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I. 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 all medical and behavioral health care and elevate the level of service provided to GHC-SCW members through 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

QI SYSTEM

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 dedicated members lend their input to our Member Advisory Council. 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 and GHC-SCW wants to ensure they have a role in our governance and a role in the medical home model of care that we provide. One of the great benefits of being a cooperative is the fact that every member can make their voices heard by voting for the Board of Directors.

Employee Engagement

Nurturing a highly engaged workforce remains top-of-mind for GHC-SCW. The key to successful cross-functional teams is being willing to recognize and respect each other’s knowledge, skills, and experiences. Fostering a collaborative work environment in which all levels of staff and all contributions are valued requires communicating expectations and providing the workforce with the tools they need every day to perform. Equally important, we must keep asking employees and clinicians what gets them engaged and about the challenges they face so they know they are supported. GHC-SCW strives to maintain engagement within its workforce to address the unique needs and expectations of individuals and groups across the organization through employee engagement surveys. Health systems that prioritize engagement and use this information to drive improvement realize the greatest return on investment.

Data Analysis

Data is the single most important asset available to drive change however, as important as measurement is, it is not enough on its own to drive improvement. Our Business Intelligence team implements a performance reporting strategy that reflects the distinct data needs of every level of the organization. Front-line caregivers, senior leadership, and Quality among other departments use data analytics to respond to operational issues, make decisions, set goals, and track progress. Sources may include production systems such as EpicCare, Cadence, Resolute, and Tapestry, or our pharmacy benefit manager and data warehouse. Review of past and current performance provides staff with a quantifiable look at opportunities for continuous improvement.
Enterprise Project Management

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 ideas for consideration that might improve patient care, increase revenue, decrease cost, or increase efficiency. An Ideas Pipeline workgroup does the first review then ideas that make it through are vetted by the senior leadership team. A scoring and prioritization process ensure ideas are in line with our strategic plan. Vetting, approving, and budgeting are important components before work begins. Senior leadership makes the final decisions on which projects have the largest impact and go through to completion.

Leadership

GHC-SCW’s Board of Directors, President and CEO and other senior leaders provide direction for the organization by defining our company’s strategic goals and priorities. Leaders and managers must demonstrate that they are not just interested in how the organization is doing but also concerned about how the organization can do better. Leaders bring performance and improvement to the forefront by making our progress visible to employees and engaging our people in performing and improving our systems. Long-term success requires the convergence of system leadership, clinical caregivers, and health plan employees around our defined priorities to continue to be a top-rated health insurance plan.

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."

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.”

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.
**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**

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 fundamental principles:

1. The use of data to continuously monitor aspects of clinical care, service, systems, and processes.
2. Involvement of healthcare professionals and insurance staff in the analysis and problem-solving.

**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 oversight to the Chief Medical Officer as the responsible senior leader. The day-to-day operations of the Quality and Population Health Departments is entrusted to a Director with a master’s degree in healthcare administration. The Director of Behavioral Health is also involved in QI efforts associated with the operations of the Behavioral Health Department and implements 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 all QI workplan activities. Committee members annually evaluate the overall effectiveness of the QI program, recommend needed action and ensure appropriate follow-up to meet our goals and 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 along with oversight by the medical leadership of the organization. Quality improvement work related to BH was previously reviewed by the subcommittee on Continuity and Coordination of Medical and Behavioral Healthcare in conjunction with the CSQC.

Changes within the Directorship of BH in 2020 and other key committee member vacancies lead the organization to re-align itself as it relates to the BH program at GHC-SCW. The Continuity and Coordination of Medical and Behavioral Healthcare Committee was re-titled the Behavioral Health Quality Committee (BHQC) and a formal charter was drafted that outlines its purpose, scope, objectives, and activities. This committee will provide new direction, leadership, and primary care practitioner participation to help GHC-SCW remain well positioned with respect to BH quality within the organization and amongst other local health plans.
The BHQC will review department activities, our Primary Care Behavioral Health program and BH related data or reports to evaluate areas of opportunity. The committee makes recommendations for and approves projects or initiatives that align with overall strategic planning, and assesses the resources needed to complete this work. 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

In addition, the BHQC reviews annual reports and updates organizational policies related to availability of and access to both prescribing and non-prescribing BH practitioners and the assessment of network adequacy associated with NCQA’s Network (NET) Health Plan Accreditation standards and guidelines.

BHQC members include the Director of Behavioral Health as Chair, the BH Medical Director (Psychiatry), mental health therapists and primary care practitioners from GHC-SCW, along with other relevant stakeholders who assist with quality improvement and the coordination of BH for health plan members.

Population Health Management

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

GHC-SCW is involved in key initiatives within the organization to help achieve a Healthy Wisconsin. These activities include skilled outreach staff who are engaging with current smokers around cessation efforts, as well as, approaches that align with the Safe Communities’ Zero Suicide Collaborative to reduce suicide rates in Dane County by screening all patients 18 years and older for depression at target clinical visits. In addition, GHC-SCW is a partner of the Healthy Dane Collaborative comprised of four hospitals and local Public Health officials to assess community health needs. Our cooperative has also been an active participant for several years in the federal program, Vaccines for Children, and regionally with the Dane County Immunization Coalition, to ensure all citizens of Dane County are appropriately immunized against vaccine preventable diseases.

Group Health Cooperative is planning for its 2021 Medicaid Performance Improvement Project (PIP) to focus on childhood immunizations. This PIP will include targeted outreach to children who have fallen behind on immunizations, as well as outreach for those who need to stay on-track. GHC-SCW’s participation in Medicaid Managed Care contributes to robust health plan options for low-income and disabled individuals and the organization is committed to providing Medicaid enrollees with high quality health care and addressing disparities.

GHC-SCW, at least annually, conducts a comprehensive analysis of the health plan’s 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 Population Health Management program description and strategy are on our website www.ghcscw.com.
Committee Structure

Our quality program structure, including the main committees, is diagramed in Appendix 2. 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. These main committee descriptions are summarized in the following appendixes:

- Appendix 3: Clinical and Service Quality Committee (CSQC)
- Appendix 4: Peer Review Committee
- Appendix 5: Clinical Content Committee
- Appendix 6: Employee Health and Patient Safety
- Appendix 7: Quality Committee
- Appendix 8: Commercial & BadgerCare Quality (Medicaid program)
- Appendix 9: Behavioral Health Quality

Other organizational committees vital to process improvement are:

- Patient Experience
- Hypertension
- Asthma
- Diabetes Improvement
- Health Equity
- Immunizations
- Readmissions
- Pain & Controlled Substance
- Lead Screening
- Pharmaceutical and Technology Assessment

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 organize care efficiently and effectively around patient populations, and the use of technology to support personalized care. Our annual report includes a comprehensive overview of the activities, successes, and challenges within the organization. GHC-SCW’s Quality and Population Health programs are inter-related in terms of workplans, leadership oversight and committee structure for all lines of business. Work plan objectives and organizational initiatives are vetted annually at the CSQC and Quality Committee to define what areas may 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, Population Health and Community Care Departments lead by the Director of Quality and Population Health. A Community Care Manager, an Accreditation Coordinator, a Quality Analyst, and other QI staff provide support for work plan initiatives and any quality requirements associated with the State of WI Medicaid program contract. These individuals make up a diversified team and have a range of expertise. The program is further supported by sophisticated information systems, electronic medical records, and software tools available for quantitative data assessment to aid in improvement initiatives.
Serving a culturally and linguistically diverse membership

At Group Health Cooperative of South Central Wisconsin, 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
- Proud sponsor for Centro Hispano of Dane County to help promote the health and well-being for the Latino community
- Sponsorship for the Hmong Language and Cultural Enrichment Program
- Partner with Foundation for Madison’s Public Schools “Adopt a School” Program
- Equity and Inclusion Trainings
- Refugee Assistance and Healthcare Access Programs
- GHC-SCW has an LGBTQ+ Health Equity Workgroup focused on enhancing care delivery for our LGBTQ+ patients

GHC-SCW is committed to the long-term work of building an affirmative organization. To show our commitment, GHC-SCW proudly displayed Daniel Quasar’s Progress Pride Flag at our Administration Offices and the Sauk Trails Clinic for the month of June in honor of LGBTQ+ Pride Month.

GHC-SCW also donated $1000 to the Kujichagulia Madison Center for Self-Determination to celebrate Juneteenth this year. The center works tirelessly within the community to address healthcare disparities. In addition, a Health Equity Council mandated by Wisconsin’s Governor is leading the charge to reduce and eliminate disparities based on race, economic status, education level, history of incarceration, or geographic location throughout our 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 partners with Edgewood College to offer clinical rotation to nursing students in a primary care setting and goes farther to have an Ambulatory Nurse Residency Program designed to support new graduates that is built on evidence-based practice. In the program, new recruits learn early in their tenure the connection between excellent nursing practice and patient care outcomes. In addition, GHC-SCW has developed a Preceptor Program for Nurses, LPN’s, and Medical Assistants to foster skills in teaching and mentoring. Through these programs, GHC-SCW is building a collaborative culture which empowers staff to practice at the top of their licensure and have greater autonomy to lead care that contributes to an improved patient experience.
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. GHC-SCW knows from experience that we must allow for a "living work plan,” in which objectives, goals and/or priorities require adjustment based on business operation needs, budget constraints or the effectiveness of our pursuits. 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. 2020 ANNUAL SUMMARY

A. Introduction

GHC-SCW continues to build our cooperative for the future. 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

These seven components of our strategic plan are recognized to be the core opportunities our organization faces to sustain our success as a non-profit medical delivery system and health plan.
GHC-SCW is committed to the Institute for Health Care Improvement’s Quadruple Aim: improving health, enhancing the patient experience, making health care more affordable and having meaning to our work. Our QI work plan strives to frame projects around these Aim’s for we know that to best serve our members, we need to deliver quality care, offer affordable coverage, and provide a patient centered experience. Within this report, we reflect on some of the highlights and accomplishments of 2020.

B. Overview

Operational Achievements

- GHC-SCW maintains a persistent commitment toward continuous high-quality health care and its Commercial and Exchange health insurance plans remain “Accredited” and in compliance with NCQA’s Private Health Insurance standards. Our 2019-2020 Private Health Plan Rating was 4.5 out of 5. NCQA typically rates more than 1,000 plans nationally including Commercial, Medicare and Medicaid but could not calculate individual plan ratings for 2020-2021 due to the disruption so many plans faced during the coronavirus pandemic.

- GHC-SCW Chief of Staff Dr. Alison Craig developed a “Plexiglas Droplet Barrier,” which allowed the testing of patients for COVID-19 without exposure to respiratory droplets. The barrier allowed other staff to keep their personal protective equipment clean, conserving the supply.

- GHC-SCW’s Sales Team achieved a 96.5% retention rate by renewing 480 employer groups for plan year 2020 exceeding expectations.

- As a non-profit, one of our common values is Community Involvement and each year, GHC-SCW supports many worthy causes or organizations. The following is a short list from 2020:
  - Fairshare CSA Coalition
  - Project Home
  - United Way of Dane County
  - Domestic Abuse Intervention Services
  - United Cerebral Palsy
  - Easterseals
  - Rape Crisis Center
  - Black Women’s Wellness Day
  - Safe Harbor

HEDIS® & CAHPS® Performance: Measurement Year 2019

GHC-SCW’s HEDIS® and CAHPS® priorities are selected based on the following:

1) Measures that impact our Health Plan Ratings score
2) Triple weighted outcomes measures
3) Lowest performing measures
4) Measures with small denominators where small numerator changes can impact percentile ranges

Due to issues with data collection in the spring of 2020, health plans could rotate some HEDIS® rates with MY2018 and the rates for CAHPS® were not publicly reported for MY2019. In turn, the Alliance of Community Health Plans (ACHP), could not supply GHC-SCW with our national and state ranks among ACHP plans in their Dashboard Ratings Report (DRR) in 2020. The table presented is GHC-SCW’s 2019-2020 ACHP DRR for the Commercial HMO and does not include NCQA accreditation points which would also apply to the health plan’s final rating result.
HEDIS® measures with noted improvement in MY2019 included:

- IET Engagement-Total ....................95th Percentile
- PPC-Postpartum ............................95th Percentile
- PCR –Plan All Cause Re-admissions ......75th-90th Percentile

Throughout 2020, GHC-SCW has been working to improve on:

- ADD-Follow-up
- CBP-Blood Pressure 140/90
- CDC-A1C Control < 8
- CDC-Eye Exams

**Population Health Management**

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

**Smoking Cessation Program:** GHC-SCW has engaged with the UW Center for Tobacco Research and Intervention on a grant project to increase tobacco cessation that is ongoing in all staff model clinic sites. The program aims to proactively engage cigarette smoking members in setting a quit date and connect them to resources that enable their success. In 2020, an experience survey was conducted among participants to evaluate program effectiveness and member satisfaction. Of the members surveyed, 36.5% had successfully quit and 84% would recommend the program.
**Diabetes Prevention Program (DPP)** This DPP is a certified, evidence-based YMCA program that encourages healthier eating and increased physical activity and is being recommended for members age 40 to 70 if the patient’s A1c or Fasting Glucose indicates prediabetes.

**Social Determinants of Health:** GHC-SCW is diving deeper to assess factors impacting the plan’s membership and how to better serve the determined needs. By applying a health equity lens for specific groups that face historic disparities within the staff model clinics we identified significant gaps in member MyChart usage among these populations:
- African American 36% vs Caucasian 68%
- Hispanic 49% vs Non-Hispanic 66%
- Medicaid HMO (BadgerCare) insured 36% vs Commercial HMO insured 58%
- Medicaid HMO African Americans 25% vs Medicaid HMO Caucasians 50%

Here are some of the improvements seen since 2019 related to member MyChart use at GHC-SCW:
- Patients who identify as Hispanic – improved 7.5%
- Patients who identify as African American – improved 10%
- Medicaid HMO (BadgerCare) insured— improved 35%

**Safety of Clinical Care**

GHC-SCW’s *Employee and Patient Safety Committee* focuses on clinical safety training, employee health requirements, occurrence reporting and complaints related to safety in the clinical environment. An *Emergency Management Group- Incident Command* was called to action to ramp-up clinical safety in response to handling the developing COVID-19 crisis in early 2020.

**COVID-19**

Wisconsin’s Governor declared a State of Emergency on March 12th, 2020. Local and national events with large gatherings were canceled and schools closed as Wisconsin continued to see a constantly evolving situation. GHC-SCW effectively managed the safe delivery of care in our clinics with decisions that centered on putting the safety of our patients and staff first. Clinical Operations and Medical Division leadership continued to refine virtual visit workflows as we responded to limit exposure risk to our staff and in our community.

**Lab and Radiology Improvements**

New lab and imaging facilities at Sauk Trails Clinic were completed in May 2020. In August, the content for our advanced imaging decision support tool, *CareSelect*, was upgraded in the EMR with more appropriate use criteria. This was a required update that GHC-SCW needed to complete for compliance with the *Protecting Access to Medicare Act (PAMA)*. The *CareSelect* tool helps assist care providers in selecting the most appropriate advanced imaging exam for a patient/member. *CareSelect* integrates evidence-based guidelines into Epic that helps determine an appropriateness score for an exam based on an indication/reason. If a score is 6 or less, a Best Practice Alert will display when the order is signed, and the practitioner can choose to keep the original order or access the *CareSelect* website to review other recommended imaging exams prior to signing an order for a patient.

GHC-SCW has also taken the necessary measures to fully comply with the new Information Blocking regulations related to release of a lab/imaging test results.
**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 Peer Review Committee meets monthly to investigate safety concerns identified with internal prescribers. GHC-SCW instituted an *Opioid Treatment Policy (MED.MED.CL.001)* in 2019 that aimed to protect our patients and our prescribers. 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.

**Scheduled Medications and the Prescription Drug Monitoring Program (PDMP)**

GHC-SCW began use of electronic prescriptions for controlled substances in coordination with the State of Wisconsin implementing a process for all prescribers of Schedule II-V medications to check the PDMP database prior to prescribing. Programs such as the PDMP provide accountability from a governmental standpoint while allowing clinical staff to efficiently access pertinent information.

**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. GHC-SCW is recognized by the *Immunization Action Coalition (IAC)* on their *Influenza Vaccination Honor Roll*. The IAC recognizes medical practices and other entities that have taken a stand for patient safety by implementing mandatory influenza vaccination policies for healthcare personnel.
**Quality of Service**

° GHC-SCW began including patient experience comments and practitioner ratings in our clinics and on our website in 2020 to increase transparency around the member experience.

° GHC-SCW expanded telehealth to include primary care and behavioral health privately labeled *GHC Care OnDemand*. Telehealth visits do not have costs associated for most HMO plans.

° GHC-SCW eliminated the need for a referral for most routine Outpatient UW Specialty visits making accessing first and subsequent appointments a service improvement for members.

° As part of our ongoing commitment to fostering a welcoming and safe environment, GHC-SCW installed *gender inclusive restroom signs* for all multi-stall restroom facilities in our staff model clinics and administration building.

° GHC-SCW sponsored a virtual Food-Wise nutrition class, part of our Health Disparities Reduction plan. Programming was presented by the UW Extension and was open to all GHC-SCW members, including employees.

° For the unique 2020-2021 flu season, GHC-SCW members could receive their flu shot at any Navitus Pharmacy or during any scheduled UW Specialty appointment as a covered benefit with no “out of pocket” cost.

° GHC-SCW upgraded the parking lot lighting at our Capitol and Hatchery Hill clinics to enhance safety and improve security for staff and members and increase energy efficiency.

° *Hello Patient!* was implemented in all staff model clinics to electronically check-in members when they walk in.

**Quality of Clinical Care**

° **Diabetes Care**: GHC-SCW made 2020 the year of diabetes improvement with development of Epic *Care Paths* that help to standardize clinical decision making among providers and improve care. Collaborative Practice Agreements also help to engage our Clinical Pharmacy team in medication management.

° **Immunizations**: GHC-SCW reported a strong year in MY2019 for immunization compliance for Combo 10 childhood immunizations and Combo 2 adolescent immunizations. Within GHC-SCW and nationally however, many well-child checkups and thus immunization schedules were disrupted by the coronavirus pandemic in 2020 and we anticipate a reduction in our vaccination rates due to this in the next measurement cycle. GHC-SCW’s primary focus over the year has been the maintenance of vaccination schedules as rigorously as reasonably possible particularly for the youngest children who are most at risk. Pharmacists in all 50 states are now allowed to give childhood vaccinations under a new directive aimed at preventing future outbreaks of measles and other preventable diseases. The head of the U.S. Department of Health and Human Services, took this step during the coronavirus public health emergency as doctors’ offices saw fewer patients, raising concerns that vaccination rates would fall. This authorization allows state-licensed pharmacies to administer childhood vaccines without a doctor’s prescription. GHC-SCW Pharmacies are not giving vaccines at this time, however, several Pharmacists within the organization are working on certification in case staff are needed.
**Adult Prevention:** GHC-SCW has consistently scored at or above the National All LOB 95th Percentile for cervical and colorectal cancer screening. As with immunizations, GHC-SCW experienced disruption to scheduling these services caused by the coronavirus pandemic in 2020 and we anticipate a reduction in reported rates in 2021. GHC-SCW has continued outreach during the year informing members that we still highly recommend completing these preventive services.

**Financial Health**

Going into 2020 our operating and capital budgets were conservative. Economic disruption in 2020 caused by the pandemic cut across industries and health insurance companies have seen mixed results during this downturn. Most, including GHC-SCW, saw a decrease in claims paid because of the delaying of elective procedures and specialty services. GHC-SCW’s reserves dropped with the stock market losses but have seen a gain back in most investments.

To have more predictable expenses through the next year, GHC-SCW was able to also negotiate a change to our largest provider contract through 2021. This change stabilizes our payments into a fixed amount based on membership and ensures the contracted provider has a stable income during a period of enforced low utilization and also allows GHC-SCW the ability to predict financial outcomes with a significantly higher level of confidence moving forward. Mid-year, the Finance Team put together a revised budget forecast to adjust for the pandemic impact that was subsequently approved by the Board of Directors. In summation, our organization is financially healthy, and our structure has allowed us to navigate the pandemic crisis better than some of our competitors and we predict a break-even operating margin for the year.

The more efficiently we can operate, the more affordable we can make our premiums to employer groups and individual markets. 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. The 2021 budgets received approval from the Board in November.

**NCQA Accreditation**

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.

GHC-SCW remains NCQA accredited in our commercial and exchange HMO lines of business 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 Recognition**

Acknowledging employees is essential for retaining an engaged workforce. Recognition creates a sense of team spirit and motivates staff to continue to do great work because they know that what they have done was noticed and valued.

GHC-SCW President and CEO, Dr. Mark Huth, provided the following message to employees during the COVID-19 crisis: “The disruption we are experiencing is also a spotlight—it illuminates and showcases the dedication, compassion and skill of our teams, in all departments throughout the organization. We are making a difference in this unprecedented time serving our patients and the community and saving lives. I am so very proud of this amazing team. Take care of each other, be safe and healthy and thank you for doing such amazing things”. The organization also shared stories about staff rising to the challenges of this extraordinary time.

In addition, GHC-SCW solicits recommendations for the Helen Parrish Awards annually to recognize exceptional employees for their service within the organization or our community. Celebrating employees helps the organization to embed employee service into the broader patient experience strategy.

**C. Challenges throughout 2020:**

- COVID-19 pandemic
- Adapting to new care delivery methods
- Completion and opening our new lab and radiology facilities at Sauk Trails Clinic
- Implementing an external website display of practitioner ratings and patient comments
- New leaders in several areas across the organization including Behavioral Health, Musculoskeletal Services, Insurance Operations, Laboratory Services and Community Care
- Accreditation cycle starting and NCQA scoring and ratings methodology changes
- HEDIS® and other required reporting
- Generating sales and securing renewal of employer groups
- EMR and IT infrastructure upgrades
- Improving the patient 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 quarterly 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 outside access to Office365, starting a SOC2 audit to ensure service providers/vendors are protecting sensitive data, and
changing to 12-character password requirements. Important patient safety work is being championed by our Pain and Controlled Substance Committee to revamp our Epic documentation and address co-prescribing of benzodiazepines with opioids, a critical step towards ensuring the safest and most evidence-based care possible. Reducing or eliminating co-prescribing will require engagement from all prescribing clinicians to provide practical solutions.

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 hallmark 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 2020 WORK PLAN PROJECTS

QUALITY OF SERVICE AND THE MEMBER EXPERIENCE

Promoting Health Equity

GHC-SCW uses the Institute for Healthcare Improvement's five fundamental components outlined in their white paper Achieving Health Equity: A Guide for Healthcare Organizations as a foundation for our work.

| 1 | Make health equity a strategic priority |
| 2 | Develop structure and processes to support health equity work |
| 3 | Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact |
| 4 | Decrease institutional racism within the organization |
| 5 | Develop partnerships with community organizations |

- Health equity is part of strategic planning and built into operations.
- There is a sustainable funding source for health equity work.
- Well-organized departments and multi-stakeholder committees to support the work.
- Dedicated resources specifically to support health equity work.
- Health care services
- Socioeconomic status
- Physical environment
- Healthy behaviors
- Physical space: Buildings and design
- Health insurance plans accepted by the organization
- Reduce implicit bias within organizational policies, structures, and norms, and in patient care
- The organization is fully engaged in a multi-stakeholder coalition in the community that is focused on a portfolio of projects to improve health and health equity.

The over-arching goal is to support healthcare that is responsive to social determinants of health and is both targeted yet universal. Our partners at the YWCA of Madison taught GHC-SCW a holistic approach of learning and unlearning that helped us to recognize the four levels of influence that everyone experiences and through their Race and Gender Equity program, GHC-SCW developed our own Foundational Learning Series available in a video training platform for our staff. In addition, several employees actively participate in the YWCA’s Annual Racial Justice Summit.

As part of an effort to continuously improve our culture and deepen our practice of diversity, equity, and inclusion (DEI) within the organization, in 2020, we partnered with The People Company, a professional consulting agency specializing in diversity, equity, and inclusion. A consultant will work with us to deepen our commitment and collaborate to advance our vision, mission, and values. The first phase of work is to assess our culture, which will collect input from all employees and board members through an on-line assessment. Various employees, and board members, will participate in one-on-one interviews or focus groups and outcomes will play a pivotal role in shaping DEI decisions moving forward.

GHC-SCW’s Health Equity Committee (HEC) is also being revitalized to align with the organization’s commitment and unite staff across the organization with the creation of HEC Workgroups that began in December 2020. Additionally, a brand-new Health Equity Steering Committee will oversee the HEC Workgroups. All GHC-SCW staff were encouraged to participate in these newly formed groups. The Health Equity Steering Committee will begin in Quarter 1 2021, ensuring that voices and opinions from all levels of the organization are heard. The steering committee will meet quarterly and make key decisions to promote initiatives or resources to ensure healthy outcomes for the populations we serve.

**Consumer Experience**

GHC-SCW is striving to achieve optimal health plan member experience scores. 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. Annual surveys were underway in 2020 during the COVID-19 pandemic and although CAHPS® remains a required component of Commercial accreditation, NCQA came to the conclusion that the data received will not lend itself to calculation of an overall plan rating and therefore, did not issue 2020-2021 Health Plan Ratings. NCQA is recommending against the use of our 2020 data for scoring and year-over-year trending however, GHC-SCW is using the data reported to us for improvement purposes.

GHC-SCW performed well in the overall ratings from the **2020 CAHPS survey**:

- Rating of All Health Care 62.88 – between the 75th and 90th National Percentiles
- Rating of Health Plan 60.42– between the 90th and 95th National Percentiles
- Rating of Personal Doctor 78.00– between the 90th and 95th National Percentiles
- Rating of Specialist Seen Most Often 70.42 – between the 50th and 66th National Percentiles

Getting Needed Care 84.88 – between the 10th and 25th National Percentiles was noted as an area for improvement.
Improving Transparency and the Patient Experience

GHC-SCW and our survey vendor, Press Ganey®, have worked on creating challenging yet realistic goals for our patient experience in the past year. Internally, GHC-SCW shares our scores and patient comments in an organization-wide email which shows the questions we have been tracking performance on for the past few years. In 2020, a new Patient Experience Improvement Committee was formed to re-evaluate our overall organizational goals.

With guidance from Press Ganey, we have re-calibrated our goal to the 65th percentile rank for “Recommend Office” as several questions are tethered to this score and member ratings.
Four (4) other visit survey questions are also being tracked monthly with the intent to engage Care Teams and the clinic staff to improve. These include:

- Reception Helpful
- Nurses/Assistant Showed Concern
- Rate the Provider
- Staff Worked Together

In 2020, GHC-SCW also began implementing transparency of patient comments and displaying “star ratings” for Primary Care within our staff model clinics on our website monthly with the goals being:

- To help members find providers who are a good fit
- To center the voices of patients in our continuous improvement efforts
- To acknowledge that consumers increasingly value online reviews
- To increase control over our public-facing image

The set of Press Ganey® questions to include in the “star rating” for Primary Care providers were vetted by the organization’s Chief Medical Officer, Chief of Staff and Quality Department. Negative and positive patient comments are published to the website; a review committee is responsible to evaluate comments before posting per the organization’s established exclusion criteria.
Hypertension and Diabetes

GHC-SCW created automated registries within the EMR system in the summer of 2015. Registries enabled clinics to retrieve specific reports to identify which patients may be overdue for a primary care visit, A1c lab test, or blood pressure check. Work continues amongst care teams and our committees focused on Hypertension and Diabetes Improvement to improve clinical care.

GHC-SCW developed a Collaborative Practice Agreement (CPA) based on an opt-out model in 2016, to allow for Clinical Pharmacy intervention with hypertensive patients. Through this, GHC-SCW practitioners work with Clinical Pharmacists toward improving member blood pressure control and statin utilization. The percentage of patients managed by a clinical pharmacist has grown since CPA inception and it was expanded to include diabetics and chronic kidney disease patients. The approach to target medication management has positively impacted members, as well as our Controlling Blood Pressure (CBP) and Statin Therapy (SPC) HEDIS® rates.

**Diabetes CDC Rates**

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2018 Rate (Score)</th>
<th>2019 Rate (Score)</th>
<th>2020 Rate (Score)</th>
<th>Current Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC BP Control (3)</td>
<td>82.85 (5)</td>
<td>81.39 (5)</td>
<td>81.39 (5)</td>
<td>95th (80.29)</td>
</tr>
<tr>
<td>CDC Statin Therapy (1)</td>
<td>69.44 (5)</td>
<td>69.95 (5)</td>
<td>69.34 (4)</td>
<td>75th-90th (66.77-70.02)</td>
</tr>
<tr>
<td>CDC Statin Adh 80% (1)</td>
<td>78.46 (5)</td>
<td>80.09 (5)</td>
<td>81.51 (5)</td>
<td>95th (81.38)</td>
</tr>
<tr>
<td>CDC A1c &lt; 8.0 % (3)</td>
<td>56.02 (3)</td>
<td>59.67 (3)</td>
<td>59.67 (3)</td>
<td>50th-66.67th (58.68-61.56)</td>
</tr>
<tr>
<td>Eye Exams (1)</td>
<td>65.51 (4)</td>
<td>60.04 (4)</td>
<td>60.04 (4)</td>
<td>66.67-75th (57.28-60.76)</td>
</tr>
</tbody>
</table>

GHC-SCW on average is newly diagnosing one (1) to three (3) members with Type 2 Diabetes daily in our staff model clinics. The organization's diabetes focused committees made improvement the priority of 2020 establishing our goal for all CDC measures to ≥ 75th percentile with a specific emphasis on HbA1c Control. Separate project teams were established to:
**Empower Patients:** this project team is focusing on creating/revising patient education, specifically:
- GHC-SCW branded education materials
- Newly diagnosed patient information packets
- Meter education
- Insulin titration education
- A patient newsletter

**Improve Care:** this project team is focusing on practitioner/care team processes specifically, medication algorithms and “Care Paths” along with developing patient compliance incentives and a staff focused newsletter.

Other ongoing clinical efforts continue such as:
- Diabetes Nurse Educator consultations
- Dieticians meeting with newly diagnosed patients to improve nutrition
- Partnering with the YMCA's Diabetes Prevention Programming
- Distributing Foot Exam posters as reminders for patient rooms to staff model clinic sites

### Cardiovascular Statin and Blood Pressure Control Rates

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2018 Rate (Score)</th>
<th>2019 Rate</th>
<th>2020 Rate</th>
<th>Current Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC Statin Therapy (1)</td>
<td>86.27 (4)</td>
<td>86.08 (4)</td>
<td>83.06 (3)</td>
<td>50\textsuperscript{th}-66.67\textsuperscript{th} (82.30-84.26)</td>
</tr>
<tr>
<td>SPC Statin Adh 80% (1)</td>
<td>85.71 (5)</td>
<td>88.09 (5)</td>
<td>89.32 (5)</td>
<td>95\textsuperscript{th} (85.99)</td>
</tr>
<tr>
<td>CBP Controlling BP (3)</td>
<td>81.27 (5)</td>
<td>77.62 (5)</td>
<td>77.62 (5)</td>
<td>95\textsuperscript{th} (76.95)</td>
</tr>
</tbody>
</table>

Our committee focused on hypertension improvement meets regularly. Projects and interventions that have been spearheaded include:
- Clinical Pharmacist hypertensive medication review prior to prescription renewals
- Distributing blood pressure cuffs to staff model patients if indicated
- Improving coordination of care for members who present to specialists with elevated BP’s
- Clinical re-checks of elevated BP’s to verify accuracy
- Development of a Best Practice Alert for re-checks
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. The most recent addition to dashboards was Adolescent Immunization Combo 3 status.

Plan All Cause Readmissions

GHC-SCW continues to assess our Plan All Cause Readmissions (PCR) HEDIS® rates and the opportunities that may exist to improve. From MY2017 (2018 rate) to MY2018 (2019 rate), the observed-to-expected ratio fell from 0.8621 to 0.8215 however, we want to continue to make progress. A lower rate indicates better performance for these measures. Our goal was set modestly to achieve at or above the National All Lines of Business 33rd Percentile.

NCQA’s specifications for the PCR measure changed in 2020 and had a significant impact resulting in our current ranking between the 75th and 90th percentiles for National All Lines of Business. However, due to these specification changes, trending with prior years is cautioned as well.

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2017 Rate (Score)</th>
<th>2018 Rate</th>
<th>2019 Rate</th>
<th>2020 Rate</th>
<th>Current Percentile Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCR (3)</td>
<td>0.7434 (3)</td>
<td>0.8621 (3)</td>
<td>0.8215 (3)</td>
<td>0.3882 (4)</td>
<td>75th-90th (0.4188-0.3535)</td>
</tr>
</tbody>
</table>

Internally, we continue to examine how hospital follow-up can be managed more effectively in Primary Care and are working to improve coordination with our primary partner, UW Hospital and Clinics.

The following are several avenues that are being explored to reduce readmissions:
- Readmissions Committee meets quarterly to review data and focus on reducing readmissions
- Conduct chart review of all identified readmissions to look for trends
- Utilize care management to identify and target individuals
- Improve follow-up after hospitalization to coordinate care

SAFETY OF CLINICAL CARE

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.

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.

GHC-SCW implemented an Opioid Treatment Policy in 2019 that echoes 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. Optimization of our EHR related to metrics and an actionable opioid registry have improved practitioner and staff utilization of these tools.
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>Percentile Natl All LOBs</th>
<th>MY 2019 Rate</th>
<th>Current Percentile Natl All LOBs</th>
<th>GOAL 2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HDO</strong> Use of Opioids at High Dosage</td>
<td>3.70 %</td>
<td>50&lt;sup&gt;th&lt;/sup&gt;-66&lt;sup&gt;th&lt;/sup&gt;</td>
<td>3.76-2.93</td>
<td>5.13 %</td>
<td>33.33-50&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>32/865</td>
<td>3.76-2.93</td>
<td>41/800</td>
<td>5.87-4.78</td>
<td>4.78</td>
</tr>
<tr>
<td><strong>UOP</strong> Use of Opioids from Multiple Prescribers &amp; Multiple Pharmacies</td>
<td>2.42 %</td>
<td>25&lt;sup&gt;th&lt;/sup&gt;-33&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>2.48-2.11</td>
<td>2.12 %</td>
<td>10&lt;sup&gt;th&lt;/sup&gt;-25&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>23/949</td>
<td>2.48-2.11</td>
<td>19/898</td>
<td>2.58-1.76</td>
<td>1.61</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.
- Updated drug-related medication agreement letter templates. New letter templates support future regulatory reporting on opioids by prompting if a patient medication agreement needs to be scanned under a “Non-Opioid” or “Opioid” document type.

*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 practitioner 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.
Asthma Management

GHC-SCW has an ongoing 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. Development of an Asthma Risk Report has helped to alert care teams of patients with increased risk. The organization has identified the following objectives for its’ asthma management program:

- Develop unique approaches to improve outcomes and costs
- Achieve HEDIS compliance rates above the 75th national percentile
- Identify high-risk uncontrolled patients for outreach
- Develop Asthma/COPD Registry and Reporting Workbench tools

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2017 Rate (Score)</th>
<th>2018 Rate (Score)</th>
<th>2019 Rate (Score)</th>
<th>2020 Rate (Score)</th>
<th>Current Percentile Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR (1)</td>
<td>84.73 (5)</td>
<td>86.61 (5)</td>
<td>87.59 (5)</td>
<td>88.60 (5)</td>
<td>95th (85.79)</td>
</tr>
</tbody>
</table>

GHC-SCW’s AMR rate has steadily improved and for consecutive years has attained above the 90th percentile. A list of approaches GHC-SCW has used to achieve better outcomes include:

- Using the Risk Report to facilitate outreach to members recently in urgent care, the ER or hospital
- Accumulating internal data on use/benefit of measuring fractional exhaled nitric oxide (FeNO) and its ability to identify patients who are likely to benefit from treatment with corticosteroids in Primary Care
- Involving Clinical Pharmacy staff in patient education on proper inhaler device use
- Progressing to an EMR integrated Asthma and COPD Registry
- Standardization of care through review of clinical guidelines and medical record SMART sets
Immunizations

GHC-SCW has a long history championing prevention that includes the series vaccinations for children/adolescents along with annual flu vaccinations for the entire member population to reduce risk. In the 2020 QI workplan, GHC-SCW established the following population health goals:

- Maintain 95th percentile on CIS Combo 10
- Maintain 95th percentile on IMA Combo 2
- Maintain 69% or higher on adult Flu vaccination rates

<table>
<thead>
<tr>
<th>Measure (Weight)</th>
<th>2018 Rate</th>
<th>2019 Rate</th>
<th>2020 Rate</th>
<th>Current Percentile Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS Combo 10</td>
<td>79.32 (5)</td>
<td>77.37 (5)</td>
<td>81.51 (5)</td>
<td>95th (73.77)</td>
</tr>
<tr>
<td>IMA Combo 2</td>
<td>45.01 (5)</td>
<td>51.82 (5)</td>
<td>52.55 (5)</td>
<td>95th (45.49)</td>
</tr>
</tbody>
</table>

Flu Vaccinations for Adults is based on a single question about getting a flu shot or flu spray. The score represents the proportion of members who were continuously enrolled during the measurement year and who received an influenza vaccination since July 1 of the measurement year and the date the survey was completed. GHC-SCW’s flu vaccination rate for adults ages 18-64 was reported at 69.45% (216/311) in 2019 CAHPS® results. The 2020 Flu Vaccination rate for Adults reported 70.1% (295/421).

Wellness Programming

At GHC-SCW, we have always been committed to whole person care for our members. This means health and wellness, and we set out to develop a Wellness Strategic Plan to define goals and evaluate programming for our employees, insured employer groups and the overall cooperative. A Wellness Change Team and Wellness Committee were organized to come up with ideas and lead small project-based initiatives. In 2020, the Wellness team began assessing options to re-vamp our programming.

GHC-SCW’s new ManageWell member wellness program activated on January 1st, 2021 is part of a comprehensive PHM strategy and focuses on promoting health with the primary aim of lowering the total cost of health care by slowing the increase of risk. Most GHC-SCW members including subscribing members and their spouses/significant others who are 18 and older are eligible to participate in the wellness program. The ManageWell platform is highly customizable and creates personalized experiences for participants that choose to opt-in by registering. The program incentivizes members by earning points to be well through completion of various activities and is administered quarterly with points resetting at the beginning of each quarter. Incentive payouts are determined based on the tier each participant meets and are then distributed after claims for the prior quarter have been processed.

GHC-SCW also provides wellness and prevention services to purchasers that request these services, such as, biometric screening. Our Wellness Department office staff work directly with the workforce of requesting employer groups to obtain biometrics, review results and/or provide wellness services as dictated per their wellness service agreements.
Outreach
Improvements to outreach processes 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 outreach to our HMO members more efficiently about preventive services.

BEHAVIORAL HEALTH CARE

GHC-SCW’s behavioral health (BH) HEDIS® measures or other BH quality improvement initiatives are addressed by either the members of the Clinical and Service Quality Committee or the Behavioral Health Quality Committee. Following are the details of our HEDIS® results for MY2019 and our BH initiatives and improvement efforts.

Antidepressant Medication Management (AMM)

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 measurement cycles National All Lines of Business 95th percentile. The table below defines the measures and our goals.
### AMM

<table>
<thead>
<tr>
<th>Acute: Percent of members on anti-depressants who continue the medications for at least 12 of the first 16 weeks.</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 80.37</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuation: 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.</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 64.36</td>
<td></td>
</tr>
</tbody>
</table>

GHC-SCW’s rates are trended for the last three measurement years. The percentage of members who continued their treatment for three months (acute phase) exceeded the goal. The percent of members who remained on their treatments for 6-months (continuation phase) improved to 68.49% which also exceeded goal.
Interventions

- Maximizing the utilization of Primary Care Behavioral Health (PCBH) team members by primary care providers to address psychoeducation, motivational enhancement, and follow-up.
- Organization wide use of 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 screening instruments.
- Stressing the importance of medication continuation and the typically short-term nature of most side effects and delay in symptom improvement following initiation.

Conclusions

GHC-SCW’s trended rates show consistent high performance. The strategies utilized over the past few years have proven the organization is effective in helping members to manage their adherence to antidepressant medication.
Follow-Up after Hospitalization for Mental Illness (FUH)

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 as well as staff from network psychiatric providers to ensure timely follow up care.

GHC-SCW’s benchmark for follow-up after hospitalization for mental illness is based on the measurement cycles National All Lines of Business 95th percentile. Changes to measure specifications related to discharge and inclusion of telehealth were made by NCQA in the last few years. The table below defines these measures and our goals.

<table>
<thead>
<tr>
<th>FUH</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of members with a hospital admission seen for an ambulatory appointment within 7 days after discharge</td>
<td>≥ 63.83</td>
</tr>
<tr>
<td>Percent of members with a hospital admission seen for an ambulatory appointment within 30 days after discharge</td>
<td>≥ 81.89</td>
</tr>
</tbody>
</table>

Follow-up after Hospitalization for Mental Illness
Ambulatory Visit within 7 days of discharge
Rate and Percentile Trends
Interventions

- There are 20 dedicated urgent triage appointments set aside each week for patients who require a visit within the required timeframe.
- A dedicated report has been created to identify individuals who are discharging from a hospital admission. GHC employees utilize this report to conduct outreach in setting up appointments within the required timeframe.
- The use of a telehealth platform has enhanced GHC’s ability to see patients in a timely manner.

Conclusions

GHC-SCW continues to demonstrate high performance on these respective measures exceeding the 95th percentile. The organization expanded telehealth services for mental health in 2020 and utilizes established workflows to ensure that this important transition between inpatient hospitalization and ambulatory care is coordinated by the health plan.

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

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 measurement cycles National All Lines of Business 95th percentile. Telehealth specifications were added to these measures in 2018 by NCQA. The table below defines these measures and our goals.
ADD

**Initiation Phase:** 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.  

**Goal:** ≥ 53.81

**Continuation and Maintenance Phase:** 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.

**Goal:** ≥ 64.57

---

**Follow-up care for Children Prescribed ADHD Medication**  
**Rate and Percentile Trends**

**ADD Initiation Phase**

- 2018 rate: 44.74%
- 2019 rate: 36.67%
- 2020 rate: 35.21%
- 2018 natl 95th: 55.60%
- 2019 natl 95th: 54.89%
- 2020 natl 95th: 53.81%

**ADD Continuation Phase**

- 2018 rate: 44.74%
- 2019 rate: 36.67%
- 2020 rate: 35.21%
- 2018 natl 95th: 62.14%
- 2019 natl 95th: 63.64%
- 2020 natl 95th: 64.57%
The compliance rates for ADD have decreased over the past few years. GHC-SCW considers this to be partially due to limitations such as:

- Members declining follow-up visits to avoid incurring insurance co-pays or other fees.
- 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 their care provider.

**Interventions**

- Patient After Visit Summaries for ADHD visits encourage follow-up visits within 30 days, 3 months, and 6 months.
- When the original appointment is being scheduled, Behavioral Health and Triage will make every attempt to also schedule the follow-up appointment within 28 days of the initial appointment.
- 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.
- GHC-SCW expanded the utilization of telehealth platforms in 2020 that are now allowable for compliance with this metric. A least one of the two follow-ups can be telehealth with a Primary Care Provider who is managing continuation of this medication.

**Conclusions**

GHC-SCW continues with efforts to improve ADD rates and the addition of telehealth will be an alternative means for sharing behavioral change or school feedback results with prescribing providers in lieu of face-to-face appointments following the initiation of stimulant treatment.

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

**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 measurement cycles National All Lines of Business 90th percentile. The table below defines these measures and our goals.
### IET

**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.

| Goal          |  
|----------------|---|
| > 42.25       |   |
| > 17.65       |   |

### Graphs

**IET Initiation**

- 2018 Rate: 40.57%
- 2019 Rate: 41.61%
- 2020 Rate: 46.95%
- 2019 natl 90th: 41.70%
- 2020 natl 90th: 42.25%
- 2020 natl 95th: 46.45%

**IET Engagement**

- 2018 Rate: 15.57%
- 2019 Rate: 12.63%
- 2020 Rate: 19.16%
- 2019 natl 90th: 18.12%
- 2020 natl 90th: 17.65%
- 2020 natl 95th: 18.76%
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 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.

Conclusions

Significant recent changes were made to the specifications for these measures by NCQA, and these have had a positive impact on GHC-SCW’s rates. Along with our intervention efforts to improve and these changes, GHC-SCW jumped above the 95th percentile for both IET initiation and engagement.

While nationally, IET rates still seem relatively low on a percentage basis, GHC-SCW is proud of our achievement and also notes we are out-performing other larger local health plans in Wisconsin per the results accessed in NCQA’s Quality Compass for 2020. This is a testament to the dedication of our department to serve the needs of the members seeking AOD treatment and our alliance with UW Behavioral Health and Recovery as our primary provider of these services.

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

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 measurement cycles National All Lines of Business 95th percentile. The table below defines these measures and our goals.
<table>
<thead>
<tr>
<th>FUA</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage 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 within 7 days of emergency department (ED) visit discharge</td>
<td>≥ 20.83</td>
</tr>
<tr>
<td>Percentage 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 within 30 days of ED discharge</td>
<td>≥ 27.27</td>
</tr>
</tbody>
</table>

**Follow-up after ED Visit for AODD within 7 days of discharge Rate and Percentile Trends**

- **2018 rate**
- **2019 rate**
- **2020 rate**
- **2018 natl 95th**
- **2019 natl 95th**
- **2020 natl 95th**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
<th>Natl 95th</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>18.8%</td>
<td>20.83%</td>
</tr>
<tr>
<td>2019</td>
<td>17.5%</td>
<td>18.99%</td>
</tr>
<tr>
<td>2020</td>
<td>20.83%</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

*Note: FUA 7*
Conclusions

GHC-SCW’s timely ED follow-up has consistently been very good on a percentile basis (at or very near to the goal of the 95th percentile), however, the actual percentage of members being seen overall still seems relatively low with FUA 7 (10/48) and FUA 30 (13/48).

Opportunities for improvement include: 1) developing enhanced reporting capabilities for identification of members seen in the ED for AODD and 2) establishing protocols for using telemedicine options for follow-up after ED visits.

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 effective however, implementing the opportunities identified would help to 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)

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 measurement cycles National All Lines of Business 95th percentile. The table below defines the measures and our goals.
FUM

<table>
<thead>
<tr>
<th>Goal</th>
<th>Percentage of members 6 years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within 7 days of ED discharge</th>
<th>≥ 70.67</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Percentage of members 6 years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within 30 days of ED discharge</td>
<td>≥ 78.57</td>
</tr>
</tbody>
</table>

Neither FUM rate achieved our goal of the 95th percentile. The 7-day rate resulted between the 50th (45.55) and 66th (50.17) and the 30-day rate resulted between the 75th (68.78) and the 90th (75.00).
Interventions

- A new report that captures patients discharging from an Emergency Department (ED) setting has been created, like the report used for discharges from Behavioral Health hospitalizations.
- A specific workflow and set of GHC employees will be monitoring this new report to increase the likelihood of patients being set up with an appointment within the required timeframe.

Conclusions

Potential barriers include:
- Time constraints with notification of ED visit, communication/coordination of care, scheduling
- Availability of Mental Health 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

Other interventions might include: Utilizing Behavioral Health services or telehealth options that allow access to follow-up care likely reducing members concerns about privacy and stigma, as well as transportation or other access issues. Timely follow-up care for mental health disorders following an ED visit will continue to be an area of improvement opportunity for the organization.

Metabolic Monitoring of Children and Adolescents on Antipsychotics (APM)

Antipsychotic medication prescribing in children and adolescents has increased in the recent decade. These medications can increase a child's risk for developing serious health complications associated with poor cardiometabolic outcomes in adulthood. Given these risks and the potential lifelong consequences, metabolic monitoring is important to ensure appropriate management of children and adolescents on antipsychotic medications.

GHC-SCW’s benchmark for metabolic monitoring is based on the measurement cycles National All Lines of Business 75th percentile. The table below defines the measure and our goal.

<table>
<thead>
<tr>
<th>APM</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adolescents who had two or more antipsychotic prescriptions and had metabolic testing (at least one glucose or HbA1c AND at least one LDL or Cholesterol lab in the measurement period)</td>
<td>≥ 41.03</td>
</tr>
</tbody>
</table>
Conclusions

Following a successful improvement initiative that began in 2018, GHC-SCW has achieved our initial goal of the 75th percentile. The Continuity and Coordination of Medical and Behavioral Health Committee has subsequently recommended increasing our goal to the 90th percentile (49.28) for MY2020.

Potential barriers include:

- Kids are afraid to have a blood draw
- Cost to the member
- Some prescribers are outside of GHC-SCW with labs completed in other systems

GHC-SCW plans to continue involvement of the Health Information Management (HIM) team staff to evaluate the report identifying members in need of labs. HIM can abstract lab data on members in other systems that could be included in this measure.
<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><strong>Quality of Service and the Member Experience</strong></td>
<td>Conduct on-going 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></td>
<td>Improve the health of 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) Ongoing 1b) Ongoing 2) Ongoing 3) Ongoing</td>
<td>Steiner  Ibrahim  Francis  Health Equity Committee  Inclusion Change Team  SLT (#2,3)</td>
</tr>
</tbody>
</table>
## 2020 Quality Improvement Work Plan

**Focused by the Triple Aim**

<table>
<thead>
<tr>
<th>Improve the health of populations</th>
<th>Improve the patient experience of care</th>
<th>Lower per capita costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
<td><strong>OBJECTIVES</strong></td>
<td><strong>PROPOSED ACTIVITIES</strong></td>
</tr>
<tr>
<td>Improve scores on reported measures related to diabetes outcomes</td>
<td>Improve scores on reported measures related to hypertension</td>
<td>Improve scores on reported measures related to readmissions</td>
</tr>
<tr>
<td>Expand hypertension efforts to entire patient population</td>
<td>Expand hypertension efforts to entire patient population (beyond patients with diabetes).</td>
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<tr>
<td>Improve scores on reported measures related to diabetes outcomes</td>
<td>Expand hypertension efforts to entire patient population</td>
<td>Improve HEDIS PCR rate</td>
</tr>
<tr>
<td>Create and disseminate Provider Dashboards on a quarterly basis with data on quality, cost, and patient experience.</td>
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### Quality of Clinical Care

<table>
<thead>
<tr>
<th><strong>PROPOSED ACTIVITIES</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1) Improve HEDIS measures for members with diabetes: - HbA1c testing among 18-75 year olds; reach 96% or greater - HbA1c control &lt; 8.0%; reach 69% or greater - BP Control &lt;140/90; maintain 80% or greater</td>
<td>1a) Ongoing 1b) Ongoing 1c) Ongoing 2a-b) Ongoing 3) Q1-Q4</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>2) Implement improvement initiatives that target opportunities in HEDIS measures</td>
<td>1) Q1-Q4 2) Q1-Q4 3) Q1 4) Ongoing 5) Ongoing 6) Ongoing 7) TBD 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>3) Identify prescription cost savings opportunities</td>
<td>3) Ongoing</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>1) 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.</td>
<td>1) Ongoing 2) Ongoing 3) Ongoing 4) Ongoing 5) End of Q2 6) Ongoing 7) TBD 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>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.</td>
<td>1a) Ongoing 1b) Ongoing 1c) Ongoing 2a-b) Ongoing 3) Q1-Q4</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>3) Leverage pharmacy resources to identify diabetic medication optimization opportunities.</td>
<td>3) Q1-Q4 2) Q1-Q4 3) Q1 4) Ongoing 5) Ongoing 6) Ongoing 7) TBD 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>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.</td>
<td>1) Q1-Q4 2) Q1-Q4 3) Ongoing 4) Ongoing 5) End of Q2 6) Ongoing 7) TBD 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>2) Review the impact of statin management via pharmacy protocol.</td>
<td>2a) Q1 2b) Q1 2c) Q1 2d) Q1 2e) Q1 2f) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>3) Review other opportunities for pharmacy medication protocols.</td>
<td>3) Q1 4) Q1 5) Q1 6) Q1 7) Q1 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>4) In collaboration with BI and Pop Health, review Epic registry outreach opportunities.</td>
<td>4) Q1 5) Q1 6) Q1 7) Q1 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>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.</td>
<td>5) Q1 6) Q1 7) Q1 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>6) Monitor outcomes of BP Cuff pilot.</td>
<td>6) Q1 7) Q1 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>7) Implement pilot with UW Health Rheumatology to schedule follow up appointments for GHC-SCW members with uncontrolled hypertension.</td>
<td>7) Q1 8) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
<tr>
<td>8) Review nursing policy and recommend changes based on clinical best practices.</td>
<td>8) Q1 9) Q1 10) Q1</td>
<td>Kastman  Steiner  Twining  Ibrahim  Rx/Romasanta</td>
</tr>
</tbody>
</table>

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**Lower per capita costs**

**Improve the health of populations**

**Improve the patient experience of care**

---

**Create and disseminate Provider Dashboards on a quarterly basis with data on quality, cost, and patient experience.**

<table>
<thead>
<tr>
<th><strong>PROPOSED ACTIVITIES</strong></th>
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<th><strong>STAFF RESPONSIBLE</strong></th>
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<tbody>
<tr>
<td>1) Continue workgroups to maintain Nursing Dashboard and Urgent Care Dashboard.</td>
<td>1) Ongoing 2) Ongoing</td>
<td>Ibrahim  Sandene</td>
</tr>
<tr>
<td>2) Incorporate auto-tabulating metrics where possible. Movement of the quarterly manually-calculated metrics to the real-time pop health metrics of the dashboard.</td>
<td>1) Ongoing 2) Ongoing</td>
<td>Ibrahim  Sandene</td>
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**Improve the health of populations**

**Quality of Clinical Care**

**Improve the patient experience of care**

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</tr>
</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. 2b) 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 |
# 2020 Quality Improvement Work Plan

**Focused by the Triple Aim**

- **Improve the health of populations**
- **Lower per capita costs**
- **Improve the patient experience of care**

## Behavioral Health Care

<table>
<thead>
<tr>
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<th>OBJECTIVES</th>
<th>PROPOSED ACTIVITIES</th>
<th>PROPOSED TIMEFRAME FOR COMPLETION</th>
<th>STAFF RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve behavioral health outcomes for our members.</td>
<td>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</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.</td>
<td>I. Q1 - Q4 II.a Q1 - Q2 II.b Q3 - Q4 II.c Q1 - Q4 II.d Q1 - Q4</td>
<td>Van Den Brandt Austin Fucci</td>
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<tr>
<td>GOALS</td>
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<tr>
<td><strong>Population Health Management</strong></td>
<td><strong>1) Develop reporting to identify opportunities to improve member health outcomes and costs associated with asthma.</strong>&lt;br&gt;1. Utilize the Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics.&lt;br&gt;2. Clinical pharmacy inhaler device education project.&lt;br&gt;3. Continue to evaluate the evidence for the use of FeNO testing in Primary Care.&lt;br&gt;4. In collaboration with BI and EA, develop Asthma reporting workbench report and Epic registry.</td>
<td>1-3) Ongoing&lt;br&gt;4) TBD</td>
<td>Ibrahim Steiner EA</td>
<td></td>
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<tr>
<td><strong>2) Improve scores on reported measures related to immunizations.</strong>&lt;br&gt;1. Maintain 95th percentile or higher IMS Combo 10&lt;br&gt;2. Maintain 95th percentile or higher IMS Combo 2&lt;br&gt;3. Maintain 69% or higher adult Flu vaccination rates&lt;br&gt;4. Prepare for HEDIS 2021 and future ECDS submissions</td>
<td>2) Work with EA to design and build metrics for bulk outreach related to CIs&lt;br&gt;2) Identify children who need flu boosters for CIs&lt;br&gt;3. Utilize new MyPanel metrics to identify noncompliant members and perform bulk outreach for IMS&lt;br&gt;4) Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for Flu&lt;br&gt;5. Perform Outreach outreach for WCCs for adolescents&lt;br&gt;6. Continue reporting rates through Quarterly provider dashboards&lt;br&gt;7) Validate readiness for HEDIS 2021 ECDS submission for PHM (prenatal immunization status)</td>
<td>1) TBD&lt;br&gt;2) During flu season&lt;br&gt;3) Ongoing pending build completion&lt;br&gt;4) During flu season&lt;br&gt;5) Ongoing&lt;br&gt;6) Ongoing&lt;br&gt;7) Ongoing</td>
<td>Ibrahim Skiner BI</td>
<td></td>
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<tr>
<td><strong>Create an evidence-based Wellness program for external employer groups, GHC employees, members and patients.</strong>&lt;br&gt;1. Develop a Wellness Change Team, Wellness Committee, and smaller project-based workgroups to implement evidence-based wellness initiatives for the following groups:&lt;br&gt;1a) GHC employees&lt;br&gt;1b) External employer groups&lt;br&gt;1c) GHC members and patients</td>
<td>1) Wellness Change Team and smaller project-based workgroups continue to meet monthly.&lt;br&gt;2) Implement the Wellness Committee.&lt;br&gt;3) Complete and gain approval of the wellness roadmap.&lt;br&gt;4) Evaluate the Kio pilot at American Family.&lt;br&gt;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.</td>
<td>1) Ongoing&lt;br&gt;2) Q3&lt;br&gt;3) TBD&lt;br&gt;4) Ongoing&lt;br&gt;5) TBD</td>
<td>Kastman Ibrahim Sandene Wellness</td>
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<td><strong>Conduct ongoing evaluations of current and future outreach initiatives.</strong>&lt;br&gt;1. Evaluate all current outreach initiatives for continuation. 2. Review all current outreach reporting for opportunities to incorporate non-staff model members.</td>
<td>1) Monitor and evaluate current outreach initiatives for success and continuation.&lt;br&gt;2. Review all reports for inclusion/exclusion criteria.&lt;br&gt;3) Annual review of Population Health Strategy and its impact for PHM 6 A at CSQC.&lt;br&gt;4) Evaluate the interest in reintroducing the Diabetes and/or other chronic disease newsletters on a quarterly basis.&lt;br&gt;5) Work with BI to import non-staff model claims data into Epic and utilize analytical tools to the highest capacity (e.g. SDoH, PRS (prenatal immunization status).&lt;br&gt;6) Incorporate bulk messaging and outreach for non-staff model members when Caboodle tools and processes are live.</td>
<td>1) Ongoing&lt;br&gt;2) Ongoing&lt;br&gt;3) TBD&lt;br&gt;4) TBD&lt;br&gt;5) TBD&lt;br&gt;6) TBD</td>
<td>Steiner Ibrahim Kastman BI EA Health Ed</td>
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<tr>
<td><strong>Complete the annual Population Assessment.</strong>&lt;br&gt;1. Develop reporting to identify opportunities to improve population health for identified subpopulations.&lt;br&gt;2. Identify strategies and analytical tools to support efforts.</td>
<td>1) Utilize available BI reports to perform an annual Population Assessment.&lt;br&gt;2) Improve population health through strategies to implement and utilize analytical tools to the highest capacity (e.g. SDxH Epic build).&lt;br&gt;3) Review all reports for inclusion/exclusion criteria.&lt;br&gt;4) Evaluate the interest in reintroducing the Diabetes and/or other chronic disease newsletters on a quarterly basis.&lt;br&gt;5) Work with BI to import non-staff model claims data into Epic and utilize analytical tools to the highest capacity (e.g. SDoH, PRS (prenatal immunization status).&lt;br&gt;6) Incorporate bulk messaging and outreach for non-staff model members when Caboodle tools and processes are live.</td>
<td>1-2) End of Q4</td>
<td>Steiner Ibrahim Kastman BI EA Health Ed</td>
<td></td>
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<tr>
<td><strong>Review Population Health Management Strategy and the impact of the programs and services offered by the organization annually.</strong>&lt;br&gt;Define the goals, target population and programs or services offered for each of the areas of focus within Population Health strategy.</td>
<td>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.</td>
<td>1) Q4 2020</td>
<td>Steiner</td>
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<td><strong>Analysis of the overall effectiveness of the Quality and Population Health programs.</strong>&lt;br&gt;Evaluate adequacy of program resources, committees, practitioner participation, leadership involvement &amp; make program changes as necessary</td>
<td>1) Perform a mid-year evaluation of the QI Workplan goals, objectives and proposed activities.&lt;br&gt;2) Develop and approve a new workplan for the approaching year.</td>
<td>1) June 2020&lt;br&gt;2) Sept-Dec 2020</td>
<td>Steiner CIO/CCQ Committee</td>
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**2021 Quality Improvement Work Plan**

**Focused by the Quadruple Aim**

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<tr>
<th>OBJECTIVES</th>
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<tbody>
<tr>
<td>Improve the health of populations</td>
<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) Charter the new Patient Experience Improvement Committee to effectively impact improvements to Press Ganey, CAHPS results, service trainings, etc. 2) Improve member and patient experience based on Press Ganey survey comments and results. 3) Improve member satisfaction for CAHPS measure results below the 50th percentile based on surveys.</td>
<td>1) Ongoing 2) Ongoing 3) Ongoing 4) AUG 2021</td>
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<td>Improve the health of the populations that GHC-SCW serves by reducing health disparities.</td>
<td>1) Understand baseline demographic and health outcome data to examine where potential inequities exist. Staff and workgroup members will examine and compare internal data to local, state and national public health statistics and other available evidence. 2) Enhance access and equity for our services.</td>
<td>1) Ongoing</td>
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**2021 Quality Improvement Work Plan**
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<td><strong>Quality of Clinical Care</strong></td>
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| Improve HEDIS CDC measures related to diabetes outcomes. | 1) Improve HEDIS CDC measures for members with diabetes:  
- HbA1c control < 8.0%; achieve and sustain 85% or greater  
- BP Control < 140/90; achieve and sustain 85% or greater  
- HbA1c testing among 18-75 year olds; achieve and sustain 90% or greater  
2) Implement improvement initiatives that target opportunities in HEDIS measures  
3) Identify prescription cost savings opportunities | 1) Diabetes Improvement Team continues to meet monthly in workgroups: Improve Care Workgroup and Empower Patients Workgroup. Improves Care will assess and pending approval, implement a diabetes incentive program and staff newsletter. Empower Patients will implement newly diagnosed patient education folders and also assess and pending approval, implement a patient newsletter.  
2) Continue to monitor YMCA Diabetes Prevention Program.  
3) Monitor, assess, implement and enhance the Epic Diabetes tools including Epic Diabetes Care Path for newly diagnosed patients and patient outreach tools.  
4) Continue to monitor workflow for newly diagnosed patients with diabetes/diabetes care gaps in pre-visit prep.  
5) Evaluate 2019 BC+ community support group and request approval for a second support group for only GHC-SCW members for all insurance types.  
6) Leverage pharmacy resources to identify diabetic medication optimization opportunities. | 1) Ongoing  
2) Ongoing  
3) Ongoing  
4) TBD  
5) TBD  
6) Ongoing | Kastman  
Steiner  
Twining  
Ibrahim  
Patterson  
Rice  
Rx/Romasanta  
BI Department  
EA Department |
| Improve HEDIS CBP measures related to hypertension outcomes. | Expand hypertension efforts to entire patient population (beyond patients with diabetes):  
- BP Control < 140/90; achieve and sustain 80% or greater  
- BP Goal on Problem List; reach 50% or greater | 1) Continue to monitor and provide ongoing 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 protocols.  
3) Review other opportunities for pharmacy medication protocols.  
4) In collaboration with BI and Pop Health, review Epic registry outreach opportunities.  
5) Monitor pharmacy consult workflow to improve hypertension control in staff model patients.  
6) Expand and monitor outcomes of BP Cuff pilot. Expansion is supported now that NCQA is accepting home BP readings.  
7) Implement grant project with UW Health Rheumatology for GHC-SCW members with uncontrolled hypertension.  
8) Develop and implement BPA and BPA user-level reporting to alert clinical staff to do retake.  
9) Continue to educate clinical staff on the importance of documenting patient self-reported home BP monitoring during clinic or telehealth visits.  
10) Expand Clinical Pharmacist consult (warm handoff) workflow to Urgent Care visits where BPs need attention. | 1) Q1-Q4  
2) Q1-Q4  
3) Ongoing  
4) Ongoing  
5) Ongoing  
6) Q1-Q4  
7) TBD  
8) TBD  
9) Ongoing  
10) Q1-Q4 | Kastman  
Steiner  
Ibrahim  
Rx/Romasanta  
Twining  
BI Department  
EA Department |
## 2021 Quality Improvement Work Plan

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| Improve the health of populations | HEDIS PCR rate - Achieve 90th Percentile = 0.3535 (MY2019) or better | 1) Readmissions Committee continues to meet quarterly and assess opportunities for improvement  
2) Implement new hospital discharge follow-up project in 2021.  
3) Utilize hospital discharge follow-up project for member movement across settings/between practitioners. | 1) Ongoing  
2) TBD  
3) TBD | Kastman  
Steiner  
Lueschow  
Pipp  
Ibrahim  
Ametani  
Behl  
BI Department  
EA Department |
| Lower per capita costs | Create and disseminate Provider and Urgent Care Dashboards on a quarterly basis with data on quality, cost, and patient experience. | 1) Continue to maintain Provider 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  
2) Ongoing | Kastman  
Steiner  
Patterson  
Sandene  
Ibrahim  
Rice  
BI Department |
| Improve the patient experience of care |  |  | | |

### Quality of Clinical Care

- Improve HEDIS utilization measure related to readmissions.
- Create and disseminate Provider and Urgent Care Dashboards on a quarterly basis with data on quality, cost, and patient experience.
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</table>
| Continue to monitor patient safety and look for opportunities for improvement. | 1) For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90 mg daily morphine equivalents. 2) Prevent any non-cancer patient from increasing past a daily morphine equivalent of 90 mg. 3) Promote Medication Assisted Treatment within Primary Care. 4) Involve Primary Care Behavioral Health staff in counseling. 5) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans. 6) Obtain information and trending from the PDMP. 7) HEDIS metrics: UOP 50th Percentile = t or > 4.76 HDO (MP MRx) 33rd Percentile = t or > 1.61 8) Develop a policy that addresses opioid and sedative co-prescribing. 9) Improve chronic pain clinical workflows. | 1) Continue to evaluate and monitor prescribing data. 2) Develop new RN-led patient education materials about chronic pain. 3) Continue ongoing work on the Medication Assisted Treatment Committee. 4) Continue to promote and resource PCBH across clinics and referrals. 5) Continue to promote and resource Clinical Pharmacists. 6) Support future regulatory reporting on opioids. 7) Annually review HEDIS rates and percentiles and set goals for coming year. 8) Gather a group of dedicated staff, including stakeholders in Primary Care, Behavioral Health, and Administration to discuss future policy and provide feedback to Pain Committee. 9) Develop new provider and nursing visit templates. | 1-9) Ongoing | Kastman  
Steiner  
Ibrahim  
Quality Committee  
Pain and Controlled Substance Committee  
PCBH  
Clinical Pharmacists |
### 2021 Quality Improvement Work Plan

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<tr>
<td>Look to develop unique approaches and strategies to improve member health outcomes and costs associated with asthma.</td>
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</table>
| 1) Utilize the Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics.  
2) Improve Asthma Control Test (ACT) completion rate on Provider Dashboard. Metric is also included on Primary Care clinic huddle boards.  
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) 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 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 monthly postcard outreach for well child checks.  
6) Organize and perform phone call and reception outreach for well child checks. | 1) TBD  
2) During flu season  
3) Ongoing  
4) During flu season  
5) Ongoing  
6) Ongoing | Ballweg  
Ibrahim  
Steiner  
Patterson  
BI Department  
EA Department |
| Improve scores on reported measures related to immunizations. | | | | |
| 1) Maintain 95th percentile CIS Combo 10.  
2) Maintain 95th percentile IMA Combo 2.  
3) Maintain 69% or higher adult Flu vaccination rates.  
4) Achieve 90th Percentile or higher for IMA Combo 1. | | | | Ibrahim  
Steiner  
Rice  
Patterson  
BI Department  
EA Department |
| To be leader in Wellness at GHC. | | | | |
| Continue with Wellness Strategic plan to:  
1) Build an internal wellness program that is embedded with GHC’s culture.  
2) Create a cohesive team approach to worksite wellness.  
3) Develop an integrated primary care worksite wellness program.  
4) Create value-added well-being offerings for GHC members and patients. | 1a) Wellness Change Team continues to meet monthly.  
1b) Bring back Wellness Committee/Champions that was started prior to COVID and has been on hold.  
2) Continue monthly wellness communication with Sales.  
3) Prepare to use Wellvation as an employer group platform.  
4a) Implement the new member wellness program and rewards platform.  
4b) Assess and enhance the new member wellness program and rewards platform for 2022.  
5) Continue implementing aspects of GHC’s wellness strategic plan and roadmap. | 1a) Ongoing  
1b) Q1  
2) Ongoing  
3) Q2 - Possibly for Nonn’s 7/1/21  
4a) Q1  
4b) Ongoing  
5) Ongoing | Kastman  
Steiner  
Sandene  
Reger |
## 2021 Quality Improvement Work Plan
### Focused by the Quadruple Aim

**Improve the health of populations**

- **Objective**: Conduct ongoing evaluations of current and future outreach initiatives.
- **Goal**: Increase outreach to non-staff model members.
- **Activities**:
  1. Evaluate all current outreach initiatives for success and continuation.
  2. Review all current outreach reporting for opportunities to incorporate non-staff model members.
- **Timeframe**: 1) Ongoing, 2) Ongoing, 3) Q3, 4) TBD, 5) TBD, 6) TBD, 7) Ongoing
- **Staff Responsible**: Steiner, Kastman, Ibrahim, Patterson, Rice, Joyce, BI Department, EA Department, Health Ed

**Improve the patient experience of care**

- **Objective**: Complete the annual Population Assessment.
- **Goal**: Review Population Health Management Strategy and the impact of the programs and services offered by the organization annually.
- **Activities**:
  1. Develop reporting to identify opportunities to improve population health for identified subpopulations.
  2. Identify strategies and analytical tools to support efforts.
  3. 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.
- **Timeframe**: 1) Q4, 2) July 2021
- **Staff Responsible**: Steiner, Behl, Camacho, Ametani, Jenson, BI Department

### Population Health Management

- **Objective**: Complete the annual Population Assessment.
- **Goal**: Review Population Health Management Strategy and the impact of the programs and services offered by the organization annually.
- **Activities**:
  1. Develop reporting to identify opportunities to improve population health for identified subpopulations.
  2. Identify strategies and analytical tools to support efforts.
  3. 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.
- **Timeframe**: 1) Q4, 2) July 2021
- **Staff Responsible**: Steiner, Kastman, CSQC
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<tbody>
<tr>
<td>Improve behavioral health HEDIS metrics</td>
<td>HEDIS Measures:</td>
<td>1) Report quarterly performance to BHQC and practitioners within GHC-SCW.</td>
<td>Q2 - Q4</td>
<td>Kastman</td>
</tr>
<tr>
<td>Improve the Continuity and Coordination of Medical and BH Care</td>
<td>1) ADHD Continuation (ADD) 95th Percentile = to or &gt; 64.57</td>
<td>2) Report annual HEDIS results and plan ratings percentiles to BHQC and define the health plan’s goals and opportunities related to these metrics.</td>
<td>Sept 2021</td>
<td>LeClair</td>
</tr>
<tr>
<td>Continue Primary Care Behavioral Health Program</td>
<td>2) Antidepressant Mgmt Cont (AMMC) 95th Percentile = to or &gt; 64.36</td>
<td>3) Evaluate plan level data to look for opportunities to improve coordination of BH and Medical Care see QI 4 Element A through C.</td>
<td>Ongoing</td>
<td>Austin</td>
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<td></td>
<td>3) F/U After Hospitalizations for MH (FUH 7) 95th Percentile = to or &gt; 63.83</td>
<td>4) Continue the use of standardized screening for depression in primary care through implementation of PHQ-2/PHQ-9 protocols.</td>
<td>Ongoing</td>
<td>Fucci</td>
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<td>4) Metabolic Monitoring for Children &amp; Adolescents on Antipsychotics (APM Total) 90th Percentile = to or &gt; 49.28</td>
<td>5) Pilot and evaluate use of Columbia Suicide Severity Rating Scale in primary care.</td>
<td>Ongoing</td>
<td>Oakley</td>
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<td>5) Alcohol or Drug Treatment Engaged (IET) 95th Percentile = to or &gt; 18.76</td>
<td>6) Pilot and evaluate use of Collaborative Safety Planning template in primary care.</td>
<td>Ongoing</td>
<td>BHQC Members</td>
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<td>6) F/U After Emergency Department Visit for Mental Illness (FUM 7) 95th Percentile = to or &gt; 70.67</td>
<td>7) Engage practitioners in the use of the AUDIT-C screening tool and develop a workflow for appropriate follow-up as needed with members.</td>
<td>Q1-Q2</td>
<td>BHQC Members</td>
</tr>
<tr>
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<td>7) F/U After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA 7) 95th Percentile = to or &gt; 20.83</td>
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<td>8) Implement the use of the AUDIT-C screening tool for Unhealthy Alcohol Use in our EMR</td>
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<td>Evaluate member experience with Behavioral Health services</td>
<td>1) Achieve 80% overall satisfaction with BH services on our NCQA health plan level member experience survey.</td>
<td>1) Conduct a health plan level survey of members to rate their satisfaction with the Behavioral Health services received through the plan based on levels of care.</td>
<td>Q3 Perform Survey, Q4 Analysis of Results</td>
<td>Kastman</td>
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<td>2) Select a staff model Behavioral Health patient experience survey (i.e. Press Ganey).</td>
<td>2) Identify a task force to evaluate, select and budget for a benchmarked tool that meets the needs of our organizations staff model BH practitioners; implement the patient experience survey tool for 2022.</td>
<td>June-Dec</td>
<td>LeClair</td>
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<td>PEIC Members</td>
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CLINICAL AND SERVICE QUALITY COMMITTEE (CSQC)

The CSQC is responsible for the oversight of accreditation related quality improvement activities for the health plan of Group Health Cooperative of South Central Wisconsin. This shall encompass commercial and exchange HMO’s and Medicaid managed care, as appropriate. Specific activities are as follows:

° Develop the Annual Quality Work Plan with input from GHC-SCW Executive Leaders, Directors, Managers, other 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 and approve the Annual QI Report which includes the summary and evaluation of workplan activities and goals
° 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 for all Lines of Business in conjunction with other relevant organizational or external committees

MEMBERS

• Chair; Accreditation Coordinator
• Chief Medical Officer
• Director of Quality & Population Health
• Quality Analyst/HEDIS Coordinator
• Care Management Manager
• Director of Behavioral Health
• Member Services Manager
• Quality Improvement Specialist(s) including Medicaid
• Manager Pharmacy Services (Ad hoc)
• CM Nursing Representative (Ad hoc)
• Community Care Representative (Ad hoc)
• Marketing Representative (Ad hoc)
• Other Ad-hoc members as appropriate

MEETING FORMAT AND FREQUENCY

The CSQC maintains monthly frequency reviewing various quality improvement aspects per the agenda, defines actions for follow-up if required, documenting responsible parties and any measures of effectiveness per committee minutes.
PEER REVIEW COMMITTEE

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 as defined per policy MED.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.
MEMBERS

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.
The Clinical Content Committee serves GHC-SCW as 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

MEMBERS

• 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

MEETING FORMAT AND FREQUENCY
The CCC meets monthly or as necessary to discuss pertinent or pending initiatives brought to agenda, and defines any actions to be taken, the responsible person or team and appropriate timeframes for completion in the meeting minutes.
EMPLOYEE HEALTH AND PATIENT SAFETY COMMITTEE (EH & PSC)

The EH & PSC serves GHC-SCW to maximize safe clinical practices in all our staff model clinic settings for all employees and patients/members of Group Health Cooperative of South Central Wisconsin. The committee’s main responsibilities are to:

1. Develop policies & procedures related to patient and employee safety and monitor the clinic environment
2. Identify opportunities to reduce medical errors
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 employees that improves their knowledge about clinical safety via staff communications or through activities to prepare for safety
6. Establish a liaison representative with community hospitals to support hospital-based safety
7. Summarize internal safety initiatives, if applicable, to National Committee for Quality Assurance health plan accreditation.

MEMBERS

- 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 meets monthly or as necessary and defines needed actions including responsible parties or team members and appropriate deadlines in the meeting minutes.
QUALITY COMMITTEE (QC)

The QC reviews and approves proposed quality improvement (QI) projects for feasibility, scalability and timing within GHC-SCW’s staff model clinics.

SCOPE
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. Contracts 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 & quarterly clinical quality dashboards
  - Monthly Clinical and Service Quality Committee (CSQC) minutes
  - Yearly HEDIS metrics, Quality Compass and/or ACHP results
  - Yearly MIPS results
  - Annual QM Work Plan & QI Report
  - ETF, FEHB, and QHP requirements for potential project needs

MEMBERS
- Chair, Director of Quality & Population Health
- Co-Chair, Chief Medical Officer
- Chief of Staff
- Chief Nursing Officer
- Director of Behavioral Health
- IT Business Intelligence Manager
- Enterprise Applications Manager
- Accreditation Coordinator
- QI Specialists
- Quality Analyst
- BI representative
- Others ad hoc, as appropriate
MEETING FORMAT AND FREQUENCY

The QC meets at least quarterly or ad hoc as needed, reviews the agenda, reaches conclusion’s and defines actions for follow-up including responsible parties and timeframes for completion maintained in the minutes.
Commercial & BadgerCare Quality

Meeting Charter
The purpose of the Commercial & BadgerCare (BC) Quality Meetings are to successfully administer and oversee quality programs and internal quality initiatives that adhere to contractual requirements set forth by NCQA, CMS, State of Wisconsin Department of Health Services (DHS), and other governing agencies.

Scope
In scope:
- NCQA HEDIS measure set
  - Commercial
  - Medicaid
  - Exchange
- BadgerCare Quality Program
  - Pay-for-Performance (P4P) Measures, Withholds, and Targets
  - Core Reporting
  - Performance Improvement Projects (PIP)
  - Potentially Preventable Readmissions (PPR)
- Exchange (QHP) (as needed)
  - Quality Measure Ratings (QRS)
  - Quality Improvement Strategy (QIS)

Out of scope:
- Benefit certificate language
- Changes to BadgerCare Plus contract
- Approval of clinical quality projects

Objectives
- Adhere to contractual quality requirements for all product lines.
- Monitor quality measures and identify areas of opportunity and next steps.
- Provide updates on clinical quality committees and ongoing projects.
- Maintain a listing of quality measures, respective goals, and overlap with other governing agencies (i.e. FEHB, ETF and CMS).

Activities
- Review Monthly QP Reports.
- Track progress towards goals and BC P4P benchmarks.
- Identify and discuss improvement opportunities and determine when approval from Quality Committee is needed.
- Evaluate and determine outreach strategies.
- Collaborate on the development, implementation, and monitoring of PIPs.
- Provide updates on clinical quality committees and ongoing projects.
• Review and make updates to annual QM Workplan.
• Other relevant topics for discussion as needed.

Membership
• Director of Quality & Population Health, Maggie Steiner
• Chief Medical Officer, Dr. Chris Kastman
• Quality Analyst, Jenny Ibrahim
• Quality Improvement Specialist, Sharon Rice
• Quality Improvement Specialist, Candice Patterson
• BadgerCare Plus Coordinator, Jodi Joyce
• Information Analyst - HEDIS and Quality Management, Josh Mannes
• Information Analyst - Quality Management, Paul Rake
• Government Programs Contract Administrator, Jack Donisch

Listing of Clinical Quality Committees
• Asthma Committee
• Behavioral Health Quality Committee
• Diabetes Improvement Team
• Hypertension Committee
• Immunizations Committee
• Lead Screening Committee
• Pain and Controlled Substance Committee
• Readmissions Committee

Meeting Schedule
Meetings occur monthly on the second Tuesday of the month from 1:00-2:00pm for Commercial discussion and 2:00-3:00pm for BadgerCare discussion.
Behavioral Health Quality Committee

The Behavioral Health Quality Committee (BHQC) monitors and improves the behavioral health aspects of the organizations’ Quality Improvement (QI) Program. Behavioral Health QI objectives may focus on insurance operations and/or the care delivery functions of Group Health Cooperative of South Central Wisconsin.

Scope
Reviewing BH Department operations including the Primary Care Behavioral Health program. Also, within scope is, related data or reports evaluating areas of opportunity for improving the quality of BH clinical care or services provided to health plan members.

The committee is charged with conducting quantitative and causal analyses to develop goals and collaborative actions related to continuity and coordination of behavioral and medical care in the following areas:

- Appropriate diagnosis, treatment, and referral of behavioral disorders common in primary care
- Appropriate use of psychotropic medications
- Treatment access and follow-up for members with co-existing medical & behavioral disorders
- Primary or secondary preventive behavioral health implementations
- Special needs of members with severe and persistent mental illness

Contracting and non-budgeted proposals such as EPMO projects and improvements related to clinic efficiency or Lean projects are out of scope.

Objectives
- Utilize available data at either the health plan or clinic level to assess areas of opportunity to improve access to and the quality of behavioral healthcare or services, including patient experience and the coordination of behavioral healthcare for plan members
- Propose administrative or clinical QI initiatives that may impact BH measures or areas of need that are under-performing per the organizations’ goals
- Prioritize based on strategic planning, HEDIS® measurement year or accreditation renewal timelines
- Document the status of initiatives and measure the effectiveness

Activities
- Monitor performance of BH HEDIS® metrics (monthly Profiler reports)
- Develop and monitor a quality metrics dashboard
- Monitor BH access and network adequacy per NCQA standards
- Review annual HEDIS® results of BH metrics (Quality Compass and/or ACHP data)
- Review BH policies and procedures
- Evaluate member complaints or compliments with behavioral healthcare including any surveys conducted related to member experience at the health plan or clinic level
- Contribute BH initiatives to the annual QI Work Plan & summarize activities and results in the organizations’ annual QI Report
Members

- Director of Behavioral Health (MBA; Chair) *James LeClair*
- BH Medical Director (Psychiatry), *Carlene Oakley, MD*
- Accreditation Coordinator (BS; Co-Chair), *Mary Ametani*
- BH Services Manager (LPC; Psychotherapist), *Bethany Fucci*
- Primary Care Behavioral Health Program Coordinator (PsyD M.Ed.), *Jake Austin*
- Primary Care Practitioners (LCSW, PA-C) *Elizabeth Lucht*
  Alternate (APNP) *Rene Buenzow*
- Quality & Population Health Director (MHA, CPHQ), *Maggie Steiner*
- Quality Analyst (MPA), *Jenny Ibrahim*
- Behavioral Health Services Program Coordinator, *Laurie Arneson*
- Behavioral Health-Nursing, (RN) *Suzanne Blawat*
- Badger Care Coordinator, *Jodi Joyce*
- Utilization Management (BSW), *Kaylen Hoerstmann*
- Business Intelligence (Ad hoc), *Joshua Mannes*
- Other ad-hoc representation, as appropriate

Schedule & Reporting

The committee will meet monthly or ad hoc, if necessary, per the discretion of the Chairperson. Minutes will be documented and the BHQC will report to the Quality Committee or as appropriate to senior Medical Leadership. The committee will make recommendations for and approve projects or initiatives that align with overall strategic planning and will assess the staffing or other resources needed to complete such work.