

Univera Healthcare 2018 Health Care Improvement Goals and Objectives

Health Care Improvement Program Overview

The 2018 Health Care Improvement (HCI) quality program provides a formal process to objectively and systematically measure and improve the Health Plan's quality ratings across all lines of business.

The program is aligned with the Health Plan's mission "to help people in our communities live healthier and more secure lives through access to high quality, affordable health care," which also aligns to the Corporate 7 Block Strategy to Improve Member and Community Health.

Key regulatory elements of the HCI quality program include an organization-wide improvement strategy, program description, an annual evaluation of performance, and an annual action/work plan. To support improvement efforts, monthly measurement and reporting also exist to trend and forecast performance.

2018 Program Description

The Program Description is a comprehensive document that describes the Plan's quality governance structure, program scope and goals, measurable objectives, and additional regulatory components.

Strategic Objectives:

- **People** - Align a strong motivated workforce that will continually adopt best practices, enhance knowledge, and drive innovation to maximize results across the organization.
- **Customer**: Create a culture of service excellence by achieving and maintaining outstanding relations with our members, providers, employers, and community.
- **Quality**: Implement and sustain an innovative process that drives defined project teams to accomplish milestone outcomes.
- **Data**: Improve the quality, integrity, and availability of data to support decision making and measure reporting.

2017 Program Evaluation

The 190+ page program evaluation reflects outcomes from the 2017 action/work plan and is structured in a Plan-Do-Study-Act (PDSA) improvement framework. Significant detailed information is contained in this document, which is continually monitored through the quality committee structure.

Program Evaluation Highlights:

- Launched a mobile member engagement strategy inclusive of piloting a mobile clinic in the Medicare population (39 events in 3 months with over 1,100 members seen and 1,200

care gaps closed) and expanding a mobile app pilot to amplify member outreach through texting (resulting in early cost savings and improved member engagement).

- 62 cross-functional project teams exist, employing the PDSA approach, to impact more than 80 quality and member experience measures.
- Identified critical data integrity issues with short term/long term resolutions. This work resulted in improvements in several quality measures.
- Collaboration with the Customer Operations team (“The Whisper Program”) has expanded from a pilot and contributed to a 23% care gap closure in colorectal cancer screening and 25% care gap closure in diabetic retinal eye exams.
- As a result of significant communication and collaboration with Regional Presidents and regional community engagement staff, the team streamlined processes, learned about the PDSA improvement model, and assured community grants were directly correlated to quality measure priorities.
- A team development forum with 100+ Health Care Improvement (HCI) staff focused on educating on attributes of influence and principles of innovation, inclusive of socializing a new process by which HCI staff are encouraged to share their own ideas to drive more innovation.
- Quality committees have significantly contributed to driving organization-wide awareness, action, and monitoring of outcomes across 60+ project teams. “5-minute challenge” updates in a PDSA format have meaningfully communicated the ongoing status of cross-functional improvement work, inclusive of the successes, challenges, and risks, to advance rapid, multi-prong interventions to improve measures.
 - For the first time, front-line staff were invited to share outcomes at the Health Plan Operations Review Committee. This resulted in significant pride among approximately 20 staff to share their hard work with senior leadership across the organization.
- The Member Care Management (MCM) and Strategic Business Program (SBP) teams completed a comprehensive care management assessment of each ACQA’s care management program structure and outreach design, summarized the findings, and developed a 2-phase ACQA care management strategy for implementation in 2018.
- In collaboration with Corporate Communications, advanced a comprehensive internal and external communication plan to ensure effective messaging/education on Health Care Improvement quality improvement strategies and results to employees, providers, members, and community.
- The Pharmacy team launched a medication adherence improvement effort with Kinney Drugs and Wegmans Pharmacy to improve related Medicare Star measures.
- Collaboration with Marketing, Customer Operations, and Health Care Improvement resulted in tri-chairing of a new Customer Experience Strategy Committee to maximize organization-wide efforts to improve customer experience.

2018 Action/Work Plan

The Action/Work Plan is an iterative, organization-wide document with multiple tabs across collaborating departments that will evolve throughout the year to assure continued momentum, removal of barriers, and regular quarterly reporting.

Based on the evaluation of activities and progress made in 2017, this 2018 action/work plan is cross-functional and contains improvement efforts that are designed to positively impact

quality ratings across all lines of business. Some initiatives are new; others are carried over from the 2017 action/work plan. The plan is structured in the Plan-Do-Study-Act framework and includes detailed milestones/deliverables from all individuals who are accountable, responsible, consulted, and informed for each high level initiative.

The results of the 2018 action/work plan will be assessed and documented in the 2018 program evaluation.