Case Study: Michigan Department of Community Health

№ 3

PROJECT OVERVIEW

The Michigan Department of Community Health (MDCH) partnered with Molina Healthcare of Michigan, the largest Medicaid managed care provider in the state, to adapt an award-winning, culturally specific intervention to increase chlamydia screening among female members ages 16-24.

Designed to reach low-income, primarily African American members living in Southeastern Michigan, the Chlamydia Practice Improvement Project (CPIP), utilized a public/private partnership to address the disproportionate impact of chlamydia in this region. In conjunction with Molina, MDCH selected 14 medical practices for onsite provider outreach.

Based on qualitative research conducted with the two primary audiences—patients and providers—the project was grounded in a solid understanding of their knowledge and attitudes, along with perceived barriers relating to chlamydia screening. Key project elements included: regular on-site visits to provider practices with continuous feedback on…

PROJECT OVERVIEW continued...

screening rates, production of a provider tool kit, creation of incentives and awards for participating providers, and the provision of educational materials and incentives to female members.

During the study period, the percentage of patients screened for chlamydia increased by 14% across the 14 participating provider practices, with the percent screened rising from 42.6% in 2009 to 56.6% in 2010. While the intervention was effective across all intervention sites, it was most effective for sites that had the lowest screening rates at project initiation and the greatest room for improvement.

THE CHALLENGE

Using 2008 as the baseline, chlamydia rates were ten times higher in Michigan's African American population than in the white population. At the same time, the rate for people living in Detroit was almost four times (1,825/100,000) greater than the state's overall rate (468/100,000). According to Michigan Medicaid HEDIS results published in 2008, only 54.7% of Molina members were screened for chlamydia. The project challenges were to address both racial and geographic disparities and motivate providers to increase the number of patients screened for chlamydia.

THE CONTEXT AND SETTING

Annually, over 50% of the state's chlamydia cases are identified in Oakland and Wayne counties (including the city of Detroit), while these counties account for just over 30% of the state's population. In Detroit, one in every six females age 15-19 is positive for chlamydia. Based on this data, the target area for CPIP was defined as Southeastern Michigan, which includes Wayne and Oakland Counties. Detroit, with a population just under one million residents, has only one dedicated STD clinic where wait time is long and the

COLLABORATING PARTNERS

Molina Healthcare of Michigan

Cincinnati STD/HIV Prevention Training Center

Health Care Education and Training (HCET)

National Coalition of STD Directors (NCSD)

THE CONTEXT AND SETTING continued...

number of clients seen is limited. As a result, MDCH felt it was imperative to engage private providers to fill the gap.

In 2008, Molina Healthcare of Michigan had approximately 4,500 Medicaid managed care enrolled females, ages 16-24, in the CPIP target area. The intervention sites varied in size, ranging from one to seven medical providers, whose specialties included pediatrics, family medicine, internal medicine, and OB/GYN.

CORE PROJECT COMPONENTS

Key project components included:

1. **Partnership-building, team management, and training** to clearly define roles and coordinate project implementation.
2. **Patient communications** to increase demand for chlamydia screening, including focus groups to shape message content.
3. **On-site provider outreach** to assess current practices and barriers related to screening, partner treatment and re-testing with 14 selected practices.
4. **Incentives and awards** to motivate and recognize increases in screening rates among practices and individual providers.

THE ROAD MAP

Key action steps for this project included:

1. **Partnership-building, team management, and training**
   - **a.** *Build and define partnership with Molina Healthcare of Michigan.* Molina provided an avenue to reach patients and providers, and contributed staff support for on-site provider meetings. In addition, Molina tracked screening rates for each practice over time and gave regular feedback to each office throughout project implementation. To harness the power of positive peer pressure, the data included a comparative analysis across provider practices. A random letter from A-Z was assigned to each office to keep proprietary information confidential.

b. *Team with a partner who can equip staff to conduct on-site provider visits.* The Cincinnati STD/HIV Prevention Training Center strengthened the skills of MDCH and Molina staff to conduct effective practice improvement site visits with busy providers. This training increased the comfort level and skills of public health professionals in working with the private sector.

c. *Form partnerships with regional and national organizations to share lessons learned.* MDCH worked with HCET and NCSD to create awareness of the CPIP model and lessons learned through presentations, newsletters, and other communication channels.

d. *Convene monthly meetings to discuss and plan project implementation.* Monthly meetings conducted either in person or via teleconference were vital to the project's success. The project team consisted of MDCH STD Section staff, along with key Molina staff, including the Director of Quality Improvement, Manager of Health Education, a health educator, and data specialist.

2. Partnership-building, team management, and training

a. *Conduct focus groups with Molina members to shape program design.* The CPIP staff collaborated with the Institute for Healthcare Studies at Michigan State University to conduct focus groups, utilizing a discussion guide, with 15 female Molina Medicaid beneficiaries, ages 18 to 24. The primary goal was to explore members' knowledge of STIs, particularly chlamydia, and to identify barriers to chlamydia testing.

Overall findings regarding members' perceptions of STIs include:

- While both chlamydia and HIV/AIDS are perceived as serious diseases, HIV/AIDS is considered to be more serious, potentially fatal, and of greater concern.
- All STI information should come from either Molina Healthcare or primary care physicians.
- All information on STI risk and services should also target men.
- Both routine and symptomatic STI testing are necessary, and members are more likely to seek testing if symptoms are present.

Primary barriers to seeking chlamydia screening cited by members include:

- Lack of access to appointments and transportation
- Long wait times for appointments
- Physicians' failure to conduct health maintenance exams, including STI screening
- Lack of money to pay for testing, if insurance does not cover services

Given the focus group results, CPIP staff considered the following in the project design:

- Recognize that in the general community chlamydia does not stand out from other STIs.
- Educate women about STIs in general, including risk, diagnosis and treatment, along with information about chlamydia.
- Educate women about the different testing methods for STIs, including vaginal exams and urine-based screening.
- Encourage physicians to educate parents about adolescent rights related to confidential services for STIs.
- Conduct focus groups and develop programs that target males.

b. ***Create patient education brochure on chlamydia.*** Grounded in the focus group results, MDCH and Molina produced a brochure, "Get Yourself Tested (GYT), Get Yourself Talking," based on the national GYT campaign. The brochure is easy to read, attractive and focuses on STIs overall, while integrating specific references to chlamydia. Topics included: modes of transmission, who is at risk, the symptoms, testing methods, and preventing STIs.

The project implemented a proactive distribution strategy by mailing the brochure to 9,000 eligible female Molina members statewide. A second mailing targeted members from participating provider sites who had not been screened for chlamydia by the time the intervention was nearly completed. The mailing included a $20 redeemable incentive for being screened by the end of the year.

c. *Create materials relating to adolescent rights to confidential services for patients, providers and parents.* Information was delivered through three different formats—a laminated poster for display in waiting areas and clinical offices, a handout about confidential services for minors, and a brochure to link parents and patients to resources and websites.

3. On-site provider outreach to 14 selected practices

a. *Identify targeted providers.* Molina provided claim reports and other data to guide the selection of provider practices. Selection criteria included size of their Molina member population, current screening level, chlamydia positivity within the practice site, and willingness to participate in a practice improvement project.

b. *Hold an introductory dinner/workshop.* Seven provider practices participated in the dinner/workshop. The event was designed to create awareness of the new project, provide an update on NAAT testing, and build enthusiasm for practice change and participation in the project. With sponsorship by Gen-Probe, three selected staff from each office attended.

c. *Engage practice sites.* Following the dinner/workshop, CPIP staff actively recruited additional sites to participate in the project. Of the 20 sites contacted, 14 agreed to participate in the project.

d. *On-site provider meetings (OPMs)*. MDCH and Molina partnered to conduct all OPMs. The offices were more responsive to initial calls placed by Molina, rather than by MDCH, since all offices had existing, contractual relationships with Molina. However, after the project started, and the roles of MDCH and Molina became clear, the offices were receptive to MDCH staff as well.

Initial site visit. Designed to introduce the project and staff, this visit also included a discussion of the importance of chlamydia screening and an assessment of current practices and barriers within the practice. The key contact in each office was usually the clinic manager.

The discussion was guided by a pre-assessment tool which probed current screening practices, use of different screening tests, follow-up procedures for patients who test positive for chlamydia, strategies to inform parents about adolescents' right to consent to health services, and perceived barriers to chlamydia screening. The most commonly cited barriers by the provider offices included:

- Clinics' lack a systematic method to remind patients and/or provider of need for annual screening
- Clinics' lack of access to urine screening
- Patients' lack of understanding of confidential services

Provider Tool Kit. A toolkit, which was provided to each practice, included a CPIP project description, numerous practice improvement tools, screening rates of the individual sites and across all sites as a comparison, patient confidentiality resources, and reporting policies for communicable diseases in Michigan.

Follow-up site visits. At three-month intervals, OPMs were held at each practice. Follow-up visits were designed to discuss each site's progress in implementing practice changes, to problem-solve, and to provide quarterly data on screening rates. This allowed the sites to track their progress throughout the project period, and compare their performance to other participating sites. In total, each office received four visits during project implementation.

4. Incentives and awards for providers and practices

To encourage ongoing participation and to recognize practice improvements, CPIP created several incentives and awards. All providers and sites were acknowledged and thanked for their contributions.

Incentives included the complimentary opening dinner where a paper cube and pen with the theme, "You're an Essential Piece," were distributed,

THE ROAD MAP
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snacks provided during OPMs, and STI awareness ribbons. Additionally, to honor the work of sites with significant practice improvements, CPIP created four Site of Excellence Awards, which were entitled, "Together, Everyone Achieves More," "Key to Success," "Shining Star," and "Leading by Example". To recognize the contribution of an individual provider, the CPIP established the Champion Award. All participating staff were invited to nominate an exemplary person for this award.

During the STI Awareness Month, CPIP staff presented the awards in person, along with a balloon bouquet and a tower of snacks. Molina featured the winners in their provider newsletter, and MDCH featured the project and winners in its own communications.

PROJECT RESULTS

Overall, the percentage of patients screened for chlamydia increased an average of 14% across the 14 participating provider sites, with the screening rates rising from 42.6% in 2009 to 56.6% in 2010.

Process Objectives. CPIP met all process objectives, which included holding two focus groups, developing culturally specific and appropriate patient education materials, distributing materials to members statewide, conducting site visits, and implementing a targeted mailing with incentives to selected members not screened in the prior calendar year.

OFFICES REPORTED IMPLEMENTING A WIDE RANGE OF PRACTICE LEVEL CHANGES INCLUDING:

- Send quarterly screening reminders to patients
- Verify annual screening at check-in and check-out
- Send reminder for 90 day retest to positive patients
- Make chlamydia screening a routine part of care
- Create an adolescent-friendly atmosphere
- Distribute information relating to confidential services

Impact Objective. The project's impact objective was to increase the proportion of Molina female members ages 16-24 screened for chlamydia in

PROJECT RESULTS
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targeted provider sites by four percent. The project outcomes far exceeded this objective. The 14 provider sites increased the percentage of screened eligible female members ages 16-24 by a significant 14%. In 2009, 42.6% of eligible female patients (440/1,033) assigned to the 14 CPIP intervention sites were screened. However, by the end of the project period in 2010, 56.6% of eligible female patients (972/1,717) were screened.

In 2009, 29% of the intervention sites met or exceeded the National Center for Quality Assurance's national 50th percentile mark for chlamydia screening. In 2010, the percentage nearly doubled to 50%.

2009 VS. 2010 CPIP RATES FOR PARTICIPATING & NONPARTICIPATING SITES

Site Name	*2009 Eligible Population	% Received Screening in 2009	*2010 Eligible Population	**% of Members who Received Screening in 2010	2009 vs 2010 % Rate Change
A	63	38.10	96	47.90	9.82
B	203	18.72	206	40.30	21.57
C	118	18.64	68	36.80	18.12
D	96	25.00	114	53.50	28.51
E	14	42.86	28	46.40	3.57
F	45	44.44	102	61.80	17.32
G	40	47.50	68	48.50	1.03
H	25	48.00	48	58.30	10.33
I	38	60.53	77	76.60	16.10
J	14	21.43	35	57.10	35.71
K	19	68.42	54	68.50	0.10
L	132	55.30	284	71.10	15.82
M	177	53.67	434	64.70	11.07
N	49	53.06	103	61.20	8.10
GRAND TOTAL	**1033**	**42.55%**	**1717**	**56.63%**	**14.08%**

PROJECT RESULTS continued...

While the intervention increased screening rates across all targeted sites, it was most effective for sites with the greatest room for improvement. With the sites grouped into four quartiles, the bottom quartile had an average screening level of 22% in 2009. This quartile increased 26 percentage points to an average of 48% in 2010. Conversely, the top quartile had an average starting mark of 59.5%, which improved 11 percentage points to 70.5% during the intervention period.

DIFFICULTIES OR OBSTACLES ENCOUNTERED

The project experienced few difficulties or obstacles during implementation. The primary challenge was implementing a work plan that required significantly more staff time and funding than was supported by the mini-grant award. Final program costs were estimated at $70,000, with the majority of this accounted for in MDCH and Molina staff time. Additionally, there was some difficulty recruiting sites since they had competing quality improvement priorities.

LESSONS LEARNED

Key ingredients to the project's success were:

- The active and strong partnership with Molina Healthcare
- Allowing providers to identify their own barriers to chlamydia screening along with realistic strategies to increase their screening rates
- Providing a toolkit and customer-friendly service
- Creating marketing materials that were patient-informed and culturally appropriate

In addition, MDCH learned that the following actions were not affective during program implementation:

- Contacting provider sites themselves—they responded more quickly to Molina outreach
- Waiting for sites to contact MDCH or Molina staff to schedule OPMs—drop—in visits were often necessary
- Asking provider sites to complete written tasks between visits—brief on-site assessments were more effective

LESSONS LEARNED continued...

- Communicating with provider sites via e-mail—providers often did not check emails or ignored non-urgent messages; faxing to sites was more effective
- Obtaining significant outside sponsorship for program expenses—MDCH and Molina found this difficult and decided to share program expenses

CONCLUSION

By partnering with Molina Healthcare of Michigan, MDCH was able to significantly increase the number of female, Medicaid managed care enrollees ages 16-24 who were screened for chlamydia. Frequent, on-site visits to medical practices combined with practical tools and positive feedback for providers, and culturally appropriate materials for patients, made this project a success. Based on the positive results, Molina will extend this intervention across the state to all of its providers, using its own staff and materials. MDCH is now working to identify other healthcare organizations that would be interested in replicating this program model, and could reach many other patients statewide.

MATERIALS AVAILABLE

Click here to access available materials produced by MDCH and Molina Healthcare of Michigan.