

## 13: Quality Improvement Program

### 13.1 Overview

The Unison Quality Improvement Program is designed to continually monitor, evaluate and improve the quality of care and services Unison Health Plan provides. The program identifies and recommends ways to improve health care and related services delivered to Unison members through the use of continuous quality improvement concepts and methods, including:

- Evaluating clinical and administrative aspects of care and services provided to members to determine areas for improvement
- Recommending corrective plans of action to improve the quality of care and service
- Implementing the plans of action
- Measuring the effectiveness of interventions to improve the quality of care, customer service and the health status for the members it serves.

### 13.2 Provider Participation in Quality Management

Unison Health Plan has a Quality Improvement/Utilization Management (QI/UM) Committee through which participating providers give Unison Health Plan advice and expert counsel in medical policy, quality management and quality improvement. A medical director chairs the QI/UM Committee, which meets on a regular basis and has oversight responsibility for issues affecting health services delivery. The QI/UM Committee is composed of participating providers and Unison Health Plan management staff and reports its recommendations and actions to the Unison Health Plan Board of Directors.

### 13.3 Monitoring and Improving Quality of Care

The Quality Improvement Program tracks certain indicators of plan performance to assess the quality, adequacy and appropriateness of health care resources used. Performance indicators are based upon:

- The accessibility of practitioners, which is evaluated by analysis of complaint data, on-site and investigative reviews
- The availability of practitioners and providers, which is monitored by GEO access reports and subsequent analysis of standards
- Member and provider satisfaction with the plan services and utilization management process, which is monitored by CAHPS and provider satisfaction survey results, respectively, as well as complaints
- Credentialing and recredentialing standards, which are monitored by adherence to standards and timeframes
- Practitioner adherence to published clinical practice guidelines that is measured by annual guideline measures
- Preventive health services which are evaluated by HEDIS measures and chart audits
- Continuity and coordination of care processes that are evaluated by survey and chart audits
- Access to member services team members that is evaluated by telephone statistics
- Quality of care problems evaluated by member complaints and sentinel events
- Patient safety, which is monitored by drug interactions/medication safety, site reviews, adverse sentinel events, hospital and nursing home surveys
- Disease management program process and outcome measures evaluated through health management analysis

- Health promotion services for children and adults which are measured by HEDIS performance measures and chart audits.

### 13.4 Development of Clinical Practice Guidelines

Unison develops and distributes clinical practice guidelines associated with acute and chronic conditions prevalent in the membership population in an effort to assist practitioners and members with health care decisions based on their disease or condition. Unison's Quality Improvement team in conjunction with the QI/UM Committee updates these guidelines based on medical evidence provided by our Medical Management team or in recognized clinical publications.

### 13.5 Ongoing Evaluation Activities

Quality Improvement activities that support the goals and objectives of the Quality Improvement program are coordinated on an annual basis. The program cycle is based on the calendar year, January through December. The QI/UM work plan is the document that identifies the yearly activities that support the QI program. This work plan will include the annual objectives, program scope and clinical and service quality activities. For each activity, a timeframe for implementation, the responsible person or department and a highlight of when interval analysis takes place will be noted. The annual QI program evaluation includes a summary of quality improvement activities, the impact of the QI Program and the need for revision.

Throughout the year, potential risk management cases and quality of care problems will be evaluated through a formal program which will identify those cases that require investigation and follow up and establish the data collection mechanism for trending purposes. This process shall be conducted as part of Unison's peer review activities. Each potential risk management or potential quality of care problem is reported to the Unison Quality Improvement (QI) Department, and is investigated to determine the assignment of a quality concern level and initiation of an action plan. The QI Department will refer all necessary issues to the Medical Director for review.

Information used for tracking and trending purposes includes:

- Date of incident or identification
- Member identification number
- PCP name
- Involved participating physician, if other than PCP
- Problem description
- Quality concern level
- Facility (site) where problem occurred
- Action steps
- Outcome/follow-up

At least quarterly, the Unison QI Department shall prepare a summary of tracking activities for review by the QI/UM Committee.

The QI/UM Committee acts as a forum in trending quality of care issues and monitoring for system-wide problems. Focused studies/audits or multi-disciplinary teams may be recommended for pursuing QI initiatives for system-wide problems.

### 13.6 Monitoring Member and Provider Satisfaction and Feedback

Unison monitors member satisfaction of care and services, to ensure all areas of member interactions are working effectively, and to identify opportunities to improve on these processes whenever possible for the full range of its operations including:

- Availability and accessibility of health practitioners and services
- Utilization Management procedures
- Quality and service provided in practice settings
- Quality of member services.

Unison analyzes member satisfaction data from all sources including member satisfaction survey data, member complaints and grievances, and provides for interval analysis as well as an annual aggregate report. The report includes the assessment of member satisfaction data and the monitoring methodology, a quantitative and qualitative analysis, year-to-year trending, comparisons to goals and benchmarks, barrier analysis, opportunities for improvement, and evaluation of the effectiveness of past interventions.

Unison will employ the Consumer Assessment of Health Plans Survey (CAHPS) data, member complaints and member grievances. The CAHPS survey provides an integrated set of carefully tested and standardized questions to collect and report meaningful and reliable information about the experiences of the members. In addition, Unison collects and reports all member complaints which are categorized by reason when entered into the information system, and reported by number and complaints per 1000 members. Complaints are reported quarterly to the Operations Committee. All member grievances are logged upon receipt by the Grievance and Appeals staff and categorized by reason. Grievances are reported quarterly to the QI/UM Committee.

Unison evaluates practitioner satisfaction using an annual satisfaction survey. The surveys, which are used for Primary Care Physicians (PCPs), high-volume specialty care physicians, ancillary providers and hospitals, are managed by the Quality Improvement Department. All PCPs, high volume specialists, ancillary providers, and contracted hospitals receive surveys in the mail. High volume specialists are determined from claims analysis based on volume and include OB/GYN providers. Ancillary providers who are sent surveys include the providers of durable medical equipment, home health care services, hospice care services, infusion, medical supplies and orthotics/prosthetics.

### 13.7 Peer Review Procedures

The Unison Medical Director will always contact a provider if there is a question about services delivered or in response to a complaint, the credentialing process, quality of care or sentinel events. If the Medical Director and individual provider or practice can not resolve the issues adequately and pursuant to state and federal regulations, the issues will then be sent to the appropriate Unison committee.