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Introduction

Pursuant to DHS Contracts: Section 7.9 Families and Children, 7.13 MSHO/MSC+, and 7.11 SNBC, UCare is pleased to present three significant quality improvement activities in this report to the Minnesota Department of Human Services (DHS).

These activities have resulted in measurable, meaningful, and sustained improved health care outcomes for members of Prepaid Medical Assistance Program (PMAP), Minnesota Senior Health Options (MSHO), MinnesotaCare (MnCare), Minnesota Senior Care Plus (MSC+), and UCare Connect Special Needs BasicCare (SNBC) plans.

These activities are presented as:

**Activity 1: Preventive Care: Breast Cancer Screening**

**Activity 2: Emergency Room Reduction: Health Coach Outreach**

**Activity 3: Community Health Worker (CHW) Outreach**

UCare (www.ucare.org) is an independent, nonprofit health plan that provides health care and administrative services to more than 500,000 members from offices in Minneapolis, Minnesota. UCare serves more people from diverse cultures and more people with disabilities enrolled in Medical Assistance than any other health plan in Minnesota.

Everything UCare does revolves around a single goal: helping people of all ages and abilities overcome barriers to accessing care. Since 1984, its membership has grown and its health care programs have expanded through innovation and strategic partnerships.

Today, UCare serves:

- Minnesotans shopping for plans on the MNsure health insurance marketplace.
- Medicare-eligible individuals throughout Minnesota and in western Wisconsin.
- Individuals and families enrolled in income-based Minnesota Health Care Programs, such as MinnesotaCare and Prepaid Medical Assistance Program.
- Adults with disabilities.
- Minnesotans dually eligible for Medical Assistance and Medicare.

UCare believes that improving access to care can change lives for the better. To UCare, barriers to health care present opportunities. For example, when members were having difficulty scheduling dental appointments, UCare worked with its dental providers to offer a 30-day
appointment guarantee. The health plan pioneered interpreter and transportation services to better serve its diverse membership. UCare rolled out a wide range of health and wellness programs – including free car seats, fitness kits, and incentives for check-ups and screenings. For 2015, UCare set performance improvement goals in several focus areas for Medicare and Minnesota Health Care Programs members. These focus areas include, but are not limited to:

- increasing breast and colorectal cancer screenings
- increasing immunizations and well child visits
- increasing prenatal and postpartum care
- increasing medication compliance in members with asthma
- increasing Chlamydia screenings in women
- reducing non-urgent emergency room use
- improving post-hospitalization transition
- improving self-care management and post-hospitalization transition for members with heart failure
- increasing anti-depressant medication adherence
ACTIVITY SUMMARY 1

Preventive Health: Breast Cancer Screening

Jeri Peters, Vice President and Chief Nursing Officer
Greg Hanley, Director of Quality Management
Cindy Kallstrom, Health Promotion Manager
Cindy Radke, Clinical Services Stars Coordinator

Circumstances/Opportunities for Improvement

Breast cancer is the second-leading cause of death from cancer among women in the United States. Widespread use of screening, along with treatment advances in recent years, has been credited with significant reductions in breast cancer mortality\(^1\).

Compared to other cancers, breast cancer has a high survival rate if diagnosed in the early stages when the cancer is localized to the primary site. The 5-year relative survival rate for women with breast cancer diagnosed in this earliest stage is 98.6\(^{\circ}\). At present, mammography is the best screening tool to detect breast cancer, and clinical trials have shown that regular screening is the best way for women to lower their risk of dying from breast cancer.

To ensure UCare members are receiving breast cancer screenings, UCare monitors its breast cancer screening rates for all products and implements interventions as needed. UCare identified an opportunity for improvement after reviewing screening rates. UCare’s Medicaid Healthcare Effectiveness Data and Information Set (HEDIS) rates were in the 50th percentile for both HEDIS 2012, 2013, and 2014 (calendar years 2011, 2012, and 2013 respectively). The SNBC HEDIS rates were in the 10th percentile in HEDIS 2012 and 2013. Medicaid and SNBC were also below the HEDIS Minnesota plan average. These results point to the need to develop and implement innovative approaches to ensure members receive this important screening and are informed of the benefits of early detection and prevention.

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Description of Activities

To improve member health, UCare focuses on the following activities:

- Reduce barriers to breast cancer screenings by utilizing a mobile mammogram van to make it easier for members to receive their breast cancer screening;
- Partner with the Center for Diagnostic Imaging (CDI) to host screening events in the community.
- Partner with the Minnesota Department of Health (MDH) Sage program and the Hmong American Partnership to offer a mobile mammography event targeted to the Hmong community;
- Partner with Neighborhood Health Source and CDI at the Loving Yourself event targeting African American women on health and wellness as well as getting their breast cancer screen;
- Send targeted materials to members with information on applicable incentives, and health and wellness;
- Contact members by automated calls recorded by Nancy Feldman, UCare’s CEO, prompting members to be screened for breast cancer;
- During October, Breast Cancer Awareness month, UCare has Customer Service hold time messages discussing the importance of getting a breast cancer screen and prompting members to schedule their screen.
- Member Engagement Specialist contacted UCare members who were due for a breast cancer screen and assisted with providing education, scheduling appointments as well as transportation.
- Support community outreach events to provide members with information about breast cancer screenings and member incentives;
- Send targeted action lists to health systems identifying members that need screenings for providers to reach out to schedule appointments.

Partner with the American Cancer Society for ways to improve breast cancer screening rates.

The Rationale for the Choice of Activity

Many structural barriers exist for UCare’s members, including transportation and interpreter needs. In addition, there is strong resistance to mammography for reasons such as fear, the belief that mammograms are unnecessary or unsafe, and lack of family or friends who are
supportive of mammography\(^3\). To ensure members receive the health services they need, as well as the information and education to make informed decisions, UCare is focusing on increasing preventive health activities, including breast cancer screenings. This is the right thing to do for members and the approach and activities strongly align with UCare’s mission to improve the health of members through innovative services and partnerships across communities.

**Program Objectives**
- Reduce barriers to care;
- Reduce disparities;
- Provide early detection for cancer care;
- Reduce downstream costs.

**Methodology for Measuring the Activity**
UCare utilizes standardized measurement, using The Healthcare Effectiveness Data and Information Set (HEDIS), Breast Cancer Screening measure.

**Findings and Quantitative Evidence of the Improvement**

<table>
<thead>
<tr>
<th>Table 1: Breast Cancer Screening Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Medicaid Combined (PMAP and MnCare)</td>
</tr>
<tr>
<td>MSHO</td>
</tr>
<tr>
<td>MSC+</td>
</tr>
<tr>
<td>SNBC</td>
</tr>
</tbody>
</table>

UCare’s rates have increased in all products with statistically significant improvement from HEDIS 2014 to 2015. In HEDIS 2015, UCare is above the HEDIS Minnesota plan average for breast cancer screening in the PMAP and MSHO populations.

Please reference the HEDIS technical specifications for details regarding criteria for measurement and 2015 specification changes.

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Main Conclusions and Lessons Learned
UCare determined that members are receptive to participating in mobile mammography events, and receiving information from their clinics and personal reminders. To continue to foster community involvement and member education, UCare has continued to form invaluable relationships with various stakeholders.

Recommendations
 Continue to evaluate data to determine if interventions are continuing to increase rates.
 Pilot additional interventions to determine if they should be implemented more broadly.
 Continue to facilitate and create partnerships with community organizations.

Sustainability of the Activity
UCare has dedicated committees and workgroups whose goals are aligned with improving member health. UCare will continue with current interventions and will explore other potential pilots and initiatives for future implementation. In addition, UCare will continue to review the literature and best practices to ensure members are receiving the best care available. Breast cancer screening and early detection efforts will continue at UCare for the remaining populations.
ACTIVITY SUMMARY 2

Emergency Room Reduction: Health Coach Outreach

Jeri Peters, Vice President and Chief Nursing Officer
John Corlett, Project Manager

Circumstances/Opportunities for Improvement

This improvement effort was initiated to support reductions in emergency room (ER) use mandated by Minnesota Statute, section 256B.69, subdivision 5a(g), which requires all MCOs to reduce ER use by 5% from the previous calendar year over a 5-year period starting in 2011, for a total reduction of 25%.

UCare implemented numerous strategies to achieve this requirement. One of the strategies for achieving this reduction was to identify Medicaid members who had potentially avoidable ER visits. One of the initiatives is to engage these members in the Synergy Targeted Population Management health coaching program. This program takes a holistic approach to managing members’ health risk by supporting their selection of the appropriate level of care to meet their needs.

The focus of this improvement opportunity was to minimize avoidable ER use and, therefore, reduce costs. Reductions are based on visit volume data with the 2009 ER visit rate as the baseline to measure visit volume. The 2011 Legislature amended the statute to change the baseline year to 2011 and to accelerate required reduction of ER use to 10% for years two and three. The 2012 Legislature further amended the statute to revert back to 2009 as the baseline year.

Description of Activities

- Outreach by a health coach to identified members with avoidable ER visits.
- WellShare home visits for members with Somali heritage who have high ER utilization.
- Embedded a Community Health Worker (CHW) into the South Lake Pediatric Clinic to provide education on immunizations, medication adherence and other health initiatives.
- Assist Children’s Hospitals of Minnesota primary care clinics in developing practices to reduce the overflow of ambulatory care in the ER.
- Implementation of CareNet Nurse Advice Line
The Rationale for the Choice of Activity
UCare analyzed the opportunity to impact ER use for the entire Medicaid membership. Though several interventions were implemented, the Synergy project focused on adult members identified as presenting one of the greatest opportunity for impact and associated cost savings.

Synergy focused on this “target population” by addressing the critical interplay between psychological, social, and physical health through telephonic health coaching.

Program Objectives
- Identify a target population based on risk, complexity, and opportunity for ER redirection, and to use tools that predict the use of emergency services;
- Use customized, consumer-oriented health coaching approaches that increase member understanding of lifestyle choices and how these choices can impact members’ medical conditions and use of medical services;
- Reduce ER use within the targeted group.

Methodology for Measuring the Activity
A matched study of participants and non-participants was conducted. The parameters for the member level analysis were:
- Member actively engaged during the measurement period.
- Baseline is defined as the 12 months preceding the member’s enrollment date.
- Measurement is defined as the eligible months following the first date of program enrollment through the end of the measurement period.
- Individual members must be present in both the baseline and measurement periods to be included in the comparison cohorts.
- Members identified with any of the excluded conditions or services in either their baseline or measurement periods are excluded from the analysis.
- Members with more than $100,000 in annualized medical allowed costs in their baseline or measurement period remain in the grouping, but their annualized costs are capped at $100,000. All trauma, pregnancy, and pharmacy costs are excluded.
- A comparison group population was defined by matching the study group on the dimensions of age, sex, co-morbidity, baseline costs, and most recent acute event activity in the baseline period.
Findings and Quantitative Evidence of the Improvement

Overall, members who participated in the Synergy health coaching program showed an adjusted 27% reduction in inpatient use and 11% reduction in emergency room use compared to the non-participant group.

This study included 1,179 adult Medicaid UCare members in the participant group, and 1,459 adult Medicaid UCare members in the non-participant group.

Table 2: Utilization Rates – Participant

<table>
<thead>
<tr>
<th>Utilization Rate</th>
<th>Baseline to Measure Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP Admits per 10,000 Member Months</td>
<td>70% reduction</td>
</tr>
<tr>
<td>ER Visits per 10,000 Member Months</td>
<td>37% reduction</td>
</tr>
</tbody>
</table>
Table 3: Utilization Rates – Non-Participant

<table>
<thead>
<tr>
<th>Utilization Rate</th>
<th>Baseline to Measure Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP Admits per 10,000 Member Months</td>
<td>43% reduction</td>
</tr>
<tr>
<td>ER Visits per 10,000 Member Months</td>
<td>26% reduction</td>
</tr>
</tbody>
</table>

Main Conclusions and Lessons Learned
UCare determined the use of motivational interviewing techniques and personal health coaching that focuses on lifestyle choices effectively and safely changes member behavior as it relates to use of emergency services.

Recommendations
- Re-evaluate outcomes on an annual basis.
- Continue this highly effective intervention which is based on positive outcomes of ER visit reduction and inpatient admissions reduction.
Sustainability of the Activity
UCare intends to fund this program for a minimum of one additional year and re-evaluate achievement of program goals. UCare will continue working on ER reduction for their active populations and evaluate this particular program based on the changing needs of our members.
ACTIVITY SUMMARY 3

Community Health Worker (CHW) Outreach

Jeri Peters, Vice President and Chief Nursing Officer
Ann Rogers, External Relations Manager
Carol Berg, County and Public Health Manager

Circumstances/Opportunities for Improvement
UCare is committed to improving the health outcomes of our members and the community. Our approach to achieving good health outcomes is to involve additional partners who share the same goal and who are invested in the communities we serve. We found Community Health Workers (CHWs) as an important role and partner in developing and finding innovative solutions for connecting the various medical teams (primary care providers, mental health providers, clinics and hospitals as well community partners) to address health disparities in underserved populations.

UCare has worked with Community Health Workers and several partners to launch innovative initiatives, in health care settings that have resulted in new models of care, improved health and wellness of our membership and a reduction in costs associated with emergency room care.

One program used CHWs as part of a medical team as a care coordinator to improve immunization rates and well child check-ups, another used the CHW to educate an immigrant population about access to emergent and urgent medical care while the third project used CHWs to address the need for mental health care.

Description of Activities

WellShare International – East African Somali CHW Program
UCare and WellShare International launched a voluntary pilot program in 2011 called Your Health – Caafimaadkaaga in Somali – to help Somali and East African immigrants learn about the western health care system, the differences between health care resources, and how to access them. The program has expanded this past year to include UCare members statewide through a new telephone outreach initiative. UCare members who join Your Health receive a one-to-one visit (or phone call) at a location of their choosing. During these visits, a WellShare
CHW offers culturally competent communication about the program and about levels of care offered in the Western health system. The UCare member also learns how and when to access types of care available at primary care clinics, urgent care sites, emergency departments, and hospitals so he or she can obtain the type of care needed – when it’s most needed. Member’s are also assisted to practice making calls to the member’s primary care clinic or UCare nurse. Resources and tools are also offered to help in accessing medical care. Members receive a thermometer and a wallet card with important phone numbers for accessing medical care.

Results from the Your Health program have shown significant cost savings, with decreases in utilization such as emergency department care and inpatient services.

South Lake Pediatrics CHW Care Model
UCare partnered with South Lake Pediatrics to implement an innovative care model that includes Community Health Workers on the primary care team within the clinic. In this setting, UCare provided funding for the clinic system to embed a CHW into the care model of the clinic. The community health worker/care coordinator focuses on two populations: children with special health care needs and immigrant patients, particularly Somali patients and families. The CHW uses a combination of onsite visits and telphonic outreach as well as other strategies as appropriate. The goals of this program include providing coordination of services and education of the child and parent (based on provider recommendations and guidance), engaging patients and families in utilizing appropriate levels of care (primary care clinic, urgent or emergency room care) and focusing on preventive care, such as Well-Child check-ups, immunizations, and lead screenings.

The Rationale for the Choice of Activity
Using Community Health Workers (CHW), UCare has implemented health improvement strategies that have improved health and health outcomes for some of our most vulnerable communities.

Program Objectives

- Reduce barriers to care;
- Reduce disparities;
- Increase antidepressant medication adherence;
- Increase visits for Well-Child check-ups, immunizations and lead screenings;
- Increase the awareness of the health benefits of preventive care.
Methodology for Measuring the Activity

WellShare International – East African Somali CHW Program
  - Number of visited households
  - Participant Satisfaction Results
  - Reduction in ER visits

South Lake Pediatrics CHW Care Model
  - HEDIS for Well-Child check-ups, immunizations and lead screenings.
  - Emergency Department visits per 1,000 member months

Findings and Quantitative Evidence of the Improvement

WellShare International – East African Somali CHW Program
  - As of December 2013, community health workers had visited 500 households in Hennepin and Ramsey counties. An additional 350 households were reached in 2014, with 100 households in outstate Minnesota. WellShare visited over 75 homes so far in the first half of 2015 and has made over 85 phone contacts.
  - As of December 2014, return on investment data has shown significant decreases in emergency room visits for members participating in the WellShare program. Most enrollment markers show a 14-30% reduction in ER rates depending on the intervention being in home visits, in person contact or phone contact.

WellShare Somali staff feedback about UCare member satisfaction:
  - “Thank you so much for explaining to me the difference between ER and Urgent care, I had no idea they were different. I always thought ER was an actual clinic to get treated….Thanks again, I appreciate your visit and will do exactly what you’ve told me.”
  - “I appreciate the information you gave me about the nurse line. This will save me a lot of time. Instead of me rushing to the clinic, I can just call the nurse line to get assistance from there first.”
  - “My child has been sick for a while now, and the doctor doesn’t really tell me anything on how to manage the asthma. I always thought it was allergies. It took me long to accept the fact that my child has asthma. The information you gave me was very helpful. I now know more about asthma than I ever did before.”
“I was always confused about the use of the chamber and inhaler. I only use the inhaler, never did I think the chamber would also make such a big difference in terms of the medicine reaching all the way to the lungs.”

“Because of you guys, I know how to manage my son’s asthma better. I know the difference between the quick relief and the long term medicine. Thank you, I appreciate the help you’ve provided to me and my family.”

“I appreciate the call and you came to my home explaining the difference between the clinics around the area. I didn’t know urgent care exists and they even have faster services than the Emergency Room!”

“The reason I took my child to the ER was not even an emergency, I just didn’t know where to take him. We spent at least 8 hours at the ER!”

“I appreciate the visit and the thermometer because my child always has a fever at night and I didn’t know how to check it.”

“I won’t be needing the ER anymore because I have an urgent care close to my house now; thank you for telling me.”

WellShare Hmong staff feedback about from UCare members:

“I worked with a postpartum client at the end of winter (early 2015). She called for additional resources and I was able to help her with that. It’s been about six months, and just three weeks ago she called and told me that she doesn’t live at the address where I went to visit her for postpartum. I didn’t understand why she would call and tell me that she moved, but she later told me the reasons why. I was able to help provide additional resources for her.”

“A previous postpartum client from August 2014 called me last week. I didn’t remember who she was but she reminded me and thanked me for helping her get backpacks for her children last year. She called again to ask for help in finding organizations that donate free backpacks and school supplies so she can get them for her children.”

“Another postpartum client I visited didn’t know about UCARE’s program, I explained to her and later her two sisters-in-law came to the door and listened to our conversations. They told me they also have UCARE and were interested in the car seat program. I took their information and did a car seat referral. They were very appreciative for the information since they didn’t know any of the UCARE programs before.”
South Lake Pediatrics CHW Care Model

- Of the patients who received phone call outreach from CHWs at South Lake, rates for Well-Child visits in the first 15 months and for Lead Screenings increased above the clinic patients who did not receive phone calls.
- 100% of patients who participated in the clinic community events met requirements for childhood immunizations, 6 well-child visits in the first 15 months of life and lead screenings.
- Of the patients touched by the CHWs at South Lake Emergency department visits decreased by 14.2 visits per 1,000 member months and for those who had phone calls and by 18.8 visits per 1,000 member months for those who attended a community event.

Main Conclusions and Lessons Learned
Community Health Workers can play a very crucial role in coordinating and meeting unique member needs; especially in mitigating racial and/or cultural barriers and gaps. CHWs are quickly becoming a common part of many clinic care management models and it can benefit health systems to support this innovative model.

Recommendations

- Continue to evaluate data to determine if interventions are continuing to increase rates.
- Pilot additional interventions to determine if they should be implemented more broadly.
- Continue to facilitate and create partnerships with community organizations, clinics, and counties.

Sustainability of the Activity
UCare has implemented committees and workgroups whose main goal is improving member health in innovative ways. UCare will continue to monitor results and implement initiatives, as needed. Interventions that prove successful will continue into future years.

UCare will evaluate future opportunities to continue using innovative outreach methods, such as Community Health Workers (CHWs) for the remaining populations.
Bibliography

