



## Quality Improvement Program

Community Health Options' (Health Options) commitment to improvement is ingrained in the organization. As a Consumer Operated and Oriented Plan (CO-OP), Health Options diligently focuses on the health betterment of its Members. Health Options has actualized this commitment and focus through a Quality Improvement Program (QIP), which is based on its mission to partner with people, businesses, and healthcare professionals to provide high-quality healthcare benefits that promote health and wellbeing.

The QIP supports Health Options' health plan structures and processes to identify, monitor, evaluate, and improve the quality and appropriateness of the clinical and administrative services rendered to its health plan Members. It also supports the monitoring of the partners that work with and for Health Options to deliver quality services to Members and providers. Goals of the QIP include providing guidance to the health plan operations and overseeing quality improvement initiatives to ultimately:

1. Improve the experience of care Members receive
2. Improve the health of Members, which in turn will
3. Reduce the cost of healthcare without compromising quality

We understand that healthcare professionals play an important role in supporting our quality program. Expectations of Providers are:

1. Collaborate and innovate with us to improve Members' health and quality of care.
2. Commit to working diligently to enhance Member satisfaction and service while improving quality of medical care and controlling costs.

Health Options has the authority to use Provider performance data for such health plan activities related to, but not limited to, quality improvement and reporting to Members.

### QUALITY IMPROVEMENT PLAN

#### **PURPOSE**

Health Options Quality Improvement Program provides the structure and processes for continuously monitoring, analyzing, and improving the clinical care and services provided under Health Options products in order to further our mission.

#### **GOALS AND OBJECTIVES**

The following goals and objectives of the QIP function to support the concepts of continuous quality improvement.

##### **1. To promote optimum health care in all settings.**

- a. To conduct quality improvement activities to improve the quality of clinical care services provided to Members.
- b. To identify, through data collection and analysis, provider practice patterns, operational procedures, and other activities where improvement will enhance the quality or efficacy of health care.
- c. To conduct the quality improvement program based on identification of activities through methods including, but not limited to, demographic analysis, Member feedback, and Provider feedback.
- d. To promote efficient delivery of health care by evaluating the effective utilization of primary and specialty services.
- e. To regularly assess the availability, accessibility and continuity/coordination of care provided to Health Options Members.

- f. To provide educational opportunities based on quality improvement findings.
  - g. To incorporate behavioral health activities into the QIP through workgroup participation, adoption of clinical guidelines and quality improvement studies/activities.
  - h. To educate Members regarding clinical safety as it relates to their care by promoting Shared Decision Making and other techniques.
- 2. To enhance our holistic approach in the care and service to Community Health Options Members.**
- a. To include representatives of the various health care disciplines in the quality improvement process.
  - b. To emphasize the importance of a team effort to produce Member satisfaction and continuous quality improvement.
  - c. To enhance communication among health care team members.
  - d. To provide input into the organization and content of the Community Health Options Provider Manual.
  - e. To contribute to the orientation of Health Options Provider Partners.
  - f. To involve Members of Health Options in multiple aspects of quality improvement.
  - g. To assure continuity and coordination of care, including how it relates to Behavioral Health Care and services.
  - h. To work cooperatively with the delegated partners to promote the highest level of Member care and service.
- 3. To improve satisfaction of Community Health Options Members and Provider Partners.**
- a. To obtain Member/Provider Partner feedback through multiple mechanisms, including but not limited to:
    - i. Advisory councils, both Member and Provider
    - ii. Focus groups, as needed
    - iii. Member concerns/complaints/appeals/Appeals
    - iv. Member surveys
    - v. Provider Partner feedback surveys
  - b. To analyze Member/Provider Partner satisfaction data from the above sources, identify opportunities for improvement and implementation service improvement activities with strong actions and re-measurement as appropriate.
- 4. To assure that Preventive Health services are accessible to Members.**
- a. To target Preventive Health measures required for HEDIS and NCQA standards, as well as other measures meaningful to the Members, when applicable.
  - b. To educate Members about available health promotion, health education and preventive health services.
- 5. To serve the diverse cultural and linguistic needs of the Membership.**
- a. To assess the cultural and linguistic needs of the Membership through surveys and telephone interactions.
  - b. To employ strategies to meet the cultural and linguistic needs of the Membership through telephonic translations services and translation of Member materials.