



# **Neighborhood Health Plan of Rhode Island *Quality Improvement Program Description* 2011**

***Submitted to the Clinical Affairs Committee by the Department of Evaluation and Improvement on May 12, 2011***

**Approved by Neighborhood's Clinical Affairs Committee:**

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# Table of Contents

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<b>I.</b>	<b>Introduction</b>	<b>3</b>
<b>II.</b>	<b>Scope and Philosophy of the Quality Improvement Program</b>	<b>3</b>
<b>III.</b>	<b>Methodology</b>	<b>4</b>
<b>IV.</b>	<b>Program Goals and Objectives</b>	<b>5</b>
<b>V.</b>	<b>Program Structure, Leadership and Support Committees</b>	<b>5</b>
	Board of Directors	5
	Clinical Affairs Committee	5
	Chief Medical Officer	6
	Associate Medical Directors	7
	Operations and Service Improvement Committee	7
	Clinical Management Committee	8
	Pharmacy and Therapeutics Committee	9
	Senior Leadership Team	9
	Department of Evaluation and Improvement	10
	Department Directors	10
	Managers and Team Leads	10
	Staff	11
<b>VI.</b>	<b>Behavioral Health Quality</b>	<b>11</b>
<b>VII.</b>	<b>Program Staffing and Resources</b>	<b>11</b>
	Case Management and Clinical Programs Staff	11
	Evaluations and Improvement Staff	12
	Utilization and Clinical Medical Policy Staff	12
	Credentialing Staff	12
	Provider Services Staff	12
	Customer Service Staff	12
	Pharmacy Staff	13
	Additional Program Staff and Resources	13
<b>VIII.</b>	<b>Advisory Groups / Committees</b>	<b>13</b>
	Member Satisfaction Workgroup	13
	Member Advisory Committees	14
	Member Focus Groups	14
	Provider Satisfaction Workgroup	14
<b>IX.</b>	<b>Role of Participating Practitioners</b>	<b>15</b>
<b>X.</b>	<b>Quality Improvement Activities</b>	<b>16</b>
<b>XI.</b>	<b>Delegation</b>	<b>18</b>
<b>XII.</b>	<b>Confidentiality and Conflict of Interest</b>	<b>19</b>

## I. Introduction

Neighborhood Health Plan of Rhode Island's (Neighborhood) Quality Improvement (QI) Program strives to ensure that members have access to high quality health care services that are safe, effective, and responsive to their needs, resulting in positive health outcomes. The purpose of the Quality Improvement Program Description is to detail the scope, goals, and objectives of the program; to demonstrate how improvement activities are operationalized within the organization; to describe the methodology used within the program; to outline the structure and functions of the committees and subcommittees that support the program; and to delineate the oversight and guidance provided to the program by Neighborhood's Senior Management Team and the Neighborhood Board of Directors. Annually, the Quality Improvement Program Description is approved by the Neighborhood Board of Directors.

## II. Scope and Philosophy of the Quality Improvement Program

Within the scope of its QI Program, Neighborhood monitors and evaluates the important aspects of care and service rendered to members, with particular emphasis and focus on accessibility to care, availability of services, member satisfaction, and health outcomes, as captured through routine health plan reporting, annual HEDIS<sup>®</sup> and CAHPS<sup>®</sup> results, assessment of provider and member satisfaction, accessibility and availability standards, utilization trends, and specially designed quality improvement studies. Neighborhood assesses its performance against identified goals and objectives that are evidence-based and align with both local and national industry standards. Neighborhood's QI Program is applicable to Neighborhood's Medicaid enrollees in the RIte Care, Extended Family Planning (EFP), Children with Special Healthcare Needs (CSN), Rhody Health Partners (RHP) and Substitute Care (SUB) lines of business.

Neighborhood's QI Program extends to all departments within the organization, at all levels, in the recognition that teamwork and collaboration are essential for quality improvement. Department directors are responsible to develop and oversee quality improvement activities aimed at optimal clinical care, service, and organizational efficiency within their own departments as well as coordinate interdepartmental quality improvement activities, as applicable.

As part of its QI Program, Neighborhood annually develops a QI Work Plan to guide the organization's improvement initiatives for the upcoming calendar year. The Quality Improvement Work Plan lists each planned initiative or ongoing activity with a brief description, the timeframe for completion and the individual responsible to oversee the activity.

To assess the effectiveness of the QI Program, Neighborhood produces an annual evaluation which depicts the Plan's measurable performance achievements over the course of the year, with trended data when available. The Quality Improvement Annual Evaluation includes identification of the barriers which made quality improvement difficult to achieve, the interventions recommended to overcome these barriers, and a summary of the overall effectiveness of the program, with consideration given to the adequacy of resources, committee structure, and leadership involvement.

Neighborhood delegates the behavioral health quality to Beacon Health Strategies, an NCQA accredited MBHO.

### **III. Methodology**

Neighborhood uses the Plan Do Study Act (PDSA) quality improvement methodology as the systematic approach across all departments to ensure continuous quality improvement in the Plan's clinical and service performance and operational functions and efficiencies. For quality improvement opportunities that can benefit from the Project Management Office's (PMO) governance structure, QI team leaders, in concert with their directors, collaborate with the PMO office.

The following are the steps applied to all quality improvement initiatives undertaken by Neighborhood:

#### **Plan**

Neighborhood selects improvement areas of clinical care and service delivery to monitor and develop measures to track performance. Neighborhood uses HEDIS<sup>®</sup> and CAHPS<sup>®</sup> results, program evaluation results, member and provider satisfaction surveys, the Customer Service member call logs, claims, utilization data, disease and case management data, medical records, patient safety data, accessibility and availability surveys, member and provider focus groups, and other sources of data to guide and inform the quality improvement activities undertaken. The available data are analyzed to assess performance over time. Causal analysis is conducted, often in collaboration with network providers and / or members, to better understand trends identified in the data, and determine opportunities for improvement.

For each improvement activity selected, Neighborhood identifies goals and objectives that are specific, measurable, achievable, relevant, and time-bound (SMART). The performance goals and objectives selected often align with local and national benchmark data, including but not limited to Quality Compass<sup>®</sup> and NCQA Accreditation benchmarks for Medicaid Managed Care organizations.

The QI committees, subcommittees, and workgroups are responsible for identifying potential quality improvement interventions and prioritizing the work and initiatives to be performed. Priorities are set, and interventions are designed based on the data analysis. Operational efficiency and the appropriate and reasonable use of the resources within the organization are considered when prioritizing each activity/intervention. QI workgroups lead individual improvement activities through the PDSA cycle.

#### **Do**

The QI team leaders in collaboration with the improvement work group carry out the interventions designed based on the analysis of data.

#### **Study**

The improvement work group monitors the effectiveness of the interventions carried out based on the goals and measures previously identified. The data is collected, analyzed and the results are reported to the appropriate committee based on the targets established for each activity using the PDSA methodology including the identification of barriers and the interventions for overcoming the identified barriers.

## **Act**

Changes are made to the interventions, as necessary and the next steps are identified. Successful interventions are monitored for sustainability and transferability.

To ensure that quality improvement is continuous and the identified goals and/or objectives are being met, each quality improvement activity is reviewed and discussed by the designated committee or subcommittee regularly. Modifications to the initiatives are implemented as necessary and incorporated into the QI Work Plan.

## **IV. Program Goals and Objectives**

The overall goal of Neighborhood's QI Program is to ensure that members have access to high quality health care services that are safe and responsive to their needs. The objectives of the QI Program in support of this goal are to:

- Assure the accessibility / availability of high quality medical and behavioral healthcare
- Deliver health management programs aimed at improving preventive care rates
- Apply the chronic care model to all disease management programs and co-morbid conditions
- Provide support to members with acute health care needs
- Improve member and provider satisfaction rates
- Monitor and improve coordination of care across settings
- Ensure the safety of members in all health care settings
- Monitor physician adherence to established Clinical Practice Guidelines
- Develop action-oriented member materials and communications to engage members in their care
- Improve HEDIS<sup>®</sup> and CAHPS<sup>®</sup> performance
- Maintain collaborative relationships with network providers and State agencies
- Ensure ongoing operational efficiency in the work performed across the organization

## **V. Program Structure, Leadership and Support Committees [QI 1A.1](#)**

### **A. Board of Directors [QI 1A.4](#)**

Neighborhood's Board of Directors maintains the ultimate authority and responsibility for the care and service delivered to members. The Board of Directors delegates the authority for oversight of the Quality Improvement Program to the Clinical Affairs Committee. The Board exercises its oversight of the program by annually reviewing and approving the Quality Improvement Program Description, Quality Improvement Work Plan, and Quality Improvement Program Annual Evaluation.

### **B. Clinical Affairs Committee [QI 1A.7](#), [QI 1A.8](#)**

The Clinical Affairs Committee (CAC) provides direction and input to the Quality Improvement Program and Neighborhood staff for all activities described in the Quality Improvement Program Description, Annual Evaluation and Work Plan, including those quality improvement activities that have been delegated to the health plan's behavioral health vendor. The CAC is responsible to recommend approval of Neighborhood's Quality Improvement Program Description, Annual Evaluation, and Work Plan to the Board of Directors following review and recommendations, as necessary. The CAC oversees the credentialing and recredentialing processes for practitioners and providers who seek to be part of Neighborhood's network. The CAC is responsible for the quality assurance and peer review to address substantiated complaints and concerns about practitioners who

fail to adhere to Neighborhood's established standards of care. The CAC meets monthly and is chaired by a network practitioner. The CAC:

- Is responsible for practitioner appointment and reappointment to the network.
- Reviews and approves peer review policies and procedures, including disciplinary action related to participating provider network membership.
- Reviews and approves the organization's clinical practice and preventive care guidelines.
- Reviews practitioner performance monitoring reports and clinical quality of care issues identified by the Quality Assurance Committee.
- Reviews and recommends approval of the Quality Improvement Program Description, Quality Improvement Annual Evaluation and Quality Improvement Work Plan to the Board of Directors.
- Develops policies and provides direction for all activities described in the Quality Improvement Program Description and Quality Improvement Work Plan, including those QI activities that have been delegated.
- Identifies and recommends quality improvement activities and programs for Neighborhood, on an ongoing basis as well as within the context of the annual work plan.
- Ensures practitioner and staff participation in the QI Program through planning, design, implementation and/or review.
- Acts in an advisory capacity, upon request by the CMO, to review new health plan business opportunities, advocacy initiatives, or other developmental activities that might benefit from their expertise.
- Provides insight and recommendations to the Pharmacy and Therapeutics, Operations and Service Improvement, and Clinical Management Committees for QI activities.
- Maintains written minutes which are approved by the Committee and signed by the Committee Chair.

The Clinical Affairs Committee (CAC) reports to the Board of Directors. The CAC delegates the development of Neighborhood's Quality Improvement Program Description, Annual Evaluation and Work Plan to the Operations and Service Improvement Committee.

Members of the CAC are nominated by the CAC and approved by the Board of Directors for a voluntary term. Committee membership includes primary care and specialty care practitioners from the hospital-based practices, private practices, and community health centers in Neighborhood's network; a representative from Neighborhood's Board of Directors serves as a chairperson; representation from Neighborhood's behavioral health vendor, namely the Associate Medical Director and Manager of Program Development; Neighborhood's Chief Medical Officer, Associate Medical Directors, Director of Evaluation and Improvement and additional Neighborhood staff as appropriate to present reports and status updates as necessary.

### **C. Chief Medical Officer QI 1A.5**

The CMO is a Rhode Island licensed board certified physician. Through the authority assigned by the Board of Directors, the Chief Medical Officer guides the direction, delivery, and implementation of Neighborhood's QI Program and oversees the functions, responsibilities, planning, design and implementation of activities undertaken by the QI committees and subcommittees. The CMO provides guidance to the CAC and the Operations and Service Improvement Committee, and is a standing member of these committees as well as the Pharmacy & Therapeutics Committee and the Clinical Management Committee. The CMO integrates the quality improvement initiatives undertaken by each of the quality improvement subcommittees for presentation to and approval by both the CAC and the Board of Directors.

The CMO is responsible for the delivery of medical and behavioral healthcare services through operational oversight of the Pharmacy, Medical Management, Evaluation and Improvement and Network Performance and Regulation Departments.

#### **D. Associate Medical Directors**

The Associate Medical Directors (AMDs) are Rhode Island licensed board certified physicians. The AMDs provide assistance to the CMO in the role of providing clinical guidance to the organization by directing the development of new clinical programs, evaluating new medical technologies, developing criteria for standards of performance to evaluate individual provider compliance with clinical practice and preventive health guidelines, and providing oversight to physician reviewer and consultant activities and recruitment. The AMDs communicate with practitioners regarding features of the Utilization Management, Clinical Programs and Case Management Program and on individual cases as necessary. An AMD chairs the Pharmacy and Therapeutics Committee, the Clinical Management Committee and the Quality Assurance Committee. An AMD oversees the credentialing and recredentialing processes, manages the quality assurance incident reporting process, facilitates practitioner peer review and disciplinary action, and is a member of the Clinical Affairs Committee and the Operations and Service Improvement Committee.

The quality improvement support committees are the Operations and Service Improvement Committee, Clinical Management Committee and the Pharmacy and Therapeutics Committee. Each of these committees performs quality improvement activities within the scope of their areas of focus and is accountable to the Clinical Affairs Committee through the Chief Medical Officer.

#### **E. Operations and Service Improvement Committee QI 1A.8**

The Operations and Service Improvement Committee (OSIC), in concert with the Senior Management Team, determines the scope and focus of Neighborhood's QI program and is responsible to prioritize activities and allocate resources subsequent to the ongoing assessment and identification of opportunities to improve Neighborhood's clinical activities, service, and operations. The OSIC reports to the Clinical Affairs Committee on a quarterly basis.

The goal of the Operations and Service Improvement Committee is to provide direction, guidance, and input to the quality improvement activities undertaken and implemented within the organization to monitor and improve the efficiency and operations of Neighborhood's departments and service to members. The Operations and Service Improvement Committee:

- Oversees and recommends approval of the Quality Improvement Program Description and Quality Improvement Work Plan to the Clinical Affairs Committee
- Ensures that Neighborhood's quality improvement philosophy extends to each department's day-to-day operations
- Identifies and recommends quality improvement activities and programs for Neighborhood, on an ongoing basis as well as within the context of the annual work plan
- Ensures practitioner and staff participation in the Quality Improvement Program through planning, design, implementation and/or review
- Identifies opportunities to improve departmental and interdepartmental processes and functions
- Serves as a consultant workgroup for departmental improvement projects
- Addresses opportunities for improvement in the areas of member and provider satisfaction, accessibility of services, and program effectiveness
- Establishes and participates in workgroups and subgroups as necessary to address identified opportunities for improvement
- Identifies and monitors departmental metrics developed

The Operations and Service Improvement Committee meets monthly, and reports to the Clinical Affairs Committee on a quarterly basis. The Chief Medical Officer provides oversight and direction to the Committee and is responsible to ensure that the Quality Improvement Work Plan and Quality Improvement Annual Evaluation presented to the Clinical Affairs Committee encompasses all clinical, service, and performance improvement activities undertaken by the organization. Committee members include the Chief Medical Officer, an Associate Medical Director, Director of Evaluation and Improvement, Director of Medical Management, Director of Operations, Manager of Performance Improvement and Accreditation, Manager of Customer Service, Manager of Provider Services, Manager of Behavioral Health, Manager of Case Management, Performance Improvement Project Lead, Market Research Manager, Member Advocate and Ombudsman, HEDIS Team Lead, or their designees. The Committee is chaired by the Director of Evaluation and Improvement.

#### **F. Clinical Management Committee QI 1A.8**

Neighborhood's Clinical Management Committee (CMC) provides direction for the supervision and oversight of clinical services. These services include new and changing medical and behavioral health technology, clinical medical policies, utilization management procedures, and the assurance of consistent medical review criteria and actions.

The CMC acts in an advisory capacity to the Chief Medical Officer. The CMC:

- Evaluates the development of new medical technology of pertinence to Neighborhood's members, including technology decisions made by Neighborhood's behavioral health vendor
- Recommends the development of new or modified Clinical Medical Policies and review the Managed Care Appropriateness Protocol (MCAP) annually, used for medical necessity decisions
- Assesses and evaluates reports of under- and over-utilization and reviews Neighborhood's clinical appeals and denials data to identify trends and implications
- Reviews and approves Neighborhood's Utilization Management Program Description and Annual Evaluation
- Assures nurse and physician reviewers' medical review reliability performance
- Analyzes and improves members' and providers' satisfaction with Neighborhood's utilization management processes and decision-making

The CMC meets bi-monthly and reports to the Clinical Affairs Committee via the Chief Medical Officer. The committee maintains written minutes which are approved by the Committee and signed by the Committee Chair.

The Committee is chaired by an Associate Medical Director and convenes bi-monthly. Ad-hoc meetings are occasionally convened for the expedited assessment of new medical technology or new uses of medical technology as necessary, i.e. on a case-by-case basis. Committee members include: Associate Medical Director, the Chief Medical Officer, Director of Medical Management, Manager of Utilization and Clinical Medical Policy, Manager of Hospital Provider Services, Manager of Performance Improvement and Accreditation, Medical Review Nurses, Manager of Medical Expense, Claims Quality Audit staff, and three external primary care and specialty care practitioners. External physician reviewers are consulted and/or invited to participate in meetings to provide their expertise on a specific new technology, as needed.

Neighborhood's AMD receives the meeting minutes and related documentation of technology review activities conducted by Neighborhood's behavioral health vendor.

### **G. Pharmacy and Therapeutics Committee QI 1A.8**

The Pharmacy and Therapeutics Committee (P&T) acts in an advisory capacity to the Chief Medical Officer on the provision of quality pharmaceutical services. The P&T Committee is responsible to regularly review and revise the Neighborhood Formulary. The Committee meets bi-monthly to assess the safety, efficacy, and effectiveness of new medications or therapeutic classes and in this review considers FDA classification, information from peer-reviewed medical literature, and research monographs prepared by expert consultants in clinical pharmacology. As part of the evaluation process associated with each new drug or drug class, the P&T Committee reviews utilization data to identify trends in drug use. This information is used to help develop and implement specific initiatives to promote appropriate use of drug therapies.

The P&T Committee is responsible to:

- Establish a pharmacy program and formulary that ensures cost-effective drug therapy
- Review and revise the formulary
- Develop pharmacy practice guidelines and performance standards
- Review and approve all quality improvement activities relative to drug utilization activity
- Assess new pharmaceutical technology and summarize activities / recommendations for distribution to the Clinical Management Committee and Clinical Affairs Committee
- Provide feedback, summary reports, and notification of formulary changes to network clinicians
- Maintain written minutes which are approved by the Committee and signed by the Committee Chair

An Associate Medical Director chairs the Committee. Committee members include: primary care, specialty care, and behavioral health clinicians and practice managers from Neighborhood's provider network as appointed by Director of Pharmacy and the Chief Medical Officer, Neighborhood's Pharmacy Operations Manager, an Associate Medical Director, a clinical account manager from Neighborhood's contracted pharmacy benefit manager, and a member of Neighborhood's Board of Directors.

### **H. Senior Leadership Team**

The Senior Leadership Team is key to the success of the Continuous Quality Improvement (CQI) process, by leading the creation of an organizational culture that supports CQI, using management practices that sustain improvement efforts, and creates an environment where all staff can use performance improvement to develop their potential for doing the best job they can.

Senior Leadership Team supports the CQI by:

- Setting expectations for all staff that the PDSA methodology for Neighborhood in achieving performance excellence.
- Supporting the utilization of the PDSA methodology in decision-making and problem solving and making resources available for continuous quality improvement.
- Acting as a role model for continuous quality improvement by utilizing the PDSA methodology for decision-making and emulating the leadership practices of Neighborhood consistent with being a QI leader, as described in Neighborhood's Leadership Guide.
- Ensuring that presentations to staff are documented in a way that PDSA methodology is evident by:
  - Holding staff accountable for applying PDSA continuous quality improvement approach in individual roles and responsibility.
  - Providing ongoing, visible and useful feedback and support.

## **I. Department of Evaluation and Improvement**

The Department of Evaluation and Improvement (DEI) oversees the implementation and the effectiveness of the CQI by:

- Facilitating the alignment and integration of CQI with the overall organization in collaboration with Senior Leadership Team
- Developing a Quality Improvement Annual Evaluation and Program Description
- Monitoring Quality Improvement Work Plan
- Integrating the program evaluations results into continuous quality improvement efforts
- Modifying, as necessary, the existing committees that support continuous quality improvement to better align with Continuous Quality Improvement Strategic Plan
- Developing, in collaboration with ODHR, training tools and topics to support the CQI
- Training staff on using the quality improvement tools, as necessary
- Facilitating the Operations and Service Improvement Committee (OSIC)
- Developing and driving the Quality Improvement agenda for the Clinical Affairs Committee

## **J. Department Directors**

Through the leadership of the director and Senior Leadership Team, each department is expected to participate and work collaboratively on the quality improvement activities that are undertaken organization-wide and at the departmental level to improve the clinical care and service delivered and improve operations effectiveness and efficiency.

The directors support the CQI efforts by:

- Developing departmental goals that stem from the organization's strategic goals and aligns staffs' performance goals with continuous quality improvement.
- Making data-driven decision resulting in data-driven improvements using the continuous quality improvement methodology (PDSA).
- Advocating for the CQI philosophy as a way to improve quality and efficiency resulting in positive outcomes for all.
- Developing and overseeing quality improvement activities aimed at optimal clinical care, service, and organizational effectiveness and efficiency within their own departments.
- Identifying and supporting the continuous quality improvement efforts within the department by:
  - Providing time needed for staff to complete quality improvement project work, including training, meetings, documentation and deliverables.
  - Holding and attending a continuous quality improvement quarterly forum for staff, facilitated by the QI workgroup, to bring opportunities for improvement including potential solutions for improvement.
  - Annually identifying a quality improvement performance goal which will be documented in the Quality Improvement Annual Evaluation.
  - Identifying and implementing at least one continuous quality improvement project per quarter and utilizing the PDSA methodology and documentation.

## **K. Managers and Team Leads**

Managers and Team Leads are essential to the success of continuous quality improvement as they drive the day-to-day work for the organization. Managers and Team Leads support the CQI efforts by:

- Utilizing the PDSA methodology in decision-making and problem solving.
- Advocating for the CQI philosophy as a way to improve quality and efficiency resulting in positive outcomes for all.
- Supporting the QI leader by:

- Providing time needed for staff to complete quality improvement project work, including training, meetings, documentation and deliverables.
- Holding and attending a continuous quality improvement quarterly forum for staff, facilitated by the QI workgroup, to bring opportunities for improvement including potential solutions for improvement.

### **L. Staff**

All staff are given the responsibility and authority to participate in Neighborhood's continuous quality improvement efforts. To fully accomplish this, all staff will be provided with education regarding the Neighborhood's continuous quality improvement strategic plan during their initial orientation and on an annual basis thereafter.

Staff are essential to the success of the CQI as they are the individuals who carry out the tasks and are closest to the potential opportunities for continuous quality improvement. Staff supports the CQI efforts by:

- Utilizing the PDSA methodology in decision-making and problem solving.
- Advocating for the CQI philosophy as a way to improve quality and efficiency resulting in positive outcomes for all.
- Participating at the departmental quarterly forums and project teams.

## **VI. Behavioral Health Quality**

Neighborhood delegates behavioral health quality to Beacon Health Strategies, including the involvement of a designated behavioral health practitioner in program implementation and oversight, and approves the Beacon Quality Improvement Annual Evaluation and Program Description on an annual basis. [QI 1A.2, 6](#)

## **VII. Program Staffing and Resources [QI 1A.10](#)**

Each of Neighborhood's departments contributes to the QI Program. Through the leadership of the director and Senior Leadership Representative, each department is expected to participate and work collaboratively on the quality improvement activities that are undertaken organization-wide and at the departmental level to improve the clinical care and service delivered to members. Below are some of the responsibilities of the departments and staff at Neighborhood which support the organization's QI Program:

### **Case Management and Clinical Programs Staff**

- Oversee case management for high-risk members including those identified through Neighborhood's disease management programs
- Track clinical program outcomes
- Conduct outreach and care coordination activities for members who have been identified as being at high clinical and social risk in order to ensure quality, and cost-effective member-centered care
- Annually evaluate program activities
- Develop materials and resources with the input of network providers to impart the importance of positive health behaviors to members
- Implement health education programs for individual Neighborhood members, populations, and/or other community needs
- Educate members and work with them toward healthy lifestyle behaviors

- Plan and evaluate health education programs for individual Neighborhood members, populations, and/or other community needs

### **Evaluation and Improvement Staff**

- Continuously monitor the outcomes and results of clinical quality improvement initiatives
- Provide analytical and data support across Neighborhood to maximize Neighborhood's ability to make data driven decisions and support day-to-day functions
- Participate on the Member and Provider Satisfaction Workgroups, the Clinical Affairs, Clinical Management and Operations and Service Improvement Committees

### **Utilization and Clinical Medical Policy Staff**

- Conduct pre-certification, concurrent, and retrospective analysis of appropriateness of care
- Track and trends key utilization data
- Provide an annual evaluation of the medical management and utilization management activities to the Clinical Management Committee for the identification of improvement opportunities
- Work with the AMD to identify and develop the organization's Clinical Medical Policies, which detail the medical necessity criteria for coverage of conditional benefits

### **Credentialing Staff**

- Complete office site assessments, with assistance from Medical Management staff as necessary, to ensure the safety and cleanliness of physician practices
- Maintain and update the provider credentialing database
- Oversee the credentialing and recredentialing processes for practitioners and organizational providers
- Conduct ongoing monitoring and evaluation of network practitioners to assure the safety and quality of services provided to enrolled members.

### **Provider Services Staff**

- Responsible for managing communications and serving as the primary point of contact for network providers
- Field provider inquiries regarding eligibility, coverage, claims, and access to care
- Work to implement collaborative quality improvement activities with network providers
- Monitor availability and accessibility standards at physician offices, including time to appointments and after hours coverage
- Document and track practitioner complaints and act on improvement efforts as necessary and as identified during the annual provider satisfaction survey.

### **Customer Service Staff**

- Field all member inquiries regarding eligibility, benefit coverage, claims, special programs and access to care and interact with appropriate staff as necessary to achieve resolution
- Conduct welcome calls to members for the purpose of educating them about health plan benefits
- Conduct member education and outreach as necessary
- Arrange transportation and interpreter services for members
- Process member complaints and requests for appeals in accordance with established policies and procedures
- Identify potential quality of care and member safety issues for review by Quality Assurance staff

- Participate on the Member Satisfaction Workgroup, which oversees quality improvement efforts aimed at increasing member satisfaction

**Pharmacy Staff**

- Facilitate review and update of the Formulary by the Pharmacy and Therapeutics Committee
- Conduct oversight of Neighborhood’s Pharmacy Benefit Manager to ensure contract compliance
- Inform and notify members, providers, and network pharmacies of medication safety alerts and Formulary updates
- Ensure effective management and maintenance of the Formulary, efficient authorization and processes, and the safety of members

**Additional Program Staff and Resources [QI 1A.10](#)**

In addition to the responsibilities of the departmental staff and committees reflected above, the following individuals also participate in the development, implementation, oversight and evaluation of Neighborhood’s Quality Improvement Program as indicated in the time allotments below:

Chief Medical Officer (15%)	Chief Operations Officer (15%)
Associate Medical Directors (20%)	Director of Medical Management (15%)
Director of Evaluation and Improvement (30%)	Director of Pharmacy Programs (15%)
Director of Information Services (10%)	Director of Operations (15%)
Program Evaluations Manager (50%)	Manager of Customer Service & Quality (25%)
Pharmacy Operations Manager (15%)	Manager of Customer Service (5%)
Manager of Case Management (35%)	Manager of Behavioral Health Accounts (25%)
Managers of Provider Services I (2; 15%)	Behavioral Health Project Specialist (25%)
Manager of Performance Imp. & Accreditation (75%)	Manager of Clinical Program & Dev. (35%)
Health and Wellness Outreach Specialist (25%)	Data Warehouse Developer (25%)
Market Research Manager (75%)	HEDIS <sup>®</sup> , Information Services Support (25%)
Medical Management Clinical Business Analyst (25%)	HEDIS Team Lead (30%)
Medical Management Project Lead (30%)	Healthcare Data Analyst I (25%)
Performance Improvement Project Lead (75%)	Quality Outcomes Specialist (10%)
Financial and Health Analytics Project Lead (25%)	Clinical Programs Team Lead (30%)

**VIII. Advisory Groups / Committees**

In addition to assuring appropriate external representation within the quality improvement committees mentioned previously, Neighborhood utilizes the following committees and forums to obtain additional information to guide the organization’s quality improvement efforts. Activities and work undertaken by each of the following groups is reported to the Operations and Service Improvement Committee.

**A. Member Satisfaction Workgroup**

Neighborhood has as its first priority the health, well-being and satisfaction of our enrolled members. In support of this, the Member Satisfaction Workgroup’s (MSW) mission is to identify, understand and remove sources of dissatisfaction with health care services for our members.

Workgroup members are responsible to serve as the voice of Neighborhood’s members and providers; by sharing and evaluating the experiences, observations, and perspectives of the member and provider communities, Neighborhood is better able to propose actionable interventions to

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implement actionable quality improvement activities aimed at improving satisfaction with the health plan. Workgroup members coordinate and compile satisfaction-related information identified or generated within their departments / areas of responsibility and present each to MSW. Subsequently, MSW members are responsible to share the recommendations of the workgroup with their departments as well as ensure the implementation of any recommendations pertinent to their areas of responsibility.

The workgroup is led by the Market Research Manager. In his/her role as the Member Satisfaction Workgroup chair, the Market Research Manager prepares meeting agendas, ensures that reporting standards and schedules are met, oversees the completion of actionable items identified at each workgroup meeting, facilitates meetings, recruits member and provider representation on the committee as necessary, understands and integrates all activities undertaken by Neighborhood to address member and provider satisfaction, and reports semi-annually to the Operations and Service Improvement Committee. MSW meets at least six times per year.

### **B. Member Advisory Committees**

The Substitute Care, Children with Special Health Care Needs (CSN), Rhody Health Partners and RIte Care Advisory Committees offer Neighborhood an avenue for the voice of the member to be heard and to ensure that the organization's initiatives and program materials are member-centric at all times. These advisory groups provide important assistance to Neighborhood in the identification of members' issues and concerns regarding health care at the individual, organizational, and systemic levels. Advisory group members work closely with staff on the creation and implementation of quality improvement initiatives addressing member concerns. These groups have also been instrumental in reviewing, improving and approving the health plan's member materials. Beyond their role within Neighborhood, advisory group members have been invited to speak on behalf of our members at the State and Federal level regarding legislation and budget issues.

Each group is comprised of community advocates and members representing the various constituencies Neighborhood serves. Groups meet on a monthly basis and communicate and document issues and concerns that are within the scope of Neighborhood's operational responsibilities. The group reports to the Member Satisfaction Workgroup.

### **C. Member Focus Groups**

Neighborhood utilizes the focus group forum as a technique to connect with enrolled members when planning, marketing, or developing a new program, material or general idea. Member focus groups allow Neighborhood the opportunity to collect members' opinions, better understand members' beliefs and attitudes about important issues, confirm assumptions, generate enthusiasm and member engagement, and in general, to learn more about our membership. Focus group topics are identified by Neighborhood's staff, and meeting agendas are overseen by the Marketing and External Affairs Department. A trained facilitator leads each focus group discussion. A summarized report is made available to the Member Satisfaction Workgroup subsequent to each meeting, and focus group results are reported to the Member Satisfaction Workgroup.

### **D. Provider Satisfaction Workgroup**

Neighborhood has as one of its priorities the satisfaction of its provider network. In support of this, the Provider Satisfaction Workgroup's (PSW) mission is to identify, understand and remove sources of dissatisfaction with health plan services for our providers in the spirit of quality improvement. Review of all provider satisfaction-related information by a central committee comprised of key Neighborhood departmental representatives allows for the identification of pervasive causes of

provider dissatisfaction and the assurance that appropriate interventions take place to address these problem areas. The PSW consists of internal staff from the following departments: Claims, Provider Services, Pharmacy, Customer Service, Behavioral Health, Medical Management, Evaluation and Improvement, and Marketing and External Affairs, as well as members of Senior Leadership.

PSW meets annually and reviews results of various provider satisfaction surveys and provider complaint data. PSW members are responsible to share the recommendations of the workgroup with their departments as well as ensure the implementation of any recommendations pertinent to their areas of responsibility.

The workgroup is led by the Market Research Manager. In his/her role as the PSW chair, the Market Research Manager prepares meeting agendas, ensures that reporting standards and schedules are met, oversees the completion of actionable items identified at each workgroup meeting, facilitates meetings, and reports annually to the Operations and Service Improvement Committee.

## **IX. Role of Participating Practitioners**

The expertise and input of participating practitioners at each of Neighborhood's Community Health Centers, private primary care practices, hospital-based primary care practices, specialty care practices and hospitals are critical to the development, delivery, and success of Neighborhood's Quality Improvement Program. As part of their commitment and contribution to the QI Program, Neighborhood's contracted practitioners, hospitals, and provider sites:

- Commit to abide by the policies and procedures of Neighborhood.
- Demonstrate active involvement and participation in Neighborhood's disease and preventive health management programs.
- Review and adhere to Neighborhood's Clinical Practice Guidelines, preventive health guidelines, and Clinical Medical Policies and offer recommendations for improvement based on community standards.
- Participate on various standing and ad-hoc quality improvement committees.
- Participate and cooperate with medical chart review activities, quality assurance policies and procedures, and audits.
- Work with Neighborhood's Case Managers, Customer Service Staff, and Provider Services staff to ensure optimal delivery of care and service to members through communication.
- Partner with Neighborhood in quality improvement collaboratives organized at the state-level.

## **X. Quality Improvement Activities**

### **Clinical Quality Performance Indicators: HEDIS®**

The purpose of HEDIS is to ensure that health plans collect and report quality, cost and utilization data in a consistent way so that purchasers can compare performance across health plans. Neighborhood uses the annual HEDIS measures to provide network providers with a standardized assessment of their performance in key areas in comparison to plan-wide findings and national benchmarks. Neighborhood conducts analysis of HEDIS results by race and ethnicity, language spoken, gender, age group and primary care provider type, and line of business to better understand clinical outcome patterns and identify areas of improvement. Neighborhood shares and discusses

site-specific HEDIS results with high-volume primary care provider sites to encourage collaboration to better improve members' clinical outcomes and improve HEDIS performance annually.

### **Member Satisfaction: CAHPS® and Visit-Based Member Satisfaction Surveys**

Surveying member satisfaction provides Neighborhood with information on our members' experience with the plan and their practitioner and helps to prioritize the improvement initiatives that are most meaningful to members. Neighborhood uses the results from CAHPS® to identify areas of member dissatisfaction and opportunities for improvement. CAHPS® survey results are supplemented with ongoing and extensive review of member complaints and appeals, as well as the annual Visit-Based Member Satisfaction (VBMS) Survey. Activities to address member satisfaction are overseen by the Member Satisfaction Workgroup.

### **Provider Satisfaction Survey**

Neighborhood conducts an annual Provider Satisfaction survey to measure provider satisfaction with Neighborhood's administrative and clinical processes. Neighborhood annually sends two separate surveys to physicians and office managers to better assess the needs of our external customers. These surveys assess respondents' satisfaction with functional areas within Neighborhood and the Neighborhood network, as well as overall satisfaction and health plan loyalty. The information obtained is used to develop quality improvement initiatives across the organization to increase providers' satisfaction with Neighborhood and to ensure high quality care for Neighborhood members.

### **Clinical Practice Guideline Development**

Neighborhood's Medical Management Department develops clinical practice guidelines to ensure the delivery of age-appropriate, evidence-based care to enrolled members. Clinical practice guidelines are developed by the health plan, and also in coordination with Neighborhood's behavioral health vendor. Neighborhood annually assesses practitioner adherence to the guidelines to identify opportunities for performance improvement. The guidelines complement and reinforce the established medical philosophy and benefit coverage offered by the plan. Clinical Practice Guidelines are updated no less than every two (2) years and are accessible to network practitioners via the Neighborhood website.

### **Disease Management Programs**

Disease management is a multi-disciplinary, continuum-based approach to health care delivery that focuses on the identification of populations with, or at risk for, established medical conditions. Neighborhood's disease management programs strive to: support the relationship between practitioners and their patients and reinforce the established plan of care; emphasize the prevention of exacerbations and complications utilizing cost-effective evidence-based practice guidelines and patient empowerment strategies such as self-management and patient education and outreach; and continuously evaluate and financial outcomes with the goal of improving overall health and efficient plan performance.

### **Clinical Programs**

Neighborhood's Clinical Programs staff work collaboratively with community partners including, but not limited to Neighborhood's provider network, the Department of Health, and the Rhode Island Health Center Association, to identify health program and project opportunities that align with the health needs of our members and the community. Programs are planned, implemented and monitored with the goal of achieving positive health outcomes for members and focus largely on preventive health, health promotion, disease management, and patient safety. Program

implementation requires the development of member and provider educational materials and ongoing interaction and outreach to members. Neighborhood's current health programs include: asthma, diabetes, smoking cessation, high-risk pregnancy, congestive heart failure and chronic obstructive pulmonary disease.

### **Peer Review Activity**

Peer review is conducted according to the Rhode Island Board of Medical Licensure and Discipline Regulations. The CMO manages the peer review process and its delivery at the Clinical Affairs Committee. Cases requiring peer review are identified through member or provider complaints, and from any other source. The CMO may perform peer review directly, or arrange for review by an appropriate physician or committee of physicians, in accordance with Neighborhood's Policies and Procedures. Remedial and disciplinary action shall be implemented in a timely manner in accordance with Neighborhood's Professional Review Action policies and procedures.

### **Actions to Address Quality of Care Complaints**

All complaints and/or concerns received from members, providers, Neighborhood staff, state agencies, and other entities relative to the quality of care or clinical services rendered to members are forwarded directly to the Quality Assurance Specialist who coordinates the investigation and prepares the findings to be reviewed with the Associate Medical Director (AMD) assigned to the case. For complicated cases, the AMD may defer the case to the monthly Quality Assurance Committee for discussion prior to rendering a final decision. Complaints deemed to be issues of quality of care by the reviewing AMD and/or QAC are reported to the Clinical Affairs Committee (CAC) on a regular basis. The CMO performs an objective review of all quality of care complaints and concerns in accordance with Neighborhood's established policies and procedures.

### **Activities to Improve Patient Safety [QI 1A.3](#)**

The following activities are undertaken as a demonstration of Neighborhood's commitment to improve clinical quality of care and ensure the safety of its members:

- Review of complaints and determination of Quality of Care impact.
- Notification to patients and providers of medications recalled by the FDA.
- Notification to the Quality Assurance Specialist of any potential quality or safety cases (e.g., re admissions to a hospital within three (3) days when a premature discharge is a question, significant provider errors including pharmaceutical errors, unexpected deaths, missed diagnoses or treatments, missed follow-up, or insufficient discharge planning).
- Medical record keeping documentation guidelines to ensure consistent communication.
- Comprehensive site assessments during the credentialing process to ensure that patient care sites meet Neighborhood's standards for safety and cleanliness.
- Care coordination discharge surveys conducted by the Medical Management Department to ensure continuous care and positive clinical outcomes for members.
- Care Coordination High Risk outreach programs for ER, readmissions, and poly-pharmacy.
- Committee review and consideration of new technology, new uses of existing technology, and new pharmaceuticals to ensure the safety, efficacy, and effectiveness of each.
- Targeted and general member educational outreach (Member Newsletters or telephonic outreach).

Neighborhood's annual work plan encompasses additional patient safety activities planned for each upcoming year.

### **Objectives to Enhance Service to a Culturally Diverse Membership QI 1A.11**

Neighborhood's membership is comprised of people from diverse cultures with differing needs. Neighborhood serves low-income families, recent immigrants, diverse racial and ethnic groups, people of all ages, and people with disabilities. Its stated mission is to be a catalyst for improved access and better health in Rhode Island, especially for vulnerable populations. In order to improve its ability to serve its culturally and linguistically diverse membership, Neighborhood undertakes the following efforts and initiatives:

- Works to improve the completeness and accuracy of the information on members' race, ethnicity, language spoken, disability status, and geographic location, in order to understand and respond to the diversity in its membership. In 2011, the implementation of a new core claims and enrollment system will include improved collection and retention of member race and ethnicity, in particular.
- Analyzes its HEDIS and CAHPS® data in particular, and other data as appropriate, to identify gaps in access and quality of care based on race, ethnicity, language spoken, age and other characteristics.
- Presents the results of data analyses identifying disparities in access and quality of care and in services to members to the Operations and Service Improvement Committee, Neighborhood's internal quality improvement committee.
- Assesses the language spoken by its network practitioners and Customer Service staff, as well as the adequacy of the telephonic interpreter services available, to identify and address any gaps relative to the language needs of its membership.
- Assesses the geographic adequacy of its physician network for groups who speak languages other than English.
- Includes members representative of the diversity of its membership's culture and language in all advisory committees and ad hoc work groups to help assure that all members' needs are being considered by these groups.
- Conducts marketing efforts that outreach to culturally and linguistically diverse populations to maintain and expand its market share among these populations.
- Develops member materials that are targeted to the expected reading level and the languages spoken by its members.
- Organizational-wide commitment to diversity of staff and management.

### **Annual Evaluation and Work Plan Development QI 1A.9**

Neighborhood conducts an annual evaluation of its QI Program, inclusive of the activities undertaken and monitored by Neighborhood's QI committees and subcommittees. Neighborhood uses the annual evaluation as an opportunity to make program revisions and identify work plan objectives and activities for the upcoming year. Annually, all contributors and the Chief Medical Officer review the draft of the annual Quality Improvement Program Annual Evaluation and Program Description. The Chief Medical Officer presents the Annual Evaluation, Program Description, and resulting Work Plan to the Clinical Affairs Committee for recommendations, and to the Board of Directors for final review and approval.

## **XI. Delegation**

Contractual agreements between Neighborhood and any delegated group, agency, or organization specify the responsibilities of both parties; the functions or activities that are delegated; the frequency of reporting on those responsibilities and functions to Neighborhood; the process by

which performance is evaluated; corrective action plan expectations, when identified as necessary; and lastly, termination for cause language in the event expectations are not fulfilled. Responsibility

for the oversight of delegated activities lies with designated Neighborhood Account Managers. Delegates are monitored according to a regular reporting schedule overseen by the responsible Account Managers. Additionally, Neighborhood's committees assist in the oversight process, as indicated:

- Monthly, Neighborhood's Clinical Affairs Committee (CAC) reviews and approves practitioners credentialed and recredentialed by delegates. Neighborhood retains the ultimate authority to approve, terminate, or suspend individual practitioners or providers when warranted.
- Annually, Neighborhood's Clinical Management Committee reviews and recommends modifications to each delegate's Utilization Management Program Description, Annual Evaluation, and Work Plan. Semi-annually, the Committee reviews a summary of delegated utilization management activities detailing high level performance and opportunities identified for improvement, as presented to the designated Account Manager quarterly.
- Annually, the delegate's Quality Improvement Program Description, Annual Evaluation, and Work Plan are reviewed and recommended by the Manager of Behavioral Health for presentation and approval at the Clinical Affairs Committee.
- Quarterly, the OSIC reviews a summary of delegated quality improvement activities, detailing high level performance and opportunities identified for improvement, as presented to the designated Account Manager quarterly.

In the event that oversight activities reveal opportunities for improvement, Neighborhood's responsible Account Manager works with the delegate to develop a corrective action plan and monitors the delegate's activities to fulfill the corrective expectations.

## **XI. Confidentiality and Conflict of Interest**

Neighborhood's QI Program maintains the confidentiality of members and providers as required by federal and state law. Electronic and paper reports, minutes, phone logs, medical records or any other information generated are specifically excluded from release or discoverability except as required by federal, or state laws, licensing authorities or insurers. All information is protected in accordance with current peer review privacy and confidentiality acts and access to member information is granted on a need-to-know basis. All Neighborhood employees are responsible to read and sign a Confidentiality Agreement and Code of Conduct at the start of their employment or assignment with Neighborhood, and thereafter on an annual basis. All internal staff, Physician Reviewers, and Physician Consultants involved in the planning or delivery of a treatment plan do not participate in medical review decisions. Medical review decisions are not made with regard to financial incentives.