

Capital Health

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Commercial Medical Quality Improvement Program Description

2018

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CAPITAL HEALTH PLAN

Commercial 2018 Medical Quality Improvement Program Description

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INTRODUCTION

The purpose of Capital Health Plan (CHP) is to provide the people in Leon and surrounding counties (a seven county area of northern Florida) with high quality, affordable health care that: 1) focuses on delivery of evidence-based medical care under the direction of primary care physicians 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 serves the service area of Leon and the surrounding counties of Jefferson, Wakulla, Gadsden, Calhoun, Liberty and Franklin. The Commercial membership as of October 1, 2017 is 113,300. The most recent demographic information from the 2017 NCQA CAHPS Member Satisfaction Survey indicates that 74.6% of the CHP Commercial population is Caucasian, 21.3% is African American, 1.6% is Asian, 0.2% is American Indian or Alaska Native and 2.3% are in the Other category. 4% of members are of Hispanic/Latino ethnicity. There is not a significant non-English speaking population in the network of Commercial members; 97.9% speak English as their main language at home. The Commercial population is 64% female and 36% male.

There are currently 573 practitioners in the CHP network; 166 are primary care physicians (PCPs) and 407 are physician specialists. The PCPs include 95 family physicians, 25 pediatricians, and 46 internal medicine physicians. CHP employs 22 PCPs, 1 radiologist, 5 Urgent Care physicians and 8 optometrists. Tallahassee Memorial Hospital also employs 38 PCPs; 11 in the Family Practice Residency Program, 11 in the Internal Medicine Residency Program and 16 are in small practices that operate primarily in rural areas. The remaining PCPs practice in affiliated small groups practices (1-10 practitioners). In accordance with State of Florida law, patients have direct access to podiatrists, chiropractors, dermatologists, and gynecologists for well woman care.

SCOPE

Capital Health Plan provides comprehensive health benefit coverage through an integrated health care delivery system to Federal and Florida State Government employees, large and small commercial employers, and non-group enrollees.

CHP provides inpatient hospital services through 3 primary hospitals. 10 outpatient facilities provide home health and hospice services; 11 skilled nursing facilities provide extended care/rehabilitation services. 11 outpatient facilities provide rehabilitation therapy and durable medical equipment services, and the network has 10 outpatient surgical facilities and 5 dialysis centers.

The following health plan activities are included in the scope of CHP's Commercial QI program:

- ◆ Clinical/service quality
- ◆ Patient safety/risk management
- ◆ Physician and hospital quality
- ◆ Pharmacy management and medication safety
- ◆ Credentialing and recredentialing
- ◆ Utilization management
- ◆ Access and availability to healthcare services
- ◆ Culturally and linguistically appropriate services
- ◆ Continuity and coordination of care
- ◆ Chronic care improvement program
- ◆ Complex case management
- ◆ Disease management and health management programs
- ◆ Wellness program and activities
- ◆ Member connections
- ◆ Delegation monitoring and oversight
- ◆ Member rights and responsibilities
- ◆ Privacy and confidentiality

QUALITY IMPROVEMENT PROGRAM OBJECTIVES

CHP strives to continually improve health care services by pursuing the Institute of Healthcare Improvement's 'Triple Aim,' improving the experience of care, improving the health of populations, and reducing per capita costs of health care. These improvement activities are consistent with the National Strategy for Quality Improvement in Health Care in the Report to the United States Congress in March, 2011.

Quality improvement initiatives that support The Triple Aim and the National QI Strategy will include integration of health care systems of care, redesign of primary care services and structures, population health management and improvements to financial management systems. CHP's staff practices will continue to develop a primary care 'medical home' model to ensure that health care services are safe, patient-centered, timely, effective and efficient. Measurement systems and improvement initiatives will be implemented to continually improve culturally and linguistically appropriate services, ensuring that the health care delivered is equitable for all patients.

VISION OF QUALITY FOR CAPITAL HEALTH PLAN

CHP will maintain a reputation as a local, state and national leader in quality of care and service through:

- ◆ Industry-leading benchmark performance on clinical outcome measures
- ◆ Industry-leading member satisfaction
- ◆ NCQA Commercial rating of 5.0
- ◆ NCQA Commercial Excellent accreditation rating
- ◆ Very low (<2%) voluntary disenrollment

QUALITY IMPROVEMENT PROGRAM STRATEGIC GOALS

NATIONAL AIMS¹:

- ◆ Better Care
- ◆ Healthy People/ Healthy Communities
- ◆ Affordable Care

NATIONAL PRIORITIES²:

- ◆ Engage patients and families in managing their health and making decisions about their care.
- ◆ Improve the health of the population.
- ◆ Improve the safety and reliability of America's healthcare system.
- ◆ Ensure that patients receive well coordinated care within and across healthcare organizations, settings and levels of care.
- ◆ Ensure appropriate and compassionate care for patients with life-limiting illnesses.
- ◆ Eliminate overuse while ensuring the delivery of appropriate care.

CLINICAL CARE

- ◆ Achieve scores on HEDIS clinical indicators that demonstrate national leadership with scores that meet or exceed the 90th national percentile.
- ◆ Maintain a dialogue with the best "delivery system" health plans in the country.
- ◆ Provide community leadership in access, satisfaction, clinical outcomes, and efficient care for the chronically ill through the 'Medical Home' model provided by staff PCP practices.
- ◆ Promote evidence-based clinical practice within the medical networks.
- ◆ Improve the 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 network.
- ◆ Create incentives which align goals of the health plan, practitioners and health plan staff.

¹ Source of National Aims: Report to the U.S. Congress, National Strategy for Quality Improvement in Health Care, March 2011

² Source of National Priorities: National Priorities Partnership convened by the National Quality Forum, November 2008

MEMBER/PRACTITIONER SATISFACTION

- ◆ Achieve and maintain scores for CAHPS Rating of Health Plan measure that exceeds the 90th national percentile.
- ◆ Achieve and maintain scores for CAHPS member satisfaction measures that meet or exceed the 90th national percentile.
- ◆ Achieve member satisfaction results for 'Physician Group of Capital Health Plan' practitioners that are superior to affiliate network practitioners.
- ◆ Maintain optimal practitioner satisfaction by targeting issues identified through practitioner surveys.

ACCESS AND AVAILABILITY TO CARE AND SERVICES

- ◆ Maintain affordability of CHP's products.
- ◆ Establish community leadership in access to urgent care, primary care, eye care, infusion services and other network services.
- ◆ Continually improve member access to medical services, with particular emphasis on vulnerable populations (ex. CHP's Center for Chronic Care).
- ◆ Strive to meet member expectations by achieving access and availability targets.

CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES

- ◆ Evaluate the needs and availability of language services within the network; implement interventions when improvement opportunities are identified.
- ◆ 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 measures.
- ◆ Monitor and address adverse events, medication errors, adverse drug events and quality of care issues through incident reporting, analysis and interventions.
- ◆ Provide members with access to provider and practitioner patient safety information.
- ◆ Conduct reporting of 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 an NCQA Commercial rating of 5.0.
- ◆ Maintain an NCQA Commercial "Excellent" Accreditation.
- ◆ Maintain compliance with state and federal regulations related to 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 delivery system, striving to integrate QI at every level of the organization.
- ◆ Integrate procedures for monitoring and ensuring compliance with NCQA standards 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.
- ◆ Allocate and distribute resources necessary to support QI initiatives.
- ◆ Integrate enrollee feedback into the design of the 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 medical 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 **and physician** 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 program activities. This Board committee reports directly to the Board of Directors on a quarterly basis.

ACCOUNTABILITY OF QUALITY COMMITTEES

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, including the Chief Medical Officer and Associate Medical Directors. QIMT relies on the following committees to oversee specific aspects of the QI program:

- ◆ Quality Improvement Committee (QIC): coordinates, provides oversight to clinical improvement activities.
- ◆ Medication Management Committee: coordinates pharmacy QI activities and safe medication practices, and provides oversight for delegated procedures, including the formulary.
- ◆ 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 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 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 is the chair of the Credentials Committee, and works together with the CMO to integrate and implement QI activities collaboratively with network practitioners.
- ◆ 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 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 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 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 HEDIS, and CAHPS national performance measurement programs. The Director is accountable to ensure that CHP maintains compliance with NCQA, and regulatory standards related to quality improvement.
- ◆ 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

All quality improvement practices and activities fully comply with the requirements established by CHP's HIPAA compliance program. CHP safeguards confidential information and only makes disclosures in accordance with state and federal law, as well as industry standards and professional ethics. Therefore, all records, writings, data, reports, information, and any other material labeled as "quality improvement" are held in strictest confidence. Clinical review and information used in activities and functions of the QI Program are appropriately safeguarded by CHP staff members and committee members whose duties require knowledge of, and access to this information.

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 analyzed at the health plan level, staff vs. affiliates, and State of Florida members.
- ◆ Medication therapy management measures
- ◆ Individual physician level performance measures (National Quality Forum measures)
- ◆ Hospital clinical quality and safety measures
- ◆ Practitioner satisfaction data
- ◆ Customer complaint and grievance data
- ◆ Analysis of clinical data, health risks, claims, demographic, race/ethnicity and language data
- ◆ Feedback from external customers
- ◆ Analysis of HEDIS/CAHPS data
- ◆ Performance data from quality indicators or accreditation/regulatory surveys
- ◆ Clinical and service improvement activities
- ◆ Care coordination data and indicators
- ◆ Hospital readmission data
- ◆ Risk management and patient safety data
- ◆ Disease management and chronic care improvement program indicators
- ◆ Wellness and health promotion indicators
- ◆ Confidentiality/HIPAA indicators
- ◆ Practitioner quality review data
- ◆ Utilization management data
- ◆ Performance levels established by NCQA and federal and state governmental agencies

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 conditions and physical or developmental disabilities. 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 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 services, and between medical and behavioral health services. The use of 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 is delegated to Med Advantage, Inc., an NCQA certified CVO (credentials verification organization).
- ◆ Credentialing of practitioners for telemedicine services is delegated to Online Care Network II P.C.
- ◆ 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 plans to delegate radiation oncology in 2018 to AIM Specialty Health. AIM is certified by NCQA in Utilization Management.
- ◆ 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.
- ◆ Preparing, implementing and monitoring improvement plans as necessary.

ANNUAL QI PLAN EVALUATION

The effectiveness of CHP’s quality improvement program is evaluated by annual evaluations for Commercial and Medicare clinical and service performance measures, and evaluations for topics that include access, availability, continuity and utilization measures. The summary of effectiveness includes adequacy of QI program resources, QI committee structure, and practitioner participation and leadership involvement in the program. The health plan’s achievements are identified through this process. The need to restructure or change the QI program for the following year is addressed. The Quality Improvement Management Team and the CHP Board of Directors approve these evaluations on an annual basis.

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 QI and Utilization Management program documents on an annual basis (program descriptions, work plans and program evaluations). • Assess and ensure progress toward annual QI, and Utilization Management goals. • Integrate the QI Program with strategic initiatives and budgeting processes. • Monitor and promote continual improvement in member and practitioner satisfaction. • Monitor and promote continual improvement in practitioner access and availability of services. • Monitor and ensure compliance with accreditation and regulatory bodies. • Prioritize, select and provide oversight to service quality initiatives, including risk management, patient safety and language/diversity activities. • Provide guidance and feedback to committees reporting to QIMT. 	<ul style="list-style-type: none"> • CEO • Vice-Presidents • Chief Medical Officer • Medical Directors
<p>Quality Improvement Committee (QIC)</p> <p>Meets minimum of 4 times per year.</p>	<ul style="list-style-type: none"> • Review QI program documents (program descriptions, work plans, program evaluations and quarterly reports) on an annual basis. • Review and approve Disease Management, and Case Management Program Descriptions and reports on at least an annual basis. • Prioritize, select and monitor clinical quality initiatives, including behavioral health and patient safety. • Provide clinical expertise, feedback and analysis for clinical performance indicators and quality activities. • Provide oversight to wellness and preventive health activities. • Review and approve 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 • CHP Staff
<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 Presidents • 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

Committee	Objectives	Membership
<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. • Review and approve pharmacy policies and procedures on an annual basis. • Review and approve delegate policies, procedures and formulary on an annual basis. • Review and approve utilization and clinical criteria pertaining to medication use. • Monitor and promote continual improvement in safe medication practices. • Develop interventions to improve performance measures related to 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 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 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.

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	<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

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	#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.

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	<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.

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	#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.

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	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