and includes messages on post-partum health.
- HealthPartners has a fully integrated Healthy Pregnancy Program, designed to provide comprehensive support to women who are pregnant or planning a pregnancy.

Coaching and intervention is tailored to meet each individual's needs. Healthy Pregnancy is fully integrated with our other internal health and wellness programs as well as community-based resources and programs so that women are seamlessly connected with other beneficial programs and services. Following delivery, the Healthy Pregnancy case managers continue contact to encourage a post-partum visit.

In 2015, we added an incentive to encourage women on PMAP to participate in this program. They can receive a \$25 gift card for enrolling in the program and another when they complete it.

- HealthPartners developed a unique partnership with the Nurse Family Partnership within Ramsey County Public Health in 2015. This partnership allows members increased support during pregnancy and a nurse to provide education and support for two years post-partum. This nationally recognized model demonstrates positive outcomes for babies and families.
- Beginning in 2012, HealthPartners began discussions with the other PMAP health plans, DHS and local public health to address the issue of the high rate of low birth weight (LBW) babies among the PMAP population in certain areas of the state. As a result of this partnership, the health plans implemented a process for hospitals to notify the health plans whenever one of our members delivered a low birth weight baby. The notification is routed to HealthPartners Case Management area who reaches out to the new mom to provide support, education and resources, as well as a referral to public health home visiting services in their community. The Local Public Health (LPH) agency offers home visiting services, case management and interconception health education to these members. In addition to the LPH referral, the HealthPartners case manager work with the mother to schedule a post-partum checkup.
- A large percentage of our pregnant members seek care at HealthPartners Medical Group (HPMG) clinics. Our clinics offer a program called Healthy Beginnings to women who are at high medical or social risk during their pregnancy. Originally created to serve women with chemical health issues, this has now been expanded to include other risk factors, including teen pregnancies. The nurse



case managers meet with women during their clinic visits to provide resources and support, education on healthy pregnancy and connections to community resources. The Healthy Beginnings staff tries to visit the moms when they are in the hospital following delivery, and works with the mom to ensure her post-partum needs are met.

- The health plan offers additional support to members through our CareLine and BabyLine. Staffed 24/7, registered nurses answer questions from new moms related to their baby and themselves. Nurses also help new moms schedule a post-partum visit.

### Lessons Learned

- Lack of transportation can be a barrier to women getting post-partum care. Our transportation benefit typically provides bus vouchers for members to get to clinic appointments, but because of the importance of post-partum care, we revised the policy to allow women to take a taxi to their post-partum appointment. This can ease travel with a newborn and reduces one barrier to care.
- Women on Medicaid face many life stressors including the stress of having a new baby at home. Their own care may not be a priority as they focus on caring for their infant. And for women who are not first-time moms, they may feel a post-partum visit is unnecessary.
- Often, women are asked to return to their doctor shortly after discharge to follow up on issues from delivery. They consider this their post-partum visit and do not return for the recommended 6-week visit.

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## Preventive Services

Obtaining appropriate preventive care improves health outcomes and can prevent disease. HealthPartners supports improving the delivery of appropriate clinical preventive services by providing tools and resources to support our members and health care providers.

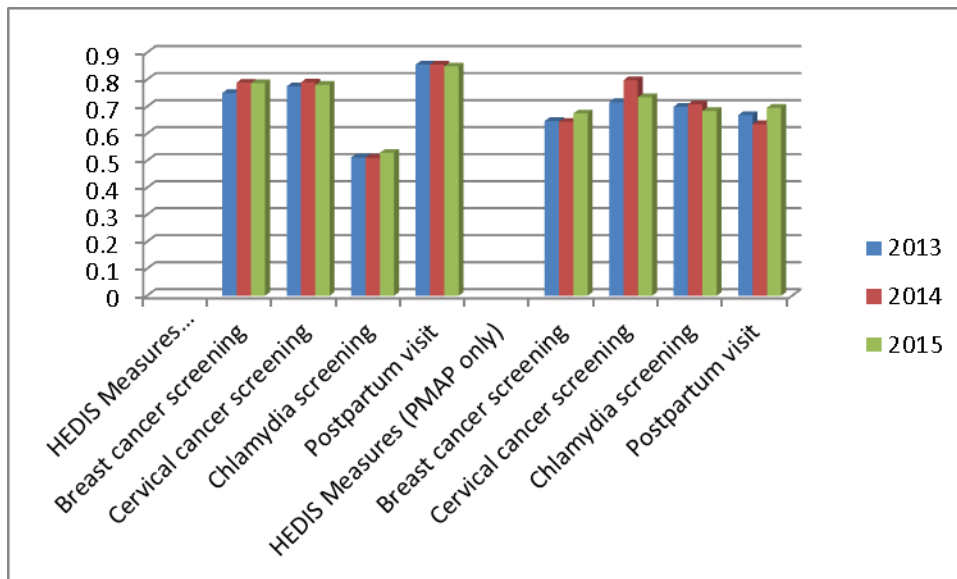
HealthPartners has an outreach program for preventive service reminders. This program was started in response to members' comments regarding 'Why can't my health care provider send me a reminder?' and as an additional resource to clinic systems.

We proactively contact members who have not received best care as defined by evidence-based clinical guidelines established by the Institute for Clinical Systems Improvement (ICSI) and U.S. Preventive Services Task Force (USPSTF) for select services (breast, cervical, and colorectal cancer screening and also childhood immunizations). Based on member preferences, messages are sent either via postal mail or secured web mail. Many members have access to a secure web mailbox on healthpartners.com which enables them to access messages from both the plan and select providers.

### Goal

Our goal is to engage, empower and partner with members, patients, providers, and purchasers to achieve the best health for our members. Our objectives:

1. Educate providers and members and facilitate the delivery of preventive health care services
2. Empower members in self-care around healthy behaviors and preventive care





HEDIS Measures (PMAP only)			
Breast cancer screening	64.7%	64.4%	67.5%
Cervical cancer screening	71.7%	79.8%	73.5%
Chlamydia screening	70.0%	70.9%	68.4%
Postpartum visit	66.9%	63.5%	69.6%

### How did we do it?

#### Member Interventions:

1. Shared decision making assists members in making choices about preventive care options
2. Case Management staff can remind members when they are due for a preventive service
3. Health Risk Assessment alerts members to preventive services they may need
4. Internal and external communications build awareness of the importance of cancer screenings
5. MSHO incentive for members who completed colorectal cancer screening
6. Customized messaging for breast cancer screening outreach
7. Adolescent immunization incentive for our PMAP population

#### Provider Interventions:

1. Public reporting of comparative provider performance
2. Evidence-based clinical guidelines are disseminated to providers
3. We offer registries to our contracted clinics so they can outreach to their patients who need preventive services.
4. Equitable Care champions and staff provide race/ethnicity-specific scripting for promoting cancer screening
5. Inclusion of preventive measures in provider pay for performance programs
6. Quality Connections Forums of network quality improvement leaders meet to share the latest science and best practice methods including successes and challenges of quality improvement initiatives.

#### Lessons Learned

1. Preventive guidelines change and it may be confusing for members to know when to start screening and frequency of screening.
2. Medical providers need to be aware of Cultural beliefs that may be a barrier to patients seeking preventive care.
3. Medical societies publish and promote consensus-based preventive guidelines that may be inconsistent with the evidence; this causes patient and provider confusion.



4. Variation exists in the provider's ability to collect race/ethnicity data and language data, which can affect ability to address disparities.
5. Providers have limited resources for testing proposed initiatives and the time and resources needed to make systemic change can be costly. By sharing successes and strategies via Quality Connections we support tested interventions for quality improvement.