



Michigan Association of Health Plans

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2010 MAHP Pinnacle Awards recognize best health care improvement practices in Michigan

The Michigan Association of Health Plans has recognized 11 programs developed by seven health plans around the state as "Pinnacle Award" winners for their outstanding contributions to increasing efficiency and patient care, helping lower costs and increase service to Michigan residents.

The innovative practices, which will be shared among MAHP members, address issues including youth obesity, minority health care disparities, home drug use management, better call center practices and more, all aimed at increasing efficiency and quality in health plan services.

"The Pinnacle Awards are among the most important ways health plans can ensure best practices are recognized and adopted in our state. Michigan health plans are nationally recognized as leaders in quality and efficiency. Displaying these outstanding programs to all of our members ensures that Michigan residents get the best possible care at the lowest possible cost," said Rick Murdock, executive director of the Michigan Association of Health Plans.

The awards were presented at a reception on Tuesday, Sept. 21 at the Lansing Center in Lansing. Health Alliance Plan received three awards; Midwest Health Plan and Priority Health each took home two awards. Also receiving top awards were Grand Valley Health Plan, CareSource, Health Plan of Michigan and HealthPlus of Michigan. Honorable mentions went to McLaren Health Plan and Great Lakes Health Plan. Health plans submit important new programs to a judging panel comprised of health care experts, lawmakers and news media.

Full details on each winner are available at www.mahp.org. Below is a brief description of winning programs.

Business/Operational Performance – Commercial: Grand Valley Health Plan for "Balanced Score Card": A group of GVHP employees have developed a "Balanced Score Card" to translate company vision statements into actionable and measurable outcomes. The score card lets staff easily see how 'what they do' affects other areas of the organization. The balanced score card has promoted focus on the big picture, balance across all spectrums, and most importantly driven an increase in quality of care and customer satisfaction, and a decrease in health plan expenditures.

Business/Operational Performance – Medicaid: CareSource for "Improving Member and Provider Satisfaction through Call Optimization!": CareSource executives challenged a team of directors to tackle a company-wide call-optimization initiative. The examined all internal

processes impacting company constituencies. These initiatives increased efficiencies and reduced incoming call volumes per 1,000 members by 20.2 percent in 2009, with further call reductions for the Michigan member population in 2010. Optimizing member and provider calls resulted in improved service and significantly improved operational efficiencies.

Clinical Service Improvement – Commercial: Health Alliance Plan for "Effective Pain Management Initiative": HAP implemented a program to identify safety concerns and improve continuity and coordination of care for members with pain management concerns. HAP's program to coordinate care for members with pain management concerns started by identifying those concerns, and then integrated various disciplines (pharmacy, coordinated behavioral health, clinical care management) in a way that does not add to the physician's fear of prescribing pain medications. The goal is to coordinate care based on member needs. An intervention tool enables the primary care physician to select the best option for the patient from among available interventions. Outcome data after two years indicates that 70 percent of identified pain management safety concerns were resolved and 80 percent of identified members demonstrated an improvement in coordination of care.

Clinical Service Improvement – Commercial: Priority Health for "Monitoring for Patients on Persistent Medications": Drugs that require regular monitoring in outpatient settings account for most unintentional drug overdoses. Monitoring with a simple lab test allows clinicians to adjust patient's dosage to prevent complications and avoidable events including liver or kidney damage, thyroid problems, heart attack and death. The Priority Health Improvement Team took on the challenge of improving the percentage of its members on persistent medications who received annual monitoring for the specific drugs. Through multiple improvement strategies, the team improved monitoring to 86 percent for an increase of 3,800 patients over the prior year.

Clinical Service Improvement – Medicaid: Midwest Health Plan for "Healthy Weight, Healthy Life": In the past 30 years, the occurrence of overweight children has doubled. Today about one in five children in the U.S. is overweight. Midwest initiated a childhood obesity project in 2008 in order to increase awareness among providers and members of the importance of identifying, treating and preventing childhood obesity. Midwest promoted use of obesity clinical guidelines and sent laminated body mass index charts to providers to post near scales. Midwest sponsored sports physical events and supported a "Taking on Childhood Obesity Health Fair" in Dearborn. Midwest also offers members and employees discounted rates with Weight Watcher programs. Midwest Health Plan saw dramatic improvements in its BMI Healthcare Effectiveness Data and Information Set measures.

Chronic Disease Management – Commercial: Health Alliance Plan for "Changing Behavior in Diabetes Self-Management": Health Alliance Plan successfully improved member and physician compliance with recommended diabetes screenings through a comprehensive approach that included: nurse health coaching to foster member behavior change, Interactive Voice Response (IVR) outreach encouraging two-way communication, a physician office incentive program and targeted member mailings. The interventions not only improved Healthcare Effectiveness Data and Information Set rates for blood sugar and cholesterol testing and control, it increased medical attention for kidney-related conditions, and resulted in a 1 percent decrease in diabetes-related admissions and an 18 percent decrease in vascular surgeries

from 2008 to 2009. The interventions also saved nearly \$2.2 million as a result of members becoming healthier and avoiding preventable hospitalizations and emergency room use.

Care Management for Medicare Populations – Advantage: Priority Health for "Medicare Comprehensive Physical Exams": This Priority Health initiative targeted Medicare members ages 65 and older to increase rates of comprehensive physical exams, body mass index, blood pressure, breast and colorectal cancer screenings. The goal was to save lives through early detection. Initiatives included: hiring a Health Improvement Nurse to make calls and educate members, mailed "I Missed You" letters, promoting physician incentives. A physician incentive of \$25/member was awarded if the physician completed a comprehensive physical exam and provided verification of current health conditions in the member's medical record.

Care Management for Medicare Populations – Special Needs: Midwest Health Plan for "Special Needs, Special Care": The goal of this project was to ensure a comprehensive health risk assessment was completed for each special needs population (SNP) member to support improved care management for the member. Midwest sent a nurse to SNP members' homes to complete an assessment and develop a care plan, which was then shared with primary care physicians and entered into Midwest's care management system. Midwest attributes improvements in Medicare Healthcare Effectiveness Data and Information Set measures realized from 2008 to 2010 to the improved coordination and care management supported by the LifePlan Assessments completed as part of the Special Needs, Special Care project.

Health Care Technology – Medicaid: Health Plan of Michigan for Technology and Case Management Go Together": Health Plan of Michigan fully integrated case management screens in its internally developed managed care system with all available databases. This feature provides case managers with efficiencies allowing them to focus on key activities to educate and promote member self-management. The case management assessment screens auto-populate health risk assessments, making data available to departments such as Disease Management and Member Services for outreach endeavors. HPM's ability to quickly identify patients in need of case management due to non-compliance or inability to establish a medical home increased, resulting in decreased readmissions.

Community Outreach/Partnerships - Single Plan: HealthPlus of Michigan for "HealthPlus Rainmaker Program": The Rainmaker Program was developed to promote collaborative relationships and provide grants on an annual basis to non-profit organizations that proposed projects designed to have a "clearly defined positive health-related impact on the community."

The Rainmaker program provided an approach for HealthPlus to partner with community organizations to respond effectively to multiple concerns and priorities in the community. Cumulatively, thousands of people have benefited from the 133 Rainmaker grants (totaling \$694,202) awarded since the program's inception in 1994.

Collaborative Community Health Initiatives: Health Alliance Plan for "African American Initiative for Male Health Improvement, Phase II": Racial and ethnic minorities are less likely than whites to receive preventive services. This is especially true for non-White men even after controlling for insurance status and other economic access factors. To address disparities in preventive care among insured African American men ages 18 to 64, HAP and Henry Ford

Health System conducted focus groups to determine common barriers to screening then used the results to implement a culturally-tailored intervention. As a result of the intervention, more African American men who are HAP members are up-to-date on most screenings, aware of the importance of screening, and engaged in preventive health care and chronic disease management.

The Michigan Association of Health Plans (MAHP) is an industry voice for Michigan's health care plans. MAHP facilitates communication among members, government, and the industry regarding health care issues of common concern. The mission of the Michigan Association of Health Plans is to provide leadership for the promotion and advocacy of high quality, affordable, accessible health care for the citizens of Michigan.