Quality Improvement Program

2017 Annual Report

March 2018
# TABLE OF CONTENTS

## I. GHC-SCW QUALITY IMPROVEMENT PROGRAM p 3-12
- Aim
- Goals
- Quality Improvement System
- Structure of the Program
- Annual Work Plan

## II. 2017 ANNUAL SUMMARY p 13-21
A. Introduction
B. Overview of 2017
   - *Operational Recognition and Achievements*
   - *HEDIS and CAHPS Performance*
   - *Health Management*
   - *Safety of Clinical Care*
   - *Quality of Service*
   - *Quality of Clinical Care*
   - *Financial Health*
   - *NCQA Accreditation & Compliance*
   - *Employee Engagement*
C. Challenges
D. Reflections on Overall Effectiveness

## III. EVALUATION OF WORKPLAN PROJECTS p 21-29

### QUALITY OF SERVICE
- Outreach Process Improvements
- Promoting Health Equity and Health Literacy
- Improvement of Consumer Satisfaction

### QUALITY OF CLINICAL CARE
- Hypertension & Diabetes Measure Outcomes
- Dashboards: Provider, Urgent Care and Nursing
- Asthma /COPD Measures and Committee Projects
- Advance Care Planning
III. EVALUATION OF WORKPLAN PROJECTS p 30-49

SAFETY OF CLINICAL CARE

- Clinical Pharmacists & Medication Management
- Medication Assisted Treatment in Primary Care
- Chronic Pain and Safety of Clinical Care

BEHAVIORAL HEALTH CARE

- Antidepressant Medication Management (AMM)
- Follow-up after Hospitalization for Mental Illness (FUH)
- Follow-up for Children prescribed ADHD Medication (ADD)
- Initiation and Engagement of AOD Treatment (IET)
- Follow-up after ED Visit: (FUA & FUM)

IV. QUALITY IMPROVEMENT WORK PLANS

- 2017
- 2018

V. APPENDICES

1. Overall Organizational Chart
2. Quality Improvement Structure
3. Clinical and Service Quality Committee
4. Peer Review Committee
5. Clinical Content Committee
6. Employee Health and Patient Safety
I. GHC-SCW QUALITY IMPROVEMENT PROGRAM

**AIM:** pursuit to continuously improve the quality and safety of medical and behavioral health care and the quality of services provided to GHC-SCW members.

**GOALS:**

- To support and achieve company mission, vision, common values & goals
- To identify clinical, service, safety and behavioral health issues of impact to plan membership & seek opportunities to improve
- To develop objectives & activities to address those opportunities.

The program is described in three sections:

- **QI SYSTEM:** summarizes concepts and how they relate to the overall program.

- **STRUCTURE:** summarizes the governance and content.

- **ANNUAL WORK PLAN:** summarizes how work plans are developed.
QUALITY IMPROVEMENT SYSTEM

Quality Improvement engages both the organization’s employees and customers. The system relies on careful data analysis and structured tools to inform and give substantive evidence to guide improvement efforts. GHC-SCW leadership reinforces the importance of continuous improvement through innovation and emphasizes strategic goals to achieve higher levels of clinical performance and customer service.

A. Customer Voice
An important cornerstone of our quality improvement system is vigilant attention to the voice of the customer. Frequent customer feedback is valued and essential. Activities and strategies planned throughout the various departments of the organization consider consumer comments when actively working toward meeting member expectations with the goal of achieving better customer service.

B. Employee Engagement
Employees represent a vital reservoir of information in which to learn from as individuals across the organization have special insight into various business needs or problems. Supervisors and employees must engage to exchange and express their concerns or ideas. Employees who contribute to the understanding of problems in their work areas become empowered to improve work processes. Multiple incremental improvements can lead to a higher level of overall performance. Employees treated with respect for their concerns or ideas will give their all to deliver "superb care and impeccable service", a hallmark of GHC-SCW.

C. Data Analysis
Data analysis allows for an accurate assessment of past and current performance and provides an objective look at opportunities for continuous improvement. Processes or systems are evaluated to assess if we are using the best methods and available tools. Prior to implementing improvements, the current system is carefully evaluated in quantitative terms and subsequently monitored quantitatively after changes are introduced.

D. Plan-Do-Check-Act (PDCA)
A PDCA cycle involves using a series of formal steps to solve problems or make improvements. The process encompasses an analysis of the current situation, root causes of problems, planning potential solutions, initiating pilot systems, checking results, implementing the system at full scale, monitoring results, and then repeating the steps if necessary. Use of this step wise process provides a better understanding of barriers to improvement and the change needed to implement solutions.

E. Leadership
Innovative leadership understands the importance of putting their people first and creating a culture where individuals can enthusiastically execute their roles and is, of course, crucial to any management system. The Board and Senior leaders provide direction for the organization. Management leaders set the example for all other employees. It is through commitment to open communication and by defining our companies’ strategic goals and priorities that the entire workforce comes together to create a positive workplace environment and position the health plan to meet the challenges ahead.
F. Mission Statement
"The mission of Group Health Cooperative of South Central Wisconsin is to provide accessible, comprehensive, high quality health care and outstanding service in an efficient and personalized manner."

G. Vision Statement
In 2017, as part of a new strategic planning process, GHC-SCW updated our Vision Statement to reflect a clearer image of where we plan to be in the upcoming three to five years.

“Our local, member owned cooperative will be South Central Wisconsin’s most trusted resource for lifelong health. We will deliver an innovative blend of high quality primary care, specialty care and insurance. Our respected team will improve the health of diverse communities with services that are personalized, equitable, accessible and affordable.”

H. Common Values
GHC-SCW is steadfast in its five Common Values which shape the way we perform each day to deliver the best possible member experience.

We are innovative ~ we create a culture of openness, honesty and the freedom to generate and express new ideas which provide solutions and enhance services to members
We are quality-driven ~ we foster personalized excellence in primary care for members
We are patient-centered ~ we foster personalized excellence in primary care for members
We are community involved ~ we work to cultivate partnerships with our community by performing good deeds, and contributing to and aiding community organizations
We are not-for-profit cooperative ~ we empower our members to set service standards and to have “a voice” in their health care while recognizing the unique nature and opportunities of our non-profit, cooperative governance structure

I. Core Competencies
- We are a partnership of medical and insurance services to provide population based quality care for the benefit of our members.
- We provide member-centered primary care services through our staff-model clinics.
- We listen and respond to the needs of our stakeholders and build strong relationships.

J. GHC-SCW Value Proposition “Better Together for Lifelong Health”

Our cooperative offers unrivaled integration of health care with insurance and is motivated to continuously enhance the health of our member owners and the communities of south central Wisconsin. Strong relationships aid in the delivery of health care and establish a sense of belonging, compassion and understanding. This hallmark of GHC-SCW, the "Better Together" promise continues to guide our mission and vision to develop relationships which are central to the care and service provided to achieve lifelong health.
**STRUCTURE OF THE QUALITY IMPROVEMENT PROGRAM**

**Oversight and Accountability:**

The Board of Directors entrusts the overall monitoring of the QI Program to the Chief Executive Officer who assigns various components of the QI Program to the Chief Medical Officer and the Associate Medical Director of CM & Informatics as responsible senior leaders. The day-to-day operation of the Quality Program is delegated to the Manager of Quality. The Medical Director for Behavioral Health and the Director of Behavioral Health and Medical Specialty Services are also involved in QI efforts associated with the operations of the Mental Health department.

*Appendix 1* outlines the overall organizational structure of GHC-SCW.

GHC-SCW has established the Clinical and Service Quality Committee (CSQC) as the oversight body responsible for quality improvement planning, chartering quality improvement project teams, allocating resources, monitoring the progress of QM efforts, recommending policy decisions to leaders and evaluating the results of QI activities. The Manager of Quality reports the activities of the Clinical and Service Quality Committee to the Executive leadership team. The Director of BH & Medical Specialty Services participates in the Clinical and Service Quality Committee and plans and implements the behavioral healthcare aspects of the QI Program. The Medical Director for Behavioral Health serves ad hoc to the CSQC.

*Appendix 2* outlines the current structure of the QI Program.

**Scope:**

The scope of the QI Program is comprehensive. It involves evaluating how well the health plan manages quality throughout every part of its delivery system -- physicians, hospitals, affiliated providers and administrative services. The process for monitoring, evaluating and improving quality is designed to incorporate two key components:

- The use of data to assist with the delivery of, ongoing monitoring and evaluation of important aspects of care and service, and continuous improvement of systems and processes.
- Involvement of medical and behavioral health professionals in the analysis to identify opportunities

These professionals include medical directors, physicians & nursing staff, quality staff, operational managers and others working together to emphasize LEAN principles and utilize sophisticated quality management tools and approaches.

**Behavioral Health QI Program:**

The Behavioral Health Quality Improvement program is coordinated by the Director of BH & Medical Specialty Services (LCSW) through the work of the Committee on Continuity and Coordination of Behavioral & Medical Healthcare and in conjunction with the Clinical and Service Quality Committee. Behavioral Health committee members include the Medical Director (psychiatrist), Director of BH & Medical Specialty Services (LCSW), the Program Manager of UW Behavioral Health & Recovery (our main substance abuse provider), a staff model mental health therapist, a mental health RN, a primary care practitioner, one social worker from Care Management (UM), a Pharmacist, a mental health therapist (LCSW) from a UW Department of Family Medicine clinic, a clinical information analyst, the Accreditation Coordinator and administrative support staff. The committee reviews BH HEDIS® measures and behavioral health reports, conducts quantitative and qualitative analyses, and develops action plans to address barriers. Examples of behavioral health QI activities are:
○ Outreach to members on anti-depressant medications
○ Follow-up of members hospitalized due to mental illness to ensure outpatient care
○ Outreach to members/practitioners related to members diagnosed with substance use disorders
○ Outreach to members/practitioners related to Attention Deficit and Hyperactivity Disorder
○ Information to post-partum members about post-partum depression
○ Analysis of members with co-existing medical and behavioral conditions
○ Analysis of HEDIS® results related to behavioral health issues
○ Standardization of symptom measurement for depression (PHQ-9) and anxiety (GAD-7) across primary care and mental health with common access to data in EMR.
○ Training in motivational interviewing, SBIRT and integration of PCBH consults
○ Conducting member experience surveys across all levels and settings of BH care

Health of our Community

As a non-profit, consumer sponsored HMO, GHC-SCW is committed to achieving public health goals. In May 2017, the Wisconsin Department of Health Services (DHS) launched its new Healthy Wisconsin initiative, which is the state’s strategic plan to improve issues affecting the health of Wisconsin families. The initiative highlights five priority areas for improving health by 2020: Alcohol, Nutrition and Physical activity, Opioids, Suicide, and Tobacco with an additional focus on adverse childhood experiences and resilience. The DHS is enlisting help from people and/or organizations working closely on these issues, to seek and gain commitments to proceed with activities and specific interventions.

GHC-SCW is advancing healthcare locally to help achieve a Healthy Wisconsin and instituted a Population Health department in 2016. The department manager is working on health equity and initiatives related to tobacco cessation and led the organizations clinical Patient Centered Medical Home recognition and helps direct ongoing efforts in support of medical home concepts.

GHC-SCW cooperates with local public health and Medicaid programs to coordinate prenatal care for high-risk pregnancies and to provide outreach programs for childhood immunizations and health checks. GHC-SCW has been an active participant for several years in the Vaccines for Children Program. This federal program helps insure all children have a better chance of getting their recommended vaccinations on schedule. If a child meets the criteria of the program the vaccine is provided free of charge. The cooperative is also involved locally with the Dane County Immunization Coalition, a community-based collaborative working to insure all citizens of Dane County are appropriately immunized against vaccine preventable diseases.

Employee Health and Patient Safety

GHC-SCW is committed to the safety of clinical care. The primary responsibility of the Employee Health and Patient Safety Committee is to monitor patient safety and medical errors in the clinical environment, as well as, during transitions in care. The committee meets up to six times per year to address employee health and/or other organizational patient safety initiatives and as needed to review member complaints related to clinical safety.

Discussions include development and distribution of policies and procedures, clinical safety training opportunities, employee health for patient safety (i.e. TB testing and vaccinations), Patient Safety Net (PSN) occurrence reporting, review of member complaints related to clinic safety, monitoring for potential medical errors in the pharmacy system, and developing and helping to implement organizational safety-related quality improvement initiatives that may focus on facilities, members, practitioners and/or care team staff.
Committee Structure

The Quality Improvement structure, including the four current committees, is depicted in Appendix 2. Leadership of these various committees has been delegated by the CEO or CMO. These standing committees are the central part of the QI program and are designed to address a wide range of improvement opportunities for GHC-SCW. They function to continuously screen and review information about quality issues and help to identify projects for the annual Work Plan. The individual committees are briefly summarized below with additional detail provided in the associated appendixes.

Clinical and Service Quality Committee; Appendix 3

The assignments and agenda of this committee are directed by the Accreditation Coordinator (Chair) in collaboration with the CMO and the Quality Manager or Clinical Quality Liaison MD. The committee oversees quality issues related to service, clinical and behavioral health and patient safety and may allocate resources necessary for the forming and functioning of various teams. The committee aids in the implementation of recommendations, reviews and makes policy recommendations to other GHC-SCW leaders and/or managers, reviews and evaluates the annual work plan and QI program, monitors clinical updates and reviews the reports of regular monitoring activities, improvement efforts and surveys.

Peer Review Committee; Appendix 4

This committee and its Chair is responsible for reviewing any specific clinical and behavioral health cases, which have been referred as possible instances affecting quality of care or service. Members, practitioners, staff or other individuals who identify quality of care concerns can forward cases to this committee.

Clinical Content Committee; Appendix 5

Committee members of the CCC serve as content experts for clinical policy review and electronic records improvements that may relate to activities within Quality, Population Health or Clinical PCMH Informatics. This committee and its Chair, the Associate Medical Director, also reviews clinical practice guidelines developed in collaboration with the University of Wisconsin Center for Clinical Knowledge against clinical evidence and approves updated guidelines at least every 2 years or more frequently if national guidelines change.

Employee Health and Patient Safety Committee; Appendix 6

The Chief Nursing and Clinical Operations Officer chairs this committee which monitors patient safety and medical errors in the clinical environment and during transitions in care. The group may also help to develop and coordinate policies, procedures and organizational patient safety initiatives.

Credentialing

GHC-SCW credentials all practitioners, medical doctors, DOs, oral surgeons, DPMs, DCs, NPs, PAs, ODs, physical therapists, speech language therapists, optometrists, podiatrists, chiropractors and dentists who are under contract to provide services to GHC-SCW members. Behavioral health practitioners requiring credentialing are defined as:
physicians and psychiatrists (MD or DO) or masters / doctorate psychologists (PhD or PsyD)
- licensed Advanced Practice Nurse Prescribers (APNP)
- masters or doctorate level Licensed Clinical Social Workers (LCSW)
- Licensed Marriage & Family Therapists (LFMT) Licensed Professional Counselors (LPC) or licensed Clinical Substance Abuse Counselors (CSAC) certified to practice independently.

The Peer Review Committee makes recommendation for approval to the Chief Medical Officer.

**Evaluation of the QI Program**

GHC-SCW is uniquely positioned to achieve our quality vision thanks to the excellence of our practitioners and providers, our ability to efficiently and effectively organize care around patient populations, and the use of technology to support personalized care. Our QI program summary and evaluation is compiled annually. It includes a comprehensive review of yearly work plan objectives, organizational initiatives and an overall evaluation of the impact of the QI program including progress toward influencing safe clinical practices throughout the delivery system as well as evaluating practitioner availability, complaints and appeals annually. Evaluations are reviewed by the Clinical and Service Quality Committee to determine which areas need further improvement or have been appropriately addressed.

**Committee Meeting Documentation**

GHC-SCW generates agendas and detailed minutes for all the quality committee and related subcommittee meetings.

**Quality Program Resources**

The QI Program has support from GHC-SCW’s Chief Executive Officer. The Chief Medical Officer and the Associate Medical Director of Informatics and Care Management play key roles in the QI program. A Quality Manager, Accreditation Coordinator, Quality Analyst and Wellness coordination staff make up the quality team and have a range of expertise. The Population Health Manager is also intricately involved in quality improvement efforts. The program is further supported by sophisticated information systems, electronic medical records and software tools available for quantitative data assessment to aid in improvement initiatives.

**Objectives for serving a culturally and linguistically diverse membership**

GHC-SCW is dedicated to delivering culturally and linguistically appropriate care for our members. The goal is to ensure staff and practitioners have the skills and tools needed to provide culturally competent communication and health care that recognizes and eliminates health disparities whenever possible. Our objectives are:

- To identify and conduct patient-focused interventions with culturally competent outreach materials that focus on race/ethnicity/language specific risks
- To identify and reduce health care disparities
- To provide services in a culturally competent manner, regardless of gender, sexual orientation or gender identity

Some examples of work towards these objectives:

- GHC-SCW sponsored the 2017 Racial Justice Summit hosted by the YWCA and had 28 employees attend. The two-day summit provided a platform for community dialogue around
eliminating barriers that foster racism in our community.

- As part of our “Roadmap for Health Equity: 2017-2019”, GHC-SCW launched a Transgender Person Care Workgroup to develop how our health plan incorporates culturally responsive education programs.

- Continued involvement in and endorsement of a variety of diverse community based programs such as the Literacy Network among others. In 2017, GHC-SCW became an agency sponsor for Centro Hispano of Dane County (CHDC). Investing at the highest level, GHC committed to CHDC’s mission Empowering Youth, Strengthening Families, & Engaging the Community where Latino families can aspire toward reaching their personal goals through engagement and with tools for success.

- GHC-SCW hosted a presentation on the Dane County Community Health Needs Assessment (CHNA) at the November 1, 2017 Primary Care Conference to engage our practitioners in the findings of the most recent analysis.

- Partnership with UW Health and other local hospitals in the HealthyDane collaborative, a group that recognizes health issues identified from the CHNA may be larger and more complex than one organization can address alone and working together helps everyone to better understand the needs of the community in effectively managed ways.

**Objectives for serving members with complex health needs**

Our Complex Case Management program provides proactive, medically appropriate, cost effective, coordinated care to members with complex medical / behavioral health conditions or for whom a critical event has precipitated a need for rehabilitation or additional health care support.

GHC-SCW members inquiring about or accessing care services are evaluated to determine their need. If a member does not qualify for Complex Case Management, s/he has the opportunity for continuum of care for medically necessary services through Utilization Management.

Several key objectives defined for the Complex Case Management Program are:

- To provide early intervention to prevent recurrent crisis or unnecessary hospitalizations

- To assist members in navigating the delivery system & to better understand their individual benefits

- To serve as a liaison to community resources regarding options and services not covered by the benefit plan

- To support members individualized learning needs related to managing their health

- To partner with providers and the community in assisting the member to achieve the highest potential for maximum independence
Some achievements in CM department operations in 2017 were:

- Population assessment led to tightening our criteria to include:
  - Diabetes diagnosis with a cardiovascular diagnosis or event
  - Substance Abuse Disorder
  - Less than 18 years old with a psychiatric admission
  - Chronic comorbidity (two chronic diseases or conditions) with a psychiatric admission
  - High-risk pregnancy
- Intensive training for case managers introducing new educational program offerings
- Realized better outcomes and substantial cost savings of NICU dollars for high risk pregnancies

**Collaborative Activities**

GHC-SCW’s suppliers and partners play various roles in the production and delivery of key products and support services. EPIC, which provides the EMR and MyChart infrastructure, is a key collaborator and supplier. EPIC Link and Care Everywhere provides secure EMR access to providers and permits physicians to collaborate across practice sites and between legal entities (e.g. facilities and medical groups) to share patient histories related to their health care.

GHC-SCW collaborates with MetaStar, a QI organization that consults with hospitals, clinics, nursing homes, health plans, physicians, and nurses to empower them to make lasting improvements and address the need for system-wide innovation and consistent evidence-based approaches across settings of care. MetaStar supports our efforts to improve outcomes among diabetes patients with access to community-based diabetes self-management classes.

Meriter Hospital and UW Health have a long history of collaborating to provide excellent care in our community. GHC-SCW and UnityPoint Health – Meriter signed a contract to transition all member maternity and newborn services to Meriter Hospital effective January 1, 2018. With this change, our members will have the option of Certified Nurse Midwives for their prenatal and birth experience and newborns needing more specialized care will access UW Health neonatologists and pediatric subspecialists. GHC-SCW members highly value the relationship with UW for specialty care.

GHC-SCW & Edgewood College are collaborative partners giving several next generation nursing students learning opportunities through clinical rotation within out-patient settings at GHC owned clinics. Students link their nursing theory to real time experiences in a variety of situations including care team meetings, prenatal & pediatric visits and Case Management.

Beginning in August 2017, GHC-SCW began partnering with the Madison Children’s Museum to launch a program called *First Time Parents*. GHC’s financial investment grants a free museum membership to new families with the goal to get first time parents engaged in critical development play for their young children up to 18 months of age.

Other standing collaborations include Healthy Dane hospital and public health partners, UW Endocrinology (Diabetes Care), UW Center for Clinical Knowledge, EPIC Care User Group, UW Department of Family Medicine & Dental Health Associates.
ANNUAL QUALITY WORK PLAN

The Clinical and Service Quality Committee, CSQC, is responsible for reviewing and approving the annual QI Work Plan. Multiple sources are used to identify potential improvement projects based on continuous analysis of information which comes to staff and standing committees through member experience surveys, HEDIS® or CAHPS® data, NCQA reports, observed needs or problems, member complaints or the evaluation of errors or events. The final decision on the priority of projects in the annual work plan is made by senior leadership and takes into consideration the organization’s strategic plan. In this manner, staff are working on and contributing to a "living work plan", in which objectives and activities may be adjusted as needs change based on measurement of effectiveness, business planning or budget constraints. Designated team leaders or subcommittee members report periodically to QM leadership and the CSQC as appropriate.

Six major categories have been identified as focus areas:

i. **Quality of Clinical Care**
   Aim to improve clinical processes and outcomes as well as health promotion and disease management across staff model and non-staff model delivery systems

ii. Behavioral **Health Care Quality**
   Aim to improve on processes and outcomes of behavioral health care provided across staff model and non-staff model delivery systems

iii. **Quality of Service**
   Aim to improve on clinical and health plan processes to positively impact member and employer group satisfaction and overall organizational service quality

iv. **Safety of Clinical Care**
   Aim to maximize safe clinical practices by reducing risks

v. **NCQA Accreditation & Compliance**
   Aim to meet the expectations of our members, employer purchasers and those that regulate the industry

vi. **Financial Health**
   Aim to maintain a sustainable organization and optimize value in health care delivery
II. 2017 ANNUAL SUMMARY

A. Introduction
At Group Health Cooperative of South Central Wisconsin, we are working diligently to live up to our member’s expectations. We know that to best serve our members, we need to deliver superb quality care, more affordable care and coverage, and a member experience with the health care system that is patient centered yet efficient.

Over the last few years, the organization has experienced transformative change. Within this report we reflect on this process and some of the highlights and accomplishments of 2017.

The year began as our Enterprise Applications (Epic) and Business Solutions teams prepared for an EMR system upgrade and Office/SharePoint infrastructure improvements. After an untimely resignation of the Chief Financial Officer, Bruce Quade, our Chief Information Officer, accepted the added challenge to perform also as interim CFO. Mr. Quade served admirably in a dual role for several months. A new CIO was identified late in 2017 as IT Applications Director Annette Fox was promoted. Mr. Quade continues as CFO. In November, the cooperative on-boarded Kristen Lueschow in a new position, Director of Clinical Operations. She brings experience in ambulatory care and skills in quality and LEAN process improvement. Dr. Mark Huth, CEO, celebrated his 10-year anniversary with the cooperative.

GHC-SCW continues planning to build our cooperative for the future. In 2017, Dr. Huth recruited the expertise of The Beckham Company to update the framework of our strategic plan for the next 3-5 years to sustain our success. The next steps are to develop tactics which support our Driving Strategies by creating targets and metrics. A long-term goal for 2021 is to increase the number of members who receive primary care through the clinics of GHC-SCW by ten percent.

The seven Driving Strategies that serve as the foundation of the new strategic plan are to:

1. Deepen key partnerships to further enhance our quality, access, member satisfaction and affordability.
2. Innovate to be the leader in the delivery of care in a primary setting.
3. Enhance access and equity for our services.
4. Partner with employers to develop comprehensive solutions that reduce their total cost of care.
5. Foster an environment that supports, challenges and empowers our team.
6. Diversify and solidify our sources of positive revenue, improve efficiency and strengthen our capital base.
7. Continue to build awareness and preference for our integrated cooperative model.

As a non-profit medical delivery system and health plan, GHC-SCW is committed to the Institute for Health Care Improvement’s Triple Aim: improving health, enhancing the patient experience and making health care more affordable. The QI work plan strives to frame projects around the Triple Aim by applying efforts toward opportunities to improve clinical quality and the patient experience and implementing concepts and strategies to lower costs for our members and the organization.
B. Overview of 2017

Operational Recognition and Achievements

- GHC-SCW retained “Excellent” NCQA Accreditation status for the commercial product line. Our cooperative enjoys a rich history of accomplishments in quality improvement and takes pride in maintaining this status since 1995, marking our 22nd consecutive year.

- GHC-SCW’s Marketplace HMO product line remains "Accredited" through July 28, 2019; this allows the organization to continue participation on the federal exchange under the Affordable Care Act and the Center for Medicaid and Medicare Service requirements as a Qualified Health Plan issuer.

- GHC-SCW was 1 of 8 commercial health insurance plans in WI rated a 4.5 by NCQA in 2017. NCQA rated more than 1000 plans nationally including commercial, Medicare and Medicaid; only 5 commercial plans received a rating of 5.0. This achievement reflects the strong commitment GHC-SCW has toward continuous high-quality health care.

- GHC-SCW’s staff model clinics attained the highest level of Patient Centered Medical Home recognition under NCQA and are the only Level III clinics recognized to date in Dane County. This is a product of the diligent work of patient care team staff and infrastructure innovations supported by the health plan over the past several years to make the cooperative a leader in our community.

- GHC-SCW was chosen by the YWCA to receive its Organization of Distinction award for our work surrounding health equity. The award was presented in February 2017.

HEDIS® & CAHPS® Performance: Measurement Year 2016

Per the reporting by the Alliance of Community Health Plans (ACHP), GHC achieved or maintained above the 90th percentile in:

- 13 of the 21 Clinical Treatment scores
- 7 of the 15 Access and Prevention scores
- 1 of the 9 Service scores

GHC-SCW ranked # 1 out of 18 in Wisconsin in seven areas, namely Effectiveness of Care and Treatment, Respiratory, Mental Health, Prevention, Child and Maternal Health and Plan Satisfaction. Nationally, GHC-SCW ranked # 1 in Respiratory and Child and Maternal Health, however in Consumer Experience and Provider Satisfaction performance lagged nationally and at the state level. Consumer Experience and Provider Satisfaction remain important focus areas for improvement.

The table below, a reproduction of the ACHP Dashboard Ratings Report, displays these rankings for GHC-SCW’s Commercial HMO. Analyses in the table do not include NCQA accreditation scores which account for 10% of the plans final rating results.
HEDIS® and CAHPS® priorities are selected based on the following criteria:

- Measures with small denominators where small changes in compliance can result in large changes in performance
- Triple weighted outcomes measures or lowest performing
- New measures that impact scoring for the commercial product line

Measures related to cardiovascular disease and diabetes care continue to be areas of focus including Controlling BP & Statin Therapy (SPC & SPD) and Diabetes HbA1C control < 8.0. After HEDIS® 2017 rates were released, adolescent immunizations were identified as an area that needed attention and improvement. Adolescent Combo 1, which includes Tdap and Meningococcal, experienced gains in the 4th Quarter due to clinical staff improvement efforts.

### Health Management

- GHC-SCW was selected to partner with the UW Center for Tobacco Research and Intervention on a 2-year grant project to increase tobacco cessation among patients. The grant enabled GHC to hire an Outreach Specialist who will test new Epic tools and registries to pro-actively engage members in setting a quit date and connect them to resources. The project will be rolled out in phases beginning with 2 clinics in early 2018.

- GHC-SCW has partnered with the YMCA to provide a Diabetes Prevention Program (DPP). Practitioners are alerted to do a Prediabetes screening with a Hemoglobin A1c if the member is age 40 to 70 and suggest enrollment in YMCA’s DPP if criteria is met. The certified YMCA program includes small group activities that encourage healthier eating and increased physical activity. Participants also have free access to YMCA facilities for the first 16 weeks of enrollment.
ePharmix pilot tested using text messages to communicate between patients and Care Teams. Text Messages asked enrolled staff model patients questions about their symptoms related to congestive heart failure to help better manage conditions before more serious problems arise.

Electronic bulk communication and ordering tools were put into use to assist clinical care teams in rapid and precise ordering and communication of prevention or care gap notices.

**Safety of Clinical Care**

GHC-SCW is improving patient safety by:

- Reviewing and responding to quality of care complaints and patient safety concerns in accordance with established policies and procedures
- Providing follow-up with members through Complex Case Management to ensure that care is received in a timely manner
- Identifying opportunities to improve continuity and coordination of care of medical care and between medical and behavioral health care

**Lab Process Improvements**

In the past, GHC-SCW received complaints from providers, clinical teams and laboratory staff that our methodology for releasing lab orders resulted in mistakes or miss-draws, inappropriate cancelled orders, or duplicate orders. GHC engaged a multidisciplinary team of stakeholders to evaluate how to improve our processes. Phase One of the system improvement was implemented in April 2017 to enhance workflow through the addition of simple color coding to enable reception staff to more accurately release the appropriate orders for our members with limited privacy concerns. This simple process made it much clearer what needs to be released at the time the member presents and limits the likelihood of duplicate orders or mistakes occurring.

**Improvements to Anti-Coagulation Monitoring**

Anti-coagulation therapy requires regular monitoring of INR levels for safe blood levels and effective treatment. A time lag problem was identified related to transit of samples to a central lab that caused some results to be delayed and care being compromised. GHC-SCW responded to the issue by recently facilitating the processing of INR tests onsite in four of our six internal primary care locations. The new process increased the turn-around time to contact patients which improved safety of clinical care.

**Occurrence Reporting System: UHC Patient Safety Database**

The Employee Health and Patient Safety Committee are responsible to prevent harm where possible and prepare staff for situations that may arise. This is accomplished through reviewing incidents filed to the UHC Database monthly. GHC-SCW's occurrences of harm in our clinics and organization remain low and risks are also low. Employees are encouraged to file reports of concern for building or parking safety, medication management, ordering processes, workflows, "near misses or almost events" through the Occurrence Reporting link on the GHC intranet. Based on the UHC reports, patient safety projects may be initiated.
Chronic Pain Management

GHC-SCW continues to impact the abuse or overuse of opioid medications and help members to identify alternative pain control options. Our aim is to manage to safe levels and offer additional multidisciplinary therapies with a focus on function not complete elimination of pain. Patients who previously received higher doses of opioids are navigating the mindful road in close collaboration with their primary care providers to taper down to safer levels.

A Chronic Opioid registry became available in our EMR in 2016 with metrics being tracked on Primary Care and Nursing Dashboards. On September 29, 2017 GHC-SCW released a corporate communication to call further attention to the opioid crisis and institute the following new goals for treatment standards* at GHC-SCW:

- For all existing patients on non-cancer Chronic Opioid treatment, reduce all members to less than 200 Daily Morphine Equivalents by April 1st, 2018.
- For all existing patients on non-cancer Chronic Opioid treatment, reduce all members to less than 90* Daily Morphine Equivalents by October 1st, 2018.
- *Effective immediately, prevent any non-cancer patients from increasing past a Daily Morphine Equivalent of more than 90.
- Decrease or eliminate the co-administration of opioids and benzodiazepines/sleep aids.
- CDC recommends 90* as a maximum Daily Morphine Equivalent

**e-Prescribing for Scheduled Medications**

GHC-SCW has engaged in the use of electronic (paperless) transmission of prescriptions for controlled substances since December of 2015. The use of this sophisticated technology allows for safer and more secure provider specific prescribing minimizing the risk of prescription forgery and lost or stolen paper prescriptions.

On April 1, 2017, the state of Wisconsin implemented a new process for all prescribers of Schedule II-V medications to have the state’s Prescription Drug Monitoring Program (PDMP) database checked prior to prescribing any of these medications. Programs such as the PDMP have been set up as first steps for creating structure and accountability from a governmental standpoint. GHC-SCW has since taken steps to integrate our EMR with the PDMP allowing clinical staff to more efficiently access the database for patient information.

*Employee Influenza Vaccinations*

Group Health Cooperative is a community leader in our efforts to prevent disease through a strong vaccination program. Along with many other Wisconsin providers, we have dramatically reduced the occurrence of health care associated infections through these efforts. To ensure that we are doing all we can to help our patients and each other live well, all personnel are required to receive an annual influenza vaccination as a condition of employment per policy HR. EH.014. The Wisconsin Healthcare Influenza Prevention Coalition encourages all their members to implement an evidence-based vaccination initiative for all personnel. GHC joins other Dane County and Wisconsin medical clinics, hospitals, home health agencies, nursing homes, and pharmacies in their mandatory influenza vaccination policies.
Safety Initiatives within Pharmacy

- The pharmacy department reviews medication occurrences monthly to look for trends and opportunities to improve work flows. Medication occurrences are reported to the Employee Health and Patient Safety Committee (EHPS) biannually. Occurrences remain very low due to internal training and education of pharmacy staff.

- The Clinical Pharmacy Team helps patients with medication reconciliation, transition of care and optimization of pharmaceutical treatments, working closely with both the care teams and the patients directly to improve hypertension treatment performance and statin adherence with patients at risk for stroke and heart disease. The impressive work of our Clinical Pharmacists has attracted national recognition in recent years and most recently, the Excellence in Innovation Award from the Pharmacy Society of Wisconsin.

Quality of Service

- Achieved performance at or above the 90th percentile in the following 2017 CAHPS® measures:
  - Claims Processing Composite
  - Shared Decision-Making Composite

- GHC-SCW increased our commercial HMO membership by more than 2,000 as of July 2017 with the addition of employees of the Madison Metropolitan School District. Health plan staff stepped up to do site visits to different schools, including Saturdays, to ease new members in and answer questions. From the sales team to Care Management, and all clinical teams, staff worked together to provide for a smooth transition.

- GHC-SCW added its first nurse mid-wife to our staff of professionals at Capitol Clinic in 2017. Midwifery practice provides care and support during pregnancy, labor/birth and the early postpartum period.

- GHC-SCW began OpenNotes and Share Everywhere to pursue a commitment to greater transparency between providers and patients. OpenNotes makes visible digitally signed encounter notes via the member MyChart account. Share Everywhere allows members to choose to share their health information with other providers that do not have access to an Epic EMR.

- GHC-SCW established a Patient Financial Counseling service line and will also integrate a financial counselor within Hatchery Hill Clinic as a pilot of in-office consults with members. This was created in response to members for clarity on costs/patient responsibility.

Quality of Clinical Care

- Nursing staff have been working to promote safe transitions for our members from the hospital to home with a goal of reducing our readmission rates by providing a phone call to the member within 48 to 72 hours of discharge for the most at-risk types of admissions. Every time we help a member succeed at managing their health, without entering the hospital, we support the overall health of our cooperative and our community.
○ Strategies designed around registry-based preventative care gap closure, registry-based chronic disease care, RN Case Coordination and Complex Case Management encompass the four areas of focus defined by NCQA for Population Health Management.

○ Members have added birth options, like midwife deliveries and access to the region’s only birth facility to support breastfeeding plus a full range of services provided through Meriter and UW Health. This includes Perinatal Care for high-risk pregnancies and a Level III and IV NICU, along with a full team of specialists for both mother and baby.

○ GHC-SCW implemented CareSelect, a new Epic tool to assist providers in selecting the most appropriate imaging exam based on indication/reason when ordering advanced radiology testing (CT, MRI, nuclear medicine, and PET). This tool benefits both patient safety and quality to reduce unnecessary exposure to radiation where appropriate and to select the correct exam based on clinical evidence.

Financial Health

Beginning in 2015, GHC-SCW, started an important cultural and financial turnaround. Working with the finance team, Dr. Huth set out to create a comprehensive business plan that described specific tactics, objectives and outcomes target dates based on assumptions of sales volume, pricing, and medical cost utilization for primary & specialist care, ancillary services and inpatient care. Medical costs, particularly for specialist and inpatient utilization, are the major challenges that impact financial performance. A joint operating agreement was finalized in early 2018 with UW/UP-Meriter that establishes a value-based risk sharing agreement that is shaping the future of managed care for our cooperative. Pharmacy costs showed especially good performance in 2017 beating budget by over $3M. GHC-SCW will be impacted by the ACA tax and loss of the Cost Sharing Reduction payments in 2018, however, does not expect this to deeply affect our overall financial outlook.

Revenues for 2018 are projected to be comparable to 2017. Remodeling projects slated for 2018 at our East and De Forest clinics are planned, large capital investments in facilities. Expense management has been a critical factor in our turn-around over the last few years and the organization plans to continue to utilize this strategy to cement the cooperatives sustainability in the local market. While our medical group remains central to our ability to provide quality care and service at a lower cost within our owned and operated clinic system, we continue to work to ensure a future that provides high quality care for our members regardless of the provider location. Continued vigilance has helped the organization to remain on the path to meet its financial objectives. Our CFO anticipates the financials to post favorably when the ledgers officially close on 2017 and our CEO reported substantial improvement in the cooperatives reserves. The 2018 operating and capital budgets were presented to and approved by the Board in November.

NCQA Accreditation & Compliance

The National Committee for Quality Assurance is a private, not-for-profit organization dedicated to improving health care quality. Accredited health plans today face a rigorous set of standards and must report on their performance in more than 40 areas to earn NCQA’s seal, a widely recognized symbol of quality. The Accreditation process evaluates how well a health plan manages quality throughout every part of its delivery system to continuously improve health care. The accumulation of the NCQA accreditation score and the HEDIS and CAHPS scores add up to determine the overall rating of the plan. HEDIS® is a set of standardized performance measures designed to ensure purchasers and consumers have the information they need to reliably compare the performance of managed health care
plans and is a registered trademark of NCQA. CAHPS® is a comprehensive and evolving family of surveys that ask consumers and patients to evaluate the interpersonal aspects of health care and is a registered trademark of the Agency for Healthcare Research and Quality. These measures and standards serve as tools to identify opportunities for improvement for the following years.

GHC-SCW remains NCQA accredited through July 28th, 2019 and is preparing for our next renewal. NCQA recertifies organizations every 3 years via an off-site review of documentation, as well as by visiting on location, to review random examples of the plans case management, utilization management and appeal files and credentialing documentation. GHC-SCW’s Accreditation Coordinator has performed an analysis of the 2018 standards and developed a survey preparation plan to address identified gaps. NCQA’s new Interactive Review Tool was purchased in early 2018 and training on its functionality was completed and we have started to develop the evidence library as part of our readiness evaluation for the May 2019 submission.

Employee Engagement

The Quality Manager promoted the Outreach and Patient Experience Coordinator to oversee the Wellness department after the former department lead resigned. Job duties of staff were evaluated to effectively manage the workload and continue needed efforts.

In spring 2017, company employees attended the All Staff Meeting to learn about improving patient experience as “Choosing Your Attitude” was the meetings theme. The metaphor about keeping our lighthouse shining brightly and supporting one another in the work we do was inspiring. It was also great to here news from across the organization, especially the results from the Employee Engagement Survey, Patient Experience, NCQA and our improving financial performance. Insightful presentations about self-care and how we approach our work and lives with balance, purpose and a sense of connection rounded out our time together.

Throughout the year, Primary Care Conferences provide a venue to obtain information related to health plan operations or changes in our clinics and patient care environments. Quality staff also participate on various committees which focus on the objectives of the work plan, accreditation requirements or other initiatives. Routine team meetings involve project updates and occasional educational webinars.

C. Challenges in 2017

- Change within CFO and Compliance Leadership positions
- Budget constraints and business financial objectives.
- EMR and other infrastructure upgrades
- Mounting regulatory burden & new requirements within the NCQA standards
- Changing local healthcare market & concerns about self-funding by the State of WI
- Outreach and engagement across our network providers
- Contracting and VBP arrangements
- Improving the patient experience
- HEDIS and Meaningful Use Stage 3 reporting
- Uncertainty of legislation changes with the Affordable Care Act
- Corporate and Clinical PCMH recognition initiatives and submission deadlines
D. Reflections on Overall Effectiveness of Program

Annually, the overall effectiveness of the QI program is assessed. The intent of the process is to determine whether areas identified as needing improvement have been appropriately addressed, established indicators adequately assess the performance of the organization’s quality of care and service, and objectives are being accomplished. This includes review of committee structure and leadership involvement to also ensure adequacy of resources.

Dr. Christian Kastman, CMO, and his team of dedicated staff have worked together on ideas that have helped to shape the Care Management and Population Health departments and the QI program. In 2017, the cooperative sought and earned Level III PCMH recognition from NCQA for all six of our staff model primary care clinics and is continuing to implement new initiatives in support of the medical home concept.

GHC-SCW remains resolute in our vision of affordable, high quality, patient-centered care with achievements in most of the clinical, behavioral health, safety and service goals outlined in our work plan. Review of the activities in this summary and evaluation herein demonstrate that the organization remains committed to our focus on the Triple Aim.

The health plan continues to make progress toward influencing network-wide safe clinical practices. Outreaching members following hospital discharge to coordinate and review care is one effort toward this aim as miscommunication or delays can lead to poor outcomes or contribute to readmission rates. Competent opioid prescribing and chronic pain management processes in collaboration with our external partners e.g. Epic, UW Health, & Access Community Health is another of these achievements, as well as, compliance with WI state prescription drug monitoring requirements.

Workplan development considers overall strategic planning as well as valued input from various committees, partners and collaborations. The detail of the 2017 and 2018 Work Plans are included in Section IV.

III. EVALUATION OF 2017 WORK PLAN PROJECTS

<table>
<thead>
<tr>
<th>QUALITY OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outreach Process Improvements</strong></td>
</tr>
</tbody>
</table>

**Aims**
- To review current outreach reporting, processes and marketing communications
- To expand outreach for non-staff model members

**Background**

An Outreach and Patient Experience Coordinator began improvements to outreach processes, materials and methodologies in early 2016. Additional tools scheduled to be included in the EMR upgrade such as Caboodle, Epic’s clinical data warehouse platform (part of Cogito suite) are anticipated to improve existing care coordination by bringing together the organizations clinical, financial and operational data to provide actionable analytics to engage patients with chronic or complex conditions. **Caboodle** will also integrate with **Healthy Planet**.
Goals
- Streamline the current outreach process
- Shift patient outreach to clinical teams using Reporting Workbench reports within EMR
- Increase outreach to non-staff model members

Interventions
- Reviewed reports for inclusion and exclusion criteria
- Worked with Business Intelligence to import non-staff model claims data
- Utilized messaging within MyChart to decrease mailings when appropriate
- Reviewed materials with Marketing & Literacy workgroup to update and improve content
- Incorporated tools for bulk ordering and messaging to support outreach by the Care Teams
- Initiated a Diabetes focused newsletter to members on the registry in 2017

Barriers
- Transition and learning curve between former and current Outreach staff
- Training Care Teams on bulk ordering and messaging tools
- Implementing Caboodle to more effectively outreach to non-staff model HMO members

Conclusions
The use of provider dashboards, reporting work bench and population health tools have improved outreach processes to staff model clinic members by Care Teams for preventive services. Processes to implement Caboodle are still under construction and full functionality is being considered a long-term IT project.

Promoting Health Equity and Health Literacy

Aims
- Pursue innovative ways to promote health literacy, develop a culturally competent workforce and nurture an inclusive work environment
- Provide a safe and open space where issues related to equity, inclusivity and cultural diversity can be discussed and addressed

Background
GHC-SCW’s Health Equity Committee (HEC) was revitalized in 2015. Trainings took place throughout 2016, led by the local YWCA, which offered HEC members insight into creating equitable organizations. Efforts led to the development of an organizational three-year strategic plan and roadmap for 2017-2019.

The foremost priority was to establish the leadership structure for the implementation of this important work. Through an application and recruitment process, the 11-member Inclusion Change Team was formed in April 2017. The team consists of dedicated employees from a variety of roles, leadership levels, and backgrounds. Together, they serve as a multiracial, intercultural leadership council committed to driving the health equity agenda forward. The ICT’s focus area is organizational culture change, working to create an equitable and inclusive workplace.

Goals
- To promote health literacy and cultural competency among the GHC-SCW workforce
- Evaluate needs assessments and materials & reduce disparities
Barriers

As a cooperative that values high quality patient-centered care, we are challenging our staff to be responsive to inequities, income and educational attainment differences, health or other personal behaviors, stereotypes, and racism. Here are some of the ways we are working to overcome these barriers:

Interventions

- Reviewed key organizational documents and signage to ensure that they are written at an appropriate reading level and in applicable languages
- Use of the Nutrition Activity Screening (NAS) tool to assess for food insecurity among pediatric patients and their families and connect them with community resources
- Used GHC-specific data to assess and understand member and patient demographics and the impact on health outcomes
- Developed resources on culturally competency as a quick reminder for frontline staff
- Adoption of Sexual Orientation and Gender Identity (SOGI) Training for clinical staff
- Implemented SOGI Smart Form in EMR to aid organizational staff in capturing sensitive, critical information about members who are in various stages of gender transition

Conclusion

GHC-SCW is working in collaboration with the YWCA to embed equity and inclusion into our culture at all levels and will host several professional development training opportunities open to all staff members interested in 2018. In commitment to improving our service to LGBTQ (lesbian, gay, bisexual, transgender, and queer) patients, members, and employees, an e-Learning activity, which includes a short video, will be required training to ensure all staff focus on the customer service aspects of the care we provide to LGBTQ patients and nurture a healthy workplace environment.

Improvement of Consumer Experience

Aims

- To create and sustain a culture of exceptional service for our patients and members

Background

GHC-SCW has in recent years struggled to achieve optimal patient and member experience scores based on both health plan survey and patient survey data. A Patient Experience workgroup was convened that identified activities targeting our clinic and administration sites. These activities included:

a) Reviewing compliments and complaints to reinforce Service Standards
b) Applying existing knowledge and common values to address service issues
c) Monitoring existing clinic-based patient experience metrics to understand where targeted improvement efforts exist and/or can be focused.

Goals

- To improve the overall Consumer Experience rating = 4 stars as measured by the Consumer Assessment of Healthcare and Provider Survey (CAHPS) to within the 66th -90th percentile.
Analysis

GHC-SCW performed well and at goal in the following measures from the 2017 CAHPS survey:

- Rating of All Health Care – between the 75th and 90th National Percentiles
- Rating of Health Plan – between the 75th and 90th National Percentiles
- How Well Doctors Communicate – between the 75th and 90th Percentiles
- Customer Service – between the 75th and 90th National Percentiles
- Getting Care Quickly – between the 75th and 90th National Percentiles
- Plan Information on Costs – between the 66th and 75th National Percentiles

Measures with scores below the 66th National Percentile included the following:

- Rating of Specialist Seen Most Often – between the 33rd and 50th National Percentiles
- Rating of Personal Doctor - between the 50th and 66th National Percentiles
- Health Promotion and Education – between the 10th and 25th National Percentiles
- Getting Needed Care – between the 10th and 25th National Percentiles

Barriers:

- Health Promotion and Education question is difficult to interpret and may be influenced by the limited time within appointments to address all health concerns and promote ways to prevent illness
- Members experience less than ideal referral process to specialists housed outside of GHC-SCW operated clinics. Specialty services such as optometry, radiology and lab facilities at different clinic locations may create difficulties for members to receive convenient care, treatment or tests.
- Impacting consumer experience at the delivery system level for our members care at the external clinics in Sauk and Columbia counties remain a challenge
- The lag time of reported CAHPS results (a half year after the measurement period) presents a barrier to immediately address issues and measure the effectiveness of interventions.
- Budget and time constraints limit resources

Interventions

- Researched Press Ganey training to impact experience measures and presented the proposal to leadership who endorsed the purchase.
- Sustained monthly Compliments and Complaints exercises with staff
- “Getting Needed Care” interventions including improved dermatology access and a change to send nearly all referrals electronically to the UW create workflow efficiencies
- Planned changes to the experience committees name, data sharing and trainings for 2018

Conclusion

The overall Consumer Experience rating for the commercial HMO increased from 3.0 to 3.5 in the 2016-17 ratings. The 2017-18 Consumer Experience score remained at 3.5. Impact of the above interventions will most likely not be measured in 2018-19 but beyond.
QUALITY OF CLINICAL CARE

Hypertension and Diabetes Outcomes

Aims

○ To achieve better outcomes for patients and members
○ To develop bulk messaging and bulk ordering features in the EMR

Background

GHC-SCW created an automated registry within the EMR system used in staff model clinics in the summer of 2015. This registry enabled clinics to retrieve specific reports to identify which of their patients may be overdue for a PCP-visit, A1C lab test, or blood pressure check. Work continues amongst Care Teams and the HTN and Diabetes Improvement Committees to close gaps in care.

Goal for Diabetes Rates

○ Improve annual A1c testing among the 18-75 age group to 95 %
○ Improve A1c control < 8.0% to reach 67-70 %
○ Maintain BP Control <140/90 at 80 % or greater

Analysis: Trends in compliance rates for diabetes:

<table>
<thead>
<tr>
<th>HEDIS Rates by Measurement Year (MY)</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP control (&lt; 140/90 mm Hg) 18-75 yrs.</td>
<td>74.45%</td>
<td>77.55%</td>
<td>80.66%</td>
<td>81.57%</td>
</tr>
<tr>
<td>HbA1c control (&lt;8.0%) (first year indicator)</td>
<td>59.31%</td>
<td>54.9%</td>
<td>59.67%</td>
<td>61.13%</td>
</tr>
<tr>
<td>Hemoglobin A1c testing - 18-75 yrs.</td>
<td>92.15%</td>
<td>90.5%</td>
<td>91.42%</td>
<td>91.97%</td>
</tr>
</tbody>
</table>

Goal for Hypertension Rate: Improve BP Control <140/90 to 75 % or greater

Analysis: Trends in compliance rates for CBP:

<table>
<thead>
<tr>
<th>HEDIS Rates by Measurement Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBP Total</td>
<td>72.26%</td>
<td>75.91%</td>
<td>72.99%</td>
<td>75.18%</td>
</tr>
</tbody>
</table>

Barriers

○ Lack of integration with members seen at external provider locations presents an ongoing challenge to directly impact the quality of clinical care. Overcoming this barrier will require working collaboratively with improvement staff at those sites and systems to share best practices and resources.
Interventions
○ Bulk messaging and ordering started for outreach to close gaps in care
○ Risk scores in EMR created stratification of targeted outreach
○ Dashboards display at a glance metrics by practitioner
○ Clinical Pharmacy staff continue work on HTN medication review prior to renewals of Rx
○ Hypertension Committee continues to meet and review polices regarding clinical measurement of BP; instituting changes for BP to be taken more than once, if > 140 systolic and/or 90 diastolic

Conclusions

1) Diabetes
○ Met one of the three diabetes goals; CDC BP rate 80 % or greater @ 81.57 %
○ GHC-SCW shows consistent steady improvement of CDC BP since MY 2013
○ Work is still needed towards achieving our two A1c measure goals

2) Hypertension
○ Met the CBP rate goal of 75 % or greater @ 75.18 %
○ Improvement of 2% on this measure over MY 2015

The Quality department continues to work closely with clinical staff to refine strategies for improving diabetes and HTN HEDIS measures.

Dashboards: Primary Care, Urgent Care and Nursing

Aims
○ Disseminate for clinical staff to compare performance to colleagues, as well as, national benchmarks
○ Transparency of data helps to drive improvement efforts by:
  a) identifying areas of opportunity
  b) generating engagement

Background

Historically, a paper format dashboard was disseminated to all primary care providers at staff model clinics. GHC-SCW invested in more data tools and EMR upgrades that provided the opportunity to improve and develop additional dashboards. A Dashboard Workgroup was convened in 2015 to explore hosting dashboards within the EMR. As of 2016, GHC-SCW has built several dashboards that are available to clinic staff via the EMR. Metrics were selected by the Dashboard Workgroup in tandem with key stakeholders and committees. Measures selected provide information about the effectiveness of GHC’s improvement efforts and to align with the organization’s goals.

Interventions
○ Several automated Preventative Health metrics appear on Primary Care and Nursing Dashboards.
○ Letter templates were created and are now being used by PC staff for bulk communications to close gaps in care by sending reminders to patients by a variety of methods including MyChart.
○ Auto-tabulating of metrics are occurring where currently feasible
Analysis

Although dashboards within the EMR are convenient for clinic staff and increase the likelihood that action will be taken, some limitations still exist.

- Disparate data sources require manual manipulation to display practitioner information in a graphical format
- Additional EMR based registries are necessary to automatically track and trend data
- Display of data and information does not necessarily mean that staff will initiate or are equipped to improve metrics. Clinical care teams have been asked to focus on one or two metrics that need improvement.
- Not all of measures lend themselves to immediate action

Conclusions

Dashboards in our EMR have improved the timeliness and transparency of clinical quality, cost and patient experience data. Data at the fingertips of the clinicians and care team staff involved helps the organization to work collectively to address issues, generate conversation and participate in quality improvement. We continue to evaluate and prioritize additional metrics and reports for Care Team use. Additional disease and wellness registries are in various stages of being built as well.

Asthma /COPD Measures and Committee Projects

Aims

- Utilize the Asthma Risk Score Report to identify high-risk uncontrolled patients for outreach
- Develop Asthma /COPD Reporting Workbench

Background

GHC-SCW has a long-term commitment to improving the health and outcomes for members with asthma and COPD. Improvement activities endorsed by GHC-SCW’s Asthma Committee have included:

- Member outreach from a dedicated Asthma Educator to help close gaps in care and improve compliance with HEDIS measures.
- Piloting of Asthma Risk Report enabling Care Teams to proactively address patients' needs
- Pilot testing of a respiratory management device to track frequency of medication use related to asthma and COPD

Goals

- To develop unique approaches and strategies to improve health outcomes and costs associated with asthma and COPD
- To achieve HEDIS compliance rates above the 75th national percentile
Analysis

<table>
<thead>
<tr>
<th>HEDIS Results by Measurement Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma Medication Ratio (AMR)</strong>&lt;sup&gt;total&lt;/sup&gt;</td>
<td>83.66</td>
<td>83.87</td>
<td>83.71</td>
<td>84.73</td>
</tr>
<tr>
<td><strong>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</strong></td>
<td>60.38</td>
<td>48.78</td>
<td>47.25</td>
<td>42.86</td>
</tr>
</tbody>
</table>

- AMR: achieved the 90<sup>th</sup> percentile (84.73)
- AMR has been steadily increasing since MY 2013 and surpassed the goal in 2017
- SPR: was between the 66<sup>th</sup> percentile (43.24) and the 50<sup>th</sup> (40.68)
- SPR has been declining since MY 2013
- In comparison, MY 2015 results for both measures met or exceeded the 75<sup>th</sup> percentile

**Barriers**
- Lack of an electronic Asthma Registry to help better manage and improve outreach to our staff model patients
- Improving outreach to non-staff model members

**Interventions**
- Asthma Risk Project went live to all GHC-SCW clinics in April 2017 following a successful pilot at the Hatchery Hill location in 2016
- Risk Report is now represented in electronic format in EMR; reports remain color coded as they were in the pilot based on AMR for triage by Clinical Pharmacists and RNs

**Conclusions**

The Asthma Committee continues to meet and evaluate HEDIS® results and associated projects. Work continues with the Enterprise Applications team to develop an Asthma Registry in the EMR. Additional tools already available within the EMR to bulk message or order will improve outreach to multiple patients at one time. *Caboodle*, Epic’s clinical data warehouse platform will bring together the organizations clinical, financial and operational data and integrate with *Healthy Planet* to help improve outreach efforts to non-staff model members when fully implemented.

**Advance Care Planning**

**Aims**
- Offer a facilitated advance care planning referral to all patients 60 and above at the time of their physical examinations
- Train additional staff as warranted, based on demand, to be facilitators
- Continue to build advocacy and education around advance care planning
Background

GHC-SCW remains active in the Honoring Choices program offered through the Wisconsin Medical Society. GHC is one of 29 organizations across the state offering facilitated advance care planning conversations to patients as part of the program. The completion rate of patients 60 and over with an advance care plan on file in 2014 was 12.6%. A Best Practice Alert (BPA) launched in February 2016 to remind providers to ask individuals if they would be interested in participating in a facilitated conversation. At the end of 2016, 17.5% of patients had an advance directive on file in their medical record.

Goal

- Greater than 30% of patients 65 and over will have an advance directive on file

Analysis

Of the member/patients ≥ 65 years old, 27% (1077/3981) had a POA and 9.3% (372/3981) had a Living Will on file at the end of 2017. This was a 10 percent increase over the prior year and the organization nearly met its goal.

Barriers

- Many members find it challenging to return for the facilitated conversation with a chosen agent or prefer to take documents home with them thus affecting completion rates and return.
- Although GHC-SCW is currently targeting patients 60 and older as the most critical, there exists the need to expand these types of facilitated conversations to the entire member population 18 and over.
- A standardized process for suggesting a facilitated conversation does not exist. Further training for clinical staff may help providers offer the service more frequently.
- Turn-over of staff trained as facilitators and the time commitment required to do the work.

Interventions

- A dedicated tab in the electronic medical record to store ACP documentation was included as part of the 2017 EPIC upgrade. This allows for better tracking and reporting by the health plan and better access for practitioners when needs arise.

Conclusions

GHC-SCW remains diligent in recognizing the importance of the ACP initiative. Through participation in community outreach in collaboration with other local health plans our plan will sustain efforts to reach its goal despite the recognized barriers and continue to monitor completion rates of all patients 60 and above with a PCP in the staff model system.
Clinical Pharmacists and Medication Management

**Aims**

- To improve primary care practitioner-pharmacist collaboration
- To reduce electronic prescription renewal requests
- To improve GHC-SCW member blood pressure control and statin utilization.
- To transition a large portion of hypertension management from PCP’s to pharmacist
- To transition the initiation and monitoring of statin medications from PCP’s to pharmacists.

**Background**

Blood pressure management and statin utilization are two areas of preventive cardiology that are heavily guideline-based and represent opportunities for collaborative, team-based care. These two conditions also account for a sizeable portion of the insured population with chronic disease. In streamlining the workflows in this area of care, the pharmacist is integrated more completely as a liaison between the patient and their care provider to improve quality of care and simultaneously decrease workload of practitioners.

An A Collaborative Practice Agreement allows the pharmacist to work with the PCP and patient to provide recommendations, education, medications, dose adjustments and appropriate monitoring more independently. This process was originally designed for *opting in* by provider. In 2016 staff developed a new Collaborative Practice Agreement based on an *opt-out* rather than an *opt-in* model. Patients that meet the expanded criteria designated in the protocol will automatically be eligible for Clinical Pharmacy intervention. The percentage of HTN patients managed by a clinical pharmacist in 2015 was 7.6%.

**Goal**

- Greater than 10% of patients with uncomplicated hypertension will have a pharmacist manage their medication
Analysis: *Diabetic Statin and BP rates*

<table>
<thead>
<tr>
<th>CDC Measure (Weight)</th>
<th>2016 Rate (Score)</th>
<th>2017 Rate</th>
<th>2017 Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statin Therapy (1)</td>
<td>na</td>
<td>69.97 (5)</td>
<td>95&lt;sup&gt;th&lt;/sup&gt; 69.45</td>
</tr>
<tr>
<td>Statin Adherence 80% (1)</td>
<td>na</td>
<td>75.67 (5)</td>
<td>90&lt;sup&gt;th&lt;/sup&gt;-95&lt;sup&gt;th&lt;/sup&gt; 74.77-78.06</td>
</tr>
<tr>
<td>BP Control 140/90 (3)</td>
<td>80.66 (5)</td>
<td>81.57 (5)</td>
<td>95&lt;sup&gt;th&lt;/sup&gt; 80.23</td>
</tr>
</tbody>
</table>

Analysis: *Cardiovascular Statin and BP Rates*

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2016 Rate (Score)</th>
<th>2017 Rate</th>
<th>2017 Percentile Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statin Therapy (1)</td>
<td>na</td>
<td>88.59 (5)</td>
<td>95&lt;sup&gt;th&lt;/sup&gt; 87.06</td>
</tr>
<tr>
<td>Statin Adherence 80% (1)</td>
<td>na</td>
<td>64.58 (3)</td>
<td>33&lt;sup&gt;rd&lt;/sup&gt;-50&lt;sup&gt;th&lt;/sup&gt; 62.94-66.25</td>
</tr>
<tr>
<td>BP Control 140/90 (3)</td>
<td>72.99 (4)</td>
<td>75.18 (5)</td>
<td>90&lt;sup&gt;th&lt;/sup&gt; 95.18</td>
</tr>
</tbody>
</table>

*Barriers & Opportunities*

- Motivating patients with outdated/uncontrolled BP/lipids or overdue labs to engage in care
- Educating patients on the role of the Clinical Pharmacist to gain their trust
- GHC-SCW still has room to improve on our Statin Adherence Rate in the cardiovascular patient.

*Interventions*

- Pharmacist identifies patients with blood pressure above goal or who may benefit from initiation or monitoring of a statin drug utilizing the hypertension and cardiovascular disease registries.
- Pharmacist and PCP execute the CPA

*Conclusions*

The percentage of patients managed by a clinical pharmacist has grown since inception in 2015 to surpass the 10 percent goal originally established. The percentage rose to 17.1 % (1041/6092) in 2016 following GHC-SCW's change to make the CPA an *opt-out* rather than an *opt-in* model.
GHC has also seen the cost per day of statin therapy drop by roughly 80% from 2015 in response to clinical pharmacist management.

GHC-SCW practitioners in collaboration with Clinical Pharmacists are striving to improve member blood pressure control and statin utilization. The efforts to expand the capacity of Clinical Pharmacists to include diabetics and chronic kidney disease patients has positively impacted the CBP measures in the 2017 HEDIS results. These measures were a focus of our improvement and has proven the effectiveness of this project to have staff model patients with uncomplicated hypertension have a pharmacist manage their medication.

Medication Assisted Treatment in Primary Care

Aim:
Pilot medication assisted treatment for patients with opioid use disorder in a primary care setting

Background:
Opioid use disorder (OUD) is a growing epidemic in the US. Evidence supports a combination of counseling and medication as the best treatment for OUD. Medication assisted treatment can be difficult to access for many patients. A pilot program involving a single waivered physician at GHC-SCW was developed in 2017. The goal of the program was to provide evidence based treatment for OUD in the context of a primary care relationship. The program was to serve two populations of patients 1) Stable patients (i.e., long term recovery) on opioid agonist therapy (OAT) from the consulting addiction psychiatrist, 2) Patients with current OUD who required initiation of OAT, in the form of buprenorphine/naloxone, to facilitate recovery.

Impact Analysis of the Pilot

In 2017, a total of nine patients were evaluated and managed by the GHC-SCW waivered physician. Three of the nine patients (33.3%) were already stable on OAT. Six of nine patients (66.6%) underwent in-clinic initiation of buprenorphine. Of these six patients, all had evidence of polysubstance abuse on urine drug screen. Two of these six patients had been prescribed OAT in the past, tapered under physician guidance, then relapsed. Two patients (22.2%) had documented relapse with opioid use. Many of the patients were involved in the criminal justice system in some manner.

<table>
<thead>
<tr>
<th>Source</th>
<th>Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP within GHC-SCW</td>
<td>3</td>
<td>33.3 %</td>
</tr>
<tr>
<td>Family Member</td>
<td>2</td>
<td>22.2 %</td>
</tr>
<tr>
<td>GHC-SCW Care Management</td>
<td>1</td>
<td>11.1 %</td>
</tr>
<tr>
<td>Addiction Psychiatry Transfer</td>
<td>1</td>
<td>11.1 %</td>
</tr>
<tr>
<td>Outside Agency</td>
<td>1</td>
<td>11.1 %</td>
</tr>
<tr>
<td>Self</td>
<td>1</td>
<td>11.1 %</td>
</tr>
<tr>
<td>TOTAL</td>
<td>9</td>
<td>100 %</td>
</tr>
</tbody>
</table>
Psychosocial / Behavioral Interventions | Participating Patients | Completed all recommended counseling and considered in long term recovery
---|---|---
No counseling or mutual help | 1 | 
Inpatient Rehabilitation | 2 | 
Criminal justice system/half-way house | 1 | 
Counseling/mutual help meetings | 8 | 22.2 % (2/9)

Conclusions

Seven of the nine patients currently have the waived physician as their PCP of record. As of December 1st, 2017, all seven (77.8%) continue in the program; one patient was lost to follow-up and another did not tolerate oral buprenorphine. Additional Primary Care practitioners in GHC-SCW owned clinics have expressed interest in obtaining the prescriber waivers required and MAT training.

Chronic Pain and Safety of Clinical Care

Aims

- Address the epidemic of prescription opioid abuse and overdose deaths
- Reduce prescribing of opioids by providing additional pain management strategies
- Establish a standardized process for chronic pain management with a developed protocol and guidelines to address safe prescribing, abuse and misuse of medications and potentially avoid overdose
- Track outcome metrics to monitor the program

Background

Prescription opioid abuse has become a major public health issue in the U.S., recognized by the Centers for Disease Control and Prevention, the Surgeon General and the White House. Prescription opioids are a significant cause of mortality with a staggering rise in the death rate related to opioid overuse (including opioid pain relievers and heroin) noted since 2000. GHC-SCW’s Chronic Pain Management protocol and guidelines underwent system-wide implementation in 2015. By end of that year, E-Prescribing of controlled substances began to all pharmacies with an operable interface. In 2016, an electronic Chronic Pain Registry and My Panel Metrics Opioid Use Dashboard went live giving care teams access to real time information and the ability to perform actions within the chart directly from the registry.

Since implementation, GHC-SCW providers have been actively recommending members utilize alternative services to support their treatment plan for managing chronic pain such as OT/PT, Behavioral Health and/or Clinical Pharmacist consultations, or approaches such as massage therapy, acupuncture or other modalities. As of 2017, opioid prescribing has decreased at GHC by over 20 % as measured by our average daily morphine dose equivalent (DME) of opiates for non-malignant chronic pain.
In addition, GHC-SCW trends Daily Average Consumption (DACON) of Immediate & Extended Release Opiates to assess network wide patient utilization and evaluate improvement in reducing consumption.

**Analysis**

The results shown outline the progress GHC-SCW has made related to pain management and the safety of clinical care. Over the course of 2017, the organization has seen a steady decline in the number of members utilizing any opiate.

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Daily Morphine Dose Equivalents (DME) of Opiates</td>
<td>Decrease average DME for GHC-SCW clinics overall by 5% per yr</td>
</tr>
</tbody>
</table>

Trended DACON graphs depict Extended Release (ER) and Immediate Release (IR) opiate prescribing to show our headway in reducing consumption.
**Barriers and Challenges** that impact improving the safety of clinical care for patients on opioid therapy:

- Staff support for dealing with difficult conversations
- Literacy level of this subset of patients / alternative approaches or materials
- Reluctance to participate in multimodal approaches due to copayment fees
- Competing demands of other chronic disease initiatives
- Patient dissatisfaction deters providers from approaching their patients
- Cycle time for visits is difficult to manage
- Variability in engagement by care teams
- Compliance with changes in Wisconsin legislation
- Competing demands related to onboarding 2,500 new members in July 2017

**Interventions in 2017**

- Established Dane County Health Care Task Force Chronic Pain Collaboration meetings
- Implemented workflows to comply with State of Wisconsin legislation for use of the ePDMP for all controlled substance prescriptions by April 1st
- Presented Screening, Brief Intervention, Referral to Treatment (SBIRT) training to practitioners and nursing staff in May and June
Set new target goals for maximum DME prescribing for all GHC-SCW prescribers in September

- For all existing patients on non-cancer Chronic Opioid treatment, reduce all members to less than 200 Daily Morphine Equivalents by April 1st, 2018.
- For all existing patients on non-cancer Chronic Opioid treatment, reduce all members to less than 90 Daily Morphine Equivalents by October 1st, 2018.
- Prevent any non-cancer patients from increasing past a Daily Morphine Equivalent of more than 90.

Provided education/training on universal prescribing with case study evaluations and three-hour precursor online sessions in October to staff model practitioners

Continued throughout the year to offer access to PCBH staff and Clinical Pharmacy to assist members with opioid tapering and/or discuss other pain management or coping strategies

Introduction of an overdose risk tool for providers and nursing staff to determine those patients at highest risk of overdose. This tool will allow providers to determine those patients who have greater need to taper, find alternative approaches to pain management, and co-prescribe naloxone.

Conclusions

The Chronic Pain initiative has met with both successes and challenges. We have seen a decrease in the distinct patient opioid prescribed counts and overall a reduction in prescribing for both the Staff Model and Non-Staff Model insured populations. We have made steady progress in our goals:

✓ Decreasing average DME for GHC-SCW clinics overall by 5% per year
✓ Reducing the prescribing of Extended Release (ER) and Immediate Release (IR) opiates for non-malignant pain
✓ Increasing awareness/need to treat concurrent depression issues
✓ Providing a variety of approaches to manage persistent pain, and
✓ Assisting practitioners and members with opioid tapering

We continue to track and trend data, inform providers and staff regarding evidence based protocols, and improve our measurement and goals related to this important public safety issue. Optimization of our EHR related to panel metrics and an actionable opioid registry in 2016 improved practitioner and staff utilization of these tools. Team meetings provide the opportunity for interdisciplinary discussion and developing strategies to handle the more complex patient.

In 2017, GHC-SCW established new targets for maximum DME thresholds and a 2018 timeline to reach these targets. The health plan will be also report new HEDIS measures related to Opioids (UOD & UOP) in 2018. Responsible prescribing, tapering and treatment will improve safety, save lives and reduce supply to the general population.
GHC-SCW’s projects related to BH HEDIS measures or other BH quality improvement initiatives are addressed by the Continuity and Coordination of Medical and Behavioral Health Care Committee team. Here are the details of our 2017 HEDIS results and BH quality improvement efforts.

**Antidepressant Medication Management**

**Aim**
- Facilitate proper diagnosis and treatment of patients with depression by PCPs and adequate treatment periods with antidepressant medications. NCQA has established the adherence to antidepressant medication in the treatment of depression as a HEDIS measure.

**Background**
- Major depression is one of the most common mental illnesses, affecting more than 16 million Americans each year *
- Depression causes people to lose pleasure from daily life, can complicate other medical conditions, and can even be serious enough to lead to suicide.
- Depression can occur to anyone, at any age, and to people of any race or ethnic group. Depression is never a "normal" part of life, no matter what your age, gender or health situation.
- While most individuals with depression have a full remission with effective treatment, only about a third of those suffering from severe depression seek treatment from a mental health professional.
- Depression is very treatable, with the overwhelming majority of those who seek treatment showing improvement. The most commonly used treatments are antidepressant medication, psychotherapy or a combination of the two. The choice of treatment depends on the pattern, severity, persistence of depressive symptoms and the history of the illness.

* Pratt LA Depression in the U.S. household population, NCHS data brief, no 172. Hyattsville, MD National Center for Health Statistics.2014. Mental Health America 10/2015

**Measures/Goals**

GHC-SCW’s goal for depression care adherence is the 95th percentile. The table below defines the measure and the 2017 Rate for the National- All LOBs 95th percentile.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of members on anti-depressants who continue the medications for at least 12 of the first 16 weeks.</td>
<td>≥ 77.80</td>
</tr>
<tr>
<td>Percent of members on anti-depressants who continue the medications for at least 26 of 33 weeks, completing a period of continuation phase treatment adequate for defining a recovery per AHCPR guidelines.</td>
<td>≥ 63.40</td>
</tr>
</tbody>
</table>
Analysis

GHC-SCW’s HEDIS results for these measures are trended for the last three measurement years in the graph below. The trend over that measurement period has been positive. The percent of members who continued their treatment for three months improved to 77.6% in 2017, just 0.2% below the goal 95th percentile. The percent of members who remained on their treatments for 6 months also improved to 61.9%. That result did not meet GHC-SCW’s goal of the 95th percentile, but it was well above the 90th percentile (60.44%).

Barriers

- Some members are unaware of the importance of staying on antidepressant medicines, the typically short-term nature of the most common side effects, and the typical 3 to 6-week delay in symptom improvement following the initiation of antidepressant therapy
- Some members are ambivalent about treatment and/or not well engaged in treatment plan.
- Primary care providers, who prescribe most antidepressants, often do not have adequate time to engage, motivate, and follow-up with members with depression.

Interventions and Outreach in 2017

- Support and maximize the utilization of Primary Care Behavioral Health (PCBH) team members by primary care providers to address psychoeducation, motivational enhancement, and follow-up with members.
- Continue to improve and expand the use of pre-visit huddles and review of appointments in primary care by PCBH to ensure greater use of PHQ-9 for depression screening and symptom monitoring, particularly for members with a history of depression or chronic condition like diabetes, cardiovascular disease, and persistent pain.
- Increase the utilization of various reports in the electronic medical record that track symptoms of depression over time and that allow for improved outreach and population health intervention strategies.
○ Improve utilization of secure electronic patient messaging that includes PHQ-9 instrument and messages to patients regarding the importance of continuing medications so that depression improves and does not recur.

○ Continued education of members regarding the importance of staying on antidepressant medicines, the typically short-term nature of the most common side effects, and the typical 3-6 week delay in symptom improvement following the initiation of antidepressant therapy.

Conclusions

The rate of adherence to antidepressant medication in the treatment of depression among GHC-SCW members improved in 2017 from the previous year, in both the acute and continuation phases of treatment. The three-year trend shows year-over-year improvement in these measures. GHC-SCW all-but achieved its ambitious goal of the national 95th percentile on the acute treatment measure (0.2% below the 95th), and the gap between GHC-SCW’s results and the 95th percentile on the continuation phase of treatment is modest. The intervention strategies utilized over the past few years have improved the rate of member adherence to antidepressant medication in the treatment of depression overall.

Follow-Up after Hospitalization for Mental Illness

Aim

○ To ensure that members hospitalized for a mental illness have a visit in the outpatient setting within 7 and within 30 days after discharge.

Background

Members admitted to the hospital because of mental illness are at high risk for recurrence of admission. These patients usually experience the most severe symptoms and mental health problems, and they need close monitoring and follow-up. NCQA has identified this issue as an important measure of behavioral health service quality. The established HEDIS measure examines two rates: the number of discharges of members 6 years of age and older who were hospitalized for treatment of mental health disorders and who had a follow up visit with a mental health practitioner within 7 days and within 30 days of discharge.

GHC-SCW has established protocols for ensuring that patients are offered appointments with a GHC-SCW staff model or contract mental health provider within 7 days of discharge to ensure continuity of care, appropriate care coordination, and the adequacy of the treatment plan. GHC-SCW utilizes a team-based effort that involves clinical and administrative staff from GHC-SCW well as staff from in-plan, inpatient psychiatric providers to ensure timely follow up care.

Measures/Goals

GHC-SCW has adopted the follow-up after hospitalization for mental health measures and associated goals based on the HEDIS national 95th percentile.

The table below defines the measure and the 2017 Rate for the National- All LOBs 95th percentile.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of members with a hospital admission seen for an ambulatory appointment within 7 days after discharge</td>
<td>≥ 70.87%</td>
</tr>
<tr>
<td>Percent of members with a hospital admission seen for an ambulatory appointment within 30 days after discharge</td>
<td>≥ 86.11 %</td>
</tr>
</tbody>
</table>
**Analysis**

Data is trended for the last three reporting years for the percent of members with an outpatient mental health visit within 7 days after discharge. Although the 2017 rate declined by 10 percentage points from 85% in 2016 to 75% in 2017, GHC continues to exceed the 95th percentile (70.9%). The trend of the national 95th percentile for the 7-day measure has trended lower over the last three years.

Data is also trended for the last three reporting years for the percent of members with an outpatient mental health visit within 30 days after discharge from inpatient care. The rate for the 30-day measure improved to 93.3% and exceeded the goal 95th percentile (86.1%) by 7%. GHC-SCW’s rate on 30-day measure has trended higher over the last three reporting years.

**Interventions and Outreach in 2017**

- Continued use by the GHC-SCW MH Department of a daily census of behavioral health admissions (including patients admitted for overdose or suicide attempts).
- UW Hospital, Unity Point Meriter Hospital, and Roger’s Memorial Hospitals continue to contact GHC-SCW MH Dept. prior to patient discharge to facilitate follow-up appointments within seven days of discharge.
- A register of admissions and follow up appointments is maintained and reviewed by MH Department administrative staff to ensure all members are scheduled. If appointments are missed, GHC-SCW contacts the member to reschedule the missed appointment as quickly as possible.
- Improved utilization of GHC-SCW MH Clinical Triage staff to meet with members discharged from inpatient psychiatry stay that do not have existing outpatient provider.
- Continuation of the incentive system to encourage scheduling access for discharged patients by adding patient time to GHC-SCW MH providers’ administrative time or lunch hour.
- Continued emphasis of 7-day standard of care expectation in renewed external behavioral health provider contracts.
- Utilization of Primary Care Behavioral Health Consultants for members whose PCP is in a clinic with PCBH services, when the member is not yet connected to specialty behavioral health services.
Conclusions

Although GHC-SCW exceeded our goals in each of these measures, limitations still exist when members’ no-show for scheduled follow-up appointments or decline follow-up appointments due to co-pay, co-insurance, or deductible obligations. Trended results on these HEDIS measures demonstrate steady compliance and continued excellence. GHC-SCW will continue current workflows and strategies to ensure that this important service coordination and transition between inpatient psychiatry and lower levels of care continue to occur.

Follow-Up Care for Children (Age 6-12) Prescribed ADHD Medication

Aim

These two measures report 1) the percentage of children newly prescribed medication for the treatment of Attention Deficit and Hyperactivity Disorder (ADHD) that had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase; and 2) the percentage of children with a prescription for ADHD medication, who remained on the medication for at least 210 days and had at least two follow-up visits in the nine months after the end of the Initiation Phase (called the Continuation Phase).

Background

Attention deficit/hyperactivity disorder (ADHD) is the most commonly treated childhood neurobehavioral disorder. ADHD is found in 6 to 9 percent of school-age children; and at least 10 percent of behavioral problems seen in general pediatric settings are due to the disorder. Children with ADHD may experience difficulties in school, troublesome relationships with family members and peers, and behavioral problems. Follow-up care and surveillance is a key aspect of ADHD treatment.

- Given the high prevalence of ADHD among school-age children, primary care clinicians need a strategy for diagnosis and long-term management of this condition.
- According to the Centers for Disease Control as of 2016, 6.1 million children aged 2-17 years living in the U.S. (9.4%) had been diagnosed with attention-deficit/hyperactivity disorder (ADHD).  
- Nationally, only about 1 in 4 patients have a follow-up visit with their primary care physician within the 30 days following the first ADHD prescription. Nationally for patients receiving a prescription from a psychiatrist, only 29 percent reported a follow-up visit with the psychiatrist within 30 days.
- 70 to 90 percent of children respond to ADHD drug treatment without major side effects.
- Among children with ADHD, those on medication have shown to have less frequent and less costly emergency department visits.
- Estimates of the total annual economic cost for treating children with ADHD in the U.S. ranges from $2 billion to $11 billion

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Measures/Goals

GHC-SCW has established meeting or exceeding the national 95<sup>th</sup> percentile as its goal. The table below defines the measure and the 2017 Rate for the National- All LOBs 95<sup>th</sup> percentile.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Initiation Phase</em>: The percentage of children 6 to 12 years of age with a prescription for ADHD medication who had one follow-up visit with a practitioner during the 30-day Initiation Phase.</td>
<td>≥ 52.6%</td>
</tr>
<tr>
<td><em>Continuation and Maintenance Phase</em>: The percentage of children 6 to 12 years of age with a prescription for ADHD medication, who remained on the medication for at least 210 days and had at least two follow-up visits in the nine months after the end of the Initiation Phase.</td>
<td>≥ 61.9%</td>
</tr>
</tbody>
</table>

Analysis

The compliance rate for Care for Children Prescribed ADHD Medication Initiation Phase increased slightly versus 2016, from 55.0% to 57.9% exceeding the goal of the national 95<sup>th</sup> percentile (52.6%). The ADHD Continuation and Maintenance Phase rate modestly declined from 71.1% to 70.3% yet remains above goal (61.9%).

Interventions and Outreach in 2017

- Ongoing education with prescribers regarding the standard for follow up appointments.
- NCQA added telehealth as eligible for one visit for the C&M phase in 2018 reporting.


Conclusions

GHC-SCW’s efforts to outreach members and staff to ensure timely follow-up care appears to be working well, however, some limitations to reporting still exist:

- Members sometimes decline follow-up appointments preferring instead to communicate by phone or GHC-SCW MyChart
- Some members included in the measure have a history of stable, problem-free stimulant use but take a medication “holiday” in the summer. When they restart the medication, a follow-up visit within 30 days is not viewed as medically necessary by the member or the provider.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Aim

- This measure assesses the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) dependence who received the following care:
  - Initiation of AOD Treatment: Adolescents and adults who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
  - Engagement of AOD Treatment: Adolescents and adults who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Background

Alcohol and other drugs combined with tobacco, account for 1 in 4 deaths. More than 9 percent of Americans over the age of 12 are dependent on or abuse alcohol or illicit drugs. Fewer than 25% of these individuals who need treatment for alcohol and/or drug abuse get it. Research supports the need for users to engage in ongoing treatment. Individuals who complete treatment or receive more days of treatment typically show more improvement than those who leave care prematurely and often relapse. The acute stage of treatment is associated with lasting improvements only with continued rehabilitation. There is strong evidence that treatment for AOD dependence can improve health, productivity and social outcomes, and can save millions of dollars on health care and related costs.

Measures/Goals

GHC-SCW has established the goal of meeting or exceeding HEDIS 90th percentile. The table below defines the measure and the 2017 Rate for the National- All LOBs 90th percentile.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of members initiating treatment within 14 days of diagnosis.</td>
<td>≥ 40.60%</td>
</tr>
<tr>
<td>Percentage of members engaging in treatment with two additional alcohol and other drug dependence (AOD) services within 30 days after initiation.</td>
<td>≥ 17.33%</td>
</tr>
</tbody>
</table>

Analysis

GHC-SCW’s rate for AOD Initiation Phase improved in 2017 over 2016 (34% to 38%), yet did not reach the 90th percentile (40.60%). The improvement in 2017 comes after 3 years of declining rates (2014-16).
The AOD Engagement Phase improved modestly from 2016 (8.2% to 8.95%) and is 8.35 percentage points below the national 90th percentile (17.3%). The decline in recent years in the engagement phase from 17% to under 9% is concerning and remains low despite significant efforts to ensure timely access to care. Health plans across the country have seen declining rates for these two measures over recent years, with the average for commercial HMOs falling from 16.1% in 2009 to about 11% in 2017.

### Barriers

- Cultural norms that support use/abuse of alcohol
- Stigma associated with specialty care or group therapy approaches
- Access to specialty care can be limited
- Member concern with diagnostic labeling
- Lack of member motivation to address issue
- Member concern re: 12-step model of treatment
- Over use of dx in primary care in the absence of a full AODA diagnostic assessment, and paucity of SBIRT or other primary care-based interventions.
- Frequent intensive visit schedules often required in specialty settings are off-putting to members
- Alcohol consumption, a social activity in Wisconsin, affects the health of Wisconsin families

### Interventions and Outreach in 2017

- Provision of integrated Primary Care Behavioral Health (PCBH) consultant services in four GHC-SCW primary care clinics:
  - Hatchery Hill Clinic: available 3.5 days / week
  - Capitol Clinic: available 5 days / week
  - East Clinic: available 3.0 days / week
  - Sauk Trails: available 3.5 days / week
- Provided periodic reminders and training opportunities to providers via email, primary care newsletter, and practitioner meetings regarding screening for substance use disorders, appropriate use of diagnostic codes for ambulatory appointments, and standard of care regarding follow-up.
“Best Practice Alert” in the electronic medical record reminds practitioners of the HEDIS standard of care to initiate treatment within 14 days of the diagnosis, and asks the provider to refer the patient to treatment if certain diagnosis codes are used.

Provided staff trainings for Screening, Brief Intervention, and Referral to Treatment (SBIRT) in partnership with the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) and the UW School of Medicine and Public Health.

Conclusions & Opportunities

Despite the availability of efficacious treatments, less than 35% of GHC-SCW members with a substance use disorder diagnosis initiate assessment or treatment within the HEDIS time frames. The percent of members’ compliant with the standard of care continues to decline. Past improvement strategies have not been effective in improving timely participation in treatment. Opportunities exist to:

- Increase screening for substance use disorders in primary care
- Increase PCP use of the appropriate use of diagnostic codes for primary care appointments to reduce stigma and encourage follow-up with specialty care.
- Increase PCP knowledge regarding substance use disorders and available resources, as well as the standard of care regarding follow-up after diagnosis.
- Increase provision of SBIRT services in primary care via PCPs, Primary Care Behavioral Health, and others for AOD use/risk reduction.
- Increase the availability of medication assisted treatment (MAT) in primary care for the treatment of opiate use disorders.
- Increase use of Motivational Interviewing in primary and specialty care
- Behavioral health consultants working alongside PCPs providing curbside and in-exam room consults on common behavioral health concerns like substance abuse improves treatment outcomes, provider productivity, medical adherence and patient satisfaction.
- Explore and evaluate the adoption of telehealth as an evidence-backed option for behavioral health diagnosis and treatment; leverage new technologies to bring timely care to patients.

Follow-up after Emergency Department Visits for Alcohol and other Drug Dependence (FUA)

Aim

- Review plan data from the first-year reporting of the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD. Two rates are reported:
  - The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.
  - The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.
- Define the health plans goals and opportunities for 2018 and beyond related to this measure

Background

This measure was first included in the HEDIS 2017 measurement set. It is intended to focus on individuals with AOD who are discharged to the community from the ED and are particularly vulnerable to losing contact with health care systems. Use of the ED signals crisis and may also indicate lack of access to routine outpatient care. Individuals with behavioral health problems who do not receive follow-
up care after substance abuse ED visits are much more likely to be readmitted to the ED. Health plans have a responsibility to connect patients to care. Discharge from the ED is an important transition point because it is an opportunity to secure a connection or reconnection to appropriate follow up treatment in the outpatient setting.

The table below defines the measure and the GHC-SCW data from 2017

<table>
<thead>
<tr>
<th>FUA Measures</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of ED visits for which the member received follow-up within 7 days</td>
<td>16/85 18.8%</td>
</tr>
<tr>
<td>of the visit</td>
<td></td>
</tr>
<tr>
<td>Percentage of ED visits for which the member received follow-up within 30</td>
<td>26/85 30.6%</td>
</tr>
<tr>
<td>days of the visit.</td>
<td></td>
</tr>
</tbody>
</table>

Analysis, Barriers & Opportunities

The first-year data for this new measure suggest a relatively low rate for follow-up with members and presents a significant opportunity for improvement in the number of members who receive timely follow-up care for alcohol or other drug (AOD) dependence following an ED visit. The barriers to improvement are similar to those identified in the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measure above.

Opportunities for improvement include:

- Development of enhanced reporting capabilities for timely identification of members seen in ED for AOD dependence and out-reach and follow-up capacity within Care Management or other GHC-SCW department.
- Increase the availability of medication assisted treatment (MAT) in primary care for the treatment of opiate use disorders.
- Increase use of Motivational Interviewing in primary and specialty care
Behavioral health consultants working alongside PCPs providing curbside and in-exam room consults on common behavioral health concerns like substance abuse improves treatment outcomes, provider productivity, medical adherence and patient satisfaction.

Explore and evaluate the adoption of telehealth as an evidence-backed option for behavioral health diagnosis and treatment; leverage new technologies to bring timely care to patients.

Conclusions
GHC-SCW has significant opportunity for improvement in the number of members who receive timely follow-up care for alcohol or other drug (AOD) dependence following an ED visit. The implementation of one or more of the listed opportunities will likely improve the number of members who receive timely follow-up care after an ED visit for alcohol or other drug dependence.

GHC-SCW has set an initial improvement goal of 10% in the percentage of members who receive a follow-up visit within 7 days of an ED visit. This improvement would also result in a 10% improvement in the 30-day measure.

Follow-up after Emergency Department Visits for Mental Illness (FUM)

Aim
- Review plan data from the first reporting on the percentage of emergency department (ED) visits for members 6 years of age and older with a primary diagnosis of mental illness, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for mental illness.
- Define the health plans goals and opportunities for 2018 and beyond related to this measure.

Background
This measure was first included in the HEDIS 2017 measurement set. It is intended to focus on individuals with mental illness who are discharged to the community from the ED and who are particularly vulnerable to losing contact with health care systems. Use of the ED signals crisis and may also indicate lack of access to routine outpatient care. Individuals with behavioral health problems who do not receive follow-up care after psychiatric visits are much more likely to be readmitted to the ED. Health plans have a responsibility to connect patients to care. Discharge from the ED is an important transition point because it is an opportunity to secure a connection or reconnection to appropriate follow-up treatment in the outpatient setting.

The table below defines the measure and the GHC-SCW data from 2017.

<table>
<thead>
<tr>
<th>FUM Measures</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of ED visits for which the member received follow-up within 7 days of the visit</td>
<td>49/85 57.7%</td>
</tr>
<tr>
<td>Percentage of ED visits for which the member received follow-up within 30 days of the visit</td>
<td>63/85 74.1%</td>
</tr>
</tbody>
</table>
Analysis, Barriers & Opportunities

The first-year data for this new measure indicate a majority of members (58%) are seen for a follow-up visit within seven days of an ED visit for a mental health diagnosis. A significantly greater percentage (74%) are seen for a follow-up visit within 30 days of an ED visit for a mental health diagnosis. Despite these relatively strong rates of timely follow-up, GHC-SCW has opportunities for improvement in the number of members who receive timely follow-up care for mental health diagnoses following a ED visit.

The barriers to improvement include:

- Time constraints associated with notification of the ED visit, communication and coordination of care, scheduling issues
- Insufficient coordination of care between ED departments and outpatient MH providers
- Transportation issues
- Availability of MH provider appointments in the specified time frame
- Member concerns regarding stigma and privacy
- Member concerns about missing work/school
- Member concerns about cost (co-pays, deductibles and co-insurance—depending on plan benefits)
- Cultural and linguistic barriers

Opportunities for improvement include:

- Development of enhanced reporting capabilities for timely identification of members seen in ED for mental health disorders and out-reach and follow-up capacity within Care Management or other GHC-SCW departments, as well as with outpatient in-pan providers.
- Increase use of Motivational Interviewing in both primary and specialty care to increase member participation in follow-up care.
- Increased availability of Primary Care Behavioral Health Services that allow access to effective follow-up care without requirement of immediate appointment with a specialist, likely reducing members concerns about privacy and stigma, as well as transportation and other access issues.
Continued efforts at improving the cultural competence and linguistic and cultural diversity of the provider network.

Explore and evaluate the adoption of telehealth as an evidence-backed option for behavioral health diagnosis and treatment; leverage new technologies to bring timely care to patients.

Conclusions

GHC-SCW has opportunities for improvement in the number of members who receive timely follow-up care for mental health disorders following an ED visit. The implementation of one or more of the listed opportunities will likely improve the number of members who receive timely follow-up care after an ED visit for mental illness.

GHC-SCW has set an initial improvement goal of 5% in the percentage of members who receive a follow-up visit within 7 days of an ED visit; and an increase of 10% in the percentage of members who receive a follow-up visit within 30 days of an ED visit.

IV: QUALITY IMPROVEMENT WORKPLANS

The following tables expand on the quality improvement initiatives for 2017 and 2018.
<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
<th>PROPOSED ACTIVITIES</th>
<th>PROPOSED TIMEFRAME FOR COMPLETION</th>
<th>STAFF RESPONSIBLE</th>
</tr>
</thead>
</table>
| Improve scores on reported measures related to hypertension and diabetes outcomes | 1) Improve HEDIS measures for members with diabetes:  
   - HbA1c testing among 18-75 year olds; reach 95%  
   - HbA1c control < 8.0 %; reach 67% - 70%  
   - BP Control <140/90; maintain 80 % or greater  
   2) HTN: Improve BP control < 140/90 to 75% | 1) a. Implement a pilot project in clinics for both pre-diabetes and hypertension management and evaluate impact  
   b. Monitor the implementation of Epic’s Healthy Planet tools, Reporting Workbench and registries, to enable clinic staff to identify and provide outreach to members with diabetes. Continue to provide support to internal staff.  
   c. Continue to monitor workflow for newly diagnosed diabetics and diabetes care gaps in pre-visit prep  
   2) Continue to monitor and provide on-going support to the Pharmacy department for the approved, protocolized HTN medication renewal process. Assess impact of new, expanded pharmacy roll.  
   3) Review the impact of statin management via pharmacy protocol  
   4) Review other opportunities for pharmacy medication protocols  
   5) In collaboration with BI and Pop Health, review Epic end of Q4 | Kasman  
Madsen  
Twining  
Ibrahim  
Kleinmaus  
Rx/Guetzlaff |
| Continue to grow the organization’s commitment to build system change, advocacy and education around advanced care planning. | 1) Train additional staff, as warranted based on demand, to be facilitators dedicated to implementing advance care planning  
   2) Offer a facilitated advance care planning referral to all patients 60 and above at the time of their physical exams | 1) Continue to outreach clinic staff regarding the Honoring Choices initiative and have additional staff trained as facilitators as warranted by demand  
   2) Monitor advance care planning referrals to all patients 60 and above at the time of their physical exams  
   3) Review the feasibility of the kiosk message for advance care planning. | Q1 through Q4 | Kasman  
Madsen |
| Create and disseminate Provider Dashboards on a quarterly basis with data on quality, cost and patient experience. | 1) Continue workgroup to establish Nursing Dashboard and Urgent Care Dashboard  
   2) Incorporate auto-tabulating metrics where possible. | 1) Meet regularly with Epic Applications and Business Intelligence Teams to discuss current state of the Provider Dashboard, barriers and opportunities and future additions of other population health tools to populate a Dashboard within the EMR  
   2) Meet regularly with Nursing leadership and Urgent Care leadership to create meaningful metrics for two new clinical dashboards  
   3) In collaboration with IT, create a mechanism for provider feedback for dashboard updates and patient list requests | Q2 through Q4 | Kasman  
Madsen  
Kleinmaus  
Ibrahim  
BEng |
| Look to develop unique approaches and strategies to improve member health outcomes and costs associated with asthma. | 1) Utilize the Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics.  
   2) In collaboration with BI and EA, develop Asthma reporting workbench report. | 1) Asthma Committee continues bi-monthly meetings to evaluate expansion of the Asthma Risk Score project to all clinics, care teams, and providers  
   2) In collaboration with the Population Health department, develop an Epic asthma registry and reporting workbench to facilitate bulk ordering and messaging.  
   3) Create a training video for staff to utilize the Asthma risk report | end of Q1  
end of Q4 | Kasman  
Madsen  
Ballweg  
Kleinmaus  
Ibrahim  
Lo |
<table>
<thead>
<tr>
<th>GOALS</th>
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</thead>
<tbody>
<tr>
<td>Improve the health of populations</td>
<td>Conduct on-going assessment of patient experience and member satisfaction and develop strategies for improvement.</td>
<td>1) Improve patient experience based on 2016 &amp; 2017 Press Ganey survey comments and results to meet the National 75th percentile. 2) Improve member satisfaction for CAHPS measure results below the 50th percentile based on 2016 &amp; 2017 surveys.</td>
<td>1) Q1 through Q4 2) Q1 through Q4 3) Q1 through Q4 4) Q1 through Q4 5) Q1</td>
<td>Madson Kastman Sandene Patient Experience Committee</td>
</tr>
<tr>
<td>Improve the patient experience of care</td>
<td>Evaluate Outreach process improvements and increase Outreach to non-staff model members</td>
<td>1) Review all current Outreach reporting for opportunities to incorporate non-staff model members. 2) Partner with outlying community resources to educate non-staff model members of opportunities within their community.</td>
<td>1) Q1 through Q4 2) Q1 through Q4 3) Q1 through Q4 4) Q1 through Q4</td>
<td>Madson Kastman Sandene Health Ed</td>
</tr>
<tr>
<td>Improve the patient experience of care</td>
<td>Improve the health of the populations that GHC-SCW serves by reducing health outcome disparities. Promoting health literacy and cultural competency values and training among GHC-SCW workforce.</td>
<td>1) Understand baseline demographic and health outcome data to examine where potential inequities exist. Staff and Committee members will examine and compare internal data to local, state and National public health statistics and other available evidence. 2) Pursue innovative ways to promote organizational health literacy, develop a culturally competent workforce, and nurture an inclusive work environment. 3) Provide a safe and open space where issues related to equity, inclusivity and cultural diversity can be discussed and addressed.</td>
<td>1) Q1-Q2 2) Q1 through Q4 and ongoing 3) Q2 and ongoing</td>
<td>Kleinmaus Francis Smith</td>
</tr>
<tr>
<td>GOALS</td>
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</tbody>
</table>
| **Safety of Clinical Care** | Continue to monitor patient safety and look for opportunities for improvement | 1a) Continue initiative to improve safety of care for patients with chronic pain  
1b) Addiction Medicine in Primary Care Pilot-medication assisted treatment for patients with opioid use disorder  
2) Further resource Clinical Pharmacists for drug utilization reviews on members with complex prescription drug therapy  
3) Utilize trends from online safety portal for process improvement opportunities.  
4) Improve HEDIS measure MMA “Medication Management for People with Asthma” to 75th percentile (reduce the risk of asthma exacerbations for population at risk) 2016 rate GHC = 45.72 (25th 42.40)  
5) Improve anticoagulation management w initiation of education materials from the health plan to reduce risk and prevent adverse events associated w blood thinning medications | 1a). In collaboration with EA and BI monitor the use of the registry/reporting workbench within the EHR.  
1b) Prescribing pilot for up to 30 patients in 2017 (stable GHC patients with ongoing AODA psychosocial tx) limited to PCPs with waivers and resources  
2). Continue to promote and resource Clinical Pharmacists across clinics  
3) Safety Committee monitors portal to identify clinical opportunities  
4) In collaboration with BI, create a report to monitor consistent use of members who remained on an asthma controller. Share results with Asthma committee and clinical pharmacy department.  
5) In collaboration with BI and Clinical Pharmacy, create a report to identify members newly started on anticoagulation medication. Develop and/or purchase patient-friendly education material to disseminate about medication safety. | 1) Q1 through Q4  
2) Q1 through Q4  
3) Q1 through Q4  
4) Q1 through Q4  
5) Q1 through Q4 | Kastman  
Madson  
Ibrahim  
Hynek  
Safety Committee  
Clinical Pharmacy |
<table>
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<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>Behavioral Health Care</td>
<td>Improve behavioral health outcomes for our members</td>
<td>I. HEDIS BH Measures: 1. ADHD 2. F/U After Hospitalizations for MH 3. Engagement/Initiation of SUD tx 4. AMM New 2017 HEDIS Measures • FUM: Follow-Up After Emergency Department Visit for Mental Illness • FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence II. Clinical Quality of Adult ADHD Continue spread of the evidence-based dx assessment for adult ADHD in both primary care and mental health settings. III. Continue PC and BH Integration IV. Prescriber Education - Improve diabetes screening for individuals with schizophrenia or bipolar disorder who are prescribed an antipsychotic medication;</td>
<td>I. Continue directed member outreach, use of PCBH services, provider education to maintain percentile goals for measures 1-4 • Collect data for new 2017 FUM &amp; FUA measures • Report quarterly performance to providers II. Educate non-prescribing MH providers on the use of ADHD diagnosis assessment instruments. III. Continue successful BH and Primary Care program IV. Educate prescribers of antipsychotic medications re the risk of metabolic disorders and the need for screening - Educate prescribers to monitor members with schizophrenia or bipolar disorder prescribed antipsychotics to obtain a glucose test within the past year - Educate prescribers to monitor diabetic members prescribed antipsychotics to obtain a glucose and lipid test within the past year</td>
<td>I. Q1 - Q4 II. Q1 - Q4 III. Q1 - Q4 IV. Q1 - Q4</td>
</tr>
<tr>
<td>Financial Health</td>
<td>Implement the concepts of Choosing Wisely and shared decision making to reduce costs associated with duplicate or unnecessary testing or procedures</td>
<td>1) Identify savings due to analysis of duplicate and/or unnecessary testing or procedures. 2) Implement a shared decision making framework.</td>
<td>1) Review data from analytical tools to determine where opportunities for education and cost savings exist. 2) Implement 10 shared decision making tools for ETF patients. 3) Evaluate the feasibility of providing these to all populations</td>
<td>1) end of Q4 2) end of January</td>
</tr>
<tr>
<td></td>
<td>Increase utilization of analytical tools to identify high cost members and target strategies for cost containment to improve member population health</td>
<td>1) Develop strategy and implement to lower per capita costs and improve population health 2) Assess the need for tools/resources Case Managers would like to support their population health management efforts. 3) Care Management department to utilize McKesson software tools for high risk / high cost patient identification and cost containment strategies.</td>
<td>1) Utilize high cost case reports to identify high cost members. 2) Establish regular meetings with the Care Management department to improve population health through strategies to utilize analytical tools to the highest capacity. 3) Expand use of McKesson tool as a means to identify current and future high cost patients for planning and intervention purposes.</td>
<td>1) end of Q2 2) Q1 through Q4 3) end of Q4</td>
</tr>
</tbody>
</table>
## 2018 Quality Improvement Work Plan
**Focused by the Triple Aim**

<table>
<thead>
<tr>
<th>GOALS</th>
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<tr>
<td><strong>Quality of Service</strong></td>
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</tbody>
</table>
| Conduct on-going assessment of patient experience and member satisfaction and develop strategies for improvement. | 1) Increase readability of monthly patient satisfaction reporting.  
2) Improve patient experience based on 2018 Press Ganey survey comments and results.  
3) Improve member satisfaction for CAHPS measure results below the 50th percentile based on 2017 surveys. | 1) Work with Press Ganey to modify reporting metrics in an effort to improve the clarity of the monthly reports.  
2) QM department and Patient Experience Committee will help support training of all GHC-SCW staff members via Press-Ganey coursework. Set a Year 1 and Year 2 goal for improvement for each metric.  
3) Review CAHPS results and develop strategies for improvement for measures below the 50th percentile.  
4) Review a process for sharing complaints. Consider an electronic mechanism.  
5) Utilize complaints and compliments to develop member initiated improvements.  
6) Utilize comment cards for review and share results to the patient experience committee. | 1) January 2018  
2) 2018 - 2019  
3) Ongoing  
4) Q1 through Q4  
5) Q1 through Q4  
6) Begin process Q1 | Madson  
Kastman  
Sandene  
Patient Experience Committee |
| Evaluate Outreach process improvements and increase Outreach to non-staff model members | 1) Review all current Outreach reporting for opportunities to incorporate non-staff model members.  
2) Partner with outlying community resources to educate non-staff model members of opportunities within their community. | 1) Review all reports for inclusion/exclusion criteria.  
2) Work with BI to import non-staff model claims data into Epic Healthy Planet tools.  
3) Establish written Population Health Strategy.  
4) Increase frequency of Diabetes and/or other chronic disease newsletters to quarterly.  
5) Incorporate Bulk Messaging and outreach for non-staff model members when Caboodle tools and processes are working and are live. | 1) Q1 through Q4  
2) Q1 through Q4  
3) By July 2018  
4) Q1 through Q4  
5) Long term | Madson  
Kastman  
Murphy  
Ibrahim  
Health Ed  
Kleinmaus  
Behl |
| Improve the health of the populations that GHC-SCW serves by reducing health outcome disparities | 1) Understand baseline demographic and health outcome data to examine where potential inequities exist. Staff and Committee members will examine and compare internal data to local, state and National public health statistics and other available evidence.  
2) Pursue innovative ways to promote organizational health literacy, develop a culturally competent workforce, and nurture an inclusive work environment.  
3) Provide a safe and open space where issues related to equity, inclusivity and cultural diversity can be discussed and addressed. | 1) Translate selected member materials into Mandarin as it has been identified as the 3rd most common spoken language regionally.  
2) Work with the Population Health Department and Marketing to create health literate mailings and MyChart message templates for registry activity and QM Outreach mailings.  
3) Continue to follow the 3 yr strategic plan “Roadmap for Health Equity: 2017-2019” to ensure that the organization promotes and practices as a welcoming and inclusive environment.  
4) Gender / Sexual Identity field added to the EHR and training provided to staff members.  
5) YWCA health equity trainings provided org-wide in 2018. | 1) Q1-Q2  
2) ongoing  
3) ongoing  
4) Q1  
5) Q1-Q4 | Kleinmaus  
Francis  
Health Equity Committee  
Inclusion Change Team |
<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
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</table>
| Improve scores on reported measures related to hypertension and diabetes outcomes | 1) Improve HEDIS measures for members with diabetes:  
- HbA1c testing among 18-75 year olds; reach 95%  
- HbA1c control < 8.0%; reach 67% - 70%  
- BP Control <140/90; maintain 80% or greater  
2) Expand hypertension efforts to entire patient population (beyond patients with diabetes). | 1a. Implement a project in clinics and for health plan members for coverage of pre-diabetes classes and evaluate impact.  
1b. Monitor the implementation of Epic’s Healthy Planet tools, Reporting Workbench and registries, to enable clinic staff to identify and provide outreach to members with diabetes. Continue to provide support to internal staff.  
1c. Continue to monitor workflow for newly diagnosed patients with diabetes/diabetes care gaps in pre-visit prep  
2) Continue to monitor and provide on-going support to the Pharmacy department for the approved, protocolized HTN medication renewal process. Assess impact of new, expanded pharmacy roll.  
3) Review the impact of statin management via pharmacy protocol  
4) Review other opportunities for pharmacy medication protocols  
5) In collaboration with BI and Pop Health, review Epic registry outreach opportunities  
6) Implement Hypertension Committee pilot to improve hypertension control in staff model patients and review results for potential organization wide improvement. | 1a) Referral process for pre-diabetes to begin Q1  
1b-c) ongoing  
2) ongoing  
3) Q1 and Q2  
4) Q2  
5) ongoing  
6) Q1 2018 | Kastman, Madson, Twining, Ibrahim, Kleinmaus, Rx/Guetzlaff |
| Continue to grow the organization’s commitment to build system change, advocacy and education around advanced care planning. | 1) Train additional staff, as warranted based on demand, to be facilitators dedicated to implementing advance care planning  
2) Offer a facilitated advance care planning referral to all patients 60 and above at the time of their physical exams  
3) Work with SLT to identify strategic goal for advance care planning.  
4) Strive to achieve 30% or greater of patients 65 and above with an ACP on file. | 1) Continue to outreach clinic staff regarding the Honoring Choices initiative and have additional staff trained as facilitators as warranted by demand  
2) Monitor advance care planning referrals to all patients 60 and above at the time of their physical exams  
3) Review the feasibility of the kiosk message for advance care planning. | 1-3) Q1 through Q4 | Madson, Kastman, ACP Facilitator Team |
<table>
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<tr>
<td>Improve the health of populations</td>
<td>Create and disseminate Provider Dashboards on a quarterly basis with data on quality, cost and patient experience.</td>
<td>1) Continue workgroup to maintain Nursing Dashboard and Urgent Care Dashboard 2) Incorporate auto-tabulating metrics where possible.</td>
<td>1) Q2 through Q4 2) Ongoing</td>
<td>Kastman Madson Kleinmaus Ibrahim Bi/Eng</td>
</tr>
<tr>
<td>Improve the patient experience of care</td>
<td>Look to develop unique approaches and strategies to improve member health outcomes and costs associated with asthma.</td>
<td>1) Utilize the Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics. 2) In collaboration with BI and EA, develop Asthma reporting workbench report.</td>
<td>1) Ongoing 2) end of Q4 3) Ongoing monitoring</td>
<td>Kastman Madson Ballweg Kleinmaus Ibrahim Lo</td>
</tr>
<tr>
<td>Lower per capita costs</td>
<td></td>
<td>1) Meet regularly with Epic Applications and Business Intelligence Teams to discuss current state of the Provider Dashboard, barriers and opportunities and future additions of other population health tools to populate a Dashboard within the EMR 2) Meet regularly with Nursing leadership and Urgent Care leadership to create meaningful metrics for two new clinical dashboards</td>
<td>1) Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

**2018 Quality Improvement Work Plan**

Focused by the Triple Aim

- Quality of Clinical Care
- Lower per capita costs
- Improve the patient experience of care
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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety of Clinical Care</strong></td>
<td></td>
<td>1) Continue initiative to improve safety of clinical care for patients with non-cancer chronic pain taking opioids</td>
<td>1) Q1 through Q4</td>
<td>Kastman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Monitor number and impact of practitioners that provide Medication Assisted Treatment within Primary Care</td>
<td>2) Q1 through Q4</td>
<td>Madson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) Continue to promote and resource Clinical Pharmacists across clinics</td>
<td>3) Q1 through Q4</td>
<td>Ibrahim</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Safety Committee monitors portal to identify clinical opportunities</td>
<td>4) Q1 through Q4</td>
<td>Hynek</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1) For all existing patients on non-cancer Chronic Opioid treatment, reduce all members to less than 90 Daily Morphine Equivalents by October 2018.</td>
<td></td>
<td>Safety Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) For all existing patients on non-cancer Chronic Opioid treatment, reduce all members to less than 90 Daily Morphine Equivalents by October 1st, 2018.</td>
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<td>Clinical Pharmacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) Effective immediately, prevent any non-cancer patients from increasing past a Daily Morphine Equivalent of more than 90.</td>
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<td>4) Decrease or eliminate the co-administration of opioids and benzodiazepines/sleep aids.</td>
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<td>2) Medication Assisted Treatment within Primary Care</td>
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<td></td>
<td></td>
<td>3) Resource Clinical Pharmacists for drug utilization reviews on members with complex prescription drug therapy</td>
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<td>4) Utilize trends from online safety portal for process improvement opportunities.</td>
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</table>
| Improve behavioral health outcomes for our members | Behavioral Health Care | I. HEDIS BH Measures: maintain percentile goals for measures 1-4  
1. ADHD  
2. F/U After Hospitalizations for MH  
3. Engagement/Initiation of SUD tx  
4. AMM  
II. Monitor and trend performance on ED measures  
• FUM: Follow-Up After Emergency Department Visit for Mental Illness  
• FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence  
III. PCBH  
Continue PC and BH Integration  
IV. WCHQ BH QI Steering Team Charter  
Have a GHC-SCW representative from within our Mental Health department participate and potentially share data with WCHQ | I. Continue directed member outreach, use of PCBH services & provider education  
Report quarterly performance to providers  
II. Define the health plans goals and opportunities to improve for 2018 and beyond related to these 2 measures  
III. Evaluate member and practitioner experience with PCBH services  
IV. Engage and collaborate to disseminate improvements | I. Q1 - Q4  
II. Q3 - Q4  
III. ongoing  
IV. Q1-Q4 | Van Den Brandt Austin |
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</table>
| **Financial Health**                       | Implement the concepts of Choosing Wisely and shared decision making to reduce costs associated with duplicate or unnecessary testing or procedures | 1) Identify savings due to analysis of duplicate and/or unnecessary testing or procedures.  
2) Implement a shared decision making framework. | 1) Review data from analytical tools to determine where opportunities for education and cost savings exist.  
2) Evaluate the feasibility of providing shared decision making tools to all populations | Kastman  
Madson  
Ibrahim |
|                                            | Increase utilization of analytical tools to identify high cost members and target strategies for cost containment to improve member population health | 1) Develop and implement strategy to lower per capita costs and improve population health  
2) Assess the need for tools/resources Case Managers would like to support their population health management efforts. | 1) Utilize high cost case reports to identify high cost members.  
2) Establish regular meetings with the Care Management department to improve population health through strategies to utilize analytical tools to the highest capacity. | Kleinmaus  
Madson  
CM/Behl |
|                                            | Utilize analytical tools to identify opportunities for employer specific health and wellness programming | 1) Identify trends in employer group pharmacy spend, hospitalizations, etc. and utilize information to offer specific programming to increase awareness and healthy behaviors. | 1) Utilize QM analytical tools to identify employer specific trends.  
2) Identify high utilizers and set up meetings to suggest programming.  
3) Monitor for trends. | Sandene  
Madson  
Kastman  
Wellness Team |
Appendix 3

CLINICAL AND SERVICE QUALITY COMMITTEE

STATEMENT OF PURPOSE

This committee is responsible for the oversight of the quality improvement activities of Group Health Cooperative of South Central Wisconsin. It fosters continuous improvement of the service and clinical care provided to all membership. Specific activities of the committee are as follows:

- Develop the Annual Quality Work Plan with input from GHC-SCW Executive Leadership, Managers and/or Supervisors, Committees, project teams, strategic planning, or other sources.
- Oversee the establishment of NCQA standards and guidelines, improvements and timetables.
- Periodically review QI progress and provide the direction necessary for success.
- Champion the forming and functioning of project teams and for the implementation of recommendations.
- Make policy recommendations or updates as warranted by business practices or current NCQA standards and guidelines.
- Develop the Annual QI Report including the summary and evaluation.
- Ensure practitioner participation in the planning, design, implementation of the QI program and periodic review of supporting committees or teams.
- Identifies/institutes needed actions and follow-up as appropriate.
- Review reports of regular monitoring activities and surveys.
- Oversee the review and updates to medical criteria.
- Participate in the review of Population Health Management strategies in conjunction with other associated committees.

ROSTER
1. Chair: Accreditation Coordinator
2. Chief Medical Officer
3. Quality Manager
4. Quality Analyst/HEDIS Coordinator
5. Care Management Manager
6. Director of BH & Medical Specialty Services
7. Member Services Manager
8. Population Health Manager (Ad hoc)
9. Manager of Pharmacy Services (Ad hoc)
10. Chief Nursing Officer (Ad hoc)
11. Community Care Manager (Ad hoc)
12. Marketing Manager (Ad hoc)
13. Accreditation Consultant MD (Ad hoc)
14. Medical Staff Administrator (Ad hoc)
15. Medical Director for Behavioral Health (Ad hoc)
MEETING FORMAT AND FREQUENCY

The Chief Medical Officer and/or Quality Manager make appointments to the committee roster. The committee reviews the various clinical and quality items on the agenda, reaches conclusions and defines actions for follow-up which includes the responsible person and timeframe for completion as maintained in the meeting minutes. The committee maintains a monthly meeting calendar.
Appendix 4

PEER REVIEW COMMITTEE

STATEMENT OF PURPOSE

Peer Review is the review of clinical activities of members of the medical staff by other qualified practitioners with comparable training and experience who can render an unbiased opinion on the quality of care. The purpose of peer review is to promote continuous improvement of the quality of health care provided by the medical staff at Group Health Cooperative of South Central Wisconsin (GHC-SCW). The Peer Review Committee (PRC) investigates patient or practitioner complaints/concerns about the quality of clinical care provided by GHC-SCW practitioners and makes recommendations for corrective actions. The Committee also reviews sentinel conditions identified by Care Management staff as having quality concerns. In addition, the PRC is the committee that makes recommendations regarding credentialing and re-credentialing for all practitioners (as defined in policy MED.046) credentialed by GHC-SCW.

CONFIDENTIALITY OF INFORMATION

1. The PRC is a distinct and separate Committee within GHC-SCW’s Quality Improvement Program. All PRC activities are protected by federal and state laws and are immune to discoverability.

2. Peer Review is organized and operated to help improve the quality of health care. Accordingly, no person acting in good faith who participates in the review or evaluation of services of health care practitioners as part of the GHC-SCW Peer Review Committee is liable for any civil damages because of any act or omission by such person in the course of such review or evaluation. This civil immunity, pursuant to law, applies to acts and omissions including, but not limited to, censuring, reprimanding or taking any other disciplinary action against a health care practitioner.

3. No person who participates in the review or evaluation of the services of health care practitioners as part of the GHC-SCW Peer Review Program may disclose any information acquired in connection with such review or evaluation, nor may any record of the investigation, inquiries, proceedings and conclusions of the Peer Review Committee be released to any person under Section 804.10(4), Wis. Stats, or otherwise, except as permitted by the exceptions set forth in Section 146.38(3), Wis. Stats. Any person who testifies during, or participates in the review or evaluation may testify in any civil action as to matters within his or her knowledge, but may not testify as to information obtained through her or his participation in the review or evaluation, nor as to any conclusion of such review or evaluation, as provided in Section 146.38(2), Wis. Stats.

4. Consistent with its goals of helping to improve the quality of health care, the PRC reports its findings to the Chief Medical Officer who in turn, reports general activities of the PRC to the Health Services Committee of the Board of Directors of GHC-SCW and, ultimately, the full Board of Directors of GHC-SCW.
ROSTER

The Chair makes appointments to the PRC. The PRC membership includes:
- Family Medicine Physicians (2-3)
- Internists (1-2)
- Pediatricians (1)
- Physician Assistant or Nurse Practitioner (1)
- Other specialists as needed for case review or credentialing decisions (e.g. Chiropractor, Psychiatrist)
- Medical Staff Administrator

MEETING FORMAT AND FREQUENCY

1. The minutes of the previous Committee meeting are reviewed. Cases are prepared outside the committee by an initial reviewer who presents the case for further review and discussion at the meeting. Corrective actions, if any, are recommended. Policies concerning confidentiality are followed.

2. Every three years, re-credentialing information is reviewed prior to re-appointment. Credentials of new staff are presented to the Committee.

3. The Committee meets quarterly.

COMMITTEE AUTHORITY

The Board of Directors is ultimately responsible for the quality of health care provided to GHC-SCW members. The Board delegates the responsibility of ensuring a high level of quality of care to the Chief Medical Officer who, in turn, charges the PRC to review all quality concerns referred to it. The PRC provides educational feedback to the involved practitioners, reports findings to the Chief Medical Officer and when appropriate, make recommendations for credentialing, re-credentialing, reduction, suspension or termination of individual practitioner privileges. The Chief Medical Officer acts in a manner providing for maximum protection for documentation from legal discovery and protection of the identity of individual practitioners.

SOURCES OF QUALITY OF CARE CONCERNS FOR COMMITTEE REVIEW

Quality of care concerns can be brought to the PRC from several sources, including but not limited to the following:
1. Practitioners
2. Chief Medical Officer
3. Members through Member Services complaints or other member generated communications.
4. Care Management Department
5. QM Department including other QA/QI committees or teams
6. Medicare / Medicaid Sanctions
7. Licensure Sanctions or Limitations
8. Requests for review by external regulatory agencies or payers
PEER REVIEW PROCESS

The PRC will carefully review the medical care in all situations in which a quality concern has been raised. The involved practitioner will be notified, in writing, of a possible quality concern and asked to present additional verbal or written information for the primary reviewer prior to the date of the PRC meeting. The PRC will take these practitioner comments into consideration when reviewing the case.

The PRC will evaluate the quality concern related to medical care and make a determination as to whether there is sufficient evidence that the involved practitioner failed to provide care within generally accepted standards. The PRC will send a written evaluation of the quality concern to the involved practitioner along with any recommendations / actions. A copy is also sent to the Chief Medical Officer.

The Committee may make a recommendation for an educational activity for the involved practitioner such as reviewing a text or an article or attendance at a CME related to the quality of concern. The PRC will obtain information to substantiate the recommendations are carried out in a timely manner.

If the PRC observes a pattern of quality concerns regarding a single practitioner, the Committee may suggest reduction, limitation, or suspension of privileges or contract termination.

After receiving the PRC’s recommendation, the Chief Medical Officer will make a decision and create an action plan. The reason for the action and a summary of the appeal rights and processes will be communicated, in writing, to the involved practitioner. The practitioner can then appeal the Chief Medical Officer’s decision according to the Appeals / Hearing Process outlined below.

APPEAL / REQUEST FOR HEARING

Practitioners have the right to request a hearing and appeal any decision of the GHC-SCW Peer Review Committee.

The practitioner must request a hearing, in writing, within 30 days from the date the provider receives the Chief Medical Officer’s final decision and action plan. The request should be sent via certified mail to the Chair of the Peer Review Committee, 1265 John Q. Hammons Drive, Madison, WI 53717.

WAIVER BY FAILURE TO REQUEST A HEARING

A practitioner who fails to request a hearing within the time and in the manner specified waives his/her right to any hearing or any appellate review to which he/she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the initial review.
NOTICE OF TIME AND PLACE FOR HEARING

Upon receiving a timely and proper request for hearing, the Chief Medical Officer shall then schedule a hearing. Within fifteen (15) business days of receipt of the request for hearing, the Chief Medical Officer shall send the practitioner, via certified mail, notice of the time, place and date of the hearing. The hearing date shall be within forty-five (45) days of the date the notice of hearing was sent to the provider.

The notice of hearing must contain a concise statement of the practitioner’s alleged acts or omissions, a list of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action that is the subject of the hearing.

APPOINTMENT OF HEARING PANEL

When a hearing has been requested in the manner specified above, the Chief Medical Officer shall appoint a hearing panel composed of the Chief of Staff, who shall Chair the panel, and no less than three (3) additional members whose practice is relevant to the issue addressed. This may necessitate the use of non-employed practitioners. The hearing panel shall be composed of members of the medical staff who have not participated actively in consideration of the matter involved at any previous level. Knowledge of the reasons or subject matter forming the basis for the adverse action or recommendation, which gave rise to the request for a hearing, shall not preclude a member of the medical staff or other person from serving as a member of the hearing panel.

ATTENDANCE / REPRESENTATION

The practitioner may attend the hearing in person or may submit written materials in lieu of their presence. The practitioner may be accompanied and represented at the hearing by an attorney or by another person of his/her choice. The practitioner shall inform the Chief Medical Officer in writing of the name of that person at least ten days prior to the hearing date. GHC-SCW shall appoint an individual to represent them. Such individual may be an attorney or any other person designated by the Chief Medical Officer.

RIGHTS OF PARTIES

During the hearing, each party shall have the following rights:

a) call and examine witnesses
b) introduce exhibits
c) cross-examine any witness on any matter relevant to the issues
d) rebut any evidence
e) to have a record made of the proceedings, copies of which may be obtained by the appellant upon payment of reasonable charges for the preparation thereof

POSTPONEMENT
Requests for postponement or continuance of a hearing may be granted by the Chief Medical Officer only upon a timely showing of good cause.
HEARING PANEL REPORT

Within twenty (20) days after adjournment of the hearing, the hearing panel shall make a written report of its findings and recommendations. The report shall contain a summary of the basis of the decision. The hearing panel shall forward the report along with the record and other documentation to the Chief Medical Officer. The practitioner shall also be given a copy of the report.

NOTIFICATION OF AUTHORITIES

As required by the Health Care Quality Improvement Act of 1986, as amended and 45 Code of Federal Regulations Part 60, the Chief Medical Officer or his/her designee shall report to the State Medical Examining Board and/or the National Practitioner Data Bank (NPDB) in accordance with the respective state and federal regulations. Incidents requiring reporting include, but are not limited to: contract suspension/termination due to quality reasons; involuntary reduction of current clinical privileges; suspension of clinical privileges; termination of all clinical privileges. All submissions will be reviewed by corporate council prior to notification to authorities.
Appendix 5

CLINICAL CONTENT COMMITTEE

STATEMENT OF PURPOSE

The purpose of the Clinical Content Committee is to serve as content experts and decision makers for clinical issues related to electronic medical record tools, clinical forms/handouts, medical/nursing policies and procedures, and department activities of Quality Management and Clinical Information Services (CIS). The responsibilities of the Clinical Content Committee are outlined as follows:

- Update clinical content in Epic Care.
- Evaluate, recommend or approve practice guidelines and implement associated medical record tools
- Evaluate and recommend nursing and medical policies.
- Evaluate and advise the CIS department on electronic medical record related issues.

ROSTER

• Chair; Associate Medical Director-Informatics & Care Management
• Medical Chief of Staff
• Enterprise Applications Analysts (3)
• Practitioners – Primary and Urgent Care (3)
• Registered Nurses (4)
• LPN or CMA (1)
• Revenue Cycle Manager (1)
• Registered Pharmacist (1)
• Quality Manager (ad hoc)

MEETING FORMAT AND FREQUENCY

The group discusses items brought to the agenda, concludes and defines the actions to be taken, the responsible person or team and appropriate timelines for completion. The committee meets monthly.
Appendix 6

EMPLOYEE HEALTH AND PATIENT SAFETY COMMITTEE

STATEMENT OF PURPOSE

To maximize safe clinical practice in patient settings, and during transitions in care for all members of Group Health Cooperative of South Central Wisconsin. The Committee’s main responsibilities are:

1. Develop and coordinate policies, procedures and activities related to monitoring patient safety
2. Identify opportunities to reduce medical errors, support interventions, and monitor progress in these activities.
3. Define measures of patient safety and perform periodic measurement.
4. Review member complaints related to clinic safety.
5. Develop and distribute information to members and practitioners that improves their knowledge about clinical safety through newsletters and through medication safety activities.
6. Establish a liaison representative with community hospitals to support hospital-based patient safety activities.

ROSTER

- Chair; Chief Nursing and Clinical Operations Officer
- Pharmacy Services Manager
- Enterprise Applications Analyst
- Administrative Pharmacist
- Clinic Manager
- Registered Nurse
- Physician
- Quality Manager (ad hoc)

MEETING FORMAT AND FREQUENCY

The committee discusses various items on the agenda, reaches conclusions and defines the necessary actions including the responsible person or team and appropriate deadlines. The committee meets every other month, or as needed.