Quality Improvement Report

Contents

UHS Quality and Risk Management Reporting

The goals of quality reporting for Union Health Service (UHS) focus on improving patient care, enhancing operational efficiency, and maintaining regulatory compliance.

Since 2016, UHS has proudly maintained continuous accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC), reinforcing our practices to a higher standard of healthcare.

This quality oversight strengthens our focus on patient safety and operational excellence.
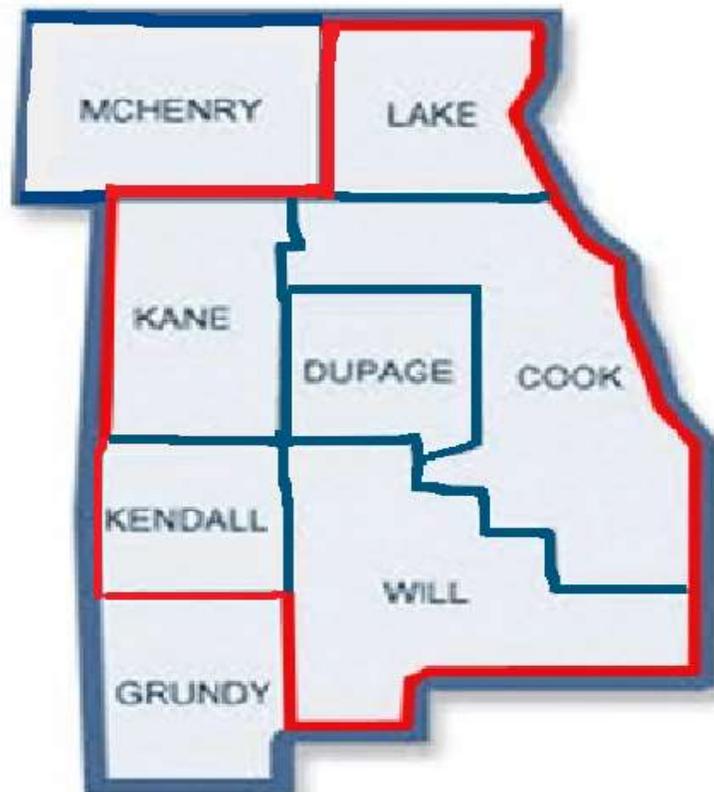
Access to Care

Compliance with access to care for our members is governed by the Healthcare Research and Quality Act of 1999 (P.L. 106-129) and the standards set by the Accreditation Association for Ambulatory Health Care (AAAHC). These set of standards ensure that members have access to the necessary care, including specialty services, by regularly monitoring and evaluating the adequacy of these services. Our network plan provides clear guidance on how members can utilize these resources, guaranteeing 24/7 access to network-affiliated primary care, specialists, emergency services, and behavioral health providers, as well as hospital care.

Service Area-Geographic Accessibility

In Illinois, health plans must adhere to specific service area guidelines to ensure adequate care for enrollees. The Illinois Department of Insurance (IDOI) enforces these standards under the Network Adequacy and Transparency Act (NATA). Health plans are required to establish a network of preferred providers within reasonable proximity to where enrollees live or work.

The goal is to guarantee that enrollees have access to care without unreasonable travel burdens, promoting patient safety and timely medical management. UHS maintains a sufficient healthcare workforce to meet patient demand.

Regulatory Compliance Requirements ACCESS TO CARE	
30 mins or 30 miles	**45 minutes or 60 miles**
PCP	Specialists
OBGYN	Behavioral Health Specialist
General Hospital Care	Outpatient Behavioral Care

GEO ACCESS DATA – BY UHS MEMBERS ZIP

red dot=member   blue   dot=UHS
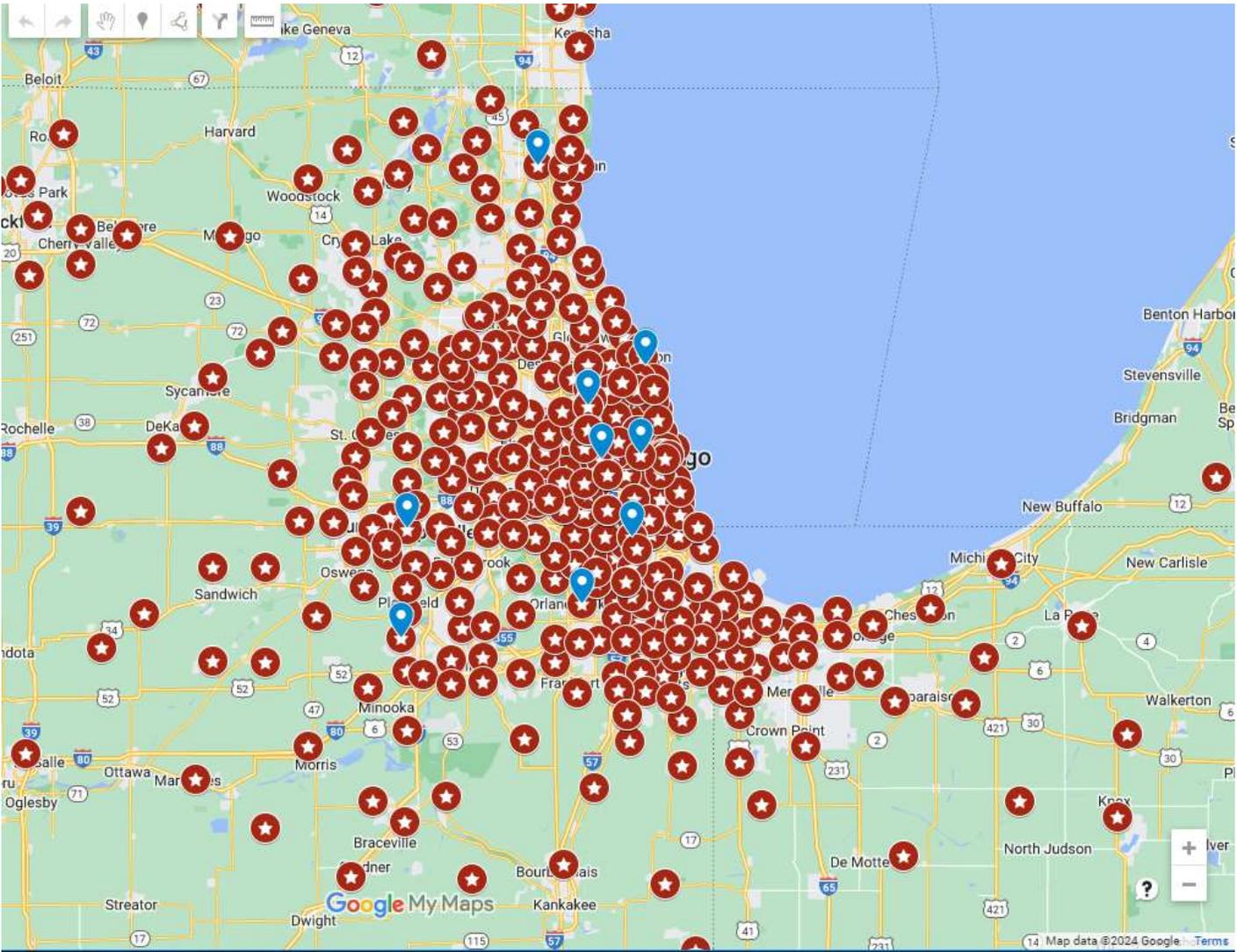
Provider Network Adequacy

UHS sufficient provider availability for the plan's population. Additionally, the Network Adequacy and Transparency Act (NATA) plays a critical role in guaranteeing that networks are robust enough to handle the healthcare needs of all enrollees.

Provider-Patient Ratio Compliance	UHS Compliance for 41,000 memberships including contracting providers
One primary care per 1,000 members (40)	*49 full time PCPs*
One Pediatrician per 1,000 members (2.8)	*10 full time Pediatricians for 2,843 members 18 yr under*
One OBGYN per 2,500 members (9)	*11 full time OBGYN's for 23,030 females*
General Surgeon per 5,000 members (5)	*10 full-time general surgeons*
One hospital per county (6)	*8 Core Hospitals in UHS Network*
One mental health facility per county (6)	*+25 mental health facility locations*
One behavioral health specialist per 5,000 members (3)	*+30 behavioral health specialists*

UHS Membership Enrollment Breakdown 2024

Group	001	025	253	027	035	045	046	047	048	252	248	TOTAL
Jan-24	7,172	15,470	5,968	334	1,731	1,295	5,140	3,049	850	12	100	41,126
Feb-24	7,157	15,497	5,931	332	1,728	1,298	5,192	3,093	876	12	105	41,225
Mar-24	7,258	15,469	5,921	333	1,731	1,301	5,552	3,132	842	12	102	41,657
Apr-24	7,286	15,441	5,916	338	1,729	1,300	5,610	3,194	838	12	102	41,771
May-24	7,234	15,456	5,942	344	1,733	1,304	5,691	3,250	817	12	100	41,889
Jun-24	7,288	15,482	5,938	351	1,734	1,313	5,755	3,297	792	1	101	42,059
Jul-24	7,272	15,471	5,925	351	1,734	1,317	5,749	3,330	802	1	95	42,056
Aug-24	7,269	15,459	5,918	351	1,731	1,324	5,760	3,390	798	1	93	42,104
Sep-24	7,293	15,487	5,924	352	1,737	1,324	5,914	3,399	792	0	95	42,325
Oct-24	7,312	15,484	5,962	351	1,730	1,329	6,046	3,495	769	0	96	42,574
Nov-24	7,451	15,435	5,963	354	1,742	1,134	4,634	2,892	732	0	95	40,432
Dec-24	7,422	15,423	5,968	351	1,743	1,133	4,632	2,932	716	0	95	40,415
2025	001	025	253	027	035	045	046	047	048		248	TOTAL
Jan-25	6,779	15,384	5,949	351	1,678	1,136	4,725	3,076	823		90	39,991
Feb-25	7,012	15,428	5,956	348	1,683	1,128	4,736	3,110	1,001		111	40,513
Mar-25	6,110	15,438	5,978	344	1,687	1,132	4,736	3,118	988		111	39,642
Apr-25	7,143	15,469	6,009	337	1,687	1,114	4,741	3,140	981		108	40,729
May-25	7,073	15,433	6,014	334	1,687	1,134	4.737	3,164	962		109	39,914
Jun-25	6,937	15,365	6,001	334	1,692	1,138	4,714	3,166	943		109	40,480
Jul-25	6,992	15,365	6,027	334	1,688	1,129	4,623	3,176	931		108	40,373
Aug-25	7,254	15,367	6,009	332	1,680	1,121	4,625	3,193	917		106	40,604
Sept-25	6,965	15,392	5,990	336	1,681	1,126	4,670	3,230	912		105	40,407
Oct-25												

Yearly Membership Census Report
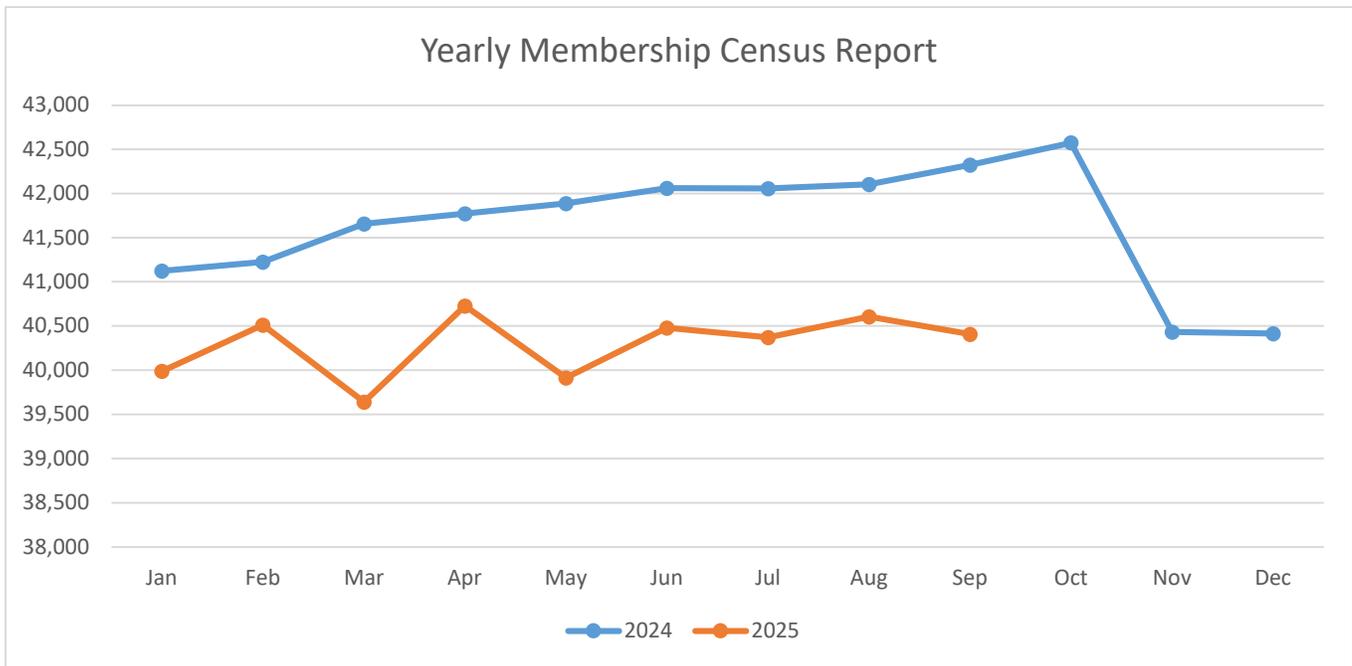
UHS Population Diversity & Language Access Overview

At Union Health Service (UHS), we are committed to ensuring equitable access to care for all members, in alignment with **Section 1557 of the Affordable Care Act (ACA)** and the **Americans with Disabilities Act (ADA)**. These regulations require healthcare providers to make services accessible to individuals with disabilities and those with **Limited English Proficiency (LEP)**, including patients with hearing or visual impairments.

To meet these standards and serve our diverse patient population effectively:

- **We evaluate language needs** across our membership to identify which materials and services require translation or interpretation.
- **We provide resources** such as professional interpreters and translated documents to ensure clear communication and informed care.
- **Our provider network reflects cultural and linguistic diversity**, including staff who speak multiple languages and understand various cultural backgrounds.
- **We actively hire multilingual staff** to support patients in their preferred languages and enhance the overall care experience.

Currently, UHS supports communication in a wide range of languages, including but not limited to:

Albanian, American Sign Language, Arabic, Bosnian, Bulgarian, Cantonese, Korean, Lithuanian, Mandarin, Polish, Romanian, Russian, Serbian, Spanish, Tagalog, Ukrainian

This approach helps us foster trust, improve health outcomes, and ensure that every member feels seen, heard, and respected.

Appointment Compliance Analysis

Union Health Service (UHS) continuously monitors appointment compliance to ensure timely access to care and identify areas for operational improvement. This analysis tracks and trends key appointment metrics, including:

- Assess the impact of cancellations and no-shows on patient care and scheduling efficiency.

- Implement targeted strategies to improve appointment adherence, such as reminder systems, patient education, and flexible rescheduling options.
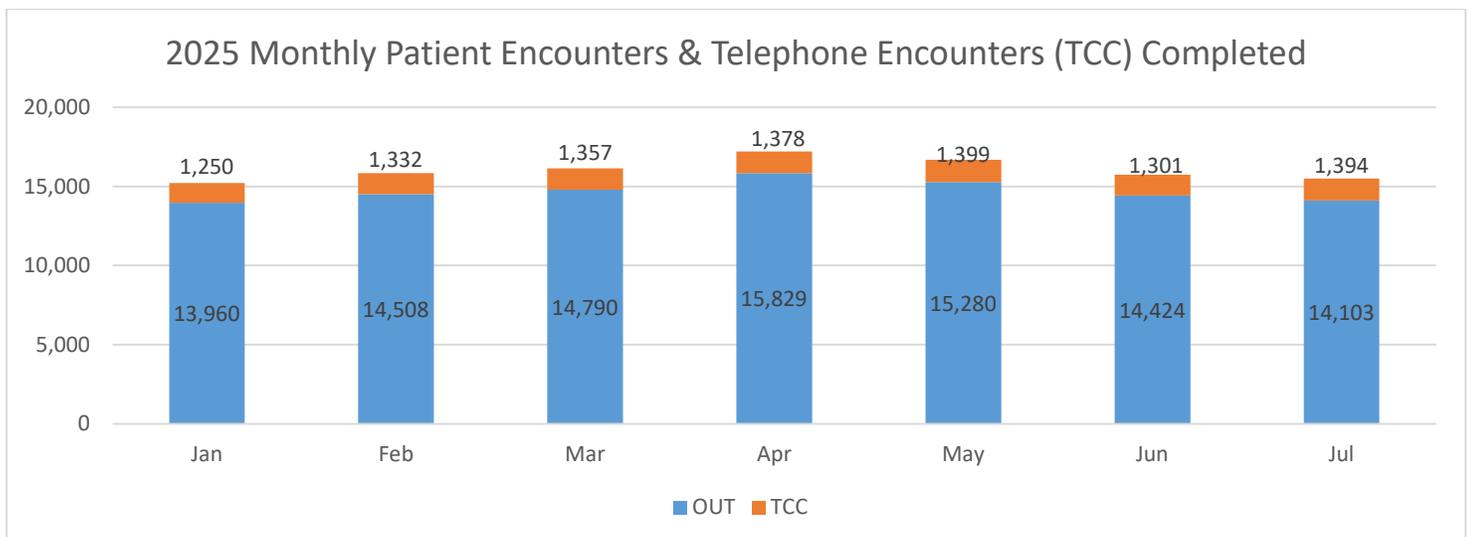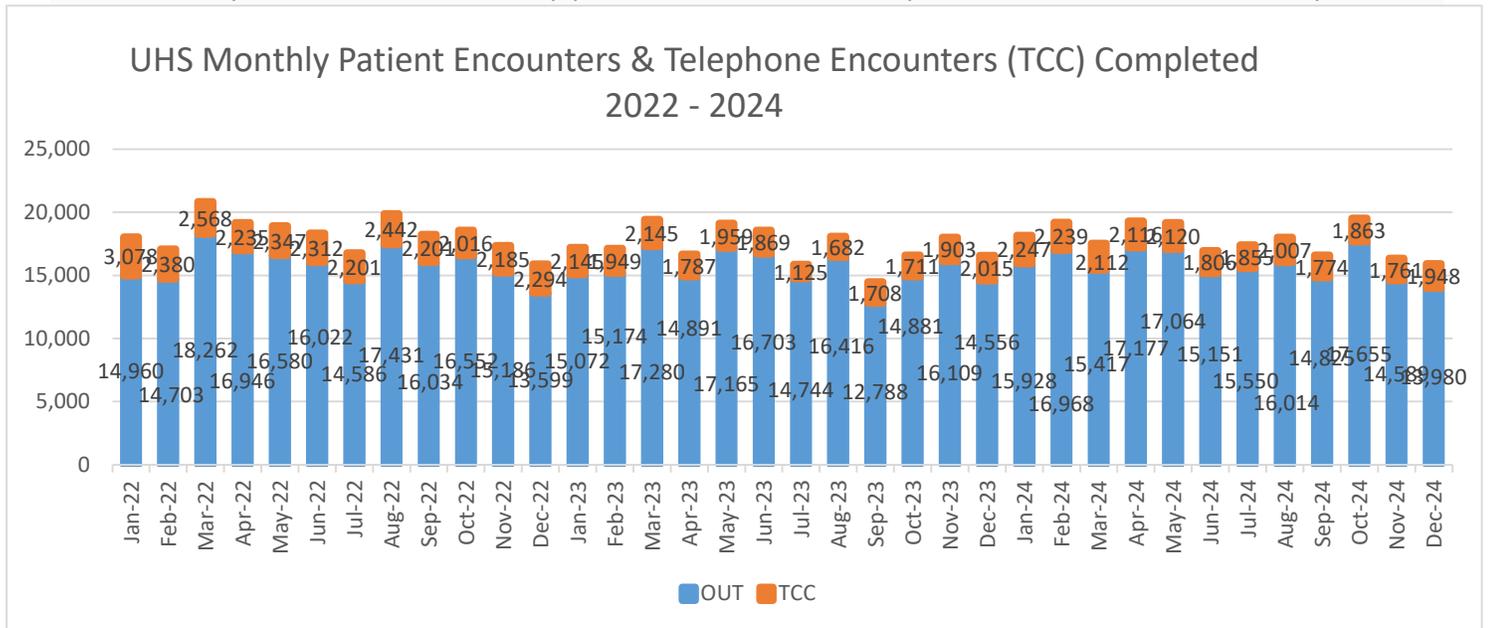
2024	Total APPTS	CA	CBA	CNC	NS	OUT	TCC	UCC	on call	TOTAL
Jan	26,595	3,760	1,839	153	3,477	15,928	1,441	675	131	18,175
Feb	26,396	3,424	1,673	136	2,800	16,968	1,396	682	129	19,207
Mar	24,703	3,110	1,540	117	3,250	15,417	1,269	706	137	17,529
Apr	27,564	3,580	1,831	147	3,532	17,177	1,291	720	105	19,293
May	28,352	3,797	1,642	161	4,353	17,064	1,330	679	111	19,184
Jun	24,820	3,350	1,599	145	3,474	15,151	1,101	873	129	17,254
Jul	26,410	3,406	2,486	122	3,689	15,550	1,157	579	119	17,405
Aug	27,287	3,482	2,494	105	3,972	16,014	1,220	684	103	18,021
Sep	24,776	3,087	2,091	88	3,549	14,825	1,136	501	137	16,599
Oct	28,316	3,424	1,907	140	3,980	17,655	1,210	571	82	19,518
Nov	24,473	3,018	1,989	117	3,626	14,589	1,134	531	96	16,350
Dec	24,141	3,029	2,159	114	3,629	13,960	1,261	540	147	15,908
2025	**Total APPTS**	**CA**	**CBA**	**CNC**	**NS**	**OUT**	**TCC**	**UCC**	**On call**	**TOTALS**
Jan	24,141	3,029	2,159	114	3,629	13,960	1,250	503	128	15,841
Feb	23,820	3,065	1,312	129	3,474	14,508	1,332	396	90	16,326
Mar	24,188	2,743	1,254	64	3,263	14,790	1,357	432	104	16,683
Apr	25,571	3,109	1,695	165	3,398	15,829	1,378	265	100	17,572
May	25,242	3,236	1,621	165	3,541	15,280	1,399	335	63	17,077
Jun	23,523	2,978	1,186	154	3,480	14,424	1,301	310	81	16,116
Jul	24,436	3,138	1,943	162	3,695	14,103	1,394	287	81	15,865
Aug										
Sep										

- **National average no-show rate**: Typically falls between **5% and 8%** across all medical specialties
- However, rates vary significantly depending on:
    - **Specialty,**
    - **Patient demographics,**
    - **Geographic location,**
    - **Appointment type**
- **UHS average No Show rate is 13% in 2024,**
- **UHS average No Show rate is 14% in 2025 (Jan/July data)**

UHS has identified 5 top reasons Membership-Population-Specific Challenges with Appointments

- **High-risk demographics:** If UHS serves a population with higher socioeconomic challenges, chronic illness, or mental health needs, no-show rates tend to be higher.
- **Work or childcare conflicts**: Patients may struggle to balance appointments with job schedules or caregiving responsibilities.
- **No-show policy enforcement**: If there's no consequence for missing appointments, patients may not feel accountable.
- **Transportation barriers**: Lack of access to reliable transportation is a major reason patients miss appointments.
- **Long wait times**: Appointments scheduled far in advance are more likely to be forgotten or deprioritized.

- ## Monthly Total Members Appointment and Telephone Encounters Rollup Data

UHS Monthly Patient Encounters & Telephone Encounters (TCC) Completed 2022 - 2024

2025 Monthly Patient Encounters & Telephone Encounters (TCC) Completed

Pharmacy Management and Patient Safety

Pharmacy management and population health are crucial for effective patient safety evaluation. Pharmacy Audit Assistance Service (PAAS) services as a foundation for quality assurance incident reporting and benchmarking data. This enables UHS to compare and analyze the current dispensing rates and related processes.

Year	Prescription dispensing	Dispensing errors=rate%
2021	41,904	5=0.019%
2022	40,076	7=0.017%
2023	39,554	8=0.021%
2024	39,924	6=0.015%
2025		

Pharmacy Dispensing and Patient Safety Trends (2021-2024)
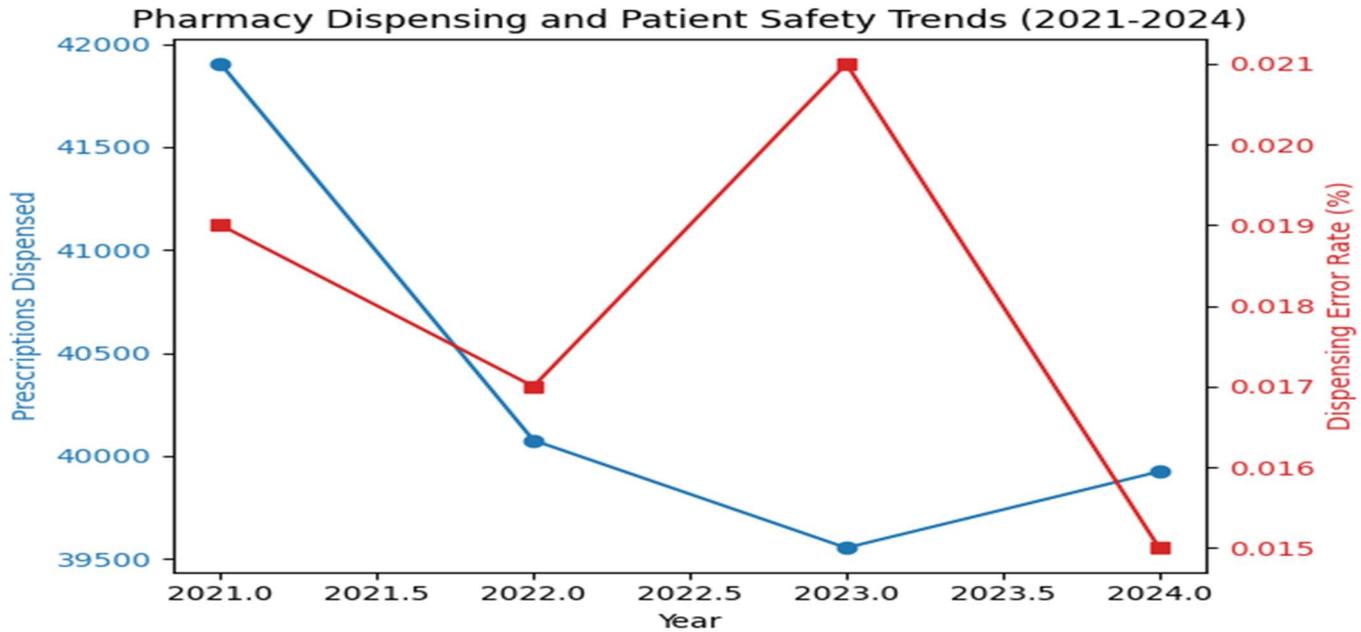
Preventative Care and Screening

Year	Flu vaccine ordered/used	Rate of utilization of order	Population %
2021-2022	8500/6300	74%	15.7%
2022-2023	7500/5734	76%	14.3%
2023-2024	6300/5660	90%	14.1%
2024-2025	5860/5600	96%	14.0%
2025-2026			

UHS Flu Vaccination Compliance & Operational Improvements (2025–2026) 2025-2026 UHS quality initiatives especially in improving documentation of externally obtained vaccines and enhancing outreach is underperforming. UHS aligns internal tracking requirements and physician documentation improvements. The national standards like **MIPS CQMs and NCQA HEDIS measures**, enhancing both compliance and reporting accuracy. UHS prioritize improving **documentation of vaccines received elsewhere**, as it directly satisfies numerator requirements and strengthens flu compliance scores. Benchmarking Data Adults (≥18 yr) **44.9%,** Children (6 mo–17 yr) **55.4%**

Medical Utilization/Medical Management

Utilization data for UHS members across all lines of business. This data is essential for understanding compliance regarding emergency room (ER) utilization at UHS. By analyzing the utilization rate, healthcare providers can assess how often patients are using the ER compared to those being admitted to the hospital, allowing for better management and optimization of care. ⬛

Moderate to High ER Use: A 17% utilization rate may suggest that a significant portion of your patients are relying on emergency services, which could reflect:
- Limited access to primary or urgent care.
- Gaps in chronic disease management or preventive care.
- Socioeconomic or behavioral health factors driving ER visits.

Quality & Cost Implications:
- High ER utilization can increase healthcare costs and may indicate inefficiencies in care coordination.
- It may also affect performance on quality metrics related to avoidable ER visits, especially if many cases could have been managed in outpatient settings.

Number of authorizations per year	2019	2020	2021	2022	2023	2024	2025
Emergency Room	7,176	7,803	6,807	5,203	4,981	6,791	
Inpatient Admits	2,293	2,149	2,082	1,164	1,551	1,844	

The Medical Management Department at UHS plays a central role in ensuring that members receive timely, coordinated, and appropriate care. A critical component of this oversight involves monitoring Emergency Department (ED) utilization, for evaluating access, care coordination, and overall system efficiency.

YEAR	Numeration total # of ER visits	In Network ER	% of IN-Network ER	Denominator total # of members	% of ER utilization
2019	7,176	4,545	63.2%	48,528	**14.7%**
2020	7,738	4,841	62.4%	44,370	**17.5%**
2021	6,807	3,974	58.3%	42,120	**16.4%**
2022	5,203	3,276	63.0%	41,449	**12.5%**
2023	5,592	2,681	67.9%	41,068	**13.6%**
2024	5,666	3,976	70.2%	41,636	**13.6%**
2025					

Patient Communication and Feedback Survey Results

UHS demonstrates a **strong commitment to quality improvement**, with notable gains in patient experience metrics. While some areas still fall short of national benchmarks, the upward trends—especially in **timely care** and **overall rating**
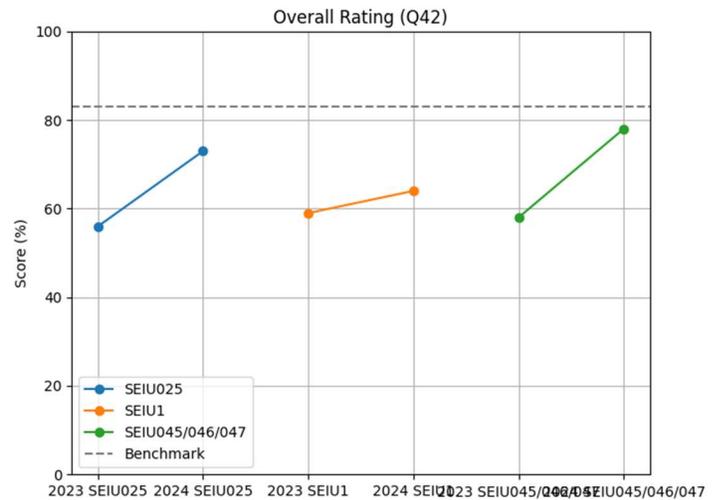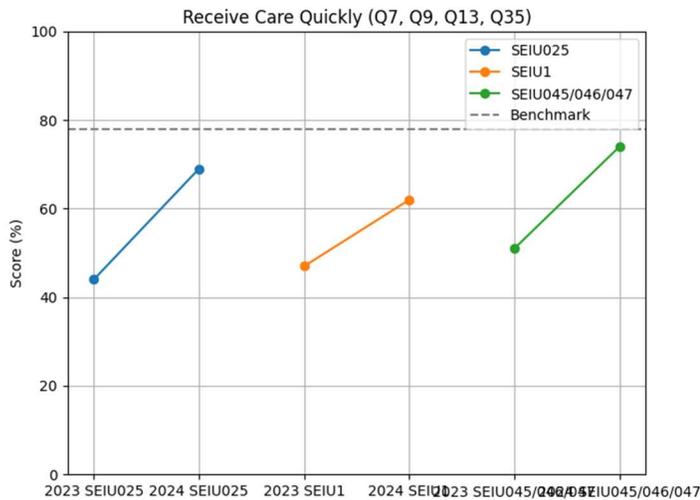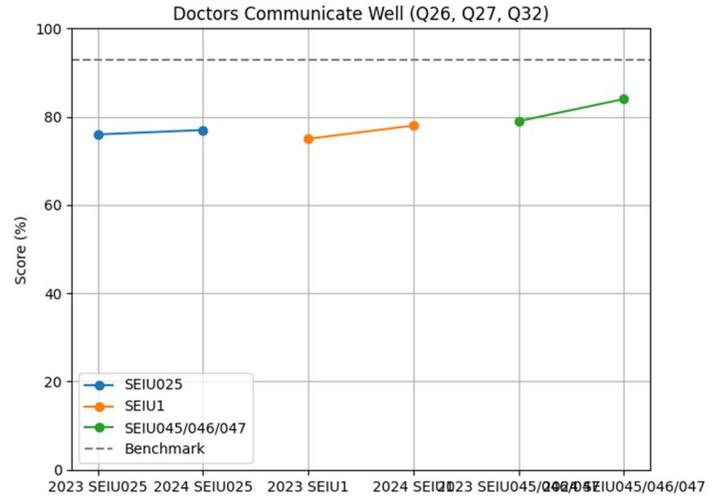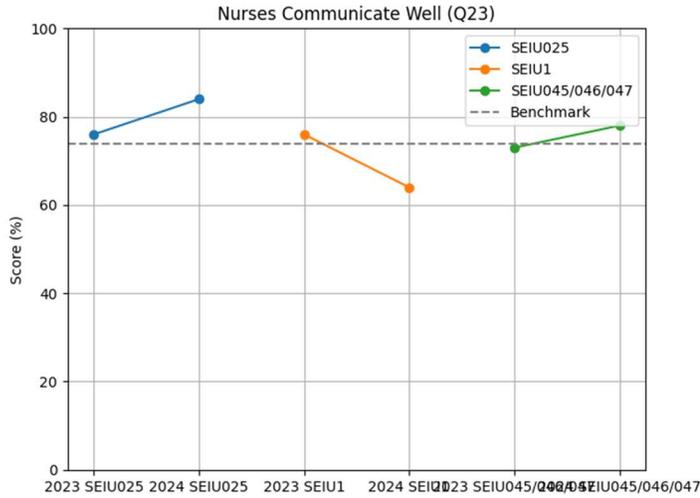
🔍 **Key Insights 2024-2025 Patient Satisfaction Survey**

1. Nurses Communicate Well (Q23)
- **Benchmark**: 74%
- **Improvement** seen in SEIU025 (76% → 84%) and SEIU045/046/047 (73% → 78%)
- **Decline** in SEIU1 (76% → 64%)

2. Doctors Communicate Well (Q26, Q27, Q32)
- **Benchmark**: 93%
- All groups improved slightly, with SEIU045/046/047 reaching **84%**, though still below benchmark.

3. Receive Care Quickly (Q7, Q9, Q13, Q35)
- **Benchmark**: 78%
- Significant improvement across all groups, especially SEIU025 (44% → 69%) and SEIU045/046/047 (51% → 74%)

4. Overall Rating (Q42)
- **Benchmark**: 83%
- Strong gains in SEIU025 (56% → 73%) and SEIU045/046/047 (58% → 78%)

UHS POPULATION HEALTH STANDARDS – PREVENTION
Screening Results

Colonoscopy Care

National Benchmarking Rates HEDIS/NCQA (78%)

% of UHS patients 45 to 74 years **completed** Colonoscopy last 10 years, and or Annual Cologuard or iFOBT annually.

CRC Screening								
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
79%	70%	85%	85%	83%	86%	85%	85%	85%

Mammography

National Benchmarking Rates HEDIS-ACR (74%)

Cancer screening % of UHS patients aged 50-74 years old have completed Mammography in past 2 years

Mammography Screening								
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
83%	74%	89%	53%	91%	91%	92%	89%	91%

Mammography Recall Rates

National Benchmarking Rates - American College of Radiology (ACR) Recall rate (**5%-12%**) ACR w/in 45days (**86%-90%**)

September 2024 – New Rule – 45 days of call back is now 30 days, and lay letters done within 15 day.

Year	Completed/appointments/ encounters	#Birad 0	Recall Rate%	Pt. recall rate w/in 45days
2021	5,942	435	4%	81%
2022	5,156	316	6%	68%
2023	5,353	367	7%	80%
2024				

Using Medical Imaging

National Benchmarking Rates HEDIS – (76%)

Low Back Pain Imaging % of patients 18 to 50 years old w/primary diagnosis of low back pain who **DID NOT** have imaging ordered w/in 28 days of DX (any # visit with unscheduled provider, no red flags.)

Low back Pain								
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
100%	79%	78%	65%	73%	66%	76%	62%	61%

Chronic Disease Management

National Benchmarking Rates HEDIS – (88%)

Chronic Disease Management- Diabetic patients with complete A1c and Lipid screening

A1c								
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
94%	93%	78%	93%	98%	99%	98%	99%	99%
Lipids								
2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
88%	93%	87%	93%	95%	97%	93%	94%	91%

QIP_ Quality Improvement Projects Referral Optimization

UHS Quality Improvement Project (QIP) Summary Report

Referral Process Efficiency & Patient Communication

Reporting Period: July 2025
Purpose: To improve the efficiency and effectiveness of the referral process by reducing turnaround time, enhancing communication, and increasing patient satisfaction.

Project Goals

- Streamline and standardize referral workflows.

- Improve telephone responsiveness across departments.

- Enhance clarity in electronic and paper-based referral systems.

- Monitor referral integrity and patient satisfaction continuously.

Continuous Action Items

- Ongoing monitoring of referral integrity and telephone answer rates.

- Increased staffing and resources for phone coverage.

- Updated EMR referral orders and paper forms with clearer provider instructions.

- Completion of patient satisfaction surveys.

Performance Metrics Overview

Metric	2024 Baseline	Target	Current (July–Sept 2025)	Assessment
Referral Processing Time	7–14 days	5–7 days	8–10 days	⚠️ Slight improvement, not yet at target
Clinical Referral Calls Answered	51%	80%	July: 74%, Aug: 48% Sep: 60%	⚠️ Inconsistent, below target
Patient Referral Calls Answered	66%	80%	July: 72%, Aug: 73% Sep: 45%	✅ Exceeds target July, Aug
Call Center Calls Answered	54%	75%	July: 66%, Aug: 71% Sep: 40%	✅ Meets target

Metric	2024 Baseline	Target	Current (July–Sept 2025)	Assessment
Member Services Calls Answered	84%	90%	July: 71%, Aug: 72% Sep: 58%	⚠️ Below target
Station B Calls Answered	75%	90%	July: 88% Aug: 87% Sep: 87%	⚠️ Close to target, above baseline
87th Clinic Calls Answered	84%	90%	July: 73%, Aug: 74% Sep: 81%	⚠️ Slightly below target
NW Clinic Calls Answered	82%	90%	July: 72% Aug: 72% Sep: 72%	⚠️ Slightly below target
Provider Rating of Referral Process	2023-68%	75%	Sept '25: 64% *Excellent, Very Good, Good*	⚠️ No improvement
Patient Satisfaction (Referral Process)	67%	75%	63% *Excellent, Very Good, Good*	⚠️ No improvement

Overall Assessment
- **Areas Needing Attention**:
    - Patient referral call answer rates and call center responsiveness
    - Referral processing time remains above target.
    - Patient satisfaction and Provider Satisfaction has not improved.
    - Several departments are not meeting call answer rate targets.