



Quality Programs

Fallon Health

2020





Quality Programs: A way of life at Fallon Health

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Overview

Fallon Health (Fallon) aims to ensure that safe, effective, patient-centered, timely, efficient and equitable clinical care and services are provided to members. Each year, we establish program priorities and goals and monitor our progress in achieving those goals. Interventions are implemented where necessary to improve performance. At the conclusion of the year, the overall effectiveness of the program is evaluated. Fallon works in partnership with members, affiliated physicians and providers to promote quality.

Fallon has established Quality programs to ensure the quality and safety of clinical care and service provided to members. Quality programs link structure and processes together throughout the organization to assess and improve quality. These programs integrate the organization's key elements of member and staff needs and expectations, clinical and service quality, credentialing of providers, disease management, utilization and care management, and members' rights and responsibilities. In order to continually improve services to members in the community, Quality programs align with Fallon's mission, values and vision statements.



The Fallon way

We focus on our members, supporting them in being as healthy as they can be at a cost they can reasonably afford.

Mission

Making our communities healthy.

Vision

A vibrant healthcare services organization that exceeds our members' expectations

Values

Accountability: We follow through on our commitments, achieving results with integrity.

Collaboration: We perform best when we work together.

Compassion: We genuinely care about and respond to our members' needs and concerns.

Excellence: We deliver the highest quality care and service.

Innovation: We anticipate and address evolving health care needs with creative solutions.



Objectives



- Establish a quality services process for programs within the organization that supports continuous quality improvement principles. This includes the design of the program, the measurement and tracking of outcomes, the implementation of interventions and the effectiveness of those interventions.
- Continually monitor compliance to Fallon's standards related to availability of credentialed health care providers and accessibility to care.
- Monitor member and provider satisfaction on a routine basis, including provider satisfaction with Fallon's utilization process.
- Measure current processes against standardized or national guidelines or other current sources of information related to the provision of clinical care.
- Focus increased attention on performance measures and standards that promote patient safety and safe clinical practices.
- Credential contracted providers using established standards, which include the incorporation of physician-specific quality reviews and performance metrics in the credentialing process.
- Provide an appropriate forum for objective peer review of the performance of contracted providers.
- Comply with regulatory requirements, which include, but are not limited to, federal and state agency contractual requests, private accrediting agency standards, employer groups, purchaser groups, and state and federal statutes.



Objectives, continued



- Develop clinical practice guidelines, including preventive and behavioral health care, with local input from contracted providers, and monitor compliance to those guidelines annually.
- Improve documentation in the medical records by conducting targeted record reviews as requested, identifying opportunities for improvement, providing provider education and re-measuring documentation.
- Improve clinical processes by identifying opportunities in preventive health, chronic disease management, behavioral health care or other medical treatment areas by using the established performance improvement cycle, then measure the effectiveness of those initiatives.
- Provide oversight to assigned entities to which Fallon has assigned responsibility for any areas within the scope of Quality programs, including credentialing of providers, quality and utilization management, and member relations.
- Evaluate and address overutilization and underutilization and the continuity and coordination of care by reviewing pertinent information related to the members' care management.
- Ensure that all members' rights are protected, and the appeals process is followed for every denial of care issued by the plan, and with confirmation that members are appropriately informed of their rights in all cases.
- Support health promotion activities to members and providers, including member outreach and provider reminders, and general educational materials to the membership.



What our members look for in quality



- Cost, coverage and access to services
- Health education, disease prevention and condition management to promote members' health
- Proactive anticipation of members' health care needs
- Minimization of the need for more intense care
- Assistance in getting members informed and engaged in healthy behaviors and active self-management
- Help with preventing illness and complications of disease
- Testing and treatment for short-term, acute illness
- Reduction and management of the effects of chronic illnesses
- Support for the physician-patient relationship
- Help in promoting patient safety



Monitoring of service and quality activities

Quality programs will monitor the following aspects of care:

- Member satisfaction
- Member complaints, appeals and customer service activity
- Safe clinical practice
- Accessibility of primary care providers, behavioral health care services and member services
- Availability of primary care physicians, specialty physicians and behavioral health care providers within the network
- Continuity and coordination of care
- Appropriate drug utilization
- Underutilization and overutilization
- Chronic disease management care
- Behavioral health care
- Preventive health care
- Medical record documentation
- Clinical practice guideline compliance



Our quality successes

National accreditation

One of our accomplishments is maintaining accreditation status for our Commercial, Exchange and Medicaid products from the National Committee for Quality Assurance, or NCQA.

NCQA's ratings are based on accreditation surveys conducted by a team of physicians and managed care experts. A national oversight committee of physicians analyzes the team's findings and assigns an accreditation level based on the performance level of each plan being evaluated.

NCQA is an independent, not-for-profit organization dedicated to measuring the quality of America's health care. NCQA is governed by a board of directors that includes employers, consumer and labor representatives, health plans, quality experts, regulators and representatives from organized medicine. NCQA's mission is to provide information that enables purchasers and consumers of managed health care to distinguish among plans based on quality, thereby allowing them to make more informed decisions.

Effectiveness of care measurements

At Fallon, we are committed to providing the highest quality health care at a reasonable price. With networks that include outstanding doctors and many leading hospitals, we set standards for our own clinical and service quality to help our members get and stay healthy.

But we don't want to simply tell you about our commitment to the best care. We believe you should have access to information that allows you to evaluate a plan's performance so you can make an informed decision about your health care. That's why we participate in a voluntary, nationwide program that collects and reports performance measures in health care, including preventive care, health screenings and member satisfaction. This reporting program, Healthcare Effectiveness Data and Information Set, or HEDIS[®], is designed to provide you with impartial information to help you choose the best health plan. HEDIS[®] gathers information from more than 90 percent of health plans across the nation, and is considered the most complete health care quality report available.



Quality successes, continued

HEDIS® is sponsored by NCQA. To earn NCQA accreditation, a health plan must report on member satisfaction, quality of care, access, confidentiality and service against NCQA's rigorous standards. Fallon's HEDIS results, along with our commitment to excellent service and clinical quality, have earned Fallon accreditation from NCQA for our Commercial, Medicare and Medicaid HMO health plans.

Many of Fallon's quality activities are designed to complement providers' efforts to provide appropriate preventive care. Fallon performed above NCQA's national 90th percentile in the following measures for 2019.

Performance measures
Adult access to preventive/ambulatory health services
Appropriate testing for children with pharyngitis
Appropriate treatment for children with upper respiratory infections
Avoidance of antibiotic treatment in adults with acute bronchitis
Blood pressure monitoring for diabetics

Performance measures
Breast cancer screening
Cervical cancer screening
Children's and adolescents' access to primary care, ages 25 months to 19 years
Chlamydia screening for women
Colorectal cancer screening
Controlling blood pressure
Diabetic eye exams
Follow-up care for children prescribed ADHD medication: continuation and maintenance phases
HbA1c control <8
Infant, child and adolescent well care visits
Kidney monitoring for diabetics
Medication Reconciliation Post Discharge
Poor HbA1c control, > 9
Statin therapy for diabetics
Timeliness of prenatal care
Weight assessment and counseling for nutrition and physical activity, ages 3-17



Promoting quality with providers

Rewarding excellence

Fallon has built financial incentives into our contracts with provider groups to promote and reward their achievement of high levels of clinical and service quality on performance measures that have been targeted for improvement.

Practice support for providers

Fallon also provides tools such as:

- Clinical practice guidelines
- Performance feedback
- Patient handouts and support tools
- Knowledge-based website educational tool
- Disease and care services programs to manage acute and chronic illness



Patient safety

It is estimated that about one million injuries and over 250,000 deaths occur annually in the United States due to mistakes in medical practice that occur in medical facilities such as doctors' offices or hospitals. Medical mistakes in hospitals can range from serving a sugary dinner to a person with diabetes, to surgically removing the wrong limb. Fallon partners with providers, hospitals and regional and national coalitions to improve health care delivery and minimize medical errors.

Fallon monitors and enhances patient safety as an organizational priority. Activities associated with patient safety include the clinical peer review activities that identify case reviews related to clinical quality and the evaluation of possible errors of commission and omission. Corrective action plans are also carried out when areas of substandard care are identified, and follow-up is required that addresses provider-specific components as well as system issues identified through peer review committees.

Pharmaceutical patient safety is also monitored in collaboration with the pharmacy benefits manager, with procedures in place for point-of-dispensing communications to identify drug-drug interactions and classify them by severity. Procedures include notifying dispensing providers at the point of prescribing about specific interactions when they meet Fallon's severity threshold. Members and physicians are also notified when required or when voluntary drug withdrawals from the market occur. Screening of new drugs and technologies occurs through the health plan's Pharmacy and Therapeutics Committee and Technology Assessment Committee, with input from national guidelines and research consortia.

Fallon partners with providers, hospitals and regional and national coalitions to improve health care delivery and minimize medical errors.



Hospital patient safety

Fallon is participating in the activities of The Leapfrog Group. This initiative is driven by employer groups that buy health care who are working to initiate breakthrough improvements in the safety, quality and affordability of health care for Americans. It is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry that big leaps in health care safety, quality and consumer value will be recognized and rewarded.

Leapfrog and its members work together to:

- Reduce preventable medical mistakes and improve the quality and affordability of health care.
- Reward doctors and hospitals for improving the quality, safety and affordability of health care.
- Encourage public reporting of health care quality and outcomes so that consumers and purchasing organizations can make more informed health care choices.
- Help consumers reap the benefits of making smart health care decisions.

The Leapfrog Group has developed standards in several key areas:

- Physician staffing in intensive care units
- The use of computers in hospitals for ordering prescriptions
- The number of certain high-risk treatments or procedures a hospital performs each year
- A Leapfrog Quality Index summarizing performance on the 27 National Quality Forum Serious Reportable Events to reduce preventable medical mistakes.

Fallon applauds the participation of our contracted hospitals and recognizes their strong commitment to quality and patient safety.

For more information about Leapfrog and to view the results for Massachusetts hospitals and other hospitals around the United States, go to leapfroggroup.org.

1-800-868-5200

fallonhealth.org

