

Quality Improvement Program

Absolute Total Care strives to improve the health of all enrolled members by focusing on helping them to be healthy and stay healthy. Absolute Total Care has created a Quality Improvement (QI) Program to support this goal. The goal of the program is to ensure our members receive high quality care and services that are effective, safe and responsive to their healthcare needs, while understanding their cultural and linguistic needs and preferences. The program extends to all internal departments and measures numerous aspects of the care and services offered through Absolute Total Care.

Absolute Total Care's Board of Directors provides the QI Committee the authority to oversee the QI Program. The QI Committee is led by our medical director, who provides direction and has lead responsibility for health plan-wide QI Program activities.

The QI Program utilizes a systematic approach to quality using reliable and valid methods of monitoring, analyzing, evaluating, and improving the delivery of healthcare to all members. This systematic approach provides a continuous cycle for assessing the quality of care and service among initiatives, including preventive health, acute and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, and patient safety.

2021 Provider Report Cards

ATC's usual focus for provider report cards is on pediatric measures as that is our largest population. Because of the new NCQA well-child measures for Measurement Year 2020, ATC will not send out the report cards in 2021 but will continue to monitor and trend rates. Rates are available on the ATC website.

Healthcare Effectiveness Data and Information Set (HEDIS®)

One way Absolute Total Care measures progress towards meeting our goals each year, and determines areas in need of improvement, is by using the Healthcare Effectiveness Data and Information Set, or HEDIS.

HEDIS is a measurement tool used by health plans across the nation to evaluate performance in clinical quality and services provided by the health plan. Annual HEDIS scores are an indicator for Absolute Total Care to evaluate progress towards QI Program goals, and where opportunities exist to improve overall services and health care for our members. Absolute Total Care continuously looks for ways to increase the effectiveness of interventions and identify new initiatives for improvement.

Below are the results from the last three calendar years and current goals:

| Measure | CY 2018 | CY 2019 | CY 2020 | CY 2020 Goal |
|--|---------|---------|---------|--------------|
| Well Child 30 months (first 15 months of life) | NA | NA | 50.75% | NA |

| | | | | |
|--|--------|--------|--------|-------|
| Well Child 30 months (15-30 months) | NA | NA | 69.74% | NA |
| Weight Assessment & Counseling BMI | 84.18% | 87.59% | 73.48% | 87.1% |
| Timeliness of Prenatal Care | 91.48% | 93.67% | 89.54% | 92.2% |
| Breast Cancer Screening | 64.09% | 61.67% | 57.55% | 63.7% |
| Follow up for Children Prescribed ADHD Medication (Initiation; 30 days) | 53.06% | 44.08% | 63.28% | 67.6% |
| Antidepressant Medication Management (Continuation; 180 Days) | 25.10% | 23.13% | 32.07% | 52.4% |

**Well Child 30 months is a new HEDIS measure for CY2020.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

Absolute Total Care also utilizes a survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to assess member satisfaction. The CAHPS survey is a standard tool for measuring and reporting on member experience with their health plan and services received. CAHPS is a national tool used by health plans; questions include such items as ability to get an appointment with their primary care physician or specialist, and respectful treatment by the providers. The CAHPS results are reviewed by Absolute Total Care and the QI Committee and action plans are implemented to improve any deficiencies.

Below are our CAHPS results from the last three calendar years:

| Measure | 2019 Child CAHPS | 2020 Child CAHPS | 2021 Child CAHPS | 2019 Adult CAHPS | 2020 Child CAHPS | 2021 Child CAHPS |
|------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Getting Needed Care | 86.27% | 88.60% | 92.7% | 85.95% | 81.20% | 83.4% |
| Getting Care Quickly | 93.88% | 94.20% | 90.8% | 84.22% | 88.60% | 82.4% |
| Rating of Health Plan | 89.40% | 73.90% | 75% | 79.31% | 76.50% | 61.4% |
| Rating of Personal Doctor | 92.62% | 90.30% | 83.9% | 84.02% | 86.20% | 70% |
| Rating of Health Care | 91.29% | 87.90% | 78.7% | 68.57% | 61.50% | 53.1% |
| How Well Doctors Communicate | 97.01% | 95.90% | 97.2% | 93.10% | 93.70% | 92.7% |
| Customer Service | 91.52% | 88.90% | 89.6% | 92.57% | 88.80% | 91.2% |

Clinical Practice Guidelines (CPGs)

Absolute Total Care adopts evidence-based clinical practice guidelines (CPGs) to assist practitioners and members with making decisions regarding appropriate healthcare for specific clinical circumstances. These guidelines include clinical, preventive, and behavioral practice guidelines. All guidelines are available to providers on the Absolute Total Care website and by request. Absolute Total Care monitors medical records, HEDIS data, and data from a corporate driven clinical initiatives dashboard related to clinical programs to determine practitioners' adherence to various practice guidelines as approved by the Quality Improvement Committee. Individual practitioners are notified of any results <80% when compliance is audited via medical record review. Results based on HEDIS data or the clinical initiatives dashboard are

published on the Absolute Total Care website.

Below are the results for the audited CPGs based on HEDIS data:

| Measure | CY 2019 | CY 2020 | CY 2020 Goal |
|---|---------|---------|---------------------------------|
| Antidepressant Medication Management (Continuation; 180 Days) | 23.13% | 32.07% | 43.13% |
| Follow-Up Care for Children Prescribed ADHD Medication (Initiation Phase) | 44.08% | 44.63% | 48.05% |
| Well Child 30 months (first 15 months of life) | NA | 50.75% | 75th percentile Quality Compass |
| Well Child 30 months (15-30 months) | NA | 69.74% | 75th percentile Quality Compass |
| Child and Adolescent Well-Care Visits | NA | 43.17% | 75th percentile Quality Compass |
| Sickle Cell- Hydroxyurea Utilization | 107.2% | 149.1% | 111.5% |

**Well Child 30 months and Child and Adolescent Well-Care Visits are new HEDIS measures for CY2020.

National Committee for Quality Assurance (NCQA) Accreditation

Absolute Total Care is proud to be accredited by the National Committee for Quality Assurance (NCQA). Being accredited by NCQA means Absolute Total Care meets or exceeds rigorous performance standards based on measures of clinical quality, member satisfaction, and results of the standards and guidelines review.

In summary, Absolute Total Care’s primary quality improvement goal is to improve members’ health status through a variety of meaningful quality improvement initiatives implemented across all care settings and aimed at improving quality of care and services delivered. The objectives to support this goal are:

- To improve member health outcomes through continuous quality improvement efforts
- To seek input from and work with members, providers, and community resources to ensure quality of care
- To share periodic quality improvement information to participating providers in order to support their efforts to provide high quality healthcare
- To ensure adequate resources with the expertise required to support and effectively carry out all functions of the QI Program are employed
- Improve HEDIS and CAHPS rates
- To facilitate provider adoption of evidence based Preventive Health and Clinical Practice Guidelines

The QI Program and annual evaluation are presented to the QI Committee and Absolute Total Care Board of Directors for review and approval.

If you have questions or would like more information about Absolute Total Care’s QI Program, call Provider Services at 1-866-433-6041 and ask for the Quality Improvement Department.