



HealthPAC

Health Program of Alameda County

Quality Measurement and Improvement Plan

QUALITY IMPROVEMENT PROGRAM GOALS AND SCOPE

The purpose of the HealthPAC Quality Improvement (QI) Program, overseen by the Alameda County Health Care Services Agency (HCSA), is to objectively monitor and evaluate the quality, appropriateness, and outcome of care and services delivered to members of HealthPAC. The QI Program is structured to continuously pursue opportunities for improvement and problem resolution. Settings and types of care to examine are selected based on volume, opportunities for improvement, risk, and evidence of disparities.

The QI program is designed to ensure that:

- High quality, safe, and appropriate care that meets professionally recognized standards of practice is delivered to all enrollees.
- The plan promotes objective and systematic measurement, monitoring, and evaluation of services and implements quality improvement activities based upon the findings.
- Activities to improve processes by which care and services are delivered are developed, implemented, evaluated and reassessed.
- Quality of care problems are identified and corrected for all provider entities.
- Physicians and other appropriate licensed professionals are an integral part of the QI program.
- Appropriate care consistent with professionally recognized standards of practice is not withheld or delayed for any reason, such as potential financial gain or incentive to plan providers.
- The plan does not pressure institutions to grant privileges to health care providers that would not otherwise be granted.
- The plan does not pressure health care providers or institutions to render care beyond the scope of their training or experience.

The scope of the QI Program is comprehensive and encompasses major aspects of care and service in the HealthPAC delivery system, and the clinical/non-clinical issues that affect its membership. These include:

- Availability and access to care, clinical services, and care management.
- Cultural and linguistic issues
- Special needs populations such as persons with chronic conditions, homeless individuals, individuals with serious mental illness, the re-entry population, and others.
- Patient safety

- Member and Provider satisfaction
- Member and Provider education
- Continuity and coordination of care
- Utilization trends including over- and under-utilization
- Clinical practice guideline development, compliance, and revision
- Acute, chronic, and preventive care services for adults
- Primary, specialty, emergency, inpatient, and ancillary care services
- Case review of suspected instances of poor quality
- Credentialing and recredentialing activities

ORGANIZATIONAL STRUCTURE AND RESPONSIBILITY

Overview

HCSA is responsible for oversight of the QI program. The program will utilize and build upon existing quality assurance and improvement structures and activities already taking place among members of the Alameda County Safety Net Council. In addition, HCSA contracts with the Alameda Alliance for Health (Alliance) to perform certain quality management functions as articulated later in this document.

Alameda County Health Care Services Safety Net Council

The Safety Net Council is comprised of Health Care Services Agency leadership (director, finance director, HealthPAC administrator, Public Health Director, Public Health Officer, Behavioral Health Care Services Director and Medical Director); the Alameda Alliance for Health leadership (Chief Executive Officer, Medical Officer); ACMC leadership (Chief Executive Officer, Chief Strategy & Integration Officer, Chief Financial Officer); all HealthPAC clinic Chief Executive Officers; the Alameda Health Consortium Executive Director.

The Safety Net Council and its members provide executive level input and oversight into the HealthPAC Quality Improvement (QI) Program; however, the HCSA director is ultimately responsible for making decisions about the program. The Safety Net Council duties include:

- Annually review, update and approve the Quality Improvement Program description, defining the scope, objectives, activities, and structure of the program.
- Review annual QI report and evaluation of QI studies, activities, and data on utilization and quality of services.
- Assess QI program's effectiveness and direct modification of operations as indicated.
- Provide oversight and guidance of the work of the Clinical Quality Improvement Workgroup.
- Designate a member of senior management within their organizations that has the authority and responsibility for the overall operation of the quality improvement program within their organization.

HealthPAC Clinical Implementation Workgroup (CIWG)

The Clinical Implementation Workgroup is responsible for the development, implementation, oversight, and monitoring of quality improvement activities within HealthPAC with a focus on priority areas as identified by the Safety Net Council. This workgroup meets at least quarterly, and as often as needed, to follow-up on findings and required actions. This group includes key administrative and clinical staff members that represent the range of providers.

CIWG responsibilities include:

- Approve selection, design, and schedule for studies and improvement activities.
- Designs standards of care such as panel management standards, care management standards, and other best practice models.
- Review results of established quality measures, annual site visit assessments, and improvement and intervention activities.
- Provides on-going reporting to the Safety Net Council.
- Meets at least quarterly and maintains minutes of all committee meetings.
- Review member grievance and appeals information.
- Review utilization management results.
- Provides guidance to staff on quality management priorities and projects.
- Monitors progress in meeting quality improvement goals.
- Annually evaluates the effectiveness of the Quality Improvement Program.
- Review and approve QI policy and procedure revisions, and annual QI Program description, work plan, and evaluation.

HealthPAC Contract with the Alameda Alliance for Health

The County delegates responsibility for aspects of the Quality Improvement Program. The Alliance will perform the following quality measurement and monitoring functions for the HealthPAC program:

- Provide a representative to the CIWG,
- Credential participating providers,
- Quarterly reports on HEDIS-like quality measures,
- Provide ad-hoc quality reports as requested by HCSA and/or the CIWG,
- Provide reports on utilization trends, and
- Report on the number of grievances and appeals received, upheld and overturned.

Alameda County Behavioral Health Care Services

The Behavioral Health Care Services (BHCS) department of HCSA participates in the aforementioned groups with designated staff members and provides additional quality improvement data and support to the HealthPAC QI effort. BHCS performs the following functions:

- Ensure appropriate credentialing of specialty mental health participating providers;
- Quarterly reports on mutually identified measures;

- Provide ad-hoc quality reports as requested by HCSA and/or the QI,
- Provide reports on utilization trends, and
- Report on the number of grievances and appeals received, upheld and overturned

Alameda County Public Health Medical Officer

The Alameda County Public Health Medical Officer is a physician who is responsible for, and oversees the Quality Improvement Program. The Medical Officer provides leadership to the Quality Improvement Program through oversight of QI study design, development, and implementation. The Medical Officer makes periodic reports of committee activities, QI study and activity results, and the annual program evaluation to the Safety Net Council.

HealthPAC Quality Coordinator

The HealthPAC Quality Coordinator is a nurse and HCSA employee who coordinates the HealthPAC Quality Improvement Program. The HealthPAC Quality Coordinator conducts site visits, does assessments, collects data and presents information to the QI Workgroup. The HealthPAC Quality Coordinator works with the Workgroup to identify training needs at service delivery sites and provides hands on training to staff.

CONFIDENTIALITY AND CONFLICT OF INTEREST

All employees, contracted providers, and sub-contractors of the HealthPAC maintain the confidentiality of personally identifiable health information, medical records, peer review, internal and external, and internal electronic transmissions and quality improvement records. They will ensure that these records and information are not improperly disclosed, lost, altered, tampered with, destroyed, or misused in any manner. All information used in QI activities is maintained as confidential in compliance with applicable federal and state laws and regulations.

Access to member or provider-specific peer review and other QI information is restricted to individuals and/or committees responsible for these activities. Outside parties asking for information about QI activities must submit a written request to the Medical Officer. Release of all information will be in accordance with state and federal laws.

Committee members may not participate in the review of any case in which they have a direct professional, financial, or personal interest. It is each committee member's obligation to declare actual or potential conflicts of interest.

All QI meeting material and minutes are marked with the statement "Confidential". Copies of QI meeting documents and other QI data are maintained separately and secured to ensure strict confidentiality.

METHODS AND PROCESSES FOR QUALITY IMPROVEMENT

The Quality Improvement Program employs a systematic method for identifying opportunities for improvement and evaluating the results of interventions. All program activities are documented in writing and all quality studies are performed on any service or product for which it seems relevant.

Identification of Important Aspects of Care

HealthPAC uses several methods to identify aspects of care that are the focus of QI activities. Some studies are initiated based on performance measured as part of contractual requirements and member demographics, utilization patterns, and risk areas. Other studies are initiated based on analyses of the assessments performed during site visits. Population based information captured by the Public Health Department is also used to set priorities.

Data Sources

Data sources include, but are not limited, to the following:

- Claim and encounter submissions.
- Disease registry information.
- Credentialing, medical record review, and audit findings.
- Member and provider grievance and appeal data.
- Potential Quality Issue tracking/trending data.
- Other clinical or administrative data.
- Public health department population data.

Data Collection, Analysis, and Reporting

HealthPAC has the capability to design sound studies of clinical and service quality that produce meaningful data. Data collection and coordination activities are performed primarily through the Clinical Implementation Workgroup.

ACTIONS TAKEN AS RESULT OF QUALITY IMPROVEMENT ACTIVITIES

Action plans are developed and implemented when problems or opportunities for improvement are identified. Each corrective action plan specifies who or what is expected to change, the person responsible for implementing the change, the appropriate action, and when the action is to take place. Actions will be prioritized according to possible impact on the member or provider in terms of urgency and severity.

TYPES OF QI MEASURES AND ACTIVITIES

HEDIS-LIKE Measures

A subset of HEDIS- like (Health Effectiveness Data Information Set) as agreed upon by the CIWG are calculated and reported annually. Additional quality measures as defined by the HealthPAC implementation workgroup are also assessed and reported on annually.

Annual Site Assessments

The HealthPAC Quality Coordinator conducts annual site visits to all medical homes for HealthPAC. During the site visits the Coordinator conducts assessments of the clinics progress in meeting panel management and care management standards. From the assessment, the Coordinator develops a HealthPAC report summarizing the findings. From the findings the Clinical Implementation Workgroup develops a training plan.

Trainings

The HealthPAC Quality Coordinator and designated staff from behavioral health care services organize trainings each year that all of the providers in the network can participate in. At least four trainings are offered each year. The content of the trainings is developed based on the findings in the site visit assessments and with input from the CIWG. In addition, the HealthPAC Quality Coordinator provides site based trainings as needed.

Patient Safety and Quality of Care

The HealthPAC QI process incorporates several mechanisms to review incidents that pose potential risk or safety concerns for plan members. Quality of care and patient safety are monitored through review of the following:

- Complaint and grievance processes.
- Iatrogenic events reported on claims and encounter submissions.
- Concurrent review of inpatient admissions.
- Investigation of reported and/or identified potential quality of care issues.
- Credentialing and re-credentialing review of malpractice, license suspension registries, loss of hospital privileges.

Access and Availability

The QI Program monitors access and availability of care including member wait times and access to providers for routine, urgent, emergent, and preventive, specialty, and after-hour care. Access to health care is ensured by monitoring compliance with wait time standards for provider office appointments, telephone calls, and appointment availability. HCSA (including public health and behavioral health) and Alliance staff review the member complaints about access and make recommendations for intervention. The CIWG provides input into the recommendations and how to implement changes.

Disease Management and Practice Guidelines

Healthcare homes maintain responsibility for basic case management, including preventive health care and disease management. The QI Program includes a process to develop and/or adopt and update clinical practice guidelines that assist providers in the delivery of preventive, acute, and chronic care, and disease management. Approved guidelines are consistent with standards and recommendations of professional organizations, and/or scientific evidence, clinical trials, validated studies, or published reports

COMMUNICATION

The County's contracts with its providers foster open communication and cooperation with QI activities. Contract language specifically addresses:

- Provider cooperation with QI activities.
- Plan access to provider medical records to the extent permitted by state and federal law.
- Provider maintenance of medical record confidentiality.

- Open provider-patient communication about treatment alternatives for medically necessary or appropriate care.

Provider involvement in the QI program occurs through membership in standing and ad-hoc committees, and attendance at CIWG and Safety Net Council meetings. Providers and members may request copies of the QI program description, work plan, and annual evaluation. Provider participation is essential to the success of QI studies and those that focus on improving aspects of member care. Additionally, provider feedback on surveys and questionnaires is encouraged as a means of continuously improving the QI Program.

EVALUATION OF QUALITY IMPROVEMENT PROGRAM

The QIWG reviews a written evaluation of the overall effectiveness of the Quality Improvement program on an annual basis. The evaluation includes, at a minimum:

- Changes in staffing, reorganization, structure, or scope of the program during the year.
- Resources allocated to support the program.
- Comparison of results with goals and targets.
- Tracking and trending of key indicators.
- Description of completed and on-going QI activities.
- Analysis of the overall effectiveness of the program, including assessment of barriers or limitations.
- Recommendations for goals, targets, activities, or priorities in subsequent Quality Improvement Work Plan

The review and revision of the program may be conducted more frequently as deemed appropriate by the QIWG, Medical Officer, Director of Health Care Services Agency, or Safety Net Council. The CIWG's recommendations for revision are incorporated into the Quality Improvement Program description, as appropriate, which is reviewed by the Safety Net Council and submitted to DHCS on an annual basis.

ANNUAL WORK PLAN

A Quality Improvement Work Plan is received and approved annually by the Safety Net Council. The work plan describes the quality management goals and objectives, planned projects, and activities for the year, including continued follow-up on previously identified quality issues, and a mechanism for adding new activities to the plan as the need is identified. The work plan delineates the responsible party and the time frame in which planned activities will be implemented.

QI DOCUMENTS

In addition to this program description, the annual evaluation and work plan, other additional documents important in communicating QI policies and procedures are:

- The contracts provide detail about the expectations of each partners roles and responsibilities.
- The "HealthPAC Plan" provides information about eligibility, scope of services, and general responsibilities of each partner.

- The "HealthPAC operations manual" documents policies and procedures under the Alameda County HealthPAC.
- Monthly e-mail blasts to the HealthPAC providers will give program updates.

These documents, or summaries of the documents, are available upon request to providers, members, and community partners.