**ABSOLUTE TOTAL CARE**

**Quality Improvement Program**

Absolute Total Care (ATC) strives to improve the health of all enrolled members by focusing on helping them to be healthy and stay healthy. ATC 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 health care 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 ATC.

ATC’s Board of Directors provides the Quality Improvement Committee the authority to oversee the QI Program. The Quality Improvement 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 health care 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.

**HEDIS**

One way ATC 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 ATC to evaluate progress towards QI Program goals, and where opportunities exist to improve overall services and health care for our members. ATC continuously looks for ways to increase the effectiveness of interventions and identify new initiatives for improvement. Below are results for selected measures from Calendar Year (CY) 2015 (baseline year) and the previous two years for the Medicare-Medicaid (MMP) program:

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure** | **CY 2015** | **CY 2016** | **CY 2017** |
| ***Diabetes HgbA1C testing*** | 90.79% | 91.58% | 91.05% |
| ***Diabetes HgbA1c Adequate Control (<8%)*** | 23.68% | 53.68% | 48.59% |
| ***Diabetes Eye Exam*** | 48.68% | 46.32% | 51.15% |
| ***Diabetes Medical Attention to Nephropathy*** | 90.79% | 90.43% | 95.23% |
| ***Controlling High Blood Pressure (BP <150/90)*** | 41.30% | 40.34% | 42.58% |

**CAHPS**

ATC 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 ATC and the QI Committee and action plans are implemented to improve any deficiencies.

Below are 2017 (baseline) and 2018 CAHPS scores for the Medicare-Medicaid (MMP) program:

|  |  |  |
| --- | --- | --- |
| **Measure** | **2017 MMP CAHPS** |  **2018****MMP** **CAHPS** |
| Getting Needed Care | 62.2% | 61.8% |
| Getting Care Quickly | 53.6% | 56.6% |
| Rating of Health Plan | 70.7% | 73.9% |
| Rating of Personal Doctor | 78.5% | 75.3% |
| Rating of Health Care Quality  | 61.3% | 58.9% |
| How Well Doctors Communicate | 79.8% | 79.9% |
| Customer Service | 79.6% | 80.9% |

In summary, ATC’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 health care
* To ensure adequate resources with the expertise required to support and effectively carry out all functions of the QI Program are employed
* 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 ATC Board of Directors for review and approval. If you have questions or would like more information about ATC’s QI Program, Member Services at 1-866-433-6041 and ask for the Quality Department.