

# Quality Improvement Strategy: Summary

**Issuer Name:** Molina Healthcare of Washington

**QHPs to which this Quality Improvement Strategy (QIS) applies:**

- 84481WA0060001
- 84481WA0060002

**QIS Title:** Improving Diabetes Care Among Marketplace Enrollees through Multifaceted Strategies Including the Use of Provider Incentives

**QIS Topic Area:**

- Improve Health Outcomes
- Implement Wellness and Health Promotion Activities

**QIS Description:**

Diabetes is a leading cause of disability and death, disproportionately affects racial and ethnic minorities, and is prevalent among our Marketplace enrollees. Proper diabetes management is vital to control blood glucose and reduce the risk of complications. Specifically, the goal of this QIS is to improve health outcomes by increasing the percentage of enrollees with diabetes who have their Hemoglobin A1c (A1c) levels less than 8 and who have a retinal eye exam. Every percentage point drop in A1c results reduces the risk of microvascular complications (eye, kidney, nerve diseases) by 40%. In addition, screening for diabetic retinopathy can help initiate treatment earlier to prevent vision loss. We plan to use a multifaceted approach that includes the use of provider incentives to encourage improved A1c control and completion of retinal eye exams to meet our goals of reaching the 75th percentile for both A1c control and retinal eye exams.

**Rationale for QIS:**

Diabetes is a leading cause of disability and death, disproportionately affects racial and ethnic minorities, and is prevalent among Marketplace enrollees. Proper diabetes management is vital to control blood glucose and reduce the risk of complications. Every percentage point drop in A1c results reduces the risk of microvascular complications by 40%. In addition, screening for diabetic retinopathy can help initiate treatment earlier to prevent vision loss.

By the end of 2015, we had a total of 5,028 Marketplace enrollees and approximately 4.94% of them have diabetes. Performance rates for the HEDIS retinal eye exam and A1c control measures are significantly lower than national benchmarks. Additionally, the data also indicate racial/ethnic disparities. This QIS aims to improve overall diabetes management specifically through increasing A1c control and diabetic retinopathy screening rates, and help to reduce disparities that may exist among the groups.

**Activities that Will Be Conducted to Implement the QIS:**

- Finalize bonus payment structure for providers. A bonus payment structure for providers will help to motivate providers to improve performance in diabetes care measures and therefore, improving health outcomes.
- Communicate market-based incentives to providers once the bonus payment structure is developed.

- Develop and distribute diabetes provider toolkit to providers. The diabetes provider toolkit describes measurement of diabetes care quality and provides recommendations to providers on effectively managing this population to improve health outcomes.
- Educate providers on implementation and use of diabetes provider toolkit to maximize their bonus payments.
- Distribute provider performance reports that include performance on diabetes-related measures and a list of enrollees with gaps in care. The provider performance reports will allow providers to view their performance scores on the diabetes measures compared to national benchmarks and tracking progress in receiving the market-based incentive. These reports will also contain a list of enrollees with diabetes and services that are needed or A1c levels that will need to be improved. Provider performance reports will also drive quality since providers will want to improve their scores to maximize their bonus payments and because of peer competition.
- Use provider engagement teams to educate providers about the diabetes measures and provider incentives.
- Develop and distribute culturally and linguistically sensitive materials on the importance of diabetes care for enrollees and providers. These materials will also be tailored to address low health literacy needs. Culturally and linguistically-appropriate materials will assist in enrollee engagement in diabetic care and wellness/health promotion activities.
- Educate enrollees on wellness and health promotion activities through printed educational materials, telephonic contact, and provider interactions.
- Conduct enrollee outreach calls to encourage completion of diabetes services and, as well as assisting enrollees with scheduling appointments with providers. Enrollee outreach calls will help encourage enrollees to schedule a visit with their provider for diabetes care.
- Provide enrollee education through printed materials, telephonic contact, and provider interaction will help to increase enrollees' adherence to preventive services, testing, screenings, and ongoing monitoring of processes or comorbidities, which will improve health outcomes of enrollees with diabetes. In addition, the various modes of delivery of enrollee education will help to encourage wellness and health promotion activities that will help improve health outcomes.

**QIS Goal 1:**

The first goal of this QIS is to improve the quality of care among Marketplace enrollees with diabetes by increasing the percentage of enrollees who receive a diabetes retinal eye exam to achieve the National 75th percentile for this HEDIS measure by 2020. Achieving this goal will improve the health outcomes of our enrollees with diabetes by initiating treatment earlier to prevent vision loss.

**Measure(s) used to track progress of Goal 1:**

- HEDIS Measure: Eye Exam (Retinal) Performed
- Denominator: Enrollees with diabetes (type 1 or type 2) age 18-75 years who were continuously enrolled during the measurement year.
- Numerator: Enrollees who had an eye screening for diabetic retinal disease. This includes a retinal or dilated eye exam by an eye care professional during the measurement year or a negative retinal or dilated eye exam by an eye care professional in the year prior to the measurement year

**How measure reflects progress toward Goal 1:**

We will be collecting data monthly for the HEDIS diabetes retinal eye exam measure. This will allow adequate tracking of performance on a monthly basis on the percentage of enrollees who have received a diabetes retinal eye exam per evidence-based guidelines and compared to the target goals. Baseline rates will be set using final Measurement Year 2014 or 2015, depending on availability. Interventions will be evaluated for effectiveness and adjusted to meet continuous quality improvement at enrollee and provider levels. Improvement in performance on the diabetes retinal eye exam measure will help to ensure the highest quality of care among diabetes Marketplace enrollees and reduce complications from diabetes retinopathy.

**QIS Goal 2 (if applicable):**

The second goal of this QIS is to improve the quality of care among Marketplace enrollees with diabetes by increasing the percentage of enrollees with diabetes who have their A1c levels in control (less than 8%) to achieve the National 75th percentile for this HEDIS measure by 2020. Achieving this goal will improve the health outcomes of our enrollees with diabetes by reducing the risk of microvascular complications.

**Measure(s) used to track progress of Goal 2:**

- HEDIS Measure: A1c Control < 8
- Denominator: the eligible population: all enrollees age 18-75 years, continuously enrolled during the measurement year with a diagnosis of diabetes based on administrative claims
- Numerator: All eligible enrollees who received an A1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data. The numerator is compliant if the most recent A1c level is <8.0%

**How measure reflects progress toward Goal 2:**

We will be collecting data monthly for the HEDIS diabetes A1c control (<8%) measure. This will allow adequate tracking of performance on a monthly basis on the percentage of enrollees who have their most recent A1c level during the measurement year at less than 8%. Baseline rates will be set using final Measurement Year 2014 or 2015, depending on availability. Performance will be compared to the target goals. Interventions will be evaluated for effectiveness and adjusted to meet continuous quality improvement at enrollee and provider levels. Improvement in performance on the diabetes A1c control measure will help to ensure the highest quality of care among diabetes Marketplace enrollees to reduce the risk of complications from diabetes.