

2024

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 our 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 surveys to gather information we value about our members' and patients' clinic experiences. Additional members experience surveys are sent to members who received services from contracted Behavioral Health practitioners outside of our GHC-SCW staff model clinics. Health plan level consumer feedback is obtained through the Adult CAHPS survey for all HMO product lines. These surveys are sent to members annually.

In 2024, GHC-SCW introduced our Member Engagement Program. This program aims to give space to patients and members voices in our organizational work. The program's mission is to actively engage and empower our diverse community of members by collaborating with organizational leaders and staff to collect feedback through surveys and focus groups for projects, programs, and practices to drive improvement. We believe this empowers our members to share the direction of healthcare services at GHC-SCW. By fostering an inclusive and collaborative environment, we strive to ensure that the diverse perspectives and experiences of our community are at the forefront of decision-making processes, ultimately leading to improved and patient centered care. In addition, one of the great benefits of being a cooperative is the fact that every member can make their voices heard by voting for our Board of Directors.

Employee Engagement & Recognition

Successful cross-functional teams include team members that recognize and respect each other's knowledge, skills, and experiences. The key to success of these teams is fostering a collaborative work environment where all levels of staff and their contributions are valued. Communicating expectations and providing staff the tools they need to perform every day is important to their success.

Meaningful employee engagement is part of GHC-SCW's Strategic Plan. We must keep asking employees and clinicians what engages and encourages them to share challenges they face so they know they are supported. GHC-SCW has conducted employee engagement surveys since 2008. This long-standing survey process has helped leadership gain important insight into what our employees need. This allows the development of organizational initiatives that match the feedback of our workforce. Health systems that prioritize and use this information to drive improvement, realize the greatest return on investment. Over the last year GHC-SCW has made the following commitments to its employees:

- Market competitive general wage increase for all staff in 2024, and job description analyses to ensure competitive wages.
- Quarterly check in process for all GHC-SCW managers and their direct reports, with the goal of ensuring that staff receive the support needed to help them reach their fullest potential by offering guidance and resources. Each employee can receive feedback, address concerns, and ensure alignment between individual objectives and organizational goals to foster a culture of continuous growth and development.
- Introduced new leadership standards focused on accountability, innovation, and mentorship.
- Employee Appreciation Week in June 2024: Prizes and activities for all GHC-SCW staff provided.
- A3 Problem Solving, known as Lean/PDCA, was introduced to all GHC-SCW staff as an opportunity for staff to become involved in continuous improvement through structured problem solving.
- “Battling Bias” training was rolled out to all staff in Q1 and “Honoring LGBTQIA+ People Through Effective Communication” training was rolled out to staff in Q2.
- The Rising Leaders program continued in 2024 with a new class of rising leaders chosen to begin their yearlong journey of mentoring and skill building sessions in September 2024. Rising Leaders is a program for staff who are not currently in leadership roles and are nominated by their supervisors because they demonstrate strong leadership potential.

Data Analysis

Data is the single most important asset available to drive change. As important as measuring data is, it is not enough to drive improvement on its own. Our Enterprise Applications (EA) 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. GHC-SCW launched the IGNITE project in October 2023, with the goal of transforming our organization’s reporting structure. In 2024, the GHC-SCW EA team started working with individual departments to transition reporting that is user friendly and more easily accessed. GHC-SCW will fully leverage Epic’s Caboodle system and eventually retire our Enterprise Data Warehouse in 2025. 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 and Director Team makes the final decisions on which projects are the highest priority for the organization.

Leadership

GHC-SCW’s Board of Directors, President, and Chief Executive Officer (CEO), and other senior leaders provide direction for the organization by defining our company’s strategic goals and priorities. Leaders and managers must demonstrate that they are not just interested in how the organization is doing, but also with how the organization can do better. Leaders bring ownership performance and improvement to the forefront by making our progress visible to employees and engaging all GHC-

SCW employees 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*
- *Financial Strength*
- *Impact*
- *Adaptive Transformation*

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*”.

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 2024 resulted in Ann Hoyt and Richard Lavigne being re-elected and Dimitri Yatsenko being newly appointed. In November 2024, Richard Lavigne resigned, and the board welcomed Ross Putman.

Program Structure

Our QI program is comprehensive and involves every part of our delivery system and the use of data to continuously monitor all aspects 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 to analyze, and problem solve.

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 Management and Population Health Departments is delegated to the Director of Quality and Population Health with a master's degree in healthcare administration. The Director of Behavioral Health is also involved in quality improvement 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 ensures 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 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 committees are:

- Clinical and Service Quality
- Behavioral Health Quality
- Peer Review and Credentialing Committee
- Clinical Content Committee
- Employee Health and Patient Safety Committee
- Quality and Population Health Steering Committee
- Commercial and BadgerCare Plus Quality Committee
- Pharmaceutical and Technology Assessment Committee

Other Committees vital to process and quality improvement are:

- Hypertension
- Diabetes Improvement
- Asthma
- Immunization
- Readmission
- Pain and Controlled Substance
- Lead Screening

Quality and Population Health Management & Resources

GHC-SCW's CMO oversees quality and population health operations. 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, health equity goals, clinical quality, NCQA accreditation and the quality performance requirements associated with our Wisconsin Department of Health Services Medicaid contract.

The Population Health team is dedicated to their focus on community partnerships, sustaining community health programs, and social work services. The team works to address social determinants of health and engages in promoting equitable care by identifying and reducing disparities.

Our Quality and Population Health Programs are interrelated in terms of workplans, leadership oversight and committee structure for all HMO 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 plan's PHM program to evaluate its impact and gain insight into areas of need or required future growth.

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.

Evaluation of the QI Program

GHC-SCW is uniquely positioned to achieve our quality vision thanks to the excellence of our practitioners, 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 & Population Health Steering Committee to define what areas have been appropriately addressed or may need further improvement.

Promoting Diversity, Equity, and Inclusion

GHC-SCW has been accredited in Health Equity through NCQA. Top priorities in the next two years are to implement our plan for the direct collection of sexual orientation and gender identity (SOGI) from our members. This was a focus area for our 2024 organizational strategic plan. Collecting this information will help us to create provider networks which are mindful of the individual needs and/or preferences of our members and offer services associated with their needs. Collection of this data also helps to 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. We are dedicated to empowering those around us and expanding access to critically needed care and resources through partnerships with local community organizations.

Prioritized partnerships in 2024 included:

- **ConnectRx:** supporting black mothers who are pregnant by giving them greater access to care that improves birth outcomes and provides family stabilization resources.
- **Dane County Health Council:** a leadership group dedicated to eliminating gaps and barriers to optimal health and improving health outcomes in our community.
- **Centro Hispano of Dane County:** helping to promote the wellbeing of the Latino community.
- **Madison Public Schools “Adopt a School” Program:** Providing resources to our adopted schools to support the staff and students through medical supplies, healthy snacks, holiday gift giving, community events and more.
- **Reach Out and Read:** a 5013c nonprofit organization that gives young children a foundation for success by incorporating books into primary care.
- **St. Vincent de Paul Society:** supporting the needs of the homeless, displaced or those needing financial support and addressing food insecurity in our community.

Annual Work Plan(s)

The 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, Exchange and Medicaid HMOs. Some initiatives or improvement activities may not apply universally to all product lines depending on the aim.

Objectives included in the annual work plan are determined 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, health outcomes, health promotion and disease management across the delivery system.
- **Behavioral Health Care Quality:** Aim to improve behavioral health processes and outcomes across the delivery system.
- **Quality of Service and Member Experience:** Aim to improve clinical and health plan processes and 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 and Compliance:** Aim to meet the expectations of our members, purchasers, and those who regulate the industry.

II. ANNUAL SUMMARY

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, GHC-SCW Senior Leaders have developed goals associated with each strategic pillar and identified the work that will be required to execute our plan.

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.

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.

Adaptive Transformation - We actively evaluate and adapt our value proposition, processes and technologies to align with evolving market dynamics and needs.

In 2024, GHC-SCW updated our Strategic Pillar: Exceptional Quality and Service. This pillar aims to provide exceptional quality and service to our members and patients. Our five-year strategic goal is to attain five (5) stars at least once for our Commercial products by December 2025. To accomplish this goal, we have focused on triple weighted and adult prevention HEDIS measures and improvements to our Press Ganey Medical Practice survey with the intention that improvements in Press Ganey clinic encounter surveys would help improve health plan CAHPS surveys.

GHC-SCW is committed to the Institute for Health Care Improvement's **Quintuple Aim**:

- Improving health
- Enhancing the patient experience
- Making healthcare more affordable
- Finding or having meaning in our work
- Improving health equity

Our QI work plan strives to frame projects around these overall aims to best serve our members needs and impact the experience of care they receive.

This annual report reflects on our progress and highlights some of the organizational achievements within the 2024 calendar year.

2024 Operational Achievement Overview

- NCQA's 2024 Health Plan Rating for our Commercial HMO is 4.5 out of five (5) stars.



- GHC-SCW remains NCQA accredited for Commercial and Exchange HMOs through July 2025.
- GHC-SCW became accredited for our Medicaid HMO in 2023 and will be seeking renewal of the accreditation along with our Commercial and Exchange HMOs in April 2025.
- GHC-SCW remains NCQA Health Equity accredited for Commercial, Exchange and Medicaid HMOs through June 2026.
- GHC-SCW's Annual Member Meeting took place on June 27, 2024. During this member only event, GHC-SCW members and attendees had the opportunity to hear directly from Dr. Mark

Huth, our President and CEO, Board Chair and Board Treasurer about the state of our cooperative and learn the results of the yearly Board of Directors Election.

- GHC-SCW partnered with the Madison Children's Museum to hold vaccination clinics exclusively for GHC-SCW's youngest members. Children were able to get a vaccine and receive free admission to the museum for getting their vaccine, along with one parent or guardian.
- GHC-SCW launched its new Member Engagement Program to actively engage and empower our diverse community of members within GHC-SCW. The program collects feedback from members about various projects, programs and practices that drive improvement within the organization.
- Celebrated Health Care Employee Appreciation week with free prizes and tickets to a Madison Mallards Game on June 6, 2024.
- Celebrated the 10th anniversary of our Clinical Pharmacy Program/
- GHC-SCW announced the winners of the 2024 Medical Pre-Professional Diversity Scholarship. The scholarship awards \$5,000 and job shadowing opportunities with a GHC-SCW provider, to three individuals who identify as Black, Indigenous, Hispanic/Latinx and/or Southeast Asian and are enrolled in medical school and have a strong professional interest in a primary care career in Wisconsin.
- Our CEO was presented with the Cooperative Builder Award from the Cooperative Network.
- Launched the Autism PEERS Autism and the Autism Treatment Program.
- Launched a new provider search tool on our website.
- Launched the virtual Foundations IOP Program.
- GHC-SCW Green Team started working on initiatives to reduce GHC-SCW's amount of carbon pollution which has health implications for our members and the community. New trees were planted on GHC-SCW's properties, paper removed from exam tables, stopped the printing of routers at our clinics, sleeping computers when not in use, and adding the ProAir Respiclick inhalers to our formulary.

HEDIS & CAHPS Performance: Measurement Year 2023

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 measures
3. Lowest performing measures
4. Measures with small denominators where small numerator changes can impact percentile changes.

GHC-SCW Commercial HMO is among the top 7% of the highest rated health plans in the nation per NCQA's Commercial Health Plan Ratings of 2024. Our health plan report card achieved:

- 2.5 out of 5 in Patient Experience
- 4.5 out of 5 in Prevention and Equity
- 4 out of 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 has been partnering to help address SDoH for members receiving care at our staff model clinics. Members can receive assistance to pay bills for utilities, phone, internet or even medical supplies. This assistance can help our members stay connected with their health care provider to get the care they need.

GHC-SCW completed two performance improvement projects that involved members enrolled in the BadgerCare Plus HMO program at GHC-SCW. The first involved improving Colorectal Screening rates among non-white members between 45-49 years of age. Members were sent Cologuard kits that had not been screened and were then outreached to complete the screening. The second project focused on reducing the Epic MyChart activation disparity between adult African Americans and adult Caucasian members enrolled in GHC-SCW BadgerCare Plus. These performance improvement projects are an annual requirement of our participation in the Medicaid program.

Health literacy is considered by experts to be a key indicator of health. The ability to find, understand and use health information can impact the quality, cost, patient safety and the patient experience. In 2024, GHC-SCW began the process of evaluating how well it communicates with members, by completing the **Ten Attributes to Becoming a Health Literate Organization Assessment**. The purpose of the assessment is to assess how the organization is currently communicating important health information with all members and patients. The GHC-SCW Management Team completed the assessment in July 2024. The GHC-SCW Health Literacy Committee used the results to create a health literacy improvement strategy that will begin in 2025.

GHC-SCW continues to offer all staff and providers health literacy training modules which were developed in partnership with Wisconsin Health Literacy, a local nonprofit community organization that works to advance health equity through health literacy.

Safety of Clinical Care

Employee and Patient Safety Committee

GHC-SCW and the Employee and Patient Safety Committee prioritized safety by joining the National Safety Council in observing *National Safety Month* in June 2024, offering weekly resources to help keep our workforce safe by highlighting topics such as emergency preparedness and hazard recognition. Other highlights included:

- The discontinuation of needles by a vendor required a trial of new needles to be conducted. Nursing staff engaged in a continuous improvement cycle, which included ranking new needles to determine the highest quality. After continuous improvement evaluations, a new vendor and process was developed.
- Identified parking lots and patient to car transfers as a source of injury for our staff.
- Put standard work and education regarding patient handling in place and reduced injury rates to zero.
- Identified a need for a patient lift at our Hatchery Hill location. This was purchased and education was completed by Clinical Learning Specialists and the lift representative.

Pain and Controlled Substance Safety in Primary Care

GHC-SCW continues to impact the abuse and overuse of opioid medication by helping members identify alternative pain control options by offering additional multidisciplinary therapies that focus on function, not complete elimination of pain. In addition, practitioners work with members to develop 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 for members who are in long term recovery and receiving opioid agonist therapy from a consulting addiction psychiatrist or for members who require initiation of buprenorphine/naloxone to facilitate recovery. Health plan outpatient treatment for SUD is primarily provided by our partner, UW Behavioral Health and Recovery.

GHC-SCW practitioners, nursing and pharmacy staff, 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. Members who are prescribed controlled substances for pain, are monitored, and required to sign medication agreements that provide clear steps about how their opioid medication will be managed.

In 2024, random pill count documentation became available in Epic. For COT patients, a random pill count is conducted once a year at minimum. Additionally, COT training has been updated to include three modules for all staff who are involved in COT visits, including a hands-on-module.

GHC-SCW's Opioid Treatment Policy aims to protect both our patients and our prescribers. We use a peer review subcommittee to investigate internal concerns. 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.

Medication Documentation

In 2024, GHC-SCW updated the vaccine administration process to ensure safety and accuracy of vaccines administered to members. The "eight rights" to administration were implemented, and a requirement that no longer allows for verbal orders for any vaccine. All are now to be ordered only through approved methods in the EMR. In December 2024, vaccine scanning was piloted at our Capitol Clinic to reduce errors when manually entering vaccines into the EMR. This pilot is expected to be rolled out to all GHC-SCW clinics in early 2025. Medication and vaccine safety training is completed through the GHC learning management system on an annual basis.

Addressing Suicidality

In July 2024, Behavioral Health leadership met with clinical staff to discuss best practices when communicating with members who indicate they are suicidal or score high on PHQ-9 tests. These conversations are critical to patient safety and wellbeing. Research shows that individuals who die by suicide are more likely to have seen their Primary Care shortly before their death. The Behavioral Health Triage and Crisis Team offered guidance and learning opportunities to care teams about creating a safe space for members to openly express their suicidal thoughts and reduce the stigma by being willing to have these conversations. In addition, updates were made to Depression Screening standard work to best identify members who are needing urgent services.

Skills Training

GHC-SCW Registered Nurses (RN) undergo their annual skills competency training in September and October; to help ensure they are current with the latest skills needed to care for our members. GHC-SCW Care Team Specialists (CTS) and Patient Care Technicians (PCT) staff undergo annual skills competency training in January and February. This commitment to training helps ensure the safety of our members we care for.

Quality of Service

Pain Management Group Class

GHC-SCW introduced the COMPASS class to assist members in managing persistent pain. This virtual class is educational and allows participants to gather with others who are also trying to manage pain and learn how their bodies perceive pain and offers suggestions on how to manage pain flairs while navigating life. Members leave the class with a toolbox to assist them in managing symptoms. The class is led by Occupational and Physical Therapists.

Diabetes Focus Visits

GHC-SCW introduced Diabetes Focus Visits to assist Primary Care with members who have Type 2

Diabetes and may benefit from extra time spent with a Clinical Pharmacist who can take the time to explain how to best manage their medication and help educate members about managing their diabetes through diet and exercise, getting regular eye exams, paying attention to their mental health, and how all these things can impact their diabetes management. overall health. During these visits, Clinical Pharmacists can also refer members to other experts who can guide members by addressing specific needs.

New Electronic Visit Vendor

GHC-SCW introduced KeyCare, the nation's first Epic based virtual care company. The new vendor offers 24/7/365 virtual urgent care for non-emergency medical care. With the support of technology, KeyCare practitioners can link to our members key health information and document in Epic, which is helpful for any follow up care that may be needed.

Behavioral Health access is available 24/7/365 through 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

SPARC (Strategies to Promote Attention and Resilience Clinic)

Developed in 2024 to assist in the referral process for adults who are seeking an evaluation for inattention or possible ADHD. This new approach assigns specific screeners to members, which after completion, can be reviewed by the SPARC Clinic and evaluate if members would benefit from treatment which can be started at the SPARC Clinic and eventually transitioned back to the primary care provider for management.

Autism PEERS for Social Skills Group

GHC-SCW started offering this group for Autistic children and adolescents who are motivated to improve their social relationships. Through the program, children learn strategies for navigating social situations and creating positive friendships.

Foundations IOP

Foundations IOP announced a virtual option in April 2024. The new option offers participants in Foundations IOP, the option for members to attend a virtual option from anywhere in Wisconsin. Most aspects of the program are the same as in person IOP visits but meets in a virtual setting.

Policy Development

New controlled substance policies were created in 2024 to help address Sedative use and Stimulant treatment. Both now have medication agreements that will help build understanding between practitioner and members who are taking these medications.

Chaperone Policy

In the Spring of 2024, GHC-SCW implemented a chaperone policy that aligns with our aspirations to be a safe, trauma informed space for all who seek care at GHC-SCW.

Postpartum Discharge Pilot

To better align with ACOG guidelines, GHC-SCW implemented a pilot project in 2024, which included

a process to schedule a postpartum visit between 34-36 weeks of pregnancy. Additionally, the pilot includes workflows that will include outreaching members recently discharged after delivery, to discuss depression symptoms, breastfeeding or other concerns often experienced after delivery. If the pilot is successful, the organization plans to roll out to all clinics in 2025.

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 2024 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 five-year goal is to achieve risk-based capital of 400% by December 2025, with a second goal focused on increasing staff model attribution by 1,000 members by 12/31/2024.

The 2025 budget remained conservative to ensure our stability 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 overall rating of a health plan is determined by a combination of HEDIS and CAHPS scores.

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 the 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 NCQA Accredited in our Commercial and Exchange HMOs, and most recently became accredited for our Medicaid HMO in November 2023. Additionally, GHC-SCW is achieved Health Equity Accreditation in May 2023. Both the Medicaid Health Plan Accreditation and the Health Equity Accreditation were requirements dictated by the State of Wisconsin for health plans to continue to participate in the State's Medicaid program.

NCQA recertifies health plans every three years via a review of submitted internal documentation and randomized examples of the organization's files respective to case management, utilization management, appeals and credentialing. GHC-SCW will apply for renewal of all three HMO lines of business in April 2025.

GHC-SCW's NCQA Health Equity Accreditation will be renewed in June 2026.

2024 Challenges

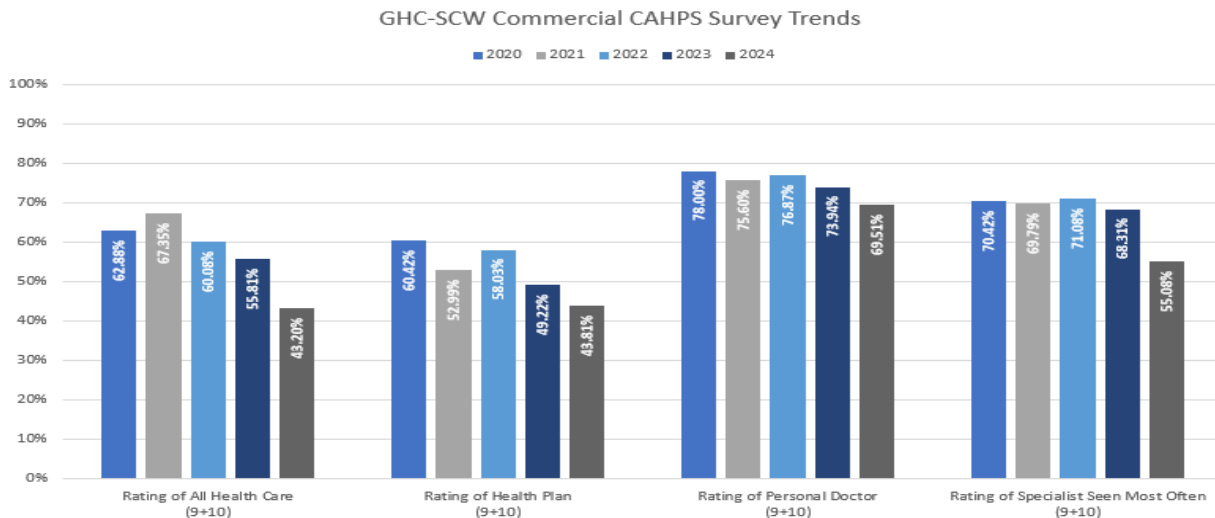
- Cyber Incident in January 2024
- Credentialing, Delegation and Contracting with all new staff
- Patient Experience reporting challenges
- New HEDIS vendor
- Health Care worker shortages
- Key position recruitment, training, and retention
- Renewing current employer groups and securing new groups

III. EVALUATION OF WORKPLAN PROJECTS

Quality of Service and Member Experience

Consumer Experience

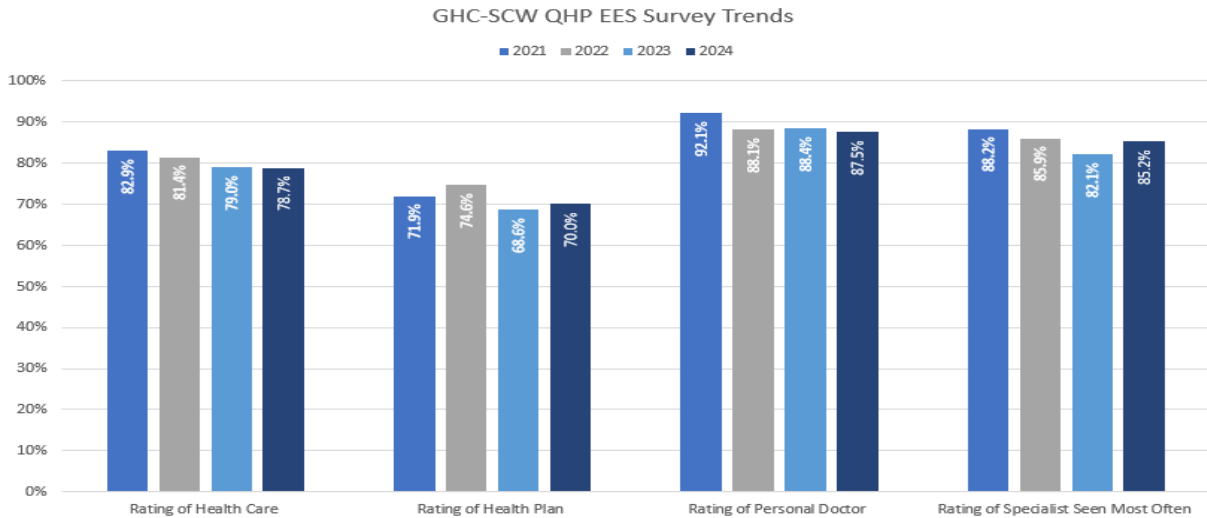
GHC-SCW aims to achieve optimal health plan member experience scores as measured by the Consumer Assessment of Healthcare and Provider Survey (CAHPS) survey. Overall ratings continue to drop since 2022. Because of this drop, GHC-SCW is adding improvement strategies to the 2025 strategic plan focused on improving “Getting Needed Care” and “Getting Care Quickly” composite scores. CAHPS data below represents Commercial HMO data only.



- **Rating of All Health Care:** scored 43.2% between the 10th and 33rd percentile
- **Rating of Personal Doctor:** scored 69.51% between the 33rd and 66th percentile
- **Rating of Specialist:** scored 55.08% under the 10th percentile
- **Rating of Health Plan:** scored 43.81% between the 33rd and 66th percentile

Qualified Health Plan Enrollee Experience Survey (Exchange HMO) ratings are represented below:

QHP Survey 2021 – 2024 Trended Overall Ratings



Medicaid HMO CAHPS data is not available in 2024 as the organization has not been accredited in that line of business for a full year. The first survey will be administered in Q1 2025.

Patient Experience Improvement

Patient Experience is a part of GHC-SCW’s strategic plan. This plan brings together Senior Leaders with Management leads to facilitate the work and evaluate progress on a quarterly basis. In 2024, several initiatives were completed to enhance the evaluation of patient experiences and improve reporting. These efforts aim to identify areas of opportunity and provide clarity on the initiatives undertaken by leadership and staff.

2024 Initiatives

- The organization shortened the Press Ganey Medical Practice survey for Primary Care, Health Education, Chiropractic, Dermatology and Eye Care practitioners.
- A new Outpatient Rehabilitation survey became available for patients to evaluate services provided by Physical Therapy and Occupational Therapy providers.
- In September 2024, all surveys were translated into Spanish and Hmong.
- Reporting of patient experience was overhauled to include identification of organizational metrics, goals, and business rules. Local level reporting is provided to specialties and sites.
- In Q4, the organization started quarterly patient experience check-ins with local level leaders to:
 - Review local level data
 - Discuss and identify observations and opportunities
 - Two-way learning on what works and doesn’t work

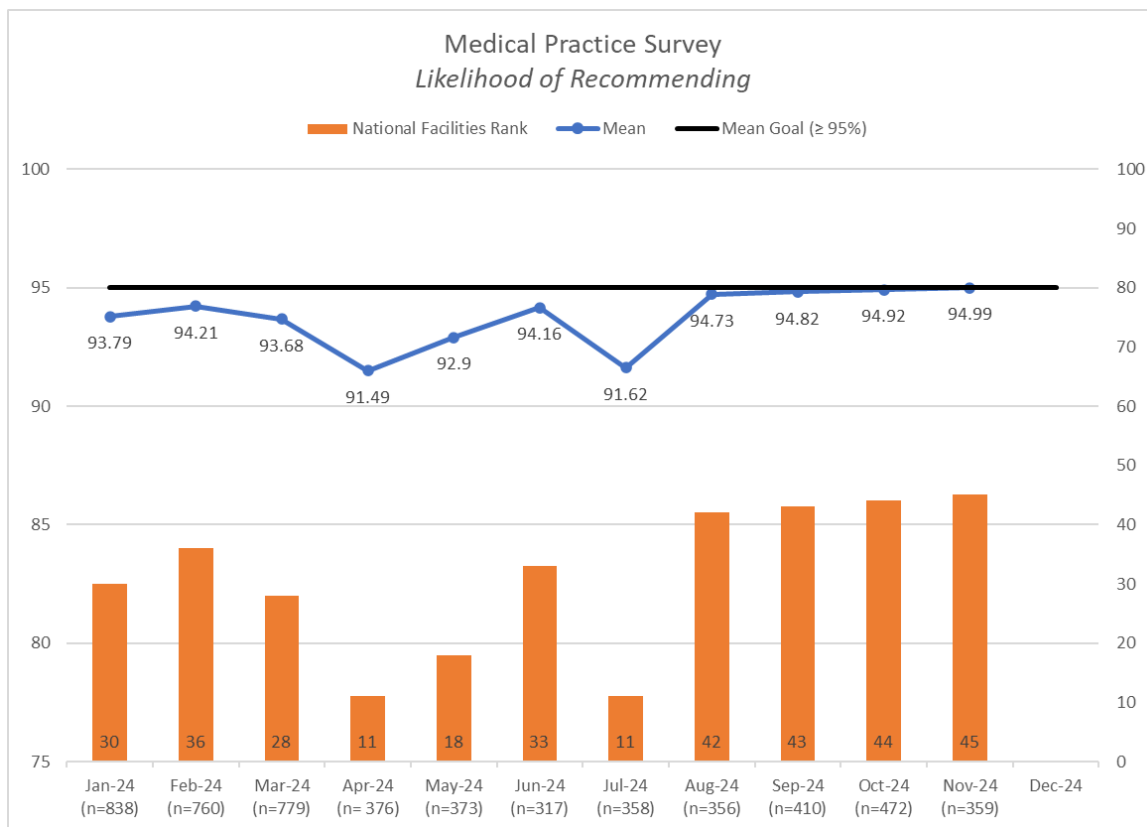
- Provide any additional support for reporting, improvement efforts, etc.

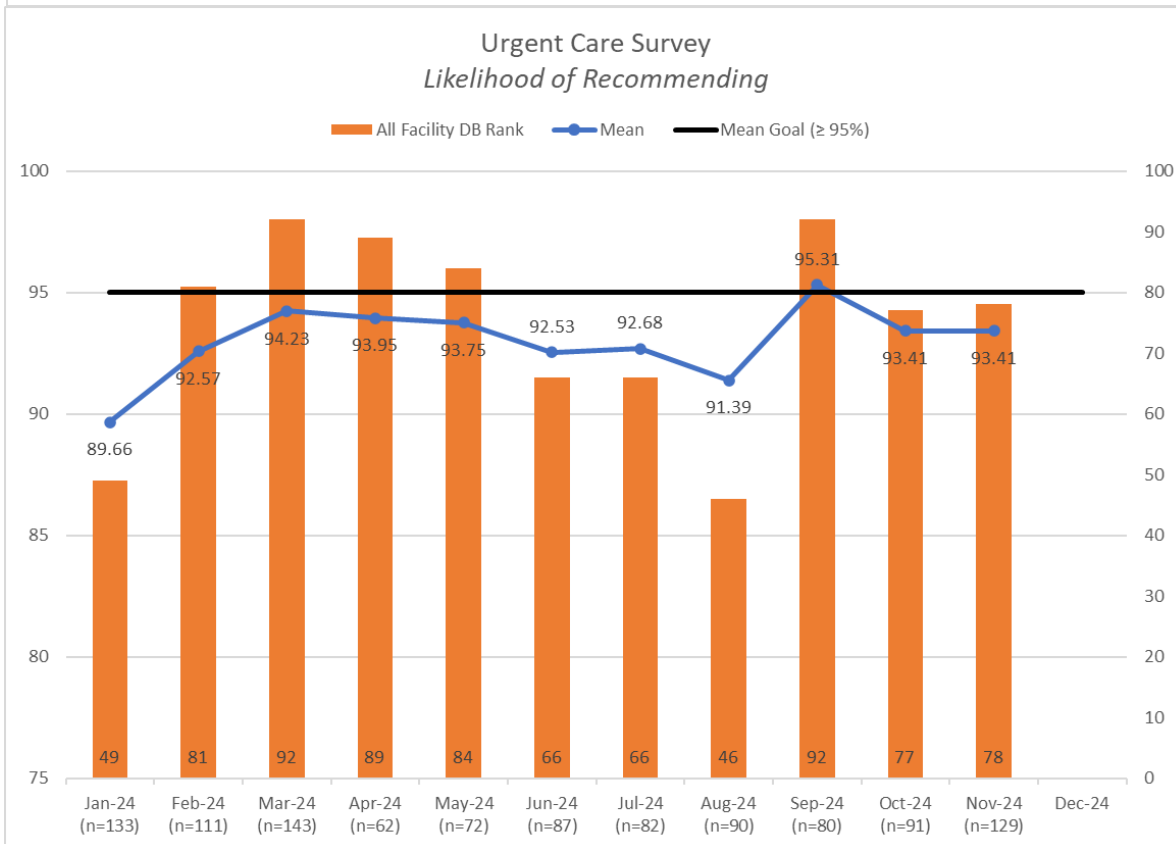
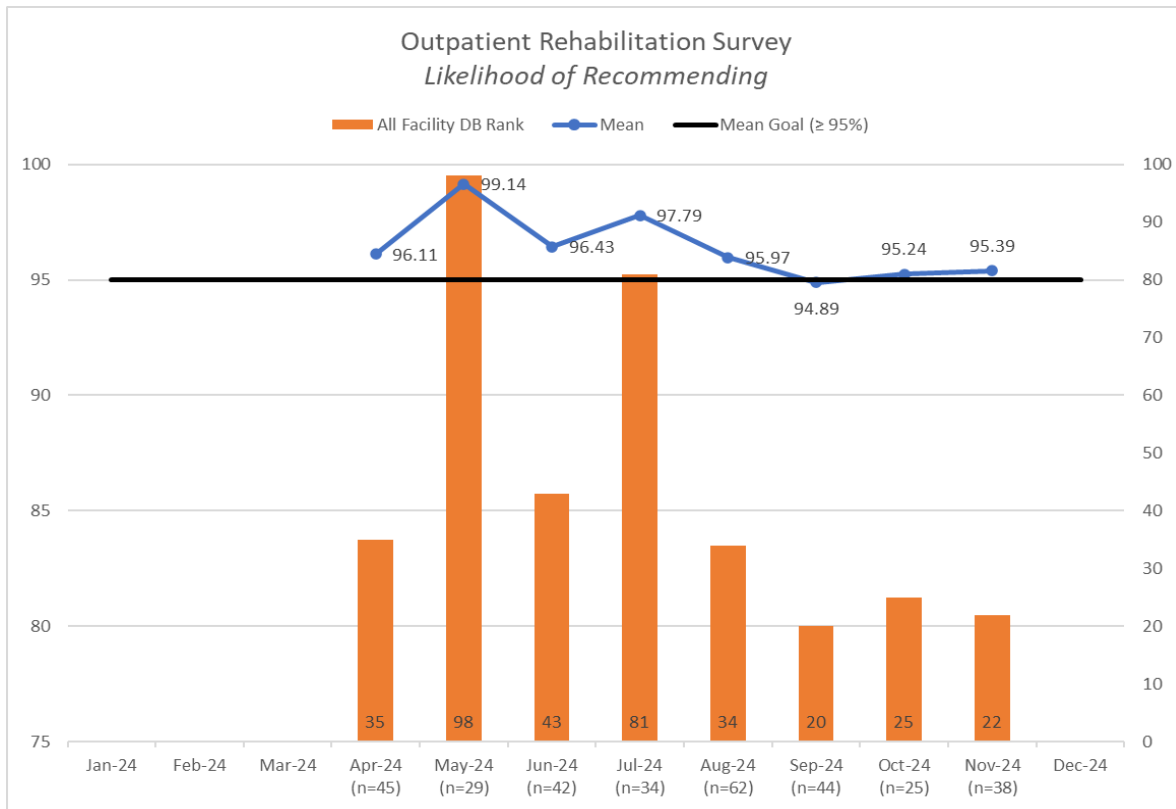
GHC-SCW recognizes the importance of positive member and patient experiences across the organization. Patient experience within our GHC-SCW clinics is measured monthly and results are available to all staff at the end of each month. Results are measured for four service lines:

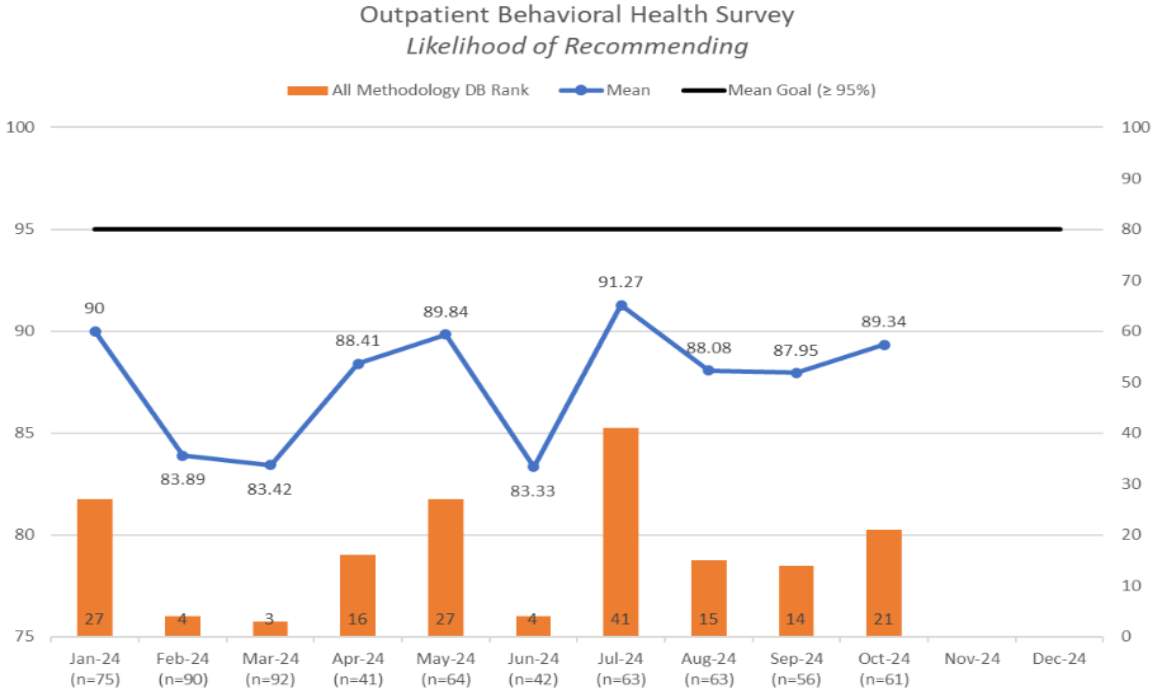
- Medical Practice (Primary Care, Health Education, Chiropractic, Dermatology and Eye Care)
- Urgent Care
- Outpatient Behavioral Health
- Outpatient Rehabilitation (Physical Therapy and Occupational Therapy)

GHC-SCW will continue patient experience initiatives in 2025. Plans include the implementation of text messaging as an additional survey method and reporting enhancement to support improvement efforts at the local level.

The following charts display patient experience data for *Likelihood of Recommending* by service line.







Quality of Clinical Care

Diabetes Management

Prevention

Members who are at risk for developing diabetes, based on clinical screening criteria, are referred to an evidenced based Diabetes Prevention Program (DPP) that promotes healthy eating and encourages physical activity to prevent the onset of diabetes. When a practitioner puts through an order for the program, lab results, height and weight are pulled into the order and all results must be within the last year for the member to participate in the YMCA Diabetes Prevention Program.

Condition Management

GHC-SCW is continuing to offer the Virtual Diabetes Support Group (VDSG). In this group, members can expect to learn about diabetes self-management from GHC-SCW subject matter experts and their peers. The group helps participants identify barriers that can prevent them leading healthier lives and talk about different methods for overcoming those challenges. In 2024, 25 members participated in the support group and another group will begin in 2025.

In 2024, GHC-SCW introduced Diabetes Focused Visits. These visits offer members an opportunity to meet with a Clinical Pharmacist who can talk with them about their diabetes medication adherence and barriers they may be facing. The Clinical Pharmacists also provide education on A1c control and how exercise and changing eating habits may positively impact diabetes management. Additionally, these visits provide the opportunity to talk about the importance of regular eye exams and how completing PHQ-9 questionnaires can help identify depression symptoms that may indicate treatment may be beneficial. Members can also be referred to Diabetes Educators as well.

Diabetes Focused Visits will continue in 2025 with additional outreach to members previously

hospitalized or treated in the emergency department for diabetes related care to improve care coordination.

GHC-SCW aims to achieve at least the 75th percentile for Diabetes related measures for each line of business.

Commercial/Exchange HMO	MY2021	MY2022	MY2023	Current Percentile
A1c <8 HBD	62.29	64.23	67.40	Between 66 th -90 th
Blood Pressure Control BPD	71.29	74.45	72.26	Between 66 th -90 th
Diabetes Eye Exam EED	59.85	62.53	55.96	Between 66 th -75 th
SPD Statin	63.97	63.19	68.88	Between 75 th -90 th
SPD Adherence	82.53	81.88	85.12	>90 th

Exchange HMO	MY2021	MY2022	MY2023	Current Percentile
A1c <8 HBD	53.28	60.42	NA	NA
Blood Pressure Control BPD	NA	NA	NA	NA
Diabetes Eye Exam EED	42.34	43.75	44.69	Between 33 rd – 66 th
SPD Statin	NA	NA	NA	NA
SPD Adherence	NA	NA	NA	NA

Medicaid HMO	MY2021	MY2022	MY2023	Current Percentile
A1c <8 HBD	51.19	48.15	57.28	Between 33 rd -66 th
Blood Pressure Control BPD	70.83	70.37	73.71	75 th
Diabetes Eye Exam EED	45.83	44.44	48.36	<33 rd
SPD Statin	65.75	55.67	58.18	Between 10 th -33 rd
SPD Adherence	72.92	83.33	79.69	90 th

Hypertension Management

GHC-SCW Hypertension Committee focuses on finding ways to improve the Controlling Blood Pressure (CBP) and Statin Therapy metrics for patients with cardiovascular disease. Achieving and maintaining high performance on this measure is a strategic priority as they have a significant impact on our star rating as a health plan.

There are several interventions that have been producing positive results for our members:

- Clinical Pharmacy medication review and consultations
- Blood pressure rechecks for members with elevated blood pressure during office visits
- Blood pressure cuff loaner program

In 2025, GHC-SCW will be educating clinical staff on Clinical Pharmacy referral workflows following a second elevated blood pressure reading. Reporting will be developed to support clinics

in achieving referral goals. Additional efforts include the development of an Epic Hypertension Registry and bulk outreach for members and patients with overdue care gaps.

Commercial HMO	MY2021	MY2022	MY2023	Current Percentile
SPC Statin Therapy	84.58	85.22	84.40%	90 th
SPC Statin Adherence	88.54	90.82	87.20%	66 th
CBP Controlling BP	78.10	74.21	71.53%	>75 th

Exchange HMO	MY2021	MY2022	MY2023	Current Percentile
SPC Statin Therapy	NA	NA	NA	NA
SPC Stain Adherence	NA	NA	NA	NA
CBP Controlling BP	74.11	73.89	71.38	Between 66 th -75 th

Medicaid HMO	MY2021	MY2022	MY2023	Current Percentile
SPC Statin Therapy	91.67	69.23	63.64	<10 th
SPC Statin Adherence	72.73	66.67	42.86	<10 th
CBP Controlling BP	57.83	64.12	66.11	Between 33 rd -66 th

Plan All Cause Readmissions (PCR)

GHC-SCW's Readmissions Committee continues to monitor quarterly reporting trends. If a concern is identified, the committee convenes as needed. The RN Transitional Care Coordinator has been instrumental in initiating and completing hospital follow-up outreach and ensuring timely transitions to Primary Care, as necessary. The organization continues to evaluate expansion of this role to support hospital follow-up outreach as well as urgent care visits.

	MY2021	MY2022	MY2023	Current Percentile
Commercial HMO	0.5013	0.4479	1.09	NA
Exchange HMO	NA	NA	NA	NA
Medicaid HMO	0.8231	0.4976	3.25	NA

**Lower rate is better *NA=denominator too small*

Safety of Clinical Care

Opioid Safety and Medicaid Assisted Treatment in Primary Care

The Chronic Opioid Treatment (COT) program at GHC-SCW requires all opioid prescribers to maintain up to date Medication Agreements with members receiving COT. The agreements outline the stipulations of the safety program. Exclusions include members who are on palliative care, in 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 the 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 continues to make improvements to the safety of our members receiving COT. State and

Federal regulators have created guidelines to help our prescribers keep members safe as well. 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 for some video visits, however at least one visit per year must be completed in person. Recommendations are for slow, gradual tapers for patients receiving high doses or on long term opioids at 10% per month or slower over several months is better tolerated.

GHC-SCW practitioners actively recommend alternative options for managing pain to help support COT plans for pain management, such as community resources and GHC-SCW class options for managing pain through lifestyle changes. Additionally, tapering regimens or offering Medication Assisted Treatment (MAT) within primary care for opioid use disorder (OUD) may be recommended. Evidence supports a combination of counseling and medication is the best treatment for OUD. MAT provides this in a primary care setting for stable patients on opioid agonist therapy for the consulting addiction psychiatrist or patients with current OUD who require initiation of buprenorphine/naloxone, to facilitate recovery. Health plan outpatient substance use disorder treatment is by our partner UW Behavioral Health and Recovery.

Chronic Opioid Treatment (COT)

Metric	Target Population	MY2024	Goal	Program
Urine Drug Screening UDS*	Opioid Use Registry	84%	>80%	Chronic Opioid Treatment Program
COT Visit Completion**	Opioid Use Registry	72%	>80%	Chronic Opioid Treatment Program

*Percent of patients who had urine drug screening (UDS)

**Percent of patents who had a visit in Primary Care for COT

Lead Screening

While preventing lead exposure is the best method for protecting children from lead poisoning, screening is the next best step. Even at low levels, lead in the 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) and those children with a history of elevated lead levels. Children are screened as early as nine (9) months of age.

Lead screening is a requirement of the Wisconsin Medicaid program and GHC-SCW is trying different approaches to improve screening rates. In the late summer of 2024, GHC-SCW lead screening outreach started to include flyers to educate parents and guardians about where lead can typically be found. Outreach is completed by GHC-SCW Quality Management team and clinic teams have access to Epic clinic dashboards that tell them which of their patients has not yet been screened for lead. The State of Wisconsin Medicaid program has a goal of 75%. Additionally, there is a withhold of .25% associated with this measure.

	2021	2022	2023	Current Percentile
Medicaid HMO	66.36	64.52	60.58	Between 33 rd – 66 th

In 2025, the organization is planning to conduct a pilot project to help learn more about barriers to lead screening completion. Clinic selection for this pilot is underway.

Population Health Management

Childhood and Adolescent Immunizations

Commercial HMO	MY2021	MY2022	MY2023	Current Percentile
CIS Combo 10	73.72	77.62	72.75	>90 th
IMA Combo 2	54.01	48.91	52.31	>90 th
Exchange HMO	MY2021	MY2022	MY2023	Current Percentile
CIS Combo 10	100	60	50	>90 th
IMA Combo 2	20	37.50	40	Between 33 rd -66 th
Medicaid HMO	MY2021	MY2022	MY2023	Current Percentile
CIS Combo 10	43.64	36.77	27.94	Between 33 rd -66 th
IMA Combo 2	46.4	47.44	47.89	Between 75 th -90 th

Adult Immunizations

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

Commercial HMO	MY2022	MY2023	Current Percentile
AIS E Influenza total	41.41	41.96	>90 th
AIS E Td/Tdap total	55.51	53.16	Between 75 th -90 th
AIS E Zoster total	42.23	44.05	>90 th
Exchange HMO	MY2022	MY2023	Current Percentile
AIS E Influenza total	NA	30.93	Not available
AIS E Td/Tdap total	NA	41.30	Not available
AIS E Zoster total	NA	29.28	Not available
Medicaid HMO	MY2022	MY2023	Current Percentile
AIS E Influenza total	19.27	21.67	Between 75 th – 90 th
AIS E Td/Tdap total	48.89	52.02	Between 75 th – 90 th

AIS E Zoster total	20.91	27.64	>90 th
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Adult Prevention

In 2024, Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening and Colorectal Cancer screenings were included in the organization's strategic plan. The Colorectal Screening measure for ages 45-49 was new in MY2022.

Commercial HMO	MY2021	MY2022	MY2023	Current Percentile
Breast Cancer Screening BCS	70.11	75.68	78.55	Between 75 th -90 th
Colorectal Cancer Screening COL Total	74.94	63.26	67.88	Between 75 th -90 th
Colorectal Cancer Screening Age 46-50	NA	36.14	47.52	Between 75 th – 90 th
Chlamydia Screening CHL Total	36.25	34.17	34.58	< 10 th
Cervical Cancer Screening CCS	80.78	78.83	79.56	Between 75 th – 90 th
Exchange HMO	MY2021	MY2022	MY2023	Current Percentile
Breast Cancer Screening BCS	59.82	70.27	Not available	Not available
Colorectal Cancer Screening Total COL	66.67	61.31	67.15	Between 75 th – 90 th
Colorectal Cancer Screening Age 46-50	NA	NA	NA	NA
Chlamydia Screening CHL total	42.55	34.92	30.67	<10 th
Cervical Cancer Screening CCS	66.42	70.32	64.72	Between 66 th – 75 th
Medicaid HMO	MY2021	MY2022	MY2023	Current Percentile
Breast Cancer Screening BCS	53.25	51.22	52.36	Between 33 rd – 66 th
Colorectal Cancer Screening COL total	NA	34.23	40.06	Between 33 rd – 66 th

Colorectal Cancer Screening Age 46-50	NA	NA	24.79	Between 33 rd – 66 th
Chlamydia Screening CHL total	55.97	56.99	48.74	Between 10 th – 33 rd
Cervical Cancer Screening CCS	67.40	63.99	57.66	Between 33 rd – 66 th

Asthma

GHC-SCW has an ongoing commitment to improving the health and outcomes for members with asthma and COPD. An Asthma Registry within the Epic EMR allows our dedicated Asthma Educator to directly work with members on this registry and provide education on how to best manage their asthma and avoid Emergency Room and Urgent Care visits related to uncontrolled asthma.

Commercial HMO	MY2021	MY2022	MY2023	Current Percentile
Asthma Medication Ratio AMR	88.28	86.46	84.27	Between 33 rd -66 th
Exchange HMO	MY2021	MY2022	MY2023	Current Percentile
Asthma Medication Ratio AMR	83.33	69.57	73.21	Between 10 th – 33 rd
Medicaid HMO	MY2021	MY2022	MY2023	Current Percentile
Asthma Medication Ratio AMR	65.71	68.52	62.83	Between 33 rd – 66 th

Medicaid Pay for Performance (P4P)

GHC-SCW has clinical performance metrics which are tied to our State of Wisconsin Medicaid contract. Future P4P earn back targets will be based on 2024 national performance as published in NCQA’s 2025 Quality Compass Reports. The use of a floating targets mean that health plans will not know what their improvement targets are until after the measurement year is complete. To address this, the State of Wisconsin/DHS will apply a Reduction in Error (RIE) component. If health plans improve their 2022 performance by at least 5-10% and still fall below the National 50th percentile, their earn back will have the RIE applied.

There were no changes between the MY2023 and MY2024 pay for performance measures.

MY2024 HMO P4P Measures and Weights

BadgerCare Plus		
Measure	Weight	Area of Care
Children's Health		
1.	Childhood Immunization (CIS) - Combo 3	Primary Care Access and Preventative Care
2.	Immunizations for Adolescents (IMA) - Combo 2	
3.	Lead Screening in Children (LCS)	
4.	Child and Adolescent Well-Care Visits (WCV)	
Maternal Health		
5.	Prenatal Care (PPC)	Maternal Health
6.	Postpartum Care (PPC)	
Disease Management		
7.	Asthma Medication Ratio (AMR) - Total	Chronic Conditions
8.	*Glycemic Status Assessment for Patients with Diabetes (GSD) – Control <8%	
9.	Controlling Blood Pressure (CBP)	
10.	Follow up within 30 days after hospitalization for mental illness (FUH) – Total, 30-day follow-up	Behavioral Health

** Formerly Hemoglobin A1c Control for Patients with Diabetes (HBD)*

Wellness Program

GHC-SCW's ManageWell program is part of our overall PHM strategy. It focuses on promoting health with the primary aim of lowering the total cost of healthcare by slowing the increase of risk. The platform is customizable and creates personalized experiences for participants who choose to opt in by registering. The program incentivizes members by earning points by completing various activities and is administered quarterly with points resetting at the beginning of each quarter. Incentive payouts are determined based on what tier each member meets and are paid out quarterly. Most members who are over eighteen years old are eligible to participate.

Behavioral Health Management

The following Behavioral Health metrics are associated with health plan's NCQA Report Card. Metrics below the 50th percentile is considered opportunities for improvement. The organization's overall objective is to achieve the 90th percentile or higher on as many metrics as possible.

Behavioral Health – Care Coordination

- FUH - Follow-Up After Hospitalization for Mental Illness
- FUM - Follow-Up After Emergency Department Visit for Mental Illness
- FUA - Follow-Up After Emergency Department Visit for Substance Use Disorder
- FUI - Follow-Up After High-Intensity Care for Substance Use Disorder

Commercial HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	FUH 7 day	56.35	63.89	34.48	Between 10 th – 33 rd
	FUM 7 day	45.00	57.35	60.61	Between 75 th – 90 th
	FUA 7 day	13.89	23.94	23.19	Between 33 rd – 66 th
	FUI 7 day	33.93	39.29	54.35	Between 75 th – 90 th
Exchange HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	FUH 7 day	50	58.33	28.57	<10 th
	FUM 7 day	NA	NA	NA	NA
	FUA 7 day	NA	NA	NA	NA
	FUI 7 day	NA	NA	NA	NA

Medicaid HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	FUH 7 day	42.5	47.69	26.53	Between 10 th – 33 rd
	FUM 7 day	42.11	28.57	38.46	Between 33 rd – 66 th
	FUA 7 day	14.1	27.37	26.60	Between 33 rd – 66 th
	FUI 7 day	20.00	40.00	39.58	Between 66 th – 75 th

Behavioral Health – Medication Adherence

- SAA -Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- AMM-Antidepressant Medication Management – Effective Continuation Phase

Commercial HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	SAA	85.71	75.86	86.96	NA
	AMM	73.41	72.89	74.96	>90 th
Exchange HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	SAA	NA	NA	NA	
	AMM	62.3	71.05	66.04	Between 66 th -75 th
Medicaid HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	SAA	20	85.71	61.11	66 th
	AMM	62.03	65.56	72.32	>90 th

Behavioral Health – Access, Monitoring and Safety

- APM-Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol Testing – Total
- ADD- Follow-Up Care for Children Prescribed ADHD Meds – Continuation & Maintenance
- IET - Initiation Engagement Treatment of Substance Abuse-Total

Commercial HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	APM Total	37.84	41.18	47.22	>90 th
	ADD Cont./Maint.	34.78	43.18	35.85	<10 th
	IET Engagement	13.07	13.90	17.03	Between 75 th -90 th
Exchange HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	APM Total	NA	NA	NA	NA
	ADD Cont./Maint.	NA	NA	NA	NA
	IET Engagement	16.92	20	10.42	Between 10 th -33 rd
Medicaid HMO	Measure	MY2021	MY2022	MY2023	Current Percentile
	APM Total	50	NA	NA	NA
	ADD Cont./Maint.	33.33	50	55.56	Between 33 rd -66 th

	IET Engagement	15.66	17.98	12.04	<50 th
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IV. REFLECTIONS ON THE OVERALL EFFECTIVENESS OF THE QI PROGRAM

Improving health care quality requires a well-orchestrated strategic plan that includes all areas of the organization. Strong leadership and an adaptable, innovative staff are crucial for driving improvement and carrying out the organization’s vision, mission and values. Patient care, member experience, and health outcomes all have a part in how GHC-SCW approaches improving health care quality and improving the overall health of our community.

This evaluation highlights various operational achievements, challenges and opportunities in 2024. **Section II** calls to mind the collaborative nature by which the organization approaches improvement, such as making services easier to obtain for our members through innovation, like Virtual IOP, Diabetes Focused Visits and a pilot that aims to improve access to postpartum care.

Workplan initiatives covered in **Section III** elaborates on the organization’s attention to overall quality improvement and the principles of the Quintuple Aim to pursue affordable, high quality, patient-centered care. Trends in clinical, behavioral health, safety, service, and experience from our work plans are also included in this evaluation. Opportunities for improvement are identified and reminds us of the importance of connecting with members through various methods, and the challenges that brings with it when members may be less engaged in their healthcare.

The organization has evaluated whether the program’s current structure is working well or if additional resources are needed to function more effectively. GHC-SCW’s Director of Quality and Population Health, our CMO, and the Director of Behavioral Health met throughout the year to assess program resources and committee participation, so that the activities outlined in our annual work plans are successful. In 2024, new practitioners began to attend the Behavioral Health Quality Committee to offer their expertise on improving experiences for our members seeking Behavioral Health services. In 2025, the Clinical Service Quality Committee Chair is planning to add additional staff to their meetings to offer additional collaboration. Overall, the structure and resources are sufficient and there are no significant changes needed.

Additionally, the organization remains committed to Epic upgrades that will enhance the organization’s ability to gain easier access to data, improve efficiency in clinical practices, and ensure safety and quality of clinical care documentation throughout the network. Our practitioners benefit when documentation is captured quickly and the ability to retrieve it is simpler across the system. These upgrades are an essential part of patient care, making test results, provider documentation and behavioral health documentation easier to access through the Epic system.

Patient safety work spearheaded by our Pain and Controlled Substance Committee (PCSC) and related subcommittees 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 developed a new

policy for managing members are taking stimulant medication and may also be receiving opioid medications.

In January 2024, GHC-SCW experienced a cyber incident. This was a new experience to the organization. Response to the situation required fast action and immediate collaboration with multiple internal and external sources to secure patient, member and employee data. The experience resulted in enhanced security measures for all organizational staff, as well as an organizational response that included additional security layers to protect our infrastructure. While the organization feels that our systems are secure, remaining vigilant and monitoring for any suspicious activity remains a top priority now and in the future.

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 the program.

2024 QI WORK PLAN				
COMMERCIAL AND EXCHANGE HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Service and the Member Experience				
Conduct ongoing assessments of patient experience and member satisfaction data and develop strategies for improvement.	1) Increase the Press Ganey Med Practice Survey response rate to 15%. 2) Exceed the 75th percentile on all weighted Commercial CAHPS measures on the NCQA health plan report card. 3) Exceed 70% on all scored QHP EES measures.	1) Patient Experience Steering Committee and Improvement Committee meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. 2) Implement response rate strategic plan A3. 3) Sustain Provider Website Transparency which includes Press Ganey survey comments and results by provider on the GHC-SCW website. 4) Review Commercial CAHPS and QHP EES results, identify opportunities for improvement and develop applicable strategies. 5) For NCQA Health Equity Accreditation, review Commercial CAHPS results and/or Press Ganey reporting to determine if disparities exist and develop any applicable strategies. 6) Conduct a Commercial CAHPS vendor search for advanced analytical offerings. 7) Actively notify members about the Commercial CAHPS survey and the importance of the survey prior to the Commercial CAHPS survey year.	1) Ongoing 2) By December 2024 3) Ongoing 4) Annually September 5) Ongoing 6) Ongoing 7) Q1	Kastman Frings Craig Pipp Steiner Tienter Patient Experience Steering Committee and Improvement Committee
Improve the health of the populations that GHC-SCW serves by identifying and addressing disparities and inequities.	1) Increase the collection of SOGI data for patients medically homed at GHC-SCW by 15%. 2) Increase the collection of social determinants of health (SDoH) data for patients medically homed at GHC-SCW by 1,000 patients.	1) Health Equity Steering Committee and Subcommittees meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. 2) Implement SOGI strategic plan A3. 3) Implement SDoH strategic plan A3. 4) NCQA Health Equity Accreditation Survey submission for all HMO lines of business (Commercial, Exchange and Medicaid).	1) Ongoing 2) By December 2024 3) By December 2024 4) Ongoing	Kastman Meyer Steiner Joyce Overfelt Donisch Craig Kachel Health Equity Steering Committee/Subcommittees

2024 QI WORK PLAN COMMERCIAL AND EXCHANGE HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve member health outcomes and costs associated with diabetes.	HEDIS diabetes measures: 1) HbA1c Control < 8.0% (HBD); exceed 75th percentile 2) BP Control <140/90 (BPD); exceed 75th percentile 3) Eye Exams (EED); sustain the 75th percentile 4) Assess HBD for disparities when stratified by race/ethnicity	1) Diabetes Improvement Team continues to meet monthly. 2) Continue the YMCA Diabetes Prevention Program partnership with the 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) Continue the Virtual Diabetes Support Group for GHC-SCW members for all insurance types. 5) Revise the refill protocol for all diabetes medications to encourage regular follow-up and lab completion. 6) Design and implement an annual diabetes focus visit to ensure all aspects of diabetes care are covered.	1) Ongoing 2) Ongoing 3) Ongoing 4) Q3 2023 5) Q1 2024 6) Q1-Q4 2024	Kastman Steiner Twining Ibrahim Norton Rx/Benn BI Department EA Department
Improve member health outcomes and costs associated with hypertension.	1) BP Control <140/90 (CBP); sustain the 90th percentile 2) BP Goal on Problem List; sustain 50% or greater 3) Assess CBP for disparities when stratified by race/ethnicity	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 blood pressure cuff loaner program. NCQA will continue to accept home blood pressure readings. 4) Continue to educate clinical staff on the importance of documenting patient self reported home blood pressure monitoring during clinic or telehealth visits. 5) Monitoring BPA for relakes and user-level reporting to ensure relakes are occurring and improving the overall compliance rate.	1-5) Ongoing	Kastman Steiner Ibrahim Herschleb Rx/Benn Twining BI Department EA Department
Sustain performance on HEDIS Plan All Cause Readmissions measure.	1) Plan All Cause Readmissions (PCR) National All Lines of Business ≥ 90th Percentile	1) Readmissions Committee meets ad hoc to assess opportunities for improvement.	1) As needed	Kastman Steiner Pipp Ibrahim Behl
Improve performance on measures related to child and adolescent preventive immunizations.	National All Lines of Business ≥ 90th Percentile a) Sustain 95th percentile for CIS Combo 10 b) Sustain the 90th 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. 6) Implement HPV huddleboard metric to improve overall IMA rate.	1) Ongoing 2) TBD 3) Ongoing 4) During flu season 5) During flu season 6) Q1 2024	Ibrahim Steiner Norton BI Department EA Department
Improve member health outcomes and costs associated with asthma.	1) Asthma Medication Ratio Total (AMR); exceed 75th percentile	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 to begin meeting monthly for evaluation of associated objectives, their implementation and outcomes.	1-3) Ongoing 4) Q1 2024	Van Ibrahim Steiner Herschleb BI Department EA Department
Disseminate Provider & Urgent Care Dashboards with data on quality, cost, and patient experience.	1) Maintain quarterly Provider & Urgent Care Dashboards.	1) Sustain current and identify new metrics for quarterly dashboards. Align current quarterly dashboard measures with organizational strategic plan initiatives.	1) Ongoing	Kastman Steiner Ibrahim Norton Herschleb Ibrahim

**2024 Q1 WORK PLAN
COMMERCIAL AND EXCHANGE HMO**

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Safety of Clinical Care				
Continue to monitor patient safety through Pain and Controlled Substance Committee and subcommittees, and identify and address opportunities for improvement.	1) For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90mg daily morphine equivalents and prevent any non-cancer patient from increasing past a daily morphine equivalent of 90mg. 2) Align with WI Licensing Board best practice guidelines for chronic opioid therapy. 3) Reduce co-prescribing of sedatives and opioids. 4) Promote Medication Assisted Treatment within Primary Care. 5) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans. 6) Obtain information and trending from the PDMP. 7) COT program goals for patients on the opioid use registry (achieve > 80 % on trended metrics) 8) Establish stimulant prescribing guidelines based on evidence based best practices.	1) Continue to evaluate, monitor, and trend data. 1a) Percent of patients on the opioid registry who had a UDS within the last 12 months. 1b) Percent of patients on the opioid registry who had a COT visit in Primary Care with the last 3 months. 2) Continue Medication Assisted Treatment at GHC-SCW. 3) Continue to resource Clinical Pharmacists. 4) Monitor future regulatory reporting needs on opioids. 5) Annually review HEDIS rates and percentiles and develop strategies for improvement. 6) Complete and implement stimulant policy and medication agreement. 7) Resource PT/OT staff to provide learning opportunities to RNs who conduct pain visits.	1-5) Ongoing 6-7) Q1 2024	Kastman Steiner Ibrahim Quality Committee Pain and Controlled Substance Committee Clinical Pharmacists
Administer COVID vaccinations and boosters.	1) Promote to age groups, as appropriate.	1) Offer during visits to GHC-SCW clinics, as appropriate, and through community related vaccination event opportunities.	1) Ongoing	Pipp Steiner
Promote flu vaccinations and flu clinics	1) Maintain National 95th Percentile for Adult Imm Status - Influenza (19-65)	1) Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for flu. 2) Identify children who need flu boosters.	1-2) During flu season	Steiner Ibrahim Norton Herschleb

**2024 Q1 WORK PLAN
COMMERCIAL AND EXCHANGE HMO**

OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Behavioral Health Care				
<p>Improve Behavioral Health HEDIS metrics through various improvement efforts including improving Continuity and Coordination of Medical and Behavioral Health Care.</p>	<p>Behavioral Health HEDIS Measures & Goals (National All LOB Percentiles \geq 90th Percentile): Care Coordination 1) Follow-Up After Hospitalizations for Mental Illness (FUH 7) 2) Follow-Up After Emergency Department Visit for Mental Illness (FUM 7) 3) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA 7) 4) Follow-Up after High Intensity Care for SUD (FUI 7) Medication Adherence 5) Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) 6) Antidepressant Med Management Continuation (AMM) Access, Monitoring and Safety 7) Metabolic Monitoring for Children & Adolescents on Antipsychotics (APM Total) 8) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP Total) 9) ADHD Continuation (ADD) 10) Alcohol or Drug Treatment Engaged (IET Total)</p>	<p>1) Report annual HEDIS results and plan ratings percentiles to the Behavioral Health Quality Committee and define the health plan's goals and opportunities related to these metrics. 1a) FUI 7 - QM assisting with ongoing monitoring and care coordination of inpatient hospitalizations for SUD related hospitalizations. 1b) ADD Continuation - QM assisting with ongoing monitoring and care coordination of all ADHD continuation prescriptions via internal reporting. 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. Develop other sources of internal reporting to have data for discovery of opportunities for collaborative activities with Primary Care. 3) Continue the use of standardized screening for depression using PHQ-2/PHQ-9 protocols and the use of the Columbia Suicide Severity Rating Scale in Primary Care. Continue partnership with clinic nursing staff for follow up with patients who identify with suicidal ideation on a PHQ-9 evaluation. 4) 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. 5) Assess pilot that supports primary care providers with an initial in-person psychiatric evaluation to determine best course of treatment and management within primary care. 6) Identify medication and non-medication strategies for adults with ADHD that can be managed effectively by their PCP. Incorporate into clinical workflows.</p>	<p>1) Q4 2024 1a) Ongoing 1b) Ongoing 2) Ongoing 3) Ongoing 4) Ongoing 5) Ongoing 6) Ongoing</p>	<p>Kastman LeClair Fucci Oakley Herschleb Behavioral Health Quality Committee</p>
<p>Continue and build upon the Foundations Intensive Outpatient Program (IOP).</p>	<p>Foundations Intensive Outpatient Program (IOP) offers evidence-based, multi-disciplinary and multi-modal care for adults with behavioral health diagnoses. This program would benefit patients who are either stepping down from higher levels of care or could use more intensive services than outpatient therapy and medication management.</p> <p>We accept referrals from psychiatrists, primary care providers, mental health professionals.</p>	<p>All individuals will complete a comprehensive assessment with a team of licensed behavioral health specialists, including psychiatrists, therapists, behavioral health nurses and a transitional coordinator. Program participants will spend time in a group therapy setting, learning and practicing skills while exploring symptoms and experiences in a safe environment. Every person in the program will meet with an individual therapist and a psychiatrist at least once weekly. Although all individual care is different, we anticipate the average length of participation in our program to be two to four weeks. Our curriculum uses evidence-based therapies, including cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT). Other workgroup(s) are formed as additional needs arise. Currently evaluating substance use treatment and the various levels of care required.</p>	<p>Ongoing</p>	<p>Kastman LeClair BH Leadership</p>
<p>Monitor Autism Spectrum Services Program.</p>	<p>The Autism Spectrum program is designed to support individuals on the Autism Spectrum and their caregivers and is tailored to support individuals using evidence-based techniques.</p> <p>To be eligible for Autism Spectrum treatment services, a member must have a medical diagnosis of Autism Spectrum Disorder (ASD). They can start this process by speaking with their primary care provider. All Autism Spectrum related services require a referral from a Primary Care Provider and insurance prior authorization.</p>	<p>Children with Autism Spectrum Disorder, ages 8 to 16 and their parents/caregivers would receive weekly in home appointments for 14 to 16 weeks. During each session, children learn a new skill and practice with a trained professional. Parents learn how to support their children's social or emotional development, coaching them as they practice and generalize their skills. In-house collaborations with physical and speech therapy are under review for future program enhancements.</p>	<p>Ongoing</p>	<p>Kastman LeClair BH Leadership</p>
<p>Evaluate patient experience with Behavioral Health services.</p>	<p>1) Obtain 80% overall satisfaction with Behavioral Health services on our annual NCQA health plan level member experience survey for external providers. 2) Review data from the Press Ganey (PG) Behavioral Health patient experience survey for staff model patients and establish threshold questions and goals for internal performance of the PG Behavioral Health patient experience survey for staff model patients.</p>	<p>1) Conduct an annual health plan level survey to rate satisfaction with the Behavioral Health services received through external providers and report the results to Behavioral Health Quality Committee (BHQC). 2) Conduct ongoing surveying and review results for the PG Behavioral Health patient experience survey.</p>	<p>1) Q3-Q4 2) Ongoing</p>	<p>Behavioral Health Quality Committee Kastman Joyce LeClair Steiner Patient Experience Improvement Committee</p>
<p>Engage more providers in Behavioral Health Quality Committee.</p>	<p>1) Increase staff model and non-staff model provider engagement on the Behavioral Health Quality Committee.</p>	<p>1) Identify and invite identified staff model and non-staff model providers to join committee.</p>	<p>1) Q1</p>	<p>Joyce</p>

2024 QI 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.	1) Identify new or enhanced strategies. 2) Identify new or enhanced tools and resources.	1) Meet regularly with the EA team to discuss opportunities for enhancements to current and future population health tools. 2) Meet regularly with clinical leadership and staff to create meaningful tools and resources.	1) Ongoing 2) Ongoing	Kastman Ledford Steiner Ibrahim EA Department Quality & Population Health Steering Committee
Conduct evaluations of current outreach initiatives including non-staff model outreach.	1) Assess all current outreach initiatives for continuation. 2) Review all outreach reporting for opportunities to incorporate non-staff model members.	1) Monitor current outreach initiatives for continuation or change. 2) Review reports for modifying inclusion/exclusion criteria. 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
Complete Annual Population Assessment. Include assessment of the needs of members of racial/ethnic groups and members with Limited English Proficiency.	1) Develop reporting to identify opportunities to improve population health for identified populations and subpopulations. 2) Identify strategies and analytical tools to support efforts. 3) Use the Population Assessment to review and update PHM activities & resources including community resources. 4) Address health disparities for at least one identified population.	1) Utilize available data to perform the 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 Joyce Overfelt BI Department <i>Care Mgmt. Dept- ad hoc</i>
Annually, assess our Population Health Management Strategy and evaluate the impact of the programs and services offered by the organization.	1) Define the orgs goals, target population and programs or services offered for each of the areas of focus within our Strategy by HMO product line if they differ.	1) Conduct a comprehensive analysis of the impact of PHM programs and services offered; include relevant clinical and utilization metrics by product line and include experience 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 Joyce
Analyze the overall effectiveness of our Quality and Population Health programs.	1) 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 upcoming year.	1) By December 2) June or July 3) Q3-Q4	Kastman Steiner CSQC

**2024 QI WORK PLAN
COMMERCIAL AND EXCHANGE HMO**

OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Compliance				
Renewal of NCQA Health Equity Accreditation.	1) Achieve renewal of NCQA Health Equity Accreditation by May 2026. 2) Maintain the activities of the Health Equity Accreditation calendar to stay on track with NCQA related processes. 3) Ensure that the NCQA Health Equity Accreditation process continues to be successful.	1) Continue the project management plan for the next NCQA Health Equity Accreditation cycle. 2) Submit the NCQA Health Equity Accreditation Survey tool.	1) Ongoing 2) May 12, 2026	Kastman Steiner Joyce
Renewal of NCQA Health Plan Accreditation.	1) Achieve renewal of Commercial and Exchange Health Plan Accreditation by April 2025. 2) Maintain the activities of the Clinical and Service Quality Committee (CSQC) and its agenda calendar to stay on track with NCQA related processes. 3) Ensure the NCQA Health Plan Accreditation process continues to be successful.	1) Continue project management plan for the next NCQA Health Plan Accreditation cycle. 2) Submit the NCQA Health Plan Accreditation Survey Tool. 3) Complete file review.	1) Ongoing 2) April 22, 2025 3) June 9, 2025	Kastman Steiner Joyce CSQC
Complete the annual HEDIS reporting process.	1) All necessary documentation will be submitted accurately. 2) The HEDIS Roadmap will be submitted and validated. 3) Prepare for ECDS submissions, as necessary. 4) Ensure the HEDIS reporting process continues to be successful.	1) In collaboration with organizational staff, Quality Management will meet to establish roles and responsibilities and ensure tasks are fulfilled and data is submitted in a timely manner. Identify HEDIS reviewers to ensure maximum return on HEDIS audit and medical record review (MRR) is completed. 2) In collaboration with the BI Reporting Team, Quality Management staff work closely with Advent Auditor to ensure HEDIS Roadmap data is captured and submitted accurately.	1) Q1-Q3 2) Q1	Kastman Steiner Ibrahim BI Department
Maintain compliance with gathering and reporting of data for required annual health plan surveys.	1) Complete annual Commercial CAHPS survey process (NCQA requirement). 2) Complete annual QHP EES survey process (CMS requirement).	1) Utilize SPH Analytics for Commercial CAHPS process. Submit results accordingly. 2) Utilize SPH Analytics, a Press Ganey Solution for the QHP EES survey process. Submit results accordingly.	1) Q1-Q2 2) Q1-Q2	Steiner

**2024 QI Work Plan
MEDICAID HMO**

OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Service and the Member Experience				
<p>Conduct ongoing assessments of patient experience and member satisfaction data and develop strategies for improvement.</p>	<p>1) Increase the Press Ganey Med Practice Survey response rate to 15% . 2) Plan for the Medicaid CAHPS survey to be administered in 2025. 3) Work toward improving member experience for measures resulting below the 75th percentile (applicable to BadgerCare Plus CAHPS survey administered by DHS for children only).</p>	<p>1) Patient Experience Steering Committee and Improvement Committee meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. 2) Implement response rate strategic plan A3. 3) Sustain Provider Website Transparency which includes Press Ganey survey comments and results by provider 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 75th percentile. 5) For NCQA Health Equity Accreditation, review Press Ganey reporting to determine if disparities exist and develop any applicable strategies. 6) Identify vendor to administer the Medicaid CAHPS survey. 7) Recruit BadgerCare Plus members for GHC-SCWs Member Advisory Council.</p>	<p>1) Ongoing 2) By December 2024 3) Ongoing 4) Annually September 5) Ongoing 6) Q3 7) TBD</p>	<p>Kastman Frings Craig Pipp Steiner Overfelt Tienter Patient Experience Steering Committee and Improvement Committee</p>
<p>Improve the health of the populations that GHC-SCW serves by identifying and addressing disparities and inequities.</p>	<p>1) Increase the collection of SOGI data for patients medically homed at GHC-SCW by 15% . 2) Increase the collection of social determinants of health (SDoH) data for patients medically homed at GHC-SCW by 1,000 patients.</p>	<p>1) Health Equity Steering Committee and Subcommittees meet monthly and work towards identifying goals and activities, implementation plans, and outcomes. 2) Implement SOGI strategic plan A3. 3) Implement SDoH strategic plan A3. 4) NCQA Health Equity Accreditation Survey submission for all HMO lines of business (Commercial, Exchange and Medicaid).</p>	<p>1) Ongoing 2) By December 2024 3) By December 2024 4) Ongoing</p>	<p>Kastman Meyer Steiner Joyce Overfelt Donisch Craig Kachel Health Equity Steering Committee/Subcommittees</p>

2024 Q1 Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Quality of Clinical Care				
Improve Pay for Performance (P4P) HEDIS measures in conjunction with WI DHS.	Based on MY2022 75th National HEDIS Percentile 1) CIS Combo 3; achieve and sustain 68.86% or greater 2) IMA Combo 2; achieve and sustain 40.88% or greater 3) Lead Screening; achieve and sustain 70.07% or greater 4) Child and Adolescent Well-Care Visits; achieve and sustain 55.08% or greater 5) AMR; achieve and sustain 70.82% or greater 6) WCV; achieve and sustain 55.08% or greater 7) CBP; achieve and sustain 67.27% or greater 8) HBD; achieve and sustain 57.18% or greater 9) FUH 30; achieve and sustain 65.38% or greater 10) PPC-Prenatal; achieve and sustain 88.33% or greater 11) PPC-Postpartum; achieve and sustain 82.00% 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. 3) Encourage continued SMBP and patient reported vitals through Clinical Pharmacy education of home monitoring. 4) Develop and implement diabetes focus visits to improve closure of care gaps and outcomes.	1 a-c) Ongoing 2) TBD 3) Ongoing 4) Q1-Q4 2024	Ibrahim Steiner Norton BI Department EA Department
Colorectal Cancer Screening Performance Improvement Project (PIP)	Reduce white vs. non-white disparity rates among 45-49 year olds	1) Identify patients who qualify for Cologuard screening. 2) Collaborate with Exact Sciences to bulk send Cologuard kits to eligible members.	1-2) Q1-Q4 2024	Norton Ibrahim
MyChart Utilization Performance Improvement Project (PIP)	1) Decrease no-shows among the pediatric BadgerCare population through the improvement of MyChart Utilization 2) Increase WCV rate 3) Increase CIS-3 rate 4) Increase IMA-2 rate	1) Educate new members on how to enroll in MyChart 2) Automatically opt-in BadgerCare members in text appointment reminders. 3) Outreach expecting parents on how to get babies enrolled in MyChart. 4) Creating an AVS dotphrase that includes directions on how to sign up for MyChart.	1-4) Q1-Q4 2024	Herschleb Ibrahim
Continue coordination of the OB Medical Home Program (OBMH).	1) Provide wrap around services and care coordination for OB/GYN care through 84 days postpartum. 2) Improve birth outcomes and reduce disparities. 3) 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	Overfelt Jenson Steiner
Improve member health outcomes and costs associated with diabetes.	Based on 2022 75th National HEDIS Percentile a) HbA1c Control < 8.0% (HBD); achieve and sustain 57.18% or greater. b) BP Control <140/90 (BPD); achieve and sustain 70.07% or greater. c) Eye Exams (EED); achieve and sustain 59.37% or greater. 2) Implement improvement initiatives that target opportunities and minimize the disparities between the Commercial and Medicaid product lines.	1) Leverage Clinical Pharmacy resources to expand management of patients with diabetes using a Collaborative Practice Agreement. 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. 5) Develop and implement a pilot for Diabetes Focus Visits. 6) Evaluate possible changes needed to the diabetes refill protocol.	1) Ongoing 2) Ongoing 3) Ongoing 4) Ongoing 5) Q1-Q4 2024 6) Q1 2024	Kastman Steiner Twining Ibrahim Norton Rx/Benn BI Department EA Department
Improve member health outcomes and costs associated with hypertension.	Based on 2022 75th National HEDIS Percentile 1) BP Control <140/90 (CBP); achieve and sustain 67.27% or greater. 2) 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. 6) Expand refill protocol pilot from Capitol Clinic to all other clinics to encourage referrals to Clinical Pharmacy for BP management.	1) Ongoing 2) Ongoing 3) Ongoing 4) Ongoing 5) Ongoing 6) Ongoing	Kastman Steiner Ibrahim Herschleb Rx/Benn Twining BI Department EA Department
Sustain performance on HEDIS Plan All Cause Readmissions measure.	1) Plan All Cause Readmissions (PCR) National All Lines of Business ≥ 90th Percentile 2) Tier 1 for Potentially Preventable Readmissions (PPR) for WI DHS	1) Readmissions Committee meets ad hoc to assess opportunities for improvement.	1) As needed	Kastman Steiner Pipp Ibrahim Behl
Improve member health outcomes and costs associated with asthma.	1) Asthma Medication Ratio Total (AMR); exceed 75th percentile	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) Transition to the Asthma Committee to meet monthly.	1-4) Ongoing	Morady Ibrahim Steiner Herschleb BI Department EA Department
Disseminate Provider & Urgent Care Dashboards with data on quality, cost, and patient experience.	1) Maintain quarterly Provider & Urgent Care Dashboards.	1) Sustain current and identify new metrics for quarterly dashboards.	1) Ongoing	Kastman Steiner Ibrahim Norton Herschleb Ibrahim

**2024 QI Work Plan
MEDICAID HMO**

OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Safety of Clinical Care				
Continue to monitor patient safety through Pain and Controlled Substance Committee and subcommittees, and identify and address opportunities for improvement.	1) For all existing patients on non-cancer Chronic Opioid Therapy treatment, reduce all members to less than 90mg daily morphine equivalents and prevent any non-cancer patient from increasing past a daily morphine equivalent of 90mg. 2) Align with WI Licensing Board best practice guidelines for chronic opioid therapy. 3) Reduce co-prescribing of sedatives and opioids. 4) Promote Medication Assisted Treatment within Primary Care. 5) Resource Clinical Pharmacists for medication review for members with complex prescription drug therapies or to develop opioid tapering plans. 6) Obtain information and trending from the PDMP. 7) COT program goals for patients on the opioid use registry (achieve > 80 % on trended metrics) 8) Establish stimulant prescribing guidelines based on evidence based best practices.	1) Continue to evaluate, monitor, and trend data. 1a) Percent of patients on the opioid registry who had a UDS within the last 12 months. 1b) Percent of patients on the opioid registry who had a COT visit in Primary Care with the last 3 months. 2) Continue Medication Assisted Treatment at GHC-SCW. 3) Continue to resource Clinical Pharmacists. 4) Monitor future regulatory reporting needs on opioids. 5) Annually review HEDIS rates and percentiles and develop strategies for improvement. 6) Complete and implement stimulant policy and medication agreement. 7) Resource PT/OT staff to provide learning opportunities to RNs who conduct pain visits.	1-5) Ongoing 6-7) Q1 2024	Kastman Steiner Ibrahim Quality Committee Pain and Controlled Substance Committee Clinical Pharmacists
Improve Lead Screening.	1) HEDIS LSC Lead Screening; achieve the 75th percentile	1) Monitor lead screening rates and apply interventions, as needed.	1) Ongoing	Norton Lead Screening Committee
Administer COVID vaccinations and boosters.	1) Promote to age groups, as appropriate.	1) Offer during visits to GHC-SCW clinics, as appropriate, and through community related vaccination event opportunities.	1) Ongoing	Pipp Steiner
Promote flu vaccinations and flu clinics	1) Maintain National 75th Percentile for Adult Imm Status - Influenza (19-65)	1) Utilize MyPanel metrics to identify noncompliant members and perform bulk outreach for flu. 2) Identify children who need flu boosters.	1-2) During flu season	Steiner Ibrahim Norton Herschleb

2024 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITIES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Behavioral Health Care				
Improve Behavioral Health HEDIS metrics through various improvement efforts including improving Continuity and Coordination of Medical and Behavioral Health Care.	Behavioral Health HEDIS Measures & Goals (National All LOB Percentiles \geq 75th Percentile): <u>Care Coordination</u> 1) Follow-Up After Hospitalizations for Mental Illness (FUH 7) 2) Follow-Up After Emergency Department Visit for Mental Illness (FUM 7) 3) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA 7) 4) Follow-Up after High Intensity Care for SUD (FUI 7) <u>Medication Adherence</u> 5) Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) 6) Antidepressant Med Management Continuation (AMM) <u>Access, Monitoring and Safety</u> 7) Metabolic Monitoring for Children & Adolescents on Antipsychotics (APM Total) 8) Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP Total) 9) ADHD Continuation (ADD) 10) Alcohol or Drug Treatment Engaged (IET Total)	1) Report annual HEDIS results and plan ratings percentiles to the Behavioral Health Quality Committee and define the health plan's goals and opportunities related to these metrics. 1a) FUI 7 - QM assisting with ongoing monitoring and care coordination of inpatient hospitalizations for SUD related hospitalizations. 1b) ADD Continuation - QM assisting with ongoing monitoring and care coordination of all ADHD continuation prescriptions via internal reporting. 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. 3) Continue the use of standardized screening for depression using PHQ-2/PHQ-9 protocols and the use of the Columbia Suicide Severity Rating Scale in Primary Care. Continue partnership with clinic nursing staff for follow up with patients who identify with suicidal ideation on a PHQ-9 evaluation. 4) 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. 5) Assess pilot that supports primary care providers with an initial in-person psychiatric evaluation to determine best course of treatment and management within primary care. 6) Identify medication and non-medication strategies for adults with ADHD that can be managed effectively by their PCP. Incorporate into clinical workflows.	1) Q4 2024 1a) Ongoing 1b) Ongoing 2) Ongoing 3) Ongoing 4) Ongoing 5) Ongoing 6) Ongoing	Kastman LeClair Fucci Oakley Herschleb Behavioral Health Quality Committee
Continue and build upon the Foundations Intensive Outpatient Program (IOP).	Foundations Intensive Outpatient Program (IOP) offers evidence-based, multi-disciplinary and multi-modal care for adults with behavioral health diagnoses. This program would benefit patients who are either stepping down from higher levels of care or could use more intensive services than outpatient therapy and medication management. We accept referrals from psychiatrists, primary care providers, mental health professionals.	All individuals will complete a comprehensive assessment with a team of licensed behavioral health specialists, including psychiatrists, therapists, behavioral health nurses and a transitional coordinator. Program participants will spend time in a group therapy setting, learning and practicing skills while exploring symptoms and experiences in a safe environment. Every person in the program will meet with an individual therapist and a psychiatrist at least once weekly. Although all individual care is different, we anticipate the average length of participation in our program to be two to four weeks. Our curriculum uses evidence-based therapies, including cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT). Other workgroup(s) are formed as additional needs arise. Currently evaluating substance use treatment and the various levels of care required.	Ongoing	Kastman LeClair BH Leadership
Monitor Autism Spectrum Services Program.	The Autism Spectrum program is designed to support individuals on the Autism Spectrum and their caregivers and is tailored to support individuals using evidence-based techniques. To be eligible for Autism Spectrum treatment services, a member must have a medical diagnosis of Autism Spectrum Disorder (ASD). They can start this process by speaking with their primary care provider. All Autism Spectrum related services require a referral from a Primary Care Provider and insurance prior authorization.	Children with Autism Spectrum Disorder, ages 8 to 16 and their parents/caregivers would receive weekly in home appointments for 14 to 16 weeks. During each session, children learn a new skill and practice with a trained professional. Parents learn how to support their children's social or emotional development, coaching them as they practice and generalize their skills. In-house collaborations with physical and speech therapy are under review for future program enhancements.	Ongoing	Kastman LeClair BH Leadership
Evaluate patient experience with Behavioral Health services.	1) Obtain 80% overall satisfaction with Behavioral Health services on our annual NCQA health plan level member experience survey for external providers. 2) Review data from the Press Ganey (PG) Behavioral Health patient experience survey for staff model patients and establish threshold questions and goals for internal performance of the PG Behavioral Health patient experience survey for staff model patients.	1) Conduct an annual health plan level survey to rate satisfaction with the Behavioral Health services received through the plan and report the results to Behavioral Health Quality Committee (BHQC). 2) Conduct ongoing surveying and review results for the PG Behavioral Health patient experience survey.	1) Q3-Q4 2) Ongoing	Behavioral Health Quality Committee Kastman Joyce LeClair Steiner Patient Experience Improvement Committee
Engage more providers in Behavioral Health Quality Committee.	1) Increase staff model and non-staff model provider engagement on the Behavioral Health Quality Committee.	1) Identify and invite identified staff model and non-staff model providers to join committee.	1) Q1	Joyce

2024 QI Work Plan MEDICAID HMO				
OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Population Health Management				
Develop and/or enhance current population health strategies to improve health outcomes and lower costs.	<ol style="list-style-type: none"> 1) Identify new or enhanced strategies for P4P metrics. 2) Identify new or enhanced tools and resources. 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1) Ongoing 2) Ongoing 	Kastman Ledford Steiner Ibrahim EA Department Quality & Population Health Steering Committee
Conduct evaluations of current outreach initiatives including non-staff model outreach.	<ol style="list-style-type: none"> 1) Assess all current outreach initiatives for continuation. 2) Review all outreach reporting for opportunities to incorporate non-staff model members. 	<ol style="list-style-type: none"> 1) Monitor current outreach initiatives for continuation or change. 2) Review reports for modifying inclusion/exclusion criteria. 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. 	<ol style="list-style-type: none"> 1) Ongoing 2) Ongoing 3) Ongoing 4) Quarterly 5) TBD 	Steiner Kastman Ibrahim Joyce Norton Herschleb BI Department EA Department
Complete Annual Population Assessment. Include assessment of the needs of members of racial/ethnic groups and members with Limited English Proficiency.	<ol style="list-style-type: none"> 1) Develop reporting to identify opportunities to improve population health for identified populations and subpopulations. 2) Identify strategies and analytical tools to support efforts. 3) Use the Population Assessment to review and update PHM activities & resources including community resources. 4) Address health disparities for at least one identified population. 	<ol style="list-style-type: none"> 1) Utilize available data to perform the 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. 	<ol style="list-style-type: none"> 1) Q3 2) Ongoing 3) Ongoing 	Steiner Joyce Overfelt BI Department
Annually, assess our Population Health Management Strategy and evaluate the impact of the programs and services offered by the organization.	<ol style="list-style-type: none"> 1) Define the orgs goals, target population and programs or services offered for each of the areas of focus within our Strategy by HMO product line if they differ. 	<ol style="list-style-type: none"> 1) Conduct a comprehensive analysis of the impact of PHM programs and services offered; include relevant clinical and utilization metrics by product line and include experience results for two programs. 2) Compare with a benchmark or goal, interpret results and perform a barrier analysis as needed. 	<ol style="list-style-type: none"> 1) Q3 or Q4 	Steiner Joyce
Analyze the overall effectiveness of our Quality and Population Health programs.	<ol style="list-style-type: none"> 1) Evaluate adequacy of program resources, committees, practitioner participation, leadership involvement and make program changes as necessary. 	<ol style="list-style-type: none"> 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 upcoming year. 	<ol style="list-style-type: none"> 1) By December 2) June or July 3) Q3-Q4 	Kastman Steiner CSC

**2024 QI Work Plan
MEDICAID HMO**

OBJECTIVES	GOALS	PROPOSED ACTIVITES	PROPOSED TIMEFRAME	STAFF RESPONSIBLE
Compliance				
Renewal of NCQA Health Equity Accreditation.	1) Achieve renewal of NCQA Health Equity Accreditation by May 2026. 2) Maintain the activities of the Health Equity Accreditation calendar to stay on track with NCQA related processes. 3) Ensure that the NCQA Health Equity Accreditation process continues to be	1) Continue the project management plan for the next NCQA Health Equity Accreditation cycle. 2) Submit the NCQA Health Equity Accreditation Survey tool.	1) Ongoing 2) May 12, 2026	Kastman Steiner Joyce
Renewal of NCQA Health Plan Accreditation.	1) Achieve renewal of Medicaid Health Plan Accreditation by August 25, 2026. 2) Maintain the activities of the Clinical and Service Quality Committee (CSQC) and its agenda calendar to stay on track with NCQA related processes.	1) Continue project management plan for the next NCQA Health Plan Accreditation cycle. 2) Submit the NCQA Health Plan Accreditation Survey Tool. 3) Complete file review.	1) Ongoing 2) August 25, 2026 3) October 12-13, 2026	Kastman Steiner Joyce CSQC
Complete the annual HEDIS reporting process.	1) All necessary documentation will be submitted accurately. 2) The HEDIS Roadmap will be submitted and validated. 3) Prepare for ECDS submissions, as necessary. 4) Ensure the HEDIS reporting process continues to be successful. 5) Ensure GHC-SCW complies with reporting for the Medicaid population as required by DHS.	1) In collaboration with organizational staff, Quality Management will meet to establish roles and responsibilities and ensure tasks are fulfilled and data is submitted in a timely manner. Identify HEDIS reviewers to ensure maximum return on HEDIS audit and medical record review (MRR) is completed. 2) In collaboration with the BI Reporting Team, Quality Management staff work closely with Advent Auditor to ensure HEDIS Roadmap data is captured and submitted accurately.	1) Q1-Q3 2) Q1	Kastman Steiner Ibrahim BI Department
Ensure the Medicaid contractual requirements for patient advocacy and the Quality Program continues to be successful and efficient.	a) Ensure GHC-SCW complies with contractual requirements for the BadgerCare Plus Quality Program. b) All necessary documentation will be submitted accurately.	1) Complete contract requirements including member handbook, advocacy workplan, letter approvals, etc. 2) Selection and completion of two Performance Improvement Projects (PIPs). QM staff will work collaboratively to identify opportunities and measures for review. 3) Continue to monitor the OB Medical Home program and identify ways to improve and expand services.	1) Ongoing 2) Ongoing 3) Ongoing	Kastman Steiner Ibrahim Overfelt BI Department
Maintain compliance with gathering and reporting of data for required annual health plan survey.	1) When required (Q1 2025), complete Medicaid CAHPS survey process (NCQA required).	1) When required (Q1 2025), utilize SPH Analytics for Medicaid CAHPS process. Submit results accordingly.	1) Q1-Q2 2025	Steiner

Executive Level



BETTER TOGETHERSM





Clinical and Service Quality Committee CHARTER

Purpose:

The purpose of the Clinical and Service Quality Committee (CSQC) is to monitor and improve the non-behavioral health aspects of the Group Health Cooperative-SCW's Quality Improvement (QI) Program. Objectives focus on insurance operations and/or care delivery functions related to clinical or service quality. The committee will assess the staff and resources needed to complete such work.

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, Exchange and Medicaid HMO Lines of Business.

Objectives

- Ensure practitioner participation in the planning, design, implementation, or review of Quality Improvement.
- 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 Quality Improvement Work Plan.
- 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 the Population Health Strategy Impact analysis for all lines of business.
- Review the Annual Quality Improvement Evaluation (Report).

Committee Members

- *Accreditation Coordinator: Chair*
- *Chief Medical Officer*
- *Director of Quality & Population Health*

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

Schedule & Reporting

The CSQC will meet monthly or as necessary at the discretion of the Chairperson and each meeting's minutes documented. The CSQC Chairperson will report to GHC-SCW's Quality Committee quarterly with updates or to Senior Medical Leadership, as appropriate.



Behavioral Health Quality Committee Charter

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

Scope

- Reviewing BH Department operations and collaborating with Primary Care to evaluate areas of opportunity that will improve the quality of Behavioral Health Care services provided to GHC-SCW members.
- Reviewing related data or reports evaluating areas of opportunity for improving the quality of Behavioral Health care or services provided to health plan members.
- Conducting quantitative and causal analyses to develop goals and collaborative actions related to continuity and coordination of behavioral and medical care in the following areas:
 - *Appropriate diagnosis, treatment, and referral of behavioral disorders common in primary care*
 - *Appropriate use of psychotropic medications*
 - *Treatment access and follow-up for members with co-existing medical & behavioral disorders*
 - *Primary or secondary preventive behavioral health program implementation.*
 - *Special needs of members with serious mental illness or serious emotional disturbance.*

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, including patient experience and coordination of behavioral healthcare for plan members.
- Propose administrative or clinical QI initiatives that may impact BH measures or areas of need that are under-performing per the organizations' goals.
- Prioritize based on strategic planning, HEDIS® measurement year or accreditation timelines.
- Document the status of initiatives and measure the effectiveness.

Activities

- Monitor performance of Behavioral Health HEDIS® metrics (monthly Profiler reports)
- Monitor Behavioral Health access and network adequacy per NCQA standards.
- Review annual HEDIS® results of BH metrics (Quality Compass and/or Alliance of Community Health Plans)
- Review Behavioral Health policies and procedures.
- Evaluate member complaints or compliments with behavioral healthcare including any surveys conducted related to member experience at the health plan or clinic level.
- Develop Behavioral Health initiatives to the annual Behavioral Health Quality Improvement Work Plan & summarize activities and results in the organizations' annual QI Report.

Members

- Director of Behavioral Health-(Co-Chair)
- Behavioral Health Medical Director
- Accreditation Coordinator (Co-Chair)
- Behavioral Health Services Manager
- Primary Care Provider GHC
- External BH Practitioner
- Quality & Population Health Director
- Clinical Quality Coordinator
- Quality Improvement Specialist
- Behavioral Health Services Program Coordinator
- Utilization Management
- Behavioral Health Care Team Specialist
- Other ad-hoc representation, as appropriate

Schedule & Reporting

The committee will meet monthly or ad hoc, if necessary, at the discretion of the Chairperson. Minutes will be documented, and the Behavioral Health Quality Committee will report updates to the Clinical Service Quality Committee or as appropriate to senior medical leadership. The committee will make recommendations for and approve projects or initiatives that align with overall strategic planning and will assess the staffing or other resources needed to complete such work.

