



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Quality Improvement Health Equity Transformation Program (QIHETP) Annual Work Plan & Evaluation	Policy #	22.06-P
Policy Owner	Health Equity Office	Original Effective Date	1/1/2024
Revision Effective Date	1/1/2024	Approval Date	8/19/2024
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		

## I. PURPOSE

The purpose of this policy is to provide the process for Kern Health Systems (KHS) annual QIHETP Plan that provides a comprehensive assessment of all Quality Improvement (QI) and health equity activities undertaken, including an evaluation of the effectiveness of Quality Improvement and health equity interventions, and an assessment of all Subcontractors' performance for any delegated QI and/or health equity activities.

## II. POLICY

- A. The Kern Health Systems Quality Improvement Health Equity Transformation Program (QIHETP) Work Plan (WP) is developed on an annual basis to establish the framework for evaluating how KHS QIHETP activities have contributed to meaningful improvements in Health Equity Transformation of equity, quality and safety of clinical and non-clinical care and administrative services.
  - 1. The evaluation of the activities is driven by regulatory requirements CMS, DHCS, DMHC, and NCQA Accreditation Standards.
- B. The goals of the QIHETP Work Plan processes are intended to:
  - 1. Identify important practices and processes where improvement is needed to achieve excellence and conformance to standards,
  - 2. Monitor these functions accurately,
  - 3. Draw meaningful conclusions from the data collected using valid and reliable methods,
  - 4. Implement useful changes to improve quality,
  - 5. Evaluate the effectiveness of changes.
- C. Each of the elements identified on the Work Plan will have activities defined, responsibility assigned, and the date by which completion is expected.

- D. The KHS's Board of Directors (BOD) is the governing body of the organization and has ultimate responsibility for the quality of care and service delivered by Kern Health Systems. The BOD approves the annual QIHET Program description, the annual QIHETP Work Plan which contains measures specific to the QIHETP and reviews the annual QIHETP Evaluation.
- E. The QIHETP Work Plan and Quarterly Evaluation to complete the KHS Annual Evaluation will be submitted to the DHCS.
- F. EQIHEC activity information will also be posted on the KHS website on a quarterly basis for public viewing and information.

### III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

### IV. PROCEDURES

- A. The WP serves as the formal working template to support the prioritization of WP initiatives focusing on those with the greatest need or expected impact on health outcomes and member experience.
- B. The Work Plan defines the specific areas of planned HET quality measures and activities to include goals, indicators, and measures, both clinical, non-clinical and administrative.
- C. The work plan (WP) is evaluated throughout the year to gauge the effectiveness of the indicators and measures established for each QIHETP activity and the attainment of the given activity's goal.
- D. The QIHETP WP will be reviewed and approved by the EQIHE Committee, and a formal evaluation will be completed annually.
- E. Data is utilized from a variety of sources to include Encounter data, Grievances and Appeals, Utilization Review-under and over utilization, PHM assessments, and provider and member satisfaction surveys to analyze the delivery of services and quality of care provided by the KHS contracted network.
- F. Examples of work plan targeted areas of activities include:
  - 1. Access to Care

Activities in the WP will be planned and monitored to ensure that health care services are available and accessible to all members and that members are able to obtain covered services appropriate for the nature of their condition and consistent with good professional practices within a reasonable period of time.

- 2. Member Satisfaction

KHS will utilize WP quality assurance activities to measure member outcomes as they pertain to targeted goals for clinical and non-clinical care and administrative services to include monitoring and or review of, member complaints and grievances, PQIs, member satisfaction surveys, provider surveillance of medical record reviews, dis-enrollment trends, PCP transfers, and annual Access Surveys and Studies. Examples of measurements include:

- a. Provider Cultural Competence
- b. Staff Cultural Competence
- c. Analysis of Gaps in Services
- d. Provider Language Capacity
- e. Provider network cultural adequacy

### 3. Effectiveness of Care

Analyzing and supporting continual improvement of KHS clinical (medical and behavioral), non-clinical and administrative processes in order to achieve the highest standard of care, with care processes that are preventive and health maintenance oriented, evidence-based, and culturally sensitive and focuses on

- a. Members affected by Health Disparities
- b. Limited English Proficiency (LEP) Members
- c. Children with Special Health Care Needs
- d. Seniors and Persons with Disabilities
- e. Persons with chronic conditions.

### 4. Consumer Engagement and Reported Outcomes

Ensuring the accountability, quality and impact of the services provided to clients by facilitating community engagement efforts and community reports and follow through by researching, evaluating, and as necessary improving performance outcomes. Data is collected and focuses commitment to Member and family focused care, and uses CAC findings, Member listening sessions, focus groups/surveys, and other uses of information to develop policies.

G. The following steps are utilized to perform the following for each Quality and Performance Improvement Project:

1. Selection and prioritization of topics,
2. Identification of an aspect of clinical care or non-clinical services for study,
3. Specification of quality indicators to measure performance in the selected area,
4. Collection of baseline data,
5. Identification and implementation of appropriate system interventions to improve performance,
6. Repetition of data collection to assess the immediate and continuing effect of the interventions, and to determine the need for further action, and
7. Evaluation of significant improvement sustained over time.

### H. Monitoring

1. Targeted Aspects of Monitoring by the QIHET Program include:

- a. Trending of performance data,
- b. Analysis of the results of WP initiatives including barriers, successes, and challenges
- c. Assessment of the effectiveness of monitoring activities and
- d. Identifying and acting upon opportunities to improve and remeasuring the planned changes to improve.

## V. ATTACHMENTS

N/A

## VI. REFERENCES

Reference Type	Specific Reference
DHCS Contract (Specify Section)	DHCS 2024 Contract KHS 22-20201 Exhibit A, Attachment III – 2.2 Quality Improvement and Health Equity Transformation Program
Regulatory	National Committee for Quality Assurance (NCQA) Standards for Quality Improvement
Other KHS Policies	KHS Quality Improvement Health Equity Transformation Program
DHCS Contract (Specify Section)	2023 policy created for 2024 DHCS Operational Readiness R.0042

## VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Created	04/2023	2023 policy created for 2024 DHCS Operational Readiness R.0042 – Approved by DHCS on	Health Equity Office

## VIII. APPROVALS

Committees   Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	04/24/2023	6/9/2023
Choose an item.		
Choose an item.		

<b>Chief Executive Leadership Approval *</b>		
<b>Title</b>	<b>Signature</b>	<b>Date Approved</b>
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Health Equity Officer		
*Signatures are kept on file for reference but will not be on the published copy		



### Policy and Procedure Review

**KHS Policy & Procedure:** 22.06-P QIHETP Annual Work Plan & Evaluation

**Reason for creation:** 2023 policy created for 2024 DHCS Operational Readiness R.0042 – Approved by DHCS on 6/9/2023.

Director Approval		
Title	Signature	Date Approved
Dr. John Miller Medical Director of Quality Improvement		
Dr. Sukhpreet Sidhu Medical Director of Population Health Management		
Amisha Pannu Senior Director of Provider Network Management		
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Michelle Curioso Director of Population Health Management		

Date posted to public drive: \_\_\_\_\_

Date posted to website (“P” policies only): \_\_\_\_\_