

CIPA Western New York IPA, Inc.

CLINICAL INTEGRATION/QUALITY IMPROVEMENT PROGRAM FOR DISEASE MANAGEMENT

2010

CIPA Western New York IPA, Inc. (CIPA) is a membership organization between the Catholic Health System (CHS) and a network of associated participating physicians. Through a comprehensive clinical integration program, CIPA and the Catholic Health System is building a quality driven health care network.

CIPA Mission, Vision and Values

Mission: Making the healthcare system work better

Vision: Our clinical practices will be recognized as providing exceptional clinical care and service. Clinical care will be effective, efficient, safe and well coordinated. Our practices will exceed national quality benchmarks and provide clinical care that allows patients to meet their quality of life goals.

Values: Evidenced-based medicine, information on quality, best practices, physician and hospital leadership, incentives recognition, technology, continuous improvement

Guiding Principles

Disease Management programs will provide advocacy and guidance, in a spirit of partnership, for preventive health and the management of illness. Monitoring and evaluation of initiatives will support that patients are treated with respect at all times.

CIPA is committed to an objective, comprehensive, systematic, multidisciplinary approach to managing the quality of care and services provided to patients through Disease Management programs. Quality Improvement (QI) is an on-going process of assessing, planning, organizing, directing, coordinating, monitoring and evaluating the care and services provided to patients. We strive to deliver optimal outcomes and meaningful improvement by implementing strong interventions that address identified opportunities for improvement. The quality of care provided should meet recognized national and local community standards.

Purpose

The Clinical Integration/Quality Improvement Program for Disease Management is physician-directed, data-driven, and outcome oriented using systems and tools that provide objective and measurable results. Through its Quality Improvement program, CIPA demonstrates a commitment to assessing that Disease Management programs are delivered to patients with measurable quality of care and services available within the scope of the organization's goals and resources.

Goals and Objectives

1. To increase health screening with the goal of early detection and treatment of illness and disease
2. To improve the care and treatment of patients with chronic health conditions
3. To promote reliable and safe medical care
4. To support and promote the use of advanced information technology to enhance quality improvement in the clinical office
5. To direct quality improvement activities in a planned, systematic, and on-going manner that, at its core, depends upon data collection, analysis, and program design in a continuous cycle of analysis and response
6. To employ current, objective, and evidence-based standards of practice in quality improvement measures to support best practices
7. To provide documentation of the organization's commitment to quality improvement.

Scope of Program

The scope of the Quality Improvement Program encompasses the populations of identified members of participating CIPA physicians. The scope includes, but may not be limited to:

- Disease Management functions for Diabetes Mellitus
- Disease Management functions for Coronary Artery Disease
- Disease Management functions for Congestive Heart Failure
- Care in ambulatory setting
- Care in inpatient acute care setting
- Physicians' office settings
- Adult preventive care services
- Pediatric preventive care services
- Provider Services
- Emergency Services
- Related Pharmaceutical Services, as applicable

CIPA shall provide continuous and on-going monitoring and evaluation of the Patient Oriented Disease Management functions as defined in this CI/QI Program, Program Description and QIwork plan. Review of activities shall address program satisfaction, special focus areas for monitored diseases, development or adoption of clinical care guidelines; physician and staff education, applicable credentialing, and the quality of clinical care provided through the identified Disease Management programs. CIPA follows standards established by the National Committee for Quality Assurance (NCQA), a voluntary accreditation organization, for Disease Management programs.

Governing Board

The Board of Directors of CIPA has overall authority, accountability and responsibility for the QI Program. To assist the Board in the daily, on-going activities of the QI Program, the Board has delegated authority to the Clinical Integration Committee (CIC) to monitor, direct and oversee quality improvement activities according to the QI

Program. The CIC functions as the governing body for the quality program as the steering committee for the QI program with responsibility for defining the scope of the quality management and improvement program, recommending policy decisions, prioritizing quality improvement activities, make certain there are adequate resources to carry out programs, evaluating program results, making sure that activities are integrated at the operations level and monitoring delegation activities and oversight. Some of these responsibilities may be delegated to subcommittees with oversight by the CIC as described in the Clinical Integration Committee charter.

Selection of Quality Improvement Activities

The quality planning process shall include a critical evaluation of the previous year's programs and activities in order to evaluate the effectiveness of the QI Program. Performance shall be evaluated against the Disease Management programs established in collaboration with associated physicians as identified by the physician's patient population. The CI/QI program and work plan for the upcoming year shall be designed taking into account the strategic goals of the organization, quality management priorities and resources. Selection of a review activity signifies a commitment to sustained improvement in that aspect of the Disease Management Program

Selected review indicators shall be identified through continuous data collection and analysis of trended data as well as through the health plan payers. Activities are prioritized and selected based on prevalence, need, demographic characteristics, and health risk and consumer interest. Other criteria may be applied to the prioritization process as appropriate.

Data Quality and Integrity

Quality Improvement activities at CIPA are based on evaluation and analysis of appropriate data. Data resources throughout the organization are available and are routinely accessed for quality monitoring and analytical activities. Issues surrounding data integrity, back-end reporting and member-centered database construction are all critical to the success of the QI program and therefore have active input from QI committee members. Efforts are ongoing at CIPA to evaluate and improve the integrity and completeness of data used for all back end reporting including quality programs. QI related staff plays a leadership role in development and oversight of Information Technology and data management strategy.

Valid Measurement

Valid indicators related to the Disease Management Program are selected for baseline and follow up measurement. Measures of clinical outcomes are evaluated in addition to process measures. Indicators are objective, clearly defined, and based on current clinical knowledge or health services research. Widely used public health and managed care industry metrics are selected if they are available. Performance is evaluated against external benchmarks whenever possible.

Sampling methods and testing of significance are applied to all measurements and analyses. Specific indicators for measurement are defined in the related CI/QI Work Plan which supports this QI Program.

Analysis and Intervention

Opportunities for improvement are identified and interventions are selected based on careful root cause or barrier analysis and may be in consultation with content experts and network physicians and other practitioners. Resources are identified and allocated as part of the planning and implementation of targeted interventions. Appropriate designated individuals are accountable for implementation according to plan. Interventions are evaluated for effectiveness using valid measurement methodologies.

Physician Participation

Physicians play a prominent role in the Clinical Integration/Quality Improvement Program and activities. CIPA actively solicits practitioners to participate in QI activities in significant ways including the following:

- Participation on Clinical Integration Committee(s)
- Expert advisers for clinical QI activities
- Expert consultation on clinical practice guidelines
- Focus groups for collaborative QI activities including member safety and aspects of the various Disease Management programs, as needed

All CIPA physician members are required to participate in CIPA Clinical Integration/Quality Improvement activities, maintain confidentiality of patient information and to allow access to medical records for QI measurement. Requirements are spelled out in contracts. CIPA actively participates in joint efforts with provider organizations and other constituents that directly and indirectly enhance healthcare of all patients.

Regulatory Compliance

CIPA maintains compliance with regulatory requirements for the Centers for Medicare and Medicaid Services (CMS) and applicable state requirements. CIPA also follows standards established by the National Committee for Quality Assurance (NCQA), a voluntary accreditation organization, for Disease Management programs. Appropriate CI/QI committees establish standards for performance and develop necessary policies and procedures for monitoring and intervention to support efforts for performance goals required for regulatory and licensing compliance are met.

Credentialing

The CIC shall review related credentialing and recredentialing criteria, processes and decisions applicable to the CIPA Disease Management Program and CIPA related staff. The Disease Management Department is responsible for maintaining accurate documentation of required credentials of CIPA licensed office staff participating in the CIPA disease management program and providing materials and information. Related credentialing and recredentialing policies and procedures will be reviewed and revised as necessary, on an annual basis by the CI Committee.

Safety of Clinical Care

CIPA is committed to improving safe clinical practice through the Disease Management Program. This is accomplished by fostering an environment in which all parties are attentive to issues of safety. CIPA is supportive of efforts by physicians to identify opportunities and improve the safety of their practice.

CIPA is able to take an active role in measuring and improving patient safety through the following activities: improving continuity and coordination of care between practitioners and between sites of care as related to Disease Management programs; analysis of the Disease Management program outcomes, use of electronic medical records (EMR), and physician treatment alerts as they relate to the Disease Management programs. CIPA shall trend measures to assess performance of activities that promote safety of clinical care as part of the annual evaluation.

Disease Management of selected conditions

CIPA is committed to physician-focused activities that promote knowledgeable, effective self-care to their members and enhance physician and member interactions. Population relevant Clinical Practice Guidelines (CPGs) for acute and chronic health issues are adopted based on evidence-based practices and involvement of board certified practitioners from appropriate specialties. Disease Management programs are selected based on analysis of the medical care and service needs of the physician's membership as defined by demographic analysis, medical diagnosis and utilization patterns. Disease Management program content is consistent with clinical practice guidelines, utilization management practices, care coordinator education and patient education materials. Patient interventions utilized by the physician offices are recommended based on risk stratification of population, developed by the practitioner and care coordinator, and customized to meet the needs of their population. Stratification and interventions by the individual practices is reviewed and approved by the CIPA disease management department. Interventions are selected based on careful analysis and consultation with content experts and network physicians as needed. All activities include sharing of appropriate disease and patient-specific information with physicians. Interventions are evaluated for effectiveness using valid measurement methodologies against benchmarks for meaningful and sustained improvement. The Vice President of Medical Affairs for CIPA provides oversight for the implementation of the Disease Management programs and development of the program content.

Quality Improvement Work Plan

The CIPA Quality Improvement Work Plan supports the CI/ QI Program and outlines key activities for the upcoming year. It is reviewed and approved by the QI Committee and Governing Board on an annual basis. The QI Work Plan indicates objectives, scope, timeline, planned monitoring and accountable persons for each activity. Progress against the QI Work Plan is monitored throughout the year and is reported to the Governing Board through the QIC.

Quality Program Evaluation

The Clinical Integration/Quality Improvement Program is reviewed annually to assess effectiveness, and updated as appropriate. The revised program is reviewed and approved by the Clinical Integration Committee and the Governing Board.

The QI program evaluation shall include trended data and results of QI initiatives expressed in measurable terms. Findings from the Annual QI program evaluation is considered at the time of the QI program revision.

An annual review of activities in the CI/Quality Improvement Work Plan is conducted to evaluate the success of individual activities in meeting the specific goals and objectives of the CI/QI program. Performance is evaluated against the Disease Management program needs

The annual review of the Clinical Integration/Quality Improvement Program supports efforts to make certain that the overall program is comprehensive, meets current industry standards, and is effective in continuously improving the quality of health care and services delivery.

Quality Improvement Resources

Personnel Resources

The CIPA Chief Executive Officer manages the resources dedicated to Quality Improvement activities. The Vice President of Medical Affairs supervises project management. Various departments throughout the organization directly and indirectly support the QI program including Disease Management, IT, Administration and Physician Services.

The CIPA Vice President of Medical Affairs and the Director of Disease Management contribute a substantial amount of time to QI activities through participation on quality committees, involvement in quality activities and implementation of interventions.

Medical Records

CIPA does not maintain medical records for patients of associated physicians. Contracts require physicians to make medical records available for CI/QI program purposes. Corporate and departmental confidentiality policies specify procedures to protect the confidentiality of medical records used for CI/QI purposes and to comply with all legal and regulatory requirements that govern the handling of confidential medical records.

Claims, Encounter and Eligibility Data

The CIPA IT Department is responsible for CIPA data system integrity for all sites and related vendors, if applicable

Data for clinical analysis shall be directly available to CIPA for QI analysis through the Information Access Data Warehouse. The data warehouse contains data for pharmacy, physicians and their membership, and medical claims and encounters. The QI analytical staff shall also have access through the IT systems to an enhanced data set that has been age and sex adjusted.

Confidentiality

Quality Improvement Program operations are conducted in a manner that protects the confidentiality and dignity of physicians and their patients. To the extent allowable under the law, information and records generated pursuant to the QI Program's are confidential. All such records shall be maintained and shall only be available on a need to know basis. *No specific patient information is provided to the committee)*

The Confidentiality policy of CIPA assures that:

- All committee discussions are considered confidential. No protected health information will be shared or disclosed.
- All employees and committee members are required to read the HIPAA Privacy policy of the organization and its confidentiality policy and sign a written attestation that they have read and understood the policies and the consequences of breaching those policies.