

2022

GHC-SCW QUALITY IMPROVEMENT PROGRAM ANNUAL REPORT

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I. GHC-SCW QUALITY IMPROVEMENT (QI) PROGRAM

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 our mission, vision and values and work to achieve the strategic goals of our cooperative
- To identify clinical, service, safety, and behavioral health issues of impact to plan membership
- To develop objectives and activities to address improvement opportunities

QI SYSTEM

Customer Voice

A critical 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 obtained 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 & Recognition

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 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 through periodic employee engagement surveys. The organization has been doing these officially since 2008 to gain an understanding of employee satisfaction and dissatisfaction within the cooperative. These surveys allow employees to express their needs and offers leadership the opportunity to direct organizational initiatives to match the feedback of our workforce. 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 and IT Project Management

GHC-SCW has an established project management process for large projects that affect multiple areas of the organization to track and report on the time, cost, scope, and quality of deliverables, the four main constraints of large-scale projects. Vetting, approving, and budgeting are important components before work begins. IT projects that will require more than forty hours of work require a justification form for prioritization. The Senior Leadership Team makes the final decisions on which projects are the highest priority for the organization.

Leadership

GHC-SCW's Board of Directors, President and Chief Executive Officer (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 senior leadership, clinical caregivers, and health plan employees around our defined priorities to continue to be a top-rated health insurance plan and care delivery system.

Our Mission speaks to why we exist:

We partner with members and the communities we serve to maximize health and well-being.

Our Vision represents what we aspire to be:

As a local, not-for-profit, member-owned Cooperative, we are the most trusted resource for lifelong health and well-being in the communities we serve.

Five strategic pillars guide the organization toward our Vision and fulfilling our Mission:

- *Exceptional Quality and Service*
- *Meaningful Employee Engagement*
- *Continuous Improvement*
- *Financial Strength*
- *Impact*

Our Values help us prioritize how we conduct business:

- *We are a not-for-profit Cooperative*
- *We are member-centered*
- *We are equitable and inclusive*
- *We are quality-driven*
- *We are innovative*
- *We are community involved*

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 and the use of data to continuously monitor every aspect of clinical care and insurance operations. Involved professionals include chief senior leaders and various directors, as well as, administrative, insurance, and clinical care team personnel working together on analysis and problem-solving.

Oversight and Accountability

The Board of Directors entrusts the overall quality improvement program of the organization to the President and CEO who assigns oversight to the Chief Medical Officer (CMO) as the responsible senior leader. The day-to-day operations of the Quality and Population Health Department is delegated 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 CMO 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 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 led by the Director of Behavioral Health along with oversight by the medical leadership of the organization. Quality improvement opportunities related to BH are monitored by the *Behavioral Health Quality Committee (BHQC)* in conjunction with the CSQC. The BHQC engages our BH Medical Director, primary care and BH staff to help GHC-SCW remain well positioned with respect to BH quality amongst other local health plans.

The BHQC reviews 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.

Committee Structure & Meeting Documentation

Our structure of primary oversight committees is diagrammed in *Appendix 2*. These standing committees are the central part of the QI program and designed to continuously screen and review information about quality and address a wide range of improvement opportunities. Each committee is referenced as noted:

- ❖ *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*
- ❖ *Immunizations*
- ❖ *Readmissions*
- ❖ *Pain & Controlled Substance*
- ❖ *Lead Screening*
- ❖ *Pharmaceutical & Technology Assessment*

GHC-SCW generates minutes for all organizational committees as they occur.

Quality and Population Health Management & Resources

GHC-SCW's CMO oversees the Quality, Population Health, Wellness and Lean/Continuous Improvement Departments which are led by the Director of Quality and Population Health who supports a diversified team with a range of expertise. These team members carry out initiatives associated with our health plan or health equity accreditation goals, or the quality performance requirements associated with our Wisconsin Department of Health Services Medicaid contract. Organizational resources include sophisticated information systems, electronic medical records, and other software tools available to the team.

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. Our Population Health Management (PHM) description and strategies are presented in a comprehensive document available on our [website](#) which includes the target population within each product line and the programs or services for which a member may be eligible. GHC-SCW annually conducts a comprehensive analysis of the health plans PHM program to evaluate its impact and gain insight into areas of need or required future growth.

Evaluation of the QI Program

GHC-SCW is uniquely positioned to achieve our quality vision thanks to the excellence of our practitioners and associated providers and the use of technology to support personalized care. Our annual report includes an overview of the activities, successes, and challenges within the organization. Work plan objectives and organizational initiatives are vetted annually at the CSQC and/or the Quality Committee to define what areas may need further improvement or have been appropriately addressed.

Promoting Organizational Diversity, Equity, and Inclusion

GHC-SCW is committed to the long-term process of building an affirmative organization and deepening our practice of diversity, equity, and inclusion (DEI) and will be pursuing Health Equity Accreditation through NCQA in 2023. Toward this goal, we have looked internally at our culture with respect to DEI and have developed workgroups that focus on LGBTQ needs, health literacy, identified disparities and racial justice among other areas.

GHC-SCW's *Chief Equity and Engagement Officer (CEEEO)* has created a foundation by working to nurture connections with our member-owners and the communities we serve and with our *Chief Human Resources Officer (CHRO)* to develop DEI and cultural competency curriculum within our Learning and Development offerings that is part of annual employee training.

GHC-SCW strives to build a diverse workforce, and we are proud to be an affirmative action & equal opportunity employer. Our cooperative recognizes that its success depends on a diverse workforce and the effective utilization of qualified people regardless of their race, creed, color, disability, gender identity, age, religion, national origin, ancestry, military and veteran status, sexual orientation, marital status, pregnancy, student status, source of income, physical appearance, arrest or conviction record, less than honorable discharge, political beliefs or any other characteristic protected by federal, state or local law. See *GHC-SCW EEO/AAP Policy Statement*

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 reinforce our commitment to serve a culturally and linguistically diverse population. The following are some partnerships we prioritize:

- The Dane County Health Council, a leadership group dedicated to eliminating gaps and barriers to optimal health and improving health outcomes
- Centro Hispano of Dane County to help promote well-being for the Latino community
- Hmong Language and Cultural Enrichment Program
- Madison Public Schools "Adopt a School" Program
- Affiliate with Reach Out and Read, a 501(c)3 nonprofit that gives young children a foundation for success by incorporating books into pediatric care

ANNUAL WORK PLAN

The Clinical and Service Quality Committee (CSQC), reviews the annual QI Work Plan. Multiple sources are utilized to identify potential improvement opportunities based on continuous analysis of information from either patient experience data, HEDIS® or CAHPS®, accreditation related reporting, observed needs or problems, member complaints, appeals or other information. The work plan includes a process for periodic monitoring and our progress on identified goals. The final decision on the objectives in the annual work plan is made by quality management leadership and considers the organization's strategic plan. Goals or priorities may require adjustment based on business needs, budget constraints or the effectiveness of our pursuits. The six categories of focus and our 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 risk
- **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, purchasers, and those that regulate the industry

II. ANNUAL SUMMARY

A. Introduction

Group Health Cooperative of South Central Wisconsin 2022-2028 Strategic Plan

Our five strategic pillars that are essential areas of focus, investment and effort that help us advance toward achieving our Vision and fulfilling our Mission:



Exceptional Quality and Service

We seek excellence by working towards the elements of the quadruple aim and we strive to be the best in all that we do.



Meaningful Employee Engagement

We create a culture where employees are involved, enthusiastic and committed to delivering on the GHC-SCW Mission, Vision and Values.



Continuous Improvement

We actively identify opportunities and initiate change that creates value for the Cooperative and those we serve.



Financial Strength

We ensure the Cooperative's long-term viability by reinvesting earnings generated by controlling health care costs and consistently growing revenue.



Impact

We advance health and well-being by nurturing connections with our member-owners and the communities we serve.

Five strategic pillars were introduced in our 2022-2028 strategic plan. These pillars are recognized to be the core areas GHC-SCW envisions will sustain our success as a non-profit medical delivery system and health plan. Over the course of 2022, Senior Leaders have been developing goals associated with each strategic pillar and identifying the work that will turn strategy into a tactical plan of execution.

GHC-SCW is committed to the Institute for Health Care Improvement's *Quadruple Aim*: 1) improving health, 2) enhancing the patient experience, 3) making health care more affordable and 4) finding or having meaning to our work. Our QI work plan strives to frame projects around these overall Aim's to best serve our members needs and impact the experience of care for the patient.

This annual report reflects on our progress and highlights some of the organization's achievements within calendar year 2022.

B. Overview

Operational Achievements

- GHC-SCW's Commercial and Exchange HMO plans remain "NCQA Accredited." NCQA's 2022 Health Plan Rating for our Commercial HMO product was **4.5 out of five (5) stars**



- Our organization achieved a milestone as we began using an electronic medical record twenty (20) years ago in 2002; Epic's Resolute and Cadence software initially, followed by EpicCare
- GHC-SCW had its largest enrollment expansion over several seasons netting approximately five thousand new HMO members for plan year 2022
- GHC-SCW hosted an intense four-day Lean training for select staff across the organization. This Certificate Program is intended to create sustainable organizational culture change and help our employees apply Lean principles to improve their work processes and/or our systems
- GHC-SCW's Hatchery Hill Eye Care services won the Peoples' Choice Award for Favorite Eye Care through MADISON.com
- GHC-SCW awarded five thousand dollar scholarships to each of three local BIPOC (Black, Indigenous and People of Color) students pursuing medical, nursing, or other health care programs
- Wisconsin Association of Health Plans staff visited with GHC-SCW leadership in 2022 to discuss timely policy and political issues and better understand our plans need or priorities for Association advocacy into the next legislative session



HEDIS® & CAHPS® Performance: Measurement Year 2021

GHC-SCW evaluates all our HEDIS® and CAHPS® metrics against the National-All Lines of Business Percentile Rankings in NCQA’s Quality Compass®.

HEDIS® & CAHPS® priorities are based on :

- 1) Measures that impact our Health Plan Ratings score
- 2) Triple weighted outcomes measures
- 3) Lowest performing measures especially those below the 50th percentile
- 4) Measures with small denominators where small numerator changes can impact percentile ranges

GHC-SCW’s Commercial HMO is one of the “highest-rated” health plans in the nation per NCQA’s commercial Health Plan Ratings 2022 . Our health plan report card achieved:

- 4.0 out of five (5) stars in **Patient Experience**
- 4.5 out of five (5) stars in **Prevention**
- 4.0 out of five (5) stars in **Treatment**

GHC-SCW was recognized by NCQA in 2022 as a top performing health plan that met or exceeded their high performance threshold on three measures related to the appropriate use of antibiotic medications. GHC-SCW made the “honor roll” of NCQA’s antibiotics stewardship webpage which lists health plans in the upper fifteen percent of performance nationwide, only seventy-two total commercial plans.

Population Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They are grouped into five domains:



In 2022, GHC-SCW formed Community Health (previously Community Care) that is focused on addressing SDoH within each of these five domains by using a 3 P's (Places, People and Partnerships) approach. GHC-SCW continues participation in the Dane County Health Council to address their #1 priority: eliminating noted racial disparities (i.e., low birthweight and infant mortality) through a county-wide technology-based care coordination system. In April 2022, GHC-SCW launched the **ConnectRX WI** in collaboration with the Dane County Health Council, the Foundation for Black Women's Wellness, EQT by Design and the Black Maternal and Child Health Alliance.

ConnectRX WI is a systems-change approach to sustainably improve the experience of our Black pregnant members and includes these innovative elements:

- **Universal Risk Screener:** pregnant, African American/Black women complete a screener to determine if they are at elevated risk for a poor birth outcome based on social determinants of health.
- **Referral System:** those identified are connected to our Community Health workers who will refer them to community resources using a directory available in the EMR and may also match them to Doulas to support them throughout their pregnancy.
- **Workforce Development and Diversity:** our Community Health workers and area Doulas have been trained in culturally responsive practices specific to needs of African American/Black women and their families.
- **Community engagement:** health promoters will be active in high-needs neighborhoods to provide additional support and engage families.

Other focused initiatives at GHC-SCW include:

Smoking Cessation

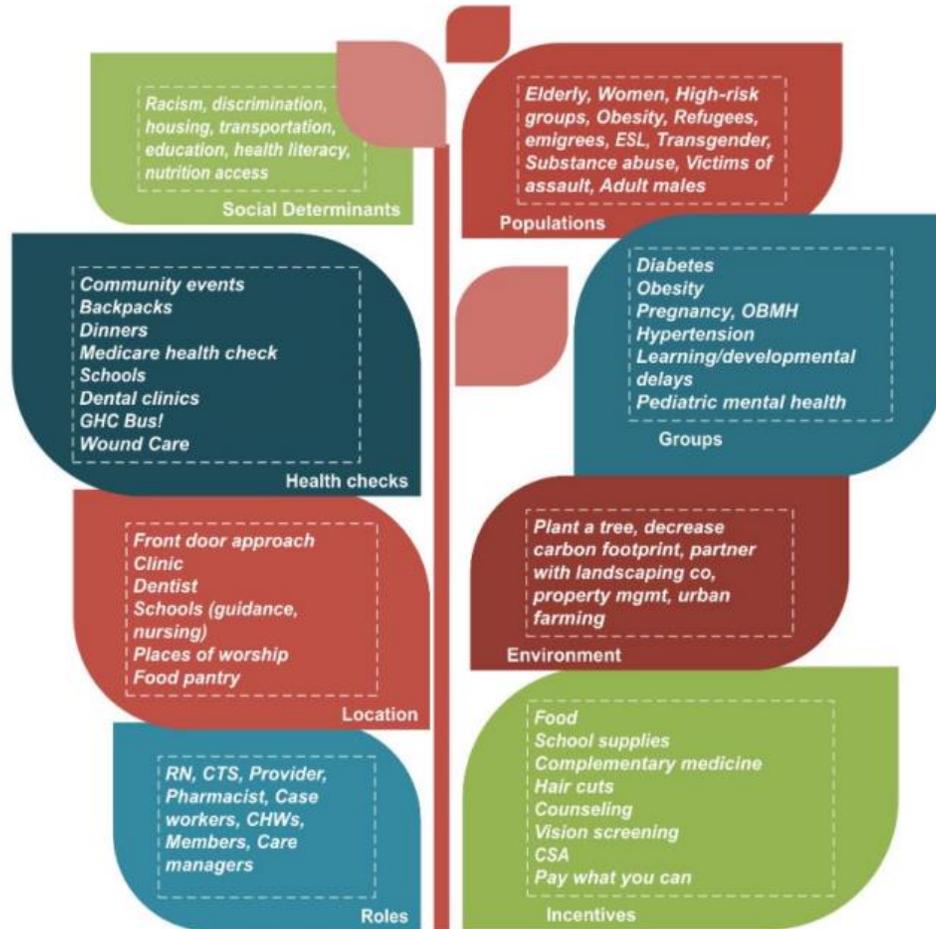
GHC-SCW has been sustaining smoking cessation work by placing referrals to the Wisconsin Tobacco Quitline or to our Primary Care Behavioral Health staff. This follows the conclusion of our participation with the UW Center for Tobacco Research and Intervention in a multi-year grant that included two staff Tobacco Cessation Outreach Specialist positions at GHC-SCW. Efforts aim to engage cigarette smoking members in setting a quit date and connect them to resources that enable their success. The grant funding for the internal positions concluded at the end of 2021.

Identifying Inequities

In preparation for our first Health Equity Accreditation with NCQA in 2023, GHC-SCW is actively engaged in applying a health equity lens to our member population. Key clinical performance metrics stratified by race and/or ethnicity have helped to identify opportunities to improve outcomes or reduce a disparity. Toward this aim, we have a performance improvement project underway that focuses on controlling high blood pressure in our Medicaid population, of which > 20% identify as African American.

Asking staff “What does Population Health mean?”

GHC-SCW’s Associate Director of Informatics and Population Health and Director of Quality and Population Health rounded at staff model clinics in 2022 to ask our care teams what population health meant to them and what tactics GHC-SCW could implement to improve the health of the populations we serve. The result was the creation of this “TREE” with some of the ideas shared .



Safety of Clinical Care

GHC-SCW recognized *Patient Safety Awareness Week* during March 13-19th in collaboration with the Institute for Healthcare Improvement and utilized the week to thank our clinical employees for their efforts to improve patient safety. Activities included recognition prizes and goodie boxes being delivered to clinical staff and new Emergency Response Guides distributed in all GHC-SCW buildings.

GHC-SCW employees are responsible for reporting events in *Healthcare Safety Zone*. Last year, the top three event types reported were Behavioral Issues, Medications/Immunizations and Patient Care Incidents. Employees have resources on our Intranet, including standard safety documents and training videos. These tools support an organizational culture of safety where reporting is submitted anonymously. GHC-SCW recognizes that humans make errors and if errors do occur, they are learning opportunities. Employees are only held accountable for behavioral choices not for mistakes or errors.

Chronic Opioid Treatment (COT) Program

GHC-SCW continues to impact the abuse or overuse of opioid medications and help members to identify alternative pain control options and offer additional multidisciplinary therapies with a focus on function, not complete elimination of pain.

GHC-SCW's Opioid Treatment Policy aims to protect both our patients and our prescribers. We use a peer review subcommittee to investigate internal concerns and all prescribers who have a DEA certificate must take a course approved by the WI Department of Safety & Professional Services that fulfills their requirement for CME credits related to responsible prescribing.

One criterion for our COT program is that every patient on the registry is required to have a naloxone prescription that is current. Beginning in 2022, a Best Practice Alert was implemented in the patient's chart if they do not have a current prescription for naloxone that will prompt practitioners, pharmacists, and RNs when a naloxone order is needed and make the process as easy as a simple click .

Influenza Vaccinations

GHC-SCW is a community leader in our efforts to prevent disease through a strong vaccination program. Along with many other Wisconsin providers, we have dramatically reduced 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.

COVID-19 Vaccinations

At the end of June 2022, the Moderna pediatric vaccine became authorized for use in 6 months to 5 years of age children to help protect our youngest members. GHC-SCW also began administering the bivalent booster in the fall of the year including our 5-11 population and staff continue to address vaccine hesitancy through outreach efforts and meaningful triage discussions.

Quality of Service

Epic Video Visits: as of April 1st, 2022, patients or their practitioners can open a language selection menu and switch the preferred language to Spanish instead of English which is the default.

Health Literacy: staff from GHC-SCW Pharmacy, Behavioral Health, Primary Care, Marketing, Interpreter Services and Quality, attended the 2022 Wisconsin Health Literacy Summit. The summit offered information on how to become more health literate and improve our quality of service to our members.

Advanced Behavioral Health Web Search: Members now have access to a behavioral health search engine on our website [Provider Hub \(ghcscw.com\)](https://ghcscw.com) that provides a consolidated view of all in-network providers. Members can narrow a query by attributes such as treatment approaches, or conditions, or language needs and can also filter by providers who take new patients, prescribe, or accept BadgerCare Plus (Medicaid HMO).

Quality of Clinical Care

Virtual Diabetes Support Group

The Quality Committee gave unilateral approval to continue with the Virtual Diabetes Support Group (VDSG) following resounding kudos from former participants after the first iteration. The fall 2022 series started with an informational session to level set participants on:

- what to expect with/from the VDSG and Microsoft TEAMS platform etiquette
- developing support group relationships
- resources available at GHC-SCW
- Second Harvest Foodbanks Diabetes Wellness Program, a local resource, providing diabetes friendly food boxes to all participants

The 2022-2023 schedule of six (6) informative presentation topics included Reducing Risk, Healthy Coping and Problem Solving, Healthy Eating, Being Active, Taking Your Medications and Monitoring.

Clinical Operations Preceptor Training

GHC-SCW offered a two-day staff training in the fall of 2022. Preceptor programs have been found to improve the quality of care that staff provide to patients that in turn improve outcomes and increases job satisfaction. Another aim is to improve our new employee experience and help the organization retain great new hires.

Anticoagulation Center of Excellence "ACE" Designation

GHC-SCW's Anticoagulation Pharmacist Team was recognized for successfully meeting a set of rigorous standards in five key areas of patient care. **ACE** is an educational program intended to ensure that practitioners are informed of the best and safest anticoagulation practices. The **Centers of Excellence program** was created by the Anticoagulation Forum, the leading organization of healthcare professionals working to improve the quality of care for patients taking antithrombotic medications.

Financial Health

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 more efficiently we can operate, the more affordable we can make our premiums to employer groups and individual markets.

High utilization and large medical costs in 2021 outside the bounds of our capitation agreements confirmed a challenging year for GHC-SCW entering 2022. Optimism for an improved outlook was provided by a successful re-negotiation of our largest external contract with UW that expanded capitation and improved predictable cost increases to better reflect future pandemic related risk. The year continued with a trend of sluggish stock market performance and budgets were tight to provide more control of expenses.

Third quarter received a significant boost with two school districts confirming to take our insurance. This membership growth for 2023 within the HMO lines of business and the expansion of the Foundations Intensive Outpatient Program in Behavioral Health continue to be sources of revenue lift to the cooperative. Our 2023 budget was delivered to the Finance Committee & the Board of Directors at their fall meeting.

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 is currently NCQA accredited in our commercial and exchange HMO lines of business through quarter one of 2025 and has applied to accredit our Medicaid HMO product line with NCQA in 2023. NCQA recertifies health plans every 3 years via a review of submitted internal documentation and randomized examples of the organizations files respective to case management, utilization management, appeals and credentialing.

C. 2022 Challenges

- Rebuilding our cash on hand and investment reserves
- Planning for Medicaid Health Plan Accreditation & Health Equity Accreditation
- Contracting, delegation requirements and network expansion
- HEDIS® and other required reporting
- Generating sales and securing renewal of employer groups
- EMR and IT infrastructure upgrades
- Improving the patient experience
- Budget constraints
- Staff recruitment and retention

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 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 Plans are provided in Section IV.

The organization remains committed to planned Epic® upgrades that assure our health plan and clinic practices are up to date with system improvements that impact the effectiveness of our overall operation and the safety of clinical care networkwide. The last upgrade occurred in mid-November 2022 and included advances in the electronic medical record (EMR) social determinants of health platform. GHC-SCW also completed a major replacement of our IT infrastructure and several IT security projects designed to protect the organization from cybersecurity threats. Work on stratifying clinical and experience based measures by race, ethnicity, and preferred language for all HMO product lines is ongoing.

Important patient safety work spearheaded by our Pain and Controlled Substance Committee ensures follow-up frequency every 3 months in Primary Care to align with the Wisconsin Licensing Board best practice guideline for members prescribed opioids. The committee has also worked on standardizing the clinical Urine Drug Screen workflow to provide further consistency and worked on changes to MyChart to improve scheduling those quarterly required check-ins. Newly created EMR alerts were also activated for patients on the opioid registry who do not have a current prescription for naloxone to remind clinical staff an order should be placed.

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 the principles behind the Quadruple Aim. 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 WORK PLAN PROJECTS

QUALITY OF SERVICE AND THE MEMBER EXPERIENCE

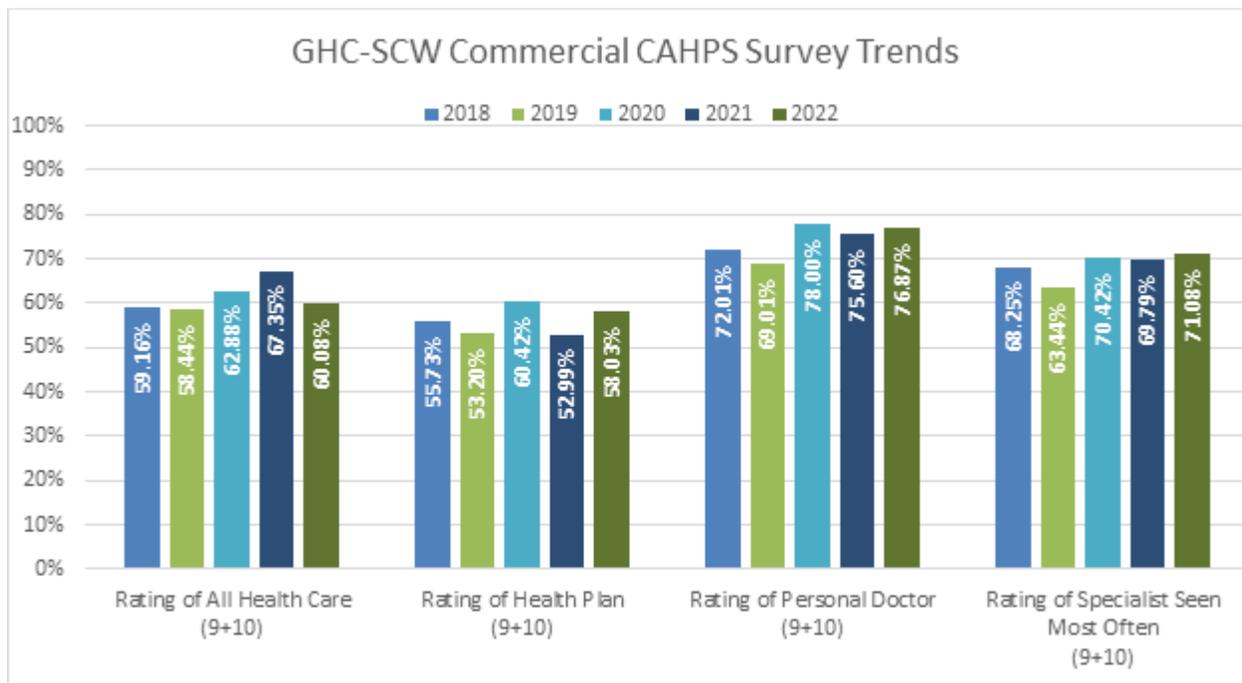
Health Equity & Disparities Reduction

As part of the Wisconsin Division of Medicaid Services Quality Strategy, the two aims of the *Health Disparities Reduction Performance Improvement Project (HDR-PIP)* are to reduce health disparities and improve cultural competency. Across Wisconsin, African American and Hispanic women experience greater maternal mortality, pregnancy complications, and higher rates of chronic illness that are particularly dangerous during pregnancy and frequently lead to post-partum hospitalizations. Disparities in appropriate follow-up care also put women from racial and ethnic minorities at higher short and long-term health risk for as we know economic resources and geographic location can have an impact on health outcomes.

GHC-SCW’s HDR-PIP targets female Medicaid insured members at our Hatchery Hill and our Capital Clinic location for post-partum care. The overall focus is on improving the Medicaid HEDIS ® PPC metric. Newly pregnant BadgerCare Plus members receive social determinants of health screening and are offered an incentive for postpartum visit completion of \$25. GHC-SCW also engages with a doula partnership that provides culturally competent services and referrals are coordinated by staff within GHC-SCW. This project will continue to be operational through 2023 and will be adding focused interviews to gather information in the prenatal and postpartum period about the patient experience.

Consumer Experience

GHC-SCW is striving to achieve optimal health plan member experience scores as measured by the Consumer Assessment of Healthcare and Provider Survey (CAHPS®) and performed well in the overall ratings from the **2022 CAHPS® survey**:



- Rating of All Health Care 60.08%; between the 75th and 90th National Percentile
- Rating of Health Plan 58.03%; between the 75th and 90th National Percentiles
- Rating of Personal Doctor 76.87%; between the 90th and 95th National Percentiles
- Rating of Specialist 71.08%; between 67th and 75th National Percentiles

Patient Experience Improvement

GHC-SCW's Patient Experience Improvement Committee (PEIC) was formed to evaluate the organizations performance, determine accountability and ownership for process improvement and develop a strategy for how to reach the goals set for the organization. The focus of the PEIC in 2022 has been to improve reporting, develop an employee SharePoint site, and to promote teams when noted improvements across the organization need to be celebrated. Other patient experience associated improvement initiatives have included:

- Consideration to add Spanish, Hmong, Arabic and Chinese language options to our Press Ganey survey& vetting text messaging options
- Working to implement a Behavioral Health patient experience survey with Press Ganey
- Recognizing Clinical Teams with “Star ratings” for improvement or meeting an established goal

GHC-SCW follows “Recommend Provider Office” as several questions are tethered to this member rating. Other visit survey questions tracked monthly with the intent to engage Care Teams and the clinic staff to improve include a) Rating of Provider and b) Staff Worked Together.

“Staff Worked Together” gauges the perception of coordination of care and assesses the balance of internal teamwork. Patients/members have a higher degree of confidence when needed information or instructions flow smoothly between all clinical care providers. Long, unexplained wait times or the inability to obtain resources or information can degrade the members perception of the staff's ability to work together.

The organization's *Strategic Plan* has goals to exceed the 75th percentile for “Staff Worked Together” and the 60th percentile for “Rating of Provider” on average, as measured by Press Ganey for calendar year 2023.

In addition, GHC-SCW is uniquely one of only two healthcare organizations in the US that offers an ***Experience Guarantee***. With our desire to provide a world-class healthcare experience, we promise to refund out-of-pocket costs if a visit within a GHC-SCW owned clinic did not meet a member's expectations. While disagreements around clinical assessments and treatment plans are not part of the program, any other experience not to the members satisfaction is refunded with no questions asked. Giving our members the opportunity to let us know how we are doing provides an efficient way to share feedback and gives them a strong voice within our organization. Managers can then make appropriate changes quickly and efficiently to address the concerns shared by our members.

QUALITY OF CLINICAL CARE

Diabetes Management

GHC-SCW recommends that members who are at-risk for developing diabetes (based on clinical screening criteria) are referred to an evidence-based Diabetes Prevention Program (DPP) that promotes healthy eating and encourages physical activity to prevent the onset of diabetes.

GHC-SCW has a collaborative agreement with the YMCA of Metropolitan Milwaukee to refer our members to their DPP program. GHC-SCW plans to improve the DPP referral process with the use of RightFax™ that increases productivity and information security and expanded the age criteria of eligibility to start at thirty five (35) instead of forty (40). Best Practice Alerts for patients who meet eligibility criteria have been changed to reflect this update. The DPP order was also updated to pull in the results of lab work that qualifies the patient for the DPP, in addition to a height and weight reading. All readings and lab results must be within the last year to qualify the patient for inclusion in the YMCA Diabetes Prevention Program. Work continues amongst Care Teams and our committees focused on diabetes to improve clinical care including adding patient Care Paths in the EMR and continuing the Virtual Diabetes Support Group (VDSG) to keep members engaged. GHC-SCW aims for all Diabetes care measures to achieve $\geq 75^{\text{th}}$ percentile.

Commercial	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
BPD BP Control	81.39	65.94	71.29	75 th 69.90 90 th 74.39
HBD A1c < 8.0 %	59.67	56.93	62.29	67 th 62.04 75 th 63.26
EED Eye Exams	60.04	59.61	59.85	75 th 56.48 90 th 64.30
SPD Statin Therapy	69.34	67.14	63.97	33 rd 63.96 50 th 65.92
SPD Statin Adh 80%	81.51	83.62	82.53	90 th 81.26 95 th 82.59
KED Kidney Eval	NA	NA	61.19	90 th 54.81 95 th 61.27

Medicaid	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
BPD BP Control	77.58	64.10	70.83	75 th 67.40 90 th 72.75
HBD A1c < 8.0	52.50	51.28	51.19	50 th 50.12 67 th 52.80
EED Eye Exams	53.75	51.28	45.83	25 th 45.01 33 rd 47.93
SPD Statin Therapy	54.84	60	65.75	33 rd 64.17 50 th 66.23
SPD Statin Adh 80%	70.59	80	72.92	75 th 71.87 90 th 77.40
KED Kidney Eval	NA	NA	46.15	75 th 40.60 90 th 46.76

Hypertension Management

GHC-SCW's Hypertension Committee focuses on finding ways to improve the Controlling Blood Pressure (CBP), and Blood Pressure Control for Patients with Diabetes (BPD), Statin Therapy for Patients with Cardiovascular Disease (SPC), and Statin Therapy for Patients with Diabetes (SPD). Achieving and maintaining high performance on these measures is a strategic priority as they have a significant impact on our star rating as a health plan.

Hypertension improvement interventions that have been producing results include:

- Clinical Pharmacist medication review and consultations
- Improving coordination of care for members who present to specialists with elevated blood pressures
- Re-checks of elevated blood pressures were monitored on clinic huddle boards
- Medicaid- Hypertension Control Performance Improvement Project (PIP)
 - The BadgerCare Plus PIP includes patient incentives of \$5 for an updated blood pressure check, \$10 for a 1st Clinical Pharmacy visit, \$10 for a 2nd Clinical Pharmacy visit and entry into a raffle to win \$100 for those members who are compliant by end of the measurement year
- Blood Pressure Cuff Loaner Program to facilitate collection of self-measured blood pressure
 - Of the participants in the loaner cuff program from December 2021 to November 2022, 73% (76/104) had a compliant representative blood pressure by HEDIS standards.

Commercial	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
SPC Statin Therapy	83.06	89.24	84.58	50 th 82.75 67 th 84.70
SPC Statin Adh 80%	89.32	90.18	88.54	95 th 87.80
CBP Controlling BP	77.62	65.94	78.10	95 th 74.21

Medicaid	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
SPC Statin Therapy	NA	NA	NA	NA
SPC Statin Adh 80%	NA	NA	NA	NA
CBP Controlling BP	61.67	52.5	57.83	33 rd 56.20 50 th 59.85

In summary, GHC-SCW has been working diligently on improving our metrics related to Controlling Blood Pressure. Notably our Commercial CBP rate jumped by twelve plus percent (12.16%) exceeding the 95th percentile and kudos were extended across the organization for all contributions toward clinical quality improvement . GHC-SCW was also the top performer in our market of local health plans for the commercial CBP metric.

Plan All Cause Readmissions

GHC-SCW continues to assess our Plan All Cause Readmissions (PCR) HEDIS® rate and look for opportunities that may exist to improve. A lower rate indicates better performance.

Commercial	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile
PCR Total	0.3882	0.4458	0.5013	75 th 0.5154 90 th 0.4475

Medicaid	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile
PCR Total	NA	NA	0.8231	90 th 0.8511 95 th 0.8047

GHC-SCW's Readmissions Committee convenes as needed and continues to examine how hospital follow-up can be managed more effectively in Primary Care. A goal was set to sustain a rate at or above the 90th Percentile using the National Percentile for All Lines of Business.

Nursing leadership has improved workflows for care transitions and hospitalization follow-up and cost savings from readmissions reductions justified adding a dedicated Care Transitions RN at GHC-SCW in 2022 that is reaping benefits for the health plan and patients.

SAFETY OF CLINICAL CARE

Opioid Safety & Medication Assisted Treatment in Primary Care

The Chronic Opioid Treatment (COT) program at GHC-SCW requires all opioid prescribers maintain up to date *Medication Agreements* with members receiving COT that outline the stipulations of the safety program. Exclusions include members on palliative care, hospice, or with an active cancer diagnosis or for those whose pain management is monitored by a provider outside of GHC-SCW staff model clinics. GHC-SCW’s Opioid Treatment Policy echoes CDC guidelines to maintain dosages below 90 Daily Morphine Equivalents (“DME”) except in situations of active cancer pain or end-of-life care.

GHC-SCW has been working over several years to improve safety for patients receiving COT and State and federal regulators have created guidelines to help our prescribers keep members’ safe. The Wisconsin Medical Examining Board and the United States Centers for Disease Control and Prevention (CDC) both recommend that every patient receiving COT should be seen at least every three months, or more frequently if the patient is at a higher risk. GHC-SCW supports these guidelines and has updated all Opioid Medication Agreements to reflect this change and began instituting quarterly visits as of July 2022 for the treatment and management of pain using opioid therapies. GHC-SCW allows video visits, however, at least one visit per year must be completed in person.

GHC-SCW’s practitioners actively recommend alternative medical services or community resources to support COT plans for pain management, in addition to designing tapering regimens or offering Medication Assisted Treatment (MAT) within primary care for opioid use disorder (OUD). Evidence supports a combination of counseling and medication as the best treatment for OUD and MAT provides this in the context of a primary care relationship serving stable patients (i.e., long term recovery) on opioid agonist therapy from the consulting addiction psychiatrist or patients with current OUD who require initiation of buprenorphine/naloxone, to facilitate recovery. Effective, Oct 2022, a mass “MAT Program” FYI flag was added to every patient currently on the MAT Registry to aide in the efficiency of identifying a patient and ensure visits are scheduled correctly with their consistent MAT Prescriber. Health-plan outpatient substance use, and addiction services are provided primarily by our partner, UW Behavioral Health, and Recovery.

HEDIS ® **Appropriate Use** metrics for use of opioids indicate better performance if the rate is lower.

Commercial	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile
HDO Use of Opioids High Dosage	5.13	4.73	3.53	50 th 4.12 67 th 3.10
UOP Use of Opioids MP- MP MRx	2.12	0.90	0.95	33 rd 0.98 50 th 0.75
COU Risk Continued Opioid Use 31d Total	1.27	1.83	1.39	75 th 1.48 90 th 1.05

Medicaid	MY 2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile
HDO Use of Opioids High Dosage	34.62	39.71	36.08	< 5 th 20.72
UOP Use of Opioids MP- MP MRx	4.14	2.48	3.01	10 th 4.37 25 th 2.69
COU Risk Continued Opioid Use 31d Total	7.10	8.02	4.72	10 th 6.12 25 th 4.58

Lead Screening

GHC-SCW is actively focused on the safety of our youngest members. While prevention from lead exposure is the best method for protecting children, screening is the next best step, as even low levels of lead in blood have been shown to affect brain development and cause permanent harm.

GHC-SCW’s Lead Screening Committee is working to improve blood lead screening for all children under the age of two (2) or with histories of elevated lead levels and includes screening as early as nine (9) months of age within our staff model clinics. We have a goal to improve compliance and meet Medicaid contractual requirements that are tied to payment withholding to the health plan for not meeting established benchmarks.

Medicaid	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile
LSC Lead Screening in Children	68.18	71.82	66.36	50 th 63.96 67 th 70.07

Historically, GHC-SCW has had a 2.5% withhold for not meeting the established benchmarks and the committee has been actively working on initiatives to help improve screening rates for all product lines, not only Medicaid. GHC-SCW continues to incentivize eligible Medicaid members who complete their screening with a \$10 gift card. Medicaid families may have a higher risk due to other social determinants of health, so it is important to screen these young members. A Lead Screening Campaign kicked off in June 2022 and Clinical Care Teams have this metric on their huddle boards to keep track of compliance and performance.

The Quality Management Department also actively outreaches members assigned to a GHC-SCW PCP that are due for their lead screening through Epic bulk outreach. For more specific and targeted outreach purposes, non-compliant lists can be generated from the Epic Provider and Nursing Dashboard or by contacting Quality Management.

In addition, GHC-SCW’s Lead Screening Committee has been instrumental at implementing new internal policies and EMR enhancements to improve overall workflows and also helped to launch fresh marketing materials, as well as fun toys that reward the “littles” who undergo the blood draw for the screening.

POPULATION HEALTH MANAGEMENT

Childhood and Adolescent Immunizations Our goals are to be $\geq 90^{\text{th}}$ percentile on CIS Combo 10 and IMA Combo 2. In 2022, GHC-SCW began including adolescent immunizations on staff model clinic huddle boards to help close care gaps for our patients.

Commercial	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
CIS Combo 10	81.51	78.1	73.72	90 th 72.79 95 th 76.04
IMA Combo 2	52.55	55.96	54.01	95 th 49.41

Medicaid	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
CIS Combo 10	51.14	46.36	43.64	75 th 42.09 90 th 49.88
IMA Combo 2	48.08	42.86	46.40	75 th 41.12 90 th 48.42

Flu Immunization

Flu Vaccinations for Adults is based on a single CAHPS® question about getting a flu shot or flu spray. The rate represents the proportion of members continuously enrolled during the measurement year who received an influenza vaccination since July 1 of the measurement year and the date the survey was completed. GHC-SCW's most recent rate for adults ages 18-64 reported at 76.8 % (185/241).

Adult Preventive Screening

The United States Preventive Services Task Force (USPSTF) released an update to their colorectal cancer screening guidelines which lowered the starting screening age for average-risk populations from fifty to forty five. Health insurance plans who are subject to the provisions of the Affordable Care Act must cover preventative screenings without cost-sharing. NCQA will be stratifying reporting in MY2022 for members ages 45–49 years and those over fifty and will also include the Medicaid product line to align with the latest guidance. GHC-SCW will be building a Health Maintenance topic in the EMR for the COL metric in 2023 to facilitate identifying when a patient is due for screening and what type is most appropriate based on their personal or family history.

GHC-SCW will also be looking for novel approaches to positively impact our Breast Cancer Screening as rates have been declining as the pandemic has delayed member screening visits. We are hopeful to see this rebound as members once again start catching up on preventive care.

Commercial	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
Breast Cancer BCS	76.89	71.22	70.11	33 rd 68.90 50 th 70.87
Colorectal Cancer COL	77.37	73.72	74.94	90 th 72.46 95 th 76.16
Chlamydia CHL	40.71	35.43	36.25	10 th 34.07 25 th 10.05
Cervical Cancer CCS	87.10	81.27	80.78	90 th 80.37 95 th 82.40

Medicaid	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
Breast Cancer BCS	72.62	59.17	53.25	50 th 50.95 67 th 53.96
Chlamydia CHL	52.14	50.76	55.97	50 th 55.31 67 th 60.24
Cervical Cancer CCS	73.97	68.13	67.40	90 th 66.88 95 th 69.85

Asthma

GHC-SCW has an ongoing commitment to improving the health and outcomes for members with asthma and COPD. An *Asthma Registry* within our EMR went live in July 2022. Our dedicated Asthma Educator helps close gaps in care and improve compliance with HEDIS measures while Care Teams identify patients with increased risk and help to facilitate outreach to members recently in urgent care, an ER or hospitalized due to asthma complications. Other functional approaches include:

- Accumulating internal data on use/benefit of measuring fractional exhaled nitric oxide and its ability to identify patients who are likely to benefit from treatment with corticosteroids
- Involving Clinical Pharmacy staff in patient education on proper inhaler device use and standardization of care through review of clinical guidelines and medical record SmartSets
- Optimization of Asthma Control Testing

Commercial	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
AMR	88.60	89.52	88.28	75 th 85.32 90 th 88.32

Medicaid	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
AMR	51.76	63.89	65.71	50 th 64.30 67 th 68.21

Medicaid Pay-for-Performance (P4P) Metrics

GHC-SCW met the goal requirement for three (3) of the five (5) required clinical performance metrics tied to our State Medicaid contract. Patient incentives apply for visit attendance and completing needed immunizations or screenings, however, barriers still exist for some members to get needed care.

Medicaid P4P	MY2020	MY2021	Goal 2019 National 75 th	Met Y or N
PPC Prenatal	92.31	93.27 ↑	92.9 %	Y
PPC Postpartum	83.33	83.65 ↑	80.9 %	Y
CIS Combo 3	60	56.36 ↓	75.2 %	N
IMA Combo 2	42.86	46.4 ↑	43.1 %	Y
LSC	71.82	66.36 ↓	81.0 %	N

For 2023, P4P earn back targets will be based on 2023 national performance as published in NCQA’s 2024 Quality Compass. Use of a “floating target” means that health plans will not know until after the measurement year is over the national numerical targets they will be compared to. To address this, the State of WI/DHS will apply a “Reduction in Error” (RIE) component such that if health plans improve upon their 2021 performance by at least 5-10% but still fall below the national 50th percentile, their earn back will have the RIE applied. Five additional P4P measures were added by WI DHS for 2023 including AMR, WCV, CBP, HBD, and FUH-30.

Wellness Programming

At GHC-SCW, we have always been committed to whole person care for our members and this means health and wellness. GHC-SCW’s *ManageWell* member wellness program is part of our overall 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. The 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. Most GHC-SCW members including subscribing members and their spouses/significant others who are eighteen and older are eligible to participate in the program. 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.

BEHAVIORAL HEALTH CARE-COMMERCIAL

The following trended BH metrics are associated with the Health Plans Commercial NCQA Report Card. Metrics **below the 50th Percentile** are considered opportunities for improvement. Our overall objective is to achieve $\geq 90^{\text{th}}$ National All LOB Percentile on as many metrics as applicable. NA=small denominators.

Behavioral Health—Care Coordination

- FUH ...Follow-Up After Hospitalization for Mental Illness—7D—Total
- FUM ...Follow-Up After Emergency Department Visit for Mental Illness—7D—Total
- FUA ...Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7D Total
- FUI...Follow-Up After High-Intensity Care for Substance Use Disorder—7D—Total

Measure	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
FUH 7D	67.79	70.37	56.35	75 th 54.23 90 th 61.43
FUM 7D	50.00	36.92	45.00	33 rd 43.17 50 th 46.94
FUA 7D	20.83	17.91	13.89	67 th 12.83 75 th 14.08
FUI 7D	37.50	40.98	33.93	10 th 32.09 25 th 38.18

FUM ...Follow-Up After Emergency Department Visit for Mental Illness improved in MY2021 to the 33rd to 50th percentile as a new reporting process was implemented for scheduling follow-up during the year. There is still need for refinement to improve our ranking above the 50th percentile. Work is ongoing to try to improve the utility of our current reporting.

FUI...Follow-Up After High-Intensity Care for Substance Use Disorder (SUD) was a first year measure on the NCQA report card. This metric will be evaluated by the members of the BHQC for the potential to improve our processes for follow-up after high-intensity care for SUD.

Behavioral Health—Medication Adherence

- SAA ...Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- AMM... Antidepressant Medication Management—Effective Continuation Phase
- POD... Pharmacotherapy for Opioid Use Disorder—Total

Measure	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
SAA	NA	NA	NA	NA
AMM-CP	68.49	67.39	73.41	95 th 69.21
POD Total	NA	NA	NA	NA

GHC-SCW’s AMM-CP rates have shown consistent high performance in helping members to manage their adherence to antidepressant medication.

Behavioral Health—Access, Monitoring and Safety

- APM... Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing—Total
- APP... Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics—Total
- ADD... Follow-Up Care for Children Prescribed ADHD Meds—Continuation & Maintenance
- Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence—Engagement—Total

Measure	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
APM Total	48.00	46.67	37.84	50 th 34.80 67 th 38.52
APP Total	NA	NA	NA	NA
ADD C&M	35.21	40.00	34.78	10 th 32.93 25 th 39.62
IET Eng AOD Total	19.16	14.76	13.07	50 th 12.37 67 th 13.91

ADD C&M: *Continuation and Maintenance* includes 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.

Barriers to improvement may partially be due to such limitations as:

- i. Declining follow-up visits to avoid insurance co-pays or other fees.
- ii. 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 is required by the metric but may not be viewed as medically necessary by the member or their care provider.

Telehealth is an alternative means for sharing behavioral change or school feedback results with prescribing providers following the initiation of stimulant treatment and we want to try to maximize telehealth access to boost compliance. Continuity and coordination of care with pediatric Primary Care will also be critical to our improvement process.

BEHAVIORAL HEALTH CARE: MEDICAID

Metrics **below the 50th Percentile** are opportunities for improvement. Our overall objective is to achieve \geq 75th National All LOB Percentile or as dictated by the WI Department of Health Services. NA=small denominators.

Behavioral Health—Care Coordination.

- FUH ...Follow-Up After Hospitalization for Mental Illness—7D—Total
- FUM ...Follow-Up After Emergency Department Visit for Mental Illness—7D—Total
- FUA ...Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence—7D Total
- FUI...Follow-Up After High-Intensity Care for Substance Use Disorder—7D—Total

Measure	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
FUH 7D	55.56	50.00	42.50	50 th 37.99 67 th 42.96
FUM 7D	25.00	26.32	42.11	50 th 40.38 67 th 45.35
FUA 7D	23.53	13.11	14.10	50 th 13.39 67 th 16.16
FUI 7D	40.00	35.71	20.00	25 th 18.75 33 rd 23.24

Behavioral Health—Medication Adherence

- SAA ...Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- AMM... Antidepressant Medication Management—Effective Continuation Phase
- POD... Pharmacotherapy for Opioid Use Disorder—Total

Measure	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
SAA	NA	NA	NA	NA
AMM-CP	66.67	63.37	62.03	90 th 56.24 95 th 62.50
POD Total	46.34	42.27	40.00	75 th 35.86 90 th 41.47

Behavioral Health—Access, Monitoring and Safety

- APM... Metabolic Monitoring for Children and Adolescents on Antipsychotics—Glucose and Cholesterol Testing—Total
- APP... Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics—Total
- ADD...Follow-Up Care for Children Prescribed ADHD Meds—Continuation & Maintenance
- IET...Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence-Engagement—Total
- SSD...Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotics

Measure	MY2019 Rate	MY2020 Rate	MY2021 Rate	Current Percentile Ranking
APM Total	NA	NA	NA	NA
APP Total	NA	NA	NA	NA
ADD C&M	NA	NA	NA	NA
IET Eng AOD Total	21.58	15.17	15.66	50 th 14.03 67 th 16.57
SSD	NA	76.92	76.60	10 th 72.71 25 th 76.78

Conclusions on Medicaid BH HEDIS Metrics

Metrics below the 50th Percentile are opportunities for improvement. Two (2) metrics stood out as meeting this consideration and will be evaluated by members of the BHQC for the potential to improve our processes or outreach to close gaps in care.

- 1) **FUI**...Follow-Up After High-Intensity Care for Substance Use Disorder (SUD)
- 2) **SSD**...Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotics

**2022 Quality Improvement Work Plan
Commercial and Exchange HMO**

Improve the health of populations

Lower per capita costs

Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Service and the Member Experience				
<p>Conduct ongoing assessment of patient experience and member satisfaction and develop strategies for improvement.</p>	<p>1) The Patient Experience Improvement Steering and the Patient Experience Improvement Committee will focus on 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 administered by GHC-SCW.</p>	<p>1) Patient Experience Improvement Steering and the Patient Experience Improvement Committee will meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. This will include local level dyad work and a roadmap outlining GHC-SCW's strategic initiatives. 1a) Seek approval for administering surveys in top 5 languages for GHC-SCW's membership, and through texting methods (in addition to e-mail and mail). 1b) Implement a Behavioral Health Patient Experience Survey through Press Ganey for our staff model BH locations. 2) Learning and Development continues to support training of new GHC-SCW employees using Press Ganey coursework (Anticipate, Communicate & Sustain). 3) Continue to monitor and support Provider Website Transparency that includes Press Ganey survey comments and results on the GHC-SCW website. 4) Review CAHPS and QHP EES results and develop strategies for improvement for measures resulting below the 50th percentile for CAHPS or below 70% for QHP EES.</p>	<p>1) Ongoing 1a) Q1 1b) Q1 2) Ongoing 3) Ongoing 4) August -Sept 2022</p>	<p>Kastman Lueschow Craig Pipp Clinic Managers Steiner Sandene Patient Experience Improvement Committee including Steering Patient Experience Health Equity Subcommittee</p>
<p>Improve the health of the populations that GHC-SCW serves by reducing health disparities.</p>	<p>1) Committee and workgroup members will examine baseline demographic and health outcome data to see where potential inequities exist 2) Compare internal data to local, state and national public health statistics and other available evidence. 3) Enhance access and equity for our services.</p>	<p>1) Health Equity Subcommittees will meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. Subcommittees include the following: Accessibility, Community Partnership, Demographics, Equitable Health Outcomes, Facility, Patient Experience, Patient & Member Communications, Policy & Procedure, LGBTQ, BH LGBTQ and BH Racial Justice. 2) Expand health equity efforts across populations and deliver equitable healthcare and services at all GHC locations. 3) Apply for NCQA Health Equity Accreditation for all HMO lines of business including Commercial and Exchange.</p>	<p>1) Ongoing 2) Ongoing 3) December 2022</p>	<p>Kastman Gobourne Steiner Health Equity Steering Committee Health Equity Subcommittees</p>

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
<p>Improve HEDIS diabetes measures related to diabetes outcomes.</p>	<p>1) Improve HEDIS diabetes measures: - HbA1c control < 8.0% (HBD); achieve and sustain 68% or greater. - BP Control <140/90 (BPD); achieve and sustain 85% or greater. - Eye Exams (EED); achieve and sustain 68% or the 75th percentile. 2) Implement improvement initiatives that target opportunities related to HEDIS metrics and minimize disparities between HMO product lines. 3) New HBD measure: determine if health disparities exist when stratified by race/ethnicity (HbA1c control for HEA).</p>	<p>1) Diabetes Improvement Team continues to meet monthly in workgroups: Improve Care Workgroup and Empower Patients Workgroup. 2) Implement new YMCA Diabetes Prevention Program partnership with YMCA of Milwaukee and monitor outcomes. 3) Monitor, assess, implement and enhance the Epic Diabetes tools including Epic Diabetes Care Path for newly diagnosed patients and patient outreach tools. 4) Evaluate 2021 Virtual Diabetes Support Group and request approval to continue support group long-term for GHC-SCW members for all insurance types.</p>	<p>1) Ongoing 2) TBD 3) Ongoing 4) TBD</p>	<p>Kastman Steiner Twining Ibrahim Patterson Rice Rx/Benn BI Department EA Department</p>
<p>Improve HEDIS CBP measures related to hypertension control/outcomes.</p>	<p>1) Expand hypertension efforts to entire patient population (beyond patients with diabetes): - BP Control <140/90 (CBP); achieve and sustain 80% or greater. - BP Goal on Problem List; sustain 50% or greater. - Determine if health disparities exist when stratified by race/ethnicity (CBP for HEA).</p>	<p>1) In collaboration with BI and Pop Health, review possibilities for a new Epic registry and bulk outreach opportunities. 2) Monitor pharmacy consult workflow to improve hypertension control in staff model patients. 3) Monitor the Clinical Pharmacist consult (warm handoff) workflow to Urgent Care visits where BPs need attention. 4) Pending Quality Committee approval, implement and monitor the new BP cuff loaner program. NCQA will continue to accept home BP readings. 5) Continue to educate clinical staff on the importance of documenting patient self reported home BP monitoring during clinic or telehealth visits. 6) Implement and monitor phase 2 of the UW Rheumatology/OB-GYN grant project that includes synchronous primary care follow-up scheduling for GHC-SCW members with uncontrolled hypertension. Determine next steps post-pilot. Pilot ends February 2022. 7) Ongoing monitoring of the BPA for retakes and user-level reporting to ensure retakes are occurring and improving the overall compliance rate.</p>	<p>1) TBD 2) Ongoing 3) Ongoing 4) Q1-Q4 5) Ongoing 6) Q1-Q2 7) Ongoing</p>	<p>Kastman Steiner Ibrahim Rx/Benn Twining BI Department EA Department</p>

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve HEDIS utilization measure performance related to readmissions.	1) Monitor the HEDIS PCR rate: - Sustain the 90th Percentile or better (MY2020 90th-95th Percentile 0.4694-0.4211). MY 2020 rate was 0.4458.	1) Readmissions Committee continues to meet quarterly and assess opportunities for improvement. 2) Implement interventions from care transitions project in 2021 - 2022. 3) Utilize care transitions improvement project for coordination of care (member movement across settings/or practitioners) as it applies to HPA standards.	1) Ongoing 2) TBD 3) TBD	Kastman Steiner Lueschow Pipp Ibrahim Ametani Behl BI Department EA Department
Improve performance on measures related to preventive immunizations.	1) Maintain the 95th percentile for CIS Combo 10. 2) Maintain the 95th percentile for IMA Combo 2. 3) Achieve the 90th percentile or higher for IMA Combo 1. 4) Maintain the 75% or higher for adult Flu Vaccination rates.	1) Perform monthly postcard outreach for well child checks, 2) Develop and implement a MyPanel metric related to CIS to be used for bulk outreach purposes. 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) Identify children who need flu boosters.	1) Ongoing 2) TBD 3) Ongoing 4) During flu season 5) During flu season	Ibrahim Steiner Rice Patterson BI Department EA Department
Develop unique approaches and strategies to improve member health outcomes and costs associated with asthma.	1) Asthma Committee continues bi-monthly meetings and evaluation of associated objectives, their implementation and outcomes. 2) Reduce disparities related to HEDIS AMR and asthma outcomes between Commercial and Medicaid members.	1) Utilize the Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics. 2) Utilize the Epic Asthma Registry and outreach tools to sustain and improve asthma related MyPanel metrics. 3) Reevaluate the evidence for the use of FeNO testing in Primary Care. 4) Create and distribute Asthma education video in multiple languages to improve significant disparities between the Medicaid and Commercial populations in the Asthma Medication Ratio (AMR) rates across all age strata.	1-3) Ongoing 4) Q1 2022	Ballweg Ibrahim Steiner Patterson BI Department EA Department
Disseminate Provider and Urgent Care Dashboards on a quarterly basis with data on quality, cost, and patient experience.	1) Maintain Provider and Urgent Care Dashboards. 2) Identify efficiencies to remove manual compilation of dashboards and combine with the Epic Pop Health dashboard.	1) Meet regularly with EA and BI teams to discuss current state of the Provider Dashboard, barriers and opportunities, and future additions of other population health tools to populate an EMR dashboard. 2) Meet regularly with Nursing and Urgent Care leadership to create meaningful metrics for new dashboards.	1) Ongoing 2) Ongoing	Kastman Steiner Patterson Sandene Ibrahim Rice BI Department EA Department

OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Safety of Clinical Care				
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 90mg daily morphine equivalents. 2) Prevent any non-cancer patient from increasing past a daily morphine equivalent of 90mg. 3) Align with WI Licensing Board best practice guidelines for chronic opioid therapy. 4) Reduce co-prescribing of sedatives and opioids. 5) Promote Medication Assisted Treatment within Primary Care. 6) Involve Primary Care Behavioral Health staff in counseling. 7) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans. 8) Obtain information and trending from the PDMP. 9) HEDIS Opioid metrics (National All LOB Percentiles) - UOP Use of Opioids at High Dosage (>50th) - HDO Use of Opioids from Multiple Providers—Multiple Prescribers and Multiple Pharmacies (>50th) - COU Risk of Continued Opioid Use—31-day rate—Total (>50th) - POD Pharmacotherapy for OUD (>90th)	1) Continue to evaluate and monitor prescribing data. 2) Develop new RN-led patient education materials about chronic pain. 3) Implement a Care Plan Track that ensures follow-up every 3 months. 4) Introduce sedative policy that discourages long-term sedative prescribing and co-prescribing. 5) Continue Medication Assisted Treatment at GHC-SCW. 6) Continue to promote and resource PCBH across clinics and referrals. 7) Continue to promote and resource Clinical Pharmacists. 8) Support future regulatory reporting on opioids. 9) Annually review HEDIS rates and percentiles and set goals 10) Gather a group of dedicated staff, including stakeholders in Primary Care, Behavioral Health, and Administration to discuss future policy and provide feedback to Pain & CS Committee.	1-10) Ongoing	Kastman Steiner Ibrahim Quality Committee Pain and Controlled Substance Committee PCBH Clinical Pharmacists
Improve COVID vaccination rates.	1) Obtain a COVID vaccination rate of 80% or higher for the Commercial & Exchange HMO population.	1) Continue offering during visits to GHC-SCW clinics, outreach and planning for community vaccination events.	Ongoing	Steiner Pipp Marketing

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Behavioral Health Care				
<p>Improve Behavioral Health HEDIS metrics.</p> <p>Improve Continuity and Coordination of Medical and Behavioral Health Care.</p> <p>Continue Primary Care Behavioral Health Program.</p> <p>Continue Foundations Intensive Outpatient Program (IOP).</p>	<p>Behavioral Health HEDIS Measures & Goals (National All LOB Percentiles):</p> <ol style="list-style-type: none"> 1) ADHD Continuation (ADD; 95th). 2) Antidepressant Med Management Continuation (AMM; 95th). 3) Follow-Up After Hospitalizations for Mental Illness (FUH 7; 95th). 4) Metabolic Monitoring for Children & Adolescents on Antipsychotics (APM Total; 90th). 5) Alcohol or Drug Treatment Engaged (IET; 90th). 6) Follow-Up After Emergency Department Visit for Mental Illness (FUM 7; 95th). 7) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA 7; 95th). 8) Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA; 90th). 9) Follow-Up after High Intensity Care for SUD (FUI-7d; >50th). 10) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP; 95th). 	<ol style="list-style-type: none"> 1) Report quarterly performance to Behavioral Health Quality Committee (BHQC) and practitioners within GHC-SCW. 2) Report annual HEDIS results and plan ratings percentiles to BHQC and define the health plan's goals and opportunities related to these metrics. 3) Evaluate plan level data to look for opportunities to improve continuity and coordination of Behavioral Health and Medical Care (see QI 4 Element A through C). 4) Continue the use of standardized screening for depression in primary care through implementation of PHQ-2/PHQ-9 protocols. 5) Continue to pilot and evaluate use of the Columbia Suicide Severity Rating Scale in primary care. 6) Continue to pilot and evaluate use of the Collaborative Safety Planning template in primary care. 7) Engage practitioners in the use of the AUDIT-C screening tool and develop a workflow for appropriate follow-up as needed with members. 8) Monitor the GHC-SCW Foundations Intensive Outpatient Program (IOP) and cultivate potential growth including obtaining feedback from GHC-SCW insured participants to aid in further development of program content. 	<ol style="list-style-type: none"> 1) Q2 - Q4 2) Sept 2021 3) Ongoing 4) Ongoing 5) Ongoing 6) Ongoing 7) Q1-Q2 8) Ongoing 	<p>Kastman LeClair Austin Fucci Oakley BHQC Members</p>
<p>Evaluate member experience with Behavioral Health services.</p>	<ol style="list-style-type: none"> 1) Obtain 80% overall satisfaction with Behavioral Health services on our NCQA health plan level member experience survey for external providers across all HMOs. 2) Implement staff model Behavioral Health patient experience survey (via Press Ganey). 3) Establish threshold questions and set goals for performance. 	<ol style="list-style-type: none"> 1) Conduct a health plan level survey to rate satisfaction with the Behavioral Health services received through the plan and report the results to BHQC. 2) Work with internal GHC staff and Press Ganey associates to implement the patient experience survey tool in 2022. 3) Make sure we can sort data by product line of the member and report results to BHQC on performance and improvement opportunities. 	<ol style="list-style-type: none"> 1) Q3-Q4 annually 2) Q2 begin surveying Staff-Model members; Q4 analyze 2022 data and report to BHQC 3) Q1 	<p>BHQC Members Kastman LeClair Steiner Sandene PEIC Members</p>

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Population Health Management				
Develop and/or enhance current or new population health strategies to improve member health outcomes and lower costs.	1) Identify new or enhanced strategies. 2) Identify new or enhanced tools and resources.	1) Meet regularly with the EA team to discuss opportunities for enhancements to current and future population health tools. 2) Meet regularly with clinical leadership and staff to create meaningful tools and resources.	1) Ongoing	Kastman Ledford Steiner Paterson Ibrahim Rice EA Department
Smoking Cessation Program.	1) Continue to decrease number of current smokers on the GHC Epic Cigarette Use registry (staff model).	1) Evaluate and implement changes to the program to sustain the outreach long-term.	1) Q1 2022	Kastman Ledford Steiner Sandene
To be leader in Wellness at GHC-SCW.	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) Continue to monitor and improve the ManageWell member wellness and rewards program. 4) Identify strategic plans to use ManageWell as an employer group platform. 5) Continue implementing aspects of GHC's wellness strategic plan and roadmap.	1a) Ongoing 1b) Q1 2) Ongoing 3) Ongoing 4) TBD 5) Ongoing	Kastman Steiner Sandene
Conduct evaluations of current and future outreach initiatives. Strive to increase outreach to non-staff model members.	1) Assess all current outreach initiatives for continuation. 2) Review all outreach reporting for opportunities to incorporate non-staff model members.	1) Monitor current outreach initiatives for continuation or change. 2) Review reports for inclusion/exclusion criteria (i.e. telehealth offerings). 3) Ensure health literacy in outreach communications. 4) Conduct an annual review of Population Health Strategy and its impact for PHM 6 A and present to CSCQ. 5) Work with BI to import non-staff model claims data into Epic Healthy Planet tools and incorporate bulk messaging and outreach for non-staff model members using Caboodle tools and processes.	1) Ongoing 2) Ongoing 3) Ongoing 4) Q3 5) TBD	Steiner Kastman Ibrahim Paterson Rice Joyce BI Department EA Department

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Population Health Management				
<p>Complete the annual Population Assessment</p> <p>Assess needs of members of racial/ethnic groups</p> <p>Assess the needs of members with LEP.</p>	<p>1) Develop reporting to identify opportunities to improve population health for identified populations & subpopulations.</p> <p>2) Identify strategies and analytical tools to support efforts.</p> <p>3) Use the Pop Assessment to review and update PHM activities & resources including community resources.</p> <p>4) Address health disparities for at least one identified population.</p>	<p>1) Utilize available data to perform an annual Population Assessment and look at ways to address health disparities for a least one identified population.</p> <p>2) Improve the data and reporting process for completing the annual Population Assessment.</p> <p>3) Improve population health through implementation of analytical tools (e.g. SDoH Epic build and reporting capabilities).</p>	<p>1) Q3</p> <p>2) TBD</p> <p>3) Ongoing</p>	<p>Steiner</p> <p>Behl</p> <p>Camacho</p> <p>Ametani</p> <p>Jenson</p> <p>BI Department</p>
<p>Review Population Health Management Strategy and the impact of the programs and services offered by the organization annually by HMO product line.</p>	<p>Define the goals, target population and programs or services offered for each of the areas of focus within our Population Health Strategy by HMO product line.</p>	<p>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.</p>	<p>1) Q3-Q4</p>	<p>Steiner</p>
<p>Analyze the overall effectiveness of the Quality and Population Health programs.</p>	<p>Evaluate adequacy of program resources, committees, practitioner participation, leadership involvement & make program changes as necessary.</p>	<p>1) Perform a mid-year evaluation of the QI Workplan goals, objectives and proposed activities.</p> <p>2) Develop and approve a new workplan for the approaching year.</p>	<p>1) Jun or July 2022</p> <p>2) Sept-Dec 2022</p>	<p>Steiner</p> <p>Kastman</p> <p>CSQC</p>

**2022 Quality Improvement Work Plan
Medicaid HMO**

Improve the health of populations

Lower per capita costs

Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Service and the Member Experience				
<p>Conduct ongoing assessment of patient experience and member satisfaction and develop strategies for improvement.</p>	<p>1) The Patient Experience Improvement Steering and the Patient Experience Improvement Committee will focus on improvements to Press Ganey, CAHPS results, service trainings, etc. 2) Improve member and patient experience based on Press Ganey survey comments and results. 3) Plan for the Medicaid CAHPS survey to be administered by GHC-SCW. 4) Improve member satisfaction for measure results below the 50th percentile (applicable to the BadgerCare Plus CAHPS survey administered by DHS for children only).</p>	<p>1) Patient Experience Improvement Steering and the Patient Experience Improvement Committee will meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. This will include local level dyad work and a roadmap outlining GHC-SCW's strategic initiatives. 1a) Seek approval for administering surveys in top 5 languages for GHC-SCW's membership, and through texting methods (in addition to e-mail and mail). 1b) Implement a Staff Model Behavioral Health Patient Experience Survey to be administered through Press Ganey. 1c) Patient Experience Health Equity Subcommittee will identify ways to stratify Press Ganey results by product line to identify disparities between Commercial and Medicaid experiences. 2) Learning and Development continues to support training of new GHC-SCW employees using Press Ganey coursework (Anticipate, Communicate & Sustain). 3) Continue to monitor and support Provider Website Transparency that includes Press Ganey survey comments and results on the GHC-SCW website. 4) Begin vendor search for the Medicaid CAHPS survey. 5) Utilize CAHPS results provided by DHS for BadgerCare Plus children and develop strategies for improvement for measures below the 50th percentile. 6) Include BadgerCare Plus members on GHC-SCW's Member Advisory Council.</p>	<p>1) Ongoing 1a) Q1 1b-c) Q2-Q3 2) Ongoing 3) Ongoing 4) Q2 5) September 2022 6) Q1</p>	<p>Kastman Lueschow Craig Pipp Clinic Managers Steiner Sandene</p> <p>Patient Experience Improvement Committee including Steering</p> <p>Patient Experience Health Equity Subcommittee</p> <p>Marketing GHC-SCW Board of Directors</p>
<p>Improve the health of the populations that GHC-SCW serves by reducing health disparities.</p>	<p>1) Committee and workgroup members will examine baseline demographic and health outcome data to see where potential inequities exist. 2) Compare internal data to local, state and national public health statistics and other available evidence. 3) Enhance access and equity for our services.</p>	<p>1) Health Equity Subcommittees will meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. Subcommittees include the following: Accessibility, Community Partnership, Demographics, Equitable Health Outcomes, Facility, Patient Experience, Patient & Member Communications, Policy & Procedure, LGBTQ, BH LGBTQ and BH Racial Justice. 2) Expand health equity efforts across populations and deliver equitable healthcare and services at all GHC locations 3) Apply for NCQA Health Equity Accreditation for all HMO lines of business including Medicaid.</p>	<p>1) Ongoing 2) Ongoing 3) December 2022</p>	<p>Kastman Gobourne Steiner</p> <p>Health Equity Steering Committee</p> <p>Health Equity Subcommittees</p>

**2022 Quality Improvement Work Plan
Medicaid HMO**

Improve the health of populations

Lower per capita costs

Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve Pay for Performance (P4P) HEDIS prevention and immunization measures in conjunction with WI DHS.	1) CIS Combo 3; achieve and sustain 75.8% or greater (goal based on 2020 75th National HEDIS Percentile) (MY2020 rate 60%) 2) IMA Combo 2; achieve and sustain 43.6 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 42.86%) 3) Lead Screening; achieve and sustain 77.9% or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 71.82%)	1) Continue ongoing outreach and incentives for P4P measures 1a) Utilize Epic bulk outreach for IMA 1b) Perform monthly postcard outreach for well child checks 1c) Organize and perform phone call and reception outreach for well child checks 2) Develop and implement a MyPanel metric related to CIS to be used for bulk outreach purposes	1) Ongoing 2) TBD	Ibrahim Steiner Rice Patterson BI Department EA Department
Improve CBP rates through GHC-SCWs underperforming performance improvement project (PIP) in conjunction with WI DHS.	1) Achieve and sustain 56.5% (goal based on 2020 50th National HEDIS Percentile (MY 2020 rate 52.5%))	1) Perform outreach to BadgerCare members whose most recent BP in last 365 days is non-compliant (greater than or equal to 140/90) and offer a clinical pharmacy intervention. 2) Perform outreach to BadgerCare members who have not had a touch to primary care in the last 365 days regardless of most recent BP and offer a Primary Care visit for a blood pressure recheck. If uncontrolled, offer a clinical pharmacy intervention.	1) Q1 - Q4	Rice Steiner
Improve PPC prenatal and postpartum rates and birth outcomes through GHC-SCWs health disparities reduction project in conjunction with WI DHS.	1) Maintain PPC Prenatal care \geq 89.3% (goal based on 2020 75th National HEDIS Percentile) (MY 2020 92.31%) 2) Maintain PPC Postpartum care \geq 79.6% (goal based on 2020 75th National HEDIS Percentile) (MY 2020 83.33%)	1) Continue to implement and monitor the HMO-level and clinic-level (Hatchery Hill) health disparities reduction (HDR) plans. 2) Add a second clinic partner to the health disparities reduction project (Capitol Clinic) and complete the self-assessment, creation of a HDR plan, and Drivers of Health (DOH) workbook. 2) Implement a process to screen BC+ members for DOH. 3) Partner with a local Community Based Organization to address high priority DOH needs.	1-4) Ongoing	Joyce Steiner
OB Medical Home Program.	1) Provide wrap around services and care coordination for OB care through 84 days postpartum. 2) Improve birth outcomes and reduce disparities. 3) Conduct Member Experience Surveys with participants.	1) Continue making enhancements to the OB care plans. 2) Pursue WIC partnership via referrals (in-person considerations post-pandemic), complete MOU Public Health Madison and Dane County. 3) Continue ongoing doula partnership and seek new partnerships for pregnant women that identify as African American/Black, Latinx or Caucasian/White. 4) Member experience survey data collection and impact analysis.	1) Ongoing 2) TBD 3) TBD 4) Annually	Joyce Steiner

**2022 Quality Improvement Work Plan
Medicaid HMO**

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OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
<p>Improve HEDIS diabetes measures related to outcomes.</p>	<p>1) Improve HEDIS diabetes measures: - HbA1c Control < 8.0% (HBD); achieve and sustain 51.34% or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 51.28%). - BP Control <140/90 (BPD); achieve and sustain 65.69% or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 64.10%). - Eye Exams (EED); achieve and sustain 57.91% or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 51.28%). 2) Implement improvement initiatives that target opportunities in HEDIS measures and minimize the disparities between the Commercial and Medicaid product lines. 3) New HBD measure: determine if health disparities exist when stratified by race/ethnicity (HbA1c control for HEA).</p>	<p>1) Diabetes Improvement Team continues to meet monthly in workgroups: Improve Care Workgroup and Empower Patients Workgroup. 2) Implement new YMCA Diabetes Prevention Program partnership with YMCA of Milwaukee and monitor outcomes. 3) Monitor, assess, implement and enhance the Epic Diabetes tools including Epic Diabetes Care Path for newly diagnosed patients and patient outreach tools. 4) Evaluate 2021 Virtual Diabetes Support Group and request approval to continue support group long-term for GHC-SCW members for all insurance types.</p>	<p>1) Ongoing 2) TBD 3) Ongoing 4) TBD</p>	<p>Kastman Steiner Twining Ibrahim Patterson Rice Rx/Benn BI Department EA Department</p>
<p>Improve HEDIS CBP measures related to hypertension outcomes.</p>	<p>1) Expand hypertension efforts to entire patient population (beyond patients with diabetes): - BP Control <140/90 (CBP); achieve and sustain 63.53% or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 52.5%). - BP Goal on Problem List reach 50% or greater 2) Determine if health disparities exist when stratified by race/ethnicity (CBP for HEA).</p>	<p>1) In collaboration with BI and Pop Health, review possibilities for a new Epic registry and bulk outreach opportunities. 2) Monitor pharmacy consult workflow to improve hypertension control in staff model patients. 3) Monitor the Clinical Pharmacist consult (warm handoff) workflow to Urgent Care visits where BPs need attention. 4) Pending Quality Committee approval, implement and monitor the new BP cuff loaner program. BadgerCare members will be included in this program although they are eligible to receive a covered cuff from the pharmacy as part of their benefits. NCQA will continue to accept home BP readings. 5) Continue to educate clinical staff on the importance of documenting patient self-reported home BP monitoring during clinic or telehealth visits. 6) Implement and monitor phase 2 of the UW Rheumatology/OB-GYN grant project that includes synchronous primary care follow-up scheduling for GHC-SCW members with uncontrolled hypertension. Determine next steps post-pilot. Pilot ends February 2022. 7) Ongoing monitoring of the BPA for retakes and user-level reporting to ensure retakes are occurring and improving the overall compliance rate. 8) Seek community partnership opportunities and events that focus on closing disparities by product line and race/ethnicity for hypertension control.</p>	<p>1) TBD 2) Ongoing 3) Ongoing 4) Q1-Q4 5) Ongoing 6) Q1-Q2 7) Ongoing 8) TBD</p>	<p>Kastman Steiner Ibrahim Rx/Benn Twining BI Department EA Department</p>

**2022 Quality Improvement Work Plan
Medicaid HMO**

Improve the health of populations

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Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve HEDIS utilization measure related to readmissions.	1) Monitor the HEDIS PCR rate: - Achieve/sustain the 75th percentile or better (0.9163 - 2020 75th National HEDIS Percentile). MY 2020 rate was 0.9756. Readmissions rate is higher than Commercial.	1) Readmissions Committee continues to meet quarterly and assess opportunities for improvement. 2) Implement interventions from care transitions project in 2021-2022. 3) Utilize care transitions project for member movement across settings/between practitioners. Apply to HPA standards.	1) Ongoing 2) TBD 3) TBD	Kastman Steiner Lueschow Pipp Ibrahim Ametani Behl BI Department EA Department
Look to develop unique approaches and strategies to improve member health outcomes and costs associated with asthma.	1) Utilize the Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics. 2) Utilize the Epic Asthma Registry and outreach tools to sustain and improve asthma related MyPanel metrics. 3) Continue to evaluate the evidence for the use of FeNO testing in Primary Care. 4) Reduce disparities related to HEDIS AMR and asthma outcomes between Commercial and Medicaid members.	1- 3) Asthma Committee continues bi-monthly meetings and evaluation of associated objectives, their implementation and outcomes. 4) Create and distribute Asthma education video in multiple languages to improve significant disparities between the Medicaid and Commercial populations in the Asthma Medication Ratio (AMR) rates across all age strata.	1-3) Ongoing 4) Q1 2022	Ballweg Ibrahim Steiner Patterson BI Department EA Department
Create and disseminate Provider and Urgent Care Dashboards on a quarterly basis with data on quality, cost, and patient experience.	1) Continue to maintain the Provider Dashboard for lead screening. 2) Identify new Medicaid specific metrics for Provider Dashboards. 3) Identify efficiencies to remove manual compilation of dashboards and combine with the Epic Pop Health dashboard.	1) Identify meaningful metrics for new dashboards. 2) Meet regularly with EA and BI teams to discuss current state of the Provider Dashboard, barriers and opportunities, and future additions of other population health tools to populate an EMR dashboard.	1) TBD 2) Ongoing	Kastman Steiner Patterson Sandene Ibrahim Rice BI Department EA Department

**2022 Quality Improvement Work Plan
Medicaid HMO**

Improve the health of populations

Lower per capita costs

Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Safety of Clinical Care				
Continue to monitor patient safety and look for opportunities for improvement.	<ol style="list-style-type: none"> For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90mg daily morphine equivalents. Prevent any non-cancer patient from increasing past a daily morphine equivalent of 90mg. Align with WI Licensing Board best practice guidelines for chronic opioid therapy. Reduce co-prescribing of sedatives and opioids. Promote Medication Assisted Treatment within Primary Care. Involve Primary Care Behavioral Health staff in counseling. Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans. Obtain information and trending from the PDMP. Improve HEDIS Opioid Use metrics: <ul style="list-style-type: none"> UOP Multiple Prescribers and Multiple Pharmacies; achieve and sustain 0.93 (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 2.48). HDO; achieve and sustain 2.38 (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 39.71). COU 31 day rate; achieve and sustain 2.39 (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 51.28%). 	<ol style="list-style-type: none"> Continue to evaluate and monitor prescribing data. Develop new RN-led patient education materials about chronic pain. Implement a Care Plan Track that ensures follow-up every 3 months. Introduce sedative policy that discourages long-term sedative prescribing and co-prescribing. Continue Medication Assisted Treatment at GHC-SCW. Continue to promote and resource PCBH across clinics and referrals. Continue to promote and resource Clinical Pharmacists. Support future regulatory reporting on opioids. Annually review HEDIS rates and percentiles and set goals. Implement Q3 month follow-up visit frequency. 	1-10) Ongoing	<p>Kastman Steiner Ibrahim Quality Committee Pain and Controlled Substance Committee PCBH Clinical Pharmacists</p>
Improve Lead Screening.	<ol style="list-style-type: none"> Lead Screening; achieve and sustain 77.9% or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 71.82%). 	<ol style="list-style-type: none"> Create and implement a universal screening policy defined as screening of all patients up to 24 months regardless of perceived risk and insurance plan. Document a standardized workflow that complies with the universal screening policy and captures lab, parent/guardian education, and positive follow-up and re-screen processes. Modify the Epic smartset questions and make other Epic enhancements to improve the screening process, as necessary. Develop and administer provider and staff training. Develop internal reporting to monitor lead screening rates. Have Change Healthcare build LSC metric for Commercial HMO to identify if health disparities by product line are present. 	<ol style="list-style-type: none"> Q1-Q2 2022 Q1-Q2 2022 Q1-Q2 2022 Q1-Q2 2022 Q1-Q2 2022 	<p>Rice Steiner Ledford Lead Screening Committee</p>
Improve COVID vaccination rates.	<ol style="list-style-type: none"> Obtain COVID vaccination rate of 55 % or higher for our Medicaid population. 	<ol style="list-style-type: none"> Continue offering during visits to GHC-SCW clinics, outreach and planning for community vaccination events. 	Ongoing	<p>Steiner Donisch Camacho Marketing</p>
Improve performance on flu vaccination rates.	<ol style="list-style-type: none"> Obtain or maintain 75% or higher for adult and children Flu Vaccination rates. 	<ol style="list-style-type: none"> Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for flu. Identify children who need flu boosters. 	<ol style="list-style-type: none"> During flu season During flu season 	<p>Ibrahim Steiner Rice Patterson BI Department EA Department</p>

**2022 Quality Improvement Work Plan
Medicaid HMO**

Improve the health of populations

Lower per capita costs

Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Behavioral Health Care				
<p>Improve Behavioral Health HEDIS metrics.</p> <p>Improve Continuity and Coordination of Medical and Behavioral Health Care.</p> <p>Continue Primary Care Behavioral Health Program.</p> <p>Continue Foundations Intensive Outpatient Program (IOP).</p>	<p>Improve HEDIS Behavioral Health Measures:</p> <p>1) ADHD Continuation (ADD); achieve and sustain 62.47 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate N/A).</p> <p>2) Antidepressant Med Management Continuation (AMM); sustain the 95th percentile (57.75) or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 63.37).</p> <p>3) F/U After Hospitalizations for MH (FUH 7); achieve and sustain the 90th percentile (57.81) or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 50.00).</p> <p>4) Metabolic Monitoring for Children & Adolescents on Antipsychotics (APM Total); achieve and sustain 36.77 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate N/A).</p> <p>5) Alcohol or Drug Treatment Engaged (IET); achieve and sustain 17.86 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 15.17).</p> <p>6) F/U After Emergency Department Visit for Mental Illness (FUM 7); achieve and sustain 49.49 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 26.32).</p> <p>7) F/U After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA 7); achieve and sustain 17.66 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 13.11).</p> <p>8) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications SSD; achieve and sustain 79.70 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate 76.92).</p> <p>9) Adherence to Antipsychotic Medications for Individuals With Schizophrenia SAA; achieve and sustain 69.44 or greater (goal based on 2020 75th National HEDIS Percentile) (MY 2020 rate N/A).</p>	<p>1) Report quarterly performance to Behavioral Health Quality Committee (BHQC) and practitioners within GHC-SCW.</p> <p>2) Report annual HEDIS results and plan ratings percentiles to BHQC and define the health plan's goals and opportunities related to these metrics.</p> <p>3) Evaluate plan level data to look for opportunities to improve continuity and coordination of Behavioral Health and Medical Care (see Q1 4 Element A through C).</p> <p>4) Continue the use of standardized screening for depression in primary care through implementation of PHQ-2/PHQ-9 protocols.</p> <p>5) Continue to pilot and evaluate use of the Columbia Suicide Severity Rating Scale in primary care.</p> <p>6) Continue to pilot and evaluate use of the Collaborative Safety Planning template in primary care.</p> <p>7) Engage practitioners in the use of the AUDIT-C screening tool and develop a workflow for appropriate follow-up as needed with members.</p> <p>8) Monitor the GHC-SCW Foundations Intensive Outpatient Program (IOP) and cultivate potential growth including obtaining feedback from GHC-SCW insured participants to aid in further development of program content.</p>	<p>1) Q2 - Q4</p> <p>2) Sept 2021</p> <p>3) Ongoing</p> <p>4) Ongoing</p> <p>5) Ongoing</p> <p>6) Ongoing</p> <p>7) Q1-Q2</p> <p>8) Ongoing</p>	<p>Kastman LeClair Austin Fucci Oakley BHQC Members</p>
<p>Evaluate member experience with Behavioral Health services.</p>	<p>1) Obtain 80% overall satisfaction with BH services on our NCQA health plan level member experience survey for external providers across all HMOs.</p> <p>2) Implement staff model Behavioral Health patient experience survey (via Press Ganey).</p> <p>3) Establish threshold questions and set goals for performance.</p>	<p>1) Conduct a health plan level survey to rate satisfaction with the Behavioral Health services received through the plan and report the results to BHQC.</p> <p>2) Work with internal GHC staff and Press Ganey associates to implement the patient experience survey tool in 2022.</p> <p>3) Make sure we can sort data by product line of the member and report results to BHQC on performance and improvement opportunities.</p>	<p>1) Q3-Q4 annually</p> <p>2) Q2 begin surveying Staff-Model members; Q4 analyze 2022 data and report to BHQC</p> <p>3) Q1</p>	<p>BHQC Members Kastman LeClair Steiner Sandene PEIC Members</p>

**2022 Quality Improvement Work Plan
Medicaid HMO**

Improve the health of populations

Lower per capita costs

Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Population Health Management				
Look to develop and enhance current and new population health strategies to improve member health outcomes and lower costs.	1) Identify new and enhanced strategies that focus on the HEDIS preventive metrics on the report card including: WCC BMI Percentile Total, IMA Combo 2, CIS Combo 10, BCS, CCS, CHL, and FVA (flu shots 18-64). 2) Identify new and enhanced tools and resources that focus on the HEDIS preventive metrics on the report card including: WCC BMI Percentile Total, IMA Combo 2, CIS Combo 10, BCS, CCS, CHL, and FVA (flu shots 18-64).	1) Meet regularly with the EA team to discuss opportunities for enhancements to current and future population health tools. 2) Meet regularly with clinical leadership and staff to create meaningful tools and resources.	1) Ongoing	Kastman Ledford Steiner Patterson Ibrahim Rice EA Department
Smoking Cessation Program.	1) Continue to decrease number of current smokers on the GHC Epic Cigarette Use registry (staff model).	1) Evaluate and implement changes to the program to sustain the outreach long-term.	1) Q1 2022	Kastman Ledford Steiner Sandene
To be leader in Wellness at GHC-SCW.	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) Continue to monitor and improve the ManageWell member wellness and rewards program specifically for BadgerCare members where reward restrictions apply. 4) Identify strategic plans to use ManageWell as an employer group platform. 5) Continue implementing aspects of GHC's wellness strategic plan and roadmap.	1a) Ongoing 1b) Q1 2) Ongoing 3) Ongoing 4) TBD 5) Ongoing	Kastman Steiner Sandene
Conduct evaluations of current and future outreach initiatives. Strive to increase outreach to non-staff model members.	1) Assess all current outreach initiatives for continuation. 2) Review all outreach reporting for opportunities to incorporate non-staff model members.	1) Monitor current outreach initiatives for continuation or change. 2) Review reports for inclusion/exclusion criteria (i.e. telehealth offerings). 3) Ensure health literacy in outreach communications. 4) Annual review of Medicaid Population Health Strategy and its impact for PHM 6 A and present to CSCQ. 5) Work with BI to import non-staff model claims data into Epic Healthy Planet tools and incorporate bulk messaging and outreach for non-staff model members using Caboodle tools and processes. 6) Continue quarterly meetings with Access Community Health Center (ACHC) to review and identify outreach needs to non-staff model members.	1) Ongoing 2) Ongoing 3) Ongoing 4) Q3 5) TBD	Steiner Kastman Ibrahim Patterson Rice Joyce BI Department EA Department

**2022 Quality Improvement Work Plan
Medicaid HMO**

Improve the health of populations

Lower per capita costs

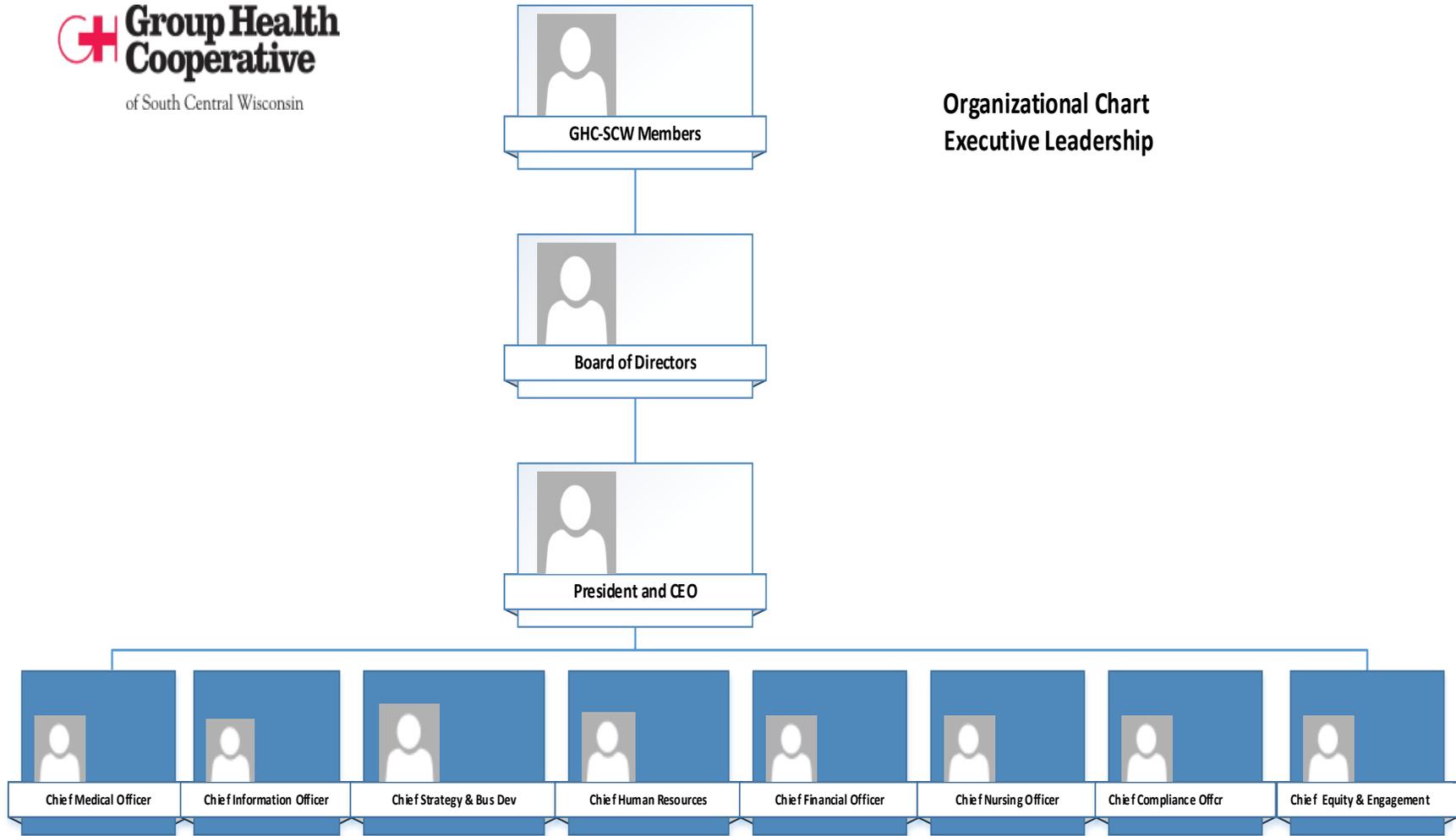
Improve the patient experience of care

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Population Health Management				
<p>Complete the annual Population Assessment Assess needs of members of racial/ethnic groups Assess the needs of members with LEP.</p>	<p>1) Develop reporting to identify opportunities to improve population health for identified populations & subpopulations. 2) Identify strategies and analytical tools to support efforts. 3) Use the Pop Assessment to review and update PHM activities & resources including community resources. 4) Address health disparities for at least one identified population.</p>	<p>1) Utilize available data to perform an annual Population Assessment and look at ways to address health disparities for a least one identified population. 2) Improve the data and reporting process for completing the annual Population Assessment. 3) Improve population health through implementation of analytical tools (e.g. SDoH Epic build and reporting capabilities).</p>	<p>1) Q3 2) TBD 3) Ongoing</p>	<p>Steiner Behl Camacho Ametani Jenson BI Department</p>
<p>Review Medicaid Population Health Management Strategy and the impact of the programs and services offered by the organization annually.</p>	<p>Define the goals, target population and programs or services offered for each of the areas of focus within our Medicaid Population Health Strategy.</p>	<p>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.</p>	<p>1) Q3-Q4</p>	<p>Steiner</p>
<p>Analyze the overall effectiveness of the Quality and Population Health programs with respect to the Medicaid HMO product line.</p>	<p>Evaluate adequacy of program resources, committees, practitioner participation, leadership involvement & make program changes as necessary.</p>	<p>1) Perform a mid-year evaluation of the QI Workplan goals, objectives and proposed activities. 2) Develop and approve a new workplan for the approaching year.</p>	<p>1) Jun or July 2022 2) Sept-Dec 2022</p>	<p>Steiner Kastman CSQC</p>

Appendix 1

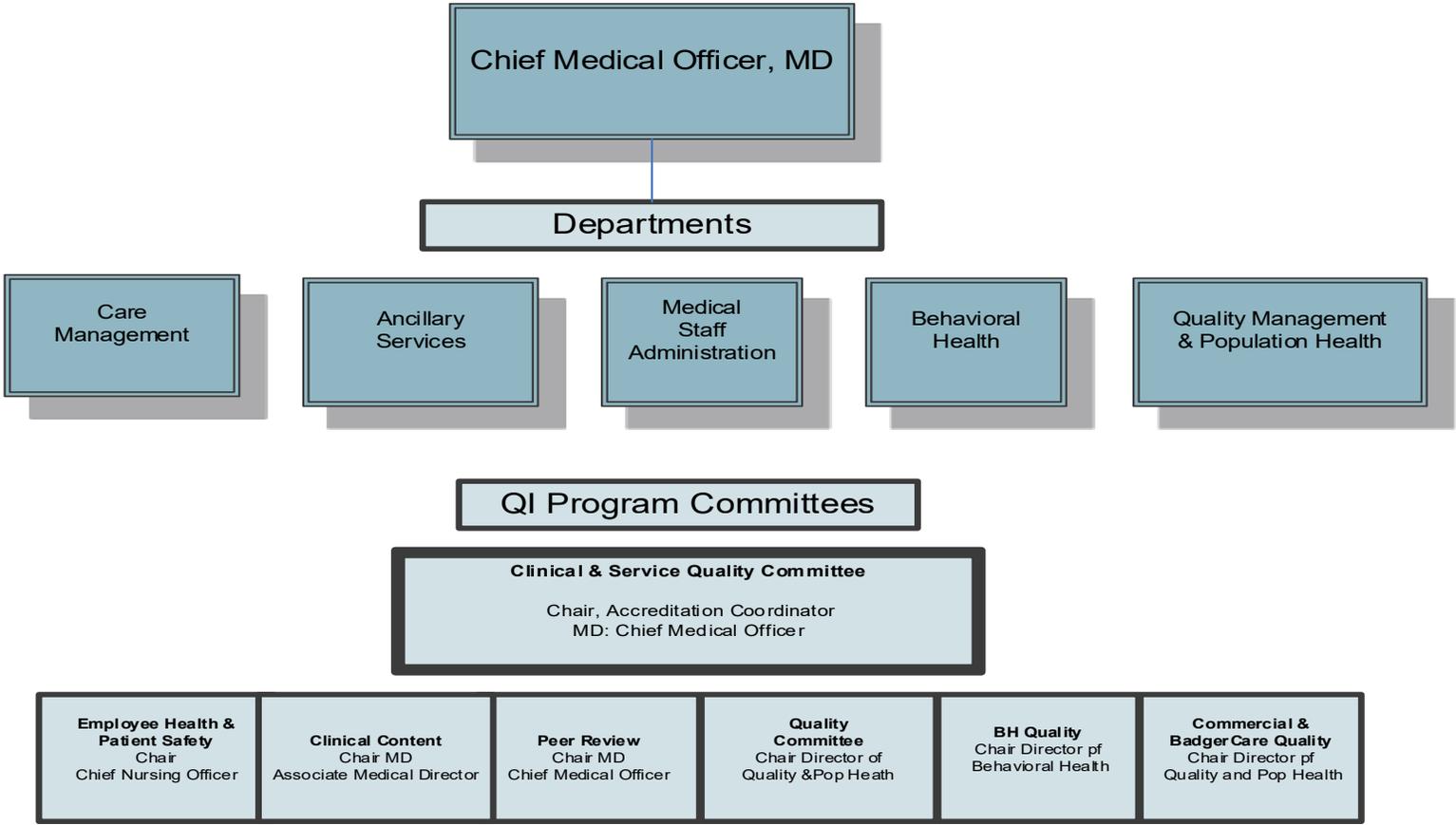


Organizational Chart
Executive Leadership



Appendix 2

**Quality Improvement Program
Organizational Structure
2022**



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
- Clinical Quality Coordinator HEDIS
- Care Management Manager
- Case Management Team Lead Nursing Representative
- Director of Behavioral Health
- Member Services Manager
- Manager Pharmacy Services
- Ad-hoc members as appropriate

MEETING FORMAT AND FREQUENCY

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.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.

Appendix 4

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.

CLINICAL CONTENT COMMITTEE (CCC)

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 and Population Health
- Senior Medical Director
- 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.

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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

STATEMENT OF PURPOSE

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

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

ROSTER

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

MEETING FORMAT AND FREQUENCY

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

QUALITY COMMITTEE (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
 - Clinical and Service Quality Committee (CSQC) updates
 - Behavioral Health Quality Committee (BHQC) updates
 - 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
- Senior Medical Director
- Chief Nursing Officer
- Director of Clinical Operations
- Director of Behavioral Health
- IT Business Intelligence Manager
- Enterprise Applications Manager
- Accreditation Coordinator(s)
- QI Specialist(s)
- Clinical Quality Coordinator HEDIS
- 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.

Appendix 8

- Review and make updates to annual QM Workplan.
- Other relevant topics for discussion as needed.

Membership

- Director of Quality & Population Health
- Chief Medical Officer
- Clinical Quality Coordinator HEDIS
- Quality Improvement Specialist(s)
- BadgerCare Plus Coordinator
- Information Analyst (s) HEDIS and /or QM
- Government Programs Contract Administrator

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 (Chair)
- Accreditation Coordinator (Co-Chair)
- BH Medical Director (Psychiatry-MD)
- BH Services Manager (LPC; Psychotherapist)
- Primary Care Behavioral Health Program Coordinator (PsyD M.Ed.)
- Primary Care Practitioner(s) (PA-C)
- Director of Quality & Population Health Director
- Clinical Quality Coordinator HEDIS
- Behavioral Health Services Program Coordinator
- Utilization Management Rep
- Quality Improvement Specialist
- 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.