
Health Plan
Performance
Improvement
Project (PIP)

Passport Health Plan

Women's Health Initiative

Final Report-September 2009

**Submission to:
Kentucky Department for Medicaid Services**

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MCO and Project Identifiers

Please complete all fields as accurately and as completely as possible.

1. Name of MCO:

Passport Health Plan (PHP)

2. Select the Report Submission: [If any change from initial submission, please complete section 7 below.]

- PIP Part I: Project Proposal Date submitted: 12/01/2005
 PIP Part II: Interim Report Date submitted: 9/1/07 and 9/1/08
 PIP Part III: Final Report Date submitted: 09/01/09

3. Contract Year:

2008/2009

4. Principal Contact Person: Theresa Watson, RN BSN

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5. Title of Project: Women's Health Initiative

6. External Collaborators (if any): None

7. For Final Reports Only: If Applicable, Report All Changes from Initial Proposal Submission:

8. Attestation

The undersigned approve this PIP Project Proposal and assure their involvement in the PIP throughout the course of the project.

Signature on file

Jacqueline Simmons, MD Chief Medical Officer

Signature on file

Theresa Watson, RN, BSN AVP, Quality Improvement

NA

IS Director (when applicable)

Signature on file

Ruth Atkins Executive Director

Abstract

This section should be approximately 1-2 pages in length. The Abstract should be completed only for the Final Report.

[Provide an abstract of the PIP highlighting the project topic and objectives, briefly describe the methodology and interventions, and summarize results and major conclusions of the project.]

1. Project Topic / Rationale / Aims

[Provide title of the project; State rationale for project, objectives, project questions, baseline and/or benchmark data, and goal for improvement.]

This project is a women's health initiative that is measuring breast cancer screening, cervical cancer screening and Chlamydia screening. The Plan's population is 57 percent female and 24.9 percent of them are between the ages of 16 and 69 which are the ages of the female members targeted for this initiative. The question this project is designed to answer is:

"Does a robust multidisciplinary approach of provider and member outreach and education complemented with a pay for performance program increase the rate of preventive health screenings for breast cancer, cervical cancer and Chlamydia screening?"

2. Methodology

[Describe the population, study indicators, sampling method, baseline and remeasurement periods, and data collection procedures.]

Calendar year 2005 results were used as the Plan's baseline measurement. CY 2006 and CY 2007 were used as interim remeasurements and CY 2008 was used as the final measurement.

Using the HEDIS® methodology, breast cancer and Chlamydia screenings were based upon administrative data while cervical cancer screening was based upon both administrative and hybrid methodology. HEDIS® results are audited and deemed reportable by a National Committee for Quality Assurance (NCQA) licensed Audit organization.

3. Interventions

[Describe the interventions and target of the interventions. This section may include interim results gleaned from using a PDSA method, if applicable.]

Interventions to impact these three measures were targeted at members' lack of knowledge regarding the importance of screenings, self referral, location of facilities to obtain mammogram, and names and phone numbers Women's Health Providers, as well as addressing potential access concerns. Interventions to impact these three measures were also targeted at providers' Lack of provider focus on preventive care, lack of provider awareness of members who are in need of screenings. Multiple member, provider and community interventions

were implemented to address these measures. These included but were not limited to:

- Designed a robust pay for performance program, which included all three measures.
- Distributed provider reports listing those members who were delinquent with screening.
- Distributed member reminder postcards twice a year and conduct outreach reminder phone calls.
- Collaborated with network hospitals and sponsored a Mobile Mammography van at a Community Center in the Newburg area of Jefferson County.
- Conducted provider outreach visits.
- Sponsored and coordinated 3 Mobile Mammography Days at the Family Health Centers and 6 Mammography Screening Days at one leading outlying county hospital.
- Participated in the Kentucky Cervical Cancer Coalition and the Kentucky Cancer Consortium Summit.
- Implemented automated outbound call technology to members in outlying counties.
- Collaborated with one leading outlying county hospital to create a process to identify inpatient members who are due a mammogram and assist with scheduling while the member is inpatient.

4. Results

[Specify number of cases in the project, remeasurement rates for project indicators, and statistical test results if applicable.]

All three measures demonstrated improvement over the three year period:

- Breast cancer screening increased from Year 1 to Year 3 by 2.2 percentage points.
- Cervical cancer screening increased from Year 1 to year 3 by 3.34 percentage points.
- Chlamydia screening increased from Year 1 to Year 3 by 9.87 percentage points.

However, only Chlamydia screening surpassed the CY 2008 Plan Goal.

5. Conclusions

[Address whether the project objectives were met, any corresponding explanations, and a synthesis of the major project findings, any major project limitations, barriers, financial impact and next steps.]

A robust multidisciplinary approach of provider and member outreach and education complemented with a pay for performance program does increase the rate of preventive health screenings for breast cancer, cervical cancer and Chlamydia screening. However, barriers still remain in making significant increases in these rates:

- The Plan continues to be unaware of women who no longer require a cervical cancer screening due to a total, complete or radical hysterectomy that was performed prior to PHP Plan enrollment and eligibility;
- Unlike Chlamydia screening which can be obtained using a urine specimen, cervical cancer screening requires a vaginal examination involving the use of specialized equipment.

- Women who are unprepared for a cervical cancer screening tend to refuse the exam performed when offered.
- Only a few participating providers provide mammography services on site thereby requiring the member to schedule an appointment at a facility that provides the service and arranging for transportation.

The Plan continues to pursue opportunities for improvement in all three of these Women's Health Care Initiatives.

Project Topic

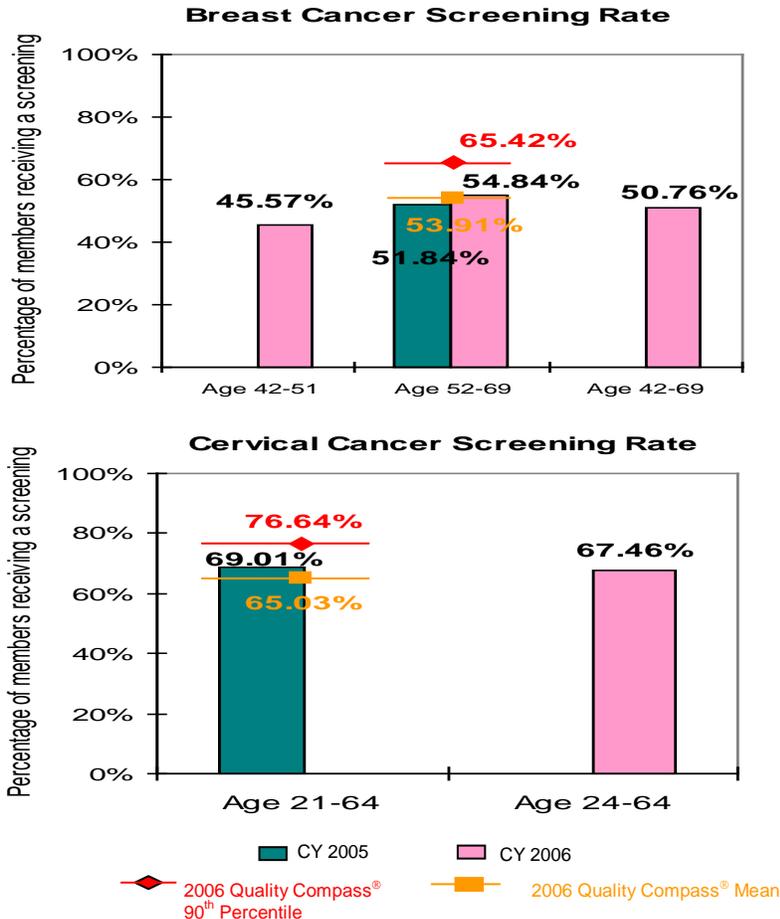
Provide a general description of the project topic that is clearly stated and relevant to the enrolled population.

1. Describe Project Topic

This project is a women’s health initiative that is measuring breast cancer screening, cervical cancer screening and chlamydia screening.

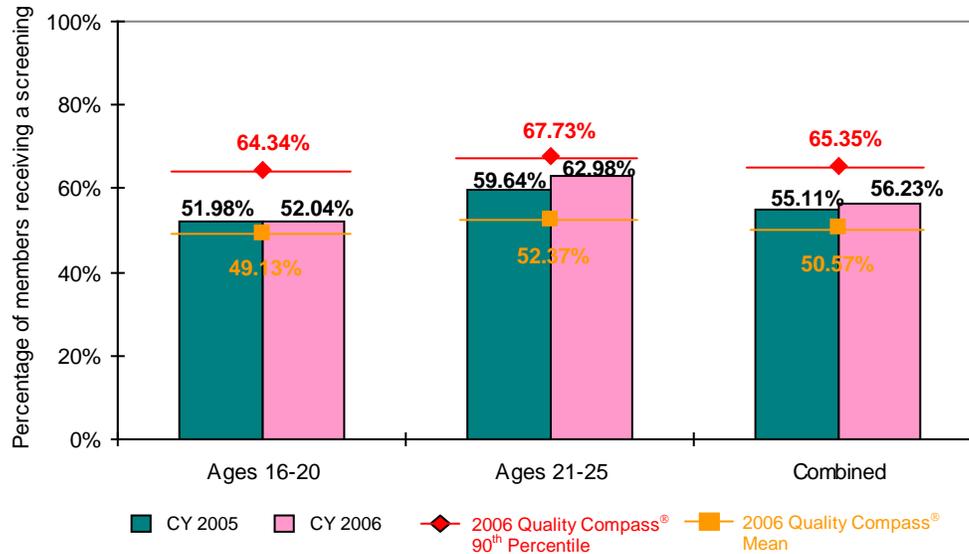
2. Rationale for Topic Selection

The Plan’s population is 57 percent female and 24.9 percent of them are between the ages of 16 and 69 which are the ages of the female members targeted for this initiative. In addition, breast cancer, cervical cancer and chlamydia screenings rates although are improving continue to be among the Plan’s lowest scoring HEDIS® measures. As reflected in the graphs below, the health plan has exceeded the Medicaid mean for all of the measures in calendar year 2006 results.



Please note: For calendar year 2006 cervical cancer measure, data in the graphs above is reflective of a systematic sample of 418 records pulled from the measure’s eligible population of 14,388 members.

Chlamydia Screening in Women



3. Aim Statement

The question this project is designed to answer is:

“Does a robust multidisciplinary approach of provider and member outreach and education complemented with a pay for performance program increase the rate of preventive health screenings for breast cancer, cervical cancer and chlamydia screening?”

The Plan’s mission is to improve the health and quality of life of our members. Therefore, with this in mind, this performance improvement project has been designed to provide a holistic approach to women’s health initiatives, providing the necessary knowledge to empower our female members to manage their health and take a proactive approach to the prevention of disease. While other aspects of women’s health will be addressed, such as heart and lung health and diabetes, the Plan will measure the rate of breast and cervical cancer screenings and chlamydia screenings based on the HEDIS® methodology.

Calendar year 2005 baseline results and first year remeasurement rates are demonstrated in the graphs above and listed in the table below. Goals have been established for each of the three measures and are based on NCQA’s statistically significant methodology as defined in the 2006 MCO Standards and Guidelines and are as follows:

Measure	CY 2005 Baseline Results	CY 2006 Results	CY 2008 Goal
Breast Cancer Screening (52-69)	51.84%	54.84%*	57.84%
Cervical Cancer Screening (21-64)	69.01%	67.46%*	74.01%
Chlamydia Screening (combined)	55.11%	56.23%	61.11%

*HEDIS® 2007 Methodology changed age ranges for Breast Cancer & Cervical Cancer Screening. The percentages reported above are the results based on HEDIS® 2006 Methodology.

Methodology

The methodology section describes how the data for the project are obtained.

1. Performance Indicators

The Plan will use the following HEDIS® measures taken from HEDIS® 2006 Volume 2 Technical Specification:

- Breast Cancer Screening (BCS) page 96
- Cervical Cancer Screening (CCS) page 98
- Chlamydia Screening in Women (CHL) page 101

Calendar year 2005 results will serve as the Plan's baseline measurement.

* If the HEDIS® measures change, the Plan will consider the impact to its baseline and work with the DMS and EQRO to make revisions as necessary.

2. Procedures

Using the HEDIS® methodology, breast cancer and chlamydia screenings will be based upon administrative data while cervical cancer screening will be based upon both administrative and hybrid methodology. HEDIS® results are audited and deemed reportable by a National Committee for Quality Assurance (NCQA) licensed Audit organization.

3. Timeline

1st Quarter 2006

- Develop and implement the women's health initiative program.
- Develop a focused multidisciplinary work team and conduct the first meeting.

2nd Quarter 2006

- Initiate program interventions and outreach efforts.
- Collect baseline data using HEDIS® methodology.
- Monitor quarterly results.

3rd Quarter 2006

- Conduct analysis and present findings to committee for review and approval.
- Continue program interventions and outreach efforts.
- Conduct work team meetings.
- Monitor quarterly results.
- Distribute 2006 Women's Yearbook

http://www.passporthealthplan.com/pdf/membercenter/english/health_and_wellness/yearbook/2006.pdf

4th Quarter 2006

- Continue program interventions and outreach efforts.
- Conduct work team meetings.
- Monitor quarterly results.

1st Quarter 2007

- Continue program interventions and outreach efforts.
- Monitor quarterly results.

2nd Quarter 2007

- Continue program interventions and outreach efforts.
- Monitor quarterly results.
- Collect first remeasurement using HEDIS® methodology.

3rd Quarter 2007

- Conduct analysis and present findings to the Women's Health Committee and Quality Medical Management Committee for review and approval. In addition, to seek input on potential interventions the Plan can initiate.
- Continue program interventions and outreach efforts.
- Monitor quarterly results.

4th Quarter 2007

- Continue program interventions and outreach efforts.
- Monitor quarterly results.
- 2007 Women's Yearbook distributed to all female members

1st Quarter 2008

- Continue program interventions and outreach efforts.
- Change monitoring activities to monthly.
- Monitor monthly results.

2nd Quarter 2008

- Continue program interventions and outreach efforts
- Collect second remeasurement using HEDIS® methodology.
- Monitor monthly results.

3rd Quarter 2008

- Continue program interventions and outreach efforts.
- Monitor monthly results.

4th Quarter 2008

- Continue program interventions and outreach efforts.
- Conduct annual planning meeting to determine 2009 interventions.
- Monitor monthly results.

1st Quarter 2009

- Continue program interventions and outreach efforts.
- Monitor monthly results.

2nd Quarter 2009

- Continue program interventions and outreach efforts.
- Collect third remeasurement using HEDIS® methodology.
- Monitor monthly results.

Interventions / Changes for Improvement

Interventions should be targeted to the study aim and should be reasonable and practical to implement given plan population and resources.

1. Interventions Planned and Implemented

Timeframe	Description of intervention	Barriers addressed
Initiated in 2006 1 st Qtr 07	Design a robust pay for performance program, which includes all three measures as components for payment and is designed to reward those with improvement in addition to those with excellent results. Provider Workshops and round table discussions providing information on the Physician Recognition Program conducted.	Lack of provider focus on preventive care.
2 nd Qtr 06	Distribute provider reports listing those members who are delinquent with screening.	Lack of provider awareness of members who are in need of screenings.
Initiated in 2005	Distribute member reminder postcards twice a year and conduct outreach reminder phone calls.	Lack of member knowledge regarding; the importance of screenings, self referral, location of facilities to obtain mammogram, and providing names and phone numbers Women's Health Providers.
3 rd Qtr 06	Collaborate with network hospitals and sponsor a Mobile Mammography van at a Community Center in the Newburg area of Jefferson County.	Lack of member convenience obtaining mammography screening.
End of 3 rd Qtr 06	Conduct provider outreach visits.	Lack of provider knowledge regarding Plan benefit requirements.
3 rd Qtr 06	Distribute member educational materials that include the newly developed Women's Health Magazine.	Lack of member knowledge regarding the importance of screenings and women's health information.
4 th Qtr 06	Initiate discussion with the Mammography coordinator at the Family Health Centers to promote PHP sponsored Mammography Day(s).	Lack of member access to services in multiple areas of Jefferson County.
1 st Qtr 07	Sponsored and coordinated 3 Mobile Mammography Days at the Family Health Centers.	Lack of member access to mammography screening

2 nd Qtr 07	Participated in the Kentucky Cervical Cancer Coalition	Lack of community knowledge regarding cervical cancer screening.
3 rd Qtr 07	Placed and maintained Breast Cancer, Cervical Cancer and Chlamydia Screening posters at the PHP Bulletin Board at Hardin Memorial Hospital emergency room.	Lack of member and community knowledge regarding the importance of screenings and women's health information.
4 th Qtr 07	Community Initiatives-Provided literature on Breast Cancer, Cervical Cancer and Chlamydia Screenings.	Lack of member and community knowledge regarding the importance of screenings and women's health information.
1 st Qtr 08	Participated in the Kentucky Cancer Consortium Summit	Lack of member and community knowledge regarding the importance of screenings and women's health information.
2 nd Qtr 08	Participated in the "Collaborate Kentucky: Roads To Cancer Prevention", presented by Kentucky Cancer Consortium and Kentucky Women's Cancer Screening Program	Lack of member and community knowledge regarding the importance of screenings and women's health information.
3 rd Qtr 08	Participated in the American Cancer Societies "Making Strides Against Breast Cancer" Kick-off meeting	Lack of member and community knowledge regarding the importance of screenings and women's health information.
4 th Qtr 08	Sponsored and coordinated 6 Mammography Screening Days at one leading outlying county hospital Implemented automated outbound call technology to members in outlying counties	Lack of member access to mammography screening Lack of member knowledge regarding the importance of screenings
1 st Qtr 09	Collaborated with one leading outlying county hospital to create a process to identify inpatient members who are due a mammogram and assist with scheduling while the member is inpatient.	Lack of provider awareness of members who are in need of screenings and reduce the inability to reach the member telephonically after discharge.
2 nd Qtr 09	Sponsored and coordinated a Cervical Cancer Screening Day at one Family Health Center Attended "Celebrating Women's Health Week" kick off hosted by the Louisville Metro Office for Women and The Norton Cancer Institute	Lack of member access to cervical cancer screening Lack of member and community knowledge regarding the importance of screenings and women's health information.

2. Intervention Timeframe

Intervention	Start Date	End Date
Distribution of provider reports listing those members who are delinquent with screening.	April 2006	Ongoing-distributed twice a year.
Distribution of member reminder postcards and outreach reminder phone calls.	Began in 2005	Ongoing-postcards are distributed twice a year followed by outreach calls
Educate PHP Associates (Health Management, Case Management & Member Service Staff) on the importance of promoting Women's Health Screenings and "Make Every Member Contact Count".	2 nd Qtr 2006	Ongoing.
Collaborate with network hospitals and James Brown Cancer Center with Plan sponsored Mobile Mammography van.	August 2006	Ongoing.
Conduct provider outreach visits.	End of 3 rd Qtr 2006	Ongoing and as needed.
Distribution of member educational materials to providers, which includes the newly developed Women's Health Magazine, laminated posters in English and Spanish for Providers to utilize in exam rooms on all three measures and lists of facilities where members can obtain a mammogram.	July 2006	Ongoing-distributed annually.
Web site development: Women's Health Magazine posted, Breast Cancer Screening Page which includes the Mobile Mammography Clinic Schedule, Health Department Schedules in Bullitt County, and facility listing.	July 2006	Continues with updates
On Hold Sound Care message on all three measures.	January 2006	Ongoing. Messages rotate.
Provider Recognition Program initiated workshops, training, and community round table discussion provided to providers and their staff.	4 th Qtr 2006	Ongoing
Women's Planning Calendar distributed to all women 18 years and older. Planner included information regarding preventive care, heart health, diet and nutrition, etc.	4 th Qtr 2006	1 st Qtr 2007
Member and Provider Newsletter articles	January 2006	Ongoing.
2 nd Women's Health Magazine Planning	2 nd Qtr 2007	Mailed 4 th Qtr 2007
Kentucky Cervical Cancer Coalition-Statewide coalition of a community based organizations and individuals with an interest in eliminating cancer of the cervix in Kentucky. The coalition is comprised	2 nd Qtr 2007	Ongoing

of academic, public health, civic, non-profit organizations, and funding agencies.		
Participation in community initiatives-Glorious Women Assembly, Cultural and Linguistic Conference, Community sponsored health fairs and events	3 rd Qtr 2007	Ongoing
Participated in the Kentucky Cancer Consortium Summit	1 st Qtr 2008	1 st Qtr 2008
Participated in the “Collaborate Kentucky: Roads To Cancer Prevention”, presented by Kentucky Cancer Consortium and Kentucky Women’s Cancer Screening Program	2 nd Qtr 2008	2 nd Qtr 2008
Participated in the American Cancer Societies “Making Strides Against Breast Cancer” Kick –off meeting	3 rd Qtr 2008	3 rd Qtr 2008
Sponsored and coordinated 6 Mammography Screening Days at one leading outlying county hospital	4 th Qtr 2008	4 th Qtr 2008
Implemented automated outbound call technology to members in outlying counties	4 th Qtr 2008	4 th Qtr 2008
Collaborated with one leading outlying county hospital to create a process to identify inpatient members who are due a mammogram and assist with scheduling while the member is inpatient.	1 st Qtr 2009	Ongoing
Sponsored and coordinated a Cervical Cancer Screening Day at one Family Health Center	2nd Qtr 2009	Ongoing
Attended “Celebrating Women’s Health Week” kick off hosted by the Louisville Metro Office for Women and The Norton Cancer Institute	2nd Qtr 2009	2nd Qtr 2009

3. Barrier Analyses

In 2005, the Plan initiated member outreach calls to those female members who were identified as delinquent with either a mammography screening or cervical cancer screening. Given this opportunity to speak with the members, outreach representatives not only reminded the member they were due for screening but inquired about barriers they encountered. For mammography, the majority of members stated they were afraid of the screening, as they had heard the procedure was painful and for cervical cancer screening, members thought that if they were not sexually active or were menopausal they did not need the screening. Because of these findings, member educational materials have focused on addressing these common barriers and when they are encountered during member outreach calls, the outreach representative takes the opportunity to educate the member.

In addition, access to mammography facilities in the rural counties are restricted to hospitals and in counties with no hospital facility the DOH has been identified to provide the service but on a limited basis.

Other barriers mentioned during phone calls are the member's physical and mental disabilities and obesity.

4. PDSA (Plan-Do-Study-Act) Project Phases

- (1) The objective and plan to test for change,
 - Continue to obtain information during outreach calls as to why members do not obtain screenings.
 - Utilize this information to develop educational materials geared to member's needs to promote awareness of preventive screenings in both the members and the providers.
- (2) The action carried out (including documenting problems or unexpected observations),
 - Achieving member contact in the Medicaid population continues to be the greatest barrier due to incorrect addresses, disconnected phone numbers and caller ID.
 - Other barriers expressed during telephone outreach include physical disability, too ill to obtain preventive screenings, behavioral health issues (unable to leave the house, fear of small spaces, etc.) and "fear" (of the tests, outcomes, radiation causing cancer, pain, etc.)
 - Provider awareness and educational opportunities.
- (3) The results or knowledge gained,
 - There continues to be a knowledge gap for both members and providers.
- (4) The actions that were taken as a result of the cycle
 - All three Women's Health Measures are an integral part of the Physician Recognition Program (P4P)

Results

The results section should quantify project findings related to each study question and project indicators. **Do not** interpret the results in this section.

Table 1: Rate of Breast Cancer Screening, Year 1-3

Year	Numerator	Denominator	%	95% CI
Calendar Year 1:2006	2313	4218	54.84%	Lower CI=53.32% Higher CI=51.90%
Calendar Year 2: 2007	2319	4199	55.23%	Lower CI=53.71% Upper CI=56.74%
Calendar Year 3: 2008	2414	4232	57.04%	Lower CI=53.61% Upper CI=55.81%

HEDIS® 2007 Methodology changed to include women ages 42-51 years of age. Reported measurement corresponds to the baseline data submitted therefore the above data represents women aged 52-69 years of age only. For 2008, the Plan's HEDIS ® reported rate was a total for ages 42-69 but for reporting and consistency purposes the above number represents women aged 52-69 years of age only.

Table 2: Rate of Cervical Cancer Screening, Year 1-3

Year	Numerator	Denominator	%	95% CI
Calendar Year 1: 2006	257 Hybrid	418 hybrid	67.46%	Lower CI=62.85% Higher CI=72.08
Calendar Year 2: 2007	261 hybrid	412 hybrid	66.50%	Lower CI=61.83% Upper CI=71.18%
Calendar Year 3: 2008	291 Hybrid	411 hybrid	70.80%	Lower CI=66.29% Upper CI=75.32%

HEDIS® 2007 Methodology changed to women ages 24-64. Reported measurement reflects this change to the eligible population.

Table 3: Rate of Chlamydia Screening, Year 1-3

Year	Numerator	Denominator	%	95% CI
Calendar Year 1: 2006	2592	4610	56.23%	Lower CI=54.78% Higher CI=57.67%
Calendar Year 2: 2007	2815	4406	63.89%	Lower CI=62.46% Higher CI=65.32%
Calendar Year 3: 2008	2611	3950	66.10%	Lower CI=64.61% Higher CI=67.59%

HEDIS® 2009 Methodology changed to women ages 16 to 24. The Plan noted improvement in the total score notwithstanding the removal of the 25 year old females from the sample denominator.

Discussion

The discussion section is for explanation and interpretation of the results.

1. Discussion of Results

The Breast Cancer Screening rate in women aged 52-69 years old increased by 0.39 percentage points from baseline results to the 1st year remeasurement results. From CY 2007 to CY 2008 the rate increased again by 1.81 percentage points for a total rate increase from baseline to the 2nd remeasurement of 2.2 percentage points. Access to mammogram facilities in remote rural areas continues to be a barrier. However, access in Jefferson County and the surrounding counties of Bullitt, Oldham and Hardin Counties are sufficient to meet the needs of the population.

The Cervical Cancer Screening 1st year remeasurement rate in women aged 24-65 decreased by 0.96 percentage points when compared to the baseline. Increased provider, member and community awareness has not effectively impacted this measure. Results for CY 2008, the 2nd remeasurement year, increased by 4.3 percentage points when compared to CY 2007, with an overall increase from the baseline of 3.34 percentage points. Increased awareness of the Provider Recognition Program has been effective in positively impacting this measure. Additional collaborative efforts with community agencies, members, and providers added to the overall improvement in screening rates.

The Combined Chlamydia Screening in Women aged 16-25 years of age increased from the baseline to the 1st year remeasurement by 7.66 percentage points. From CY 2007 to CY 2008 an additional 2.21 percentage point increase is noted, for a total of 9.87 percentage points over the course of the three year study. These steady increases in Chlamydia screening can be attributed to increasing member awareness of the need for this screening in addition to extensive communication to the Plan's primary care providers via the Physician Recognition Program (letters, roundtable discussions and one-on-one education on the appropriate chlamydia codes and different types of chlamydia specimen collection).

2. Limitations

The medical record review obtained as part of our Provider Recognition Program revealed that the Plan continues to be unaware of women who no longer require a cervical cancer screening due to a total, complete or radical hysterectomy that was performed prior to PHP Plan enrollment and eligibility.

Unlike chlamydia screening which can be obtained using a urine specimen, cervical cancer screening requires a vaginal examination involving the use of specialized equipment. It is also time consuming in a primary care setting due to the examiner requiring an assistant. Women who are unprepared for a cervical cancer screening tend to refuse the exam performed when offered.

Only a few of our providers provide mammography services on site thereby requiring the member to schedule an appointment at a facility that provides the service and arranging for transportation.

Another consideration to take into account is the unknown variable of how many women do not obtain preventive screenings such as breast and cervical cancer screening secondary to their overall health status. In view of the fact that 13.25% of the Plan's female members' category of aid is SSI Disabled and members frequently verbally report the reasons for not obtaining screenings are due to poor health, physical and mental disability and/or obesity. All of these reasons contribute to the difficulty the Plan has had in increasing member compliance with these measures.

Next Steps

In this final section, discuss ideas for taking your project experience and findings to the next step.

1. Lessons Learned

Much of what has been learned is not new to the Plan. However, prior to implementation of interventions the Plan would not have considered how great the barriers to obtaining these screenings were due to member's discomfort and fear of the tests. In addition, multiple co-morbidities' must be taken into consideration when encouraging members and providers to pursue testing. The Plan has discovered that making the scheduling and completion of the screenings as easy as possible for the membership has improved the overall numbers.

2. System-level Changes Made and/or Planned

The Plan continues to pursue opportunities for improvement in all three of these Women's Health Care Initiatives. Although it is difficult to contact members by mail and phone due to incorrect addresses and phone numbers when the Plan is able to make that contact it is greatly appreciated. These interventions continue to be an integral component of all of our Health and Disease Management Programs and the Plan's efforts to "Make Every Member Contact Count".

Provider education to raise awareness of the need for these screenings via the Provider Recognition Program (P4P) has already demonstrated much interest. It has also provided the Plan an opportunity to better understand provider needs and frustrations and to pursue at every encounter ways to collaborate with our provider network. The Plan has implemented IT technology to report real-time member level information regarding the need for preventative screenings by provider group. This technology allows the provider to view a listing of members on their panel eligible for an identified screening, such as breast cancer screening, cervical cancer screening, and Chlamydia testing. This listing may be utilized for telephonic outreach and or letter generation.

The Plan continues to pursue opportunities to collaborate with community agencies, providers and facilities to assist in women's preventative health screenings.

Final Report Addendum

As required by the MCO contract, section 5.6, page 42 - Performance Improvement Projects, discuss member participation, confidentiality and dissemination of project findings. Also, discuss financial impact or other financial considerations for the project.

1. Member Participation

[Detail the extent of member participation in the project. In what aspects of the project did members participate (topic selection, measurement, focus group, interventions etc.)? What methods were utilized to solicit or encourage membership participation?].

Extensive member interventions were aimed at increasing the member's knowledge regarding the importance of women's preventative health screenings. The Plan utilized efforts to combine all screenings into one event, educational material was tailored to encompass all women's preventative screenings, individualized telephonic outreach to those members identified as delinquent in a screening to engage them in preventive care, and assistance with scheduling the appointment.

2. Member Confidentiality

[Clearly identify the sources of data, and specify if using administrative data, medical record data, hybrid methodology, and/or surveys. Report procedures and methods implemented to protect member confidentiality.]

All HIPPA regulations are maintained as member personal health information is exchanged between the Plan and its providers. Reports mailed to the member's primary care provider (PCP) are stamped confidential. The IT technology requires a personal log on and password to view member information. During all outreach, personal identifying information must be verified prior to health information exchange.

3. Financial Impact

[Describe any long or short-term financial impacts of the project including cost/benefit analysis as appropriate. Address the bottom line, project beneficiaries and the extent of cost savings.]

While no cost/benefit analysis was completed, initially cost may have increased due to increased screenings. However, increased screenings should result in earlier detection of breast cancer and earlier treatment that is hopefully more successful. This scenario should have a positive long-term impact on health care cost for this population.

4. Dissemination of Findings

[Address how the results and conclusions have or will be made available to members, providers or other interested individuals. Identify future goals for disseminating the key findings and lessons learned of the project.]

Health outcomes are shared with members and providers annually through posting of the QI evaluation on the Plan's member and provider websites. However, specific results and conclusions of this three year study will also be made available to providers and member through the Plan's provider and member websites.