

Focused Studies

Description

Following Minnesota state statute requirements, each year South Country Health Alliance (South Country) conducts focused studies to acquire information relevant to quality of care and services provided to our members. Topics selected for these studies are based on areas of high volume of membership where problems are expected, or may have occurred in the past, where issues can be corrected, prevention may have an impact, areas that have potential adverse health outcomes, or topics of frequent member or provider complaints. The goal is to achieve improvement with the issues identified and implement systemic changes to ensure continued success.

Process and Analysis

As part of the ongoing Quality Program evaluation processes described throughout this report, South Country reviews health care service utilization data, network geo access maps, member survey results, care coordination activities, grievances and appeals cases, and quality metrics, such as the Healthcare Effectiveness and Information Set (HEDIS) and Minnesota community measurement data, to identify existing or potential gaps in quality of and access to care. Based on feedback from county partners, including the Public Health & Human Service Advisory Committee and other stakeholders, under the guidance of the Quality Assurance Committee (QAC), targeted interventions and improvement activities are developed with the goal of improving outcomes in the areas identified.

The following three initiatives were selected as specific focused studies for 2023:

1. This focused study is directed at the opportunity to improve routine prevention screening for cervical cancer and early detection of cervical cancer.
2. This focused study is directed at the opportunity for improvement and an area with potential for improvement in care as it relates to chlamydia screenings.
3. This focused study is intended to promote a “healthy start” for the health of our mothers and children ages (0-15 months) on our PMAP and MinnesotaCare programs.

Focused Study #1: Increasing the overall percentage of PMAP, MinnesotaCare, SingleCare, Shared Care, and AbilityCare members ages 21-64 (or as recommended by provider) who receive a cervical cancer screening.

The primary goal of this focused study is to increase the overall percentage of PMAP, MinnesotaCare, SingleCare, Shared Care, and AbilityCare members ages 21-64 or as

recommended by provider who receive a cervical cancer screening. This focused study was implemented on January 1, 2022, and will end December 31, 2024.

The HEDIS Measurement Year MY 2020 Cervical Cancer Screening measure was used as the baseline rate to determine the expected outcome performance measurement rate. The rate will be calculated for each measurement year and the methodology will be applied over the course of the three measurement years following HEDIS technical specifications.

The three-year (MY 2018-MY 2020) average HEDIS rate for PMAP is 54.99%. South Country's goal is to increase the PMAP HEDIS rate to 61.80% over the three-year project, which is a 6.81% increase. In MY 2022, the PMAP HEDIS rate was 43.50%.

The three-year (MY 2018-MY 2020) average HEDIS rate for MNCare is 52.55%. South Country's goal is to increase the MNCare HEDIS rate to 59.37% over the three-year project, which is a 6.82% increase. In MY 2022, the MNCare HEDIS rate was 40.43%.

The three-year (MY 2018-MY 2020) average HEDIS rate for SingleCare/SharedCare is 48.66%. South Country's goal is to increase the SingleCare/SharedCare HEDIS rate to 55.72% over the three-year project, which is a 7.06% increase. In MY 2022, the SingleCare/SharedCare HEDIS rate was 33.24%.

The three-year (MY 2018-MY 2020) average HEDIS rate for AbilityCare is 61.22%. South Country's goal is to increase the AbilityCare HEDIS rate to 69.80%, which is an 8.58% increase. In MY 2021, the AbilityCare HEDIS rate was 54.13%.

In MY 2022, only administrative data was used to report the Cervical Cancer Screening (CCS) rate. Due to this the MY 2022 rates for all products are trending much lower than previous years. MY 2023 hybrid (administrative and medical record data) rates are expected to show significant increases.

Below are the Cervical Cancer Screening rates by product.

Cervical Cancer Screening Hybrid Rate						
Product	MY 2018- MY 2020 Average	HEDIS MY 2020	HEDIS MY 2021	Year 1	Year 2	Year 3
				HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
PMap	54.99%	54.01%	55.23%	43.50%*	TBD	TBD
MNCare	52.55%	54.99%	54.01%	40.43%*	TBD	TBD
AbilityCare	61.22%	64.09%	66.06%	54.13%*	TBD	TBD
SingleCare_ SharedCare	48.66%	48.66%	46.72%	33.24%*	TBD	TBD

*Note that MY2022 rates are administrative-only.

Some factors prevent women from being tested, such as lack of a regular health care provider and lack of transportation. South Country data shows opportunity to outreach to our eligible members to educate them on the reasons to have a cervical cancer screening, the types of cervical cancer screenings and the South Country coverage for these screenings.

South Country will continue efforts to increase cervical cancer screening through continuing promotion of related wellness programs, provider education, and encouraging members to follow provider recommendations on cervical screenings.

Focused Study #2: Increasing the overall percentage of MinnesotaCare, PMap, SingleCare and Shared Care members ages 16-24 (or as recommended by provider) who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

The primary goal of this focused study is to increase the overall percentage of MinnesotaCare, PMap, SingleCare and Shared Care members ages 16-24 (or as recommended by provider) who were identified as sexually active and who had at least one test for chlamydia during the measurement year. This focused study was implemented on January 1, 2022, and will end December 31, 2024.

The HEDIS MY 2020 Chlamydia Screening rate will be used as the baseline rate to determine the expected outcome performance measurement rate. The rate will be calculated for each measurement year and the methodology will be applied over the course of the three measurement years following HEDIS technical specifications.

The three-year average (MY 2018 to MY 2020) of PMAP, MNCare, SingleCare, and SharedCare products will be used to determine the goal rate for the project. South Country has a goal to increase the PMAP, MNCare, SingleCare, and SharedCare HEDIS rate by 4.35%(45.80%) during the three-year measurement period.

PMAP

The three-year (MY 2018-MY 2020) average HEDIS rate for PMAP is 41.85%. In MY 2022, the PMAP HEDIS rate was 38.82%.

MNCare

The three-year (MY 2018-MY 2020) average HEDIS rate for MNCare is 41.03%. In MY 2022, the MNCare HEDIS rate was 38.89%.

SingleCare/SharedCare

The three-year (MY 2018-MY 2020) average HEDIS rate for SingleCare/SharedCare is 56.00%. In MY 2022, the SingleCare/SharedCare HEDIS rate was 28.57%.

Below are the Chlamydia screening rates by product.

Chlamydia Screening						
Product	MY 2018- MY 2020 Average	HEDIS MY 2020	HEDIS MY 2021	Year 1	Year 2	Year 3
				HEDIS MY 2022	HEDIS MY 2023	HEDIS MY 2024
PMAP	41.85%	38.54%	39.28%	38.82%	TBD	TBD
MN Care	41.03%	34.00%	46.67%	38.89%	TBD	TBD
SingleCare/Shared Care	56.00%	19.23%	30.43%	28.57%	TBD	TBD
PMAP/MNCare/SingleCare /SharedCare	41.45%	37.71%	39.50%	38.58%	TBD	TBD

South Country believes there is an opportunity for outreach to members to enhance prevention by providing education and information that promotes and encourages testing per the provider recommendations. South Country will continue to promote chlamydia screenings and provide education as appropriate.

Focused Study #3: Increasing the percentage of members who receive prenatal care in their first trimester and postpartum care and increasing the percentage of members ages 0-15 months with six or more well-child visits.

The primary goals of this focused study are to decrease the health disparity gap in the HEDIS measures Timeliness of Prenatal Care, Postpartum Care, and Well-Child Visits in the First 15 Months from MY 2021 through MY 2026. We will evaluate using HEDIS rates and producing annual rates for PMAP and MinnesotaCare members.

For more details on the third focused study that is also a Performance Improvement Project (PIP) go to the CMS Quality Improvement & DHS Performance Improvement Projects section of this document.