Timeliness of Complaint Processing: A Process Improvement Story

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Who we are

- Blue Cross and Blue Shield of New Mexico, Albuquerque
- A division of Health Care Service Corporation: BCBS Plans in Illinois, Texas, New Mexico; 9.4 million members, largest not-for-profit, non-investor owned Blues plan
Who we are

- Quality Management and Improvement Department for BCBS New Mexico
- Responsibility: we process and resolve quality of care issues that arise from member complaints or internal concerns regarding quality of care provided to members
NM DOI regulations require no more than 7 calendar days from receipt of a member complaint to the time the member’s complaint is acknowledged. (“Specification”)

Lack of data on how we were meeting this specification

Analogy: “death” – Defects (i.e. >7 day turnaround) would be a relatively rare event that is irreversible and serious
How were we doing?

Time from Corp Intake to Ack Ltr

- Period 1: Baseline April 03 - July 03
- Period 2: New Dept October 03
- Period 3: Staffing Mar 04-current
How were we doing?

Post-Baseline Corp Intake to Ack Ltr

Period 2: New Dept October 03
Period 3: Staffing Mar 04-current
The “Quick” Team - QICC

Quality Improvement in Complaints and Care-alerts
Next steps:

- The QICC team developed a conceptual model showing where our leverage points were.
**Conceptual Model**

**Quality Improvement in Complaints and Care-Alerts ("Quick") Team**

**AIM:** "To improve the timeliness and accuracy of the processing of Complaints and Care-Alerts."

- **Member Complaint**
- **Customer Service**
  - Non-QMID
  - **Is it a Care, Service, or Access Complaint?**
    - Yes
      - **Is the appropriate for QMID?**
        - Yes: **Complaint Correctly routed to QMID**
        - No: **Non-Care-Alert; Health Services closure**
    - No: **Complaint Appropriately routed, but inaccurate (re-work)**
      - **Return to sender**

- **Care-Alert**
  - **Appropriately routed, but inaccurate (re-work)**
    - **Return to sender**
  - **Incorrect path**
    - **Post-entry process**
  - **Correct path**
    - **Tracking of appropriate/inappropriate**
      - **Into Database**
      - **Other processes - credentialing, aggregate reporting**

- **Complaints and Care-Alerts**
  - **Corrected by QMID**
  - **Processed by QMID**
    - **Quality issue confirmed or repudiated**
      - **Feed back to sender on outcome**

**Legend**
- **Complaint**
- **Care-Alert**
- **Incorrect path**
- **Correct path**
- **Post-entry process**
- **Leverage point**

**Updated 4/30/2004**
Is it a Quality of Care Complaint?

NO

Return to sender

YES

QMID Intake

Customer Service

Member Complaint

LEVERAGE POINT: PHASE 1: Reduce time from CorpRct to Ack Ltr
Setting a Goal with an Aim Statement:

**QICC:** Quality Improvement of Complaints and Care-Alerts

**Mission:** “Improving the timeliness and accuracy of the processing of Complaints and Care-Alerts.

**Aim:**

The purpose of Phase I of this project is to achieve by May 31, 2004 the following improvements:

1. Improvement in Complaint Processing **timeliness** will be demonstrated by achieving zero-defects (i.e., no cases greater than 7 calendar days from corporate receipt to acknowledgement letter) and reducing the mean time from corporate receipt to acknowledgement letter to 3 calendar days.
“We” had defects….right?
The real opportunity!

Total Time (Corp→Ack) and QMID Time (Q-recd→ack)

Period 2: New Dept October 03–04

Period 3: Staffing Mar 04–current
In all cases where “we” were out of compliance, the source of the delay was outside our department.
Opportunity: Zero defects!
Cause and Effect

Delay in getting complaint to QMI

- Holding open electronic file for other reasons
- Performance relative to internal CSR standards
- Physically getting material to another building
- Interruption of work flow
- "Misplacing"
- Internal Mail process

"Company receipt" to Ack. Ltr > 7 days
Analysis

Pareto Analysis: What causes delay in getting to QMID?

- CSR Held Release, Misc.: 6 cases
- Interoffice Mail time: 3 cases
- Weekend: 2 cases
- Held Open, written correspondence: 1 case
PDSA – “Plan”

- Met with all key department personnel from the CSR on the line to the Director able to authorize change
- Reviewed the data
- Developed a plan
PDSA – “Plan”

- Switch “ownership” of the electronic file to our department when a quality of care complaint involved. (Reduce CSR fear of not meeting timeliness.)
- Create a special e-mailbox so complaints could be routed electronically.
PDSA – “Do”

- At the eleventh hour...
Despite involving “all” key players, ONE key player made a difference – the woman who wasn’t there!

- New considerations
- Re-thought the plan
- Actually *better* option revealed – our own “queue”
Today – waiting follow-up data...

Total Time (Corp->Ack) and QMID Time (Q-recd->ack)

Cases

Days

Period 3: Staffing Mar 04-current
Period 2: New Dept October 03
Post- QICC PDSA cycle PROJECTED

Corr-recd to Ack  DOI Spec  UCL  Avg.
Some Lessons

- Assumptions about the source of delay were false; measurement revealed deeper truth.
- Involving those close to the process was critical to understanding cause and effect.
- Important to double-check your definitions: working days vs. calendar days.
- Even when you think you have “All” the key people, double-check that you have “All” the key people.
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