

# Quality at ConnectiCare

## *A Report Card on Our Performance*

ConnectiCare's Quality Improvement program has a mission to continually improve the service and health care our members receive. The scope of this effort includes:

- Health Promotion and Preventive Care;
- Behavioral health;
- Health Management Programs for members with diabetes, asthma, COPD, coronary artery disease and heart failure;
- Special Care Case Management programs for members with complex medical issues, cancer, kidney disease or those undergoing a transplant;
- Availability and accessibility to a quality network of physicians, hospitals and other health care providers;
- Member safety;
- Drug utilization;
- Utilization management;
- Customer service;
- Member and physician satisfaction;
- Continuity and coordination of care;
- Online tools to help members manage their health and associated costs of care;
- Reduction of health care disparities.

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ConnectiCare maintains “Excellent” accreditation status for our commercial products from the National Committee for Quality Assurance (NCQA). The NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America’s health care. “Excellent” accreditation is the NCQA’s highest possible status and is reserved for those plans that demonstrate levels of service and clinical quality that meet or exceed the organization’s rigorous requirements for consumer protection and quality improvement.

To earn NCQA accreditation, a health plan must report on member satisfaction, quality of care, access, confidentiality, and service against NCQA standards. NCQA’s ratings are based on accreditation surveys conducted by a team of physicians and managed care experts. This reporting program, the “Healthcare Effectiveness Data and Information Set,” or HEDIS®, gathers information from more than 90 percent of health plans across the nation, and is considered the most complete report on health care available.

Our health management and quality improvement programs help members manage their health care expenses and increase productivity with a variety of proven strategies. Below is a brief description of what each program offers and our most recent results: *Note: CCI is ConnectiCare*

## Clinical Initiatives

### Influenza Immunizations

Each year members are directed to resources that inform them where clinics are being held. We offer a hot line to members for any flu-related questions. We also work with our employer groups to organize workplace flu clinics.

Percentage of Members Age 50-64 Who Reported Receiving a Flu Shot			
2011 HEDIS®		2010 HEDIS®	
CCI	National Average	CCI	National Average
54.2%	52.5%	50.0%	50.9%
CCI = ConnectiCare			

### Chlamydia Screening

Young women at risk for chlamydia infection receive brochures to help educate them about the need for screening, and other relevant topics. Physicians receive reports of their patients at risk for chlamydia who have not been screened.

Percentage of Sexually Active Women with a Chlamydia Test in the Previous 12 Months				
	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
Age 16-20	48.8%	40.8%	47.4%	39.6%
Age 21-25	57.3%	45.7%	56.9%	43.7%
Combined	53.0%	43.1%	51.9%	41.5%

### Breast Cancer Screening

Each month ConnectiCare sends reminders to women who are due for their mammogram. Non-compliant women receive an annual education mailing. Physicians receive a report of their patients who are overdue for a mammogram.

Percentage of Women Appropriately Screened for Breast Cancer			
2011 HEDIS®		2010 HEDIS®	
CCI	National Average	CCI	National Average
75.8%	70.8%	75.8%	69.5%

### Cervical Cancer Screening

Women who are due for a Pap smear receive a reminder from ConnectiCare, while physicians receive a report of their patients who are overdue for a mammogram.

Percentage of Women Appropriately Screened for Cervical Cancer			
2011 HEDIS®		2010 HEDIS®	
CCI	National Average	CCI	National Average
81.5%	76.9%	80.9%	unavailable

### Colorectal Cancer Screening

Each year members who do not have evidence of colon cancer screening are sent educational material about the importance of such screening. Physicians receive a pre-populated laboratory request for a stool blood test for each member on the list. If the physician would like the member to have the screening done, she signs the laboratory request and returns it to ConnectiCare. ConnectiCare then sends the laboratory request and a test kit to the member. The member can perform this test in the privacy of her home and return the test kit to the lab in the envelope supplied.

Percentage of Members Appropriately Screened for Colorectal Cancer			
2011 HEDIS®		2010 HEDIS®	
CCI	National Average	CCI	National Average
71.5%	62.6%	70.6%	54.8%

### Cholesterol Management for

#### Patients with Cardiovascular Conditions

ConnectiCare members who have a cardiac event, or a diagnosis of cardiovascular disease, receive educational materials encouraging them to have their cholesterol checked the following year. Members with a high LDL (>100 mg/dL) receive a letter educating them about the importance of a lower LDL. Physicians also receive a report of their patients who are overdue for cholesterol screening or who have a high LDL.

	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
LDL Screening	92.0%	88.9%	91.8%	85.2%
LDL Control	68.1%	59.9%	68.1%	54.0%

## Monitoring Labs of Members on Persistent Medications

Patient safety is important, especially for patients at increased risk of adverse drug events from long-term medication use. Persistent use of some drugs warrants monitoring and follow-up by the prescribing physician. Members who are on drugs that require lab monitoring receive a reminder to speak to their physician. In addition, physicians receive a report of their patients who are overdue for monitoring.

Members on Persistent Medications with Appropriate Monitoring				
	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
ACE/ARB	84.7%	81.6%	81.3%	79.4%
Anticonvulsants	68.4%	60.4%	64.2%	60.8%
Digoxin	87.8%	84.6%	85.0%	81.0%
Diuretics	84.4%	81.0%	80.7%	79.1%
Total	84.3%	80.9%	80.7%	78.8%

## Anti-Rheumatic Therapy

Evidence-based guidelines support early initiation of Disease-Modifying Anti-Rheumatic Drugs (DMARD) in patients diagnosed with rheumatic arthritis (RA). Physicians receive a report of their patients who have RA and may not be taking a DMARD.

Percentage of Members on Anti-Rheumatic Therapy			
2011 HEDIS®		2010 HEDIS®	
CCI	National Average	CCI	National Average
88.3%	87.7%	89.7%	86.5%

## Osteoporosis Identification Program

Female members age 60 and older, who have sustained a fracture and have not had a bone mineral density test (BMD) or treatment for osteoporosis in the past year, receive a letter suggesting they speak to their physician about having a BMD.

## ACE Inhibitors

Over the last few decades, drugs known as “ACE Inhibitors” and “ARBs” have become increasingly important in the treatment of heart disorders and diabetes. These drugs have become standard pharmaceutical adjuncts for patients with high blood pressure and/or heart failure. Recent studies suggest their use should be expanded to most patients with diabetes and heart disease. Every year ConnectiCare sends letters to members who may benefit from ACE Inhibitors (ACE-I) or ARBs but, according to our claims, have not filled a prescription. Measurements one year later showed that between 15% - 25% of members had initiated a fill for an ACE or ARB.

## Asthma Care

It is well documented that regular use of anti-inflammatory drugs can lead to better control of asthma and reduce the incidence of exacerbations. ConnectiCare sends letters to members (or to their parents if the member is a minor) promoting appropriate drug utilization to control moderate to severe asthma.

Percentage of Members with Moderate-to-Severe Asthma Who Are Taking Control Medication				
	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
Age 5-11	96.9%	96.7%	97.9%	96.7%
Age 12-50	93.7%	91.8%	91.5%	91.8%
Total	94.5%	92.9%	93.0%	92.9%

## Medication Compliance

While initiating appropriate drug therapy is important, staying on the drug ensures appropriate control for conditions that require pharmaceutical support. ConnectiCare measures drug compliance and notifies members and their physicians when compliance falls below 75% of recommended therapeutic levels. Currently ConnectiCare supports medication compliance activities for:

- Beta blockers after a heart attack
- Medications to treat COPD
- ACE/ARBs in members with cardiac events, heart failure and/or diabetes.

Percentage of Members Who Stay on a Beta Blocker After a Heart Attack			
2011 HEDIS®		2010 HEDIS®	
CCI	National Average	CCI	National Average
79.8%	75.5%	81.0%	72.2%

Percentage of Members Who Take Appropriate Medications for COPD after a Hospitalization				
	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
Bronchodilator	82.7%	77.8%	77.5%	78.0%
Systemic Corticosteroid	81.3%	69.8%	74.8%	65.2%

## Antidepressant Medication Management

Members who are prescribed an antidepressant for the first time to treat depression are sent monthly education information about the importance of staying on their medication and managing side effects.

Percentage of Members Who Stay on Antidepressants for Three months (Acute phase) and Six Months (Continuation Phase)				
	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
Acute Treatment Phase	68.8%	64.7%	67.5%	62.9%
Continuation Treatment Phase	55.2%	48.3%	50.3%	46.2%

## Depression Screening of Members with a Chronic Condition

ConnectiCare and its behavioral health vendor, Optum Health Behavioral Solutions (OHBS), have collaborated in the development of a depression screening program for members with a chronic disease. Case Managers for ConnectiCare's Health Management Programs screen members and make referrals to a behavioral health practitioner or to the Primary Care Provider when an individual is at risk for depression. The member is then re-screened three months after the initial PHQ-9 to monitor improvement. The goal of the program is a 50% improvement in the member's PHQ-9 scores, which indicates a lessening of depressive symptoms.

Depression Screening of Members with a Chronic Condition		
	2011	2010
% Members Screened Positive	16.3%	17.0%
% Members Screened Positive Who Accept an OHBS Referral	28.6%	29.6%
% Members with Improved PHQ-9 Score Three Months Later	70.4%	81.8%

## Ambulatory Follow-Up after a Mental Health Admission

ConnectiCare’s behavioral health vendor, OHBS, manages this initiative with consultative recommendations from ConnectiCare. OHBS works with:

- Members, calling them after discharge to assess their status and confirm follow-up plans;
- Facilities, to assure that arranging follow-up plans is part of their discharge process; and
- Behavioral health clinicians, to promote timely follow-up care for members after discharge from a mental health hospitalization.

Percentage of Members Who Have Follow-Up Visits after a Mental Health Admission				
	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
Follow-Up Within Seven Days of Discharge	72.3%	59.8%	77.4%	56.0%
Follow-Up Within 30 Days of Discharge	88.5%	77.4%	81.8%	74.7%

## Postpartum Depression Screening Program

Published literature indicates that 10-20% of new mothers suffer from postpartum depression. To address this issue, ConnectiCare collaborates with our behavioral health vendor, OHBS, on a postpartum depression screening program. As part of this program new mothers receive a flyer about postpartum depression and a validated screening tool. They are encouraged to fill out the screening tool and send it to OHBS. If the member has a positive score, the behavioral health specialists at OHBS will contact the mother to offer assistance and a referral if appropriate.

## Health Management Programs

Many ConnectiCare members have medical conditions that require ongoing attention and management. Staying in control, following treatment plans and getting support along the way are all steps you can take toward actively managing your condition. There are many challenges to living with a chronic condition. Thanks to our Health Management Programs, members do not have to face them alone. Through regular telephonic contact, our nurse case managers provide information and support. They help members learn how to avoid “triggers” that make the condition worse, understand how medications work, ask about scheduling tests and examinations according to recommended guidelines, and know what questions to ask their doctor. In 2011, QuitCare was expanded to include all members, not just those with a chronic condition. ConnectiCare offers the following Health Management Programs:

- **BREATHE** – Asthma: for all members with asthma;
- **BREATHE** – COPD: for members with chronic obstructive pulmonary disease (COPD). This program also includes chronic bronchitis and emphysema;
- **DiabetiCare** – for adult members with diabetes;
- **HeartCare** – CAD: for members with coronary artery disease;
- **HeartCare** – HF: for members with heart failure;
- **QuitCare** – Telephonic smoking cessation coaching for any member who wants to stop smoking.

Diabetic Care Outcomes				
	2011 HEDIS®		2010 HEDIS®	
	CCI	National Average	CCI	National Average
HbA1c Screening	91.5%	89.9%	90.2%	89.2%
HgA1c Control (<8.0%)	72.3%	62.3%	68.4%	61.6%
LDL Screening	88.1%	85.6%	87.8%	85.0%
LDL Control	56.4%	47.7%	54.6%	47.0%
Medical Attention for Nephropathy	86.9%	83.6%	85.2%	83.0%
Retinal Eye Exam	75.2%	57.7%	75.2%	56.5%

## Service Initiatives

### Customer Service

At ConnectiCare we set vigorous goals each year for the quality of our service. We're able to achieve these goals because we continually strive to know our customers better. We anticipate the service needs of our customers by making information available before they even have a question. And, when they do need to call, we're ready with the information they need right at their fingertips. We have implemented an extensive interview process utilizing the Talent+® Quality Selection Process for hiring call center staff. The interview focuses on several key competencies and natural talents of each individual, such as work intensity, resourcefulness and relationship-building. We have a Customer Care Program that focuses on improving the quality of each transaction with members and health care providers. One component is our Royal Treatment Program, which received the 2006 "Excellence in Practice Award" from the American Society for Training & Development (ASTD).

	2011 CAHPS		2010 CAHPS	
	CCI	National Average	CCI	National Average
Getting Information/Help from Customer Service	83.7%	77.3%	80.5%	77.1%
Treated with Courtesy and Respect	92.3%	91.6%	92.5%	91.3%

### Claims Processing

At ConnectiCare we strive to achieve paperless claims processing and error-free results. We can achieve these goals by embracing technology, capturing innovative ideas that place quality first, and applying automation to benefit our customers. Claims can affect a number of customer touch points including: the Web, networks, cost-shares and utilization of benefits. To improve the customer experience, ConnectiCare has achieved:

	2011	2010
Claims Paid in 30 days	98.7%	97.0%
Claims Paid in 45 days	99.7%	99.0%
Financial Accuracy	99.7%	99.1%
Claims Payment Accuracy	99.0%	99.3%

Coverage is provided by and services are administered as follows: **In Connecticut:** Group HMO and POS coverage, and Individual HMO coverage is underwritten by ConnectiCare, Inc.; Group coverage for coinsurance plans and Individual POS coverage is underwritten by ConnectiCare Insurance Company, Inc. **In Massachusetts:** Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. FlexPOS, PPO coverage, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.

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