Section VI:
Quality Assurance and Performance Improvement Program
VI. Quality Assurance and Performance Improvement Program

Arbor Health Plan’s Quality Assurance and Performance Improvement (QAPI) program provides a framework for the evaluation of the delivery of health care and services provided to members. The QAPI program description details the quality improvement structure, function, scope and goals defined for Arbor Health Plan. The AmeriHealth Nebraska, Inc. Board of Directors provides strategic direction for the QAPI program and retains ultimate responsibility for ensuring that the QAPI program is incorporated into Arbor Health Plan’s operations. Operational responsibility for the development, implementation, monitoring and evaluation of the QAPI program are delegated by the AmeriHealth Nebraska, Inc. Board of Directors through the regional president to the Arbor Health Plan executive director and Quality Assessment Performance Improvement Committee (QAPIC).

The purpose of the QAPI program is to provide a formal process to systematically monitor and objectively evaluate the quality, appropriateness, efficiency, effectiveness and safety of the care and service provided to Arbor Health Plan members and providers.

The QAPI program also provides oversight and guidance for the following:

- Determining practice guidelines and standards on which the program’s success will be measured.
- Complying with all applicable laws and regulatory requirements, including, but not limited to, the Nebraska Department of Health and Human Services, other applicable state and federal regulations, and NCQA accreditation standards.
- Providing oversight of all delegated services.
- Ensuring that a qualified network of providers and practitioners is available to provide care and service to members through the credentialing/re-credentialing process.
- Conducting member and practitioner satisfaction surveys to identify opportunities for improvement.
- Reducing health care disparities by measuring, analyzing and redesigning services and programs to meet the health care needs of the plan’s diverse membership.

Arbor Health Plan develops goals and strategies considering applicable state and federal laws and regulations and other regulatory requirements, NCQA accreditation standards, evidence-based guidelines established by medical specialty boards and societies, public health goals and national medical criteria.

The goals, objectives and related measures used to monitor and evaluate performance are incorporated into the QAPI work plan. The work plan identifies objectives for the year and program scope, quality improvements and monitoring activities for the coming year, planned monitoring of previously identified issues and a scheduled annual evaluation. The work plan also identifies the responsible party and a time frame for completion of all activities. The work plan is revised as necessary to add new initiatives.

Quality Assessment Performance Improvement Committee

The QAPIC oversees Arbor Health Plan’s efforts to measure, manage and improve quality of care and services delivered to Arbor Health Plan members, and to evaluate the effectiveness of the QAPI program. Additional committees and councils support the QAPI program and report into the QAPIC. They include the:
• **Quality Clinical Care Committee**, responsible for the provision of clinical care services and outcomes such as utilization management, integrated care management, chronic care management and clinical appeals.

• **Quality of Service Committee**, which monitors performance and quality improvement activities related to Arbor Health Plan services, and reviews, approves and monitors action plans created in response to any identified variance.

• **Credentialing Committee**, which reviews practitioner and provider applications, credentials and profiling data (as available) to determine appropriateness for participation in the Arbor Health Plan network.

• **Culturally and Linguistically Appropriate Service (CLAS) workgroup**, which directs Arbor Health Plan activities that are relevant to the 15 national CLAS standards and to NCQA’s Multicultural Healthcare Standards to ensure that Arbor Health Plan members are served in a way that is responsive to their cultural and linguistic needs.

**Practitioner Involvement**

We encourage provider participation in our quality program. Providers who are interested in participating in one of our quality committees should call the Provider Network Management department at 1-866-738-0004, or contact their provider account executive directly.

**QAPI Program Activities**

The QAPI program is designed to monitor and evaluate the quality of care and service provided to members. QI program activities are conducted using Arbor Health Plan’s Plan-Do-Check-Act (PDCA) methodology:

**PDCA Quality Process**

- **Plan**: Establish objectives and processes to meet performance or outcome goals.
- **Do**: Implement Arbor Health Plan and processes; collect data for further analysis.
- **Check**: Evaluate and compare the results to the performance/outcome goal; identify differences between the actual, expected and target outcomes.
- **Act**: Develop and implement corrective action to address significant differences between the actual and planned results; cause of action is.
Ongoing QAPI activities include:

- **Performance improvement projects**: Arbor Health Plan develops and implements performance improvement projects (PIPs) focusing on areas of concern or low performance, both clinical and service-related, identified through internal analysis and external recommendations.

- **Ensuring appropriate resource utilization**: Arbor Health Plan monitors utilization of key indicators, including inpatient admission rates and length of stay, emergency room utilization rates, and clinical guideline adherence for preventive health and chronic illness management services to identify areas that fall outside the expected range. The plan assesses these indicators for over- or underutilization.

- **Chronic care improvement programs**: Arbor Health Plan offers several condition management programs to address the expected high-incidence conditions for which there are evidence-based protocols that have been shown to improve health outcomes. Programs to assist with the following conditions are available for Arbor Health Plan members: cardiovascular disease, asthma, chronic obstructive pulmonary disease (COPD), diabetes and heart failure. More information on each program can be found on the Arbor Health Plan website or by contacting Member Services at 1-866-935-6760.

- **Measuring member and provider satisfaction**: Arbor Health Plan uses the standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to assess member satisfaction. Arbor Health Plan also conducts provider satisfaction studies annually. Survey results, along with analysis and trends on dissatisfactions and member opt-outs, are reported to the QAPIC for review, and identification and prioritization of opportunities for improvement.

- **Member safety programs**: The QAPI department is responsible for coordinating activities to promote member safety. Initiatives focus on promoting member knowledge about medications, home and hospital safety. Members are screened for potential safety issues during the initial assessment.

**Preventive Health and Clinical Guidelines**

Arbor Health Plan adopts guidelines established by nationally recognized professional organizations for use by Arbor Health Plan providers. Guidelines are distributed via the website provider portal, with hard copy available upon request. Current guidelines are listed in the tables below:

### Preventive Health Guidelines

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Childhood Immunizations</th>
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<tbody>
<tr>
<td>Well Child Age Birth-10 yrs.</td>
<td>Adolescent Immunizations</td>
</tr>
<tr>
<td>Adolescent Age 11-20 yrs.</td>
<td>Adult Immunizations</td>
</tr>
<tr>
<td>Adult Age 21-44 yrs.</td>
<td>Chlamydia Screening</td>
</tr>
<tr>
<td>Adult Age 45-64 yrs.</td>
<td>Early Prevention, Screening, Diagnosis Treatment (EPSDT) Schedule</td>
</tr>
<tr>
<td>Adult Age 65+ yrs.</td>
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Medical Record Audits

Arbor Health Plan conducts medical record audits to assess the provision and documentation of high-quality primary care according to established standards. Primary care provider (PCP) sites with 10 or more linked members undergo a medical record review (MRR) a minimum of once every three years. A PCP practice may include both an individual office and a large group facility site. As needed, ad-hoc reviews of OB/GYNs and specialists may also be conducted using the same process.

A minimum of five records are reviewed for each site. Records are selected using a random number methodology among members assigned to the PCP for a minimum of six months.

Reporting and Evaluation

The QAPI program is evaluated as needed and at least annually to measure its effectiveness. The evaluation assesses all aspects of the QAPI program, including clinical and service PIPs, quality studies and activities, and the rationale, methodology, results and subsequent improvement associated with each study. The evaluation includes recommendations for improvement in the QAPI program, proposes goals and objectives for the following year and identifies the resources needed to accomplish the proposed goals and objectives.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Clinical Evidence-Based Guidelines</th>
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<tbody>
<tr>
<td>Depression</td>
<td>Practice Guideline for the Treatment of Patients with Major Depressive Disorder <a href="http://www.psychiatryonline.com/pracGuide/PracticePDFs/PGDepression3rdEd">http://www.psychiatryonline.com/pracGuide/PracticePDFs/PGDepression3rdEd</a></td>
</tr>
<tr>
<td>Diabetes</td>
<td>American Diabetes Association: Clinical Practice Recommendations 2010 <a href="http://www.care.diabetesjournals.org/content/33/Supplement_1">http://www.care.diabetesjournals.org/content/33/Supplement_1</a></td>
</tr>
<tr>
<td>Heart Failure</td>
<td>2009 Focused Update Incorporated Into the ACC/AHA 2005 Guidelines for the Diagnosis and Management of Heart Failure in Adults <a href="http://www.circ.ahajournals.org/cgi/content/full/119/14e/e391">http://www.circ.ahajournals.org/cgi/content/full/119/14e/e391</a></td>
</tr>
<tr>
<td>Hypertension</td>
<td>Treatment of Hypertension in the Prevention and Management of Ischemic Heart Disease <a href="http://www.ahajournals.org/cgi/content/full/115/21/2761">http://www.ahajournals.org/cgi/content/full/115/21/2761</a></td>
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