

Quality Management Team Recommendations

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The Quality Management Team was tasked with the following case scenario and critical assumptions:

Women's health issues are an identified priority for your managed care organization (MCO). Your department has been given overall responsibility for ensuring that the organization is compliant with the Health Plan Employer Data and Information Set (HEDIS) 2000 Management of Menopause measure. You will be working with other

departments to design and implement a counseling plan.

In its assignment, the Quality Management Team was asked to consider lessons learned from other HEDIS initiatives; to identify challenges a quality management department would expect to face in preparing the MCO to meet the HEDIS measure for menopause counseling; to outline the characteristics of a good counseling tool; and to determine measures of success.

Lessons Learned from Other HEDIS Initiatives

The first lesson learned from previous HEDIS initiatives is to keep the focus on the outcome (patient targeted), not just on getting a specific survey done or the measurement tool itself (process oriented). In this case, the goal is counseling women about the pros and cons of various treatment options for menopause, which will in turn ensure compliance with the HEDIS Management of Menopause measure.

A second lesson is to obtain support from plan physicians and to keep them informed. If physicians are not

informed and approval is not sought on a specific program, compliance and follow through are likely to be low. The physician's staff should also be included in any initiative. Many times an MCO will provide information about an initiative only to its physicians, forgetting to include the nurses and administrative staff who work with the members and should be working hand-in-hand with the physician.

A third lesson is that nationally accredited guidelines should be disseminated whenever possible, not just the guidelines of a particular organization. As a corollary, before distribution, it is important to be sensitive to specif-

ic physician practices or utilization patterns. For example, if an organization surveys practice patterns and publishes results comparing physician groups, sometimes certain practices can be presented in a negative light. The goal should always be to improve the process of care by being sensitive to different groups and their issues, not to chastise or publicly embarrass them. Data on practice patterns should be used to create tools and programs to improve the process of care.

A fourth lesson is the importance of creating or using an existing health maintenance organization (HMO) consortium to agree to a particular set of rules or guidelines to make the case for women's health. This consolidated effort can be as informal as medical directors from different community organizations gathering for lunch to plan strategies. For example, a consortium effort in Kansas City originated through the American Immunization Coalition on increasing hepatitis B immunizations for fifth and sixth graders assembled representatives of health plans, health departments, and 10 public school districts, all of whom worked collaboratively to ensure a successful program. Such efforts were then expanded to include additional representatives from inner-city and parochial school districts. Similarly, in Atlanta, health plans are publishing preventive guidelines in a common format, with participants identified by name and logo. The American Association of Health Plans, a national HMO consortium, has a task force with a specific focus on quality improvement, particularly in women's health.

A fifth lesson learned from past HEDIS initiatives is to include representatives from as many outside sources as possible to help in implementation, such as, medical societies, hospital associations, employer groups, and government agencies.

A final lesson is to use the media to one's benefit. The media can affect

much of what a plan's members believe, especially if the news is negative. For example, the fear among women that long-term hormone replacement therapy (HRT) use can cause breast cancer can be countered by providing the media with facts showing that this has not been proved to be true, along with the benefits of HRT. When healthcare plans are proactive and contact the media, they have more control over the results and can help the audience and ultimately patients understand the real issues even better. Healthcare plans can also work with pharmaceutical companies to ensure that the results of clinical trials are accurately disseminated to the public.

Challenges to Implementation

The team identified 4 primary challenges to implementation of the Management of Menopause measure: securing senior management approval, collaboration with the right people within the plan, demonstrating a return on investment (ROI), and maintaining a deadline and focus.

Senior management approval. Competing priorities within the plan were viewed as the number 1 challenge to getting senior management approval for implementing a Management of Menopause initiative. The first step in making the initiative a priority for the plan is to create a business case for the project that is folded into a larger issue that may be more of a current emphasis for the plan, such as women's health.

Pharmacy and healthcare utilization data can also be used to focus attention on and justify a particular program. In California, Health Net identified 2000 new HRT users per month among its members, in addition to 175,000 women who were potential users of HRT. Recognition of how many plan members would be affected by instituting a Management of Menopause initiative increased the attention paid to this issue. Member

satisfaction and retention are also key; women are the primary health-care users and decision makers, a fact that should be pointed out in the campaign to get senior management approval for an initiative.

Internal collaboration. After obtaining senior management approval, the next challenge is to assemble a team that includes at least the medical director, a biostatistician, a pharmacy director, and representatives from marketing and quality management. These team members were seen as crucial to the success of the initiative.

Demonstrating an ROI. As discussed by the Multidisciplinary Team, it is important to show an ROI; ie, do not neglect the business part of the plan. An ROI can be demonstrated through member satisfaction, retention, or pharmacy data.

Maintaining a deadline, focus. Typically, in MCOs, managers wear multiple hats and juggle multiple projects. It is important to focus on the project and its deadlines and timelines to ensure completion.

Characteristics of an Effective Counseling Tool

The Quality Management Team focused on characteristics needed for an effective counseling tool. Some of the characteristics identified are standard with any tool, others are specific to menopause.

Literature supported. If research is cited, it should be validated and published in peer-reviewed journals.

Local physician involvement. One of the most important aspects of the design and development of a counseling tool is having a plan physician involved from the beginning. This is especially important, because he or she will be using the tool with the patient and can determine whether it will be effective.

Features of an effective tool. Visual appeal, cultural diversity, and a focus on empowerment were identified as

being important features of the body of the tool.

- *Visual appeal.* Research on how women view particular documents and retain information has found that they prefer white space, bulleted points, items in captioned blocks, and specific designs. These attributes should be reflected in any marketing pieces.
- *Culturally diverse and appropriate.* If the tool contains photographs or pictures, the women depicted should be represented equally in terms of race, age, and perceived work status (ie, not shown only as professionals). Obviously, women should not resemble models; terminology should also be appropriate for a diverse population.
- *Empowerment focused.* A counseling tool for menopause should provide women with a call to action. Its purpose should be to keep women well informed and to address their personal needs; ie, to help them realize that they are not alone in their feelings and that what they are experiencing is normal. When focus groups about menopause were held in California, women first described their depressed mood. They did not initially mention concerns about osteoporosis and cardiovascular disease. The tool should also outline available treatment options.

Facilitate physician/patient interaction. Women are generally well informed about their healthcare options and want to be involved in decision making. Tools that help them know what to ask their physicians are especially useful, such as a tear-off sheet or checklist they can take to an appointment and use as a reminder of what they want to talk about.

Appropriate reading level. Ideally, the reading level should be appropriate for the target audience. However,

certain women are ready to read about more complicated issues that are not covered in more general documents, so a counseling tool should also take this variation into account.

Interactive. The tool should allow women to do their own risk assessment and take it to their physicians for help in determining how best to personalize it to their needs.

Readiness to change. The science of informed decision making and readiness to change is based on the Prochaska model, which defines 5 stages of change: precontemplation, contemplation, preparation, action, and maintenance. A patient in either the precontemplation or contemplation stage is not ready to act on material she reads, no matter how educational and informative it is. Therefore, it may not be cost effective to distribute materials using a shotgun approach. Instead, patients who are in the preparation stage—ready to receive material and understand it—can be screened initially with a business reply card or some other mechanism when more general educational material is sent out. Patients who are in the preparation stage and are ready to move to the next stage—action—will then request additional information.

Feedback opportunities. Members should be provided with a way to ask for more information, whether through a business reply card or a checklist they can take to their physicians.

Peer validation. It is important to test the tool on different groups—employer, office, consumers—to ensure it will be used. It should also be pilot tested before implementation.

Cost effective. Any tool also should be cost effective within the stated ROI.

Additional characteristics. The Quality Management Team outlined several additional characteristics of a good tool. These included repeated contact, with the idea being that with more contact, the greater the likelihood that change will occur; address

confidentiality issues, especially if specific member information is included in customized pieces; a link to disease management programs if at all possible; encourage an active lifestyle, not just therapeutic treatment (ie, do not try to sell or push a particular product); and create a multimedia resource list for sources of additional information.

Measures of Success

The team concluded by presenting several measures of success, both for internal use and for estimating ROI.

The first would be the plan's absolute/relative rank on the HEDIS Management of Menopause measure for this initiative compared with other plans. The second would be to measure member satisfaction and retention by conducting an enrollment rate survey from year to year to assess satisfaction and rate any changes that have occurred.

Other measures include self-reported member information regarding attitude and lifestyle changes before and after estrogen use. For example, did the woman feel happy about it? Less depressed? Did she adhere to therapy? What impact did the tool have? Did it work? Was it used? Did it make a woman go to her physician? Effective tools can help women ask more questions, increase their knowledge about menopause, and enhance personalization.

Pharmacy cost measures are more than just a drug cost issue; what is often seen is an offset in healthcare utilization costs. As a result, collaboration with the pharmacy, the medical director, and representatives of wellness and outcomes measures is essential to draw an overall picture of what they are trying to achieve.

Finally, the team identified the continued need for long-term studies of the effects of HRT on cardiovascular disease, fractures, and lipid control.