

Workshops: Recommendations and Plans of Action for Meeting the HEDIS 2000 Management of Menopause Measure

Overview

The goal of the workshops held during the symposium was to create comprehensive action plans to meet the Health Plan Employer Data and Information Set (HEDIS) 2000 Management of Menopause measure. This included designing a “real-world approach” to addressing this survey within the context of experience with other counseling initiatives, identifying interdepartmental challenges within organizational structures, and demonstrating how to build consensus.

Before the symposium, each participant was sent reference articles, a continuing medical education (CME)-accredited monograph (*Therapeutic Options for Menopausal Health*), and team discussion and presentation guides; each was also asked to complete a survey to ensure that the material presented and discussed would be timely, productive, and targeted to the needs of managed care organizations (MCOs). The survey included questions specific to HEDIS, women’s health, continuing education opportunities for enrolled providers, and general questions about the plan and the title of the participant completing the survey. (See Appendix I for a copy of the survey instrument.) Responses to several of the questions are summarized in the Introduction.

Ten respondents described their plans as “national,” 11 as “regional,” and 4 as “local”. A total of 24 were “for profit” and 9 “nonprofit.” A broad range of titles were represented within 4 major groupings: 12 could be summarized as “quality” (assurance, management, improvement), 5 as “pharmacy,” 3 as “medical,” and 14 as “other” (education, sales, marketing, health promotion); this breadth was also reflected in the titles of the attendees (Appendix II).

Workshop Components

Participants were assigned to 6 workshop teams: Multidisciplinary, Medical Affairs/Physician Relations, Quality Management, Pharmacy, Marketing/Member Relations, and Patient Education (see Appendix III for workshop team members). Each workshop team was composed of participants from varying backgrounds. For example, the Patient Education team included representatives from quality management, pharmacy, risk management, and health education. Each team was charged with recommending how best to communicate complex health issues to patients and were encouraged to bring samples of patient educational and other materials used by their organizations. A team leader and facilitator guided each workshop through its respective assignment, the results of which were presented to all symposium attendees by the team leader in concert with his or her team members. The recommended action plans follow.

Multidisciplinary Team Recommendations

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

Your managed care organization (MCO) has decided to launch an integrated approach to group

to women's health issues, and menopause has been identified as an important area of interest. Your group has been assigned overall responsibility for forming a cross-functional team within the organization. The team will be responsible for creating and implementing a plan to meet the Health Plan Employer Data and Information

Set (HEDIS) 2000 Management of Menopause measure.

The team was also asked to write vision and mission statements, to build a multidisciplinary work group by identifying who should be invited to participate, selecting its chair, and defining roles and responsibilities for each member. Challenges, action items, and measurements for success were also addressed.

The Multidisciplinary Team first made the assumption that the actual implementation of a plan to meet the Health Plan Data and Information Set (HEDIS) 2000 Management of Menopause measure would be carried out by other work groups within the managed care organization (MCO). Therefore, it viewed its role as being responsible for 2 principal actions: creating a "business case" for women's health and, in conjunction with the quality improvement department, formulating, validating, and ensuring progress of an implementation plan that included periodic process and long-term evaluations.

The first step identified by the team was to create a valid, cost-benefit business case that delineated a return on investment (ROI), both for chief executive officer approval and for senior management to establish priorities. They noted that if an ROI is formulated on the basis of increased HEDIS scores and member satisfaction and retention as a result of a menopausal counseling plan, it will require a shorter time frame than an ROI that identifies outcomes of that counseling, such as fewer hip fractures or a decline in cardiovascular morbidity.

The team next developed a vision statement and a mission statement to help guide its focus. The vision statement was defined as the goal or "dream" to be achieved and the mission statement as the practical parameter for achieving that goal. The team's vision statement was to "establish our

health plan as the national 'gold standard' (best practice, benchmark, leader) for programs on managing menopause." Its mission statement was to "design, develop, implement, and monitor the appropriate programs to impact our members positively and meet or exceed HEDIS measures."

Primary and Secondary Work Group Members

To meet the goals set forth by the vision and mission statements, the Multidisciplinary Team focused first on who would comprise the primary or core work group. This primary work group would include individuals who would meet on an ongoing basis to develop and draft the business case in addition to respective approaches that would subsequently be assessed by a secondary work group for validation. They agreed that such a group would be chaired by the quality improvement director, who was viewed as being accountable to HEDIS, with project management and oversight responsibilities and an interdisciplinary focus. Group members would include a medical director, lead individuals from the information service and pharmacy areas, a communications manager, a specialty/consultant physician, and representatives from utilization review/utilization management (case management), and analytic resources, each of whom would have a specific role in the primary group (Table 1).

Secondary members of the work group were seen as primarily repre-

sentatives of health plan leadership in member services. This group would include a representative from member services, plan members, claims, physician relations, marketing, and secondary specialty physicians. The role of these members would be to enhance operations and advise, support, and consult with the primary team members (Table 2).

Challenges to Creating a Cross-Functional Team

The Multidisciplinary Team identified several challenges to creating a cross-functional team, which could be broadly categorized into 3 areas: resource issues, technical challenges, and support, both within the plan and from plan providers. The team agreed that these broad categories were not meant to oversimplify how complicated the challenges would be as they developed “solutions.” The word “solutions” to these challenges was deliberately placed in quotation marks to indicate that the Multidisciplinary Team recognized the difficulty in creating a working model that would transcend all health plans. “Solutions” should instead be considered “options”.

Resource Issues. The aforementioned business case was identified as being essential to addressing the resource challenge; in addition to financial and personnel support from inside the MCO, it clearly would be needed when funding is sought from outside sources, such as partnering with the pharmaceutical industry.

The Multidisciplinary Team noted that in most health plans the information systems team is likely to be staffed to maintain a certain service level within the organization plus 1 to 3 annual resource-intensive projects. Therefore, it is absolutely critical that senior management help the information systems team prioritize projects to ensure that appropriate resources (monetary and otherwise) are allocated.

The opportunity to work cooperatively with other health plans that had

addressed similar challenges was seen as being beneficial, in that it would be important to understand and identify available women’s health resources nationally. This includes existing “best practices” developed by other MCOs and materials developed by organizations such as the National Committee for Quality Assurance (NCQA), the American College of Obstetricians and Gynecologists (ACOG) (eg, the *Perimenopausal*

Table 1. Role of Multidisciplinary Work Group Primary Members

| Primary Member | Role |
|--|--|
| Medical Director | <ul style="list-style-type: none"> – Clinical input – Physician buy-in – Senior management buy-in |
| Quality Improvement | <ul style="list-style-type: none"> – Liaison with chief financial officer – Oversight – Design – Project management |
| Information Services | <ul style="list-style-type: none"> – Data management – Target population – Pull claims data |
| Pharmacy Services | <ul style="list-style-type: none"> – Liaison with industry – Secure/recommend educational materials – Analyze pharmacy database – Content consultant |
| Communications | <ul style="list-style-type: none"> – Internal (eg, newsletters) – External: appropriate for targeted audiences – Customers/employers – Physicians – Members – Community agencies |
| Specialty/Consultant Physician(s) Obstetrician/Gynecologist Primary Care Physician | <ul style="list-style-type: none"> – Content specialist – Thought leader (effective conduit and liaison among other committees charged with supervising and evaluating the intervention, such as medical affairs and contracted entities through the network, eg, independent practice or medical groups) – “Reality” check <ul style="list-style-type: none"> – What physicians want – What MCOs can do <ul style="list-style-type: none"> – From medical affairs committee – From network |
| Utilization Review/Utilization Management (Case Management) | <ul style="list-style-type: none"> – Intervention impact – Design consultant – Establishing business case |
| Analytic Resources | <ul style="list-style-type: none"> – Technical components – Relevant measure of the program’s interventional success, both immediate and ongoing – Evaluation of whether statistical measuring tools are valid |

Health Evaluation Form), and the Jacobs Institute of Women's Health, which has published counseling guidelines for clinicians (see page S745).

Technical challenges. Participation by information services on the initial design team and support for that participation by upper management were seen as important for success in addressing the Management of Menopause measure. In addition, the survey methodology for this intervention, which requires a well-trained staff and good materials, should be adequately supported financially. If the health plan includes a delegative model as it relates to contracting with physicians, securing information services' buy-in from a number of key physician groups (not only plan physicians) is imperative to ensure data integrity.

External/internal support. Creating a valid business case was seen as the first step in ensuring support from senior management. The case should include 3 key components: medical, demographic, and economic. First, the medical necessity for a menopausal counseling program should be emphasized, given the health risks

associated with estrogen deprivation. Second, the number of women members in the plan who are aged 47 to 55 years (ie, those targeted for menopausal counseling by the HEDIS measure, including the 2 years before age at targeting) should first be identified, followed by postmenopausal women who may also benefit from counseling. Finally, the economics of providing a program, both in terms of member satisfaction and retention and long-term savings, should be delineated. Key partnerships with employers, physicians, the community, and the pharmaceutical industry were also seen as important to ensuring ongoing support and a successful outcome.

Measures of success. The team also devised ways in which the program could be measured for success. These included multifactorial ROI analyses, understanding baseline data within claims, pharmacy, and current member satisfaction; examining response rates to member questionnaires, with the HEDIS score being the most important validation; and analysis of sustained pharmacy intervention to ascertain evidence of either therapy initiation or continuation.

In the post-HEDIS measurement period, a relatively in-depth barrier analysis should be conducted to understand any challenges met by the plan, its physicians, and/or its members that may have resulted in lower scores. Such a barrier analysis would most likely include focus groups. Each component of the implementation plan should also be monitored from the standpoint of whether the work was done on time, within budget, and completed as contracted. Finally, the Multidisciplinary Team noted that the efficacy of the intervention would be reflected in the HEDIS scores. It recommended at least an annual ROI review, with continuous quality improvement monitoring.

Table 2. Role of Multidisciplinary Work Group Secondary Members

| Secondary Member | Role |
|----------------------------------|--|
| Member Services | – Telephone liaison |
| Member | – Content “reality check” |
| Claims | – Maintain efficiency of system |
| Physician Relations | – Program support – Operational development – Handling ongoing concerns |
| Marketing | – Emphasize importance of intervention to customers – Build support for program among customer base |
| Secondary Specialty Physician(s) | – Content specialist |
| Cardiologist | – Thought leader |
| Oncologist | |
| Gerontologist | |
| Neurologist | |