GHC-SCW QUALITY IMPROVEMENT PROGRAM ANNUAL REPORT
# TABLE OF CONTENTS

## I. QUALITY IMPROVEMENT PROGRAM

Aim & Goals..................................................................................................................................................1-7
QI System..........................................................................................................................................................1-7
Program Structure...........................................................................................................................................1-7
Annual Work Plan...........................................................................................................................................1-7

## II. 2019 ANNUAL SUMMARY

A. Introduction
B. Overview
   - Recognition & Achievements
   - HEDIS & CAHPS Performance
   - Population Health Management
   - Safety of Clinical Care
   - Quality of Service
   - Quality of Clinical Care
   - Financial Health
   - NCQA Accreditation & Compliance
   - Employee Engagement & Recognition
C. Challenges
D. Reflections on Overall Effectiveness

## III. EVALUATION OF WORKPLAN PROJECTS

**QUALITY OF SERVICE AND THE MEMBER EXPERIENCE**
- Outreach Processes
- Promoting Health Equity & Health Literacy
- Consumer Experience

**QUALITY OF CLINICAL CARE**
- Hypertension & Diabetes Outcomes
- Dashboards
- Asthma Measures & Committee Projects

**SAFETY OF CLINICAL CARE**
- Clinical Pharmacists & Medication Management
- Medication Assisted Treatment in Primary Care
- Opioid Safety Program

**BEHAVORIAL 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

- 2019
- 2020

## V. APPENDICES: 1-7
GHC-SCW QUALITY IMPROVEMENT PROGRAM

Our program is defined in three sections that 1) summarize the fundamentals behind quality improvement (QI) for GHC-SCW, 2) outline our governance structure and committees, and 3) describe how our annual work plan is developed and evaluated. These sections are identified as the QI System, Program Structure and Annual Work Plan.

Our aim is to continuously improve the quality and safety of medical and behavioral health care and the level of service provided to GHC-SCW members with the following goals:
- To support and achieve the mission, vision, common values & value proposition of our cooperative
- To identify clinical, service, safety and behavioral health issues of impact to plan membership
- To develop objectives & activities to address improvement opportunities

QUALITY IMPROVEMENT SYSTEM

A. Customer Voice

An important component of our quality improvement system is vigilant attention to the voice of the customer. GHC-SCW primarily utilizes CG-CAHPS® encounter surveys to gather information we value about our members clinic experiences through Press Ganey®. Health plan level consumer feedback is gathered through the annual Adult CAHPS® survey. In addition, a group of 15 members lend their input to our Member Advisory Council, to bring a personal voice to the decision makers at GHC-SCW. Council members work with organizational staff to influence policies, programs or various services of the cooperative. The mission of the Member Advisory Council is to enhance communication and provide insight to help GHC-SCW improve. Our patients/members are more than consumers in their care, they are partners. GHC-SCW leverages this engagement to ensure they have a role in our governance, as well as, a role in the medical home model of care that we provide.

B. Employee Engagement

To facilitate the systemic change that is needed to drive transformation all employees must understand their role in the journey. Employee engagement has been consistently and transparently communicated to the entire organization as a key driver of performance. Sustained improvement requires insight into consumer, patient and caregiver needs, as well as, cultural alignment and a commitment to daily execution. GHC-SCW continues to strive to improve communication and collaboration within its’ workforce to raise our service levels across the organization and strengthen the cultural environment.

C. Data Analysis

Changes are occurring in every corner of health care and data is the single most important asset available to drive change using information from across functional areas of our organization. Data analysis allows for an assessment of past and current performance and provides an objective look at opportunities for continuous improvement. Our Business Intelligence team are dedicated to helping the organization analyze production data from new angles and different viewpoints. Sources include all Epic production systems such as EpicCare, Cadence, Resolute, and Tapestry among others, as well as, pharmacy data supplied by our pharmacy information clearinghouse. Data analytics clearly demonstrate that actions taken at a process or structural level can influence multiple outcomes and improve care delivery.
D. Enterprise Project Management Office

GHC-SCW has an established Enterprise Project Management Office (EPMO) that serves as a central hub for intake of large projects that affect multiple areas of the organization. A software system called Planview is used to track and report on the time, cost, scope and quality of deliverables, the four main constraints of large-scale projects. The EPMO has an Ideas Pipeline as a way for staff to submit project ideas for consideration. To qualify for EPMO project manager resources, a project must have a finite start and completion date and require a minimum of 60 hours of work. Once a project is submitted, the EPMO team will initiate a scoring and prioritization process that ties to our strategic plan and goals. Vetting, approving and budgeting are important components before work begins. Senior leadership make the final decisions on which strategic projects have the largest impact and go through to completion.

E. Leadership

GHC-SCW’s Board of Directors, President and CEO and other senior leaders provide direction for the organization by defining our companies’ strategic goals and priorities. Long-term success requires the convergence of system leadership, clinical caregivers and health plan employees around those goals and priorities to continue to be a top-rated health insurance plan and remain sustainable in the care delivery marketplace.

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

‘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

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

We believe:
~Healthcare is a human right.
~In treating all people with dignity and respect.
~There is strength in diversity.
~Equity celebrates our humanity.
~We are better together.
I. GHC-SCW Value Proposition

Our cooperative offers unrivaled integration of health care with insurance and is motivated to continuously enhance the health of our member owners within the communities of south central Wisconsin. Safe, high-quality, personalized care and service is guided by empathic, passionate professionals encompassing our value proposition of “Better Together for Lifelong Health”.

**PROGRAM STRUCTURE**

**Scope**

Our QI program is comprehensive and involves every part of our delivery system -- physicians, hospitals, affiliate providers, delegates and administrative operations. Involved professionals include medical directors, administrative and clinical personnel working together to emphasize principles designed to incorporate two key components:

1. The use of data to continuously monitor aspects of clinical care, service, systems and processes.
2. Involvement of both medical and behavioral health professionals in the analysis.

**Oversight and Accountability**

The Board of Directors entrusts the overall quality improvement (QI) program of the organization to the President and Chief Executive Officer who assigns various components to the Chief Medical Officer and the Associate Medical Director of Care Management & Informatics as responsible senior leaders. The day-to-day operation of the Quality and Population Health department is entrusted to a Manager with a master’s degree in healthcare administration. A Medical Director for Behavioral Health and the Director of Behavioral Health and Medical Specialty Services are also involved in QI efforts associated with the operation of the Mental Health department and implement the behavioral healthcare aspects of the program. GHC-SCW’s Clinical and Service Quality Committee (CSQC) is the primary oversight body responsible for accreditation associated quality improvement planning. The Chief Medical Officer participates on the CSQC and has influence over the planning and implementation of QI and Population Health Management initiatives. The CSQC reviews NCQA health plan standards and recommends policy decisions to leadership and monitors the progress and outcome of accreditation or other workplan activities. Committee members annually evaluate the overall effectiveness of the QI program, recommend needed action and ensure appropriate follow-up to meet accreditation requirements.

*Appendix 1* diagrams the organization’s governance and executive leadership.

**Behavioral Health QI Program:**

GHC-SCW’s Behavioral Health (BH) program is managed by the Director of Behavioral Health and Medical Specialty Services (LCSW) and a Medical Director (Psychiatrist) of the Mental Health department. Quality improvement is overseen by the committee on Continuity and Coordination of Medical and Behavioral Healthcare (CC MED BH) in conjunction with the Clinical and Service Quality Committee. Some related initiatives are:

- Follow-up of members hospitalized due to mental illness
- Outreach related to members diagnosed with substance use disorders
- Outreach related to stimulant medications for Attention Deficit Hyperactivity Disorder
- Monitoring and analysis of HEDIS® metrics related to behavioral health
- Conducting member experience surveys across different levels and/or settings of care
The CC MED BH committee reviews our Mental Health department activities, Primary Care Behavioral Health program and BH related data or reports to evaluate areas of opportunity. The committee is charged with conducting quantitative and causal analyses to develop goals and collaborative actions in the following areas:

1. Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in primary care
2. Appropriate use of psychotropic medications
3. Management of treatment access and follow-up for members with co-existing medical and behavioral disorders
4. Primary or secondary preventive behavioral health implementations
5. Special needs of members with severe and persistent mental illness

CC MED BH committee members include the Director of Behavioral Health and Medical Specialty Services as Chair, representative mental health therapists and practitioners from GHC-SCW, along with other relevant stakeholders who assist with quality improvement and the coordination of behavioral healthcare for health plans members.

### Population Health Management and our Community

As a non-profit, consumer sponsored HMO, GHC-SCW is committed to achieving public health goals. The Wisconsin Department of Health Services (DHS) Healthy Wisconsin initiative is the state’s strategic plan to improve issues affecting the health of Wisconsin families. The five priority areas for improving health encompass Alcohol, Nutrition and Physical activity, Opioids, Suicide, and Tobacco.

DHS has enlisted the help of organizations across the state working closely on these issues and invited GHC-SCW, as one of three insurers, to present to the Governor’s Task Force on Opioid Abuse in 2018. Other GHC-SCW initiatives to help achieve a Healthy Wisconsin comprise the work of outreach staff who are engaging current smokers with cessation efforts in collaboration with the UW Center for Tobacco Research and Intervention. Another example, an approach that aligns with the Safe Communities' Zero Suicide Collaborative to reduce suicide rates in Dane County, consists of screening all patients 18 years and older for depression at target clinical visits as recommended by the US Preventative Services Task Force. In addition, GHC-SCW is a participant of the Healthy Dane collaborative comprised of four hospitals and Public Health of Madison and Dane County to assess community health needs. The cooperative has also been an active participant for several years in the federal program, Vaccines for Children, and locally with the Dane County Immunization Coalition, to ensure all citizens of Dane County are appropriately immunized against vaccine preventable diseases.

GHC-SCW, at least annually, conducts a comprehensive analysis of the health plans Population Health Management (PHM) program to evaluate its’ impact and gain insight into areas of need or required future growth. Our PHM strategy consists of the following priority areas with defined goals related to:

- Keeping members healthy
- Managing members with high or emerging risk
- Patient safety and patient outcomes across settings
- Managing multiple chronic illnesses

GHC-SCW’s Quality and Population Health programs are inter-related in terms of workplans, leadership oversight and committee structure. GHC-SCW’s Population Health Management program description and strategy can be found on our website at [www.ghcscw.com](http://www.ghcscw.com).
Committee Structure

Our quality program structure, including the main committees, is diagramed in Appendix 2. Leadership of these various committees has been delegated by the Chief Medical Officer. These standing committees are the central part of the QI program and are designed to continuously screen and review information about quality and address a wide range of improvement opportunities. The programs committees are summarized in the following appendixes:

- Appendix 3: Clinical and Service Quality Committee
- Appendix 4: Peer Review Committee
- Appendix 5: Clinical Content Committee
- Appendix 6: Employee Health and Patient Safety
- Appendix 7: Quality Committee

The Quality Committee was launched in 2018 to provide high-level oversight of GHC-SCW owned clinic improvement projects to better direct future staff model projects. Proposals are reviewed by this group for feasibility, scalability, timing and status monitoring. The Pharmaceutical and Technology Assessment Committee is integral to organizational UM processes including delegation oversight. Other committees vital to our process improvement are:

- Patient Experience
- Hypertension
- Asthma
- Diabetes Improvement
- Health Equity
- Immunizations
- Hospital Readmissions
- Pain Committee
- Continuity and Coordination of Medical and Behavioral Healthcare

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 and includes a comprehensive overview of work plan objectives, organizational initiatives and impact of the program including progress toward influencing safe clinical practices throughout the delivery system. Work plan evaluations are primarily reviewed by the Clinical and Service Quality Committee to determine areas that need further improvement or have been appropriately addressed.

Committee Meeting Documentation

GHC-SCW generates agendas and minutes for all committees and any related subcommittee meetings.

Quality and Population Health Program Resources

GHC-SCW’s Chief Medical Officer oversees the resources of the Quality and Population Health Departments which includes a Quality and Population Health Manager, an Accreditation Coordinator, a Quality Analyst, and several Wellness and Population Health focused staff who make up a diversified team and have a range of expertise. The program is further supported by sophisticated information
serving a culturally and linguistically diverse membership

At Group Health Cooperative we care deeply for our members and the community. We take pride in community involvement and work together with community partners to find ways to provide compassionate care by pushing beyond the walls of our clinics and into schools, community centers, worksites, and neighborhoods.

Building upon approaches that have proven successful in addressing the individual needs of our community, we create, foster and strengthen community partnerships by combining resources and working together to make an impact where we can. The following is a short list of how we are supporting our community to serve a culturally and linguistically diverse population.

- Member of the Dane County Health Council, a leadership group dedicated to eliminating gaps and barriers to optimal health and improving health outcomes for all
- Proud sponsor for Centro Hispano of Dane County to help strengthen Latino families
- Sponsorship for the Hmong Language and Cultural Enrichment Program
- Partner with Foundation for Madison’s Public Schools “Adopt a School” Literacy Program
- Equity and Inclusion Trainings
- Refugee Assistance and Healthcare Access Programs

Aside from the objectives of our cooperative, our state also continues to seek innovative solutions to improve health outcomes and reduce disparities. In 2019, Wisconsin’s Governor, mandated a Health Equity Council to develop key benchmarks to reduce and eliminate health disparities based on race, economic status, education level, history of incarceration, or geographic location throughout the state by 2030.

Collaborative Activities

Epic®, which provides our EMR and MyChart infrastructure, is a key collaborator and supplier. Epic Link, Care Everywhere and Share Everywhere functionality 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 is involved with the UW Center for Tobacco Research and Intervention on a grant project to increase tobacco cessation among our patients and has also had collaborations with YouScript® and Kiio, Inc. on respective innovations or technologies that may provide benefit to our members. GHC-SCW Interpreter Services staff members are collaborating with the local YMCA to start a Diabetes Prevention Program for Spanish speaking participants which can be utilized by our members.

Edgewood College partners with GHC-SCW in educational learning opportunities as nursing students link their nursing theory to real time experiences in a variety of situations through clinical rotation in a primary care setting. Other standing collaborations include Healthy Dane public health partners, the Dane County Health Council, UW Endocrinology for diabetes care, Epic® User Groups, UW Department of Family Medicine & Dental Health Associates.
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 either 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 quality department 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, goals and/or activities may require adjustment as needs change based on measurement of effectiveness, business planning or budget constraints. Designated team leaders or subcommittee members report periodically to the either the Quality Committee or the CSQC, as appropriate. The six categories of focus and aims are:

- **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
- **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
- **Quality of Service and the Member Experience**: Aim to improve on clinical and health plan processes to positively impact member experience, employer group satisfaction and overall service quality
- **Safety of Clinical Care**: Aim to maximize safe clinical practices by reducing risks
- **Population Health Management**: Aim to have a cohesive plan for addressing member needs across the continuum of care and optimize value in care delivery
- **NCQA Accreditation & Compliance**: Aim to meet the expectations of our members, employer purchasers and those that regulate the industry

II. 2019 ANNUAL SUMMARY

A. Introduction

GHC-SCW continues to build our cooperative for the future using our strategic plan. Seven Driving Strategies serve as the roadmap for what we have planned to accomplish:

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
Our strategic plan will be brought to fruition through active planning and internal discussion about our direction, as well as, through teamwork behind these initiatives. 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 effort to improve clinical quality and the patient experience and implementing concepts and strategies to lower costs for our members and the organization.

Within Group Health Cooperative, we know that to best serve our members, we need to deliver quality care, affordable coverage, and a member experience that is patient centered. Within this report, we reflect on some of the highlights and accomplishments of 2019.

B. Overview

**Recognition and Achievements**

- GHC-SCW’s commercial health insurance plan was rated 4.5 out of 5 in NCQA’s Private Health Insurance Plan Ratings for 2019-20. NCQA rated more than 1000 plans nationally including commercial, Medicare and Medicaid. This achievement reflects the persistent commitment GHC-SCW has toward continuous high-quality health care year after year.

- President and CEO, Dr. Mark Huth, was selected to serve on the Insurance Coverage Advisory Council created by Wisconsin’s Governor Tony Evers. The focus of the Council is on developing opportunities to increase individual and Medicaid market coverage.

- Dr. Huth and other WI community-based health plan CEO’s, discussed issues currently facing insurers and the health care system at-large at the “Wisconsin Health News Panel” on December 10, 2019. Executives responded to questions about the top drivers of health care costs, value- or risk-based contracting to reduce costs, the challenge of skyrocketing drug prices, proposed federal disclosure of contracted rates between hospitals and insurers, Medicare-for-All proposals and opportunities for collaboration.

- Dr. Ann Hoyt, GHC-SCW Board Chair, received a 2019 Cooperative Builder Award from the Cooperative Network for the work she has done for GHC-SCW and other cooperatives. She is also recognized in the National Cooperative Hall of Fame in Washington D.C.

**HEDIS® & CAHPS® Performance: Measurement Year 2018**

Per reporting by the Alliance of Community Health Plans (ACHP), our commercial HMO plan achieved or maintained **above the 90th** percentile in:

- 50% of the Clinical Treatment scores (13/26)
- 64% of the Access and Prevention scores (7/11)
- 43% of the Service scores (3/7)

GHC-SCW ranked # 1 out of the 16 plans in Wisconsin in Effectiveness of Care, Respiratory Health, Prevention and Treatment. GHC-SCW ranked # 10 in the Nation in our Total HEDIS® and CAHPS® Scores out of 378 Commercial plans and # 2 in Wisconsin out of 16 Commercial plans.

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 result.
HEDIS® and CAHPS® priorities are selected based on the following criteria:

- Measures with small denominators where small numerator changes can impact rate compliance
- Triple weighted outcomes measures or lowest performing
- Measures that impact scoring for the commercial product line

Diabetes has been chosen as the focus area for needed improvement in the year ahead. The Plan All Cause Readmissions measure (PCR) continues to be an area of opportunity along with Consumer Experience.

### Population Health Management

Population Health tools in our EMR help with patient outreach related to screening and prevention. Electronic bulk communication and ordering systems assist in communication of prevention or care gap notifications and in placing orders for overdue tests or needed labs. Some of our population health focused initiatives have included:

- GHC-SCW’s *Smoking Cessation* program, ongoing in all staff model clinic sites, continues in various stages of progress to proactively engage cigarette smoking members in setting a quit date, connect them to resources, and enable their success.
° A *Diabetes Prevention Program* (DPP), recommended for members age 40 to 70 if the patient’s A1c or Fasting Glucose indicates prediabetes. This DPP is a certified, evidence-based YMCA program that encourages healthier eating and increased physical activity.

° A *Wellness Strategic Plan* focuses on specific goals for our employees, insured employer group members and the overall cooperative. *Wellness Change Teams* have been helping to define and build a sustainability plan for the short and long-term.

### Safety of Clinical Care

GHC-SCW patient care is better and safer through our patient-centered care models. An internal committee focuses on clinical safety training, employee health requirements (i.e. TB testing and flu vaccinations), monitoring occurrence reporting and/or member complaints related to safety in the clinical environment, in the pharmacy system or during transitions in care in accordance with established policies and procedures.

### Lab and Radiology Improvements

Construction at Hatchery Hill in 2019 repurposed space for a new Ultrasound unit to conduct vascular and musculoskeletal ultrasounds. Previously, vascular ultrasounds have had to be performed outside of GHC-SCW or involve an ER visit if being done to evaluate for blood clots in the legs. The new machine will also help to diagnose and treat joint and/or sports issues as well as perform other studies. A new laboratory area and expanding radiology services are also part of the Phase 3 buildout at the recently renovated Sauk Trails Clinic. Improvements and new equipment are anticipated to be complete and in place by of Spring 2020.

### Occurrence Reporting Database

GHC-SCW’s occurrences of harm in our clinics remain low and risks are also low. Employees are encouraged to file reports of concern for safety, medication management, ordering processes, workflows, “near misses or almost events” through the Occurrence Reporting link on the organization’s intranet. Based on filed reports, patient safety projects may be initiated.

### Opioid Safety Program

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 in close collaboration with their primary care providers to taper down to safer levels through perseverance with difficult conversations and engaged supportive care. GHC-SCW has continued to decrease the highest risk, highest-dose members to safer levels and reduce the amount of medication prescribed overall with steady declines in our average Daily Morphine Equivalents. In addition, a subcommittee of our PRC meets monthly to investigate safety concerns identified with internal prescribers. In 2019, GHC-SCW instituted an *Opioid Treatment Policy* (*MED.MED.CL.001*) that aims to protect our patients and community, as well as, our prescribers and GHC-SCW. GHC-SCW requires all prescribers who have a DEA certificate to take a course approved by the WI Department of Safety & Professional Services that fulfills their requirement for CME credits related to responsible prescribing.
e-Prescribing for Scheduled Medications

GHC-SCW has engaged in the use of electronic 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. The State of Wisconsin implemented a process for all prescribers of Schedule II-V medications to have the state’s Prescription Drug Monitoring Program (PDMP) database checked prior to prescribing scheduled medications. Programs such as the PDMP have been set up for accountability from a governmental standpoint. GHC-SCW has integrated our EMR with the PDMP allowing clinical staff to more efficiently access the database for patient information.

Employee Influenza Vaccinations

GHC-SCW is a community leader in our efforts to prevent disease through a strong vaccination program which also ties into antibiotic stewardship. Along with many other Wisconsin providers, we have dramatically reduced health care associated infections through these efforts. 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 implementing an evidence-based vaccination initiative for all personnel. GHC-SCW joins other Dane County and Wisconsin clinics, hospitals, home health agencies, nursing homes, and pharmacies in their mandatory influenza vaccination policies. In 2019, the Immunization Action Coalition (IAC) added GHC-SCW to the IAC Influenza Vaccination Honor Roll. The honor roll recognizes hospitals, long-term care facilities, medical practices, pharmacies, professional organizations, health departments, and other government entities that have taken a stand for patient safety by implementing mandatory influenza vaccination policies for healthcare personnel.

Safety Initiatives within Pharmacy

Medication errors remain very low due to the 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 patients directly. The impressive work of our Clinical Pharmacists to improve hypertension treatment performance and statin adherence with patients at risk for stroke and heart disease attracted national attention as a Best Practice presentation at the first NCQA Health Care Quality Congress in Dallas in October of 2018. Building off the success of this work, Clinical Pharmacy was recruited to begin piloting inhaler device education for a subset of staff model patients with an asthma diagnosis as an opportunity to improve proper inhaler technique and reduce costs associated with urgent care needs or hospitalizations associated with asthma.

Quality of Service

- Achieved above the 90th percentile in the 2019 CAHPS® Shared Decision-Making composite.
- The Experience Guarantee, first introduced in 2018, set a new standard by offering a money-back, no-questions-asked guarantee for patients seen in our clinics. One year later, the organization has deemed this a success with a very small number of complaints received over this time. The fact that we succeed in the vast amount of patient encounters is a testament to the impeccable service provided.
- The organizations Experience Committee defined challenging yet realistic clinical service quality goals and is working with Press Ganey® and affiliates to include our patient experience comments
and physician ratings on our website in 2020 to increase transparency around the member experience.

- A Smart Phrase is available in our Epic system for staff to utilize when helping to connect patients with information about the service of our Patient Financial Coordinator.

- MyChart notifications via text became available in 2019 for new lab results, appointments, etc.

- Our SmartCare app now includes direct access to Nurse Connect staff to get answers about where and when to seek care.

- GHC-SCW began telehealth visits with our Health Educator staff in 2019 via member MyChart accounts. This technology allows members to have a face to face visit without having to physically come to our office sites. Most recently, telehealth has expanded to primary care and behavioral health through a contract with MDLive ®. GHC-SCW has privately labeled this service as GHC Care OnDemand. We are hopeful that telehealth visits, which do not have costs associated for most HMO plans, will provide a convenient and high-quality alternative interface. Additionally, we are working to add staff to the Urgent Care team to increase access to seven (7) days a week.

- A new electronic prior authorization process for sleep studies allows requests from the UW to be submitted electronically to GHC-SCW replacing manual entering and/or faxing. Improving the processing of other referrals through electronic prior authorization will continue throughout 2020.

**Quality of Clinical Care**

- **Immunizations:** GHC-SCW had another great year for immunization compliance scoring above the National All LOB 95th Percentile for Combo 10 childhood immunizations and Combo 2 adolescent immunizations.

- **Adult Prevention:** GHC-SCW, over the last three measurement periods, has consistently scored at or above the National All LOB 95th Percentile for cervical and colorectal cancer screening.

- **Nursing:** GHC-SCW provides opportunities for nurses to work at the top of their licensure and play an integral role in the quality of clinical care. Nurses help to improve patient outcomes, prevent and manage chronic diseases, manage diverse populations, improve care coordination, help with access, and provide leadership to problem solve during staffing shortages.

**Financial Health**

For the last several years, our Board and executive leadership have focused on financial sustainability that has helped to stabilize the cooperative’s financial reserves. These reserves, along with FEMA funds, assisted in the recovery effort at our Sauk Trails location following the flood of 2018. Recovery of the buildings’ usability took over a year to complete and strained the organization to maintain medical services and manage lab costs during the extended downtime. The Sauk Trails Clinic re-opened in late October 2019, with significant changes to the infrastructure which will serve to mitigate any future flooding. The rebuild has included improvements to patient flow throughout the building as well as new employee and meeting space in the lower level. We continue to work with FEMA to get a significant portion of this restoration work reimbursed.
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. Capital investment in our De Forest site to expand workspace for our clinical staff and to enhance access for members was delayed while we focused on the Sauk Trails reopening but will be resuming. The 2020 operating and capital budgets were very conservative as our models used for predicting outside medical costs were suggesting higher utilization. The 2020 budgets received approval from the Board in December.

**NCQA Accreditation & Compliance**

The National Committee for Quality Assurance (NCQA) 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 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. 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 completed our renewal survey in 2019 and remains NCQA accredited through July 2022. 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.

**Employee Engagement and Recognition**

At GHC-SCW’s 2019 Winter Gathering three individuals were recognized with the Helen Parrish Award for their community service efforts. Winners were Mike O. of Pharmacy Administration, Eileen B. of Community Care and Care Team Specialist, Jessie B. from Capitol Clinic. In April, company employees attended the All Staff Meeting. Dr. Mark Huth, gave an informative speech about GHC-SCW’s achievements and the organizations opportunities to stem implicit bias in the healthcare setting. A Senior Leader panel also answered questions from staff across the organization. Motivational music and presentations from speakers Peter Leidy and Gail Ford inspired everyone attending. Peter introduced the “Yes, And” and other improv principles to our staff that generated lots of good takeaways about communication skills. Gail bared her personal stories on “Resilience” and how to take life’s proverbial lemons and turn them into opportunities to grow the soul.

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.
C. Challenges

Throughout 2019, GHC-SCW has dealt with several challenges, most being normal to business operations, however, some were residual from the prior years’ catastrophic flooding event:

- Remediation, renovation and re-opening of our Sauk Trails Clinic
- FEMA compliance and regulations for disaster mitigation
- Instating a new Chief Nursing Officer
- NCQA Accreditation renewal and onsite file review
- Changes to 2020 Health Plan Accreditation standards and ratings methodology
- HEDIS® and other required reporting
- Generating new sales and securing renewals of employer groups
- EMR and other IT infrastructure upgrades
- Budget constraints and business financial objectives
- Improving the consumer experience

D. Reflections on Overall Effectiveness

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 ensure adequacy of resources. Workplan development considers overall strategic planning, as well as, input from various committees, partners or collaborations. Detail of the organizations yearly Work Plan are provided in Section IV.

The organization has committed to working on more frequent Epic® systems upgrades. Infrastructure upgrades assure our health plan and clinic practices are up to date with system improvements that impact the effectiveness of plan operations and the safety of clinical care networkwide. Some important security work was completed this year: implementation of Two-Factor Authentication for Remote Access, CISCO Umbrella Implementation (web filtering), and the KnowB4 implementation (for phishing testing and training). Impactful safety initiatives have included our Opioid Safety Program and offering Medication Assisted Treatment within GHC-SCW’s primary care clinics. Assessment of our member population including social determinants of health is helping the organization to focus on directing resources to meet member needs.

GHC-SCW remains steadfast 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 Section II and the project evaluations in Section III serve to demonstrate that the organization remains committed to attain the goals of the Triple Aim. GHC-SCW also feels strongly that attaining work-life balance, often referred to as the Quadruple Aim, is fundamental for cooperative employees for we know even within the best-performing health care organizations, staff burnout has a direct negative effect on the experience of care for the patient. From our commitment to a non-profit, member-owned cooperative care model to the investments made in the benefits and the well-being of our employees, GHC-SCW believes in a culture of exceptional care and quality.
III. EVALUATION OF 2019 WORK PLAN PROJECTS

QUALITY OF SERVICE AND THE MEMBER EXPERIENCE

Outreach Processes
Improvements to outreach processes, dashboards and methodologies began in early 2016. Healthy Planet tools including Epic Registries, Reporting Workbench and My Panel Metrics are currently in use and are a part of our Population Health management strategy. These tools have allowed us to leverage bulk ordering for overdue tests or needed labs and utilize secure messaging within GHCMyChart to decrease postal mailings when appropriate. Bulk outreach letters and secure messages are signed by the patient’s Primary Care Provider (PCP) and are now centrally managed within Population Health to reduce burden on providers and staff. Clinical staff continue to use the following reports and tip sheets on the PCP & Nursing Dashboards:

- Chronic Disease and Preventative Care Gap Tables
- My Panel Metrics and if interested, run non-compliant patient lists
- Asthma Risk Reports
- Self-Pay Patients Reports
- Opioid Utilization Patient Report by PCP

GHC-SCW continues to explore the capabilities of our EMR to more efficiently outreach to our HMO members about preventive services. Implementing the Caboodle platform is still under development to improve outreach capabilities to non-staff model membership.

Promoting Health Equity and Health Literacy
GHC-SCW’s Health Equity Committee (HEC) was revitalized in 2015 and led to the development of an organizational strategic plan known as the “Roadmap for Health Equity”. An 11-member Inclusion Change Team was formed in April 2018 that 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. 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. We are working to overcome these barriers and improve the health of populations that GHC-SCW serves by reducing health outcome disparities. A primary goal is to pursue innovative ways to promote health literacy, develop a culturally competent workforce and nurture an inclusive work environment through interventions such as:

- Sexual Orientation and Gender Identity (SOGI) Training for clinical staff
- SOGI Smart Form use in our EMR to aid organizational staff in capturing sensitive, critical information about members who are in various stages of gender transition
- Partnering with the YWCA Madison to help us reach our diversity, equity and inclusion goals

The Health Equity Committee feels it important to show our community and our members what can be expected at GHC-SCW. Future objectives are to pursue Health Equity Index recognition from the Human Rights Campaign and to strengthen community partnerships through increased presence in our community. GHC-SCW was proud to present our Community Giving Report at the Annual Member meeting this year and shared an electronic copy with all employees. The Community Giving Report showcases some of the ways in which the cooperative is working with various community partners to create positive change especially among the underserved.
Consumer Experience

GHC-SCW is striving to achieve optimal patient and member experience scores. A working group was convened to identify areas of opportunity within both our clinic and administrative sites. The group focuses primarily on clinical service quality and review of the monthly data reports and comments that are collected through our vendor. Our goal is to improve the overall Consumer Experience rating as measured by the Consumer Assessment of Healthcare and Provider Survey (CAHPS®) to within the 66th-89th percentile which equates to a (4) on a five-point scale. Currently, the 2019-20 Consumer Experience rating is 3.5.

GHC-SCW performed well in the following from the 2019 CAHPS survey:

- Rating of All Health Care 58.44 – between the 75th and 90th National Percentiles
- Rating of Health Plan 53.20 – between the 75th and 90th National Percentiles
- Shared Decision Making 85.71 – between the 90th and 95th National Percentiles
- Getting Care Quickly 89.11 – between the 75th and 90th National Percentiles
- Plan Information on Costs 64.96 – between the 75th and 90th National Percentiles

Scores below the 66th National Percentile in 2019 included the following:

- Rating of Specialist Seen Most Often 63.44 – between the 25th-33rd National Percentiles
- Rating of Personal Doctor 69.01 – between the 50th and 66th National Percentiles
- Getting Needed Care 87.51 – between the 50th and 66th National Percentiles
- How Well Doctors Communicate 95.80 – between the 50th and 66th Percentiles

![Overall Ratings Trends](chart.png)
Barriers:

- **Rating of Specialist**: Most specialists are outside of GHC-SCW’s clinics and impacting the experience members have with the specialist seen most often is a continuous challenge.
- **Getting Needed Care**: The organization felt this measure was impacted by the loss of our Sauk Trails facility for the extended period into 2019. Services such as lab facilities and primary care providers displaced at different locations created difficulties receiving convenient needed care, treatment or tests for a significant portion of our members during the survey period.

Conclusion:

GHC-SCW remains committed to impact the overall consumer experience for both health plan operations and our clinical service delivery. Work facilitated by the experience committee has been an integral piece of efforts to improve upon service trainings which have become requisite for all new staff, both clinical and non-clinical to promote a consistent service culture within the organization.

| QUALITY OF CLINICAL CARE |

**Hypertension and Diabetes Outcomes**

*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 primary care visit, A1c lab test, or blood pressure check. Work continues amongst care teams and our Hypertension and Diabetes Improvement Committees to close gaps in care. The Quality department continues to work closely with clinical staff to refine strategies for improving rates.

GHC-SCW’s Diabetes Core Group has established our goal for all CDC measures to ≥ 75th percentile.

- 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.

<table>
<thead>
<tr>
<th>Rate</th>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC BP control &lt; 140/90</td>
<td></td>
<td>81.57</td>
<td>82.85</td>
<td>81.39</td>
</tr>
<tr>
<td>HbA1c control &lt; 8.0 %</td>
<td></td>
<td>61.13</td>
<td>56.02</td>
<td>59.67</td>
</tr>
<tr>
<td>HbA1c testing</td>
<td></td>
<td>91.97</td>
<td>92.34</td>
<td>94.16</td>
</tr>
</tbody>
</table>
Goal for Hypertension CBP Rate: Improve rate to 75% or greater

<table>
<thead>
<tr>
<th>Rate Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBP Total</td>
<td>75.18</td>
<td>81.27</td>
<td>77.62</td>
</tr>
</tbody>
</table>

Interventions

- Clinical Pharmacy staff continue work on HTN medication review prior to renewals of prescriptions.
- Registered Dietician staff work with newly diagnosed Diabetic patients to improve their nutrition.
- Hypertension Committee and Diabetes Committee continue to meet monthly to impact change in needed areas and brainstorm ways to increase compliance rates.
- GHC-SCW is partnering with the YMCA’s Diabetes Prevention Programming with zero cost sharing to members who are identified with prediabetes. The committee has discussed the potential of creating our own prevention program.
- BP cuff distribution continues with the help of our clinical pharmacy team at staff model clinics
- Collaborating with various UW specialty clinics to improve coordination of care with members who present to their specialty appointments with elevated blood pressure.
- Rechecks of elevated BP’s during clinic visits.

Conclusions

1) Diabetes

- Met CDC BP rate goal of 80% (81.39).
- A1c testing rate is now within 0.84% (94.16) of our goal of 95%.
- Glucose Control (HbA1C < 8.0) has not improved over the trended period.
- The organizations diabetes focused committees have committed to make diabetes improvement a priority of the 2020 QI work plan.

2) Hypertension

- Sustained effort on improving blood pressure control has helped us to achieve our goal.
- Clinical Pharmacy continues to consult with patients at East Clinic and Hatchery Hill to impact blood pressure control and patient education. We continue to see great results at both locations!
Dashboards

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 provide information about the effectiveness of improvement efforts and most align with the organization’s Population Health strategy and goals.

Dashboards are used to monitor trends on an organizational and provider-level to assist in determining when further outreach intervention is appropriate. Although dashboards within the EMR are convenient for clinic staff and increase the likelihood that action will be taken, some limitations still exist.

- Manual process to create and display practitioner level data in a graphical format
- 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, however, not all of measures lend themselves to immediate action.

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. New in 2019 to dashboards are Adolescent Immunization Combo 3 Status. We continue to evaluate and prioritize additional metrics and reports for care team use.

Asthma Measures and Committee Projects

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 work by a dedicated Asthma Educator to help close gaps in care and improve compliance with HEDIS measures and development of an Asthma Risk Report enabling care teams to proactively address patients with increased risk.

Goals

- Develop unique approaches to improve health outcomes and costs associated with asthma/COPD.
- To achieve HEDIS compliance rates above the 75th national percentile.
- Utilize the Asthma Risk Score Report to identify high-risk uncontrolled patients for outreach.
- Develop Asthma/COPD Registry and Reporting Workbench tools.

The AMR rate has steadily improved and attained > 95th percentile (86.96) for 2019

<table>
<thead>
<tr>
<th>Rate Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Medication Ratio (AMR) total</td>
<td>84.73</td>
<td>86.61</td>
<td>87.59</td>
</tr>
</tbody>
</table>

Interventions

- Quarterly Asthma Risk Report is triaged by Asthma Educator, Clinical Pharmacists and RNs.
- Asthma Committee reviewed fractional exhaled nitric oxide (FeNO) data to make recommendations regarding a pilot in Primary Care and future purchase of other analyzers.
- Clinical Pharmacy staff became involved in an inhaler device education pilot with patients
Conclusions
The Asthma Committee continues to meet and evaluate HEDIS® results and associated projects. Work is progressing to develop an Asthma Registry in the EMR. The committee will continue to accumulate internal data on the Asthma Educators use of the FeNO analyzer but was directed to wait for additional external guidelines for use more broadly by other staff in primary care per the Quality Committees recommendation.

SAFETY OF CLINICAL CARE

Clinical Pharmacists and Medication Management

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.

In 2016, staff developed a Collaborative Practice Agreement (CPA) based on an opt-out model with designated criteria that defined eligibility for Clinical Pharmacy intervention. The primary goals are to:

1) improve primary care practitioner-pharmacist collaboration and reduce electronic prescription renewal requests.

2) improve GHC-SCW member blood pressure control and statin utilization for patients with uncomplicated hypertension.

GHC-SCW practitioners in collaboration with Clinical Pharmacists are improving member blood pressure control and statin utilization. In fact, the percentage of patients managed by a clinical pharmacist has grown since inception and the health plan has seen the cost per day of statin therapy drop in response to clinical pharmacist management. Expanding to include diabetics and chronic kidney disease patients has positively impacted members, as well as, the Controlling Blood Pressure (CBP) and Statin Therapy (SPC) measures in GHC-SCW’s HEDIS® ratings.

Trended results associated with Diabetes and Cardiovascular metrics are provided in subsequent tables.
### Diabetic Statin and BP Rates

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2017 Rate (Score)</th>
<th>2018 Rate</th>
<th>2019 Rate</th>
<th>2019 Percentile</th>
<th>2019 Score NC=no change</th>
<th>2019 Rate ↑↓</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC BP Control ≤ 140/90 (3)</td>
<td>81.57 (5)</td>
<td>82.85 (5)</td>
<td>81.39 (5)</td>
<td>80.78 95th</td>
<td>NC</td>
<td>↓</td>
</tr>
<tr>
<td>CDC Statin Therapy (1)</td>
<td>69.97 (5)</td>
<td>69.44 (5)</td>
<td>69.95 (5)</td>
<td>69.53-70.79 90th-95th</td>
<td>NC</td>
<td>↑</td>
</tr>
<tr>
<td>CDC Statin Adh 80% (1)</td>
<td>75.67 (5)</td>
<td>78.46 (5)</td>
<td>80.09 (5)</td>
<td>79.93 95th</td>
<td>NC</td>
<td>↑</td>
</tr>
</tbody>
</table>

### Cardiovascular Statin and BP Rates

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2017 Rate (Score)</th>
<th>2018 Rate</th>
<th>2019 Rate</th>
<th>2019 Percentile</th>
<th>2019 Score NC=no change</th>
<th>2019 Rate ↑↓</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC Statin Therapy (1)</td>
<td>88.59 (5)</td>
<td>86.27 (4)</td>
<td>86.08 (4)</td>
<td>83.99-86.84 75⁰-90th</td>
<td>NC</td>
<td>↓</td>
</tr>
<tr>
<td>SPC Statin Adh 80% (1)</td>
<td>64.58 (3)</td>
<td>85.71 (5)</td>
<td>88.09 (5)</td>
<td>85.15 95th</td>
<td>NC</td>
<td>↑</td>
</tr>
<tr>
<td>CBP Controlling BP (3)</td>
<td>75.18 (5)</td>
<td>81.27 (5)</td>
<td>77.62 (5)</td>
<td>73.72-77.86 90⁰-95th</td>
<td>NC</td>
<td>↓</td>
</tr>
</tbody>
</table>
Medication Assisted Treatment in Primary Care

Opioid use disorder (OUD) is a growing epidemic with overdose deaths widespread across the nation. Evidence supports a combination of counseling and medication as the best treatment for OUD, however, medication assisted treatment (MAT) can be difficult to access for many patients. GHC-SCW’s MAT program started with a single waivered physician 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 serves two populations 1) Stable patients (i.e., long term recovery) on opioid agonist therapy from the consulting addiction psychiatrist, 2) Patients with current OUD who required initiation of buprenorphine/naloxone, to facilitate recovery.

In 2018, two additional methadone clinics opened in Madison, WI, doubling capacity and giving the city four of the state-licensed centers, a sign that the state is more fully embracing medication-assisted treatment to curb opioid abuse. Health-plan outpatient substance use and addiction services are provided primarily by our partner, UW Behavioral Health and Recovery, which is one of the most common sources of referral. Other sources include a Primary Care Practitioner, GHC-SCW’s Primary Care Behavioral Health Consultants or Care Management staff, the Methadone clinics or Self-Referral. Additional Primary Care practitioners in GHC-SCW owned clinics have obtained the prescriber training required growing the number of waivered care providers to include physician MDs, as well as mid-level PAs and Nurse Practitioners.

Opioid Safety Program

The Opioid Safety Program underwent system-wide implementation at GHC-SCW in 2015. Since then, providers have been actively recommending members utilize alternative services to support their treatment plan for pain management, as well as, working to design tapering regimens or offering Medication Assisted Treatment within Primary Care for opioid use disorder. Our average DME continues to trend downward and equally important, the number of members under 200 DME has increased as our practitioners continue to offer supportive care.

HEDIS® metrics related to opioids were percentile ranked for the first year in 2019. A lower rate indicates better performance for these measures.

<table>
<thead>
<tr>
<th></th>
<th>MY 2018 Rate</th>
<th>2019 Percentiles</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDO (formerly UOD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Opioids at High Dosage</td>
<td>3.70 % 32/865</td>
<td>50th-66th 3.76-2.93</td>
<td>66th</td>
</tr>
<tr>
<td>UOP Use of Opioids from Multiple Providers</td>
<td>2.42 % 23/949</td>
<td>25th-33rd 2.48-2.11</td>
<td>33rd</td>
</tr>
</tbody>
</table>

Interventions

○ Offering access to Primary Care Behavioral Health consultants and Clinical Pharmacists to assist with pain management coping strategies or tapering regimens.

○ Offering Medication Assisted Treatment in Primary Care for members with opioid use disorder.

○ Assessing patients at highest risk of overdose. Providers and nursing staff determine those patients who have greater need to taper, find alternative approaches to pain management, and co-prescribe naloxone.
Implementing an Opioid Treatment Policy within GHC-SCW that adheres with the most current CDC guidelines to maintain members below 90 Daily Morphine Equivalents (“DME”) except in clinical situations such as active cancer pain or end-of-life palliative care. Justification and shared decision making for deviations from DME limits are to be documented clearly in the electronic medical record and an up-to-date Medication Agreement in place. Prescribers must maintain a Urine Drug Screening (UDS) at least every 2 years or more frequently and consider the presence of any illicit drugs (including Marijuana) in a UDS, or any unjustified lack of prescribed opioids to be breaches of the Medication Agreement that must trigger an immediate taper plan.

Barriers and Conclusions

The measure, Use of Opioids from Multiple Providers-Multiple Prescribers and Multiple Pharmacies is negatively impacted by the inherent nature of GHC-SCW’s prescribers being able to sign for fellow Care Team practitioners if the members assigned provider was unable to. This rate includes members who received opioids from four or more different prescribers during the measurement year. Members may receive care and prescriptions for opioids from multiple prescribers all within our staff model clinic system.

GHC-SCW has 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 continue to track and trend data, inform providers and staff regarding evidence-based protocols, and improve our processes related to this important public safety issue. Optimization of our EHR related to metrics and an actionable opioid registry have improved practitioner and staff utilization of these tools. Team meetings provide the opportunity for interdisciplinary discussion and developing strategies to handle complex patients. Responsible prescribing, tapering and treatment will improve safety & save lives.

BEHAVIORAL HEALTH CARE

GHC-SCW’s behavioral health (BH) HEDIS® measures or other BH quality improvement initiatives are addressed by the Continuity and Coordination of Medical and Behavioral Health Care Committee team. The following are the details of our 2019 HEDIS® results and improvement efforts.

Antidepressant Medication Management (AMM)

Aim
Facilitate proper diagnosis and treatment of patients with depression by prescribing primary care or specialty mental health providers and ensure adequate periods of treatment with antidepressant medications.

Background

Depression can occur to anyone, at any age, and is never a normal part of life, no matter the situation. Depression complicates other medical conditions and can increase risk for suicide. 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 who seek treatment showing improvement. The most common treatments are antidepressant medication and/or psychotherapy. The choice of treatment depends on the pattern and history of the illness, as well as, the severity and persistence of symptoms.
GHC-SCWs’ benchmark for depression care adherence is based on the National All Lines of Business 95th percentile. The table below defines the measures and our goals.

<table>
<thead>
<tr>
<th>AMM Measures</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute:</strong> Percent of members on anti-depressants who continue the medications for at least 12 of the first 16 weeks.</td>
<td>≥ 77.5</td>
</tr>
<tr>
<td><strong>Continuation:</strong> 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>≥ 62.8</td>
</tr>
</tbody>
</table>

GHC-SCW’s results for these measures are trended for the last three measurement years. The percentage of members who continued their treatment for three months (acute phase) increased 6% to 81.3% and exceeded the goal. The percent of members who remained on their treatments for 6-months (continuation phase) improved to 66.2% which also exceeded goal.
Interventions

- Supporting and maximizing the utilization of Primary Care Behavioral Health (PCBH) team members by primary care providers to address psychoeducation, motivational enhancement, and follow-up.
- Continuing 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 conditions such as diabetes, cardiovascular disease, and persistent pain.
- Improving utilization of secure patient messaging to administer the PHQ-9 instrument and message to patients regarding the importance of continuing medication.
- Continuing to educate members regarding the typically short-term nature of most side effects and the expected delay in symptom improvement following initiation.

Conclusions

The trended rate of adherence to antidepressant medication in the treatment of depression shows consistent high performance. The strategies utilized over the past few years have proven effective to improve the rate of member adherence to antidepressant medication in the treatment of depression overall.

Follow-Up after Hospitalization for Mental Illness (FUH)

Aim
To ensure members hospitalized for a mental illness have a prompt follow-up visit with an outpatient behavioral health provider. Follow-up utilizes two measures: the percent of members seen within 7 days of discharge and the percent of members seen within 30 days after discharge.

Background
Members admitted to the hospital because of mental illness are at high risk for recurrence of admission.
Patients requiring inpatient level of care often experience the most severe mental health symptoms and functional impairments, and they benefit from close monitoring and follow-up. NCQA has identified this issue as an important measure of behavioral health service quality. The established measure examines the number of discharges of members 6 years of age and older who were hospitalized for treatment of mental health disorders and evaluates both the 7-day and 30-day rates.

GHC-SCW has established protocols for ensuring that patients are offered appointments with a 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. Our organization utilizes a team-based effort that involves clinical and administrative staff from GHC-SCW well as staff from network inpatient psychiatric providers to ensure timely follow up care.

GHC-SCW’s benchmark for follow-up after hospitalization for mental illness is based on the National All Lines of Business 95th percentile. The table below defines the measures and our goals.

<table>
<thead>
<tr>
<th>FUH Measures</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of members with a hospital admission seen for an ambulatory appointment within <strong>7 days after discharge</strong></td>
<td>≥ 65.4 %</td>
</tr>
<tr>
<td>Percent of members with a hospital admission seen for an ambulatory appointment within <strong>30 days after discharge</strong></td>
<td>≥ 83.2 %</td>
</tr>
</tbody>
</table>

Significant changes to the measure criteria for discharge and the addition of telehealth were made by NCQA in the previous year. GHC-SCW is exceeding our goals in each of these measures however, limitations still exist and nationally, percentile rates have been trending downward. Members’ sometimes no-show for scheduled follow-up appointments or decline due to co-pay, co-insurance, or deductible obligations.
Interventions:

- Utilization of Primary Care Behavioral Health Consultants for members whose PCP is in a clinic with PCBH services continues to provide an excellent point of entry and follow up to mental health services.
- Continuing GHC-SCW Mental Health (MH) daily census of behavioral health admissions (including patients admitted for overdose or suicide attempts).
- UW Hospital, Unity Point Health-Meriter Hospital, and Roger’s Memorial Hospitals continue to contact our MH department prior to patient discharge to facilitate follow-up within seven days of discharge.
- A registry of admissions and follow-up appointments is maintained and reviewed by MH 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.
- Improving utilization of clinical triage staff to meet with members discharged from an inpatient psychiatry stay that do not have an existing outpatient provider.
- Continuing emphasis of standard of care in renewed external behavioral health provider contracts.

Conclusions

Results on these measures demonstrate high performance. Plans to continue current workflows and strategies ensure that this important service coordination and transition between inpatient psychiatry and lower levels of care continue to occur. The organization is expanding to include telehealth for mental health services in 2020.

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

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 (the Continuation Phase).

Background

Attention deficit/hyperactivity disorder is the most treated childhood neurobehavioral disorder. Children with ADHD may experience difficulties in school, troublesome relationships with family members and peers, and other behavioral problems. Follow-up care and surveillance is a key aspect of ADHD treatment. Primary care clinicians need a strategy for diagnosis and long-term management of this condition given the high prevalence among school-age children.

GHC-SCW’s benchmark for follow-up care for children prescribed ADHD medication is based on the National All Lines of Business 95th percentile. The table below defines the measures and our goals.

<table>
<thead>
<tr>
<th>ADD Measures</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiation Phase:</strong> 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>≥ 55.6 %</td>
</tr>
<tr>
<td><strong>Continuation and Maintenance Phase:</strong> 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>≥ 62.1 %</td>
</tr>
</tbody>
</table>
Telehealth was added to these measures in 2018 by NCQA therefore, trending between 2018 and prior years is cautioned. The compliance rates for Care for Children Prescribed ADHD Medication Initiation Phase & Continuation and Maintenance Phase have decreased markedly over the last two years. GHC-SCW considers this decline to be partially due to the lack of consistent monitoring of compliance with the required timeframes. Other limitations include:

- Members sometimes decline follow-up visits to provide behavioral change or school feedback to the prescriber preferring to communicate by phone or MyChart secure messaging. The member can typically provide adequate follow-up to the provider through these means, while avoiding bringing the child back into clinic and incurring co-pays or other fees.

- Furthermore, some members included in the measure have a history of stable, problem-free stimulant use during school and take a medication “holiday” in the summer. When restarting the medication, a follow-up visit within 30 days may be required by the metric, but it is not viewed as medically necessary by the member or the provider.
Interventions

- GHC-SCW’s Enterprise Applications Team implemented recommended changes to Smart Texts and Smart Phrases in the electronic medical record to allow better tracking of compliance and facilitate staff intervention.
- GHC-SCW’s Quality Management staff began reviewing reports twice per month to identify children in this metric. Staff messages are sent to the appropriate Care Team or other staff who assist families in scheduling (or rescheduling) appointments.
- Updated Patient After Visit Summaries for ADHD visits to encourage follow-up visits within 30 days, 3 months, and 6 months.
- Mental Health Call Center, Reception and Psychiatry staff were reminded to emphasize to families with children treated with stimulant medication the importance of being seen clinically within the 30-day standard.

Conclusions

The rise in alternative means for sharing ADHD behavioral change or school feedback results with prescribing providers continues to serve as an obstacle to the completion of face-to-face appointments following the initiation of stimulant treatment. GHC-SCW continues with efforts related to this measure to improve rates and is hoping the addition of telehealth will be a resource option.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

Aim
This measure assesses the percentage of adolescents and adults with a new episode of alcohol or other drug dependence (AODD) who received the following care:

**Initiation:** Adolescents and adults who initiate treatment through an inpatient AODD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

**Engagement:** Adolescents and adults who initiated treatment and who had two or more additional services with a diagnosis of AODD within 30 days of the initiation visit.

Background
Alcohol consumption is a social activity in Wisconsin which affects the health of families. Research provides strong evidence that treatment for AODD can improve health, productivity and social outcomes, and can potentially save millions of dollars on health care related costs. Individuals who initiate and complete more days of treatment typically show more improvement than those who leave treatment prematurely and fall victim to relapse. The acute stage of treatment is associated with lasting improvements only with continued rehabilitation.

GHC-SCW’s benchmark for initiation and engagement of AODD treatment is based on the National All Lines of Business 90th percentile. The table below defines the measure and our goals.
Recent significant change was made to these measures by NCQA, therefore, historical trends with the data presented should be interpreted with caution. Despite the availability of efficacious treatments, compliance with the standard of care both within GHC-SCW and nationally struggles to gain traction.
**Barriers**

- Cultural norms that support use/abuse of alcohol
- Limited access to or stigma associated with specialty care or group therapy approaches
- Members’ lack of motivation to address the issue
- Members’ apprehension regarding preconceived notions of treatment models
- Over-use of SUD diagnosis in primary care in the absence of a full AODA diagnostic assessment
- Intensive visit schedules often required in specialty SUD settings are unmanageable for members

**Interventions**

- Periodic reminders 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 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
- Continued support for Screening, Brief Intervention, and Referral to Treatment (SBIRT) and access to Primary Care Behavioral Health consultant services in four GHC-SCW clinics
- Increased the number of waivered practitioners who can provide medication assisted treatment (MAT) in primary care for the treatment of opiate use disorder or prescribe naltrexone extended release (vivitrol) for management of alcohol use disorder without opioid use disorder.

**Opportunities:**

- Evaluate the effectiveness of our adoption of telehealth for behavioral health diagnosis and treatment
- Increase knowledge regarding substance use disorders and available resources, as well as the standard of care regarding follow-up after diagnosis
- Increase SBIRT services in primary care via providers, Primary Care Behavioral Health, and others for risk reduction

**Follow-up after Emergency Department Visits for Alcohol or Other Drug Dependence (FUA)**

**Aim**

Review plan data related to the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug abuse or dependence (AODD), who had a follow up visit for AODD. Two rates are reported:

- The percentage for follow-up **within 7 days** of the ED visit.
- The percentage for follow-up **within 30 days** of the ED visit.

**Background**

Individuals with AOD who are discharged to the community from the ED are particularly vulnerable to losing contact. 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 readmit to the ED. Health plans have a responsibility to connect patients to care. Discharge from the ED is an important transition because it is an opportunity to secure appropriate follow up treatment in the outpatient setting.

GHC-SCW’s benchmark for follow-up after an emergency department visit for AODD is based on the
National All Lines of Business 95th percentile. The table below defines the measures and our goals.

<table>
<thead>
<tr>
<th>FUA Measures</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage receiving follow-up within 7 days of ED discharge for AODD</td>
<td>≥ 19.2 %</td>
</tr>
<tr>
<td>Percentage receiving follow-up within 30 days of ED discharge for AODD</td>
<td>≥ 25.5 %</td>
</tr>
</tbody>
</table>

The barriers to improvement here tend to resemble those identified in the measure reviewed previously, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET). While timely follow-up is relatively good on a percentile basis (at or above the 90th percentile), the actual percentage of members being seen is still quite low. Opportunities for improvement include:
- Development of enhanced reporting capabilities for timely identification of members seen in the ED for AODD
- Increase the capacity for identifying needs for follow-up within Care Management
- Development of telemedicine protocols for follow-up after ED visits.

Conclusions

GHC-SCW’s current practices to secure appropriate follow-up treatment in the outpatient setting for members seen in the ED for AODD issues have been relatively effective however, implementation of the opportunities listed will likely improve the number of members who receive timely follow-up care after an ED visit for alcohol or other types of drug dependence.

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

Aim

Review plan data related to the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

- The percentage for follow-up within 7 days of the ED visit.
- The percentage for follow-up within 30 days of the ED visit.

Background

Individuals with mental illness who are discharged to the community from the ED are particularly vulnerable to losing contact. 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 readmit to the ED. Health plans have a responsibility to connect patients to care. Discharge from the ED is an important transition because it is an opportunity to secure appropriate follow up treatment in the outpatient setting.

GHC-SCW’s benchmark for follow-up after emergency department visit for mental illness is based on the National All Lines of Business 95th percentile. The table below defines the measure and our goals.

<table>
<thead>
<tr>
<th>FUM Measures</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent receiving follow-up within 7 days of ED discharge for Mental Illness</td>
<td>≥ 68.9 %</td>
</tr>
<tr>
<td>Percent receiving follow-up within 30 days of ED discharge for Mental Illness</td>
<td>≥ 79.5 %</td>
</tr>
</tbody>
</table>

While both 2019 rates did not achieve our goals, the 7-day rate increased by 10.8 % from the previous year and the 30-day rate improved by 11 %.
Barriers potentially include:
- Time constraints with notification of ED visit, communication/coordination of care, scheduling
- Availability of Mental Health provider appointments in the specified time frame
- Member concerns regarding stigma or about missing work/school
- Member concerns about co-pays, deductibles and co-insurance
- Transportation issues or cultural and linguistic barriers

GHC-SCW has opportunities for improvement to:
- Develop enhanced reporting capabilities for timely identification of members seen in ED for mental health disorders and follow-up capacity within Care Management or other GHC-SCW departments, as well as with outpatient network providers
Increase 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 or other access issues.

Continue efforts at improving the cultural competence and linguistic and cultural diversity of the provider network.

Conclusions

GHC-SCW’s efforts to secure appropriate follow up treatment in the outpatient setting for individuals with mental illness has shown improvement based on our monthly compliance rates. Timely follow-up care for mental health disorders following an ED visit continues to be a focus of the organization.

IV: QUALITY IMPROVEMENT WORKPLANS

❖ 2019

❖ 2020
# 2019 Quality Improvement Work Plan

## Focused by the Triple Aim

<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>
<tbody>
<tr>
<td>Quality of Service</td>
<td>Conduct ongoing assessment of patient experience and member satisfaction and develop strategies for improvement.</td>
<td>1) Develop project management structure for Cooperative Experience Committee to effectively impact improvements to Press Ganey and CAHPS results.</td>
<td>1) Q1</td>
<td>Steiner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Improve cooperative experience based on 2019 Press Ganey survey comments and results.</td>
<td>2) Ongoing</td>
<td>Sandene</td>
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<td></td>
<td></td>
<td>3) Improve member satisfaction for CAHPS measure results below the 50th percentile based on 2018 surveys.</td>
<td>3) Ongoing</td>
<td>Kastman</td>
</tr>
<tr>
<td>Conduct ongoing evaluations of current and future outreach initiatives.</td>
<td>1) Evaluate all current outreach initiatives for continuation.</td>
<td>1) Review all reports for inclusion/exclusion criteria.</td>
<td>1) Q1-Q4</td>
<td>Steiner</td>
</tr>
<tr>
<td>Increase outreach to non-staff model members.</td>
<td>2) Review all current outreach reporting for opportunities to incorporate non-staff model members.</td>
<td>2) Work with BI to import non-staff model claims data into Epic Healthy Planet tools.</td>
<td>2) Q1-Q4</td>
<td>Ibrahim</td>
</tr>
<tr>
<td></td>
<td>3) Partner with outlying community resources to educate non-staff model members of opportunities within their community.</td>
<td>3) Annual Review of Population Health Strategy and its Impact PHM 6 A @ CSCQ.</td>
<td>3) Q3</td>
<td>Kastman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Evaluate the interest in reintroducing the Diabetes and/or other chronic disease newsletters on a quarterly basis.</td>
<td>4) Q1-Q4</td>
<td>Bl</td>
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<td></td>
<td></td>
<td>5) Incorporate bulk messaging and outreach for non-staff model members when Caboodle tools and processes are live.</td>
<td>5) TBD</td>
<td>EA</td>
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<td></td>
<td></td>
<td>6) Monitor the following outreach initiatives:</td>
<td>6) Ongoing</td>
<td>Health Ed</td>
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<tr>
<td></td>
<td></td>
<td>- ADHD Initiation/Continuation Follow Up Appointments</td>
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<td></td>
<td></td>
<td>- Adolescent Well Child</td>
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### 2019 Quality Improvement Work Plan
**Focused by the Triple Aim**

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</tr>
</thead>
<tbody>
<tr>
<td>Improve the health of populations</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) Work with the Population Health Department and Marketing to create health literate mailings and MyChart message templates for registry activity and Quality outreach mailings. 2) Continue to follow the 3 year strategic plan “Roadmap for Health Equity: 2017-2019” to ensure that the organization promotes and practices a welcoming and inclusive environment. 2a) Demographic data collection improvement project 2b) MyChart improvement project.</td>
<td>1) Ongoing 2) Ongoing 2a) Q1-Q4 2b) Q1-Q4</td>
<td>Steiner Ibrahim Francis Health Equity Committee Inclusion Change Team</td>
</tr>
<tr>
<td>Lower per capita costs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Improve the patient experience of care</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>GOALS</td>
<td>OBJECTIVES</td>
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</table>
| Improve scores on reported measures related to 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 | 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. | 1a) Ongoing  
1b) Ongoing  
1c) Ongoing | Kastman  
Steiner  
Twining  
Ibrahim  
Rx/Guetzlaff |
| Improve scores on reported measures related to hypertension | Expand hypertension efforts to entire patient population (beyond patients with diabetes). | 3) 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 role.  
4) Review the impact of statin management via pharmacy protocol.  
5) Review other opportunities for pharmacy medication protocols.  
6) In collaboration with BI and Pop Health, review Epic registry outreach opportunities.  
7) Spread Hypertension Committee pharmacy consult pilot to additional clinic to improve hypertension control in staff model patients.  
8) Implement BP Cuff pilot.  
9) Implement pilot with UW Health Rheumatology to schedule follow up appointments for GHC-SCW members with uncontrolled hypertension. | 3) Q1-Q4  
4) Q1-Q4  
5) Ongoing  
6) Ongoing  
7) End of Q2  
8) Q1  
9) Q1 | Kastman  
Steiner  
Twining  
Ibrahim  
Rx/Guetzlaff |
## 2019 Quality Improvement Work Plan

**Focused by the Triple Aim**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Proposed Activities</th>
<th>Timeframe for Completion</th>
<th>Staff Responsible</th>
</tr>
</thead>
</table>
| Improve the health of populations | 1) 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 goals for advance care planning.  
4) Strive to achieve 15% or greater of patients 65 and above with a Living Will on file. As of 10/16/18, currently at 9.5% with Living Will on file, and 27.9% with Power of Attorney on file. | 1-3) Ongoing | Steiner |
| Lower per capita costs | 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) Continue workgroups to maintain Nursing Dashboard and Urgent Care Dashboard.  
2) Incorporate auto-tabulating metrics where possible. Movement of the quarterly manually-calculated metrics to the real-time pop health metrics of the dashboard. | 1) Ongoing | Twining Ibrahim |
| Improve the patient experience of care | 1) Meet regularly with EA and BI teams to discuss current state of the Provider Dashboard, barriers and opportunities, and future additions of other population health tools to populate an EMR dashboard.  
2) Meet regularly with Nursing and Urgent Care leadership to create meaningful metrics for new clinical dashboards. | 1) Ongoing | Twining Ibrahim |
<table>
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<th>GOALS</th>
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</thead>
</table>
| 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.  
2) Analysis of FeNO data to make possible recommendations regarding the future of purchasing additional machines.  
3) In collaboration with the Population Health Department, develop an Epic asthma registry and reporting workbench to facilitate bulk ordering and messaging. | 1) Ongoing  
2) Q2-Q3  
3) Q2-Q3 | Ballweg  
Ibrahim  
Steiner |
| Create an evidence-based Wellness program for external employer groups, GHC employees, members and patients. | 1) Develop a Wellness Change Team, Wellness Committee, and smaller project-based workgroups to implement evidence-based wellness initiatives. | 1) Implement the Wellness Change Team, Wellness Committee, and smaller project-based workgroups.  
2) Implement the Kiio pilot at American Family.  
3) Spread the Kiio pilot if successful.  
4) Implement Profile as a wellness benefit for GHC employees.  
5) Spread Profile as a wellness benefit to employer groups if successful. | 1) Q1  
2) Q1  
3) TBD  
4) Q1  
5) TBD | Kastman  
Steiner  
Sandene  
Wellness |
<table>
<thead>
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<th>GOALS</th>
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<th>PROPOSED ACTIVITIES</th>
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</thead>
</table>
| Safety of Clinical Care | Continue to monitor patient safety and look for opportunities for improvement. | 1a) For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90 mg daily morphine equivalents.  
1b) Prevent any non-cancer patient from increasing past a daily morphine equivalent of 90 mg.  
1c) Decrease or eliminate the co-administration of opioids, benzodiazepines, and sleep aids.  
2) Explore Medication Assisted Treatment within Primary Care.  
3) Continue to involve PCBH in counseling in the primary care setting.  
4a) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies.  
4b) Continue to utilize Clinical Pharmacists as needed as a resource for providers to develop opioid tapering plans.  
5) Obtain information and trending from the PDMP.  
6) Develop pain management competencies to support necessary monitoring and practices for safe pain management.  
2) Monitor number and impact of practitioners that provide Medication Assisted Treatment.  
3) Monitor number of PCBH encounters and chronic pain group participants to determine involvement of PCBH with pain managed patients. Continue to promote and resource PCBH across clinics and referrals to chronic pain group.  
4) Monitor clinical pharmacy encounters for pain managed patients. Continue to promote and resource Clinical Pharmacists across clinics.  
5) Comparison of our prescribing data compared to PDMP portal data. Quality and Safety Committee review.  
6) Monitor increased utilization of RN support for pain management appointments and increased confidence via use of a pain management survey.  
7) Determine threshold for Naloxone prescribing based upon RIOSORD decision support tool. Determine opioid dosing threshold for Naloxone prescribing. Monitor naloxone prescribing based upon RIOSORD scores and daily morphine equivalent prescribed.  
8) Anticipate future HEDIS metrics. Set goals for the HEDIS opioid measures. | 1-7) Q1-Q4  
8) Ongoing | Kastman  
Steiner  
Ibrahim  
Hynek  
Safety Committee  
PCBH  
Clinical Pharmacy  
Mental Health  
L&D |
<table>
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</thead>
<tbody>
<tr>
<td>Improve behavioral health outcomes for our members.</td>
<td>I. HEDIS BH Measures: maintain percentile goals for measures 1-4 1. ADHD Continuation (ADD) 2. Antidepressant Med Mgmt Continuation (AMM) 3. F/U After Hospitalizations for MH-7 (FUH) 4. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) 5. Alcohol or Drug Treatment Engaged (IET) II. Monitor, trend and improve performance on ED follow-up 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. Primary Care Behavioral Health -Continue PC and BH Integration -Improve primary care population surveillance for depression. -Improve safer suicide care in primary and behavioral health care. IV. WCHQ BH QI Steering Team Charter Continue to have representatives (M. Steiner, J. Austin) from GHC-SCW participate on committee.</td>
<td>I. Continue directed member outreach, use of PCBH services &amp; provider education. Report quarterly performance to providers. II. Define the health plan’s goals and opportunities related to these 2 measures. a. Surveillance of current performance and determine/develop more efficient reporting capacity and timely notification of ED visit. b. Improve understanding of expectation and communication workflows between health plan and both staff model and contracted providers regarding follow up visits. III. a. Evaluate member and practitioner experience with PCBH services. b. Expand, enhance, and standardized screening for depression in primary care through implementation of PHQ-2/PHQ-9 screening protocol. c. Pilot and evaluate use of Columbia Suicide Severity Rating Scale in primary care. d. Pilot and evaluate use of Collaborative Safety Planning template in primary care. IV. Engage and collaborate to disseminate improvements.</td>
<td>I. Q1 - Q4 II.a Q1 - Q2 II.b Q3 - Q4 III.a Ongoing III.b Q2 - Q3 III.c Q1 - Q4 III.d Q1 - Q4 IV. Q1-Q4</td>
<td>Van Den Brandt Austin Fucci</td>
</tr>
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</table>
## 2020 Quality Improvement Work Plan
Focused by the Triple Aim

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<tbody>
<tr>
<td>Quality of Service and the Member Experience</td>
<td>Conduct ongoing assessment of patient experience and member satisfaction and develop strategies for improvement.</td>
<td>1) Evaluate and revamp the Cooperative Experience Committee to effectively impact improvements to Press Ganey, CAHPS results, and service trainings. 2) Improve cooperative experience based on 2020 Press Ganey survey comments and results. 3) Improve member satisfaction for CAHPS measure results below the 50th percentile based on 2019 surveys.</td>
<td>1) Q1 2) Ongoing 3) Ongoing 4) Q1-Q2 5) Ongoing</td>
<td>Steiner  Sandene  Kastman  Lueschow  Cooperative Experience Committee</td>
</tr>
<tr>
<td>Improve the health of the populations that GHC-SCW serves by reducing health outcome disparities. Promote 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) Foster an environment that supports, challenges and empowers our team. 3) Enhance access and equity for our services.</td>
<td>1a) Health Equity Committee will focus on the demographic data collection improvement project and MyChart improvement project. 1b) Work with the Population Health Department and Marketing to create health literate mailings and MyChart message templates for registry activity and Quality outreach mailings. 2) Continue to invest in and expand health equity and diversity in GHC-SCW staff, as well as health equity training. 3) Continue and expand health equity efforts, so that our entire population receives an equitable level of care delivery and service.</td>
<td>1a) Ongoing 1b) Ongoing 2) Ongoing 3) Ongoing</td>
<td>Steiner  Ibrahim  Francis  Health Equity Committee  Inclusion Change Team  SLT (#2,3)</td>
</tr>
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| Quality of Clinical Care | Improve scores on reported measures related to diabetes outcomes | 1) Improve HEDIS measures for members with diabetes: 
- HbA1c testing among 18-75 year olds; reach 96% or greater 
- HbA1c control < 8.0%; reach 69% or greater 
- BP Control <140/90; maintain 80% or greater 
2) Implement improvement initiatives that target opportunities in HEDIS measures 
3) Identify prescription cost savings opportunities | 1a) Continue to monitor YMCA Diabetes Prevention Program. 
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. 
2a) Monitor and modify Diabetes Warm Handoff pilot. 
2b) Evaluate 2019 BC+/community support group and request approval for a second support group for only GHC-SCW members for all insurance types. 
3) Leverage pharmacy resources to identify diabetic medication optimization opportunities. | 1a) Ongoing 
1b) Ongoing 
1c) Ongoing 
2a-b) Ongoing 
3) Q1-Q4 |
| | | | | Kastman 
Steiner 
Twining 
Ibrahim 
Rx/Romasanta |
| | Improve scores on reported measures related to hypertension | Expand hypertension efforts to entire patient population (beyond patients with diabetes). 
- BP Control <140/90, reach 80% or greater 
- BP Goal on Problem List; reach 30% or greater | 1) 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 role. 
2) Review the impact of statin management via pharmacy protocol. 
3) Review other opportunities for pharmacy medication protocols. 
4) In collaboration with BI and Pop Health, review Epic registry outreach opportunities. 
5) Monitor Hypertension Committee pharmacy consult pilot at East and Hatchery and evaluate spread to additional clinic to improve hypertension control in staff model patients. 
6) Monitor outcomes of BP Cuff pilot. 
7) Implement pilot with UW Health Rheumatology to schedule follow-up appointments for GHC-SCW members with uncontrolled hypertension. 
8) Review nursing policy and recommend changes based on clinical best practices. | 1) Q1-Q4 
2) Q1-Q4 
3) Ongoing 
4) Ongoing 
5) End of Q2 
6) Ongoing 
7) TBD 
8) Q1 |
| | | | | Kastman 
Steiner 
Twining 
Ibrahim 
Rx/Romasanta |
| | Improve scores on reported measures related to readmissions | Improve HEDIS PCR rate 
- Reach 33rd HEDIS Percentile (0.7376 for MY2018) or better | TBD | TBD |
| | | | | Kastman 
Steiner 
Lueschow 
Hynek 
Behl 
BI |
| | Create and disseminate Provider Dashboards on a quarterly basis with data on quality, cost, and patient experience. | 1) Continue workgroups to maintain Nursing Dashboard and Urgent Care Dashboard. 
2) Incorporate auto-tabulating metrics where possible. Movement of the quarterly manually-calculated metrics to the real-time pop health metrics of the dashboard. | 1) Meet regularly with EA and BI teams to discuss current state of the Provider Dashboard, barriers and opportunities, and future additions of other population health tools to populate an EMR dashboard. 
2) Meet regularly with Nursing and Urgent Care leadership to create meaningful metrics for new clinical dashboards. | 1) Ongoing 
2) Ongoing |
| | | | | Ibrahim 
Sandene |
<table>
<thead>
<tr>
<th>GOALS</th>
<th>OBJECTIVES</th>
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</table>
| Safety of Clinical Care | Continue to monitor patient safety and look for opportunities for improvement. | 1a) For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90 mg daily morphine equivalents.  
1b) Prevent any non-cancer patient from increasing past a daily morphine equivalent of 90 mg   
2) Promote Medication Assisted Treatment within Primary Care  
3) Involve Primary Care Behavioral Health staff in counseling  
4) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans  
5) Obtain information and trending from the PDMP  
6) HEDIS metrics (UOP & HDO, formerly UOD) | 1 & 5) Continue to evaluate and monitor prescribing data  
2) Form Medication Assisted Treatment Committee  
3) Continue to promote and resource PCBH across clinics and referrals to chronic pain group  
4) Continue to promote and resource Clinical Pharmacy across clinics  
6) Set goals for the HEDIS opioid metrics based on benchmarks from 2019 results | 1-5) Ongoing  
6) Q4 2019 | Kastman  
Steiner  
Ibrahim  
Hynek  
Quality Committee  
PCBH  
Clinical Pharmacy  
Mental Health  
L&D |
## Behavioral Health Care

<table>
<thead>
<tr>
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</tr>
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| Improve behavioral health outcomes for our members. | I. HEDIS BH Measures: strive for the 90th to 95th percentile for measures 1-5  
1. ADHD Continuation (ADD)  
2. Antidepressant Med Mgmt Continuation (AMM)  
3. F/U After Hospitalizations for MH-7 (FUH)  
4. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)  
5. Alcohol or Drug Treatment Engaged (IET)  
II. Monitor, trend and improve performance on ED follow-up measures:  
1. FUM: Follow-Up After Emergency Department Visit for Mental Illness  
2. FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence  
II. Primary Care Behavioral Health  
-Continue PC and BH Integration  
-Improve primary care population surveillance for depression.  
II. Define the health plan's goals and opportunities related to these 2 measures.  
a. Surveillance of current performance and determine/develop more efficient reporting capacity and timely notification of ED visit.  
b. Improve understanding of expectation and communication workflows between health plan and both staff model and contracted providers regarding follow up visits.  
III.  
a. Evaluate member and practitioner experience with PCBH services.  
b. Expand, enhance, and standardized screening for depression in primary care through implementation of PHQ-2/PHQ-9 screening protocol.  
c. Pilot and evaluate use of Columbia Suicide Severity Rating Scale in primary care.  
d. Pilot and evaluate use of Collaborative Safety Planning template in primary care. | I. Q1 - Q4  
II.a Q1 - Q2  
II.b Q3 - Q4  
III.a Ongoing  
III.b Q2 - Q3  
III.c Q1 - Q4  
III.d Q1 - Q4 | Van Den Brandt  
Austin  
Fucci |
## 2020 Quality Improvement Work Plan

**Focused by the Triple Aim**

<table>
<thead>
<tr>
<th>GOALS</th>
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<tbody>
<tr>
<td><strong>Improve the health of populations</strong></td>
<td><strong>Population Health Management</strong></td>
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</table>
| 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) Clinical pharmacy inhaler device education project.  
3) Continue to evaluate the evidence for the use of FeNO testing in Primary Care.  
4) In collaboration with BI and EA, develop Asthma reporting workbench report and Epic registry. | 1-3) Ongoing  
4) TBD | Ibrahim  
Steiner  
EA |
| Improve scores on reported measures related to immunizations. | 1) Maintain 95th percentile or higher CIS Combo 10  
2) Maintain 95th percentile or higher IMA Combo 2  
3) Maintain 66% or higher adult Flu vaccination rates  
4) Prepare for HEDIS 2021 and future ECDS submissions | 1) Work with EA to design and build metrics for bulk outreach related to CIS  
2) Identify children who need flu boosters for CIS  
3) Utilize new MyPanel metrics to identify noncompliant members and perform bulk outreach for IMA  
4) Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for flu  
5) Perform Reception outreach for WCCs for adolescents  
6) Continue reporting rates through Quarterly provider dashboards  
7) Validate readiness for HEDIS 2021 ECDS submission for PRS (prenatal immunization status) | 1) TBD  
2) During flu season  
3) Ongoing pending build completion  
4) During flu season  
5) Ongoing  
6) Ongoing  
7) Ongoing | Ibrahim  
Steiner  
BI |
| Create an evidence-based Wellness program for external employer groups, GHC employees, members and patients. | 1) Develop a Wellness Change Team, Wellness Committee, and smaller project-based workgroups to implement evidence-based wellness initiatives for the following groups:  
1a) GHC employees  
1b) External employer groups  
1c) GHC members and patients | 1) Wellness Change Team and smaller project-based workgroups continue to meet monthly.  
2) Implement the Wellness Committee.  
3) Complete and gain approval of the wellness roadmap.  
4) Evaluate the Kio pilot at American Family.  
5) Evaluate the Profile wellness benefit offered to GHC employees in 2019 and continue use as a wellness benefit to employees and/or employer groups if successful. | 1) Ongoing  
2) Q1  
3) TBD  
4) Ongoing  
5) TBD | Kastman  
Steiner  
Sandene  
Wellness |
| Conduct ongoing evaluations of current and future outreach initiatives. | 1) Evaluate all current outreach initiatives for continuation.  
2) Review all current outreach reporting for opportunities to incorporate non-staff model members. | 1) Monitor and evaluate current outreach initiatives for success and continuation.  
2) Review all reports for inclusion/exclusion criteria.  
3) Annual review of Population Health Strategy and its impact for PHM 6 A at CSQC.  
4) Evaluate the interest in reintroducing the Diabetes and/or other chronic disease newsletters on a quarterly basis.  
5) Work with BI to import non-staff model claim’s data into Epic Healthy Planet tools.  
6) Incorporate bulk messaging and outreach for non-staff model members when Caboodle tools and processes are live. | 1) Ongoing  
2) Ongoing  
3) Q3  
4) TBD  
5) TBD  
6) TBD | Steiner  
Kastman  
Ibrahim  
BI  
EA  
Health Ed |
| Increase outreach to non-staff model members. | 1) Evaluate all current outreach initiatives for continuation.  
2) Review all current outreach reporting for opportunities to incorporate non-staff model members. | 1) Monitor and evaluate current outreach initiatives for success and continuation.  
2) Review all reports for inclusion/exclusion criteria.  
3) Annual review of Population Health Strategy and its impact for PHM 6 A at CSQC.  
4) Evaluate the interest in reintroducing the Diabetes and/or other chronic disease newsletters on a quarterly basis.  
5) Work with BI to import non-staff model claim’s data into Epic Healthy Planet tools.  
6) Incorporate bulk messaging and outreach for non-staff model members when Caboodle tools and processes are live. | 1) Ongoing  
2) Ongoing  
3) Q3  
4) TBD  
5) TBD  
6) TBD | Steiner  
Kastman  
Ibrahim  
BI  
EA  
Health Ed |
| Complete the annual Population Assessment | 1) Develop reporting to identify opportunities to improve population health for identified subpopulations.  
2) Identify strategies and analytical tools to support efforts. | 1) Utilize available BI reports to perform an annual Population Assessment.  
2) Improve population health through strategies to implement and utilize analytical tools to the highest capacity (e.g. SDoH Epic build). | 1-2) End of Q4 | Steiner  
Behl  
Francis |
| ReviewPopulation Health Management Strategy and the impact of the programs and services offered by the organization annually | Define the goals, target population and programs or services offered for each of the areas of focus within Population Health strategy | 1) Conduct a comprehensive analysis of the impact of the PHM programs and services offered to include relevant clinical, cost or utilization, and experience measure results and compare with a benchmark or goal. Interpret results and perform a barrier analysis as needed. | 1) Q4 2020 | Steiner |
| Analysis of the overall effectiveness of the Quality and Population Health programs | Evaluate adequacy of program resources, committees, practitioner participation, leadership involvement & make program changes as necessary | 1) Perform a mid-year evaluation of the QI Workplan goals, objectives and proposed activities.  
2) Develop and approve a new workplan for the approaching year. | 1) June 2020  
2) Sept-Dec 2020 | Steiner  
CSQC Committee |
STATEMENT OF PURPOSE

This committee is responsible for the oversight of quality improvement activities for the health plan of Group Health Cooperative of South Central Wisconsin. Specific activities 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 of project implementation or recommendations
° Make policy updates as warranted by business practice or current NCQA standards/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 for continuous improvement of the service and clinical care provided to all membership
° Participate in the review of Population Health Management strategies in conjunction with other relevant committees

ROSTER

- Chair; Accreditation Coordinator
- Chief Medical Officer
- Quality & Population Health Manager
- Quality Analyst/HEDIS Coordinator
- Care Management Manager
- Director of Behavioral Health & Medical Specialty Services
- Member Services Manager
- Manager Pharmacy Services (Ad hoc)
- Nursing Representative (Ad hoc)
- Community Care Representative (Ad hoc)
- Marketing Representative (Ad hoc)
- Medical Staff Administrator (Ad hoc)

MEETING FORMAT AND FREQUENCY

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 defined as the evaluation of the clinical activities 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 in the quality of the care and service provided by the medical staff at Group Health Cooperative of South Central Wisconsin (GHC-SCW). The Peer Review Committee (PRC) is responsible for investigating patient, member or practitioner complaints or concerns about the quality of clinical care or service provided and to make recommendations for corrective actions, if appropriate. The PRC also reviews sentinel conditions or adverse events identified for quality concerns and is the primary committee that makes recommendations regarding credentialing and re-credentialing decisions for all practitioners credentialed by GHC-SCW as defined in policy MED.ADM.025.

CONFIDENTIALITY OF INFORMATION

1. The PRC is a distinct 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 conducted to help improve the quality of health care. No person acting in good faith who participates in the review or evaluation of services of health care practitioners as part of the 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 Peer Review 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. The PRC reports its findings to the Chief Medical Officer who in turn, reports general activities of the PRC to the Board of Directors of GHC-SCW if appropriate.
ROSTER

The Chief Medical Officer makes appointments to the PRC. The PRC membership includes:

- MD (Chair)
- Family Medicine Physicians (2-3)
- Internists (1-2)
- Pediatricians (1)
- Physician Assistant / Nurse Practitioner (1)
- Other specialists as needed for case review or credentialing decisions (Chiropractor, Psychiatrist, etc.)
- Medical Staff Administrator

MEETING FORMAT AND FREQUENCY

1. The minutes of the previous PRC meeting are reviewed. Cases related to quality of care 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. Credentials of new staff are presented to the committee members
3. Every three years, re-credentialing information is reviewed prior to re-appointment.
4. The PRC meets monthly or, at a minimum, at least 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, provide educational feedback to the involved practitioners, to report findings to the Chief Medical Officer, and when appropriate, make recommendations to the Chief Medical Officer for credentialing, re-credentialing, and 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 complaints or other member generated communications.
4. Care Management Department
5. Quality Management Department
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 consider these practitioner comments 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.

If the PRC observes a pattern of quality concerns regarding a single practitioner, the Chief Medical Officer will be notified. The PRC may make a recommendation for an educational activity for the involved practitioner such as reviewing medical literature or a CME related to the quality of concern and will obtain information to substantiate the recommendations are carried out in a timely manner. The PRC may also 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.

APPEALS AND REQUEST FOR A HEARING

Practitioners have the right to appeal any decision of the Peer Review Committee. The practitioner must request a hearing, in writing, within 30 days from the date the practitioner 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:

- call and examine witnesses
- introduce exhibits
- cross-examine any witness on any matter relevant to the issues
- rebut any evidence
- 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.
STATEMENT OF PURPOSE

The purpose of the Clinical Content Committee is to serve as content experts and decision makers for clinical matters related to electronic medical record tools, clinical forms/handouts, medical/nursing policies and procedures, and/or clinical topics or activities associated with Quality and/or Population Health management. 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 on electronic medical record related issues

ROSTER
• Chair; Associate Medical Director-Informatics & Care Management
• Medical Chief of Staff
• Representatives from Enterprise Applications
• Representative Practitioners within GHC-SCW Primary and Urgent Care
• Representative Registered Nurses
• Representative LPNs or CMAs
• Representative from Pharmacy Administration
• Quality and Population Health 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 and employee safety
2. Identify opportunities to reduce medical errors, support interventions, and monitor progress in these activities.
3. Define measures of patient and employee safety and perform periodic measurement.
4. Review member complaints related to clinic safety.
5. Develop and distribute information to members, employees 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.
7. Report patient safety initiatives to the National Committee for Quality Assurance, as applicable.

ROSTER

- Executive Sponsor: Chief Nursing Officer
- Executive Sponsor: Chief Human Resources Officer
- Employee Health and Safety Specialist-PA-C
- Human Resources Manager
- Clinic Manager Representative
- Privacy Manager
- Medical Lab Services Manager
- Clinical Learning Specialist-RN Representative
- Epic Learning Specialist Representative
- Executive Assistant to Chief Nursing Officer

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 month, or as needed.
QUALITY COMMITTEE

STATEMENT OF PURPOSE
To review and approve current and proposed GHC-SCW staff model clinic quality improvement (QI) projects for feasibility, scalability and timing, and monitor ongoing progress.

SCOPE
This committee reviews clinical QI projects for both the insurance and care delivery functions of Group Health Cooperative of South Central Wisconsin, makes recommendations for and approves new projects, sets initiatives that align with strategic planning, and assesses resources for starting, continuing, and discontinuing clinical QI projects. The committee reviews data to monitor success and identifies areas of opportunity. Contract negotiations and off budget proposals without the inclusion of Finance are out of scope. Projects and improvements related to clinic efficiency and Lean projects are out of scope.

ACTIVITIES
- General oversight of the individual clinical improvement subcommittees.
- Project updates of ongoing clinical QI projects.
- Prioritization of projects based on strategic planning, regulation, staffing availability, etc.
- Charter new projects and committees.
- Retire processes or committees as needed
- Maintain a listing of clinical QI projects and current project status.
- Reviews:
  - Monthly quality performance data
  - Monthly Clinical and Service Quality Committee (CSQC) minutes
  - Quarterly clinical quality dashboards
  - Yearly HEDIS metrics
  - Yearly Quality Compass and ACHP results
  - Yearly MIPS results
  - Annual QM Work Plan & QI Report
  - ETF, FEHB, and QHP requirements for potential project needs

ROSTER
- Chair, Quality & Population Health Manager
- Co-Chair, Chief Medical Officer
- Chief of Staff
- Chief Nursing Officer
- Director Behavioral Health and Medical Specialty Services
- IT Business Intelligence Manager
- Enterprise Applications Manager
- Accreditation Coordinator
- Administrative Assistant
- Quality Analyst
- BI representative
- Others as appropriate
MEETING FORMAT AND FREQUENCY

The committee reviews 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 meets at least quarterly or ad hoc as needed.