



Quality improvement strategy

Our strategy is to approach quality measurement and improvement from a comprehensive member-centric focus, woven into everything we do. Our clinical programs and initiatives are designed to enhance the quality of care delivered to our members and to better inform members through reliance on clinical data and industry-accepted, evidence-based guidelines. We are committed to supporting transparency by providing participating physicians and members with credible clinical information and tools to make informed decisions.

Quality Management program goals

Our Quality Management (QM) program goals include the following:

- Promote the principles and spirit of continuous quality improvement (CQI)
- Measure, monitor and improve performance in key aspects of quality and safety of clinical care, including behavioral health, and quality of service for all of our constituents
- Address racial and ethnic disparities in health care that could negatively impact quality health care
- Implement a standardized and comprehensive QM program that addresses and is responsive to the health needs of our population across the continuum of care
- Develop a comprehensive, meaningful and soundly executed QM strategy
- Facilitate communication and integration among key functional areas relative to implementing a sound and effective QM program
- Operate the QM program in compliance with and responsive to applicable requirements of plan sponsors, federal and state regulators, and appropriate accrediting bodies
- Increase the knowledge and skill base of staff across all functional areas
- Maintain effective, efficient and comprehensive provider and practitioner selection and retention processes through credentialing and recredentialing activities

Quality Management process

We use CQI techniques and tools to improve the quality and safety of clinical care and service delivered to members. Quality improvement is implemented through a cross-functional team approach, as evidenced by multidisciplinary committees. We use reports to monitor, communicate and compare key quality indicators. In addition, we develop relationships with various professional entities and provider organizations and may include feedback on structure and implementation of their QM program activities or work collaboratively on quality improvement projects.

Quality Management program scope

The scope and content of the QM program are designed to continuously monitor, evaluate and improve the quality and safety of clinical care and service provided to enrollees. Specifically, the QM program includes, but is not limited to:

- Review and evaluation of preventive and behavioral health services; ambulatory, inpatient, primary and specialty care; high-volume and high-risk services; and continuity and coordination of care
- Development, implementation and monitoring of patient safety initiatives, and preventive and clinical practice guidelines
- Monitoring effectiveness of health and disease management programs
- Achievement and maintenance of regulatory and accreditation compliance

- Evaluation of accessibility and availability of network providers
- Establishing standards for and auditing of medical and behavioral health treatment record documentation
- Monitoring for over and underutilization of services
- Performing credentialing and recredentialing activities
- Oversight of health plan delegated activities
- Evaluating member and practitioner satisfaction
- Supporting initiatives to address racial and ethnic disparities in health care
- Following these guidelines in the development of provider performance programs: standardization and sound methodology; transparency; collaboration; and taking action on quality and cost, or quality only, but never cost data alone

Quality Management program outcomes

Each year, we evaluate the QM program and progress toward meeting our goals. Here are some significant achievements for 2010.

- We collected data on industry standard clinical measures called Healthcare Effectiveness Data and Information Set (HEDIS^{®1}). Results are submitted to the National Committee for Quality Assurance (NCQA) Quality Compass^{®2} for public reporting and accountability. Performance goals are established, measures are prioritized and improvement plans are implemented for selected measures each year. As a result, performance has improved on many measures over time.
- We also collected data on member satisfaction with Aetna and providers and member experience of care through the Consumer Assessment of Health Plans Survey (CAHPS^{®3}). Some of the most recent initiatives designed to improve satisfaction include:
 - Redesigned Aetna.com
 - Developed payment estimators and plan benefits tools
 - Redesigned the Aetna secure member website
 - Re-engineered member communications
- We analyzed the effectiveness of the Aetna case management program; results show that members feel their health has improved because of the program.
- We collected data on member satisfaction with the Aetna disease management program. Members report that the program has helped them learn about their health and that it helps them meet their health care needs.
- We enhanced our Patient Safety Program in several ways, including the following:
 - We updated our Hospital Comparison Tool to include the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS[®]) information, seven new CMS quality measures and two new Leapfrog data points (hospital-acquired infections and common acute conditions).
 - We implemented policies and procedures for identification, follow-up, coverage and payment related to events that occur in the hospital that are potentially avoidable, unexpected and result in harm to patients.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

² Quality Compass[®] is a registered trademark of NCQA.

³ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Aetna Behavioral Health (BH) Quality Management program outcomes

We also evaluate the Aetna Behavioral Health (BH) QM program annually to monitor progress against goals. Here are significant events for 2010:

- Aetna Behavioral Health Pennsylvania Aetna Behavioral Health Utah received full accreditation for our HMO, PPO and Medicare products from the National Committee for Quality Assurance (NCQA).
- Demonstrated strong improvements in our clinical and service Quality Improvement Activities. Examples include:
 - The Follow-up after Hospitalization HEDIS measure showed strong improvement.
 - Customer Service telephone statistics met or exceeded goal
- Launched a new Computer Telephony Integration program which improves services and accuracy of member information when they call Aetna BH.
- Made enhancements to the system used by health plan staff to track and support referrals to Aetna BH staff.

Accreditation

We are committed to accreditation by the NCQA as one means of demonstrating a commitment to continuous quality improvement, meeting customer expectations, and establishing a competitive advantage among health plans. Our HMO and PPO health plans are accredited by NCQA. Aetna Behavioral Health HMO and PPO products are accredited by NCQA.

A complete listing of health plans and their NCQA accreditation status can be found on the NCQA website, <http://www.ncqa.org/tabid/142/Default.aspx>. To refine your search, we suggest you search these areas:

- Managed Behavioral Healthcare Organizations – for behavioral health accreditation
- Credentials Verification Organizations – for credentialing certification
- Managed Care Organizations – for health plan accreditation
- Recognition Directory – for physicians recognized by NCQA in the areas of heart/stroke care, diabetes care, back pain and systematic processes

Aetna also holds several URAC accreditations. Information is located on the URAC website, www.urac.org. We suggest you search for the following:

- Credentials Verification Organizations – for credentialing accreditation
- Pharmacy Benefit Management – for pharmacy accreditations

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