



## Health plans honored for best practices

By Mark Sanchez

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Entries and winners of the 2009 Pinnacle Awards illustrate a broader move by health plans in Michigan toward greater care coordination and management and the increased use of technology to analyze data to base care decisions.

The Michigan Association of Health Plans Foundation this week handed out 12 Pinnacle Awards that recognize commercial and Medicaid health plans for best practices.

The 2009 winners "suggest the practice and interest in high performance and quality is ingrained in everyone," from the largest HMOs to the smallest, Association of Health Plans Executive Director Rick Murdock said.

"You can do it and there's value to be gained at the end of the day," Murdock said. "Things that make sense from a business point and medical and clinical point of view also give the best value to the customer."

Detroit-based Health Alliance Plan was the top winner with three awards.

Among the West Michigan-based health plans, Grand Valley Health Plan in Grand Rapids won a Pinnacle Award for its "Improving Member Access to Cost Information" initiative.

Grand Rapids-based Priority Health received two awards, plus an honorable mention: The awards were for its "Spine Center of Excellence" program and in community outreach to improve access to care for young Medicaid enrollees. The honorable mention was for its patient-centered medical home pilot.

The 2009 Pinnacle Awards winners and their categories are:

### **Business/Operational Performance — Commercial** (4 entries)

*Grand Valley Health Plan: "Improving Member Access to Cost Information"*

To ensure members have better access to benefit information and the costs for which they are responsible, Grand Valley Health Plan redesigned its member identification card and explanation of benefits.

The member I.D. card now includes deductible, co-pay and co-insurance information. The explanation of benefits was made easier to read and understand, with member responsibility for uncovered items, deductibles and co-pay amounts clearly labeled.

By moving the production of I.D. cards in-house, GVHP lowered the cost of each card from \$1.04 to 40 cents each.

### **Business/Operational Performance — Medicaid** (3 entries)

*Midwest Health Plan: "Green Light Go!"*

Lansing-based Midwest Health Plan, seeking to improve member satisfaction and access to care, and reduce administrative burden of referrals, instituted "Green Light Go!" in 2008.

The program uses a color-coded authorization grid for common medical procedure. "Green" means a procedure does not require a referral or notification of the health plan by a member. "Yellow" indicates a procedure may require notification, and "Red" means members should stop because the procedure is not covered.

The initiative reduced access-related complaints from Midwest Health Plan members, improved satisfaction rates and led to the signing of new contracts with providers, including 237 specialists, from November 2008 to June 2009.

The overall financial return on investment totaled \$93,000, including \$50,000 from eliminating printing costs for specialty referral forms, postage, paper and toner.

### **Clinical Service Improvement — Commercial** (4 entries)

*Priority Health: "Spine Centers of Excellence"*

Wanting to reduce the high rate of spine surgeries in West Michigan, which is 50 percent and more above the national average, Priority Health launched the "Spine Centers of Excellence" to ensure patients fully understand their treatment options.

Under the program, members with neck or back pain are referred to a designated center of excellence that must have a board-certified physiatrist, ongoing medical education in spine care, experience in nonsurgical management of spine conditions, and access to medical specialties involved in managing patients with spine-related problems.

Patients where surgery is clearly needed do not have to go to a spine center. Those who are referred have the option of continuing their care with a physiatrist or consulting a spine surgeon after their initial evaluation.

In 2008, the initiative resulted in a 58 percent increase in visits to physiatrists and a 37 percent decrease in visits to spine surgeons, plus a 7 percent decline in imaging tests and 26 percent reduction in spine surgeries.

In a telephone survey of 740 Priority Health members who were seen by a physiatrist from July 2008 to December 2008, 74 percent said they were "satisfied" or "very satisfied."

Priority Health generated a more than 16-to-1 return on investment from the program, spending \$420,000 on incentives and staff and saving more than \$6.8 million in medical costs.

**HONORABLE MENTION:** *Priority Health: "Patient Centered Medical Home Pilot"*

Priority Health's medical-home pilot provided \$750,000 over 12 months for grants to five medical practices that incorporated the medical-home care model.

Focusing on prevention and disease management, specifically diabetes, and evaluated by Michigan State University's College of Human Medicine, the initiative involved some 23,000 members and generated \$2 million in savings in the first six months. Trends "thus far are encouraging on virtually every front," though Priority Health concedes it's too early to "make final conclusions about the success of the pilots."

**Clinical Service Improvement — Medicaid** (6 entries)

*Midwest Health Plan: "Caring for Culture—Caring for Women"*

Initiating its "Caring for Culture—Caring for Women" project in 2007, Midwest Health Plan focused on reducing cultural and linguistic barriers to improving access rates by better educating members in the importance of prevention and prenatal care.

Through a variety of actions, Midwest Health Plan raised the timeliness for women receiving prenatal care from 68 percent in 2006 to 89 percent in 2009. The rates for postpartum care grew from 46 percent to 63 percent in that same time frame, and cervical-cancer screening increased from 43 percent to 62 percent.

**Chronic Disease Management — Commercial** (4 entries)

*Health Alliance Plan: "Improving Antidepressant Medication Compliance"*

Detroit-based Health Alliance Plan, or HAP, improved the medication compliance rate of patients diagnosed by 4.8 percent with depression by implementing new software that tracks prescription refills. When people do not refill their prescriptions on time, they receive a call to remind them and to check if there are any barriers to having their prescription refilled.

HAP also revised its formulary to transfer antidepressant medications to the list of maintenance drugs, making them eligible for 90-day refills, which generated a 45 percent cost savings for members.

**Chronic Disease Management — Medicaid** (2 entries)

*Great Lakes Health Plan: "CardiCom TeleHealth"*

Southfield-based Great Lakes Health Plan in June 2008 added the Cardio Telescale to its program for treating members with congestive heart failure. Patients can weigh themselves and do a daily health check. The data is then automatically transmitted to GLHP electronically, where a nurse can review the information and then call the patients if there are any concerns with weight fluctuations or other symptoms.

The initiative helped to reduce emergency room visits by congestive-heart-failure patients by 31.8 percent and hospital admissions by 25.2 percent, and increased visits to primary care doctors by 4.6 percent, generating annualized savings of \$326,693.

Medication costs did grow by 20.5 percent, indicating greater patient compliance with maintenance prescriptions.

### **Care Management for Medicare Populations — Medicare Advantage** (3 entries)

*Health Alliance Plan: "HAP's In-Home Care Program"*

"HAP's In-Home Care Program" provides alternative care for people who qualify for hospice but opt not to participate. The program offers curative and palliative care for people in their home and helps them transfer to hospice care when they are ready.

More than 700 HAP members used the program, which is aimed at the frail elderly in declining health and people in the final stages of complex chronic illnesses. It has resulted in a 26.5 percent decrease in inpatient hospital stays, 28.6 percent reduction on ER visits and other savings.

### **Health Care Technology — Commercial** (1 entry)

*Physicians Health Plan of Mid-Michigan: "My Rx Choices Prescription Savings Program"*

PHP's program works to reduce the costs of medications by providing lower-cost alternative drugs that members can learn about online. Members can choose the alternatives they want considered by their doctor, who is provided the information and lower-cost options. PHP reports a costs savings of \$131,562 in 2008 and \$51,234 in the first half of 2009.

### **Health Care Technology — Medicaid** (3 entries)

*Health Plan of Michigan: "The Right Call at the Right Time"*

Detroit-based Health Plan of Michigan implemented an autodialer into its managed care system to conduct member outreach.

The system reduced staff time spent dialing wrong numbers, receiving busy signals and leaving messages, as the autodialer transferred "live" calls to staff and automatically left messages when reaching answering machines.

As a result, the number of members reached each week increased from 229 to 768.

### **Community Outreach — Single Plan** (5 entries)

*Health Alliance Plan: "Senior Splash Bash & Moms in Motion"*

HAP in 2005 launched a free water-aerobics program at four Detroit recreation centers for senior citizens and mothers. Now expanded to 18 sites in Southeast Michigan, the program has an average annual attendance of 2,640 adults.

HAP's annual investment has grown from \$32,859 in 2005 to \$88,200 and has totaled more than \$229,000 since 2005.

### **Community Outreach — Collaborative Community Health Initiatives** (3 entries)

*Priority Health: "Children's Healthcare Access Program Pilot" with United Way and First Steps Kent*

Priority Health partnered with United Way and First Steps Kent in May 2008 to improve access to care for about 15,000 children enrolled in its Medicaid plan. The project works with Helen DeVos Children's Hospital, four community medical clinics, four private pediatric practices and a number of human services agencies.

By proving higher Medicaid reimbursements to medical practices for visits when a child is sick, in exchange for accepting more Medicaid patients, Priority Health lowered ER visits and hospitalizations.

One large medical practice saw a 22 percent decline in ER visits by its patients.

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