

# KERN HEALTH SYSTEMS

## **POLICY AND PROCEDURES**

SUBJECT: End Oversight	nanced	Care	Management	Quality	Imp	provement	POLICY #: 18.29-P		
DEPARTMENT: Enhanced Care Management									
Effective Date:	Revi	ew/Rev	rised Date:	DMHC		PAC			
1/2022		3/29/2	2023	DHCS	Х	QI/UM COMMITTEE			
			-	BOD		FINANC	E COMMITTEE		

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

### **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

Quarterly Quality Update Report       Program Name: ECM     Data Dashboard Release Date:       Report Presentation Date:     Image: Comparison       Quality Metric     Relevance       Quality Metric     Relevance       Population     Type       Quality Metric     Relevance       Population     Measure       Avoidable hospital admissions in the engaged ECM member population by 2 or more engagement baseline to post-engagement to post-en					QIR Examp		
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### QIR Example:

### **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