

MSHO PIP NEWS

A newsletter for MSHO Care Coordinators

2007

Welcome to the third Minnesota Senior Health Options (MSHO) Performance Improvement Project (PIP) newsletter! This newsletter is designed to provide updates on MSHO PIPs and highlight successes resulting from effective care coordination within the projects. In addition, the newsletter will address issues and concerns that arise as part of project initiatives. Participating health plans promote and support the performance improvement projects as a means to improve the care to MSHO beneficiaries and comply with the state's requirements for the MSHO program. The health plans offer support for care systems and care coordinators in their efforts to provide quality care in the complex arena of dual eligible members.

Each year health plans are required to initiate a performance improvement project that typically has a life cycle of two to four years with deadlines given by the health plans periodically in the course of a project are necessary to stay in compliance with the Minnesota Department of Human Services (DHS) requirements. The original three MSHO demonstration plans--Medica, Metropolitan Health Plan (MHP) and UCare Minnesota--have been working collaboratively for several years on joint quality improvement projects. Ongoing projects include efforts in depression, and pneumococcal vaccination. Past projects include heart failure, diabetes, and optimal medication management (OMM).

With the expansion of the MSHO collaborative in 2006, Blue Plus, First Plan Blue, and HealthPartners joined Medica, MHP, and UCare Minnesota to plan and implement a project focusing on Calcium and Vitamin D supplementation which was kicked off in spring 2007.

In Spring 2007, the three County Based Purchasing Entities (CBPs)—Itasca Medical Care, PrimeWest, and South Country Health Alliance—joined the MSHO PIP Collaborative. All nine organizations are in the process of planning a statewide initiative focusing on aspirin therapy for members with diabetes and ischemic vascular disease for implementation starting in 2008.

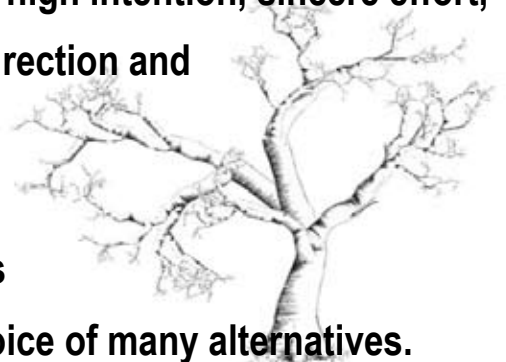
Stratis Health provides support and assistance to the health plans in developing, implementing, and evaluating each of these improvement initiatives.

This newsletter provides an update on each of these efforts, along with contact information on each project. We hope it will support ongoing progress in quality improvement by informing and inspiring your work.

Thank you to care coordinators who play a key role in helping doctors and other providers share information with each other.

MSHO is a health care program that combines separate health programs and support systems into one health care package for people ages 65 and older who are eligible for Medical Assistance (MA) and are enrolled in Medicare Parts A and B or who have MA only. Eligible beneficiaries can also receive Part D benefits. People can choose to join MSHO or stay in their current MA program. MSHO enrollees are assigned a care coordinator who will help them find the health care and related support services they need.

Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.



-William A. Foster

Calcium & Vitamin D Supplementation

Calcium and vitamin D (Ca/VitD) supplementation is the first collaborative MSHO project that includes the three original partners—Medica, Metropolitan Health Plan, and UCare Minnesota—along with three new partners that include Blue Plus, First Plan, and HealthPartners. These six health plans, with Stratis Health as the QIO partner, worked together to increase calcium and vitamin D supplement utilization rate of community-based MSHO/Minnesota Senior Care



(MSC) members. Calcium and vitamin D are essential for the maintenance of a healthy skeleton throughout a person's lifetime.

Osteoporosis is responsible for nearly 1 million vertebral and hip fractures a year

nationally. Hip fractures are among the most serious fall-related injuries. Half of seniors who have a hip fracture never regain their previous level of functioning, many are unable to live independently after their injury, and 20% die within the first year post-fracture.

The 2006 Institute for Clinical Systems Improvement (ICSI) guideline on osteoporosis diagnosis and treatment recommends 1,200 mg of elemental calcium and 800 to 1000 IU of vitamin D daily for persons over the age of 50. For persons over the age of 65, 1,500 milligrams of calcium may be more appropriate, even those not diagnosed with osteoporosis.

Study results show a trend towards a decrease in spinal fractures with calcium supplements and a smaller trend for non-spinal fractures, such as fractures to the hip and wrist. Calcium supplements are the simplest and least expensive way to prevent bone loss. Adequate vitamin D intake supports calcium absorption and bone metabolism. There is mounting evidence that vitamin D deficiency in elderly people is a silent epidemic that results in bone loss and fractures. Because of the lack of daylight hours and direct sunlight during the winter months, many adults in northern climates are more susceptible to deficiencies in vitamin D and need supplements to meet their daily requirements.

According to collaborative health plan pharmacy claims in Minnesota, only 5% of the MSHO and MSC community-based population used calcium and vitamin D in the past year. For

MSHO/MSC members, these supplements can be obtained over the counter with a prescription for free or at a minimal cost.

To meet the project goal of increased calcium and vitamin D use, the team is working to educate and increase knowledge of osteoporosis and the importance of calcium and vitamin D dietary supplementation. In addition, the collaborative will educate physicians, pharmacists, care coordinators, and members about their pharmacy benefits which allow them to access these supplements for free or at minimal cost.

Care coordinator trainings were held in March and April of 2007 in three in-person locations in addition to online education. A recorded version of the session and the training materials can be accessed at: <http://www.stratishealth.org>. The keynote speaker, Pamela Van Zyl York, MPH, PhD, RD, LN, from Health Promotion and Chronic Disease Prevention/Minnesota Department of Health, provided current information on the role of calcium and vitamin D in health, aging, and osteoporosis. Dr. York also discussed falls, strategies for osteoporosis prevention and maintenance.

She explained the benefits and concerns of calcium and vitamin D supplementation. The training also included the process for care coordinators to identify and address the members who need calcium and vitamin D, including a risk list tool which was launched in early April 2007. The project team will work with care coordinators to ensure understanding and use of the risk list tool and referrals to providers and pharmacies for obtaining calcium and vitamin D prescriptions. The care coordinators will document their action in the MSHO member's care plan with progress monitored during the annual care plan audit process.



The goal of this project is that the use of this no/low cost supplement can be increased and osteoporosis and its related health and safety issues for MSHO/MSC members can be reduced.

For more information on this project, please contact Gina Kiser at (952) 992-2548 or gina.kiser@medica.com.

Depression

UCare Minnesota, Medica, MHP, and Stratis Health have collaborated in the development of the depression project since early 2004. The topic was selected because of the high incidence of depression in the institutionalized elderly population. Chart audits showed that only 60% of MSHO members were screened with tools validated for this age group. Of those members who screened positive for depression, the majority did not have documented evidence of a clinical assessment following the positive screen.

Baseline Results: A baseline chart audit was conducted in April 2005. The results showed 8% of new “rate cell D” members were screened for depression within 30 days. Of those with positive screens, 57.1% were clinically assessed within 60 days of the positive screen.

The goals of the project are to:

- Improve the rate of MSHO members receiving depression screening using an American Medical Directors Association (AMDA)-recommended screening tool within 30 days of being identified as a “rate cell D,” and
- For MSHO members who screen positively for depression, improve the rate of clinical assessment within 60 days of the positive screening.

To achieve these goals, the collaborative provides care coordinators, nurse practitioners, and nursing homes with training, AMDA-recommended screening tools, target member lists, and other resources. Under the project, care coordinators and nurse practitioners will:

- Know which of their nursing home members are due for depression screening and assessment;
- Ensure that the screening is performed within 30 days of a MSHO member being identified as a “rate cell D” using an AMDA-recommended screening tool;
- Ensure that those who have a positive screen receive a clinical assessment within 60 days;
- Document the screening and assessments in patient charts; and
- Provide reports of completed screenings and clinical assessments to the health plan QI representative.

Multiple training opportunities have been offered to care coordinators and nursing homes over the course of the project. In March 2005, the health plans began supplying the care systems with lists of their MSHO residents who are newly

identified as rate cell D. In July 2006 the team also sent out letters to nearly 350 Minnesota nursing homes to inform them of a depression training DVD that was available through Stratis Health. Nearly 140 requests for the DVD were received and filled.

To date, the project team has performed three chart audits to determine whether the project goal has been met. The efforts of care coordinators in care systems and new expansion counties have been critical in our progress toward achieving the project goals. The team is currently reviewing the results of the third audit, which took place in spring 2007, as well as the project as a whole. The team is currently working to develop recommendations for continued support of counties and care systems to continue the success achieved after the official project ends in late 2007.

For more information on this project, contact Diane Drawert at (612) 676-3504 or mshodepression@ucare.org



Aspirin Therapy

Planning for the 2008 PIP is well underway. With the addition of the three County Based Purchasing Entities, this collaborative will include all nine organizations that serve MSHO members and will truly be a statewide effort.

The project process kicked off in fall 2006 with several topic selection meetings attended by many care coordinators, as well as care system and county staff. The group investigated several topics, and agreed to address the topic of aspirin therapy for members under 85 years of age with ischemic heart disease and diabetes.

The project team is currently working on the literature review and the detailed project design. The project proposal will be submitted to DHS for approval in the fall of 2007 with activities initiating in 2008.

For more information on this project, please contact Natalie Stone (877)268-2996 ext 6739 or Natalie_Stone@bluecrossmn.com.

Pneumococcal Vaccination

The MSHO Pneumococcal Project—supported by Medica, MHP, and UCare Minnesota—was successfully launched with a care coordinator training and WebEx presentation in the spring of 2006. The two training sessions featured Dr. Kristin Nichol, professor of medicine at the University of Minnesota and chief of medicine at the Minneapolis VA Medical Center, as the keynote speaker. Dr. Nichol discussed the pneumococcal disease process and vaccination protocol, after which the collaborative presented the intervention strategy to the MSHO care coordinators. A recorded version of the training and training materials is available at:

www.stratishealth.org.

The goal of this project is to increase the pneumococcal vaccination rate among MSHO community members as measured by health plan administrative claims data. The three-year average baseline rate indicated that only 24.95% of community MSHO members had received the pneumococcal vaccine, one of the most cost-effective preventive measures available and the collaborative team is highly motivated to increase vaccination rates.

The initial task of the care coordinators was to determine the current vaccine status of their members. To assist in this process, each health plan developed action lists for both their care systems and care coordinators. The lists indicated which of their current MSHO members have no claim or prior history of a pneumococcal vaccine (PPV). Action lists are updated every other month and reflect care coordinator feedback, administrative claims data, and information from the Minnesota Immunization Information Connection (MIIC).

The MSHO Pneumococcal Project has enhanced communication between health plans and MIIC, and as a result the three health plans are submitting PPV claims data for the first time into the statewide registry.

The care coordinator works with each member to determine the best approach for obtaining the vaccine. Three intervention options are available.

- Home health care referral
- Primary care referral
- Community clinic utilization

The collaborative team developed tools such as home health care referral forms, feedback loops, and PPV reminder cards to assist the care coordinators with each of these options. Management reports

have been developed to report progress back to the individual care systems.

Involvement with the MIIC has become a significant part of this project. MIIC is a statewide confidential, computerized network/registry of shared immunization records that offers providers, schools, parents, and others complete and up-to-date immunization



records. Average baseline calculations indicated that only 9.65% of MSHO members had a PPV claim in MIIC at the beginning of this project. The MSHO Pneumococcal Project has enhanced communication between health plans and MIIC, and as a result the three health plans are submitting PPV claims data for the first time into

the statewide registry. To date, over 4,000 PPV dates have been added to the registry as part of this initiative.

Initial feedback from the care coordinators indicated a high percentage of documented vaccines without administrative claims. In June 2006, MIIC agreed to accept pneumococcal vaccine dates based upon valid documentation in the absence of an administrative claim. This response was a major adaptation by MIIC and a demonstration of their strong desire to enhance MIIC PPV data using information obtained by the care coordinators. Concerned that the number of vaccines without claims could be significant, the collaborative has decided to track this number as an additional process measure.

The first measurement year for this project concluded at the end of March 2007. The team is currently gathering data to evaluate the first years efforts and will implement additional interventions as necessary. The project continues to grow in depth as collaboration is encouraged among health care providers, the statewide immunization registry, the care systems, and health plans.

For more information on this project, please contact Barb Post at barbara.post@co.hennepin.mn.us or (952) 933-1198.

We hope this information helps inform your work in furthering the quality of care for the clients you serve. Future newsletter issues will provide further updates, address specific concerns or issues arising under one or more of the topics, and highlight successes resulting from care coordination within the performance improvement projects. If you have additional questions or concerns regarding any of the initiatives, or would like to suggest topics for future newsletters, please feel free to contact the individuals listed below. Thank you for all you do in improving quality of care for MSHO members.

For More Information:

Blue Plus

Gerianne Ford
651-662-4581
Gerianne_Ford@bluecrossmn.com

First Plan Blue

Natalie Stone
877-268-2996 ext 6739
Natalie_Stone@bluecrossmn.com

HealthPartners

Cindi Lord
(952) 883-6163
cindi.j.lord@healthpartners.com

Medica

Gina Kiser
(952) 992-2548
gina.kiser@medica.com

Metropolitan Health Plan (MHP)

Monica Simmer
(612) 596-9943
Monica.Simmer@co.hennepin.mn.us

UCare Minnesota

MSHODepression@ucare.org
pneumococcal@ucare.org
calciumplusD@ucare.org

South Country Health Alliance

Anne Grimmus
(507) 431-6571
agrimmus@mnscha.org

Itasca Medical Care

Kathleen Anderson,
1-800-843-9536, ext.2199
kathy.anderson@co.itasca.mn.us

PrimeWest

Jayne Nyhammer
(320) 335-5226
Jayne.nyhammer@primewest.org

Stratis Health

Karla Weng
(952) 853-8570
kweng@stratishealth.org

MHSO News is Brought to You By:

Medica

Metropolitan Health Plan (MHP)

UCare Minnesota

HealthPartners

First Plan Blue

Blue Plus

Stratis Health

Itasca Medical Care

South Country Health Alliance

PrimeWest