

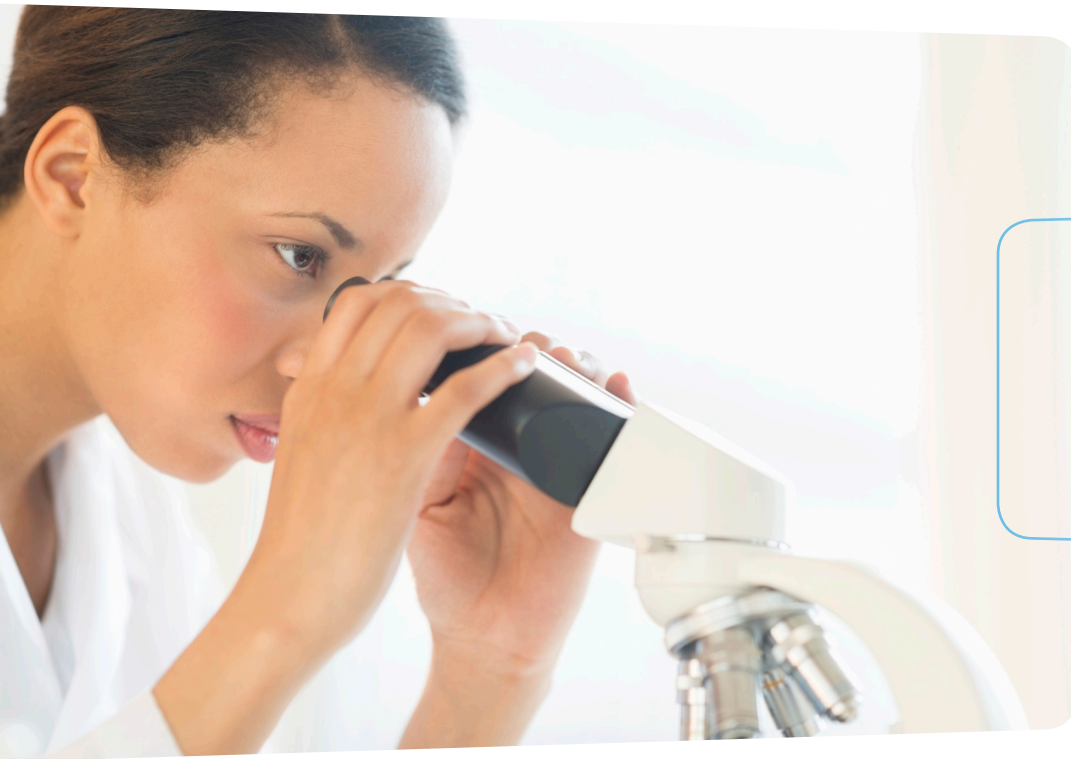
Quality Improvement program



How we measure up

At Anthem Blue Cross and Blue Shield, we focus on helping our members get healthy and stay healthy. Each year, we look closely at the medical care and programs you use to measure their quality and safety. We also assess the quality of service you receive. The results tell us what's working best to help improve our members' health, service received and where we should take action.

This process is called the Quality Improvement program.



What we focus on

Chronic disease and prevention: We look at chronic or long-term health problems like heart disease and diabetes. We also look at how to prevent disease through checkups, shots and screenings.

Behavioral health: We review behavioral and mental health problems like substance abuse and depression. We encourage follow-up visits with doctors. We explore how doctors and therapists can work together for the patient.

Patient safety: We work with health care partners to help lower harmful drug events, hospital readmissions and avoidable costs of care.

Coordinating care: We have programs to help you and your doctors work together to manage your care.

Community health initiatives: We continue to commit resources and work with key organizations to create community health initiatives that address public health concerns, close gaps in care and improve people's everyday living conditions.

Service quality: Our members' satisfaction with their medical and behavioral health care, access, delivery of care, doctors, our health plan and the service we deliver is important to us. We use feedback from members as well as doctors and other health care professionals about our services to help us improve.

Population Health: We address the "whole person" focus in the following areas: staying healthy, reducing health risks, patient safety and managing chronic conditions.

Care management for members with serious health problems: Some members need extra care. We help them learn how to use their health plan and follow their own care plan.



What we learned

Each year, we gather clinical and member satisfaction metrics on the past year. These reports tell us about our most current results.

About your health plan

More members:

- Were screened for a behavioral health issue and referred as part of the Case Management Program.
- Were satisfied with the Case Management Program and in reaching a Nurse Case Manager for questions or concerns.
- Received annual monitoring while on continuing medication therapy.

More adult members with diabetes:

- Received preventive screenings in a timely manner, such as retinal eye exams and medical testing for kidney disease.
- Had a Hemoglobin A1c test to measure the average blood sugar level for the past two to three months.

More members:

- Reported being satisfied with the customer service received from their health plan.
- Reported being satisfied with the specialist they see most often.

And there's more good news

We also got high marks on accreditation surveys and audits to comply with laws.



Quality Improvement goals

We'll continue working hard to:

- Collaborate with physicians and hospitals for quality improvement purposes.
- Understand our members' cultures and languages.
- Help improve our members' overall experience with the health plan.
- Help our members stay well and manage their health care.

How all this helps *you*

We care about what our members think of the care and service they get. This helps us improve the quality of your care. And that helps us serve you better.

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