

# QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM DESCRIPTION 2023



CONTRA COSTA  
HEALTH PLAN  
A Division of Contra Costa Health Services

# TABLE OF CONTENTS

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Table of Contents .....	2
1 Introduction .....	3
2 Program Purpose, Goals, and Scope .....	3
2.2 Goals .....	3
2.3 Program Scope .....	4
3 Program Structure and Governance .....	5
3.1 Overview .....	5
3.2 Organizational Chart .....	5
3.3 Governing Body – Joint Conference Committee.....	6
3.4 Quality Council .....	7
3.5 The Community Advisory Committee .....	8
3.6 Quality Department Structure .....	8
4 Quality Improvement and Population Health Programs .....	11
4.1 Quality Program Planning .....	11
4.2 NCQA Accreditation .....	11
4.3 Measurement, Analytics, Reporting, and Data Sharing.....	11
4.4 Performance Improvement Projects .....	12
4.5 Population Health Management.....	12
4.6 Patient Safety Activities and Projects .....	14
4.7 Provider Collaboration .....	15
4.8 Delegation.....	15

# 1 INTRODUCTION

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Contra Costa Health Plan (CCHP) is a federally qualified, state licensed, county sponsored Health Maintenance Organization serving Contra Costa County. In 1973, CCHP became the first county sponsored HMO in the United States.

Contra Costa County is located in the East Bay of San Francisco Bay Area. As of the 2020 United States Census, the population was 1.167 million residents. Contra Costa Health Plan currently serves more than 240,000 Medi-Cal members and is one of two Medi-Cal Health Plans serving the region. It serves 87% of Medi-Cal managed care members in Contra Costa. CCHP also administers a commercial product for County employees and In-Home Support Services (IHSS) caregivers. It serves more than 7,000 commercial members.

The CCHP provider network consists of Contra Costa Regional Medical Center, the Community Provider Network (Federally Qualified Community Health Centers, contracted provider groups, and private practices), and Kaiser Permanente.

The Quality Program collaborates with our internal departments, provider networks, and community-based organizations to facilitate safe, effective, cost efficient, equitable, and timely care to members. The Quality Council, a multi-disciplinary physician group, guides the overall development, implementation, and evaluation of the Quality Program. The Joint Conference Committee was delegated by the Board of Supervisors to oversee the Quality Program for CCHP.

## 2 PROGRAM PURPOSE, GOALS, AND SCOPE

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### 2.1 PROGRAM PURPOSE

CCHP is committed to continuous quality improvement for both the health plan and its care delivery system. CCHP's quality program is designed to measure, monitor, evaluate, and improve the quality, safety, and equity of care and services provided to members.

### 2.2 GOALS

The overarching quality goals at CCHP are to:

- Achieve better health outcomes for members by closing gaps in care that are informed by evidence-based practice guidelines.
- Refine and develop a robust population health management strategy to address the needs of members across the continuum of care services.
- Promote health equity and reduce disparities in care through a coordinated strategy with members, providers, and the community.
- Ensure patient safety by ensuring adequate and timely identification and investigation of issues.
- Improve the member experience of care, including timely access to care that is convenient and culturally competent.

- Avoid unnecessary utilization in the ED and hospital by investing in preventive care and coordinating care across settings.
- Stabilize or reduce health care costs by targeting the right resources to the patients who need them most.
- Optimize the provider experience through meaningful collaboration and reducing administrative barriers.

To achieve these goals, CCHP:

- Uses data from a variety of sources to identify areas for improvement in clinical care, member experience, and provider experience measures.
- Solicits input from our providers and members through various committees and provider meetings. This includes the Community Advisory Committee, Quality Council, and Joint Conference Committee.
- Collaborates with community-based organizations and providers in developing outreach and health education strategies.
- Establishes aims, measures, interventions, and improvement teams for Performance Improvement Projects (PIPs).
- Leverages technology and automation to establish proactive identification and outreach systems for services.
- Continuously monitors performance, sustain performance where targets are met, and develop an improvement strategy to address where performance falls short.

## 2.3 PROGRAM SCOPE

The Quality Program scope includes the provision of clinical care (medical and behavioral health) and service for all Medi-Cal and Commercial members. In partnership with CCHP departments, provider networks and facilities, community-based organizations, and CCHS Health Services Departments, the Quality Program encompasses all aspects of care and service including, but not limited to:

- Access to care
- Continuity and care coordination between primary care and specialty care, as well as primary care and behavioral health
- Developing and implementing a population health strategy
- Evaluating utilization, cost, and clinical trends
- Facility Site Reviews and ongoing monitoring to assess compliance with patient safety standards
- Health education and cultural linguistic services
- Identifying and addressing health disparities
- Identifying and addressing overuse and underuse of clinical services
- Member appeals and grievances
- Member experience with care and service outcomes
- NCQA Accreditation standards for the Medi-Cal product line
- Potential quality issues identification and resolution
- Preventive, chronic care and acute health care guidelines compliance
- Provider satisfaction with CCHP services
- Quality measurement and implementing Performance Improvement Projects (PIPs) in underperforming measures

Healthcare settings within the Scope of Services include:

- Acute hospital services
- Ambulatory care services including preventive health care, family planning, perinatal care, and chronic disease management
- Ancillary services including, but not limited to lab, pharmacy, radiology, medical supplies, durable medical equipment (DME), and home health
- Behavioral health (mild/moderate and substance use disorder)
- Emergency services and urgent care
- Long-term care including skilled nursing facilities and rehabilitation care
- Specialty care and tertiary care providers

CCHP complies with applicable Federal civil rights laws and is responsible for ensuring that all medically necessary covered services are available and accessible to all members regardless of race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sex, sexual orientation, gender identity, health status, or physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, and that all covered services are provided in a culturally and linguistically appropriate manner.

### 3 PROGRAM STRUCTURE AND GOVERNANCE

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#### 3.1 OVERVIEW

The Quality Council (QC) is the principal committee for directing and overseeing Quality and Patient Safety operations and activities for CCHP, including but not limited to, clinical and service-related performance improvement projects, access to care studies for medical and behavioral health, member grievances, potential quality issues, case management, utilization management, and oversight of delegated entities for Quality, Utilization Management, and Behavioral Health. The Quality Council makes recommendations to the Joint Conference Committee, which has been delegated the approval body for the Quality Program by the Contra Costa County Board of Supervisors.

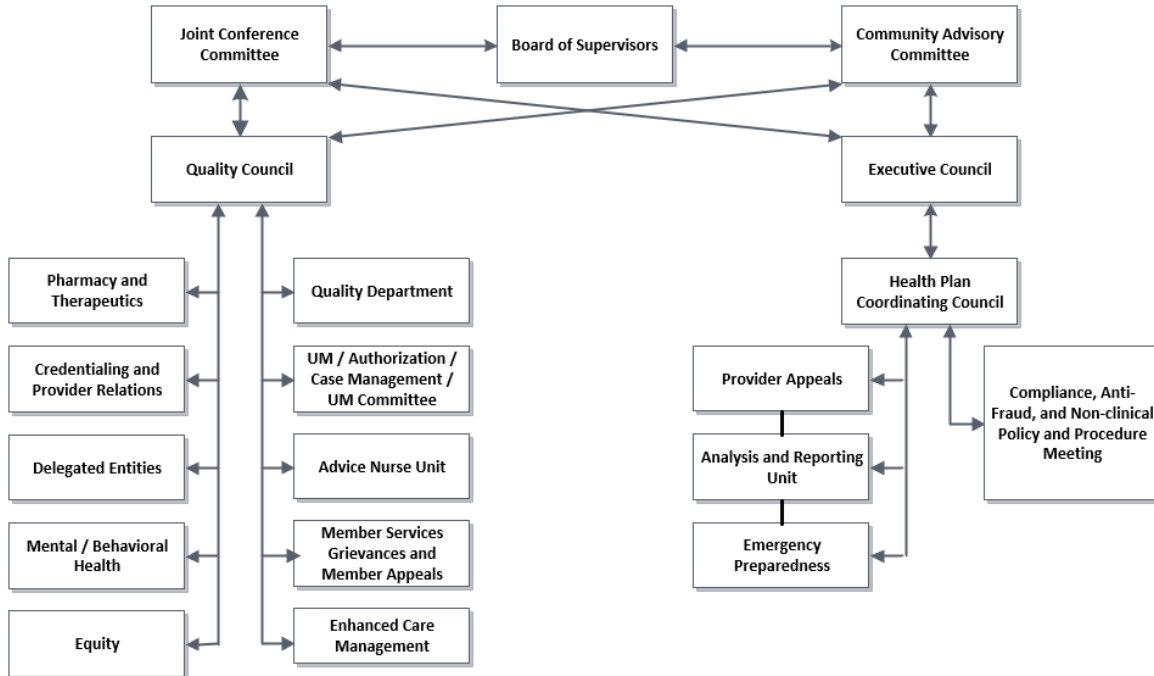
As the governing body, the Joint Conference Committee gives authority to the Chief Medical Officer and the Chief Executive Officer of the Plan to ensure the Quality program has the needed resources to meet its goals and to evaluate and monitor the program's progress toward reaching its goals. The CEO has authority over general administration of the Plan and reports to the JCC on the health plan's operations, including quality.

#### 3.2 ORGANIZATIONAL CHART

Below is an organizational chart of the committee reporting structure.

# CONTRA COSTA HEALTH PLAN - COMMITTEE REPORTING STRUCTURE

## CONTRA COSTA HEALTH PLAN – COMMUNITY PLAN



### 3.3 GOVERNING BODY – JOINT CONFERENCE COMMITTEE

The Joint Conference Committee (JCC) is one of the mechanisms by which the Contra Costa County Board of Supervisors exercises oversight of CCHP, including quality operations and activities. Two members of the Board of Supervisors are assigned to serve on the JCC. All meetings of the Joint Conference Committee are open to the public in accordance with the Brown Act. Responsibilities of the JCC include:

- Promote communication between the Board of Supervisors, the CCHP Quality Council, and CCHP administration.
- Assess and monitor the overall performance of CCHP and its contracted providers including, but not limited to, the quality of care and service provided to members.
- Review, evaluate, and make recommendations annually regarding modifications to the Annual Quality Program Description, Annual Quality Program Evaluation, and Quality Work Plan.
- Receive, evaluate, and act on reports from the Quality Council, CCHP’s Quality Director and Chief Medical Officer on a quarterly basis or more frequently if needed. Any action taken by the JCC is subject to approval by the Board of Supervisors.

### 3.4 QUALITY COUNCIL

The Plan's Quality Council assists in oversight and assurance of the quality of clinical care, patient access, service excellence and patient safety of CCHP. The committee ensures that providers are involved in the planning, prioritization, and implementation of quality initiatives, as well as monitoring the care and service received by our members.

Responsibilities of the Quality Council include:

- Reviews, evaluates, and acts upon the reports of subcommittees.
- Reviews and approves the Quality Program Description, prior year's Annual Evaluation, and current Work Plan.
- Annually reviews, evaluates, and makes recommendations to the Board of Supervisors or the Joint Conference Committee on the status of contracted providers delegated for quality management, utilization management, credentialing, medical records, and member rights.
- Reviews reports concerning member grievances and potential quality and safety issues. The Quality Council investigates such occurrences and makes recommendations to the Credentialing Committee, Board of Supervisors and/or the Joint Conference Committee regarding resolution or implementation of any corrective action that may be required.
- Reviews reports regarding activities including, but not limited to: Quality Improvement Projects, CalAIM updates, Disease Management programs, Health Education, Cultural and Linguistics issues, NCQA Accreditation status, delegation audit scores and recommendations, access studies, HEDIS quality measures, and over/under utilization of clinical resources. The Quality Council evaluates these reports and makes recommendations to the Board of Supervisors and the Joint Conference Committee regarding implementation of any corrective action that may be required.
- Reviews and evaluates quality reports pertaining to medical, Pharmacy and Therapeutics, and benefit interpretation policy issues. The Quality Council makes recommendations to the Board of Supervisors and the Joint Conference Committee regarding trends and modifications to be implemented.
- Reviews and approves clinical practice guidelines at least annually.

The Chair of the Quality Council is the Chief Medical Officer. The Co-Chair is the Quality Director. The Quality Council meets nine times per year. A quorum is greater than 50% of voting member attendance. Voting members are the Chief Medical Officer and contracted clinicians. The Quality Council consists of a multi-specialty group of clinicians representing specialties impacted by our Medi-Cal population. Specialties that provide direct input into the Quality Program include a behavioral health clinician, pediatrics, internal medicine, family medicine, OBGYN, cardiology, and emergency medicine.

#### 3.4.1 Subcommittees Reporting to Quality Council

The Pharmacy and Therapeutics (P&T) Advisory Committee report to QC semi-annually and meets at least quarterly to review pharmaceutical management activities. P&T keeps the Quality Council and

provider networks abreast of pharmacy overuse/underuse clinical projects, pharmacy operations including authorization turnaround time (TAT) and inter-rater reliability (IRR), activities related to fraud, waste and abuse, and all activities related to pharmacy management. P&T also reviews formulary changes, drug safety updates, recalls, pharmacy restriction and preference guidelines and generic substitution, therapeutic interchange and step therapy, and other pharmaceutical management policies.

The Director of Provider Relations presents updates from the Peer Review and Credentialing Committee (PRCC) to the Quality Council semi-annually. The Chief Medical Officer chairs the PRCC. Updates include summary data on the credentialing operations including number of providers credentialed and recredentialed, nonclinical provider complaints, and Facility Site Reviews performed including CAPS issued and completed. PRCC recommendations are submitted directly to the Board of Supervisors for approval.

The Chief Medical Officer chairs the UM Committee and minutes come to Quality Council. This committee oversees all outpatient and inpatient Utilization Management activities including the UM Program, UM Evaluation activities, UM Work Plan, authorization TAT and IRR, and over/under utilization activities. Membership includes the Chief Medical Officer, Quality Management Director, UM Manager, UM Supervisor, and medical consultants, including one from CCRMC and one from the Community Provider network. UM staff, Case Management Manager, and other department directors join on an ad-hoc basis. The committee meets at least every two months.

Although not formal subcommittees, the Quality Council receives updates from CCHS's Public Health Department and from the Contra Costa Regional Medical Center's Performance and Patient Safety Improvement Committee (PSPIC).

### **3.5 THE COMMUNITY ADVISORY COMMITTEE**

Contra Costa Health Plan (CCHP) has a Community Advisory Committee (CAC) to ensure that its members have meaningful impact into CCHP's policies and decision making and are engaged as partners in the delivery of Medi-Cal Covered Services. CCHP utilizes the CAC to promote community participation within the areas of cultural and linguistic services, health education, and health inequities. CCHP has a process to discuss improvement opportunities with emphasis on Health Equity and Social Drivers of Health. CAC members will identify and be advocates for health disparities that exist in the member population and discuss preventive care practices that will be utilized by CCHP. CCHP has developed an integration strategy to improve the quality of services provided to all individuals through our culturally and linguistic appropriate services. CAC members will work directly with the leadership of the operational departments within CCHP to receive oversight and direction. The CAC makes recommendations to the Board of Supervisors, County Health Services Director, and Chief Executive Office of CCHP. The Chief Medical Officer and the Quality Director provide updates to the CAC and seek their input on quality improvement activities.

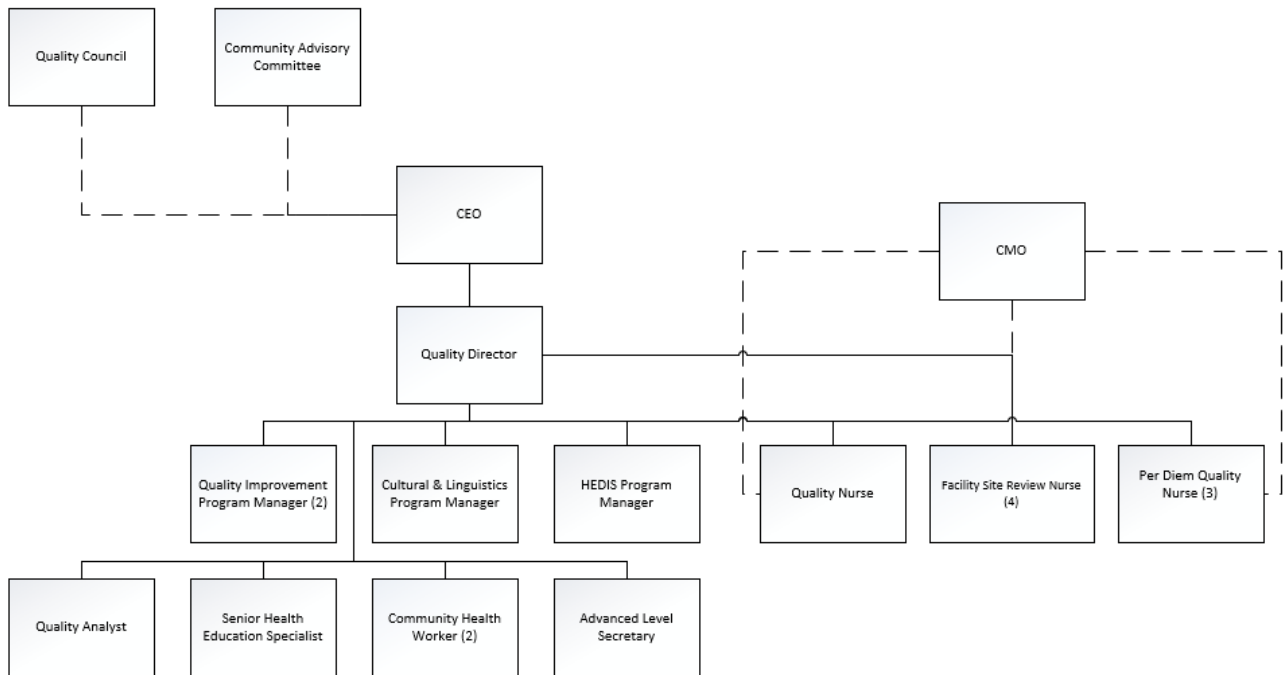
### **3.6 QUALITY DEPARTMENT STRUCTURE**

The Quality department is accountable for implement quality improvement programs, the quality work plan, and conducting an annual population needs assessment and strategy. Quality staff monitor quality indicators, implement, and evaluate improvement activities, support CCHP leadership in strategic



priorities, and collaborate with CCHP and CCHS departments on the overall quality program. Below is an organizational chart of CCHP’s quality department structure.

### Quality Department Org Chart



#### 3.6.1 Chief Medical Officer

The Chief Medical Officer is the Chair of the Quality Council, Pharmacy & Therapeutics, Peer Review and Credentialing Committee, and Utilization Management Committees. The Chief Medical Officer provides oversight and guidance to the development of clinical guidelines, improvement projects, and other initiatives. The Chief Medical Officer makes determinations in potential quality issues, grievances and appeals and has authority over peer review. The Chief Medical Officer oversees all medical staff at CCHP, including the Medical Director, medical consultants, and nursing.

#### 3.6.2 Director of Behavioral Health

Contra Costa Behavioral Health Services Director is a member of the Quality Council and provides guidance and insight on all behavioral health aspects of the quality program at CCHP. This position is a PhD, PsyD, or MD.

#### 3.6.3 Quality Director

The Quality Management Director works closely with the Chief Medical Officer and the Quality Council on developing, implementing, and evaluating the Quality Program activities. The Quality Director is responsible for the oversight of the quality work plan, population health management portfolio, and overseeing quality department staff. The Quality Director reports to the Chief Executive Officer.

#### 3.6.4 Quality Managers

The program has two Quality Manager positions responsible for the day-to-day management of the quality assurance and improvement activities of the Quality Program, including but not limited to, NCQA oversight, timely access studies and projects, member and provider experience surveys, performance

improvement projects, and disease management programs. The QM Managers report to the Quality Director.

#### **3.6.5 HEDIS Program Manager**

The HEDIS Program Manager is responsible for the annual NCQA HEDIS and CAHPS submissions for health plan accreditation. The HEDIS Program Manager is responsible for collaborating with the Business Intelligence team and working with auditors, vendors, and clinical staff to submit timely and accurate quality reporting. The HEDIS Program Manager reports to the Quality Director.

#### **3.6.6 Cultural and Linguistic Services Manager**

The Cultural and Linguistic Services Manager is responsible implementing all aspects of the Cultural & Linguistics program according to state and federal regulations and providing technical assistance to providers to ensure provision of culturally sensitive and appropriate care to CCHP members. This position reviews member grievances with a health equity lens to identify any potential acts of discrimination against members. The Manager of Cultural and Linguistic Services reports to the Quality Director.

#### **3.6.7 Senior Health Education Specialist**

The Senior Health Educator ensures that the health education program is responsive to members' needs. The Health Educator develops, implements, and evaluates the Health Education Program, which includes a range of health education resources and delivery modalities, and the position works internally with other departments to assess literacy levels of health education and member informing materials, including the member newsletter. The Senior Health Educator reports to the Quality Director.

#### **3.6.8 Quality Analyst**

The Quality Analyst conducts analysis and develops reports for CCHP's quality measures including, but not limited to, HEDIS, CAHPS, timely access, clinical projects, and quality projects. The Quality Analyst reports to the Quality Director.

#### **3.6.9 Quality Nurses**

Nurses in the quality department oversee Facility Site Reviews, Medical Record Reviews, HEDIS, potential quality issues, and ad hoc audits and oversight. The Quality Nurses report to the Quality Director.

#### **3.6.10 Secretary Advanced Level**

The Secretary Advanced Level is responsible for providing administrative support to the Quality Team. The Secretary organizes and takes minutes at the Quality Council meetings, provides administrative support to access studies, and coordinates member and provider experience surveys. The Secretary reports to the Quality Director.

#### **3.6.11 Community Health Workers**

The Community Health Workers are responsible for services for the Asthma Mitigation Project. They outreach patients with asthma, conduct home visits, and deliver supplies to remediate home asthma triggers. The Community Health Workers report to the Quality Manager.

## 4 QUALITY IMPROVEMENT AND POPULATION HEALTH PROGRAMS

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### 4.1 QUALITY PROGRAM PLANNING

CCHP incorporates ongoing documentation cycles that applies a systematic process of assessment, identification of opportunities, action implementation, and evaluation. This documentation cycles includes: Quality Program Description, Quality Work Plan, and Quality Program Evaluation. These documents, along with the quality council charter, are reviewed annually by the Quality Council.

#### 4.1.1 Quality Program Description

The Quality Program Description is a document that outlines CCHP's structure and process to monitor and improve the quality and safety of care to members.

#### 4.1.2 Quality Work Plan

The work plan identifies the scope of the quality programs and defines activities to be complete in the program year. The work plan is developed annually after completing the Quality Program Evaluation from the previous year. The work plan includes objectives, planned activities, timeframe, and staff members responsible.

#### 4.1.3 Quality Program Evaluation

The quality program evaluation includes an annual summary of all quality activities, impact the program had on member care, and an analysis of the achievement of goals, and an assessment of revisions.

### 4.2 NCQA ACCREDITATION

The quality department takes the lead on interpreting standards, identifying gaps, consulting with other department functions on closing their gaps, ensuring submission of appropriate and timely documentation, and providing general oversight and maintenance of the NCQA accreditation status. CCHP was granted its fourth full three-year Accreditation early in 2023. The next review is March 2026.

### 4.3 MEASUREMENT, ANALYTICS, REPORTING, AND DATA SHARING

CCHP in partnership with Contra Costa Health Services IT department has the technology infrastructure and data analytics capabilities to support goals for quality management and improvement actives. As an integrated health system, the centralized data infrastructure collects, analyzes, and integrates health plan data with clinical delivery system data and social services data to support quality activities. This integrated data warehouse allows for the collection of all quality performance data across the health plan and delivery system.

The Quality Department partners with our Business Intelligence team to collect HEDIS data annually for Managed Care Accountability Sets (MCAS) and NCQA HEDIS Accreditation measures. This includes over 70 measures that cover clinical effectiveness, clinical resource utilization, access and availability, and member experience with care. CCHP utilized a certified HEDIS benefits engine for reporting. CCHP also contracts with a vendor to conduct the CAHPS survey. HEDIS data is stratified by provider network and key demographic variables to identify disparities and opportunities to improve care and service. The Quality Department works with the BI and IT teams to develop and utilize dashboard and reports to evaluate performance and identify opportunities for improvement.

In addition to HEDIS reporting, CCHP regularly produces the following mandated reports: DMHC Timely Access to Care, Member and Provider experience, DHCS Encounter Data validation, and CalAIM ECM, Community Supports, and Incentive Payment Program. CCHP also tracks internal quality metrics aimed at improving care and services for members.

## 4.4 PERFORMANCE IMPROVEMENT PROJECTS

### 4.4.1 Quality Improvement Framework

The Quality Program utilizes the Model for Improvement and PDSA cycles to continuously evaluate and improve care and services for our members. Our broader aims focus on improving health, member experience, health equity, and cost efficiency. Work is prioritized by:

- Regulatory requirements from DHCS, DMHC, and NCQA
- Data-driven by performance in HEDIS and other quality metrics
- Findings from the Population Needs Assessment
- Data on PQIs, member grievances, internal member surveys, and access studies
- Assessment on value and impact on members
- Synergies with the delivery system to identify areas where combined health plan and delivery system collaboration can best achieve results.

### 4.4.2 Active Performance Improvement Projects

CCHP has at least two active DHCS statewide performance improvement projects and, if needed, smaller mandated pilot projects for measures below the state's minimum performance level. Additionally, CCHP identifies additional performance improvements in the work plan based on an analysis of quality data. Annually, CCHP reviews quality metric data, assesses measurement areas that need improved, and develops improvement projects to be added to the work plan. On an at minimum of monthly basis, CCHP reviews quality metric data and may modify the work plan to add additional performance improvement projects. CCHP identifies areas where there is a decline in performance level or CCHP is under the desired quality target. Quality staff conduct a root cause analysis and develop a plan to implement a performance improvement project.

## 4.5 POPULATION HEALTH MANAGEMENT

The work of population health is to maximize health by co-creating services with members and providers which deliver primary and secondary evidence-based interventions for the prevention and management of illness in our assigned population. In 2023, the Department of Health Care Services (DHCS) launched Population Health Management, a key feature of CalAIM. Population Health Management will establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity. This will be accomplished through the following initiatives:

**Improved Member Information:** Data is fragmented for members between provider clinical systems, claims, and other administrative data systems, including social services. Screening questions to members are often duplicative across settings. A main goal of population health is to co-locate this

information and put the right information in the right place, so providers of any setting can access useful information and provide the best care to members.

**Risk Tiering:** Utilizing medical, behavioral health, and social services data, combined with screening and assessment data, members are risk stratified and tiered, according to level of need. Services are directed and provided to members according to that tiering mechanism.

**Services:** CCHP has developed and is implementing new program that keep the well healthy, provide self-management resources to members with well controlled chronic conditions, provide case management services to our members with poorly controlled chronic disease, and provide enhanced care management services to our high utilizing members. Case Management Services, like Enhanced Case Management for the most at-need, Complex Case Management, and Transitional Case Management are designed to provide services to the most at-need patients according to risk stratification. Basic population health management services are designed to provide health education, wellness, and preventive services to all members.

#### 4.5.1 Population Needs Assessment, Strategy, and Impact Report

Annually, CCHP conducts a comprehensive Population Needs Assessment utilizing available data sources to identify disparities and trends. CCHP utilizes the Population Needs Assessment to develop its Population Health Management Strategy, an annual document approved by the Quality Council that outlines the programs CCHP will implement to address the needs of the population. CCHP also conducts an annual Population Health Impact report that assesses the programs implemented in the strategy to determine efficacy of programming.

#### 4.5.2 Health Education Classes and Resources

Contra Costa Health Plan provides health education resources that meet the needs of members as identified in the Population Needs Assessment and other sources such as HEDIS, Community Advisory Committee feedback, and member surveys. CCHP ensures members have access to low-literacy health education and self-management resources in all threshold languages. Resources are available on the CCHP website and through providers. CCHP provides classes, articles, videos, interactive tools for self-management, and links to community resources. CCHP maintains a directory of resources online and publishes this as least annually in the member and provider newsletters.

#### 4.5.3 Cultural and Linguistic Services

CCHP emphasizes the importance of appropriately serving the culturally and linguistically diverse membership. CCHP ensures members are aware of and have access to linguistic services necessary for them to communicate when receiving health care services. CCHP assists with collecting Race, Ethnicity and Language (REAL) data so the health system can identify disparities in health amongst the population. CCHP provides training to CCHP staff and contracted providers on cultural awareness and sensitivity. The goals of the CLS program are to:

- Prevent discrimination and provide culturally sensitive and appropriate care to all CCHP members including beneficiaries with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.
- Educate members, providers, and employees about the importance of language services, cultural humility, health disparities, and their impact on health outcomes.
- Provide technical assistance to providers in the delivery of culturally competent health care services.

- Work with county health services department and community agencies to address the reduction of health disparities.
- Respond to the needs of both our providers and our members for cultural and linguistic services and resources.

#### 4.5.4 Behavioral Health

CCHP is responsible for mild to moderate behavioral health services for Medi-Cal and all behavioral health services for commercial members. For Medi-Cal, CCHP partners with the Contra Costa County Behavioral Health Services to triage patients to determine level of severity and to provide appropriate treatment. For members who are seen at FQHCs in the community, members are generally triaged and treated at those facilities. Some Community Health Centers are providing embedded behavioral health services, and CCHP contracts with telehealth providers to further expand access. Quality activities for behavioral health focus on HEDIS measures, continuity and coordination of care for outpatient behavioral health, and behavioral health practitioner access and availability. Updates on the quality activities are provided to the Quality Council quarterly and a Behavioral Health clinician is a member of the Quality Council.

## 4.6 PATIENT SAFETY ACTIVITIES AND PROJECTS

Patient safety is addressed by multiple Plan departments. Staff regularly review data from grievances and appeals, access and availability data, MCAS measures, satisfaction survey results, Utilization and Case Management data, studies on adherence to clinical guidelines, and data from Facility Site Reviews and chart reviews to identify areas of risk to members' safety. Data is presented regularly to the Quality Council.

### 4.6.1 Potential Quality Issues and Provider Preventable Conditions

Any department, provider or member can identify a potential quality issue (PQI) and forward it to the Quality Department for investigation and resolution. Additionally, a quality nurse reviews a report that identifies Provider Preventable Conditions (PPCs) and develops PQIs as necessary. The quality nurses investigate all cases and present these to the PQI committee, which consists of the Chief Medical Officer, Medical Director, and Director of Pharmacy. The committee reviews and levels all PQIs. PQIs with a level of 3 will receive a Corrective Action Plan (CAP) and may be forwarded to the Peer Review and Credentialing Committee. Provider Relations further identifies any trends at the provider level where intervention is warranted. The PRCC uses data from facility site reviews, grievances, and PQIs. Trends, recommendations, and updates on PPCs and PQIs are provided to the Quality Council at least annually.

### 4.6.2 Pharmaceutical Safety

Pharmaceutical safety is also addressed through over/under use activities. These include: reviewing members with fifteen or more prescriptions and referring to case management if applicable, reviewing members with potentially unsafe medication regimens, and reviewing prescription trends for potential fraud, waste, and abuse. Actions include notification providers around medication safety and educating patients.

### 4.6.3 Facility Site Review and Medical Record Review

CCHP ensures that primary care provider sites operate in compliance with all applicable local, state, and federal regulations, and that sites can maintain patient safety standards. CCHP ensured that medical

records follow legal protocols and provider have documented the provision of preventive care and coordination of primary care services. Facility Site Review nurses complete periodic full scope review of facilities and their medical records, and complete corrective action plans for cited deficiencies.

#### 4.7 PROVIDER COLLABORATION

CCHP participates in collaborative improvement efforts with the CCRMC system (County hospital and health centers), Public Health, Behavioral Health, and the Community Provider Network providers. CCHP hosts quarterly provider trainings that cover updates on quality activities and provides an opportunity for providers to share their input on the Quality Program. Efforts to support quality are also focused on building partnerships through numerous committees and workgroups in which we participate. CCHP regularly meets with internal departments and external agencies to collaborate on quality improvement initiatives. Examples of these supports to our providers and partners are listed below:

- CCHP Quality Director attends the Patient Safety/Performance Improvement Committee for RMC, our largest Provider Network at least annually
- CCHP Quality Director attends the Ambulatory Care Redesign Committee for RMC Provider Network.
- CCHP Quality Director attends the CCHS Outreach Committee.
- Providers from the RMC and CPN networks are members of CCHPs Quality Council, chaired by CCHP's Chief Medical Officer and Quality Management Director (CMO).
- Community clinics meet every other month as part of the Safety Net Council where the CCHP's Chief Executive Officer, CMO and Quality Director.
- Senior leaders and practitioners from Behavioral Health Services and Public Health attend CCHP's monthly Quality Council meetings.
- The Chiefs across all CCHS divisions meet at least monthly to collaborate on CCHS strategies including population management.
- Updates on CCHP's population management activities are communicated regularly to our Board, the Joint Conference Committee.

#### 4.8 DELEGATION

Delegated activities are supported by a delegation agreement that define the specific functions and responsibilities for the delegated entities. Kaiser Permanente is the only provider that is delegated for Quality functions. The Quality Department collaborates with other health plans to perform an annual audit of Kaiser Permanente and we present the results to the Quality Council. In addition, the Quality Director or Quality Manager review Kaiser's Quality documents including their Program Description, Evaluation and Work Plan annually. Quarterly reviews of Kaiser's delegated functions occur at the department level with summaries presented to the Quality Council at least semi-annually.