

2023

# 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 Press Ganey® CG-CAHPS® encounter surveys to gather information we value about our members' and patients' clinic experiences. In 2023, GHC-SCW implemented a Press Ganey Behavioral Health experience survey that gauges our members' satisfaction OF services within our staff model Behavioral Health Department.

Health plan level consumer feedback is obtained through the annual Adult CAHPS® survey. In addition, a group of dedicated members lend their input on 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. 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 and use this information to drive improvement realize the greatest return on investment. As a result, GHC-SCW implemented the following over the last year:

- Leadership Visibility & Improved Communications: Listening Sessions & Weekly Updates
- Compensation: Market competitive general increase for all staff in 2023
- Scribes for Practitioners: Dragon Implementation
- Employee Appreciation Week: Deli Luncheon and Appreciation Gift

#### **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 (BI) team implements a performance reporting strategy that reflects the distinct data needs of every level of the organization. All departments use data analytics to respond to operational issues, make decisions, set goals, and track progress. In October 2023, GHC-SCW launched the IGNITE project to transform the organization's BI structure. Moving forward, GHC-SCW will fully leverage Epic's Caboodle and retire our Enterprise Data Warehouse. This project is designed to help consolidate human resources, reduce costs, and improve end user satisfaction.

## **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**

For more information on GHC-SCW's leadership, please see <https://ghcscw.com/about-us/leadership/>.

**Appendix 1** depicts the organization's governance and executive leadership team. The Board of Directors election in 2023 resulted in Courtney Hayward and Colleen Gullickson being reelected and Andrew Turner being newly appointed.

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 with 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*

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 the organization's premise 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 senior leaders and various directors, as well as, administrative, insurance, and clinical care team personnel working together on analyses 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 Departments 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; Appendix 2)* 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 changes to structure or resources, and ensure appropriate follow-up to meet our goals and accreditation requirements.

### 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; Appendix 3)* 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 serious mental illness or serious emotional disturbance

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

Eight (8) standing committees are the central part of the QI program designed to continuously monitor a wide range of either clinical and/or health plan related quality related activities or needs associated with accreditation. GHC-SCW generates minutes for all organizational committees as they occur. These eight committees are:

- ❖ *Clinical and Service Quality*
- ❖ *Behavioral Health Quality*
- ❖ *Peer Review Committee*
- ❖ *Clinical Content Committee*
- ❖ *Employee Health and Patient Safety*
- ❖ *Quality and Population Health Steering Committee*
- ❖ *Commercial & BadgerCare Quality (Medicaid program)*
- ❖ *Pharmaceutical & Technology Assessment*

Other organizational committees vital to process improvement are:

- |                               |                                          |
|-------------------------------|------------------------------------------|
| ❖ <i>Patient Experience</i>   | ❖ <i>Immunizations</i>                   |
| ❖ <i>Hypertension</i>         | ❖ <i>Readmissions (ad hoc)</i>           |
| ❖ <i>Asthma</i>               | ❖ <i>Pain &amp; Controlled Substance</i> |
| ❖ <i>Diabetes Improvement</i> | ❖ <i>Lead Screening</i>                  |

## Quality and Population Health Management & Resources

As a senior leader, GHC-SCW's Chief Medical Officer oversees Quality and Population Health. The organization's Community Health Department underwent a rebranding to become our Population Health Department in 2023. The team members now under Population Health remain dedicated to their focus on community partnerships, sustaining community health programs, and social work services. This change allows for more work addressing social determinants of health and will create stronger engagement in equitable care by identifying and reducing disparities.

The Director of Quality and Population Health leads both departments and a diversified team with a range of expertise. Team members help carry out initiatives associated with our health plan or health equity goals, or the quality performance requirements associated with our Wisconsin Department of Health Services Medicaid contract. Organizational resources include sophisticated information systems and electronic medical records, as well as the utilization of Lean/Continuous Improvement methodology and tools, and other software available to assist the team.

Our 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 contained in a comprehensive document which includes the target population within each product line and the programs or services for which a member may be eligible. The cooperative 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 have been appropriately addressed or may need further improvement.

## **Promoting Diversity, Equity, and Inclusion**

In August 2023, GHC-SCW strengthened our commitment to diversity, equity, and inclusion (DEI) as the organization became Accredited in Health Equity through NCQA for all our HMO lines of business. The Health Equity accreditation renewal cycle is every three years and work has already begun to evaluate the results of our first survey and plan for future success. Top priorities in the next two years are to implement our plan for the direct data collection of gender identity and sexual orientation from our members. Our goals are then to:

- Create provider networks mindful of individual's needs and/or preferences and offer services associated with their need
- Identify opportunities to reduce inequities and improve care

GHC-SCW also takes pride in the work we do both inside and outside our clinic walls that is integral to our mission. We are dedicated to empowering those around us and expanding access to critically needed care and resources through partnerships with local community organizations. Some partnerships we prioritize include:

- ConnectRx Wisconsin, supports Black pregnant patients by giving them greater access to care to improve birth outcomes for Black mothers and provide family-stabilizing resources.
- GHC-SCW partners with Jewish Social Services, a local resettlement agency, to provide care for newly arrived refugees each year
- 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
- 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
- Hmong Language and Cultural Enrichment Program

## ANNUAL WORK PLAN (s)

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.

Work plans are combined for our Commercial and Exchange HMO's, however, our Medicaid HMO has a separate annual QI work plan that allows specificity for the defined goals or requirements of participation in a state government program. Some initiatives or improvement activities, however, may apply universally to all product lines depending on the aim.

The decision on included objectives in the annual work plan is made by quality management leadership and considers the organization's overall strategic plan. Goals or priorities may require adjustment based on business needs, budget constraints or the effectiveness of our pursuits. The work plan includes a process for periodic monitoring of our progress. 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 the last two years, senior leaders have developed goals associated with each strategic pillar and identified the work that will be required to execute our plan.

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 aims 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 2023.

## B. Overview

### Operational Achievements

- NCQA's 2023 Health Plan Rating for our Commercial HMO is 4.5 out of five (5) stars.



- GHC-SCW's Commercial and Exchange HMO plans remain NCQA Accredited through July 2025.
- Our Medicaid HMO went through our first NCQA Health Plan Accreditation survey in 2023 and is now also Accredited and will receive a first Star Rating in 2025.
- GHC-SCW celebrated Healthcare Employee Recognition Week June 5<sup>th</sup> through 11<sup>th</sup> with a focus on celebration and gratitude for our talented workforce.
- GHC-SCW was recognized by Turquoise Health, a company that develops price transparency software, as one of 48 payers with the best scores for completeness and accessibility of our publicly available pricing data since requirements for payers to publish negotiated rates took effect.
- GHC-SCW's Annual Member Meeting took place on June 22, 2023. During this exclusive event, attendees had the opportunity to hear directly from Dr. Mark Huth, our President and CEO, Board Chair, Dr. Ann Hoyt and Board Treasurer, Bill Oemichen, on the state of the cooperative and learn the results of the yearly Board of Directors election.
- GHC-SCW's Commercial, Exchange and Medicaid HMO plans became Accredited under the 2022 NCQA standards for Health Equity Accreditation.



- GHC-SCW announced three winners of the 2023 Medical Pre-Professional Diversity Scholarship to help under-represented individuals pursue degrees in medicine. Awardees received \$5,000 and the opportunity to job shadow with a provider at one of GHC-SCW clinics.

## HEDIS® & CAHPS® Performance: Measurement Year 2022

GHC-SCW evaluates all our HEDIS® and CAHPS® metrics against the National-All Lines of Business Percentile Rankings in NCQA's Quality Compass®. 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 50<sup>th</sup> percentile
- 4) Measures with small denominators where small numerator changes can impact percentile ranges

GHC-SCW's Commercial HMO is among the top seven (7) percent of highest-rated health plans in the nation per NCQA's Commercial Health Plan Ratings 2023. Our health plan report card achieved:

- 3.0 out of five (5) in **Patient Experience**
- 4.5 out of five (5) in **Prevention & Equity**
- 4.0 out of five (5) in **Treatment**

## 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:



GHC-SCW and St. Vincent DePaul Society have been partnering to help address social determinants of health for members receiving care at our staff model clinics. Members can receive assistance to pay bills for utilities, phone or internet, or even medical supplies. This assistance can then help our members stay connected with their health care provider to get the care they need.

In 2023, GHC-SCW focused on Child and Adolescent Well-Care Visits as one of the required Medicaid Performance Improvement Projects (PIPs). Quality staff have been outreaching new Medicaid members monthly via telephone and mail with a Health Needs Assessment (HNA). For members that complete the HNA, staff can guide them to a provider and/or other services/resources that better serve individual needs.

Health Literacy is also a social determinant of health in that it can impact quality of care, cost of care, patient safety, and the patient experience. Not communicating clearly in the health care setting can have a direct impact on a patient's understanding of how to manage their health and/or how to use their insurance benefits.

GHC-SCW has worked with *Wisconsin Health Literacy (WHL)*, to create customized training for employees. Health Literacy 101 is the basic introduction course and a prerequisite to Health Literacy 102 that expands on using plain language and teach back to check for understanding.

WHL is a non-profit coalition of community-based literacy programs throughout our state that works with healthcare organizations on their mission to advance health equity through literacy.

## **Safety of Clinical Care**

### **Employee and Patient Safety Committee**

GHC-SCW and the Employee and Patient Safety Committee prioritized safety in 2023 by joining the National Safety Council in observing *National Safety Month*. During June, the National Safety Council offered weekly resources to help keep our workplace safe on topics such as emergency preparedness and hazard recognition. In addition, new Lead Screening Resource Pages were launched on the Clinical Hub/Care Team Resources Intranet page for Primary Care Providers and Nursing staff.

GHC-SCW employees are also responsible for reporting events in *Healthcare Safety Zone*. This tool supports an organizational culture of safety where reporting is submitted anonymously to allow full disclosure.

### **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 practitioners, with help from nursing staff and pharmacy, have done a lot of challenging work over the last few years to align individual practices with what is considered the best guidance for opioid prescribing.

GHC-SCW's Opioid Treatment Policy aims to protect both our patients and our prescribers, and we use a peer review subcommittee to investigate internal concerns. All prescribers who have a DEA certificate must take a course approved by the WI Department of Safety & Professional Services that fulfills the requirement for eight (8) CME credits for their license renewal.

In March 2023, the FDA approved naloxone nasal spray as an over the counter medication that can be sold without a prescription. This change will help improve access and increase the number of locations where it is available helping to reduce opioid overdose deaths throughout the country.

### **Medication Documentation**

Medication errors can cause several types of risk for patients, healthcare workers, and organizations, reducing patient safety. GHC-SCW Nursing Leadership recognized internal processes for medication administration and documentation was not standardized throughout the organization. A multi-disciplinary workgroup collaborated on ideas to improve, and medications were reviewed by a team of providers, nursing staff and pharmacy to determine standards for who is responsible to document and verify. GHC-SCW is also piloting the use of scanners to improve accuracy and leverage the capabilities of our EMR. Standardized work with clear roles and responsibilities supports safe and reliable care.

## **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.

## **Quality of Service**

### **Healthy Joints Group Class**

Physical Therapy in collaboration with Health Education have been offering the *Healthy Joints Program* to assist members in managing Hip and Knee Osteoarthritis. Now almost 2 years into the program, GHC-SCW wanted to give members additional opportunities to get this valuable information and developed a *Healthy Joints Class* designed to be interactive and focus on educating members on managing the condition.

### **New Video Visit Vendor**

GHC-SCW made a change to our video visit vendor in 2023 after using MDLIVE for medical visits and behavioral health visits since 2019. GHC-SCW chose to partner with **KeyCare**. since they use Epic's EMR. This translates to easier member access directly from MyChart for non-emergency medical conditions and, benefits our clinicians as encounter documentation will be available via Care Everywhere.

Behavioral Health Therapy access 24/7/365 remains with MDLIVE where members can connect with a licensed therapist or board-certified psychiatrist by phone or secure video to help treat any non-emergency mental health condition.

## **Quality of Clinical Care**

### **Nursing Skills Refresher Courses**

GHC-SCW worked to launch skills refresher training options for our nursing employees after a need for some refreshment of skills was identified by a survey sent in Primary Care. The goal is to have all registered nurses practicing to the top of their licensure scope. Two of the courses included Diabetes Teaching and Wound Care. Trainings will be a variety of platforms including virtual, hands-on, independent and group efforts. All RNs complete hands-on skills portions regardless of their comfort level.

### **Expanded Network Podiatry Access**

GHC-SCW announced the addition of a new network provider for podiatry services effective June 2023. No referral or prior authorization is required to schedule an appointment. This partnership with *University Podiatry Associates*, joins a long-standing relationship with *Associated Podiatry*, to improve access to top-quality podiatry services.

## **Expanded Autism Treatment Services**

GHC-SCW made a significant addition to supporting our members with autism spectrum disorder (ASD). Beginning October 2023, we expanded treatment services to include short-term, targeted social skills and emotion regulation support via home visits. Once a referral is submitted, it is reviewed in Care Management for eligibility determination (e.g., age, insurance). Our ASD Program team will contact the family for screening and to discuss next steps. If the child/family cannot commit to treatment or does not meet criteria we discuss other options.

## **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.

The 2023 Strategic Plan Financial Strength Pillar was designed to ensure the Cooperative's long-term viability by reinvesting earnings generated by controlling health care costs and consistently growing revenue. The 5-year goal is to achieve risk-based capital of 400%. A second goal focused on increasing staff model attribution by 1,200 members by 12/31/2023.

The 2024 budget remained conservative to ensure our sustainability and was delivered to the Finance Committee and 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 and recently underwent a first survey for our Medicaid HMO product line in 2023. The achievement of accreditation of our Medicaid health plan along with Health Equity Accreditation was a requirement dictated by the State of Wisconsin for organizations to continue to participate in the State's Medicaid program.

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. Challenges During 2023

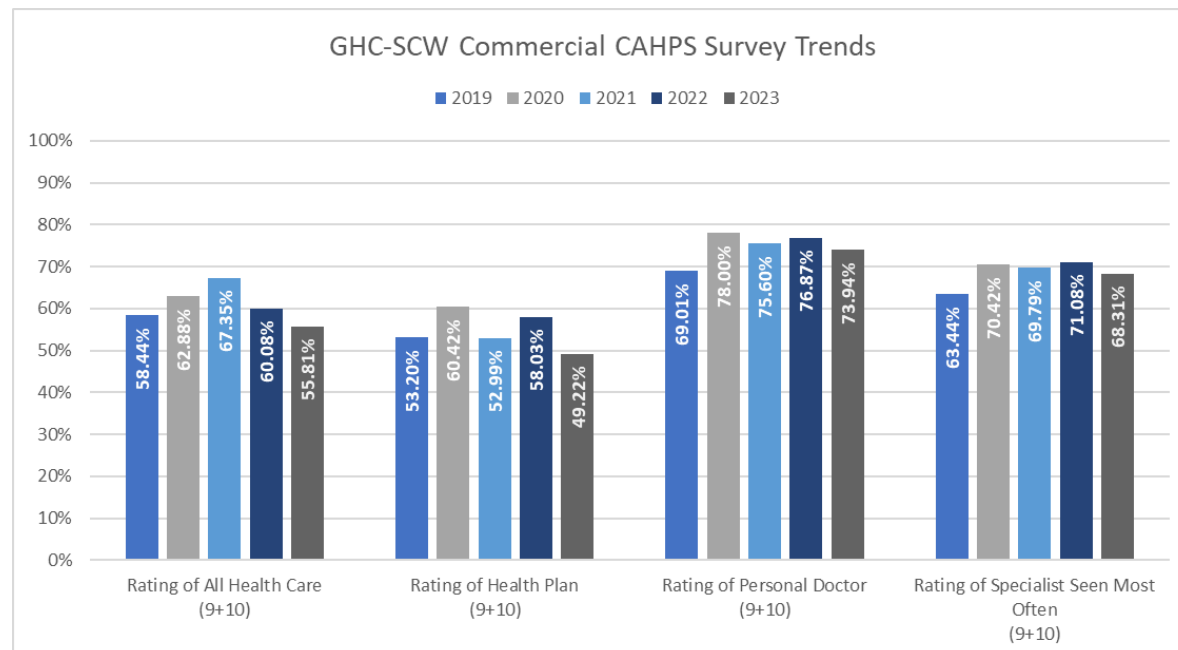
- Madison Metropolitan School District employer group negotiations and changes
- Credentialing work and delegation obligations
- Contracting, delegation agreements, and network expansion
- HEDIS® and other required reporting
- Generating current sales and securing renewals
- EMR Hyperspace implementation and other IT infrastructure upgrades
- Improving the patient experience
- Budget constraints
- Accreditation survey submissions and file review processes
- Key position recruitment, training, and retention

## III. EVALUATION OF WORK PLAN PROJECTS

### QUALITY OF SERVICE AND THE MEMBER 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®) survey. Composite trends are down from 2022.



- Rating of All Health Care 55.81 % between the 75<sup>th</sup> and 90<sup>th</sup> National Percentile
- Rating of Health Plan 49.22 % between the 67<sup>th</sup> and 75<sup>th</sup> National Percentiles
- Rating of Personal Doctor 73.94 % between the 75<sup>th</sup> and 90<sup>th</sup> National Percentiles
- Rating of Specialist 68.31 % between 67<sup>th</sup> and 75<sup>th</sup> National Percentile

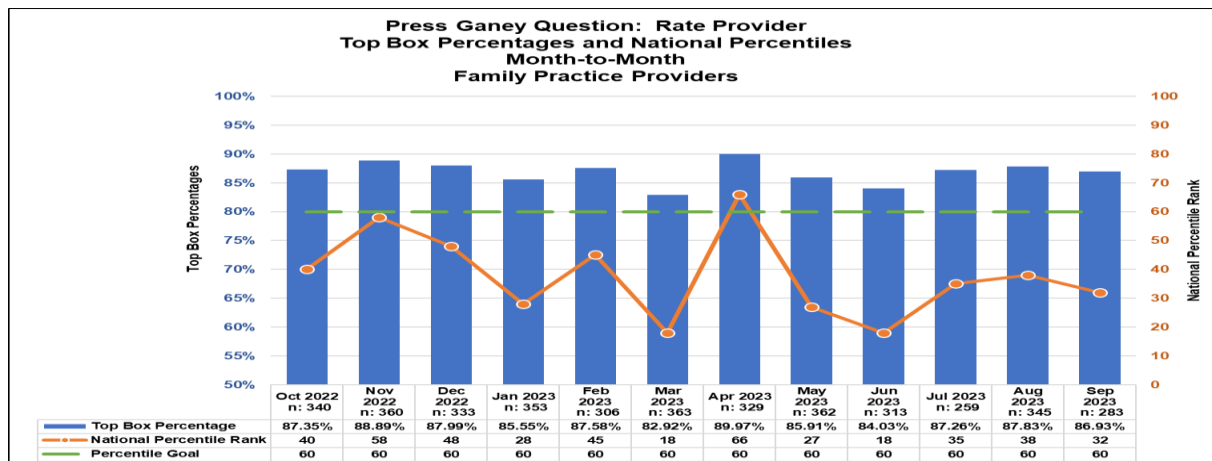
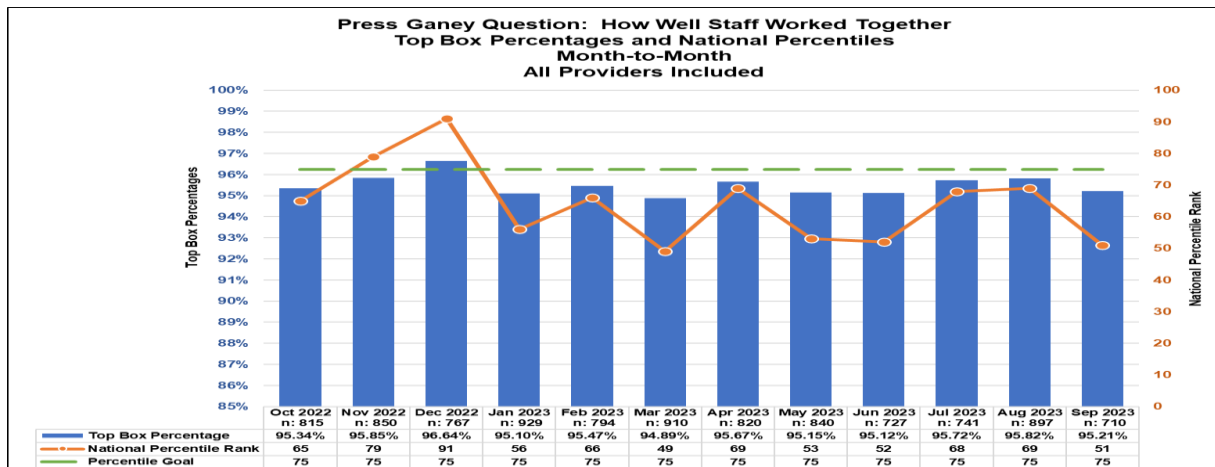
## Patient Experience Improvement

GHC-SCW is unique among healthcare organizations in the US to offer an *Experience Guarantee* to our members and patients. 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.

GHC-SCW's Patient Experience Improvement Committee (PEIC) evaluates the organization's patient experience performance data and implements strategy for how to reach the goals set for the organization. Work is ongoing to improve reporting and data sharing and to promote when noted improvements need to be celebrated. Other patient experience improvement initiatives have included:

- Implementing a Behavioral Health patient experience survey with Press Ganey in 2023
- Recognizing Clinical Teams with "star ratings" for improvement or meeting a goal

The organization's *Strategic Plan* has goals to exceed the 75<sup>th</sup> percentile for "Staff Worked Together" and the 60<sup>th</sup> percentile for "Rating of Provider", as measured by Press Ganey for calendar year 2023.





## QUALITY OF CLINICAL CARE

### Diabetes Management

#### *Distress Training*

In June 2023, several care providers at GHC-SCW participated in a training focused on diabetes distress, which is the emotional toll that patients living with diabetes face. The training helped staff learn how to screen for diabetes distress, the seven common sources for diabetes distress, and how to help patients manage this distress so they can move toward more positive health outcomes. GHC-SCW staff are continuing to meet with the trainers and discuss how we can better facilitate conversations related to the stress of living with diabetes.

#### *Prevention*

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. DPP orders 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.

#### *Condition Management*

Work continues amongst care teams and our committees focused on diabetes to improve clinical management adding patient care tools in the EMR. The Diabetes Care Path is designed to help practitioners monitor and treat members with Type II diabetes mellitus (T2DM) with a focus on A1c reduction. This tool leverages ADA guidelines and best practice for T2DM with and without comorbid conditions. The result is an integrated system that seamlessly weaves clinical guidelines and follow-up monitoring into the point of care.

GHC-SCW is also continuing the *Virtual Diabetes Support Group* (VDSG). In this group, patients can expect to learn about diabetes self-management from both GHC-SCW subject matter experts and their peers. This group will assist patients in identifying barriers that can prevent them from leading healthier lives and different methods for overcoming those challenges. Providers can expect to see appointment notes to help identify patients who could benefit from joining the group. The latest cohort began in September 2023.

#### *Strat Planning Pilots*

##### Navigator Sheet

The *Sassafras Team at Sauk Trails* started using a patient-facing tool in mid-May 2023 that helps patients navigate the clinic while they are physically in the building and close care gaps. Based on the positive feedback from patients and staff, this navigation tool was expanded to all GHC-SCW staff model clinics.

##### Capitol Clinic Refill Referral

This pilot identifies patients living with diabetes who have elevated A1cs and then refers them to the appropriate internal department based on the parameters of our Clinical Pharmacy Collaborative Practice Agreement. This helps to ensure that patients are receiving appropriate follow-up and not "falling through the cracks". The pilot is in an early stage and will continue to refine and improve.

GHC-SCW aims for all Diabetes care measures to achieve  $\geq 75^{\text{th}}$  National All Lines of Business percentile.

Commercial	MY2020	MY2021	MY2022	Current Percentile
BPD BP Control	65.94	71.29	74.45	75 <sup>th</sup> 71.53 90 <sup>th</sup> 76.39
HBD A1c < 8.0 %	56.93	62.29	64.23	67 <sup>th</sup> 64.23
EED Eye Exams	59.61	59.85	62.53	75 <sup>th</sup> 57.66 90 <sup>th</sup> 64.23
SPD Statin Therapy	67.14	63.97	63.19	25 <sup>th</sup> 62.54 33 <sup>rd</sup> 63.38
SPD Statin Adh 80%	83.62	82.53	81.88	75 <sup>th</sup> 79.03 90 <sup>th</sup> 81.97
KED Kidney Eval	NA	61.19	50.18	75 <sup>th</sup> 48.72 90 <sup>th</sup> 55.88
Medicaid	MY2020	MY2021	MY2022	Current Percentile
BPD BP Control	64.10	70.83	70.37	75 <sup>th</sup> 70.07 90 <sup>th</sup> 74.56
HBD A1c < 8.0	51.28	51.19	48.15	25 <sup>th</sup> 46.96 33 <sup>rd</sup> 49.39
EED Eye Exams	51.28	45.83	44.44	10 <sup>th</sup> 36.74 25 <sup>th</sup> 45.26
SPD Statin Therapy	60.00	65.75	55.67	10 <sup>th</sup> 54.15 25 <sup>th</sup> 60.41
SPD Statin Adh 80%	80.00	72.92	83.33	95 <sup>th</sup> 82.00
KED Kidney Eval	NA	46.15	37.70	50 <sup>th</sup> 33.52 67 <sup>th</sup> 38.80

## Hypertension Management

GHC-SCW's Hypertension Committee focuses on finding ways to improve the Controlling Blood Pressure (CBP) and Statin Therapy (SPC) metrics for Patients with Cardiovascular Disease. 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)
- Blood Pressure Cuff Loaner Program to facilitate collection of self-measured blood pressure

Commercial	MY2020	MY2021	MY2022	Current Percentile
SPC Statin Therapy	89.24	84.58	85.22	67 <sup>th</sup> 84.76 75 <sup>th</sup> 85.71
SPC Statin Adh 80%	90.18	88.54	90.82	95 <sup>th</sup> 88.19
CBP Controlling BP	65.94	78.10	74.21	90 <sup>th</sup> 74.04 95 <sup>th</sup> 76.84
Medicaid	MY2020	MY2021	MY2022	Current Percentile
SPC Statin Therapy	NA	NA	NA	NA
SPC Statin Adh 80%	NA	NA	NA	NA
CBP Controlling BP	52.5	57.83	64.12	50 <sup>th</sup> 61.31 67 <sup>th</sup> 65.45

## Plan All Cause Readmissions

The Plan All Cause Readmissions (PCR) metric indicates better performance with a lower rate. Our goal is to be at or above the 90th National All Lines of Business Percentile.

Commercial	MY2020	MY2021	MY2022	Current Percentile
PCR Total	0.4458	0.5013	0.4479	90 <sup>th</sup> 0.4441 95 <sup>th</sup> 0.3969

Medicaid	MY2020	MY2021	MY2022	Current Percentile
PCR Total	NA	0.8231	0.4976	95 <sup>th</sup> 0.7816

GHC-SCW has seen substantial improvement in our PCR rates due to having a dedicated RN Transitional Care Coordinator who currently initiates and completes hospital follow-up encounters for all patients and Care Teams.

The RN Transitional Care Coordinator also has documented *Hospital Discharge Standard Work* that helps other nurses throughout the organization navigate this process during times when other or additional coverage is necessary.

A Readmissions Committee convenes as needed to continue to examine how follow-up can be managed most effectively in Primary Care.

## 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. Every patient receiving COT must be seen at least every three months, or more frequently if the patient is at a higher risk. GHC-SCW allows video visits, however, at least one visit per year must be completed in person. Recommendations are for slow, gradual tapers for patients on high dose, long term (>1 year) opioids, noting that tapers of 10% per month or slower continued over months to years is better tolerated.

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. Health-plan outpatient substance use, and addiction services are provided primarily by our partner, UW Behavioral Health, and Recovery.

The Consolidated Appropriations Act of 2023 eliminated the DATA-Waiver Program for prescribing buprenorphine for OUD. There is no longer a federal training requirement to prescribe and anyone with a valid DEA license can sign for refills.

**Appropriate Use** metrics indicate better performance with a lower rate. NCQA is retiring these metrics as of MY2023.

Commercial	MY2020	MY2021	MY2022	Current Percentile
<b>HDO</b> Use of Opioids High Dosage	4.73	3.53	2.85	50 <sup>th</sup> 3.58 67 <sup>th</sup> 2.73
<b>UOP</b> Use of Opioids MP- MP MRx	0.90	0.95	2.37	< 5 <sup>th</sup> 2.26
<b>COU</b> Risk Continued Opioid Use 31d Total	1.83	1.39	0.96	90 <sup>th</sup> 0.96

Medicaid	MY2020	MY2021	MY2022	Current Percentile
<b>HDO</b> Use of Opioids High Dosage	39.71	36.08	43.15	5 <sup>th</sup> 21.36
<b>UOP</b> Use of Opioids MP- MP MRx	2.48	3.01	3.25	10 <sup>th</sup> 3.73 25 <sup>th</sup> 2.31
<b>COU</b> Risk Continued Opioid Use 31d Total	8.02	4.72	5.23	10 <sup>th</sup> 6.19 25 <sup>th</sup> 4.50

## 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.

Our care teams are 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. The health plan is trying different approaches to improve compliance and meet Medicaid contractual requirements.

Historically, GHC-SCW has had a 2.5% payment withhold for not meeting established State of WI Medicaid benchmarks. The State of WI goal for LSC is the 75<sup>th</sup> percentile (77.9).

Members of our Quality Management team outreach members assigned to a GHC-SCW Primary Care Practitioner that are due for their lead screening through bulk outreach. Non-compliant lists can be generated in clinics from the Provider and Nursing Dashboards within Epic or by contacting Quality Management.

Medicaid	MY2020	MY2021	MY2022	Current Percentile
<b>LSC</b> Lead Screening in Children	71.82	66.36	64.52	50 <sup>th</sup> 62.79 67 <sup>th</sup> 67.12

## POPULATION HEALTH MANAGEMENT

### Childhood and Adolescent Immunizations

Our goal is  $\geq 90^{\text{th}}$  percentile on CIS Combo 10 and IMA Combo 2.

Commercial	MY2020	MY2021	MY2022	Current Percentile
CIS Combo 10	78.1	73.72	77.62	95 <sup>th</sup> 73.96
IMA Combo 2	55.96	54.01	48.91	90 <sup>th</sup> 46.63 95 <sup>th</sup> 51.33
Medicaid	MY2020	MY2021	MY2022	Current Percentile
CIS Combo 10	46.36	43.64	36.77	67 <sup>th</sup> 35.04 75 <sup>th</sup> 37.64
IMA Combo 2	42.86	46.40	47.44	75 <sup>th</sup> 40.88 90 <sup>th</sup> 48.80

### Adult Immunizations

NCQA started collecting Adult Immunization Status (AIS-E) for Influenza, Td/Tdap and Zoster via the ECDS reporting process in MY2022. These metrics had first year benchmarking in 2023 and are being added to future Health Plan Report Cards as of 2024.

Commercial	MY2022	Current Percentile
AIS-E Influenza	41.41	95 <sup>th</sup> 38.71
AIS-E Td/Tdap	55.51	90 <sup>th</sup> 54.72 95 <sup>th</sup> 62.09
AIS-E Zoster	42.23	95 <sup>th</sup> 30.84
Medicaid	MY2022	Current Percentile
AIS-E Influenza	19.27	75 <sup>th</sup> 17.80 90 <sup>th</sup> 21.05
AIS-E Td/Tdap	48.89	75 <sup>th</sup> 47.11 90 <sup>th</sup> 56.53
AIS-E Zoster	20.91	95 <sup>th</sup> 17.21

## Adult Prevention

Commercial	MY2020	MY2021	MY2022	Current Percentile
Breast Cancer <b>BCS</b>	71.22	70.11	75.68	50 <sup>th</sup> 73.13 75 <sup>th</sup> 76.85
Colorectal Total <b>COL</b>	73.72	74.94	63.26	75 <sup>th</sup> 62.29 90 <sup>th</sup> 66.91
<b>COL</b> Age 46-49	NA	NA	36.14	75 <sup>th</sup> 34.72 90 <sup>th</sup> 39.66
Chlamydia <b>CHL</b>	35.43	36.25	34.17	5 <sup>th</sup> 32.58 10 <sup>th</sup> 34.99
Cervical Cancer <b>CCS</b>	81.27	80.78	78.83	75 <sup>th</sup> 77.68 90 <sup>th</sup> 80.78

**Colorectal Cancer Screening:** Since the release of the United States Preventive Services Task Force update to their colorectal cancer screening guidelines, this is the first NCQA reporting year for the lower age range demographic (**COL** 46-49). MY2022 was our first **COL** reporting for the Medicaid product line however no percentile was received in Quality Compass 2023 because NCQA does not assess this for Medicaid at this time. **COL** screening is a focus for strategic planning initiatives.

**Breast Cancer Screening (BCS)** and **Chlamydia Screening (CHL)** are also focus areas for strategic planning initiatives.

Medicaid	MY2020	MY2021	MY2022	Current Percentile
Breast Cancer <b>BCS</b>	59.17	53.25	51.22	33 <sup>rd</sup> 48.06 50 <sup>th</sup> 52.20
Chlamydia <b>CHL</b>	50.76	55.97	56.99	50 <sup>th</sup> 56.04 67 <sup>th</sup> 61.07
Cervical Cancer <b>CCS</b>	68.13	67.40	63.99	75 <sup>th</sup> 61.80 90 <sup>th</sup> 66.48
Colorectal Total <b>COL</b>	NA	NA	34.23	NA



## 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. Other functional approaches include:

- 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	MY2020	MY2021	MY2022	Current Percentile
AMR	89.52	88.28	86.46	50 <sup>th</sup> 84.32 67 <sup>th</sup> 86.56
Medicaid	MY2020	MY2021	MY2022	Current Percentile
AMR	63.89	65.71	68.52	50 <sup>th</sup> 65.61 67 <sup>th</sup> 69.41

GHC-SCW's dedicated Asthma Educator, Tim Ballweg, retired in June 2023 after a long career with the cooperative. He improved the lives of patients dealing with respiratory conditions and helped close gaps in care. GHC-SCW has since welcomed a new Respiratory Therapist to our staff to continue the work that Tim championed over his career. We are also directing a focus back to AMR due to declining rate trends and poorer performance.

## Medicaid Pay-for-Performance (P4P)

GHC-SCW has clinical performance metrics tied to our State Medicaid contract. Future 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 measures (AMR, WCV, CBP, HBD, FUH30) were added by WI DHS for 2023 bringing the total up to ten (10) metrics.

## Wellness Program

GHC-SCW's *ManageWell* 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 members including subscribers and their spouses or significant others who are eighteen and older are eligible to participate in the program.

## BEHAVIORAL HEALTH CARE-COMMERCIAL

The following trended BH metrics are associated with the Health Plans Commercial NCQA Report Card. Metrics **below the 50<sup>th</sup> Percentile** are considered as 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	MY2020	MY2021	MY2022	Current Percentile
FUH 7D	70.37	56.35	63.89	90 <sup>th</sup> 61.53 95 <sup>th</sup> 65.08
FUM 7D	36.92	45.00	57.35	75 <sup>th</sup> 54.61 90 <sup>th</sup> 62.68
FUA 7D	17.91	13.89	23.94	67 <sup>th</sup> 23.49 75 <sup>th</sup> 25.00
FUI 7D	40.98	33.93	39.29	25 <sup>th</sup> 37.66 33 <sup>rd</sup> 40.60

Measures with noted improvement over MY2021 include **FUH** and **FUM**. **FUI** is being considered a focus opportunity for improvement.

### 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	MY2020	MY2021	MY2022	Current Percentile
SAA	NA	NA	NA	NA
AMM-CP	67.39	73.41	72.89	95 <sup>th</sup> 71.56
POD Total	NA	NA	50.00	95 <sup>th</sup> 46.03

## 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	MY2020	MY2021	MY2022	Current Percentile
APM Total	46.67	37.84	41.18	75 <sup>th</sup> 40.88 90 <sup>th</sup> 47.06
APP Total	NA	NA	NA	NA
ADD C&M	40.00	34.78	43.18	25 <sup>th</sup> 42.16 33 <sup>rd</sup> 44.09
IET Eng SUD Total	14.76	13.07	13.90	50 <sup>th</sup> 13.55 67 <sup>th</sup> 15.19

Measures with improvement over MY2021 include **APM**. The **ADD** Continuation & Maintenance rate did show improvement, however the percentile did not increase.

## BEHAVIORAL HEALTH CARE: MEDICAID

Metrics **below the 50<sup>th</sup> Percentile** are considered as opportunities for improvement. Our overall objective is to achieve  $\geq 75^{\text{th}}$  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	MY2020	MY2021	MY2022	Current Percentile
FUH 7D	50.00	42.50	47.69	75 <sup>th</sup> 44.29 90 <sup>th</sup> 52.90
FUM 7D	26.32	42.11	28.57	10 <sup>th</sup> 23.74 25 <sup>th</sup> 30.75
FUA 7D	13.11	14.10	27.37	50 <sup>th</sup> 24.51 67 <sup>th</sup> 27.73
FUI 7D	35.71	20.00	40.00	67 <sup>th</sup> 37.31 75 <sup>th</sup> 40.44

### Behavioral Health—Medication Adherence

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

Measure	MY2020	MY2021	MY2022	Current Percentile
SAA	NA	NA	NA	NA
AMM-CP	63.37	62.03	65.56	95 <sup>th</sup> 62.50
POD Total	42.27	40.00	32.35	67 <sup>th</sup> 31.93 75 <sup>th</sup> 33.85

### 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	MY2020	MY2021	MY2022	Current Percentile
APM Total	NA	NA	NA	NA
APP Total	NA	NA	NA	NA
ADD C&M	NA	NA	NA	NA
IET Eng AOD Total	15.17	15.66	17.98	67 <sup>th</sup> 16.94 75 <sup>th</sup> 18.87
SSD	76.92	76.60	91.11	95 <sup>th</sup> 87.67

## IV. Reflections on the Overall Effectiveness of the QI Program

GHC-SCW strongly believes that our mission, vision, and values serve as the backbone of our organization, however, it is essential for us to go beyond mere phrases and implement the principles. This evaluation has highlighted various operational achievements in Section II that illustrate our effort to put quality improvement into practice. Workplan initiatives covered in Section III elaborate on the organization's attention to overall quality improvement and the principles of the Quadruple Aim to pursue affordable, high quality, patient-centered care. Section III also shows trends in areas of clinical, behavioral health, safety, service, and experience from our work plans included in this evaluation.

To truly reflect on the effectiveness of the QI program, the organization has evaluated whether the program's current structure is working well or needs additional resources to function more effectively. GHC-SCW's Director of Quality and Population Health, our Chief Medical Officer, and the Director of Behavioral Health met throughout the year to assess program resources and committee participation so that the various activities outlined in our annual work plans can lead to success. The Behavioral Health Quality Committee (BHQC) adopted a new meeting structure in August 2023 and the Chair is looking to identify a champion from Primary Care who can help to foster collaborations. Our new Respiratory Therapist is also bringing a fresh face and perspective to our Asthma Committee and the committee's planned projects into 2024.

Additionally, 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 plan operations and the safety of clinical care networkwide. Epic's new Hyperspace upgrade occurred in 2023 along with Dragon implementation. Hyperspace is a browser that runs new web-based programming while Dragon embedded in Epic Haiku and Canto offers speech-enabled clinical documentation across a wide range of general and specialty workflows. Our physicians' benefit from faster documentation capture and information retrieval.

Patient safety work spearheaded by our Pain and Controlled Substance Committee (PCSC) and six (6) related sub-committees ensure the utilization of best practice guidelines documented through internal Chronic Opioid Treatment (COT) policies and the sharing of standard work documents. The Stimulant Management Subcommittee have been actively working on new policy.

GHC-SCW also stays diligent with our security infrastructure to protect the organization from threats.

On the morning of May 10, 2023, there was an Active Shooter notification sent out at our East Clinic location that was a false alarm. Following the day, a thorough investigation evaluated what happened that sent staff and patients into action.

The organization has used this incident as a learning opportunity to improve staff and patient safety. Steps were taken to identify hazards at East, such as non-locking doors and to add location signs to identify rooms if inhabitants are calling for help.

The Employee Health and Safety Department is moving forward with a pilot program on "Active Attacker Events, Stress Response, and Run" presentation that provides an overview of an active attacker event and tools and resources to adapt. The Informacast alert system used at GHC-SCW has also undergone an upgrade based on things learned to ensure safeguards are in place to prevent future technical errors.

The hard work, dedication, and unwavering commitment to GHC-SCW's values by all employees of the cooperative have been instrumental in the collective success of our program.

2023 QI WORK PLAN COMMERCIAL AND EXCHANGE HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
<b>Quality of Service and the Member Experience</b>				
Conduct ongoing assessment of patient experience and member satisfaction and develop strategies for improvement.	<p>a) The Patient Experience Improvement Steering Committee and the Patient Experience Improvement Committee will focus on executing the activities created during strategic planning to improve the patient experience.</p> <p>b) Improve member and patient experience based on Press Ganey survey comments and results.</p> <p>c) Work toward improving experience measure results based on surveys administered by GHC-SCW; measures resulting below the 50th percentile for CAHPS or below 70% for QHP EES.</p> <p>d) Exceed the 75th percentile in "How Well Staff Work Together" (all departments) and 60th percentile in "Rating of Provider" (all provider types) as measured by the Press Ganey surveys (CY average in 2023).</p> <p>e) Exceed the 90th percentile in "Rating of the Health Plan" as measured in the CAHPS survey in plan year 2023 (metric received in early 2024).</p>	<p>1) Patient Experience Improvement Steering Committee and the Patient Experience Improvement Committee each meet monthly and work towards identifying goals and activities, implementation plans, and outcomes to improve the patient experience. Committee objectives and activities will align with the new strategic plans for improving "staff worked together" to the 75th percentile and "rate provider" to the 60th percentile.</p> <p>2) Implement a Behavioral Health Patient Experience Survey through Press Ganey for our staff model Behavioral Health locations.</p> <p>3) Continue Provider Website Transparency that includes Press Ganey survey comments and results on the GHC-SCW website.</p> <p>4) Review CAHPS and QHP EES results and develop strategies for improvement.</p> <p>5) Review and assess CAHPS and/or Press Ganey experience measures to determine if disparities exist through Health Equity Accreditation.</p>	<p>1) Ongoing</p> <p>2) TBD</p> <p>3) Ongoing</p> <p>4) Annually September</p> <p>5) Ongoing</p>	<p>Kastman Frings Craig Pipp Clinic Managers Steiner Sandene Behl Furseth</p> <p>Patient Experience Improvement Committee including Steering</p>
Improve the health of the populations that GHC-SCW serves by reducing inequities.	<p>a) Committee and workgroup members will examine demographic and health outcome data to see where potential inequities exist.</p> <p>b) Compare internal data to local, state and national public health statistics and other available evidence.</p> <p>c) Enhance access and equity for our services.</p> <p>d) Use health literacy best practices to ensure equal access to all health information.</p>	<p>1) Meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. Subcommittees include Equitable Health Outcomes, Patient Experience, LGBTQ.</p> <p>2) Expand health equity efforts across populations and deliver equitable healthcare and services at all GHC-SCW locations.</p> <p>3) NCQA Health Equity Accreditation Survey Submission for all HMO lines of business.</p>	<p>1) Ongoing</p> <p>2) Ongoing</p> <p>3) June 2023</p>	<p>Kastman Gobourne Steiner</p> <p>UNITY Council</p> <p>Various Subcommittees</p>

**2023 Q1 WORK PLAN**  
**COMMERCIAL AND EXCHANGE HMO**

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
<b>Quality of Clinical Care</b>				
<p>Improve HEDIS diabetes measures related to diabetes outcomes.</p> <p>Implement improvement initiatives that target opportunities related to HEDIS metrics and minimize disparities between HMO product lines.</p>	<p>HEDIS diabetes measures:</p> <p>a) HbA1c control &lt; 8.0% (HBD); achieve 75th percentile or greater.</p> <p>b) BP Control &lt;140/90 (BPD); achieve and sustain 85% or greater.</p> <p>c) Eye Exams (EED); achieve and sustain 68% or the 75th percentile.</p> <p>d) 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.</p> <p>2) YMCA Diabetes Prevention Program partnership with YMCA of Milwaukee and monitor outcomes.</p> <p>3) Monitor, assess, implement and enhance the Epic Diabetes tools including Epic Diabetes Care Path for newly diagnosed patients and patient outreach tools.</p> <p>4) Continue the Virtual Diabetes Support Group for GHC-SCW members for all insurance types.</p>	<p>1) Ongoing</p> <p>2) Ongoing</p> <p>3) Ongoing</p> <p>4) Q1 2023</p>	<p>Kastman</p> <p>Steiner</p> <p>Twining</p> <p>Ibrahim</p> <p>Norton</p> <p>Rx/Benn</p> <p>BI Department</p> <p>EA Department</p>
<p>Improve HEDIS CBP measure related to hypertension control/outcomes.</p>	<p>a) BP Control &lt;140/90 (CBP); achieve and sustain 80% or greater.</p> <p>b) BP Goal on Problem List; sustain 50% or greater.</p> <p>c) Determine if health disparities exist when stratified by race/ethnicity (CBP for HEA).</p> <p>d) Expand hypertension improvement efforts.</p>	<p>1) Review opportunities for implementing a new Epic registry and bulk outreach opportunities.</p> <p>2) Monitor pharmacy consult workflow to improve hypertension control in staff model patients.</p> <p>3) Monitor the blood pressure cuff loaner program. NCQA will continue to accept home blood pressure readings.</p> <p>4) Continue to educate clinical staff on the importance of documenting patient self-reported home blood pressure monitoring during clinic or telehealth visits.</p> <p>5) Monitoring BPA for retakes and user-level reporting to ensure retakes are occurring and improving the overall compliance rate.</p>	<p>1-5) Ongoing</p>	<p>Kastman</p> <p>Steiner</p> <p>Ibrahim</p> <p>Herschleb</p> <p>Rx/Benn</p> <p>Twining</p> <p>BI Department</p> <p>EA Department</p>
<p>HEDIS utilization measure related to readmissions.</p>	<p>Plan All Cause Readmissions (PCR) National All Lines of Business ≥ 90th Percentile</p>	<p>Readmissions Committee continues to meet quarterly and assess opportunities for improvement.</p>	<p>Ongoing</p>	<p>Kastman</p> <p>Steiner</p> <p>Pipp</p> <p>Ibrahim</p> <p>BI Department</p> <p>EA Department</p>



2023 Q1 WORK PLAN COMMERCIAL AND EXCHANGE HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve performance on measures related to child and adolescent preventive immunizations.	National All Lines of Business ≥ 90th Percentile a) Maintain 95th percentile for CIS Combo 10. b) Maintain the 95th percentile for IMA Combo 2. c) Achieve the 90th percentile or higher for IMA Combo 1.	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 Norton BI Department EA Department
Improve member health outcomes and costs associated with asthma.	a) HEDIS AMR National All Lines of Business ≥ 90th Percentile. b) Look to reduce disparities related to asthma outcomes between Commercial and Medicaid members.	1) Utilize Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics. 2) Utilize 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) Asthma Committee continues bi-monthly meetings for evaluation of associated objectives, their implementation and outcomes.	1-4 ) Ongoing	Ballweg Ibrahim Steiner Herschleb BI Department EA Department
Disseminate Provider & Urgent Care Dashboards with data on quality, cost, and patient experience.	a) Maintain quarterly Provider & Urgent Care Dashboards. b) 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) Ongoing 2) Ongoing	Kastman Steiner Ibrahim Norton Herschleb Ibrahim BI Department EA Department

2023 QI WORK PLAN COMMERCIAL AND EXCHANGE HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Safety of Clinical Care				
Continue to monitor patient safety and look for opportunities for improvement.	a) For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90mg daily morphine equivalents and prevent any non-cancer patient from increasing past a daily morphine equivalent of 90mg. b) Align with WI Licensing Board best practice guidelines for chronic opioid therapy. c) Reduce co-prescribing of sedatives and opioids. d) Promote Medication Assisted Treatment within Primary Care. e) Involve Primary Care Behavioral Health staff in counseling. f) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans. g) Obtain information and trending from the PDMP. h) HEDIS Opioid metrics (National All LOB ≥ 50th Percentile) - UOP Use of Opioids at High Dosage - HDO Use of Opioids from Multiple Providers—Multiple Prescribers and Multiple Pharmacies - COU Risk of Continued Opioid Use—31-day rate—Total - POD Pharmacotherapy for OUD i) Establish stimulant prescribing guidelines based on evidence based best practices.	1) Continue to evaluate and monitor data. 2) Continue Medication Assisted Treatment at GHC-SCW. 3) Continue to promote PCBH referrals. 4) Continue to resource Clinical Pharmacists. 5) Monitor future regulatory reporting needs on opioids. 6) Annually review HEDIS rates and percentiles and develop strategies for improvement. 7) Form advisory workgroup for stimulant prescribing.	1-6) Ongoing	Kastman Steiner Ibrahim Quality Committee Pain and Controlled Substance Committee PCBH Clinical Pharmacists
Administer COVID vaccinations and boosters.	a) Promote to age groups, as appropriate.	1) Offer during visits to GHC-SCW clinics and at community vaccination opportunities.	1) Ongoing	Steiner Pipp
Improve flu vaccination rates.	a) Obtain 75% or higher for adult and children Flu Vaccinations	1) Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for flu. 2) Identify children who need flu boosters.	1) During flu season 2) During flu season	Ibrahim Steiner Norton Herschleb BI Department EA Department

2023 Q1 WORK PLAN COMMERCIAL AND EXCHANGE HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
<b>Behavioral Health Care</b>				
<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 &amp; Goals (National All LOB Percentiles <math>\geq</math> 90th Percentile)</p> <p>a) ADHD Continuation (ADD).</p> <p>b) Antidepressant Med Management Continuation (AMM).</p> <p>c) Follow-Up After Hospitalizations for Mental Illness (FUH 7).</p> <p>d) Metabolic Monitoring for Children &amp; Adolescents on Antipsychotics (APM Total).</p> <p>e) Alcohol or Drug Treatment Engaged (IET total).</p> <p>f) Follow-Up After Emergency Department Visit for Mental Illness (FUM 7).</p> <p>g) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA 7).</p> <p>h) Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA).</p> <p>i) Follow-Up after High Intensity Care for SUD (FUI 7 Days).</p> <p>j) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP).</p>	<p>1) 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>2) Evaluate plan level data to look for opportunities to improve continuity and coordination of Behavioral Health and Medical Care per Q1 4 Elements A through C.</p> <p>3) Continue the use of standardized screening for depression in primary care through implementation of PHQ-2/PHQ-9 protocols.</p> <p>4) Continue use of the Columbia Suicide Severity Rating Scale in primary care.</p> <p>5) Continue use of the Collaborative Safety Planning template in primary care.</p> <p>6) Monitor the 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) Q4 2023</p> <p>2) Ongoing</p> <p>3) Ongoing</p> <p>4) Ongoing</p> <p>5) Ongoing</p> <p>6) Ongoing</p>	<p>Kastman</p> <p>LeClair</p> <p>Austin</p> <p>Fucci</p> <p>Oakley</p> <p>BHQC Members</p>
<p>Evaluate experience with Behavioral Health services.</p>	<p>a) Obtain 80% overall satisfaction with BH services on our NCQA health plan level member experience survey for external providers</p> <p>b) Implement Press Ganey (PG) staff model Behavioral Health patient experience survey and establish threshold questions and goals for internal 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) Complete contract negotiations with Press Ganey.</p>	<p>1) Q3-Q4 Annually</p> <p>2) TBD</p>	<p>BHQC Members</p> <p>Kastman</p> <p>LeClair</p> <p>Steiner</p> <p>Sandene</p> <p>PEIC Members</p>

2023 Q1 WORK PLAN COMMERCIAL AND EXCHANGE HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Population Health Management				
Develop and/or enhance current population health strategies to improve health outcomes and lower costs.	a) Identify new or enhanced strategies. b) 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 2) Ongoing	Kastman Ledford Steiner Ibrahim EA Department
Smoking Cessation.	a) Continue to decrease number of current smokers on the GHC-SCW Cigarette Use Registry (staff model patients only).	1) Evaluate the BPA's effectiveness to sustain long-term.	1) Ongoing	Kastman Ledford Steiner
Wellness within GHC-SCW.	Continue with Wellness Strategic Plan to: a) Build an internal wellness program that is embedded with GHC-SCWs culture. b) Create a cohesive team approach to worksite wellness. c) Develop an integrated primary care worksite wellness program. d) Create value-added well-being offerings for GHC-SCW members and patients.	1) Wellness ChangeTeam meets monthly. Reestablish Wellness Committee Champions. 2) Monthly wellness communication with Sales. 3) Continue to monitor the ManageWell member wellness and rewards program for opportunities to improve. 4) Identify strategic plans to use ManageWell as an employer group platform. 5) Continue implementing aspects of GHC-SCWs wellness strategic plan and roadmap.	1) TBD 2) Ongoing 3) Ongoing 4) TBD 5) Ongoing	Kastman Steiner Sandene
Conduct evaluations of current outreach initiatives including to non-staff model members.	a) Assess all current outreach initiatives for continuation. b) 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) 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) TBD	Steiner Kastman Ibrahim Joyce Norton Herschleb BI Department EA Department

<b>2023 QI WORK PLAN</b> <b>COMMERCIAL AND EXCHANGE HMO</b>				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
<b>Population Health Management</b>				
Complete Annual Population Assessment. Include needs of members of racial/ethnic groups & needs of members with LEP.	a) Develop reporting to identify opportunities to improve population health for identified populations & subpopulations. b) Identify strategies and analytical tools to support efforts. c) Use the Pop Assessment to review and update PHM activities & resources including community resources. d) Address health disparities for at least one identified population.	1) Utilize available data to perform Population Assessment and look to address health disparities for a least one identified population. 2) Improve population health through implementation of analytical tools (e.g. SDoH Epic build and reporting capabilities). 3) Improve the data gathering and reporting process.	1) Q3 2) Ongoing 3) Ongoing	Steiner Behl Ametani Jensen BI Department
Review Population Health Management Strategy and the impact of the programs and services offered by the organization annually by HMO product line.	a) 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.	1) Conduct a comprehensive analysis of the impact of PHM programs and services offered; include relevant clinical, cost or utilization, and experience measure results for two programs. 2) Compare with a benchmark or goal, interpret results and perform a barrier analysis as needed.	1) Q3 or Q4	Steiner Ametani Ibrahim Behl
Analyze the overall effectiveness of the Quality and Population Health programs.	a) Evaluate adequacy of program resources, committees, practitioner participation, leadership involvement & make program changes as necessary.	1) Evaluate QI Workplan goals, objectives and proposed activities in Annual QI Report. 2) Perform a mid-year evaluation of the workplan goals, objectives and proposed activities. 3) Draft and approve a new workplan for the approaching year.	1) End of year 2) June or July 2) Q3-Q4	Steiner Kastman CSQC

2023 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Service and the Member Experience				
Conduct ongoing assessment of patient experience and member satisfaction and develop strategies for improvement.	a) The Patient Experience Improvement Steering Committee and the Patient Experience Improvement Committee will focus on executing the activities created during strategic planning to improve the patient experience. b) Improve member and patient experience based on Press Ganey survey comments and results. c) Plan for the Medicaid CAHPS survey to be administered in 2025. d) Work toward improving member experience for measures resulting below the 50th percentile (applicable to BadgerCare Plus CAHPS survey administered by DHS for children only).	1) Patient Experience Improvement Steering Committee and the Patient Experience Improvement Committee each meet monthly and work towards identifying goals and activities, implementation plans, and outcomes to improve the patient experience. Committee objectives and activities will align with the new strategic plans for improving "staff worked together" to the 75th percentile and "rate provider" to the 60th percentile. 2) Implement a Behavioral Health Patient Experience Survey through Press Ganey for our staff model Behavioral Health locations. 3) Continue Provider Website Transparency that includes Press Ganey survey comments and results on the GHC-SCW website. 4) Utilize CAHPS results provided by DHS for BadgerCare Plus children and develop strategies for improvement for measures below the 50th percentile. 5) Recruit BadgerCare Plus members on GHC-SCWs Member Advisory Council. 6) Identify vendor for the Medicaid CAHPS survey. 7) Review and assess CAHPS and/or Press Ganey experience measures to determine if disparities exist through Health Equity Accreditation.	1) Ongoing 2) TBD 3) Ongoing 4) Annually September 5) Ongoing 6) TBD 7) Ongoing	Kastman Frings Craig Pipp Clinic Managers Steiner Sandene  Patient Experience Improvement Committee including Steering  Marketing GHC-SCW Board of Directors
Improve the health of the populations that GHC-SCW serves by reducing inequities.	a) Committee and workgroup members will examine demographic and health outcome data to see where potential inequities exist. b) Compare internal data to local, state and national public health statistics and other available evidence. c) Enhance access and equity for our services. d) Use health literacy best practices for patient and member communications to ensure equal access to health information.	1) Meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. Subcommittees include Equitable Health Outcomes, Patient Experience, LGBTQ. 2) Expand health equity efforts across populations and deliver equitable healthcare and services at all GHC-SCW locations. 3) NCQA Health Equity Accreditation Survey Submission for Medicaid and all other HMO lines of business.	1) Ongoing 2) Ongoing 3) June 6, 2023	Kastman Gobourne Steiner  UNITY Council  Various Subcommittees

2023 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve Pay for Performance (P4P) HEDIS prevention and immunization measures in conjunction with WI DHS.	Based on 2021 75th National HEDIS Percentile a) CIS Combo 3; achieve and sustain 68.86% or greater b) IMA Combo 2; achieve and sustain 41.12% or greater c) Lead Screening; achieve and sustain 72.65% or greater d) Child and Adolescent Well-Care Visits; achieve and sustain 57.54% or greater	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 a-c ) Ongoing 2) TBD	Ibrahim Steiner Norton BI Department EA Department
Improve Health Needs Assessment rates through GHC-SCW's performance improvement project (PIP) in conjunction with WI DHS.	a) Increase the 2023 HEDIS WCV metric to the 75th percentile.	1. Monthly phone calls to members needing HNA screening. 2. After two phone call attempts HNA's will be mailed. 3. Assist in connecting and scheduling patients for appointments.	1-3) Ongoing	Steiner Norton
Improve PPC prenatal and postpartum rates and birth outcomes through GHC-SCW's health disparities reduction project in conjunction with WI DHS.	Based on 2021 75th National HEDIS Percentile a) Maintain PPC Prenatal care ≥ 88.86% b) Maintain PPC Postpartum care ≥ 81.27%	1) Continue to implement and monitor the Capitol Clinic health disparities reduction (HDR) plans. 2) Continue to complete SDOH screening for all Badgercare Plus members receiving OB care at our staff model clinics. 3) Maintain relationship with SVDP to address high needs as identified through partnership agreement. 4) Conduct patient interviews to obtain information on patient experience.	1-3) Ongoing	Joyce Steiner
OB Medical Home Program.	a) Provide wrap around services and care coordination for OB/GYN care through 84 days postpartum. b) Improve birth outcomes and reduce disparities. c) Conduct Member Experience Surveys with participants.	1) Update OBMH experience survey. 2) Begin sending surveys electronically to improve return rate. 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 analysis.	1) Ongoing 2) TBD 3) TBD 4) Annually	Joyce Steiner
Improve HEDIS diabetes outcome measures.	Based on 2021 75th National HEDIS Percentile a) HbA1c Control < 8.0% (HBD); achieve and sustain 54.26% or greater. b) BP Control <140/90 (BPD); achieve and sustain 67.40% or greater. c) Eye Exams (EED); achieve and sustain 56.51% or greater. 2) Implement improvement initiatives that target opportunities 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).	1) Diabetes Improvement Team meets monthly in workgroups: Improve Care Workgroup and Empower Patients Workgroup. 2) 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 Virtual Diabetes Support Group long-term for GHC-SCW members for all insurance types.	1) Ongoing 2) Ongoing 3) Ongoing 4) TBD	Kastman Steiner Twining Ibrahim Norton Rx/Benn BI Department EA Department

2023 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve HEDIS CBP measure related to hypertension control/outcomes.  Seek community partnership opportunities or events that focus on closing disparities.	Based on 2021 75th National HEDIS Percentile a) BP Control <140/90 (CBP); achieve and sustain 65.10% or greater. 2) BP Goal on Problem List: reach 50% or greater. c) Determine if health disparities exist when stratified by race/ethnicity (CBP for Health Equity Accreditation). d) Expand hypertension improvement efforts.	1) Review opportunities for implementing a new Epic registry and bulk outreach opportunities. 2) Monitor pharmacy consult workflow to improve hypertension control in staff model patients. 3) Monitor the BP cuff loaner program. NCQA will continue to accept home BP readings. 4) Continue to educate clinical staff on the importance of documenting patient self-reported home BP monitoring during clinic or telehealth visits. 5) Monitoring BPA for retakes and user-level reporting to ensure retakes are occurring and improving the overall compliance rate.	1) Ongoing 2) Ongoing 3) Ongoing 4) Ongoing 5) Ongoing	Kastman Steiner Ibrahim Herschleb Rx/Benn Twining BI Department EA Department
Improve HEDIS utilization measure related to readmissions.	Based on 2021 75th National HEDIS Percentile a) PCR - Achieve/sustain the 75th percentile or better. Readmissions rate is higher than Commercial. b) Tier 1 for Potentially Preventable Readmissions (PPR) for WI DHS	Readmissions Committee continues to meet quarterly and assess opportunities for improvement.	Ongoing	Kastman Steiner Pipp Readmissions Committee BI Department EA Department
Improve member health outcomes and costs associated with asthma.	a) HEDIS AMR National All Lines of Business ≥ 90th Percentile. b) Look to reduce disparities related to asthma outcomes between Commercial and Medicaid members.	1) Utilize Asthma Risk Score reports to identify high-risk, uncontrolled asthma patients for outreach in GHC-SCW clinics. 2) Utilize 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) Asthma Committee continues bi-monthly meetings for evaluation of associated objectives, their implementation and outcomes.	1-4 ) Ongoing	Ballweg Ibrahim Steiner Herschleb BI Department EA Department
Disseminate Provider & Urgent Care Dashboards with data on quality, cost, and patient experience.	a) Maintain quarterly Provider Dashboard for lead screening. b) Identify new Medicaid metrics for dashboards. c) 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 Ibrahim Norton Herschleb Ibrahim BI Department EA Department



2023 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Safety of Clinical Care				
Continue to monitor patient safety and look for opportunities for improvement.	a) For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90mg daily morphine equivalents and prevent any non-cancer patient from increasing past a daily morphine equivalent of 90mg. b) Align with WI Licensing Board best practice guidelines for chronic opioid therapy. c) Reduce co-prescribing of sedatives and opioids. d) Promote Medication Assisted Treatment within Primary Care. e) Involve Primary Care Behavioral Health staff in counseling. f) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans. g) Obtain information and trending from the PDMP. h) HEDIS Opioid Use metrics (National All LOB ≥ 50th) - UOP Use of Opioids at High Dosage - HDO Use of Opioids from Multiple Providers—Multiple Prescribers and Multiple Pharmacies - COU Risk of Continued Opioid Use—31-day rate—Total - POD Pharmacotherapy for OUD i) Establish stimulant prescribing guidelines for GHC-SCW providers.	1) Continue to evaluate and monitor data. 2) Continue Medication Assisted Treatment at GHC-SCW. 3) Continue to promote PCBH referrals. 4) Continue to resource Clinical Pharmacists. 5) Monitor future regulatory reporting needs on opioids. 6) Annually review HEDIS rates and percentiles and develop strategies for improvement. 7) Form workgroup to establish stimulant prescribing guidelines.	1-7) Ongoing	Kastman Steiner Ibrahim Quality Committee Pain and Controlled Substance Committee PCBH Clinical Pharmacists
Improve Lead Screening.	a) HEDIS LSC Lead Screening; goal based on 75th National HEDIS Percentile MY2021 rate ≥ 72.65%	1) Monitor lead screening rates and apply interventions, as needed.	1) Ongoing	Steiner Ledford Norton Lead Screening Committee
Administer COVID vaccinations and boosters.	a) Promote to age groups, as appropriate.	1) Offer during visits to GHC-SCW clinics and at community vaccination opportunities.	1) Ongoing	Steiner Pipp
Improve flu vaccination rates.	a) Obtain 75% or higher for adult and children flu vaccinations.	1) Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for flu. 2) Identify children who need flu boosters.	1) During flu season 2) During flu season	Ibrahim Steiner Norton Herschleb BI Department EA Department

2023 Q1 Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
<b>Behavioral Health Care</b>				
<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 and Goals (National All LOB Percentiles <math>\geq</math> 75th Percentile)</p> <p>a) ADHD Continuation (ADD)</p> <p>b) Antidepressant Med Management Continuation (AMM)</p> <p>c) F/U After Hospitalizations for MH (FUH 7)</p> <p>d) Metabolic Monitoring for Children &amp; Adolescents on Antipsychotics (APM Total)</p> <p>e) Alcohol or Drug Treatment Engaged (IET)</p> <p>f) F/U After Emergency Department Visit for Mental Illness (FUM 7)</p> <p>g) F/U After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA 7)</p> <p>h) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</p> <p>i) Adherence to Antipsychotic Medications for Individuals With Schizophrenia SAA</p> <p>j) Follow-Up after High Intensity Care for SUD (FUI 7 Days)</p>	<p>1) 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>2) Evaluate plan level data to look for opportunities to improve continuity and coordination of Behavioral Health and Medical Care per QI 4 Elements A through C.</p> <p>3) Continue the use of standardized screening for depression in primary care through implementation of PHQ-2/PHQ-9 protocols.</p> <p>4) Continue use of the Columbia Suicide Severity Rating Scale in primary care.</p> <p>5) Continue use of the Collaborative Safety Planning template in primary care.</p> <p>6) Monitor the 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) Q4 2023</p> <p>2) Ongoing</p> <p>3) Ongoing</p> <p>4) Ongoing</p> <p>5) Ongoing</p> <p>6) Ongoing</p>	<p>Kastman</p> <p>LeClair</p> <p>Austin</p> <p>Fucci</p> <p>Oakley</p> <p>BHQC Members</p>
<p>Evaluate experience with Behavioral Health services.</p>	<p>a) Obtain 80% overall satisfaction with Behavioral Health services on our NCQA health plan level member experience survey for external providers.</p> <p>b) Implement Press Ganey staff model Behavioral Health patient experience survey and establish threshold questions and goals for internal 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) Complete contract negotiations with Press Ganey.</p>	<p>1) Q3-Q4 Annually</p> <p>2) TBD</p>	<p>BHQC Members</p> <p>Kastman</p> <p>LeClair</p> <p>Steiner</p> <p>Sandene</p> <p>PEIC Members</p>

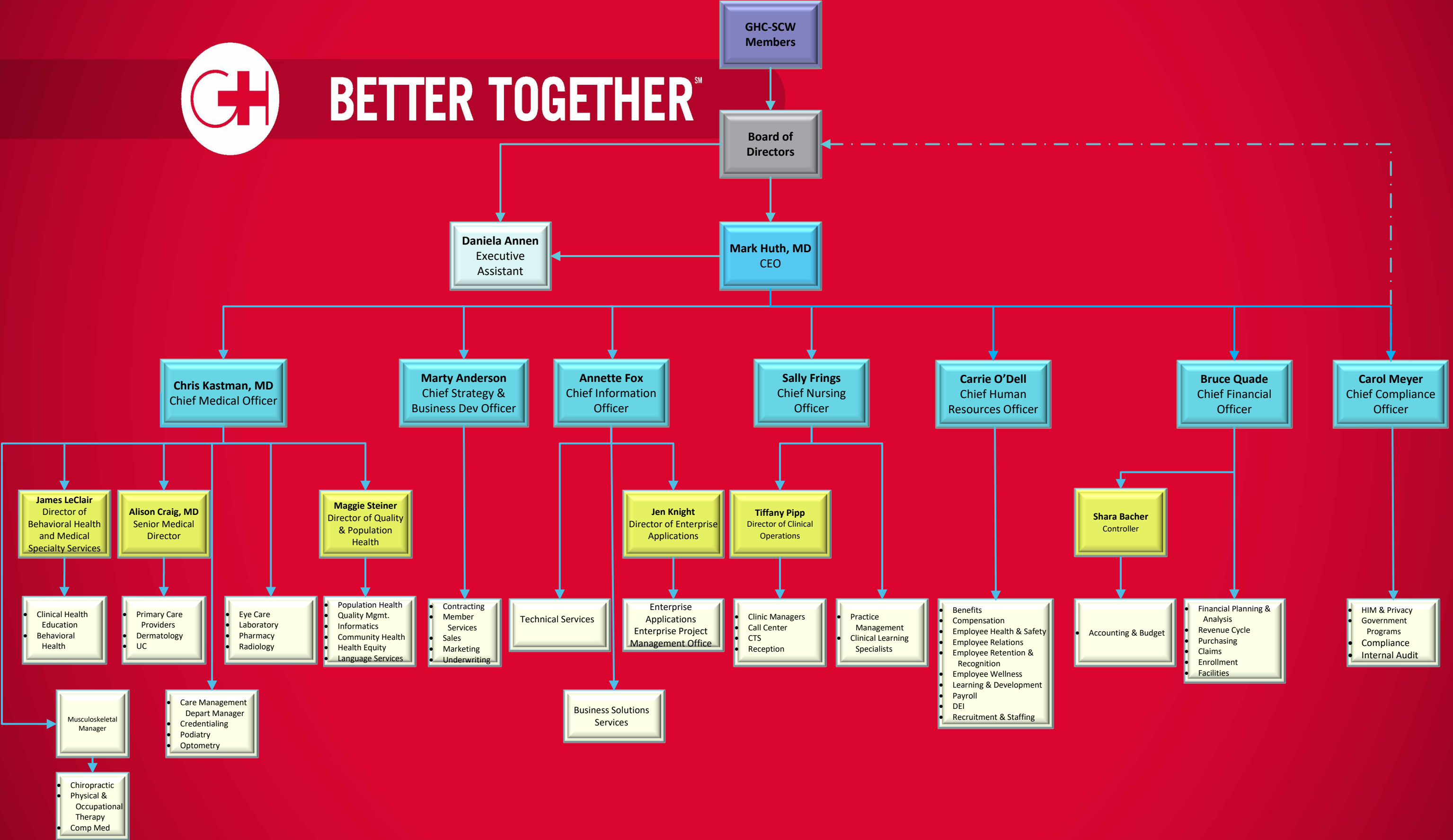
2023 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
<b>Population Health Management</b>				
Develop and/or enhance current population health strategies to improve health outcomes and lower costs.	a) Identify strategies for the HEDIS P4P preventive metrics. b) Identify new or enhance tools and resources for staff.	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 to create meaningful tools and resources.	1) Ongoing 2) Ongoing	Kastman Ledford Steiner Ibrahim EA Department
Smoking Cessation.	a) Continue to decrease number of current smokers on the GHC Cigarette Use Registry (staff model patients only).	1) Evaluate the BPA's effectiveness to sustain long-term.	1) Ongoing	Kastman Ledford Steiner
Wellness within GHC-SCW.	Continue with Wellness Strategic Plan to: a) Build an internal wellness program that is embedded within GHC-SCW's culture. b) Create a cohesive team approach to worksite wellness. c) Develop an integrated primary care worksite wellness program. d) Create value-added well-being offerings for GHC-SCW members and patients.	1) Wellness Change Team meets monthly. Reestablish Wellness Committee Champions. 2) Monthly wellness communication with Sales. 3) Continue to monitor and improve the ManageWell member wellness and rewards program specifically for BadgerCare Plus members where reward restrictions apply.	1) TBD 2) Ongoing 3) Ongoing	Kastman Steiner Sandene
Conduct evaluations of current outreach initiatives including non-staff model members.	a) Assess all current outreach initiatives for continuation. b) 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) Continue quarterly meetings with Access Community Health Center (ACHC) to review and identify outreach needs to non-staff model members. 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) Q1-Q4 5) TBD	Steiner Kastman Ibrahim Joyce Norton Herschleb BI Department EA Department
Complete Annual Population Assessment. Include needs of members of racial/ethnic groups and needs of members with LEP.	a) Develop reporting to identify opportunities to improve population health for identified populations and subpopulations. b) Identify strategies and analytical tools to support efforts. c) Use the Population Assessment to review and update PHM activities and resources including community resources. d) Address health disparities for at least one identified population.	1) Utilize available data to perform Population Assessment and look to address health disparities for a least one identified population. 2) Improve population health through implementation of analytical tools (e.g. SDoH Epic build and reporting capabilities). 3) Improve the data gathering and reporting process.	1) Q3 2) Ongoing 3) Ongoing	Steiner Behl Ametani Jenson BI Department

2023 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
<b>Population Health Management</b>				
Review Medicaid Population Health Management Strategy and the impact of the programs and services offered by the organization annually.	a) Define the goals, target population and programs or services offered for each of the areas of focus within our Medicaid Population Health Strategy.	1) Conduct a comprehensive analysis of the impact of Medicaid PHM programs and services offered; include relevant clinical, cost or utilization, and experience measure results. 2) Compare with a benchmark or goal, interpret results and perform a barrier analysis as needed.	1) Q3 or Q4	Steiner Ametani Ibrahim
Analyze the overall effectiveness of the Quality and Population Health programs with respect to the Medicaid HMO product line.	a) Evaluate adequacy of program resources, committees, practitioner participation, leadership involvement and make program changes as necessary.	1) Evaluate QI Workplan goals, objectives and proposed activities in Annual QI Report 2) Perform a mid-year evaluation of the workplan goals, objectives and proposed activities. 3) Draft and approve a new workplan for the approaching year.	1) End of year 2) June or July 2) Q3-Q4	Steiner Kastman CSQC

Executive Level



BETTER TOGETHER<sup>SM</sup>





of South Central Wisconsin

## CLINICAL & SERVICE QUALITY COMMITTEE

The purpose of the *Clinical and Service Quality Committee* (CSQC) is to monitor and improve the non-behavioral health aspects of the organizations' Quality Improvement (QI) Program. Objectives may focus on insurance operations and/or care delivery functions related to clinical or service quality.

### Scope

The CSQC is responsible for the oversight of accreditation related quality improvement activities for the health plans of Group Health Cooperative of South Central Wisconsin encompassing the Commercial, On-Exchange and Medicaid HMO Lines of Business.

### Objectives

- Ensure practitioner participation in the planning, design, implementation, or review of QI
- Solicit input from GHC-SCW leaders, strategic planning, other committees, or network resources
- Oversee the establishment of NCQA standards and guidelines and accreditation timelines
- Make or review policy decisions as warranted by current NCQA standards or business practice
- Review and approve the Annual QI Work Plan
- Assess the staffing or other resources needed to complete such work.
- Periodically monitor QI activities for progress and provide recommendations for continuous improvement of clinical care and service quality
- Identify and prioritize needed action and ensure follow-up as appropriate
- Review Population Assessment and PHM Strategy Impact analysis for all Lines of Business
- Review the Annual QI Evaluation

### Members

- |                                        |                                 |
|----------------------------------------|---------------------------------|
| • Chair; Accreditation Coordinator     | • Director Behavioral Health    |
| • Chief Medical Officer                | • Member Services Manager       |
| • Director Quality & Population Health | • Manager Pharmacy Services     |
| • Clinical Quality Coordinator HEDIS   | • Ad-hoc members as appropriate |
| • Care Management Manager              |                                 |
| • Case Management Team Lead            |                                 |

### Schedule & Reporting

CSQC will meet monthly or as necessary per the discretion of the Chairperson. Minutes will be documented. The Chairperson will report updates to Senior Medical Leadership, as appropriate.



of South Central Wisconsin

## Behavioral Health Quality Committee Charter

The purpose of the *Behavioral Health Quality Committee* (BHQC) is to monitor and improve the behavioral health aspects of the organizations' Quality Improvement (QI) Program. Objectives may focus on insurance operations and/or care delivery functions.

### Scope

Reviewing BH Department resources, operations, projects, related data or reports evaluating areas of opportunity for improving the quality of BH clinical care or services provided to health plan members. Identify 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

### 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 services
- Prioritize based on strategic planning, HEDIS® measurement year or accreditation timelines
- Assess staffing or other resources needed to complete such work.
- Monitor performance of BH HEDIS® metrics
- Monitor BH network adequacy per NCQA standards
- Review BH policies and procedures
- Evaluate member complaints or compliments with behavioral healthcare including any surveys conducted related to patient or member experience at the clinic or health plan level
- Contribute BH initiatives to the annual QI Work Plan & summarize activities and results in the organizations' annual QI Report

### Members

- |                                                             |                                                                                                                                                                |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Director of Behavioral Health (MBA; Chair)                | • Quality Improvement Specialist                                                                                                                               |
| • BH Medical Director (MD, Psychiatry)                      | • Behavioral Health Services Program Coordinator                                                                                                               |
| • Accreditation Coordinator (Co-Chair)                      | • Utilization Management (BSW)                                                                                                                                 |
| • BH Services Manager (LPC; Psychotherapist)                | • Ad-hoc representation, as appropriate <ul style="list-style-type: none"><li>○ Badger Care Coordinator</li><li>○ Government Programs Contract Admin</li></ul> |
| • Primary Care Practitioner (MD, DO or APNP <i>vacant</i> ) |                                                                                                                                                                |
| • Quality & Population Health Director (MHA, CPHQ)          |                                                                                                                                                                |
| • Clinical Quality Coordinator (MPA)                        |                                                                                                                                                                |

### Schedule & Reporting

BHQC will meet monthly or as necessary per the discretion of the Chairperson. Minutes will be documented. The Chairperson will report updates to Senior Medical Leadership, as appropriate.