



2009 – 2012

Quality Plan & Program Description

Approved by the Group Health Cooperative
Quality Committee of the Board on
February 17, 2009



Commercial and Medicare Plans

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2009-2012 Quality Plan

Introduction

Group Health Cooperative enjoys a rich history of accomplishments in quality improvement. We have been pioneers in evidence-based medicine, in the use of information technology to improve health care, in applying research to clinical practice, and in defining the ideal model for care delivery for patients with chronic diseases. We have also been innovators in population management strategy development and improving patient access to care. We have enjoyed accolades from key accrediting bodies and our peers, both nationally and locally.

We have experienced varying degrees of success with these efforts and all of them have contributed to our institutional knowledge. While they have ensured the establishment of a necessary foundation to meet our goal to be a top-performing health plan and care delivery system, these alone have been insufficient to meet our 2008 goals in the areas of clinical quality, care experience and affordability.

As we look forward in this ever-changing health care environment, we are confident in our ability to meet the coming challenges. Our past accomplishments continue to bear fruit. Group Health members enjoy the results of our focused efforts to provide care that is high quality, safe, and easy to access. We believe that our increasing emphasis and focus on ensuring that standards are set and processes evaluated to meet critical quality, care experience and affordability goals will be sufficient to assure our ability to achieve our 2009-2012 goals..

Our financial performance has been strong and we must challenge ourselves to further improve the affordability of care in support of sustainable growth and so that our members are more satisfied with their experience when receiving care with us.

Vision for Quality

Our vision for quality remains unchanged and predicated on our continued belief that Group Health's approach to care delivery means better clinical outcomes for our members. Our integrated approach to care delivery and financing continues to distinguish us from other health care providers and health plans in this market.

While our medical group remains central to our ability to provide quality care and service at a lower cost, we continue to work toward a future that ensures high quality care for our members regardless of where they receive it. We continue to work toward a future where our members consistently say that Group Health provides:

- The best care, information, expert advice, and support
- Outstanding service every time
- Value that exceeds needs and expectations

We believe in using the best available scientific evidence in our decision-making, tools, and practices. We believe that care should be patient-centered and not based on our own convenience; and that providing timely,

expert information to patients allows them to better make their own care decisions. We also believe that a productive relationship between physician, practice team, and patient is key to better health care outcomes, safer care, and a better care experience for the patient. These beliefs are the key components of the Planned Care Model (*Wagner, et. al., MacColl Institute for Healthcare Innovation*), Group Health's model for care delivery, and continue to guide the implementation of our vision for quality. We know that when the key components of the model are supported by leaders and organized around a patient-centered, integrated system of care, we will achieve health outcomes that out-perform our competitors.

Group Health is uniquely positioned to achieve our quality vision thanks to the excellence of our providers, our ability to efficiently and effectively organize care around patient populations, and our use of technology to support personalized care. As these strengths are focused on the individual patient's needs, we can create a patient centered care model that reliably provides our patients opportunities to address their wellness and chronic care needs whenever we work with them. We continue to leverage our investments in Epic and MyGroupHealth to make the right thing the easy thing to do, with activated patients and clinicians.

Five major tactics support patient centered care:

1. **Opportunistic Care:** The most efficient approach toward delivering comprehensive care is to anticipate all of a patient's needs and deliver them at the time of scheduled services. We will continue to build point of service tools with information that allows clinical teams the ability to address needed preventive and scheduled chronic care services for the patient at the time of the visit. Our goal is that the majority of our patients finish their visit with us with all their clinical needs being recognized.
2. **Outreach:** To support the timely delivery of preventive services for healthy and chronically ill members, we will support outreach by letter, through MyGroupHealth messages and other methods. We will continue to synchronize these messages with the Health Profile (health assessment tool) and we will strongly encourage all of our enrolled members in all locations to complete the Health Profile annually as this gives them immediate feedback and suggestions for preventing illness and managing their health.
3. **Feedback:** Performance improves only when metrics are well defined and available for ongoing visual inspection. We will continue to improve the completeness and timeliness of performance reporting, including the use of tools that support patient-centered rather than disease oriented performance. We have evolved the incentive system in primary care to support clinical excellence by moving away from an emphasis on productivity towards service and clinical quality (patient centered) outcomes among provider panels and clinic populations.
4. **Patient activation:** We will continue to invest in improving and developing tools to activate patients to act to improve their health through reminder systems (birthday letters, MyGroupHealth reminders) that identify all of the opportunities to improve both preventive and chronic illness care. We will continue to support patient self management and add specific tools for shared decision making for preference based care interventions.
5. **Provider activation:** We will continue to enhance existing tools and systems to support decision making (Epic best practice alerts, practice guidelines) and performance management (Planned Care

Exception Report, panel management) as well as investigate and potentially pilot strategies such as Shared Decision Making and Pay for Performance where our highest volume contracted groups are rewarded for meeting pre-established performance measures for patient engagement, delivery of care and quality outcomes.

Alignment with 2008-2012 Business Strategy

The five-year strategic plan introduced in early 2008 set forth a compelling map to attain our vision of “affordable excellence” for our patients. It defines where and how we should compete in the marketplace, and articulates four interrelated focus areas to help turn aspiration into action:

1. **Growth:** Strategic, focused investments to grow, with the goal of 750,000 enrolled lives—and another 250,000 lives touched—by the end of 2012.
2. **Affordability:** Relentless dedication to a market-leading price position.
3. **Clinical excellence:** Delivery of patient centered care, coordinated to achieve best-in-market health outcomes and patient satisfaction.
4. **Engaged people:** Committed leaders and staff successfully implementing our strategies to better serve our patients and purchasers.

2009 Quality Goal

The 2009 strategic plan continues the emphasis on clinical excellence via delivery of patient centered care, coordinated to achieve best-in-market health outcomes and patient satisfaction. It emphasizes our vision for an integrated health care system built upon the region’s pre-eminent group practice—transparently demonstrating our excellence through market-leading health outcomes, service, and medical-expense trends. HEDIS scores in the top 90th national percentile continue to serve as critical markers of success.

The quality goal for 2009 is driven from a hypothesis that quality and performance are improved as defects are reduced. A defect is defined as a deviation from a standard. Standards are set to ensure a process meets a critical need. The 2009 quality goal is to reduce defects by 50%. We are deliberately creating a quality system that includes all of our key business activities, explicitly expanding our quality improvement beyond the clinical arena.

2009 Quality Framework

Our quality oversight mechanisms have focused on outcomes – meeting our customer requirements for clinical quality and safety, care experience and affordability. We have seen significant limitations in our ability to accelerate sustainable improvements – while heroism has produced some important gains, it is not a sustainable model for the organization, and does not spread from site to site reliably. In addition to monitoring outcomes, in 2009 we will augment our work to ensure that key characteristics to improve quality

are present in all of our operations. The attributes of successful, sustainable quality improvement that we will monitor include:

- Identification of customer requirements and the key processes that support meeting them
- Development of standard work that is sufficient to meet all of the requirements
- Measurement of adherence to standards (defects in standard work processes)
- Establishment of in-process and outcome metrics, and regular tracking of performance
- Use of visual controls to make the work and gaps visible
- Evidence that progress towards goals is checked
- Adjustments to plan that are supported by data
- Implementation of countermeasures

Quality goals and progress toward those goals are the accountability of the Quality Oversight Team and Executive Leadership Team, and ultimately, the Quality Committee of the Board. The membership and accountabilities of these groups are described in the Quality Program Description.

In 2009, we will continue to monitor progress toward our goals using measures that are relevant to our customers and that can be benchmarked against other health care systems both locally and nationally. The HEDIS (Health Plan Employer Data and Information Set) & CAHPS (Consumer Assessment of Healthcare Providers and Systems) measures are a core part of that performance measurement, target-setting, and monitoring process. Attention to the purchaser's expectations, through eValue8, supported by the National Business Coalition on Health (NBCH), will carry Group Health forward in demonstrating its leadership in value-based purchasing.

These measures are comprehensive, covering a broad set of domains in clinical quality, care experience, and affordability. They allow us to measure our progress and compare our results against other local and national health plans.

All quality improvement metrics in support of the Quality Plan goal will be monitored by the Quality Dashboard as approved by the Executive Leadership Team (ELT). The new Group Health management system incorporates a periodic review and adjustment process to ensure the work is being executed and delivering on the intended outcomes. When work is off schedule or not resulting in expected outcomes, countermeasures will be put in place.

QUALITY PROGRAM DESCRIPTION

Program Objective and Scope

A comprehensive Quality Program¹ is essential to meeting organizational goals, carrying out its vision and promoting our approach to care delivery. The process for monitoring, evaluating and improving quality is designed in concert with the purpose and strategic plan of Group Health Cooperative. Two key components of the process include:

- ❖ Involvement of medical and behavioral health care professionals in the analysis of data to identify opportunities for improvement, and
- ❖ The use of data² to assist with the delivery of high quality healthcare, ongoing monitoring and evaluation of important aspects of care and service, and continuous improvement of systems and processes.

Under the direction of the Group Health Cooperative Medical Director, the Quality Program is designed to promote high quality, safe medical and behavioral health care, and superior service to Group Health (GH) and Group Health Options, Inc. (GHO) enrollees in a caring, personalized manner that is respectful of member and individual member values and choices. The Group Health Medical Director delegates substantial responsibility for the quality program to the Associate Medical Director for Quality & Informatics who chairs the Quality Oversight Team (QOT), the QI Committee for the organization. He is the designated physician with substantial involvement in the QI program and is responsible for quality management and improvement activities. The quality assessment and improvement programs and outcomes are reviewed and approved annually by the Executive Leadership Team (ELT) and the Quality Committee of the Board (QCOB), as delegated by the GH Board of Trustees.

Group Health assumes accountability, through its Quality Program, for continuous quality improvement for all of our members, including the Commercial, Medicare, Medicaid, and Options populations. Using the principles of population-based care for organizing our improvement activities, Group Health accepts special responsibility for addressing member needs in a patient-centered manner. Special attention is paid to our obligations for oversight and monitoring of the Behavioral Health Care quality improvement program and for specific vulnerable populations of our membership such as those in our Healthy Options program.

The scope of our Quality Program includes oversight, monitoring and improvement of behavioral health care for members. The medical director for Behavioral Health Services (BHS), a PhD psychologist, is the designated behavioral health care practitioner most involved in the behavioral health aspects of the QI program. He is a member of the Quality Oversight Team (QOT). Substantial involvement of the Behavioral Health Services leadership on the BHS Leadership Team, and the BHS Director on the Primary Care Leadership Team, assures accountability and ongoing engagement in the Quality Improvement Program. In addition, executive leadership for the Group Practice Division, which includes Behavioral Health Services, is

¹ The scope of the Group Health Cooperative quality program includes medical and behavioral health care, service, and medical management in the owned and operated facilities and the contracted network, as well as patient safety and staff effectiveness.

² Data sources include claims, encounter data, enrollment data, complaints and inquiries, utilization management data, and HEDIS data.

represented on both the Executive Leadership Team (ELT) and the Quality Oversight Team (QOT). This oversight includes aspects of access, continuity and coordination of care, confidentiality, patient satisfaction, referral and triage functions, under/over utilization, use of new technology, and quality improvement activities.

The scope of Group Health's Quality Program also includes specific quality improvement activities and measurements directed at Group Health's Healthy Options population to ensure that the clinical and service performance standards set by the State of Washington Health and Recovery Services Administration (HRSA) and the Centers for Medicare and Medicaid Services (CMS) are met or exceeded for this important and vulnerable population. (see Attachment 7)

The organization, with oversight by ELT and QOT, provides a number of structures to address the monitoring and improvement work of clinical quality, service quality, patient safety, and utilization/ medical management in both medical and behavioral health care provided to Group Health and Group Health Options enrollees.

Quality Improvement Planning Process

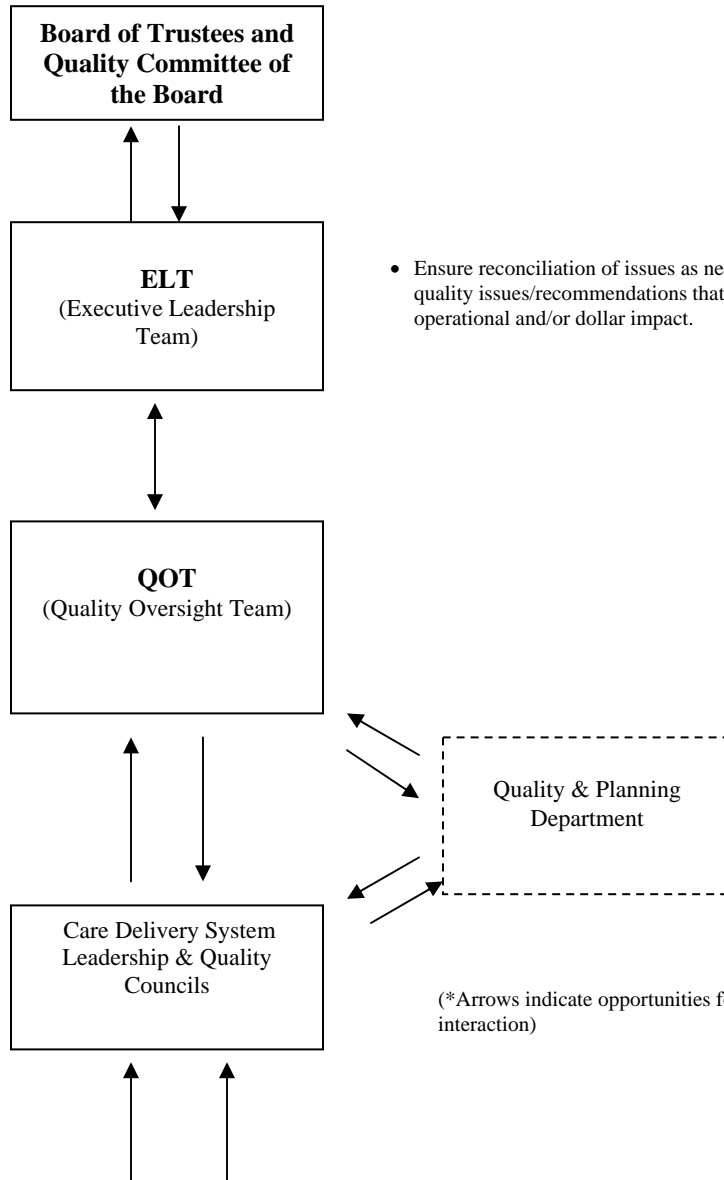
Group Health sees its commitment to improving the performance of our health care system performance as a key strategy—contributing to overall organizational success and viability. The diagram below illustrates the quality improvement planning process relies heavily on ongoing performance monitoring and assessment to identify potential organizational quality improvement priorities.

- Approval of Quality source documents.
- High level oversight of Quality program and performance.
- Advise the Board of Trustees on strategic planning and resource allocation issues related to achieving and maintaining quality goals.

- Approve the Quality Program (Quality Program Description, Plan, and Evaluation).
- Oversight of Quality program and performance (i.e., Quality A3 and dashboard measures).
- Make resource decisions for strategic priorities, including the Quality Program.
- Set the Quality Agenda (Quality Vision, Priorities, and Performance Targets).

- Inform the strategic plan re: recommended organizational Quality priorities and performance goals and targets.
- Oversee the Quality Program, including the Medical Management/CM Program and Group Health Options, to assure it meets regulatory and accreditation requirements/standards; provide regular reports to ELT.
- Monitor performance indicators.
- Identify areas without systems to support continuous improvement or gaps in performance.

- Performance monitoring and analysis of QI activities/quality performance; identify potential gaps/ concerns.
- Identify improvement opportunities and plan strategies/toolkits to use.
- Coordinate with centralized quality support resources.
- Provide status reports to QOT.
- Share best practices.



- Ensure reconciliation of issues as needed for quality issues/recommendations that have operational and/or dollar impact.

(*Arrows indicate opportunities for interaction)

Sources for Potential Quality Improvement Activities:

- Strategic Goal Deployment (organizational priorities)
- Quality Plan/Quality Performance Measures
- Local gaps/improvement opportunities that support system wide priorities
- Legal/Regulatory Requirements and feedback regarding opportunities identified
- New Customer/Market requirements or expectations (to incorporate in quality planning)

Quality Program Implementation

Implementation of our quality program now emphasizes lean principles in quality improvement. We have historically focused on outcomes alone – meeting our customer requirements for clinical quality and safety, care experience and affordability without regard to how we achieved those results. This model has left us with significant limitations in our ability to accelerate sustainable improvements – while heroism has produced some important gains, it is not a sustainable model for the organization, and does not spread from site to site reliably. In 2009 we will augment our work to ensure that key characteristics to improve quality are present in all of our operations. The attributes of successful, sustainable quality improvement that we will monitor include:

- Identification of customer requirements and the key processes that support meeting them.
- Development of standard work that is sufficient to meet all of the requirements.
- Measurement of adherence to standards (defects in standard work processes).
- Establishment of in-process and outcome metrics, and regular tracking of performance.
- Use of visual controls to make the work and gaps visible.
- Evidence that progress towards goals is checked.
- Adjustments to plan that are supported by data.
- Implementation of counter measures.

Professionals from a variety of expert groups, including medical directors, primary care physicians, consultant specialists, nursing staff, quality improvement staff, operational managers and others come together as a team that works with a high level of objectivity and integrity and utilizes sophisticated quality management tools and approaches. They analyze data to identify improvement opportunities, understand and identify variation in the care and service provided to members, and establish and develop system-wide approaches to meet agreed-upon quality outcomes.

To the greatest extent possible, quality improvement efforts are encouraged and supported at the local level. Health care and administrative teams are charged with reviewing performance according to the agreed-upon measures and goals, analyzing and agreeing upon the areas that require the most improvement and designing strategies to close performance gaps. These teams are supported in performing rapid-cycle continuous improvement activities. Performance data and expert consulting resources are available to assist local teams. This local level work is directly linked with the organizational goals that are agreed upon by the Executive Leadership Team. The teams are asked to share their progress on a quarterly basis to the Quality Oversight Team and to each other so that cross-organizational learning can take place. The expected results are to provide high quality care and service that is patient-centered and supports to practitioners with the tools and support needed to provide excellent care and service.

Group Health continues to focus on providing high quality care and service to members while controlling costs through proven medical management strategies. This focus requires continued emphasis on ensuring that each activity of our business adds value to the delivery of care and service. Central to this effort are: the development and implementation of evidence-based guidelines, medical management strategies, and population –based care programs; support for physicians with information about their patients; centralized systems, where applicable, that provide patient-centered reminder systems; and information systems that provide valid and reliable data for ongoing assessment and feedback.

Evaluation of the Quality Program

The Quality Program at GH is formally evaluated annually by the Executive Leadership Team (ELT) and the Quality Committee of the Board (QCOB), as delegated by the GH Board of Trustees. The intent of the evaluation process is to determine whether areas identified as needing improvement have been appropriately addressed, established indicators adequately assess the performance of the organization's quality of care and service, and objectives are being effectively and efficiently accomplished. The evaluation includes an assessment of the overall effectiveness of the QI program, including progress toward influencing safe clinical practices throughout the delivery system, as well as monitoring other aspects of the program, such as practitioner availability, over and under utilization, and complaints and appeals.

Confidentiality

Respect and recognition of the sensitivity of quality assessment and improvement information is of primary importance. Quality assessment information is available only to duly authorized personnel. Quality assessment information is considered confidential and is protected from discovery/disclosure based on local, state, and federal statutes. Group Health operates a State of Washington Department of Health approved Coordinated Quality Improvement Program (RCW 43.70.510). This voluntary program provides protection of information and documents created through quality assessment and improvement efforts.

Quality Program Structure and Accountability

The overall organizational structure is depicted in Attachment 1. Attachments 2-5 represent the organization’s quality structures. In April 2007 the distinction between the Puget Sound Region and the Columbia Region was eliminated to form the Group Practice Division and the Health Plan Division. This change put the right people and structures in place to improve our customers’ experience, grow profitability through innovative health plan designs, strengthen our group practice, and improve cost trends.

The Group Practice Division is responsible for statewide primary care and consultative specialty, as well as for ancillary services and other clinical services delivered by our group practice. The division is responsible for improving clinical care, health outcomes, and service quality. Accountability for the oversight of all contracted care and many care management functions was consolidated into the Health Plan Division.

These changes to our organizational structure put our customers’ needs first—whether purchaser or patient—by clarifying the accountability to improve the health of our patients whether they receive care from Group Health physicians or community providers.

The following serves as a description of the various committee and leadership structures at GH which are designed to promote and support excellent quality of care and service.

The following committees and groups **provide oversight** of the quality improvement work throughout GH:

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Quality Committee of the Board <i>(meets at least 4 times per year)</i></p> <p><u>Purpose:</u> The Quality Committee of the Group Health Cooperative Board of Trustees is established by action of the Board of Trustees for the primary purpose of acting on behalf of the Board in overseeing implementation of Group Health’s Quality Plan and Program, and monitoring the organization’s performance to ensure goals and standards established for the delivery of care and services to Group Health members and patients are met.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Approve the Group Health Cooperative Quality Plan and Program Description and the annual Quality Program Evaluation. • Review the annual professional liability report and make recommendations regarding the functioning of the system to increase the rate of improvement. • Annually review and approve the Hospital System Quality Management and Human Resources Competency Report. • Perform the functions of the governing body of Central Hospital, under the delegated authority of the full Board. • Perform the functions of the governing body of Group Health Cooperative-owned ambulatory surgery centers, under the delegated authority of the full Board. • Oversee and review the activities of the credentialing and privileging processes for practitioners and providers. • Monitor defined performance measures to gauge success in achieving 	<ul style="list-style-type: none"> • 5 members of the Board of Trustees • Group Health Management Representatives (non-voting members of QCOB; attend as requested by QCOB)

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Quality Committee of the Board (<i>con't</i>)</p> <p>and maintaining targeted standards of quality care and service.</p> <ul style="list-style-type: none"> • Monitor patient, member, and employee satisfaction with Group Health's care delivery system, the health plan, and business operations. • Ensure that management has identified and is taking corrective or improvement actions to address performance deficiencies. • Provide policy oversight for those policies designated and assigned by the Board. • Report to the Board no fewer than two times per year regarding the execution of the committee's duties and responsibilities. 	
<p>Executive Leadership Team (<i>ELT– meets weekly</i>)</p> <p><u>Purpose:</u> Sets organizational strategy and provides senior leadership oversight to organizational performance and improvement activities.</p> <p>ELT is responsible for overseeing the development and implementation of a system-wide quality agenda that supports achievement of the organization's strategies, and for monitoring performance and progress of the quality program.</p> <p>Group Health Options, Inc. (GHO) delegates to Group Health Cooperative responsibility for its quality program, including the responsibility for overseeing the implementation and monitoring the performance of its quality program. GH performs that delegated responsibility through the work of the Executive Leadership Team and Quality Oversight Team and is accountable to GHO executive management for assuring the quality program meets all the necessary requirements as outlined in the GHO-GHC delegation agreements.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Set the quality agenda (quality vision, priorities, and performance targets) and approve the GH Quality Plan and Program Description. • Monitor performance indicators. • Make recommendations to the Quality Committee of the Board regarding: <ul style="list-style-type: none"> a. resource allocation for strategic performance improvement support; b. annual assessment of the success of the quality program; c. approval of quality indicators for regular review by the Quality Committee; and d. sponsorship of the Quality Plan. 	<ul style="list-style-type: none"> • GHC President and CEO • GHP President and Chief Medical Executive • Exec. VP, Group Practice Division • Exec. VP, Health Plan Division • Exec. VP, Strategic Services & Quality • Exec. VP and Chief Financial Officer • Exec. VP, Public Affairs & Governance • Exec. VP and General Counsel • Exec. Medical Director, Group Practice Division • Exec. Medical Director, Health Plan Division • Exec. VP, Group Health Permanente
<p>Quality Oversight Team (<i>QOT – meets at least quarterly</i>)</p> <p><u>Purpose:</u> QOT is charged by ELT to serve as the QI Committee for the organization. QOT evaluates and monitors organization-wide efforts designed to improve the value of the health care delivered to Group Health patients, considering issues of clinical excellence, care experience and affordability.</p>	<ul style="list-style-type: none"> • Assoc. Medical Director, Quality & Informatics, chair • Exec. VP, Strategic Services and Quality • Exec. Med. Dir., Health Plan Division • Exec. Med. Dir., Group Practice Division

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Quality Oversight Team (<i>con't</i>)</p> <p>The charge of the group is to oversee ELT- established goals for quality performance and support the care delivery system in attaining those goals. The delivery system is responsible for the outcomes, with operating divisions deciding local tactics to meet their goals. The Strategic Services and Quality Division (S2Q) informs decisions for improving quality, providing expertise in population management strategies, quality improvement, improving patient safety, supplying timely measurement, and leveraging our informatics infrastructure to support local teams.</p> <p>QOT will provide regular reports to ELT regarding the oversight and evaluation activities conducted by QOT at ELT direction, and regarding any recommendations for the quality agenda.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Oversee the broad integrity of the Quality Program for the enterprise. • Incorporate GHO and other lines of business into the GHC oversight model. • Recommend goals and targets to ELT. • Define and communicate standards, metrics, and targets for assessing performance. • Require regular reporting of performance, including quantitative and qualitative analysis. • Identify systemic themes and barriers. • Assess and leverage relational aspects of quality (clinical, safety, service/access, care management) to ensure both balance and opportunity. • Escalate issues that require ELT action. 	<ul style="list-style-type: none"> • Exec. Vice President, Group Practice Division • Exec. Director for Network Svcs. and Care Management, Health Plan Division • Vice President, Health Plan Admin and Provider Contracting • Exec. Director, Quality & Planning • Exec. Director, Behavioral Health • Director, GHO Operations

The following committees **report through** the Quality Oversight Team (QOT) and/or ELT:

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Professional Liability Committee (<i>meets monthly</i>)</p> <p><u>Purpose:</u> The Professional Liability Committee has responsibility for reviewing medical and legal issues that result in litigation against Group Health Cooperative. The Committee authorizes settlements and reviews system issues for quality improvement.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Review professional liability claims and litigation. • Authorize settlement amounts. • Research Risk Management issues. • Recommend system changes to improve the quality and safety of care provided. 	<ul style="list-style-type: none"> • Exec. VP and General Counsel, or Designee • Exec. Director, Risk Management • Medical Director, Group Health, or Designee • Chief, Maternity and Child Clinical Services • Four Delivery System Physicians • Exec. Director, Nursing Operations (PhD, RN)

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Confidentiality and Security Council (<i>meets monthly</i>)</p> <p><u>Purpose:</u> The Confidentiality and Security Council safeguards patient privacy and Group Health information and information systems. To protect all Group Health Cooperative information assets, the Council is responsible for privacy, confidentiality, and security policies conforming to state and federal laws and regulations and applicable health care industry standards.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Create and maintain policies and procedures addressing privacy, confidentiality, and security of member/patient information and other Group Health information assets. • Maintain an organized process to control role-based access to Group Health information and information systems. • Understand information security and privacy audits, receive audit results, and support corrective actions. • Approve privacy, confidentiality, and security education and training plans. • Recommend standards that will enhance the confidentiality and security of patient information. 	<ul style="list-style-type: none"> • Managing co-chair - Health Information Management • Co-chair - Privacy Officer • Physician co-chair – appointed by the Medical Director <p>Members from:</p> <ul style="list-style-type: none"> • Human Resources • Privacy Office • Consumer Representative • Information Security • Risk Management • Center for Health Studies • Community Networks and Clinical Support Programs • Primary Care Administration
<p>Credentialing and Privileging Committees (<i>C&PCs – meets at least 10 times annually</i>)</p> <p><u>Purpose:</u> To select, evaluate, and monitor the practitioners and providers (healthcare delivery organizations) who care for GH enrollees.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Establish standards/criteria regarding qualifications for GH providers and practitioners. • Approve/deny the credentials of practitioners and make recommendations to the Quality Committee regarding appointments, reappointments, privileging, and re-privileging within the GH delivery system. • Provide oversight of delegated credentialing activities. • Recommend credentialing/privileging policies and procedures to QCOB. 	<ul style="list-style-type: none"> • Seattle Credentialing & Privileging Committee (Western Washington) • Eastern WA/North Idaho Credentialing & Privileging Committee • Central WA Credentialing Committee <p><i>*(See Attachment #4 for complete membership)</i></p>
<p>Care Management Committee (<i>CMC – meets monthly</i>)</p> <p><u>Purpose:</u> The Care Management Committee has been given the responsibility by the Quality Oversight Team (QOT) to oversee Group Health’s Care Management Program. The Care Management Committee is responsible for development of the Care Management plan, and evaluation of the effectiveness of that plan in meeting organizational goals and objectives, as well as monitoring medical expense and utilization management.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Oversee GHC’s Care Management (CM) programs. 	<ul style="list-style-type: none"> • HP Medical Director – co-chair • Vice President, Network Services Care Management – co-chair • Exec. Director, Care Management • Exec. VP, Group Practice Division • Exec Med. Dir., Group Practice Division or designee • Med. Dir., Care Coordination/ GHO Medical Director • Clinical Support & Business Development Services • Director, Service Planning & Administration, Network Svcs CM

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Care Management Committee (<i>con't</i>)</p> <ul style="list-style-type: none"> • Develop Care Management plan. • Monitor utilization and expense trends, and develop strategies to impact overall PMPM (IDS/EDS). • Evaluate the effectiveness of the Care Management plan in meeting organizational goals/objectives. • Approve the organization-level CM policies and procedures. • Establish processes to oversee and monitor compliance with accreditation, regulatory and contractual standards for Care Management. • Establish organizational goals and priorities regarding CM projects and services, and assign priority and resources to such projects. • Provide oversight of the organization's Coordination and Continuity of Care programs. • Identify and evaluate opportunities for improvement in coordination of care across the care delivery system. • Identify opportunities for case management and system improvements. 	<ul style="list-style-type: none"> • District Administrator, East of Cascades • District Administrator, NWD • District Administrator, Puget Sound District • District Med. Dir., East of Cascades • District Med. Dir., Western WA District • Med. Dir., Utilization Mgmt. • Administrator, Health Plan Expense Management • Director, Provider Contracting • Associate Med. Dir., Quality & Informatics (S2Q) • Director, Medical Operations • Behavioral Health Services • Director, Pre-Service Processes, Health Plan Admin • Manager, Quality Review • Enterprise Information Management (EIM) Consultant
<p>Patient Safety Committee (<i>PSC – meets approximately quarterly</i>)</p> <p><u>Purpose:</u> To develop and implement a comprehensive organizational Patient Safety Program under the leadership of the Associate Medical Director for Quality & Informatics.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Assess and prioritize patient safety risks through monitoring and analysis of: <ul style="list-style-type: none"> a. Pharmacy unusual occurrences, e.g., adverse drug reactions and medication errors. (see Medication Safety Committee) b. Hospital patient safety unusual occurrences, e.g., sentinel events, infection control monitoring. c. Quality of care event reviews, e.g., unusual occurrences, quality of care complaints. d. Claims and settlement data. • Advise the Associate Medical Director for Quality & Informatics regarding implementation of patient safety initiatives. • Coordinate safety improvements with divisional quality councils and Hospital Quality Committee. • Ensure alignment of GH's patient safety initiatives with regulatory requirements and findings from the Institute of Medicine's report on safety and quality. 	<ul style="list-style-type: none"> • Associate Medical Dir., Quality & Informatics, chair • Manager, Patient Safety • Exec. Director, Risk Management • Chief, Hospital Medical Staff • Director, Hospital Quality & Compliance • MD, Consultative Specialty Services • MD, Primary Care • MD, Surgical Services • Director, Infection Control, Employee Health (RN) • Manager, Medication Safety • Assoc. Director, Lab Services • Nursing Operations Clinical Practice Specialist (RN) Director, Clinical Services, Behavioral Health • MCA/Administrator, Group Practice Division
<p>Medication Safety Committee (<i>MSC - meets quarterly</i>)</p> <p><u>Purpose:</u> To support quality patient care by using a systems-oriented approach in evaluating and promoting the safety of the medication use process.</p>	<ul style="list-style-type: none"> • Physician, Medication Safety (co-chair) • Manager, Medication Safety (co-chair) • Medical Center Pharmacy Manager • Clinical Pharmacist Representatives

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Medication Safety Committee (<i>con't</i>)</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Build and foster a safety culture with in the organization. • Improve and maintain an effective medication error reporting system. • Review and prioritize the level of patient risk based on trends identified in the Unusual Occurrence data, Institute of Safe Medication Practice (ISMP), and other external sources. • Make recommendations and help coordinate medication safety improvement efforts across the GHC delivery system. • Achieve regulatory compliance as it relates to Medication Safety. 	<ul style="list-style-type: none"> • Hospital and Specialty Center Pharmacy Managers • EPIC Pharmacist Representative • Pharmacy Technician analyst • Medical Center Administrator PTM (RN) • Infusion Nursing Representative (RN) • Nursing Education Manager (RN) • Patient Safety Manager • Consultant Sub-group from clinical and operational areas as determined
<p>Prevention Population Teams (<i>meet monthly or quarterly</i>)</p> <p><u>Purpose:</u> These are prevention-based population teams whose overall goal is to promote healthy behaviors, reduce risk of disease, and detect early onset of disease among GH enrollees. The prevention teams include: Tobacco and Alcohol Prevention; Immunizations; Cancer Screening (breast, cervical, colorectal); and, Well Visits.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Develop the long-term vision for prevention needs and aims in the domain of the prevention team. • Develop an annual workplan to evaluate the quality of preventive care within the scope of the prevention team. • Review and recommend measures for evaluating performance. • Develop a set of options and toolkits for delivery system and clinic leaders to use to improve uptake of prevention services. • Share accountability for performance improvement in the delivery system. 	<ul style="list-style-type: none"> • Delivery System Administrator, co-chair • Delivery System MD, co-chair • Clinical Improvement & Prevention staff • Other members from Quality & Planning, Delivery System, and Health Plan, depending on unique function of the specific team • Medical Dir., Preventive Care • Director, Clinical Improvement and Prevention (RN)
<p>Guideline Oversight Group (<i>meets once per month</i>)</p> <p><u>Purpose:</u> Oversee the development and updating of clinical guidelines to ensure high quality products, efficient use of GHC/GHP resources and timeliness of project completion. Act as a liaison between guideline teams and the Quality Oversight Team (QOT).</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Evaluate requests for new guidelines and prioritize based on clinical, business, and customer service factors. • Oversee creation of processes related to clinical guidelines, such as system for deciding whether to adopt or adapt material from outside source or develop product internally. • Monitor the progress of guideline projects and problem-solve any barriers to continued progress. • Review completed projects submitted by guideline teams to ensure high quality of products and consistency of key recommendations with the evidence. • Oversee preparation of materials on guideline projects to be reviewed by QOT. 	<ul style="list-style-type: none"> • Medical Director, Quality Improvement • Medical Director, Preventive Care • Medical Director, Clinical Knowledge Development And Support • Director, Clinical Improvement and Prevention (RN) • Supervisor, Guideline Team • Clinical Epidemiologist • Project Manager, Clinical Guidelines

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Behavioral Health Services Leadership Team (<i>BHSLT- meets 2 – 3 times per month</i>)</p> <p><u>Purpose:</u> Provides senior leadership oversight for behavioral health (BH) care across the GH delivery system and is responsible for all business and quality improvement functions. As the department’s approving quality body, is responsible for orchestrating the department’s quality agenda to support organizational strategies, implementing the quality program, monitoring performance, and making changes as needed.</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Set the department’s quality agenda and provide input into organization and divisional quality plans. • Monitor, plan and take actions to improve: <ul style="list-style-type: none"> - HEDIS performance on BH measures - Patient experience of BH care - Access to care - Coordination of care - Patient Safety • Ensure compliance with accreditation and regulatory standards for BH (e.g., NCQA, State, Medicare). • Oversee BHS systems and infrastructure (e.g., referral and triage functions, new technology). • Oversee training and professional development for staff. • Liaison with other departments in the organization to connect departmental efforts with organizational work (e.g., patient confidentiality, unusual occurrence monitoring). • Oversee utilization management functions for BHS. • Quality of Care reviews are delegated to the Quality of Care Review Committee who report findings through the Unusual Occurrences reporting system. This committee meets monthly and results are reported on a quarterly basis to the BHS LT. 	<ul style="list-style-type: none"> • Director, Behavioral Health Services • Director, Medical Operations • Director, Clinical Operations • Director, Administrative Operations

The following **groups provide support for and promote communication and execution of** quality improvement opportunities and initiatives throughout GHC:

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Division Leadership Teams/Quality Councils (<i>meet every one to two months</i>)</p> <p><u>Purpose:</u> Provide division-specific and/or function-specific organizational direction and oversight for quality improvement initiatives. Facilitate and provide direct support for the quality improvement initiatives based on directions derived from the strategic plan A3 deployment, the Quality Committee of the Board and/or the QOT.</p> <p><u>Tasks:</u></p>	<p>Varies by site, includes key physician and administrative leadership through the following structures:</p> <ul style="list-style-type: none"> • Group Practice Division Leadership Team/Quality Council (Attachment #2) • Health Plan Division (Attachment #3) • Network Services and Care Management Leadership Team (Attachment 1)

COMMITTEE OR GROUP DESCRIPTION	COMPOSITION OF GROUP
<p>Division Leadership Teams/Quality Councils (<i>con't</i>)</p> <ul style="list-style-type: none"> • Monitor the quality indicators [process measures/standards] and identify and present trends to the attention of QOT when they cross pre-established thresholds, or otherwise warrant attention or action by ELT or the Quality Committee. • Identify opportunities for improvement and provide direction regarding which issues to target for intervention. • Review and approve policies that impact quality. • Approve, support/guide performance improvement teams. • Recognize and celebrate performance improvement efforts. 	
<p>Quality & Planning Department</p> <p><u>Purpose:</u> To support executive leaders in driving process, practice and quality/service improvements across the enterprise while ensuring that initiatives are integrated and coordinated in order to fully leverage our integrated system (Attachment #5).</p> <p><u>Tasks:</u></p> <ul style="list-style-type: none"> • Create and maintain the organizational strategic planning and deployment processes required to achieve Group Health's aggressive business and quality goals. • Assist with the planning and development of strategies for service and clinical quality improvement. • Support implementation of quality improvement strategies and initiatives. • Provide internal expertise through the application of Lean tools to meet strategic, service line, and local improvement needs. • Provide quality improvement support in the delivery systems. • Support the care management strategy development and implementation. • Support clinical guideline development and implementation. • Provide organizational health information and education. • Provide training and consultation for service and practice improvement strategies. • Support the implementation and management of the Group Health Options quality program. 	<ul style="list-style-type: none"> • Exec. Director, Quality & Planning • Assoc. Medical Director, Quality & Informatics • Medical Dir., Clinical Improvement • Medical Dir., Prevention • Director, Service Delivery & Capital Planning • Dir., Clinical Improvement & Prevention (RN) • Director, Consulting Svcs./ Improvement Promotion Office • Manager, Strategic Lean Consultancy • Manager, Svc. Line Consulting • Manager, Screening Programs • Manager, Clinical Knowledge Development & Support • Manager, Patient Safety • Manager, Health Information & Promotion • Manager, Quality Performance Review • Quality Programs & Finance Specialist • Quality Information Specialist • Senior Lean Consultant Group • Process Improvement Consultant Group • Lean Sensei Group • Population Mgmt. Coordinator

GH Quality Assessment and Improvement Accountability Structure

The key feature of Group Health's quality assessment and improvement process is the ability to view sub-optimal quality from a broad, systems perspective. We believe that most quality problems are the result of poorly designed systems and processes. An essential activity that is built in to the quality assessment process is to "drill down" to determine whether an individual provider's apparent problem may be related to an underlying system issue. Performance measures and reporting of progress against targeted measures is widely available to all Group Health staff through the internal web InContext.

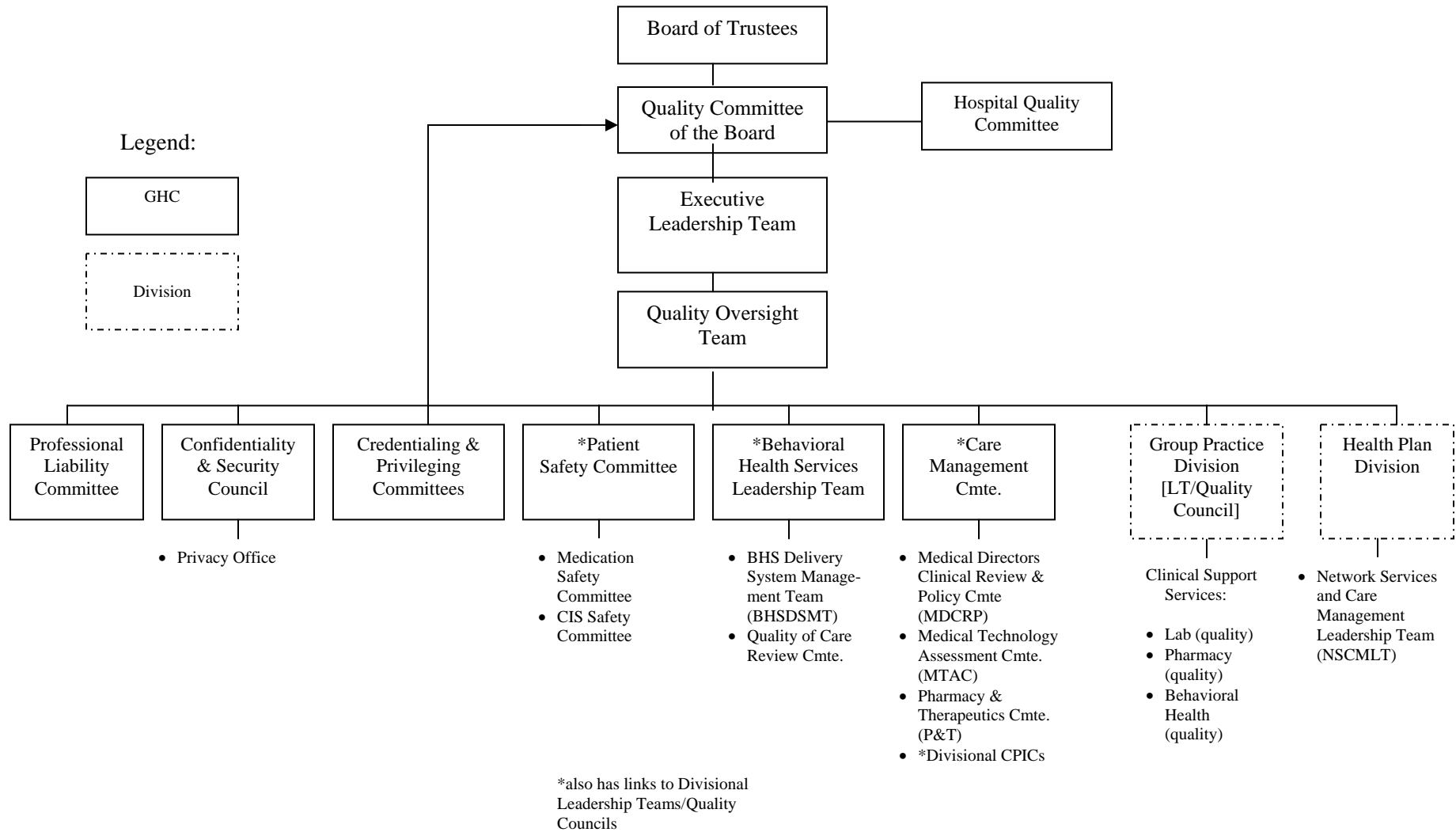
Group Health conveys quality information to those who are accountable for assessing and improving care in one of two forms:

1. In the aggregate form. This information is used for population or geographic area assessments and identification of system problems.
2. In the practitioner-specific form. This information is used for credentialing and performance evaluation.

The structure diagrams on the following pages describe linkages among responsible groups. These linkages are the communication conduits for performance information. Attachment 6 describes the data sources and analytical resources that support the quality program.

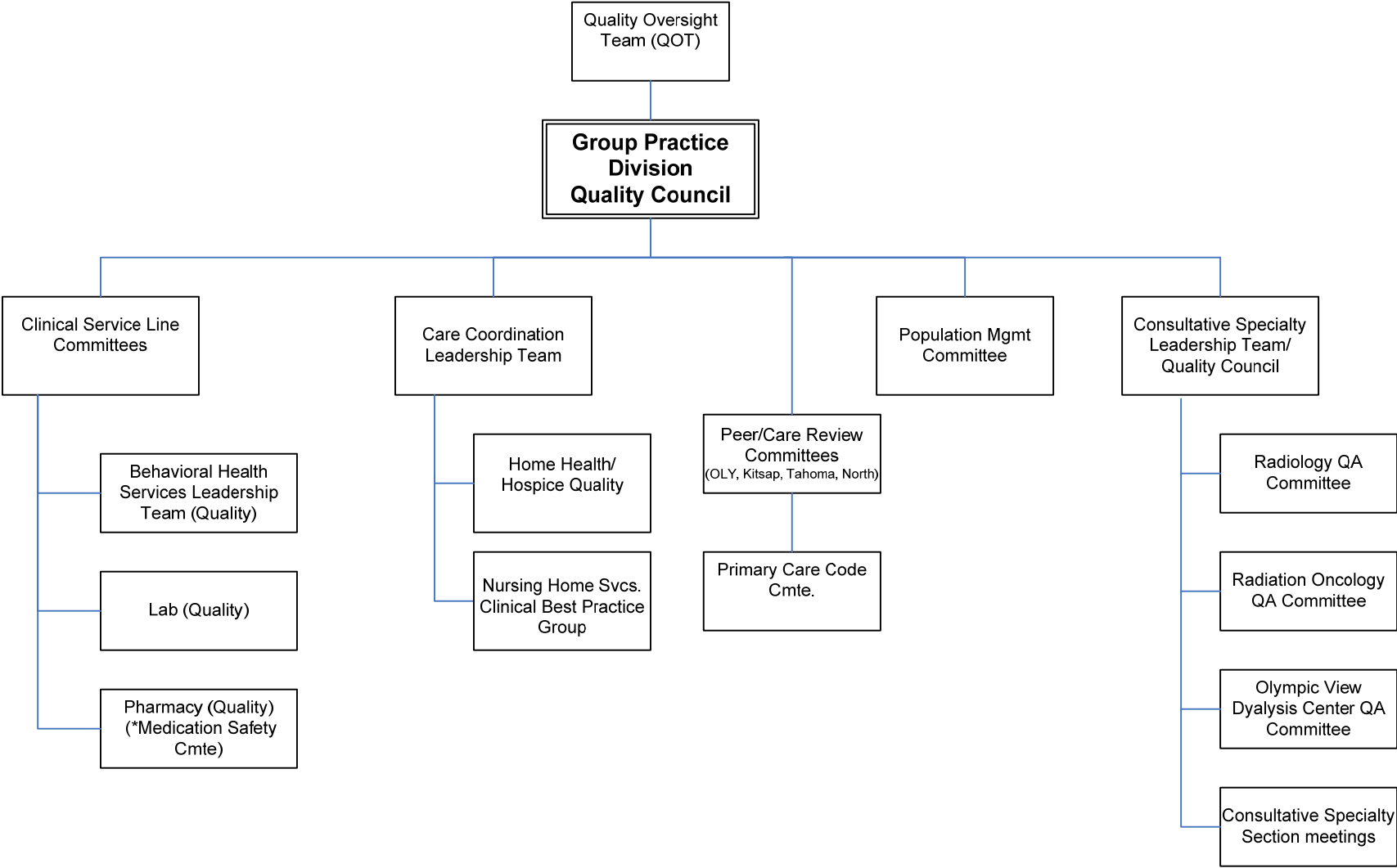
ATTACHMENT 1

GHC Quality Assessment and Improvement Structure



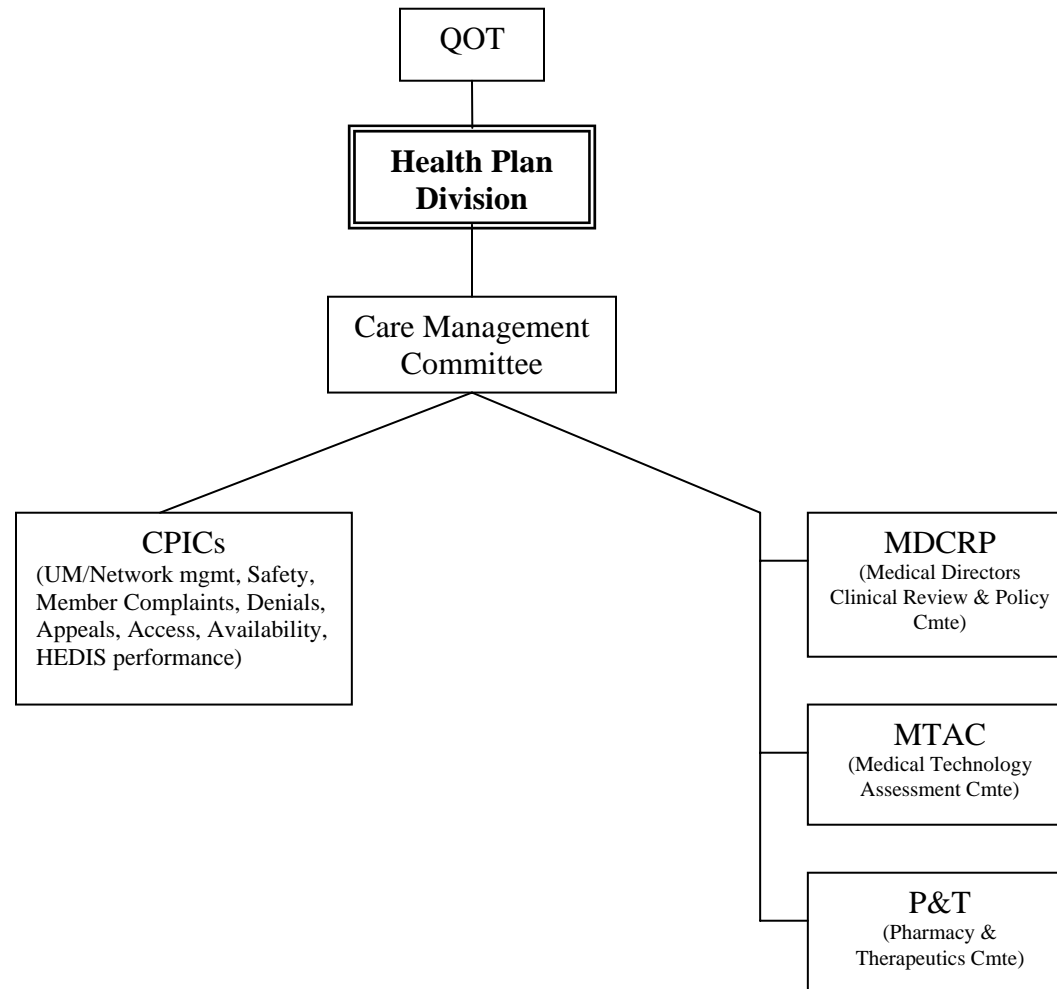
ATTACHMENT 2

Group Practice Division Quality Committees



ATTACHMENT 3

Health Plan Division Quality Committees



ATTACHMENT 4

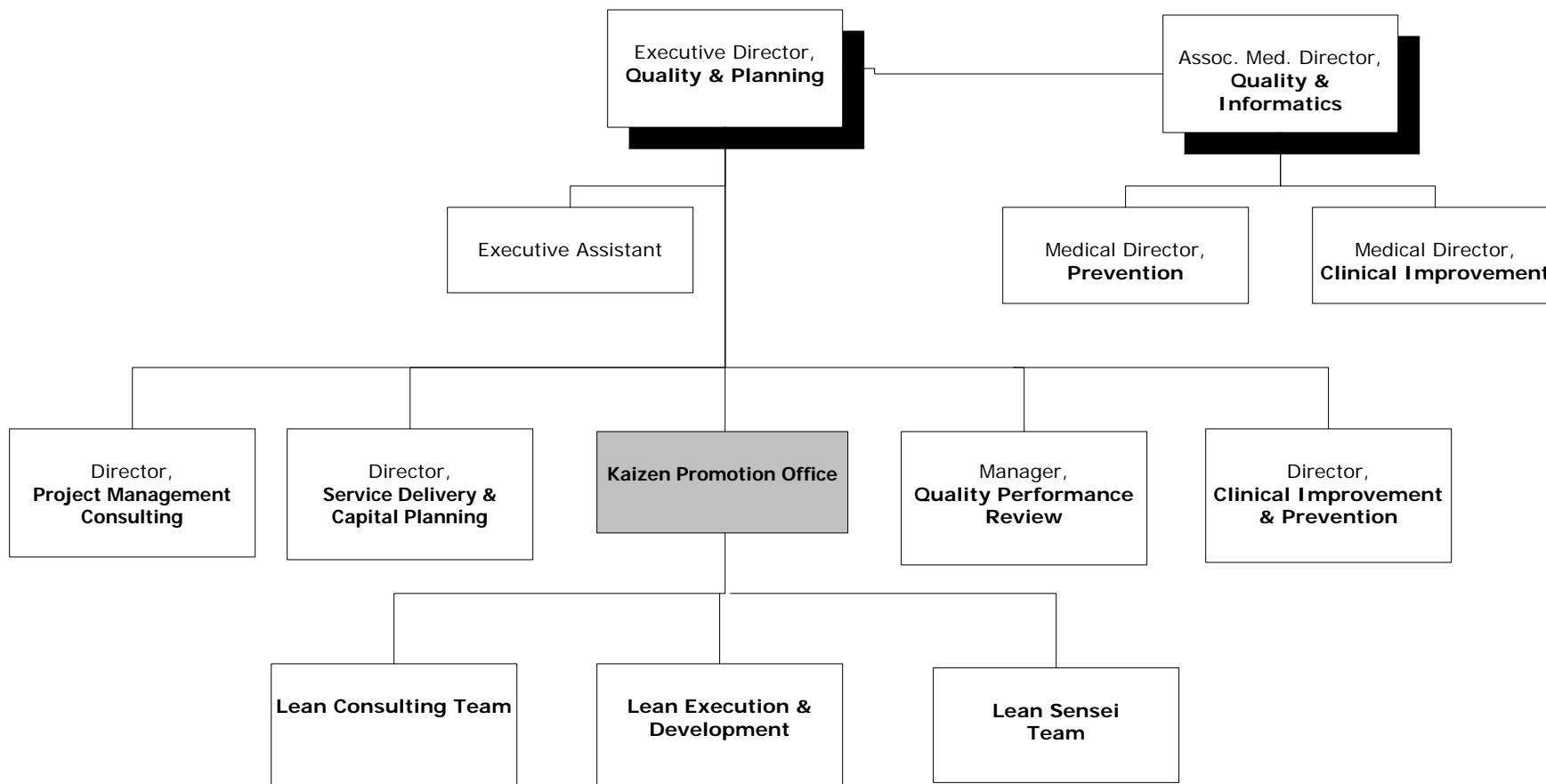
Credentialing Committees Membership

Member	Specialty	Status	Member	Specialty	Status
Central Washington					
Pope, Brad, MD, chair	Family Practice	GHP			
Chou, Valiant, MD	Obstetrics/Gynecology	Contracted	Western Washington (Seattle C&P)		
Thiel, Arthur, MD	Orthopaedic Surgery	Contracted	Bailey, Desiray, MD, chair	Anesthesiology	GHP
Mayuga, Lorena, MD	Family Medicine	Contracted	Dimer, Jane, MD,	Obstetrics & Gynecology	GHP
Vilander, Gavin, MS	Behavioral Health	Staff	Paros, Philip, OD	Optometry	GHP
McLaughlin, Pat	Manager, Provider Services	Staff	Hahn, Dorie, CNM	Midwifery/ARNP's	GHP
Pittman, Michelle	Credentialing Specialist	Staff	Lowe, Marc, MD	Urology	GHP
Thibodeau, Paula	Director, Credentialing	Staff	Moeller, Randy, MD	Family Practice	GHP
			Wanderer, Michael, MD, co-chair	Family Practice	GHP
Eastern Washington/North Idaho			Feller, Steve, DPM	Podiatry	Contracted
Pope, Brad, MD, chair	Family Practice	GHP	Steinfeld, Bradley, PhD	Psychology/Behavioral Health	GHP
Barrong, Shawn, MD	Obstetrics/Gynecology	Contracted	Lowe, Jon, PA-C	Physician Assistant	Staff
Vilander, Gavin, MS	Behavioral Health	Staff			
Schaaf, Tom, MD	Family Practice	GHP	Quality Committee Oversight of Credentialing & Privileging:		
Gwin, Douglas	Family Practice	Contracted	Ira Fielding, MD	N/A	Trustee
Roth, William, MD	Family Practice	Contracted	Porsche Everson	N/A	Trustee
Proett, Linda	Manager, Provider Services	Staff	Tracy Garland	N/A	Trustee
Kenning, Kimberly	Credentialing Specialist	Staff	Bob Margulis	N/A	Trustee
Thibodeau, Paula	Director, Credentialing	Staff	ChangMook Sohn	N/A	Trustee
				N/A	Trustee

ATTACHMENT 5

Quality & Planning Department

Effective: September 2008



ATTACHMENT 6

Quality Resources at Group Health Cooperative

Quality Improvement Activity Resources

The resources that Group Health devotes to the Quality Improvement Program and specific quality improvement activities are broad and include staff (employees and consultant staff), data sources, and analytical resources such as statistical expertise and programs. Evaluation of adequate quality resources is determined through evidence that the organization is completing quality improvement activities in a competent and timely manner. This is done through the annual Quality Program Evaluation, as well as ongoing monitoring of performance and progress on the quality workplan by the Quality Oversight Team (QOT) throughout the year.

Oversight for the Quality & Planning Department is provided by an Executive Director and an Associate Medical Director, and a total of six medical directors, one in each of the following areas: Informatics, Clinical Improvement, Preventive Care, Clinical Knowledge Support, Continuing Medical Education, and Senior Services. The Preventive Care Department also has an Associate Medical Director and an Assistant Medical Director.

Staff (over 200 positions) dedicated to quality improvement activities are present in the following areas:

- Patient Safety
- Clinical Knowledge Support
- Continuing Medical Education
- Clinical Improvement and Prevention
- Quality Performance Review
- Consulting Services
- Credentialing
- Member Appeals
- Clinical Review Unit
- Member Quality of Care Grievances
- Behavioral Health Services
- Pharmacy Administration

In addition, external consultant staff arrangements are made as needed.

Data Sources

Group Health uses a number of different sources and systems to collect data and generate results for quality indicators, including the following:

- Premier membership and billing system – enrollment data
- Enterprise Master Files (EMF) – additional consumer and practitioner demographics
- EPIC clinical information system – clinical data from the electronic medical record
- Premier claims system – data for institutional and professional services received outside Group Health clinics

- HISADT (Hospital information system admits discharges transfers) – data for inpatient services received at Group Health-owned facilities
- Coop Rx – internal pharmacy claims system
- MedImpact – external pharmacy claims system
- Laboratory Information System (LIS) – internal laboratory services and results
- PAML – selected external laboratory services and results for some members treated in Spokane area Group Health clinics
- CareTracker – care coordination tracking tool
- eWatson – customer relationship management tracking system (including complaint and appeals data)
- Patient Experience Survey Results database – results from Group Health’s survey of patient satisfaction
- Cancer Screening Exclusions – Supplemental source of data, identifying members with legitimate exclusions from selected screening procedures

Data from most of these systems are stored in Group Health’s Data Warehouse, a repository for current and historical clinical, service, financial, utilization, and administrative data. Programmers in Enterprise Information Management (EIM) create programs to extract the data and produce results for key clinical, utilization, and service quality indicators.

Data Warehouse Resources

Group Health maintains a data warehouse repository usable by staff across the organization for analysis and reporting. Part of that maintenance requires pulling data from original source systems such as Claims and EPICare (via the LastWord interface) into warehouse tables “scrubbed” and enhanced with value-added attributes. In addition, for various applications or reporting needs, datamarts are developed with specific information needed for that reporting or by those applications. This team includes the following staff:

- Analyst, Application Systems, Programmer III (8 positions) – develop, maintain, and administer data integration (ETL) processes and tools; develop, maintain, and administer ad-hoc and standard reporting applications, dashboards and tools; manage the ongoing loading and optimization of the Data Warehouse
- Manager, Data Integration (1 position) – responsible for the day-to-day load operations of the Data Warehouse; ensures that all data are loaded as required; manages resources for data integration development projects within EIM
- Analyst, Business Programming I; Analyst, Data Quality (2 positions) – quality assurance/validation of all data loads from the source systems into the data warehouse.
- Data Consultant (2 positions) – logical and physical design of database/data mart structures

Analytical Resources

Group Health dedicates significant staff and information systems to analyzing and reporting the large volume of clinical and service quality data available. This team includes the following staff:

- Consultant II (3 positions) – work with delivery system staff to identify data needs and manage production of the requested results
- Project manager (1 position) – work with EIM staff to manage daily flow and project work

- Manager (1 position) – as part of support services, that manager leads the annual medical record review process that is part of HEDIS reporting, including hiring of 7-9 temporary reviewers, training, and performing reviews
- Consultant I (4 positions) – specify and lead programming activities, generate measures, update programs, analyze problem issues, build datamarts for front end reporting, manage and maintain datamart of survey data, development of on-line reporting system to deliver performance data to delivery system staff
- Administrative Analyst II IT (3 positions) – perform quality assurance activities on new and updated measures and datasets, develop and produce reports with performance data, maintain databases that hold critical information for program execution and front-end reporting, perform ad hoc analyses upon request
- Business Data Analyst (1 position) – staffs a help desk to provide support for reports and resources and completes data warehouse queries and other ad hoc requests for analysis
- Analytical Assistants (2 positions) – provide general support for analytical work, perform data validation, schedule medical record review visits to non-owned/operated facilities, manage compilation of materials for and staffs the annual HEDIS compliance audit.
- Analyst, Application Systems, Programmer III (1 position) – develop technical infrastructure to produce reports, develop measures and datamart to support clinical measurement reporting
- Business Intelligence Analyst (1 position) - management of semi-production processes to support outreach activities, including internal mailings

In addition, EIM utilizes high-level technical staff from the Information Services Division to support new and ongoing work:

- System Architect (1 position) – design, build, and maintain stand-alone application to collect medical record review data
- Database Consultant (1 position) – design complex data mart structures

These programmers use a number of programming applications to produce results and reports for clinical and service quality indicators including:

- Informatica PowerCenter (Extract, Translate, & Load “ETL” software application)
- SAS
- Sybase Adaptive Server Enterprise
- Microsoft Visual Basic
- Microsoft SQL Server
- Microsoft Access
- Microsoft Excel
- Business Objects reporting tools, including Crystal Reports

The Enterprise Information Management department includes a PhD-level statistician to provide consultation regarding the statistical relevance of changes in clinical and service performance. Staff have also developed tools that automatically calculate the statistical significance of changes in performance for non-experts who need to perform basic statistical tests without a deeper understanding of statistics.

ATTACHMENT 7

Quality Improvement Focus for the Medicaid Population

As stated in the Quality Program Description, the scope of Group Health's quality program includes specific quality improvement activities and measurements directed at Group Health's Healthy Options (Medicaid) population. These activities ensure that the clinical, service, and care management performance standards set by the State of Washington Health and Recovery Services Administration (HRSA) and the Centers for Medicare and Medicaid Services (CMS) are met or exceeded for this important and vulnerable population.

Group Health provides coverage for Medicaid members in four counties in Washington, serving 4 percent of Healthy Options enrollees. More than 87 percent of Group Health's Medicaid members receive care in Group Health owned and operated medical centers. Three percent of Group Health's membership are Medicaid members, of which about 80 percent are aged 18 or younger.

A process for identification, review, prioritization, and development of performance improvement projects (PIPS) through ongoing monitoring and reporting of clinical measures is in place. Staff in Quality and Planning develops and monitors monthly Healthy Options and Basic Health specific line of business performance on clinical and service measures to identify improvement opportunities.

As part of the ongoing quality monitoring process multiple dimensions of quality are assessed for the care and service provided to the Healthy Options members specifically. This comprehensive performance monitoring and assessment includes:

Purchaser feedback:

The TEAMonitor review is an annual assessment by State agencies (DSHS/HRSA and Healthcare Authority, HCA) reviewing Group Health's performance for State programs – Medicaid Healthy Options and Basic Health. Ongoing monitoring of corrective action plan items, including those related to the Quality Program, are reviewed and discussed regularly at the TEAMonitor Oversight Group, comprised of representatives from Quality, Health Plan Administration Compliance, Government Programs, and Marketing. The TEAMonitor Oversight Group's work reports up to the Government Programs Oversight Committee who has broad responsibility for ensuring that government sponsored contract requirements are met.

Clinical performance:

As previously mentioned, clinical and service measures for Healthy Options and Basic Health specific lines of business are monitored on a monthly basis by Quality and Planning staff to identify improvement opportunities.

Current quality improvement activities focused on this population include:

- Children with Special Health Care Needs
- Preventive Well Visits
- Childhood Immunizations

Service performance:

Healthy Options member satisfaction performance through the PES survey is monitored monthly; however, the small denominator sizes of 50-70 make it difficult to identify trends or actionable information. Complaint data provides more useful member feedback related to service performance. Complaints and Appeals are both monitored on a quarterly basis.

Care management performance:

Components of care management performance that are monitored regularly, either quarterly or annually as appropriate, include: denials; over/under utilization; the Patient Review and Coordination program; and, care coordination/complex case management programs.

In addition to the regular and ongoing monitoring of quality performance, the formal annual Quality Program Evaluation includes a specific assessment of performance for the Healthy Option's (Medicaid) population, and the findings and recommendations are used to inform the Quality Plan for improvement activities for the following year.