

Capital Health

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Behavioral Health

Quality Improvement 2017 Program Description Commercial and Medicare

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CAPITAL HEALTH PLAN
2017 Behavioral Health Quality Improvement Program Description

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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 2017 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 for 2016 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. Medicare formulary development and maintenance, Medicare Part D pharmacy utilization management criteria and Part D 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 • Associate 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 • Associate 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 Associate 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"> Associate 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"> Associate Medical Director Practicing Network Physicians Manager, Network Services

Behavioral Health 2017 QI Program Description/Workplan

Summary of Key Improvement Priorities for 2017

BH QI Initiatives: Quality of Clinical Care

- Follow up after hospitalization for mental illness (NCQA rating and continuity standards)
- Increase medication adherence for patients with Schizophrenia (CMS QIP and continuity standards)
- Improve initiation tx. of alcohol & other drugs (NCQA rating and continuity standards; CMS star ratings)

BH QI Initiatives: Member Experience

- Improve Customer Service CAHPS composite (NCQA service standards; CMS star ratings)
- Improve CMS measure: Availability of foreign language interpreter & TTY (CMS star ratings)
- Increase Getting Needed Care CAHPS composite (NCQA satisfaction with UM standard; NCQA ratings; CMS star ratings)
 - Improve survey results: Easy to get care and treatment as soon as needed (CAHPS Q 14)

BH QI Initiatives: Access/Availability of Services (new NCQA 2016 standard)

- Increase Getting Needed Care CAHPS composite (NCQA NET standard and ratings; CMS star ratings)
 - Improve member satisfaction with ability to get an appointment with a specialist in a timely manner (CAHPS Q 25)

Continuity and Coordination between Medical and BH Improvement Initiatives

- Reduce preventable hospital readmissions (NCQA continuity standards; CMS star ratings)
- Follow up after ED Visit for Mental Illness (NCQA rating and continuity standards)
- Follow up after ED Visit for Visit for AOD (NCQA rating and continuity standards)
- Depression screening and follow-up for adolescents and adults (new NCQA ECDS measure; NCQA continuity standards; future CMS star ratings)
- Alcohol screening and follow up (new 2017 HEDIS measure; NCQA continuity standards)
- Medication reconciliation post discharge (NCQA continuity standards; CMS display)
- Improve initiation for tx. of alcohol & other drugs (NCQA rating and continuity standards; CMS star ratings)

Patient Safety Improvement Initiatives

- Drug-drug interactions (NCQA safety and continuity standards; CMS star ratings)
- Drug-disease interactions (NCQA rating, safety and continuity standards)
- Use of high risk medications in the elderly (NCQA rating and safety standards; CMS display)
- Decrease use of opioids from multiple providers (new HEDIS measure being developed, planned for CMS star ratings; NCQA safety and continuity standards)

Commercial 2017 QI Work Plan

#1 Priority Measures	2016 Results	Target 2017 (2016 90th %)	Planned Improvement Activities/Comments
Adolescent Immunizations (HEDIS: combo 1)	77.4%	87%	HEDIS 2017: added HPV vaccine for boys. Added a Combo 2 with Tdap, Meningococcal and HPV. Report available on Connect and on the EHR Dashboard. Network News articles. MJO and financial incentive for affiliates. Investigate possibility of holding weekend/ evening clinics.
Customer Service (CAHPS % usually/always)	89.4%	92.5%	Added to NCQA ratings in 2016. Composite questions: 1) Customer Service staff gives information member needs: measure has decreased from 94% in 2014 to 82% in 2016. 2) Customer Service staff is courteous and respectful: results stable at 96% from 2014 to 2016. CHP reception staff will train staff to survey members if their questions have been answered; Member Services staff will likely make the same procedural change.
Asthma Medication 75% Compliance (HEDIS)	34.5%	57%	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. Current adoption of the 90 day RX has increased by 38% (YTD). Working with PCPs who offer samples of inhalers to obtain information such as NDC number, days' supply, route etc. so that the information can be entered into the HEDIS supplemental data base. Annual Network News article. Plan for staff practices in 2017: staff will document non-compliance in EHR for follow-up by the PCP.
Persistence of Beta Blocker Tx (HEDIS)	80.0%	91%	Rx benefit required. Health Promotion (HP) staff following fill history of patients included in the denominator. Offer refills of beta blocker for one month copay if member in danger of becoming non-adherent. (Commercial only). 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. Reviewing patient records if the member is not filling the Beta blocker for appropriate exclusion criteria to have member removed from the data base.
Non-recommended Cervical CA Screening (HEDIS: low score better)	2.5%	1%	Utilizing Verisk data, 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. Financial incentive for affiliates. Investigate possibility of using this measure as an MJO for staff PCPs (Dr. A. Neal).
Pharm. Mgt of COPD – Corticosteroids (HEDIS)	68.6%	84%	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. Currently working with Prime to develop a smoother process for co-payment overrides. HP interdepartmental discussion to set up a meeting with both hospitals' QI staff. Network News article reviewing GOLD standards.

Commercial 2017 QI Work Plan

#1 Priority Measures	2016 Results	Target 2017 (2016 90 th %)	Planned Improvement Activities/Comments
Pharm. Mgt of COPD – Bronchodilators (HEDIS)	80.0%	88.5%	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. Working with PCP office to get a hand held bronchodilator inhaler prescribed if member is only using nebulizers or if the patient does not have an active prescription for bronchodilator. Works with member to either get meds filled or to offer a prescription at \$0 copayment (Commercial only) to get the medication. Currently working with Prime to develop a smoother process for co-pay overrides. HP interdepartmental discussion to set up a meeting with both hospitals' QI staff. Network News article reviewing GOLD standards.
Alcohol Dependence (Initiation - HEDIS)	34.0%	40%	HP following members who were diagnosed as an outpatient (not ER and not hospital). HP requesting office visit records, reviewing records and following up with PCP if the chart documentation does not support acute alcohol dependence.
Use of Imaging Studies for Low Back Pain (HEDIS)	74.1%	83%	HEDIS 2017: 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.
Flu Shots for Adults (CAHPS)	49.9%	58%	Plan to hold Flu clinics for members of staff practices in 2017.
Comp Diabetes – Eye Exams (HEDIS)	58.4%	69%	CHP Eye Care staff plan to contact and schedule appointments for members needing eye exams.
Appropriate Tx. for Children w/ Upper Resp. Infection (HEDIS)	90.7%	95%	Rx benefit required. Report available on Connect. Added back to affiliate incentives for FP for 2017. Remains on Pediatrician incentives for 2017. Network News article 1 st quarter during flu season.
Aspirin Use and Discussion (CAHPS)	42.4%	48%	Added to NCQA ratings in 2016. Educate staff PCPs
Statin Therapy for Patients with Cardiac Disease (HEDIS)	68.9%	NA	Report available on CHP Connect and EHR defining members who are in danger of becoming non-adherent. Will begin pilot program in 2017 offering a one year supply of generic statins for \$20 for the Commercial population through mail-order only. This benefit is not allowed for the Medicare members. Affiliate incentive.
Statin Therapy for Patients with Diabetes (HEDIS)	58.5%	NA	Report available on CHPConnect and EMR defining members who are in danger of becoming non-adherent. Network News article 1 st quarter. If a member receives a prescription for a one year supply as described above, the prescription will fill.

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#1 Priority Measures	2016 Results	Target 2017 (2016 90th %)	Planned Improvement Activities/Comments
Use of PHQ9 to Monitor Depression for Adol/Adults	NA	NA	New pilot ECDS (electronic clinical data systems) measure for 2016. Plan to evaluate current use of PHQ9 tool within the staff practices.
Depression Remission/Response for Adol/Adults	NA	NA	Second measure in the ECDS category. Measure is voluntary; CHP can only submit data from our staff practice EHR at the current time. Investigate current use of PHQ9 tool in staff practices.
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. Enhance current ER report to identify members in this population. Continue to work with TMBC staff on this measure.
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. Enhance current ER report to identify members in this population. Work with TMBC and CRMC staff on this measure.
Hospital Acquired Infections (HEDIS)	NA	NA	Weighted average of infections: central line, catheter, surgical site, MRSA, C. difficile).
#2 Priority Measures	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Transitions in Care	NA	NA	Measure includes: PCP notified of hospital admissions; receipt of discharge information; PCP follow-up visits; medication reconciliation.
Alcohol Screening & Follow-up	NA	NA	% adults 18 and older screened for unhealthy alcohol use, and if screened positive, received follow-up care.
Controlling High BP (<140/90) (HEDIS)	75.2%	74%	Measure is barely over the 90 th national percentile; need to continue to monitor. Action items: Affiliate physicians encouraged to submit category II CPT codes for BP reading on claims. Gap report updated for EHR September 2016. Update for affiliates Nov. 2017 to pull in the CPT codes onto the report. Continues as affiliate incentive. Information included in annual letter to Disease Management members. Network news article reminding of the BP targets. Nursing staff re-educated on proper techniques of taking BP. BP posters in CHP exam rooms.
Childhood Immunization Status (HEDIS: Combo 10)	63.3%	62.9%	Results barely meet the 90 th %; need to continue to monitor. Plan to provide education for the CHP nursing staff in 2017 about the immunization requirements and time frames.
Coordination of Care (CAHPS: % usually/always)	84.6%	87%	New HEDIS measures being developed for 2018 to replace CAHPS measure: <ul style="list-style-type: none"> • PCPs are notified of hospital admissions • PCPs receive discharge information • PCP follow up visits after hospital discharge • Medication reconciliation
Getting Needed Care (CAHPS: % us/always)	90.4%	91%	Survey question that decreased: getting appointments with Specialists. Plan to write a Healthline article about access to Specialists.
Rating of Specialist (CAHPS: 9-10)	68.3%	72%	

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#2 Priority Measures	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Health Promotion and Education (CAHPS: % usually/always)	80.4%	80%	Measure is barely at the 90 th national percentile; need to continue to monitor.
Asthma Medication Ratio (HEDIS)	82.8%	84%	HP staff tracks fills.
Follow-up after Hosp. for Mental Illness-7 Day (HEDIS)	64.4%	66%	Work with staff from TMBC and Apalachee to implement follow-up visits, and submit claims data to meet the measure.
Well Child Visits (HEDIS: ages 3-6)	85.8%	86%	Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive. CHP receptionists will contact members needing to schedule a well child visit.
Appropriate Testing for Children w/ Pharyngitis (HEDIS)	91.7%	92%	Rx benefit required. Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive
Cervical Cancer Screening (HEDIS)	80.8%	81%	
Well Child Visits – First 15 Months (HEDIS)	84.3%	88%	Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive. CHP receptionists will contact members needing to schedule a well child visit.
Adolescent Well Care Visits (HEDIS)	57.4%	61%	Member gap reports available on CHP Connect identifying children who need a well child visit. Continues as Affiliate pediatrician incentive.
Avoidance of Antibiotics, Bronchitis (high # = better) (HEDIS)	31.7%	39%	Rx benefit required.
Prenatal Care Visits (HEDIS)	91.7%	94%	
Breast Cancer Screening (HEDIS)	81.4%	80%	Measure is barely at the 90 th national percentile; need to continue to monitor. HEDIS 2017: diagnostic screening is excluded. Evaluate new interventions to keep this measure above the 90 th national percentile.

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#3 Priority Measures	2016 Results	Target (90th%)	Planned Improvement Activities/Comments
Chlamydia Screening in Women (HEDIS)	63.9%	60%	
Comp Diabetes - BP Control (<140/90) (HEDIS)	78.8%	75%	Revised hypertension report on CHPConnect identifies Diabetic members. Affiliate IM incentives. See interventions listed under Controlling BP.
First Line Psychological Care: Child & Adol.(HEDIS)	NA 78.6%	69%	Added to NCQA ratings in 2016. HP staff monitoring children in population for adherence to measure.
Rating of PCP (CAHPS: 9-10)	73.6%	72%	
Claims Processing (CAHPS % us/always)	94.2%	92.5%	
Comp Diabetes – Nephropathy Monitoring (HEDIS)	95.9%	93%	Lab slips mailed to staff PCPs who opted into the program in September 2016. Will repeat the program in 2017 after data analysis completed.
Comp Diabetes – A1c <8 (HEDIS)	67.9%	66%	Lab slips mailed to staff PCPs who opted into the program in September 2016. Will repeat the program in 2017 after data analysis completed. As of 11/3/16 33% of members who were sent a lab slip have had labs completed from HP's mailing. Patients may have had labs completed using a lab slip from the PCP, whereby HP would not see the results. Affiliate incentives.
Getting Care Quickly (CAHPS: % usually/always)	90.9%	90%	
Postpartum Care Visit (HEDIS)	89.3%	87%	
Child/Adol. BMI Assessment (HEDIS)	89.1%	82%	BMI measure continues as Affiliate PCP incentive
Rating of Health Plan (CAHPS: 9-10)	70.8%	50%	

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#3 Priority Measures	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Rating of Health Care (CAHPS: 9-10)	63.1%	58%	
Adult BMI Assessment (HEDIS)	96.1%	91%	
Colorectal Cancer Screening (HEDIS)	79.8%	72%	Continue current screening procedures & follow-up.
Metabolic Monitoring for Children/Adol. (HEDIS)	63.8%	43%	Added to NCQA ratings in 2016. 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. If no response from either physician after several attempts, Dr. David Jones and Dr. Dalrymple are contacted by HP staff. The physicians contact the treating physician directly to order the labs. If no response, HP will send parent a lab slip under Dr. Jones/Dalrymple's name.
Antidepressant Med Mgmt – Acute Phase Tx (HEDIS)	85.1%	74%	Rx benefit required. Focusing on correct coding of members with major depression. HP follows population. If member is not filling anti-depressant, physician office medical records are obtained and reviewed by HP nurse. If chart documentation is not consistent with patient having major depression, correct coding letter sent to physician asking if a coding change would be more appropriate for this patient. Working with prescribers for 90 day fills. SOF commercial members are not included in the HEDIS population; however HP is notifying the PCPs when a SOF member is diagnosed with major depression in the ER or inpatient. A copy of the CVS medication fill history is sent to the PCP.
ADHD-Initiation Tx. (HEDIS)	75.8%	50%	HP staff sends letters and makes phone calls to the prescriber and /or PCP to get the 30 day follow-up visit scheduled.
Measures not Included in NCQA 2016 Ratings	2016 Results	Target 90th %	Planned Improvement Activities/Comments
Alcohol Dependence: Engagement (HEDIS)	5.3%	19%	
Plan All Cause Readmissions (HEDIS – low score is better)	8.6%	3%	

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Measures not Included in NCQA 2016 Ratings	2016 Results	Target 90 th %	Planned Improvement Activities/Comments
Smoking: Advising to Quit (CAHPS: % usually/always)	78.2%	83%	
Adolescent Nutrition Counseling (HEDIS)	71.8%	79%	Measure removed from the NCQA ratings in 2016.
Adolescent Counseling for Physical Activity (HEDIS)	70.3%	74%	Measure removed from the NCQA ratings in 2016.
Children & Adolescents Access to PCP (age 7-11)	93.9%	97%	Continues as Affiliate incentive with the intent that during this visit, appropriate vaccines will be administered.
Comp Diabetes – HbA1c Control ≤ 9 (HEDIS)	76.9%	78%	Members who do not have an HgA1C done during the year are considered non-complaint and included in this population. A lower percentage is better. Lab slips mailed to staff PCPs who opted into the program in September 2016. Will consider repeating the program in 2017 after data analysis completed (did members get labs done?).
Use of Multiple Antipsychotics in Child/Adol (HEDIS: low score better)	2.5%	NA	Measure: % children/adolescents age 1-17 who are on two or more antipsychotic medications. HP staff monitors the population of members
Plan Information on Costs (CAHPS)	76.5%	69%	
Antidepressant Med Mgmt – Cont. Phase Tx (HEDIS)	63.1%	59%	Rx benefit required.
ADHD – Cont. Tx (HEDIS)	80.0%	57%	Rx benefit required.

Report date: 11/28/2016
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