

Quality Improvement Program

Effective Date: 7/28/2014

Draft/Review Date: 6/9/2014

Policy

- A. It is the policy of the ACO to have a Quality Improvement Program and Quality Improvement Work Plan that are developed and approved by the Quality Improvement Subcommittee and the Governing Body and directed by a qualified healthcare professional.

Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

Procedure

- A. To ensure compliance with the Medicare Shared Savings Program (Shared Savings Program) requirements, the ACO has established a Quality Improvement Program (QI Program) and corresponding Quality Improvement Work Plan (QI Work Plan).
- B. The QI Program and QI Work Plan are developed and approved by the Quality Improvement Subcommittee and the ACO Governing Body and are directed by a qualified healthcare professional.
- C. The QI Program and QI Work Plan outline the mechanisms that the ACO has created to define, establish, implement, evaluate, and periodically update processes to ensure:
 1. Promotion of evidence-based medicine (EBM), including diagnoses with significant potential for the ACO to achieve quality improvements taking in to account the circumstances of individual beneficiaries;
 2. Promotion of patient engagement in the areas of:
 - a. Patient experience of care survey requirements;
 - b. Beneficiary representative requirements;
 - c. Processes for evaluating the health needs of the ACO's population, including:
 - i. Consideration of beneficiary diversity and a plan to address the needs of the population and
 - ii. A description of how the ACO intends to partner with community stakeholders to improve the health of its population;
 - d. Communication of clinical knowledge/EBM to beneficiaries in a way that is understandable to them;
 - e. Beneficiary engagement and shared decision-making that takes in to account the beneficiaries' unique needs, preferences, values, and priorities; and,

Quality Improvement Program

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- f. Written standards for beneficiary access and communication, and a process for beneficiaries to access their medical records;
 3. The ability of ACO Participants and Providers/Suppliers to internally report on quality and cost metrics, enabling the ACO to monitor and provide feedback on the ACO Participants' and Providers'/Suppliers' performance and use the results to improve care over time; and,
 4. Coordination of care across and among all types of care settings.
- D. The Quality Improvement Subcommittee is responsible for implementing the program and monitoring and evaluating quality outcomes annually. The Governing Body is responsible for the review and approval of this annual evaluation. The Medical Director, who is part of the Quality Improvement Subcommittee, plays an active role in and is ultimately responsible for
- E. **Quality Improvement Subcommittee Charter**
 1. The Quality Improvement Subcommittee Charter identifies the roles and responsibilities of the Quality Improvement Subcommittee.
 2. The Quality Improvement Subcommittee provides oversight of the quality improvement functions as outlined in the Quality Improvement Subcommittee Charter, which may include:
 - a. Reviewing quality performance of ACO Participants;
 - b. Developing programs to support Shared Savings Program quality measures;
 - c. Developing and monitoring the Quality Improvement Program;
 - d. Addressing potential quality of care issues;
 - e. Reviewing and/or adopting clinical practice guidelines for the specific disease categories (e.g., CAD, CHF, COPD, Diabetes);
 - f. Reviewing and/or adopting quality metrics and methodology for shared savings distribution; and,
 - g. Evaluating the Quality Improvement Program.
- F. **Quality Improvement Work Plan**
 1. The Quality Improvement Work Plan should outline key Quality Improvement activities by defining the objective, scope, reporting responsibility, measurement and reporting timeliness, and goal criteria for the four process indicators cited as the objectives of care coordination activities.
 2. The Quality Improvement Work Plan should focus on the process indicators cited in Section F of the Policy, with specific attention to the following:
 - a. A process for evaluating the health needs of the ACO's population, taking in to account diversity and individual Beneficiary demographics, where appropriate;
 - b. Description of the ACO's plan to partner with community stakeholders to improve the health of the ACO's Beneficiary population;

Quality Improvement Program

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- c. Promotion of EBM in the ACO's practices and procedures, including processes for disseminating that knowledge to Beneficiaries in a way that they can understand; and
 - d. Development of an infrastructure for ACO Participants and Providers/Suppliers to internally report on quality and cost metrics in a way that allows the ACO to monitor, provide feedback, and evaluate the performance within the ACO for quality improvement purposes.
- G. Participants, Providers/Suppliers, care coordinators, and other individuals or entities performing functions or services related to the ACO's activities work together to coordinate care in order to help identify and meet unique, individual Beneficiary needs and improve the quality of their health.
- H. Clinical support and access to appropriate resources provide the tools to help identify gaps, address gap closure, and determine care coordination needs for Beneficiaries.
- I. Training will be provided to Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities on the Quality Improvement Program as quality improvement initiatives are implemented.

Reporting

- A. N/A

Related Documentation

- A. 42 CFR §425.10, §425.100(a), §425.112, §425.204(a), §425.300, §425.308, §425.314(a)(2), §425.314(b)(1), §425.316, §425.500, §425.502, §425.504, §425.506, §425.608(c)(8), §425.704, §425.800
- B. ACO Application Narrative: Internally Reporting on Quality and Cost Metrics, Promoting Evidence-Based Medicine, Providing A Quality Assurance and Improvement Program
- C. Care Coordination Program and corresponding Policy
- D. Quality Improvement Program Description
- E. Quality Improvement Subcommittee Charter
- F. Quality Improvement Work Plan