



## **Quality Improvement Program**

Commonwealth Care Alliance (CCA) is committed to providing the highest quality, most effective health care to its enrollees. In pursuance of this, CCA's framework for Quality Improvement is designed to integrate quality assessment and performance improvement activities throughout all levels of its care delivery system and for all products. As a "consumer governed" organization, CCA's Quality Improvement Program is structured to ensure that the consumer's perspective is built in to all elements of its quality assurance activities; an underlying tenet of the CCA program is that a true partnership between those receiving care and those providing and managing care can promote autonomy, independence and better health outcomes.

The QI program is designed to:

- Understand the needs, expectations, and satisfaction of enrollees and their caregivers and implement improvements to incorporate these perspectives into care delivery and system operations;
- Continually improve organizational and clinical processes throughout the delivery system based upon analysis of available data and clinical, administrative and enrollee input from across the network;
- Improve clinical quality by identifying and disseminating best clinical practices throughout the network.

### **Program Objectives**

1. To assure the effective, timely and safe delivery of care and care coordination to enrollees at the optimal level of quality.
2. To assess and evaluate the quality and appropriateness of care across the provider network.
3. To design effective mechanisms for problem identification, assessment, and resolution at the individual, practice site and system-wide levels.
4. To assess, evaluate and monitor key areas of clinical care and care coordination and identify opportunities for improvement when indicated.
5. To promote mechanisms for the integration of risk management, utilization review and other activities in a comprehensive Quality Improvement program.
6. To identify deviations from standards and address such deviations in a manner that optimizes health outcomes.

7. To ensure that professional competency and practices are routinely and reliably monitored and evaluated.
8. To ensure program compliance with state, federal, contractual and other regulatory requirements.

### **Quality Improvement Program Components**

- Annual Senior Care Options (SCO) Quality Improvement Goals.

To meet SCO contract requirements, two projects will be selected and implemented as a focus of network-wide improvement activities.

- Selected SCO Program Initiatives

To meet SCO contract requirements, the following program initiatives will be implemented:

- a. Reduction of Preventable Hospital Admissions
- b. Discharge Planning
- c. Early Screening for Cancer
- d. Disease Management
- e. Preventive Immunizations
- f. Dementia Management
- g. Appropriate Nursing Facility Utilization
- h. Alcohol Abuse Prevention and Treatment
- i. Appropriate Identification and Treatment of Abuse and Neglect
- j. Health And Wellness Activity Promotion

- Chronic Care Improvement Program (see separate program description)

Although CCA's care model includes primary nurse case management for all enrollees, the goal of this program is to improve health outcomes for members with multiple and/or severe chronic conditions by providing targeted enhanced case management.

- Medication Therapy Management Program (see separate program description)

Using pharmacy utilization data to identify members with multiple chronic conditions, this program aims to improve health outcomes by offering pharmacy case management.

## Quality Program Structure

- **Board of Directors:** The Board of Directors (BOD) is comprised of up to 15 members appointed by CCA's Corporate Members, the two consumer advocacy groups Health Care for All (HCFA) and Boston Center for Independent Living (BCIL), and assumes final authority and responsibility for quality of care and professional practices including:
  - Approval of CCA's annual Quality Improvement program
  - Recommendations related to CCA's quality assessment and performance improvement activities

The BOD delegates responsibility for the development and oversight of CCA's Quality Improvement Program to the President/Chief Executive Officer/Chief Medical Officer who delegates responsibility for components of the program to CCA clinical staff.

- **Patient Care Assessment Committee:** The PCAC is a committee of the Board, chaired by a member of the BOD and staffed by CCA's Medical Director. Membership is inclusive of Board representatives and multi-disciplinary clinical representation, drawn from the CCA provider network. Among the responsibilities of the PCAC is the development, approval and monitoring of the organization's annual Quality Improvement Program and the oversight of all delegated and non-delegated credentialing activities.

**Ethics Committee:** The Ethics Committee is a subcommittee of the PCAC, convened on an as-needed basis. It is comprised of clinical professionals both internal and external to the CCA organization, with a particular focus on those bringing an expertise in the area of medical ethics. Among the responsibilities of the Ethics Committee is the provision of input into decision-making with regard to end-of-life issues and advance directives.

- **Quality Improvement Committee (QIC):** The Quality Improvement Committee is an internal CCA committee whose responsibilities include the development, coordination, and facilitation of all quality improvement activities throughout the organization, including monitoring and evaluation, and the development of the organization's annual Quality Improvement Program for recommendation to the PCAC for review and approval.

The Quality Improvement Committee assumes responsibility for:

- designation of areas to be monitored and evaluated
- generation of suggestions for QI activities

- design of mechanisms for problem identification and prioritization, assessment, resolution and follow-up evaluation
  - selection of criteria for monitoring activities
  - review and analysis of all monitoring activities and assistance in developing focused improvement plans
  - evaluation of the annual quality improvement program with regard to its effectiveness in addressing issues of quality of patient care and professional practice
  - Review of policies and procedures annually and as needed, related to implementation of QI programs
- **Utilization Management Committee (UMC):** The Utilization Management Committee, a standing committee of CCA, oversees the development and implementation of an effective utilization management program. The UM Committee is responsible for monitoring the quality, continuity, and coordination of care, including monitoring for over-utilization and under-utilization of services. These activities are coordinated closely with CCA's Quality Improvement Program.

UMC responsibilities include the regular review, monitoring, and analysis of utilization and cost information associated with the delivery of care and services to enrollees across the network. Members are appointed by CCA's Chief Medical Officer and include appropriate CCA clinical staff, consultants, and multidisciplinary clinical representation from the provider network, as well as others as appropriate on an ad hoc basis.

## **Quality Improvement Program Scope**

Quality Improvement Program encompasses the following areas of clinical care and service delivery:

1. Determination of the extent to which CCA's administrative and clinical practice policies promote appropriate, efficient, and effective patient care.
2. Member and caregiver satisfaction and involvement
3. Member complaints and grievances
4. Unusual occurrence reports
5. Patient Outcome data
6. Effectiveness of utilization management, coordination of services, care continuity and interdisciplinary care team function across the care continuum
7. Review of reasons for disenrollment
8. Review of consistency of policy and procedure application across the CCA SCO network
9. Review of appropriateness of and adherence to clinical protocols

## **Annual Quality Program Evaluation**

The Board of Directors, PCAC, and the QMC review the Annual Quality Program and assess the results of the plan on an annual basis. This evaluation guides next steps and the development of a quality improvement program for the coming year.

### **Confidentiality**

All persons participating in quality improvement activities adhere to Commonwealth Care Alliance's Confidentiality Policy, which is compliant with HIPAA rules and regulations. Results of improvement activities and reports do not contain any identified patient information, and if necessary, are coded or reported in aggregate. Applicable state/federal law and regulation protect all information generated by improvement activities.

Approved by PCAC: