



Quality Improvement Programs: At-A-Glance

South Country Health Alliance

May 1st, 2023

South Country Health Alliance Programs and Enrollment

South Country's largest population is PMAP with an average enrollment of 25,073 members and our smallest population is AbilityCare with an average enrollment of 519 members. Member age groups show approximately 40% of enrollees being children 19 years of age and under. We have approximately 14% of members 60 years of age and older. The percentage of females vs. males on each product averages plus or minus percent difference of 1.4%. The majority of South Country members report their race as white (Caucasian). Members reporting their race as Black/African American is 4.19%, Asian is 0.79% and two or more races is .18%. Members with race "Unknown" (none of the racial categories apply or are choosing to not disclose the information) is 34.11%. [Learn more about South Country demographics.](#)

Quality Programs, Strategy, and Performance

The South Country Quality Program is designed to assess and improve the quality and member access to all types of health care services. One component of South Country's program is the timely correction of problems that are identified through monitoring of service utilization patterns, complaints, administrative processes, program outcomes and other mechanisms. [Learn more here.](#)

Through a collaborative effort with delegates and a variety of in-depth software systems, South Country's IT department collects and manages provider data, plan enrollment data, and claims data, which it reports to county partners and other stakeholders to implement programs for improving the delivery of health care services and the wellness of members. [Learn more about our wellness programs and health promotions.](#)

Health Care Disparities Project for Calendar Year 2023

South Country continues to partner with Sibley County to directly collaborate and breakdown any structural racism, social inequities, and/or health disadvantages and improve overall health outcomes for LatinX members. Sibley County is one of our current eight counties that has the largest LatinX population. We have established a goal aimed at improving the overall comprehensive diabetes care along with continuing to examine and improve upon additional services that are identified as a need for these members. In addition, more work continues to be done with South Country's Health Equity Committee to identify other ways to address health disparities throughout our service areas and communities.

Performance Objectives

The Quality Program for South Country is the framework that guides the formal process for evaluating and improving, where necessary, the quality and appropriateness of health care services and the health status of the population South Country serves. [Learn more about the 2023 Quality Program Description.](#)

Quality Improvement (QI) Programs for CY 2023

- **Diabetes Performance Improvement Project:** The focus is on improving members self-management of their diabetes for those members on SNBC, MSC+, and SeniorCare Complete living in rural communities and experiencing geographic health disparities. [Learn more about this project.](#)
- **A Healthy Start for Mothers and Children Performance Improvement Project:** The focus is on promoting a "Healthy Start" for the health of our mothers and children ages (0-15 months) on our PMAP and MinnesotaCare programs experiencing the effects of geographic disparities due to living in rural communities. This project runs from 2021 through 2023. [Learn more about this project.](#)

Ongoing QI activities

- Chronic care improvement projects for AbilityCare and SeniorCare Complete members: goal to increase the number of SeniorCare Complete members with up-to-date colon and breast cancer screenings. [Learn more about this project.](#)
- Focused Studies
 1. Cervical cancer prevention screening: The primary goal of this focused study is to increase the overall percentage of PMAP, MinnesotaCare, SingleCare, SharedCare, and AbilityCare members 21-64 years of age who receive a cervical cancer screening. [Learn more about this focus study.](#)

2. Chlamydia prevention screening: The primary goal of this focused study is to increase the overall percentage of MinnesotaCare, PMAP, SingleCare, and SharedCare members 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. [Learn more about this focus study.](#)

Barriers to Quality Improvement programs

The COVID-19 pandemic has proven a barrier and reason for the lower rates in improvement due to members not scheduling and/or cancelling appointments when feeling ill or having an exposure to COVID-19. We have worked to educate and encourage our members on the importance of continuing recommended prevention and screenings.

Also, we have education focused on what telehealth is, how to access telehealth, and on what a telehealth appointment would look like for members. [Learn more about how we are addressing telehealth.](#)

Overall Effectiveness of the Quality Improvement programs

The Quality Program's goals and objectives criteria, activities outlined in the Quality Program Description, and the Quality work plan for the previous year are evaluated for appropriateness and effectiveness in assessing and improving the quality of care and services members receive. The quality committee structure is continually being evaluated and adjusted as needed.

The full annual evaluation (see link below) goes into detail on each of our Quality Improvement program areas showing where we demonstrate the progress of our programs that meet and exceed network-wide safe clinical practices. [Learn more about our work.](#)