

Capital Health

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Behavioral Health

Quality Improvement 2018 Program Description Commercial and Medicare

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CAPITAL HEALTH PLAN
2018 Behavioral Health Quality Improvement Program Description

INTRODUCTION	Page 3
SCOPE	Page 4
QUALITY IMPROVEMENT PROGRAM OBJECTIVES	Page 4
QUALITY IMPROVEMENT PROGRAM GOALS	Page 4 - 5
ACCOUNTABILITY OF THE GOVERNING BODY	Page 6
ACCOUNTABILITY OF QUALITY COMMITTEES	Page 6
QUALITY COMMITTEES: MEETING/ DECISION-MAKING PROCEDURES	Page 6
ACCOUNTABILITY OF KEY CHP MANAGERS	Page 6
CONFIDENTIALITY OF MEMBER INFORMATION	Page 7
QI PERFORMANCE INDICATORS/ACTIVITIES	Page 8
CARE FOR MEMBERS WITH COMPLEX HEALTH NEEDS	Page 8
CONTINUITY/COORDINATION OF CARE	Page 8
ADVERSE INCIDENTS AND QUALITY OF CARE ISSUES	Page 8
USE OF EXTERNAL CONSULTANTS	Page 8
DELEGATION	Page 8
REGULATORY AND ACCREDITING BODIES	Page 9
ANNUAL QI PLAN EVALUATION	Page 9
CHP QUALITY COMMITTEES	Page 9 – 10

INTRODUCTION

Capital Health Plan (CHP) strives to provide the people in Leon and surrounding counties (a seven county area of northern Florida) with high quality, affordable behavioral health care that: 1) focuses on delivery of evidence-based care provided by competent licensed behavioral health (BH) practitioners in an effective, timely and cost-effective manner 2) emphasizes low administrative costs and ethical business practices 3) is proactive and innovative in its quest to continually improve the health of the community. CHP incorporates this Quality Improvement (QI) Program as an integral part of its operation.

The Health Plan, a not for profit corporation, was incorporated in 1978. The first members were enrolled in 1982. The Plan operates in the service area of Leon and the surrounding counties of Jefferson, Wakulla, Gadsden, Calhoun, Liberty and Franklin. Capital Health Plan provides comprehensive health benefit coverage through an integrated health care delivery system to Commercial groups including Federal and Florida State Government employees, other large groups, small employers, and non-group enrollees. Medicare Advantage Part C and D services are provided through retiree and individual Medicare Advantage Part D (MAPD) plans for Medicare beneficiaries.

NETWORK

CHP's behavioral health network includes the following behavioral health and substance abuse treatment professionals:

- Psychiatrists
- Licensed psychologists
- Licensed marriage and family therapists
- Licensed professional counselors
- Nurse Practitioners
- State Certified Drug and Alcohol Counselors
- Licensed Clinical Social Workers
- Speech Therapists
- Physical Therapists
- Occupational Therapists

Care is delivered in a variety of settings including:

- Outpatient offices
- Hospitals (including general hospitals and private psychiatric hospitals)
- Partial hospital programs
- Residential treatment facilities
- Outpatient substance abuse programs
- Other community-based behavioral health programs
- Intensive outpatient therapy programs
- Outpatient rehabilitative facilities
- Other community based rehabilitation programs

QUALITY IMPROVEMENT PROGRAM SCOPE

QI activities address acute and chronic psychiatric and substance-abuse disorders as addressed in the most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) of the American Psychiatric Association. The QI program addresses the major treatments, interventions, and diagnostic modalities currently utilized by behavioral health practitioners:

- ◆ Psychiatric evaluation
- ◆ Pharmacotherapy
- ◆ Psychotherapy
- ◆ Group therapy
- ◆ Cognitive behavioral therapy
- ◆ Psychological testing

Clinical programs, including objectives for serving members with special healthcare needs to include severe and persistent mental illness, are further described in program documents specific to each. Annual screening for depression is incorporated in each program. The programs include:

- ◆ Chronic care improvement program
- ◆ Complex case management
- ◆ Disease management and health management programs

QUALITY IMPROVEMENT PROGRAM OBJECTIVES

The purpose of the CHP Behavioral Health (BH) QI Program is to systematically monitor and evaluate the provision of behavioral healthcare services and the impact of these services on improved member outcomes. CHP uses data analysis to develop measurable interventions designed to improve member care and services. QI interventions are implemented with the target outcomes of increased member safety, improved functional outcomes, and increased satisfaction with services. The BH Program Description outlines the structure, processes, responsibilities, objectives, goals and initiatives involved in the QI program.

The QI program structure:

- ◆ Promotes education and information sharing throughout the organization to create and maintain a culture of service and performance excellence
- ◆ Develops and monitors key indicators of clinical and service quality, which reflect the needs of members, practitioners, providers and payers, accreditation agencies and regulatory bodies
- ◆ Identifies performance thresholds, goals and benchmarks for identified process and performance measures
- ◆ Develops targeted improvement plans for any area not meeting performance expectations

QUALITY IMPROVEMENT GOALS

CLINICAL BEHAVIORAL HEALTHCARE

- ◆ Promote recovery from mental illness through excellent member care and management
- ◆ Promote member recovery and resiliency to support improved healthcare outcomes
- ◆ Produce actionable, valid and reliable data to drive decision-making resulting in improved care
- ◆ Achieve scores on HEDIS clinical BH measures that demonstrate national leadership with scores that meet or exceed the 90th national percentile.
- ◆ Promote evidence-based clinical practice within the behavioral health network.
- ◆ Improve the mental health status of members through preventive/wellness activities, disease management, and case management.
- ◆ Coordinate clinical care to ensure seamless delivery of healthcare services across the medical and behavioral health networks.
- ◆ Create incentives which align goals of the health plan, behavioral health practitioners, and health plan staff.

MEMBER/PRACTITIONER SATISFACTION

- ◆ Improve member and provider satisfaction with CHP's network BH services.
- ◆ Achieve and maintain scores for CAHPS member satisfaction with behavioral health measures that meet or exceed the 90th national percentile.
- ◆ Improve BH services by addressing issues identified through CHP's Member Satisfaction with Behavioral Health survey.
- ◆ Maintain optimal practitioner satisfaction by addressing issues identified through CHP's annual BH practitioner satisfaction survey, and the PCP satisfaction with BH survey.

ACCESS AND AVAILABILITY TO CARE AND SERVICES

- ◆ Maintain affordability of CHP's products.
- ◆ Maintain adequate access to behavioral health care for urgent care, non-life threatening emergencies, and routine care.
- ◆ Continually improve member access to behavioral health services, with particular emphasis on vulnerable and special need populations.
- ◆ Strive to meet member expectations by achieving access and availability targets.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

- ◆ Evaluate cultural needs of members including race, ethnicity and language; implement interventions to improve the availability of services when improvement opportunities are identified.
- ◆ Promote care given with understanding of, and respect for, the member's health related beliefs and cultural values.
- ◆ Ensure that BH practitioners respect health related beliefs, interpersonal communication styles and attitudes of the members, families and communities they serve.
- ◆ Maintain compliance with Affordable Care Act; Section 1557 (took effect in 2016).

PATIENT SAFETY

- ◆ Monitor and implement interventions to improve performance on HEDIS patient safety BH measures.
- ◆ Monitor and address adverse events, medication errors, adverse drug events and quality of care issues related to BH services through incident reporting, analysis and interventions.
- ◆ Conduct reporting of BH patient safety data according to applicable state and federal regulations.
- ◆ Implement interventions to ensure safety at CHP facilities through the CHP Safety Committee.

QUALITY IMPROVEMENT/ ACCREDITATION

- ◆ Maintain NCQA "Excellent" Accreditation.
- ◆ Maintain compliance with state and federal regulations related to BH and quality improvement.
- ◆ Implement QI initiatives according to priorities outlined in the 2018 QI Workplan:
 - Priority 1 improvement opportunities: implement new interventions, or enhance current QI initiatives
 - Priority 2 improvement opportunities: monitor and/or enhance current QI initiatives
 - Priority 3 improvement opportunities: monitor and/or maintain current QI initiatives
- ◆ Integrate quality improvement (QI) processes throughout Capital Health Plan and its behavioral health delivery system, striving to integrate QI at every level of the organization.
- ◆ Integrate procedures for monitoring and ensuring compliance with accreditation standards related to BH to departments that provide the specified services. Maintain overall oversight monitoring procedures to ensure that CHP achieves the highest accreditation scores possible that will contribute to optimal national ratings.
- ◆ Integrate procedures for monitoring and ensuring compliance with CMS and other regulatory requirements related to BH and health plan quality programs.
- ◆ Allocate and distribute resources necessary to support BH QI initiatives.
- ◆ Integrate enrollee feedback into the design of the BH QI program through analysis of member satisfaction and complaint data.
- ◆ Set performance targets based on the national 90th percentile for measures when available
- ◆ Expand and standardize quality measurement and reporting capabilities through the behavioral health network.
- ◆ Develop the capability to conduct a virtual on-site NCQA survey.

- ◆ Develop the capability to submit HEDIS data electronically (new ECDS measures).
- ◆ Develop procedures to provide timely and accurate HEDIS member level data available for QI interventions.

ACCOUNTABILITY OF THE GOVERNING BODY

The Capital Health Plan Board of Directors maintains the ultimate accountability for the QI program. The Healthcare Delivery Committee, a committee of the Board, provides direct oversight to the QI program through quarterly review of QI program activities. This Board committee reports directly to the Board of Directors.

ACCOUNTABILITY OF QUALITY COMMITTEES

Capital Health Plan's QI committee structure supports the implementation of the Behavioral Health QI program. The Board of Directors and Health Delivery Committee have delegated the direct responsibility and authority for QI Program oversight to the Plan's Quality Improvement Management Team (QIMT). The Quality Improvement Management Team consists of key CHP senior managers and associate medical directors. QIMT relies on the following committees to oversee specific aspects of the BH QI program:

- ◆ The Quality Improvement Committee (QIC) coordinates, and provides oversight to clinical improvement activities. A CHP network psychiatrist participates on the QIC, and provides knowledge and expertise related to behavioral health care and services.
- ◆ The Medication Management Committee coordinates pharmacy QI activities and safe medication practices, and provides oversight for the formulary and delegated procedures. A CHP network psychiatrist participates on the committee, and contributes knowledge and expertise specific to BH medications.
- ◆ The Pharmacy Continuous Quality Improvement Committee reviews pharmacy data and information about medication quality-related events that occur within CHP health centers.
- ◆ Credentials Committee: reviews practitioner/provider information during initial credentialing/recredentialing; makes approval decisions, or recommendations for adverse decisions related to network participation.
- ◆ Compliance Committee: provides oversight for CHP's Compliance and HIPAA programs.

QUALITY COMMITTEES: MEETING/DECISION-MAKING PROCEDURES

- ◆ Quality committees meet according to their planned schedule unless the chairperson cancels or reschedules a meeting, or the committee does not have a quorum for a specific meeting.
- ◆ A quorum for a meeting is met when the minimum of 50% of the committee members are present.
- ◆ Quality committees document the outcome of their meetings through meeting minutes. Committee members are offered the opportunity to review and suggest revisions to meeting minutes. The chairperson of each committee signs final meeting minutes to attest to committee acceptance of the minutes. All committee documentation is marked "confidential records for quality and/or peer review".
- ◆ Decision-making procedures:
 - ◆ Each committee defines which members are eligible to vote. Each eligible committee member is entitled to one vote per decision.
 - ◆ Decisions are made by majority vote.
- ◆ Credentials Committee - decision-making procedures:
 - ◆ Each committee member reviews a checklist for practitioners and/or providers that have not been approved by an Associate Medical Director. The checklist that the committee reviews outlines compliance with each credentialing or recredentialing requirement.
 - ◆ The committee reviews and evaluates information and discusses issues of concern before making a decision. The committee makes approval decisions related to initial credentialing and recredentialing. The committee may make a recommendation to the CHP Senior Management Team for an adverse decision related to network participation. In this case, the Senior Management Team would make a final decision.

ACCOUNTABILITY OF KEY CHP MANAGERS

The Chief Executive Officer (CEO) has the ultimate responsibility for the overall coordination and direction of the BH QI program. The CEO's active participation in QIMT ensures that the Plan's service and clinical improvement initiatives receive appropriate integration and linkage to CHP's strategic planning and budgeting processes, including allocation of financial and human resources for QI initiatives.

- ◆ The CHP Board of Directors and CEO have designated the CHP Chief Medical Officer (CMO) as the chief physician responsible for the medical aspects of the QI program. The CMO works to integrate and implement QI activities collaboratively with network BH practitioners and providers.
- ◆ The Past President of the Medical Staff chairs the Quality Improvement Committee, and participates on the Medication Management Committee. An Associate Medical Director participates on the Credentials Committee, and works together with the CMO to integrate and implement QI activities collaboratively with network practitioners.
- ◆ CHP engages local network behavioral health (BH) practitioners to participate in the BH QI program. These experts provide oversight in specific aspects of the QI program.
 - A psychiatrist is involved with the quality aspects of the QI program, and participates on the QI Committee. He is involved with the development and maintenance of BH clinical practice guidelines and procedures, BH quality improvement initiatives, and monitoring of BH clinical practices.
 - A psychiatrist and a PhD psychologist are involved with the utilization management and pharmacy aspects of the QI program. They participate on CHP's UM and Pharmacy Committees. They are involved with the development and maintenance of BH UM criteria, UM decision-making procedures, and formulary management related to BH medications.
- ◆ The Senior Vice-President of Clinical Operations and Quality Improvement is an active member of QIMT, and is responsible for assuring that quality outcomes support the strategic initiatives of the Plan. The Senior Vice-President is responsible for reporting BH QI activities to the Board of Directors and providing feedback to the QIMT and QIC committees.
- ◆ The Senior Vice-President of Marketing and Administrative Services participates as a member of QIMT. The Senior Vice-President is responsible for communicating BH quality improvement activities to CHP's members through newsletters, member handbooks and other informational program materials. This Senior Vice-President provides oversight over benefit development/maintenance procedures, and develops member educational programs.
- ◆ The Director of Quality Improvement leads and coordinates the BH quality improvement program, and is responsible for the day-to-day operation of the program. The Director develops data collection tools, then collects, analyzes and presents quality data to internal and external audiences to identify and monitor improvement activities. The Director provides expertise in QI tools and methods to teach and facilitate a culture of quality improvement at CHP. The Director is accountable for the administration of the HEDIS, and CAHPS national performance measurement programs. The Director is accountable to ensure that CHP maintains compliance with NCQA, and regulatory standards related to BH quality improvement programs.
- ◆ The Compliance Officer is accountable for CHP's Compliance program. The Compliance Officer also functions as CHP's HIPAA Privacy Officer and Risk Manager (meeting State of Florida Risk Management requirements related to clinical operations). The Vice-President of Information Systems is the designated HIPAA Security Officer. The two HIPAA officials work in partnership to provide leadership and coordination for CHP's HIPAA privacy and security program.

CONFIDENTIALITY OF MEMBER INFORMATION

Capital Health Plan is governed by a comprehensive confidentiality policy. All employees are provided a copy of this policy upon hire and are required to review and adhere to its mandates as a condition of employment. CHP complies with the requirements of HIPAA and all staff is trained in HIPAA regulations and the need to protect members' confidential protected health information (PHI). CHP requires all employees, committee members and board members to sign a statement that they understand their responsibility to preserve confidentiality. Behavioral health QI activities and related committee documents and data are privileged and confidential information. QIC minutes may be reviewed by outside entities as required by accreditation or regulatory requirements. However minutes and related documents are distributed only to staff members directly involved in specific QI or UM activities or processes. All printed documents except originals are destroyed after the committee meeting and related documents and data are maintained in a secured area. All members and staff are required to review and sign a confidentiality agreement annually.

QUALITY IMPROVEMENT PERFORMANCE INDICATORS/ ACTIVITIES

A number of performance indicators and activities exist to support the goals of the QI Program. They are evaluated and prioritized annually based on:

- ◆ Recommendations from the previous year's QI Program Evaluation
- ◆ Capital Health Plan's Strategic Plan
- ◆ HEDIS data analyzed at the health plan level, staff vs. affiliates, and individual physicians.
- ◆ CAHPS member satisfaction data; CHP member satisfaction with behavioral health survey results
- ◆ BH practitioner satisfaction, and PCP satisfaction with BH survey data
- ◆ Member complaint and grievance data related to behavioral health services
- ◆ Analysis of clinical data, health risks, claims, demographic, race/ethnicity and language data
- ◆ Performance data from quality indicators and results of accreditation/regulatory surveys
- ◆ Clinical and service improvement activities
- ◆ Care coordination data and indicators
- ◆ Risk management and patient safety data
- ◆ Disease and case management program indicators
- ◆ Wellness and health promotion indicators
- ◆ Confidentiality/HIPAA indicators
- ◆ BH practitioner quality review and utilization management data

CARE FOR MEMBERS WITH COMPLEX HEALTH NEEDS

The CHP Case Management Program works with members with complex health needs to arrange and coordinate care and services. Members identified for the program include those with multiple chronic medical and/or BH conditions, physical or developmental disabilities, and members with severe mental illnesses. Case managers assess their needs, and provide interventions up to and including complex case management.

CHP's Center for Chronic Care provides a comprehensive teamwork approach to the medical care of members with chronic and complex medical and/or BH conditions. The Center's physicians and staff work with members to support the physical, social and emotional aspects of chronic illness to achieve optimal clinical outcomes.

CONTINUITY/COORDINATION OF CARE

CHP monitors and analyzes data on an ongoing basis to ensure that members receive seamless, continuous and appropriate care. Specific indicators are routinely monitored that evaluate communication between medical and behavioral health services. The use of BH pharmacological medications is also routinely evaluated. Opportunities for improvement in the continuity and coordination of care are identified and addressed on an ongoing basis.

ADVERSE INCIDENTS AND QUALITY OF CARE ISSUES

The review and trending of adverse incidents (including adverse drug events and medication errors) and quality of care issues provides information on potential problems requiring further investigation. Investigation of individual events and trends in adverse incidents/quality of care issues are used to detect potential unsafe/ineffective treatments. Results from this activity may lead to interventions such as quality improvement activities, changes in policies, or clinical practice guidelines. Quality of care issues that are related to individual physicians are incorporated into recertification decisions.

USE OF EXTERNAL CONSULTANTS

CHP utilizes external board certified physician consultants to review and evaluate potential quality of care issues.

DELEGATION

Capital Health Plan delegates the following functions:

- ◆ Primary source verification for Credentialing of behavioral health practitioners is delegated to Med Advantage, Inc., an NCQA certified CVO (credentials verification organization).
- ◆ Web-based pharmacy claims and benefit information for all members with a pharmacy benefit are delegated to Prime Therapeutics, a pharmacy benefit management organization. Formulary development and maintenance, pharmacy utilization management criteria and determinations are also delegated to Prime Therapeutics.
- ◆ CHP provides member experience and/or clinical performance data as part of delegation agreements, if requested by the delegate. CHP provides a report with trended data results that are specific to the performance of the delegate.

REGULATORY AND ACCREDITING BODIES

Capital Health Plan maintains compliance with all regulatory and accrediting bodies overseeing managed care organizations. These regulatory/accrediting bodies include the following:

- ◆ National Committee for Quality Assurance (NCQA) – accreditation organization
- ◆ Florida Department of Health/ Agency for Healthcare Administration (AHCA)
- ◆ Office of Insurance Regulation

Compliance with these agencies includes, but is not limited to the following:

- ◆ Participating and coordinating quality/clinical site visits and inquiries by government regulatory agencies.
- ◆ Partnering with CHP’s Compliance Program to implement and monitor compliance with new and existing HIPAA regulations.
- ◆ Preparing and submitting required regulatory reports and filings in a timely manner.
- ◆ Achieving minimum performance levels or above as required.

ANNUAL QI PLAN EVALUATION

The effectiveness of CHP’s BH quality improvement program is evaluated by an annual evaluation of initiatives and measurement results for clinical, service, access, availability, continuity and utilization measures. The health plan’s achievements and improvement opportunities are identified through the annual QI evaluation process.

CHP Quality Committees

Committee	Objectives	Membership
<p>Quality Improvement Management Team (QIMT)</p> <p>Meets minimum of 10 times per year.</p>	<ul style="list-style-type: none"> • Review and approve the BH QI program documents on an annual basis (program descriptions, work plans and program evaluations). • Review and approve the Utilization Management program documents on an annual basis (program descriptions, work plans and program evaluations). • Assess and ensure progress toward annual BH QI and Utilization Management goals. • Integrate the BH QI Program with strategic initiatives and budgeting processes. • Monitor and promote continual improvement in member and practitioner satisfaction with BH services. • Monitor and promote continual improvement in BH practitioner access and availability of services. • Monitor and ensure compliance with accreditation and regulatory bodies related to BH services. • Prioritize, select and provide oversight to BH service quality initiatives, including risk management, patient safety and language/diversity activities. 	<ul style="list-style-type: none"> • CEO • Vice-Presidents • Chief Medical Officer • Medical Director
<p>Quality Improvement Committee (QIC)</p> <p>Meets minimum of 4 times per year.</p>	<ul style="list-style-type: none"> • Review BH QI program documents (program descriptions, work plans, program evaluations and quarterly reports) on an annual basis. • Prioritize, select and monitor BH quality initiatives, including clinical, service and patient safety. • Provide clinical expertise, feedback and analysis for BH clinical performance indicators and quality activities. • Review and approve BH clinical practice guidelines and preventive health guidelines at least every other year (according to established schedules). 	<ul style="list-style-type: none"> • Past President of Medical Staff 2016 • Chief Medical Officer • Medical Directors • Practicing Network Physicians • Psychiatrist • Senior Vice President and Director, QI • CHP staff

Committee	Objectives	Membership
<p>Compliance Committee</p> <p>Meets minimum of 4 times per year, more often as needed.</p>	<ul style="list-style-type: none"> • Review and approve policies, procedures and practices related to compliance and HIPAA regulations. • Provide oversight for CHP's compliance and HIPAA programs. 	<ul style="list-style-type: none"> • Compliance Officer • Chief Executive Officer • Chief Medical Officer • Senior Vice President • Controller • Directors
<p>CHP Safety Committee</p>	<ul style="list-style-type: none"> • Review and approve policies, procedures and practices related to the safety within CHP facilities. • Provide oversight for the implementation of safety procedures. • Review incident reports regarding safety issues and recommend/approve solutions. 	<ul style="list-style-type: none"> • IT Security Administrator • Sr. Vice President • Facilities Manager • Nursing Director • CHP Staff
<p>Medication Management Committee</p> <p>Meets minimum of 6 times per year, more often as needed.</p>	<ul style="list-style-type: none"> • Monitor compliance with accreditation and regulatory requirements related to BH services. • Review and approve pharmacy policies and procedures on an annual basis. • Review and approve utilization and clinical criteria pertaining to BH medication use. • Review and approve updates and changes to the commercial formulary. • Monitor and promote continual improvement in safe medication practices. • Develop interventions to improve performance measures related to BH medication use. • Collaborate with the pharmacy benefit management company (PBM) to resolve benefit and quality issues. • Review and analyze routine reports from the PBM; review and provide oversight over delegated functions. 	<ul style="list-style-type: none"> • Chief Medical Officer • Medical Director • Pharmacist • Practicing Physicians • Psychiatrist • CHP Staff
<p>Pharmacy Continuous Quality Improvement Committee</p> <p>Meets 4 times per year.</p>	<ul style="list-style-type: none"> • Review pharmacy data and information about BH medication errors and quality-related events that occur within CHP medical centers. • Recommend improvement interventions as appropriate. 	<ul style="list-style-type: none"> • Medical Director • Practicing Physicians • Pharmacist • Vice President • CHP Nurses
<p>Credentials Committee</p> <p>Meets minimum of 4 times during each calendar year, more often as needed.</p>	<ul style="list-style-type: none"> • Review and approve BH practitioners and providers into the CHP network based on specific credentialing/recredentialing criteria. • Review and make recommendations for adverse decisions to the Senior Management Team. • Review and approve credentialing criteria, and policies and procedures on at least an annual basis. • Review and approve delegate credentialing policies and procedures on an annual basis. • Review and analyze delegate quarterly and annual credentialing reports; provide oversight over delegated functions in credentialing. 	<ul style="list-style-type: none"> • Medical Director • Practicing Network Physicians • Manager, Network Services

Commercial 2018 QI Work Plan

	<u>#1 Priority Measures</u>	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
1	*Adolescent Immunizations (HEDIS: combo 2)	80.8%	50th	HEDIS 2018: added two dose HPV series. Measure added to Accreditation for 2018. Report available on Connect and on the EHR Dashboard. Network News articles. CHP staff practices are following up to schedule patients needing vaccines. NNT to rating of 5: 97
2	Childhood Immunization Status (HEDIS: Combo 10)	63.0%	75th	Change in technical specifications for HEDIS 2017. NNT to 5: 16
3	Statin Adherence for Patients with Diabetes (HEDIS)	59.6%	10th	Measure added to Accreditation and NCQA ratings for 2018. Report available on CHP Connect and EHR defining members who are in danger of becoming non-adherent. Network News article 1 st quarter. Implemented a pilot program in 2017 offering a one year supply of generic statins for \$20 for the Commercial population through mail-order; will re-evaluate this option for 2018. NNT to 5: 256
4	Statin Adherence for Patients with Cardiac Disease (HEDIS)	65.7%	10th	Measure added to Accreditation and NCQA ratings for 2018. Report available on CHP Connect and EHR defining members who are in danger of becoming non-adherent. If a member receives a prescription for a one year supply as described above, the prescription will fill. NNT to 5: 49
5	Plan All Cause Readmissions (HEDIS – low score is better)	7.7%	50th	Change in technical specifications for HEDIS 2017. TPCA practices monitor hospital discharges, and schedule PCP visits within 7 days. Measure is identified as high priority because the 2017 results are very close to reaching the 75 th % (rating of 4). NNT to 5: 2
6	Non-recommended Cervical CA Screening (HEDIS: low score better)	1.8%	25th	Change in technical specifications for HEDIS 2017. HP staff is contacting the physicians who have completed PAP testing on women in this age group asking the reasons for completing PAP testing. The intent is to provide education to the physicians that this testing is not recommended. Annual Network News article. NNT to 5: 45
7	Appropriate Testing for Children w/ Pharyngitis (HEDIS)	87.8%	50th	Change in technical specifications for HEDIS 2017. Rx benefit required. Member gap reports available on CHP Connect identifying children who need a well child visit. Measure is identified as high priority because the 2017 results are very close to reaching the 75 th % (rating of 4). NNT to 5: 17
8	Use of Imaging Studies for Low Back Pain (HEDIS)	70.1%	25th	HEDIS 2018: Added physical therapy and Telehealth visits when identifying members with low back pain in the event/diagnosis criteria. Added exclusions. Communicate with staff physicians about this topic. NNT to 5: 236
9	Flu Shots for Adults (CAHPS)	45.8%	25th	Plan to hold Flu clinics for members of staff practices in 2018.

Commercial 2018 QI Work Plan

	#1 Priority Measures	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
10	Breast Cancer Screening (HEDIS)	80.4%	90th	0.6% over rating of 5. Measure is barely at the 90 th national percentile; need to continue to monitor and maintain the rating of 5. HEDIS 2018: diagnostic screenings are included in the measure; added digital breast tomosynthesis.
11	Pharm. Mgt of COPD – Bronchodilators (HEDIS)	73.8%	25th	Change in technical specifications for HEDIS 2017; trend with caution to previous years. Rx benefit required. Same interventions as the COPD steroid measure above. NNT to 5: 4
12	Pharm. Mgt of COPD – Corticosteroids (HEDIS)	57.1%	5th	Change in technical specifications for HEDIS 2017; trend with caution to previous years. Rx benefit required. HP staff reviewing all discharges with COPD as primary diagnosis. Chart reviews completed. If COPD is not the primary diagnosis, working with TMH medical record staff to restack the claims. If COPD is the primary diagnosis, phone call by HP staff to each patient who is not filling assessing the reasons for not filling. Works with member to either get meds filled or to offer a prescription at \$0 copayment (Commercial only) to get the medication. NNT to 5: 10
13	Asthma Medication 75% Compliance (HEDIS)	36.2%	<5th	Rx benefit required. Monitoring patient fill history. Gap report available on CHP Connect and EHR Dashboard. Monitor internal data and reach out to PCPs if members in danger of becoming non-adherent. Outreach to prescribers of patients filling Singular to write prescriptions for 90 day supply. Working with PCPs who offer samples of inhalers to obtain information to enter into the HEDIS supplemental data base. Annual Network News article. Plan for staff practices: staff will document non-compliance in EHR for follow-up by the PCP. NNT to 5: 74
14	Follow-up after Hosp. for Mental Illness-7 Day (HEDIS)	47.2%	25th	Change in technical specifications for HEDIS 2017. HEDIS 2018: Added telehealth visits; excluded visits on the day of discharge. NNT to 5: 54
15	First Line Psychological Care: Child & Adol.(HEDIS)	NA (50%)	NA (10 th)	Results not reported from 2015 - 2017 due to low denominator. Change in technical specifications for HEDIS 2017. Added telehealth visits for HEDIS 2018. HP staff monitoring children in population for adherence to measure.
16	Follow-up after ED Visit for Mental Illness (HEDIS)	NA	NA	% members with follow-up visit within 7 and 30 days after discharge. Includes telehealth visits. Network News article distributed in 2017.
17	Follow-up after ED Visit for AOD (HEDIS)	NA	NA	% members with follow-up visit within 7 and 30 days after discharge. Includes telehealth visits. Network News article distributed in 2017.
18	Healthcare Infection Rate (HEDIS)	NA	NA	Infection rates: central lines, urinary tract infections, MRSA, C. difficile
19	Use of Opioids at High Dosage (HEDIS)	NA	NA	The measure is expected to be included in future NCQA and CMS star ratings. Prime PBM Guided Health Program sends letters to physicians. Edits are in place for the total daily dose of MSO4.

Commercial 2018 QI Work Plan

	<u>#1 Priority Measures</u>	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
20	Use of Opioids from Multiple Providers (HEDIS)	NA	NA	The measures are expected to be included in future NCQA and CMS star ratings. Prime PBM Guided Health Program sends letters to physicians. Edits are in place for the total daily dose of MSO4.
21	Use of PHQ9 to Monitor Depression (HEDIS)	NA	NA	New voluntary ECDS (electronic clinical data systems) measure. CHP can only submit data from our staff practice EHR at the current time. Plan to evaluate current use of PHQ9 tool within the staff practices.
22	Depression Remission/ Response (HEDIS)	NA	NA	New ECDS measure implemented in 2017. Investigate current use of PHQ9 tool in staff practices.
23	Alcohol Screening & Follow-up (HEDIS)	NA	NA	% adults 18 and older screened for unhealthy alcohol use, and if screened positive, received follow-up care.
24	Pneumococcal Vaccinations for Older Adults (HED)	NA	NA	% adults 65 years and older who received recommended series of pneumococcal vaccines (PCV13 and PPSV23).
	<u>#2 Priority Measures</u>	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
25	Controlling High BP (HEDIS)	77.4%	90th	2.2% over rating of 5. Member level reports available on EHR and CHP Connect. CHP staff nurses have been re-educated on proper techniques of taking BP, and are rechecking BPs when results are out of control; BP posters are in CHP exam rooms. 2018: routine calls will be made to members to reschedule appointments when BP is out of control.
26	Comp Diabetes - BP Control (<140/90) (HEDIS)	78.6%	90th	2.1% over rating of 5. Same interventions listed under Controlling BP.
27	Well Child Visits – First 15 Months (HEDIS)	82.3%	50th	Member gap reports available on CHP Connect identifying children who need a well child visit. CHP receptionists will contact members needing to schedule a well child visit. NNT to 5: 61
28	Well Child Visits (HEDIS: ages 3-6)	84.9%	75th	Member gap reports available on CHP Connect identifying children who need a well child visit. CHP receptionists contact members needing to schedule a well child visit. NNT to 5: 109
29	Adolescent Well Care Visits (HEDIS)	56.5%	75th	Member gap reports available on CHP Connect identifying children who need a well child visit. NNT to 5: 1243
30	Avoidance of Antibiotics, Bronchitis (high # better) (HEDIS)	28.2%	50th	Change in technical specifications for HEDIS 2017; trend with caution to previous years. Rx benefit required. NNT to 5: 51

Commercial 2018 QI Work Plan

	#2 Priority Measures	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
31	Asthma Medication Ratio (HEDIS)	81.5%	50th	HP staff review medication refill data for the population, contact PCPs and/or members when necessary. NNT to 5: 12
32	Approp. Tx. for Children w/ Upper Resp. Infect. (HEDIS)	91.4%	50th	Change in technical specifications for HEDIS 2017; trend with caution to previous years. Rx benefit required. Report available on Connect. Network News article 1 st quarter during flu season. NNT to 5: 12
33	Comp Diabetes – Eye Exams (HEDIS)	62.3%	75th	CHP Eye Care staff contact and schedule appointments for members needing eye exams. CHP purchased a mobile camera in 2017 to conduct exams at network facilities. TPCA staff reviewed this population, and collected documentation for out of network eye exams. TPCA staff shared documentation with QI staff for use with HEDIS 2017-2019; data has been added to the HEDIS supplemental database. NNT to 5: 453
34	Cervical Cancer Screening (HEDIS)	79.3%	75th	NNT to 5: 668
35	Health Prom/ Education (CAHPS: % usually/always)	76.7%	50th	
36	Rating of Specialist (CAHPS: 9-10)	66.7%	50th	
37	Getting Needed Care (CAHPS: % usually/always)	89.4%	50th	Develop article for first quarter 2018 Healthline; on-hold message.
38	Getting Care Quickly (CAHPS: % usually/always)	89.3%	75th	2016 results: 91%. Work with new staff physicians to implement flexible scheduling in 2018. Develop article for first quarter 2018 Healthline; on-hold message. Measure is a Star Rating priority topic for 2018.
39	Rating of PCP (CAHPS: 9-10)	71.4%	75th	
40	Chlamydia Screening in Women (HEDIS)	62.6%	90th	0.6% over rating of 5. Measure is barely above the 90 th %, need to monitor to maintain the rating of 5.
41	Coordination of Care (CAHPS: % usually/ always)	80.1%	25th	This CAHPS composite measure is expected to be retired in the future.
42	Comp Diabetes – A1c <8 (HEDIS)	67.6%	90th	2.4% over rating of 5. Change in technical specifications for HEDIS 2017. Lab slips mailed to staff PCPs who opted into the program in September 2017. Will repeat the program in 2018 after data analysis completed.

Commercial 2018 QI Work Plan

	<u>#2 Priority Measures</u>	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
43	Child/Adol. BMI (HEDIS)	87.3%	90th	2.2% over rating of 5. BMI measure continues as Affiliate PCP incentive
	<u>#3 Priority Measures</u>	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
44	Alcohol Dependence (Initiation - HEDIS)	43.5%	90th	Change in technical specifications for HEDIS 2017. Measure added to Accreditation for 2018. Added telehealth visits for HEDIS 2018. HP following members in this population, and following up on compliance issues.
45	Claims Processing (CAHPS % us/always)	NA (95%)	NA (90 th)	Results not reported in 2017 due to low denominator.
46	Prenatal Care Visits (HEDIS)	97.1%	95th	2.1% over rating of 5.
47	Postpartum Care Visit (HEDIS)	92.4%	95th	4.9% over rating of 5.
48	Persistence of Beta Blocker Tx (HEDIS)	(NA) 96.6%	NA (95 th)	Results not reported in 2017 due to low denominator. Rx benefit required. HP staff follows fill history of patients in the population. Offering refills of beta blocker for one month copay if member in danger of becoming non-adherent. Working with non-network providers to obtain necessary prescription history and medication data such as NDC number, quantity dispensed etc. to add prescriptions to the supplemental data base.
49	Adult BMI Assessment (HEDIS)	95.0%	95th	3.3% over rating of 5.
50	Rating of Health Care (CAHPS: 9-10)	61.7%	95th	3.8% over 90 th %
51	Antidepressant Med Mgmt – Acute Phase Tx (HEDIS)	83.5%	95th	7.8% over rating of 5. Change in technical specifications for HEDIS 2017. Added telehealth visits for HEDIS 2018. HP staff follows this population, and follow up with physicians to correct diagnosis codes when necessary. Working with prescribers to encourage 90 day fills.

Commercial 2018 QI Work Plan

	#3 Priority Measures	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
52	Colorectal Cancer Screening (HEDIS)	82.7%	95th	Change in technical specifications for HEDIS 2017. Continue current screening procedures & follow-up.
53	ADHD-Initiation Tx. (HEDIS)	68.4%	95th	18.4% over rating of 5. Added telehealth visits for HEDIS 2018. HP staff sends letters and makes phone calls to the prescriber and /or PCP to get the 30 day follow-up visit scheduled.
54	Metabolic Monitoring for Children/Adol. (HEDIS)	66.7%	95th	20% over rating of 5. HP staff monitoring the population for obtaining necessary labs. HP staff sends letters to the treating physician and the PCP requesting the labs be completed. Lab slips are sent to members when appropriate.
55	Rating of Health Plan (CAHPS: 9-10)	65.8%	95th	14.1% over 90 th %
	Measures not Included in NCQA 2018 Ratings	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
56	Alcohol Dependence: Engagement (HEDIS)	9.8%	25th	HEDIS 2018: Added telehealth visits; increased treatment timeframe from 30 to 34 days.
57	Aspirin Use and Discussion (CAHPS)	43.1%	50th	Measure removed from the NCQA ratings for 2018. Educate staff PCPs
58	Smoking: Advising to Quit (CAHPS: % us/always)	NA (79%)	50th	Results not reported due to low denominator. Measure removed from Accreditation for 2018.
59	Children & Adolescents Access to PCP (HEDIS: age 7-11)	94.2%	50th	Continues as Affiliate incentive with the intent that during this visit, appropriate vaccines will be administered.
60	Antidepressant Med Mgmt – Cont. Tx (HEDIS)	55.8%	50th	Rx benefit required. Added telehealth visits for HEDIS 2018.
61	Customer Service (CAHPS % usually/always)	93.0%	75th	Measure removed from 2018 NCQA ratings. CHP reception and Member Services staff are asking member if their questions have been answered.

Commercial 2018 QI Work Plan

	Measures not Included in NCQA 2018 Ratings	2017 Results	2017 Natl %	Planned Improvement Activities/Comments
62	Adolescent Nutrition Counseling (HEDIS)	78.1%	75th	Practices are encouraged to submit applicable ICD-DM codes on claims.
63	Adolescent Counseling for Physical Activity (HED)	71.0%	75th	Practices are encouraged to submit applicable ICD-DM codes on claims.
64	ADHD – Cont. Tx (HEDIS)	53.1%	75th	Rx benefit required. Added telehealth visits for HEDIS 2018. This measure has a small denominator that causes variability in results.
65	Plan Information on Costs (CAHPS)	72.7%	95th	
66	Comp Diabetes – Nephropathy Monitoring (HEDIS)	93.9%	95th	Measure removed from Accreditation and NCQA ratings for 2018. Lab slips mailed to staff PCPs who opted into the program in September 2017. Will repeat the program in 2018 after data analysis completed.
67	Use of Multiple Antipsychotics in Child/ Adol (HEDIS: low score better)	2.8%	NA	Measure: % children/adolescents age 1-17 who are on two or more antipsychotic medications. HP staff monitors the population of members

Color Coding to Prioritize Initiatives for 2018:

Gold Star Initiatives: top priority initiatives for 2018.

Begin initiatives to address new measures.

Continue current initiatives that are in place, or plan new intervention for 2018.

Report date: 11/8/2017 C. Glush