



Quality Measurement and Improvement Plan

QUALITY IMPROVEMENT PROGRAM GOALS AND SCOPE

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

The QI program is designed to ensure that:

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

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

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

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

ORGANIZATIONAL STRUCTURE AND RESPONSIBILITY

Overview

HCSA is responsible for oversight of the QI program. The program will utilize and build upon existing quality assurance and improvement structures and activities already taking place among members of the Alameda County Safety Net Council.

Alameda County Health Care Services Safety Net Council

The Safety Net Council is comprised of Health Care Services Agency leadership (director, finance director, HealthPAC administrator, Public Health Director, Medical Director, Behavioral Health Care Services Director and Medical Director); Alameda County Board of Supervisors Health Committee, Alameda County Social Services Agency leadership, the Alameda Alliance for Health leadership (Chief Executive Officer, Medical Officer); Alameda Health System leadership (Chief Executive Officer, Chief Strategy & Integration Officer, Chief Financial Officer); all HealthPAC clinic Chief Executive Officers; the Alameda Health Consortium leadership (Executive Director and Policy Director), Children's Hospital Oakland leadership, and Roots Community Health Center Chief Executive Officer.

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

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

HealthPAC Clinical Implementation Workgroup (CIWG)

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

CIWG responsibilities include:

- Approving the selection, design, and schedule for studies and improvement activities.
- Designing standards of care such as panel management standards, care management standards, and other best practice models.
- Review of results of established quality measures, annual site visit assessments, and improvement and intervention activities.
- Providing on-going reporting to the Safety Net Council.
- Meeting at least quarterly and maintaining minutes of all committee meetings.
- Review of member grievance.
- Review of utilization management results.
- Providing guidance to staff on quality management priorities and projects.
- Monitoring progress in meeting quality improvement goals.
- Annual evaluation of the effectiveness of the Quality Improvement Program.
- Review and approval of QI policy and procedure revisions, and annual QI Program description, work plan, and evaluation.

Alameda County Behavioral Health Care Services

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

- Ensure appropriate credentialing of specialty mental health participating providers;
- Quarterly reports on mutually identified measures;
- Provide ad-hoc quality reports as requested by HCSA and/or the QI,
- Provide reports on utilization trends, and
- Report on the number of grievances related to access to care and quality of care issues and the resolution applied.

HSCA Medical Director

The HCSA Medical Director is a physician who is responsible for, and oversees the Quality Improvement Program. The Medical Director provides leadership to the Quality Improvement Program through oversight of QI study design, development, and implementation. The Medical Director periodically reports on committee activities, QI study and activity results, and the annual program evaluation to the Safety Net Council.

HealthPAC Quality Improvement Program Manager

The HealthPAC Quality Improvement Program Manager coordinates the HealthPAC Quality Improvement Program including planning, development, and evaluation. The Program Manager conducts site visits, does assessments, collects and analyzes data, and presents information to the Clinical Implementation Work Group.

CONFIDENTIALITY AND CONFLICT OF INTEREST

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

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

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

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

METHODS AND PROCESSES FOR QUALITY IMPROVEMENT

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

Data Sources

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

- Claim and encounter submissions.
- Disease registry information.
- Credentialing, medical record review, and audit findings.
- Member complaint data.
- Potential Quality Issue tracking/trending data.
- Other clinical or administrative data.

- Public health department population data.

Data Collection, Analysis, and Reporting

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

COMMUNICATION

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

- Provider cooperation with QI activities.
- Plan access to provider medical records to the extent permitted by state and federal law.
- Provider maintenance of medical record confidentiality.
- Open provider-patient communication about treatment alternatives for medically necessary or appropriate care.

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

EVALUATION OF QUALITY IMPROVEMENT PROGRAM

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

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

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

ANNUAL WORK PLAN

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