



Mommy Steps

Complex Case Management

Diabetes Management

2016

HOPE

(Healthier Options for People Everyday)

Healthy Heart Program

Program Evaluation

Obesity Management

Chronic Respiratory Management

Congestive Heart Failure Management

***Our mission is to improve the health
and quality of life of our members***

EPSDT Program

Rapid Response Outreach Team



HOPE Program Evaluation

Healthier Options for People Everyday

Program Title: HOPE Program

Evaluation Period: January 1, 2016 – December 31, 2016

Introduction: The Healthier Options for People Everyday (HOPE) Program is designed to improve the health status and decrease complications of overweight and obese adult members through the coordination of health care interventions; supporting clinician and member relationships; emphasizing prevention of complications utilizing the American Heart Association (AHA), American College of Cardiology (ACC), and the Obesity Society (TOS) Guidelines (AHA/ACC/TOS) for the Management of Overweight and Obesity in Adults and patient empowerment strategies with the goal of improving overall health.

- 2016 Program Goals:**
- Increase adherence to AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations regarding:
 - Clinician: prevention, assessment, and treatment of overweight and obesity.
 - Member: healthy eating, physical activity and behaviors change.
 - Promote healthy lifestyle behavior changes by modifying dietary and activity behaviors involving the member in process of a positive change.
 - Improve long-term physical health outcomes through permanent healthy lifestyle habits.
 - Decrease prevalence of obesity through reduction of Body Mass Index (BMI) through weight loss.

- 2016 Program Objectives:**
- To increase member awareness of healthy lifestyle changes through healthy eating habits, increased physical activity, and behavior change.
 - To decrease incidence of obesity related complications including asthma, diabetes, hypertension (HTN), depression, and heart disease.
 - To increase Healthy Kentuckians (HK) results of Height/Weight Assessment/BMI Assessment and Assessment/Counseling for Nutrition and Physical Activity for Adults.

Measurements: Overall effectiveness of the Program is measured through annual participation rates, audited HEDIS^{®1}, and HK results.

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Annual Participation Rate

Eligible members are identified, and passively enrolled, in the HOPE Program. Members may “opt out” of the Program at any time, and elect not to receive disease management (DM) services, by notifying the HOPE Disease Manager or the Care Connector Program, either telephonically or in writing. Participation Rates are tracked and reported annually.

	SCORE Membership (avg)²	Opt Out	Participation Rate
2016	5,138	50	99.99%

Obesity Management

2016 HEDIS[®] Results

The 2016 HEDIS[®] Results are based on measurement year 2015 data.

1. **Adult BMI Assessment (ABA)³**

The percentage of members 18-74 years of age who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year.

Findings: A total of 23,665 members were identified as having a BMI Assessment done. A systemic sample of 432 showed 390 (90.28%) members had a documented BMI.

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
Adult BMI Assessment	60.62%	76.38%	85.43%	89.35%	90.28%

The goal to meet or exceed the 2016 Quality Compass[®] 90th Percentile for Adult BMI Assessment (92.54%) was not met.

For measurement year 2015, ABA indicator met the 2016 Quality Compass[®] 75th Percentile.

² Program membership numbers are annualized

³ ABA will be looked at for NCQA Accreditation for 2016

HK Results

The 2016 HK Results are based on measurement year 2015 data.

The HK assesses adult and child weight management through the following measures:

1. Height/Weight Assessment/BMI Assessment and Assessment/Counseling for Nutrition and Physical Activity for Adults

Members 18-74 years of age who were continually enrolled during the measurement year, whose medical record contains the following during the measurement year:

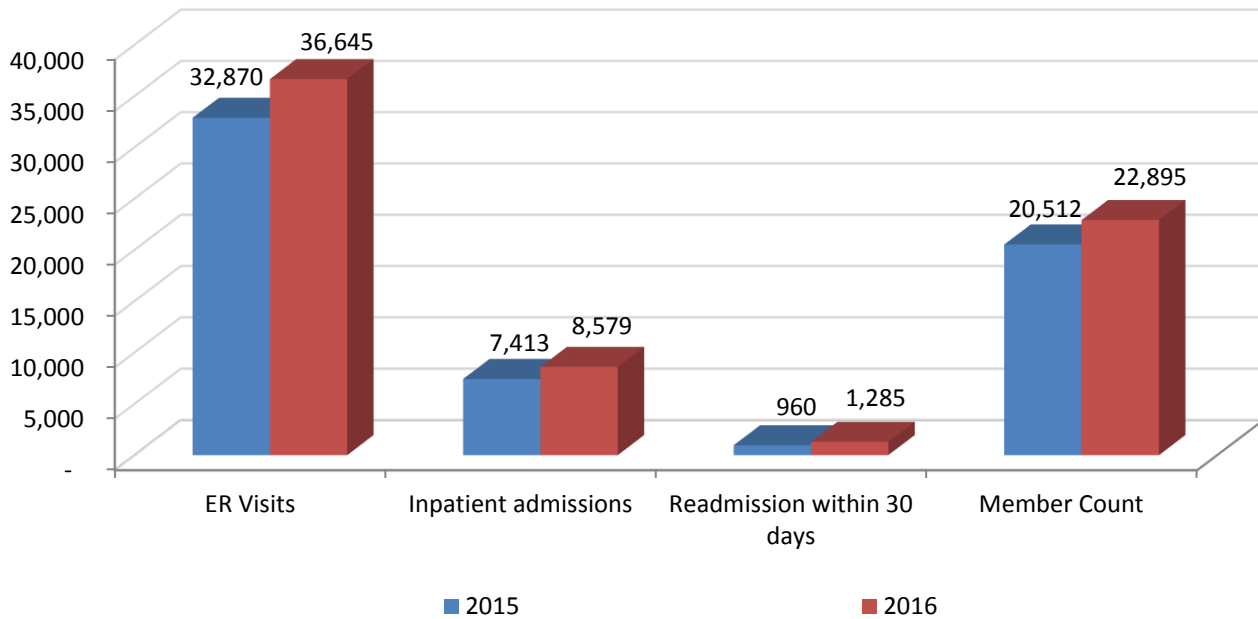
- Documented Height and Weight – documentation of both a height and weight documented on the same date of service.
- Documented BMI Value – documentation of the date and value of the BMI.
- Healthy Weight for Height – subset of documented weight and height and a documented or calculated BMI value resulting in appropriate weight for height as 18.5-24.9.
- Counseling for Nutrition – documentation of counseling for nutrition or referral for nutrition education.
- Counseling for Physical Activity – documentation of counseling for physical activity or referral for physical activity.

Findings: In measurement year 2015, Documented BMI Value, and Healthy Weight for Height have increased.

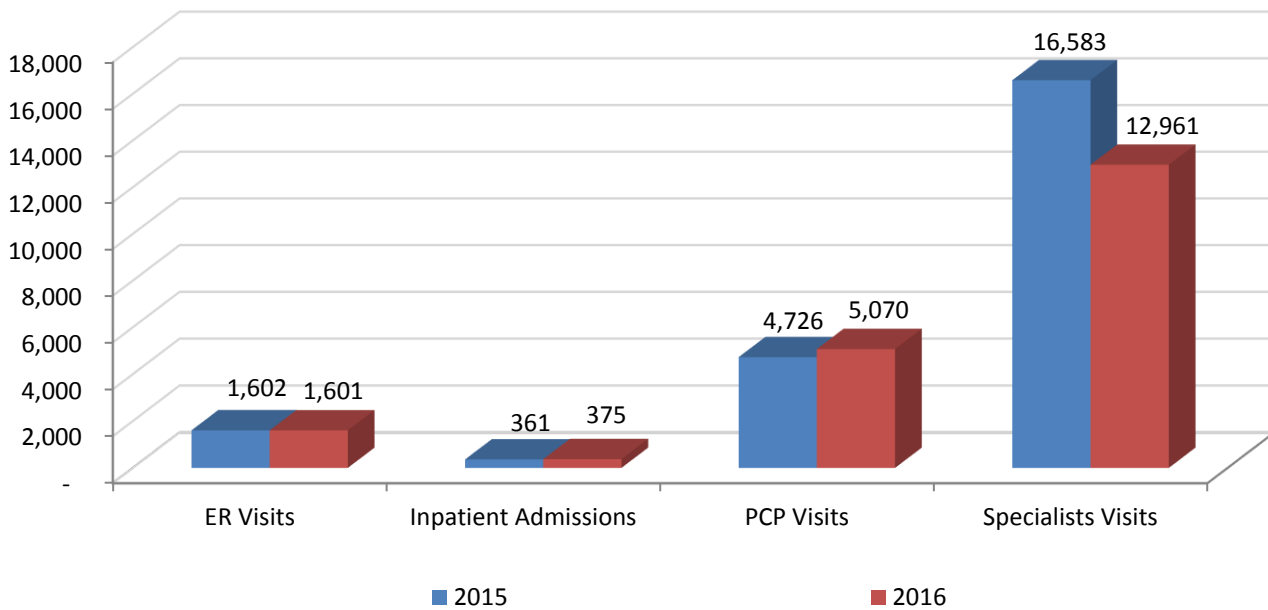
- Specific results include:
 - Documented Height and Weight decreased by 8.57 percentage points
 - Documented BMI Value increased by 0.93 percentage points
 - Healthy Weight for Height increased by 6.82 percentage points
 - Documented Assessment/Counseling for Nutrition decreased by 4.63 percentage points
 - Documented Assessment/Counseling for Physical Activity decreased by 4.63 percentage points

Measure	MY 2011	MY 2012	MY 2013	MY 2014	MY 2015
Documented Height and Weight	71.90%	83.89%	89.85%	90.05%	81.48%
Documented BMI Value	47.79%	71.52%	83.66%	89.35%	90.28%
Healthy Weight for Height	21.23%	22.63%	23.59%	22.62%	29.44%
Documented Assessment / Counseling for Nutrition	32.52%	38.85%	43.05%	40.28%	35.65%
Documented Assessment / Counseling for Physical Activity	30.53%	30.68%	40.40%	41.67%	37.04%

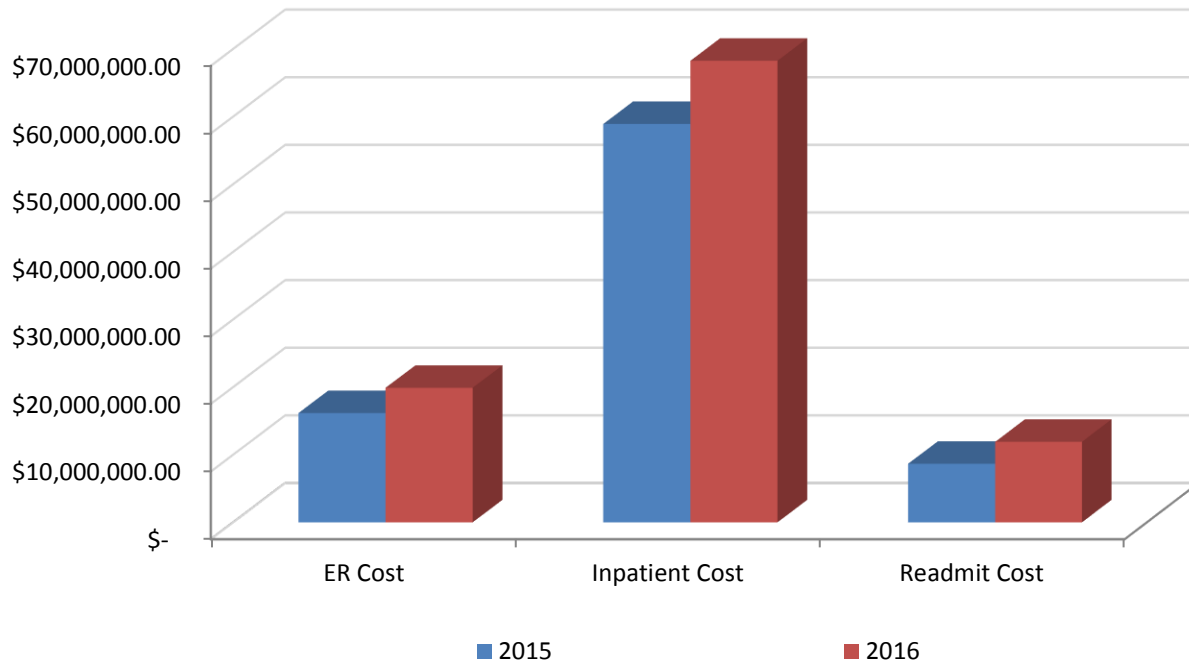
Hospital Utilization with a Secondary or Third Diagnosis of Obesity



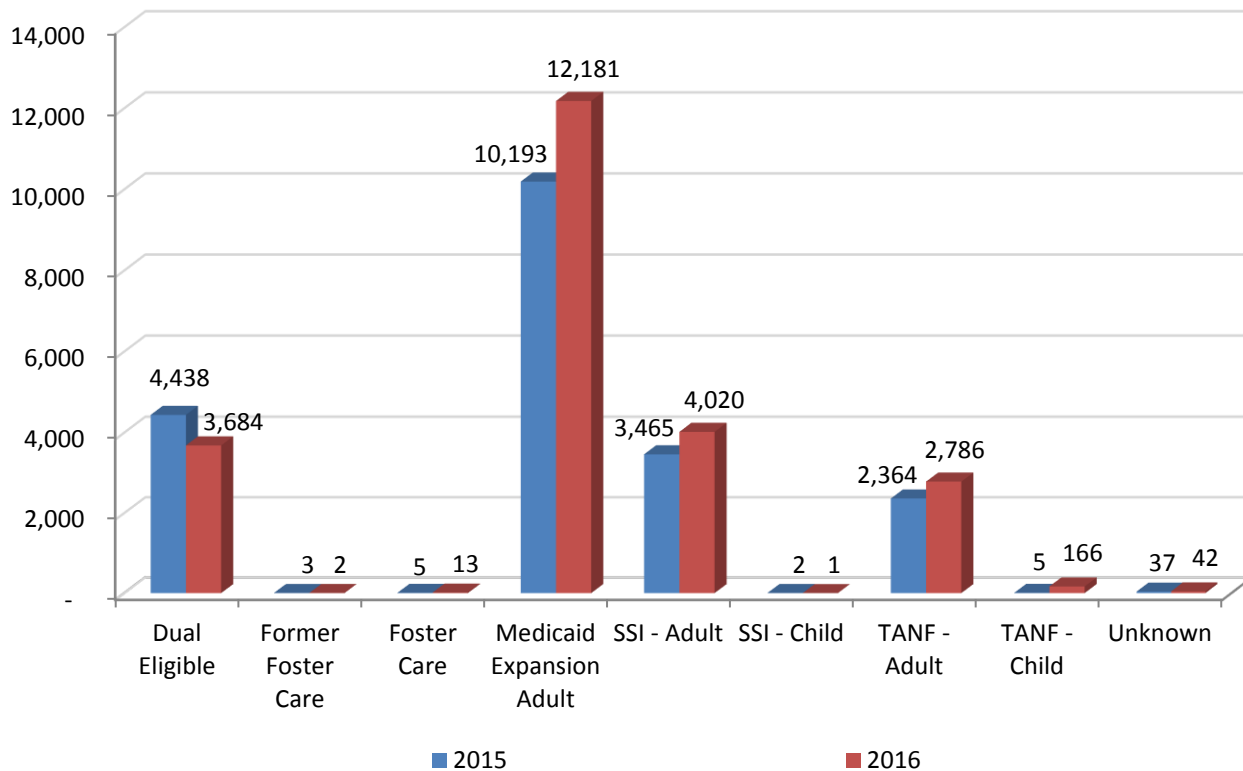
Utilization for Members with Obesity (per 1,000)



Hospital Cost with a Secondary or Third Diagnosis of Obesity



Members with Obesity by Category of Aid



Analysis

HEDIS®: Passport aspires to be in the Quality Compass® 90th Percentile for each measure. In MY 2015, Adult BMI Assessment achieved the 2016 Quality Compass® 75th Percentile. ABA measure remained relatively the same with a slight increase of 0.93 percentage points.

HK: Results for MY 2015 noted a decrease in three (3) of the five (5) HK categories related to adults from the previous measurement year. Specific results include:

- Documented Height and Weight decreased by 8.57 percentage points
- Documented BMI Value increased by 0.93 percentage points
- Healthy Weight for Height increased by 6.82 percentage points
- Documented Assessment/Counseling for Nutrition decreased by 4.63 percentage points
- Documented Assessment/Counseling for Physical Activity decreased by 4.63 percentage points

Member Engagement: Multiple member interventions are conducted to educate the member on the importance of healthy lifestyle changes, modify dietary and activity behaviors and less screen time based on the AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations. The Care Coordination Department has Embedded Case Managers in high volume/clinician office in order to educate and encourage the members face-to-face to complete screenings.

Community and Provider Engagement: Clinicians received educational mailings and information on Passport Health Plan's (Passport) website. Community activity involvement included collaboration with Healthy Hoops for education on healthy weight, nutrition, and physical activity, the YMCA Program Diabetes Prevention Program, the University of Louisville Endocrinology Department to partner with medical practice to improve diabetes control and obesity outcomes, participation in the State Fair and a community forum for Region 8 for guidelines on preventing/decreasing adult obesity. This collaborative effort included visits to targeted clinician offices.

ER/Readmissions: The HOPE Program received daily facility-specific ER and readmission reports. Staff used this report to identify adult members diagnosed as being overweight or obese. Members identified received targeted mailings and telephonic outreach. Members who are newly identified as being overweight or obese received a new member packet, along with individualized and quarterly mailings. High risk members also received telephonic outreach. The HOPE Program began a collaborative effort with Passport's ER Navigators for targeted face-to-face, mailing and telephonic outreach to members with an obesity diagnosis who were identified through an ER visit.

Risk Stratification: During 2016, an average of 5,138 members was enrolled in the HOPE Program. Of those members enrolled, an average of 638 was identified as high risk. There were 279 members who were active with one-on-one telephonic outreach. A total of 990 members received a new member packet via mail. Three separate attempts are made to contact the member by telephonic outreach or mail. All members receive quarterly mailings, and high risk members receive individualized mailings based on assessment by the HOPE Disease Manager.

Member Complaints: During 2016, there were no complaints received regarding the HOPE Program or the HOPE Disease Manager.

Program Materials

Member materials:

- 10 Tips to Help You Eat More Vegetables
- 10 Tips for Setting Good Examples
- 10 Tips to Help You Eat More Fruits
- My Healthy Life Booklet
- Step It Up – Walking Works!
- 10 Tips to Make Physical Activity a Regular Part of the Day
- Food and Activity Journal
- Eating Healthy on a Budget
- 6 Ways to Make Healthy Lifestyle Changes
- Drink Less Sugar, Lose Weight
- Let's Eat Healthy Nutrition Booklet
- Eat Together, Stay Together: Family Meals Matter
- Come Together for Family Exercise
- Be More Active & Enjoy Your Life
- 5 Reasons to Eat Home Cooked Meals
- Healthy Choices During the Holidays
- How to Eat a Better Breakfast

Clinician Materials:

- Care Coordination: Your Connection to Disease and Case Management Programs Brochure
- Admitted 1on1 Letter
- Unable to Contact Letter
- Discharge Letter
- Thank You Referral Letter
- Discharge 1on1 Letter
- Member Opted-Out Letter
- Enrolled Letter

Barriers and Opportunities

Barrier: Lack of clinician awareness regarding AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations, resources, and management of adult obesity.

Opportunity:

- Educate clinicians of available AHA/ACC/TOS resources on the Passport website for use, on what constitutes an assessment or education/counseling for nutrition and physical activity, and collaborating with Provider Relations to educate clinicians during all site visits to improve compliance with AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations and availability of the HOPE Program.

Barrier: Member lack of knowledge about healthy nutrition and appropriate amount of physical activity for age.

Opportunity:

- Increase member awareness regarding specific AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations for nutrition, physical activity, and behavioral changes through:
 - Distribution of educational materials at health fairs
 - Face-to-face outreach
 - Telephonic outreach
 - Member newsletters
 - On-hold SoundCare messages
 - Passport's website
 - Member educational materials
- Educate members on the specific AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations for nutrition, physical activity and behavioral changes.
- Utilize the Care Connector Program to assist members with urgent issues related to obesity.

Barrier: Collaborate with ER Navigators for identification of members for targeted mailing and telephonic educational outreach.

Opportunity:

- Utilize the ER Navigators to help increase member's knowledge of available resources, education, and willingness to participate in the HOPE program.

Interventions completed for 2016:

Provider Education:

- Increased clinician awareness of AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations on Passport's website, through Embedded Case Managers, the HOPE Disease Manager, and through Provider Relations site visits with focus on the availability of the HOPE Program.

Member Education:

- Educated members regarding nutrition and physical activity through face-to-face outreach, telephonic outreach, member newsletters, on-hold SoundCare messages, Passport's website, and member educational material.
- Distributed the new member packet and assessment form to 990 newly diagnosed members to assess the member's understanding and current management of their weight and nutritional status, and provide follow-up recommendations based on the member's needs.
- Updated "Special Health Programs, Just for You!" brochure for member education on support programs available for them.
- Developed new Member Satisfaction Survey Postcard directing members to the Passport website to fill out their survey. There is a specific survey number based on the program the member was enrolled in. If the member would prefer to have a hard copy mailed to them, they can call into our Care Connector line and they will mail one to them to fill out and return.

Screening Activities:

- Administered the Patient Health Questionnaire (PHQ) 2 with 53 members with 19% of the members with a positive screening. Further depression screenings (PHQ-9 for adults) were conducted with those members. There were ten (10) members referred for Behavioral Health (BH) services.

Identification Activities:

- Identified and outreached to members with inpatient admissions or ER visits.
- Continued to improve integration and collaboration with BH to improve overall coordination of care for members with co-existing medical and BH diagnoses/conditions.
- Reviewed surveys as received and conducted outreach to those members who indicate "fair" or "poor" responses on their survey (if the member completes contact information section of the survey tool) and monitored surveys for trends, none identified. Provided feedback to individual staff when appropriate and addressed any identified areas that needed improvement, none identified.

Interventions completed for 2016 (Continued):

Community Activities:

- Increased community initiatives related to the treatment of obesity through:
 - Collaborated with community resources to assist members in getting information on healthy weight and proper nutrition for age by supplying brochures to the Embedded Case Managers, ER Navigators, and Health Educators related to healthy eating, and increasing physical activity.
 - Collaborated with Healthy Hoops for education on healthy weight, nutrition, and physical activity.
 - Collaborated with the YMCA Program Diabetes Prevention Program.
 - Collaborated with the University of Louisville Endocrinology Department to partner with medical practice to improve diabetes control and obesity outcomes.
 - Collaborated with a text care messaging vendor to provide healthy, helpful information to members through Passport sponsored cell phones.
- Participated in community forums to determine additional community resources and best practices related to a healthy lifestyle for our members including:
 - Healthy Hoops.
 - Region 8 Community Health Fair.
 - State Fair.

Planned Interventions for 2017:

Continued Interventions:

- Increase clinician awareness of AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations on Passport's website, collaboration with Embedded Case Managers, and the HOPE Disease Manager, and through Provider Relations site visits. Embedded Case Managers while in clinicians offices will assist the clinicians to increase the number of members identified who may benefit from enrollment into the HOPE Program.
- Identify and outreach to members with inpatient admissions or ER visits.
- Expand upon current processes to develop additional relationships with participating ERs to promote discharge planning and education regarding appropriate ER use.
- Educate members/caregivers regarding specific AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults recommendations for nutrition, physical activity and behavioral changes through:
 - Face-to-face outreach
 - Telephonic outreach
 - Member newsletters
 - On-hold SoundCare messages
 - Passport's website
 - Member educational materials

Planned Interventions for 2017 (Continued):

- Evaluate all new member materials to ensure each piece is clear and concise. Materials continued to be utilized for member mailings; in addition to face-to-face education with the members at the clinician's office.
- Administer the PHQ-2, PHQ-9 to prescreen and screen for depression in overweight and obese members and refer members to the BH team as needed.
- Review surveys as received and conduct outreach to those members who indicate "fair" or "poor" responses on their survey (if the member completes contact information section of the survey tool).
- Monitor for trends, provided feedback to individual staff and address any identified areas that needed improvement.
- Continue to improve integration and collaboration with BH to improve overall coordination of care for members with co-existing medical and BH diagnoses/conditions.
- Leverage the Care Connector Program to engage members in need of assistance making appointments.
- Increase community initiatives related to the treatment of obesity through:
 - Continue collaboration with community resources to assist members in getting nutritional information.
 - Continue collaboration with community agencies and statewide initiatives to increase awareness of childhood obesity and obesity management.
 - Continue collaboration with a care messaging vendor to provide healthy, helpful information to members through Passport sponsored cell phones.
- Participate in community forums to determine additional community resources and best practices related to a healthy lifestyle for our members, including Healthy Hoops event and Louisville Academy of Nutrition and Dietetics to collaborate and network with Kentucky Dietitians.

Overall the HOPE Program saw improvements in its inaugural year by noting an increase throughout the year in the number of members that participated in the HOPE Program. The program helped members by providing additional opportunities and allowing adult members to better meet their goals of eating healthier, staying active and losing weight to decrease prevalence of obesity through reduction of BMI.