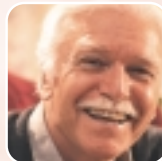


# Quality Initiatives, Health Programs, and Results

Annual Quality Report - 2003



**Blue Cross  
Blue Shield**  
of Rhode Island

Your Plan for Life.™



## Overview of Quality Programs and Initiatives

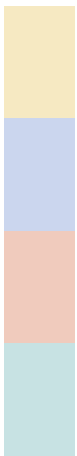
At Blue Cross & Blue Shield of Rhode Island (BCBSRI), our commitment to quality is reflected in every aspect of our health plans and programs. Our integrated approach to promoting quality care and service helps to improve the health and well-being of our members and reduce long-term healthcare costs.

Along with comprehensive benefits, BCBSRI plans include health management programs and interventions, preventive and wellness programs, member education, medical management, and much more.

## A Commitment to Quality

Our 2003 Annual Quality Report presents some of the many ways we work to improve the health of our members. The report highlights the results of our initiatives, which include helping members to lower their cholesterol, control their diabetes, and receive potentially life-saving immunizations and screenings. Our corporate vision is *to improve the quality of life of Rhode Islanders by improving their health*, and the results in this year's quality report show that we are making progress toward that goal.

In addition to our interventions, we help members achieve their health goals through BluePrint for Life<sup>SM</sup>. This health promotion and illness prevention initiative encourages members to make healthy lifestyle choices at every stage of life. Our Web site, BCBSRI.com, offers a variety of health information, tools, and programs for members and the general community.



## NCQA Accreditation Rating

*Your best assurance of quality*



The National Committee for Quality Assurance (NCQA)<sup>1</sup> again awarded its highest accreditation status of “**Excellent**” to BlueCHiP, Coordinated Health Partners in October 2003. Achieving this status requires a daily commitment to quality, with our members as the ultimate beneficiaries. All three BlueCHiP products earned a rating of “Excellent,” demonstrating superior performance and quality in all major categories.

BlueCHiP Commercial	EXCELLENT
BlueCHiP for RItE Care	EXCELLENT
BlueCHiP for Medicare	EXCELLENT

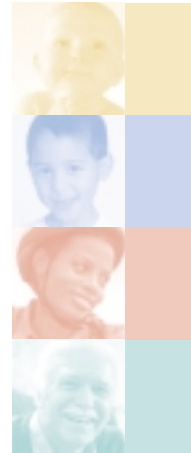
An “Excellent” accreditation status signifies that BlueCHiP has met the rigorous standards set by NCQA. The full accreditation status was awarded following on-site review and analysis of health plan records, interviews with health plan staff, results of Consumer Assessment of Health Plans (CAHPS)<sup>2</sup> member satisfaction surveys, and results of standardized performance measures known as the Health Plan Employer Data and Information Set (HEDIS®)<sup>3</sup>. The consistently high quality of care that our network of providers delivers to our members was a significant factor in BlueCHiP maintaining its “Excellent” status. Since November 2000, all BlueCHiP products have maintained an “Excellent” accreditation status.

NCQA is committed to providing information on the quality of health plans. By visiting [www.ncqa.org](http://www.ncqa.org), consumers can access the NCQA accreditation status of all accredited health plans, and find information on a variety of healthcare quality measures. To see how healthcare quality can affect the productivity and absenteeism of your employees, try NCQA’s Quality Dividend Calculator™ at [www.ncqacalculator.com](http://www.ncqacalculator.com). Use this online tool to estimate the “quality dividend” your organization receives for providing high-quality care to employees.

<sup>1</sup> The National Committee for Quality Assurance (NCQA) is an independent, not-for-profit organization that evaluates managed care organizations.

<sup>2</sup> CAHPS is a registered trademark of the Agency for Healthcare Research and Quality.

<sup>3</sup> HEDIS stands for Health Plan Employer Data and Information Set. Created by NCQA, HEDIS is a standardized set of measures for evaluating the performance and value of health plans. HEDIS is a registered trademark of the National Committee for Quality Assurance.



## Key Clinical and Preventive Health Initiatives

Our quality improvement program, combined with our BluePrint for Life health promotion and illness prevention initiative, offers effective methods for improving our members' health as well as enhancing the quality, continuity, coordination, and accessibility of healthcare. Below we have highlighted the results of some key clinical and preventive health initiatives.

### MANAGEMENT OF CARDIOVASCULAR DISEASE

Cardiovascular disease is the number one cause of death of men and women in the United States. The good news is that most cardiovascular disease can be prevented through proper nutrition, exercise, stress management, and medication. From the previous year, we improved our HEDIS scores in all three cardiovascular areas measured for BlueCHIP for Medicare, BlueCHIP Commercial, and HealthMate members.

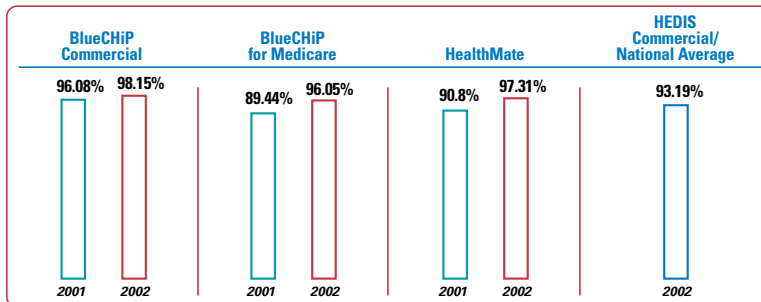
#### *Beta Blocker Treatment*

**Objective:** To measure whether members who had been hospitalized for a heart attack (acute myocardial infarction) received a prescription for beta blockers within seven days of discharge.

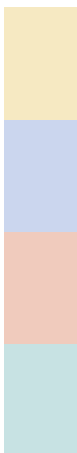
**Rationale:** Use of a beta blocker is accepted as the standard for reducing recurrent major cardiac events, such as a second heart attack, unless beta blockers are contraindicated for that individual. Communicating with members and providers to ensure that this treatment action was taken helps BCBSRI to determine whether members have received the appropriate level of care for their condition.

**Initiatives:** Through newsletter articles to members, we reinforced the importance of using beta blockers after a heart attack. All providers received a copy of our clinical practice guidelines outlining nationally recognized treatment practices.

#### **Results:**



Beta Blocker Treatment



### Controlling High Blood Pressure

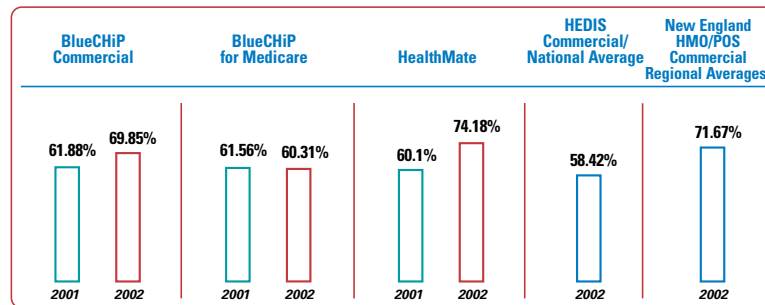
**Objective:** To properly control high blood pressure as evaluated by assessing members aged 46 to 85 years with a diagnosis of hypertension.

**Rationale:** Controlling high blood pressure has been proven to help reduce incidents of heart attack, strokes, and kidney failure.

**Initiatives:** Through newsletter and magazine articles, we reinforced the importance of knowing blood pressure numbers and keeping blood pressure low through proper diet and regular exercise as well as medication, if needed. Quarterly, we also sent a letter and educational brochure on heart health to members who have had a cardiac event. The letter offered members the opportunity to participate in a free 12-month telephonic counseling program provided through Harris HealthTrends, Inc.

Providers received a summary of the national Hypertension Clinical Practice Guidelines, which presented the latest medical information on the treatment of high blood pressure.

#### Results:



Controlling High Blood Pressure

<sup>4</sup> This New England average is provided by Quality Compass<sup>®</sup>. It reflects HEDIS scores for Commercial Health Maintenance Organization (HMO) or Point of Service (POS) plans.

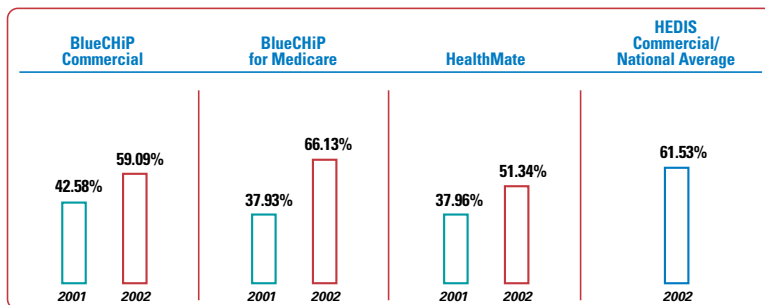
### *Cholesterol Management after Acute Cardiovascular Event – LDL-C Control*

**Objective:** To measure the percentage of members who were hospitalized for a cardiac event (acute myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary angioplasty) and who had a level of LDL-C (low density lipoprotein-cholesterol) less than 130mg/dl.

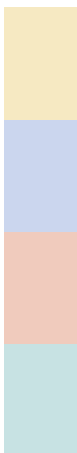
**Rationale:** Elevated cholesterol levels, which include a high level of LDL, “bad cholesterol,” can reduce arterial blood flow and lead to a second heart attack. By reaching out to our members who meet this criteria and educating them about the importance of cholesterol management, proper diet, and regular exercise, we sought to prevent future cardiac events.

**Initiatives:** Through newsletter and magazine articles, we encouraged both men and women to get their cholesterol checked as well as suggested that they eat a diet low in saturated fats and that they exercise regularly. We also explained the difference between “good,” “bad,” and “total” cholesterol. Quarterly, we sent a letter and educational brochure on heart health to members who have had a cardiac event. The letter offered members the opportunity to participate in a free 12-month telephonic counseling program provided through Harris HealthTrends, Inc.

#### **Results:**



Cholesterol Management after Acute Cardiovascular Event: LDL-C Control



## COMPREHENSIVE DIABETES CARE

More than 17 million Americans have some type of diabetes. With regular testing and appropriate medical care and self-care, patients can control symptoms and significantly reduce their chances of developing serious complications. The following two diabetes care measures improved across all product lines from the previous year.

### Poor HbA1c Control

**Objective:** To measure if poor blood test scores for hemoglobin A1c (HbA1c) are improving.

**Rationale:** Because improved control of diabetes can prevent or delay the onset of complications, the HbA1c test is a useful indicator of whether a diabetes management plan needs to be adjusted. By educating members with diabetes about monitoring their HbA1c levels, and reminding practitioners to use this measurement tool, we sought to improve the health of our members and the efficiency of our providers.

**Initiatives:** Through targeted mailings, newsletter articles, telephonic counseling, and diabetes education classes, we raised awareness among members about the importance of the HbA1c test.

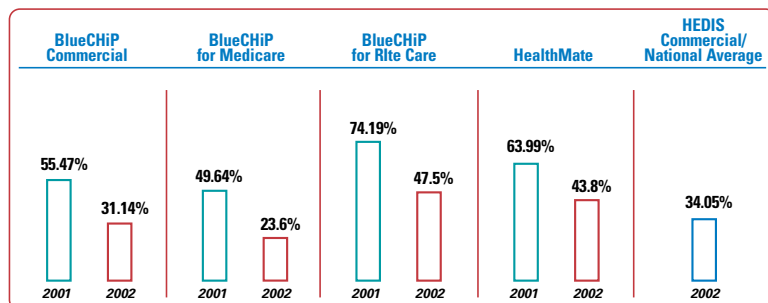
We also encouraged both members and providers to monitor HbA1c levels through the My Diabetes Record program, which we help to sponsor through the Rhode Island Department of Health. Members received booklets to record results of important tests, including their HbA1c levels, and were provided with an incentive for reporting these scores to BCBSRI for evaluation.

In 2002, the Glucose Meter Training and Trade-in Program was offered to anyone with diabetes who wanted help managing their blood sugar levels. Through this program, we offered free glucose meters and educational materials. Durable medical equipment vendor Vanguard Home Medical and glucose meter manufacturer LifeScan, Inc. provided the products and support for this program.

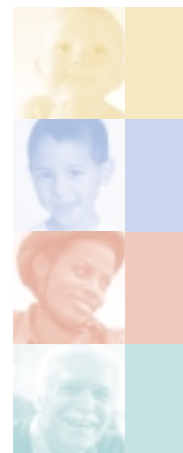
Through provider newsletters, we asked physicians and providers to promote the My Diabetes Record and Glucose Meter Training and Trade-in programs. We also sent providers a list of their patients who had not received important annual tests and exams and distributed BCBSRI clinical practice guidelines regarding appropriate diabetes care.

Throughout the year, members who are hospitalized with a primary diagnosis of diabetes are contacted by case management nurses for follow up.

### Results:



Poor HbA1c Control



*LDL-C Controlled*

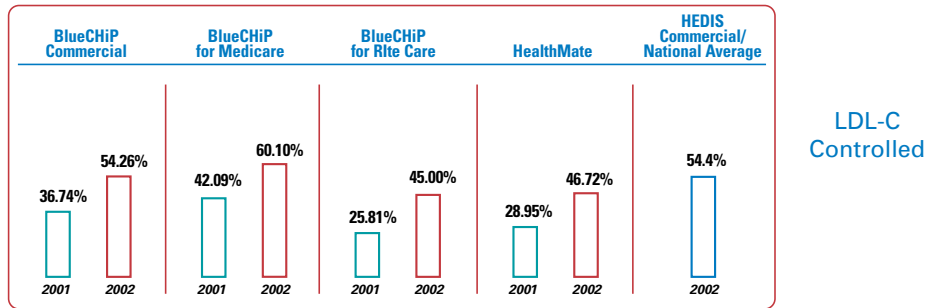
**Objective:** To increase the number of members with diabetes who have LDL-C controlled below 130mg/dl.

**Rationale:** Diabetes can compromise the circulatory system by narrowing and/or weakening blood vessels. When lipid (fat) deposits, which are characteristic of elevated LDL-C levels, accumulate in such compromised vessels, serious and sometimes fatal types of heart disease or stroke can develop. This measure of “bad” cholesterol helps assess a member’s risk of developing heart disease and measures the effectiveness of cholesterol-lowering therapies. Education about this simple blood test can help people with diabetes avoid these complications.

**Initiatives:** In addition to the health promotion and diabetes education discussed in the previous measure, members with diabetes who had not received important tests, such as the LDL-C, or who had poor scores for this test, received reminder letters and telephonic counseling.

Educational articles in member and provider newsletters reinforced the importance of managing glucose and lipid levels for improved cardiovascular and overall health.

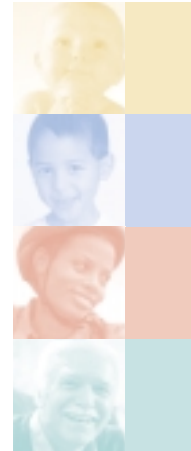
**Results:**





## KEEPING KIDS HEALTHY

National clinical practice guidelines support the need for immunizations several times during a child's physical development. From birth to adolescence, these immunizations help protect children from potentially life-threatening illnesses and reduce employee absenteeism due to caring for a sick child. Across all product lines, the number of children and adolescents who received immunizations increased from the previous year.



### *Childhood Immunizations – Combinations I and II*

**Objective:** To increase the number of children who, by the age of 2, have received either combination of the recommended immunizations.

- **Combination I:** Four DTP/DTaP (diphtheria-tetanus), three IPV/OPV (polio), one MMR (measles, mumps, and rubella or “German measles”), two H influenza type b, and three hepatitis B vaccines
- **Combination II:** all Combination I vaccinations plus VZV (chickenpox)

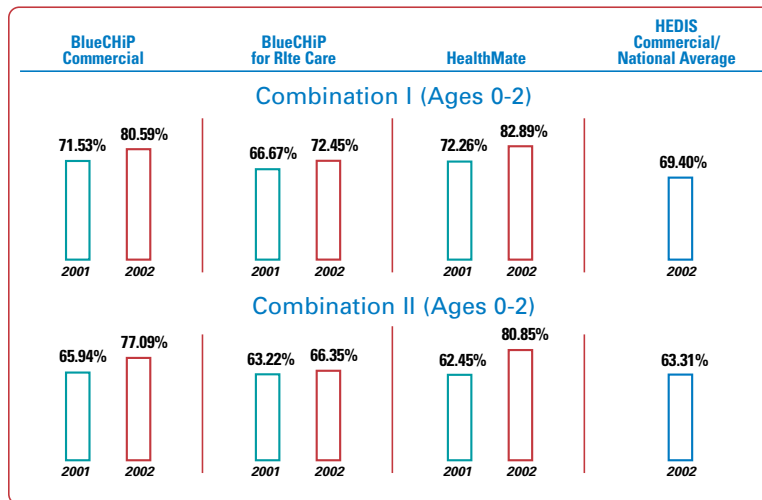
**Rationale:** Vaccines reduce the likelihood of catching contagious diseases that can cause illness, permanent disability or death.

**Initiatives:** We conveyed the importance of childhood immunizations in a variety of communication vehicles, including our general member magazine *HealthCare Directions* (now called *Choices*), the magazine's plan-specific *Member Update* inserts, the BlueCHIP for RItE Care newsletter *To Your Health*, and the Good Health Benefit: Worksite Wellness newsletter. We also sent reminders to parents before or at the time childhood immunizations were due – immediately following birth and when children are aged 1 and 11 years old.

In addition to these communications, we continued to promote the Freshman Class, an innovative program that waives copayments for well-baby visits for the first 15 months of life, a critical time for receiving childhood immunizations.

We also reached out to providers through newsletters, encouraging them to talk to their patients about immunizations, and by distributing Well Child Clinical Practice Guidelines.

### Results:



Childhood Immunizations

### Adolescent Immunizations – Combinations I & II

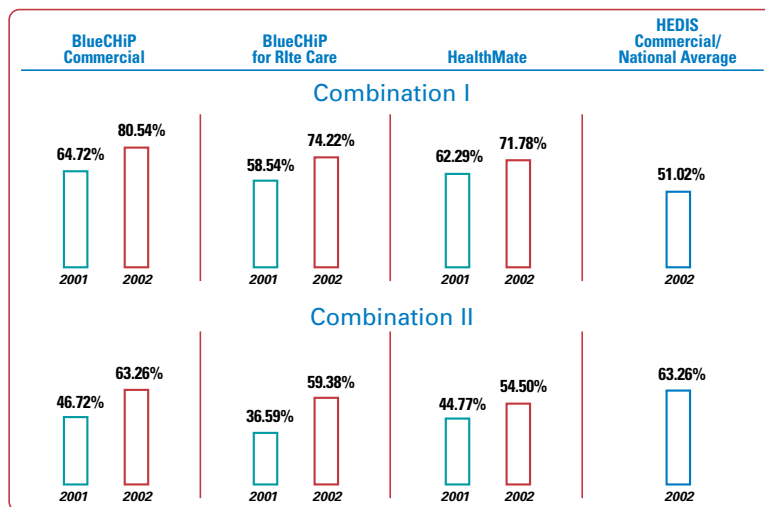
**Objective:** To increase the number of children who, by the age of 13, have received a combination of recommended immunizations.

- **Combination I:** A second dose of MMR (measles, mumps, and rubella, or “German measles”), and three hepatitis B vaccines
- **Combination II:** includes all of Combination I and one VZV (chickenpox) vaccination

**Rationale:** Adolescent immunizations are an important preventive measure that may often be overlooked, as most parents associate immunizations with the infant/toddler years. Our initiatives were designed to remind and educate members with adolescent children about the importance of timely immunizations.

**Initiatives:** In 2002, we mailed a birthday card to all plan members on their eleventh birthday, reminding parents about the immunizations that are needed between the ages of 10 and 12, as well as in the teen years. This mailing included a schedule of recommended immunizations. In addition, all members, except BlueCHiP for RiTe Care members, received our *HealthCare Directions* (now *Choices*) magazine, which featured information on preventive health guidelines and an immunization schedule. BlueCHiP for RiTe Care members received the same preventive health guidelines in a special BlueCHiP for RiTe Care quarterly newsletter, *To Your Health*.

#### Results:



Adolescent Immunizations



### ADDRESSING WOMEN'S HEALTH

In almost every BCBSRI health plan, the percentage of women who received cervical cancer screenings, breast cancer screenings, and postpartum care increased, with the most significant increase occurring in the BlueCHIP Commercial population. These preventive exams will help keep our female members healthy.

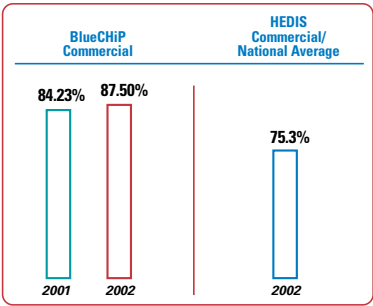
#### *Cervical Cancer Screening (Pap Test)*

**Objective:** To increase the percentage of female members aged 18 to 64 who receive routine Pap tests to screen for cervical cancer.

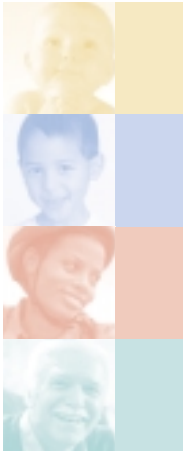
**Rationale:** Detection of cervical cancer in its early stages can increase chances for treating the disease before it becomes invasive.

**Initiatives:** In 2002, on two occasions, we mailed our “Detecting and Preventing Cervical Cancer” brochure, along with a reminder letter, to women who were overdue for a regular Pap test. Later in the year, we used an automated telephone system to remind overdue members to get a Pap test. In addition, we made personal calls to a select group of members to determine potential barriers to seeking preventive care. We also stressed the importance of early detection and prevention of cervical cancer in *HealthCare Directions* (now *Choices*) magazine.

**Results:**



Cervical Cancer Screenings



### Breast Cancer Screening

**Objective:** To increase the percentage of woman over age 40 who received a mammogram.

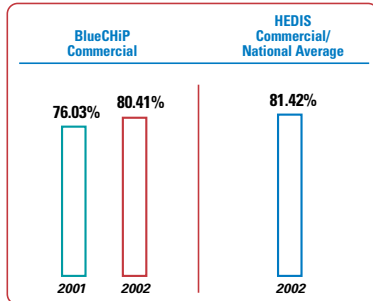
**Rationale:** An estimated 200,000 women are diagnosed with breast cancer every year, and the rate of new cases is increasing. Early detection of breast cancer, through a mammogram and a clinical breast exam, is the most effective way of improving survival rates.

**Initiatives:** In summer 2002, we mailed our “Detecting and Preventing Breast Cancer” brochure, a reminder letter, and a list of participating BCBSRI mammogram facilities to women over age 40 who were overdue for an annual mammogram. The brochure explained the importance of regular examinations and annual mammograms. In late fall, we used an automated telephone system to reach members who had received the summer mailing, but had not gone for a mammogram.

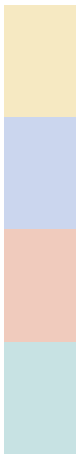
In the summer, we also explained the risk factors for breast cancer and the importance of early detection and prevention in a *HealthCare Directions* (now *Choices*) magazine article. This summer issue also listed guidelines for other preventive health screenings. In the fall, to coincide with Breast Cancer Awareness Month, we ran articles in the magazine’s *BlueCHiP Member Update* inserts as well as in the *BlueCHiP for RiTe Care To Your Health* newsletter, reminding women of the importance of mammograms and Pap tests.

Through newsletters, providers received preventive health screenings guidelines, and the mammogram facilities list.

#### Results:



Breast Cancer Screenings



### Postpartum Care

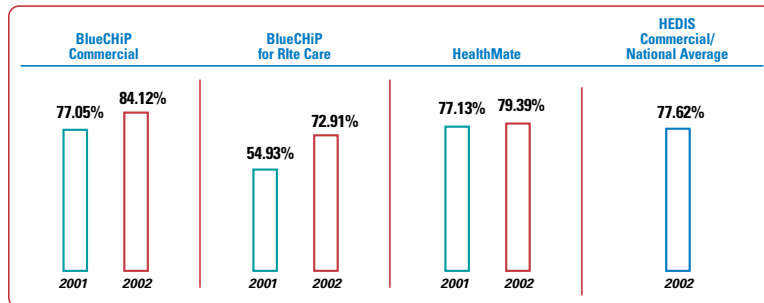
**Objective:** To increase the percentage of women who received a postpartum office visit between 21 and 56 days following delivery.

**Rationale:** Following birth, hormone levels drop significantly, which can lead to a mild form of depression called the “baby blues.” Postpartum depression is a more severe condition, which affects 10% to 13% of new mothers in Rhode Island and requires medical attention. Symptoms of postpartum depression, and any other potential medical issues, generally appear in the four weeks following birth. Early identification is important for achieving optimal health outcomes.

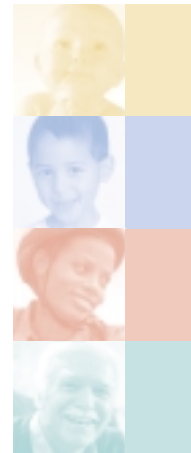
**Initiative:** In the spring, we communicated the importance of prenatal and postpartum care to all members through newsletter articles. Any member who enrolled in our BluePrint for Life Little Steps® Prenatal Program received detailed information about having a healthy baby and the importance of postpartum care.

In the fall, a new brochure, “A Healthy Start for Your Baby,” was made available to members at Good Health Benefit: Worksite Wellness sites and on the Wellness Van. In addition, we used newsletter articles to remind BlueCHiP for RIte Care and BlueCHiP Commercial members about the importance of postpartum visits.

### Results:



Postpartum Care



## Enhancements to Service

Our members' satisfaction is a top priority at BCBSRI. For reporting year 2003, we improved our scores in several service-related measures, including:

- **Coordination of Care between Specialists and PCPs:** 76% of surveyed specialists met our coordination of care standards – an increase of 14% from the previous year.
- **PCP Collaboration with the Case Management Plan:** Constant monitoring, consistent messages to case management staff, and the development of a fax form helped increase collaboration from 63% in the second quarter of 2001 to 91% in the fourth quarter of 2002.
- **Member Satisfaction:** CAHPS survey results show that member satisfaction for the BlueCHiP Commercial product increased from the previous year in 11 of the 14 categories measured.

## Medical Management

*Enhancing care while reducing cost.*

Our medical management model combines the best elements of a traditional approach to utilization management with the innovative components of our BluePrint for Life illness prevention and health promotion programs. Our overall goal is to reduce medical costs through effective utilization while enhancing quality of care for members and ease of implementation for providers. We work with providers to achieve our goals and monitor our own performance in utilization management to identify areas for improvement.

### PREAUTHORIZATION

To ensure medical necessity and use of the most cost-effective options, we review inpatient admissions and certain services such as skilled nursing facilities, home care, rehabilitative care, hospice, and home infusion. This process has been greatly enhanced through an electronic link to area hospitals, as well as additional toll-free numbers and medical staffing for service 24 hours a day, seven days a week.

### CONCURRENT REVIEW AND DISCHARGE PLANNING

We respect the relationship between members and their physicians. Our concurrent review practices facilitate an appropriate level of care by coordinating information flow and ensuring that cost-effective healthcare choices are fully understood by members and physicians. Early interventions help facilitate access to specialists, tests, and procedures, and identify cost-effective alternatives such as sub-acute care, day treatment, outpatient care, and home care. We assess members' discharge needs to ensure that they receive the necessary follow-up care.

### CASE MANAGEMENT

For members with chronic, catastrophic, or acute illnesses, case management provides cost-effective alternatives to hospitalization, and helps prevent exacerbation of the condition. When a member is referred for case management, the Certified Case Managers (CCM) and other professionals perform a needs assessment, consult with multidisciplinary healthcare teams, evaluate funding sources, coordinate services, and monitor the effectiveness of alternative care arrangements. Whenever analyses of these areas indicate a need for an improvement in services, case managers implement appropriate interventions.



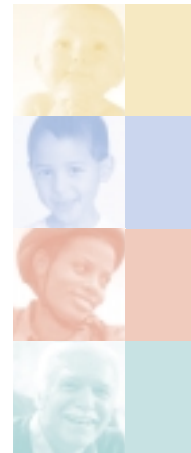
## Provider Relations

Building and maintaining strong relationships with our physician and provider community is an ongoing goal in our quality improvement process. We communicate with providers about benefit changes, new and ongoing health and wellness programs, and changes to our medical practice guidelines through three provider publications: *Policy Update*, *Partners in Quality*, and *The Source*. By logging on to BCBSRI.com, providers can check patient eligibility, view claims status, read newsletters, download forms, and learn about orientation and seminar opportunities.

## Conclusion

We will continue to design and implement initiatives that support our corporate vision: *to improve the quality of life of Rhode Islanders by improving their health*. We look forward to reporting on all the significant improvements of this year in our next Annual Quality Report.

If you have questions regarding the report, or would like more information on our quality program, please contact Judith Hanratty, M.S., R.N., Director of Quality Management Operations, at (401) 459-5320.





**BluePrint**  
FOR LIFE<sup>SM</sup>

BluePrint for Life<sup>SM</sup> is a comprehensive health promotion and illness prevention program. From newborn babies to seniors, BluePrint for Life offers strategies, information, and programs to help members make better choices and lead healthier lives.



Your Plan for Life.<sup>SM</sup>

[www.BCBSRI.com](http://www.BCBSRI.com)

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