



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Enhanced Care Management Quality Improvement Oversight					POLICY #: 18.29-P
DEPARTMENT: Enhanced Care Management					
Effective Date: 1/2022	Review/Revised Date: 3/29/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____	Date	_____
Emily Duran Chief Executive Officer		
_____	Date	_____
Chief Medical Officer		
_____	Date	_____
Senior Director of Provider Network		
_____	Date	_____
Director of Claims		
_____	Date	_____
Administrative Director of ECM		

PURPOSE:

To define Kern Health Systems (KHS) responsibilities and oversight role for the Quality Improvement of Enhanced Care Management (ECM).

To demonstrate the organization has a systematic process to evaluate whether it has achieved its goals and to gain insights into areas needing improvement.

POLICY:

KHS will measure the effectiveness of its ECM strategy at least annually to provide a formal ongoing process by which KHS and stakeholders utilize objective measures to monitor and evaluate the quality of services, both clinical and operational, provided to ECM members.

Data Source: Documented Processes and Reports

At least annually, KHS will conduct a comprehensive analysis of the impact of its ECM strategy that includes:

1. Quantitative results for relevant clinical, cost/utilization and experience measures.
2. Comparison of results with a benchmark or goal.
3. Interpretation of results.

PROCEDURE:

A. Quantitative results:

Quantitative results include at least one clinical measure, one cost or utilization measure and member feedback measures from ECM program. Relevant measures align with the areas of focus, activities or programs as described in ECM Core Measures and Services Policy. The organization describes why measures are relevant. Measures may focus on one segment of the population or on populations across the organization. Measures may be outcome or process measures and can be activities, events, occurrences or outcomes for which data can be collected for comparison with a threshold, benchmark or prior performance. Measures can include clinical measures and cost/utilization measures.

KHS will obtain and analyze member feedback from ECM programs, using focus groups or satisfaction surveys. Feedback covers, at a minimum:

- a. Information about the overall program.
- b. The program staff.
- c. Usefulness of the information disseminated.
- d. Members' ability to adhere to recommendations.
- e. Percentage of members indicating that the program helped achieve health goals.

KHS may also analyze complaints to identify opportunities to improve satisfaction.

B. Comparison of results

KHS will perform quantitative data analysis that compares results with an established, explicit and quantifiable goal or benchmark. Analysis includes past performance if a previous measurement was performed. Tests of statistical significance are not required but may be useful when analyzing trends.

C. Interpretation of results

Measures are assessed together to provide a comprehensive analysis of the effectiveness of the ECM strategy. Interpretation is more than simply a presentation of results; it gives KHS insight into its ECM programs and strategy, and helps it understand the programs' effectiveness and impact on areas of focus.

KHS will conduct a qualitative analysis if stated goals are not met.

At least annually, KHS will use results from the ECM impact analysis to identify opportunities for improvement and to develop and act on a quality improvement plan.

Goals

KHS has a defined Quality Improvement Program. The results of formalized data analysis will be utilized to define and drive quality improvement activities and initiatives. Program Goals (outcome or lagging indicators) will be defined each year by the ECM Department and KHS Quality

Improvement/Utilization Management Committee. Program goals will be supported by process goals (leading indicators).

Reporting

The ECM Quality Improvement Report (QIR) will be presented to the KHS Quality Improvement/Utilization Management Committee on a quarterly basis. The QIR will include the following for the program goals and any identified process measures as depicted on the following example:

- a. Description of metric
- b. Relevance to ECM program
- c. Population measured
- d. Type of Metric (program or process)
- e. Comparison to previously reported Quality Improvement data
- f. Interpretation to understand the programs' effectiveness and impact on areas of focus
- g. Proposed action plan to address identified opportunities

QIR Example:

Quarterly Quality Update Report						
Program Name: ECM						
Data Dashboard Release Date:						
Report Presentation Date:						
Quality Metric	Relevance	Population	Type Measure	Comparison	Interpretation	Action Plan
Reduce avoidable hospital admissions in the engaged ECM member population by 2 or more percentage points comparing the pre-engagement baseline to post-engagement outcomes.	To determine impact of program on area of focus (decreasing inappropriate utilization)	Total enrolled ECM Members	Program	Previous Performance= X% Current Performance=X%	Avoidable hospital admissions in the engaged ECM member population decreased by X percentage point. Avoidable admissions are trending (up/down) which indicates the ECM program is (affecting/not affecting) avoidable hospital admissions.	Insert Action Plan to address opportunities. Example: Drill down admissions to determine opportunities by provider, population group, DRG, day/time of week of admission, etc)
Increase ECM Enrollment of eligible members by XX from baseline data. Denominator = # eligible members Numerator = # members enrolled in ECM	ECM provides comprehensive care to achieve better health outcomes for vulnerable beneficiaries.	Medi-Cal beneficiaries who qualify for ECM but are not enrolled	Process	Previous Performance=X% Current Performance=X%	ECM enrollment (increased/decreased) by X% from last quarter's performance and YTD is (up/down) X% which indicates the enrollment action plan is (effective/not effective).	Insert action plan here
Increase Sustained ECM Engagement to X% of enrolled members. Denominator = # enrolled members Numerator = # with sustained engagement as	Engagement in ECM provides a whole person approach to care that addresses clinical and non-clinical needs of Medi-Cal's most vulnerable beneficiaries.	Enrolled ECM member	Process	Previous Performance = Current Performance =	At X% we(have/ have not yet) reached our goal of increasing Sustained ECM engagement. (Include any improvement YTD and project whether or not on track to meet target.	Insert action plan here

REFERENCE:

ECM Core Measures and Services Policy, 18.23-P
 California Advancing & Innovating Medi-Cal (CalAIM) Proposal
 NCQA Standards & Guidelines for the Accreditation of Health Plans